

EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING IN PUBLIC

A meeting of East Sussex Healthcare NHS Trust Board will be held on Tuesday, 2nd June 2015, commencing at 10.00 am in the Lecture Theatre, Education Centre, Conquest Hospital

AGENDA

Lead:

1.	a) Chairman's opening remarks b) Apologies for absence c) Quality Walks		Chair
2.	Monthly award winner		Chair
3.	Declarations of interests		Chair
4a.	Minutes of the meeting held on 25.03.15	Ai	Chair
4b.	Matters arising	Aii	Chair
5.	Chief Executive's report (verbal)		CEO
6.	Board Assurance Framework	B	CSec

QUALITY, SAFETY AND PERFORMANCE

7.	Draft Quality Account 2014/15	Information	C	DN/ CSec
8.	Performance report	Assurance	D	DN/ MDCG/ COO/ HRD/ DF
9.	Quality Improvement Action Plan	Assurance	E	DN
10.	Patient Experience Report Quarter 4	Assurance	F	DN
11.	Research & Development Annual Report	Assurance	G	MDCG

STRATEGY

12.	Organisational Development Strategy	Approval	H	DSA
13.	Workforce Strategy	Approval	I	HRD

14.	Sustainable Development Management Plan	Approval	J	Mark Paice
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DELIVERY

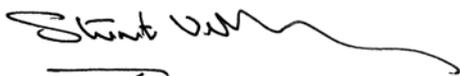
15.	i. Annual Business Plan 2015/16 ii. Financial Plan and Annual Budget 2015/16	Approval	K	DSA DF
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GOVERNANCE & ASSURANCE

16.	Board sub-committees: Committee reports and Trust Board seminar notes: a) Finance and Investment Committee 28.01.15, 25.02.15 & 18.03.15 b) Quality and Standards Committee 02.03.15 (minutes) and 05.05.15 (report) c) Trust Board seminar notes 22.04.15	Assurance	L	Comm Chairs
17.	Delegation of the approval of the Annual Report and Accounts for 2014/15	Approval	M	Chair
18.	Themes for Quality Walks	Assurance	N	Chair

ITEMS FOR INFORMATION

19.	Chairman's Briefing	Assurance	O	Chair
20.	Questions from members of the public (15 minutes maximum)			Chair
21.	Date of Next Meeting: Wednesday, 5 th August 2015, Ashdown Room, Uckfield Civic Centre			Chair
22.	To adopt the following motion: <i>That representatives of the press and other members of the public will be excluded from Part 2 of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960)</i>			Chair



Key:	
Chair	Trust Chairman
CEO	Chief Executive
COO	Chief Operating Officer
CSec	Company Secretary
DF	Director of Finance
DN	Director of Nursing
DSA	Director of Strategic Development and Assurance
HRD	Director of Human Resources
MDCG	Medical Director (Clinical Governance)
MDS	Medical Director (Strategy)
AC	Audit Committee
FIC	Finance and Investment Committee
QSC	Quality and Standards Committee

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	1 c
Subject:	Quality Walks March/April 2015
Reporting Officer:	Amanda Harrison

Action: This paper is for (please tick)			
Assurance	✓	Approval	Decision
Purpose:			
This paper provides a summary of Quality Walks that have taken place during March and April 2015.			

Introduction:
<p>Quality Walks are carried out by Board members and members of the Senior Management Team and are either planned or carried out on an ad hoc basis. They are intended to enable quality improvement actions to be identified and addressed from a variety of sources, and provide assurance to the Board of the quality of care across the services and locations throughout the Trust.</p> <p>Themes for the walks are decided by the Board and the focus during March and April has continued as previously. These were:</p> <ul style="list-style-type: none"> • Service Reconfiguration (Obstetrics and Paediatrics, Trauma and Orthopaedics, General Surgery) • Information Technology (VitalPAC, SystemOne) • Staff Survey

Analysis of Key Issues and Discussion Points Raised by the Report:				
26 services/departments were visited as part of the Quality Walk programme during January and February as detailed below. In addition the Medical Director (Governance) did a Quality Walk to the whole of the Bexhill Hospital site, and the Director of Nursing carried out a night visit to all units at the Conquest Hospital.				
Date	Time	Service	Site	Visit by
2.3.15	10am	Inpatient Ward	Crowborough War Memorial Hospital	Darren Grayson
3.3.15	2pm	Eastbourne Midwifery Unit (E.M.U)	EDGH	Monica Green
3.3.15	2.30pm	Intermediate care/Day Surgery	Lewes Victoria Hospital	Darren Grayson
5.3.15	11am	SAU	Conquest	Darren Grayson
10.3.15	3pm	Jubilee Eye Suite	EDGH	Stuart Welling
10.3.15	11am	JCRS, Stroke Team, Inpatients	Firwood House	Stuart Welling
12.3.15	10am	ICU/HDU	EDGH	Sue Bernhauser
12.3.15	9pm	All units	Conquest	Alice Webster
16.3.15	1pm	Physiotherapy	EDGH	Stuart Welling

20.3.15	9am	Health Visitors	Seaford	Vanessa Harris
23.3.15	10pm	Pevensey Ward	EDGH	Sue Bernhauser
30.3.15		Doctors accommodation	EDGH	Stuart Welling
31.3.15		Doctors accommodation	EDGH	Stuart Welling
1.4.15	12pm	Audiology	EDGH	Stuart Welling
9.4.15	9.30am	Pharmacy	Conquest	Monica Green
17.4.15	10pm	Decham Ward	Conquest	Sue Bernhauser
17.4.15	12pm	Hailsham 4	EDGH	Darren Grayson
17.4.15	2pm	Cath Lab	EDGH	Darren Grayson
20.4.15	2pm	Intermediate Care	Lewes Victoria Hospital	Stuart Welling
20.4.15	9.30am	All departments	Bexhill Hospital	David Hughes
24.4.15	11.30am	A&E MAU	EDGH	Darren Grayson
24.4.15	2pm	Egerton Ward	Conquest	Monica Green
28.4.15	11am	Outpatients	EDGH	Darren Grayson
29.4.15	12pm	Pathology Labs	EDGH	Jon Cohen

23 of these visits were pre-arranged and the Ward or Unit Manager notified in advance to expect the visit. The remainder were carried out as ad hoc visits so staff may or may not have been notified to expect them. (NB other adhoc visits may have taken place, but reports have not yet been received).

At the time of writing the report feedback forms had been received relating to 26 of the visits to individual services or departments, copies of which have been passed on to the relevant managers for information.

Summary of Observations and Findings relating to the themes collated from the feedback forms

Service Reconfiguration

The Stroke physiotherapy team reported that they were able to provide a good service but felt there would be scope to do more with additional resources. They were also concerned about the difficulty in retaining band 5 physiotherapists due to a lack of career progression opportunities; a similar issue was also reported within the audiology service.

An increase in the acuity of patients at Firwood House was reported and staff have requested a review of their staffing requirements

Concerns were raised in the ophthalmology department at EDGH about whether there were plans to move the unit; reassurance was given that this is not the case.

A team of Health Visitors reported that due to the team expanding their current office space was now cramped, the number of contacts they make is growing significantly and they had noticed a higher turnover of population.

In ITU staff at the EDGH reported that the range of clinical work on the unit has altered as a result of the move of emergency surgery and trauma to the Conquest Hospital. Although the unit remained very busy the type of patient has changed, not in dependency but in the care needed and they were concerned that less experienced staff nurses may leave to work in other units to gain a broader range of experience.

The numbers of deliveries in the Eastbourne Midwifery Unit has increased but the staff felt they have capacity to do more and suggested there is a need to publicise the unit more.

Pevensey ward is currently being upgraded and modernised, and staff were feeling very positive about their 'new' care environment, they felt they had an opportunity to comment on and input into the development through the senior nurses.

The outpatient department reported that once changes made to the administration processes had settled there had been an improvement in the efficiency of the department but stated they were very busy due to the need to meet RTT targets

One area of discussion was the reconfiguration of the emergency and high risk orthopaedics to the Conquest site which is now nearly a year on. The Quality indicators show that safety has improved

and that the new ward environment is good and well set out, however there were still issues around staffing – it was reported that some of the staff who transferred from the EDGH site have now left, either to go to different wards at EDGH or outside of the Trust. There are significant recruitment problems as the ward is seen as a heavy and demanding area. Sickness was reported as high.

The Pharmacy department reported that there is still some impact from the reconfiguration of services but they continue to ensure that pharmacy support is targeted to all areas as appropriate. The Pharmacy department at the Conquest site also undertakes dispensing for wards at Eastbourne.

Staff recruitment both at medical and scientist level, was noted as a major concern in pathology.

Information Technology (VitalPAC, SystemOne)

SystemOne is generally liked but mobile devices were reported as not always reliable. It was also noted that joint working with social services would be enhanced if their staff could access SystemOne

Ophthalmology reported server issues with their Medisoft system.

In Pharmacy the main technology which has transformed this area is the robotic system used in the dispensing of drugs which both speeds efficiency and also minimises human error. Also I-pads used by Pharmacy staff on the wards which directly send medication orders from wards to the Pharmacy are seen as an invaluable asset.

Staff Survey

There were little comments noted in the feedback about the staff survey however staff in ITU (EDGH) and Pevensy Ward stated that they were provided with time to complete it.

Other key issues

GP cover was reported as an issue on the intermediate care unit at Lewes Victoria Hospital.

Bi-weekly appointments were reported as not working well at the Jubilee Eye Unit EDGH and the signage issues previously reported had not yet been resolved; some patients found it difficult to find the unit.

In ITU it was reported that one of their biggest challenges was discharging patients to the wards who no longer require intensive care resulting in very occasionally patients in A&E are delayed in being admitted to the unit.

The standard of staff accommodation was highlighted as very poor on both acute sites and is thought to be having an impact on junior doctors who are keen to undertake training in the Trust; other staff groups may also be similarly affected. It was noted that the accommodation and housekeeping teams do a great job in very difficult circumstances in trying to improve and keep clean the accommodation.

Patient feedback

Good patient feedback was noted at Meadow Lodge, and excellent patient feedback reported on the Jubilee Eye Unit. In Pevensy ward two patients spoke extremely positively about their experience as patients and commented that the 'open' visiting was a great benefit to them. One patient who lived a significant distance away had requested to come to the Unit as a relative had previously been treated there with the same condition, and although travel was challenging for her family she had complete faith in the Consultant and the ward team and felt very well cared for. In contrast the Orthopaedic unit noted that concerns had been raised by patients and their relatives living in the west of the patch about the travelling and transport links to Conquest.

Benefits:

Quality Walks are an opportunity for the views of staff, patients and visitors to be sought by the Board and help raise the profile of patient safety and compliance standards within the Trust. It enables the Board members to identify areas of excellence, identify risks and ensure Board visibility within the organisation.

Risks and Implications
Any risks identified are acted upon and escalated to the risk register as appropriate

Assurance Provided:
Any actions identified at a Quality Walk are agreed at the time and it is noted who will be responsible for taking forward the action. These are logged and monitored by the Head of Compliance to ensure that actions are implemented. Further visits will be taking place in May and June continuing with the same themes.
It is proposed that the current themes are now reviewed with changes implemented from July, the following topics are suggested for consideration: <ul style="list-style-type: none"> • How communication and engagement can be strengthened • Reporting, action and learning from incidents and risks • Fundamental safety issues – cleanliness, drug security, records management • Other issues

Board Assurance Framework (please tick)	
Strategic Objective 1 - Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority	✓
Strategic Objective 2 - Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences	
Strategic Objective 3 - 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.	
Review by other Committees/Groups (please state name and date):	
None	

Proposals and/or Recommendations
The Board are asked to note the report, and agree themes to be used from July.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)
What risk to Equality & Human Rights (if any) has been identified from the impact assessment?
N/A

For further information or for any enquiries relating to this report please contact:	
Name: Hilary White	Contact details: Hilary.White2@nhs.net

EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING

**A meeting of the Trust Board was held in public on Wednesday,
25th March 2015 at 09:30 am in the St. Peter's Community Centre, Bexhill-on-Sea**

Present: Mr Stuart Welling, Chairman
Mrs Sue Bernhauser, Non-Executive Director
Mr Charles Ellis, Non-Executive Director
Mr Barry Nealon, Non-Executive Director
Mr Mike Stevens, Non-Executive Director
Mr Darren Grayson, Chief Executive
Mrs Vanessa Harris, Director of Finance
Dr Andy Slater, Joint Medical Director – Strategy

In attendance:
Dr Amanda Harrison, Director of Strategic Development and Assurance
Ms Jan Humber, Joint Staff Side Chairman
Ms Moira Tenney, Deputy Director of Human Resources
Mrs Liz Still, Research and Development Manager, (item 10)
Mr Peter Palmer, Assistant Company Secretary (minutes)

019/2015 **Welcome and Apologies for Absence**

a) **Chairman's Opening Remarks**

Mr Welling welcomed everyone to the public part of the main Board meeting and in particular Councillor Michael Ensor, Vice-Chairman of East Sussex County Council who was in the audience. He explained that a slightly different approach would be taken to the presentation of reports; papers would be taken as read, with a more succinct presentation of key points, followed by Board questions.

It was noted that the meeting was being recorded to ensure accuracy of records.

b) **Apologies for Absence**

Mr Welling reported that apologies for absence had been received from:

Prof. Jon Cohen, Non-Executive Director
Ms Monica Green, Director of Human Resources
Dr David Hughes, Joint Medical Director - Clinical Governance
Mr Richard Sunley, Deputy Chief Executive/Chief Operating Officer
Mrs Alice Webster, Director of Nursing

Mrs Lynette Wells, Company Secretary

c)

Feedback from Quality Walks

Dr Harrison reported on two visits that she had undertaken, to Infection Control at Eastbourne District General Hospital (EDGH) and to Occupational Health at the Conquest Hospital.

Dr Harrison said that she had been very impressed by the manner in which the Infection Control team worked. She explained that the department had recently been restructured in order to provide a site specific focus on infection control. Dr Harrison commented on how impressively infection had been controlled within the Trust during the recent busy period. She reported that the team faced challenges around the number of single rooms and isolation areas available within the Trust, and explained the need for robust infection control cover in the Community.

Dr Harrison said that her visit had been very positive, and that she had been impressed by the enthusiastic and proactive nature of the Infection Control team.

Dr Harrison advised that she had also visited the Occupational Health department at the Conquest Hospital. The Department had responded very positively to the recent consolidation of their services on to a single site and that a telephone one-touch service, to allow them to support staff remotely, had been successfully introduced. Dr Harrison said that the team were looking at ways to improve long term staff sickness levels within the Trust and were planning to contribute to a leadership conversation to discuss staff health and wellbeing.

Dr Harrison explained that she had found the staff to be very enthusiastic and that despite the recent impact of serious illness within the department she had found morale to be good.

Mr Nealon explained that he had been asked to join the Dementia Committee in 2014, and had undertaken an unannounced visit to MacDonald Ward in order to see what measures were in place to support patients who suffered from dementia. Mr Nealon said that it was clear from physical evidence on the ward that dementia was a priority and that clear information was available about the care needs of each patient. New programmes were being introduced to improve the identification of patients suffering from dementia on the ward.

Mr Nealon explained that the issues existing around discharging patients in a timely manner had a knock-on effect that was felt throughout the Trust. Dr Debbie Benson had spoken to him about the possibility of opening a shared service ward run by both Social Services and ESHT in order to help alleviate this issue. Mr Nealon said that

nursing staff on MacDonald Ward had spoken to him about their desire to make a patio situated next to the ward more welcoming, so that patients could use it during the warm summer months. Mrs Harris commented that an application should be made to the Friends of the Hospital to facilitate this, or that charitable funds could be used to pay for these improvements.

The Board noted the report on quality walks.

020/2015 **Monthly Award Winners**

Mr Welling reported that the Monthly Award Winner for February was Wendy Fitchett who had been nominated for the work she had carried out in promoting and teaching other staff about the new Bloodhound system, used for collecting blood products.

021/2015 **Declarations of Interest**

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

022/2015 **Minutes and Matters Arising**

a) **Minutes**

The minutes of the Trust Board meeting held on 4th February 2015 were considered and approved as an accurate record.

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

b) **Matters Arising**

It was noted that all matters arising had been discharged or would be considered during the business of the meeting.

023/2015 **Chief Executive's Report**

Mr Grayson said that he felt that during 2014/15 the Trust had been successfully steered through a period of significant service change and reconfiguration. Services had been changed to improve their safety and quality that emerging data had begun to demonstrate the improvements made, but that there was still a lot of work that needed to be done.

He outlined that it had been a challenging period for the organisation, its staff and for the local community, but that the continued level of investment in EDGH demonstrated that the Trust was committed to

improving services and service provision at that hospital. Mr Grayson added that the Trust had delivered a strong financial performance.

Mr Grayson said that he did not feel that 2015/16 would be an easier year, and that it was not clear what changes would result from East Sussex Better Together, the 5 Year Forward Plan, the Dalton Review and the outcome of the General Election. He added that the Trust needed to have an extended period of stability, and that no further service reconfigurations on the scale of those carried out over the last couple of years were now needed, although there would still be a requirement to respond to demands from commissioners and from the government and to continue to transform services.

The Board noted the Chief Executive's report.

024/2015 **Board Assurance Framework**

Dr Harrison presented the Board Assurance Framework report and noted that it had been updated since the previous Board meeting. She said that the Assurance Framework had been independently reviewed and had received substantial assurance, which was an improvement on the level of assurance received in the previous year. Dr Harrison explained that the Trust's risks for 2015/16 would be reviewed by the Board at a risk summit as part of the annual workplan.

Mr Welling asked about the continued risk relating to the waiting times for appointments for Community Paediatrics. Mr Grayson updated that the Trust was working with the Clinical Commissioning Groups (CCGs) to reduce waiting times, and that they were looking to revise the specification to support effective provision of the service. He explained that since January 2015 the number of referrals received by the service had increased by 40%; further work was being undertaken with the CCG to understand why this had happened and if this increase would be a sustained or temporary one. Mr Grayson said that two Consultant Community Paediatricians had been employed by the Trust in March.

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

QUALITY, SAFETY AND PERFORMANCE

025/2015 **Performance Reports**

a) **Performance Report – January 2015 (Month 10)**

The TDA overall scoring for January showed the Trust had a score of 4, so there was still room for further improvement. Mr Grayson reported that the Trust's A&E performance was in the top 25% in the country.

He added that the Trust was currently rated 3 in the safe domain, mainly as a result of clostridium difficile infections that had occurred during the year. He reported that during the recent busy period there had not been a rise in infections as might have been expected, and that the Trust was reviewing this to identify areas of good practice.

Mr Welling asked for further information concerning the impact that delayed transfers had on the care of patients in the hospital.

AW

Mrs Harris asked whether any information was available in respect of meeting cancer targets during February. Mr Grayson replied that he would follow this up with Mr Sunley but was aware that there had been a significant spike in referrals in some specialities, including a 96% increase in gastroenterological cancer referrals, which presented operational challenges.

Ms Tenney reported that the budgeted number of staff in the Trust was currently 16wte above its target. It was noted that there had been a decrease in the use of agency staff and an increase in bank usage during Month 10. In addition vacancies and staff turnover had reduced, and sickness had decreased during the month.

Mrs Tenney reported that a new absence management policy would be introduced from 1st April 2015. Mandatory training completion had increased over the last six months and each Clinical Unit had plans in place improve their appraisal rates to over 90%, although these plans had been affected by the recent busy period.

Mr Nealon said he was concerned about the effect that recent changes within the Trust had on staff morale. He stressed the importance of undertaking work to understand the reasons for low morale amongst staff and on how to improve it.

Mrs Bernhauser asked about the extent to which the turnover figures reflected the number of staff who had retired, rather than those who had left the Trust. Mr Grayson asked for greater detail to be provided in the next report in order for the Board to understand the reasons behind staff leaving the Trust.

MG

Dr Slater asked if it would be advantageous for some areas within the Trust to offer staff overtime payments rather than employing the same staff via the bank. Ms Tenney replied that employing staff using the bank was more cost effective, and that 60% of staff on the bank also had substantive contracts. She explained that hiring agency staff should be a last resort, but that due to vacancy rates there were insufficient staff available unless some agency staff were employed.

Mr Stevens commented that the sickness absence target for the Trust was higher than average sickness level for the entire country, and explained that he felt that improving morale and the quality of appraisals

would improve sickness absence.

Ms Tenney said that the key factors Human Resources would be looking at in 2015/16 would be recruitment, retention and staff engagement and if managed correctly that these would all link together to help improve staff morale and absence rates.

The Board noted the performance report for January 2015.

b) Finance Report – February 2015 (month 11)

Mrs Harris reported that the forecast for the current financial year was that the Trust would make a small surplus of £88k as per Plan, and that similarly the Cost Improvement Programme (CIP) would be delivered. She advised that the Trust had a positive cash balance and rates of payment for trade invoices for February had improved.

Mr Welling said that meeting the Trust's financial plan was a great achievement for the entire organisation, and one deserving of a huge amount of praise.

Mr Nealon commended the finance team for their work in managing the Trust's financial position during 2014/15. He explained that he had concerns over the costs of replacing obsolete equipment, but that progress had been made in this area during the previous financial year.

Mr Grayson advised that fewer inpatients had been admitted to the Trust than had been planned for. He said that this was a positive step, as the Trust's plan was to care for more patients safely and effectively in their own homes, rather than admitting them to hospital. He reported that the Trust had succeeded in reducing admissions by 7.9% against a national trend of increased admissions, and that the acute physicians, supported by redesigned junior doctors' working patterns, had been key in contributing to this success.

Mr Grayson said that the Trust was on track to meet its full CIP of £21million for 2014/15, and that it had saved almost £60million over the previous three years.

Dr Slater added that he felt the approach taken by the Clinical Units (CUs) during the previous year, with each CU developing and taking ownership of their own CIPs, had worked. He was pleased to see the amount of joined up working that had been displayed at the recent Board Seminar presentations of the CUs' plans for 2015/16.

Mr Stevens said that it was generally accepted that most CIPs would deliver between 66-75% of their proposed savings, and that he felt that achieving 100% of the proposed savings was a significant achievement.

The Board noted the finance report for December 2014.

026/2015 **Quality Improvement Priorities 2015/16**

Dr Harrison explained that the priorities for the Annual Quality Account had been developed in consultation and encompassed feedback from both staff and patients. Mr Welling advised that the proposals had already been agreed by both the Quality & Standards Committee and by the Clinical Management Executive.

The Board approved the Quality Improvement Priorities for 2015/16.

027/2015 **Staff Survey**

Ms Tenney explained that the recent Staff Survey carried out in the Trust was a National survey that all Trusts in the country undertook. The results of the survey showed that there had been an increased response rate from staff, and that staff morale was at broadly the same level as it had been the previous year. Ms Tenney explained that the Trust's results were compared to the results of acute Trusts nationally and that a request had been made for this comparison to be changed to take into account that the Trust is an integrated organisation.

Ms Tenney said that it was clear from the report that improving engagement with staff was key to improving staff morale. Staff and senior management had been asked to suggest ideas for improving morale, and staff meetings were being convened with the aim of improving staff engagement. Ms Tenney reported that other proposals that had been made to improve staff engagement included a range of Speaking Out initiatives and the formation of Listening Into Action groups to look at ways to better enable staff to raise any concerns.

Ms Humber said that she attended staff engagement meetings and that there was great enthusiasm for improvement within those meetings. It was important that this level of engagement and enthusiasm was transferred into the work environment.

Mr Welling said that there was no doubt that the staff survey depicted the Trust in a poor light, but that he hoped that a year of stability, and the new initiatives proposed, would help to improve staff morale before the next survey took place.

Mr Grayson said that the results of the survey were largely unchanged from those of the previous year. He did not feel that comparing ESHT to acute Trusts around the country was a useful exercise but that this did not change the results and comments found within the survey. Mr Grayson explained that the Board's recent focus had been on service reconfiguration and finance, and that they now needed to bring that same focus to bear on the issues raised in the staff survey. He added

that it was vital to make frontline staff feel that they were better connected to what was going on within the Trust.

Mr Nealon said that he felt there was a need for a measurable improvement in staff morale before the next staff survey. He said that communication with staff needed to be improved and that he was concerned that members of staff felt uncomfortable about raising issues with senior colleagues.

Dr Harrison said that the Trust was in the process of writing a communications and engagement strategy and that this would look at these issues. She explained that a lot of work had already been undertaken during leadership conversations with senior managers around improving communication across the organisation. Dr Harrison said that the numbers of incidents reported by staff at ESHT compared well with numbers recorded at other comparable organisations, and that reporting of incidents was actively encouraged at all levels. Mr Grayson said that he felt it was important to continue to reinforce that incident reporting was important, and that objective evidence showed that the Trust's management of serious incidents was good.

Mr Stevens asked whether HR felt that they were sufficiently engaged with the issues raised in the staff survey and the need to continually support managers. Ms Tenney said that there was always more that could be done and that HR were looking to improve the resources that were available in order to provide better support to managers.

Ms Tenney said that HR was also looking at ways to support staff in raising any concerns that they may have and ensuring that bullying and harassment did not take place within the Trust. Mr Welling noted that this piece of work was linked to the work being carried out around the Francis Report.

The Board noted the Staff Survey 2015/16 report and resolved to hold further discussions around the issues it raised.

028/2015 **Research and Development Report**

Mrs Still presented an update on Research and Development within the Trust and noted that the conclusions and recommendations within the report had been updated since the last Trust Board Meeting. She explained that Dr Hughes had asked for volunteers for Research Champions in the Trust, with one nomination having been received so far, and that plans were in place to enable nurses to support clinicians to undertake research. Mrs Still reported that a second scientific day had been successful, and that this had been useful in allowing staff to identify research and studies taking place within the Trust. She said that thirty posters had been presented on the day, six verbal presentations had been given and over eighty people had attended the event.

Mr Grayson said that he had attended the scientific day and had found it to be a very successful event. Attendees had been very engaged with the day's proceedings and the atmosphere had been very positive.

Mr Nealon asked if any feedback from the event was going to be produced, and Mrs Still advised that photos had been taken on the day and a report would be published in Connect.

Dr Slater said that it was very easy as a doctor to lose the desire to continue to undertake research and asked what mechanisms the Trust had in place in order to support doctors who wished to continue with research. Mrs Still replied that the Trust could refer doctors wishing to continue with research to the Research Design Service, provided by the National Institute for Health Research, who would help doctors undertake research outside the Trust.

The Board noted the Research and Development report.

STRATEGY

029/2015 **HOSC Report on Maternity**

Dr Harrison explained that the report presented to the Trust Board provided an update on service improvements and progress made since the maternity and paediatric reconfiguration had occurred. She noted that Appendix B of the report showed that sustained improvements had been made in both the safety and quality of maternity and paediatric services at ESHT since the reconfiguration. Dr Harrison explained that work was being undertaken to further improve midwifery care pathways and access to emergency paediatric care.

Mr Welling said that he felt the report was very helpful and provided a check on the progress the Trust had made since reconfiguration. He said that it demonstrated that undertaking the service reconfiguration had been the correct decision for mothers and babies in East Sussex.

Mr Grayson thanked the midwives, obstetricians and other members of staff who had proposed, planned and delivered the reconfigured service and said that the report demonstrated improved outcomes for women and children.

The Board noted the HOSC Report on Maternity.

DELIVERY

030/2015 **Annual Business Plan 2014/15 Quarter 4**

Dr. Harrison presented the report which provided an overview and progress against delivery of the actions in place for the Annual Business

Plan.

The Board noted the Annual Business Plan 2014/15 Quarter 4.

031/2015 **Annual Business Plan and Budget 2015/16 Progress Report**

Dr Harrison noted that the plan for 2015/16 was a development on 2014/15's plan. She said that the CUs had developed bottom up plans which fed into the Annual Business Plan, and that the Trust's draft plan would be submitted to the TDA on 7th April 2015, before submission of a final version on 14th May 2015.

Mrs Harris explained that the Board was being asked to approve the provisional expenditure budget for 2015/16 for revenue and capital. She explained that a decision around the National Tariff had been delayed which had had an impact on finalising the Trust's income position. She said that a voluntary tariff had now been agreed and that the Trust would be working towards this. Mrs Harris reported that the Trust was working with NHS England and CCGs in order to conclude contractual arrangements for 2015/16.

Mrs Harris said that in the absence of an agreed patient income budget it was proposed that the Board set a provisional expenditure only budget for 2015/16 pending agreement of a final Plan. This would enable budget holders to proceed with the operational management of the Trust. She noted that the Trust was aiming to identify CIPs totalling £15million, or 3.8%, but had currently only identified CIPs totalling £11.4million. There was currently a remainder gap of £3.6m but that the Trust had to ensure that service quality and safety were not affected by savings plans.

Mrs Harris explained that there would be a notable increase in payments to the Clinical Negligence Scheme for Trusts in 2015/16 which would have an associated cost pressure. Mr Ellis asked why the payments had increased and Mrs Harris advised that this was a nationwide pressure as claim volumes had increased and discounts had been removed although the impact varied from Trust to Trust.

Mrs Harris reported that significant further savings should be expected around procurement over the next two years.

The Board approved the provisional Annual Business Plan 2015/16 and noted the schedule for completion and approval of the final Plan.

032/2015 **Capital Programme 2015/16**

Mrs Harris reported that additional capital for improvements to A&E and Health Records had been received during 2014/15. She explained that

the report set out the Trust's five year Capital Programme and should be considered as a current snapshot that could be revised as required during that period.

Mr Welling said that the Trust's infrastructure was an ongoing pressure and would need to undergo continuous review during the five year period.

The Board noted the Capital Programme 2015/16.

GOVERNANCE & ASSURANCE

033/2015 **Same Sex Accommodation – Annual Declaration of Compliance**

Mr Grayson reported that the Trust was required to provide an annual declaration on eliminating mixed sex accommodation and said that a report on breaches in same sex accommodation was included in the Trust's Performance Report.

The Board ratified the declaration which would be published on the Trust's website.

034/2015 **Board Sub-Committee reports and Trust Board Seminar Notes**

a) Audit Committee

Mr Stevens presented the report and noted plans to mitigate fire safety risks had been discussed with and approved by the local fire services.

The Board noted the report.

b) Finance and Investment Committee

Mr Nealon presented the report.

The Board noted the report.

035/2015 **Letter from Jeremy Hunt re Francis Enquiry**

Mr Welling explained that an incorrect letter from Jeremy Hunt had been sent out with the Board papers, and the correct version was circulated. He said that he wanted to make very clear that the Trust placed the utmost importance on stopping bullying and harassment of staff and full support had to be given to whistle-blowers.

The Board noted the letter.

036/2015 **Chairman's Briefing**

Mr Welling presented the briefing which was self-explanatory.

037/2015 **Questions from Members of the Public**

Staff Survey

Mrs Walke explained that she was concerned by the results of the Staff Survey, but that due to the reconfiguration she was not surprised by them. She asked whether any new initiatives would be introduced as a result of the survey, as those currently in place did not seem to be effective. Ms Tenney replied that, as discussed in the Board meeting, the Trust was working on ways to improve staff engagement, and that this would involve speaking to staff and managers and ascertaining how engagement with staff could be improved.

CQC

Mrs Walke asked if there was any update on when the CQC would produce their reports on ESHT. Mr Welling replied that the CQC had returned to the Trust on 23rd March 2014 in order to undertake further inspections and that the process was still ongoing. He said that until the process, which included holding a Quality Summit with the CQC before the reports could be published, was concluded he was unsure of when the reports would be published. Mr Welling explained that Trust had met every deadline they had been set by the CQC.

Time Limit for Public Questions

Mr Campbell asked what the precise rule was around having 15 minutes of questions from the public and Mr Welling replied that this was to indicate the time allowed for questions and he would in the main try and ensure all questions could be answered within this time.

Kingsgate

Mr Campbell asked whether Kingsgate would continue to be contracted by the Trust during 2015/16 and Mr Grayson replied that they would not.

Language requirements for Trust Staff

Mr Campbell enquired about the level of proficiency in the English language required for staff who were internationally recruited by the Trust. Ms Tenney replied that all internationally recruited nurses underwent a language test in their own country, which was set by the NMC. She explained that they then underwent a further test when they arrived in the UK. Ms Tenney said that the GMC set a language test for all doctors who were internationally recruited, and that this was more stringent than the test set for nurses.

Recovery Plans for Electronic Systems

Mr Campbell asked if the Trust had a recovery plan in place in case VitalPac, SystemOne or any other electronic systems failed and Mr Grayson replied that plans were in place for these eventualities as part of the Trust's Business Continuity Plans.

038/2015 **Date of Next Meeting**

Tuesday, 2nd June 2015, at 10.00 am in the Lecture Theatre, Education Centre, Conquest Hospital

039/2015 **Closed Session Resolution**

The Chairman proposed that further to the relevant provisions of the Public Meetings Act 1960, representatives of the press and other members of the public should be excluded from Part 2 of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Signed

Position

Date

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	6
Subject:	Board Assurance Framework
Reporting Officer:	Lynette Wells, Company Secretary

Action: This paper is for (please tick)			
Assurance	√	Approval	Decision
Purpose:			
Attached is the Board Assurance Framework (BAF) which brings together the strategic priorities and objectives of the organisation, with an assessment of their risks, the controls in place and details of the internal and external assurance along with associated actions.			

Introduction:
<p>The Assurance Framework has been reviewed and updated since the last meeting of the Trust Board. The BAF clearly demonstrates whether the risk remains unchanged, has increased or decreased since the last iteration. There are clear actions against identified gaps in control and assurance and these are individually RAG rated.</p> <p>The following three areas are rated red:</p> <ul style="list-style-type: none"> • The Health Records gap in control (1.1.3) remains red as availability issues continue to be flagged, however a number of actions are in place in respect of this function. The Quality and Standards Committee will be undertaking a deep dive of this service at its next meeting to gain assurance. • Progress is being made in respect of mandatory training 1.3.1 and if this continues the RAG status will be revised. • Internet Gateway (3.5.2) a national solution is being sought. <p>In respect of the amber rated community paediatrics (1.2.7) the Quality and Standards Committee received an update from the Service Manager and consultant on the significant progress being made in reducing the backlog and the development of a future service specification with commissioners.</p>

Analysis of Key Issues and Discussion Points Raised by the Report:
The Trust Board is asked to consider whether the main inherent/residual risks have been identified and that controls are appropriate to manage and mitigate the risks.

Benefits:
Identifying the principle strategic risks to the organisation provides assurance to the Trust Board that these risks are effectively controlled and mitigated which supports the Trust in achieving its strategic aims and objectives.

Risks and Implications
Failure to identify and monitor the strategic risks to the organisation will lead to an inability to demonstrate effective systems of internal control and an increase in the likelihood of adverse outcomes for the Trust.

Assurance Provided:
The BAF identifies the principle strategic risks to achieving the Trust's aims and objectives and the gaps in controls and assurance and subsequent actions being taken to mitigate these.

Board Assurance Framework (please tick)	
Strategic Objective 1 - Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority	√
Strategic Objective 2 - Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences	√
Strategic Objective 3 - 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.	√

Review by other Committees/Groups (please state name and date):
Quality and Standards Committee 5 th May 2015

Proposals and/or Recommendations
The Trust Board is asked to review and note the revised Board Assurance Framework and consider whether the main inherent/residual risks have been identified and that actions are appropriate to manage the risks.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)
What risk to Equality & Human Rights (if any) has been identified from the impact assessment?
None identified.

For further information or for any enquiries relating to this report please contact:	
Name: Lynette Wells, Company Secretary	Contact details: lynette.wells2@nhs.net

Board Assurance Framework - April 2015

Strategic Objective 1:			Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority				
Risk 1.1			We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies				
Key controls			<p>Effective risk management processes in place; reviewed locally and at Board sub committees. Review and responding to internal and external reviews, national guidance and best practice. Feedback and implementation of action following "quality walks" and assurance visits. Reinforcement of required standards of patient documentation and review of policies and procedures Accountability agreed and known eg HN, ward matrons, clinical leads. Annual review of Committee structure and terms of reference CQC inspection process</p>				
Positive assurances			<p>Provider Compliance Assessments completed to ward level and gaps reviewed Internal audit report on CQC compliance Weekly audits/peer reviews eg observations of practice Monthly reviews of data with each CU 'Quality walks' programme in place and forms part of Board objectives External visits register outcomes and actions reviewed by Quality and Standards Committee Financial Reporting in line with statutory requirements and Audit Committee independently meets with auditors</p>				
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
1.1.1	C	There is a gap in control due to the number of policies that require review and updating.	Schedule of out of date policies produced and circulated to CU leads.Process in place for reviewing and updating policies to meet Mar milestone. Monitoring through CME. <i>Apr-15 Number of out of date policies reduced, circa 26% trajectory set to achieve compliance.</i>	end Jun 15	◀▶	DN/COO	CME
1.1.2	A	<i>CQC report issued for September 2014 inspection identifies a number of improvements that are required across the Organisation.</i>	<i>Project Group in place and action plan developed. Will be monitored through Quality and Standards Committee. Inspection report for March 2015 visit awaited.</i>	end Sep 15	◀▶	DN	Q&S CME
1.1.3	C	There is a requirement to improve controls in Health Records service; to encompass systems and processes, storage capacity and quality of case note folders.	Review of Health Records commissioned and business case funded. Implementation commencing to include storage and tracking of health records. Building work being agreed with NHS Property services, start date May-15. <i>Apr-15 Continued issues with record availability being monitored and actions developed.</i>	end May-15	▲	COO	F&I CME

Board Assurance Framework - April 2015

Strategic Objective 1:	Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority
Risk 1.2	We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.
Key controls	<p>Robust monitoring of performance and any necessary contingency plans. Including:</p> <ul style="list-style-type: none"> Monthly performance meeting with clinical units Clear ownership of individual targets/priorities Daily performance reports Effective communication channels with commissioners and stakeholders Healthcare Associated Infection (HCAI) monitoring and Root Cause Analysis Single Sex Accommodation (SSA) monitoring Regular audit of cleaning standards Business Continuity and Major Incident Plans Reviewing and responding to national reports and guidance Monthly audit of national cleaning standards
Positive assurances	<p>Integrated performance report that links performance to Board agreed outcomes, aims and objectives.</p> <ul style="list-style-type: none"> Exception reporting on areas requiring Board/high level review Dr Foster/CHKS HSMR/SHMI/RAMI data Low HCAI and SSA breaches Performance delivery plan in place Accreditation and peer review visits Level two of Information Governance Toolkit External/Internal Audit reports and opinion Patient Safety Thermometer Cancer - all tumour groups implementing actions following peer review of IOG compliance. Trust Board reviewed analysis of Keogh, Berwick et al; actions agreed and monitored at Q&S Committee.

Board Assurance Framework - April 2015

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
1.2.1	C	Gap in control in delivery of cancer metrics and ability to respond to demand and patient choice.	Focussed management and actions in place. Cancer network discussion re urology capacity/ expectations. Capacity and demand review of gastro and endoscopy being completed. Feb-15 Proactive management continuing, with weekly review to improve compliance. Engagement with GPs in relation to 2WW and patient education. New pathways with milestones introduced with support of cancer nurse specialists. Apr-15 Additional lists added.	end Jun-15	◀▶	COO	CME
1.2.2	C	Further controls required in emergency services as demand is impacting patient assessment-treatment time and subsequent discharge to other specialist/bed areas	Meet SECAMB monthly to review issues. Action plan and escalation process in place Feb-15 Capital bid with TDA to support expansion. Capital bid outcome awaited, planning permission being sought in advance.	Feb-15	◀▶	COO	CME
1.2.3	C	Effective controls are required to minimise the risk to achievement of referral to treatment timescales, particularly the admitted pathway.	Action plan developed with support from National Intensive Support team and TDA, monitored by Trust Board. Revised trajectory agreed. Apr-15 Pressures on gastro due to national publicity campaign leading to increase in referrals.	end Jun-15	◀▶	COO	CME
1.2.4	A	Assurance is required that there are systems in place to develop and evidence shared learning from infection control incidents	Root Cause Analysis undertaken for all outbreaks and SIs and shared learning through governance structure, CU and nurse meetings. Cleaning controls in place and hand hygiene audited. Feb-15 Pevensey Ward separation of Day Unit from inpatients as interim measure until purpose built unit in place.	end Mar 15	◀▶	DN	Q&S

Board Assurance Framework - April 2015

Strategic Objective 1:			Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority				
Risk 1.2 Continued			We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.				
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
1.2.5	A	There is insufficient assurance that clinical laboratory diagnostics analytical equipment will be replaced in a timely way following internal approval of the managed service contract.	Agreed to replace via managed services contract. FBC to Finance and Investment Committee meeting approved then to TDA Feb-15 FBC still with TDA	end Mar 15	◀▶	COO	F&I CME
1.2.6	C	Additional controls are needed to reduce the backlog of plain film reporting and delay in reporting non urgent radiological investigations.	Process in place to reduce plain film backlog and patients being contacted. CCG appraised of position and comms sent to GPs. Prioritisation process for urgent MRI/CT scans.	end Mar 15	◀▶	COO/ MD(G)	CME
1.2.7	C	Effective controls are required to ensure children requiring an appointment with a community consultant paediatrician are seen in a timely manner.	Feb-15 Action plan in place to reduce waiting list and working in partnership with commissioner to develop service specification and care pathways <i>Apr-15 Recruitment of two additional locum consultants. Waiting lists being appropriately managed but increased number of referrals impacting progress.</i>	end Jul 15	◀▶	COO	CME/Q&S

Board Assurance Framework - April 2015

Risk 1.3			There is a lack of leadership capability and capacity to lead on-going performance improvement and build a high performing organisation.				
Key controls			Clinical Unit Structure and governance process provide ownership and accountability to Clinical Units Clinicians engaged with clinical strategy and lead on implementation Job planning aligned to Trust aims and objectives Membership of CME involves Clinical Unit leads Appraisal and revalidation process Implementation of Organisational Development Strategy and Workforce Strategy National Leadership Programmes First Line Managers programme Regular leadership meetings				
Positive assurances			Effective governance structure in place Evidence based assurance process to test cases for change in place and developed in clinical strategy Clinical engagement events taking place Clinical Forum being developed Clinical Units fully involved in developing business plans Training and support for those clinicians taking part in consultation and reconfiguration. On-going monitoring of safety and performance of reconfigured services to identify unintended consequences Personal Development Plans in place				
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
1.3.1	A	Assurance is required that the controls in place in relation to mandatory training and appraisals are effective and are improving levels of mandatory training and completion of appraisals.	Initiatives such as mandatory training passport being rolled out and developing e-assessments to support competency based local training. Robust actions planned to improve compliance by the end of the year. Including additional mandatory sessions, temporary resource to help develop competency assessments. Apr 15 – Compliance figures continue to improve. CEO/HRD discussions with lowest compliance CUs – March/April 2015. E-assessments being piloted Uckfield/Lewes and developing a roll-out plan. Competencies by role being developed to give clarity on mandatory requirements.	end Apr-15	◀▶	HRD	Q&S CME

Board Assurance Framework - April 2015

Strategic Objective 2:			Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences					
Risk 2.1			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.					
Key controls			Develop effective relationships with CCGs Participation in Clinical Networks, Clinical Leaders Group and Sussex Cluster work. Relationship with and reporting to HOSC Programme of meetings with key partners and stakeholders					
Positive assurances			Trust participates in Sussex wide networks e.g. stroke, cardio, pathology. Monthly performance and senior management meetings with CCG and TDA. Working with clinical commissioning exec via Better Together and Challenged Health Economy to identify priorities/strategic aims. Board to Board meetings with CCGs, SECAMB and other bodies. Membership of local Health Economy Boards – UCN, Elective, Integrated. Participant in emergency clinical senates					
Gaps in Control (C) or Assurance (A):			Actions:		Date/ milestone	RAG	Lead	Monitoring Group
2.1.1	C	Effective controls and engagement are required to ensure the Trust can model and respond to the potential loss of any services and reconfiguration following tender exercises.	Trust proceeded to dialogue phase of tender process, on-going risk assessment being undertaken as CCG requirement becomes clearer. Final tender evaluation scheduled end May.		end May15	◄►	DSDA	F&I CME
			Working with prime provider to facilitate implementation of MSK model of care. Impact on current service configuration being determined.		Aug-15	◄►	COO	CME

Board Assurance Framework - April 2015

Strategic Objective 2:		Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences				
Risk 2.2		We are unable to define our strategic intentions, service plans and configuration in an Integrated Business Plan that ensures sustainable services and future viability.				
Key controls		Develop and embed key strategies that underpin the Integrated Business Plan (IBP): Clinical Strategy, Workforce Strategy, IT Strategy, Estates Strategy and Membership Strategy Effective business planning process				
Positive assurances		Two year integrated business plan in place Stakeholder engagement in developing plans Finalising service delivery model for maternity and paediatrics				
Gaps in Control (C) or Assurance (A):		Actions:	Date/ milestone	RAG	Lead	Monitoring Group
2.2.1	A	There is insufficient assurance that the Trust will be able to develop a five year integrated business plan aligned to the Challenged Health Economy work.	Challenged Health Economy and Better Together Work on-going. Trust submitted 15/16 plans in line with TDA requirements. Next stage Clinical Strategy development work commences in May 2015	end Mar 16	◀▶	DSDA F&I CME

Board Assurance Framework - April 2015

Strategic Objective 2:		Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences					
Risk 2.3		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.					
Key controls		Embedding Patient and Public Involvement Strategy Governance processes support and evidence organisational learning when things go wrong Quality Governance Framework and quality dashboard. Risk assessments Complaint and incident monitoring and shared learning Robust complaints process in place that supports early local resolution Clinical audit plan Equality strategy and equality impact assessments					
Positive assurances		Integrated performance report that links performance to Board agreed outcomes, aims and objectives. Board receives clear perspective on all aspect of organisation performance and progress towards achieving Trust objectives. Friends and Family feedback and national benchmarking Patient surveys Dr Foster/CHKS/HSMR data Audit opinion and reports Quality framework in place and priorities agreed e.g. for Quality Account, CQUINs					
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
2.3.1	A	Assurance is required that patient transport services will be improved to minimise any detrimental impact on patient care and experience.	Incidents logged, issues escalated to SECAMB and CCG. Service spec being reviewed by commissioners; Trust engaging with process. Apr-15 Inpatients - Trust has access to additional vehicles via Elite. Issue remains with outpatients. CCG reviewing.	end Aug 15	◀▶	COO	CME
2.3.3	C	A number of concerns have been identified following the centralisation of reception and outpatient services on the two acute sites. Further controls are required to support delivery of an efficient service and good patient experience.	Review instigated to support implementation of focussed actions. Feb-15 Central team in place and systems being monitored. Considering developing specialist teams to support areas with complex processes. Apr-15 Close liaison between service managers and booking team. Increased working space/ essential equipment. Monitoring of performance via dashboard.	end Jul-15	◀▶	COO	CME

Board Assurance Framework - April 2015

Strategic Objective 3:			Use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally and financially sustainable.				
Risk 3.1			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.				
Key controls			Clinical strategy development informed by commissioning intentions, with involvement of CCGs and stakeholders QIPP delivery managed through Trust governance structures aligned to clinical strategy. Participation in Clinical Networks, Clinical Leaders Group and Sussex Cluster work Modelling of impact of service changes and consequences Monthly monitoring of income and expenditure Turnaround progress in place				
Positive assurances			Trust participates in Sussex wide networks e.g. stroke, cardio, pathology. Written reports to CME on progress with QIPP targets to ensure improvements in patient outcomes are planned and co-ordinated. Performance reviewed weekly by CLT and considered at Board level. Evidence that actions agreed and monitored. Decrease in medical admissions at CQ continued and new practice being developed at EDGH (medical input is key)				
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.1.1	C	Require evidence of robust controls to ensure achievement of 2014/15 financial plan and prevent crystallisation of identified risks as follows: activity levels exceed plan, premium costs incurred to deliver 18 weeks, slippage on £20.4m savings plan, CQUIN income not received in full.	Monthly monitoring and review of income and expenditure. Additional savings identified and further controls in place to close gap. Apr-15 The annual Cost Improvement Programme has been delivered and the year-end surplus is £88k as per Plan (subject to audit). .	Commenced and on-going review and monitoring to end Mar-15	◀▶	DF	F&I

Board Assurance Framework - April 2015

Strategic Objective 3:			Use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally and financially sustainable.				
Risk 3.2			We are unable to invest in delivering/improving quality of care and outcomes for patients because we are operating in a challenged health economy and this could impact on our ability to make investment in infrastructure and service improvement.				
Key controls			Development of Integrated Business Plan and underpinning strategies Six Facet Estate Survey Capital funding programme and development control plan Monitoring by F&I Committee				
Positive assurances			Draft assessment of current estate alignment to PAPs produced Essential work prioritised with Estates, IT and medical equipment plans. Significant investment in estate infrastructure, IT and medical equipment required over and above that included in the Clinical Strategy FBC. Capital Approvals Group meet monthly to review capital requirements and allocate resource accordingly.				
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.2.1	A	Assurance is required that following approval of the FBC funding will be available to support the required investment in estate infrastructure, IT and medical equipment. There is a significant over planning margin over the 5 year planning period and a risk that essential works may not be affordable.	Business case submitted to TDA for early release of first tranche of FBC funds. Two applications made for emergency in year capital. £400k received for Conquest CDU improvements. Other application still pending. Capital Approvals Group overseeing 2014/15 capital programme and ensuring essential expenditure is prioritised and reporting to Finance and Investment Committee. Feb-15 Emergency capital PDC agreed for Conquest ED and application for medical records improvement project recommended by ITFF to DH for approval. Apr-15 Emergency capital PDC agreed for Conquest Emergency Department and a capital loan received for medical records improvement project	On-going review and monitoring to end Mar-15	◀▶	DF	F&I

Board Assurance Framework - April 2015

Strategic Objective 3:		Use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally and financially sustainable.				
Risk 3.3		We are unable to effectively recruit and manage our workforce in line with our strategic, quality, operational and financial requirements				
Key controls		Development of workforce strategy: - to align workforce plans with strategic direction and other delivery plans; - to ensure a link between workforce planning and quality measures Development of Recruitment and Retention Strategy Workforce metrics reviewed as part of the Integrated scorecard and alongside quality and performance data (plans to include vacancies) Rolling recruitment programme Monthly vacancy report and weekly recruitment report to CLT				
Positive assurances		Training and resources for staff development Workforce planning aligned to strategic development and support Workforce assurance quarterly meetings with CCGs Implementing Values Based Recruitment and supported training programme Success with some 'hard to recruit to' posts Well functioning Temporary Workforce Service. Full participation in HEKSS Education commissioning process.				
Gaps in Control (C) or Assurance (A):		Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.3.1	C	There is a gap in control because the final workforce strategy has been delayed as a result of market testing and service reconfigurations that have arisen or may arise from tenders. Workforce plan to be aligned with business planning.	Number based workforce plans submitted to TDA and HEKSS to support development of specific plans. 14/15 Plan submitted in June 2014 and first high level iteration of 15/16 plan to TDA on 13th January 2015. Workforce strategy is being developed for end March 2015 to incorporate: 15/16 Business Plans, Learning Plan 15/16, Recruitment Strategy and Staff Engagement Action Plan Apr 15 – Workforce Strategy out for final comments and will go through committees for approval in May 2015.	end May-15	◀▶	HRD CME

Board Assurance Framework - April 2015

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.3.2	C	Assurance required that the Trust is able to appoint to "hard to recruit specialties" and effectively manage vacancies. There are future staff shortages in some areas due to an ageing workforce and changes in education provision and national shortages in some specialties e.g. cardiac physiologists, ODPs and anaesthetic staff.	Development of Recruitment & Retention Strategy and associated action plan Trust-wide for all CUs which will identify hard to recruit posts and associated actions. Apr 15 - R&R Strategy presented to Trust Board Seminar 22nd April 2015. Will go through committee structure for approval in May. R&R action plan being developed and will be presented to CME on a quarterly basis to review progress. R&R strategy will be reviewed by Board annually.	end May-15	▲	HRD	CME
			Nursing establishment and skill mix review being undertaken again in Dec-14. To be signed off at Board in Jan-15 Apr 15 – Skill mix review now being widened to include original out of scope areas, to be completed by end June 2015.	end Jun 15	◀▶	HRD	CME
			International Recruitment Programme for nurses to start in Jan-15 Feb 15 - European recruitment campaign started 4 new recruits to start Feb-15. Apr 15 – Recruitment agencies appointed to supply 80 Phillipino nurses however recruitment cannot commence until Aug-15. Two cohorts expected to commence Dec-15 and Mar-16. International recruitment also initiated for middle grade A&E Doctors from India.		◀▶	HRD	CME
			HCA local recruitment initiative to commence in Jan with aim to achieve full establishment by June-15. Feb 15 - Commenced with 23 new staff recruited Feb. Apr-15 – Undertaken 3 generic recruitment events, planning HCA recruitment open day in May, objective to appoint 50 new starters	Mar-16 end Jun-15	◀▶	HRD	CME

Board Assurance Framework - April 2015

3.3.2	C	Assurance required that the Trust is able to appoint to "hard to recruit specialties" and effectively manage vacancies. There are future staff shortages in some areas due to an ageing workforce and changes in education provision and national shortages in some specialties e.g. cardiac physiologists, ODPs and anaesthetic staff.	Track recruitment monitoring tool to be implemented. <i>Apr 15 – TRAC recruitment tool implemented in March 2015. Will be rolled out to recruitment managers as required. Positive feedback received to date.</i>	end Mar 15	◀▶	HRD	CME
			Value based recruitment to be incorporated into the recruitment process for all posts. Feb 15 - Implemented for newly qualified nurses. <i>Apr 15 – Implemented for HCA's and plan being developed to extend to all staff groups as part of the R&R Strategy.</i>	end Jun-15	▶◀	HRD	CME

Board Assurance Framework - April 2015

Strategic Objective 3:			Use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally and financially sustainable.				
Risk 3.4			We are unable to develop and implement effective cultural change programmes that lead to improvements in organisational capability and staff morale.				
Key controls			Leading for Success Programme Leadership meetings Listening in Action Programme Clinically led structure of Clinical Units Feedback and implementation of action following Quality Walks. Organisation values and behaviours developed by staff and agreed by Board.				
Positive assurances			Clinical engagement events taking place Clinical Forum being developed Clinical Units fully involved in developing business plans Embedding organisation values across the organisation - Values & Behaviours Implementation Plan Staff Engagement Action Plan Leadership Conversations National Leadership programmes Surveys conducted - Staff Survey/Staff FFT/GMC Survey				
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.4.1	A	The CQC staff survey 2013 provided insufficient assurance in some areas that staff are satisfied, engaged and would recommend the organisation to others.	Listening into Action Showcase events and continuation of the programme being mainstreamed into wider engagement work. Values launched and being embedded. Staff Engagement Ops and Exec Groups established. Involved in national OD work on culture change - linked with Portsmouth for learning. CU Lead / GM Development - being scoped. Health & Wellbeing initiatives being developed. Forward programme for Leadership conversations. Board and other committees receive regular reports and associated action plan updates on Staff/GMC surveys, Staff FFT Feb 15 - Further update once output of 2014 Staff Survey and Q4 Staff FFT are available.	end Mar 15	◀▶	HRD	Q&S CME

Board Assurance Framework - April 2015

Strategic Objective 3:		Use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally and financially sustainable.					
Risk 3.5		We are unable to effectively align our estate and IM&T infrastructure to effectively support our strategic, quality, operational and financial requirements.					
Key controls		Development of Integrated Business Plan and underpinning strategies Six Facet Estate Survey Capital funding programme and development control plan Capital Approvals Group and Finance and Investment Committee					
Positive assurances		Essential work prioritised with Estates, IT and medical equipment plans Capital approvals group meet monthly to review capital requirements and allocate resource accordingly Monitoring by Finance and Investment Committee					
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.5.1	C	There is a gap in control as a result of the Trust not having an aligned estates strategy in place.	Estates Strategy being developed. Progress updated presented to Board seminar in April. Substantive Head of Estates appointed	Jul-15	▲	COO	F&I CME
	A	Also refer to 3.2.1					
3.5.2	C	Inability to use web based applications as the N3 Internet Gateway is running at capacity between 11:00 and 15:00 daily.	Staff requested to review and minimise internet usage. Investigating possible alternative route for clinical internet traffic. National issue - CSU have raised with N3 that the next upgrade expected Summer 2015 needs to be expedited Apr-15 Escalated urgency of resolution with SE CSU.	end Mar 15	◀▶	DF	CME

Board Assurance Framework - April 2015

Strategic Objective 3:			Use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally and financially sustainable.				
Risk 3.6			We are unable to respond effectively to external factors and this affects our ability to meet our organisational goals and deliver sustainable strategic change				
Key controls			Horizon scanning by Executive team, Board and Business Planning team. Board seminars and development programme Robust governance arrangements to support Board assurance and decision making. Trust is member of FTN network Review of national reports				
Positive assurances			Policy documents and Board reporting reflect external policy Strategic development plans reflect external policy. Board seminar programme in place Business planning team established Clear process for handling tenders/gathering business intelligence and mobilisation or demobilisation of resources				
Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.6.1	A	Lack of assurance in respect of capacity and capability to effectively respond to tenders. Specialist skills are required to support Any Qualified Provider and tendering exercises by commissioners.	Apr-14 Business planning team in place and supported by PMO. Ongoing review of processes and evaluation of outcomes to identify learning. Tendering support in place with coaching for those involved in the process. Evaluation of effectiveness of process to be carried out once outcome of HWLH tender known.	end Aug 15	▲	DSDA	CME

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2014
Meeting:	Trust Board
Agenda item:	7
Subject:	Quality Account 2014 – 2015
Reporting Officer:	Alice Webster, Director of Nursing

Action: This paper is for (please tick)			
Assurance		Approval	√
Purpose:			
The purpose of this report is for the Board to formally note the draft Quality Account 2014-15, previously circulated to Board members on 24 th April, and agree that the final document be signed off by Chair's action.			

Introduction:
<p>Quality Accounts are annual reports to the public from NHS healthcare providers regarding the quality of services being provided; they are both retrospective and prospective in content. They allow us to provide assurances to our patients, the local public and our Commissioners in regards to the quality of care being delivered, and allow us to demonstrate our commitment to continuous, evidence-based quality improvement.</p> <p>Our Quality Account for 2014-15 includes the identified and agreed priorities for quality improvement in 2015-16, whilst additionally reflecting on organisational achievement against last year's priorities.</p> <p>In accordance with the statutory regulations, we have provided a copy of the draft Quality Account to the CCG, Healthwatch and to the Health Overview and Scrutiny Committee within the specified timeframe, inviting a review of the document. Written statements from these organisations will be included in the final document.</p>

Analysis of Key Issues and Discussion Points Raised by the Report:
<p>We have used the Department of Health's Quality Accounts toolkit and subsequent updated guidance as the template for our Quality Account.</p> <p>In addition to ensuring that we have included all the mandatory elements of the account, we have engaged with 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.</p> <p>As previously presented and agreed by the Board, quality improvement priorities for 2015-2016 have been divided into three main categories, allowing the Trust to clearly focus on identified specific areas of concern in the year ahead. The three quality improvement categories are: Patient Safety; Clinical Effectiveness; Patient Experience and improvement areas are:</p>

Patient Experience

Continue to improve the experience of our patients and their carers

- ***Improve the experience of our patients through improving face to face communication and the written information we provide***
- ***Improving compassion in the care we provide***

Patient Safety

Continue to reduce harm to our patients and always put safety first

- ***Reduce the number of falls which cause significant harm***
- ***Deliver safe staffing by ensuring the right people with the right skills are in the right place at the right time***

Clinical effectiveness

Continue to improve the clinical outcomes and the effectiveness of care

- ***Improve the care of patients with dementia***

Benefits:

The production of an annual set of Quality Accounts is mandatory for NHS provider organisations in England, as set out in the Health Act 2009. Identification of future quality improvement priority areas for have been determined via review of patient, public and staff feedback, therefore accurately reflecting the trending areas of concern which warrant key focus in the year ahead.

Risks and Implications:

Failure to submit a set of Quality Accounts by the 30th June 2015 to the Secretary of State would result in non compliance with legislation.

Assurance Provided:

Assurance can be given to the Trust Board that the content of the draft Quality Account 2014-2015 accurately reflects statutory requirements. The document is subject to review by auditors.

Review by other Committees/Groups (please state name and date):

Quality and Standards Committee 5th May 2015
Audit Committee 3rd June 2015

Proposals and/or Recommendations

The Board is asked to note the draft 2014-2015 Quality Account and compliance with statutory requirements and delegate authority for final sign off by Chair's action.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)

What risk to Equality & Human Rights (if any) has been identified from the impact assessment?

The Quality Improvement Priorities have been reviewed to ensure that the Trust meets its obligations in respect of the public sector equality duty and no risks have been identified.

For further information or for any enquiries relating to this report please contact:

Name:

Emma Tate
Head of Clinical Improvement

Contact details:

emmatate@nhs.net

East Sussex Healthcare Trust Integrated Performance Report

**Month 12
March 2015**

EAST SUSSEX HEALTHCARE NHS TRUST KNOWLEDGE MANAGEMENT



1.0 Overall Trust Position

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
ESHT OVERALL QUALITY SCORE (Out of 5: 1- Poor to 5-Good)	4	4	5	5	4	5	4	4	4	4	4	4
Responsiveness Domain Score	3	2	3	3	2	3	2	3	3	2	3	2
Effectiveness Domain Score	5	5	5	5	5	5	5	5	5	5	5	5
Safe Domain Score	4	5	5	5	3	5	4	3	5	5	5	5
Caring Domain Score	5	4	4	4	5	5	4	4	4	4	4	4
Well Led Domain Score	3	3	4	4	4	4	4	4	3	3	3	3

2.0 Responsiveness Domain

Responsiveness Domain			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Indicator			DOMAIN SCORE											
Standard	Weighting		3	2	3	3	2	3	2	3	3	2	3	2
Referral to Treatment Admitted	90.00%	10	82.68%	84.06%	85.84%	80.88%	75.60%	82.74%	85.67%	78.26%	91.18%	74.76%	81.00%	84.75%
Referral to Treatment Non Admitted	95.00%	5	94.08%	94.12%	91.81%	92.66%	91.16%	89.56%	91.42%	91.49%	90.55%	87.64%	89.74%	92.69%
Referral to Treatment Incomplete	92.00%	5	92.37%	92.89%	92.80%	92.35%	92.22%	93.39%	92.97%	92.04%	90.20%	92.35%	93.64%	94.24%
Referral to Treatment Incomplete 52+ Week Waiters	0	5	4	6	4	3	1	3	2	4	2	0	0	0
Diagnostic waiting times	1.00%	5	7.32%	6.31%	0.45%	0.70%	0.97%	0.18%	0.28%	1.29%	1.29%	1.79%	0.66%	1.13%
A&E All Types Monthly Performance	95.00%	10	95.20%	93.60%	95.08%	97.27%	94.07%	95.00%	93.44%	95.63%	89.00%	91.82%	92.86%	91.48%
12 hour Trolley waits	0	10	0	0	0	0	0	0	0	0	0	0	0	0
Two Week Wait Standard	93.00%	2	89.97%	89.07%	91.78%	89.69%	90.16%	93.41%	92.80%	92.22%	91.98%	90.20%	93.94%	92.47%
Breast Symptom Two Week Wait Standard	93.00%	2	84.21%	92.06%	85.00%	88.89%	93.58%	80.65%	95.89%	93.75%	92.73%	93.48%	91.15%	91.03%
31 Day Standard	96.00%	2	97.33%	96.71%	98.35%	99.34%	95.57%	94.87%	86.14%	90.74%	96.43%	90.20%	94.97%	96.20%
31 Day Subsequent Surgery Standard	94.00%	2	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
31 Day Subsequent Drug Standard	98.00%	2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
62 Day Standard	85.00%	5	86.01%	82.08%	77.01%	75.11%	80.00%	79.15%	76.87%	75.00%	83.11%	83.68%	75.24%	74.60%
62 Day Screening Standard	90.00%	2	76.92%	80.00%	100.00%	83.33%	83.33%	68.75%	83.33%	83.33%	100.00%	76.47%	87.50%	75.00%
Urgent Ops Cancelled for 2nd time (Number)	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Proportion of patients not treated within 28 days of last minute cancellation	0.00%	2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	0.00%	0.00%
Delayed Transfers of Care	3.50%	5	4.47%	5.90%	4.23%	5.01%	3.95%	5.43%	4.63%	7.81%	12.15%	11.84%	11.25%	6.57%

Performance in this domain declined to a 2.

2.1 RTT Performance

RTT Performance continues to align with the trajectory agreed with the TDA and local commissioners.

For Incomplete Pathways ESHT have been set an Incomplete Backlog pathways target of 1837. This was achieved in March

2.2 Diagnostics

The Trust did not achieve the the 6 week diagnostic waiting time target for the month of March. The total number of breaches was 73 which resulted in an overall percentage of 1.13%.

2.3 A&E Performance

Performance against the 4 hour A&E waiting time standard in March was 91.48%.

The full year 2014/15 cumulative performance was 93.84%

Quarter 4 cumulative performance was 92.12%

2.4 Cancer Performance

Cancer performance for March is currently based on a preview. The final March performance will be reported next month.

The preview Cancer report for March indicates that the trust will meet the the 31 Day Surgery and Drug Standards. Early indications are that the trust did not see or treat the required number of patients against Two Week Wait, Two Week Breast Standard, 31 Day Standard and 62 Day standard and screening.

The final Cancer report for February confirmed that the trust met both the Two Week Wait standard and the 31 Day Surgery & Drug Standards.

2.5 Cancellations

During March there were 24 last minute cancellations. At the time of writing this report, 17 have reached the 28 day threshold for re-booking. All 17 have been rebooked within the required time. The status of the remaining 7 will be reported once the 28 day threshold has been reached.

There were no urgent operations cancelled for a second time.

2.6 Delayed Transfers of Care

DTCs are aggregated (Acute and Non-Acute combined) within the accountability framework's responsiveness Domain.

A breakdown is shown below.

Delayed Transfer of Care Breakdown		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Delayed Transfers of Care (Combined)	3.50%	4.47%	5.90%	4.23%	5.01%	4.33%	6.67%	4.92%	7.81%	12.15%	11.84%	11.25%	6.51%
Delayed Transfers of Care (Acute Only)	3.50%	2.38%	4.75%	3.28%	3.96%	3.27%	5.11%	3.96%	5.61%	10.73%	11.27%	11.39%	4.80%
Delayed Transfers of Care (Non-Acute Only)	7.50%	15.01%	12.77%	9.82%	10.11%	9.12%	13.56%	8.98%	18.91%	18.28%	12.99%	8.77%	13.79%

Though still above the required thresholds, DTC bedday levels have reduced significantly in March. This improvement was due to a number of operational actions:

- Daily senior review (Health and ASC) of patients occupying beds on winter wards and outlying areas
- Three times each week, Health and ASC senior management join a conference call to discuss specific patients together with the discharge process.
- Further training has been undertaken to ensure that all staff are aware of the DTC rules and data capture definitions. This ensures that data captured into the Trust's new DTC database is accurate and the resultant outputs are providing the team with accurate information.
- ASC have commissioned 8 beds in total (4 in Eastbourne and 4 in Hastings) within nursing homes. DTC patients can be discharged here whilst awaiting any intervention preventing hospital discharge (applicable to if ASC delays)

3.0 Effectiveness Domain

Effectiveness Domain			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
			DOMAIN SCORE											
Indicator	Standard	Weighting	5	5	5	5	5	5	5	5	5	5	5	5
Hospital Standardised Mortality Ratio (DFI)	103.32	5	103.08	103.08	103.08	103.08	103.08	103.08	103.08	103.08	103.08	103.08	103.08	103.08
Deaths in Low Risk Conditions	1.06	5	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
Hospital Standardised Mortality Ratio - Weekday	110.03	5	104.49	104.49	104.49	104.49	104.49	104.49	104.49	104.49	104.49	104.49	104.49	104.49
Hospital Standardised Mortality Ratio - Weekend	117.35	5	101.6	101.6	101.6	101.6	101.6	101.6	101.6	101.6	101.6	101.6	101.6	101.6
Summary Hospital Mortality Indicator (HSCIC)	1.066	5	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104
Emergency re-admissions within 30 days following an elective or emergency spell at the Trust	10%	5	7.15%	7.55%	6.38%	8.49%	7.64%	7.79%	7.94%	7.81%	7.81%	7.89%	7.14%	5.98%

3.1 Mortality

TDA guidance for mortality requests that Trusts use the Dr Foster web portal to view and report their mortality performance.

The 2013/14 Mortality indicators have been released and are shown in the table above. Significantly, the trust has improved in the low risk conditions indicator to fall within the expected level. This has consequently improved the domain score to a maximum of 5.

The latest SHMI figures were released in January to show a time period up to June 2014. The Trust figure was 1.094 which is within the confidence limits (upper limit 1.114). This has therefore been adjusted on the table above.

3.2 Emergency Re-Admissions

The rate of emergency re-admissions within 30 days of a previous discharge continues to meet the standard. The rate in 2014/15 is considerably lower than 2013/14. Regular analysis of emergency re-admissions now takes place, involving the key clinicians within clinical units.

4.0 Safe Domain

Safe Domain			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
			DOMAIN SCORE											
Indicator	Standard	Weighting	4	5	5	5	3	5	4	3	5	5	5	5
Clostridium Difficile - Variance from plan	4	10	5	3	4	2	6	2	7	6	6	3	2	3
MRSA bacteraemias	0	10	0	0	0	0	1	0	0	1	0	0	0	0
Never events	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Patient safety incidents that are harmful	0	5	3	4	3	1	1	0	1	3	0	1	5	4
Medication errors causing serious harm	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Overdue CAS alerts	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Maternal deaths	0	2	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	95.00%	2	99.00%	97.90%	98.29%	98.15%	98.10%	97.98%	98.67%	98.21%	96.04%	96.51%	97.03%	96.39%
Percentage of Harm Free Care	92.00%	5	93.96%	94.07%	94.29%	93.90%	97.53%	94.60%	94.97%	97.67%	97.83%	93.66%	93.45%	94.68%

4.1 Healthcare Acquired Infections

There were 3 reported cases of C-Difficile in March, which is above the trust trajectory.

The final year C-Dificile Outturn stands at 49, and above the target trajectory of 44.

Of these twenty two have been confirmed as due to a lapse in care. For twenty seven it has been determined that there was no lapse in care.

4.2 Patient Safety

Following the reporting for February 5 harmful incidents were subsequently reported. For March 4 have currently been reported however these are to be reviewed. Incidents recorded onto the system with a severity level of 4 or above, are included within this indicator but will be routinely reviewed to ensure that the severity has been appropriately assigned. In some

cases this may reduce the severity of the incident and thus remove it from this line. As such, subsequent reports may show a different number.

5.0 Caring Domain

Caring Domain			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
			DOMAIN SCORE											
Indicator	Standard	Weighting	5	4	4	4	5	5	4	4	4	4	4	4
Inpatient Scores from Friends and Family Test	60	5	66	64	68	68	65	70	64	68	68	64	70	71
A&E Scores from Friends and Family Test	46	5	49	44	37	45	54	48	45	38	38	42	45	39
Mixed Sex Accommodation Breaches	0	2	0	0	0	0	0	27	0	31	26	15	1	6
Inpatient Survey Q 68 - Overall, I had a very poor/good experience	7.8	2	7.9	7.9	7.9	7.9	7.9	7.9	7.9	7.9	7.9	7.9	7.9	7.9

5.1 Friends and Family Test (Patient Experience)

Inpatient scores remain above the required standard. A&E scores remain marginally below the standard. As such the Caring domain score remains at 4.

5.2 Mixed Sex Accommodation

There were 6 reported mixed sex accommodation breach in March.

6.0 Well Led Domain

Well Led Domain			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
			DOMAIN SCORE											
Indicator	Standard	Weighting	3	3	4	4	4	4	4	4	3	3	3	3
Inpatients response rate from Friends and Family Test	30.00%	2	46.43%	44.22%	44.01%	46.84%	39.40%	46.21%	47.94%	48.62%	46.48%	38.55%	42.18%	41.52%
A&E response rate from Friends and Family Test	20.00%	2	13.59%	15.76%	35.03%	24.41%	28.75%	30.40%	25.10%	20.87%	16.66%	17.55%	21.99%	19.38%
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work	40.70%	2	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment	42.30%	2	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%
Trust turnover rate	10.00%	3	12.45%	12.89%	12.72%	12.81%	13.19%	13.41%	13.32%	13.60%	14.09%	14.03%	13.95%	12.64%
Trust level total sickness rate	3.30%	3	4.08%	3.87%	4.26%	4.44%	4.59%	4.76%	5.50%	5.46%	5.74%	5.33%	5.02%	4.81%
Total Trust vacancy rate	10.00%	3	6.04%	6.40%	5.21%	5.61%	4.72%	5.47%	5.74%	7.60%	5.58%	6.66%	6.19%	6.24%
Temporary costs and overtime as % of total payroll	10.00%	3	7.02%	7.29%	8.72%	9.48%	9.58%	9.48%	9.73%	9.97%	10.16%	11.14%	12.41%	12.56%
Percentage of staff with annual appraisal	85.00%	3	63.37%	63.84%	63.74%	62.34%	67.02%	67.54%	68.34%	70.01%	68.28%	70.64%	71.71%	74.60%

6.1 Friends and Family Test (Response Rate)

A&E response rates have fallen marginally below the required standard for March.

6.2 Workforce

Sickness rates reduced for the third consecutive month, whilst Trust Turnover appears to be on a downward trend. Temporary costs and overtime have further increased. Appraisal rates remain below the target figure of 85%. Further detail is given in section 8.

7.0 Community Services

7.1 Intermediate Care Beds

The tables below detail the Occupancy, Average Length of Stay and Admission rates at the Trust's 6 community sites.

Occupancy Level	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Irvine Unit	98.21%	95.70%	97.44%	91.53%	90.86%	99.26%	96.24%	99.58%	96.53%	96.99%	96.57%	83.06%
Crowborough Hospital	90.48%	85.94%	91.90%	90.09%	87.79%	88.33%	92.63%	94.67%	94.80%	95.34%	96.43%	93.87%
Firwood House	88.41%	94.62%	91.11%	77.27%	77.27%	87.14%	87.71%	85.87%	88.94%	86.79%	71.09%	88.06%
Meadow Lodge	86.54%	73.57%	79.23%	88.59%	92.93%	89.23%	85.36%	89.62%	89.33%	92.31%	93.41%	87.67%
Uckfield Hospital	87.38%	88.25%	93.10%	90.78%	94.01%	86.90%	93.55%	87.86%	90.09%	95.39%	90.31%	84.79%
Rye Memorial Care Centre	61.19%	76.73%	80.24%	93.55%	90.55%	70.71%	93.78%	86.90%	81.11%	89.63%	84.18%	73.98%
Irvine Stroke Unit	95.74%	90.86%	95.93%	82.97%	64.16%	49.26%	81.18%	95.19%	100.00%	99.64%	98.87%	91.76%
Total Occupancy	88.35%	86.60%	89.82%	87.47%	85.40%	83.28%	89.71%	91.69%	91.99%	93.85%	90.46%	86.49%

Total in Month Length of Stay (Days)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Irvine Unit	37.45	21.91	25.43	25.49	19.62	28.36	19.51	19.00	28.92	20.64	28.84	23.04
Crowborough Hospital	20.47	17.94	19.76	21.31	23.74	14.67	28.23	23.85	18.52	26.93	16.79	21.42
Firwood House	23.14	27.33	25.57	26.33	26.41	26.04	27.09	20.00	26.09	24.89	24.00	19.71
Meadow Lodge	26.04	23.61	23.19	20.09	32.79	36.80	30.52	27.75	24.67	29.94	29.54	30.46
Uckfield Hospital	25.10	19.79	20.19	23.00	20.46	22.65	25.77	22.40	14.71	27.00	23.59	15.87
Rye Memorial Care Centre	31.64	21.09	24.69	24.69	22.24	24.41	24.39	19.21	22.72	17.94	20.59	19.88
Irvine Stroke Unit	42.54	34.00	39.24	25.37	22.86	21.40	20.95	31.20	41.00	35.37	53.50	35.58
Total YTD ALOS	29.88	23.19	25.35	23.90	23.57	25.71	24.70	22.78	24.40	25.58	26.31	22.82

Admissions	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Irvine Unit	32	32	28	34	28	36	41	24	28	32	27	24
Crowborough Hospital	22	17	18	17	14	20	21	17	23	28	22	26
Firwood House	24	19	24	15	25	23	24	20	21	25	15	20
Meadow Lodge	19	26	35	26	15	20	30	25	30	21	25	26
Uckfield Hospital	14	14	17	19	24	18	11	18	25	11	22	28
Rye Memorial Care Centre	12	12	16	16	14	19	18	11	21	17	16	17
Irvine Stroke Unit	12	12	18	15	18	12	20	12	14	18	14	10
Total Admissions	135	132	156	142	138	148	165	127	162	152	141	151

Step Up Admissions	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Irvine Unit	2	1	0	2	0	0	1	1	1	1	1	0
Crowborough Hospital	4	5	9	5	7	10	5	11	4	11	13	5
Firwood House	2	0	0	1	3	2	3	1	0	2	0	1
Meadow Lodge	1	3	9	5	1	7	4	1	2	4	6	2
Uckfield Hospital	8	5	14	12	19	11	7	12	12	7	19	16
Rye Memorial Care Centre	2	4	3	5	3	2	6	2	3	5	3	6
Irvine Stroke Unit	0	0	0	0	0	0	1	0	0	0	0	1
Total Step Up Admissions	19	18	35	30	33	32	27	28	22	30	42	31

Step Down Admissions	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Irvine Unit	30	31	28	32	28	36	40	23	27	31	26	24
Crowborough Hospital	18	12	9	12	7	10	16	6	19	17	9	21
Firwood House	22	19	24	14	22	21	21	19	21	23	15	19
Meadow Lodge	18	23	26	21	14	13	26	24	28	17	19	24
Uckfield Hospital	6	9	3	7	5	7	4	6	13	4	3	12
Rye Memorial Care Centre	10	8	13	11	11	17	12	9	18	12	13	11
Irvine Stroke Unit	12	12	18	15	18	12	19	12	14	18	14	9
Total Step Down Admissions	116	114	121	112	105	116	138	99	140	122	99	120

Available beds	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Irvine Unit	28	24	26	24	24	27	24	24	26	30	25	28
Crowborough Hospital	14	14	14	14	14	14	14	15	18	18	18	20
Firwood House	21	21	21	21	21	21	21	21	21	21	21	20
Meadow Lodge	26	26	26	26	26	26	26	26	26	26	26	28
Uckfield Hospital	14	14	14	14	14	14	14	14	14	14	14	14
Rye Memorial Care Centre	14	14	14	14	14	14	14	14	14	14	14	15
Irvine Stroke Unit	18	18	18	18	18	18	18	18	18	18	19	18
Total Available Beds	135	131	133	131	131	134	131	132	137	141	137	143

Occupied Bed days	3578	3517	3584	3552	3468	3348	3643	3631	3907	4102	3470	3834
Available Bed days	4050	4061	3990	4061	4061	4020	4061	3960	4247	4371	3836	4433

7.2 Community Nursing

SystemOne is now in place within the Community Nursing teams. Staff are using mobile devices to capture information, which represents significant progress. The next step for the Project team is to review the information being extracted to ensure data integrity is of a high level.

The first extract of activity information was made available to the Trust's information management team at the beginning of November 2014, which has enabled the next phase to begin.

This involves scrutiny of referral and contact information to identify any additional training needs and/or configuration amendments.

This phase ensures the long term integrity of the activity information coming out of the system and feeding reports such as this one.

This phase continues as at the time of writing this report. Information extracts continue to be scrutinised on a weekly basis. Configuration amendments are being communicated directly to the configuration team.

Any further training needs are being fed back to the Nursing teams promptly to enable immediate implementation. Furthermore, a succinct pack of training literature has been developed and rolled out to the team.

Activity reports (Referrals and contacts) have been produced for sharing with joint commissioners. These reports have been presented to the monthly contract performance meetings between ESHT and the CSU.

The underpinning data has been extracted directly from the "front-end" of SystemOne. This is the service user interface as opposed to the "back-end" data tables within the Trust's data warehouse.

The long term strategy is to utilise the back end data tables to underpin all activity and referral reports. The build of these data tables and the architecture supporting them has been underway for several months now and whilst this process is not complete, the Trust is able to now feed activity and referral reports from this source.

This means a more efficient way of compiling reports that opens up future opportunities for service user activity interface. It also provides the Trust with a greater ability to quantify the level of data quality.

Activity and referral reports provided this month have been drawn directly from the trust data warehouse.

This is a significant step forward. However, it would be prudent to continue limit the distribution of reports until we are able to fully confirm the data quality. It is anticipated that this will be possible at the start of (or early in) 2015/16.

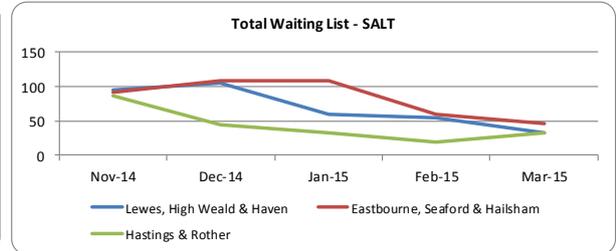
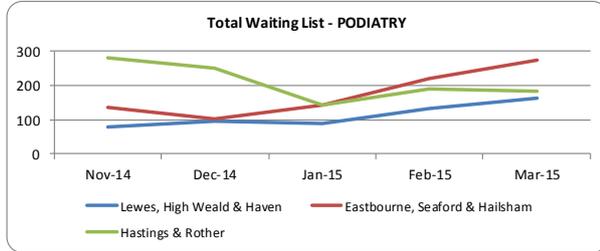
The Trust will be liaising with joint commissioners throughout this process to ensure that reports are developed in line with service specifications and key performance indicators. Progress will be evidenced by activity reports tabled at monthly Community Technical Meetings.

8.0 Community Therapy Waiting List Trends

8.1 Total Waiting List by Discipline

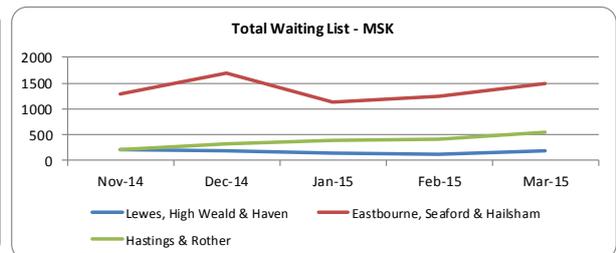
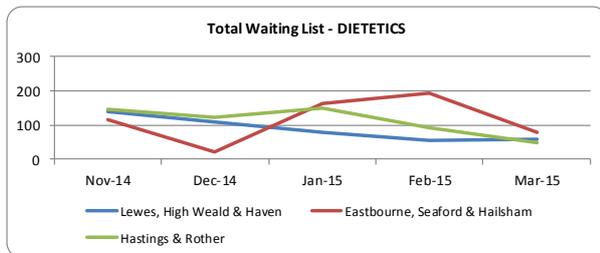
Podiatry	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	79	97	89	133	163
Eastbourne, Seaford & Hailsham	136	101	144	220	273
Hastings & Rother	281	250	142	189	184
Total	496	448	375	542	620

SALT	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	95	105	60	55	32
Eastbourne, Seaford & Hailsham	92	109	108	59	47
Hastings & Rother	86	44	32	19	33
Total	273	258	200	133	112



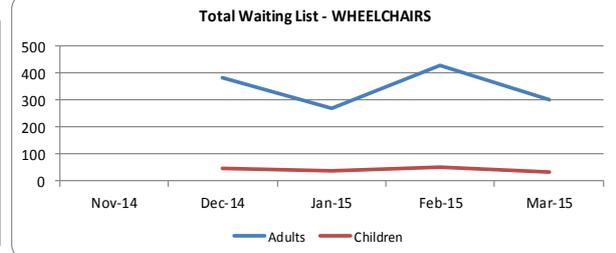
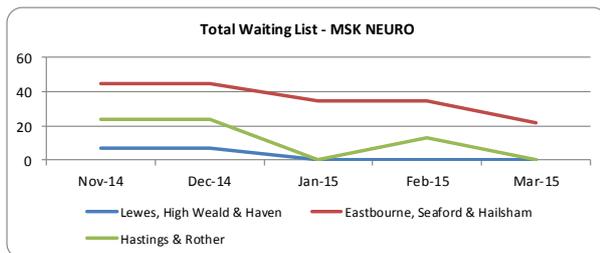
DIETETICS	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	140	109	80	55	60
Eastbourne, Seaford & Hailsham	117	22	164	193	80
Hastings & Rother	148	123	149	91	47
Total	405	254	393	339	187

MSK	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	205	188	146	133	183
Eastbourne, Seaford & Hailsham	1299	1695	1133	1248	1494
Hastings & Rother	223	317	387	425	542
Total	1727	2200	1666	1806	2219



MSK Neuro	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	7	7	0	0	0
Eastbourne, Seaford & Hailsham	45	45	35	35	22
Hastings & Rother	24	24	0	13	0
Total	76	76	35	48	22

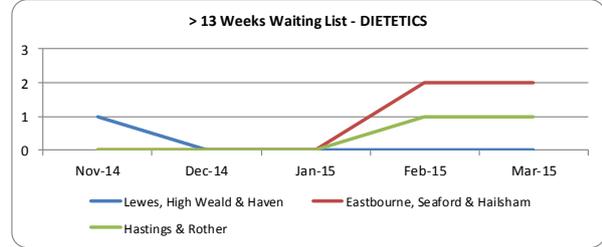
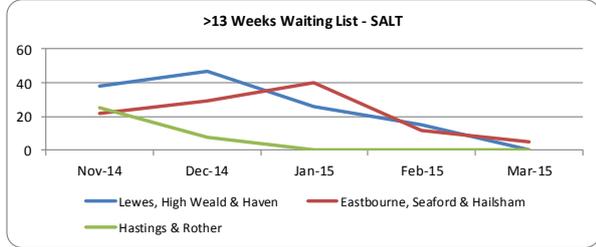
Wheelchairs	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Adults		384	272	428	302
Children		45	38	53	34
Total	0	429	310	481	336



8.2 Total Patients waiting over 13 weeks by Discipline (Disciplines with no >13 waiters are not shown)

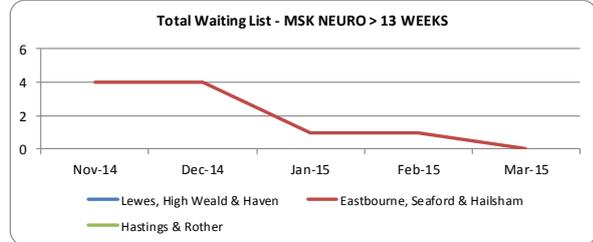
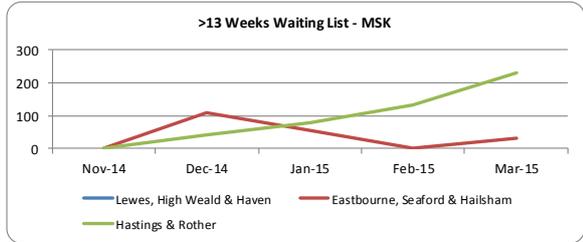
SALT	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	38	47	26	15	0
Eastbourne, Seaford & Hailsham	22	29	40	12	5
Hastings & Rother	25	8	0	0	0
Total	85	84	66	27	5

DIETETICS	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	1	0	0	0	0
Eastbourne, Seaford & Hailsham	0	0	0	2	2
Hastings & Rother	0	0	0	1	1
Total	1	0	0	3	3

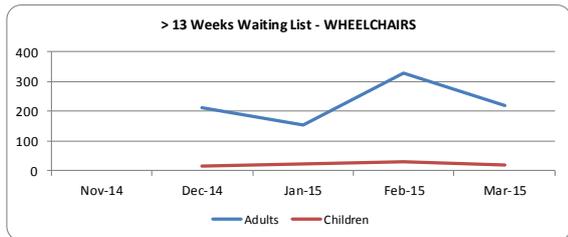


MSK	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	0	0	0	0	0
Eastbourne, Seaford & Hailsham	0	111	57	0	31
Hastings & Rother	0	42	79	134	229
Total	0	153	136	134	260

MSK Neuro	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Lewes, High Weald & Haven	0	0	0	0	0
Eastbourne, Seaford & Hailsham	4	4	1	1	0
Hastings & Rother	0	0	0	0	0
Total	4	4	1	1	0



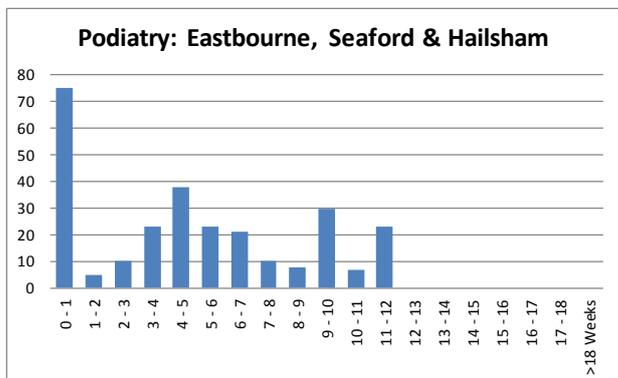
Wheelchairs	Number of Patients Waiting				
	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Adults		211	154	330	218
Children		14	22	31	18
Total	0	225	176	361	236



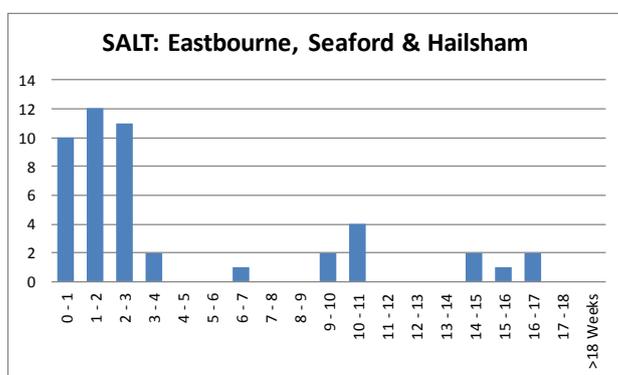
9.0 Community Therapy Waiting List Profiles

The below charts detail the waiting list profile and performance for each therapy discipline. The data includes patients waiting on 31st March 2015.

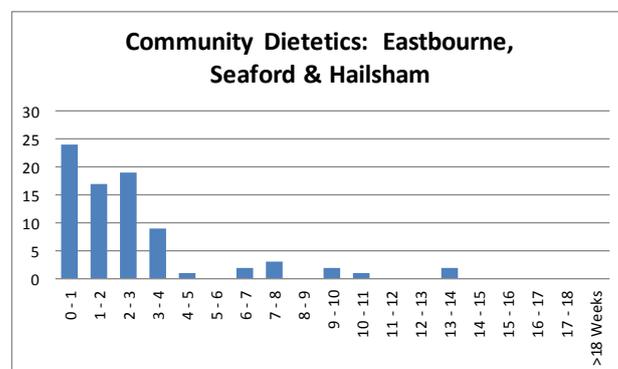
9.1 Eastbourne, Seaford and Hailsham



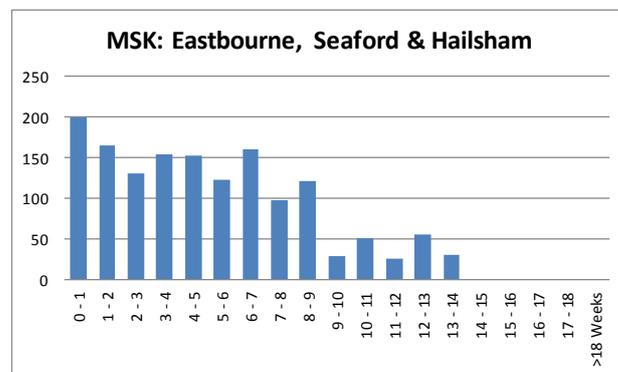
	March	February
Total Waiting List	273	220
% <13 Weeks	100%	100%



	March	February
Total Waiting List	47	59
% <13 Weeks	89%	80%

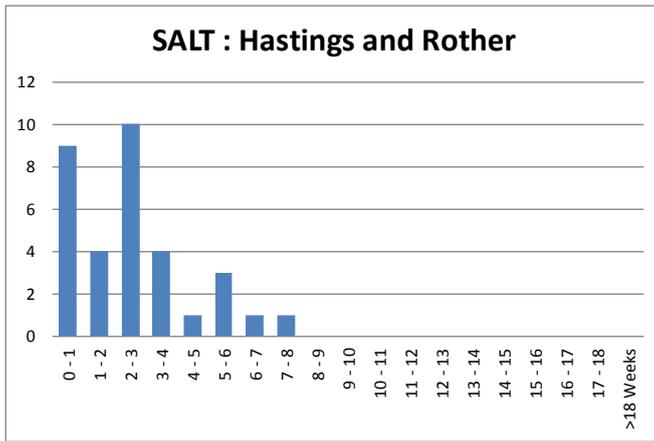


	March	February
Total Waiting List	80	193
% <13 Weeks	98%	99%

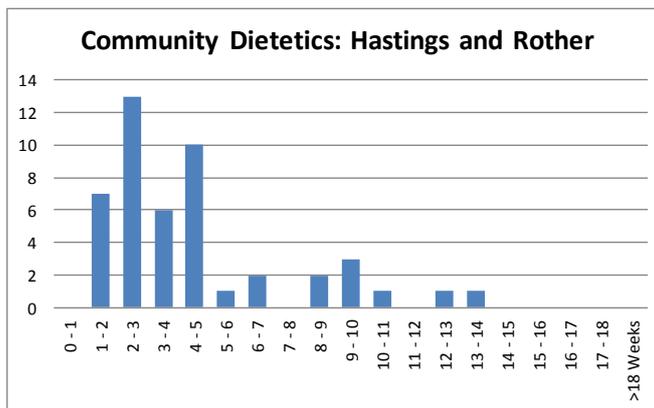


	March	February
Total Waiting List	1494	1248
% <13 Weeks	98%	100%

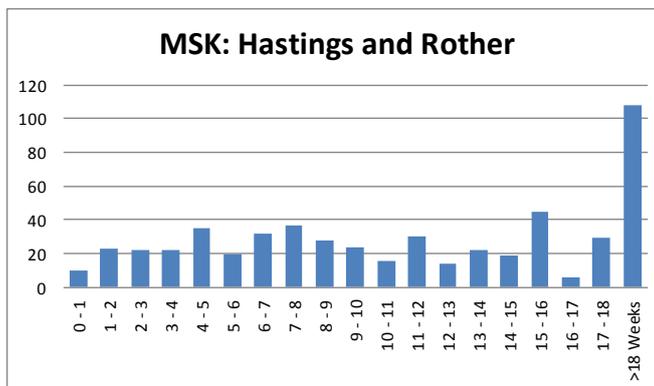
9.2 Hastings and Rother



	March	February
Total Waiting List	33	19
% < 13 Weeks	100%	100%

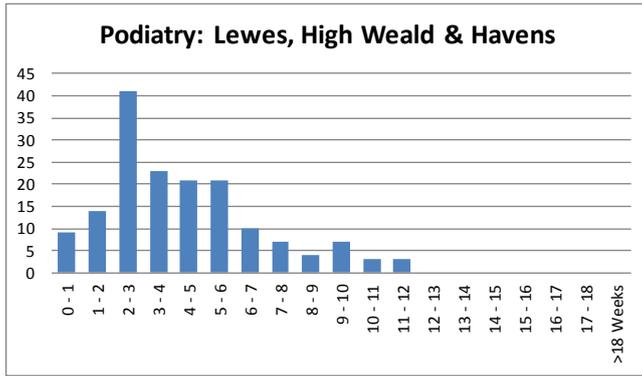


	March	February
Total Waiting List	47	91
% < 13 Weeks	98%	99%

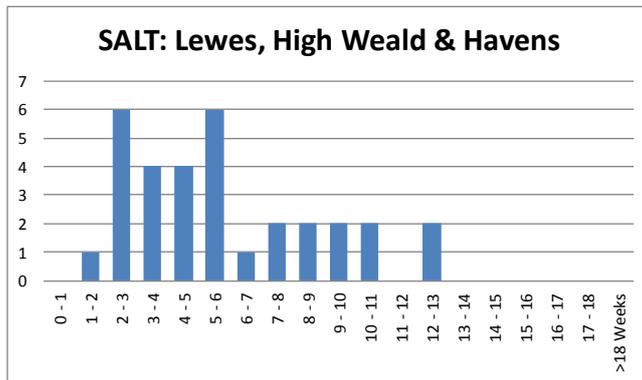


	March	February
Total Waiting List	542	425
% < 13 Weeks	58%	68%

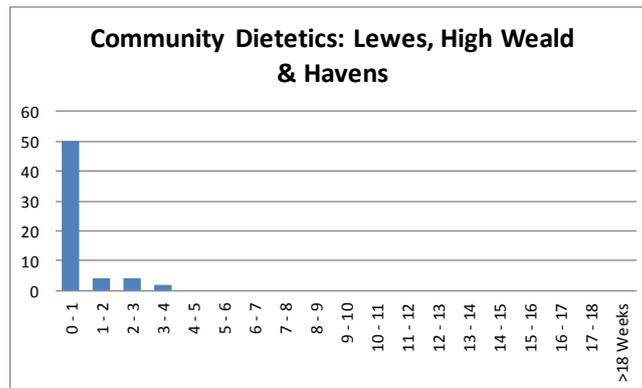
9.3 Lewes, High Weald and Havens



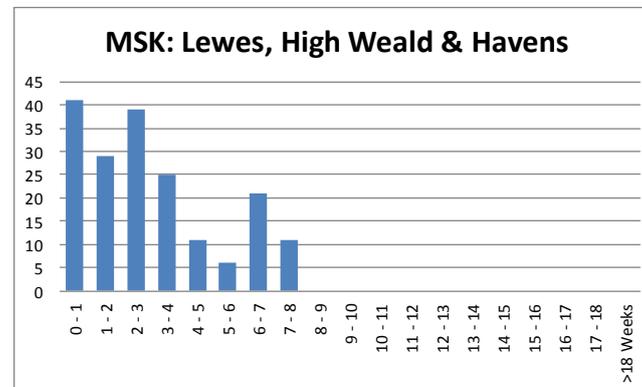
	March	February
Total Waiting List	163	133
% <13 Weeks	100%	100%



	March	February
Total Waiting List	32	55
% <13 Weeks	100%	73%

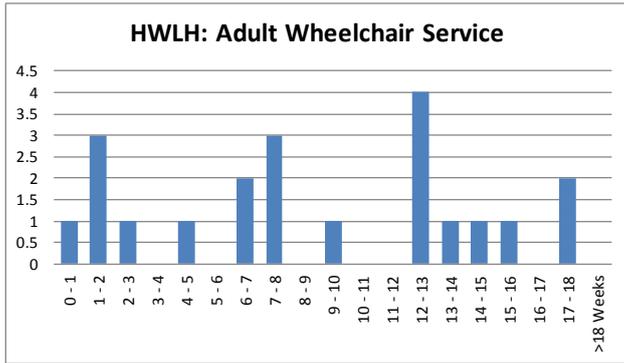


	March	February
Total Waiting List	60	55
% <13 Weeks	100%	100%

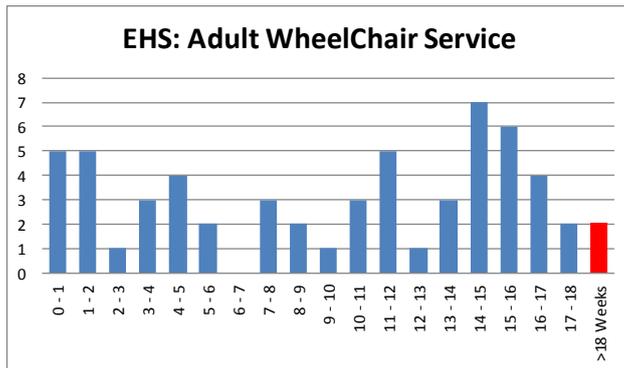


	March	February
Total Waiting List	183	133
% <13 Weeks	100%	100%

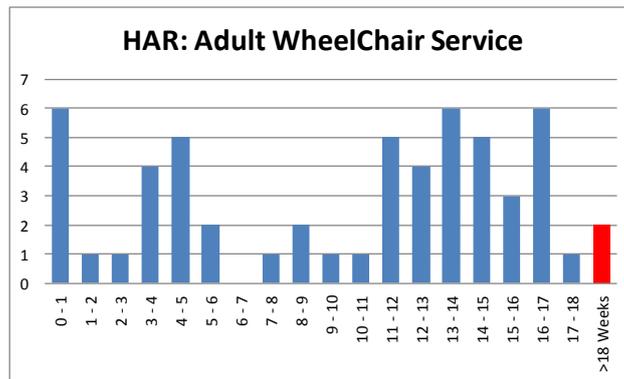
9.4 Adult Wheelchair Services



	March	February
Total Waiting List	21	8
% <13 Weeks	76%	1

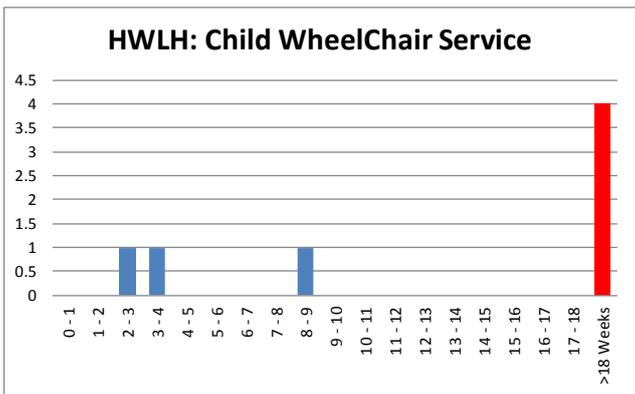


	March	February
Total Waiting List	59	59
% <13 Weeks	59%	80%

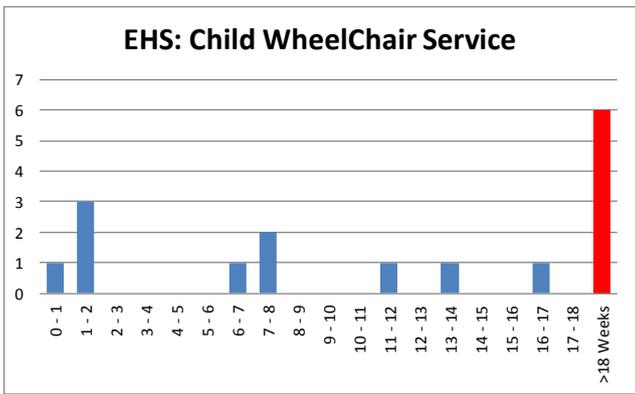


	March	February
Total Waiting List	56	58
% <13 Weeks	59%	74%

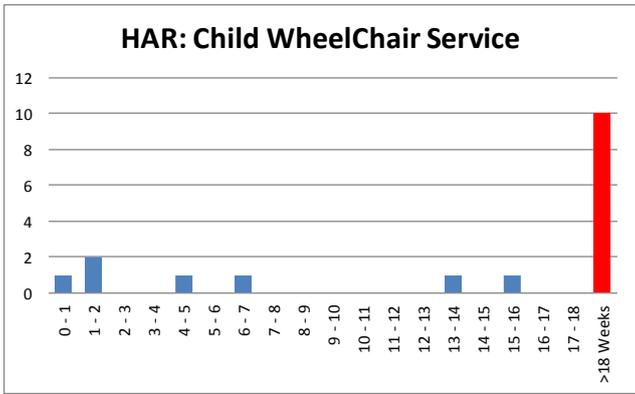
9.5 Child Wheelchair Service



	March	February
Total Waiting List	7	N/A
% <13 Weeks	43%	N/A



	March	February
Total Waiting List	16	15
% <13 Weeks	50%	80%



	March	February
Total Waiting List	17	16
% <13 Weeks	29%	63%

10.0 Community Paediatric Waiting Times

10.1 Trajectory

Months	Start PTL		Additions / referrals		Patients seen by ESHT in consultant clinic		Patients transferred to SCT		Additional initiatives		Revised PTL	
	F'cast	Actual	F	A	F	A	F	A	F	A	F	A
January	614	614	40	53*	40	40	43	43	64	61	507	523
February	507	523	40	70**	40	48	43	71	96	49	368	425
March	368	425	40	65***	40	53	43	9	96	103	229	325
April	229	325	40		40		43****		120		66	
May	66	66	40		40		43****		120		0	

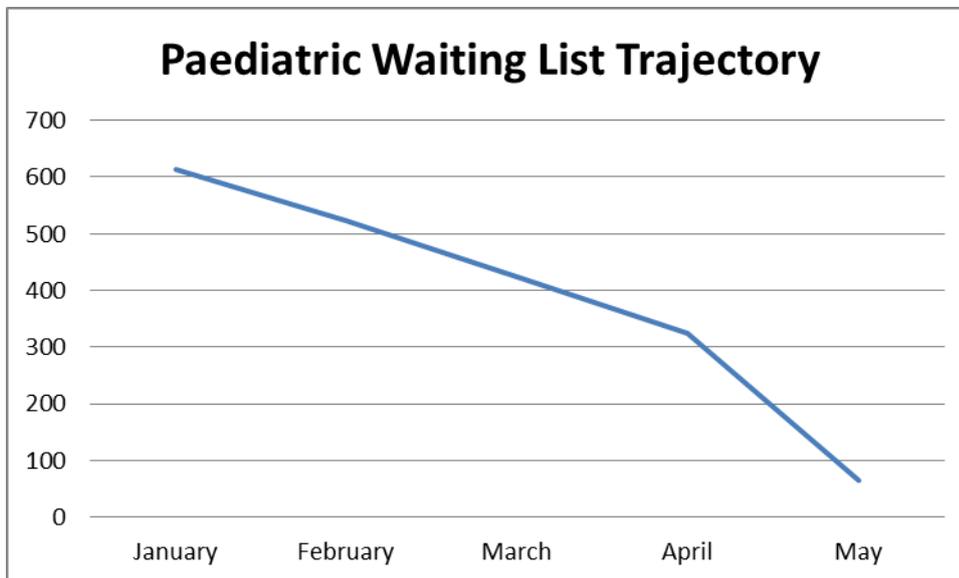
* 13 referrals above plan in January

**31 referrals above plan in February

***25 referrals above plan in March

68 referrals above plan over January to March

****Requesting confirmation from HWLH CCG that the SCT will recommence accepting referrals for patients in this catchment area.

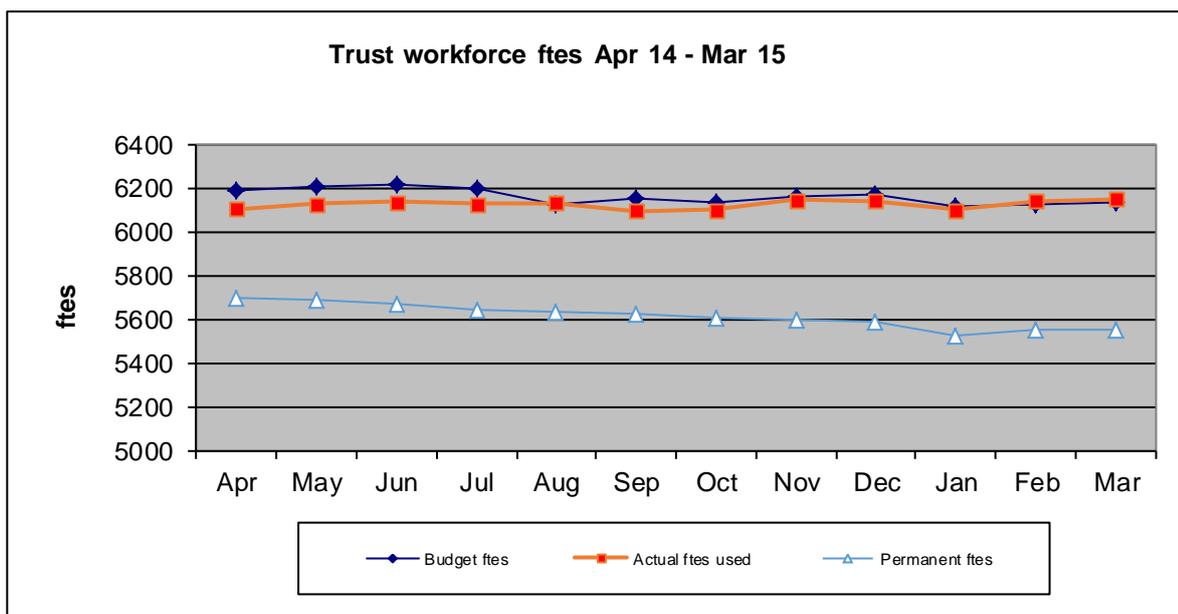


11.0 Workforce

Trust & Clinical Unit Overview

Mar 15 data	Budg estab fte	Actual worked fte	Vacancies fte	Vacancy trend since last month	Fill rate %	Monthly sickness %	Annual sickness %	Turnover	Temp staff expenditure	Appraised /exempt in last yr	Appraisal trend since last month
Theatres & Clinical Support	1,051.45	1,042.91	56.23	↓	94.56%	4.82%	5.07%	11.89%	£557,480	76.35%	↑
Cardiovascular Medicine	328.23	374.42	25.45	↓	92.25%	4.68%	3.96%	8.46%	£355,844	77.62%	↓
Urgent Care	494.84	519.96	31.77	↓	93.54%	5.30%	5.15%	12.65%	£367,178	73.29%	↑
Specialist Medicine	412.95	414.13	22.85	↓	94.47%	3.50%	5.09%	7.57%	£202,538	85.05%	↓
Out of Hospital Care	874.39	863.58	50.64	↑	94.21%	6.10%	5.84%	14.63%	£215,023	70.96%	↑
Surgery	673.58	689.46	43.84	↑	93.44%	3.32%	4.16%	13.31%	£385,272	93.65%	↑
Womens & Childrens	593.57	578.98	28.15	↑	95.23%	4.39%	4.52%	17.09%	£207,647	83.74%	↑
COO Operations	420.75	441.21	10.11	↑	97.59%	5.49%	4.90%	5.95%	£59,199	31.10%	↓
Estates & Facilities	743.27	709.87	57.01	↑	91.63%	5.28%	6.10%	12.11%	£141,491	62.70%	↑
Corporate	450.87	431.48	43.24	↓	91.88%	4.55%	3.87%	11.74%	£90,423	85.59%	↓
TRUST	6135.58	6149.97	369.29	↑	93.79%	4.77%	4.94%	12.64%	£2,582,212	74.68%	↑

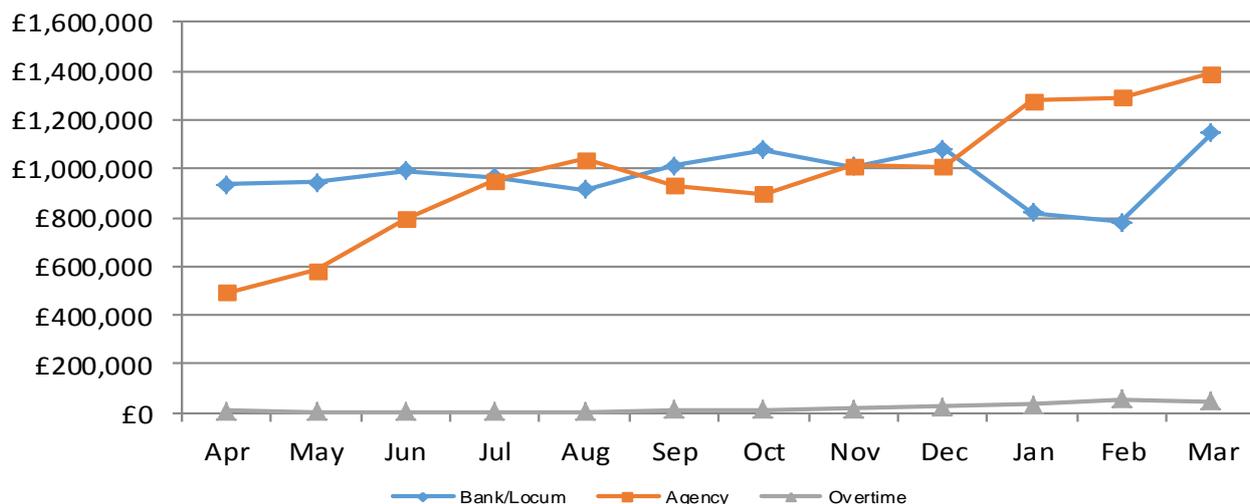
Workforce Usage



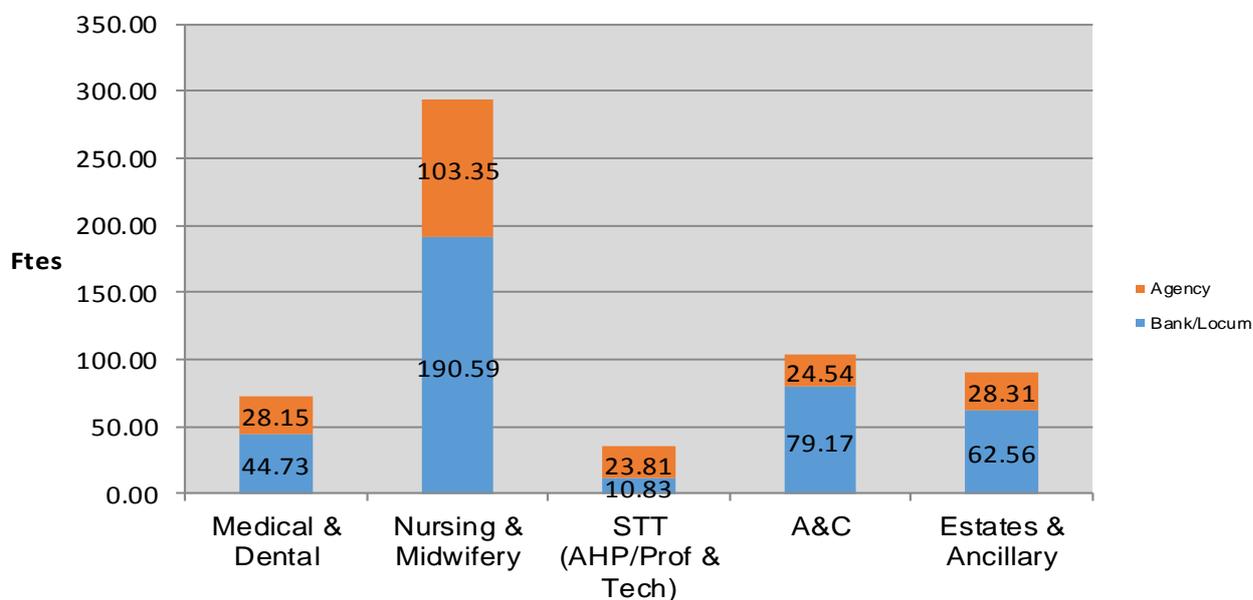
Actual usage of staff in March was 6149.97 full time equivalents (ftes) with permanent staff (+3 ftes), bank usage (+1 fte) and agency usage (+3.5 ftes) all marginally higher compared to February. Pay expenditure was £683K above budget in March and was £3330K over budget at the end of the financial year.

Flexible labour usage

Flexible Workforce Expenditure Apr 14 - Mar 15



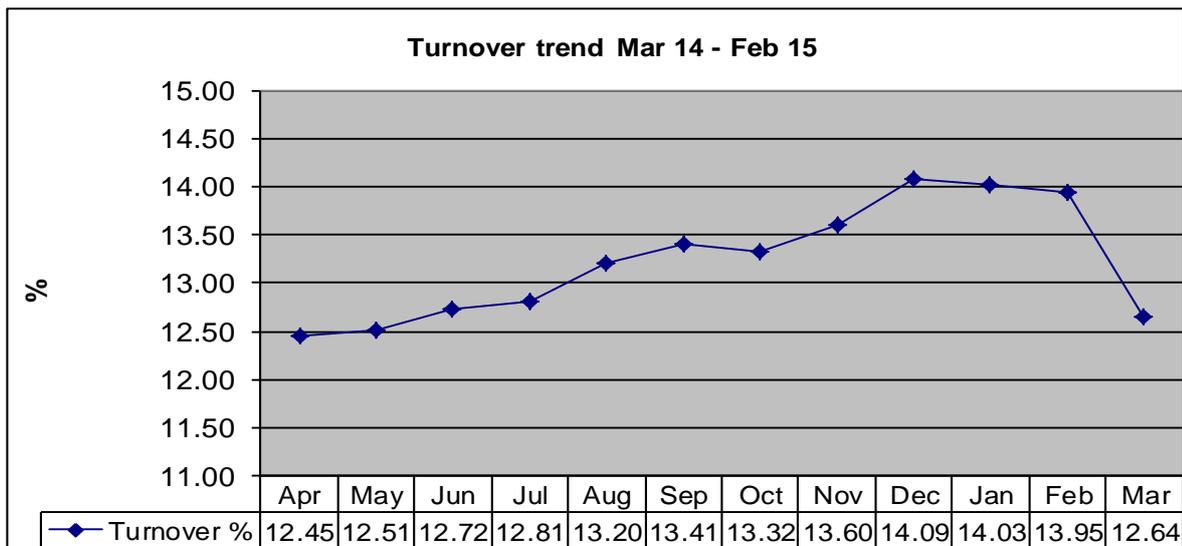
Bank & Agency fte usage by Staff Group Mar 15



Temporary staff expenditure was £2,582K in March comprising £1144K bank expenditure, £1391K agency expenditure and £47K overtime. Particular pressures this month, which necessitated the use of temporary staff, were vacancy cover in Urgent Care, Surgery and Finance; the pressure on Emergency Services, with the Trust entering Black Status; a requirement for specialising as well as high acuity and 18 weeks targets in Surgery; additional clinics in Endoscopy to clear backlogs and maintain 18 weeks targets and high sickness in EHS Transport.

Trust vacancies by Staff Group

STAFF GROUPS	Substantive budget ftes	Substantive actual ftes	Difference	Maternity ftes	Net vacancies	Vacancy trend since last month	Fill rate %
Medical & Dental	556.54	506.26	50.28	6.40	43.88	↑	92.12%
Registered Nursing & Midwifery	1,939.55	1,782.61	156.94	48.36	108.58	↑	94.40%
Unqualified Nurses	776.24	675.94	100.30	23.35	76.95	↑	90.09%
Sc. Therap & Techs (inc AHPs, Prof & Tech & Healthcare Scs.)	903.93	864.74	39.19	15.03	24.16	↑	97.33%
Administrative & Clerical	1106.06	1033.56	72.50	8.52	63.98	↓	94.22%
Estates & Ancillary	661.08	606.2	54.88	3.12	51.76	↓	92.17%
TRUST	5,943.40	5,469.31	474.09	104.80	369.29	↑	93.79%



STAFF GROUPS	FTE leavers in year	Annual Turnover %	Turnover trend since last month
MEDICAL & DENTAL	49.31	16.86%	↓
NURSING & MIDWIFERY REGISTERED	223.57	12.17%	↓
ALLIED HEALTH PROFESSIONALS	67.65	18.13%	↑
HEALTHCARE SCIENTISTS	20.80	16.54%	↓
PROF SCIENTIFIC & TECHNICAL	30.21	18.61%	↑
ADDITIONAL CLINICAL SERVICES	106.98	11.31%	↑
ADMINISTRATIVE & CLERICAL	113.04	10.51%	↓
ESTATES & ANCILLARY	72.93	11.77%	↑
STUDENTS	9.50	15.90%	↓
TRUST	694.01	12.64%	↓

*Additional Clinical Services comprises unqualified nurses, therapy helpers and other unqualified clinical support.

Turnover has reduced this month by 1.31% with a reduction of 81 fte leavers compared to February's figure. Most of this reduction is due to the transfer of Healthy Weights/Smoking Cessation staff and MARS leavers no longer being included in the figures as they occurred over a year ago.

Vacancies have marginally increased this month by 3.25 ftes due to an increase of 10 ftes in the qualified nursing and midwifery budget (actual substantive ftes were 2.78 higher than last month).

In respect of medical recruitment, the Trust has been successful in recruiting a total of 19 clinicians starting in March 2015 including for shortage areas such as Ophthalmology, Diabetes and Obstetrics and

Gynaecology. The Trust has signed up with a recruitment agency to interview overseas for doctors in specialties that are hard to fill, such as Middle Grade doctors in Emergency Medicine and Radiology. The agency have already submitted several CVs for consideration by the Clinical Units and have submitted a proposal for a recruitment visit to India.

For qualified nurses and midwives, it is clear that, month on month this year, there have been more leavers than starters and also that authorisations for recruitment have not been requested for all vacancies.

Plans in place to mitigate this:

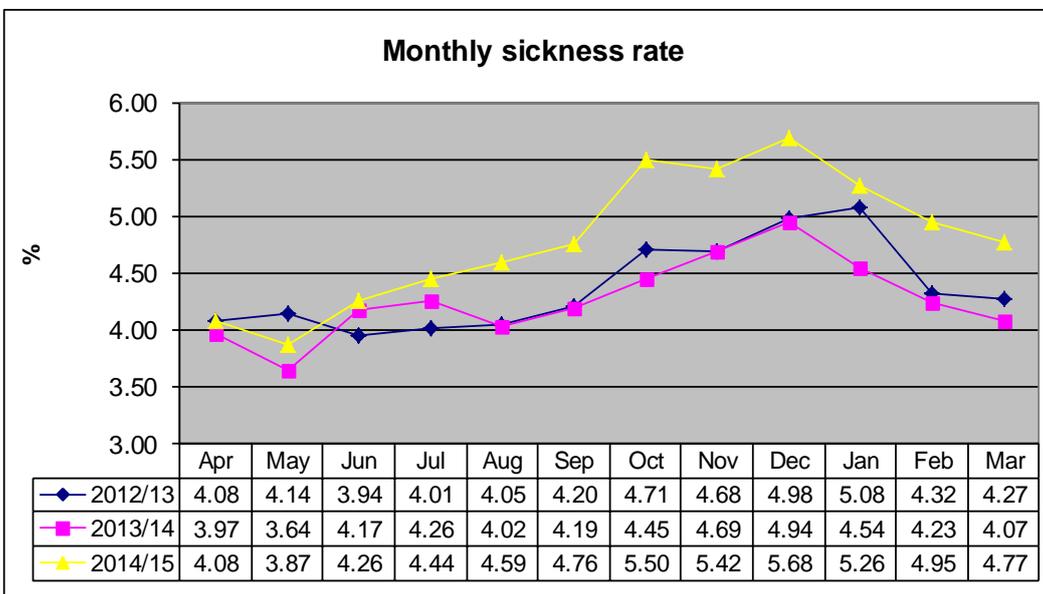
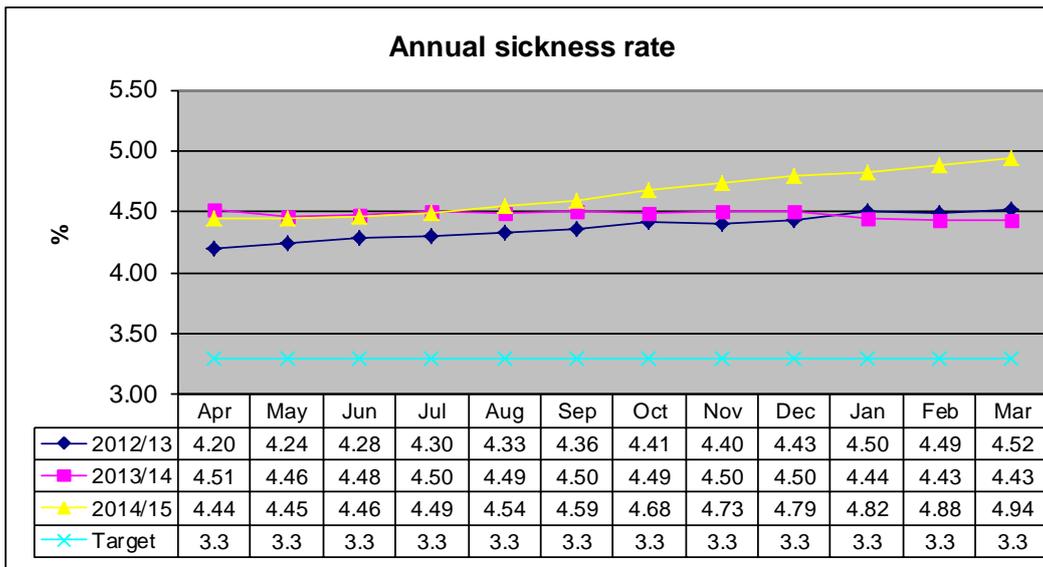
- overseas recruitment, for a recruitment of up to 100 nurses from the Philippines, in 2 separate cohorts with anticipated start dates December 2015 and March 2016.
- improving retention of the newly qualified nurse cohorts by introducing a professional development programme
- re-visiting the generic recruitment
- more detailed analysis of the monthly Staff in Post figures to understand where the hot spots are and to devise interventions
- encouraging managers to start the recruitment process promptly as soon as they know a staff member is leaving

In addition, the Trust has planned a further generic HCA recruitment day. To build on the experiences and feedback from the last two generic recruitment sessions, there will be a HCA open day on 18th May with presentations from Clinical Units and the Bureau. Successful applicants will then be asked to state their Clinical Unit preference and have an interview by a relevant matron. .

The 'Trac' recruitment management system was implemented on 16th March. It manages the end to end recruitment process within one system and has been well-received by recruiting managers, saving them time and making the whole process transparent. The Recruitment team has been conducting TRAC promotion around the different trust sites in order to deliver training and have also made training available as a '121' drop in option, for those managers unable to attend the formal presentations. Reports will also be available which will be able to monitor time taken to recruit at each stage to enable any blockages in the process to be identified and addressed.

Recruitment review meetings have been held with all Clinical Units, to discuss recruitment needs and priorities and these discussions will inform the Recruitment Strategy. The first draft of this will be presented at the Board Seminar in April and regular recruitment meetings will be established to monitor progress. Nursing vacancies and recruitment is also included as an agenda item at the Safer Staffing Group

Sickness



Monthly sickness reduced by 0.18% compared to February but the trend continues to exceed that for 2013/14 and, as a result, annual sickness has risen by 0.06% to 4.94%. Annual sickness rates are highest in Estates & Facilities (6.10%), Out of Hospital Care (5.84%) and Urgent Care (5.15%).

8374 full time equivalent (fte) days were lost to sickness in March 2015. The top reasons remain musculoskeletal (other than back injury) at 1258 fte days lost and anxiety/stress/depression at 1192 (fte) days lost.

An examination of sickness absence information from the past three years was undertaken last month to identify trends and this will inform approaches to absence management and promoting health and wellbeing. A detailed paper was produced for the Finance & Investment Committee.

A new Attendance Management policy came into effect from 1 April which includes revised trigger points for action, improved guidance for managers and an enhanced return to work process, backed by both an on-line training programme and revised group training. A new on-line Managers Advice Service will start to be implemented from May 2015.

Changes have been made to the Occupational Health referral process to improve the timeliness of consultations and the provision of information and guidance to managers. Occupational Health have also

produced a Health and Wellbeing Strategy to support staff, including an emotional resilience programme which is being introduced with an initial six month programme supporting Health Visitors. There is also a mentally healthy workplace training program, developed by NHS Employers, which will be rolled out to managers and leaders throughout the organisation, whilst Schwartz Centre rounds, which bring staff in clinical areas together to share experiences and support, will start in May.

Mandatory Training & Appraisals

Mandatory training – six month trend

Mandatory training course	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend last six months
Induction %	95.47	95.80	94.17	94.62	94.91	94.47	↓
Fire %	81.51	81.47	81.92	83.53	83.64	83.22	↑
Manual Handling %	73.63	78.25	78.95	80.33	80.80	81.08	↑
Infection Control %	83.11	85.33	86.00	86.55	86.94	86.41	↑
Info Gov %	78.87	78.92	78.49	81.03	78.82	77.06	↓
Health & Safety %	50.97	56.01	60.01	63.67	65.06	67.04	↑
Mental Capacity Act %	89.44	89.55	89.54	91.00	91.76	92.36	↑
Depriv of Liberties %	84.45	84.16	84.68	86.56	88.17	89.09	↑

(Green = 85%+, Amber= 80 – 85%, Red = <80%)

Clinical Unit mandatory training & appraisals

Clinical Unit	Fire training	Man handling training	Induction	Infection Control training	Info Gov training	Health & Safety	Mental Capacity Act training	Depriv of Liberties training	Appraisal compliance
Theatres & Clinical Support	89.13%	83.41%	96.91%	88.00%	85.29%	69.54%	92.71%	89.20%	76.35%
Cardiovascular Medicine	83.06%	78.83%	96.30%	83.39%	71.01%	53.42%	90.94%	84.62%	77.62%
Urgent Care	74.74%	66.67%	95.71%	72.46%	62.94%	56.94%	85.50%	85.44%	73.29%
Specialist Medicine	87.82%	84.14%	93.02%	87.36%	77.70%	66.21%	94.21%	87.42%	85.05%
Out of Hospital Care	85.95%	87.19%	98.51%	86.67%	80.27%	69.32%	96.95%	96.77%	70.96%
Surgery	83.17%	82.46%	93.91%	83.31%	73.27%	63.08%	91.76%	88.57%	93.65%
Womens & Childrens	89.04%	84.23%	95.24%	89.94%	81.23%	68.17%	90.88%	86.00%	83.74%
COO Operations	62.38%	80.95%	100.00%	87.14%	62.14%	46.19%	n/a	n/a	31.10%
Estates & Facilities	77.50%	66.67%	81.82%	90.12%	73.11%	76.54%	75.00%	100.00%	62.70%
Corporate	87.89%	92.20%	83.33%	90.76%	88.50%	84.39%	91.36%	89.55%	85.59%
TRUST	83.22%	81.08%	94.47%	86.41%	77.06%	67.04%	92.36%	89.09%	74.68%

(Green = 85%+, Amber= 80 – 85%, Red = <80%)

There have been slight fluctuations in compliance rates this month with Manual Handling, Health & Safety, Mental Capacity Act and Deprivation of Liberties slightly up but Fire, Infection Control, Information Governance and Induction marginally down.

The new Mandatory Updates started from 1 April 2015 and have been circulated to Clinical Unit Managers together with their training matrix showing staff compliance within each Clinical Unit. The expectation is that the managers will circulate this information and ensure that their service managers maintain or improve compliance rates for mandatory training.

There was a noticeable improvement in appraisal compliance in March which rose by 2.81% to 74.68%. Clinical Units have been actively chasing up those who are out of date, which has resulted in improvements in compliance rates.

FINANCE REPORT – April 2015

Vanessa Harris – May 2015

Financial Summary – April 2015		
Key Issue	Summary	YTD
Overall RAG Rating	The Trust Development Authority (TDA) finance risk assessment criteria are shown in full on page 6. The Trust's overall RAG rating under the revised TDA criteria is red in month 1.	R
Continuity of Service Risk Ratings	Current rating of 2.	A
Financial Summary	The Trust performance in month 1 was a run rate deficit of £2.9m with a favourable variance against plan of £0.1m.	R
Activity & Income	Total income received during April was £0.1m below planned levels.	G
Expenditure	Direct Pay costs are above plan by £0.3m and Direct Non Pay is £0.5m below plan. Total costs, including the donated asset adjustment, were £0.2m underspent.	G
CIP plans	The CIP achievement in month was £0.6m which was marginally below plan.	G
Balance Sheet	DH loans have increased by £7.4m in month as a result of the draw down of the revolving working capital facility.	G
Cash Flow	The cash balance shows an overall increase in the month of £6.7m. An interim revolving working capital support facility agreement of £31.3m is currently in place. The £37.0m deficit plan relies on further cash support being made available in year.	G
Capital Programme	The charge against the Capital Resource Limit (CRL) was £1.2m in the month.	G

Income & Expenditure – April 2015

Headlines	£000s	In Mth Plan	In Mth Actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan
<ul style="list-style-type: none"> • Total income in the month was £29.9m against a plan of £30.0m, an adverse variance of £0.1m. • Total costs in the month were £32.8m. This was £0.2m below plan. • The run rate deficit against plan was a favourable variance of £0.1m. • Cost improvement Plans of £11.4m have been developed for 2015/16 and month 1 saw a £0.6m CIP achievement, which was slightly below plan. • Direct Pay costs in the month, including Ad hoc costs, were £0.3m above plan. • Direct Non Pay costs, including 3rd party costs, were £0.5m below plan in the month. 	NHS Patient Income	26,912	26,912	0	26,912	26,912	0	319,325
	Private Patient/ ICR	324	302	-22	324	302	-22	4,284
	Trading Income	436	447	11	436	447	11	5,220
	Other Non Clinical Income	2,296	2,242	-54	2,296	2,242	-54	27,180
	Total Income	29,968	29,903	-65	29,968	29,903	-65	356,009
	Pay Costs	-20,739	-21,025	-286	-20,739	-21,025	-286	-247,766
	Ad hoc Costs	0	-37	-37	0	-37	-37	0
	Non Pay Costs	-10,536	-10,014	522	-10,536	-10,014	522	-124,877
	3rd Party Costs	-7	-38	-31	-7	-38	-31	-42
	Other	125	125	0	125	125	0	1,500
	Total Direct Costs	-31,157	-30,989	168	-31,157	-30,989	168	-371,185
	Surplus/- Deficit from Operations	-1,189	-1,086	103	-1,189	-1,086	103	-15,176
	P/L on Asset Disposal	0	0	0	0	0	0	0
	Depreciation	-1,090	-1,089	1	-1,090	-1,089	1	-13,075
	Impairment	0	0	0	0	0	0	0
	PDC Dividend	-647	-647	0	-647	-647	0	-7,763
	Interest	-82	-78	4	-82	-78	4	-978
	Total Indirect Costs	-1,819	-1,814	5	-1,819	-1,814	5	-21,816
	Total Costs	-32,976	-32,803	173	-32,976	-32,803	173	-393,001
	Net Surplus/-Deficit	-3,008	-2,900	108	-3,008	-2,900	108	-36,992
Donated Asset/Impairment Adjustment	0	37	37	0	37	37	0	
Adjusted Net Surplus/-Deficit	-3,008	-2,863	145	-3,008	-2,863	145	-36,992	

Cash Flow – April 2015

Headlines	Cash Flow Statement April 2015 to March 2016												
	£000s	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan 2015	Feb	Mar
<ul style="list-style-type: none"> • The cash balance at the end of last financial year was £1.0m and the Trust is planning for a £1.0m cash balance at year-end. • An interim revolving working capital support facility of £31.3m has been agreed with the Department of Health. The draw-down of this support is accessed on a monthly basis. The cash flow has currently been planned on the assumption that a total of £37.0m cash support will be made available in year. This will clearly need to be kept under review. • An interest bearing capital loan of £0.4m has been agreed with the DH in respect of the health records storage scheme. In addition a £17.4m interest bearing capital loan in respect of the clinical strategy is also planned to be received during the financial year subject to TDA approval. 	Cash Flow from Operations												
	Operating Surplus/(Deficit)	-2,181	-2,057	-2,939	-500	-2,596	-1,771	-3,425	-2,874	-3,048	-1,452	-3,412	-1,897
	Depreciation and Amortisation	1,095	1,090	1,090	1,090	1,090	1,090	1,090	1,090	1,090	1,090	1,090	1,085
	Impairments												
	Interest Paid	-81	-84	-83	-84	-83	-84	-83	-84	-83	-84	-83	-84
	Dividend (Paid)/Refunded	0					-3,882						-3,881
	(Increase)/Decrease in Inventories	136											
	(Increase)/Decrease in Trade and Other Receivables	-637	0	401	0	0	402	0	0	402	0	0	405
	Increase/(Decrease) in Trade and Other Payables	2,859	-3,211	1,219	-1,873	1,691	1,000	6,864	4,764	4,617	-100	198	-21,302
	Provisions Utilised	-59	0	0	-107	0	-121	0	-121	0	-111	0	-23
	Net Cash Inflow/(Outflow) from Operating Activities	1,132	-4,262	-312	-1,474	102	-3,366	4,446	2,775	2,978	-657	-2,207	-25,697
	Cash Flows from Investing Activities:												
	Interest Received	3	2	2	2	2	2	2	2	2	2	2	2
	(Payments) for Property, Plant and Equipment	-1,817	-1,510	-1,823	-1,822	-1,797	-1,357	-4,697	-4,697	-4,700	-2,666	-515	-119
	(Payments) for Intangible Assets	-42											
	Net Cash Inflow/(Outflow) from Investing Activities	-1,856	-1,508	-1,821	-1,820	-1,795	-1,355	-4,695	-4,695	-4,698	-2,664	-513	-117
Net Cash Inflow/(Outflow) before Financing	-724	-5,770	-2,133	-3,294	-1,693	-4,721	-249	-1,920	-1,720	-3,321	-2,720	-25,814	
New Temporary PDC	0	0	0	0	0	0	0	0	0	0	0	0	
Repayment for Temporary PDC	0	0	0	0	0	0	0	0	0	0	0	0	
Revenue Support Loans	7,440	1,000	4,000	2,000	2,000	3,000	2,000	2,000	2,000	3,000	2,000	6,552	
New Permanent PDC	0	0	0	0	0	0	0	0	0	0	0	0	
New Capital Loan	0	0	441	0	0	0	0	0	0	0	0	17,400	
Loans and Finance Lease repaid	-40	-40	-41	-40	-40	-253	-13	-13	-13	-13	-13	-243	
Net Cash Inflow/(Outflow) from Financing Activities	7,400	960	4,400	1,960	1,960	2,747	1,987	1,987	1,987	2,987	1,987	23,709	
Net Increase/(Decrease) in Cash	6,676	-4,810	2,267	-1,334	267	-1,974	1,738	67	267	-334	-733	-2,105	
Opening balance	1,008	7,684	2,874	5,141	3,807	4,074	2,100	3,838	3,905	4,172	3,838	3,105	
Closing balance	7,684	2,874	5,141	3,807	4,074	2,100	3,838	3,905	4,172	3,838	3,105	1,000	

Balance Sheet – April 2015

Headlines

- The value of property plant & equipment is forecast to rise due the indexation of assets and the planned clinical strategy investment. The clinical strategy full business case is yet to be considered by the Trust Development Authority (TDA).
- The forecast increase in DoH loans is in respect of the planned interim revolving working capital support facility of £31.3m and the anticipated clinical strategy capital loan £17.4m.
- The projected increase in property, plant and equipment indexation has the effect of increasing the revaluation reserve. The forecast increase in the income & expenditure reserve is due to the in year budgeted I&E deficit.

BALANCE SHEET £000s	Opening B/Sheet	YTD Actual	Forecast March 2016
Non Current Assets			
Property plant and equipment	271,373	271,453	299,100
Intangible Assets	1,293	1,335	547
Trade and other Receivables	1,184	1,184	680
	273,850	273,972	300,327
Current Assets			
Inventories	6,599	6,463	6,511
Trade receivables	12,637	11,127	13,527
Other receivables	6,800	7,655	7,279
Other current assets	0	0	0
Cash and cash equivalents	1,008	7,685	1,000
	27,044	32,930	28,317
Current Liabilities			
Trade payables	-6,972	-8,006	-7,551
Other payables	-20,535	-21,068	-22,243
DoH Loan	-383	-383	-1,297
Borrow ings - Finance Leases	-335	-335	-263
Provisions	-591	-495	-773
	-28,816	-30,287	-32,127
Non Current Liabilities			
DoH Loan	-3,583	-11,023	-57,075
Borrow ings - Finance Leases	-263	-223	0
Provisions	-2,588	-2,624	-2,345
	-6,434	-13,870	-59,420
Total Assets Employed	265,644	262,745	237,097
Financed by:			
Public Dividend Capital (PDC)	-153,530	-153,530	-153,530
Revaluation Reserve	-119,711	-119,711	-128,150
Income & Expenditure Reserve	7,597	10,496	44,583
Total Tax Payers Equity	-265,644	-262,745	-237,097

Receivables, Payables & Better Payments Practice Code Performance – April 2015

Headlines	No of Invoices		Value Outstanding		
	Current Month	Previous Month	Current Month £000s	Previous Month £000s	
<ul style="list-style-type: none"> • The Better Payment Practice Code (BPPC) requires all NHS organisations to achieve a public sector payment standard for valid invoices to be paid within 30 days of their receipt or the receipt of the goods or services. • The target achievement of BPPC is 95%. • By value, in month 98% of trade invoices was achieved and 97% of NHS invoices. 	Trade Receivables Aged Debt Analysis - Sales Ledger System Only				
	0- 30 Days	1,125	1,446	5,420	5,643
	31 - 60 Days	393	390	1,040	3,190
	61 -90 Days	167	206	1,923	887
	91 - 120 Days	152	112	672	1,280
	> 120 Days	888	898	2,072	1,637
	Total	2,725	3,052	11,127	12,637
	Trade Payables Aged Analysis - Purchase Ledger System Only				
	0- 30 Days	4,210	3,593	5,110	5,104
	31 - 60 Days	1,255	841	1,947	1,342
	61 -90 Days	248	325	616	319
	91 - 120 Days	135	117	141	70
	> 120 Days	398	348	192	137
	Total	6,246	5,224	8,006	6,972
	Better Payments Practice Code				
	Month Number of Invoices	Month By Value	YTD Number of Invoices	YTD By Value	
Trade invoices paid within contract or 30 days of receipt	96.12%	97.96%	96.12%	97.96%	
NHS invoices paid within contract or 30 days of receipt	94.99%	96.78%	94.99%	96.78%	

Key Performance Indicators – April 2015

TDA Finance Risk Assessment Criteria

- The TDA has set out its reporting requirements in the latest accountability framework.
- The finance metrics have been revised by the TDA to ensure that they focus on in year delivery against plan and the individual indicators are set out in the adjacent table.
- Although the majority of risk criteria are green the 1a) Bottom-line rating I&E position is the overriding rating which governs the overall Trust rating. As the Trust has set a deficit plan this rating is red and therefore, under the revised TDA criteria, the overall Trust rating is red.

Monitor Continuity of Service Risk Rating

- The Trust has a liquidity ratio rating of 3 and a capital servicing ratio of 1, resulting in an overall rating of 2.

Better Payments Practice Code (BPPC)

- In month performance exceeded the Better Payments Practice Code (BPPC) target for both Trade and NHS invoices.

TDA Finance Risk Assessment Criteria	Current Month	Plan
1a) Bottom line I&E – Forecast compared to plan.		
1b) Bottom line I&E position – Year to date actual compared to plan.		
2a) Actual efficiency recurring/non recurring compared to plan – Year to date actual compared to plan.		
2b) Actual efficiency recurring/non recurring compared to plan – forecast compared to plan.		
3) Forecast underlying surplus/deficit compared to plan.		
4) Forecast year end charge to capital resource limit.		
5) Is the Trust forecasting permanent PDC for liquidity purposes?		
Overall Trust TDA RAG Rating		

Monitor Continuity of Service Risk Ratings	YTD Actual	YTD Plan
Liquidity Ratio Rating	3	2
Capital Servicing Capacity Rating	1	1
Overall Monitor Risk Rating	2	2

Local Measures	YTD Actual	YTD Plan
BPPC – Trade invoices by value (%)	98	95
BPPC – NHS Invoices by value (%)	97	95

Activity & Contract Income – April 2015

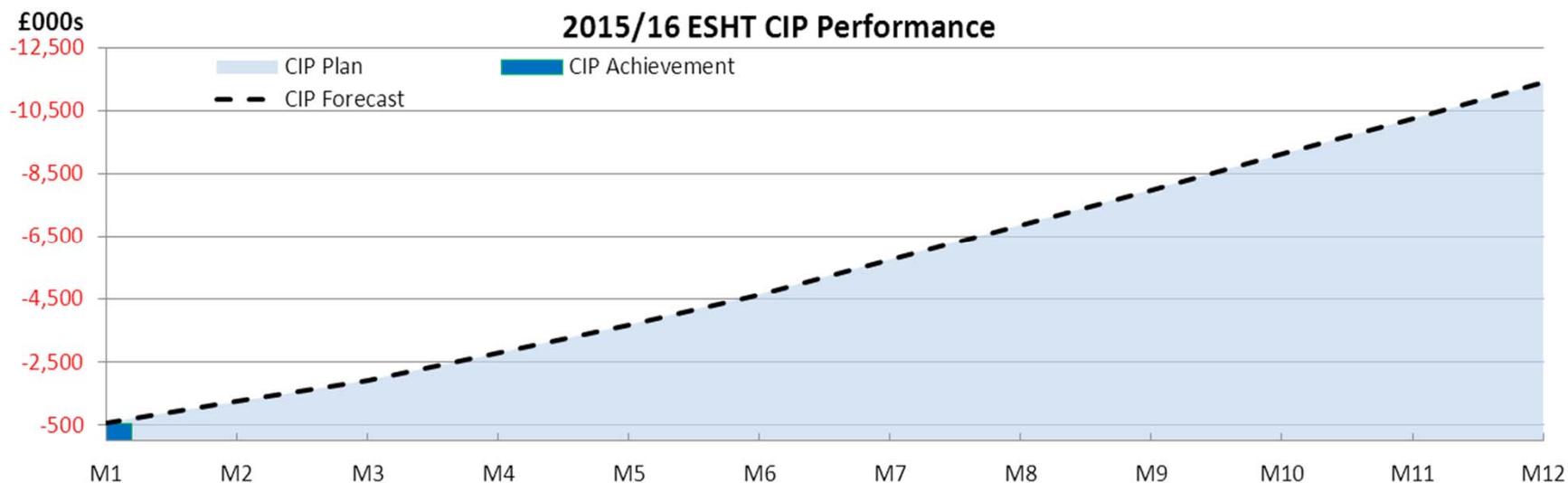
Headlines

- Re-admissions fines have been accrued based on planning assumptions.
- CQUIN performance is based on ESHT achieving 100%.
- Activity plans are subject to finalisation with commissioners.

Activity	Current Month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Day Cases	3,589	3,484	-105	3,589	3,484	-105
Elective Inpatients	832	598	-234	832	598	-234
Emergency Inpatients	3,297	3,514	217	3,297	3,514	217
Total Inpatients	7,718	7,596	-122	7,718	7,596	-122
Excess Bed Days	2,142	1,536	-606	2,142	1,536	-606
Total Excess Bed Days	2,142	1,536	-606	2,142	1,536	-606
Consultant First Attendances	6,862	6,381	-481	6,862	6,381	-481
Consultant Follow Ups	11,024	15,535	4,511	11,024	15,535	4,511
OP Procedures	4,603	3,370	-1,233	4,603	3,370	-1,233
Other Outpatients inc WA & Nurse Led	12,453	10,983	-1,470	12,453	10,983	-1,470
Community Specialist	249	249	0	249	249	0
Total Outpatients	35,191	36,518	1,327	35,191	36,518	1,327
Chemotherapy Unbundled HRGs	512	257	-255	512	257	-255
Antenatal Pathways	310	301	-9	310	301	-9
Post-natal Pathways	281	289	8	281	289	8
A&E Attendances (excluding type 2's)	8,595	8,766	171	8,595	8,766	171
ITU Bed Days	422	463	41	422	463	41
SCBU Bed Days	290	489	199	290	489	199
Cardiology - Direct Access	52	55	3	52	55	3
Radiology - Direct Access	4,562	4,810	248	4,562	4,810	248
Pathology - Direct Access	265,241	263,252	-1,989	265,241	263,252	-1,989
Therapies - Direct Access	1,653	2,637	984	1,653	2,636	983
Audiology	649	922	273	649	922	273
Midwifery	12	16	4	12	16	4

Income £000's	Current Month			YTD		
	Contract	Actual	Variance	Contract	Actual	Variance
Inpatients - Electives	4,732	3,691	-1,041	4,732	3,691	-1,041
Inpatients - Emergency	6,053	6,075	22	6,053	6,075	22
Excess Bed Days	469	351	-118	469	351	-118
Outpatients	3,649	3,631	-18	3,649	3,631	-18
Other Acute based Activity	2,311	2,635	324	2,311	2,635	324
Direct Access	687	740	53	687	740	53
Block Contract	5,306	5,762	456	5,306	5,762	456
Re-admissions	0	-101	-101	0	-101	-101
Other	0	1,088	1,088	0	1,088	1,088
CQUIN	561	561	0	561	561	0
Subtotal	23,768	24,433	665	23,768	24,433	665
Exclusions	3,144	2,479	-665	3,144	2,479	-665
GRAND TOTAL	26,912	26,912	0	26,912	26,912	0

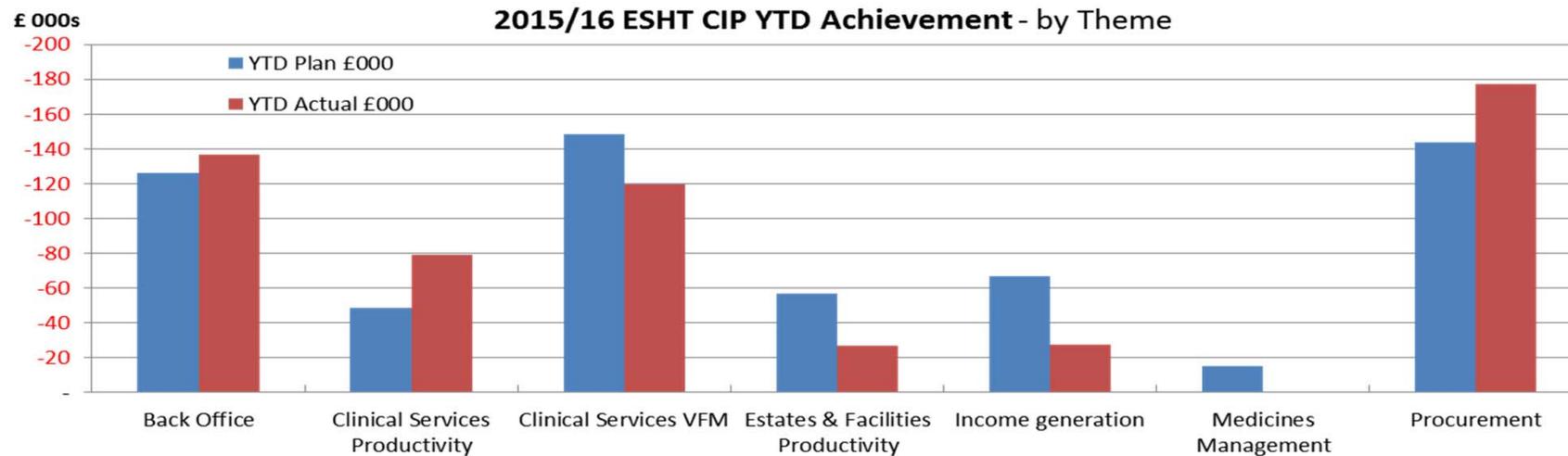
2015/16 ESHT CIP Performance to date – Month 1



Clinical Unit	In Month			Year to Date			Forecast		
	Plan £000	Actual £000	Var £000	YTD Plan £000	YTD Actual £000	YTD Var £000	Annual Plan £000	Forecast £000	Variance FOT £000
Cardiovascular Medicine	-46	-17	-29	-46	-17	-29	-1,123	-1,123	-
Commercial	-93	-64	-28	-93	-64	-28	-1,585	-1,585	-
COO	-	-	-	-	-	-	-	-	-
Corporate & Trust Wide	-91	-179	88	-91	-179	88	-2,083	-2,083	-
Specialist Medicine	-43	-39	-4	-43	-39	-4	-558	-558	-
Surgery	-92	-124	31	-92	-124	31	-1,403	-1,403	-
Urgent Care	-19	-6	-13	-19	-6	-13	-526	-526	-
Womens Health & Childrens Services	-57	-20	-37	-57	-20	-37	-926	-926	-
Out of Hospital Care	-49	-58	9	-49	-58	9	-593	-593	-
Clinical Support	-105	-60	-45	-105	-60	-45	-2,578	-2,578	-
Total	-595	-567	-28	-595	-567	-28	-11,375	-11,375	0

2015/16 ESHT CIP Performance by Theme – Month 1

TDA Theme	In Month			Year to Date			Forecast		
	Plan £000	Actual £000	Var £000	YTD Plan £000	YTD Actual £000	YTD Var £000	Annual Plan £000	Forecast £000	Variance FOT £000
Back Office	-95	-137	42	-95	-137	42	-1,547	-1,547	-
Clinical Services Productivity	-76	-79	3	-76	-79	3	-2,319	-2,319	-
Clinical Services VFM	-148	-120	-28	-148	-120	-28	-2,805	-2,805	-
Estates & Facilities Productivity	-57	-27	-30	-57	-27	-30	-1,105	-1,105	-
Income generation	-63	-27	-36	-63	-27	-36	-800	-800	-
Medicines Management	-15	-	-15	-15	-	-15	-293	-293	-
Procurement	-141	-177	36	-141	-177	36	-2,506	-2,506	-
Total	-595	-567	-28	-595	-567	-28	-11,375	-11,375	0



Year on Year Comparisons – April 2015

Headlines
<ul style="list-style-type: none"> Total Inpatients activity was 1.3% lower than last year's activity level. Total outpatients were 2.8% higher than last year. Total A&E attendances were 1.8% higher than last year.

Activity	2015/16	2014/15	Increase /	% Increase /
	YTD Actual	YTD Actual	Decrease Yr on Yr	Decrease Yr on Yr
Day Cases	3,484	3,430	54	1.6%
Elective Inpatients	598	675	-77	-11.4%
Emergency Inpatients	3,514	3,594	-80	-2.2%
Total Inpatients	7,596	7,699	-103	-1.3%
Elective Excess Bed Days	60	237	-177	-74.7%
Non elective Excess Bed Days	1,476	1,665	-189	-11.4%
Total Excess Bed Days	1,536	1,902	-366	-19.2%
Consultant First Attendances	6,381	6,870	-489	-7.1%
Consultant Follow Ups	15,535	11,160	4,375	39.2%
OP Procedures	3,370	4,860	-1,490	-30.7%
Other Outpatients (WA & Nurse Led)	10,983	12,360	-1,377	-11.1%
Community Specialist	249	282	-33	-11.7%
Total Outpatients	36,518	35,532	986	2.8%
Chemotherapy Unbundled HRGs	257	376	-119	-31.6%
Antenatal Pathways	301	348	-47	-13.5%
Post-natal Pathways	289	348	-59	-17.0%
A&E Attendances (excluding type 2's)	8,766	8,607	159	1.8%
ITU Bed Days	463	513	-50	-9.7%
SCBU Bed Days	489	233	256	109.9%
Cardiology - Direct Access	55	49	6	12.2%
Radiology - Direct Access	4,810	4,749	61	1.3%
Pathology - Direct Access	263,252	265,731	-2,479	-0.9%
Therapies - Direct Access	2,636	3,341	-705	-21.1%
Audiology	922	1,850	-928	-50.2%
Midwifery	16	13	3	23.1%

£000s	2015/16	2014/15	Increase /	% Increase
	YTD Actual	YTD Actual	Decrease Yr on Yr	/ Decrease Yr on Yr
NHS Patient Income	26,912	27,012	-100	-0.4%
Private Patient/ RTA	302	208	94	45.2%
Trading Income	447	438	9	2.1%
Other Non Clinical Income	2,242	1,694	548	32.3%
Total Income	29,903	29,352	551	1.9%
Pay Costs	-21,062	-20,484	-578	-2.8%
Non Pay Costs	-10,052	-9,739	-313	-3.2%
Other	125	183	-58	31.7%
Total Direct Costs	-30,989	-30,040	-949	-3.2%
Surplus/-Deficit from Operations	-1,086	-688	-398	-57.8%
Profit/Loss on Asset Disposal	0	0	0	
Depreciation	-1,089	-1,031	-58	-5.6%
Impairment	0	0	0	
FDC Dividend	-647	-689	42	6.1%
Interest	-78	-25	-53	-212.0%
Total Indirect Costs	-1,814	-1,745	-69	-4.0%
Total Costs	-32,803	-31,785	-1,018	-3.2%
Net Surplus/-Deficit	-2,900	-2,433	-467	-19.2%
Donated Asset / Other Adjustment	37	68	-31	45.6%
Normalised Net Surplus/-Deficit	-2,863	-2,365	-498	-21.1%

Capital Programme – April 2015

Headlines	2015/16 Capital Programme £000s	Expenditure at Month 1
<p>The Trust's capital programme is planned on the following basis:-</p> <ul style="list-style-type: none"> Routine capital replacement is planned within the limit of depreciation. The Trust has secured an interest bearing capital loan in order to complete the health records storage scheme which commenced in 2014/15. The clinical strategy capital reconfiguration proposals are planned to be funded by an additional interest bearing capital loan. The clinical strategy full business case has yet to be considered by the Trust Development Authority (TDA). In addition continued significant support from the Friends of the Hospitals is forecast to be received. <p>The Trust continues to face a number of risks in relation to the total value of capital resource available in 2015/16 to meet the capital needs of the Trust. In summary the risks are:-</p> <ul style="list-style-type: none"> The limited capital funds available to the Trust in recent years has constrained spending on backlog maintenance, medical equipment and IT infrastructure. This has resulted in delays in the replacement of essential equipment and a consequent increase in maintenance expenditure. The successful implementation of the IM&T strategy will require significant resources in future years. <p>Year to Date Performance:-</p> <ul style="list-style-type: none"> After one month, capital expenditure amounted to £1.2m with commitments amounting to £6.5m. 	<p>Capital Resources</p> <p>Depreciation 11,820</p> <p>Clinical Strategy exceptional additional PDC 17,400</p> <p>Additional Capital Loan - Health Records Storage 441</p> <p>League of Friends Support 1,255</p> <p>Cap Investment Loan Principal Repayment -427</p> <hr/> <p>Gross Capital Resource 30,489</p> <p>Less Donated Income -1,255</p> <hr/> <p>Capital Resource Limit (CRL) 29,234</p> <hr/> <p>Capital Investment</p> <p>Clinical Strategy Reconfiguration 17,400</p> <p>Medical Equipment 1,764</p> <p>IT Systems 1,839</p> <p>Electronic Document Management 1,010</p> <p>Child Health Information System 673</p> <p>PAS Upgrade 523</p> <p>Backlog Maintenance 1,547</p> <p>Infrastructure Improvements - Infection Control 700</p> <p>Pevensy Ward 2,055</p> <p>Minor Capital Schemes 1,500</p> <p>Health Records 565</p> <p>Other various 1,029</p> <hr/> <p>Sub Total 30,605</p> <p>Donated Asset Purchases 1,255</p> <p>Donated Asset Funding -1,255</p> <hr/> <p>Net Donated Assets 0</p> <hr/> <p>Sub Total Capital Schemes 30,605</p> <p>Overplanning Margin (-) Underplanning (+) -1,371</p> <hr/> <p>Net Capital Charge against the CRL 29,234</p>	<p>0</p> <p>596</p> <p>39</p> <p>7</p> <p>31</p> <p>29</p> <p>9</p> <p>39</p> <p>252</p> <p>125</p> <p>0</p> <p>27</p> <hr/> <p>1,154</p> <p>1,107</p> <p>-1,107</p> <hr/> <p>0</p> <hr/> <p>1,154</p> <p>0</p> <hr/> <p>1,154</p>

Continuity of Service Risk Ratings – April 2015

Headlines

Continuity of Service Risk Ratings (COS):-

- Liquidity (days)
 - Days of operating costs held in cash or cash equivalent forms.
- Capital service capacity ratio (times)
 - The degree to which the organisation's generated income covers its financial obligations.
- Monitor assigns ratings between 1 and 4 to each component of the continuity of service risk ratings with 1 being the worst rating and 4 the best. The overall rating is the average of the two.
- The Trust has a liquidity ratio of -4 days, a rating of 3.
- The capital servicing ratio of -1.24 results in a rating of 1.
- As a result the overall Trust rating is 2.

Liquidity Ratio (days)	2014/15	2015/16
£000s	Outturn	YTD
Opening Current Assets	27,044	32,930
Opening Current Liabilities	-28,815	-30,287
Net Current Assets/Liabilities	-1,771	2,643
Inventories	-6,599	-6,463
Adj Net Current Assets/Liabilities	-8,370	-3,820
Divided by:		
Total costs in year	364,471	30,989
Multiply by (days)	360	30
Liquidity Ratio	-8	-4

Capital Servicing Capacity (times)	2014/15	2015/16	2015/16
£000s	Outturn Actual	YTD Plan	YTD Actual
Net Surplus / Deficit (-) After Tax	473	-3,008	-2,900
Less:			
Donated Asset Income Adjustment	-1,107	-105	-64
Interest Expense	235	84	81
Profit/Loss on Sale of Assets	-29	0	0
Depreciation & Amortisation	12,265	1,090	1,089
Impairments	-629	0	0
PDC Dividend	8,073	647	647
Revenue Available for Debt Service	19,281	-1,292	-1,147
Interest Expense	235	84	235
PDC Dividend	8,073	647	647
Temporary PDC repayment			
Working capital loan repayment	18,171	0	0
Capital loan repayment	320	40	40
	26,799	771	922
Capital Servicing Capacity	0.72	-1.68	-1.24

Financial Risks & Mitigating Actions – April 2015

Summary	
RISKS:-	
The following areas of risk have been identified in achieving the projected year end £37.0m deficit.	
1) Application of fines and penalties.	
2) Outcome of competitive tendering.	
3) Activity levels exceed baseline amounts in contracts and are not paid for / paid at marginal rate only.	
4) Activity and capacity pressures.	
5) Unplanned operational cost pressures (e.g. use of agency staff and escalation wards).	
6) Non delivery of CIPs.	
MITIGATING ACTIONS:-	
Potential mitigating actions include joint management of demand and continued improvement in productivity.	

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	8
Subject:	Performance Report – March 2015
Reporting Officer:	Director of Strategic Development & Assurance

Action: This paper is for (please tick)			
Assurance	✓	Approval	Decision
Purpose:			
The attached document(s) provide information on the Trust's performance for the month of March and full year 2014/15 against quality and workforce indicators and Month 1 2015/16 information for finance.			

Introduction:
The monthly Quality report details ESHT's in month performance against key trust metrics as well as activity and workforce indicators.

Analysis of Key Issues and Discussion Points Raised by the Report:
Overall Performance Score: 4 (from a possible 5)
Responsiveness Domain: 2
8 out of the 17 indicators for this domain were achieved this month. The Trust remains below the higher scores predominately as a result of not achieving the RTT admitted standard of 90%. This indicator has a high weighting within the domain. The other indicators which were not achieved this month were:
<ul style="list-style-type: none"> • RTT Non Admitted • A&E performance • Breast Symptom Two Week Wait Standard • 31 Day Standard • 62 Day Standard • 62 Day Standard for Screening • Delayed Transfers of Care

Effectiveness Domain: 5

The domain remained at a 5, achieving in all indicators.

Safe Domain: 5

The Safe domain remains at 5, achieving in all indicators with the exception of C-Difficile and harmful incidents. There were 2 reported cases of C-Difficile during this month.

Caring Domain: 4

The Caring domain achieved a score of 4 due to A&E Friends and Family scores remaining below the required standard. There were 6 Mixed sex accommodation breaches.

Well Led Domain: 3

The score for the Well Led domain remains at a 3 with achievement of 4 of the 9 indicators. A&E response rates, turnover, sickness, temporary costs and appraisal rates remain below the required standard, keeping the domain score to 3.

Finance Report:

The Trust performance in month 1 was a run rate deficit of £2.9m with a favourable variance against plan of £0.1m.

Benefits:

The report provides assurance that the Trust continues to deliver a high quality, safe service for patients combined with a high level of accessibility, and provides detail of where standards are not being met.

The Board is aware of the Month 1 financial position.

Risks and Implications

Poor performance against the framework represents an increased risk of patient safety issues, reputational damage and as a number of the indicators are contractual targets there is a risk of financial penalties is raised.

Assurance Provided:

This report includes all indicators contained within the Trust Development Authority's Accountability Framework for 2014/15. Information contained within this report has been extracted from the Trust Data Warehouse in line with guidance supplied by the TDA.

Review by other Committees/Groups (please state name and date):

This report will be reviewed by the CME and subsequently by Finance and Investment and the Trust Board.

Proposals and/or Recommendations

To review the report in full and note Trust Performance against each domain.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)

What risk to Equality & Human Rights (if any) has been identified from the impact assessment?

For further information or for any enquiries relating to this report please contact:

Name: Sarah Goldsack
Associate Director of Knowledge
Management

Contact details:
sarah.goldsack@nhs.net

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	9
Subject:	Quality Improvement Plan
Reporting Officer:	Alice Webster Director of Nursing

Action: This paper is for (please tick)			
Assurance	✓	Approval	Decision
Purpose:			
To provide a highlight report of the Quality Improvement Plan developed from the recommendations made by the CQC in their report published March 2015 following the Chief Inspector of Hospitals visit in September 2014.			

Introduction:
<p>The Trust was inspected in September 2014 by the Care Quality Commission (CQC) under the new Chief Inspector of Hospitals (CIH) regime. This was part of the planned programme of inspections that the CIH is undertaking to ensure all acute trusts are inspected before the end of March 2016. The Trust was inspected as a whole and therefore included both the acute and community services provided by the Trust in a number of locations.</p> <p>The aim of the inspection was for the CQC to establish if our services were: safe; effective; caring; responsive; and well-led.</p> <p>They focussed on eight core services in the acute hospitals: ▪ Accident and Emergency; ▪ Intensive/Critical care; ▪ Surgery; ▪ Maternity and family planning; ▪ Children’s care; ▪ Medical care (including older peoples care); ▪ Outpatients; ▪ End of life care,</p> <p>In the community services they focussed on: ▪ Community health services for adults; ▪ Community health services for children; ▪ Community health in patient services; ▪ End of life care</p> <p>An overarching Quality Improvement Plan has been developed which details those recommendations that the CQC identified in their reports as ‘Must do’s’, for the organisation. Other recommendations identified as ‘Should do’s’ are being developed in local action plans relevant to the areas in which the issues were identified.</p> <p>The Quality Improvement Plan and full CQC reports are available at: http://www.esht.nhs.uk/about-us/cqc-report/</p>

Analysis of Key Issues and Discussion Points Raised by the Report:
See attached highlight report

Benefits:

The report identifies that there is progress being made against the actions and by addressing the recommendations services and patient care will be improved.

Risks and Implications

Non-compliance with the action plan may mean the Trust is not providing high quality care and good experience for our patients. If the recommendations are not acted upon the Trust is also at risk of not meeting the Regulations set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and may receive sanctions.
 The current pressures on the hospital are having an impact on the management of this large programme of work.

Assurance Provided:

There is a Project Improvement Working Group in place to oversee progress on the delivery of the action plan that meets every 2 weeks chaired by the Director of Nursing and is attended by identified executive leads for the relevant work streams. The actions/dates and leads have all been identified by the individuals concerned.

Board Assurance Framework (please tick)

Strategic Objective 1 - Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority	✓
Strategic Objective 2 - Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences	
Strategic Objective 3 - 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.	

Review by other Committees/Groups (please state name and date):

Quality and Standards Committee 5.5.15
 Project Improvement Group 11.5.15
 Clinical Management Executive 11.5.15

Proposals and/or Recommendations

The Trust Board are asked to note the report

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)

What risk to Equality & Human Rights (if any) has been identified from the impact assessment?

N/A

For further information or for any enquiries relating to this report please contact:

Name: Hilary White Head of Compliance	Contact details: Hilary.White2@nhs.net
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Quality Improvement Plan Highlight report

Author: Hilary White

Date: 14th May 2015

Project Summary



The purpose of this report is to update on progress made in achieving the recommendations made by the CQC following their visit in September 2014.

The aim of the programme is to ensure the Trust is able to respond to the recommendations made in the reports published in March 2015 and make any improvements required in order to ensure compliance is met with the Regulations (2014) of the Health and Social Care Act 2008

Project Budget

The total budget for this project is not known. The Director of Finance is a member of the Project Improvement Working Group and is being made aware of potential additional costs as they are identified.

Project milestone update

The Quality Improvement Plan has been finalised in agreement with the Trust Development Authority working within the themes identified in the CQC's overarching Trust report to ensure that all the 'Must do' recommendations are being addressed

The clinical units are now progressing with other issues that were identified within their core services and included in the CQC reports as 'Should do's'. The clinical units will also ensure that they are proactively monitoring the indicators in the intelligent monitoring report and that the fundamental standards of care are being met.

Progress and planned

There is a Project Improvement Working Group in place to oversee progress on the delivery of the action plan that meets every 2 weeks chaired by the Director of Nursing and is attended by identified executive leads for the relevant work streams. The actions/dates and leads have all been identified by the individuals concerned.

Current Status

Following a review by the group on 11th May 2015 there are currently 97 actions. These are broken down as follows:-

Red - overdue	Amber – on track	Green - completed
4 (4%)	59 (61%)	34 (35%)

Those items that are overdue relate to two issues that require capital funding in the emergency departments and theatres, the others relate to a policy which is overdue for review and the auditing of adherence to the policy: work on these is progressing.

The full Quality Improvement Plan and CQC reports are available at:

<http://www.esht.nhs.uk/about-us/cqc-report/>

Progress last month

- The action plan has been reviewed extensively and reformatted into a more manageable format; most actions that have a cost impact have been identified.
- The issues reported as 'Should do' actions in the reports have been added to service action plans, and distributed to the Clinical Leads, Heads of Nursing and General Managers and will be monitored by exception and reported to the Project Improvement Working Group.
- All Executives have 'adopted a clinical unit/ward' to improve engagement with staff and help disseminate corporate information.

Planned next month

- Planned delivery of those Amber actions with a deadline for May and June (25% of the ambers)
- Assess the evidence available for those items completed to ensure that it is robust and easily accessible
- Monitoring of the Clinical Unit's action plans and reporting by exception

Significant risks and issues

The project group is supporting the delivery of the action plan at a time when the trust is receiving unprecedented demands on its services. Due to the pressure placed on front line clinical staff this is diverting some staff from being able to fully engage on the improvement plan to embed the necessary actions.

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	10
Subject:	Patient Experience Report – Quarter 4
Reporting Officer:	Alice Webster, Director of Nursing

Action: This paper is for (please tick)			
Assurance	✓	Approval	Decision
Purpose:			
The purpose of this paper is to provide the Board with information about patient experience within Quarter 4 of this year.			

Introduction:
<p>Patient Experience provides feedback from patients and the public on their experience of the Trust.</p> <p>The information in this paper outlines our position in Q4 in the following areas:</p> <ul style="list-style-type: none"> ▪ Friends and Family Test (FFT); ▪ NHS Choices; ▪ Patient Advice and Liaison Service (PALS); ▪ Complaints

Analysis of Key Issues and Discussion Points Raised by the Report:
<p>Friends and Family Test (FFT)</p> <p>The Net Promoter Score (NPS) benchmark figure for the question ‘How likely are you to recommend us?’ in Q4 was 61.2 compared to 58 in Q3.</p> <p>The overall satisfaction score of all patients surveyed during Q4 2014/15 is that 89.8% of all patients who used our services were satisfied (14387 responses). This is a slight increase in both the satisfaction score (from 89.2% in Q3) and the number of responders (from 11782) in Q3.</p> <p>The inpatient areas achieved an overall satisfaction rating of 95.45%</p> <p>The Emergency departments achieved an overall satisfaction rating of 86.81%</p> <p>The labour and birth departments achieved an overall satisfaction rating of 85.89%</p> <p>Trust Improvement Indicators</p> <p>This data is collected from a variety of sources i.e. patient comment cards and further questions relevant to the ward areas (i.e. around food and noise on the ward) asked through FFT. The attached paper demonstrates little change in patient responses across the months from April 2014 with the exception of indicators 2 (information) and 4 (provision of food) which are discussed further within the report.</p>

Ward feedback

Ward level data from each individual area is reviewed monthly and analysed. On each patient facing clinical area, data is displayed on the 'How we are Doing' board in the format of "You said, We did", for all service users to view.

NHS choices

NHS choices is a website where Service users can post comments about their experiences of using NHS services. A rating system of 1-5 is used. Whilst there are some excellent examples of positive patient comments the rating system demonstrates significant room for improvement in particular around the booking system; communication and staff attitude.

A total of 55 narratives regarding ESHT services were posted on the NHS Choices website during Q4 – 37 of which gave three stars or above with positive comments and 18 of which gave three stars or below with negative comments.

PALS

Despite the increase in demand (increase of 11% in Q4), PALS are continuing to provide a rapid access point of contact for patient's and the public with 92% of concerns being responded to within 2 working days. The response rate has increased from 84% in Q3.

Half of all PALS contacts in Q4 have been attributed to communication issues.

Complaints

190 complaints were received in Q4 and 96.4% of these were acknowledged within three working days. During Q4 188 complaints were closed and at the end of Q4 there were 37 overdue complaints open.

The top three complaint themes in Q4 were Clinical Care (32%), Communication (26%) and Patient Pathway (24%).

Parliamentary and Health Service Ombudsman (PHSO)

In Q4, five PHSO enquiries were received. Of these, the PHSO is progressing formal investigation on one case and the decision of the others is awaited. In addition the PHSO has made a decision to progress one case (received in Q3) to formal PHSO investigation. During Q4 two PHSO cases were closed. Both had undergone full investigation by the Ombudsman and both complaints were upheld.

Benefits:

The attached report demonstrates a number of ways in which the Trust receives, listens and responds to patient concerns, comments and feedback and makes changes to improve services as a result. The "You said; We did" initiative on the wards shows that positive actions are taken having listened to patients and relatives. Changes have also been made following the receipt of formal patient complaints.

Risks and Implications

The number of overdue complaints is being addressed as the number of complaints answered within the set time frame needs to improve significantly.

The identification and sharing of lessons learnt as a result of feed back from patients also need to be improved.

Assurance Provided:

Overall the Trust is able to demonstrate a number of positive initiatives that are in place and working very well. Engagement with patients has led to improvements in systems and care delivery.

Board Assurance Framework (please tick)	
Strategic Objective 1 - Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority	✓
Strategic Objective 2 - Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences	✓
Strategic Objective 3 - 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.	

Review by other Committees/Groups (please state name and date):
Some of this data has been received and reviewed by the Quality and Standards Committee at its meeting on 5 th May 2015.

Proposals and/or Recommendations
The report makes a number of recommendations for action at point 7.
The Board is asked to note this report.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)
What risk to Equality & Human Rights (if any) has been identified from the impact assessment?
None identified

For further information or for any enquiries relating to this report please contact:	
Name: Lindsey Stevens, Deputy Director of Nursing and Midwifery Alice Webster, Director of Nursing	Contact details: lindseystevens@nhs.net alice.webster@nhs.net

Patient Experience Report Quarter 4 2014/15

1.0 Introduction

Patient Experience provides feedback from patients and the public on their experience of the Trust.

The information in this report outlines the Trusts position in Quarter 4 (Q4) in the following areas:

- Friends and Family Test (FFT)
- NHS Choices
- Patient Advice and Liaison Service (PALs)
- Complaints including Parliamentary and Health Service Ombudsman (PHSO)

2.0 Friends and Family Test (FFT) Patient feedback

2.1 This is a simple question “How likely are you to recommend us”. This provides a benchmark figure; the Net Promoter Score (NPS). The NPS is calculated between -100 and +100. The NPS for ESHT in Q4 was 61.2, an increase from Q3 which was 58.

2.2 The table below shows the total number of responses received for each department (as broken down by A&E departments, Inpatient areas and Maternity), the total number of people eligible to respond from these areas and the percentage response rate. ESHT Inpatients received the highest response rate at 24.85% with ESHT A&E response rate being the lowest at 19.62%. Although ESHT A&E remains the lowest response rate, the total number of responses received has increased (Q3 total number of responses received was 2807, Q4 total number of responses received was 3106).

Q4	Total number of responses for each department	Total number of people eligible to respond	Response rate for each department
ESHT A&E Total	3106	15831	19.62%
ESHT Inpatient	2004	4924	24.85%
Maternity	501	2016	24.64%

- 2.3 Inpatient areas achieved an overall satisfaction rating of **95.45%** (based on 1758 responses in Q4) compared to **89.14%** in Q3 (based on 2449 responses) which is an increase (of 6.31%). Although the overall satisfaction has increased the total number of responses has decreased by 16%.
- 2.4 The Emergency departments achieved an overall satisfaction rating of **86.81%** (based on 2972 responses in Q4) compared to **83.28%** in Q3 (based on 3469 responses) which is an increase (of 3.53%). Although the overall satisfaction has increased the total number of responses has decreased by 8%.
- 2.5 The Labour and Birth departments achieved an overall satisfaction rating of **85.89%** (based on 343 responses in Q4) compared to **87.18%** in Q3 (based on 211 responses) which is a slight drop (of 1.29%). The overall satisfaction has decreased and the total number of responses has increased by 24%.
- 2.6 The dial below shows the overall satisfaction score of all patients surveyed during Q4. This demonstrates that **89.8%** of all patients who used the Trusts services were satisfied (14387 responses). This has increased slightly from Q3 (which had an overall satisfaction score of 89.2%), as has the number of responders (11782).

Overall Patient Experience Results



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2.7 Sample Patient Feedback from Family and Friends Free Text

More staff in every department otherwise excellent

Could not fault the nurses on patient care. Very pleasant and understanding

Food was excellent. All the staff were friendly, helpful and understanding. Nothing was too much trouble.

Considerate treatment even when difficult much appreciated. Regular chaplain visit much valued

Communication was variable. Not all nursing staff seemed to know enough about me and my treatment to be able to answer questions.

2.8 Trust Improvement Indicators

The Trust Improvement Indicator responses (weighted scores) are collected from a variety of sources i.e. patient comment cards and further questions relevant to the ward areas (i.e. around food and noise on the ward) asked through FFT. The table below demonstrates little change in patient responses across the months from April 2014.

Indicator	ESHT commitment	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1) We will make sure you have the support and advice you need before being discharged from our care	3	87	84	86	86	84	87	85	84	89	88	89	89
2) We will give you clear high quality information about your condition, treatment and our services	3	91	89	90	91	90	92	91	92	89	84	87	84
3) We will treat you as an individual, listen to your views and respect your privacy and dignity	2	95	94	93	94	95	95	95	93	94	90	91	92
4) We will provide you with nutritious and appetising food, with as much support as you need, whilst in our care	3	78	77	79	78	79	82	80	81	82	94	95	94
5) Whilst you are an inpatient we will keep noise from staff at night to a minimum so that you can get the rest you need	2	82	79	79	80	83	82	83	77	86	78	82	85
6) Overall patient experience satisfaction	1	89	88	88	89	89	90	89	88	89	88	89	89
Responses		674	854	882	993	908	867	846	796	800	785	812	901

Indicator 2- "We will give you clear high quality information about your condition, treatment and ourselves"

It is noted that the response has decreased from 91 (April 2014) to 84 (March 2014). In response to this and as part of the 2015/16 Quality Account, a Quality Improvement Priority has been identified to review patient information.

Indicator 4 - "We will provide you with nutritious and appetising food, with as much support as you need, whilst in our care"

It is noted that the response has increased from 78 (April 2014) to 94 (March 2015). In March 2014 the new style of patient meal service was introduced across Conquest Hospital and Eastbourne DGH and has proven to be very popular with patients. The new service offers greater choice and menu variety for patients allowing them to have more independence, choice and control with regards to their meals.

2.9 Ward feedback

As part of the FFT programme, the Trust has developed 'You said, We did' Boards. Ward Matrons can access the free text feedback from the Meridian system to populate these Boards. The following tables provide some extracts of these Boards taken from Q4:

Cardiac ITU – Conquest

You said	We did
Noise at night was a problem. It's not dark enough at night.	Asked night staff to be mindful of noise at night. Also, ear plugs will be made available shortly. Staff made aware that there are eye masks available for you. Staff made aware of all comments and these are discussed at ward meetings.

Gardner Ward

You said	We Did
You were not told about side effects of medication you were discharged home on.	We would like to improve on the information we give on discharge and are looking at ways to do this without overloading you with information. We will be discussing medication on discharge at our next nursing quality meeting with senior staff to help improve this side of our service.

Berwick ward

You said	We did
Nurses are friendly. Staff are kind and compassionate. Professional and prompt treatment given. Photos of nurses needs to be displayed so that we can recognise them. Food service was MUCH BETTER	We are in the process of updating our photo board so that all our team photos are displayed. We are really pleased with the positive comments that we have received, we are always looking for ways to improve our ward and the care that we deliver further so please let us know any areas of concern that you feel need to be addressed. We are in the process of writing a patient information booklet so that every patient and their visitor will be able to have access to, we aim to have this in use by end of August 2015. We are aware that some areas on the ward are in need of maintenance update, we plan to have this work carried out by the Autumn of 2015.

Stroke Unit

You said	We did
Noise and brightness at night. More information on discharge. Information about ward flow. HCA's to have more involvement with specific speciality recommendations. Improved communication for carers	Ear plugs and eye masks on order, signs up to remind staff, walk-around visit by senior management found improvements has been made. More informed discharge leaflet has been devised with medication record chart available. Welcome leaflet available with unit information. Co-working between HCA's and Physio's. Carers clinics run weekly.

3.0 NHS Choices

3.1 NHS choices is a website where service users can post comments about their experiences of using NHS services.

There is also a facility for service users to give the service commented on a star rating from 1 to 5 stars with 1 being a poor rating to 5 being excellent. The current overall rating for ESHT services is as follows (Conquest and Eastbourne Hospitals):



3.2 A total of 55 narratives were posted on NHS choices during Quarter 4, this is an increase in posts compared to 31 in Q3. Of the 55 narratives posted 37 comments gave three stars or above with positive comments and 18 comments gave three stars or below with negative comments. It should be noted that a number of the “negative” comments were in response to the publication of the CQC reports where the “negative” experience was not within the quarter. Some examples of the comments received and the feedback provided are shown below.

3.3 The following table shows the themes from the 55 narratives received in Q4.

For excellent ratings:	For low ratings
<p>Staff kindness, efficiency and caring attitude.</p> <p>Good communication.</p> <p>Many staff praised for their standards of care.</p> <p>End of life care*</p>	<p>Outpatients</p> <p>Staff attitude.</p> <p>Communication.</p> <p>Staffing levels (nursing and medical)</p> <p>Discharge planning*</p>

* Please note these are new themes this quarter

- 3.4 The Trust regards NHS choices as a rich source of feedback information that helps to monitor the quality of our services. Compliments, comments, and concerns have all been raised during Q4 via NHS Choices. This route of patient feedback allows the Trust to comment, thank and sign post our service users.
- 3.5 NHS Choices information is disseminated to all Patient Experience Champions for distribution amongst their teams.
- 3.6 Through the Patient Experience Champion drop-in sessions which have been held across the Trust bi monthly, Champions have had the opportunity to discuss NHS Choices information further and explore how they can make changes. To date these sessions have only included the Champions' area of work, however the Patient Experience Team are looking at how these lessons learnt can be shared across the wider organisation.

Examples of comments received and responses provided

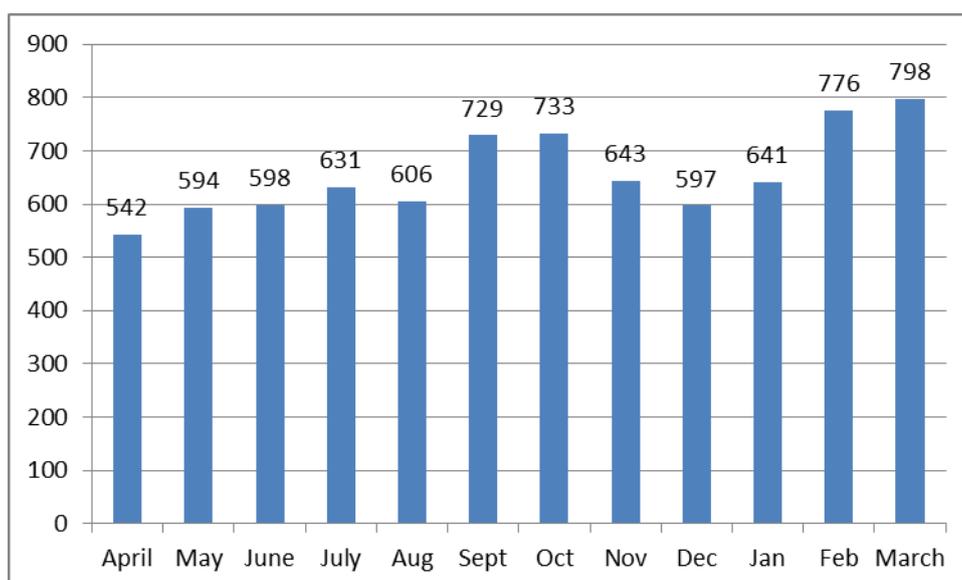
Comments received	Our replies
<p>I had a colonoscopy in The Conquest's Endoscopy Unit on Saturday 24th January 2015 and would like to say that I feel I could not have had better and more efficient treatment and I was seen immediately I arrived and from then on there was not a moment of delay. The nurses and the doctor were all attentive and really kind in manner and seemed very concerned to make me feel reassured and to make the experience as painless and relaxed as possible. As the procedure is (generally speaking) a slightly unpleasant but not serious one I felt the number of staff available and the concern they showed was really exceptional. So - thanks for making the experience so relatively unstressful and easy.</p>	<p>We're pleased to read about your positive patient experience of the Endoscopy Unit at the Conquest Hospital for a colonoscopy. As a trust, we are committed to making patients experiences as good as they can be and staff work hard to provide high quality care and service. The Endoscopy staff will be pleased to read your comments as postings such as yours recognise their dedication and effort.</p> <p>May we also let you know that another way patients and families can give feedback is by contacting Healthwatch East Sussex. They are your independent consumer champion for health and social care and would like to hear from people about their experiences of health and social care services. Their role is to make sure your views and feedback are heard and affect the decisions made by the people who deliver your services. You can contact Healthwatch:</p> <p>by phone: 0333 101 4007, text: 0779 410 0409, email: enquiries@healthwatcheastsussex.co.uk or visit the website www.healthwatcheastsussex.co.uk</p>

<p>Had follow up appointment with Orthopaedic consultant, felt the consultation was rushed, I was unable or given the opportunity to ask the questions I needed answering. Prob max length of time given about 3 mins. Now going to have to go back to GP.</p>	<p>We're concerned to hear that you felt your consultation was rushed at your Orthopaedic appointment and that you did not have enough time to ask questions. As a trust, we aim to provide a high standard of care and service to all our patients, however, this is clearly not what you describe and we apologise for the fact that your experience was poor.</p> <p>Please be assured that we take all comments very seriously and have forwarded your posting to the Clinical Lead for Surgery to act upon.</p> <p>If you still have unanswered questions, that your GP has been unable to address, please do not hesitate to contact our Patient Advice & Liaison Service (PALS) who are always happy to help patients by liaising with Trust staff on their behalf.</p> <p>PALS can be contacted on 01424 758090 or by email at: esh-tr.PALSH@nhs.net</p>
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4.0 Patient Advice and Liaison Service (PALS)

4.1 The graph below shows the number of PALS contacts by month since April 2014. The number of contacts handled by PALS has increased this quarter by 11% (1973 in Q3 to 2216 in Q4).

PALs contacts in Q4



4.2 PALS are continuing to provide a rapid access point of contact for patient's and the public with 92% of concerns being responded to within 2 working days. The response rate has increased from 84% in Q3.

4.3 The table below shows the site in which the PALS contacts relate to:

Site	Number of contacts in Q4
Conquest Hospital	1095
Eastbourne DGH	1068
Bexhill Hospital	24
Uckfield Hospital	8
Community (not Hospital)	8
Other	6
Lewes Victoria Hospital	3
Rye Hospital	2
Horder Centre	1
Avenue House	1
Total	2216

4.4 In Q4 48% of PALS contacts were concerns (total number of concerns 1066). 2% of concerns raised were referred to complaints for investigation, this is reduction compared to Q3 which was 3%.

4.5 The Q4 PALS concerns have the following outcomes recorded on Datix:

2% referred to complaints

78% were completed with no further action

18% were provided with information

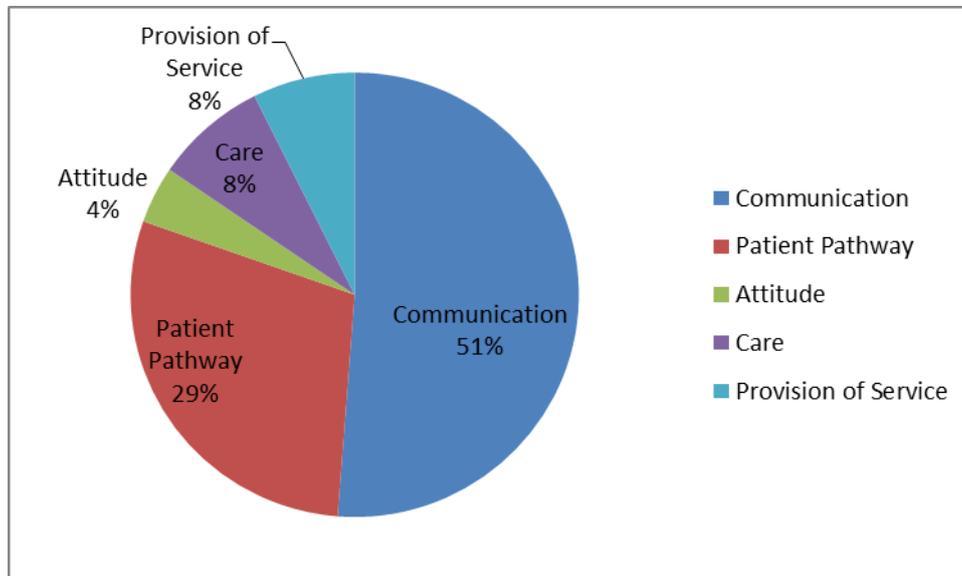
1% had lost contact with PALS

0.5 % was referred to another agency

0.5% Work pending

4.6 The graph below shows the breakdown of PALS concerns by category as recorded on Datix. The themes remain the same from Q3 to Q4.

Top 5 PALS Themes in Q4



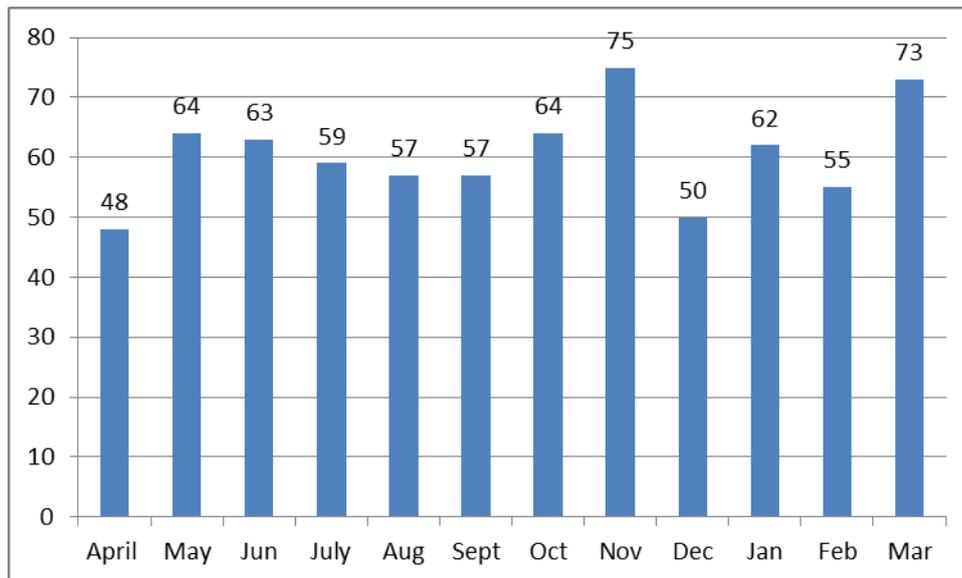
4.7 Specialist Medicine had the highest number of concerns: predominantly these concerns were regarding communication followed by patient pathway.

4.8 In response to this finding a number of actions are being taken. The Learning and Development team are reviewing the provision of Communication Skills training, with particular emphasis for Doctors (see 5.7 and 5.8). In addition, Duty of Candour training is being commissioned from an external training provider which will support staff to have open and honest conversation with patients and their family. Finally, Datix (the provider of the Complaints and PALS reporting system) is to review the system set-up and make recommendations as to how improvement to the reporting can be made for example by adding appropriate sub categories. This will enable greater analysis to be undertaken and appropriate actions set accordingly.

5.0 Complaints Summary (including Parliamentary and Health Service Ombudsman)

5.1 In Q4 the Trust received 190 complaints compared to 180 in Q4 2014. 190 complaints is one more than 189 received in Q3. The following chart shows the total number of complaints received per month:

New Complaints received in Q4



5.2 96.4% of complaints were acknowledged within three working days. Those complaints which were not acknowledged within the regulated time scale were complex in nature however we recognise these should be acknowledged and action is being taken to rectify this.

5.3 The number of complaints closed during Q4 was 188, this is an increase compared to 124 in Q3. 67 (35%) of these complaints closed were responded to outside of timeframes (overdue).

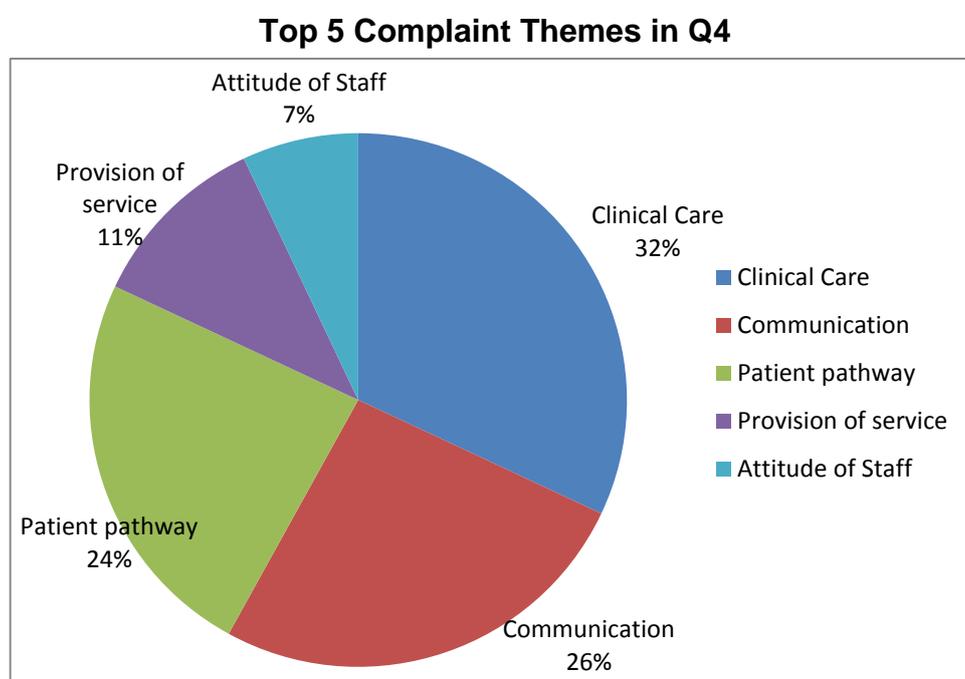
5.4 Our position at the end of Q4 regarding overdue complaints was a total of 37 overdue cases (position on 1 January 2015 was 24, 1 February 2015 28, 1 March 2015 25 cases).

The Interim Complaints Manager has initiated quality assurance checks on all responses from the middle of March 2015. This increase in overdue numbers is as a result of the quality assurance checks process as shortcomings in the investigations have been identified resulting in the draft responses being returned to the Clinical Units for further or more in depth investigation. The Interim Complaints Manager is currently meeting with all Managers within Clinical Units in order to challenge these inadequate responses as, until the investigations improve, we shall continue to have a significant number of cases re-opened or investigated by the Parliamentary and Health Services Ombudsman (PHSO).

The shortcomings that have been identified through the quality assurance process (to date) include:

- Failure to provide dates and times of when events occurred
- Acceptance that an error occurred with no investigation as to how it happened – lack of root cause analysis and therefore learning
- No learning identified even when errors acknowledged
- No identification of the evidence that has been reviewed (e.g. medical records, specific policy or guidance)
- Failure to respond to complainant's specific concerns
- Medical terminology not explained
- Incomplete responses sent to the Complaints team

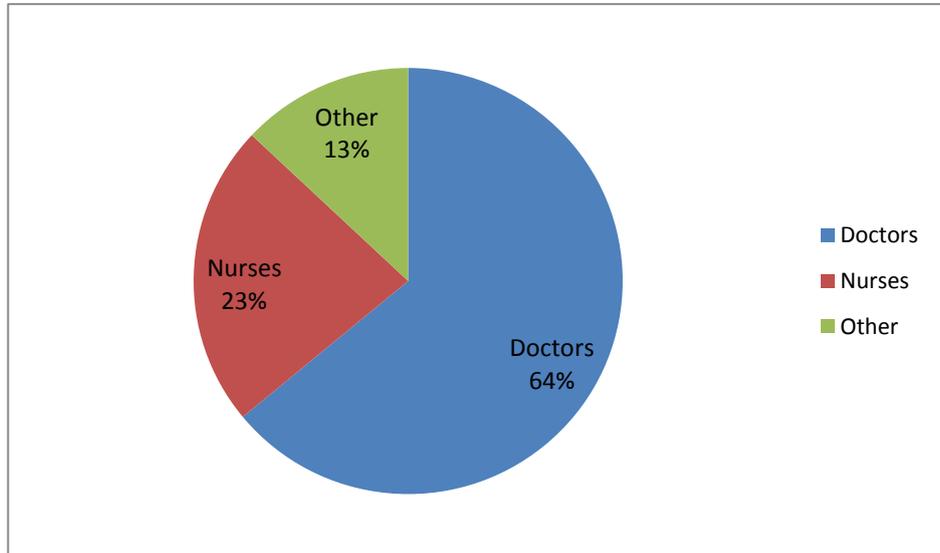
5.5 The chart below shows the top 5 themes of the complaints received in Q4 as recorded on Datix.



5.6 In response to this action is being taken. With regards to the Clinical Care theme, further analysis is required to understand this and the work that Datix has been commissioned to undertake will support this. The communication theme has been picked up with the PALS thematic analysis (4.8) and is being addressed with the review and provision of Communication Skills and Duty of Candour training. Initial investigation of the Patient Pathway theme indicates that this is related to changes made to the out patients administration service which is being reviewed. This does however require further analysis which will be completed with the support of Datix.

5.7 The chart below shows the professions where a complaint has been raised against them (please note: "other" includes administrators: review of this data shows that these complaints predominately relate to the appointments system).

Complaints against professions in Q4



5.8 The Learning and Development team are currently reviewing and considering the provision of Communication Skills training with particular emphasis for Doctors. This was also a theme that was fed back to the Trust from patients and family / carers during the Dignity Day hosted by the Trust in March 2015.

5.9 Outcomes/ lessons learnt themes from complaints closed in Q4.

Clinical Unit	Lessons learnt themes
Women and Children	<ul style="list-style-type: none"> Doctors and Nurses to receive clinical supervision and reflect on the complaints
Urgent Care	<ul style="list-style-type: none"> Planning safe discharges, better communication with District Nursing teams, GPs and family members Remind all to communicate effectively with our patients and show empathy
Surgery	<ul style="list-style-type: none"> Doctors to attend teaching sessions – Consultant aware
Specialist Medicine	<ul style="list-style-type: none"> Planning safe discharges Each GP surgery will have a pathway in place (including where procedures are delivered) Recovery plan to be initiated for the Endoscopy Units to increase capacity to meet the demand
Out of Hospitals	<ul style="list-style-type: none"> Listening and assessing patients appropriately Recruit to vacant admin post

Cardiovascular	<ul style="list-style-type: none"> Admin support increased in Diabetes and Endocrinology to ensure letters are sent in a timely manner
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5.8 As noted at 5.4 the quality assurance check process has identified that there has been a failure to identify the questions raised by the complainant at the start of the process, resulting in cases being reopened. A system is now in place where new complaints are reviewed (triaged) and if the questions are not clear then the complaints team make contact with the complainant preferable by telephone to seek clarification of the questions raised within the complaint.

5.9 In order that we gain assurance that lessons from complaints have been learnt and actions implemented, from May 2015 there will be a meeting with all Clinical Units to review the progress made. This format replicates the approach used to follow up actions from Serious Incidents and will be undertaken on a quarterly basis.

Parliamentary and Health Service Ombudsman Enquiries (PHSO)

5.10 During Q4 a total of 5 PHSO enquiries were received. Of these enquiries, the PHSO is currently progressing formal investigation on one case and the decision of the others is awaited. In addition the PHSO has made a decision to progress one case (received in Q3) to formal PHSO investigation.

During Q4 two PHSO cases were closed. Both had undergone full investigation by the Ombudsman and both complaints were upheld.

The actions required to address the root cause of the complaints are:

- Emergency Department to conduct teaching sessions with the nursing staff in line with the ITU/Outreach Nurses Policy of oxygen administration and arterial blood gas analysis, to ensure safe practice.
- Staff to be reminded of key actions to be taken to ensure that a safe discharge home is achieved. This includes that they are fully aware of the patient's social circumstances, that discussions take place with family and carers that appropriate environment measures are in place at home, that a packed lunch for patients who are home alone is organised, and that they are aware of the patient's environment and ensure they are clothed appropriately.
- All staff to be up to date with mandatory training.
- Staff to be reminded that they must be fully aware of patients' needs for hygiene, dignity and comfort at all times.
- Staff to have additional training in patient experience so that patients are cared for with kindness and compassion.
- Staff to be aware of patients' weight recordings and the need to monitor this according to their clinical condition.
- Staff to be aware of patients preferred option of medication preparations.

6.0 Analysis and conclusion

- 6.1 Patient pathway continues to be amongst the top five categories for both PALS and Complaints, further analysis is to be undertaken and actions to be set and reviewed. We may need to consider a specific survey relating to patient pathway to identify specific areas of improvement. Healthwatch have indicated they wish to undertake a “winter discharge survey” using a similar methodology as the survey they completed in the summer.
- 6.2 Again communication issues remain within the top five themes, some of the pathway issues may have been a result of communication however this needs a greater understanding before a conclusion is reached and action taken.
- 6.3 It has been identified that the records of information on Datix has been incomplete. DATIX training and review of our modules has been requested to ensure our reports are thorough and meet the needs and expectations of the Trust. Also to consider the addition of fields so greater understanding can be obtained around the issues of patient pathway and communication.
- 6.4 Triangulation at a team level consists of each department, service and ward regularly reviewing their patient feedback data arising from FFT, complaints, NHS choices, PALS and compliments.
- 6.5 Patient Experience work plan has been devised for 2015/2016 and will be shared and monitored at the Patient Experience Steering Group. Clinical Units are required to have a representative at each meeting who is responsible for taking back the lessons learnt. All Information is triangulated and reviewed at quality review meetings chaired by the Director (and Assistant Directors) of Nursing.
- 6.6 NHS Choices continues to provide us with rich patient feedback; we will respond to and share accordingly. Healthwatch are also establishing a feedback centre, we will work closely with Healthwatch to ensure we capture the data they collate. Alongside this we also receive patient and GP feedback via “one click” some thought needs to take place as to how we report on this as sometimes it is not given to us in a timely manner or missing vital information in order for us to categories.

7.0 Recommendations and Actions from the Report

Activity	Action	Timescale
Consider innovative forms of submission options of FFT, to improve our response rate.	Research what other Trusts use.	Completed- we have reviewed and renewed our contract with Optimum.
NHS Choices.	Continue to respond to comments and share practice amongst patient experience champions. Improve the rating scores and positive feedback from patients.	Completed- to continue as we were.
Continue to work towards the Trust commitments set out in the Patient Experience Strategy.	The Patient experience steering group (Group) will meet again 21 st May 2015 to review ToR.	Completed- The Patient Experience Team have a work plan for the year 2015/16 mapped against the commitments set out in the Patient Experience Strategy.
Responding to patient complaints.	Significantly improve on the number of out of time complaints.	Ongoing- The quality assurance process has impacted on the time delay to complainants. Revised time scale July 2015.
“One Click” is the forum in which GPs and CCG colleagues can raise issues regarding ESHT	To formalise how ESHT manages and responds to these enquiries from Primary Care via CCG.	Completed- The “One Click” feedback/ forum to continue to go through Patient Experience Team for sign posting to the appropriate CU for response.
Healthwatch- feedback centre. The feedback centre is an online tool for patients to feedback their experience with local healthcare providers (similar to NHS Choices).	Consider how ESHT will respond and ensure we are not collating duplicate information.	June 2015- Healthwatch feedback centre goes live 28 th May 2015, HW will provide ESHT with a subscription package which we would be able to buy into.
Recording of compliments	Define what a compliment is and establish a recording and monitoring method.	Completed- This guidance has been completed to all staff and is logged centrally within the Patient Experience Team. This information will form part of the Patient Experience Quarterly report from Q1

		2015/16.
Recruit to Complaints and PALs Manager post	Advertise and recruit to Manager post	June 2015- Interviews booked 28 th May 2015.
Implement post complaint survey	Survey to be sent to complainants	July 2015
Review of the 4C Policy	Review of 4C policy in line with national guidance	May 2015- Draft has been circulated for initial comment.
Consider specific survey to be completed regarding patient pathway	Draft survey to be shared at Complaints Team away day	May 2015
Meet with Clinical Units to review process for completing actions arising from complaints.	Meet Quarterly with Clinical Units to review the progress towards completing the actions.	From May 2015
Consider specific patient survey relating to patient pathway, to identify areas of improvement.	Compile a survey; include patient's participation in the set up to ensure we are covering areas of concerns.	August 2015
Seek to find a greater understanding of the communication issues raised.	Further analysis into the data recorded on Datix by commissioning the delivery of a health check of our systems by Datix followed by training to the complaints and PALs teams.	August 2015 This has been authorised, date to be agreed with Datix

Patient Experience Manager
April 2015

East Sussex Healthcare NHS Trust

Date of Meeting:	2/6/15
Meeting:	Trust Board
Agenda item:	11
Subject:	Research and Development Annual Report
Reporting Officer:	Liz Still / David Hughes

Action: This paper is for (please tick)			
Assurance	X	Approval	Decision
Purpose:			
This report is intended to update Trust Board on the research activity undertaken within ESHT, during 14/15			

Introduction:
This paper is intended to update the Trust Board on developments during 14/15

Analysis of Key Issues and Discussion Points Raised by the Report:
R&D staff reconfiguration – 1/4/14 Annual Scientific Meeting – 20/3/15 Clinical Research Network Kent, Surrey & Sussex (CRN KSS) – 1/4/15 Targets = 836 Inclusion of information on Trust research activity in footer of all Trust letters

Benefits:
Patients have opportunities to participate in high quality research that is part of the NIHR portfolio. Research active organisations have better health outcomes and is demonstrated in the paper forwarded by CRN KSS COO for information. http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118253 NHS constitution (2009) asserts that the NHS will do all it can to ensure that patients from every part of England are made aware of research that is of particular relevance to them.

Risks and Implications
Risks that insufficient allocated research time for Chief Investigators/ Principal Investigators (CI / PI) to undertake activity will impact on KSS CRN designated patient recruitment target for ESHT remains a challenge. Risk that targets for patient recruitment are not met, and also set up time and time to recruit to target. CRN KSS funding has been reduced 15/16, with risks to staff. Although funded externally, staff are employed by Trust and burden lies with the organisation. Funding has been reduced and is a risk to the organisation.

Assurance Provided:
Research governance processes are assured.

However Health Research Authority are implementing and conducting a staged roll out of single approval process. This will impact on R&D processes which will all require review and reconfiguration.
R&D are committed to recruiting staff to budget to enable support for CI / PI activity and increase recruitment of patients to research studies.

Review by other Committees/Groups (please state name and date):

Associate Medical Director has reviewed.
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Proposals and/or Recommendations

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)

What risk to Equality & Human Rights (if any) has been identified from the impact assessment?

None

For further information or for any enquiries relating to this report please contact:

Name:

Liz Still. R&D Manager

Contact details:

01323 413880. Liz.Still@esht.nhs.uk

East Sussex Healthcare NHS Trust

Research and Development Report

1. Introduction

- 1.1 The intention of this report is to inform Trust Board of developments within R&D in 14/15.

2. Background

- 2.1 R&D Department moved to suitable accommodation in April 2014. This is working positively to encourage flexible working within clinical research to enable nurse support across specialities.
- 2.2 The R&D staffing was reconfigured to enable flexibility and sustainability of the current workforce and future developments to support research into novel specialities new to research activity. This has been achieved.
- 2.3 R&D Strategic Plan 2014 – 2015 has been approved by Trust Board and seeks to increase the opportunities patients have to take part in research.

3. Main content of the report

- 3.1 CRN KSS funding has been granted to ESHT with a 5% reduction in standard funding in relation to previous year The recruitment target for 15/16 is increased (Table 1) This is a stretch target and is related to a requirement to perform 15% more recruitment with 5% less funding .
- 3.2 The target was not met in 14/15 due to maternity leave, and sickness. Funding is allocated year on year, initial contracts for research staff are for a 12 month fixed term and this is not an attractive option and recruitment can be problematic. We have utilised research experienced staff and have used flexible working with many part time staff.
- 3.3 Bids for contingency funding amounted to 77K in 14/15 and there were multiple opportunities to bid throughout the year. In 15/16 there is less scope for funds and only 1 opportunity to bid in June 2015. This poses a risk to staffing.

3.4

Table 1

	13/14	14/15	15/16
Recruitment Target	613	727	836
Recruitment -Actual	335	481	
Funding	535K	515K (plus 77K contingency)	515K
NIHR Total Staffing	12.09 wte	14.66 wte	15.18 wte
Commercially funded staffing		1.87	4.86

- 3.5 The KSS CRN closely performance manage Trusts in relation to recruitment and allocation of funds. Monthly returns are completed .There is little scope for the level of contingency funding for 15/16 and there is a risk to staffing.
- 3.6 There are a total of 10.28 wte research nurses (17 individuals) funded by KSS CRN and commercial studies. There are currently 75 research studies open to recruitment with approximately 22 in follow up. There are around 23 active CI / PI's involved in research within ESHT. R&D intends to use capacity building funds to increase staffing. There is currently 0.5 wte on mat leave.
- 3.7 R&D continues to approach recruitment innovatively. Three Clinical nurse specialist posts,continue to be allocated research funding of 0.2wte. This means that research activity can become part of the specialist role and widens the opportunities to enable patients to take part.
- 3.8 R&D were successful in bidding for funds to support other ad hoc specialist nurse involvement in research activity, but no expressions of interest were received in utilising this funding.
- 3.9 Research Nurse in Dermatology has been re allocated due to lack of PI and confirmation by CU that research activity would not be supported. This risks achievement of recruitment target as this is a growth area.
- 3.10 From April 2014 all KSS CRN funded posts are line managed within R&D. This enables planning of workload and exploration of involvement into novel specialities for the Trust. This requires allocation of CI and PI designated research time. Consultant SPA time requires continued Trust support and allocation.to enable Chief Investigator / Principle Investigator (CI /PI) activity
- 3.11 Associate Medical Director for Academic, Educational & Research Development, together with the R&D Clinical Lead and R&D Manager, have demonstrated the leadership required to support development of research activity. Many Trusts have dedicated research directorships.
- 3.12 NIHR funding is intended to support UK Clinical Research Network (UKCRN) Portfolio studies. It is essential that local PI's are supported as this recruitment figure is integral to secure funding.
- 3.13 Commercial portfolio studies meet the costs of delivering the research within the NHS, and R&D seeks a balanced portfolio of studies – both commercial and non-commercial.
- 3.14 Anecdotal evidence suggests that some Trusts within KSS fund the R&D manager function within Trusts. Currently all R&D staffing utilises both NIHR and commercial funding.

3.15 NIHR performance data – 2014/ 15 - Q3

Table 2 - Performance in initiation and delivery of research.

	Ranked total (132)	Ranked In our league (41)
Initiating Research	60 th	20 th
NHS permission to 1 st patient recruited	n/a	16 th
Valid application to NHS permission	n/a	37 th
Delivery of research to time and target	40 th	13 th

3.16 NIHR recommend that Trusts Insert a standing research reference in all Trust patient letters to inform patients that the Trust is research active. This is still in negotiation with ESHT Clinical Information Systems and not achieved.

3.17 R&D organised a 2nd Trust Scientific Meeting in March 2015 which was a success and evaluated well. This showcased the research, audit, service evaluation and case study activity undertaken within ESHT. There were over 40 posters presented and 6 candidates were selected for oral presentations. Speakers included, Prof Malcolm Reed Dean - Brighton and Sussex Medical School, Prof Gordon Ferns Clinical Director – CRN KSS Heather Gillham, COO of CRN KSS.

3.18 R&D Steering Group meets quarterly and R&D Operational Working Group meets monthly.

3.19 ESHT IT does not enable access to NIHR google hosted performance data.

4. Conclusion/Recommendation

- 4.1 Appropriate and managed SPA for research is supported by Trust Board
- 4.2 Acknowledgement that NIHR performance data is inaccessible via Trust IT at present.
- 4.3 Acknowledgement of risks to staff associated with less contingency funding allocation from CRN KSS.

Name of Author; Liz Still
Title of Author; Research and Development Manager
(In agreement with Dr Walmsley)

Date; 21st May 2014

References

Ozdemir, B. A. et al, (2015) Research Activity and the Association with Mortality.
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118253>

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	12
Subject:	Organisational Development Strategy
Reporting Officer:	Amanda Harrison

Action: This paper is for (please tick)			
Assurance	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
Decision			
Purpose:			
<p>The Organisational Development (OD) Strategy sets out the framework through which the Trust will develop its internal capacity and capability and deliver its vision, mission aims and objectives as set out in our Clinical Strategy: Shaping our Future.</p> <p>The primary focus of the OD Strategy is to support the on-going development of a culture and behaviours that are fully aligned to the Trust's values. This reflects our intention to foster a culture where respect and compassion, engagement and involvement, improvement and development and working together enable the delivery of safe and effective care. The Trust intends to promote a culture which has a positive impact on the experience our staff have of working in the organisation and patients and service users have whilst in our care.</p>			

Introduction:
<p>The OD Strategy sets out the organisational development priorities that will ensure the organisation is able to meet the challenge of providing effective, high quality and safe services whilst ensuring future healthcare needs can be met through service transformation and improved efficiency. It has been developed with the involvement of those in leadership positions across the trust including through discussion at 'leadership conversations' and builds on discussions that have taken place with the Trust Board, Clinical Management Executive and Clinical Leaders Forum.</p> <p>Taking action to address these priorities will enable the Trust to address the gaps that have been identified in the feedback received from some staff, patients and regulators on the gaps between the above intentions and the current culture and behaviours that exist within the Trust.</p> <p>The OD Strategy also focuses on the development of the organisational capacity and capability required to deliver a sustainable organisation. In particular it seeks to ensure that the Trust is able to develop collective leadership which will engender an environment in which staff feel supported and able to focus on delivering organisational goals. It is underpinned by the Trust's Workforce Strategy that focuses on the development of the workforce and individuals within the workforce to ensure they have the capacity and capability to deliver our plans.</p>

Analysis of Key Issues and Discussion Points Raised by the Report:
The strategy is organised into the following inter-related workstreams:

- Developing leadership
- Building a shared vision for our future
- Engagement and communication
- Bringing our values to life
- Developing our capability for transforming services and the way we work
- Securing performance

Each of the workstreams will be led by an Director and NED and will work to secure the appropriate engagement of staff and others in the development of priorities for action and measures for monitoring the successful delivery of the workstream. A steering group will be established, chaired by the CEO, to ensure the strategy is delivered successfully and appropriate decisions are made to support its implementation and achieve the agreed aims and objectives.

Benefits:

The aims of the OD Strategy are to ensure the organisation has :

- A patient focused culture of excellence
- Strong clinical leadership and ownership
- Staff and stakeholders who are able to make a contribution to the work of the Trust and who feel informed, engaged, supported and valued
- A sustainable business model that adds value for patients staff and stakeholders now and in the future

The objectives of the OD Strategy are to:

- Develop a culture and behaviours based on our values and focused on the improvement of quality, safety and patient experience
- Ensure clarity of organisational purpose that is aligned to a direction of travel for services that will ensure we are able to deliver our vision
- Develop the necessary leadership capability to meet our organisational aims and objectives
- Develop a performance focused way of working that ensures individual accountability is clear and that the organisation recognises and values the contribution made by individuals and teams

Risks and Implications

There is a risk that if the strategy is not implemented effectively the Trust will not succeed in developing the organisational capacity and capability that will ensure it is able to successfully deliver its strategic aims and objectives.

Assurance Provided:

The implementation of the OD strategy provides the board with assurance that the development of the organisational capacity required to deliver the strategic aims and objectives will be supported through an agreed programme of work.

Board Assurance Framework (please tick)

Strategic Objective 1 - Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority	x
Strategic Objective 2 - Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences	x
Strategic Objective 3 - Use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically,	x

operationally and financially sustainable.	
Review by other Committees/Groups (please state name and date):	
Reviewed in Board Seminar	

Proposals and/or Recommendations
It is recommended that the Board approve the OD Strategy and agree the assignment of a NED and Director to lead each of the workstreams.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)
What risk to Equality & Human Rights (if any) has been identified from the impact assessment?

For further information or for any enquiries relating to this report please contact:	
Name: Jane Rennie, Associate Director – Planning and Business Development	Contact details: Janerennie1@nhs.net

East Sussex Healthcare NHS Trust

Organisational Development Strategy 2015 to 2019

1. Introduction

- 1.1 The Organisational Development (OD) Strategy sets out the framework through which the Trust will develop its internal capacity and capability and deliver its vision, mission aims and objectives as set out in our Clinical Strategy: Shaping our Future.
- 1.2 The primary focus of the OD Strategy is to support the on-going development of a culture and behaviours that are fully aligned to the Trust's values. This reflects our intention to foster a culture where respect and compassion, engagement and involvement, improvement and development and working together enable the delivery of safe and effective care. The Trust intends to promote a culture which has a positive impact on the experience our staff have of working in the organisation and patients and service users have whilst in our care.
- 1.3 The OD Strategy sets out the organisational development priorities that will ensure the organisation is able to meet the challenge of providing effective, high quality and safe services whilst ensuring future healthcare needs can be met through service transformation and improved efficiency. It has been developed with the involvement of those in leadership positions across the trust including through discussion at 'leadership conversations' and builds on discussions that have taken place with the Trust Board, Clinical Management Executive and Clinical Leaders Forum.
- 1.4 Taking action to address these priorities will enable the Trust to address the gaps that have been identified in the feedback received from some staff, patients and regulators on the gaps between the above intentions and the current culture and behaviours that exist within the Trust.
- 1.5 The OD Strategy also focuses on the development of the organisational capacity and capability required to deliver a sustainable organisation. In particular it seeks to ensure that the Trust is able to develop collective leadership which will engender an environment in which staff feel supported and able to focus on delivering organisational goals. It is underpinned by the Trust's Workforce Strategy that focuses on the development of the workforce and individuals within the workforce to ensure they have the capacity and capability to deliver our plans.
- 1.6 Delivery of the OD Strategy will ensure that the organisation and all staff working within it are engaged and enabled to play their part in achieving our organisational vision, mission aims and objectives and in the delivery of our Clinical Strategy. It will ensure that staff and the communities we serve can participate in designing future service delivery and that the organisation is able to implement the service and organisational transformation this will require.
- 1.7 The aims of the OD Strategy are to ensure the organisation has :
 - A patient focused culture of excellence
 - Strong clinical leadership and ownership
 - Staff and stakeholders who are able to make a contribution to the work of the Trust and who feel informed, engaged, supported and valued

- A sustainable business model that adds value for patients staff and stakeholders now and in the future

1.8 The objectives of the OD Strategy are to:

- Develop a culture and behaviours based on our values and focused on the improvement of quality, safety and patient experience
- Ensure clarity of organisational purpose that is aligned to a direction of travel for services that will ensure we are able to deliver our vision
- Develop the necessary leadership capability to meet our organisational aims and objectives
- Develop a performance focused way of working that ensures individual accountability is clear and that the organisation recognises and values the contribution made by individuals and teams

1.9 The strategy is organised into the following inter-related workstreams:

- Developing leadership
- Building a shared vision for our future
- Engagement and communication
- Bringing our values to life
- Developing our capability for transforming services and the way we work
- Securing performance

2. Strategic Context

2.1 Our patients and service users come first at East Sussex Healthcare NHS Trust. As an organisation we are committed to enabling and supporting all our staff and volunteers to deliver great services. We work in partnership with our commissioners and other providers as part of a locally focused and integrated network of health and social care in the county. We also work in partnership with local people and other stakeholders to ensure our services meet local needs and that we are accountable for what we do

2.2 We recognise that the national and local context will present challenges and opportunities for the organisation and those who work with it. In particular the Trust wishes to meet the challenge of delivering improved outcomes for patients through new and innovative service models and increased efficiency and effectiveness of services as presented in the Five Year Forward View.

Our vision is to be:

- The healthcare provider of first choice for the people of East Sussex.

Our mission is to:

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

Our aim is that all services delivered by the Trust are:

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

Our strategic 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 values are:

OUR VALUES

WORKING TOGETHER

 We want to work as a cohesive and focused team, who are individually valued for our contribution in the provision of safe patient care and an excellent experience.

RESPECT + COMPASSION

 We want to make sure we are compassionate and kind and treat people with dignity so our patients have a good experience and our staff feel valued.

WE CARE

IMPROVEMENT + DEVELOPMENT

 We want to make sure our services continue to develop and transform and that we are able to make the best use of the resources we have for the benefit of our patients.

ENGAGEMENT + INVOLVEMENT

 We want to involve our patients, staff and the public we serve in making decisions about our services so that we can achieve our vision of being the provider of choice.

WHAT MATTERS TO YOU MATTERS TO US ALL

East Sussex Healthcare **NHS**
NHS Trust

Our Clinical Strategy: Shaping our Future

- 2.3 The strategic framework for our Clinical Strategy: Shaping our Future was agreed by the Board in 2011. Plans to deliver the strategy initially focused on eight key service areas; Acute Medicine, Emergency Care, Stroke, Cardiology, General Surgery, Trauma and Orthopaedics, Maternity services and Paediatrics. The conclusions reached about the future configuration and design of these eight services has defined the current business model for the Trust with emergency care, acute medicine and cardiology provided on both acute sites and 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.
- 2.4 In order to implement the strategy and business model acute and hyper acute stroke services were centralised on the Eastbourne 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 took place in May 2014. Consultant led maternity services and in-patient paediatric services were temporarily centralised on the Hastings site in May 2013 on the grounds of safety. The three local Clinical Commissioning Groups undertook a consultation on the long term future of these services "Better Beginnings". The outcome of the consultation, confirmed the temporary centralisation as the permanent configuration for these services; birthing services are retained at three sites (Hastings, Eastbourne and Crowborough Hospitals) with consultant-led maternity services provided at the Conquest Hospital, Hastings and two midwife-led birthing units at Crowborough and Eastbourne. Short-stay paediatric assessment units are provided at both Eastbourne and Hastings with in-patient (overnight) paediatrics, the special care baby unit and emergency gynaecology co-located with the consultant-led maternity service in Hastings.
- 2.5 The Board has expressed a view that delivering the Clinical Strategy over the next five years requires a focus on the further transformation of services in order that these meet local needs and commissioning intentions rather than on large scale service reconfiguration. However, the challenges facing the NHS as a whole and providers of NHS services in particular have been well articulated both nationally and locally. Taking account of this environment, the Board must set a direction of travel for the future delivery of sustainable services and considers the options for a future organisational form (or forms) that will provide a sustainable vehicle for the delivery of services.
- 2.6 The Board cannot do this in isolation. It will need to fully engage staff and stakeholders in setting out a plan that details the steps required to transform services and implement a future delivery model that will support clinical, operational and financial sustainability. In undertaking this work the Board will want to learn from and build on the processes used to develop and implement the first phase of the clinical strategy. It will also need to ensure that the options developed support the organisation in meeting its regulatory and performance requirements as set out by the Care Quality Commission and the Trust Development Authority.

3. Supporting strategies and plans

- 3.1 The Trust's OD Strategy does not exist in isolation. There are a number of other organisation level strategies and plans which will support the Trust to deliver its vision, mission, aims and objectives. These include:

3.2 Clinical Strategy: Shaping our Future

The Trust's Clinical Strategy provides the framework within which services have and will continue to be transformed and developed to ensure that they meet the needs of local people and the relevant statutory and regulatory standards. The further development of the delivery plan for the clinical strategy will form part of the implementation of the OD Strategy.

3.3 Workforce Strategy

The Trust's Workforce Strategy and Plan is a key part of the delivery of the OD Strategy and will be presented to the Board in June. The OD Strategy and the Trust's Clinical Strategy 'Shaping our Future' provide the framework for the Workforce Strategy and Plan. Its priorities support the Board's intention to build a culture and behaviours fully aligned to the Trust's values. It also seeks to ensure that the Trust's workforce plan is fully aligned to the annual business plan and the strategic direction of the organisation. The Workforce Strategy and Plan is based around three key objectives all of which support the aims and objectives of the OD Strategy.

- Building workforce capacity
- Improving and developing workforce capability
- Developing workforce engagement

The Workforce Strategy and Plan addresses the key areas of the learning and development and health and wellbeing of the Trust's staff. It sets out how the knowledge and skills of our workforce will be developed to meet future care and service needs and how the Trust will support and enable its workforce to ensure they are able to deliver high quality care. It also addresses the need to ensure our future workforce will support the delivery of our Clinical Strategy through developing plans to address skill mix, safe staffing levels and skills shortages where required.

Engagement and Communication Strategy

3.4 A key part of the implementation of the OD strategy will be the development of an Engagement and Communication Strategy. This will support those of elements of the OD Strategy that require robust communication and engagement mechanisms to be in place in order to be effective. In particular, the Engagement and Communication Strategy will share an aim with the OD Strategy namely that staff and stakeholders feel informed, engaged, supported and valued.

3.5 Patient Engagement Strategy

The Trust's Patient Engagement Strategy is also pivotal to achieving the aims and objectives of the OD strategy. It sets out in detail the approach that will be taken to engaging patients in the work of the Trust and in particular the way the Trust will collect, collate, analyse and learn from patient feedback. Patient feedback will be a key part of the evaluation of the success of the OD Strategy.

3.6 Estates Strategy

The Estates Strategy sets out how the Trust will ensure that its service provision is underpinned by an estate which is appropriately located offering adjacencies or co-location with other complimentary services and is of the optimum size. It will ensure that the Trust can offer patient care in an environment suitable for the delivery of modern healthcare and that the estate will be fit for purpose, safe, secure and sufficiently flexible in order to respond to future changes in service delivery and demand.

3.7 Knowledge Management (KM) Strategy

The KM Strategy sets a vision for the KM to be the trusted hub of information management and knowledge for the Trust. The mission is to provide an information and data based service for the Trust by developing a proactive knowledge culture based on real-time, accurate, assured data which is transparent, available at multi-levels and driven by fit for purpose clinical systems and coding processes. The strategy sets out the steps the Trust will take to deliver the KM objectives of ensuring that our information systems support our clinicians and staff to provide safe, efficient and effective care for patient. These include plans to integrate and consolidate existing systems to reduce duplication of effort and an aspiration to procure and implement systems that are more user-friendly as well as using newer technologies where these are available and suitable. The strategy also has an objective to ensure that information will be provided in the most appropriate, most timely and accurate manner and be useful and intelligent to allow decision making across the Trust.

3.8 Information Technology (IT) Strategy

The IT Strategy underpins the Information Management strategy and Clinical Strategy and contributes to the delivery of the overall Trust objectives. The stated vision for the strategy is 'to provide modern technologies that support the delivery of healthcare in East Sussex through robust, reliable and innovative systems'. The strategy sets out how the Trust's IT systems will be developed to provide a reliable, effective infrastructure to ensure that information technology is used to support staff in giving patients the best possible care within the Trust, by ensuring the information they need is provided when and where they need it through the provision of a diverse range of technologies which improve communications both within the Trust and across the health care system, and deliver step change efficiencies in the process and delivery of care;

3.9 Research and Development Strategic Plan

This plan is designed sets out how the research aims and objectives of the Trust will be translated into measurable deliverables and timescales. It provides a roadmap of research and development activities and intended outcomes for the period up until 2019. The intention is to build on the progress made to date and focus on improving research performance to ensure the Trust provides sustainable and effective support to clinical research which potentially has direct benefits for our patients and the wider population we serve.

3.10 Education Strategy

The Education Strategy sets out the Trust's education priorities and how it will use its resources over the next 5 years to support the delivery of the education and training that will act as an enabler to delivering the Trust's objectives. It sets a vision to make the Trust a centre of excellence for education.

4. Learning from previous OD activity

4.1 This OD strategy, and in particular the outcomes and delivery priorities set out below are based on the learning and experience that has been gained through the implementation of the previous OD Strategy. Appendix 1 summarises the activities that have already been undertaken under each of the above work-streams and identifies the impact that these activities have had in progressing the development of the organisation. It also identifies the learning that has been drawn from each of these activities in order to inform the OD Strategy for 2015 – 2019. It should be noted that most of the activities outlined in Appendix 1 address more than one of the work-streams.

5. Work-stream outcomes and delivery priorities

- 5.1 As a starting point a number of intended outcomes and delivery priorities have been developed for each of the work-streams. These are set out in Appendix 2 and are based on current organisational priorities and plans and on feedback from staff during the development of the OD Strategy. They will be further refined by each work-stream and translated into initial delivery plans. The intention is that in order to ensure a focused approach to delivery no more than two or three delivery priorities will be addressed by each work-stream at any one time
- 5.2 These will be added to throughout the lifetime of the strategy; in particular through internal and stakeholder engagement. In addition, this engagement process will focus on developing success criteria and measures for each work-stream so that delivery progress can be measured and success evaluated.

6. Delivering the OD Strategy

- 6.1 The Trust will take a programme management approach to the delivery of the OD Strategy. This will ensure that there is co-ordination and coherence between the work-streams within the OD Strategy and the implementation of supporting strategies and plans. Executive leads will be assigned to each of the work-streams and a strategic working group will be established to monitor progress and address barriers and risks to delivery. A steering group will be established chaired by the Chief Executive. Progress and key risks to delivery will be reported to the Clinical Management Executive and the Board
- 6.2 Each of the above work-streams will deliver the outcomes described above through the further definition of priorities for action and the development and implementation of an agreed action plan. These will be developed by July 2015 and will be subject to on-going review and revision through the steering group to reflect progress made and on-going feedback from staff and stakeholders.

Name of Author Amanda Harrison

Title of Author Director of Strategic Development

Date April 2015

Impact and learning from OD activity to date

Developing leadership

Activity	Impact	Learning
<p>Strengthening Board Leadership through:</p> <p>Board Development programme</p> <p>Board Seminars</p>	<p>Board seminars have provided Board Members with an opportunity to further their understanding of their role and accountabilities,</p> <p>The Board operates in an open and transparent manner and focuses on key issues relating to its accountabilities</p> <p>Board business is focused on performance against the objectives of the Trust and the implementation of the agreed strategic direction</p> <p>The Board increasingly lives the values of the organisation and its behaviours are consistently aligned to the Trust's values.</p> <p>Board seminars provide the opportunity for Board members to discuss key issues with the teams and individuals who have direct responsibility for delivery of plans/strategy.</p> <p>Board seminars allow for debate, consideration and thinking time and for exploring key issues in more depth ensuring Board decision taking is better informed.</p>	<p>The purpose of board seminars needs to be explained to a wider audience and linked to the key issues for the Trust</p> <p>Seminars should provide further opportunities for those in key leadership and delivery roles to engage directly with the Board</p> <p>The Board should agree and demonstrate an explicit leadership style linked to the Trust values.</p> <p>The Board should agree a Leadership Framework based on the agreed leadership style with key competences for staff in all leadership positions and linked to appraisal and personal development.</p> <p>The Board should continue to use seminars and other fora to further its development; ensuring it takes a learning based approach to its development with a focus on applying learning to actual issues rather than theory based learning</p> <p>The Board should give further consideration to leadership succession planning and talent management in relation to future leaders at Board level and throughout the organization.</p>

Impact and learning from OD activity to date

Developing leadership

Activity	Impact	Learning
Enhancing Clinical Leadership through: Revised Clinical Unit Structure CU leadership selection process Leading for Success programme (2012) Clinical Leaders Forum Leadership Faculty	New Clinical Units (CU) and CU leadership structure introduced supports devolved responsibility and accountability and ensures clinical leadership is at the centre of all decision making Key strengths and areas for development identified for all CU leaders Most managers who took part in the Leading for success programme believe they have a better understanding of leadership theory and could put it into practice. Process of developing terms of reference for the Clinical Leadership Forum through consultation was effective The Leadership Faculty is able to support emerging clinical leaders	Further leadership development is required to support new CU teams and an emphasis needs to be placed on developing clinical leadership specifically CU leaders' PDPs should be based on identified areas for development and leadership competence assessment should be included in the Performance Development review process. Succession planning for clinical leaders is required. 1:1 coaching was considered to be the most effective intervention. Not all those in current CU leadership positions participated in the programme Membership and attendance at the forum and at Clinical Management Executive needs to be consolidated in order for clinicians to play an effective role in the leadership of the organization and inform decisions made by the Board
Broadening Leadership through: NHS Leadership academy and other external programmes In house leadership skills development programmes Individual Personal Development Plans	Those attending leadership programmes evaluate them extremely highly	Alignment is required between those accessing leadership programmes and the aims and objectives of the OD Strategy and the Clinical Strategy Clarity is needed on what leadership means in practice and the Trust's expectations of leaders Specific elements on induction for managers should focus on the leadership role

Impact and learning from OD activity to date

Building a shared vision for our future

Activity	Impact	Learning
Developing our Clinical Strategy	<p>The development of the clinical strategy was clinically led and involved staff and stakeholder engagement throughout</p> <p>Key parts of clinical strategy have been implemented. Services are now safer and more effective.</p> <p>Implementation of service reconfiguration and redesign has had an adverse impact on staff morale and has increased uncertainty for some staff</p>	<p>Where staff were fully involved and leading the development and implementation of the strategy they were able to effectively advocate for the benefits that could be delivered and act as agents for change</p> <p>Communication and engagement approach did not reach all staff and stakeholders and some do not support or fully understand the direction of travel for the Trust and the impact this will have on services</p> <p>It is important to be able to demonstrate that the decisions taken by the Board and operational decisions are aligned to the Trust's strategic direction</p> <p>More information is required on the outcomes and improvements made by delivering the Trust's strategy</p> <p>Further clarity is needed on the next steps for the Trust at a service, site and organisational level so that clear strategies for services and sites can be developed in support of the delivery of the overarching strategy</p>
Developing and reviewing our strategic objectives	<p>Individual objectives are aligned to the strategic objectives</p> <p>All elements of Board business are aligned to the strategic objectives</p>	<p>More needs to be done to ensure every member of staff can demonstrate the link between the work they do and the overall direction of travel for the Trust</p>

Impact and learning from OD activity to date

Engagement and communication

Activity	Impact	Learning
Leadership Conversations	<p>Improved engagement and communication between ward and Board</p> <p>Leaders are kept up to date and are involved in key issues.</p> <p>There is a forum for leaders to raise 'hot topics' or issues of concern with executives</p> <p>Those attending have had some opportunity to shape the content, style and timing of the conversations</p>	<p>The impact of Leadership conversations has not been formally assessed</p> <p>More can be done to involve leaders in the development of key topics for each event</p> <p>More needs to be done to ensure medical leaders fully participate in leadership conversations and/or in other communication fora</p> <p>There is a desire for forums that all staff can attend in addition to the leadership conversations</p>
Corporate Communication through: Core Brief weekly messages and Connect	<p>Weekly CEO and Director of Nursing message and e-mail communications are well read</p> <p>Connect promotes service developments and individual/team achievements</p> <p>A wide range of information is available to staff</p>	<p>Recent survey demonstrates good penetration of all current communications but variable feedback regarding effectiveness</p> <p>Not all staff have access to e-mail or regular staff briefings/team meetings – this reduces the effectiveness of cascade communications</p> <p>There is a need to develop communications skills in middle managers and others</p> <p>More engagement is required in developing key messages and adapting these for different audiences</p> <p>Staff appreciate opportunities to receive face to face communications</p>
Working with External Partners	Joint communication and engagement for example with CCGs and Healthwatch on Better Beginnings was beneficial	Need to build on joint work to ensure messages about service improvement are clearly communicated to stakeholders

Impact and learning from OD activity to date

Bringing our values to life

Activity	Impact	Learning
Developed and launched values and behaviours with staff engagement	The values and behaviours have been developed with staff and are very visible around all parts of the organisation.	<p>We need to continually refer to the values in all forms of communication</p> <p>Need to ensure the values are fully integrated into recruitment, induction and appraisal and be able to demonstrate how we do this and measure its impact.</p>
<p>Developed and began the implementation of an action plan aimed at embedding the Trust's values including:</p> <ul style="list-style-type: none"> • incorporated in corporate induction, • piloting in the recruitment and appraisal process • case studies of staff who live the values in Connect • linked to the annual staff awards • working with some clinical teams to embed values 	<p>Increased visibility of values</p> <p>Values are becoming more real to some staff</p>	<p>We need to describe how we will measure the impact of this work</p> <p>Further work needs to be undertaken to raise awareness of the values and ensure they feel real to staff and patients – this work needs to take place at pace.</p>

Impact and learning from OD activity to date

Developing our capability for transformation

Activity	Impact	Learning
<p>Developed and implemented the reconfiguration and redesign aspects of the first phase of the delivery of our clinical strategy through a process of staff and stakeholder engagement</p>	<p>Service changes have delivered measurable improvements for patients</p> <p>Implementation plans have included risk identification and mitigation and have enabled Board assurance prior and subsequent to go-live</p> <p>Implementation plans have delivered complex service change in a timely fashion</p>	<p>More work needs to be done to ensure internal and external engagement is robust when developing transformation plans</p> <p>Transformation plans need to be delivered through a programme management approach that ensures milestones are met and risks mitigated</p> <p>An organisational approach to delivering and managing transformation and change is required and staff need training and support to implement this</p> <p>Clear benefits realisation plans and benefits measurements including post implementation clinical audit are required for all transformation projects/programmes</p> <p>Plans for implementation need to be developed at the same time or as soon as possible following agreement for service change</p>
<p>Listening into action programmes to deliver staff led change a service/local level as well as providing input into organisational level plans</p>	<p>Significant impact on some areas of patient care with improvements delivered at the front line</p> <p>External engagement with patients has been beneficial in relation to specific projects.</p> <p>Provides a reproducible mechanism for staff engagement in the delivery of smaller scale transformation projects</p>	<p>The methodology needs to be further refined and disseminated to staff and an approach to delivering transformation at scale needs to be developed</p> <p>Methodology needs to include measurement of improvement and impact assessment.</p>

Impact and learning from OD activity to date

Securing performance

What have we done so far	Impact	Learning
Developed and implemented a performance management framework	Improved performance management arrangements Increased clarity about individual roles and responsibilities in relation to performance	Integrated performance management that encompasses all aspects of clinical, operational and financial performance is required A refresh of the performance management framework is required Outcomes and actions arising from accountability reviews need to be more visible
Developed performance reports at Board and clinical unit level that enable performance monitoring and management	Improved performance information	Performance management information does not meet all needs for all aspects of performance Increased scrutiny of performance data has exposed underlying systems management issues that need to be resolved
Improving the Business Planning process through a bottom up CU led approach: Establishing a clear framework for the annual business planning cycle	<p>CUs and corporate departments are clear about the planning timetable and requirement</p> <p>CUs are supported to develop plans aligned to the Trust's quality improvement, operational performance and financial priorities.</p> <p>All plans are assessed for their impact on quality and safety before and during implementation</p>	<p>More needs to be done to support CU planning to ensure it is effective and focused on delivering the clinical strategy</p> <p>Steps must be taken to ensure CUs work together to understand cross cutting impacts of their plans</p> <p>Steps must be taken to ensure plans are comprehensive and the need for ad hoc in year business case development is minimised</p>

Workstream outcomes and priorities

WORKSTREAM	OUTCOMES	DELIVERY PRIORITIES
Developing leadership	<ul style="list-style-type: none"> • A strategic approach to leadership and leadership development • A well-developed system of collective leadership with leaders taking responsibility for the overall success of the organisation as a whole • An established leadership culture and style with clearly defined leadership behaviours relevant to individual roles and responsibilities • A clear plan for supporting the dissemination of leadership responsibilities to all staff • Enhanced clinical leadership 	<ul style="list-style-type: none"> • Development of a leadership framework for the organisation based on best practice models • Board development programme – to support the development and implementation of an agreed leadership style • Specific focused leadership development programmes for example for clinicians, Clinical Unit leadership, middle managers, new consultants • A plan for the management of leadership talent and succession
Building a shared vision for our future	<ul style="list-style-type: none"> • A vision that delivers clinical, operational and financial sustainability • A vision that is developed through robust engagement with staff and stakeholders • A future vision that is responsive to local need • A shared vision that is relevant to all staff and that they can articulate • A vision that describes the future of provision at a service, locality and organisational level 	<ul style="list-style-type: none"> • A programme for the development of options for future service models and organisational form(s) that includes: <ul style="list-style-type: none"> • Scenario modelling – • Demand and activity analysis and modelling • Financial analysis and modelling • Staff and stakeholder engagement • Agreement of options appraisal criteria • Risk assessment • Implementation planning

Workstream outcomes and priorities

WORKSTREAM	OUTCOMES	DELIVERY PRIORITIES
Engagement and communication	<ul style="list-style-type: none"> • A Board led strategy for engagement and communication • A collective approach that describes and supports the roles of all staff in ensuring effective and inclusive engagement and communication • A communication plan that supports open and honest communication with staff and stakeholders • An engagement plan that ensures all staff and stakeholders are able to contribute and understand how their contributions have influenced decisions 	<ul style="list-style-type: none"> • Development of a Communications and Engagement Strategy through a process of stakeholder engagement • Communications skills training • Review of the effectiveness of communication and engagement mechanisms and strengthening where required
Bringing our values to life	<ul style="list-style-type: none"> • A culture that is based on integrity and trust • Leaders act in accordance with the Trust's values and behaviours • The values are embedded in the way the organisation works including a clear alignment between the Trust's values and training and development, appraisal and recruitment • Staff feel able to raise concerns and are confident that they are acted on • A clear approach to social and corporate responsibility 	<ul style="list-style-type: none"> • Undertaking a cultural diagnostic and acting on the outcome • Refresh of a training and development offer aligned to the Trust's values • Development of a values matrix that supports recruitment, induction and appraisal • Roll out of Schwartz rounds • Review of effectiveness of routes for raising concerns and strengthening where required • Agreement of a Sustainability Development Management Plan for the Trust

Workstream outcomes and priorities

WORKSTREAM	OUTCOMES	DELIVERY PRIORITIES
Developing our capability for transforming services and the way we work	<ul style="list-style-type: none"> • A learning culture able to roll out best practice and effective change • Staff feel empowered to drive continuous improvement to care quality and efficiency • A well-developed improvement/transformation methodology that includes measurement and review • Staff have access to the tools and support they need to identify, lead and deliver improvements and service transformation • A permissive approach to trialling innovation and service transformation whilst ensuring safety • Clear, light touch, evidence based decision making processes 	<ul style="list-style-type: none"> • Development of a service transformation methodology building on 'Listening into Action' • Developing the role of 'change ambassador' • Service improvement skills training • A clear and proportionate programme management approach • A clear and proportionate process for delegated decision making
Securing performance	<ul style="list-style-type: none"> • A collective approach to performance management and improvement • Clearly defined performance goals and accountabilities that are relevant to all staff and stakeholders • A clear process for monitoring and reporting on performance • A clear process for identifying and addressing areas of underperformance 	<ul style="list-style-type: none"> • A refreshed performance management framework • Refreshed performance dashboards relevant to all aspects of the organisation • A refreshed process for the development of annual business plans and business cases

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	13
Subject:	Workforce Strategy and Plan 2015
Reporting Officer:	Monica Green

Action: This paper is for (please tick)			
Assurance	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
Purpose:			
<p>To present the final Workforce Strategy and Plan for 2015/2016 and associated appendices for approval.</p> <p>Re Appendices – The Education Strategy, Health & Wellbeing Strategy, and HEKSS 5 year workforce forecast (2014), have already been approved at Board level.</p>			

Introduction:
<p>This workforce strategy and plan details how we will manage our workforce to enable the organisation to move forward and be able to react and adapt to the changing environment of the NHS, both nationally and locally. A highly skilled, motivated, and engaged workforce is essential to ensuring this can be achieved. This workforce strategy and plan are written at Organisational level and reflects key themes and issues across the organisation.</p>

Analysis of Key Issues and Discussion Points Raised by the Report:
<p>The attached Workforce Strategy and Plan outlines the key workforce priorities and challenges for ESHT during 2015/16 and beyond. This strategy is aligned with ESHT's Clinical Strategy, Annual Business Plan, and HEKSS 5 year workforce forecast.</p>

Benefits:
<p>The workforce strategy and plan draws together the key workforce aspects from the Trust's business planning and strategy development processes. It outlines the approach to addressing workforce issues and identifies risks and mitigating actions.</p>

Risks and Implications
<p>As detailed in the attached.</p>

Assurance Provided:
That a workforce strategy/plan has been developed to address key workforce issues at ESHT.

Board Assurance Framework (please tick)	
Strategic Objective 1 - Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority	x
Strategic Objective 2 - Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences	
Strategic Objective 3 - 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.	x
Review by other Committees/Groups (please state name and date):	
CLT – 5 th May 2015 CME – 11 th May 2015	

Proposals and/or Recommendations
That the Board approves the Workforce Strategy and Plan and associated appendices.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)
What risk to Equality & Human Rights (if any) has been identified from the impact assessment?
n/a

For further information or for any enquiries relating to this report please contact:	
Name: Edel Cousins	Contact details: Edel.cousins@nhs.net

WORKFORCE STRATEGY AND PLAN

2015



Table of Contents

1.	Introduction	3
2.	Background and Context	3
3.	Business Planning & Workforce Planning	5
4.	Current Workforce Demographics	6
5.	Summary Business Plan 2015/16	9
6.	Developing the future Workforce – Key Priorities	14
7.	Key Workforce Issues and Priorities for ESHT – 2015/16	17
8.	Workforce Risks and Challenges	19
9.	Implementation and Review	21
10.	Measuring Effectiveness	21
11.	Appendices	23

1. INTRODUCTION

The vision for East Sussex Healthcare is to be the healthcare provider of first choice for the people of East Sussex. Our mission is to deliver better health outcomes and an excellent experience for everyone we provide with healthcare services.

This workforce strategy and plan details how we will manage our workforce to enable the organisation to move forward and be able to react and adapt to the changing environment of the NHS, both nationally and locally. A highly skilled, motivated, and engaged workforce is essential to ensuring this can be achieved.

This workforce strategy and plan are written at Organisational level and reflects key themes and issues across the organisation. In section 6 there is detail of the specific Clinical Unit and Corporate Plans for 2015/2016.

2. BACKGROUND AND CONTEXT

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 District General Hospital, 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.

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

Our staff also provide care in patients' homes and from a number of clinics and health centres, GP surgeries and schools. We work in close partnership with colleagues in acute, primary and social care, together with education services and the voluntary sector.

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

- Shaping our Future 2011
- Annual Business Plan 2015 – 2017
- Health Education Kent, Surrey, Sussex – 5 year planning forecast (June 2014)

- TDA – Long term financial model (June 2014)
- East Sussex Better Together (ESBT) – Transforming Community Services

Our strategic 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.

Improved efficiency and quality in our services needs to be delivered against a background of financial challenge and the drive for increased productivity and improved quality of care. We are seeing a year on year increase in demand for health services, without the same levels of investment that we have received over the past 10 years. Nationally we are already experiencing shortages in key professions, and we therefore need to seek new ways of working and ways of adapting existing skills to meet future needs.

In May 2014 the NHS Confederation produced the 2015 Challenge Declaration. This sets out seven key challenges being faced by all parts of the NHS. These seven challenges have been used to provide a framework for an initial assessment of the current challenges faced by the Trust¹ that will need to be assessed through this programme of work. A paper relating to these challenges was presented to the Trust Board on 14th January 2015, and in relation to workforce identified the following challenges:

- Enabling staff to maximise their skills, knowledge, and experience, for the benefit of patients;
- Providing rewarding and innovating roles for staff;
- Optimising education and training so that staff development reflects future role requirements;
- Undertaking strategic workforce planning;
- Recruiting to key roles and areas where there are national shortages of appropriately skilled staff;
- Building capability and core business competencies for all those in leadership positions.

All parts of the organisation will need to work together to realise these aims, and Clinical Units in particular will need to ensure that they develop realistic future plans where workforce is aligned with planning and finance and managed across professional groups.

Alongside improving efficiency, quality, and productivity, there is a renewed focus on compassionate care in the light of the 2013 Francis report. At ESHT we have recently developed a set of values and behaviours which are important to staff, place the focus on patients and will help the organisation to achieve its strategic aims and objectives. Our values will be at the heart of how we behave and act as we plan for the future to provide high quality, safe care to patients in the right place and at the right time. Our values are:

¹ 'Shaping our Future – the next phase' – Trust Board Seminar 14.01.15



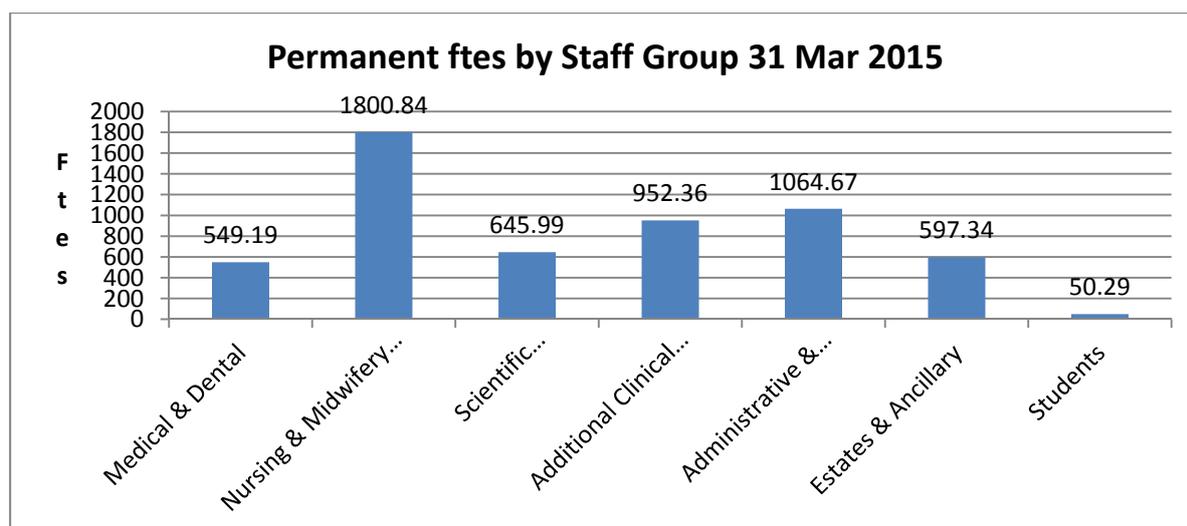
3. BUSINESS PLANNING AND WORKFORCE PLANNING

At ESHT the Business Planning cycle commences in autumn each year. Clinical Unit and Corporate Leads are asked to review activity, demand, and resources in their areas in order to begin to develop plans for the forthcoming financial year. The Business Planning Operations group meets weekly and there are at least two to three large group events where draft plans are presented, culminating in a Board presentation in March where plans are approved. Workforce planning is aligned with this process. Clinical Unit and Corporate plans are reviewed to identify any service developments and/or resource changes that need to be factored into our workforce plans and workforce numbers forecast. The Clinical Unit/Corporate business plans and workforce plans form the basis of our five year submission to the TDA and HEKSS in June each year.

In addition to the above ESHT has also responded to safer staffing reviews and the publication of safer staffing guidance during 2014/2015, by establishing a Safer Staffing and Workforce Capacity Group. This group also oversees the twice yearly establishment reviews conducted on inpatient wards.

4. CURRENT WORKFORCE DEMOGRAPHICS (As at March 2015)

4.1 Staff in Post



ESHT employs a wide range of staff in a variety of clinical and non-clinical roles, approximately 66 different professional staff roles. We operate in a variety of settings across both the Acute and Community sectors. Many of our clinical pathways cut across both Acute and Community which allows staff to gain experience in different settings and enables ESHT to understand the full range of skills required to function as an integrated Trust.

4.2 Age Profile

STAFF GROUPS	<=29 heads	<=29% of Staff Group	30-44 heads	30-44 % of Staff Group	45-59 heads	45-59 % of Staff Group	60+ heads	60+ % of Staff Group	Total Heads
TRUST	824	12.55%	2426	36.95%	2699	41.11%	617	9.40%	6566

The age profile of our workforce broadly reflects our local demography with the majority of our staff falling in the age range of 45 – 60+. A recent paper issued by the NHS Working Longer Group (WLG) identified the average age of NHS staff as being 43.7, which compares to an average age of 48 at ESHT. The WLG is now undertaking further work on how the impact of shift working and working patterns could potentially impact on service delivery. Tools, resources, and good practice guidance are currently under development.

4.3 Pay band Profile

The majority of staff fall within pay bands 1 to 7. This reflects the nature of the services we provide and also a large in-house Estates and Ancillary function.

4.4 Vacancy Rate

The Trust's vacancy rate at 31st March 2015 was 6.21%. This is on or slightly below average for the NHS as a whole. However, we do have hard to recruit to areas and professions, such as A&E, Theatres, and some specialist services. In addition we are also impacted by the national shortage of nurses.

4.5 Absence Rate

The Trust's sickness rate at 31st March 2015 was 4.94%. Our annual sickness rate is above average when compared with Acute Trusts, but near average when compared with Community Trusts. There is no comparator for Integrated Trusts. During 2014/2015 we have reviewed our absence policy and placed emphasis on managing absence by reviewing the number and types of episodes of sickness. We will also be recruiting some temporary additional HR advisers to focus specifically on this area during 2015/2016.

4.6 Bank/Agency Use

Use of Bank and Agency staff is mainly to cover short term absence and hard to recruit to roles. Long term medical locums are used in areas such as A&E. The Trust supports all areas to recruit to establishment in order to minimize bank/agency spend.

4.7 SWOT Analysis on Workforce Demographics

Strengths <ul style="list-style-type: none">• Long serving experienced staff• Integrated Trust offers more variety of roles in different settings.	Weaknesses <ul style="list-style-type: none">• Workforce is above average age for the NHS as a whole.• Geography of East Sussex not always attractive to new recruits.• Limited movement of staff to gain experience in other areas.
Opportunities <ul style="list-style-type: none">• Need to develop greater flexibility in current workforce.• Develop new roles and new ways of working.• Seek opportunities to 'grow our own'• Consider incentives to attract workers from out of the area.	Threats <ul style="list-style-type: none">• Challenged Health Economy• Reputation• Future viability of two large Acute sites.

4.8 Future Workforce Profile

See Appendix 11.4 for the full five year workforce forecast submitted in June 2014.

The five year workforce forecast takes account of known service developments and changes. For example we have grown our Health Visitor workforce in line with the national 'Call to Action'. Reviews of the nursing workforce establishment are undertaken twice yearly (March and October), and the results are presented to the Board. The March 2014 review recommended an increase of 40wte to the nursing establishment and this was approved by Board.

4.9 Shaping our Future – The Next Phase

In 2010/2011 the Trust commenced the development of its Clinical Strategy, Shaping our Future. A number of service reconfigurations and redesigns have been delivered in the first phase of implementing the clinical strategy, and the quality improvements delivered through these service transformations are now becoming embedded.

However, taking account of the challenges facing the NHS as a whole, and the vision of the future and approach set out in the Five Year Forward View, and East Sussex Better Together (ESBT), the Board must set a direction of travel for the future delivery of sustainable services.

A programme of work will be undertaken in the first quarter of 2015, and will include an assessment of opportunities for service transformation and integration based on a patient pathway approach that optimizes patient outcomes and ensures clinical resources are used to best effect. It will also require an assessment of the options for organizational form.²

The aims and objectives of the programme of work are to:

- Identify the options for service design and organisational form that will meet local population needs and deliver clinical, financial and operational sustainability
- Provide staff and stakeholders with the opportunity to contribute to and influence the future direction of travel for services and future organisational models
- Provide the basis for the development of a five year plan, Integrated Business Plan and Long Term Financial Model that is appropriately aligned to commissioning intentions and reflects the work being taken forward through ESBT.

The intended outcomes of this programme of work are as follows:

- A risk assessed shortlist of future service transformation options that can be delivered through service redesign and where appropriate collaboration with other providers
- A risk assessed shortlist of future business models and service portfolios that will enable the optimal delivery of the above service transformations

² Shaping our Future – the next phase' – Trust Board Seminar 14.01.15

- A risk assessed shortlist of the options for future organisational form(s) that takes into account a full range of potential organisational models
- A set of criteria against which the above options can be assessed for their ability to deliver the objectives of the Trust and the needs of the local population.

The programme of work will be taken forward through an emphasis on widespread engagement and clinical leadership and will take place between January and April 2015.

5. SUMMARY BUSINESS PLAN 2015 – 2016

5.1 Planning Objectives

Based on the Trust's Clinical Strategy the following broad clinical priorities have been identified for the planning period up to 2018/2019:

- The ongoing development and implementation of a model of care for the management of frail adults across the Trust;
- Developing models for clinical support services including ITU, diagnostics, and pathology;
- Reviewing medical and surgical specialties and subspecialties against efficiency and sustainability criteria (operational, clinical, and financial) to identify priorities for transformation and opportunities for differentiation.

5.2 Cost Improvement Plans

Workforce related CIP initiatives for 2015/2016 have been grouped around the following themes:

- Clinical services value for money – e.g. Reduced agency costs;
- Clinical services productivity – e.g. Theatre utilization;
- Back office – e.g. Reduced management consultancy;
- Estates and Facilities productivity.

5.3 Clinical Unit / Corporate Plans 2015 – 2016

Clinical Unit	Key Workforce Developments / Issues	Impact	Staff Groups Affected	Timeframe
Women & Children	Service Tenders (Sexual Health and other Community Services).	TUPE and Staff Consultation.	N&M A&C	Autumn 2015
	Recruit to all	Recruiting to	N&M	Ongoing

Clinical Unit	Key Workforce Developments / Issues	Impact	Staff Groups Affected	Timeframe
	vacant posts including Service Manager post.	difficult/shortage posts	Medical	
	Review of midwifery staffing.	Introduction of Portsmouth model.	N&M	Ongoing
	Clear community paediatric waiting list.	Recruit to vacant posts and use of locums	Medical	May 2015
	Review of community nursery nurse posts.	Potential reduction in posts.	HCSW	End 2015/16
Out of Hospital	Tender of Community Services (HWLH CCG area - £13m).	Major TUPE exercise and staff consultation.	N&M AHP HCSW A&C	Decision May/June 2015, Service Change 1 st November 2015.
	Developing Therapy services across 6/7 days	Establishment Review Skill Mix Review Job Re-design Job Planning	AHP	Ongoing
	Recruitment to shortage areas (e.g. SALT /OT /Podiatry).	Alternative sources of recruitment – potentially overseas.	AHP	Ongoing
Theatres and Clinical Support	Weekend working at Conquest.	Staff Consultation Contract changes	M&D N&M AHP Healthcare Scientists	2015/2016
	Recruitment to shortage areas (ODP, Scrub Nurses, Sonographers).	Alternative sources of recruitment.	N&M AHP	Ongoing
	Pathology	Staff Consultation	Healthcare	July 2015

Clinical Unit	Key Workforce Developments / Issues	Impact	Staff Groups Affected	Timeframe
	<p>redesign</p> <p>Develop B4 Associate Practitioner role.</p> <p>Develop trainee posts in Pathology</p> <p>Reduce agency spend in Theatres</p>	<p>Redeployment</p> <p>Design of job specs and clarity on scope of role.</p> <p>Use of education funding to 'grow our own'.</p> <p>Recruitment to vacant posts</p>	<p>Scientists A&C</p> <p>HCSW</p> <p>Healthcare Scientists</p> <p>N&M</p>	<p>Use of Foundation Degree Programme – Start Sept 2015</p> <p>Use of EPF funding from September 2014.</p> <p>March 2016</p>
Urgent Care	<p>Recruitment to shortage areas (Middle Grades, ENPs)</p> <p>Redesign Site Management and Discharge roles.</p> <p>Develop opportunities for staff to grow into ANP and Service Manager roles.</p>	<p>Alternative sources of recruitment.</p> <p>Staff Consultation Redeployment</p> <p>Development pathways.</p>	<p>M&D N&M</p> <p>N&M</p> <p>All</p>	<p>Ongoing</p> <p>2015/16</p> <p>Ongoing</p>
Cardiovascular	<p>Ward Closures (Folkington)</p> <p>Skill mix reviews across nursing functions.</p> <p>Consultant vacancies – Cardiology and Stroke.</p>	<p>Staff Redeployment</p> <p>Contract Changes</p> <p>Recruitment – potentially other sources. RRP Potential?</p>	<p>N&M HCSW A&C</p> <p>N&M HCSW</p> <p>M&D</p>	<p>Done</p> <p>2015/2016</p> <p>Ongoing</p>

Clinical Unit	Key Workforce Developments / Issues	Impact	Staff Groups Affected	Timeframe
	Review of Clinical Nurse Specialist roles.	Staff Consultation Redeployment	N&M	2015/2016
Specialist Medicine	Review of Job Plans – increase productivity.	Staff Consultation	M&D	2015/16
	Potential investment in Epilepsy nurses.	Recruitment	N&M	2015/2016
	Recruit to vacant posts.	Potential alternative sources of recruitment	N&M	Ongoing
Surgery	Review SCP gradings	Contract Changes	AHP	2015/2016
	Recruitment of medical staff and nursing staff	Potential alternative sources	M&D	Ongoing
	Development of Surgical Workforce Model (reflect loss of Foundation posts).	Potential new roles e.g. Physician Associate	M&D	Link with HEKSS process commencing Sept 2015
	Undertake full job planning process for medical staff.	Review current job plans.	Medical	June 2015
	Review of Ophthalmology workforce.	Skill mixing Reduce medical grades	Medical	2015/16
Corporate	Clinical Admin Review	Staff Redeployment	A&C	July 2015
	Health Records Review	Job Redesign?	A&C	July 2015
	Specialty fill rates (Medical)	Recruitment Marketing	M&D	Ongoing
	Implement new	New roles and	All	October

Clinical Unit	Key Workforce Developments / Issues	Impact	Staff Groups Affected	Timeframe
	staffing structure in Commercial	structure redesign	Commercial staff	2015
	Review back office functions in line with 'Making Better use of Govt resources'.	Potential shared services/outsourcing.	All Corporate staff.	Sept 2015
	Explore the integration of education management across all professional disciplines.	Merger of existing education functions. Relocation of staff.	All Education staff.	March 2016
	Introduction of Nurse Revalidation from 2016	Will affect all registered nurses	N&M	Ongoing from 2016. Planning through 2015
Common Themes for all Clinical Units and Corporate areas.	Job Planning for Medics	Potential for contract changes, job redesign.		Ongoing
	Out of Hours and On-Call rota reviews.			
	7 Day working.			
	Reduce sickness absence.	Full implementation of policy.	All	Ongoing
	Achieve consistent 90%+ compliance rates for mandatory training and appraisal.	Performance management focus	All	Ongoing
	Reduce turnover to average levels.	Review of exit process.	All areas with high turnover.	Ongoing
	Address issues arising out of the 2014 staff survey, Staff FFT, and CQC	Development of staff engagement initiatives.	All	October 2015 and ongoing

Clinical Unit	Key Workforce Developments / Issues	Impact	Staff Groups Affected	Timeframe
	report.			

6. DEVELOPING THE FUTURE WORKFORCE – KEY PRIORITIES

6.1 Building Workforce Capacity

Key Priorities	Supporting Actions
Recruitment to vacant and shortage posts.	<p>Active focus on recruitment</p> <p>Generic recruitment (e.g. Nursing posts)</p> <p>New 'TRAC' system – enabling real time updates</p> <p>Alternative sources of recruitment, e.g. Overseas</p> <p>Work with Clinical Units on skill mixing</p> <p>Develop greater flexibility with current staff</p> <p>Embed Values Based Recruitment across the Trust</p>
Ensuring we have the right staff with the right skills	<p>Clear job descriptions</p> <p>Work with Clinical Units to accurately forecast future workforce numbers.</p> <p>Work with HEKSS to commission realistic training numbers, and to develop new roles where appropriate.</p> <p>Ongoing discussions with CCGs to understand commissioning intentions.</p> <p>Skill Mixing / New Roles to release time to care – e.g. potential Clinical Orderly role on wards.</p>

Further detail on building workforce capacity can be found in the Recruitment and Retention Strategy at Appendix 11.1.

6.2 Improving and Increasing Workforce Capability

Key Priorities	Supporting Actions
Support staff to maintain and develop knowledge and skills.	<p>Active management of HEKSS funding and internal funding panel to assess applications.</p> <p>Learning Plans for each Clinical Unit</p> <p>Focus on areas/individuals with highest need</p>

Develop Leadership capability	Continue and develop leadership conversations Increase leadership visibility Continue with First Line Manager programme Ensure access to national leadership programmes and follow up learning. Develop specific programme for medical leaders. Develop business planning skills
Support all areas to conduct appraisals/revalidations	Active performance management Effective user friendly processes Training and Coaching support
Integration of Education functions	Merge location and management of education teams Co-locate and share admin resources Where appropriate pool budgets for greater impact.

Further detail on improving and increasing workforce capability can be found in the Education Strategy at Appendix 11.2.

6.3 Improving Workforce Engagement

Key Priorities	Supporting Actions
Review output from staff FFTs and Staff Survey and identify appropriate actions.	Staff Engagement Operations Group Staff Engagement Action Plan Clinical Unit Action Plans
Fully involve staff at the outset of any potential service/workforce change.	Develop guidance for early 'pre-formal' consultation and engagement with staff. Review of Organisational Change policy
Encourage discussion and staff engagement at local level	Performance focus on team meetings, team briefings, and regular 1:1's.
Embed values and behaviours in all we do	Values and Behaviours implementation plan Values based recruitment processes

Key Priorities	Supporting Actions
Share good practice and innovation	Regular communications Staff Awards ceremony Nominate staff/teams for external awards Health & Well-being strategy

Further detail on improving workforce engagement can be found in the Staff Engagement Action Plan at Appendix 11.5.

6.4 Health Education Kent, Surrey, Sussex

Workforce Development links with HEKSS in relation to the commissioning of professional education for clinicians, and general professional development across the region.

The education commissioning process is an annual cycle of review and engagement with professional leads across the Trust to ensure a continuous supply of qualified professionals that meets the needs of ESHT. Over the last few years we have ensured that our commissioning numbers are in line with national requirements, e.g. at February 2015 we met our trajectory under the national 'call to action' for Health Visitors. Since 2013 we have also increased our commissions for District Nursing which reflects the increased community needs in our area.

We are presented with some challenges in relation to some specialities due to the nature of University provision. An example of this is Biomedical Sciences whereby our local Universities do not provide the new STP courses for Biomedical Science graduates. In order to address this we have recently developed a new initiative in our Pathology department, whereby we will hire two Biomedical Science graduates at Band 2 on a one year contract, and backfill one of the existing Tutors to focus on providing 'on the job training' for these graduates. The benefit for ESHT is that due to the high turnover of staff in the Pathology area, once these graduates have completed their training, we should be able to offer them substantive posts.

Other recent developments in relation to professional education include identifying alternative sources of training for EME apprentices, and the development of a Research internship.

HEKSS has recently introduced the Quality Improvement Tool (QIT) which has replaced the Contract review process. This is a much less prescriptive method of action planning which allows providers to develop and manage their own improvement processes with regard to education and training in order to meet the desired outcomes. The QIT will enable providers to be assessed / self-assess against seven standards.

These are:

- Patient safety
- Organisational culture in supporting practice education
- Executive ownership of practice education
- Staff in place to effectively support practice education

- Physical support for practice education
- Standards of service
- Partnership working

ESHT has recently submitted its first completed QIT assessment.

6.5 Integrated Education

HEKSS has established itself as an 'Integrated' local education and training board. Trusts are now being encouraged to integrate their education functions to ensure a multi-disciplinary approach to staff development. To assist with this process ESHT has developed an Education Strategy (Appendix xxx)

The Education strategy is to support the Trust's wider workforce and other strategies by ensuring the skills, competence and abilities of Trust staff are maximised and aligned with high quality, clinically effective and safe care and that education and training delivery is coordinated and overseen effectively on behalf of the Trust Board. It is intended that the way we deliver education, training and development will be different in that it will be truly integrated.

6.6 Organisational Development

Over the past few years OD at ESHT has focused primarily on organisational form and structure, particularly in relation to the implemented of the plans relating to our Clinical Strategy. In many areas this has meant significant change, e.g. the single siting of our Stroke and Consultant led Maternity services.

For 2015 onwards we have developed an OD strategy which will focus less on form and structures and more on the development of staff and teams to ensure we are delivering the most effective and efficient care. This Workforce Strategy/Plan acts as a supporting strategy to the OD strategy.

7. KEY WORKFORCE ISSUES AND PRIORITIES FOR ESHT – 2015/2016

Workforce Issue	CQC Report 2015	Staff Survey 2014	Staff FFT 14/15
Service Change / Restructuring – Involvement of staff	The Trust should improve staff engagement and satisfaction.	KF22 – Staff able to contribute towards improvements at work – 2014 = 61%	Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%
Staffing - Vacancies	The Trust must review staffing levels	KF3 – Work pressure felt by	Staff recommendation

Workforce Issue	CQC Report 2015	Staff Survey 2014	Staff FFT 14/15
<ul style="list-style-type: none"> - Absence - Skill Mix 	<p>to ensure they are sufficient for service provision.</p>	<p>staff – 2014 = 3.69 (Scale 1-5, lower better)</p> <p>KF5 - % of staff working extra hours – 2014 = 69%</p> <p>KF11 - % of staff suffering work related stress in the last 12 months – 2014 = 42%</p>	<p>of the Trust as a place to work – Staff FFT Q2 = 36%</p>
<p>Raising Concerns / Speaking out</p>	<p>The Trust must rebuild the relationship with is staff grounded in openness, developing a culture of the organisation with regard to people feeling able to speak out.</p> <p>The Trust must undertake a root and branch review across the organisation to address the perceptions of a bullying culture.</p>	<p>KF15 - % of staff agreeing that they would feel secure raising concerns about unsafe clinical practice – 2014 = 56%</p> <p>KF19 - % of staff experiencing harassment, bullying, or abuse from staff in last 12 months – 2014 = 27%</p>	<p>Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%</p>
<p>Leadership</p>	<p>Rated 'inadequate' in the well led category.</p>	<p>KF8 - % of staff having well-structured appraisals in last 12 months – 2014 = 30%.</p> <p>% of staff reporting good communication between senior management and staff – 2014 = 18%</p>	<p>Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%</p>

Workforce Issue	CQC Report 2015	Staff Survey 2014	Staff FFT 14/15
Staff Engagement	The Trust should improve staff engagement and satisfaction.	All of the above	Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%

The Staff Engagement Action Plan (App 11.5), the Recruitment and Retention Strategy (App 11.2), and the revised Absence Management Procedure, all detail how we will address the above issues during 2015/2016.

8. WORKFORCE RISKS AND CHALLENGES

Workforce Risk	Areas Affected	Mitigation
Workforce Capacity		
High levels of sickness, maternity leave, and other leave are impacting on the ability to consistently run services in the most effective way.	Main areas reporting impact are: Wards District Nursing teams Therapies	Regular roster reviews HoN of the day Escalation process Recruitment to all vacancies Active absence management Review of own processes – e.g. Therapies
Some areas have difficulty in either recruiting the right candidates or attracting the right candidates.	Stroke Theatres SALT Sonography Midwifery (esp Community) Community Paediatricians A&E Consultants Middle Grades in Emergency Care Biomedical Scientists EME	Use of locum and agency staff Move staff from other areas to cover Alternative sources of recruitment, e.g. overseas Staffing contingency plans Work with CCGs to review demand/activity Developing new approaches to training/growing our own – e.g. Biomedical Scientists, EME
Staffing shortages/Increased acuity in some areas leave it difficult to maintain minimum staffing levels	Mainly affects ward areas	Daily roster reviews HoN of the day – escalation process Six monthly establishment review – Board

Workforce Risk	Areas Affected	Mitigation
		Safer Staffing and Workforce Capacity Group
Workforce Capability		
Statutory and Mandatory training levels are around 70% and need to be consistently at 90%+.	Impacts all areas, but mainly Clinical Units.	Active performance monitoring Active work by L&D in areas with weakest compliance levels. Increased availability of places – additional places being commissioned through the use of external venues/trainers to meet compliance levels.
Appraisal compliance is around 70% and needs to be consistently at 90%+.	Mainly Clinical Units	Performance management issue. Programme of awareness raising and training has been in place. Reports of non-compliant staff being sent regularly to all areas. Nurse revalidation to be introduced in 2016.
Workforce Engagement		
Poor staff morale as evidenced by survey results/reports – e.g. Staff Survey / FFT / CQC report	Trust wide	Listening events Staff Engagement Group Leadership Conversations Implementation of Values & Behaviours Staff Engagement action plan
High levels of stress related sickness	Trust wide	Internal review of stress absence cases Active absence management – revised procedure for 2015/2016. Health & Wellbeing initiatives
Service changes due to restructuring, tendering, single siting etc., leading to poor staff morale.	Trust wide	Look at pre-consultation engagement events Ensure support for staff involved in writing tender bids – external if required. Application of Organisational

Workforce Risk	Areas Affected	Mitigation
		Change policy Full involvement of staff side.
Service Tenders resulting in loss of service with the potential for destabilisation of remaining services.	Trust wide	An impact assessment has been commissioned from an external agency to review the impact of loss of tenders on the Trust.

9. IMPLEMENTATION AND REVIEW

This workforce strategy/plan is aligned with ESHT's current business planning priorities and relevant national priorities. To enable successful delivery of this strategy the following will be required:

- Active engagement and support from the Board and ESHT leaders;
- Alignment with ESHT's strategic direction;
- Appropriate resources to deliver training, education, and leadership development;
- Effective workforce systems that utilise technology to support and enable performance measurement;
- Effective communication methods;
- Effective partnership working at all levels;
- Effective relationships with staff side colleagues;
- Productive external partnerships, e.g. CCGs, HEKSS.

In order to measure effectiveness ESHT already has a number of key workforce indicators that are reviewed each month, including sickness, training compliance, appraisal rates, turnover, temporary staff usage, etc. In addition the staff FFT and the annual staff survey will provide us with evidence of the success of our strategic intent.

This strategy will be updated annually in line with the business planning cycle.

10. MEASURING EFFECTIVENESS

There are a number of key priorities and challenges outlined in this strategy which will be addressed during 2015/2016. However, it is likely to take longer than one year to begin to see improvements in areas such as staff engagement and involvement. As we start on our improvement journey we can begin to measure our effectiveness by taking our 2014/2015 Staff Survey and Staff FFT output as a baseline. There are also other measures that can be used such as the level of vacancies, sickness absence, and bank/agency use. Below is a suggested outline of some of the 'hard' measures we may use to report on effectiveness:

Key Measure	Staff Survey 2014	Acute Average 2014	Target 2015/2016
KF3 – Work pressure felt by staff	3.26	3.07	
KF8 - % of staff having well-structured appraisals in last 12 months	30%	38%	
KF11 - % of staff suffering work related stress in last 12 months.	42%	37%	
KF15 - % of staff agreeing they would feel secure raising concerns about unsafe clinical practice.	56%	67%	
KF19 - % of staff experiencing harassment, bullying, and abuse from staff in last 12 months.	27%	23%	
KF22 - % of staff able to contribute towards improvements at work.	61%	68%	
KF23 – Staff job satisfaction	3.44	3.60	
KF24 – Staff recommendation of the Trust as a place to work.	3.27 (Staff FFT Q2 = 36%)	3.67 (Nat average Staff FFT Q2 = 61%)	
KF25 – Staff motivation at work	3.64	3.86	

Key Measure	2014/2015	Target 2015/2016
Vacancy Rates		
- Nursing	6.49%	
- Medical & Dental	7.88%	
- AHP	4.9%	
Sickness Absence Rate	4.94%	
Bank Usage (of paybill)	4.76%	
Agency Usage (of paybill)		

Key Measure	2014/2015	Target 2015/2016
- Medical	1.93%	
- Nursing	1.72%	

Any targets for the above will be agreed through existing working groups, eg:

Staff Engagement Operations Group

Safe Staffing and Workforce Capacity Group.

11. APPENDICES

11.1 Recruitment and Retention Strategy

The Recruitment and Retention (R&R) strategy and accompanying delivery plan sets out how the Trust will recruit and retain staff to support the delivery of the Trusts aims and objectives in our Clinical Strategy: Shaping our future.



R&R Strategy

11.2 Education Strategy

This Education Strategy sets out how East Sussex Healthcare NHS Trust (ESHT) will provide excellent, innovative and integrated education to improve patient safety, experience and outcomes. Patient care will be kept at the centre of all learning. It aims to be ambitious in setting the strategy but will be realistic in setting goals for achievement.



Education Strategy

11.3 Health & Well-being Strategy and Action Plan

The primary aim of this strategic plan is to support people in work, but this requires a broader focus than just sickness absence management. Absence is multifaceted and to successfully reduce rates, the root causes (lifestyle, socio-economic and work related factors) need to be addressed; and their relationship to employee health and wellbeing.



Health & Well-being
Strategy

11.4 HEKSS 5 year workforce forecast

This document outlines our forecast workforce numbers for the following five years and is refreshed annually.



HEKSS Template

11.5 Staff Engagement Action Plan

This action plan outlines the key staff engagement initiatives which will be undertaken as a response to the staff survey, staff FFT, CQC report, and other forms of feedback.



Staff Engagement
Action Plan 150506

East Sussex Healthcare NHS Trust

Recruitment and Retention Strategy

2015 - 2019

1. Introduction

1.1 This Recruitment and Retention (R&R) strategy and accompanying delivery plan sets out how the Trust will recruit and retain staff to support the delivery of the Trust's aims and objectives.

1.2 The R&R Strategy supports, and should be read in conjunction with, the wider Organisational Development Strategy, Workforce Strategy and the Health and Well-Being Strategy.

1.3 The focus of the R&R strategy is to ensure that the Trust recruits and retains quality staff who not only exhibit the key skills and experience to undertake their roles effectively, but also demonstrate the values and behaviours to deliver compassionate care to all our patients and work appropriately with colleagues.

1.4 The aims of the R&R Strategy are to ensure that the organisation:

- Recruits and retains a high calibre workforce to ensure the provision of safe integrated care and high level clinical services, both within the acute and community environment
- Has a recruitment process which is efficient, transparent and responsive, whilst ensuring that all recruitment safeguards are adhered to
- Manages and supports its workforce effectively so that it always has the right staff and skill mix to meet service needs
- Has a highly motivated workforce which is engaged and committed to the Trust's vision, values and behaviours
- Is seen as an employer of choice
- Is able to respond to predicted medium and long term changes in workforce supply by introducing and developing new roles
- Has a supply of temporary workforce which is able to respond to short term needs
- Promotes Equality and Diversity within the workplace and has a workforce which is representative of the community within which it provides services

1.5 The objectives of the R&R Strategy are to:

- Have a regular and consistent supply of both registered and unregistered healthcare workers to meet vacancy needs
- To identify and deliver appropriate strategies in hard to recruit posts due to national or regional shortages
- Regularly review skill mix and develop and implement new roles
- Increase the number of appropriate applicants to the Trust
- Reduce time to recruit
- Reduce staff turnover
- Inform decisions which impact on the workforce and develop actions to minimise risk
- Have a workforce which reflects the community to enable the delivery of sensitive care to patients and service users that is appropriate to their personal needs

1.6 The strategy consists of four key areas:

- Attracting applicants and building a reputation as an employer of choice
- Workforce supply
- Developing the recruitment and selection process
- Engaging and Retaining staff

2. Strategic Context

East Sussex Healthcare NHS Trust (ESHT) is one of the largest employers in East Sussex. The Trust employs circa 6,800 staff from a wide range of professions. Currently only small parts of the service are outsourced. The demographic profile of the Trust highlights an ageing workforce. The Trust has an internal recruitment department and temporary workforce service.

The changing landscape of the NHS both nationally and locally will require a workforce with greater flexibility and transferable skills. The shortage of candidates with the right skills, abilities and experience in some NHS professions such as nursing and A&E middle grade Doctors has created a competitive market.

Following the publication of the Francis Report, nursing workforce models were revised and there has been a lag in the commissioning of nurse training posts. Commissions have been increased by 9% however it is anticipated that there will be a national shortage of newly qualified nurses until 2017.

Attractive career and flexible working opportunities outside the NHS also make the recruitment and retention of staff a major challenge.

The UKBA shortage category list does not reflect staff shortages in practice, particularly in the South East.

There are a number of local factors which impact on the ability to recruit staff to and within the area. Transport links are poor across the county; the South East has the highest cost of housing outside of London and the east of the county has some areas of higher than average deprivation. The Trust delivers general healthcare services and is not a specialist or university teaching hospital, which can cause difficulties in attracting appropriate medical staff.

The recruitment and retention of skilled staff to ensure that ESHT meets key service targets is a continuing challenge and high vacancy rates in some areas are causing organisational inefficiencies. Staff Turnover has increased significantly in the last 12 months and the Trust has an ageing workforce.

There has been increasing use of agency and bank staff. To fulfil the Trust's business plan and meet its organisational objectives to deliver high quality, compassionate care, the Trust needs to reduce its reliance on the use of temporary workforce.

The Trust's Risk Register and Board Assurance Framework highlights that the Trust is at risk due to its inability to attract, recruit and retain some staff groups. The main difficult to recruit areas / staff shortage areas within ESHT are:

- Consultant Histopathologist, Stroke, Dermatology, Rheumatology

- Middle grade Doctors in A&E, Radiology training grade, Doctors in Trauma and Orthopaedics
- Nursing & Midwifery, Nurses - Theatres, Surgical, Trauma and Orthopaedics, Community and Midwives
- Allied Health Professionals – SALT, Sonographers, Radiographers, Pharmacists
- Administrative and Clerical – Clinical coders

The 2014 CQC inspection report highlights areas for concern in some areas in relation to workforce numbers and general staff morale and engagement.

The results of the Trust's 2014 staff survey indicated that a high percentage of staff were considering leaving the Trust and that they would not be happy to recommend the Trust as a place to work or receive treatment. A significant number of staff also stated that they did not feel there was equal opportunity for career progression or promotion.

3. Attracting applicants and building a reputation as an employer of choice

In order to attract high calibre candidates, it is essential that the Trust presents a professional, positive image to all potential applicants within the local community and the wider professional populations. In order to achieve this we will:

3.1 Develop a corporate talent brand

The development and implementation of a unique corporate talent brand 'You Matter to Us' in all workforce strategies, policies and action plans.

3.2 Develop professional integrated recruitment advertising and promotional material which reflect the Trust by:

- The development of recruitment and promotional materials, which reflect the Trust's vision, values and behaviours. Promote the employee benefits, career and development opportunities within the Trust as well as living within the East Sussex area
- Develop the Trust's job web page and how this interacts with the Trust's intranet and the development of recruitment microsite
- Review the use of social media to attract candidates and advise them of opportunities within the Trust
- Using appropriate local, national and international media
- Review all recruitment standard advert templates and job descriptions to ensure that they reflect the most up to date information and reflect the Trust's vision and values
- Work with the Trusts' nominated advertising agency 'NHS Creative' to develop specific targeted recruitment advertising campaigns and literature to address specialist or hard to recruit posts

3.3 Have a presence at relevant national and local recruitment events including:

- Job Fairs
- On-site 'open days' and specific recruitment events
- On-line recruitment chat rooms

3.4 Continue to partner with local schools and education institutions to provide work experience and promote careers within the NHS.

3.5 Ensure the appropriate marketing of the Trust and its achievements by:

- Working with the communication department to promote employee achievements and secure positive public exposure of ESHT as a place to work and be treated, through internal communication channels, local and national journals and media
- Ensure that all information is up to date and posted on the intranet, such as structures, general information about departments, information about flexible working, training and development
- Developing a 'working for us' page on the intranet

4. Workforce Supply

It is essential that the Trust has sufficiently trained staff to meet operational needs and organisational objectives. This need will be met by:

4.1 Translating the workforce requirement from the Clinical Strategy and business plans into a work force plan as set out in the Workforce Strategy and plan.

4.2 Develop an annual recruitment plan which is pro-active and takes into account the seasonal service requirements such as the winter plan and the end of course anniversary dates of healthcare workers in training.

4.3 Hold regular reviews with General Managers and Human Resources to identify short-term issues.

4.4 Continue to undertake monthly generic recruitment for the Nursing and Midwifery workforce under the 'Calling all Nurses' campaign.

4.5 In areas of high staff turnover, ensure that full establishment is maintained by recruiting to 110% of establishment to account for lead times in the recruitment process.

4.6 Undertake national and international recruitment for skill shortage and hard to recruit posts as appropriate.

4.7 Develop a Trust-wide 'pool' of substantively employed flexible labour to support short-term capacity requirements.

4.8 Develop the Temporary Workforce Service and promote this to workers who are unable to commit to substantive regular hours. This would include a review of training and development opportunities.

4.9 To investigate the reasons why long term agency workers prefer not to be substantively employed and if possible, developing incentives for them to work substantively for the Trust.

4.10 Continue to promote Return to Practice placements for Nurses, Health Visitors and AHP's who have not been working in the NHS for six months or more.

4.11 Develop rotational posts within the acute setting and between the community and the acute settings to increase the flexibility of staff and provide development opportunities. This will include the development of the 'Inspire' programme for newly qualified professionals

4.12 Support the secondment of HCA's to Nursing and Midwifery degrees.

4.13 Ensure that all students who train with us are offered an interview and substantive employment in the Trust should they qualify and meet the Trust standards.

4.14 As part of the Trusts Workforce Plan:

- Review skill mix and the introduction of new roles such as Physician's Associate and Band 4 Healthcare support workers
- Review the medical workforce in relation to Keogh review, out of hours and seven day working
- Consider recruitment with other trusts and partners and rotational posts between organisations
- Actively contribute to national and local workforce planning and education commissioning, to ensure that the future workforce needs of the Trust are met

4.15 The Trust is supported by circa 600 volunteers who play an important part in ensuring the efficient and effective running of the hospital and its services. Volunteers work alongside Trust employees complementing their work and enhancing patient experience. Volunteers gain valuable experience and some have gone on to join the Trust in substantive posts. The volunteer service should be supported by:

- Considering the roles that they may be able to undertake within the Trust
- Ensure that they are fully engaged with changes in the Trust
- Ensure that they feel supported and valued for the contribution that they make

4.16 To attract the best candidates to deliver appropriate care, the Trust will recruit from the widest possible pool and will ensure that the recruitment process is inclusive and adapted to individual applicants' requirements.

5. Developing the recruitment and selection process

It is essential that the recruitment process is efficient to ensure applicants receive a positive experience through the recruitment process and which demonstrates the Trust's values, behaviours and culture. Optimising recruitment processes will ensure that candidates are secured and reduce the reliance on temporary workforce.

5.1 The Trust has recently invested in an e- recruitment and tracking system 'TRAC' and needs to embed this process. The 'TRAC' tool will improve the recruitment process and time taken to recruit by:

- Ensuring that all documents are completed electronically and are able to be shared across sites
- Implementing a hierarchical on line approvals process

- Setting standard KPI's for each step of the process which RAG rate if the action has been taken
- Sending notification e-mails and texts to recruiting managers, applicants and referees advising that an action is required
- Integrating the electronic DBS process and other recruitment safeguards required
- Providing visibility of the process for managers, the recruitment team and finance colleagues and identify hot spots
- Interacting with NHS Jobs and ESR and therefore reducing the requirement to double input data
- Providing the functionality to report KPI's across the recruitment process which will enable the efficiency of the recruitment process to be monitored.

5.2 Applicants need to be able to demonstrate that they have the relevant training and experience to undertake the role that they have applied for, and they must also be able to reflect the Trust values and behaviours. This will be embedded within the selection process by:

- Including the values and behaviours within job descriptions
- Developing competency and values based recruitment across all staff groups
- Reviewing the recruitment process for all Medical staff
- Development needs identified through the recruitment process should be incorporated into a Personal Development Plan

5.3 The recruitment of staff to the organisation is one of the most important decisions that a manager will make. It is essential that we train and support managers to undertake the recruitment selection procedure to ensure that the best candidates, with the best organisational fit are employed. This will be achieved through:

- Continuing to provide recruitment and selection training for recruiting managers and ensuring that they are fully engaged with the principles of competency and values based recruitment.

5.4 We will survey a sample of managers and new starters to evaluate their experience of the recruitment process and to develop appropriate actions to address issues identified and to enhance and improve the service.

6. Staff Retention

Staff turnover has increased within the last year and the Trust needs to develop more effective strategies to retain employees. It should be noted however that some employee turnover is desirable as low turnover can reflect stagnation rather than a committed and productive workforce (Michael West, 2004).

6.1 It is important to determine the causes of staff turnover, and to determine this, the Trust will develop and implement a robust end of employment procedure, which will enable analysis of reasons for staff leaving, identify trends in this data and enable us to respond with appropriate strategies.

6.2 Becoming a model employer is key to recruiting and retaining staff within the NHS. The following initiatives will be further developed to improve retention within the Trust:

6.2.1 Flexible Working

The Trust has a number of flexible working practices to meet the needs of staff and support work life balance. These are outlined in the Trust's Flexible Working Policy. We will promote these practices to staff and managers to ensure that we are able to retain valuable skills within the organisation. These will also be promoted through the new 'working for us' section on the Intranet.

6.2.2 Child and Family Care Service

The Trust has a Child and Family Care service in addition to the two workplace nurseries. The Trust is committed to providing this service to staff which supports staff in sourcing appropriate child and family care, provides guidance on relevant Trust benefits and accessing social benefits. This has proved invaluable in helping staff stay in work whilst supporting their family commitments.

6.2.3 Pay & Conditions of Employment

The pay and reward systems within the Trust are confined to three national sets of Terms and Conditions of employment. These are Agenda for Change, which applies to the majority of staff; Very Senior Managers Pay, which applies to Executive Directors and to some senior managers; and Medical and Dental Pay Terms and Conditions. Whilst the Trust cannot operate outside of these, it will use the flexibility within them to recruit and retain staff such as recruitment and retention premiums.

We will also be considering initiatives which could be locally negotiated such as:

- Welcome/relocation packages
- Recruitment bonuses
- Attendance bonus
- Interview expenses payments
- Review of Bank Pay

6.2.4 Staff benefits

The Trust offers a number of staff benefits which include:

- Staff pensions schemes
- Salary Sacrifice schemes
- On-site Crèche
- Social Club including small gym facility at both sites
- Discounts on goods and services through NHS Discounts and a package of locally agreed discounts with local companies and organisations
- On site accommodation on both sites

In order that staff can understand the value of their remuneration and benefit package, the NHS have introduced Total Reward Statements which quantify the total value of their pay and benefits to enable these to be compared to the commercial

market. We will be advising staff how to access them and explaining what they mean.

Accommodation for staff on both sites has lacked investment and needs modernising. The Trust is committed to developing a long term plan which will improve the overall offer, but will also look to undertake some short term solutions to update the accommodation.

6.2.5 Working Conditions

All staff have the right to work in an environment which is conducive to effective working practices and which ensures they can work safely and healthily. The following actions will be required in achieving this:

- Promote an environment where staff are treated with dignity and respect, that is free from bullying and harassment, where staff feel supported and safe to challenge poor practice, discrimination and unacceptable behaviour which does not reflect the Trust's values
- Undertake small scale change to improve the physical environment
- Continue to ensure that regular health and safety checks are undertaken in the workplace
- Through Healthroster, monitor the working hours of staff and ensure that annual leave is taken regularly and within the leave year
- Trust sickness trends are regularly monitored and reviewed to identify any underlying trends and actions identified
- Ensuring that all staff undertake mandatory training

6.2.6 Training, Development and Talent Management

To ensure that new staff feel supported and feel confident to deliver within their roles, it is essential that they participate in a Trust and local induction which is relevant to their role. The Workforce Development department is committed to regularly reviewing and monitoring the relevance, quality and attendance at induction events including on-line induction which is offered to some staff groups.

Staff that are afforded the opportunity to develop their skills and knowledge are more likely to remain with the Trust. The Trust is committed to the development of all staff and requires that 100% of staff have an annual Appraisal and Personal Development plan. To support this, the Trust is committed to implementing a multi-professional approach to education and learning which will ensure that all staff benefit from learning strategies and access to funding.

The Trust is committed to developing clear career pathways and develop staff at all levels. The development of management and leadership capability is also a priority to ensure that we have highly skilled and effective managers and leaders to deliver the Trust's aims and objectives.

6.3 Equality and Diversity

The Trust values diversity within its workforce and is committed to ensuring that:-

- Recruitment and selection processes are fair and provide equality of access
- All staff have access to training and development
- Promotion opportunities are available to all staff

- All activity is monitored by protected characteristics and appropriate initiatives are developed where it is identified that the workforce is not representative.

6.4 Working with the Community

In recognition of the role we play within the local community, we will work in partnership with local organisations such as Job Centre Plus, East Sussex County Council, Brighton University and East Sussex Downs college, in developing the skills of local residents, particularly those from disadvantaged groups, bringing them into employment locally and using schemes such as Apprenticeships and Project Search to provide qualifications and or work experience.

7.0 Delivery and Monitoring

7.1 The draft strategy will be shared and discussed with the Corporate Leadership Team, Joint Staff Committee and the Clinical Management Executive. Further to this, an action plan will be developed to ensure the successful implementation of this strategy. This recruitment and retention strategy and action plan are dependent on the delivery of a number of interconnected strategies, working groups and action plans, for example:

- Organisation Development Strategy
- Workforce Strategy and Action Plan
- Staff Engagement Action Plan
- Values and Behaviours Action Plan
- Quality Improvement Action plan
- Health and Well-being Action plan
- Estates Strategy and Action plan

7.2 Progress against actions will be reviewed by CME on a quarterly basis.

7.3 The outcomes and strategy will be reviewed by the Trust Board on an annual basis.

East Sussex Healthcare NHS Trust

Education Strategy 2014-2017

1. Introduction

- 1.1 This Education Strategy sets out how East Sussex Healthcare NHS Trust (ESHT) will provide excellent, innovative and integrated education to improve patient safety, experience and outcomes. Patient care will be kept at the centre of all learning. It aims to be ambitious in setting the strategy but will be realistic in setting goals for achievement.
- 1.2 The Trust values the importance of education and training both to develop its own workforce to support the delivery of high quality care on a sustainable basis, but also to play a part in the wider training of the future NHS workforce. Education and training play a crucial part in developing and retaining a high quality and motivated workforce, ensuring staff are fit and safe to practice, are as effective as possible in their roles, up to date with the latest learning and best practice, and continually developing their skills whatever their area of work or level of responsibility. This strategy sets out the Trust's priorities and how it will use its resources over the next 4 years to support education and training that will act as an enabler to deliver the Trust's objectives.
- 1.3 This educational strategy has been developed with input from various staff groups and in line with the Trusts overall strategy and ensuring that learning supports this. The implementation of this strategy will be overseen in detail by the newly formed ESHT Education Board which is accountable to the Trust Board.
- 1.4 It is important to understand that the activities the Trust undertakes in relation to education are largely grouped into 2 categories:
 - education and training of current staff
 - education of professionals in training (doctors, nurses, many other professionals).

2. Background

Local Context

- 2.1 The Trust is one of the largest in the country with 2 main District general hospitals, 5 community hospitals, 120 sites and over 6700 staff. It is relatively unique in being an integrated acute and community Trust and therefore employs staff with very diverse educational needs. Amongst this workforce there are staff in training positions (e.g. junior doctors) that will be part of the workforce whilst they complete professional training. The Trust also provides student placements in a number of other disciplines.
- 2.2 Improving patient safety is a key principle of the Trust. The Trust aims to embed the learning from patient incidents and complaints into the portfolio of training programmes. Patient safety training is a key theme within the clinical setting.
- 2.3 ESHT has developed a strategic direction for the organisation with a clear vision and mission. These are accompanied by a set of strategic objectives and aims.

(Figure 1)

Our promise to patients and staff

Patients come first at East Sussex Healthcare NHS Trust.

We work 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 country.

Our vision it to be:

- The healthcare provider of first choice for the people of East Sussex.

Our mission is to:

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

Our strategic objectives are to:

- Improve quality and clinical outcomes but 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

- 2.4 In order to achieve this ESHT as an organisation needs to further strengthen the provision of education and training of its current staff and the professionals in training.

National Context

- 2.5 The reports on patient safety and quality of services arising from the Mid-Staffordshire Enquiry (Francis report)¹ identified learning and development as a key support for developing the right cultures within NHS organisations. Training in multi-professional groups enhances team working, communication between professional groups and improves patient outcomes and patient satisfaction.
- 2.6 Support for education and training has been reorganised as part of the NHS changes in 2013. Responsibility for commissioning training and development programmes for future health professionals has become the responsibility of Health Education England and its network of Local Education Training Boards (LETB). The Trust is a member of the Kent, Surrey, Sussex LETB, which is now called Health Education Kent Surrey and Sussex (HEKSS). The aim of HEKSS is to get better value from the funding available for education and training by encouraging a more integrated approach to delivery which will also lead to better patient care. There will be a closer alignment between the commissioning of training with the future workforce and development needs of providers in both secondary and primary care.
- 2.7 There is pressure on training budgets for efficiency savings and this is unlikely to change at least over the next few years.
- 2.8 Proposals are in place to re-organise medical workforce training that will direct doctors into GP training. This will reduce the number of hospital training placements. In the longer term the "Shape of Training" review has proposed increasing generalist training but these reforms are likely to take several years to be implemented. This will have an effect on postgraduate and undergraduate training.

- 2.9 The reduction in the number of doctors in training will need to be replaced through the development of other healthcare professional roles.
- 2.10 The Trust wishes to further develop its relationship with the Brighton Medical School and University which provides a unique opportunity for education and training developments for both staff and students. This will hopefully include joint academic appointments between Brighton and ESHT.
- 2.11 There are also other drivers for change for example as technology develops our methods of teaching and learning, we will also need to develop to include more on-line learning.
- 2.12 Simulation enables learning on clinical skills and team working to take place in a safe environment. There is a strong focus increasingly to train staff in multi-professional groups to improve their team communication skills. This training can be taken down to service, ward and theatre level.
- 2.13 Other groups of health care providers such as Healthcare Scientists are also going through changes in training which are summarised later (Appendix 3).
- 2.14 HEKSS has recently introduced the Quality Improvement Tool (QIT) which has replaced the Contract review process. This is a much less prescriptive method of action planning which allows providers to develop and manage their own improvement processes with regard to education and training in order to meet the desired outcomes. The QIT will enable providers to be assessed / self-assess against the seven standards below (Appendix 1). ESHT is currently in the process of finalising its QIT:

These are:

- patient safety
 - Organisational culture in supporting practice education
 - executive ownership of practice education
 - staff in place to effectively support practice education
 - physical support for practice education
 - standards of service
 - partnership working
- 2.15 There is a set of indicators for each standard together with the criteria for meeting them. A level of concern is determined based on assessment of the evidence provided. Local Education Providers (LEP) will be asked to return their QITs and action plans in advance of the meeting to sign off the Learning and Development Agreement (LDA) and the QIT. The QIT will be a living document with four monthly reviews. The old type of visit concentrating on individual medical specialties is planned to be replaced by integrated team visits of medical teams, ward teams, and others involved in the patient pathway for that specialty.

3. **Components of the Education Strategy**

1. Vision - to be a centre of excellence for Education
2. Mission - to provide education opportunities that attract and retain quality staff and improve outcomes for patients.
3. Aims and Objectives - meet the aims of the Trust through education by:

- providing excellent integrated and training accessible to all staff groups to improve the quality of patient care
- attracting highly motivated health care professionals by making education a core part of the job of all staff with appropriate time allocated.
- continuing to fulfil its contracts and commitments for the delivery of training placements for students and trainees to a high standard.
- developing new and enhanced roles that can help the Trust deliver more cost effective care through changes in skill mix.
- ensuring research activity is embedded into staff practice
- working in collaboration with partner organisations to develop education regionally. Play a leading role in HEKSS.
- promoting the values of ESHT through appropriate learning opportunities.
- establishing and promoting a proactive approach to education to address the values and direction of the Trust
- bringing together educational teams both physically and aspirationally to facilitate integrated learning
- creating Education and Learning centres with an atmosphere conducive to learning
- developing an Education Board to drive the consolidation of finances, Learning and development Agreement (LDA) obligations, and HEKSS and CQC quality requirements
- ensuring learning opportunities are appropriate, accessible and deliver improvements in direct patient care
- considering marketing opportunities to promote ESHT and attract highly motivated health care professionals.

4. **What will this do for ESHT?**

4.1 The outcomes expected from the implementation of this strategy include:

- a motivated, competent, caring and capable workforce
- improved clinical outcomes through the joint development of clinical teams.
- becoming a recognised leader in patient safety training.
- providing a sustainable workforce as a result of better fill rates for training posts and an appropriate skill mix.
- reductions in staff turnover, and the associated costs of recruitment, induction and minimising potential discontinuity within teams and services.
- improved collaboration between all healthcare provider staff groups in ESHT
- increased compliance with mandatory training requirements
- cost efficiencies by sharing, for example, educational facilities and administrative support
- the development of high quality learning environments
- the development of new training pathways

5. **Key Actions**

5.1 Given these drivers for change there are key actions that need to be taken over the next five years to strengthen our education provision and single us out as a highly desirable place to work and be trained.

5.2 The key actions have been developed to support the strength and opportunities and tackle the weaknesses and threats identified through a SWOT analysis (Appendix 2 – Strengths, weaknesses, opportunities and threats to the Education Strategy). Taking these actions will deliver the aims and objectives of the Educational Strategy and therefore of the Trust as a whole.

5.3 The key actions have been grouped under five main headings with specific actions detailed under each:

1) To manage education, training and development activities effectively and efficiently, based on the needs of the Trust, and in a way that supports its other strategic aims and objectives:

- A smaller Education Board (formerly the Internal Education Forum) has been set up with five subgroups to jointly plan, co-ordinate and oversee all education, training and development activities within the Trust so that they support Trust objectives and use training budgets most effectively.
- To look at changing the Local Academic Board (LAB) from a medically focused Board to one that covers all the clinical workforce.
- To evaluate training needs using appraisal data, safety and performance data, staff and patient feedback, complaints and incident data. It should be based on the requirements of the individual Clinical Units (CUs) and Trust plans and strategies.
- Changing the infrastructure of the Postgraduate Medical Centre in Eastbourne so that Learning and Development (LD), Nurse Education, and Medical Revalidation are all located there with medical education. The Centre will be renamed the Education and Learning Centre. The management offices and meeting rooms will move to Duncan House. This will allow proper integration of education, training and development. This will help meet any regulatory and Commissioner quality assurance arrangements. These moves were planned for the end of September 2014 but were halted due to organisational pressures outside education. A working group will be set up to look at this again involving the whole estate.
- To look at the possibility to re-organise the management structure of education. To have an Education manager overseeing all education allowing LD, Library services and Clinical Education (nursing education team) to move out of Workforce and Organisation Development structure into an Education management structure, including medical staff, supporting integration of education and training. This may lead to the formation of a new “Education, Training and Workforce Development Committee” and /or a new “Education and Training Committee” to oversee this. This could take on the role of the current “Education Board”.
- Maximise the utilisation of e-learning and new developments in learning technology to optimise accessibility of training, so the Trust needs to ensure that the IT infrastructure is sufficiently resourced. The IT facilities in both main Education centre lecture theatres need upgrading to meet modern day standards.
- To improve the opportunities for multidisciplinary training using the excellent simulation facilities on both main sites and take the mobile facilities for this to ward and theatre environments.
- Consistent processes for recording, monitoring and evaluating education learning and development outcomes across the range of Trust activities in this area.

2) To support continuous learning for all staff which underpins the development of the workforce and the delivery of care by staff who are supported to thrive and able to give their very best.

- Developing a co-ordinated approach to lifelong learning based on excellent appraisal and personal development processes that will support the requirements of revalidation and maintaining registration to practice.

- Promote team development through integrated learning opportunities with a team development programme and resources.
- Provide access to skills and other training, accredited programmes, continuous professional development, mandatory training and essential job skills training in response to Trust and patient needs.
- Develop new education, training and development programmes and pathways that fit with new roles and new ways of working eg enhanced practitioner roles. This may also be as a result of changes in service delivery such as the transfer of care into community settings and the need for development of new roles.
- Promote clear and equitable policies on access to education, training and development using technology such as e-learning.
- To provide and develop entry into health care education through preceptorship and apprenticeships.
- Develop career opportunities by retaining staff in post whilst they are acquiring their qualifications and developing their careers.

3) To cultivate leaders and managers capable of embedding education, training and development into practice, to support quality, safety, clinical governance, service development and a learning culture.

- Key leaders and managers to complete a leadership programme giving them the skills and attributes to lead and manage.
- Encourage the development of opportunities for multi-disciplinary learning amongst our leaders and managers.
- To share best practice models by learning from other departments and providers across the healthcare and education community.
- Develop specific service improvement projects as part of development programmes and processes for leadership development.
- Encourage a positive learning and feedback culture that expects leaders to identify their own learning needs and promotes an expectation that leaders/managers are responsible for developing their own skills as developers of people.
- Strengthen and formalise succession planning, mentoring and coaching.

4) To develop partnership working with other organisations and, where appropriate, integration with these to support the delivery of training and development that has the greatest impact and benefit and maximising opportunities for shared learning.

- Engagement by the Trust in the HEKSS Board and Partnership Council to influence the workforce training and priorities the Trust supports.
- Build a closer relationship with Brighton University and Medical School and other lead providers of medical and dental education.
- To make joint academic appointments in medical and other clinical groups between Brighton and ESHT to increase the education and research profile of ESHT. There has been agreement for a joint Senior Lecturer post in Stroke care.
- Although ESHT is an Associate Teaching Hospital with Brighton and Kings, Guys and St Thomas` the aim is to achieve "University" Hospital status through these joint academic posts.
- Develop an information site to publicise access to learning and development opportunities outside the Trust e.g. NHS Leadership academy.
- Work with schools and other education providers to raise the profile of careers in the NHS for school leavers' and others.

- To use the training and development facilities within the Trust to bring in income from partners e.g. mandatory training for GP practices.
 - To work with other organisations on apprenticeship and placement opportunities.
- 5) To deliver education, training and development that is continually quality assured, meets required standards, and ensures that all sources of funding are used effectively, efficiently and appropriately.**

- To oversee the management and use of education funds so that they are used appropriately and equitably by all staff groups for the benefit of staff and patients.
- To develop an annual education, training and development action plan to address in year priorities.
- Review the Trust's medical training placement support and its sustainability by specialty based on future commissioning intentions, funding, and safety and supervision required. Where necessary develop alternative approaches such as developing other staff groups to fill the gaps.
- Make use of all external funding sources, including from HEKSS, for education, training and development. Have plans available in advance.
- Make the Trust the main provider of education, training and development in the health care economy. Make opportunities to generate income.
- Draw up a framework for recording, monitoring and evaluating education, learning and development outcomes and participant feedback.
- To be actively involved in the HEKSS Quality Improvement Tool to highlight areas for improvement and the action plan to do it.

Refer to Appendix 3 – Current situation and future strategy for specific clinical areas and staff for further information.

6. Objectives for 2014-2016

- Decide on Committee format and management structure for Education, Training and Development within ESHT.
- Complete the move of LD and nurse education to the PGMC in Eastbourne.
- Understand the education resources and budgets
- Make education and training part of the core business of all employees of the Trust (added to all Job Descriptions) with appropriate time allocated in job plans for this.
- Co-ordinate in-house expertise to train
- Start the coordination of multi-disciplinary training and team development work.
- Use and optimise simulation for clinical skills training for all staff in the simulation suite and mock ward environments, and in a multi-professional way, including resuscitation.
- Link in to the appraisal and PDP process for staff development
- Continue the Leadership programme for key leaders
- Develop the Library and Knowledge Service to include modern IT facilities to allow further development of e-learning
- Design and deliver a standard course / training evaluation form
- Maximise external funding opportunities through HEKSS and a plan for income generation
- Improve compliance with mandatory training including the further development of the "passport" with the help of good high quality on-line materials. Develop a competence assessment approach.
- Continue to be active within HEKSS

- Look at specialties where medical trainee numbers may be lost, together with the Trust strategy, and the opportunity to train other health care workers to take on some of the roles.

7. **Summary**

The Education strategy is to support the Trust's wider workforce and other strategies by ensuring the skills, competence and abilities of Trust staff are maximised and aligned with high quality, clinically effective and safe care and that education and training delivery is coordinated and overseen effectively on behalf of the Trust Board. It is intended that the way we deliver education, training and development will be different in that it will be truly integrated.

Dr Harry Walmsley
Associate Medical Director for Academia, Education and Research

November 2014

REFERENCES

¹ Francis Enquiry into Mid Staffordshire NHS Foundation Trust reports, Keogh mortality review, Berwick Report "A promise to learn - a commitment to act, Improving the Safety of Patients in England"

APPENDIX 1

STANDARD 1 - PATIENT SAFETY		
<i>The responsibilities, related duties, working hours and supervision/mentorship of learners must be consistent with the delivery of high-quality, safe patient care. There must be clear procedures to address immediately any concerns from learners about patient safety.</i>		
	Indicator	Criteria
1a	Learners provide safe and high quality care to patients.	Learners make the care of patients their first concern. The provider ensures that the principles and values of the NHS Constitution are endorsed and upheld.
1b	Learners are able to raise concerns regarding patient safety.	There must be a clear process for learners to raise concerns regarding patient safety. Learners are encouraged and enabled to raise concerns with positive outcomes.
1c	Learners only undertake appropriate tasks in which they are competent or are learning to be competent, and with adequate supervision.	Learners are never asked to work beyond the limits of their competence without appropriate support and supervision. Those supervising the clinical care provided by learners must be clearly identified; competent to supervise; and be accessible and approachable at all times while the learner is on duty.
1d	Shift and on-call rota patterns are designed so as to minimise the adverse effects of sleep deprivation.	Work patterns and intensity of work must not result in sleep deprivation, which may have adverse effects on patient safety. Learners must have adequate rest periods.
1e	Formal handover arrangements are in place, ensuring continuity of patient care.	Learners must have well organised handover arrangements, ensuring continuity of patient care at the start and end of periods of day or night duties every day of the week.
1f	(Trainee doctors only) Trainees must act in accordance with the GMC's Guidance - <i>Consent: patients and doctors making decisions together (2008)</i> .	Before seeking consent both trainee and supervisor must be satisfied that the trainee understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask. If they are unable to do so they should have access to a supervisor with the required knowledge.

STANDARD 2 - THE ORGANISATIONAL CULTURE IN SUPPORTING PRACTICE EDUCATION		
<i>The organisation aligns its values, strategy and resources to demonstrate how it values its role as an education setting in helping learners meet the relevant curriculum requirements while encouraging and supporting individual, team and professional responsibility in delivering high quality learning environments and training opportunities.</i>		
	Indicator	Criteria
2a	A learning culture has been created and invested in across the provider.	The provider is continuously developing as a learning organisation. Staff are enabled to consider education as an equal priority to other components of their role.
2b	Multi-professional learning opportunities are provided for learners.	Multi-professional training plan is in place and is embedded. Promotion of multi-professional learning opportunities aligned to patient care pathways.
2c	The provider is committed to continuous personal and professional development and lifelong learning.	Learners receive support and encouragement in personal and professional development and lifelong learning. Learners have regular appraisals and have development plans.
2d	Learner feedback on the placement experience and the quality of education is reviewed and aligned to local continuous quality improvement.	Learner feedback is actively sought. Learners are able to provide constructive feedback on the placement experience via a safe and supportive process. The provider has a local continuous quality improvement programme that incorporates feedback from learners. Actions are taken where necessary and the learner is informed of the actions.
2e	Enhancements in education practice within placements are disseminated across the provider, resulting in continuous quality improvement.	There are transparent and collaborative quality improvement processes to collect and disseminate notable practice and enhancements in education practice across the provider.

STANDARD 3 - EXECUTIVE OWNERSHIP OF PRACTICE EDUCATION		
<i>The organisation provides effective senior leadership and direction demonstrating a clear commitment and accountability to the delivery of high quality education.</i>		
Indicator	Criteria	
3a	There is Board level engagement across the organisation in workforce planning, education, training, the leadership of all staff and the financial spend involved in these areas.	An up to date education and training plan (or education strategy) linked to workforce development to meet strategic priorities. This is regularly reported and monitored at Board level. Educational governance in place to review plans and education and training standards. Demonstrate commitment to CPPD planning evidenced by demonstrable improvements to patient care. Evidence of robust workforce planning.
3b	The provider has an Executive Education Lead (EEL), who is a Board level member of staff with accountability for multi-professional education within the provider.	A multi-professional structure is in place to support education within the organisation. The EEL is a Board Level member of staff responsible for representing the organisation on the Partnership Council and speaking from a pan-workforce perspective. The EEL is responsible for the management of HEKSS allocated funds. The EEL takes overall responsibility for final sign off of the annual workforce and education commissioning submission to HEKSS and the Learning and Development Agreement (LDA) action plan and ongoing reporting requirements.
3c	The Provider has structures and systems in place to ensure the infrastructure and adequate resources are available for administering and managing training and education.	Infrastructure for administering and managing training and education is appropriate to deliver the LDA. Regular Reports to the Board and other relevant committees. Escalation process in place to inform HEKSS of any concerns or issues. There are processes in place to allocate and monitor and report the use of funding that is equitable and in line with the education and training plan: <ul style="list-style-type: none"> • Funding to support the learning environment (tariff). • Funding to support CPPD. • Salary support costs. • Other funding allocations for example, apprenticeships, Technology Enhanced Learning (TEL), compassion.
3d	The Provider Board considers any associated impact on health education and training when considering or implementing changes in services.	Process to ensure that the impact on education and training is discussed at Board level within the organisation. Report to HEKSS changes to service that impact on education and training, especially concerning placement capacity.

STANDARD 4 - STAFF IN PLACE TO EFFECTIVELY SUPPORT PRACTICE EDUCATION		
<i>The organisation values staff that mentor, supervise and educate, ensuring there is appropriate workforce planning, recruitment and support, and that there are training and development opportunities to enable those staff to successfully undertake the responsibilities required in this role.</i>		
Indicator	Criteria	
4a	The practice placement environment is properly resourced with an appropriate ratio of professionally prepared support staff to learners, ensuring education standards are met within the organisation.	Appropriate numbers of educators to learners within the organisation. Processes in place to ensure that educators are trained to the standards set out by their professional group and that they are updated annually. Annual appraisals of educators' skills and competencies as well as their values and behaviours are undertaken. Safe learner supervision that meets the standards in the Learning and Development Agreement (LDA), CQC and clinical

		governance standards. Safe learner supervision that assures adequate levels of supervision and includes inductions to placement areas, handover procedures, appropriate access to senior support and graded experience.
4b	The Provider has processes in place to ensure that there is an induction process for educators, they have job descriptions, there are mechanisms in place to support educators and there is a quality assurance process.	Induction and support systems are in place to support educators within the Provider. All educators have the specific competencies included within their job descriptions. A quality assurance process is in place for the educators within the organisation and action is taken if educators are not meeting standards.
4c	Learners in difficulty are supported and all learners receive effective feedback in a timely manner.	Learners in difficulty are supported by educators and show demonstrable improvement. Learners receive effective feedback from educators at appropriate times with support. Educators support learners in difficulty to reduce attrition rates.
4d	Appropriate staff to make improvements in pass rates and outcomes for learners.	Analysis of learner exams undertaken, reviews of competency, pass rates and outcomes.
4e	The Provider ensures that all staff are engaged in supporting learners and to provide a consistent experience with the learning environment.	All staff to provide support to all learners within the organisation. Ensure there multi-professional opportunities available to learners, e.g. placements across care pathways, hub and spoke placements.
4f	Staffing levels are adequate to provide a safe learning environment.	Evidence of use of appropriate methodology to ensure safe staffing levels. Monitoring of staffing levels and action taken to address any issues or concerns.

STANDARD 5 - PHYSICAL SUPPORT FOR PRACTICE EDUCATION

The organisation has resources and facilities to facilitate an encouraging learning environment for learners.

	Indicator	Criteria
5a	Enhanced learning experience supported by information technology that improves educational outcomes.	IT equipment is available to all staff 24/7 for learning activities.
5b	Improved educational outcomes through access to Library and Knowledge Services.	All learners and educators have access to Library and Knowledge Services that are at least 90% compliant with the national Library Quality Assurance Framework in accordance with the LDA.
5c	Learners achieve a better work life balance through access to accommodation.	Accommodation is available and accessible for those requiring it out of hours.
5d	Teaching resources are reviewed to ensure they are current and appropriate.	Resources mapped to curriculum.
5e	Learners benefit from training together as a team. Variety of opportunities accommodates different learning styles which improved educational outcomes.	Multi-professional Learning opportunities. Simulation. E-learning. Mobile technology.

STANDARD 6 - STANDARDS OF SERVICE		
<i>The organisation has robust governance structures and processes in place to ensure a safe and effective environment for learners.</i>		
	Indicator	Criteria
6a	The provider has a workforce and education strategy and plan that demonstrates working in partnership with CCGs and is shared with	The strategy and plan is agreed with commissioning CCGs and shared with HEKSS. It is complete in terms of staff groups and 5 year forecast
	HEKSS to inform future investments in education and training.	figures. It contains a robust narrative to explain service changes and assumptions, and how safe staffing levels will be maintained. It includes education commissioning and CPD requirements. It includes risks to delivery of the plan. It is signed off at Board level.
6b	Standards and educational criteria are embedded into the curriculum and continually reviewed.	Educators and senior staff are involved in the curriculum delivery, development and assessment. The provider meets the requirements of curricula set by the Professional Standards Review Bodies (PSBR) including the NMC, GMC, HCPC, etc.
6c	Quality of the learner assessment is maintained.	The Provider has processes in place to ensure that learner assessment is appropriately moderated and there is evidence of external scrutiny of the assessment of learners. Learner assessment is moderated within the organisation. All staff to provide support to all learners within the organisation. Evidence of external scrutiny of the assessment of learners.
6d	HEKSS is made aware of any appropriate complaints and serious incidents that occur in a learning environment in a timely fashion. The actions taken and the outcomes from investigations into serious incidents / never events involving learners are communicated and lessons are learnt.	HEKSS is notified of complaints, serious incidents and never events that involve learners within 5 working days, dependent on the seriousness of the event. Actions are taken as a result with the involvement of the learner, and HEKSS is updated on any investigation. Learning from serious incidents is cascaded through the provider and improvements can be demonstrated. Refer to <i>Serious Incident Framework, March 2013 (NHS England)</i> and <i>The Never Events List; 2013/14 update (NHS England)</i> .
6e	Learners are involved in audits and quality improvement initiatives and the outcomes are put into practice and sustained	There is clear guidance on audits and quality improvement initiatives. Learners have the opportunity to be involved in audits and quality improvement initiatives. The outcomes are implemented and evaluated.
6f	The quality of recruitment of learners is continually reviewed and reduction in attrition is demonstrated due to more appropriate applicants being recruited.	Senior staff make themselves available to be involved in the recruitment process. All mandatory pre-employment checks are carried out - Disclosure and Barring Service (DBS) agreement, independent safeguarding authority and occupational health clearance. Values based recruitment methods are used.

STANDARD 7 - PARTNERSHIP WORKING		
<i>The organisation has effective structures and processes in place to promote and implement strong partnership arrangements, such as service planning, the sharing of information and quality improvement activities.</i>		
	Indicator	Criteria
7a	The provider works in partnership with other organisations to ensure educational outcomes are optimised.	Rotational programmes provide the required educational outcomes. The organisation works in partnership with other providers, HEIs and HEKSS to maintain and develop educational programmes that meet the needs of service, provide value for money and produce high quality outcomes.
7b	There is an identified senior staff member within the provider who is responsible for formal liaison with the education institution, including agreement of policies and processes.	A Board level member of staff with responsibility for the management of multi-professional education and training. There is effective communication with all stakeholders.
7c	Senior staff are involved in developing quality improvement and enhancement action plans in partnership with educators as part of the	Senior staff make themselves available to be involved in the quality assurance process. Senior staff develop and implement improvement plans in
	quality assurance process.	partnership with the educator, and are part of the monitoring process of the plans, attending relevant meetings.
7d	There is a formal joined up approach between practice and education to the preparation and allocation of practice placements.	The provider ensures that the placement is fully prepared for each learner and is supportive and enquiring of their individual learning requirements while enabling all to feel part of the team.
7e	There are robust systems in place for raising and addressing any concerns about the placement.	Learners are able to raise any concerns about the placement, and there are systems in place for addressing these concerns. There are clearly identified processes and systems of communication between the education institution, the provider and the learner during the practice placement.

APPENDIX 2

SWOT Analysis for Education Strategy

<p><u>Strengths</u></p> <p>Development of facilities Integration of education beginning Good medical training experience Good trainers GMC survey improvements Dedicated education teams</p>	<p><u>Weaknesses</u></p> <p>Poor current educational facilities Lack of coordination and silo working No combined oversight Poor compliance with mandatory training Financial constraints Geography Lack of understanding of education and its impact on patient care Little learning from mistakes – incidents and governance Education team structures – disparate Two acute sites and numerous community sites Training accessibility Inconsistent processes and infrastructure</p>
<p><u>Opportunities</u></p> <p>Coordinated an Integrated approach to training and reducing silo working Develop a stronger needs based approach to training Excellent simulation facilities and mobile equipment Simulation development Build on enthusiasm Consolidate education facilities and finance Share best practice training and delivery techniques (developing all trainers) Stronger evaluation measures and systematic feedback to inform measures of effectiveness Future cost efficiencies – coordination of training may deliver these Income generation Consolidate services External marketing e.g. GPs e-learning projects Enhanced roles of non-medical staff</p>	<p><u>Threats</u></p> <p>Reduction of trainee numbers Increasing service pressures preventing release of staff for training Financial constraints – potential reduction in central education budgets Staff attrition Lack of board buy in Keeping up with quality requirements External targets Consolidate services Proximity to Brighton and transport links</p>

APPENDIX 3

Current situation at ESHT and future strategy for specific clinical areas and staff

1. Education

- 1.1 **The educational environment** has been specified as essential in the government response to Francis (2013) et al. Both the PGMC at Eastbourne DGH and the Education Centre (EC) at the Conquest are substandard. The situation is worse at the PGMC where a significant area of the Centre has been lost to management offices with the Turnaround offices placed next to the PGMC admin office making the atmosphere difficult at times. Ad hoc meetings take place in seminar rooms without discussion disrupting the service the medical education team is providing. The use of the Garden Room (formerly the restaurant area) in the EC for management has reduced educational space available for booking and disrupts the educational environment. This use of teaching areas for management activities at the EC can be managed temporarily but should be avoided in future. The location of the Medical Education team on the first floor leaves them slightly isolated.
- 1.2 **ESHT had the lowest fill rate for medical trainees** in the South East in August 2013. Possible causes have been the uncertainty of the ESHT clinical strategy and the geographical location of the two main hospitals. Both are difficult to get to from London, and the Conquest from Brighton. It is also possible that ESHT may not be selling itself at its best in recruitment. At a time of reducing numbers of trainees ESHT needs to make itself a place trainees wish to come to.
- 1.3 **HEE has clearly specified that education should be integrated.** Instead of different disciplines (medicine, nursing, etc) training and working in silos they should work together. Locating medical education in the PGMC and EC, nurse education based at Bexhill, and Learning and Development in Duncan House at the EDGH site creates a barrier to integrated education at ESHT. They should be centralised to allow true integration.
- 1.4 **Simulation** - HEE and HEKSS see this as an important way of training to improve patient outcomes, particularly around the deteriorating patient. Simulation does occur in ESHT but mostly in the simulation suites which does not adequately replicate clinical environments or allow staff to work in a multidisciplinary way. It should be taken right down to ward level where, for example, ward rounds can be simulated. Likewise emergencies in the operating theatre environment with a full theatre team. End of Life Care is another area. To do this needs the full cooperation of all and the willingness to make it succeed. Currently there is no clear integrated leadership for simulation training within the Trust.
- 1.5 **Nursing** - The commissioning intentions are relatively unchanged, but some nurse commissioning may focus more on the Health Visitor programme rather than hospital nursing. The school of nursing service would be put out to tender. There is a need to match pre-registration student numbers against workforce plans, but also commissioning the numbers that can be realistically supported within practice areas for the duration of the programme. Currently the interview process of soon to qualify nursing is being redefined to ensure a values and competency based recruitment process in line with the Francis report.

A further initiative is hopefully being introduced to develop the preceptorship programme of newly qualified nurses. This is envisaged to include a 6 month supernumerary pathway in two related clinical areas.

- 1.6 **Modernising Scientific Careers (Health Care Sciences)** - this includes a wide range of posts within the Trust, including staff in EME, photography, pathology, cardiology, respiratory, audiology, sleep and vision as well as some others areas. The posts are divided into 3 groups, Life (lab based), Physical (EME, wheelchair) and Physiological (cardiac sciences). Up until now all these specialties have had their own training programmes at Universities to BSc level. In 2011 these programmes all came under the umbrella of modernising scientific careers. This includes BSc Healthcare Science (Practitioner Training Programme (PTP)) provided by a small number of Universities and MSc Healthcare Science (Scientist Training Programme (STP)) provided by an even smaller number. Some specialties e.g. pathology have continued with their old BSc / training courses as some universities want to continue with their old BSc. Universities now no longer provide old BSc programmes for physiological sciences e.g. cardiology. There is already a shortage of physiologists nationally and in the short term this change in programme will make it worse. The PTP programmes are run in London, Portsmouth and Southampton and STP in Newcastle and Manchester. Brighton run none. Cardiology have an STP student starting in September which is paid for by HEKSS. There are plans to start a PTP student in 2015.

There is now no funding for the BSc programmes so it is not an option for in house training. PTP graduates come out at Band 6 and STP at Band 7 on qualification. This is higher than most current experienced practitioners creating its own problems.

There is funding for Foundation degrees from HEKSS to develop band 1-4 staff locally. However there is a limited number of Universities providing this so these staff would have to travel far and stay during their University period.

- 1.7 **Allied Health Professionals (AHP)** – The Trust currently has an AHP workforce of nearly 600 staff. These include podiatrists, physiotherapists, occupational therapists, speech and language therapists, dieticians along with allied staff. Currently patient care is increasingly taking place in the community and a flexible, responsive workforce is needed along with wide ranging uni and multidisciplinary CPD needs which is challenged by current austerity strategies. Fragmenting of services and plurality of providers challenges the workforce where it is essential that there is exposure to a wide range of clinical placements in order to develop robust postgraduate competencies and consolidate their knowledge. For example when the Hastings and Rother MSK pathway went to an alternative provider this led to a reduction in the accessibility of MSK physiotherapy rotations for band 5 and 6 staff. This has also limited student opportunities. Inability to provide an adequate range of training also effects ESHT`s ability to attract and retain staff.

Physiotherapy is a very research orientated department within ESHT. They successfully bid for backfill post funding whilst undertaking research. They are also applying currently for Masters in Research.

- 1.8 **Resuscitation and Trauma Care (ATLS)** - The Resuscitation Dept is active across the Trust and lead on a lot of the simulation work. Currently Basic Life Support (BLS) is mandatory for all staff and Immediate (ILS) and Advanced Life Support (ALS) for certain groups of clinical staff. However there is not 100% compliance.

The Advanced Trauma Life Support (ATLS) course is again run on both sites.

The Sussex Trauma Network says in its criteria for Trauma Unit (TU) status that all doctors involved in the Trauma team should have a current ATLS Provider certificate. This is not complied with. Eastbourne has the highest percentage of ATLS Instructors of any hospital in the country and Dr Walmsley has been allowed to run the Royal College of Surgeons Instructor course in Eastbourne, the only DGH allowed to do that.

- 1.9 **Undergraduates** - SLAs for undergraduate education are currently held between BSMS, Kings College London and ESHT on both sites. The undergraduate programmes complete the medical education model enriching the medical teams within departments and provide a focus and a reality check on patient safety. A SIFT committee has been established to monitor the governance of finance generated by delivering these programmes. It is suggested that these programmes continue within the Trust.

This link with BSMS adds a development element for education faculty within ESHT. Ensuring established medical student programmes will also assist in gaining Associate University Hospital status, a well-recognised and worthwhile status for ESHT.

2. **Five Year Strategy; “Changing the culture of an organisation can take 10 years” (HEKSS correspondence).**

2.1 Short Term (2014-2016)

- 2.1.1 Cost Collection Exercise – to establish as accurate a process as possible that will help decide the future educational tariff. If ESHT estimates the cost too low then that would threaten the financial position. If too high it could make ESHT non-competitive. This requires high level buy in to support the data collection process.

- 2.1.2 PGMC and EC Accommodation – In answer to the Francis report our educational facilities must be fit for purpose to support the future of integrated education. The management offices in the PGMC at the EDGH must be moved to other parts of the Trust. This will then allow nurse education, Learning and Development, and Revalidation to move into the PGMC. This would also free up Duncan House so that it could be used for management offices. These moves are planned for the last week in September 2014. All existing educational space at the EC at Conquest must be retained. A single process for e-booking of educational rooms is planned.

- 2.1.3 Medical trainee fill rate – ESHT has made a successful bid for £36K to facilitate review of how the Trust addresses its poor trainee fill rate and how it might better market its opportunities. This will include some market research, the development of the ESHT input to the HEKSS specialty prospectus and the creation of marketing material to encourage trainees to choose ESHT as their preferred learning Trust. The Trust must emphasise its determination to support this. The project started in June and will start by auditing reasons why trainees might not have put ESHT as their priority. Is it uncertainty over the Trust strategy, geography, or the Trust not selling itself well? Or something else.

- 2.1.4 Educational Committees – A review of current education structures is advised. The new Education Board (formally Internal Education Forum (IEF)) and LAB have very large agendas. It is appropriate to bring together key players from these and other committees to focus on the major actions we need to take to move the Trust to the forefront within the region. We need a small group of leaders on education from within the Trust to make a plan to drive the “must dos” forward through the Education Board and Local Academic Board.

- 2.1.5 Simulation – Currently simulation is run by a group of enthusiasts and mostly focuses on medical simulation. Although there is still need for Foundation doctor simulation training there needs to be the development of a multidisciplinary faculty. There is currently little integration with other clinical workforces. The Trust has bid for funding from HEKSS for a short term simulation apprentice. The Anaesthetic CU has appointed an anaesthetic simulation fellow from August. This is funded from current vacant posts. We need also to plan in SPA time for a consultant / lead clinician on each site to lead this project and bring it together. Up until now most of simulation has been run by anaesthetists. This needs to be addressed. All CUs need to take a role in simulation as do other non-medical workforce. This buy in needs initially to be driven by the senior consultants who have already been involved in simulation.
- 2.1.6 Job Description (JD) – Education and Research are “core business” for health care organizations. All job descriptions must reflect this with a sentence or paragraph in all JDs in the Trust to reflect a more positive approach to this. Appropriate time must be given in SPAs in consultant job plans, and job plans of other clinical staff, to support this. A commitment to education and research on Trust letters to patients is an NIHR recommendation.
- 2.1.7 Links with outside organisations – It is imperative that ESHT keeps up to date with developments and plans within HEKSS (by attending its Sussex Partnership Council and being part of their work streams), the AHSN, the CRN, and the Medical school and university in Brighton.
Several consultants within the Trust have contacts through committees at the Royal Colleges and other organisations which are important to build on.
- 2.1.8 Library services should continue to develop the mix of virtual and physical resources to meet the educational and research agenda. This includes a physical presence on both acute sites, 24/7 access and internet based resources. Recurrent funding for library services and inclusion in the developing committee infrastructure is required. It is a requirement for medical training that all Trusts have Wi-Fi access for trainees. Open access Wi-Fi is now available on both library sites.

Health Science Libraries - Ease of access to learning resources including research databases is important. 24 hour access needs to be enhanced whilst maintaining security. A bid has been accepted by HEKSS to enhance the e-learning facilities and space, to encourage more flexible use of the space for learning. These areas must not be used for meetings. The use of mobile devices for e-learning is the future and would require some work with IT and Learning and Development. The IT structure of the Trust needs resourcing e.g. Webex.

HEKSS will be visiting the library facilities very soon. Last year all standards were met and was second only to Brighton. It is possible that this year not all standards will be met because of considerable changes at the Health Science Library when the University of Brighton withdrew from co-management. The Trust is taking full management of the library which will ensure equity of service across the Trust.

- 2.1.9 Healthcare Sciences (HCS) - With all the changes within healthcare science in terms of training the Trust has reached the point where it needs to invest in the future of the profession by getting involved in STP and PTP training programmes. One STP is being taken on in cardiology this year with plans for a PTP student in 2015. These training programmes require that the students are placed in a variety of departments. Therefore all departments will need to work together to facilitate the training needs within each of the specialties.

The new HCS lead has met with all the different HCS specialty leads to build a Trust network to link with the Academy of Healthcare Science. The link person at HEKKS has left and it is important that that link is replaced. Placement funding needs to be obtained from HEKKS.

- 2.1.10 Learning and Development (LD) - the department runs many courses for a wide range of professions. Once LD move into the PGMC true multidisciplinary integrated training can happen. In order to deliver safe care all must work as a team.
- 2.1.11 Delivery of this agenda requires explicit board level commitment. The Board should formally consider progress in these areas regularly. The Board will need to support the use of resource to support education. It is acknowledged that resources are scarce but central funding is available for appropriate projects. The Trust performance scorecard should include specific lines related to education and research. Perhaps there should be more explicit recognition for consultants involved in Education and Research reflected in the award of CEAs.

2.2 Medium Term (2016 – 2017)

- 2.2.1 PGMC and EC Building – The centres need modernising, particularly the PGMC. Monies are available to be bid for from outside agencies but most require an equal Trust financial commitment to the same amount as well. The EC needs a lift between the 2 floors to meet DDA requirements. The rearrangement of offices within the Education Centre is also necessary to ensure the area is fit for purpose.
- 2.2.2 Joint Consultant Appointments with BSUH and BSMS – Joint appointments will greatly increase the educational and research profile of ESHT. However single posts such as the one proposed for Stroke may feel isolated, both academically and from an R and D perspective, from Brighton. On discussion with Jon Cohen it would appear to be better to start by appointing some consultants, who have an academic interest, to ESHT but with an SPA on alternate weeks at the medical school. Over the years and after a few more appointments this could move much more towards genuine joint appointments.

Many Trusts have appointed consultants to particular specialties but with a specific medical education interest. The JD of such posts could perhaps have 3 PAs allocated to teach undergraduates and postgraduates with strong links to the University and medical school.

- 2.2.3 Medical Trainees - with the reduction in medical trainees reduced to a minimum by the proposed short term educational strategy, there is likely to still be shortages in some specialties. HEKSS is keen to develop other staff to fill these workforce gaps, such as specialty nurses and Physicians Associates. There are some in the Trust who appear to be keen on this however training in many of these roles may take several years.

ESHT needs to be looking for areas of expertise it has to become a new provider of choice for this e.g. critical care training, in order to help recruitment.

- 2.2.4 New courses – with appropriate modernised educational facilities it would be important to run more courses in house to both develop staff within the Trust and income generate using internal expertise. There is a big resource of consultants, and some other staff groups, within the Trust who currently teach on courses regionally and nationally, some of whom have already expressed an interest in running some of these courses within the Trust. This could be income generating for Education but more importantly will raise the profile of the Trust.

- 2.2.5 Nursing - There needs to be a more overarching approach to post-registration development. In order for budgets to be spent wisely the Clinical Units need to develop workforce plans and that these are shared with the education departments in a timely way to ensure monies and contracts are focussed and aligned to the skills required by the various specialties. Therefore partner universities also must be liaised with to ensure the relevance of the programmes being delivered.
- 2.2.6 Healthcare Sciences - there is the need to develop in house training to include management courses. Staff need to be encouraged in new training with more cross working between specialties. L and D can help with this. Placement funding needs to be obtained from HEKSS so that PTP students don't have to self-fund. It is hoped that other specialties, apart from cardiology, in HCS will want to start STP and PTP students in their specialties.
- 2.2.7 AHPs - A future educational strategy needs to develop a training plan to meet service needs and new AHP led pathways. This development of new AHP roles will lead to new educational challenges. Educational and research opportunities are a strong influence in relation to successful recruitment and retention. Strategies need to consider the importance of succession planning, competency developments and meeting associated training. Education needs to encompass in house development and training and take advantage of multi-professional training opportunities. This will need to be provided by L and D. AHP consultant roles and advanced practice roles are one area where workforce gaps in other specialties could be filled in a cost effective manner. This will require an investment in time and money as developing these roles can take 8-10 years. Physiotherapy is a very research active department.
- 2.2.8 Resuscitation and Trauma – With appropriate educational facilities at the PGMC the Eastbourne ATLS course could be run there and not at a local hotel as it has been for the last 20 years. It is hoped that there will be 100% compliance with those medical specialties required to do the training. The resuscitation department will still be leading on Simulation.
- 2.2.9 Library Services will need to develop outreach and more tailored information services to meet organisational, clinical and personal information needs. This will include the introduction of "Knowledge share". Several projects supporting research and e-learning should be developed in the medium term, including for example the "issuing" of tablets and laptops for e-learning and more training in SPSS and survey monkey.

2.3 **Long Term (2017-1019)**

- 2.3.1 This will depend on many factors, not least any changes in national or regional structure and policy after the general election in 2015. It will also depend on how far the Trust has progressed with the short and medium term strategy. There is clearly a lot of work to be done in the next three years.
- 2.3.2 However it would be hoped that by 2017 ESHT will have become a provider of choice for education in many specialties and across professions, with an established model and structure for integrated education. With the newly introduced financial tariff the Trust will be providing integrated education for all clinical staff groups and also running more regional and nationally recognised courses, supplementing educational regional income.

East Sussex Healthcare Trust Workforce Health & Wellbeing Strategy 2012

Version:	2
Ratified by:	
Date ratified:	
Name of author and title:	Paula Hunt – Senior Clinical Nurse Specialist, Occupational Health & Hayley Martin – Health Improvement Manager, Public Health & Wellbeing
Date Written:	June 2012
Name of responsible committee/individual:	Health & Wellbeing Board
Date issued and Issue number:	1 st April 2013, Issue 2
Review date:	April, annually
Target audience:	ESHT Employees
Compliance with CQC outcome	Outcome 12, 13, 14
Compliance with NHSLA	Standard 3.10
Compliance with any other external requirements (e.g. Information Governance)	NHS Constitution; NHS Health & Wellbeing Improvement Framework; Healthy Staff, Better Care for Patients; Healthy People Healthy Lives; The Public Health Responsibility Deal

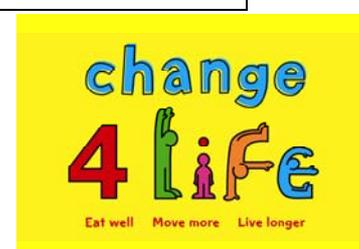
Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V 1, I1	27 th July 2012	Paula Hunt & Hayley Martin	New Strategy	Creation of Strategy
V1, I2	1 st April 2013	Christian Lippiatt	Minor amendments	Reflection of change from "Strategy Group" to "Board". Inclusion of additional statistics

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Health & Wellbeing Board		March 2012
Health & Wellbeing Action Group		June 2012
Workforce Assurance Group		August 2012



Content:	Page:
1) Background	3
a. Guidance and Evidence for NHS Staff Health and Wellbeing	4
2) Aim, Goal and Objectives	8
3) Current Organisational Health & Well-being Status	9
4) Current Health & Well-being activity in Trust	13
a. Health & Wellbeing Board.....`	14
b. Health & Wellbeing Working Group	14
c. Communicate	14
d. Engage	14
e. Needs Assessment	14
f. Health Promotion	15
5) Strategic Approach	16
a. Leadership	16
b. Wellbeing & Productivity	16
c. Staff Engagement	18
d. Management Practice	18
e. Occupational Health	19
f. Public Health links	20
g. Reporting of sickness absence and well-being	20
6) Monitoring & Evaluation	21
7) Partnership Working	21
8) Action Plan	22

1. Background

Dr Steve Boorman undertook a review of NHS health and wellbeing during 2009. He gathered a wealth of evidence of the state of health and wellbeing in the NHS, its impact on quality of care, and cases of best practice. His interim report, published in August 2009¹, made the case for taking action on health and wellbeing in the NHS workforce – currently 10.3million days are lost to sickness per year, at a cost of £1.7billion.

The majority of absence was due to musculoskeletal and mental health issues, yet the Boorman review could not find evidence of clear treatment pathways to quickly support staff with these problems back to work.

Amongst the findings of the review there appeared to be inconsistency of Occupational Health provision across the NHS. He made recommendations for local reviews of occupational health provision, to ensure that Occupational Health teams are able to focus on preventative activity to support staff in healthy life-choices as well as providing a gateway to early treatment of musculoskeletal and mental health problems, which is not reliant on Manager referral.

The Boorman review provided a clear picture of the nature of staff health and well-being issues faced by the NHS. The review also demonstrated the positive impacts of improving staff health and well-being on performance and quality of patient care. With more than 1.4 million staff, the NHS is the largest employer in the UK and can lead by example in looking after the health and wellbeing of its staff.

Why should we care about staff lifestyle choices and behaviours?

The direct impact of employee's lifestyle choices and behaviours, such as smoking, alcohol drinking, diet and physical activity not only impact on their health, but also on their work productivity. Studies have investigated the relationship between smoking, heavy drinking and obesity with work limitations and sickness absence rates, and all have found positive relationships. Studies have shown:

- Obese employees have greater work limitations, and take more short and long-term sickness absence than normal weight employees.
- Smokers have increased sickness absence compared with non-smokers.
- Staff drinking more than the recommended guidelines per week have increased sickness leave and more sickness absence per week.

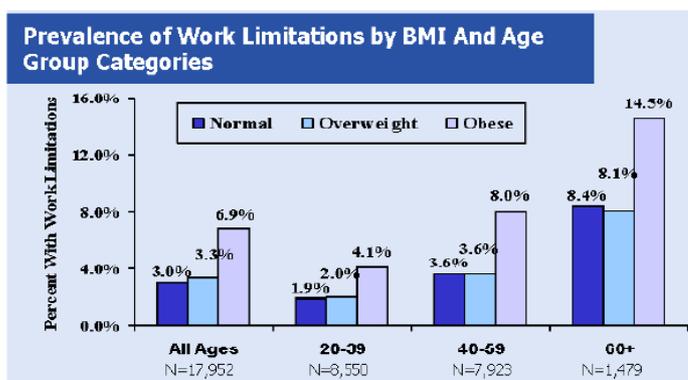


Figure 2: Hertz RP et al, JOEM 2005; 46: 1196-1203

¹ Boorman, S, 2009. "NHS Health and Well-being: Final Report", Department of Health.

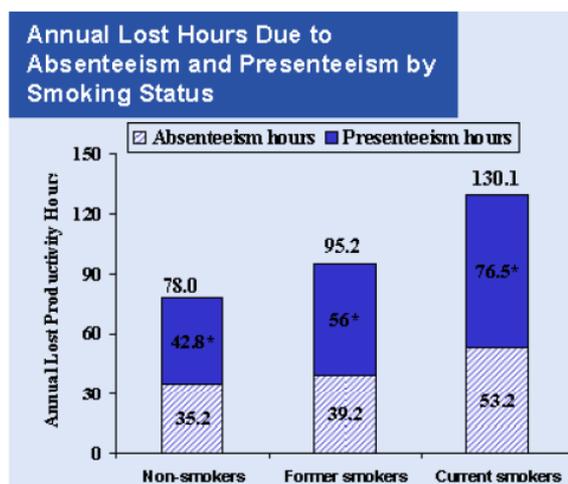


Figure 3: Bunn W et al, JOEM 2006; 48: 1089-1108

Cost Benefit

The Building the Case for Wellness report², by Price Waterhouse Cooper analysed results of workplace programmes in the UK that were aimed at improving employee wellbeing and found the cost of running these programmes soon resulted in financial reward. Studies have shown that returns on investment can be from three times³ up to 15 times the initial investment⁴. Also, the reduction in sick days taken can be substantial: Studies found a decrease of up to 36 per cent⁵. All of this can have a positive impact on the productivity of any business.

1a. Guidance and Evidence for NHS Staff Health and Wellbeing

The Department of Health have implemented a number of commitments to supporting improvement in the health of its workforce, since the 2009 Boorman review;

NHS Constitution⁶ – introduced a pledge to support a healthy workforce - “Provide support and opportunities for staff to maintain their health, wellbeing and safety”.

Reduction in Sickness Absence - The 2011/12 NHS Operating Framework⁷ includes the reduction of sickness absence rates in the NHS as a key indicator against which SHAs will be held to account. SHAs agreed in October 2010 to reduce levels of sickness absence to 3% in the South.

NHS Health and Wellbeing Improvement Framework⁸ was published during 2011 to support Boards in establishing a culture that promotes staff health and wellbeing and provides a framework for improvement in achieving that aim. This guidance recommended 5 high impact changes for health and wellbeing:

² Change 4 Life Employers Toolkit (World Economic Forum: Working Towards Wellness in cooperation with PricewaterhouseCoopers)

³ Golaszewski, T., Snow, D., Lynch, W., Yen, L., Solomita, D. (1992). “A Benefit to Cost Analysis of a Work-Site Health Programme”. J Occup Med. 1992 Dec;34(12):1164-72

⁴ Aldana, S.G., Merrill, R.M., Price, K., Hardy, A. & Hager, R. (2005). “Financial Impact of a Comprehensive Multisite Workplace Health Promotion Program”. Preventative Medicine. Vol 40, Issue 2: p131-137

⁵ Mills, P.R., Kessler, R.C., Cooper, J., Sullivan, S. (2007). “Impact of a Health Promotion Programme on Employee Health Risks and Work Productivity”. Am J Health Promot. 2007 Sep-Oct;22(1):45-53

⁶ Department of Health, 2010. “The NHS Constitution for England.”

⁷ Department of Health, 2010. “The Operating Framework for the NHS in England 2011/12

⁸ Department of Health, 2011. “NHS Health and Wellbeing Improvement Framework”

1. Ensure your health and wellbeing initiatives are backed with strong leadership and visible support at Board level. Producing an annual report of the organisation's wellbeing will help to communicate commitment and progress
2. Develop and implement an evidence-based staff health and wellbeing improvement plan to meet your organisation's needs. This should be prepared and agreed in partnership between management, staff and unions and progress monitored regularly.
3. Build the capacity and capability of management at all levels to improve the health and wellbeing of their staff. This will include recognising and managing presenteeism, conducting return to work interviews and supporting staff with chronic conditions.
4. Engage staff at all levels with improving their own health through education, encouragement and support
5. Use an NHS Occupational Health service that offers a targeted, proactive and accredited support system for staff and organisations.

Healthy Staff, Better Care for Patients⁹ was published in 2011. It sets out the recommendations from an expert group that suppliers of Occupational Health services to healthcare staff should play a key role in the delivery of safe, effective and efficient patient care through promoting and protecting the health of staff. It establishes the expectation that organisations will ensure that six core services are available for staff in the NHS:

- 1) Prevention – of ill health caused or exacerbated by work.
- 2) Timely intervention – easy and early treatment for the main causes of sickness absence in the NHS.
- 3) Rehabilitation – to help staff stay at work or return to work after illness.
- 4) Health assessments for work – to help manage attendance, retirement and related matters.
- 5) Promotion of health and wellbeing – using work as a means to improve health and wellbeing and using the workplace to promote health.
- 6) Teaching and training – encouraging staff and managers to support staff health and wellbeing.

Healthy People Healthy Lives¹⁰, the strategy for Public Health in England states that employee health and well-being is vital to support staff quality of life and the performance of any organisation, and that the NHS can lead by example to improve the health of its workforce, which forms a large part of the population.

The Public Health Responsibility Deal¹¹ is a government initiative that works in partnership with employers to improve the health and wellbeing of the population through their experience at work. The Health at Work Pledges encourage employers '*to actively support their workforce to lead healthier lives.*' Employers are encouraged to sign up to as many of the pledges as they choose, and are monitored annually on their progress. Pledges include:

H1. Chronic conditions guide – We will embed the principles of the chronic conditions guides (developed through the Responsibility Deal's health at work network) within our HR procedures to ensure that those with chronic conditions at work are managed in the best way possible with the necessary flexibilities and workplace adjustments.

H2. Occupational Health standards – We will use only Occupational Health services which meet the new Occupational Health standards and aim to be accredited by 2012/13.

H3. Health & wellbeing report – We will include a section on the health and wellbeing of employees within annual reports and/or websites. This will include staff sickness absence rates.

⁹ Department of Health, 2011. "Healthy Staff, Better Care for Patients - Realignment of Occupational Health Services to the NHS in England"

¹⁰ Department of Health, 2010. "Healthy Lives, Healthy People – Our Strategy for Public Health in England"

¹¹ Department of Health, 2011. "The Public Health Responsibility Deal"

H4. Healthier staff restaurants – We will implement some basic measures for encouraging healthier staff restaurants/vending outlets/buffets, including:

- Ensuring the availability of healthier foods and beverages in all available channels to employees
- Working with caterers to reformulate recipes to provide lower fat, salt, artificial Trans Fatty Acids and energy meals
- Provision of responsibly sized portions of foods within food outlets
- Provision and promotion of the consumption of fruit and vegetables through availability and price promotion
- Provision of calories and/or Guideline Daily Amounts on menus per portion as a minimum
- Water is visible and freely available

H5. Smoking Cessation/Respiratory Health– We will encourage staff to stop smoking, by facilitating onsite stop smoking support services or by encouraging them to attend local stop smoking services during working time without loss of pay. We will also take action to reduce other risks to respiratory health arising in the workplace.

H6. Staff health checks – We will offer staff health checks, e.g. the NHS Lifecheck, with appropriate follow up and audit. We will also encourage eligible employees to participate in the NHS Health Check for vascular disease, and other NHS screening programmes (for example for breast or bowel cancer).”

P3. Active travel – We will promote and support more active travel (walking and cycling). We will set measurable targets for this health enhancing behaviour.

P4. Physical activity in the workplace – We will increase physical activity in the workplace, for example through modifying the environment, promoting workplace champions and removing barriers to physical activity during the working day.

NHS Sport & Physical Activity Challenge¹² - NHS Chief Executive, David Nicholson, has challenged NHS organisations to use the inspirational power of the 2012 Olympics to get 2,012 NHS employees actively engaged in sport or physical activity as part of, or associated with, their NHS employment, by the start of the London 2012 Olympics. Staff that are more physically active are less likely to suffer mental and physical ailments

NICE Guidance The National Institute for Health and Clinical Excellence have produced a range of guidance for the workplace in NHS trusts in England. These include:

- Managing long-term sickness absence and incapacity for work (PH19)¹³
- Promoting physical activity in the workplace (PH13)¹⁴
- Promoting mental wellbeing through productive and healthy working conditions (PH22)¹⁵
- Workplace interventions to promote smoking cessation (PH5)¹⁶
- Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43)¹⁷
- Promoting and creating built or natural environments that encourage and support physical activity (PH8)¹⁸

The Royal College of Physicians (2010) audited NHS trusts in England against the NICE Public health guidance for the workplace¹⁹. Key findings from participating trusts found;

¹² www.sportandphysicalactivity.nhs.uk

¹³ NICE, 2009. *Management of long-term sickness and incapacity for work*.

¹⁴ NICE, 2008. *Promoting physical activity in the workplace*.

¹⁵ NICE, 2009. *Promoting mental wellbeing through productive and healthy working conditions*.

¹⁶ NICE, 2007. *Workplace interventions to promote smoking cessation*.

¹⁷ NICE, 2006. *Obesity: guidance on the prevention, identification, assessment & management of overweight & obesity*.

¹⁸ NICE, 2008. *Promoting and creating built or natural environments that encourage and support physical activity*

¹⁹ Royal College of Physicians, 2010. *Implementing NICE public health guidance for the workplace: a national organisational audit of NHS trusts in England*.

http://www.rcplondon.ac.uk/sites/default/files/organisational-audit-of-implementation-of-nice-public-health-guidance-for-the-workplace-full-report_0.pdf

- Boards that were actively leading staff health and wellbeing encouraged action.
- Better staff engagement is associated with better implementation of the NICE guidance.
- High level implementation of smoking cessation guidance.
- Some progress against physical activity guidance, though much room for improvement.
- Very little action on Obesity guidance, though it is a significant challenge for future chronic conditions affecting staff health. Urgent area for attention.
- Not all fully implemented evidence-based long term sick absence management practices.
- Some progress against mental wellbeing guidance implementation, but room for improvement.

Neither East Sussex Hospitals Trust or East Sussex Community Services participated in this national audit, so local results are not available.

2. Aim, Goals and Objectives

Aim - To promote and improve the physical and psychological wellbeing of employees, addressing the impact of work on health & health on work.

**GOAL 1:
Leadership & Management –**
ESHT will embed Health & Wellbeing across the organisation through strong leadership and management.

**GOAL 2:
Occupational Health – ESHT**
will provide high quality Occupational Health Services, which support staff to remain well in work.

**GOAL 3:
Staff Engagement –**
Staff will be actively encouraged to get involved in activities relating to their work, workplace health & wellbeing.

**GOAL 4:
Promoting Health – Staff**
will be supported to make healthy choices through education, encouragement, opportunities & support.

Objectives Goal 1 – Leadership & Management

- 1.1 Director of HR appointed as Board Level Health & Wellbeing Champion.
- 1.2 Board agenda & review Health & Wellbeing a minimum of twice annually.
- 1.3 Managers will be supported to effectively line manage staff to promote a healthy workforce and workplace
- 1.4 Health & Wellbeing Strategy will remain a high priority and will be driven, developed, and monitored by the Health & Wellbeing Strategy Board.

Objectives Goal 2 – Occupational Health

- 2.1 Work towards SEQOHS accreditation standards by Autumn 2012.
- 2.2 Fast-track policies will be developed and rolled out to ensure staff are supported to remain in work or return to work more quickly - ongoing
- 2.3 Management of sickness absence Fit to care: Care Planning; Long-term absence. Short-term intervention at 3 or 7 days.
- 2.4 Provision of Physiotherapy and Psychology services from within Occupational Health to help achieve Trust goal of 3% sickness absence rate.

Objectives Goal 3 – Staff Engagement

- 3.1 Staff will be actively encouraged to participate in the Staff Survey, and action plan to improve working conditions, health & wellbeing
- 3.2 Staff achievement will be acknowledged, rewarded and celebrated.
- 3.3 Establish a new network of Staff Wellbeing Champions to promote Health & Wellbeing
- 3.4 Engage with staff about their health and wellbeing needs.
- 3.5 Listening into Action; Sharing ownership & responsibility for improving care for our patients & working lives for ourselves.

Objectives Goal 4 – Promoting Health

- 4.1 Staff will have access to healthier food options within the workplace by 2013.
- 4.2 Staff will be encouraged and supported to participate in regular physical activity.
- 4.4 Staff will be encouraged and supported to look after their mental wellbeing
- 4.5 Staff will be encouraged and supported to Stop Smoking
- 4.5 Staff will be encouraged to improve their health through lifestyle health check assessment

The primary aim of this strategic plan is to support people in work, but this requires a broader focus than just sickness absence management. Absence is multifaceted and to successfully reduce rates, the root causes (lifestyle, socio-economic and work related factors) need to be addressed; and their relationship to employee health and wellbeing.

Understanding the impact of health and wellbeing on staff availability, productivity and quality of care is vital in addressing the issue as a whole. Proactive management of organisational change across the Trust; in job design and management styles could see reduction in the measurable markers, sickness absence rates, staff turnover and increased staff satisfaction rates in staff survey.

Managing absence is necessary, as employees are the biggest asset and cost to any organisation. Resulting policies and processes should be clear and unambiguous on reporting mechanisms, triggers, return to work processes and how violation will be managed.

These policies and an innovative approach to job design, the promotion of lifestyle choices while in the workplace with comprehensive health and wellbeing agenda embedded in the organisation is likely to see results in health and wellbeing improvement.

3. Current Organisational Health & Wellbeing Status

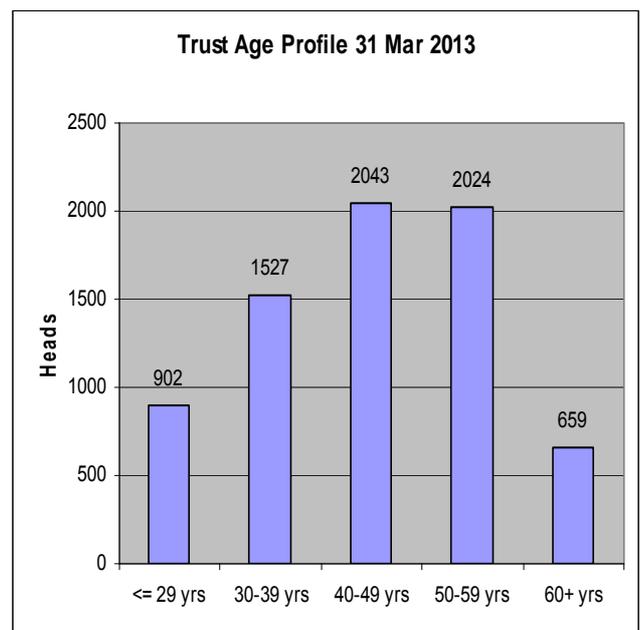
Organisational performance can be benchmarked using NHS staff survey results. Most importantly, Trusts with engaged employees have much lower absenteeism. If staff survey engagement scores increase, absenteeism is much more likely to decrease. The metrics below provide an indication of the current Health & Wellbeing Status of East Sussex Healthcare NHS Trust.

One aspect of Health & Wellbeing, motivation and the prevalence of presenteeism can be indicated through absence rates by Payband;

Trust Staff Age Profile. This aids awareness and targeting of likely health issues & appropriate H&WB initiatives;

Payband	% annual sickness rate	Head Count 1 st September 2012*
Band 1	6.40%	413
Band 2	5.87%	986
Band 3	5.61%	1112
Band 4	3.31%	546
Band 5	4.50%	1487
Band 6	4.08%	993
Band 7	3.55%	702
Band 8a	3.32%	141
Band 8b	2.47%	61
Band 8c	1.95%	25
Band 8d	1.84%	6
Med & Dent	1.53%	589

* to give illustration of cohort size, though annual sickness includes all employed in year



Health & Wellbeing Indicators Matrix.

Metric	Source	Notes	Monitoring period / interval	Result
Sickness absence percent	ESR	% of FTEs lost, overall and by medical cause (may also be broken down by staff category)	Monthly to Board. Reviewed quarterly by H&W group. Annual review for H & WB Report.	Annual Rate: 4.24 % Monthly Rate: 4.14%
Sickness absence WTE (Whole Time Equivalent)	ESR	Equates to approximately 258 staff members absence from work on any one given day of the year	Monthly to Board. Reviewed quarterly by H&W group. Annual review for Health & Wellbeing Report.	Annual: 94,354.96 days lost Monthly: 7,745.59 days lost
Sickness absence direct cost (not include reduced patient care)	ESR	Wage costs only. Not include replacement. Does not allow for ½ or no pay so may be slightly overinflated.	Not usually calculated, but could be calculated @ absence by grade to gain more accurate figure.	£6,231,959 Financial Yr '11/12 Based on average salary
Agency / Temporary Workforce Spend	ESR Financial Year 2011/12	Not solely due to sickness. Will account for cover of vacancies & poor management systems.	Monthly to Board. Reviewed quarterly by H&W group. Annual review for Health & Wellbeing Report.	Agency spend – £8,330,144 Bureau spend – £10,320,363
Staff Turnover	ESR	Numbers of joiners & leavers expressed as counts & as % of average number of employees during measurement period	Monthly to Board. Reviewed quarterly by H&W group. Annual review for Health & Wellbeing Report.	9.88% (571.52 WTE leavers)
Incidence of long-term (> 4 weeks) sickness absence	ESR	Number and as % of staff employed, overall and by medical cause (may also be broken down by staff category)	Monthly to Board. Reviewed quarterly by H&W group. Annual review for Health & Wellbeing Report.	781 episodes <i>NB This equates to 54% of all sickness</i>

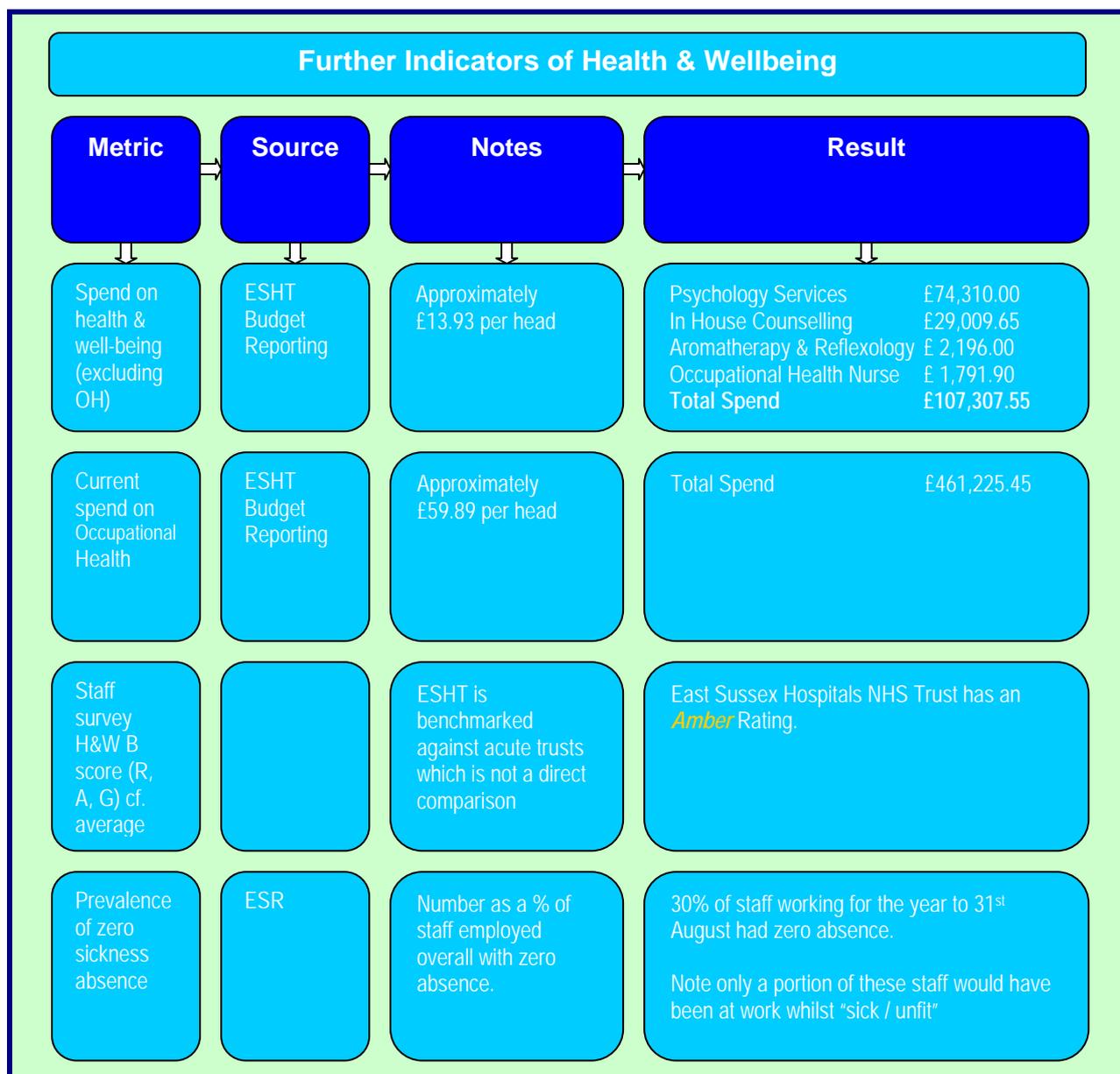
NB Statistics 12 months to 31/05/2012 unless stated otherwise

Metric	Source	Notes	Monitoring period / interval	Result
Staff off more than 20 days due to musculo-skeletal	ESR	Individuals, some of which may have had more than one 20 day episode during year, but only counted once.	Monthly to Board. Reviewed quarterly by H&W group. Annual review for H & WB Report.	190 staff Split; Back, 60 Other; 130
Staff off with mental health problems over 10 days	ESR	Individuals, some of which may have had more than one 10 day episode during the year, but are only counted once.	Monthly to Board. Reviewed quarterly by H&W group. Annual review for H & WB Report.	273 staff
No. staff receiving counselling / CBT via OH or HR	OPAS (OH IT System)	Specific reasons captured to aid targeted health promotion / self help activities.	Reviewed quarterly by H&W group. Annual review for H & WB Report.	Counselling; 1,473 appointments (calendar year 2011) Psychology; 757 appointments financial year 2011/12
Number of recurring short term sickness episodes	ESR	All episodes less than 28 days which is definition for long-term absence	Monthly to Board. Reviewed quarterly by H&W group. Annual review for H & WB Report.	11,301 episodes
No. Ill-Health retirement cases	ESR	This equates to 1:377 members of staff	Monthly to Board. Reviewed quarterly by H&W group. Annual review for H & WB Report.	19 staff
Bradford Factor	ESR	Average Bradford score for all employees, by Division (includes staff with a 0 score)	Annually to Board. Reviewed annually by H&W group. Annual review for Health & Wellbeing Report.	194 Planned 269 Urgent 161 Integrated 251 Commercial 79 Corporate 204 Trust Total

NB Statistics 12 months to 31/05/2012 unless stated otherwise

Metric	Source	Notes	Monitoring period / interval	Result
Appraisal in last 12 months	ESR	Frequency distribution – numbers & % of responders	Monthly to Board. Reviewed quarterly by H&W group. Annual review for H & WB Report.	59.88%
Job Satisfaction ^a	NHS Staff Survey	Frequency distribution – numbers & % of responders	Recorded annually for Trust Board & Health and Wellbeing annual review	3.40 (3.47 average for Trusts) 1 is dissatisfied, 5 satisfied
Violence at work ^a	NHS Staff Survey	Frequency distribution – numbers & % of responders	Recorded annually for Trust Board & Health and Wellbeing annual review	3.5% (4.5% average for acute Trust)
Harassment at work	NHS Staff Survey	Frequency distribution – numbers & % of responders	Recorded annually for Trust Board & Health and Wellbeing annual review	16% (15.5% average for acute Trust)
Suffering work related stress	NHS Staff Survey	Frequency distribution – numbers & % of responders	Recorded annually for Trust Board & Health and Wellbeing annual review	31% (29% average for acute Trust)
Equality & Diversity training in last 12 months	NHS Staff Survey	Frequency distribution – numbers & % of responders	Recorded annually for Trust Board & Health and Wellbeing annual review	43% (48% average) Staff Survey results

^a Worked out from derivation and reporting of new summary measures from NHS Staff Survey
NB Statistics 12 months to 31/05/2012 unless stated otherwise



4 . Current Health & Well-being activity in Trust

The Trust has a number of services, schemes and committees that champion staff issues and promote health and well-being:

- Human Resources – offer support to manager and individuals.
- Chaplaincy Team - will offer support both secular and spiritual for those who have issues from day to day work.
- Family Care Co-ordinator Team – recognising that staff have caring responsibilities, be it children, elderly parents or other dependents. To support with balancing work life and caring.
- Equality Advisor Service – a confidential listening space for staff to discuss equality issues causing concern.
- Healthy Transport Team – they are helping to contribute to the fitness of the workforce by offering healthier travel options.
- Joint Staff Committee – the committee is made up of professional and union representatives, who support staff who encounter difficulties at work.

- Occupational Health Department – provides a comprehensive OH service to help in the management of absence and of risks through Health Surveillance in a professional, independent and impartial manner for all staff. It co-ordinates a number of other services for staff to access through the OH Department.
 - Staff Psychology and Counselling Services – are accessed through the OH Department individuals being referred to the most appropriate discipline.
 - Aromatherapy and Reflexology – also accessed through the department at a subsidised cost to staff.
 - Eye care is accessed via the OH Department who risk assess the need for eyetest and supply a voucher for Specsavers, which covers the cost of an eyetest and a basic pair of glasses for VDU work.

4a. Health & Well-being Board

The trust has established a Strategic Group, to drive forward the Health & Wellbeing agenda in ESHT. The group will drive the development and monitoring of the Health & Wellbeing Strategy and Improvement plan for ESHT. The group currently has representatives from HR, Occupational Health, Health & Safety, Psychology and Health & Wellbeing (Public Health). The group are responsible for ensuring the Strategy and Action Plan are implemented, monitored and evaluated.

4b. Health & Wellbeing Working Group

In addition there is an operational Health and Wellbeing group, that develop and support initiatives aimed at improving staff health and wellbeing. This group is a multi-disciplinary team including members from Staff side, Physiotherapy, Family coordinator, HR, Health & Wellbeing (Public Health), Catering and Dietetics.

The aim of the group is to raise the awareness of Health and Wellbeing within the Trust; but also to highlight staff orientated services already on offer to encourage access and uptake. Below are some of the objectives agreed for the group:

4c. Communicate

- Logo – the Fit 4 WorkLife logo was developed to promote everything associated with health and wellbeing.
- Booklet - was produced which introduces the concept of health and well-being and the need to look after yourself. It also listed the services available within the Trust with contact details; initially sent to all existing staff with pay slips but now is given to all new staff at induction.

4d. Engage

- Survey – staff in East Sussex Hospitals Trust were asked their views on health and wellbeing at work in 2010. A new survey is needed in the new integrated acute and community organisation.
- Events – the group intend to run one health and wellbeing event each year.
- Awareness campaigns for staff health and wellbeing are ongoing.
- Nursing and Midwifery Conference for the Trust.
- Trust's Annual General Meeting.

4e. Needs Assessment

- Survey – staff engagement is essential. A short questionnaire was distributed within a Health and Wellbeing booklet for staff with East Sussex Hospitals Trust

- Targeted Pilot intervention –The group wanted to do some targeted health improvement work with a staff group who do not regularly engage with wellbeing interventions. Occupational Health and the Psychology team have conducted a pilot health check and improvement intervention (commenced in September 2010) with Portering staff. It is intended that the results of this will help to influence other staff group initiatives.

4f. Health Promotion

This is a core function of the Occupational Health Service and it takes all opportunities to promote health.

- In face to face consultations with staff to encourage them to change their lifestyle to benefit their health, family and work life.
- Involvement in local campaigns e.g. Active Hastings and Health Trainers to encourage individuals and groups to engage in activities to improve their health and fitness.
- Also publicising and promoting national campaigns Smoking Cessation (working with the ESHT smoking cessation team), Alcohol and Drugs Awareness, HIV and Blood Borne Viruses and those campaigns at raising the awareness of particular Cancers.

Case Study - Porters Health Check Project

Aim:

The Occupational Health Department within ESHT established a multidisciplinary Working Party, from different departments across two hospital sites, in order to consider how best to promote health and wellbeing among staff.

The Working Party identified staff working within the Commercial Directorate, as a group of particular interest, as it was felt that these staff are often overlooked, despite holding a central and key role in the running of the Trust. There was also a growing recognition that these staff tend not to access Occupational Health services.

Due to the large number of staff working within the Commercial Directorate (over 580), it was necessary to identify a smaller staff group upon which to focus. In discussion with the Mangers of the Department, the Porters were identified. They were chosen because of the nature and amount of contact that they have with patients, the physical demands of the role and because they are frequently exposed to death.

Activity / Intervention:

Every Porter was offered the opportunity to have a Health & Wellbeing appointment with Occupational Health. A series of follow up appointments were run over an 8 month period from the 1st of June 2011 to the 31st of January 2012.

The health check involved a minimum of a one hour appointment with an Occupational Health Nurse at either the Conquest Hospital or EDGH, whichever was convenient to the individual. The following interventions were offered;

- | | |
|--------------------------------|---------------------------------------|
| • Height & weight measurements | • Blood glucose test |
| • Blood pressure check | • Waist circumference measurement |
| • Cholesterol test | • Overview of other lifestyle factors |

Follow up appointments were given at, two and four month intervals to re-check these measurements / factors, and review the situation.

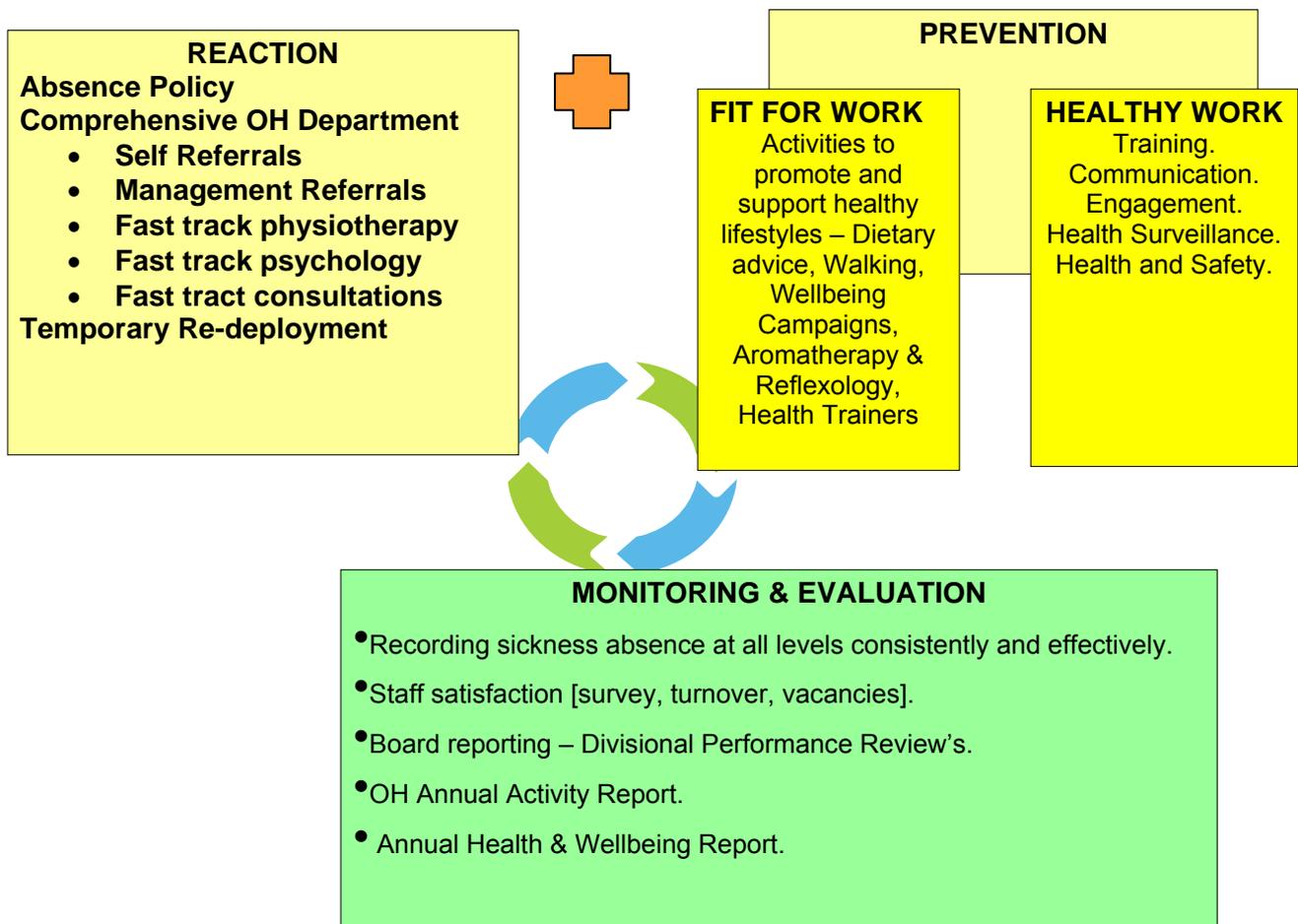
If appropriate they were referred to other relevant agencies for additional support which included our Psychology Team as well as the Porters GP to follow up issues that had been identified. All information was collected anonymously.

Outcomes & Next steps:

There were a number of Porters who had health / medical issues which they were previously un-aware of and as such early interventions were put in place to address or remedy the issue. Similarly, some Porters had issues they were aware of but had not seen their GP about. The health check was able to identify this and provide advice and support to ensure the issues were addressed. Whilst some of the issues identified may or may not have affected attendance at work, they were some which would have undoubtedly lead to absence from work and incurred greater demand upon the wider NHS clinical services.

Data from the project is currently being collated and a report will be written and disseminated to all relevant parties evidencing outcomes.

5 . Strategic Approach

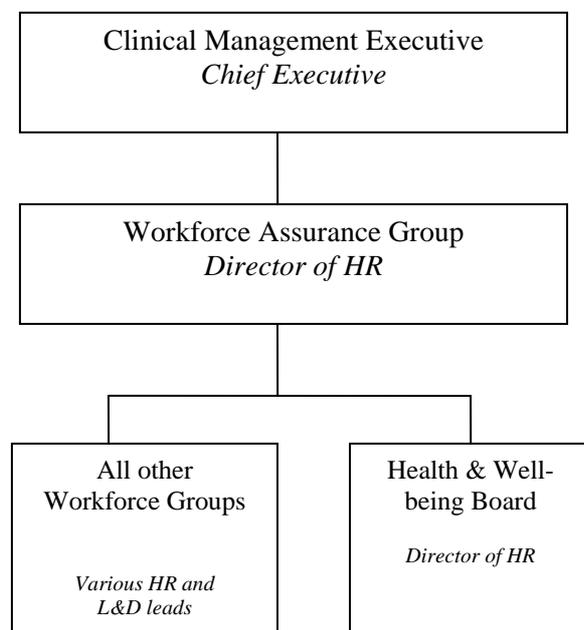


5a. Leadership

In order to improve productivity and outcomes for patients, the trust must secure staff Health & Wellbeing at the heart of its activity. As described in the 5 high impact changes for organisations (p.4), leadership is central to the effectiveness of implementing changes that improve the health & wellbeing of an organisation, impacting on improved productivity and patient outcomes.

Leading this activity at Board level is the Trust Board-level champion, the Director of HR. The Health & Wellbeing Board will drive and monitor the activity of the Health and Wellbeing Strategy and Action Plan. The Health and Wellbeing Board is a sub-group that feeds into the Workforce Assurance Group, which is chaired by the Board level Health & Wellbeing Champion the Director of HR. This ensures that staff Health and Wellbeing issues are championed at leadership level and fed into the Clinical Management Executive, which is chaired by the Chief Executive.

The diagram below illustrates the reporting pathway ensuring staff Health and Wellbeing is championed at the highest levels of leadership.



5 b. Staff Engagement

The engagement of staff at grass roots level is of paramount importance; essential for proactive Attendance Management. While below highlights much of the activity delivered to date, the improvement plan aims to build on this by improving those communication channels. Over the last year a number of events have been delivered to raise awareness of the Health and Wellbeing agenda and the services the OH Department and others offer to staff and to engage staff:

- Health & Wellbeing Working group – represented by wide range of staff members/groups to support communication and promotion of healthy lifestyles.
- Communication on Health & Wellbeing with staff is delivered through a number of channels;

- New 'Feel Good Flyer' – Health & Wellbeing newsletter for staff encouraging sharing of information and staff participation
- Email
- Intranet pages on Health & Wellbeing
- Connect – staff newsletter
- Core Brief – monthly management briefing
- Health Event – in both site canteens and awareness campaign about Health and Wellbeing and health lifestyle choices but also to enable other health promotion messages to be given.
- Nurse's Day – commemoration of Florence Nightingale's 100th Birthday, small event with stall giving general health promotion messages and a few free samples - well attended.
- Pharmacy – working with the Pharmacy department to introduce a change to working practice. Work consists working with both Staff and Managers to determine the stressors in the process and to attempt to influence those that can be changed and find coping strategies for those that can't – ongoing.
- Nursing Conference – Nursing and Midwifery ran a conference for all Band 5 and HCA grades. The afternoon was given over to Health and Wellbeing; the conference was split into three groups and then rotated through three short 50 minute workshops; Aromatherapy/Reflexology, Tai Chi, Surviving the NHS. All the groups were interactive looking at stress and how to relieve it – feedback is that it was enjoyable.

5c. Management Practice

The Trust has a programme to review policies and practices which includes management practice. This process ensures that they continue to answer the needs of the patients, staff and Trust and incorporates current evidence base research and practices. Good line management is crucial to the health and wellbeing of an organisation. The Trust understands the importance of well trained and effective Managers, and the Learning and Development team are currently redeveloping a management training package to reflect this. The new training package 'Leading through People' will be implemented during 2012.

Training - The Learning and Development Department have developed a comprehensive training programme for Managers called 'Leading through people', which include the following modules aimed at improving management competences and supporting staff with effective management to aid wellbeing.

Module 1: East Sussex Healthcare approach to Managing Staff

Module 2: Getting it Right from the Start

Module 3: Getting the Best from People

Module 4: Managing Attendance and Health and Wellbeing

Module 5: Looking after our Staff

This training will be piloted and evaluated in 2012/13, and rolled out subject to evaluation.

Attendance Management: - The Boorman Report stated that he saw Attendance Management as being an important part of the health and well-being agenda. Training for this is provided by a collaboration of Learning and Development, Human Resources and Occupational Health.

- Fit to Care - In March 2010, East Sussex Hospitals Executive Team set annual sickness targets of 3.5% by March 2012 and 3% by March 2013. Similar targets were set within Community services prior to the merger. In March 2011 annual absence rates for the Hospital and Community Trust were reported as 4.14 % and

5.50% respectively. The Trust has formed a group to look at achieving the above target and have proposed intervention at both long and short term absence.

- Bradford Factor – this was introduced in the recent revision of the Policy and enables short-term absences to be more apparent through the calculations.
- ‘Return to work’ interviews were considered a key tool in the management of absence. This has been part of the Trust’s Policy for a number of years and the recent review of the Policy again highlights its importance. Training will need to focus on this point as this still presents an area which can be improved.
- Case Management – Where managers can discuss complex and complicated cases with Occupational Health (within the bounds of confidentiality) and or Human Resources to aid management of them thus aid speedy return to work of individual, or aid staff to remain in work for longer.

5 d. Occupational Health

East Sussex Healthcare NHS Trust’s Occupational Health Service operates a comprehensive service; via a risk assessment approach to employment to assess staffs need for modifications to their role, vaccination and health surveillance needs.

It evaluates staffs health declarations to assess the need for reasonable modifications where indicated in relation to Equality Legislation. It encourages staff to self refer to the service to report any health and wellbeing issues they may have. Together with management referral mechanisms within the Trust’s Absence Management Procedure this ensures that good health and wellbeing amongst staff is a Trust objective.

There is evidence based research, and through a small local pilot study, that access to Physiotherapy in a timely fashion for musculoskeletal injuries/conditions can reduce absence, absence duration and associated costs. The more difficult costs to calculate are the indirect costs of pain and suffering incurred by staff as well as the impact upon patient care and outcome through reduced staffing or Agency / Locum staff. The aim of the Occupational Health Service is to secure the funding to directly employ a physiotherapist who would assess and treat those individuals identified as likely to respond (criterion pain for 3-24months) to this type of intervention. In addition to the treatment services there would be the facility for functional assessments of staff to determine the current capabilities of those recovering from injury and illness with a view to reduced / restricted activities or finding them temporary work placements until they return to full fitness or permanent redeployment if required.

We currently run an in-house Counselling function with the facility to refer on to Psychology services (which are bought in, but delivered from within the Occupational Health facilities) for those individuals who require longer term or more medically complex support. These functions offer a range of support mechanisms including Cognitive Behaviour Therapy (CBT) determined by the clinician from initial assessment. These services will be reviewed and expanded as demand requires and funding allows.

There are clear referral routes to the Occupational Health Service for those staff who are victims of abuse in or outside of work, who could be at risk of developing a mental health problem. Once referred to the department they can then be seen by the most appropriate clinician and supported or referred on where necessary for more specific support.

Occupational Health has a big role to play in the promotion of health and well-being and key to this is communication. It is essential that communication channels are built with key departments to progress this agenda; Occupational Health has long had good communications with the Human Resources department but this now needs to be expanded to encompass other departments and functions.

Occupational Health has over time had routine meeting with our HR colleagues to discuss sickness absence (within the bounds of confidentiality) through case management of those cases that are proving problematic to managers. This strategy and the actions going on within the Trust serve as a reminder to ensure that this mechanism is reviewed and restructured given the recent organisational restructure. All divisions will have an Occupational Health Nurse attached who will, if required, attend divisional meetings and carry out case management meetings with managers to reinforce and improve communication with the divisions and Managers.

The most important development in recent years within the Occupational Health profession is the establishment of National Standards of quality and practice; developed by the Faculty of Occupational Medicine and launched in April of 2010 by NHS Plus. As a further benefit to ensuring high quality services, it is hoped that all NHS Occupational Health Departments will be working to the same standards which will lead to less repetition of work for staff and departments as they move between NHS Trusts.

The Accreditation process begins with a self assessment, followed by an external audit with the aim that all NHS Occupational Health Departments will be accredited by March 2013. Occupational Health Accreditation will become part of CQC assessment for Trust in the future as they will have to demonstrate that the service they receive is from an Accredited Occupational Health service.

5 e Public Health Links

The Health & Wellbeing Strategy and working group is represented with members of Public Health staff in the Health & Wellbeing team. The Workplace Health lead currently chairs the Health & Wellbeing group and is a member of the board, ensuring latest evidence and guidance on workplace health is shared and embed into this strategy and ongoing Health and Wellbeing work. Central to this is ensuring the range of NICE guidance relating to Health & Wellbeing in the workplace (pg.6), is at the heart of the improvements.

Staff are also able to access Public Health interventions, Smoking Cessation and Health Trainer services, to support behaviour change and support health improvement. A range of other interventions will be developed through the Health & Wellbeing group to support staff health and wellbeing, such as Change4life campaigns. One example of this is, the trust aims to encourage staff to collectively walk 20 12 miles by the start of the 2012 Olympics, as part of the NHS Sport & Physical Activity Challenge and Walk4life.

There is also a Healthy Transport Team within the Trust which promotes healthy green options for sustainable travel to work. Advertising public transport incentives, tax-free cycle loans and free cycle maintenance.

5f. Reporting of sickness absence and well-being

As described previously, ESHT has robust sickness absence monitoring and reporting systems, which are collated by HR monthly and reviewed at every Board meeting. This information is presented by Divisions and Clinical Business Units, providing information to review high sickness rates by department and develop targeted interventions to reduce this. Metrics monitored are detailed in current organisational health and wellbeing (pg.10) and include:

- Sickness absence percent
- Incidence of long-term (> 4 weeks) sickness absence
- Bradford Factor

A monthly report highlighting absences of over 28 days, the trigger for long-term absence, is provided to Occupational Health for review and action.

The trust is aware that management referrals of individual staff to Occupational Health, in relation to Absence Policy triggers, vary quite significantly. Further review is required to encourage and ensure Managers make timely and appropriate referrals to Occupational Health, to ensure staff are managed to remain fit and well in work and improve rehabilitation.

6 . Monitoring & Evaluation

A full range of metrics will be monitored, as recommended in NHS Health & Wellbeing Framework. These health and wellbeing indicators are provided from both the Electronic Staff Record and NHS Staff Survey. Further indicators will be provided from the IT system used by Occupational Health to evidence causes & reasons for referrals through the service. Full details of all metrics can be viewed on page 10.

Sickness absence data is collated monthly and reviewed by the Board at every meeting. The Health & Wellbeing group will review data at quarterly meetings, review and recommend action is taken in staff groups with high absence, to reduce rates.

This strategy will be accompanied by a Health and Well-being Action Plan to deliver improvements in staff health and wellbeing. This will have clear monitoring indicators and will be monitored by the Health and Wellbeing Board quarterly.

The Trust are working towards the sickness absence target of 3% by 2013. This is a regional target within the NHS Operating Framework.

An annual review of the trusts Health & Wellbeing, including all metrics, will be published in May 2013, and annually thereafter to communicate to staff, managers and leadership team improvements in Health & Wellbeing.

7 . Partnership working

Improving staff health and wellbeing is everyone's business. All staff, leaders and managers have a role in this plan, whether through high visibility leadership, good management practices or staff supporting their own health and wellbeing or that of their colleagues and team.

This strategy will be driven by the health and wellbeing Board, by working in partnership with a range of partners both within ESHT and the local community. Partners include:

- Human Resources Department.
- Trade Unions.
- Family Care Coordinator.
- Manager and Staff.
- Health & Wellbeing team.
- Primary Care Trust Commissioner.
- Action for Change.
- Charities – that can supply specialist help where necessary.

8 . Action Plan

This strategy will be achieved through the development of a supporting action plan, that will aim to achieve the goals and objectives of this strategy shared on page 8. This action plan will be monitored and reviewed by the Health and Wellbeing Board.

About

Prepared by: HEKSS - Quality and Intelligence Team
Authors: HEE & LETBs via National Workforce Planners Network
Date Updated: Feb-14
Status: FINALISED TEMPLATE

Submission

Submission E-mail Address:
ajoyce@kss.hee.nhs.uk
Submission Dates:
5.00pm Friday 6 June 2014

Contact Details

Please provide details below of the lead contact who may be contacted should any queries arise:

Organisation:			
Contact Name:			
Contact Email:			
Contact Tel:			
REQUIRED:	Signed off by Executive Education Lead?	Please select from list	Lead Name:
REQUIRED:	Shared with and agreed with relevant CCGs strategic direction?	Please select from list	CCG Name:

Contents:

- [1. Notes](#)
- [2. Core Providers Non-Medical](#)
- [3. Core Providers Healthcare Science](#)
- [4. Core Providers Medical and Dental](#)
- [5. NHS Non-Medical Education Commissions](#)
- [6. Continuing Professional Development](#)
- [7. Narrative / Context](#)
- [8. Occ Code Lookup Tool](#)
- [9. Doctors Pay Scales](#)
- [10. Additional Information](#)

USE TO DETERMINE WHETHER DOCTORS ARE CONSULTANT, CAREER/STAFF GRADE OR TRAINEE GRADE
 RATHER THAN TRYING TO ADD ROWS OR COLUMNS TO OTHER SHEETS, PLEASE USE THIS SHEET FOR ANY ADDITIONAL INFORMAT

Purpose

This document is the collective template for the provision of HEKSS aggregated Provider workforce demand forecasts. This template incorporates the outcome of on-going discussion/consensus reached by the National Workforce Planners (NWP) network, as well as fulfilling local needs in HEKSS. The outcomes of this work will support increased quality in building the rationale for education

General

The objective of the collective process is to facilitate development of a review of workforce demand forecasts which is based on a 'common national currency' with standardised workforce categories aligned to planning needs
All elements of the non-medical, HCS and medical and dental tabs are classed as applicable/mandatory for completion where these workforce areas are represented by the current NHS workforce

Tabs Key

Orange tab(s) = information tabs

Purple tab(s) = supporting tabs

Blue tab(s) = completion tabs

Terminology

CP = Core Providers - Referred to in this document to indicate those Providers generally on ESR

ESR = Electronic Staff Record

SIP = Staff in Post - The baseline position (tabs 3, 4 & 5) is the actual number of staff in post (as per ESR or other agreed source) as at Mar-14

Forecast workforce demand = The future estimated required workforce establishment as at a particular point in time (reflective of the replacement for leavers + predicted change in capacity required + vacant posts)

FOR NON-MEDICAL, HCS AND MEDICAL AND DENTAL TABS

Column F: Baseline Staff in Post - Full time equivalent (FTE) staff in post, directly employed by the Provider organisation as at Mar-14 (exclusive of; agency, bank, locum, vacant posts or hosted staff)

Column G: Current Fill Rate – **AUTOMATICALLY CALCULATED NO INPUT NEEDED** – this is calculated as the Baseline Staff in Post (Column F) as a proportion of Baseline Demand as at Mar-14 (Column H).

Column H: Baseline Demand - The required workforce establishment as at Mar-14 (reflective of the replacement for leavers plus predicted change in capacity required plus vacant posts)

Columns I-M: Forecast Demand – The in year forecast required workforce establishment as at Mar-15 through to Mar-19 (reflective of the replacement for leavers plus predicted change in capacity required plus vacant posts)

FOR NON-MEDICAL AND HCS AND TABS

Column O: Forecast Fill Rate % - This column should represent the percentage (%) of Forecast Demand as at Mar-19 that will be filled by Staff in Post FTE at this point in time. i.e.

- Forecast Demand as at Mar-14 for Chiropodists/Podiatrists = 300 inputted

- Forecast Fill Rate % = 90% inputted

The above would suggest that 90% or 270 Chiropodist/Podiatrist are in post with the remainder expected to be a composition of; vacant posts across substantive and agency, bank and locum staff.

Column P: Implied SIP from Forecast Fill Rate - **AUTOMATICALLY CALCULATED NO INPUT NEEDED** – this is calculated (for each row) as; Forecast demand figure inputted as at Mar-15 minus (Forecast demand figure inputted as at Mar-15 multiplied by the percentage of forecast demand to be filled)

- Forecast Demand as at Mar-14 for Chiropodists/Podiatrists = 300 inputted

- Forecast Fill Rate % = 10% inputted

- Implied SIP from Forecast Fill Rate = 300 – (300 X 10%) = 270 Staff in Post FTE

FOR HCS TAB

Column A: Provides further explanatory text as to the process and means by which the figures to be inputted in Section B should be

Column B: Highlights aggregate row staffing categories and provides the name of those rows which relate to specific HCS divisions

Column C: Highlights aggregate career framework staffing levels and provides the names of sub areas of work i.e. Consultant

Column D: Provides a guide to the national standard occupation codes that should contribute to the composition of a specific staff category. These codes should be used as a guide for Providers when completing the Baseline Staff in Post position (Column F) as at Mar-14. Future forecast demand for Mar-14 through to Mar-19 (Columns H through to M) should then reflect the projected in year

To note:

- i. The values for recording HCS staff have recently changed and all organisations that employ Healthcare Science staff will need to audit and amend their records on ESR accordingly.
- ii. The HCS sub-group of Informatics highlighted within the forecast demand template has not yet been embedded into the proposed new values for recording HCS staff (as above). Their inclusion, however, is a reflection of the importance of this workforce.
- iii. Given the transitional arrangement as current scientist positions are recoded into the new U matrix coding structure (in the case of the Electronic Staff Record), conversations will need to be had in parallel with service managers and scientists at a Trust level to ensure the Baseline Staff in Post (Column F) as at Mar-14 and future forecast demand for Mar-14 through to Mar-19
- iv. The forecast demand template, HCS tab looks mainly at 4 scientific areas - Pathology (Life Science), Physiology (ECG etc) Physics (Medical Physics & Engineering), and Informatics. It would be advised to contact a senior manager/scientist from those areas.
- v. Colour coding is used to highlight rows relating to a specific divisional area as below:

Informatics

Physics & Engineering

Life Sciences

Physiological Sciences

Cell Key

Yellow Cells = Require input (where applicable)

Grey Cells = Calculated Automatically (cannot be overridden, use Comments box or Additional Information sheet for explanation if needed)

Blue + Other colours = Information/Heading

Symbols Key

* Stars next to any staffing categories refer the user to look at the corresponding footnote at the bottom of the relevant tab

Red text either

- i. Highlights either a redundant or old occupation code that is no longer available in the Electronic Staff Record (ESR) against which to record a new staff position. However some roles may still be recorded as such in ESR where they were added onto the code when it was still "open" – this presents a data quality issue where staff recorded against these codes should have been moved, at
 - ii. Highlights important information to note
-

Contacts:

Should you have any queries, please do not hesitate to contact a member of the Quality and Intelligence Team:

Richard Lee-Wright:

T. 0207 089 5924

E. rlee-wright@kss.hee.nhs.uk

Ashley Joyce:

T: 0208 089 5903

E. ajoyce@kss.hee.nhs.uk

Additional information:

National Occupation Code Manual: <http://www.hscic.gov.uk/article/2268/NHS-Occupation-Codes>

Collective Forecast Demand Template Guidance 2015/16

CP NON-MEDICAL
 Include: Permanent, Fixed Term, Temporary staff against the employing authority
 Exclude: Bank, agency, locum, GP and Practice Temporary Staff, Hospice assignments, hosted arrangements
 *PLEASE REFER TO '1. Notes' TAB FOR GUIDANCE

Staffing Categories	Occupation Code Guide	Section B							
		Baseline		Current Fill Rate		Forecast			
		As at 31st Mar 2014	As at 31st Mar 2014	As at 31st Mar 2014	As at 31st Mar 2015	As at 31st Mar 2016	As at 31st Mar 2017	As at 31st Mar 2018	As at 31st Mar 2019
Total Clinical Staff		1324.43	0	4285.41	4221.41	0	0	0	0
Total Non-Clinical Staff		1098.56	0	1092.86	986.15	0	0	0	0
Clinical	Registered Nursing, Midwifery and Health visiting staff	1839.78	0	1903.39	1863.39	0	0	0	0
	Acute, Elderly and General	1278.6	0	1276.51	1296.51	0	0	0	0
	Community Services	375.08	0	383.05	383.05	0	0	0	0
	Community Psychiatry	0	0	0	0	0	0	0	0
	Community Learning Disabilities	0	0	0	0	0	0	0	0
	Maternity/Neonatal Services (including SCBU)	156.17	0	158.97	158.97	0	0	0	0
	Paediatric Nursing	52.4	0	47.23	47.23	0	0	0	0
	Other Psychiatry	0	0	0	0	0	0	0	0
	Other Learning Disabilities	28.89	0	29.01	29.01	0	0	0	0
	School Nursing	8.6	0	8.6	8.6	0	0	0	0
	Any Other Nursing	0	0	0	0	0	0	0	0
	From the above of which:								
	Registered Midwives	127.28	0	131.72	131.72	0	0	0	0
	Neonatal Nurses	0	0	0	0	0	0	0	0
	Registered Health Visitors	74.08	0	100.62	100.62	0	0	0	0
	District Nurses	33.47	0	34.19	34.19	0	0	0	0
	School Nurses	8.6	0	8.6	8.6	0	0	0	0
	Any Other	15.7	0	15.7	15.7	0	0	0	0
	Qualified Scientific, Therapeutic and Technical Staff	677.43	0	708.9	699.9	0	0	0	0
	Allied Health Professionals	361.9	0	367.12	367.12	0	0	0	0
	Art/ Music/ Drama therapy	0	0	0	0	0	0	0	0
	Chiropody/ Podiatry	28.86	0	30.65	30.65	0	0	0	0
	Dietetics	30.93	0	30.73	30.73	0	0	0	0
	Occupational Therapy	61.87	0	72.39	72.39	0	0	0	0
	Optics/ Optician	12.83	0	12.83	12.83	0	0	0	0
	Physiotherapy	125.53	0	125.24	125.24	0	0	0	0
	Radiography (Diagnostic)	85.11	0	97.28	97.28	0	0	0	0
	Radiography (Therapeutic)	0	0	0	0	0	0	0	0
	Speech and Language Therapy	17.88	0	18	18	0	0	0	0
	Any Other	0	0	0	0	0	0	0	0
	Other Scientific, Therapeutic and Technical Staff	177.82	0	183.38	178.38	0	0	0	0
	Clinical Psychology	23.39	0	23.39	23.39	0	0	0	0
	Dental	0	0	0	0	0	0	0	0
	Multi-Therapies	60.91	0	60.51	55.51	0	0	0	0
	Operating Theatre's	72.55	0	75.55	75.55	0	0	0	0
	Pharmacy	0	0	0	0	0	0	0	0
	Psychotherapy	0	0	0	0	0	0	0	0
	Social Services	0	0	0	0	0	0	0	0
	Any Other ST&T Staff	20.97	0	20.93	20.93	0	0	0	0
	From the above of which:								
	Operating Department Practitioners (ODPs)	60.91	0	60.51	55.51	0	0	0	0
	Pharmacists	11.27	0	36.86	36.86	0	0	0	0
	Pharmacy Technicians	41.33	0	41.69	41.69	0	0	0	0
	Any Other	0	0	0	0	0	0	0	0
	NOTE: **Informatomics	0	0	0	0	0	0	0	0
	Physics & Engineering	15.4	0	15.4	15.4	0	0	0	0
	Life Sciences	88.99	0	86.68	82.68	0	0	0	0
	Physiological Sciences	35.12	0	36.12	36.12	0	0	0	0
	Qualified Ambulance Service Staff	0	0	0	0	0	0	0	0
	Ambulance Paramedic	0	0	0	0	0	0	0	0
	Ambulance Technician	0	0	0	0	0	0	0	0
	Any Other Qualified Ambulance Service Staff	0	0	0	0	0	0	0	0
	Support to Clinical Staff	1708.69	0	1679.12	1658.12	0	0	0	0
	Support to Nursing	903.46	0	912.86	913.86	0	0	0	0
	Support to ST&T	69.98	0	65.49	64.89	0	0	0	0
	Support to NHS	18.85	0	55.55	57.11	0	0	0	0
	Support to H&A	106.67	0	99.96	96	0	0	0	0
	Support to Qualified Ambulance Staff	0	0	0	0	0	0	0	0
	Any Other Clinical Support Staff	570.33	0	536.26	526.26	0	0	0	0
	Any Other Non-Clinical	0	0	0	0	0	0	0	0
	NHS Infrastructure Support	1097.44	0	1051.71	985	0	0	0	0
	Managers & senior managers	77.28	0	71.35	60	0	0	0	0
	Admin and Estates	678.33	0	635.54	615	0	0	0	0
	Any Other NHS Infrastructure Support Staff	541.83	0	544.82	510	0	0	0	0
	Any Other Non-Clinical	1.12	0	1.15	1.15	0	0	0	0
	Additional Specialist Groups (should be included in above where relevant - will not be double counted in total)	0	0	0	0	0	0	0	0
	****BPP	0	0	0	0	0	0	0	0
	of which high intensity	0	0	0	0	0	0	0	0
	of which low intensity	0	0	0	0	0	0	0	0

Forecast Fill Rate	Implied SF from Forecast Fill rate	Forecast Demand Change	Section C										Section D				
			Forecast Demand Change		Forecast Demand % Change					Forecast Demand % Change							
			2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019
As at 31st Mar 2019	As at 31st Mar 2019	As at 31st Mar 2019	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019
0	0	0	1336.57	-133.71	-1307.56	0	0	0	0	0	0	0	-2%	-100%	-	-	-
0	0	0	4285.41	-44	-4221.41	0	0	0	0	0	0	0	-3%	-100%	-	-	-
0	0	0	1092.86	-46.71	-986.15	0	0	0	0	0	0	0	-6%	-100%	-	-	-
0	0	0	1903.39	-40	-1863.39	0	0	0	0	0	0	0	-2%	-100%	-	-	-
0	0	0	1278.6	-40	-1238.6	0	0	0	0	0	0	0	-3%	-100%	-	-	-
0	0	0	375.08	0	-383.05	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	158.97	0	-158.97	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	47.23	0	-47.23	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	29.01	0	-29.01	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	8.6	0	-8.6	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	131.72	0	-131.72	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	100.62	0	-100.62	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	34.19	0	-34.19	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	15.7	0	-15.7	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	708.9	-9	-699.9	0	0	0	0	0	0	0	-1%	-100%	-	-	-
0	0	0	367.12	0	-367.12	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	30.65	0	-30.65	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	30.73	0	-30.73	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	72.39	0	-72.39	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	12.83	0	-12.83	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	125.24	0	-125.24	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	97.28	0	-97.28	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	18	0	-18	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	183.38	-5	-178.38	0	0	0	0	0	0	0	-3%	-100%	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	23.39	0	-23.39	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	60.51	-5	-55.51	0	0	0	0	0	0	0	-4%	-100%	-	-	-
0	0	0	75.55	0	-75.55	0	0	0	0	0	0	0	0%	-100%	-	-	-
0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-
0	0	0	20.93	0													

Specialty	Code	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036		
Dermatology	005	1.93	-	0	1.93	1.93	0	0	0	1.93	0	-1.93	0	0	0	-	0%	-100%	-	-	-
Consultants (including Directors of Public Health)		1.5	-		1.5	1.5				1.5	0	-1.5	0	0	0	-	0%	-100%	-	-	-
Trainee Grades			-								0	0	0	0	0	-	-	-	-	-	-
Career/ Staff Grades		0.43	-		0.43	0.43				0.43	0	-0.43	0	0	0	-	0%	-100%	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Neurology	006	6	-	0	6	6	0	0	0	6	0	-6	0	0	0	-	0%	-100%	-	-	-
Consultants (including Directors of Public Health)		4	-		4	4				4	0	-4	0	0	0	-	0%	-100%	-	-	-
Trainee Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Career/ Staff Grades		2	-		2	2				2	0	-2	0	0	0	-	0%	-100%	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Cardiology	007	25.09	-	0	27.09	25.59	0	0	0	27.09	-1.5	-25.59	0	0	0	-	-6%	-100%	-	-	-
Consultants (including Directors of Public Health)		7.91	-		8.91	8.41				8.91	-0.5	-8.41	0	0	0	-	-6%	-100%	-	-	-
Trainee Grades		16	-		17	16				17	-1	-16	0	0	0	-	-6%	-100%	-	-	-
Career/ Staff Grades		1.18	-		1.18	1.18				1.18	0	-1.18	0	0	0	-	0%	-100%	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Rheumatology	008	6	-	0	7	7	0	0	0	7	0	-7	0	0	0	-	0%	-100%	-	-	-
Consultants (including Directors of Public Health)		3	-		4	4				4	0	-4	0	0	0	-	0%	-100%	-	-	-
Trainee Grades		3	-		3	3				3	0	-3	0	0	0	-	0%	-100%	-	-	-
Career/ Staff Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Genito-urinary Medicine	009	0	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-
Consultants (including Directors of Public Health)			-							0	0	0	0	0	0	-	-	-	-	-	-
Trainee Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Career/ Staff Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Clinical Pharmacology and Therapeutics	010	0	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-
Consultants (including Directors of Public Health)			-							0	0	0	0	0	0	-	-	-	-	-	-
Trainee Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Career/ Staff Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Geriatric Medicine	011	33.75	-	0	36.1	36.1	0	0	0	36.1	0	-36.1	0	0	0	-	0%	-100%	-	-	-
Consultants (including Directors of Public Health)		9.15	-		11.15	11.15				11.15	0	-11.15	0	0	0	-	0%	-100%	-	-	-
Trainee Grades		20.6	-		20.95	20.95				20.95	0	-20.95	0	0	0	-	0%	-100%	-	-	-
Career/ Staff Grades		4	-		4	4				4	0	-4	0	0	0	-	0%	-100%	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Medical Oncology	012	3	-	0	3	3	0	0	0	3	0	-3	0	0	0	-	0%	-100%	-	-	-
Consultants (including Directors of Public Health)			-							0	0	0	0	0	0	-	-	-	-	-	-
Trainee Grades		3	-		3	3				3	0	-3	0	0	0	-	0%	-100%	-	-	-
Career/ Staff Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Clinical Physiology	013	0	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-
Consultants (including Directors of Public Health)			-							0	0	0	0	0	0	-	-	-	-	-	-
Trainee Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Career/ Staff Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Clinical Neurophysiology	014	0	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-
Consultants (including Directors of Public Health)			-							0	0	0	0	0	0	-	-	-	-	-	-
Trainee Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Career/ Staff Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Renal Medicine	015	0	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-
Consultants (including Directors of Public Health)			-							0	0	0	0	0	0	-	-	-	-	-	-
Trainee Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Career/ Staff Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Nuclear Medicine	016	0	-	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-	-	-	-
Consultants (including Directors of Public Health)			-							0	0	0	0	0	0	-	-	-	-	-	-
Trainee Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Career/ Staff Grades			-							0	0	0	0	0	0	-	-	-	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Endocrinology and Diabetes Mellitus	017	14	-	0	15	15	0	0	0	15	0	-15	0	0	0	-	0%	-100%	-	-	-
Consultants (including Directors of Public Health)		4	-		5	5				5	0	-5	0	0	0	-	0%	-100%	-	-	-
Trainee Grades		9	-		9	9				9	0	-9	0	0	0	-	0%	-100%	-	-	-
Career/ Staff Grades		1	-		1	1				1	0	-1	0	0	0	-	0%	-100%	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-
Gastroenterology	018	16.12	-	0	16.35	16.35	0	0	0	16.35	0	-16.35	0	0	0	-	0%	-100%	-	-	-
Consultants (including Directors of Public Health)		6.12	-		6.35	6.35				6.35	0	-6.35	0	0	0	-	0%	-100%	-	-	-
Trainee Grades		8	-		8	8				8	0	-8	0	0	0	-	0%	-100%	-	-	-
Career/ Staff Grades		2	-		2	2				2	0	-2	0	0	0	-	0%	-100%	-	-	-
Other Medical & Dental (balancing figure)			-							0	0	0	0	0	0	-	-	-	-	-	-

CONTINUING PROFESSIONAL DEVELOPMENT

***PLEASE REFER TO "1.Notes" TAB FOR GUIDANCE**

	2015/16 Requested	
	Amount	Percentage
Totals	£ -	#DIV/0!
Canterbury Christ Church University	£ -	#DIV/0!
University of Brighton	£ -	#DIV/0!
University of Greenwich	£ -	#DIV/0!
University of Surrey	£ -	#DIV/0!
Open University (*1)	£ -	#DIV/0!
Kingston & St Georges (*1)	£ -	#DIV/0!
Other HEI, please specify (*1)	£ -	#DIV/0!
Other to be confirmed	£ -	#DIV/0!
	£ -	#DIV/0!

Comments
Similar to 14/15

The above request relates to Academic Year 2015/16 (i.e. September 2015 to August 2016).

For 2015/16 please assume that the 2014/15 allocation will remain the same. The overall allocation will change based on your Non-Medical Clinical Workforce Headcount as at December 2014.

Details of your 2013/14 approved CPD allocation can be found in Schedule D Part 3 of your Integrated Single Contract issued on 11 April 2013.

Note *1 = No guarantee can be given to any requests for these and other HEIs, please indicate in the comments section reasons for these requests. If we cannot accommodate these requests we will re-allocate back across the other HEIs unless you indicate otherwise.

IVE/CONTEXT

Complete Questions 1-5 (columns D to G) - prompts have been provided
REFER TO "1.Notes" TAB FOR GUIDANCE

Assurance						
No	Area	Core Question	Level process in place for Provider plans Yes/No?	Method	Benefits/Outcomes?	Evidence
1.	Workforce plan Quality/Validation assurance processes	How do you assure the quality validity of your workforce plans?	<i>i.e. Yes</i>	<i>i.e. criteria assessment checklist used to "test" workforce plan; completion, validity, against modelling assumptions</i>	<i>i.e. Level of assurance of quality and completeness</i>	<i>i.e. criteria</i>
2.	Workforce Plan sign off assurance processes	Has this plan been shared and agreed with the executive team and service managers. Has it been shared with CCGs?	<i>i.e. Yes</i>	<i>i.e. level sign off by; HRD, MD and DoN individually</i>	<i>i.e. Assurance of senior level engagement, alignment of service planning, patient safety and quality</i>	<i>i.e. sample template</i>
3.	Provider engagement forums; pre and post planning returns received	How is effective planning capacity and capability supported within your organisation?	<i>i.e. Yes</i>	<i>i.e. Locality based planning in line with commissioners strategic intentions</i>	<i>i.e. Shared risks, mitigating actions, priorities for commissioning development</i>	<i>i.e. agenda(s)</i>
4.	Risk/Mitigating Action assurance processes	How are potential workforce risks and mitigating actions discussed and actioned?	<i>i.e. Yes</i>	<i>i.e. via risk assessment template/via Locality based planning forums</i>	<i>i.e. Shared understanding of risks and potential solutions which may require local, regional or national action to support</i>	<i>i.e. risk assessment template</i>
5.	Confidence in alignment of service and workforce planning	How confident are you that your workforce planning is aligned with the service planning?	<i>i.e. Yes</i>	<i>i.e. via high level modelling/triangulation/assumptions, via use of confidence ratings</i>	<i>i.e. Assurance of clinical vision/engagement leading the direction of the workforce plan/outputs of modelling suggest an affordable, realistic, safe plan</i>	<i>i.e. confidence rating criteria</i>

Please endeavour to give as much detailed narrative as you can below, this will lessen the need for us to have to contact you for information in the future.

Service Transformation

Please add any narrative highlighting where local service transformation significantly impacts on the demand projections provided

Consultant	Medical and Dental	Consultant	080	Clinical Radiology	YMEA	Consultant	379
Consultant	Medical and Dental	Consultant	080	Clinical Radiology	YMEA	Consultant	379
Consultant	Medical and Dental	Consultant	080	Clinical Radiology	YMEA	Consultant	379
Consultant	Medical and Dental	Consultant	091	Anaesthetics	YMEA	Consultant	379
Consultant	Medical and Dental	Consultant	091	Anaesthetics	YMEA	Consultant	379
Consultant	Medical and Dental	Consultant	002	Paediatrics	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	005	Dermatology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	006	Neurology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	006	Neurology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	007	Cardiology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	007	Cardiology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	008	Rheumatology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	008	Rheumatology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	009	Genito-Urinary Medicine	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	009	Genito-Urinary Medicine	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	011	Geriatric Medicine	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	018	Gastro-enterology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	021	General Surgery	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	024	Trauma and Orthopaedic Surgery	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	024	Trauma and Orthopaedic Surgery	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	024	Trauma and Orthopaedic Surgery	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	026	Clinical Oncology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	026	Clinical Oncology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	031	Neurosurgery	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	040	Obstetrics and Gynaecology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	040	Obstetrics and Gynaecology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	040	Obstetrics and Gynaecology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	074	Histopathology	YMGB	Consultant	279
Consultant	Medical and Dental	Consultant	074	Histopathology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	080	Clinical Radiology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	080	Clinical Radiology	YMGB	Consultant	379
Consultant	Medical and Dental	Consultant	091	Anaesthetics	YMGB	Consultant	279
Consultant	Medical and Dental	Consultant	091	Anaesthetics	YMGB	Consultant	379
Career/Staff Grade	Medical and Dental	Trust Grade Doctor - Career Grade level	094	Palliative Medicine	ZSPC	ZSPC Trust Terms	150

ANY ADDITIONAL INFORMATION

Please use this sheet to add any additional information or data that you want to share with us. Use this sheet rather than trying

***PLEASE REFER TO "1.Notes" TAB FOR GUIDANCE**

Staff Engagement Action Plan

Engagement Factor	Process	Lead	By When	Complete	Comments
1 Delivering great management and leadership					
	Implement Values and Behaviours Action plan.	LKM	Dec-14	✓	See separate action plan. Values and behaviours was the main focus at the Dignity Conference in March which was attended by both staff, patients
	Develop and introduce a communication toolkit for all manager which outlines "how we do things" here at ESHT e.g. hold team meetings, know the names of all your team, back to the floor days.	JF	Jun-15		Work in progress on producing a guide for all managers about expectations. The first draft has been developed
	Review our current process for Organisational Change with a view to introducing a more informal element to the process so that staff are consistently involved in change from the beginning	JG	Sep-15		Will discuss further with human resources in January 2015 to agree a possible date for implementation. Meeting with HR planned for February Meeting has been held with Human Resources - agreed to discuss with trade unions and a number of managers with a view to identifying the process and what additional skills managers may require. Pilot this approach for Better together and outpatients work
	Each manager to work with the communications team to ensure that their communication plans are in place whenever we have changes/introduce something new	SG	Dec-15		Ongoing. Comms is a key part of the Communications Toolkit to get managers to engage with Comms.
	Introduce a mentoring programme	JW	May-15	✓	First programme due to take place in May 2015
	Roll out Internal first line Managers Programme	LM	Feb-15	✓	Programme currently being advertised. Second programme due to complete in the middle of April
	Set up a multi professional sub group of the Education Steering group to develop further leadership development training- possible ideas include Leadership programme for New Consultants, Team Coaching	LM	Apr-15	✓	First meeting to be held in April 2015
2 Enabling involvement in decision-making					
	To hold staff focus groups / staff forum four times a year to triangulate data from Staff Survey and Staff Friends and Family test to identify priorities	JW	Dec-15		We need to review these staff focus groups in light of the recommendations from the communications review and themes to be given linked to FFT/Staff Survey. We have an implementation plan where to

Engagement Factor	Process	Lead	By When	Complete	Comments
	To run Listening conversations in areas that have specific issues linked to staff survey/FFT.	JW	May-15	✓	We have looked at the data from the staff family and friends tests and identified those staff groups who scored the highest in not recommending the trust as a place to work. We will be holding staff conversations in these areas. JW to prepare an implementation plan to feed into this, building in outcomes from staff survey and FFT and will also include Medical staff. JW targeting OOH and Clinical Admin Teams
	Listening Conversation - A&E Department Cross Site	JW	Sep-15		Seven slots booked for conversations with A&E staff June - Sept
	Listening Conversation - Estates and Facilities	JW	Sep-15		
	Listening Conversation - All Clinical Units	JW	Dec-15		
	Medical Staff - Each clinical area to have engagement sessions	MD/JW	Jun-15		Medical Education manager has developed action plans Feedback from January workshop received
	Junior Doctors - LiA Lead to work with MD to plan two conversations.	MD	Jul-15		
	Pathology - Staff engagement - Working together to ensure excellent services	JW	Feb-15		Staff conversation completed, themes captured, awaiting feedback on actions from John Buckley
	Publish an annual programme for Leadership Conversations and for the Leadership Conversations to be seen as a method of involving Leaders in the decision making processes.	LM	Feb-15	✓	All dates circulated
	Review whether each Clinical Unit could have a link Director(executive or non executive)who would ensure that the CU's are kept up to date with latest development and feedback relevant information to the Trust Board	MG	May-15	✓	Although this idea is on hold we will be visiting each of the Clinical units to discuss their Staff survey results and working with them to develop an action plan for the areas that scored in the bottom five. This is being pursued through the CQC Action Plan. Each Director is now allocated a specific area.
3 Supporting personal development and training					
	Improve awareness of learning and development opportunities to all staff	LKM	Dec-14	✓	Met with Suzanne Gooch to discuss how to advertise more widely . Weekly e mail about learning events coming up, Learning opportunities available on the intranet via Learning and Development brochure. Going to include some articles in Connect about Learning opportunities available. Targeted e mails re bespoke pieces of training

Engagement Factor	Process	Lead	By When	Complete	Comments
	Continue with existing range of learning opportunities	LKM	Dec-14	✓	Achieved.
	Develop annual learning plans for each clinical unit/directorate which are a summary of all learning and development needs identified through appraisal.	LKM	Sep-15		Meetings with CU leads arranged for Jan/Feb to discuss training needs. Funds will be allocated accordingly following these meetings Revisiting CU's re: Staff Survey to catch up following cancelled meetings
	Review approach to mandatory training with a view to introducing e-assessments and therefore release some time for staff to do other job related training	LKM	Mar-16		Pilot currently taking place re Health and Safety training in Uckfield and Lewes. Plan to roll out to other areas where appropriate.
	Medical Educational Supervisors Workshop	MD	Apr-15		4x half day workshops scheduled to run late Jan to April 2015. (over 50 educational supervisors registered)
	Trainee Reps Workshops for Medical Staff	MD	Sep-14	✓	Held 29 Sept 2014 for new and continuing Reps (12 attended) co-facilitated by MD and external educational consultant. Feedback was very good to excellent. Reps email group set up as an action with regular communications to this key group of trainee doctors.
	Educator Standards and Charter of Trainer & Trainee Professional Responsibilities for Medical Staff	MD	Jan-15	✓	Documents sent to all trainers. The latter document also sent to Trainee Reps.
	To work with trade union learning reps and managers to carry out a training needs analysis for bands 1-4 and raise the profile of learning opportunities.	LM	Sep-15		First meeting due to take place in March 15 . Plan to hold some awareness events as part of Adult Learners week in May 2015
	Ensure that all staff are aware of the importance of Appraisal as a key tool for valuing and supporting staff	LM	On-going		Included in all training events and will be included in the nurse revalidation
	Review how social media can help communicate the learning and development that is available for staff	LM	Sep-15		

Engagement Factor	Process	Lead	By When	Complete	Comments
4 Ensuring every role counts					
	To develop the work we have already started, "We are proud of . . ." and ensure this is shared with other staff, patients and commissioners	LKM / JF	On-going		This work is on-going but the trust has presented at the KSS Leadership Conference in November showcasing some of the work we have done with the IV team . We have also run a Listening conversation on chronic pain that included patient representatives, GP's. The Project Search programme has gathered momentum and increased our profile in the local community. Ensure more is included from Service areas. Plan to introduce "You Said, We Did" ???
	To ensure staff feel both confident and empowered to raise concerns. This will include a section in the managers toolkit on how managers implement trust policy, signposting how staff can raise concerns , agreeing a mechanism for giving feedback after a concern has been raised and developing ways of sharing any learning	EK/JW	Apr-15		Listening Conversations on reporting incidents will start in May 2015 and run on 5 different sites. Planning "Speaking Up" Conversations, Masterclasses for managers, display posters in May, June, July
	To develop the Corporate Calendar to include both internal and external awards that we can nominate staff for.	JF / SP	Jul-15		Nominations invited for staff annual awards which we will also begin to use for external awards. Increase current nominations received - staff side to help promote this
	Medical Staff Undermining and Bullying Behaviours workshop on 20th January 2015.	MD	Jan-15	✓	Half day workshop targeted at PGME Exec Group, College Tutors Clinical Leads, General Managers and selected L&D/Corporate staff.
	GMC "Mock" Survey	MD	Feb-15	✓	Due to be sent out to all doctors in training currently in the Trust to get intelligence on the key issues ahead of the actual Survey.
	Develop a staff forum to include looking a forum where staff can state their views(Graffiti Board)	LM	Mar-16		
	Developing citizenship across the trust so that there is a sense that we are all working together and "on the same page"	LM	Mar-17		
	Raise the profile of Staff engagement on the Trust website . Consider Reviewing the staff Room page to make it more appealing /interactive	tbc	tbc		

Engagement Factor	Process	Lead	By When	Complete	Comments
	Refresh the monthly staff awards and advertise this more frequently	SP	Apr-15	✓	Internet page has been refreshed. Discussing how we can advertise more widely
5 Promoting a healthy & safe work environment					
	See Health and Well Being action Plan	CL	On-going		Schwarz rounds to be introduced in May 2015 . Resilience Training to be introduced targeted at high risk areas.
	Introduce Impact groups	KB	Sep-15		A pilot will be discussed at Matrons meeting on 11th March. First meeting mid-May

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	14
Subject:	Sustainable Development Management Plan (SDMP)
Reporting Officer:	Mark Paice

Action: This paper is for (please tick)			
Assurance	Approval	X	Decision
Purpose:			
It is a requirement under the NHS sustainable development strategy (<i>Sustainable, Resilient Healthy People and Places – a sustainable development strategy for the NHS, public health and social care system</i>) that all NHS Trusts put in place Board-approved Sustainable Development Management Plans (SDMPs). This document sets out a comprehensive SDMP for East Sussex Healthcare NHS Trust (ESHT).			

Introduction:
<p>Sustainable development is about meeting the needs of today without compromising the needs of tomorrow. In the health and care system, this means working within the available environmental and social resources to protect and improve health now and for future generations. In practice this requires us to reduce our carbon footprint, minimise waste and pollution, make the best use of scarce resources and build resilience to a changing climate whilst nurturing community strengths and assets.</p> <p>The SDMP defines the extent of the Trust’s environmental and social footprint and sets out clear commitments and action plans to minimise the impact of the organisation on both the environment (in particular to reduce its emissions of carbon dioxide, or CO₂), its workforce and the local community.</p>

Analysis of Key Issues and Discussion Points Raised by the Report:
<p>The SDMP is built around a seven step action plan:</p> <p>Buildings – reducing the environmental impact of Trust estate Journeys – minimising the health and environmental impact of Trust travel Procurement – creating an ethical and resource efficient supply chain Culture – informing, motivating and empowering staff to achieve sustainable healthcare Wellbeing – enhancing the wellbeing of the Trust’s workforce Adaptation – ensuring Trust infrastructure and operations are resilient to climate change Governance – embedding sustainability into the Trust’s corporate governance structures</p> <p>A key success measure is given for each of the seven action plans and these have been aligned with national/NHS targets where appropriate (e.g. a 34% reduction in CO₂ emissions by 2020, as defined by the Climate Change Act 2008).</p>

Benefits:

Delivery of this SDMP will deliver a range of benefits to ESHT, including:

- **Cost saving** – the SDMP will deliver cumulative cost savings of around £7.2M between 2014 and 2010 through energy efficiency, waste reduction, smarter travel/working etc.
- **Compliance** – carbon reduction in the law in the UK and ESHT is required to participate in two mandatory carbon reduction schemes – the Carbon Reduction Commitment Energy Efficiency Scheme (CRC) and EU Emissions Trading Scheme Opt Out.
- **Reduction in CO₂ and waste** – the SDMP will deliver cumulative carbon savings of around 34,000 tonnes by 2020 and eliminate landfill
- **Enhancing productivity** – by increasing wellbeing support for staff, reducing travel demands/time etc.
- **Care quality** – sustainability directly contributes care quality
- **Reputational impact** – successful delivery of this strategy should enhance the Trust's reputation within the communities it serves. Success stories will be shared via the Trust's communications strategy.

Risks and Implications:

Implementation of the SDMP will require an additional annual revenue investment of ca. £45K. However, this investment will enable the Trust to realise recurrent annual revenue savings in excess of £500K.

Assurance Provided:

This SDMP has been developed by Sussex Community NHS Trust's (SCT's) Sustainability Team using its award-winning "Care Without Carbon" seven step approach to sustainable healthcare. This has been shown to provide a robust and effective framework for designing and implementing SDMPs and has been endorsed by the NHS Sustainable Development Unit (SDU). Implementation of the SDMP will ensure the Trust meets its obligations under the NHS sustainability strategy and will reduce its compliance costs under CRC and EU ETS Opt Out. The SDMP will be implemented by SCT's team, reporting to Mark Paice.

Review by other Committees/Groups (please state name and date):

The document was formulated in close consultation with key staff from across ESHT. Those staff also had an opportunity to review and amend the document prior to submission to Board.

Proposals and/or Recommendations

The Board is asked to approve the SDMP.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)

What risk to Equality & Human Rights (if any) has been identified from the impact assessment?

None.

For further information or for any enquiries relating to this report please contact:

Name:

Mark Paice
Will Clark

Contact details:

mark.paice@nhs.net
will.clark@nhs.net

Sustainable Development Management Plan

Mark Paice & Will Clark



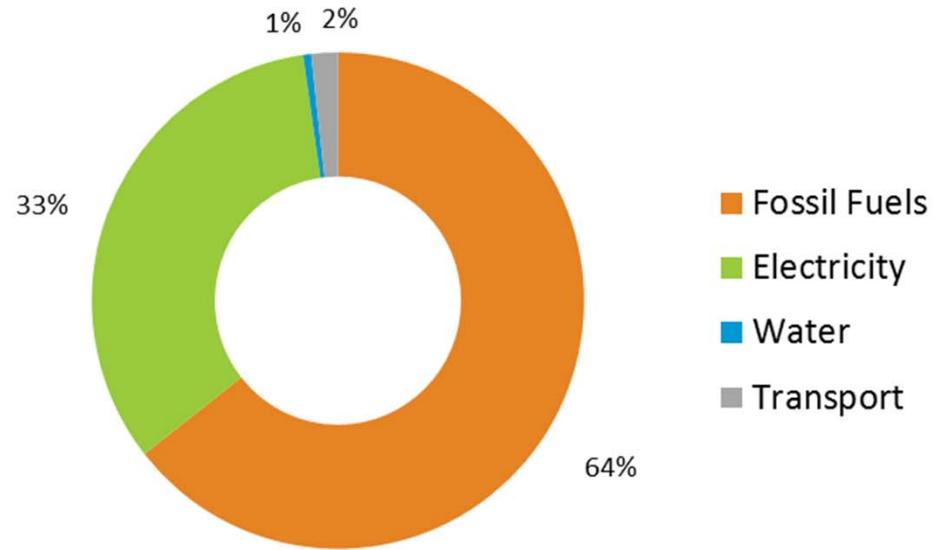
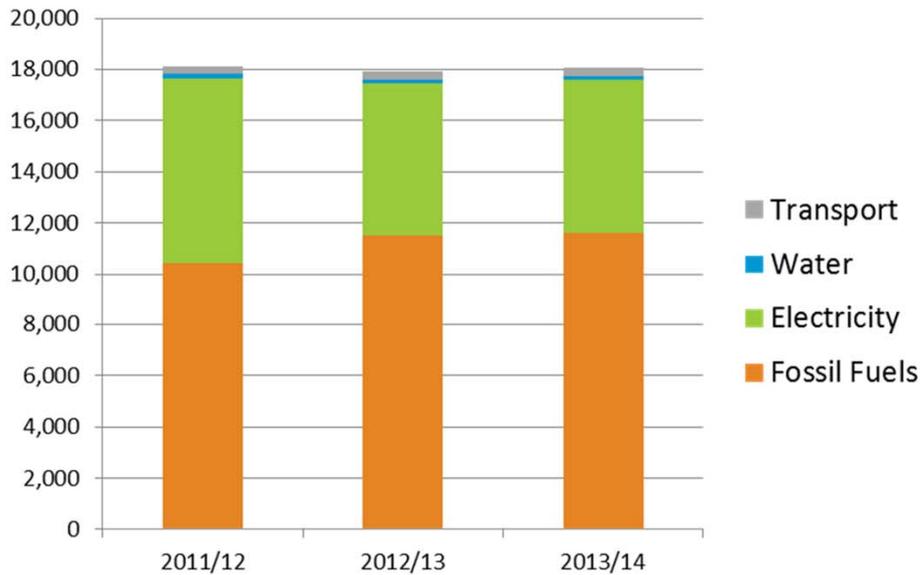
Background

- ESHT had previously had problems recruiting a sustainability manager
- 2013 appointed SCT to provide embedded energy and environmental management service
- Benefits:
 - Multi-skilled approach
 - Cost-effective
 - Nationally recognised team and expertise
- Brief:
 - Energy & carbon management - compliance
 - CRES savings scheme
 - Formulation of Trust-wide strategy on sustainability and carbon reduction

Drivers for SDMP

- **National Policy** – NHS Carbon Reduction Strategy (2009) and Sustainable Development Strategy (2014)
 - Target: 34% by 2020; 80% by 2050
 - Board approved Sustainable Development Management Plan (SDMP)
 - Evaluate, engage, measure, monitor and report
- **Compliance** – ESHT is in Carbon Reduction Commitment (CRC), EU Emissions Trading Scheme, plus others
- **Reporting** – annual reporting to NHS Sustainable Development Unit
- **Cost reduction** – carbon and waste are expensive
- **Future proofing** – impacts of changing climate on health of local population, estate and infrastructure, supply chain etc
- **Health impacts** – The Lancet: “Climate change could be the biggest global health threat of the 21st century”
- **Reputational benefit/risk**

ESHT Carbon Baseline



	2011/12
FOSSIL FUELS	10,444
ELECTRICITY	7,212
WATER	160
TRANSPORT	324
TOTAL (TONNES CO₂e)	18,140



ADAPTATION

Ensuring our infrastructure and operations are resilient to climate change



PROCUREMENT

Creating an ethical and resource efficient supply chain



WELLBEING

Enhancing the wellbeing of our workforce



BUILDINGS

Reducing the environmental impact of our estate



CULTURE

Informing, empowering and motivating people to achieve sustainable healthcare



JOURNEYS

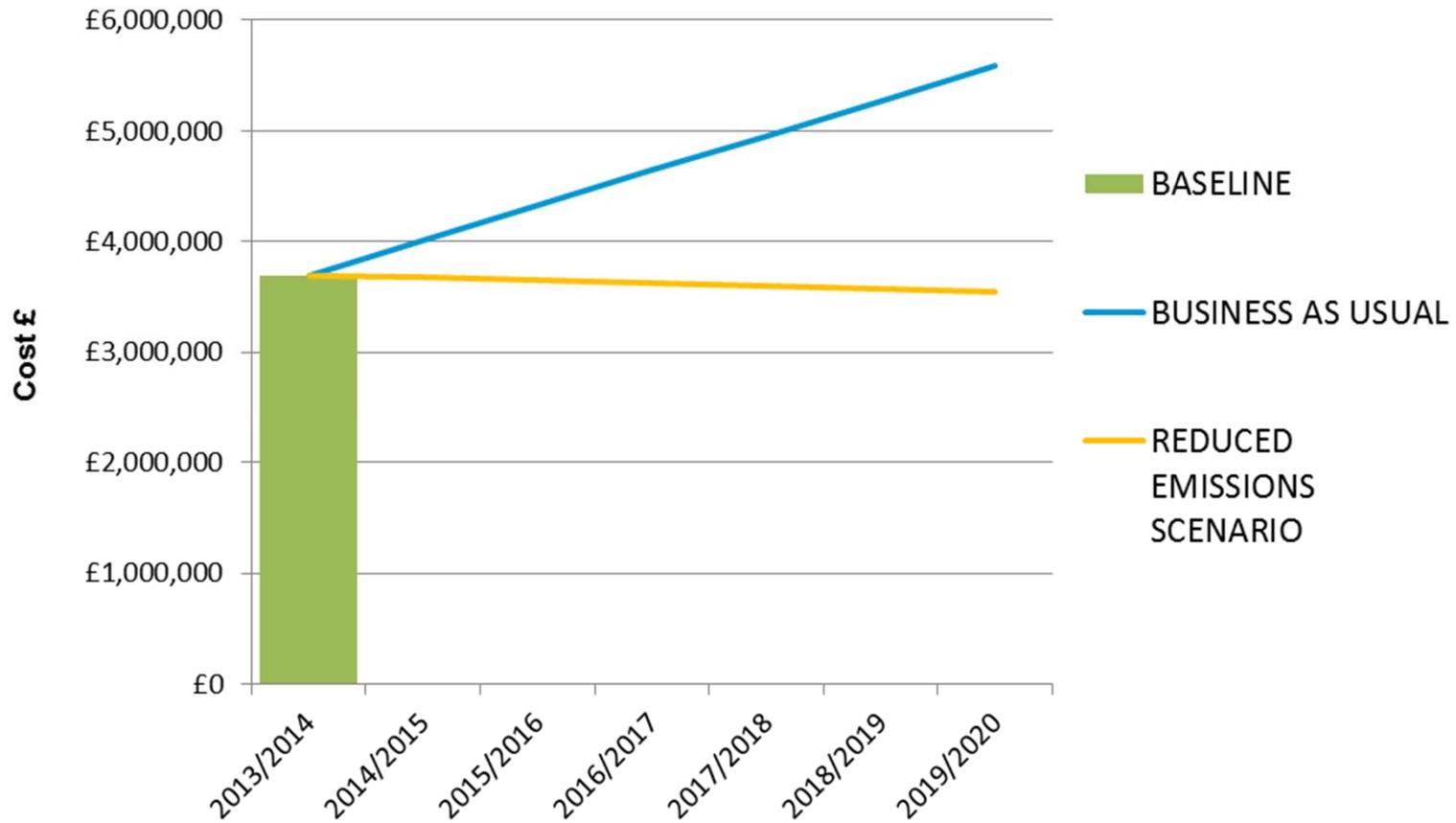
Minimising the health and environmental impact of travel



GOVERNANCE

Embedding sustainability in corporate governance structures

Value at Stake



Value at Stake

- Projected cumulative savings by 2020:
 - 34,000 tonnes CO2
 - £7.2 million
- Already started to implement energy and waste savings – ca. £500K in 2014/2015, more identified 2015/2016
- Links to procurement, Occupational Health (wellbeing), communications, travel and transport etc
- Alignment with other strategies and initiatives, e.g. Schneider
- Annual additional revenue cost of implementation £45K

Investment

- Pump-priming - cash positive
- £25K for Wellbeing Coordinator post
 - Shared between HR and Occupational Health (OH)
 - To work on Health & Wellbeing initiatives
 - Demonstrate a positive impact on sickness absence/ productivity/improved patient experience
- £20K for support services from SCT
 - Building on energy CRES savings already identified and achieved
 - Unlocking further cash savings from improved waste management and staff travel
 - Continue to manage ESHT's regulatory responsibilities

Next Steps

- Recommended that Board approves SDMP
- Establishment of working group to oversee delivery – exec sponsor Richard Sunley
- Implementation of action plans
- Develop Board reporting format (see example) to monitor progress towards targets
- Recommended that Board receives biannual updates

Board reporting example

INDICATOR	KPI	2015 Target	BASEYEAR Value	2013-2014 Value	2015 Target Value	
 CO ₂	Carbon Foot print	tonnes CO ₂ e	15%	6,273	5,318	5,332
	Energy Efficiency	kgCO ₂ e/m ²	15%	47.9	41.3	40.7
	Water Efficiency	m ³ /m ²	15%	1.10	0.65	0.93
	Trust Vehicle Emissions	gCO ₂ /km	15%	151.0	136.2	128.3
	Grey Fleet Mileage	miles claimed	15%	5,053,738	4,876,707	4,295,677
	General Waste Recycled	% recycled	65%	50%	62%	65%
	Clinical & Offensive Waste	% offensive	35%	0%	36%	35%

SUSTAINABLE DEVELOPMENT MANAGEMENT PLAN

East Sussex Healthcare NHS Trust

July 2014



CONTENTS

1.	Welcome	3
2.	The case for sustainable healthcare	4
3.	The story so far	7
4.	Next steps	10
5.	Reaping the benefits	26
6.	How we will achieve this	28



This Sustainable Development Management Plan has been developed by Sussex Community NHS Trust's sustainability team using its Care Without Carbon approach to sustainable healthcare.

WELCOME

Welcome to the East Sussex Healthcare NHS Trust (ESHT) Sustainable Development Management Plan (SDMP). This plan has been developed in response to A Sustainable Development Strategy for the NHS, Public Health and Social Care Systems (2014), which reinforces the urgent need for all NHS organisations to take action to reduce their environmental impact and embed sustainability into their strategies, cultures and communities. As a Trust, we are fully committed to becoming a more sustainable healthcare provider and we invite you to join our journey and help us achieve our vision.

The following document establishes a set of principles and targeted interventions aimed at addressing one of the Trust's core strategic objectives which is to **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.**

Reflecting our mission to deliver better health outcomes and an excellent experience for everyone we provide with healthcare services, our top priority is to provide high quality health and care services and help drive transformation to rise to the challenges of the future. This SDMP is central to the way we do this.

Through this SDMP we have set clear commitments to decarbonise its operations and promote healthy, low carbon lifestyles. It will achieve this by working across seven key areas between now and 2020:

> Buildings – reducing the environmental impact of our estate

- > Journeys – minimising the health and environmental impact of travel
- > Procurement – creating an ethical and resource efficient supply chain
- > Culture – informing, empowering and motivating people to achieve sustainable healthcare
- > Wellbeing – enhancing the wellbeing of our workforce
- > Adaptation – ensuring our infrastructure and operations are resilient to climate change
- > Governance – embedding sustainability in our corporate governance processes and procedures.

By taking action in this way, we expect to achieve significant CO₂ and cost savings between 2014 and 2020:

- > Cumulative savings of £7.2 million
- > Reduction of over 34,000 tonnes CO₂

This is in addition to a raft of health and wellbeing benefits.

THE CASE FOR SUSTAINABLE HEALTHCARE

This plan has been written in response to the NHS Sustainable Development Unit's NHS Carbon Reduction Strategy (2009) and A Sustainable Development Strategy for the NHS, Public Health and Social Care Systems (2014), which requires all NHS organisations to put in place Board-approved SDMPs and reduce carbon dioxide (CO₂) emissions resulting from their operations. It establishes a set of principles and targeted interventions aimed at addressing one of our Trust's core strategic objectives, which is to 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.

What do we mean by sustainable development?

Sustainable development (or *sustainability*) is about meeting the needs of today without compromising the needs of tomorrow. In the health and care system, this means working within the available environmental and social resources to protect and improve health now and for future generations. In practice this requires us to reduce our carbon footprint, minimise waste and pollution, make the best use of scarce resources and build resilience to a changing climate whilst nurturing community strengths and assets.

Why is sustainable development important for the NHS?

The case for sustainability in healthcare is clear. There is sound evidence that taking action to become more sustainable can achieve cost reductions and immediate health gains. More importantly, it ensures the development of a health system that is sustainable in the long term – reducing inappropriate demand, reducing waste and incentivising more effective use of services and products.

A Sustainable Development Strategy for the Health, Public Health and Social Care System (2014) identifies the need to enable the positive impacts of the NHS while at the same time reducing its negative impacts. This is illustrated in the diagram on the following page (Figure 1).

ENABLE THE POSITIVES

By valuing our physical and social environment, we can restore our natural environment and strengthen our social assets, whilst enhancing our independence and wellbeing at both a personal and community level. By doing so, we improve the quality of care, build strong communities and generate conditions where life is valued in ways that current generations can be proud to pass on.

REDUCE THE NEGATIVES

By radically reducing the harmful impacts of how we currently live we can stop wasting finite resources, reduce the burdens of preventable mental and physical ill health, reduce social inequalities and reduce risks from a changing climate. In addition, many interventions that reduce harmful impacts also promote positive co-benefits and reduce the burden of disease.

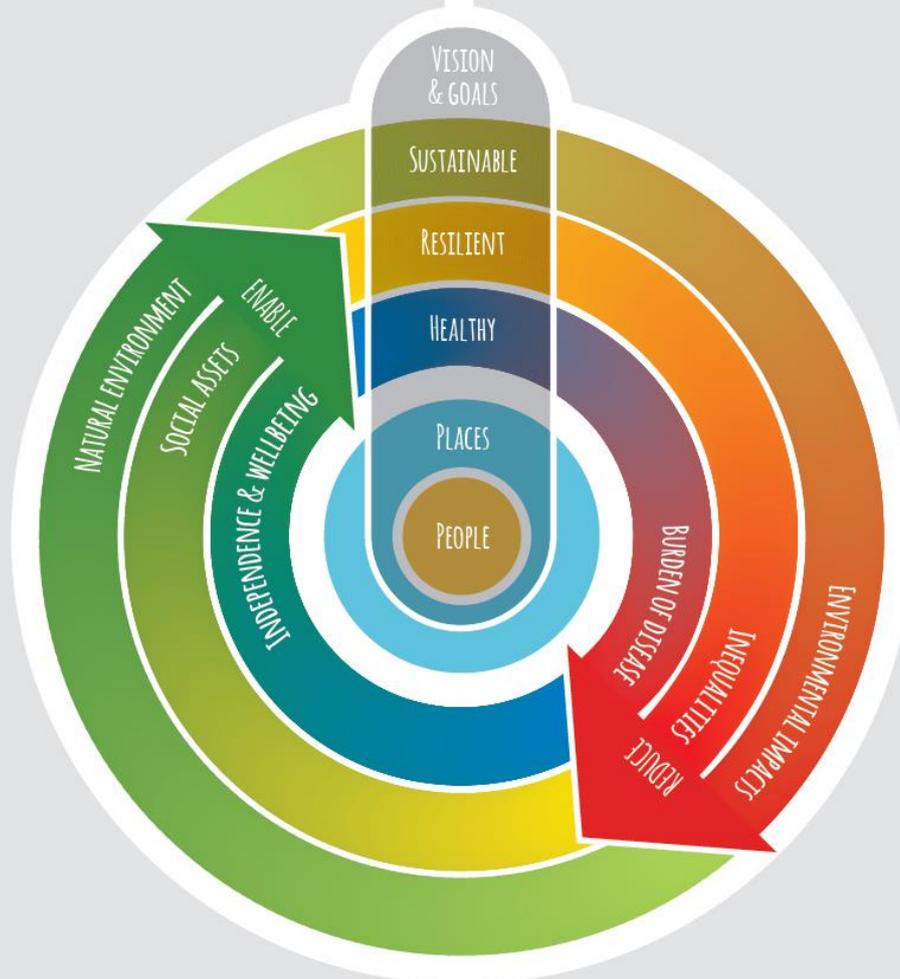


Figure 1: The sustainable healthcare model, adapted from A Sustainable Development Strategy for the Health, Public Health and Social Care System (2014)

THE KEY DRIVERS FOR THIS SDMP ARE AS FOLLOWS:

Reducing carbon dioxide emissions is the law in the UK

The Climate Change Act 2008 sets legally binding targets for the UK to reduce its CO₂ emissions by 80% by 2050 and all public sector organisations in the UK have a responsibility to put in place plans to meet this target. The NHS is one of the largest employers in the world and is the largest public sector contributor to climate change in Europe. Consequently it has the potential to make a significant contribution to tackling climate change in the UK.

There is a strong business case for taking action to become more sustainable

The business of caring for patients results in a host of environmental impacts that are becoming increasingly expensive to manage: fossil fuels are finite and are becoming more costly to produce, landfill is subject to a tax escalator and now CO₂ itself is subject to taxation in the UK. By reducing energy and water consumption, reducing waste and recycling more and finding alternatives to motorised travel NHS organisations can realise significant financial savings, which can be reinvested into frontline care.

The NHS must help to mitigate the negative impact of climate change on health

According to leading general medical publication The Lancet climate change is the “biggest global health threat of the 21st Century”. Climate change is already impacting on lives and human health through extreme periods of heat and cold,

storms and deteriorating air quality. The World Health Organisation has estimated that 150,000 deaths are caused annually as a result of climate change. Unless swift and decisive action is taken now, millions of people around the world will suffer hunger, water shortages and coastal flooding as the climate changes. As one of the world's largest organisations the NHS has a national and international duty to act and to set an important example to the business community and to the public.

The NHS must set an example as a leading public sector organisation

The NHS has a duty to set an example in sustainable development and carbon reduction. To achieve this, the NHS must operate both economically and ethically. It needs to be conscious of delivering safe and cost effective healthcare whilst recognising the negative impact that it has on the environment. As an employer, service provider and procurer of goods and services, the NHS can use its position and buying power to influence the public, partners and suppliers to adopt similar attitudes towards sustainability.

Improving the sustainability of the health and care system can improve the health of its workforce and patients

In addition to reducing the impact of climate change on the health of staff and patients, sustainability improvements within the NHS can bring significant health benefits to staff and patients alike, through increased physical activity with work-related travel, reduced dietary saturated fat consumption from animal products and reducing negative impacts of air pollution.

THE STORY SO FAR

ESHT provides acute hospital and community health services for people living in East Sussex and surrounding areas. There are some 500,000 people who live in East Sussex and the Trust is one of the largest organisations in the county. We employ over 7,500 dedicated staff with an annual turnover of £360 million. 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. In addition we occupy over 40 other properties across East Sussex, some of which are owned and managed by NHS Property Services.

Our environmental impacts

In delivering our services we consume a significant amount of energy and water and produce a large volume of waste, which must be disposed of. We also transport of Trust staff and patients and purchase 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 our *carbon footprint*. The carbon footprint associated with ESHT's services is illustrated in Figures 2 and 3 on the following page.

Our overall carbon footprint (measured in tonnes CO₂e¹) has grown slightly over the past 12 months. 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. For this reason we are taking the 2013/2014 financial year as our baseline against which to make reductions. Importantly our carbon footprint does not include emissions from our supply chain. However, as procurement accounts for over 70% of the NHS carbon footprint we are committed to measuring and reducing these emissions. In addition to our carbon footprint we produced around 1,500 tonnes of waste in 2013/2014. Although waste disposal produced greenhouse gases, we have not included these emissions in our carbon footprint primarily due to the lack of a robust calculation methodology. However, we are committed to reducing the amount of waste we generate and finding more sustainable disposal options.

Our staff travelled almost 4 million miles during 2013-2014 carrying out their work for the Trust. This represents an increase of 12% from the previous year and is a key area for action. Emissions from petrol and diesel vehicles are linked to respiratory illness and contain greenhouse gases, which contribute to climate change.

¹ CO₂e refers to six greenhouse gases including carbon dioxide and methane. The NHS measures its carbon footprint in CO₂e which is in line with national and international conventions and allows all six greenhouse gases to be measured on a like-for-like basis. This is important as some of the gases have a greater warming effect than CO₂.

	2011/12	2012/13	2013/14
FOSSIL FUELS	10,444	11,522	11,585
ELECTRICITY	7,212	5,915	6,000
WATER	160	157	160
TRANSPORT	324	347	313
TOTAL (TONNES CO₂e)	18,140	17,941	18,058

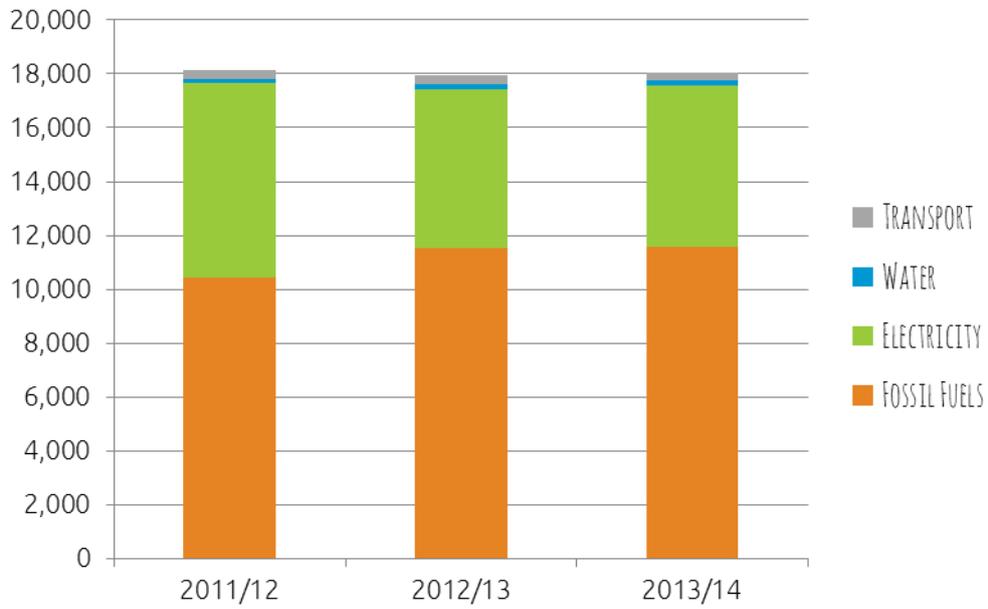


Figure 2: ESHT carbon footprint 2011/2012 – 2013/2014

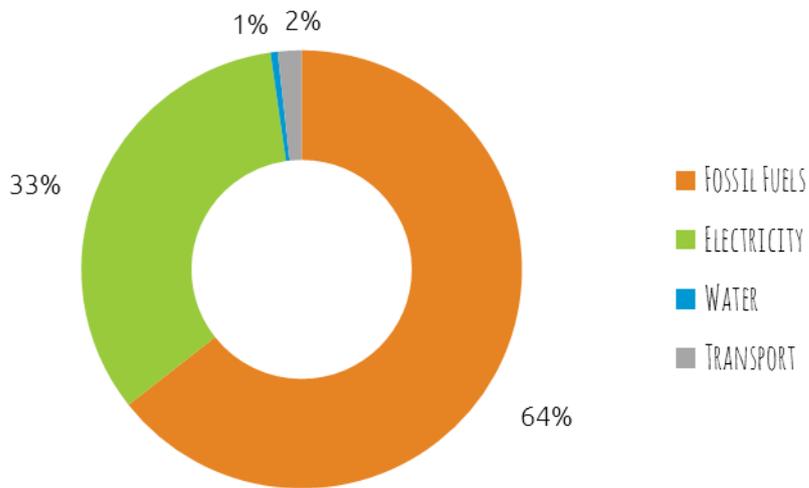


Figure 3: ESHT carbon footprint breakdown 2013/2014

We have already made some progress with reducing our environmental impacts. For example, 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 & Power plant at EDGH and improving and updating our Building Energy Management System and control strategies. These projects will make a major contribution to reducing our carbon footprint during the coming years.
- > **INITIATED** an investigation into the potential to secure an energy partner to help 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.
- > **RECYCLED** 13.6% of our general waste by weight with the remainder converted into fuel to generate electricity, meaning we are able to achieve zero general waste to landfill and reduce our costs. 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.
- > **ESTABLISHED** a “green travel” initiative to encourage and support our staff to reduce their car use and adopt more

active and sustainable modes of travel. We introduced a car sharing data base in partnership with East Sussex County Council and have dedicated car sharing spaces at both acute sites. We offer staff free cycling proficiency training and access to a regular cycle maintenance service twice a month and run a salary sacrifice cycle purchase scheme throughout the year. To support cycling we have invested in improved cycle shelters at both acute sites. We offer staff subsidised Stage Coach bus season tickets and have set up a Community Transport Group involving the County Council, district and borough councils and local travel interest groups. These schemes are funded from revenue generated by our staff parking permit system.

CASE STUDY: BIOSYSTEMS



We have been working with our healthcare waste contractor to trial reusable sharps containers, “Biosystems” within a small number of services. The containers can be reused up to 600 times and so have a much smaller environmental footprint than our existing containers, which are incinerated after a single use. The trial was a success and we are now looking to roll out the system to 31 Trust locations. This will help us to reduce our environmental footprint, save money and reduce the risk of needlestick injuries to our staff at the same time.

NEXT STEPS

We have already begun to make progress with reducing the environmental impact of our services. Through this SDMP we are keen to maximise the impact of our efforts by developing a comprehensive and integrated set of plans that demonstrate our commitment to sustainability, reduce our impact on the environment and help us become a more sustainable healthcare provider.

What we are trying to achieve with this Sustainable Development Management Plan?

A Sustainable Development Strategy for the Health, Public Health and Social Care System (2014) sets out four priority actions for individual NHS Trusts:

1. Establish a Board approved plan including carbon reduction, adaptation plans and actions across the sustainability agenda
2. Measure, monitor and report on sustainable development and adaptation performance
3. Evaluate performance to ascertain areas of strengths and opportunities for development
4. Engage staff, service users and the public to help support the development of a more sustainable and resilient health and care system

As such, this SDMP clarifies our sustainability objectives and sets out a plan of action to achieve clear and measureable targets.

NHS Trusts are also required to establish interim targets and trajectories to meet the provisions of the Climate Change Act and NHS targets by reducing carbon emissions by 34% by 2020.

Our aims and objectives

A Sustainable Development Strategy for the Health, Public Health and Social Care System (2014) sets out three goals to achieve their overarching vision. Working from this we have utilised Sussex Community NHS Trust's Care Without Carbon approach to sustainable healthcare, which addresses seven key areas of NHS activity (The Seven Steps to Sustainable Healthcare), to define our overall objectives and action plans between now and 2020. These are illustrated in Figure 4 (over page).

In the following pages we have identified our commitments under each of the Seven Steps as well as a series of specific actions and the key success measures through which we will monitor our progress.

OUR SEVEN STEPS TO SUSTAINABLE HEALTHCARE



ADAPTATION

Ensuring our infrastructure and operations are resilient to climate change



PROCUREMENT

Creating an ethical and resource efficient supply chain



WELLBEING

Enhancing the wellbeing of our workforce



BUILDINGS

Reducing the environmental impact of our estate



CULTURE

Informing, empowering and motivating people to achieve sustainable healthcare



JOURNEYS

Minimising the health and environmental impact of travel

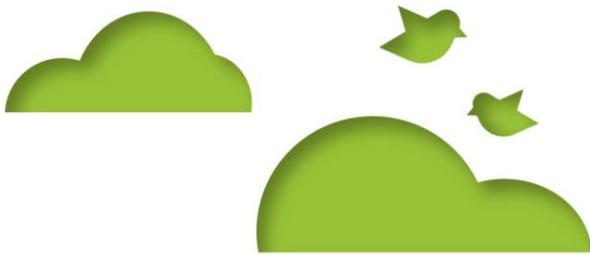


GOVERNANCE

Embedding sustainability in corporate governance structures

1. BUILDINGS

We recognise the impact that our estate and facilities have on the environment, our staff and patients and our finances. We are committed to decarbonising and raising awareness to reduce our impact of energy use, waste and water use.



OUR COMMITMENTS

- > We will decarbonise our facilities in line with NHS and national targets and develop robust reporting systems to monitor progress.
- > We will raise awareness of climate change and communicate progress with our own CO₂ reduction efforts to our Board, our staff, our patients and other external stakeholders.

To achieve this we will

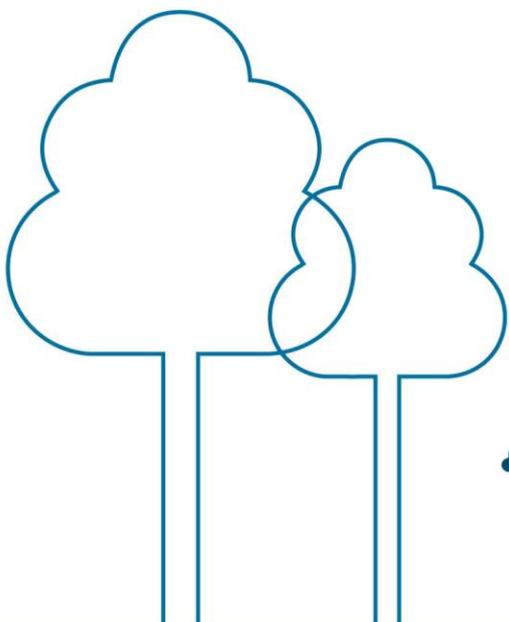
- > Drive energy efficiency and CO₂ reductions through our Estates Strategy, setting challenging energy efficiency targets for all new premises and refurbishments and achieving the BREEAM Excellent standard for any new-build premises.
- > Invest in Automatic Meter Reading (AMR) across our freehold estate for all utilities to enable improved carbon management and reporting.
- > Benchmark our properties against national energy efficiency standards and develop and deliver our invest-to-save programme to reduce energy consumption and cost across our estate.
- > Further investigate the potential to secure an energy partner to help deliver long-term reductions in energy consumption across our two main acute sites.
- > Maintain comprehensive carbon measurement and reporting systems and obtain independent, third party validation of our carbon footprint each year, publishing the results on our website and Annual Report.
- > Challenge building contractors to propose cost-effective, low carbon solutions when undertaking refurbishment projects and monitor the benefits.
- > Research new and innovative means of eliminating greenhouse gas emissions from our estate.
- > Liaise with waste contractors, suppliers and relevant support agencies to implement the Waste Hierarchy with the ambition of achieving zero waste to landfill across all of our operations and turning residual waste into a resource opportunity wherever possible.
- > Introduce best-in-class water saving technologies and techniques and develop an action plan to safeguard the Trust from future water shortages, including investigating the potential to increase borehole water extraction at Eastbourne District General Hospital.
- > Reduce the energy consumption of our IT infrastructure through the introduction of Thin Client and VMware (virtual) technology and power management techniques.
- > Reduce to the lowest level practicable level the number of hazardous substances used by the Trust.
- > Ensure that any electricity we purchase from the national grid is generated from 100% renewable energy sources.
- > Provide green spaces across our estate to support health, wellbeing and biodiversity, even where land is constrained.
- > Roll out the reuseable sharps container system across 31 locations and introduce non-infectious healthcare waste stream ("tiger bag" waste) across the Trust to reduce our healthcare waste costs and impacts.
- > Investigate the potential to reinstate an on-site clinical waste treatment facility at Eastbourne District General Hospital to reduce both our own clinical waste costs and impacts and those of neighbouring Trusts.
- > Introduce food waste collections and local in-vessel composting at our acute sites to reduce the cost and impacts from using on-site macerators.

KEY SUCCESS MEASURE BY 2020

Absolute CO₂ reduction from buildings energy consumption that is ahead of NHS and UK targets under the Climate Change Act 2008 (34% reduction against our baseline).

2. JOURNEYS

The NHS accounts for 5% of all road traffic in England and travel is responsible for 17% of the NHS carbon footprint. We are committed to minimising the negative environmental and health impacts of movement of staff and materials and promoting active travel.



OUR COMMITMENTS

- > We will decarbonise our travel and transport operations and minimise the environmental and health impacts associated with the movement of staff and materials.
 - > We will contribute to staff and patient wellbeing by supporting a shift away from car dependency and solo car occupancy to more sustainable travel options that deliver additional environmental and health benefits.
-

To achieve this we will

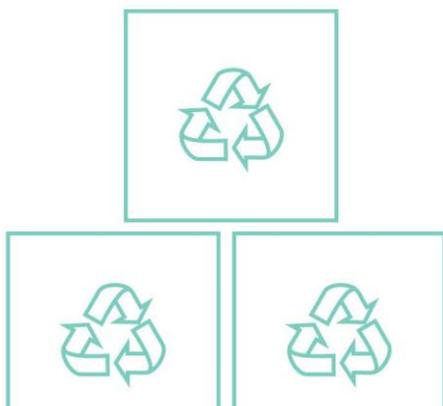
- > Develop and implement a new Trust-wide Travel Plan to target solo car occupancy and support the roll-out and uptake of alternative travel options, funded from a parking levy applied to all staff that bring their car to work.
- > Employ a Travel Plan Coordinator to deliver the Travel Plan and identify and implement effective investments and measure improvements.
- > Establish a Travel Group with significant staff membership to oversee the implementation of the Travel Plan and take part in decision making about the investment of parking proceeds.
- > Roll out a car share scheme to include our community bases and increase investment in subsidised public transport season tickets for all staff.
- > Target investment at improving infrastructure to support active travel, including cycle shelters and showering facilities, and well as increasing access to Webex or similar software.
- > Review business mileage rates and parking charges and introduce reforms where these will incentivise a shift away from solo car occupancy and promote equality across the Trust, including the introduction of preferential rates for car sharing and active travel.
- > Develop business cases to support the introduction of a hybrid or electric pool car fleet and shuttle bus service between our acute sites.
- > Work with our courier and patient transport providers to drive the adoption of cleaner, lower emission technologies and introduce a cap on emissions from our lease car fleet.
- > Facilitate close collaboration between our clinical services, Travel Group and Estates to ensure all travel options and impacts are taken into consideration when planning new premises.
- > Implement an electronic business travel claim system and improve data and reporting of CO₂ from business travel.
- > Deploy best-in-class IT technologies in order to transform the delivery of services and patient care, enabling our staff to be as productive in their roles as they can be and supporting our vision of a mobile, flexible and agile workforce.
- > Operate an annual staff travel survey to improve engagement with staff and capture data on staff commuting.
- > Provide all new starters with information on our Travel Plan at induction, including personalised travel planning and information on other Trust schemes (e.g. Cycle to Work scheme).
- > Strengthen our strategic relationship with local government partners to support implementation of our Business Travel Plan, reducing traffic impacts and promoting the use of public transport and active travel.

KEY SUCCESS MEASURE BY 2020

Absolute reduction in CO₂ emissions from all travel and transport operations (Trust fleet, grey fleet, commuting and patient travel) that is ahead of NHS and UK targets under the Climate Change Act 2008 (34% reduction against our baseline).

3. PROCUREMENT

Procurement is the single largest contributor to carbon emissions in the NHS with around 72% of the health and care system emissions attributable to procurement alongside a £40billion spend each year. We are committed to reducing the impacts associated with our own commissioning, sourcing and buying processes.



OUR COMMITMENTS

- > We will work with our suppliers in reducing waste from their supply chain wherever possible.
 - > We will demonstrate a commitment to ethical trade by integrating ethical trade principles into our core procurement practices.
-

To achieve this we will

- > Implement a new Procurement Policy, with sustainability and social responsibility considerations as a business-as-usual feature of our procurement activity.
- > Provide information to other NHS organisations that are developing new tools and metrics to measure the environmental performance of procurement.
- > Continue to provide opportunities for local suppliers to support the local economy and reduce delivery miles.
- > Monitor stock levels and promote practices to target waste generated by our clinical services.
- > Promote our Procurement Policy to all potential suppliers and train staff to ensure that anyone procuring for our Trust understands what is required to procure in a sustainable way.

KEY SUCCESS MEASURE BY 2020

We will use every opportunity throughout the procurement tender process to engage suppliers in the sustainability agenda and improve our environmental footprint.

4. CULTURE

Embedding sustainability into everyday practices requires long-term culture change achieved by leadership and system-wide engagement. We are committed to informing, empowering and supporting the workforce to deliver high quality care in a sustainable way.



OUR COMMITMENTS

- > We will inform, empower and support our workforce to take action to deliver high quality care today that does not compromise our ability to deliver care in the future, ensuring this becomes integral to the way we operate.
 - > We will embed sustainability into our HR policies and practices and ensure that staff development processes support a shift to more sustainable and resilient healthcare delivery with clear senior leadership.
-

To achieve this we will

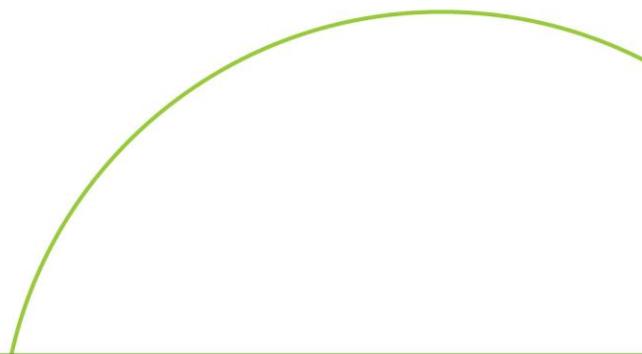
- > Include sustainable development objectives into our staff induction, development and appraisal processes and encourage all clinical staff to consider how to include sustainability as a dimension of their daily work.
- > Review our existing training provision and introduce a more structured and coherent training programme around sustainability, linked to other training programmes and initiatives.
- > Operate annual Board leadership programmes in partnership with the Sustainable Development Unit to promote leadership competencies that encourage consideration of environmental impacts and projections alongside financial and health outcomes.
- > Introduce *Sustainable Healthcare Leaders* across the Trust to support the implementation of this SDMP through cultural development.
- > Utilise approaches that minimise travel and printing to conduct all staff training in a low-carbon manner.
- > Develop and launch a new communication strategy and staff engagement campaign aimed at raising awareness, communicating core messaging and driving positive action at every level of the Trust.
- > Participate in national sustainability campaigns, for example the annual NHS Sustainability Day.
- > Initiate an incentive scheme to encourage grass-roots action and innovation in sustainable healthcare delivery and hold annual sustainability awards to recognise those supporting the delivery of our SDMP.

KEY SUCCESS MEASURE BY 2020

100% of Trust staff to receive training on sustainability in healthcare, including carbon reduction and climate change adaptation, as appropriate to their role.

5. WELLBEING

With productivity being integrally linked to workforce wellbeing, the Trust is committed to reducing workplace stress and improving the health and wellbeing of its staff.



OUR COMMITMENTS

- > We will reduce sickness absence and workplace stress and measurably improve the overall health and wellbeing of our workforce.
 - > We will pay all our staff a Living Wage and take action to promote financial inclusion across our workforce.
-

To achieve this we will

- > Support our Occupational Health (OH) team to develop and deliver our Health & Wellbeing Strategy and Action Plan, ensuring these are aligned to the objectives of this SDMP.
- > Create a Health & Wellbeing Coordinator post within our OH team and develop a network of *Sustainable Healthcare Leaders* to support the delivery of the Health & Wellbeing Action Plan.
- > Fast track access to OH physio, mental health and community psychiatric nurse support and increase OH capacity to deliver training to managers and staff on sickness absence management, stress management, wellbeing, leadership and resilience.
- > Increase support to existing in-house counselling service and contracted psychology team to increase capacity to deliver training and group sessions.
- > Encourage and support active travel through our Health & Wellbeing Action Plan, ensuring it is aligned to our Travel Plan objectives.
- > Ensure that changes to our property portfolio produce an on-going improvement in working environment for staff and the provision of adequate facilities for break and rest periods.
- > Develop Healthy Eating Policy for staff and increase access to healthy food options and information.
- > Promote and support access for staff to free health "MOT" checks, with appropriate resourcing in our OH team.
- > Target HR support to services with higher than average sickness levels to ensure that they are supported to follow good absence management and staff support practice.
- > Become accredited as a 'Living Wage Employer' and enable staff to have saving and loan deductions from their salary direct to credit unions, in order to promote financial inclusion, alleviate stress and support staff on lower incomes who cannot access credit.

KEY SUCCESS MEASURE BY 2020

Reduce sickness rate to below 3%, reduce the percentage of staff reporting that they have suffered work related stress and increase the percentage of staff participating in physical activity during the working day, including active travel to work.

6. ADAPTATION

With climate in the UK changing, it is important to ensure that health and care system infrastructure and processes are prepared for and resilient to the rising temperatures, flooding and severe weather events that are becoming more and more frequent. We are committed to ensuring that our services and workforce are prepared and able to protect our patient community.



OUR COMMITMENTS

- > We will create infrastructure, supply chain and logistics operations that are resilient to changes in the climate and extreme weather events.
 - > We will ensure our workforce is prepared and able to adapt to the projected impacts of climate change, including anticipated health issues for both patients and staff and disruption to our services.
-

To achieve this we will

- > Employ the UK Climate Change Risk Assessment tools and guidance to assess local risks to our patients and staff, infrastructure, supply chain and clinical services and inform our Emergency Planning & Business Continuity procedures.
- > Conduct regular climate change impact risk assessments covering the areas and communities we serve and ensure that high level risks are registered on the Trust's Risk Register.
- > Develop a Climate Change Adaptation Action Plan to reduce impact on and ensure continuation of care for our most vulnerable patients during heat waves, floods and other extreme weather events.
- > Collaborate with relevant partners and stakeholders across the health system and local authorities in order to share information, raise awareness and help prioritise and agree coordinated action.
- > Train our staff to recognise and respond to anticipated changes to the local climate and expected increases in the burden on the local health system.
- > Ensure all new and existing infrastructure is able to cope with rising temperatures and floods and minimises the risk to staff, patients and visitors and weigh this as a key consideration when designing, planning or leasing new premises.
- > Assess the risk of disruption climate changes pose to our supply chain and develop appropriate management strategies to ensure continuity of our services.
- > Identify risks of disruption to our transport operations and community services and put in place contingency plans to cope with extreme or unexpected events.

KEY SUCCESS MEASURE BY 2020

Annual Climate Change Adaptation risk assessment undertaken as routine component of Emergency Planning and Business Continuity procedures.

7. GOVERNANCE

It is fundamental to being a sustainable organisation that we operate with integrity and responsibility. Effective governance is critical to ensuring that we deliver on our SDMP, integrating and embedding its principles and processes throughout the Trust and engaging our staff, patients and wider stakeholders.



OUR COMMITMENTS

- > We will embed sustainability into our corporate governance structures, ensuring effective, targeted action is possible at all levels of the Trust.
 - > We will monitor and measure our progress against this SDMP and adopt transparent public reporting as a fundamental principle for improvement and good governance.
-

To achieve this we will

- > Oversee the delivery of this SDMP through a newly formed Sustainability Steering Group, led by Richard Sunley. This multidisciplinary group will bring together the sustainability leads, clinical representatives, external stakeholders and members of the public to shape and develop the programme.
- > Work with departments outside of Estates and Facilities to ensure that new and existing strategies, initiatives and policies within the Trust align with this SDMP's objectives, embedding sustainability into their principles and processes.
- > Lead day to day management of the programme through our multidisciplinary Sustainability Team.
- > Adopt the Treasury sustainability reporting approach FReM and use this as the basis for measuring our sustainability reporting.
- > Lead by example and publish a detailed sustainability report alongside our Annual Report each year, to chart progress against our action plan.
- > Prepare business cases for any investment (capital or revenue) required to support the programme.
- > Report to our Board on performance against this SDMP every six months and gain approval from the Board for this SDMP every year.
- > Ensure that this SDMP is accessible to our staff and the public through our website and is reviewed and updated annually.
- > Benchmark ourselves against other NHS Trusts on a number of key sustainability indicators, including CO₂ reduction.

KEY SUCCESS MEASURE BY 2020

To have the SDMP referenced in all Trust policies and procedures, and to have a sustainability impact assessment incorporated into all major strategies and Board papers.

REAPING THE BENEFITS

By delivering on this SDMP to become a more sustainable healthcare provider, the Trust can achieve immediate health and wellbeing benefits, significant cost savings and considerably reduce its impact on the environment.

Health and wellbeing benefits

Through this SDMP we have the opportunity to achieve immediate health and wellbeing benefits, including:

- > Reduced sickness absence and stress among our staff;
- > Improved workforce health with an increased proportion participating in physical activity during the working day including travel to work;
- > Greater ability to ensure appropriate care is available for vulnerable patients during heat waves, floods and other extreme weather events caused by climate change; and
- > Increased financial inclusion across our workforce with the introduction of a Living Wage.

Value at Stake

By taking action to reduce our emissions as set out in this SDMP we can expect to achieve significant CO₂ reductions and cost savings.

The estimated benefits of implementing this SDMP are summarised in the Value at Stake analysis shown Figures 5 and 6 on

the following page. This illustrates the difference between doing nothing (a business-as-usual approach) and a reduced emissions scenario where the Trust takes an active approach to sustainability in line with this SDMP, reducing CO₂ emissions by 34% by 2020.

The Value at Stake analysis takes into account:

- > Electricity and gas price inflation at 5% per year
- > Natural CO₂ emissions growth of 3.5% per year

On this basis the total cumulative benefits of implementing this SDMP at ESHT amount to:

- > Cost savings of £7.2 million by 2020
- > A reduction of over 34,000 tonnes CO₂ by 2020

The annual revenue cost of implementing this SDMP is ca. £95K.

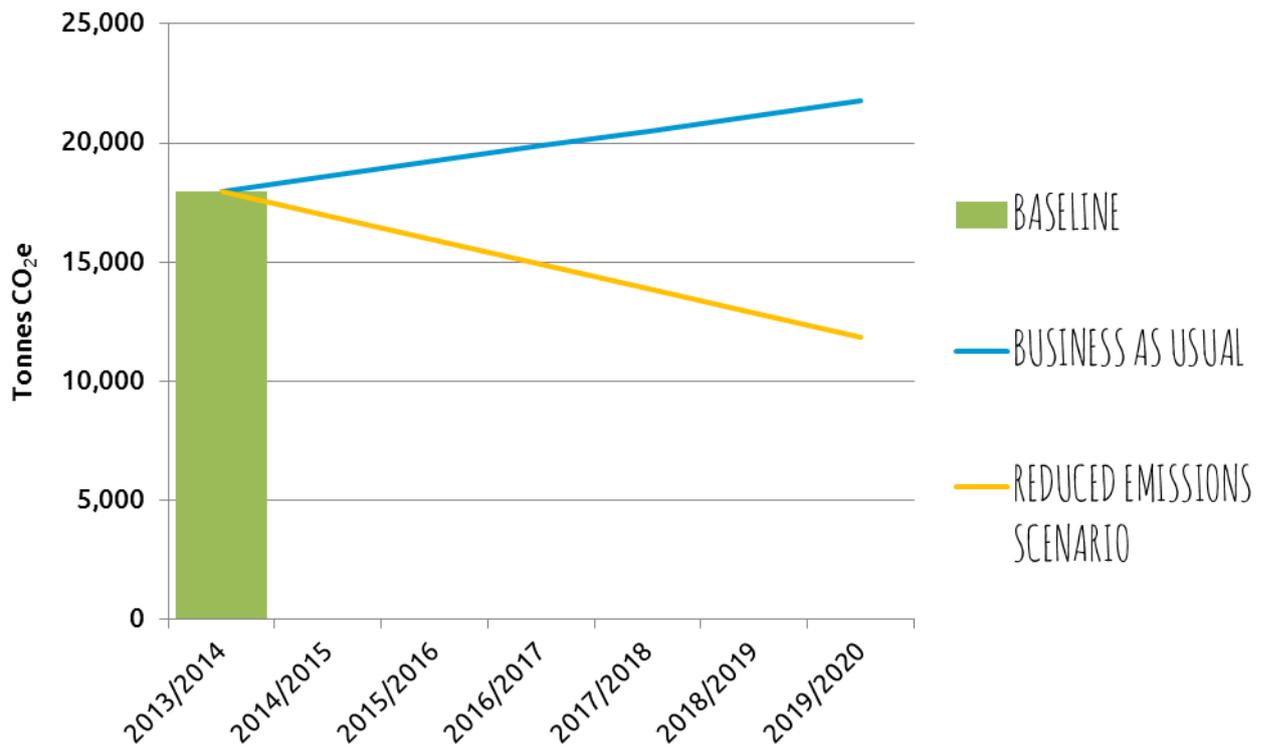


Figure 5: ESHT Value at Stake analysis – carbon emissions (CO₂e)

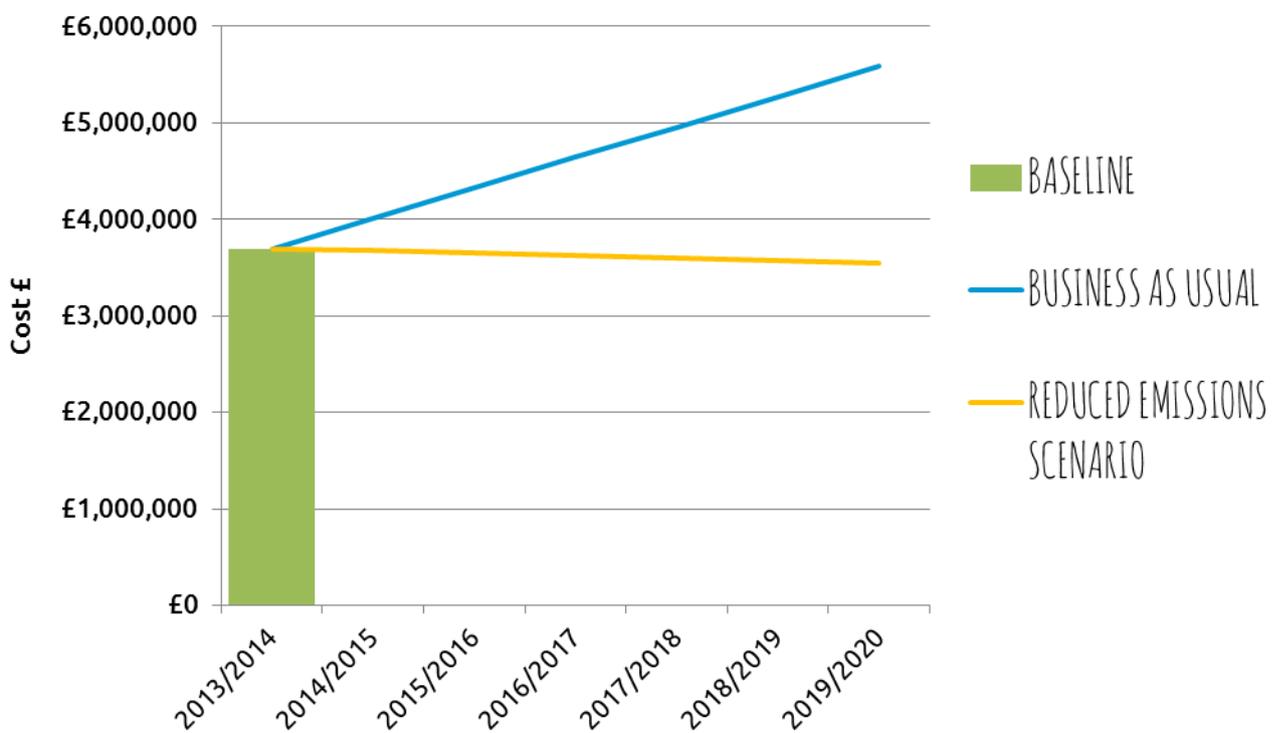


Figure 6: ESHT Value at Stake analysis ESHT – energy cost (£)

HOW WE WILL ACHIEVE THIS

Delivery of this Management Plan will rely on effective governance structures being integrated throughout the Trust. Alongside this, we recognise the vital role our staff can play in helping us deliver this strategy as well as the power of partnership to accelerate progress and achieve success.

Engaging staff and patients

We are committed to working with our staff, patients, stakeholders and other individuals and organisations to engage with us, help us deliver our strategy and promote best practice in sustainability, both within our local communities and with other NHS partners.

Sharing best practise and leading by example

By leading by example and openly sharing our experience and learning with other health and social care providers we hope to:

- > Promote the importance of adopting sustainable lifestyles to the local communities that we serve.
- > Improve the effectiveness of our Management Plan.
- > Develop networks to share best practice on sustainable healthcare delivery.
- > Become recognised as a leading NHS services provider for sustainable development policy and practice.

Our commitments

To achieve this we will:

- > Publish this SDMP on our website and actively promote our work externally.
- > Seek opportunities to share best practice with other NHS bodies and openly share information on our sustainability initiatives with providers and commissioners.
- > Play an active role in local sustainability networks and participate in local and national events to promote our work.
- > Develop joint communication and staff engagement initiatives with other NHS providers in the local health economy and promote collaborative action across our organisations.
- > Encourage and support local Clinical Commissioning Groups to develop sustainable commissioning strategies that take an holistic, system-wide approach to sustainable healthcare delivery and pioneer the development of care pathway approaches to carbon footprinting and CO₂ reduction.
- > Invite input from service users and community groups into the future development of our sustainability programme.

For further information please contact:

Mark Paice, Assistant Commercial Director, Estates

Email: mark.paice@nhs.net

East Sussex Healthcare NHS Trust

Conquest Hospital

The Ridge

Hastings

East Sussex

TN37 7RD



East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	15
Subject:	Annual Business Plan 2015/16
Reporting Officer:	Amanda Harrison, Director of Strategic Development and Assurance Vanessa Harris, Director of Finance

Action: This paper is for (please tick)			
Assurance	<input checked="" type="checkbox"/>	Approval	<input checked="" type="checkbox"/>
Decision			
Purpose:			
This papers sets out the key elements of the Annual Business Plan (ABP) for 2015/16 with information on the supporting documents and processes to assure its delivery. The final draft version of the plan was approved by the Board and submitted to the TDA on 14th May.			

Introduction:
The paper sets out the strategic context with information on our broad clinical priorities as we continue on the journey to achieve clinical operational and financial sustainability. The plan has been developed with the clinical units and corporate departments and details priorities for this year. This plan is underpinned by detailed plans at clinical unit and corporate directorate level. Progress against the delivery of the ABP objectives will be reported to the Board quarterly (see Annexe C).

Analysis of Key Issues and Discussion Points Raised by the Report:
The Trust should acknowledge its achievements and the progress it has made in 2014/15.
The priorities for 2015/16 are provided and there are some cross cutting themes including the development of a more robust recruitment strategy to address shortages in medical and nursing staffing and reduce agency spend; continuing to engage staff through increased levels of appraisal and training. Significant projects for next year include continuing to improve the utilisation of theatres to improve patient experience and efficiency and transformation of community services.
The ABP outlines the financial plan that the Trust plans to follow.

Benefits:
Clinical units and corporate departments have been fully engaged in the process. There is clarity about the organisational priorities and targets for 2015/16 and the risks attached.

Risks and Implications
Decisions affecting major areas of service which have not yet been formalised and therefore not yet adjusted for, including changes in the commissioning and provision of musculo-skeletal services, the tender for community service provision in the High Weald, Lewes and Havens Clinical Commissioning Group area and any other tenders.

Assurance Provided:
Strategic Objective 2, risk 2.2 Strategic Objective 3, risk 3.6

Review by other Committees/Groups (please state name and date):
Clinical Management Executive 11 th May 2015 Business Planning Steering Group 12 th May 2015 Private Trust Board 13 th May 2015

Proposals and/or Recommendations
The Board is asked to ratify the Annual Business Plan for 2015/16 and note that a quarterly report will be supplied to the Board on progress against the Annual Business Plan objectives.

Outcome of the Equality & Human Rights Impact Assessment (EHRIA)
What risk to Equality & Human Rights (if any) has been identified from the impact assessment?
None identified.

For further information or for any enquiries relating to this report please contact:	
Name: Jane Rennie, Associate Director – Planning and Business Development	Contact details: janerennie1@nhs.net

East Sussex Healthcare NHS Trust

Summary of Plan for 2015/6

1. Background

East Sussex Healthcare Trust (ESHT) is currently four years into a five year improvement journey to improve 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 have agreed for the organisation

- a) Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority
- b) Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences.
- c) 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 '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 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 took place in May 2014.

Consultant led maternity services and in-patient paediatric services were temporarily centralised on the Hastings site in May 2013 on the grounds of safety. The three local Clinical Commissioning Groups undertook a consultation on the long term future of these services "Better Beginnings". The outcome of the consultation, published in June 2014, and ratified by the Health Overview and Scrutiny Committee in July 2014, confirmed the temporary centralisation as the permanent configuration for these services.

- Birthing services are retained at all three current sites (Conquest, Eastbourne and Crowborough Hospitals)
- Consultant-led maternity services are provided at the Conquest Hospital, Hastings
- Two midwife-led birthing units are provided at Crowborough and Eastbourne
- Short-stay paediatric assessment units provided at both Eastbourne and Hastings

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

- In-patient (overnight) paediatrics, the special care baby unit and emergency gynaecology co-located at the same site as the consultant-led maternity service.

The CCGs and the Trust are currently developing the longer term model for short stay paediatrics and midwifery led care in order to fully implement this decision. The outcome of this work is expected in 2015/16 and will allow an assessment of the full capital impact of this decision and the development of a business case to support its implementation.

The full business case that supports the capital investment required to realise the full benefits of all other elements of the clinical strategy has been developed and approved by the Trust Board in 2013 and remains under consideration by the Trust Development Authority (TDA). 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 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.

2. Planning Objectives

Based on the Trust's Clinical Strategy the following broad clinical priorities have been identified for the planning period up until 2018/19:

- The ongoing development and implementation of a model of care for the management of frail adults across the Trust and more widely including:
 - Agreeing pathways for adult acute care which embed the model of care for frail people and support our local demography
 - Redesigning community services to realise the benefits of integrated provision and to ensure the prevention of inappropriate admissions and to facilitate timely discharge
- Developing delivery models for clinical support services including ITU, diagnostics and pathology in order to ensure alignment with optimal service configuration and that maximum efficiency and value is derived from their operation.
- Reviewing medical and surgical specialties and subspecialties against efficiency and sustainability criteria (operational, clinical and financial) to identify priorities for transformation and opportunities for differentiation followed by a review of the models of care and delivery options for the clinical services identified.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

2.1 Review of 2014/15 Delivery

Overall Trust quality score for the year:

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
ESHT OVERALL QUALITY SCORE (Out of 5: 1-Poor to 5-Good)	4	4	5	5	4	5	4	4	4	4	4	4
Responsiveness Domain Score	3	2	3	3	2	3	2	3	3	2	3	2
Effectiveness Domain Score	5	5	5	5	5	5	5	5	5	5	5	5
Safe Domain Score	4	5	5	5	3	5	4	3	5	5	5	5
Caring Domain Score	5	4	4	4	5	5	4	4	4	4	4	4
Well Led Domain Score	3	3	4	4	4	4	4	4	3	3	3	3

Table 1

Performance on access targets up to and including March 2015:

Responsiveness Domain			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
			DOMAIN SCORE											
Indicator	Standard	Weighting	3	2	3	3	2	3	2	3	3	2	3	2
Referral to Treatment Admitted	90.00%	10	82.68%	84.06%	85.84%	80.88%	75.60%	82.74%	85.67%	78.26%	91.18%	74.76%	81.00%	84.75%
Referral to Treatment Non Admitted	95.00%	5	94.08%	94.12%	91.81%	92.66%	91.16%	89.56%	91.42%	91.49%	90.55%	87.64%	89.74%	92.69%
Referral to Treatment Incomplete	92.00%	5	92.37%	92.89%	92.80%	92.35%	92.22%	93.39%	92.97%	92.04%	90.20%	92.35%	93.64%	94.24%
Referral to Treatment Incomplete 52+ Week Waiters	0	5	4	6	4	3	1	3	2	4	2	0	0	0
Diagnostic waiting times	1.00%	5	7.32%	6.31%	0.45%	0.70%	0.97%	0.18%	0.28%	1.29%	1.29%	1.79%	0.66%	1.13%
A&E All Types Monthly Performance	95.00%	10	95.20%	93.60%	95.08%	97.27%	94.07%	95.00%	93.44%	95.63%	89.00%	91.82%	92.86%	91.48%
12 hour Trolley waits	0	10	0	0	0	0	0	0	0	0	0	0	0	0
Two Week Wait Standard	93.00%	2	89.97%	89.07%	91.78%	89.69%	90.16%	93.41%	92.80%	92.22%	91.98%	90.20%	93.94%	92.47%
Breast Symptom Two Week Wait Standard	93.00%	2	84.21%	92.06%	85.00%	88.69%	93.58%	80.65%	95.89%	93.75%	92.73%	93.48%	91.15%	91.03%
31 Day Standard	96.00%	2	97.33%	96.71%	98.35%	99.34%	95.57%	94.87%	86.14%	90.74%	96.43%	90.20%	94.97%	96.20%
31 Day Subsequent Surgery Standard	94.00%	2	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
31 Day Subsequent Drug Standard	98.00%	2	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
62 Day Standard	85.00%	5	86.01%	82.08%	77.01%	75.11%	80.00%	79.15%	76.87%	75.00%	83.11%	83.68%	75.24%	74.60%
62 Day Screening Standard	90.00%	2	76.92%	80.00%	100.00%	83.33%	83.33%	68.75%	83.33%	83.33%	100.00%	76.47%	87.50%	75.00%
Urgent Ops Cancelled for 2nd time (Number)	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Proportion of patients not treated within 28 days of last minute cancellation	0.00%	2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	0.00%	0.00%
Delayed Transfers of Care	3.50%	5	4.47%	5.90%	4.23%	5.01%	3.95%	5.43%	4.63%	7.81%	12.15%	11.84%	11.25%	6.57%

Table 2

- A&E 4 hour waiting standard**

Performance against the 4 hour A&E waiting time standard in March was 91.48%.

Quarter 4 cumulative performance was 92.12% and the full year 2014/15 cumulative performance was 93.84%.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

- **RTT 18 week Standard**

RTT Performance continues to align with the trajectory agreed with the TDA and local commissioners.

For Incomplete Pathways ESHT had been set an Incomplete Backlog pathways target of 1837 and this was achieved in March.

- **Diagnostics**

The Trust did not achieve the 6 week diagnostic waiting time target for the month of March. The total number of breaches was 73 which resulted in an overall percentage of 1.13%.

- **Cancer Services**

Cancer performance for March is currently based on a preview but a final position will be reported later.

The preview Cancer report for March indicates that the trust will meet the 31 Day Surgery and Drug Standards. Early indications are that the trust did not see or treat the required number of patients against Two Week Wait, Two Week Breast Standard, 31 Day Standard and 62 Day standard and screening.

The final Cancer report for February confirmed that the trust met both the Two Week Wait standard and the 31 Day Surgery & Drug Standards.

- **Delayed Transfers of Care (DTC)**

DTCs are aggregated (Acute and Non-Acute combined) within the accountability framework's responsiveness Domain.

A breakdown is shown below.

Delayed Transfer of Care Breakdown	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	
Delayed Transfers of Care (Combined)	3.50%	4.47%	5.90%	4.23%	5.01%	4.33%	6.67%	4.92%	7.81%	12.15%	11.84%	11.25%	6.51%
Delayed Transfers of Care (Acute Only)	3.50%	2.38%	4.75%	3.28%	3.96%	3.27%	5.11%	3.96%	5.61%	10.73%	11.27%	11.39%	4.80%
Delayed Transfers of Care (Non-Acute Only)	7.50%	15.01%	12.77%	9.82%	10.11%	9.12%	13.56%	8.98%	18.28%	12.99%	8.77%	13.79%	

Table 3

Though still above the required thresholds, DTC bed day levels have reduced significantly in March. This improvement was due to a number of operational actions:

- Daily senior review (Health and Adult Social Care (ASC) of patients occupying beds on winter wards and outlying areas
- Three times each week, Health and ASC senior management join a conference call to discuss specific patients together with the discharge process.
- Further training has been undertaken to ensure that all staff are aware of the DTC rules and data capture definitions. This ensures that data captured into the Trust's new DTC database is accurate and the resultant outputs are providing the team with accurate information.
- ASC have commissioned 8 beds in total (4 in Eastbourne and 4 in Hastings) within nursing homes. DTC patients can be discharged here whilst awaiting any intervention preventing hospital discharge.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

Key quality indicators for 2014/15

Safe Domain			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
			DOMAIN SCORE											
Indicator	Standard	Weighting	4	5	5	5	3	5	4	3	5	5	5	5
Clostridium Difficile - Variance from plan	4	10	5	3	4	2	6	2	7	6	6	3	2	3
MRSA bacteraemias	0	10	0	0	0	0	1	0	0	1	0	0	0	0
Never events	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Patient safety incidents that are harmful	0	5	3	4	3	1	1	0	1	3	0	1	5	4
Medication errors causing serious harm	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Overdue CAS alerts	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Maternal deaths	0	2	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	95.00%	2	99.00%	97.90%	98.29%	98.15%	98.10%	97.98%	98.67%	98.21%	96.04%	96.51%	97.03%	96.39%
Percentage of Harm Free Care	92.00%	5	93.96%	94.07%	94.29%	93.90%	97.53%	94.60%	94.97%	97.67%	97.83%	93.66%	93.45%	94.68%

Table 4

- Healthcare Acquired Infections**

There were 3 reported cases of C-Difficile in March, which is above the trust trajectory.

The final year C-Difficile Outturn stands at 49, and above the target trajectory of 44.

Of these, twenty two have been confirmed as due to a lapse in care. For twenty seven it has been determined that there was no lapse in care.

- Patient Safety**

Incidents recorded onto the system with a severity level of 4 or above, are included within this indicator but will be routinely reviewed to ensure that the severity has been appropriately assigned. In some cases this may reduce the severity of the incident and thus remove it from this line. As such, subsequent reports may show a different number.

Key workforce indicators up and including March 2015:

Well Led Domain			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
			DOMAIN SCORE											
Indicator	Standard	Weighting	3	3	4	4	4	4	4	4	3	3	3	3
Inpatients response rate from Friends and Family Test	30.00%	2	46.43%	44.22%	44.01%	46.84%	39.40%	46.21%	47.94%	48.62%	46.48%	38.55%	42.18%	41.52%
A&E response rate from Friends and Family Test	20.00%	2	13.59%	15.76%	35.03%	24.41%	28.75%	30.40%	25.10%	20.87%	16.66%	17.55%	21.99%	19.38%
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work	40.70%	2	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment	42.30%	2	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%
Trust turnover rate	10.00%	3	12.45%	12.89%	12.72%	12.81%	13.19%	13.41%	13.32%	13.60%	14.09%	14.03%	13.95%	12.64%
Trust level total sickness rate	3.30%	3	4.08%	3.87%	4.26%	4.44%	4.59%	4.76%	5.50%	5.46%	5.74%	5.33%	5.02%	4.81%
Total Trust vacancy rate	10.00%	3	6.04%	6.40%	5.21%	5.61%	4.72%	5.47%	5.74%	7.60%	5.58%	6.66%	6.19%	6.24%
Temporary costs and overtime as % of total payroll	10.00%	3	7.02%	7.29%	8.72%	9.48%	9.58%	9.48%	9.73%	9.97%	10.16%	11.14%	12.41%	12.56%
Percentage of staff with annual appraisal	85.00%	3	63.37%	63.84%	63.74%	62.34%	67.02%	67.54%	68.34%	70.01%	68.28%	70.64%	71.71%	74.60%

Table 5

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

- **Vacancy Rate**

The Trust's vacancy rate at 31st March 2015 was 6.24%. This is on or slightly below average for the NHS as a whole. However, we do have hard to recruit to areas and professions, such as A&E, Theatres, and some specialist services. In addition we are also impacted by the national shortage of nursing roles.

35.5 qualified nurses have been appointed in March 2015 including 19 newly qualified nurses and a further 26.55 in pipeline due to start in May/June 2015. Given current turnover rates, however, we need to replace around 20 nurse leavers a month in addition to current vacancies. Nurse recruitment is a national issue with estimated vacancy rates of 10%, according to NHS Employers (our rate is currently 6.22%). To address this, we are actively pursuing international recruitment in Spain and Portugal and looking to collaborate as part of a Sussex wide initiative for recruitment in India and the Philippines.

We have appointed 24 new unqualified nurses, with 20 in the pipeline. We have been running a local recruitment campaign since the beginning of January and we will be conducting an Health Care Assistant open day on the 18th May with 50+ attendees. Additional induction sessions have been scheduled to support new starters.

There is a recruitment and retention strategy in development.

- **Absence Rate**

The Trust's sickness rate at 31st March 2015 was 4.94%. Our annual sickness rate is above average when compared with Acute Trusts, but near average when compared with Community Trusts. There is no comparator for Integrated Trusts. During 2014/2015 we have reviewed our absence policy and placed emphasis on managing absence by reviewing the number and types of episodes of sickness. We will also be recruiting some temporary additional HR advisers to focus specifically on this area during 2015/2016.

- **Bank/Agency Use**

Use of Bank and Agency staff is mainly to cover short term absence and hard to recruit to roles. Long term medical locums are used in areas such as A&E. The Trust supports all areas to recruit to establishment in order to minimize bank/agency spend.

2.2 Progress towards Local Health Economy sustainability

The Trust has actively engaged in the Challenged Health Economy work and will with its partners ensure the outcome of Phase 2 of the programme, is incorporated into the East Sussex Better Together programme. The latter is a jointly agreed programme led by the three local clinical commissioning groups and the local authority. There is a 150 week implementation plan and the Trust is in discussion with its partners to ensure there is full engagement. Detailed plans for the intended impact on the Trust in 2015/16 are not yet available and are therefore not yet factored into the plans of the clinical units.

The Trust is also developing plans for further review of its service and organisational model in the light of the Dalton Review and the Five Year Forward Plan. The timetable for this is ambitious and it is envisaged that this will inform the Trust's five year integrated business plan in June and the long term financial model which underpins the strategy.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

3. 2015/16 plans

The ABP contains plans for cost improvement, quality improvement, delivery of the clinical and operational capacity required to meet key access targets and the enabling corporate workstreams that will support these plans. Further details are given in the following sections.

3.1 Cost Improvement plans (CIPs)

In the light of the priorities at Section 2 and in order to address the continuing financial challenges in East Sussex health economy the clinical units and corporate departments have developed ambitious CIPs for 2015/16 including:

- Continuing to Implement a new medical model which will result in reduced lengths of stay
- Improvement in theatre productivity leading to increased efficiency
- Reducing agency costs by recruiting to substantive roles
- Improved procurement
- Managed service contract in Pathology.

3.2 Quality Impact Assessments (QIAs)

A robust process is now in place to assess the impact of all CIPs on the quality and safety of services. The QIA assesses quality risks in relation to the following three quality and safety domains:

- Patient safety
- Clinical effectiveness
- Patient experience.

The assessments are undertaken by a panel comprising the Medical Directors and the Director of Nursing and recommendations are made to the Business Planning Steering Group (BPSG) who make the final decision to approve or reject plans. A record is kept of these decisions for audit and assurance purposes.

As plans are implemented the panel is responsible for monitoring the outcome and alerting the BPSG about any reduction in quality or safety.

In developing the ABP and CIPs all clinical units have undertaken these in line with the process outlined in detail at Annexe A of this paper.

3.3 Quality Improvement Plan

This links to our strategic objective to improve quality and clinical outcomes by ensuring that safe patient care is our highest priority and there are five key areas:

Improve the experience of our patients through improving face to face communication and the written information we provide.

We will:

- Review Trust leaflets by specialty, reviewing the content and number of leaflets that require review and revision. As soon as we have undertaken this initial scoping exercise we will produce a plan of how the project will be rolled out.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

- Embed the 'Hello...my name is' campaign across the organisation. We will 'test' that the campaign is in use within the Trust by adding a question to the Friends and Family Test which will ask patients if they were introduced to the team with their name.
- Raise the awareness and importance of good communication with new Doctors at induction.

Improve compassion in care

We will:

- Engage with our patients and service users to understand what they see as compassionate care. We will work with them to develop a measurable quality indicator which can be monitored during the remainder of the year.
- Review Trust performance against the 'Compassion in Practice; Nursing, Midwifery and Care Staff. Our Vision and Strategy' (Cummings and Bennett, 2012) and make recommendations for changes in practice as a result.
- Introduce Schwartz Rounds which is a practical tool enabling staff from a range of disciplines to meet and explore together the challenging and emotional issues that arise in caring for patients. Evidence has shown that they can have a positive effect on individuals, teams, patient outcomes and the culture of the environment staff work in.
- Identify and implement the 'Culture of care Barometer' at a pilot site within the trust. This is a tool which has been developed to aid trusts to gauge the different characteristics of the environments in which care is delivered and so help to understand the culture of care in the trust we work in. It provides a stimulus for discussion and reflection to enable teams to understand barriers, challenge and break these down so support the delivery of compassionate care.

Reduce the number of falls which cause significant harm

We will:

- Develop a fall prevention training work book for staff to access in work areas which will supplement our e- learning package.
- Produce a falls prevention newsletter that will be shared with all staff across the trust to develop good practice and share lessons learnt.
- Develop quarterly falls awareness events which will be held for frontline staff across the Trust.
- Raise awareness and encourage our staff to undertake falls training.
- Ensure every patient admitted into our acute site is risk assessed using a falls risk assessment
- Ensure that patients identified as 'at risk' of a fall have a further multifactorial risk assessment carried out
- Develop and implement an after fall 'care bundle' which incorporates best practice identified in NICE guidance
- Ensure we have 24/7 accessibility of falls prevention equipment within our hospitals
- Regularly audit our compliance with risk assessment
- Regularly audit our compliance with our falls care bundle to ensure we are maintaining best practice
- Review our data, analysis and how we track the improvements we are expecting to make.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

Deliver safe staffing by ensuring the right people with the right skills are in the right place at the right time

We will:

- Develop a recruitment and retention strategy to support the Trust's objectives
- Undertake a twice yearly review of nursing establishment, which will be presented to the Board for review and approval of revised establishments and if required funding to support outcomes
- Run regular campaigns to recruit healthcare assistant posts
- Adopt a standard of aiming to recruit to nursing posts to 110% which will allow better 'fill rates' that currently occur because of the time it takes to recruit to vacant posts. This will ensure that staffing is at optimum levels at all times
- Run overseas recruitment campaigns to recruit registered nurses including theatre nurses and develop appropriate orientation training.

Improve the care of patients with dementia

We will:

- Improve the effectiveness of our care by expanding our dementia care nursing team so that we are able to provide specialist knowledge, advice and support to our clinical teams, patients, relatives and carers across our community and acute hospitals
- Improve our compliance with national dementia screening assessments for over 75 year old emergency admissions
- Further develop our educational programme with a focus on developing junior doctors awareness and understanding of effective care in dementia
- Work collaboratively with our commissioners and Sussex Partnership Trust to develop a shared care ward on both acute hospital sites
- Undertake patient/carer and staff experience surveys and act upon the results
- Improve the environment in which we provide care
- Environmental changes and improvement at the Trust will be dementia friendly through a rolling programme for improvement by the Service Redesign Manager for Projects and Property

3.4 Care Quality Commission (CQC)

The Trust was inspected in September 2014 by the CQC under the new Chief Inspector of Hospitals regime. This was part of a planned programme of inspections that the CQC is undertaking to ensure all Trusts are inspected before the end of 2015. The Trust was inspected as a whole and therefore included both the acute and community services provided in a number of locations across the county.

The reports published in March 2015 praised the caring nature of staff which was reflected in both acute hospitals (Conquest Hospital and Eastbourne District General Hospital) and the reports into community services.

However, the reports also identified concerns in a number of areas and the Trust is required to make improvements including:

- addressing cultural issues
- improving the provision of outpatient services
- improving aspects of medicines management
- ensuring patients' health records are better managed

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

- ensuring there are sufficient staff to meet the needs of the service, and
- continuing to develop local engagement.

These are addressed in our Quality Improvement Plan and the quality improvement elements of the ABP are aligned to the Trust's aims for service provision and the five CQC domains of quality.

3.5 Operational Performance Plan

Delivery of operational performance standards in 2015/16 will be based on the need to make identified improvements in efficiency and the on-going development and implementation of the Clinical Strategy. The Trust has clear processes in place to identify areas of underperformance and risks to future achievements and these have informed the development of the plan. Plans have also been informed by reviews of best practice evidence and the evidence on optimum models of care.

Seven day working has been introduced in some support services including therapies to improve throughput in urgent and emergency care; and the patient experience by reducing length of stay in hospital. A new medical model has been introduced to provide senior expertise at the front door of the hospital seven days a week.

The Trust has undertaken a self –assessment of its ability to provide 7 day working across the organisation. Work is being undertaken to scope what will be a significant programme of work in urgent and emergency care initially. It is envisaged that this will require significant investment but no costings have been done yet and this will form part of the work to be undertaken later in the year.

- **A&E 4 hour waiting standard**

A Health and Social Care debrief has taken place to ensure learning from the experiences during the winter months are captured for future planning purposes.

Variation in performance across the two main sites is the focus of particular attention with the aim of seeing consistent delivery in 2015/16.

- **RTT 18 week Standard**

2015/16 will be about maintaining steady progress and embedding best practice. The specialties of trauma and orthopaedics, particularly spinal surgery and gastroenterology, will need to continue to work to recovery plans/trajectories.

- **Diagnostics**

The Trust expects to see sustained delivery of the 6 week target moving into 2015/16.

The particular challenge for gastroenterology moving forward is the consequence of the extensions to national screening programs as well as the various national cancer campaigns which increases the demand on the specialty. However it is not possible to flex existing capacity to meet spikes in demand. The Trust will continue to forward plan to ensure that it has appropriate resources in place to meet these requirements.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

- **Cancer Services**

2015/16 is about embedding best practice to achieve sustainable delivery of the cancer standards. For some tumour sites performance is dependent on other Trusts and close working relationships will continue through both the Cancer Partnership Board and Cancer Networks to ensure delays are minimised.

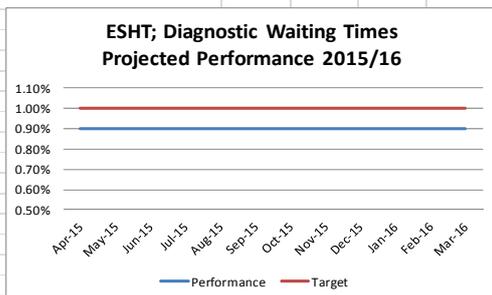
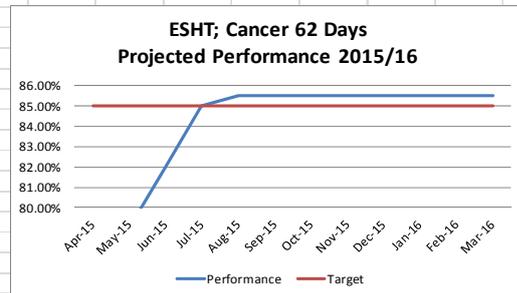
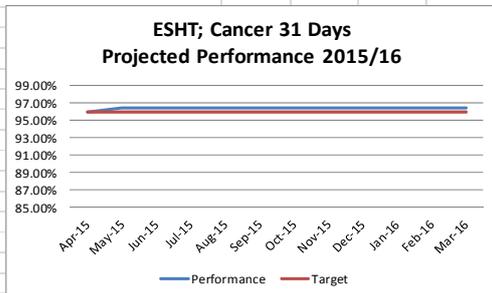
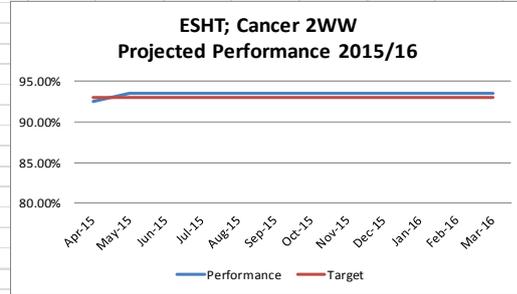
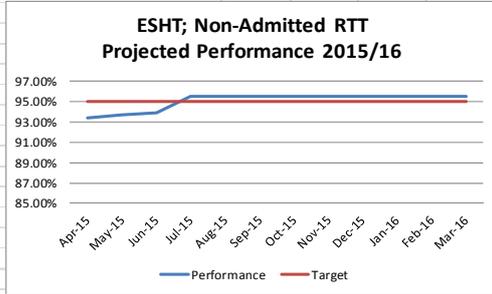
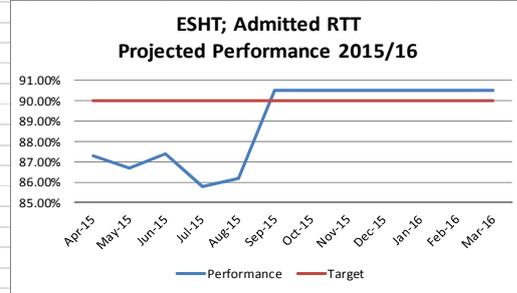
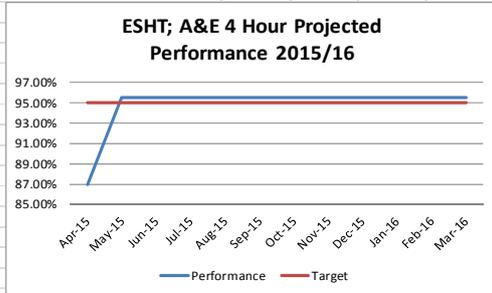
- **Demand and Capacity**

Our activity assumptions are based on 2014/15 forecast outturn activity plus 1.5% growth. As part of the planning process the Trust has developed a demand and capacity model which also supports the job planning process to ensure capacity is appropriate to meet demand and consultant contracts maintain an appropriate level of productivity and delivery. This work has also been supplemented with a bed capacity model to ensure the bed complement is appropriate in each specialty.

The performance trajectories are shown below:

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

Metric	Target	Projected Performance											
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Accident & Emergency	95.00%	87.00%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%
Admitted RTT	90.00%	87.30%	86.70%	87.40%	85.80%	86.20%	90.50%	90.50%	90.50%	90.50%	90.50%	90.50%	90.50%
Non-Admitted RTT	95.00%	93.40%	93.70%	93.90%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%	95.50%
Cancer 2WW	93.00%	92.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%	93.50%
Cancer 31 Days	96.00%	96.00%	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%
Cancer 62 Days Urgent	85.00%	76.00%	79.00%	82.00%	85.00%	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%
Diagnostic 6 Week Wait	1.00%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%	0.90%



Metric	Target	Targets											
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Accident & Emergency	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Admitted RTT	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Non-Admitted RTT	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Cancer 2WW	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
Cancer 31 Days	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
Cancer 62 Days Urgent	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
Diagnostic 6 Week Wait	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

Table 6

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

3.6 Workforce Strategy and Plan

- **Workforce Trajectory for 2015/16**

Staff Group(s)	Baseline		Planned Staff in Post												Difference Baseline & Estab 31-Mar-16		
	WTE Planned Staff in post 2014/15 As at 31st Mar-15	1,774.3	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE 2015/16 As at 31st Mar-16	Change	% Change
			Apr-15	May-15	Jun-14	Jul-15	Aug-15	Sep-14	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16			
2.1 Registered Nursing, Midwifery and Health visiting staff	1,759.3	1,774.3	1,779.3	1,798.3	1,800.3	1,805.3	1,810.3	1,810.3	1,815.3	1,815.3	1,820.3	1,820.3	1,825.3	1,825.3	66.0	3.8	
2.2 All Scientific, Therapeutic and Technical Staff	645.6	647.6	647.6	647.6	640.8	640.8	640.8	635.8	635.8	635.8	635.8	635.8	635.8	635.8	-9.8	-1.5	
2.2.1 Allied Health Professionals	352.2	352.2	352.2	352.2	346.4	346.4	346.4	346.4	346.4	346.4	346.4	346.4	346.4	346.4	-5.8	-1.6	
2.2.2 Other Scientific, Therapeutic and Technical Staff	161.9	163.9	163.9	163.9	162.9	162.9	162.9	162.9	162.9	162.9	162.9	162.9	162.9	162.9	1.0	0.6	
2.2.3 Health Care Scientists	131.5	131.5	131.5	131.5	131.5	131.5	131.5	126.5	126.5	126.5	126.5	126.5	126.5	126.5	-5.0	-3.8	
2.4 Support to clinical staff	1,626.6	1,626.6	1,626.6	1,626.6	1,623.0	1,623.0	1,623.0	1,617.0	1,617.0	1,617.0	1,617.0	1,617.0	1,617.0	1,617.0	-9.6	-0.6	
2.5 NHS Infrastructure Support	997.2	992.2	981.2	975.2	965.2	965.2	965.2	960.9	960.9	960.9	960.9	960.9	960.9	960.9	-36.3	-3.6	
2.6 Any others	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	0.0	0.0	
3.1 Career/Staff Grades	89.7	89.7	89.7	91.7	91.7	91.7	93.7	93.7	93.7	93.7	93.7	93.7	93.7	93.7	4.0	4.5	
3.2 Trainee Grades	237.1	237.1	237.1	237.1	237.1	237.1	237.1	237.1	237.1	237.1	237.1	237.1	237.1	237.1	0.0	0.0	
3.3 Consultants (including Directors of Public Health)	194.7	194.7	196.7	199.7	199.7	201.7	201.7	201.7	201.7	201.7	201.7	201.7	201.7	201.7	7.0	3.6	
4.1 Bank	340.8	320.8	320.8	320.8	310.8	295.8	295.8	295.8	295.8	345.8	345.8	345.8	345.8	345.8	5.0	1.5	

*Career/Staff Grades: Medical staff who are neither consultant nor in training grades

Table 7

- **Key Workforce Issues and Priorities for 2015/16**

Workforce Issue	CQC Report 2015	Staff Survey 2014	Staff FFT 14/15
Service Change / Restructuring – Involvement of staff	The Trust should improve staff engagement and satisfaction.	KF22 – Staff able to contribute towards improvements at work – 2014 = 61%	Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%

**East Sussex Healthcare NHS Trust
Summary of Plan for 2015/6**

Workforce Issue	CQC Report 2015	Staff Survey 2014	Staff FFT 14/15
Staffing <ul style="list-style-type: none"> - Vacancies - Absence - Skill Mix 	<p>The Trust must review staffing levels to ensure they are sufficient for service provision.</p>	<p>KF3 – Work pressure felt by staff – 2014 = 3.69 (Scale 1-5, lower better)</p> <p>KF5 - % of staff working extra hours – 2014 = 69%</p> <p>KF11 - % of staff suffering work related stress in the last 12 months – 2014 = 42%</p>	<p>Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%</p>
Raising Concerns / Speaking out	<p>The Trust must rebuild the relationship with its staff grounded in openness, developing a culture of the organisation with regard to people feeling able to speak out.</p> <p>The Trust must undertake a root and branch review across the organisation to address the perceptions of a bullying culture.</p>	<p>KF15 - % of staff agreeing that they would feel secure raising concerns about unsafe clinical practice – 2014 = 56%</p> <p>KF19 - % of staff experiencing harassment, bullying, or abuse from staff in last 12 months – 2014 = 27%</p>	<p>Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%</p>
Leadership	<p>Rated 'inadequate' in the well led category.</p>	<p>KF8 - % of staff having well-structured appraisals in last 12 months – 2014 = 30%.</p>	<p>Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%</p>

**East Sussex Healthcare NHS Trust
Summary of Plan for 2015/6**

Workforce Issue	CQC Report 2015	Staff Survey 2014	Staff FFT 14/15
		% of staff reporting good communication between senior management and staff – 2014 = 18%	
Staff Engagement	The Trust should improve staff engagement and satisfaction.	All of the above	Staff recommendation of the Trust as a place to work – Staff FFT Q2 = 36%

The Staff Engagement Action Plan, the Recruitment Strategy and the revised Absence Management Procedure, all detail how we will address the above issues during 2015/2016.

• **Workforce Risks and Challenges for 2015/16**

Workforce Risk	Areas Affected	Mitigation
Workforce Capacity		
High levels of sickness, maternity leave, and other leave are impacting on the ability to consistently run services in the most effective way.	Main areas reporting impact are: Wards District Nursing teams Therapies	Regular roster reviews HoN of the day Escalation process Recruitment to all vacancies Active absence management Review of own processes – e.g. Therapies
Some areas have difficulty in either recruiting the right candidates or attracting the right candidates.	Stroke Theatres SALT Sonography Midwifery (esp Community) Community Paediatricians A&E Consultants Middle Grades in Emergency Care Biomedical Scientists EME	Use of locum and agency staff Move staff from other areas to cover Alternative sources of recruitment, e.g. overseas Staffing contingency plans Work with CCGs to review demand/activity Developing new approaches to training/growing our own – e.g. Biomedical Scientists, EME

**East Sussex Healthcare NHS Trust
Summary of Plan for 2015/6**

Workforce Risk	Areas Affected	Mitigation
Staffing shortages/Increased acuity in some areas leave it difficult to maintain minimum staffing levels	Mainly affects ward areas	Daily roster reviews HoN of the day – escalation process Six monthly establishment review – Board Safer Staffing and Workforce Capacity Group
Workforce Capability		
Statutory and Mandatory training levels are around 70% and need to be consistently at 90%+.	Impacts all areas, but mainly Clinical Units.	Active performance monitoring Active work by L&D in areas with weakest compliance levels. Increased availability of places – additional places being commissioned through the use of external venues/trainers to meet compliance levels.
Appraisal compliance is around 70% and needs to be consistently at 90%+.	Mainly Clinical Units	Performance management issue. Programme of awareness raising and training has been in place. Reports of non-compliant staff being sent regularly to all areas. Nurse revalidation to be introduced in 2016.
Workforce Engagement		
Poor staff morale as evidenced by survey results/reports – e.g. Staff Survey / FFT / CQC report	Trust wide	Listening events Staff Engagement Group Leadership Conversations Implementation of Values & Behaviours Staff Engagement action plan
High levels of stress related sickness	Trust wide	Internal review of stress absence cases Active absence management – revised procedure for 2015/2016.

**East Sussex Healthcare NHS Trust
Summary of Plan for 2015/6**

Workforce Risk	Areas Affected	Mitigation
		Health & Wellbeing initiatives
Service changes due to restructuring, tendering, single siting etc., leading to poor staff morale.	Trust wide	Look at pre-consultation engagement events Ensure support for staff involved in writing tender bids – external if required. Application of Organisational Change policy Full involvement of staff side.
Service Tenders resulting in loss of service with the potential for destabilisation of remaining services.	Trust wide	An impact assessment has been commissioned from an external agency to review the impact of loss of tenders on the Trust.

4. Key risks

As part of the multidisciplinary review of the ABP a risk assessment of the deliverability of all elements of the plan has been undertaken. The key risks to deliverability and quality have been identified and fed into the financial analysis of the plan. The key risks identified include:

- An adverse impact on quality arising from the implementation of elements of the plan
- Non delivery of key operational requirements and NHS Constitution commitments
- Delays in the implementation of the new medical model
- Inability to define or deliver clinically and financially sustainable models of care that improve day case rates and ensure clinical standards, training and development requirements are met. for those acute surgical specialties and sub-specialties not already considered through the development of the Clinical Strategy.
- Delays in the delivery of theatre efficiency
- Adverse impact of a revised contract for community services
- Delays in the delivery of hospital at night at Eastbourne DGH
- Fines and penalties exceeding planned levels
- Impact of activity reductions beyond those assumed in plans
- Failure to absorb increases in activity through assumed improvements in productivity
- Additional unplanned cost pressures including premium cost delivery
- CQUIN targets not being achieved.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

5. Financial and Investment Strategy

- 5.1 This section sets out the provisional financial plan and underlying assumptions for the forthcoming year, including cost improvement plans, together with allocation of expenditure budgets. NHS patient income is based on contractual arrangements in place with commissioners. Heads of Agreement for the main contracts are now signed and the only outstanding contract is for MSK.
- 5.2 The Board has been kept aware of the development of the plan through its regular meetings and also via Finance and Investment Committee scrutiny reported through minutes of its meetings. It (the Board) agreed the Plan submission made to the TDA on 14 May 2015, a summary of which is set out below.
- 5.3 Ahead of the plan being finalised, the Board, at its last meeting on 25 March 2015, was asked to agree that provisional 2015/16 expenditure budgets were issued to clinical units based on the assumptions set out below. There have been two additions to the £390.5m expenditure budget previously agreed by the Board. These are an additional investment in Quality Improvement Programmes £1.5m as well as £1m of new investment in community services relating to East Sussex Better Together. In addition further to the 7 April plan submission the income position has improved by £2.9m thus reducing the deficit from £39.9m to £37.0m

In summary the TDA submission is as follows

Income	£356.0m
Less Expenditure	£393.0m
Deficit	<u>£37.0m</u> =====

- 5.4 The Trust set a planned deficit in the 2014/15 financial year of £18.5 million. This deficit was based on delivery of a cost improvement programme (CIP) of £20 million. Following the issue of £18m of non-recurrent provider deficit funding and an increase to the CIP, the Trust unaudited accounts show a £88k surplus. The delivery of the financial plan was and continues to be based on a strategy of:
- Cash releasing savings through improved productivity and better value for money
 - Tight controls on costs, particularly agency usage and enhanced pay.
 - Developing collaborative relationships with commissioners to optimise our income position.
- 5.5 The Trust's view of its contract income for next year has been shaped by the conclusion of discussions with its main commissioners (CCGs and NHSE) and is now agreed. The NHSE contract (Heads of Agreement signed) is made up of several components (part block and part PbR). The Heads of Agreement for the CCG is also signed, reflecting the risk within the Local Health Economy the contract is largely based on the rollover of the 2014/15 PbR/block contract within a cap and collar arrangement. The MSK contract, which is largely a PbR contract, is still being developed and the estimated value remains as per the previous version of the plan.
- 5.6 Significant cost/income pressures, both national and local have been assumed within the Plan as follows.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

- Loss of income from East Sussex Better Together (ESBT) initiatives. £11.5m before a £1.7m investment in community services and £4m transitional support. Net £5.8m
- Reduction in income from the new MSK Partnership arrangements
- Loss of income re Wheelchair service £1.8m (part year effect)
- CNST premium increase £4.2m
- Shortfall in delivering £15m CIP target of £3.6m
- Investment in Quality Improvement Programmes estimated £1.5m revenue. There may also be an additional capital impact tbc.

Financial risks outside of Plan include:

- Marginal cost reimbursement for specialised services contract overperformance
- Activity levels exceed baseline amount in CCG contract and are not paid for or paid at marginal rate only
- Potential loss of HWLH Community Contract
- Fines and Penalties arising from the contracts
- Non-delivery of CIP Plan

5.7 Expenditure budgets have been set based on outturn performance, adjusted for agreed cost pressures and non-recurrent events; then adjusted downwards based on identified CIP initiatives. To meet the various financial pressures and achieve the planned deficit the Trust has set itself cost improvement targets of £15m (3.8% of baseline expenditure); however, only £11.4m is identified. A contingency of 1% of turnover has been set (£4m). The Trust will require cash to finance its deficit in 2015/16. Currently an Interim Revolving Working Capital Support Facility of £31.3m is in place for 2015/16. Further cash will be needed in year if the deficit is maintained at the current level. The year end cash balance is planned to be £1m even though this is below the minimum balance of £2.1m as set out in the facility agreement.

6. **Going Concern**

6.1 In planning a deficit budget at a point when the Trust is closing its 2014/15 Accounts, the Trust needs to consider the “going concern” principle. This is one of the fundamental underpinning accounting concepts for the preparation of the financial statements, where organisations are usually viewed as continuing in operation for the foreseeable future.

Detailed guidance in respect of going concern is set out in the relevant International Accounting Standard (IAS1) and its interpretation for the public sector context is set out in the Financial Reporting Manual (FREM) paragraph 5.2.8(i) and the Department of Health Manual for Accounts 2014-15 (MfA) Chapter 4 Accounting Principles.

6.2 The Manual for Accounts sets out the interpretations of “going concern” for the public sector. An NHS body would not need to have concerns about its “going concern” status unless there is prospect of services ceasing altogether. For ESHT there are no uncertainties in this respect and the position is as follows:

- Continuity of service provision in the future - the signed contracts with commissioners demonstrate this.
- Access to sufficient cash – An Interim Revolving Working Capital Support Facility is in place for 2015/16 see para 5.7 above and discussions are taking place with the TDA regarding further in-year cash to support the deficit Plan.

**East Sussex Healthcare NHS Trust
Summary of Plan for 2015/6**

7. Provisional Financial Outlook

7.1 Based on the above the income/expenditure outlook for 2015/16 is summarised below. This includes the additional investment in Quality Improvement Programmes £1.5m as well as £1m new investment in community services relating to ESBT.

Provisional Summary Income & Expenditure Forecast Outturn & Plan 2014/15 - 2015/16

Summary Income & Expenditure Statement	2014/15 Forecast Outturn £000's	2015/16 Plan £000s
NHS Patient Income	348,065	319,346
Private Patient/ ICR	3,190	3,990
Trading Income	5,292	5,701
Education	10,117	10,117
Other Non Clinical Income	17,492	16,196
2015/16 Income related CIP		680
Total Income	384,156	356,030
Pay Costs (Net of CIP)	-244,093	-242,847
Ad hoc Costs	-311	0
Non Pay Costs (Net of CIP)	-88,971	-88,280
Tariff Excluded Drugs and Devices	-29,208	-33,469
3rd Party Costs	-868	0
Contingency		-4,000
Quality Improvement Plan		-1,500
Investment in community services		-1,000
Total Direct Costs	-363,451	-371,096
Depreciation	-12,265	-12,759
PDC Dividend	-8,158	-8,974
Interest	-194	-171
Total Indirect Costs	-20,617	-21,904
Total costs	-384,068	-393,000
Surplus/deficit	88	-36,970
Memorandum; Total CIP	21,017	11,375

Table 8

7.2 A budget book, setting out expenditure plans and workforce numbers for all clinical units, has been issued following approval of the provisional expenditure budget by the Board on 25 March 2015.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

8. Activity and Income

8.1 Activity plans are still being finalised with the Clinical Commissioning Groups; NHSE in respect of specialist activity and the MSK partnership.

9. Cost Improvement Plans for 2015/16

9.1 In line with the rest of the public sector the East Sussex Healthcare Trust and the local health economy continue to face a considerable financial challenge to deliver cost reduction targets. The initial target for CIPs in 2015/16 was £20m (5.3%); this was reduced following the issue of the draft tariff to £15m (3.8%) to bring the Trust into line with other providers and reduce the non-delivery risk stemming from a further year of a £20m or similar target.

9.2 CIP initiatives have been grouped around the following themes and areas:

- Clinical Services Value for Money – e.g. reduced agency costs.
- Clinical Services Productivity – e.g. theatre utilisation.
- Medicines Management – reducing drug costs.
- Back office – e.g. reduced management consultancy.
- Estates and facilities productivity.
- Reductions in fines and penalties.
- Income generation.

9.3 There are plans in place to deliver £11.4 million of savings in 2015/16. These vary in terms of difficulty, complexity and risk. There remains a gap of £3.6m against the £15m target.

9.4 The gap arises because most areas within the Trust believe they are unable to meet their targets to reduce cost and maintain current levels of quality and access:

- There is currently limited productivity improvement in key cost driver areas i.e. the management of beds through improvements in length of stay, management of outpatients through improved utilisation.
- There is limited opportunity to materially improve productivity through single site working in key CUs (over and above what has been achieved over the past two years); namely, Specialist Medicine, Urgent Care, Surgery, Women and Children services.
- Corporate areas are unable to generate further economies of scale following the restructures completed in 2014/15.
- The outsourcing workstream has thus far not identified any savings opportunities beyond the significant achievements made through internal transformation in 2014/15 and those further developed and included in the Plan for 2015/16.
- Income generation is limited in the current fiscal environment.

9.5 For the schemes developed the assurance level is:

- PIDs have been developed for all schemes, as appropriate.
- The plans have been tested both in terms of deliverability and any potential adverse quality impact.
- The budgets are set net of identified CIPs.
- Accountability Reviews will continue with all CUs to oversee delivery and performance management.

**East Sussex Healthcare NHS Trust
Summary of Plan for 2015/6**

9.6 The plans to deliver £11.4 million savings against the overall themes are shown in the chart below:

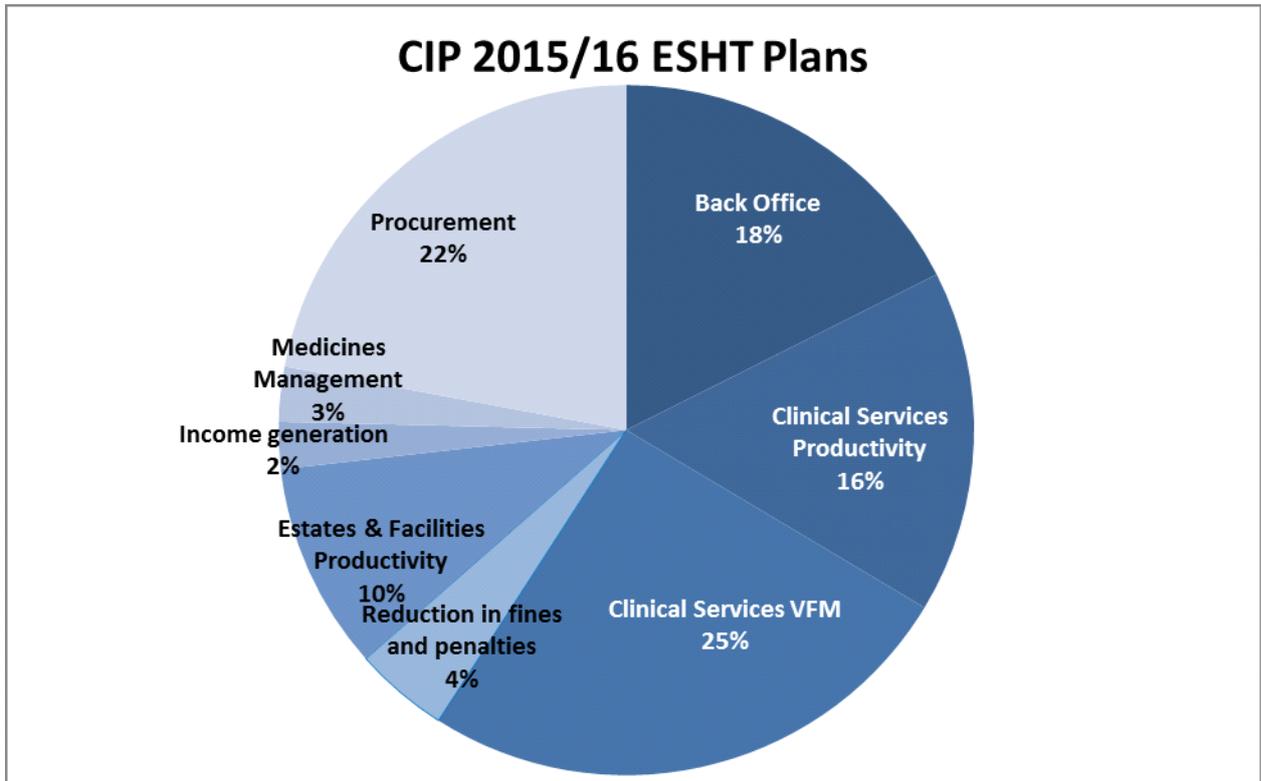


Table 9

9.7 The cost improvement plan is profiled to deliver as evenly as possible across the year, and all efforts are being made to ensure that the Trust is prepared at a granular level to deliver from Month 1. The monthly and cumulative profile is shown below:

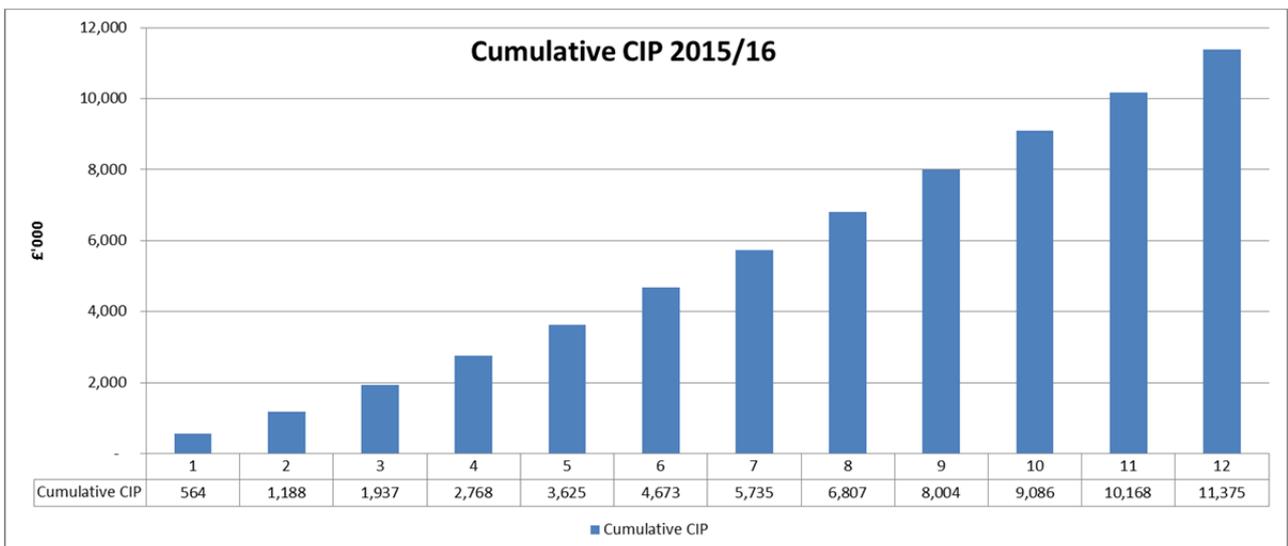


Table 10

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

10. Capital Programme

- 10.1 The provisional 2015/16 capital programme is attached at Annexe B. It has been discussed and agreed by the Capital Approvals Group (CAG) and was provisionally agreed by the Board at its meeting on 25 March 2015.

During the year the CAG will also keep the programme under review in order to reflect the timing of the capital requirements arising from the clinical strategy as these become clearer.

The only change made within the Plan relates to the original assumption that the £30m FBC application would be received as Public Dividend Capital. In its latest Plan guidance the TDA asked that all additional capital requirements be modelled as loans and this has been done in the latest version of the plan.

- 10.2 In setting the 2015/16 capital programme with an acceptable 'over planning margin' the CAG have applied the following principles in order to balance the level of capital demand to the level of available capital resources:

- Maintenance & replacement capital items are funded at the level of retained depreciation
- Significant capital expenditure continues to be planned to deliver the clinical strategy proposals including the reconfiguration of wards to provide more single en suite rooms and to manage service rationalisations. It is planned that this capital expenditure is funded by exceptional public dividend capital (PDC) with the draw down planned as 2015/16, £17.4m and 2016/17, £11.6m.
- The upgrading and improvement of Pevensey Ward on the DGH site is planned to be completed in 2015/16. The total scheme cost being £2.5m with £0.3m being incurred in 2014/15.
- Allowance has been made for capital purchase of medical equipment at a level required to address the backlog in equipment replacement.
- The over-planning margin will be managed by slippage on schemes during the year.
- In addition, based on historic levels, significant donated funds, principally from the generous support of the Friends of the Hospitals, are anticipated to continue to be available to the Trust during the financial year.

11. Capital Risks

- 11.1 The Trust is facing a number of risks in relation to the total value of capital resource available in 2015/16 to meet the capital needs of the Trust. In summary the risks are:

- The decision and support for additional strategic capital from the TDA has been slow, and a high degree of uncertainty remains.
- The limited capital funds available to the Trust in recent years has constrained spending on backlog maintenance, medical equipment and IT infrastructure. This has resulted in delays in the replacement of essential equipment and a consequent increase in maintenance expenditure
- The successful implementation of the IM&T strategy will require significant resources in future years.

Quality Impact Assessment Guidance

1. Introduction:

1.1 The National Quality Board has produced a useful and informative document that outlines how Cost Improvement Plans (CIPs) should be assessed for their potential impact on quality. The key points they make are

- The majority of CIPs should be on changes to existing processes, rather than top slicing current budgets
- Where possible CIPs should have a neutral or positive impact on quality
- CIPs should not bring quality below essential common standards
- CIPs should be categorised by their potential impact on quality
- Quality Impact Assessments (QIA) should cover safety, clinical outcomes and patient experience
- Board Assurance is required that CIPs have been assessed for quality
- Must be a mechanism for capturing front line staff concerns
- CIPs should be subject to an on-going assessment of their impact on quality.

2. QIA Process

2.1 When any CIP skill mix review, service change or service development is being considered, a QIA must be carried out. Undertaking a QIA will be an integral part of the planning process. Further QIAs may be undertaken as the proposal or plan proceeds to implementation and delivery.

2.2 The quality impact assessment assesses quality risks in relation to the following three quality and safety domains:

- Patient safety
- Clinical effectiveness
- Patient experience.

2.3 Where there is a question about whether a proposal or plan requires a quality impact assessment the Clinical Unit (CU) should consult the Executive Lead and Business Development Team. A recommendation that a QIA is not required must be presented for agreement to the Trust's Business Planning Steering Group (BPSG) by the appropriate Executive lead.

2.4 The CU will complete the QIA and provide the relevant information to support the assessment. A standard template and guidance has been developed for undertaking a QIA against the three quality domains (Appendix 1). The approach is based on Monitor and the National Quality Board guidance. The QIA will identify the key benefits for service users, the quality risks, any mitigating actions required to address these risks and the indicators that will enable the quality impact to be monitored and assessed.

2.5 The QIA completed by the CU will be reviewed by the QIA Panel in line with its Terms of Reference (Appendix 2). The panel will ensure that all relevant information is provided and that the QIA is robust and evidence based. The panel will also assess the strength of any mitigations to quality risks that have been identified.

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

It will make recommendations to the BPSG on whether or not a proposal should proceed on the basis of the QIA.

- 2.6 The outcome of an initial QIA will inform the decision on whether or not to proceed with a proposal based on the strength of any actions proposed to address quality risks. The CU will need to incorporate these actions into the implementation and delivery plan for the proposal. Ongoing QIAs may form part of the monitoring and assessment of the implementation and delivery plans and to identify any unintended consequences following implementation; this will support identifying and sharing learning. An adverse QIA has the potential to result in a rejection of a proposal or to delay or stop delivery if suitable remedial actions cannot be identified and taken.
- 2.7 Proposals and plans cannot proceed until the BPSG has approved the QIA and any actions arising from it are incorporated into the implementation and delivery plan.
- 2.8 Reporting on all QIAs and their outcomes, the actions taken to address quality risks and the decisions made on whether or not to proceed with a proposal or plan will be to the Clinical Management Executive (CME) through the BPSG and to the Trust Board through the Quality and Standards Committee. Reporting will be integrated into reporting on progress against the development and delivery of the Trust's Annual Business Plan (ABP).

3. Roles and Responsibilities

- 3.1 The Trust Board has corporate responsibility for ensuring that the organisation develops appropriate plans for the delivery of its strategic objectives and that the implementation and delivery of these plans are not detrimental to the quality of services.
- 3.2 The Board gains assurance on the quality and safety of the service that the Trust operates through its Quality and Standards Committee. The Committee receives reports on a number of quality metrics and on progress with the implementation of the ABP. It will triangulate quality outcomes with progress against the delivery of the plan ensuring that there is no detrimental impact on quality arising from the implementation of the plan. Where significant risks to quality have been identified by a QIA the Committee will monitor the specific quality indicators related to those risks.
- 3.3 The Medical Directors, the Chief Operating Officer and the Director of Nursing form the QIA Panel and are responsible for scrutinising individual QIAs. The QIA panel will meet with the CUs in order to review and assess the QIAs. The Panel will:
- Ensure that this guidance is used consistently across the organisation
 - Ensure that the evidence provided to support the QIA process is robust
 - Ensure that the potential or actual quality risks are identified and understood
 - Assess the deliverability and effectiveness of any proposed mitigations put in place to address the quality risks
 - Make recommendations on whether the proposal or plan should proceed to the BPSG
 - Make recommendations for any ongoing monitoring or review process.
- 3.4 The BPSG has oversight of the development and delivery of the ABP. It will:
- Consider the recommendations of the QIA Panel

East Sussex Healthcare NHS Trust Summary of Plan for 2015/6

- Decide whether a proposal should be rejected or the implementation of a plan should be delayed or stopped on the basis of the quality risk and robustness and deliverability of any proposed mitigations
 - Report to the CME on any risks or issues arising from its decisions
 - Escalate to the Board any risks to the delivery of the ABP resulting from its decisions.
- 3.5 CUs are responsible for ensuring that QIAs are completed in line with this guidance and ensuring that they are presented to the QIA Panel. They are also responsible for ensuring that any actions required to mitigate quality risks are incorporated into the proposals and/or subsequent implementation and delivery plans. They will be required to report on progress with delivering mitigating actions as part of the overall requirement to report on the delivery of the ABP.
- 3.6 Where necessary the CU lead will also be responsible for developing alternate proposals/plans to ensure the delivery of the ABP where the original proposal/plan is not agreed on the basis of the QIA.

QIA Form



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Supporting information for completion of QIA forms

1. The Quality Impact Assessment (QIA) should identify key performance indicators that can be monitored so that early warning for an unintended consequence of each scheme can be identified and acted upon.
2. Continue to ensure that the service leads are involved in developing plans.
3. Identify and capture the information on the schemes with potential impact on quality.
4. Subject each scheme to an assessment of their impact on quality which will include safety, clinical outcome and patient experience.
5. Develop with the service leads a relevant Quality Indicator(s) for each scheme. These will vary depending on the scheme and will include such measures as KPI monitoring, complaints monitoring, CQUIN delivery.
6. Ensure that the concerns of front line staff are captured and recorded.
7. Develop a risk register for the efficiency programme.
8. Complete QIA form for each project ensuring the above is captured / submitted.
9. Complete QIA tool.
10. Continue to ensure that relevant clinical unit leads approve the plans for their service areas.
11. Ensure sign off of plans by the Director of Nursing and Medical Directors and that they continue to have the overview of all plans.
12. Hold confirm and challenge meetings with the Leadership Management Team using agreed quality indicators from Quality Impact Assessment Form as part of the process of triangulation - also reviewed complaints SI's etc
13. Provide the Trust Board with assurance in relation to deliverability and that plans have assessed for their potential impact on quality.

Quality Impact Assessment Group

Terms of Reference

1. Purpose

The Quality Impact Assessment (QIA) Group has the responsibility for assessing how proposed cost improvement programmes (CIP) and service transformations plans affect the quality of services in the Trust in terms of patient safety, patient experience and clinical effectiveness. The Group has the responsibility for making recommendations to the Trust's Business Planning Steering Group (BPSG) and where appropriate to the Trust Board for approving or rejecting schemes where quality is adversely affected; and for recording those decisions so that the Trust Board has assurance that the QIA process is in place and functions appropriately.

2. Duties

- Ensure that the QIA guidance is used consistently across the organisation
- Ensure that the evidence provided to support the QIA process is robust
- Ensure that the potential or actual quality risks are identified and understood
- Assess the deliverability and effectiveness of any proposed mitigations put in place to address the quality risks
- Make recommendations on whether the proposal or plan should proceed to the BPSG
- Monitor and review CIPs to ensure that quality is not affected in the longer term
- Maintain appropriate records.

3. Membership

Membership of the Group will comprise:

- Director of Nursing or a deputy
- Medical Directors Governance and Strategy
- Chief Operating Officer/Deputy Chief Executive

Others may be invited by the Chair to attend all or any part of the meeting.

4. Chair

All meetings of the Group will be chaired by the Director of Nursing or in her absence by either of the Medical Directors.

5. Secretary

The Programme Management Office will support the Group having responsibility for:-

- Drafting and agreeing the agenda with the Chair
- Receiving and finalising papers for distribution
- Preparing a note of actions arising from, and decisions taken at, each meeting
- Ensuring that appropriate records are kept of decisions.

**East Sussex Healthcare NHS Trust
Summary of Plan for 2015/6**

6. Quorum

Meetings will not be quorate unless there is at least one nursing and one medical representative present.

7. Frequency of meetings

Unless otherwise agreed the group shall meet weekly during the Annual Business Planning process and monthly at other times of the year.

8. Notice of meetings

Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed and supporting papers, shall be forwarded to each member of the Group and any other person required to attend no later than two working days before the date of the meeting.

At the discretion of the Chair papers may be tabled at the meetings.

9. Conduct of meetings

Meetings of the QIA Group shall be conducted in accordance with its Terms of Reference and the provisions of Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions approved by the Board of East Sussex Healthcare NHS Trust.

10. Notes of meetings

The Secretary shall take notes of all meetings of the Group, including recording the names of those present and in attendance. Notes of the meeting will record actions arising from the meeting.

11. Reporting

The Quality Impact Assessment Group is accountable to the Business Planning Group. Notes of the meetings will be made available to the Clinical Management Executive and when required to the Quality and Standards Committee and the Trust Board.

12. Review of Terms of Reference

The terms of reference will be reviewed annually or as required by the Group

February 2014

**East Sussex Healthcare NHS Trust
Summary of Plan for 2015/6**

ANNEXE B

Provisional 2015/16 capital programme

Capital Programme	2015/16
	£000s
Capital Resources	
Depreciation	12,130
League of Friends Support	1,541
Exceptional Public Dividend Capital (PDC)	17,400
Interest Bearing Capital Loan – Health Records	441
Interest Bearing Capital Loan Repayment	-427
Sub Total Gross Capital Resource	31,085
Less Donated Income Support	-1,541
Total NHS Capital Financing (Capital Resource Limit)	29,544
Planned Capital Expenditure	
Clinical Strategy reconfiguration.	17,400
Medical Equipment	1,764
Information Systems - Core	1,577
PAS Upgrade	523
Electronic Document Management	1,010
Child Health Information Systems	510
National Barcoding Mandate GS1	200
Estates Development Plans	2,000
Estate Modernisation	
Infrastructure improvements – modernisation of inpatient environment and facilities	700
Electrical supply Issues – upgrade and improved resilience	100
Pevensey Ward	2,200
Minor capital	1,500
Health Records	441
Other	1,047
Sub Total	30,972
Donated Asset Purchases	1,541
Donated Asset Funding	-1,541
Net Donated Assets	
Sub Total Capital Schemes	30,972
Under commitment/Over Planning Margin	-1,428
Total CRL Capital Expenditure	29,544

Strategic Objective 1:		Improve quality and clinical outcomes by ensuring that safe patient care is our highest priority				
ABP Objective 1:		Ensure the organisation is able to demonstrate the quality of its services and compliance with regulatory standards				
1.1	Assessment against the Monitor Well Led Framework					
Outcome Measures Board has self assessed its compliance against the Well Led Framework and has evidence in support of each of the four domain and actions and timeframes to support areas of development		Risks Several new non-executives who may have insufficient knowledge to form an evidence based view on some areas of the framework. The Board has insufficient time and focus to undertake what is a significant piece of work. Additional investment required				
Actions:		Date/ milestone	RAG	Lead	Monitoring Group	
Assessment against Well Led Framework - Board Seminar External governance review Outputs from reviews to feed into action plan in support of compliance with Well Led Framework for completion by Nov15		Jul15 Jul15 Nov15	A	DSA	Board	
1.2	Respond to national plans for the revalidation of nursing staff					
Outcome Measures Plan in place to ensure that the Trust is compliant with the agreed national requirement		Risks System is complex with large numbers of staff requiring revalidation Additional investment required				
Actions:		Date/ milestone	RAG	Lead	Monitoring Group	

Medical revalidation team to assume responsibility for nursing revalidation Agree process for nursing revalidation and assess resource requirements Business case for additional resources to CME for approval Implement process Review of process and lessons learnt	Apr15 May15 Jun15	A	DN	CME
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1.3	Further strengthen Clinical Audit reporting to the Board and its Committees
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Outcome Measures Clear process in place for Clinical Audit to ensure national and local requirements are met	Risks Medical staff are not engaged in the process
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Actions:	Date/ milestone	RAG	Lead	Monitoring Group
Central governance team in place by June Clinical Audit Steering Group restructured to Clinical Effectiveness Outcome Group (CEOG) Appointment of chair of CEOG - confirmed as Assistant Medical Director - Quality CEOG to meet bi-monthly from June 2015 and revised Terms of Reference to be agreed at first meeting	Jun15 Apr15 May15 Jun15	A	MDG	PSCIG

ABP Objective 2:	Ensure the organisation takes action to improve quality and outcomes for patients
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2.1	Implementation of the Quality Improvement Programme including QUIPP and CQUIN plans
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Outcome Measures QUIPP and CQUIN programmes are developed for areas of most clinical quality concern, with a quality impact assessment completed on them with measurable performance indicators. Organisation reporting framework to ensure annual plan met by Mar16 with regular forecasts to confirm plan on target. Impact on 2016/17 and beyond understood. Cash impact understood and managed	Risks Programmes are not meeting the clinical requirements and have an appropriate purposefulness QUIPP and CQUIN programmes are developed without clinician involvement QUIPP and CQUIN lead sits within the COO structure and needs to be linked to the governance team In year cost pressures not covered off by contingencies or other savings plans Savings schemes slip in year Stakeholders challenge Trust's plans
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Actions:		Date/ milestone	RAG	Lead	Monitoring Group
CQUIN and QUIP targets agreed with CCGs and NHS England Annual plan approved by Board and submitted to TDA Budget completed and signed off by Trust Board Process in place to ensure a robust delivery of the key programmes with a strong focus on improving the quality and outcomes of our services		May15 May15 May15 CQUIN monthly report to CME	A	DN/ MDG/ DF/ COO	CME
2.2	Implementation of a revised Hospital at Night provision at EDGH				
Outcome Measures Safe service provision		Risks Unable to recruit staff sufficiently skilled to provide a safe service			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Revised Hospital at Night provision at EDGH to be incorporated into 7 day working project - commence Sep15		Sep-15	A	COO	CME
2.3	Rehabilitation Strategy for Trauma, Vascular and Acquired Brain Injury Patients				
Outcome Measures Strategy in place to provide specialist multidisciplinary rehabilitation closer to home for our patients		Risks Difficulty in recruiting Rehabilitation Medical consultant Additional investment required			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Planning workshop Business case		Aug15 Nov15	A	COO	CME
Strategic Objective 2:	Play a leading role in local partnerships to meet the needs of our local population and improve and enhance patients' experiences				

ABP Objective 3:	Ensure opportunities and risks of the local health and social care market and of commissioning intentions are understood and responded to
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3.1	Development and implementation of a marketing and engagement strategy
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Outcome Measures Strategy agreed by the Board leading to: · clarity about key stakeholders; · roles and responsibilities within the Trust; · improved relationships with key stakeholders	Risks Insufficient resources for relationship management actions identified in the strategy and action plan
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Actions:	Date/ milestone	RAG	Lead	Monitoring Group
Marketing and Engagement Strategy to be further developed in line with on-going work on communications and engagement Strategy to go to August Board for approval	On-going Aug15	A	DSA	CME

ABP Objective 4:	Ensure active participation in joint programmes of work to improve clinical service design and delivery
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4.1	Engage in the further development of the commissioner led East Sussex Better Together (ESBT) programme
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Outcome Measures ESHT active participant in further work 5 year plan aligned to commissioning intentions Full alignment between ESBT and Challenged Health Economy (CHE) work	Risks Failure to draw together ESBT and CHE work leads to misalignment of ESHT 5 year plan and plan for sustainability not achieved Proposed developments are not funded
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Actions:	Date/ milestone	RAG	Lead	Monitoring Group

Engagement ongoing - CCGs have 150 week implementation plan - discussions underway to ensure full Trust engagement.		Apr-16	A	DSA	CME
4.2	Engage in the programme of work to support the re-design of community services				
Outcome Measures Clarity on which community services support Trust strategy and business		Risks Staff engagement			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Trust engaged in community service redesign through ESBT. Trust engaged in bidding for tendered community services in HWLH. Review of community paediatric services taking place jointly with CCG - Programme Board established and increased managerial input from Trust		Apr16 May15 May15	A	MDS/ COO/ DSA	CME
Strategic Objective 3:	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				
ABP Objective 5:	Ensure efficiency and effectiveness are improved through the implementation of the Cost Improvement Programme				
5.1	Development and implementation of a revised medical model across the Trust				
Outcome Measures New model implemented on both acute sites		Risks Unable to recruit senior clinicians to fill the rota			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Implementation of new frailty model, in particular at EDGH		Aug-15	A	COO/ MDS	CME
ABP Objective 6:	Implement plans for the delivery of key operational requirements				
6.1	RTT compliance plan				

Outcome Measures All specialities to be RTT compliant		Risks Insufficient capacity available to achieve compliance in all specialities			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Majority of services will be RTT compliant with the exception of gastroenterology and orthopaedics by Apr15 Gastroenterology to be compliant by Jul15 Orthopaedics to be compliant by Sep15 Patient access policy to be agreed by end of first quarter		Apr15 Jul15 Sep15 Jun15	A	COO	CME
6.2	7 Day Working				
Outcome Measures Costed strategy for delivery of 7 day working in urgent and emergency care		Risks Insufficient funding available from commissioners			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Registration for NHS IQ Self assessment against 10 clinical standards Gap analysis undertaken Costed plan to address		Mar15 Sep15 Sep15 Mar16	R	MDS	
ABP Objective 7:		Develop and implement enabling strategies and programmes to ensure efficiency and effectiveness of the Trust			
7.1	Organisation Development Strategy				

Outcome Measures A culture and behaviours based on our values and focused on the improvement of quality, safety and patient experience Clarity of organisational purpose that is aligned to a direction of travel for services that will ensure we are able to deliver our vision Leadership capability to meet our organisational aims and objectives Performance focused way of working that ensures individual accountability is clear and that the organisation recognises and values the contribution made by individuals and teams		Risks Unable to develop the organisational capacity and capability to ensure it is able to successfully deliver its strategic aims and objectives.			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Strategy approved by the Board Steering group and workstreams set up		Jun-15	A	CEO/ DSA	Board
7.2	Development of an estates strategy that supports the Trust's agreed clinical services model				
Outcome Measures New estates strategy in place		Risks Re-organisation of estates and operational structures that would not give sufficient time for development			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Interim Head of Estates presented outline estates strategy to April Board Seminar Further presentation on detailed strategy to Board seminar in Jul15		Apr15 Jul15	A	COO	
7.3	Implementation of IT Strategy delivery plan				

Outcome Measures Internal transformational plan implemented		Risks Delays in implementation Key roles not recruited to Impact of market testing TDA approval			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Transformation plan developed Review of market testing possibilities and report to Board		Sep15 Dec15	A	DF	IM&T Steering Group
7.4	Workforce Strategy/Plan				
Outcome Measures A plan which identifies the capacity and capability of the future workforce which meets the aims and objectives of the organisation. Specific workforce transformation plans identified and implemented Register of all identified workforce risk across the organisation, both Trust-wide and area specific		Risks Flexibility to respond to changing demands within the Trust Ensuring that the workforce plan reflects requirements for all areas of the Trust Engagement of the workforce Contractual flexibility Management/HR capacity Ensuring that all risks are identified and appropriate mitigation in place			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Workforce strategy/plan to be incorporated into 15/16 business planning, and May TDA returns. Strategy/Plan to go to Trust Board on 3rd June for approval. Aligned with 2015/16 Business Plans, specific workforce risks are detailed on CU Department Risk Registers. WFP contains a summary of key risks and mitigating actions		May15 Jun15	A	HRD	CME
7.5	Conclude implementation of the Health Roster programme				

Outcome Measures Right staff in right place at right time Reduced agency and bank usage Real time reporting of staffing numbers and absence		Risks System support resource not agreed System use deteriorates due to lack of support Inability to provide actual nursing numbers from Healthroster			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Roll-out of Healthroster across Facilities - now started and on-going Roll-out of Healthroster across corporate areas - now started and on-going System support resources agreed and in place. Data can be extracted from Healthroster. Temporary Nursing support to Healthroster Team also agreed, will focus on ensuring wards are using Healthroster appropriately.		May15 May15	A	HRD	CME
7.6	Implement key IM&T programmes including PAS upgrade, SystemOne, Windows 7, EDM and Clinical Portal				
Outcome Measures IT systems implemented successful with minimal disruption		Risks Delays in implementation Impact of market testing Lack of investment identified TDA approval			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Capital investment identified Implementation plans complete and understood		On-going	A	DF	CME
7.7	Development of GS1 Plan				
Outcome Measures GS1 Adoption Plan in place		Risks Lack of resources			
Actions:		Date/ milestone	RAG	Lead	Monitoring Group
Gap analysis Identification of priorities		May15 Jun15	A	DF	CME

EAST SUSSEX HEALTHCARE NHS TRUST

FINANCE & INVESTMENT COMMITTEE

**Minutes of the Finance & Investment Committee held on
 Wednesday 18 March 2015 at 9.30am in the Committee Room, Conquest**

Present Mr Barry Nealon, Non-Executive Director/Chair
 Mr Michael Stevens, Non-Executive Director
 Professor Jon Cohen, Non-Executive Director
 Mr Darren Grayson, Chief Executive
 Mrs Vanessa Harris, Director of Finance
 Mr Richard Sunley, Chief Operating Officer/Deputy CEO
 Dr David Hughes, Medical Director

In attendance Mr Simon Wombwell, Transformation Adviser
 (for item 5)
 Ms Monica Green, HR Director (for item 12)
 Mr Les Saunders, General Manager for Estates & Project
 Planning (for item 14)
 Miss Chris Kyprianou, PA to Finance Director,
 (minutes)

1.	Welcome and Apologies	Action
2.	<p>Minutes of Meeting of 25 February 2015</p> <p>The minutes of 25 February 2015 were agreed as an accurate record.</p> <p>It was agreed that these would be shared with the Company Secretary for a commercial confidentiality review before circulating to the Board.</p>	
3.	<p>Matters Arising</p> <p><u>(i) FBC: Capital Bid Update</u></p> <p>Mr Saunders gave an update on the Health Records strategy trajectory, which included records tracking and records storage, and was expected to commence in March 2015 with the building work beginning at the end of May 2015.</p> <p><u>(ii) Performance Report – Month 8</u></p> <p>Clarity on the Mortality item was covered under item 4(i) below.</p>	

	<p><u>(iii) Quarterly Review of Aged Debts</u></p> <p>On the agenda under item 9.</p> <p><u>(iv) Performance Report – Month 9</u></p> <p>Mrs Harris reported that conversations were taking place between the Trust and the CCGs about the Speech and Language Therapy service. It was noted that this was being closely monitored.</p> <p><u>(v) PMO Project Update</u></p> <p>Mr Grayson reported that he had picked up the issues regarding the JAG accreditation with the person leading on that project but that this currently remained a risk. This will be picked up by the Executive Team.</p>	
<p>4(i)</p>	<p>Performance Report – Month 10</p> <p>Mr Sunley presented the month 10 Performance Report which detailed the Trust's in month performance against key trust metrics as well as activity and workforce indicators.</p> <p>The report included all indicators contained within the Trust Development Authority's Accountability Framework for 2014/15.</p> <p>Overall Performance Score: 4 (from a possible 5)</p> <p>Responsiveness Domain: 2 8 out of the 17 indicators for this domain were achieved this month. Consequently the score has reduced from a 3 to a 2 this is predominately as a result of not achieving the RTT admitted standard of 90%. This indicator has a high weighting within the domain. The other indicators which were not achieved this month were:</p> <ul style="list-style-type: none"> • RTT Non Admitted • Diagnostic Wait Times • A&E performance • Two Week Wait Standard • 31 Day Standard • 62 Day Standard • 62 Day Standard for Screening • Delayed Transfers of Care <p>Effectiveness Domain: 5 The domain remained at a 5, achieving in all indicators. The latest SHMI indicator was released recently, this showed a further reduction of the trust score bringing the trust under the upper confidence limit. As such this has been rated as green.</p>	

	<p>Safe Domain: 5 The Safe domain remains at 5, achieving in all indicators with the exception of C-Difficile. There were 3 reported cases of C-Difficile during this month.</p> <p>Caring Domain: 4 The Caring domain remains at 4. A&E Friends and Family scores remain below the required standard. There were 15 Mixed sex accommodation breaches.</p> <p>Well Led Domain: 3 The score for the Well Led domain remains at a 3 with achievement of 4 of the 9 indicators. A&E FFT response rates fell below the required standard. Turnover, sickness, temporary costs and appraisal rates remain below the required standard, keeping the domain score to 3.</p> <p>Action The Committee noted the Performance Report for month 10 and noted the Trust Performance against each domain and the Workforce update.</p>	
<p>4(ii)</p>	<p>Finance Update – Month 11</p> <p>Mrs Harris updated the Committee on the financial position as at Month 11</p> <p>It was noted that the February deficit was £123k in month v. trajectory of £196k deficit. The YTD deficit was £957k v. trajectory of £717k.</p> <p>Mrs Harris reported that the Trust were on track to achieve the year end surplus of £88k. It had been confirmed that the Trust would receive the RTT amount of £1.68m from CCGs.</p> <p>The Committee congratulated the Trust on achieving the satisfactory M11 position.</p> <p>Action The Committee noted the Month 11 financial position.</p>	
<p>5.</p>	<p>Transformation Update</p> <p>Mr Wombwell updated the update the Committee on the progress and process for supporting ESHT to deliver a sustainable plan for 2015/16.</p> <p>The Plan submission to the TDA on 13 January outlined a savings target of £15m (3.8%) i.e. in line with the national target set out in the proposed 2015/16 tariff deflator. The Tariff deflator was an imputed efficiency based on the change to NHS prices to allow for inflation i.e.</p>	

	<p>the extent to which inflation was not recognised in the price change means that NHS providers must make savings to avoid the difference translating into a deficit.</p> <p>Proposals for 2015/16 CIP Planning process had been discussed by the Corporate Leadership Team. Schemes had been discussed and developed through CU meetings and accountability reviews. The major schemes had been presented to the Trust Board at its seminar on 11 March 2015, alongside the wider 2015/16 business plans.</p> <p>Of the £15m CIP target only £11.4m had been identified in schemes to date. It was proposed that a vacancy factor be applied to those areas that had underachieved against their CIP target. This would generate an improvement of £1.9m. Other work would continue to close the remainder gap.</p> <p>The Committee was asked to note the progress. It was noted that final draft plans would be provided to the Board Meeting on 25 March 2015 for approval. It was noted that the planning process would extend into April and May to enable the completion of the contracting round following the revised offer of the voluntary tariff – this affects the whole NHS.</p> <p>Action The Committee noted the progress made.</p>	
<p>6.</p>	<p>Financial Planning 2015/16</p> <p>Mrs Harris presented a report on progress on developing the financial outlook for 2015/16 and sought approval for a recommendation to the Board to set a provisional revenue expenditure budget for 2015/16 and a provisional one year capital programme, in advance of the completion of contract negotiations and further planning submissions to the TDA.</p> <p>It was noted that the delay to the original planning process was the result of the earlier rejection by NHS providers of the 2015/16 national tariff arrangements. As a result providers were asked to accept a tariff option by 4 March 2015. As previously reported ESHT opted for the Enhanced Tariff Option. Additional time had then been given by the Regulators to enable contracts to be agreed within the alternative tariff arrangements. Draft plans will now be submitted in April and final plans in May. It was noted that the Board would be expected to sign off a final plan in early May.</p> <p>Mrs Harris presented the revised planning timetable. It was noted that the submission of full draft plans were required by 7 April 2015 and submission of final plans were required by 14 May 2015.</p> <p>The provisional expenditure budget was discussed as well as the</p>	

	<p>2015/16 cost pressures. It was noted that only £11.4m of CIPs had been included in the pay/non pay budgets. As further savings opportunities were identified these would be included. See also agenda item 5 and the proposal to include a vacancy factor element of £1.9m.</p> <p>The provisional capital programme was also reviewed. The risks around the total available capital versus the capital needs of the Trust were highlighted.</p> <p>Action: The Committee noted that a fully developed budget was not yet available for full Board approval. In the interim the Committee requested that the Board agree the issue of a provisional 2015/16 expenditure working budget and a provisional one year capital programme, to enable budget holders to proceed with the operational management of the Trust, pending issue of a final budget, expected to be agreed by the Trust Board in early May and returned to the TDA on 14 May.</p>	
<p>7.</p>	<p>EBITDA Quarterly Report (Q3)</p> <p>The committee received the 2014-2015 Q3 EBITDA statement, the 2014-2015 quarterly EBITDA comparison statement and the Patient Cost Benchmarking EBITDA statement.</p> <p>In a change from Q2 the income received by the Trust for Winter & RTT funding had been included within the EBITDA statement. Fines, penalties, disputes & retentions had also been factored into the EBITDA statement for Q3.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> • the 2014-2015 Q3 EBITDA deficit position for the clinical units • number of service lines that had negative EBITDAs • the 2014-2015 quarterly EBITDA variances • the effect on the 2014-15 EBITDA of using Patient Cost Benchmarking average unit costs when applied to ESHT inpatient activity. • the Top 5 negative EBITDA specialties only <p>Action The Committee noted the EBITDA statement position and recommended that the Committee continue to invite individual clinical specialties to attend the Finance & Investment Committee, to present the outcome of their deep dive reviews, and to return at a subsequent meeting to update on their progress.</p>	

8.	<p>Cardiology – Progress against action plan</p> <p>It was agreed to defer this item to the April meeting.</p>	
9.	<p>Quarterly Review of Aged Debts</p> <p>The Committee received an update on the current level of aged debt, split between NHS and non NHS and segmented into operational categories.</p> <p>It was noted that overall levels of debt over 90 days old have continued to reduce, from £3.998m at the end of December to £2.912m at the end of February. The percentage of over 90 day debt to the total had fallen in the same period from 36% to 16%.</p> <p>The target remained 5%, so although progress was being made the Trust was not yet in compliance with this KPI.</p> <p>Action The Committee noted note the current aged debt position.</p>	
10.	<p>Making Better Use of Government Resource Services Procurement & Service Delivery Platforms and the Lord Carter Review – Update Report</p> <p>Mrs Harris gave an update on progress with the DH (Department of Health) invitation to take part in 1) a review of Government support services and delivery platforms and 2) the Lord Carter review of efficiency and productivity metrics.</p> <p>It was noted that the Trust had received a proposal from SBS for financial services, payroll, operational procurement which would be reviewed at the next Project Steering Group on 24 March 2015. If and when a final business case is developed, it will be presented to the Finance & Investment Committee for a decision.</p> <p>Mrs Harris reported that the Trust continued to participate in the Lord Carter Review, in terms of efficiency and productivity.</p> <p>It was noted that the DH had become very interested in the Trust catering service which had shown a cost reduction and at the same time a better patient experience.</p> <p>The Committee noted that good progress was being made.</p> <p>Action The Committee noted the progress on these two projects to date and noted that under the Terms of Reference any recommendations would be brought to this Committee where any formal decisions would be taken.</p>	

<p>11.</p>	<p>Estates Strategy</p> <p>It was noted that this item was scheduled for review at the Board Seminar on 22 April 2015.</p>	
<p>12.</p>	<p>Staff Absence Report</p> <p>Ms Green presented a report showing a detailed analysis of the Trusts sickness data, and details of current and future initiatives to support the management of staff sickness absence and the promotion of health and wellbeing.</p> <p>It was reported that sickness absence in the Trust was at its highest level for the last 3 years. The annual staff sickness absence rate had increased every month since March 2014 and the annual rate for February 2015 was reported as 4.88%. The increase was in line with increases in the NHS staff sickness rate by 0.24% between October 2013 and October 2104, however the Trusts sickness rate of 4.68% in October 2014 was trending above the national rate of 4.42%.</p> <p>The report provided showed a detailed analysis of the sickness trend over the last 3 years and identified specific Clinical Units and areas with high absence. The report also analysed sickness rates by staff group and age.</p> <p>The report identified two approaches to reduce sickness and the new and developing initiatives under Policy Guidance and performance management and under Health and Well being.</p> <p>It was noted The Trust was currently delivering a significant number of initiatives within limited resources. There was evidence that Trusts who had invested in initiatives to support and improve manager's capability and promote health and wellbeing had achieved significant reductions in staff sickness absence.</p> <p>A proposal to undertake a pilot of a dedicated Attendance Management Advisor service to support absence management and would focus on the areas with the highest sickness and provide training and support for managers would be discussed with the Executive Team.</p> <p>Action The Committee noted the staff sickness report and noted that a proposal to undertake a pilot of a dedicated Attendance Management Adviser to support absence management would be discussed with the Executive Team.</p>	

<p>13.</p>	<p>Tender & Service Development Schedule</p> <p>The Committee received a schedule which provided an update on current tenders and service developments.</p> <p>It was noted that the tender and service development schedule was updated on a weekly basis and monitored by the Business Planning Steering Group (BPSG) at its weekly meetings.</p> <p>The Committee noted the position of the following PQQ/tenders in the pipeline:</p> <ul style="list-style-type: none"> • Adult Wheelchair Services – the Trust was advised on 02.03.15 that it had not been successful in its bid to provide this service (the Trust was the incumbent provider) • High Weald Lewes and Havens community services – work continued on this project and at the private Board meeting on 25th March there would be a progress report outlining the proposed approach and seeking Board approval on the way forward • ESCC and NHSE had indicated that they would be going out to tender on the Sexual Health Service but as yet no date had been given for the commencement of the process <p>Action The Committee noted the update on tenders and service developments.</p>	
<p>14</p>	<p>Radiotherapy Business Case</p> <p>Mr Saunders reported that he had attended the Radiotherapy Board Meeting in Brighton on 13 March 2015 where the Full Business Case had been approved to go to the TDA.</p> <p>A quick turnaround from the TDA was expected as there was now an urgency to get the unit built. The construction partners were expecting to start in April 2015, the GMP (Guaranteed Maximum Price) is expected to be final in May 2015.</p> <p>It was noted that the Full Business Case would be presented to Part 2 of the ESHT Board on 25 March 2015. It was agreed that Mr Saunders would liaise with Mr Palmer over this.</p> <p>Action The Committee noted the update on the Radiotherapy Business Case.</p>	<p>LS</p>

15.	2015 Work Programme The 2015 work programme was reviewed. It was agreed that this would be refreshed for the next meeting. Action The Committee noted the revised work programme.	
16.	Date of Next Meeting The next meeting will take place on Wednesday 29 April 2015 at 9.30am – 11.30 am in St Mary's Board Room, Eastbourne DGH.	

EAST SUSSEX HEALTHCARE NHS TRUST

FINANCE & INVESTMENT COMMITTEE

**Minutes of the Finance & Investment Committee held on
 Wednesday 25 February 2015 at 9.30am in the St Mary's Board Room,
 Eastbourne DGH**

- Present** Mr Stuart Welling, Chairman (acting Chair)
 Mr Michael Stevens, Non-Executive Director
 Professor Jon Cohen, Non-Executive Director
 Mr Darren Grayson, Chief Executive
 Mrs Vanessa Harris, Director of Finance
- In attendance** Mr Simon Wombwell, Transformation Adviser
 (for item 5)
 Mr Les Saunders, General Manager for Estates & Project
 Planning (for item 13(i))
 Mr Ian Humphries, Estates & Facilities Adviser
 (for Item 13(ii) and Item 13 (iii))
 Lucie Jaggar – Interim Head of Procurement
 (for item 9)
 Mrs Paulene Rhodes, PA to Estates & Facilities Adviser
 (minutes)

1.	Welcome and Apologies	Action
2.	<p>Minutes of Meeting of 28 January 2015.</p> <p>Page 6: Agenda item 9 – first paragraph referring to £30m capital expenditure should state 11 December <u>2013</u> for clarity.</p> <p>With this amendment, the minutes of 28 January were agreed as an accurate record</p>	
3.	<p>Matters Arising</p> <p><u>(i) Staff Friends & Family Test and Staff Survey</u> It was noted that this item would be programmed into a future Board Seminar.</p> <p><u>(ii) Performance Report – Month 7</u> It was noted Mr Sunley has stated that a deep dive on cancer would go to the Quality & Standards Committee.</p>	

	<p><u>(iii) FBC: Capital Bid Update</u> Mrs Harris updated as per Mr Sunley on the Health Records strategy trajectory. This is expected to commence in March 2015 and building work will begin at end of May 2015. Noted no formal trajectory available. To be carried over</p> <p><u>4 (i) Performance Report – Month 8</u> Clarity on the Mortality item had been requested. No update received. To be carried over</p> <p><u>7 Review of Capital Programme Outcome</u> Included in the Committee workplan.</p> <p><u>8 Quarterly Review of Aged Debts</u> To be discussed in the March meeting.</p> <p><u>13 (ii) Fluoroscopy Room</u> Mr Welling had followed up the Imaging Strategy Group with Amanda Harrison/ Paula Smith.</p> <p>Ref item 3 (iii) above Mrs Harris informed the Committee that the money from the Medical Records project had been applied for as Public Dividend Capital. It was approved by the ITFF and has come from the DH via a ten year loan for which terms of agreement would need to be signed.</p>	<p>RS</p> <p>RS</p>
<p>4(i)</p>	<p>Performance Report – Month 9 Mr Welling stated the month 9 Performance Report was the same as that recently presented to Board which detailed the Trust's in month performance against key trust metrics as well as activity and workforce indicators.</p> <p>Mr Cohen asked if there was any further update on recruiting to the vacant posts in Speech & Language Therapy. Mr Grayson confirmed that plans are in place to increase capacity. Currently through use of locums. The Commissioners recognise the difficulties. The CCG Board is relied on to communicate with the GPs. Mr Grayson to follow up with the service.</p> <p>Action The Committee noted the Performance Report for month 9</p>	<p>DG</p>
<p>4(ii)</p>	<p>Finance Update – Month 10</p> <p>Mrs Harris presented a summary of the financial performance at Month 10.</p> <p>It was noted that the Trust was in receipt of £18m of non-recurrent deficit funding, of which £15.0m YTD had been recognised in the position at month 10. The Trust performance at month 10 showed a</p>	

	<p>year to date run rate deficit of £834k, with a favourable variance against plan of £13,987k. Year to date, Income was £21,441k above plan whilst total costs, including the donated asset adjustment, were £7,454k overspent. The CIP achievement YTD was £16,119k which was below plan by £289k (M9 underachievement £663k). Financial performance against the revised trajectory for a small surplus by year end was set out in Appendix A. The M10 position was £314k adverse to this plan (M9 £320k adverse).</p> <p>Further work would be carried out to fully understand why in month activity was below plan and below that of the year before. This is likely to be due to length of stay and medically fit for discharge issues.</p> <p>Mr Grayson noted that emergency inpatient activity is down by 1.5% but attendances in A&E are up by 2.4%. This is the pattern ESHT have followed for the last 5 years due to changing the way medicine services are delivered. Unlike national trends, East Sussex has been trending downward on emergency inpatient work despite the aging population.</p> <p>The high month end cash position was noted. This was due to the timing of the in year loan repayment which had now been made.</p> <p>The Financial Risks and Mitigating Actions (page 25 of the report) were reviewed. Mrs Harris explained in detail the risks in particular around income from NHS England. Any risk to year end position will be about income. Expenditure is on track at Month 10 and is not expected to deviate.</p> <p>Action The Committee noted the Month 10 financial position.</p>	
<p>4(iii)</p>	<p>Non Recurrent Provider Deficit Funding – Progress on meeting Terms & Conditions</p> <p>The Committee noted the progress against meeting the terms and conditions upon which the 2014/15 non recurrent deficit funding of £18m was made available to ESHT.</p> <p>It was noted that good progress was being made against the terms and conditions for receipt of in year non-recurrent deficit funding including cash. This position had been reported to the TDA.</p> <p>Action The Committee noted the progress on meeting the Terms & Conditions and the endorsed the submission.</p>	
<p>5.</p>	<p>Transformation Update</p> <p>Mr Wombwell updated the Committee on the progress and process</p>	

	<p>for supporting the Trust to meet its financial targets in 2014/15 and deliver a sustainable plan for 2015/16. In particular the requirement to develop and deliver a 2015/16 cost improvement programme.</p> <p>Mr Stevens asked if there were any opportunities around income generation. He noted private patient income figures appear low. Mr Wombwell stated this income has been fairly static over the last three years. Michelham Unit is being reviewed in terms of its potential. HSDU is looking to market its services more widely.</p> <p>Mr Welling stated there are issues which should be looked at the Seminar on March 11 at. These include:</p> <ul style="list-style-type: none"> • The Outpatient Review - assurances are needed • Overall bed plans • Day Surgery –assurances are required. <p>Mr Cohen expressed concerns about targeting training and education for CIPs.</p> <p>Mr Grayson said the paper Mr Wombwell had produced was extremely useful snapshot. He reiterated that any decisions made are properly scrutinised to ensure they are the right way forward, can be achieved and that the consequences are understood.</p> <p>Action The Committee noted the Transformation Report and update.</p>	
<p>6.</p>	<p>Financial Planning 2015/16</p> <p>Mrs Harris updated the Committee on progress with financial planning since the initial draft 2015/16 financial plan submission was made on 13 Jan 2015.</p> <p>Following rejection of the proposed 2015/16 tariff at national level the second filing of financial plans has been postponed until April. Activity returns are still expected on Feb 27.</p> <p>The Trust needs to indicate by March 4 as to whether it wants to accept the enhanced tariff option or the default 2014/15 roll over tariff. This will allow the TDA and Monitor to kick start planning again.</p> <p>The Committee looked at the two options in detail to decide which would be most beneficial. The conclusion was that the Enhanced Tariff Option B is most beneficial. This option was also recommended by the Trust Business Planning Steering Group.</p> <p>A conference is being held on Monday March 2nd to talk attendees through the tariff options. Mr Bryant will be attending on our behalf and report back if anything is raised pertinent to the decision made.</p>	

	<p>Action: The Committee noted the report.</p> <p>Option B was agreed upon dependent on the outcome of the TDA meeting on Monday 2 March. Any change to this decision would be made in discussion with the CEO and Chairman.</p> <p>It was noted that an interim expenditure budget would be proposed at the Board meeting on 25 March 2015.</p>	
<p>7.</p>	<p>Community Rebasing Project</p> <p>In May 2013 a project was initiated within the Trust with a view to improving the alignment of funding for community services. The purpose of the project is to ensure that the Trust is appropriately reimbursed by each of the new commissioning bodies for the work it undertakes and to help inform decisions (by both the Trust and its commissioners) about the future provision and commissioning of individual community services.</p> <p>Against the back drop of the recent High Weald, Lewes and Havens CCG tender for community services the cost matrix (Schedule of prices per service line) for community services is currently being refreshed in order to improve the accuracy of the costs associated with the provision of these services. This will inform ESHT's bid and future planning should ESHT not be successful in its bid.</p> <p>Beyond the current work on updating costs, the emphasis of this project will shift towards the rewriting of service specifications based on output measures and the development of 'unit of service' currencies to support service line reporting and, potentially, cost per case reimbursement.</p> <p>The main benefits of this exercise will be as follow:-</p> <ul style="list-style-type: none"> • a matrix of funding to be agreed with commissioners providing a more robust basis for dialogue with commissioners about the affordability of services within the 15/16 contracting round • An improved understanding of the business and the identification of efficiency improvements through the use of service line reporting; • a reduced risk that decisions about the future of individual community services will be based on incorrect or misleading information; • Facilitate a more effective response to tender invitations • Provide information to assist with improving integration with acute services <p>Mrs Harris provided an update provided by Mr Bryant (not present) as requested previously by the Committee. He asked the Committee to</p>	

	<p>note further work. Focus is mainly on High Weald, Lewes and Havens in particular to the services out to tender.</p> <p>Action The Committee noted the further progress on this project and the associated opportunities, risks and challenges involved.</p>	
<p>8.</p>	<p>Making Better Use of Government Resource Services Procurement & Service Delivery Platforms and the Lord Carter Review – Update report</p> <p>Mrs Harris presented a report informing the Committee of progress with the DH (Department of Health) invitation to take part in 1) a review of Government support services and delivery platforms and 2) the Lord Carter review of efficiency and productivity metrics.</p> <p>Action The Finance and Investment Committee noted the progress to date.</p>	
<p>9.</p>	<p>Procurement Update</p> <p>Mrs Jaggar gave the Committee the agreed quarterly update on progress within the procurement function since 1 April 2014 when it moved into the finance directorate.</p> <p>She stated the 3 year Procurement Strategy was agreed by the Board in November 14. She stated she was proud of the team regarding savings as they are on track to beat their original savings target for this year as detailed in the report. The target was £2.5m, increased from £800k last year. By year end £3.2m delivery is expected, of which £2.43m is cash releasing. The savings target for 2015/16 was £2m.</p> <p>Mr Welling asked how confident we are in in the organisational engagement in tackling high income/high savings/high effort issues. Ms Jaggar confirmed meetings have been held with Lead Consultants. They are aware of plans and understand savings targets and discussions are advanced.</p> <p>Mrs Harris said the Clinical Units are expected to have procurement savings listed in their presentations at the Board presentation day in March. There is a lot more awareness of this throughout the organisation as the benefits of standardisation become better understood.</p> <p>Mr Welling congratulated Ms Jaggar and the team for their effort and hard work. Ms Jaggar confirmed a new Head of Procurement had now been appointed with start date confirmed. They will continue this work when she leaves at the end of March 15.</p>	

	<p>Ms Jaggar also updated that collaboration work was being discussed with Brighton and Maidstone and Tunbridge Wells trusts. Changes in the EU Procurement Law come into effect this week. She stated the team are having training to ensure full knowledge is attained and ensure compliance.</p> <p>Mr Welling thanked Ms Jaggar for her contribution to the Trust and noted this was the last report she would present and it was a very positive one.</p> <p>Action The Committee noted the progress made against the target and the key metrics.</p>	
<p>10.</p>	<p>PMO Project Update</p> <p>The Committee received a progress report on the proposed implementation of the key Trust projects due to be implemented in 2014/15. The report provided a summary status position for each of the following projects.</p> <ul style="list-style-type: none"> • MSK • Pathology Tender • Trauma Peer review • JAG Accreditation • Community and Child Health system • Southern Acute Programme - Electronic Document Management and Clinical Portal • Electronic clinical correspondence • Oasis PAS upgrade • VitalPac patient bedside monitoring • Windows 7 / Office 2010 migration • Euroking maternity system upgrade <p>All major projects including those with a significant IM and T component were now managed within the PMO function.</p> <p>Mrs Harris stated the report sets out the governance and RAG ratings for projects. It was noted the Oasis PAS upgrade has been delayed and is now due to go live on 8 July 2015 The costs around the delay are being worked through.</p> <p>Mr Welling raised the JAG Accreditation plan for Endoscopy. The accreditation visit is imminent. Mr Grayson stated there are a range of issues around the physical layout at Conquest, not easily resolvable due to costs and issues around waiting times. He added currently we are accredited at Conquest but not at EDGH, and he felt both are at risk. Mr Cohen expressed concerns around lack of departmental</p>	

	<p>engagement with accreditation. Mr Grayson said he was disappointed to hear this. He stated JAG accreditation relates mainly to income, practice tariffs but he would pick this up with those concerned and provide an update.</p> <p>Action The Committee noted the progress with projects.</p>	DG
<p>11.</p>	<p>Job Planning Update</p> <p>The Committee received an update on consultant job planning and the progress made since November 2014.</p> <p>It was noted that job planning was an annual requirement of all consultant medical staff and all staff have extant job plans. The Trust has introduced a more rigorous and robust method of job planning this year to ensure that consultant activity was fully aligned with Trust plans and there was the most productive use of consultant time and clinical facilities.</p> <p>Monthly scrutiny meetings have been established with each CU from August 2014 through to March 2015 (when the process will be reviewed) to ensure progress continues to be made and the job plans reflect the workload and activity the Trust needs to undertake. It is recommended that this work continues.</p> <p>Mr Stevens asked if all the Consultants have a job plan. Mr Grayson confirmed they do and there is a rolling programme.</p> <p>Action The Committee noted that the job planning update.</p>	
<p>12.</p>	<p>Tender & Service Development Schedule</p> <p>The Committee received a schedule which provided an update on current tenders and service developments.</p> <p>It was noted that the tender and service development schedule was updated on a weekly basis and monitored by the Business Planning Steering Group (BPSG) at its weekly meetings.</p> <p>Action The Committee noted the update on tenders and service developments.</p>	
<p>13(i)</p>	<p>Change in Approvals Process – Business Cases <£5m</p> <p>Mrs Harris gave an update on changes to the TDA approvals for business cases with a value greater than £1m but less than £5m.</p>	

	<p>It was noted that from January 2015, the delegated limit of £1m would trigger an assurance of the internal decision making and governance processes that underpinned the approval of the business case, rather than approval of the case itself, the latter will remain with the Trust Board.</p> <p>Mr Grayson added approval has been received for the Pathology Managed Service Contract OBC. There are a few minor issues to be addressed in the FBC.</p> <p>Action The Committee noted the change to TDA approvals process for business cases above £1m but below £5m.</p>	
<p>13(ii)</p>	<p>Final Pevensey GMP</p> <p>Mr Saunders presented the Pevensey Full GMP paper to the Committee as per the submitted report. He stated Balfour Beatty had given an interim GMP in January and had been asked to calculate the full GMP by February. This has been done with a few minor exceptions around M&E (Mechanical and Engineer) quotes, expected shortly.</p> <p>The Committee were asked to approve Executive authorisation to sign the contract for the refurbishment of Pevensey and Wilmington Mr Saunders gave assurance the contract bids would reflect the cost in the GMP and that it would be legally checked before signature.</p> <p>Action The Committee noted and supported the proposal to proceed to contract.</p>	
<p>13(iii)</p>	<p>Schneider Progress Report</p> <p>Mr Humphries presented a paper for information and assurance setting out progress on the negotiation of an energy performance contract with Schneider Electric to renew significant dilapidated and poorly performing energy infrastructure, and deliver significant savings in energy and carbon reduction.</p> <p>Action The Committee noted the report and progress to date.</p>	
<p>13(iv)</p>	<p>Laundry Options Business Case</p> <p>The Committee received a paper setting out progress on the development of a business case outlining the future negotiation of the EHS laundry and linen service based at Eastbourne District General Hospital.</p>	

	Action The Committee noted the paper and progress to date.	
14.	Work Programme The 2015 work programme was reviewed. Action The Committee noted the revised work programme.	
15.	Date of Next Meeting The next meeting will take place on Wednesday 18 March 2015 at 9.30am – 11.30 am in the Committee Room, Conquest.	

EAST SUSSEX HEALTHCARE NHS TRUST

FINANCE & INVESTMENT COMMITTEE

**Minutes of the Finance & Investment Committee held on
 Wednesday 28 January 2015 at 9am in the Committee Room, Conquest**

Present Mr Barry Nealon, Non-Executive Director/Chair
 Mr Michael Stevens, Non-Executive Director
 Mr Stuart Welling, Chairman
 Mrs Vanessa Harris, Director of Finance
 Mr Richard Sunley, Deputy Chief Executive/COO

In attendance Mr Simon Wombwell, Transformation Adviser (for
 item 5)
 Mr Andy Horne, Programme Director, Market Testing
 (for item 11)
 Mr Les Saunders, General Manager for Estates & Project
 Planning (for item 13(i))
 Miss Chris Kyprianou, PA to Finance Director (minutes)

1.	Welcome and Apologies	Action
2.	<p>Minutes of Meeting of 17 December 2014</p> <p>The minutes of 17 December were agreed as an accurate record.</p>	
3.	<p>Matters Arising</p> <p><u>(i) Making Better Use of Government Resource Service Delivery Procurement & Service Delivery Platforms Project Group – Terms of Reference</u></p> <p>The Terms of Reference for the above Project Group were circulated to the Committee for information.</p> <p><u>(ii) Staff Friends & Family Test</u></p> <p>Following discussion at the last meeting on the Quarter 2 Staff Friends & Family Test results, the Committee received an updated paper from Mrs Green on the actions being taken.</p> <p>It was noted that two new groups had been established, a Staff Engagement Operations Group and a Staff Engagement Executive Group, where feedback from staff would be analysed and the action</p>	

	<p>plan would be updated and developed accordingly.</p> <p>The Committee reviewed the Terms of Reference of these two groups and discussion took place on the membership.</p> <p>The Committee noted that the organisation was addressing the results of staff surveys and had mechanisms and processes in place to take this forward. It was agreed that, given the importance of this work, further discussion would be required at a future Board Seminar.</p> <p><u>(iii) Performance Report – Month 7</u></p> <p>Mr Sunley reported that a deep dive on cancer would go to the Quality & Standards Committee. He gave a further update on cancer targets trajectory under agenda item 4(i) below.</p> <p><u>(iv) Finance Update – Month 8 Flash Report</u></p> <p>It was noted that an amended I&E trajectory was included in the Finance Report.</p> <p><u>(v) FBC: Capital Bid Update</u></p> <p>The Committee had asked for a trajectory in relation to the Health Records strategy. It was noted Mr Saunders and Mrs Fellows would provide a trajectory.</p> <p><u>(vi) Tender & Service Development Schedule</u></p> <p>It was noted that further information on the High Weald Lewes and Havens (HWLH) tender was discussed at the Board Seminar on 14 January 2015.</p>	<p>SW</p> <p>RS</p> <p>RS</p>
<p>4(i)</p>	<p>Performance Report – Month 8</p> <p>Mr Sunley presented the month 8 Performance Report which detailed the Trust's in month performance against key trust metrics as well as activity and workforce indicators.</p> <p>The report included all indicators contained within the Trust Development Authority's Accountability Framework for 2014/15.</p> <p>It was noted that the Overall Performance Score was 4 (from a possible 5)</p> <p>Responsiveness Domain: 3 Improvement from September. A&E performance achieved the 95% standard. Cancer performance did not achieve 2 week wait, 31 day or 62 day standards.</p>	

	<p>Effectiveness Domain: 5 Improved to 5. The annual update of this information has provided a refreshed view of performance, which has resulted in an improved domain score.</p> <p>Safe Domain: 4 Remains at 4. There were 6 reported cases of C-Dificile, and 3 reported harmful incidents.</p> <p>Caring Domain: 4 Remains at 4. A&E Friends and Family scores fell slightly below the required standard.</p> <p>Well Led Domain: 4 Turnover, sickness and appraisal rates remain below the required standard, holding the domain score at 4.</p> <p>Mr Sunley gave a brief update on month 9 figures which were due to be published shortly. It was noted that A&E attendances had been very high during the three week period ending mid-January. This had affected A&E performance and had resulted in a high level of emergency admissions and additional bed capacity being open.</p> <p>Mr Welling asked for further clarification on the Mortality item (3.1) in the Performance report, and an explanation on the movement in the Risk Adjusted Mortality rating.</p> <p>Action The Committee noted the Performance Report for month 8 and noted the Trust Performance against each domain and the Workforce update.</p>	<p>RS</p>
<p>4(ii)</p>	<p>Finance Update – Month 9</p> <p>Mrs Harris presented a summary of the financial performance at Month 9.</p> <p>Following receipt of non-recurrent deficit funding of £18m of which £13.5m had been recognised in the M9 position the trust performance in month 9 was a year to date run rate deficit of £1,784k. This was a favourable variance against original deficit plan of £12,930k. The cost improvement programme achievement ytd was £13,745k which was below plan by £663k.</p> <p>It was noted that the Trust had increased its savings target by £600k and the forecast outturn was now a small surplus of £88k; as a result the overall TDA RAG rating for finance had moved from red to green</p> <p>Financial performance against the revised trajectory for a small surplus by year end was set out in Appendix A. The M9 position was</p>	

	<p>£320k adverse to this plan (M8 £276k adverse).</p> <p>The year-end forecast outturn is expected to be achieved but the position will be reviewed following closure of the M10 position. As reported in item 4i) above, January had been a very busy period at ESHT and it is anticipated that this may have resulted in additional costs which could impact on the in- month financial position.</p> <p>Action The Committee noted the Month 9 financial position.</p>	
4(iii)	<p>Non Recurrent Provider Deficit Funding – Letter from TDA</p> <p>The Committee received a copy of a letter from the TDA dated 11 December 2014 formally confirming the 2014/15 non-recurrent provider deficit funding.</p> <p>Action The Committee noted the TDA letter.</p>	
5.	<p>Transformation Update</p> <p>Mr Wombwell updated the Committee on the progress and process for supporting the Trust to meet its financial targets in 2014/15 and deliver a sustainable plan for 2015/16. In particular the requirement to develop and deliver a 2015/16 cost improvement programme.</p> <p>The delivery of £20m/5.3% in efficiency savings as per original plan, for a second consecutive year, would be a major challenge for any Trust. The notional efficiency challenge set by the national tariff deflator is 3.8% which gives a £15m target in 2015/16. In recognition of the risk to the delivery of £20m and the lower national target (3.8%) the current plan is driving to achieve a target of £20m but making the assumption that only £15m will be delivered. The outcome of this will be agreed through the TDA planning process, which continues through February and March.</p> <p>The outline indicative plan was reviewed and it was noted that there were key risks in the delivery of the plans, particularly given competing operational challenges of access targets, winter pressures and challenges around recruitment of substantive staff.</p> <p>Action The Committee noted the Transformation update.</p>	
6.	<p>Financial Planning 2015/16</p> <p>The TDA Planning Guidance for Trust Boards was noted as well as the timetable contained therein. A first draft, high level, finance and workforce Plan submission to the TDA was made on 13 January as</p>	

	<p>outlined at the Board seminar on 14 January 2015. The Committee noted the reconciliation from the original planned 2015/16 deficit as per last year's submission to that submitted on 13 January 2015. The changes include the impacts of East Sussex Better Together, the new MSK contract, HWLH tender of community services etc. The amounts are still to be confirmed over the next few weeks as the planning process continues. Feedback from the TDA on the first Plan submission is awaited.</p> <p>Action The Committee noted the guidance and updated timetable.</p>	
<p>7.</p>	<p>Review of Capital Programme Outcome</p> <p>Mrs Harris presented an update on the current performance of the capital programme at the 31st December and the outcomes of capital business cases considered by the Capital Approvals Group (CAG) and also by the Finance & Investment Committee during 2014/15 year to date.</p> <p>It was noted that the capital pressures the Trust was facing were very significant with back log pressures on maintenance, medical equipment and IT at a time when it was also under pressure on its revenue performance.</p> <p>It was agreed that an update would be brought to the Committee on a quarterly basis.</p> <p>Action The Committee noted the current performance of the capital programme and the current position on capital business cases approved during 2014/15.</p>	<p>VH</p>
<p>8.</p>	<p>Quarterly Review of Aged Debts</p> <p>Mrs Harris presented a report showing the current level of aged debt, split between NHS and non NHS and segmented into operational categories as at the end of December 2014.</p> <p>The overall levels of outstanding debt had decreased since last reported. The level of Over 90 Days debt continued to be above the 5% target level but did show a slight improvement since last reported. It was noted that a series of measures had been put in place to address both the overall debt level and the Over 90 Days element in an effort to keep these within acceptable limits.</p> <p>It was agreed that the Committee would review this information again at year end (March Committee meeting).</p>	<p>VH</p>

	<p>Action The Committee noted the current aged debt position.</p>	
<p>9.</p>	<p>FBC: Capital Bid update</p> <p>The Full Business Case for £30m of capital expenditure to implement ESHT’s clinical Strategy was approved by the Board of ESHT on 11 December 2013 and lodged with the TDA. It is still pending TDA approval.</p> <p>In the meantime the Trust needs to ensure that the necessary infrastructure and equipment investment can be made so that it can maintain performance and quality standards through the 2014/15 winter and beyond, on a sustainable basis.</p> <p>An interim bid for early release of part of the capital included in the FBC, as previously reported, was made in August 2014. The bid which totalled £11.665m also included some capital elements which were outside of the FBC but were identified as necessary to ensure delivery of winter resilience or quality and productivity improvements/ requirements. The TDA has advised that bid will not be progressed although £400k for a new Clinical Decision Unit at the Conquest had been received via the ITFF (Independent Trust Finance Facility).</p> <p>Following further discussions with the TDA a targeted capital application of £869k had been made for improvements in the storage and access to health records, an issue that has been on the Trust risk register for some time and was highlighted by the CQC informal feedback. The application set out a proposed solution to the current issues by 1) an improvement in the physical storage space and 2) the introduction of a bar code identification system. The work would also be a precursor to launching the Trust’s future scanning and EDM programme moving towards fully electronic records for the Trust.</p> <p>Mrs Harris reported that the ITFF had met in January and recommended this bid to the Department of Health.</p> <p>Action The Committee noted the application for emergency capital to the ITFF and the recommendation to the Department of Health</p>	
<p>10.</p>	<p>Making Better Use of Government Resource Services Procurement & Service Delivery Platforms</p> <p>Mrs Harris gave an update on progress with the Department of Health (DH) invitation to take part in 1) a review of Government support services and delivery platforms and 2) the Lord Carter review of efficiency and productivity metrics as outlined at previous Committee meetings.</p> <p>A Project Steering Group had been formed to oversee the projects.</p>	

	<p>This was not a decision making body but was expected to reach conclusions and make recommendations to the Finance and Investment Committee where any formal decisions would be taken. Meetings had taken place on 8 December and 26 January. The minutes of the December meeting would be circulated, for information, with the agenda for the February meeting.</p> <p>Work under Project 1, support services and delivery platforms, was progressing under 2 work streams a) SBS and b) NHSP. ESHT had now met with both providers and relevant cost information had been submitted. Following the current iteration process “offers” would be received from the providers which ESHT can consider and will present to the Finance & Investment Committee together with the options and recommendations for a way forward.</p> <p>Work under Project 2, the Lord Carter review, was also progressing. Further refinement of the metrics was taking place based on the insight captured and will include spend analysis from the respective procurement leads prior to finalisation with the “College of Experts” at the end of February 2015.</p> <p>In addition and as reported through the market testing update at a previous Committee meeting, the DH had provided some soft FM expertise to ESHT with a view to looking at any potential efficiency in this area. This last area of work was under the leadership of Mr Horne, Programme Manager and progress was recently reported at the Board seminar on 14 January 2015.</p> <p>Action The Committee noted the progress on these two projects to date and noted that under the Terms of Reference any recommendations would be brought to this Committee where any formal decisions would be taken.</p>	<p>VH</p>
<p>11.</p>	<p>Market Testing Programme Stocktake</p> <p>Mr Horne updated the Committee on progress, following the approval of the market testing outline business case (OBC), the Programme Initiation Document (PID) and the first three transformation plans at the Board’s March 2014 meeting.</p> <p>The Trust had developed a market testing strategy and outline business case (OBC) which set in motion the development of a Programme Initiation Document and the on-going development of a number of full pre-procurement business cases covering the commercial and support services. These plans included:</p> <ul style="list-style-type: none"> • A review of the procurement routes, to identify ‘quick wins’. • Development of service specifications / service level agreements for every commercial and support service as part of developing a 	

	<p>transformation plan.</p> <ul style="list-style-type: none"> • Following production of the service specifications, the Trust to reconfirm for each service: <ul style="list-style-type: none"> - to transform internally; - to market test (to test the service cost, quality and activity against the market); - to outsource (on the basis that this is not a core service it wishes to directly provide); • Agreement on type, length and conditions of contract for each service based on legal and procurement advice. • Review of each proposed market testing bundle and niche service to ensure best value for money and specified quality and performance will be produced. • Approach to managing staff implications such as TUPE and redundancy costs. • Production of a pre-procurement full business case for each bundle and niche service. • Development of a comprehensive communication plan to keep staff informed and engaged and to offer support during this process. • Management of risk in relation to the above. <p>The Committee were invited to discuss and agree the following:</p> <ul style="list-style-type: none"> • For Occupational Health and Nurseries – To note current delivery, the tender process and Board decision timetable. • For PMU – To note delivery against the Transformation plan. • For Soft FM services – To note that all the Soft FM service specifications and appendices have now been produced and agreed and will be used to help develop the 2015/16 budget and support any decision to market test these services. <p>Action The Committee noted the current delivery, tender process and Board decision timetable for Occupational Health and Nurseries, noted the delivery against the Transformation plan for PMU and noted that all the Soft FM service spec and appendices had now been produced and agreed and would be used to help develop the 2015/16 budget and to support any decision to market test these services.</p>	
<p>12.</p>	<p>Tender & Service Development Schedule</p> <p>The Committee received a schedule which provided an update on current tenders and service developments.</p> <p>It was noted that the tender and service development schedule was</p>	

	<p>updated on a weekly basis and monitored by the Business Planning Steering Group (BPSG) at its weekly meetings.</p> <p>The Committee noted the position of the following PQQ/tenders in the pipeline:</p> <ul style="list-style-type: none"> • Fracture Liaison Service – Service to be re-tendered in spring 2015 • Non-invasive Ventilation Service – tender document still not issued • High Weald Lewes and Havens community services – Trust successful at PQQ stage and invited to participate in competitive dialogue process and working on outline submission for submission on 22.01.15 <p>The Trust had made an outline submission on the HWLH tender and there was a review day on 30 January to present the service offer.</p> <p>Action The Committee noted the update on tenders and service developments.</p>	
<p>13(i)</p>	<p>Pevensey Ward – Full Business Case</p> <p>Mr Saunders updated the Committee on the progress of the Pevensey Ward refurbishment programme and the GMP (Guaranteed Maximum Price) of £2.5m.</p> <p>It was noted that discussions with Balfour Beatty and the Trust retained Cost Advisors, Sweetts, had progressed rapidly over the last month to such an extent that the Trust were now in receipt of an Interim GMP (Guaranteed Maximum Price)</p> <p>This was the first step in a number of deadlines agreed with Balfour Beatty that, if approved by the Executive Group, would see construction start in March of this year</p> <p>The Committee noted the Interim GMP price and that this was likely to be lower as some items still needed to be finally costed and were currently only high estimates. The full GMP costing will be submitted by Balfour Beatty on the 13 February 2015.</p> <p>The impact on the Trust's finances were minimal as the project was being funded through the Trust's capital and donated assets. It was noted that there were no significant revenue consequences.</p> <p>Action The Committee approved the FBC and noted that the Interim GMP Quantum that was below the Not to Be Exceeded Price of £2.5m.</p>	

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<p>13(ii)</p>	<p>Fluoroscopy Room – Equipment Replacement</p> <p>Mr Sunley presented a Business Case setting out the requirement to replace the Fluoroscopy Equipment in the Radiology Department at the Conquest.</p> <p>The fluoroscopy unit was installed in 1999 with a life expectancy of 7 years. It was an active and current diagnostic room that supports a variety of specialties and is the diagnostics phase of the patient pathway such as Gynaecology, Endoscopy, Urology, Paediatrics and Surgery. The room supports 6-week diagnostic waiting times for Barium studies, 18 week treatments and especially cancer targets.</p> <p>It was noted that due to its age the equipment is not currently able to deliver the patient care at the level needed.</p> <p>The Trust’s equipment replacement programme had identified that this piece of equipment required replacement in this financial year.</p> <p>The equipment would provide safe and patient focused care whilst achieving a radiation dose to the patients which is as low as reasonably practical.</p> <p>Diagnostic targets would be able to be met as well as sustaining and supporting clinical specialties located at Conquest hospital. The equipment and building cost estimates are £446,560 + VAT.</p> <p>The Committee queried whether this project should be emerging from the Imaging Strategy Group. It was agreed that this was an important investment and regarded as a priority, however, the Committee would ask for assurance from the Imaging Strategy Group that this is consistent with their direction of travel.</p> <p>Action The Committee approved the replacement programme and associated funding for the replacement of the fluoroscopy subject to assurance from the Imaging Strategy Group.</p>	<p>RS</p>
<p>14.</p>	<p>Work Programme</p> <p>The 2015 work programme was reviewed. It was agreed that a Review of Aged Debts would be added to the work programme for March (transferred from April’s agenda).</p> <p>Action The Committee noted the revised work programme.</p>	<p>CK</p>

15.	Date of Next Meeting The next meeting will take place on Wednesday 25 February at 9.30am – 11.30 am in St Mary's Board Room, Eastbourne DGH	
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East Sussex Healthcare NHS Trust

QUALITY AND STANDARDS COMMITTEE

1. Introduction

- 1.1 Since the last Board meeting a Quality and Standards Committee meeting has been held on 5 May 2015. A summary of the issues discussed at the meeting is provided below.
- 1.2 The minutes of the meeting held on 2 March 2015 are attached at Appendix 1.

2. Issues discussed at 5 May 2015 Meeting

2.1 Patient Story

A video was presented to the Committee showing the human connection to patient care and how empathy with both patients and staff was fundamental. It was suggested that this video or an East Sussex Healthcare NHS Trust specific one should be shown at all staff inductions. The Director of Nursing agreed to investigate the possibility of developing this with local involvement.

2.2 Revised Self Assessment of Compliance Against Outcome 8 Regulation 12 'Cleanliness and Infection Control' Quarter 4, 2014-15

A report was presented on behalf of the Trust Infection Control Group (TICG) which provided evidence of current Trust self assessment compliance against Outcome 8 Regulation 12 'Cleanliness and Infection Control' of the Health and Social Care Act 2008. The report highlighted that overall compliance against Outcome 8 had decreased from Quarter 3. The Committee noted that Urgent Care clinical leads should review the risks and compliance within the clinical unit and provide a report to TICG to include actions to address the continued low National Standard Cleaning (NSC) audit compliance within the Accident and Emergency departments. The Committee requested performance metrics to show trends and demonstrate assurance was presented at the next meeting.

2.3 Quality Improvement Plan

The Committee was provided with a summary of the overarching Improvement Plan that had been developed following the inspection that took place in September 2014 by the Care Quality Commission (CQC). It was noted that the plan detailed those recommendations that CQC had identified in their reports as 'must do's'. The Director of Nursing confirmed that a Project Improvement Working Group was in place to oversee progress of the delivery of the plan. It was confirmed that the Group met every two weeks and was attended by identified executive leads for the relevant work streams.

2.4 Board Assurance Framework and High Level Risk Register

The organisational Board Assurance Framework (BAF) and High Level Risk Register were considered by the Committee and areas of concern noted. The Chair requested a 'deep dive' into the inadequate provision of medical records at the next meeting.

2.5 **Duty of Candour**

The Company Secretary described the updated Being Open policy which had been amended to reflect the statutory requirements of the Duty of Candour. It was noted that the application of the policy in respect of Serious Incidents was monitored by the Serious Incident Review Group (SIRG). The Committee was assured that to support staff implement the policy, further communication and training was planned.

2.6 **Care Quality Commission (CQC) Intelligent Monitoring Report (IMR)**

The Committee was informed that the CQC had issued in draft form its latest intelligent Monitoring Reports (IMR). It was explained that the IMR was used to monitor a range of key indicators about NHS acute and specialist hospitals. The indicators related to five key questions the CQC asked about services when carrying out their inspections; was the hospital safe, effective, caring, responsive and well-led? It was noted that the Trust had been assessed against 96 applicable key indicators, of which, 11 showed evidence of risk or elevated risk.

2.7 **Integrated Quality Report – Quarter 4, January to March 2015**

The Committee was asked to note the contents of the report which provided insight into the quality of care provided within the Trust, and information on the measures being taken to ensure and improve quality. The report highlighted three key areas, patient safety, patient experience and clinical effectiveness. Patient Experience was discussed in detail and in particular the number of complaints that had not been responded to within time. It was noted that the increased number of overdue responses was as a result of the introduction of the quality assurance checking process initiated by the Interim Complaints Manager. The Committee requested an update at the next meeting.

2.8 **Community Paediatrics; An Action Plan for Reduction of Waiting Lists, and Consideration of Service Specification Review.**

The Committee noted that the services provided by the Trust had been the subject of a number of reviews which had highlighted areas where the services were felt to be failing to meet all the required standards of quality and safety. It was noted that the Clinical Commissioning Group (CCG) had expressed concern at the number of patients waiting for assessments.

The Associate Director of Development and Transformation and Community Paediatrician were welcomed to the meeting and described how ESHT managers and clinicians had worked hard to develop and implement a number of initiatives that had significantly reduced the waiting list and maintained the safety and stability of the service. The Committee was assured that a joint review of the current specification would be undertaken, thus ensuring a sustainable service in the long term.

3 **Conclusion**

- 3.1 The Trust Board is requested to note the summary of the Quality and Standards Committee meeting held on 5 May 2015 and the minutes of the meeting held on 2 March 2015.

Charles Ellis
Quality and Standards Committee
6 May 2015

East Sussex Healthcare NHS Trust (ESHT)

Quality and Standards Committee

Minutes of the Quality and Standards Committee /

Monday, 2 March 2015

Room 7, Education Centre, Conquest Hospital

- Present: Mrs Sue Bernhauser, Non-Executive Director (Chair)
Mrs Janet Colvert, Ex-Officio Committee Member
Mr Charles Ellis, Non-Executive Director
Dr David Hughes, Medical Director
Ms Tina Lloyd, Assistant Director of Nursing Infection Prevention and Control
Miss Emily Keeble, Head of Assurance
Ms Emma Tate, Head of Clinical Improvement
Mrs Moira Tenney, Deputy Director of HR
Dr James Wilkinson, Assistant Medical Director, Quality
- In attendance: Mrs Susan Cambell, PA to Director of Nursing (minutes)
Mrs Hilary White, Head of Compliance on behalf of Lynette Wells

1.0 Welcome and Apologies for Absence

Mrs Bernhauser welcomed participants to the Quality and Standards Committee meeting and confirmed that the Committee was quorate.

Mrs Bernhauser noted that apologies for absence had been received from :

Professor Jon Cohen, Non-Executive Director
Mrs Lindsey Stevens, Deputy Director of Nursing
Mr Richard Sunley, Chief Operating Officer
Mrs Alice Webster, Director of Nursing
Mr Stuart Welling, Chairman
Mrs Lynette Wells, Company Secretary
Dr Jamal Zaidi, Assistant Medical Director, Workforce

2.0 Patient Story

A service user and his wife were welcomed to the meeting to share their experience of treatment in the Intensive Care Unit, followed by a further period of care in the ward environment. Whilst it was acknowledged that they felt the treatment received had been excellent, the daily cost of extended parking fees incurred whilst supporting the patient with their essential care needs, had been a concern. The Committee noted that a review of the parking fees criteria for those providing care and support was being sought following discussion at the Patient Support Group. Concerns were noted regarding the implementation and monitoring of such as system.

3.0 Revised Terms of Reference (ToR) and Structure of Future Meetings

The Committee had previously noted acceptance of the revised Terms of Reference and 2015 work programme.

4.0 Minutes and Matters Arising

4.1 Minutes of the Previous Meeting

Minutes of the Quality and Standards Committee meeting held on 13 January 2015 were considered and agreed an accurate record.

4.2 Matters Arising

The action log was reviewed and updated. Mr Ellis requested that updates were provided prior to the meetings.

5.0 Compliance and Risk

5.1 Board Assurance Framework (BAF) High Level Risk Register

Mrs White presented the BAF report along with the latest version of the High Level Risk Register and the Committee noted the detail. Mrs White highlighted the key issues and Mrs Tenney acknowledged that 12 of the high level risks related to staffing and recognised this correlated to recruitment reviews being undertaken. Mrs Tenney confirmed that the April 2015 Trust Board Seminar would focus on this issue. Dr Wilkinson sought assurance around the adequacy of controls and Miss Keeble agreed that further education around risk registers was required and stated that the likelihood of a risk reoccurring should be directly linked to the adequacy controls. Miss Keeble agreed to produce further guidance. Mr Ellis and Mrs Colvert requested large print versions of the High Level Risk Register.

EK
SC

5.2 Mortality Indicators, Metrics and CUSUM Alerts

Dr Wilkinson provided a summary of the main mortality indicators and clarified the differences between them. The report further outlined East Sussex Healthcare NHS Trust (ESHT) mortality monitoring, assurance mechanisms and the progress made in monitoring. The Committee noted progress in both nationally and internally monitored mortality metrics and were assured on the robustness of the Trust's mortality review systems.

Dr Wilkinson highlighted the Trust's Electronic Mortality Database which provided a transparent record of the review of deaths within the acute hospitals and commented that the proportion of mortality reviews recorded on the database was a linked to a local CQUIN for 2014/15.

Dr Wilkinson described the development of further work needed with local groups of GPs to capture information on deaths in community hospitals following discharge.

Dr Hughes concluded that a robust system was now in place which included reflective thinking, quality focused planning and learning. Dr Wilkinson and the team were thanked for the significant progress that had been made.

5.3 External Visits

Mrs White provided the Committee with a summary of external agency, inspections, self assessments and accreditation visits that had been made to the organisation during quarters 1-3 and it was noted that there were no overdue actions identified on any of the action plans. Mrs Tenney queried celebrating our successes and how these were shared and Mrs White agreed to highlight these.

HW

Mrs Bernhauser made reference to the latest Care Quality Commission (CQC) report and explained that the Trust still awaited a response with regard to checking for factual accuracy.

Mr Ellis highlighted the unannounced Royal College of Nursing (RCN) visit in December 2014 and the concerns raised about staff morale. Mrs Tenney confirmed that Staff Survey results would be presented to Trust Board in March 2015 and it was recognised that there were issues and that a number of actions had already been implemented.

5.4 Clinical Outcome Review Group Report

Dr Hughes provided an update on the Clinical Outcome Review Group. He explained that the Group been set up to review a small number of cases following anomalies identified within the Patient Target List (PTL) that had led to patients not being treated within the target waiting time. Dr Hughes assured the Committee that detailed validation work had been undertaken which had ensured the review of the auto validation rules and the ability to identify the potential impact and assess any additional risk to patients.

Dr Hughes confirmed that since August 2014 the group had reviewed a number of cases with the Consultants concerned and had identified limited risk in a small number of cases, and no risk in the remainder.

Dr Hughes agreed to update the Terms of Reference for the Group to reflect the amendments that had been made.

DH

5.5 Revised Self Assessment of Compliance Against Outcome 8 Regulation 12 'Cleanliness and Infection Control' Quarter 3, 2014-15.

Ms Lloyd presented the report on behalf of the Trust Infection Control Group (TICG) which provided evidence of current Trust self assessment compliance. It was noted that overall compliance by the Trust against Outcome 8 had increased, but Ms Lloyd stated that compliance against Criterion 7, provide or secure adequate isolation facilities remained a concern and was due to a delay in the scheduled refurbishment of the Haematology and Oncology department. Ms Lloyd confirmed that this was now scheduled to commence

in March 2015. Dr Hughes sought assurance around interim arrangements and Ms Lloyd explained that day and inpatient units had been separated, which had immediately reduced the risk. She further explained that patients would be risk assessed each day, situations managed as they arose and the wards would be supported operationally.

Ms Lloyd listed the three new risk register entries; limited isolation facilities, temporary loss of the Environmental Audit Service and low compliance scores of cleanliness of Nursing and patient equipment which had been submitted and would be monitored by TICG.

Following a recent test case of Ebola within the Trust, Ms Lloyd assured the Committee that this significant event had been managed extremely well within policies and at no point were any staff or patients at risk. Ms Lloyd confirmed that feedback would be given to Public Health England regarding their communication plan, as this had created some issues.

Ms Lloyd agreed to update the Committee regarding NHS Choices rating for cleanliness in future reports.

5.6 Medical Revalidation: Independent Verification Visit Report

Dr Hughes provided the Committee with an oversight of the action plan developed following the recent NHS England independent verification visit; the aim of which was to assess the medical revalidation system and processes for quality assurance purposes. It was reported that positive feedback had been received following the visit, with some areas of the medical revalidation and medical appraisal processes being regarded as excellent examples of good practice by the external assessors. The Committee was assured that areas for development, particularly with regard to the Duty of Candour and induction processes for trained and locum doctors, had actions planned to address them.

6.0 Quality

6.1 Integrated Quality Report

The Committee noted receipt of the Integrated Quality report outlining activity within the Trust during December 2014 with the exception of the Quality Walks element, which covered November and December 2014. Miss Keeble explained that in future the report would be presented quarterly and agreed to provide a data giving report rate by CU, by month, by activity.

Miss Keeble summarised the emerging themes and trends relating to the three key sections, Patient Safety, Patient Experience and Clinical Effectiveness.

Miss Keeble highlighted the Patient Safety Incidents by Severity and explained that whilst one incident had been initially reported as grade 4, following investigation this had been downgraded to severity 3 and therefore no major harm or catastrophic incidents had been reported in December

2014.

Miss Keeble confirmed the top five patient safety incidents reported by staff and agreed to scrutinize the patient discharge and transfers data to confirm if this correlated to service changes or reconfigurations. Miss Keeble stated that 13 Serious Incidents had been reported in December 2014 which had been a significant decrease from the same month of the previous year.

EK

Dr Hughes queried the decrease in the number of near misses from 149 in December 2013, to 74 in December 2014 and whether this was due to a lack of reporting during busy periods. Miss Keeble confirmed that evidence had shown there was no difference in incident reporting when the Trust was on a black alert.

The Committee noted that 14 narratives had been posted on NHS Choices during December 2014; of these 11 comments had been positive and three negative. Miss Keeble explained that this feedback information was used to help monitor the quality of services provided. Miss Keeble further explained that Communication had been the top theme for Patient Advice and Liaison Service (PALs) contacts; with outpatients' letters and booking system a major contributory factor. Miss Keeble confirmed that as a result of feedback from the staff survey, Listening into Action (LiA) staff conversations on incident reporting had been arranged. Miss Keeble further confirmed that a prompt on DatixWeb reminded handlers to provide feedback, but the system did not allow the reporter to log on and look at the outcome themselves.

Miss Keeble informed the Committee that Mrs Lorne Thomson had joined the organisation as an Interim Complaints Manager to provide additional complaints management support ensuring that complaints were responded to in a timely manner. Mrs Tenney highlighted the need to ensure a robust link between patient complaints and how this was fed into the training plan for the forthcoming year.

Miss Keeble highlighted the provisional Patient Reported Outcome Measures (PROMs) data and suggested that as the data was collated several months in arrears, a separate report would be provided in future.

6.2 Quality Improvement Priorities 2015 – 16.

The Committee was informed of the proposed Quality Improvement Priorities (QIP) 2015/16, for inclusion in the Trust's annual Quality Account. The priorities discussed in the report followed the review of complaints, risks, feedback from previous public engagement events and suggestions from staff and public /patient groups. Mr Ellis raised the small number of staff responses as a concern and Mrs Bernhauser suggested in future this should be highlighted by team leaders at Clinical Unit meetings. Ms Tate highlighted the on-line survey undertaken. This had culminated in 345 responses and the key themes that emerged were around improved staffing and improved communication and privacy and dignity. It was noted that final agreement of the QIPs would be considered at the next Clinical Management Executive meeting where at least one would be allocated to each of the following

domains; Patient Safety: Clinical Effectiveness: Patient Experience.

7.0 **Human Resources**

7.1 **Mandatory Training and Appraisal Compliance Update – February 2015**

The Committee noted receipt of the mandatory training and appraisal compliance update. Mrs Tenney confirmed that compliance overall had shown improvement, however, maintaining high levels of compliance was key to providing assurance on patient and staff safety and meeting the requirements of external bodies. Mrs Tenney explained that the Chief Executive and Director of Human Resources would be meeting with areas with low compliance to discuss actions that need to be taken, and to agree a trajectory.

Mrs Tenney was pleased to report that compliance with appraisals for medical staff currently stood at 95% and there was a clear escalation process via the revalidation route for those who had not engaged with the process. She further commented that Nurse revalidation is due to be introduced in 2015. Mrs Tenney agreed to check why Basic Life Support training was not included in the report. **MT**

8.0 **Deep Dive**

8.1 **Community Paediatrics**

Due to the unavailability of the report author, this item was deferred until the next Quality and Standards Committee meeting.

9.0 **Sub Committee Minutes**

The following items were noted by the Committee;

9.1 Minutes from the Trust Health and Safety Steering Group meeting held on 21 January 2015.

9.2 Minutes from the Patient Safety and Clinical Improvement /Essential Compliance Group meeting held on 26 January 2015.

10.0 **Any Other Business**

10.1 None noted.

11.0 **For Information**

11.1 Unannounced Rapid Quality Review Ward Rounds

11.2 Data Quality Report 2013 /14

12.0 Date of the Next Meeting

Tuesday, 5 May 2015

2.30pm – 4.30pm

St Mary's Room, Eastbourne District General Hospital

EAST SUSSEX HEALTHCARE NHS TRUST

Notes of the Trust Board Seminar held on Wednesday, 22nd April 2015, at 10.00 am in the St Mary's Board Room, Eastbourne DGH
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- Present: Stuart Welling, Chairman
Professor Jon Cohen, Non-Executive Director
Charles Ellis, Non-Executive Director
Barry Nealon, Non-Executive Director
Vanessa Harris, Director of Finance (item 6 onwards)
Dr David Hughes, Medical Director (Governance)
Dr Andy Slater, Medical Director (Strategy)
Alice Webster, Director of Nursing (item 6 onwards)
- In Attendance: Monica Green, Director of Human Resources
Dr Amanda Harrison, Director of Strategic Development and Assurance
Lynette Wells, Company Secretary
Philip Astell, Deputy Director of Finance
Dr Harry Walmsley, Associate Director for Education (item 3)
Research and Education Teams (item 3)
Moira Tenney, Deputy HR Director (item 4)
Janet Allison, Employee Services Manager (item 4)
Emma Rockingham, Employee Services Advisor (item 4)
Ian Humphries, Associate Director of Estates and Facilities (item 5)
Chris Hodgson, prospective Associate Director of Estates and Facilities (starts in post on 1st April 2015), (item 5)
Pete Palmer, Assistant Company Secretary (minutes)

ACTION

1. Welcome and Apologies for Absence

a) Apologies for absence were received from:

Sue Bernhauser, Non-Executive Director
Darren Grayson, Chief Executive
Richard Sunley, Deputy Chief Executive/Chief Operating Officer

b) **Notes of the Seminar meetings held on 14th January 2015 and 11th March 2015**

The notes of the Trust Board Seminars held on 14th January 2015 and 11th March 2015 were agreed as correct records.

2. Research and Education

Dr Walmsley explained that the NHS supported excellence in research and education, and that the Trust placed a similar emphasis on the provision of these services. He reported that the

Trust received £10.2million in funding each year in order to support research and education. Dr Walmsley made a presentation to the Board highlighting the work and achievements of the Research and Education teams and talked about their aims and concerns for the future. The Trust Board then split up into smaller groups in order to hold focussed conversations about Medical & Dental Education, Non-Medical Education, Learning & Development and Libraries & Research.

Mr Nealon asked how progress and improvements within Research and Development were measured and Dr Walmsley explained that reports on progress within these areas were considered at the Education Steering Group. Mr Shubber reported that the Trust had recently been inspected and had received excellent feedback for their training of doctors.

Dr Walmsley said that the common themes he had picked up from the focussed conversations with the Board members centred around:

- The need for modernisation of IT infrastructure
- Combatting perceptions of bullying and harassment within the Trust
- The need for modernisation and reorganisation of the Education Centre at the Conquest to improve the ability of staff to work together in teams.
- Residential accommodation for staff needs to be improved.
- Education and Research needs to be integrated into the Trust's business plans.
- Plans are in place to employ education and research staff jointly with Brighton & Sussex University Hospitals.

Mr Welling explained that the Board had ensured that Research and Education had been carefully considered during the recent organisational changes, but more work needed to be done in order to demonstrate that it remained central to the Trust's plans. He said that tackling the issues around IT, staff accommodation and the education centre would form building blocks for the Trust's future and would help to attract new staff to the Trust. Mr Welling thanked Dr Walmsley and his team for their achievements and said that the Board would continue to fully support the Trust's work in Research and Education.

3. Organisational Development Strategy

Dr Harrison presented a draft of the Trust's Organisational Development Strategy for 2015 to 2019. She explained that the strategy had been developed with input from the Trust's Clinical Leadership Forums. The purpose of the strategy was to produce an overarching document which picked up the themes of work that

needed to be undertaken at an organisational level.
The Organisational Development Strategy highlighted six key areas for organisational development:

- Developing Leadership
- Building a shared vision for our future
- Engagement & Communication
- Bringing our values to life
- Developing our capability for transformation
- Securing performance

Mr Welling asked how the Board would take assurance that the developments outlined in the strategy would be successfully implemented and Dr Harrison replied that measures would need to be developed for each key area within the strategy to ensure that they were successful.

Professor Cohen asked for the introduction to the strategy to be changed to ensure that the purpose of the strategy was clearly defined, and Mr Welling agreed that the purpose should be explicitly included.

It was agreed that a pairing of one Executive and one Non-Executive should take the lead for each of the key areas to ensure that there was a high level of engagement in every area of the strategy.

The strategy was discussed by the Board and it was agreed that Dr Harrison would amend the strategy to reflect the changes discussed and that it would be brought back before the Board at June's Trust Board meeting. Mr Welling emphasised the need to have clear, deliverable milestones assigned to each of the key areas of the strategy.

AH

4. Recruitment and Retention Strategy

Mrs Tenney, Mrs Allison and Mrs Rockingham presented the Trust's Recruitment and Retention Strategy for 2015-19 to the Board.

Mrs Tenney explained that during 2015/16 750 new staff had joined the Trust and a further 455 had joined the staff bank. All recruitment to the Trust was undertaken in-house, except for the recruitment of junior doctors.

Mrs Rockingham advised that generic nurse recruitment had been recently introduced. This process involved nurses applying for a generic nursing job within the Trust and then being assigned to appropriate areas once they had succeeded at their interview. This successful trial was going to be extended to HCA recruitment and

an open day for HCAs had been arranged with more than 50 candidates registered

Mrs Allison explained that the aim of the strategy was to recruit and retain a high calibre workforce for the Trust, and in order to do this certain challenges would need to be met:

- the need for the recruitment process to be efficient, transparent and responsive
- the need to manage and support the workforce
- the need to motivate the workforce
- the need to make ESHT an attractive place to work

Mrs Rockingham reported that a new IT recruitment system had recently been introduced to the Trust. TRAC was a transparent, trackable service which had streamlined and partially automated the recruitment process for new employees. She said that recruiting managers had reported that this had made a substantial difference to the speed and clarity of recruitment within the Trust.

Mrs Tenney highlighted the four key areas of the Recruitment and Retention strategy:

- Attracting applicants to the Trust
- Workforce Supply
- Developing the Recruitment and Selection Process
- Engaging and Retaining Staff

Ms Tenney explained that a Recruitment and Retention action plan was being developed and this would be monitored by CME on a quarterly basis and by the Trust Board on an annual basis. She explained that the final Recruitment and Retention Strategy would come to the Trust Board for approval in May.

Mr Welling asked if the strategy had been approved by the Joint Staff Committee and Ms Tenney replied that this had not yet happened.

Mr Welling stressed the importance of delivering the Trust's Recruitment and Retention strategy and that it was important to closely monitor progress.

5. Estates Strategy Update

Mr Humphries presented the draft Estates strategy to the Board. He explained the importance of producing a strategy that met statutory requirements as well as improving the Trust's environment for patients and said that the final strategy was due to be published in July 2015.

Mr Humphries explained his concerns about the fact that the Trust used 50% of its available floor space for non-patient occupancy, whereas other Trusts had a figure of around 30%. He said that he felt that cost savings could be made by reducing this percentage, and that ESHT was an outlier when compared with similar Trusts.

Mr Humphries stressed the importance of ensuring that future proofing was considered carefully during any modernisation of existing buildings, or before any new buildings were constructed.

Mr Humphries highlighted a number of areas that required further consideration and development including provision of the Trust's commercial services, residential accommodation and progression of building works. Papers would be brought to the Board as these were developed.

Professor Cohen said that he could see no mention of staff experience within the draft strategy, and explained that he thought that this should be included in the plans. He said that he felt it was important that the Board considered sustainability when any future decisions around estates were taken.

Mr Welling said that he felt there should be more information about the Trust's community estates within the strategy and Mr Humphries replied that these were included but he had not going into significant detail in the presentation. Plans for these areas were partially reliant on the outcome of the High Weald Lewes and Havens (HWLH) tender and would be finalised and included once this was known.

Mr Welling said that he felt work needed to be carried out around the potential for co-location of services, the creation of zones within the Trust to enable teams to work together and the need to revitalise the entrances to both main hospitals. He also emphasised the need to ensure that any plans included contingency for the future of services.

Mr Ellis commented that he could not see any evidence in the draft strategy of consideration being given to improving disabled access within the Trust. He explained that audits had recently been carried out of both main hospital sites, resulting in over one hundred recommendations being made, and suggested that the Estates Strategy referenced these recommendations. Mr Humphries explained that the Disability Discrimination Act was implicitly included within the strategy, and said that he would also include recommendations from the recent audits.

It was agreed that the revised Estates Strategy would be brought to the Trust Board Seminar on 15th July 2015.

6. Letter from Trust Development Authority

Mr Welling explained that the Trust had received a letter from the NHS Trust Development Authority (TDA) following the Board to Board meeting that had taken place on 16th April 2015 between ESHT and the TDA. The Board discussed this letter and agreed that the Trust's CQC action plan should be considered at the Trust Board Seminar scheduled for 13th May 2015.

7. Financial Plan 2015/16

Mrs Harris presented the Trust's Financial Plan for 2015/16 and explained that £1.5million had been formally added to plan since it had last been seen by the Board in order to cover costs associated with the CQC action plan. She explained that contract income from Clinical Commissioning Groups, MSK and from NHS England for specialist commissioning had still to be agreed and that she didn't expect that Trust's financial position to change significantly from that set out in the financial plan once these contracts were finalised. Mrs Harris explained that the potential loss of income from the HWLH tender had not been included in the financial plan.

Mr Welling said that it was vital for the Trust to ensure it met all its targets and maintain quality and safety throughout 2015/16 and that he was not sure how the Trust would be able to meet its Cost Improvement Plan (CIP) targets to the level that had been requested. Dr Harrison explained the need to focus on what the Trust could achieve and to ensure that any CIP targets identified were deliverable.

8. Date and Time of Next Seminar

Wednesday 13th May 2015, from 10.00 am to 14.00 pm, Room 5, Education Centre, Conquest.

East Sussex Healthcare NHS Trust

Date of Meeting:	2 nd June 2015
Meeting:	Trust Board
Agenda item:	19
Subject:	Chairman's Briefing
Reporting Officer:	Stuart Welling, Chairman

Action: This paper is for (please tick)			
Assurance	√	Approval	Decision
Purpose:			
To keep the Board informed of the activities undertaken by the Chairman since the last Board meeting.			

Introduction:
The purpose of this paper is to provide an overview of activities undertaken and relevant correspondence received or sent by the Chairman since the last Board meeting.

Analysis of Key Issues and Discussion Points Raised by the Report:
Key external meetings attended in April and May:
<ul style="list-style-type: none"> • 16th April 2015 Board to Board Meeting with TDA • 23rd April 2015 League of Friends Chairs Meeting • 5th May 2015 Sussex Chairs Meeting • 13th May 2015 ESHT Annual Awards Ceremony • 22nd May 2015 Meeting with East Sussex HOSC
Use of Trust Seal
No documents have been sealed since the last Board meeting:

Proposals and/or Recommendations
The Board is asked to note the activities undertaken by the Chairman since the last Board meeting.

For further information or for any enquiries relating to this report please contact:	
Name: Stuart Welling, Chairman	Contact details: s.welling@nhs.net