

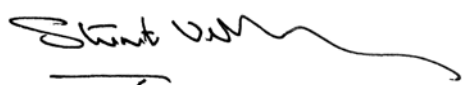
EAST SUSSEX HEALTHCARE NHS TRUST

ANNUAL GENERAL MEETING

**The Annual General Meeting of East Sussex Healthcare NHS Trust
will be held on Wednesday, 24th September 2014,
commencing at 10.00 am in the
St Mary's Board Room, Eastbourne DGH**

AGENDA

			Lead:
1.	Welcome and Apologies for Absence		Chair
2a.	Minutes of the East Sussex Healthcare NHS Trust Annual General Meeting held on 25 th September 2013	A	Chair
b.	Matters Arising		
3.	East Sussex Healthcare NHS Trust Annual Reports a) Annual Report and Quality Account 2013/14 b) Financial Accounts 2013/14	B	CEO DF
4.	Questions from members of the public		Chair



STUART WELLING
Chairman

18th September 2014

This meeting will be followed by the ESHT Trust Board Meeting starting at 10.45 am in the same venue

Key:	
Chair	Trust Chairman
CEO	Chief Executive
DF	Director of Finance

EAST SUSSEX HEALTHCARE NHS TRUST

ANNUAL GENERAL MEETING

The Annual General Meeting of East Sussex Healthcare NHS Trust was held in public on Wednesday 25th September 2013 at 10.00 am in the Weald Hall, Uckfield Civic Centre, Uckfield

1. Welcome and Apologies for Absence Action

Mr Welling welcomed members of the public and representatives from stakeholders and partners to the Trust's Annual General Meeting.

He reported that apologies for absence had been received from:
Charles Ellis, Non-Executive Director
Stephanie Kennett, Non-Executive Director
Richard Sunley, Deputy Chief Executive/Chief Operating Officer
Mr Jamal Zaidi, Divisional Director – Integrated Care

He welcomed Mrs Butterworth, Deputy Director of Operations, to the meeting deputising for Mr Sunley.

2. Declarations of Interest

There were no declarations of interest received in connection with items on the agenda.

3. Minutes and Matters Arising

The minutes of the Annual General Meeting held on 26th September 2012 were agreed as an accurate record.

There were no matters arising.

4. Annual Reports

a) Annual Report and Quality Account 2012/13

Mr Grayson advised that the reports covered the financial year ended 31st March 2013 and outlined the context in which the Trust operated in that it served approximately 500,000 people who lived in the county of East Sussex. The Trust was one of the largest employers in the county employing around 7,500 staff and it had an annual turnover of £387 million and spent just over £1 million every day of the year on its services for patients which included 920 beds covering the acute and community hospitals.

He outlined the scale of the services the Trust provided including:

- 141,000 patients treated in A&E
- 4,100 babies delivered
- 99,600 inpatient or day case operations
- 309,000 outpatient appointments
- 220,000 district nurse contacts
- 297,000 radiological and therapeutic procedures
- 5,700,000 pathology tests

He referred to a number of achievements by the Trust during 2012/13 including:

- Shaping our Future – working with the Clinical Commissioning Groups as the lead commissioning organisations to reconfigure services which were approved by the East Sussex County Council Health Overview and Scrutiny Committee in December
- Review of the nursing structure to ensure that matrons had the authority and responsibility to be personally accountable for their wards and services
- Provision of Neighbourhood Support Teams focusing on supporting vulnerable patients with long term conditions
- Investments in:
 - New CT scanner at the Conquest Hospital
 - New Endoscopy Unit at Eastbourne DGH
 - Refurbishment of Wellington Ward at the Conquest Hospital to provide more en-suite rooms
 - updated Picture Archiving and Communications Systems (PACS)
 - Electronic information system for the Intensive Care Units

He reported that the Trust had continued to improve its infection control performance with only 2 cases of MRSA in the year and a continued reduction in Clostridium Difficile.

He highlighted the following achievements:

- Dementia services – a focus on enabling doctors and nurses to recognise this condition and tailor their care to these individuals.
- Regular essential care rounds and weekly nursing audits to monitor the quality of care being provided

- National recognition of various projects including pharmacy and a rehabilitation gym to be used in partnership between health and social care
- Expanding the Health Visiting workforce as part of a national initiative to increase the numbers of these professionals
- Listening into Action – working with the workforce in a different way to enable them to take ownership of their work as part of the long term transformation of the Trust, the benefits of which were already beginning to be seen

Mr Grayson outlined some of the challenges the Trust had faced in the year including:

- Implementing the most significant change to acute services ever seen in East Sussex. The changes had been carried out in Kent, Brighton, West Sussex and Surrey but never before in East Sussex.
- The Trust had a good track record in meeting its performance targets
- Financial challenges – very acute because of the long track record of not dealing with the problems of the Trust and the local health economy system.

Mr Grayson reported that the Quality Account was an initiative from the report by Lord Darzi in 2009 'High Quality Care for All' and was intended to give quality the same profile and importance for Boards and organisations as finance. The Trust worked with partners and patients to decide the quality priorities for each year and the quality improvements identified in the Quality Account for 2012/13 were:

- Patient Safety – 93% of patients had their mental capacity considered at admission
- Clinical effectiveness – Patients 75 and over had a dementia screening and risk assessment and stroke patients had a swallow screening within 4 hours of admission
- Patient experience – 98% of patient centred care plans were responsive to individual patient preferences, needs and values and 99.5% of patients surveyed left outpatients feeling fully informed and understanding the reasons for their course of action or treatment

Mr Grayson commented that the Trust was now halfway through 2013/14 and, whilst the Trust had made significant strides forward in the quality of services and safety of services it provided over the last two years, it would continue to focus on constant improvement.

He highlighted that work would continue on the implementation of Shaping our Future and he noted that stroke services had already been centralised and following board assurance and agreement it was planned to centralise higher risk general surgery before Christmas and higher risk trauma and orthopaedics on to the Conquest site in spring. The Trust would be working through the business case for capital to support the changes with the Trust Development Authority.

He reported that the Trust had temporarily centralised in-patient paediatric services and consultant led obstetrics on safety grounds in March 2013 and the feedback from patients, doctors, midwives and nurses was that a higher quality service was being provided. He advised that the public consultation on the long term strategy for these services was being led by the Clinical Commissioning Groups and would end in January, following which there would be a final resolution of the model of care to be provided for the future.

He advised that the Trust and the local commissioning groups had large financial challenges against the backdrop of demand for services continuing to rise 4-5% every year and he predicted that this challenge would continue at least until 2020. In addition, the Trust would continue to maintain its focus on ensuring the quality and performance standards continued to be met.

He noted that the Trust was making good progress in implementing its patient experience strategy and was into year 2 of the Listening into Action programme with the focus on engaging the medical workforce.

b) Summary Financial Accounts 2012/13

Mrs Harris reported that the Trust had four key financial targets to meet and it had achieved the three statutory duties of meeting its:

- revenue resource limit
- capital resource limit
- cash target on 31st March 2013

The Trust had not achieved the fourth target which was a requirement to pay all external suppliers within 30 days – did not achieve in 12/13.

Mrs Harris reported that the Trust had set an activity plan which turned out to be lower than the actual activity numbers in the year and it had been the same level as the year before. This had caused some problems and the Trust had needed to put in additional capacity and had used third party providers to undertake some elective capacity in order to ensure delivery of the key access targets of 18 weeks and 4 hours in A&E.

She advised that income and expenditure had remained at the same level as the year before along with the surplus. She noted that the income included the additional support from commissioners of £16m which had been the same as the year before. She advised that due to the changes in the health economy the Trust would not be able to receive this additional support during 2013/14.

She outlined the cash flows during the year and noted that at 31st March 2013 the Trust had £2.25 million cash which was equivalent to two days' worth of expenditure and was appropriate. However, the issue of cash was a growing problem for the Trust.

She outlined the key capital projects which had been undertaken in the year and thanked the Leagues of Friends who supported the Trust's hospitals for their help with purchasing equipment and other items patients and staff needed.

Mrs Harris referred to the Better Payment Practice Code and, whilst the Trust had had a slightly better performance in 2012/13 compared to 2011/12, the Trust would continue to experience problems in 2013/14.

She reported that in overview 2012/13 had been very similar to 2011/12 in terms of activity, income and expenditure.

She reported that the external auditors had provided an unqualified "true and fair" opinion on the annual accounts. However, they had provided an adverse conclusion on financial resilience due to the receipt of in year support, activity and demand assumptions had not been robust, it had not met its statutory break even duty over three years.

She advised that a deficit budget had been set for 2013/14. The Board had assessed that a £20 million savings scheme was the maximum the Trust could achieve and without further support to enable delivery of the level of services the population required and deserved, it had set a deficit Plan of £19.4 million.

Mrs Harris advised that the Trust was working with the Trust Development Authority to put in place a medium term financial plan to secure financial resilience with 2013/14 being the first year.

It was noted that the Audit Committee had reviewed the Annual Report and Quality Account in detail and received feedback from the Trust's auditors.

Resolved:

The Board formally adopted the Annual Report and Summary Financial Statements and Quality Account for 2012/13.

5. Questions from Members of the Public

Ms Walke, Save the DGH campaign, asked if the Trust was in a better position at the end of 2012/13 clinically and financially. Mrs Harris stated that financially the Trust was in the same position as 2011/12 and Dr Slater reported that the quality of services had improved substantially as demonstrated by the review of services undertaken by the Care Quality Commission.

Mr Grayson advised that in 2011/12 there had been a reasonably patchy performance against the National Performance Framework metrics and in 2012/13 the Trust performed significantly better and had been at green/performing level for all twelve months.

Ms Walke asked if the Board was happy with the auditors' qualified opinion on the accounts. Mr O'Sullivan advised that the external auditors had not provided a qualified opinion on the accounts and the auditors had advised that the accounts were a true and fair view and accurate, ie an unqualified position. The external auditors' qualified opinion was on the financial resilience of the organisation and the fact that it had not moved into surplus over three years and had required financial support. The Board was clearly not happy with the position but it was a factual statement of the current position.

Mr Welling stated that the distinction provided by Mr O'Sullivan as Audit Committee Chairman was important and agreed that the Board was not happy about the position but it had to be recognised that the Trust had been historically financially challenged over a number of years and the aim was to improve the financial position whilst sustaining the improvement made in quality and safety.

Ms Walke asked if the Trust had looked at how smaller organisations had been able to meet financial and clinical targets and Mr Welling confirmed that the Board looked at any organisation where there were examples of best practice.

Mr Campbell asked if there was a benefits realisation programme from the clinical strategy and Mr Grayson said that this would be included as part of the full business case which had not yet been published.

Mr Welling explained that the full business case had been due to come to the Board meeting that day but the Trust had been in discussion with the Trust Development Authority over certain aspects of the case and therefore it had been delayed in order to ensure that the Authority's requirements were met.

He advised that there would be an additional Board Meeting to approve the full business case which he anticipated would take place in the latter part of October but this would be advised in due course.

Mr Campbell asked why the period of notice for the Chief Executive had doubled in the Annual Report from the previous year and Mr Grayson stated that it was his understanding that he had always been on six months' notice and all directors had been moved to six months' notice which was standard across NHS organisations.

Mr Campbell asked if the Trust was in a better position this year to manage costs against budget as compared to the previous year. Mrs Harris advised that last year there had been issues arising from a budget set for a lower level of activity than had actually occurred and therefore the Trust had not been as efficient compared to if the activity had been planned properly in the first place. She advised that the current financial position would be discussed in the Board meeting.

In response to Mr Campbell, Mr Grayson confirmed that details of all voting executive directors were contained in the report.

Mr Thompson expressed concern that with services being concentrated at the Conquest rather than Eastbourne the travelling time was doubled from Uckfield and people were opting to use services from a different organisation.

Mr Welling reported that the points raised had been fully discussed during the consultation processes but the Trust was not able to deliver safe services across the board on two sites and deliver an affordable healthcare system across East Sussex and the Board had given a higher priority to delivering safe quality care when patients arrived at hospital.

6. Close of Meeting

Mr Welling thanked everyone for their attendance and on behalf of the Board expressed thanks to staff, volunteers and the League of Friends in their efforts to make healthcare in East Sussex the best it could be.



Annual Report and Summary Financial Statements 2013/14

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Accessibility

We can provide information in other languages when the need arises. Furthermore, to assist any patient with a visual impairment, literature can be made available in Braille or on audio tape.

For patients who are deaf or hard of hearing a loop system is available around the hospitals and a British Sign Language service can be arranged. Information on these services can be obtained via the Patient Advice and Liaison Service (PALS).

Section 1 - welcome

Welcome

Welcome to our annual report highlighting the achievements of East Sussex Healthcare NHS Trust and our plans for the year ahead.

There is no doubt that whilst 2013/14 has been an extremely challenging year, it has also been a year when we have achieved a great deal thanks to the hard work and commitment of our staff. We would like to thank them; we know their work is greatly appreciated by the patients they treat and care for every day of the year.

The NHS is facing challenging times ahead, which make it all the more important to keep safe, high quality patient care as our focus. There are increasing demands on services; a growing population with people living longer, new medicines and rapid advances in technology. We must respond to these demands by finding and implementing new and better ways of working, using the creativity of our staff to help us transform the way we deliver services, driving up efficiency whilst raising quality and continuing to improve by constantly challenging ourselves to do better. We are working with our commissioning colleagues across East Sussex to ensure we have shared plans that will achieve these aims.



During the year we have had to make some tough decisions in order to maintain and improve the quality and safety of our services whilst dealing with the financial challenge of delivering them with less income than the previous year. In 2013/14 in order to maintain the quality and safety of our services whilst managing the impact of a reduction in our income from commissioners of £20 million compared to 2012/13 we set a deficit budget of £19.4 million. Despite the Trust achieving savings of £17.5 million - equivalent to five per cent of our income the outturn deficit for the year was £23.1 million. The Trust delivered these savings whilst ensuring it was able to meet Government performance standards for the majority of the year.

During the year the Board decided that we would benefit from some external support to bring a fresh approach and ensure we were delivering effective and efficient services so that NHS funding is used in the best possible way. With the support of this external turnaround expertise the Trust has made substantial progress in delivering changes that allow us to be more productive to the benefit of patients.

The East Sussex health economy, like the NHS as a whole, must ensure it can meet the needs of the local population in the future within the financial resources available to it. This is why the Trust has welcomed the support of NHS England and the NHS Trust Development Authority through the 'Challenged Health Economy' process.

Additional support will be made available to help the local commissioners and the Trust build on the service improvements already made through the delivery of our Clinical Strategy and ensure that commissioner and provider plans will deliver high quality and sustainable health services and good outcomes for local people.

We have already made a good start, in 2013/14 we began the implementation of the service reconfigurations that enable the delivery of our Clinical Strategy: Shaping our Future. The implementation of our clinical strategy provides us with an important opportunity to ensure that we are able to deliver sustainable healthcare services for local people in the future. It ensures we are able to respond to national and local requirements to improve patient safety, patient

Section 1 - welcome

outcomes and service quality as well as meeting performance standards.

In July we centralised hyper acute and acute stroke services at Eastbourne District General Hospital (DGH) and increased stroke rehabilitation beds at the Irvine Unit in Bexhill from 12 to 18. The changes were focussed on improving the quality of the service, making it safer with better outcomes for patients who suffer a stroke. These changes have resulted in a dramatic improvement in all our stroke performance indicators with over 90% of patients now directly admitted to our stroke unit.

In December emergency and high risk general surgery services moved, as planned, to the Conquest Hospital. As a result more surgeons are now available to carry out planned procedures, we are able to treat people quickly, improve recovery times and reduce the number of planned operations that we have to cancel. In 2014 we plan to centralise emergency and high risk orthopaedic services at the Conquest Hospital which will enhance the service offered to patients.

We still have more to do and submitted our plan to the Trust Development Authority for a £30 million capital investment to implement all aspects of our 'Shaping our Future' Clinical Strategy. If successful this funding will enable us to redevelop both the Trust's main acute hospital sites and is a foundation stone in improving the quality of our services.

In May we temporarily centralised our consultant led obstetric service on the Conquest Hospital site in order to improve the safety of this service. This change meant that we also had to centralise our Special Care Baby Unit and in-patient paediatric services and emergency in patient gynaecology services on the Conquest Hospital site. A midwifery led maternity unit where women who are assessed as low risk can give birth was developed at Eastbourne DGH. A Short Stay Paediatric Assessment Unit was also created at Eastbourne DGH to assess and treat children referred by their GP. In making these changes the safety of women, babies and children was our number one priority. We have seen a considerable improvement in the safety of our maternity services since these changes were made. A decision about the long term



future for these services will be made this summer by the local Clinical Commissioning Groups following a full public consultation.

We are pleased to report that the Care Quality Commission visited us six times during the year and had no major concerns about the care we are providing. We have been advised our Chief Inspector of Hospitals inspection will take place in September 2014, this will be more detailed and rigorous compared with previous inspections. We continue to ensure that we are measuring and monitoring the quality of our services and are planning and making improvements to patient care and experience.

As you will see in this report we treated 98,020 inpatients and 396,416 outpatients.

The Board pays careful attention to our performance against the national standards as we know these have a significant impact on patient outcomes. It is most pleasing that our A&E departments continue to perform strongly with 95.26% of patients seen within four hours of arrival.

We continue to focus on ensuring we meet all cancer targets and we are working with local GPs and others to address those areas where we have not been able to meet the standards we would expect. There is still more to do but we have seen some improvements in this area this year which is encouraging.

We continue to focus on reducing healthcare associated infections (HCAIs). This is challenging but we have made good progress and the

Section 1 - welcome

numbers of patients with Clostridium Difficile reduced by 16% to 43 cases.

We were very disappointed to have one case of Methicillin Resistant Staphylococcus Aureus (MRSA) in November 2013 after 12 months without a case. We have ensured that we have identified the improvements and changes we can make following each of these cases and we expect to be able to make further improvements in 2014/15.

As an integrated Trust providing community as well as acute services we are able to work with our commissioners to develop local services that help people stay in their own homes and reduce unnecessary hospital admissions. For example, our Neighbourhood Support Teams are now fully established and local people are reaping the benefits of a joined up community nursing and Adult Social Care team that breaks down previous referral boundaries. The teams provide health and social care support in the community by putting patients at the centre of joint decision making on where and how their health and social care needs are met.

The Neighbourhood Support service is just one example of our commitment to ensuring our services are patient centred. Understanding our patients' experiences is crucial to us. The national Friends and Family Test is one of the ways we get feedback from patients. Patients are asked a number of questions about their experience of our services and the latest figures show that 87% of patients are either satisfied or very satisfied with the service they've received. Our patient experience team collates all this information to provide our wards and services direct feedback on patients' experience so they can congratulate staff when they do well and take action to improve the quality of our service and enhance our patient's experience.

We know that the investment we have made in information technology in 2013/14 will pay enormous dividends in coming years. We have introduced a new paperless clinical monitoring system VitalPAC to our acute wards. This system enables nurses to use handheld technology to record seven routine observations, such as temperature, pulse and blood pressure, removing the requirement for a paper chart. It was funded following a successful bid to the Safer Hospitals, Safer Wards Technology Fund

and the Nursing Technology Fund and will help to improve patient safety and outcomes by identifying the early signs of deterioration in a patient's vital signs and ensuring quicker clinical intervention.

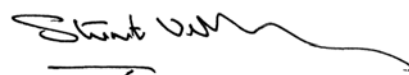
We are also rolling out a new patient record system called 'SystmOne' for Child Health and Community Services. This is a significant step on the way to delivering the NHS vision for a 'one patient, one record' model of healthcare. The system allows appropriate patient information to be shared electronically between healthcare professionals with the consent of the patient. This means that patients do not need to give the same information to a number of different health professionals and that those health professionals who have access to the system can get immediate access to clinical data. This will help them to work seamlessly together to deliver the best patient care.

Our challenge for this coming year is to continue to build on our successes and work hard to ensure our services are clinically and financially sustainable in the future. Everyone in this Trust is playing their part to deliver effective care that is safe and responds to patient need.

We would like to place on record the thanks of the Board to all our staff and our army of over 1,000 volunteers who support all our activities.

We would also like to thank everyone in our local community who donate and raise money for the Trust's charitable funds and for the Friends of our hospitals who support us in so many ways.

For more information about our organisation visit our website at www.esht.nhs.uk



Stuart Welling
Chairman



Darren Grayson
Chief Executive

Section 2 - strategic report



About the Trust

East Sussex Healthcare NHS Trust provides acute hospital and community health services for people living in East Sussex and some areas of the adjacent counties.

We also provide an essential emergency service to the many seasonal visitors to the county every year.

Our services are mainly provided from two district general hospitals, Conquest Hospital and Eastbourne DGH, both of which have Emergency Departments and provide care 24 hours a day. Between them they offer a comprehensive range of surgical, medical and maternity services supported by a full range of diagnostic and therapy services.

We also provide a minor injury unit service from Crowborough War Memorial Hospital, Lewes Victoria Hospital and Uckfield Community Hospital. A midwifery-led birthing service along with outpatient, rehabilitation and intermediate care services are provided at Crowborough War Memorial Hospital.

At both Bexhill Hospital and Uckfield Community Hospital we provide outpatients, day surgery, rehabilitation and intermediate care services. Outpatient services and inpatient intermediate care services are provided at Lewes Victoria Hospital and Rye, Winchelsea and District Memorial Hospital.

In addition to the above, the Trust provides intermediate care services at Firwood House in Eastbourne jointly with Adult Social Care.

Our staff also provide care in patients' homes and from a number of clinics and health centres, GP surgeries and schools.

Services based outside hospitals include the Integrated Community Access Point (ICAP) and the Integrated Night Service, Community Nutrition and Dietetics, Speech and Language Therapy Service for Adults, Occupational Therapy, Physiotherapy, Podiatry, Wheelchair and Special Seating Services, Diabetic retinopathy and Sexual Health including contraception services.

There are also services which focus on people with long term conditions including



Section 2 - strategic report

Neighbourhood Support Teams covering falls prevention, community nursing, joint community rehabilitation, early supported discharge and specialist nursing. Other services like the Macmillan Palliative Care Nurse Specialists, Community Continence Advisory, Community Heart Failure, Tissue Viability, Diabetes Specialist Nursing, Respiratory and MS Nurse Specialist also support patients in the community.

There are also services for children and young people including the Family Nurse Partnership, Health Visiting, School Nursing and the Safeguarding Children Team and Looked after Children Team.

The Trust provides a range of more specialist services in the community and these include the Emergency Dental Service, Medicines Management, Pharmacy Team and Special Care Dental Service.

The role of East Sussex Healthcare NHS Trust is to provide the best possible healthcare service to patients so we put our patients first in everything the organisation does.

Around 525,000 people live in East Sussex and the Trust is one of the largest organisations in the county. We employ over 7,200 dedicated staff with an annual turnover of £365 million.

There are around 820 beds and over 98,000 people are inpatients each year, whilst over 120,000 patients used the Trust's emergency departments and over 21,500 patients used the minor injuries units. In addition there are over 396,000 outpatient attendances annually.

Our promise to patients and staff

Patients come first at East Sussex Healthcare NHS Trust.

Our vision is to be the healthcare provider of first choice for the people of East Sussex and deliver better health outcomes and an excellent experience for everyone who uses our services.

This means working in partnership with commissioners, other providers, our staff and volunteers as part of a locally focused and integrated network of health and social care in the county.

Our mission is to:

- Deliver better health outcomes and an excellent experience for everyone we provide with healthcare services

Our objectives are to:

- Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority.
- Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences.
- 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.

Our aims are that all services delivered by the Trust are:

- Safe
- Effective
- Caring
- Responsive and
- Well led



Playing our part in the National Health Service

The Trust was established under statutory instrument by order of the Secretary of State in April 2011 and in accordance with the National Health Act 2006. It is part of the National Health Service (NHS), which funds the vast majority of its activities.

The NHS is committed to ensuring high standards of quality and sets a range of demanding targets on quality of care and waiting times which individual Trusts are expected to deliver.

As well as deciding national policies, the NHS sets the future direction of the service. The NHS Constitution sets out rights and pledges for patients and the public.

As NHS Trusts are funded according to the patient care they carry out, providing a high quality, convenient and accessible service which patients want to choose will be the key to the future success of East Sussex Healthcare NHS Trust.

The independent National Commissioning Board, NHS England, allocates resources, provides commissioning guidance and the Trust is a full, active and positive partner in the development of local implementation plans and works closely with the three Clinical Commissioning Groups in East Sussex to ensure that the ambitions for the service and for patients are realised. The Clinical Commissioning Groups in East Sussex are:

- Eastbourne, Hailsham and Seaford
- Hastings and Rother
- High Weald Lewes Havens

East Sussex County Council also commissions services from the Trust.

This report provides details about the performance and achievements of the Trust in 2013/14

Foundation Trust

The Trust aims to become a Foundation Trust but recognises that this will require the local health economy to demonstrate how clinical, financial and operational sustainability will be achieved in line with the requirements of local commissioners.

The Trust has been identified as part of a challenged health economy in East Sussex and is currently participating in a nationally commissioned programme of work that will support the development of a locally owned 5 year plan for sustainability. This alignment of a plan for a sustainable Trust with commissioners' intentions and plans will be required to support the Trust's application for Foundation Trust status.

During 2013/14

More than 142,000 patients were treated in our Emergency Departments, Minor Injury Units and associated areas for emergency care.

Almost 3,600 babies were delivered by our midwives and obstetricians.

More than 98,000 people were provided with hospital care either as inpatients or as day cases.

More than 396,000 people attended outpatient clinics at our hospitals or outreach centres.

Over 220,000 patients had contact with our community nurses.

More than 250,000 people had contact with our health visitors.

Almost 40,000 people were seen at one of our sexual health clinics.

More than 270,000 radiological examinations and therapeutic procedures were performed.

Over 5.9 million pathology tests were performed.

Section 2 - strategic report

The Trust's performance for the past five years, against key indicators, can be seen below.

	2009/10 (Acute service only)	2010/11 (Acute service only)	2011/12	2012/13	2013/14
Patients making emergency attendances *	119,596	119,320	146,066	141,520	142,251
Patients spending more than four hours as emergency attendances	2,627	3,540	6,042	5,967	6,739
Percentage of patients through Emergency Departments in under four hours **	97.80%	95.86%	95.91%	95.78%	95.26%
Total number of patients experiencing a four hour trolley wait	200	383	1,236	1,560	1,077
18 week referral to treatment - admitted target 90%	86.60%	83.50%	81.50%	89.69%	74.88%
18 week referral to treatment - non-admitted target 95%	95.10%	95.20%	92.60%	96.15%	93.55%
First Outpatient attendances - all staff groups - excluding ward attenders ****	128,488	129,944	126,498	122,848	122,073
Follow-up Outpatient attendances - all staff groups - excluding ward attenders ****	260,256	275,880	277,628	283,932	274,343
Total Outpatient attendances - all staff groups - excluding ward attenders ****	388,744	405,824	404,126	408,780	396,416
Ward attenders	23,797	23,645	24,144	22,576	24,672
Elective inpatient admissions - excludes daycase admissions ***	10,763	10,676	10,472	9,971	9,636
Non-elective admissions - excluding maternity and newborn baby admissions ***	46,026	46,117	42,445	42,762	45,184
Elective operations cancelled at short notice	399	402	350	370	291
Daycase admissions ***	38,979	49,401	41,903	43,143	43,200
Percentage of elective admissions undertaken as a daycase ***	78.36%	78.68%	80.01%	81.23%	81.76%
Average length of stay of elective inpatient admissions (days) - excludes daycase admissions ***	2.79	2.72	2.67	2.58	2.58
Average length of stay of non-elective inpatient admissions (days) excluding maternity and newborn baby admissions ***	6.32	6.27	6.83	7.06	6.30
Percentage of beds occupied by delayed transfers of care	3.87%	3.48%	2.44%	2.66%	3.28%
Number of births	4,394	4,350	4,147	4,091	3,596
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	92.60%	93.10%	96.60%	94.42%	94.03%
Percentage of patients treated within 31 days of decision to treat following a GP referral for suspected cancer	97.50%	96.00%	97.40%	97.16%	100%
Percentage of patients treated within 62 days of an urgent GP referral for suspected cancer	83.50%	90.00%	83.10%	83.33%	83.94%
Number of diagnostic examinations in our Radiology Departments	290,662	299,345	310,811	297,493	277,348
Total number of tests undertaken in our Pathology Department	5,613,343	5,534,341	5,655,519	5,751,012	5,953,778

* This number includes attendances at Minor Injury Units; 2011/12: 26,372 and 2012/13: 21,658; and 21,766 for 2013/14

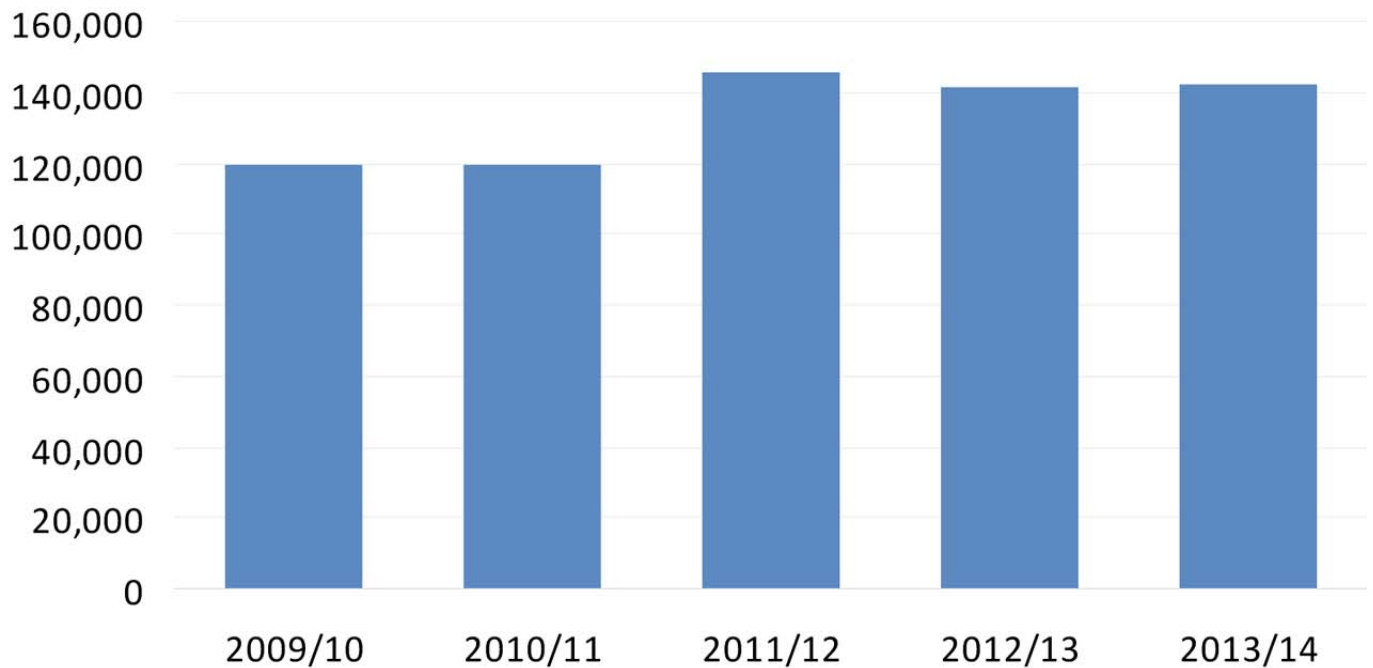
** Target performance for A&E attendances lasting less than 4 hours changed from 98.00% to 95.00% from 2011/2012

*** 2011/2012, 2012/2013 and 2013/2014 now include Community Unit activity for Bexhill, Rye, Uckfield, Crowborough, Firwood House and Meadow Lodge recorded on Oasis PAS

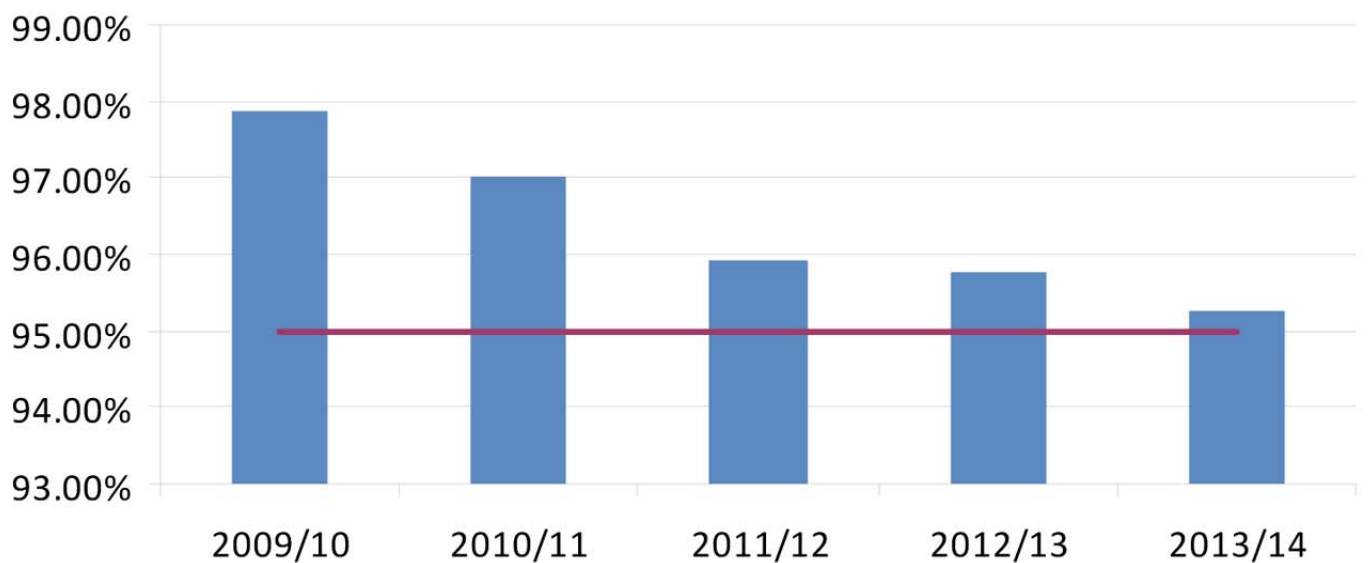
**** 2011/2012, 2012/2013 and 2013/2014 now include only ESHT Provider activity - Plastic Surgery activity by another Provider and excludes private patient activity

(Data source: SITREP summary file, Performance Pack, New Adhocs OP Database, Annual Report Database, Euroking)

A&E Attendances (Acute and MIU) *

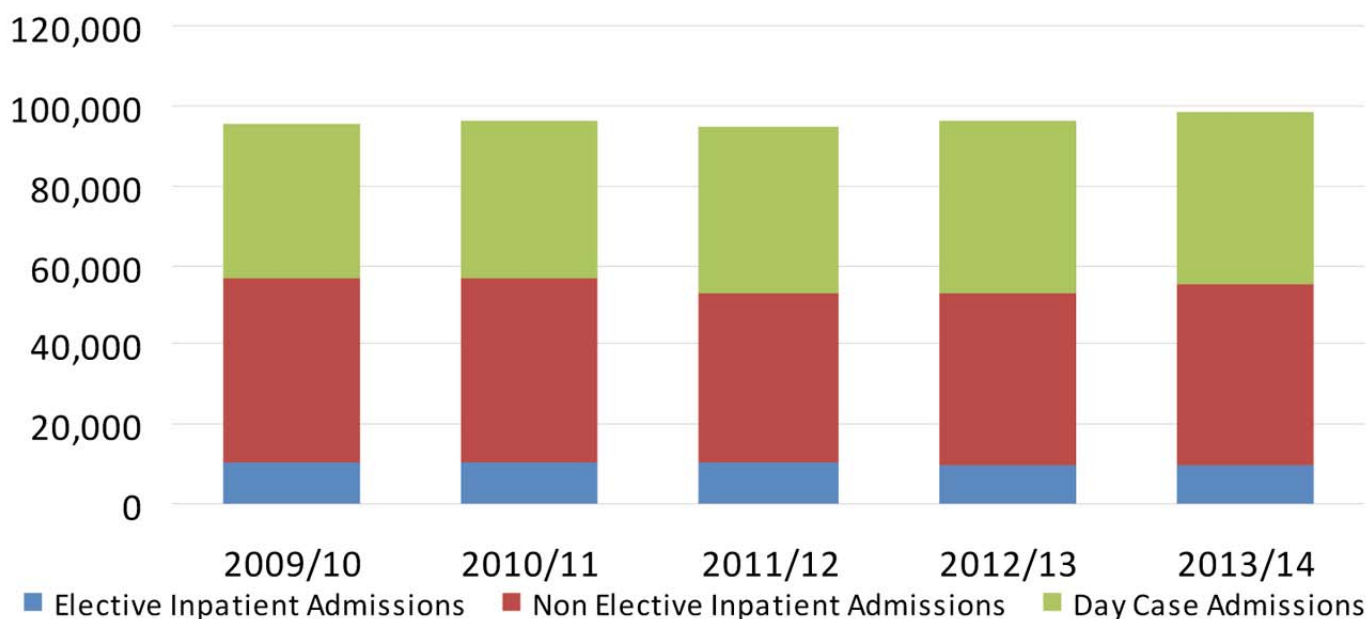


% Patients Treated within 4 Hours **

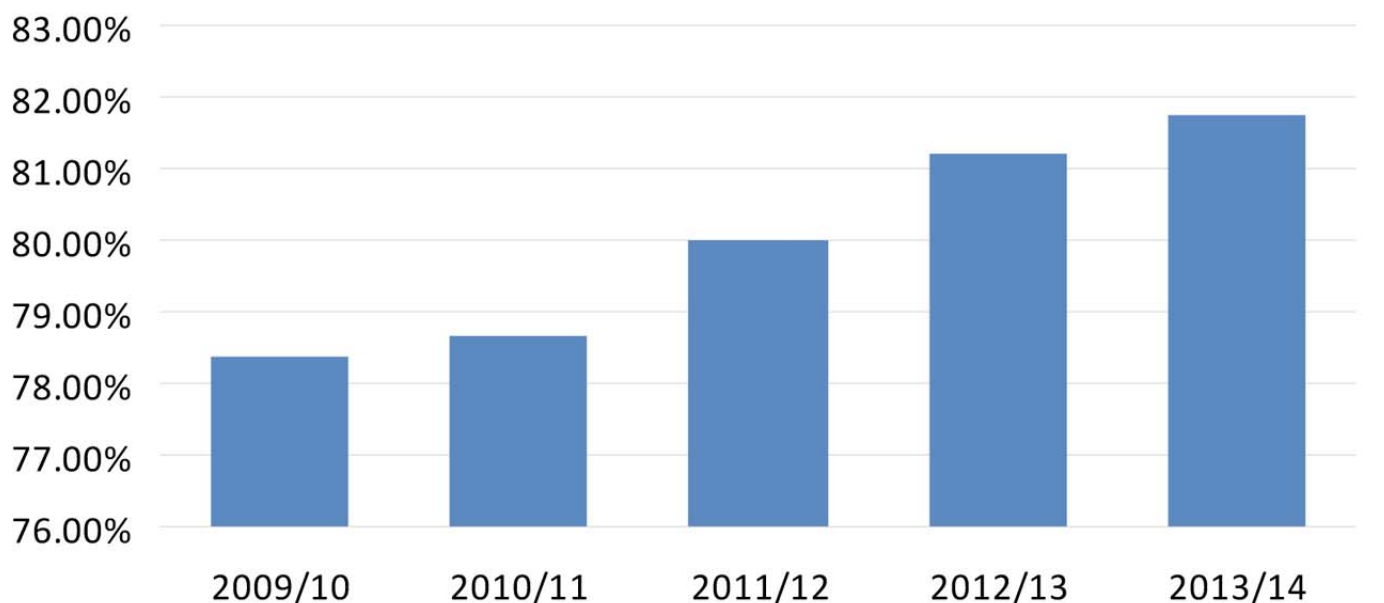


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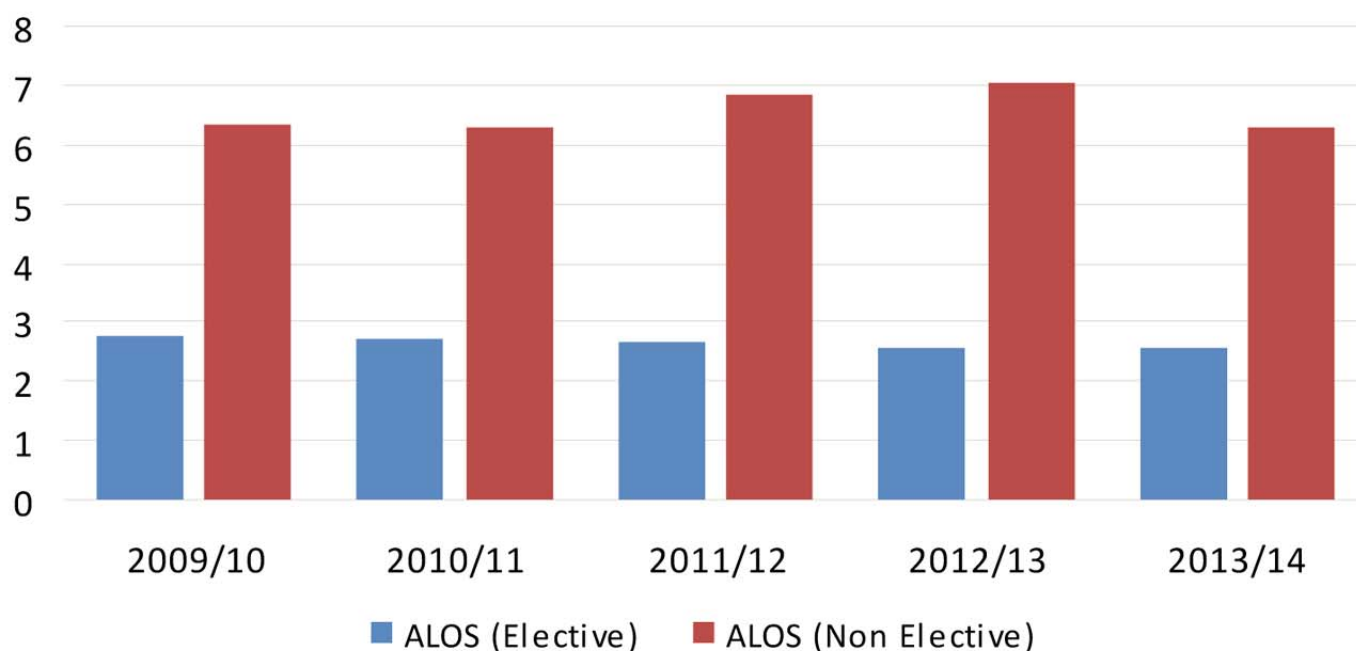
Patient Admissions ***



% Elective Operations Undertake as Day Case



Average Length of Stay



Patient safety and quality

The Trust has placed great emphasis on improving the quality of care for our patients and we are continuously striving to improve the standards and safety of the care we deliver.

We see and treat thousands of people in our hospitals and through our services in the community each year. Improving quality makes our services safer, more clinically effective and patient focussed.

Key quality indicators have been developed and these are regularly reviewed at clinical unit meetings, Clinical Management Executive, Patient Safety and Clinical Improvement Group, Quality and Standards Committee and Trust Board. This enables staff at various levels of the organisation to be appraised of the progress achieved against agreed targets and to ensure that compliance is continuously monitored.

The Trust has published its Quality Accounts for 2013/14. This is an annual document which outlines some of the many achievements made by the Trust over the past year. A full copy of

the Quality Accounts for 2013/14 can be obtained via the Trust website www.esht.nhs.uk.

We have a Clinical Governance framework in place which provides a mechanism to assist with the delivery of good practice against national standards and to facilitate continuous monitoring of performance to support ongoing improvements in patient safety and quality.



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Review of quality performance

In last year's Quality Account we identified five areas for improvement under three headings of Patient Safety, Clinical Effectiveness and Patient Experience.

During the year we have made the following progress against targets set for each of the five areas:

Patient safety

Patient Safety Thermometer (maintaining harm free care at 90% and above)

The NHS Safety Thermometer allows teams to measure the proportion of patients that are 'harm free' from four common conditions: Pressure ulcers, Falls, Urinary tract infections in patients with a catheter and Venous Thromboembolism (VTE). These conditions affect over 200,000 people each year in England alone, leading to avoidable suffering and additional treatment for patients. The Trust maintained an average of over 90% harm free care for 2013/14.

Of the four common conditions, pressure ulcers cause the most harm nationally and so they were also chosen as our local improvement target. Using a baseline taken from the implementation of the NHS Safety Thermometer in 2012/13, the Trust agreed to reduce the prevalence of all pressure ulcers across the whole health economy of East Sussex by 25-30%.

With regards to pressure ulcers, a reduction of just over 30% was made in the first six months of the year and this was sustained to the end of the year. Nationally and locally it is acknowledged that approximately 75% of pressure ulcers are acquired in community settings rather than during in patient care. A pressure ulcer prevention plan has been developed, along with information leaflets for both patients and staff and the Trust wide Tissue Viability Service has hosted a series of workshops to promote the use of these documents.

International "Stop the Pressure Ulcer" day in November 2013 was promoted across the Trust

and a Pressure Ulcer Prevention Multi-Agency Group has been formed to share ideas and processes and drive development in the wider health economy.

In addition to the success in pressure ulcer reduction, the Safety Thermometer data has revealed a reduction in falls, urinary tract infections in patients with a catheter and venous thromboembolism (VTE).

Releasing Time to Care: the Productive Community Series

The Productive Community Series is an initiative developed by the NHS Institute for Innovation and Improvement with the ultimate aim of releasing more time for frontline staff to spend on patient care. The initiative focuses on improving processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency.

This year, all community areas have implemented the foundation module 'well organised workspace' in their store areas. A proportion of stock control and ordering has been centralised to designated administrative staff for all locality teams, which has helped to reduce over-ordering and improve stock control. Administration time has been released and storage areas are being used more efficiently.

The standard operating procedure for caseload management allows District Nurses to apply a consistent methodology when triaging their patients, and allows for greater transparency and communication about how we are assessing and responding to demands. The use of a colour coded system helps teams understand the status of their patients and caseloads at a glance.

A monthly performance template has also been developed, this allows Lead Nurses to share information at monthly team meetings about complaints, incidents that have occurred and workforce issues such as sickness rates and training needs, and allows them to plan improvements.

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Clinical effectiveness

Cardiology – improve the patient experience for those diagnosed with heart failure

Over 900,000 people in the UK live with heart failure and early identification through assessment and positive intervention can improve quality of life. Heart failure accounts for 5% of all admissions into hospital. Our aim for 2013/14 was to improve the patient experience of those diagnosed with heart failure through the integration and development of specialist cardiac care.

During the year we have reduced the number of hospital admissions and increased our community based services for cardiology patients with an emphasis on heart failure. We have worked towards ensuring that, where clinically possible, patients with heart failure are cared for on a cardiology inpatient ward and we have developed the skills of the nurses who work on these wards so that they are better able to advise heart failure patients.

We have established a community heart failure service to improve the treatment and subsequent outcomes for these patients and we are redesigning cardiac rehabilitation services to offer more choice of where this takes place alongside a multidisciplinary approach to the patient's rehabilitation.

We carried out a small study of patient experience earlier this year and the feedback shows that overall patients are satisfied with their care. 84% of patients felt that they got the care that mattered to them, 100% of patients said that their medicine/tablets had been explained in a way they could understand and 100% of patients knew who to contact if they were worried about their condition or treatment after they left hospital.

Patient experience

Implementation of the Patient Experience Strategy

We wanted to improve our communication with, and listen, act upon and be responsive to the feedback we receive from our patients and their carers. Patient experience is about delivering high-quality care and is everyone's business.

We have introduced a Patient Experience Champion Programme, the aim of which is to engage with and empower staff at all levels to deliver an excellent patient experience. There are now over 100 Patient Experience Champions within the Trust who are active role models for all members of staff in continuously looking at ways in which we can improve the patient experience.

They are encouraged to be aware of feedback within their areas, which can include patient surveys, complaints and comments made on websites such as NHS Choices and Patient Opinion, and act upon it.

Templates for displaying "You said, we did" information have been delivered to every ward and department to demonstrate our commitment to listening to patient feedback.

A recent meeting with the Champions included an important session on how we address people and the language we use. The Champions were involved in setting up displays around the Trust to promote National Dignity Day in February and



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our second Patient Experience conference in May received extremely positive feedback.

Our year-on-year scores in the national inpatient survey relating to patient experience have seen a steady rise and our patient experience bedside survey results indicate a considerable improvement over the last 12 months.

Supporting children and young people with long term conditions and disability to stay at home

Supporting children and young people is integral to the development of the local children's clinical strategy "Better Beginnings". We therefore needed to ensure that the paediatric service provided high quality care that was safe, effective, met national and local quality standards and best practice guidelines and ensured that there was equity of access to all paediatric services.

We developed a questionnaire with support from our stakeholders and the Trust's Patient Experience team to obtain the views of people using our services. The questionnaire was sent to 281 patients and their carers, of which 93 were returned. From the surveys that were completed, 95% of patients and their carers felt that their views and worries were listened to, 83% of parents or carers felt that they were involved in the action plans for their child, 60% stated they would know how to make a complaint if necessary, 96% rated the service as good, very good or excellent and 56% did not consider the service could be improved.

In response to the results of the survey we have changed how we communicate with our clients and the community children's nursing service

leaflet will have information about the Trust's Patient Advice and Liaison Service (PALS) and Complaints department added.

Specialist Nurse roles are being developed across all community nursing services and we now have two Diabetes Nurse Specialists, an Epilepsy Nurse Specialist and we are developing the Cystic Fibrosis nurse specialist role. One of our community children's nurses is undertaking further training in advanced physical assessment skills and independent nurse prescribing and there are plans to further develop advanced nurse practitioner roles within the service.

Our Quality Improvements for 2014/15

Our improvement priorities for 2014/15 have been chosen following a listening exercise with our stakeholders and by reviewing current services and developments. During the year we will be looking to make improvements in the following areas:

Patient Safety

- Maximise our efforts to reduce healthcare acquired infections

Clinical Effectiveness

- Early recognition and action to support the care of the deteriorating patient

Patient Experience

- Continue to implement the Patient Experience Strategy
- Ensure that we provide optimal care for patients in our care who have mental health disorders.



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Care Quality Commission

We are required to register with the Care Quality Commission (CQC) and are currently registered for the following activities:

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and Screening procedures
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Termination of pregnancies
- Family Planning Services
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

Unannounced compliance inspections were undertaken by the Care Quality Commission during 2013/14:



Date	Site	Outcomes reviewed
22nd May 2013	District Nursing Teams, Eastbourne, St Leonards, Hailsham	Outcomes 14, 21 – compliant Outcome 4, 13, 16 – minor concerns
24th June and 25th June 2013	Maternity and Paediatric Services, Conquest Hospital Maternity and Paediatric Services, Eastbourne DGH	Outcomes 4, 7, 12, 13, 16 compliant Outcomes 4, 7, 12, 13, 16 compliant
16th July 2013	Arthur Blackman Clinic, St Leonards-on-Sea	Outcomes 1, 4, 6, 8, 16 – compliant
18th September 2013	Avenue House, Eastbourne	Outcomes 1, 4, 6, 7, 16 – compliant
4th February 2014	District Nursing Team, Eastbourne	Outcomes 4, 13, 16 - compliant Outcome 21 - minor concern which will be addressed by deployment of community IT system which is already underway

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Patient and public involvement

The Trust places service users at the heart of everything we do. Monitoring, responding and learning from patient experience is a priority.

We are committed to ensuring that every patient receives a high quality service that meets their expectations. We know that the best way to achieve this is to actively seek customer views and prioritise patient and public involvement, with the aim of delivering and designing services with the patient at the centre.

The patient experience team supports individual services and the Trust to engage with service users, carer groups and staff - this was evidenced at our 6C's Dignity and Care Conference held in March 2014 where 86% of delegates stated that the bringing together of staff and service users to provide feedback was an excellent experience. We continue to work closely with Healthwatch to improve both services and experience for everyone who uses or comes into contact with our services.

Our Patient Experience Champion programme continues to grow and our Champions support real-time feedback at ward/department level.

The "You said, We did" data is analysed and displayed at both ward and corporate level.

We are committed to learning and welcome all feedback from patients and staff both positive and negative as this helps us understand what we are doing well so we can build on it and when we get things wrong so we can make improvements and change the way we do things. The Friends and Family test (FFT) is now an established part of the way we gather information about people's experiences of all our in-patient and maternity services.

The information we get through this route is used directly to improve patient experience across all departments in line with the national Commissioning for Quality and Innovation target. We started using the FFT in outpatient and day units in January 2014. Overall during 2013/14 our service users completed 30,076 surveys and 87.53% were very satisfied or satisfied with the care and treatment they received.



During 2013/14 the Trust has continued to implement our 4C – complaints, concerns, comments and compliments - approach for enhancing patient experience. This includes having systems and processes in place to effectively address all of these issues.

The Parliamentary Health Service Ombudsman's 'principles for remedy' state that an attempt to resolve a complaint should be based on:

- getting it right
- being customer focused
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

The Trust makes every effort to comply with these principles. We are always ready to apologise where our service has not been what the service user expected, and to put things right for complainants as promptly and appropriately as possible. Our aim is to use the lessons learned from complaints to make sure that we do not make the same mistakes again.

The Patient Advice and Liaison Service (PALS) is an informal service offering support, information and assistance to patients, relatives and visitors. The service is easily accessible 5 days a week via drop-in, email, telephone or letter

During 2013/14 our PALS team dealt with a total of 5,660 contacts, of which 3,062 were for advice or information and 2,127 contacts related to concerns or the need for support from PALS. Due to the nature of the service offered, PALS are able to quickly identify any trends which may

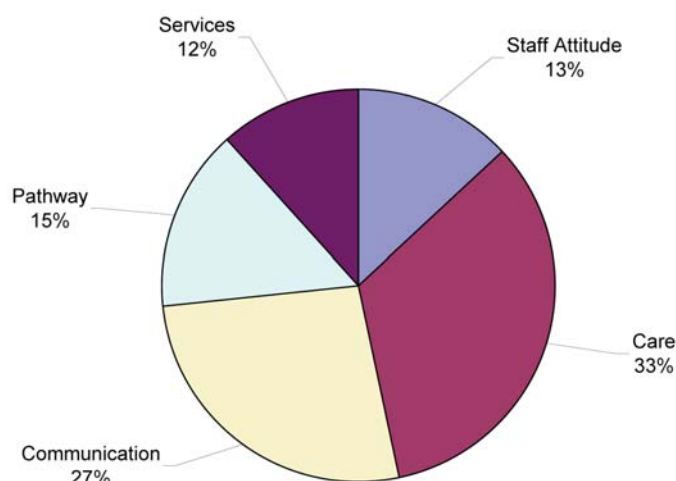
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be causing a concern and bring them to the attention of the Trust so they can be addressed.

In addition, 466 compliments were received through various routes of communication including the NHS Reviews and Rating Website.

During 2013/14 the Trust received a total of 622 complaints; meaning that less than 0.05% of patient care activity resulted in a complaint.

The top five complaint themes have been:



It is our aim to acknowledge formal complaints within three working days and we are pleased to report that for eight months of the last year we achieved a 100% acknowledgement response giving an overall average response rate of 98%.

Complaints acknowledged within three working days during 2013/14:

April	May	June	July
91%	98%	100%	100%
August	September	October	November
100%	100%	100%	100%
December	January	February	March
100%	100%	98%	92%

Healthwatch

Healthwatch East Sussex is the independent consumer champion created to gather and represent the views of the public on issues relating to health and social care.

Healthwatch plays a role at both a national and local level, ensuring that the views of the public and people who use services are taken into account. During the year Health watch has undertaken a number of visits and reports for the Trust. These have been as a result of patients feedback or national concerns and there has been involvement in the PLACE visits, and in our Dignity Workshop.

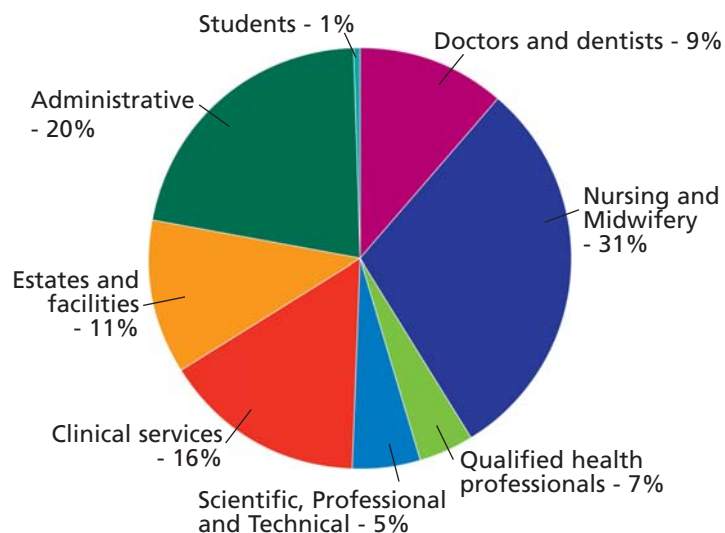
These visits by the Healthwatch members are very appreciated by the Trust and we believe this engagement has provided the organisation with some valuable learning and we are grateful to their commitment and support to make the patient experience and the patient environment better.



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Our staff

The Trust's workforce at the end of 2013/14 consisted of 6,942 members of staff (5,947 full time equivalents) from a wide range of professions, all of whom are key members of our team.

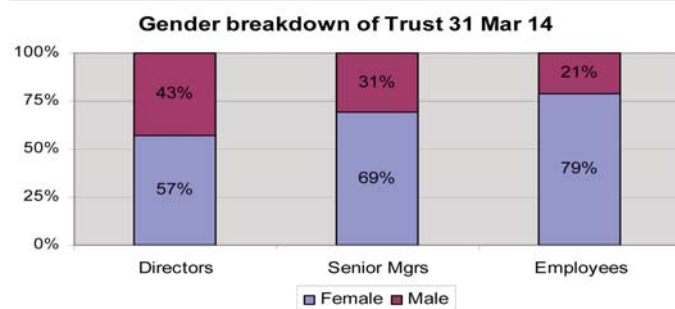


Key facts:

- 9.2% of our staff are doctors or dentists
- 31.7% are qualified nurses or midwives
- 6.6% are qualified health professionals, including physiotherapists, radiographers and orthoptists
- 5.0% are scientific, professional and technical staff - pharmacists, audiologists, cardiographers, optometrists and pathology staff
- 16.0% are nursing healthcare assistants, operating department practitioners, pharmacy, radiography and physiotherapy assistants and nursery staff
- 10.9% are estates and facilities staff providing hospital maintenance, housekeeping, catering and portering
- 1.0% are students (nurses, health visitors, midwives and physiotherapy)
- 19.5% are administrative staff including ward and clinic clerks, medical secretaries, medical records staff, administration and management staff

The Trust is also supported by around 1,200 volunteers who generously give their time and raise valuable funds for us to help provide the best possible service.

Gender distribution by directors, other senior managers and employees



(Data source: ESR, senior managers = Agenda for Change Bands 8a-d)

Staff development

During 2013/14, we continued to support staff to develop in a variety of ways.

We have increased commissions for pre-registration nursing programmes, and also for District Nursing programmes.

We have supported staff to develop key clinical skills and engaged with our regional body, Health Education Kent, Surrey, Sussex, to support regional programmes aimed at developing skills relating to Dementia care, Emergency Care, and Compassion.



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During 2013 the National Leadership Academy launched a range of Leadership development programmes aimed at all groups of staff. We currently have a number of staff across all professional groups undertaking these programmes.

We have continued with our Listening into Action (LiA) programme during 2013/14, and we have held a number of staff conversations focusing on specific staff groups, or specific health themes, including:

- The Deteriorating Patient
- Falls Prevention
- Pressure Ulcer Prevention
- Reducing Costs
- Healthcare Assistants
- Therapy Teams

In addition to the above, we have had an LiA group focusing on developing a set of Trust wide Values and Behaviours. The development of these values and behaviours was undertaken through wide ranging consultation with staff at all levels, and support from the Board. These values and behaviours will be launched and embedded during 2014/15.

We have continued holding forums for staff groups and during 2013/14 we held a series of Leadership Conversations with managers and senior leaders.

These conversations are a key part of our engagement strategy to continuously improve and develop communication with staff. We are also developing a Clinical Leaders forum which will be launched during 2014/15.



Staff survey

We welcome the publication of the staff survey and will use the feedback to maintain and improve the working environment and experiences of our staff.

Maintaining and developing a skilled and motivated workforce is a top priority for the Trust and we recognise that the majority of our staff are committed to providing the best possible care for patients.

The last year has been a particularly challenging one for both the NHS nationally and for the Trust, and the results of the survey will be used to help us concentrate our efforts to improve and we will be developing plans to achieve this.

As an organisation we continue to perform well, we have maintained the quality and safety of our services and are meeting our key performance indicators. We now need to work with staff to understand the issues they have and what we can do to resolve them. The health and well-being of our staff is extremely important to us and we will be working with our doctors, nurses and all other staff to ensure their concerns are addressed.

Staff productivity

Our electronic rostering system, Healthroster, has been implemented in the majority of clinical areas.

The Healthroster system is now being implemented in our Facilities area with the project due for completion by autumn 2014.

Electronic rostering enables us to manage our establishment and staffing more efficiently and also allows the organisation to have real time information on ward staff, sickness levels, and temporary staff usage.

During 2013/14, we reviewed our staff appraisal process in line with national changes to pay progression.

We have incorporated a number of compliance measures into the new appraisal process and also 'soft' measures that relate to our newly developed values and behaviours. The revised appraisal process is being rolled out across the organisation from April 2014 onwards.

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Looking after our staff

In order to deliver the Compassion in Care that our patients receive, it is vital that we in turn look after the health and wellbeing of our staff.

Whilst our healthcare workers focus and dedicate themselves to caring for our patients, it is all too easy to forget caring for ourselves.

One of the primary aims of the Occupational Health Department is to ensure the good health of our staff and that work is not harmful to staff which includes the emotional and psychological wellbeing of staff.

The Trust has a well developed Health and Wellbeing Strategy with the aim of promoting the good health of staff both within and outside of work. Over the last year we have delivered a number of initiatives to both directly support staff's health including "Weekly Weigh-ins" incorporating expert advice on health, lifestyles and healthy life choices as well as dietary advice and support in weight loss. Along side this we have developed "self help" materials for staff to freely access to enable early identification of when they might need support including techniques and tips they can action themselves as well as other routes of support to keep them fit and well.

During the last year the Occupational Health Department has worked hard towards successfully achieving external accreditation under the SEQOHS (Safe Effective Quality Occupational Health Services) scheme. This accreditation recognises the high standards of clinical service delivered to supporting staff working within the Trust. Over the coming year we have plans in place to deliver "Resilience Training" to staff to improve our ability to cope with the increasing pressures we all face in both personal and work life.

Other initiatives such as promotion of proper hydration whilst at work and pedometer challenges will be launched in 2014/15.

The Trust has committed to incorporate "Schwartz Centre Rounds®" as part of its health and wellbeing strategy. Benefits of providing this support mechanism to staff are to help cope with the challenging psychosocial and emotional issues that arise in caring for patients with a



primary outcome of increasing compassion in care.

The Schwartz Centre Rounds® will be embedded into the organisation through the support of "The Point of Care Foundation" and we think this will be an exciting development to watch.

The Trust also provides a broader mechanism of support for staff, recognising the increasing number of staff with carers' responsibilities which can often be demanding, stressful and complex. The Child and Family Care Support Network offers support, information and advice to help staff manage these demands upon their work and home life. Balancing the demands can be stressful for staff and have a detrimental effect on their ability to continue to perform to high standards at work. This support can significantly reduce those stresses benefiting the effective and high quality level of patient care delivered.

As part of this commitment to supporting staff's caring responsibilities the Trust runs in-house childcare facilities located on each of the two acute hospital sites. These settings provide up to 116 places for children aged between 4 months to 8 years as well as offering holiday playschemes increasing capacity by a further 27 places for children aged up to 11 years. In addition to these facilities we also manage a Childcare Voucher scheme for staff enabling discounts at many settings within East Sussex.

These provisions are vital for retaining highly skilled and valued staff, and also help us to attract a high calibre of staff to join our healthcare workforce.

Staff achievements

During the year a number of our staff were recognised for their achievements:

Proud to Care Awards:

Individual care award

Kerry Chidlow, a Macmillan Breast Care Nurse, who works tirelessly to maintain an extremely high standard of patient care. Patients always speak very highly of her, highlighting her caring and compassionate manner. She frequently reviews the service to identify how it could be improved for the benefit of the patients and often brings in new initiatives. She has established two patient support groups and currently is leading the establishment of a survivorship programme for patients and their families.

Team care award

Trauma Assisted Discharge Team for their support of patients, who have sustained fractures of the hip, helping them to return home at the earliest opportunity under the care of a multi disciplinary rehabilitation team.

The service has redefined the pathway for these patients, promoting rapid recovery in the best environment for the patient. An additional benefit is the significant reduction in the patient's length of stay in hospital.

Individual commitment award

Erwin Castro, Specialist Diabetes Nurse who has used IT as a platform to educate ward nurses about diabetes. He developed 'Diabytes' a bi-monthly information sheet on various aspects of diabetes management.

Team commitment award

MacDonald Ward, Conquest Hospital, for working together to become the champions of dementia care. They have gone the extra mile, for example coming in when off duty to help improve the environment and create a patient bus stop which helps cognitively impaired patients. Care and compassion for elderly, frail and vulnerable patients clearly drives this extraordinary team.

Team competence award

Harlands Ward, Uckfield Hospital, has set up and run a day care IV service for antibiotic treatment for lower limb cellulitis. Rather than admission to

hospital, eligible patients are able to have a five day course of antibiotics as a day case at the community hospital making it a better experience for patients whose care can be provided closer to their home.

In addition to the winners, the following staff were also shortlisted for an award:

- Rose Errington, Oncology Nurse Specialist
- Dianna Henderson, Health Visitor
- The Joint Community Rehabilitation Team
- The Patient Experience Team
- Matron Sue Page, Mirrlees Ward

Macular Society's Awards for Excellence

A team of eye specialists at Eastbourne DGH were nominated for a national award after outstanding praise from patients.

Prabhakar Potu, Consultant Ophthalmologist, and the eye clinic team were nominated for the 'Clinical service of the year' award. The nomination recognised their exceptionally good practice in the care of people with macular degeneration.

'Clinical service of the year' is an award for medical staff, teams or services which provide diagnosis or treatment for macular disease, and which demonstrate exceptionally good practice in the care of people with central vision loss.

Quality in Care Award for Outstanding Educator in Diabetes

Erwin Castro, Specialist Diabetes Nurse, is very passionate about improving the care of inpatients with diabetes through education. He has introduced various initiatives including Diabytes, a bi-monthly electronic update for trained nurses and has been instrumental in ensuring that the various medical teams receive updates on the management of diabetes.

Sussex Partnership Foundation Trust Equality, Diversity and Social Inclusion Award

Jean Duffy is a Learning Disability Liaison Nurse working for Sussex Partnership but much of Jean's work takes place within our services, and she has worked single-handedly over the last 17 months to ensure that people with learning disabilities are given the highest quality care in hospital settings.

She has developed an active network of 66 learning disability champions across most clinical areas and has trained new staff, consultants, junior doctors and nurses across all settings.

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Celebrating our staff at our Trust Awards

Our 2013/2014 Staff Awards ceremony was held on 14th May 2014. We received a large number of nominations with the award categories and winners being as follows:

- Developing Excellent Services - Stroke Therapy Services (acute, rehabilitation, community)
- Leadership - Sue Gorringer, District Nursing Team Leader
- Health and Well-being - Lorna Earl, Counsellor, Occupational Health
- Personal Development - Anna Hoffmann, Healthcare Assistant/Trainee Associate Practitioner
- Quality Improvement - Maternity and Paediatric Teams
- Team of the Year - Electronics and Medical Engineering (EME)
- Using information to improve care - Janet Jackson, Diabetes Specialist Dietician
- Working behind the scenes - David Peerless, IM&T Senior Change Analyst
- Working in partnership - Community Health Services Pharmacy Team
- Chairman's Cup - Chin Barton, ENT Nurse Practitioner

Consultants appointed during 2013/14

- Dr Justin Harris, Interventional Radiology
- Mr Faiyaz Kapasi, Urology
- Dr Athansios Nakos, Medical Assessment Unit



Staff fact file*

As at 31st March 2014:

- Just over 78.5% of our staff were female
- Over 41% work part-time
- Over 38% of staff are over 50 years old
- Over 3% of staff identified themselves as disabled and just under 1% identified themselves as either gay, lesbian or bisexual
- Just over 11% of staff are from a black or minority ethnic (BME) origin. This compares to 14.6% nationally (England, 2011 Census) and just over 8.3% in East Sussex (December 2012)
- The Trust's annual sickness rate during the year to 31st March 2014 was 4.4% meaning the number of full time equivalent days lost to sickness was 95,691.

Training tomorrow's professionals

The Trust continues to work closely with Brighton and Sussex Universities Medical School, King's College Hospital Medical School and Brighton University to train the next generation of healthcare professionals.

We have over 350 medical students, about 300 nursing and midwifery students plus around 100 students from the allied health professions.

* Source: ESR (comparative ethnic info from 2011 Census and East Sussex in Figures).

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Equality, diversity and human rights

The Trust continues to promote health and care equality for patients, carers and families and advance equality in the workplace for staff.

Highlights from the 2013/14 equality, diversity and human rights work programme include:

- New equality, diversity and human rights training rolled out for nurses, therapists, ancillary and administrative staff to support the development and spread of inclusive practices
- The Trust achieved a ranking of 23 in the Stonewall Healthcare Equality Index 2013 which scored the healthcare organisations in England on how they delivered equality for lesbian, gay and bisexual people
- Successful retention of the disability positive employer ("two ticks") status which recognises the Trust's commitment to support disabled job applicants, including through a guaranteed interview scheme
- Patient accessibility was promoted in the new Endoscopy Unit that opened in winter 2013. New assisted shower rooms have been provided in: Gardner, De Cham, Sovereign and Hailsham wards and Eastbourne Surgical Assessment Unit (SAU)
- Other improvements have seen door surrounds painted to increase contrast for people with sight loss and changing cubicles made bigger for people with mobility impairment
- We listened to members of the Hastings and Rother Rainbow Alliance Trans group (HRRAT) for their views on healthcare. Concerns included changing gender on health records, recognising Trans peoples' needs within care and single-sex accommodation. Improvements will be implemented over the next year
- Staff members were supported to meet patient, carer, colleague and individual communication needs through the introduction of a new 'Language and Communications' policy. This included

standardising procedures for booking interpreters, bilingual advocates and communication support workers as well as for producing accessible information. Nineteen translation and interpreting related queries, including six Freedom of Information (FOI) requests, were handled

- Transparent efforts to improve equality within governance included specialist analyses of the service specifications and transformation plans for Occupational Health and the Child and Family Care Service and for a wide range of healthcare and workforce policy.

The Trust produces an Annual Equality Report and for a copy of this or for further information about any of this work or other equality related queries, please email: esh.tr.equality@nhs.net or visit our website: www.esht.nhs.uk/equality



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Working together

We work closely with the local Clinical Commissioning Groups, the Surrey and Sussex Area team of NHS England, the NHS Trust Development Authority and the Health and Wellbeing Board of East Sussex County Council.

We also continue to work closely with Brighton and Sussex University Hospitals NHS Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance NHS Foundation Trust, East Sussex Adult Social Care, Sussex Police, East Sussex Fire and Rescue Service, NHS Direct and the local district, borough and county councils.

We are grateful for the support received from all these organisations during 2013/14.

We particularly value the scrutiny role and support for the Trust and the wider local NHS provided by the local Health Overview and Scrutiny Committee of East Sussex County Council and Healthwatch East Sussex.

Volunteering

Every month more than 1,200 people volunteer their time, energy and enthusiasm for the benefit of patients, visitors and staff at the Trust.

Our volunteers undertake a variety of roles:

- work on receptions - 'meeting and greeting'
- providing a patient library service
- ward roles
- supporting administration including patient experience
- drivers and escorts
- assisting staff around the Trust
- chaplaincy visitors
- hospital radio
- Friends of the Hospitals outlets and mobile shops
- and many other areas.

Each dedicated volunteer makes a vital contribution to daily hospital life and their efforts are very much appreciated and valued.

Anyone who is interested in becoming a volunteer to strengthen and enrich our dedicated team of people should contact

Voluntary Services staff at Eastbourne DGH on (01323) 417400 Ext: 4880 for opportunities at Eastbourne DGH, Havens and Weald area. Conquest Hospital on (01424) 755255 Ext: 8497 for opportunities at Conquest, Bexhill and Rye hospitals.



Fundraising

The Trust is extremely grateful for the efforts of a wide range of charities and individuals whose generosity supports our work.

Over the year £432,714 has been donated or bequeathed to our charitable funds.

The Friends of our hospitals have again proved extremely generous during the year and have funded equipment to improve the care and support we are able to offer to patients totalling £999,300 in the year. We are extremely grateful for their continued support.

If you would like to support or become involved with the Friends please contact:

Friends of Bexhill Hospital

Tel: (01424) 217449

Friends of the Conquest Hospital

Tel: (01424) 755820

Friends of Crowborough War Memorial Hospital - Tel: (01892) 664626

Friends of the Eastbourne Hospitals

Tel: (01323) 417400 Ext: 4696

League of Friends Lewes Victoria Hospital

Tel: (01273) 474153

Rye Health and Care Ltd

Tel: (01797) 223810

Uckfield Community Hospital League of Friends

Tel: (01825) 767053

Shaping our future: the clinical strategy

We are currently three years into a five year journey to improved clinical sustainability and financial viability.

In close collaboration with key stakeholders in East Sussex the Trust agreed the strategic framework for its Clinical Strategy: Shaping our Future in 2011 against the strategic objectives the Board has agreed for the organisation:

- Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority.
- Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences.
- Use our resources efficiently and effectively for the benefit of our patients and their care and ensure our services are clinically, operationally and financially sustainable.

Based on this framework the first phase of the clinical strategy developed the business model for the Trust by defining the change required to eight key services in order that they were able to deliver the Trust's aims and objectives. These eight services that comprise about 80% of the business of the Trust are:

- Acute Medicine
- Orthopaedics
- Cardiology
- Emergency care
- Maternity
- Stroke
- Paediatrics and child health
- General Surgery

The conclusions reached about the future configuration and design of the above eight services has defined the business model for the Trust as 'one hospital on two sites'. This currently requires redesigned emergency care, acute medicine and cardiology to be provided on both acute sites with the other five services provided differentially on each site.

The model is supported by a range of community services which include those being developed to improve the management of patients with long term conditions and complex co-morbidities in community rather than acute settings.

In order to implement the strategy and business model acute and hyper acute stroke services were centralised on the Eastbourne DGH site in July 2013; emergency and high risk surgery services were centralised on the Hastings site in December 2013 and the centralisation of emergency and high risk orthopaedics at Hastings is planned for 2014.

The centralisation of the stroke services on the Eastbourne DGH site, together with an increase in stroke rehabilitation beds from 12 to 18 at the Irvine Unit in Bexhill, has enabled patients to have access to a stroke ward within four hours of attendance in line with the national indicator, a target which we had previously struggled to deliver, and we continue to meet the national standards in relation to access to diagnostics and stay within a stroke ward.

Following the centralisation of emergency and high risk surgery services onto the Conquest Hospital site, we are now providing seven day a week senior medical coverage which has resulted in a 40% increase in the number of patients being discharged within 0-2 days over the first three months.

The commissioning of the new state of the art interventional radiology suite at the Conquest Hospital has allowed surgical patients to be treated as day cases rather than being admitted - a further improvement in patient safety and quality.

Consultant led Maternity services and in-patient paediatric services were temporarily centralised on the Hastings site in May 2013 on the grounds of safety pending the outcome of a consultation on the long term future of these services which is currently being undertaken by the three local Clinical Commissioning Groups. The decision on the future configuration of maternity, paediatric and gynaecology services will be made in the summer of 2014.

The full business case in support of the capital investment required to realise the full benefits of the clinical strategy has been developed and approved by the Trust Board and is currently awaiting consideration by the Trust Development Authority. In addition to the centralisation of services for stroke; emergency and high risk surgery and trauma and orthopaedics, the business case describes the redesigned and improved care pathways being implemented in

Section 2 - strategic report

acute medicine, emergency care and cardiac care and the infrastructure investment necessary to support this redesign.

It details the improvements that will be made in patient flow and length of stay as well as the reductions that will be made in inappropriate admissions.

The focus is on delivering quality improvements including increased senior decision making, improved discharge planning and infrastructure and fabric upgrades that will improve infection control.



Investing in our estate 2013/14

Capital investment in the Trust's estate during 2013/14 was driven by the ongoing need to address outstanding backlog and, most significantly, to pave the way for the major changes inherent in the proposed Clinical Strategy, 'Shaping our Future'.

In June we appointed Balfour Beatty as our P21+ partnering contractors to support the completion of the Full Business Case for the Clinical Strategy. The business case was presented to the Trust Development Agency in December.

Preparatory works for the Clinical Strategy comprised:

- relocation of the Surgical Assessment Unit to the Richard Ticehurst Unit (Sleep Studies and Day Surgery being displaced to Cookson Attenborough Ward)

- reconfiguration of Egerton Ward to enable single siting of emergency and high risk orthopaedic surgery at the Conquest Hospital
- expansion of theatre storage capacity at the Conquest Hospital
- provision of new Interventional Angiography facilities at the Conquest Hospital

Other significant works at the Conquest Hospital included the reconfiguration of the Maternity Unit to enable the temporary single siting of consultant led maternity and midwifery services and improvements to Kipling Ward in preparation for the temporary single siting of paediatric services.

At Eastbourne DGH, of most significance was the completion and handover of the new Endoscopy building in November. The Endoscopy Unit is now functional and the ground floor of the building provides space for future development works associated with the Clinical Strategy.

Other projects completed comprise:

- relocation of the Admissions Lounge and Day Surgery to Littlington Ward
- refurbishment of Hailsham 4 Ward
- provision of a 2nd CT scanner in the Radiology Department

Cross site restructuring of Clinical Laboratory Diagnostics has commenced with works schemes at the Eastbourne DGH and this programme is ongoing.

The outcome of the funding request from TDA supported by our business case for the Clinical Strategy is awaited but the works funded during 2013/14 will have paved the way for the major investment required to bring the Strategy to fruition.



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Patient environment

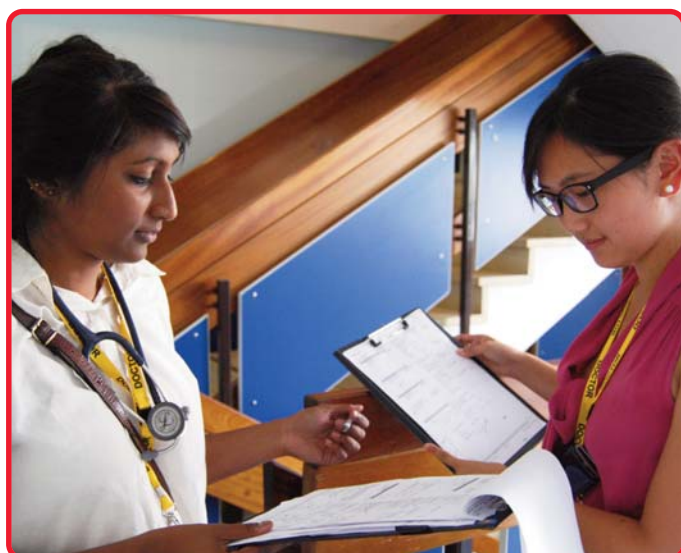
Each year the Trust is required to assess its facilities in line with national PLACE (Patient Led Assessment of the Care Environment) guidelines issued by The Health Information and Social Care Centre.

Inspections are carried out by a multidisciplinary team including patient representatives from Healthwatch and external validation.

The full PLACE scores for the individual categories 2013 are below:

Site	Cleanliness	Food	Privacy, Dignity and wellbeing	Condition, appearance and maintenance
Bexhill	78.71%	80.22%	81.82%	87.92%
Conquest	94.02%	84.64%	84.71%	83.44%
Crowborough	89.50%	74.76%	73.18%	86.74%
Eastbourne	94.92%	80.15%	80.69%	87.88%
Lewes	97.43%	91.15%	79.48%	86.33%
Rye	95.12%	89.66%	80.00%	88.82%
Uckfield	97.79%	84.41%	85.29%	90.07%

A patient information video can be viewed by patients on their bedside television at both Conquest Hospital and Eastbourne DGH. It explains about life on the ward, the types of staff patients will meet, the various facilities available and the importance of hand washing for visitors and staff.



Hospital cleanliness

We have implemented a new bed space cleaning protocol to support the cleanliness of patient bed areas and both nursing and housekeeping teams have been trained in this process.

We have continued to improve our cleaning systems to coincide with patients discharge providing a more focused service including a checklist to ensure all cleaning has been completed.

The Trust has also continued to expand the 'Intensive and Rapid Clean Service'. Each team now consists of seven specifically skilled staff, with one team on each acute site who provide a 24 hour cleaning presence.

The team systematically visit wards and other patient areas and complete a programme of intensive cleaning and environmental improvement over a week. The team can also be speedily deployed to provide an extra clean at very short notice.

Enhanced decontamination cleans and Hydrogen Peroxide Vapour (HPV) treatments are also undertaken to support the reduction of infections within the Trust.

Specific staff on both acute sites are able to work flexibly and have multi-role skills, so they can provide consistent backfill service to cover short term absence and avoid gaps in services. We have continued to expand this service across the Trust in 2013/14.

We continue to develop the ward housekeeping roles at both acute sites to support nurses in care of patients and improve the patient experience by having fully trained lead housekeepers liaising with Ward Matrons on standards of cleanliness and nutrition.

Revised staff rosters are being put in place as wards change to provide consistent cover that meets the individual needs of wards and departments.

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Patient catering

The Trust has recently implemented a new style meal service for patients on both acute sites.

Patients are able to order from an extensive menu for both lunch and supper which has a choice of over 17 hot main meal dishes, 6 hot light bite options and a range of salads and sandwiches, along with a range of hot and cold desserts including fresh fruit options.

The new style of catering service allows patients to have more independence, choice and control with regards to their meals.



The catering services team have partnered with a company called Steamplicity who supply around 40 NHS Trusts across the country to deliver this service.

Steamplicity is a unique cooking system that steams food to perfection at ward level. This allows us to bring better tasting meals and more fresh vegetables, steam cooked to patients. Diet coded menus are available for patients to support them to make suitable meal choices in line with their dietary needs.

Pictorial large print menus are also available on each ward. In addition, a specialist finger food menu has been devised for patients with dementia or those who are unable to feed themselves using cutlery but still want some independence whilst eating.

The level of satisfaction is extraordinarily high, in excess of 98% of patients asked indicating that they are happy with the quality of food provided and all extremely satisfied with the level of choice available.

The catering team are always willing to visit patients on request to discuss any concerns or ideas they may have in order to improve our services.

Site safety

The Trust does all it can to ensure everyone's safety whilst they are in our hospitals and other buildings.

We have a proactive security culture to keep our sites and all those in them safe. There is a regular cross-site security meeting and quarterly newsletter 'Securitywise' is now in its 15th year.

We continue to work closely with our local Police Officers and for 2013/14 the Trust has again reported a further decrease in crime.

We have also seen more sanctions and redress which are positive indicators of good crime prevention, detection and investigation.

We have around 75 closed circuit television (CCTV) cameras with control rooms at the Conquest Hospital and Eastbourne DGH and a range of other alarms including for medical gases, blood banks, lifts and fire systems. All staff wear an official identity badge with a clear portrait, name and job title. The badge integrates into our swipe card access system which manages and restricts movements across certain areas of our sites.

Our car parks at the Conquest Hospital and Eastbourne DGH have retained their accreditation under the national "Park Mark" scheme, recognising high standards of security and safety.

We produce an Annual Health and Safety Report which is available by contacting the Communications Department via email: esh-tr.enquires@nhs.net

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Emergency preparedness

The Trust has continued its work in Emergency Preparedness, Response and Recovery (EPRR), the term for both Emergency Planning and Business Continuity Management.

The Emergency Planning Team has been working throughout the year to ensure our arrangements reflect the changes within the Trust and the changes in the wider NHS.

These changes have resulted in an increased reliance being placed on the provision made within provider organisations.

Changes across the services provided by the Trust mean that further work is required to ensure all Business Continuity plans are relevant and up to date. This will be a focus of further work in 2014/15.

Our procedures and plans continue to be reviewed and updated to maintain compliance with the good practice of The Core Standards in EPRR published by NHS England.



The Major Incident Plan has been reviewed during the year and changes made to reflect further developments in the organisational structure, this work will be ongoing during 2014 as further phases of the Clinical Strategy are implemented.

The Severe Weather Plan was further updated in October 2013 to reflect lessons identified during the previous severe winter.

We have continued to test and validate our plans and participate in local and regional events



and exercises. The Trust plays an active role within the Sussex Resilience Forum, and its involvement in many of the working groups has increased.

The Trust continues to work with other acute and community Trusts in Sussex to facilitate joint planning. This 'Provider Group' has almost completed work on a generic hospital evacuation plan template including patient tracking systems.

The Trust is also represented on three Safety Advisory Groups (SAGs) operated by district and borough councils looking at major events that could impact on either our acute operations or delivery of our community based services.

The Emergency Planning Team continues to work closely with the Resuscitation Team to deliver training on Major Incident Response to staff across the Trust.

During 2013 new joint training was developed in 'Decision Making including Human Factors' and this was delivered to managers and executives undertaking on call duties. A new training session dealing with bomb threats and terrorist incidents was also devised and delivered. Further training and workshops relating to the Severe Weather plan were also offered to enable staff to be updated on changes to the plan.

Work also commenced in 2013 on delivering a live exercise in 2014, with the Trust playing a major role as part of the multi-agency response to simultaneous incidents occurring across Sussex.

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Sustainable development report

In delivering its services the Trust consumes a significant amount of energy and water and produces a large volume of waste, which must be disposed of.

It also undertakes the transport of Trust staff and patients as well as purchasing a large range of medical and other equipment and services. All of these activities generate CO₂ (carbon dioxide) emissions, which are linked to climate change, and can be collectively summarised as the Trust's carbon footprint.

Environmental Performance Summary 2013/14

	2011/12	2012/13	2013/14
Fossil fuels	10,044	11,522	11,809
Electricity	7,212	5,915	5,934
Water	183	105	92
Transport	324	347	313
Total (tonnes CO₂e)	18,163	17,890	18,147



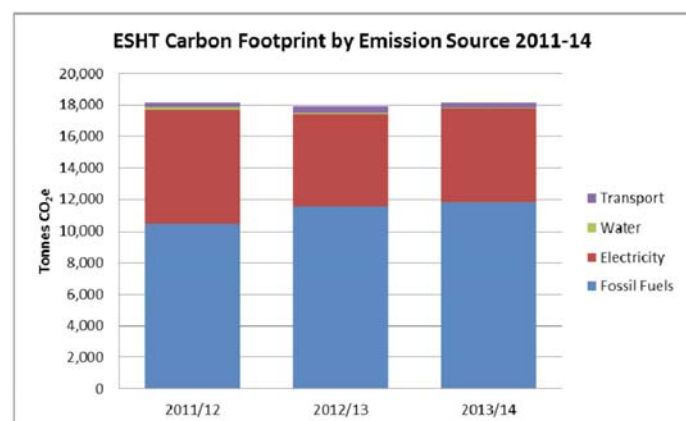
general waste and healthcare waste. We currently recycle 13.6% of our general waste, with the remainder sent for energy recovery (used to generate electricity).

This represents a better environmental option as it avoids landfill and it also reduces our waste disposal costs. In addition we bale and recycle cardboard at both acute hospitals and recycle waste metal.

Our staff travelled nearly 4 million miles during 2013/14 carrying out their work for the Trust. This represents an increase of just over 12% since 2011 and is a key area for us to take action because emissions from petrol and diesel vehicles are linked to respiratory illness and contain greenhouse gases, which contribute to climate change.

We recognise the significant impact on the environment that our carbon footprint, business travel and waste has, as well as the cost this represents to the Trust at a time when budgets are decreasing.

We are therefore firmly committed to reducing all of our direct environmental impacts in line with national NHS targets, principally a 34% reduction in CO₂ emissions by 2020. Below we have summarised some of the work we have undertaken this year to meet this goal and highlighted our plans for the coming year.



Our overall carbon footprint has grown slightly over the past 12 months, as illustrated in the figure and table. The primary cause of this has been an increase in energy consumption in our estate, driven by seasonal temperature variations and increased activity at our acute hospital sites.

In addition to our carbon footprint we produce around 1,500 tonnes of waste annually, including

Section 2 - strategic report



- Our Sustainable Development Management Plan (SDMP) has been developed throughout 2013/14 and is being finalised ready to go to Trust Board for approval in June 2014. The SDMP will consolidate all existing environmental initiatives and support the delivery of our key environmental objectives. The SDMP is aligned with our clinical strategy and its corporate mission to continuously improve outcomes for our patients. It will follow the new NHS Sustainable Development Strategy (2014) in setting a 34% CO₂ reduction target for 2020 (against a 2013/14 baseline).
- We are investigating the potential to secure an energy partner to help us deliver long-term reductions in energy consumption across our two main acute sites. We anticipate that this project should result in over £500,000 cost savings per annum from reduced utilities consumption. It will also deliver major CO₂ reductions to help us achieve our 2020 target.
- We have developed a programme of low cost, short payback energy saving schemes which we are implementing throughout 2014. Together these should reduce our energy spend by over £650,000 per annum. They include making operational changes to our Combined Heat and Power plant at Eastbourne DGH and improving and updating our Building Energy Management System control and control strategies. These projects will make a major contribution to reducing our carbon footprint during the coming year.
- We have undertaken a successful trial of a reusable sharps container system, called "Biosystems", in collaboration with our healthcare waste contractor SRCL. Following the trial we are now looking to roll this out to 31 Trust locations. The containers can be reused up to 600 times and so have a much smaller environmental footprint than single use containers, which are incinerated. They will also generate a cost saving and reduce the risk of needlestick injuries to our staff. We are also working with SRCL to start recycling single use surgical steel instruments.
- We are working closely with our general waste contractor Veolia to boost our recycling rate during the coming year by increasing the availability of mixed recycling facilities to staff. We are also investigating the possibility of composting our food waste at a nearby facility and intend to introduce a new battery recycling scheme during the year.
- We will develop a new, Trust-wide staff engagement programme during 2014/15 to raise awareness of the SDMP and implement leadership initiatives for sustainability.
- A major feature of our SDMP and work plan for 2014/15 will be to reduce our travel impacts. We have video conferencing between our sites and are already investigating options such as a low emission pool cars and salary sacrifice schemes for bikes and cars. We will create an overarching Travel Plan this year to co-ordinate this work.

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Highlights of the year

Positive inpatient survey

A total of 825 inpatients were asked to give their views as part of the Care Quality Commission's annual inpatient survey.

Areas that had improved from the previous survey results included an increase in patients' confidence in our nurses, the emotional support they receive whilst in hospital and the privacy they get when discussing their condition or treatment.

The Trust is committed to creating a more patient centred service so understanding the patient experience is crucial to us. It is important to listen to patients and take their views seriously. Patient experience data is gathered through a number of avenues and we use this feedback to improve the quality of our service and enhance the patient's experience.



New procedure for permanent female sterilisation

The Conquest Hospital was the first in the South East to offer a new procedure for permanent female sterilisation. The procedure lasts about ten minutes and is performed without a general anaesthetic. It is as safe as other forms of permanent contraception and is less invasive than more conventional sterilisation procedures.

The procedure involves inserting a small tube through the birth canal into the womb and placing a small device, approximately 15mm in length, into each fallopian tube. This blocks the tube and creates a permanent block to stop eggs reaching the womb.

Anniversary of first Resuscitation Council Advanced Life Support Course

The 20th anniversary of the first Resuscitation Council Advanced Life Support (ALS) course held in Eastbourne was celebrated in April.

The course is a standardised national course teaching evidence-based resuscitation guidelines and skills to healthcare professionals across the country. The techniques and training provided have saved lives and the course has also been adopted by the European Resuscitation Council and the Australian Resuscitation Council.

New blood cell saver reduces the need for donated blood in operations

A new blood cell saver costing £16,000 was donated by the Friends of Eastbourne Hospital, helping to reduce the need for donated blood in operations. The blood cell saver recovers and recycles the patient's own blood that may be lost during an operation. It 'cleans' the blood, extracting the red cells which are then transfused back into the patient.

New CT scanner officially opened by MP

A new CT scanner at the Conquest Hospital was officially opened by local MP Amber Rudd. The new scanner is the second at the Conquest Hospital and third in the Trust. The scanner uses the latest state-of-the-art technology to enable clinicians to take detailed x-ray images inside the human body. It was bought with £1.25 million funding from the Department of Health.

Trust introduces coloured lanyards to help patients

Different coloured lanyards were introduced for staff to wear around their neck to help patients and visitors better identify the member of staff's role in the care of patients. Matrons, Sisters, Staff Nurses, Consultants, Doctors, Porters, Housekeepers and Ward Clerks all have their own coloured lanyard with the role clearly visible on it.

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These coloured lanyards were introduced following patient feedback and have proved extremely popular with staff and patients alike.

New Endoscopy Unit opens

The new Endoscopy Unit at Eastbourne DGH opened its doors to patients, part of a new £5.7 million extension to the hospital. The new state-of-the-art unit has three dedicated treatment rooms, separate male and female recovery areas, a reception and waiting area for patients along with other storage and office areas.

The Endoscopy Unit is situated on the first floor of the new hospital extension. It allows more patients to be seen and has improved the privacy and dignity of patients requiring an endoscopy.

The new unit includes a generous £260,000 donation from The Friends of the Eastbourne Hospitals. The ground floor of the extension will be used to increase the capacity of other services.

New state-of-the-art Interventional Radiology suite opens at Conquest Hospital

The new interventional radiology (IR) suite at Conquest Hospital has been described by Consultant Interventional Radiologist Dr Mo Faris as the “most progressive in the South East” following the opening of a new state-of-the-art facility.

The new suite cost £1.2million and was supported by a £25,000 contribution from the Friends of Conquest Hospital. It contains the latest cutting edge technology that allows

surgery to be performed using imaging, avoiding the need for open surgery. Conditions that can be treated in this way include aortic aneurysms, poor blood supply to the legs, collapses of vertebrae and cancers blocking the liver and gut. As IR is minimally invasive, the majority of procedures are undertaken as day cases so the patient is able to return home within hours of receiving treatment.

Sleep Studies Unit opened

A new sleep studies unit at Conquest Hospital opened and was helped by a £39,000 donation from the Friends of the Conquest Hospital for new equipment. The Friends funded the polysomnography equipment that measures brain activity during sleep and videos the sleeping patient to allow clinicians to see if anything physical in their movement is causing sleeping problems.

Doctor injects small insertable heart monitor

Doctors at the Trust were among the first in the country to inject a small insertable heart monitor in to a patient. David Baldock from Uckfield had the heart monitor fitted in a procedure that took less than couple of minutes. The new thin heart monitor is injected just beneath the skin and continuously records heart activity. It is part of a trial that will assess how often patients experience irregular and often abnormally fast heart rate (atrial fibrillation).

The new heart monitor is significantly smaller than other traditional heart monitors and is part of a sophisticated system that allows doctors to continuously and wirelessly monitor a patient's heart for up to three years.

Newly qualified nurses take up posts

A new intake of 35 newly qualified nurses started work at the Trust in February following completion of their three year training at the University of Brighton. The nurses are based at either the Conquest Hospital or Eastbourne DGH.

New Pevensey Unit

Artist's impressions of the new £1.7 million Pevensey Unit at Eastbourne DGH were revealed showing a new unit which will be twice the size of the existing. The new unit, which treats cancer patients, will offer greater privacy and dignity in a modern environment.



Section 2 - strategic report



The plans create a new oncology suite with an expanded day unit offering new treatment facilities and a new in-patient suite which will include new side rooms with en-suite facilities, new spacious, light and airy three bedded bays, an adolescent room and more social space for patients and staff. Overall, the new unit has more bedrooms and en-suite facilities, more treatment areas, more space and more toilets. Detailed working drawings are being developed with a view to starting building works later in 2014.

The development of a new Pevensey Unit has been a priority for the Trust and although it has taken more time than originally intended, the new unit will offer a superb environment for the treatment of patients. It marks part of the Trust's continued investment into Eastbourne DGH along with the continued generosity of The Friends of Eastbourne Hospital who contributed over £500,000 towards this new unit.

Staff raise money for the Typhoon Haiyan victims

Filipino staff in various departments across the Trust held cake sales and lunches to raise money for the victims of Typhoon Haiyan in the Philippines. The events raised over £2,000, highlighting the generosity of staff.

Lewes Victoria Hospital holds open day

An Open Day at Lewes Victoria Hospital was well attended by local people. They were able to tour the hospital, visit the therapies building and have the opportunity to step inside the operating theatre and x-ray department. It was also an opportunity for them to have their pressure and Body Mass Index (BMI) checked.

Investment in Nursing

The Trust agreed to invest in an additional 22.5 whole-time equivalent nurses and four Healthcare Assistants to work in the inpatient areas of our hospitals.

These additional posts follow a review of the number of nurses on every inpatient ward by our Director of Nursing Alice Webster and her nursing team.

This review was informed by two guidance documents issued last year one by the Chief Nursing Officer and the other by the National Quality Board. Both these documents bring together current best practice for ensuring the right staff with the right skills are in the right place at the right time.

Our review considered the nursing level required for each ward taking into account nurse to patient ratios, the acuity and dependency of patients and the training and development requirements of the nursing workforce. Whilst over half of the wards reviewed were found to have sufficient nurses, others were identified as needing a small increase.

New follow up service for patients with wet age-related macular degeneration

A new follow up service for the treatment of wet age-related macular degeneration was established in a newly designed specialist unit at Bexhill Hospital.

Patients continue to have their initial examination and first three injections at either Eastbourne DGH or Conquest Hospital with their follow up treatment at Bexhill Hospital. The number of patients with wet age-related macular degeneration is increasing both nationally and in East Sussex.

This placed tremendous demand on the service at both acute sites, so to ensure we provided a safe sustainable follow up service we moved the service to Bexhill Hospital. The League of Friends of Bexhill Hospital kindly funded and equipped the new specialist unit.

Our focus in 2014/15 will be on:

As a Trust, we must meet a broad range of national standards as well as locally agreed quality improvement targets. These include for 2014/15:

- 95% of patients attending our Emergency Department (A&E) are seen and admitted or discharged within four hours
- No operations are cancelled for non clinical reasons on the day and not rebooked within 28 days
- No “avoidable” cases of MRSA bacteraemia (MRSA detected in a blood culture)
- No more than 44 cases of Clostridium Difficile
- 90% of patients requiring an operation or procedure are treated within 18 weeks of referral
- 95% of patients not requiring an operation must start their treatment within 18 weeks of referral
- 96% of patients diagnosed with cancer should be treated within 31 days of agreeing a treatment plan with their hospital doctor
- 94% of patients who need further surgery for the same cancer or a recurrence should be treated within 31 days
- 98% of patients who need further drug treatment for the same cancer or a recurrence should be treated within 31 days
- 85% of patients with a suspected cancer should be treated within 62 days of referral by their GP to a hospital specialist
- 90% of patients with a cancer diagnosed by screening should be treated within 62 days
- Achieve the 10 Sentinel Stroke National Audit Programme standards
- Meet NHS Friends and Family Test standards
- No mixed sex accommodation breaches
- 90% of patients receive a venous thrombosis embolism (VTE) risk assessment
- 99% of patients wait less than six weeks for a diagnostic test

The strategic report was approved by the board on 4th June 2014 and signed on its behalf by

Chief Executive

Section 3 - directors' report

Trust board

The Board of executive and non-executive directors manage the Trust, with the Chief Executive being responsible for the overall running of our healthcare services as the Accountable Officer.

Board members during 2013/14

Chairman
Stuart Welling †
Chief Executive
Darren Grayson
Non-Executive Directors
Professor Jon Cohen † (appointed January 2014)
Charles Ellis †
Stephenie Kennett ‡
Barry Nealon †‡ (designate until June 2013 - substantive July 2013)
James O'Sullivan †‡
Maurice Rumbold † (resigned July 2013)
Ken Smith †‡ (resigned July 2013)
Susan Bernhauser ‡ (designate) (appointed January 2014)
Anjum Memon (associate) (stepped down January 2014 as substantive NED appointed)
† member of the Remuneration Committee ‡ member of the Audit Committee
Executive Directors
Vanessa Harris* Director of Finance
Dr David Hughes* Joint Medical Director
Dr Andrew Slater* Joint Medical Director
Richard Sunley* Deputy Chief Executive/Chief Operating Officer
Alice Webster* Director of Nursing
Monica Green Director of Human Resources
Dr Amanda Harrison Director of Strategic Development and Assurance
George Melling Commercial Director
* Voting director

Board members as of April 2014

Chairman
Stuart Welling †
Chief Executive
Darren Grayson
Non-Executive Directors
Professor Jon Cohen †
Charles Ellis †
Stephenie Kennett
Barry Nealon †‡
James O'Sullivan †‡ (resigned April 2014)
Susan Bernhauser (designate) ‡
† member of the Remuneration Committee ‡ member of the Audit Committee
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Alice Webster* Director of Nursing
Monica Green Director of Human Resources
Dr Amanda Harrison Director of Strategic Development and Assurance
George Melling Commercial Director
* Voting director

Section 3 - directors' report

The Trust exists to provide the best possible service to patients. It is our belief that clinicians should be at the forefront of managing and delivering day-to-day patient services.

When the merger of community and acute services took place in April 2011 the opportunity was taken to re-design the whole Trust and create three new divisions (Planned care, Urgent care and Integrated care) each accountable for a number of clinical units.

Many of those clinical units comprised acute and community services in a genuinely integrated approach to service delivery. The divisions were intended to be transitional and their purpose was firstly to ensure that the clinical units delivered safe, high quality services within the resources available and secondly, over time, to enable the clinical units to develop to become capable of functioning successfully without the divisions.

The divisional leadership teams successfully supported their clinical units to the point where they could function successfully independently within a corporate managerial structure specifically designed to support them.

As a result in November the divisional structure was removed and the Divisional Directors moved to take on leadership roles across the organisation, the Associate Directors of Nursing continued to provide leadership on quality and governance working with the Director of Nursing and the Associate Directors remained accountable to the Chief Operating Officer for delivering this year's business plan and preparing for next year.

All Directors are required to disclose details of company directorships or other significant interests held by directors where those companies are likely to do business, or are possibly seeking to do business with the NHS where this may conflict with their managerial responsibilities.

A request for any declaration is made at each Board Meeting and in addition written declarations are recorded in a Register of Interests and this can be accessed through contacting the Company Secretary at the Trust.

Attendance at board meetings 2013/14

Director	Number of Trust Board meetings attended out of 7 held in 2013/14
Stuart Welling* Chairman	7
Professor Jon Cohen* Non-Executive Director (Appointed January 2014)	1
Charles Ellis* Non-Executive Director	6
Stephanie Kennett* Non-Executive Director	6
Barry Nealon* Non-Executive Director (Designate until June 2013 - substantive July 2013)	6
James O'Sullivan* Non-Executive Director (Resigned April 2014)	7
Maurice Rumbold* Non-Executive Director (Resigned July 2013)	1
Ken Smith Non-Executive Director (Resigned July 2013)	1
Sue Bernhauser Non-Executive Director (designate) (Appointed January 2014)	2
Darren Grayson* Chief Executive	7
Vanessa Harris* Director of Finance	7
Dr David Hughes* Joint Medical Director	6
Dr Andy Slater* Joint Medical Director	7
Richard Sunley* Deputy Chief Executive /Chief Operating Officer	6
Alice Webster* Director of Nursing	6
Monica Green Director of Human Resources	7
Amanda Harrison Director Strategic Development and Assurance	6
George Melling Commercial Director	1
Lynette Wells Company Secretary	6

* Voting Directors of the Board

Section 4 - remuneration report

Remuneration report

The Remuneration and Appointments Committee is a non-executive sub committee of the Board and oversees the appointments of the Chief Executive and Executive Directors and agrees the parameters for the senior appointments process.

The Committee agrees and reviews the Trust policies on the reward, performance, retention and pension matters for the executive team and any relevant matters of policy that affect all staff for example agreement of the Mutually Agreed Resignation Scheme.

The Committee is chaired by the Chairman of the Trust and has three Non Executive Directors as members who are appointed by the Chairman. Due to changes in Non Executive Directors during the year membership of the Committee comprised two Non Executive Directors between July 2013 and February 2014. It now has a full complement of members. The Chief Executive, Human Resources Director and Company Secretary attend meetings in an advisory capacity except when issues relating to their own performance, remuneration or terms and conditions are being discussed.

Quoracy for the meeting is three members of which one must be the Chairman. The Committee met five times between April 2013 and March 2014 and all but one meeting was quorate.

Under delegated authority from the Trust Board, the Committee determines the appropriate remuneration and terms of service for the Chief Executive and Executive Directors having proper regard to national arrangements and guidance.

The Committee also advises on, and oversees, the appropriate contractual arrangements with Chief Executive and Executive Directors, including the proper calculation and scrutiny of termination payments, taking account of national guidance as appropriate.

The remuneration rates are determined by taking into account national benchmarking and guidance in order to ensure fairness and proper regard to affordability and public scrutiny. The remuneration of the Chief Executive and

Executive Directors are set at base salary only without any performance related pay. The appointment and remuneration of the Chairman and Non Executive Directors are undertaken nationally by the Trust Development Authority.

The Remuneration and Appointments Committee monitors the performance of Chief Executive and Executive Directors based on their agreed performance objectives.

The Committee's Terms of Reference and Annual Work Programme were reviewed in February 2014. It was proposed that the requirement for the annual review of the Terms of Reference under point 8 be revised so that it is undertaken by the Committee with any amendments being submitted to the Board for consideration.

Matters considered in 2013/14 included:

- Chief Executive's report on individual directors' performance and objectives and half yearly update of Directors' performance against annual objectives.
- Chairman's report on the Executive Directors appraisals and objectives
- Annual performance review for Chief Executive and Chairman's half yearly update of Chief Executive's performance against annual objectives.
- HM Treasury Review of Senior Public Sector Tax Arrangements
- Review of Senior NHS Salaries and Redundancy Arrangements
- Approval of relevant appointments and terminations
- Clinical Excellence Awards
- Approval of Mutually Agreed Resignation Scheme

In February 2014 the Committee undertook an annual self assessment of its effectiveness. Members agreed that the number of Committee meetings held had been sufficient and agendas appropriately structured to support the effective discharge of responsibilities. It was noted that succession planning and an understanding of medical responsibility payments were timetabled.

Matters considered and decisions made by the Committee were taken on an informed basis and

Section 4 - remuneration report

members agreed these decisions were understood, owned and properly recorded and would bear scrutiny; subsequent implementation of decisions and progress had been reported back to the Committee as required. Concerns raised following previous self assessments had been addressed.

Due to nature of the business conducted Committee minutes are considered confidential and are therefore not in the public domain.

The Chair of the Committee draws to the Board's attention any issues that require disclosure to the full Board or require Executive action.

For statements on salary and pension benefits for all senior management who served during 2013/14, please see tables on pages 40 to 43.

Voting directors of the Trust Board and their notice period

Name	Start date	Notice period	Leaving date
Darren Grayson Chief Executive	01/04/10	6 months	
Vanessa Harris Director of Finance	22/10/12	6 months	
Dr David Hughes Joint Medical Director	01/04/09	3 months	
Dr Andrew Slater Joint Medical Director	16/04/12	3 months	
Richard Sunley Chief Operating Officer/Deputy Chief Executive	01/04/12	6 months	
Alice Webster Director of Nursing	01/05/12	3 month	



Section 4 - remuneration report

The following tables for salaries and allowances and pension benefits are subject to audit.

Salaries and allowances

	2013/14					
	Salary (bands of £5,000) £'000	Expense payments (taxable) total to nearest £100 £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension- related benefits## (bands of £2,500) £'000	Total (bands of £5,000) £'000
Stuart Welling Chairman	20-25	5***	0	0	0	20-25
Professor Jon Cohen (Appointed 13/01/14) Non-Executive Director	0-5	0	0	0	0	0-5
Charles Ellis Non-Executive Director	5-10	0	0	0	0	5-10
Stephanie Kennett Non-Executive Director	5-10	0	0	0	0	5-10
Barry Nealon (Appointed 15/07/13) Non-Executive Director	5-10	0	0	0	0	5-10
Susan Bernhauser (Appointed 13/01/14) Non-Executive Director - Designate	0-5	0	0	0	0	0-5
James O'Sullivan (Left 16/04/14) Non-Executive Director	5-10	5***	0	0	0	5-10
Maurice Rumbold (left 15/07/13) Non-Executive Director	0-5	0	0	0	0	0-5
Ken Smith (left 31/07/13) Non-Executive Director	0-5	0	0	0	0	0-5
Darren Grayson Chief Executive	175-180	20****	0	0	10-12.5	190-195
Vanessa Harris (appointed 22/10/12) Director of Finance	130-135	2***	0	0	35-37.5	165-170
David Hughes Joint Medical Director	220-225*	4***	0	0	32.5-35	255-260
Andrew Slater Joint Medical Director	185-190**	0	0	0	30-32.5	215-220
Richard Sunley Chief Operating Officer/Deputy Chief Executive	150-155	1***	0	0	7.5-10	155-160
Alice Webster (appointed 29/08/12) Director of Nursing	100-105	1***	0	0	37.5-40	140-145
Monica Green Director of Human Resources	100-105	3***	0	0	7.5-10	105-110
Amanda Harrison Director of Strategic Development and Assurance	110-115	19****	0	0	10-12.5	125-130
George Melling Commercial Director	95-100	0	0	0	17.5-20	110-115
Lynette Wells Company Secretary	70-75	0	0	0	20-22.5	90-95

* includes Salary for Consultant Radiologist work

** includes Salary for Consultant Anaesthetist work

*** represents reimbursement of travel costs incurred, subject to UK income tax and disclosed to the nearest £100

**** represents reimbursement of travel costs incurred and lease car benefits, subject to UK income tax and disclosed to the nearest £100

The amount included in the column headed "all pension related benefits" represents the annual increase (expressed in £2,500 bands) in pension entitlement. It is calculated using the method set out in the Finance Act 2004 (1) which compares the sum of the year end annual pension rate (multiplied by 20) plus lump sum to the opening equivalent amount adjusted for inflation, employee contributions are excluded from this figure. This amount represents pension benefits accruing to executive directors and is a new disclosure requirement for 2013/14.

Section 4 - remuneration report

Salaries and allowances

	2012/13					
	Salary (bands of £5,000) £'000	Expense payments (taxable) total to nearest £100 £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension- related benefits## (bands of £2,500) £'000	Total (bands of £5,000) £'000
Stuart Welling Chairman	20-25	3***	0	0	0	20-25
Charles Ellis Non-Executive Director	5-10	0	0	0	0	5-10
Stephanie Kennett Non-Executive Director	5-10	0	0	0	0	5-10
James O'Sullivan (Left 16/04/14) Non-Executive Director	5-10	3***	0	0	0	5-10
Maurice Rumbold (left 15/07/13) Non-Executive Director	5-10	1***	0	0	0	5-10
Ken Smith (left 31/07/13) Non-Executive Director	5-10	1***	0	0	0	5-10
Darren Grayson Chief Executive	170-175	19****	0	0	110-112.5	285-290
Vanessa Harris (appointed 22/10/12) Director of Finance	65-70	2***	0	0	792.5-795#	860-865
David Hughes Joint Medical Director	220-225*	3***	0	0	57.5-60	280-285
Andrew Slater Joint Medical Director	185-190**	0	0	0	75-77.5	260-265
Richard Sunley Chief Operating Officer/Deputy Chief Executive	150-155	0	0	0	32.5-35	180-185
Alice Webster (appointed 29/08/12) Director of Nursing	55-60	2***	0	0	192.5-195	250-255
Monica Green Director of Human Resources	100-105	1***	0	0	-17.5- -20	80-85
Amanda Harrison Director of Strategic Development and Assurance	110-115	17****	0	0	-2.5- -5	105-110
George Melling Commercial Director	95-100	0	0	0	10-12.5	105-110
Lynette Wells Company Secretary	65-70	0	0	0	-5- -7.5	60-65

* includes Salary for Consultant Radiologist work

** includes Salary for Consultant Anaesthetist work

*** represents reimbursement of travel costs incurred, subject to UK income tax and disclosed to the nearest £100

**** represents reimbursement of travel costs incurred and lease car benefits, subject to UK income tax and disclosed to the nearest £100

Director appointment made in year for which there is no comparable information available at 31 March 2012. The value of the increase in all pension related benefits is therefore attributed as a 2012-13 increase although a significant part of this relates to entitlement earned in previous years.

The amount included in the column headed "all pension related benefits" represents the annual increase (expressed in £2,500 bands) in pension entitlement. It is calculated using the method set out in the Finance Act 2004 (1) which compares the sum of the year end annual pension rate (multiplied by 20) plus lump sum to the opening equivalent amount adjusted for inflation, employee contributions are excluded from this figure. This amount represents pension benefits accruing to executive directors and is a new disclosure requirement for 2013/14.

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Pension benefits

	Real increase in pension and related lump sum at age 60 (bands of £2,500) £'000	Real increase in accrued lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2014 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000) £'000	Cash equivalent transfer value at 31 March 2014 £'000	Cash equivalent transfer value at 31 March 2013 £'000	Real increase in Cash Equivalent Transfer value £'000	Employer's contribution to stakeholder pension £'000
Darren Grayson Chief Executive	0-2.5	2.5-5	55-60	165-170	939	869	51	0
Vanessa Harris Director of Finance (appointed 22/10/12)	2.5-5	7.5-10	35-40	115-120	877	771	89	0
David Hughes Joint Medical Director	2.5-5	10-12.5	50-55	150-155	1020	879	122	0
Andrew Slater Joint Medical Director	2.5-5	7.5-10	45-50	140-145	824	711	97	0
Richard Sunley Chief Operating Officer /Deputy Chief Executive	0-2.5	2.5-5	55-60	175-180	1115	1039#	53	0
Monica Green Director of Finance	0-2.5	2.5-5	30-35	100-105	651	603	34	0
Amanda Harrison Director of Strategic Development and Assurance	0-2.5	2.5-5	20-25	70-75	458	415	33	0
George Melling Commercial Director	0-2.5	0	10-15	0	192	160	28	0
Alice Webster Director of Nursing (appointed 29/08/12)	0-2.5	5-7.5	30-35	90-95	494	437	47	0
Lynette Wells Company Secretary	0-2.5	0	5-10	0	75	56	17	0

The value disclosed as at 31st March 2013 was understated due to incomplete information received. The amount has been restated to reflect the correct value.

Note: Information supplied by NHS Pensions agency

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	2013/14	2012/13
Band of highest paid director	£220-225k	£170-175K
Median total remuneration	£25.2k	£24.1k
Ratio	9 : 1	7 : 1

The 2012/13 calculation was based only on payments made in respect of responsibilities as a Director.

The 2013/14 calculation is based on payments made in respect of responsibilities as a Director as well as clinical work done.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

This is set out in the table above. The ratio has increased in 2013/14 because, in accordance with guidance, the remuneration of the highest paid director also includes responsibilities for clinical work done. In 2013/14 2 (2012/13, 10) employees received remuneration in excess of the highest paid director. Remuneration ranged from £225k to £247k (2012/13 £180k to £224k).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer.

It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Section 5 - annual governance statement

Annual Governance Statement

The governance statement records the stewardship of the organisation to supplement the accounts.

It will give a sense of how successfully it has coped with the challenges it faces and of how vulnerable the organisation's performance is or might be. This statement will draw together position statements and evidence on governance, risk management and control, to provide a more coherent and consistent reporting mechanism.

The governance statement should refer to the board's committee structure; the board's performance, including its assessment of its own effectiveness; and to ensuring that required standards are achieved. This should make reference to performance against the national priorities set out in the NHS Outcomes Framework 2013/14.

All elements of the governance statement are important, however, the risk assessment is critical. This is where the Accountable Officer supported by the Board should discuss how the organisation's risk management and internal control mechanism work. Where there are weaknesses, the emphasis should be on how these are being addressed. Where there have been reports published on the organisation during the year, the Accountable Officer should reflect on the assurance these provide in helping to achieve effective operation of controls.

Governance statement

Scope of responsibility

Public service values must be at the heart of the National Health Service. High standards of corporate and personal conduct based on a recognition that patients come first, have been a requirement throughout the NHS since its inception.

Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money.

There are three crucial public service values which must underpin the work of the health service.

Accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

Openness – there should be sufficient transparency about NHS activities to promote confidence between the NHS organisation and its staff, patients and the public.

The Chief Executive is the Accountable Officer for East Sussex Healthcare NHS Trust (ESHT). The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health and encompass the responsibility for the propriety and regularity of public finances in the NHS; for the keeping of proper accounts; for prudent and economical administration; for the avoidance of waste and extravagance; and for the efficient and effective use of all the resources in the Officer's charge. The Accountable Officer must ensure that:

- there is a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding public funds and assets
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year.

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The Chief Executive also has responsibility for the governance and assurance process across the Trust. This includes a responsibility for ensuring that processes are in place to enable identification and management of current risk and anticipation of future risk.

Governance framework

East Sussex Healthcare was formed on 1st April 2011 following the integration of East Sussex Hospitals NHS Trust with East Sussex Community Services.

The NHS Foundation Trust Code of Governance has stated that the Board should be of sufficient size that the balance of skills, capability and experience is appropriate for the requirements of the business.

The Board has a balance of skills and experience appropriate to fulfilling its responsibilities and is well balanced with a Chairman, five non-executive directors and five executive directors.

In line with best practice there is a clear division of responsibilities between the roles of Chairman and Chief Executive.

The Board complies with the HM Treasury/Cabinet Office Corporate governance Code where applicable.

In January 2014, following the end of term of two of the Trust's non executive directors, the Trust appointed a new non-executive director and a non-executive director designate.

The Trust has nominated a non-executive director as Vice Chairman and another as the Senior Independent Non-executive Director (SID).

The role of the SID is to be available for confidential discussions with other directors who may have concerns which they believe have not been properly considered by the Board, or not addressed by the Chairman or Chief Executive, and also to lead the appraisal process of the Chairman.

The SID is also available to staff in case they have concerns which cannot, or should not, be addressed by the Chairman or Executive Directors as outlined in the Trust's Whistleblowing Policy.

Board effectiveness

A self-assessment against the Board Governance Assurance Framework to support identification of developmental needs and progression towards Foundation Trust status has been undertaken.

The Board is committed to becoming a cohesive, balanced and high performing leadership group and this was supported in 2013 by a tailored Board development programme delivered by Hay Group which was completed in October 2013. This has been supplemented by ongoing Board Seminars throughout the year to develop Board knowledge and allow in depth discussion and exploration of key issues.

Committee structure

The Trust Board meets bi-monthly in public. Committees of the Board include Audit, Remuneration, Finance and Investment, Quality and Standards.

All Committees are chaired by a non-executive director of the Trust and membership of the Audit and Remuneration Committees comprise only non-executive directors.

Terms of reference outline both quoracy and expected attendance at meetings and the Board receives a report from the Committee Chair at each Board meeting. Functions of these Committees are outlined below.

Audit Committee

The Audit Committee supports the Board by critically reviewing the governance and assurance processes on which the Board places reliance.

This encompasses: the effectiveness of Trust governance, risk management and internal control systems; the integrity of the financial statements of the Trust, in particular the Trust's Annual Report; the work of internal and external audit and any actions arising from their work; compliance by the Trust with relevant legal and regulatory requirements. The Committee meets bi-monthly.

The Committee has aimed to perform its duties during the year as delegated by the Trust Board

Section 5 - annual governance statement

and mandated through governance requirements, ensuring compliance with and further developing good practice through continuous self assessment and review of its effectiveness; and assessing itself against the checklist in the Audit Committee Handbook.

The Committee has been chaired since June 2012 by a non-executive with a financial background and membership consists of himself and two non-executive directors. Executive directors are invited to attend.

The Committee met on 6 occasions throughout the financial year, was well attended and always quorate.

The Committee has reviewed the Board Assurance Framework (BAF). It is evident that there has been increased focus to ensure that the BAF is fit for purpose and the Committee has reviewed evidence to support this.

The BAF is in line with Department of Health expectations and has been reviewed by internal audit to provide an objective assessment over the Risk Management and Assurance Framework process.

The Committee has oversight of the completeness of the risk management system. Divisional and Corporate representatives have attended the Committee on a rotational basis to present their risk registers, mitigating actions and clinical audit plans.

As one of the key means of providing the Trust Board with assurance that effective internal control arrangements are in place the Audit Committee requests assurances and information from a variety of sources to inform its assessments. It has received assurance reports from Trust management and various other sources both internally and externally throughout the year.

This process has also included calling managers to account when considered necessary to obtain relevant assurance and updates on outcomes.

The Committee also works closely with the executive directors to ensure that the assurance mechanism within the Trust is fully effective and that a robust process is in place to ensure that actions falling out of external reviews are implemented and monitored by the Committee.

The Audit Committee chairman updates the

Trust Board at each meeting with both minutes and a verbal update and an annual report is also presented.

Remuneration committee

The purpose of the Remuneration Committee is to ensure that the process of appointing, and if necessary dismissing, the executive directors are robust, fit for purpose and have been followed.

It oversees the system for all executive director appointments and agrees the parameters for the senior appointments process. It also agrees and reviews the Trust's policies on the reward, performance, retention and pension matters for the executive directors and other senior managers of the Trust.

Membership comprises four non executive directors, one of whom is the Trust Chairman who leads the meetings. The Committee met five times during 2013/14 and with the exception of one meeting all were quorate.

Finance and investment committee

The Finance and Investment Committee provides support to the Trust Board in regard to understanding:

- the future financial challenges and opportunities for the Trust
- the future financial risks of the organisation
- the integrity of the Trust's financial structure
- the effectiveness and robustness of financial planning
- the effectiveness and robustness of investment management
- the robustness of the Trust's cash investment approach
- the investment and market environment the Trust is operating in,
- the financial and strategic risk appetite that is appropriate for the organisation
- the process for business case assessments and scrutiny and the process for agreeing or dismissing investment decisions depending on the above.

The Committee is scheduled to meet quarterly but has met monthly during 2013/14 in order to provide sufficient time to review and monitor the Trust's financial recovery plan.

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Quality and standards committee

The Committee's prime function is to ensure that the Trust is providing safe and high quality services to patients supported and informed by effective arrangements for monitoring and continually improving the safety and quality of care.

It meets bi-monthly to provide an objective review of all aspects of quality, safety and standards in support of getting the best clinical outcomes and experience for patients.

The Committee assists the Board to be assured that the Trust is meeting statutory quality and safety requirements and to gain insight into issues and risks that may jeopardise the Trust's ability to provide excellent quality care services. It held 6 meetings during the financial year.

It has agreed its work plan and reviewed and endorsed the Trust's quality improvement priorities for subsequent publication in the Quality Account. During the year the Quality and Standards Committee has reviewed a number of areas in depth such as patient experience and management of serious incidents and undertakes "deep dive" reviews of any areas highlighted through the risk management process.

The Patient Safety and Clinical Improvement Group reports into the Quality and Standards Committee and Clinical Management Executive and is chaired by the Director of Nursing.

Its purpose is to ensure that patient safety issues and outcomes are discussed and appropriate actions are taken as a result and receives and reviews data from key safety indicators including Morbidity and Mortality, Serious Incidents, Patient Safety Incidents, the Safety Thermometer, Complaints and Claims.

The Clinical Units provide quality / governance reports to the group on a bi-monthly basis.

Risk assessment

Risk management processes and structures are defined in the Trust's Risk Management Strategy and supporting policies.

A risk assessment process is in place that encompasses:

- Context
- Risk identification
- Risk assessment
- Evaluation and Ranking
- Risk Treatment
- Monitoring and review
- Communication and Consultation

The Trust uses the Datix system to record risks and generate risk registers. The registers are real-time documents which are populated through the organisation's risk assessment and evaluation processes. This enables risks to be quantified and ranked. A corporate risk register populated from the various risk registers is produced and establishes the organisational risk profile.

Risks are routinely reviewed at Clinical Unit Quality Meetings and Team Meetings. The Clinical Management Executive has a rolling programme to review all Clinical Unit/Department risk registers. This process is being reviewed and aligned to Clinical Units following the dissolution of Divisions. Every quarter, the Trust Risk Register is taken to the CME, presented by the Director of Strategic Development and Assurance. The Trust Risk Register is made up of all extreme risks. The Trust Risk Register is also presented to the Audit Committee at each meeting.

The Trust Assurance Framework clearly links risks with corporate objectives and the wider strategic business plan. It sets out the key objectives and the principal risks against achieving them. It details the key controls, sources of assurance and any gaps therein. Additionally, the Assurance Framework is cross-referenced with the Corporate Risk Register to ensure that all risks faced by the Trust are managed consistently and seamlessly.

The Board approved a revised Risk Management Strategy in January 2012 and the Risk Management Policy and Procedures were

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reviewed and strengthened in January 2013. As part of the Trust's ongoing governance review it held a "Risk Summit" Board Seminar in October 2013 to consider the key risks, risk appetite and how this feeds into the Board Assurance Framework.

Risk identified in 2013/14

Principle risks are captured on the Assurance Framework with a clear process of reviewing and monitoring mitigation and outcomes of these risks through the Trust's Committee structure to the Board. The principle risks recorded on the Assurance Framework during the year are outlined below:

- 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
 - 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.
 - There is a lack of leadership capability and capacity to lead ongoing performance improvement and build a high performing organisation.
 - We are unable to develop and maintain collaborative relationships based on shared aims and objectives with partner organisations resulting in an impact on our ability to operate efficiently and effectively within the local health economy.
 - We are unable to define our strategic intentions, service plans and configuration in an Integrated Business Plan that ensures sustainable services and future viability.
 - We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we are not the provider of choice for our local population or commissioners.
 - We are unable to adapt our capacity in response to commissioning intentions, local needs and demand management plans
- resulting in our services becoming unsustainable, with an adverse impact on finance and liquidity. In setting a deficit budget for 2013/14 there is a risk that the Trust will not generate the required surplus of cash to pay staff and suppliers.
- We are unable to effectively recruit and manage our workforce in line with our strategic, quality, operational and financial requirements.
 - We are unable to develop and implement effective cultural change programmes that lead to improvements in organisational capability and staff morale.
 - We are unable to effectively align our estate and Information Management and Technology infrastructure to effectively support our strategic, quality, operational and financial requirements.
 - We are unable to respond effectively to external factors and this affects our ability to meet our organisational goals and deliver sustainable strategic change.

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Lapses of data security

During 2013/14 ESHT did not have any IG incidents scored at 2 or more.

The table below shows 47 information governance incidents that have been reported and scored at level 1 or lower on the scale.

Summary of personal data related incidents		
Category	Nature of incident	Total
A	Corruption or inability to recover electronic data	0
B	Disclosed in error	24
C	Lost in transit	1
D	Lost or stolen hardware	1
E	Lost or stolen paperwork	1
F	Non-secure disposal of hardware	0
G	Non-secure disposal of paperwork	2
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	3
K	Other	14
Total		47

All incidents are investigated and actions implemented to prevent reoccurrence.

None of the incidents fell within the requirements to be reported to the Information Commissioner's Office.

Freedom of information requests

The Trust received 565 Freedom of Information requests in 2013/14, of these 505 (89%) were responded to in time.

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Performance against the national priorities set out in the NHS Operating Framework 2013/14

Performance Indicator	Thresholds		MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12
	Performing	Under-performing	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total time in A&E - 95% of patients should be seen within four hours	95%	94%	87.53%	97.78%	97.34%	96.74%	96.01%	94.22%	95.19%	95.98%	95.01%	96.73%	95.41%	94.78%
MRSA (Cumulative)	0	>1SD	0	0	0	0	0	0	0	0	1	1	1	1.0
C Diff (Cumulative)	0	>1SD	4	10	11	14	18	23	27	31	35.0	36.0	39.0	43.0
RTT - admitted - 90% in 18 weeks	90%	85%	84.62%	82.97%	76.78%	92.81%	92.43%	91.79%	91.41%	90.03%	80.50%	73.66%	74.61%	74.85%
RTT - non-admitted - 95% in 18 weeks	95%	90%	96.57%	96.85%	96.60%	96.91%	96.79%	95.42%	95.77%	95.06%	94.65%	94.42%	93.99%	93.55%
RTT - incomplete 92% in 18 weeks	92%	87%	94.81%	94.99%	95.50%	94.86%	94.24%	93.86%	92.42%	92.40%	92.13%	92.71%	92.98%	92.77%
RTT delivery in all specialties	0	>20	11	9	11	4	5	6	9	9	16	15	16	19
Diagnostic Test Waiting Times	<1%	5%	0.77%	0.13%	0.47%	0.35%	2.11%	0.71%	0.75%	1.62%	4.70%	5.78%	5.09%	5.56%
Cancer 2 Week Wait	93%	88%	93.91%	96.49%	94.69%	93.05%	94.95%	94.22%	95.95%	94.74%	93.41%	91.08%	94.23%	93.95%
Cancer 2 week wait - Breast	93%	88%	96.30%	93.00%	96.74%	91.61%	91.23%	94.38%	93.14%	92.19%	94.95%	87.40%	94.78%	89.19%
Cancer 31 day - Subsequent Surgery	94%	89%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.29%	100.00%	95.24%
Cancer 31 day - Subsequent Chemo	98%	93%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cancer 31 day - Diagnosis to Treatment	96%	91%	96.11%	97.95%	98.58%	97.50%	98.13%	99.38%	98.52%	97.69%	97.62%	97.89%	98.79%	100.00%
Cancer 62 Day Screening Service	90%	85%	77.78%	100.00%	66.67%	91.67%	100.00%	77.78%	73.68%	83.33%	89.47%	100.00%	88.89%	81.82%
Cancer 62 Day Urgent Referral	85%	80%	85.71%	85.23%	82.21%	89.91%	77.68%	79.90%	81.19%	79.67%	88.71%	89.57%	82.59%	84.69%
Delayed transfers of care	3.5%	5.0%	0.60%	0.68%	0.68%	0.63%	0.47%	0.61%	0.69%	0.57%	0.46%	0.64%	0.70%	0.38%
Mixed Sex Accommodation Breaches	0.0%	0.5%	0.00%	0.00%	0.11%	0.15%	0.91%	0.48%	0.31%	0.16%	0.17%	0.04%	0.00%	0.00%
VTE Risk Assessment	95.0%	80.0%	95.26%	96.75%	96.28%	97.16%	96.44%	97.04%	96.91%	97.13%	96.99%	97.90%	98.36%	98.25%

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Risk and control framework

The Trust has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of risk, which could affect the functioning of the Trust.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The Trust has in place an ongoing process to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives;
- Evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically.

This process is supported by an integrated governance and assurance framework, incorporating risk management, which is designed to assimilate the three separate strands of risk; financial, organisational and clinical with an approach to manage them in a seamless and holistic way.

The Risk Management Strategy sets out the key roles and responsibilities of the Trust Board, its sub-committees, Executive Directors, managers and all employees within the organisation in respect of risk management.

The Director of Finance has delegated authority to manage financial risk and the Medical Director and the Director of Nursing have delegated authority to manage patient safety and clinical risk. The Director of Strategy and Assurance oversees risk management, compliance and information governance within the Trust.

Communication of risk management matters, including sharing good practice takes place in a wide variety of ways, both at corporate and clinical unit level. The Assurance Team provide essential risk management support and training to staff. All Trust staff are encouraged to attend relevant Risk Management training including Risk Assessment, Risk Management, Incident

Reporting Workshops and Root Cause Analysis training. The Trust Mandatory Training Policy details the risk management training for staff. Individuals responsible for completing risk assessments must have undertaken risk assessment training, those completing Root Cause Analysis investigations and reports must have attended RCA training. Risk management is also covered at induction with new members of staff required to complete an online training module.

All risks are identified, analysed, evaluated and controlled through the Trust incident reporting and information system. Risks are identified through incident reporting, risk assessment reviews, clinical audits and other clinical and non-clinical reviews with a clearly defined process of escalation to risk registers. Incident reporting information is shared widely through local clinical governance forums to support organisational learning. All risks are allocated a risk score of between 1 and 25. The scores are divided into one of four categories:

Risk score	Category
1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Extreme risk

All business cases and proposed service reconfigurations are routinely risk assessed and papers provide narrative on risk and equality impact. Post implementation reviews are undertaken to monitor outcomes and unintended consequences.

The Medical Director and Director of Nursing consider all proposed cost improvement and efficiency plans to ensure that implementation is not detrimental to patient safety and quality of care.

All significant risks are escalated from the clinical unit risk registers to the High Level Risk Register, which informs the business planning and care management process.

Clinical unit risk registers and the High Level Risk Register, which contains all risks rated 16 and

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above are reviewed at the Clinical Management Executive and further monitored at the Audit Committee and Quality and Standards Committee.

The Board Assurance Framework is a strategic risk management tool used by the Trust to identify key risks to the achievement of its aims and objectives.

It helps the Trust Board to ensure that all identified risks are focused upon and that effective controls are in place thus providing assurance that a robust risk management system underpins the delivery of the organisation's principal aims and objectives. It highlights gaps in the effectiveness of controls or of assurance and informs the Board of the areas where it should be scrutinising the controls the organisation has in place to manage the principle risks.

The Board Assurance Framework is managed by the Company Secretary. It has been regularly reviewed and revised by the Board and the Audit and Quality and Standards Committees.

Internal Audit gave significant assurance over the Board Assurance Framework (BAF) and Risk Management processes operating within the Trust stating that these "continue to be fully established, developed and embedded within the organisation and linked to the Board Assurance Framework. They found clear evidence that the Board has appropriately and effectively engaged in the continuous development and maintenance of the BAF, with Board agendas and minutes providing clear links to the BAF."

The Trust manages its financial risks using a wide range of management tools. Performance against budgetary targets is recorded, analysed and reported monthly. This information is monitored and challenged both internally and externally. In addition to performance assessment, financial control and management is continually assessed by internal and external audit, and counter fraud teams. Reports from these parties are presented to the Audit Committee. Operational management, Finance, Purchasing and Payroll teams are segregated to reduce conflicts of interest and the risk of fraud. Segregation is enhanced and reinforced by IT control systems which limit authority and access.

Patient and public involvement

Section 11 of the Health and Social Care Act 2012 places a duty on the NHS to consult and involve patients and the public in the planning and development of health services and in making decisions affecting the way those services operate.

The Trust has continued to strengthen closer working relationships with stakeholders particularly in respect of the implementation of its Clinical Strategy: Shaping our Future. This has been undertaken through an environment of openness, transparency and accessibility in order to allow stakeholders to engage with the Trust to plan future service improvements. Public engagement events have also taken place to support the development of the Trust's Quality Account improvement priorities and Patient Experience Strategy.

The Board is committed to learning from patient experience. Board members report outcomes of their ward and department visits at the beginning of each Board meeting; to share experiences and to maintain a focus on continually improving patient safety and experience.

The Trust is implementing a Patient Experience Strategy which aims to put patients at the heart of their care; it sets out a clear and ambitious programme that will enhance the experience of patients and service users. The Trust has implemented the Friends and Family Test which provides an opportunity for patients to feedback on the care and treatment they receive and to influence service improvement. Patients are asked whether they would recommend hospital wards, Maternity services and A&E departments to their friends and family if they needed similar care or treatment.

This means every patient in these departments are able to give feedback on the quality of the care. Calculation of feedback is carried out by using the Net Promoter score, this is the calculated by taking the proportion of responses known as detractors (extremely unlikely, unlikely, neither unlikely nor likely) away from the promoters (highly likely). The response "likely" is a passive and not counted.

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This score is used to benchmark the organisation against other Trusts in the country including all specialist hospitals. The scores are published on NHS Choices and NHS England and monitored by the Quality and Standards Committee.

The Trust has maintained positive Net Promoter scores in all areas throughout 2013/14. The top 2 positive indicators identified by service users were 'We will give you clear high quality information about your condition, treatment and our services' and 'We will treat you as an individual, listen to your views and respect your privacy and dignity'. The negative indicator identified related to the in-patient meal service, 'We will provide you with nutritious and appetising food, with as much support as you need, whilst in our care'. In March 2014 the Trust introduced a new meal service which has received positive feedback.

Quality walks

Board members undertake 'quality walks' to develop their understanding of the organisation and the organisation's understanding of the Board by providing a 'Board to ward' and 'ward to Board' perspective.

These visits add to and compliment the assurance provided to the Board through regular reporting on compliance with local, national and regulatory quality standards. They are not a one off event but part of a continuing cycle of improvement where outcomes are fed back to staff, patients and others and if required actions are taken.

Quality Walks are monitored to ensure the full range of the Trust's service provision is covered and that a wide range of services and locations are visited across all operating hours including out of hours. 136 quality walks took place in 2013/14.

Equality and diversity

Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with.

The Trust has published its Equality Strategy 2011-15 which details how the Trust will eliminate discrimination, advance equality and foster good relations between people who share certain characteristics and those who do not. The Board also consider an Annual Equality Information Report. The Trust employs an Equality and Diversity Manager and has an Equality and Diversity Steering Group which is chaired by the Chief Executive.

NHS pension scheme

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with.

This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Climate change

The Trust has undertaken a climate change risk assessment.

It has developed an Adaptation Plan, to support its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKCP09), to ensure that this organisation's obligations under the Climate Change Act are met.

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Duty of candour

Following a full public consultation, new rules to 'toughen transparency in NHS organisations and increase patient confidence' were announced in December 2012.

Government regulations now require the NHS Commissioning Board to include a contractual duty of openness in all commissioning contracts.

This means that NHS organisations are required to tell patients if their safety has been compromised, apologise, and ensure that lessons are learned to prevent them from being repeated. The Trust has a Being Open Policy (2012) and ensures that as part of any investigation into Serious Incidents or complaint there is clear, open and honest communication with patients and their families/carers.

Whistleblowing

The Trust has a Whistleblowing Policy which outlines how staff should raise concerns

It has a nominated Senior Independent Non-executive Director who is available to review concerns which cannot, or should not, be addressed by the Chairman or Executive Directors.

Counter fraud and anti-bribery arrangements

Under the new NHS Standard Contract introduced in 2012/13, all organisations providing NHS services are required to have appropriate anti-fraud arrangements in place.

In 2012, NHS Protect published 'Standards for Providers: Fraud, Bribery and Corruption' ("the Standards") to assist organisations with this process. It incorporates a requirement that the Trust employs or contracts a qualified person or persons to undertake the full range of anti-fraud work, and that it produces a risk based workplan that details how it will approach anti-fraud and corruption work.

The Trust is committed to ensuring fraud, bribery and corruption does not proliferate within the organisation. We are fully compliant with the directions issued by the Secretary of State in 1999, the NHS Standard Contract (2012) and the NHS Counter Fraud and Corruption Manual.

The Trust's Counter Fraud Service is provided by Mazars Public Sector Internal Audit Limited. The accredited Local Counter Fraud Specialist (LCFS) reports to the Director of Finance and attends our Audit Committee meetings to report on the work achieved. Our LCFS works to ensure that counter fraud is integrated into all Trust activity in a positive way.

Throughout the past financial year we have continued to embed the counter fraud and anti-bribery culture, and work is undertaken against the Standards, comprising the area of Strategic Governance and the three key principles of Inform and Involve, Prevent and Deter, and Hold to Account.

Reactive investigations comply with legislative requirements and with the NHS Counter Fraud and Corruption Manual. Our LCFS liaises with other LCFS personnel and relevant external bodies for investigations, as appropriate.

The LCFS is available to receive referrals and reports on the results to the Director of Finance and the Audit Committee. All sanctions available to the Trust are considered following a reactive investigation, together with efforts to recover losses incurred.

Review of the effectiveness of risk management and internal control

Over the past year there is clear evidence of improved risk management including incident reporting and investigation, complaints handling and the strengthening of the Board Assurance Framework.

The backlog of closure for serious incidents has been significantly reduced and focus is being given to timely reporting of incidents. There is a programme of training for root cause analysis, risk and incident reporting. In 2012 the Audit Committee identified a gap in control in respect of recording the completion of audit

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recommendations and this has been addressed and is being monitored by the Committee. Following the revised change in structure with accountability devolved to Clinical Units, systems and processes will be reviewed during 2014 to ensure that there is assurance that internal control and risk management remains robust.

The Trust is developing a revised outcome focussed Quality Improvement Plan to pull together a number of strands of the quality agenda including:

- Identified gaps / actions from the recommendations of the reviews by Sir Bruce Keogh and Professor Don Berwick,
- Quality Improvement Priorities as defined in the Quality Account,
- Commissioning for Quality and Innovation (CQUIN) targets
- Priorities identified through Listening into Action and areas of concern identified through governance processes including Serious Incident and Incident analysis, patient feedback and audit.

NHSLA

The NHSLA is the Trust's insurer and historically offered a discount on premiums if organizations could evidence their compliance with risk management standards.

There were three levels for both acute and maternity services, with three achieving the highest discount.

The Trust currently holds NHSLA level one for acute service and CNST level two for maternity. The NHSLA have replaced the policy inspection regime and discount system an emphasis on learning from outcomes. The Trust is reviewing the requirements as they are published.

Internal audit

TIAA Limited provide the Trust with internal audit services.

In accordance with NHS Internal Audit Standards, the Head of Internal Audit (HoIA) is required to give an annual opinion, based upon and limited

to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (that is, the organisation's system of internal control).

For 2013/14 the Head of Internal Audit's overall opinion was that that except for the Trust's ability to control its financial position within its planned budget, "significant assurance" can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently'.

The Internal auditors completed 20 audits during the year; 11 gave 'significant' assurance and 4 'limited' assurance, with 5 being provided with a split opinion between 'significant' and 'limited.'

All internal audit reports and associated actions are reviewed and implementation monitored by the Audit Committee.

Care Quality Commission (CQC)

The Trust is registered with the Care Quality Commission to carry out eight legally regulated activities from 20 registered locations:

- Maternity and midwifery services
- Termination of pregnancies
- Nursing care
- Family planning services
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures

The CQC has carried out a total of 5 visits and these encompassed paediatric and maternity services, district nursing, sexual health and mental health act compliance.

The CQC has revised its approach to the inspection of hospital services. A Chief Inspector of Hospitals has been appointed and is leading a team who are undertaking more intensive

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inspections. It is not yet clear when ESHT will be subject to a CQC inspection under the revised process or whether this will be as an integrated organisation, although the timelines for the conclusion of the first round of the hospital inspection process and the development of the community health care inspection regime are clear. The Trust is preparing for its inspection, ensuring that its programme of clinical improvement is geared towards maintaining regulatory requirements as well as improving safety, clinical effectiveness and patient experience.

Obstetric and neonatal services

On 8th March 2013 the Board agreed to take action to ensure the safety of obstetric and neonatal services through the temporary consolidation of a consultant led obstetric service, neonatal (including the Special Care Baby Unit), in-patient paediatric and emergency gynaecology services at Conquest Hospital only along with the establishment of a stand alone midwifery led maternity unit and a Short Stay Paediatric Assessment Unit at Eastbourne DGH.

These changes were introduced from 7th May 2013 and the Board has closely monitored the services throughout the year. The evidence that has been collected on service safety and quality has indicated that improvements have been delivered following this change.

This is a temporary change and the local Clinical Commissioning Groups are currently undertaking a consultation on the proposed options for permanent changes to maternity and paediatric services. The consultation closed on 8th April and it is anticipated a decision will be made by the end of June 2014.

Significant issues

Financial performance

At the start of 2013/14 the Trust set a financial plan for a deficit of £19.4m. At the end of July financial performance was adverse to plan and the Trust put in place a financial recovery plan and went into a Turnaround programme from 1 October 2013. Following a review of the likely year-end financial outturn the expected deficit was reforecast to £23.1m which was the final year end position.

The organisation has been identified as being part of a challenged health economy and is working with commissioners, the TDA, NHS England and external advisers to develop a cohesive and aligned health economy wide plan that adequately addresses future financial and quality challenges.

Referral to treatment

In the latter part of the financial year the Trust had issues in respect of the achievement of referral to treatment timescales, particularly the admitted pathway. Actions taken by the Trust to maintain aggregate performance resulted in an increasing backlog. An action plan has been developed with support from the National Intensive Support team and the TDA to ensure that the organisation returns to achievement against the target in 2014/15 and this will be monitored by the Trust Board.

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Operating and financial review

As predicted 2013/14 was another tough year for the Trust financially.

As a result of unavoidable reductions in income from the Trust's NHS commissioners and in order to balance the priorities of quality, safety and finance the Board made the difficult decision to set a financial plan with a deficit of £19.4 million.

This assumed planned savings of £20 million, which was 5.6% of total income. In the early part of the year the Trust faced a number of unplanned cost pressures that jeopardised the delivery of the plan.

To address this growing risk a Turnaround Director was appointed around the mid-year point and financial disciplines were tightened, including restrictions on premium cost service delivery such as the deployment of agency staff and the use of the independent sector to undertake elective surgery.

As a result of the actions that were taken in response to financial pressures, there were significant improvements in both income and expenditure in the second half of the year compared to the first half.

This enabled the Trust to limit the deficit for the year to £23.1 million. While this was £3.7 million worse than plan, it was a much better result than had been anticipated at the mid-year point. Most of the actions taken will have a recurrent benefit, reducing the Trust's cost base for future years.

Part of the planned shortfall has resulted from a change in the methodology for calculating the Public Dividend Capital (PDC) dividend payable to the Department of Health as the cost of capital. £0.9 million represents the cost of a Mutually Agreed Resignation Scheme (MARS), which will have a beneficial effect on future years' pay costs.

Much of the remainder of the gap can be attributed to a shortfall against the cost improvement target, even though the Trust was able to deliver savings amounting to 4.8% of income.

The deficit position inevitably put further pressure on the Trust's liquidity and an application for cash financing was made to the Independent Trust Financing Facility (ITFF). This is an independent committee set up by the Department of Health to consider applications from NHS bodies for loan or PDC financing.

The Trust made an application for £34.4 million of revenue funding and £5.0 million for urgent additional capital spend. This was applied for as PDC because loan repayments would be unaffordable. Funding for the full £39.4 million was approved.

This enabled the Trust to significantly reduce amounts owed to its suppliers and to ease pressure on its capital programme.

The Better Payments Practice Code (BPPC) was established to measure an NHS body's performance against a target to pay suppliers within a 30 day period.

The additional PDC approved by the ITFF enabled the Trust to significantly improve its performance against the code towards the end of the year. However, as a result of cash pressures through most of the year, the Trust paid just 47% of non NHS and 36% of NHS suppliers within the 30 day target.

The Trust was formed from a merger of acute and community services in 2011/12. However, under the Department of Health's 'Transforming Community Services' (TCS) guidance the assets the Trust employs to provide community services (previously held by Primary Care Trusts) were not transferred to the Trust until 1 April 2013.

These assets were valued at £49.3 million and were accompanied by an accumulated revaluation reserve of £14.3 million.

A revaluation of the estate undertaken with effect from 1 April 2013 resulted in an impairment of assets taken through the Statement of Comprehensive Income of £10.0 million and an increase to the revaluation reserve of £9.9 million. Of the impairment, £6.8 million related to community assets transferred under TCS.

The Trust spent £17 million of capital in 2013/14, including £1 million from donated funds.

During the year the Board of Directors approved a business case for the Trust's clinical strategy,

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which requires a capital investment of £30 million. This was submitted for the further approval of the Trust Development Authority (TDA) as the value is above the Trust's current delegated capital investment limit. A decision from the TDA is awaited.

The Trust continues to strengthen its working relationships with customers, suppliers, other NHS organisations and key supporters such as the League of Friends.

There have been no major accounting policy changes in the year.

The Trust continues to develop Service Line Reporting and Patient Level Costing and these tools will be used increasingly to engage clinicians in improving understanding of cost drivers and profitability and for providing management with better information with which to make business decisions.

The Board continues to gain additional assurance on financial matters through the Finance and Investment Committee, which ensures that all material financial risks and developments are closely scrutinised and that senior management is properly held to account for financial performance. Clinical representation at this committee helps to ensure that clinical quality and patient safety issues are considered alongside financial performance and risk.

In addition to the scrutiny provided by the Finance and Investment Committee, key financial risks form part of the Trust-wide high-level corporate risk register, which is regularly updated and assessed by the Audit Committee and referred onwards to the Trust Board where significant risks are considered and acted upon.

Looking ahead the Trust has agreed and submitted to the TDA a two-year plan with a deficit of £18.5 million for 2014/15 and £14.0 million for 2015/16. This is after planned cost improvements of £20.4 million and £20.0 million respectively.

The turnaround process, with external support, has continued into the new financial year and this will continue to assist in driving the improvements required.

The Trust's main contract with Clinical Commissioning Groups (CCGs) for 2014/15 has been signed within a risk-sharing arrangement which is designed to remove some of the

financial uncertainty from within the local health economy.

While still in deficit the Trust will require further cash support from the Department of Health and a fresh application to the ITFF will be made in due course.

The Trust has yet to achieve its statutory breakeven duty and has been identified as being part of a challenged health economy and is working with commissioners, the TDA, NHS England and external advisers to develop a cohesive and aligned health economy wide plan that adequately addresses future financial and quality challenges.

Each director has confirmed that as far as he/she is aware there is no relevant audit information of which the NHS body's auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

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Independent auditor's statement to the board of directors of East Sussex Healthcare NHS Trust

We have examined the summary financial statement for the year ended 31 March 2014 set out on pages 60 to 64 of the annual report.

This report is made solely to the Board of Directors of East Sussex Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the annual report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the annual report with the statutory financial statements.

We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008103 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of East Sussex Healthcare NHS Trust for the year ended 31 March 2014. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (9th June 2014) and the date of this statement.

BDO LLP, London, UK

4th September 2014

Directors' statement

The auditor has issued unqualified reports on the full annual financial statements and on the consistency of the operating and financial review with these financial statements.

Full set of accounts

The financial statements in this report show the financial position at the end of the operational year and its performance during the year. These are a summary of the information shown in the annual accounts, a full set of which is available from Vanessa Harris, Director of Finance, East Sussex Healthcare NHS Trust, St. Anne's House, 729 The Ridge, St. Leonards-on-Sea, East Sussex, TN37 7PT.

External auditor

The external auditor is BDO LLP. The costs of their services for 2013/14 comprise exclusively statutory audit fees and no other non-audit services have been provided.

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Statement of comprehensive income for the year ended 31st March 2014

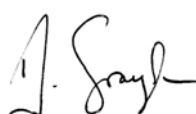
	2013/14 £000s	2012/13 £000s
Gross employee benefits	(255,250)	(255,800)
Other operating costs	(135,873)	(124,583)
Revenue from patient care activities	337,098	357,885
Other operating revenue	27,142	29,515
Operating surplus/(deficit)	(26,883)	7,017
Investment revenue	18	25
Other gains	9	22
Finance costs	(305)	(368)
Surplus/(deficit) for the financial year	(27,161)	6,696
Public dividend capital dividends payable	(6,251)	(6,224)
Retained surplus/(deficit) for the year	(33,412)	472
Other comprehensive income		
Impairments and reversals taken to the Revaluation Reserve	0	(3,747)
Net gain on revaluation of property, plant and equipment	9,915	0
Total comprehensive income for the year	(23,497)	(3,275)
Financial performance for the year		
Retained surplus/(deficit) for the year	(33,412)	472
Impairments (excluding IFRIC 12 impairments)	10,018	0
Adjustments in respect of donated government grant asset reserve elimination	300	50
Adjusted retained surplus/(deficit)	(23,094)	522

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Statement of financial position as at 31st March 2014

	31/03/14 £000s	31/03/13 £000s
Non-current assets:		
Property, plant and equipment	257,258	202,953
Intangible assets	826	285
Trade and other receivables	708	898
Total non-current assets	258,792	204,136
Current assets:		
Inventories	6,238	6,869
Trade and other receivables	25,426	14,051
Other current assets	0	107
Cash and cash equivalents	2,257	2,250
Total current assets	33,921	23,277
Total assets	292,713	227,413
Current liabilities:		
Trade and other payables	(32,062)	(33,044)
Provisions	(463)	(476)
Borrowings	(320)	(308)
Working capital loan from Department	(1,331)	(1,334)
Capital loan from Department	(343)	(340)
Total current liabilities	(34,519)	(35,502)
Net current liabilities	(598)	(12,225)
Non-current assets less net current liabilities	258,194	191,911
Non-current liabilities:		
Provisions	(2,631)	(2,671)
Borrowings	(598)	(916)
Working capital loan from Department	0	(1,331)
Capital loan from Department	(3,535)	(3,878)
Total non-current liabilities	(6,764)	(8,796)
Total assets employed	251,430	183,115
Financed by taxpayers' equity:		
Public dividend capital	153,130	111,969
Retained earnings	(8,096)	(11,029)
Revaluation reserve	106,396	82,175
Total taxpayers' equity	251,430	183,115

The financial statements on pages 60 to 64 were approved by the board on 4th June 2014 and signed on its behalf by:



Chief Executive

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Statement of changes in taxpayers' equity for the year ended 31st March 2014

	Public dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Total reserves £000s
Balance at 1st April 2013	111,969	(11,029)	82,175	183,115
Transfers under modified absorption accounting - PCTs and SHAs		50,651		50,651
Transfers between reserves in respect of modified absorption - PCTs and SHAs		(14,318)	14,318	0
Revised balance at 1st April 2013	111,969	25,304	96,493	233,766
Changes in taxpayers' equity for the year ended 31st March 2013/14				
Retained deficit for the year		(33,412)		(33,412)
Net gain on revaluation of property, plant, equipment			9,915	9,915
Transfers between reserves		12	(12)	0
Reclassification adjustments				
New PDC received - Cash	69,408			69,408
New PDC received - PCTs and SHAs legacy items paid for by Department of Health	753			753
PDC repaid in year	(29,000)			(29,000)
Net recognised revenue for the year	41,161	(33,400)	9,903	17,664
Balance at 31st March 2014	153,130	(8,096)	106,396	251,430
Balance at 1st April 2012	111,891	(11,555)	85,976	186,312
Changes in taxpayers' equity for the year ended 31st March 2013				
Retained surplus for the year		472		472
Impairments and reversals			(3,747)	(3,747)
Transfers between reserves		54	(54)	0
New PDC received	78			78
Net recognised revenue/(expense) for the year	78	526	(3,801)	(3,197)
Balance at 31st March 2013	111,969	(11,029)	82,175	183,115

Section 6 - financial report and summary financial statements

Statement of cash flows for the year ended 31st March 2014

	2013/14 £000s	2012/13 £000s
Cash flows from operating activities		
Operating surplus/(deficit)	(26,883)	7,017
Depreciation and amortisation	11,385	10,040
Impairments and reversals	10,018	0
Donated assets received credited to revenue but non-cash	0	(70)
Interest paid	(305)	(294)
Dividends paid	(6,454)	(6,318)
Decrease in inventories	631	106
(Increase)/decrease in trade and other receivables	(10,028)	6,443
(increase)/decrease in other current assets	107	(38)
Decrease in trade and other payables	(3,070)	(1,122)
Provisions utilised	(458)	(463)
Increase in provisions	405	508
Net cash inflow/(outflow) from operating activities	(24,652)	15,809
Cash flows from investing activities		
Interest received	18	25
Payments for property, plant and equipment	(13,955)	(13,060)
Payments for intangible assets	(595)	(161)
Proceeds of disposal of assets held for sale (PPE)	9	22
Net cash outflow from investing activities	(14,523)	(13,174)
Net cash inflow/(outflow) before financing	(39,175)	2,635
Cash flows from financing activities		
Public dividend capital received	70,161	78
Public dividend capital repaid	(29,000)	0
Loans repaid to Department of Health - capital investment loans repayment of principal	(340)	(340)
Loans repaid to Department of Health - revenue support loans	(1,334)	(1,334)
Repayment of finance leases	(305)	(289)
Net cash inflow/(outflow) from financing activities	39,182	(1,885)
Net increase in cash and cash equivalents	7	750
Cash and cash equivalents at the beginning of the year	2,250	1,500
Cash and cash equivalents at year end	2,257	2,250

Section 6 - financial report and summary financial statements

Better payment practice code - measure of compliance

	2013/14		2012/13	
	Number	£000s	Number	£000s
Non-NHS payables				
Total non-NHS trade invoices paid in the year	111,060	124,189	106,662	120,135
Total non-NHS trade invoices paid within target	52,185	50,705	54,870	53,734
Percentage of non-NHS trade invoices paid within target	46.99%	40.83%	51.44%	44.73%
NHS payables				
Total NHS trade invoices paid in the year	4,193	28,125	3,319	31,792
Total NHS trade invoices paid within target	1,512	14,551	909	13,282
Percentage of NHS trade invoices paid within target	36.06%	51.74%	27.39%	41.78%

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Section 6 - financial report and summary financial statements

Tell us what you think

Each year the Trust publishes this annual report and it is presented at the annual public meeting when the Trust's accounts are also presented.

We want this report to be as useful as possible for readers.

- Do you have any views you would like to share?
- Was there information not included which you would like to see?
- Is there anything you would like to see improved for next year?

Please let us know -

email: esh-tr.enquiries@nhs.net or write to:

The Communications Department
East Sussex Healthcare NHS Trust
Eastbourne DGH
Kings Drive
Eastbourne. BN22 2UD

Conquest Hospital
The Ridge
St. Leonards-on-Sea
East Sussex, TN37 7RD
Tel: (01424) 755255

Bexhill Hospital
Holliers Hill
Bexhill-on-Sea
East Sussex, TN40 2DZ
Tel: (01424) 755255

Crowborough War Memorial Hospital
Southview Road
Crowborough
East Sussex, TN6 1HB.
Tel: (01892) 652284

Lewes Victoria Hospital
Nevill Road
Lewes
East Sussex, BN7 1PE
Tel: (01273) 474153

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex, BN21 2UD
Tel: (01323) 417400

Rye, Winchelsea and District Memorial Hospital
Peasmarsh Road
Rye Foreign
Rye
East Sussex, TN31 7UD
Tel: (01797) 223810

Uckfield Community Hospital
Framfield Road
Uckfield
East Sussex, TN22 5AW
Tel: (01825) 769999

Trust Website: www.esht.nhs.uk

Trust Email: esh-tr.enquiries@nhs.net

Freedom of Information

The Trust is required under the Freedom of Information Act 2000 to make certain information public. The information available can be found in the Trust's Publication Scheme available on our website at www.esht.nhs.uk/foi

Alternatively write to Trish Richardson, Corporate Governance Manager, Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex, BN21 2UD.



East Sussex Healthcare NHS Trust Quality Account 2013 - 2014



About this document

Why are we producing a Quality Account?

The purpose of the Quality Account is to share information about the quality of our services, and our plans to improve even further, with patients their families and carers. Since 2010 all NHS trusts have been required to produce an annual Quality Account.

What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations 2010 specify the requirements for the Quality Accounts. We have used these requirements as a template around which our Account has been built. Our 2013/14 Quality Accounts are presented in three parts:

Part 1

- ◆ A statement on quality from the Chief Executive of East Sussex Healthcare NHS Trust (ESHT)

Part 2

- ◆ Priorities for improvement in 2014/2015 – this section identifies our priority areas for improvement and associated improvement initiatives.
- ◆ Statements relating to the quality of NHS services provided by East Sussex Healthcare NHS Trust.

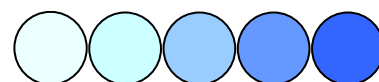
Part 3

- ◆ Review of our quality Performance in 2013/14
- ◆ Statements from our key stakeholders

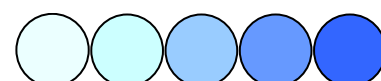
How did we produce our Quality Account?

In addition to ensuring that we have included all of the mandatory elements of the account, we have engaged with staff, patients, volunteers, commissioners and other stakeholders to ensure that the account gives an insight into the organisation and reflects the priorities that are important to us all. As a result, we have identified specific and measurable improvement initiatives in each of our priority areas. These initiatives will support improvement in the priority areas.

We appreciate that some of the language used may be difficult to understand if you don't work in healthcare. We have therefore included a glossary at the end of our Quality Account to explain some of the words that we use every day. We are keen to ensure that the account is a useful document which helps patients, families and the public to understand our priorities for delivering quality care. If you have any suggestions for next year's Quality Account, or any queries regarding this year's document, please contact us at enquiries@esht.nhs.uk.



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Part 1

A statement on quality from our Chief Executive

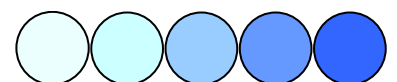


Safety and the quality of care we provide is our number one priority and we focus on it each and every day and night. Our Quality Account provides us with an opportunity to outline our achievements and aspirations, identifying where the Trust is performing well and where we need to do better.

The NHS is facing interesting and challenging times ahead, which make it all the more important to keep safe, high quality patient care as our focus. There are increasing demands on services; a growing population with an extending lifespan, new medicines and rapid advances in technology. We must respond to these demands by finding and implementing new and better ways of working, using the creativity of our staff to help us transform the way we deliver services, driving up efficiency whilst raising quality and continuing to improve by constantly challenging ourselves to do things better.

In last year's Quality Account I mentioned that we would be implementing our Clinical Strategy: Shaping our Future. This commenced in July when we centralised hyper acute and acute stroke services at Eastbourne DGH and increased stroke rehabilitation beds at Bexhill Irvine Unit from 12 to 18. This was the biggest planned service change in East Sussex since our two acute hospitals were built more than thirty years ago. The changes were focussed on improving the quality of the service, making it safer with better outcomes for patients who suffer a stroke. This is demonstrated by the significant increase in the number of patients who are admitted directly to a Stroke Unit.

On the 8th March 2013 the Board agreed to take action to ensure the safety of obstetric and neonatal services through the temporary consolidation of a consultant led obstetric service, neonatal (including the Special Care Baby Unit), in-patient paediatric and emergency gynaecology services at Conquest Hospital only, along with the establishment of a stand alone midwifery led maternity unit and a Short Stay Paediatric Assessment Unit at Eastbourne District General Hospital. These changes were introduced from 7th May 2013 and the Board has closely monitoring the services throughout the year. The evidence that has been collected on service



safety and quality has indicated that improvements have been delivered following this change.

This is a temporary change and the local Clinical Commissioning Groups are currently undertaking a consultation on the proposed options for permanent changes to maternity and paediatric services. The consultation closed on 8th April and it is anticipated a decision will be made by the end of June 2014.

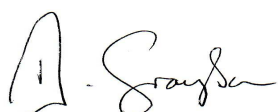
In December emergency and high risk general surgery services moved as planned to the Conquest Hospital. As a result more surgeons are now available to carry out planned procedures, we are able to treat people quickly, improve recovery and reduce the number of planned operations that we have to cancel.

Our nursing establishment has been strengthened by the successful appointment of 53 new staff nurses to work across the Trust in both acute and community settings. The “calling all nurses” recruitment campaign has had a significant impact on reducing our reliance on agency staff and improving the continuity of care for our patients.

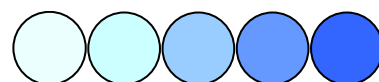
As an integrated acute and community services organisation we also have a positive impact outside of the hospital setting; working with our partner organisations to reduce the time patients stay in hospital, provide care closer to home and improve the care pathways for people with long term and complex conditions. This is supported by innovations such as SystmOne, our new community software system which we are beginning to implement and will deploy in 2014/15.

The pursuit of quality is a constant journey and this document cannot cover everything we have achieved in the past year or aspire to achieve in the coming months. I hope however that this report provides some insight into the work being carried out by our services every day to make sure quality remains our central focus. I would also like to take this opportunity to thank our staff and volunteers for their commitment to delivering great care with compassion.

I confirm, in accordance with my statutory duty, that to the best of my knowledge the information provided in these Quality Accounts is accurate.



Darren Grayson
Chief Executive - East Sussex Healthcare NHS Trust



About our Trust

East Sussex Healthcare NHS Trust provides acute hospital and community health services for people living in East Sussex and surrounding areas.

Our services are provided from two district general hospitals, Conquest Hospital and Eastbourne DGH both of which have Emergency Departments and provide care 24 hours a day. They offer a comprehensive range of surgical, medical and maternity services supported by a full range of diagnostic and therapy services.

We also provide a minor injury unit service from Crowborough War Memorial Hospital, Lewes Victoria Hospital and Uckfield Community Hospital. A midwifery-led birthing service along with outpatient, rehabilitation and intermediate care services are provided at Crowborough War Memorial Hospital.

At both Bexhill Hospital and Uckfield Community Hospital we provide outpatients, day surgery, rehabilitation and intermediate care services.

Outpatient services and inpatient intermediate care services are provided at Lewes Victoria Hospital, and Rye Winchelsea and District Memorial Hospital.

At Firwood House we provide, inpatient intermediate care services jointly with Adult Social Care. Our community staff also provide care in the patient's own home and from a number of clinics and health centres, GP surgeries and schools.

We are committed to providing the best possible healthcare service to patients, who come first in everything the organisation does.



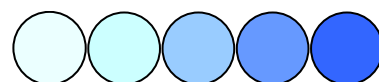
Eastbourne District General Hospital



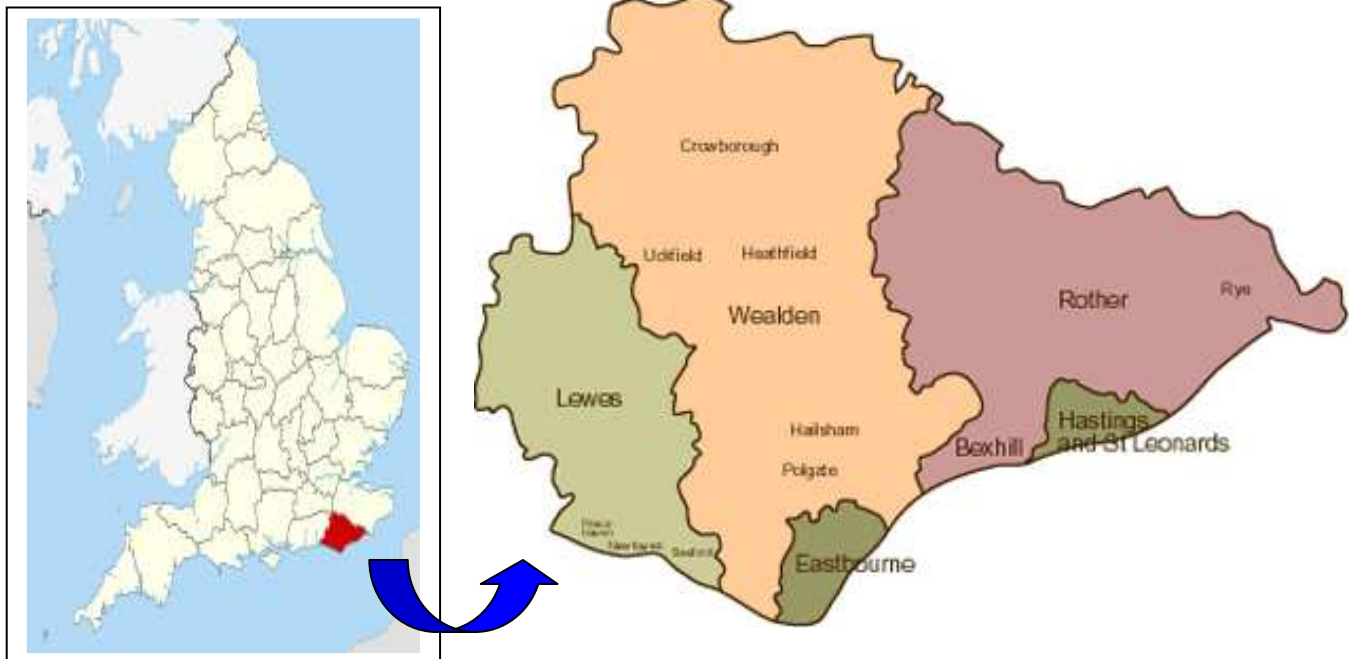
Conquest Hospital, Hastings



Uckfield Community Hospital



Around 525,000 people live in East Sussex and the Trust is one of the largest organisations in the county. We employ over 7,200 dedicated staff with an annual turnover of £365 million.



Our Vision is to be:
The healthcare provider of first choice
for the people of East Sussex



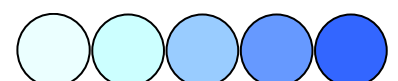
*Crowborough War Memorial
Hospital*



Lewes Victoria Hospital



*Rye, Winchelsea and District
Hospital*



During 2013/14...



More than 142,000 patients were treated in our Emergency Departments, Minor Injury Units and associated areas for emergency treatment



Almost 3,600 babies were delivered by our midwives and obstetricians

More than 398,000 people attended outpatient clinics at our hospitals or outreach centres

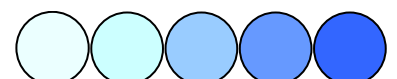
Over 5.9 million pathology tests were performed



Over 220,000 patients were provided with hospital care either as inpatients or as day cases



Over 220,000 patients had contact with our community nurses



Accolades for our staff during 2013/2014

Diabetes Specialist Nurse, Erwin Castro, has won a Quality in Care Award for Outstanding Educator in Diabetes.

Erwin has introduced various initiatives including a bi-monthly electronic newsletter called 'Diabytes' for trained nurses, which is also displayed in all the wards. He has been instrumental in ensuring that various medical teams receive updates on the management of diabetes. He is also regularly asked to deliver sessions on the different diabetes modules at the University of Brighton. Erwin has re-established regular training for Community Nurses on diabetes to ensure that the care for people with diabetes requiring input from the community teams is seamless with that from the hospital.



Diabetes Specialist Nurse,
Erwin Castro

Erwin also won the Trust's "Using Technology to Improve Care Award and countywide 'Proud to Care Nursing Awards' for "Commitment" in April 2013.

Proud to care awards

The best nursing and care giving in Sussex was celebrated at the Proud to Care Sussex Nursing Awards held at the American Express Community Stadium in Brighton and staff from our Trust were awarded in five out of the fourteen awards and had ten shortlisted nominees.

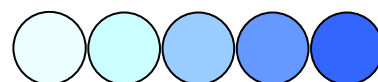
There were individual and team awards for the best care delivered in hospitals, the community, primary care and nursing homes. Colleagues of individual nurses, care givers and teams sent in 110 nominations for the '6C' awards – Compassion, Communication, Care, Courage, Competence and Commitment.

Kerry Chidlow, Macmillan Breast Care Nurse won the Individual Care Award



Kerry with Alice Webster
(ESHT Director of Nursing)

"Kerry works tirelessly to maintain an extremely high standard of patient care and patients always speak very highly of her, highlighting her caring and compassionate manner. She frequently reviews the service to identify how it can be improved for the benefit of the patients and often brings in new initiatives. She has established two patient support groups and currently is leading in the establishment of a survivorship programme for patients and their families".



The Trauma Assisted Discharge Team won the Team Care Award



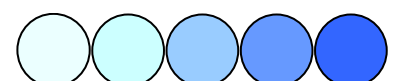
They are a unique team that supports patients, who have sustained fractures of the hip, to return home at the earliest opportunity under the care of a multi disciplinary rehabilitation team. The service has redefined the pathway for these patients, promoting rapid recovery in the best environment for the patient. An additional benefit is the significant reduction in the patient's length of stay in hospital.

MacDonald Ward Conquest won the Team Commitment Award

This ward has worked together to become champions of dementia care. They have gone the extra mile, for example coming in when off duty to help improve the environment and create the patient bus stop which has helped cognitively impaired patients. Care and compassion for elderly, frail and vulnerable patients clearly drives this extraordinary team.



Harlands Ward, Uckfield won the Team Competence Award

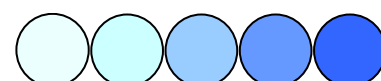


Jean Duffy a Learning Disability Liaison Nurse at the Trust has won the Sussex Partnership NHS Foundation Trust's Equality, Diversity and Social Inclusion Award.

Jean's role is to facilitate the care of patients with learning disabilities so they have equal access to healthcare. She offers advice, support and training to staff on aspects of care for patients with learning disabilities on such things as consent issues and adjustments to their care provision.

The citation read: "Jean has worked single handedly over the last 17 months to ensure that people with learning disabilities are given the highest quality care in hospital settings. She has developed an active network of 66 learning disability champions across most clinical areas and has trained new staff, consultants, junior doctors and nurses across all settings..."

Alice Webster, Director of Nursing said: "This award is well deserved. Jean is making a real difference to the learning disabled patients in our Trust. I have been struck by Jean's professionalism and inspirational approach to the very challenging programme of work that she supports. Jean is an inspiration and this award is very much justified."



Statement of Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

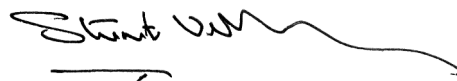
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- ◆ The Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- ◆ The performance information reported in the Quality Account is reliable and accurate;
- ◆ There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- ◆ The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Date: 3rd June 2014

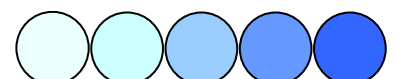


Stuart Welling, Chairman

Date: 3rd June 2014



Darren Grayson, Chief Executive



Part 2

1. Our quality improvement priorities for 2014/2015
2. Statements of assurance from the Board

Our Quality Improvement Priorities for 2014/2015

The NHS identifies three fundamental areas of quality care and our 2014/2015 Quality Improvement Priorities are aligned to these.

SAFETY

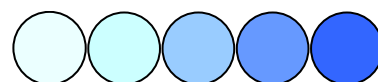
1. Patient Safety – patients are safe and free from harm

EFFECTIVENESS

2. Clinical Effectiveness – the treatment and care we deliver is the best available

EXPERIENCE

3. Patient Experience – patients, their carers and relatives have a positive experience that meets or exceeds their expectations



How we chose our priorities for 2014/15

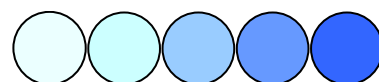
The Trust's improvement priorities for 2014/15 have been chosen following a process of listening to the views of our stakeholders and reviewing current services and developments such as the implementation of our clinical strategy.

The priorities reflect our commitment to delivering high quality care as an integrated organisation, as identified in our plans to implement a system to aid the early recognition and proactive action to support the care of the deteriorating patient and maximise our efforts to reduce healthcare associated infections.

We are committed to building on our quality priorities from one year to the next, so that everyone can see whether improvements are maintained over time. This is demonstrated in our ongoing commitment to improve patient experience and the continuation of initiatives such as the Safety Thermometer.

During November 2013, we held a Quality Engagement Event with members of the public. The purpose of the event was to provide an update of our progress on this year's quality improvement priorities and to receive feedback to inform the development of future quality improvements. It was encouraging to receive positive feedback about our services and staff. A number of areas were highlighted where we could do better; one consistent theme related to improving communication and this will be picked up through the implementation of our Patient Experience Strategy. Members of the public also said they would like more information on infection control and this has been included as a quality improvement priority for the coming year. Our thanks go to those who contributed through this event and other feedback mechanisms.

During 2014 we will be holding a number of patient engagement events, details of these are available by emailing us at esh-tr.enquiries@nhs.net or by telephoning the corporate governance team on 01323 417400.





Listening into Action is a new way of working - staff from all levels of the organisation are able to get together to talk openly about the frustrations they have in their daily work, what prevents them from doing their job effectively and what we should all do to 'unblock the way' so we can provide the very best care for patients and their families.

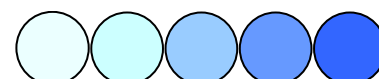
Listening into action (LiA) is about achieving a fundamental shift in the way we work and lead, putting staff at the centre of positive change for the benefit of our patients, our staff and the Trust as a whole. The Framework provides a comprehensive and joined-up way to tackle improvements in specific service areas, delivered through the direct engagement of the people who work in the ward or department.

The Trust is committed to using LiA at every level and will ensure that it is seen as the “way we do things around here”. The Chief Executive and agreed sponsors support the process and meet with the staff involved every 6 weeks collaborating on the outcomes and changes they want to see, and empowering local teams to own the improvements they want to make. The sponsors offer practical support and help to ‘unblock the way’.



Since June 2013 15 'staff conversations' have taken place with over 600 staff attending. These have been a chance for a mix of staff from across all levels and roles to get together and talk openly about what really matters to them, what gets in their way and what priorities need to change for the benefit of the patients and staff.

Improvement initiatives that have been implemented during 2013/14 include staff identifying that the storage areas in Jevington Ward at Eastbourne District General Hospital could be consolidated. In freeing up space they were able to develop an Ambulatory Respiratory Care Space (ARCS), which was officially opened in October 2013. Since the room started being used 90 outpatients have been seen in it, reducing unnecessary admissions.



On Berwick Ward at Eastbourne District General Hospital a number of themes emerged from staff conversations and quick progress was made to implement a quiet room to provide patients with more privacy and allow health professionals the time and space to listen to patients and their relatives.

Patient's own drugs in community hospitals are now being over-labelled as a result of a LiA project. Over-labelling patient's own medicines in the event of dose changes is standard practice in hospitals with on-site dispensaries, and is preferable in terms of patient safety and waste reduction. To date, the project has reduced medicines waste (£5,700 per annum projected) and helped prevent delayed or unsafe discharges and missed doses. A further project ensures that patient medication is transferred with the patient during every transfer, rather than pharmacy having to re-dispense it. The pilot project has cleared around £17,000 of stock; streamlined stock requisition and saved on nursing time that was previously spent on checking stock cupboards and completing administration.

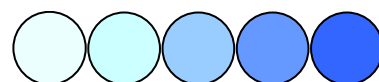
A new initiative to support dementia patients is currently being implemented; themed rummage boxes are being developed to allow sensory stimulation or reminiscence. The boxes give patients the opportunity to engage in a purposeful occupation and support staff in communicating effectively with a range of patients, for example the 'Seaside box' has been found to create interest and discussion with restless patients, and can keep them sitting down for longer.

Following a conversation amongst staff providing stroke services a multi-disciplinary team training day was held, there were a wide range of speakers, and topics discussed covered many aspects of the stroke pathway from admission to follow up care in the community. Physiotherapy Assistants and Healthcare Assistants have also begun to shadow each other and work together to support patients for assessment enabling both teams to discuss their concerns and those of the patient, and improve patient experience.



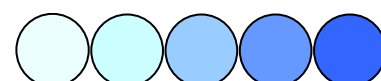
A group working on Realising Staff Potential has been gathering a range of views from staff. A number of road shows have been held and staff were invited to complete a short questionnaire. There were over 1,700 responses and the information was used to develop a draft set of core values and behaviours based around four main themes: Working Together; Improvement and Continuous development; Respect and Compassion, and Engagement and Involvement.

Each value statement has a number of behaviours that apply to both our approach to caring for patients and service users and how we treat each other as staff. It is intended that these values and behaviours will become part of our processes and normal working life.



Below are a number of key priority areas that have already been identified for LIA projects during 2014/15 with improvement projects aligned to each area.

Quality and Safety of Care	The Patient Experience	Enabling our Frontline Teams
Care of the deteriorating patient	Patient nutrition plan on admission using MUST tool	Reducing the agency / bank staff costs by managing rotas, sickness and recruitment
Falls prevention across all wards	Reducing the length of stay for non-elective surgical patients	Better communication between teams to spread good practice
Pressure ulcers prevention across all wards and community areas	Improved screening for dementia care patients	Reducing unnecessary costs through clinically-led review of effectiveness
Infection control and prevention	Patient led improvements Based on complaints, Serious Incidents, and the Friends and Family Test results	Improving the availability accuracy and completeness of medical records
Stroke care pathway	Making things better in Maternity and Paediatrics for all our patients	Improving medical Engagement levels



Our quality improvement priorities for the year ahead are divided into three key areas:

Patient Safety

Patients are safe and free from harm:

Ensuring that safety always comes first within our organisation

This priority will focus on the following:

- ◆ Maximising our efforts to reduce healthcare associated infections

Clinical Effectiveness

Caring for vulnerable patients:

To consistently provide high quality patient care in line with identified best practice and evaluate the quality of our clinical care and outcomes

This priority will focus on the following clinical area:

- ◆ Early recognition and proactive action to support the care of the deteriorating patient

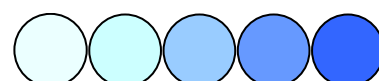
Patient Experience

Providing personalised, dignified, respectful and compassionate care:

To improve our communication with, and listen, act upon and be responsive to the feedback we receive from our patients and their carers

This priority will focus on the following areas:

- ◆ Continuing to implement the Patient Experience Strategy
- ◆ Ensuring we provide optimal care for patients in our care who have mental health disorders



Priorities for Improvement in 2014/15

2.1 Patient Safety

What is our Goal?

To ensure that safety always comes first within our organisation

This priority will focus on achieving the following:

Maximising our efforts to reduce healthcare associated infections

In the past, infection was considered an inevitable consequence of medical and surgical treatment. It is now increasingly recognised that by a combination of good hygienic practice, careful use of antibiotics and improved techniques and devices, rates of infection can be lowered significantly. We are proud that our organisation has consistently delivered a reduction of healthcare associated infections year on year but recognise that there is always more that can be done. During 2014/15 we intend to build upon and improve the systems we have in place in managing and monitoring the prevention and control of infection.

What is a Healthcare Associated Infection?

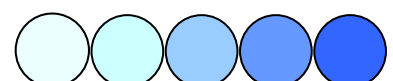
A healthcare associated infection (HCAI) can result from medical care or treatment in a hospital, or a patient's own home. Many are caused by micro-organisms ('germs') already present in or on the patient's own body; they are normally harmless but can cause problems when the body's defences are breached by surgery, or other medical procedures.

HCAI can affect any part of the body, including the urinary system (urinary tract infection), the lungs (pneumonia or respiratory tract infection), the skin, surgical wounds (surgical site infection), the digestive (gastrointestinal) system and even the bloodstream (bacteraemia).

With treatment most patients recover from a HCAI without any problems but these infections can extend a patient's stay in hospital, and in severe cases can cause prolonged illness.

What does this mean for you?

We want our patients and visitors to be assured that high standards are being met in relation to infection control.



- Well trained staff

Our staff are educated in effective methods of preventing infection including how to care for patients with difficult wounds and how to insert intravenous (IV) lines safely.

Staff are also trained in hand hygiene and you should observe them washing or applying gel to their hands before and after having contact with patients. They will also use "personal protective equipment", where necessary, for example, disposable gloves and aprons to prevent contamination of clothing and skin.

- Environment

You can expect the hospital or clinic environment to be kept clean and tidy. When we consider it might help prevent infection, we will also close down ward areas for deep cleaning. We may use our side rooms or smaller bays to care for patients who are at risk of serious infection.

- Screening

To help reduce healthcare associated infections we routinely screen elective, emergency and day case patients for methicillin-resistant staphylococcus aureus (MRSA). This is so that we can find out if they are carrying MRSA harmlessly on their skin or in their noses before they have an operation, an outpatient treatment, or when they are admitted to hospital. This then allows us to plan care more effectively. We will ensure, so far as is reasonably practicable, that care workers are free of, and are protected from exposure to infections that can be caught at work, and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.



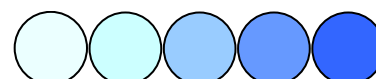
We will provide adequate isolation facilities and plan to increase the number of isolation rooms to meet Department of Health advice.

- Antibiotics and Treatment

Our clinicians will use antibiotics according to well-established guidelines, sometimes to prevent infection and sometimes to treat a known infection. The widespread use of antibiotics can lead to micro-organisms being present which are more antibiotic resistant so it is important that the right antibiotics are prescribed at the right time.

- Information

You should have access to information on infection control and we will work with local service user representative organisations to ensure that information is developed, understood and accessible.



How will we monitor progress?

We will monitor practice by undertaking a programme of key infection control audits and surveillance findings. These will be incorporated into the Trust routine audit meetings for engagement and feedback to clinical staff.

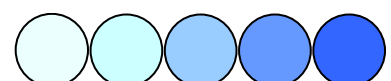
Ward Matrons will be required to present reports every five weeks to demonstrate compliance with hand hygiene, as well as environmental and equipment cleanliness.

All incidences of MRSA or Clostridium difficile (CDiff) will be reported as incidents and investigated. Themes and trends from incidents and complaints will be reviewed and learning shared across the organisation.

Compliance with the Code of Practice for Health and Adult Social Care on the Prevention & Control of Infection (Outcome 8 Regulation 12 'Cleanliness and Infection Control' of the Health & Social Care Act 2008 (regulated activities) Regulations 2010) will be assessed every 3 months.

Where will we report upon our progress and achievements?

The Trust Infection Control Group meets every month and all infection control issues and progress will be reported to this group. Compliance with key metrics such as CDiff and MRSA limits are reported to the Trust Board at every meeting.



Priorities for Improvement in 2014/2015

2.2 Clinical Effectiveness

What is our Goal?

To consistently provide high quality patient care in line with identified best practice

This priority will focus on achieving the following:

Early recognition and action to support the care of the deteriorating patient

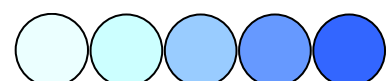
Our aim for 2014/2015 is to continue to improve the care and outcomes for our sickest patients. Deterioration in acutely unwell patients can happen quickly and have catastrophic effects if not identified.

A new clinical monitoring system using hand held mobile technology has been introduced at the Conquest Hospital and will become fully operational at both the Conquest and Eastbourne District General Hospital by October 2014.

The new system called VitalPAC monitors and analyses patients' vital signs and enables staff to automatically summon timely and appropriate help if a patient deteriorates. It also removes the need for paper based monitoring charts. In combination with other information available such as pathology or radiology reports it identifies high risk and deteriorating patients and will immediately alert the relevant doctor and any other non-ward based staff.

The Royal College Of Nursing recently recognised the burden that paperwork places on nurses- taking up to 17% of their shift. The new system will reduce this as the recording of vital signs will be paper free and observations will be rapidly input at the bedside via the handheld device.

Evidence from other hospitals where this system has been implemented has shown that it can take up to 40% less time for nurses to capture and interpret vital signs resulting in a faster escalation of care needs and a faster response.



What does this mean for you?

Implementing the system will improve patient safety and patient outcomes as it will identify deteriorating patients earlier and allow for quicker clinical intervention. It will enable specialist teams such as critical care outreach, infection control and pain services to intervene proactively.

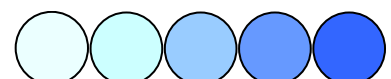
We will be able to observe patients' vital signs 40% quicker than we do at the moment and in turn manage our patients more efficiently, with fewer patients going into intensive care and fewer cardiac arrests.

VitalPAC enables nurses to record seven routine observations such as temperature, pulse and blood pressure, and removes the requirement for a paper chart. The system's software analyses the patient's readings using a set of algorithms and doctors and other senior staff receive an urgent alert if they fall below safe levels. It is hoped that the system will also reduce length of stay by avoiding the complications that can arise in patients at risk of deterioration.

Consultants and senior nurses can check at any time that their patients are being monitored appropriately and care can be promptly escalated as required. The system will also be programmed to provide advice and guidance in accordance with local protocols.

Other benefits include:

- ◆ Enabling complete sets of observations to be captured concurrently and the highlighting of various risks, i.e. oxygen dependency;
- ◆ Automatically calculates the patient's National Early Warning Score (NEWS) in accordance with hospital protocol;
- ◆ Provides continual monitoring of Intravenous cannulae;
- ◆ Determines when observations should be repeated, escalates care to outreach teams and medical staff and tracks the response;
- ◆ Allows the "hospital at night" team to monitor patients from anywhere in the hospital.



How will we monitor progress?

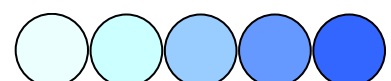
The system is fully transparent and auditable allowing for an in-depth analysis of activity and performance. This will enable the Trust to target those areas where additional support and education for medical and nursing teams may be required. Weekly and monthly performance reports will be produced for every ward area detailing the full sets of observations performed on patients; these reports will allow us to determine if appropriate escalation of care for sick patients took place at the right time. This information will be readily available for both the Heads of Nursing and Ward Matrons so that progress can be monitored and any issues promptly addressed. Our future goal is to display this information in a 'traffic light format' on every ward.

We also hope to clearly evidence (through the use of VitalPAC) a reduction in the number of cardiac arrest calls put out across the Trust. The introduction of this system should enable efficient, rapid escalation of sick patients through the Medical and Surgical Emergency Team calls, preventing patient deterioration into a full cardiac arrest. The Trust will be monitoring the cardiac arrest rate to evidence this.

Where will we report upon our progress and achievements?

The data that VitalPAC delivers will form part of the routine information delivered to the Heads of Nursing and Director of Nursing, this will allow for a focus on the ward areas where compliance to the Trust policy is low and will help to raise performance levels.

Our progress and achievements will be reported to the Patient Safety Group on a monthly basis alongside the Trust's cardiac arrest data. We will also be reporting regularly to the Board and will issue regular reports about both the implementation of the project and improvements in ward performance. This information will also be shared with the NHS Technology Fund who has funded 50% of the project costs.



Priorities for Improvement in 2014/15

2.3 Patient Experience

What is our Goal?

To improve our communication with, and listen, act upon and be responsive to the feedback we receive from our patients and their carers

This priority will focus on achieving the following:

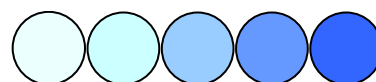
Continuing to implement the Patient Experience Strategy

There is a growing amount of evidence to show that improving patient experience can reap rewards not only for the patient, but for their families and carers, staff and the organisation as a whole. It can reduce a patient's anxiety and fear, speed the healing process and shorten length of stay.

We want to ensure that all of our patients, their families and their carers are treated with respect, dignity, compassion, courtesy and honesty. Our Patient Experience Strategy outlines eight commitments which were made to ensure the services we provide are of the highest standard possible. We began to implement the Strategy last year - it outlines what we are trying to achieve, who will make this happen and how we will measure progress.



During 2014/15 we will ensure that this work is further developed - we will expand our Patient Experience Champion Programme, continue with the Friends and Family Test, and continue to work with Healthwatch East Sussex to improve patient experience. We will learn and make changes from complaints and continue to engage with patients via quality engagement events.



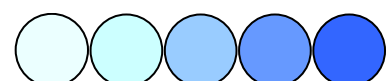


What does this mean for you?

- ◆ You will be asked to give us your feedback on your experience and we will act upon this to make improvements and spread good practice.
- ◆ We will listen to concerns and do our best to resolve these locally.
- ◆ You will be involved in decision about your care, treatment and pain management.
- ◆ You will be treated with dignity, respect and understanding.
- ◆ You will be appropriately supported where required for example assistance at meal times.

How will we monitor progress?

The Patient Experience Champions will be supported by the Patient Experience lead and will work collaboratively through network meetings to share best practice and lessons learned across the organisation and through the Patient Experience Steering Group.



The Friends and Family Test results will be available for all staff to view in real-time. Matrons will view their results frequently and will be trained to access the results on-line, in order that they can be displayed within their clinical areas. Reports will be provided to managers for review, and will be discussed at the Trust Board on a quarterly basis. In line with national guidance the Friends and Family Test from staff will also be developed within 2014/15 and reported on. Patient Experience data is used in various ways across the organisation. The Board will continue to receive information from Board Quality Walks which includes Patient and Staff experiences as a regular agenda item, as will its subcommittee, the Quality and Standards Committee (Q&SC). Patient Experience Data will also be cascaded throughout the organisation, and we will ensure that all staff have the opportunity to feedback and inform the actions taken to improve patient experience.

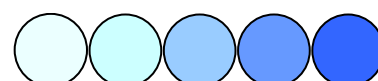
The Quality and Standards Committee will also receive a quarterly Patient Experience report which pulls together all of the key elements of patient experience data from across the organisation.

Where will we report upon our progress and achievements?

Progress with achieving these Patient Experience quality improvement initiatives will be monitored on a quarterly basis by the Trust Board. The Patient Experience Steering Group is the forum for reporting all patient experience activities on a monthly basis; this Group ensures that lessons are learnt widely across the Trust.



The Trust held an event in March 2014, the aim of which was to allow staff to come together and reflect upon their clinical practice, identifying how improvements can be made whilst considering the impact on patients, and how good practice can be celebrated.



Priorities for Improvement in 2014/2015

2.4 Patient Experience

What is our Goal?

To improve our communication with patients; listening acting upon and being responsive to the feedback we receive from our patients and their carers

This priority will focus on achieving the following:

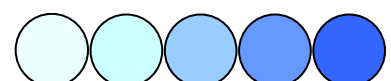
Ensure that we provide optimal care for patients in our care who have mental health disorders

Living with a mental health problem can often have an impact on day to day life, and make spending time in hospital a little more difficult - we want to ensure that people in our care receive any reviews or referrals to specialist mental health services promptly as required, that they are made fully aware of their rights, and that they are cared for by staff who have received adequate training in caring for people with mental health disorders.

What does this mean for you?

We will use a mental health triage tool to ensure that when people are admitted to hospital or need to attend the Emergency Department they have access to the appropriate resources in a timely manner.

Further training will be provided to all key staff to ensure that they have a full understanding of their responsibilities and legal obligations in relation to the Mental Health Act (MHA) 1983 and the associated Code of Practice. Senior staff will also have a working knowledge of relevant policies and guidelines to ensure that patients detained under the MHA 1983 whilst in our care are safe and that their rights are upheld. We will ensure that detained patients are given information about their rights under the Mental Health Act and that this information is explained on a regular basis and in a way that is easily understood. We will also ensure that this detail is recorded and that patients are given ready access to Advocacy services. All patients will be supported if they wish to appeal against their detention to the Tribunal and/or the Hospital Managers.



We will be working more closely with Sussex Partnership NHS Foundation Trust (SPFT) to reduce delays when a patient needs to be transferred, and will collaborate on how best to obtain specific views of detained patients about their experience whilst under the care of our staff. As part of service transformation we will also be taking action to improve the assessment areas in both Emergency Departments with the intention of making sure that there are separate liaison assessment areas available.

How will we monitor progress?

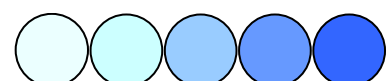


Patient experience will be monitored and audited through the existing Family and Friends Test; results will be analysed to determine if delays are occurring in obtaining specialist reviews for applicable patients with the aim of reducing delayed patient transfers to SPFT.

The Trust will work with SPFT to undertake an annual audit of patients detained under the Mental Health Act to ensure compliance and identify further improvements. Regular partnership meetings will also be held between SPFT and the Trust to ensure we are informed and aware of detention activity.

Where will we report upon our progress and achievements?

Activity and performance contract data will be reviewed at the quarterly meetings held between the Trust, SPFT and the Mental Health Liaison team; this will include the provision and uptake of Mental Health Act training delivered to our staff. Potential risks relating to the transfer of patients will be monitored and reviewed at performance review meetings to ensure that there is a process for learning and improvement and under the terms of our contract with SPFT they will provide an annual report to the Trust Board on the use of the Mental Health Act across the organisation



2.5 Statement of Assurance from the Board

Review of Services

During 2013/14 the East Sussex Healthcare NHS Trust provided and/or sub-contracted 71 NHS services.

The East Sussex Healthcare NHS Trust has reviewed all the data available to them on the quality of care in 71 of these NHS services.

The income generated by the NHS services reviewed in 2013/14 represents 100% of the total income generated from the provision of NHS services by the East Sussex Healthcare NHS Trust for 2013/14.

Participation in clinical audits

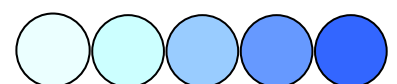
Clinical audit is used within East Sussex Healthcare NHS Trust to aid improvements in the delivery and quality of patient care, and should be viewed as a tool to facilitate continuous improvement.

The key component of clinical audit is that performance is reviewed to ensure that what *should* be done is *being* done, and if not it provides a framework to enable improvements to be made. It is effectively the review of clinical performance against agreed standards, and the refining of clinical practice as a result.

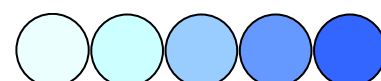


During 2013/14, 34 national clinical audits and 4 national confidential enquiries covered NHS services that East Sussex Healthcare NHS Trust provides. During that period East Sussex Healthcare NHS Trust participated in 94% of national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that East Sussex Healthcare NHS Trust was eligible to participate in during 2013/14 are as follows:



Peri and Neonatal
♦ Maternal infant and perinatal mortality (MBRRACE-UK)
♦ Neonatal intensive and special care (NNAP)
National Confidential Enquiry into Patient Outcome and Death
♦ Lower Limb Amputation
♦ Tracheostomy Care
♦ Subarachnoid Haemorrhage Study
♦ Alcohol Related Liver Disease
Children
♦ Childhood epilepsy (RCPH National Epilepsy 12 Audit)
♦ Diabetes (RCPH National Paediatric Diabetes Audit)
♦ Child Health Review
♦ Paediatric asthma (British Thoracic Society)
Acute Care
♦ Emergency use of oxygen (British Thoracic Society)
♦ National Cardiac Arrest Audit
♦ Adult critical care (ICNARC CMPD)
♦ National Audit of Seizure Management in Hospital (NASH)
♦ National Emergency Laparotomy Audit (NELA)
♦ Paracetamol Overdose (care provided in Emergency Departments) (CEM)
♦ Severe Sepsis & Septic Shock (CEM)
♦ Asthma (children) (CEM)
Long term conditions
♦ Inflammatory Bowel Disease Audit
♦ National Adult Diabetes Audit
♦ National Chronic Obstructive Pulmonary Disease (COPD) Audit
♦ Paediatric Bronchiectasis
♦ Rheumatoid and Early Inflammatory Arthritis
Elective Procedures
♦ Hip, knee and ankle replacements (National Joint Registry)
♦ Elective surgery (National PROMs Programme)
♦ Coronary angioplasty (NICOR Adult cardiac interventions audit)
♦ National Vascular Registry
Cardiovascular Disease
♦ Acute Coronary Syndrome / Acute Myocardial Infarction (MINAP)
♦ Heart failure (Heart Failure Audit)
♦ Stroke National Audit Programme (SNAP)
♦ Cardiac arrhythmia (CRM)



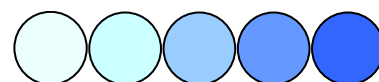
Cancer
♦ Lung cancer (National Lung Cancer Audit)
♦ Bowel cancer (National Bowel Cancer Audit Programme)
♦ Head & neck oncology (DAHNO)
♦ Oesophago-gastric cancer (National O-G Cancer Audit)
Trauma
♦ Falls and Fragility Fractures Audit Programme (FFFAP)
♦ Severe trauma (Trauma Audit & Research Network)
Blood Transfusion
♦ National Comparative Audit of Blood Transfusion: - Audit of patient information and consent - Audit of the use of Anti-D

East Sussex Healthcare NHS Trust participated in all of the above national audits during 2013/14 with the exception of the following:

- ♦ National Adult Diabetes Audit
- ♦ Paediatric Bronchiectasis

The national clinical audits and national confidential enquiries that East Sussex Healthcare NHS Trust did not participate in throughout 2013/14 are listed below:

National Audit Title	Reason for non participation
Paediatric Intensive Care	Not Applicable to ESHT
Congenital Heart Disease	Not Applicable to ESHT
Adult Cardiac Surgery	Not Applicable to ESHT
Renal replacement Therapy	Not Applicable to ESHT
Mental Health Clinical Outcome Review Programme	Not Applicable to ESHT
National Audit of Schizophrenia	Not Applicable to ESHT
Prescribing Observatory for Mental Health	Not Applicable to ESHT
National Adult Diabetes Audit	Please see explanation below
Paediatric Bronchiectasis	Please see explanation below



National Adult Diabetes Audit: Reason for non participation by East Sussex Healthcare NHS Trust

The Trust was unable to participate in the 2013/14 National Adult Diabetes Audit as the required specialist data collection software is unavailable for use across the organisation. The Diabetes Consultant Lead has estimated that the cost of purchasing the required software to be around £40,000 - unfortunately funding is not currently available. Please note that the Trust was able to participate in the National Diabetes Inpatient Audit, and the National Pregnancy in Diabetes Audit, both of which form part of the main National Adult Diabetes Audit.

Paediatric Bronchiectasis Audit: Reason for non participation by East Sussex Healthcare NHS Trust

No cases were reported within the Trust during the data collection time frame.

NCEPOD issued 2 reports in 2013/14:

Subarachnoid Haemorrhage: Managing the Flow (2013)

This NCEPOD report highlights the process of care for patients who are admitted with aneurysmal subarachnoid haemorrhage, looking both at patients that underwent an interventional procedure and those managed conservatively. The report takes a critical look at areas where the care of patients might have been improved. Remediable factors have been identified in the clinical and the organisational care of these patients.

Alcohol Related Liver Disease: Measuring the Units (2013)

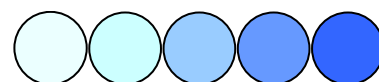
This NCEPOD report highlights the process of care for patients who are treated for alcohol-related liver disease and the degree to which their mortality is amenable to health care intervention. The report takes a critical look at areas where the care of patients might have been improved. Remediable factors have been identified in the clinical and the organisational care of these patients.

MBRRACE-UK (formally CMACE) Mothers and Babies Reducing Risk through Audits and Confidential Enquiries

The Women's Health unit continues to report information on the following:

- ◆ **Late fetal losses** – the baby is delivered showing no signs of life between 22⁺⁰ - 23⁺⁶ weeks of pregnancy
- ◆ **Terminations of pregnancy** – resulting in a pregnancy outcome from 22⁺⁰ weeks gestation onwards
- ◆ **Stillbirths** – the baby is delivered showing no signs of life after 24⁺⁰ weeks of pregnancy
- ◆ **Neonatal deaths** – death of a live born baby (born at 20 weeks gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring <28 completed days after birth.

UKOSS UK Obstetric Surveillance System

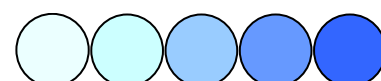


The UK Obstetric Surveillance System is a national system established to study a range of rare disorders of pregnancy, including severe 'near-miss' maternal morbidity. The Women's Health unit contributes, where possible, to their studies. Currently, UKOSS is collecting information on cases of:

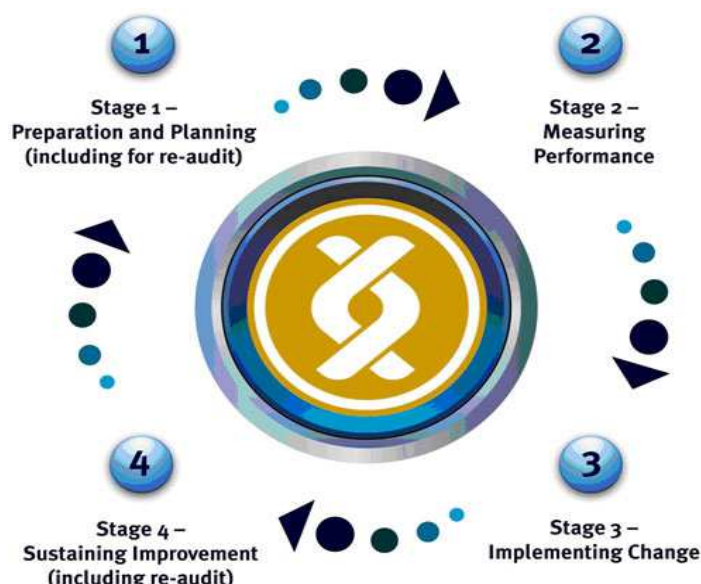
- ◆ Adrenal Tumours
- ◆ Advanced Maternal Age
- ◆ Amniotic Fluid Embolism
- ◆ Anaphylaxis in Pregnancy
- ◆ Artificial Heart Valves in Pregnant Women
- ◆ Aspiration in Pregnancy
- ◆ Cardiac Arrest in Pregnancy
- ◆ Primary ITP (Severe Primary Immune Thrombocytopenia (ITP) in Pregnancy)
- ◆ Stage 5 Chronic Kidney Disease (Chronic Renal Failure)

The national clinical audits and national confidential enquiries that East Sussex Healthcare NHS Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.



Title	Number of Cases submitted	% submitted of those required (where requested)
Lower Limb Amputation	7	100%
Tracheostomy Care	Included cases – 23 Case notes requested - 4	Insertion questionnaire 87% Critical care questionnaire 100% Wound care questionnaire 87% Case notes submitted 100%
Subarachnoid Haemorrhage	Secondary questionnaire 2 Organisational questionnaire 3	Secondary questionnaire 50% Organisational questionnaire 100%
Alcohol Related Liver Disease	Clinical questionnaires – 5 Case notes - 3 Organisational questionnaire -0	Clinical questionnaire 83% Case notes 50% Organisational questionnaire 0%
Paediatric Diabetes	<i>Information unavailable from the national team</i>	<i>Information unavailable from the national team</i>
Paediatric Asthma	5 (EDGH only)	25% (EDGH only)
Emergency use of oxygen	29	100%
Seizure Management in Hospital	30 (Conquest only)	100% (Conquest only)
Audit of the use of Anti-D	51	100%

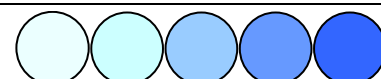


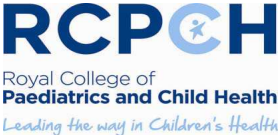

The Healthcare Quality Improvement Partnership (HQIP) Audit Cycle

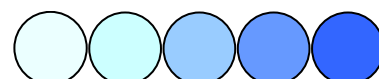





The reports of 6 national clinical audits were reviewed by the provider in 2013/14 and East Sussex Healthcare NHS Trust intends to take the following actions to improve the quality of healthcare provided:

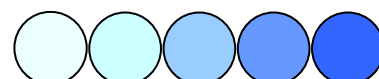
National Audit	Background	Proposed local action / outcome / recommendations
Paediatric Pneumonia 	<p>A national audit looking at community acquired pneumonia ('CAP' - defined as the presence of signs and symptoms in a child previously healthy due to an infection which has been acquired outside the hospital).</p> <p><u>Aims:</u> To enhance the Trust's management of, and compliance against the national British Thoracic Society (BTS) guideline standards, by examining cases over a three month period.</p>	<ol style="list-style-type: none"> 1. Reduce the number of investigations (e.g. chest x-rays, white blood cell counts) – provide teaching on pneumonia BTS guidelines and Trust standards, making staff fully aware how to treat and investigate patients (for example, chest radiography should not be considered a routine investigation in children thought to have CAP). 2. Participate in the national 2014/15 re-audit.
Enhancing Quality (EQ) Regional Pneumonia Audit 2013 	<p>The Trust actively participates in the EQ Audit programme which is an innovative clinician-led quality improvement programme across Kent, Surrey and Sussex. By clinicians analysing where to intervene for greatest quality improvement, EQ aims to improve patient outcomes and reduce variation in care for every patient, every time.</p> <p>Doctors and nurses are responsible for ensuring the clinical process measures are followed and that data is collected and outcomes monitored. This helps clinicians to identify where improvements can be made in care pathways and processes.</p>	<ol style="list-style-type: none"> 1. Timing of antibiotics – delays may be occurring due to an uncertainty about the diagnosis or that the drugs prescribed in A&E not given as a patient is moved to the Medical Assessment Unit (MAU). 2. Simple measures may improve clinical performance i.e. stickers, IT reminders. 3. To consider a more appropriate set of audit parameters for the next round.



National Audit	Background	Proposed local action / outcome / recommendations
<p>Facing the Future</p> 	<p>The RCPCH has launched a new project called “Facing the Future Together for Child Health” to look across the urgent care pathway at how we can improve paediatric care and health outcomes for children and young people with acute illness.</p> <p><u>Aims:</u> Firstly, to assess compliance against the standards across the UK and, through this process, build up a comprehensive picture of paediatric provision throughout the four nations. Secondly, and perhaps more vitally, the audit intended to assess the impact of the standards themselves. The project will build on the Facing the Future standards, expanding them into care outside the hospital setting with the aim of ensuring that high-quality care is always provided from first contact and reducing unnecessary attendances at emergency departments and admissions to hospital.</p>	<ol style="list-style-type: none"> 1. All Paediatricians must ensure they have successfully completed Level 3 in Child Protection training. 2. Consultant to ensure a reminder is sent out to staff regarding documentation (who the patient is seen by, and the time). 3. Clinical Governance Facilitator to provide administration to the department to ensure participation in the re-audit.
<p>Blood Sampling and Labelling Audit</p>  <p><i>Blood and Transplant</i></p>	<p>The British Committee for Standards in Haematology (BCSH) requires that all blood samples and requests for transfusion must carry four points of patient identification. In addition, it is a Medicines and Healthcare Products Regulatory Agency (MHRA) requirement that laboratories should have policies in place for requesting tests and that these policies are strictly adhered to. Robust sample rejection policies reduce the risk of assigning the wrong result to a patient but potentially lead to delay in availability of results and in delivery of compatible blood. Consistent application of national recommendations for sample labelling and acceptance across both hospital and reference laboratories would be a major contribution to improving patient safety.</p> <p><u>Aims:</u></p> <ul style="list-style-type: none"> ◆ To collect information on the quality of practice of collection and labelling of transfusion samples. ◆ To understand the reasons that sample labelling errors are made. ◆ To reduce the incidence of blood sample labelling errors. 	<p>The Associate Transfusion Practitioner examined rejection and error rates in sampling practice, as part of a national exercise to understand and address errors.</p> <p>Among the confounding factors relevant locally are issues faced by community-based practitioners who may not be fully aware of the requirements of the BCSH guidelines, such as signatory having been competency assessed, <u>not</u> using pre-printed labels, etc. Online training is available to address these factors in particular, where procedural misunderstanding rather than poor clinical practice is at issue.</p>



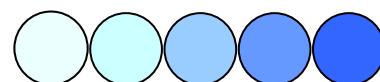
National Audit	Background	Proposed local action / outcome / recommendations
<p>Percutaneous coronary intervention (PCI) Audit</p>  	<p>Percutaneous coronary intervention (PCI) is used to treat patients with narrowed or blocked arteries that supply the heart muscle with blood.</p> <p>This national audit allows clinicians to assess key aspects of the patterns and quality of their care when performing PCIs. The British Cardiovascular Society (BCIS) has continuously audited PCI activity since 1988. Each hospital submits an annual paper return that summarises local PCI activity.</p> <p>The audit provides information on the:</p> <ul style="list-style-type: none"> ◆ Structure of the provision of PCI services across the UK. ◆ Clinical care and the treatment provided by each hospital, measured against national aggregated data and agreed national standards. ◆ Outcomes for patients such as complications, adverse cardiac events and death. 	<p>The Consultant lead for this audit has advised that there had been good outcomes in respect of the percentage of actual vs. predicted risk in patients undergoing a PCI suffering a 'Major Adverse Cardiac and Cerebrovascular Event' (MACCE). They stated that the rate of mortality in patients who had undergone a PCI was 4 deaths out of 81 procedures, which was just 4.9%.</p> <p>Both hospital sites have been rated as 'excellent' by the national audit team for data completion.</p>
<p>National Audit of Dementia</p> 	<p>The National Audit of Dementia was established in 2008 with funding from HQIP to examine the quality of care delivered to this growing sector of the community who are likely to be particularly vulnerable to care shortfalls.</p> <p><u>Aims:</u> For Trusts to be 90% compliant with the national core audit standards by July 2013 in order to deliver a world class service for patients with dementia and/or delirium that is clean, safe and personal every time.</p>	<p>Particular aspects of the Dementia management standards now form part of the Trust's Commissioning for Quality and Innovation (CQUINs) payments framework, absence of documented evidence of appropriate dementia care risks a substantial financial penalty. Action Plans have been produced to aid this required improvement with a particular emphasis placed on dementia education activity. It was noted that governance processes around dementia were considered sound; the drive will be towards improving compliance around clinical assessment.</p>



The reports / results of 103 local clinical audits were reviewed by the provider in 2013/14.

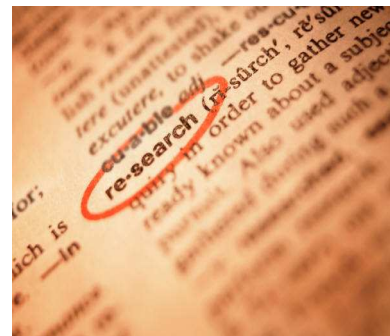
Examples of the actions the Trust intends to take to improve the quality of healthcare provided are detailed below:

Title / Recommendations
<p>2998 - Stroke Thrombolysis Audit</p> <p>In July 2013 we centralised hyper acute and acute stroke services at the Eastbourne DGH and increased stroke rehabilitation beds at Bexhill Irvine Unit from 12 to 18. The changes were focussed on improving the quality of the service, making it safer with better outcomes for patients who suffer a stroke. These changes support the implementation of the learning from this audit:</p> <ol style="list-style-type: none">1. It is important to thrombolyse stroke patients as soon as possible to give them the best chance of recovery.2. Decision to thrombolyse should be made as soon as the National Institute of Health Stroke Scale (NIHSS) assessment is done so that thrombolysis can commence as soon as a CT report is received.3. Stroke patients should be sent to the stroke ward within four hours of arrival to hospital for Hyper acute stroke care.4. Audit to be presented additionally at the Eastbourne DGH to share learning.
<p>3097 - A review of seizure related deaths and serious morbidity and sudden unexpected deaths in children and young people with epilepsy</p> <ol style="list-style-type: none">1. There is a need for rigour in the diagnostic process; this is likely to be aided by the involvement of the paediatric neurologist.2. There is a need for clear documentation of any reasons behind any divergence from the National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines.3. Different formulations of buccal midazolam give rise to potential medication errors – staff education is required with regard to this issue.
<p>3153 – Community Services in Rehabilitation</p> <ol style="list-style-type: none">1. Comprehensive geriatric assessments for all patients aged >75 using a clerking proforma to aid in a standardised assessment. This will enable recognition of acute and chronic medical conditions and optimise treatment to enable rehabilitation. It will also help to identify patients who have poor rehabilitation potential as a result of a significant level of frailty or life-limiting diagnoses and support discharge planning.2. Admissions pathway for stroke and generic rehabilitation which involves:<ul style="list-style-type: none">◆ providing a structured admission whereby assessments made will allow early decisions on the need for further therapy or discharge planning if rehabilitation is not appropriate;◆ regular meetings with patients to discuss goals to ensure a patient-orientated approach;◆ encourage goal setting to be specific with aim to review progress at a set time by the MDT.



Research

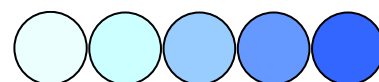
The number of patients within East Sussex Healthcare NHS Trust in 2013/14 recruited to participate in research studies and approved by a research ethics committee was 498. This demonstrates a continuing increase in enabling patients to participate in research activity. We undertake in depth interventional studies which enable patients with rare conditions to benefit from participating in novel research interventions and we aim to increase our overall recruitment by a further 18% in 2014/15 varying the portfolio to include new specialities and more observational studies.



Participation in clinical research supports the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. During 2013/14 the Trust was involved in conducting 76 clinical research studies, actively recruiting in Oncology, Cardiovascular, Haematology, Dermatology, Diabetes and Endocrinology, Stroke, Paediatrics, Ageing, Rheumatology and Musculoskeletal, Gastroenterology, Physiotherapy and Primary Care which is an increase of around 22% from the previous year. We have approximately 51 studies in follow up, these studies are closed to recruitment but the follow up period can last for several years and there are a further 27 studies where an expression of interest has taken place, or where studies are progressing through the Research and Development governance process.

74 members of clinical staff in the Trust participated in research approved by a Research Ethics Committee during 2013/14, covering 13 medical specialties. 46 publications have resulted from our involvement in National Institute for Health Research (NIHR), which demonstrates our commitment to transparency and the desire to improve patient outcomes and experience across the NHS. These were cited within a number of medical publications. The specialties included Cardiovascular, Orthopaedic, Stroke, Radiology, Histopathology, Haematology, Paediatrics, Rheumatology, and Ophthalmology. There are further papers arising from current studies that have yet to progress to publication.

Research activity throughout 2013/14 continued to be funded by Surrey and Sussex Comprehensive Local Research Network (SSCLRN). From April 2014 this organisation will merge with Kent and become the Kent Surrey and Sussex Clinical Research Network (KSS CRN). Funding for the new organisation has been agreed by the Department of Health and will remain unchanged for the forthcoming year. Funding is dependent on performance in meeting the set up and recruitment targets set by NIHR, since late April 2013 set up times have met the required metric (80% approved within 30 days).

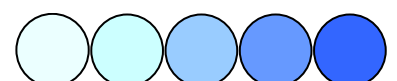


The Trust will continue to increase the opportunities for patients to participate in research activities and support research active clinicians and practitioners, with an aim to develop research into novel areas for the Trust and also support clinicians new to research. We are committed to developing a research minded culture and the Trust Research and Development Department has developed Scientific Meeting events to enable research and audit studies undertaken within the Trust to reach a wider audience.

The first scientific meeting called was held in April 2014 and was attended by over 70 healthcare professionals from across the organisation. The event was organised to raise the profile of research and bring together clinicians in a scientific forum to share their research.



Our engagement with clinical research demonstrates East Sussex Healthcare NHS Trust's commitment to testing and offering the latest evidence based medical treatments and techniques.



Goals agreed with commissioners

Use of the CQUIN payment framework

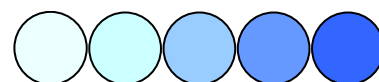
A proportion of East Sussex Healthcare NHS Trust income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between East Sussex Healthcare NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. In 2013/14 our CQUIN schemes covered:

- ◆ National schemes: VTE; Dementia; NHS Safety Thermometer; Friends and Family Test.
- ◆ Local schemes: End of Life Care; Urgent Care; Clinical Correspondence; Planned Care.
- ◆ Specialised Services schemes: Quality Dashboard for specialised services; Reducing the incidence of preventable acute kidney injury; Access to and impact of clinical nurse specialist support on patient experience.

Details of some of the work to improve quality in these areas are already outlined in this Quality Account.

In 2014/15 our agreed CQUIN goals are:

	CQUIN	Performance level required to achieve 100% funding
National Scheme	Dementia	90% or greater for the FAIR assessment to achieve 100% funding Other 2 indicators would need to achieve all national requirements to achieve 100% of allocated funding.
National Scheme	Friends and Family Test	100% of scheme requirements to achieve 100% funding
National Scheme	NHS Safety Thermometer -	95% or greater of improvement target to achieve 100% funding
Local Scheme	Clinical correspondence – 7 schemes	100% of agreed performance/targets to achieve 100% funding
Local Scheme	Mortality Review and Database	95-100% of agreed performance to achieve 100% funding
Local Scheme	Frailty – Patient Moves	TBC following Audit in Q1 and subsequent target setting
Local Scheme	COPD Discharge Bundle	100% of agreed performance/targets to achieve 100% funding
Local Scheme	Ambulatory Emergency Care pathway	100% of agreed performance/targets to achieve 100% funding
Local Scheme	Reduction of avoidable pressure ulcers via an integrated approach with local health and social care providers.	100% of agreed performance/targets to achieve 100% funding

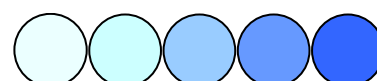


What others say about East Sussex Healthcare NHS Trust...

Care Quality Commission (CQC)

East Sussex Healthcare NHS Trust is required to register with the Care Quality Commission and our current registration status is:

Regulated Activity:	Location													
	Uckfield Community Hospital	Sturton Place Dental Clinic	Station Plaza Health Centre	St Anne's House	Seaford Health Centre	Rye Memorial Hospital	Peacehaven Health Centre	Orchard House	Lewes Victoria Hospital	Ian Gow Memorial Health Centre	Hailsham Health Centre	Eastbourne Park Primary Care Centre	Eastbourne District General Hospital	Crowborough War Memorial Hospital
	Crowborough Birthing Centre	Conquest Hospital	Bexhill Hospital (inc Irvine Unit)	Avenue House	Arthur Blackman Clinic									
Treatment of disease, disorder or injury	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦
Surgical procedures	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦
Diagnostic & screening procedures	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦
Maternity & midwifery services														
Termination of pregnancies														
Family Planning Services	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦	✦
Assessment / medical treatment of persons detained under the Mental Health Act														
Management of supply of blood and blood derived products														
Accommodation for persons who require nursing or personal care														



The Trust is registered with the Care Quality Commission with no conditions attached to registration.



The CQC have made several unannounced visits to various sites across the Trust during 2013/14 and found the majority to be fully compliant with the essential standards of quality and safety. They have not taken enforcement action against the Trust in 2013/14

Full copies of all the reports can be accessed at <http://www.cqc.org.uk/directory/RXC>.



Staff Survey 2013

The NHS Staff Survey has been completed by NHS organisations annually since 2003; its purpose is to collect staff views about working in their local NHS Trust. The CQC uses the staff survey to provide information on national performance measures and as part of the ongoing monitoring of registration compliance.

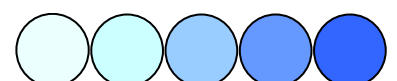
For the Trust, the survey helps to assess the effectiveness and application of policies and strategies on for example, training, flexible working policies, and safety at work, and helps to inform future developments in these areas. The survey also monitors performance against the four staff pledges of the NHS Constitution: these pledges clarify what the NHS expects from its staff and what staff can expect from the NHS as an employer.

The survey was conducted between October and December 2013; the results were published in February 2014, and an analysis of them has been undertaken to identify and agree actions to be taken to address any areas of concern.

37% of staff at East Sussex Healthcare NHS Trust took part in this survey compared with a response rate of 51% in 2012.

There are two ways of scoring responses to questions:

1. % scores which indicate the percentage of staff giving a particular response to a question or a series of questions.
2. Scale summary scores which convert staff responses to questions into scores, with the minimum being 1 and the maximum being 5.



The tables below summarise the Trust's top and bottom ranking scores:

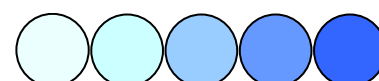
Top 5 Ranking Scores		
Key Finding	ESHT 2013	Average Acute Trusts 2013
KF13 - % of staff witnessing potentially harmful errors, near misses or incidents in last month	29%	33%
KF16 - % of staff experiencing physical violence from patients, relatives or the public in last 12 months	13%	15%
KF5 – % of staff working extra hours	68%	70%
KF17 - % of staff experiencing physical violence from staff in last 12 months	2%	2%
KF20 - % of staff feeling pressure in last 3 months to attend work when feeling unwell	28%	28%

Bottom 5 Ranking Scores		
Key Finding	ESHT 2013	Average Acute Trusts 2013
KF25 – Staff motivation at work	3.66	3.86
KF6 - % of staff receiving job-relevant training, learning or development in last 12 months	75%	81%
KF15 - Fairness and effectiveness of incident reporting procedures	3.33	3.51
KF2 – % of staff agreeing that their role makes a difference to patients	87%	91%
KF1 – % of staff feeling satisfied with the quality of work and patient care they are able to deliver	70%	79%

Five significant key findings where staff experiences have deteriorated at East Sussex Healthcare NHS Trust since the 2012 survey:

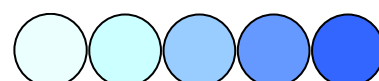
Key Finding	ESHT 2013	ESHT 2012
KF – 14 % of staff reporting errors, near misses or incidents witnessed in the last month	87%	94%
KF – 11 % of staff suffering work-related stress in last 12 months	42%	36%
KF – 25 Staff motivation at work	3.66	3.77
KF3 Work pressure felt by staff	3.24	3.13
KF 24 – Staff recommendation of the trust as a place to work or receive treatment	3.28	3.40

The following section presents each of the 28 Key Findings using data from the Trust's 2013 survey, and compares these to other acute Trusts in England and to the Trust's performance in the 2012 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution, and the two additional themes of staff satisfaction and equality and diversity. **Positive findings** are indicated with a **green arrow** (e.g. where the 2013 Trust score has improved since 2012), **negative findings** are highlighted with a **red arrow** (e.g. where the 2013 Trust score has deteriorated since 2012) - where comparisons are possible. The = sign indicates there has



been no statistically significant change in the key finding since 2012 (as determined by the National NHS Staff Survey Co-ordination Centre).

Key Finding	ESHT 2013 (▲/▼ against ESHT 2012 score)	ESHT 2012	Average Acute Trust 2013
Staff Pledge 1 – To provide staff with clear roles, responsibilities, and rewarding jobs.			
KF1 - % of staff feeling satisfied with the quality of work and patient care they are able to deliver	70%=	73%	79%
KF2 - % of staff agreeing that their role makes a difference to patients	87%=	88%	91%
KF3 - Work pressure felt by staff	3.24 ▼	3.13	3.06
KF4 - Effective team working	3.66 =	3.65	3.74
KF5 - % of staff working extra hours	68% =	68%	70%
Staff Pledge 2 – To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed.			
KF6 - % of staff receiving job-relevant training or development in the last 12 months	75%=	76%	81%
KF7 - % of staff appraised in last 12 months	79% =	79%	84%
KF8 - % of staff having well structured appraisals in the last 12 months	29% =	32%	38%
KF9 – Support from immediate managers	3.48 =	3.51	3.64
Staff Pledge 3 – To provide support and opportunities for staff to maintain their health, well-being, and safety.			
KF10 - % of staff receiving health and safety training in the last 12 months	73% =	70%	76%
KF11 - % of staff suffering work related stress in the last 12 months	42% ▼	36%	37%
KF12 - % of staff saying hand washing materials are always available	51% =	53%	60%
KF13 - % of staff witnessing potentially harmful errors, near misses or incidents in the last month	29% =	31%	33%
KF14 - % of staff reporting errors, near misses or incidents witnessed in the last month	87% ▼	94%	90%
KF15 – Fairness and effectiveness of incident reporting	3.33 =	3.35	3.51
KF16 - % of staff experiencing physical violence from patients, relatives or the public in the last 12 months	13% =	14%	15%
KF17 - % of staff experiencing physical violence from staff in the last 12 months	2% =	2%	2%
KF18 - % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31% =	32%	29%
KF19 - % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	26% =	23%	24%
KF20 - % of staff feeling pressure in the last 3 months to attend work when feeling unwell	28% =	29%	28%



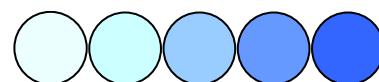
Key Finding	ESHT 2013 (▲/▼ against ESHT 2012 score)	ESHT 2012	Average Acute Trust 2013
Staff Pledge 4 – To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.			
KF21 - % of staff reporting good communication between senior management and staff.	19% ▼	21%	29%
KF22 - % of staff able to contribute to improvements at work.	61% =	63%	68%
Additional Theme – Staff satisfaction			
KF23 – Staff job satisfaction	3.45 =	3.49	3.60
KF24 – Staff recommendation of the Trust as a place to work or receive treatment	3.28 ▼	3.40	3.68
KF25 – Staff motivation at work	3.66 ▼	3.77	3.86
Additional Theme – Equality and Diversity			
KF26 - % of staff having equality and diversity training in last 12 months	53% =	51%	60%
KF27 - % of staff believing the Trust provides equal opportunities for career progression or promotion	84% =	89%	88%
KF28 - % of staff experiencing discrimination at work in the last 12 months	12% =	11%	11%

Staff Survey Comments from our Chief Executive

“We welcome the publication of the staff survey and will use the feedback to maintain and improve the working environment and experiences of our staff. Maintaining and developing a skilled and motivated workforce is a top priority for the Trust and we recognise that the majority of our staff are committed to providing the best possible care for patients.

The last year has been a particularly challenging one for both the NHS nationally and for East Sussex Healthcare NHS Trust, and the results of the survey will be used to help us concentrate our efforts to improve and we will be developing plans to achieve this.

Given the challenges facing the organisation over the past year, I don't think our results are a surprise. As an organisation we continue to perform well, for example, we have maintained the quality and safety of our services and are meeting our key performance indicators. We now need to work with staff to understand the issues they have and what we can do to resolve them. The health and well-being of our staff is extremely important to us and we will be working with our doctors, nurses and all other staff to ensure their concerns are addressed.”



Friends and Family Test

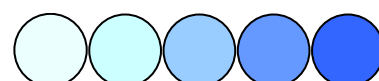
The Trust has implemented the Friends and Family Test which provides an opportunity for patients to feedback on the care and treatment they receive and to influence service improvement. Patients are asked whether they would recommend hospital wards, Maternity services and A&E departments to their friends and family if they needed similar care and treatment. This means every patient in these departments are able to give feedback on the quality of the care. The scores are published on NHS Choices and NHS England score and are used to benchmark ESHT against other Trusts in the country including all specialist hospitals. East Sussex Healthcare NHS Trust has maintained positive scores in all areas throughout 2013/14.

Data Quality

Data quality dashboards produced by the Health & Social Care Information Centre (HSCIC) indicate that East Sussex Healthcare NHS Trust is the best performing trust in the Surrey & Sussex region for data validity. During 2014/15 we will be taking the following actions to maintain and improve data quality:



- ◆ Launching the Data Quality Steering Group to provide direction and ownership for the delivery of data quality.
- ◆ Providing regular data quality reports to the Quality & Standards Committee.
- ◆ Participation in both internal and external audits of clinical coding quality to ensure validity and accuracy of clinical coding.
- ◆ Undertaking a second re-audit of completeness of NHS Numbers to ensure continued progress.
- ◆ Validating correct attribution on the Patient Administration System of GP Practice through the national register (SPINE).
- ◆ Supporting Clinical Units to identify their areas for data quality improvement and provide training and education
- ◆ Identifying long term data issues and determine actions to overcome these.
- ◆ Collaborating with other Data Quality Unit's to share good practice.
- ◆ Striving to be in the top 30 best performers in England for Data Quality.



NHS Number and General Medical Practice Code validity

East Sussex Healthcare NHS Trust submitted records during April 2013 – March 2014 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

◆ Which included the patient's valid NHS number was:

99.6% for admitted patient care; (national rate 99.1%)
99.7% for out-patient care; and (national rate 99.3%)
98.6% for accident and emergency care. (national rate 96.0%)

◆ Which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for out patient care; and
100% for accident and emergency care.

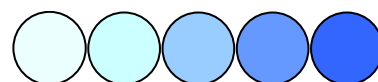
Information Governance Toolkit attainment levels

As a key part of the Information Governance agenda, the Department of Health and the NHS Connecting for Health (CfH) jointly produced an Information Governance Toolkit. This web-based tool was launched in late 2003 and represents Department of Health policy on issues relating to safe and effective information governance.

The Toolkit has been made available to assist organisations to achieve the aims of Information Governance, and currently encompasses:

- | | |
|--|-----------------------------------|
| ◆ Information Governance Management | ◆ Information Quality |
| ◆ The Confidentiality NHS Code of Practice | ◆ Records Management |
| ◆ Data Protection Act 1998 | ◆ Freedom of Information Act 2000 |
| ◆ Information Security | |

East Sussex Healthcare NHS Trust's Information Governance Assessment Report score overall score for 2013/14 was 69% and was graded '**green**' or 'satisfactory'.

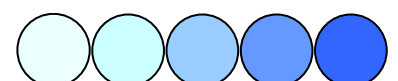


Clinical coding

There is an ongoing internal audit process that is carried out within the Clinical Coding Department by the Clinical Coding Data Quality and Audit Manager. This looks at inpatient coding and ensures that areas of concern are checked and that clinical coding training needs are highlighted for appropriate attention. Compliance with the Information Governance Toolkit requirements (v.11) as described above is essential and has been reviewed by the Trust's independent internal auditors.

Recent internal audits have looked at:

- ◆ Emergency Respiratory admissions
- ◆ Enhanced cataract surgery
- ◆ Post-operative sepsis
- ◆ Out of Hospital Cardiac Arrests
- ◆ Orthopaedic fixations
- ◆ Community coding



Part 3

1. Review of quality performance in 2013/2014
2. Statements from our key stakeholders

This section of the report details our progress in delivering our improvement areas identified in last year's Quality Account, and our quality performance throughout 2013/2014.

Key to Quality Improvement Priority Achievements:

- ✓ Goal achieved
- ☑ Goal not fully achieved but improvements made
- ✗ Improvements not demonstrated

In last year's Quality Account five areas for improvement were identified:

Patient Safety

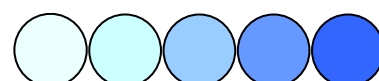
Patients are safe and free from harm:

1. Patient Safety Thermometer

- ◆ Maintaining harm free care at 90% and above

2. Releasing Time to Care: the Productive Community Series

- ◆ Improve processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency



Clinical Effectiveness

Caring for vulnerable patients:

1. Cardiology – Improve the patient experience for those diagnosed with heart failure

- ◆ Increase community based services for cardiology patients
- ◆ Provide direct admission to cardiology services when required

Patient Experience

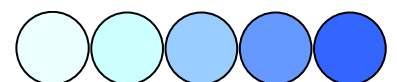
Providing personalised, dignified, respectful and compassionate care:

1. Implementation of our Patient Experience Strategy

- ◆ Introduce Patient Experience Champions across the Trust
- ◆ Implement the NHS Friends and Family Test
- ◆ Increase the amount of 'Easy Read' leaflets
- ◆ Introduce the use of Patients Diaries

2. Supporting Children and Young People

- ◆ Children with long term conditions and disability will be supported to stay at home
- ◆ Enable children to be discharged from hospital earlier



3.1 Patient Safety

Patients are safe and free from harm:

1. Patient Safety Thermometer

- ◆ Maintaining harm free care at 90% and above

✓ Patient Safety Thermometer

Improving patient safety involves assessing how patients could be harmed, preventing or managing risks, reporting and analysing incidents, learning from such incidents and implementing solutions to minimise the likelihood of them happening again.

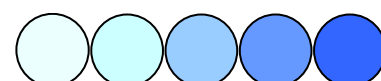
The NHS Safety Thermometer helps NHS teams in their aim to eliminate harm in patients from four common conditions: **Pressure ulcers, Falls, Urinary tract infections in patients with a catheter and Venous Thromboembolism (VTE)**

Why we chose this priority:

These conditions affect over 200,000 people each year in England alone, leading to avoidable suffering and additional treatment for patients and a cost to the NHS of more than £400 million. The 'harm free care' programme supports the NHS to eliminate these four harms through one plan within and across organisations. This builds on existing improvement work and can be implemented at local level and integrated with existing routines. It helps organisations to consider complications from the patient's perspective, with the aim of every patient being 'harm free' as they move through the system.

Through using the NHS Safety Thermometer during their working day, teams can measure harm and the proportion of patients that are 'harm free', for example at shift handover or during ward rounds.

The Safety Thermometer provides a 'temperature check' and can be used alongside other measures of harm to measure local and organisational progress. It is a national tool that was not designed to compare organisations: it requires local discussion, interpretation and implementation and should be used to drive improvement. By adopting a 'harm free care' approach to patient safety ESHT have implemented many initiatives including the 'Essential Care Rounds' which ensure patients are approached on a regular basis and that their needs are promptly addressed.



What we were aiming to achieve in 2013/14:

As pressure ulcers are nationally the largest harm they were also chosen as our local improvement target. Using a baseline taken from the implementation of the NHS Safety Thermometer in 2012/13, the Trust agreed to reduce the prevalence of all pressure ulcers across the whole health economy of East Sussex by 25% – 30%. This was a reduction in pressure ulcers that were acquired not only whilst patients were in the care of ESHT but also if they were living alone, receiving care from a care agency or residing in a care home. We agreed that this reduction would be made within 6 months and then maintained for a further 6 months.

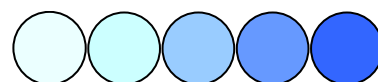
2013/14 Results:

ESHT maintained an average of over 90% harm free care for 2013/14, with regards to pressure ulcers a reduction of 26.48% was made in the first 6 months of the year - the challenge has been in maintaining this reduction. To date 96.78% of this initial reduction has been maintained. Nationally and locally it is acknowledged that approximately 75% of pressure ulcers are acquired outside of provider organisations such as East Sussex Healthcare NHS Trust. In addition to the success of pressure ulcer reduction, the Safety Thermometer data has revealed a reduction in falls, urinary tract infections in patients with a catheter and incidences of venous thromboembolism (VTE).

Improvements delivered in 2013/14:

A number of initiatives have been put in place that has contributed to the reduction in pressure ulceration. They include:

- ◆ Development of a pressure ulcer prevention plan
- ◆ Development of a pressure ulcer prevention patient information leaflet
- ◆ Distribution of a pressure ulcer prevention staff leaflet to all ESHT staff
- ◆ A series of workshops held in by the Tissue Viability Nurse Service to promote the use of these documents
- ◆ Promotion of the global “Stop the Pressure Ulcer” day in November 2013
- ◆ The use of the “5 smiles” as a logo on emails to raise awareness of good pressure ulcer care and SSKIN (Skin assessment, Support surface, Keep moving, Incontinence/moisture control and Nutrition)
- ◆ The formation of a Pressure Ulcer Prevention Multi-Agency Group to share ideas and processes and drive development in the wider health economy
- ◆ Participation in the organisation and delivery of a pressure ulcer conference for care home staff hosted by NHS Surrey and Sussex Senior Nurses Forum



3.2 Patient Safety

Patients are safe and free from harm:

2. Releasing Time to Care: the Productive Community Series

- ◆ Improve processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency

✓ **Releasing Time to Care**

The Productive Community Series is an initiative developed by the NHS Institute for Innovation and Improvement with the ultimate aim of releasing more time for frontline staff to spend on patient care. The initiative focuses on improving processes and environments to help nurses and therapists spend more time on patient care, thereby improving safety and efficiency.

Why we chose this priority:

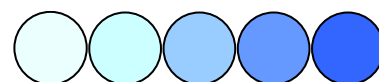
The Productive Community Series is a system used to promote the engagement of staff in addressing not only patient safety and quality, but also the reliability of care, productivity, efficiency and staff well-being and was highlighted as an area for improvement by the CQC when they visited the District Nursing Service. As care shifts away from acute settings, community services play a crucial role and the use of the Productive Community Series Programme was an opportunity to revitalise our workforce and increase the Trust's capacity to care for patients in local settings.

What we were aiming to achieve in 2013/14:

We wanted all community nursing teams to complete the 'well organised workspace' module as a basis for future work to ensure that valuable clinician time could be made available by having well organised supplies and stores, and to pool the responsibility for stock control and ordering to ensure that there was consistency, cost effectiveness and efficient use of administrative resources in the community. We also wanted to use the principles of 'knowing how we are doing' to create a performance measurement tool for each locality team so that we could more accurately define our demand and capacity by consistently applying a methodology for knowing our 'patient status at a glance'.

2013/14 Results:

All community areas have implemented the foundation module 'well organised workspace' in their store areas. A proportion of stock control and ordering has been centralised to designated administrative staff for all locality teams, which has helped to reduce over-ordering and improve

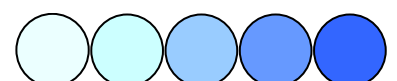


stock control. Administration time has been released and storage areas are being used more efficiently.

Improvements delivered in 2013/14:

The standard operating procedure for caseload management allows District Nurses to apply a consistent methodology when triaging their patients, and allows for greater transparency and communication about how we are assessing and responding to demands. The use of a colour coded system helps teams understand the status of their patients and caseloads at a glance.

A monthly performance template has also been developed, this allows Lead Nurses to share information at monthly team meetings about complaints, incidents that have occurred and workforce issues such as sickness rates and training needs, and allows them to plan improvements.



3.3 Clinical Effectiveness

Caring for vulnerable patients:

1. Cardiology – Improve the patient experience for those diagnosed with heart failure

- ◆ Increase community based services for cardiology patients
- ◆ Provide direct admission to cardiology services when required

✓ **Cardiology**

Over 900,000 people in the UK live with Heart Failure, early identification through assessment and positive intervention can improve quality of life. Heart Failure accounts for 5% of all admissions into hospital.

Our aim for 2013/14 was to improve the patient experience of those diagnosed with heart failure through the integration and development of specialist cardiac care.

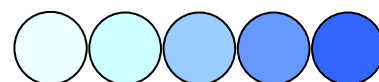
Why we chose this priority:

We wanted to increase our community based services for cardiology patients with an emphasis on heart failure and provide direct admission to cardiology services when required.

Ensuring compliance with national standards for treatment times promotes more favourable outcomes for patients - in the past there has been a variation in the outcomes for patients with heart failure, including high death rates and re-admission rates nationally.

What we were aiming to achieve in 2013/14:

- ◆ Improve the overall patient experience
- ◆ Enable early discharge from the hospital, therefore reducing the length of stay for our patients
- ◆ Improve access to dieticians and physiotherapy specialists through cardiac rehabilitation service redesign
- ◆ Increase reviews by cardiac consultants
- ◆ Introduce telehealth for heart failure patients to remotely monitor blood pressure and weight



2013/14 Results:

Over the past year we have:

- ◆ Increased our community based services for cardiology patients with an emphasis on heart failure
- ◆ Reduced the number of hospital admissions
- ◆ Introduced a new way of managing and supporting symptom control in the community, for example the use of subcutaneous Frusemide
- ◆ Provided direct admission to cardiology services when required
- ◆ Improved the management of Heart Failure
- ◆ Built up links with GP's, hospital and community colleagues
- ◆ Reduced length of stay for patients with a primary diagnosis of heart Failure
- ◆ Improved our management of 'End of Life care' for Heart Failure patients
- ◆ Provided educational events i.e. for Emergency Department and hospice staff.

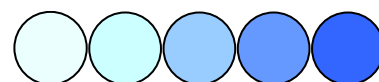
We carried out a small study of patient experience earlier this year, questionnaires were sent to patients in July, October and February who had been discharged from the acute setting and had received continued care from the community heart failure service users,

Of the 26 patients contacted who were discharged in October and November 15 replies were received. The overall feedback so far has been that patients were generally satisfied with their care; 69% of patients really understood their diagnosis; 84% felt that they got the care that mattered to them; 100% of patients said that they had had their medicine/tablets explained in a way they could understand and 100% of patients stated that they were aware who to contact if they were worried about their condition or treatment after they left hospital.

Improvements delivered in 2013/14:

We have tried to ensure that where clinically possible patients with heart failure are cared for on a Cardiology inpatient ward. Following the re-design of the medical model the emphasis is on patients receiving specialist care on dedicated wards to support the heart failure pathway.

We have developed the skills of the nurses that work on these wards so they are able to advise heart failure patients, and have established a community heart failure service to improve the treatment and subsequent outcomes for these patients. We are redesigning cardiac rehabilitation services to offer more choice of where this takes place alongside a multidisciplinary approach to the patient rehabilitation.



3.4 Patient Experience

Providing personalised, dignified, respectful and compassionate care:

1. Implementation of our Patient Experience Strategy

- ◆ To improve our communication with, and listen, act upon and be responsive to the feedback we receive from our patients and their carers

✓ Implementation of our Patient Experience Strategy

We outlined a number of initiatives in last year's Quality Account to support the implementation of our Patient Experience Strategy. This section highlights the work of our Patient Experience Champions.

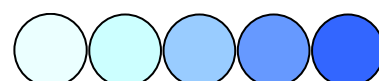
The aim of the Patient Experience Champion Programme is to engage with and empower staff at all levels to deliver an excellent patient experience. This is achieved by providing a framework to enable local staff to continually listen and learn from our patients' experiences to make a real difference to patients receiving care in their ward, department or service. It supports partnership working with fellow colleagues by sharing and making trust wide improvements.

Why we chose this priority:

Patient Experience is about delivering high-quality care and is everyone's business; it requires champions in the board room and at the bedside. It is therefore imperative that health and social care organisations demonstrate behaviours which are consistent with high standards of care and compassion. To enable this to happen Patient Experience Champions have been identified and the role has been developed. Patient Experience, as with any development within an organisation, needs to be supported and addressed at every level and embedded into practice. Our Patient Experience Champions are a critical part of this process as they are continually listening and challenging practice to ensure that we learn from our patients' experiences.

What we were aiming to achieve in 2013/14:

The intention of this programme was to ensure that individuals within the organisation led and developed practice in their area by improving patient experience and satisfaction relating to privacy, dignity and respect. Our aim was to create a 'movement' of champions Trust-wide to own and drive the patient experience agenda and priorities at 'local level'.



The Patient Experience Champions used the 8 commitments within the Patient Experience Strategy as a core element of their focus.

They were encouraged to:-

- ◆ Stand up and challenge disrespectful behavior to staff and patients.
- ◆ Act as positive role models by treating others – staff and patients with respect, particularly those who are less able to stand up for themselves.
- ◆ Speak up about 'Patient Experience' and specifically 'dignity' to improve the way that services are organised and delivered.
- ◆ Listen to and understand the views and experiences of our patients / service users.

2013/14 Results:

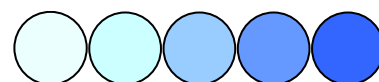
Our year-on-year patient experience scores relating to patient experience (national inpatient survey) have seen a steady rise. In addition, our patient experience bedside survey results indicate a considerable improvement over the past 12 months. This is attributable to a number of patient experience initiatives including the Patient Experience Champions.

Improvements delivered in 2013/14:

There are now over 100 Patient Experience Champions within the Trust who are active role models for all members of staff in continuously looking at ways in which we can improve the patient experience. They have been encouraged to be aware of feedback within their areas and act upon it. This includes feedback from patient surveys, PALS, complaints and media sites such as NHS Choices and Patient Opinion. Templates for displaying "you said, we did" have been delivered to all wards and departments to demonstrate our commitment to listening to patient feedback.

Recent meetings with Champions have included an important session on how we address people and the language we use. This is strengthening our commitment to being patient centred. A short workbook is also available for Champions to complete. Champions are encouraged to reflect upon how they can promote these commitments in their own areas and across the organisation. One of the Patient Experience Champions recently stated that *'Each patient is unique, with their own history, experiences, and expectations to share. Listening to our patient experiences and acting on them is a key factor in making positive supported changes through positive attitudes and behaviour. The opportunity to share and meet with other champions provides a great knowledge of resources to draw on. Sometimes just a smile, holding someone's hand or taking a few minutes to listen to concerns can make such a difference to the patient's perception of care received. Providing our patients with clear expectations of the care and services we can provide, with a forum to make positive changes is exciting and challenging and very rewarding.'*

On February 7th 2014 the Patient Experience Champions were involved in setting up displays around the Trust to promote National Dignity Day, a lot of work went into the displays and they were well received by visitors to the Trust.



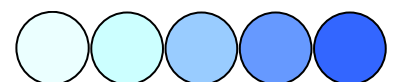


National Dignity Day – February 2014

In addition to the Champions, we have held a number of engagement events throughout the year and a second patient experience conference on 24th March 2014 with positive feedback. A service user Champion commented: *'It was good to meet frontline staff and other service users at the Patient Experience Event in March. It was a great opportunity to hear about the patient experience from both sides, and also to be able to talk one to one with individual staff and gain an understanding of the reasons behind changes in practice.'*



During the year Healthwatch East Sussex has undertaken a number of visits and reports for the Trust. These have been as a result of patient's feedback or national concerns and there has been involvement in the PLACE visits, and in our Dignity Workshop. These visits by the members of Healthwatch are very much appreciated and we believe this engagement has provided the Trust with some valuable learning. We are grateful to their commitment and support to make the patient experience and the patient environment better.



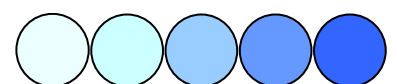
The Intensive Therapy Units have continued to develop their work with 'ITU Steps' and the patient diary work outlined in the last Quality Account. ITU Steps is a patient and relative support group run with the critical care nurses and is part of a national group. It allows ex patients and relatives to meet informally every 2 months to support each other and discuss various issues around a critical illness and its recovery. The meetings are very well attended and professionals such as clinical psychologists, physiotherapists, or dieticians also attend if requested by the group. People find it invaluable, knowing that they are not the 'only one', and for families it is important to meet others who understand what it has been like keeping the bedside vigil, and the uncertainty or tedious timeline of a critical illness.

One man, who was a critical care patient for over a month has attended the support meetings regularly and commented *that 'without this group I think my wife and I would have split up, I changed a lot, I had memory loss, hallucinations and was not the man I was, it helped to know that what we were feeling was ok and that it would slowly get better. I have to thank the group for supporting my wife who would have broken down from the pressure without them. Talking to others has been such an essential part of me recovering; I look forward to the next group as soon as it's over. My family don't want to hear about it all the time but it's all I can think about.'*

Another way we help patients understand what has happened to them and to help their families have a purpose and cope is by starting a patient diary. This is filled in by the family to help the patient understand what's happened in the missing days, and why and how they arrived in the critical care unit. Professionals also help by documenting non-medical general comments, for example a physiotherapist may write, *'you stood for the first time today in a month, well done!'* Little things about home and family are also included, real quotes such as: *'Abby's ballet exam went well today'; 'the dog had to go to the vet for a cut paw'*. Patient's comment how useful they are, sometimes they don't want to read it for a year but it can be of great solace to the family who read it regularly, helping to remember the order and timeline of when things happened.

These initiatives help patients and families through traumatic times, and assist them with the adjustment of transferring to the wards, and beyond to home and their often long complicated recovery.

Our Patient Experience Strategy will continue as a quality improvement priority for the coming year.



3.5 Patient Experience

Providing personalised, dignified, respectful and compassionate care:

3. Supporting Children and Young People

- ◇ Children with long term conditions and disability will be supported to stay at home
- ◇ Enable children to be discharged from hospital earlier

✓ **Supporting Children and Young People**

Children in the community with long term conditions and disability will be supported to stay at home and be enabled to be discharged from hospital earlier by having a specialist team of children's nurses available to them. If admitted to hospital they will have an identified trained nurse managing their care.

Why we chose this priority:

Supporting children and young people is integral to the development of the local children's clinical strategy 'Better Beginnings'. We therefore needed to ensure that the paediatric service provided high quality care that was safe, effective, met national and local quality standards and best practice guidelines and ensured that there was equity of access to all paediatric services.

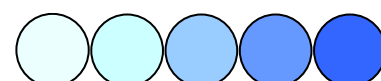
What we were aiming to achieve in 2013/14:

To improve our communication with, and listen and act upon the feedback we received from our patients and their carers we developed a questionnaire with support from our stakeholders and the Trust patient experience team to obtain the views of people using our services.

2013/14 Results:

The questionnaire was sent to 281 patients and their carers, 93 were returned giving a response rate of approximately 33%. From the feedback received it was identified that:

- ◇ 95% of patients and their carers felt that their views and worries were listened to;
- ◇ 83% of parents or carers felt that they were involved in the action plans for their child;
- ◇ 85% of parents or carers felt that the services helped them to understand and manage their child's condition;
- ◇ 60% stated that they would know how to make a complaint if necessary

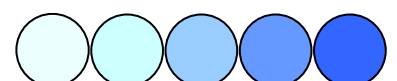


- ◆ 69% stated they would find it useful if the Community Children's Nursing Team was available at weekends and up until 22.00 hours each day;
- ◆ 69% rated the service as excellent, 18% as very good and 9% as good (total of 96% as good and above);
- ◆ 73% were extremely likely to refer to friends and family and 24% were likely;
- ◆ 56% did not consider service could be improved.

Improvements delivered in 2013/14

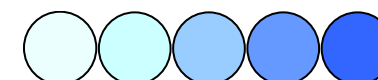
In response to the survey we have changed how we work with our patients and their families; the community children's nursing service leaflet will now include information about PALS and the Trust complaints department.

Specialist nurse roles are being developed across all community nursing services, and we now have two Diabetes Nurse Specialists, and one Epilepsy Nurse Specialist. We are also developing the Cystic Fibrosis Nurse Specialist role. One of our Community Children's Nurses is undertaking further training in advanced physical assessment skills and independent nurse prescribing and there are plans to further develop advance nurse practitioner roles within the service.



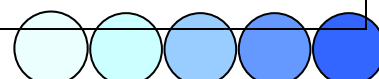
3.6 Review of our Performance Indicators in 2013/14

Performance Indicator	Thresholds		MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12
	Performing	Under-performing	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total time in A&E - 95% of patients should be seen within four hours	95%	94%	87.53%	97.78%	97.34%	96.74%	96.01%	94.22%	95.19%	95.98%	95.01%	96.73%	95.41%	94.78%
MRSA (Cumulative)	0	>1SD	0	0	0	0	0	0	0	0	1	1	1	1.0
C Diff (Cumulative)	0	>1SD	4	10	11	14	18	23	27	31	35.0	36.0	39.0	43.0
RTT - admitted - 90% in 18 weeks	90%	85%	84.62%	82.97%	76.78%	92.81%	92.43%	91.79%	91.41%	90.03%	80.50%	73.66%	74.61%	74.85%
RTT - non-admitted - 95% in 18 weeks	95%	90%	96.57%	96.85%	96.60%	96.91%	96.79%	95.42%	95.77%	95.06%	94.65%	94.42%	93.99%	93.55%
RTT - incomplete 92% in 18 weeks	92%	87%	94.81%	94.99%	95.50%	94.86%	94.24%	93.86%	92.42%	92.40%	92.13%	92.71%	92.98%	92.77%
RTT delivery in all specialties	0	>20	11	9	11	4	5	6	9	9	16	15	16	19
Diagnostic Test Waiting Times	<1%	5%	0.77%	0.13%	0.47%	0.35%	2.11%	0.71%	0.75%	1.62%	4.70%	5.78%	5.09%	5.56%
Cancer 2 Week Wait	93%	88%	93.91%	96.49%	94.69%	93.05%	94.95%	94.22%	95.95%	94.74%	93.41%	91.08%	94.23%	93.95%
Cancer 2 week wait - Breast	93%	88%	96.30%	93.00%	96.74%	91.61%	91.23%	94.38%	93.14%	92.19%	94.95%	87.40%	94.78%	89.19%
Cancer 31 day - Subsequent Surgery	94%	89%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	94.29%	100.00%	95.24%
Cancer 31 day - Subsequent Chemo	98%	93%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cancer 31 day - Diagnosis to Treatment.	96%	91%	96.11%	97.95%	98.58%	97.50%	98.13%	99.38%	98.52%	97.69%	97.62%	97.89%	98.79%	100.00%
Cancer 62 Day Screening Service	90%	85%	77.78%	100.00%	66.67%	91.67%	100.00%	77.78%	73.68%	83.33%	89.47%	100.00%	88.89%	81.82%
Cancer 62 Day Urgent Referral	85%	80%	85.71%	85.23%	82.21%	89.91%	77.68%	79.90%	81.19%	79.67%	88.71%	89.57%	82.59%	84.69%
Delayed transfers of care	3.5%	5.0%	0.60%	0.68%	0.68%	0.63%	0.47%	0.61%	0.69%	0.57%	0.46%	0.64%	0.70%	0.38%
Mixed Sex Accommodation Breaches	0.0%	0.5%	0.00%	0.00%	0.11%	0.15%	0.91%	0.48%	0.31%	0.16%	0.17%	0.04%	0.00%	0.00%
VTE Risk Assessment	95.0%	80.0%	95.26%	96.75%	96.28%	97.16%	96.44%	97.04%	96.91%	97.13%	96.99%	97.90%	98.36%	98.25%



The National Quality Board has requested that all NHS Trusts report upon the following set of core quality indicators to help readers understand the comparative performances of Trusts.

NHS Outcomes Framework	Indicator
<p><u>Domain 1:</u></p> <p>Preventing people from dying prematurely</p>	<p>→ Summary Hospital-Level Mortality (SHMI)</p> <ul style="list-style-type: none"> ◆ SHMI value and banding ◆ % of admitted patients whose treatment included palliative care; and ◆ % of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (Context indicator)
Results	
<p>Summary Hospital Mortality Index (SHMI) is one of several statistical mortality indicators used to monitor and review the quality of care provided by the Trust. Also used are Hospital Standardised Mortality (HSMR) and the Risk Adjusted Mortality Indicator (RAMI).</p> <p>The most recent SHMI value published for ESHT is 1.136. This is for the data period October 2012 to September 2013. The associated banding for this value by the NHS Health and Social Care Information Centre is 1 – “higher than expected” along with 7 other Trusts, however previous values have been within expected range. In last year’s Quality Account we reported a SHMI value of 1.05 for the period October 11 to October 2012 and the Trust was in the band 2 category, within the expected range. The next SHMI publication will be in July 2014.</p> <p>Any raised mortality rate is a signal to undertake further analyses and examination. We have undertaken detailed investigations of mortality in low risk groups and specific areas where our statistical mortality indices have been increased. We are specifically looking at community settings and are working with our commissioners to achieve a better understanding of deaths in the community outside hospital or following discharge from hospital. All our investigations have not revealed any deficiencies in patient care that account for the raised SHMI.</p> <p>The Trust faces some difficulties with the interpretation of these results as ESHT is one of a few Integrated Acute and Community Trusts which has multiple community hospital sites - patients are often admitted from other acute hospital providers. Although this indicator is an Acute hospital indicator, patient data for community hospitals have been included and therefore direct comparisons are difficult to achieve. The Trust continues to work towards unravelling these complexities and actively seeks to fully understand the indicator as part of a range of quality indicators.</p> <ul style="list-style-type: none"> ◆ The percentage of admitted patients whose treatment included palliative care for ESHT is 1.5% compared to national rate for the same period of approximately 1.2% The range across all Trusts included with the indicator is 0% to 3.1% ◆ The percentage of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care for ESHT is 22.5% compared to the national rate of approximately 20.9% for the same data period. The range across all the Trusts included within the indicator is 0% to 44.9% 	



Domain 3:

Helping people to recover from episodes of ill health or following injury

→ **Patient reported outcome scores / measures (PROMS) for:**

- ◆ Groin hernia surgery, varicose vein surgery, hip replacement surgery and knee replacement surgery.

Results

All NHS patients having hip or knee replacements, varicose vein surgery, or groin hernia surgery are invited to fill in a 'PROMs' questionnaire. The NHS is asking patients about their health and quality of life before they have an operation, and about their health and the effectiveness of the operation afterwards - this will help the Trust to measure and improve the quality of its care based upon the outcomes of surgical interventions. Questionnaires are issued to patients undergoing hip and knee replacements, groin hernia repairs and varicose vein surgery at the pre-assessment clinic and then either three or six months after surgery.

East Sussex Healthcare NHS Trust data (available data to Sept 2013)

Percentage Improving		Measure		
		EQ-5D Index	EQ-VAS	Condition Specific
Procedure	Groin Hernia	62.7%	46.2%	N/A
	Hip Replacement	96.4%	64.5%	100%
	Knee Replacement	84.2%	47.4%	95.5%
	Varicose Vein	*	No data	No data

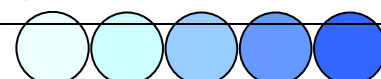
National data (available data to Sept 2013)

Percentage Improving		Measure		
		EQ-5D Index	EQ-VAS	Condition Specific
Procedure	Groin Hernia	50.3%	37.9%	N/A
	Hip Replacement	89.9%	66.9%	96.3%
	Knee Replacement	82.9%	56.5%	94.3%
	Varicose Vein	52.2%	39.9%	85.3%

In summary, the data in these tables show that:

EQ-5D Index is a combination of five key criteria concerning general health

- ◆ 62.7% of groin hernia respondents recorded an improvement in their general health following their operation, against 50.3% nationally.
- ◆ 96.4% of hip replacements respondents recorded an improvement in their general health following their operation, against 89.9% nationally; an improvement on last year which was 90
- ◆ 84.2% of knee replacement respondents recorded an improvement in their general health following their operation, against 82.9% nationally.
- ◆ The number of varicose vein questionnaires submitted was too low to provide data analysis. This is due to the low level of surgery undertaken by the Trust in this area.
- ◆ In all areas the Trust has improved its position. Information published in last year's Quality Account was groin hernias 48.1%, hip replacements 90% and knee replacements 71.4%



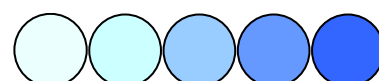
EQ-VAS assesses the patients' general health based upon a visual analogue scale

- ◆ 46.2% of groin hernia respondents recorded an improvement in their general health following their operation, against 37.9% nationally. This compares to 36.7% in 2012/13.
- ◆ 64.5% of hip replacement respondents recorded an improvement in their general health following their operation, against 66.9% nationally. An increase from the 22.2% reported in 2012/13
- ◆ 47.4% of knee replacement respondents recorded an improvement in their general health following their operation, against 56.5% nationally. A slight decrease as 57.1% was reported in 2012/13
- ◆ The number of varicose vein questionnaires submitted was too low to provide data analysis. This is due to the low level of surgery undertaken by the Trust in this area.

Condition Specific Measures

- ◆ 100% of hip replacement respondents recorded joint related improvements following their operation as measured by their response to a series of questions about their condition (Oxford Hip Score), against 96.3% nationally. This is an improvement of 16.4% over 2012/13 data.
- ◆ 95.5% of knee replacement respondents recorded joint related improvements following their operation as measured by their response to a series of questions about their condition (Oxford Knee Score), against 94.3% nationally. The Trust reported 75% in 2012/13.

No groin hernia completed questionnaires were returned by ESHT patients for this measure.



NHS Outcomes Framework domain	Indicator
<u>Domain 3:</u> Helping people to recover from episodes of ill health or following injury	→ Emergency readmissions to hospital within 28 days of discharge

Results

The percentage of patients of all ages and genders who were readmitted to hospital within the trust within 28 days of being discharged is shown below.

2013/14 Emergency Re-Admissions

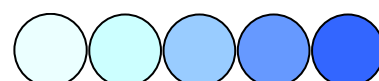
	AGE GROUP		
	0-14	15+	Total
Discharges in 2013/14 *	5,028	39,763	44,791
Emergency readmission within 0-27 days of the previous discharge **	173	5,055	5,228
	3.44%	12.71%	11.67%
Discharges in 2012/13	9,648	36,108	45,756
Emergency readmission within 0-27 days of the previous discharge **	265	4,514	4,780
	2.75%	12.5%	10.45%

This is calculated using the specified technical advice exclusions usually applied to readmissions:

* Day cases and discharges due to death, maternity spells or cancer are excluded from these figures;

** Obstetric and cancer readmissions are excluded from these figures.

'Readmission' is an area for continued focus within the Trust



NHS Outcomes Framework domain	Indicator
Domain 4: Ensuring that people have a positive experience of care	→ Responsiveness to inpatients' personal needs

Results

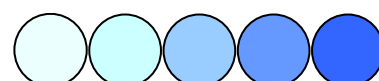
The NHS Outcomes Framework for 2013/14 includes an organisation's responsiveness to patients needs as a key indication of the quality of patient experience. This score is based on the average of answers to five questions in the CQC national inpatient survey:

- ◆ Were you involved as much as you wanted to be in decisions about your care and treatment?
- ◆ Did you find someone on the hospital staff to talk to about your worries and fears?
- ◆ Were you given enough privacy when discussing your condition or treatment?
- ◆ Did a member of staff tell you about medication side effects to watch for when you went home?
- ◆ Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

The score for the Trust calculated from the CQC national inpatient survey 2013 is 67.9 (2012 was 67.7).

The National Average score is 67.6, therefore the Trust performed slightly better than the national average.

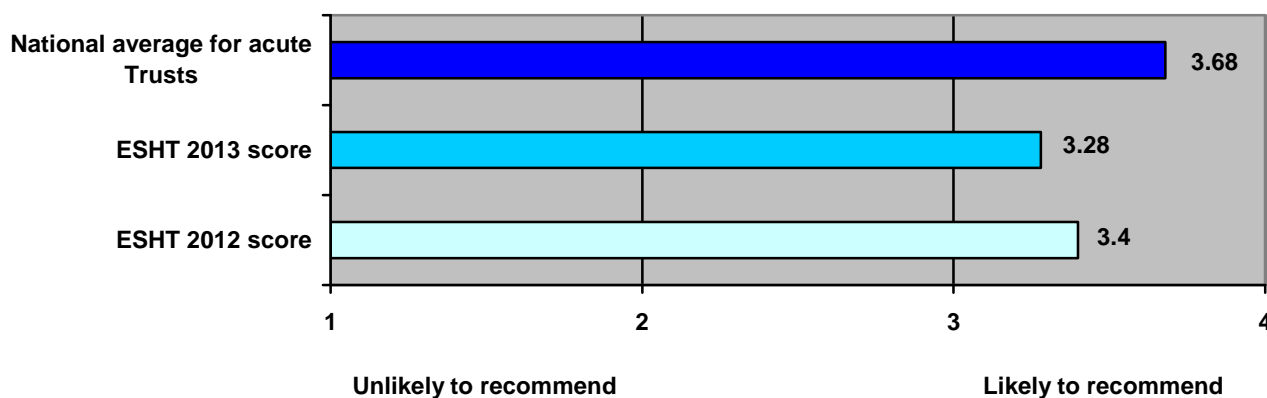
ESHT is currently ranked 67th out of 142 NHS Trusts. The Trust will continue to monitor performance through regular surveying, the results of which are reviewed through the organisation's committee structure.



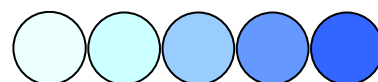
NHS Outcomes Framework domain	Indicator
Domain 4: Ensuring that people have a positive experience of care	→ %of staff who would recommend the provider to friends or family needing care

Results

The results of Key Finding 24: '*Staff recommendation of the Trust as a place to work or receive treatment*', are displayed as a 'scale summary score' (the higher the score the better - the minimum score is always 1 and the maximum score is 5):



The above score demonstrates that we are still adrift from the national average for Acute Trusts. We will be continuing with and building upon the Listening into Action programme throughout 2014/15, actively engaging and encouraging staff to identify and implement changes and improvements to enhance their delivery of quality care.



NHS Outcomes Framework domain	Indicator
Domain 4: Ensuring that people have a positive experience of care	→ %of patient's who would recommend the provider to friends or family needing care

Results

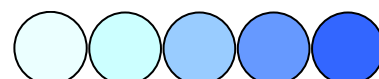
The NHS Friends and Family Test was introduced in 2013 and asks patients whether they would recommend hospital wards, A&E departments and maternity services to their friends and family if they needed similar care or treatment. This means every patient in these wards and departments is able to give feedback on the quality of the care they receive, giving hospitals a better understanding of the needs of their patients and enabling improvements.

The overall satisfaction score for the Trust for 2013/14 was 87.56%. This is calculated from the Trust's internal patient feedback data collection system.

The individual monthly scores were as follows:

Month	All questionnaires
Mar 2013	87.18
Apr 2013	86.42
May 2013	87.23
Jun 2013	87.85
Jul 2013	88.27
Aug 2013	87.25
Sep 2013	88.57
Oct 2013	87.41
Nov 2013	86.69
Dec 2013	86.41
Jan 2014	87.87
Feb 2014	87.75
Mar 2014	88.49
Apr 2014	89.00

The national benchmark was not available prior to publication to give a comparison.



NHS Outcomes Framework domain	Indicator
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	→ Percentage of admitted patients risk-assessed for Venous Thromboembolism

Results

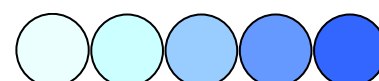
Domain 5 of the NHS Outcomes Framework for 2013/14 includes incidence of VTE as an important indicator of improvement in protecting patients from avoidable harm, and the NHS Operating Framework for 2013/14 sets out an expectation that patients will be risk assessed for hospital-related VTE. The VTE Risk Assessment compliance percentages as submitted to Department of Health via UNIFY at East Sussex Healthcare NHS Trust for 2013/14 are shown below.

Quarter 1			Quarter 2		
April	May	June	July	Aug	Sept
95.26%	96.75%	96.28%	97.16%	96.44%	97.04%
ESHT Q1 average = 96.11% National Q1 average = 95.45%			ESHT Q2 average = 96.89% National Q2 average = 95.74%		
Quarter 3			Quarter 4		
Oct	Nov	Dec	Jan	Feb	Mar
96.91%	97.13%	96.99%	97.90%	98.36%	98.25%
ESHT Q3 average = 97.01% National Q3 average = 97.1%			ESHT Q4 average = 98.17% National Q4 average = 96%		
* National data and ESHT average taken from http://www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-2013-14/					

Compliance with VTE risk assessments will continue to be monitored as part of the Trust's Patient Safety Thermometer as outlined in the Quality Improvement Priorities section.

Performance for East Sussex Healthcare NHS Trust for 2012/13 was:

Quarter 1	92.3%
Quarter 2	93.1%
Quarter 3	94.6%
Quarter 4	93.1%



NHS Outcomes Framework domain	Indicator
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	→ Rate of C. Difficile

Results

Domain 5 of the NHS Outcomes Framework for 2013/14 includes incidences of CDiff as an important indicator of improvement in protecting patients from avoidable harm, as does the NHS. The Trust's rate of CDiff compared to the national average is given below.

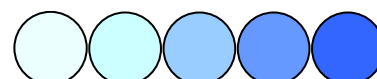
	Financial Year 2013/2014	2012/13
The rate of CDiff infections per 100,000 bed days amongst patients aged two years and over apportioned to the Trust (ESHT)	14.59	17.14

	Q4 of Calendar Year 2013	2012
The rate of CDiff infections per 100,000 bed days amongst patients aged two years and over (national average)	14.41*	17.37

*data source: Quarterly Epidemiological Commentary: Mandatory MRSA, MSSA and E. coli bacteraemia, and CDiff infection data (up to October–December 2013), HPA, March 2014.

(The national bed day indicator has not yet been published and the Trust therefore calculates bed days by using the 'occupied beds table' in the data warehouse which captures the total number of occupied beds at midday and midnight by site ward and treatment speciality. To extract the total bed days for a specific time period the table is queried for the SUM of the total number of occupied beds for each day in the reporting period.)

The Trust's final 2013/14 Outturn for CDiff was 43 (2012/13 was 51 cases); this was above the very challenging ceiling of 25 set centrally. The 43 in 2013/14 is 16 per cent fewer than in 2012/13. . The organisation is undertaking considerable work to improve infection control processes and management.



NHS Outcomes Framework domain	Indicator
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	→ Rate of patient safety incidents and percentage resulting in severe harm or death

Results

Domain 5 of the NHS Operating Framework for 2013/14 includes the rate of patient safety incidents reported and the proportion of these resulting in severe harm or death, as a measure of the willingness to report incidents and learn from them, and therefore reduce the number of incidents that cause serious harm. The expectation is that the number of incidents reported should rise as a sign of a strong safety culture, whilst the numbers of incidents resulting in severe harm or death should reduce.

The rate of patient safety incidents they have reported per 100 admissions

The rate of patient safety incidents reported to the National Patient Safety Agency for 2013/14 is 8.65 per 100 admissions (6.9 per 100 admissions in 2012/13). (8792 patient safety incidents sent to the NRLS / 101634 admissions)

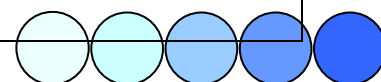
It should be noted that an admission is defined as 'to a bed on a ward in a hospital' and therefore does not include other admissions for example to a community nursing caseload. However the patient safety data provided covers the whole spectrum of services provided by ESHT.

The breakdown of these incidents is as follows (using definitions of harm from the National Patient Safety Agency):

No harm: 5608 - 64%
 Minor harm: 2412 - 27%
 Moderate harm: 735 - 8%
 Major harm: 26 - <1%
 Catastrophic harm: 11- <1%

The proportion of patient safety incidents they have reported that resulted in severe harm or death

The proportion of patient safety incidents which resulted in severe harm or death for 2013/2014 was 0.42% (1.1% in 2012/13). This is calculated by dividing the number of grade 4 (major) and 5 (catastrophic) patient safety incidents reported by East Sussex Healthcare NHS Trust (37 in 2013/14, 79 in 2012/13), by the total number of patient safety incidents reported to the National Reporting and Learning System (8792).



The latest report from the National Reporting and Learning System (NRLS) which was published in April 2014 and covering the period of 01.04.13 to 30.09.13 provided a reporting rate of 8.8 incidents reported per 100 admissions for East Sussex Healthcare Trust (the equivalent period for 2012/13 was 7.5).

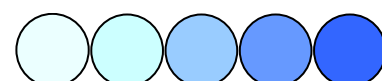
This placed the Trust within the highest 25% of reporters.

This report noted that 50% of incidents were submitted by the Trust to the NRLS more than 225 days after the incident occurred. This had previously been reported by the CQC in their Intelligent Monitoring Report (IMR) published in October 2013 with the 'potential under reporting of patient safety incidents' indicator identified as an elevated risk. The Trust responded that the perceived under-reporting or delay in reporting may have been as a result of the introduction of a new web-based incident reporting system at the start of 2013. As a result more frequent uploads to the NRLS have been made and this indicator was not identified as an elevated risk in the March publication of the CQC Intelligent Monitoring Report.

The April 2014 report from the NRLS provided East Sussex Healthcare NHS Trust with a reporting rate of 0.4% of incidents leading to severe harm and death (1.1% in 2012/13). The reporting rate of 'all large acute organisations' in the same report was 0.6% (0.7% in 2012/13).

ESHT is categorised as a large acute organisation for the purposes of the NRLS reports; the Trust is an integrated organisation providing both acute and community services and there are very few comparator organisations. In addition, not all organisations apply the national coding of degree of harm in a consistent way which can make comparison of harm profiles of organisations difficult.

Serious Incidents are investigated via Root Cause Analysis and reports are presented to the Trust Serious Incident Review Group. At these meetings the severity risk score is reviewed to ensure it is appropriate for the incident. In addition, the central Datix Team review all incidents reported on Datixweb prior to 'approving' them for closure and the severity risk score is reviewed as part of this process.



3.7 Statements from Key Stakeholders

Statement from Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG

The CCGs have reviewed the Quality Account against the national guidance and framework issued by the Department of Health letter Quality Accounts: reporting arrangements for 2013/14. The Quality Account meets the requirements for format and content. Whilst there are examples from community services the overall sense is that the report is mostly acute service focused. The CCGs welcome and recognise the positive improvements in the Quality Account key areas but would wish to see more transparency in the areas that require improvement. The CCGs acknowledge the Trust's commitment to further improve the quality of services but request more detail of what this is defined as and how it will be measured in the coming year to be included in the account.

Priorities for 2013/14

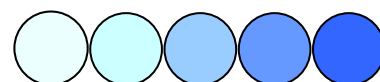
The Trust identified 5 key priorities for 2013/14 aligned to the three pillars of quality:

- Patient Safety - Patient safety thermometer and releasing time to care; the productive community series
- Clinical Effectiveness - Cardiology
- Patient Experience – Implementation of patient experience strategy, Children and Young People

The CCGs congratulate ESHT on achieving the patient safety thermometer objective of maintaining harm free care above 90% was met with the Trust achieving 94.04% against a national average of 93.13%. The report contains details of the Trust's progress against reducing pressure ulcers and achievement of the agreed reduction in pressure damage. It would be more meaningful to see the benefits, from community teams undertaking productive modules, displayed as actual time released to care in addition to the administrative and management changes.

The cardiology achievements listed are different to the objectives that were set. Some narrative explaining why these charges occurred would be useful to the reader. It would be meaningful to say what number of heart failure patients were cared for on a cardiology ward in 2013/14 compared with 2012/13 and share the measures used to determine how community heart failure services have improved treatment and outcome for these patients.

The implementation of the Patient Experience strategy has been a success and it would be good to see this develop further to engage public who are not inpatients or are waiting to access services. The communication survey with parents provided strong support for the quality and



experience of care. It would be helpful to have information, or a couple of actual examples of what changed to enabled children with long term conditions and disability to be supported to stay at home.

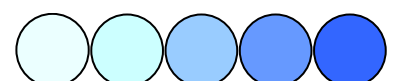
Priorities for 2014/15

The Trust, following engagement with staff and stakeholders, has identified 4 priorities for 2014/15 aligned to the three pillars of quality.

- Patient Safety – Maximising our efforts to reduce healthcare acquired infections
- Clinical Effectiveness – Early recognition and action to support the deteriorating patient
- Patient Experience – Continue implementation of patient experience strategy, ensuring optimal care for their patients with mental health disorders.

The Trusts states the “safety and quality of care we provide” as its number one priority and the Quality Account “provides an opportunity to identify where the Trust is doing well and where it needs to do better”. These Trust ambitions for quality could be more fully reflected in the 2014/15 priorities to acknowledge the workforce, access and patient safety challenges and outline the plans and measures in place to improve including:

- Building on the success of the harm free care objective to focus on further improvements in pressure ulcers and falls
- A more transparent account of waiting times currently experienced by some patients and how this will change in the coming year
- Workforce issues regarding therapy staff and the time taken for some essential specialty assessments
- Building on the engagement work within the Trust to understand why staff recommendation of the Trust is decreasing and identifying why this is.



Statement from Healthwatch East Sussex

As the independent champion for the views of patients and social care users in East Sussex, Healthwatch East Sussex (HWES) has a responsibility to review and comment on the Quality Accounts of all relevant Hospital Trusts.

Our role is to help patients and the public to get the best out of their local health and social care services. The Quality Account report is a key tool for enabling the public to understand how their services are being improved and we welcome the opportunity to comment on the Quality Account report 2013/14.

Throughout the year HWES has engaged positively with the Trust at all levels especially around patient experience and the patient environment. We believe this engagement should be highlighted as part of the Trust's commitments outlined in the Patient Experience Strategy to listening to the views of patients and stakeholders.

HWES meet bi monthly with the Director of Nursing to talk about the views and experiences raised by patients who have contacted HWES, sharing our work priorities and planning how the Trust support our enter and view activity.

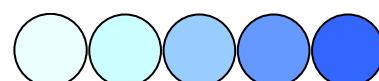
These relationships have proved valuable when we have started conversations on behalf of patients who, at the time of their experience felt unable to engage in discussions directly with the Trust. This has resulted in positive outcomes for patients and enabled the Trust to learn from their experiences. A role we very much hope to continue to offer.

As part of our wider involvement, HWES will continue to ensure that where patients and public should be involved in the planning, design and delivery of services, their voices are sought appropriately and in a timely way.

We recognise the challenges faced by the Trust during this year and feel this account reflects those challenges associated with implementing the clinical strategy.

In conclusion, we are pleased to see the benefits of engaging with Healthwatch East Sussex included as part of the Trust's quality improvement commitment and a description of Healthwatch, included in the glossary of terms. Particularly as we see the Quality Account report as a key tool for enabling the public to understand how their services are being improved.

Healthwatch East Sussex is looking forward this year to building on the foundations established and to working together to improve the quality of care for local people through the sharing of patient experiences and acting on the information these give us.



Statement from East Sussex Health Overview and Scrutiny Committee

East Sussex Health Overview and Scrutiny Committee (HOSC) is made up of elected local councillors from East Sussex County Council and District and Borough Councils in the county, together with representatives from the local voluntary sector. The Committee has reviewed the Trust's Quality Account 2013/14 and makes the following statement of comments:

Patient and public involvement

HOSC is pleased to note the Trust's efforts to engage with patients, staff, and volunteers in the development of the Quality Account, including through a stakeholder event. The Trust's focus on patient experience over the past year, particularly the continued implementation of the Patient Experience Strategy, is also welcome.

Quality priorities for 2013/14

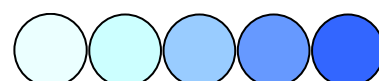
The selection of priorities for 2013/14 does reflect issues of importance to patients in the areas of patient safety, clinical effectiveness and patient experience. The emphasis on responsiveness to patient feedback should yield benefits across a range of issues which matter to patients, and contribute to ongoing cultural change within the organisation.

HOSC welcomes the introduction of the new clinical monitoring system, VitalPAC, as a means to improve patient safety and patient outcomes by allowing for quicker clinical intervention. The Committee would like to see the system's efficacy supported by clear evidence of a reduction in the number of cardiac arrest calls put out across the Trust.

Given that HOSC is scrutinising the challenges facing mental health services across Sussex, the Committee welcomes the Trust's focus on providing optimal care for patients with mental health disorders. The Committee welcomes in particular efforts to work more closely with Sussex Partnership NHS Foundation Trust to reduce delayed transfers of care (DToC), which HOSC understands is a significant issue for the mental health trust.

Other observations based on HOSC's work

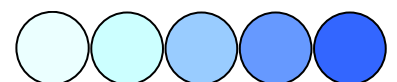
HOSC has spent much of 2013/14 scrutinising the Clinical Commissioning Groups' (CCGs) proposed changes to maternity and paediatric services. Whatever the final outcome of the Better Beginnings review, it is crucial that patient safety, clinical effectiveness and patient experience are maintained at the highest possible level during any future periods of change to maternity and paediatric services.



HOSC devoted considerable time during 2012/13 to scrutinising the Trust's proposals for reconfiguration of stroke, orthopaedic and general surgery services, ultimately agreeing these plans. The continued implementation of these changes successfully during 2014/15 will be critical and HOSC will be ensuring that recommendations attached to the Committee's support are honoured. Alongside the management of these and other significant changes, it will be critically important to maintain focus on improvements to quality of care and patient outcomes in a challenging financial climate.

HOSC is aware that High Weald Lewes Havens CCG has served notice on ESHT's community services. The Committee plans to monitor the progress of this issue going forward in order to understand how it will affect the continuity of services and patient care in the High Weald area.

HOSC will look forward to working with ESHT over the coming year in examining particular elements of the Quality Performance to further understand the monitoring measures and the outcomes attained.



3.8 Independent auditor's limited assurance report

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF EAST SUSSEX HEALTHCARE NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required by the Audit Commission to perform an independent assurance engagement in respect of East Sussex Healthcare NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act").

NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the following indicators:

- Percentage of patients risk-assessed for venous thromboembolism; and
- Rate of clostridium difficile.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

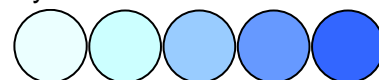
In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2013-14 issued by the Audit Commission on 17 February 2014 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.



We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to June 2014;
- papers relating to quality reported to the Board over the period April 2013 to June 2014;
- feedback from the Commissioners;
- feedback from Local Healthwatch;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- feedback from other named stakeholders involved in the sign off of the Quality Account;
- the latest national patient survey covering 2013;
- the latest national staff survey covering 2013;
- the Head of Internal Audit's annual opinion over the Trust's control environment;
- the annual governance statement; and
- the Care Quality Commission's quality and risk profiles dated March 2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of East Sussex Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

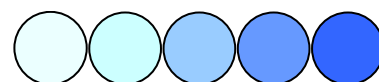
We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and East Sussex Healthcare NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of our appointment under the Audit Commission Act 1998 and in accordance with the Commission's Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.



Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by East Sussex Healthcare NHS Trust.

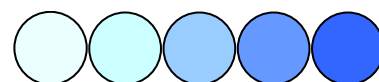
Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance testing have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

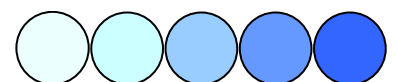
BDO LLP
London, UK

9 June 2014



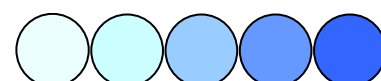
3.9 Equality Impact Assessment

1.	Does the Quality Account affect a group with a protected characteristic less or more favourably than another on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion of belief, sex or sexual orientation.	No	All priorities are underpinned by a commitment to improve the quality of services and outcomes for patients and carers of all protected characteristics.
2.	Has the Quality Account taken into consideration any privacy and dignity or same sex accommodation requirements that may be relevant	Yes	We are committed to respecting privacy and dignity and this is implicit in improving our patient experience. Our capital schemes support compliance with delivering same sex accommodation requirements.
3.	Is there any evidence that some groups are affected differently	No	There is no evidence that the quality improvement priorities will affect some groups differently. We recognise the need to target objectives for those who have needs relating to protected characteristics and these are considered in respect of each priority eg in respect of access, use of interpreters, making information available in different formats etc.
4.	If you have identified potential discrimination are any exceptions valid, legal and/or justifiable	N/A	No discrimination identified.
5.	Is the impact of the Quality Account likely to be negative and if so can the impact be avoided.	No	No negative impact identified

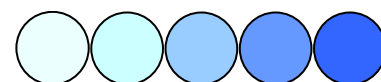


3.10 Glossary of terms

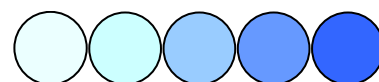
Abuse	Abuse is defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as: <ul style="list-style-type: none"> ◆ Sexual abuse ◆ Physical or psychological ill-treatment ◆ Theft, misuse or misappropriation of money or property, or ◆ Neglect and acts of omission which cause harm / place at risk of harm.
Avoidable Death	Deaths that could have been avoided given a different course of action
Avoidable Harm	Harm of patients that could have been avoided given a different course of action
Cardiology	Cardiology is a medical specialty dealing with disorders of the human heart. The field includes medical diagnosis and treatment of congenital heart defects, coronary artery disease, heart failure, valvular heart disease and electrophysiology. Physicians who specialise in this field of medicine are called cardiologists.
Care Quality Commission	The Care Quality Commission (CQC) replaced the Healthcare Commission and Mental Health Act Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk
Care Pathway	This is an anticipated care plan that a patient will follow, in an anticipated time frame and is agreed by a multi-discipline team (i.e. a team made up of individuals responsible for different aspects of a patient's care).
Clinical Audit	Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.
Clinical Coding	Clinical Coding Officers are responsible for assigning 'codes' to all inpatient and day case episodes. They use special classifications which are assigned to and reflect the full range of diagnosis (diagnostic coding) and procedures (procedural coding) carried out by providers and enter these codes onto the Patient Administration System. The coding process enables patient information to be easily sorted for statistical analysis. When complete, codes represent an accurate translation of the statements or terminology used by the clinician and provides a complete picture of the patient's care.
Clinical Management Executive	The Clinical Management Executive (CME) exists to ensure that the organisation is able to plan and undertake the actions required to effectively deliver its strategic objectives. It ensures the business of the organisation is run effectively, efficiently and in accordance with relevant statutory obligations. It makes decisions relating to planning and delivery across all aspects of the organisations functions within the strategic framework provided by the Board.
Clostridium difficile or C. Difficile / C.Diff	Clostridium Difficile also known as 'C.Difficile' or 'C. diff', is a gram positive bacteria that causes diarrhoea and other intestinal disease when competing bacteria in a patient or persons gut are wiped out by antibiotics. C. Difficile infection can range in severity from asymptomatic to severe and life-threatening, especially among the elderly. People are most often nosocomially infected in hospitals, nursing homes, or other institutions, although C. Difficile infection in the community and outpatient setting is increasing.



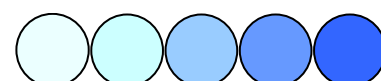
Commissioners of services	Organisations that buy services on behalf of the people living in the area that they cover. This may be for a population as a whole, or for individuals who need specific care, treatment and support. For the NHS, this is done by Clinical Commissioning Groups (CCGs) and for social care by local authorities.
Commissioning for Quality and Innovation	High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Visit: www.dh.gov.uk/en/
Culture	Learned attitudes, beliefs and values that define a group or groups of people.
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative
DatixWeb	On 1 st January 2013 East Sussex Healthcare NHS Trust introduced an electronic incident reporting software known as DatixWeb. Incidents are reported directly onto the system by any employee of the organisation, about incidents or near missing occurring to patients, employees, contractors, members of the public. The data provided by DatixWeb assists the organisation to trend the types of incidents that occur, for learning lessons as to why they occur and to ensure that these risks are minimised or even eliminated by the action plans that we put in place. DatixWeb is also used to comply with national and local reporting requirements.
Department of Health	The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.
Deteriorating Patient	A patient whose observations indicate that their condition is getting worse
Dignity	Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual views and beliefs.
Discharge	The point at which a patient leaves hospital to return home or be transferred to another service or, the formal conclusion of a service provided to a person who uses services.
Enforcement action	Action taken to cancel, prevent or control the way a service is delivered using the range of statutory powers available to the Care Quality Commission. It can include action taken in respect of services that should be, but are not, registered.
Essential Care Rounds	Health professionals undertake hourly rounds to ask patients how they are feeling, make sure that they are comfortable, address their concerns and see if they require pain management. The approach can help nurses to focus on clear, measurable aims and expected outcomes and frontline teams to organise workload and provide consistent care. Essential care rounding can reduce adverse events, improve patients' experience of care and also provide comfort and reassurance.
Friends and Family Test	An NHS 'friends and family' test was implemented by Prime Minister David Cameron in April 2013 to improve patient care and identify the best performing hospitals in England. Patients are asked a simple question: whether they would recommend hospital wards, accident and emergency units to a friend or relative based on their treatment. Publishing the answers allows the public to compare healthcare services and clearly identify the best performers in the eyes of patients – and drive others to take steps to raise their standards.



Healthcare- associated infection	An avoidable infection that occurs as a result of the healthcare that a person receives.
Healthwatch	Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues relating to health and social care. Healthwatch plays a role at both a national and local level, ensuring that the views of the public and people who use services are taken into account.
Hospital Episode Statistics	Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.
Hospital Standardised Mortality Ratio	Hospital Standardised Mortality Ratio (HSMR) is an indicator of whether death rates are higher or lower than would be expected.
Key Performance Indicators (KPIs)	Key Performance Indicators, also known as KPI help an organisation define and measure progress toward organisational goals. Once an organisation has analysed its mission, identified all its stakeholders, and defined its goals, it needs a way to measure progress toward those goals. Key Performance Indicators are those measurements. Performance measures such as, length of stay, mortality rates, readmission rates and day case rates can be analysed.
Multidisciplinary	Multidisciplinary describes something that combines multiple medical disciplines. For example a 'Multidisciplinary Team' is a group of professionals from one or more clinical disciplines who together make decisions regarding the recommended treatment of individual patients.
MRSA	Methicillin-Resistant Staphylococcus Aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. MRSA is, by definition, any strain of Staphylococcus aureus bacteria that has developed resistance to antibiotics including the penicillins and the cephalosporins. MRSA is especially troublesome in hospitals, where patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.
Malnutrition Universal Screening Tool (MUST)	'MUST' is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan.
National Confidential Enquiry into Patient Outcome and Death – NCEPOD	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews clinical practice and identifies potentially remediable factors in the practice of anaesthesia and surgical and medical treatment. Its purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public. It does this by reviewing the management of patients and undertaking confidential surveys and research, the results of which are published. Clinicians at East Sussex Healthcare NHS Trust participate in national enquiries and review the published reports to make sure any recommendations are put in place.
National Institute for Health and Clinical excellence	The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.nice.org.uk
Never Event	A Never Event is a type of Serious Incident (SI) These are defined as ' <i>serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers</i> '.



Palliative Care	Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.
Patient Experience Champions	Patient Experience Champions have been identified across the organisation and will work to raise awareness and facilitate improvements to the patient experience of patients on their wards / in their departments.
Patient Safety Thermometer	The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a snapshot of harm once a month from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE (venous thromboembolism - deep vein thrombosis and pulmonary embolism). It provides a quick and simple method for surveying patient harms and analysing results so that we can measure and monitor local improvement and harm free care.
Periodic reviews	Periodic reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term 'review' refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services.
PLACE	Patient-led assessments of the care environment (PLACE). A system for assessing the quality of the patient environment introduced in April 2013 replacing the Patient Environment Action Team (PEAT) inspections.
Pressure Ulcers	Pressure ulcers develop when a large amount of pressure is applied to an area of skin over a short period of time, or, they can occur when less force is applied but over a longer period of time.
Privacy and dignity	To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends), and protected from others looking at them or overhearing conversations that they might be having. It also means respecting their confidentiality and personal information. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual beliefs.
Patient Reported Outcome Measures (PROMs)	Assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre and post-operative surveys.
Providers	Providers are the organisations that provide NHS services, e.g. NHS trusts and their private or voluntary sector equivalents.
Registration	From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC).
Releasing time to care – the productive community series	The NHS Institute for Innovation and Improvement has been working with nurses and therapists to develop ways to increase the amount of direct care time given to patients in community hospitals. The Productive Community Hospital programme is designed to help achieve this by improving the effectiveness, safety and reliability of inpatients, day hospitals and minor injuries units.
Research	Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.



Root Cause Analysis (RCA)	RCA is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events. RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented.
Safeguarding	Ensuring that people live free from harm, abuse and neglect, and in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focuses more on care and development; for adults, on independence and choice.
Serious Incident (SI)	A Serious Incident is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death on hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.
Summary hospital-level mortality indicator (SHMI)	SHMI is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations. The SHMI value is the ratio of observed deaths in a trust over a period of time divided by the expected number given the characteristics of patients treated by that trust (where 1.0 represents the national average). Depending on the SHMI value, trusts are banded between 1 and 3 to indicate whether their SHMI is low (3), average (2) or high (1) compared to other trusts. SHMI is not an absolute measure of quality. However, it is a useful indicator for supporting organisations to ensure they properly understand their mortality rates across each and every service line they provide.
Trust Board	The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community.
Waterlow	The 'Waterlow' score (or scale) gives an estimated risk of a patient developing a pressure sore.
Venous Thromboembolism (VTE)	Blood has a mechanism that normally forms a 'plug' or clot to stop the bleeding when and injury has occurred, for example a cut to the skin. Sometimes the blood's clotting mechanism goes wrong and forms a blood clot when there has been no injury. When this happens inside a blood vessel, the blood clot is called a thrombus. When the blood clot is deep inside one of the veins in the body, most commonly in the leg, it is called deep vein thrombosis (DVT). If the blood clot comes loose it can travel through the bloodstream to the lungs. This is called pulmonary embolism and it can be fatal. DVT and pulmonary embolism together are known as venous thromboembolism.

3.11 Feedback

Feedback on this document is welcome...



Please email us at:

enquiries@esht.nhs.uk



Or write to us at:

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BN21 2UD



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Accessibility

The Trust can provide information in other languages when the need arises. Furthermore, to assist any patient with a visual impairment, literature can be made available in Braille or on audio tape.

For patients who are deaf or hard of hearing a loop system is available around our hospitals and a British Sign Language service can be arranged. Information on these services can be obtained via the Patient Advice and Liaison Service (PALS).

