



East Sussex Healthcare **NHS**  
NHS Trust

# Annual Report and Summary Financial Statements

2011/12

East Sussex Healthcare  
NHS Trust

<b>Introducing the Trust</b>	<b>2</b>
<b>Improving services for patients</b>	<b>9</b>
<b>How we are performing</b>	<b>18</b>
<b>A year to remember</b>	<b>26</b>
<b>Patient safety and quality</b>	<b>30</b>
<b>Staff</b>	<b>38</b>
<b>Financial report and summary financial statements</b>	<b>49</b>

## 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 highlighting the achievements of the first year of East Sussex Healthcare NHS Trust and our plans for the year ahead.**

In our first year we have placed a huge emphasis on improving the quality of care for our patients.

All our achievements have only been possible thanks to the hard work, dedication and commitment of our staff.

We would like to thank them and know their work is greatly appreciated by the patients we treat and care for.

During the year we have faced the challenge of responding to concerns raised in February 2011 by the Care Quality Commission (CQC).



As the year has progressed we have demonstrated compliance and improvement with some of the outcomes and regulations.

We have made improvements in a number of areas to ensure patients get safe and appropriate care that meets their needs as well as being able to assess and monitor the quality of service we provide.

This report will highlight a number of the improvements we have made. The CQC still had a few concerns about how well changes had been embedded for sustainable change within the organisation.

We are committed to fully achieving compliance with the CQC's standards and delivering our CQC action plan.

Compliance with the CQC standards is not an end goal in itself but a set of standards to be maintained on a continuous basis for every patient every time.

To ensure we enhance the quality of our services further we will implement a quality improvement programme focused on patient safety, clinical effectiveness and patient experience.

Improvements have been made across the organisation and we have plans in place for further progress.

We want to emphasise that these improvements are not just a tick box exercise or something we are doing to comply with a particular standard or to pass an inspection.

They are to ensure that we provide the personalised and high quality care that every patient has a right to expect.

Our challenge is to ensure that these standards are at the heart of everything we do and that they are sustainable from now into the future.

This report will show that our staff have treated more patients in our emergency departments and minor injury units than the previous year as well as caring for more elective and non-elective admissions.

To reap the benefits of integrating acute and community services it was important to put in place a new organisational structure.

We have done this in the past year and now have an organisational structure with a strong focus on enabling clinicians and managers to work together to improve outcomes for patients based on the patient's pathway - from prevention through to highly specialised services.

We are now well placed to build an organisation that puts patients first, developing and improving services for the benefit of local people.

We continue to make huge efforts to tackle instances of healthcare associated infections and we will continue this work to reduce cases

## Introducing the Trust



of Methicillin resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile*. During the year there were only two cases of MRSA compared with six the previous year and the number of *Clostridium difficile* cases fell by 35% with 47 cases compared with 72 the previous year.

We made investments in our estate and infrastructure including the opening of an additional cardiac catheterisation suite and a new helicopter pad as well as the improvements in many areas to support privacy and dignity.

Building work is progressing on a new £3 million endoscopy unit and we will soon be installing an additional state-of-the-art CT scanner.

We operate in an extremely challenging situation where demand for services is increasing, there is an ever ageing population, and the cost of drug therapies, treatment, equipment and utilities are increasing.

As with every other NHS organisation, we need to become more efficient and productive. In 2011/12 we needed to make £30 million savings and throughout the year we generated efficiency savings and quality improvements.

Along with £14 million transitional support from our commissioners and £1.7 million to deal with additional activity, we made a small surplus for the year of £87,000.

In 2012/13 we need to continue to become more efficient and productive and achieve all our objectives with less money than the previous year and plan to deliver an overall surplus of £2.8 million.

We also need to maintain performance where we are doing well and improve where we are not quite meeting national standards including the 18 week waiting guarantee.

During this year we will begin implementing our clinical strategy – Shaping our Future. The strategy sets the future direction for services provided by the Trust over the next five to ten years.

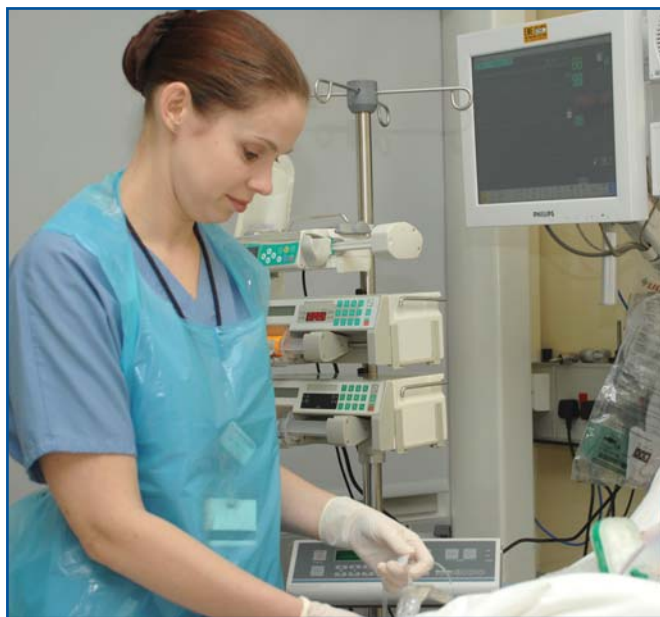
In developing the strategy the Trust has considered the future models of care in eight strategically important specialties – Emergency Medicine, Acute Medicine, Stroke, Cardiology, General Surgery, Children’s Services, Trauma and Orthopaedics and Maternity.

These have been developed through a process which has considered national best practice and the evidence base for delivering safe, quality services that meet the future health needs of our local population and ensure excellent clinical outcomes and patient experience.



# Section 1

## Introducing the Trust



The models of care are centred on the needs of the patient and focused on quality and safety, improving patient outcomes and experience.

They maximise the use of services in the community, developing care closer to people's homes. By working closely with GPs, Social Services and other agencies they deliver the right care in the right place at the right time.

They provide expert medical care for complex cases and older people and avoid unnecessary admissions to hospital. The patient care pathways are sustainable, innovative, streamlined and accessible, reflecting the needs of our local population.

Proposals are being developed which will set out the options on how the strategy can be delivered and the way services will be provided.

This will set out how our services can be developed and improved for patients by redesigning patient pathways and, in some cases, reconfiguring services.

This will involve bold and radical change that reflects the changing needs of patients, the rapid development of clinical practice and the current climate of financial austerity that requires services to be efficient and cost effective.

In some areas, it makes sense for services to be developed and improved across Sussex as a whole.

These will be progressed as part of the 'Sussex Together' programme, which is being led by NHS Sussex with the involvement of ourselves and other Trusts across the county.

In other services areas, any proposals for significant change will be part of a formal public consultation that will be undertaken by NHS Sussex in conjunction with the Clinical Commissioning Groups and the Trust. We anticipate this will start around the early summer of 2012.

We will continue to work closely with our local partners and primary care to deliver improved access and reduced waiting times for patients.

This means achieving and sustaining national standards for 18 weeks and A&E waiting times, ensuring the majority of our stroke patients spend most of their hospital admission being treated in a specialist stroke facility and delivering timely and accessible cancer care services.

Everything we do is focused around the needs of our patients and we are committed to continually improving their experience. Our aim is to be the provider of choice for the people of East Sussex and achieve Foundation Trust status by March 2014.

We would like to place on record the thanks of the Board to all our staff and our army of over 1,000 volunteers who support all our activities.

Also, thanks to all those throughout our local community who donate and raise money for the Trust's charitable funds and the Friends of our hospitals who support us in so many ways.

For more information about our organisation visit our website at [www.esht.nhs.uk](http://www.esht.nhs.uk)



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

**Stuart Welling**  
Chairman



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

**Darren Grayson**  
Chief Executive

## 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.

Our community staff also provide care in the patient's 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 7,200 dedicated staff with an annual turnover of £385 million.

There are 1,023 beds and over 98,500 people are inpatients each year, whilst almost 120,000 use the Trust's emergency departments and over 25,500 patients use the minor injuries units. In addition there are over 312,500 outpatient attendances annually.

# Section 1

## Introducing the Trust

### 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:

- 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.
- 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.

### 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 Health and Social Care Act 2012 sets out to increase GPs' powers to commission services on behalf of their patients, promote patient choice, establish an independent NHS Board to allocate resources and provide commissioning guidance and reduce NHS administration costs.

These reforms are 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.

## Introducing the Trust

### Foundation Trust

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

We continue to work with partners in the local NHS on our application to become a Foundation Trust. We are committed to a timeline of making an application to the Department of Health in October 2013 and to achieving authorisation as a Foundation Trust in 2014.

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.

### Tell us what you think

**Each year we publish an annual report which is launched at a public meeting when the our 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](mailto: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 2011/12

More than 146,000 patients were treated in our Emergency Departments, Minor Injury Units and associated areas as emergency cases.

Just over 4,100 babies were delivered by our midwives and obstetricians.

More than 94,000 people were provided with hospital care either as inpatients or as day case.

More than 312,000 people attended outpatient clinics at one of our hospitals or outreach centres.

Over 225,000 patients had contact with our district nurses.

More than 155,000 people had contact with our health visitors.

More than 310,000 radiological examinations and therapeutic procedures were performed.

Over 5.6 million pathology tests were performed.

Almost 35,000 people were seen at one of our sexual health clinics.



# Section 1

## Introducing the Trust

### Our focus in 2012/13 will be on:

- Continuing to enhance the quality and safety of the healthcare we provide and deliver the standards of care across all our services that local people rightly expect.
- Fully achieving compliance with the Care Quality Commission's (CQC) standards and delivering our CQC action plan. To ensure we enhance the quality of our services further we will implement a quality improvement programme focused on patient safety, clinical effectiveness and patient experience.
- During the year we will start to implement our clinical strategy by developing sustainable, innovative and accessible care pathways that reflect the needs of our local population.
- Working with our local partners and primary care to deliver improved access and reduced waiting times for patients.
- Needing to achieve all our objectives with less money than 2011/12. We need to become more efficient and productive as we are committed to delivering an overall surplus of £2.8 million.



**We must meet a broad range of existing and new national standards as well as locally agreed quality improvement targets. These include for 2012/13:**

- 95% of Emergency Department (A&E) patients 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 two cases of MRSA.
- No more than 50 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.
- No mixed sex accommodation breaches.
- 90% of patients receive a venous thrombosis embolism (VTE) risk assessment.
- 99% of patients wait less than six weeks for a diagnostic test.

## Improving services for patients

### Patient environment

Each year we are required to assess our facilities in line with national Patient Environment Team (PEAT) guidelines.

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

The full PEAT scores for 2011 are below:

Site	Environment score	Food score	Privacy and Dignity
Bexhill	Good	Excellent	Good
Conquest	Good	Excellent	Excellent
Crowborough	Excellent	Excellent	Good
Eastbourne	Acceptable	Excellent	Excellent
Lewes	Excellent	Excellent	Excellent
Rye	Good	Good	Good
Uckfield	Excellent	Good	Excellent



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

### Hospital cleanliness

**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.

We have 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 acute site. This team systematically visits wards and areas like theatres and usually completes an intensive clean and environment improvement in about two weeks. It can also be speedily deployed to areas for extra cleans at very short notice.

Enhanced decontamination cleans are also undertaken to support the reduction of infections within the Trust.

We have introduced flexible working staff on both acute sites covering multi-role functions to provide a consistent backfill service to cover short term absence where there is a shortfall of services. We will continue to expand this service across the Trust in 2012/13.

We will continue to develop the Ward Coordinator role at Conquest Hospital, supporting nurses in care of patients and improving the patient experience by having fully trained lead housekeepers liaising with ward Matrons on standards of cleanliness and nutrition.

# Section 2

## Improving services for patients

### Patient catering

**During the year the catering team produced over 1.2 million meals for patients covering both acute and community units.**

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.



We work closely with the dieticians to ensure that dishes produced meet the needs of the patients and all of our menus have been nutritionally assessed following standards laid down by the British Dietetic Association.

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

The kitchen production units achieved a Food Hygiene score rating of 4's (good) and 5's (excellent) across the board following annual food hygiene inspections.

### 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. We have 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 has once again faced a year of challenges imposed by changing clinical demands, regular CQC inspections, internal restructuring and stringent financial restrictions.**

Estate strategy has been under continual review in response to these factors and the emerging new clinical strategy.

The most significant capital investment in the estate has seen the commencement of work on the new Endoscopy Building at Eastbourne DGH, work which is due for completion towards the end of 2012.

## Improving services for patients

This will be a two storey building accommodating new endoscopy facilities at first floor level which are Joint Advisory Group (JAG) and privacy and dignity compliant.

The ground floor accommodation is now earmarked for expansion of day surgery facilities.



The programme of works to develop our ward layouts to provide privacy and dignity for our patients whilst improving facilities for isolation has continued with the preparation of alternative design solutions for a refurbished Wellington Ward at Conquest Hospital. These works will commence once capital funds are allocated.

Investment in estate infrastructure has included the continuation of phased replacement of the fire alarm system at Conquest Hospital and the completion of a business case for upgrading of the electrical supply capacity at Eastbourne DGH.

This work is funded in the 2012/13 financial year. However maintaining an estate, in which much of the plant and infrastructure is nearing the end of its working life, in a time of financial austerity, is a significant challenge.

Redevelopment of Pevensey Ward at Eastbourne DGH to meet increasing demand and to provide compliant day care facilities has been integrated with proposals for a new Radiotherapy Treatment Centre led by Brighton and Sussex University Hospitals NHS Trust.

However delay in approval of the Radiotherapy Centre business case has subsequently impacted on the Pevensey project.

Other works completed during the year include new endoscopy washing facilities and a new Cardiac Catheter Laboratory at Eastbourne DGH.

At Conquest Hospital work has started on the replacement of refrigerators in the mortuary and the provision of new staff car parking areas.

Negotiations have been concluded during the year for a contract to undertake energy and carbon reduction initiatives funded through cash savings.

It is hoped that these works will reduce pressure on the overstretched operational maintenance budget.

The Project and Property Management team is itself undergoing significant restructuring to meet the demands of major estate development over coming years, the changing relationship between commissioners and providers of healthcare services and a demanding commercial environment.

# Section 2

## Improving services for patients

### Patient and public involvement

**We take patient experience very seriously and work closely with the public to develop and monitor our 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.

During the year 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 we are pleased to report that patient satisfaction remains very high with 98% of patients at the community hospitals, 98% at Conquest Hospital and 96% at Eastbourne DGH rating their care as excellent, very good or good for the third quarter of 2011/12.



### Equality and diversity

**This past year has seen much change to the Trust's equality strategy with significant changes in the national and local policy landscape.**



#### Key achievements include:

- Alignment with the Equality Act 2010 and the new public sector equality duty, which came into full effect in 2011/12.
- Development of a series of new equality objectives within the Trust and alignment with the Trust's overall objectives.
- Harmonisation of the strategy with the national Equality Delivery System.
- Expansion of Executive Board members leadership roles to include the advancement of equality for specific protected characteristics.
- Involvement of community members within the membership of the following new healthcare steering groups:
  - Race and healthcare
  - Disability, carers and healthcare
  - Gender (sex and pregnancy) and healthcare
  - Religion, belief and healthcare
  - Sexual orientation, gender identity and healthcare
  - Age and healthcare

## Improving services for patients

Steering groups are chaired by the Board leads and meet quarterly to give real focus and scrutiny to the equality agenda.

- Development of a simplified Equality and Human Rights Analysis toolkit for use by staff members within policy-making
- Major integration of community services' equality agenda from the PCT
- Expansion of the BME (Black and Minority Ethnic) staff network – with a membership close to 100 workers – and the growth of a new LGB&T (Lesbian, Gay, Bisexual and Trans) staff network to support the advancement of workplace equality
- Support for an impact assessment programme of the Trust's major redesign of its most frequently-used health services.

The former equality scheme was revised in 2011 and is now called the Equality Strategy. It contains the Trust's published equality objectives with the aims to eliminate discrimination and other prohibited conduct, advance equality of opportunity, and foster good relations between different legally protected people.

Also in 2011/12 we became a signatory to the Hastings and St Leonards Equality and Human Rights Charter, and continued to participate in an LGB&T service research project with Hastings and Rother Rainbow Alliance and the University of Brighton.

Positive action was taken in the workplace aimed to enable and encourage participation of under-represented groups within the workforce. Staff members participated in conferences, interview skills training sessions, leadership programmes as well as took up mentoring relationships with the Chief Executive and other senior staff members. The Trust also retained the Disability Positive recruitment standard ("Two Ticks").

These foundational achievements support compliance and going forward in 2012/13 will support the promotion of high quality care for all and the improvement of working lives for everyone.

For more information please visit our website: [www.esht.nhs.uk/equality](http://www.esht.nhs.uk/equality)

### Let us know your views

**The Trust's objectives are to listen, respond and improve the services we provide. We have adopted the 4C approach for managing the patient experience.**

The 4C approach includes complaints, compliments, comments and concerns. The Trust actively seeks feedback about its services and recognises the right of people to comment on any aspect of the service experience.

The Trust is committed to ensure that any queries or concerns raised by patients or their representatives are addressed as quickly as possible. The majority can be resolved by talking with our staff, therefore we encourage, wherever possible, that the first step should always be for the person who wishes to raise an issue to talk to staff.

Where this is not possible, we want to make sure that it is easy for anyone to make a complaint and to give feedback about how matters can be improved. Service users and carers need to feel confident that making a complaint will not result in any reduction or loss in service.

Complaints should be treated positively and, where possible, leave service users and carers feeling satisfied with the way their complaint has been handled and confident that the Trust has learnt from their experience.

We are committed to achieving excellence in all the services we provide and acknowledge the importance of complaints, comments, concerns and compliments, both as a means of reviewing our standards of care and as an opportunity to improve communication.

We acknowledge staff strive to ensure quality care at all times, but accept mistakes can occur despite everyone's best efforts.

When they do it is therefore important to endeavour to reflect quickly on the events that have occurred and improve the services to prevent future problems.

Outcome forms are included in the process to support patient safety within the Trust to

# Section 2

## Improving services for patients

ensure lessons are learnt and actions taken following complaint investigations.

The 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.

People who use our services can make us aware of their views in many ways:

- 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
- 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.
- Regular patient satisfaction surveys across the Trust.
- A dedicated email system for both PALS and complaints.

During 2012/13 we will be developing a patient experience strategy to drive our vision of how we engage with people who use our services. We aim to develop patient champions in all areas to assist in understanding the experiences of people who use our services and focus on improving the experiences of people who use our services in their area.

During 2011/12 we received a total of 637 complaints compared with 532 received the previous year. Although each complaint is regrettable they should be seen in the context of well over 557,500 patient attendances during the year (0.1%).

During the year, 17 complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO). Five were upheld during this period by the PHSO, one was not upheld,

six were refused and six were referred back to the Trust. This is the decisions received during the year and may relate to referrals from previous years.

<b>Standard of care</b>	<b>417</b>
<b>Medical</b>	<b>251</b>
<b>Communication</b>	<b>171</b>
<b>Care and welfare of people who use our services</b>	<b>203</b>
<b>Respecting in involving people who use services</b>	<b>156</b>



### 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 4,023 contacts from patients, their relatives and carers seeking assistance or information.

## 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 highlights 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.



### Emergency preparedness

**We have expanded our work in Emergency Preparedness which covers both Emergency Planning and Business Continuity Management.**

The overall responsibility for the Emergency Preparedness function has moved to the Chief Operating Officer.

We responded well to a major incident declared by the ambulance service following a multiple vehicle crash on the A27 and have also responded positively to several business continuity issues caused by both internal and external pressures.

The Business Continuity Plan has been updated to ensure that lessons identified during those incidents have resulted in the development of plans to further enhance our response in the future.

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

The Major Incident Plan was reviewed and changed to reflect the organisational re-structure.

It also ensured that both the acute and community aspects of our work were both covered with suitable and sufficient plans that would ensure a professional response to an incident, including one that did not impact on the acute hospitals, but which would challenge those working in the community.

A series of training sessions aimed specifically at those working in the community have been delivered.

This ensured staff are equipped to activate and deliver a response to community based emergencies and to support the work of the Local Authorities in setting up both Rest Centres and Survivor Reception Centres.

Generic staff training in response to major incidents and more specific incidents, such as the decontamination of patients following a chemical or biological release, has continued throughout the year.



# Section 2

## Improving services for patients

We activated well rehearsed plans to respond to severe weather during the winter, where heavy snowfall could have disrupted services and caused serious business continuity issues.

The Severe Weather Plan had been updated in the autumn to reflect lessons identified during the previous winter and agreement had been reached with an increased number of 4x4 suppliers to ensure that the effects were mitigated if road transport became difficult.

Additional support was also pre-planned with St John Ambulance, Sussex, to ensure that hospital discharges could continue when normal NHS road ambulances were disrupted by the weather.

We are in the process of recruiting a Deputy Emergency Planning Officer to support all the developments in Emergency Preparedness, particularly working across the Integrated Trust to look at systems as a whole.

We continue to test and validate our own internal plans with both tabletop and communication exercises. We have also participated in events organised on a regional basis by the NHS South Coast and NHS Sussex.

We continue to play an increasingly active role within the Sussex Resilience Forum and we are represented on groups dealing with the use of volunteers, training and mass fatalities, as well as the health responders group.

We have been instrumental in setting up a new group that allows the acute trusts in Sussex to meet and discuss emergency preparedness and facilitate joint planning.

We are represented on Safety Advisory Groups operated by district and borough councils that examine the safety issues at locally organised large public events, or mass gatherings, with specific interest during 2012 being focused on events around the Diamond Jubilee and the Olympic Torch Relay and Olympic Games.



## Improving services for patients

### Volunteering

**More than 1,200 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 trollies with sweets and newspapers and library books to the wards, assisting staff around the Trust, as chaplaincy visitors, hospital radio, helping on tea bars, as drivers and escorts 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 - Tel: (01424) 755255 Ext: 8497, Corrine France at Eastbourne DGH - Tel: (01323) 417400 Ext: 4880 or Julie Scott for community hospitals and clinics - Tel: (01892) 603110.

### 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 £370,000 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.

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

**Friends of Bexhill Hospital**

Tel: (01424) 217449

**Friends of the Conquest Hospital**

Tel: (01424) 755820

**Friends of Crowborough War Memorial Hospital**

Tel: (01892) 664626

**Friends of the Eastbourne Hospitals**

Tel: (01323) 417400 Ext: 4696

**League of Friends Lewes Victoria Hospital**

Tel: (01273) 474153

**Rye Health and Care Ltd**

Tel: (01797) 223810

**Uckfield Community Hospital League of Friends**

Tel: (01825) 767053

### 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 NHS Sussex, NHS South of England, 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 already have good working relationships with our local Clinical Commissioning Groups and look forward to these developing further in 2012/13.

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.

# Section 3

## How we are performing

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

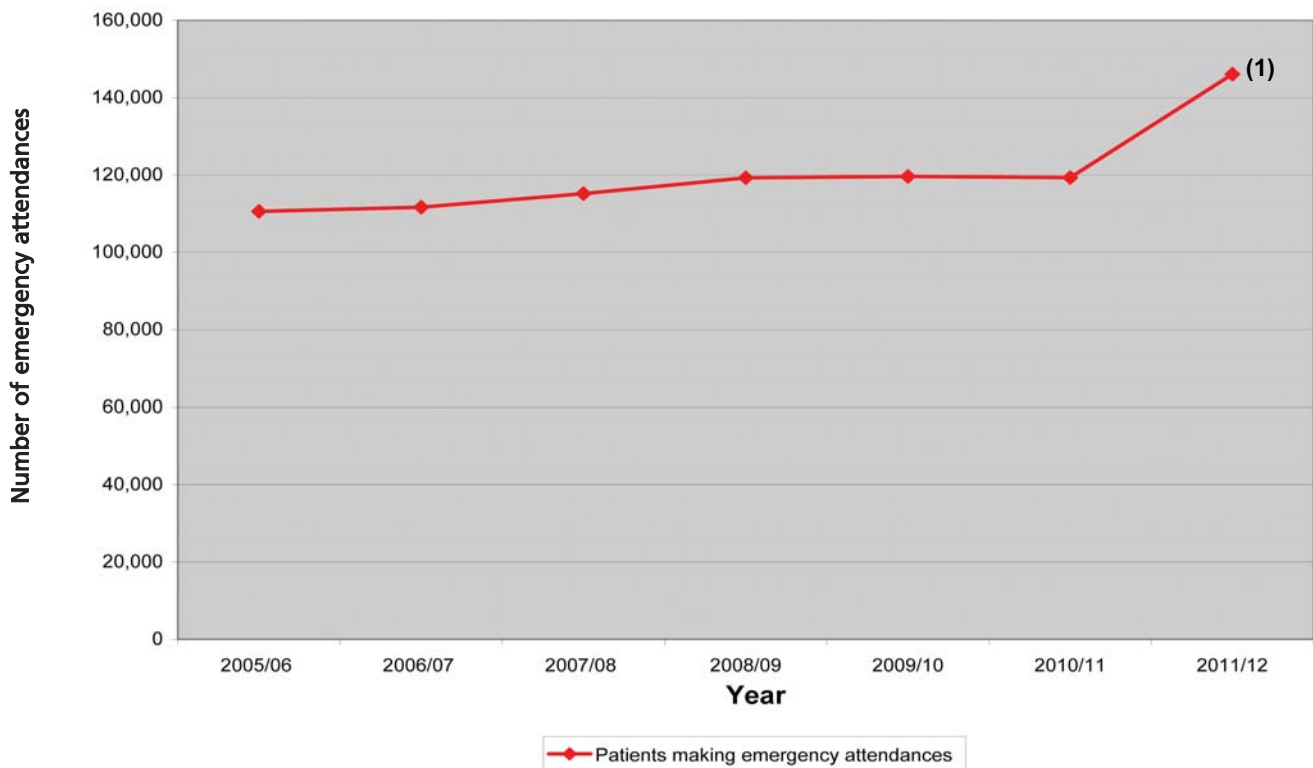
	2007/08	2008/09	2009/10	2010/11	2011/12
Patients making emergency attendances	115,147	119,262	119,596	119,320	<b>(1)146,066</b>
Patients spending more than four hours as emergency attendances	2,272	2,302	2,627	3,540	<b>6,042</b>
Percentage of patients through Emergency Departments in under four hours	98.0%	98.1%	97.86%	97.03%	<b>95.91%</b>
Number of patients experiencing four hour trolley wait	210	310	200	383	<b>1,236</b>
18 week referral to treatment - admitted (as at March 31st) target 90%	N/A	89.4%	86.6%	83.5%	<b>81.5%</b>
18 week referral to treatment - non-admitted (as at March 31st) target 95%	N/A	91.4%	95.1%	95.2%	<b>92.6%</b>
First Outpatient attendances	97,076	115,608	122,035	122,118	<b>118,665</b>
Follow-up Outpatient attendances	209,801	200,609	183,068	192,500	<b>194,108</b>
Total Outpatient attendances	306,877	316,217	305,103	314,618	<b>312,773</b>
Total number of elective Inpatient admissions	49,528	53,079	49,620	49,995	<b>52,254</b>
Total number of emergency admissions	45,865	48,698	45,713	45,622	<b>46,412</b>
Number of operations cancelled at short notice	199	359	399	402	<b>350</b>
Day case procedures	39,096	42,448	38,979	39,373	<b>41,831</b>
Percentage of elective admissions undertaken as day cases	78.9%	80.0%	78.6%	78.8%	<b>80.1%</b>
Length of stay of elective admissions (days)	3.23	3.57	2.62	2.72	<b>2.59</b>
Length of stay of emergency admissions (days)	6.09	6.34	6.36	6.29	<b>6.74</b>
Percentage of beds occupied by delayed transfers of care	3.69%	2.84%	3.87%	3.48%	<b>2.44%</b>
Number of diagnostic examinations in our Radiology Departments (2)	250,648	280,692	290,662	299,345	<b>310,811</b>
Number of babies delivered (3)	3,835	4,121	4,194	4,350	<b>4,107</b>
Percentage of suspected cancer patients seen within two weeks of an urgent GP cancer referral (4)	99.6	94.4%	92.6%	93.1%	<b>94%</b>
Percentage of patients treated within 31 days of decision to treat (4)	99.2%	98.2%	97.5%	96%	<b>97.2%</b>
Percentage of patients treated within 62 days of an urgent GP cancer referral (4)	96.7%	89.5%	83.5%	90%	<b>85.5%</b>
Total number of tests undertaken in our Pathology Department (5)	4,902,352	5,307,446	5,613,343	5,534,341	<b>5,655,519</b>

(1) Includes 25,842 attendances at Minor Injury Units

All data above sourced from ESHT Patient Administration system except where indicated - (2) Radiology Information System; (3) Euroking; (4) ESHT Cancer Database; (5) Apex

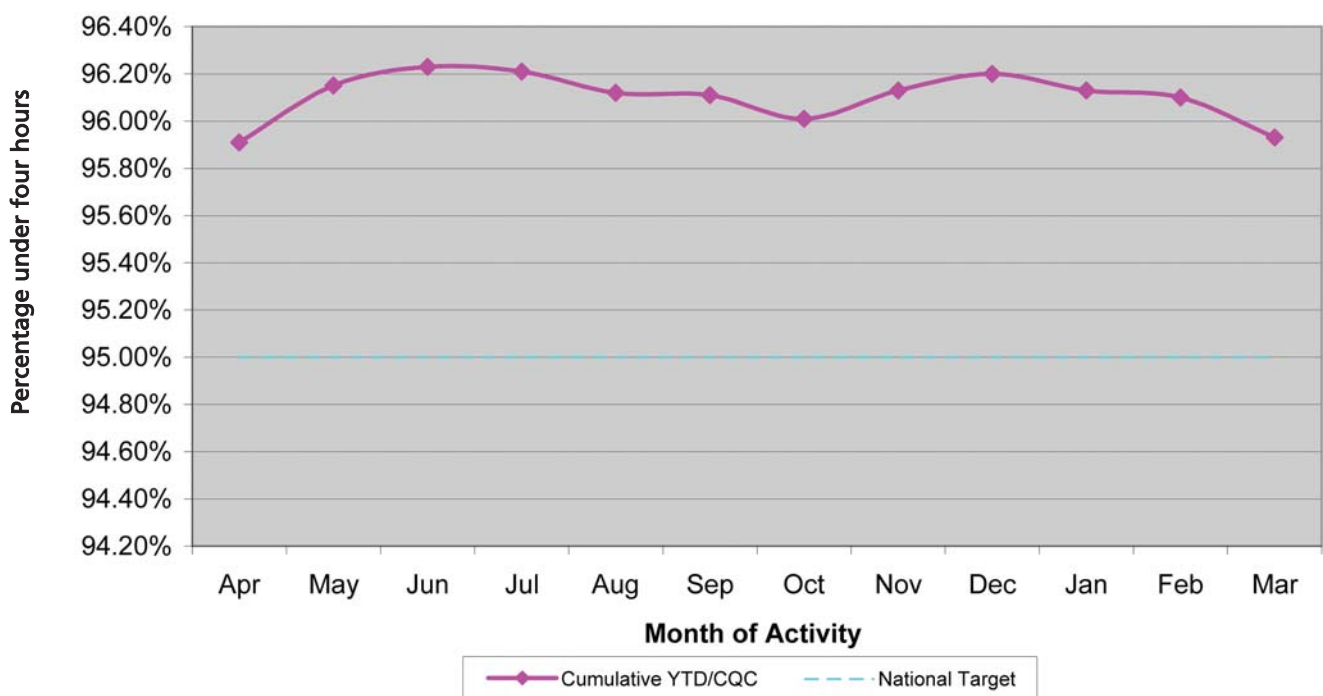
## How we are performing

### Emergency attendances\*



(1) Includes 25,842 attendances at Minor Injury Units

### Emergency Department four-hour target performance\*

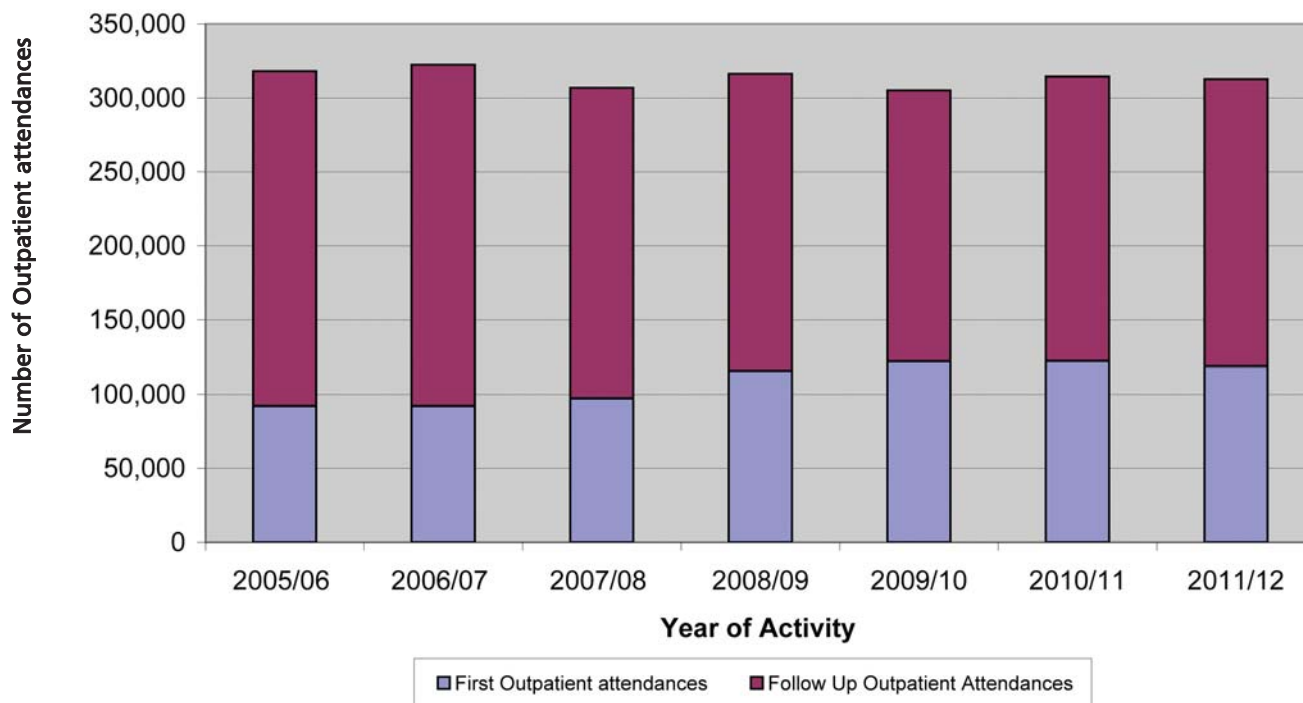


\* Source - ESHT Patient Administration System

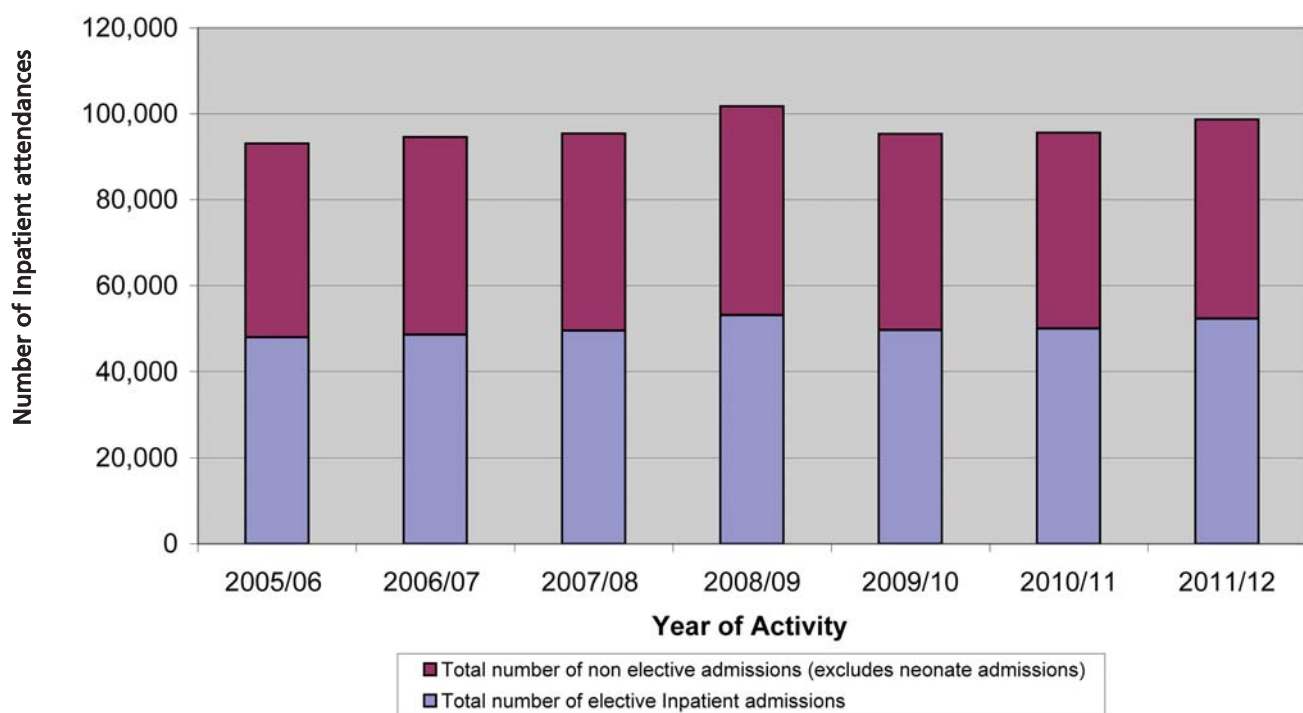
# Section 3

## How we are performing

### Outpatient attendance activity\*



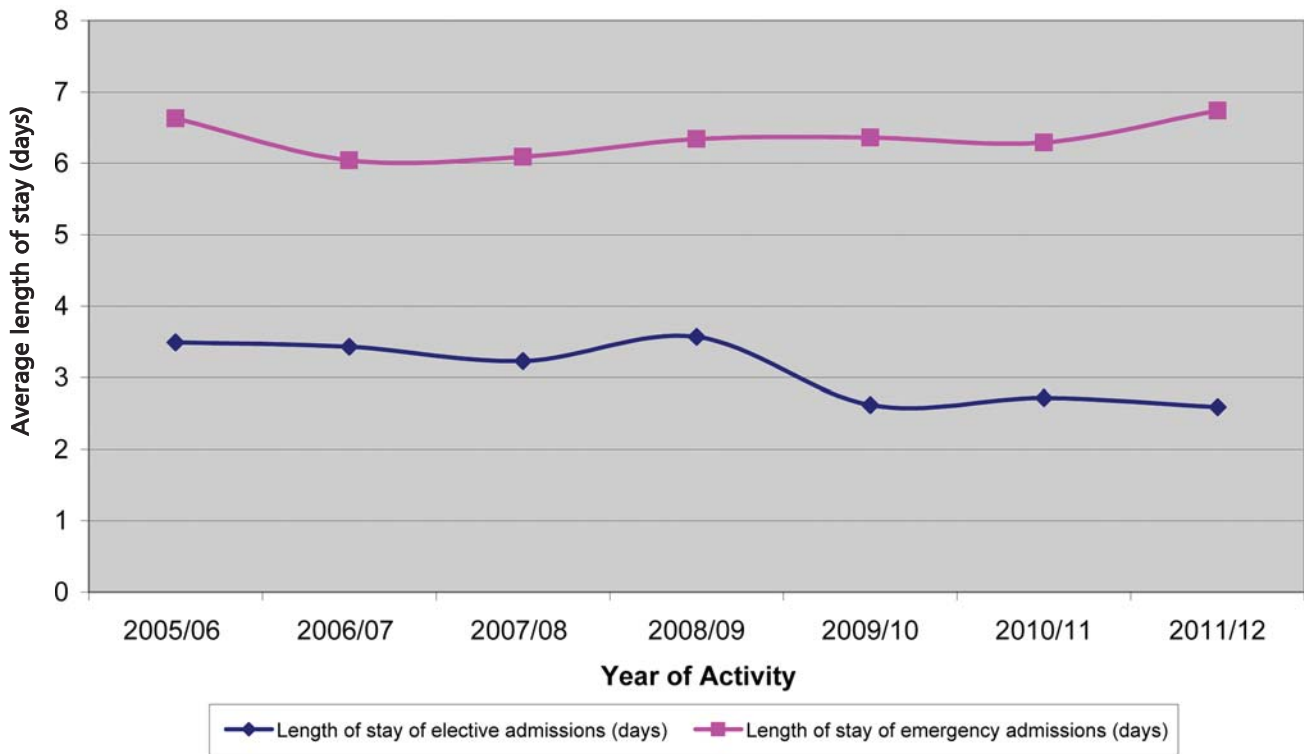
### Inpatient admission activity\*



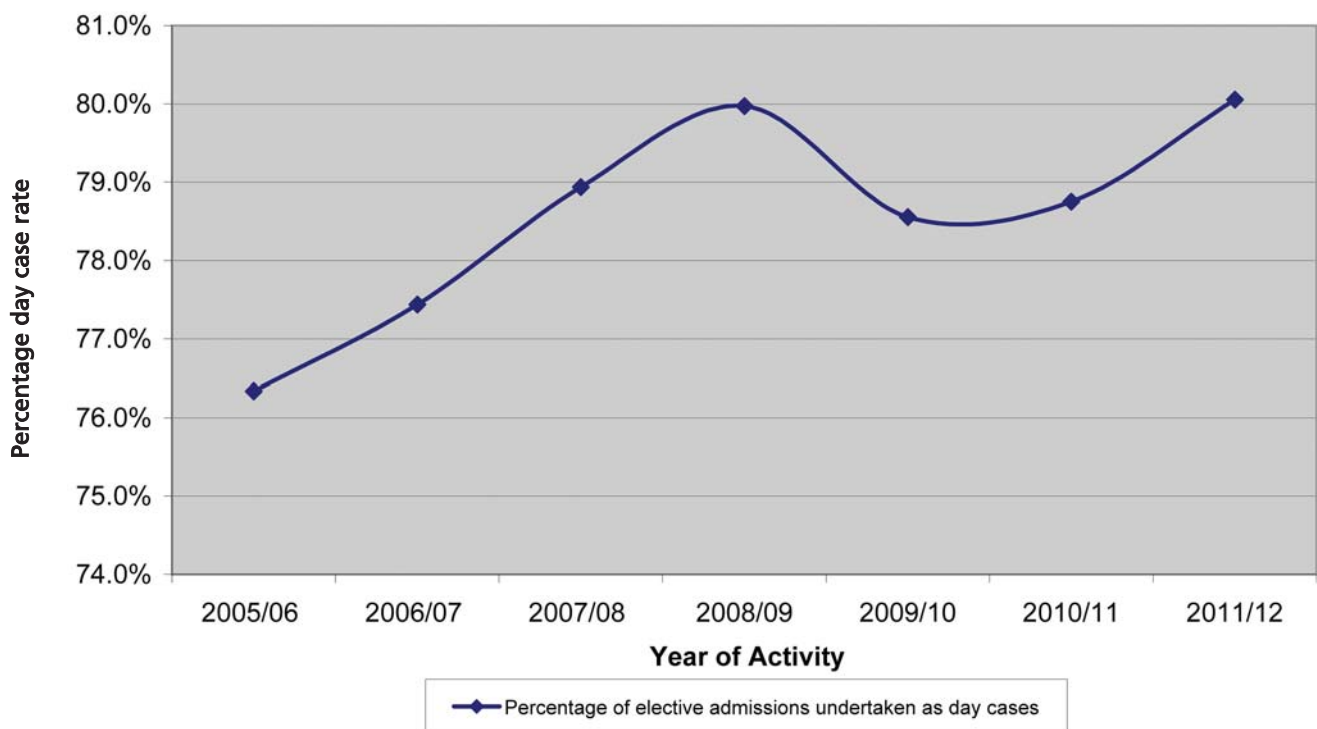
\* Source - ESHT Patient Administration System

## How we are performing

### Length of stay\*



### Percentage of 25 key procedures undertaken as day cases\*

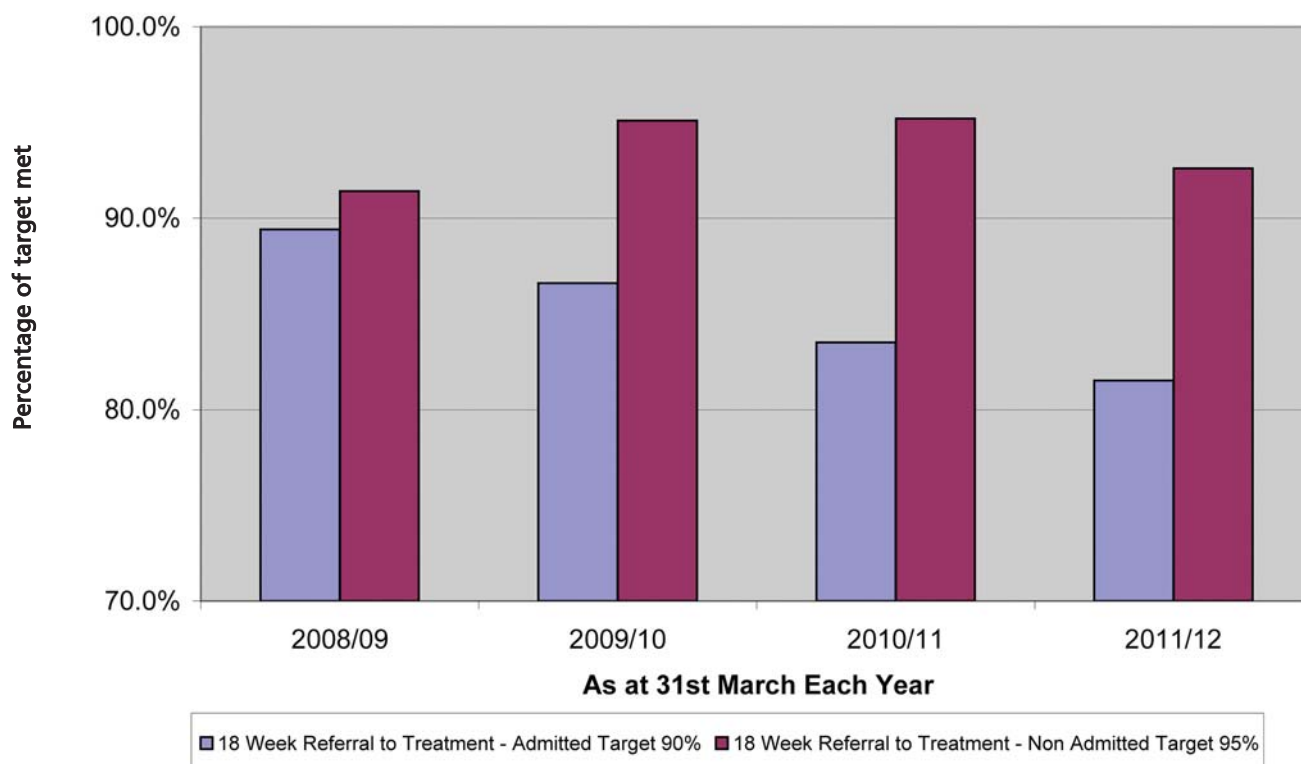


\* Source - ESHT Patient Administration System

# Section 3

## How we are performing

### 18 weeks\*



\* Source - ESHT Patient Administration System

## Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and it is currently registered for the following activities:

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

Unannounced compliance inspections were undertaken by the Care Quality Commission inspections in February, April, May, and September 2011. In April 2011 the Trust had demonstrated compliance and improvement with some of the outcomes and regulations, however the CQC still had concerns about how well changes had been embedded for sustainable change within the organisation.

On 28th June 2011, the CQC announced it had taken enforcement action against the Trust because of failure to protect the safety and welfare of people using the services. The enforcement action was in the form of a warning notice which required the Trust to make urgent improvement to patient care.

Following the CQC's review of compliance at both Conquest Hospital and Eastbourne DGH in September 2011, compliance and improvement actions were still required. The compliance actions required were for outcome 2 'consent to care and treatment', outcome 7 'safeguarding people who use service from abuse', for Eastbourne DGH and outcome 7 and outcome 13 'staffing', for Conquest Hospital.

The Trust also had improvement actions on outcome 8 'cleanliness and infection control', outcome 14 'supporting staff' and outcome 21 'records' for both hospitals.

Following the September 2011 compliance review, the CQC had major concerns with outcome 4 'people should get safe and

## How we are performing

appropriate care that meets their needs and supports their rights' and outcome 16 'assessing and monitoring the quality of service provision' at both hospitals. The CQC issued a further warning notice in February 2012 requiring the Trust to make the improvements required to become compliant with outcome 16 at Conquest Hospital and Eastbourne DGH by the end of March 2012.

The Board is committed to ensuring the Trust can demonstrate compliance and a robust action plan has been developed with the aim of achieving compliance by the required date.

Improvements made include:

- Improving the physical environment for patients, including the Emergency Department, to ensure the privacy and dignity of patients is maintained at all times.
- Involving patient representatives and external peer reviewers in monitoring the privacy and dignity of patients.
- Sustaining reductions in healthcare associated infections and an improvement in cleaning standards.
- Improving quality and safety through weekly review at ward and department level.
- Focusing on consent and end of life care and introducing a new Do Not Attempt Resuscitation policy in line with best practice.
- Sustaining our focus on training for on safeguarding, mental capacity and deprivation of liberty for all health professionals and ensuring we are protecting patients by having senior clinical leads for all safeguarding systems.
- Undertaking an external review of the Trust's systems and processes for monitoring quality and safety and adopting its recommendations ensuring we now have more robust mechanisms in place to understand and manage our risks including escalating them to the Trust Board when required.
- Appointing an additional Emergency Department consultant on each site and, following an extensive recruitment campaign, filling all middle grade posts at Eastbourne DGH with substantive staff and all posts at Conquest Hospital with either substantive staff or locum cover.
- Ensuring that where the Trust uses locum doctors, for example, to cover areas where recruitment has been difficult and there are known national shortages, actions are taken to ensure that safe and appropriate care is provided to patients through long-term appointments that provide continuity of care.
- Undergoing a complete restructure of our governance arrangements including introducing a Quality and Safety committee to provide scrutiny and oversight of quality issues in order to reinforce the Trust's commitment to maintain the highest possible levels of patient safety.
- Introducing personalised care plans to compliment the existing integrated patient documentation and ensure consistent standards of care.
- Introducing 'hourly rounds' by ward staff to improve the patient experience and outcomes and the overall communication between staff and patients.
- Introducing ward matrons as the clinical leaders on every ward to ensure the sustained delivery of quality standards for every patient.

The CQC made an announced visit to both Conquest Hospital and Eastbourne DGH at the end of April 2012 and the draft report was circulated to the Trust at the end of May 2012.

The report demonstrates significant improvements in a number of areas. The Trust is non-compliant with moderate concerns in respect of outcome 9, medicines management, and minor concerns with outcome 16 as governance systems require evidence of embedding. The Trust is confident that these concerns will be addressed.



# Section 3

## How we are performing

### Environmental matters

**The Trust recognises the impact its facilities, services and activities have on the environment, society and the local community.**

The integration of acute and community services within East Sussex has made this more evident. The NHS Carbon impact can be reported within the following high level headings:

- Procurement (60%)
- Transport (18%)
- Building Energy Use (22%)

Each of these areas have their own complexities and the need for specialist input in order to recognise and appraise the impact of each contributing factor.



Following the integration and our first year as a new Trust, we are now in a position to develop our vision with regards the sustainability agenda.

We recognise this is considerably broader than the achievement of the statutory targets. We remain committed to achieving those percentages stated with the Carbon Reduction Strategy for England and the longer goals contained within the Climate Change Act.

In order to achieve our vision and to provide demonstrable evidence, we will be developing a sustainable development management plan over the next 12 months.

This plan will bring together the current work streams to develop best practice models to make improvements within specific areas.

With specific reference to our measurable performance, this focuses on our use of energy. Energy performance has been well documented and managed within the acute hospitals for a number of years.

There are two schemes applicable to the Trust that monitor our impact in relation to carbon production through consumption of gas and electricity.

The first is the European Union Emissions Trading Scheme (EU ETS) which monitors the consumption of fossil fuel on the Eastbourne DGH site and is meeting the required threshold for inclusion within the scheme.

The other scheme is the Carbon Reduction Commitment (CRC).

## How we are performing

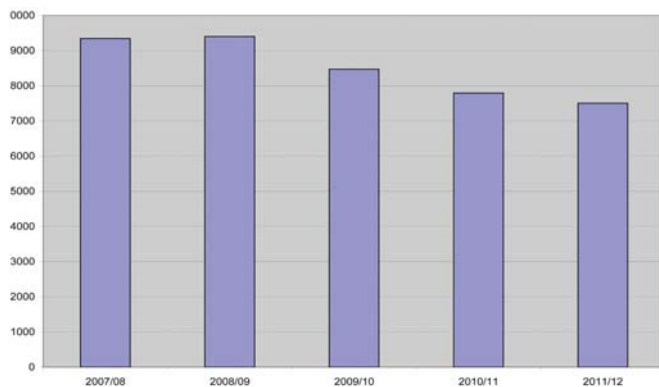
In terms of our performance under the EU ETS scheme, we achieved a reduction from last year of approximately 5%.

This reduction was based on some of our savings initiatives recognised from previous years. In terms of our actual performance against metered utilities, we continue to make savings.

The tonnes of carbon produced as a result of our use of electricity shows a 4% reduction on last year's performance.

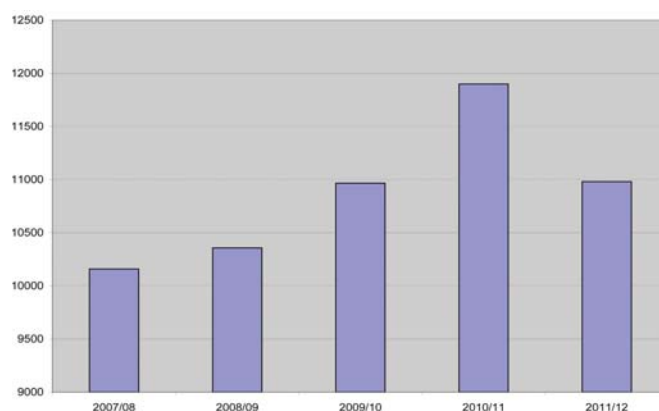
This is reflected in the graph below:

### Electricity Emissions £ CO2 2007 to 2012



Our performance in terms of tonnes of carbon as a result of the use of gas shows a 8% reduction against last year's performance as indicated below:

### Gas Emissions £ CO2 2007 to 2012



The graphs show the impact of the adoption of a combined heat and power plant, together with the replacement of boilers at Eastbourne DGH.



The annual reduction shown in the graphs demonstrates our commitment to sustainability.

We have, however, realised that this level of performance will be difficult to continue without external support.

We have recently advertised for an energy partner and recently appointed Schneider Electric Strategic Building Solutions.

Working together it is our aim to maximise the available opportunities to make further reductions in our carbon impact.



# Section 4

## A year to remember

### Patients return home quicker with new initiative

A new initiative that offers support and therapy in the community as well as hospital was introduced at the Trust to help emergency patients with broken hips return home quicker.

The Trauma Assisted Discharge Service (TADS) involves enhanced rehabilitation within the hospital and in the home and has reduced the average time patients with a fractured neck of femur spend in hospital.



### New helipad takes off at the Trust

A new and improved helicopter landing pad opened at Eastbourne DGH to improve the care of emergency patients.

The helipad is larger and has higher specifications than the one previously used and enables patients requiring urgent treatment to be transferred to the Emergency Department quicker.

### New initiative improves patient care

A new initiative known as TOPMAN was introduced at the Trust to ensure high standards of care are maintained for all patients at all times.

The initiative is a checklist that helps reduce variations and minimises mistakes in patient care on hospital wards.



# Section 4

## A year to remember



### New lab opened to improve heart care

A new state-of-the-art catheterisation suite opened at Eastbourne DGH to enhance the treatment of patients with heart problems.

The £600,000 suite includes a catheterisation laboratory and recovery/preparation area and is used to carry out a wide range of procedures for patients with various heart conditions including angina, heart attacks and arrhythmias.

### Pioneering programme praised nationally

The Department of Health highlighted the Trust's pioneering short-stay hip replacement programme as an example of excellence in the NHS.

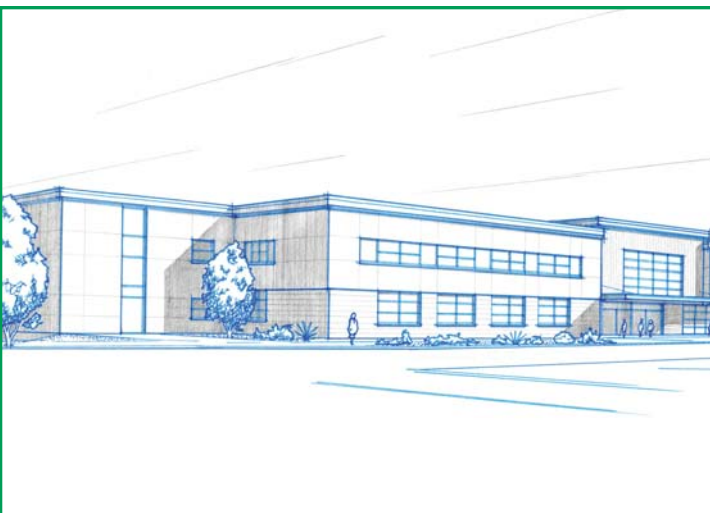
The programme, developed by consultant Mr Hugh Apthorp and the orthopaedic team at Conquest Hospital, has seen the amount of time patients spend in hospital following hip surgery drop dramatically, with some people returning home on the same day as the operation.



### Work starts on new Endoscopy Unit

Work begun on a new £3 million state-of-the-art Endoscopy Unit at Eastbourne DGH.

The unit will increase the number of treatment rooms from two to three and will allow more patients to be seen, improve the privacy and dignity of patients and enable the Endoscopy Department to become a bowel cancer screening unit.



# Section 4

## A year to remember

### New clinic helps detect bowel cancer sooner

A new clinic was launched at the Trust that assess the potential risk of someone getting colorectal (bowel) cancer based on their family history of the disease.

Colorectal cancer can run in someone's family and the clinic enables tests to be done to show how likely someone is of getting the disease in the future.



### National award for sexual health team

The sexual health team in Hastings received a national award for excellence in services towards young people.

The service has been accredited with the Department of Health's 'You're Welcome' award, which is a quality gold standard for health services that are young people friendly. To achieve the award, the service had to be assessed against a number of criteria, such as ease of access, welcoming staff and standard of service.

### Patients praise hospital care

There was an increase in satisfaction rates in patients being cared for in our acute and community hospitals.

Surveys carried out by the Trust showed a total of 98% of patients in the community hospitals, 98% at Conquest Hospital and 96% at Eastbourne DGH rated their care as excellent, very good or good.



### New high-tech scanner for Conquest

The Department of Health agreed to fund a new state-of-the-art £1.25 million scanner that gives high quality images of the inside of the body at Conquest Hospital.

The scanner, known as a Computed Tomography (CT) scanner, will replace a mobile unit that has previously been in use through a third party external provider, allowing around 100 patients per week to be treated in-house.



### External report praises cancer services

The Trust's bowel (colorectal) cancer services and Paediatric Oncology Shared Care Unit was rated highly in a report from the National Cancer Peer Review.

The report highlighted a number of areas as good practice and significant achievements and gave the Colorectal Multidisciplinary team at Conquest Hospital and Eastbourne DGH a rating of 86.6% and 84.2% respectively, while the Paediatric Oncology service scored 89.5%.

### High praise for dental care

A survey carried out by the Trust showed that all patients treated by the Special Care Dental Service were happy with their care.

A total of 100% of patients treated in nine different locations across East Sussex were satisfied with the service they received. All of the patients said they felt the dentist and dental nurse treated them with respect and listened to what they said and virtually all felt the reception area, waiting room and treatment room were clean and safe.



# Section 5

## Patient safety and quality

### Patient safety and quality

The Trust has placed great emphasis on improving the quality of care for our patients and we are continuously striving to improve upon the quality of our care.

Key quality indicators have been developed and these are regularly reviewed at divisional meetings, Clinical Management Executive, Quality and Standards Committee 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 2011/12. This is an annual document which outlines some of the many achievements made by the Trust over the past year. A full copy of the Quality Accounts for 2011/12 can be obtained via the Trust website at: [www.esht.nhs.uk](http://www.esht.nhs.uk)

We have a Clinical Governance framework in place which provides 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.

### Review of quality performance

In last year's Quality Account we identified nine areas for improvement under three headings of Patient Safety, Clinical Effectiveness and Patient Experience.

During the year we have made progress in the following areas:

#### Patient Safety

To improve patient safety and clinical effectiveness by ensuring that our patients are nutritionally screened within 24 hours of hospital admission.

Concerns had been raised in the national media about older people who were not being appropriately nourished whilst in hospital. This was reflected in the concerns raised by our



patients and the public in the focus groups set up to identify the 2010-2011 quality improvement priorities. Therefore during the year we:

- Increased training and promotion of the Malnutrition Universal Screening Tool (MUST) by the Dietetic Team. A training database is maintained by the acute dietitians to record the dates that wards / staff have received training.
- Improvement in completion rates of MUST with a further Trust-wide audit planned in June 2012. Every inpatient bed on the Medical Assessment Unit and Surgical Assessment Units (at both Conquest and the Eastbourne) was audited in both June and December 2011. The audit found completion of the MUST assessment increased from 28% in June 2011 to 61% in December 2011. We recognised there is still more work to be done to further improve MUST and this will continue to be an area of focus throughout 2012.
- We introduced 'essential rounds' (regular nursing checks) in six areas from early March 2012.
- We are pleased to be working with Age UK and patient representatives on the '7 steps for nutrition' plan, part of Age UK's "Hungry to be Heard" campaign.
- Food First implementation, designated to assist patients who have lost weight or are losing weight, have a poor appetite or problems gaining weight.

## Patient safety and quality

- Adherence to protected meal times, a period of time set aside for lunch and dinner when all non-essential activities on the wards stop. Our own audits show that we sometimes fall short of ensuring there are no visits by health professionals, or non-urgent diagnostic tests, during ward rounds and so we routinely remind staff of the importance of protected and supported mealtimes for our patients. We will continue to monitor and reinforce the importance of protected mealtimes.
- We have also piloted an extended menu to offer an increased choice of food to patients.

### Red trays and jug lids

The red tray and red jug lids are a patient focused system that allows patients who have been identified as being at risk of malnutrition and/or need assistance with feeding and hydration to be appropriately supported during their stay. We introduced this in September 2011 (adapted to red, non-slip mats in the stroke units) to ensure patients receive extra support where required.

**To improve patient safety and clinical effectiveness by reducing, by 25%, the number of inpatient acquired (hospital acquired) pressure ulcers of grade 3 and 4.**

Reducing and preventing hospital acquired pressure ulcers is another key national imperative and the Trust is committed to driving down both their number and severity. Whilst raising awareness has led to better reporting, we are concerned we still have too many. It is for this reason that this continues to be a priority for the coming year. During 2011/12:

- Significant progress has been made with the quality of record keeping in relation to pressure ulcers and we continue to monitor trends so that we can respond quickly to areas of concern.
- We have strengthened the pressure ulcer prevention and management training supported by our specialist tissue viability and clinical education teams
- All incidents of pressure ulcers graded 3 or 4 are now reviewed in-depth to identify possible causes and identify any actions that could have been taken to prevent the ulcer developing.
- A tissue viability link nurse group has been set up to increase the level of awareness and





## Patient safety and quality

- provision of training of new developments and prevention techniques.
- We have reviewed current nursing documentation and use the Waterlow pressure ulcer risk assessment/prevention policy tool.
- Access to and quality of pressure relieving equipment for acute and community patients has been reviewed.



### **To improve patient safety by improving hospital cleanliness and maintain low infection rates for MRSA and Clostridium Difficile by reducing further the incidence of health associated infections.**

In 2011/12 we have continued to focus on minimising the number of healthcare acquired infections within the Trust.

As a result of improvements in a number of areas there were 47 cases of Clostridium difficile, a decrease of 35% on the previous year and within our threshold of 55 cases.

We reduced the number of cases of MRSA by two thirds in 2011/12 as a result of our work. We recorded only two cases and within our threshold of six.

We are continuing with our efforts in the coming year when our thresholds reduce to two cases of MRSA and 50 cases of Clostridium difficile.

### **Clinical effectiveness**

#### **To improve patient safety and clinical effectiveness by ensuring the World Health Organisation (WHO) Surgical Safety Checklist is used for every patient undergoing a surgical procedure.**

The National Patient Safety Agency introduced the World Health Organisation (WHO) surgical checklist as an alert in February 2009. WHO set the global challenge to reduce the number of surgical deaths across the world.

The WHO challenge was to strengthen anaesthetic safety, ensure correct site surgery, avoid surgical site infection, reduce morbidity and mortality and generally improve communication in the peri-operative team.

We have continued to closely monitor the use of the checklist and the impact on patient safety.

During the early part of 2011 there was concern regarding the number of serious incidents that had occurred despite the use of the checklist.

In order to respond to these concerns a number of measures were taken, including the production of an action plan to ensure that not only was the checklist used but the principles were fully embedded across the Trust.

A rolling monthly audit is undertaken to assess compliance.

The results of the last quarterly audit report (Oct to Dec 2011) demonstrate that the WHO checklist is now routinely used for patients undergoing surgical procedures with 100% of records audited had a WHO checklist completed.

Between January and March 2012, an overall compliance rate of 95% was evidenced. We continue to monitor compliance to ensure that not only is the checklist used but the principles are embedded across the organisation.

#### **To ensure clinical effectiveness by increasing the number of patients who receive a CT scan within 24 hours of stroke.**

Although we have made improvements during 2010/11, we recognise that further improvement is needed.

## Patient safety and quality



The number of patients receiving a CT scan within 24 hours of a stroke increased last year to 83.2% compared with 74.6% the previous year.

Performance on scanning within 24 hours for stroke patients is consistently over 80% including weekends and Bank Holidays. It is, however, more challenging to achieve the one hour scanning target which is currently around 20%. An improvement is expected following recent changes to the pathway which have enabled nurses to act as referrers for scans. Also, the purchase of a second CT scanner for Conquest Hospital will improve access to scans.

### Patient experience

**To improve patient experience by improving the identification of our healthcare professionals - understanding of uniforms.**

Focus groups held throughout the year with our patients told us that it is sometimes difficult for patients to identify healthcare professionals. A greater understanding of uniform colours would help patients to feel more confident and empowered when in our care. As a result of this the organisation decided to make this a priority to enhance patient experience.

The Trust has an approved dress code which applies to all staff.

This includes standardisation of uniform colours for nursing and midwifery staff, allied health professionals such as physiotherapists and occupational therapists and facilities staff, which includes portering and catering. Senior nurses now wear a black and grey uniform.

The literature we are developing supports the identification of who to approach. An example of this is our new Essential Care Round document for patients which states:

- Ask to speak with the ward sister (they wear dark blue tops) or ...
- Ask to speak with the ward matron (they wear purple tops)

In addition we are continuing to introduce picture boards across wards and community sites to identifying 'who is who' in the team.

Areas throughout the Trust have developed picture boards identifying the uniforms that are worn by staff members as well as 'photographic boards' which identify a 'who is who' in the ward team.

Whilst this work has been successful in some clinical areas uniforms have changed over the course of the year for a variety of staff and the changes to the posters have not always been kept up to date.

For this reason we are reviewing the way in which patients would most helpfully find the best way of identifying who is who. This will be undertaken in 2012/13 through a focus group with patients.

Complaints have been reviewed and there is minimal comment on the understanding of uniforms.

**To improve patient experience by reducing the percentage of first outpatient appointments which are cancelled.**

Hospital cancellations cause potential delays to treatment and unnecessary distress and inconvenience for patients.

Unfortunately, we were unable to achieve a reduction in first cancelled outpatient appointments in 2011/12. As a result, further work is now being undertaken to facilitate achievement of this target and monitoring will continue via the recently introduced divisional performance reports.

# Section 5

## Patient safety and quality

Specific actions to facilitate this achievement are outlined below:

- All booking staff are regularly reminded to follow appropriate practice when cancelling outpatient appointments – this includes ensuring "Best Practice Booking".
- Best practice booking is when appointments are made no further than six weeks in advance (no matter what the individual speciality waiting time). This will dramatically reduce the number of cancellations each patient receives in specialities with long waiting times.
- The six week rule is enforced through additional consideration and forward booking of staff annual leave.

Administrative guidance notes will be drafted and agreed to include contingency plans to help avoid the cancellation of outpatient appointments.



### To improve patient experience by improving the quality of patient letters sent to patients on hospital discharge.

Focus group participants were asked to review a random selection of four types of letters and assess them against good practice indicators in three areas; content, language and format.

An action plan was produced to address feedback from the focus group. This has since been updated as it was recognised that further patient engagement should be sought and a

stronger focus taken in regards to the quality of our discharge letters.

### Summary of the action plan

- Patients will be offered the chance to participate in further surveys – allowing us to increase engagement and act upon any feedback or concerns in a more timely manner.
- Good practice guidelines will be produced for all staff writing letters to patients. These will encourage a consistent approach to language, content and format.
- We will continue to focus on improving our discharge letters to patients. A telephone survey of discharged patients will be undertaken during March 2012 in order to evaluate improvements or identify any new concerns.
- There are around 600 types of appointment letters currently in use across the Trust - these letters will be reviewed to check content language and layout.

Encouragingly, the 2011 National Inpatient Survey included a new question about the quality of patient letters.

Of the patients who reported that they did receive a letter, 80% reported yes, or yes to some extent that the letter was written in a way they could understand.

Patients have the right to see information and to be included in their own care planning. Patient letters should be easy to understand in terms of content, language and format.

A focus group was held whereby members of the public were invited to review a random selection of four types of patient correspondence. These included:

- Hospital consultant to patients general practitioner letter
- An appointment letter to day surgery
- A review/follow-up outpatient appointment letter
- Hospital consultant to the patient letter.

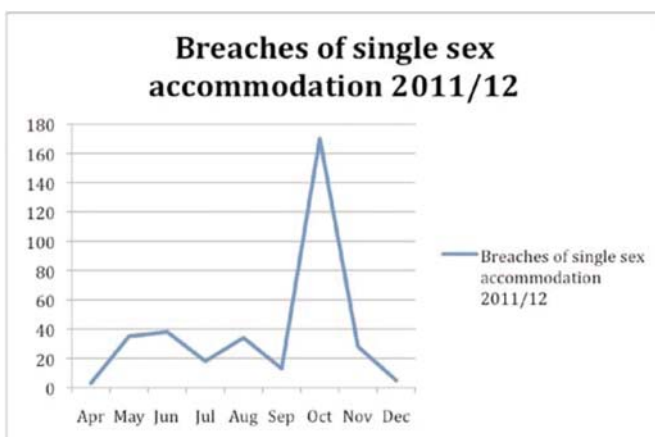
## Patient safety and quality



Focus group participants were asked to review the letters and assess them against good practice indicators in the areas of content, language and format.

**To improve the patient experience by maintaining required standards for single sex accommodation.**

The Trust has a Single Sex Accommodation Policy and is committed to ensuring our patients receive the highest standard of privacy and dignity whilst within our care. Clinical justifications have been agreed to ensure patient safety remains paramount in deciding bed allocation.



Everyday we assess our compliance against Delivering Same-Sex Accommodation (DSSA) standards across all Trust sites.

Information is reported to and monitored by the CME and the Trust Board in conjunction with patient experience surveys.

We experienced a peak of breaches in October 2011 as a result of temporary changes in the use of a day admission area. A number of new system checks have been implemented to prevent further breaches and we are committed to achieving zero breaches.

Progress reports go directly to the Trust Board every month and our performance is closely monitored to ensure we are fully compliant with SSA standards. Any breach or failure to comply with providing SSA is analysed to look at the causes and the time and actions taken to resolve it. Contingency plans have been developed on how to maintain same SSA at times of high service demand and pressures, including when wards are closed due to viral outbreaks.

### Patient safety and quality in 2012/13

**During 2012/13 we will be looking to make improvements in the following areas.**

#### Patient safety

To continue to keep patients safe throughout their care in the hospital or community setting by:

- Reducing the number of patient falls by at least 10% and ensure that a minimum of 95% of adult inpatients have a falls risk assessment upon admission.
- Evidencing a reduction in the number of inpatient hospital acquired pressure ulcers of grade 3 and 4 by 25%.
- Ensuring that, as a minimum, 95% of patients admitted to hospital would have evidence that their mental capacity was reviewed during the admission process and where indicated, the appropriate care plan for adults lacking capacity would be implemented to ensure delivery of appropriate personalised care to the patient.

#### Clinical effectiveness

Caring for vulnerable patients by:

- Continuing to improve the quality of end of life care for patients by ensuring that 80% of patients who have an expected death in

## Patient safety and quality



2012-2013 are placed on the Liverpool Care Pathway (as appropriate).

- Evidencing a 10% reduction in the number of complaints received relating to End of Life Care.
- Ensuring that 90% of patients aged 75 and over have a dementia screening assessment and dementia risk assessment.
- Ensuring that 90% of patients identified as at risk of having dementia have a referral to an appropriate specialist diagnosis.
- Ensuring that the care delivered for stroke patients follows best practice guidance.

### Patient experience

To provide personalised, dignified, respectful and compassionate care by:

- Ensuring that 90% of patient centred care plans are responsive to individual patient preferences, needs and values.
- Ensuring that patients are fully engaged in their care and understand the reasons why a particular treatment or course of action is being proposed.

### Hospital standardised mortality ratio

**Hospital Standardised Mortality ratio (HSMR) compares a Trust's actual number of deaths with their expected number of deaths.**

The prediction calculation takes into account factors such as age, sex, diagnosis, whether the admission was planned or emergency and length of stay.

An HSMR of 100 indicates the expected number of deaths. Lower than 100 indicates fewer than expected.

Over the past 18 months a significant amount of analysis has been undertaken to understand the Trust's HSMR.

The Trust's current HSMR for the first three quarters of 2011/12 is 91 with a predicted rebased year end position of 100.

There has been a significant improvement in the Trust's HSMR since starting the analysis in 2010 when the predicted rebased HSMR was 113.

Case note reviews have provided assurance that there are no underlying systemic clinical care issues.

Focus on mortality data and vigilance continues with review and investigation of outlier areas or alerts while processes are developed to ensure divisional and clinical unit awareness and understanding of mortality data in the context of other quality and performance indicators.

We will seek to examine and understand when and where untoward deaths take place with a view to identifying if we can do anything differently.

We aim to continue to reduce and sustain the overall HSMR to 80.

We will in the future be reporting against the Summary Hospital-level Mortality Indicator (SHMI) which reports mortality at Trust level across the NHS in England using standard and transparent methodology.

## Patient safety and quality



### Essential care rounds

The CQC's national report on Dignity and Nutrition found that in many hospitals:

- Patients' privacy was not being respected, for example curtains and screens not being closed properly
- Call bells were being put out of patients' reach or not answered soon enough
- Staff were speaking to patients in a dismissive or disrespectful way
- Patients were not being given the help they needed to eat
- Patients were being interrupted during meals and having to leave food unfinished

Some of the initiatives outlined in our Quality Account address these national concerns and during 2011/12 we introduced essential care rounds to a number of our wards.

Health professionals undertake hourly rounds to ask patients how they are feeling, make sure they are comfortable, address their concerns and see if they require pain management.

The approach can help nurses to focus on clear, measurable aims and expected outcomes and frontline teams to organise workload and provide consistent care.

Essential care rounding can reduce adverse events, improve patients' experience of care and also provide comfort and reassurance.

It is our intention to roll the programme out to other areas in 2012/13.

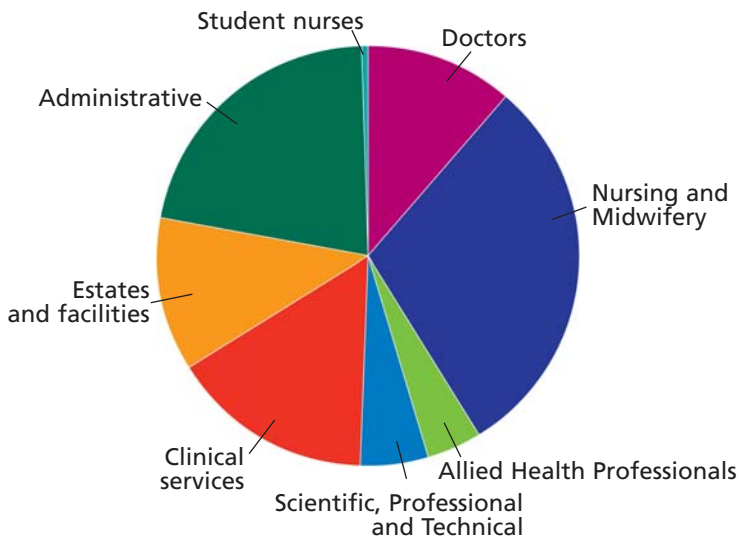


# Section 6

## Staff

### Our staff

The Trust's workforce during the year consisted of 7,212 members of staff (6,105 full time equivalents) from a wide range of professions, all of whom are key members of our team.



#### Key facts:

- 9.25% of our staff are doctors or dentists.
- 32.41% are qualified nurses or midwives.
- 7.03% are qualified health professionals, including physiotherapists, radiographers and orthoptists.
- 5.90% are scientific, professional and technical staff - pharmacists, audiologists, cardiographers, optometrists and pathology staff.
- 13.89% are nursing healthcare assistants, operating department practitioners, pharmacy, radiography and physiotherapy assistants and nursery staff.
- 11.20% are estates and facilities staff providing hospital maintenance, housekeeping, catering and portering.
- 0.79% are students (nurses, midwives and physiotherapists).
- 19.53% are administrative staff including ward and clinic clerks, medical secretaries, medical records staff, administration and management staff.

The Trust is also supported by around 1,200 volunteers who generously give their time and raise valuable funds for us to help provide the best possible service.

### Staff development

Following the integration in April 2011 and the subsequent management restructure, significant organisational development work has been undertaken with our divisional leadership teams to develop and enhance our leadership and management capability.

We have also commissioned some further leadership and management development for our Clinical Unit teams. At ward management level we have developed new role descriptions for our Ward Managers and are actively working with this cohort of staff to further develop their management skills in order to ensure that the services we provide are high quality and centred around the needs of patients.

New initiatives have also been developed in relation to staff engagement, and we will be holding quarterly New Staff Forums and an Annual Staff Awards ceremony which will be designed to reward staff achievements in providing and delivery quality services.

We are continuing to support the widening participation agenda and have had some apprentices join the organisation and a number of our staff in Bands 1 to 4 have undertaken further qualifications during 2011/2012.



### Staff survey

**During 2011/2012 we undertook the national NHS staff survey across all staff in our newly merged organisation.**

The results of the survey have been communicated and relevant actions will be taken forward by existing forums and groups to ensure that we can learn from what our staff have told us.

We have continued with our regular staff briefings and staff engagement events, and staff have had the opportunity to be involved in all aspects of Trust development. Examples of this include extensive staff consultation around the design of our new management structure, and a range of opportunities offered to all staff to engage with the development of the Trust's clinical strategy.

### Staff productivity

**The implementation of a new electronic rostering system was started in autumn 2011.**

This new system will be rolled out across the Trust and implementation is due for completion by March 2013. This new electronic system will enable more robust management of staff rostering and better utilisation of hours.



### New roles and working practices

#### Age Related Macular Degeneration Service

We are consulting with staff to review working hours within the Eye Clinic at Eastbourne DGH. The current demand for the service provided (specifically in the treatment of Age Related Macular Degeneration Disease) is in excess of the levels the Trust is able to provide within current core working hours.

The change will enable us to extend the service to three clinic sessions per day and offer a Monday to Saturday service. This will decrease waiting times and ensure earlier diagnosis and treatment of this condition.

#### Emergency department quality lead

A different focus for Clinical Practice Development for staff in our Emergency Departments has been introduced. A full-time Clinical Practice Educator role has been introduced on each site to lead and monitor quality standards within the department.

This role will support staff to ensure that they consistently deliver high quality clinical and patient care.

#### Ward co-ordinators

The number of ward co-ordinators has been increased throughout both hospitals to ensure the hotel services on the wards are of high quality and meet our patients' needs.

The ward co-ordinators are responsible for ensuring that cleaning standards are maintained and minor repairs are undertaken. They work with the nursing staff to provide support to patients at meal times and ensure that patients have access to drinks at all times.

A group of hotel services staff such as porters and housekeepers have been trained to be multi-skilled to ensure that a flexible and efficient service can be provided for patients at all times.



# Section 6

## Staff

### Nurse recruitment

**Within the last year we recruited further qualified nurses to increase the staffing levels to reflect the increased resources that had been made available within nursing budgets.**

A pro-active recruitment campaign resulted in the Trust recruiting 32 nurses from Portugal, who arrived in two cohorts, one in June and one in August. They filled posts at Conquest Hospital, Eastbourne DGH, and the Irvine Unit at Bexhill Hospital.

In addition, the Trust undertook a specific recruitment process for our student nurses, so that those in their final year of training have a ring-fenced opportunity to be placed in a post with the Trust.

This effort means that our retention rate of those students that we support through training is higher than our neighbouring Trusts, who rely on the students applying for vacancies.

We were able to place 74 newly qualified nurses into vacancies, both in the acute hospitals and in the community.

### National excellence award

**The sexual health team at Station Plaza in Hastings received a national award for excellence in services towards young people.**

The service was accredited with the Department of Health's 'You're Welcome' award, which is a quality gold standard for health services that are young people friendly.

The sexual health team in East Sussex is unique in that they provide a one-stop service, with staff who are qualified in multiple areas.

The sexual health service has been located at Station Plaza Health Centre for a year. Last year they saw over 17,500 people, which is an increase of almost 3,500 people compared to the total seen during the previous 12 months.

The sexual health team is made up of 31 members, including nurses, doctors, therapists and administration staff.

They offer a vast range of services, all of which are walk-in so no appointment is necessary.



### Temporary workforce services

**We have continued to provide temporary workforce through our in-house temporary workforce service.**

We have 600 members on our temporary staff bureau and many of our substantive nursing staff are registered for work.

This allows us to provide temporary staff to service areas, reducing the reliance on agency staff and ensure that we provide staff who are trained and familiar with our hospital environments.

We are in the process of developing this service to cover staff that work within community settings.

### Looking after our staff

**We need to look after our staff in order that they can provide high quality services to patients and the Trust's Occupational Health Service plays a key part in this.**

During the last year the department supported staff and managers and was involved in appointments addressing Management Referrals, Health Surveillance and appointments for immunisations and vaccination status (excluding flu vaccination clinics).

On top of this service the department also provided an essential support programme through our Counselling and Psychology services to staff.

The service continues to actively promote good physical and psychological health at work and engages with staff to this end.

We ran a number of events through the year bringing together health professionals from a wide range of disciplines to highlight and promote health issues.

Whilst the country and our region did not see a significant number of cases of influenza in the 2011/12 season, the department achieved its

aim of encouraging staff to be vaccinated early as the best method of protection.

October and November were record months for providing flu vaccinations though the vaccination programme continued into January and February 2012.

In order to provide a broader and growing support network for staff, the Trust is aware that increasing numbers of staff have carers' responsibilities which can be demanding, complex and stressful.



The Child and Family Care Support Network provides support, advice and information for staff to help them manage both their work and home life commitments.

This can greatly reduce the stresses faced by staff and enable them to continue to perform effectively at work.

The Trust provides in-house childcare facilities at two on-site nurseries as well as holiday playschemes and also offers childcare vouchers and flexible payment schemes and childcare discounts at many settings in East Sussex.

# Section 6

## Staff



### New consultants

The following new consultants have been appointed within the last year:

**Dr Mohammed Alam**

Emergency Department - Conquest Hospital

**Dr Debbie Benson**

Palliative Care - Conquest/St Michaels Hospice

**Dr Mohamad Faris**

Radiology - Conquest Hospital

**Dr Sarah Hall**

Emergency Department - Eastbourne DGH

**Mr Alys Hanna-Morris**

General Surgery - Conquest Hospital

**Dr Alastair Lowe**

Anaesthetics - Conquest Hospital

**Dr Elena Mucci**

Care of the Elderly - Conquest Hospital

**Mrs Francesca Pantanali**

Orthodontics - Conquest/Eastbourne

**Dr Wayomi Perera**

Respiratory Medicine - Eastbourne DGH

**Mr Ashok Subramanian**

Breast Surgery - Conquest/Eastbourne

**Miss Alison Williams**

Orthodontics - Conquest Hospital

### Staff fact file\*

- At the end of February 2012, just over 79% of our staff were female with over 40% working part-time.
- Over 35% of staff are over 50 years old.
- Just under 1% of staff identified themselves as disabled and just under 1% identified themselves as either gay, lesbian and bisexual.
- Just under 11% 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 annual sickness rate during 2011 was 4.1% against an average full time equivalent (FTE) of 6,112. FTE days available in year 2,230,922; FTE days lost to sickness 91,640.

### Training tomorrow's professionals

The Trust continues to work closely with Brighton and Sussex Medical School, King's College Hospital Medical School and Brighton University to train the next generation of healthcare professionals. Together we have over 250 medical students, about 300 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 healthcare services as the accountable officer.

### Board members during 2011/12

<b>Chairman</b>
Stuart Welling † (Appointed 11/07/11)
<b>Interim Chairman</b>
Steve Tinton (Resigned 08/07/11)
<b>Chief Executive</b>
Darren Grayson
<b>Non-Executive Directors</b>
Mary Lynch †‡ (Resigned 31/01/12)
Paul Roche †‡
Maurice Rumbold †‡
Robert Smart †‡ (Resigned 23/11/11)
Ken Smith †‡
† member of the Remuneration Committee ‡ member of the Audit Committee
<b>Executive Directors</b>
Jim Davey (Resigned 26/08/11) Director of Operations
Jane Hentley Chief Nurse
Andrew Horne Interim Director of Finance (Resigned 14/02/11) Director of Development (15/02/11 to 26/05/11) Interim Chief Operating Officer and Deputy Chief Executive (27/05/11 to 31/03/12)
Dr David Hughes Medical Director
David Meikle (Appointed 15/02/11) Director of Finance

### Board members as of April 2012

<b>Chairman</b>
Stuart Welling †
<b>Chief Executive</b>
Darren Grayson
<b>Non-Executive Directors</b>
Charles Ellis (Appointed 01/04/12)
James O'Sullivan (Appointed 01/04/12)
Maurice Rumbold
Ken Smith
† member of the Remuneration Committee ‡ member of the Audit Committee
<b>Executive Directors</b>
Richard Sunley (Appointed 01/04/12) 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 three 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.

<b>Dr Harry Walmsley</b>	Divisional Director for Planned Care Division
<b>Dr James Wilkinson</b>	Divisional Director for Urgent Care Division
<b>Mr Jamal Zaidi</b>	Divisional Director for Integrated Care Division

# Section 6

## Staff

### Attendance at board meetings - April 2011 to March 2012

Voting director	Number of Trust Board meetings held in financial year 2011/12	Number of Trust Board meetings attended
<b>Steve Tinton</b> (Resigned 08/07/11) Interim Chairman	3	3
<b>Stuart Welling</b> (Appointed 11/07/11) Chairman	6	6
<b>Mary Lynch</b> (Resigned 31/01/12) Non-Executive Director	8	7
<b>Paul Roche</b> Non-Executive Director	9	7
<b>Maurice Rumbold</b> Non-Executive Director	9	9
<b>Robert Smart</b> (Resigned 23/11/11) Non-Executive Director	6	6
<b>Ken Smith</b> Non-Executive Director	9	9
<b>Darren Grayson</b> Chief Executive	9	9
<b>Jane Hentley</b> Director of Nursing	9	7
<b>Andrew Horne</b> Chief Operating Officer	7	7
<b>Dr David Hughes</b> Medical Director	9	8
<b>David Meikle</b> Director of Finance and Performance	9	9

Non-voting director	Number of Trust Board meetings held in financial year 2011/12	Number of Trust Board meetings attended
<b>Amanda Harrison</b> Director of Strategic Development and Assurance	9	9
<b>Monica Green*</b> Director of Human Resources	5	5
<b>George Melling*</b> Commercial Director	5	4
<b>Dr Harry Walmsley*</b> Divisional Director - Planned Care	5	4
<b>Dr James Wilkinson*</b> Divisional Director - Urgent Care	5	3
<b>Mr Jamal Zaidi*</b> Divisional Director - Integrated Care	5	0

\*Invited to attend Trust Board meetings from August 2011

## Remuneration report

**The Remuneration and Appointments Committee is a non-executive committee of the Board and oversees the appointments of the Chief Executive and Executive Directors and agrees and reviews the Trust policies on the reward, performance, retention and pension matters for this group of staff.**

The Committee is chaired by the Chairman of the Trust and has three of the Non-Executive Directors as members who are appointed by the Chairman.

The Chief Executive and Director of Human Resources attend meetings in an advisory capacity except when issues relating to their own remuneration or terms of conditions are being discussed.

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

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

The remuneration rates are determined by taking into account national benchmarking and guidance in order to ensure fairness and proper regard to affordability and public scrutiny.

The remuneration of the Chief Executive and Executive Directors are set at base salary only without any performance related pay.

The appointment and remuneration of the Chairman and Non-Executive Directors are undertaken nationally by the Appointments Commission.

The Remuneration and Appointments 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 contract 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.

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

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

The banded remuneration of the highest paid director in the Trust in the financial year 2011-12 was 265,000 to 270,000. This was 12 times the median remuneration of the workforce, which was £22,133.

Name	Start date	Notice period	Leaving date
<b>Darren Grayson</b> Chief Executive	01/04/10	3 months	
<b>Jane Hentley</b> Chief Nurse	04/02/08	3 months	
<b>Andrew Horne</b> Chief Operating Officer/Deputy Chief Executive	01/09/11	1 month	31/03/12
<b>David Hughes</b> Medical Director	01/04/09	3 months	
<b>David Meikle</b> Director of Finance	15/02/11	3 month	

For statements on salary and pension benefits for all senior management who served during 2011/12, please see tables on pages 46 to 48.

# Section 6

## Staff

The following table and its figures have been independently audited by the Trust's external auditors PKF.

### Salary and pension entitlements of senior managers (for those who served on the board during 2011/12)

	2011/12			2010/11		
	Salary (bands of £5000) £'000	Other remuneration (bands of £5000) £'000	Benefits in kind rounded to the £'00	Salary (bands of £5000) £'000	Other remuneration (bands of £5000) £'000	Benefits in kind rounded to the £'00
<b>Stuart Welling</b> (Appointed 11/07/11) Chairman	15-20	0	2	0	0	0
<b>Steve Tinton</b> (Resigned 08/07/11) Interim Chairman	5-10	0	0	0	0	0
<b>Darren Grayson</b> Chief Executive	170-175	0	16	150-155	0	0
<b>Paul Roche</b> Non-Executive Director	5-10	0	0	5-10	0	0
<b>Maurice Rumbold</b> Non-Executive Director	5-10	0	2	5-10	0	2
<b>Robert Smart</b> (Resigned 23/11/11) Non-Executive Director	5-10	0	1	5-10	0	2
<b>Ken Smith</b> Non-Executive Director	5-10	0	3	5-10	0	0
<b>Mary Lynch</b> (Resigned 31/01/12) Non-Executive Director	5-10	0	0	5-10	0	1
<b>Jane Hentley</b> Chief Nurse	100-105	0	4	90-95	0	6
<b>Jim Davey</b> (Resigned 26/08/11) Director of Operations	45-50	220-225*	0	110-115	0	3
<b>Andrew Horne</b> Interim Director of Finance (Resigned 14/02/11)	0	0	0	115-120	15-20**	0
<b>Interim Chief Operating Officer and Deputy Chief Executive</b> (27/05/11 to 31/03/12)	120-125	20-25**	0	0	0	0
<b>David Hughes</b> Medical Director	60-65	150-155***	4	60-65	145-150***	6
<b>David Meikle</b> (Appointed 15/02/11) Director of Finance and Performance	130-135	0	0	15-20	0	0

\* Severance payment. Approved by SHA in accordance with required process, national terms and conditions of service.

\*\* Director of Development Salary

\*\*\* Clinical salary for consultant radiologist work

### Pension benefits of senior managers (for those who served on the board during 2011/12)

	Real increase in pension at age 60 (bands of £2500) £'000	Real increase in pension lump sum at age 60 (bands of £2500) £'000	Total accrued pension at age 60 at 31 March 2012 (bands of £5000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5000) £'000	Cash equivalent transfer value at 31 March 2012 £'000	Cash equivalent transfer value at 31 March 2011 £'000	Real increase in Cash Equivalent Transfer value £'000	Employer's contribution to stakeholder pension £'000
<b>Darren Grayson</b> Chief Executive	0-2.5	0-2.5	45-50	135-140	719	584	110	0
<b>Jane Hentley</b> Chief Nurse	2.5-5	10-12.5	30-35	95-100	548	414	117	0
<b>Jim Davey</b> Director of Operations (Resigned 26/08/11)	(0-2.5)	(0-2.5)	25-30	85-90	479	413	20	0
<b>Andrew Horne*</b> Interim Director of Finance (Resigned 14/02/11) Director of Development (15/02/11 to 26/05/11) Interim Chief Operating Officer and Deputy Chief Executive (27/05/11 to 31/03/12)	0	0	0	0	0	0	0	0
<b>David Hughes</b> Medical Director	2.5-5	10-12.5	40-45	120-125	772	631	115	0
<b>David Meikle**</b> Director of Finance and Performance (Appointed 15/02/11)	32.5-35	97.5-100	40-45	125-130	818	161	652	0

\*Andrew Horne retired on 31st March 2012 and has elected to draw down his pension.

\*\*David Meikle transferred his accrued pension entitlement earned prior to his employment with the Trust from NHS Scotland during the year. The transferred benefits has increased his accrued benefits under this scheme.



# Section 6

## Staff

### 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

In 2011/12, eight employees received remuneration in excess of the highest-paid director. Remuneration ranged from £175,000 to £270,000.

£'000	2011/12 Number
265-270	1
215-220	1
210-215	2
190-195	1
180-185	1
175-180	2

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments.

It does not include employer pension contributions and the cash equivalent transfer value of pensions.

# Financial report and summary financial statements

## Operating and financial review

**2011/12 was a highly significant year for the provision of healthcare in East Sussex as our acute hospital services integrated with community care services.**

From 1st April 2011 we became East Sussex Healthcare NHS Trust and added community hospitals in Bexhill, Lewes, Rye, Crowborough and Uckfield, together with community service provision across the county, to district general hospitals in Eastbourne and Hastings.

The addition of the community services increased our workforce to 7212 staff members from the previous total of 5400.



The Trust's first financial year has been extremely challenging. With an original savings target of £30m, just over 8% of total income, and an aim to generate a £1.3m surplus, the difficulty was clear from the outset.

By the end of the financial year, savings of £14.4m were made; 48% of its original plan. In support of the Trust's continuing transformational changes, local commissioners provided an additional £15.7m of funding. The combined savings and transitional funding allowed the Trust to generate an in-year surplus of £87,000.

Activity levels were higher than expected in 2011/12, with both Inpatient and Outpatient spells two and ten percentage points above their respective planned values.

As a result the Trust received additional income from commissioners totalling £8.4m. The above plan income was off-set by increased staff costs required to manage the increased demand.

The addition of community services has contributed to a 29% increase in Trust income, however, expenses have also risen by 27% continuing the trend experienced in previous years.

This pattern has resulted in sub-optimum levels of financial liquidity and has adversely harmed the Trust's ability to comply with the Better Payment Practice Code.

During the year, the Trust completed the new catheterisation laboratory started in 2010 at a cost of £1.2m.

The development of the endoscopy suite at Eastbourne also continued and will cost in total £3m when completed in 2012.

In addition to these major capital schemes the Trust also invested in a state of the art CT scanner for Conquest Hospital at a cost of £1.2m.

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

Key accounting policy changes affecting the Trust in 2011/12 centred on the change in the accounting treatment of donated assets and government grants.

In summary, this change required the elimination of Government Grant and Donated Asset reserves and the transfer of their balances to the General Fund or Revaluation Reserve on the Trust's balance sheet.

As required by the policy change, all new transactions relating to these items were classified as income receipts.

The changes are presentational and have not impacted on our position and performance submitted to the Department of Health.

The Trust continues to operate and manage a dynamic risk register, which informs investment

# Section 7

## Financial report and summary financial statements

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.

Looking forward, the Trust must deal with a challenging financial outlook. In 2012/13, the cost reduction target is £22m.

In order to drive improvements in efficiency and quality a targeted work programme approach has been embedded in the Trust. The process is monitored by a Task and Finish Group reporting to the Business Board.

Clinical and managerial ownership of programmes is devolved to the Trust's constituent Divisions and Strategic Business Units, and is governed by the Board through the newly established Finance and Investment Committee.

Both Executive and Non-Executive Directors, together with divisional management and clinical leads, will meet in the committee to assess financial performance.

The combination of clinical and management personnel present at each meeting will ensure that financial performance remains congruent with clinical quality targets.

The Trust remains committed to achieving Foundation Trust status by 1st April 2014.

All directors have confirmed that as far as they are aware there is no relevant audit information of which the Trust's auditors are unaware.

They have taken all the steps that they ought to have taken in order to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.



## Financial report and summary financial statements

### Independent auditor's 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 2012 set out on pages 52 to 56.

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 45 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

#### Respective responsibilities of directors and auditor

The directors are responsible for preparing the annual report.

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

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

We conducted our work in accordance with Bulletin 2008/03 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

#### Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of East Sussex Healthcare NHS Trust for the year ended 31st March 2012. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (8th June 2012) and the date of this statement.

**PKF (UK) LLP, London, UK**

11th September 2012

#### 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.

#### Annual Governance Report

The full Annual Governance report is available from Lynette Wells, Secretary to the Trust Board, Conquest Hospital, The Ridge, St Leonards-on-Sea, East Sussex, TN37 7RD.

#### External auditor

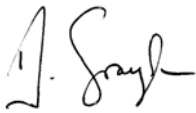
The external auditor is PKF (UK) LLP. The costs of their services for 2011/12 were not separately identified against specific services. However the responsibilities undertaken by PKF (UK) LLP was limited to regularity work as well as the mandated work undertaken on behalf of the Audit Commission.

# Section 7

## Financial report and summary financial statements

<b>Statement of comprehensive income for the year ended 31st March 2012</b>		
	<b>2011/12 £'000</b>	<b>2010/11 £'000 (restated)</b>
Employee benefits	(253,740)	(201,593)
Other operating costs	(125,389)	(96,519)
Revenue from patient care activities	340,193	269,377
Other operating revenue	29,388	29,563
Transitional support funding	15,700	0
<b>Operating surplus</b>	<b>6,152</b>	<b>828</b>
Investment revenue	26	18
Other gains and (losses)	2	(1)
Finance costs	(430)	(396)
<b>Surplus for the financial year</b>	<b>5,750</b>	<b>449</b>
Public dividend capital dividends payable	(6,152)	(6,067)
<b>Retained deficit for the year</b>	<b>(402)</b>	<b>(5,618)</b>
<b>Other comprehensive income</b>		
Impairments and reversals	234	0
Net gain on revaluation of property, plant and equipment	3,613	0
<b>Total comprehensive income for the year</b>	<b>3,445</b>	<b>(5,618)</b>
<b>Financial performance for the year</b>		
Retained deficit for the year	(402)	
Impairments	(32)	
Adjustments for donated asset/government grant reserve elimination	521	
<b>Adjusted retained surplus</b>	<b>87</b>	

## Financial report and summary financial statements

<b>Statement of financial position as at 31st March 2012</b>		
	<b>31/03/12 £'000</b>	<b>31/03/11 (restated) £'000</b>
<b>Non-current assets:</b>		
Property, plant and equipment	205,909	197,982
Intangible assets	154	168
Trade and other receivables	1,603	1,225
<b>Total non-current assets</b>	<b>207,666</b>	<b>199,375</b>
<b>Current assets:</b>		
Inventories	6,975	6,806
Trade and other receivables	19,683	11,446
Other current assets	69	176
Cash and cash equivalents	1,500	1,500
<b>Total current assets</b>	<b>28,227</b>	<b>19,928</b>
<b>Total assets</b>	<b>235,893</b>	<b>219,303</b>
<b>Current liabilities:</b>		
Trade and other payables	(36,446)	(25,883)
Provisions	(478)	(345)
Borrowings	(257)	(306)
Working capital loan from Department of Health	(1,334)	(1,334)
Capital loan from Department of Health	(340)	(340)
<b>Total current liabilities</b>	<b>(38,855)</b>	<b>(28,208)</b>
<b>Total assets less current liabilities</b>	<b>197,038</b>	<b>191,095</b>
<b>Non-current liabilities:</b>		
Provisions	(2,586)	(2,623)
Borrowings	(1,257)	(1,532)
Working capital loan from Department of Health	(2,665)	(3,999)
Capital loan from Department of Health	(4,218)	(4,558)
<b>Total non-current liabilities</b>	<b>(10,726)</b>	<b>(12,712)</b>
<b>Total assets employed</b>	<b>186,312</b>	<b>178,383</b>
<b>Financed by taxpayers' equity:</b>		
Public dividend capital	111,891	107,407
Retained earnings	(11,555)	(11,241)
Revaluation reserve	85,976	82,217
<b>Total taxpayers' equity</b>	<b>186,312</b>	<b>178,383</b>
The summary financial statements were approved by the board on 8th June 2012 and signed on its behalf by:		
		
<b>Chief Executive</b>		

# Section 7

## Financial report and summary financial statements

### Statement of changes in taxpayers' equity for the year ended 31st March 2012

	Public dividend capital £'000	Retained earnings £'000	Revaluation reserve £'000	Total reserves £000
<b>Restated balance at 1st April 2011</b>	107,407	(11,241)	82,217	<b>178,383</b>
<b>Changes in taxpayers' equity for 2011/12</b>				
Retained deficit for the year	0	(402)	0	<b>(402)</b>
Net gain on revaluation of property, plant, equipment	0	0	3,613	<b>3,613</b>
Impairments and reversals	0	0	234	<b>234</b>
Transfers between reserves	0	88	(88)	<b>0</b>
New PDC received	4,484	0	0	<b>4,484</b>
Net recognised revenue/(expense) for the year	4,484	(314)	3,759	<b>7,929</b>
<b>Balance at 31st March 2012</b>	<b>111,891</b>	<b>(11,555)</b>	<b>85,976</b>	<b>186,312</b>

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

	Public dividend capital £'000	Retained earnings £'000	Revaluation reserve £'000	Total reserves £000
<b>Restated balance at 1st April 2010</b>	107,407	(5,634)	82,228	<b>184,001</b>
Retained deficit for the year	0	(5,618)	0	<b>(5,618)</b>
Transfers between reserves	0	11	(11)	<b>0</b>
Net recognised expenses for the year	0	(5,607)	(11)	<b>(5,618)</b>
<b>Restated balance at 31st March 2011</b>	<b>107,407</b>	<b>(11,241)</b>	<b>82,217</b>	<b>178,383</b>

## Financial report and summary financial statements

<b>Statement of cash flows for the year ended 31st March 2012</b>		
	<b>2011/12 £'000</b>	<b>2010/11 £'000 (restated)</b>
<b>Cash flows from operating activities</b>		
Operating surplus	6,152	828
Depreciation and amortisation	9,695	8,466
Impairments and reversals	(32)	0
Donated assets received credited to revenue but non-cash	(584)	(435)
Government granted assets received credited to revenue but non-cash	(40)	(174)
Interest paid	(303)	(332)
Dividends paid	(6,041)	(5,957)
(Increase)/Decrease in inventories	(169)	90
Increase in trade and other receivables	(8,628)	(536)
Decrease/(increase) in other current assets	107	(6)
Increase in trade and other payables	9,276	869
Provisions utilised	(333)	(363)
Increase in provisions	389	50
<b>Net cash inflow from operating activities</b>	<b>9,489</b>	<b>2,500</b>
<b>Cash flows from investing activities</b>		
Interest received	26	18
Payments for property, plant and equipment	(12,492)	(9,273)
Payments for intangible assets	(14)	(75)
Proceeds of disposal of assets held for sale (PPE)	2	2
<b>Net cash outflow from investing activities</b>	<b>(12,478)</b>	<b>(9,328)</b>
<b>Net cash outflow before financing</b>	<b>(2,989)</b>	<b>(6,828)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	4,484	0
Loans received from the Department of Health - new capital investment loans	0	2,000
Loans received from Department of Health - new working capital loans	0	6,000
Loans repaid to Department of Health - capital investment loans repayment of principal	(340)	(340)
Loans repaid to Department of Health - working capital loans repayment of principal	(1,334)	(1,667)
Capital element of payments in respect of finance leases	(325)	(302)
Capital grants and other capital receipts	504	526
<b>Net cash inflow from financing activities</b>	<b>2,989</b>	<b>6,217</b>
<b>Net movement in cash and cash equivalents</b>	<b>0</b>	<b>(611)</b>
<b>Cash and cash equivalents at the beginning of the year</b>	<b>1,500</b>	<b>2,111</b>
<b>Cash and cash equivalents at year end</b>	<b>1,500</b>	<b>1,500</b>



# Section 7

## Financial report and summary financial statements

<b>Better payments practice code - measure of compliance</b>				
	<b>2011/12</b>		<b>2010/11</b>	
	<b>Number</b>	<b>£'000</b>	<b>Number</b>	<b>£'000</b>
<b>Total non-NHS trade invoices paid in the year</b>	<b>96,435</b>	<b>97,952</b>	82,303	83,973
<b>Total non-NHS trade invoices paid within target</b>	<b>43,099</b>	<b>40,521</b>	37,832	38,030
<b>Percentage of non-NHS trade invoices paid within target</b>	<b>45%</b>	<b>41%</b>	46%	45%
<b>Total NHS trade invoices paid in the year</b>	<b>2,873</b>	<b>53,367</b>	2,418	34,780
<b>Total NHS trade invoices paid within target</b>	<b>652</b>	<b>24,597</b>	531	14,071
<b>Percentage of NHS trade invoices paid within target</b>	<b>23%</b>	<b>46%</b>	22%	40%

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

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

Trust Email: [enquiries@esht.nhs.uk](mailto: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](http://www.esht.nhs.uk/foi)

Alternatively write to Trish Richadson, Corporate Governance Manager, Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex, BN21 2UD.