

**WHAT  
MATTERS  
TO YOU**

**MATTERS  
TO US  
ALL**

# Annual Report

and summary financial accounts 2015/16



# PERFORMANCE REPORT

## OVERVIEW WELCOME

We are pleased to be introducing our first annual report as Chairman and Chief Executive of East Sussex Healthcare NHS Trust. Our first impressions are that there is a great deal of energy, passion, commitment and ambition from our colleagues and partners to restore the operational and financial stability of the organisation.

The past year has been very difficult for the Trust. Our Care Quality Commission (CQC) report, published in September 2015, highlighted a number of weaknesses and failings across the organisation, and the Trust was subsequently placed in special measures. They identified poor leadership and governance in some areas, a culture of bullying and a lack of engagement with our staff and the population we serve. As you will read in this document there have already been improvements of which the organisation should be proud. We recognise there is still more to do and we will ensure the plans are in place to make this happen.

In addition, we have faced both operational and financial pressures which resulted in a deficit of £48million, £13 million above our plan for the year. This overspend was dominated by increased agency costs including those necessary to staff additional bed capacity throughout the year and some additional quality investments. We are working closely with our partners across the local health and social care system to

develop plans to ensure we provide sustainable and affordable, high quality services for the future.

Developing a culture of openness, learning, and mutual respect will make us better at treating illness and preventing harm and at improving the patient experience for the communities we serve. This would not be possible without the dedication of our staff and volunteers and our thanks go to them. It is testament to them that we were rated Good for Caring by the CQC. 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 several Leagues of Friends who support us in so many ways.

We hope that this report gives you an insight into our challenges and achievements. We are confident that we can sustain our improvement journey and very much look forward to writing about an improved picture in next year's Annual Report.



**David Clayton-Smith**  
Chairman



**Dr Adrian Bull**  
Chief Executive

## Our Highlights in 2015/16

### Friends donate latest incubator to Conquest Hospital Special Care Baby Unit

The new incubator provides premature babies with a controlled micro-environment and offers the flexibility of converting between an incubator and an open bed warmer at the touch of a button reducing heat loss for the baby and increasing access for nursing staff.



### Baby Friendly recognition for community services

Health Visiting teams in East Sussex, their clinics and Children's Centres achieved Stage One UNICEF (United Nation's Children's Fund) Baby Friendly Accreditation, the second stage in a four step process leading to full Baby Friendly accreditation.

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.

### Building work starts on Radiotherapy Centre at Eastbourne

Building work has started on a new £15 million Radiotherapy Centre at Eastbourne DGH. This new centre will significantly reduce the need for cancer patients to travel. The £15m investment, funded by Brighton and Sussex University Hospitals NHS Trust will provide two Linacs (the linear accelerator machines used to deliver radiotherapy) within a modern, fully equipped radiotherapy facility.

### Friends donate latest 4D ultrasound scanner

Pregnant women at Eastbourne DGH can now benefit from the latest 4D Ultrasound machine thanks to a generous donation from the Friends of Eastbourne Hospital. The new scanner and large television screen cost around £56,000 and gives high quality imaging to check the condition of an unborn baby with clear colour moving 4D images helping to aid the diagnosis of foetal conditions.



## New scheme introduced to support patients with dementia

A new scheme is being introduced in our hospitals to support patients with dementia and memory impairment. Called The Butterfly Scheme, it aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment.



## New contract signed for Electronic Document Management system

The Trust has signed a contract for an Electronic Document Management system, called Evolve. This new system will link patient documentation so that it can be accessed all in one place - at the point of care. The introduction of this new system will enable the Trust to move away from using paper based records and will help to develop new processes ensuring all patient information is available in an electronic format, from anywhere at any time on the Trust's network as well as in the community.

## Trust wins contract to provide integrated Sexual Health and HIV services

The Trust was successful in winning a contract to continue to be the provider of integrated Sexual Health and HIV treatment and care services in East Sussex. The Trust won a competitive open tender commissioned by East Sussex County Council and NHS England South. The contract, worth around £3million per year, covers a range of services including free testing, care and treatment for sexually transmitted infections and HIV, free contraceptive, free web based chlamydia and gonorrhoea screening.



## New robot cuts its own ribbon at official opening

A new state-of-the-art Da Vinci robot was officially opened by local broadcaster David Dimbleby who guided the robot to cut its own opening ribbon. This robot brings cutting edge surgical technology to the Trust and is a fantastic development for patients.



## New machine to improve Breast Cancer Treatment

Thanks to the Friends of Eastbourne Hospital the Breast Unit at Eastbourne is now able to offer its patients a cutting edge development in the management of those patients with breast cancer. The new OSNA (One Step Nucleic Acid Amplification) machine, costing around £80,000, is able to analyse the armpit lymph nodes which are routinely taken as part of many breast cancer operations whilst the operation is still taking place.



## New telephone system improves service for patients

The introduction of a new telephone system in the Central Appointments Office has dramatically improved the service provided for patients. The office, which is based at Conquest Hospital, deals with patient queries about outpatient appointments across all Trust sites, handling approximately 700 calls a day. Since the new telephone system was introduced in December, the number of concerns raised by patients about contacting the Appointments Centre has dropped by over 60%.

## New Vascular Surgeon

New Consultant Vascular Surgeon, Mr Bjorn Telgenkamp, has started in the Trust as part of the Vascular Network covering Sussex. He will operate at Sussex County Hospital, Brighton with outpatient clinics and follow up care in Conquest Hospital and Eastbourne DGH. Vascular surgery is provided across Sussex and parts of Surrey through a network approach. Brighton is the main vascular centre providing the most complex arterial and emergency vascular surgery in line with Vascular Society recommendations.



## Hospital is pilot site for medical simulation training

Eastbourne DGH was one of five hospitals in the UK to offer simulation training for doctors to practice heart procedures as part of a national pilot. Doctors were able to learn and practice procedures in a simulated situation using high tech mannequins and IT training devices.

## New electric car for children to drive to the operating theatre

An electric car for children to drive to the operating theatre is being trialled at Eastbourne DGH. The car is a fun and less stressful way to transport children, should they wish and are suitable to do so, from the children's unit to the operating theatre rather on a trolley. The idea for the car came about as a result of a leadership project in theatres to implement a 'positive change'. The car is aimed at children between two and eight years old, dependant on their size and suitability, to use.

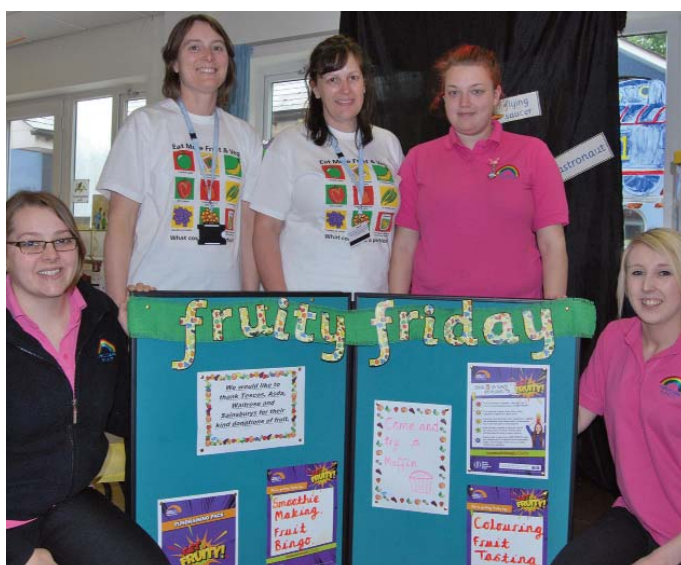


## Trust helps to Break the Cycle

Our staff have worked together with health and social care partners in East Sussex on a national initiative called 'Breaking the cycle'. Together with partners, the objective was to identify potential new ways of working and areas for improvement related to the patient journey through the emergency care system and beyond, with partners responsible for care of patients returning into the community.

## Survey to improve patient experience in Maternity Services

Our maternity department undertook a survey to help gain a greater understanding of the views and opinions of women and their families who use local maternity services. The results of the survey helped to develop a vision for the future to improve the experiences of those who use maternity services.



## Children and their families make 'Fruity' Friday a success

Our Paediatric Dietetic team were out in force on 'Fruity' Friday to encourage children and their families to eat more fruit. The team used the day to promote the eating of fruit in a fun way using colourful displays and involving children in their own smoothie making as well as demonstrating the versatility of fruit as an ingredient in a variety of weird and wonderful mini muffins.



## New Pevensey Unit Opens

Her Majesty's Lord Lieutenant of East Sussex Peter Field officially opened the new Pevensey Unit at Eastbourne DGH. The newly expanded unit provides treatment and care to haematology and oncology patients. The new unit cost £2.3 million to build and is double the size of the previous unit. It includes an expanded day unit offering new treatment facilities providing a high quality experience for patients.



## Speak Up Guardian Appointed

Ruth Agg was been appointed to be the Trust's first "Speak Up Guardian". She will be an independent person for staff to talk to and raise concerns about their working life including any concerns about bullying and harassment. This new role is an independent post within the trust reporting to the Chief Executive and Chair.

## Public invited to Big Conversation Events

We have invited local people to get involved in a series of Big Conversation events across the county. We wanted to update local people on how we are improving the quality of care and listen to their views and suggestions on what else we could do to improve the patient experience.



## First in UK for new technological defibrillator

An Eastbourne man is the first in the UK to be fitted with the latest defibrillator which can detect and monitor the abnormal heart rhythm that can indicate the potential onset of a stroke. This new device uses the latest technology and is the next generation of implantable cardioverter defibrillators (ICDs).



### **Stroke awareness events**

Our Community Stroke Rehabilitation Teams have held a series of stroke awareness events in shopping centres around the county spreading the message about stroke prevention.

### **Staff raise money for Nepalese Earthquake victims**

Nepalese nurses at the Trust along with some others in the local Nepalese community held lunches for staff to raise money towards the disaster fund to help the Nepalese earthquake victims.

### **Glaucoma Support Group**

A Support Group to offer help and advice for people suffering from the eye condition glaucoma has been set up.

### **Work to improve Outpatients area at Eastbourne DGH**

Building work to improve the waiting areas in Outpatients at Eastbourne DGH has been completed which included a new roof and anti-glare windows.

### **Hospital Recognised for role in Royal College Medical Examinations**

Eastbourne DGH was recognised for its role in hosting Membership of the Royal College of Physicians examinations with the presentation of a plaque from the College.

### **Organ Donation films launched**

A series of four short films on organ donation aimed at the general public and healthcare staff were launched as part of National Transplant Week.

### **Physiotherapists help beat back pain**

Physiotherapists gave general advice and suggesting simple exercises and activities that can be incorporated into everyday routines to improve posture and help minimise pressure on the back.

### **Making Every Contact Count in Hastings and Rother**

We become one of the first healthcare providers in Kent, Surrey and Sussex to introduce Making Every Contact Count (MECC), a national initiative to help reduce health inequalities.

### **Extra reminders reduce number of missed appointments**

Fewer patients are missing their outpatient appointment following the introduction of additional reminders.

### **Recruitment of nurses from home and abroad**

We have recruited more nurses from both home and abroad to work at our hospitals and in the community.

# ABOUT THE TRUST

Patients come first at East Sussex Healthcare NHS Trust. Our vision is to be the healthcare provider of choice for local people and to 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.

We are proud to provide acute hospital and community health services for people living in East Sussex. We also provide an essential emergency service to the many seasonal visitors to the county every year.

Around 525,000 people live in East Sussex and we are one of the largest organisations in the county. We employ 6,519 dedicated staff with an annual turnover of £356million.

We provide around 750 beds and almost 100,000 people are inpatients each year. Almost 130,000 patients used our emergency departments and minor injuries units. There are over 380,000 outpatient attendances annually.

We operate two district general hospitals, Conquest Hospital and Eastbourne District General Hospital, 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.

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

Until 31st October 2015 we provided a minor injury unit service, rehabilitation, inpatient intermediate care services and radiology from Crowborough War Memorial Hospital, Lewes Victoria Hospital and Uckfield Community Hospital. These services are now provided by Sussex Community Trust.

At Crowborough War Memorial Hospital we provided a midwifery-led birthing service and High Weald community Midwifery which were transferred to Maidstone and Tunbridge Wells NHS Trust on 1st April 2016. We provide intermediate care services





jointly with East Sussex County Council Adult Social Care at Firwood House in Eastbourne.

Our staff 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.

We provide 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 such as the Macmillan Palliative Care Nurse Specialists, Community Continence Advisory, Community Heart Failure, Tissue Viability, Diabetes Specialist Nursing, Respiratory and MS Nurse Specialist also provide support to our patients in the community.

Services for children are offered including Health Visiting and the Safeguarding Children Team and Looked after Children Team.

We provide 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.

**We are committed to ensuring that all services are:**

Safe

Effective

Caring

Responsive and

Well led

## Our strategic objectives are to:

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

## 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 and provides commissioning guidance. We are a full, active and positive partner in the development of local implementation plans and work 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 us.



# OUR YEAR IN NUMBERS 2015/16

130,000

We treated 130,000 patients in our Emergency Departments and Minor Injury Units

3,281 women became mothers by delivering 3,326 babies

3,281

45,178

We increased the number of day case operations by 2.5% so that 45,178 patients could return home on day of their operation

386,402 people attended outpatient appointments with us

386,402

90,000

Our community nurses supported 90,000 patients

We performed more than 250,000 radiological examinations and therapeutic procedures

250,000

5,500,000

Over 5.5 million pathology tests were carried out

# PERFORMANCE ANALYSIS

## Key Performance Indicators

The Trust's Key Performance Indicators (KPIs) are detailed below.

The KPIs are monitored via various forums and accountability reviews such as:

- Weekly Patient Tracking List (PTL) meetings for Referral To Treatment (RTT), Diagnostics and Cancer performance.
- Monthly Executive led integrated performance reviews with each Clinical Unit. A performance report is presented at each of these meetings.
- A Trustwide integrated performance report which is presented at the Finance and Investment Committee, the Executive Director's monthly meeting and to the Trust Board.
- Monthly Contract Performance reviews with the CCGs.
- Monthly Quality and Assurance Executive meetings with Trust Executives and the CCG's Executive team.
- Monthly Oversight meetings with NHSI.
- Monthly IDM with the NHSi senior executive team.

The Trust has developed an information suite which provides managers and clinicians with an array of monitoring information. It provides both historical and forward views which allow clinical units to monitor performance against KPIs. Examples of information that we monitor include live PTL booking data, daily clinic and theatre utilisation data, live cancer performance and booking tools, Did Not Attend (DNA) rates and RTT performance.



# Performance

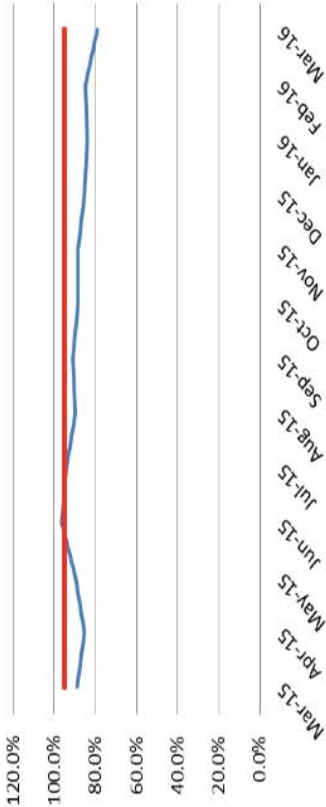
## Access and Responsiveness: Emergency Department - 2015/16

Indicator Description	Target	Previous Months												Current Month			YTD		Trend
		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Mar-15	Var	Curr Yr	Last Yr	
A&E Monthly Performance (4Hr Wait)- Type 1 Only	95%	88.8%	85.3%	89.9%	96.3%	94.1%	89.7%	91.4%	88.6%	88.4%	85.6%	84.2%	84.8%	79.0%	88.8%	-9.8%	88.1%	91.7%	-4.0%
Emergency A&E >12hr to Admission	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	-	1	1	0

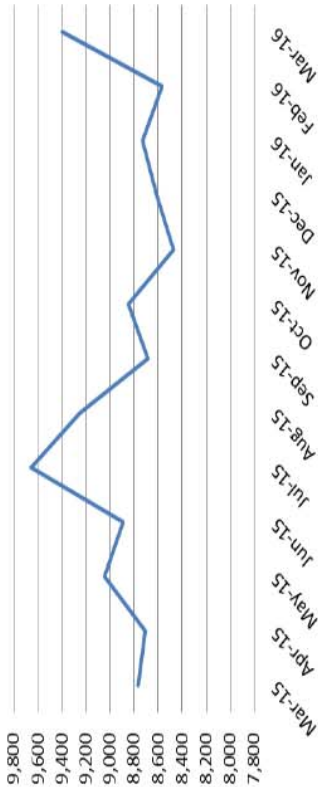
- Performance data is for Type 1 patients only.
- Year to date attendances are up by 3726 (3.6%)
- Recruitment to key posts within the Emergency Department over the past 12 months has been challenging and there has been a reliance on locum and agency staff to cover vacancies.

### Commentary

#### A&E Performance (Type 1 only)



#### A&E Attendances



## Access and Responsiveness: Referral to Treatment and Diagnostics - 2015/16

Indicator Description	Target	Previous Months												Current Month			YTD			Trend
		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Mar-15	Var	Curr Yr	Last Yr	Var	
Referral to Treatment Incomplete	92%	94.2%	94.3%	94.8%	93.8%	94.1%	93.5%	93.4%	92.7%	92.76%	92.15%	92.06%	92.2%	90.5%	94.23%	-3.8%	93.0%	92.64%	0.3%	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div>&lt;</div>

- The overall aggregate score for the Referral to Treatment (RTT) Incomplete was 93% against a target of 92%
- The 92% target was achieved in every month apart from during March 2016.
- Winter pressures affecting patient flow, along with the impact of the Junior Doctors' industrial action have contributed to the decline in RTT performance since December 2015.
- There were no patients breaching the 52 week standard during 2015/16.
- Diagnostic performance against the 6 week time standard has continued to be very challenging for the Trust.
- Capacity within the Endoscopy service was the main contributing factor for non-achievement of the target.
- Planning continues for the recovery of Endoscopy through business cases for cross-site weekend capacity and an additional 3rd room at EDGH.
- March saw a spike of 6.67% in diagnostic waiting times. Although Endoscopy continued to experience capacity difficulties, Radiology also contributed to the impact on performance in this month due to the loss of a number of Sonographers and equipment breakdowns which could not be recovered in-month.

### Commentary



## Access and Responsiveness: Cancer - 2015/16

Indicator Description	Target	YTD												Trend
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Curr Yr
Two Week Wait Standard	93.0%	90.6%	93.6%	93.1%	91.7%	85.9%	87.6%	91.3%	89.9%	91.9%	92.5%	94.9%	96.9%	91.2%
Breast Symptom Two Week Wait Standard	93.00%	94.9%	96.1%	91.2%	84.1%	75.8%	81.3%	89.1%	88.5%	90.0%	99.1%	93.0%	90.0%	89.6%
31 Day Standard	96.0%	97.8%	98.2%	95.1%	95.0%	96.9%	98.9%	100.0%	97.4%	98.3%	96.9%	98.8%	99.3%	97.5%
31 Day Subsequent Drug Standard	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 Day Subsequent Surgery Standard	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 Day Standard	85.0%	82.0%	69.3%	70.5%	75.3%	73.9%	74.5%	76.2%	75.4%	80.6%	73.0%	70.5%	79.4%	74.8%
62 Day Screening Standard	90.0%	86.7%	87.5%	81.8%	84.6%	87.5%	80.0%	84.6%	54.5%	60.0%	33.3%	100.0%	42.9%	80.5%





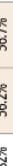
### Commentary

- Two week wait Cancer performance has had a challenging 12 months due to clinic capacity and patient availability.
- The 'Live' Cancer PTL implemented by the Trust earlier this year has significantly improved performance with real time data. This tool now allows tumour sites to focus on delays in patients' pathways and this has contributed to the continued improvement with both Two Week Wait standards and the 62 day Screening standard.
- The trust has been unable to achieve the 62 day target during 2015/16 although a recovery action plan is now in place with an aim to achieve this standard by the end of 2016.

## Activity and Effectiveness: 2015/16

Indicator Description	Target	Previous Months												Previous Months				Current Month			YTD		Trend
		Previous Months												Previous Months				Current Month			YTD		
		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Mar-15	Var	Curr Yr	Last Yr	Var				
Primary Referrals	Previous Yr	10,434	8,767	8,441	9,473	9,720	8,018	8,866	9,146	8,490	8,187	8,534	9,345	9,129	10,434	-12.5%	106,116	107,434	-1.2%				
	Cons to Cons Referrals	1,919	1,661	1,443	1,599	1,755	1,386	1,418	1,520	1,470	1,222	1,273	1,272	1,278	1,919	-33.4%	17,297	19,076	-9.3%				
First OP Activity	Previous Yr	10,567	9,840	9,353	11,470	11,252	9,623	10,691	10,219	10,534	9,713	9,406	10,241	10,037	10,567	-5.0%	122,379	121,955	0.3%				
	Subsequent OP Activity	23,568	22,766	20,611	24,615	24,067	21,719	24,066	24,231	24,407	22,481	22,801	23,516	23,482	23,568	-0.4%	278,762	269,754	3.3%				
Indicator Description	Target	Previous Months												Previous Months				Current Month			YTD		Trend
Elective IP Activity	Previous Yr	754	591	678	799	773	710	709	696	621	568	511	601	626	754	-17.0%	7,883	9,054	-12.9%				
	Previous Yr	4,125	3,667	3,567	4,025	4,118	3,751	3,795	3,732	3,818	3,532	3,627	3,795	3,759	4,125	-8.9%	45,186	43,997	2.7%				
Non-Elective Activity	Previous Yr	4,124	4,011	3,973	4,068	4,260	3,738	3,833	3,866	3,640	3,827	3,800	3,920	4,072	4,124	-1.3%	47,008	48,127	-2.3%				
	Previous Yr	8,765	8,709	9,048	8,890	9,659	9,251	8,685	8,846	8,476	8,612	8,731	8,571	9,398	8,765	7.2%	106,876	103,150	3.6%				
Average LOS Elective	3.0	2.5	3.1	3.0	2.9	2.8	3.1	3.1	3.0	3.0	3.2	2.7	3.0	3.0	2.5	20.3%	3.0	2.8	5.4%				
Average LOS Non-Elective	4.6	5.5	5.7	5.4	5.1	5.5	5.1	5.7	5.5	5.7	6.2	5.7	5.9	6.0	5.5	10.0%	5.6	5.3	6.8%				

## Community

Indicator Description		Target	Previous Months			Previous Months												Current Month		YTD		Trend
			Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Mar-15	Var	Curr Yr	Last Yr	Var		
Community Nursing Referrals		Monitoring	2,403	2,219	2,246	2,668	2,949	2,979	3,485	3,382	3,391	3,577	3,971	3,764	3,836	2,403	59.6%	38,467	21,109	82.2%		
Community Nursing Total Contacts		Monitoring	33,505	34,116	32,847	34,189	37,070	34,455	33,905	33,493	32,544	34,110	34,210	32,702	34,510	33,505	3.0%	408,151	273,218	49.4%		
Community Nursing Face to Face Contacts		Monitoring	20,224	20,158	19,539	20,101	21,663	19,742	18,925	18,838	18,467	19,113	18,851	18,389	19,525	20,224	-3.5%	233,311	170,855	36.6%		
% Patient Facing Time		60.00%	60.36%	59.09%	59.48%	58.79%	58.44%	57.30%	55.82%	56.2%	56.7%	56.0%	55.1%	56.2%	56.6%	60.36%	-6.3%	57.2%	62.53%	-8.6%		
Community Nursing ALOS		42.00	39.20	61.72	42.64	35.33	44.12	52.88	38.37	44.6	32.3	32.7	37.4	33.6	37.6	39.20	-4.1%	40.7	41.88	-2.9%		

- Both primary referrals and consultant to consultant referrals are down for the year overall. Primary referrals appear to have decreased primarily within Surgical specialties. Consultant referrals have decreased across the Trust. There have however been some increases within primary referrals, notably in Gastroenterology, Thoracic Medicine and Cardiology. This is impacting significantly on RTT and diagnostic waiting lists, putting additional pressure on the ability of the Trust to meet these constitutional standards.
- There are some marginal increases in both initial and follow-up outpatient appointments over the year. March is down year on year but as Easter was early this may have impacted.
- Elective activity is approximately 13% down on the previous year with a steep downward trend over the last few months. Whilst activity has increased marginally over the last quarter, it remains behind the same time period last year. As described below, the level of Non-Elective occupancy will have driven some of this decrease, but it should also be noted that a number of procedures were cancelled during the Junior Doctors' industrial action. Furthermore, day case activity has increased by almost 3%, indicating a small shift for some specialties/procedures.
- Whilst Non Elective occupied bed days have increased almost 7% year on year, this will inevitably keep activity lower by reducing flow and thus the availability of beds.
- In both the Eastbourne, Hailsham and Seaford (EHS) and Hastings and Rother localities the referral rate remains significantly higher than expected.
- EHS Community Nursing teams are continuing to maintain a consistent response time performance in all categories.
- Face to Face contacts appear to be reducing. This will partly be due to changing working practices, but there remain issues with the inputting of direct and indirect contacts to SystmOne. Across the 300+ workforce, there has been significant and sustained progress within these areas. This requires close co-ordination between operational staff inputters, Service Managers and the Information Management team and trainers. This complex dynamic is currently being reviewed, with additional guidelines agreed and implemented at the end of March 2016.
- Length of stay within the Trust has been adversely affected across all community sites by Non-Acute Delayed Transfers of Care. This is primarily due to patients awaiting packages of care prior to being discharged.

## Commentary







# PATIENT SAFETY AND QUALITY

During the last year, significant progress was made on improving the quality of care for our patients. Following the Care Quality Commission's Inspection report published in March 2015 we have undertaken a continuous programme of review and improvement.

We will be publishing our Quality Account for 2015/16, which is an annual document we produce outlining some of our many achievements over the past year, as well as our priorities for the forthcoming year. A full copy of the Quality Account for 2015/16 can be obtained via our website - [www.esht.nhs.uk](http://www.esht.nhs.uk)

A robust incident reporting system and culture play a vital part in ensuring that we learn from adverse events and establish measures to prevent them from happening again.

Incident reporting has increased throughout the year, and systems have been strengthened to both improve the investigation process and shared learning.

We actively encourage and train our staff to report all patient safety and staff incidents through our reporting systems.

Quality metrics are monitored and used alongside performance measures that are reported within the organisation. For 2016/17 we will further develop our Patient Safety and Quality Strategy.

This outlines the improvements we will undertake during the year and includes the Sign up to Safety Campaign, Quality Account Priorities, Patient Experience and other clinical effectiveness priorities that have a direct effect on patient care.



These will all be regularly reviewed and reported with outcome measures to ensure we have a continuous improvement cycle.

## 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 acute services of Conquest Hospital and Eastbourne DGH were initially inspected by the Care Quality Commission (CQC) in September 2014. The CQC published its findings from this inspection in March 2015, rating the Trust overall as inadequate.

A follow-up inspection was carried out by the CQC in March 2015 and findings from this inspection were published in September 2015 and again rated the Trust overall as inadequate.

The Trust was placed in Special Measures by the Trust Development Authority in September 2015 and a number of urgent improvements were identified and as already outlined we have developed a comprehensive action plan.

It is a credit to our staff that the CQC rated the organisation as good for caring following both of their inspections; staff were seen to treat patients with compassion, dignity and respect.

Some of the improvements that have been implemented since the CQC inspection include:

- increased staffing levels and investment in nursing, midwifery, healthcare assistant and allied health professional staff across our services
- improved privacy and dignity for our patients within our outpatients departments



- investment in an electronic tagging system that allows us to quickly and easily locate patients' notes within our clinical areas, improving confidentiality and helping our clinics run more efficiently
- reduced waiting times in outpatients and fewer clinics cancelled at short notice
- a reduction in the number of preventable falls amongst elderly and frail patients
- the introduction of regular staff listening events
- launching a 'Speak Up, Speak Out' campaign
- appointing an independent Speak Up Guardian, to encourage and support staff to raise concerns and ensure that the voice of the front line is heard clearly at a senior level within the organisation; the Speak Up Guardian is supported by staff who have volunteered to become Speak Up Champions from throughout the Trust
- improving our compliance with levels of mandatory training and appraisal
- strengthening our partnership with Healthwatch, who will support us in building stronger links with our local communities

The CQC's reports from their last inspection are available at [www.esht.nhs.uk/about-us/cqc-report/](http://www.esht.nhs.uk/about-us/cqc-report/) along with details of our Quality Improvement Plan.

## Our key issues and risks

The Trust's Board Assurance Framework provides assurance that a robust risk management system underpins the delivery of the organisation's principal objectives. It clearly defines the:

- Trust's principal objectives and the principal risks to the achievement of these objectives.
- Key controls by which these risks can be managed
- Independent and management assurances that risks are being managed effectively
- Gaps in the effectiveness of controls and assurance
- Actions in place to address highlighted gaps.

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 on-going performance improvement and build a high performing organisation.
- We are unable to develop and maintain collaborative relationships based on shared aims, objectives and timescales with partner organisations resulting in an impact on our ability to operate 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 may not be the provider of choice for our local population or commissioners.
- We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.
- In running a significant deficit budget we are unable to invest in delivering and improving quality of care and patient outcomes. This could compromise our ability to invest in our infrastructure and service improvement.
- We are unable to effectively recruit to our workforce and to positively engage with staff at all levels.
- If we fail to effect cultural change we will be unable to lead improvements in organisation capability and staff morale.
- We are unable to effectively align our finance, estate and Information Management and Technology infrastructure to effectively support our mission and strategic plan.

The Board Assurance Framework has been regularly reviewed and revised by the Board and by the Audit and Quality and Standards Committees. As part of the Trust's on-going governance review it held two seminars in 2015 to consider the key risks, risk appetite and how this feeds into the Board Assurance Framework.

Internal audit gave 'Substantial Assurance' over the Board Assurance Framework (BAF) and Risk Management processes operating within the Trust.

---







## Important Financial Results

The following table shows a range of financial performance values taken from the accounts:

Accounts highlights	2015/16 £000	2014/15 £000
Surplus/(deficit) for year	(47,997)	88
Public Dividend Capital Dividend Payable	6,940	8,073
Value of property, plant and equipment	231,172	271,373
Value of borrowings (including loans)	39,198	4,564
Cash at 31st March	2,100	1,008
Creditors - trade and other	39,830	27,534
Debtors - trade and other	17,184	19,464
Revenue from patient care activities	323,874	354,042
Clinical negligence costs	12,078	7,868
Permanently employed staff costs	217,520	220,227
Other employed staff costs	40,567	25,233

Better payment practice code	2015/16		2014/15	
	Number	Value	Number	Value
% of non-NHS trade invoices paid within target	57.26%	65.15%	90.36%	91.48%
% of NHS trade invoices paid within target	61.24%	83.67%	65.92%	71.86%

The Manual for Accounts sets out the interpretations of “going concern” for the public sector. An NHS body would not need to have concerns about its “going concern” status unless there is prospect of services ceasing altogether. For the Trust there are no uncertainties in this respect as continuity of service provision in the future can be

demonstrated by signed contracts and future commissioning intentions with/from commissioners. Access to sufficient cash is available through application to Department of Health via the Trust Development Authority from the Independent Trust Financing Facility.

# FINANCIAL MATTERS

## Operating and Financial Review

For 2015/16 the Trust's Board agreed an annual plan with a deficit of £37m. In the course of the year, following discussion with the NHS Trust Development Authority (TDA), the Board agreed a revised plan with a deficit of £35.2m. The planned deficit was in sharp contrast to the small (£88k) surplus reported by the Trust in 2014/15.

However, that was achieved with £18m of commissioner support that was not available in 2015/16. Also, in the light of the Trust's adverse Care Quality Commission rating, the plan for 2015/16 necessarily built in substantial investment in quality and safety requirements.

The planned deficit assumed the delivery of £11.4m of cost improvements. For the second year running the Trust agreed a contract with the three main Clinical Commissioning Groups (CCGs) based, where applicable, on national tariff but with upper and lower limits ('cap and collar') within which the contract value was fixed. This was agreed with a view to managing the risk of volatility in demand.

As the financial year progressed it became apparent that increasing levels of staff vacancy combined with operational pressures had to be managed through a significant increase in agency usage. This pushed costs much higher than planned, with a total agency spend of £27m compared to just £12m in the previous year.

In addition, the Trust suffered the unplanned loss of community services that were retendered by High Weald, Lewes and

Havens CCG. This left the Trust with £773k of 'stranded' costs i.e. costs that were no longer funded but could not be removed in the short term. Cost improvements of £9.2m were delivered against the £11.4m target.

These issues, together with other financial pressures, meant that the Trust was unable to deliver the revised planned deficit of £35.2m and instead incurred a deficit of £48m for the year.

In terms of cash the Trust had access to a Working Capital Facility (WCF) of £31.3m from the Department of Health (DH), which was used for the best part of the year to meet the cash impact of the deficit.

During the year the Trust applied to DH for a loan to repay the WCF and meet the balance of the Trust's cash pressures. However, ultimately DH only agreed a Working Capital Loan equivalent to the Trust's revised planned deficit of £35.2m.

This left significant cash pressures to manage before the WCF was renewed in April 2016.

The Trust's capital programme remained under great pressure in 2015/16. While the Trust had planned to supplement its capital programme with £17m of external funding to support its clinical strategy, only £11.9m was made available plus £0.9m of donations.

There remains a legacy of under investment in the Trust's capital infrastructure. To help address this the Trust will be applying for an additional capital loan in 2016/17 to address issues highlighted in the CQC reports.

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

The Trust adopted the “alternative site” valuation model for its land in 15/16, reducing its value by £17m.

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.

In addition the Trust is fully engaged in the Lord Carter review of efficiency that has been initiated by the DH. An internal Efficiency Improvement Group has been set up to ensure that the Trust takes full advantage of any efficiency improvements that present.

The Trust also holds regular accountability reviews with each clinical unit to monitor and drive performance improvement. These reviews are being extended in scope and rigour to become Integrated Performance Reviews (IPRs), which will be chaired by the Chief Executive.

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 agreed and submitted to NHS Improvement a financial plan for 2016/17 with a deficit of £48m, which happens to be the same as the outturn for 2015/16. This is after planned cost improvements of £10.8m and a reduction in agency costs of £8m.

The Trust’s main contract with three local CCGs will be based on national tariff, where applicable, without any ‘cap and collar’ arrangement. This increases risk on the one hand, with no protection for under performance, but also presents opportunities to ensure that work undertaken will be funded.

The Trust will initially use the interim WCF for its cash requirements in 2016/17 but this will need to be replaced with loan funding under arrangements yet to be advised.

The Trust has yet to achieve its statutory breakeven duty and was placed in ‘Special Measures’ by the TDA (now part of NHS Improvement) as a result of the adverse CQC reports. As a result the Trust is being closely monitored by NHS Improvement on all aspects of performance, including finance.

The Trust is engaged in wider initiatives with a view to transforming the way services are provided. This includes involvement in the ‘East Sussex Better Together’ programme across two local CCGs and the Sustainability and Transformation Plan (STP) being developed across Sussex and East Surrey.

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.

## Patient and Public Involvement

We place service users at the heart of everything we do. We must listen to and learn from their views. We are committed to ensuring that every patient receives a high quality service that meets their expectations.

We continue to take forward work that measures, reports and improves patient experiences and to actively involve patients and the public in this process. Our intention is to ensure that the involvement of patients and families in making improvements to our services becomes part of everyday practice.

Our patient experience team helps to support individual services in engaging with service users, carer groups and staff. We held our annual Dignity Conference, reviewing patient stories and experiences.

At the conference, 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 from 90.34% in 2014/15 to 93.23% in 2015/16.

We took part in the Big Red Bus initiative which travelled the county gathering feedback from patients and the public about their experience of health and social care.

Volunteers from Healthwatch have been actively helping us to undertake specific activities to survey the views of patients and the public about our services.



On wards and in clinical areas we have "Knowing How We Are Doing" boards which display data, including staffing levels, infection rates and a "You said, We did" section to ensure all staff are kept up to date about activity in the organisation. The feedback received from these initiatives has been positive from patients, carers and staff.

We have patient representation on our Patient Information Group and Patient Experience Steering Group.

We have continued to implement our 4C approach (Complaints, Concerns, Comments and Compliments) to enhancing patient experience. This includes having systems and processes in place to effectively address all of these issues.

We have developed a robust system of monitoring the NHS Choices and Patient Opinion websites and welcome feedback via these routes. We have received a higher number of positive comments on these sites during 2015/16 than we did during the previous year.

A series of Big Conversation public events have been held around the county to update local people on our progress on improving patient care. They have proved a valuable opportunity for patients, carers and the public to share their views and experiences of care in East Sussex.

They have also enabled us to hear ideas and suggestions directly from the local population about how we can improve our services.

As part of our work programme for 2016/17, we will continue to review the ways in which feedback is given and to promote a variety of ways in which we can receive this information.

We meet with Healthwatch on a monthly basis and we are very grateful to them for the commitment and support that they provide. This helps us to provide a more meaningful and positive patient experience and patient environment.



## Equality, Diversity and Human Rights

We actively seek to remove barriers and eliminate unlawful discrimination to ensure that equality remains at the heart of everything we do. The Equality, Diversity and Human Rights department has continued to provide support to ensure that we are a more inclusive, fair and equitable organisation.

During 2015/16 we have seen many equality initiatives and engagement events that have ensured people's needs are at the heart of service delivery, change, improvement and development. Some of the highlights of 2015/16 include:

- Appointment of two new Chaplains to support the spiritual needs of patients, carers, service users, visitors and staff.

- Project Search continues to work with local colleges for the second year providing internships for young people with learning disabilities.
  - 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.
  - Tailored equality, diversity and human rights training was developed and delivered to clinical units to support staff in meeting the needs of their patients, carers and service users.
  - Communication boxes for patients, carers and service users with communication needs have been developed which will help to support elderly patients on the wards.
  - Staff continue to be supported to meet patient, carer, colleague and individual communication needs through the use of the 'Language and Communications' policy and training for booking interpreters, bilingual advocates and communication support workers as well as for providing accessible information.
  - The simplified Equality Impact Assessment form ensured equality and diversity continued to be embedded within each policy document and that each protected characteristic is assessed at every stage, ensuring 'due regard' is integral to every process.
  - Following the review of our Equality Objectives, four new Equality Objectives were developed using the Equality Delivery System (EDS2), the newly standardised way of monitoring how well we deliver equality within the organisation, and the NHS Workforce Race Equality Standard (WRES). The objectives were developed with the aim of delivering a Healthcare service that meets and exceeds the expectations of our 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.
  - The EDS2/WRES Steering group implemented robust systems to support staff for reporting EDS2 and WRES data.
  - The Resus department continued to offer free monthly baby Resus training to local communities.
  - Sexual Health continued to promote support for Lesbian, Gay, Bisexual and Transgender (LGBT) patients, carers and service users with drop in clinics and male only weekly clinics.
  - Successful retention of the Disability Positive Employer ("two ticks") status which recognises our commitment in supporting disabled job applicants, including through a guaranteed interview scheme.
  - EDS2 has enabled us to continue to meet our legal obligation to eliminate unlawful discrimination, advance equality of opportunity and to foster good relations, as per the Equality Act 2010.
  - National research has demonstrated that people from Black, Asian and Minority Ethnic (BME) groups were disproportionately represented within the workforce and often reported a less positive experience. BME staff were invited to engagement events to feedback on their experiences of working for us. Feedback and future events will assist us in becoming a more inclusive employer that is fully representative of the diverse communities we serve.
  - The Equality and Diversity department continued to engage with external organisations to support clinical units in meeting the needs of the people who use our services.
  - Health Visitors continued to support local migrants with access to interpreters and advocates to promote "Accessing NHS Services through the correct pathways", ensuring new migrants understand how to access NHS services appropriately.
-



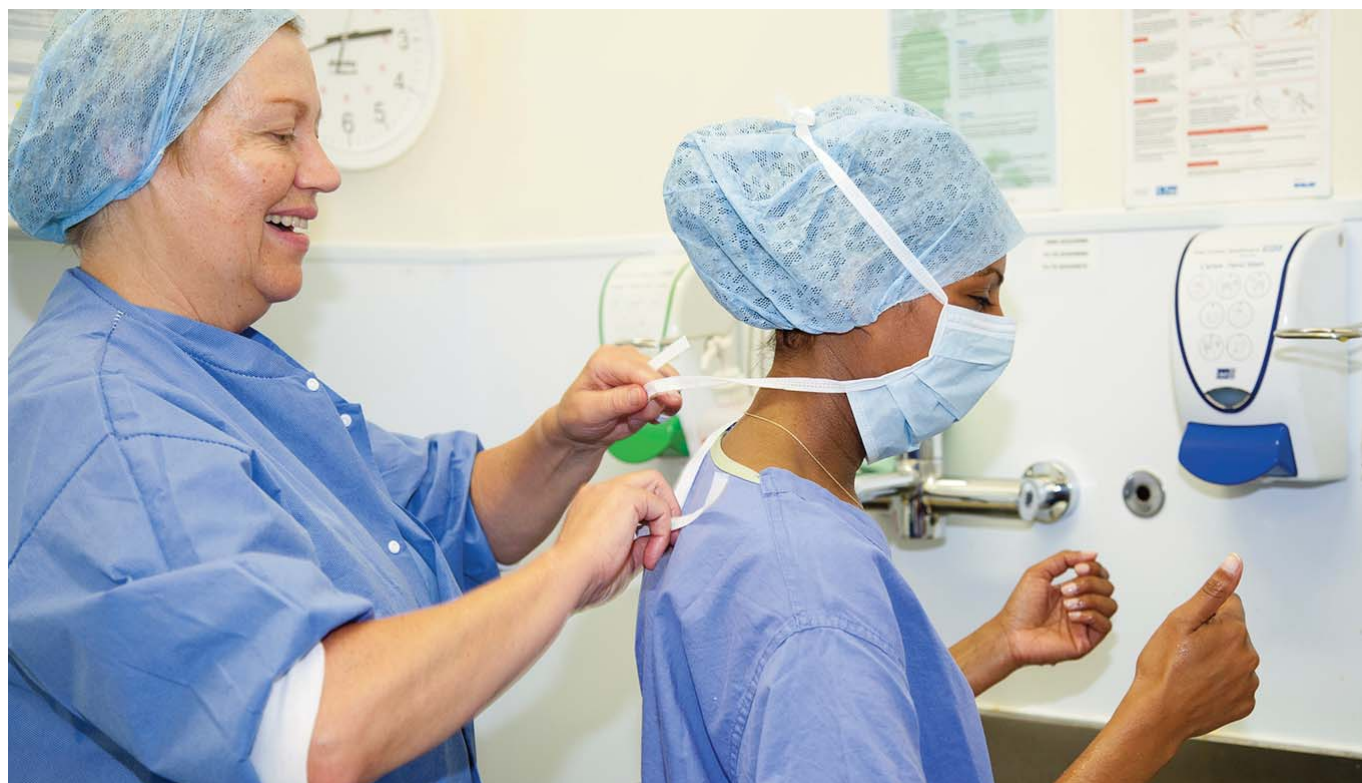
- Training commenced to equip staff with the skills and confidence in identifying and removing barriers when carrying out Equality Impact Assessments.
- The Equality and Diversity webpage provides communication resources to support communication including a language identification chart, common phrases in many languages, bilingual appointment letters and the Hospital Communication Booklet which provides pictorial support.
- Assisted shower rooms in several wards and bigger changing cubicles have provided easier access for patients and service users.
- Our Dignity Day raised awareness of people with hearing and sight impairments. Attendees were provided with earplugs and ear defenders to simulate hearing loss and goggles simulated different types of visual loss.

## Working Together

We work closely with the local Clinical Commissioning Groups, the Surrey and Sussex Area team of NHS England, NHS Improvement 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 County Council 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 2015/16. 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

Volunteer services have approximately 1,000 volunteers who give their time to help patients, staff and visitors across our sites. Volunteer services recruit and train volunteers throughout the year, and they work in many areas including:

- Reception desks for clinical administration
- Patient Library and book sales service
- Ward support
- Admin and Patient experience support
- Chaplaincy
- Hospital Radio
- League of Friends

We held our volunteer service awards in June 2016, and we are starting a monthly 'volunteer award' to recognise and thank individuals for their efforts and to publicise their work and achievements. Staff are able to nominate volunteers for awards. We are currently embarking on a recruitment and training programme for dementia support assistants.

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 can contact the Volunteer services team on:

- 01323 417400 Ext 4880
- 01424 755255 Ext 8496
- Via email: [ESH-tr.voluntaryservices-eastbourne@nhs.net](mailto:ESH-tr.voluntaryservices-eastbourne@nhs.net)

We welcome applications from everyone.

## Fundraising

We are extremely grateful for the efforts of a wide range of charities and individuals whose generosity supports our work.

Over the year £748,000 has been donated or bequeathed to our charitable funds. We have implemented charity checkout, a digital giving platform, on our website, which allows us to receive donations electronically.

We receive a huge amount of support from the various Leagues of Friends for our hospitals, and they have again been hugely supportive throughout the year. They have funded the purchase of equipment to improve the care and support that we are able to offer to patients throughout the Trust.

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

# STRATEGIC DEVELOPMENT

In 2015/16 we began to refresh and develop our five year strategic and clinical plan, with a view to completing this work by Summer 2016. This will provide the overarching strategic and clinical plan for 2016–2021.

It builds on the implementation of the 5 year Clinical Strategy 2011 Shaping our Future.

This refresh is being carried out in tandem and alignment with key work on East Sussex Better Together (ESBT) and the Strategic Transformation Plan (STP). This will ensure that it has a clear place in the delivery of community and secondary care and can sustainably meet the current and future healthcare needs of the population of East Sussex.

During the year work also began on the Strategic Transformation Plan. Sussex and East Surrey have agreed to develop an STP with a footprint covering Sussex and East Surrey. This footprint includes eight Clinical Commissioning Groups (CCGs), four Acute Trusts, four County Councils (and coterminous Health and Wellbeing Boards), two Community Trusts, a Mental Health Trust and an Ambulance Trust. There are also many primary care providers, smaller providers and District Councils that will be represented within the structure.



# INVESTING IN OUR ESTATE

Our capital investment during 2015/16 was focused on continuing to improve the patient environment. We completed the redevelopment of Pevensey ward, our oncology ward at Eastbourne DGH.

The project provided additional space, particularly for our day-case patients, with a focus on improving confidentiality, privacy and dignity, patient safety and a quality environment for patient care.

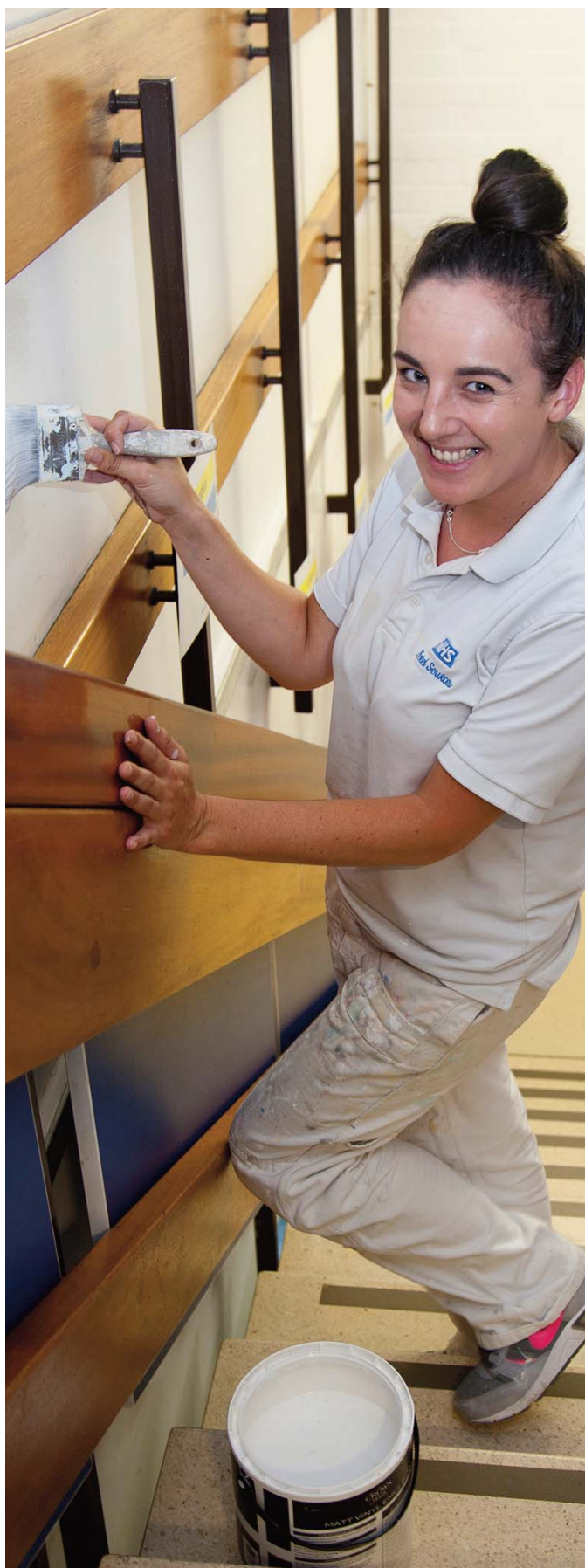
Other projects that have been completed during the year include:

- The introduction of Omnicell Cabinets to dispense medications to improve medicines management and safety at the Conquest. A similar scheme is planned for Eastbourne DGH.
- Clinical skills rooms have been completed at the Conquest and Eastbourne DGH to enhance clinical staff training and subsequently improve patient safety and experience.
- The floors and ceilings in the Outpatients' area have been refurbished and upgraded, providing an improved patient environment and experience.
- Upgrading of the Computer Room at the Conquest has been completed and ensures that our infrastructure for Information Technology is robust. The upgrade supports the clinical records project and ensures that technology requirements for future developments are maintained.

In addition, we completed a number of







projects designed to assist in the control of the spread of infection. These included:

- Work to upgrade Folkington Ward at Eastbourne DGH and Gardner and De Cham Wards at Conquest Hospital.
- Upgrades to a number of bathrooms and toilets.
- Macerators are being installed at Conquest Hospital on a rolling programme and are being upgraded at Eastbourne DGH.

Most of the above have a direct clinical focus. In addition to these projects, we have invested significant funds in the hospital's infrastructure. These projects have:

- Improved the resilience of the electrical supply to Eastbourne DGH.
- Replaced the cooling system that supports theatre ventilation at Eastbourne DGH.
- Replaced the medical air equipment at Conquest Hospital.
- Replaced the water filtration equipment that supports the hydrotherapy pool at Eastbourne DGH.
- Worked to enhance our compliance with fire safety regulations.

During the year we updated our Estates Strategy to reflect our clinical plans and to provide a route map for future development.

We have begun to develop some of the early schemes incorporated into the Strategy which will see improvements to radiology at Eastbourne DGH and the emergency departments on both sites.



# PATIENT ENVIRONMENT

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

Inspections are carried out by a multidisciplinary in-house team including patient representatives from Healthwatch. In 2015 the inspections included checks regarding food, dementia and suitability of the environment.

The full PLACE scores for the individual categories in 2015 are shown in the table.

To try to prepare and reassure patients about their hospital stay, a patient information video is available at Conquest Hospital and Eastbourne DGH, which patients can view on their bedside television.

This video tries to give patients an insight into life on the ward, the types of staff that they will meet, the various facilities available and the importance of hand washing and infection control precautions for visitors and staff.

Site	Cleanliness %	Food %	Privacy, Dignity and Wellbeing %	Condition, Appearance and Maintenance %	Dementia %
Bexhill	95.57	77.79	69.84	95.32	69.73
Conquest	95.12	87.22	84.98	86.12	61.99
Crowborough	98.27	80.26	75.29	88.89	62.09
Eastbourne	96.86	92.56	82.80	90.79	56.61
Lewes	97.85	87.30	79.11	90.71	70.09
Rye	80.28	90.81	81.25	83.52	77.62
Uckfield	99.33	86.27	68.55	91.60	64.09

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



# HOSPITAL CLEANLINESS

During 2015/16 management responsibility for the National Standards of Cleanliness (NSC) audit team was transferred to the Estates and Facilities Management Department Governance Team.

To support the work of the audit team, a weekly quality group meeting takes place at Conquest Hospital and Eastbourne DGH to look at NSC audits and the rectification of any issues. A monthly meeting of the Patient Environment Audit Monitoring group looks at our overall standards of cleanliness and is a multidisciplinary meeting.

We are implementing new staff rosters and making changes to some cleaning practices as part of a Housekeeping modernisation plan supported by the Department of Health. These reforms will help us to meet changes within our clinical strategy and to plan cleaning services to ensure that it is compliant with the British Standards Institution (BSI) standard for planning and measuring hospital cleanliness (PAS 5748).

Part of the Housekeeping modernisation plan includes the use of large new pieces of cleaning equipment which are being introduced into numerous areas to enable housekeeping to provide better quality and more efficient cleaning service. The use of new equipment, as well as new bespoke work schedules devised in partnership with clinical leads, will provide a more effective service.

We are committed to maintaining our Intensive and Rapid Clean Service which operates 24 hours a day in order to facilitate specialist cleaning, enhanced decontamination cleans and Hydrogen

Peroxide Vapour (HPV) treatment which help to reduce the number and spread of infections.

There is now a 24 hour cleaning presence at Conquest Hospital and Eastbourne DGH Emergency Departments, and increased cleaning hours within the main operating theatre suite at Conquest Hospital to support the higher patient activity and ensure that the environment is clean and maintained to the highest standards.

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

Staff received additional training during 2015/16 on core cleaning standards and this has been embedded as part of an annual training programme for all housekeeping staff to ensure that they maintain and update their knowledge on a regular basis.





## Patient Catering

We continued to develop and improve our catering services for patients. We have an extended choice menu 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 16 hot main meal dishes, 5 hot light bite options (including 10 meat dishes, 2 fish dishes and 7 vegetarian dishes, 2 of which are suitable for Vegans) and a range of salads and sandwiches, along with a range of hot and cold desserts including fresh fruit options.

This menu is refreshed every six months to reflect a winter and summer menu. To help us to decide which dishes are available on our menus, we work closely with the Dieticians, Speech and Language Therapists, Ward Co-ordinators and Patient representative groups.

To support this style of service an extended choice menu for people requiring a texture modified diet which provides a range of dishes with different consistencies to support their special dietary requirements is offered. 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 who still want some independence whilst eating.

We have also recently introduced Flashcard menus to all wards for patients who are confused in order to help them to choose their meal options.

The level of satisfaction continues to be extraordinarily high and in excess of 98% of patients who were asked about catering indicated that they were happy with the quality of food provided. All patients were extremely satisfied with the level of choice



available to them. Some comments received include 'Truly brilliant, no improvement required' and 'great food, well presented, happy staff'.

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

## Site Safety

We do all we can to ensure that all visitors and staff are safe while they are in our hospitals and other buildings. We have a proactive security culture which aims 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 17th year.

We continue to work closely with local Police Officers and 2015/16 has seen several roadshows and exhibitions which have focussed on crime prevention and what staff can do both at home and at work to prevent crime. There have also been a series of counter terrorism training events run in conjunction with Regional Counter Terrorism Officers.

We have 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 which includes alarms for medical gases, blood banks, lifts and fire systems.

All staff wear an official identity badge with a clear portrait, name and job title. The badge integrates into our swipe card access system which manages and restricts movements across different 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.







# EMERGENCY PREPAREDNESS

The Trust is subject to the requirements of the Civil Contingencies Act 2004, and has statutory responsibilities as a Category 1 responder.

As a Category 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 are required to evidence that our staff are trained appropriately, according to the role and function they hold during major incidents or business continuity incidents.

Our training is aligned to the National Occupational Standards (NOS) for Operational, Tactical and Strategic leaders. During the year we have undertaken training delivered by external trainers, to ensure the correct standards are attained. Training and Exercising within the Trust must still continue to be developed, up to executive level, so that the Trust is resilient 24 hours per day, 365 days per year.

The loss of one Emergency Planning post during the year has made it very challenging to ensure that Emergency Preparedness and Business Continuity Planning have been maintained across both acute and community sectors. It has also impacted on our ability to ensure that staff have access to suitable training to enable them to respond effectively to a Major Incident, or to a Critical Incident.

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

The Trust remains fully engaged with the Sussex Resilience Forum (SRF) and has participated in exercises at both a County and local level during the year. The Trust is represented at a number of working groups within the SRF as well as in Safety Advisory Groups across East Sussex.

We enjoy a good working relationship with our multi-agency partners.





# SUSTAINABILITY

We are firmly committed to enhancing the sustainability of our healthcare services. To achieve sustainability we need to meet the needs of today without compromising the needs of tomorrow.

Whilst there is understandably a strong focus on financial sustainability in the NHS at present, we believe that to be a truly sustainable organisation we also need to take account of our impact on the natural environment as well as on our local communities, including our staff.

We view these as complimentary objectives that together will directly support our efforts to deliver the best possible outcomes for our patients.

Our new Sustainable Development Management Plan (SDMP) defines our priorities, ambitions and objectives with respect to our sustainability.

It identifies seven key areas where we are taking action to ensure that the services we deliver are not only effective and efficient, but minimise our impact on the environment and support personal health and wellbeing.

The seven action areas are illustrated in the graphic.

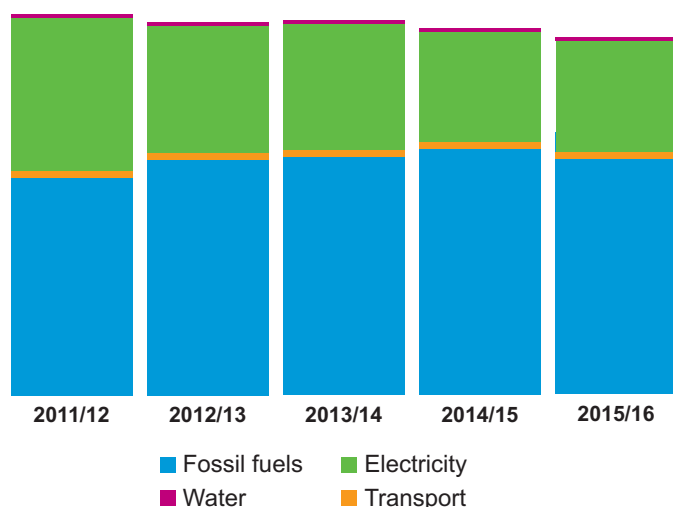


# ENVIRONMENTAL PERFORMANCE SUMMARY 2015/16

Our carbon footprint baseline (2013/2014) is 18,058 tonnes CO<sub>2</sub>, against which we have set a corporate carbon reduction target of 34% by 2020, as set out in our SDMP. This commitment is in line with the national NHS carbon reduction target.

Since 2013/2014 our carbon footprint has reduced by 1,342 tonnes, almost 7.5% (see graph). This means we are on track to achieve our 2020 target, although we recognise we still have work to do to maintain these levels of savings since many of the “quick win” opportunities have now been implemented.

## ESHT carbon emissions



At Eastbourne DGH we have increased the operation of our Combined Heat and Power (CHP) system (which allows us to generate our own electricity and heat on site). Along with an improvement in energy efficiency at the hospital, this has also allowed us to benefit from exporting electricity to the grid.

We have calculated that the net benefit of this is a further annual reduction in our

carbon emissions of 139 tonnes CO<sub>2</sub> – this is on top of what is reported in the graph and table. We are now developing a business case for installing a new CHP system at Conquest Hospital.

Emission source	2011/12	2012/13	2013/14	2014/15	2015/16
<b>Fossil fuels</b>	10,444	11,522	11,585	12,112	11,719
<b>Electricity</b>	7,212	5,915	6,000	4,901	4,580
<b>Water</b>	160	157	160	115	139
<b>Transport</b>	324	347	313	312	227
<b>Total</b>	<b>18,140</b>	<b>17,941</b>	<b>18,058</b>	<b>17,440</b>	<b>16,665</b>

Please note: figures for 2015/2016 contain estimated data and are subject to final validation.

In addition to our carbon footprint we produced around 2,342 tonnes of waste in 2015/16, including general waste and healthcare waste. This is broken down as follows:

Waste source	Tonnes
Healthcare waste	985
Reusable sharps	71
General/commercial waste	691
Recyclable waste	560
Hazardous/WEEE waste	35
<b>Total</b>	<b>2,342</b>

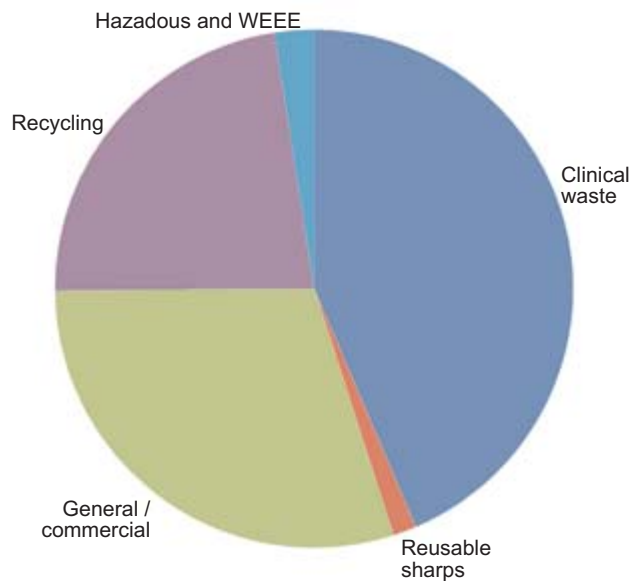
Note: recyclable waste includes dry mixed recycling, cardboard, confidential paper waste and green waste. Figures for 2015/2016 contain estimated data and are subject to final validation.



Overall, the volume of waste we produced in 2015/2016 fell slightly against the previous year, with a modest increase in the amount of general waste recycled.

This is an area we have identified in our SDMP and going forward we aim to increase recycling rates, reduce clinical waste volumes through a programme of improved waste segregation, whilst reducing waste volumes overall.

Our reusable sharps container programme has been a success and a Trust-wide roll-out in 2015/2016 saw a doubling in the volume of sharps treated this way.



# PRIORITISE FOR 2016/17

Priority actions from our 2016/2017 work plan include:

## Buildings

- Implementing new programme energy reduction measures and developing an invest-to-save programme at our acute sites. This will include developing a business case for a new Combined Heat and Power unit at Conquest Hospital.
- Agreeing a percentage target for non-infectious healthcare waste stream ("tiger bag" waste) across the Trust

## Journeys

- Establishing a Travel Group with significant staff membership to oversee the implementation of the Travel

Transformation Plan.

- Developing and implementing a new Trust-wide Travel Transformation Plan to target solo car occupancy and support the roll-out and uptake of alternative travel options

## Procurement

- Developing a new Procurement Policy, with sustainability, social responsibility and whole-life costing considerations as a business-as-usual feature of our procurement activity.
- Liaising with NHS Commercial Solutions and NHS Supply Chain to ensure the requirements of the Social Values Act are incorporated into decision making processes





## Culture

- Participating in national sustainability campaigns, for example the annual NHS Sustainability Day.
- Developing and launching a new communication strategy and staff engagement campaign aimed at raising awareness, communicating core messaging and driving positive action at every level of the organisation.

## Wellbeing

- Establishing dedicated posts as part of the Health and Wellbeing team to expand support provided to staff in the workplace.
- Developing a business case to allow fast track access to Occupational Health physiotherapy and further developing rapid access to mental health support.

## Adaptation

- Developing a template for the climate change impact risk assessment and trialling with 10 departments across the Trust.

- Working with stakeholders to identify likely changes to service requirements resulting from climate change.

## Governance

- Identifying the membership, producing Terms of Reference (TOR) and holding the inaugural meeting for the new Sustainability Healthcare Group, to oversee the delivery of the SDMP.
- Developing a dashboard for sustainability reporting which accurately reflects progress in each of the seven areas and using this as the basis of our sustainability reporting.

This performance report was approved by the board on 1st June 2016 and signed on its behalf by:



Chief Executive:



# ACCOUNTABILITY REPORT

## Corporate Governance Report

### Trust Board

There were a number of Board changes during the year including the resignation and appointment of the Chair and Chief Executive. These are outlined below:

Philip Astell	Acting Director of Finance	Appointed - 01/04/16
Sue Bernhauser	Non-executive Director Acting Chair	Appointed - 30/09/15 Ended - 10/01/16
Dr Adrian Bull	Chief Executive	Appointed - 11/04/16
Pauline Butterworth	Deputy Chief Operating Officer Acting Chief Operating Officer	Appointed - 01/09/15
Jackie Churchward-Cardiff	Non-Executive Director (designate) Non-Executive Director	Appointed - 01/12/15 Appointed - 01/03/16
David Clayton-Smith	Chairman	Appointed - 11/01/16
Professor Jon Cohen	Non-Executive Director	Resigned - 31/10/15
Charles Ellis	Non-Executive Director	Resigned - 31/01/16
Darren Grayson	Chief Executive	Resigned - 31/01/16
Vanessa Harris	Director of Finance	Retired - 30/09/15
Dr Amanda Harrison	Director of Strategic Development and Assurance	Resigned - 30/09/15
Miranda Kavanagh	Non-Executive Director	Appointed 09/11/15
David Meikle	Interim Director of Finance (Six month contract ended on 31/03/16)	Appointed - 01/10/15
Richard Sunley	Chief Operating Officer Acting Chief Executive	Appointed - 01/08/15 Resigned - 10/04/16
Stuart Welling	Chairman	Resigned - 30/09/15

Darren Grayson left the Trust on the 31st July 2015 and was undertaking project work for the Trust Development Authority (now NHS Improvement) until the end of January 2016.

One of the Non-Executive Directors, Sue Bernhauser, was Acting Chair from 30th September 2015 until 10th January 2016. Richard Sunley was Deputy Chief Executive /

Chief Operating Officer until 31st July 2016. He was appointed as Acting Chief Executive from 1st August 2015 until 10th April 2016.

Dr Adrian Bull joined us as Chief Executive on 11th April 2016.



# 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 31st March 2016

	<b>David Clayton-Smith</b> <b>Chairman</b> Chairman of Remuneration Committee		<b>Richard Sunley</b> <b>Acting Chief Executive</b>
	<b>Sue Bernhauser OBE</b> <b>Non-Executive Director</b> Chair of Quality and Standards Committee Member of Audit Committee Member of Remuneration Committee		<b>Pauline Butterworth</b> <b>Acting Chief Operating Officer</b>
	<b>Jackie Churchwood-Cardiff</b> <b>Non-Executive Director</b> Member of Finance and Investment Committee Member of People and Organisational Committee Member of Quality and Standards Committee		<b>Dr David Hughes</b> <b>Medical Director</b>
	<b>Miranda Kavanagh</b> <b>Non-Executive Director</b> Chair of People and Organisational Committee		<b>David Meikle</b> <b>Interim Director of Finance</b>
	<b>Barry Nealon</b> <b>Non-Executive Director</b> Chairman of Finance and Investment Committee Member of Audit Committee Member of Remuneration Committee		<b>Alice Webster</b> <b>Director of Nursing</b>
	<b>Michael Stevens</b> <b>Non-Executive Director</b> Chairman of Audit Committee Member of Finance and Investment Committee Member of Remuneration Committee		<b>Monica Green*</b> <b>Director of Human Resources</b>
			<b>Dr Andrew Slater*</b> <b>Director of Clinical Information and Strategy</b>
			<b>Lynette Wells*</b> <b>Company Secretary</b>

\*Non-voting board member/officer

## Attendance at board meetings 2015/16

Directors and Officers	Number of Trust Board meetings attended in 2015/16	Number of Trust Board meetings could have attended in 2015/16
<b>Sue Bernhauser*</b> Non-Executive Director (Acting Chair from 30/09/15 until 10/01/16)	5	5
<b>Pauline Butterworth*</b> Acting Chief Operating Officer (from 01/09/15)	2	3
<b>Jackie Churchwood-Cardiff*</b> Non-Executive Director (from 01/03/16) (Non-Executive Director Designate from 01/12/15 to 29/02/16)	2	2
<b>David Clayton-Smith*</b> Chairman (Appointed 11/01/16)	1	1
<b>Professor Jon Cohen*</b> Non-Executive Director (Resigned 31/10/15)	2	3
<b>Charles Ellis*</b> Non-Executive Director (Resigned 31/01/16)	2	4
<b>Darren Grayson*</b> Chief Executive (Resigned 31/01/16)	1	1
<b>Monica Green</b> Director of Human Resources	4	5
<b>Vanessa Harris*</b> Director of Finance (Retired 30/09/15)	3	3
<b>Dr Amanda Harrison</b> Director of Strategic Development and Assurance (Resigned 30/09/15)	2	3
<b>Dr David Hughes*</b> Joint Medical Director until 31/10/15 - Medical Director from 01/11/15	5	5
<b>Miranda Kavanagh*</b> Non-Executive Director (Appointed 09/11/15)	1	2
<b>David Meikle*</b> Interim Director of Finance (Appointed 01/10/15 until 31/03/16)	2	2
<b>Barry Nealon*</b> Non-Executive Director	4	5
<b>Dr Andy Slater*</b> Joint Medical Director until 31/10/15 Director of Clinical Information and Strategy from 01/11/15	4	5
<b>Mike Stevens*</b> Non-Executive Director	5	5
<b>Richard Sunley*</b> Deputy Chief Executive/Chief Operating Officer (Acting Chief Executive from 01/08/15)	4	5
<b>Alice Webster*</b> Director of Nursing	5	5
<b>Stuart Welling*</b> Chairman (Resigned 30/09/15)	2	2
<b>Lynette Wells</b> Company Secretary	5	5

\*Voting director of the board

# REGISTER OF INTERESTS

## Non-Executive Directors

Sue Bernhauser	None
Jackie Churchward-Cardiff	Owner and director of Clinical Strategies, a consultancy firm working within healthcare
David Clayton-Smith	Chair, KSS Academic Health Science Network Chair, Thames Valley Housing Association Chair, Surrey Priorities Committee Independent Non-Executive Director, NHS Frimley Health Foundation Trust
Professor Jon Cohen	None
Charles Ellis	None
Miranda Kavanagh	Director of Evidence, the Environment Agency
Barry Nealon	Chairman of Rye, Winchelsea and District Memorial Hospital. A voluntary position in the Charity that owns Rye Hospital
Michael Stevens	Council Member and Treasurer, St George's, University of London
Stuart Welling	Director and shareholder Stuart Welling Consulting Ltd

## Executive Directors

Philip Astell	None
Dr Adrian Bull	None
Pauline Butterworth	None
Darren Grayson	None
Vanessa Harris	None
Dr David Hughes	10.2% Shareholding in BMI Sussex Diagnostics
Dr Amanda Harrison	Senior Advisory Board member of Strasys, a company providing consultancy services to the NHS
David Meikle	Ownership of Peckwater Consulting Services
Richard Sunley	None
Alice Webster	None

## Non-voting board member

Monica Green	None
Dr Andrew Slater	None
Lynette Wells	Director of Chalk Man Films



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.

## Information Governance Incidents

During 2015/16 ESHT staff reported 80 IG incidents. 73 of these were scored at level 1 or lower against the HSCIC Checklist for reporting IG incidents. This is an increase on incidents reported during 2014/15 and is attributed to an improvement in staff understanding of IG incidents and a positive approach to reporting.

All incidents are investigated and actions implemented to prevent reoccurrence. Three of the incidents fell within the requirements to be reported to the Information Commissioner's Office; all three incidents have been investigated and closed by the ICO with no action being taken against the Trust.

## Summary of personal data related incidents

Category	Nature of incident	Total
A	Corruption or inability to recover electronic data	0
B	Disclosed in error	53
C	Lost in transit	0
D	Lost or stolen hardware	2
E	Lost or stolen paperwork	3
F	Non-secure disposal of hardware	1
G	Non-secure disposal of paperwork	2
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	1
K	Other	17
Total		80



# GOVERNANCE STATEMENT

## East Sussex Healthcare NHS Trust (RXC) 2015/16

### 1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

### 2. The purpose of the system of internal control

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

The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East Sussex Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of control has been in place in East Sussex Healthcare NHS Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

### 3. Capacity to handle risk

I am responsible for risk management across all organisational, financial and clinical activities. This includes responsibility for ensuring that processes are in place to enable identification and management of current risk and anticipation of future risk. The Risk Management Strategy for the Trust provides a framework for managing risks across the organisation which is consistent with best practice and Department of Health guidance. The Strategy provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, management and financial processes across the organisation.

### 4. Governance Framework

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 Instructions have been periodically updated to account for alterations in year and were last reviewed, updated and approved by the Trust Board in December 2015.

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 voting 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.



There were a number of Board changes during the year including the resignation and appointment of the Chair and Chief Executive. These are outlined below:

Philip Astell	Acting Director of Finance	Appointed - 01/04/16
Sue Bernhauser	Non-executive Director Acting Chair	Appointed - 30/09/15 Ended - 10/01/16
Dr Adrian Bull	Chief Executive	Appointed - 11/04/16
Pauline Butterworth	Deputy Chief Operating Officer Acting Chief Operating Officer	Appointed - 01/09/15
Jackie Churchward-Cardiff	Non-Executive Director (designate) Non-Executive Director	Appointed - 01/12/15 Appointed - 01/03/16
David Clayton-Smith	Chairman	Appointed - 11/01/16
Professor Jon Cohen	Non-Executive Director	Resigned - 31/10/15
Charles Ellis	Non-Executive Director	Resigned - 31/01/16
Darren Grayson	Chief Executive	Resigned - 31/01/16
Vanessa Harris	Director of Finance	Retired - 30/09/15
Dr Amanda Harrison	Director of Strategic Development and Assurance	Resigned - 30/09/15
Miranda Kavanagh	Non-Executive Director	Appointed 09/11/15
David Meikle	Interim Director of Finance (Six month contract ended on 31/03/16)	Appointed - 01/10/15
Richard Sunley	Chief Operating Officer Acting Chief Executive	Appointed - 01/08/15 Resigned - 10/04/16
Stuart Welling	Chairman	Resigned - 30/09/15

Darren Grayson left the Trust on the 31st July 2015 and was undertaking project work for the Trust Development Authority (now NHS Improvement) until end of January 2016.

One of the Non-Executive Directors, Sue Bernhauser, was Acting Chair from 30th September 2015 until 10th January 2016. Richard Sunley was the Acting Chief Executive from 1st August 2015 until 10th April 2016. Dr Adrian Bull joined the Trust as Chief Executive on 11th April 2016.

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 matters

including health and safety, complaints, dementia and organ donation committee. The Trust has nominated a non-executive director, Barry Nealon, as Vice Chairman and another, Sue Bernhauser, 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, Executive Directors or the Trust's Speak Up Guardian as outlined in the Trust's Raising Concerns (Whistleblowing) Policy.

Directors and officers complete an annual declaration that they remain “Fit and Proper Persons” to be directors as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## 4.1 Board Effectiveness

The CQC found the Trust to be Inadequate in the ‘Well Led Domain’ and over the year there have been a number of changes to membership of the Board including the Chairman and Chief Executive. The Trust commissioned a capability and capacity leadership review which commenced in March 2016 and the outcome of this piece of work is expected mid June 2016.

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. 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 one off events 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.

## 4.2 Committee Structure

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

Board established a People and Organisational Development Committee which met for the first time in March 2016.

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.

### 4.2.1 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 at least quarterly. The Committee has aimed to perform its duties during the year as delegated by the Trust Board and mandated through governance requirements. It has ensured compliance with and further developed 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 director with a financial background, and membership consists of himself and 3 non-executive directors. Executive directors are invited to attend. The Committee met on 5 occasions throughout the financial year, was well



attended and always quorate. 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.

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 executive directors to ensure that assurance mechanisms within the Trust are 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, the need to improve compliance with Clinical Audit processes and updates on the work of both internal and external audit and counter fraud

#### **4.2.2 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 2015/16 due to the Trust's deficit financial position of £48million. This provides sufficient time to review, scrutinise and monitor Trust plans.

#### **4.2.3 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 in being 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 deliver quality improvement. It held five 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. It undertook "deep dive" reviews of areas highlighted through the risk management process such as mortality and morbidity and health records.

#### 4.2.4 People and Organisational Development Committee

This Committee was established in March 2016 and will meet quarterly, to provide strategic oversight of workforce development, planning and performance. Its remit includes providing assurance to the Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that is supporting the Trust objectives and organisational success. It has a broad membership including senior managers, staff-side and equality and diversity representatives.

Capsticks undertook a review of the Committee structure in January 2016 and found it to be sound with areas of very good practice. Recommendations encompassed reduction of agendas to allow for more in-depth review and greater focus on strategy.

### 5. Risk and Control Framework

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.

During the year additional governance administrative support has been provided to Clinical Units to ensure that there is assurance that internal control and risk management remains robust.

Risk management requires participation, commitment and collaboration from all staff. 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 clinical unit and departmental risk registers is produced and establishes the organisational risk profile. 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 Senior Leaders Forum (SLF), which comprises members of the executive team and clinical unit leaders, has a rolling programme to review all Clinical Unit/Department risk registers. Every quarter, the High Level Risk Register is taken to the SLF 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 Trust's Board Assurance Framework provides assurance that a robust risk management system underpins the delivery of the organisation's principal objectives. It clearly defines the:

- Trust's principal objectives and the principal risks to the achievement of these objectives.
- Key controls by which these risks can be managed
- Independent and management assurances that risks are being managed effectively
- Gaps in the effectiveness of controls and assurance
- Actions in place to address highlighted gaps.

The principal risks recorded on the Assurance Framework during the year are outlined here:

- 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 regulations.
- 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, objectives and timescales with partner organisations resulting in an impact on our ability to operate 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 may not be the provider of choice for our local population or commissioners.
- We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.
- In running a significant deficit budget we are unable to invest in delivering and improving quality of care and patient outcomes. This could compromise our ability to invest in our infrastructure and service improvement.
- We are unable to effectively recruit to our workforce and to positively engage with staff at all levels.
- We are unable to effectively align our finance, estate and Information

Management and Technology infrastructure to effectively support our mission and strategic plan.

- If we fail to effect cultural change we will be unable to lead improvements in organisation capability and staff morale.

The Board Assurance Framework has been regularly reviewed and revised by the Board and by the Audit and Quality and Standards Committees. As part of the Trust's ongoing governance review it held two seminars in 2015 to consider the key risks, risk appetite and how this feeds into the Board Assurance Framework.

Internal audit gave 'Substantial Assurance' over the Board Assurance Framework (BAF) and Risk Management processes operating within the Trust.

## 5.1 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 and duty of candour. 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 CQC raised concerns in respect of incident reporting in some areas of the Trust. The Trust was also at the bottom of the "Learning from Mistakes" national league table published in March 2016; this was as a result of staff survey responses relating to incident reporting. Increased training and awareness of reporting has taken place and this has led to a 30% year on year increase in the number of incidents reported, although levels of incident relating to patient harm remain low.

The Trust has had four never events in 2015/16, one of which related to a previous year and was declared following a mortality and morbidity meeting. All never events were investigated, no themes or trends were identified, however, learning and change of practice were identified and have been shared across the organisation.

The review of the effectiveness of the system of internal control is informed by the work of the internal auditor, Tiaa. For the reporting period, Tiaa gave an overall opinion of "limited assurance" on the adequacy of the Trust's management and internal control processes in respect of achievement of its objectives.

A number of factors were considered as the contextual setting for the Head of Audit Opinion including:

- The Trust's significant budget deficit. One of the chief contributors to the worsening finances was use of agency staff.
- The Care Quality Commission inspection reports which identified concerns in a number of areas, and the Trust's overall rating as "Inadequate" and subsequent special measures status.
- Number of changes in members of the board and senior management during the year.
- The Trust was adjudged to have a poor reporting culture and placed bottom of 230 trusts in the Learning from Mistakes League.

## 6. Review of economy, efficiency and effectiveness of the use of resources

The business plan is approved by the Board and submitted to NHS Improvement (NHSI) (formerly the NHS Trust Development Authority (TDA)). Clinical units and corporate departments are held to account for the delivery of financial and other performance targets via newly-constituted

Integrated Performance Reviews (IPRs), chaired by the Chief Executive with attendance of general managers, clinical leads and members of the executive team.

The Trust faces a major challenge in eliminating its financial deficit. Demanding cost improvement targets have been set within budgets devolved to clinical units and corporate departments and performance against these will be closely monitored at the IPRs. This is further supported by the newly-created Efficiency Improvement Group, which has been set up with senior membership, including executive and non-executive involvement.

This group will help to identify and drive efficiency improvement opportunities, including those arising from the Lord Carter efficiency programme developed at the Department of Health.

Financial governance arrangements are supported by internal and external audit to

ensure economic, efficient and effective use of resources.

## **7. Performance against the national priorities set out in the NHS Improvement Accountability Framework 2015/16**

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 performance.

Performance against the Accountability Framework is detailed in the following tables.





## 2015/16 Performance against national priorities set out in the NHS Improvement Accountability Framework

### Integrated performance dashboard

#### Patient safety

Indicator Description	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Current Month	Mar-16	Cur Yr	YTD	Last Yr	Var	Trend
Never events - incidence rate	0	0	0	0	0	0	0	0	3	1	0	0	0	4	0				
Serious incidents rate (new SIs per 1000 beddays)	Monitoring	0.61	0.29	0.73	0.33	0.30	0.31	0.24	0.41	0.48	0.40	0.23	0.40	0.39					
Medication errors causing serious harm - incidence rate	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0				
% of Patient safety incidents causing severe harm/death	0.50%	0.6%	0.3%	0.3%	0.0%	0.5%	0.1%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%			-31.7%	
Patient Safety Incident Rate (Incidents/1000 Beddays)	37	36	37	39	38	33	38	40	35	37	34	36	34	36	30			20%	
Patient safety incidents resulting in death or severe harm	0	7	3	3	0	4	1	4	0	0	0	0	0	22	25			-12.0%	
Indicator Description	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Current Month	Mar-16	Cur Yr	YTD	Last Yr	Var	Trend
Clostridium Difficile - Variance from plan	4	1	3	5	2	7	6	3	5	2	4	3	5	46	49			-3	
MRSA bacteraemias rate	0	1	1	0	0	2	0	0	0	0	0	0	0	4	0			4	
VTE Risk Assessment	95%	96.6%	95.8%	96.9%	97.4%	96.4%	96.1%	96.0%	96.7%	96.7%	96.5%	95.8%	94.8%	96.3%	96.3%			0.0%	
Number of Falls: no harm/near miss	105 p/m (1200 OT)	110	97	101	96	103	109	110	96	129	115	120	116	1302	1401			-7.1%	
Number of Falls: Minor/Moderate	48 p/m (501 OT)	84	68	51	59	37	37	62	43	60	67	60	47	675	684			-1%	
Number of Falls: Major/Catastrophic	0	1	1	1	0	1	0	0	0	0	0	0	0	4	16			-75.0%	

#### Clinical effectiveness

Indicator Description	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Current Month	Mar-16	Cur Yr	YTD	Last Yr	Var	Trend
Crude Mortality Rate	1.36%	1.67%	1.63%	1.5%	1.49%	1.68%	1.46%	1.66%	1.94%	2.03%	2.09%	1.85%	2.32%						
Emergency re-admissions within 30 days following an elective or emergency spell at the Trust	Monitoring	7.76%	7.35%	7.5%	7.7%	7.06%	6.96%	7.39%	6.5%	6.84%	7.30%	7.4%	8.00%						
Indicator Description	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Current Month	Mar-16	Cur Yr	YTD	Last Yr	Var	Trend
% Spending 30% time on Stroke Ward Monthly Monitoring	90.00%	95.3%	93.4%	91.6%	87.5%	86.5%	81.5%	89.5%	89.1%	81.6%	90.3%	95.6%	85.7%	89.1%	90.8%			-1.9%	
Stroke % to Stroke Unit <4hrs Monthly Monitoring	88.00%	83.3%	84.7%	81.4%	70.9%	82.4%	78.4%	75.0%	82.2%	81.6%	81.3%	83.3%	85.7%	80.4%	75.6%			6.4%	
Stroke: % scanned <1hr of arrival Monthly Monitoring	95.00%	72.1%	72.1%	77.0%	80.4%	84.6%	79.6%	84.2%	84.8%	78.9%	78.6%	91.7%	85.7%	79.7%	78.3%			4.6%	
Stroke: % scanned <12hr of arrival Monthly Monitoring	99.00%	100.0%	96.7%	93.4%	98.2%	98.1%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	85.7%	98.1%	97.6%			0.2%	
	Nat Avg						Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16						
% Spending 30% time on Stroke Ward FINAL SSNAP	0.00%							95.7%	90.9%	93.0%	97.8%	96.5%	87.8%						
Stroke % to Stroke Unit <4hrs FINAL SSNAP	85.60%							80.4%	74.2%	75.5%	87.0%	81.4%	85.1%						
Stroke: % scanned <1hr of arrival FINAL SSNAP	59.80%							73.8%	73.3%	78.4%	74.8%	84.9%	86.6%						
Stroke: % scanned <12hr of arrival FINAL SSNAP	48.20%							99.2%	95.7%	99.1%	99.2%	99.1%	100.0%						

#### Patient experience

Indicator Description	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Current Month	Mar-16	Cur Yr	YTD	Last Yr	Var	Trend
Inpatient Scores from Friends and Family Test % positive	96.00%	96.6%	98.1%	97.5%	97.3%	97.8%	97.5%	97.4%	98.8%	99.0%	97.9%	98.0%	97.8%	97.8%	97.8%			1.5%	
A&E Scores from Friends and Family Test % positive	88.00%	88.1%	87.8%	91.9%	88.2%	90.8%	92.6%	89.3%	91.1%	90.7%	92.9%	91.0%	88.3%	90.1%	88.6%			1.8%	
Maternity Scores from Friends and Family Test % positive	96.00%	94.8%	93.5%	93.7%	95.7%	96.0%	93.3%	95.1%	96.6%	95.5%	95.9%	90.4%	95.2%	94.7%	95.0%			-0.3%	
Inpatients response rate from Friends and Family Test	45.00%	45.5%	47.2%	50.0%	9.7%	15.4%	15.3%	15.5%	13.5%	12.9%	11.5%	13.1%	13.3%	15.7%	44.3%			-64.5%	
A&E response rate from Friends and Family Test	25.00%	15.0%	15.0%	16.9%	9.3%	7.1%	8.9%	7.9%	6.8%	7.7%	8.2%	8.0%	6.5%	9.4%	21.8%			-56.9%	
Written Complaints - Rate	Monitoring	2.78	2.36	2.06	3.15	3.38	3.10	2.76	1.98	1.69	1.61	2.14	1.98	2.40	2.51			-4.4%	
Percentage of complaints respond to (within mandatory or agreed timescales)	95.00%	93.3%	90.3%	91.5%	91.8%	96.6%	91.3%	82.9%	95.5%	90.9%	96.2%	93.1%	98.4%	92.5%	97.8%			-5.4%	
Mixed Sex Accommodation Breaches	0	0	18	0	0	0	14	23	16	3	27	29	0	130	71			83.1%	
Indicator Description	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Current Month	Mar-16	Cur Yr	YTD	Last Yr	Var	Trend
Staff Friends and Family Test % recommended care	79.00%												74.2%	64.5%	66.3%				

## Access and responsiveness

Indicator Description	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Current Month Mar-16	YTD Curr Yr	Last Yr	Var	Trend
A&E Monthly Performance (4Hr Wait)-Type 1 Only	95%	85.3%	83.9%	96.3%	94.1%	89.7%	91.4%	88.6%	88.4%	85.6%	84.2%	84.8%	79.0%	88.1%	91.79%	-4.0%	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

## Workforce

Indicator Description	Target	Previous Months												Current Month		YTD		Trend
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Curr Yr	Last Yr	Var		
Trust turnover rate	10.00%	13.0%	12.9%	12.1%	12.3%	12.2%	11.8%	12.2%	12.1%	14.1%	11.6%	11.9%	10.6%	12.2%	13.3%	-1.1%		
Trust level total sickness rate	3.30%	4.7%	4.3%	4.3%	4.2%	4.3%	4.4%	4.5%	4.7%	4.5%	4.5%	5.2%	4.6%	4.5%	4.9%	-0.4%		
Total Trust vacancy rate	10.00%	8.6%	8.6%	8.6%	9.2%	7.8%	8.5%		8.2%	8.1%	7.3%	7.2%	5.6%	8.1%	5.0%	3.2%		
Temporary costs and overtime as % of total payroll	10.00%	13.4%	25.5%	13.5%	14.8%	16.1%	15.7%	16.1%	17.3%	17.1%	17.2%	17.7%	18.7%	18.3%	10.2%	6.7%		
Percentage of staff with annual appraisal	85.00%	75.2%	74.9%	74.5%	75.0%	73.6%	77.6%	77.9%	81.0%	81.6%	83.2%	85.3%	87.3%	79.0%	68.0%	10.9%		

## Activity/effectiveness

Indicator Description	Target	Previous Months												Current Month		YTD		Trend
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Curr Yr	Last Yr	Var		
Primary Referrals	Previous Yr	8,767	8,441	9,473	9,720	8,018	8,866	9,146	8,490	8,187	8,534	9,345	9,129	106,116	107,434	-1.2%		
Cons to Cons Referrals	Previous Yr	1,661	1,443	1,599	1,755	1,386	1,418	1,520	1,470	1,222	1,273	1,272	1,278	17,297	19,076	-9.3%		
First OP Activity	Previous Yr	9,840	9,353	11,470	11,252	9,623	10,691	10,219	10,534	9,713	9,406	10,241	10,037	122,379	121,955	0.3%		
Subsequent OP Activity	Previous Yr	22,766	20,611	24,615	24,067	21,719	24,066	24,231	24,407	22,481	22,801	23,516	23,482	278,762	269,754	3.3%		
Indicator Description	Target	Previous Months												Current Month		YTD		Trend
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Curr Yr	Last Yr	Var		
Elective IP Activity	Previous Yr	591	678	799	773	710	709	696	621	568	511	601	626	7,883	9,054	-12.5%		
Elective DC Activity	Previous Yr	3,667	3,567	4,025	4,118	3,751	3,795	3,732	3,816	3,532	3,627	3,795	3,759	45,186	43,397	2.7%		
Non-Elective Activity	Previous Yr	4,011	3,973	4,068	4,260	3,738	3,833	3,866	3,640	3,827	3,800	3,920	4,072	47,008	48,127	-2.3%		
A&E Attendances	Previous Yr	8,709	9,048	8,890	9,659	9,251	8,685	8,846	8,476	8,612	8,731	8,571	9,398	106,876	103,150	3.6%		
Average LOS Elective	3.0	3.1	3.0	2.9	2.8	3.1	3.1	3.0	3.0	3.2	2.7	3.0	3.0	3.0	2.8	5.4%		
Average LOS Non-Elective	4.6	5.7	5.4	5.1	5.5	5.1	5.7	5.5	5.7	6.2	5.7	5.9	6.0	5.6	5.3	6.8%		

## Community

Indicator Description	Target	Previous Months												Current Month		YTD		Trend
		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Curr Yr	Last Yr	Var		
Community Nursing Referrals	Monitoring	2,219	2,246	2,668	2,949	2,979	3,485	3,382	3,391	3,577	3,971	3,764	3,836	38,467	21,109	82.2%		
Community Nursing Total Contacts	Monitoring	34,116	32,847	34,189	37,070	34,455	33,905	33,493	32,544	34,110	34,210	32,702	34,510	408,151	273,218	49.4%		
Community Nursing Face to Face Contacts	Monitoring	20,158	19,539	20,101	21,663	19,742	18,925	18,838	18,467	19,113	18,851	18,389	19,525	233,311	170,855	36.6%		
% Patient Facing Time	60.00%	53.09%	53.46%	58.79%	58.44%	57.30%	55.62%	56.2%	56.7%	56.0%	55.1%	56.2%	56.6%	57.2%	62.53%	-8.6%		
Community Nursing ALOS	42.00	61.72	42.64	35.33	44.12	52.88	38.37	44.6	32.3	32.7	37.4	33.6	37.6	40.7	41.88	-2.9%		







## 8. Compliance and Regulation

### 8.1 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 recognised the need to strengthen working relationships with stakeholders. It has increased its engagement activity with members of the public, organising 'Big Conversation' engagement events and surveys. Some of this work has supported the development of the Trust's Quality Improvement Priorities and "You Said, We Did" feedback. It is recognised that there is still more work to be done and a Patient Engagement Strategy will be developed.

### 8.2 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 and Workforce Race Equality Standards

### 8.3 Information Governance

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 'Reasonable Assurance'

During 2015/16 ESHT staff reported 80 IG incidents, 76 of these were scored against the Trust's incident scoring as either 'low' or 'none' for severity, the remaining 4 incidents were scored as 'moderate'.

This indicates that the majority of incidents have no impact upon information security. The number of incidents reported has risen when compared with 2014/15, this increase was attributable to raised awareness of incident reporting requirements and information governance across the organisation.

All incidents are investigated and actions implemented to prevent reoccurrence. The Trust has reported three incidents to the Information Commissioner's Office, all three incidents were closed by the ICO with no enforcement for the Trust. These were all declared as serious incidents by the Trust, robust investigations took place and actions, such as ensuring that only encrypted data sticks can be utilised with Trust computers, were implemented.

### 8.4 Freedom of Information Requests

The Trust received 522 Freedom of Information requests in 2015/16, of these 461 (88%) were responded to in time. This compared to 590 (546 - 93% were responded to in time) in 2014/15.

### 8.5 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 into 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.

## 8.6 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.

## 8.7 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.

A significant amount of training has been undertaken during 2015/16 to raise awareness of the processes and requirements of the duty of candour.

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.

## 8.8 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 2015, NHS Protect published 'Standards for Providers: Fraud, Bribery and Corruption' ("the Standards")

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

The Trust is committed to ensuring fraud, bribery and corruption does not proliferate within the organisation. 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 to report on the results of any investigations 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.

### 8.9 Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Annual Quality Account for 2015/16 has been developed in line with relevant national guidance and priorities were developed following feedback from patients, staff and external stakeholders.

The Quality Account has been reviewed through external audit processes and comments have been provided by local stakeholders including commissioners, Healthwatch and the Health Overview and Scrutiny Committee. Internal oversight has been undertaken by the Senior Leaders Forum, and the Quality and Standards and Audit Committees.

The Trust assures the quality and accuracy of elective waiting time data and the risks to the quality and accuracy of this data. The quality of performance information is continually assessed by the Trust in regular meetings and forums as well as through quality assurance audits. Patient tracking lists, including those on the Referral To Treatment pathway, are scrutinised in detail at weekly PTL and performance meetings, including external review by TIAA audits and other external companies.

### 8.10 Care Quality Commission (CQC)

The Trust is registered with the Care Quality Commission to carry out eight legally regulated activities from 20 registered locations. The CQC undertook an unannounced inspection of the organisation in March 2015 and the reports were published in September 2015. The reports identified concerns in a number of areas and the Trust was rated overall as Inadequate and subsequently placed in special measures.

A comprehensive action plan and trajectory have been developed to address the concerns identified. This includes 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 and ensuring that the Trust is well led. The action plan is reviewed both internally and externally at monitoring meetings with key stakeholders.

### 9. Conclusion

My review of the effectiveness of the systems of internal control has taken account of the work of the Executive Management team within the organisation, which has responsibility for the development and maintenance of the internal control framework within their discreet portfolios.

In line with the guidance on the definition of the significant internal control issues, I have not identified any significant control issues other than the financial and performance matters highlighted in sections 5 to 7 above. Notably, the Trust's year end deficit position of £48 million which exceeded the £35.2 million deficit budget and the challenges in respect to achieving referral to treatment timescales, cancer metrics and A&E performance.

**Dr Adrian Bull**  
**Chief Executive**

This directors' report was approved by the board on 1st June 2016 and signed on its behalf by:



Chief Executive





# REMUNERATION AND STAFF REPORT

## Remuneration Report

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, Sue Bernhauser 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 six times between April 2015 and March 2016 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.

This will be revised for new appointments where, in line with national guidance, all new board level positions are subject to an element of performance related pay aligned to achievement of objectives and subject to a claw back provision. Treasury approval for "Very Senior Managers" pay exceeding the Prime Minister's £142,500 salary is also now required.

In addition, the Committee monitors the performance of the Chief Executive and Executive Directors based on their agreed performance objectives.

Matters considered in 2015/16 included:

- Chief Executive's report on individual Directors' performance and objectives
- Annual performance review for Chief Executive
- 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 following table outlines the notice periods for Directors and Officers in post at 31st March 2016.

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

Directors and Officers	Start date	Notice period
<b>Pauline Butterworth</b> Acting Chief Operating Officer	October 2012	3 months
<b>Monica Green</b> Director of Human Resources	June 2002	6 months
<b>Dr David Hughes</b> Medical Director	April 2009	6 months
<b>David Meikle</b> Interim Director of Finance	October 2015	1 month
<b>Dr Andy Slater</b> Director of Clinical Information and Strategy	April 2012	6 months
<b>Richard Sunley</b> Acting Chief Executive	April 2012	6 months
<b>Alice Webster</b> Director of Nursing	May 2012	6 months
<b>Lynette Wells</b> Company Secretary	February 2012	3 months

For statements on salary and pension benefits for all senior management who

served during 2015/16, please see tables on pages 73 to 75.





## Salary and Pension entitlements of senior managers (Audited)

2015/16

Single total figure table

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
<b>Susan Bernhauser</b> Non-Executive Director (Acting Chairman 30/09/15 to 10/01/16)	10-15	1***	0	0	0	10-15
<b>Jackie Churwood-Cardiff</b> Non-Executive Director (appointed 01/03/16) (Non-Executive Director Designate 01/12/15 to 29/02/16)	0-5	1***	0	0	0	0-5
<b>David Clayton-Smith</b> Chairman (Appointed 11/01/16)	5-10	0	0	0	0	5-10
<b>Professor Jon Cohen</b> Non-Executive Director (left 31/10/15)	0-5	1***	0	0	0	0-5
<b>Charles Ellis</b> Non-Executive Director (left 31/01/16)	5-10	1***	0	0	0	5-10
<b>Miranda Kavanagh</b> Non-Executive Director (appointed 09/11/15)	0-5	0	0	0	0	0-5
<b>Barry Nealon</b> Non-Executive Director	5-10	0	0	0	0	5-10
<b>Michael Stevens</b> Non-Executive Director	5-10	5***	0	0	0	5-10
<b>Pauline Butterworth</b> Acting Chief Operating Officer (from 01/09/15)	50-55	1***	0	0	50-52.5	100-105
<b>Darren Grayson</b> Chief Executive (left 31/01/16)	145-150	23****	0	0	75-77.5	225-230
<b>Vanessa Harris</b> Director of Finance (left 30/09/15)	65-70	0	0	0	0	65-70
<b>David Hughes</b> Medical Director (Joint Medical Director 01/04/15 to 30/10/15)	220-225*	1***	0	0	25-27.5	250-255
<b>David Meikle</b> Interim Director of Finance (from 01/10/15)	125-130	0	0	0	0	125-130
<b>Andrew Slater</b> Director of Clinical Information & Strategy (started 01/11/15) (Joint Medical Director 01/04/15 to 30/10/15)	195- 200**	4***	0	0	30-32.5	225-230
<b>Richard Sunley</b> Deputy Chief Executive /Chief Operating Officer (Acting Chief Executive from 01/08/15)	155-160	0	0	0	65-67.5	225-230
<b>Alice Webster</b> Director of Nursing	105-110	1***	0	0	35-37.5	140-145
<b>Stuart Welling</b> Chairman (left 30/09/15)	10-15	2***	0	0	0	10-15
<b>Monica Green</b> Director of Human Resources	100-105	1***	0	0	5-7.5	105-110
<b>Amanda Harrison</b> Director of Strategic Development and Assurance (left 30/09/15)	55-60	10****	0	0	0-2.5	55-60
<b>Sally Herne</b> Improvement Director (appointed 04/01/16)	0	0	0	0	0	0
<b>Maggie Oldham</b> Improvement Director (from 11/08/15 to 23/12/15)	0	0	0	0	0	0
<b>Lynette Wells</b> Company Secretary	75-80	0	0	0	15-17.5	90-95

For key for Salary and Pension entitlements of senior managers tables please see page 76.

## Salary and Pension entitlements of senior managers (Audited)

2014/15

Single total figure table

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
<b>Susan Bernhauser</b> Non-Executive Director (Acting Chairman 30/09/15 to 10/01/16)	5-10	1***	0	0	0	5-10
<b>Jackie Churwood-Cardiff</b> Non-Executive Director (appointed 01/03/16) (Non-Executive Director Designate 01/12/15 to 29/02/16)	0	0	0	0	0	0
<b>David Clayton-Smith</b> Chairman (Appointed 11/01/16)	0	0	0	0	0	0
<b>Professor Jon Cohen</b> Non-Executive Director (left 31/10/15)	5-10	1***	0	0	0	5-10
<b>Charles Ellis</b> Non-Executive Director (left 31/01/16)	5-10	0	0	0	0	5-10
<b>Miranda Kavanagh</b> Non-Executive Director (appointed 09/11/15)	0	0	0	0	0	0
<b>Barry Nealon</b> Non-Executive Director	5-10	0	0	0	0	5-10
<b>Michael Stevens</b> Non-Executive Director	0-5	0	0	0	0	0-5
<b>Pauline Butterworth</b> Acting Chief Operating Officer (from 01/09/15)	0	0	0	0	0	0
<b>Darren Grayson</b> Chief Executive (left 31/01/16)	175-180	22****	0	0	2.5-5	180-185
<b>Vanessa Harris</b> Director of Finance (left 30/09/15)	130-135	2***	0	0	0	130-135
<b>David Hughes</b> Medical Director (Joint Medical Director 01/04/15 to 30/10/15)	220-225*	4***	0	0	25-27.5	245-250
<b>David Meikle</b> Interim Director of Finance (from 01/10/15)	0	0	0	0	0	0
<b>Andrew Slater</b> Director of Clinical Information & Strategy (started 01/11/15) (Joint Medical Director 01/04/15 to 30/10/15)	200-205	0	0	0	35-37.5	235-240
<b>Richard Sunley</b> Deputy Chief Executive /Chief Operating Officer (Acting Chief Executive from 01/08/15)	150-155	0	0	0	0	150-155
<b>Alice Webster</b> Director of Nursing	100-105	1***	0	0	2.5-5	105-110
<b>Stuart Welling</b> Chairman (left 30/09/15)	20-25	4***	0	0	0	20-25
<b>Monica Green</b> Director of Human Resources	100-105	2***	0	0	0-2.5	100-105
<b>Amanda Harrison</b> Director of Strategic Development and Assurance (left 30/09/15)	110-115	22****	0	0	5-7.5	120-125
<b>Sally Herne</b> Improvement Director (appointed 04/01/16)	0	0	0	0	0	0
<b>Maggie Oldham</b> Improvement Director (from 11/08/15 to 23/12/15)	0	0	0	0	0	0
<b>Lynette Wells</b> Company Secretary	75-80	0	0	0	17.5-20	95-100

For key for Salary and Pension entitlements of senior managers tables please see page 76.

## Pension benefits (Audited)

### 2015/16

Name and title	Real increase in pension at pension age (bands of £2500) £'000	Real increase in pension lump sum at pension age (bands of £2500) £'000	Total accrued pension at pension age at 31 March 2016 (bands of £5000) £'000	Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5000) £'000	Cash equivalent transfer value at 1 April 2015 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash equivalent transfer value at 31 March 2016 £'000	Employer's contribution to stakeholder pension £'000
<b>Pauline Butterworth</b> Acting Chief Operating Officer (from 01/09/15)	0-2.5	0	10-15	0	89	20	124	0
<b>Darren Grayson</b> Chief Executive (left 31/01/16)	2.5-5	0	65-70	175-180	1013	43	1077	0
<b>Vanessa Harris</b> Director of Finance (left 30/09/15)	0-2.5	0-2.5	40-45	125-130	957	0	0	0
<b>David Hughes</b> Medical Director (Joint Medical Director 01/04/15 to 30/10/15)	2.5-5	7.5-10	55-60	175-180	1143	76	1233	0
<b>Andrew Slater</b> Director of Clinical Information & Strategy (started 01/11/15) (Joint Medical Director 01/04/15 to 30/10/15)	2.5-5	7.5-10	55-60	165-170	904	88	1003	0
<b>Richard Sunley</b> Acting Chief Executive /Chief Operating Officer Deputy Chief Executive /Chief Operating Officer (Acting Chief Executive from 01/08/15)	2.5-5	10-12.5	65-70	195-200	1197	87	1298	0
<b>Alice Webster</b> Director of Nursing	0-2.5	5-7.5	35-40	105-110	534	41	581	0
<b>Monica Green</b> Director of Human Resources	0-2.5	0-2.5	35-40	110-115	702	24	734	0
<b>Amanda Harrison</b> Director of Strategic Development and Assurance (left 30/09/15)	0-2.5	0-2.5	25-30	75-80	504	6	522	0
<b>Sally Herne</b> Improvement Director (appointed 04/01/16)	0	0	0	0	0	0	0	0
<b>Maggie Oldham</b> Improvement Director (from 11/08/15 to 23/12/15)	0	0	0	0	0	0	0	0
<b>Lynette Wells</b> Company Secretary	0-2.5	0	5-10	0	96	14	111	0

For key for Salary and Pension entitlements of senior managers tables please see page 76.

### Note information supplied by the Pensions agency.

As non-executive members do not receive pensionable remuneration, there are no entries in respect of pensions for non-executive members.

For detailed values on employee benefits and staff numbers please see Note 7 in the annual accounts.



## 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. This amount represents pension benefits accruing to executive directors.

No salary is shown for Maggie Oldham as this was incurred directly by Trust Development Authority.

Salary costs for Sally Herne were incurred by the Trust and recovered from the Trust Development Authority.

## 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 takes account of the increase in accrued pension due to inflation and uses common market valuation factors for the start and end of the period.

The CETV is calculated using a range of factors supplied to the NHS Business Services Authority (NHSBSA) by the Government's Actuary Department (GAD).

## Change in SCAPE discount rate for pensions

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

## Pay ratios (audited)

	2015/16	2014/15
Band of Highest Paid Director	£220-225k	£220-225k
Median Total Remuneration	£27,302	£26,965
Ratio	1 : 8.15	1 : 8.25

In 2015/16 the Trust calculated the median pay based upon the full time equivalent staff at the 31st March 2016 on an annualised basis, whilst in 2014/15 the Trust calculated the median pay without the full annualisation of part time staff. The 2014/15 values have been restated to reflect the new methodology.

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

The banded remuneration of the highest paid director/member in East Sussex

Healthcare NHS Trust in the financial year 2015/16 was £220-225k (2014/15, £220-225k). This was 8.15 times (2014/15, 8.25) the median remuneration of the workforce, which was £27,302 (2014/15 £26,965). In 2015/16, 2 (2014/15, 2) employees received remuneration in excess of the highest paid director/member. Remuneration ranged from £15,100 to £235,789 (2014/15 £273,101 to £14,294).

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 pension.

It should be noted that the changes in ratio between financial years have arisen due to:

- Application of the national NHS wage settlements for all staff groups
- A change in the composition of the workforce due to the loss of the High Weald, Lewes and Havens patient care contract from 1st November 2015
- In addition the remuneration of the most highly paid individual has reduced due to a reduction in taxable allowances.

## Compensation on early retirement or for loss of office

### Exit Packages (Audited)

2015/16

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£s	Number	£s	Number	£s
Less than £10,000	0	0	7	11,957	7	11,957
<b>Total</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>11,957</b>	<b>7</b>	<b>11,957</b>

Redundancy and other departure costs have been paid in accordance with the provisions of Mutually Agreed Resignations (MARS) contractual costs. Exit Costs in this note are accounted for in full in the year of departure.

Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

There were no payments made to past Directors (audited).

Where the ESHT has agreed early retirements, the additional costs are met by ESHT and not by the NHS pensions scheme.





# STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- 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 income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

I confirm that, as far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the trust's auditors are aware of that information.

I confirm that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.



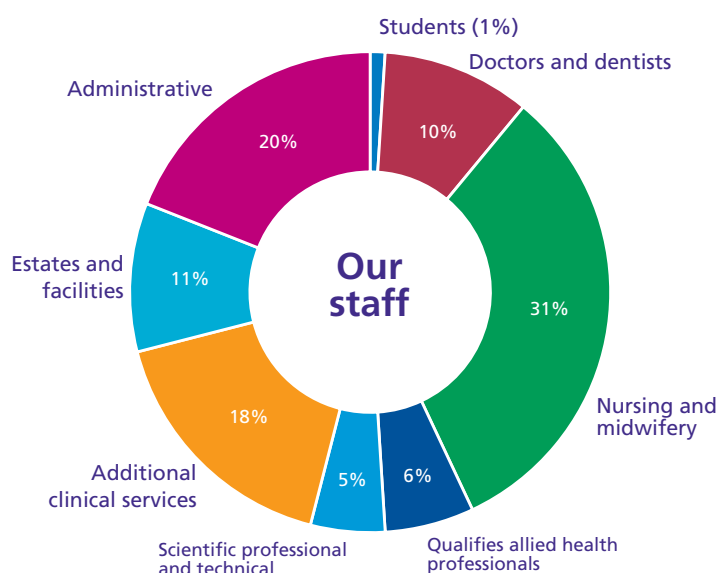
Chief Executive

# STAFF REPORT

## Our Staff

Our workforce at the end of 2015/16 consisted of 6,519 members of staff (5,667 full time equivalents). Note that the staff numbers included in the Accounts section are shown as an average number of staff employed during the year, the analysis below is for staff employed at the end of the year only.

Our staff are made up as follows:



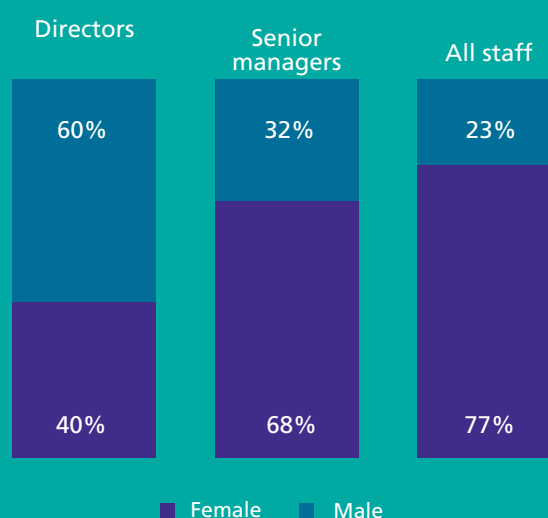
## Number of senior managers by band

	FTEs as of 31/03/16
Executive Directors	6.00
Agenda for change Band 8d	14.00
Agenda for change Band 8c	22.93
Agenda for change Band 8b	41.30
Agenda for change Band 8a	137.56

Analysis of staff numbers  
Please see table on page 98 which has been subject to audit

## Gender distribution by directors, other senior managers and staff

Gender breakdown of Trust  
- 31st March 2016



Senior Managers includes all staff on Agenda for Change Bands 8a-8d.

## Staff fact file\*

As of 31st March 2016:

- Over 77% of our staff were female
- 39.8% of all staff work part-time
- 35.6% of staff are over 50 years old
- Just over 2.7% of staff identified themselves as disabled and just over 1.0% identified themselves as either gay, lesbian or bisexual
- 12.3% 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)

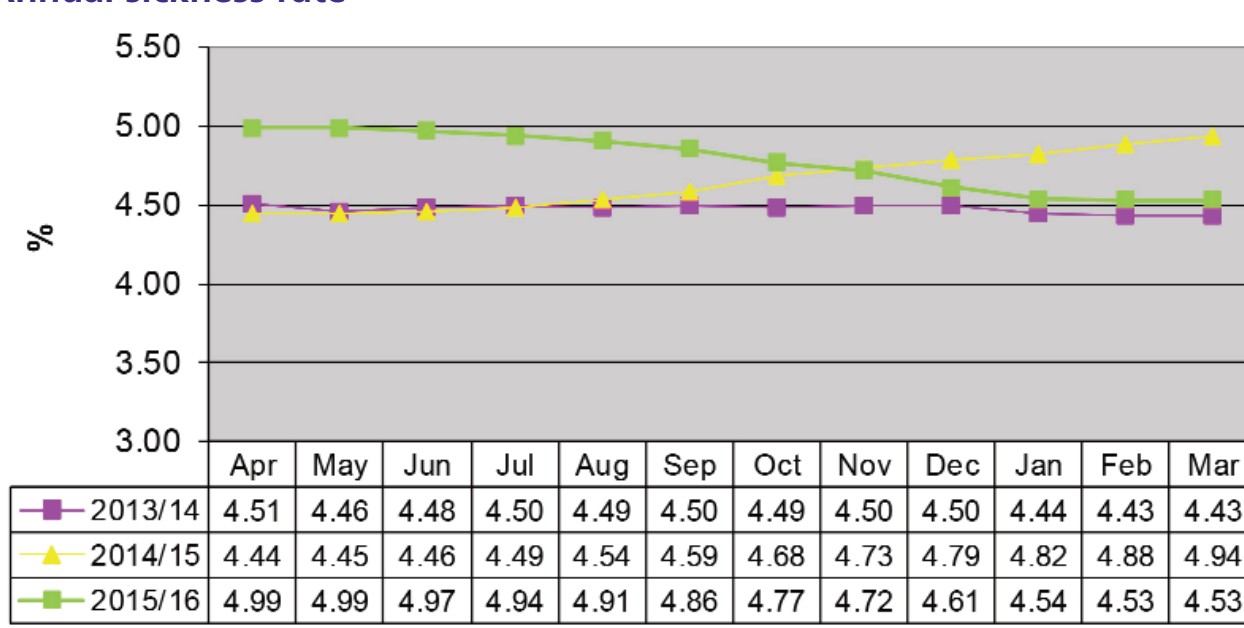
\* Source: ESR (comparative ethnic info from 2011 Census and East Sussex in Figures).

## Staff Absence Data

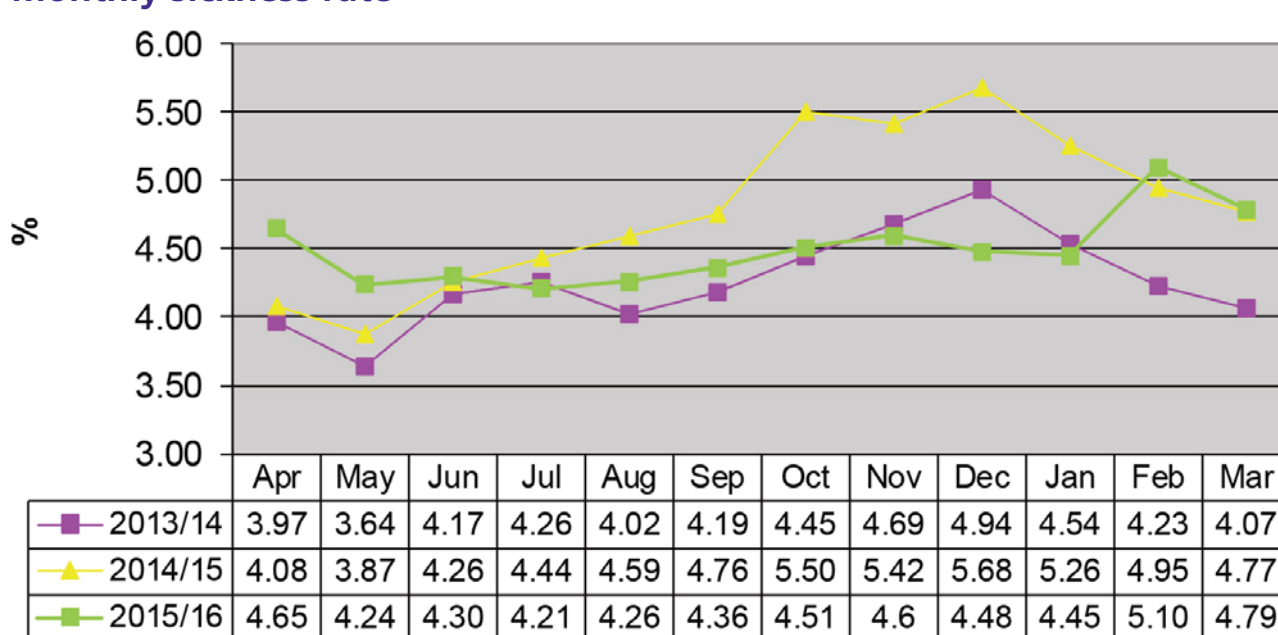
Our annual sickness rate has reduced during the year from 4.99% to 4.53%. The average working days lost due to sickness per member of staff during the year to 31st March 2016 was 10.65.

HR are focussing on sickness hotspots within the Trust and on reducing the numbers of staff on long term sickness. As part of the 2016/17 business planning process, funding is being reviewed to support health and wellbeing initiatives.

## Annual sickness rate



## Monthly sickness rate





## Staff Policies

We ensure that all vacancies for positions within the Trust are advertised both internally and externally, through our Trust website and NHS Jobs2.

Applicants who disclose a disability are given an automatic 2 ticks indicator which is visible during the shortlisting process, and enables managers to ensure that all applicants with a disclosed disability, who meet the minimum requirements as set out in the person specification, are called for interview under our guaranteed interview scheme. We treat internal and external applicants in exactly the same way.

We support disabled employees in maintaining their training and career development by undertaking an annual Personal Development Review, with a six month follow-up to ensure that agreed actions have been undertaken. Our Learning and Development service gives all

our staff access to personal development training, and staff also have the support of the Occupational Health Service.

When necessary, our Human Resources Department will provide support for staff and for line managers to ensure that, wherever possible, staff needing to find an alternative post due to health issues are helped to identify suitable alternative employment. Support is made available from the Occupational Health Department and Local Disability Advisors as required.

Our Equality, Diversity and Human Rights Manager takes the lead in ensuring that disability awareness is embedded throughout our Trust's culture. All of our staff undergo equality training and have the option of doing this online or face to face. We further ensure that equality is embedded throughout the Trust via Personal Development Reviews, team briefings, and within a variety of Trust communications.



## Expenditure on Consultancies

During 2015/16, the Trust's total spending on consultancies was £1,243,159.40. (see Accounts).

## Off-payroll Engagements

### Off-payroll engagements Table 1

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31/03/16	0
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

### Off-payroll engagements Table 2

For all new off-payroll engagements between 1 April 2015 and 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016	0
Of which, the number that have existed:	
Number of new engagements which include contractual clauses giving East Sussex Healthcare NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
Of which:	
assurance has been received	0
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

### Off-payroll engagements Table 3

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2015 and 31 March 2016.

	Number
Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year	1
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	18

## Staff Development

We continue to work closely with Health Education England (Kent, Surrey, and Sussex) who support and fund the majority of our externally provided training.

We commission professional education placements at our local Higher Education Institutes (HEIs), and also ensure that the skills and knowledge of our staff are maintained and developed through the provision of continuous professional development at HEIs and other external education providers.

Each year we aim to align our education provision with service needs and future strategy. To aid this, an East Sussex Strategic Workforce group has been established, comprising of commissioners, providers, and other stakeholders, who focus on the type of workforce we will need for the future and associated education needs.

Internally, we have continued to provide a range of development opportunities for our staff. We continue to deliver our established programmes and these are well received.

During 2015/16 we have increased our focus on developing leadership and management

within the organisation, and this has included:

- continuing to support our staff in attending regional and national leadership programmes;
- provision of workshops focusing on improving Engagement with Teams and Individuals;
- a development programme for medical leads;
- a development programme for maternity leads;
- a development programme for Community leads focussed on providing training in delivering change;
- providing resilience training for staff.

Achievements during 2015/16 include:

- A large number of staff from bands 1-4 are now undertaking apprenticeship programmes with local education providers. Health Education England have agreed to fund a position supporting greater participation in apprenticeship programmes, and this will begin in 2016/2017.
- An increase in the number of mandatory training opportunities for staff to enable them to better match the requirements of their working patterns.
- Rearranging the provision of mandatory training so that staff now attend a full day of training instead of individual ad

hoc sessions, which aids staff rostering.

- We have reorganised mandatory training courses to enable us to better meet the needs of our clinical staff. Measures have included providing joint cannulation and venepuncture training and joint medical devices and nebulisers/use of oxygen training.
- A new apprenticeship role has been introduced within Learning and Development to support e-learning and to make it more accessible to a wider range of staff.

Project Search is an employment initiative run in conjunction with Sussex Downs College and East Sussex County Council, which focuses on providing work experience for young people with learning difficulties. Of the eleven interns who graduated from our 2014/15 programme, seven are now working for us in either substantive or Bank roles.

Three of the remaining four interns have secured employment outside the Trust. We had a cohort of 10 young people joining us during 2015/16 and are optimistic that they will be as successful as the 2014/15 cohort. We are lucky to have a range of medical, clinical and generalist learning and development experts within the Trust as well as access to a range of Higher Education institutes.





## Staff Engagement and Wellbeing

Staff engagement and Wellbeing is a high priority for our organisation. We have an Operational Group who have developed an action plan to improve key areas of best practice for Staff Engagement and Wellbeing. The actions within the plan are based on:

- Developing great leadership
- Involving staff in decisions that affect them
- Ensuring that every role counts
- Developing and valuing our staff and looking after their Health and Wellbeing

We have run a number of short term leadership workshops (outlined in the Staff Development section) which helped to support our leaders to develop more engaging styles of leadership. This also helped to develop the way in which our values are implemented. We ran a bespoke programme for our Out of Hospital Clinical Units, focussing on supporting and valuing the managers who were going to lead transformation within the Clinical Unit and encouraging them to ensure that their staff were involved in shaping organisational changes.

We have reviewed our approach to implementing organisational change throughout the organisation. Wherever possible, we will ensure that the views of our staff are sought and ensure that they are involved in developing the outcomes. This has been particularly successful in a range of Clinical and Non-Clinical areas, but further work is required to ensure a consistent approach.

We ran a number of Listening Conversations for our staff about areas where they would like improvements to be made. Topics for the Listening Conversations have included incident reporting, mentorship and health and wellbeing.

We have introduced regular Staff Forums where staff have the opportunity to meet with the Chief Executive and to be updated on events within the Trust. The forums also provide staff with the opportunity to raise any concerns they may have directly with the Chief Executive. Participants receive feedback on issues that have been raised during the meeting and this feedback is circulated to all of our staff.

We have introduced a scheme enabling staff to bid for money which will enable them to make small improvements within their departments that will make improvements to patient care or to their working lives.

We have undertaken work to ensure that staff know that every role counts. We have updated our appraisal process to ensure that staff are very clear on the contribution that they make to the people who use our services. We also ran a "What have you done to make a difference?" postcard campaign where we encouraged staff to take a few minutes to reflect on what they have done to make a difference.

Feedback from the postcards has been shared throughout the Trust as a computer screensaver and as posters around the organisation. The work of our support staff has also been celebrated locally with a week-long Unsung Heroes Event which led to us having a number of winners/finalists at regional awards.

We have recognised that the work our staff do can often be very physically and psychologically demanding so we have developed a Health and Wellbeing Plan in order to provide support for our staff. We have introduced Schwartz Rounds and Emotional Resilience Training for staff and will be expanding these programmes during 2016/17.

## Staff Survey Results

The NHS Staff Survey has been carried out annually within NHS organisations since 2003. The CQC use the staff survey as part of the ongoing monitoring of registration compliance.

The purpose of the survey is to collect staff views about working in their NHS organisation. The data will be used to improve local working conditions and ultimately to improve patient care. The survey has been designed to replace organisations' own annual staff surveys as well as those run by the Department of Health, and CQC reviews.

The survey is administered annually so that staff views can be monitored over time. It also allows for comparison of experiences of staff from similar organisations to our own, and to compare the experiences of staff in a particular organisation with the national picture.

The survey was conducted between September and December 2015 and the results were published in 2016.

40% of our staff took part in the survey which is in line with the National response rate. This year some Clinical Units and Directorates gave protected time to their staff to enable them to complete the survey which meant that their completion rates were improved, at approximately 50%.

Responses to staff survey questions are scored in one of two ways:

1. As a percentage of staff giving a particular response to a question or a series of questions; or
2. Scale summary scores which convert staff responses to questions into scores, with the minimum being score being one and the maximum being five.

The following tables summarise our top and bottom ranking scores:

Top scores (\* denotes lower score is better)

Key finding	Our score	National average
*KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	12%	14%
*KF23. Percentage of staff experiencing physical violence from staff in last 12 months	2%	2%
*KF16. Percentage of staff working extra hours	72%	72%
*KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	29%	29%

Bottom scores

Key finding	Our score	National average
KF32. Effective use of patient / service user feedback	3.41	3.65
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and Incidents	3.41	3.71
KF31. Staff confidence and security in reporting unsafe clinical practice	3.31	3.64
KF6. Percentage of staff reporting good communication between senior management and staff	19%	30%
KF10. Support from immediate managers	3.53	3.72

The following table outlines the largest improvements since 2014

Key finding	Our score 2015	Our score 2016
KF4. Staff motivation at work	3.77	3.64
KF8. Staff satisfaction with level of responsibility and involvement	3.79	3.70
KF10. Support from immediate managers	3.53	3.45
KF11. Percentage of staff appraised in last 12 months	82%	77%
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.36	3.27

We are really pleased that there has been improvement in some areas of our Staff Survey from 2014's results to those received in 2015. We recognise that there is a direct correlation between staff engagement and patients' experiences and outcomes.

Our Multiprofessional staff engagement group has worked closely with Clinical Units and Directorates to introduce a more focused approach on Staff Engagement and Wellbeing.

All staff received a small token of appreciation from our Trust Board at Christmas to thank them for their hard work during the year.

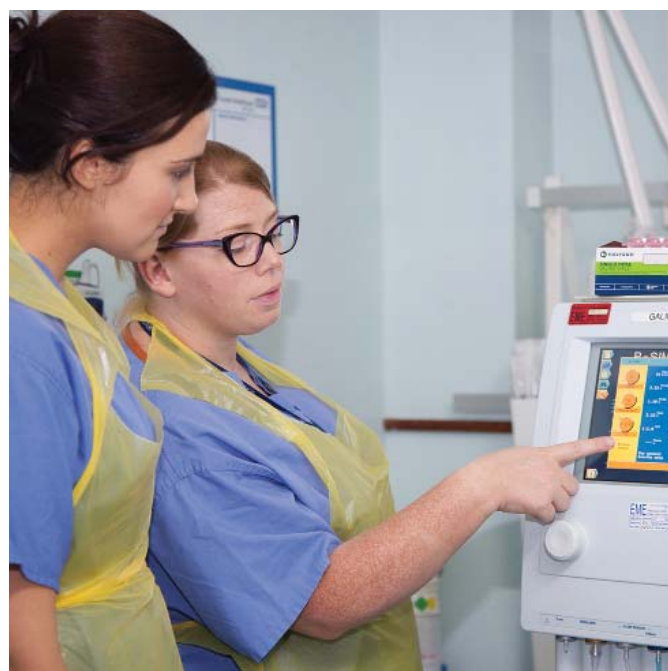
The Staff Engagement and Wellbeing team worked closely with two clinical units to identify ways in which staff engagement could be improved. As a result of this work, breakfast meetings with staff have been introduced, a regular newsletter is circulated and an electronic graffiti board has been installed to improve communication with staff.

We appreciate that this is just the beginning of our improvement journey and that there

is still considerable work to be done. Our Trust Board have agreed that during 2016/17 we will focus on improving three priorities based on the feedback from the 2015 staff survey. The priorities are:

- Improving the Health and Wellbeing of our staff by looking more closely at issues of reported physical deterioration and stress at work and analysing ways in which we can promote and prevent this from happening
- Reviewing and, where appropriate, developing the communication skills of managers to ensure that key messages are communicated both upwards and downwards in the organisation
- Identifying the location of spikes in harassment, bullying and abuse from managers and other colleagues and taking appropriate action to reduce this

We will also be introducing further feedback mechanisms to enable staff to tell us about how they feel we are progressing in meeting these three priorities, as well as introducing tools to assess whether staff feel that improvements are being made in communication and engagement.





## Staff Productivity

Electronic rostering is now established in all clinical areas and during 2015/16 we hope to expand this further to include the rostering of medical staff. We have reviewed the usage of e-rostering during 2014/15 and as a result have increased the central support available in recognition of the fact that effective rostering ensures adequate and safe staffing on our wards.

We have continued to carry out twice yearly establishment reviews which have resulted in increases to establishments where necessary. We continue to have difficulty in recruiting staff to some areas within the Trust. Nationally there is a shortage of registered nurses and during 2015/16 we

have successfully recruited overseas nurses to help meet our nursing requirements.

In addition we have created some new job roles to provide support for nurses, including a Clinical Orderly role which supports the cleaning of bed spaces and equipment on the wards and enables nurses to spend more time caring for patients.

Nursing and midwifery revalidation was introduced by the Nursing and Midwifery Council (NMC) on 1st April 2016 and, in response to this, the Revalidation team is providing support to our nursing and midwifery colleagues by developing a revised appraisal process and offering training for appraisees, appraisers and confirmers.



## Staff Successes and Achievements

- The Nurse Injecting Service, based at Bexhill Hospital, for patients with age related macular degeneration won the Macular Society's Clinical Service of the Year Award.
- Louise Wilson, Vascular Nurse Specialist, was recognised for a lifetime achievement award from the Society of Vascular Nurses at their Annual Conference. Louise has single-handedly worked as a Vascular Nurse Specialist at Eastbourne DGH for over 20 years.
- Eastbourne DGH was presented with a plaque in recognition of its role in hosting Membership of the Royal College of Physicians examinations over a number of years.
- Our Diabetes Team won a prestigious national award for raising awareness of a complication of diabetes. The team have been highly commended as part of the Excellence Award for demonstrating remarkable commitment during Hypo Awareness Week in October 2015.
- A research project led by Sister Samantha Cowley has seen improvements being made to the intubation process for babies in the Special Care Baby Unit. Sam was awarded a £5,000 grant from the Foundation of Nursing Studies to enable her to take forward her project entitled NARNIA - Neonatal Action Research: a New Intubation Approach.
- Kirsty Kirby, who works as a Rehab Support Worker in Joint Community Rehabilitation for Out of Hospital care, has been highly commended by Sussex Downs College for her success with her Clinical Apprenticeship.
- Consultants Dr Nadia Muhi Iddin and Dr Andrew Leonard were nominated by the Guys, King's and St Thomas' School of Medical Education medical students for the Denmark Hill Cluster Clinical Teaching Excellence Award.
- Biomedical Scientist Ismay Humphreys scored the highest mark across all disciplines when successfully passing the Higher Specialist Diploma and was awarded the R J Lavington Prize and the Institute of Biomedical Science Company Prize for Transfusion Science.
- Eastbourne DGH was one of five hospitals in the United Kingdom to offer simulation training to enable doctors to practice heart procedures as part of a national pilot.
- Jo Williams, Patient Safety Facilitator, won the runner-up award for "Sussex Apprentice of the Year" at Further Education Sussex's Spring Awards 2015, for her work on her NVQ Level 3 Diploma in Business and Administration.

## Looking After Our Staff

In order to continue delivering quality care to our patients, it is vital that we also consider the health and wellbeing of our staff. We have demonstrated our commitment to our staff by retaining an in-house Occupational Health Service and developing a wider staff Engagement and Wellbeing Team, in which Occupational Health now sits. This transition has enabled the Occupational Health Team to integrate more effectively with other services and departments across the organisation, whilst transforming their approach with a renewed focus and energy on proactive interventions to support employee wellbeing.

Both Occupational Health and the Engagement and Wellbeing Team are working collaboratively and interactively with all Clinical Units to:

- improve staff engagement
- sustain established health and wellbeing initiatives whilst driving forward with new innovative schemes

- support the wellbeing of staff at work by promoting healthy lifestyle decisions which are of benefit to the individual, wider Trust community and as a consequence, the patients we serve.

At the core of this work are our values of Working Together, Improvement and Development, Engagement and Involvement and Respect and Compassion.

The health and wellbeing of staff is not restricted to their physical wellbeing. The emotional and psychological wellbeing of staff is of paramount importance, particularly given the current working environment and the daily challenges faced by those working in the NHS. The Schwartz Centre Rounds® have been embedded into the organisation through the support of "The Point of Care Foundation" and are currently being offered bi-monthly at both of the main acute hospital sites.

The rounds provide a safe forum for staff of any discipline or banding to discuss the emotional impact of their work. Facilitated collaboratively by Trust Medical representatives and the Occupational Health Psychology team, the rounds draw upon a different theme each month engendering inclusion, honesty and compassion within the staff community attending. We are committed to supporting the expansion of the rounds with a view to them being held every month on both acute sites and eventually on a 'pop-up' basis at community Trust venues.

Alongside this, Emotional Resilience workshops have been delivered to community, acute and non-clinical teams throughout 2015 by the Occupational Health and Psychology Team. The workshops have received an overwhelmingly positive response with great interest and demand from teams wishing to attend. We are committed to

supporting the on-going investment needed to deliver and increase the frequency of Emotional Resilience workshops to teams.

In response to Listening Into Action conversations with staff around health and wellbeing, a number of initiatives are currently being explored. The 'Take a Break' Campaign was launched in May, which supported and encouraged staff to take time out during their working day. Baskets of 'goodies' were provided to all areas and departments to entice staff to take a break whilst also including information and advice about a range of wellbeing topics.

In line with the Department of Health guidance around improving the health of NHS staff, we allocated funding to deliver health checks to staff aged over 40 years. Plans are underway to implement this by Autumn 2016. In addition, previous initiatives to support staff such as the 'Healthy Weights' scheme, pedometer challenge and hydration projects will be restored throughout 2016 following our decision to fund a Health and Wellbeing post. Improving access to electronic information via our intranet and social media will also be completed within the remit of the Health and Wellbeing role.

We also provide a broader mechanism of support for staff, recognising the increasing number of staff with carers' responsibilities which can often be demanding, stressful and complex. The Staff Family Care Network Team offers support, information and advice to help staff manage the demands they face in both their work and home lives.

Balancing these demands can be stressful for staff and can have a detrimental effect on their ability to continue to perform to high standards at work. This support can significantly reduce those stresses which provides benefits to the provision of effective and high quality patient care.



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

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

## Celebrating our Staff

We continue to celebrate the work of our staff in a number of ways:

- Each month we have a staff/team monthly award.
- Our Staff Annual Awards celebrate a range of achievements of our staff. We had over 258 nominations from a range of services.
- This year we have introduced a People's Choice Award where the public can nominate an individual staff member or team.
- Our Unsung Hero event in October 2015 celebrated the work of our support staff and highlighted the contribution they make to the people who use our services.
- Several of our staff were award winners or finalists at the Kent, Surrey and Sussex Unsung Heroes Award.
- Our Community First Celebration event in February 2016 shared the progress our Out of Hospitals Clinical Unit have made in transforming services as part of the Better Together Programme.
- We had two finalists in the Health Education Kent, Surrey and Sussex Awards Leadership Awards.
- A team lead by Karen Poole, in the Out of Hospital Clinical Unit arranged the first ever Sussex Trauma Conference.
- Two of our Senior Nurses were awarded Florence Nightingale Scholarships.
- Our Medical Education team have worked to improve the results of our GMC National Trainee Survey for Junior Doctors resulting in a reduction of red flags from 35 to 19 with reference to our GMC 2015 results. Additionally, Junior Doctor Conversations meetings were held on each site in Autumn 2015 and action plans drawn up as a result to address concerns raised.
- We celebrated the achievements of our Project Search interns and many have found employment as a result of participating in this project.

## Consultant Appointments

- Dr Solomon Asgedom, Cardiology
- Dr James Bennett, Anaesthetics
- Dr Badenan Fathulla, Gynaecology
- Dr Kieran Hills, Anaesthetics
- Dr Ragnar Ingvarsson, Rheumatology
- Dr Arun Jeevagan, Gastroenterology
- Mr Simon Mackie, Urology
- Dr Nadeem Raja, Microbiology
- Mr Satish Rajankulam Gaanesan, Orthopaedics
- Dr Sharon Sheehan, Microbiology
- Dr Angeli Thallon, Gynaecology
- Dr Eirini Vrentzou, Radiology
- Miss Margaret Wong, Ophthalmology

This accountability report was approved by the board on 1st June 2016 and signed on its behalf by:



Chief Executive



# Finance

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

We have examined the summary financial statements for the year ended 31st March 2016 set out on pages 94 to 98 of the Annual Report.

This statement is made solely to the Board of Directors of East Sussex Healthcare NHS Trust in accordance with the terms of our engagement to assist the Trust in meeting its responsibilities in respect of the publication of the summary financial statements of the Trust. No person is entitled to rely on this report unless such a person is a person entitled to rely upon this report by virtue of and for the purpose of our terms of engagement or has been expressly authorised to do so by our prior written consent. Save as above, we do not accept responsibility for this report to any other person or for any other purpose and we hereby expressly disclaim any and all such liability.

## **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 statements within the Annual Report with the statutory financial statements.

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 statements are consistent with the statutory

financial statements of East Sussex Healthcare NHS Trust for the year ended 31st March 2016. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (2nd June 2016) and the date of this statement.

**BDO LLP, London, UK**

27 July 2016

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

## **Directors' statement**

The auditor issued an unqualified true and fair opinion on the full annual financial statements for the year ended 31 March 2016. An adverse opinion was issued on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016. This was due to the deficit outturn for the year and evidence of weaknesses in proper arrangements for the financing of sustainable delivery of services.

## **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 Jonathan Reid, 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 2015/16 comprise statutory audit fees and fees for audit related services. No non-audit services have been provided.



## Statement of comprehensive income for the year ended 31st March 2016

	2015/16 £000s	2014/15 £000s
Gross employee benefits	(258,087)	(245,460)
Other operating costs	(138,083)	(130,698)
Revenue from patient care activities	323,874	354,042
Other operating revenue	32,278	30,834
<b>Operating surplus/(deficit)</b>	<b>(40,018)</b>	<b>8,718</b>
Investment revenue	29	34
Other gains	29	29
Finance costs	(859)	(235)
<b>Deficit for the financial year</b>	<b>(40,819)</b>	<b>8,546</b>
Public dividend capital dividends payable	(6,940)	(8,073)
Transfers by absorption (losses)	(29,260)	0
<b>Retained surplus/(deficit) for the year</b>	<b>(77,019)</b>	<b>473</b>
<b>Other comprehensive income</b>	<b>2015/16 £000s</b>	<b>2014/15 £000s</b>
Impairments and reversals taken to the revaluation reserve	(262)	(3,319)
Net gain/(loss) on revaluation of property, plant and equipment	(10,877)	16,660
<b>Total other comprehensive income</b>	<b>(11,139)</b>	<b>13,341</b>
<b>Total comprehensive income for the year</b>	<b>(88,158)</b>	<b>13,814</b>
<b>Financial performance for the year</b>		
Retained surplus/(deficit) for the year	(77,019)	473
Impairments (excluding IFRIC 12 impairments)	(411)	(629)
Adjustments in respect of donated government grant asset reserve elimination	173	244
Adjustment re absorption accounting	29,260	0
<b>Adjusted retained surplus/(deficit)</b>	<b>(47,997)</b>	<b>88</b>

## Statement of financial position as at 31st March 2016

	31/03/16 £000s	31/03/15 £000s
<b>Non-current assets:</b>		
Property, plant and equipment	231,172	271,373
Intangible assets	1,650	1,293
Trade and other receivables	1,193	1,184
<b>Total non-current assets</b>	<b>234,015</b>	<b>273,850</b>
<b>Current assets:</b>		
Inventories	6,472	6,599
Trade and other receivables	17,184	19,464
Cash and cash equivalents	2,100	1,008
<b>Total current assets</b>	<b>25,756</b>	<b>27,071</b>
<b>Total assets</b>	<b>259,771</b>	<b>300,921</b>
<b>Current liabilities:</b>		
Trade and other payables	(39,830)	(27,534)
Provisions	(253)	(591)
Borrowings	0	(335)
DH capital loan	(427)	(383)
<b>Total current liabilities</b>	<b>(40,510)</b>	<b>(28,843)</b>
<b>Net current liabilities</b>	<b>(14,754)</b>	<b>(1,772)</b>
<b>Total assets less current liabilities</b>	<b>219,261</b>	<b>272,078</b>
<b>Non-current liabilities:</b>		
Provisions	(2,709)	(2,588)
Borrowings	0	(263)
DH revenue support loan	(35,218)	0
DH capital loan	(3,553)	(3,583)
<b>Total non-current liabilities</b>	<b>(41,480)</b>	<b>(6,434)</b>
<b>Total assets employed</b>	<b>177,781</b>	<b>265,644</b>
<b>Financed by:</b>		
Public dividend capital	153,562	153,530
Retained earnings	(74,028)	(7,597)
Revaluation reserve	98,247	119,711
<b>Total taxpayers' equity</b>	<b>177,781</b>	<b>265,644</b>

The summarised financial statements on pages 94 to 98 were approved by the board on 1st June 2016 and signed on its behalf by



Chief Executive

## Statement of changes in taxpayers' equity for the year ended 31st March 2016

	Public dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Total reserves £000s
<b>Balance at 1st April 2015</b>	<b>153,530</b>	<b>(7,597)</b>	<b>119,711</b>	<b>265,644</b>
<b>Changes in taxpayers' equity for the year ended 31/03/16</b>				
Retained deficit for the year		(77,019)		(77,019)
Net loss on revaluation of property, plant, equipment			(10,877)	(10,877)
Impairments and reversals		0	(262)	(262)
<b>Reclassification adjustments</b>				
Transfers between reserves in respect of assets transferred under absorption	0	10,588	(10,588)	0
Permanent PDC received - cash	32			32
Other movements	0	0	263	263
<b>Net recognised revenue/(expense) for the year</b>	<b>32</b>	<b>(66,431)</b>	<b>(21,464)</b>	<b>(87,863)</b>
<b>Balance at 31st March 2016</b>	<b>153,562</b>	<b>(74,028)</b>	<b>98,247</b>	<b>177,781</b>
<b>Balance at 1st April 2014</b>	<b>153,130</b>	<b>(8,096)</b>	<b>106,396</b>	<b>251,430</b>
<b>Changes in taxpayers' equity for the year ended 31/03/15</b>				
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)
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
<b>Net recognised revenue for the year</b>	<b>400</b>	<b>499</b>	<b>13,315</b>	<b>14,214</b>
<b>Balance at 31st March 2015</b>	<b>153,530</b>	<b>(7,597)</b>	<b>119,711</b>	<b>265,644</b>



## Statement of cash flows for the year ended 31st March 2016

	2015/16 £000s	2014/15 £000s
<b>Cash flows from operating activities</b>		
Operating surplus/(deficit)	(40,018)	8,718
Depreciation and amortisation	12,665	12,266
Impairments and reversals	(411)	(629)
Donated assets received credited to revenue but non-cash	(947)	(1,107)
Interest paid	(859)	(235)
PDC dividend paid	(7,558)	(7,588)
(Increase)/decrease in inventories	127	(361)
Decrease in trade and other receivables	2,271	5,165
Increase/(decrease) in trade and other payables	11,817	(3,202)
Provisions utilised	(467)	(280)
Increase in non cash provisions	250	365
<b>Net cash inflow/(outflow) from operating activities</b>	<b>(23,130)</b>	<b>13,112</b>
<b>Cash flows from investing activities</b>		
Interest received	29	34
Payments for property, plant and equipment	(10,159)	(12,654)
Payments for intangible assets	(583)	(607)
Proceeds of disposal of assets held for sale (PPE)	6	29
<b>Net cash outflow from investing activities</b>	<b>(10,707)</b>	<b>(13,198)</b>
<b>Net cash outflow before financing</b>	<b>(33,837)</b>	<b>(86)</b>
<b>Cash flows from financing activities</b>		
Gross temporary (2014/15 only) and permanent PDC received	32	16,900
Gross temporary (2014/15 only) and permanent PDC repaid	0	(16,500)
Loans received from DH - new capital investment loans	441	428
Loans received from DH - new revenue support loans	66,633	0
Loans repaid to DH - capital investment loans repayment of principal	(427)	(340)
Loans repaid to DH - working capital loans/revenue support loans	(31,415)	(1,331)
Capital element of payments in respect of finance leases	(335)	(320)
<b>Net cash inflow/(outflow) from financing activities</b>	<b>34,929</b>	<b>(1,163)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>1,092</b>	<b>(1,249)</b>
<b>Cash and cash equivalents at beginning of the period</b>	<b>1,008</b>	<b>2,257</b>
<b>Cash and cash equivalents at year end</b>	<b>2,100</b>	<b>1,008</b>

## Better payment practice code - measure of compliance

	2015/16		2014/15	
	Number	£000s	Number	£000s
<b>Non-NHS payables</b>				
Total non-NHS trade invoices paid in the year	131,962	144,870	112,678	133,978
Total non-NHS trade invoices paid within target	75,556	94,383	101,816	122,561
Percentage of non-NHS trade invoices paid within target	57.26%	65.15%	90.36%	91.48%
<b>NHS payables</b>				
Total NHS trade invoices paid in the year	2,619	22,572	3,398	22,132
Total NHS trade invoices paid within target	1,604	18,886	2,240	15,904
Percentage of NHS trade invoices paid within target	61.24%	83.67%	65.92%	71.86%

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

## Staff numbers

	2015/16			2014/15
	Total Number	Permanently employed Number	Other Number	Total Number
<b>Average Staff Numbers</b>				
Medical and dental	600	514	86	592
Administration and estates	1,139	1,039	100	1,113
Healthcare assistants and other support staff	1,853	1,473	380	1,733
Nursing, midwifery and health visiting staff	1,881	1,722	159	1,871
Nursing, midwifery and health visiting learners	26	26	0	60
Scientific, therapeutic and technical staff	550	495	55	554
Healthcare Science staff	131	131	0	123
Other	88	88	0	83
<b>Total</b>	<b>6,268</b>	<b>5,488</b>	<b>780</b>	<b>6,129</b>
Of the above - staff engaged on capital projects	15	13	2	20

# 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 our hospitals and a British Sign Language service can be arranged.

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: (01424) 755255 Ext: 2620

**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](http://www.esht.nhs.uk)



[esh-tr.enquiries@nhs.net](mailto:esh-tr.enquiries@nhs.net)



[/ESHTNHS](https://www.facebook.com/ESHTNHS)



[@ESHTNHS](https://twitter.com/ESHTNHS)

## 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](http://www.esht.nhs.uk/foi)

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