EAST SUSSEX HEALTHCARE NHS TRUST

ANNUAL GENERAL MEETING

The Annual General Meeting of East Sussex Healthcare NHS Trust will be held on Wednesday, 30th September 2015, commencing at 10.00 am in the Oak Room, Hastings Centre, The Ridge, Hastings TN34 2SA

AGENDA

			Lead:
1.	Welcome and Apologies for Absence		Chair
2a.	Minutes of the East Sussex Healthcare NHS Trust Annual General Meeting held on 24th September 2014	A	Chair
b.	Matters Arising		
3.	East Sussex Healthcare NHS Trust Annual Reports a) Annual Report and Quality Account 2014/15 b) Financial Accounts 2014/15	B	ICEO DF
4.	Questions from members of the public		Chair

STUART WELLING
Chairman

16th September 2015

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

Key:	
Chair	Trust Chairman
ICEO	Interim Chief Executive
DF	Director of Finance

EAST SUSSEX HEALTHCARE NHS TRUST

ANNUAL GENERAL MEETING

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

1. Welcome and Apologies for Absence **Action**

Mr Welling welcomed members of the public, colleague chairs from other Trust/Clinical Commissioning Groups and representatives from stakeholders and partners to the Trust's Annual General Meeting.

He reported that apologies for absence had been received from:

Jon Cohen, Non-Executive Director
Charles Ellis, Non-Executive Director

He advised that the meeting was being recorded for the purposes of the record.

2. Declarations of Interest

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

3. Minutes and Matters Arising

The minutes of the Annual General Meeting held on 25th September 2013 were agreed as an accurate record.

There were no matters arising.

4. Annual Reports

Mr Welling reported that 2013/14 had been a challenging year for the Trust but it had made good progress in improving the quality of its services but there was further work to do in the coming year.

a) Annual Report and Quality Account 2013/14

Mr Grayson reported that the Trust provided both acute hospital and community services from around 120 sites and spent approximately £1 million a day in 2013/14. The Trust employed just over 7,000 members of staff.

Mr Grayson highlighted the large amount of emergency, outpatient and inpatient elective work provided, the majority of which was undertaken on the two DGH sites. He commented that there was a relatively low number of births in the area served by the Trust which to some extent reflected the age structure of the population, having one of the highest proportion of over 85s in the country. He noted that the birth rate was forecast to decline further.

He reported that the Trust had implemented a large strategic change during the year as part of its clinical strategy, ie the centralisation of stroke, high risk and emergency general surgery and high risk and emergency trauma and orthopaedic services. He pointed out however that, whilst the reconfiguration of services had been hugely important, it had been far from the whole of story as the great majority of the Trust's strategy focused on changing services without reconfiguration, particularly in acute and emergency medicine.

Mr Grayson highlighted the investment in nursing that had been made during the year, following the very comprehensive review of nurse staffing levels carried out under Mrs Webster's leadership. The review had been undertaken using a national model and a modest investment had been made to improve levels in some areas and adjustments had also been made to establishments between wards.

He reported that the state of the art Endoscopy Unit, a £5.3 million development, had opened on the Eastbourne DGH site replacing a temporary facility on East Dean ward and it demonstrated the Board's commitment to the Eastbourne DGH and further developments were planned for 2014/15. A substantial investment had also been made in Interventional Radiology at the Conquest site with the opening of a new suite which enabled patients to be treated in less invasive ways resulting in a shorter length of stay. He also highlighted the improvements in the Sleep Studies Unit at the Conquest which was a relatively small service but provided good quality care to patients.

He highlighted that both acute hospitals had been built at a time when healthcare looked very different and with the increase in the use of equipment and technology the wards were struggling to provide adequate storage space. Therefore planning to provide improved storage space would be included in the coming year as both hospitals were progressively redeveloped. He also highlighted issues with infection control as the national average was for 30% of beds in single rooms in acute hospitals and the Department of Health guidance was for 50% of beds. The percentage for the Conquest was 12% of beds and 13% at Eastbourne DGH.

Mr Grayson reported that the Trust had a substantial business case for approximately £30 million capital funding lodged with the Trust Development Authority (TDA) which would be roughly split £15 million for each of the acute sites and included plans for refurbishment and improving ward spaces in particular.

He referred to the six Care Quality Commission visits in the last year which was not an unusual number due to the size of the Trust and was pleased to report that no major concerns had been identified.

He reported that that there had been a 38% reduction in pressure ulcers, 10% reduction in falls and a 16% reduction in Clostridium Difficile infection (CDI) during the year. The trend over the last 4/5 years showed a very steep reduction in CDI against a background of two acute hospital sites which had a number of estates issues including the availability of single rooms.

Mr Grayson highlighted the massive investment in Information Technology which had commenced in 2013/14 with the implementation of Vitalpac and SystmOne, with the benefits of Vitalpac just beginning to be realised in identifying deteriorating patients. He commented that the introduction of SystmOne was the first meaningful investment in community IT services for a number of years and allowed staff to use handheld devices resulting in real-time information being available and staff not having to carry around armfuls of paper records as they visited their patients.

He referred to Listening into Action which was a programme of work led by front-line staff identifying issues in their wards and departments and in coming together as groups they were enabled by management to make changes. He gave an example of Jevington ward on the Eastbourne DGH site where the staff had been able to change the use of a storage room into a treatment room to enable patients to be treated on a day case/outpatient basis rather than having to come into hospital for several days.

Mr Grayson referred to the challenges the Trust had faced in the year and, whilst the Trust's performance across the national standards had been good including A&E and 18 weeks, the Board had decided that it could not set a balanced budget in order to guarantee the quality and safety of services. It had therefore set a deficit budget alongside a demanding savings programme which it had mainly achieved.

In terms of the sustainability of services, Mr Grayson reported that the focus was on clear access to acute and community services and he did not envisage any change to the acute hospitals in the

foreseeable future as the Trust had been through a period of major change.

Mr Grayson highlighted the Quality Account improvements that had taken place in 2013/14 as follows:

- Patient Safety – an average of over 90% harm free care had been achieved in using the Safety Thermometer which was a national mechanism of measuring how safe services were. In the first few months of 2014/15 the Trust was now averaging over 95%.

- Clinical Effectiveness – processes and environments had been improved in the community to enable nurses and therapists to spend more time with patients and community based services had been increased in cardiology and direct admission had been provided to cardiology services when required

- Patient Experience – it was not only about outcomes for patients following operations and intervention work but also about the overall experience and the Patient Experience Strategy had continued to be implemented and the Trust now had over 100 Patient Experience Champions covering all its services.

Mr Grayson reported that the Trust's focus for 2014/15 would be to:

- Continue to drive down healthcare acquired infections – the Trust had a track record in infection control, it being over a year since the Trust had experienced a MRSA case, and this needed to be maintained.

- Support continued proactive action around deteriorating patients and the introduction of Vitalpac would help staff to identify requiring early interventions

- Patient experience – continue to implement and deliver the eight commitments within the strategy

- Focus on patients with mental health disorders, particularly the elderly population with dementia.

- Meet its financial targets – the focus would continue on improving efficiency but the Board had set a deficit budget again for the current year as it continued to put the quality and safety of services first.

b) <u>Financial Accounts 2013/14</u>

Mrs Harris reported that the net result for 2013/14 on income and

expenditure had been a deficit of £23.1 million and income was down over 2012/13 which was partly due to no longer receiving support from the commissioners following the re-organisation of the NHS and the way funds flowed.
Mrs Harris explained that this had resulted in expenditure outstripping income.

She emphasised that in setting a deficit budget the best value for taxpayers' money had not been compromised as the quality and safety of services had been maintained.

She referred to the statement of financial position (page 59 in the Annual Report) and noted that in 2013/14 the Trust had received the transfer in of community assets (£49.3 million) which followed the Transforming Community Services policy put in place by the Department of Health and largely related to the community hospitals. In addition, the quinquennial revaluation of the estate had resulted in an upward revaluation of £9.9 million and an impairment of £10 million, of which £6.8 million related to community assets. She stated that this was a technical adjustment and it did not reflect on bottom line performance.

Mrs Harris reported that the Trust had experienced a difficult year with cash flow until the last quarter following receipt of Public Dividend Finance capital and at that point the Trust had been able to start paying its creditors in a timely way.

She outlined the key capital projects undertaken during the year including the Endoscopy Unit and a second CT scanner in preparation for the centralisation of stroke services on the Eastbourne DGH site and the Interventional Radiology suite and the relocation of the Surgical Assessment Unit on the Conquest site. In addition, the Trust had submitted a £30 million capital investment bid to the TDA during the year.

She thanked the Leagues of Friends for their continued support during the year which allowed the Trust to purchase additional equipment which it could not afford otherwise due to the prioritisation of the capital programme.

Mrs Harris reported that the issues the Trust had with cash flow until the last quarter had affected its performance against the Better Payment Practice Code. The Trust's current performance was nearly up to 95% again in paying creditors in timely way.

She referred to the operating and financial review summary in the Annual Report and explained that by the end of September 2013 the deficit had stood at £16.75 million and the Trust had started an intensive turnaround programme.

Mrs Harris reported that the turnaround programme had included

relooking at the way the Trust was tackling efficiency and over the last six months of 2013/14 this had had a significant impact on the financial position and the year end position had been a £23.1 million deficit. A cost improvement programme of £20 million had been set for the year and £17.5 million had been delivered. Mrs Harris commented that the turnaround programme continued into 2014/15 and the financial plan was currently on track including meeting the savings programme set.

She reported that the Board had set a deficit budget for 2014/15 as it did not wish to compromise the safety and quality of its services and, whilst this was a challenging position, the Trust did have access to temporary cash funding. She highlighted the difficulty in delivering savings year on year and the plan was for a further deficit budget of £14 million in 2015/16 but stressed the difficulties in operating in those circumstances.

Resolved:
The Board formally adopted the Annual Report and Summary Financial Statements and Quality Account for 2013/14.

5. Questions from Members of the Public

a) Clinical Strategy

Mr Campbell asked if there was a document outlining how the gold standard for the care of elderly people was delivered. Mr Grayson reported that there were several documents outlining how care should be provided including from the Royal Colleges and Age Concern and the Trust's clinical strategy included considerable detail about the way the organisation wanted to reshape its services which it had achieved. He gave as an example stroke services where the Trust had had two small struggling units and by moving to one large unit on the Eastbourne site the Trust could provide evidence of how patients were receiving significantly improved care against both regional and national data.

b) Patient Transport

Mr Campbell asked if it would be possible to make clear to patients how they could access subsidised/free transport on the website. Mr Grayson reported that East Sussex County Council had responsibility for the provision of patient transport in the county and the Trust had made representations to the Council on its view of how services should be provided to the population the Trust served.

Mr Ash commented that he had been on the stakeholder group designing the tender document for non-urgent patient transport and there was a very quick link through to the council website.

Mr Ash also reported that on Friday 10th October he would be running a conference on mental health related subjects with presentations from healthcare professionals in celebration of World Mental Health Day.

6. Close of Meeting

Mr Welling thanked everyone for their attendance and on behalf of the Board thanked the staff for the hard work, quality and commitment they gave to the Trust, the volunteers who supported the Trust and the League of Friends and by their efforts contributed to make healthcare in East Sussex the best it could be.

East Sussex Healthcare NHS
NHS Trust

Annual Report

and summary financial accounts 2014/15

Contents

01

Chairman and Chief Executive's introduction

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

This year has been as challenging as the past few years, if not more so. Our committed and dedicated staff have worked hard to maintain safe, high quality patient care at a time of increasing demands on our services.

During the year, following the Better Beginnings public consultation our local Clinical Commissioning Groups (CCGs) made a decision about the long running issue of the location of Maternity and Paediatric services. East Sussex Health Overview and Scrutiny Committee agreed in July that the decision made by the CCGs was in the best interests of the people of East Sussex. It is now confirmed that the Trust will provide services from one consultant led obstetric unit and two midwifery led units.

We are pleased that the evidence we have gathered to date demonstrates that we now have a far safer and clinically sustainable service that ensures safe and high quality services for mothers, babies and children in East Sussex. For example, there has been a major reduction in the number of serious incidents since the service was re-configured. Importantly, the nature of these serious incidents has changed and very few now relate to clinical decision making.

We now have a consultant present on the labour ward for 72 hours each week, exceeding the national standard for a unit of our size. The Eastbourne Midwifery Unit goes from strength to strength and the Crowborough Birthing Unit is well placed to meet the challenges of the future too. By any measure the mums and babies who use our services now get a safer and better quality service than they did before the very necessary changes were made.

There is also emerging evidence that the changes made to surgery and stroke care are also beginning to deliver the improvements we hoped and expected to see. We consistently perform above the national average in a number of key stroke indicators and our outcomes for patients having some high risk surgical procedures have also improved. For example, we have improved the percentage of patients CT scanned within 1 hour of admission with a suspected stroke from 50% in April 2013 to 87.5% in February 2015. Those admitted to the stroke unit within 4 hours has improved from 63% in April 2013 to 87.5% in February 2015. Those stroke patients spending at least 90% of their stay on a stroke unit has increased from 76.67% to 91.67% in February 2015.

In late March 2015 the Care Quality Commission (CQC) published seven reports relating to their inspection of the Trust in September 2014. They also undertook a further unannounced inspection in late March. We were encouraged to see that the CQC recognised that improvements had been made when they visited in March. The reports on the September 2014 inspection praised the caring nature of our staff rating 'Care' as 'Good'. This is testament to our excellent frontline and support staff and it is pleasing that the CQC recognised what we know to be true: that our staff strive to deliver compassionate care to the thousands of patients who need our services every day.

Naturally we were incredibly disappointed to receive an inadequate rating from the CQC, although we welcome the feedback from their March 2015 inspection that improvements have already been made since they inspected in September 2014. The reports reflect the journey we are on as an organisation and the immense changes we have made over recent years. Despite change being tough for us all, the changes made have already resulted in significant improvements to the way we care for patients, and ultimately more successful treatment of their illnesses and conditions.

We have always been honest about the fact that it isn't an overnight job to change the culture of a large complex organisation and to ensure services transform to meet the needs of patients. We fully acknowledge that there is more that we can and want to do. So we will continue to address the concerns that the CQC found when they visited back in September 2014 with pace and vigour.

As you will see in this report we treated 53,759 inpatients, 390,721 outpatients and 135,842 attended our Emergency and Minor Injuries Units. The Board pays careful attention to our performance against the national standards as we know these have a significant impact on patient outcomes. Regrettably our A&E departments fell just short of the 95% standard with 93.81% of patients seen within four hours of arrival. This was partly due to the significant pressure the whole of the NHS was under during the winter period.

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

During the year we had to make some tough decisions in order to maintain and improve the quality and safety of our services whilst dealing with the financial challenge of delivering them with less income than the previous year. During 2014/15 we have achieved over £21 million of cost improvements which is a great achievement and represents 5.5% of turnover. When we make cost improvements we always ensure that they will not compromise the safety of the service we provide and therefore alongside efficiency savings we have also made investments in staffing, for example increasing our nursing and pharmacy staff where we know this will benefit patients.

Our efforts to transform services and deliver most performance standards in challenging times have been recognised with £18m of non-recurrent deficit funding from the Trust Development Authority enabling us to finish the year with a small surplus of £88,000. None of this could be achieved without the hard work and commitment of our staff and we would like to thank them.

Most importantly we know their work is greatly appreciated by the patients they treat and care for every day of the year.

We must continue to respond to increasing demands by finding and implementing new and better ways of working, using the creativity of our staff to help us transform the way we deliver services, driving up efficiency whilst raising quality and continuing to improve by constantly challenging ourselves to do better. We are working with our commissioning colleagues across East Sussex in an initiative known as 'East Sussex Better Together' to ensure we have shared plans that will achieve these aims. However, after several years of major service reconfiguration we now need a period of stability to build on the improvements we have already made. This doesn't mean that services won't continue to transform and improve through redesign and innovation but we do not expect further major service reconfiguration to be necessary in the foreseeable future.

Our challenge for this coming year is to continue to make our services more patient focused, safer and clinically effective. We will make progress to embed best practice across the organisation to deliver improved operational performance. We will be working with our staff and partners across the local health and social care system to develop and agree action plans that address any recommendations made by regulators including the Care Quality Commission.

We are confident that we will be able to build on what we have already done and take steps to ensure that with the support of our staff, patients and local communities we continue to make service improvements and progress in delivering better outcomes for patients and improving the

working lives of our staff. There are many things that we are proud of having delivered this year. We would like to draw your attention to the following developments that are outlined in more detail in the body of this report.

VitalPAC (page 29) which has significantly improved the way we care for our sickest patients and the innovative approach we are now taking to the treatment of aortic aneurysms (page 32). The work we have done with staff through Listening into Action (page 15) and developing our values (page 35) which has ensured staff are able to lead change and shape the way we work. Our partnership with Brighton and Sussex University Hospitals NHS Trust which will see radiotherapy services delivered at Eastbourne DGH (page 30), the introduction of the Da Vinci Robot (page 34) and the development of the new Pevensey wards also at Eastbourne DGH (page 31) all of which will improve services for patients in East Sussex who have cancer.

We are also immensely proud to be the host employer in a joint initiative called Project Search which gives 12 young people with learning difficulties or disabilities the opportunity to access a range of internships within our organisation. This initiative has a clear goal to give these young people the skills to gain competitive paid employment rather than the typical volunteering roles often associated with adults with learning difficulties or disabilities (page 14).

We are proud that everyone in this Trust is playing their part to deliver effective care that is safe and responds to patient need. We would like to place on record the thanks of the Board to all our staff and our army of over 1,000 volunteers who support all our activities. We would also like to thank everyone in our local community who donates and raises money for the Trust's charitable funds and for the Friends of our hospitals who support us in so many ways.

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

Stuart Welling
Chairman

Darren Grayson
Chief Executive

02

About our Trust

East Sussex Healthcare NHS Trust provides acute hospital and community health services for people living in East Sussex and some areas of the adjacent counties. We also provide an essential emergency service to the many seasonal visitors to the county every year.

Our role is to provide the best possible healthcare service to patients so we put our patients first in everything the organisation does.

Around 525,000 people live in East Sussex and the Trust is one of the largest organisations in the county. We employ over 6,500 dedicated staff with an annual turnover of £385 million.

There are around 820 beds and over 53,000 people are inpatients each year, whilst over 135,000 patients used the Trust's emergency departments and minor injuries units. In addition there are over 390,000 outpatient attendances annually.

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

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

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

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

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

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

There are also services which focus on people with long term conditions including Neighbourhood Support Teams covering falls prevention, community nursing, joint community rehabilitation, early supported discharge and specialist nursing. Other services like the Macmillan Palliative Care Nurse Specialists, Community Continence Advisory, Community Heart Failure, Tissue Viability, Diabetes Specialist Nursing, Respiratory and MS Nurse Specialist also support patients in the community.

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

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

Our promise to patients and staff

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

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

Our 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.

Playing our part in the National Health Service

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

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

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

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

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

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

East Sussex County Council also commissions services from the Trust.

This report provides details about the performance and achievements of the Trust in 2014/15.

Foundation Trust

The Trust aims to become a Foundation Trust but recognises that this will require the local health economy to demonstrate how clinical, financial and operational sustainability will be achieved in line with the requirements of local commissioners. The Trust is working to develop a plan for sustainability with local Clinical Commissioning Groups and East Sussex County Council through the East Sussex Better Together Programme which is a commissioner led programme that will support the development of a locally owned 5 year plan for sustainability. This alignment of a plan for a sustainable Trust with commissioners' intentions and plans will be required to support the Trust's application for Foundation Trust status.

OUR YEAR IN NUMBERS 2014/15

135,000 More than 135,000 patients were treated in our Emergency Departments, Minor Injury Units and associated areas for emergency care

Over 3,300 babies were delivered by our midwives and obstetricians **3,300**

97,000 More than 97,000 people were provided with hospital care either as inpatients or as day cases

More than 390,000 people attended outpatient clinics at our hospitals or outreach centres **390,000**

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

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

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

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

5,800,000 Over 5.8 million pathology tests were performed

Performance statistics

	April 2009 to March 2010	April 2010 to March 2011	April 2011 to March 2012	April 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
Elective inpatient spells	10,763	10,676	10,472	9,971	9,634	9,099
Non-elective spells	46,026	46,117	42,445	42,763	45,199	44,660
Daycase spells	38,979	39,401	41,903	43,143	43,204	43,927
Total admitted spells	95,768	96,194	94,820	95,877	98,037	97,686

	April 2009 to March 2010	April 2010 to March 2011	April 2011 to March 2012	April 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
Elective ALOS	2.79	2.72	2.67	2.58	2.58	2.82
Non-elective ALOS	6.32	6.27	6.83	7.06	6.30	5.90

03

Patient safety and quality

During the last year significant progress has been made on improving the quality of care for our patients. However the Trust is not complacent and strives to continuously improve the standards and safety of the care we deliver.

Within the course of the year patients are seen in a variety of settings and we constantly work to improve quality safeguards in order to make our services more patient focused, safer and clinically effective.

Quality metrics have been agreed and these are reported at all levels of the organisation. By doing this we allow staff at various levels of the organisation to be part of the progress achieved whilst also ensuring that compliance is reviewed and any necessary action taken.

The Trust will be publishing its Quality Accounts for 2014/15. This is an annual document, which outlines some of the many achievements made by the Trust over the past year. A full copy of the Quality Accounts for 2014/15 can be obtained via our website at: www.esht.nhs.uk.

In reviewing safety it is important to understand that for the majority of patients their care is delivered without mishap or an adverse outcome. However the Trust has a robust framework in place which provides a mechanism to assist with the delivery of good practice. This cycle of improvement is ongoing in its development as we seek to ensure it is imbedded across the Trust at all levels. We actively encourage our staff to report all patient safety incidents through our reporting systems. This provides the Trust with an opportunity to learn from the issues raised by staff, so that we can continue to improve the quality of patient care.

Care Quality Commission

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

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

The Trust was inspected in September 2014 by the Care Quality Commission (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 inspection of the Trust included both 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 particularly in addressing cultural issues; improving the provision of outpatient services; improving aspects of medicines management; ensuring patients' health records are better managed; ensuring there are sufficient staff to meet the needs of the service and continuing to develop local engagement. The CQC revisited the Trust in March 2015 and at the time of writing the Trust was awaiting this report.

The reports from the September 2014 inspection, published in March 2015, are available at:

- www.esht.nhs.uk/about-us/cqc-report/

04

Patient and public involvement

Over the past year progress has continued in taking forward work that measures, reports and improves patient experience and to actively involve patients and the public in this process.

Our intention is to ensure that involving patients and families in making improvements to services becomes part of everyday practice.

The Trust places service users at the heart of everything we do. Monitoring, responding and learning from patient experience is a priority. We are committed to ensuring that every patient receives a high quality service that meets their expectations.

The patient experience team supports individual services and the Trust to engage with service users, carer groups and staff. The Trust held its third annual Dignity Conference in March 2015, reviewing patient stories and experiences. A number of pledges were made and these will be reviewed over the coming year. As part of our Friends and Family Test, our scores for both patient experience and our overall score from patients saying that they would recommend our services, have improved.

We continue to work closely with Healthwatch, who are the consumer champion for health and social care, to improve our services and the experience for everyone who uses or comes into contact with those services.

During the year we developed some “Knowing How We Are Doing” boards which now display data as well as a "You said, We did" section in clinical areas. The feedback from this has been positive from staff, patients and carers.

The Trust remains committed to learning and all feedback from patients and staff, both positive and negative, is welcomed as it helps us understand what we are doing well so we can build on it and where we can improve, so that we can change the way we do things.

During 2014/15 the Trust has continued to implement our 4C – complaints, concerns, comments and compliments - approach for enhancing patient experience. This includes having systems and processes in place to effectively address all of these issues.

The Trust has developed a more robust system of monitoring the NHS Choices website and welcomes feedback via this route. A higher number of positive comments have been received on this site during the year.

As part of East Sussex HealthCare NHS Trust’s work programme for 2015/16, we will be reviewing the ways in which feedback is given and promoting alternative ways to receiving this information.

Healthwatch

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

During the past year Healthwatch played a critical role in supporting the Trust as it undertakes its duties both in the PLACE reviews and the reviews of services. During the year Healthwatch has also undertaken, in conjunction with the Trust, a programme of work for young inspectors, which was well received by all involved.

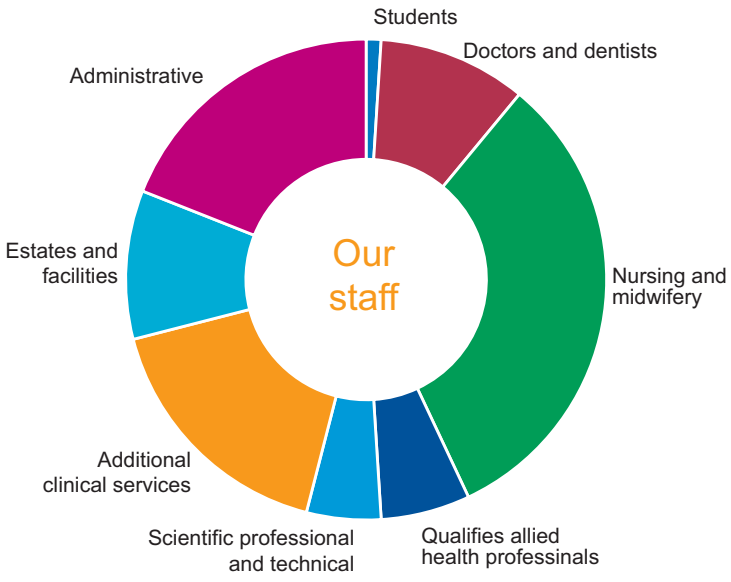
These work programmes and subsequent visits and reports from Healthwatch are valued by the Trust and we believe this engagement has provided the organisation with learning.

We meet with the team from Healthwatch monthly and the Trust is grateful for their commitment and the support they provide to help us make both the patient experience and the patient environment more meaningful and positive.

05

Our staff

The Trust's workforce at the end of 2014/15 consisted of 6,566 members of staff (5,661 full time equivalents) from a wide range of professions, all of whom are key members of our team.



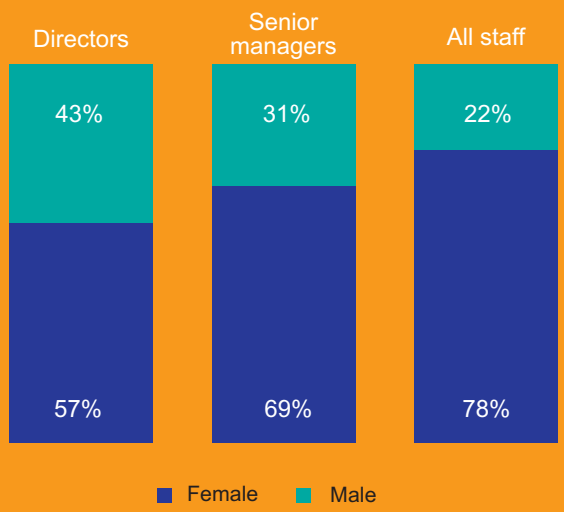
Key facts:

- 9.7% of our staff are doctors or dentists
- 31.8% are qualified nurses or midwives
- 6.3% are qualified health professionals, including physiotherapists, radiographers and orthoptists
- 5.0% are scientific, professional and technical staff - pharmacists, audiologists, cardiographers, optometrists and pathology staff
- 16.8% are nursing healthcare assistants, operating department practitioners, pharmacy, radiography and physiotherapy assistants and nursery staff
- 10.6% are estates and facilities staff providing hospital maintenance, housekeeping, catering and portering
- 1.0% are students (nurses, health visitors, midwives and physiotherapy)
- 18.8% are administrative staff including ward and clinic clerks, medical secretaries, medical records staff, administration and management staff.

The Trust is also supported by around 1,000 volunteers who generously give their time and raise valuable funds for us to help provide the best possible service.

Gender distribution by directors, other senior managers and staff

Gender breakdown of Trust - 31st March 2014



Directors covered: Chief Executive, Deputy CEO, Director of Commercial Services (all male); Finance Director, Director of Nursing, Director of Strategy and Assurance, Director of Human Resources (all female).

Senior Managers covered all those on Agenda for Change Bands 8a to 8d from that list.

Staff fact file*

As at 31st March 2015:

- Just over 78% of our staff were female
- 41.5% work part-time
- Over 39% of staff are over 50 years old
- Over 3% of staff identified themselves as disabled and 1% identified themselves as either gay, lesbian or bisexual
- Just under 12% of staff are from a black or minority ethnic (BME) origin. This compares to 14.6% nationally (England, 2011 Census) and just over 8.3% in East Sussex (December 2012)
- The average working days lost due to sickness per member of staff during the year to 31st March 2015 was 10.68.

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

Staff Development

Our focus on staff development during 2014/2015 involved supporting and developing staff through the use of internal and external learning opportunities and events.

We work closely with Health Education Kent, Surrey and Sussex, to commission professional education places at our local Higher Education Institutes. We have recognised the need to increase commissions in specific areas such as District Nursing. We are also increasing our utilisation of Foundation Degrees to develop our support worker cohort.

Both regionally and nationally there are a number of professions that are hard to recruit to. To begin to address this locally we have started a process of developing our own staff where appropriate. Examples of this include areas such as Pathology and Electronic & Medical Equipment (EME) where we have recruited A Level and Degree graduates into junior roles and will support them with training to achieve professional qualifications.

The National Leadership Academy continues to run a range of leadership programmes and we have a number of staff at all levels accessing these. During 2014/2015 a number of our staff graduated from the first cohort of national leadership programmes.

Internally we are able to offer a wide range of development opportunities for staff, including:

- First Line Managers programme - Aimed at newly appointed managers
- HR Conversations - Building Engagement - This focuses on skills development for managers and team leaders.
- Communicating with influence
- Myers Briggs / 360 Assessment - We have a number of trained Myers Briggs/360 facilitators and are able to offer these interventions to staff internally.

Staff development achievements during 2014/2015 include:

- Increased use of e-learning to give staff more options to complete learning;
- Supporting the Health and Well-being agenda through the introduction of Schwartz rounds, resilience training, family and carer support.
- Proactively working with representatives of trade unions to promote opportunities for staff in lower banded posts.
- Introduced a number of apprenticeship posts in a range of areas.
- Supporting staff going through organisational change with interview skills training and preparation for assessment centres.

Another significant development for ESHT during 2014/2015 was the launch of Project Search. This is an employment initiative for young people with learning disabilities, which started in the USA in 1996. Within the UK, Project Search is essentially a joint project between a local authority, a local college or school, and a host employer. Ideally all three entities are located in the same geographical region. Within East Sussex, East Sussex County Council is the local authority, and Sussex Downs College is the local school. ESHT was approached to be the host employer and Project Search currently supports eleven interns who will be graduating in July 2015.

Staff Engagement

We were previously part of a national programme called 'Listening into Action'. This has now been mainstreamed into our wider staff engagement work. The LiA programme engaged with staff to identify improvements at local level and had a number of successes including:

- Developing a set of Trust wide values and behaviours
- Developing patient experience champions
- Supporting the acquisition of new equipment to speed up treatment times
- Developing and implementing a shadowing scheme for staff.

We will continue to hold general and themed listening events with staff using the LiA methodology. In addition to this during 2014 we established a Staff Engagement Operations group with representation from across the Trust. This group will address staff concerns arising out of local and national surveys and inspection reports.

Our key areas of focus on staff engagement will be:

- Continuing to hold listening events with staff
- Embedding our values and behaviours in all we do, including developing Values Based Recruitment processes
- Continuing with and developing our 'Leadership Conversations' - forums for leaders at all levels to engage with each other and the Executive team.
- Ensuring staff are fully involved with service change and development.

Staff Survey

Overall the results for 2014 are unchanged when compared with the results for 2013, apart from two key findings which have improved slightly. Whilst it is disappointing that there has not been further improvement, it is acknowledged that these results are reflective of the period of significant change that the Trust has undergone over the past two years.

We are very aware that these changes have been unsettling for many staff. However, we are now entering a period of stability, with no major restructuring planned, and we need to focus on further enhancing and developing our engagement with staff, embedding our values and ensuring that we all collectively embrace these values in the delivery of our services.

Our results show that staff don't always feel involved, engaged or well communicated with and these are the priority areas that we will be focussing on over the coming year.

Consultants appointed

Mr Henry Wilmott - Trauma and Orthopaedics
Mr Simon Hoskinson - Trauma and Orthopaedics
Mr Simon Pearce - Trauma and Orthopaedics
Dr Thomas Bate - Anaesthetics
Dr Alexander Trimmings - Anaesthetics
Dr Shabnah Ratnarajah - Gastroenterology
Dr Stephanie Gill - Paediatrics
Dr Ivanka Lolin - Chemical Pathology
Dr Rachel Atkinson - Community Paediatrics
Dr Veronica Leclezio - Community Paediatrics
Dr Azaba Ajanaku - Paediatrics

Staff Productivity

Electronic rostering has now been implemented in all clinical areas and is being rolled out to the rest of the organisation. Electronic rostering is enabling us to roster and manage staff more efficiently and to support this we have established a Safer Staffing and Workforce Capacity group. This group reviews the monthly reporting on staffing levels to identify issues and also carries out a twice yearly review of our nursing establishments. The group also reviews recruitment and vacancies to identify particular recruitment 'hotspots' or hard to recruit to areas and develops actions and initiatives to mitigate this.

Medical revalidation has been successfully rolled out in the Trust and during 2015 we are developing plans and processes for Nurse revalidation which will come into effect from January 2016.

Staff Achievements

Lewes Health Visitor becomes Queen's Nurse
A Health Visitor from Lewes was awarded the prestigious title of Queen's Nurse by the Queen's Nursing Institute (QNI).

Melissa Kerr was one of 79 nurses to attend a ceremony in London in November to receive her Queen's Nurse badge and certificate.

The title recognises community nurses who are experienced and expert in their practice and who have earned the trust and respect of their patients. It indicates a commitment to the values of community nursing, to excellent patient care and to a continuous process of learning and leadership.

Trust Resuscitation team represents UK in European Competition
A team of resuscitation specialists from the Trust were selected by the UK Resuscitation Council to represent the United Kingdom at the European Resuscitation Council Congress in Bilbao, Spain in May.

The United Kingdom team of five from East Sussex consisted of Consultant Anaesthetists Dr Harry Walmsley and Dr Nick Watson, Steve Rochester and Tim Barrow both Resuscitation Officers and Tony Kemp, Operating Department Practitioner.

Community Team Finalists in National Awards
Health Visitor Practice Teachers from Sussex were finalists in the Team of the Year Award at the national Community Practitioner and Health Visitor Association Awards. The award was in recognition for the support that Health Visitor Practice Teachers from across East Sussex, West Sussex and Brighton, Education Leads, Human Resource Departments and the Specialist Community Public Health Nursing lecturers at Brighton University gave for their work in educating and facilitating the learning for new health visitors as a part of the Health Visitor Implementation plan (2011- 2015).

Award for excellence
Steve Rochester Resuscitation Officer has won the Kent Surrey and Sussex Specialty Schools Award for 2013/14. The School of Medicine felt that Steve demonstrated excellence in his contribution to the education of specialty doctors within Kent, Surrey and Sussex.

Celebrating our staff at our Trust Awards

Our 2014/15 Staff Awards ceremony was held on 12th May 2015. We received a large number of nominations with the award categories and winners are below with more information on our website at www.esht.nhs.uk

Chairman's Cup winner was Meseret Martin

Celebrating our staff at our Trust Awards

Developing Excellent Services winner
Philippa Hartland, Sister, Intensive Care Unit

Health and Well-being winner
The Conquest Choir

Leadership winner
Deirdre Connors, Head of Nursing, Specialist Medicine

Personal Development winner
Allison Brampton, Lead Occupational Therapist, Wheelchair Service

Quality Improvement winner
Georgie Luxford, Lead Nurse for Oxygen Therapy

Working behind the scenes winner
Clare Gladwish, Chef, Rye, Winchelsea and District Hospital

Working in partnership winner
Nicola Greenwood, Occupational Therapist

Working Together winner
Heathfield Community Nursing Team

06

Equality, diversity and human rights

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

Highlights from the 2014/15 equality, diversity and human rights work programme included:

- Equality, diversity and human rights training continued to be rolled out for doctors, nurses, therapists, ancillary and administrative staff to support the development and spread of inclusive practices.
- Staff were supported to meet patient, carer, colleague and individual communication needs through the use of the 'Language and Communications' policy. This included standardised procedures for booking interpreters, bilingual advocates and communication support workers as well as for producing accessible information.
- The Trust achieved a ranking of 17 in the Stonewall Healthcare Equality Index 2014 which scored the healthcare organisations in England on how they delivered equality for lesbian, gay and bisexual people
- Successful retention of the disability positive employer ("two ticks") status which recognises the Trust's commitment to support disabled job applicants, including through a guaranteed interview scheme.
- The Trust welcomed the refreshed Equality Delivery System (EDS2) and the Workforce Race Equality Standard (WRES) in April 2015.

  EDS2 is a new standardised way of monitoring how well we deliver equality within the organisation. EDS2 will enable the Trust to not only meet its legal obligation to eliminate unlawful discrimination, advance equality of opportunity and to foster good relations, as per the Equality Act 2010, but will enable us to exceed these standard obligations.

  National research has demonstrated that people from BME groups were disproportionately represented within the workforce. ESHT welcomes the opportunity to use the WRES national standard metrics to monitor our BME workforce ensuring that we continue to provide an inclusive workforce that is representative of the diverse communities it serves.
- A review of Equality Objectives commenced using EDS2 & WRES, with the aim to deliver a Healthcare service that meets and exceeds the expectations of its service users by providing inclusive leadership for a representative and supported workforce that can improve patient access and experience, leading to better health outcomes for all.
- Following the implementation of EDS2, a simplified Equality Impact Assessment form was introduced. The new form ensures Equality & Diversity continues to be embedded within each policy document and that each protected characteristic is assessed at every stage, ensuring 'due regard' is at the forefront of every process.
- The Equality and Diversity department continued to engage with external organisations (eg. LINX, HRRAT, Stonewall etc) to support the organisation in meeting the needs of the people who use our services.
- We listened and acted on feedback from LGBT groups by ceasing male only Sexual Health Clinics. This service now offers a clinic that is open to all.
- Members of the Hastings and Rother Rainbow Alliance Trans group (HRRAT) gave their views on healthcare. Concerns included changing gender on health records, recognising Trans peoples' needs within care and single-sex accommodation. Improvements will be implemented over the next year.
- E&D staff and Health Visitors continued to support Local Interpreting and Advocacy companies to promote "Accessing NHS Services through the correct pathways". This ensures that new migrants understand how to access NHS services appropriately.
- New assisted shower rooms were provided in several of our wards and other environmental improvements have seen door surrounds painted to increase contrast for people with sight loss and changing cubicles made bigger for people with mobility impairment.

07

Working together

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

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

We are grateful for the support received from all these organisations during 2014/15.

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

Volunteering

Every month more than 1,000 people volunteer their time, energy and enthusiasm for the benefit of patients, visitors and staff at the Trust.

Our volunteers undertake a variety of roles:

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

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

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

For opportunities at Conquest, Bexhill and Rye hospitals, please call (01424) 755255 Ext: 8497.

For opportunities at Eastbourne DGH, Havens and Weald area, please call (01323) 417400 Ext: 4880.

Fundraising

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

Over the year £472,000 has been donated or bequeathed to our charitable funds.

The Friends of our hospitals have again proved extremely generous during the year and have funded equipment to improve the care and support we are able to offer to patients. In addition, the Friends of Eastbourne Hospital funded the lease of a Da Vinci surgical robot at a cost of £1million. We are extremely grateful for their continued support.

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

- **Friends of Bexhill Hospital**
  Tel: 01424 217449
- **Friends of the Conquest Hospital**
  Tel: 01424 755820
- **Friends of Crowborough War Memorial Hospital**
  Tel: 01892 664626
- **Friends of the Eastbourne Hospitals**
  Tel: 01323 417400 ext 4696
- **League of Friends Lewes Victoria Hospital**
  Tel: 01273 474153
- **Rye Health and Care Ltd**
  Tel: 01797 223810
- **Uckfield Community Hospital League of Friends**
  Tel: 01825 767053

08

Shaping our future

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

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

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

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

The conclusions reached about the future configuration and design of the above eight services has defined the business model for the Trust as '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.

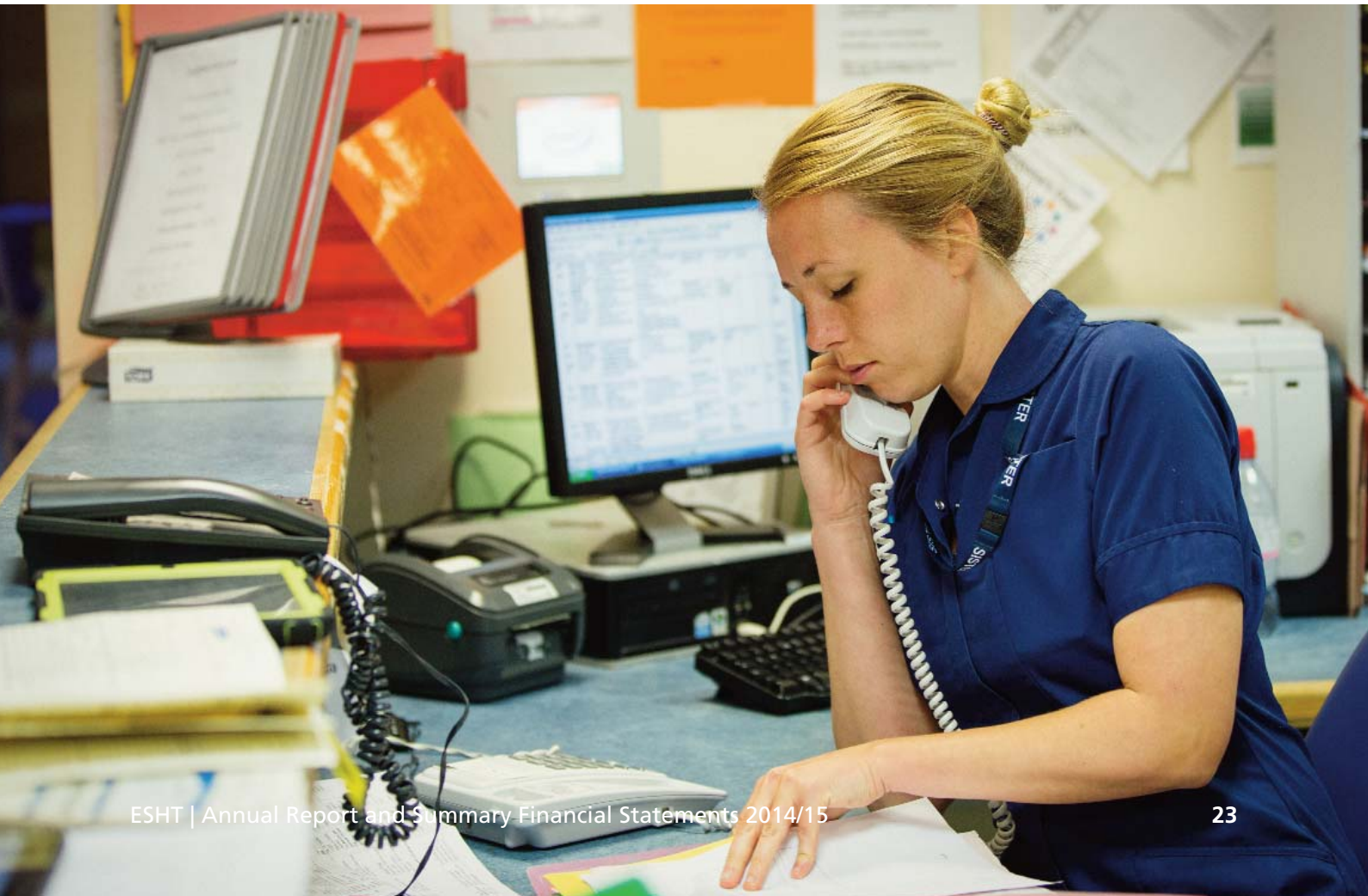
- Birthing services are retained at all three current sites (Conquest, Eastbourne and Crowborough Hospitals)
- Consultant-led maternity services are provided at Conquest Hospital in Hastings
- Two midwife-led birthing units are provided at Crowborough and Eastbourne
- Short-stay paediatric assessment units provided at both Eastbourne and Hastings
- 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.

In 2015/16 the Trust will work with local commissioners' through the East Sussex Better Together programme to ensure a sustainable plan for future health and social care provision is developed for East Sussex. The Trust will also refresh its strategy to consider how the outcomes of the East Sussex Better Together programme and the direction of travel set out in the Five Year Forward View will impact on the way the Trust delivers its services in the future.



09

Investing in our Estate

Capital investment was focused primarily to continue support in our clinical strategy, Shaping Our Future. This included working with our P21+ partners to develop plans for both the redevelopment of Conquest Emergency Department and Pevensey Ward at Eastbourne DGH.

The comprehensive plans for the redevelopment of Conquest Hospital Emergency Department await funding from the Trust Development Authority. Works have however progressed to provide additional capacity by the creation of a six bedded Clinical Decision Unit.

At Eastbourne DGH we have worked with our partners Balfour Beatty to advance the design of the Pevensey Ward redevelopment. Construction has started with completion expected in September 2015. This work will double the space available for the oncology services, in patient and day case space. In addition to the extra space there will be enhanced privacy and dignity through the use of single en-suite rooms and remodelled three bedded bays.

Another significant project planned for Eastbourne DGH is the provision of a Radiotherapy Treatment Centre. We have been working in partnership with Brighton and Sussex University Hospitals NHS Trust to develop plans to use the ground floor of the newly constructed endoscopy building. This facility will provide services for East Sussex patients who otherwise have to travel a long distance for treatment.

Other projects that have been completed in year include:-

- Provision of additional space for the preparation of clinical health records at Conquest Hospital
- Provision of a centralised booking facility at Conquest Hospital

In addition to the projects that support clinical functions directly, we have invested significant funds in the hospital's infrastructure. These projects have included:-

- Works to improve the areas of the built environment to assist in controlling the spread of infection.
- Improve the resilience of the electrical supply to Eastbourne DGH
- Replace ageing pieces of essential electrical equipment at both Conquest Hospital and Eastbourne DGH
- Works to improve our compliance in terms of fire safety

Patient Environment

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

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

This year the inspections have included more checks regarding dementia and suitability of the environment.

The full PLACE scores for the individual categories 2014 are below:

Site	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance
Bexhill	95.02	87.18	78.43	89.66
Conquest	96.24	92.37	86.38	89.13
Crowborough	95.13	89.84	75.79	95.22
Eastbourne	96.69	90.79	84.82	90.70
Lewes	98.15	84.71	75.93	96.27
Rye	95.73	88.21	76.92	90.79
Uckfield	99.13	90.74	76.00	95.92

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

Patient Catering

The Trust continues to develop and improve its catering services for patients. We have an extended choice menu in place on each acute site which allows patients to order from an extensive range of dishes for both lunch and dinner.

Patients are given a choice of over 17 hot main meal dishes, six hot light bite options and a range of salads and sandwiches, along with a range of hot and cold desserts including fresh fruit options.

To support this style of service the Trust has implemented an extended choice menu for people requiring a texture modified diet which provides choice of a range of dishes with different consistencies to support their special dietary requirements.

In addition, a specialist finger food menu is in place which has been developed to support patients with dementia or those who are unable to feed themselves using cutlery but still want some independence whilst eating.

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

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

Hospital Cleanliness

During 2014/15 an independent audit team, managed by infection control has been introduced to the Trust, along with housekeeping quality groups. These meet weekly on both acute sites and focus on NSC national standards of cleanliness in order to improve environmental standards.

We are introducing new cleaning trolley systems into all inpatient areas and introducing new work schedules providing a more effective service including a updated daily work checklist to ensure all cleaning has been completed.

The Trust has expanded the 'Intensive and Rapid Clean Service' which provides a 24 hour cleaning presence. This service has been expanded during 2014/15 in order to allow for specialist cleaning, enhanced decontamination cleans and Hydrogen Peroxide Vapour (HPV) support at the Trust's community sites in order to help reduce the number of infections within the Trust. The teams systematically visit wards and other patient areas and complete programmes of intensive cleaning and environmental improvement

The team can also be speedily deployed to provide an extra clean at very short notice. Housekeeping staff on both acute sites are able to work flexibly and have multi-role skills, so they can provide consistent backfill service to cover short term absence and avoid gaps in services.

We continue to develop the ward housekeeping roles at both acute sites to support nurses in care of patients and improve the patient experience by having fully trained lead housekeepers liaising with Ward Matrons on standards of cleanliness and nutrition. Staff have received extra training during 2014/15 on dementia awareness and food allergens to expand their knowledge and raise awareness

Site Safety

The Trust does all it can to ensure everyone's safety whilst they are in our hospitals and other buildings. We have a proactive security culture to keep our sites and all those in them safe. There is a regular cross-site security meeting and our quarterly newsletter 'Securitywise' is now in its 16th year.

We continue to work closely with our local Police Officers and 2014 has seen several roadshows and exhibitions focussing on crime prevention and what staff can do at home and at work.

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

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

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

10

Emergency preparedness

East Sussex Healthcare Trust is subject to the requirements of the Civil Contingencies Act 2004, and has statutory responsibilities as a Category 1 responder to Emergencies and Incidents.

As a Cat 1 responder, we are required to have sufficient Emergency Preparedness processes, policies and plans in place, and are required to be able to show that these are updated regularly, and exercised appropriately. We also need to be able to prove that all staff are trained appropriately, according to the role and function they hold during major incidents or business continuity incidents. There are now National Occupational Standards (NOS) in place for Operational, Tactical and Strategic leaders. Training within the Trust must continue to be developed, up to executive level, so that the Trust is resilient 24 hrs per day, 365 days per year.

Work has continued throughout this period to ensure that Emergency Preparedness develops across both Acute and Community sectors and that staff throughout the Trust have access to suitable training to enable them to respond effectively to a Major Incident, or to a community based incident where support is requested by a Local Authority.

Our Emergency and Business Continuity Plans have been reviewed and updated during the year.

The Trust was a key player in a live multi-agency exercise in May 2014. 'Exercise Citizen' involved all the Emergency Services and the Army. It related to several 'terrorist acts' across Sussex and locally in dealing with a vehicle borne Improvised Explosive Device left in a car park by a residential block at Eastbourne DGH.

This led to the evacuation of the residential area and subsequently of a ward area within the hospital. The Incident Co-ordination Centre(ICC) was operational at Eastbourne DGH throughout the exercise. Key learning from the exercise was gathered in a post exercise report and actions initiated to ensure that this learning was turned into positive actions.

11

Sustainable development

We recognise that our operations across East Sussex result in a range of environmental impacts that we have an obligation to manage and, wherever possible, reduce.

For instance, our Trust consumes resources such as energy and water and produces waste, which needs to be disposed of. We must also consider the impact of our travel and transport activities, for example the movement of Trust staff and patients, as well as the environmental and social impacts of our supply chain. All of these activities generate CO_2 (carbon dioxide) emissions, which are linked to climate change, and can be collectively summarised as the Trust's carbon footprint.

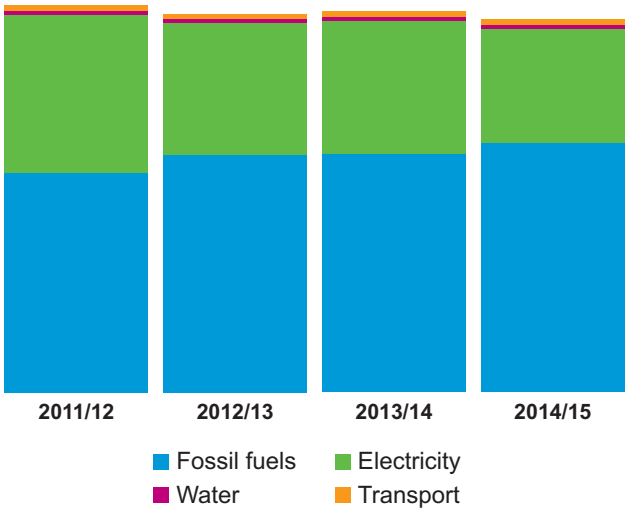
Environmental performance summary 2014/15

Our carbon footprint baseline (2013/2014) is 18,058 tonnes CO_2, against which we have set a corporate carbon reduction target of 34% by 2020. This commitment is set out in our Sustainable Development Management Plan (see below) and is in line with the national NHS carbon reduction target.

Emission source	2011/12	2012/13	2013/14	2014/15
Fossil fuels	10,444	11,522	11,585	12,112
Electricity	7,212	5,915	6,000	4,901
Water	160	157	160	115
Transport	324	347	313	312
Total	**18,140**	**17,941**	**18,058**	**17,440**

Please note: figures for 2014/2015 contain estimated data and are subject to final validation.

Our carbon footprint has decreased by 618 tonnes CO_2 in absolute terms since our base year, a reduction of 3.42% (it should be noted that some data were estimated for 2014/2015 in order to meet reporting deadlines). Although this reduction should be celebrated, it in fact understates the efforts that have been made to drive down emissions across the Trust since 2013, particularly in respect of energy efficiency improvements.



In 2013/2014 we implemented a Trust-wide energy efficiency programme to deliver no and low-cost energy savings. This included making operational changes to our Combined Heat and Power system at Eastbourne DGH and improving and updating our Building Energy Management System controls and control strategies.

Whilst these initiatives have successfully delivered the projected energy and cost savings in-year, it should be noted that the national grid electricity emission factor used to calculate emissions from electricity purchased by the Trust in 2014/2015 is significantly higher than in previous reporting years. This is due to a change in national fuel mix last year, with a greater emphasis on more carbon intensive primary fuels. As a result the absolute carbon footprint reduction has not been as marked as we had anticipated over the last 12 months. Nevertheless we are pleased with the progress we have made to reduce our carbon footprint in line with our 2020 target and will build on this in 2015/2016.

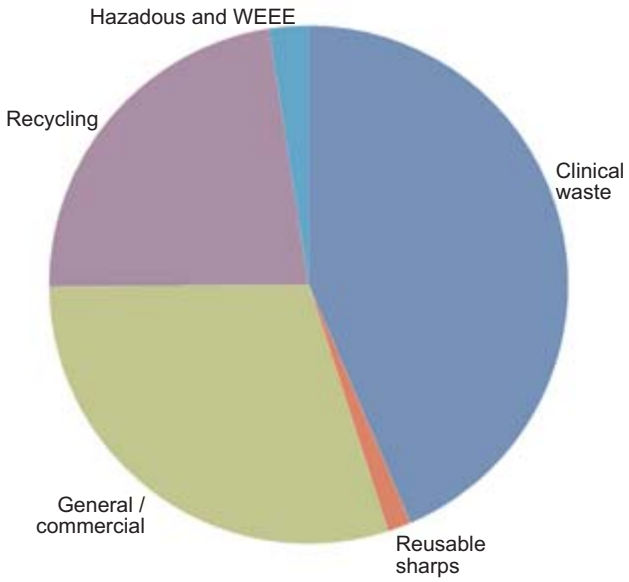
We are continuing to explore the potential to secure an energy partner to help us deliver long-term reductions in energy consumption across our two main acute sites. We anticipate that this project should result in over £500,000 cost savings per annum from reduced utilities consumption, as well as a major reduction in our carbon footprint. We hope to implement our Energy Performance Contract during 2015/2016.

In addition to our carbon footprint we produced around 2,360 tonnes of waste last year, including general waste and healthcare waste.

This is broken down as follows:

Waste source	Tonnes
Clinical waste	1,029
Reusable sharps	34
General/commercial waste	704
Recyclable waste	535
Hazardous/WEEE waste	58
Total	**2,360**

Note: recyclable waste includes dry mixed recycling, cardboard, confidential paper waste and green waste



Our recycling rate is currently 43.2%, and is calculated as follows:

- Total recycled waste / total domestic waste = recycling rate
- 704 tonnes / 1239 tonnes = 43.18%

This represents a significant improvement on previous years.

Domestic waste does not include healthcare waste, WEEE or hazardous waste.

Our staff travelled 4.63 million miles during 2014/2015 carrying out their work for the Trust. This represents a steep increase on reported mileage in 2013/2014 and is clearly a key area for us to take action. Emissions from petrol and diesel vehicles are linked to respiratory illness and contain greenhouse gases, which contribute to climate change.

In the last year we have extended our staff cycle repair scheme to community premises and continue to provide support to staff who wish to travel sustainably, e.g. workplace cycle purchase scheme, cycle proficiency training, active travel roadshows, subsidised bus travel, car sharing and via staff meetings.

Sustainable development management plan

It is a requirement under the NHS Sustainable Development Strategy (2014) that all Trusts put in place a board-approved Sustainable Development Management Plan (SDMP). We have worked with the Sustainability Team at our neighbours Sussex Community NHS Trust, who have supported us in developing an SDMP using their award-winning Care Without Carbon seven step model. This model is cited as a best practice example by the NHS Sustainable Development Unit.

The Care Without Carbon seven step sustainable healthcare model - this has formed the basis of our Sustainable Development Management Plan.

The SDMP consolidates all existing environmental initiatives through an holistic seven step action plan that has been aligned with our clinical strategy and its corporate mission to continuously improve outcomes for our patients. It follows the NHS Sustainable Development Strategy in setting a 34% CO2 reduction target for 2020.

Our work for the coming year will be dictated by the action plans and targets set out in the SDMP. For example, we intend to develop a new, Trust-wide staff engagement programme during 2014 to raise awareness of the SDMP and implement leadership initiatives for sustainability.

A major feature of our SDMP and work plan for 2015/2016 is the reduction of our travel impacts. Under the SDMP we will develop a new Business Travel Plan this year aimed at reducing business mileage and supporting and encouraging staff to adopt more sustainable travel options. This will link directly to our aspiration to support staff wellbeing in the workplace. To facilitate this work we will invest in a new Health and Wellbeing Coordinator to work within our Occupational Health team.

12

Highlights of the year

Investment in Nursing

The Trust agreed to invest in an additional 22.5 whole-time equivalent nurses and four Healthcare Assistants to work in the inpatient areas of our hospitals. These additional posts follow a review of the number of nurses on every inpatient ward by our Director of Nursing Alice Webster and her nursing team.

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

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

New paperless clinical monitoring system

A new paperless clinical monitoring system using hand held mobile technology became fully operational in our acute hospitals. The new system was funded following a successful bid to the Safer Hospitals, Safer Wards Technology Fund for £821,000 and the Nursing Technology Fund for £186,000.

The new system is called VitalPAC and enables nurses to record seven routine observations, such as temperature, pulse and blood pressure, removing the requirement for a paper chart. Using a set of evidence based algorithms it also monitors and analyses patients' vital signs and gives an early indication that a patient may be deteriorating by automatically summoning doctors and other senior clinical staff.

Where the system has been implemented elsewhere it has resulted in reductions in mortality, cardiac arrests, length of stay and in improvements in patient outcomes.

Ophthalmic Day Unit Opens at Bexhill Hospital

A new Ophthalmic Day Unit opened at Bexhill Hospital in August with a dedicated team of specialist ophthalmologists who have expertise in a wide variety of eye conditions. The ophthalmologists are backed up by a highly trained and qualified team of nurses and technicians who strive to improve the standard and quality of care delivered to patients requiring eye procedures. The new unit greatly improves the facilities for patients and staff in the ward area.

The types of procedures undertaken on the unit include Cataracts, Laser ECP, Trabeculectomies a surgical procedure used in the treatment of glaucoma including Ahmed valve surgery, Pterygiums, Eye Surgery including Ptosis, Ectropion, Entropion and eyelid lesions. Some procedures requiring a general anaesthetic are undertaken on the unit but more complex and difficult procedures will continue to be performed at the Conquest Hospital.

Radiotherapy Services in East Sussex for the very first time

Exciting plans have been approved to provide radiotherapy services at Eastbourne DGH which will significantly reduce travel times for patients requiring this treatment. A £15m investment will provide two Linacs (linear accelerator machines used to deliver radiotherapy) and a modern, fully equipped radiotherapy facility.

The new radiotherapy unit will be based in the recently opened £5.7 million extension at Eastbourne, below the endoscopy department.

The development of this new unit will bring radiotherapy into East Sussex for the very first time. Almost half of all people with cancer have radiotherapy as part of their treatment plan and patients in our area will benefit from this state-of-the-art development, which is closer to where they live. People who need radiotherapy often have to come in daily for a number of weeks. Opening a radiotherapy treatment centre in Eastbourne will make a very real, practical difference for some of our sickest patients, dramatically reducing the time they spend travelling at this difficult time. Currently those patients requiring radiotherapy have to travel to Brighton or Maidstone. It is expected this new service will open by the end of 2015.

Lord Lieutenant opens Endoscopy Unit

The Lord Lieutenant of East Sussex Mr Peter Field officially opened the new Endoscopy Unit at Eastbourne District General Hospital in April. The official opening was followed by an open day where the public were invited to tour the new unit and visit exhibitions as part of Bowel Cancer Awareness Month.

The new endoscopy unit is part of a £5.7 million extension to the hospital. It has three dedicated treatment rooms, separate male and female recovery areas, a reception and waiting area for patients along with other storage and office areas. The new unit allows more patients to be seen and improves the privacy and dignity of patients requiring an endoscopy. Approximately just over 5,000 procedures are performed in the unit each year.

The Friends of Eastbourne Hospital generously contributed £260,000 to equip the unit and enable staff to provide the finest service possible to patients.

Contracts signed to build new Pevensey Unit

The contracts have been signed to build a new £2.5 million Pevensey Unit at Eastbourne DGH. The new unit, which treats cancer patients, will offer greater privacy and dignity in a modern environment.

The plans create a new oncology suite with an expanded day unit offering new treatment facilities and a new in-patient suite which will include side rooms with en-suite facilities, new spacious inpatient bays, an adolescent room and more social space for patients and staff.

Overall, the new unit will have more bedrooms with en-suite facilities, more treatment areas, more space, more toilet facilities and will offer our cancer patients a higher quality, better patient experience with greater privacy and dignity in a wonderful new environment.

The development of a new Pevensey Unit is part of the Trust's continued investment into Eastbourne DGH along with the continued generosity of The Friends of Eastbourne Hospital who contributed over £500,000 towards new equipment and enhancements for the new unit.

Positive Inpatient Survey

A total of 802 inpatients were asked to give their views as part of the Care Quality Commission's annual inpatient survey.

Compared with the corresponding survey in 2012, 60% of the questions answered showed an improvement or no change.

Significant improvements were seen in some areas including patients being asked for their views on the quality of their care during their stay, patients being given information about what they should and shouldn't do after leaving hospital and discharges not being delayed due to waiting for medicines, to see a doctor or for an ambulance.

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

Special Care Dental Service relocates from Peacehaven to Seaford

The Special Care Dental Service provided at Peacehaven Children and Families Centre relocated to Seaford Health Centre in October.

With the move to Seaford, patients now have access to an ultra-modern dental clinic which had been fully refurbished, new equipment, including a digital x-ray scanner and an electronic ceiling hoist. Patients also have a greater choice of appointment times, with the service open five days a week, an increase from the two days previously offered at Peacehaven.

The Special Care Dental Service treats adults and children with special needs, including patients with learning disabilities, severe physical disabilities, severe and enduring mental illness, severely medically compromised patients, children on Child Protection Plans, Looked after children and children requiring extractions under general anaesthetic due to their age or need for multiple extractions.

The Seaford clinic is one of five clinics providing Special Care Dental Services across East Sussex and provides services to approximately 400 patients who predominantly come from the Lewes and Havens area.

New treatment for Aortic Aneurysm

A new treatment for the potentially life threatening condition of an Aortic Aneurysm (swelling of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body) was performed at the Trust - one of the first of its kind in the South East.

Using x-ray images, the new treatment inserts two stents into the patient's aorta and then fills the entire aneurysm sac with a polymer which cures in 10 minutes creating a seal around the aneurysm leaving the blood free to flow from the heart to the organs of the lower body. The procedure takes around an hour and is performed under an anaesthetic spinal block with the patient conscious throughout the procedure.

Community Team Finalists in National Awards

Health Visitor Practice Teachers from Sussex were finalists in the Team of the Year Award at the national Community Practitioner and Health Visitor Association (CPHVA) Awards. The award was in recognition for the support that Health Visitor Practice Teachers from across East Sussex, West Sussex and Brighton, Education Leads, Human Resource Departments and the Specialist Community Public Health Nursing lecturers at Brighton University gave for their work in educating and facilitating the learning for new health visitors as a part of the Health Visitor Implementation plan (2011- 2015).

The Health Visitor Implementation Plan is a national agenda to expand and strengthen health visiting services with an extra 4,200 health visitors nationally by 2015.

New equipment improves patient care

An innovative piece of equipment was donated by the Friends of the Conquest Hospital and the Friends of the Eastbourne Hospitals to their respective hospitals.

The new equipment, called Nautilus, helps clinicians accurately position Peripherally Inserted Central Catheters (PICC lines) by providing accurate ECG readings, meaning the patient no longer needs an x-ray to check the catheter is in the correct position.

The benefits of the Nautilus machine include no more waiting for chest x-rays because as soon as a PICC is inserted, the PICC practitioner can document this in the patient notes, meaning that patients can receive their treatment more quickly, patients will not have to go to the radiology department to have an x-ray as the Nautilus can be used at the bedside and a potential saving of £38,000 per year on x-ray costs.

New ward staffing and quality information display boards

New ward staffing and quality information display boards were introduced on all wards to help keep patients, carers and visitors updated daily with 'shift-by-shift' information on how many staff members should be, and are, on duty and the name of the nurse in charge.

They also highlight patient care and quality information including the ward's response to patient feedback.

Trust supports "Hello, my name is…" campaign

The Trust was one of more than 80 Trusts nationwide launching a campaign to remind staff to introduce themselves to patients.

The "Hello, my name is…" campaign was developed by Dr Kate Granger, a terminally ill hospital consultant from Yorkshire, who became frustrated with the number of staff who failed to introduce themselves to her when she was in hospital.

The campaign is simple – reminding staff to go back to the essentials and introduce themselves to patients properly.

New high tech drugs cabinet introduced

New secure drugs cabinets with high tech fingerprint security were introduced at the A&E department at Conquest Hospital and on Pevensey ward at Eastbourne DGH. The new cabinets have all the medicines required by staff in a computer controlled user ID and fingerprint access security system only allowing the correct medicine required by a doctor or nurse to be dispensed. The cabinet is linked by computer to pharmacy to ensure stock levels are maintained.

Previously, staff had to order all of their own medicines from the pharmacy department and then put the stock away themselves. The introduction of the new cabinets means staff no longer have to hunt for the key within the department to access the cabinet and pharmacy are able to keep the drugs cabinet fully stocked with all the correct up to date medicines.

New laser treatment for prostate patients

Patients with an enlarged prostate can now benefit from new laser treatment. The new procedure, called Green Light laser prostatectomy, uses laser technology to remove the central part of the prostate gland resulting in less blood loss, less catheter time, less time in theatre and a shorter stay in hospital.

The Green Light laser uses concentrated light to generate precise and intense heat which vapourises and removes excess tissue in the central part of the prostate gland. The procedure is also known as photo-selective vaporisation of the prostate (PVP).

Once performed the procedure helps patients to urinate normally reducing the frequency of the urge to urinate and the need to plan a life around their proximity of a toilet.

New Clinical Decision Unit opens

A new Clinical Decisions Unit (CDU) costing around £400,000 has opened at the Conquest Hospital. It has seven beds and offers patients a better environment for their care.

The new CDU replaces the previous smaller Clinical Decisions Unit which will now be converted to provide more cubical space in the A&E department as part of a phased programme to expand the department.

The Clinical Decisions Unit is open 24 hours per day, every single day of the year. The Clinical Decision Unit is integral to patient flow within the emergency department; providing an inpatient area to allow extended observation and multidisciplinary assessment for certain patient groups.

Baby Friendly recognition for community services

Health Visiting teams in East Sussex, their clinics and Children's Centres have taken the first step towards gaining international recognition from the UNICEF (United Nations Children's Fund) Baby Friendly Initiative.

The initiative works with health professionals and other community workers to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. It provides support so women are able to start and continue breastfeeding for as long as they wish and also focuses on relationship building between the mother and baby.

The facilities, which are all run by either East Sussex Healthcare NHS Trust or East Sussex County Council, have been awarded a Certificate of Commitment, the first stage in a four step process leading to full Baby Friendly accreditation.

New state-of-the-art robot used for operations

A state-of-the-art robot is being used by consultants to perform key hole surgery operations at Eastbourne DGH for the first time.

The Da Vinci robot is controlled by the surgeon, and translates his or her hand movements into smaller, more precise movements of tiny instruments inside the body.

Guided by the surgeon, the robot provides a greater degree of accuracy and precision, and is much less tiring for the surgeon both physically and mentally.

The robot, which is initially being used for patients with prostate cancer requiring major surgery, has been provided by the Friends of Eastbourne Hospital at a cost of just £1million on a lease-purchase agreement.

Hospital volunteers thanked

Hospital volunteers were thanked for their services to patients and local hospitals at the annual Volunteers Celebration Event in July. The event was attended by more than 30 volunteers who were presented with certificates in recognition of their length of service. Including those who were unable to attend the event, a total of 43 volunteers achieved 10 years' service and ten achieved 20 years. In addition, two volunteers were recognised for 40 years' service and are the only volunteers to achieve this milestone in the last ten years.

There are around 1,200 registered volunteers in the community and at Bexhill, Conquest, Crowborough, Eastbourne District General, Lewes, Rye and Uckfield Hospitals working in many different areas. The volunteers give their time free for a minimum of four hours a week with many working longer hours.

13

Our values

Developed by our staff as part of the Listening into Action (LiA) programme we launched our new Trust Values, during the year, under the theme of, What matters to you matters to us all.

Our Trust Values are 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. The four core Trust Values are: Working Together; Improvement and Development; Engagement and Involvement; and Respect and Compassion. These Trust Values reflect our commitment to ensure that the needs of our patients remain at the heart of everything we say and do. They are becoming part of our culture and demonstrated in all aspects of our work.

Our focus in 2015/16 will be on

As a Trust, we must meet a broad range of national standards as well as locally agreed quality improvement targets. These include for 2015/16:

- 95% of patients attending our Emergency Department (A&E) are seen and admitted or discharged within four hours
- No operations are cancelled for non clinical reasons on the day and not rebooked within 28 days
- No "avoidable" cases of MRSA bacteraemia (MRSA detected in a blood culture)
- No more than 41 cases of Clostridium Difficile
- 90% of patients requiring an operation or procedure are treated within 18 weeks of referral
- 95% of patients not requiring an operation must start their treatment within 18 weeks of referral
- 96% of patients diagnosed with cancer should be treated within 31 days of agreeing a treatment plan with their hospital doctor
- 94% of patients who need further surgery for the same cancer or a recurrence should be treated within 31 days
- 98% of patients who need further drug treatment for the same cancer or a recurrence should be treated within 31 days
- 85% of patients with a suspected cancer should be treated within 62 days of referral by their GP to a hospital specialist
- 90% of patients with a cancer diagnosed by screening should be treated within 62 days
- Achieve the 10 Sentinel Stroke National Audit Programme standards
- Meet NHS Friends and Family Test standards
- 90% of patients receive a venous thrombosis embolism (VTE) risk assessment
- 99% of patients wait less than 6 weeks for a diagnostic test

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.

14

Directors' report

Trust Board

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

Board members as of April 2015:

Stuart Welling
Chairman
Chairman of Remuneration Committee

Sue Bernhauser OBE
Non-Executive Director
Member of Audit Committee
Member of Quality and Standards Committee

Professor Jon Cohen
Non-Executive Director
Member of Quality and Standards Committee
Member of Finance and Investment Committee
Member of Remuneration Committee

Charles Ellis
Non-Executive Director
Chairman of Quality and Standards Committee
Member of Audit Committee

Barry Nealon
Non-Executive Director
Chairman of Finance and Investment Committee
Member of Audit Committee
Member of Remuneration Committee

Michael Stevens
Appointed 6th June 2014
Non-Executive Director
Chairman of Audit Committee
Member of Finance and Investment Committee
Member of Remuneration Committee

Darren Grayson
Chief Executive

Vanessa Harris
Director of Finance

Dr David Hughes
Joint Medical Director

Dr Andrew Slater
Joint Medical Director

Richard Sunley
Deputy Chief Executive/Chief Operating Officer

Alice Webster
Director of Nursing

Non-voting board member/officer

Monica Green
Director of Human Resources and Organisational Development

Dr Amanda Harrison
Director of Strategic Development and Assurance

Lynette Wells
Company Secretary

Board member resignations during 2014/15

Stephanie Kennett, Non-Executive Director (left 31st October 2014)
James O'Sullivan, Non-Executive Director (left 17th April 2014)

Attendance at board meetings 2014/15

Directors and Officers	Number of Trust Board meetings attended out of 6 held in 2014/15
Stuart Welling, Chairman	6
Sue Bernhauser, Non-Executive Director	6
Professor Jon Cohen, Non-Executive Director	3
Charles Ellis, Non-Executive Director	2
Stephanie Kennett, Non-Executive Director (resigned 31/10/14)	3 out of 3
Barry Nealon, Non-Executive Director	6
Mike Stevens, Non-Executive Director (appointed 11/06/14)	5 of 5
Darren Grayson, Chief Executive	6
Vanessa Harris, Director of Finance	6
Dr David Hughes, Joint Medical Director	3
Dr Andy Slater, Joint Medical Director	6
Richard Sunley, Deputy Chief Executive/Chief Operating Officer	5
Alice Webster, Director of Nursing	5
Monica Green, Director of Human Resources	4
Dr Amanda Harrison, Director of Strategic Development and Assurance	6
Lynette Wells, Company Secretary	5

All Directors are required to disclose details of company directorships or other significant interests held by directors where those companies are likely to do business, or are possibly seeking to do business with the NHS where this may conflict with their managerial responsibilities. A request for any declaration is made at each Board Meeting and in addition written declarations are recorded in a Register of Interests and this can be accessed through contacting the Company Secretary at the Trust.

This directors report was approved by the board on 3rd June 2015 and signed on its behalf by:

Chief Executive

15

Remuneration

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

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

The Committee is chaired by the Chairman of the Trust and has three Non-Executive Directors (Barry Nealon, Jon Cohen and Mike Stevens) as members who are appointed by the Chairman. The Chief Executive, Human Resources Director and Company Secretary attend meetings in an advisory capacity except when issues relating to their own performance, remuneration or terms and conditions are being discussed.

Quoracy for the meeting is three members of which one must be the Chairman. The Committee met three times between April 2014 and March 2015 and all meetings were quorate.

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

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

The remuneration rates are determined by taking into account national benchmarking and guidance in order to ensure fairness and proper regard to affordability and public scrutiny. The remuneration of the Chief Executive and Executive Directors are set at base salary only without any performance related pay. The appointment and remuneration of the Chairman and Non-Executive Directors are undertaken nationally by the Trust Development Authority.

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

The Committee's Terms of Reference and Annual Work Programme were reviewed in February 2015. It was agreed both documents remained fit for purpose and no changes were required.

Matters considered in 2014/15 included:

- Chief Executive's report on individual Directors' performance and objectives and half yearly update of Directors' performance against annual objectives.
- Chairman's report on the Executive Directors' appraisals and objectives
- Annual performance review for Chief Executive and Chairman's half yearly update of Chief Executive's performance against annual objectives.
- The Fit and Proper Person Requirements for Directors
- Review of Senior NHS Salaries
- Approval of relevant appointments and terminations
- Clinical Excellence Awards

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

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

Salary and Pension entitlements of senior managers

2014/15

Name and title	Salary (bands of £5,000) £'000	Expense payments (taxable) to nearest £100 £'00	Performance pay and bonuses (bands of £5,000) £'000	Long Term Performance pay and bonuses (bands of £5,000) £'000	All pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Stuart Welling Chairman	20-25	4***	0	0	0	20-25
Susan Bernhauser (Appointed from Non-Executive Director Designate to Non-Executive Director (01/11/14)	5-10	1***	0	0	0	5-10
Professor Jon Cohen Non-Executive Director	5-10	1***	0	0	0	5-10
Charles Ellis Non-Executive Director	5-10	0	0	0	0	5-10
Barry Nealon Non-Executive Director	5-10	0	0	0	0	5-10
Michael Stevens Non-Executive Director (Appointed 11/06/14)	0-5	0	0	0	0	0-5
Darren Grayson Chief Executive	175-180	22****	0	0	2.5-5	180-185
Vanessa Harris Director of Finance	130-135	2***	0	0	0	130-135
David Hughes Joint Medical Director	220-225	4***	0	0	25-27.5	245-250
Andrew Slater Joint Medical Director	200-205**	0	0	0	35-37-5	235-240
Richard Sunley Deputy Chief Exec/Chief Operating Officer	150-155	0	0	0	0	150-155
Alice Webster Director of Nursing	100-105	1***	0	0	2.5-5	105-110
Monica Green Director of Human Resources	100-105	2***	0	0	0-2.5	100-105
Amanda Harrison Director of Strategic Development and Assurance	110-115	22****	0	0	5-7.5	120-125
George Melling Commercial Director	0	0	0	0	0	0
Lynette Wells Company Secretary	75-80	0	0	0	17.5-20	95-100
Ken Smith Non-Executive Director (Left 31/07/13)	0	0	0	0	0	0
Maurice Rumbold Non-Executive Director (Left 15/07/13)	0	0	0	0	0	0
Stephanie Kennett Non-Executive Director (Left 31/10/14)	0-5	2***	0	0	0	0-5
James O'Sullivan Non-Executive Director (Left 17/04/14)	0-5	0	0	0	0	0-5

Salary and Pension entitlements of senior managers

2013/14

Name and title	Salary (bands of £5,000) £'000	Expense payments (taxable) to nearest £100 £'00	Performance pay and bonuses (bands of £5,000) £'000	Long Term Performance pay and bonuses (bands of £5,000) £'000	All pension related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Stuart Welling Chairman	20-25	5***	0	0	0	20-25
Susan Bernhauser Non-Executive Director	0-5	0	0	0	0	0-5
Professor Jon Cohen Non-Executive Director	0-5	0	0	0	0	0-5
Charles Ellis Non-Executive Director	5-10	0	0	0	0	5-10
Barry Nealon Non-Executive Director	5-10	0	0	0	0	5-10
Michael Stevens Non-Executive Director (Appointed 11/06/14)	0	0	0	0	0	0
Darren Grayson Chief Executive	175-180	20****	0	0	10-12.5	190-195
Vanessa Harris Director of Finance	130-135	2***	0	0	35-37.5	165-170
David Hughes Joint Medical Director	220-225*	4***	0	0	32.5-35	255-260
Andrew Slater Joint Medical Director	185-190**	0	0	0	30-32-5	215-220
Richard Sunley Deputy Chief Exec/Chief Operating Officer	150-155	1***	0	0	7.5-10	155-160
Alice Webster Director of Nursing	100-105	1***	0	0	37.5-40	140-145
Monica Green Director of Human Resources	100-105	3***	0	0	7.5-10	105-110
Amanda Harrison Director of Strategic Development and Assurance	110-115	19****	0	0	10-12.5	125-130
George Melling Commercial Director	95-100	0	0	0	17.5-20	110-115
Lynette Wells Company Secretary	70-75	0	0	0	20-22.5	90-95
Ken Smith Non-Executive Director (Left 31/07/13)	0-5	0	0	0	0	0-5
Maurice Rumbold Non-Executive Director (Left 15/07/13)	0-5	0	0	0	0	0-5
Stephanie Kennett Non-Executive Director (Left 31/10/14)	5-10	0	0	0	0	5-10
James O'Sullivan Non-Executive Director (Left 17/04/14)	5-10	5***	0	0	0	5-10

Pension benefits

2014/15

Name and title	Real increase in pension at age 60 (bands of £2500) £'000	Real increase in pension lump sum at age 60 (bands of £2500) £'00	Total accrued pension at age 60 at 31 March 2015 (bands of £5000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands 0f £5000) £'000	Cash equivalent transfer value at 1 April 2014 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash equivalent transfer value at 31 March 2015 £'000	Employer's contribution to stakeholder pension £'000
Stuart Welling Chairman	0	0	0	0	0	0	0	0
Susan Bernhauser (Appointed from Non-Executive Director Designate to Non-Executive Director 01/11/14)	0	0	0	0	0	0	0	0
Professor Jon Cohen Non-Executive Director	0	0	0	0	0	0	0	0
Charles Ellis Non-Executive Director	0	0	0	0	0	0	0	0
Barry Nealon Non-Executive Director	0	0	0	0	0	0	0	0
Michael Stevens Non-Executive Director (Appointed 11/06/14)	0	0	0	0	0	0	0	0
Darren Grayson Chief Executive	0-2.5	2.5-5	55-60	175-180	939	49	1013	0
Vanessa Harris Director of Finance	0-2.5	2.5-5	40-45	120-125	877	56	957	0
David Hughes Joint Medical Director	2.5-5	7.5-10	50-55	160-165	1020	95	1143	0
Andrew Slater Joint Medical Director	2.5-5	7.5-10	50-55	150-155	824	58	904	0
Richard Sunley Deputy Chief Exec/Chief Operating Officer	0-2.5	2.5-5	60-65	180-185	1115	52	1197	0
Alice Webster Director of Nursing	0-2.5	0-2.5	30-35	95-100	494	26	534	0
Monica Green Director of Human Resources	0-2.5	0-2.5	35-40	105-110	651	34	702	0
Amanda Harrison Director of Strategic Development and Assurance	0-2.5	2.5-5	25-30	75-80	458	33	504	0
Lynette Wells Company Secretary	0-2.5	0	5-10	0	75	19	96	0
Stephanie Kennett (Left 31st October 2014) Non- Executive Director	0	0	0	0	0	0	0	0
James O'Sullivan (Left 17th April 2014) Non- Executive Director	0	0	0	0	0	0	0	0

Note information supplied by the Pensions agency.

Key for Salary and Pension entitlements of senior managers tables

* includes Salary for Consultant Radiologist work

** includes Salary for Consultant Anaesthetist work

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

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

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

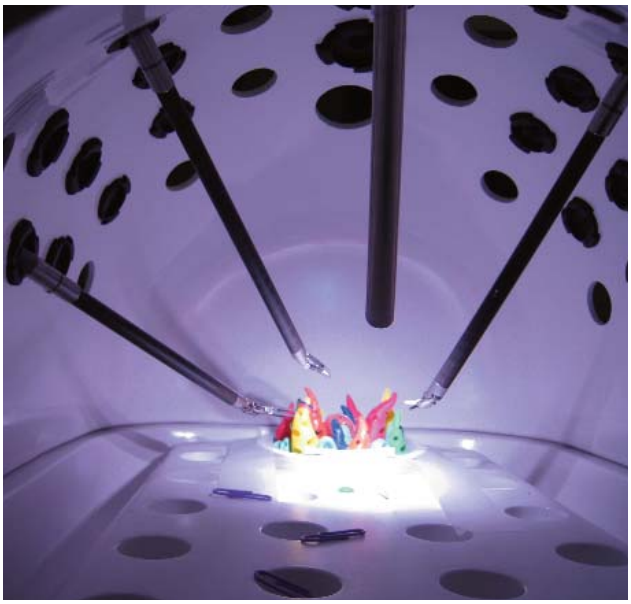
Highest paid director

	2014/15	2013/14
Band of Highest Paid Director	**£220-225**	£220-£225
Median Total Remuneration*	**£24,581**	£25,247
Ratio	**9.1 : 1**	9.0 : 1

* The Median calculation is based on a starting point salary equivalent to pay-scale 1 of Agenda For Change up to the highest paid employee. This method of calculation is consistent with previous years.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. This is set out in the table above.

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



The following table outlines the notice periods for Directors and Officers

Name	Start Date	Notice period
Darren Grayson Chief Executive	Apr 2010	6 mths
Vanessa Harris Director of Finance	Oct 2012	6 mths
Dr David Hughes Joint Medical Director	Apr 2009	6 mths
Dr Andy Slater Joint Medical Director	Apr 2012	6 mths
Richard Sunley Deputy Chief Executive/ Chief Operating Officer	Apr 2012	6 mths
Alice Webster Director of Nursing	May 2012	6 mths
Monica Green Director of Human Resources	Jun 2002	6 mths
Amanda Harrison Director of Strategic Development and Assurance	Nov 2010	6 mths
Lynette Wells Company Secretary	Feb 2012	3 mths

Cash Equivalent Transfer Values

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

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

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

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

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

Real Increase in CETV

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

This remuneration report was approved by the board on 3rd June 2015 and signed on its behalf by:

Chief Executive

16

Annual governance statement

The governance statement records the stewardship of the organisation to supplement the accounts. It will give a sense of how successfully it has coped with the challenges it faces and of how vulnerable the organisation's performance is or might be.

This statement will draw together position statements and evidence on governance, risk management and control, to provide a more coherent and consistent reporting mechanism.

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

All elements of the governance statement are important, however, the risk assessment is critical. This is where the Accountable Officer supported by the Board should discuss how the organisation's risk management and internal control mechanism work.

Where there are weaknesses, the emphasis should be on how these are being addressed. Where there have been reports published on the organisation during the year, the Accountable Officer should reflect on the assurance these provide in helping to achieve effective operation of controls.

Scope of responsibility

Public service values must be at the heart of the National Health Service. High standards of corporate and personal conduct based on a recognition that patients come first, have been a requirement throughout the NHS since its inception. Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of

taxpayers' money. There are three crucial public service values that underpin the work of the health service:

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

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

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

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

The Accountable Officer must ensure that:

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

The Chief Executive also has responsibility for the governance and assurance process across the Trust. This includes a responsibility for ensuring that processes are in place to enable identification and management of current risk and anticipation of future risk. It can be confirmed that arrangements are in place for the discharge of statutory functions, and that these have been checked for any irregularities, and that they are legally compliant.

Governance Framework

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

The Trust has agreed Standing Orders (SOs) for the regulation of proceedings and business. The Trust SOs are designed to translate the statutory requirements set out in the National Health Service Trusts (Membership and Procedures) Regulations 1990 (1990/2024) into day to day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Trust and define its ways of working. These documents, together with the range of policies set by the Board make up the Governance and Accountability Framework. The Standing Orders, Scheme of Delegation and Standing Financial Instruction have been periodically updated to account for alterations in year and were last reviewed, updated and approved by the Trust Board in December 2014.

Best practice in governance states that the Board should be of sufficient size that the balance of skills, capability and experience is appropriate for the requirements of the business. The Trust Board has a balance of skills and experience appropriate to fulfilling its responsibilities and is well balanced with a Chairman, five non-executive directors and five executive directors. In line with best practice there is a clear division of responsibilities between the roles of Chairman and Chief Executive. The Board complies with the HM Treasury/Cabinet Office Corporate Governance Code where applicable.

Board changes during the year comprised the resignation of two non-executive directors on 17th April and 31 October 2014. A new non-executive director and Audit Chair was appointed on 11 June and the designate non-executive director became a full voting member of the Board on 1 November 2014.

In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters; examples include health and safety, complaints, dementia and organ donation committee.

The Trust has nominated a non-executive director as Vice Chairman and another as the Senior Independent Non-executive Director (SID). The role of the SID is to be available for confidential discussions with other directors who may have concerns which they believe have not been properly considered by the Board, or not addressed by the Chairman or Chief Executive, and also to lead the appraisal process of the Chairman. The SID is also available to staff in case they have concerns which cannot, or should not, be addressed by the Chairman or Executive Directors as outlined in the Trust's Whistleblowing Policy.

Board effectiveness

Self-assessments against the Board Governance Assurance Framework and Well Led Framework were undertaken and reviewed during the year. These tools support the Board in assuring its governance arrangements and the identification of developmental needs. A facilitated Board development session was held in June 2014 and the Board has a tailored seminar programme in place to support the development of Board knowledge and allow in depth discussion and exploration of key issues. The Board has reviewed the fit and proper person requirement for directors and implemented a number of measures to support and evidence compliance.

Board members also undertake 'quality walks' to develop their understanding of the organisation and the organisation's understanding of the Board by providing a 'Board to ward' and 'ward to Board' perspective. These visits add to and complement the assurance provided to the Board through regular reporting on compliance with local, national and regulatory quality standards. They are not a one off event but part of a continuing cycle of improvement where outcomes are fed back to staff, patients and others and if required actions are taken. Board members feedback on the outcome of their quality walks at each public board meeting.

Committee structure

The Trust Board meets bi-monthly in public. Committees of the Board include Audit, Remuneration, Finance and Investment and Quality and Standards. All Committees are chaired by a non-executive director of the Trust and membership of the Audit and Remuneration Committees comprise only non-executive directors. Terms of reference outline both quoracy and expected attendance at meetings and the Board receives a report from the Committee Chair at each Board meeting. Functions of these Committees are outlined below.

Audit Committee

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

The Committee has aimed to perform its duties during the year as delegated by the Trust Board and mandated through governance requirements, ensuring compliance with and further developing good practice through continuous self-assessment and review of its effectiveness; and assessing itself against the checklist in the Audit Committee Handbook. The Committee has been chaired by a non-executive with a financial background and membership consists of himself and three non-executive directors. Executive directors are invited to attend. The Committee met on six occasions throughout the financial year, was well attended and always quorate.

The Committee reviewed the Board Assurance Framework (BAF), considers it fit for purpose and reviewed evidence to support this. The BAF is in line with Department of Health expectations and has been reviewed by internal audit to provide an objective assessment over the Risk Management and Assurance Framework process.

The Committee has oversight of the completeness of the risk management system. Clinical Unit and Corporate representatives have attended the Committee on a rotational basis to present their risk registers, mitigating actions and clinical audit plans. It also received positive assurance on the arrangements for assurance on the content and publication of the Quality Account which was subject to external audit.

As one of the key means of providing the Trust Board with assurance that effective internal control arrangements are in place the Audit Committee requests and receives assurances and information from a variety of sources to inform its assessments. This process has also included calling managers to account when considered necessary to obtain relevant assurance and updates on outcomes. The Committee also works closely with the executive directors to ensure that the assurance mechanism within the Trust is fully effective and that a robust process is in place to ensure that actions falling out of external reviews are implemented and monitored by the Committee.

The Audit Committee Chairman updates the Trust Board at each meeting with both minutes and a verbal update and an annual report is also presented. Highlights have included the points outlined above; notably assurance on the risk management system and internal controls monitored by the Committee. There have been no significant issues requiring escalation to the Board.

Remuneration Committee

The purpose of the Remuneration Committee is to ensure that the processes of appointing, and if necessary dismissing, the executive directors are robust, fit for purpose and have been followed. It oversees the system for all executive director appointments and agrees the parameters for the senior appointments process. It also agrees and reviews the Trust's policies on the reward, performance, retention and pension matters for the executive directors and other senior managers of the Trust. Membership comprises four non-executive directors, one of whom is the Trust Chairman who leads the meetings. The Committee met three times during 2014/15 and meetings were all quorate.

Finance and Investment Committee

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

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

The Committee is scheduled to meet quarterly but has met monthly during 2014/15 in order to provide sufficient time to review and monitor the Trust's financial recovery plan.

Quality and Standards Committee

The Committee's prime function is to ensure that the Trust is providing safe and high quality services to patients supported and informed by effective arrangements for monitoring and continually improving the safety and quality of care. It meets bi-monthly to provide an objective review of all aspects of quality, safety and standards in support of getting the best clinical outcomes and experience for patients. The Committee assists the Board to be assured that the Trust is meeting statutory quality and safety requirements and to gain insight into issues and risks that may jeopardise the Trust's ability to provide excellent quality care services. It held six meetings during the financial year. During the year the Quality and Standards Committee undertook an in-depth review of its effectiveness and revised its terms of reference and adapted its work plan accordingly.

The Committee reviewed and endorsed the Trust's quality improvement priorities for subsequent publication in the Quality Account. During the year it undertook "deep dive" reviews of areas highlighted through the risk management process such as mortality and morbidity and health records.

The Patient Safety and Clinical Improvement Group reports to the Quality and Standards Committee and Clinical Management Executive and is chaired by the Deputy Director of Nursing. Its purpose is to ensure that patient safety issues and outcomes are discussed and appropriate actions are taken as a result and it receives and reviews data from key safety indicators including morbidity and mortality, serious incidents, patient safety incidents, the Safety Thermometer, complaints and claims. The Clinical Units provide quality / governance reports to the group on a bi-monthly basis.

Risk and Control Framework

The Trust has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of risk, which could affect the functioning of the Trust. The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve standards, policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The Trust has in place an ongoing process to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives;
- Evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically.
- Ensure lessons are learnt from concerns and incidents in order to share best practise and prevent reoccurrence

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

Risk management processes and structures are defined in the Trust's Risk Management Strategy and supporting policies which were reviewed by the Board during the year. It sets out the key roles and responsibilities of the Trust Board, its sub-committees, Executive Directors, managers and all employees within the organisation in respect of risk management.

The Director of Finance has delegated authority to manage financial risk and the Medical Director and the Director of Nursing have delegated authority to manage the Trust's risk management process and for patient safety and clinical risk. The Director of Strategy and Assurance oversees compliance and information governance within the Trust. However, every member of staff is responsible for ensuring that their own actions contribute to the wellbeing of patients/service users, staff, visitors and the organisation. They are expected to contribute to the identification, reporting and assessment of risks and to take positive action to manage them appropriately.

To support this, the central governance team provide essential risk management support and training to staff. All Trust staff are encouraged to attend relevant risk management training including Risk Assessment, Risk Management, Incident Reporting Workshops and Root Cause Analysis training. The Trust Mandatory Training Policy details the risk management training for staff. Individuals responsible for completing risk assessments must have undertaken risk assessment training, those completing Root Cause Analysis investigations and reports must have attended RCA training. Risk management is also covered at induction with new members of staff required to complete an online training module. Incident reporting information is shared widely through local clinical governance forums to support organisational learning.

Risk Management

All risks are identified, analysed, evaluated and controlled through the Trust's Datix incident reporting and information system. Risks are identified through incident reporting, risk assessment reviews, clinical audits and other clinical and non- clinical reviews with a clearly defined process of escalation to risk registers. The registers are real-time documents which are populated through the organisation's risk assessment and evaluation processes. This enables risks to be quantified and ranked. A corporate high level risk register populated from the various risk registers is produced and establishes the organisational risk profile.

All business cases and proposed service reconfigurations are routinely risk assessed and papers provide narrative on risk and equality impact. Post implementation reviews are undertaken to monitor outcomes and unintended consequences. The Medical Director and Director of Nursing consider all proposed cost improvement and efficiency plans to ensure that implementation is not detrimental to patient safety and quality of care.

The Trust manages its financial risks using a wide range of management tools. Performance against budgetary targets is recorded, analysed and reported monthly. This information is monitored and challenged both internally and externally. In addition to performance assessment, financial control and management is continually assessed by internal and external audit, and counter fraud teams. Reports from these parties are presented to the Audit

Committee. Operational management, finance, purchasing and payroll teams are segregated to reduce conflicts of interest and the risk of fraud. Segregation is enhanced and reinforced by IT control systems which limit authority and access.

Risks are routinely reviewed at Clinical Unit Quality Meetings and Team Meetings. The Clinical Management Executive (CME), which comprises members of the executive team and clinical leaders, has a rolling programme to review all Clinical Unit/Department risk registers. Every quarter, the High Level Risk Register is taken to the CME and comprises extreme risks and mitigating actions. The High Level Risk Register is also presented to the Audit and Quality and Standards Committees at each meeting.

The Board Assurance Framework is a strategic risk management tool used by the Trust to identify the effectiveness of the Trust's arrangements for control and assurance in the management of the key risks to the achievement of its aims and objectives. It helps the Trust Board to ensure that all identified risks are focused upon and that effective controls are in place thus providing assurance that a robust risk management system underpins the delivery of the organisation's principal aims and objectives. It highlights gaps in the effectiveness of controls or of assurance and informs the Board of the areas where it should be scrutinising the controls the organisation has in place to manage the principal risks. The Company Secretary manages the Board Assurance Framework and it has been regularly reviewed and revised by the Board and the Audit and Quality and Standards Committees. The Framework was reviewed and layout refined during the year.

As part of the Trust's ongoing governance review it held two seminars in July and November 2014 to consider the key risks, risk appetite and how this feeds into the Board Assurance Framework.

Principal Risks Identified in 2014/15

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

- We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies
- We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.
- There is a lack of leadership capability and capacity to lead ongoing performance improvement and build a high performing organisation.
- We are unable to develop and maintain collaborative relationships based on shared aims and objectives with partner organisations resulting in an impact on our ability to operate efficiently and effectively within the local health economy.
- We are unable to define our strategic intentions, service plans and configuration in an Integrated Business Plan that ensures sustainable services and future viability.
- We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we are not the provider of choice for our local population or commissioners.
- We are unable to adapt our capacity in response to commissioning intentions, local needs and demand management plans resulting in our services becoming unsustainable, with an adverse impact on finance and liquidity.
- 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. (Newly added risk in year)
- We are unable to effectively recruit and manage our workforce in line with our strategic, quality, operational and financial requirements.
- We are unable to develop and implement effective cultural change programmes that lead to improvements in organisational capability and staff morale.
- We are unable to effectively align our estate and Information Management and Technology infrastructure to effectively support our strategic, quality, operational and financial requirements.
- We are unable to respond effectively to external factors and this affects our ability to meet our organisational goals and deliver sustainable strategic change.

Review of the effectiveness of risk management and internal control

Over the year the Trust has continued to strengthen risk management including incident reporting and investigation, complaints handling and the Board Assurance Framework. There is a programme of training for root cause analysis, risk and incident reporting. The backlog of closure for serious incidents has been significantly reduced and focus is being given to timely reporting of incidents and sharing outcomes and learning. The Trust has had no never events in 2014/15.

Following the revised change in structure with accountability devolved to Clinical Units, systems and processes are being developed and reviewed to ensure that there is assurance that internal control and risk management remains robust.

Internal Audit gave 'Substantial Assurance' over the Board Assurance Framework (BAF) and Risk Management processes operating within the Trust stating that "based on the outcome of the review of the design, adequacy and effectiveness of the organisation's Assurance Framework and Risk Management processes the Trust is assessed to be 'Risk Enabled', with Risk Management and internal control fully embedded into the operations."

Performance against the national priorities set out in the NHS TDA Accountability Framework 2014/15

TDA Accountability Framework 2014/15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
ESHT OVERALL QUALITY SCORE	4	4	5	5	4	5	4	4	4	4	4	4

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 TreatmentNon 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%	94.81%	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%	78.06%	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%	88.89%	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%

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%

Performance against national priorities set out in the NHS TDA Accountability Framework 2014/15

TDA Accountability Framework 2014/15			Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
ESHT OVERALL QUALITY SCORE			4	4	5	5	4	5	4	4	4	4	4	4
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	4	5	5	5
Clostridium Difficile - Variance from plan	4	10	5	3	4	2	6	2	7	6	6	3	2	3
MRSA bactaraemias	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	9	0	0	12	6	17	7	0	10
Maternal deaths	0	2	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	95.00%	2	97.90%	97.88%	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%

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	20	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

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 Tes	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 paybill	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%

Elective Waiting Time Data

All data within the trust undergoes a rigorous validation process which is reviewed and signed off by senior staff within the Trust. To further support this the Trust undertook additional validation with an external company to ensure the quality of the data being provided for elective waiting lists.

Patient and Public Involvement

Section 11 of the Health and Social Care Act 2012 places a duty on the NHS to consult and involve patients and the public in the planning and development of health services and in making decisions affecting the way those services operate. The Trust has continued to strengthen closer working relationships with stakeholders particularly in respect of the implementation of its Clinical Strategy: Shaping our Future. This has been undertaken through an environment of openness, transparency and accessibility in order to allow stakeholders to engage with the Trust to plan future service improvements. Public engagement events and surveys have also taken place to support the development of the Trust's Quality Account improvement priorities.

The Trust uses the Friends and Family Test which provides an opportunity for patients to feedback on the care and treatment they receive and to influence service improvement. Patients are asked whether they would recommend hospital wards, maternity services and A&E departments to their friends and family if they needed similar care or treatment. This means every patient in these departments is able to give feedback on the quality of their care. The subsequent score is used to benchmark the organisation against other Trusts in the country including all specialist hospitals. The scores are published on NHS Choices and NHS England and monitored by the Quality and Standards Committee.

February 2015 FFT results revealed that 91% of patients would recommend the Trust to friends and family if they needed similar care or treatment

Equality and Diversity

Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. The Trust has an Equality Strategy which details how the Trust will eliminate discrimination, advance equality and foster good relations between people who share certain characteristics and those who do not. The Board also consider an Annual Equality Information Report and progress against delivering the outcomes of the Equality Delivery System.

Information Governance Toolkit

The Trust is compliant with the requirements of the NHS Information Governance Toolkit attaining level 2. This was independently audited to assess the adequacy of policies, systems and operational activities to complete, approve and submit the IGT scores. The auditors gave an assurance assessment of 'Substantial Assurance'.

Lapses of Data Security

During 2014/15 the Trust did not have any IG incidents scored at 2 or more. The table below shows 44 information governance incidents that have been reported and scored at level 1 or lower against the HSCIC checklist for reporting IG incidents.

All incidents are investigated and actions implemented to prevent reoccurrence. None of the incidents fell within the requirements to be reported to the Information Commissioner's Office.

Summary of personal data related incidents

Category	Nature of incident	Total
A	Corruption or inability to recover electronic data	1
B	Disclosed in error	11
C	Lost in transit	0
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	4
F	Non-secure disposal of hardware	0
G	Non-secure disposal of paperwork	1
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	12
K	Other	14
Total		**44**

Freedom of Information Requests

The Trust received 590 Freedom of Information requests in 2014/15, of these 546 (93%) were responded to in time. This compared to 505 (89% responded to in time) in 2013/14.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Climate Change

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

Duty of Candour

The introduction of a statutory Duty of Candour was a recommendation made in the Francis Report. The Duty was included in the Standard NHS Contract from 1st April 2014 and subsequently strengthened as a Care Quality Commission regulatory requirement from 1st October 2014.

The intention of the regulation is to ensure that providers are open and honest with service users and other 'relevant persons' (people acting lawfully on the behalf of service users) when things go wrong with care and treatment, and that they provide them with reasonable support, truthful information and a written apology.

The Trust has a Being Open Policy and ensures that as part of any investigation into Serious Incidents or complaints there is clear, open and honest communication with patients and their families/carers and that a process for shared learning is in place.

Whistleblowing

The Trust has a Whistleblowing Policy which outlines how staff should raise concerns and has a nominated Senior Independent Non-executive Director who is available to review concerns which cannot, or should not, be addressed by the Chairman or Executive Directors. The Trust will be implementing the recommendations of the "Freedom to Speak Up" Review in line with guidance when published.

Counter fraud and anti-bribery arrangements

Under the NHS Standard Contract all organisations providing NHS services are required to have appropriate anti-fraud arrangements in place. In 2012, NHS Protect published 'Standards for Providers: Fraud, Bribery and Corruption' ("the Standards") to assist organisations with this process.

It incorporates a requirement that the Trust employs or contracts a qualified person or persons to undertake the full range of anti-fraud work, and that it produces a risk based workplan that details how it will approach anti-fraud and corruption work.

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

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

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

Reactive investigations comply with legislative requirements and with the NHS Counter Fraud and Corruption Manual. The LCFS liaises with other LCFS personnel and relevant external bodies for investigations, as appropriate. The LCFS is available to receive referrals and reports on the results to the Director of Finance and the Audit Committee. All sanctions available to the Trust are considered following a reactive investigation, together with efforts to recover losses incurred.

Internal Audit

tiaa Limited provide the Trust with internal audit services. In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to give an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (that is, the organisation's system of internal control).

For 2014/15 the Head of Internal Audit's overall opinion was "Reasonable" assurance that the Trust has adequate and effective management, internal control processes to manage the achievement of its objectives.

The Internal auditors completed 18 assurance reviews during the year; 4 received 'substantial assurance', 8 'reasonable assurance' and 6 'limited assurance'. There were no reviews assessed as having 'no assurance'. All internal audit reports and associated actions are reviewed and implementation monitored by the Audit Committee.

Care Quality Commission (CQC)

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

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

In September 2014 the CQC undertook a planned inspection of both acute and community sites. The reports were published in March 2015 and praised the caring nature of staff, which was reflected in both acute hospitals and in the provision of community services. The reports also identified concerns in a number of areas and the Trust's overall rating was Inadequate.

A comprehensive action plan has been developed to address the concerns encompassing cultural issues, improving the provision of outpatient services, improving aspects of medicines management, ensuring patients'

health records are better managed; ensuring there are sufficient staff to meet the needs of the service and continuing to develop local engagement.

The CQC revisited the Trust in March 2015 and at the time of drafting this document the report was awaited.

Culture, internal and external relationships

The CQC reports and staff survey outlined issues with leadership, culture and communication. A number of initiatives were already established, such as 'Listening into Action' events and 'Leadership Conversations', and a programme of actions with measurable outcomes is being further developed to improve staff and stakeholder engagement. This will be underpinned by a refreshed Organisational Development Strategy.

Securing sustainable performance

A number of challenges exist in respect to achieving referral to treatment timescales, cancer metrics and A&E performance. This is compounded by skill shortages in some specialties. The Trust is implementing recovery plans and targeted recruitment campaigns where required and working with commissioners to develop a system wide approach to improving cancer performance.

Sustainability

The Trust delivered a strong financial performance in 2014/15. However, despite the organisation having robust processes in place to improve efficiency whilst maintaining quality, there is limited opportunity to continue to achieve demanding cost improvement programmes. In addition, the potential and actual loss of income through tender activity and 'East Sussex Better Together' and a limited capital budget will impact the financial sustainability of the organisation as well as the ability to make investment in infrastructure and service improvement.

Engagement with stakeholders including the Trust Development Authority is planned to develop a longer-term strategy for the future clinical operational and financial sustainability of services. This approach will develop options for a future service model and organisational model for the Trust.

17

Operating and financial review

The Trust entered 2014/15 with the Trust Board having made the difficult decision to set a deficit budget for the second year in a row. The decision to post a deficit budget was based on the Board assessment of the need of the Trust to balance the priorities of quality, safety and finance.

The budget for a £18.5m deficit was underpinned by a very strong financial plan developed by the clinical and support units and quality impact assessed (QIA) by the Trust QIA panel and assumed initial planned savings of £20 million representing 5.2% of total income. The Trust's main contract with Clinical Commissioning Groups (CCGs) for 2014/15 was signed within a risk-sharing arrangement which was designed to remove some of the financial uncertainty from within the local health economy and has been successful in that respect.

Financial disciplines introduced as part of the Turnaround programme instigated during the last six months of 2013/14 were maintained throughout 2014/15, including restrictions on premium cost service delivery such as the deployment of agency staff and the use of the independent sector to undertake elective surgery. During 2014/15 the turnaround role changed to become a transformation/handback role with external support ending on 31 March 2015 and the appropriate Trust processes and structure in place to support the position going forwards.

As a result of the actions that were taken in the previous year to reduce the Trust's cost base, coupled with the robust 2014/15 business planning process the Trust's financial position remained largely as planned month on month throughout the financial year. Half way through the financial year £18m of non- recurrent provider deficit funding was made available to the Trust. This funding was directed at particular NHS Trusts that exhibited particular financial challenges considered exceptional and affecting the overall sustainability of the Trust, such as evidence of a structural deficit component to the overall financial position. To qualify for funding the NHS Trust also had to

be on track to delivering their agreed financial plan for 2014/15 having delivered the required level of productivity savings. Following receipt of this amount, which was slightly less than the planned deficit, the savings plan was extended to £21m representing 5.5% of total income to enable the Trust to plan for a small surplus £88k at year end.

Receipt of the non-recurrent deficit funding enabled the Trust to repay temporary cash borrowing made in year and continue to maintain a good performance against payment of its creditors. The Better Payments Practice Code (BPPC) was established to measure an NHS body's performance against a target to pay suppliers within a 30 day period. During the year the Trust paid 90% of non NHS and 66% of NHS invoices within the 30 day target.

During 2013/14 the Board of Directors approved a business case for the Trust's clinical strategy, which requires a capital investment of £30 million. This was submitted for the further approval of the Trust Development Authority (TDA) as the value is above the Trust's current delegated capital investment limit. A decision from the TDA is still awaited. In the meantime the Trust needed to ensure that the necessary infrastructure and equipment investment could be made to maintain performance and quality standards. To this end two applications for additional capital funds were made in 2014/15. As a result the Trust received emergency capital public dividend of £400k to build a new 7 bedded Clinical Decision Unit at the Conquest. It also received a £428k instalment of a 10 year capital loan for the health records bar coding and storage project. The final £441k instalment of this loan will be received as part of the 2015/16 capital resource limit. In total the Trust spent £11.773m of capital in 2014/15, as well as £1.1m from donated funds.

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

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

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

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

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

Looking ahead the Trust has provisionally agreed a financial plan for 2015/16 of a deficit of £36.9m. This is after planned cost improvements of £11.4m. The Trust's main contract with Clinical Commissioning Groups (CCGs) for 2015/16 has again been signed within a risk-sharing arrangement which is designed to remove some of the financial uncertainty from within the local health economy. While still in deficit the Trust will require further cash support and an Interim Revolving Working Capital Support Facility has been put in place to enable this.

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

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

18

Finance

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

We have examined the summary financial statement for the year ended 31st March 2015 set out on pages 58 to 62 of the annual report.

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

Respective responsibilities of directors and auditor

The directors are responsible for preparing the annual report.

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

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

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of East Sussex Healthcare NHS Trust for the year ended 31st March 2015. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (4th June 2015) and the date of this statement.

BDO LLP, London, UK
11th September 2015

Directors' statement

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

Full set of accounts

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

External auditor

The external auditor is BDO LLP. The costs of their services for 2014/15 comprise exclusively statutory audit fees and no other non-audit services have been provided.

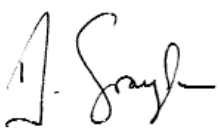
Statement of comprehensive income for the year ended 31st March 2015

	2014/15 £000s	2013/14 £000s
Gross employee benefits	**(245,460)**	(255,250)
Other operating costs	**(130,698)**	(135,873)
Revenue from patient care activities	**354,042**	337,098
Other operating revenue	**30,834**	27,142
Operating surplus/(deficit)	**8,718**	(26,883)
Investment revenue	**34**	18
Other gains	**29**	9
Finance costs	**(235)**	(305)
Surplus/(deficit) for the financial year	**8,546**	(27,161)
Public dividend capital dividends payable	**(8,073)**	(6,251)
Retained surplus/(deficit) for the year	**473**	(33,412)
Items that may subsequently be reclassified to the retained surplus/(deficit)		
Other comprehensive income	**2014/15 £000s**	2013/14 £000s
Impairments and reversals taken to the revaluation reserve	**(3,319)**	0
Net gain on revaluation of property, plant and equipment	**16,660**	9,915
Total comprehensive income for the year	**13,814**	(23,497)
Financial performance for the year		
Retained surplus/(deficit) for the year	**473**	(33,412)
Impairments (excluding IFRIC 12 impairments)	**(629)**	10,018
Adjustments in respect of donated government grant asset reserve elimination	**244**	300
Adjusted retained surplus/(deficit)	**88**	(23,094)

Statement of financial position as at 31st March 2015

	31/03/15 £000s	31/03/14 £000s
Non-current assets:		
Property, plant and equipment	**271,373**	257,258
Intangible assets	**1,293**	826
Trade and other receivables	**1,184**	708
Total non-current assets	**273,850**	258,792
Current assets:		
Inventories	**6,599**	6,238
Trade and other receivables	**19,464**	25,426
Cash and cash equivalents	**1,008**	2,257
Total current assets	**27,071**	33,921
Total assets	**300,921**	292,713
Current liabilities:		
Trade and other payables	**(27,534)**	(32,062)
Provisions	**(591)**	(463)
Borrowings	**(335)**	(320)
DH revenue support loan	**0**	(1,331)
DH capital loan	**(383)**	(343)
Total current liabilities	**(28,843)**	(34,519)
Net current liabilities	**(1,772)**	(598)
Total assets less current liabilities	**272,078**	258,194
Non-current liabilities:		
Provisions	**(2,588)**	(2,631)
Borrowings	**(263)**	(598)
DH capital loan	**(3,583)**	(3,535)
Total non-current liabilities	**(6,434)**	(6,764)
Total assets employed	**265,644**	251,430
Financed by:		
Public dividend capital	**153,530**	153,130
Retained earnings	**(7,597)**	(8,096)
Revaluation reserve	**119,711**	106,396
Total taxpayers' equity	**265,644**	251,430

The financial statements on pages 58 to 62 were approved by the board on 3rd June 2015 and signed on its behalf by



Chief Executive

Statement of changes in taxpayers' equity for the year ended 31st March 2015

	Public dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000s	£000s	£000s	£000s
Balance at 1st April 2014	**153,130**	**(8,096)**	**106,396**	**251,430**
Changes in taxpayers' equity for 2014/15				
Retained surplus for the year		473		**473**
Net gain on revaluation of property, plant, equipment			16,660	**16,660**
Impairments and reversals			(3,319)	**(3,319)**
Reclassification adjustments				
New temporary and permanent PDC received - cash	16,900			**16,900**
New temporary and permanent PDC repaid in year	(16,500)			**(16,500)**
Other movements	0	26	(26)	**0**
Net recognised revenue for the year	**400**	**499**	**13,315**	**14,214**
Balance at 31st March 2015	**153,530**	**(7,597)**	**119,711**	**265,644**
Balance at 1st April 2013	**111,969**	**(11,029)**	**82,175**	**183,115**
Transfers under Modified Absorption Accounting - PCTs and SHAs		50,651		**50,651**
Transfers between reserves in respect of modified absorption - PCTs and SHAs		(14,318)	**14,318**	**0**
Revised balance at 1st April 2013	**111,969**	**25,304**	**96,493**	**233,766**
Changes in taxpayers' equity for year ended 31st March 2014				
Retained deficit for the year		(33,412)		(33,412)
Net gain on revaluation of property, plant, equipment			9,915	9,915
Transfers between reserves		12	(12)	0
Reclassification Adjustments				
New temporary and permanent PDC received - cash	69,408			69,408
New PDC received - PCTs and SHAs legacy items paid for DH	753			753
New temporary and permanent PDC repaid in year	(29,000)			(29,000)
Net recognised revenue for the year	**41,161**	**(33,400)**	**9,903**	**17,664**

Statement of cash flows for the year ended 31st March 2015

	2014/15 £000s	2013/14 £000s
Cash flows from operating activities		
Operating surplus/(deficit)	**8,718**	(26,883)
Depreciation and amortisation	**12,266**	11,385
Impairments and reversals	**(629)**	10,018
Donated assets received credited to revenue but non-cash	**(1,107)**	0
Interest paid	**(235)**	(305)
Dividends paid	**(7,588)**	(6,454)
(Increase)/decrease in inventories	**(361)**	631
Decrease/(increase) in trade and other receivables	**5,165**	(10,028)
(Increase)/decrease in other current assets	**0**	107
Decrease in trade and other payables	**(3,202)**	(3,070)
Provisions utilised	**(280)**	(458)
Increase in movement in non cash provisions	**365**	405
Net cash inflow/(outflow) from operating activities	**13,112**	(24,652)
Cash flows from investing activities		
Interest received	**34**	18
Payments for property, plant and equipment	**(12,654)**	(13,955)
Payments for intangible assets	**(607)**	(595)
Proceeds of disposal of assets held for sale (PPE)	**29**	9
Net cash outflow from investing activities	**(13,198)**	(14,523)
Net cash outflow before financing	**(86)**	(39,175)
Cash flows from financing activities		
Gross temporary and permanent PDC received	**16,900**	70,161
Gross temporary and permanent PDC repaid	**(16,500)**	(29,000)
Loans received from DH - new capital investment loans	**428**	0
Loans repaid to DH - capital investment loans repayment of principal	**(340)**	(340)
Loans repaid to DH - working capital loans/revenue support loans	**(1,331)**	(1,334)
Capital element of payments in respect of finance leases	**(320)**	(305)
Net cash inflow/(outflow) from financing activities	**(1,163)**	39,182
Net decrease in cash and cash equivalents	**(1,249)**	7
Cash and cash equivalents at beginning of the period	**2,257**	2,250
Cash and cash equivalents at year end	**1,008**	2,257

Better payment practice code - measure of compliance

	2014/15		2013/14	
	Number	£000s	Number	£000s
Non-NHS payables				
Total non-NHS trade invoices paid in the year	**112,678**	**133,978**	111,060	124,189
Total non-NHS trade invoices paid within target	**101,816**	**122,561**	52,185	50,705
Percentage of non-NHS trade invoices paid within target	**90.36%**	**91.48%**	46.99%	40.83%
NHS payables				
Total NHS trade invoices paid in the year	**3,398**	**22,132**	4,193	**28,125**
Total NHS trade invoices paid within target	**2,240**	**15,904**	1,512	**14,551**
Percentage of NHS trade invoices paid within target	**65.92%**	**71.86%**	36.06%	51.74%

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

19

Accessibility

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

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

Patient Advice and Liaison Service (PALS)

Conquest Hospital
The Ridge,
St. Leonards-on-Sea,
East Sussex, TN37 7RD.

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Crowborough War Memorial Hospital
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Freedom of Information

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

Alternatively write to: Freedom of Information Manager, Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex, BN21 2UD.

East Sussex Healthcare NHS
NHS Trust




Quality Account 2014/15



WHAT MATTERS TO YOU MATTERS TO US ALL

Contents

Part 1 Introduction

Statement on Quality from the Chief Executive

I am delighted to introduce the Quality Account and Quality Report for East Sussex Healthcare NHS Trust, which provides us with the opportunity to reflect on our quality achievements and successes over the past twelve months. At the same time it also allows us to identify areas for further improvement, including our quality priorities for the coming year.

Currently although the NHS is facing interesting and challenging times, it is all the more important that the safety and quality of care we provide is our number one priority and we focus on it each and every day. Despite extremely challenging national and local financial positions, the Trust is focused on maintaining and enhancing existing levels and quality of patient care. Cost improvements are rigorously assessed against their impact on service quality and patient safety to ensure they are not compromised. Our view is that cost effectiveness will result from good quality services which have a focus on achieving the right outcomes and which add value to patients and their carers. We have invested in a patient safety monitoring system – VitalPAC – which allows us to provide timely and accurate information to staff and to improve the quality of care we provide.

The Trust launched its values and these are at the heart of how we behave and act as we plan for the future. Over 2,000 of our staff contributed to identifying and developing values which are important to them, place the focus on our patients and help us to achieve our strategic aims and objectives.

Our values are:

- Working Together
- Improvement and Development
- Respect and Compassion
- Engagement and Involvement

In September 2014 the CQC made a visit to the Trust and provided the Trust with the rating of inadequate. No trust wants to feel that it is failing or not doing a good job and we are no exception! That said, we face up to issues when they are raised – we are conscientious. The process is an opportunity for our systems to be checked, refreshed, and strengthened. It is important that we listen and respond to what the CQC reported and the Trust is committed to developing practice. Feedback from our staff, through the CQC visit and our staff survey told us we must improve their employment experience and this is why we set out a mission to make our organisation a great place to work and ensure that we are an engaging and listening

organisation to work for. Through our values based recruitment we aim to recruit and keep people who believe and live our values to ensure that patients receive and experience the best care. We aim to not only employ an engaged, enabled and empowered workforce but also to develop great leaders who put patients first and drive our organisation to achieve.

The largest part of our workforce is within our nursing staff and we know that safe nursing levels on our wards will mean good standards of care. This was highlighted as being of critical importance in delivering high quality, safe and effective care. The Trust is committed to ensuring that this remains high on the agenda and monitors both its staffing levels on a shift by shift basis, but also a twice yearly establishment review.

The local Clinical Commissioning Groups undertook a consultation on the proposed options for permanent changes to maternity and paediatric services. In July 2014 the decision was made to make the permanent change to a single sited Consultant Led Unit with a midwifery led unit on the other site. This means that the Trust now has higher levels of consultant cover than that which is nationally recommended on the high risk site.

In 2014/15 the Trust participated in a successful partnership project with a local college. 'Project Search' offered 12 young people with learning difficulties internships with the Trust. Throughout the year the interns who ranged from 18 to 24 year olds worked in non-clinical areas of Eastbourne DGH.

Although we invest a lot of time and effort in proactively monitoring and assessing the quality of care we provide it is made more valuable by using our patient experience data, this is really important to us. Our patients continue to tell us that their experience of care is generally good. The CQC also noted in their report from their inspection in September 2014 that they saw 'good' care across the Trust. We have worked hard with our colleagues from Healthwatch to continue to develop innovative programmes relating to the observations of care, including a successful young inspector programme. This work is valuable to the Trust as it provides a mechanism for us to learn from experience. However we know we have further improvements to make in some areas, particularly relating to falls prevention and the Trust is committed to achieving this in the coming year.

It is thanks to the professionalism, expertise and commitment of our staff that we are able to provide our high quality services. As Chief Executive I am confident that the Trust provides a high quality service and that this Quality Account demonstrates this.

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

Darren Grayson
Chief Executive
East Sussex Healthcare NHS Trust

About us and the services we provide

East Sussex Healthcare NHS Trust employs almost 7,000 committed, skilled, caring and professional staff who deliver healthcare to a population of approximately 525,000 people living within the communities of East Sussex.

Our population is spread across urban and semi-rural areas which are demographically diverse and face challenges from significant areas of deprivation, health inequality and chronic disease.

We are an integrated Trust which provides healthcare within acute hospitals, community hospitals, from a number of clinics, health and children's centres in addition to GP surgeries. We also provide community nursing and therapy services within patients' homes.

Our hospitals and the services provided from these are:

Eastbourne District General Hospital (DGH)
Accident and Emergency and Urgent Care, Diagnostics and Clinical Support, Critical Care, Specialist Medicine, Surgery, Outpatients, Midwifery Led Birthing Service and Short Stay Children's Assessment Unit.

Conquest Hospital, St Leonards
Accident and Emergency and Urgent Care, Diagnostics and Clinical Support, Critical Care, Specialist Medicine, Surgery, Outpatients, Acute Child and Maternity Services.

Bexhill Hospital
Outpatients, Day surgery, Rehabilitation and Intermediate Care and Radiology.

Crowborough War Memorial Hospital
Minor Injury Unit, Midwifery Led Birthing Service, Outpatients, Radiology, Rehabilitation and Intermediate Care.

Lewes Victoria Hospital
Minor Injury Unit, Outpatients, Inpatient Intermediate Care Services, Radiology and Day Surgery.

Uckfield Community Hospital
Minor Injury Unit, Outpatients, Day Surgery, Radiology, Rehabilitation and Intermediate Care.

Rye, Winchelsea and District Memorial Hospital
Outpatients and Inpatient Intermediate Care Services.

Firwood House, Eastbourne
Inpatient Intermediate Care Services jointly run with Adult Social Care.

Our range of services are provided on behalf of our three Clinical Commissioning Groups (CCGs); Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, and High Weald Lewes and Havens CCG, with whom we have NHS contracts for the provision of acute care and community care. We also provide specialised, dental and public health services for NHS England. All of the aforementioned contracts set out commissioning requirements in terms of finance, activity, performance and quality. Our annual revenue is £384,876,000.

Our Vision

The Trust mission statement is to ‘deliver better health outcomes and an excellent experience for everyone we provide with healthcare services’ and in doing so we aspire to be the healthcare provider of first choice for the people of East Sussex.

To support these aims and set out the overall direction of the Trust 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

Over 2,000 staff members contributed to identifying and developing our values to support the organisation in achieving its strategic aims and objectives.

The values were developed by a Listening into Action (LiA) working group over a two year period under the theme of 'What matters to you matters to us all' .The work began by identifying core themes, linking values and behaviours that were relevant to both patients and staff.

The four values developed and set out below, reflect our commitment to ensure that the needs of our patients remain at the heart of everything we say and do and we all need to demonstrate them when caring for patients, communicating with their families and friends and in working with colleagues.

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.

So we will…

- Be responsible for our actions and the way we behave.
- Be active and positive team members.
- Be courageous and speak up when needed.
- Be appreciative of our colleagues.

By…

- Striving to do our best and achieve what we set out to do.
- Respecting the skills, needs and contributions of all colleagues in the delivery of safe, outstanding care.
- Treating others as valued individuals.
- Contributing to a climate of fairness and equality.

RESPECT AND 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.

So we will…

- Be kind and compassionate.
- Be friendly and warm in our manner.
- Be fair.
- Be courteous and respectful.
- Be responsive to individuals' needs and circumstances.

By…

- Treating everyone as an individual.
- Introducing ourselves when greeting patients and others.
- Actively listening and demonstrating empathy.
- Putting ourselves in others' shoes.
- Providing a safe environment for patients and staff.
- Acting immediately to raise concerns.

IMPROVEMENT AND 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.

So we will…

- Be open to change and innovation.
- Be responsible for making change happen so we can deliver benefits for patients and staff.
- Be bold and identify better ways of doing things.

By …

- Sharing best practice to improve our services.
- Measuring improvement.
- Identifying opportunities to reduce waste and inefficiency.
- Investing in our own and others' learning and development.

ENGAGEMENT AND 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 for our local population.

So we will…

- Be honest about the changes we need to make and why they are needed.
- Be open-minded when we listen to patients, the public and staff.
- Be proactive in seeking feedback and views from others.

By…

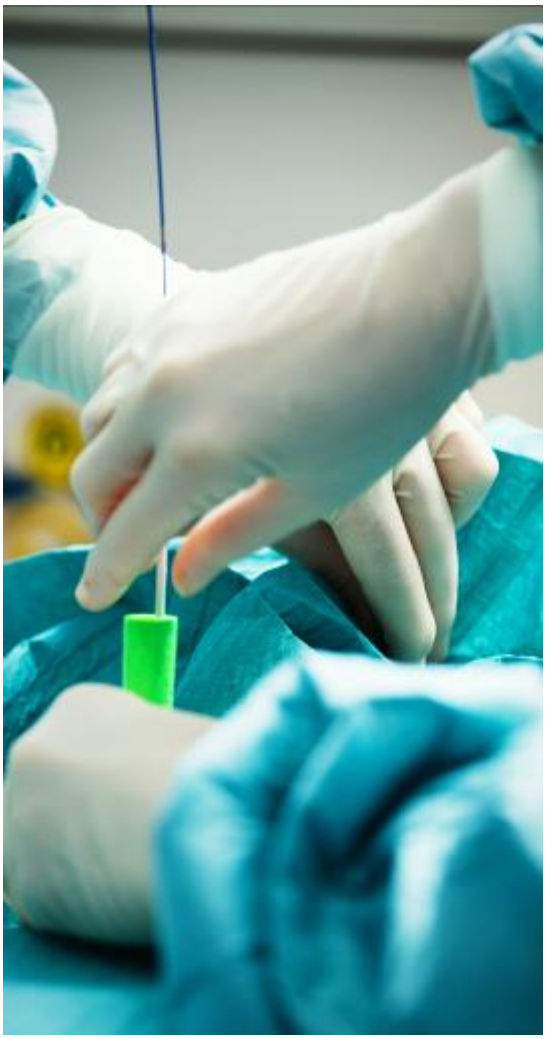
- Communicating well so everyone understands the rationale for what we are doing and has the opportunity to comment and influence.
- Learning from people's experience and demonstrating how it has helped us to improve.
- Involving patients, the public and staff in the planning of service transformation.

Following the launch of the values in August 2014 work is underway to bring them to life and embed them across the organisation. This incorporates building the values into our recruitment process, our leadership programmes, staff appraisals and working with teams to look at what the values mean to them.

Purpose of a Quality Account

The Quality Account is an annual public report to share information on the quality and standards of the care and services we provide. It enables us to demonstrate the achievements we have made and identify what our key priorities for improvement are in the forthcoming year.

Since 2010 all NHS trusts are required to produce a Quality Account. The report incorporates mandatory statements and sections which cover areas such as our participation in Research, Clinical Audits, a review of our quality performance indicators and what our regulator says about the services and care we provide.



How the report was produced

In addition to the mandatory elements of the Quality Account we have engaged with staff, patients, public, our commissioners and other stakeholders to ensure that the account gives an insight into the organisation and reflects the improvement priorities which are important and matter to us all.

Continual Improvement – Listening into Action

Since 2013 the Listening into Action (LiA) programme has been integral to the way we work and make changes at the Trust.

The LiA framework provides a comprehensive joined up way of shaping improvements in specific areas, wards and departments. It enables staff from all levels of the organisation to openly discuss the frustrations they have in their daily work, what prevents them from doing their job effectively and what needs to be done to 'unblock' the way so that we can provide the best care for patients and their families.

During 2014/15 there were 15 LiA events which include:

Improving the Quality and Safety of Patient Care

- Care of the deteriorating patient.
- Falls prevention across all wards.
- Pressure ulcer prevention across all wards and community areas.
- Improving medical engagement levels.
- Infection control and prevention.
- Stroke care pathway.
- Ensuring a good reporting culture of Serious Incidents.
- Patient nutrition plan on admission using MUST tool.
- Reducing unnecessary costs through clinically-led review of effectiveness.
- Patient led improvements based on complaints, Serious Incidents, and the Friends and Family Test results.
- Improved screening for dementia care patients.
- Making things better in Maternity and Paediatrics for all our patients.
- Better communication between teams to spread good practice.

Enabling our frontline teams

- Improving the availability, accuracy and completeness of medical records.
- Reducing agency / bank staff costs by managing rotas, sickness and recruitment.

During July and August 2014 staff working on more than 20 LiA projects showcased their achievements through public events.

The aim was for staff to share their stories and celebrate what they have achieved, whilst inspiring colleagues to think about their own work areas and improvement projects that they would like to take forward. It also gave members of the public an opportunity to hear about the improvements which had been implemented.

The photographs below were taken at the showcase events and the comments are from staff and members of the public who attended.

"It was evident that patients were at the heart of each stand."

"Atmosphere was buzzing!"

"...our staff should be so proud of their great ideas and achievements."

"The enthusiasm, passion and commitment of all the teams was fantastic."

Statement of Directors' responsibilities in respect of the Quality Account

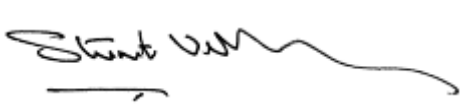
The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010, National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 to prepare Quality Accounts for each financial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

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

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

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

By order of the Board



Stuart Welling
Chairman

Date: 3rd June 2015

Darren Grayson
Chief Executive

Date: 3rd June 2015

Part 2 Priorities for Improvement and Statement of Assurance from the Board

Our Quality Improvement Priorities for 2015/16

Our Quality Improvement Priorities (QIPs) are aligned to the overarching objectives of Improving Patient Experience, Patient Safety and Clinical Effectiveness.

The QIPs have been chosen following an initial review of our quality and governance data, in addition to feedback from listening events. A number of improvements areas were developed and staff and the public were encouraged to engage in the process and give their feedback and own suggestions. Following this, other improvement priorities were taken forward which were supported by the Quality and Standards Committee and the Clinical Management Executive.

The following initiatives have been determined as the **key quality priorities for 2015/16:**

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 care.**

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.**

In addition to the QIPs highlighted, the Trust intends to continue ongoing improvement programmes and take forward other improvement projects, for example, End of Life Care and Acute Injury Improvement programmes over the forthcoming year which will be outlined within the Trust Quality Improvement Plan.

Priority 1 Patient Experience

Improve the experience of our patients through improving face to face communication and the written information we provide

Why we have chosen this priority

Communication is at the heart of everything we do in our society, but it's particularly important in healthcare, where patients and their loved ones can feel vulnerable, alone and frightened, and where everyone in the healthcare team relies on good communication to help them deliver safe, coordinated and effective care.

We recognise that initial communication with a patient or service user is vital as the first step in providing compassionate care. We want to ensure this is effective and we do this all the time with all our patients.

We also want to improve the written patient information leaflets to ensure that they are up to date, in line with Best Practice Guidance (e.g. NICE), consistent across the organisation, are user friendly and provide the information patients actually need.

These Quality Improvement Priorities have been developed from feedback provided from service users and from analysis of complaints.

What we are going to do

- 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.
- 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 (FFT) 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.

What will success look like?

- A programme is in place for the ongoing monitoring and review of all Trust patient leaflets. Within the first year at least six specialities have reviewed and where necessary updated their patient information leaflets.
- Patients will indicate via FFT that the team introduced themselves with their name.
- We will see a reduction in the number of complaints received citing poor communication.

How will we monitor progress?
We will monitor progress via the Patient Experience Steering Group (PESG) who will 'own' this Quality Improvement Priority. The PESG will report progress and improvements into the Trust Quality and Standards Committee.

Specifically we will monitor:

- The additional question posed through the FFT responses on a monthly basis.
- Completion of each speciality's review of patient information.
- The number of complaints which have communication as a primary factor.

Priority 2 Patient Experience

Improving compassion in care

Why we have chosen this priority

Evidence from the National Patient Survey tells us that compassion is one of the key factors in ensuring a high quality patient experience. As a provider of healthcare services we want to ensure that compassion is at the heart of patient care, in line with the view of Sir Robert Francis QC who identified that a single 'culture of compassion' was the single uniting factor underpinning his recommendations.

Compassion is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care (Cummings and Bennett, 2012).

To ensure that all our patients have a high quality patient experience we want to provide compassionate care to all our patients.

What we are going to do

- In the first quarter of the year 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 are 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 and so support the delivery of compassionate care.

What will success look like?

- Development and monitoring of a Quality Indicator for ‘compassionate care’ through engagement with staff, patients and service users.
- Improvement of this indicator seen throughout the year to demonstrate compassionate care and feedback to our staff, patients, service users and public.
- Programme of regular Schwartz Rounds, with the outcomes and shared learning from these disseminated across the Trust.
- Implementation of recommendations made from review of our standards and practice.
- Pilot of the Culture of Care Barometer undertaken and feedback to the Board on recommendations for further roll out across the Trust.

How will we monitor progress?

We will monitor progress via the Patient Experience Steering Group (PESG) who will ‘own’ this Quality Improvement Priority. The PESG will report progress and improvements into the Trust Quality and Standards Committee.

Priority 3 Patient Safety

Reduce the number of falls which cause significant harm

Why we have chosen this priority

Doing all we can to keep our patients safe is a key quality priority for the Trust and reducing avoidable harm is central to this. Although some falls are unavoidable in healthcare, others are not and we want to minimise these.

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore falling has an impact on quality of life, health and healthcare costs.

Although we have already made considerable reductions in the number of falls that result in serious harm there is further work that needs to be done.

What we are going to do

Training and Education for our staff

- Develop a falls 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.

Risk Assessment and Improving Clinical Care

- 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.

Accessibility to Equipment

- Ensure we have 24/7 accessibility to falls prevention equipment within our hospitals.

Audit, data and reporting

- Regularly audit our compliance with risk assessment.
- Regularly audit our compliance with our falls care bundle to ensure we are maintaining best practice.

What will success look like?

- A 20% reduction in the number of falls that result in serious harm and are reported as a serious incident.
- A 15% reduction in patients that fall categorised as a grade 3 moderate harm.
- An overall reduction in the total number of falls to a rate of 7 per 1,000 bed days.
- 100% increase in number of staff attending falls training.
- Sustained reporting of falls and shared learning.

How will we monitor progress?

We will monitor progress of our planned improvements and measures of success through the monthly Falls Steering Group. This will be monitored quarterly by the Trust Patient Safety and Clinical Improvement Group which reports progress to the Trust Quality and Standards Committee.

Specifically we will monitor:

- Falls training compliance.
- Compliance with falls risk assessment.
- Compliance with all elements of our care bundles.
- Trends in our measures of success data.

Priority 4 Patient Safety

Deliver safe staffing by ensuring the right people with the right skills are in the right place at the right time

Why we have chosen this priority

It is essential to the delivery of safe, compassionate care, that we have the appropriate number of high quality staff substantively employed by the Trust, who have attained the key skills and experience to undertake their roles but also demonstrate the right attitudes and behaviours.

There is a national shortage of nursing staff and due to vacancies the Trust has had to rely on higher levels of temporary workforce than we have done in previous years. It is widely acknowledged that high use of temporary and agency staff can compromise the quality of care delivered and has cost implications for the organisation. High use of temporary and agency staff can also impact on staff feeling part of a team and result in low staff morale.

The 2014 staff survey indicated that only 70% of staff felt satisfied with the quality of work and patient care they are able to deliver compared to 88% in the best acute trust score.

By recruiting additional permanent nursing staff, our patients will consistently receive compassionate care from staff employed and provided with ongoing training by the Trust; staff morale will improve as they will feel part of a team and satisfied that they are able to deliver the standard of care that they would wish their family and friends to receive.

What we are going to do

- Develop a recruitment and retention strategy to support the organisation'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.
- Regular campaigns to recruit to healthcare assistant posts.
- In areas of high staff turnover, ensure that full establishment is maintained by authorising recruitment to 110% of establishment to account for lead times in the recruitment process.
- Overseas recruitment campaigns to recruit registered nurses including theatre nurses and develop appropriate orientation training.
- Introduce values based recruitment.
- Develop career pathways for unregistered nurses.

What will success look like?

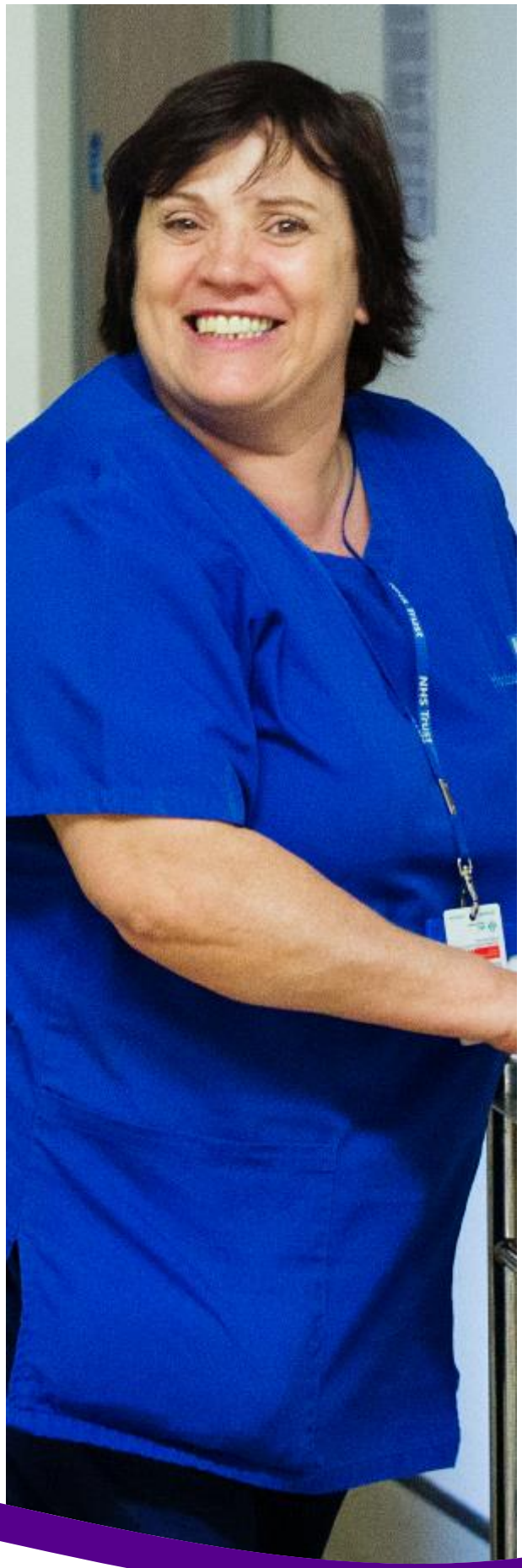
- Achieve a Trust wide staff fill rate of 95% of establishment for Registered Nurses.
- Achieve a Trust wide staff fill rate of 97% for Unregistered Nurses.
- Achieve 90% compliance rate for mandatory training and appraisal for the nursing and midwifery workforce.
- Improved Trust Development Authority (TDA) safer staffing indicators from 'within the current expected range' to 'among the best'. These are -
    - Inpatient Survey Q30 were there enough nurses on duty to care for you in hospital?
    - Staff Survey Q7g whether there are sufficient staff.
    - Staff Survey % staff having an appraisal and Trust data.
    - Staff survey Q1 staff completed mandatory training.
    - Staff Survey Key Finding 1—% staff satisfied with the quality of work and patient care they are able to deliver.

How will we monitor progress?

We will monitor progress of our planned improvements and measures of success through the monthly Safe Staffing group. This will be monitored quarterly by the Trust Patient Safety and Clinical Improvement Group which reports progress to the Trust Quality and Standards Committee.

Specifically we will monitor:

- Vacancy factor for registered and unregistered nurses.
- Use of temporary workforce (bank and agency).
- Outcome of staffing establishments presented to the Board and where required additional resources are approved.
- Monthly compliance rates for appraisal and mandatory training.
- Staff friends and family test quarterly results.
- Patient family and friends test quarterly results.
- Retention rates of staff.



Priority 5 Clinical Effectiveness

Improve the care of patients with dementia

Why we have chosen this priority

We want to ensure that the care we provide is effective and based on best practice and research evidence. Dementia is a growing global challenge, and in England alone it is estimated that around 676,000 people have the condition. The term 'dementia' describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning.

We want to ensure that our staff have training, education and access to specialist knowledge and advice so that we are able to provide the most effective care we can to our patients living with dementia. We also need to ensure that the hospital and ward environments provide the most suitable surroundings and are conducive to the patient's experience, wellbeing and care.

What we are going to do

Improving the effectiveness of our care

- Expand 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.
- 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 improvements at the Trust will be dementia friendly through a rolling programme for improvement by the Service Redesign Manager for Projects and Property.

What will success look like?

- An expanded Dementia Care Nursing Team.
- Consistent compliance with the Dementia CQUIN targets.
- Nursing staff and junior doctors indicate that they can access dementia specialist knowledge and advice.
- Evidence of dementia friendly environments throughout the Trust.

How will we monitor progress?

We will monitor progress of our planned improvements and measures of success through the monthly Dementia Care Steering Group. This will be monitored quarterly by the Trust Patient Safety and Clinical Improvement Group which reports progress to the Trust Quality and Standards Committee.

Specifically we will monitor:

- Compliance with dementia screening, assessment and referral (CQUIN).
- The delivery of our education and training annual plan.
- Carer and staff survey results.

Statement of assurance from the Board

Review of Services

During 2014/15 East Sussex Healthcare NHS Trust provided and/or subcontracted 68 NHS services.

East Sussex Healthcare NHS Trust has reviewed all the data available to it on the quality of care in 68 of these NHS services.

The income generated by the NHS services reviewed in 2014/15 represents 100% of the total income generated from the provision of NHS services by East Sussex Healthcare NHS Trust for 2014/15.

National Clinical Audit and National Confidential Enquiries (NCE)

The national clinical audits and national confidential enquiries that East Sussex Healthcare NHS Trust was eligible to participate in during 2014/15 are as follows:

National Confidential Enquiries (NCE)

	National Confidential Enquiries	ESHT Eligible	ESHT Participation
1	Maternal infant and perinatal mortality (MBRRACE-UK)	**Y**	**Y**
2	Sepsis (NCEPOD)	**Y**	**Y**
3	Gastrointestinal Bleeding (NCEPOD)	**Y**	**Y**
4	Tracheostomy Care (NCEPOD)	**Y**	**Y**
5	Lower Limb Amputation (NCEPOD)	**Y**	**Y**

The Trust participated in 100% of applicable National Confidential Enquiries in 2014/15.

National Clinical Audit

	National Clinical Audit	ESHT Eligible	ESHT Participation
1	Neonatal intensive and special care (NNAP)	**Y**	**Y**
2	National Audit of Dementia	**Y**	**Y**
3	Falls and Fragility Fractures Audit Programme (FFFAP), includes National Hip Fracture Database (NHFD)	**Y**	**Y**
4	Adult Critical Care Audit (ICNARC)	**Y**	**Y**
5	National Joint Registry (NJR)	**Y**	**Y**
6	National Bowel Cancer Audit Programme (NBOCAP)	**Y**	**Y**
7	Trauma (TARN)	**Y**	**Y**
8	Coronary Angioplasty (BCIS) (Adult Cardiac Interventions)	**Y**	**Y**
9	Cardiac Rhythm Management (CRM) (PPM, ICD and EPS National Audits)	**Y**	**Y**
10	National Heart Failure Audit (HF)	**Y**	**Y**

	National Clinical Audit	ESHT Eligible	ESHT Participation
11	Acute Coronary Syndrome / Acute MI Audit (MINAP)	**Y**	**Y**
12	Cardiac Arrest Audit (NCAA)	**Y**	**Y**
13	National Inflammatory Bowel Disease Audit	**Y**	**Y**
14	National Prostate Cancer Audit	**Y**	**Y**
15	Rheumatoid & Early Inflammatory Arthritis National Audit	**Y**	**Y**
16	National Vascular Registry (NVR)	**Y**	**Y**
17	National Emergency Laparotomy Audit	**Y**	**Y**
18	Diabetes (Paediatric) (NPDA)	**Y**	**Y**
19	National Pregnancy in Diabetes (NPID) audit	**Y**	**Y**
20	National Neonatal Audit Programme (NNAP)	**Y**	**Y**
21	Fitting Child (Care in Emergency Departments) (CEM)	**Y**	**Y**
22	Mental Health (Care in Emergency Departments) (CEM)	**Y**	**Y**
23	Assessing for cognitive impairment in older people (Care in Emergency Departments) (CEM)	**Y**	**Y**
24	National Diabetes Foot Care Audit (NDFA)	**Y**	**Y**
25	National Audit of Intermediate Care	**Y**	**Y**
26	Head and Neck Oncology (DAHNO)	**Y**	**Y**
27	National Comparative Audit of Blood Transfusion: Audit of transfusion practice in children and adults with SCD	**Y**	**Y**
28	Pleural Procedures	**Y**	**Y**
29	Stroke National Audit (SSNAP)	**Y**	**Y**
30	National Lung Cancer Audit (NLCA)	**Y**	**Y**
31	National Oesophago-Gastric Cancer Audit (NOGCA)	**Y**	**Y**
32	Pulmonary Rehabilitation (National COPD Audit)	**Y**	**Y**
33	Elective surgery (National PROMs Programme)	**Y**	**Y**
34	National Adult Diabetes Audit	**Y**	**N**
35	Moderate or severe asthma in children (CEM)	**Y**	**Y**

	National Clinical Audit	ESHT Eligible	ESHT Participation
36	Paracetamol overdose (CEM)	**Y**	**Y**
37	Severe sepsis & septic shock (CEM)	**Y**	**Y**
38	National Comparative Audit of Blood Transfusion: Audit of patient information and consent	**Y**	**Y**
39	Chronic Obstructive Pulmonary Disease (BTS / RCP)	**Y**	**Y**

The Trust participated in 97% of all applicable National Clinical Audits in 2014-2015.

National Adult Diabetes Audit - Reason for non-participation by ESHT

The Trust was unable to participate in the 2014/15 National Adult Diabetes Audit as the required specialist data collection software is currently unavailable for use across the organisation. The Trust's Audit Committee met in March 2015 and agreed that participation in this national audit should be a priority and as a result, the Cardio Vascular Clinical Unit is currently developing a business case to purchase the software.

NCEPOD issued two reports in 2014/2015:

'Lower Limb Amputation: Working Together' was published in November 2014
18 recommendations were made by NCEPOD; the Trust is in the process of reviewing these recommendations against current process to assess compliance. Remedial action plans will be developed where noncompliance has been identified.

'Tracheostomy Care: On the Right Trach?' was published in June 2014
25 recommendations were made by NCEPOD; all of which have been reviewed by the Trust. The Trust is able to demonstrate full compliance with 16 recommendations (64%) and partial compliance with nine recommendations (36%). An action plan has now been developed to facilitate full compliance with respect to all identified recommendations.

MBRRACE-UK: Mothers and Babies Reducing Risk through Audits and Confidential Enquiries

The Women & Children's Clinical Unit continues to report all late fetal losses between 22+0—23+6 weeks gestation, all terminations of pregnancy from 22+0 weeks gestation, stillbirths (intra or extra uterine deaths) from 24+0 weeks of pregnancy and all neonatal deaths (death of a live born baby at 20 weeks gestation or later, or 400g where an accurate estimate of gestation is not available) occurring before 28 completed days after birth.

In addition, the maternity department is participating in the national audit of stillbirths – ***Every Baby Counts*** and will report these cases in conjunction with MBRRACE.

UKOSS UK Obstetric Surveillance System

The UK Obstetric Surveillance System is a national system established to study a range of rare disorders of pregnancy, including severe 'near-miss' maternal morbidity. The Women & Children's Clinical Unit contributes, where possible, to their studies. The studies undertaken during the period 2014/15 include:

- Adrenal Tumours in Pregnancy.
- Amniotic Fluid Embolism.
- Anaphylaxis in Pregnancy.
- Aspiration in Pregnancy.
- Epidural Haematoma or Abscess Study.
- Gastric Bypass Surgery in Pregnancy.
- Pregnancy outcomes in women with artificial heart valves.
- Primary ITP (Immune Thrombocytopenia in Pregnancy).
- Vasa Praevia.

The national clinical audits and national confidential enquiries that East Sussex Healthcare NHS Trust participated in, *and for which data collection was completed during 2014/15*, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Number of cases submitted	% submitted of those required (where requested)
Tracheostomy Care (NCEPOD)	20/23 Insertion Questionnaires and Ward Care Questionnaires All other required information submitted	87%
Lower Limb Amputation (NCEPOD)	All required information submitted*	All required information submitted
National Audit of Intermediate Care (NHS Benchmarking network)	All required information submitted*	All required information submitted

* Case notes not available as audit/review not finalised.

Title	Number of cases submitted	% submitted of those required (where requested)
Pleural Procedures (BTS)	4 cases CONQ 9 cases EDGH	50% CONQ 100% EDGH (8 cases requested per site)
Diabetes (Paediatric) (RCPCH)	130 cases CONQ 264 cases EDGH	All required information submitted
Fitting Child (CEM)	50 cases CONQ 0* cases EDGH	100% CONQ 0% EDGH (50 cases requested per site)
Mental Health (CEM)	50 cases CONQ 49 cases EDGH	100% CONQ 98% EDGH (50 cases requested per site)
Assessing for cognitive impairment in older people (CEM)	56 cases CONQ 71 cases EDGH	56% CONQ 71% EDGH (100 cases requested per site)
Moderate or severe asthma in children (CEM)	35 cases CONQ 0 cases EDGH	70% CONQ 0% EDGH (50 cases requested per site)
Paracetamol overdose (CEM)	41 cases CONQ 0 cases EDGH	82% CONQ 0% EDGH (50 cases requested per site)
Severe sepsis & septic shock (CEM)	50 cases CONQ 50 cases EDGH	100% CONQ 100% EDGH (50 cases requested per site)

***** *Since the reorganisation of children's services, fitting children are no longer conveyed by ambulance to this A&E department.*

Title	Number of cases submitted	% submitted of those required (where requested)
National Comparative Audit of Blood Transfusion: Audit of transfusion practice in children and adults with SCD	0 (no cases seen)	0 (no cases seen)
National Comparative Audit of Blood Transfusion: Audit of patient information and consent	24 cases CONQ 22 cases EDGH	100% CONQ 92% EDGH (24 cases requested per site)
Chronic Obstructive Pulmonary Disease (BTS / RCP)	24 cases CONQ 51 cases EDGH	60% CONQ 100% EDGH (40 cases requested per site)

The results of 18 national clinical audits were reviewed by the provider in 2014/15. Four of these national clinical audits are detailed below with the associated actions that East Sussex Healthcare NHS Trust intends to take to improve the quality of healthcare provided:

National Clinical Audit	Background	Improvements / Proposed local actions / recommendations

Epilepsy 12 national audit
RCPCH Royal College of Paediatrics and Child Health
EPILEPSY12
	The British Paediatric Neurology Association (BPNA) proposed a national audit of childhood epilepsies in 2007 in response to the continuing concern regarding the quality of care for children and young people with epilepsies. In 2009, the Royal College of Paediatrics and Child Health (RCPCH) was funded to establish Epilepsy12 - the UK collaborative clinical audit of healthcare for children and young people with suspected epileptic seizures.	The Epilepsy 12 audit has already been responsible for changes to our local service:
		• Improved care quality and outcomes:
		  • The confirmation of the need for a paediatrician with a special interest in epilepsy has led to earlier diagnosis and improved control of seizures.
		  • As a direct result of Epilepsy 12 we have an epilepsy nurse specialist, who provides ongoing support for the children and their families.

National Clinical Audit	Background	Improvements / Proposed local actions / recommendations

	Aims: To facilitate health providers to measure and improve the quality of care for children and young people with seizures and epilepsies; *and* to contribute to the continuing improvement of outcomes for those patients.
	
	The latest report was published in November 2014.
		• Reduced variation in care quality and outcomes:
		  • The earlier involvement in inpatient and emergency care and the overuse of EEGs by non-specialists remains a challenge—audit and peer review should achieve this aim.
		  • Comparison of the care provided by different units through audit should improve commissioning decisions and reduce postcode variability.
		
		• Reduced burden of epilepsy on patient/carers and the NHS:
		  • Better seizure control should reduce hospital admissions and improve children and young people's and their carer's quality of life.

Asthma in children **The College of Emergency Medicine (CEM)**	The BTS Paediatric Asthma Audit collects data on every child over one year of age admitted to hospital with wheezing or asthma during the month of November. Asthma admissions are common in the winter months so the November audits provide a snapshot of hospital paediatric acute asthma care at one of the busiest times of year.	1. The audit results identified that a new proforma was required in A&E to ensure that the appropriate treatment plan and discharge process is followed. This will now be developed. 2. Salbutamol should be given with a spacer rather than a nebuliser in moderate cases. Sats 93% or below - steroid prednisolone should be given with treatment within two hours. Dosage <5 20mg, >5 30-40mg. 1-2 mg per kg. 3. A new leaflet will be produced for patients to take home.

National Clinical Audit	Background	Improvements / Proposed local actions / recommendations
Severe Sepsis & Septic Shock **The College of Emergency Medicine (CEM)**	The management of the septic patient has been high on the agenda of emergency physicians for many years. The sepsis group at The College of Emergency Medicine was formed to look specifically at the problems of identifying these patients and giving them the best treatment. The College established the national Severe Sepsis and Septic Shock audit for Emergency Departments in 2010. It is now apparent that it is the early detection and management of sepsis that saves lives. This means that it is the timely skills of staff in the Emergency Department that are responsible for achieving the international goal of reducing death from severe sepsis and septic shock. The latest report was published in November 2014.	1. All patients presenting with sepsis should be given oxygen. 2. Fluid bolus should be initiated within one hour. This has improved since the last national Sepsis audit was undertaken. 3. With our elderly population it is often difficult to pick up sepsis quickly. It is important that all urine output is measured. Sepsis sheets are stuck on the walls in A&E and they should ensure that correct procedures are followed. It is important to document: time of presentation, oxygen, lactate, catheterise to measure urine output. The Trust has improved on the majority of targets set by the CEM since the last audit was conducted.
National Joint Registry (NJR)	The National Joint Registry (NJR) was set up by the Department of Health and Welsh Government in 2002 to collect information on all hip, knee, ankle, elbow and shoulder replacement operations and to monitor the performance of joint replacement implants. The purpose of the NJR is to collect high quality and relevant data in order to provide an early warning of issues relating to patient safety – outcomes are then reported.	The Clinical Lead for Trauma and Orthopaedics provided an overview of the recent audit results to healthcare professionals at a local Audit Meeting. • A large amount of uncemented knee replacements are being done, bilateral replacements are not recommended due to the risks involved. The group agreed to review the results in more depth at the next Audit meeting to determine if specific actions need to be taken in order to improve results.

Examples of improvements and identified local recommendations from National Confidential Enquiries

NCE	Background	Improvements / Proposed local actions / recommendations
On the Right Trach	The primary aim of this study was to explore factors surrounding the insertion and subsequent management of tracheostomies in both the critical care unit and ward environments by: • Exploring (percutaneous and surgical) tracheostomy-related complications following insertion in the operating theatre or the critical care unit. • Exploring remediable factors in the care of adult patients (aged 16 and over) undergoing the insertion of a surgical or percutaneous tracheostomy tube. • Assessing the number and variability of percutaneous tracheostomies performed annually in the critical care unit. • Making recommendations to improve future practice.	• *Consent and WHO type (surgical) checklists should be adopted and used prior to tracheostomy insertion, wherever it is performed.* This will be introduced by ESHT for Tracheostomy insertions in March 2015. • *Quality of discharge documentation should be improved. A structured and detailed summary must be provided between wards and between hospitals and the community at the point of transfer.* Tracheostomy documentation will be assessed as part of the discharge documentation review by May 2015.

NCE	Background	Improvements / Proposed local actions / recommendations
Managing the Flow	The primary aim of this study was to explore remediable factors in the process of care of patients admitted with a confirmed diagnosis of aneurysmal subarachnoid haemorrhage (aSAH), including patients that underwent an interventional procedure and those managed conservatively.	• *All patients presenting with acute severe headache in a secondary care hospital should have a thorough neurological examination performed and documented. A CT scan should be performed immediately in this group of patients as defined by the 'National Clinical Guideline for Stroke'* A local clinical audit of headache admissions is now required to confirm performance. This audit has now been registered and is on the Trust's Clinical Audit Forward Plan.
Measuring the Units	To identify the remediable factors in the quality of care provided to patients who died with a diagnosis of alcohol-related liver disease. The Expert Group identified four main objectives that would address the primary aim of the study: • Recognition of degree of sickness and early intervention. • Missed opportunities during the final admission. • Missed opportunities during previous admissions. • Involvement of support services.	*27 recommendations in total were made by NCEPOD, several gaps in compliance have been identified, including:* • The employment of more Gastroenterology and Hepatology Consultants. • The employment of Alcohol Specialist Nurses. • The development of an emergency out of hours endoscopy service. • The integration and expansion of a seven day alcohol support service.

Local Clinical Audit

Local clinical audits are undertaken by teams and specialities in response to issues at a local level, they are generally related to a service, patient pathway, procedure or operation or equipment.

216 local clinical audit reports were reviewed by the provider in 2014/15. Outcomes of audits are considered at the Clinical Audit Steering Group and actions agreed and monitored. An example of three of these local clinical audits are detailed below with the associated actions that East Sussex Healthcare NHS Trust intends to take to improve the quality of healthcare provided:

Examples of improvement resulting from local clinical audit

Local Audit
Audit 3448—An Audit of Radiation Dose of Barium Swallow Imaging Performed at the Trust
Background Regular audit of fluoroscopy practices helps to ensure that the Trust is keeping patient radiation dosages within the limits set by the organisation. This has a direct bearing on patient and staff safety and promotes better operator practices. **The audit was conducted to ensure that patient radiation dose levels are within Trust limits.**
Lessons learnt and recommendations made Clinical Audit is an important tool to ensure the delivery of good quality healthcare. Mere electronic or mechanical checking may not highlight problems with the machines - human input combined with machine performance needs to be assessed to get meaningful results. **Recommendations are made as follows:** 1. A written protocol for the procedure may reduce the inter-operator variations and will help to reduce unnecessary exposure of patients to radiation. This was recently discussed at the Radiology Risk Meeting and training of all new junior radiologists was identified as the area for improvement. 2. A separate audit will be considered to assess the record maintenance practices – this will be undertaken once the Conquest machine has been replaced. 3. The Fluoroscopy machine at the Conquest Hospital will be replaced by a new one – this is expected to take place in early 2015. 4. A re-audit will be done in six months post installation of the new machine to re-assess the situation.

Local Audit
Audit 3372 - An audit on the use of antipsychotic drugs for patients who are 75 years old or over with dementia at the Trust
Background It is estimated that around a quarter of people with dementia are being prescribed with antipsychotic drugs. For a small number of patients, antipsychotics are generally considered the correct treatment option, yet most of the time they are prescribed inappropriately to people with dementia. According to the Committee on Safety of Medicines in MHRA, it is suggested that antipsychotics are not suitable in the management of behavioural and psychological symptoms of dementia because the increased risk of stroke outweighs the likely benefits. As a result, NICE has published clinical guidance (CG42) advising the use of antipsychotic drugs in dementia only if certain conditions have been met. It is expected that the guidance can provide some insights to the Trust on reducing the level of inappropriate prescribing of antipsychotic medication for people with dementia and hence reducing the occurrence of cerebrovascular adverse events to the level where benefit will outweigh risk as well as evaluating the use of non-pharmacological intervention as an alternative to antipsychotic medication. **The overall objective of undertaking this audit was to improve patient care as a result of evaluating the prescribing behaviour of antipsychotics for people with dementia in the Trust.**
Lessons learnt and recommendations made 1. More time should be invested in teaching junior doctors about the criteria of starting antipsychotics in the elderly with dementia. It would be useful if assessment tools could be developed to focus on antipsychotics prescribing. 2. Update the knowledge of pharmacists on the side effects of antipsychotic medicines in patients with dementia and identify suitable patients for the reduction and withdrawal of antipsychotics, by making use of the CPPE learning platform on “antipsychotic reviews in dementia”. The recommendation of this audit is to reduce the use of antipsychotic drugs for people with dementia and to make it a priority for all those who run services in and for the NHS that include contact with people with dementia. This will include all Clinical Commissioning Groups (CCGs), all mental health trusts and all acute trusts running general hospital services or services for the elderly. **Recommendations are made as follows:** **All pharmacists should be encouraged to challenge antipsychotic prescribing on patients with dementia regularly when it is not appropriate or not in accordance with the NICE guidelines:** All members of the team should receive sufficient training in order to obtain the knowledge as to why they are expected to challenge prescribing.

Development of a medicines intervention framework (MIF) for use by pharmacy staff: This will allow pharmacy staff, predominately pharmacists in the Trust, to collaborate in preparing guidance and/or algorithm on assessing the need of antipsychotic prescribing, and to consider all the risks associated with the use of antipsychotics in dementia. The MIF will standardise the process to be followed when an antipsychotic is prescribed in dementia and also set the expectations for all pharmacy staff within the Trust.

Training for junior doctors and the development of assessment tools around antipsychotics prescribing OSCE: Providing training in these areas will increase pharmacy presence in patient care where we will be able to educate junior medical staff and have influence on their prescribing habit.

Encourage ward level non-pharmacological interventions as first line treatment of non-cognitive symptoms: Clinical staff should be encouraged to identify and focus on the management of non-cognitive symptoms before considering pharmacological intervention.

Good quality relevant documentation on dementia screening and the use of antipsychotic medications are needed: Documentation should be well recorded and reviewed constantly. Any prescription of antipsychotics on dementia should be justified, reviewed and documented fully on discharge summaries.

In areas where antipsychotics may be used to control BPSD occasionally such as the elderly ward and stroke unit, a standardised proforma which assesses and records non-cognitive symptoms should be introduced. This will help improve documentation in patients' clinical notes and provide evidence on the rationale of medication choice for individuals.

Remove all antipsychotics from the ward stock and keep minimum stock level of risperidone only: As risperidone is the only antipsychotics licensed for short-term treatment of dementia-related behavioural disturbances in patients, the use of other antipsychotic drugs in controlling BPSD are not appropriate and hence unlicensed. Removing ward stock of these drugs can potentially reduce any wastage from out of date stock, resulting in a cost saving.

Re-audit after 12 months to see if prescribers are still adherent to the clinical guidelines and the standards.

Local Audit
Audit 3509—Audit of MUST screening tool in Community Stroke Rehabilitation teams in Eastbourne, Bexhill and Newhaven in accordance with NICE Clinical Guideline 32
Background All patients accepted to the Community Stroke Rehabilitation Service (CSRS) should be screened for malnutrition on admission to the service, by a healthcare professional with appropriate training using the Malnutrition Universal Screening Tool (MUST) which looks at weight, percentage weight loss and consideration of poor or no recent nutritional intake. Within East Sussex Healthcare NHS Trust the MUST tool is currently used as the standard across the whole of the Trust. On admission to the CSRS, the MUST tool is completed as part of the initial assessment process. **The aim of the audit was to monitor compliance with NICE Clinical Guideline 32 in a community setting.** **Lessons learnt and recommendations made** Regular auditing in conjunction with a rolling training programme is required to improve awareness of malnutrition and compliance with screening. **Recommendations are made as follows:** • All the steps of the MUST need to be completed in order to calculate the score correctly. • All staff must have access to scales and need to take them on initial assessments. • Staff must have access to disposable paper tape measures or wipeable tape measures. • If the MUST has been commenced but not fully completed, staff should ensure that the MUST screen is fully completed within two weeks of initial assessment. • This audit should be re-audited in six months time to review compliance with completing MUST. • This audit has highlighted the need for continuing training of the whole multidisciplinary team on the correct use of measuring and calculating MUST scores for all patients. This can be carried out by the team of dieticians at Eastbourne and Bexhill. • Ideally Newhaven CSRS and patients would benefit from the inclusion of a dietitian on their team to raise awareness of malnutrition and screening for this. However, staff could attend Eastbourne or Bexhill CSRS MUST training. • All CSRS teams should be made aware of scheduled MUST training on any site. • The community dieticians run training programmes on the use of MUST and food first nutritional support which staff could attend.

Trust Wide Audit & Surveys

A number of audits and surveys are undertaken regularly across the Trust, which are an important part of the Quality Improvement Cycle.

Objective	Quality priorities	Audit or Survey
Improving Patient Safety	• Reduce hospital acquired infections	Hand hygiene Surgical wound infection surveillance National Specification of Cleanliness (NSC) audits
	• Reduce medication errors	Omitted and delayed doses of medicines Medicines reconciliation by pharmacy Prescribing standards audit Antimicrobial stewardship (Start Smart then Focus)
	• Reduce the number of blood clots occurring	VTE screening compliance audit
	• Reduce hospital acquired pressure ulcers and falls	Safety Thermometer
Improving clinical effectiveness, outcomes and reliability	• Improving outcomes	Enhanced Recovery (ER) Enhanced Quality (EQ) patient pathways WHO – Safe surgery checklist ICNARC Meridian quality audits
Improving Patient Experience	• Continue to improve the patient experience	Adult Inpatient annual survey Outpatient survey Cancer annual survey Maternity annual survey A&E
	• Improving pain management	Pain management audit
	• Improving End of Life Care	End of Life Care audit

Commissioning for Quality and Innovation

All NHS Trusts are required to make a proportion of their income conditional on achieving quality improvement and innovation goals, through the Commissioning for Quality and Innovation (CQUIN) payment framework. The baseline value for CQUIN is 2.5% of contract values, approximately £7.3million. If milestones and goals are not fully achieved a proportion of CQUIN monies would be withheld.

During 2014/15 East Sussex Healthcare NHS Trust received full payment for the three national schemes, thirteen locally agreed schemes with our commissioners, and three specialised service schemes agreed with NHS England.

Further details of the agreed goals for these schemes for 14/15 and the following 12 month period are available on request from the Trust.

	Scheme	Milestones achieved
National CQUIN	Dementia	Partial achievement
	Friends & Family Test	✓
	Safety Thermometer	✓
Locally agreed CQUINs	Mortality reviews	✓
	Mortality in low risk groups	✓
	Frailty	✓
	COPD	✓
	Ambulatory care	✓
	Pressure Ulcer reduction	✓
	OPD & discharge letters via GP clinical systems	✓
	Clinical Correspondence Improvements in Quality	✓
	Radiology results	✓
	Medication information	✓
	A&E discharge notes	✓
	E-referrals	✓
	Summary Care Record - viewing	✓
NHS England	Hand held records	✓
	Quality dashboards	✓
	Stretch target	✓
	National schemes	✓

Research

Research is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves. 'Clinical research' means research which has received a favourable opinion from a research ethics committee within the National Research Ethics Service (NRES). The number of patients receiving NHS services provided or subcontracted by East Sussex Healthcare NHS Trust in 2014/2015 who were recruited during that period to participate in research approved by a research ethics committee was 538.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to make our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

The Trust was involved in conducting 44 interventional and 29 observational clinical research studies in 15 medical specialties during 2014/2015.

A total of 538 patients have taken up the opportunity to take part in clinical research within the Trust, with many more being offered the opportunity.

There were a total of 60 clinical staff participating in research approved by a research ethics committee at ESHT during 2014/2015. These staff participated in research covering 15 medical specialties.

As well, in the last three years, 125 publications have resulted from our involvement in NIHR research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

Achievements 2014/15

- R&D department staffing was reconfigured to ensure clinical research staff reported to R&D manager via Senior Research Nurses. This has enabled development of a flexible and generic workforce that can meet diverse research needs and support development of opportunities for patients in new and developing specialities.
- Inaugural Scientific Meeting on 20th April 2014 – Organised by R&D Dept with the 2nd planned for 20th March 2015.
- New medical specialties of research activity have commenced: Anaesthetics, Urogynaecology, Neurology, Dementia and Palliative care.
- R&D 5 year Strategy – approved by Trust Board in Sept 2014
- Accommodation – moved to appropriate R&D accommodation in April 2014 which includes a hot desk room for research staff to enable flexibility of approach and an interview room to ensure there is sufficient quiet space to discuss studies with patients.
- Supporting development of research activity as part of specialist nursing roles.
- Recruitment has increased in relation to the previous performance in 2013/14 from 334 to 538 recruits to clinical research.

Data Quality

During 2015/16 we will be taking the following actions to maintain and improve data quality:

- Launching the Data Quality Steering Group to provide direction and ownership for the delivery of data quality.
- To analyse and identify data quality issues within new systems to the Trust e.g. System1.
- Continue to provide regular data quality reports to the Quality & Standards Committee.
- Undertaking a re-audit of completeness of NHS Numbers to ensure continued progress.
- Validating correct attribution on the Patient Administration System of GP Practice through the national register (SPINE).
- Visit other trust's Data Quality departments to gain an understanding of how other units operate and to bring back and apply good practice.
- Engage with the Clinical Units to gain understanding of how these operate and also identify areas for data quality improvement.
- Provide advice, instruction and guidance to all levels of staff on good data quality practice through training workshops and presentations to specific staff groups e.g. ward clerks, outpatient staff.
- Identifying long term data issues and determine actions to overcome these.
- Work closely with training staff to ensure training materials and scripts are accurate and support good data quality practice.

NHS Number and General Medical Practice Code Validity

East Sussex Healthcare NHS Trust has submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics 2014/15.

The latest published data includes the period April 2014 to December 2014.

The percentage of records in the published data:

- Which included the patient's valid NHS number:
    - 99.5% admitted patient care (national rate 99.1%)
    - 99.7% outpatient care (national rate 99.3%)
    - 98.1% accident and emergency care (national rate 95.1%)
- Which included the patient's valid General Medical Practice Code:
    - 100% admitted patient care (national rate 99.9%)
    - 100% outpatient care (national rate 99.9%)
    - 100% accident and emergency care (national rate 99.2%)

Information Governance

The Information Governance Toolkit (IGT) is a Department of Health (DH) Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain.

It draws together the legal rules and central guidance set out by DH policy and presents them in in a single standard as a set of information governance requirements.

East Sussex Healthcare Trust (ESHT) is required to carry out a self-assessment of its compliance against the IG requirements; the Trust has 45 requirements over the following six areas:

- Information governance management.
- Confidentiality and data protection assurance.
- Information security assurance.
- Clinical information assurance.
- Secondary use assurance.
- Corporate information assurance.

The Trust's Information Governance Toolkit assessment score for 2014/15 was 71% and was graded as '**green**' or satisfactory. This is an improvement on the 2013/14 score of 69%. For 2014/15 the Trust Auditor's report gives 'substantial evidence' that the Trust's submission is compliant.

Clinical Coding Error Rate

There is an ongoing internal audit process that is carried out within the Clinical Coding Department by the Clinical Coding Data Quality and Audit Manager. This looks at inpatient coding and ensures that areas of concern are checked and that clinical coding training needs are highlighted for appropriate attention. Compliance with the Information Governance Toolkit requirements (v.12) is essential and has been reviewed by the Trust's independent auditors.

Recent internal audits have looked at:

- Death in Low Risk - ongoing.
- Quality Control – Clinical Coders – 90% accuracy audits.
- Community Coding.
- Stroke Validation – ongoing.

The Trust was not subject to the payments by results clinical audit during 14/15 by the Audit Commission.

What the CQC says about us

East Sussex Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) and our current registration status is:

	Location																		
Regulated activity:	Arthur Blackman Clinic, St Leonards	Avenue House, Eastbourne	Bexhill Hospital (inc Irvine Unit)	Conquest Hospital, St Leonards	Crowborough Birthing Centre	Crowborough War Memorial Hospital	Eastbourne District General Hospital	Eastbourne Park Primary Care Centre	Hailsham Health Centre	Ian Gow Memorial Health Centre, Eastbourne	Lewes Victoria Hospital	Orchard House, Lewes	Peacehaven Health Centre	Rye Memorial Hospital	Seaford Health Centre	St Anne's House, St Leonards	Station Plaza Health Centre, Hastings	Sturton Place Dental Clinic, Hailsham	Uckfield Community Hospital
Treatment of disease, disorder or injury	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Surgical procedures	■		■	■			■			■	■	■	■		■			■	■
Diagnostic & screening procedures	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Maternity & midwifery services				■	■		■												
Termination of pregnancies				■			■												
Family Planning services	■	■	■	■	■	■	■		■						■		■		■
Assessment/ medical treatment of persons detained under the Mental Health Act				■			■												
Management of blood and blood derived products				■			■												
Accommodation for persons who require nursing or personal care														■					

The Trust is registered with the Care Quality Commission with no conditions attached to registration and no enforcement action has been taken against the Trust during the reporting period. The Trust has not participated in any special reviews or investigations by the CQC under Section 48 of the Health and Social Care Act 2008 during the reporting period.

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 particularly in addressing cultural issues; improving the provision of outpatient services; improving aspects of medicines management; ensuring patients' health records are better managed; ensuring there are sufficient staff to meet the needs of the service and continuing to develop local engagement.

The overarching report for East Sussex Healthcare NHS Trust rated the Trust as follows:

Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Inadequate
Overall rating	Inadequate

Full copies of all the reports can be accessed at http://www.cqc.org.uk/directory/RXC.

The Trust was re-inspected by the CQC in March 2015 and at the time of writing, this report was awaited.

Part 3 Progress against 2014/15 Quality Improvement Priorities

Patient Experience

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

Priority 1: Continuing to implement the Patient Experience Strategy ✓ *Achieved*

Why we chose this priority

We wanted to ensure that all of our patients, their families and their carers are treated with respect, dignity, compassion, courtesy and honesty. To support this we developed with patients, carers and their families, a Patient Experience Strategy which we began to implement in 2013/14. It outlines eight commitments which were developed to ensure the services we provide are of the highest standard possible.

What we did and measures of success

Our aim in 2014/15 was to continue to implement and embed the core themes of the strategy by:

Expanding our Patient Experience Champion Programme

The Patient Experience Champion Programme increased its membership by 20% during 2014/15 rising from approximately 100 champions at the start of the year to 120 towards the end. Eight 'Patient Experience Champion' training and support sessions were held throughout the year in Bexhill, Eastbourne and Hastings to develop and support the Champions in becoming a positive role model to other staff.

The current Champions have been instrumental in achieving some excellent work in relation to patient experience, this has included:

- Helping their respective wards, departments and services to learn from patient feedback by presenting feedback to local staff meetings.
- Updating and maintaining 'you said, we did' display boards publicising to patients, visitors and staff the many continuous improvements developed from patient feedback.
- Assisting with the development of a Patient Experience Champion resource pack.
- Raising awareness of positive and negative feedback from social media sites such as NHS Choices.
- Listening to patients' or relatives' stories at Patient Experience Champion meetings in order to respond, learn and take feedback back to their respective wards, departments and services.

There is a real commitment to developing this programme and to recruit new Champions by carrying out awareness/recruitment sessions throughout the next year. For example, setting up displays in key areas such as the staff restaurant and publicising through the Trust's Connect publication.

Alongside this, additional support sessions and meetings have been set up throughout the year (14 in total) with an extra venue introduced in Uckfield to encourage easier access and participation for those working in this area of the community.

Continue to utilise the Friends and Family Test to understand your experience

The Friends and Family Test (FFT) was first launched in April 2013 and commenced with acute hospital inpatients and accident and emergency patients in the first phase. From October 2013 maternity services was implemented. During 2014/15 the national rollout programme included the launch of community services such as therapies and intermediate care inpatients from January 2015 with all other remaining services including outpatients and day cases planned from April 2015.

At East Sussex Healthcare NHS Trust we have a number of ways patients can participate in the Friends and Family test, this includes paper surveys, touch screen devices (producing real time data), web links and in person with volunteer staff. The most popular methodology is paper surveys. The data entry element of this methodology is supported by several volunteer staff wishing to pursue voluntary administration roles with the Patient Experience team.

Trust staff are trained to login and view their local results from the Meridian System, allowing them access to data for their own local area in 'near-time'. Results are regularly discussed in team meetings and used to make continuous improvements or share good practice.

February 2015 FFT results revealed that 93% of patients would recommend the Trust to friends and family if they needed similar care or treatment.

The Trust receives many comments from patients about their experience, letting us know what was good and what could be improved.

Cookson Devas Ward – Conquest Hospital
"I felt I was looked after very well and could not have got better care. Well done. My compliments to all the staff at the Conquest."

Cuckmere ward – Eastbourne DGH
"Everyone was very caring, kind and considerate. I can't fault the commitment of all the staff and attention received."

A&E – Conquest Hospital
"Fast, efficient service. Friendly, helpful staff made visiting A&E as comfortable as possible."

Community Nursing team
"All are very caring. I feel very down at times, they look after me very well. I am elderly and suffering from Leukaemia and need treatment at home. I'm unable to fault. They care for me very well. I look forward to seeing them."

Continue to work with Healthwatch East Sussex to improve patient experience

Over the last year we have continued to work with Healthwatch and the advocacy service SEAP (Support. Empower. Advocate. Promote.) to provide a more 'joined up' approach when listening to patients who raise concerns and complaints about services. SEAP have provided some extra support to the Patient Advice and Liaison Service (PALS) and been able to review the current processes. They have provided a report about the service which recognised the good work undertaken by PALS.

Leads from Healthwatch meet monthly with both the Director of Nursing and Deputy Director of Nursing to identify and address any specific concerns raised by patients. Healthwatch is also active in supporting the Patient-Led Assessments of the Care Environment (PLACE) inspections undertaken across the whole of the Trust.

Learn and make changes from complaints

The Complaints Team works closely with the Clinical Units to support them in responding to complaints. A review has been undertaken to make sure that we provide an efficient and effective service. This has resulted in a number of improvements such as the development of a new quality assurance checklist before a complaint response is submitted. We will continue to review and implement improvements to our complaints process to ensure that we provide a responsive service.

We use complaints and other forms of feedback from patients and service users to improve Trust systems and processes. One such example is inviting complainants into the Trust to share their experiences or feedback where they are happy to do so. Two complainants attended the Patient Experience Champion programme to provide feedback to the Patient Experience Champions. The Patient Experience Champions are then able to take what they have heard back to their workplace. In addition, patients regularly attend the Trust Board, Quality and Standards Committee and/or the Patient Safety and Clinical Improvement Group to share their stories.

One of the tools we use in the Trust for sharing learning is the Shared Learning in Practice (SLiP) newsletter. In August 2014, the SLiP newsletter was dedicated to Learning from Complaints. We also introduced the 'You said, we did' boards at ward level during the year. These boards outline the changes made following feedback from patients, carers and families.

Continue to engage with patients via quality engagement events

On 27th March 2015 the Trust held its annual 'Dignity Day' where engaging with patients and service users is critical to its success. This year we heard stories from three carers of people who used Trust services, some of the feedback from the event is provided on the following page:

<table>
<tr><td>“Very thought provoking, particularly when the patients and carers spoke. Thank you for a very interesting session – it’s given me lots to think about!”</td><td>“Great to spend a day with enthusiastic and caring staff/patients/ carers.”</td><td rowspan="2">“It was very valuable learning the patients’ stories – reinforced the importance of the basics! Communication and Compassion.”</td><td>“Today’s event has been wonderful.”</td></tr>
<tr><td colspan="2">“The testimonies were brave and inspiring!”</td><td rowspan="2">“Today’s event gave me a great deal of food for thought – I am very impressed by the level of thought and care that the staff put into the debate.”</td></tr>
<tr><td colspan="3">“This made me think about the way in which we all communicate, how we communicate and what we can do better and ways which can be improved.”</td></tr>
</table>

Within the year a new Integrated Quality Report has been established for reporting incidents, serious incidents, complaints and other patient experience metrics to the Quality and Standards Committee. This report includes feedback from the Board Quality Walks programme which is also within the first item of every public Board meeting. In addition, quarterly Patient Experience Reports are provided to the Trust Board which includes information from the Friends and Family Test (FFT), NHS Choices, PALS and Complaints.

Priority 2: Ensure that we provide optimal care for patients in our care who have mental health disorders

✓ ***Achieved***

Why we chose this priority

Living with mental health problems can often impact on day to day life and may make a hospital stay more difficult. We therefore chose this as a priority for improvement so we can ensure that:

- Patients in our care receive any review or referral to specialist mental health services promptly and when required.
- Patients are made fully aware of their rights.
- Patients are cared for by staff who have received adequate training in caring for people with mental health disorders.

What we did and measures of success

Both A&E departments have worked closely with the Mental Health Liaison teams. Each department has a dedicated team which has improved working practices.

We have also worked closely with Sussex Partnership NHS Foundation Trust (SPFT) to reduce delay for patients who require transfer to their services. This remains a local and national issue due to the number of mental health beds available. The Trust uses the Friends and Family Test to capture the views of specific patient groups.

Written information is available to ensure that detained patients are given information about their rights under the Mental Health Act. This information is also explained to service users in line with the Code of Practice. Both leaflets and verbal updates are provided in a way that is easily understood. Information given is recorded in the patient's records and patients are given ready access to advocacy services where required.

Patients are also supported if they wish to appeal against their detention to the Tribunal and/or the hospital managers. This information is provided within the leaflet along with verbal information.

We are working alongside SPFT to provide training to all key staff to ensure that they have a full understanding of their responsibilities and legal obligations in relation to the Mental Health Act (MHA) 1983 and the associated Code of Practice. Senior staff have received training (an ongoing monthly training provision continues) ensuring a working knowledge of relevant Mental Health Act policies and guidelines. This ensures that patients detained under the MHA 1983 whilst in our care are safe and that their rights are upheld.

Patient experience will be monitored and audited through the existing Friends and Family Test (FFT).

During quarters three and four of 2014/15, 650 service users were identified through the FFT as having a mental health condition.

Results are analysed to determine if delays are occurring in obtaining specialist reviews for applicable patients with the aim of reducing delayed patient transfers to SPFT. There were no issues raised regarding delay in transfer to SPFT.

Specific audit of detained patients in relation to delays in obtaining specialist reviews is carried out by SPFT, to date there is no identified delay. The 2014/15 results will be available through SPFT from July 2015.

We will work with SPFT to undertake an annual audit of patients detained under the Mental Health Act to ensure compliance and identify further improvements.

This audit is currently in progress through SPFT. Results are due in May 2015. Regular partnership meetings will be held between SPFT and the Trust to ensure we are informed and aware of detention activity.

Six—eight week meetings are held between SPFT and the Trust, these meetings are used to update on all areas of compliance. The Assistant Director of Nursing for Safeguarding works directly with SPFT.

Patient Safety

To ensure that safety always comes first within our organisation, we focussed on:

Priority 3: Maximising our efforts to reduce healthcare associated infections

✓ ***Achieved***

Why we chose this priority

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

What we did and measures of success

We wanted our patients and visitors to be assured that high standards are being met in relation to infection control and prevention. To achieve this we have ensured:

Staff are well trained and educated in infection prevention and control practices

Hand hygiene is the single most important thing that must be undertaken in order to avoid the spread of infection. The training delivered to our staff states that it is essential that hand hygiene is carried out before and after patient contact and that staff must be bare below the elbow.

The auditing of hand hygiene practice has supported the Trust in providing evidence of compliance and assurance of best practice.

Hand hygiene is monitored through the Infection Control Link Facilitators who undertake a monthly audit observation of hand hygiene. For 14/15 the Trust sustained an average compliance of 95% and above.

The hand hygiene audit results are available for staff and managers to monitor compliance. The results are also discussed and reviewed at the following meetings:

- Infection Control Link Facilitators monthly meetings
- Nursing Quality Performance Meetings

Non-compliances are addressed at the time of the audits by the Infection Control Facilitators. The Infection Control Team provides additional support to address non-compliances and training to assist in improving compliance.

All clinical staff receive yearly mandatory training in Infection Prevention and Control. Non clinical staff are required to receive three yearly training. The training is provided by the Infection Control Nurse specialists through a programme of weekly training. In addition to this, ad hoc training is provided as well as further scheduled sessions in order to meet demand and maintain training compliance. The Trust's overall Infection Control training compliance for 14/15 has increased to 86.4% which has exceeded the Trust's target.

Infection Control Link Facilitators disseminate training and education to their colleagues following information that they receive through the Infection Control Facilitator meetings. This can include sharing lessons learned from incidents, policy updates and specific infection control related training received. They are also required to provide practical hand hygiene training to all the staff in their area of work.

The Infection Control Team has responded to new and emerging infection control risks such as Ebola by providing training and education to key staff in front line areas and through the Infection Control Link Nurse meetings for dissemination. In response to meeting the specific needs of the ward and staff rotation, the Infection Control Team provides regular additional updates to the ward where patients with *Clostridium difficile* are cared for. This supports adhered to best practice and ensures that all staff have been captured in the essential and specific requirements for the ward.

Both clinical and facilities staff are provided with mandatory training that emphasises the need for a clean safe environment to care for our patients. The training includes the requirements for the cleaning of patient equipment and the environment.

Nursing and housekeeping staff have been retrained to clean a patient's bed space (once vacated) to a specified high standard. This bed space cleaning programme was reintroduced in order to provide assurance that the bed space is clean and safe to receive the next patient.

A clean environment

A clean environment is essential in order to minimise the transmission of infection. The National Specification of Cleanliness (NSC) audits are undertaken in wards and departments throughout the Trust. The frequency of the audits depends on the category allocated such as very high risk, high risk, significant risk and low risk.

The results are also discussed and feedback given at the following meetings:

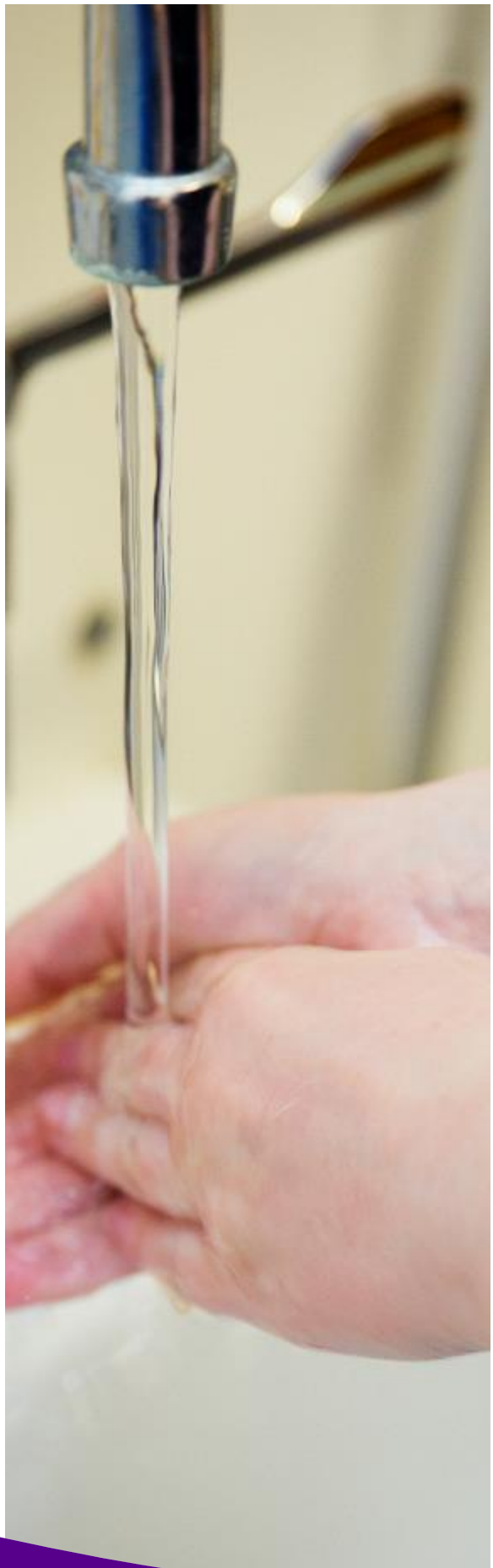
- NSC audit meeting
- Monthly report presented to the Trust Infection Control Group
- Nursing Quality Performance Meetings

A Trust report for the generic self-assessment of compliance against Outcome Eight “Cleanliness and Infection Control” Health and Social Care Act 2008 has been completed and updated quarterly. The monthly Trust Infection Control Group dedicates a quarterly meeting to reviewing this report with the individual clinical units to monitor their compliance with outcome eight.

The report demonstrates an improvement in compliance over time in many of the criteria with some areas still requiring improvement. Additional enhanced cleaning is also undertaken during outbreaks or where there is a recognised need due to infection. The infection control team works closely with the housekeeping service to advise of cleaning requirements.

Prevention and control of infection

The routine MRSA screening of elective, emergency and day cases is undertaken on all patients coming into the Trust. This helps to identify those with new MRSA carriage that will require decolonisation treatment in order to minimise the risk of infection and transmission to others. All patients with known MRSA in the past are routinely provided with decolonisation treatment. The Infection Control Team undertakes a weekly review of the wards to monitor that all patients with MRSA are identified and commenced on decolonisation treatment.



The Trust has fulfilled its mandatory Surgical Site Infection Surveillance (SSIS) requirements for 14/15. Every patient who undergoes hip or knee Prosthetic Replacement Surgery is included in the surveillance and followed up postoperatively during the first year. The SSI data for 14/15 demonstrates that the figures for the Trust were lower than the national average.

All incidences of MRSA or Clostridium difficile are reported as incidents and investigated

The national objective promotes a zero tolerance against avoidable harm related to MRSA bacteraemia. Since April 2014 cases that are diagnosed within 48 hours of admission can be attributable to provider Trusts if a Post Infection Review (PIR) concludes it is related to activities within the organisation. The PIR process has superseded the Root Cause Analysis investigation that saw cases being apportioned to provider Trusts if they were post 48 hours and Primary Care Trusts if they were pre 48 hours.

During 14/15 there have been three MRSA bacteraemias reported by the Trust (two pre 48 hours and one post 48 hours). Two out of the three have been attributed to the Trust. All cases are presented to the Infection Control Steering Group to identify lessons learned.

The Trust objective for the reduction of *Clostridium difficile* Infection (CDI) was to report no more than 44 lapses in care during 14/15.

A root cause investigation is undertaken on each case of CDI diagnosed beyond 48 hours of admission.

49 cases of CDI were reported in 2014/15. We note the CCGs' comment that they feel this priority has not been fully met. However, all these cases have been presented to the Infection Control Steering Group and 22 were considered reportable against the Trust objective due to lapse in care.

The most common reason for lapse in care was due to reduced environmental cleanliness scores which are being addressed through the ongoing Trust actions including:

- Recruitment of clinical support workers to support with cleaning of patient equipment.
- Programme of deep cleaning and essential maintenance.
- Review of housekeeping establishment.
- Additional recruitment to the NSC audit team.

Clinical Effectiveness

To consistently provide high quality patient care in line with identified best practice we focussed on:

Priority 4: Improving the early recognition and action to support the care of the deteriorating patient

✓ ***Achieved***

Why we chose this priority

Deterioration in acutely unwell patients can happen quickly and have catastrophic effects if not identified.

Our aim in 2014/15 was to continue to improve the care and outcomes for our sickest patients by introducing an electronic system called VitalPAC, which monitors and analyses patients' vital signs and enables staff to automatically summon timely and appropriate help if a patient deteriorates. The system also:

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

What we did and measures of success

We introduced the VitalPAC system in both our acute hospitals in 2014 and have seen many improvements from this:

Patient Safety and Improved Quality of Care

We have seen great improvements in the recording of patient observations on all of our adult wards since the introduction of VitalPAC. We now have 100% of all nursing observations completed with an accurate NEWS score completed every time a set of observations is done.

This compares very favourably to previous data which showed an error rate in the region of 30% for NEWS score calculation and less than 96% of all observations completed.

There is clear visibility on the VitalPAC system of unwell patients available to clinicians throughout the Trust. We have had very positive feedback from consultant surgeons who work across the two sites within the Trust – as the VitalPAC system allows them to look at their patient's data regardless of the site on which they are working. They feel this has significant patient safety benefits and allows them to review their patients from a distant site.

98% of junior doctors surveyed within the Trust also agreed that digital recording of observations had improved patient care. Similarly 98% also agreed that it was easier to read and identify a trend in NEWS score on VitalPAC making it easier to escalate care when appropriate.

Critical care consultants are also utilising the system remotely from the Intensive Care Unit – it allows them to keep a watchful eye on newly discharged patients from Critical Care, and also review progress on patients who are at risk. When receiving a ward referral it provides detailed information and clear records that allow rapid assessment and decision making.

Similarly the ward based organisation has also changed – 72% of junior doctors are utilising the iPads for handover of care between the teams, and on medical wards it has been changing the order of the ward round. Medical Teams are reviewing the highest NEWS scoring patients first on their wards – as they can clearly see on the VitalPAC system where deteriorating patients are at the beginning of the day. This facilitates prompt recognition of the critically ill patient, earlier intervention and if appropriate, escalation to critical care.

The engagement with the VitalPAC system has been very positive – junior doctors and nursing staff have welcomed it as a safety and quality initiative, and as a result of this our rollout of the VitalPAC Nurse module was the most rapid that The Learning Clinic had seen within the UK. We have been amazed at how quickly VitalPAC has now become a regular part of ward life – most wards can't imagine running without it.

Releasing time to care

This has been a big part of the successful engagement within the nursing ward teams. The VitalPAC system has allowed them to be more patient directed for frequency of observations. It has also allowed them to document electronically many pieces of information – height, weight, pain scores, stool charts, nutritional assessments etc. all in one place and on one device – dramatically reducing the paperwork and saving them time. It has also been clear where all of this information is stored and it is easily accessible at both the bedside and the desktop – so making their working lives easier. We will be building on this in the next year of VitalPAC and ensuring more nursing documentation is held in an electronic format to further capitalise on the gains made this year.

Optimising Critical Care Outreach

The critical care outreach team responds to emergency calls within our hospitals. We have seen real change in the outreach system within the Trust as a result of the VitalPAC software. Deteriorating patients are picked up earlier and attended earlier and with a true sense of priority.

Our outreach team use their iPad with VitalPAC on it to direct their workload, seeing the most unwell patients first and proactively calling wards when they see abnormal observations come up on their screens. They may arrive on a ward before the referral has been made and intervene with prompt escalation to Critical Care. They are delighted with the system and have been very much involved in its rollout.

This has ensured a targeted use of our small outreach team – and has allowed us to extend the Outreach Service to be a 24hr 7 days a week service.

Their service and the VitalPAC system was also highly commended in our most recent CQC inspection – where the inspectors felt it offered great patient safety benefits and allowed earlier intervention when patients deteriorated.

Cultural change

Cultural change has taken place in two ways within the Trust:

- IT engagement
  We have been delighted with the uptake of the system and use of the handheld devices across the organisaton. Nursing teams and junior doctors are now using the iPad and iPods in their daily life. We have integrated other systems to work hand in hand with VitalPAC and now have pathology results, radiology reporting and access to our portal (Esearcher) to display letters and discharge summaries. This has led to smarter, faster working and has facilitated better decision making – all at the bedside.

  94% of junior doctors use the VitalPAC iPad for all ward rounds. This change in working practice will pave the way for our Electronic Document Management system that we are due to deliver later in 2015, and has encouraged the medical and nursing workforce to think about digital healthcare in a positive way.

- Transparent performance
  The VitalPAC performance data has enabled us to view in real time the performance of our wards across the two sites. This has been an interesting experience for us – and one that we will be developing over the next financial year. It is now clear, based on a variety of performance indicators, where ward care is very good and where it needs to improve. We have developed, in conjunction with another VitalPAC site, a matrix of "Perfomance Indicators" and will be using this to drive and improve our ward based care. To this end we are also working with our commissioners and now have some Quality Improvement Targets based on our VitalPAC data. We are also able to benchmark our ward performance externally by comparing our performance to other VitalPAC Trusts across the UK.

Improved ability to demonstrate best practice

We have been able to utilise the VitalPAC system for recording of VTE assessment and dementia screening. Capturing this data electronically on the handheld devices has improved engagement and led to increased compliance with our guidelines – which are based on NICE guidance.

Review of Quality Performance 2014/15

The Trust uses the Trust Development Authority (TDA) Accountability Framework as the basis for Board and Specialty Reporting. The report covers the key operational and performance indicators which we are measured against externally.

The report is broken down into five domains which are allied to the CQC review process: Responsiveness, Effectiveness, Safe, Caring and Well Led.

The indicators and the methodologies for calculation are predefined by the TDA. The report is reviewed and monitored by the senior executive team on a monthly basis as it is used to support performance improvement throughout the specialities on an ongoing basis.

TDA Accountability Framework 2014/15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
ESHT OVERALL QUALITY SCORE	4	4	5	5	4	5	4	4	4	4	4	4

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 TreatmentNon 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 Wa	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%	94.81%	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%	78.06%	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%	88.89%	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%

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%

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	4	5	5	5
Clostridium Difficile - Variance from plan	4	10	5	3	4	2	6	2	7	6	6	3	2	3
MRSA bactaraemias	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	9	0	0	12	6	17	7	0	10
Maternal deaths	0	2	0	0	0	0	0	0	0	0	0	0	0	0
VTE Risk Assessment	95.00%	2	97.90%	97.88%	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%

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	20	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

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 Famil	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 Tes	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 payl	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%

Review of Quality Indicators

Amended regulations from the Department of Health require Trusts to include a core set of quality indicators in the Quality Account. These indicators are set out below.

- **Summary Hospital-level Mortality Indicator (SHMI)**

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

SHMI is one of several statistical mortality indicators used to monitor and review the quality of care provided by the Trust. SHMI is an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there**.**

We also look at Hospital Standardised Mortality Ratio (HSMR), the Risk Adjusted Mortality Indicators (RAMI) as well as crude rates and associated local metrics.

The most recent SHMI value for the data period October 13 to September 14 above indicates an improvement from previous rolling year data shown below. It has been published within the 'expected' statistical range.

Data period	SHMI value	Banding
October 13 to September 14	1.08	2 (as expected)
October 12 to September 13	1.136	1 (higher than expected)

East Sussex Healthcare has taken the following actions to improve the rate and so the quality of its services by:

- All specialties are conducting morbidity and mortality meetings.
- All "Low Risk Group" deaths reviewed by consultant teams.
- Learning from reviews disseminated via Clinical Unit clinical governance meetings.
- Increased liaison between clinical coders and consultants resulting in increased capture of information and accuracy of coding.
- A Trust Mortality Review Group meets monthly to review trends and unexpected variance in mortality, and triangulate this with other quality indicators.

- The Trust Mortality Overview Group (MOG) meets monthly which is chaired by the Medical Director. All the clinical units in the Trust attend MOG at least once for detailed discussion on their mortality issues, their processes for review and learning from deaths.
- Quality control of mortality reviews now underway.
- Investigations of any external alert of internally identified potential areas of concern.

- **Patient Reported Outcome Measures/Scores (PROMS)**

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

All NHS patients having hip or knee replacement, varicose vein surgery or groin hernia surgery are invited to fill in a PROMS questionnaire.

The questionnaires aim to find out about the patients' health and quality of life, before and after the operation. This enables hospitals to make improvements based on feedback from patients, enables measurement of success and allows comparison with other Trusts nationally and locally.

Data from HSCIC available up to December 2014.

Procedure and Measure	Percentage Improving				
	ESHT Apr 14—Dec 14	ESHT Apr 13—Mar 14	National Apr 14—Dec 14	Highest Trust	Lowest Trust
Groin Hernia					
EQ-VAS	43.00%	39.10%	37.90%	83.00%	14.00%
EQ-5D Index	58.80%	56.10%	51.30%	85.00%	26.90%
Hip Replacement					
EQ-VAS	75.40%	59.00%	66.30%	81.10%	44.40%
EQ-5D Index	90.50%	88.70%	90.20%	98.30%	74.40%
Knee Replacement					
EQ-VAS	60.00%	51.50%	56.10%	78.70%	37.50%
EQ-5D Index	84.60%	83.50%	81.40%	100.00%	51.70%

The Trust undertakes minimal varicose vein surgery so no data is available.

- The EQ-5D index is a combination of five key criteria concerning general health, both hip and knee replacements indicate an improved score from data last year and compared to the national average.
- The EQ-VAS index assesses the patient's general health based upon a visual analogue scale. The data for groin hernias is reduced from last year but the same as the national average.
- Condition specific data was not statistically relevant so no comparisons have been made and no data was completed for groin hernias.

East Sussex Healthcare has taken the following actions to improve the scores and so the quality of its services by:

- Ensuring our Pre assessment units distribute and collect the PROMs Questionnaire to patients during their appointment pre-operatively.
- Reviewing our processes to ensure they are robust and adequately support us to meet the PROMS requirements.

Emergency readmissions to hospital within 28 days of discharge

The percentage of patients who were readmitted to hospital within 28 days of discharge is shown below.

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

Age group: 0-15	2012/13	2013/14	2014/15
Readmissions <28 days	150	152	157
Discharges	2,209	1,979	2,026
Readmissions rate	**6.79%**	**7.68%**	**7.75%**
Age group: 16+			
Readmissions <28 days	4,843	5,071	4,379
Discharges	39,340	41,233	40146
Readmissions rate	**12.31%**	**12.30%**	**10.91%**

Comparative data for other trusts only available up to 2011/12.

East Sussex Healthcare has taken the following actions to improve the rate and so the quality of its services by:

- Reviewing performance metrics on a monthly basis and investigating any trends.
- Undertaking local ward audits or readmissions and implementing actions as required.

Responsiveness to inpatients' personal needs

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

The NHS Outcomes Framework for 2013/14 includes an organisation's responsiveness to patients needs as a key indication of the quality of patient experience. This score is based on the average of answers to five questions in the CQC national inpatient survey:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you given enough privacy when discussing your condition or treatment?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Responsiveness to inpatient needs	2012/13	2013/14	2014/2015
ESHT score	67.7	67.9	Not available*

*Data for 2014/15 unavailable at time of publication of the Quality Account

Percentage of staff who would recommend the Trust to friends or family as a place to receive treatment (FFT- staff)

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

The table below gives the percentage of staff who would recommend the Trust to friends or family as a place to receive treatment.

FFT Staff	2013	2014
ESHT score	51%	51%
National average	67%	67%

In addition to this result the Trust monitors staff responses three times a year through an internal mechanism. This includes reviewing how many staff would recommend the Trust as a place to work, in 2014/15 the figure from the annual survey was 41%.

East Sussex Healthcare has taken the following actions to improve the score and so the quality of its services by:-

As part of our planning for taking forward the new Staff FFT in 14/15, we have established a Staff Operations Engagement Group with representation from staff at all levels across the Trust. Initially this group focused on Staff FFT but its remit has now widened to encompass outputs from all staff surveys and external reports, including the national staff survey and Care Quality Commission (CQC) reports.

This group has developed a detailed action plan for 2015/16 and an associated implementation plan in relation to our recently developed values and behaviours. Both of these plans contain detailed actions to address Trust wide issues and below are some of the key actions that will be undertaken during 2015/16:

- Undertaking a Trust wide 'cultural audit' so that the Trust can gain a greater understanding of its culture and the impact of current cultural behaviours.
- Running a range of 'listening events' open to staff across the Trust. Some of these events will be on specific themes e.g. Incident reporting, and some will be more general, e.g. how we communicate and engage with staff.
- Reviewing our process for organisational change.
- Specific work with medical staff on issues arising out of the GMC survey.
- Developing and introducing a 'communications toolkit' for all managers.

The actions listed above are just some of those that will be taken forward during 2015/16. Full details of all staff engagement actions can be found in the Staff Engagement Action Plan and Values and Behaviours Implementation plan.

Percentage of patients who would recommend the provider to friends or family needing care (FFT—patient)

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

The NHS Friends and Family Test (FFT) was introduced in 2013 and asks patients whether they would recommend hospital wards, A&E departments and maternity services to their friends and family if they needed similar care or treatment. This data has been already provided in the Review of Quality Performance section.

In addition to the FFT score, the Trust collates data on a number of other questions in Trust patient experience surveys to produce a monthly satisfaction score. There is an improvement in these scores seen over the last three years.

Satisfaction Score	2012/13	2013/14	2014/15
ESHT score	87.03	87.56%	88.5%

East Sussex Healthcare has taken the following actions to improve the rate and so the quality of its services by:

- We have introduced - You Said, We Did boards – so that patients, carers, visitors and staff can see what we are doing as a result of the feedback received.
- We are being clearer about the follow up of actions as a result of complaints and sharing lessons learnt from these.
- We will be reviewing the coding on Datix system so that we can drill down on PALS and Complaints data more effectively so that appropriate changes are made.
- Our Learning and Development team are currently looking at Communication Skills training, particularly for doctors as this has been highlighted as an area of concern.

Percentage of admitted patients risk-assessed for Venous Thromboembolism (VTE)

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

% of patients risk assessed for VTE	2012/13	2013/14	2014/15
ESHT score	93.36%	97.05%	97.42%
National average			96.07%
Highest Trust			100%
Lowest Trust			88.46%

The VTE risk assessment compliance percentages are submitted to the Department of Health monthly and are monitored within the Trust's quality performance data and are identified below.

East Sussex Healthcare has taken the following actions to improve the rate and so the quality of its services by:

- The introduction of the new VitalPAC VTE module which is currently in progress with relevant wards moving from paper based to electronic risk assessment following specific VitalPAC VTE module training and support. Once embedded this will strengthen VTE prevention processes including recording of reassessment of VTE and bleeding risk, provision of appropriate VTE thromboprophylaxis and provision of patient information on VTE. This new process will provide a robust audit trail for each patient including individual prevention interventions following risk assessment to comply with the NICE Guidelines on VTE (CG92).
- Regular monitoring of VTE Risk Assessment compliance at Clinical Unit and ward level via weekly monitoring emails to all relevant managers responsible for VTE prevention and patient safety across the Trust and through the Quality Review Group.
- Review of the Trust's VTE Policy to include new VTE diagnosis and treatment pathways, the new VitalPAC VTE module, extended thromboprophylaxis processes, Novel Oral Anticoagulant (NOACs) use and Low Molecular Weight Heparin treatment dose banding guidance.
- Updated Trust's patient information leaflet for VTE and Introduction of a new VTE patient information extranet page to help raise public awareness and promote VTE prevention as a Trust patient safety priority.
- Continuation of VTE training as part of the Trust's Induction programme for clinical staff and the provision of specialty specific ad hoc VTE training as requested by Ward Matrons and Managers.
- Review and update of the Trust's Doctors E-Induction module for VTE to incorporate VitalPAC VTE electronic risk assessment process.
- On-going support of Ward Matrons and Ward Clerks by the Medicines Management and VTE Nurse as requested.

***Rate of C. Difficile* infection**

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

The rate of Clostridium Difficile Infections per 100,000 bed days for patients two years and over apportioned to the Trust is shown on the next page.

	12/13	13/14	14/15
C Difficile rates	20.1	16.4	17.7
National average	17.4	14.7	not available
Highest Trust	31.2	37.1	not available
Lowest Trust	0	0	not available

National comparative data for 14/15 not available at time of publication.

The Trust objective for the reduction of *Clostridium difficile* Infection (CDI) was to report no more than 44 lapses in care during 14/15.

49 cases of CDI were reported in 2014/15. All these cases were presented to the Infection Control Steering Group and 22 were considered reportable against the Trust objective due to lapse in care.

East Sussex Healthcare has taken the following actions to improve the rate and so the quality of its services by:

- Lesson learned from CDI Root Cause Analysis are presented at the Clinical Units' Governance meetings for assurance of completion of actions and shared learning.
- Review of housekeeping allocation and establishment to be signed off by the Assistant Directors of Nursing.
- Increased establishment of the National Specification Cleanliness (NSC) audit team to meet the required level of auditing in all four areas (very high risk, high risk, significant risk and low risk).
- Introduction of the new software package for the NSC auditing to improve efficiency.
- Support sourced from the Trust Development Authority (TDA) and Clinical Commissioning Groups (CCGs) to clarify criteria related to lapses in care.

The rate of patient safety incidents they have reported per 100 admissions

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

The rate of patient safety incidents reported to the National Reporting and Learning System for 2014/2015 is 7.53 per 100 admissions (a decrease from last year which was calculated as being 8.65 per 100 admissions).

(7,357 patient safety incidents sent to the NRLS / 97,686 admissions)

It should be noted that an admission is defined as ‘to a bed on a ward in a hospital’ and therefore does not include other admissions for example to a community nursing case-load. However the patient safety data provided covers the whole spectrum of services provided by East Sussex Healthcare Trust.

The breakdown of these incidents is as follows (using definitions of harm from the National Reporting and Learning System):

No harm: **4,562**
Minor harm: **2,204**
Moderate harm: **569**
Major harm: **22**
Catastrophic harm: **0**

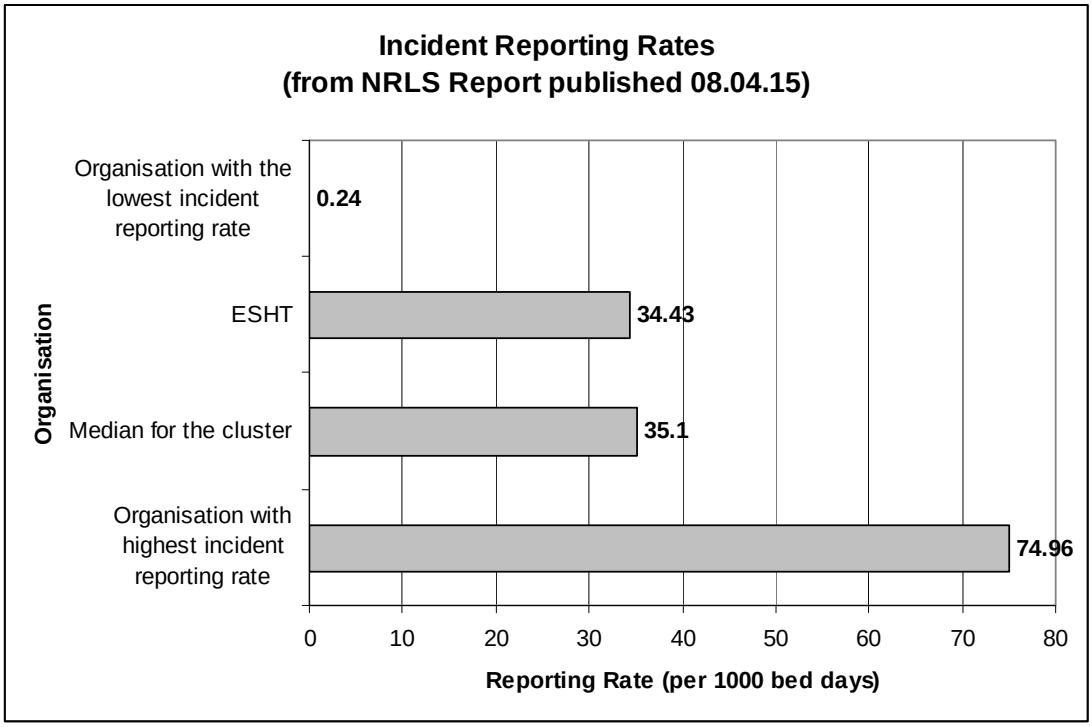
The proportion of patient safety incidents they have reported that resulted in severe harm or death

The proportion of patient safety incidents which resulted in severe harm or death for 2014/2015 was 0.30% (0.42% in 2013/14). This is calculated by dividing the number of grade 4 (major) and 5 (catastrophic) patient safety incidents reported by East Sussex Healthcare Trust (22 for the year), by the total number of patient safety incidents reported to the National Reporting and Learning System (7,357).

The latest report from the National Reporting and Learning System (NRLS) which was published in April 2015 and covers the period of 1st April 2014 to 30th September 2014 provided a reporting rate of 34.43 incidents reported per 1,000 bed days for East Sussex Healthcare Trust (the equivalent period for 2013/14 was 8.8). This placed the Trust within the middle 50% of reporters. An incident reporting rate of 34.43 is slightly lower than the median reporting rate for this cluster at 35.1 incidents per 1,000 bed days.

The Trust with the highest incident reporting rate in this cluster identified within this report was Northern Devon Healthcare NHS Trust with an incident reporting rate of 74.96 incidents per 1,000 bed days.

The Trust with the lowest incident reporting rate in this cluster identified within this report was Doncaster and Bassetlaw Hospitals NHS Foundation Trust with an incident reporting rate of 0.24 incidents per 1,000 bed days.



This report noted that 50% of incidents were submitted by the Trust to the NRLS more than 48 days after the incident occurred. This is an improvement from the report published in September 2014 (for reporting period of 1 October 2013 to 31 March 2014) which noted that 50% of incidents were submitted by the Trust to the NRLS more than 64 days after the incident occurred.

The April 2015 report from the NRLS provided East Sussex Healthcare NHS Trust with a reporting rate of 0.2% (0.42% in 2013/14) of incidents leading to severe harm and death. The reporting rate of all other organisations in this cluster, i.e. 'acute (non-specialist) organisations' in the same report was 0.5% (0.6% in 2013/14).

East Sussex Healthcare Trust is categorised as an acute (non-specialist) organisation for the purposes of the NRLS reports; the Trust is an integrated organisation providing both acute and community services and there are very few comparator organisations. In addition, not all organisations apply the national coding of degree of harm in a consistent way which can make comparison of harm profiles of organisations difficult.

Serious Incidents are investigated via Root Cause Analysis and reports are presented to the Trust Serious Incident Review Group. At these meetings the severity risk score is reviewed to ensure it is appropriate for the incident.

East Sussex Healthcare has taken the following actions to improve the rate and so the quality of its services by:

- Staff reminded of the importance of reporting incidents and that more incidents is not a bad thing.
- Series of LIA Staff Conversations in May and June to understand what the blocks to reporting are, how these blocks can be removed and what good feedback looks like.
- Considering options for providing direct feedback to staff on incidents reported so that they can see that action is taken when incidents are reported and therefore not a ‘waste of time’.
- Trust Incident Reporting and Management Policy has been updated, including reference to new national framework (March 2015).
- Head of Governance liaising with Joint Staff Side to understand staff concerns and hear suggestions to improve incident reporting.

Staff Survey Results

The NHS Staff Survey has been completed by NHS organisations annually since 2003; its purpose is to collect staff views about working in their local NHS trust. The CQC uses the staff survey to provide information on national performance measures and as part of the ongoing monitoring of registration compliance.

For the Trust, the survey helps to assess the effectiveness and application of policies and strategies on, for example, training, flexible working policies and safety at work and helps to inform future developments in these areas. The survey also monitors performance against the four staff pledges of the NHS Constitution: these pledges clarify what the NHS expects from its staff and what staff can expect from the NHS as an employer.

The survey was conducted between October and December 2014 and the results published in February 2015. Analysis has been undertaken to identify and agree actions which need to be taken to address areas of concern.

42% of staff at East Sussex Healthcare NHS Trust took part in this survey compared with a response rate of 37% in 2013.

There are two ways of scoring responses to questions:

1. % scores which indicate the percentage of staff giving a particular response to a question or a series of questions.
2. Scale summary scores which convert staff responses to questions into scores, with the minimum being one and the maximum being five.

The following tables summarise the Trust's top and bottom ranking scores:

Bottom five ranking scores		
Key Finding	**ESHT 2014**	**Average acute trusts 2014**
% of staff receiving job-relevant training	74%	81%
% of staff agreeing that they would feel secure raising concerns about unsafe clinical practice	56%	67%
Fairness and effectiveness of incident reporting procedures (higher score from 1 to 5 is better)	3.37	3.54
% of staff reporting good communication with senior management	18%	30%
Staff recommendation of the Trust as a place to work or receive treatment procedures (higher score from 1 to 5 is better)	3.27	3.67

Top five ranking scores		
Key Finding	**ESHT 2014**	**Average acute trusts 2014**
% of staff witnessing potentially harmful errors	29%	34%
% of staff working extra hours	69%	71%
% of staff experiencing physical violence from patients/relatives/public	13%	14%
% of staff experiencing physical violence from staff	3%	3%
% of staff experiencing discrimination at work	11%	11%

Two significant key findings where staff experiences have improved at East Sussex Healthcare NHS Trust since the 2013 survey are:

Key Finding	ESHT 2014	ESHT 2013
Fairness and effectiveness of incident reporting procedures - (higher score from 1 to 5 is better)	**3.37**	3.33
Percentage of staff having equality and diversity training in last 12 months - (higher score is better)	**58%**	53%

The following section presents each of the 28 Key Findings using data from the Trust's 2014 survey, and compares these to other acute trusts in England and to the Trust's performance in the 2013 survey. **Positive findings** are indicated as **green** (e.g. where the 2014 Trust score has improved since 2013), **negative findings** are highlighted in **red** (e.g. where the 2014 Trust score has deteriorated since 2013) - where comparisons are possible. Where there has been **no statistically significant change** in the key findings since 2013, these are highlighted as **blue** (as determined by the National NHS Staff Survey Co-ordination Centre).

Key Finding	ESHT 2014	ESHT 2013 Average	Average Acute Trust 2014
1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	70%	70%	77%
2. Percentage of staff agreeing that their role makes a difference to patients	88%	87%	91%
3. Work pressure felt by staff (lower score is better)	3.26	3.24	3.07
4. Effective team working	3.69	3.66	3.74
5. Percentage of staff working extra hours	69%	68%	71%
6. Percentage of staff receiving job-relevant training, learning or development in last 12 months	74%	75%	81%
7. Percentage of staff appraised in last 12 months	77%	79%	85%
8. Percentage of staff having well structured appraisals in last 12 months	30%	29%	38%
9. Support from immediate managers	3.45	3.48	3.65
10. Percentage of staff receiving health and safety training in last 12 months	75%	73%	77%
11. Percentage of staff suffering work-related stress in last 12 months (lower score is better)	42%	42% =	37%
12. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	29%	29% =	34%
13. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	88%	87%	90%
14. Fairness and effectiveness of incident reporting procedures	3.37	3.33	3.54
15. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice	56%	67%	80%
16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	13%	13%	14%

Key Finding	ESHT 2014	ESHT 2013 Average	Average Acute Trust 2014
17. Percentage of staff experiencing physical violence from staff in last 12 months	3%	2%	3%
18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	31%	31%	29%
19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	27%	26%	23%
20. Percentage of staff feeling pressure in last three months to attend work when feeling unwell	27%	28%	26%
21. Percentage of staff reporting good communication between senior management and staff	18%	19%	30%
22. Percentage of staff able to contribute towards improvements at work	61%	61%	68%
23. Staff job satisfaction	3.44	3.45	3.60
24. Staff recommendation of the Trust as a place to work or receive treatment	3.27	3.28	3.67
25. Staff motivation at work	3.64	3.66	3.86
26. Percentage of staff having equality and diversity training in last 12 months	58%	53%	63%
27. Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	83%	84%	87%
28. Percentage of staff experiencing discrimination at work in last 12 months	11%	12%	11%

Staff Survey comments from our Chief Executive

Overall the results for 2014 are unchanged when compared with the results for 2013; apart from two key findings which have improved slightly and a deterioration in the finding in relation to the percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice. Whilst it is disappointing that there has not been further improvement, it is acknowledged that these results are reflective of the period of significant change we have undergone over the past two years. I am very aware that these changes have been unsettling for many staff, but we are now entering a period of stability, with no major restructuring planned, and we now need to focus on further enhancing and developing our engagement with staff and embedding our values and ensuring that we all collectively embrace these values in the delivery of our services.

Given the challenges facing the NHS both nationally and locally our results aren't surprising, what is particularly concerning is that they show that staff don't feel involved, engaged or well communicated with and these are the priority areas that we will be focussing on over the coming year. We need to understand the issues behind the results of the survey, and agree what we can do to address them, and what we can realistically do to help improve the working lives of our staff.

We have developed a Staff Engagement Operations Group with representation from across the Trust, and this group will develop actions to address issues raised within the Staff Survey. Amongst these actions will be opportunities for staff to feedback and raise concerns, feel able to contribute to the discussion and be honest about their work and the issues that impact on them.

Annex 1 Statements from Commissioners, Healthwatch and HOSC

Statement from Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG

The CCGs have reviewed the Quality Account against the national guidance and framework issued by the Department of Health: reporting arrangements for 2014/15.

The Quality Account meets the requirements for format and content. The overall tone of the report remains focused on the delivery of acute hospital services. The CCGs would again encourage the Trust to extend this focus within quality improvements for Community Services.

The CCGs welcome and recognise the positive improvements in the Quality Account in some key areas whilst acknowledging disappointment about some aspects of service provision following the recent CQC inspection and the overall rating of inadequate for the Trust. The challenge the Trust now faces is in ensuring that patients have confidence in their local services and the CCG will be seeking robust assurance that progress is made.

The CCG would like to see more transparency in the areas that require improvement. The CCGs acknowledge the Trust's commitment to further improve the quality of services and request more detail on how this is delivered and measured is included in the account.

Priorities for 2014/15

The Trust, following engagement with staff and stakeholders, identified four priorities for 2014/15 aligned to the three pillars of quality:

- Patient Safety – Maximising efforts to reduce healthcare acquired infections.
- Clinical Effectiveness – Early recognition and action to support the deteriorating patient.
- Patient Experience – Continue implementation of patient experience strategy, ensuring optimal care for their patients with mental health disorders.

The CCGs acknowledge good progress in the clinical effectiveness and patient experience priority. The progress made over the last year including improving the early recognition of a deteriorating patient by introducing an electronic system called VitalPAC should be acknowledged. To further enhance the impact of this priority comparison data of the number of in hospital cardiac arrests and ITU admissions from previous years prior to VitalPAC implementation would provide evidence that system is working in practice and recognising deterioration and patient outcomes have improved.

The Trust is reporting that they have achieved all their priorities. The CCG believe that the HCAI position of the Trust remains challenged. The Trust has not achieved the required target in the reduction of CDI infections, due to cleaning issues, poor National Cleaning Score audits and lapses of care. The numbers of CDI have reduced from previous years and this should be positively recognised. The requirement of zero tolerance for MRSA was missed and this challenge continues. The CCGs therefore feel that this priority has not been met.

Priorities for 2015/16

The CCGs welcome that the priorities for 2015/16 are aligned to the overarching objectives of improving Patient Experience, Patient Safety and Clinical Effectiveness and has determined the below as key priorities:

- Improve the experience of our patients through improving face to face communication and written information.
- Improve compassion in practice.
- 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.
- Improve the care of patients with dementia.

The Trust states the “safety and quality of care we provide” as its number one priority and the Quality Account “provides an opportunity to identify where the Trust is doing well and where it needs to do better”. These Trust ambitions for quality could be more ambitious and have more considered measures which focus on success. The priorities would benefit from actual data and results compared to previous years in some cases to support the narrative and demonstrate the success or need for further improvement.

Conclusion

The Trust has made progress in some areas against its priorities for 2014/15. The emphasis upon the Listening in Action programme is an important piece of work focusing on the values of the organisation. There is a great deal of work to be done in order to build on improvements to patient safety and patient and staff experience. The results from the Friends and Family Test and other surveys merit real focus and investment in making the Trust an organisation where both patients and staff would be happy to receive care and work.

It is acknowledged that there is a need to accelerate change whilst keeping the workforce motivated and feeling valued. The CCGs look forward to continuing to work with the Trust over the coming years.

Statement from Healthwatch East Sussex

Healthwatch East Sussex (HWES) values the opportunity to formally respond to the Trust's Annual Quality Statement for 2014/15. HWES's response recognises that this period represented a very challenging time for patients and staff with many changes to service delivery being implemented.

HWES is concerned on behalf of patients, members of the public and the staff, at the overall ratings published by the Care Quality Commission (CQC) following their inspection in September 2014; and along with other stakeholders we await the reports of CQC's follow on inspections. Whilst the issues contributing to the overall rating require priority focus and attention, HWES wants to acknowledge the elements of the report where CQC reported on the 'good' care observed across the Trust.

This, we can largely support based on our engagement with patients throughout the year; either on site speaking to patients and carers, through contact from our Information and Signposting service and from wider engagement in the community. However, from the evidence and insight shared with HWES, some of the issues identified by the CQC also mirror what patients and relatives told us.

We have welcomed the commitment from the Trust to be proactive in seeking feedback and the views from the wider community and external stakeholders as well as learning from people's experiences and we would want to be involved in proposals to achieve this going forward.

Through our strengthening relationship with the executive team, we will hold the Trust to account on its commitments to responding to patient feedback and already have agreed areas within Trust governance structures where HWES will have greater involvement in the year ahead, these include:

- Patient Experience Steering Group (PESG)
- Quality and Standards Committee (to triangulate insight and evidence gathered)
- Offer to observe new initiatives in action i.e. Schwartz Rounds

We also praise the Trust's 'Listening into Action' public events and would want to see this continue to again strengthen local patient and public involvement in the Trust's activities.

For the coming year, HWES will be following up on data not included in the draft account (at time of comment) which includes:

- Emergency readmissions within 28 days of discharge.
- The proportion of patient safety incidents which resulted in severe harm or death for 2014/2015.

Together with the following areas of interest within the Staff Survey Results:

- % of staff feel secure raising concerns about unsafe clinical practice.
- % of staff reporting good communication with senior management.

HWES continues to provide Patient Assessors as part of the annual Patient Led Assessments of the Care Environment (PLACE) and looks forward with others, to assisting the Trust in implementing that part of the Trust post-CQC inspection Action Plan which states “Full compliance with PLACE audit recommendations".

To conclude

The account is a tool to promote the Trust’s priorities (with a strong focus on patient experiences) which HWES would want to see strengthened. We would also wish to work with the Trust in the promotion of its values throughout its work, specifically the following:

- Working together.
- Improvement and Development.
- Respect and Compassion.
- Engagement and Involvement.

Healthwatch East Sussex welcomes the opportunity to be involved as a key partner in building stronger patient and public engagement for the year ahead as outlined in this account.

Statement from East Sussex Health Overview and Scrutiny Committee (HOSC)

HOSC's written statement relating to the content of East Sussex Healthcare NHS Trust's Quality Account is that, in our view, because of the recent CQC inspection, which has conducted a far greater examination of the quality of the services provided by the Trust than HOSC could ever hope to achieve, it is the opinion of HOSC to note the "Inadequate" rating awarded to the Trust.

In response to the CQC report on the quality of services by the Trust, the HOSC meeting of 22nd May 2015 passed a resolution as follows:

"Whilst recognising the caring qualities of the staff, that East Sussex HOSC expresses great concern at the findings of the CQC inspection, has no confidence in the Chair and Chief Executive of the Trust, calls on the Trust to implement the improvement plan as a matter of urgency, and expects the Trust to give regular updates to ensure HOSC members are fully informed of the progress of that improvement plan."

Annex 2 Independent Auditor's Limited Assurance Report to the Directors of East Sussex Healthcare NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of East Sussex Healthcare NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- Percentage of patients risk assessed for venous thromboembolism (VTE) (page 73); and
- FFT patient element score (page 71).

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

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

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014/15 issued by NHS England on 4 March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated 28/05/2015;
- feedback from Local Healthwatch dated 29/05/2015;
- papers reported to the Board in respect of the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient surveys dated 21 May 2015 (for inpatients) and 2 December 2014 (for accident and emergency);
- the latest national staff survey 2014;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2015;

- the annual governance statement dated 03/06/2015;
- the Care Quality Commission's Intelligent Monitoring Reports dated July and December 2014.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively "the documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of East Sussex Healthcare NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and East Sussex Healthcare NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have not been determined locally by East Sussex Healthcare NHS Trust.

Basis for qualified conclusion

Indicators subject to limited assurance audit

Based on our testing of a sample of 20 cases, the indicator reporting the percentage of admitted patients risk-assessed for Venous Thromboembolism (VTE) does not meet three of the six dimensions of data quality for accuracy, validity and timeliness because:

- For three of our sample cases, errors were made in recording the date of assessment which means these patients have been incorrectly included in the numerator (number of adults admitted to hospital as inpatients who have been risk assessed for VTE according to the criteria in the national VTE risk assessment tool, during the reporting period)
- Data relating to three of our sample cases was not captured as quickly as possible after the event or activity and was incorrectly excluded from the numerator (number of adults admitted to hospital as inpatients who have been risk assessed for VTE according to the criteria in the national VTE risk assessment tool, during the reporting period).

We are unable to conclude the indicator reporting the percentage of patients who would recommend the provider to friends or family needing care (FFT — patient) is reasonably stated in all material respects in accordance with the six dimensions of data quality (accuracy, validity, reliability, timeliness, relevance and completeness) stated in the Guidance. The situation arose because the Trust did not retain evidence of the management checks performed on written evidence submitted by patients, or the electronic submissions made by patients to a third party, providing their feedback in the year. We were therefore unable to complete any audit procedures in relation to this indicator.

Qualified conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations; and
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance.

However, in view of the matters reported in the basis for qualified conclusion paragraph above, we are unable to provide any assurance in respect of whether the indicators in the Quality Account subject to limited assurance have been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

BDO LLP

Robert Grant
for and on behalf of BDO LLP, appointed auditor
London, UK
29 June 2015

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

Annex 3 Equality Impact Assessment

1.	Does the Quality Account affect a group with a protected characteristic less or more favourably than another on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation?	No	All priorities are underpinned by a commitment to improve the quality of services and outcomes for patients and carers of all protected characteristics.
2.	Has the Quality Account taken into consideration any privacy and dignity or same sex accommodation requirements that may be relevant?	Yes	We are committed to respecting privacy and dignity and this is implicit in improving our patient experience. Our capital schemes support compliance with delivering same sex accommodation requirements.
3.	Is there any evidence that some groups are affected differently?	No	There is no evidence that the quality improvement priorities will affect some groups differently. We recognise the need to target objectives for those who have needs relating to protected characteristics and these are considered in respect of each priority e.g. in respect of access, use of interpreters, making information available in different formats etc.
4.	If you have identified potential discrimination are any exceptions valid, legal and/or justifiable?	N/A	No discrimination identified.
5.	Is the impact of the Quality Account likely to be negative and if so, can the impact be avoided?	No	No negative impact identified.

Annex 4 Glossary

Abuse	Abuse is defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as: • Sexual abuse • Physical or psychological ill-treatment • Theft, misuse or misappropriation of money or property, or • Neglect and acts of omission which cause harm / place at risk of harm
Avoidable Death	Deaths that could have been avoided given a different course of action
Avoidable Harm	Harm of patients that could have been avoided given a different course of action
Cardiology	Cardiology is a medical specialty dealing with disorders of the human heart. The field includes medical diagnosis and treatment of congenital heart defects, coronary artery disease, heart failure, valvular heart disease and electrophysiology. Physicians who specialise in this field of medicine are called cardiologists.
Care Quality Commission	The Care Quality Commission (CQC) replaced the Healthcare Commission and Mental Health Act Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk
Care Pathway	This is an anticipated care plan that a patient will follow, in an anticipated time frame and is agreed by a multi-disciplinary team (i.e. a team made up of individuals responsible for different aspects of a patient's care).
Clinical Audit	Clinical Audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.
Clinical Coding	Clinical Coding Officers are responsible for assigning 'codes' to all inpatient and day case episodes. They use special classifications which are assigned to and reflect the full range of diagnosis (diagnostic coding) and procedures (procedural coding) carried out by providers and enter these codes onto the Patient Administration System. The coding process enables patient information to be easily sorted for statistical analysis. When complete, codes represent an accurate translation of the statements or terminology used by the clinician and provide a complete picture of the patient's care.

Clinical Management Executive	The Clinical Management Executive (CME) exists to ensure that the organisation is able to plan and undertake the actions required to effectively deliver its strategic objectives. It ensures the business of the organisation is run effectively, efficiently and in accordance with relevant statutory obligations. It makes decisions relating to planning and delivery across all aspects of the organisation's functions within the strategic framework provided by the Board.
Clostridium difficile or C. Difficile / C.Diff	Clostridium Difficile also known as 'C.Difficile Infection (CDI)', is a gram positive bacteria that causes diarrhoea and other intestinal disease when competing bacteria in a patient or person's gut are wiped out by antibiotics. C. Difficile infection can range in severity from asymptomatic to severe and life-threatening, especially among the elderly.
Commissioners of services	Organisations that buy services on behalf of the people living in the area that they cover. This may be for a population as a whole, or for individuals who need specific care, treatment and support. For the NHS, this is done by Clinical Commissioning Groups (CCGs) and for social care by local authorities.
Commissioning for Quality and Innovation	High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Visit: www.dh.gov.uk/en/.
Culture	Learned attitudes, beliefs and values that define a group or groups of people.
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative.
DatixWeb	On 1st January 2013 East Sussex Healthcare NHS Trust introduced electronic incident reporting software known as DatixWeb. Incidents are reported directly onto the system by any employee of the organisation, about incidents or near misses occurring to patients, employees, contractors or members of the public. The data provided by DatixWeb assists the organisation to trend the types of incidents that occur, for learning lessons as to why they occur and to ensure that these risks are minimised or even eliminated by the action plans that we put in place. DatixWeb is also used to comply with national and local reporting requirements.

Department of Health	The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.
Deteriorating Patient	A patient whose observations indicate that their condition is getting worse.
Dignity	Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual views and beliefs.
Discharge	The point at which a patient leaves hospital to return home or be transferred to another service or, the formal conclusion of a service provided to a person who uses services.
Enforcement action	Action taken to cancel, prevent or control the way a service is delivered using the range of statutory powers available to the Care Quality Commission. It can include action taken in respect of services that should be, but are not, registered.
Essential Care Rounds	Health professionals undertake hourly rounds to ask patients how they are feeling, make sure that they are comfortable, address their concerns and see if they require pain management. The approach can help nurses to focus on clear, measurable aims and expected outcomes and frontline teams to organise workload and provide consistent care. Essential care rounding can reduce adverse events, improve patients' experience of care and also provide comfort and reassurance.
Friends and Family Test	An NHS Friends and Family Test was implemented by Prime Minister David Cameron in April 2013 to improve patient care and identify the best performing hospitals in England. Patients are asked a simple question: whether they would recommend hospital wards or accident and emergency units to a friend or relative based on their treatment. Publishing the answers allows the public to compare healthcare services and clearly identify the best performers in the eyes of patients – and drive others to take steps to raise their standards.

Healthcare Associated Infection	An avoidable infection that occurs as a result of the healthcare that a person receives.
Healthwatch	Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues relating to health and social care. Healthwatch plays a role at both a national and local level, ensuring that the views of the public and people who use services are taken into account.
Hospital Episode Statistics	Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.
Hospital Standardised Mortality Ratio	Hospital Standardised Mortality Ratio (HSMR) is an indicator of whether death rates are higher or lower than would be expected.
Key Performance Indicators (KPIs)	Key Performance Indicators, also known as KPIs, help an organisation define and measure progress toward organisational goals. Once an organisation has analysed its mission, identified all its stakeholders, and defined its goals, it needs a way to measure progress toward those goals. Key Performance Indicators are those measurements. Performance measures such as length of stay, mortality rates, readmission rates and day case rates can be analysed.
Multidisciplinary	Multidisciplinary describes something that combines multiple medical disciplines. For example a 'Multidisciplinary Team' is a group of professionals from one or more clinical disciplines who together make decisions regarding the recommended treatment of individual patients.
MRSA	Methicillin-Resistant Staphylococcus Aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. MRSA is, by definition, any strain of Staphylococcus aureus bacteria that has developed resistance to antibiotics including the penicillins and the ceph -alosporins. MRSA is especially troublesome in hospitals, where patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.
Malnutrition Universal Screening Tool (MUST)	MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan.

National Confidential Enquiry into Patient Outcome and Death – NCEPOD	The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews clinical practice and identifies potentially remediable factors in the practice of anaesthesia and surgical and medical treatment. Its purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public. It does this by reviewing the management of patients and undertaking confidential surveys and research, the results of which are published. Clinicians at East Sussex Healthcare NHS Trust participate in national enquiries and review the published reports to make sure any recommendations are put in place.
National Institute for Health and Clinical Excellence	The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.nice.org.uk
Never Event	A Never Event is a type of Serious Incident (SI). These are defined as '*serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers*'.
Palliative Care	Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.
Patient Experience Champions	Patient Experience Champions have been identified across the organisation and will work to raise awareness and facilitate improvements to the patient experience of patients on their wards / in their departments.
Patient Safety Thermometer	The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a snapshot of harm once a month from pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE (venous thromboembolism - deep vein thrombosis and pulmonary embolism). It provides a quick and simple meth-od for surveying patient harms and analysing results so that we can measure and monitor local improvement and harm free care.

Periodic reviews	Periodic Reviews are reviews of health services carried out by the Care Quality Commission (CQC). The term 'review' refers to an assessment of the quality of a service or the impact of a range of commissioned services, using the information that the CQC holds about them, including the views of people who use those services.
PLACE	Patient-Led Assessments of the Care Environment (PLACE). A system for assessing the quality of the patient environment introduced in April 2013 replacing the Patient Environment Action Team (PEAT) inspections.
Pressure Ulcers	Pressure ulcers develop when a large amount of pressure is applied to an area of skin over a short period of time, or, they can occur when less force is applied but over a longer period of time.
Privacy and dignity	To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends), and protected from others looking at them or overhearing conversations that they might be having. It also means respecting their confidentiality and personal information. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual beliefs.
Patient Reported Outcome Measures (PROMs)	Assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre and post-operative surveys.
Providers	Providers are the organisations that provide NHS services, e.g. NHS trusts and their private or voluntary sector equivalents.
Registration	From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC).
Releasing time to care – the productive community series	The NHS Institute for Innovation and Improvement has been working with nurses and therapists to develop ways to increase the amount of direct care time given to patients in community hospitals. The Productive Community Hospital programme is designed to help achieve this by improving the effectiveness, safety and reliability of inpatients, day hospitals and minor injuries units.

Research	Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.
Root Cause Analysis (RCA)	RCA is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events. RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focussing correction on root causes, problem recurrence can be prevented.
Safeguarding	Ensuring that people live free from harm, abuse and neglect, and in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focusses more on care and development; for adults, on independence and choice.
Serious Incident (SI)	A Serious Incident is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death on hospital, other health service premises or other premises where healthcare is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.
Summary Hospital-level Mortality Indicator (SHMI)	SHMI is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations. The SHMI value is the ratio of observed deaths in a trust over a period of time divided by the expected number given the characteristics of patients treated by that trust (where 1.0 represents the national average). Depending on the SHMI value, trusts are banded between 1 and 3 to indicate whether their SHMI is low (3), average (2) or high (1) compared to other trusts. SHMI is not an absolute measure of quality. However, it is a useful indicator for supporting organisations to ensure they properly understand their mortality rates across each and every service line they provide.
Trust Board	The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community.

Waterlow	The 'Waterlow' score (or scale) gives an estimated risk of a patient developing a pressure sore.
Venous Thromboembolism (VTE)	Blood has a mechanism that normally forms a ‘plug’ or clot to stop the bleeding when an injury has occurred, for example, a cut to the skin. Sometimes the blood’s clotting mechanism goes wrong and forms a blood clot when there has been no injury. When this happens inside a blood vessel, the blood clot is called a thrombus. When the blood clot is deep inside one of the veins in the body, most commonly in the leg, it is called deep vein thrombosis (DVT). If the blood clot comes loose it can travel through the bloodstream to the lungs. This is called pulmonary embolism and it can be fatal. DVT and pulmonary embolism together are known as venous thromboembolism.

Feedback on this document is welcome…

Please email us at: esh-tr.enquiries@nhs.net

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Accessibility

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

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