



East Sussex Healthcare **NHS**
NHS Trust

Annual Report and Summary Financial Statements

2010/11

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Accessibility

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

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

Section 1

Introducing the Trust

Welcome

Welcome to our annual report. This is an exciting time for the organisation, our patients and the local community of East Sussex.

On the 1st April 2011 we integrated East Sussex Community Health Services and East Sussex Hospitals NHS Trust. The new organisation called East Sussex Healthcare NHS Trust now manages both hospital care and community health services in East Sussex.

This report mainly focuses on the activity and financial performance of East Sussex Hospitals NHS Trust during the year 2010/11.

However, some of the report looks towards the future and how we will be working to improve the continuity and quality of healthcare for patients across East Sussex.

The past year has been full of challenges and achievements for the Trust. It has certainly been a busy year.

As you will see from this report, staff in our hospitals saw and treated more than 119,000 patients in our emergency and associated departments as emergency cases.

More than 95,500 people were provided with care as either inpatients or day cases and close to 315,000 people attended outpatient appointments.

We continue to see sustained improvement in tackling infections.

For the second successive year, the Trust's infection rates for *Clostridium difficile* are significantly below the limits set by the strategic health authority, NHS South East.

Over the last 12 months there have been fewer cases than the previous year and an impressive 64% reduction of cases over three years. The Trust also met the limit set for cases of MRSA.

This reflects the tremendous work of many throughout the organisation and we would like to thank them on behalf of our patients. Reducing the risk of infection remains one of our top priorities.

Throughout the year we have made improvements to both the services we provide and the buildings we provide those services from.

The clot-busting (thrombolysis) stroke service was expanded across the Trust on a 24 hours a day, seven days a week basis.

Investment has been made in additional nurses and medical staff in our Emergency departments to improve care and assessment of patients.

We have introduced new ways of working which have reduced the time patients wait to receive their treatment and invested in two robots to electronically dispense medication and reduce the time patients wait for their prescriptions.



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Introducing the Trust



It is disappointing to report a £4.7million deficit for the year against a planned surplus of £1.5million. During the year we have made a considerable effort to reduce our expenditure and generated substantial efficiencies.

Unfortunately, we experienced a significant increase in demand in some specialties such as Gastroenterology, Oral Surgery and Thoracic Medicine and sustained demand in Orthopaedics and Vascular Surgery which exceeded our internal capacity.

To cope with this extra demand we had to provide additional premium rate sessions and send some work to third party providers which had a significant adverse impact on our expenditure.

We are operating in an environment of rapid change, high expectations and considerable challenges. The creation of a new organisation offers us a unique opportunity to make real progress towards becoming a leading edge provider of health services across East Sussex and beyond over the next few years.

In line with the direction of travel for healthcare providers set out in the White Paper Equity and Excellence, Liberating the NHS (2010) we aim to become a Foundation Trust by April 2013. We are committed to contributing to the local health economy's achievement of the goals set out in the White Paper.

During the year we have engaged with our partners, stakeholders, staff and clinicians to develop our clinical strategy - Shaping our Future.

We need to be in a position to provide safe sustainable services in the future. Work is underway to develop an East Sussex wide process which will support providers and commissioners to work together to deliver change through pathway redesign, quality improvement programmes and delivery of operational and system efficiencies.

We are working to build an organisation which puts the patients and the public first and develops services around patient pathways.

Our clinicians are firmly at the forefront of the organisation to improve healthcare outcomes and the patient experience through a focus on measuring and improving outcomes.

Everything we achieve and do could not be done without the dedication and hard work of our staff.

We are also supported by over 1,000 volunteers and all those throughout our communities who donate and raise money for the Trust's charitable funds and the Friends of our hospitals who support us in so many other ways.

None of what we set out to achieve is possible without the commitment of all of these groups and individuals and we wish to record, on behalf of the Board, our appreciation of their valuable contribution to provide the very best care for each patient on every occasion.

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



Steve Tinton
Interim Chairman



Darren Grayson
Chief Executive

Section 1

Introducing the Trust

About the Trust

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

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



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

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

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

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

The role of East Sussex Healthcare NHS Trust is to provide the best possible healthcare service to patients, who come first in everything the organisation does.

There are some 500,000 people who live in East Sussex and the Trust is one of the largest organisations in the county. We employ over 7,500 dedicated staff with an annual turnover of £360 million.

There are 1,023 beds and over 95,000 people are inpatients each year, whilst almost 120,000 use the Trust's emergency departments and over 20,000 patients use the minor injuries units. In addition there are over 314,000 outpatient attendances annually.

Our promise to patients and staff

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

This means delivering high quality, sustainable services that local people want and expect and which reflect their particular need.

It also 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.

Success in delivering this vision is linked to the following objectives to:

- Provide high quality, innovative and accessible emergency and elective care.
- Revolutionise services for older people and those with long term and complex conditions through the provision of integrated services.
- Deliver the right care in the right place at the right time by working in clinical networks and other partnerships.
- Communicate effectively with our patients, our staff, our community and our partners.

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- Maintain and develop a skilled and motivated workforce.
- Realise the benefits from our estate and IT infrastructure.
- Drive productivity and efficiency and where appropriate maximise our market share.

Our strategy, and the services we offer, are matched to the particular needs of the population we serve in East Sussex, which has:

- A high and growing proportion of elderly and very elderly people in the county.
- Areas of high economic and social deprivation.
- A predominantly rural geography and poor transport links.
- A seasonal population swell, with 11 million day visitors to the county each year.

Playing our part in the National Health Service

The Trust 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, initiatives such as Patient Choice, gives individual patients far more say over where they are treated and helps them to make an informed choice comparing different hospitals.

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

Further on in this report is more detailed information on how the Trust is performing against key performance targets.

The Government's White Paper 'Equity and excellence: Liberating the NHS' was published on the 13th July 2010. It sets out an ambitious agenda of reform for the NHS equal if not greater than any since the creation of the service in 1948.

These reforms are bold, radical and far reaching. As with other significant reforms they will evolve over time as lessons are learnt and adaptations made.

The Trust is well placed to be a full, active and positive partner in the development of local implementation plans and to work with others to ensure that the ambitions for the service and for patients are realised.



Foundation Trust

The Trust continues to work with partners in the local NHS on our application to become a Foundation Trust.

In the autumn of 2010 the Department of Health asked all non Foundation Trusts to look at their projected timescales for their Foundation Trust application and either commit to them or propose changes.

The board reviewed its timetable and in light of the further work to be undertaken on 'Shaping our Future' and the proposed integration with community services, it decided that its application should be deferred by twelve months. In order to ensure that our plans and proposed service developments match local priorities for health services in the future.

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Furthermore, given the uncertain economic and financial environment nationally, this will allow us to ensure that our future plans - and those of our partners - are soundly based.

Foundation Trust status will encourage greater community involvement and engagement with members and enable us to invest in improving local services.

We remain committed to achieving this and being a trust that is at the heart of our local community and which has the community at the heart of what we do.

We will use this time to continue to grow our membership to ensure that it is representative of the local population that we serve and work towards achieving Foundation Trust status as soon as possible.

During the year, 73 new members joined, bringing the total membership at the end of the year to 6,624.

Tell us what you think

Each year the trust publishes an annual report which is launched at a public meeting when the trust's accounts are also presented.

We want this report to be as useful as possible for readers. Do you have any views you would like to share? Was there information not included which you would like to see? Is there anything you would like to see improved for next year?

Please let us know - email:

enquires@esht.nhs.uk

or write to:

The Communications Department,
East Sussex Healthcare NHS Trust,
Eastbourne DGH,
Kings Drive,
Eastbourne,
East Sussex, BN21 2UD.

During 2010/11

More than 119,000 patients were treated in our Emergency Departments and associated areas as emergency cases.

More than 4,300 babies were delivered by our midwives and obstetricians.

More than 89,000 people were provided with hospital care either as inpatients or as day cases.

More than 314,000 people attended outpatient clinics at one of our trust's hospitals or outreach centres.

More than 299,000 radiological examinations and therapeutic procedures were performed.

Over 5.5 million pathology tests were performed.

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Our focus in 2011/12 will be on:

- Improving quality and access.
- Improving and enhancing patient's experiences and clinical outcomes.
- Working in partnership with partners in the local NHS and other public sector bodies, and internally with our staff, to meet the needs of the people in East Sussex.
- Using our resources efficiently and effectively for the benefit of patients ensuring services are sustainable.



As a Trust, we must meet a broad range of existing and new national standards as well as locally agreed quality improvement targets. These include for 2011/12:

- 95% of Emergency Department (A&E) patients are admitted and discharged within four hours.
- Less than 5% of operations cancelled for non clinical reasons on the day have to be rebooked within 28 days.
- No more than six cases of MRSA.
- No more than 55 cases of Clostridium Difficile.
- 90% of patients referred requiring an operation or procedure are admitted within 18 weeks.
- 95% of patients referred (and not requiring an operation) must start their treatment within 18 weeks.
- 96% of patients diagnosed with cancer should be treated within 31 days of agreeing treatment with their hospital doctor.
- 94% of patients who need further surgery for the same cancer or a recurrence should be treated within 31 days.
- 98% of patients who need further drug treatment for the same cancer or a recurrence should be treated within 31 days.
- 85% of patient referred by their GP with a suspected cancer to a hospital specialist should be treated within 62 days.
- 90% of patients with a cancer diagnosed by screening should be treated within 62 days.
- 80% of stroke patients should spend 90% of their stay on a stroke unit.
- Less than 3.5% delayed transfers of care.

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Improving services for patients

Patient environment

Each year the Trust is required to assess its facilities in line with national Patient Environment Team (PEAT) guidelines.

Inspections are carried out by a multidisciplinary team including patient representatives.

The Trust continues to score highly with PEAT and has maintained "good" scores for privacy and dignity. The score for the cleanliness of the patient environment at Conquest Hospital was "acceptable" with Eastbourne DGH maintaining a "good" in the latest survey. Food serving scores were rated as "good" at Eastbourne DGH whilst Conquest Hospital maintained its "good" score.

The full PEAT scores for 2010 are below:

Site	Environment score	Food score	Privacy and Dignity
Conquest	Acceptable	Good	Good
Eastbourne	Good	Good	Good

A patient information video can be viewed by patients on their bedside television.

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.

This video is available at both Conquest Hospital and Eastbourne DGH now that the bedside televisions have been upgraded.

Hospital cleanliness

We have implemented a new weekly intensive clean of patient-shared equipment to help support the nursing staff.

An individual ward cleaning portfolio was also introduced, which holds all the information relating to cleaning and is available for patients to read.

We have improved our cleaning system to coincide with patients being discharged, with a more focused service including a checklist to ensure all cleaning has been completed.

The Trust has also continued to develop and expand the 'Intensive and Rapid Clean Service'. Each team now consists of five well trained staff. With one team on each site, this team systematically visits wards and areas like theatres and usually complete an intensive clean and environment improvement in about two weeks and can also be speedily deployed to areas for extra cleans at very short notice.



Patient catering

During the year the catering team produced over 1.2 million meals.

Providing a choice of nutritious and appetising food is an important priority for the Trust. Patients with specific needs relating to cultural, religious or special dietary requirements are catered for.

Feedback from patients is extremely helpful in developing the menu for patients. This year we continued to receive high patient satisfaction ratings in our monthly catering audit. Patient surveys indicated 91% satisfaction on quality and 90% satisfaction on choice.

By every bed we have a folder which contains menu details and other information about services on the ward. A new model of menu is being piloted which has a much wider range of choice. It is proving to be very successful and it is proposed to expand the menu in 2011.

Site safety

The Trust does all it can to ensure everyone's safety whilst at our hospitals.

We have a proactive security culture to keep our sites and all those in them safe.

We have around 75 closed circuit television (CCTV) cameras, control rooms at Conquest Hospital and Eastbourne DGH and a range of other alarms including medical gases, blood banks, lifts and fire systems.



Accessibility is important, even in adverse weather. The Trust has this year invested in brand new snow clearing and ice combating equipment to keep our sites open and safe for users.

A baby tagging system helps to protect the most vulnerable and a swipe card access system controls access to certain areas of our hospitals.

In response to feedback from visitors, we have made improvements to our car parks with the introduction on a 'Pay-on-Exit' system, making it fairer, easier and more convenient for visitors to our hospitals.

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

Investing in our estate

The Trust's ability to deliver healthcare meeting the reasonable expectations of the local community, the challenging performance targets set by Government and evolving clinical demands is restricted by our estate, its condition and fitness for purpose.

Despite severe financial constraints and competing demands for limited capital funds, the year has seen significant investment in maintaining and developing accommodation at both acute hospital sites with particular emphasis on schemes aligned to programmes to reduce infection rates and improve privacy and dignity for our patients.

Standing out as a development that will help shape the future layout of wards that meet current standards for privacy, in a single sex facility, whilst limiting the risk of cross infection is the newly refurbished Cuckmere Ward at Eastbourne DGH. Four new single bedded rooms, with en-suite toilet and shower, were provided by conversion of two six bed bays. Alternative room layouts and fittings will enable assessment of their suitability for wider adoption across the Trust.



Enhancements to facilities for emergency care were completed at both sites comprising the creation of a new five bed assessment unit and an additional resuscitation bed at Conquest Hospital and segregation of treatment cubicles at Eastbourne DGH in order to address privacy and dignity concerns.

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Improving services for patients

Work started during the year on enabling works for the construction of a new endoscopy unit at Eastbourne DGH. This will open during 2012, providing enhanced diagnostic and therapeutic facilities compliant with Joint Advisory Group (JAG) accreditation standards.

The development works include new endoscope decontamination facilities. Enabling works include a repositioned state-of-the-art helipad which will allow the Emergency Department to accept patients both day and night and reinforce the hospital's status as a major trauma centre.

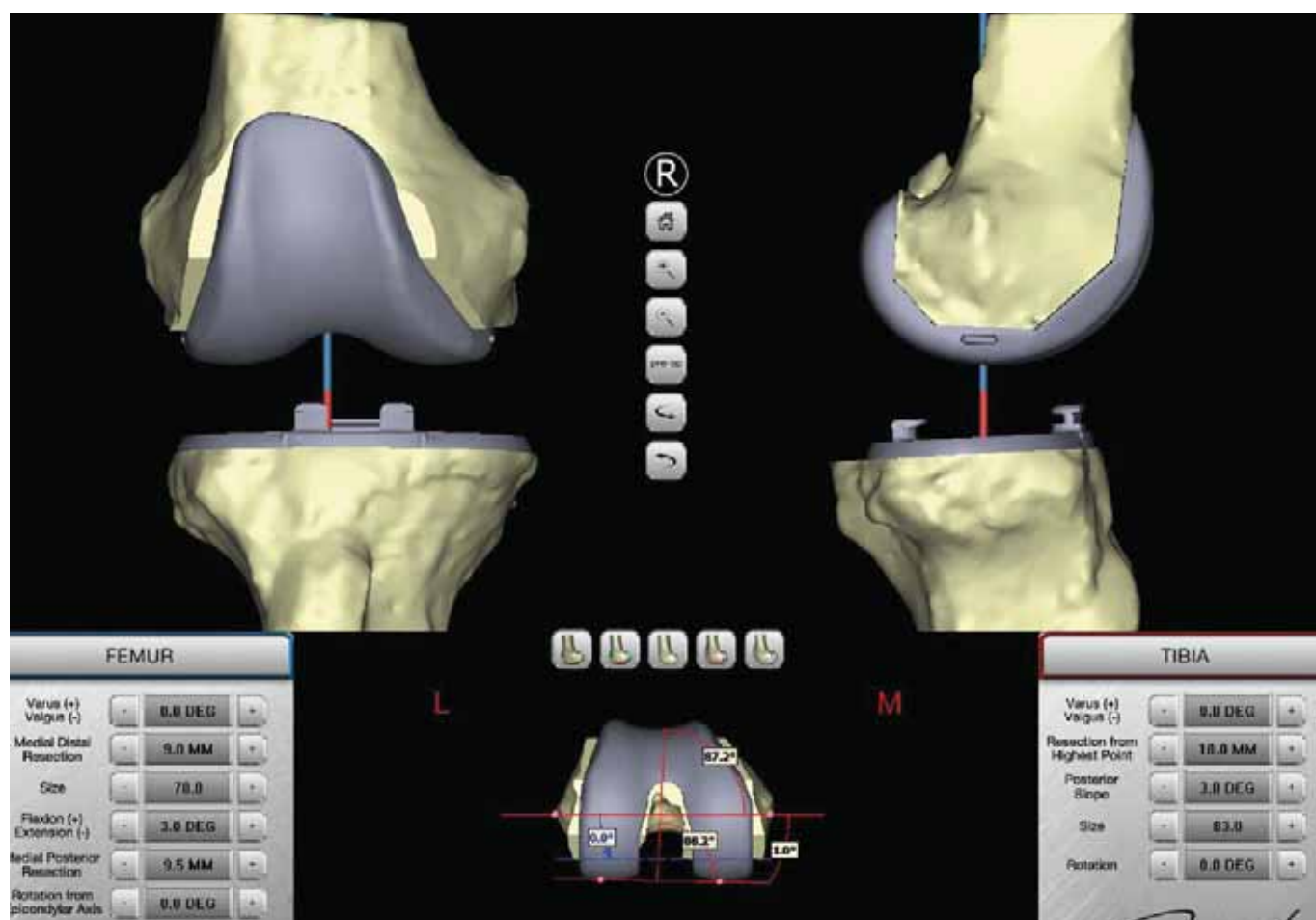
Additional investment in reducing infection rates is evidenced by the replacement of the laminar flow hood in theatre number 3 and the provision of a new theatre sterile store at Conquest Hospital. A range of works have also been completed to improve clinical waste handling facilities.

Enhancement to estate infrastructure include the commencement of a phased replacement of the fire alarm system at Conquest Hospital, the first

stages of electrical system upgrade at Eastbourne DGH including transformer and High Voltage switchgear replacement and cross site CCTV and access control improvements.

Whilst the foregoing represent just part of an extensive works programme funded during the financial year, this programme is itself part of an ongoing five year estate strategy aligned to the Trust's clinical demands and changing involvement in community healthcare provision.

Major projects planned for future years include the upgrade of oncology and haematology services (Pevensey ward at Eastbourne DGH) in conjunction with the construction of a new Radiotherapy Treatment Centre at Eastbourne DGH, funded by Brighton and Sussex University Hospitals Trust; the wider adoption of single bed rooms as part of major ward reconfiguration and the rationalisation of emergency accommodation at both hospital sites.



Patient and public involvement

The Trust takes patient experience very seriously and works closely with the public to develop and monitor its services.

In the past year the East Sussex Local Involvement Network (LINK), which is a statutory patient, carer and public involvement network, has conducted several 'enter and view' visits. Reports are issued to the Trust and actions taken to address any recommendations made.

The Trust has also been actively seeking the views of patients with a regular monthly discharge survey.

This information, along with other sources of patient feedback such as information provided by our Complaints and Patient Advice and Liaison (PALS) teams and other patient experience surveys, is used to improve the service that we offer to our patients.

Overall the Trust is pleased to report that patient satisfaction remains high with over half of all patients reporting their care as being excellent and that cleanliness of the hospitals is rated as 'very clean' in over 70% of responses.



There has also been a significant decrease in the number of patients using the same bathroom or shower facilities on both sites.

Improvements are being made as a result of feedback we have received from patients with regard to medicines management and nutrition and food in our hospitals.

Equality and diversity

This year the Trust had a large number of conversations to gather feedback from residents, community groups, patients, carers and their representatives and staff about healthcare and the organisation.



Over 500 separate comments were received and have informed the Trust's equality scheme.

The scheme is the Trust's overarching strategy to promote equal opportunities, reduce discrimination and foster good community relations within healthcare and employment for people on the grounds of: age, sex, gender identity, race, disability, religion and belief and sexual orientation.

Two large community events and an online consultation were supported by a separate series of facilitated smaller events for people with Learning Disabilities and a coffee morning for carers.

The Trust also co-facilitated an event in partnership with NHS South East Coast for members of the Trans community.

The Trust has been participating in a research project with Hastings and Rother Rainbow Alliance and the University of Brighton on the provision of goods, facilities and services and employment practices for Lesbian, Gay, Bisexual and Trans (LGBT) people in East Sussex.

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Improving services for patients

Additionally the Trust participated in an active citizenship day to empower local residents with information about the hospitals.

The Board made a number of significant changes to the way it manages and governs the agenda this year, including each director taking on specific leadership responsibilities for communities of identity, e.g. disabilities and carers.

These changes will be driven forward further in 2011/12 to ensure that communities and the Trust are brought closer together on areas of shared interest.

Working with a patient representative and the clinical lead for consent, the Equality and Human Rights Manager delivered a piece of work to better understand patient safety and promote participation within this critical policy.

Over 100 policy authors were supported during the year in reviewing and writing their policies. Additionally the integration of community and acute healthcare continues to be supported.

The Equality and Human Rights Manager identified an initial working group and delivered a BME Staff Network.

This is fast expanding its membership for staff with a shared experience of disadvantage linked with race, nationality, national or ethnic origins or those who wish to promote racial equality and support their colleagues.

Some members of staff participated in the regional LGBT Pride event in Brighton to raise visibility about the issues LGBT staff face in the workplace. In addition the Trust continues to achieve the Disability Positive recruitment standard ("Two Ticks").

Positive action was taken to address inequalities within the workforce and staff members were supported to attend training in relation to leadership and management.

This included participation on the Breaking Through master classes, representation on a regional leadership workshop, as well as a successful applicant accepted onto the national Promoting Inclusive Leadership programme.

For more information please visit our website: www.esht.nhs.uk/equality

Let us know your views

The Trust encourages people to provide feedback on any aspect of our service and strives to resolve complaints and takes all concerns raised by patients, carers and visitors to the hospital seriously.

As a result of the revised NHS Complaints regulations on 1st April 2009, the Trust is endeavouring to continue to implement the changes.

This includes early contact with complainants to establish how they wish us to try and resolve their concerns. Closer working relationships with divisions are being developed to ensure their early involvement in discussions with the Complaints Team and the complainant.



Outcome forms are included in the process to support patient safety within the Trust to ensure lessons are learnt and actions taken following complaint investigations.

The Complaints Policy for local procedures within the Trust supports the Parliamentary and Health Service Ombudsman's six 'Principles for Remedy':

- Getting it right.
- Being customer focused.
- Being open and accountable.
- Acting fairly and proportionately.
- Putting things right.
- Seeking continuous improvement.

Section 2

Improving services for patients



We endeavour to ensure we have an easily accessible process for raising compliments, comments, concerns and complaints which, for example, includes:

- Our 'Let us know your views' leaflets which are available throughout the Trust for patients and members of the public to give us their comments.
- Any staff that become aware of concerns raised by patients or their representatives will attempt to resolve these issues as soon as possible.
- Complaints satisfaction surveys allow us to monitor feedback on our complaints handling process.
- On the Trust website there is an online "comment/enquiry" form which allows our patients and members of the public to draw to our attention any issues they may feel will be helpful to us.

Learning from patients, carers and relatives about their experiences remains paramount to the Trust.

During 2010/11 we received a total of 532 complaints which was slightly down on the 549 complaints received the previous year.

Although each complaint is regrettable they should be seen in the context of well over 533,905 patient attendances during the year (0.1%).

During the year, 17 complaints were referred to the Parliamentary and Health Service Ombudsman for the year 2010/2011. Of these: one was upheld, two we are awaiting a decision, five were referred back to Trust and nine were refused.

Over the last year the top five complaint themes have been:

Clinical Care	497
Attitude	125
Communication	200
Bereavement	66
Discharge	65

Patient Advice and Liaison Service (PALS)

We have addressed many issues this year raised through the Patient Advice and Liaison Service (PALS).

PALS is available when patients need advice or information about our services or those provided by partner organisations.

This year they have received 3,681 contacts from patients, their relatives and carers seeking assistance or information.

This valuable service has seen a 5.5% increase in contacts from the previous year level of 3,490.



Section 2

Improving services for patients

Listening and learning

Listening and learning from the views of our patients and the public is a fundamental way in which we monitor the quality of the services we provide.

We listen to patients, their relatives and carers and learn from their experiences. Patient and public involvement is essential to our everyday practice so that we can:

- Improve the care we provide and the way we provide it.
- Encourage patients and the public to be involved and have a greater say in the way we care for our patients and how we plan and develop services.
- Gain a better understanding of how we try to respond to the needs and expectations of the local population we serve.

An example of this is our development of the Quality Accounts which highlight our quality improvement priorities for the coming year.

These priorities are developed with our patients and the public through a variety of means including focus groups and questionnaires.



us, reduced the impact on the Trust and, along with other measures introduced to assist staff, resulted in the minimum disruption to our services.

The Trust continues to test and validate its own internal plans with tabletop and communication exercises. It has also participated in events organised on a regional basis by the NHS South East Coast and our lead Primary Care Trusts.

The Trust plays an active role within the Sussex Resilience Forum and is represented on groups dealing with the use of volunteers, training and mass fatalities, as well as the health responders group.

It is also represented on groups operating within the district and borough councils that examine the safety issues at locally organised large public events or gatherings.



Emergency planning

The Trust has maintained its growth in the areas of emergency preparedness, namely Emergency Planning and Pandemic Influenza planning.

The response to an outbreak of Swine Flu in the winter of 2010/11 was both swift and effective at all levels of Trust management.

Our procedures and plans were regularly reviewed and updated to maintain compliance with the good practice guidelines from the Department of Health.

The Trust responded well to the very severe weather in December, where heavy snowfall could have disrupted services and caused serious business continuity issues.

The effective use of 4x4 vehicles, and prior planning with agencies that could offer these to

Improving services for patients

Volunteering

More than 1,000 people volunteer their time, energy and enthusiasm every month for the benefit of patients, visitors and staff at the trust.

Our volunteers work on receptions, 'meeting and greeting', taking trolleys with sweets and newspapers and library books to the wards, assisting staff on wards and clinics, in radiotherapy, as chaplaincy visitors, hospital radio, helping on tea bars and many other areas.



Each dedicated volunteer is making a vital contribution to daily hospital life and their efforts are hugely welcome.

Anyone who is interested in becoming a volunteer to strengthen and enrich our dedicated team of people should contact our Voluntary Services Managers - Pat Peachy at Conquest Hospital on (01424) 755255 Ext: 8497 or Corrine France at Eastbourne DGH on (01323) 417400 Ext: 4880.

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

01825 767053

Working together

We work closely with other organisations in the county to help provide our services.

We are grateful for the support and close working relationship with the Sussex Cluster, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance NHS Trust, NHS South East Coast, East Sussex Adult Social Care, Sussex Police, East Sussex Fire and Rescue Service, NHS Direct and the local district, borough and county councils.

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.

Fundraising

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

Over the year £590,000 has been donated to the Trust's charitable funds.

The Friends of our hospitals have again proved extremely generous this year with the purchase of equipment to improve the care and support we are able to offer patients.



Section 3

How we are performing

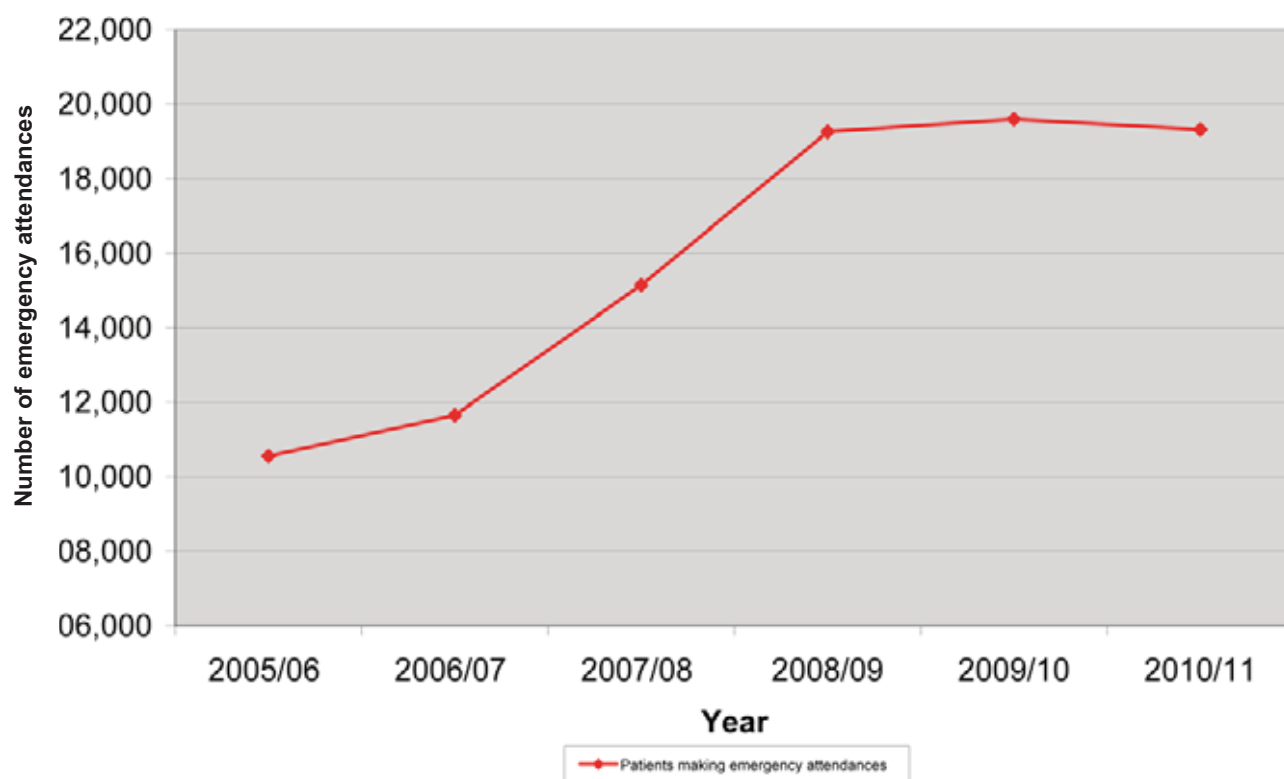
The trust's performance for the past five years, against key indicators, can be seen below.

	2006/07	2007/08	2008/09	2009/10	2010/11
Patients making emergency attendances	111,654	115,147	119,262	119,596	119,320
Patients spending more than four hours as emergency attendances	1,748	2,272	2,302	2,627	3,540
Percentage of patients through Emergency Departments in under four hours	98.4%	98.0%	98.1%	97.86%	97.03%
Number of patients experiencing four hour trolley wait	91	210	310	200	383
18 week referral to treatment - admitted (as at March 31st) target 90%	N/A	N/A	89.4%	86.6%	83.5%
18 week referral to treatment - non-admitted (as at March 31st) target 95%	N/A	N/A	91.4%	95.1%	95.2%
First Outpatient attendances	92,007	97,076	115,608	122,035	122,118
Follow-up Outpatient attendances	230,484	209,801	200,609	183,068	192,500
Total Outpatient attendances	322,491	306,877	316,217	305,103	314,618
Total number of elective Inpatient admissions	48,567	49,528	53,079	49,620	49,995
Total number of emergency admissions	45,981	45,865	48,698	45,713	45,622
Number of operations cancelled at short notice	145	199	359	399	402
Day case procedures	37,610	39,096	42,448	38,979	39,373
Percentage of elective admissions undertaken as day cases	77.4%	78.9%	80.0%	78.6%	78.8%
Length of stay of elective admissions (days)	3.43	3.23	3.57	2.62	2.72
Length of stay of emergency admissions (days)	6.04	6.09	6.34	6.36	6.29
Percentage of beds occupied by delayed transfers of care	5.89%	3.69%	2.84%	3.87%	3.48%
Number of diagnostic examinations in our Radiology Departments (1)	247,221	250,648	280,692	290,662	299,345
Number of babies delivered (2)	4,018	3,835	4,121	4,194	4,350
Percentage of suspected cancer patients seen within two weeks of an urgent GP cancer referral (3)	99.9%	99.6	94.4%	92.6%	93.1%
Percentage of patients treated within 31 days of decision to treat (3)	99.6%	99.2%	98.2%	97.5%	96%
Percentage of patients treated within 62 days of an urgent GP cancer referral (3)	97.0%	96.7%	89.5%	83.5%	90%
Total number of tests undertaken in our Pathology Department (4)	4,718,632	4,902,352	5,307,446	5,613,343	5,534,341
All performance data for 10/11 yet to be fully validated.					
All data above sourced from ESHT Patient Administration system except where indicated - (1) Radiology Information System; (2) Euroking; (3) ESHT Cancer Database; (4) Apex					

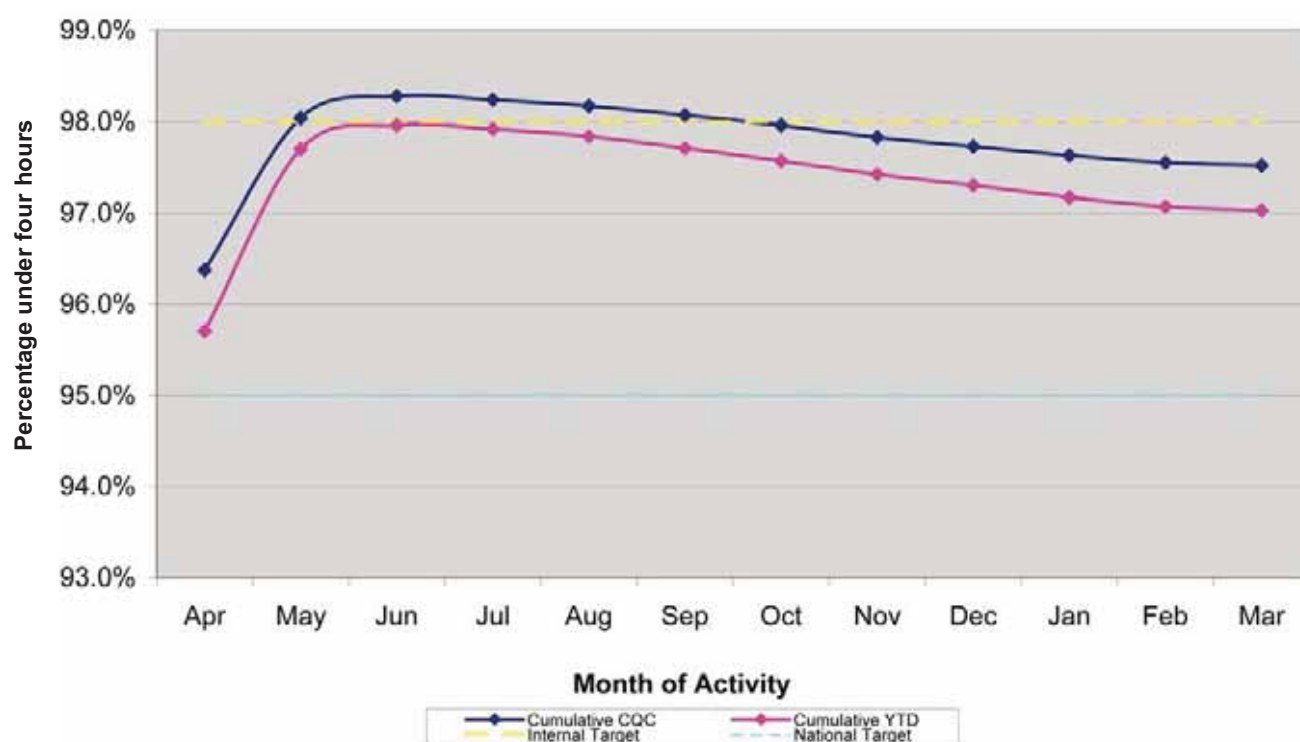
Section 3

How we are performing

Emergency attendances*



Emergency Department four-hour target performance*

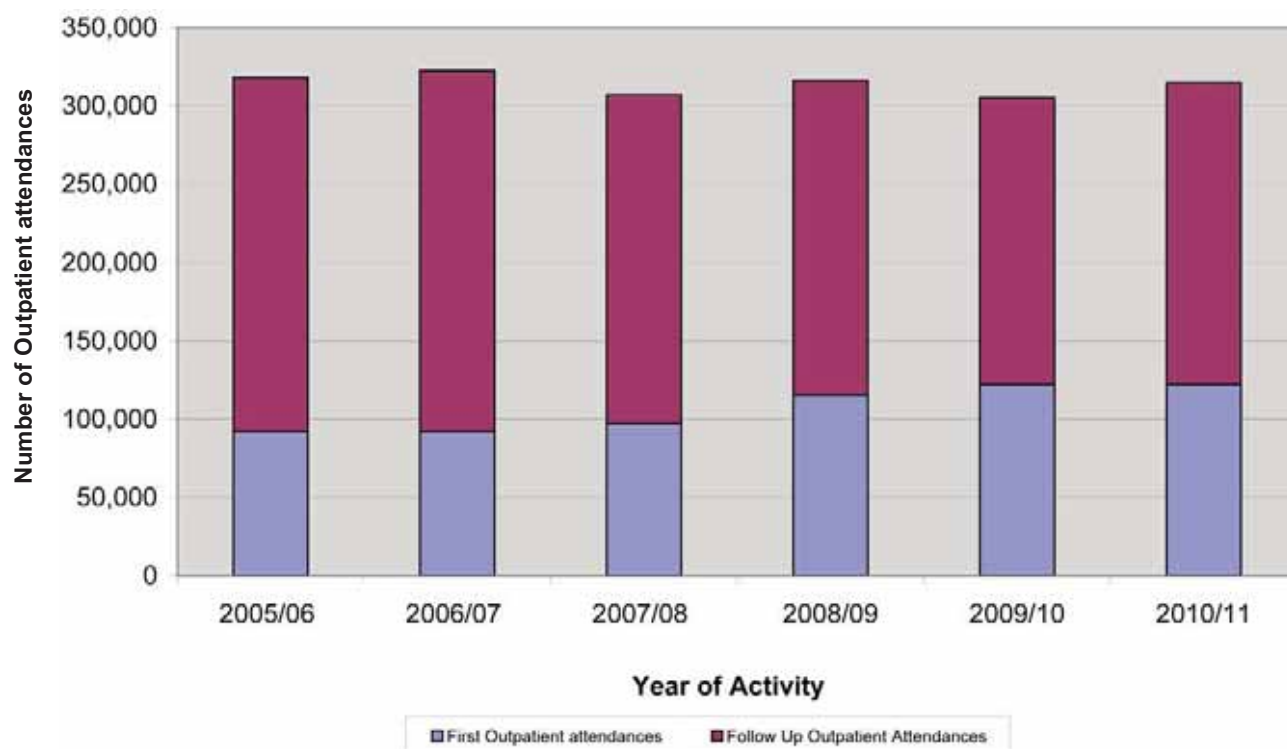


* Source - ESHT Patient Administration System

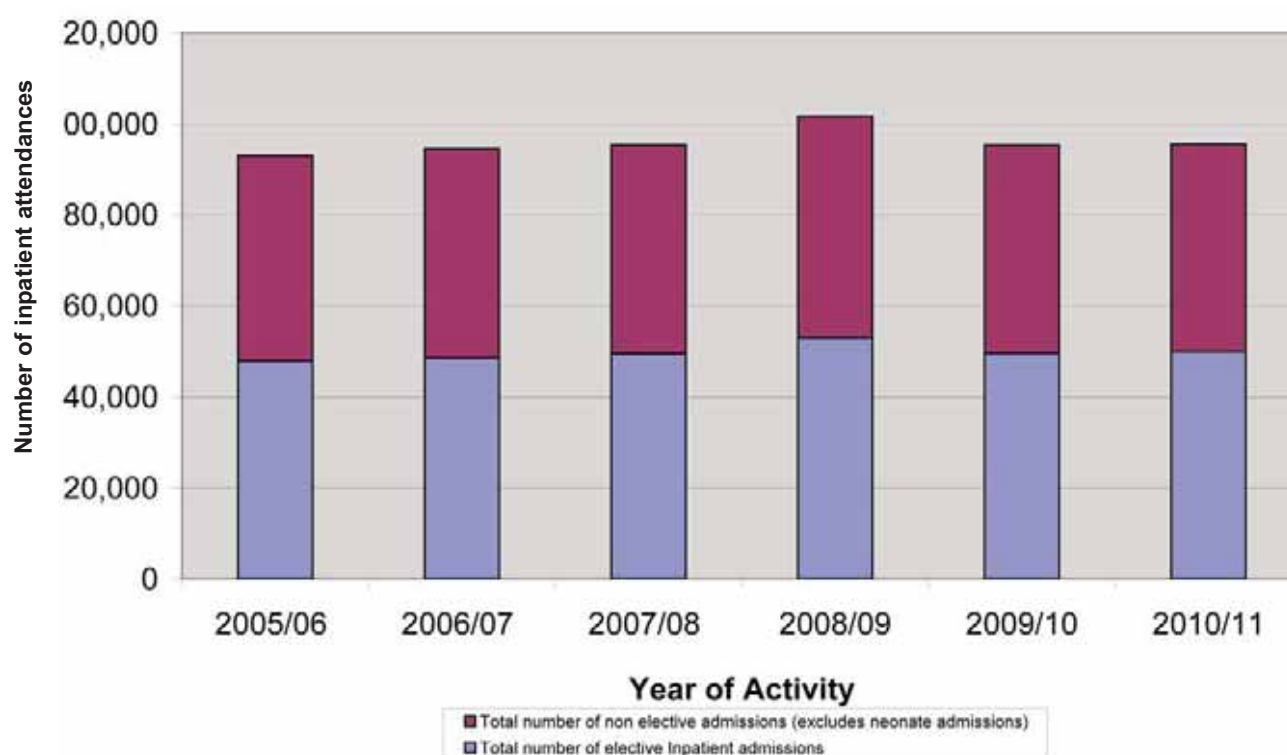
Section 3

How we are performing

Outpatient attendance activity*



Inpatient admission activity*

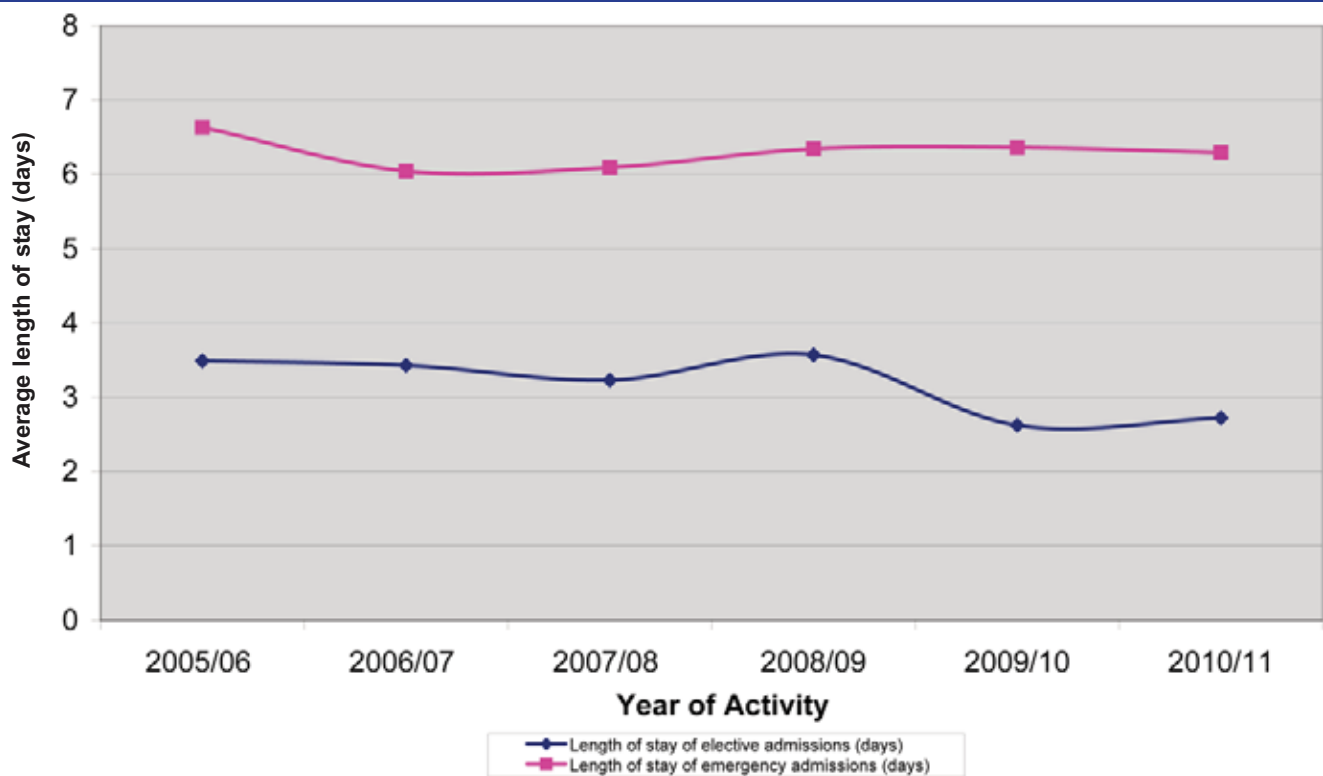


* Source - ESHT Patient Administration System

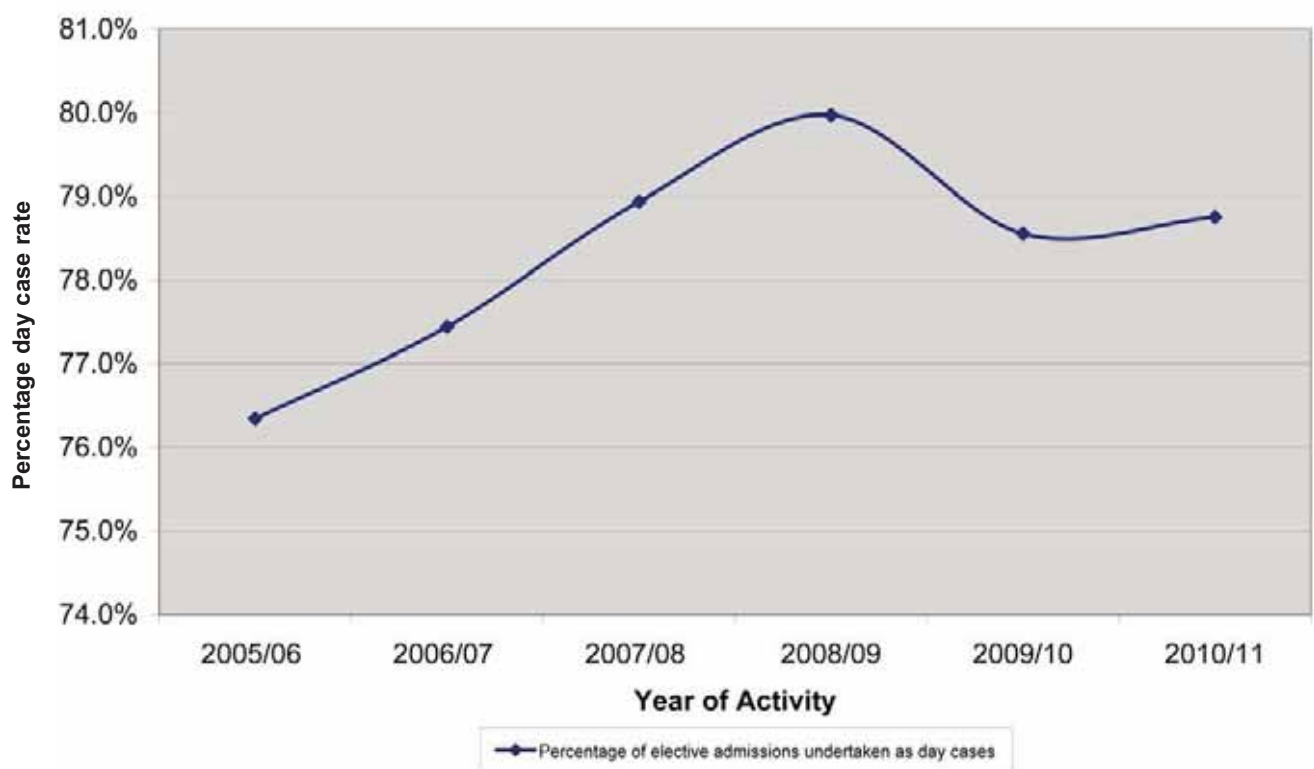
Section 3

How we are performing

Length of stay*



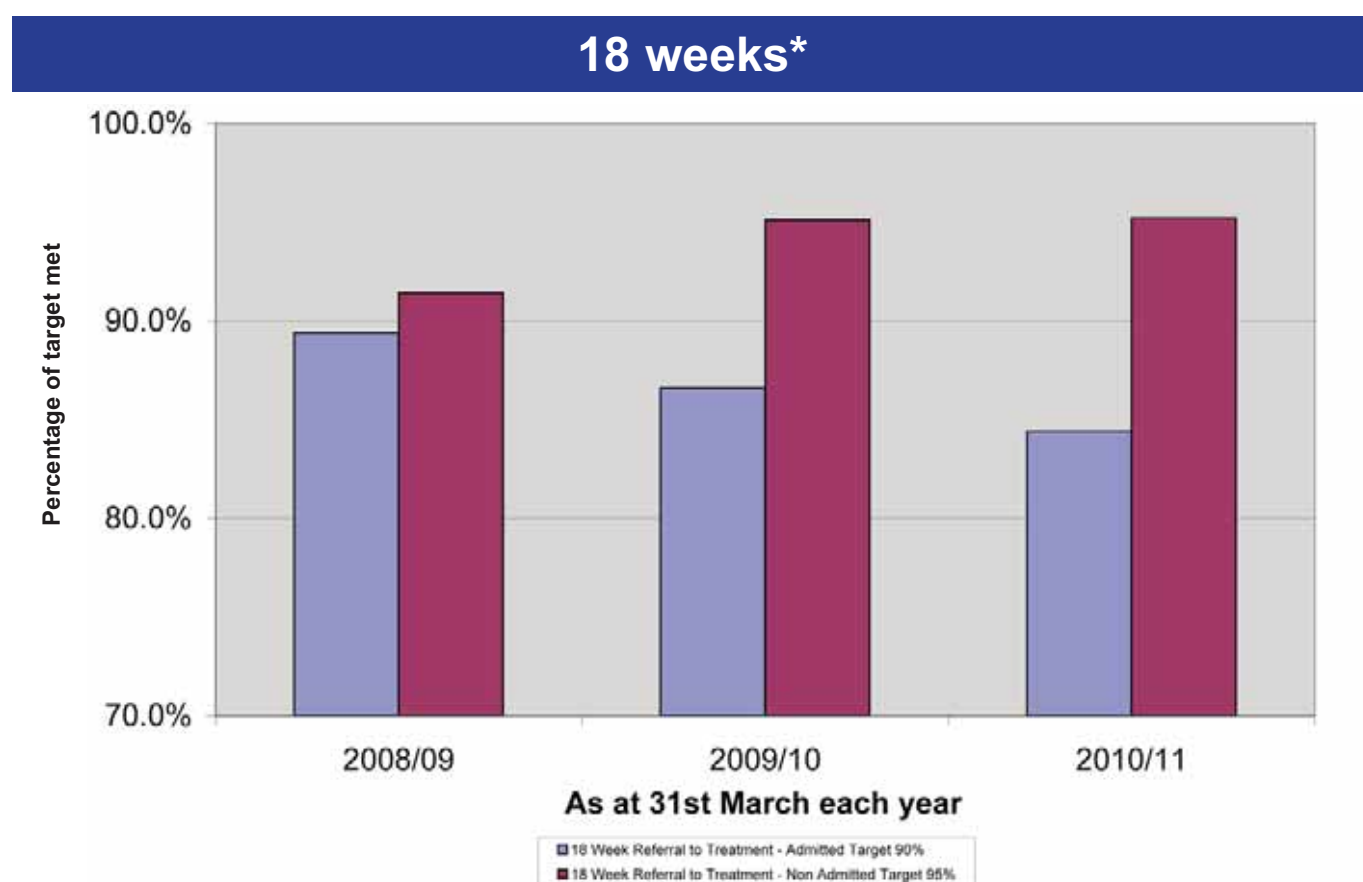
Percentage of 25 key procedures undertaken as day cases*



* Source - ESHT Patient Administration System

Section 3

How we are performing



* Source - ESHT Patient Administration System

Care Quality Commission

The Care Quality Commission (CQC) carried out a review of five hospitals within the Trust in mid-February as part of their routine schedule of unannounced inspections.

They visited Bexhill, Conquest, Crowborough, Eastbourne and Uckfield hospitals and published their review of compliance reports for each of these sites on 17th May 2011.

The reports raised major concerns about compliance with the following seven standards across Conquest Hospital and Eastbourne DGH:

- Respecting and involving people who use services.
- Consent to care and treatment.
- Care and welfare of people who use services.
- Safeguarding people who use services from abuse.
- Staffing.
- Supporting workers.

- Assessing and monitoring the quality of services provision.

Since February's inspection, the Trust has invested significant time and resource to make immediate improvements and to plan and implement medium to long term changes to achieve sustainable improvements across all areas of concern.

Although addressing some of these issues will require structural, cultural and strategic change over the long term a number of programmes are already in train address to these issues. Whilst the impact of these actions cannot be immediate the Trust will work with the CQC to ensure that the actions bring demonstrable step-by-step improvements to patient care.

The action already taken by the Trust to address the issues raised by the CQC includes:

- Ensuring staff routinely identify any issues that might compromise a patient's privacy and dignity. We have helped staff to do this by providing them with a tool to audit and improve the way they deliver care.

Section 3

How we are performing



- Undertaking an external review of privacy and dignity. This is currently underway and will support the identification of good practice and identify any outstanding areas of concern so that these can be addressed.
- Working with the local authority and taking external advice on improving our safeguarding practice and processes. We have taken immediate action where concerns have been raised and involved the CQC and others in reviewing our progress and the completion of these actions.
- Completing the planned building work in both our Emergency Departments which has improved the environment for patients and removed the impact it was having on patients' privacy and dignity
- Continuing to push forward the programme of recruitment we already had in place which means that we have been able to recruit permanent staff into vacant posts. So far we have recruited over 80 new nurses, 22 of which are newly qualified. Since the CQC inspection in February, six new consultants have started in posts and a further three have accepted posts following interview.
- Undertaking an external review of maternity staffing levels which confirmed that these are safe. Our staffing levels in maternity are one of the best in the NHS South East Coast region. Of a midwifery establishment of 135 posts, 133 are filled and we are recruiting to the two vacant posts. We have also announced a review of our maternity provision to ensure that it remains sustainable in the long term.

- Continuing to ensure rotas are filled on a daily basis in all areas by using bank and agency staff where required.
- Ensuring care planning and risk assessments take place for all patients and that these are appropriately recorded. We are continuing to develop an integrated care record that ensures all clinical staff involved in every patient's care are fully aware of the plans of care and risks in relation to each patient.

Improving record keeping so that we can demonstrate that our records support improvements in patient care.

- Senior medical and nursing staff reinforcing the importance of obtaining appropriate consent and supporting all staff to improve communication and to involve patients in their care planning.
- Piloting an extended menu to offer an increased choice of food to patients. Early indications are it is being received well. We are also looking at ways to better support patients during meal times.



- Increasing our investment in cleaning by £520,000 including two teams of additional housekeepers on each site who enable us to respond quickly to any increased demand for cleaning staff.
- Introducing a new appraisal process for staff that supports them to identify their individual training needs to ensure that all our staff are skilled, capable and competent to do their jobs.

Section 3

How we are performing

Environmental matters

"The overall aim of the Department of Health is to improve the health and well-being of the people of England. Their new environmental strategy will enable the Department to contribute to a better environment, and through this to improve people's health. The strategy encompasses the Government aim of ensuring that sustainable development is at the heart of all its business."

[Extracted from DH's 'Strategy on Sustainable Development and the Environment'].

There are many facets to sustainable development:

- **Energy management** - control of consumption.
- **Energy management** - energy choice, to reduce carbon emissions.
- **Procurement** - local purchasing.
- **Food and provisions** - local purchasing.
- **Transportation** - reduction and low carbon alternatives.
- **Water** - recognising the energy use in the supply of water and its subsequent treatment.
- **Waste** - recognising the energy use in providing packaging, its transportation and the environmental impact of its disposal.
- **Built Environment** - designing for efficient use of energy. Refurbishment to improve the built environments energy performance.
- **Organisational and Workforce development** - the organisation needs to develop in a sustainable way and staff need to be coached into new ways of thinking.
- **Finance** - there are many calls on resources. Developments must be economic.

The Trust must recognise and appraise the impact its facilities, services and activities have on the environment, society and the local community along with recognising the social and economic factors that impact on the quality of the community's health. The Trust uses the NHS Environmental Assessment Tool to identify environmental impacts of the Trusts operation, as a stepping stone to introducing Environmental Management Systems (EMS). The Trust needs to work with all of its partners across all sectors – public, private and voluntary, to ensure a comprehensive approach is taken to planning and providing services, taking into full account environmental and sustainability factors.

The Trust monitors developing best practice and relevant innovations, setting and striving to make improvements in key areas. Monitoring performance in many areas is subjective, but a common theme through many is energy performance. Energy performance has been documented and actively managed for many years by the Trust. Government have two schemes, applicable to the Trust, that monitor emissions of carbon. The EU Energy Trading Scheme (EU ETS) monitors some emissions from Eastbourne DGH; and the Carbon Reduction Commitment (CRC) is in the process of being applied, it is applicable to the remaining emissions from the Trust due to its use of electricity, gas and oil. This report will concentrate on the Trust's energy performance results.

In 2010/11 the Trust achieved a 10 per cent reduction in carbon dioxide emissions from the 2006/07 baseline. Our emissions data derives from emissions due to energy use in our buildings, emissions due to our use of electricity, from boilers and our Combined Heat and Power (CHP). The Trust is committed to reducing our impact on the environment. To this end the Trust's poorest performing major boiler installation has been totally redesigned and re-equipped. An investment has been made in providing dual fuel steam boilers of a more efficient, modern design in the Eastbourne DGH boiler house.

The opportunity has also been taken to incorporate a CHP scheme within the boiler house, generating electricity, steam and hot water for use on site.

The schemes efficiency is dependant upon the use of electricity generated, displacing electricity from the National Grid and utilising the heat generated by its operation, displacing heat from the site's boilers. Use of CHP technology has reduced the sites carbon footprint and will continue to do so. In the last year of operation the CHP produced in excess of 60% of the electricity used at Eastbourne DGH.

The use of water is managed; the Trust has access to a borehole supply and extraction license for its use. Water from the borehole is used for industrial processes, displacing town water.

Targets to reduce carbon dioxide emissions are supported by work in many areas:

- Energy management
- Water management

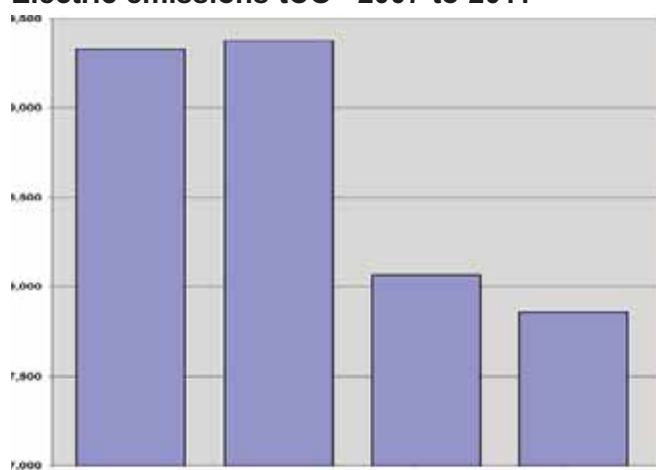
- Waste management
- Procurement
- Transportation

The focus of the work for the year ahead (2011/12) is twofold, initiating an Energy and Water Management Plan (EWMP) a project which will help to secure reductions in emissions from the built estate in future years and to form a partnership for ongoing energy improvement, managing our consumptions and improving the estate to obtain energy savings.

The target for 2011/12 is a further 10 per cent reduction in carbon dioxide emissions by 2015/16.

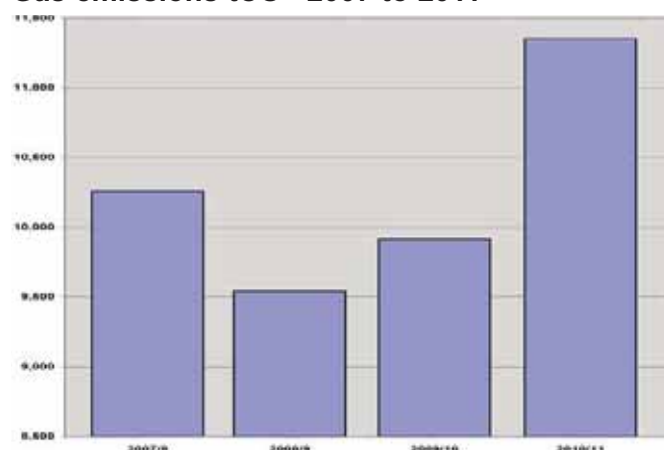
For many years the Trust has been working in partnership with its staff to promote 'Energy Awareness' through specific campaigns and dissemination of information.

Electric emissions tCO₂ 2007 to 2011



Engaging individuals through awareness days and newsletters on how the individual can influence climate change through collective actions in the workplace, providing information that may also be readily applied in the home.

Gas emissions tCO₂ 2007 to 2011



Sustainable developments can bring financial savings in operating costs. Often they involve the more efficient use of energy, reducing waste which results in corresponding benefits to the environment.

Water usage

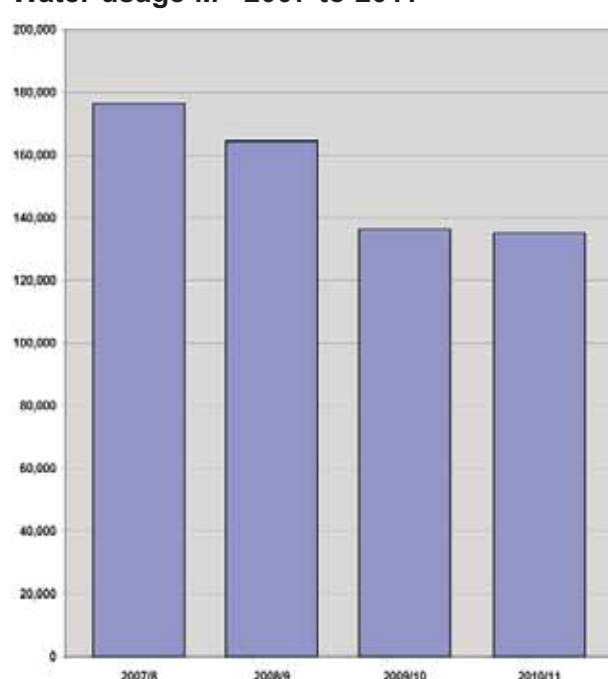
Our target for water consumption is to reduce consumption by 15% over a four year period, ending in 2012.

To date we are achieving a 29% reduction. A major user of water for the Trust are the Laundry and the Sterile Disinfection Units at Eastbourne DGH. We make maximum use of our borehole water supply at Eastbourne, dependant upon our extraction license, to supply water at a satisfactory quality to these areas.

The Trust is able to significantly influence the water consumption for its supplier due to having the use of a borehole. The borehole supplies 95% of the demand from the laundry services. Further investigation is being undertaken regarding rainwater harvesting, to be used as grey water for toilet flushing.

Elsewhere water consumption is addressed through engagement with staff and the use of technology.

Water usage M³ 2007 to 2011



Section 4

A year to remember

Stroke service available around the clock

Patients in East Sussex are benefitting from a clot-busting stroke service at all times of the day and night.

The thrombolysis was extended at both Conquest Hospital and Eastbourne DGH to be available 24 hours a day, seven days a week.

The service involves a drug being given to a patient that can dissolve the blood clot in the brain that has caused a stroke, which can significantly prevent lasting disabilities and allow for better recovery.



Waiting times drop for eye surgery patients

Waiting times for patients needing eye surgery dropped dramatically across the Trust.

Patients are now seen and treated within 18 weeks of being referred to the eye departments, compared to 26 weeks a year ago. The reduction has been achieved through a combination of improved efficiency and flexibility among staff in the departments, as well as the opening of a dedicated eye operating theatre.

New robots start work at Trust

Robots which electronically dispense medication and reduce waiting times for prescriptions started work at Conquest Hospital and Eastbourne DGH.

The new robots, costing just over £100,000 each, create a state-of-the-art pharmacy dispensing system which will lead to a safer and more efficient pharmacy service. They help to reduce waste by improving stock control and reducing the costs of expired drugs and also helps minimise any prescription errors.



Section 4

A year to remember



New project improves efficiency of patient care

A project that helps prevent patients being admitted to hospital unnecessarily was recognised nationally.

The Trust's Ambulatory Emergency Care Team was named as a finalist in the national Health and Social Care Awards for their work launching an innovative programme. The programme has developed ways to ensure patients coming through the Emergency Department are not admitted to hospital unless it is absolutely necessary.

Excellent patient experience at Trust

The patient experience at the Trust was described as “excellent” by patients in a discharge survey.

A total of 368 patients responded to a patient experience survey, which was the highest response rate from all the Trusts surveyed locally. Almost all patients gave an overall rating of good to the care they received in hospital and patient satisfaction was described as very good, with around 50% rating overall care as “excellent”.



Breast cancer treatment proving a success

A new advanced treatment for breast cancer patients is proving a big success.

A procedure called Sentinel Lymph Node (SLN) Biopsy was introduced into routine practice at Conquest Hospital last year after a successful pilot phase. It was the first hospital in Sussex to become a validated centre to offer the service and has now successfully operated on over 100 women with early diagnosed breast cancer.

Section 4

A year to remember

Trust recognised for commitment to best practice in breastfeeding

The Trust took its first step towards gaining international recognition for best practice for breastfeeding.

The maternity services were awarded a certificate of commitment by UNICEF (United Nation's Children's Fund) as part of their Baby Friendly Initiative. A UNICEF official visited the maternity units to assess current practice and to look at the Trust's policies and guidelines.



Staff praised for their efforts

Hospital staff were praised and thanked for their hard work and commitment in helping to maintain the Trust's high standards of care throughout extreme weather conditions.

Staff overcame snow and ice to be available for their shifts and some stayed overnight to ensure they were able to give their patients the best possible care. Other staff volunteered to man a snow line to co-ordinate drivers' journeys for staff requiring transport.

Patients praise cancer care at Trust

Patients gave positive feedback to cancer care at the Trust.

A national cancer patient experience survey was carried out across the country by the Department of Health to monitor cancer care and almost 550 patients who had been treated at the Trust said they were happy with the services and care on offer. The Trust was rated in the highest scoring 20 per cent in the country in some categories.



Section 4

A year to remember

Emergency departments refurbishment

A refurbishment project was launched to improve the Emergency Departments at Conquest Hospital and Eastbourne DGH.

The work created new treatment cubicles in each department to improve patients' privacy and dignity and enable more patients to be treated quicker.

New cubicles to support the extended nurse practitioner service have been added in both departments while a new dedicated children's waiting area and treatment room was built at Eastbourne DGH.



Trust scored highly for food, cleanliness and privacy and dignity

The Trust received positive ratings for food, hospital environment and privacy and dignity by patients in an annual report.

Results from the Patient Environment Action Team (PEAT) report rated Eastbourne District General Hospital as 'Good' for food, environment and privacy and dignity. Conquest Hospital received a 'Good' rating for food and privacy and dignity and an 'Acceptable' rating for environment.

New machine improves service for Rheumatology patients

Patients with rheumatic disorders are benefiting from a new ultrasound scanner.

The state-of-the-art machine is being used in the Rheumatology Outpatient Clinic at Eastbourne DGH and uses high-frequency sound waves to allow a specialist to see images of the inside of the joints. This enables prompt diagnoses to be made and more effective treatment to be delivered with greater accuracy.



Section 5

Patient safety and quality

Patient safety and quality

The Trust continuously strives to improve upon the quality of the services provided to its patients.

Key quality indicators have been further developed and these are regularly reviewed at divisional meetings, Clinical Board and Trust Board. This enables staff at various levels of the organisation to be appraised of the progress achieved against agreed targets and to ensure that compliance is continuously monitored.



The Trust has published its Quality Accounts for 2010/2011. The Department of Health requires all Trusts to produce quality accounts annually and this document outlines some of the many achievements made by this Trust over the past year.

The Clinical Governance framework in place within this organisation continues to provide a mechanism to assist with the delivery of good practice against national standards and to facilitate continuous monitoring of performance to support ongoing improvements in patient safety and quality.

Innovations on the wards

The Trust had continued with the excellent work undertaken since 2008 on the 'Releasing Time to Care: The Productive Ward' initiative.

This process has enabled ward staff and therapists to spend more time working directly with their patients without being undisturbed. Below are just some of the many projects that have been successfully implemented by frontline staff:

- Audits of nursing activities have given insight into tasks and procedures which take the staff away from patients. By focusing on these areas, ward teams have been able to reduce the time spent away from patients and have increased the amount of time they spend in direct patient care. This has been evidenced by re-auditing.
- Printed floor mats have been used in many ward areas which provide a permanent place for ward equipment to be returned after use, for example trolleys and blood pressure machines. This has increased ward efficiency as frequently used equipment is now always stored in a permanent location.



Section 5

Patient safety and quality



- Cordless phones have been purchased for both the Conquest Hospital and Eastbourne DGH to allow staff to communicate more efficiently about issues of patient care. They can now move freely around the ward whilst on the phone in order to look at notes and to aid communication.
- Notes trolleys are used at Conquest Hospital and Eastbourne DGH in order to keep the Integrated Pathway Documentation together and to enable wards to have one trolley per bay if required.
- With storage space within the hospitals at a premium, any previously unused space has been identified and turned into storage space on ward areas which has resulted in the most effective use of the space available.
- Sarabec loops are in use at both Conquest Hospital and Eastbourne DGH and these improve both communication and the patient experience for those patients with a hearing impairment.
- Some wards have placed photos and/or content lists on the front of cupboards in the nursing station which cuts down on the time spent looking for items.

Keeping patients safe

The Trust continues to be committed to delivering high quality and effective patient care, with patient safety as its highest priority.

To this end, the Patient Safety and Risk Management Team continue to work alongside other members of the Clinical Governance team, and their colleagues within the clinical divisions, to maintain and sustain the Trust's focus on patient and staff safety.

The Trust's Risk Management Strategy has recently been reviewed and updated and provides a framework that assists with the provision of safer patient care.

The Patient Safety Committee meets regularly to discuss items relating to patient safety and is a sub committee of the Clinical Board. The Patient Safety Committee provides a quarterly report to the Clinical Board.

The Serious Incident Review Group has recently been formed and will become a sub group of the Patient Safety Committee and its remit will be to review any serious incidents to ensure that they are investigated appropriately and that action plans are in place to reduce the likelihood of reoccurrence.

Processes are firmly embedded to review serious incident action plans to provide assurance to the Trust Board that appropriate investigation and follow up actions have been taken.



Section 5

Patient safety and quality

To support the serious incident management process, the Patient Safety/Risk Team have recently attended training in Root Cause Analysis to enable them to provide updated training to staff across the Trust. This will enable appropriate staff to undertake a rigorous investigation following a serious incident.

Patient Safety Walkabouts (PSWs) have been undertaken on wards and departments across the Trust since 2009. PSWs provide an effective mechanism for ward or departmental staff to raise any issues of patient safety with Trust Executives and Non-Executive Directors as well as the Patient Safety/Risk Team.

Any issues raised are documented and followed up with the relevant staff. Findings from PSWs are now regularly reported at the Patient Safety Committee.

Tackling hospital infections at source

The excellent reductions in healthcare-associated infections achieved in the previous year have been maintained during 2010-11.

The Trust has exceeded expectations and continues to focus efforts for continued improvement.

When cases of MRSA in the bloodstream or *Clostridium difficile* infection do occur, each one is fully investigated to identify the source, potential causes and detect any potential trends.

The Trust has a dedicated Infection Control Team who work closely with our Community Healthcare Providers to develop strategies for prevention of infection in and out of hospital.

The national CleanYourHands campaign was implemented throughout the year to ensure staff comply with hand hygiene standards.

Hand sanitising gel is available at the bedside and at the entrances to wards and clinical areas.

As well as stressing the importance of good hygiene practices to patients and visitors, and tightening up visiting rules to help infection control measures, the Trust is keen to ensure the local community plays its part.

	MRSA	
	Limit	Actual
2009/10	21	9
2008/09	24	22

	<i>Clostridium difficile</i>	
	Limit	Actual
2009/10	140	73
2008/09	200	199

All patients admitted to the Trust are screened by taking swabs to detect the potential presence of MRSA prior to or on admission in line with national guidelines. Detecting MRSA in this way allows preventative treatment to be given to patients undergoing procedures to reduce the risk of infection.

Medical devices used to deliver essential treatment to patients such as intravenous (IV) cannula (small hollow tube inserted into a vein usually on the hand or arm), pose a potential risk of infection.

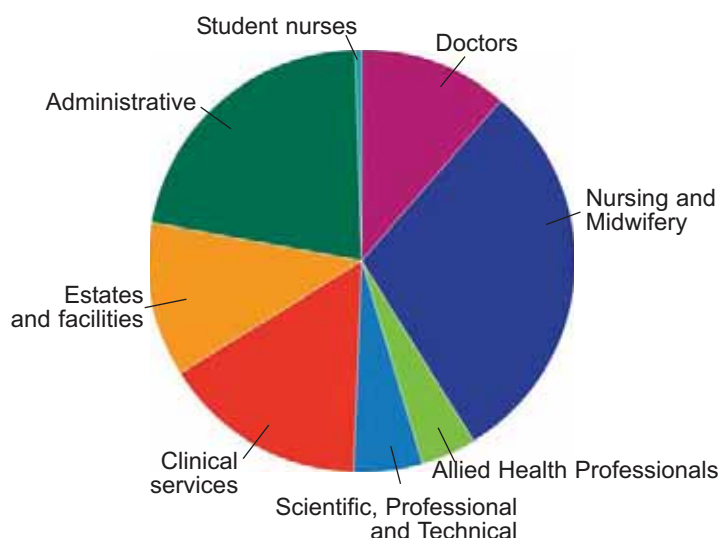


A dedicated and specialist IV therapy team has been established to provide education and training to staff to ensure best practice and monitor patients closely with such devices. The service has successfully reduced complications and infections related to such devices and improve the patient experience.

The Trust is committed to providing a safe environment and reducing the risks of infection and continuously monitors performance of staff in their practice related to infection control. All staff are required to attend mandatory training to update their skills and practice.

Our staff

The Trust's workforce during the year consisted of 5,400 skilled members of staff (4,733 full time equivalents) from a wide range of professions, all of whom are key members of our team.



Key facts:

- 11.46% of our staff are doctors or dentists.
- 29.92% are qualified nurses or midwives.
- 4.47% are qualified health professionals, including physiotherapists, radiographers and orthoptists.
- 5.78% are scientific, professional and technical staff - pharmacists, audiologists, cardiographers, optometrists and pathology staff.
- 14.97% are nursing healthcare assistants, operating department practitioners, pharmacy, radiography and physiotherapy assistants and nursery staff.
- 12.62% are estates and facilities staff providing hospital maintenance, housekeeping, catering and portering.
- 0.68% are students (nurses, midwives and physiotherapy).
- 20.10% are administrative staff including ward and clinic clerks, medical secretaries, medical records staff, administration and management staff.

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

Developing our staff

Supporting patient and staff safety

The Trust continues to support governance and assurance frameworks through our Patient and Staff Safety policy and appropriate training plans to ensure we have competent and capable staff to provide high quality care to our patients.

Supporting the leadership agenda

A number of interventions continue to support the leadership development of staff within the Trust. The First Line Managers' Course has recently been re-launched with a stronger emphasis on the practical application of leadership skills in the workplace.

A leadership programme for staff at Band 6 and a foundation programme for all new managers have recently been developed. The new fundamentals programme for Strategic Business Unit Leads has been launched and a number of interventions such as 360 feedback, mentoring and coaching have proved to be very successful.



We continue to support a number of external leadership opportunities for all staff and have gained an excellent reputation for management trainees and the national intern scheme.

Supporting apprenticeships

We recognise the need to attract more young people into the NHS through building apprenticeships into our workforce plans, talent management processes and through effective

Section 6

Staff

succession planning. This year we have supported 16 apprenticeships and 32 staff working towards NVQ's in Cleaning, Business Administration and Supervisory Skills.

Supporting learning through technology

During the year the Trust came within the top 20 Trusts in England for the number of staff accessing e-learning courses.

We are continuing to increase the range of e-learning courses offered to staff including creating our own bespoke courses. We also encourage access to the National Learning Management System courses and our staff have accessed over 880 different types of e-learning modules.



Supporting performance and productivity

We have undertaken an extensive consultation process to introduce a revised performance development review process.

The new system clearly links the work of staff to the Trust priorities through the setting of related objectives at all levels. The increased emphasis on performance combined with a consistent approach to setting measurable and realistic objectives provides clarity of role expectations and improves accountability.

Supporting staff engagement

The Trust has adopted a proactive approach to responding to the feedback from staff received via the Annual Staff Survey.

This has also been supplemented by a series of 'taking the temperature' pulse surveys to review feedback from staff.

Staff are asked to contribute to the development of the Trust through individual feedback, open meetings, briefing processes and specific events of engagement.

Annually we take the opportunity to recognize the commitment and dedication of staff and volunteers through our Awards events. In 2010, 137 Volunteers attended an event to say a public thank you and acknowledge long service.

At our staff events we celebrated 12 special awards to teams and individuals, 144 staff had their educational achievement recognized and 102 staff were acknowledged for the 2330 years they had served in total.

Supporting learning, research and patient care

During the past year the Trust Library Services introduced a new on-line resource to support patient care near the point of delivery. Linked from the Trust Extranet, it is searchable by clinical symptom and offers a summary of evidence to guide care.

High library activity (including 68,000 books issued and thousands of articles supplied) reflect the Trust's commitment to staff development and research and evidence-based practice.

Looking after our staff

We recognise that valuing and supporting staff is key in ensuring that the highest standards of service are delivered to patients.

The Trust invests in Occupational Health Services which provide an impartial, confidential service to help staff improve and maintain their health and well-being, and ensuring everyone experiences a working environment within which they are physically and emotionally supported.

Services provided include health surveillance, immunisations and vaccinations, supported return to work programmes, absence management, health promotion, counselling, psychology services and massage/ reflexology and aromatherapy.



The 2010/11 Flu season saw a significant increase in the number of cases of illness due to flu. As such the Occupational Health Department increased the number of clinics administering the vaccination to a large proportion of the workforce.

Vaccinations were provided to staff within the wards and departments they work to ensure the minimum of impact upon patient service delivery.

By providing this service to staff the Trust minimised the risk of spreading this infection to patients.

The health and well-being agenda has continued to grow through close working links with other local NHS providers, public sector and private organisations.

One particular project has been a review of staff's lifestyle and life choices both within and outside of work. This project engages with individual staff members, providing them with physical health checks and health advice as well as psychological support in making and maintaining real changes to their lives to improve physical and mental health and well-being.

The Trust recognises that many staff have caring responsibilities and for some these can be complex, stressful and very demanding. The Child and Family Care Service provide support and information for staff who have such commitments.

Staff have access to in-house childcare facilities including holiday playschemes, Childcare vouchers and Flexible Payment schemes and Childcare discounts at many settings in East Sussex.

More doctors and nurses

In order to improve leadership and patient flow within our Emergency Departments an additional 12 Emergency Nurse Practitioner roles have been created during the last year.

These posts support the co-ordination of care from triage to treatment and to treat less complex cases avoiding the need for medical input.

Our Consultant Medical workforce within our Emergency Departments has also been increased to ensure that we can respond to the needs of our local population.

We have also recruited more nurses to many of our clinical areas providing an opportunity to standardise ward staffing. Recruiting to these posts has been challenging and has been dependant on recruiting newly qualified nurses who finish their training in May this year.



We are also looking to recruit staff from Scotland and Northern Ireland as well as supporting local staff to undertake further training.

Section 6

Staff



Staff fact file

- **At the end of 2010/11 over 75%** of our staff are female with a third of all staff working part-time.
- **Just over 31%** of staff are over 50 years old.
- **Just over 1%** of staff identified themselves as disabled and just under 1% identified themselves as either gay, lesbian and bisexual.
- **Just over 13%** of staff are from a black or minority ethnic (BME) origin. This compares to 11% nationally and just over 5% in the local communities.
- **The Trust's average sickness rate during 2010 was 4.2%** against an average full time equivalent (FTE) of 4,690. FTE days available 1,055,250. FTE days lost to sickness 44,379.

Training tomorrow's professionals

The Trust continues to work closely with Brighton and Sussex Universities Medical School, King's College Hospital Medical School and Brighton University to train the next generation of healthcare professionals. Together we have over 325 medical students, 20 dental students, about 330 nursing and midwifery students plus around 100 students from the allied health professions.

*Source: Information Centre sickness absence publications and iView workforce staff in post, sourced from ESR data warehouse.

The board of executive and Non-Executive Directors manage the Trust, with the Chief Executive being responsible for the overall running of our hospital services as the accountable officer.

Board members during 2010/11

Chairman
Irene Dibben † (Resigned 31/03/11)
Chief Executive
Darren Grayson
Non-Executive Directors
Mary Lynch ††
Paul Roche ††
Maurice Rumbold ††
Robert Smart ††
Ken Smith ††
† member of the Remuneration Committee ‡ member of the Audit Committee
Executive Directors
Jim Davey Director of Operations
Jane Hentley Chief Nurse
Andrew Horne (Resigned 14/02/11) Interim Director of Finance
David Meikle (Appointed 15/02/11) Director of Finance
Dr David Hughes Medical Director

Current board members as of June 2011

Interim Chairman
Steve Tinton †
Chief Executive
Darren Grayson
Non-Executive Directors
Mary Lynch ††
Paul Roche ††
Maurice Rumbold ††
Robert Smart ††
Ken Smith ††
† member of the Remuneration Committee ‡ member of the Audit Committee
Executive Directors
Andrew Horne Interim Chief Operating Officer and Deputy Chief Executive
Jane Hentley Director of Nursing
Dr David Hughes Medical Director
David Meikle Director of Finance

The Trust exists to provide the best possible service to patients. It is our belief that clinicians should be at the forefront of managing and delivering day-to-day patient services. We have four clinical divisions, each headed by senior consultants. These divisional directors are not Trust Board members but are responsible for managing the delivery of care in each of these areas. Each of the divisions are supported by senior nurses and midwives, general managers and lead clinicians.

Dr Nick McNeillis	Director of Clinical Performance
Dr Barry Phillips	Divisional Director for Clinical and Diagnostic support
Dr Andy Slater	Assistant Director - Governance
Dr Harry Walmsley	Divisional Director for Surgery and Anaesthetics
Dr James Wilkinson	Divisional Director for Medicine and Emergency Care
Mr Jamal Zaidi	Divisional Director for Women and Children

Remuneration report

The Remuneration Committee is a standing committee of the Board and is constituted in line with the requirements of the NHS Code of Conduct and Accountability and the Higgs Report.

It is chaired by the Chairman of the Trust, and currently has all the Non-Executive Directors as members. The Chief Executive and Human Resources Director attend meetings in an advisory capacity except when issues relating to their own remuneration are being discussed.

The Remuneration Committee, under delegated authority from the Trust Board, determines the appropriate remuneration and terms of service for the Chief Executive and Executive Directors within the criteria of the Trust's Remuneration Policy and having proper regards to national arrangements and guidance.



The Committee also advises on and oversees the appropriate contractual arrangements for the Chief Executive and Executive Directors including the proper calculation and scrutiny of termination payments, taking account of national guidance as appropriate. 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 and, in accordance with national guidance, no annual pay awards were applied in 2010/11.

The appointment and remuneration of the Chairman and Non-Executive Directors are agreed nationally. It is the Chairman and Non-Executive Directors who, in line with national guidance, are responsible for appointment of the Chief Executive.

The Remuneration Committee monitors the performance of the Chief Executive and Executive Directors based on agreed performance objectives and the Chief Executive and the Executive Directors are, as part of their contracts of employment, required to abide by the core standards of conduct contained in The Code of Conduct for NHS Managers published by the Department of Health in October 2002.

Name	Start date	Notice period	Leaving date
Jim Davey Director of Operations	01/05/08	3 months	
Darren Grayson Chief Executive	01/04/10*	3 months	
Jane Hentley Chief Nurse	04/02/08	3 months	
Andrew Horne Interim Director of Finance	09/11/09	1 month	14/02/11
David Hughes Medical Director	01/04/09	3 months	
David Meikle Director of Finance	15/02/11	3 month	

For statements on salary and pension benefits for all senior management who served during 2010/11, please see tables on pages 38 to 39.

Salary and pension entitlements of senior managers (for those who served on the board during 2010/11 and 2009/10)

	2010/11			2009/10		
	Salary (bands of £5000) £'000	Bonus payments (bands of £5000) £'000	Benefits in kind rounded to the £'00	Salary (bands of £5000) £'000	Bonus payments (bands of £5000) £'000	Benefits in kind rounded to the £'00
Darren Grayson (Appointed 01/04/10) Chief Executive	150-155	0	0	0	0	0
Mary Lynch (Appointed 01/04/10) Non-Executive Director	5-10	0	1	0	0	0
Paul Roche Non-Executive Director	5-10	0	0	5-10	0	0
Maurice Rumbold Non-Executive Director	5-10	0	2	5-10	0	2
Robert Smart (Appointed 01/04/09) Non-Executive Director	5-10	0	2	5-10	0	2
Ken Smith Non-Executive Director	5-10	0	0	0-5	0	1
Jim Davey Director of Operations	110-115	0	3	105-110	0	2
Jane Hentley Chief Nurse	90-95	0	6	90-95	0	5
David Hughes Medical Director	60-65	145-150**	6	60-65	140-145**	0
David Meikle (Appointed 15/02/11) Medical Director	15-20	0	0	0	0	0
Phyllida De Salis (Resigned 31/03/10) Non-Executive Director	0	0	1	5-10	0	5
Irene Dibben (Resigned 31/03/11) Chairman	20-25	0	9	20-25	0	10
Kim Hodgson (Resigned 31/03/10) Chief Executive	0	0	0	160-165	0	5
Kim Hodgson (Resigned 31/03/10)* Chief Executive	0	0	0	170-175*	0	0
Andrew Horne (Resigned 14/02/11) Interim Director of Finance	115-120	0	0	30-35	0	0
David Townsley (Resigned 30/10/09) Director of Finance	0	0	0	60-65	0	5
Ian Hunt (Resigned 31/03/09) Non-Executive Director	0	0	0	0	0	1
Elizabeth Soulsby (Resigned 28/02/09) Non-Executive Director	0	0	0	0	0	1

* Pay in lieu of 12 months notice

** Clinical salary for consultant radiologist work

Section 6

Staff

Pension benefits of senior managers (for those who served on the board during 2010/11 and 2009/10)

	Real increase in pension and related lump sum at age 60 (bands of £2500) £'000	Lump sum at aged 60 related to real increase in pension (bands of £2500) £'000	Total accrued pension at age 60 at 31 March 2010 (bands of £5000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5000) £'000	Cash equivalent transfer value at 31 March 2010 £'000	Cash equivalent transfer value at 31 March 2009 £'000	Real increase in Cash Equivalent Transfer value £'000	Employer's contribution to stakeholder pension £'000
Darren Grayson Chief Executive (Appointed 01/04/10)	7.5-10	25-27.5	40-45	130-135	584	540	43	0
Mary Lynch Non-Executive Director (Appointed 01/04/10)	0	0	0	0	0	0	0	0
Paul Roche Non-Executive Director	0	0	0	0	0	0	0	0
Maurice Rumbold Non-Executive Director	0	0	0	0	0	0	0	0
Robert Smart Non-Executive Director (Appointed 01/04/09)	0	0	0	0	0	0	0	0
Ken Smith Non-Executive Director	0	0	0	0	0	0	0	0
Jim Davey Director of Operations	0-2.5	2.5-5	25-30	85-90	413	449	(35)	0
Jane Hentley Chief Nurse	(2.5-5)	(10-12.5)	25-30	80-85	414	418***	(120)	0
David Hughes Medical Director	2.5-5	10-12.5	35-40	105-110	631	632	(1)	0
David Meikle Medical Director (Appointed 15/02/11)	0-2.5	0.2-5	7.5-10	25-30	161	98	8	0
Phyllida De Salis Non-Executive Director (Resigned 31/03/10)	0	0	0	0	0	0	0	0
Irene Dibben Chairman (Resigned 31/03/11)	0	0	0	0	0	0	0	0
Kim Hodgson Chief Executive (Resigned 31/03/10)	0	0	0	0	0	328	59	0
Andrew Horne Interim Director of Finance (Resigned 14/02/11)	0-2.5	5-7.5	70-75	210-215	0	1422	(1243)	0
David Townsley Director of Finance (Resigned 30/10/09)	5-7.5	15-17.5	60-65	180-185	0	1222	(717)	0
Ian Hunt Non-Executive Director (Resigned 31/03/09)	0	0	0	0	0	0	0	0
Elizabeth Soulsby Non-Executive Director (Resigned 28/02/09)	0	0	0	0	0	0	0	0

Note

Information supplied by NHS Pensions agency.

Public sector pensions have changed from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) with the change expected from April 2011. The new CETV factors have been used in the calculations and are lower than the previous factors used. Therefore the value of the CETVs for some members has fallen since 31st March 2010.

*** Figure restated due to error in the calculations made by NHS Pensions in 2010/11.

Pension benefits of senior managers (continued)

As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors.

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 of 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 the disclosure applies.

The CETV figures, and from 2004/05 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 increases in CETV - this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement and uses common market valuation factors for the start and end of the period).

Highest earners at the Trust

The top ten highest earners at the Trust were all clinicians with their gross earnings are shown in the following ranges:

£'000	2009/10 Number	2010/11 Number
265-270	0	1
260-265	0	0
255-260	0	2
250-255	1	1
245-250	1	0
240-245	1	2
235-240	1	1
230-235	1	0
225-230	0	1
220-225	3	0
215-220	2	1
210-215	0	1



Section 7

Financial report and summary financial statements

Operating and financial review

2010/11 was a very challenging year, with the Trust generating an in-year revenue deficit of £4.7m.

The Trust started the year having experienced a challenging winter period in which up to 15 wards were closed due to the significant flow of patients into hospital with norovirus. This resulted in the need to cancel some planned surgery which had to be re-provided in the early part of the year using both in-house capacity and other providers.

In 2010/11, whilst overall demand for services was in line with expectations, some specialties, such as Gastroenterology, Orthopaedics and Vascular Surgery, witnessed significant growth and overall demand outstripped the Trust in-house capacity. Additional premium rate capacity had to be secured to meet the excess demand, adversely impacting on the financial performance of the Trust at an additional cost of approximately £5m in six months.



As a consequence, the Trust embarked upon a significant cost reduction programme in the second half of 2010/11, to meet the challenge of both reducing expenditure and recovering the deficit accumulated in the earlier months. During the last five months of year the Trust managed to reduce expenditure by £1m per month but was unable to recover the accumulated deficit. The actual out-turn was a deficit of £4.7m, against a planned surplus of £1.5m.



In summary, in 2010/11, the Trust saw income rise by 6% over the year, although expenditure rose by 8%. This reflected the pattern experienced in previous years. This had an impact on our liquidity, resulting in the Trust taking out a working capital loan of £6m during the year, to strengthen its cash position while it started to reduce expenditure. This helped maintain supplier payments. However the Trust's performance, as measured by the Better Payment Practice Code, deteriorated compared to the previous year, highlighting the difficult year the Trust had in terms of cashflow, despite the new working capital loan.

During the year the Trust treated more patients than the previous year in both our main hospitals. Over 120,000 patients were treated in our emergency department, over 95,000 patients were provided with hospital care either as inpatients or day cases. The Trust exceeded the national emergency department four-hour maximum wait time threshold of 95%, actually achieving 97%.

However, the need to contain high cost capacity in the second half of the year meant that the elective admitted care wait time target of a median 11.1 weeks was not met with the Trust achieving 12.7 weeks. Despite this, the Trust did achieve the non-admitted (outpatient) median wait target of 6.6 weeks.

Quality measures also performed well in year with infection control exceeding expectations in reducing *Clostridium difficile* infections for the second successive year, and witnessing an impressive 64% reduction of cases over three years. The Trust also met the limit set for cases of MRSA.

Financial report and summary financial statements

The Trust operates and manages a dynamic risk register, which informs investment and business decisions in order to ensure the safety of the services provided and the quality of the environment within which patients are treated and staff work. All significant risks are considered and acted upon by the Board.

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

During the year, the Trust embarked upon two major capital projects, with the start of an endoscopy suite at Eastbourne which will cost in total £5m and a new catheterisation laboratory which is expected to cost £1m. These two schemes represented £1.8m of capital spend in year.

The other major capital expenditure was providing additional single sex accommodation at a cost of £500k.

Looking forward, the Trust is facing a challenging financial position. In 2011/12, the cost reduction target for the Trust is £30m. This cost reduction programme addresses the funding issues in 2011/12 and the underlying recurring deficit brought forward from 2010/11.

With some external project support, a programme approach has been embedded in the Trust that is fully monitored through a Task and Finish Group reporting to the Business Board.

Individual projects in the overall programme have clinical and managerial ownership in the Divisions and Strategic Business Units and governed by the Board through the newly established Finance Committee.

In addition to the external project resources, the Trust is in discussion with its commissioners and SHA, in order to secure financial support to pump prime key change projects across a range of areas.



Section 7

Financial report and summary financial statements

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

We have examined the summary financial statement for the year ended 31st March 2011 set out on pages 44 to 46.

This report is made solely to the board of directors of East Sussex Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the annual report.

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

We also read the other information contained in the annual report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement. The other information comprises Introducing the trust, Improving services for patients, How we are performing, A year to remember, Patient safety and quality and Staff.

We conducted our work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements and the audited part of the remuneration report.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements and the audited part of the remuneration report of East Sussex Healthcare NHS Trust for the year ended 31st March 2011.

PKF (UK) LLP, London, UK

8th June 2011

Statement of internal control

The board's assurance framework has matured during the financial year. It reflects the key organisational objectives, the risks to achievement of those objectives, the internal control mechanisms and independent assurance in place and on which the board relies and, where there are gaps, an action plan to address these gaps. A full statement of internal control is included within the annual accounts.

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 David Meikle, 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 PKF (UK) LLP. The costs of their services for 2010/11 were not separately identified against specific services. However the responsibilities undertaken by PKF (UK) LLP was limited to regularity work as well as the mandated work undertaken on behalf of the Audit Commission.

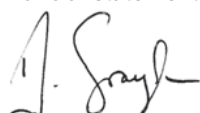
Financial report and summary financial statements

Statement of comprehensive income for the year ended 31st March 2011		
	2010/11 £'000	2009/10 £'000
Revenue		
Revenue from patient care activities	269,377	252,280
Other operating income	30,246	30,527
Operating expenses	(297,881)	(275,847)
Operating surplus	1,742	6,960
Finance costs:		
Investment revenue	18	19
Other gains and losses	(1)	0
Finance costs	(396)	(347)
Surplus for the financial year	1,363	6,632
Public dividend capital dividends payable	(6,067)	(6,581)
Retained surplus/(deficit) for the year	(4,704)	51
Other comprehensive income		
Impairments and reversals	6	(24,662)
Receipt of donated/government granted assets	609	1,020
Reclassification adjustments:		
Transfers from donated and government grant reserves	(1,438)	(1,297)
Total comprehensive income for the year	(5,527)	(24,888)

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Financial report and summary financial statements

Statement of financial position as at 31st March 2011

	31/03/11 £'000	31/03/10 £'000
Non-current assets		
Property, plant and equipment	197,982	196,700
Intangible asset	168	109
Trade and other receivables	1,225	861
Total non-current assets	199,375	197,670
Current assets		
Inventories	6,806	6,896
Trade and other receivables	11,446	11,505
Other current assets	176	80
Cash and cash equivalents	1,500	2,111
Total current assets	19,928	20,592
Total assets	219,303	218,262
Current liabilities		
Trade and other payables	(25,739)	(24,561)
Borrowings	(1,980)	(1,527)
Provisions	(345)	(403)
Net current liabilities	(8,136)	(5,899)
Total assets less current liabilities	191,239	191,771
Non-current liabilities		
Borrowings	(10,089)	(4,814)
Provisions	(2,623)	(2,898)
Total assets employed	178,527	184,054
Financed by taxpayers' equity:		
Public dividend capital	107,407	107,407
Retained earnings	(16,408)	(11,715)
Revaluation reserve	81,690	81,701
Donated asset reserve	5,694	6,608
Government grant reserve	144	53
Total taxpayers' equity	178,527	184,054
The financial statements were approved by the board on 8th June 2011 and signed on its behalf by:		
		
Chief Executive		

Financial report and summary financial statements

Statement of changes in taxpayers' equity for the year ended 31st March 2011

	Public dividend capital (PDC) £'000	Retained earnings £'000	Revaluation reserve £'000	Donated asset reserve	Gov't grant reserve £'000	Total
Changes in taxpayers' equity for 2010/11						
Balance at 1st April 2010	107,407	(11,775)	81,701	6,608	53	184,054
Total comprehensive income for the year						
Retained deficit for the year	0	(4,704)	0	0	0	(4,704)
Transfers between reserves	0	11	(11)	0	0	0
Impairments and reversals	0	0	0	0	6	6
Receipt of donated/government granted assets	0	0	0	435	174	609
Reclassification adjustments:						
- transfer from donated asset/government grant reserve	0	0	0	(1,349)	(89)	(1,438)
Balance at 31st March 2011	107,407	(16,408)	81,690	5,694	144	178,527

Statement of changes in taxpayers' equity for the year ended 31st March 2010

	Public dividend capital (PDC) £'000	Retained earnings £'000	Revaluation reserve £'000	Donated asset reserve	Gov't grant reserve £'000	Total
Balance at 1st April 2009						
As previously stated	107,407	(11,775)	106,066	7,192	52	208,942
Prior period adjustment	0	0	0	0	0	0
Restated balance	107,407	(11,775)	106,066	7,192	52	208,942
Changes in taxpayers' equity for 2009-10						
Total comprehensive income for the year						
Retained surplus for the year	0	51	0	0	0	51
Transfers between reserves	0	9	(9)	0	0	0
Impairments and reversals	0	0	(24,356)	(301)	(5)	(24,662)
Receipt of donated/government granted assets	0	0	0	936	84	1,020
Reclassification adjustments:						
- transfer from donated asset/government grant reserve	0	0	0	(1,219)	(78)	(1,297)
Balance at 31st March 2010	107,407	(11,715)	81,701	6,608	53	184,054

Section 7

Financial report and summary financial statements

Statement of cash flows for the year ended 31st March 2011		
	2010/11 £'000	2009/10 £'000
Cash flow from operating activities		
Operating surplus	1,742	6,960
Depreciation and amortisation	8,466	8,048
Impairments and reversals	0	299
Transfer from donated asset reserve	(1,349)	(1,219)
Transfer from government grant reserve	(89)	(78)
Interest paid	(332)	(347)
Dividends paid	(5,957)	(6,744)
Decrease (increase) in inventories	90	(1,163)
(Increase)/decrease in trade and other receivables	(536)	401
Decrease in other current assets	0	75
Increase in trade and other payables	778	3,931
(Decrease)/increase in provisions	(313)	84
Net cash inflow from operating activities	2,500	10,247
Cash flows from investing activities		
Interest received	18	19
Payments for property, plant and equipment	(9,273)	(10,585)
Proceeds from disposal of plant, property and equipment	2	0
Payments for intangible assets	(75)	0
Net cash outflow from investing activities	(9,328)	(10,566)
Net cash outflow before financing	(6,828)	(319)
Cash flows from financing activities		
Loans received from the DH	8,000	2,000
Loans repaid to the DH	(2,007)	(1,191)
Other capital receipts	526	927
Capital element of finance leases	(302)	(309)
Net cash inflow from financing	6,217	1,427
Net (decrease)/increase in cash and cash equivalents	(611)	1,108
Cash and cash equivalents at the beginning of the financial year	2,111	1,003
Cash and cash equivalents at the end of the financial year	1,500	2,111

Financial report and summary financial statements

Management costs

	2010/11 £'000	2009/10 £'000
Management costs	9,648	9,127
Income	299,552	282,755
Management costs as a percentage of income	3.22%	3.23%

Management costs are defined as those on the management costs website at www.dh.gov.uk/en/managingyourorganisation/financeandplanning/nhsmanagementcosts/index.htm

Better payments practice code - measure of compliance

The Department of Health requires NHS bodies to pay their trade creditors in accordance with the CBI prompt payment code and government accounting rules. The target is to pay trade creditors within 30 days of receipt of goods and services or a valid invoice, whichever is later, unless other payment terms have been agreed with the supplier.

	2010/11		2009/10 (Restated)	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in the year	82,303	83,973	79,002	73,468
Total non-NHS trade invoices paid within target	37,832	38,030	41,225	38,967
Percentage of non-NHS trade invoices paid within target	46%	45%	52%	53%
Total NHS trade invoices paid in the year	2,418	34,780	2,278	24,844
Total NHS trade invoices paid within target	531	14,071	659	5,705
Percentage of NHS trade invoices paid within target	22%	40%	29%	23%

Section 7

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 Birthing Centre
Southview Road
Crowborough
East Sussex, TN6 1HB
Tel: (01892) 654080 / 603106

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

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

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

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

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

Trust Website: **www.esht.nhs.uk**

Trust Email: **enquiries@esht.nhs.uk**

Freedom of Information

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

Alternatively write to Amanda Harrison, Director of Strategic Development and Assurance, Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex, BN21 2UD.