

Annual Report

and summary
financial accounts
2014/15



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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



A handwritten signature in black ink, appearing to read 'Stuart Welling'.

Stuart Welling
Chairman



A handwritten signature in black ink, appearing to read 'D. Grayson'.

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.

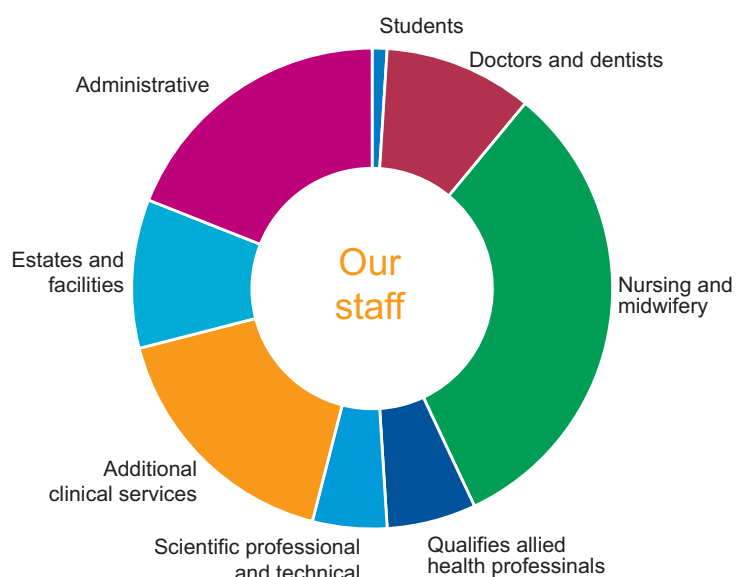
These work programmes and subsequent visits and reports from Healthwatch are valued by the Trust and we believe this engagement has provided the organisation with learning.

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:

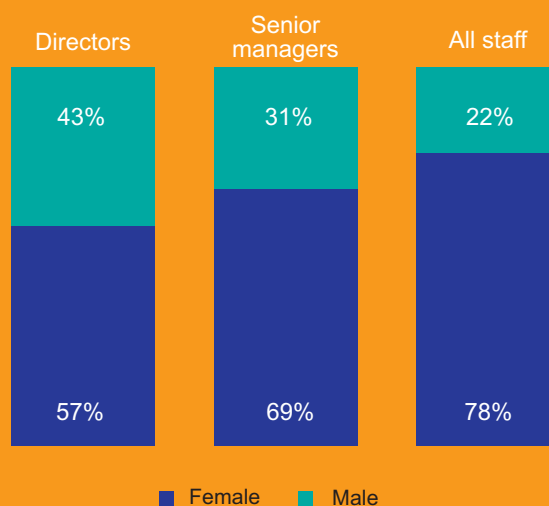
- 9.7% of our staff are doctors or dentists
- 31.8% are qualified nurses or midwives
- 6.3% are qualified health professionals, including physiotherapists, radiographers and orthoptists
- 5.0% are scientific, professional and technical staff - pharmacists, audiologists, cardiographers, optometrists and 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.



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 Health 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.

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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.



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 CO₂ (carbon dioxide) emissions, which are linked to climate change, and can be collectively summarised as the Trust's carbon footprint.

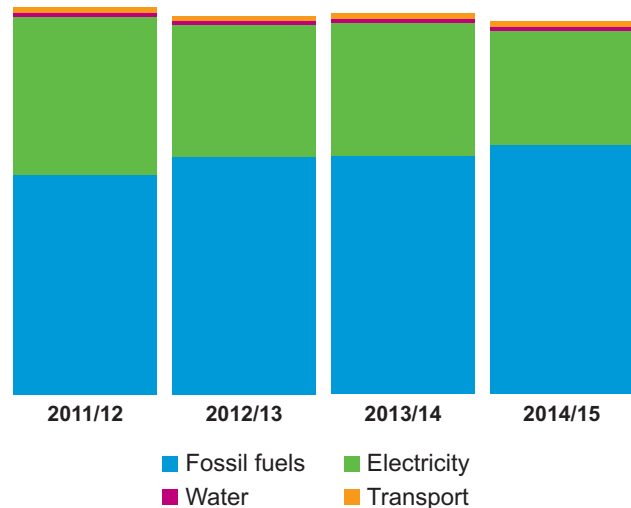
Environmental performance summary 2014/15

Our carbon footprint baseline (2013/2014) is 18,058 tonnes CO₂, 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 CO₂ 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.

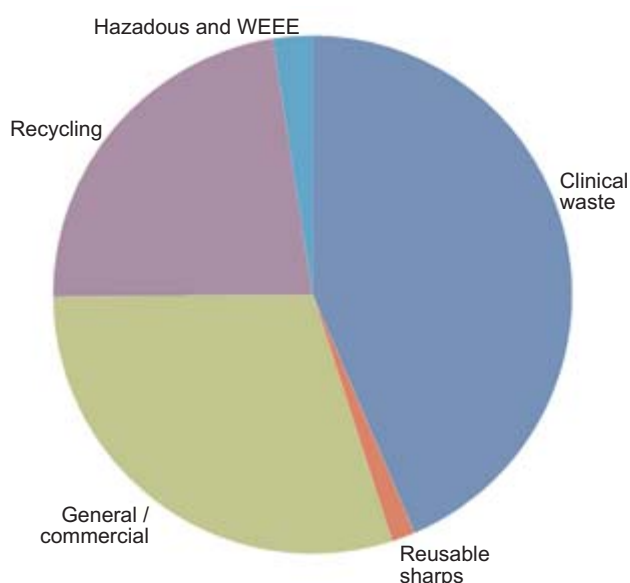
We are continuing to explore the potential to secure an energy partner to help us deliver long-term reductions in energy consumption across our two main acute sites. We anticipate that this project should result in over £500,000 cost savings per annum from reduced utilities consumption, as well as a 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 Pevensy 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		Darren Grayson Chief Executive
	Sue Bernhauser OBE Non-Executive Director Member of Audit Committee Member of Quality and Standards Committee		Vanessa Harris Director of Finance
	Professor Jon Cohen Non-Executive Director Member of Quality and Standards Committee Member of Finance and Investment Committee Member of Remuneration Committee		Dr David Hughes Joint Medical Director
	Charles Ellis Non-Executive Director Chairman of Quality and Standards Committee Member of Audit Committee		Dr Andrew Slater Joint Medical Director
	Barry Nealon Non-Executive Director Chairman of Finance and Investment Committee Member of Audit Committee Member of Remuneration Committee		Richard Sunley Deputy Chief Executive/Chief Operating Officer
	Michael Stevens Non-Executive Director Chairman of Audit Committee Member of Finance and Investment Committee Member of Remuneration Committee		Alice Webster Director of Nursing

Appointed
6th June 2014

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)

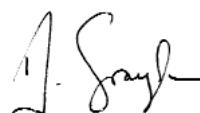
James O'Sullivan, Non-Executive Director
(left 17th April 2014)

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 of £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.

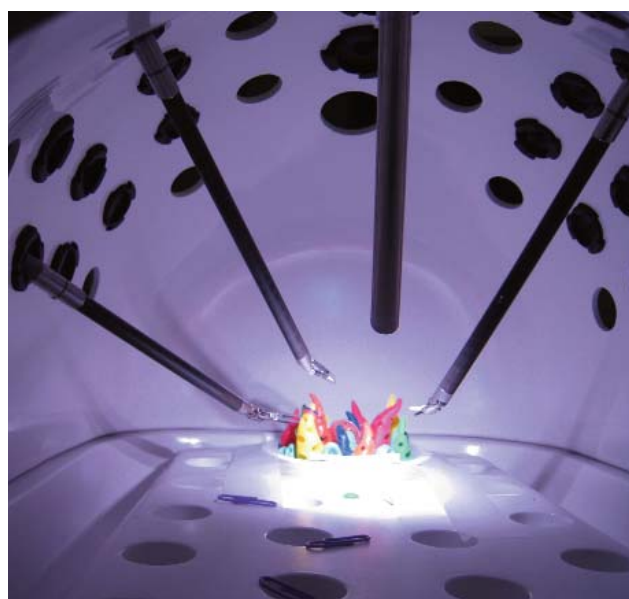
Highest paid director

	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.

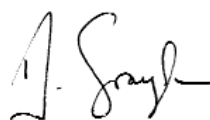
The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

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



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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														
ESHT OVERALL QUALITY SCORE														
Responsiveness Domain														
Indicator	Standard	Weighting	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Referral to Treatment Admitted	90.00%	10	82.88%	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														
Indicator	Standard	Weighting	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
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														
ESHT OVERALL QUALITY SCORE														
Safe Domain														
Indicator	Standard	Weighting	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														
Clostridium Difficile - Variance from plan	4	10	5	3	4	2	6	2	7	6	6	3	2	3
MRSA bacteraemias	0	10	0	0	0	0	1	0	0	1	0	0	0	0
Never events	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Patient safety incidents that are harmful	0	5	3	4	3	1	1	0	1	3	0	1	5	4
Medication errors causing serious harm	0	5	0	0	0	0	0	0	0	0	0	0	0	0
Overdue CAS alerts	0	2	0	0	0	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														
DOMAIN SCORE														
Indicator	Standard	Weighting	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Inpatient Scores from Friends and Family Test	60	5	5	4	4	4	5	5	4	4	4	4	4	4
A&E Scores from Friends and Family Test	46	5	66	64	68	68	65	70	64	68	68	64	70	71
Mixed Sex Accommodation Breaches	0	2	49	44	37	45	54	48	45	38	38	42	45	39
Inpatient Survey Q 68 - Overall, I had a very poor/good experience	7.8	2	0	0	0	0	0	20	0	31	26	15	1	6
			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														
DOMAIN SCORE														
Indicator	Standard	Weighting	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Inpatients response rate from Friends and Family Test	30.00%	2	46.43%	44.22%	44.01%	46.84%	39.40%	46.21%	47.94%	48.62%	46.48%	38.55%	42.18%	41.52%
A&E response rate from Friends and Family Test	20.00%	2	13.59%	15.76%	35.03%	24.41%	28.75%	30.40%	25.10%	20.87%	16.66%	17.55%	21.99%	19.38%
NHS Staff Survey: Percentage of staff who would recommend the trust as a place of work	40.70%	2	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%	41.00%
NHS Staff Survey: Percentage of staff who would recommend the trust as a place to receive treatment	42.30%	2	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%	51.00%
Trust turnover rate	10.00%	3	12.45%	12.89%	12.72%	12.81%	13.19%	13.41%	13.32%	13.60%	14.09%	14.03%	13.95%	12.64%
Trust level total sickness rate	3.30%	3	4.08%	3.87%	4.26%	4.44%	4.59%	4.76%	5.50%	5.46%	5.74%	5.33%	5.02%	4.81%
Total Trust vacancy rate	10.00%	3	6.04%	6.40%	5.21%	5.61%	4.72%	5.47%	5.74%	7.60%	5.58%	6.66%	6.19%	6.24%
Temporary costs and overtime as % of total payroll	10.00%	3	7.02%	7.29%	8.72%	9.48%	9.58%	9.48%	9.73%	9.97%	10.16%	11.14%	12.41%	12.56%
Percentage of staff with annual appraisal	85.00%	3	63.37%	63.84%	63.74%	62.34%	67.02%	67.54%	68.34%	70.01%	68.28%	70.64%	71.71%	74.60%

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.



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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.



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.

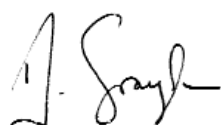
Statement of comprehensive income for the year ended 31st March 2015

	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 £000s	Retained earnings £000s	Revaluation reserve £000s	Total reserves £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				
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.

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Accessibility

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

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

Patient Advice and Liaison Service (PALS)

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

Telephone: (01424) 758090.
Email: esh-tr.palsh@nhs.net

Patient Advice and Liaison Service (PALS)

Eastbourne DGH
Kings Drive,
Eastbourne,
East Sussex, BN21 2UD.

Telephone: (01323) 435886.
Email: esh-tr.palse@nhs.net

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

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

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

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

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

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

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



www.esht.nhs.uk



esh-tr.enquiries@nhs.net



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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.