NHS
East Sussex Healthcare
NHS Trust

EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING IN PUBLIC

A meeting of East Sussex Healthcare NHS Trust Board will be held on Tuesday, 5th February 2019, commencing at 09:30 in Oak Room, Hastings Centre

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	AGENDA			Lead:	Time:
1.	1.1 Chair's opening remarks 1.2 Apologies for absence 1.3 Monthly award winner(s)			Chair	0930 - 1045
2.	Declarations of interests			Chair	
3.	Minutes of the Trust Board Meeting in public held on 4th December 2018		A		
4.	Matters arising		B		
5.	Health Promotion at ESHT		C	Penny Walker/Adam Finnie	
6.	Quality Walks Board Feedback		D	Chair	
7.	Board Committee Chair's Feedback • POD Annual Report		E	Comm Chairs	
8.	Board Assurance Framework		F	DCA	
9.	Chief Executive's Report		G	CEO	

QUALITY, SAFETY AND PERFORMANCE

					Time:
10.	Integrated Performance Report Month 9 (December) 1. Quality and Safety 2. Access, Delivery & Activity 3. Leadership and Culture 4. Finance	Assurance	H	DN/MD COO HRD	1045 - 1130
11.	Winter Planning and Christmas Review	Assurance	I	COO	

BREAK

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STRATEGY

					Time: 1150 - 1225
12.	STP Population Health Check	Assurance	J	CEO	
13.	Financial Planning for 2019/20	Assurance	K	DF	
14.	ENT Reconfiguration	Assurance	L	DS / COO	
15.	EU Exit Preparation	Assurance	M	DS	

GOVERNANCE AND ASSURANCE

					Time: 1225 - 1230
16.	Board Sub Committee Minutes • Audit Committee 25.07.18 • POD Committee 07.11.18	Assurance	N		

ITEMS FOR INFORMATION

					Time: 1230 - 1245
17.	Use of Trust Seal	O		Chair	
18.	Questions from members of the public (15 minutes maximum)			Chair	
19.	Date of Next Meeting: Tuesday 2nd April, Manor Barn, Bexhill			Chair	

Steve Phoenix

Chairman Designate

1st February 2019

Key:	
Chair	Trust Chairman
CEO	Chief Executive
COO	Chief Operating Officer
DCA	Director of Corporate Affairs
DS	Director of Strategy
DF	Director of Finance
DN	Director of Nursing
HRD	Director of Human Resources
MD	Medical Director

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EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING

**Minutes of a meeting of the Trust Board held in public on
Tuesday, 4th December 2018 at 09:30
in the St Mary's Boardroom, EDGH.**

Present: Mr David Clayton-Smith, Chairman
Mr Barry Nealon, Vice Chairman
Mrs Jackie Churchward-Cardiff, Non-Executive Director
Mrs Miranda Kavanagh, Non-Executive Director
Mrs Nicki Webber, Non-Executive Director
Dr Adrian Bull, Chief Executive
Ms Catherine Ashton, Director of Strategy
Mrs Vikki Carruth, Director of Nursing
Mrs Joe Chadwick-Bell, Chief Operating Officer
Ms Monica Green, Director of Human Resources
Mr Jonathan Reid, Director of Finance
Dr David Walker, Medical Director
Mrs Lynette Wells, Director of Corporate Affairs

In attendance:
Miss Jan Humber, Joint Staff Committee Chairman
Mr Mark Friedman, Director of Recovery
Ms Catherine McDonald, NHSI (in attendance)
Mr Peter Palmer, Assistant Company Secretary (minutes)

098/2018   **Welcome**

1.   Chair's Opening Remarks
Mr Clayton-Smith welcomed everyone to the meeting of the Trust Board held in public.

Mr Nealon noted that this would be Mr Clayton-Smith's final Board meeting as Chairman and thanked him on behalf of the Board for all of his hard work during his time with the Trust.

2.   Apologies for Absence
Mr Clayton-Smith reported that apologies for absence had been received from:

Mrs Karen Manson, Non-Executive Director
Mr Christopher Langley, System Improvement Director
Mrs Angela Ambler, NHSI Next NED Programme

3.   Monthly Award Winners
Mr Clayton-Smith advised that the monthly award winner for September had been Janet Allen, Locality Manager for Hasting Health Visiting and Children's Centres.

The winner for October was Kelly Tuppen, Trauma Audit and Research Network (TARN) Coordinator at the Conquest Hospital.

099/2018 **Declarations of Interest**
In accordance with the Trust's Standing Orders that directors should formally disclose any interests in items of business at the meeting, the Chairman noted that no potential conflicts of interest had been declared.

100/2018 **Minutes**
The minutes of the Trust Board meeting held on 7th August 2018 were considered. Dr Bull noted that there was a minor inaccuracy in the description of pseudomonas in the previous minutes. The amendment was noted and the minutes would be signed by the Chairman and lodged in the Register of Minutes.

101/2018 **Matters Arising**
There were no matters arising from the previous meeting.

Mrs Carruth reported that a RESPECT presentation had been removed from the agenda for the meeting. She explained that the Trust was acting as a pioneer for RESPECT and that developing the programme had taken longer than anticipated. An update would be provided to a future board meeting.

VC/DW

102/2018 **Quality Walks**
Mrs Wells reported that she had undertaken a number of quality walks, including visits to the Speech and Language Therapy team, Endoscopy at the Conquest and the podiatry team at EDGH. She had also visited the diabetic foot clinic and she had found this to be an amazing service. Whilst there, she had been invited to sit in on an appointment, and the feedback received from the patient about the service had been fantastic. The team had worked hard to increase the number of clinics that were held, and multi-disciplinary team work had been impressive. She explained that the service at Conquest didn't work as effectively as at EDGH, as appointment times had not yet been aligned with those of vascular clinics leading to patients having to return for multiple appointments.

Mr Clayton-Smith explained that he had visited Project Search and had visited many of this year's participants. He had been very impressed by the dedication shown by the Trust's staff in undertaking mentoring roles.

103/2018 **Board Committees' Feedback**

1. <u>Audit Committee</u>
Mrs Webber reported that the Audit Committee had met on 28th November and had discussed proposed updates to the Board Assurance Framework and supported the recommendations being made to the Board. The Medical Division had presented to the Committee on their risk register and internal audit progress, describing a well embedded programme of audit within the division. The Trust's internal auditors reported the issue of four final reports, presenting an improving trajectory within the organisation.

A large data flow mapping exercise had been undertaken within organisation providing assurance that patient and staff information was being looked after appropriately. Mrs Wells explained that new, more stringent, data protection requirements had been introduced noting that the Trust was working towards meeting these. She was confident that the requirements would be met.

Mrs Webber explained that tenders and waivers, and losses and special measures had been reviewed. Updates to corporate documents had been considered and changes were being recommended to the Board.

2. <u>Finance and Investment Committee</u>

Mr Nealon reported that the Finance and Investment (F&I) Committee had also met on 28th November. An agreement on income for the year had been reached with the CCG, and improved assurance that the Trust would meet its Cost Improvement Programme target of £19.2m had been received. He explained that the Trust was in an improved position, but that meeting financial targets was still dependant on external factors such as winter pressure.

The 3+2 Financial Recovery Plan (FRP) was now focussed on system wide financial improvement, and improved dialogue with the CCG was providing confidence that broad system wide parameters for 3+2 would shortly be agreed. Mr Nealon explained that his overall impression was one of increasing confidence that the correct measures were now in place for improving the organisation's financial position.

Mr Reid thanked staff throughout the organisation for working hard to improve the Trust's financial position.

3. <u>People and Organisational Development Committee</u>

Mrs Kavanagh explained that the People and Organisational Development Committee (POD) had met on 7th November and had received a report on workforce resourcing. Updates on workforce development and the Trust's health and wellbeing plan had been received. A report from the Guardian of Safe Working Hours had been presented which highlighted the requirement to spend money within the scheme on doctors in training.

Mr Clayton-Smith advised that he was pleased to see the increasing alignment between workforce planning and financial and strategic plans. He asked whether the Committee was receiving sufficient information to be assured about plans and Mrs Kavanagh confirmed that this was the case. Miss Green noted that full workforce modelling would be undertaken as part of the Trust's 3+2 plans.

4. <u>Quality and Safety Committee</u>

Mrs Churchward-Cardiff explained that the Quality and Safety (Q&S) Committee had met on 14th November and had received a sobering account from a patient about his care, and issues on his clinical pathway which had led the patient to feel vulnerable at times. She thanked the patient, explaining that the Trust would learn a lot from his experience.

Improved Divisional representation at the Committee had led to greater insight and discussion about issues that were raised, and improved falls compliances and responses to complaints were being seen within the Trust. Issues remained with providing feedback following incidents, but progress was being made.

An Excellence in Care dashboard was being developed to provide improved data and analysis. Concerns remained around being able to achieve some Referral to Treatment (RTT), with some cancer pathways of particularly concern.

The Board noted the Committee Reports.

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104/2018 **Board Assurance Framework**

Mrs Wells reported that two changes were being proposed within the Board Assurance Framework (BAF) for the approval of the Board.

The first concerned risk 2.1.3, the tracking of patient follow up appointments, where an effective electronic system had been introduced. Mrs Wells proposed that the rating should be changed from amber to green but that the risk should remain on the BAF to ensure that the system was embedded and robust.

Mrs Kavanagh noted that the commentary on the risk referenced a transition period with the new system, with work expected to be completed by 2019. Mrs Wells explained that the gap in control related to the Trust's inability to record follow up appointments and extract data from a central system, an issue that had now been resolved. Mrs Chadwick-Bell confirmed that the system was in place and working well in the highest risk areas of the Trust and the risk as described on the BAF had been addressed. It was now being rolled out throughout the organisation, but the risk would remain on the register until this had been completed in 2019.

The second proposal concerned risk 4.2.1, in respect of capital, that the rating should be revised from amber to red due to the significant pressure on capital being seen by the organisation.

Mr Clayton-Smith, Mrs Webber and Mrs Churchward-Cardiff all indicated support for the proposal. Dr Bull reported that a ten year profile of when key pieces of equipment would become obsolete was being undertaken by the EME team to ensure that the organisation had a full understanding of future capital requirements.

Dr Walker reported that a successful bid had been made to NHS digital for e-prescribing and that the Trust would receive £1.7m funding. Mr Clayton-Smith asked whether this funding would benefit the Trust's stock management of drugs. Dr Walker confirmed that this would be the case, explaining that he hoped that the Trust would also see a reduction in drug errors. The e-prescribing programme would be fully implemented in around two years.

Dr Bull provided an update on risk 2.1.2 concerning adults and children presenting to A&E with mental health issues. He reported that Sussex Partnership Foundation Trust had introduced mitigations, but recognised that the issue remained. A review by the CCGs of mental health provision across East Sussex would be concluded in February.

Dr Bull updated on risk 3.3.1, explaining that introducing seven day services within the organisation was challenging. The first phase of a live bed state system, which would provide live updates on what patients in hospital were waiting for, was being introduced before Christmas to help understanding of when reviews of patients were required.

The Board confirmed that the main inherent/residual risks and gaps in assurance or controls had been identified in the Board Assurance Framework and actions were appropriate to manage the risks.

The Board agreed to revise the rating for risk 2.1.3 to green, and for the risk to remain on the framework. They approved the change of rating of 4.2.1 from amber to red.

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105/2018   **Chief Executive's Report**

Dr Bull reported that the Trust continued to work to improve quality and safety and had seen improved management of pressure ulcers and patient falls. Mortality and sepsis performance continued to improve and the Trust's Summary Hospital Mortality Indicated (SHMI) had fallen to 100 from 119 two years previously. The Trust's Risk Adjusted Morality Indicator (RAMI) had fallen to 78 compared to national level of 87.

Recruitment within the Trust remained challenging but was improving. Difficult areas remained, particularly with consultant recruitment and the Trust was working with an external agency to try to improve this. Mr Clayton-Smith reported that he spoke to all prospective consultants prior to their interviews and was encouraged by the prevalence of conversations about system provision that were taking place.

Dr Bull advised the response rate to the staff survey had risen to 52%, up from 49% the previous year. The flu vaccination rate of front line staff had been 73% against a 75% target, placing the Trust in the top five most improved Trusts in the country.

Dr Bull reported that the new Trust website had been a great success since its launch, with over two million page views. A patient portal had been commissioned to allow patients to interact with the Trust, and an updated intranet for staff was due to launch in December.

He reported that the STP was becoming more effective. The Trust was very active within the STP, with national planning guidance providing an expectation that the STP would organisational plans within the region.

Dr Bull explained that the Alliance had taken a pause as the CCG had moved into legal direction and had focussed on internal financial issues. The CCG now had new leadership and was re-establishing governance arrangements around East Sussex Better Together (ESBT). The ambition of the CCG's leadership was that there should be a move back to East Sussex wide integration of health and care. The Health and Wellbeing Board of East Sussex would be adopting a fresh approach in the coming year, absorbing much of what was being overseen by the ESBT Governance Board. The Alliance Executive Group would be re-established and accountable to the Health and Wellbeing Board. East Sussex County Council had remained steadfast partners to ESBT and the CCG were very keen to support the integration of social services and care.

106/2018   **QUALITY, SAFETY AND PERFORMANCE**

Integrated Performance Report Month 7 (October)

Quality & Safety
Mrs Carruth reported that falls within the Trust had again decreased and were the lowest that they had ever been, with work continuing to further embed the new falls risk assessment process. Reductions in the number of pressure ulcers were also being seen. Reported cases of clostridium difficile were slightly above trajectory for the year, but none had been as a result of lapses in care leading to infections.

Eight Serious Incidents had been reported during October, one of which was a Never Event for a patient who had undergone a diagnostic procedure in error, but which had resulted in no harm to the patient. Detailed reports would be discussed by the Trust Board in private.

Mrs Carruth reported that there had been four contacts with the Parliamentary and Health Service Ombudsman concerning complaints during October. Mrs Churchward-Cardiff asked whether comparative figures for contacts with the Ombudsman in 2017 were available, as four contacts seemed like a lot for a single month. Mrs Carruth explained that she did not have comparative data, noting that outcomes from the Ombudsman were more important than the number of contacts. Patients were encouraged to approach the Ombudsman if they were not satisfied with the responses to complaints they received from the Trust. The Ombudsman contacted the Trust to ensure that everything had been done to address issues locally and would only investigate further if they felt that this was not the case.

Mixed sex accommodation breaches continue to be monitored and mainly occurred in Critical Care due to a lack of capacity to step patients down to single sex areas. A noticeable reduction in nursing vacancies had been seen with a number of newly qualified nurses joining the organisation alongside some overseas recruitment.

Mrs Churchward-Cardiff asked why there had been a reduction in maternity Friends and Family Test response rates. Mrs Carruth explained that there had been recent staffing challenges within the department which had exacerbated issued of changing from a new system of receiving responses.

Mrs Churchward-Cardiff noted the much improved response rates to complaints being seen within the Women's and Children division. She said that she was impressed by the programme that had been put in place to support newly qualified nurses in A&E.

Dr Walker reported that the Trust's SHMI had reduced to 100. An enormous amount of work from staff throughout the organisation had gone into realising the improvement and he explained that it was a huge achievement for the Trust. He explained that the biggest contributor to the improvement had been in the treatment of sepsis, with patients receiving antibiotics within an hour of coming to hospital. Lessons learned from this improvement had been shared throughout the Trust.

Completion of mortality and morbidity reviews had continued to improve, with 85% completed within 3 months during August. Dr Walker explained that he didn't expect to see much improvement beyond this level due to difficulties in

getting hold of patient notes, but noted that this represented a significant improvement.

Access and Delivery & Activity

Mrs Chadwick-Bell reported that the four hour performance during October had been 93.7%, an improvement on performance in 2017 and above the Trust's planned trajectory. Despite winter pressures, November's performance had been 91.6%, which remained above the expected 90% rate.

Attendances had increased by 8.1% and non-elective spells by 12% during the year to date. A system-wide urgent care plan to reduce demand was being developed. Streaming pathways were being reviewed to ensure that patients could get to the correct place for their treatment as soon as possible. A new frailty pathway at EDGH had been introduced with the aim of either stopping patients from being unnecessarily admitted to hospital or of reducing lengths of stay for patients who were admitted. This pathway would be introduced at the Conquest in January 2019.

Mrs Chadwick-Bell reported that a key element of improving patient flow was reducing long term lengths of stay. Despite the increased activity being seen, the Trust was using less bed days than had previously been the case, resulting in a positive impact on patient flow and improved quality of care for patients. A discharge to assess pathway had been implemented in conjunction with adult social care leading to patients that no longer needed to be in hospital being supported in their own homes by social care. Patient could also be discharged when medically fit to a residential or nursing setting where a needs assessment could be undertaken, allowing quicker discharge and assessment in a more comfortable environment.

Diagnostics performance in October had improved to 0.3% following the employment of a new manager who had implemented a number of changes. Mrs Chadwick-Bell praised the team for the improvements being seen.

A number of recovery actions had been implemented which had resulted in improvements to the Trust's cancer performance earlier in the 2018. Following this, a significant increase in two week wait referrals occurred in some specialities, with a 40% increase in demand in some areas. Additional capacity and an updated recovery plan had been developed, with clear pathways introduced to enable patient diagnosis within 28 days. Fundamental changes to pathways would need to be made to manage the increased demand and this would take time and additional support.

Mr Clayton-Smith asked when the new care pathways that had been introduced were anticipated to have an impact on performance. Mrs Chadwick-Bell explained that capacity and demand work would be undertaken to fully understand gaps that existed. Once this had been completed, the Trust would need to ensure that capacity was correct and would have to recruit in order to fully meet demand. A meeting with NHSI to discuss the issue was due to take place the following day, but the issue of increased demand would not be resolved quickly.

Patient tracking meetings took place regularly with very senior members of staff attending, where the pathway of every patient awaiting treatment for cancer was reviewed. Colorectal pathways had been updated with straight to testing introduced for some patients and it was hoped that this would speed up pathways by up to two weeks.

Work was being undertaken to ensure that community data was robust, and Mrs Chadwick-Bell welcomed feedback on the information and presentation of data within the IPR. Mrs Wells queried whether the reductions that were being reported in average waiting times within the community were accurate. Mrs Chadwick-Bell explained that the data had not been fully validated. She would review the data with the Out of Hospital Division to ensure its accuracy prior to the next Board meeting.   Dr Bull noted that the data had previously been reviewed during regular IPR meetings with the Division.

Mrs Churchward-Cardiff noted that unplanned re-attendances appeared to be increasing and asked if the represented the Trust turning people away who required treatment. Mrs Chadwick-Bell explained that there was no national definition of re-attenders. They could be counted in a number of different ways, but didn't represent patients who had been turned away from the hospital. Chiefs of Divisions reviewed all re-admissions, and had identified few instances where re-admittance was related to the original condition a patient had presented with.   Mrs Carruth explained that about 700 patients a month were identified as re-attenders and a snapshot audit was planned to fully understand the causes of re-attendance. A report would be presented to the Q&S Committee once the audit had been completed.

VC/JCB

Leadership & Culture
Miss Green reported that bank and agency usage within the Trust during October had reduced, while agency spending for the year was £15k under the annual plan. Comparative work undertaken across the STP had demonstrated that the Trust's agency rates were very competitive, and that the Trust had a higher percentage of fill rate compared to other trusts.

Vacancies were slightly reduced from the previous month with successful recruitment in a number of different areas. Staff turnover was slightly down in October, with sickness levels remaining the same and mandatory training rates slightly raised.

Miss Green reported that the Trust had between 400-500 members of staff who were EU citizens. EU staff within the NHS could apply for residential status in the UK ahead of EU members who did not work for the NHS and Trust staff were being supported through this process.

Mr Clayton-Smith asked about progress with completing annual appraisals for medical staff, as this appeared to be behind plan. Dr Walker explained that the Trust consistently achieved 100% appraisal rate for medical staff and anticipated that this would be the case for 2018/19. He noted concern that a number of medical appraisers were due to retire shortly and a plan was being developed to address this issue.

Finance
Mr Reid reported that Trust's finance position was regularly discussed in great detail in many different meetings within the organisation. He reported that the Trust had reduced its monthly run rate to £3.3m and keeping this below £3.4m would enable the organisation to meet its financial target for the year. Agreement had been reached with the CCG for the overall payment that the Trust would receive for 2018/19.

Management of spending relating to RTT remained challenging and Mr Reid

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cautioned of the need to balance performance, finance and safety. The Trust was under plan for agency spend and only slightly behind plan for 2018/19's Cost Improvement Programme (CIP). Mr Reid was confident that the CIP position would be recovered by the end of the financial year.

The Trust was £1.6m under its annual plan in the year to date, partly due to capital expenditure having to be changed to revenue, and as a result of risks that had emerged during the year. Mr Reid expressed confidence that plans to mitigate a £2m risk to the Trust's capital forecast would be successful. £2m of residual risk to plans existed, including increased spend on pharmacy, and this was being closely managed with divisions. A formal reforecast would be undertaken in month 9 and Mr Reid explained that he anticipated that overall financial plan for the year would be met.

The Trust's cash position was strong, in contrast to 2017/18. The F&I Committee had asked for a review of performance under the Better Practice Code to ensure that small suppliers were not disadvantaged.

Mr Clayton-Smith explained that he was very encouraged by the improved level of collaborative working being undertaken with the CCG.

Ms McDonald noted that the Trust's early agreement of income with commissioners had led to much greater understanding of what the financial position would look like at the end of year. She explained that this would be beneficial as the Trust entered the winter period, and felt that the organisation was well sighted on the risks that existed to financial plans.

107/2018 **The Board noted the IPR for Month 7.**

Learning from Deaths (Quarter 1)
Dr Walker explained that Learning from Deaths were reported to the Board on a quarterly basis. During Quarter 1, one review had indicated evidence of avoidability, and two had shown slight evidence. He explained that all deaths with an associated Serious Incident, amber report, complaint or unexpected death were reviewed by the Mortality Review Group. This was commonly 30-40 deaths per quarter, and feedback of M&M reviews undertaken by doctors was provided if reviews were considered to have been inadequate. He explained that the process was working well.

Dr Bull asked whether there might be underreporting of avoidability and Dr Walker reported that this had been investigated and no evidence had been found that underreporting was occurring.

108/2018 **The Board noted the Learning from Deaths Quarter 4 Report.**

Capital Programme Mid-Year Review
Mr Reid presented a paper focussed on in-year capital, noting that capital had been challenged due to the MRI building at the Conquest. He reported that the paper did not include an additional £800k of ring-fenced winter funding that had been received and £1.7m received for e-prescribing. Two significant submissions had been made to NHSI for emergency capital, one for essential medical equipment and one related to fire compartmentation with the outcomes expected to be known in Quarter 4.

Capital expenditure was being closely managed within the organisation and in a number of areas capital pressures were impacting on revenue. One area of

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concern was endoscopy scopes with the potential for £900k of expenditure needed which was not reflected in current financial plans. A plan was being developed to fully understand the issue.

Mr Reid reported that the Trust had spent £7.3m of the annual capital of £13.9m for the year to date. A further £3.8m had been committed. Spending was monitored on a fortnightly basis by the Capital Review Group to ensure that overspending did not occur.

A further £2.6m expenditure on MRI would need to take place before the end of year.   The Board has approved a total budget of £5.3m for this work and £500k of this expenditure would fall under 2019/20's budget.

Mrs Churchward-Cardiff asked for an update on the issues with the cardiac cath labs in the organisation. Dr Bull reported that the lifespan of both labs was due to expire at the end of 2019. Interim support and upgrades had been made to the lab at the Conquest and contracts for maintenance of the labs on both sites had been agreed. Each lab would cost over £500k to replace and plans were due to be presented to the Board in early 2019.

Mrs Churchward Cardiff asked whether any national capital relief was anticipated. Dr Bull explained that nationally capital was very restricted. Mr Reid reported that the Trust had made a couple of bids to the STP for funding and hoped to know the outcome of these by the end of the financial year.

Mrs Chadwick-Bell noted that a number of plans had been deferred from the current financial year to 2019/20. She asked whether there would be sufficient capital the following year to undertake the planned work. Mr Reid explained that strong planning processes for the next year were already in place and that plans would be brought before the F&I Committee for approval. He noted that capital would be far less constrained following completion of the new MRI building.

Mrs Webber asked whether the forecast variance included the endoscopy risk, and whether deferring this spending to the following financial year might affect cancer performance. Mr Reid confirmed that the variance did not include the endoscopy risk as discussions were ongoing about whether the purchase could be deferred to the following year. Mrs Chadwick-Bell explained that the risk of not purchasing the scopes to cancer performance was being tested, and the final business case would provide clarification.

109/2018   **Review of Corporate Governance Documents**
Mrs Wells reported that the proposed changes to the Standing Financial Instructions and the Scheme of Delegation had been reviewed and were recommended by the Audit Committee. No changes were proposed to the Standing Orders.

Mrs Webber noted that references to approved contractors had been removed from the documents to encourage tendering, a move she saw as positive for the Trust.

The Board approved the proposed changes.

110/2018 **Equality Delivery System 2 (EDS2)**
Mrs Wells explained that EDS2 followed a nationally prescribed format of four goals with 18 outcomes which supported the Trust in improving services and provided better working environments while meeting the requirements of the Equality Act 2010. She explained that equality was becoming more embedded within Trust processes and praised the work of the Equality and Diversity Lead and her team, as well as that of staff throughout the organisation. The report demonstrated that the Trust was performing in line with other trusts.

Mr Clayton-Smith asked for an update on equal pay within the Trust and Miss Green explained that this was not considered a priority within the NHS as all staff were paid according to Agenda for Change. A review of the gender pay gap had identified the award of Clinical Excellence Awards (CEA) as a potential issue.

Mrs Kavanagh asked whether any part of the CEA process discouraged female applicants and Dr Bull explained that this was not the case. An increasing proportion of women were coming into medicine and the gender pay gap was affected by the disproportionate number of older male consultants who had achieved CEA awards over the years. Female consultants were being encouraged to apply for awards, but the pay gap at the Trust was less than that in many other organisations.

Mrs Webber explained that she felt that the Trust should challenge itself to a greater extent on the issue and be able to demonstrably show why the gap existed and what was being done to close it. She felt that management had a responsibility to help women to put themselves forward. Miss Green explained that all consultants were offered mentoring and support in completing applications if they wanted it. Dr Walker noted that two of the three Chiefs of Division within the Trust were female, highlighting that women were in positions of authority within the Trust. He explained that CEA applications were anonymised prior to decisions being made and that data showed that female consultants were given awards on a marginally more frequent basis than male.

111/2018 **Governance Review**
Mr Clayton-Smith reported that a governance review had been undertaken by Deloitte in May 2018, reviewing Board leadership and governance and had resulted in seventeen recommendations. Dr Bull provided an update on actions taken against the four recommendations rated as high priority:

1. **Consider the need to reinforce the critical nature of the Trust's financial position with messages to staff.**
   Work was undertaken to ensure that the message was regularly reinforced to staff alongside the continuing need to maintain safety and quality within the Trust. Dr Bull was confident that staff recognised the challenge being faced, and would continue to promote the message.

2. **Imperative that the Trust to enter an extensive period of development for 3+2 strategy.**
   This was undertaken in conjunction with the CCG and a joint 3+2 plan was being developed building on work already undertaken by the Trust.

3. **Refreshed Non-Executive Director (NED) membership**.
   Two of the Trust's NEDs had left as their terms had come to an end, and the Trust had welcomed two new NEDs.

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4. **Refresh of accountability framework.**
A review of corporate responsibility and accountability throughout the organisation was being led by Miss Green and Mrs Wells. A report would be presented to the Board in the future.

Dr Bull explained that an update on the remaining thirteen actions would be provided to the Board at a future seminar.

112/2018 **Board Subcommittee Minutes**

The following sub-committee minutes were reviewed and noted:

- POD Committee 5th September 2018

The Minutes were received by the Board

113/2018 **Board Meeting Dates for 2019**

These were noted by the Board.

114/2018 **Questions from Members of the Public**

Financial forecast for year end
Mr Campbell asked whether it would be possible to see a report covering the upcoming financial period setting out both guaranteed and other forms of income.

Mr Reid explained that a report containing this information was presented to the F&I Committee on a regular basis. He agreed to explore whether more detailed information should be presented to the Board meeting in public in the future.

Measurement of quality and care
Mr Campbell asked about whether internal measurement of quality and care took place of whether it was assessed solely by the CQC. Dr Bull explained that the Trust viewed CQC inspections as an external view on the Trust's progress. Board sub-committees received greater level of detail than were presented to the Board and looked for assurance of quality and safety within the Trust. A renewed Quality Strategy was being written which would explicitly define what being Outstanding by 2020 would mean to the Trust, and how this would be assessed.

Board Papers
Mrs Walke noted that while Board papers were easy to read, they were long and could benefit from Executive Summaries to make them more accessible.

Maternity
Mrs Walke noted that the Save the DGH felt strongly that the number of births each year at EDGH should be increased and suggested that a campaign could be launched to increase numbers. She asked whether the Trust would consider supporting the scheme.

Chairman
Mrs Walke thanked Mr Clayton-Smith for his contribution to the Trust, noting that it was the first time she'd seen the Board thank the Chairman for his work. She explained her disappointment that he was leaving, noting that he had gained the Trust of local people and that the journey of the Trust since he and

Dr Bull had joined had been extremely positive.

Mr Campbell requested that a public meet and greet with the incoming Chairman should be organised.

Mr Hardwick thanked Mr Clayton-Smith and wished him all the best for the future.

ENT

Mrs Burns explained that she had been approached by a senior member of the Conquest ENT department who had explained that the proposed upcoming single siting of ENT to Eastbourne has been done without consultation with staff or the public. She asked for assurance that future major changes should be subject to public consultation before taking place, noting that changes should only be of benefit to patient care. She explained that campaigns against the Trust would restart if appropriate consultation wasn't undertaken.

Dr Bull explained that the proposed ENT change would be subject to a full consultation with staff. He explained that the decision had been taken due to a number of factors including difficulty in recruiting staff, patient safety and also financial considerations. The plan had not yet been finalised, but had been discussed at HOSC who did not feel that a dedicated review panel was required for the proposal.

He advised that the Trust was following a principle that changes to services were made public and open to discussion at an early stage. The proposed change was limited to the transfer of surgery and ENT services would remain accessible through outpatients and diagnostics at the Conquest.

Mr Clayton-Smith thanked the members of public present for their continued support of the Trust and encouraged them to continue attending Board meetings and to ask questions. He thanked the Board for their support, noting that the huge improvements seen within the Trust had only come about as a result of their leadership.

Date of Next Meeting

115/2018   Tuesday 5th February, St Mary's Boardroom, EDGH

Signed …………………………………………

Position …………………………………………..

Date   …………………………………………

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        Trust Board Meeting 04.12.18

East Sussex Healthcare NHS Trust

**Progress against Action Items from East Sussex Healthcare NHS Trust
4th December 2018 Trust Board Meeting**

Agenda item	Action	Lead	Progress
101/2018 RESPECT Presentation	Mrs Carruth agreed to provide an update at a future Board meeting on the development of the RESPECT programme.	**VC / DW**	Added to matters arising.
106/2018 - Integrated Performance Report Month 7 - Access and Delivery & Activity	Mrs Carruth and Mrs Chadwick-Bell agreed to present a snapshot audit of unplanned re-attendances to the Q&S Committee.	**VC / JCB**	Added to the Quality and Safety Committee Planner for 2019

Health Promotion at ESHT. End stage and successes report

Meeting information:	
Date of Meeting: 5th February 2019	Agenda Item: 5
Meeting: Trust Board	Reporting Officer: Penny Walker/Adam Finnie

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		Compliance with:	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state: ……………………………………………………………			
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

Acute healthcare is a challenging environment in which to promote lifestyle messages as there is sometimes a culture of focusing exclusively on the urgent needs of patients, which is compounded by extremely stretched hospital services. In view of these considerations, Hastings and Rother CCG and ESCC Pubic Health worked as part of the East Sussex Better Together programme to 'pump prime' health promotion within ESHT with funding aimed at establishing high quality health promotion activities, with the aim of longer term sustainability. The HPT project was recommissioned in April 2016 to include a wide range of health promotion activities. The positive benefits for staff, includes walk or cycle to work initiatives, healthier options available in the staff restaurants and the development of ward based smoking cessation clinic for both patients and staff. Through MECC conversations, patients are able to receive support for smoking cessation, reduced alcohol intake and leading healthier lives.

Making Every Contact Count has been successful in accessing a large number of staff with 3010 trained to date and has received consistent positive feedback. The MECC project may have had a positive impact on various trust wide metrics. Recording MECC activity and developing a referral pathway has been challenging but progress is being made.

Health Promoting Trust: In 2017 we set out to achieve WHO health promoting hospital standards through new initiatives. ESHT is now compliant with the majority of the WHO indicators. We will shortly review to identify actions needed to meet the remaining standards.

The Team:
The Health Promoting Trust team includes the following job roles.
- HPT and MECC Team Lead
- HPT and MECC Deputy
- MECC Course Trainer: Coordinates and runs all MECC training, recording feedback. Also gives awareness talks and MECC Promotion outside of the Trust such as Healthcare conferences.
- MECC Admin Support: Organises Level 2 & 3 training, produces communications, organising roadshows and awareness talks.
- Active Travel Officer: Part of the Estates and Facilities team. Encourages staff to adopt alternative travel methods such a walking and cycling to work. Introduced new cycle shelters, including secure shelters across both sites. Organises events such a 'Bikers Breakfasts'. Organised Pool cars for the Trust.
- Nicotine Replacement Therapy (NRT) Lead (pharmacist): Helps ensure Nicotine Replacement Therapy becomes best practise in the Trust, through specialised training for pharmacists and doctors. Also coordinating referrals to stop smoking services after patients leave our care and a weekly NRT Clinic on the wards.
- Mouth Care Matters lead: Leading on Mouth Care for patients in hospital, training staff on how to best give mouth care and raising awareness of illnesses that stem from poor mouth care.

Health Promoting Trust has been involved in delivering:
- Active Travel Projects (cycle shelters, parking policy, pool cars)
- Nicotine replacement therapy project and smoking cessation clinics in the hospitals
- Smoking policy consultation and various actions to reduce second hand smoke
- Health Promotion communications strategy and various engagement work
- Improvements to referral pathway to lifestyle services in E-searcher, Evolve, System One
- Mouth Care Matters and Healthy Eating work in the canteen
- The Preventing Ill Health CQUIN target requires screening for alcohol and tobacco plus MECC intervention for all patients admitted to hospital and was therefore led by the HPT team. We have narrowly achieved the target in Q3 but more work is needed to embed the process and engage with clinical areas.

Key Outcomes:
- Over 3000 staff have been MECC trained
- Over 1000 staff received NHS Health Checks
- We have met the target in every Quarter for the Preventing Ill Health CQUIN
- Have started and continue to run a smoking cessation clinic on the wards for patients, their families and staff
- Successfully embedded a pool car scheme
- Created a cycling club and engaged with active travel
- Have nearly realised all the changes to achieve the Healthy Eating CQUIN
- 25 wards have completed Mouth Care Matters training

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Health and Wellbeing group
Organisational development and Engagement Operational group

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

To celebrate and promote the work of the Health Promoting Trust and MECC Team in-order to maintain communication, engagement and involvement of staff at all levels in the health promotion and prevention agenda across ESHT.

- To inform health and care staff, as well as patients, members of the public and other stakeholders, about the benefits of health promotion

- To involve all staff, patients and stakeholders in thinking about how wards and departments should adapt to allow the HPT team time to implement and further embed Heath promotion activities that benefit our patients

- To influence a coordinated approach to communication and   engagement building on the success of the programme

Chapter Two of the Long Term Plan sets out the NHS plans to strengthen its contribution to prevention, and health inequalities programmes. Wider action on prevention will help people stay healthy and also moderate demand on the NHS. The Long Term plan suggests that action taken by the NHS will complement and not substitute for the important role of individuals, communities, government, and businesses in shaping the health of the nation. To tackle health inequalities, NHS England will aim to base its five year funding allocations on the needs of local areas, with focus on narrowing inequalities over the next five to ten years.

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Quality Walks November & December 2018

Meeting information:			
Date of Meeting:	5th February 2019	Agenda Item:	6
Meeting:	Trust Board	Reporting Officer:	Lynette Wells

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☐
Staff	☒	Regulation (CQC, NHSi/CCG)	☐
		Legal frameworks (NHS Constitution/HSE)	☐
Other stakeholders please state:	……………………………………………………………		
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

Between 1st November and 31st December 2018 23 services and departments have been visited by Trust Board members as part of the Quality Walk programme.   In addition, to the formal programme the Chief Executive has also visited 11 wards or departments and staff groups. A summary of the observations and findings noted are detailed in the attached report.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

None

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board are asked to note the report.

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QUALITY WALKS REPORT, NOVEMBER & DECEMBER 2018

1. Introduction

Quality Walks are carried out by Board members and can be either planned or on an ad hoc basis. They are intended to provide an opportunity to observe and review care being delivered, listen to feedback from patients, visitors and staff, observe different roles and functions and provide assurance to the Board of the quality of care across the services and locations throughout the Trust. The process enables areas of excellence to be acknowledged, risks to be reviewed and provides staff with the opportunity to meet and discuss ideas and issues with members of the Board and for them to gain a fuller understanding of the services visited.

2. Analysis of Key Issues and Discussion Points Raised by the Report

The following services or departments were visited as part of the Quality Walk programme by the Executive Team between 1st November and 31st December 2018. In addition the Chief Executive also visited several departments and staff groups.

Date	Service/Ward/Department	Site	Visit by
05.11.18	Mortuary	Eastbourne	Catherine Ashton
07.11.18	Ophthalmology & Day Surgery Unit	Bexhill	Jackie Churchward-Cardiff
08.11.18	SALT team	Eastbourne	Jonathan Reid
12.11.18	RADS Team	Eastbourne	Jonathan Reid
13.11.18	Health Visitors	High Weald Children's Centre Ticehurst	Miranda Kavanagh
14.11.18	Theatres	Eastbourne	Joe Chadwick-Bell
14.11.18	Podiatry	Eastbourne	Lynette Wells
20.11.18	Crisis Response	Eastbourne	Jonathan Reid
21.11.18	Emergency Department	Eastbourne	Jackie Churchward-Cardiff
21.11.18	Endoscopy	Eastbourne	David Clayton-Smith
26.11.18	SALT team	Conquest	Lynette Wells
26.11.18	Hailsham 3	Eastbourne	Catherine Ashton
03.12.18	MacDonald	Conquest	Monica Green
03.12.18	Infection Prevention Control Team	Conquest	Joe Chadwick-Bell
03.12.18	Out patients and Radiology	Bexhill	Vikki Carruth
11.12.18	Community Dietetics	Avenue House EB	David Clayton-Smith
11.12.18	Sexual Health Clinic	Arthur Blackman Clinic	Lynette Wells
12.12.18	District/Community Nursing	Eastbourne Park Primary Care Centre	Lynette Wells
14.12.18	Medical Outpatients on Level 2	Conquest	Catherine Ashton
19.12.18	Gardner	Conquest	Jonathan Reid
19.12.18	Buchanan Delivery Suite/Frank Shaw	Conquest	David Walker
19.12.18	RADS	Conquest	Jackie Churchward-Cardiff
20.12.18	Endoscopy Admin	Eastbourne	Monica Green

All of these visits were pre-arranged and the Ward or Department Manager notified in advance, other adhoc visits may also have taken place. For example members of the executive team attend ward "SAFER" rounds. Feedback received is passed back to the service and to the relevant managers for information. Any risks identified are acted upon and it is recommended they are escalated to the risk register as appropriate. Any actions identified at a Quality Walk are agreed at the time and noted who will be responsible for taking forward the action.

3. Key Themes and Observations

Communication and Engagement

- On Macdonald ward a newsletter is produced on a regular basis, which is an excellent example of good communications and it was clear that all staff are involved in decision making and feel well engaged. All

staff are included in communications including housekeeping staff, AHPs, pharmacy staff who regularly work on the ward.

- RADS have moved to a portacabin which was a very welcome improvement. However, the ASC social work team remain in the hut and this creates a separation that could impact communication. It would be a significant improvement if the social work team also moved to the porta-cabin.
- Some concern was expressed about the introduction of the new electronic bed status boards and that staff have not been involved in either the siting or procurement of these.
- Podiatry outpatient clinic at DGH is scheduled at same time as Brighton clinic which allows for patient to be seen by specialist and avoids the need for multiple visits. Scheduling needs to be replicated at DGH.

Incidents, Risks and Safety Issues

- Falls on Macdonald are an issue for the ward, all of which are investigated; the numbers of these is decreasing but research is being undertaken into trends and reasons and an initiative to introduce coloured blankets to stop patients becoming disorientated is being explored.
- Indications that there has been a rise in children's allergies identified this could be a knock on effective from more public awareness.

Environment, Equipment and IT

- RADS currently use a paper referral system and an extensive assessment sheet. The team at EDGH have been working for over a year to try and establish an electronic referral and record, which would also then be used for onward referral, and performance reports, which currently takes time and duplicates information already available. An electronic system could also generate a patient list to capture workload and eliminate the need for daily compilation of a manual list of patients to be seen.
- Staff also report that PCs are slow and often freeze which makes loading systems such as E-searcher that finds patients past details protracted and inefficient. Staff felt that even when reported there is little remedy or improvement to IT issues, although discussions were had regarding the digital enabling stream with the STP.
- Improvements have been made to the ward, for example there is now a dedicated room to be used by the junior doctors and there is a patient stay room, although funding is needed to refurbish this.
- Teams raised issues of poor lighting and unusable air conditioning units, specifically on the Conquest site.
- Buchanan Delivery Suite/Frank Shaw wards in need of improvements, some delivery rooms in poor repair, bereavement room in need of improvements

Staffing

- The role of the matron's assistant has been highlighted in numerous visits as being really crucial and beneficial. Feedback is that consideration should be given to this being a full time dedicated role and not shared between wards.
- If fully resourced RADS can deliver a good service but an additional WTE would enable more clinical supervision and staff development as an aid to retention, they are currently a vacancy additionally at this time, this seemed to be an ongoing theme of teams not running at full capacity and back filling.

Education and Training

- Staff reported that time for clinical supervision is limited but there is a strong wish to increase time for staff development, mentorship and clinical training.
- Leadership classes for the team leader and service manager have been helpful in their development and management skills to the benefit of the team. Community team looking forwarding to participating in their leadership training.

Patient feedback

- At Bexhill OPD one of the Clinic slots in plastics was considered to be too short.
- Feedback from Podiatry patient excellent

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East Sussex Healthcare NHS Trust

People and Organisational Development Committee Annual Review

1. **Introduction**

   The purpose of this paper is to provide assurance to the Trust Board that the People and Organisational Development Committee (POD) has carried out its objectives in accordance with its Terms of Reference set by the Trust Board.

2. **Authority and Duties**

   POD is a sub-committee of the Board and was established in March 2016. The Committee's Terms of Reference were last reviewed and updated in July 2017. POD has responsibility for strategic oversight of workforce development, planning, performance and culture. It provides assurance to the Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that is supporting the Trust objectives and organisational success.

   The Committee initially met quarterly but the frequency has increased to bi-monthly. The Committee is chaired by a Non-Executive Director of the Trust and has a broad membership including senior managers, staff-side and equality and diversity representatives.

3. **Annual review of terms of reference and work plan**

   The Annual Work Programme was set at the start of the year as a standing agenda item and matters considered over the past year have included:

   - Employee Relations
   - Medical Engagement
   - Guardian of Safe Working Hours
   - Workforce planning and metrics
   - Staff and doctor surveys
   - Equality and diversity and Workforce Race Equality Standards
   - CQC Well Led Framework
   - Nursing and Medical Revalidation
   - Appraisal Rates
   - Retention Strategy
   - Integrated Education report
   - National updates

4. Annual Self-Assessment of Effectiveness

In September 2017 the Committee undertook an annual self-assessment of its effectiveness, completed by 8 members. It was agreed that the number of Committee meetings held had been sufficient and attendance was good but attendance by divisional representatives needed to be improved.

Members concurred that matters considered and decisions made by the Committee were taken on an informed basis and that these decisions were understood, owned and properly recorded and would bear scrutiny; subsequent implementation of decisions and progress had been reported back to the Committee.

An effective feedback mechanism from POD to the Board was in place, with the minutes being received and matters highlighted by the Committee Chair at each Board meeting.

A number of Committee members felt that agendas, whilst well-structured, were full and matters could therefore be rushed. In addition, there was too much focus on HR operational rather than strategic and organisational development matters. The workplan will be reviewed to reflect the feedback to ensure matters such as workforce alignment with the clinical strategy, workforce efficiency and medical productivity as well as organisational development are adequately covered.

The Committee's Terms of Reference were considered as part of the self-effectiveness review and it was agreed they remain fit for purpose.

5. POD Chair's Overview

I am pleased that POD has developed into a useful forum to air issues and for the board to gain assurance that people and organisational development matters are being handled effectively. I take the feedback about full agendas and occasional rushed discussions, which is why I have increased the frequency of meetings to one every two months. Since doing so I have already noticed an improvement in the amount of time we can allocate to discussion – I hope this view is shared by the rest of the committee.

I am also particularly pleased that we now have representatives from all the divisions and also doctors and consultants, without whose active engagement and contribution, ESHT will not be able to further the board's plans for quality, safety and finance.

I take the point about the balance between strategy and detail, but having sounded out senior colleagues and shared our forward plan, following discussions with Monica Green, the membership of the committee believes we now have this about right. I have noticed that in discussions if

we look as if we are straying too much into operational matters, members always challenge us to take a more strategic view,

Recently POD has grasped the workforce agenda, working closely with finance colleagues, and this will be an important area in the year to come.

Miranda Kavanagh
People and Organisational Development Committee
Chairman
30th October 2018

Board Assurance Framework

Meeting information:			
Date of Meeting:	5th February 2019	Agenda Item:	8
Meeting:	Trust Board	Reporting Officer:	Lynette Wells, Director of Corporate Affairs

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:	……………………………………………………………………		
Have any risks been identified ☒ *(Please highlight these in the narrative below)*		On the risk register? Yes	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

Attached is the updated Board Assurance Framework (BAF). Revisions to the BAF are shown in red. The BAF has also been revised to show the latest updated at the top rather than the bottom of each section.

Following agreement at the last Trust Board 2.1.3 in respect of tracking of patient follow up is now rated green. There are three areas rated red
- 2.1.1 in respect of delivery of the 62 day cancer metrics
- 4.1.1 in relation the to the Trust's financial position and
- 4.2.1 in relation to capital constraints.

There is one proposed addition to the BAF, 2.2.1, related to developing an explicit accountability framework which sets out expectations regarding roles, responsibilities and accountabilities; including the leadership model at all levels and the Trust operating structure down to ward level

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Quality and Safety Committee – 24th January 2019
Audit Committee – 31st January 2019
Finance and Investment Committee also review risks related to finance and People and Organisational Development workforce metrics.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Trust Board is asked to review and note the revised Board Assurance Framework and consider whether the main inherent/residual risks have been identified and that actions are appropriate to manage the risks. The Trust Board is asked to agree the addition of the gap in control 2.2.1 related to the accountability framework.

Assurance Framework - Key

RAG RATING:

Effective controls definitely in place and Board satisfied that appropriate assurances are available.
Effective controls thought to be in place but assurance are uncertain and/or possibly insufficient.
Effective controls may not be in place and/or appropriate assurances are not available to the Board

Status:

▲	Assurance levels increased
▼	Assurance levels reduced
◄►	No change

Date by arrows indicates date that assurance levels increased or decreased

Key:	
Chief Executive	CEO
Chief Operating Officer	COO
Director of Nursing	DN
Director of Finance	DF
Director of Human Resources	HRD
Director of Strategy	DS
Medical Director	MD
Director of Corporate Affairs	DCA
Committee:	
Finance and Investment Committee	F&I
Quality and Safety Committee	Q&S
Audit Committee	AC
Senior Leaders Forum	SLF
People and Organisational Development Committee	POD

C indicated Gap in control
A indicates Gap in assurance

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

	Risks:
1.1	We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies.
2.1	We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.
2.2	There is a lack of leadership capability and capacity to lead on-going performance improvement and build a high performing organisation.
3.1	We are unable to develop and maintain collaborative relationships based on shared aims, objectives and timescales with partner organisations resulting in an impact on our ability to operate efficiently and effectively within the local health economy.
3.2	We are unable to define our strategic intentions, service plans and configuration in an Integrated Business Plan that ensures sustainable services and future viability.
3.3	We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we may not be the provider of choice for our local population or commissioners
4.1	We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.
4.2	In running a significant deficit budget we may be unable to invest in delivering and improving quality of care and patient outcomes. It could also compromise our ability to make investment in infrastructure and service improvement
4.3	We are unable to effectively align our finance, estate and IM&T infrastructure to effectively support our mission and strategic plan
4.4	We are unable to respond to external factors and influences and still meet our organisational goals and deliver sustainability.
5.1	We are unable to effectively recruit our workforce and to positively engage with staff at all levels.
5.2	If we fail to effect cultural change we will be unable to lead improvements in organisational capability and staff morale.

Strategic Objective 1: Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients

Risk 1.1 We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies

Key controls	Effective risk management processes in place; reviewed locally and at Board sub committees. Review and responding to internal and external reviews, national guidance and best practice. Feedback and implementation of action following "quality walks" and assurance visits. Reinforcement of required standards of patient documentation and review of policies and procedures Accountability agreed and known eg HN, ward matrons, clinical leads. Annual review of Committee effectiveness and terms of reference Effective processes in place to manage and monitor safe staffing levels iFIT introduced to track and monitor health records EDM being implemented Comprehensive quality improvement plan in place with forward trajectory of progress against actions.
Positive assurances	Internal audit reports on governance systems and processes Weekly audits/peer reviews eg observations of practice Monthly reviews of data with each CU 'Quality walks' programme in place and forms part of Board objectives External visits register outcomes and actions reviewed by Quality and Standards Committee Financial Reporting in line with statutory requirements and Audit Committee independently meets with auditors Deep dives into QIP areas such as staff engagement, mortality and medicines management Trust CQC rating moved from 'Inadequate' to 'Requires Improvement' a number of areas rated Good in March inspection. "Safer" ward rounds in place

Gaps in Control (C) or Assurance (A):			Actions:	Date/milestone	RAG	Lead	Monitoring Group
1.1.1	A	Quality improvement programme required to ensure trust is compliant with CQC fundamental standards.	**Jan-19** Positive feedback following internal reviews of both A&E departments. Continued roll out of Health Assure and monitoring of CQC action plan. Effective programme of quality walks in place. **Nov-18** Ongoing work to develop framework as outlined above. "HealthAssure" module being piloted across the Trust to support evidencing compliance with CQC core standards. Mock reviews planned for both A&E departments in November/December. **Jul-Sep 18** CQC inspection report published; significant progress made in all areas inspected. Trust removed from Special Measures for Quality. Action plan developed for Must and Should Do identified by CQC. Ongoing work to continue with quality improvement to achieve "Outstanding" by 2020. Framework being developed in respect of what constitutes "outstanding" - review being undertaken to ensure consistency and strengthen divisional governance structures. **Mar-May 18** CQC inspection 6/7 March core services and 20/21 Mar Well Led. Draft report received May and factual accuracy checks taking place **Nov 17 -Jan 18** Inspection anticipated early 2018. Tracker being strengthened and prep group meeting. Community mock planned for Nov. Ongoing preparation for inspection. CQC information request completed Dec 2018. CQC first focus groups also taken place. **Mar-Sep 17** CQC Report published end of Jan 17. Trust rating moved to 'Requires Improvement' Good progress evidenced in a number of areas however 2 must do actions and 34 should do actions to address. Programme of improvements in place. Effective progress in implementing CQC actions. Mock inspections planned for May-17. Action tracker in place and monitored with divisions and at Q&S. New CQC regulatory guidance being reviewed and communication plan developed to ensure Trust can evidence compliance. Internal inspection planned for 21 Sept. CQC progress meeting took place 22 Aug awaiting feedback on scope and timetable for inspection	end Jul-19	◄► Jul-19	DN / DCA	Q&S SLF

Strategic Objective 2: We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.					
Risk 2.1 We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.					
Key controls	Robust monitoring of performance and any necessary contingency plans. Including: Monthly performance meeting with divisions Clear ownership of individual targets/priorities Daily performance reports Effective communication channels with commissioners and stakeholders Healthcare Associated Infection (HCAI) monitoring and Root Cause Analysis Single Sex Accommodation (SSA) processes and monitoring Regular audit of cleaning standards Business Continuity and Major Incident Plans Reviewing and responding to national reports and guidance Cleaning controls in place and hand hygiene audited. Bare below the elbow policy in place Monthly audit of national cleaning standards Root Cause Analysis undertaken for all IC outbreaks and SIs and shared learning through governance structure Cancer metric monitoring tool developed and trajectories for delivery identified, part of Trust Board performance report. Clinically led Cancer Partnership Board in place				
Positive assurances	Integrated performance report that links performance to Board agreed outcomes, aims and objectives. Exception reporting on areas requiring Board/high level review Dr Foster/CHKS HSMR/SHMI/RAMI data Performance delivery plan in place Accreditation and peer review visits Level two of Information Governance Toolkit External/Internal Audit reports and opinion Cancer - all tumour groups implementing actions following peer review of IOG compliance. Consistent achievement of 2WW and 31 day cancer metrics				
Gaps in Control (C) or Assurance (A):	**Actions:**		**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**

| 2.1.1 | C | Effective controls required to support the delivery of cancer metrics and ability to respond to demand and patient choice. | **Jan-19** Revised recovery plan submitted to NHSI and CCG in Dec. Currently developing the plan further and embedding it within the new weekly PTL meeting format. New AD of Performance started Dec and taken over responsibility for the PTLs and the Cancer Services team. Cancer 62 day performance expected to show a gradual improvement for Oct, Nov and Dec - due to the number of patients deferring treatments over the Christmas/New Year period expecting Jan and Feb to be very challenging. Allocated 3 days p/wk Project Management support until end of financial year by Sussex Cancer Alliance. Enabling Trust to focus on delays in the 62 day pathways and assist n reducing the 104 day breaches.
Nov-18 Revised recovery plan being drafted for submission to NHSI and will be reviewed by Q&S committee. PTL formats being revised, capacity and demand analysis being undertaken as well as re-design of patient pathways.
Sep-18 NHSI High Impact Actions reviewed and being incorporated into a revised recovery plan. Urology service has re-designed pathways and capacity to meet Cancer and RTT targets, full implementation due Mar-19, but will require completion of the UIS. Colorectal implementing new 'straight' to test' pathway from Sept. New Cancer tracking Matron in post in DAS. Demand for some tumour sites has remained above plan and hence a review of demand and capacity taking place.
Jul-18 62 day remains challenged particularly for colorectal and urology; additional adhoc activity continuing in both services. New Cancer Matron to be appointed in July to support surgical pathways. Contract Performance notice issued against 62 day performance; additional weekly OPEX call in place to monitor short term action plan. SCR upgrade to enable accurate monitoring of 38 day standard scheduled for deployment week commencing July.
Mar-May 18 – 62 day performance challenging, on-going operational improvement work, capacity and demand and pathway analysis and improvement. Operational cancer board established and service managers to be prioritised to focus on cancer. Demand for colorectal, breast and urology 2ww has been exceptional and is impacting delivery across all cancer standards in these specialties. Governance systems in place, with demand analysis being undertaken. Twice weekly meeting is in place with ADOs and CCGs, with the COO. | end-Mar 19 | Oct-18
◄► | COO | Cancer Operational Board and IPRs |

Strategic Objective 2: We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.							
Risk 2.1 Continued - We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.							
Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
2.1.2	C	Effective controls are required to ensure increasing numbers of young people being admitted to acute medical wards with mental health and deliberate self harm diagnoses are assessed and treated appropriately.	**Jan-19** Independent review taking place pan Sussex into mental health provision as there is delay in assessment and inequity of service provision cross county in hours. Inadequate OOH service. Assessment delays by CAMHS tracked and recorded as incidents escalated for COO/COO discussion (ESHT – SPFT) Paeds track and record all inappropriate ward admissions and SPFT recharged if appropriate. Reviewing previous 12 months risks for CAMHS for trend and themes. Safeguarding to revisit audit with refreshed ToR. 2 separate risk to go on divisional risk register. **Sep-Nov 18** Number of mitigations in place including on site MH (CAHMS) Liaison on both sites Monday to Friday 9am – 5pm which has significantly improved access for MH reviews, Ongoing discussions with SPFT regarding provision of on-site support until 22.00hrs. On-call service runs well out of hours, however as it covers the whole of Sussex there can be a significant wait for review out of hours CAMHS commissioner agreed to write business case for increased on-site provision from 17.00 – 22.00hrs, ESHT have not seen this BC to date. For children admitted there is availability for review on both sites, however if an Eastbourne child is admitted to the Conquest Hospital, this review is by telephone as routine, however Hastings children have a physical review, this does cause disparity for Eastbourne and Conquest children and is an ongoing issue Eating Disorder and in-patient bed availability remains an issue across the country Training continues. Continual monitoring and concerns being flagged with commissioners **Jan-Jul 18** Audit presented and shared with CAMHS confirmed children with mental health difficulties primarily present after 4pm and these children require a hospital bed until assessment is undertaken. Acknowledged there is a need for CAMHS cover into the evening. Trust to provide numbers of children presenting at ED after 16h00 needing this input to CAMHS who will then put together a business case for extended cover. Trust applying for the HEE "we can talk" project to further enhance the skills and competencies of the ward staff. **Jul-Nov 17** Ward nurses having mental health training currently as part of away days. Special Observations Policy ratified and specials being requested ad hoc. Paediatric strategic work including mental health in reach plan. Meeting arranged to review issues and audit of children admitted to the paediatric ward with mental health diagnosis complete.	end Apr-19	◄►	COO	SLF Q&S
2.1.3	C	Effective controls are required to monitor and formally report on follow up appointments in order to ensure there is no clinical risk to patients suffering a delay.	**Jan-19** FU database has been rolled out to all specialties and enables us to quantify the number of FU patients un-appointed by specialty and clinically indicated target date. The system does require data entry therefore is subject to human error and this creates the need for additional validation but has proved useful in understanding and management of risk. For high risk services, such as AMD & cancer patients additional patient level tracking exists to minimise the risk of delay. **Nov-18** No longer reliant on paper system - all specialties that should be are on the system and all patients requiring follow up appointment on system. Currently validating and risk stratifying follow up lists. Propose to move to Green **Sept-18** Database developed and populated except Oncology (interim system already in place),T&O, Haematology & cardiology. Transition period to clear backlog in all specialties and link patient who's FU has been booked and then cancelled, expected completion Spring-19. **Mar 17-Jul 18** Trust unable to formally extract data from Oasis PAS to report on patients follow up by time period. Local systems in place but requires Trust wide system for monitoring and analysis. Liaising with supplier regarding options for reporting Position resolved with community paediatrics due to data transition to Systm One. All doctors validating Follow Up waiting lists and telephone Longest waiter 36 weeks (Aug. 17). IT reviewing to develop a follow up waiting list that can be easily complied from existing systems and monitored at a specialty/consultant level for volumes and timeframe for appointments. E system still under development but as a mitigation data re non appointed follow ups (within clinically defined timeframes) is sent to all service managers weekly for action. PAS team commenced work on e-follow up database scheduled for go live by end of Aug 18; Clinical Admin service continues to appoint at requested time and where unable to do so highlights this information to the service managers on a weekly basis.	end Mar-19	Dec-18 ▲	COO	SLF Q&S

Risk 2.2 There is a lack of leadership capability and capacity to lead on-going performance improvement and build a high performing organisation.

Key controls	Clinical Unit Structure and governance process provide ownership and accountability to Clinical Units Clinicians engaged with clinical strategy and lead on implementation Job planning aligned to Trust aims and objectives Membership of SLF involves Clinical Unit leads Appraisal and revalidation process Implementation of Organisational Development Strategy and Workforce Strategy National Leadership and First Line Managers Programmes Staff engagement programme Regular leadership meetings Succession Planning Mandatory training passport and e-assessments to support competency based local training Additional mandatory sessions and bespoke training on request
Positive assurances	Effective governance structure in place Evidence based assurance process to test cases for change in place and developed in clinical strategy Clinical engagement events taking place Clinical Forum being developed Clinical Units fully involved in developing business plans Training and support for those clinicians taking part in consultation and reconfiguration. Outcome of monitoring of safety and performance of reconfigured services to identify unintended consequences Personal Development Plans in place Significant and sustained improvement in appraisal and mandatory training rates

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
2.2.1	C	A more explicit accountability framework is required which sets out expectations regarding roles, responsibilities and accountabilities; including the leadership model at all levels and the Trust operating structure down to ward level	**Jan-19** The governance and accountability framework is being reviewed and developed to ensure it is fit for purpose and that expectations in respect of roles, responsibilities and accountabilities are communicated and understood throughout the organisation.	end Apr-19	New	DHR/ DCA	POD

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Strategic Objective 3: We will work closely with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services.

Risk 3.1 We are unable to develop and maintain collaborative relationships based on shared aims, objectives and timescales with partner organisations resulting in an impact on our ability to operate efficiently and effectively within the local health economy.

Risk 3.2 We are unable to define our strategic intentions, service plans and configuration in an Integrated Business Plan that ensures sustainable services and future viability.

Key controls	Develop effective relationships with commissioners and regulators Proactive engagement in STP and ESBT Participation in Clinical Networks, Clinical Leaders Group and Sussex Cluster work. Relationship with and reporting to HOSC Programme of meetings with key partners and stakeholders Develop and embed key strategies that underpin the Integrated Business Plan (IBP) Clinical Strategy, Workforce Strategy, IT Strategy, Estates Strategy and Organisational Development Strategy Effective business planning process
Positive assurances	Trust participates in Sussex wide networks e.g. stroke, cardio, pathology. Working with clinical commissioning exec via East Sussex Better Together and Challenged Health Economy to identify priorities/strategic aims. Board to Board meetings with stakeholders. Membership of local Health Economy Boards and working groups Integrated business plan in place Stakeholder engagement in developing plans Service delivery model in place Refreshing clinical strategy to ensure continued sustainable model of care in place Trust fully engaged with STP and ESBT programmes

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.2.1	A	Assurance is required that the Trust will be able to develop a five year integrated business plan aligned to the Challenged Health Economy work.	**Jan-19** The integrated system recovery plan was approved for submission to NHSI at a joint ESHT and CCG Board meeting on the 13th December . Submission made on 20-Dec-18; awaiting feedback from NHSI. **Nov-18** Integrated Plan being developed for consideration at Board to Board and final submission to regulators by 20 December timescale **Sep-18** Draft integrated (ESHT and CCGs) sustainability plan submitted to NHSI and NHSE beginning of Sept 2018 and a further more detailed iteration of this is being prepared for submission. The request from our regulators to prepare and submit integrated plans is a key mitigation to alignment of Trust and commissioner plans and to developing an integrated plan to achieve system sustainability. **Jul-18** First phase of the Long term financial plan and associated work on clinical sustainability is now complete and will be discussed at Trust Board seminar in July. This work has been shared with commissioners and NHSI whilst in development**.** **Jan-May 18** Work ongoing to develop long term financial model alongside work to provide assurance on the 18/19 financial and operational plans. The new format of leadership briefing will provide the opportunity for Executive Team to brief the organisation on the progress with our plans. Currently meeting the milestones for 18/19 planning which will feed into the longer term IBP **Jul-Dec 17** Our System wide placed based plans (ESBT) are the local delivery plan that aligns commissioners and providers in health and social care. We have undertaken significant work across the system to redesign care pathways and this is linked to our clinical strategy which is currently being consulted on. Work is ongoing with the wider STP work to review pathology provision along with other acute services. Working with commissioners on aligned financial and operational plan to move system to a balanced financial position. Will be agreed by Alliance Exec and progress against plan monitored by this group. Work commencing on Acute strategy with support from the WSHT/BSUH Medical Director and our own Medical Director. Will align with Tertiary currently being developed by BSUH. Work ongoing with commissioners and NHSi to agree and align our long term financial position and operational plan.	end Apr-19	◄►	DS	F&I SLF

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Strategic Objective 3: We will work closely with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services.

Risk 3.3 We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we may not be the provider of choice for our local population or commissioners.

Key controls	Development of communications strategy Governance processes support and evidence organisational learning when things go wrong Quality Governance Framework and quality dashboard. Risk assessments Complaint and incident monitoring and shared learning Robust complaints process in place that supports early local resolution External, internal and clinical audit programmes in place Equality strategy and equality impact assessments
Positive assurances	Integrated performance report that links performance to Board agreed outcomes, aims and objectives. Board receives clear perspective on all aspect of organisation performance and progress towards achieving Trust objectives. Friends and Family feedback and national benchmarking Healthwatch reviews, PLACE audits and patient surveys Dr Foster/CHKS/HSMR/SHMI/RAMI data Audit opinion and reports and external reviews eg Royal College reviews Quality framework in place and priorities agreed, for Quality Account, CQUINs

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.3.1	C	Effective controls are required to ensure the Trust achieves compliance with the four core 7 day service standards by 2020. There is a risk that the Trust may not achieve compliance with three of the four resulting in loss of reputation due to difficulties in funding, staff recruitment to manage increased rota requirements. Standards 5 (access to diagnostic tests), 6 (access to specialist consultant led interventions) and 8 (Patients with high-dependency care needs receive twice or one daily specialist consultant review depending on condition) are those at risk.	Jan-19 New 7 day working board self-assessment to be completed March for submission to NHSI. 7 Day Service Steering Group established. PMO project support with dedicated project lead assigned. PID agreed by 7DS steering group. Working closely with NHSE/NHSI to gain best practice/lessons learnt from other Trusts also liaising with neighbouring Trusts (MTW, EKH) Baseline template to be reviewed prior to distribution, gap analysis underway. Nov-18 April 18 Audit showed improvement in standards 5,6 and 8 but deterioration in standard 2 (69 to 58%) Raising awareness of documentation requirements and ensuring clinical staff identified in case notes. NHSI/E site visit 31 Oct Sep-18 7DS Steering group met in Sept. Participating in regional STC 7DS collaboration event on 25th Sept. • Documentation requirements relevant to 7DS (Esp standards 2, 8) included in induction for new medical staff in August and email communication also sent to existing staff. • Further Grand Round presentations made to medical staff in Aug/Sept on 7DS core standards, the Trust's performance in the national audits and what needs to be done by clinical teams and individuals. • Requirements for 7DS form part of the remit in the financial recovery planning (streams) and clinical strategy at Trust and Divisional level. Standard 2 - Feedback given to Divisional core teams and clinical specialty leads on detail of performance in April audit; particularly where teams are failing to achieve. • AMU consultant presence at weekends strengthened, with regular presence at EDGH and, from next month also at Conquest at both sites Standards 5 / 6 - Changes in medical consultant on call rotas made to support 24/7 endoscopy service diagnostic and therapeutic). Endoscopy nursing support still to be fully upgraded • Radiology working on radiographer work patterns to increase scope of weekend ultrasound service.• Signposting information on how to access specialist services inside and outside the Trust (eg renal, neurology/neurosurgery, radiotherapy) now in induction and in place on all wards and Trust intranet. Standard 8 - Feedback from initial pilot being analysed. Teams continue with acuity assessment and review delegation on ward whiteboards. • Bidding for funds to enable electronic whiteboards with real time patient tracking. Exploring whether these can also be used to document acuity and delegation of review. • Procurement process to replace current clinical information systems is proceeding. Clinical engagement being sought for determining functionality requirements. • Roll out of Careflow (part of the VitalPAC software suite) as handover and task management tool.	end Apr-19	◄► Jul-17	COO	SLF Q&S

Risk 4.1 We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.

Key controls	Clinical strategy development informed by commissioning intentions, with involvement of CCGs and stakeholders QIPP delivery managed through Trust governance structures aligned to clinical strategy. Participation in Clinical Networks, Clinical Leaders Group and Sussex Cluster work Modelling of impact of service changes and consequences Monthly monitoring of income and expenditure Accountability reviews in place PBR contract in place Activity and delivery of CIPs regularly managed and monitored.
Positive assurances	Trust participates in Sussex wide networks e.g. stroke, cardio, pathology. Written reports to SLF on progress with QIPP targets to ensure improvements in patient outcomes are planned and co-ordinated. Performance reviewed by senior management and considered at Board level. Evidence that actions agreed and monitored. Decrease in medical admissions at CQ continued and new practice being developed at EDGH (medical input is key)

Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
4.1.1	C	Ongoing requirement for assurance on the controls in place to deliver the financial plan for 2018/19 and achieve efficiency targets leading to a reduction in deficit for the Trust and exit from financial special measures.	**Jan-19** At Month 9, the Trust continues to forecast delivery of the financial plan. Month 8 run-rate was £3.2m (although Month 9 increased as planned), and the net risk to the forecast – including the provision of reserves – is now reduced to £4m from £6m. Executive continue to monitor the recovery plan, with assurance to the Trust Board through F&I Committee. Weekly sessions with Clinical Units through control total meetings or 'confirm and challenge' sessions remain in place, and grip in control measures, including T3, will remain throughout Q4. **Nov-18** At Month 6 run-rate moved from £3.2m to £4.3m. However, this was a planned reduction, reflecting a shorter working month. Overall, the Trust performance against plan improved in month, with an adverse variance of £699k against plan at Month 6. Moving towards a formal agreement on income for the year with clinical commissioners and, as a result, is refreshing the full year forecast. The level of financial risk for the year end position has been calculated at £6m and a full reforecast has been presented to the F&I with identified mitigations to be updated at Month 7. Forecasting full delivery of the financial plan, and will continue to review options and mitigations to ensure this happens. **Sep-18** At Month 5, further improvement in run-rate to £3.2m deficit. This is behind plan, but consistent with delivery of the financial plan with continued focus through remainder of year. Recovery Director is supporting with intensive work to ensure both an increased pipeline of efficiency schemes, and to move the balance of 'green' CIP from the current £19m to £23.2m. Income is considerably above baseline plan, due to significant growth in non-elective activity; this represents both a challenge to delivery of efficiency schemes and a payment risk. Working closely with CCGs and NHSI/E to develop an appropriate response to the emergency activity levels, and to understand the financial implications. Confirm & Challenge sessions are in place for all Clinical Units to support delivery of the CIP programme. DoF holding CU control total review to monitor overall financial performance, with issues from both streams escalated to the Executive as appropriate. **Jul-18** NHSI provisionally accepted refreshed plan for 2018/19, which aims for a deficit of £44.9m and requires minimum efficiency challenge of £19.2m. Working closely with PA Consulting and the Clinical Units to secure up to £23m of efficiency savings, and ensure delivery of the £19.2m. As at M3, the identified pipeline is £29m, but only £15.5m of schemes identified as green; route map in place to secure the balance. The Trust has appointed a Recovery Director, who commences work on 9th July, aimed at supporting delivery of the financial plan. At Month 2, and again at Month 3, the Trust is delivering plan, but with considerable additional activity, and hence income above baseline plan. **May-18** – Submitted initial 2018/19 financial plan with £47.9m deficit. CIP target of £23.5m but identified a minimum ask of £18.2m and no contingency to deliver the plan. Plan has not been accepted by NHSI who are requiring as a minimum a deficit of £40m for 2018/19. Identified £28m of pipeline CIP schemes, but to date only £13m are 'green,' leaving a £5m challenge. External support from PA Consulting is in place to bring forward the balance of schemes. Revisiting the financial plan assumptions to establish options for improving the financial plan. The PSO and programme support arrangements have been refreshed; appointing Recovery Director to support delivery of the programme into 2018/19.	Commenced and on-going review and monitoring to end Mar-19	◄►	DF	F&I

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Risk 4.2: In running a significant deficit budget we may be unable to invest in delivering and improving quality of care and patient outcomes. It could also compromise our ability to make investment in infrastructure and service improvement
Risk 4.3: We are unable to effectively align our finance, estate and IM&T infrastructure to effectively support our mission and strategic plan.

Key controls	Development of Integrated Business Plan and underpinning strategies Six Facet Estate Survey Capital funding programme and development control plan Capital plans operational review on a monthly basis by the Capital Review Group, and detailed review by the Finance and Investment Committee, on behalf of the Board, on a monthly basis. Essential work prioritised within Estates, IT and medical equipment plans
Positive assurances	Draft assessment of current estate alignment to PAPs produced Essential work prioritised with Estates, IT and medical equipment plans. Significant investment in estate infrastructure, IT and medical equipment required over and above that included in the Clinical Strategy FBC. Capital Approvals Group meet monthly to review capital requirements and allocate resource accordingly. Trust achieved its CRL in 2016/17

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
4.2.1	A	The Trust has a five year plan, which makes a number of assumptions around external as well as internal funding. Assurance is required that the Trust has the necessary investment required for estate infrastructure, IT and medical equipment over and above that included in the Clinical Strategy FBC. Available capital resource is limited to that internally generated through depreciation which is not currently adequate for need. As a result there is a significant overplanning margin over the 5 year planning period and a risk that essential works may not be affordable.	**Jan-19** No further news on capital bids to NHSI has been received, although anticipate a decision post the national Month 9 capital forecast refresh. CRG continues to closely monitor capital expenditure, which remains under tight control. Monthly updates to F&I Committee. Additional capital spend above the CRL (capital resource limit) will default to being charged to revenue budgets, which will in turn threaten delivery of the financial plan. The Trust is receiving support with bid submission from NHSI, and is anticipating delivering the capital budget in 2018/19. This will leave a significant challenge into 2019/20, which is being addressed through the capital planning workshops now in train. **Nov-18** The Trust is holding all capital programmes, other than those with immediate clinical impact, without further investment until the outcome of the capital review process is completed. The Trust has made a number of iterations of the business cases with NHS Improvement and continues to work closely with regulatory colleagues All capital budget-holders are reviewing their full year forecasts in detail and are seeking to minimise future capital spend over the remaining months of the financial year. The Trust remains committed to delivering the capital plan, but there are significant risks to the overall budget being carefully managed within the Capital Review Group. On-going review and monitoring to end Mar-19. Proposal to move gap in assurance to red. **Sep-18** Trust has two capital bids with NHSI (for MRI approvals, and medical equipment), a bid with the STP for fire remediation work, and a bid to NHS Digital for EPMA investment. Capital programme remains oversubscribed, but receipt of loan funding would support delivery of the key infrastructure improvements required across the organisation. A 'plan B' is in development to ensure that, in the case of non-receipt of the various loans, the Trust can deliver the capital budget within national target levels, and that any clinical or operational impact is mitigated. This will be provided to the Sept Finance and Investment Committee for review, following executive review and agreement. **Jul-18 –** The level of capital spend at Month 1-3 is below plan, reflecting the strategy of carefully managing capital approvals until the financial arrangements for each component of the plan are secured. The Trust is making good progress with a number of key stakeholders to secure the additional capital investment for the MRI and estates works, and it is anticipated that NHSI approval for the capital loan agreements will be sought in August with the aim of reaching agreement in September. **May-18 –** The Capital Plan for 2018/19 has been refreshed, with a further iteration being considered at May 2018 Finance and Investment Committee – to be followed by a refresh of the five year financial plan in June 2018. **Mar-18 –** Overall capital plan for year will be on budget; budget has increased from £11m to £15m as a result of successful capital bids by clinical and operational leaders across the Trust. Work commenced on the development of the 2018/19 capital plan with a broadly-based prioritisation process. At the same time, the Trust has to finalise the five year capital plan. Key risks include overall financing for the capital programme, and the early finalisation of the fire strategy business case – both of which will be presented in outline to the Mar F&I	On-going review and monitoring to end Mar-19	Dec-18 ▼	DF	F&I

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Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
4.3.1	C	Adequate controls are required to ensure that the Trust is compliant with Fire Safety Legislation. There are a number of defective buildings across the estate and systems which may lead to failure of statutory duty inspections. This includes inadequate Fire Compartmentation at EDGH	**Jan-19** Update meeting with ESFRS deferred to allow post contract documentation to be issued by the Main Contractor; now planned for late Jan 19. Additional works referred to by ESFRS notice are subject to further funding. Business case to NHSI for funding was submitted in Dec 2018. **Nov-18** Initial works completed as planned and meeting to update ESFRS on progress to date is due early Nov 18. Business case to NHSI for funding being submitted. Sept - Dec 17 Programme behind schedule as unable to decant wards and asbestos issues. Fire doors replaced and stairwells upgraded. Meeting with ESFRS 6 Nov. **Sep-18** Works were substantially completed by Mid July and ESFRS have been updated with regular meetings and have noted progress made within a letter to the Trust. One final piece of work needs to be completed and is proving difficult due to access issues, once complete ESFRS "project closure" meeting will be held. May-Jul-18 ESFRS visited 28th of June and noted Trust efforts to achieve targets; impressed by the standard of fire stopping work noting the high standard of remedial works. Fire stopping works being carried out to reduce the size of the Seaford and Hailsham fire compartments in line with the recommendations by ESFRS on track for completion by the end of June18 when the risk of fire spread will be considerably lower. Business case drafted, approved by F&I and submitted in the STP wave 4 bids @ £11.16m. Jan-Mar18 Full survey and supporting information provided to ESFRS. Business case presented at the board seminar in Dec, resulting amendments to be incorporated. Seaford and Hailsham areas surveyed and reports and plans produced. Survey identified fire walls in areas previously thought to be deficient of them. The walls roughly reflect Ward areas. Surveys commissioned to identify the breaches and pictorial evidence sourced. ESFRS visited Feb-18 to check on progress. advised that breaches in both areas will be rectified by the end of May 2018. As there has been a reduction in risk the opportunity for an enforcement notice has decreased but is still being considered. Business case for investment to introduce new smaller fire compartments at EDGH will be presented to the F&I committee in Mar-18.	end Apr-19	Sep 17 ◄►	CEO	Audit Committee

Risk 4.4 We are unable to respond to external factors and influences and still meet our organisational goals and deliver sustainability.					
Key controls	Horizon scanning by Executive team, Board and Business Planning team. Board seminars and development programme Robust governance arrangements to support Board assurance and decision making. Trust is member of FTN network Review of national reports Clear process for handling tenders/gathering business intelligence and mobilisation or demobilisation of resources Participating in system wide development through STP and ESBT Alliance Strategy team monitoring and responding to relevant tender exercises Anti-virus and Anti-malware software Client and server patching NHS Digital CareCert notifications Data Security and Protection Toolkit (DSPT)				
Positive assurances	Policy documents and Board reporting reflect external policy Strategic development plans reflect external policy. Board seminar programme in place Business planning team established SESCSG Sussex and East Surrey Cyber Security Group				
Gaps in Control (C) or Assurance (A):	**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**

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| 4.4.1 | C | Adequate controls are required to minimise the risks of a cyberattack to the Trust's IT systems.   Global malware attacks can infect computers and server operating systems and if successful impact on the provision of services and business continuity. | **Jan-19** New quarterly security status report produced for Q3 2018-19 – threat level HIGH. Report will be reviewed at IG Steering Group, Audit committee and IPR - annual summary to Trust Board Additional 2 WTE resource approved in principle to support improvements in compliance levels with the aim to move threat level from high to medium to low as a normal state Associate Director of Digital approved in principle for ESHT Digital to aim to certify to the information security standard ISO27001 for hosting service in 2019. Meeting Jan to review opportunities for a joined up STP approach to improving security as most recent proposal not gaining sufficient support from the group ESHT Cyber incident response plan - workshop to produce a local plan arranged Feb. New secure disposal contract for IT waste agreed

Nov-18 Information Security table top exercise run by the Serious Organise Crime Quad planned Mar-19 board seminar. TIAA audit commissioned to include assessment of - Information Risk Management Regime; Home/Mobile Working & Removable Media Controls, in particular the Mobile Device Management controls; User education and awareness; Incident Management & Managing User Privileges; Security Monitoring & Configuration; Malware Protection & Network Security. Advanced Threat Protection (ATP) deployment 100% complete STP wide joined up approach to assess Information security maturity not agreed by all members.   ESHT facilitated successful workshop for the CCG Alliance to develop Cyber Incident Response plan; will be repeated at ESHT to improve local Cyber Incident planning processes.

Sep-18 Information Security Paper presented to Audit committee/Execs. Funding approved to initiate structured approach to addressing the Information Security Agenda; to be known as the ESHT Information Security Maturity Programme and implemented as part of the Trusts Digital Strategy which is due at Nov Trust Board. Third party engaged to carry-out an initial assessment with the aim to plan a 18-24 month programme of work. Same approach is being presented to STP Digital Steering group to create STP wide approach. ATP is deployed to 10% of Trust devices in-line with NHS planning, aiming for 100% deployment by Jan 2019. DNS security being implemented 13.9.18

May-Jul 18 Workstreams to ensure adequate controls in place. STP wide Cyber security framework being proposed. Patching policy developed and approved; more aggressive patching regime for PCs/laptops in place. Process introduced to manage Carecert security alerts to improve response and action. Signed up to National Windows 10 licencing agreement, requires implementation of Microsoft advanced threat protection (ATP) to monitor for threats on PCs and Laptops.   Threats reported locally and nationally to NHS digital.

Jan-Mar 18 Action plan published Jan-18. Reviewing IT Security Systems. Phishing email simulation software in place and simulation being undertaken. Funding approved by Sussex COIN board to implement DNS security. Long term sustained programme of work required to deliver assurance that threats from cyber-attacks are adequately controlled.   Ongoing development and implementation of action plan, progress presented to IG Steering Group. | end Mar-19 | ◄► | DF | Audit Committee |

Strategic Objective 5: All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.

Risk 5.1 We are unable to effectively recruit our workforce and to positively engage with staff at all levels.

Key controls	Workforce strategy aligned with workforce plans, strategic direction and other delivery plans On going monitoring of Recruitment and Retention Strategy Workforce metrics reviewed regularly by Senior Leadership Team Quarterly CU Reviews to determine workforce planning requirements Monthly IPR meetings to review vacancies. Review of nursing establishment quarterly KPIs to be introduced and monitored using TRAC recruitment tool Training and resources for staff development In house Temporary Workforce Service
Positive assurances	Workforce assurance quarterly meetings with CCGs Success with some hard to recruit areas e.g. Paeds and A&E Full participation in HEKSS Education commissioning process Positive links with University of Brighton to assist recruitment of nursing workforce. Reduction in time to hire Reduction in labour turnover.

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
5.1.1	C	Assurance required that the Trust is able to appoint to "hard to recruit specialties" and effectively manage vacancies. There are future staff shortages in some areas due to an ageing workforce and changes in education provision and national shortages in some specialties	**Jan-19** To date, Medacs have made 12 offers of employment.Two Paeds Middle Grades are now in post. Of the balance of 10 offers, 2 are pending applicant acceptance; 3 Doctors have withdrawn, and the Trust withdrew one further offer. **Nov-18** International recruitment continuing for Band 5 Nurses and Radiographers. Social media activity undertaken to support targeted recruitment campaigns for A and E, Radiology and Endo and Diabetes. Medacs (RPO- Recruitment Practice Optimisation) now on site and assisting to recruit against 50 Hard to Fill vacancies. To date 7 offers have been made including 3 at Locum Consultant and Consultant for Stroke, Orthodontics and Rheumatology. Successful recruitment and on boarding of Oct intake of Junior Doctors. Recruitment activity underway to fill remaining vacancies. **Sep-18** International recruitment continuing in Philippines and Indian sub-continent for Medical and AHP staff groups. European recruitment will be reviewed post Brexit. 32 International Nurses joining by July 2019. 54 International Nurses in recruitment pipeline.Targeted Recruitment campaigns commenced to support Radiology Department, Histopathology and Haematology (Consultant posts) Social media activity supported by Headhunters. Medacs (RPO- Recruitment Practice Optimisation)Medacs are on site 13th Sept to start the Discovery process to understand our existing end to end recruitment process. Medacs will be targeted to recruit 50 'hard to recruit' medical posts over the next two years. Successful recruitment and on boarding of July intake of Junior Doctors. October Intake - 61 posts 9 vacancies. 3xCardiology/1xDiabetes/2xGeneral Surgery/2x Geriatrics/1xObs and Gynae. Recruitment activity underway to fill these vacancies. **Jul-18** Continued Headhunter activity to address Hard to Recruit posts, emphasis on ED and Consultants. Ongoing International Nurse recruitment with 35 Nurses due to join the Trust between July-January 2019. All areas except Medical workforce showing declining vacancy percentage run rate May 2018 vs May 2017. Targeted social media activity for specific areas e.g. Endoscopy. **Mar- May 18** Medical workforce vacancy rate 4.1% - decreased by 10% over the last twelve months and vacancies reduced in all staff groups excluding nursing. % of nursing vacancies relatively constant at 10%. Recruitment strategy for nurses widened to include return to practice; offering OSCE assistant to overseas nurses already in UK. Launching return to Trust project for nursing leavers. Monthly Divisional meetings to review vacancies versus establishment. New starters offered the opportunity to auto-enrol on the bank. Workforce Resourcing Group established, will develop a longer term strategy to meet workforce requirements, taking into account the age profile of the population and will look at new roles and skill mix to meet patient demand. Work continues on driving roster efficiency and job planning.	end Apr-19	◄►	HRD	POD

Strategic Objective 5: All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.

Risk 5.2 If we fail to effect cultural change we will be unable to lead improvements in organisational capability and staff morale.

Key controls	Leading for Success Programme Leadership meetings Listening in Action Programme Clinically led structure of Clinical Units Feedback and implementation of action following Quality Walks. Organisation values and behaviours developed by staff and being embedded Staff Engagement Plan developed OD Strategy and Workstreams in place
Positive assurances	Clinical Units fully involved in developing business plans Organisation values embedded across the organisation Staff Engagement Action Plan Leadership Conversations National Leadership programmes Surveys conducted - Staff Survey/Staff FFT/GMC Survey Staff events and forums - "Unsung Heroes" Medical engagement score showed great improvement in all area

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
5.2.1	A	The CQC staff surveys provide insufficient assurance in some areas that staff are satisfied, engaged and would recommend the organisation to others.	**Jan-18** Final response rate for staff survey 53%. Results will be published end of Feb/early Mar. Planning how we share results with staff and identifying actions. Next staff family and friends test will take place before the end of March Following feedback from staff exploring how we can improve levels of engagement and staff satisfaction with some of our community staff, includes a range of interventions - improved communication , leadership development programme for community leaders and quick wins linked to IT and equipment Piiloting "Stay interviews" with some teams to identify what they enjoy working with ESHT and what further support and development they would like to undertake. Continuing to support staff health and wellbeing . Achieved our 75% target for frontline staff to have flu jab. Currently preparing on how we can provide additional support to staff during winter pressures. **Nov-18** Seeking feedback through staff FFT and the National Staff survey. Q2 Staff FFT response rate 22% – a 1% Increase on previous quarter. National average response rate 13%. 79% of respondents would recommend the Trust for care and treatment to a friend/ family member which is consistent with previous response. 56% would recommend the trust as a good place to work a decrease of 3% compared to Q1 This information will be included in divisional retention plans. Response rate for National staff survey 36%staff being actively encouraged to complete it. Approach to medical engagement is being further developed and ongoing work linked to GMC survey results. Range of health and wellbeing activities continue to be rolled out including managing stress ,healthy weights, menopause clubs **Sep-18** Refreshed approach to Staff retention, divisions received workforce information about why staff are leaving /dissatisfied and deep dives with staff groups/specific work areas to identify how we can improve retention/recommendations for ESHT as a place to work. Launching Staff Health and Well Being plan that sets out 7 priorities; focusing on proactively supporting physical and emotional wellbeing. **Mar-May 18** CQC report highlighted positive engagement had supported cultural change. Continuing to increase our response rate to Staff FFT. 80% of respondents would recommend the trust as a place to work. National Staff survey results published: • 11 key findings significantly better than average • 6 key findings significantly worse than average • 5 key findings shown significant improvement since 2016 •O key findings shown significant decline since 2016. Drill down identified areas that require further review and will be locally reviewed, all divisions have action plans in place to respond to any issues raised and progress updated regularly. Organisation was one of three trusts out of 235 trusts to meet the CQUIN for Staff Health and Wellbeing.	end Apr-19	◄►	HRD	POD SLF

NHS
East Sussex Healthcare
NHS Trust

Chief Executive Report

Meeting information:			
Date of Meeting:	5th February 2019	Agenda Item:	9
Meeting:	Trust Board	Reporting Officer:	Dr Adrian Bull, Chief Executive

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)				
Key stakeholders:		**Compliance with:**		
Patients	☐	Equality, diversity and human rights	☐	
Staff	☐	Regulation (CQC, NHSi/CCG)	☐	
		Legal frameworks (NHS Constitution/HSE)	☐	
Other stakeholders please state:	…………………………………………………………………			
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?		

Summary:

1. Quality and Safety

Pressure Ulcer Prevention

Pressure ulceration is a renewed focus for 2019 with the publication of NHS Improvement recommendations on the definition and monitoring of pressure ulcers. It has given ESHT an opportunity to revise our training and improvement plans.

The Trust participated in the recent NHSI Collaborative for pressure ulcer prevention. This involved an acute hospital ward team and a community nursing team participating in improvement work using recognised quality improvement methodology. The teams then represented the Trust and their work at a national NHS Improvement event. The learning will be shared in training and policy updates.

Excellence in Care

The EIC program has been rolled out across in patient areas. Frontline staff are reviewing the EIC information and working with their teams both to celebrate areas of good practice and improve targeted areas. To support the EIC program ESHT are developing additional care standards. These include nutrition and hydration, pressure ulcer prevention, end of life care, documentation, falls, continence, medication management, and dementia care which will be launched in April 2019.

Introduction of Trainee Nursing Associates

The Trust is part of a regional consortia supporting the appointment and training of new nursing associate roles. The first four Trainee Associates were appointed in the Trust in September 2018 and began their 2 year training programme with Brighton University whilst employed in practice, with further regular intakes scheduled. The national pilot of this new role, introduced to support the current

registered nursing workforce, completes in February 2019. Those successful will become the first registered in the UK with the Nursing & Midwifery Council (NMC).

7 Day Service

- Since the last report, the trust has made good progress on standards 5 and 6 (investigations and interventions) and is compliant in nearly all parameters.

- Performance on standard 2 (consultant review within 14 hours) and standard 8 (ongoing review) remains a challenge. We are working with NHSE on improving these across all specialties

- We will be tracking standard 2 performance on a monthly basis and the new electronic patient management system will support further improvement against these standards.

Mortality

The latest SHMI remains 1.00. NHS Digital are planning to change the way SHMI is calculated over the next few months and in future it will be published monthly, and for each site separately.

The RAMI from CHKS (Nov17 to Oct18) is 78 compared to 81 for the same period last year, which is excellent news. RAMI for October was 67, low compared with our peers for the same month (84).

2. People, Leadership and Culture

Recruitment

The substantive staff fill rate is 91.7 % as at the end of November 2018, which is 1.2% higher than April 2018. There are now 556 permanent vacancies compared to 644 in April. Key actions being undertaken include:

- International recruitment is continuing in the Philippines and Indian sub-continent

- Targeted recruitment campaigns to support radiology and urgent care departments

- Social media activity continues with very positive results

- 10 International nurses due to join the Trust by 31st March

- 40 UK nurses (including newly qualified) due to join the Trust by 31st March

- Positive relationship with Medacs continues with two Paediatric Middle Grades in post and offers of appointment in the pipeline.

Staff Engagement and Wellbeing

Staff Survey

The final Staff survey response rate is 53% compared to 49% last year. The Survey report will be published at the end of February/beginning of March 2019. Work is underway in producing a communication and engagement plan to ensure staff are aware of key findings and the actions proposed to meet any improvement areas.

The trust has met its CQUIN target of 75% of frontline staff being vaccinated for Flu. A staff health and wellbeing strategy has been produced with 7 key priorities with a focus on prevention and self-care. Vaccination of staff continues since the incidence of flu is beginning to increase in January

3. Access and Delivery

The Trust is able to report an improvement of 5.9 percentage points for our performance on our 4 hours standard for the Christmas and New Year period compared to last year, despite an increase of 3% in the number of patients attending our emergency departments. In December, with an overall performance of 93.1%, East Sussex were one of the top 20 performing A&E delivery systems (out of 138). The performance was 90.6% for ESHT alone. This has been possible due to the joint work with system partners and the integrated working across the acute and community teams across the Trust with particular benefits from the HIT, Crisis Response, and ISW teams. The surgical teams have continued to deliver elective care during this time, ensuring we maintain service delivery for all of our patients. We started our planning with system partners during Spring 2018, and we are already looking towards our next surge periods at Easter and next winter. There will be a formal review of performance against plan to identify what went well and where things could be further improved.

We recognise however that this has been a challenging time and that teams are stretched with the additional beds which have been opened to manage the increased demand and patient acuity we see at this time of year. All the extra effort is appreciated by the senior and executive teams.

Elective services continue to be a key priority over this time, with 18 week performance achieving just under 90% against a target of 92%, but again we continue to perform well compared to other providers. Cancer services remain challenged due to the continued increase in demand, but thanks to some innovative working and dedication of the teams, we are focusing on reducing the diagnostic pathway, with patients being offered the opportunity to book their radiology appointment in the day and being offered a date within 7 days. We have also started the preparatory works for the new urology investigation suite which is due to complete in March/April when the new and shortened cancer pathway will be introduced.

The live bed state project is well underway, with delivery due in March. Our new control centres are in place, which allows us to better draw on our local Trust and system information to make on day operational decisions.

4. Communication and engagement

Ministerial Visit

We were pleased to welcome the Secretary of State for Health and Social Care, Matt Hancock, to the Trust on Friday 11 January, along with Amber Rudd, Secretary of State for Work and Pensions, and Huw Merriman MP for Bexhill and Battle. The visitors met a number of integrated community teams at Bexhill and also visited Conquest Hospital and looked at some of our new technology and held a Q&A session with over 70 members of staff.

This was followed by a visit to The Conquest by the Leader of the Opposition on Thursday 17th January, along with Peter Chowney, prospective parliamentary candidate for Hastings.

5. Finance

Activity and Contracts

Activity levels continue to be significant across the services provided by the Trust, both in hospital and in the community, where levels have risen in line with national trends. The Winter Plan is now in operation, and the wider system is working with, and supporting, the Trust to manage the increases in activity which are seen at this time of year. The Trust has additional capacity open, which was funded through the winter plan, and so our focus over the last months of the year can be on appropriately staffing and using this capacity effectively.

The Trust and local commissioners have reached agreement on a fair financial settlement for the year, which enables the Trust and the CCG to focus on managing activity levels and reducing costs. The level of 'system financial risk' has therefore reduced, but remains significant, and continues to be managed jointly through the East Sussex System Financial Recovery Board.

Despite the pressure on urgent care and non-elective activity, colleagues across the Trust are carefully managing the elective and planned care caseload to support delivery of our access targets. The detailed work that teams are doing on understanding their capacity and the available demand is bearing fruit with improvements in performance in a number of key areas – although there remain some challenges in key specialties and these remain the subject of intensive focus.

Delivery of the Trust's 2018/19 Financial Plan

For the first time in a number of years, the Trust has a strong chance of delivering the 2018/19 financial plan – which would mark a significant step forward and support an eventual case for coming out of Financial Special Measures. However, delivering on our plan will mean continued focus on cost over the last three months of the financial year. We need to deliver a run-rate of £3.1m deficit each month, at a time when activity is at its highest during winter. The Month 9 run-rate was above this level at £4.5m, but we expected this and it is reflected in our plans, and our underlying run-rate is £3.4m deficit each month. So, keeping a close eye on budgets over this period is critical. Where we need to spend extra money to ensure good patient care, or to ensure that patients are not waiting for care, we will do so – but we will continue to keep a careful eye on all additional expenditure and additional activity.

The T3 process is working well and colleagues across the Trust have been supportive, both with time and responses to queries. T3 has now been extended beyond non-pay to pay in order to provide additional scrutiny and review in respect of requests for additional resources – but arrangements are in place to ensure that urgent requests for medical or nursing staff can be effected without delay and retrospectively reviewed. We have committed to 'mainstream' the T3 process at the earliest opportunity, and to reduce the administrative burden on colleagues, and this will be kept under review as we move into the next financial year.

In common with the wider NHS, we have received initial information about the finances for next year. There is positive news – with additional funding coming into the East Sussex system, and a change in the funding for emergency care to reflect the costs of delivery – but the financial challenge for next year will still be significant, given our shared starting point. However, we are planning in an aligned way with colleagues from the CCG, and we will face the financial challenge together. The new aligned way of working developed in recent months, with a shared financial plan for the next five years agreed by both the Trust and the CCG Boards in December, is a strong starting point for this joint planning process.

6. Strategic Development and Sustainability

Working Together as a System

A refreshed aligned 3+2 plan was submitted to NHSI on the 20th December. We continue to work closely with commissioners to ensure that our aligned plans reflect the recently issued national planning guidance and that our CIP and QIPP programmes are aligned to support system wide financial recovery.

Clinical leaders continue to work closely together to identify specialties where clinical sustainability is challenging (workforce and activity thresholds) and to consider alternative operating models. Priorities include ENT, Ophthalmology, Cardiology and Dermatology.

The Trust's 19/20 business planning process is nearing completion and we look forward to sharing the outputs with Trust Board members at the end of the month.

East Sussex Healthcare **NHS**

NHS Trust

Month 9 – December 2018

TRUST INTEGRATED PERFORMANCE REPORT

East Sussex Healthcare **NHS**
NHS Trust

Contents

1. Summary
2. Quality and Safety
3. Access and Responsiveness
4. Leadership and Culture
5. Finance
6. Strategy and Sustainability
7. Activity

QUALITY AND SAFETY

DIRECTOR OF NURSING & MEDICAL DIRECTOR

CEO Report Prelude

Pressure Ulcers

Category 2 pressure damage has risen in November by 0.7% per 1,000 bed days/face to face visits against activity. The increase is in both community and acute settings with incidents equally spread across geographical areas. Additional education, support and increased scrutiny has been applied. There are quarterly 'deep dive' investigations for category 2 pressure ulceration and comprehensive investigations and action when a category 3, 4 or unstageable pressure ulcer occurs.

Falls

In-patient falls remain a great significant challenge within ESHT, and the teams remain committed to ensure that our multidisciplinary teams tailor interventions to the needs of the individual patient. There has been a slight increase in falls in December and it is noted that timely interventions and preventative measures were in place for this group of patients. Some targeted training has occurred in CCU, Rye and Irvine Unit. The senior nursing leads continue to receive a report 3 days a week highlighting every/any patients fall with details of and any if had previous fall in same hospital episode.

Complaints

The number of open complaints has reached at all time low at 51 in December 18. For the same period in 2017 it was 85. Outstanding complaint actions have reduced to 8 from 16 in October. This is great achievement and supports the ongoing learning from complaints

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Indicators

East Sussex Healthcare NHS — NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
Total falls	M	149	112	🟢 -24.8%	1220	1085	🟢 -11.1%	123	∿
Number of no-harm falls	M	114	83	🟢 -27.2%	900	795	🟢 -11.7%	91	∿
Number of minor/moderate falls	M	34	28	🟢 -17.6%	312	282	🟢 -9.6%	31	∿
Number of major/catastrophic falls	0	1	1	🟢 0	8	8	🟢 0	1	∿
All patient falls per 1000 Beddays	5.5	6.3	5.2	🟢 -1.1	5.8	5.5	🟢 -0.31	5.3	∿
All patient falls with harm per 1000 Beddays		1.5	1.3	🟢 -0.1	1.5	1.5	🟢 -0.05	1.4	∿
Falls assessment compliance	M	75.3%	89.9%	🟢 14.6%	89.1%	91.9%	🟢 2.8%	86.3%	∿
Total grade 2 to 4 pressure ulcers per 1000 Beddays	M	1.9	2.5	🔴 30.2%	2.0	2.1	🔴 6.3%	2.1	∿
Number of grade 2 pressure ulcers	M	43	54	🔴 25.6%	381	397	🔴 4.2%	46	∿
Number of grade 3 to 4 pressure ulcers	M	3	1	🟢 -2	28	11	🟢 -17	2	∿
Pressure ulcer assessment compliance	M	96.9%	79.5%	🔴 -17.4%	90.3%	81.8%	🔴 -8.5%	62.1%	∿
VTE Assessment compliance	95.0%	95.1%	95.8%	🟢 0.7%	95.5%	95.8%	🟢 0.3%	95.8%	∿

Please note: The falls and pressure ulcers by bed days are still subject to change as the bed day figures change for at least 4 months after the initial report.

- The percentage of no harm/near miss patient safety incidents for December is 78% (national figure 73%).

- The rate of falls in December have remained relatively static with a positive picture regarding the falls risk assessment process in clinical areas.

Number of Patient Falls per 1000 bed days

Pressure Ulcer Incidents – December 2018
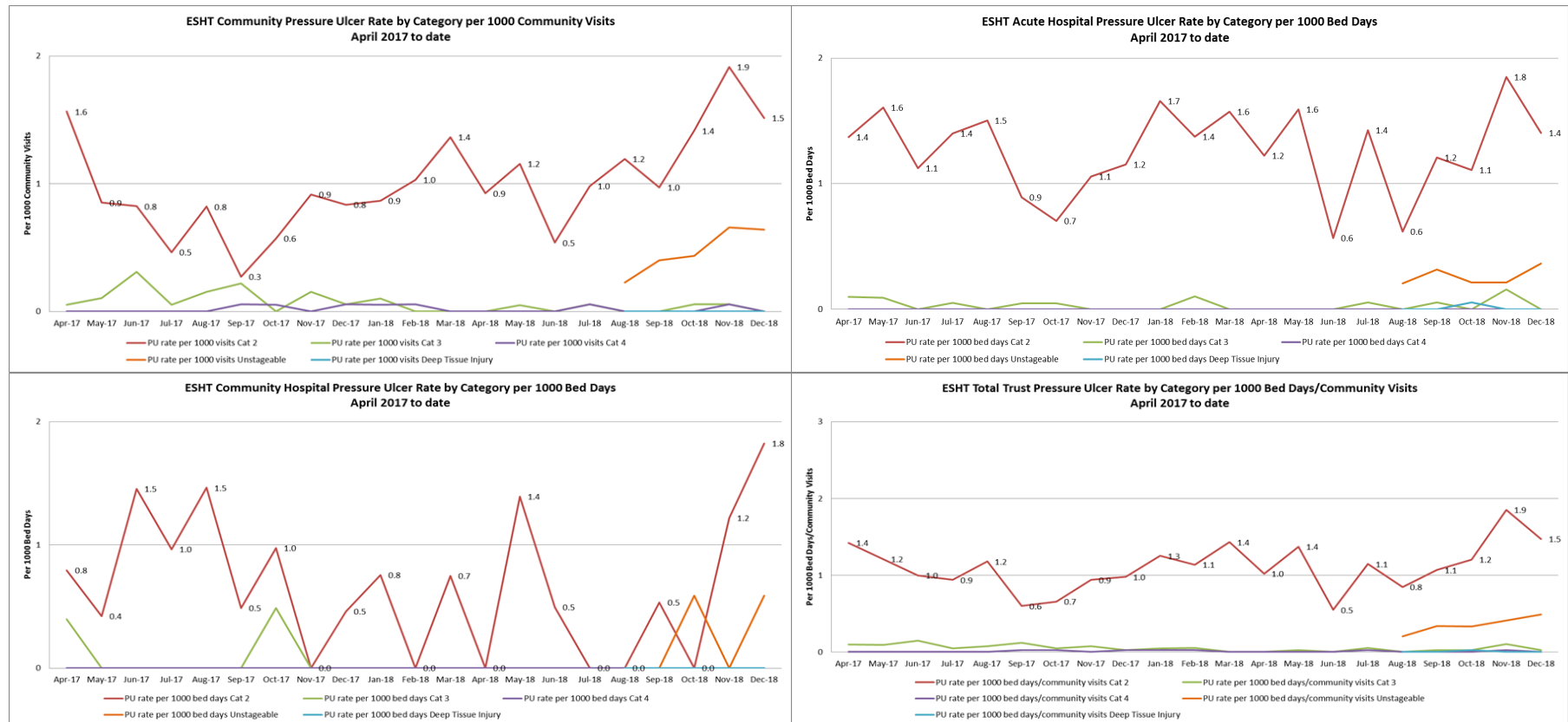
Community Hospitals have reported no category 3/4 pressure ulcers since April 2018.

Category 2 pressure damage has shown a decrease for December in most areas due to last month's focus on prevention in targeted areas. There are quarterly 'deep dive' investigations for category 2 pressure ulcers and all category 3, 4 and unstageable pressure ulcers are individually investigated and reviewed by the Pressure Ulcer Review Group.

No obvious themes or trends regarding the November increase and our divisional teams are monitoring it closely.

Infection Control

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
Number of MRSA Cases	0	0	0	🟢 0	2	1	🟢 -1	0	
Number of Cdiff cases	4	5	7	🔴 2	29	40	🔴 11	4	
Number of MSSA cases	M	1	0	🟢 -1	8	13	🔴 5	1	
Emergency Re-Admissions within 30 days	10.0%	10.4%	8.1%	🟢 -2.3%	10.2%	10.7%	🔴 0.5%	10.5%	
Crude Mortality Rate	M	2.1%	1.4%	🟢 -0.8%	1.6%	1.4%	🟢 -0.2%	1.5%	

MRSA bacteraemias

- Zero in December

C. Difficile – Limit of 40 cases for 2018/19 has been reached.

- PIRs completed for 7 cases in December, 2 cases are ribotype 018 awaiting subtyping to see if related to cross infection.

MSSA bacteraemias

- 1 soft tissue infection post Caesarean section, treated with antibiotics.

Influenza

11 cases all community onset, 10 Influenza A & 1 influenza B.

Gram negative bacteraemia

Organism	Total	UTI source	CAUTI source	Biliary	Other	Unknown
E. coli	5	2	1	2	0	1
Klebsiella sp.	3	2	0	0	1	0
Pseudomonas	1	1	1	0	0	0
Total (%)	9	5	2	2	1	1

2 potentially avoidable :
1 E.coli CAUTI - patient admitted following a fall at home with dehydration and AKI. Catheterised 10 days after admission due to retention.
1 Pseudomonas CAUTI – Stroke patient had a catheter inserted for acute urinary retention. Previous history of urosepsis.

Serious Incidents (SI) reported in December

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
Number of Serious Incidents	M	3	5	🔴 2	39	36	🟢 -3	4	
Number of Never Events	0	0	0	🔴 0	4	1	🟢 -3	0	

There were 5 **serious incidents** reported during December 2018 - all under investigation.

All details are scrutinised at the Weekly Patient Safety Summit and the Patient Safety & Quality Group.

Serious and Amber (Moderate) Incident Management and Duty of Candour
There are currently 30 Serious Incidents open in the system all within the correct timescales (14 of which are with the CCG for review). The Amber incident backlog is at 66 with still more work to do in the divisions to reduce this. A full breakdown of those overdue by number of days is presented to the Patient Safety and Quality Group on a monthly basis with updates from ADoN colleagues for those open longest.
Duty of Candour compliance for all moderate and above harm incidents is at 98% informed verbally, 96% followed up in writing and 95% findings shared with patient or family upon completed investigation.

Patient Experience

East Sussex Healthcare NHS
NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
Inpatient FFT response rate	45.0%	38.7%	42.5%	🟢 3.9%	39.8%	43.7%	🟢 3.9%	43.2%	
Inpatient FFT score	96.0%	96.7%	96.8%	🟢 0.1%	97.0%	97.5%	🟢 0.5%	97.5%	
A&E FFT response rate	22.0%	7.3%	6.1%	🔴 -1.1%	9.3%	5.0%	🔴 -4.3%	5.0%	
A&E FFT score	88.0%	93.4%	93.9%	🟢 0.5%	89.2%	93.5%	🟢 4.3%	93.0%	
Outpatient FFT Score	M	97.0%	97.9%	🟢 1.0%	95.9%	97.2%	🟢 1.3%	97.2%	
Maternity FFT response rate	45.0%	36.3%	13.4%	🔴 -22.9%	33.3%	13.2%	🔴 -20.1%	16.1%	
Maternity FFT score	96.0%	100.0%	97.3%	🔴 -2.7%	98.3%	96.9%	🔴 -1.4%	97.5%	

NHS Choices
- Overall rating at EDGH = 4 Stars   Overall rating at Conquest = 4.5 Stars
- FFT inpatient rate has decreased slightly to 42.5% in December. Eastbourne ED has decreased to 8.5% and Conquest ED has improved to 4.5%. % of patients recommending remains in the 90s.

Examples of FFT/ questionnaire comments in November:

Positive comments
- "Respectful to patients. Kept ward clean etc. Was spoken to in a polite and caring manner"
- "Calmed me down and make me laugh when I was scared"
- "Having the same doctor/consultant team daily was very helpful"

Negative comments
- "Room was clean and tidy but bedding wasn't changed at all while I was a patient - it was the same sheets etc. from AAU - I had flu etc. and sweating etc."
- "Some of the night staff could be more efficient and dedicated"
- "Communication with other departments involved in my care"

The lowest scoring questions from the inpatient experience questionnaire (part of FFT data) are as follows:
- Were you ever bothered by noise at night?
- Were you provided with a 'Welcome to the Ward' booklet?
- Did you receive written information about your condition (patient information leaflet and discharge letter)?

Complaints

Complaints per 1000 bed days Number - Dec 16 - Dec 18
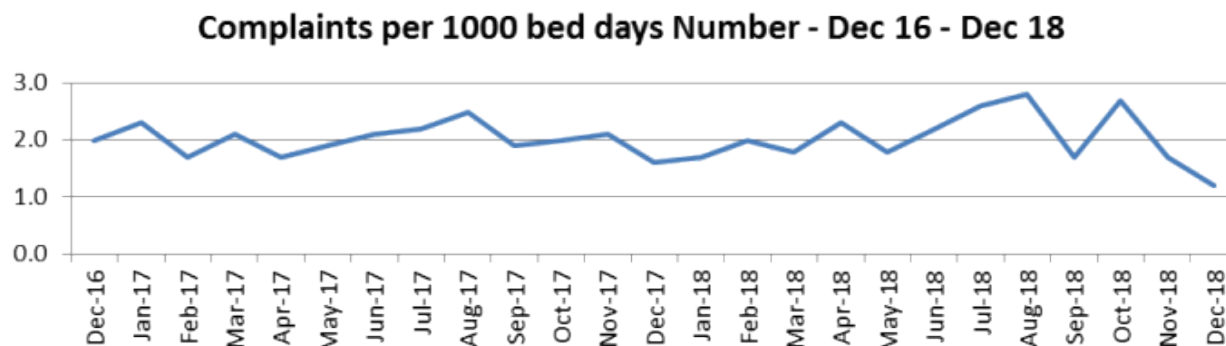
25 new complaints were received in December and no overdue complaint responses. The complaints rate per 1,000 bed days for the Divisions are as follows:

- Medicine – 0.7 per 1000 bed days (9 complaints)
- DAS – 1.1 per 1000 bed days (6 complaints)
- Out of Hospital – 1.6 per 1000 bed days (2 complaints)
- Women, Children and Sexual Health – 1.3 per 1000 bed days (2 complaints)
- Urgent Care - 6 complaints.

Unable to contact department" remains the highest PALS activity. This generally relates to inability to contact by phone and relates to multiple areas, but there are no themes highlighted. There has been some improvement since the introduction of a new telephone system.

The Parliamentary and Health Service Ombudsman (PHSO) had 1 contact in December and shared one investigation outcome. The contact advised that the PHSO was going to investigate a case. A resolution meeting was offered but the family declined.
The outcome received was that the PHSO did not uphold a case they had been investigating.

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Mixed Sex Accommodation

East Sussex Healthcare NHS
NHS Trust

In December the total number of validated and reportable unjustified incidents for the Trust was 15, affecting 51 patients (a reduction on November).

Breaches continue to be associated with the following areas:
Conquest – ITU/HDU
Eastbourne – Coronary Care/ITU

All steps were taken to move patients to single sex accommodation as soon as possible.

There were no complaints or concerns regarding MSA raised in November.

MSA - Unjustified Breaches
Incidents - Jun to Dec 18

Unjustified Incidents - EDGH
Unjustified Incidents - CQ
Total Incidents
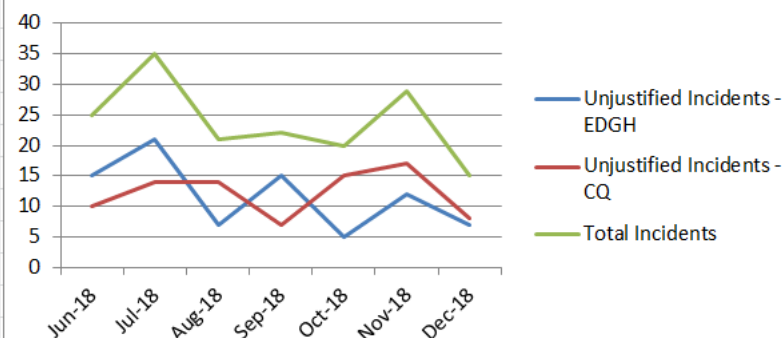
MSA - Unjustified Breaches
Patients Affected - Jun to Dec 18

Unjustified - Patients Affected - EDGH
Unjustified - Patients Affected - CQ
Total Patients Affected
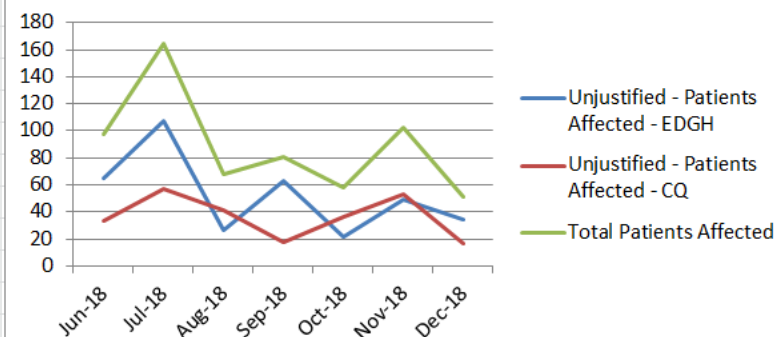
Safer Staffing and Workforce – December 2018

Fill Rate and CHPPD by Site	Day		Night		
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	CHPPD
BEXHILL HOSPITAL	84.6%	115.0%	93.1%	108.1%	10.27
EASTBOURNE DISTRICT GENERAL HOSPITAL	89.9%	98.6%	88.1%	106.7%	8.73
CONQUEST HOSPITAL	87.4%	103.8%	84.9%	112.0%	9.62
Totals	88.5%	102.1%	86.6%	109.2%	8.89

Fill Rate and Division	Day		Night		
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	CHPPD
Medicine	88.9%	108.2%	89.8%	120.0%	8.55
Out-of-Hospital	88.0%	113.2%	92.2%	113.0%	6.67
Surgery Anaesthetics & Diagnostics	86.4%	90.9%	82.5%	92.3%	8.93
Women Children & Sexual Health	92.5%	75.5%	84.1%	78.3%	16.62
Totals	88.5%	102.1%	86.6%	109.2%	8.89

- Trust CHPPD has decreased from 9 in October to 8.8 in November & December. The latest national median CHPPD (October 2018) was 7.9.
- Divisionally, WSCH has CHPPD of 16.62 impacting the overall CHPPD for the Trust which in all other divisions remains below or near the national median CHPPD value. WSCH division contain a number of highly specialised areas with specific staffing ratios e.g. SCBU and obstetrics.
- Exceptions to the 100% fill rate are being driven by additional duties for escalation beds, risk assessed and authorised enhanced care for individual patients and HCA usage to support any RN gaps.
- The twice daily site staffing meetings review all staffing by ward, including skill mix, and agree redeployments of staff to mitigate any risks between the site team and divisional senior nursing teams.
- The low fill rate in WSCH is related to recruitment of RMs who were supernumerary in November & part of December 2018. Whilst they were in the maternity units and working they are not included in the staffing numbers due to their supernumerary status. Assurance has been received that there were no quality issues and that escalation processes were followed as required. The Maternity Establishment Review is due to be presented to relevant committees shortly.

CHPPD = day + night shift hours for registered and unregistered nurses/midwives divided by daily count of patients in beds at 23.59 hrs.

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Workforce

- The latest nursing establishment review acuity and dependency monitoring began on 14th January and will continue for 4 weeks. Going forward Divisional ADN colleagues will drive the process with support and oversight from the DoN/corporate nursing team. This is key to ensure ownership and engagement going forward, and will also ensure it is aligned with business planning/budget setting.

- There has been a focus on recruitment to the A & E Departments & Endoscopy with a targeted campaign on social media which has produced positive results. The same has now begun for Theatres and ODP staff.

- The audit of additional duties process is complete and evidences senior clinical divisional sign off for all shifts, which exceed the planned staffing template, prior to booking of additional staff. The use of additional staff for enhanced care (specials) is now considerably lower than last year and has remained so with robust controls. Use of additional staff otherwise is for vacancies and sickness.

- Planned Winter Escalation beds and wards were opened late in December and remain open as well as some ad – hoc beds which flex up and down according to operational demand (Cookson – Devas, Cookson Attenborough & The Annex in A&E EDGH). This poses challenges to staffing resources and is monitored and managed carefully through the twice daily safer staffing meeting for nursing and by the Clinical Site teams out of hours.

13

Mortality Metrics

RAMI 17 (Rolling 12 months)

SHMI (Rolling 12 months)
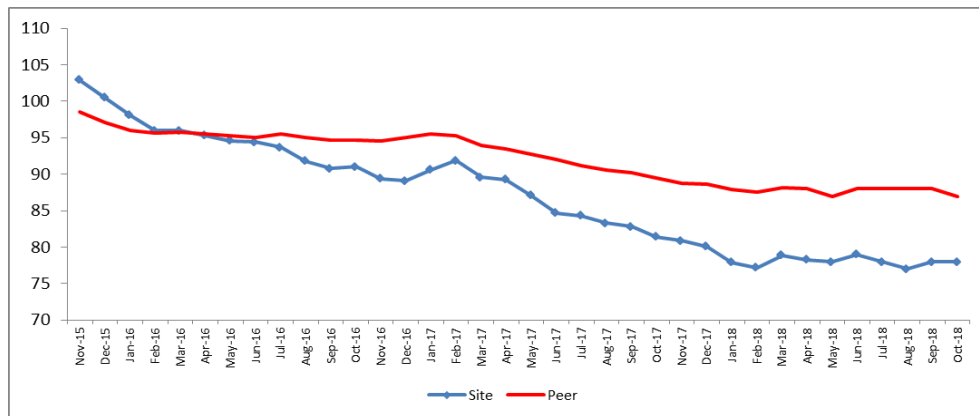
Trust SHMI Sep 2013 to Jun 2018 (Quarterly rolling 12 months)
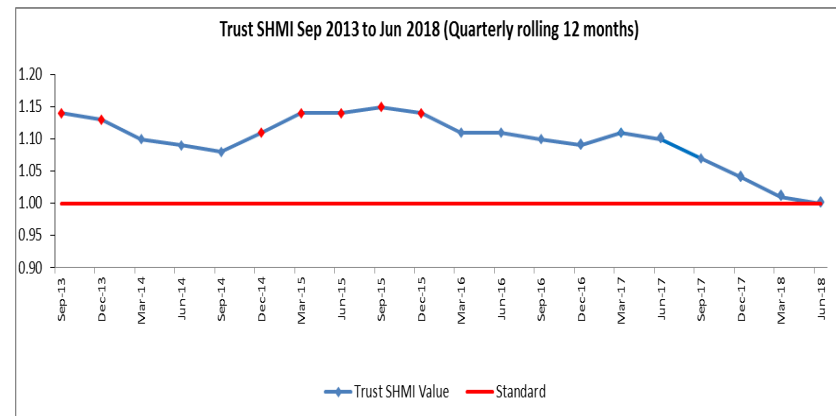
SHMI for the period July 2017 to June 2018 is **1.00**. The Trust remains within the EXPECTED range.

RAMI 17 - November 2017 to October 2018 (rolling 12 months) is **78** compared to 81 for the same period last year (November 2016 to October 2017). October 2017 to September 2018 was also 78.

RAMI 17 shows an October position of 67. The peer value for October is 84. The September position was 87 against a peer value of 83.

Crude mortality shows November 2017 to October 2018 at 1.69% compared to 1.80% for the same period last year.

The percentage of deaths reviewed within 3 months was 80% in September 2018, July 2018 was 84%.

SHMI (NHS Digital) Top 5 diagnostic groups by Volume Jul 17 to Jun 18	Observed deaths	Expected deaths	SHMI
Septicaemia (except in labour), Shock.	514	517	0.99
Pneumonia (except that caused by tuberculosis or sexua	392	407	0.96
Acute cerebrovascular disease.	139	133	1.05
Congestive heart failure; nonhypertensive.	100	89	1.12
Fracture of neck of femur (hip).	79	63	1.25

Main causes of death during December 2018 (Mortality Database)	
Pneumonia	33
Sepsis/Septicaemia	15
Cancer	12
Chronic Obstructive Pulmonary Disease (COPD)	7
Heart Failure	6
Dementia	5

RAMI 17 Septicaemia CCS Group (Rolling 12 months)
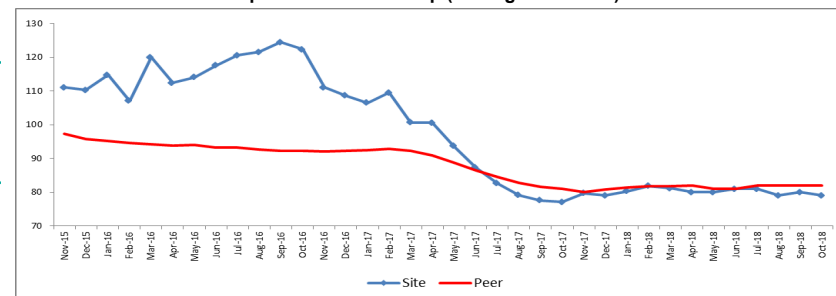
Access & Delivery

ACCESS AND DELIVERY

URGENT CARE

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
Four hour standard	95.0%	86.7%	90.6%	🟢 3.9%	87.8%	92.0%	🟢 4.2%	90.7%	
A&E Minor Performance	98.0%	99.5%	99.4%	🔴 -0.2%	97.6%	99.0%	🟢 1.3%	98.6%	
Four hour standard (Local System)	95.0%		93.1%			93.8%			
12 Hour DTAs	0	0	0	0	0	0	0	0	
Unplanned re-attendance to Emergency Department	5.0%	2.7%	3.2%	🔴 0.5%	2.8%	3.5%	🔴 0.8%	3.4%	
% Patients waiting less than 15 minutes for assessment in ED	M	83.0%	90.6%	🟢 7.6%	83.2%	87.5%	🟢 4.3%	85.9%	
% Patients waiting less than 60 minutes for treatment in ED	M	46.4%	49.4%	🟢 3.0%	44.8%	49.5%	🟢 4.7%	49.8%	
% Patients waiting less than 120 minutes for treatment in ED	M	76.0%	81.4%	🟢 5.4%	74.3%	81.4%	🟢 7.0%	81.1%	
% Patients that left without being seen in ED	M	1.9%	1.6%	🟢 -0.3%	1.7%	2.1%	🔴 0.5%	2.1%	
% Patients admitted from ED (Conversion rate)	M	31.0%	33.5%	🔴 2.5%	28.2%	29.7%	🔴 1.5%	30.2%	
Number of ambulatory care admissions with zero length of stay	M	727	937	210	5090	7530	2440	813	
% of ambulatory care admissions with zero length of stay	M	64.1%	69.4%	5.2%	59.2%	66.0%	6.8%	65.2%	
Emergency Department attendances	M	10065	10330	2.6%	90170	97066	7.6%	10479	
Ambulance conveyances	M	3527	3445	-2.3%	29072	28544	-1.8%	3184	
Admissions via A&E	M	31.0%	33.5%	2.5%	28.2%	29.7%	1.5%	30.2%	

The Trusts' 4 hour performance was 90.6% for December 2018.

The system 'Walk-In' centres and the acute trusts combined performance for December was 93.1%. This performance ranked ESHT 19th out of 134 trusts in the country.

Activity continues to be higher than previous years, A&E attendances are up 7.6% year to date and non-elective spells are up 11.0% year to date.

The system has some key schemes in place focusing on reducing non-elective demand, with a particular focus on reducing frequent attenders and supporting frail elderly patients in an out of hospital setting.

A&E Trajectory

East Sussex Healthcare **NHS**
NHS Trust

A&E Monthly Performance (4Hr Wait)-Type 1 Only
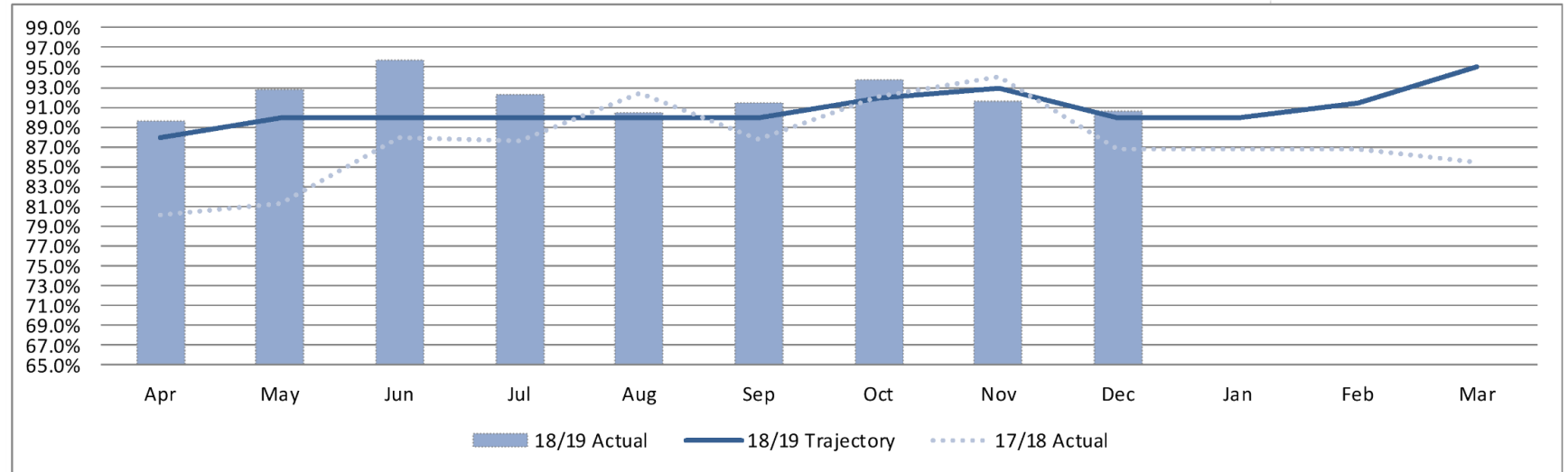
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 Trajectory	88.0%	90.0%	90.0%	90.0%	90.0%	90.0%	92.0%	93.0%	90.0%	90.0%	91.5%	95.0%
18/19 Actual	89.5%	92.8%	95.7%	92.2%	90.4%	91.4%	93.7%	91.7%	90.6%			
17/18 Actual	80.1%	81.4%	88.0%	87.7%	92.5%	87.8%	92.1%	94.1%	86.7%	86.7%	86.8%	85.5%

The Trusts' 4 hour performance for December was 90.6% which is above trajectory:
Conquest   90.6%
EDGH   90.7%

- Minors performance for December was 99.4%.

- Attendances in December were up 2.6% against the corresponding month last year.

- Ambulance conveyances have decreased by 1.8% year to date.

RTT

East Sussex Healthcare **NHS**

NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
RTT Incomplete standard	92.0%	90.0%	89.9%	-0.1%	91.5%	89.6%	-2.0%	89.7%	
RTT Backlog (Number of patients waiting over 18 weeks)	M	2929	2737	-192	2929	2737	-192	2933	
RTT Total Waiting List Size	28221	29302	27150	-2152	29302	27150	-2152	28572	
RTT 52 week waiters	0	1	0	-1	2	0	-2	0	
RTT 35 week waiters	M	165	164	-0.6%	165	164	-0.6%	187	

RTT (Incomplete Performance)
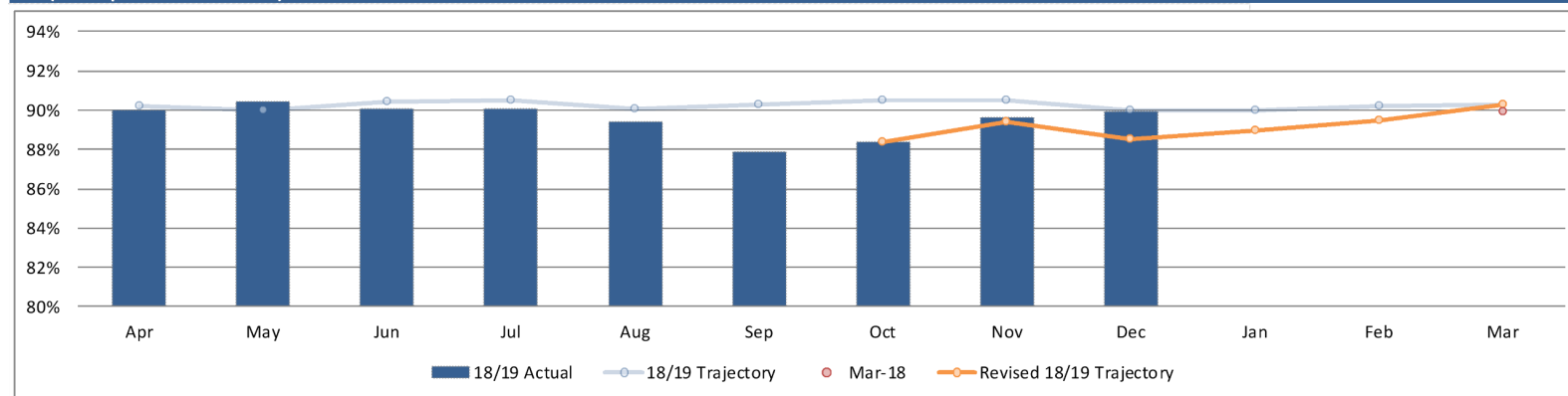
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 Trajectory	90.2%	90.0%	90.4%	90.5%	90.1%	90.3%	90.5%	90.5%	90.0%	90.0%	90.2%	90.3%
Revised 18/19 Trajectory							88.4%	89.4%	88.5%	89.0%	89.5%	90.3%
18/19 Actual	90.0%	90.5%	90.1%	90.1%	89.4%	87.9%	88.4%	89.6%	89.9%			
Mar-18												89.9%

- The Trust performance for December was 89.9%, with performance 0.1% below trajectory.

- Focus is on out-patient and theatre efficiency in order to manage demand and capacity without additional costs.

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RTT Waiting List
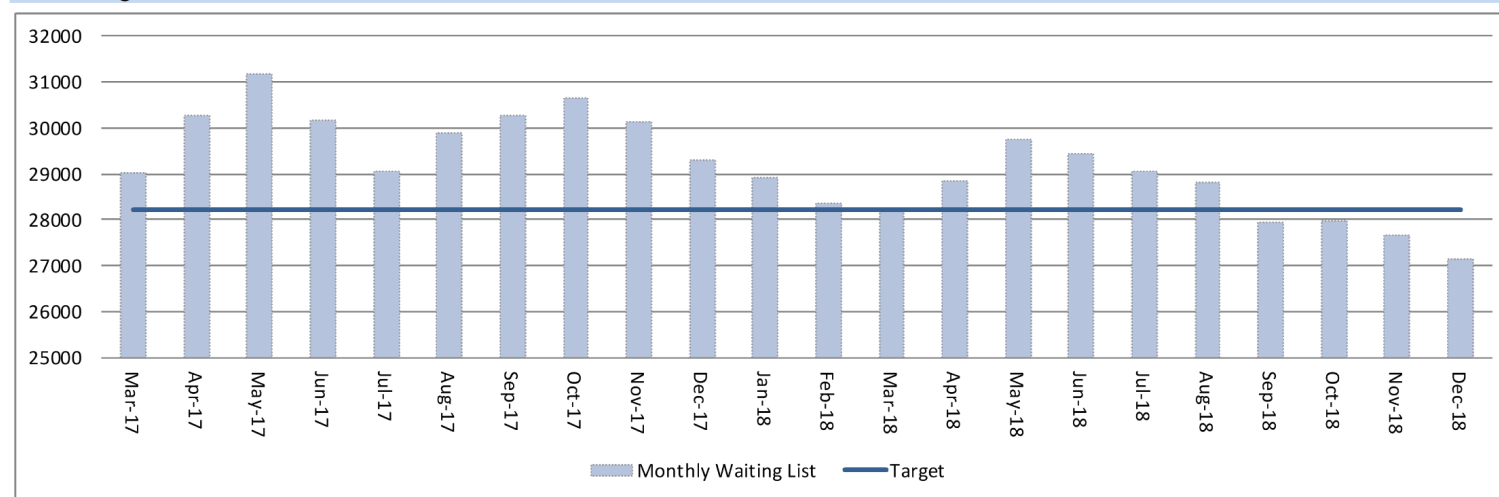
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 Actual	28853	29767	29426	29066	28818	27942	27983	27652	27150			
17/18 Actual	30284	31188	30179	29053	29886	30260	30655	30149	29302	28909	28348	28221

- December has seen improvements in the Surgical specialties, in particular Ophthalmology and ENT, however further work is required to achieve 92% in these specialties.
- Gynaecology performance has reduced by 1% and continues to remain a concern following a reduction in admitted capacity over the past few months and the Division is currently exploring recovery opportunities within its current resources.
- Medicine continues to achieve the constitutional standard, with Gastroenterology narrowly missing out on 92% in December, though the specialty is expected to show recovery in January 2019.
- December saw a further reduction in the total waiting list size and the Trust is expecting to maintain a position below the March 2018 position of 28221.

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CANCELLATIONS AND DTC

East Sussex Healthcare **NHS**

NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
Super Stranded (Census on last day of month)	M	107	114	🔴 7	68	54	🟢 -14	116	
Avg Daily Super Stranded Beddays (single month metric)	142	173	164	🟢 -9	201	156	🟢 -45	162	
Avg Daily Super Stranded Beddays (rolling 3 month avg NHSI metric)	142	180	139	🟢 -41	201	156	🟢 -45	165	
Delayed transfer of care national standard	3.5%	2.0%	3.2%	🔴 1.3%	4.4%	2.7%	🟢 -1.7%	2.4%	
Cancellations									
Urgent operations cancelled for a second time	0	0	0	🟢 0	1	4	🔴 3	0	
Proportion of last minute cancellations not rebooked within 28 days	0.0%	2.6%			0.5%	1.3%	🔴 0.8%	1.8%	
Outpatient appointment cancellations <6 weeks	M	43	34	🟢 -20.9%	403	290	🟢 -28.0%	35	
Outpatient appointment cancellations >6 weeks	M	1360	1409	🔴 3.6%	12191	12543	🔴 2.9%	1397	

- DTC performance for December has recovered to below the 3.5% target following a challenging November.

- Although stranded patient numbers have declined over the past 12 months, we have seen a slight increase over the busy December period. The rolling 3 month NHSI metric is currently being achieved, however there is a risk of non-achievement in January if the single month metric for January fails to meet the 142 target.

- The Trust is establishing an outpatients transformation service and this will impart focus on the outpatient booking process. A number of transformation initiatives are already underway to address the cancelation rate.

Diagnostics

East Sussex Healthcare **NHS**

NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
Diagnostic standard (% patients waiting more than 6 weeks)	1.0%	2.3%	1.5%	🟢 -0.8%	2.5%	1.4%	🟢 -1.0%	1.6%	

Diagnostic waiting times (over 6 weeks)
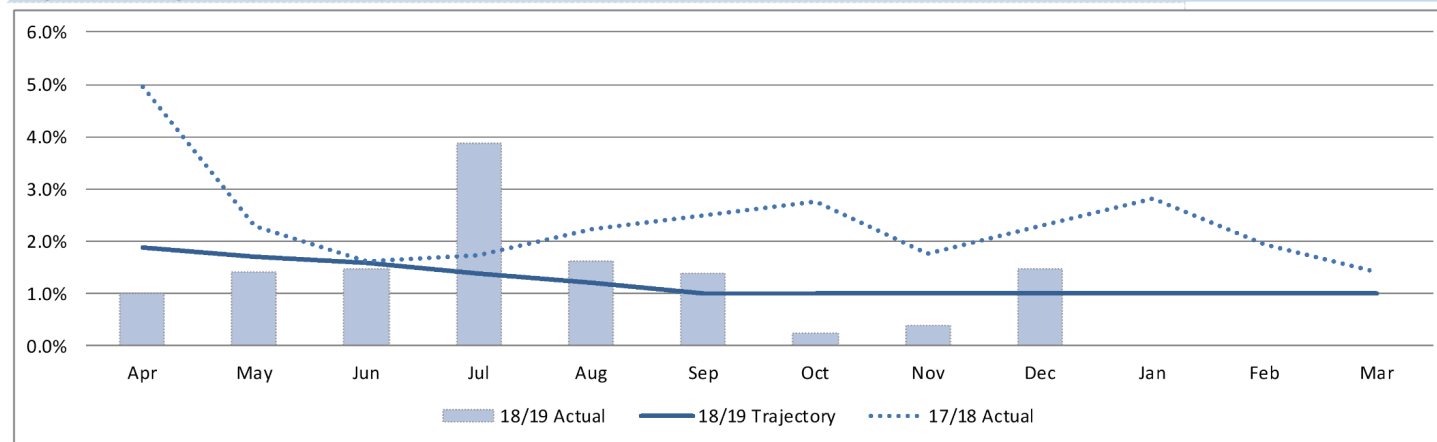
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 Trajectory	1.9%	1.7%	1.6%	1.4%	1.2%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
18/19 Actual	1.0%	1.4%	1.5%	3.9%	1.6%	1.4%	0.3%	0.4%	1.5%			
17/18 Actual	5.0%	2.3%	1.6%	1.7%	2.3%	2.5%	2.8%	1.8%	2.3%	2.8%	1.9%	1.4%

Following two months of consecutive delivery of the Diagnostic target, performance for December has seen the Trust position decline and not achieve, with a final position of 1.5%

We continue to see a high percentage of Imaging breaches whilst also experiencing a number of breaches in Cystoscopy due to reduced capacity over the Christmas break. At the same time, the service has seen an increase in Cancer referrals which has impacted on routine pathways.

A total of 83 breaches occurred in December 2018 – Audiology (5), Colonoscopy (4), CT (3), Cystoscopy (16), Gastroscopy (1), MRI (2), Non-obstetric US (50), Respiratory Physiology (1) and Urodynamics (1).

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CANCER STANDARDS

East Sussex Healthcare NHS
NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Nov-17	Nov-18	Var	2017/18	2018/19	Var		
Cancer 2WW Standard	93.0%	97.4%	96.5%	-0.9%	96.1%	93.5%	-2.6%	94.1%	
Cancer 62 day urgent referral standard	85.0%	75.4%	69.8%	-5.6%	76.9%	70.1%	-6.8%	70.7%	
Cancer 2WW Standard (breast symptoms)	93.0%	95.0%	97.2%	2.2%	95.9%	96.0%	0.1%	95.9%	
Cancer 31 day standard	96.0%	98.3%	92.7%	-5.6%	97.4%	93.5%	-3.9%	94.3%	
Cancer 31 day subsequent drug treatment	98.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	
Cancer 31 day subsequent surgery	94.0%	100.0%	84.2%	-15.8%	98.2%	84.3%	-13.9%	87.7%	
Cancer 62 day screening standard	90.0%	62.5%	100.0%	37.5%	75.2%	67.1%	-8.1%	63.6%	

- Performance against the Cancer standards was challenged again this month, however 62 Day performance for November increased to 69.8% from 66.3% in October.

- The Trust reported 57 2WW breaches for November compared to 55 in October, 258 in September and 141 in August.

- The Trust reported 43.5 62 Day breaches for November against 51 in October, 48 in September and 40 in August.

Cancer 2 Week Wait Referrals

East Sussex Healthcare **NHS** NHS Trust

2WW Referrals
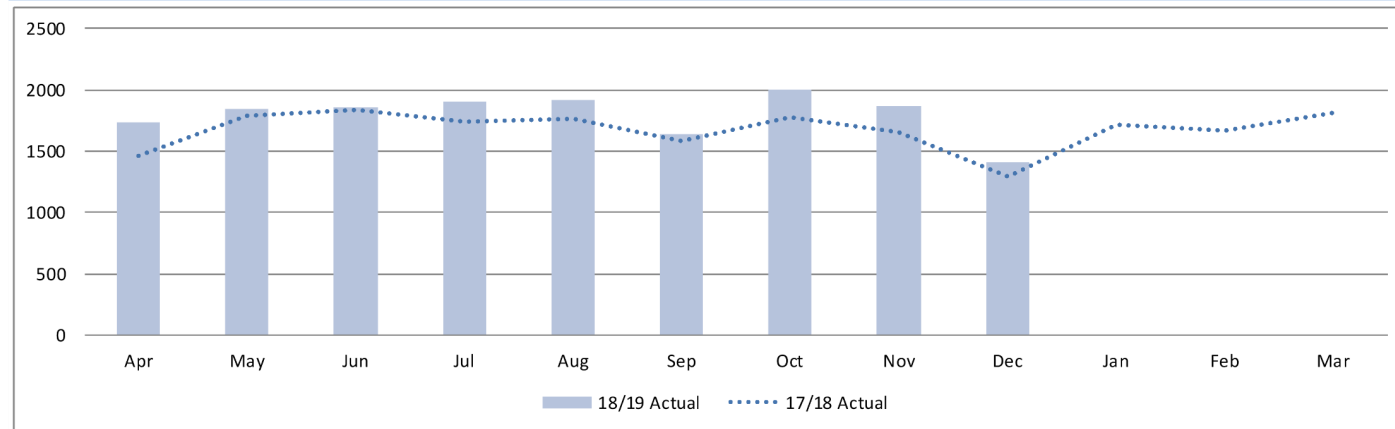
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 Actual	1735	1843	1854	1903	1912	1640	1996	1873	1414			
17/18 Actual	1460	1784	1833	1736	1771	1579	1777	1656	1300	1717	1671	1809

Suspected Cancer Site by Date of Decision to Refer

Suspected Cancer Site	Apr 17 to Dec 17	Apr 18 to Dec 18	% Variance
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	1354	1280	-5.5%
Other suspected cancers	34	27	-20.6%
Suspected brain/central nervous system tumours	60	52	-13.3%
Suspected breast cancer	1653	2214	33.9%
Suspected childrens cancer	17	15	-11.8%
Suspected gynaecological cancers	1147	1232	7.4%
Suspected haematological malignancies (excluding acute leukaemia)	124	147	18.5%
Suspected head & neck cancers	1661	1626	-2.1%
Suspected lower gastrointestinal cancers	2387	2939	23.1%
Suspected lung cancer	534	507	-5.1%
Suspected sarcomas	1	0	-100.0%
Suspected skin cancers	2941	3005	2.2%
Suspected testicular cancers	114	174	52.6%
Suspected upper gastrointestinal cancers	1453	1220	-16.0%
Suspected urological cancers (excluding testicular)	1416	1732	22.3%
Grand Total	**14,896**	**16,170**	**8.6%**

2WW referrals decreased in December against the unprecedented levels seen in October and November. 2WW referrals are currently up 8.6% year to date. This increase continues to add pressure on the system.

A detailed tumour site action plan has been developed and an assurance meeting held with NHSI.

A final recovery trajectory is due to be submitted to NHSI in early February.

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Cancer 62 Days

East Sussex Healthcare **NHS**
NHS Trust

Cancer 62 Day Standard - Revised December 2018
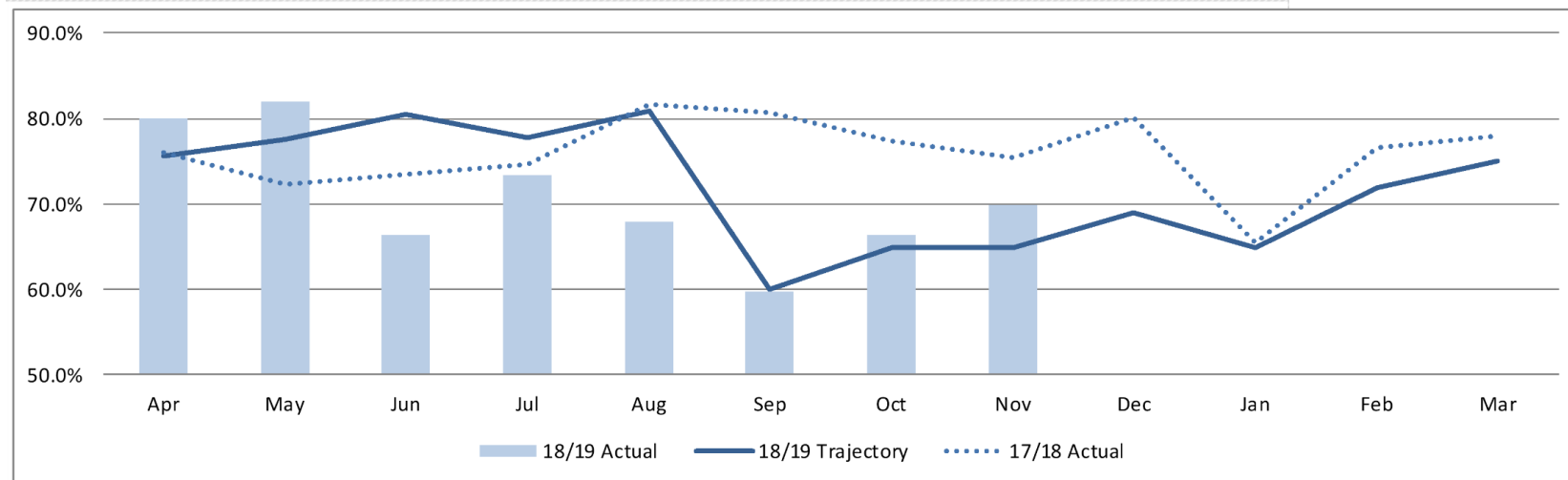
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19 Trajectory	75.7%	77.5%	80.6%	77.8%	80.8%	60.0%	65.0%	65.0%	69.0%	65.0%	72.0%	75.0%
18/19 Actual	80.1%	81.9%	66.3%	73.4%	68.0%	59.7%	66.3%	69.8%				
17/18 Actual	76.0%	72.4%	73.4%	74.7%	81.6%	80.8%	77.4%	75.4%	80.2%	65.5%	76.6%	78.0%

Colorectal, Lung, Head and Neck, Haematology and Urology are the highest breaching specialities this month (November).

Whilst capacity struggles to meet an up to 50% increase in demand in some tumour sites, the Trust is focusing on actions within its immediate control while services are redesigned to meet new demand levels:

• Improved booking for outpatient follow-ups.

• On day booking for Radiology appointments.

• Implementation of straight to test for the Colorectal pathway is now in place and we will be implementing the FIT pathway from February 2019 (this will reduce patient pathways by two weeks at a minimum).

• 7 day booking implementation plan for Radiology and 24 hour reporting for cancer pathways.

Cancer Standards – 62 days (target 85%)

East Sussex Healthcare NHS
NHS Trust
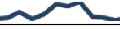
November 2018 Summary					
Standard	Total Seen /Treated	On Target	Breaches	Compliance	Target
Cancer Two Week Wait	1,607	1,550	57.0	96.5%	93%
Breast Symptom Two Week Wait	142.0	138.0	4.0	97.2%	93%
31 Day First Treatment (Tumour)	191.0	177.0	14.0	92.7%	96%
31 Day Subsequent Surgery	19.0	16.0	3.0	84.2%	94%
31 Day Subsequent Drug Treatments	7.0	7.0	0.0	100.0%	98%
31 Day Subsequent Palliative Treatments	9.0	9.0	0.0	100.0%	N/A
Cancer 62 Day Standard (Tumour)	144.0	100.5	43.5	69.8%	85%
62 Day Screening Standard (Tumour)	8.5	8.5	0.0	100.0%	90%
62 Day Upgrade Standard (Tumour)	15.5	12.0	3.5	77.4%	N/A

Community

East Sussex Healthcare NHS — NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Nov-17	Nov-18	Var	2017/18	2018/19	Var		
InPatients Total									
Number of Admissions	N/A	76	69	🔴 -7.0	589	623	🟢 34.0	82	
Number of Discharges	25	48	72	🟢 24.0	610	653	🟢 43.0	65	
Average Length of Stay	25	26.7	22.2	🟢 -4.5	29.9	25.8	🟢 -4.1	26.5	
Occupancy rate	85%	89.6%	71.0%	🔴 -18.6%					
InPatients Irvine Unit									
Number of Admissions	N/A	22	34	🟢 12.0	189	209	🟢 20.0	28	
Number of Discharges	25	17	32	🟢 15.0	198	214	🟢 16.0	28	
Average Length of Stay	25	37.9	21.7	🟢 -16.2	30.3	27.3	🟢 -3.0	29.1	
Occupancy rate	85%	97.5%	98.9%	🔴 1.4%					
InPatients Irvine Stroke Unit									
Number of Admissions	N/A	13	11	🔴 -2.0	97	106	🟢 9.0	13	
Number of Discharges	25	13	13	🟢 0.0	100	108	🟢 8.0	13	
Average Length of Stay	25	31.8	36.4	🔴 4.6	43.5	36.0	🟢 -7.5	40.1	
Occupancy rate	85%	98.1%	92.4%	🔴 -5.7%					
InPatients Rye Memorial									
Number of Admissions	N/A	20	24	🟢 4.0	149	183	🟢 34.0	25	
Number of Discharges	25	18	27	🟢 9.0	156	187	🟢 31.0	25	
Average Length of Stay	25	21.6	18.4	🟢 -3.1	20.3	18.0	🟢 -2.3	18.1	
Occupancy rate	85%	88.7%	95.6%	🔴 6.9%					
InPatients Firwood House									
Number of Admissions	N/A	21			154	125	🔴 -29.0	16	
Number of Discharges	25	19			156	144	🔴 -12.0	18	
Average Length of Stay	25	17.9			25.4	21.9	🟢 -3.5	26.5	
Occupancy rate	85%	73.2%							

Community figures require final validation and sign off by Division following completion of the new reporting layout.

Community

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Nov-17	Nov-18	Var	2017/18	2018/19	Var		
Community Nursing									
Number of Referrals	1900	4353	3941	🟢 -9.5%	32960	31437	🟢 -4.6%	3997	
Number of Contacts	M	37050	35480	🔴 -4.2%	283302	280968	🔴 -0.8%	35119	
Rapid Response referrals reponse rate	100%	80.5%	74.2%	🔴 -6.3%	81.0%	78.3%	🔴 -2.7%	74.6%	
Urgent referrals response rate	100%	94.4%	96.0%	🟢 1.6%	92.8%	93.3%	🟢 0.4%	93.0%	
24hr referrals response rate	96%	95.1%	95.5%	🟢 0.4%	93.4%	93.4%	🔴 0.0%	92.3%	
Routine referral response rate	96%	83.6%	83.7%	🟢 0.1%	82.5%	81.8%	🔴 -0.7%	81.4%	
Average Waiting Times (days)	M	6.34	6.12	🟢 -3.5%	6.4	6.8	🔴 0.39	6.7	
JCR									
Number of Referrals	M	950	1034	🔴 8.8%	7040	7790	🔴 10.7%	933	
Number of interventions started	M	641	630	🔴 -1.7%	4750	4558	🟢 -4.0%	572	
Average Waiting Times (days)	M	20.0	22.0	🟢 10.0%	149.0	20.5	🟢 -86.2%	20	
Podiatry									
Number of acute referrals	M	144	245	🔴 70.1%	698	1520	🔴 117.8%	175	
Number of community referrals	M	463	440	🟢 -5.0%	4041	4053	🔴 0.3%	484	
Number of Contacts	M	9837	10209	🟢 3.8%	75391	79107	🟢 4.9%	9676	
Overall response rate	100%	100.0%	100.0%	🟢 0.0%	100.0%	100.0%	🟢 0.0%	100.0%	
Average Waiting Times for Acute (weeks)	13	1.65	0.75	🟢 -54.5%	11.34	1.69	🟢 -85.1%	1.6	
Average Waiting Times for Community (weeks)	13	2.26	1.99	🟢 -11.9%	16.27	2.06	🟢 -87.4%	2.1	
SALT									
Number of Acute Referrals	M	163	178	🔴 9.2%	1768	1366	🟢 -22.7%	118	
Number of Community Referrals	M		175		1107	1477	🔴 33.4%	167	
Number of Contacts	M		2449		7889	18106	🟢 129.5%	1784	
Overall response rate	100%	100.0%	80.7%	🔴 -19.3%	100.0%	84.9%	🔴 -15.1%	89.2%	
Average Waiting Times for community (weeks)	13	12	9.82	🟢 -18.2%	157.25	16.3	🟢 -89.6%	15.0	
Average Waiting Times for acute (days)	2	1.5	1.97	🔴 31.3%	2.0	3.9	🔴 93.7%	2.6	
Dietetics									
Number of Acute Referrals	M	527	540	🔴 2.5%	4348	3968	🟢 -8.7%	494	
Number of Community Referrals	M	204	217	🔴 6.4%	1732	1601	🟢 -7.6%	197	
Number of Contacts	M	6791	6377	🔴 -6.1%	50635	53288	🟢 5.2%	6544	
Overall response rate	100%	100.0%	100.0%	🟢 0.0%	97.8%	100.0%	🟢 2.2%	100.0%	
Average Waiting Times for community (weeks)	13	3.96	4.52	🔴 14.1%	32.48	3.3	🟢 -89.7%	3.5	
Average Waiting Times for acute (weeks)	13	3.55	2.76	🟢 -22.3%	32.6	2.9	🟢 -91.0%	3.1	
Bladder and Bowel Service									
Number of Referrals	M	342	320	🟢 -6.4%	2321	2435	🔴 4.9%	307	
Number of Contacts	M	3495	3079	🔴 -11.9%	22161	23680	🟢 6.9%	2890	
Overall response rate	100%	47.0%	98.2%	🟢 51.2%	67.1%	96.1%	🟢 29.0%	87.8%	
Average Waiting Times (weeks)	13	7.59	2.8	🟢 -62.7%	72.25	5.4	🟢 -92.5%	6	

Community

East Sussex Healthcare **NHS**

NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Nov-17	Nov-18	Var	2017/18	2018/19	Var		
Hastings and Rother MSK Physio									
Number of Referrals	M	1541	735	🟢 -52.3%	7529	6549	🟢 -13.0%	727	
Overall response rate (% under 13 weeks)	100%	77.7%	50.7%	🔴 -27.0%	92.0%	50.1%	🔴 -41.9%	51.5%	
Women and Mens Health									
Number of Referrals	M	155	108	🟢 -30.3%	1025	830	🟢 -19.0%	118	
Overall response rate	100%	96.7%	98.3%	🟢 1.6%	90.9%	99.8%	🟢 8.8%	99.7%	
Neuro Physio									
Number of Referrals	M	53	46	🟢 -13.2%	529	412	🟢 -22.1%	74	
Overall response rate	100%	65.9%	57.1%	🔴 -8.8%	80.6%	67.8%	🔴 -12.9%	65.5%	
HIT									
Number of Referrals	M	602	377	🟢 -37.4%	4491	3311	🟢 -26.3%	472	
Number of Contacts	M	1052	592	🔴 -43.7%	6091	5382	🔴 -11.6%	765	
Frailty									
Number of acute (FOH) Referrals	70		154			337		28	
Number of community referrals		68	107	🔴 57.4%	666	789	🔴 18.5%	95	
Number of acute (FOH) contacts	M		553			1055		88	
Number of community contacts	M	431	494	🟢 14.6%	4451	4231	🔴 -4.9%	487	
Community response rate	100%	76.9%	91.7%	🟢 14.7%	60.4%	45.7%	🔴 -14.7%	44.7%	
Community Average Waiting Times (days)	5	73.14	21	🟢 -71.3%	39.9	56.4	🔴 41.3%	60.9	
ProActive Care									
Number of Referrals	M	310	71	🟢 -77.1%	680	710	🟢 4.4%	100	
Number of Contacts	M	883	1043	🔴 18.1%	1975	8425	🟢 326.6%	1012	
Overall response rate	100%	62.1%	74.2%	🔴 12.1%	49.6%	55.4%	🟢 5.8%	60.7%	
Average Waiting Times (days)	5	43.8	8.3	🟢 -81.0%	952.43	16.0	🟢 -98.3%	17	
Crisis Response									
Number of Prevent Admission referrals	M	120	161	🟢 34.2%	755	1865	🟢 147.0%	250	
Number of facilitate discharge referrals	M	73	113	🟢 54.8%	354	754	🟢 113.0%	86	
Number of blocked catheter pathway referrals	M		302			1657			
Number of pneumonia pathway referrals	M	1	1	🟢 0.0%	8	8	🟢 0.0%		
Number of UTI pathway referrals	M	5	8	🟢 60.0%	28	39	🟢 39.3%	5	
Number of cellulitis pathway referrals	M		1		12	11	🔴 -8.3%		
Number of Contacts	M	1568	2734	🟢 74.4%	10940	19215	🟢 75.6%	2164	
Overall response rate	100%	54.7%	48.7%	🔴 -5.9%	53.8%	55.9%	🟢 2.1%	58.5%	
Average Waiting Times (hours)	M	6.05	-7.29	🟢 -220.5%	57.83	42.5	🟢 -26.6%	6.0	

Activity

ACTIVITY

Acute Activity

East Sussex Healthcare **NHS**

NHS Trust

Indicator Description	Target	Month Comparison			YTD Comparison			Rolling 12 month Avg	Trend
		Dec-17	Dec-18	Var	2017/18	2018/19	Var		
Emergency Department attendances	M	10065	10330	2.6%	90170	97066	7.6%	10479	
Ambulance conveyances	M	3527	3445	-2.3%	29072	28544	-1.8%	3184	
Admissions via A&E	M	31.0%	33.5%	2.5%	28.2%	29.7%	1.5%	30.2%	
Elective spells	M	506	522	3.2%	5471	5000	-8.6%	565	
Day Cases	M	3390	3400	0.3%	35191	35054	-0.4%	3900	
Elective Beddays	M	1350	1561	15.6%	14694	14893	1.4%	1648	
Total Non-Elective Spells	M	4520	4759	5.3%	37486	41599	11.0%	4599	
Number of Emergency spells	M	3927	4156	5.8%	31945	36265	13.5%	4002	
Number of Maternity spells (ante and post partem)	M	319	306	-4.1%	2985	2825	-5.4%	318	
Number of other non-elective spells (Births/Transfers from other hospitals)	M	274	297	8.4%	2556	2509	-1.8%	279	
Non-Elective beddays	M	22329	20045	-10.2%	194760	181218	-7.0%	20811	
LOS									
Elective Average Length of Stay	M	2.7	3.0	🔴 0.3	2.7	3.0	🔴 0.3	2.9	
Non-Elective Average Length of Stay	M	4.9	4.2	🟢 -0.7	5.3	4.4	🟢 -0.9	4.5	
Inpatient Average Length of Stay at intermediate care units	M	26.0	23.8	🟢 -2.2	28.3	25.5	🟢 -2.8	26.3	

Leadership & Culture

LEADERSHIP & CULTURE

CEO Report Prelude

Nursing Establishment Review (in patient wards)

The 4 week data collection for the 2018/19 formal review of the Nursing Establishment Review will be undertaken from Monday 14th January 2019 until Friday 8th February 2019. The review uses the nationally recognised Safer Nursing Care Tool (SNCT) to collect data related to the acuity and dependency of in patients in all our wards and calculates the number of hours nursing required to deliver their care. The findings along with other quality metrics and professional judgement are used to plan our future staffing requirements which will be presented to the Trust Board for approval & implementation in 2019/20.

Recruitment of Registered Nurses & Midwives

Whilst the trust remains lower than the national average in terms of percentage of vacant Register Nurses & Midwifes, the challenge remains both nationally and locally to fill vacancies particularly in some specialist areas (Accident & Emergency & Operating Theatres for example). Focused recruitment campaigns are being used to target attracting staff to these areas and we continue to be successful in attracting overseas nurses and return to practice nurses to the trust through supported practice programmes.

We have 4 Overseas Nurses who have just passed their OSCE test at first attempt which means they have gained their UK registration within 2 months of starting with the Trust and we have had 9 pass since the end of October 2018 .

CEO Report Prelude

Workforce Planning

- ESHT Strategic Workforce Plan (3 + 2) refined
- Specialty Workforce Plans by Staff group delivered to identify efficiency opportunities as part of the Business Planning process
- HR and Corporate Nursing collaborative project initiated to develop workforce safeguards in line with Oct 2018 NHSI guidance and compliance framework

Workforce Efficiency

- Workforce Efficiency Programme Manager appointed to support the delivery workforce CIP opportunities
- Work underway to incorporate NHSI guidance on 'e' Job Planning the Clinical Workforce' and 'e' Rostering the Clinical Workforce' against specific levels of attainment for all staff groups

CEO Report Prelude
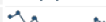
Retention

A menu of interventions linked to retention is currently being developed and will be used to support the achievement of specific   retention targets   outline in the workforce plan the Workforce plan.

Education

• The work on the Trust wide training needs analysis continues with an action plan being developed, which will be presented to the POD Committee (People & Organisational Development)

• The management restructure to form an integrated education service is underway to bring together all elements of medical, other clinical and non- clinical education

• The review of statutory and mandatory training content and requirements continues with recommendations to be fed back to the Education Steering Group in February

TRUST OVERVIEW

TRUST													
WORKFORCE CAPACITY	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Trend line
Budgeted fte	6,873.2	6,859.5	6,859.8	6,859.1	7,060.0	6,981.2	6,993.4	7,031.1	6,941.3	6,914.1	6,915.7	6,915.1	6,906.1	
Total fte usage	6,846.7	6,888.7	6,716.4	6,875.5	6,910.5	6,681.7	6,707.4	6,755.4	6,667.0	6,679.1	6,622.4	6,737.3	6,655.5	
Variance	-26.5	29.2	-143.4	16.4	-149.5	-299.5	-286.0	-275.7	-274.3	-235.0	-293.3	-177.8	-250.6	
Permanent vacancies	609.9	577.7	537.1	527.6	644.6	605.2	651.3	663.5	641.2	611.9	576.4	556.6	595.9	
Fill rate	91.0%	91.4%	92.0%	92.2%	90.5%	91.0%	90.4%	90.3%	90.5%	90.9%	91.4%	91.7%	91.1%	
Bank fte usage (as % total fte usage)	9.7%	9.7%	6.7%	9.1%	10.1%	7.3%	8.1%	8.3%	7.8%	8.1%	6.8%	7.9%	7.6%	
Agency fte usage (as % total fte usage)	1.8%	2.0%	1.9%	1.9%	1.6%	1.9%	1.8%	1.7%	1.6%	1.4%	1.2%	1.4%	1.2%	
Turnover rate	11.3%	11.2%	11.1%	11.0%	10.9%	11.0%	10.9%	11.1%	11.0%	10.8%	10.7%	11.0%	11.1%	
Stability rate	92.1%	92.2%	91.9%	92.7%	92.1%	91.9%	89.5%	92.0%	92.0%	91.8%	91.4%	91.0%	90.9%	
SICKNESS ABSENCE														
Annual sickness rate	4.4%	4.4%	4.5%	4.5%	4.5%	4.5%	4.5%	4.4%	4.4%	4.4%	4.4%	4.4%	4.3%	
Monthly sickness rate (%)	5.3%	5.6%	4.6%	4.1%	3.6%	3.7%	3.5%	3.8%	3.9%	4.2%	4.4%	4.6%	4.4%	
Short term sickness (<28 days)	59.0%	65.4%	48.4%	57.5%	45.9%	44.3%	46.0%	41.2%	45.0%	42.6%	46.5%	55.1%	51.3%	
Monthly long term sickness (28 days+)	41.0%	34.6%	51.6%	42.5%	54.1%	55.7%	54.0%	58.8%	55.0%	57.4%	53.5%	44.9%	48.7%	
MANDATORY TRAINING & APPRAISALS														
Appraisal rate	81.3%	81.8%	81.3%	79.6%	79.5%	79.2%	78.1%	78.2%	79.7%	80.1%	79.5%	80.6%	81.3%	
Fire	85.8%	86.4%	86.5%	86.6%	86.2%	87.4%	87.1%	86.6%	87.6%	87.2%	88.2%	87.9%	87.2%	
Moving & Handling	89.4%	90.4%	90.3%	90.1%	89.4%	89.9%	89.8%	88.7%	89.2%	89.2%	90.2%	90.4%	90.3%	
Induction	92.5%	95.1%	95.1%	94.8%	94.4%	95.0%	94.3%	94.8%	96.2%	95.5%	91.3%	90.8%	91.1%	
Infec Control	88.7%	89.8%	89.9%	90.2%	89.9%	90.5%	90.1%	89.6%	90.0%	89.7%	90.9%	91.0%	91.0%	
Info Gov	84.6%	86.8%	86.5%	86.3%	85.8%	85.1%	83.8%	84.7%	84.0%	82.5%	82.0%	80.5%	79.3%	
Health & Safety	87.9%	88.0%	87.4%	88.0%	88.8%	89.1%	88.6%	89.4%	88.7%	88.2%	88.3%	87.6%	88.2%	
MCA	95.1%	95.0%	95.3%	95.8%	95.8%	96.1%	96.1%	96.5%	96.5%	95.7%	95.7%	95.1%	95.6%	
DoLs	95.8%	95.1%	96.3%	96.4%	96.4%	96.8%	96.9%	97.2%	96.7%	94.9%	94.9%	93.9%	94.4%	
Safeguarding Vulnerable Adults	87.4%	86.2%	85.2%	84.7%	84.2%	85.8%	86.0%	86.7%	86.6%	86.3%	87.2%	86.8%	87.2%	
Safeguarding Children Level 2	85.7%	85.0%	85.4%	85.3%	84.7%	86.4%	87.4%	87.6%	87.8%	87.5%	88.2%	88.0%	88.4%	

Source data: ESR & Finance Ledger

MONTHLY HEADLINES

DECEMBER 2018

- Actual workforce utilisation 6,655.5 fte, -250.6 fte below the budgeted establishment

- December '18 monthly budget £23,578k against monthly actual expenditure £24,186 (-£608k)

- Substantive expenditure £21,109k

  - Temporary staff expenditure £3,077k (12.7% of total pay expenditure) as follows:

    - Bank expenditure £2,161k

    - Agency expenditure £687k

    - Overtime £49k

    - Waiting List payments £180K

- Vacancies in December have increased to 595.9 fte (8.9%), this is an increase of +39.3 ftes

- Annual turnover increased by +0.1% to 11.1%, which represents 653.9 fte leavers in the last year

- Annual sickness rate decreased by -0.1% to 4.3%

- Monthly sickness decreased by -0.2% against November to 4.4%.

- Mandatory Training rate and Appraisal rates:

  - Mandatory Training rate reduced by -0.1% to 88.3%. Compliance has reduced for Fire, Information Governance and, slightly, for Moving & Handling but has increased or stayed unchanged for other mandatory courses.

  - Appraisal compliance increased by +0.7% to 81.3%

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WORKFORCE EXPENDITURE

East Sussex Healthcare **NHS**
NHS Trust

Actuals in Month (£000s)

Category	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Trend line
Budget	£22,726	£22,733	£22,733	£22,657	£23,830	£23,824	£23,875	£23,490	£23,321	£23,282	£23,228	£23,231	£23,578	
Substantive	**£21,050**	**£20,802**	**£20,529**	**£20,354**	**£20,634**	**£20,783**	**£20,727**	**£20,972**	**£22,152**	**£21,117**	**£20,966**	**£21,001**	**£21,109**	
Agency	£907	£929	£848	£863	£1,053	£1,037	£697	£954	£604	£667	£833	£732	£687	
Medical Locum bank	£976	£1,145	£796	£1,014	£911	£1,086	£923	£977	£960	£1,037	£738	£979	£1,017	
Bank	£1,329	£1,663	£801	£1,448	£1,451	£1,343	£1,210	£1,229	£1,172	£1,244	£1,309	£1,131	£1,144	
Overtime	£31	£31	£45	£34	£46	£28	£30	£43	£41	£42	£51	£43	£49	
Waiting List	£195	£153	£108	£135	£110	£151	£128	£136	£156	£183	£225	£196	£180	
Total Temp Expenditure	**£3,438**	**£3,921**	**£2,598**	**£3,494**	**£3,571**	**£3,645**	**£2,988**	**£3,339**	**£2,933**	**£3,173**	**£3,156**	**£3,081**	**£3,077**	
Apprenticeship Levy	**£744**	**£123**	**£128**	**£126**	**£94**	**£100**	**£92**	**£99**	**£108**	**£93**	**£98**	**£96**	**£97**	
Total Spend	**£24,488**	**£24,723**	**£23,127**	**£23,848**	**£24,205**	**£24,428**	**£23,715**	**£24,311**	**£25,085**	**£24,290**	**£24,122**	**£24,082**	**£24,186**	

2017/18 Monthly Pay Spend by Category
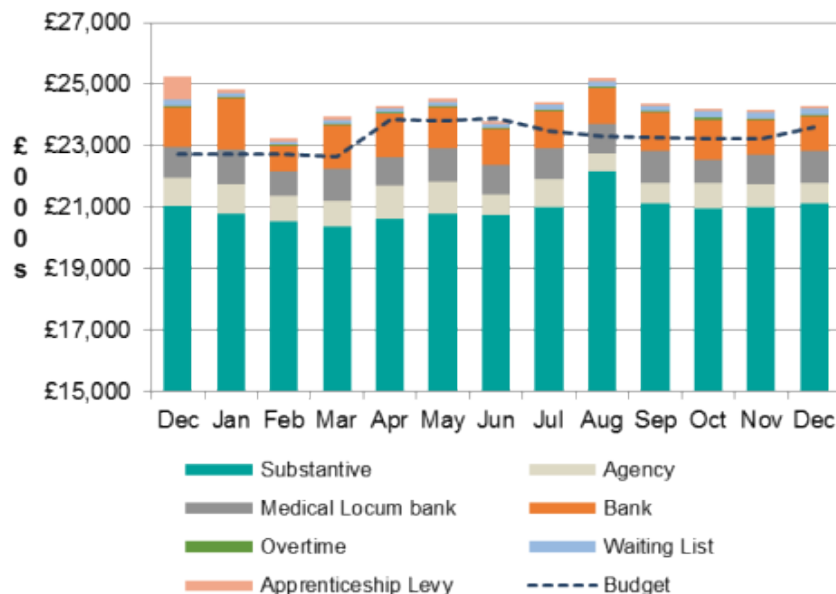
- **BANK** - Expenditure increased by +£51K this month. Medical locum has increased by +£38K. This is partly due to a new locum Rheumatology Consultant, replacing agency, as well as cover for medical vacancies and on call in ENT and Anaesthetics. Other bank has increased by +£13K

- **AGENCY** - Expenditure reduced by -£45K overall this month, partly due to reductions in agency usage for Consultants in Neurology and in A&E at EDGH, now they have fully recruited to Consultant posts. An agency junior doctor in Elderly Care has left and there has been a reduction in nursing & midwifery agency in Women & Childrens due to successful recruitment. There was also a reduction in agency demand in Theatres due to the holiday period.

- **OVERTIME** – Expenditure increased by +£6K. Part of this was in Theatres as a slight offset to agency reduction.

- **WAITING LIST INITIATIVE** Payments have reduced this month by -£16K.

Source data: Finance Ledger

NHSI KPI'S - PLANNED v ACTUAL

- The Trust is performing better than forecast for turnover & vacancy rate and is currently on target for sickness (compared to the KPIs from the Workforce Submission to NHSI refresh as of 20th June '18)

Category	Plan/Actual	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Annual Turnover %	Plan	11.2%	11.3%	11.5%	11.5%	11.5%	11.5%
	Actual	11.1%	11.0%	10.9%	10.7%	11.0%	11.1%
Monthly Sickness %	Plan	4.3%	4.2%	4.3%	4.3%	4.3%	4.4%
	Actual	3.8%	3.9%	4.2%	4.4%	4.6%	4.4%
Vacancy Rate %	Plan	9.8%	9.8%	9.7%	9.7%	9.7%	9.5%
	Actual	9.7%	9.5%	9.1%	8.6%	8.3%	8.9%
Mandatory Training rate	Plan	88.0%	88.0%	89.0%	89.0%	89.0%	89.0%
	Actual	88.7%	88.8%	88.3%	88.8%	88.4%	88.3%

Source data: ESR & Finance Ledger

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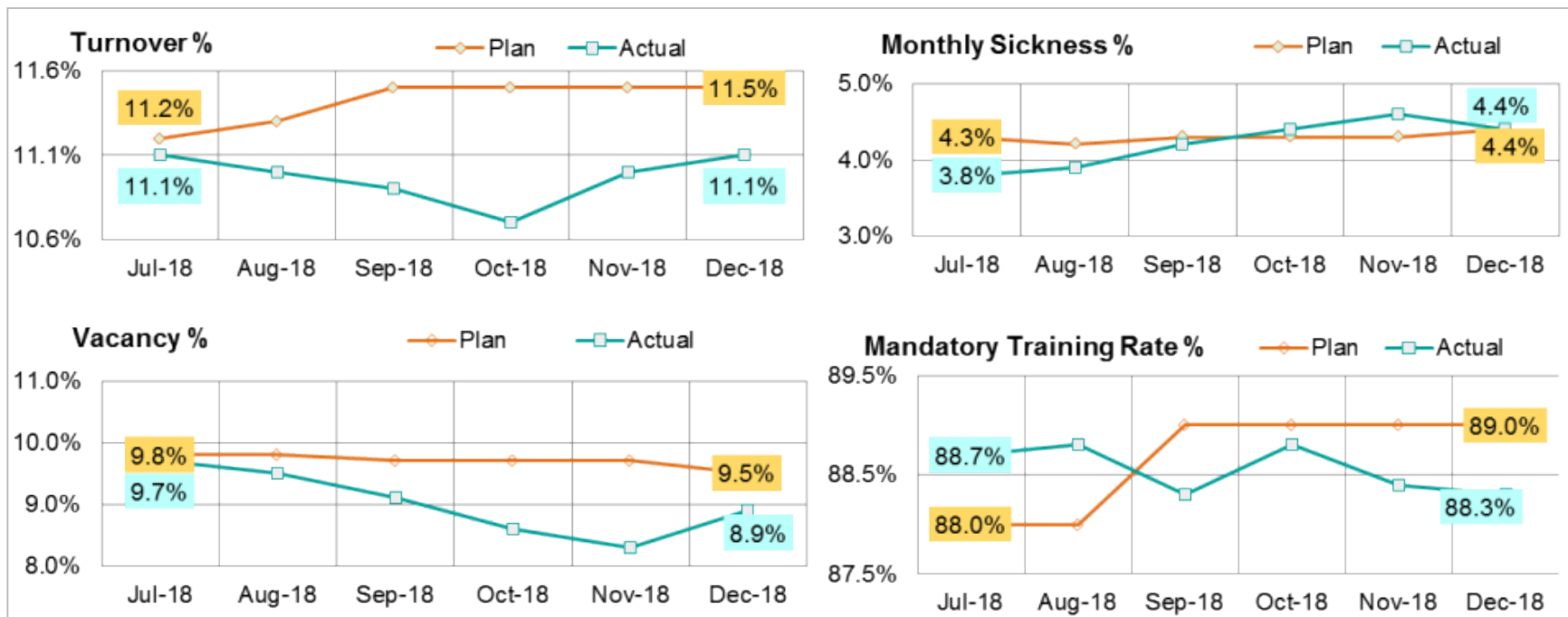
NHSI KPI'S - PLANNED v ACTUAL (continued)

- Agenda for Change appraisal rate % based on a rolling year whilst the Medical Staff Appraisal rate represents year to date (as per Revalidation reports)
- Agenda for Change appraisal rate below forecast but does continue to increase

Category	Plan/Actual	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
AfC Appraisal Rate (rolling year)	Plan	83.0%	83.0%	83.4%	83.8%	84.5%	84.6%
	Actual	77.4%	79.0%	79.6%	79.5%	80.2%	80.9%
Medical Staff Appraisal Rate (Yr to date)	Plan	20.5%	26.8%	38.6%	53.7%	70.2%	87.1%
	Actual	38.8%	47.6%	56.2%	71.4%	83.4%	91.8%

Source data: ESR & Finance Ledger
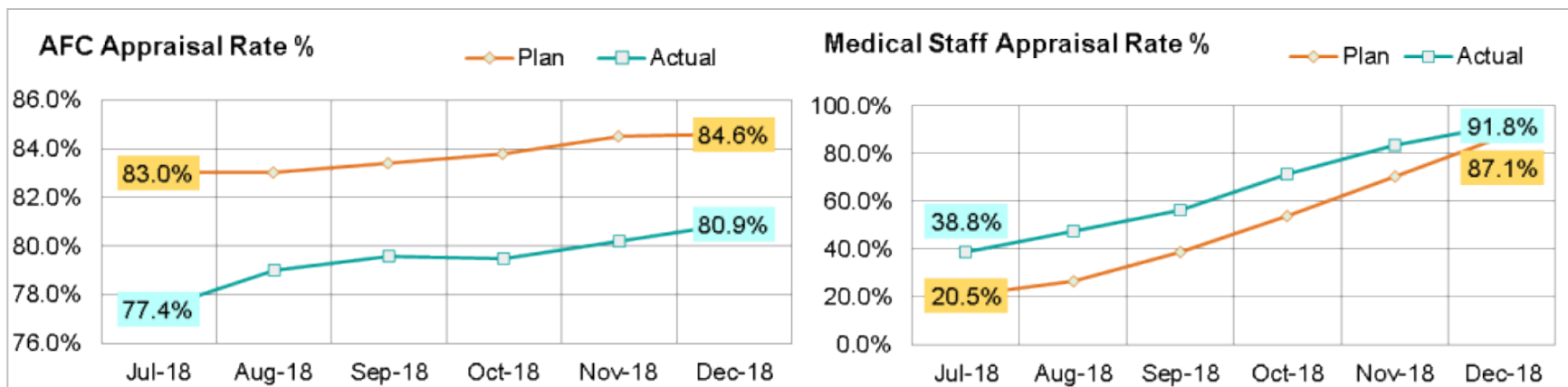
TURNOVER TREND – STAFF GROUP

- Turnover rate of 11.1% in December equates to 653.9 fte leavers, an increase of 9.7 ftes.
- 64.8 fte staff left the Trust in December '18, including 17.5 fte registered nurses. This compares to 52.9 ftes, including 13.5 fte registered nurses, in December '17

TRUST TURNOVER BY STAFF GROUP (%)													
Year on Year	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Trend line
Additional Clinical Services	13.8%	13.5%	13.5%	13.5%	13.4%	13.5%	13.4%	14.0%	13.5%	12.9%	12.3%	12.1%	12.0%	
Administrative and Clerical	11.1%	11.4%	11.1%	11.3%	11.7%	12.5%	11.7%	11.8%	11.6%	11.6%	12.0%	12.5%	12.8%	
Allied Health Professionals	12.7%	12.7%	12.9%	13.2%	12.1%	10.6%	10.0%	9.6%	9.6%	9.7%	10.5%	10.6%	10.9%	
Estates and Ancillary	10.4%	10.7%	10.3%	9.9%	8.9%	8.6%	9.1%	9.9%	9.1%	8.8%	8.2%	9.1%	9.1%	
Healthcare Scientists	11.0%	9.7%	10.9%	12.1%	11.8%	10.8%	12.3%	12.5%	12.1%	10.2%	10.1%	9.9%	12.0%	
Medical & Dental	10.0%	9.1%	9.7%	10.8%	10.4%	11.1%	11.7%	11.8%	11.5%	10.7%	10.4%	10.2%	10.1%	
Nursing & Midwifery Registered	10.4%	10.2%	10.0%	9.4%	9.2%	9.4%	9.3%	9.5%	9.9%	10.2%	10.1%	10.4%	10.7%	
Prof Scientific and Tech	8.8%	8.3%	9.7%	8.8%	8.7%	8.6%	8.7%	9.3%	9.1%	8.9%	8.2%	8.2%	6.9%	
TOTAL TRUST TURNOVER	**11.3%**	**11.2%**	**11.1%**	**11.0%**	**10.9%**	**11.0%**	**10.9%**	**11.1%**	**11.0%**	**10.8%**	**10.7%**	**11.0%**	**11.1%**	

Trust Turnover by Month %

Source data: ESR
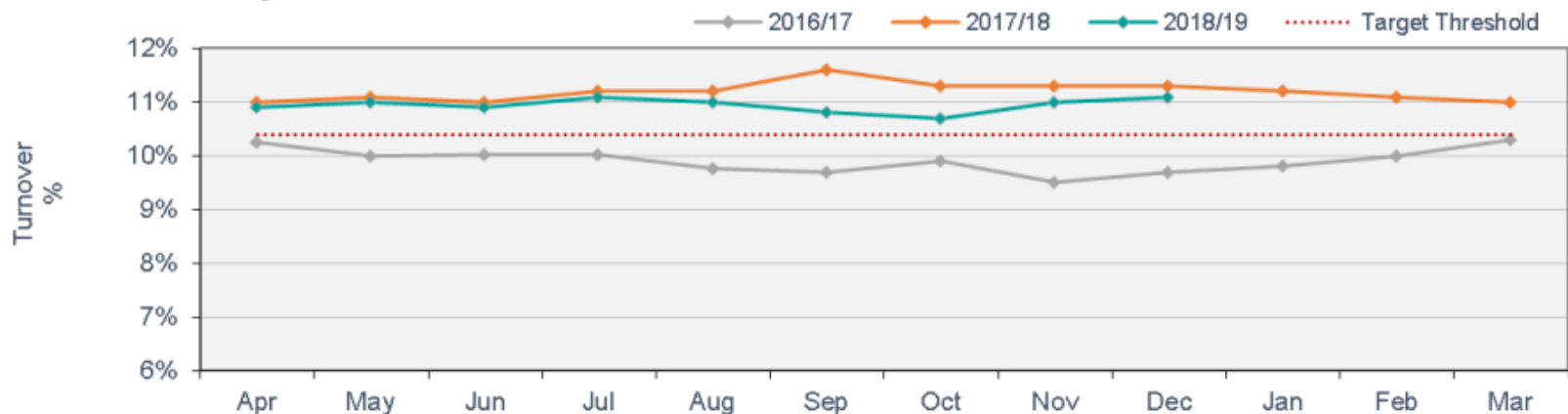
LEAVERS & STABILITY – STAFF GROUP

STAFF GROUPS	STABILITY > 1YR
Medical & Dental	93.0%
Prof Scientific & Technical	87.0%
Administrative & Clerical	91.3%
Nursing & Midwifery Registered	91.0%
Estates & Ancillary	94.3%
Additional Clinical Services	89.2%
Healthcare Scientists	90.9%
Allied Health Professionals	89.8%
TRUST	**90.9%**

Overview
- The Stability Rate measures the number of current staff who have more than 1 year's service with ESHT

- Nursing & Midwifery Registered staff remain the largest cohort of leavers with 192.9 ftes leaving in the last year.

- Medical & Dental leavers does not include junior doctor rotation, in line with common NHS practice.

Source: ESR December 2018

ANNUAL LEAVERS BY STAFF GROUP (fte)

Bar chart — FTE:
- Prof Scientific & Technical: 10.6
- Healthcare Scientists: 16.4
- Medical & Dental: 29.7
- Allied Health Professionals: 43.6
- Estates & Ancillary: 54.2
- Additional Clinical Services: 142.1
- Administrative & Clerical: 163.2
- Nursing & Midwifery Registered: 192.9
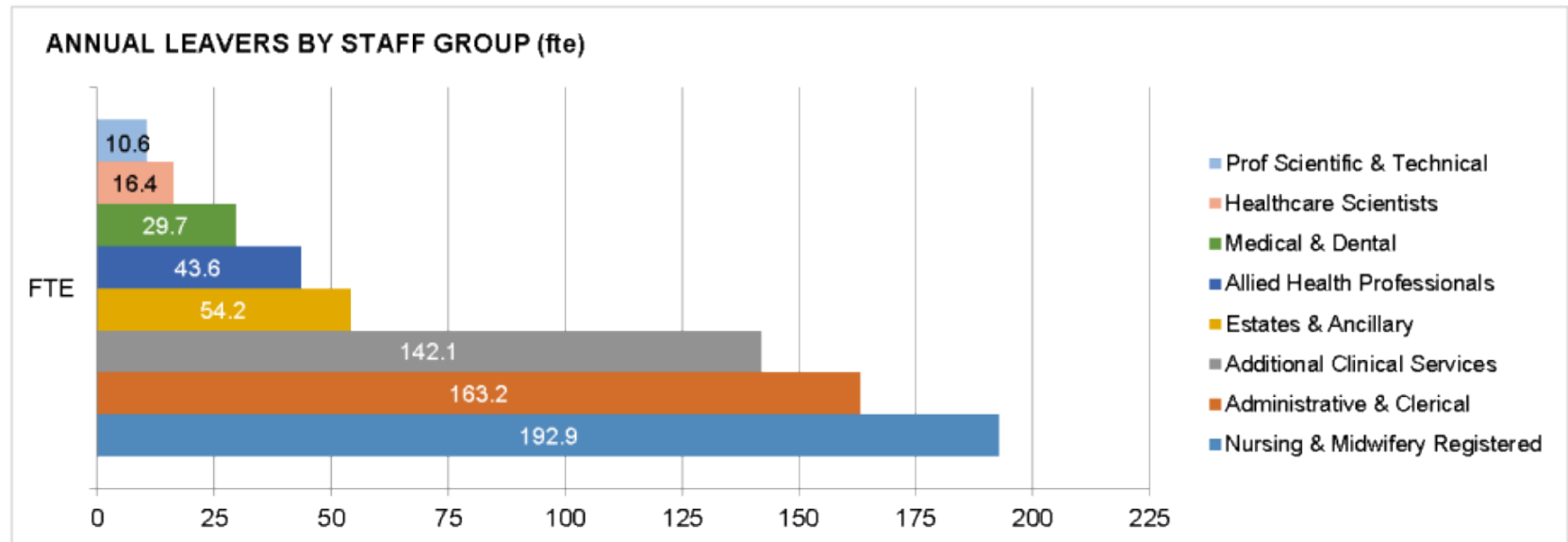
Source data: ESR

RECRUITMENT – TRENDING NET VACANCIES BY STAFF GROUP (%)

- Vacancy rate has increased by 0.6%. Total vacancies for the Trust is 595.9 fte. Net deficit of -17.5 ftes between leavers & joiners.
- Slight reduction in candidate applications to the Trust due to holiday period
- First two Medacs Agency candidates to join the Trust started in Obstetrics and Gynaecology.

DEC 2017 TO DEC 2018	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Trend line
Medical Workforce	7.2%	3.5%	5.2%	4.1%	13.0%	13.5%	13.7%	13.3%	14.7%	14.5%	12.6%	11.4%	11.0%	
Reg Nrs & Midwives	9.8%	10.1%	8.8%	8.3%	10.2%	9.5%	10.1%	9.7%	10.4%	9.8%	7.9%	7.0%	7.4%	
Unreg Nurses	12.0%	11.4%	10.7%	11.9%	14.1%	10.5%	9.2%	8.9%	5.9%	5.3%	6.3%	5.7%	6.4%	
Allied Health Prof (AHP)	12.8%	13.4%	13.0%	13.5%	16.2%	16.2%	12.8%	12.5%	11.3%	10.5%	9.5%	11.1%	12.1%	
Prof Scientific & Tech (PST)	7.2%	7.4%	7.4%	7.8%	5.0%	7.5%	8.6%	7.4%	8.4%	8.4%	9.6%	10.7%	12.1%	
Admin & Clerical	7.5%	6.2%	6.0%	5.7%	7.5%	8.0%	8.2%	7.6%	7.1%	7.9%	8.7%	8.8%	9.3%	
Estates & Ancillary (E&A)	6.0%	6.8%	4.8%	4.0%	-1.5%	-2.7%	6.0%	12.0%	11.3%	9.0%	8.4%	7.6%	9.0%	
TRUST	9.0%	8.6%	8.0%	7.8%	9.5%	9.0%	9.6%	9.7%	9.5%	9.1%	8.6%	8.3%	8.9%	

Trending Vacancy (%) for Medical, Reg & Non-Reg Nurses

- Medical Workforce
- Reg Nrs & Midwives
- Unreg Nurses

Trending Vacancy (%) for AHP, Prof & Tech, A&C, E&A

- Allied Health Prof (AHP)
- Prof Scientific & Tech (PST)
- Admin & Clerical
- Estates & Ancillary (E&A)

Source data: ESR & Finance Ledger
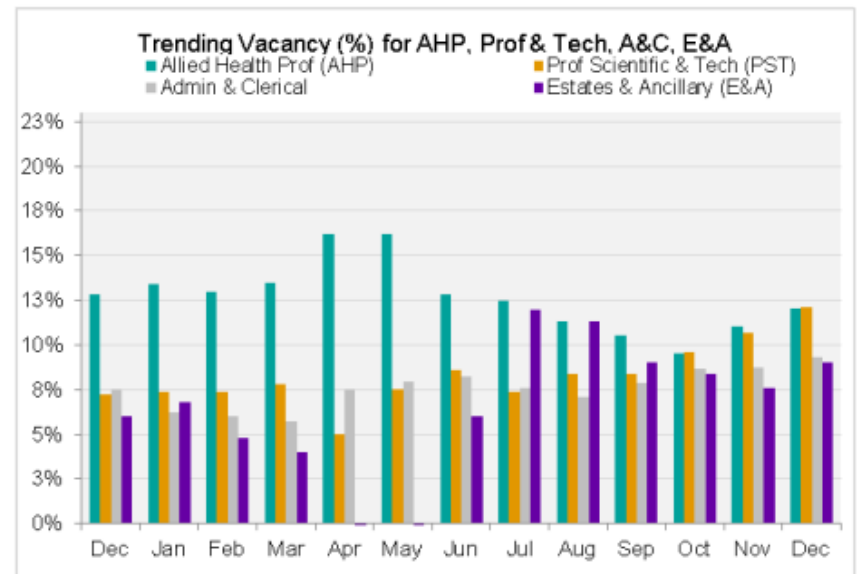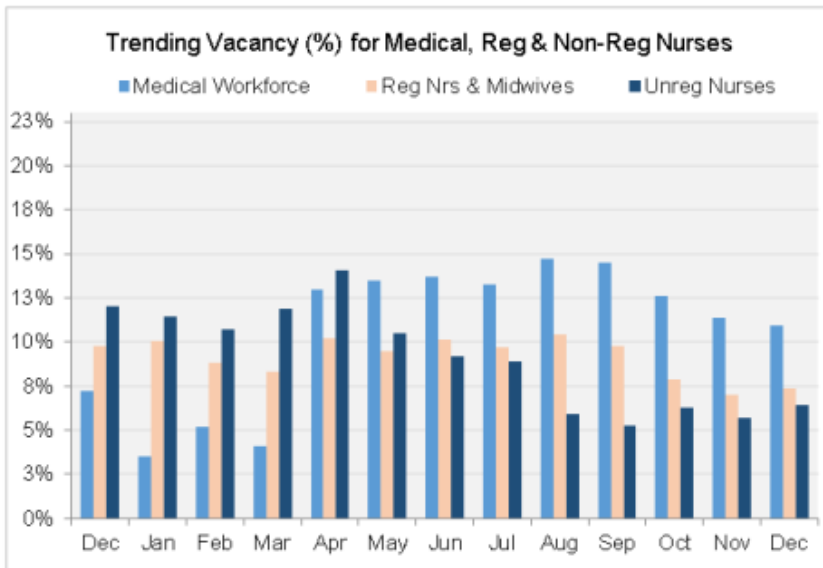
ABSENCE MANAGEMENT – SICKNESS RATES

- Rolling 12 month view by month
- The monthly sickness rate has reduced by -0.2% to 4.4%, this is 0.9% lower than for December 17 (and 0.2% lower than for December 16). Accordingly, the annual sickness rate has decreased by -0.1% to 4.3%.
- Estates & Ancillary staff had the highest monthly sickness rate at 6.4% (-0.1% compared to November) followed by Additional Clinical Services at 5.8% (-0.2%) and Registered Nursing & Midwifery at 5.1% (+0.3%)

ANNUAL (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	4.5%	4.5%	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	4.4%	4.3%
2017/18	4.2%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%	4.3%	4.4%	4.4%	4.5%	4.5%
2018/19	4.5%	4.5%	4.5%	4.4%	4.4%	4.4%	4.4%	4.4%	4.3%			

MONTHLY (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	4.2%	3.9%	3.8%	4.1%	4.1%	4.0%	4.7%	4.5%	4.6%	4.8%	4.4%	4.0%
2017/18	3.4%	3.5%	3.8%	4.4%	4.2%	4.3%	4.8%	5.0%	5.3%	5.6%	4.6%	4.1%
2018/19	3.6%	3.7%	3.5%	3.8%	3.9%	4.2%	4.4%	4.6%	4.4%			

ANNUAL SICKNESS (%) ■2016/17 ■2017/18 ■2018/19

MONTHLY SICKNESS (%) ■2016/17 ■2017/18 ■2018/19

Source data: ESR
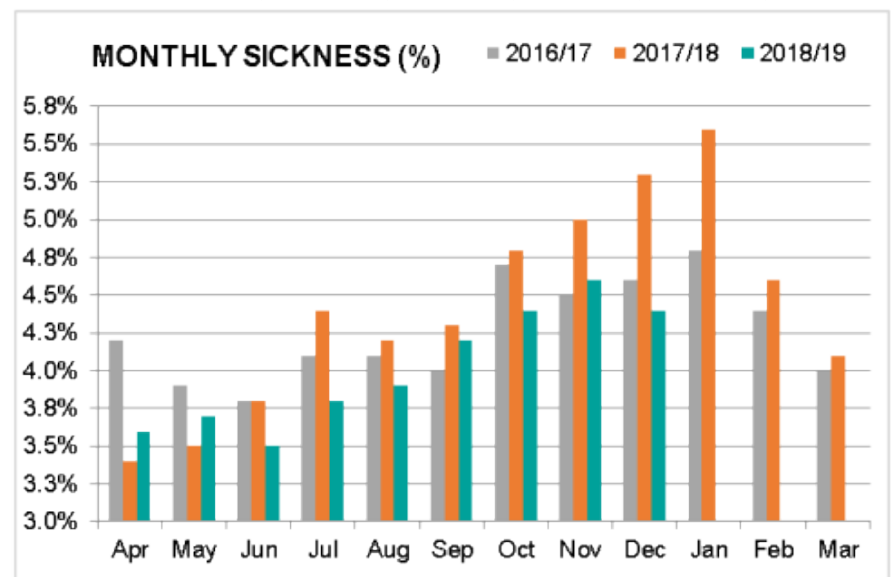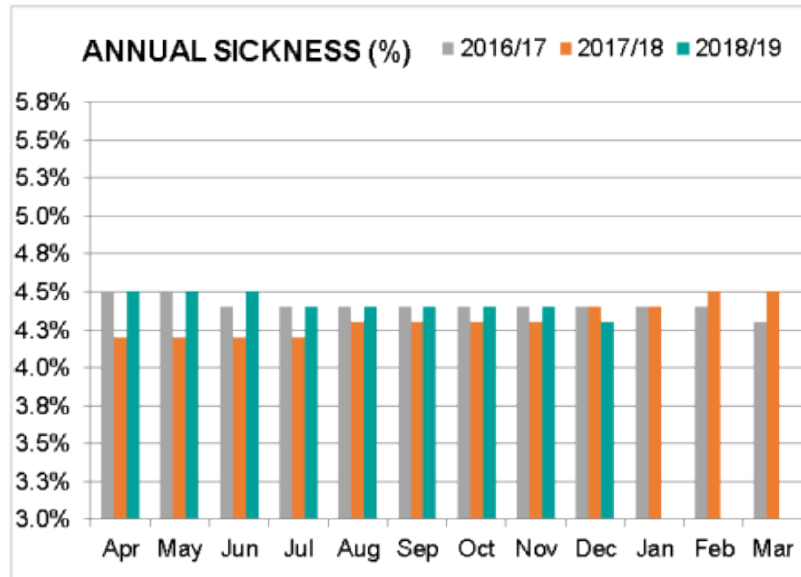
ABSENCE MANAGEMENT – SICKNESS REASONS

East Sussex Healthcare NHS Trust

- Fte days lost to anxiety/stress/depression reduced by a further 76.8 days in December.
- Other musculoskeletal problems also reduced by 39.5 fte days lost whilst seasonal illnesses, such as Cold, Cough, Flu and Chest & Respiratory increased by 58.1 and 21.9 days, as would be expected in the winter months.

TOP 6	Fte Days Lost by Month												
Reason for sickness	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Trend line
Anxiety/stress/depression/other psychiatric	1,641.5	1,299.1	1,433.3	1,376.5	1,660.3	1,363.5	1,369.6	1,391.9	1,583.4	1,655.6	1,499.4	1,422.6	
Back Problems	553.9	396.6	415.1	490.1	346.1	462.9	629.8	691.8	617.0	641.4	708.0	718.3	
Other musculoskeletal problems	1,490.5	1,259.0	1,270.8	905.9	1,231.1	1,032.2	1,212.7	977.0	1,058.3	1,031.5	1,219.4	1,179.9	
Cold, Cough, Flu - Influenza	2,070.4	1,139.0	990.8	442.9	313.0	275.3	189.2	185.8	410.6	682.5	730.2	788.3	
Chest & respiratory problems	920.1	499.6	438.6	353.0	264.0	235.8	244.2	132.8	142.1	291.9	371.3	393.2	
Gastrointestinal problems	723.1	647.3	777.1	587.5	604.9	657.3	825.8	782.7	657.3	698.0	829.0	724.7	

REASONS FOR SICKNESS (TOP 6)

Legend:
- Anxiety/stress/depression/other psychiatric
- Back Problems
- Other musculoskeletal problems
- Cold, Cough, Flu - Influenza
- Chest & respiratory problems
- Gastrointestinal problems
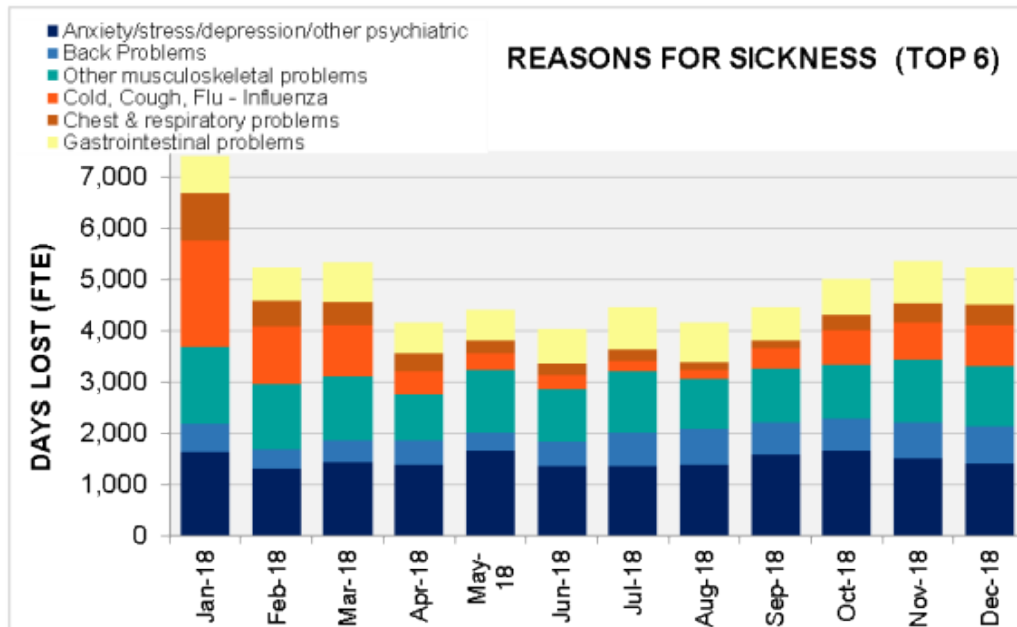
	Dec 2018 - Top 10 in descending order (%)	%
1	Anxiety/stress/depression/other psychiatric illnesses	16.7%
2	Other musculoskeletal problems	13.8%
3	Other known causes - not elsewhere classified	11.0%
4	Cold,Cough,Flu - Influenza	9.2%
5	Gastrointestinal problems	8.5%
6	Back Problems	8.4%
7	Unknown causes / Not specified	7.5%
8	Chest & respiratory problems	4.6%
9	Genitourinary & gynaecological disorders	4.4%
10	Injury, fracture	3.6%
	TOP 10 REASONS	**87.7%**

Source data: ESR

WELLBEING & ENGAGEMENT

- Flu uptake is currently at 75%
- Occupational Health / Recruitment have launched an internal transfer form to speed up movement of staff within the Trust in a safe manner
- Engagement model being launched to support managers

Employee Interventions December 2018

Legend:
- MECC
- Schwartz Rounds
- Health and Wellbeing talks / visits
- Team Events
- Talent Management STP / national events
- New Managers Orientation
- Corporate Induction
- Team away day
- Healthy Weights
- New Nurses preceptorship session
- Stay Interviews
- Coaching

Pie values: 13,6% 7,7% 43,1% 0,6% 0,4% 3,1% 13,4% 2,0% 4,8% 6,7% 2,3% 1,9%
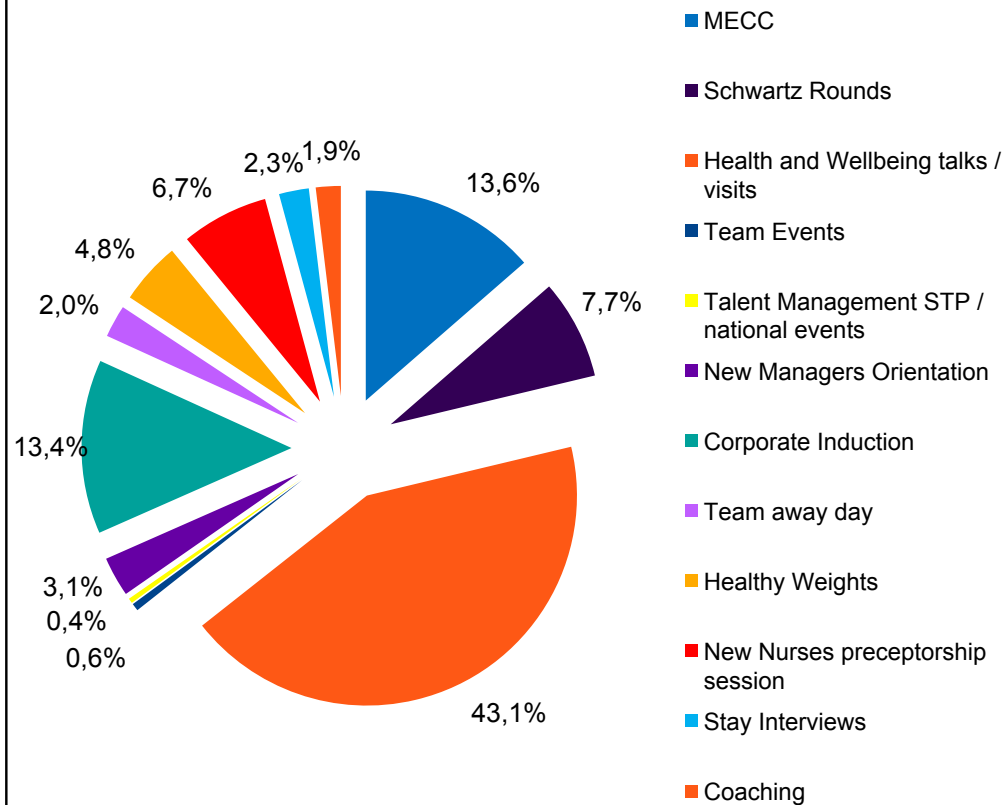
Occupational Health 5/11/18 - 31/12/18

	Value
Management referrals	235
Pre-employment health questionnaires	332
Counselling & Psychology referrals	30

(horizontal axis: 0, 100, 200, 300, 400)

45
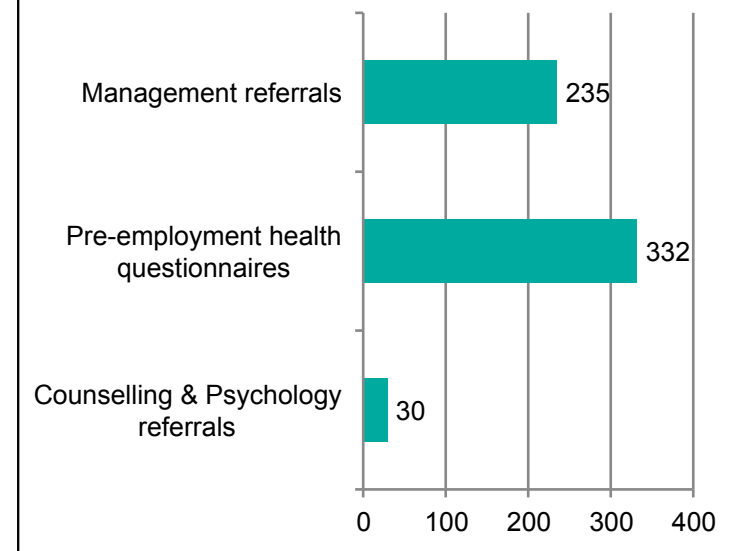
TRAINING & APPRAISAL COMPLIANCE BY DIVISION

East Sussex Healthcare NHS
NHS Trust

MANDATORY TRAINING

- Overall mandatory training compliance has reduced by -0.1% to 88.3%

- Plans to address the shortfall in Induction compliance are working well as compliance has increased this month. Further action is being taken to ensure all staff complete the relevant Induction within the timescale.

- There have been ongoing issues around completion of Information Governance via eLearning. This has been exacerbated this month due to a problem in ESR resulting in staff being unable to access eLearning. This issue may well have impacted on Fire Safety compliance levels as well and staff will be directed to the "drop in" sessions to address this.

- Safeguarding/MCA plans are working well to increase compliance

APPRAISAL OVERVIEW

- The overall appraisal rate for the Trust has increased again by +0.7% to 81.3%.

DIVISION	APPRAISAL COMPLIANCE	
	12 mth	16 mth
Urgent Care	77.5%	82.6%
Medicine	81.5%	90.3%
Out of Hospital	79.5%	88.5%
Diag/Anaes/Surg	83.5%	91.7%
Womens, Child, S/Health	75.5%	85.2%
Estates & Facilities	86.3%	91.9%
Corporate	81.4%	88.4%
TRUST	**81.3%**	**89.3%**

DIVISION	FIRE SAFETY	MANUAL HANDLING	INDUCTION	INFECTION CONTROL	INFO GOV	HEALTH & SAFETY	MENTAL CAPACITY ACT	DEPRIV OF LIBERTIES	END OF LIFE CARE	SAFEGUARDING		
										VULNERABLE ADULTS	CHILDREN (LEVEL 2)	CHILDREN (LEVEL 3)
Urgent Care	77.7%	81.4%	78.4%	79.6%	74.8%	86.9%	91.9%	85.9%	14.6%	85.6%	89.8%	87.5%
Medicine	85.4%	88.3%	90.5%	88.3%	77.0%	85.7%	93.9%	88.9%	40.5%	86.5%	86.6%	n/a
Out of Hospital	88.7%	92.7%	96.8%	94.3%	76.6%	87.9%	98.2%	99.3%	31.5%	86.9%	87.1%	65.1%
Diag/Anaes/Surg	86.2%	88.2%	84.2%	88.2%	78.0%	82.2%	95.0%	92.2%	33.7%	86.9%	87.2%	n/a
Womens, Child, S/Health	87.5%	90.8%	91.7%	92.7%	80.9%	88.8%	94.1%	93.9%	1.4%	87.2%	92.7%	92.0%
Estates & Facilities	90.0%	91.7%	94.3%	93.1%	83.9%	93.1%	n/a	n/a	n/a	n/a	n/a	n/a
Corporate	94.7%	95.8%	93.8%	96.1%	92.6%	94.5%	98.9%	98.8%	5.9%	87.1%	85.8%	100.0%
TRUST	**87.9%**	**90.4%**	**90.8%**	**91.0%**	**80.5%**	**87.6%**	**95.1%**	**93.9%**	**29.6%**	**86.8%**	**88.0%**	**84.3%**

Training & Appraisal Parameters: +85% **Green**, 75% to 85% **Amber**, < 75% **Red**

Source data: ESR

APPENDIX

- Supporting documents

WORKFORCE UTILISATION BY DIVISION – DECEMBER '18

RESOURCE RATIO - MONTHLY					
DIVISION	BUDGET FTE	SUBSTANTIVE	BANK	AGENCY	TOTAL
Diagnostics Anaesthetics & Surgery	1,757.5	1,529.8	123.3	25.0	1,678.1
Medicine	1,413.9	1,203.2	195.7	18.0	1,416.9
Out of Hospital Care	1,071.2	959.3	28.1	3.9	991.2
Womens Childrens & Sexual Health	700.0	645.0	29.9	6.3	681.1
Estates & Facilities	635.1	555.7	51.4	8.7	615.7
Urgent Care	323.7	248.6	45.9	16.6	311.0
Corporate	1,004.6	927.4	30.7	3.3	961.4
TRUST	**6,906.1**	**6,069.0**	**504.9**	**81.6**	**6,655.5**

Source data: Finance Ledger
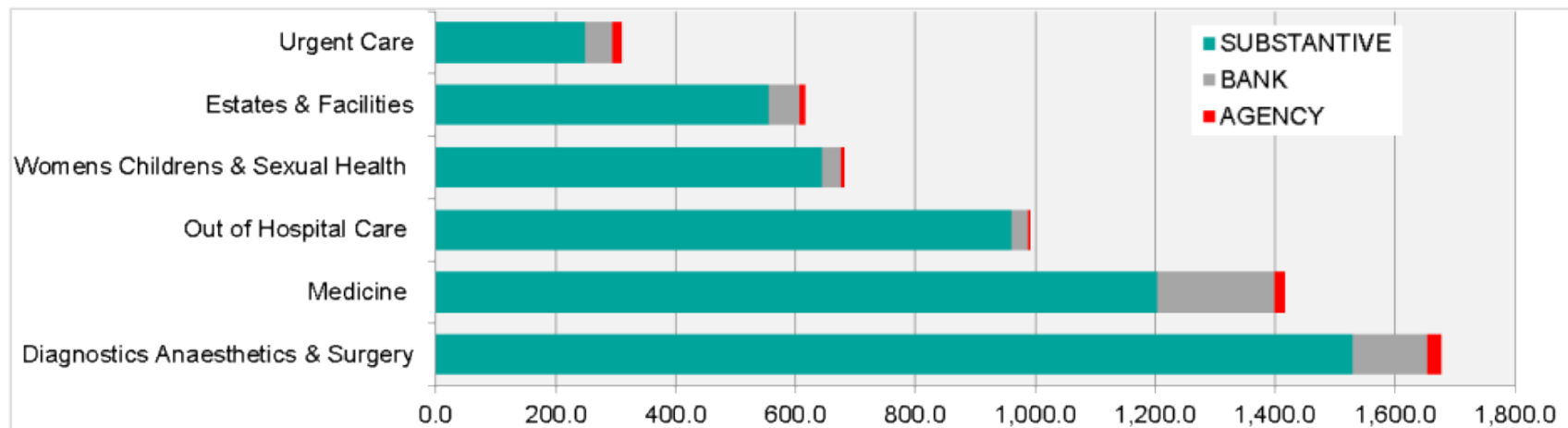
FLEXIBLE LABOUR – FTE & EXPENDITURE FOR DECEMBER '18

Bank & Agency fte Usage by Staff Group Dec 18 — Bank/Locum, Agency
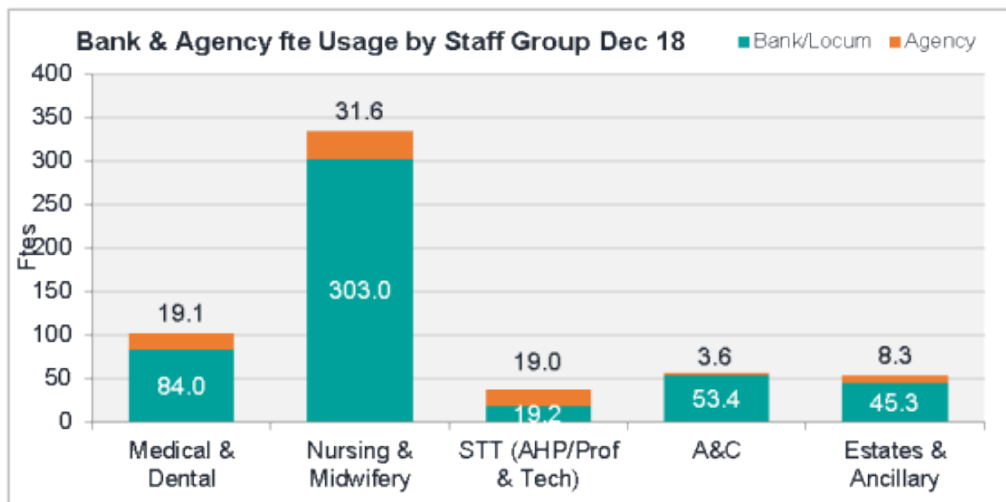
- Total temporary workforce expenditure decreased in Dec '18 against Nov '18 by -£17K:

  ➢ Bank costs increased by +£51K
  ➢ Agency costs reduced by -£45K
  ➢ Overtime costs increased by +£6K
  ➢ Waiting list costs reduced by -£16K

(Source data: Finance Ledger M9)

Bank & Agency Expenditure by Staff Group Dec 18 — Bank/Locum, Agency

Source data: *Finance Ledger*

49
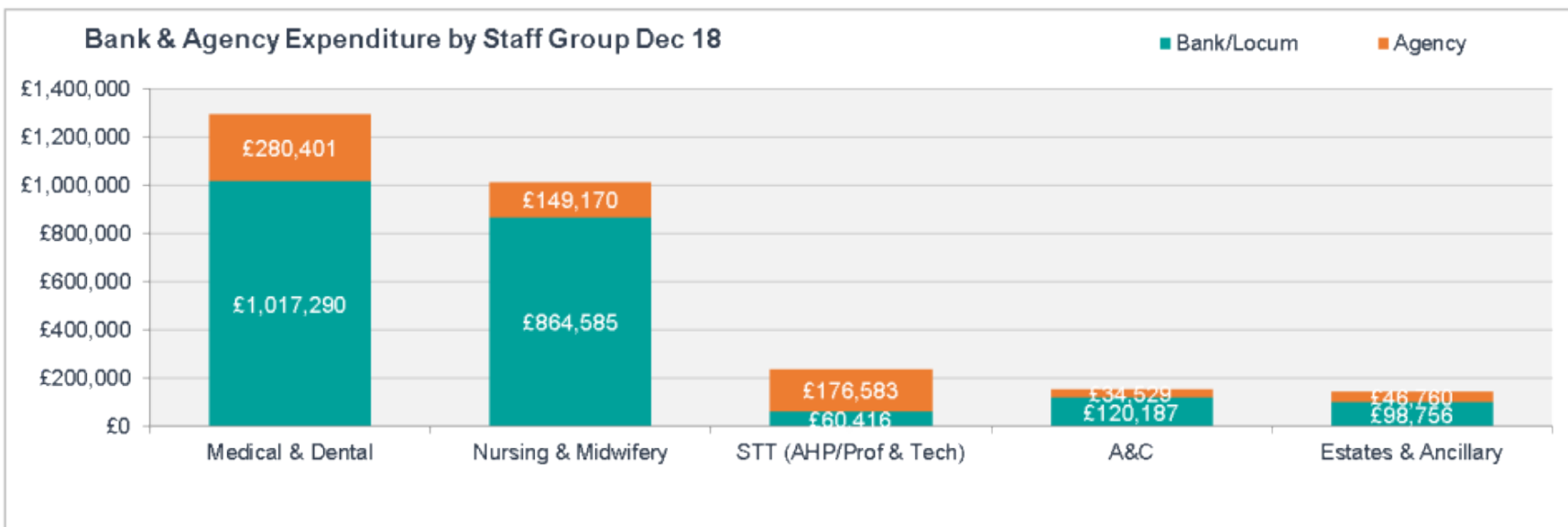
GLOSSARY

No.	TERM	DEFINITION
1	Prof Scientific and Tech	Professional Technical staff including Pharmacists & Pharmacy Technicians, Chaplaincy staff, Theatre Operating Dept Practitioners (this latter is in accordance with current NHS Occupational Code guidelines)
2	Additional Clinical Services	Unregistered staff including unregistered nurses & therapy helpers
3	Administrative and Clerical	All administrative & clerical staff including senior managers
4	Allied Health Professionals	Registered Chiropodists, Dietitians, Occupational Therapists, Orthoptists, Physiotherapists, Radiographers, Speech & Language Therapists
5	Estates and Ancillary	Estates, Facilities, Housekeeping, Catering, Portering, Laundry staff
6	Healthcare Scientists	Biomedical Scientists, Audiologists, Cardiographers, EME Technicians, Medical Photographers
7	Medical & Dental	All medical & dental staff; consultants, career grades & junior doctors
8	Nursing & Midwifery Registered	Registered nurses, midwives and health visitors
9	Students	Students are included within their relevant professions
10	Urgent Care	Also known as Emergency Department
11	Annual Sickness Calculation	Fte days lost to sickness over rolling 12 months divided by fte days available over same period

50

Finance

FINANCE

Jonathan Reid, Director of Finance

Finance Report Summary - Month 9

	Plan YTD	Actual YTD	Plan FOT	Forecast FOT
Capital Service Capacity	4	4	4	4
Liquidity	2	2	2	2
I&E Margin	4	4	4	4
Distance from Financial Plan	4	4	4	4
Agency Spend	1	1	1	1
Finance Rating	3	3	3	3
Rating With Overrides	4	4	4	4

Operational Deficit

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(39,501)	(33,369)	(35,520)	◆ (2,152)
Year End Forecast	(68,422)	(45,000)	(45,000)	🟢 0

The Trust is £2.2m behind plan YTD due to profiling in previous months, which is a £0.2m deterioration in month. The M9 the run rate has deteriorated by £1.2m from the previous month in line with plan. The YTD value of the fixed income deal brokered with the ESBT CCGs is included in the financial position. Overspends are primarily in medical pay, WLIs, premium payments and nursing special observations £0.7m. CIP is £0.8m behind plan YTD. YTD non-pay overspends include drugs and NHS Property Services void costs which are offset by non-recurrent benefits from VAT and stock adjustments.

Agency Usage

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(11,159)	(7,238)	(7,265)	◆ (27)
Year End Forecast	(13,799)	(9,305)	(9,305)	🟢 0

Agency spend is £27k above plan YTD due to continued requirement for agency in difficult to recruit medical and AHP posts. Overall agency costs are within the NHSI ceiling for 2018/19. YTD agency spend is a reduction of £3.9m (35%) compared to the same period 2017/18. However, internal bank and locum spend is overspent against YTD plan.

Income

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	292,968	298,573	305,287	🟢 6,714
Year End Forecast	387,935	397,467	397,467	🟢 0

YTD under performance on elective and day case activity £1.3m is fully offset by increased non-elective activity above planned values. A&E activity was slightly below plan in month. £3.8m national funding for the 18/19 pay award is showing above plan on income, and offsetting increased pay costs. The YTD value of the fixed income deal with the ESBT CCGs is included in the financial position.

Operating Costs

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(326,911)	(326,127)	(335,459)	◆ (9,333)
Year End Forecast	(448,948)	(434,713)	(434,713)	🟢 0

Overall costs are reporting £9.3m overspent against plan YTD. 18/19 AfC wage award national deal (£3.8m offset by additional funding in income), medical pay costs including agency (£3.3m) drugs overspend (£0.8m) and CIP under delivery are partially offset by non-recurrent benefits from stock adjustments and VAT.

Cost Improvement Programme

	Plan £k	Actual £k	Variance £k
Year to Date	14,012	13,235	◆ (776)
Year End Forecast	23,516	23,516	🟢 0

The Trust is £0.8m behind plan YTD. The main adverse variances are: bed modelling (£1.2m) and WLI reduction in DAS (£0.2m); this underperformance is partially offset with over delivery on pharmacy drugs (£0.4m), vacancies in Emergency Care (£0.4m) as well as the Maternity CNST being received earlier than planned (£0.4m).

Cash

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Current Balance	2,100	2,100	4,794	🟢 2,694
Year End Forecast	2,100	2,100	2,100	⬜ 0

Cash balance above minimum balance at month end. NHSI has invited ESHT to be part of a pilot for restructuring historical debt.

Capital Plan

	Plan £k	Actual £k	Variance £k
Year to Date	10,433	9,272	🟢 1,161
Year End Forecast	15,711	15,711	⬜ 0

Current CRL is £15.7m (which includes £0.8m of winter funding, £1.7m EPMA and £0.1m Order Comms). To enable the Trust to deliver its CRL, the capital plan, which is oversubscribed, is being reprioritised. Two submissions for emergency capital funding have been submitted to NHSI. The Trust awaits the outcome of these additional funding requests.

BPPC

	Month Volume	Month Value	YTD Volume	YTD Value
Trade Invoices	◆ 71.41%	⚠️ 80.28%	◆ 62.29%	◆ 71.29%
NHS Invoices	⚠️ 81.05%	⬜ 97.55%	⚠️ 82.78%	⬜ 96.61%

71% of trade invoices were paid within 28 days which equates to 80% of the total value paid in month.

81% of NHS invoices were paid within contract or within 28 days of receipt which was 98% of the total NHS invoices paid.

Divisional Performance

Division	Plan FTE	Actual FTE	Variance FTE (In the Month)	Plan £k (In the Month)	Actual £k (In the Month)	Variance £k (In the Month)	Plan £k (Year to Date)	Actual £k (Year to Date)	Variance £k (Year to Date)	Plan £k (Forecast Outturn)	Actual £k (Forecast Outturn)	Variance £k (Forecast Outturn)
Diagnostics, Anaesthetics & Surgery	1,757.49	1,678.05	🟢 79.44	(358)	(1,014)	◆ (657)	(2,744)	(6,928)	◆ (4,184)	(3,764)	(3,764)	🟢 0
Medicine	1,413.93	1,416.94	◆ (3.01)	2,694	2,272	◆ (421)	25,106	22,802	◆ (2,305)	32,588	32,588	🟢 0
Urgent Care	323.73	311.03	🟢 12.70	746	724	◆ (23)	6,563	7,332	🟢 769	8,475	8,475	🟢 0
Out of Hospital Care	1,071.24	991.21	🟢 80.03	(557)	(649)	◆ (92)	(5,144)	(5,737)	◆ (593)	(7,023)	(7,023)	🟢 0
Women's, Children's & Sexual Health	699.95	681.14	🟢 18.81	1,002	670	◆ (333)	9,929	8,841	◆ (1,088)	13,180	13,180	🟢 0
Estates & Facilities	635.07	601.56	🟢 33.51	(1,924)	(2,166)	◆ (241)	(17,747)	(19,078)	◆ (1,331)	(23,747)	(23,747)	🟢 0
Corporate	1,004.64	975.52	🟢 29.12	(3,944)	(4,051)	◆ (106)	(37,246)	(37,134)	🟢 112	(49,720)	(49,720)	🟢 0
Central	0.00	0.00	🟢 0.00	(1,981)	(319)	🟢 1,662	(12,087)	(5,619)	🟢 6,468	(14,989)	(14,989)	🟢 0
Total	6,906.05	6,655.45	🟢 250.60	(4,322)	(4,533)	◆ (211)	(33,369)	(35,520)	◆ (2,151)	(45,000)	(45,000)	🟢 0

Key Risks

Key Risk 1	Medical pay costs increased by 4% compared to M1-9 2017/18 (£3.3m overspend YTD)
Key Risk 2	Day case and Elective activity £1.3m below plan YTD (gynae, orthopaedics, ophthalmology and dermatology).
Key Risk 3	Unidentified CIP and delivery of CIP YTD £0.8m behind plan
Key Risk 4	Special observations £0.7m cost YTD on wards against annual budget of £0.5m
Key Risk 5	Contract challenges (counting and coding, MRET, fines and penalties, CQUIN, HWLH NHSPS)

Mitigations

Mitigation 1	Recruitment to substantive medical posts including working with Medacs to fill hard to recruit roles. Additional controls implemented on agency and locum spend including review of highest overspends in medical pay costs in ophthalmology, gastroenterology, radiology and respiratory. T3 pay costs controls were implemented in November over agency and locums and further controls over premium pay and WLIs are being introduced.
Mitigation 2	Ongoing review of elective and day case activity during specialty reviews to understand correlation with costs, waiting list and referral trends. Divisions to increase activity to get back to planned trajectories.
Mitigation 3	Divisions being held to account via Confirm & Challenge sessions and IPRs. Grip and control has been strengthened across the Trust. Capacity identified as bed modelling CIP remains open in M9 due to high levels of NEL activity.
Mitigation 4	Additional controls in place and number of shifts booked to cover special observations has reduced in month.
Mitigation 5	Annual 18/19 income from ESBT CCGs (including contract challenges) has been agreed at a fixed value income deal (£279m). Discussions with other commissioners are ongoing.

Income & Expenditure Summary - Month 9

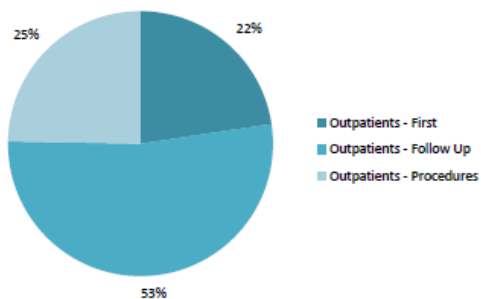|	In Month				Year to Date				Forecast Outturn		
	17/18 Actual (£m)	18/19 Plan (£m)	18/19 Actual (£m)	Variance (£m)	17/18 Actual (£m)	18/19 Plan (£m)	18/19 Actual (£m)	Variance (£m)	18/19 Plan (£m)	18/19 FOT (£m)	Variance (£m)
NHS Patient Income	25.5	26.9	27.5	🟢 0.6	236.6	247.0	246.6	🔴 (0.4)	329.1	329.1	🟢 0.0
Tariff-Excluded Drugs & Devices	2.6	3.1	2.8	🔴 (0.3)	25.8	27.4	27.3	🔴 (0.2)	36.4	36.4	🟢 0.0
Private Patient / ICR	0.1	0.4	0.3	🔴 (0.1)	1.7	2.6	1.9	🔴 (0.7)	3.7	3.7	🟢 0.0
Other Non-Clinical Income	2.6	2.3	3.3	🟢 1.1	27.6	21.5	29.5	🟢 8.0	28.3	28.3	🟢 0.0
Total Income	30.8	32.6	33.9	🟢 1.3	291.7	298.6	305.3	🟢 6.7	397.5	397.5	🟢 0.0
Pay - Substantive	(21.3)	(20.9)	(21.3)	🔴 (0.4)	(182.6)	(187.3)	(191.3)	🔴 (4.0)	(250.2)	(250.2)	🟢 0.0
Pay - Bank	(2.3)	(2.0)	(2.2)	🔴 (0.2)	(18.8)	(17.2)	(19.9)	🔴 (2.7)	(22.8)	(22.8)	🟢 0.0
Pay - Agency	(0.9)	(0.7)	(0.7)	🟢 0.0	(11.2)	(7.2)	(7.3)	🔴 (0.0)	(9.3)	(9.3)	🟢 0.0
Total Pay	(24.5)	(23.6)	(24.2)	🔴 (0.6)	(212.6)	(211.7)	(218.4)	🔴 (6.8)	(282.2)	(282.2)	🟢 0.0
Drugs	(3.4)	(3.4)	(3.8)	🔴 (0.4)	(32.1)	(31.6)	(33.7)	🔴 (2.0)	(42.2)	(42.2)	🟢 0.0
Supplies & Services - Clinical	(3.1)	(2.9)	(3.2)	🔴 (0.2)	(26.6)	(26.5)	(26.3)	🟢 0.2	(35.3)	(35.3)	🟢 0.0
Supplies & Services - General	(0.4)	(0.4)	(0.4)	🟢 0.0	(3.2)	(3.6)	(3.3)	🟢 0.2	(4.8)	(4.8)	🟢 0.0
Purchase of Healthcare (non-NHS)	(0.4)	(0.5)	(0.4)	🟢 0.1	(3.8)	(4.3)	(4.3)	🟢 0.0	(5.8)	(5.8)	🟢 0.0
Services from Other NHS Bodies	(0.9)	(0.6)	(0.9)	🔴 (0.3)	(5.7)	(5.6)	(6.2)	🔴 (0.5)	(7.5)	(7.5)	🟢 0.0
Consultancy	(0.1)	(0.1)	(0.0)	🟢 0.0	(0.5)	(0.8)	(1.0)	🔴 (0.2)	(1.0)	(1.0)	🟢 0.0
Clinical Negligence	(1.2)	(0.9)	(0.9)	🟢 0.0	(11.0)	(7.9)	(7.5)	🟢 0.4	(10.3)	(10.3)	🟢 0.0
Premises	(1.2)	(1.3)	(1.0)	🟢 0.3	(10.3)	(10.6)	(10.5)	🟢 0.1	(14.6)	(14.6)	🟢 0.0
Depreciation	(1.1)	(1.0)	(1.0)	🔴 (0.1)	(9.5)	(10.9)	(9.4)	🟢 1.5	(12.9)	(12.9)	🟢 0.0
Other	(1.1)	(1.5)	(2.3)	🔴 (0.8)	(11.7)	(12.7)	(14.9)	🔴 (2.2)	(18.3)	(18.3)	🟢 0.0
Total Non-Pay	(13.0)	(12.7)	(13.9)	🔴 (1.3)	(114.4)	(114.6)	(117.0)	🔴 (2.5)	(152.6)	(152.6)	🟢 0.0
Total Operating Costs	(37.4)	(36.3)	(38.1)	🔴 (1.9)	(326.9)	(326.2)	(335.5)	🔴 (9.3)	(434.8)	(434.8)	🟢 0.0
Net Surplus/(Deficit) from Operations	(6.6)	(3.7)	(4.3)	🔴 (0.6)	(35.2)	(27.6)	(30.2)	🔴 (2.5)	(37.4)	(37.4)	🟢 0.0
Financing Costs	(0.4)	(0.6)	(0.2)	🟢 0.5	(5.6)	(5.7)	(5.3)	🟢 0.4	(7.6)	(7.6)	🟢 0.0
Total Non-Operating Costs	(0.4)	(0.6)	(0.2)	🟢 0.5	(5.6)	(5.7)	(5.3)	🟢 0.4	(7.6)	(7.6)	🟢 0.0
Total Costs	(37.8)	(36.9)	(38.3)	🔴 (1.4)	(332.5)	(331.9)	(340.8)	🔴 (8.8)	(442.5)	(442.5)	🟢 0.0
Net Surplus/(Deficit)	(7.0)	(4.3)	(4.5)	🔴 (0.1)	(40.8)	(33.4)	(35.5)	🔴 (2.1)	(45.0)	(45.0)	🟢 0.0
Donated Asset/Impairment Adjustment	0.0	0.0	(0.1)	🔴 (0.1)	0.1	0.0	(0.0)	🔴 (0.0)	0.0	0.0	🟢 0.0
Operational Surplus/(Deficit)	(7.0)	(4.3)	(4.5)	🔴 (0.2)	(40.7)	(33.4)	(35.5)	🔴 (2.2)	(45.0)	(45.0)	🟢 0.0
Sustainability & Transformation Fund	0.0	0.0	0.0	🟢 0.0	1.3	0.0	0.0	🟢 0.0	0.0	0.0	🟢 0.0
Net Surplus/(Deficit)	(7.0)	(4.3)	(4.5)	🔴 (0.2)	(39.4)	(33.4)	(35.5)	🔴 (2.2)	(45.0)	(45.0)	🟢 0.0

Summary & Next Steps

The Trust's YTD performance at M9 is £2.2m behind plan with a CIP underperformance of £0.8m. Income overperformed in month by £1.3m in month, PBR income is slightly above plan in the month (£0.6m). Elective activity is above plan in month (£0.3m) which continues to aid a partial recovery of YTD underperformance, YTD effect of 18/19 final income outturn figure for ESBT CCGs has been recognised in the position. Other non clinical income includes over performance on Pharmacy Manufacturing Unit (£0.2m), central funding for the AfC wage award (£3.8m) and Education & Training income above plan. Drugs continue to overspend in month. Pay continues to significantly overspend in M9 with the biggest overspends in Medical (£0.5m) and Nursing (£0.1m), largely due to temporary workforce premiums and WLI payments.
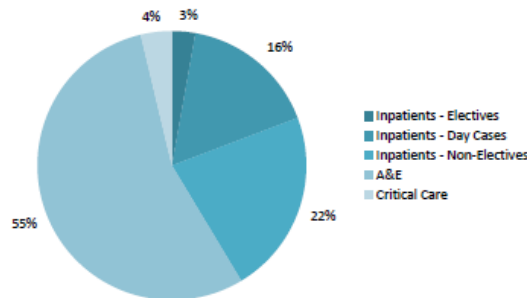
Income & Activity Summary - Month 9

	In Month								Year to Date								Forecast Outturn		
	17/18 Activity Actual	18/19 Activity Plan	18/19 Activity Actual	18/19 Activity Variance	17/18 Actual (£k)	18/19 Plan (£k)	18/19 Actual (£k)	Variance (£k)	17/18 Activity Actual	18/19 Activity Plan	18/19 Activity Actual	18/19 Activity Variance	17/18 Actual (£k)	18/19 Plan (£k)	18/19 Actual (£k)	Variance (£k)	18/19 Plan (£k)	18/19 FOT (£k)	Variance (£k)
Contract Income																			
Inpatients - Electives	507	547	544	(3)	1,621	1,625	1,918	293	5,450	5,466	4,988	(478)	16,003	16,254	15,973	(281)	21,643	21,643	0
Inpatients - Day Cases	2,780	3,002	2,848	(154)	2,068	2,256	2,230	(26)	29,376	30,024	29,177	(847)	22,009	22,560	21,822	(738)	30,041	30,041	0
Inpatients - Non-Electives	4,464	4,173	4,669	496	8,665	8,786	9,354	568	34,569	37,017	39,364	2,347	71,869	77,945	81,113	3,169	103,454	103,454	0
Outpatients	28,203	30,610	28,896	(1,714)	2,952	3,335	3,183	(152)	295,367	305,977	306,781	804	31,102	32,880	32,440	(441)	43,945	43,945	0
A&E	10,128	10,381	10,351	(30)	1,368	1,395	1,431	36	90,678	92,087	97,551	5,464	12,137	12,374	13,367	993	16,424	16,424	0
CQUIN	0	0	0	0	525	595	647	52	0	0	0	0	4,873	5,347	5,549	202	7,100	7,100	0
Critical Care	789	750	741	(9)	961	823	897	75	6,590	6,652	6,623	(29)	7,271	7,299	7,264	(35)	9,687	9,687	0
Direct Access	6,376	7,799	9,277	1,478	259	314	320	6	77,019	77,993	78,084	91	3,082	3,139	2,849	(290)	4,180	4,180	0
ESBT	0	0	0	0	520	588	588	0	0	0	0	0	3,854	5,291	5,291	0	7,055	7,055	0
Excess Bed Days	1,588	1,489	573	(916)	437	362	132	(231)	14,371	13,312	6,808	(6,504)	3,507	3,240	1,645	(1,594)	4,301	4,301	0
Exclusions	0	0	0	0	2,649	3,095	2,777	(318)	0	0	0	0	25,748	27,448	27,278	(170)	36,434	36,434	0
iMSK	0	0	0	0	1,051	118	118	(0)	0	0	0	0	6,227	1,066	1,066	(0)	1,421	1,421	0
Maternity Pathway	526	503	569	66	527	512	543	31	5,038	5,028	5,098	70	5,135	5,123	5,232	109	6,822	6,822	0
Other	235,507	311,270	245,536	(65,734)	5,638	5,806	6,099	292	2,656,396	2,765,372	2,710,885	(54,486)	54,462	51,733	52,940	1,207	69,210	69,210	0
Contract Income Total	290,868	370,523	304,004	(66,519)	29,241	29,612	30,237	624	3,214,854	3,338,927	3,285,359	(53,568)	267,277	271,699	273,830	2,131	361,717	361,717	0
Divisional Income					2,692	2,959	3,628	670					29,319	26,874	31,457	4,583	35,750	35,750	0
Total Income	290,868	370,523	304,004	(66,519)	31,933	32,571	33,865	1,294	3,214,854	3,338,927	3,285,359	(53,568)	296,597	298,573	305,287	6,714	397,467	397,467	0

YTD Outpatients Activity by POD

- Outpatients - First (22%)
- Outpatients - Follow Up (53%)
- Outpatients - Procedures (25%)

YTD Inpatient & A&E Activity

- Inpatients - Electives (16%)
- Inpatients - Day Cases (22%)
- Inpatients - Non-Electives (55%)
- A&E (4%)
- Critical Care (3%)

Contract Income Run Rate

- 2018/19 Actual
- 2017/18 Actual
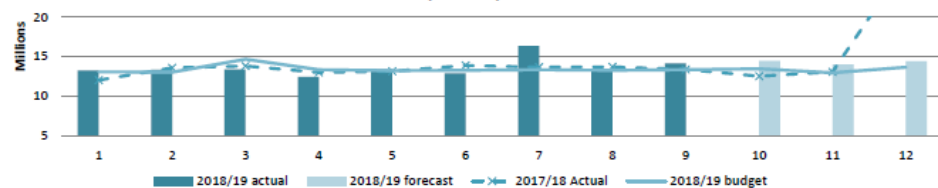- 2018/19 plan
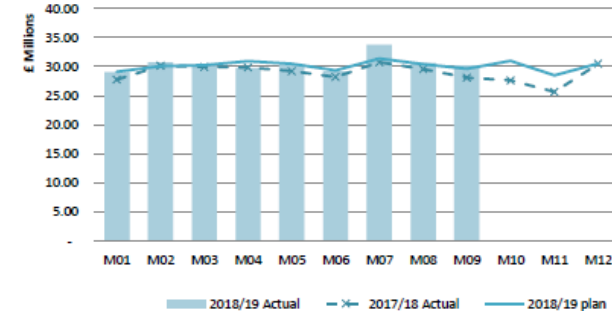
Summary & Next steps

Inpatients - Electives & Day Cases (YTD)   £1m behind plan   -2.6%
Trauma and Orthopaedics have under performed by £0.7m YTD against plan.
Ophthalmology (£0.6m) and Gynaecology (£0.5m) have under performed YTD against plan.

Inpatients - Non-Electives (YTD)   £3.17m above plan   4.1%
Over performance YTD in General Medicine (£0.9m) and Stroke Medicine (£2.5m), offset by under performance in Geriatric Medicine (£1.1m).

Outpatients (YTD)   £0.4m behind plan   -1.3%
Trauma and Orthopaedics (£0.4m) and Respiratory Medicine (£0.3m) have over performed YTD against plan, offset by under performance in Ophthalmology (£0.4m) and Paediatrics (£0.3m).

A&E (YTD)   £1m above plan   8.0%
Financial over performance of £1.0m YTD. December 2018 activity is 2% lower than November 2018, however, in-month activity is 2% higher than December 2017.

Other (YTD)   £1.2m above plan   2.3%
The Trust and ESBT CCGs have agreed a fixed income deal for 2018/19 (£2.6m), offset by a prior year dispute resolution with High Weald Lewes Havens CCG resulting in a credit note YTD of (£0.6m).
Under performance YTD in Health Visiting (£0.3m). Ward Attenders has under performed YTD (£0.6m) due to positive coding changes.
Activity under performance in Pathology (59,980) and Ward Attenders (3,917), offset by over performance in Diagnostic Imaging (3,770).

Financial Risks (YTD)
Previously reported financial risks have been mitigated against as a result of the 18/19 fixed income deal brokered with the ESBT CCGs.
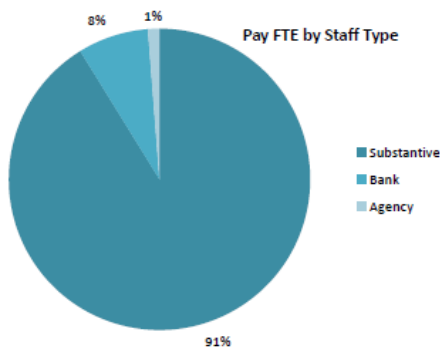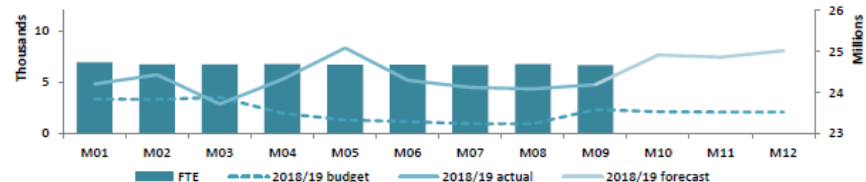
Operating Expenditure & Workforce Summary - Month 9

Cost Element	In Month 17/18 WTE Actual	18/19 WTE Plan	18/19 WTE Actual	WTE Variance	17/18 Expenditure Actual (£k)	18/19 Expenditure Plan (£k)	18/19 Expenditure Actual (£k)	18/19 Expenditure Variance (£k)	Year to Date 17/18 Expenditure Actual (£k)	18/19 Expenditure Plan (£k)	18/19 Expenditure Actual (£k)	18/19 Expenditure Variance (£k)	Forecast Outturn 18/19 Plan (£k)	18/19 FOT (£k)	Variance (£k)
Administrative & Management	1374	1383	1299	🟢 84	3,621	3,766	3,625	🟢 141	32,661	34,161	32,858	🟢 1,302	45,590	45,590	🟢 0
Ancillary	688	702	662	🟢 40	1,421	1,536	1,453	🟢 82	12,774	13,829	13,576	🟢 253	18,495	18,495	🟢 0
Medical	670	708	702	🟢 7	5,788	5,600	6,052	🔴 (452)	51,685	50,293	53,558	🔴 (3,265)	67,319	67,319	🟢 0
Nursing & Midwifery	3146	3059	3039	🟢 20	9,580	9,508	9,589	🔴 (80)	85,351	85,971	87,297	🔴 (1,326)	115,452	115,452	🟢 0
Prof, Scientific & Tech	522	534	493	🟢 41	1,812	1,718	1,748	🔴 (30)	16,054	15,478	15,991	🔴 (513)	20,675	20,675	🟢 0
Professions Allied to Medicine	445	528	461	🟢 66	1,510	1,896	1,578	🟢 319	13,175	16,020	14,111	🟢 1,909	21,291	21,291	🟢 0
Other	0	-8	0	🔴 -7	757	(447)	141	🔴 (587)	857	(4,093)	1,032	🔴 (5,125)	(6,596)	(6,596)	🟢 0
Total Pay	**6846**	**6906**	**6655**	🟢 **251**	**24,488**	**23,578**	**24,186**	🔴 **(608)**	**212,557**	**211,659**	**218,422**	🔴 **(6,763)**	**282,227**	**282,227**	🟢 **0**
Services from Other NHS Bodies					902	617	887	🔴 (270)	5,717	5,631	6,184	🔴 (553)	7,480	7,480	🟢 0
Clinical Negligence Premium					1,218	877	876	🟢 2	10,961	7,638	7,489	🟢 149	10,270	10,270	🟢 0
Consultancy					78	62	24	🟢 38	452	804	1,039	🔴 (235)	1,036	1,036	🟢 0
Drugs					1,076	642	1,185	🔴 (542)	8,890	6,843	8,318	🔴 (1,475)	9,105	9,105	🟢 0
Drugs - Tariff Excluded					2,364	2,795	2,639	🟢 156	23,184	24,790	25,363	🔴 (574)	32,902	32,902	🟢 0
Education and Training					87	128	80	🟢 48	814	1,171	697	🟢 474	1,567	1,567	🟢 0
Establishment Expenses					498	620	658	🔴 (38)	5,347	5,706	6,405	🔴 (700)	7,605	7,605	🟢 0
Premises					1,160	1,000	1,044	🔴 (44)	10,302	9,989	10,507	🔴 (518)	13,855	13,855	🟢 0
Purchase of Healthcare from Non NHS Bodies					443	490	378	🟢 112	3,810	4,137	4,269	🔴 (132)	5,608	5,608	🟢 0
Supplies and Services - Clinical					3,140	2,815	3,177	🔴 (362)	26,640	25,052	26,255	🔴 (1,203)	33,237	33,237	🟢 0
Supplies and Services - General					375	332	366	🔴 (34)	3,197	3,017	3,326	🔴 (309)	4,048	4,048	🟢 0
Other Non-Pay					12,749	2,304	2,635	🔴 (331)	15,039	19,777	17,184	🟢 2,593	25,900	25,900	🟢 0
Total Non-Pay					**24,092**	**12,682**	**13,948**	🔴 **(1,266)**	**114,354**	**114,554**	**117,037**	🔴 **(2,483)**	**152,614**	**152,614**	🟢 **0**
Total Expenditure	**6846**	**6906**	**6655**	**251**	**48,580**	**36,260**	**38,134**	🔴 **(1,874)**	**326,911**	**326,213**	**335,459**	🔴 **(9,246)**	**434,841**	**434,841**	🟢 **0**

Non-Pay Monthly Run rate

Legend: 2018/19 actual | 2018/19 forecast | 2017/18 Actual | 2018/19 budget

Pay Monthly Run Rate vs FTE

Legend: FTE | 2018/19 budget | 2018/19 actual | 2018/19 forecast

Pay FTE by Staff Type
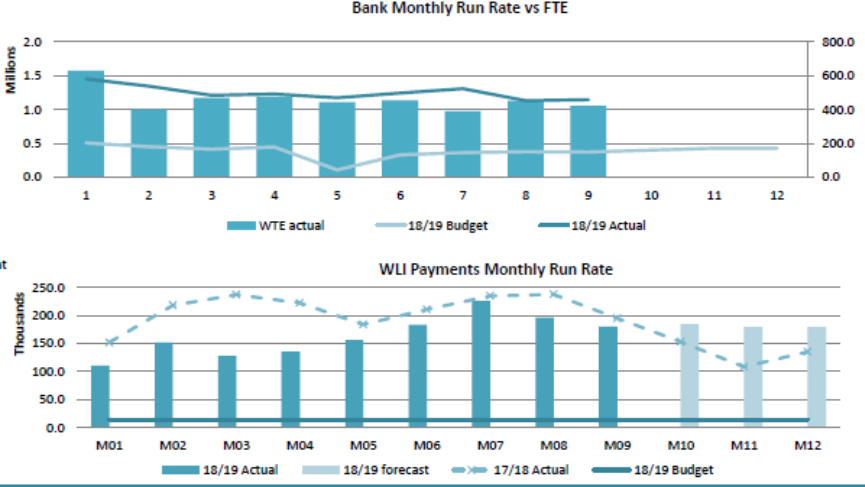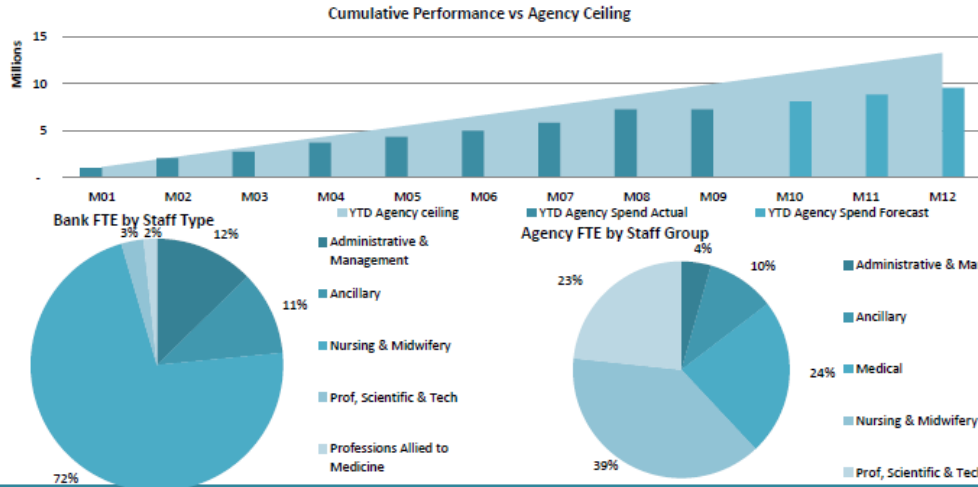- Substantive 91%
- Bank 8%
- Agency 1%

Summary & Next Steps

The arrears for AfC national pay award was paid to eligible staff in M5. £3.8m income has been received YTD to offset the additional pay increase. Variances in Other Pay is attributable to unidentified CIP and has increased as a result of the new deal AfC pay award in each staff group. Medical pay is £3.3m overspent YTD (which includes waiting list premium payments, agency covering vacancies and Emergency Care Twilight shifts).

Drugs spend is showing £1.5m overspend due to inflationary pressures and increase in non-elective activity. Tariff excluded drugs are overspent by £0.6m YTD, which is offset by income. A number of non-recurrent stock adjustments and capitalisation of grouped assets have improved YTD performance in clinical supplies, establishment expenses and premises costs. Due to an external review of VAT treatment in July, the Trust has been recovered £0.5m of VAT relating to the 2017/18 financial year which was reflected in position in M4. £0.2m Maternity CNST benefit was been reported in M6, linked to Women's and Children's CIP, a further CNST benefit of £0.1m was received in M8. In M7 old year premises costs were received in month relating to NHS Property Services costs for prior years (£0.3m) as well as 18/19 YTD costs (£0.1m).

Temporary Workforce Summary - Month 9

Cost Element	In Month								Year to Date				Forecast Outturn		
	17/18 WTE Actual	18/19 WTE Plan	18/19 WTE Actual	WTE Variance		17/18 Expenditure Actual (£k)	18/19 Expenditure Plan (£k)	18/19 Expenditure Actual (£k)	Expenditure Variance (£k)	17/18 Expenditure Actual (£k)	18/19 Expenditure Plan (£k)	18/19 Expenditure Actual (£k)	Expenditure Variance (£k)	18/19 Plan (£k)	18/19 FOT (£k)	Variance (£k)
Agency																
Administrative & Management	7	1	4	🔴 -3	98	69	35	🟢 34	974	598	465	🟢 133	872	872	🟢 0
Ancillary	26	0	8	🔴 -8	95	69	47	🟢 22	630	598	539	🟢 59	872	872	🟢 0
Medical	16	9	19	🔴 -10	220	274	280	🔴 (6)	4,805	2,484	2,732	🔴 (248)	3,580	3,580	🟢 0
Nursing & Midwifery	33	0	32	🔴 -32	195	101	149	🔴 (48)	2,257	1,178	1,724	🔴 (546)	1,582	1,582	🟢 0
Prof, Scientific & Tech	40	0	19	🔴 -19	298	177	177	🟢 0	2,492	1,691	1,804	🔴 (113)	2,399	2,399	🟢 0
Total Agency	**122**	**10**	**82**	🔴 **-72**	**907**	**689**	**687**	🟢 **2**	**11,159**	**6,549**	**7,265**	🔴 **(716)**	**9,305**	**9,305**	🟢 **0**
Bank																
Administrative & Management	101	4	53	🔴 -49	175	305	120	🟢 185	1,567	2,440	1,207	🟢 1,233	3,510	3,510	🟢 0
Ancillary	80	22	45	🔴 -24	144	0	99	🔴 (99)	1,428	0	1,147	🔴 (1,147)	0	0	🟢 0
Nursing & Midwifery	390	107	303	🔴 -196	964	789	865	🔴 (76)	8,414	7,283	8,213	🔴 (930)	11,763	11,763	🟢 0
Prof, Scientific & Tech	12	0	12	🔴 -12	33	58	36	🟢 22	286	464	386	🟢 78	696	696	🟢 0
Professions Allied to Medicine	4	0	7	🔴 -7	12	33	25	🟢 8	101	264	279	🔴 (15)	436	436	🟢 0
Total Bank	**586**	**133**	**421**	🔴 **-288**	**1,329**	**1,185**	**1,144**	🟢 **41**	**11,795**	**10,451**	**11,233**	🔴 **(782)**	**16,405**	**16,405**	🟢 **0**
Total Locum	**79**	**19**	**84**	🔴 **-65**	**978**	**464**	**1,017**	🔴 **(553)**	**7,047**	**4,763**	**8,625**	🔴 **(3,862)**	**6,361**	**6,361**	🟢 **0**
Total Waiting List Initiative	**14**	**0**	**11**	🔴 **-11**	**195**	**14**	**180**	🔴 **(166)**	**1,889**	**123**	**1,465**	🔴 **(1,342)**	**164**	**164**	🟢 **0**
Total Temporary Workforce	**801**	**161**	**598**	🔴 **-437**	**3,408**	**2,352**	**3,028**	🔴 **(677)**	**31,890**	**21,886**	**28,588**	🔴 **(6,702)**	**32,235**	**32,235**	🟢 **0**

Cumulative Performance vs Agency Ceiling

Bank Monthly Run Rate vs FTE

Bank FTE by Staff Type

Agency FTE by Staff Group

WLI Payments Monthly Run Rate

Summary & Next steps

Overall agency is £27k above plan YTD. Medical specialties which are heavily reliant on agency are neurology, rheumatology, pathology, general surgery, radiology and A&E. Agency spend in M1-9 has significantly reduced compared to the previous financial year due to the shift towards utilisation of bank and locum resource. In addition, progress is being made with recruitment to locum or substantive posts through Medacs with a continued focus on hard to fill vacancies and services looking at alternative staffing models. Non clinical agency has reduced by 52% compared to the same period in 17/18 and plans are in place to further reduce clinical coding agency usage. Total temporary staffing costs have fallen by 10% compared to the previous year (£3.3m lower). Internal Audit are undertaking a review of WLI payments to understand links with underperformance on elective and day case activity and ensure robust approvals process in place.
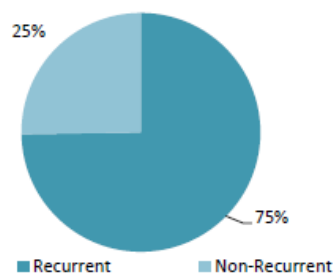
Cost Improvement Programme Summary - Month 9

Category	In Month			Year to Date			Forecast Outturn			YTD Rec (£k)	YTD Non-Rec (£k)
	Plan (£k)	Actual (£k)	Variance (£k)	Plan (£k)	Actual (£k)	Variance (£k)	Plan (£k)	Actual (£k)	Variance (£k)		
Contract Income	291	500 🟢	209	1,661	2,428 🟢	767	2,610	3,325 🟢	715	1,702	726
Income	144	141 🔴	-3	803	705 🔴	-99	1,320	1,078 🔴	-242	541	164
Pay	851	729 🔴	-121	7,444	5,820 🔴	-1,624	10,051	8,190 🔴	-1,861	3,855	1,964
Non-Pay	504	422 🔴	-82	4,103	4,283 🟢	180	6,220	5,770 🔴	-450	3,795	489
Total 'Green' schemes	1,790	1,792 🟢	2	14,012	13,235 🔴	-776	20,201	18,364 🔴	-1,837	9,893	3,343
Pipeline/Unidentified	0	0 🟢	0	0	0 🟢	0	3,315	5,152 🟢	1,837 🟢	75% 🟢	25%
Total	1,790	1,792 🟢	2	14,012	13,235 🔴	-776	23,516	23,516 🟢	0		

YTD CIP green schemes by category

18%
5%
44%
33%

■ Contract Income ■ Income ■ Pay ■ Non-Pay
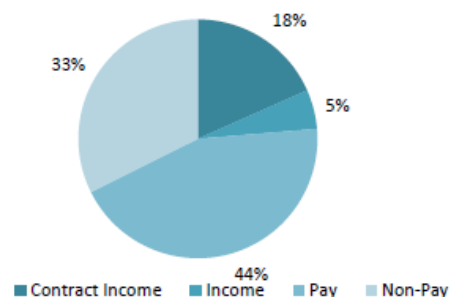
YTD CIP green schemes recurrent/non-recurrent

25%
75%

■ Recurrent ■ Non-Recurrent

CIP Performance

£ Millions / CIP Schemes value

■ Plan ■ Actual ■ Forecast
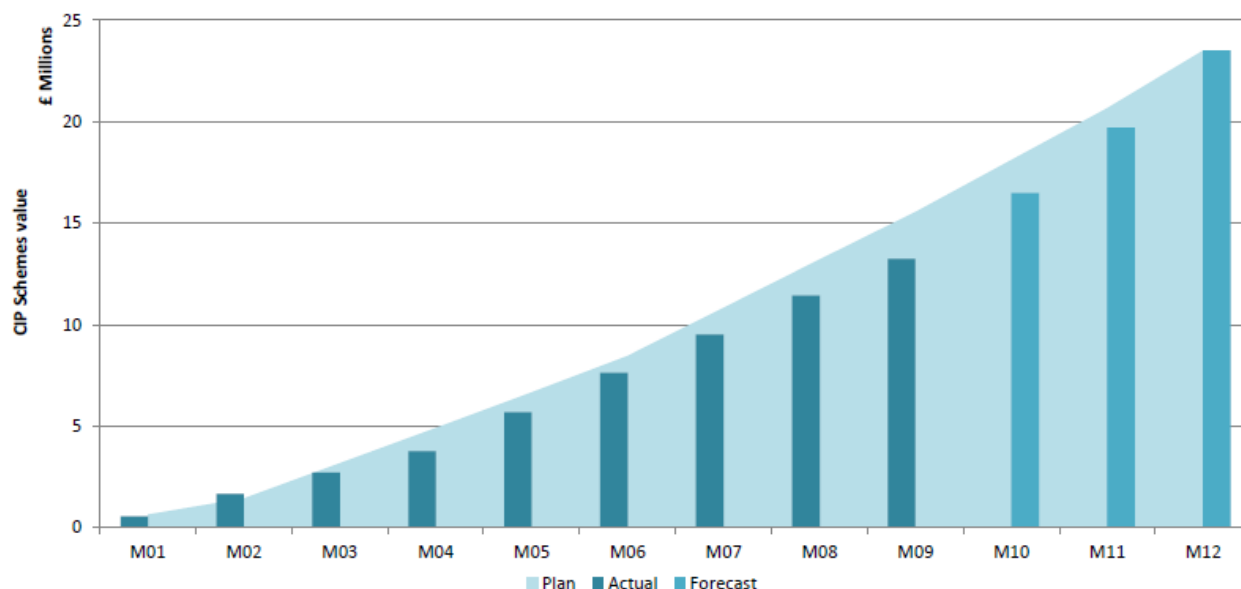
Summary & Next Steps

YTD: The Trust is behind plan for M9 by £0.8m. The main adverse variances are: bed modelling (£1.2m) and WLI reduction in DAS (£0.2m); this underperformance is partially offset with over delivery on pharmacy drugs (£0.4m), vacancies in Emergency Care (£0.4m) as well as the Maternity CNST being received earlier than planned (£0.4m).

In Month: M9 shows that the Trust has delivered the £1.8m plan. The adverse variance on in community estates moves (£52k), DAS Stock (£36k), private patients (£20k) and WLI (£50k) is offset by favourable variances in Emergency Care and Women's and Children's vacancies. Bed modelling has delivered in month via activity income rather than cost out.

Forecast: Against 'process green plan' the Trust is forecasting an adverse outturn variance of £1.9m, patient flow makes up most of this (£1.3m), other areas underachieving are DAS workforce Skill mix (£0.4m) and Income (£0.1m). The Emergency Department, Out of Hospitals and Women's and Children's are all forecasting to deliver in full against their plans.

By category: Income schemes continue to overperform (£0.2m) in the month largely due to activity impacts of bed modelling, we are starting to see a greater impact of the private patient schemes not delivering (£0.1m forecast). Pay schemes, mainly bed modelling (£2m). Non pay schemes includes the additional benefit from CNST maternity improvements (£0.1m).

Finance Report Divisional Summaries - Month 9

	Divisional Performance												Summary
	In the Month						Year to Date			Forecast Outturn			
Division	Plan FTE	Actual FTE	Variance FTE	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	
Diagnostics, Anaesthetics & Surgery													YTD contract income has under performed, except from month 8. Unidentified CIP is another key driver of YTD underperformance. Pay continues to be overspent due to medical agency and WLIs which have risen in the month. Theatres non pay costs continued to report an overspend in month and ongoing overspends in pathology due to send away testing.
Contract Income				8,423	8,287	(137)	79,762	77,889	(1,873)	106,181	106,181	0	
Divisional Income				459	448	(11)	3,578	3,509	(69)	4,777	4,777	0	
Pay	1,757.49	1,678.05	79.44	(7,067)	(7,146)	(79)	(63,385)	(64,627)	(1,241)	(84,528)	(84,528)	0	
Non-Pay				(2,173)	(2,602)	(430)	(22,698)	(23,699)	(1,001)	(30,194)	(30,194)	0	
Overall	1,757.49	1,678.05	79.44	(358)	(1,014)	(657)	(2,744)	(6,928)	(4,184)	(3,764)	(3,764)	0	
Medicine													Key drivers of divisional underperformance are special observations £0.7m overspend YTD, £1.3m medical pay and CIP under delivery, partly offset by NEL activity above income plan.
Contract Income				8,040	8,201	161	74,036	75,623	1,587	98,428	98,428	0	
Divisional Income				148	87	(61)	1,267	945	(321)	1,760	1,760	0	
Pay	1,413.93	1,416.94	(3.01)	(4,806)	(5,254)	(448)	(44,022)	(47,284)	(3,262)	(59,262)	(59,262)	0	
Non-Pay				(688)	(761)	(73)	(6,175)	(6,483)	(308)	(8,339)	(8,339)	0	
Overall	1,413.93	1,416.94	(3.01)	2,694	2,272	(421)	25,106	22,802	(2,305)	32,588	32,588	0	
Urgent Care													A&E activity is under plan in month, offsetting over performance in M1-8. Prior months medical agency and R&R payments to medical staff have caused a pay overspend of £643k YTD. Overspends on discharge and site team offset by underspend on GP streaming £378k and A&E nursing vacancies £435k underspend.
Contract Income				2,163	2,146	(16)	19,205	20,287	1,083	25,497	25,497	0	
Divisional Income				34	32	(1)	263	285	21	364	364	0	
Pay	323.73	311.03	12.70	(1,413)	(1,404)	9	(12,407)	(12,590)	(183)	(16,700)	(16,700)	0	
Non-Pay				(38)	(51)	(14)	(499)	(650)	(151)	(686)	(686)	0	
Overall	323.73	311.03	12.70	746	724	(23)	6,563	7,332	769	8,475	8,475	0	
Out of Hospital Care													Drugs overspend £897k YTD. £269k Pharmacy Manufacturing Unit overspend due to staff awaiting redeployment and is a stranded cost. Offset by vacancies across Therapies and District Nursing.
Contract Income				3,267	3,345	78	29,488	29,676	188	39,316	39,316	0	
Divisional Income				338	325	(14)	2,938	2,834	(104)	3,953	3,953	0	
Pay	1,071.24	991.21	80.03	(3,152)	(3,048)	104	(28,451)	(28,107)	344	(38,050)	(38,050)	0	
Non-Pay				(1,010)	(1,271)	(260)	(9,119)	(10,140)	(1,021)	(12,243)	(12,243)	0	
Overall	1,071.24	991.21	80.03	(557)	(649)	(92)	(5,144)	(5,737)	(593)	(7,023)	(7,023)	0	
Women's, Children's & Sexual Health													Contract income under delivery of Health Visiting contract YTD, lower activity in Paediatrics (non-elective) and Gynaecology (day case/elective). Continued vacancies in Health Visiting agency usage in midwifery unit and agency medical in month. Medical pay arrears were recognised in month.
Contract Income				3,849	3,714	(134)	35,575	34,733	(843)	47,409	47,409	0	
Divisional Income				48	73	25	496	726	230	641	641	0	
Pay	699.95	681.14	18.81	(2,633)	(2,666)	(33)	(23,681)	(23,671)	9	(31,585)	(31,585)	0	
Non-Pay				(261)	(452)	(191)	(2,462)	(2,947)	(485)	(3,286)	(3,286)	0	
Overall	699.95	681.14	18.81	1,002	670	(333)	9,929	8,841	(1,088)	13,180	13,180	0	
Estates & Facilities													£830k unidentified CIP is included in the YTD position. £285k of underperformance on ward closure CIPs. Key overspends relate to £117k due to Laundry and stock adjustment and £151k catering provisions overspend YTD.
Divisional Income				707	652	(55)	6,288	6,456	168	8,409	8,409	0	
Pay	635.07	601.56	33.51	(1,378)	(1,420)	(43)	(12,736)	(13,204)	(468)	(16,916)	(16,916)	0	
Non-Pay				(1,254)	(1,397)	(143)	(11,299)	(12,330)	(1,031)	(15,240)	(15,240)	0	
Overall	635.07	601.56	33.51	(1,924)	(2,166)	(241)	(17,747)	(19,078)	(1,331)	(23,747)	(23,747)	0	
Corporate													Training and education income is above plan, primarily due to LDA income. Key overspends are due to unidentified CIP in pay and non pay. Non pay overspend of £0.9m YTD includes EDM cost pressure of £0.8m, offset by CNST maternity benefit of £391k.
Divisional Income				1,302	1,182	(120)	10,372	11,167	795	13,792	13,792	0	
Pay	1,004.64	975.52	29.12	(3,251)	(3,174)	78	(28,975)	(28,744)	231	(38,510)	(38,510)	0	
Non-Pay				(1,995)	(2,059)	(64)	(18,643)	(19,557)	(914)	(25,002)	(25,002)	0	
Overall	1,004.64	975.52	29.12	(3,944)	(4,051)	(106)	(37,246)	(37,134)	112	(49,720)	(49,720)	0	
Central													YTD divisional income includes national pay deal £3.8m, which offsets increased pay costs in divisions. Tariff Exclusions income is below plan YTD to contra £0.2m underspend on non-pay costs. Central CIP risk adjustment (division target £23.5m allocated vs NHSI plan £19.2m). Identification of CIP in operational divisions has led to central phasing adjustments between Income, Pay and Non Pay in order to ensure alignment to NHSI plan.
Contract Income				3,870	4,544	673	33,633	35,623	1,990	44,885	44,885	0	
Divisional Income				(78)	830	908	1,671	5,534	3,863	2,053	2,053	0	
Pay	0.00	0.00	0.00	123	(73)	(195)	1,998	(195)	(2,194)	3,324	3,324	0	
Non-Pay				(5,896)	(5,537)	359	(49,389)	(46,554)	2,835	(65,251)	(65,251)	0	
Overall	0.00	0.00	0.00	(1,981)	(236)	1,744	(12,087)	(5,593)	6,494	(14,989)	(14,989)	0	
Donated assets adjustment				0	(83)	(83)	0	(26)	(26)				
Total	6,906.05	6,655.45	250.60	(4,322)	(4,533)	(211)	(33,369)	(35,520)	(2,152)	(45,000)	(45,000)	0	

Statement of Financial Position - Month 9

	Year to date					Forecast Outturn			
	17/18 Actual (£k)	18/19 Plan (£k)	18/19 Actual (£k)		Variance (£k)	18/19 Plan (£k)	18/19 FOT (£k)		Variance (£k)
Property, Plant and Equipment	215.7	215.7	216.3	🟢	0.6	215.7	215.7	🟢	0.0
Intangible Assets	1.9	1.9	1.9	🔶	(0.1)	1.9	1.9	🟢	0.0
Other Assets	1.3	1.3	1.8	🟢	0.5	1.3	1.3	🟢	0.0
Non Current Assets	**219.0**	**219.0**	**220.0**	🟢	**1.0**	**219.0**	**219.0**	🟢	**0.0**
Inventories	7.3	7.3	5.9	🔶	(1.4)	7.3	7.3	🟢	0.0
Trade and Other Receivables	35.3	26.0	28.3	🟢	2.3	26.0	26.0	🟢	0.0
Cash and Cash Equivalents	2.1	2.1	4.8	🟢	2.7	2.1	2.1	🟢	0.0
Non Current Assets Held for Sale	0.0	0.0	0.0	🟢	0.0	0.0	0.0	🟢	0.0
Current Assets	**44.7**	**35.4**	**39.0**	🟢	**3.6**	**35.4**	**35.4**	🟢	**0.0**
Trade and Other Payables	(37.7)	(28.6)	(34.3)	🔶	(5.6)	(28.6)	(28.6)	🟢	0.0
Borrowings	(35.7)	(0.4)	(35.6)	🔶	(35.2)	(0.4)	(0.4)	🟢	0.0
Other Financial Liabilities	0.0	0.0	0.0	🟢	0.0	0.0	0.0	🟢	0.0
Provisions	(0.6)	(0.6)	(0.5)	🟢	0.1	(0.6)	(0.6)	🟢	0.0
Other Liabilities	(1.7)	(1.7)	(2.2)	🔶	(0.4)	(1.7)	(1.7)	🟢	0.0
Current Liabilities	**(75.7)**	**(31.3)**	**(72.5)**	🔶	**(41.2)**	**(31.3)**	**(31.3)**	🟢	**0.0**
Borrowings	(121.5)	(201.6)	(154.7)	🟢	46.9	(201.6)	(201.6)	🟢	0.0
Trade and Other Payables	0.0	0.0	0.0	🟢	0.0	0.0	0.0	🟢	0.0
Provisions	(2.3)	(2.3)	(2.2)	🟢	0.1	(2.3)	(2.3)	🟢	0.0
Total Assets Employed	**64.2**	**19.2**	**29.5**	🔶	**(35.4)**	**19.2**	**19.2**	🟢	**0.0**
Public Dividend Capital	156	156	157	🟢	1	156	156	🟢	0
Income & Expenditure Reserve	(187)	(232)	(222)	🟢	10	(232)	(232)	🟢	0
Revaluation Reserve	94	94	94	🔶	(0)	94	94	🟢	0
Total Tax Payers Equity	**64.2**	**19.2**	**29.5**	🟢	**10.3**	**19.2**	**19.2**	🟢	**0.0**

Summary & Next Steps

Cash above £2.1m minimum cash balance at month end and borrowing in line with planned deficit.

Cashflow & Borrowing Summary - Month 9

Short Term (13 week) Cashflow Forecast

Week Ending (Friday)	Actual (£k)				Forecast (£k)								
	07-Dec	14-Dec	21-Dec	28-Dec	04-Jan	11-Jan	18-Jan	25-Jan	01-Feb	08-Feb	15-Feb	22-Feb	01-Mar
Balance Brought Forward	4,984	3,603	32,330	9,276	6,027	5,797	3,343	24,768	7,918	5,598	2,388	38,498	10,919
Receipts													
WGA Income	977	30,239	638	1,794	137	109	30,136	0	587	0	31,797	421	0
Other Income	463	1,496	343	453	254	290	1,778	172	453	150	3,751	450	495
External Financing	0	431	4,322	0	0	0	4,003	0	0	0	4,958	35,918	0
Total Receipts	1,440	32,166	5,303	2,247	391	399	35,917	172	1,040	150	40,507	36,789	495
Payments													
Pay	(332)	(266)	(22,778)	(10)	(395)	(276)	(10,170)	(13,932)	(270)	(270)	(270)	(24,332)	(270)
Non-Pay	(2,296)	(2,996)	(5,199)	(5,099)	(226)	(2,576)	(3,723)	(3,090)	(3,090)	(3,090)	(4,127)	(4,090)	(4,090)
Capital Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend	0	0	0	0	0	0	0	0	0	0	0	0	0
Other payments	(193)	(178)	(381)	(389)	(1)	0	(600)	0	0	0	0	(35,946)	0
Total Payments	(2,821)	(3,439)	(28,357)	(5,497)	(622)	(2,852)	(14,493)	(17,022)	(3,360)	(3,360)	(4,397)	(64,368)	(4,360)
Net Cash Movement	(1,381)	28,727	(23,054)	(3,249)	(231)	(2,453)	21,424	(16,850)	(2,320)	(3,210)	36,110	(27,579)	(3,865)
Balance Carried Forward	3,603	32,330	9,276	6,027	5,797	3,343	24,768	7,918	5,598	2,388	38,498	10,919	7,054

NB: The above classification do not directly match the I&E subjective classifications, for example Non-pay above includes agency staff expenditure and VAT thereon

Loans

Description	Draw Value £k	Date Drawn	Term	Interest Rate	Value £k	Annual Interest £k
Prior Years						
Capital Loan 1 -Decontamination Cer	1,500	Dec 08	10	3.50%	151	4
Capital Loan 2 - Endoscopy Develop	2,000	Dec 09	20	4.00%	1,167	45
Capital Loan 3 - Endoscopy Develop	2,000	Jun 10	20	3.90%	1,200	46
Capital Loan 4 - Health Records	428	Mar 15	10	1.40%	300	4
Capital Loan 5 - Health Records	441	Mar 15	10	1.40%	309	4
Capital Loan 6 - Ambulatory Care	800	Feb 18	20	1.60%	800	13
Revolving Working Capital	31,300		5	3.50%	31,300	1,096
Interim Loan Agreement	35,218		3	1.50%	35,218	527
2016/17 Loans	23,144	Dec 16 - Mar 17	3	6.00%	22,619	1,356
2017/18 Loans	13,755	Apr 17 - Jul 17	3	6.00%	13,785	827
2017/18 Loans	50,393	Aug 17 - Mar 18	3	3.50%	50,363	1,781
Prior Years Total	160,979				157,212	5,703
Current Year						
Loan Apr 2018	3,916	Apr 18	3	3.50%	3,916	69
Loan May 2018	3,917	May 18	3	3.50%	3,917	71
Loan June 2018	3,771	Jun 18	3	3.50%	3,771	69
Loan July 2018	3,080	Jul 18	3	3.50%	3,080	55
Loan August 2018	4,835	Aug 18	3	3.50%	4,835	88
Loan September 2018	4,346	Sep 18	3	3.50%	4,346	76
Loan October 2018	2,122	Oct 18	3	3.50%	2,122	0
Loan November 2018	3,061	Nov 18	3	3.50%	3,061	0
Loan December 2018	4,322	Dec 18	3	3.50%	4,322	0
Current Year Total	33,370				33,370	428
Total Loans	194,349				190,582	6,131

Summary & Next steps

1. Opening balance was £2.1m - planned closing balance (March 2019) is £2.1m.

2. Maintaining minimum cash balance of £2.1m at month-end.

3. Planning assumption is to draw cash equivalent to deficit during 2018/19.

4. All existing loans listed in the table on the left.

5. The "Interim Loan Agreement" for £35.2m is due to be repaid in February 2019. Discussions are continuing with NHSI about this loan and extending it as it is unlikely that the Trust will have generated sufficient cash for the loan to be repaid.
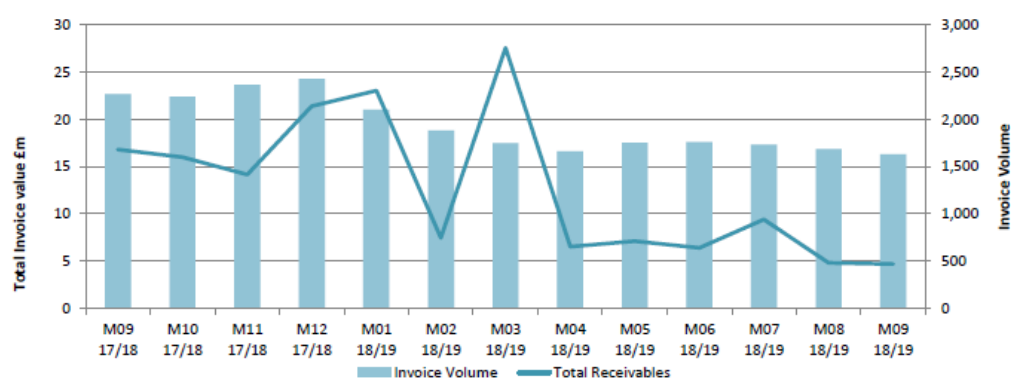
# Receivables Summary - Month 9

Receivables Aging Run rate (£k)

Aging Profile	M09 17/18	M10 17/18	M11 17/18	M12 17/18	M01 18/19	M02 18/19	M03 18/19	M04 18/19	M05 18/19	M06 18/19	M07 18/19	M08 18/19	M09 18/19
0 - 30 Days	3,269	3,418	5,379	11,332	11,164	3,753	24,337	3,630	4,559	2,924	5,070	2,765	2,639
31 - 60 Days	1,286	960	1,745	2,686	3,335	448	696	566	685	2,033	1,918	894	910
61 - 90 Days	1,099	1,588	1,573	1,467	2,189	968	(44)	273	161	369	1,248	147	238
91 - 120 Days	2,331	1,133	470	1,214	1,316	518	618	(71)	100	95	131	321	101
>120 days	8,809	8,897	4,997	4,685	5,048	1,775	1,963	2,111	1,586	988	1,021	698	783
Total Receivables	16,794	15,996	14,164	21,384	23,053	7,461	27,572	6,508	7,091	6,408	9,389	4,825	4,670
Invoice Volume	2,269	2,241	2,366	2,426	2,100	1,880	1,749	1,660	1,752	1,761	1,732	1,688	1,632
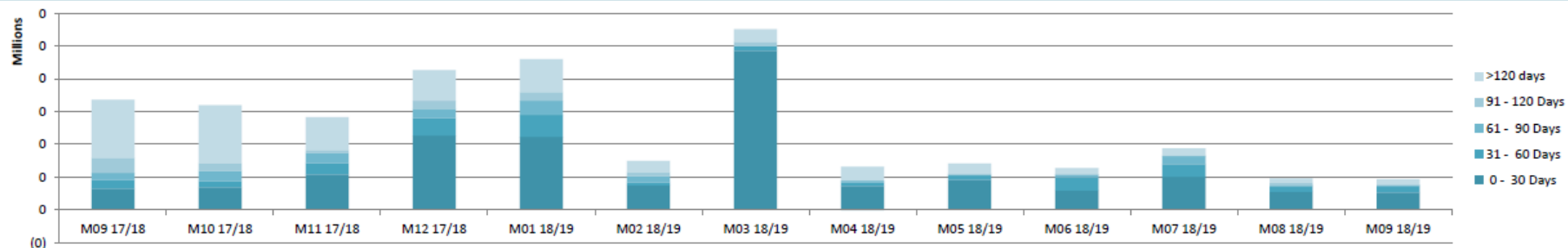
Current Month % NHS vs Non-NHS by Value
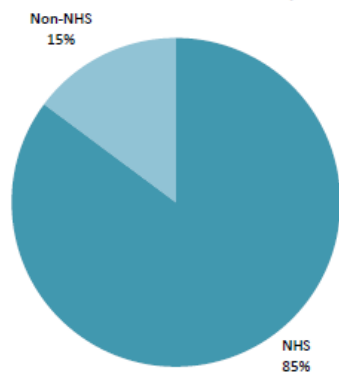
Receivables Invoice Value vs Volume Run Rate

Summary & Next Steps

1. Internal plan for December was to reduce aged receivables to £2.0m. The actual aged debt at M9 is £2.1m.
2. Reduction in over 90 day debt of £136k in month (£133k in November).
3. Debtor days 28 days (28 days in November).

Payables Summary - Month 9

Payables Aging Run rate (£k)

Aging Profile	M09 17/18	M10 17/18	M11 17/18	M12 17/18	M01 18/19	M02 18/19	M03 18/19	M04 18/19	M05 18/19	M06 18/19	M07 18/19	M08 18/19	M09 18/19
0 - 30 Days	3,130	6,872	8,184	7,668	6,423	5,752	3,711	6,387	4,552	6,153	6,708	6,410	5,109
31 - 60 Days	8,902	5,760	6,341	6,360	9,679	1,843	2,117	3,002	2,547	2,774	2,102	3,301	2,245
61 - 90 Days	5,430	4,064	3,128	1,681	2,969	2,267	766	1,039	1,703	1,099	599	600	986
91 - 120 Days	4,025	2,521	729	655	932	367	1,148	452	366	1,078	124	459	301
>120 days	13,202	6,556	5,220	4,753	4,762	2,135	1,854	2,249	1,315	1,464	2,233	1,725	1,169
Total Payables	34,688	25,773	23,602	21,118	24,765	12,363	9,596	13,129	10,484	12,568	11,765	12,494	9,810
Invoice Volume	22,223	16,609	14,182	14,954	16,715	9,382	7,829	9,092	8,889	8,947	7,830	8,266	6,209
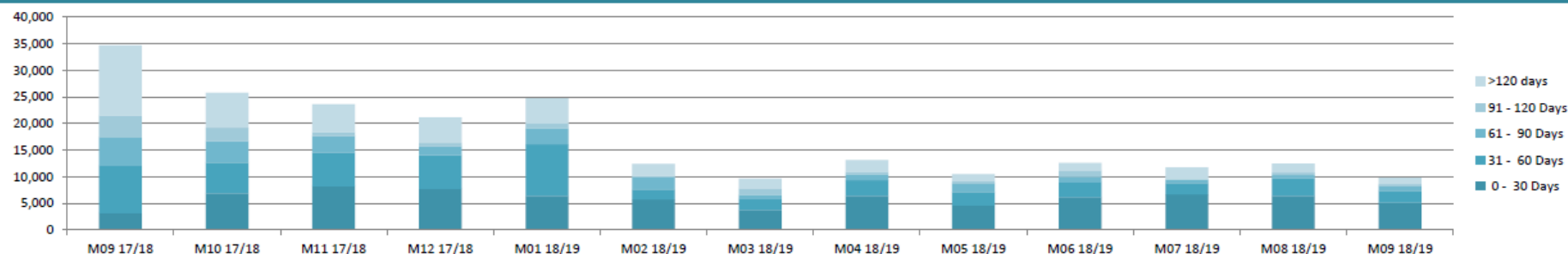
Current Month % NHS vs Non-NHS by Value
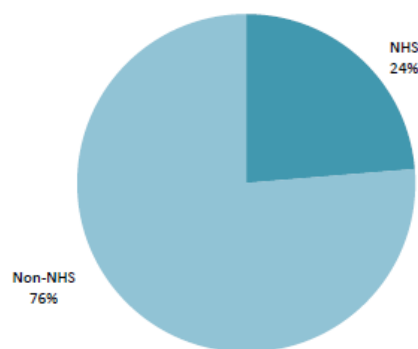
Payables Invoice Value vs Volume Run Rate
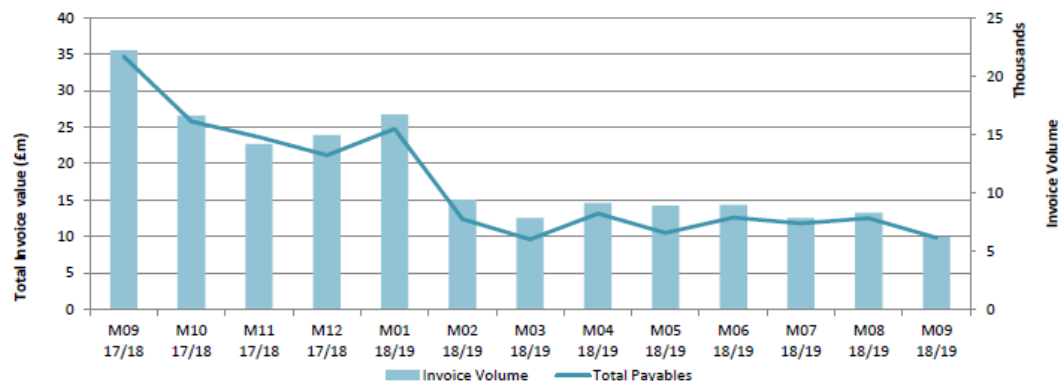
Summary & Next Steps

1. Significant reduction in age and value of payables since the highpoint of last year (September 2017).
2. Creditor days at 88 days in month (91 days in November)
3. Internal KPIs to target elimination of registered > 120 days and creditor days < 60.

Capital Programme Summary - Month 9

YTD Capital Programme Performance	TOTAL PLAN ADJUSTED £000	CRG COMMITTED £000	ACTUAL EXPENDITURE £000	FORECAST EXPENDITURE £000	SYSTEM COMMITTED £000
Brought Forward	500	992	1,002	1,002	612
External Funding	3,709	250	87	787	18
2018/19 Business Cases	2,370	100	106	106	43
Medical Equipment	2,200	362	253	253	0
Digital	2,072	2,505	1,098	2,350	189
Estates	11,005	10,306	5,356	9,468	3,354
Finance	2,000	1,657	1,190	1,564	0
Total Owned	23,856	16,172	9,092	15,530	4,216
Donated	0	0	705	0	0
Less donated Income	0	0	(705)	0	0
Total	23,856	16,172	9,092	15,530	4,216

Capital Resource Limit	Source	£k
Opening Capital Resource Limit		15,711
Closing Capital Resource Limit		15,711

Summary & Next steps

1. The Capital Resource Group has committed £16.1m of this year's Capital Resource Limit (CRL) of £15.7m (updated for Winter Funding, EPMA and Order Coms).
2. To enable the Trust to deliver the target CRL the capital plan, which is over subscribed, is being reprioritised so that it delivers the CRL at year end.
3. Two submissions requesting emergency capital funding have been made to NHSI for £3.9m (medical devices and backlog maintenance) and £13.8m (fire safety). The Trust awaits the outcome on its two submissions.
4. A MRI finance sub-group meets on a bi-weekly basis to review and challenge costs and assumptions.

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NHS Trust

Winter Planning and Christmas Review

Meeting information:			
Date of Meeting:	5th February 2019	Agenda Item:	11
Meeting:	Trust Board	Reporting Officer:	Joe Chadwick Bell

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)				
Key stakeholders:		**Compliance with:**		
Patients	☒	Equality, diversity and human rights		☐
Staff	☒	Regulation (CQC, NHSi/CCG)		☐
		Legal frameworks (NHS Constitution/HSE)		☐
Other stakeholders please state: Adult Social Care & CCG				
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?		

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The attached report outlines the winter planning process undertaken by the Trust operational team and divisions followed by a summary of activity and performance during the Christmas and New Year period. The paper includes information from both health and social care and identifies opportunities to improve system planning and performance for known periods of surge.

The period from 21st December to 6th January was well managed by the system. Robust staffing plans were agreed and enhanced pathways introduced to avoid overcrowding in the Emergency Departments and reduce the need for unplanned escalation. Attendances to ED increased by 3% compared to the same period last year whilst performance against the 4 hour standard improved by 5.9%.

An early East Sussex system look back is being held on 6th February facilitated by the STP Winter Resilience Director. This session will review this information and agree any actions required to mitigate identified risks.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

This paper will also be reviewed by the Operational Executive Team for the East Sussex system.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

For Information Only

EAST SUSSEX HEALTHCARE NHS TRUST

Christmas & New Year Review 2018/2019

Context

A&E redesign and the implementation of admission avoidance interventions have significantly improved the Trusts adherence to the 4 hour standard. This improvement has been enabled through the partnership working with the local commissioners and adult social care through the East Sussex Better Together Alliance.

The output of improvement is 2016/17 ESHT was in the lowest quartile of trusts for the four-hour standard. In April 2017, 80.3% of patients were seen in four hours. Between April and November 2017 this increased to 94.1%. Over winter (Q4 17/18) our EDs achieved 86%, a 10% increase on the previous year.

Winter Planning for 2018/2019 began in July with a focus on continuing this improvement and delivering against the agreed A&E trajectory.
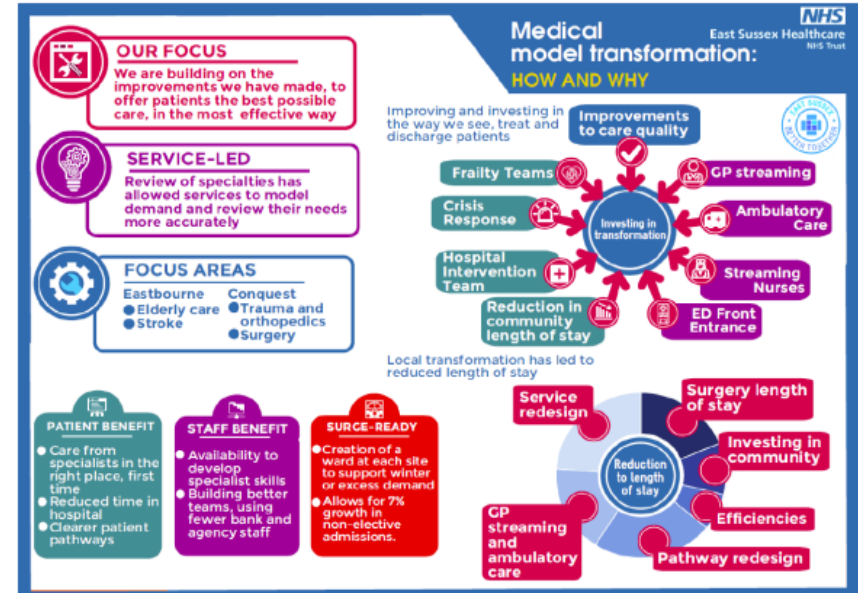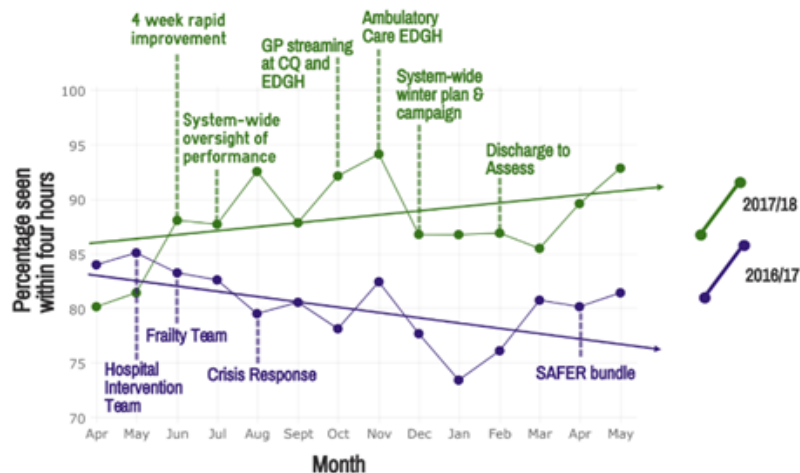
System Actions

- ESHT undertook a bed efficiency programme in 2018/19 driven by length of stay reduction from 5.9 days to 4.1 days in June2018. This has enabled the Trust to right size its capacity and create dedicated winter escalationfor 2018/19.

- The implementation of a new Frailty service on both sites applying a home first pathway for these patients in our gateways.

- Enhanced Ambulatory services at the EDGH allowing 23% of the medical take to be seen through this service reducing the requirement for overnight stays.

- Launched the medically fit app in September 2018 allowing a solution that brings together an accurate daily list of all medically fit patients across the trust and the actions required to progressthe patient through the system to safe discharge.

- Weekly winter planning meetings commenced in September with Divisional and Adult Social Care representation enabling collective planning for the system .

- Implement Discharge to Assess beds for patients requiring resettlement.

- Multi Agency Daily Enhanced Discharge Meetings from the 17th of Dec to the 5th of January .

- Robust Rota planning across all disciplines and Divisions matched to demand. Overseen by the winter planning team.

- Hourly demand mapping for attendances and Conveyances to each site with appropriate workforce planning and escalation actions.

- Reviewed the Trust Escalation Plan to incorporate learning from last year

- Primary Care Streaming fully implemented across both sites.

3

Attendances

A&E Attendances 21/12 - 06/01 (Trust)
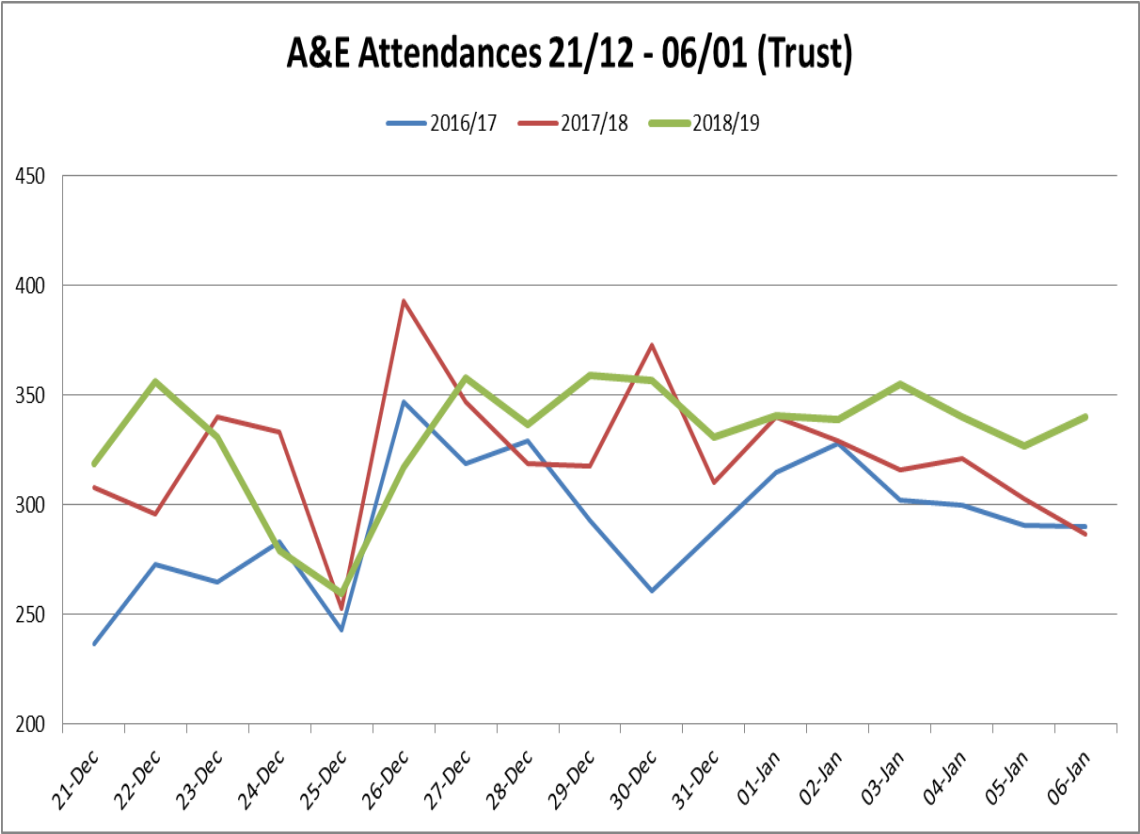
Date	2016/17	2017/18	2018/19
21-Dec	237	308	319
22-Dec	273	296	356
23-Dec	265	340	331
24-Dec	283	333	279
25-Dec	243	253	260
26-Dec	347	393	317
27-Dec	319	347	358
28-Dec	329	319	337
29-Dec	293	318	359
30-Dec	261	373	357
31-Dec	288	310	331
01-Jan	315	340	341
02-Jan	328	329	339
03-Jan	302	316	355
04-Jan	300	321	340
05-Jan	291	303	327
06-Jan	290	287	340
Total	4964	5486	5646

Performance 2017- 2019

A&E Performance 21/12 - 06/01 (Trust)
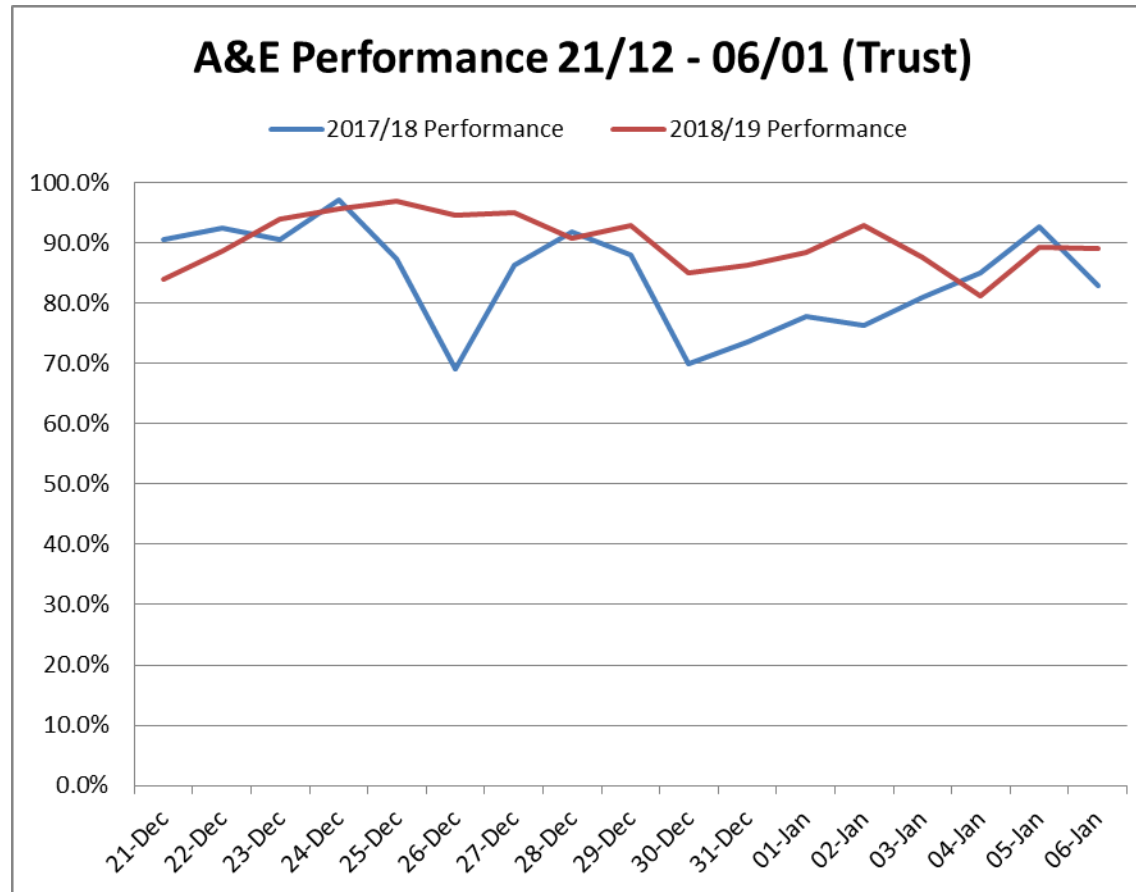
Date	2017/18	2017/18 Performance	2018/19	2018/19 Performance	Variation
21-Dec	308	90.6%	319	84.0%	-6.6%
22-Dec	296	92.6%	356	88.8%	-3.8%
23-Dec	340	90.6%	331	94.0%	3.4%
24-Dec	333	97.3%	279	95.7%	-1.6%
25-Dec	253	87.4%	260	96.9%	9.6%
26-Dec	393	69.2%	317	94.6%	25.4%
27-Dec	347	86.5%	358	95.0%	8.5%
28-Dec	319	91.8%	337	90.8%	-1.0%
29-Dec	318	88.1%	359	93.0%	5.0%
30-Dec	373	70.0%	357	85.2%	15.2%
31-Dec	310	73.5%	331	86.4%	12.9%
01-Jan	340	77.9%	341	88.6%	10.6%
02-Jan	329	76.3%	339	92.9%	16.6%
03-Jan	316	81.0%	355	87.6%	6.6%
04-Jan	321	85.0%	340	81.2%	-3.9%
05-Jan	303	92.7%	327	89.3%	-3.4%
06-Jan	287	82.9%	340	89.1%	6.2%
Total	5486	84.3%	5646	90.2%	5.9%

East Sussex Healthcare **NHS**
NHS Trust

Referral to Specialties

Referrals to Specialties 21/12 - 06/01 (Trust)
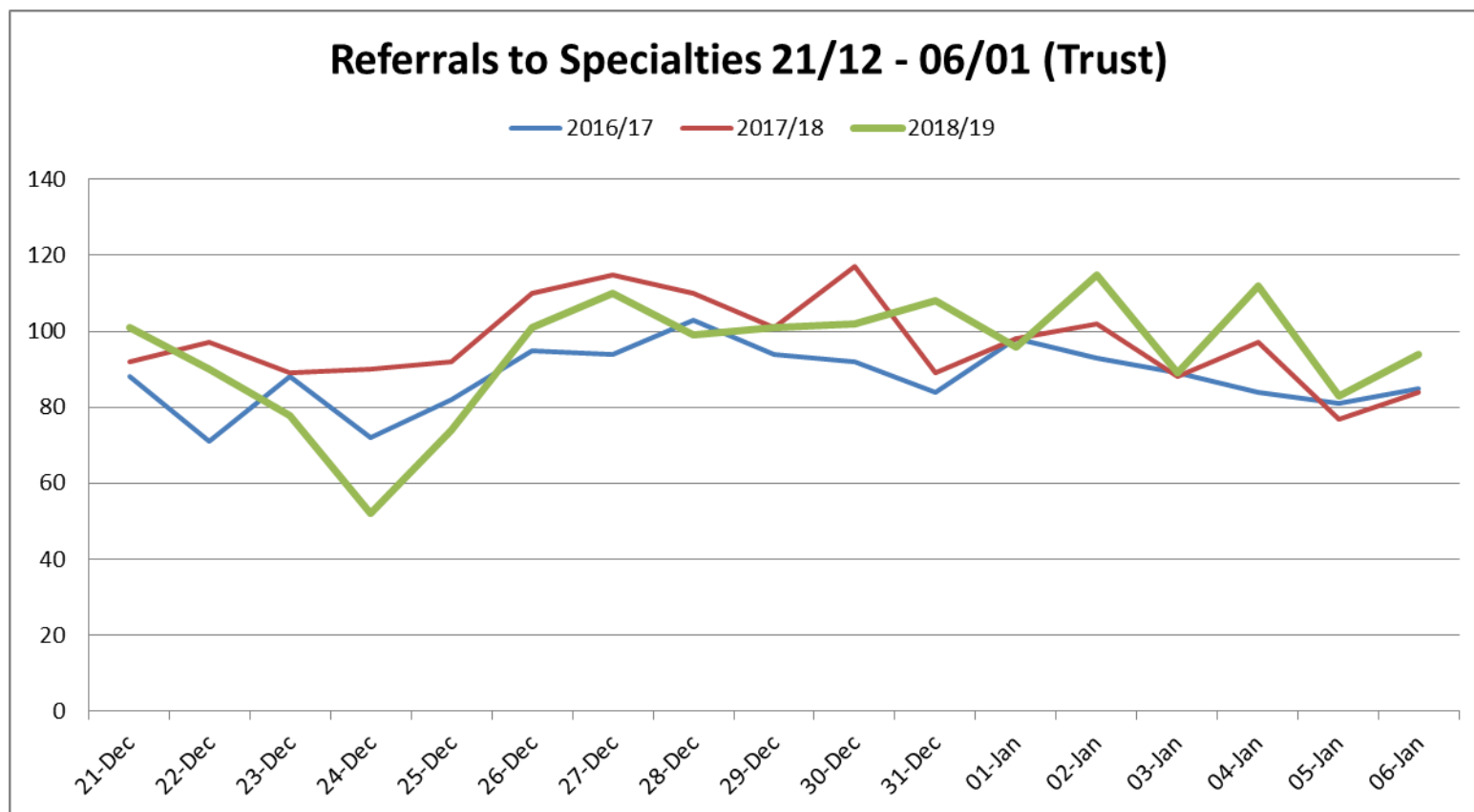
Stranded and Super Stranded Conquest

Stranded 21/12 - 06/01 (Conquest)
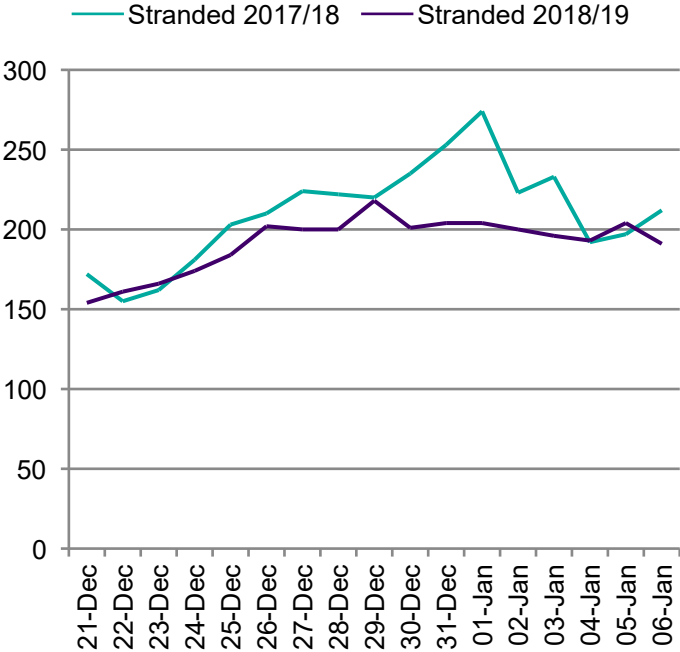
Super Stranded 21/12 - 06/01 (Conquest)
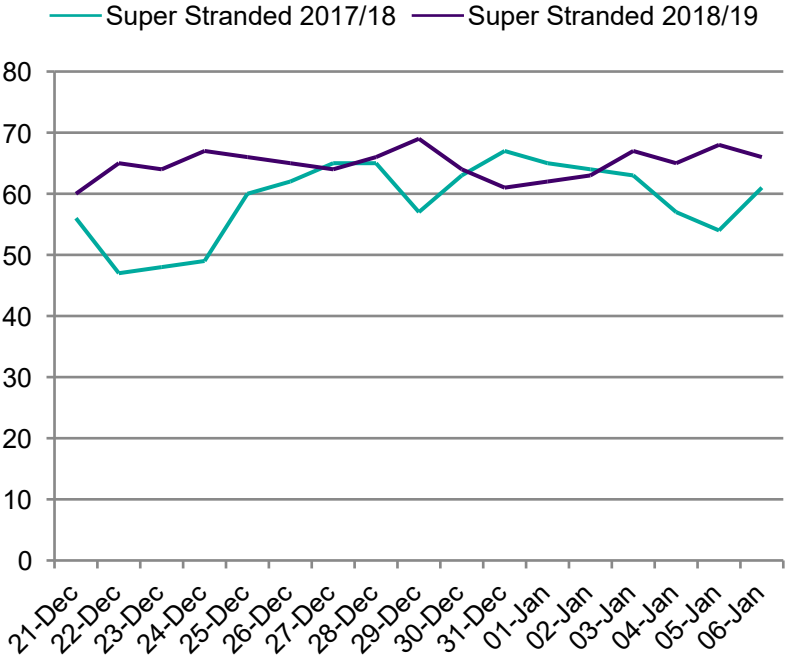
Stranded and Super Stranded EDGH

Stranded 21/12 - 06/01 (EDGH)

Stranded 2017/18 — Stranded 2018/19

Super Stranded 21/12 - 06/01 (EDGH)

Super Stranded 2017/18

Super Stranded 2018/19
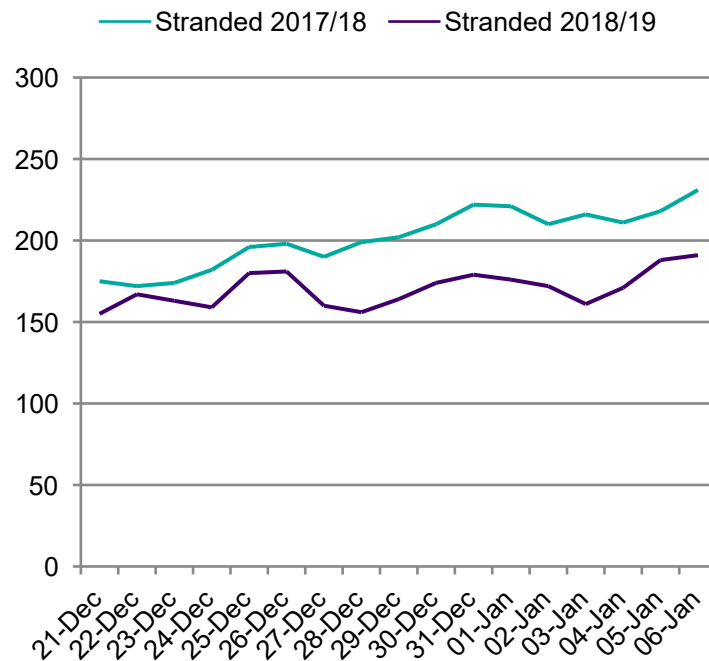
GP Streaming 2017- 2019

GP Streaming 21/12 - 06/01 (Trust)
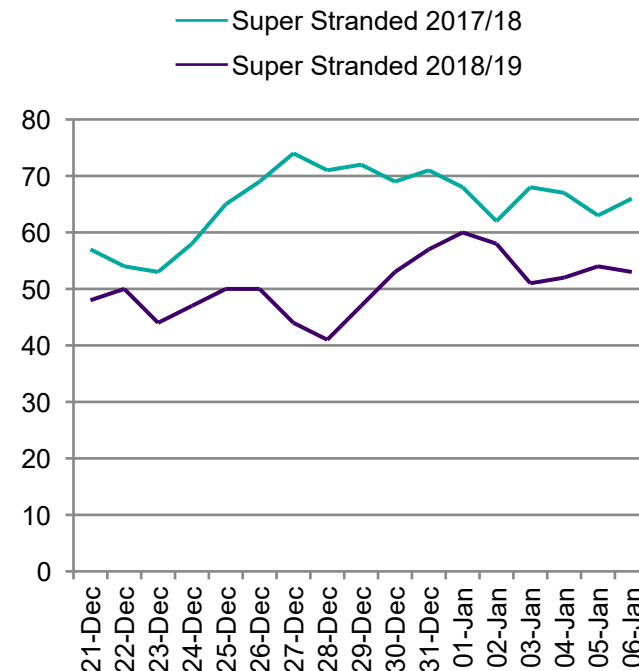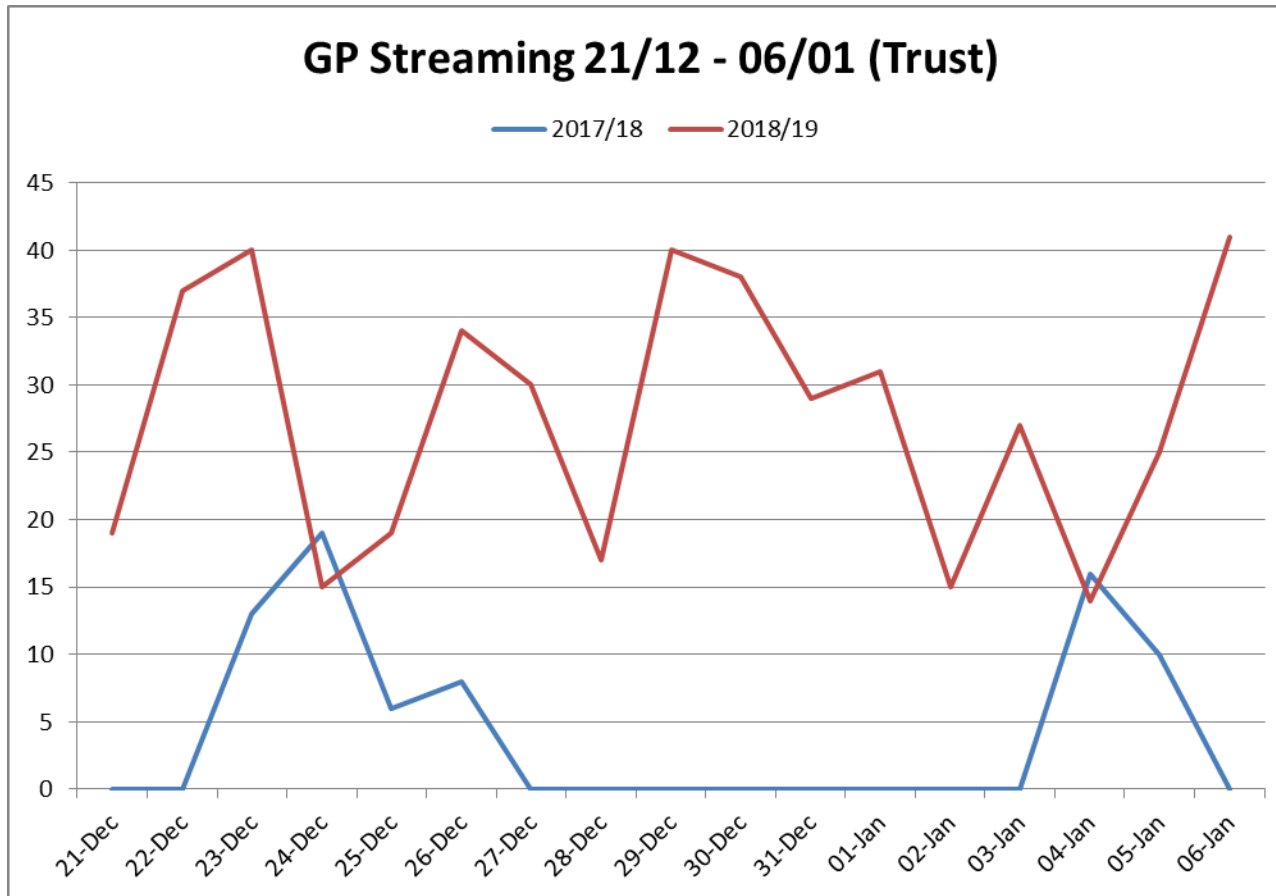
Date	2017/18	2018/19
21-Dec	0	19
22-Dec	0	37
23-Dec	13	40
24-Dec	19	15
25-Dec	6	19
26-Dec	8	34
27-Dec	0	30
28-Dec	0	17
29-Dec	0	40
30-Dec	0	38
31-Dec	0	29
01-Jan	0	31
02-Jan	0	15
03-Jan	0	27
04-Jan	16	14
05-Jan	10	25
06-Jan	0	41
Total	**72**	**471**

Occupancy of Winter Pressures Beds- 21st December-6th January

Occupancy of Winter Pressures Beds

Legend: Total HF P4 beds: — Occupied HF P4 beds — Total Interim beds — Occupied Interim beds
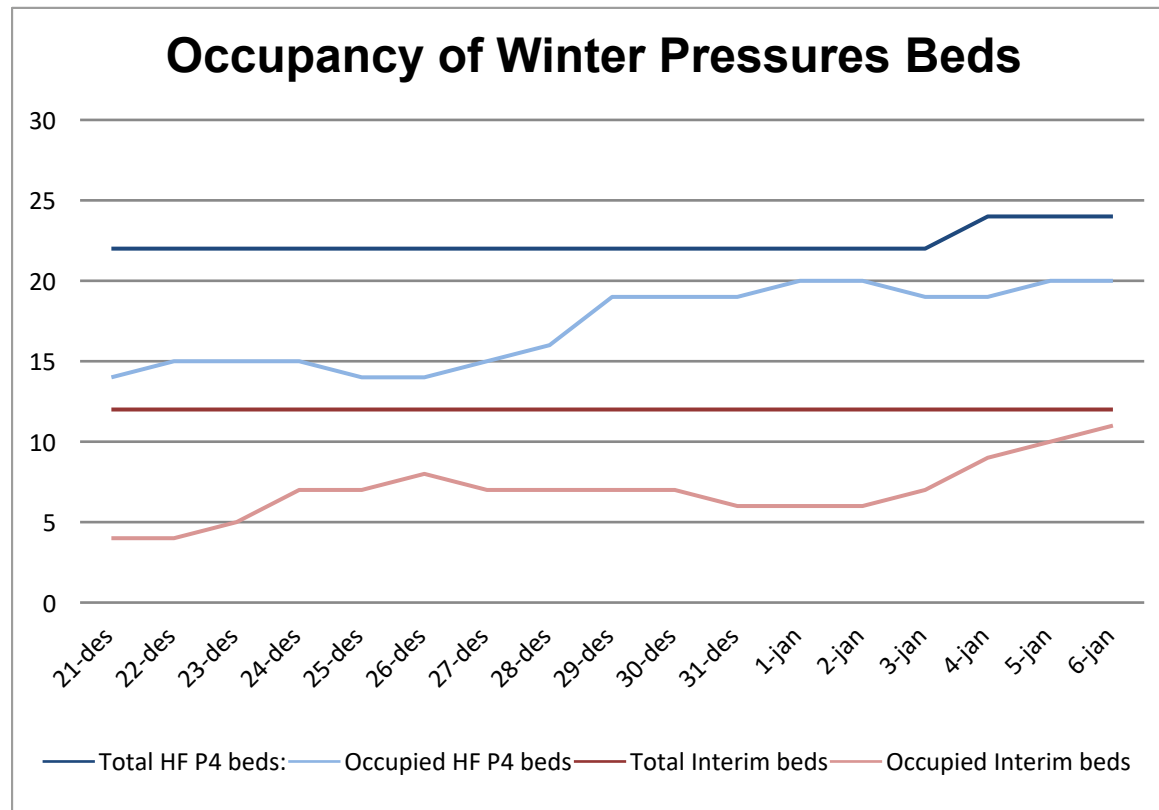
HF P4: Home First Pathway 4

Source: ASC Supply Management

Occupancy of Winter Pressures Beds- 21st December-6th January

	Daily Occupancy																
	21-Dec	22-Dec	23-Dec	24-Dec	25-Dec	26-Dec	27-Dec	28-Dec	29-Dec	30-Dec	31-Dec	01-Jan	02-Jan	03-Jan	04-Jan	05-Jan	06-Jan
Total HF P4 beds:	22	22	22	22	22	22	22	22	22	22	22	22	22	22	24	24	24
Occupied HF P4 beds	14	15	15	15	14	14	15	16	19	19	19	20	20	19	19	20	20
Total Interim beds	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Occupied Interim beds	4	4	5	7	7	8	7	7	7	7	6	6	6	7	9	10	11

- The average length of stay for HF P4 beds at 06/01 was days 11.7 days.

- The average length of stay for Interim beds at 06/01 was 8.8 days.

- 15 Adults moved to HF P4 beds between 21/12 and 06/01.

- 10 Adults moved to Interim beds between 21/12 and 06/01.

- A total of 41 Adults have used the HF P4 beds since 26/11.

Source: ASC Supply Management

2017 /2018 Comparison

- Emergency Department attendances increased by 3%

- Performance against the 4 hour standard improved by 5.9%

- Number of patients being treated by primary care streaming increased by 84%

- 22 Discharge to Assess beds were available with a total of 41 patients making decisions regarding their future

  resettlement pathway in the community.

Opportunities for Improvement

- Full implementation of 7 Day working required to improve patient flow and reduce escalation requirements.

- D2A needs trusted assessor model across all facilities.

- System agreement that CHC assessment to be completed out of hospital.

- All urgent care community beds need to have ASC input from one operational team.

- Access to non weight bearing beds needs a trusted assessor model and maintain 98% occupancy.

- ASC to review the process to access interim beds .

- Enhance escalation for Repatriations and out of area placements.

- Referrals for patients to community services are undertaken by therapy or medicine for patients in escalation on the day surgery

  unit.

- Corporate Nursing to be included in the surge planning meetings moving forward to support workforce planning .

Next Steps

- System learning event to review data and learning

- ADO/ADN/Chiefs debrief

- OPEX to agree actions for Easter and winter 2019/20

- Re evaluate the specialty bed configuration to identify any modifications required for future surge periods

- Work with Business Intelligence to understand the use of the Nerve centre system for planning and surge

- Develop a substantive Discharge to Assess Resettlement Pathway by March 2019

- Implement the Discharge to Assess model for all CHC assessments

STP Population Health Check

Meeting information:

Date of Meeting:	5th February 2019	Agenda Item:	12
Meeting:	Trust Board	Reporting Officer:	Dr Adrian Bull, CEO

Purpose of paper: (Please tick)

Assurance	☒	Decision	☒

Has this paper considered: (Please tick)

Key stakeholders:		Compliance with:	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒

Other stakeholders please state: ……………………………………………………………………

Have any risks been identified *(Please highlight these in the narrative below)*	☐	On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The 'Population Health Check' for Sussex and East Surrey has been developed by the STP Clinical and Professional Cabinet. Membership of the Cabinet includes the Medical Directors and Clinical Chairs of partner organisations, as well as representation from Chief Nurses, NHS England, Public Health, the Academic Health Science Network and the Clinical Senate. The Population Health Check represents a diagnostic for our system and highlights the priority areas that need focus to allow health and care services to better meet the needs of our populations. It builds on local plans and intelligence and aims to provide a unified picture of the key areas for change across the health and care system.

There are five priority areas highlighted in the Health Check:

1. Workforce and capacity strategy
2. Shared decision-making and patient activation
3. Re-framing our cultural norms to make the right lifestyle choices easy to make.
4. Addressing unwarranted clinical variation.
5. Mental and physical health services and social services closer to home with good communication and co-ordination.

The Population Health Check has been endorsed by the STP Executive, which is made up of the Chief Executives from all statutory NHS organisations across Sussex and East Surrey. It is going through the NHS Boards / Governing Body meetings of each of these organisations in January and February.

Next Steps

The STP Clinical and Professional Cabinet will now be using the information outlined in the Population Health Check to develop a clinical strategy for the population. As the strategy is developed, a sustained period of engagement will take place with patients, staff, public, clinicians and other stakeholders. This engagement process will be called 'Our health and care…Our future' and will provide the opportunity for the strategy to be co-produced and informed by patient, public and staff feedback. The strategy will be aligned to the delivery of the NHS Long-term Plan.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Not applicable.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Trust Board is asked to:
- Review and endorse the STP Population Health Check.
- Take note of the planned next steps and timeframes, including the development of a wider clinical strategy for the Sussex and East Surrey STP and need for organisational strategies to be aligned to support delivery.

EU Exit Operational Readiness Guidance

Actions the health and care system in England should take to prepare for a 'no deal' scenario.

Issued 21st December 2018

Purpose

The EU Exit Operational Readiness Guidance, developed and agreed with NHS England and Improvement, lists the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal – a 'no deal' exit. This will ensure organisations are prepared for, and can manage, the risks in such a scenario

7 Key Areas

The Trust has been advised to undertake local EU Exit readiness planning, local risk assessments and plan for wider potential impacts. The Department of Health and Social Care is focussing on contingency planning on 7 key areas:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

Supply of medicines and vaccines

- Pharmaceutical companies were asked to ensure they have a minimum of six weeks' additional supply in the UK, over and above their business as usual operational buffer stocks, by 29 March 2019. Companies were also asked to make arrangements to air freight medicines with a short shelf life, such as medical radioisotopes.

- UK health providers – including hospitals, care homes, GPs and community pharmacies – **should not stockpile additional medicines beyond their business as usual stock levels**. There is also no need for clinicians to write longer NHS prescriptions and the public should be discouraged from stockpiling.

- Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily

- The Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines

- The Department is putting in place a "Serious Shortage Protocol". This will involve changes to medicines legislation that will allow flexibility in primary care dispensing of medicines.

- Public Health England (PHE) is leading a separate UK-wide programme ensuring the continuity of supply for centrally-procured vaccines

Supply of medical devices and clinical consumables

- All **suppliers** of medical devices and clinical consumables have been asked to increase stock levels of these products at a national level in England.

- There is no need for the Trust to stockpile additional medical devices and clinical consumables beyond business as usual stock levels.

Supply of non-clinical consumables, goods and services

- The Department has identified categories of national suppliers for non-clinical consumables, goods and services that it is reviewing and managing at a national level. Examples of relevant categories include food and laundry services.For these categories, the Department is engaging with suppliers and industry experts to identify and plan for any supply disruption.

Workforce

- The current expectation is that there will not be a significant degree of health and care staff leaving around exit day.

- Through the EU Settlement Scheme, EU citizens will be able to register for settled status in the UK if they have been here for five years, or pre-settled status if they have been here for less than five years. This will ensure the rights of EU citizens are protected in the UK after EU Exit, and guarantee their status and right to work.

- Health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.

Reciprocal healthcare

- In a 'no deal' scenario, UK nationals resident in the EU, EEA and Switzerland may experience limitations to their access to healthcare services.

- The Government has recently introduced the Healthcare (International Arrangements) Bill to ensure we have the legal powers to enter into such agreements in a 'no deal' scenario. The Bill could support a broad continuance of the existing reciprocal healthcare rights under current EU regulations (such as the European Health Insurance Card).

Research and Clinical Trials

- The Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after EU Exit, until the end of 2020.

- In a 'no deal' scenario, UK clinicians would be required to leave European Reference Networks (ERNs) on 29 March 2019.

- The Government has issued guidance on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario. The Department continues to engage with the life sciences industry regarding contract research and clinical trials of IMPs and medical devices

- All organisations participating in and/or recruiting patients to clinical trials or clinical investigations in the UK should contact their relevant trial sponsors for confirmation of plans for supply chains for IMPs and medical devices as soon as possible

- Organisations should therefore continue to participate in and/or recruit patients to clinical trials and clinical investigations from 29 March 2019, unless they receive information to the contrary from a trial sponsor, organisation managing the trial or investigation, or from formal communications

Data sharing, processing and access

- It is imperative that personal data continues to flow between the UK, EU and EEA member states, following our departure from the EU.

- Transfers of personal data from the UK to the EU/EEA should not be affected in a 'no deal' scenario. This is because it would continue to be lawful under domestic legislation for health and adult social care organisations to transfer personal data to the EU/EEA and adequate third countries in the same way we do currently.

Risk assessment and business continuity planning

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• The Trust must Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to:

• The seven key areas identified nationally and detailed below.
• Potential increases in demand associated with wider impacts of a 'no deal' exit.
• Locally specific risks resulting from EU Exit.

• The Trust will continue business continuity planning in line with legal requirements under the Health and Social Care Act 2012, taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.

• Test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose.

Communications

• Ensure Trust board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.

• Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy.

• Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019, but at this point there is no ask to reduce capacity or activity around this time.

• Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.

• Direct staff to promote messages of continuity and reassurance to people who use health and care services, including that they should not store additional medicines at home.

Reporting and Escalation

- Escalate any issues you have identified as having a potentially widespread impact immediately to your regional EU Exit team.

- If additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from The Trust will be used to develop a baseline assessment of the EU Exit impact on the health and care system.

Next Steps

- Catherine Ashton . Director of Strategy, Innovation and Planning is the nominated Senior Responsible Officer for EU Exit preparation for the Trust .

- A working group has been established to support EU Exit preparation, implementation and incident response.

        Director of Strategy Innovation and Planning (SRO)
        Associate Director of Planning and Business Development
        Chief Pharmacist
        EME manager
        Head of Procurement
        Deputy Director of HR
        Head of Clinical research
        Associate Director of performance
        Associate Director of Operations
        Head of EPRR
        Head of Communications and Engagement
        Head of Information Governance
        Head of Risk Management

Sussex & East Surrey
Sustainability & Transformation Partnership

OUR POPULATION
HEALTH CHECK

**A CLINICALLY-LED DIAGNOSIS
OF WHAT NEEDS TO CHANGE**

Contents

Introduction

"We have many great services and people, delivering great care. However, there is an urgency to address the gaps in the quality and responsiveness of some of our services. There has been an under-investment in prevention and self-care and not enough emphasis on wellbeing and care. Services are not operationally or financially sustainable in the current set-up, which is based on historic and isolated services, not built around what local people need now. In essence, there is less partnership working than we need between patients and clinicians and between services. Given our demography, we need to rely as much on technology-enabled care as on state funded clinical and domiciliary workforce. There just won't be as many employees available in future as would be needed to provide current services to a larger population with more retired people and not many more working-age citizens. This Population Health Check represents a case for change and provides the evidence of the key issues and the priorities we will deliver together to ensure we offer sustainable services. Doing nothing is neither affordable nor sustainable"

Dr Minesh Patel and Mr Peter Larsen-Disney, Co- Chairs, Sussex and East Surrey STP Clinical and Professional Cabinet

Population Health Check

This Population Health Check has been developed and agreed by a STP group called the Clinical and Professional Cabinet, which consists of the most senior medical and nursing leaders across our partnership.

WHAT IS THIS "POPULATION HEALTH CHECK"?

This document is a diagnostic analysis of the key issues we are facing in our local health systems today. This analysis provides the strong evidence base we need for the next phase, which will be an STP-wide Clinical Strategy.

The overall goal of the Population Health Check is to identify the challenges facing our population's health and our system's sustainability in order to develop a strategy, which will see people living with better health that is value focussed and patient centred.

WHY DO WE NEED AN STP POPULATION HEALTH CHECK WHEN WE ALREADY HAVE LOCAL PLANS?

Our STP is comprised of four 'places' responsible for locally driven community and integrated care with the aim of improving health outcomes for our communities and reducing avoidable illness and health and care expenditure. Each place is building a model that best responds to both the local health needs and context of the health and care organisations in the region, however many commonalities exist between them. Each place will oversee radical clinical transformation of Long Term Conditions, frailty, mental health, community, social care, general practice and urgent services to transform outcomes and quality.

The STP is not one single separate plan. It is a way of making sure that the plans of all the partners across the area are joined up and working together. It aims to ensure that no part of the health and care system operates in isolation. We know that what happens in GP surgeries, for example, impacts on social care, which also impacts on hospital wards, and so on. With services feeling the strain, working together will give our nurses, doctors and care staff the best chance of success.

The "added value" of an STP Population Health Check, which complements those Place Based Plans and delivers best value is:

The STP is not one single separate plan. It is a way of making sure that the plans of all the partners across the area are joined up and working together.

- We will be consistent with our messages on increasing population health and well-being and the importance of delivering value for money.

- We are able to identify and work together on addressing unwarranted clinical variation to deliver value for money services across the system.

- We will work together to improve communication and collaboration across the system and between clinicians and the public to enable decision based on objective, best value evidence and conversations.

- We will support each other to manage the impact of the 3Ts development at Brighton and Sussex University Hospitals NHS Trust (BSUH), which will reduce bed capacity in the short term through collaborative redesigning our model of services to enable care closer to home (delivering the lowest level of effective care).

- We will provide STP-wide senior clinical support for local plans which may help the pace of change, with consistent messaging on delivering value based services.

- We will develop simpler collaborative commissioning, whilst maintaining local engagement and ownership, to make best use of limited resources and to integrate care for patients,

- We will share best practice and offer support on implementation of local transformation plans to deliver better value care at a faster pace,

- We will further develop the skills of clinical leadership, workforce development and resilience through learning from others outside our neighbouring systems,

- We will support consistent access to supportive mental health services to reduce costly reactive responses to crisis care.

- We will develop system-wide digital technology to support communication across the system,

- We will contribute to the strategic planning for the development of estates to ensure we are able to deliver care closer to home across the system.

- We will provide consistent key message to the public so that A&E is not the option chosen as the urgent care option but that the public understand the benefits of accessing alternative services in the community.

We are able to identify and work together on addressing unwarranted clinical variation to deliver value for money services across the system

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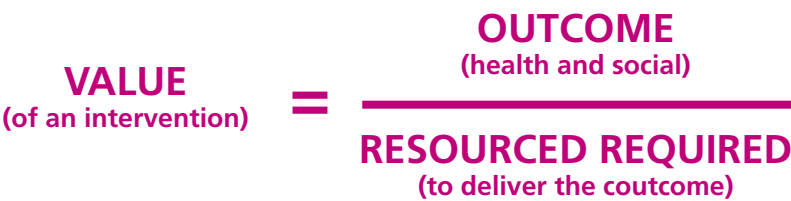**THE SYSTEM WILL, THEREFORE, COME TOGETHER ON ISSUES WHICH MAKE SENSE TO DO TOGETHER.**

Some of these initiatives, such as the STP Mental Health Strategy, are already underway and demonstrating significant improvements. However, it is crucial that the changes identified throughout are interconnected with the delivery of the STP Mental Health Case for Change, Mental Health Delivery Plan, Mental Health Workforce Plan and the identified Mental Health priority work streams and vice versa. This will then emphasise the importance of parity of esteem where mental health is valued equally with mental health. For example – some of the changes will impact and are interdependent with this overall STP Population Health Check e.g. impact of Improving Access to Psychological Therapies (IAPT) Long-term conditions developments on Diabetes, Musculoskeletal (MSK) and Cardiovascular, the life gap for people with severe mental illness and the high proportion of smokers having an severe mental illness. Also the mental health Crisis & Urgent Care workstream need to work closely with the Urgent and Emergency Care workstream.

HOW DO WE OFFER BEST VALUE?

We need to offer best value care to our patients. In July 2017, the South East Clinical Senate produced a briefing entitled 'Emphasising Quality, Delivering Value' (South East Clinical Senate 2017a), which recognises that:

● "The inexorable rise in demand for healthcare and growing pressures and constraints on the workforce and finance threaten the sustainability of the NHS. For clinicians across all disciplines, this means that we need to focus our combined resources on the care that delivers the greatest value.

● Value in healthcare is defined as the achievement of the best outcomes for individual patients and for the public within available resources. It also means doing less of things that add little or no value to patients.

● To achieve best value will require the development and use of standardised outcome measures that are more relevant to patients (such as the impact on their functional status and wellbeing), and their more active involvement through the process of shared decision making with well-informed patients. It also involves recognising unwarranted local variation in the delivery of high value care and addressing it.

● Value is not a financial term. It is a term that integrates high quality, safe and cost effective care that improves patient or population outcomes. It can be represented as follows:"

● Better Conversations' is a fundamental part of delivering the Five Year

The inexorable rise in demand for healthcare and growing pressures and constraints on the workforce and finance threaten the sustainability of the NHS.

$$\text{VALUE (of an intervention)} = \frac{\text{OUTCOME (health and social)}}{\text{RESOURCED REQUIRED (to deliver the coutcome)}}$$

Forward View. The first principle within the 'New Care Models' to engage people and communities is that care and support is person-centred: personalised, coordinated, and empowering. Person-centred approaches has recently beenpublished by Skills for Health, Skills for Care and Health Education England as a core skills education and training framework for the health and care workforce.

● We need to begin focusing on assets and "what matters to people" rather than "what's the matter with" people.

We need to improve communication between services. The way that clinicians work together in providing care to individual patients, and how they communicate with each other, is vital to providing an integrated, coordinated, patient-centred approach, and for delivering the best experience of care and outcomes for patients. Phone calls and conventional letters have been the default means of communication for decades, whilst over time technological changes, increasing specialisation, the need for greater efficiency, changing organisational and professional boundaries, and changing patient expectations, have ceaselessly evolved. (SE Clinical Senate. 2017b)

WHAT DID WE FIND ARE THE KEY THEMES?

We found that:

● There are four main unhealthy behaviours of smoking, alcohol misuse, poor diet and lack of physical activity, as well as poor emotional and mental well-being, which are responsible for at least a third of ill health and are amenable to cost-effective preventative interventions. Focusing on prevention earlier in the life-course will accumulate greater benefits, but even in middle and older age groups, preventative approaches are cost-effective. Prevention requires prioritisation and investment across the system. This includes the need to treat symptoms early in primary

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care to stop the development of a long-term condition. To date, across our STP, there has been an under-investment in prevention and self-care and not enough emphasis on wellbeing and care.

● There were 1,314 stillbirths in the South East between 2013-2015, equating to roughly 36 stillbirths per month. A large proportion of stillbirths are attributable to risk factors some of which are fully or partly avoidable, indicating an opportunity for rate reduction. Independent risk factors for stillbirth include: obesity, smoking, acquired medical disorders (diabetes) and disadvantaged populations.

● The STP covers a wide geographical area and many organisations, with a notable amount of variation in financial performance. For 2017/18, the combined net deficit (surpluses and deficits added together) for Clinical Commissioning Groups (CCGs) and Trusts in the footprint was £228.2m.

● There is significant expected growth in the population generally and an enormous growth in the 65+ and 85+ age groups. Significantly, this includes an increase in life expectancy for people in poor health. One in three over-65s and half of those over 80 will suffer a fall each year. In addition to the physical consequences, falls can have a damaging psychological impact, resulting in loss of confidence and independence, and increased isolation and depression. The Department of Health has stated that a falls prevention strategy could reduce the number of falls by 15-30%.

● Pressures on our GP services are critical causing issues with access for patients and staff stress. General Practice across the country is struggling to maintain services, and this situation is mirrored in Sussex and East Surrey. The population is getting older, many more people live with multiple chronic diseases, people are seeing their doctor more often and with more complex problems. General Practice has coped well so far, but we need to address these issues if we are not to face much bigger problems.

● We have significant workforce shortages across the system, in particular in GP surgeries, mental health and social care, with increasing demand.

● There have been many years of under-investment in estates, which has resulted in non-compliance, high backlog maintenance and an inefficient estate with high running costs. This hampers our ability to shift care closer to home.

The population is getting older, many more people live with multiple chronic diseases, people are seeing their doctor more often and with more complex problems.

● Bed capacity is expected to increase by 176 beds by 2023/24 at BSUH as a result of the 3Ts rebuild. However, in the meantime, there will be a detrimental impact on capacity which needs to be supported across the wider system.

● Care is often un-co-ordinated and duplicated leading to poor quality care with multiple hand-offs. The supportive systems are often difficult for the public to navigate, resulting in increased attendance to A&E.

● Communication between clinicians across organisations and between clinicians and patients requires improvement.

● We have a high level of mental illness and dementia, with the need to increase access to supportive services.

● Digital technology needs to better support integrated care, population health management and empower patients in managing their care. We have not been good at establishing systems for self-support which are cheap, cost effective and improve outcomes – (patient held records, patient educational materials /fora via online platforms for example) despite 90% of the population owning a smartphone / tablet or PC.

● We have unmet need at one end of the spectrum and unnecessary and/or non-evidenced treatments at the other with variably informed decision-making in the middle.

● There is variation across the trusts in delivering our constitutional standards (the standards everyone should expect) including Referral to Treatment Times (RTT), emergency admissions, Delayed Transfers of Care, bed occupancy, cancer waits and A&E 4-hour performance.

● Our data shows us we have significant unwarranted variation across the STP that are impacting on quality in many areas but particularly in MSK, Cardiovascular and Falls/Fragility Fractures. There is also evidence that we over treat patients in some specialties.

● Too many people are dying away from their usual place of residence or in a place that is not of their choosing.

● Doing nothing is neither affordable nor sustainable.

Digital technology needs to better support integrated care, population health management and empower patients in managing their care.

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WHAT DO WE NEED TO CHANGE TO ADDRESS THESE KEY THEMES?
We concluded that:
We have not focussed enough on promoting the determinants of good health because:

● There remains considerable, and unacceptable, differences in life expectancy between areas across the STP and within local CCG / local authority areas. Service access, take up and outcomes need to be addressed for disadvantaged groups.

● There are four main unhealthy behaviours of smoking, alcohol misuse, poor diet and lack of physical activity, as well as poor emotional and mental well-being, which are responsible for at least a third of ill health and are amenable to cost-effective preventative interventions.

● Focusing on prevention earlier in the life-course will accumulate greater benefits, but even in middle and older age groups, preventative approaches are cost-effective. Prevention requires prioritisation and investment across the system. Prevention includes the reduction of falls in the elderly and healthy living to reduce still births.

In order to keep up with increasing demand, we need to collaboratively redesign our service models to bring care closer to home because:

● There is an imbalance of bed/un-bedded capacity and demand in acute, primary, community and social care.

● BSUH is undergoing a significant re-build programme through 3Ts, which will have an impact on bed capacity until it is completed.

● We want more people to die in their usual place of residence and place of choice.

● Bringing care closer to home, cannot be delivered without addressing the issue that the sustainability of primary care is significantly challenged across the system. Dedicated effort to address primary care challenges is crucial.

Our Urgent and Emergency Care services cannot keep up with demand because:

● Attendances to A&E and handover delays continue to put immense pressure on our services.

● Over a quarter of A&E attendances could be treated at another suitable location e.g. primary care.

● There are several points of contact for access to services, fragmented pathways and gaps in service availability (geographic and time of day), particularly around admissions avoidance and to support hospital discharges.

Our patients with mental health needs are not always able to access support when they need it because:

● There is a lack of a 24/7 crisis support.

● Capacity needs to be built in primary care, closer to home and thereby reduce presentations and referrals to physical and mental health secondary care.

● The prevalence of severe mental illness is 5% higher than nationally, affecting 25,000 individuals

● For dementia, prevalence is 25% higher than nationally, will increase further as the population ages, while the proportion of those with a diagnosis is 5% lower. A quarter of those patients with dementia who are fit to leave acute care wait over 50 days for discharge.

● There is an increasing problem of addiction and its impact on the individual and the system.

We do not have the workforce numbers and skills to meet current and future demands because:

● There is an imbalance in staffing capacity and demand across the whole health and social care system. This includes front line staff providing direct patient/client care, back office staff, and key services e.g. pathology and radiology.

● The average retirement age is 59 and we have 15 % of staff aged 55 years and over.

● The turnover rate for all registered nursing, midwifery and health visiting staff ranges from 13% - 20%.

● In social care there is a significant annual turnover of 26% for registered nurses.

● There are difficulties recruiting and retaining substantive mental health nurses and psychiatrists.

● In June 2017, the Sussex and East Surrey STP had a shortfall of GPs (Full-time equivilants) of 193.

There is an increasing problem of addiction and its impact on the individual and the system.

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We need to enable our workforce to have conversations which enable patients to make the right decision about care

Our digital technology does not meet current and future needs because:
● There is a lack of ability and confidence to access shared information to support for Clinicians, professionals, patients and carers in:
(a) Direct Care and Self-Management,
(b) Population Health Management and Evaluation,
(c) Research and Innovation.

● Digital systems do not yet integrate effectively enough to support new models of care or meet expectations.

● There is a lack of health and care services digital maturity, partnerships and agility to take advantage of the opportunities of emerging technologies (e.g. Artificial Intelligence (AI), Precision Medicine, Internet of Things)

There is a lack of demand management to create the most efficient pathways because:
● There is a lack of working practice changes required to encourage 'channel shift.'

● There is a lack of standardised communication and engagement strategies to reduce demand on the system.

● Communication between clinicians across boundaries needs to be addressed as a priority.

Unwarranted clinical variation exists across the system leading to inequity in access to the good standards of care because
● There is unwarranted variation in referrals guidelines, treatment, medicines and Continuing Healthcare funding when we compare ourselves to our demographic peers.

● There is insufficient shared decision-making between patients and their healthcare professional. We need to enable our workforce to have conversations which enable patients to make the right decision about care, based on objective evidence and dialogue and containing expectations to value based care.

THE FOLLOWING CHART SUMMARISES THE KEY THEMES AND WHAT WE NEED TO CHANGE IN OUR SES STP

5 BEHAVIOURS
1. Smoking
2. Physical inactivity
3. Unhealthy diet
4. Excess alcohol
5. Social isoloation

LEADS TO

5 RISK FACTORS
1. Hypertension and breathing problems
2. Obesity and High Chloesterol
3. Hyperglycaemia
4. Frailty and falls
5. Anxiety and depression

LEADS TO

5 DISEASES
1. Cancer
2. Circulation and respiratory disease
3. Diabetes
4. Bone and joint conditions
5. Mental Health conditions

LEADS TO

75% OF DEATHS AND DISABILITY

5 IMPACTS ON PATIENTS AND SERVICES
1. There is an increase in life expectancy (increased demand), which includes an increase of people living longer in poor health (higher acuity).
2. The capacity in the NHS and social care cannot keep up with demand leading to delays and poor quality care.
3. Insufficient numbers of dying patients being cared for in their usual place of residence.
4. There is an increase in reactive, urgent care.
5. There is an increase in the cost of delivering services.

LEADS TO

5 STP PRIORITIES
1. STP workforce and capacity strategy.
2. Shared decision-making and patient activation.
3. Re-framing our cultural norms to make the right lifestyle choices easy to make.
4. Addressing unwarranted clinical variation.
5. Mental and physical health services and social services closer to home with good communication and co-ordination.

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OUR POPULATION HEALTH CHECK HAS TRIANGULATED PREVIOUS ANALYSIS INTO A SINGLE CASE

PRIORITY AREA	STP EXECUTIVE	STP CLINICAL AND PROFESSIONAL CABNIET	STP PLAN AND REFRESHED PLAN (11 KEY INTERVENTIONS)	EXISTING SYSTEM TARGETS/ MEASURES
Older people + disabilities/ Long-term conditions	11 interventions MSK Get It Right (GIRFT), Continuing Healthcare (CHC), Clinically Effective Commissioning, Medicines, Optimisation	Right: bone and joint, MSK unwarranted variation, Falls and Fagility fractures, end of life care, over treatment, medicalisation	Older people, dementia end of life care, re-ablement, falls reduction	Delayed transfers of care, dementia indicators (improvement and Assessment Framework (IAF), Urgent and Emergency Care GP access, Learning disabilities
Circulation and Respiratory (cardiovascular disease, coronary heart disease, cronic obstructive pulmonary disease (COPD), diabetes)	Clinically Effective Commissioning (CEC) / Procedures of limites clinical effectiveness (POLCE)	Rightcare 5:5:5 (prevention, detection, management / risk reduction) – Stable angina, Atrial Fibrillation (AF) / Hypertension and breathing problems / High Cholesterol, Hyperglycaemia, obesity, diabetic foot amputations). Shared decision-making and social activation	Adults with physical disability build knowledge and change behaviours	Quality and Outcomes Framework (QOF), RightCare, diabetes. Maternal smoking, obesity (IAF)
Cancer		5:5:5 (cancer risk factors; screening; early detection and treatment, survivorship)	Acute liaison, SEMI	2 week wait, 31 days, 62 days Screening, stage 1 and 2, diagnosed in A&E
Mental health	Mental health strategy	Mental health in relation to 5:5:5 (prevention, wellbeing, early intervention, social isolation, mental health and long-term conditions and dementia)	Acute liaison, SEMI	IAF, IAPT / dementia / acute crisis / CYP
Urgent and Emergency Care	Urgent and emergency care including 111, 3Ts	Capacity across the health and care system	Rapid response in community and acute services	A&E 4 hour waits
Co-ordinated and well communicated care	Digital Strategy Workforce strategy	Improving communication across primary and secondary care. Patient activation	Discharge planning Single point of access Specialist advice Integrated care	Recruitment and retention Agency spend
Maternity	Better Births	Supporting a good start in life		Still birth reduction

Our Population Health Check in context

There are 24 large organisations in our partnership – local authorities, providers and clinical commissioning groups. This STP recognises the very critical part played by so many other smaller but core health, care and wellbeing organisations across the STP.

Our footprint is home to 1.7 million people providing health and social care at a cost of £4bn. It cannot be under-estimated the importance of planning changes to care across the health and social care system so that changes are not made in isolation but in partnership, with the impact of changes being clear and mitigating any negative consequences together.

POPULATION SIZE BY LOCATION (M)

East Surrey 0.18
Crawley 0.13
HMS 0.23
HWLH 0.17
H&R 0.19
CWS 0.51
B&H 0.31
EHS 0.19

NHS Commissioners
Brighton & Hove CCG
Coastal West Sussex CCG
Crawley CCG
East Surrey CCG
Eastbourne Hailsham & Seaford CCG
Hastings & Rother CCG
High Weald Lewes Havens CCG
Horsham & Mid-Sussex CCG
Specialised Commissioning (NHS E South)
Total = 9

NHS Providers
Brighton & Sussex University Hospitals
East Sussex Healthcare
Queen Victoria Hospital
South East Coast Ambulance Service
Surrey & Borders Partnership
Surrey & Sussex Healthcare
Sussex Community
Sussex Partnership
Western Sussex Hospitals
GP Providers
Total = 9 (excluding GP Providers)

Non-NHS Providers
Brighton & Hove City Council
East Sussex County Council
Surrey County Council
West Sussex County Council
First Community Health and Care
IC 24
Total = 6

STP Total = 24

We must also acknowledge some of the many examples we have of great care across the health and social care services across our STP.

STPs are a way for the NHS to develop its own, locally appropriate proposals to improve health and care for patients. They are working in partnership with democratically elected local councils, drawing on the expertise of frontline NHS staff and on conversations about priorities with the communities they serve. Partnerships will be forums for shared decision making, supplementing the role of individual boards and organisations. Their immediate focus is on refining and implementing their sustainability and transformation plan so that patients can see practical benefits in their local health system. STPs do not replace new care models; instead they will allow the ability to build on their success, by providing a collaborative system of leadership and governance which will allow new care models to evolve and spread. (NHS England, 2018)

Although this document focusses on what we need to change, we must also acknowledge some of the many examples we have of great care across the health and social care services across our STP. For example:

● East Sussex Better Together: Health and Social Care Connect (HSCC) which offers both the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals. Streamlining access frees GPs to see other patients rather than having to refer to several different services for a patient. It also supports faster access to the services for patients in their home.

● Central Sussex and East Surrey Commissioning Alliance (CSESCA) North: Integrated, patient-centred teams developing in Primary Care Homes. East Grinstead is a rapid test site for a Primary Care Home model: Key work-streams are addressing urgent 'on the day' primary care capacity with GPs working in the Minor Injury Units (MIUs).

● Central Sussex and East Surrey Commissioning Alliance (CSESCA) South: Dementia Golden Ticket in HWLH. The Golden Ticket delivers a holistic mix of services to address health and wellbeing, supporting people with dementia and their carers in every aspect of their lives. Evaluation of the project shows that it is already reducing GP visits and emergency admissions to hospital. People who said that they had previously felt isolated received support to live more independently.

● Coastal Care: Frailty pathway redesign. The Paramedic and Occupational Therapy team work together on the Falls Response vehicle, provided by Sussex Community NHS Foundation Trust, with the pilot being funded by Coastal West Sussex CCG. So far the conveyance rate for this vehicle in the first four weeks is 9.18% compared to 20.5% for the previous 5 weeks.

● Sussex Partnership NHS Foundation Trust (SPFT): Developing a single access point to ensure that people in crisis can access services 24 hours a day and a no 'wrong front door' approach with access points for other services. They have set up a front door staffed by peer workers, care navigators, carers, voluntary sector staff and mental health clinicians.

● South East Coast Ambulance Service NHS Foundation Trust (SECAmb): 999, Emergency Operations Centre and 111 Rotational Workforce: Working with HEE and commissioners, SECAmb is developing a number of rotational workforce positions. These are focussed on rotating staff out (e.g. Paramedic Practitioners in primary care) and rotating staff in from other organisations (e.g. midwives). This is allowing the Trust to test workforce and governance issues before beginning wider work on rotational workforce approaches such as mental health nurses and rotating SECAmb paramedics into hospice and urgent care centre settings.

● Sussex Community NHS Foundation Trust: Healthy Child Programme, which provides a range of health interventions and support, beginning in pregnancy and continuing through to the end of formal schooling.

● IC24: Developing the multi-professional urgent care workforce and strengthening the role of the GP as a clinical leader.

● Specialist Palliative Care: The adult and children's hospices and Specialist Palliative Care services serving the STP area are all supported by their local communities to provide holistic multi-professional care for those facing death and bereavement. Adults known to hospice services are less likely to die in hospital and have a higher chance of dying in their usual place of residence.

● Academic Health science Network: The Atrial Fibrillation (AF) project identified 580 individuals who were eligible for anticoagulation and would benefit from a change of treatment to reduce their risk of an AF-related stroke. By the end of May 2018, 219 individuals had had their medicines optimised by their GP practice. This has reduced the risk of AF-related strokes to such an extent that the equivalent of six AF-related strokes have been avoided, avoiding debilitating effects on individuals and their families and avoiding costs to state-funded health and social care of over £160,000.

Some residents living within our STP, are treated in Kent and Medway and Surrey and are also affected by their STP Cases for Change. Kent and

Adults known to hospice services are less likely to die in hospital and have a higher chance of dying in their usual place of residence.

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People with mental ill health have poor outcomes and may not always be able to access services

Medway STP, Surrey Heartlands STP and Frimley STP have all identified the same issues in their Cases for Change in that:

● There is not enough focus on maintaining independence and ill health prevention,

● There are challenges in primary care provision, which is extremely fragile in some areas,

● There are gaps in service and poor outcomes for those with long term health conditions,

● We do not support people with long-term conditions and needs to look after themselves as effectively as we should,

● Many people are in hospital who could be cared for elsewhere,

● There is a growth in demand from older, more complex patients,

● Planned care is not delivered as efficiently and effectively as it could be,

● There are particular challenges in the provision of cancer care,

● People with mental ill health have poor outcomes and may not always be able to access services,

● There are capacity issues,

● There is a lack of Digital integration and innovation,

● They have an unsustainable workforce model,

● They need to reduce clinical variation,

● Urgent and Emergency care needs to reduce.

In addition they have also identified the following which we have not identified in that some local hospitals find it difficult to deliver services for seriously ill people: some services are vulnerable and potentially unsustainable. There is a need to review their specialist acute model including mental health. Existing capacity needs to be redesigned to be used much more productively.

What we found (our evidence)

Our evidence: Our Population and Demographics

OUR APPROACH TO HEALTH AND WELLBEING INEQUALITIES
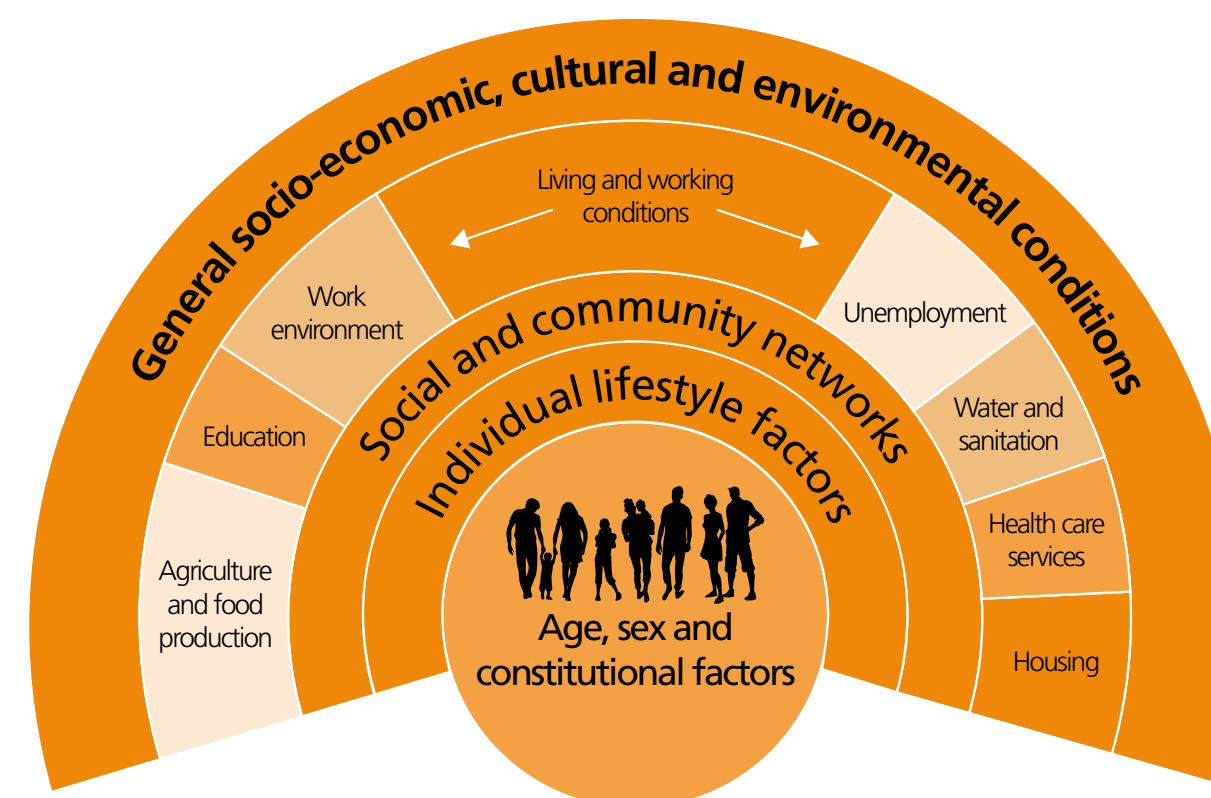
Ref: Determinants of Health, Dahlgren and Whitehead (1991)

Our approach reflects the responsibilities of the whole system in addressing health and well-being – NHS, councils, police, education, voluntary sector, communities and individuals. This well-being approach recognises that health is created by wider factors than health services. This approach requires a strategic commitment to building a culture in which individuals, organisations and communities work together to identify and pool their capacity, skills, knowledge, assets and resources

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RELATIVE CONTRIBUTION OF THE DETERMINANTS OF HEALTH

HEALTH BEHAVIOURS **30%**	SOCIO-ECONOMIC FACTORS **40%**	CLINICAL CARE **20%**	BUILT ENVIRONMENT **10%**

Ref: Adapted from Gonnering RS and Riley WJ (2018) Robert Wood Johnson and University of Wisconsin Population Health Institute

to improve health and wellbeing outcomes for all our residents. Such an approach requires a shift from a demand management approach to a whole system approach to prevention which addresses "the causes of the causes" as identified in Dahlgren and Whitehead model (1991) above. The "causes of the causes" recognises that if the causes of poor health are social, economic and environmental then the solutions need to be too – from social determinants to those of the built environment, and these solutions require concerted, sustained, partnership working.

CAUSES OF THE CAUSES

Social	Creating opportunities for people to participate in the life of the community: includes education and early childhood development, providing a sense of place, belonging and safety, information, inclusion, informal social support, health and community services, arts and culture, sport and leisure.
Economic	Encouraging sustainable economic development and equitable access to resources includes regeneration, job creation, training, social protection, benefits, occupational health and safety and incentives.
Natural	Looking after natural surroundings and ecosystems: includes clean water, air, soil, natural, land care, waste recycling, energy consumption and climate change adaption.
Built	Altering physical surroundings icludes: urban layout, building design and renewal, housing quality, affordability and density, parks and recreatio facilities, roads, paths and transport and the provision of other amenities, such as seating and toilets.

From Health in All Our Policies (Local Government Association 2016)

Our Joint Strategic Needs Assessment (JSNA) show our health priorities are largely the same as elsewhere – good mental health and wellbeing underpins success; poor physical health is linked to lifestyle behaviours, health inequalities result from social and income inequality; healthy futures are built on good employment and decent homes. However, there are extreme variations in terms of socioeconomic status, health outcomes, environment and economic prosperity. These are often masked by averages, meaning health outcomes can seem on a par with the rest of England, when for parts of Sussex and East Surrey the reality is significantly and enduringly worse.

There remain considerable, and unacceptable, differences in life expectancy between areas across Sussex and East Surrey and within local CCG / local authority areas. Service access, take up and outcomes need to be addressed for disadvantaged groups.

Four main unhealthy behaviours of smoking, alcohol misuse, poor diet and lack of physical activity, as well as poor emotional and mental well-being are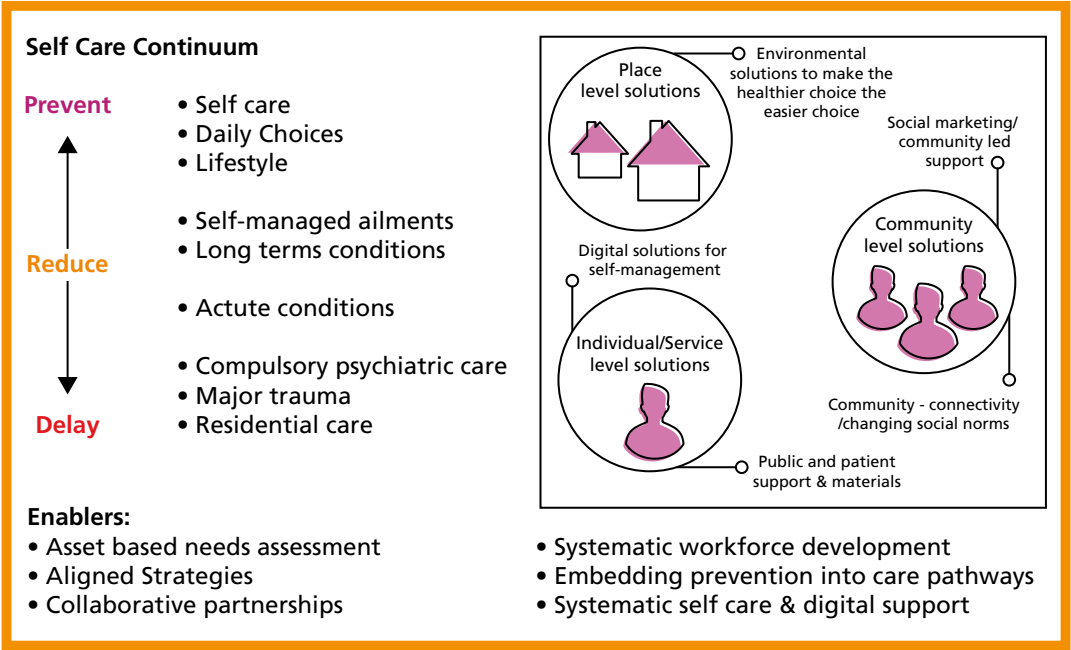 responsible for at least a third of ill health and are amenable to cost-effective preventative interventions. Substance misuse, in all its forms, continues to present challenges across the STP area, and notably in the Hastings and Brighton and Hove areas.

Unhealthy behaviours of smoking, alcohol misuse, poor diet and lack of physical activity, as well as poor emotional and mental well-being are responsible for at least a third of ill health

MODIFIABLE RISK FACTORS AND LONG TERM CONDITIONS

MODIFIABLE RISK FACTORS (these can be reduced or controlled by intervention, and by doing so reduce the probability of disease)	METABOLIC CHANGES (the biochemical processes involved in the body's normal functioning)	LONG- TERM CONDITIONS
Tobacco use	Raised blood pressure	Cardiovascular disease
Physical inactivity	Raised total cholesterol	Diabetes
Alcohol use	Elevated glucose	Cancers
Poor diet (increased fat and sodium, with low fruit and vegetable intake).	Overweight and obesity	
Emotional and mental well-being		

LIFE COURSE APPROACH

START WELL	LIVE WELL	AGE WELL
1		100+

Starting well in life is important for every child. The first few years of life are critical for readiness to learn, educational achievement, income and economic status - strong predictors of future health and wellbeing. What happens during pregnancy and early years impacts on their risk of long term ill health such as obesity, substance misuse, risk of heart disease, dental decay and poor mental health. These differences are almost entirely explained by deprivation and inequalities. Public health interventions have an important part to play to stem the tide of long-term conditions and increasing costs. Focusing on prevention earlier in the life-course will accumulate greater benefits, but even in middle and older age, preventative approaches are cost-effective. Prevention requires prioritisation and investment across the system.

Self Care Continuum

Prevent
- Self care
- Daily Choices
- Lifestyle
- Self-managed ailments
- Long terms conditions

Reduce
- Actute conditions

Delay
- Compulsory psychiatric care
- Major trauma
- Residential care

Place level solutions
Environmental solutions to make the healthier choice the easier choice
Social marketing/ community led support
Digital solutions for self-management
Community level solutions
Individual/Service level solutions
Community - connectivity /changing social norms
Public and patient support & materials

Enablers:
- Asset based needs assessment
- Aligned Strategies
- Collaborative partnerships
- Systematic workforce development
- Embedding prevention into care pathways
- Systematic self care & digital support

A WHOLE SYSTEM APPROACH TO PUBLIC HEALTH

As well as individual service interventions, public health interventions to build stronger and more resilient communities and places which support people to maintain independence and manage their own health and wellbeing across the course of their lives, are an important components of a whole system approach to prevention across NHS, local authorities, voluntary sector, community groups and wider stakeholders.

Working together, we can achieve the cultural shift we need to sustain improvements for people wherever they live and create a focus on health rather than the treatment of illness. This is increasingly important if public services are to be sustainable in the future – all parts of the public sector face significant budget pressures and the NHS and local government are by no means exempt. Improving the public's health will help secure the future of these services and deliver longer, healthier lives for all our residents.

CURRENT RESIDENT POPULATION AND PROJECTED TO 2030 (DATA ROUNDED TO NEAREST 100)

	2016 POPULATION	2030 PROJECTED	% CHANGE
OVERALL RESIDENT POPULATION			
ESBT	375,200	417,900	11.4%
Coastal	498,900	558,800	12.0%
CSESCA North	528,600	578,900	9.5%
CSESCA South	461,800	504,100	9.2%
0-19 YEARS			
ESBT	79,300	83,00	4.7%
Coastal	104,400	111,200	6.5%
CSESCA North	130,100	139,00	6.8%
CSESCA South	99,400	103,900	4.5%
65-84 YEARS			
ESBT	82,400	109,700	33.1%
Coastal	109,200	143,000	31.0%
CSESCA North	79,000	104,900	32.8%
CSESCA South	66,600	86,900	30.5%
85 AND OVER			
ESBT	16,000	22,200	38.8%
Coastal	20,200	28,500	41.1%
CSESCA North	14,500	20,600	42.1%
CSESCA South	11,700	15,500	32.5%

Improving the public's health will help secure the future of these services and deliver longer, healthier lives for all our residents.

Sources: Aggregated CCG data provided by ONS. 2016 Population - ONS Mid-Year Estimate (Resident Population) 2016. 2030 Projected - ONS Population projections for clinical commissioning groups and NHS regions

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The resident population across the overall area is projected to increase between 2016 and 2030, from a projected 9.2% increase in the CSESCA South area to 12% in Coastal. The greatest increases are projected in the older age groups, notably amongst people aged 85 years or over. Growth in the child population is lower than overall change. The overall population increase, and the rise in the older age groups will impact the demand for health and social care services, with frailty and the number of people with one or more long-term health condition rising.

Disability Free Life Expectancy
MEN (2010 - 2012) *Source: ONS*

England = 64.1 years

Hastings & Rother	Brighton & Hove	Eastbourne, Hailsham and Seaford	Crawley	Coastal W Sussex	High Weald Lewes Havens	East Surrey	Horsham & Mid Sussex
62.5	63.2	64.9	65.7	66.3	67.6	68.0	69.1

WOMEN (2010 - 2012) *Source: ONS*

England = 65.0 years

Hastings & Rother	Brighton & Hove	Eastbourne, Hailsham and Seaford	Crawley	Coastal W Sussex	High Weald Lewes Havens	East Surrey	Horsham & Mid Sussex
64.1	65.2	65.6	66.2	67.5	68.7	69.0	69.4
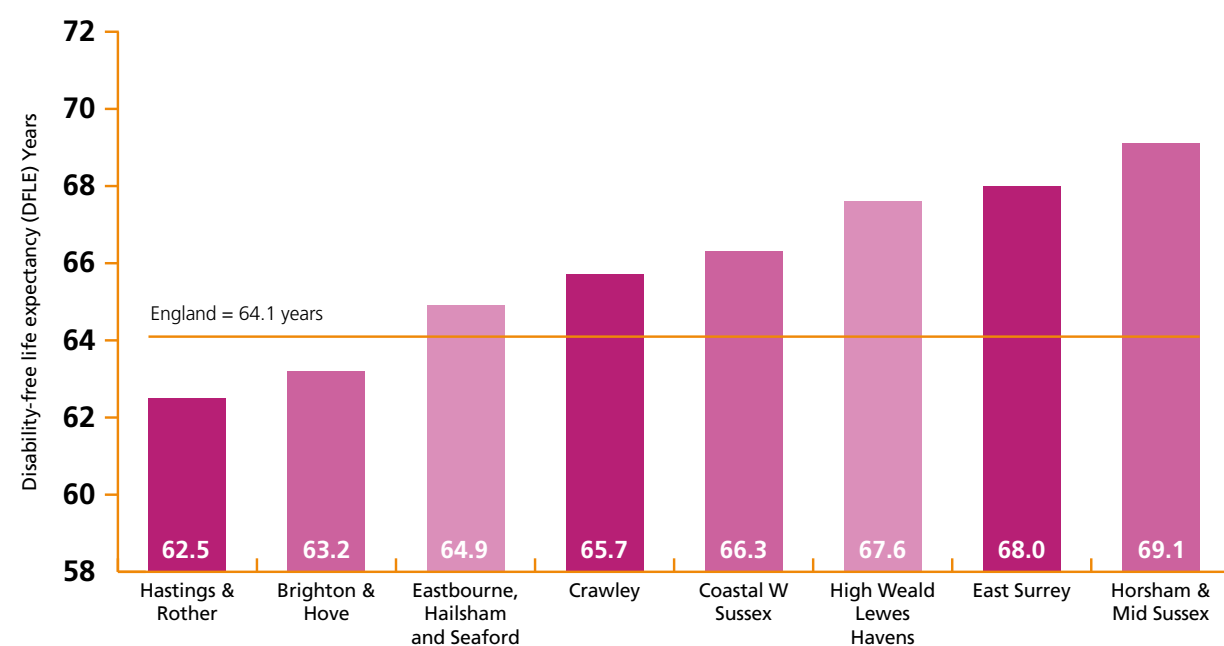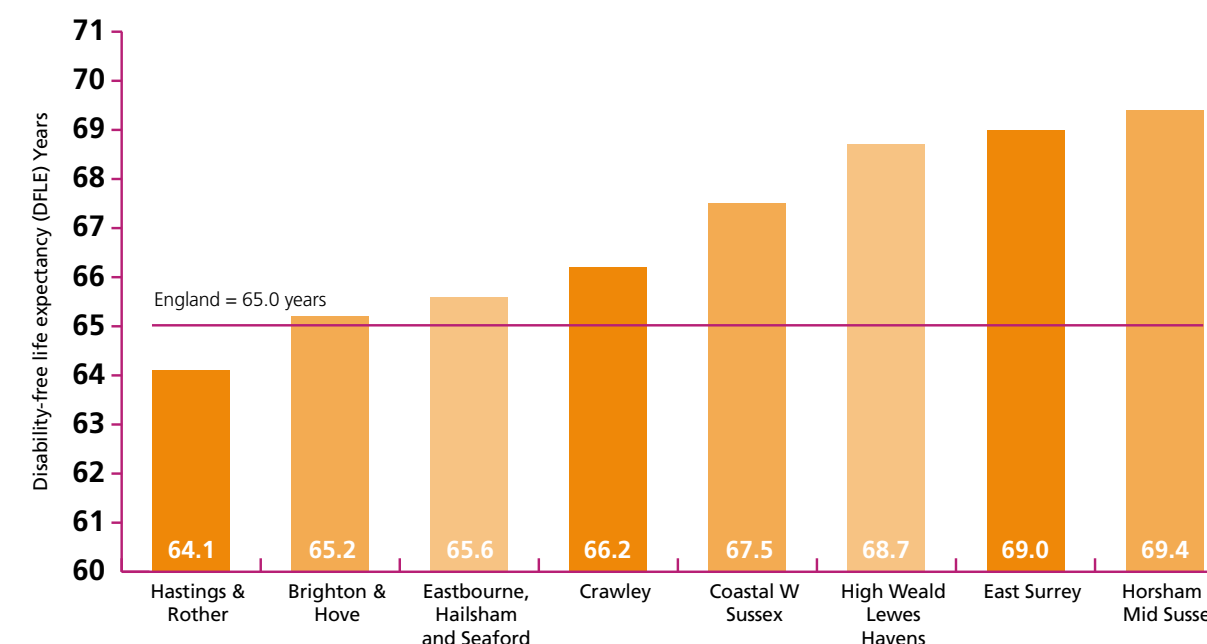
Life expectancy varies considerably across the area; this reflects deprivation, with shorter life expectancies in the most deprived local authority areas.

In Hastings male disability-free life expectancy is over five years lower than that in Horsham and Mid Sussex, East Surrey and High Weald, Lewes and the Havens.

Hastings and Rother also has the lowest female disability-free life expectancy at 64.1 years compared with Horsham and Mid Sussex at 69.4 years.

DEPRIVATION - INDEX OF DEPRIVATION 2015
While overall the STP area is relatively affluent, there are some areas, notably along the coastal strip in Hastings, Brighton and Hove and Littlehampton, which rank within the most deprived areas in England; deprivation that has persisted over many years.

In relation to child poverty, rates at a CCG level (2013) range from 7.3% in Horsham and Mid Sussex to 22.7% of children in Hastings and Rother, but again there are neighbourhoods where more than a third of children live in low income households.

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The pace of change in older age will increase markedly over the next ten years

POPULATION – KEY FACTS

The population is increasing, with higher increases in the older age groups. It is also important to note that the pace of change in older age will increase markedly over the next ten years. In the first five years, the annual increase in the 65+ population is projected to be between 6,000 to 8,000(across the whole STP area) but this then starts to rise, and peaks at around 14,000 in the next 10 years.

YEAR-ON-YEAR CHANGE IN THE POPULATION AGED 65 OR OVER 2017 TO 2041 (COMBINED EIGHT CCGS AREAS)

Given the increase in the old age groups, there will be more people living with a long term health condition. Many people will have multiple long term conditions. There will be considerable challenges in sustaining services and maintaining quality.

Year-on-year change in the population aged 65 or over 2017 to 2041 (Combined eight CCGs areas)
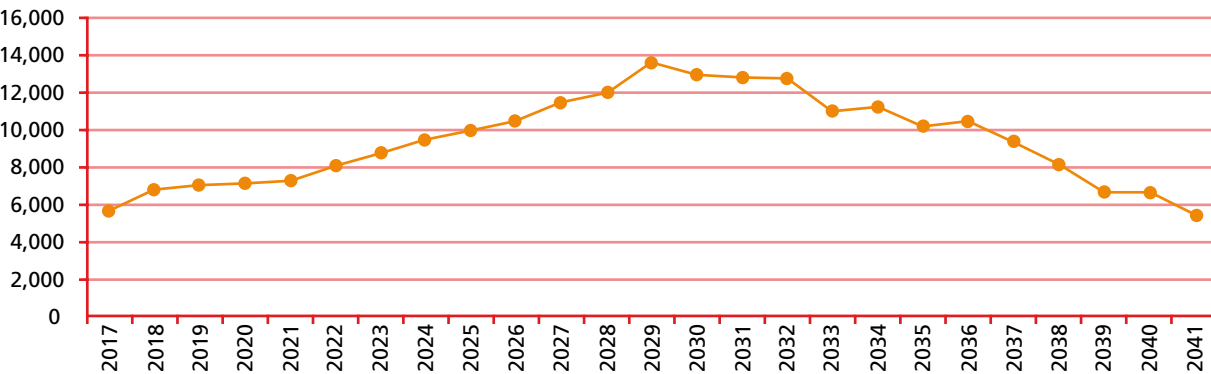
Source: ONS Population Projections (combined CCG areas)

LONG TERM CONDITIONS - DATA FROM QOF REGISTERS OF PATIENTS IDENTIFIED V MODELLED ESTIMATES OF PREVALENCE

Figures rounded to nearest 50. Register data relate to 2016/17	ASTHMA		ATRIAL FIBRILLATION		COPD		DEMENTIA		DIABETES		HYPERTENSION	
	QOF Register	Estimated undianosed	QOF Register	Estimated undianosed	QOF Register	Estimated undianosed	QOF Register	Est diagnosis rate (65+)	QOF Register	Estimated undianosed	QOF Register	Estimated undianosed
Brighton & Hove	16,750	No recent estimate	4,100	1,850	4,250	No recent estimate	1,700	64%	10,500	7,800	28,900	27,950
Coastal West Sussex	32,750		13,900	3,650	10,050		5,750	63.2%	30,250	9,250	83,400	54,550
Crawley	7,650		1,950	750	2,050		800	64.3%	7,100	1,150	16,250	11,750
Eastbourne Hailsham & Seaford	12,900		6,350	700	4,400		2,500	67.3%	10,750	4,900	34,100	22,100
East Surrey	10,600		3,800	750	2,500		1,500	68.2%	7,800	3,300	22,250	17,050
Hastings and Rother	10,250		5,000	950	4,250		1,950	65.0%	10,150	5,450	30,700	17,650
High Weald Lewes Havens	10,150		4,300	950	2,900		1,700	66.0%	7,750	4,300	25,750	17,300
Horsham & Mid Sussex	14,750		5,050	1,650	3,250		2,200	67.9%	10,400	4,400	33,650	22,850

% Of Patients Reporting a Long Term Musculoskeletal Problem (2017 LA Level)

East Sussex 18.7% | West Sussex 15.7% | Brighton & Hove 14.5% | Surrey 14.2% | SE England 15.4% | England 16.5%

MENTAL HEALTH ESTIMATION OF COMMON MH MENTAL HEALTH PROBLEMS

MENTAL HEALTH	
Estimation of Common Mental Health Problems	**MH**
2014/15	**% of 16-74 years**
High Weald Lewes Havens	12.0%
Eastbourne, Hailsham & Sfd	12.4%
Crawley	12.7%
Horsham & Mid Sussex	12.8%
Coastal West Sussex	12.9%
East Surrey	13.3%
Hastings & Rother	13.8%
Brighton & Hove	17.3%

SERIOUS MENTAL ILLNESS

Bar chart: Prevalence of mental health conditions, percent (y-axis 0.0 to 1.4) by area: Horsham & Mid Sussex ~0.70, Crawley ~0.78, East Surrey ~0.79, High Weald Lewes Havens ~0.85, Coastal W Sussex ~0.90, Eastbourne, Hailsham and Seaford ~1.10, Hastings & Rother ~1.20, Brighton & Hove ~1.18.
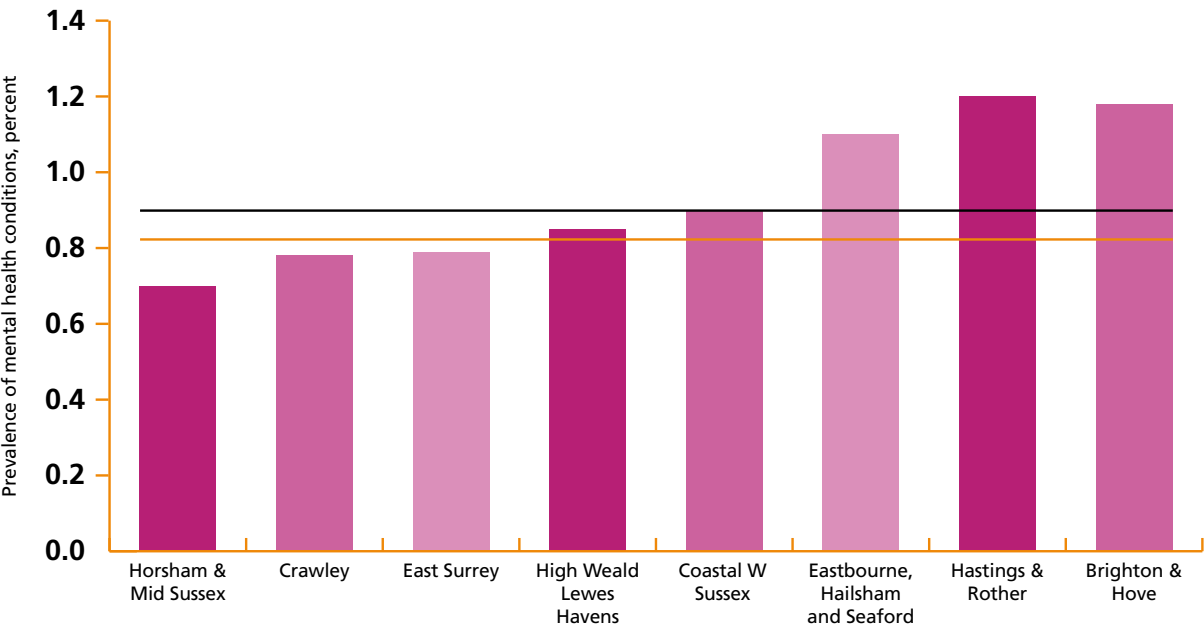
START WELL

Smoking at the time of delivery
In 2017/18, 1,600 women were known to be smokers at the time of delivery (9.1% of those with recorded status). The percentage in Hastings and Rother was over 15%.

Breastfeeding initiation is high
Over 82% of mothers breastfed their babies in the first 48hrs after delivery in 2016/17. The rate was highest in Brighton & Hove (88.2%), lowest in Hastings and Rother (73.3%)
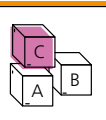
Readiness for School
In 2017, the percentage of children achieving a good level of development in Brighton & Hove (69.7%) and West Sussex (70.6%) lags behind East Sussex and Surrey, and is lower than England.

Social mobility rated very good in ...Tendridge (Surrey)
But rated very poor in Arun, Crawley and Hastings

Obesity
7.8 % fo reception pupils and 15% of year 6 pupils were measured as obese in the STP area (2014/15 to 2016/17). Higher percentages of excess and obese children in more deprived areas.

7 hours + of sedentary behaviour
In the 2014/15 "What about Youth" Survey over 60% of 15 years olds surveyed in the STP area reported a mean daily sedentary time (in the last week) over 7 hours per day

Smoking at age 15 years
The percentage of 15 year olds who said they were "current smokers" was high in Brighton & Hove (14.9%), East Sussex (12.8%) and West Sussex (10.6%). Nationally the rate was 8.2%.

Hospital admissions for self-harm (10-24 years)
In STP areas compared with England, Brighton & Hove, Hastings and Rother and Coastal West Sussex have particularly high rates of admission.

LIVE WELL

Low Unemployment
STP area has, overall, a low unemployment rate, but some areas higher such as Hastings

But low wages in some areas
Notably full-time wages (2017) are low in Adur, Hastings and Eastbourne.

Housing Pressures
Over 40,000 households on council waiting lists, 450-500 households a quarter accepted as homeless and in priority need.
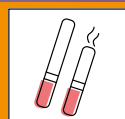
Over 250,000 smokers on GP registers
Considerable differences across the patch and between socio-economic groups. High rates in Brighton and Hove and Hastings .

Falling short of the "5-a-day"
Across the STP area, adults consume only 2.5 to 3 portions of fruit & vegetables a day, and estimates of overweight or obese adults at local authority level range from 48% to 64%.

250,000+ adults estimated to be "binge" drinkers
In 2016/17 there were over 1,600 alcohol-specific hospital admissions
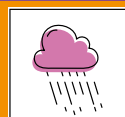
Over 155,000 adults with depression on GP registers
This represents over 10% of patients. Again there is variation – with 13% of patients in Eastbourne, Hailsham and Seaford identified with depression.

Physical activity rates vary
Measured at local authority level, the % of adults undertaking the recommended physical activity level vary from 78% in Brighton & Hove to 62.2% in Crawley.
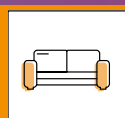
Rates of physical inactivity vary
In Eastbourne 27% of adults are estimated to undertake less than 30 minutes of physical activity per week.

AGE WELL

Over 110,000 older people live alone in the overall STP area
Of the older people living on their own the vast majority are women (over 70%). Over 83% of older people are owner occupiers
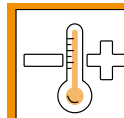
70,000 households estimated to be in fuel poverty
Not restricted to older people, but health effects can be greater on the very young and very old.

Admissions after a fall are high
In old age groups a fall can trigger a move into residential care. For people aged 80+ Brighton & Hove, Surrey and West Sussex rates of emergency admissions are far higher than the England rate

Over 183,000 Carers
….in the STP area, including over 37,000 people who area caring for 50 hours a week or more, including 15,000 carers aged 65 or overs.

18,000+ on Dementia Registers
But we know that many people with dementia are not diagnosed.
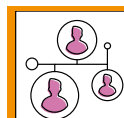
Social isolation and loneliness
Frequently reported by older people and has an impact on mental and physical wellbeing. Over 60% of carers known to social care say they do not have as much social contact as they would like.

Deaths at home Overall a higher percentage (50.7% in 2016) of people in the STP die in their usual residence (including care homes), compared with England, but this is far lower in Crawley (37.2%)
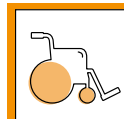
Variation in Disability Free Life Expectancy (DFLE)
Hastings and Rother has the lowest DFLE for both men and women (62.5 years and 64.1 years respectively) and Horsham and Mid Sussex the highest (69.1 years for men and 69.4 years for women)

CASE STUDY - WELLBEING PRESCRIPTION SERVICE – EAST SURREY
The Wellbeing Prescription service allows GPs and other health and social care workers to refer people to local Wellbeing Advisors. The Wellbeing Advisors are trained to identify the clients' needs, provide them with advice and signpost them to relevant local services and activities. The service is delivered in partnership by Tandridge District Council, Reigate & Banstead Borough Council and East Surrey GP practices and is commissioned working closely with NHS East Surrey Clinical Commissioning Group and Surrey County Council through the Better Care Fund.

Quarter 1 18/19 monitoring report shows that 77% of people who have used the Wellbeing Prescription service made a positive change to their lifestyle and 75% have visited their GP less often since using the service. The Wellbeing Advisors can help people with issues such as weight management, getting more active, smoking cessation, social isolation and support with mental and emotional wellbeing. In addition there is Wellbeing Prescription Plus service, which is provided in the homes of patients with multiple, complex needs, as part of an integrated care approach.

CASE STUDY - WEST SUSSEX - SUGAR REDUCTION PROGRAMME
The West Sussex Sugar Reduction Programme was launched in January 2015 (N.B. primary school meals sugar reduction began at the end of 2014). Whilst the overall programme has been successful, sugar reduction in primary school meals has achieved particularly significant results, winning a Public Health England (PHE) award in September 2016 in recognition of this. To date, the following achievements have been made:
● Primary school meals now have over 2 kilos less sugar, per child, per average school year.

● Daily sugar consumption reduced from 18.5g to 6.6g per child

● The total amount of sugar reduced equals 5 double decker London buses per school year!

● That's a 65% sugar reduction in just 3 years!

● 30,000 children per day are benefiting

CASE STUDY - EAST SUSSEX - EMBEDDING PREVENTION ACROSS THE SYSTEM
The Personal and Community Resilience Programme in East Sussex brings together partners across the statutory (CCGs, local authorities, Healthcare Trusts, Police, Fire and Rescue Service, Department for Work and Pensions) and voluntary and community sectors to take action to grow strong communities which improve health; and to co-ordinate activity to embed prevention across the system. The programme includes transformation programmes in key 'settings' (the places where people spend their lives) such as schools, nurseries, and healthcare settings including GPs, pharmacies, hospitals and community health care services, to support them to play a greater role in improving health. As part of this:
● 3,169 frontline staff have been trained to 'Make Every Contact Count'

● 96% of all primary and secondary schools have developed and are delivering whole school health improvement plans

● 81% of all nurseries (private and local authority) have audited and are improving their healthy eating and physical activity offer

● 89% of General Practices are undertaking new health improvement programmes in their practices

● 96% of pharmacies registered as Healthy Living Pharmacies (HLP) Level 1, and 30 targeted pharmacies are being developed as HLP Level2

● 88,579 people received their NHS Health Check (over the past 5 years)

● A whole systems approach to Social Value is being developed across the county, linked to local priorities and growing strong communities

The programme includes transformation programmes in key 'settings' such as schools, nurseries, and healthcare settings including GPs, pharmacies, hospitals and community health care services

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This programme is aiming to reduce the harm caused by substance misuse and unsafe, early sexual behaviour in young people

CASE STUDY – BRIGHTON AND HOVE ADOLESCENT HEALTH OFFER

This programme is aiming to reduce the harm caused by substance misuse and unsafe, early sexual behaviour in young people. The offer is a single, integrated service including:

● Music workshops and mentoring programme for young people use cannabis but do not see it as a problem

● DASH (Drug, Alcohol and Sexual Health) Prevention team which provides a package of resilience building interventions

● Specialist Substance Misuse Treatment Service

● School based health drop-ins staffed by school nurses and youth workers and text messaging support via CHATHEALTH

● PSHE (Personal, Social, Health and Economic) direct support to schools to improve the universal curriculum

● Communication plan, including social media campaign which is aimed at equipping parents to have direct conversations with young people to explain the harms caused by using drugs / drink / tobacco.

Our evidence: Our public and our patients

We always value the views of patients and carers and we have quoted a few examples of patient experience throughout. Some show excellent care and some highlight areas for improvement. For example:

GOOD EXPERIENCES

"Every staff member I have encountered has been brilliant, respectful and knowledgeable."

"When my husband had a TIA, I could not fault the care of ambulance crew, A&E at hospital, emergency floor"

EXAMPLE
A homeless woman with mental health issues including suicidal thoughts, supported by an outreach team to apply for funding, diary reminders for appointments. The support has dramatically reduced her illicit substance use and she feels more in control.

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EXPERIENCES THAT COULD BE BETTER

"Not enough people know about the wide range of services pharmacies can offer."

EXAMPLE
87 year old discharged post-surgery and told to expect a visit from social care that day. No one came. Only allowed one visit to change her dressing. (ESBT)

EXAMPLE
The importance of continuity of relationships (for young people) with professionals came out in her frustration with the variability and short term nature of those encounters. (Coastal Cares)

IDEAS FOR IMPROVING CARE

"I would like advocates, community navigators and health coaches to have a greater role in supporting people to understand their health conditions and medicine"

"People need to be more aware of healthy lifestyles and to take more responsibility for own health. So more education."

EXAMPLE
The daughter of a 95 year old woman with dementia raised concerns over her mother's care in a care home. Even though they were funding the care, support to raise concerns would have been welcomed.

Whenever we get into a discussion with patients and the general public there are a number of recurring themes which regularly surface, they are:
● Good access to primary care,

● Keeping care local,

● Care that is well coordinated,

● Having the right information to support self-care and as much focus on wellbeing as on health,

● In addition, local people recommended expansion of the range of local services in local communities so these would be more integrated and accessible both for patients and also for family and carers.

All across the STP, commissioners have been engaging the public to gain their views on current services and/or proposed changes. In the Alliance, CCGs have been conducting a series of discussions called the 'Big Health and Care Conversation' and more of these events are planned.

Once we have agreement on the content and strategic direction of the Population Health Check we will engage more widely with our staff, wider partners, Health Overview and Scrutiny Committees etc. and mobilise our communications and engagement resources to widen debate and gain ownership of the plan.

OUR EVIDENCE: WHAT DO PATIENTS EXPERIENCE?
We need to move from how things are now, a fragmented and reactive system, to a future system designed around the individual.

How it looks now:
● A fragmented system with multiple providers, characterised by a lack of coordination,

● A service which is reactive not proactive,

● Pathways of care that are unnecessarily complex.

We need to move from how things are now, a fragmented and reactive system, to a future system designed around the individual.

We need to work with our local communities to help people help themselves. This is what most people tell us they want.

OUR EVIDENCE: WHAT SHOULD OUR PUBLIC AND PATIENTS EXPECT (PRINCIPLES OF CARE)?

We understand the importance of a person centred asset based approach to empowering people to develop the knowledge skills and confidence to self-manage.

The focus needs to be on our population rather than organisational silos, with prevention and self-management at its core. This is enabled through strength based social care, shared decision making, making every contact count, collaborative care and support planning and health coaching.

People have the right to a high-quality health and care service when they really need it.

With rights, however, come responsibilities. We need to work with our local communities to help people help themselves. This is what most people tell us they want. We need to work with people to redesign the system. To do this, we will adopt the following principles of care:

● Make Prevention Everybody's business,

● Maximise Independent Living and Self-Care,

● Target proactive care of people at highest risk of hospitalisation and needing higher intensity care,

● Reduce the time people stay in hospital for and discharge them safely,

● Make patient journeys more joined up, without waste, repetition or duplication,

● Make Sussex and East Surrey STP a great place to work in all our local organisations,

● Prioritise investment areas which bring maximum benefit for patients.

OUR EVIDENCE: WHAT WILL THIS MEAN FOR US ALL?

● You will be empowered and supported to develop the knowledge, skills and confidence to self-manage and stay well.

● We will create environments which make it easier to be healthy. You are also more likely to be offered a personal care or health budget.

● If you become unwell with a long-term condition, you will work

collaboratively with your health and care professionals to develop a care and support plan describing what's important to you.

● There is likely to be a key worker or co-ordinated assigned to you.

● You will have a care record which you will be able to see and add to.

● If you need hospital care, there may be changes to how and where this is offered, with hospitals working as partners to provide more specialised services and with more technology-enabled care.

● If you are frail and elderly and you need to go into hospital, you are more likely to receive support to go straight home to recuperate, rather than having to go somewhere else first.

● Health and social care services will work with you as a partner to help you to live your life independently

● You can make the last stage of your life as good as possible because everyone works together confidently, honestly and consistently to help you and those important to you, including your carers. (ref: National Palliative and End of Life Care Partnership,2015)

Health and social care services will work with you as a partner to help you to live your life independently

Whilst some people receive excellent care, others experience fragmented and poorly co-ordinated care.

Our evidence: Our services

DYING

● We want more patients to die in their usual place of residence. Across the STP we have a high number of care homes and we should capitalise on this and support more residents to die in these supported and homely environments.

● In the Sussex and East Surrey STP, there were 19,585 deaths in 2015. The percentage of all deaths with dementia as an underlying or contributory cause of death were higher in 50% of the CCGs.

● The percentage of all deaths that are aged 85 years and older were higher than the national average for all CCGs.

● We are poor at identifying people who are at the end of their life.

● There is fragmentation of services and lack of shared records.

● Whilst some people receive excellent care, others experience fragmented and poorly co-ordinated care.

"Due to the complexity of four parties being involved in our mother's care ([hospice], [care home], District nurses and the GP) there were times when communication and responsibility were disconnected"
St Catherine's hospice

"I can't think of anything you can improve on, I am 91 years old and my wife passed away in March of this year at the age of 95. She had Parkinson's and dementia, she wanted to die at home so I looked after her at home for 3 years or more and the help and care I got from the NHS was so good I can't say a bad word about it."
Coastal Care-Primary and Urgent care survey)

Percentage of death in different locations by CCG

Legend:
- Brighton & Hove
- Crawley
- Eastbourne, Hailsham & Seaford
- High Weald Lewes Havens
- Coastal West Sussex
- East Surrey
- Hastings & Rother
- Horsham & Mid-Sussex

A&E 4HR WAITING TIME PERFORMANCE STP WIDE

91.0%	92.3%	91.0%	87.8%	90.1%	88.5%	86.9%	85.8%	89.5%	90.1%	89.7%	85.9%
15 Q1	1615 Q2	1615 Q3	1615 Q4	1616 Q1	1716 Q2	1716 Q3	1716 Q4	1717 Q1	1817 Q2	1817 Q3	18 Q4
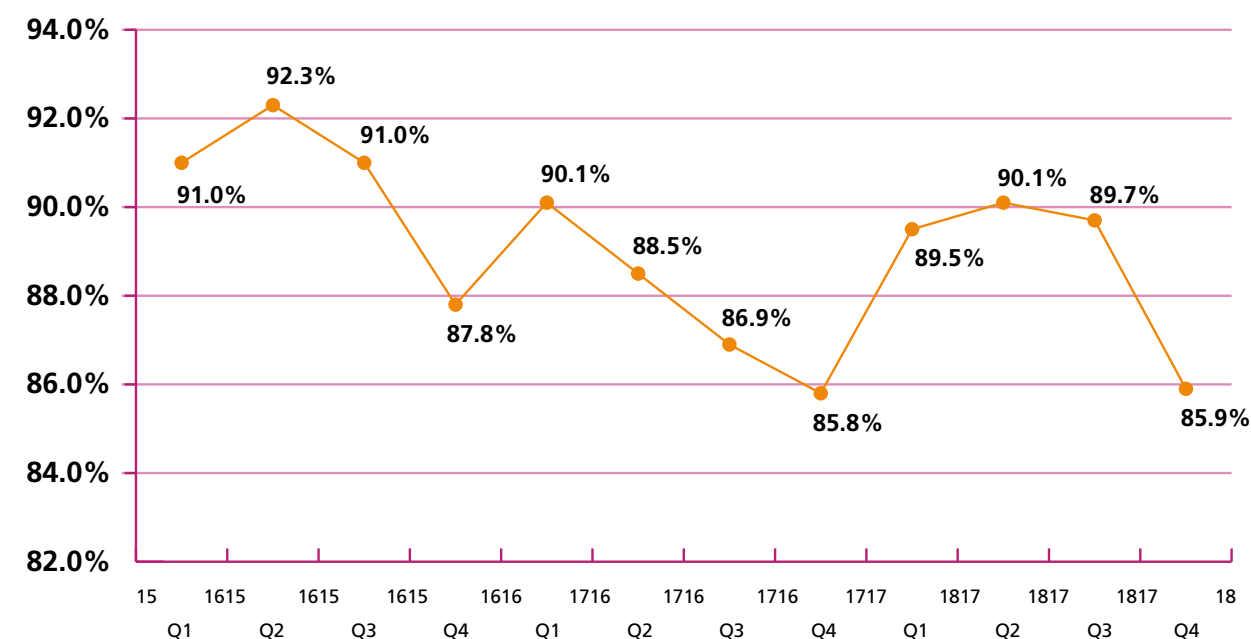
A&E BREACHES STP WIDE
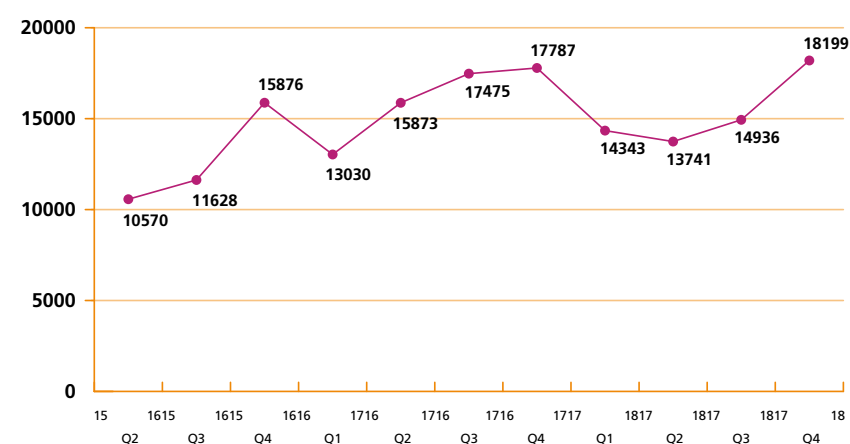
Whilst individual Trusts occasionally meet the 95% 4 hour A&E waiting time standard, as a whole, the Sussex and East Surrey STP has not met the standard since it was formed in late 2015.

4/4 acute providers have breached the four hour waiting time target at Q3 16/17. In 2016/17, 2 of the acute trusts were more than 5% below the expected 95% of patients to be seen within 4 hours – for Type 1 A&E attendances. The other 2 trusts were above 90% but below 95% for 3 of the 4 quarters. The NHS Planning Guidance (2018/19) expects 95% to be achieved by month 12.

There are significant hand over delays at our hospitals. Between 24-12-2017 and 02-01-2018 SECAmb lost in excess of 3,200 operational ambulance hours to turnaround delays greater than 30 minutes. This was a 13% increase over the same period last year. This is equivalent to losing 13 ambulances on duty every day of this 10 day period.

Coastal West Sussex and East Sussex areas showing levels of hospitalisation almost four times as high as in other areas of the STP.

ACCESS

ADMISSIONS
There is very large variation in patterns of hospital use for conditions that would not usually require hospitalisation, with Coastal West Sussex and East Sussex areas showing levels of hospitalisation almost four times as high as in other areas of the STP.

The reasons for this are multi-fold and span patient behaviours but also the availability, accessibility and responsiveness of non-hospital based services.

Although there is no right or wrong formula of what services should be provided in a non-acute setting, it is generally viewed that an over-reliance on acute based care is comparatively more expensive due to the prevailing payment system (Payment by Results).

There is variation across the trusts in delivering on Referral to Treatment Times (RTT).

3.3.3.1 Admissions
CCG Outcomes Indicator Set- domain 3 >> 3.1 Emergency admissions for acute conditions that should not usually require hospital admission (2016-2017 (Jul-Jun)) >> East Surrey and Sussex
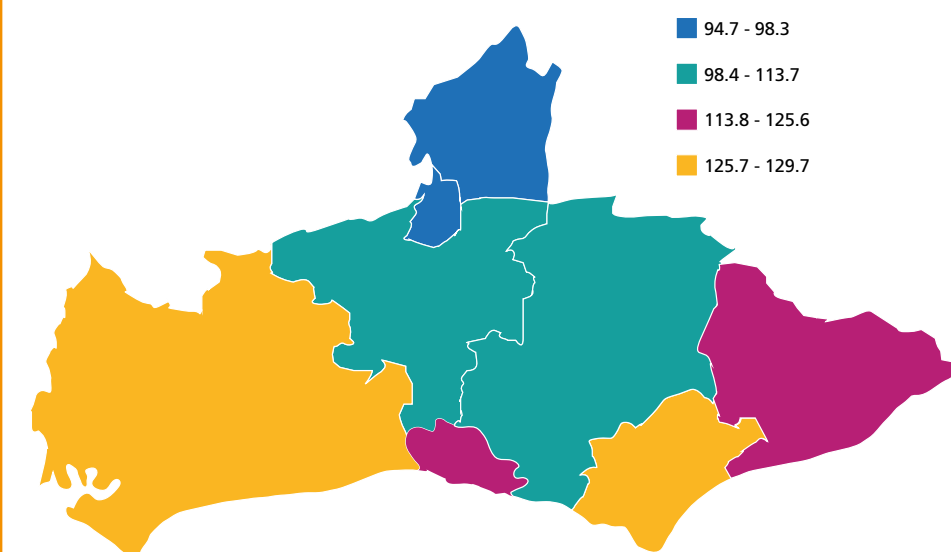
RTT performance STP wide
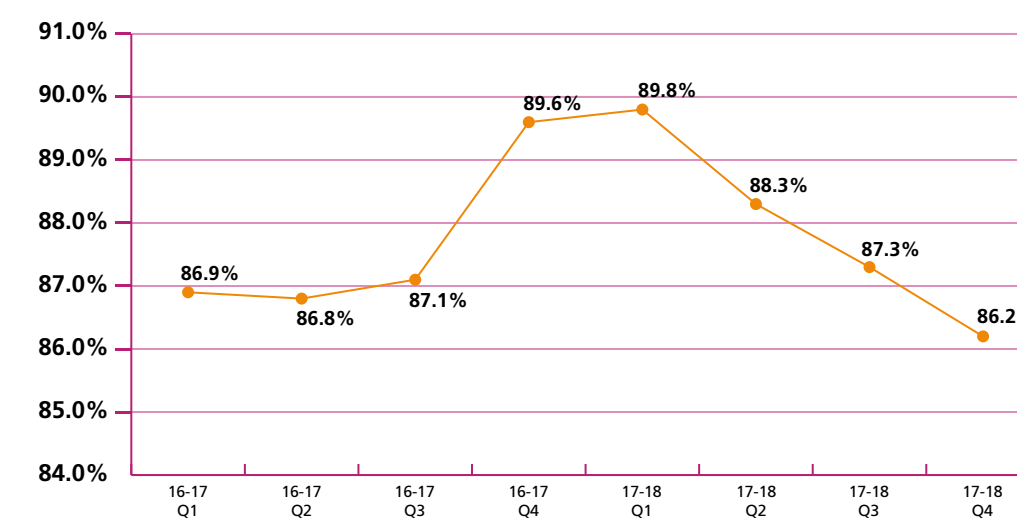
CANCER MORTALITY
CCG Outcomes Indicator Set- domain 1 >> 1.9 Under 75 mortality rates
from cancer (2015) >> East Surrey and Sussex

- 94.7 - 98.3
- 98.4 - 113.7
- 113.8 - 125.6
- 125.7 - 129.7
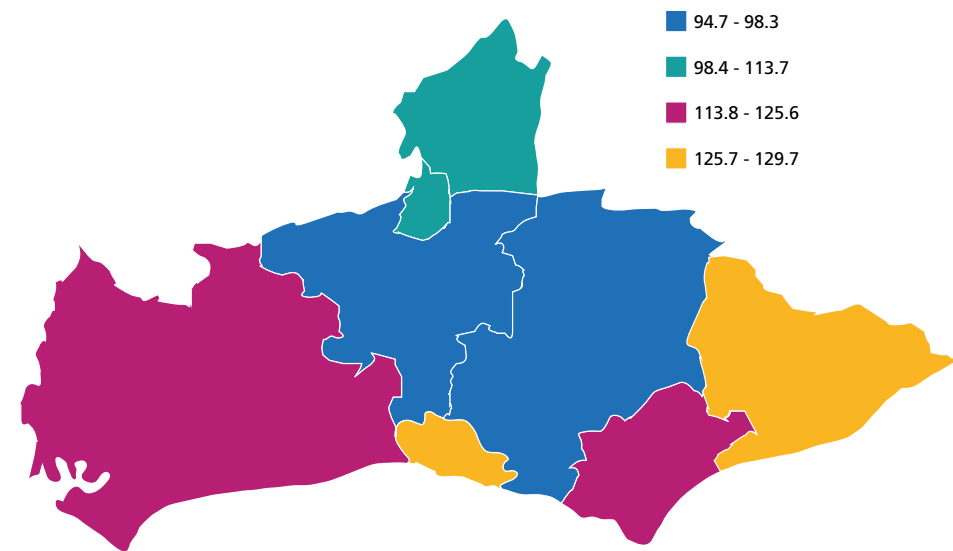
CANCER SURVIVAL
CCG Outcomes Indicator Set- domain 1 >> 1.10 One-year survival
from all cancers (Diagnosed 2014) >> East Surrey and Sussex

- 66.7 - 67.5
- 67.6 - 69.6
- 69.7 - 71.1
- 71.2 - 72.3
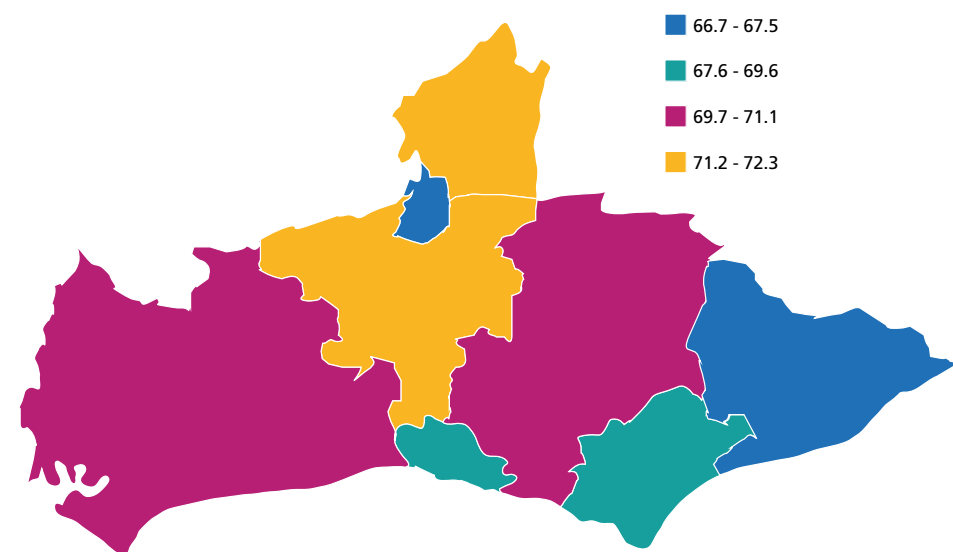
"I was recently diagnosed with breast cancer following my first over 50 screening. I have had the surgery and I have just started chemotherapy. I just wanted to let you know how amazing the staff at BSUH have been; The radiographers and nurses in the breast care unit, pre assessment clinic, theatre and Ansty ward at PRH and imaging."

- There is significant variation in mortality rates from cancer, with patients in coastal areas, in particular Brighton and East Sussex being in some instances 20% more likely to die from cancer than patients in Horsham/Mid Sussex.

- In our STP, cancer incidence is high, with low diagnosis at stage 1 and 2. Take up of cervical and breast screening is low.

- We lack of access to modern, high quality and local radiotherapy services.

- There is inadequate introduction and adoption of timed pathways in Lung, Prostate and Colorectal cancer.

- There is variation across the trusts in delivering on cancer waits.

- Diagnostic capacity and workforce shortages continue to be an issue.

(Ref: STP dashboard 2018)

	LATEST PERIOD	LATEST VALUE	RANK WITHIN SOUTH	SPINE CHART		
				● = selected STP ▬ = middle 50% of South STPs X = England average ┃ = STP median		
				WORST		BEST
Cancer incidence (total tumours)^	2014	11403	13/13			
Cancer incidence (rate)	2014	611.8	9/13			
Breast cancer screening coverage	2015/15	72.4%	12/13			
Cervical cancer screening coverage	2015/16	73.7%	9/13			
Bowel cancer screening coverage	2015/16	60.3%	8/13			
Diagnosis at stage 1 or 2	2015	50.6%	12/13			

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UNWARRANTED VARIATION

We know there are areas of healthcare, which demonstrates variation in practice and quality across our STP.

Key areas of variation in our STP are:
● Cardio Vascular Disease (including Stroke care, Atrial Fibrillation, stable angina and diabetes)

● Trauma and Injuries (Falls and Fragility Fractures)

● MSK

"After my stroke, I felt isolated and lost confidence"

"Mum wasn't admitted to the ward for 9 hours"

"The aftercare failed to meet any expectations"

UNWARRANTED VARIATION: CARDIOVASCULAR STROKE

In stroke care there is:
● Inadequate achievement of NICE (National Institute for Health and Care Excellence) Guidelines standards for non-elective stroke care and the South East Clinical Network Stroke standards.

● There continues to be variation across the STP in stroke services, especially in relation to access to allied access to six-month reviews.

Routinely Admitting Teams	Trust	Brighton and Sussex University Hospitals NHS Trust	East Sussex Healthcare NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Medway NHS Foundation Trust	Surrey and Sussex Healthcare NHS Trust	Western Sussex Hospitals NHS Trust	Western Sussex Hospital NHS Trust
	Team Name	Royal Sussex County Hospital	Eastbourne District General Hospital	Maidstone District General Hospital	Tunbridge Wells Hospital	Medway Maritime Hospital	East Surrey Hospital	St Richards Hospital	Worthing Hospital
Number of patients	Admit	200	149	110	140	89	191	164	189
	Disch	167	175	101	142	84	198	156	186
Patient Centred Data	D1 Scan	A	A	A	A↑	C↓	A	B↓	A
	D2 SU	B	B	C	D↑	E	D	C	C↓
	D3 Throm	B	C↓	C	D↓↓	D	B↑↑	B	B
	D4 SpecAsst	A	B↓	B↑	C	D	B↑	C	A↑
	D5 OT	B	C	A	B↓	E	B↓	C	A
	D6 PT	B↑	C	A	A	D	C↓	C	B
	D7 SALT	C↑	E	A	B↑	C	C↓	B	C↑
	D8 MDT	D	D	B	C	D	B↑	C	B↑
	D9 Std Disch	A	A	C	D	A↑	B	B	A
	D10 Disch Proc	B	B↑	B	B	B↓	D	C↑	D↓
	PC KI Level	B	C↓	A↑	C	D	B↑	C	B
Six Month Assessment	Number Applicable	126	109	73	84	85	124	112	106
	% Applicable	98%	100%	100%	100%	98%	99%	99%	100%
	Number assessed	8	14	0	0	3	3	0	0
	% Assessed	6%	13%	0%	0%	4%	2%	0%	0%

PATIENT CENTRED - APRIL TO JULY 2017

SOUTH ENGLAND - SOUTH EAST SCN

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Routinely Admitting Teams	Trust		Brighton and Sussex University Hospitals NHS Trust	East Sussex Healthcare NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Surrey and Sussex Healthcare NHS Trust	Western Sussex Hospitals NHS Trust	Western Sussex Hospital NHS Trust
	Team Name		Royal Sussex County Hospital	Eastbourne District General Hospital	Maidstone District General Hospital	Tunbridge Wells Hospital	East Surrey Hospital	St Richards Hospital	Worthing Hospital
Number of patients	Admit		210	146	122	148	193	148	164
	Disch		180	188	111	132	177	145	159
Patient Centred Data	D6 PT		A↑	B↑	A	A	B↑	C	B
	D7 SALT		B↑	E	A	B	C	C↓	C
	D8 MDT	SOUTH ENGLAND - SOUTH EAST SCN	B↑↑	D	B	B↑	B	C	B
	D9 Std Disch		B↓	A	D↓	D	A↑	A↑	A
	D10 Disch Proc		B	C↓	B	C↓	D	D↓	C↑
	PC KI Level		A↑	B↑	B↓	C	B	C	A↑
Six Month Assessment	Number Applicable		104	126	75	88	158	114	124
	% Applicable		98%	100%	100%	100%	98%	100%	100%
	Number assessed		2	13	0	0	0	0	0
	% Assessed		2%	10%	0%	0%	0%	0%	0%

UNWARRANTED VARIATION: CARDIOVASCULAR: STROKE PREVENTION AND ATRIAL FIBRILLATION (AF)

For every 25 high risk patients treated for AF, one serious/debilitating stroke is avoided. The chart below shows that, compared with our demographic peers, we often have a gap between our expected prevalence versus our actual prevalence. Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG are identifying more cases than their comparative peers. Where we are finding patients and putting them on blood thinners, our spend on non elective stroke is lower than our demographic peers because we are preventing strokes. Within three years we could stop 660 Strokes if we treated all patients with AF with anti coagulation. This equates to £11.2 million.

Legend:
- Stroke- Non-elective spend on discharges - Best 5
- Stroke- Non-elective spend on discharges - CCG
- Direct current cardioversion (Majority PBC=10C) - Total spend on discharge - Best 5
- Direct current cardioversion (Majority PBC=10C) - Total spend on discharge - CCG
- AF & CHADS2 score >1: % currently treated with anti-coagulation therapy - Best 5
- AF & CHADS2 score >1: % currently treated with anti-coagulation therapy - CCG
- AF observed prevalence compared to expected prevalence - Best 5
- AF observed prevalence compared to expected prevalence - CCG

	NHS Brighton & Hove CCG	NHS Coastal West Sussex CCG	NHS Crawley CCG	NHS East Surrey CCG	NHS Eastbourne, Hailsham and Seaford CCG	NHS Hastings and Rother CCG	NHS High Weald Lewes Havens CCG	NHS Horsham and Mid Sussex CCG
EST. AF PREVALENCE	1.97%	3.44%	2.04%	2.51%	3.58%	3.52%	3.11%	2.81%
EST. BEST 5 PREVALENCE	2.06%	3.07%	2.24%	2.42%	3.15%	3.21%	2.97%	2.53%

The NHS reports that people who have diabetes are 15 times more likely to undergo amputations than other people without the condition.

UNWARRANTED VARIATION: CARDIOVASCULAR DISEASE: DIABETES

In diabetes care there is wide variation in:

● The number of major and minor amputations and length of stay.

● The average number of major amputations in England is 8.1 per 10,000 (standardised rate). Across our STP the rate ranges from 5.8 High Weald Lewes Havens CCG to 10.2 Eastbourne, Hailsham and Seaford CCG. The average number of minor amputations in England is 20.7 per 10,000 (standardised rate). Across our STP the rate ranges from 17.7 (Crawley CCG) to 28.9 Eastbourne, Hailsham and Seaford CCG.

● Our current diabetic foot amputation rate will continue to rise. Currently 52% of our diabetic foot ulcers are rated as severe and at least 56% were unhealed at 12 weeks, with 83% of patients waiting more than two days for referral and triage and 38% waiting at least 14 days (NICE recommendation for referral and triage within two days).

● There is still a gap in the actual to expected prevalence rate of diabetes. There is variation across our STP in terms of Primary Care achievement of quality targets such as blood sugar management, blood pressure, cholesterol and the other 8 Care processes.

KEY FACT

The NHS reports that people who have diabetes are 15 times more likely to undergo amputations than other people without the condition. Diabetes is one of the leading causes of amputation of the lower limbs throughout the world. Charity Diabetes UK notes that problems of the foot are the most frequent reasons for hospitalisation amongst patients who have diabetes.

"In the first 5 weeks of attending (the National Diabetes Prevention Programme tailored education) I had lost almost a stone in weight and my cholesterol is falling"

CCG	Major amputations per 1,000 diabetic patients April 2011 - March 2014	Major amputations per 1,000 diabetic patients April 2012-2015	Major amputations per 1,000 diabetic patients 2013-14 2015-16
England	0.8	0.8	0.81
East Surrey CCG	1.0 (19)	0.8 (17)	0.9 (19)
Horsham & Mid Sussex CCG	0.6 (15)	0.8 (21)	0.82 (21)
Crawley CCG	0.5 (9)	0.9 (17)	0.93 (16)
Coastal West Sussex CCG	0.9 (71)	1.0 (79)	0.54 (80)
Brighton & Hove CCG	1.0 (32)	0.9 (29)	0.8 (27)
High Weald, Lewes & Havens CCG	0.6 (12)	0.6 (14)	0.58 (16)
Hastings & Rother CCG	1.0 (27)	0.9 (27)	0.81 (29)
Eastbourne, Hailsham & Seaford CCG	1.7 (47)	1.1 (33)	1.02 (36)
South East Coast Total	**578**	**581**	**0.82 (613)**

CCG	Minor amputations, annual rate per 1,000 adults with diabetes	Minor amputations, annual rate per 1,000 adults with diabetes 2012-2015	Minor amputations, annual rate per 1,000 adults with diabetes 2013-2016
England	1.7	1.8	2.1
East Surrey CCG	2.6 (51)	2.3 (48)	2.42 (57)
Horsham & Mid Sussex CCG	1.5 (39)	2.0 (57)	2.23 (67)
Crawley CCG	1.4 (25)	1.4 (26)	1.77 (30)
Coastal West Sussex CCG	1.9 (143)	2.1 (163)	1.84 (184)
Brighton & Hove CCG	2.1 (66)	1.8 (58)	2.07 (71)
High Weald, Lewes & Havens CCG	2.3 (49)	1.8 (39)	2.15 (59)
Hastings & Rother CCG	2.4 (68)	2.4 (69)	2.05 (74)
Eastbourne, Hailsham & Seaford CCG	2.7 (76)	2.9 (84)	2.89 (98)
South East Coast Total	**2.02 (1334) (SEC average)**	**2.07 (1274)**	**2.33 (1739)**

We have a higher spend on angiography and stents than our demographic peers but not always resulting in better outcomes

UNWARRANTED VARIATION: CARDIOVASCULAR DISEASE: OVER-TREATING PATIENTS WITH STABLE ANGINA

The NICE pathway states that patients with stable angina should have a computerised temography angiogram first which is non-invasive and cheaper than an invasive angiogram. Only about 20% of patients who have had a CT angiogram would need to go on to have an invasive angiogram. 80% should be given medication to manage their angina. If the medication does not help the pain, a shared decision-making conversation should take place which makes it clear that if the patient has a stent inserted, it will not prolong their life, with the exception of a small defined cohort of our population, but it will help with chest pain. The chart below shows that compared with our demographic peers, we have a lower reported prevalence of CHD than our estimated numbers. Also we have a higher spend on angiography and stents than our demographic peers but not always resulting in better outcomes. There is variation in the implementation of these NICE guidelines across our STP, resulting in too many invasive angiograms and stents.

- ■ K633, K364, K636: Angiography - Total spend on discharges - Best 5
- ■ K633, K364, K636: Angiography - Total spend on discharges - CCG
- ■ K751, K752: Stents - Total spend on discharges - Best 5
- ■ K751, K752: Stents - Total spend on discharges - CCG
- ■ Reported to estimated prevalence of CHD (%) - Best 5
- ■ Reported to estimated prevalence of CHD (%) - CCG
- ● Mortality from CHD: under 75 - Best 5
- ● Mortality from CHD: under 75 (%) - CCG

	NHS Brighton & Hove CCG	NHS Coastal West Sussex CCG	NHS Crawley CCG	NHS East Surrey CCG	NHS Eastbourne, Hailsham and Seaford CCG	NHS Hastings and Rother CCG	NHS High Weald Lewes Havens CCG	NHS Horsham and Mid Sussex CCG
CCG CHD PREVALENCE	2.19%	4.11%	2.77%	2.77%	4.12%	4.20%	3.11%	2.96%
BEST 5 PREVALENCE	2.86%	3.71%	2.71%	2.69%	3.89%	3.85%	3.33%	2.70%

UNWARRANTED VARIATION: TRAUMA AND INJURIES (FALLS AND FRAGILITY FRACTURES)

The chart below shows that there is wide variation in the number and treatment of falls compared with our demographic peers: One in three over-65s and half of those over 80 will suffer a fall each year. The Department of Health and Social Care has stated that a falls prevention strategy could reduce the number of falls by 15-30%. Admissions relating to fractures where a fall has occurred, notably hip fractures and those people over 65 without significant injury and are not always getting a multifactorial falls assessment and exercises, which we know reduce subsequent falls by 24%. We do not always have effective case-finding and appropriate drug treatment for osteoporosis, particularly after the first fracture has occurred. We know if this treatment is taken then there is a reduction in the risk of the next fracture by 50%.

- ■ Tendency to fall, not elsewhere classified (R296): NEL Spend - per 1,000 - Best 5
- ■ Tendency to fall, not elsewhere classified (R296): NEL Spend - per 1,000 - CCG
- ■ Rate of injuries due to falls in people aged 65+ per 100,000 age-sex weighted population - Best 5
- ■ Rate of injuries due to falls in people aged 65+ per 100,000 age-sex weighted population - CCG
- ● Percentage of GP registered population aged 75+ - Best 5
- ● Percentage of GP registered population aged 75+ - CCG

UNWARRANTED VARIATION: MSK

For example, In musculoskeletal surgery there is wide variation in:

● The volume of Total Hip Replacement surgery per surgeon. 34% of surgeons do less then 10 procedures a year, 54% do less than 20 procedures a year and only 30% perform greater or equal to 50

● The number of revisions within a year post joint replacement per surgeon

● The rate of infection post joint replacement per hospital

Number of Total Hip Replacement per surgeon
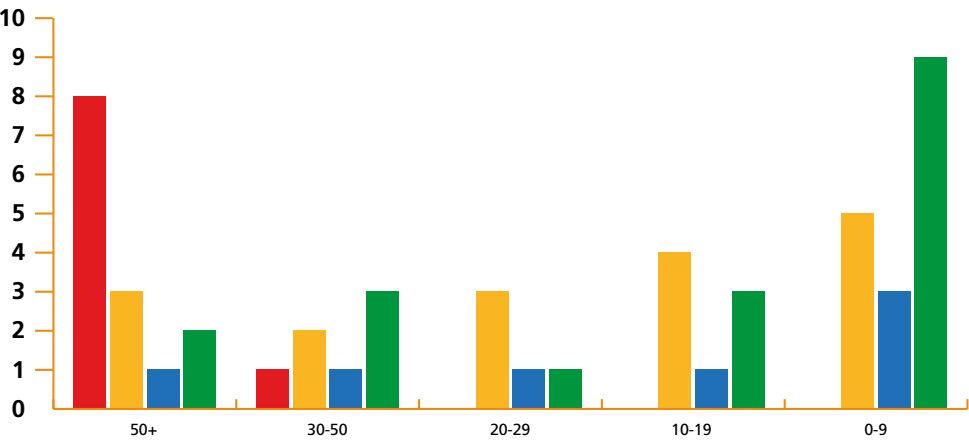
Total Knee Replacement 1 year revision rates
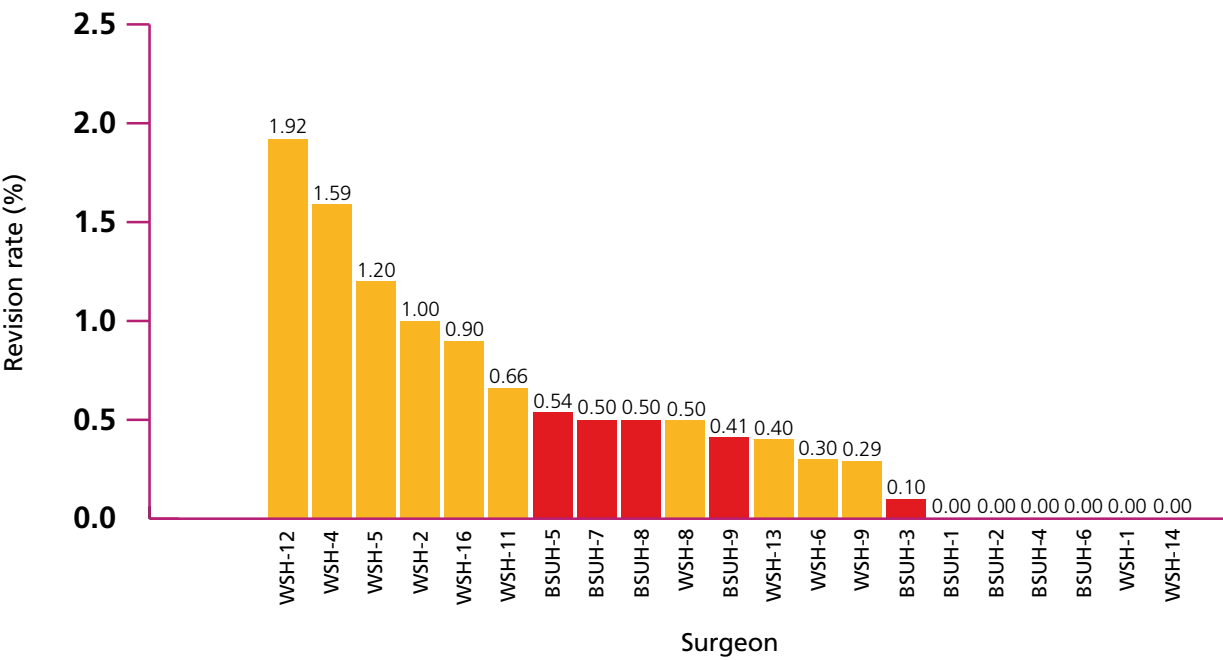
Surgical site infection rates per Trust for Total Hip Replacement
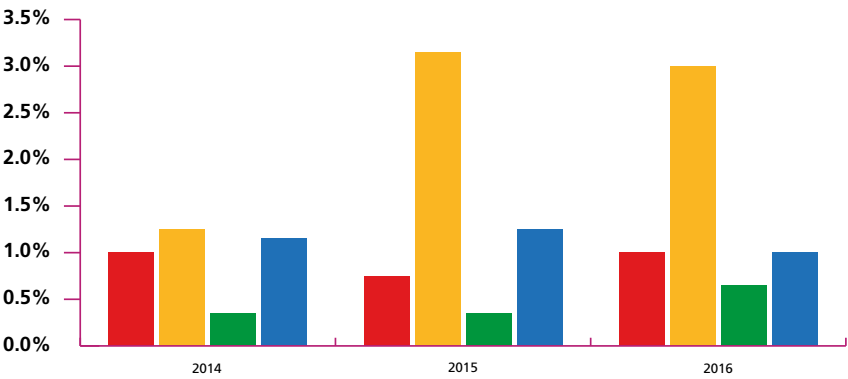
UNWARRANTED VARIATION: MSK - TOTAL KNEE REPLACEMENT

The chart below shows that we are doing more procedures, spending more on elective care and delivering poorer outcomes than our demographic peers. The % of patients 60 and over having same side knee replacement within one year of arthroscopy is declining but is still six times higher than the national average. Nice Guidance recommends conservative management (exercise/weight management/patient education) before consideration for surgery as these approaches can reduce pain, improve function and avoid the need for a Joint replacement as osteoarthritis is not always a progressive condition. Good quality Shared decision making is important to give patients the information they need to make a decision that's right for them.

■ Primary Knee Replacement - Age-Sex Standardised Spend per 1,000 - Best 5

■ Primary Knee Replacement - Age-Sex Standardised Spend per 1,000 - CCG

■ % Of people (over 45) who have knee osteoarthritis (total) - Best 5

■ % Of people (over 45) who have knee osteoarthritis (total) - CCG

● Knee Replacement (primary), EQ-SD Index, Health Gain - Best 5

● Knee Replacement (primary), EQ-SD Index, Health Gain - CCG

UNWARRANTED VARIATION: MSK - TOTAL HIP REPLACEMENT
The chart below shows we are spending more than our demographic peers with health gain worse (apart from Eastbourne, Hailsham and Seaford CCG) and prevalence is identical.

■ Primary Knee Replacement - Age-Sex Standardised Spend per 1,000 - Best 5

■ Primary Knee Replacement - Age-Sex Standardised Spend per 1,000 - CCG

■ % Of people (over 45) who have knee osteoarthritis (total) - Best 5

■ % Of people (over 45) who have knee osteoarthritis (total) - CCG

● Knee Replacement (primary), EQ-SD Index, Health Gain - Best 5

● Knee Replacement (primary), EQ-SD Index, Health Gain - CCG
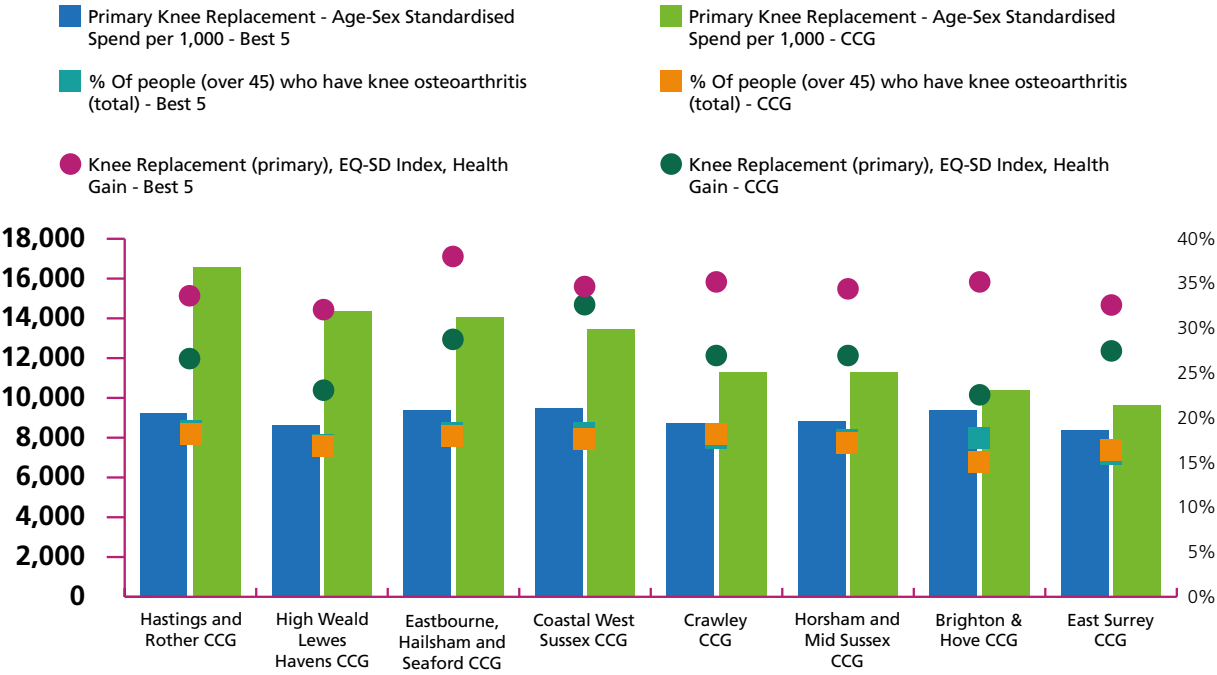
AMBULATORY CARE SENSITIVE CONDITIONS
Attendances at our A&E Departments continue to rise with a 4% increase reported over the first 3 quarters of 17-18 compared to 16-17.

Over a quarter of all attendances at A&E could have been treated at another suitable location (e.g. primary care provision) however patient behaviours and the availability of alternative pathways continue to drive this increase in activity.

There are several points of contact for access to services, fragmented pathways and gaps in service availability (geographic and time of day), particularly around admissions avoidance and to support hospital discharges. This results in multiple handoffs and confusion over the correct pathways, building in inefficiencies in how services are being delivered, increasing conveyance and admissions and the length of stay in hospitals.

"I would like Community Navigation to be extended in the city. I would like patients to be able to self-refer and to have navigators in communities, like a "go to" person.

"Some people only know to go to A&E for urgent care – there is a lack of awareness about other places people can go. "

"More needs to be done to promote the alternative to A&E and opening times."

Ambulatory care sensitive conditions
CCG Outcomes Indicator Set- domain 2 >> 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions (2016-2017 (Jul-Jun)) >> East Surrey and Sussex

■ 156.9 - 239.9
■ 240.0 - 574.2
■ 574.3 - 661.6
■ 661.7 - 752.9

56

57
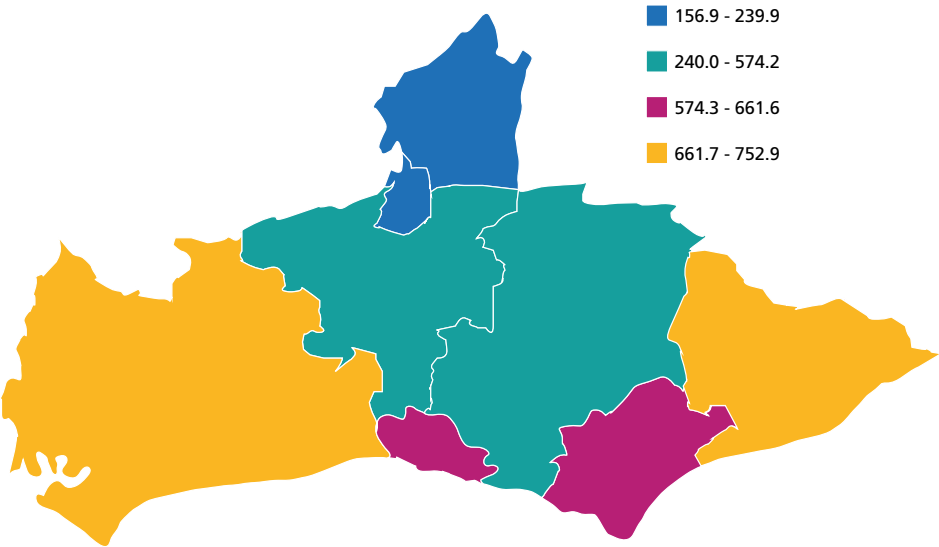
DELAYED TRANSFER OF CARE (DTOCS)
There are many patients in hospital beds who should be cared for at home.

An increasing rate of incomplete to complete pathways has caused a worsening performance against the Referral to Treatment 18 week incomplete standard. At quarter 2 of 2017/18, 5 out of the 6 providers breached the standard. In 2016/17 bed occupancy was at 92.7% (ranked as 35/44 across the STPS) and the percentage of beds attributable to Delayed Transfers of Care (DTOC) was 8.9% (ranked as 37/44 across the STPs). 1 = best, 44 = worst.

A disproportionate number of those fit to leave their current setting of care have dementia, with over a quarter of patients with dementia or a cognitive impairment fit to leave waiting for over 50 days to leave their settings of care.

KEY FACT
47% of carers in the "Counting the Cost" survey reported that being in hospital had a significant detrimental effect on the general physical health of the person with dementia and 54% reported a negative effect on the symptoms of dementia such as becoming more confused and less independent (Alzheimer's Society 2009)

South East DTOC % (Bed day delays per occupied bed)
Sussex & East Surrey

Legend:
- South East
- Kent, Surrey and Sussex
- Brighton and Sussex University Hospital NHS Trust
- Western Sussex Hospital NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- East Sussex Healthcare NHS Trust
- Queen Victoria Hospital NHS Foundation Trust
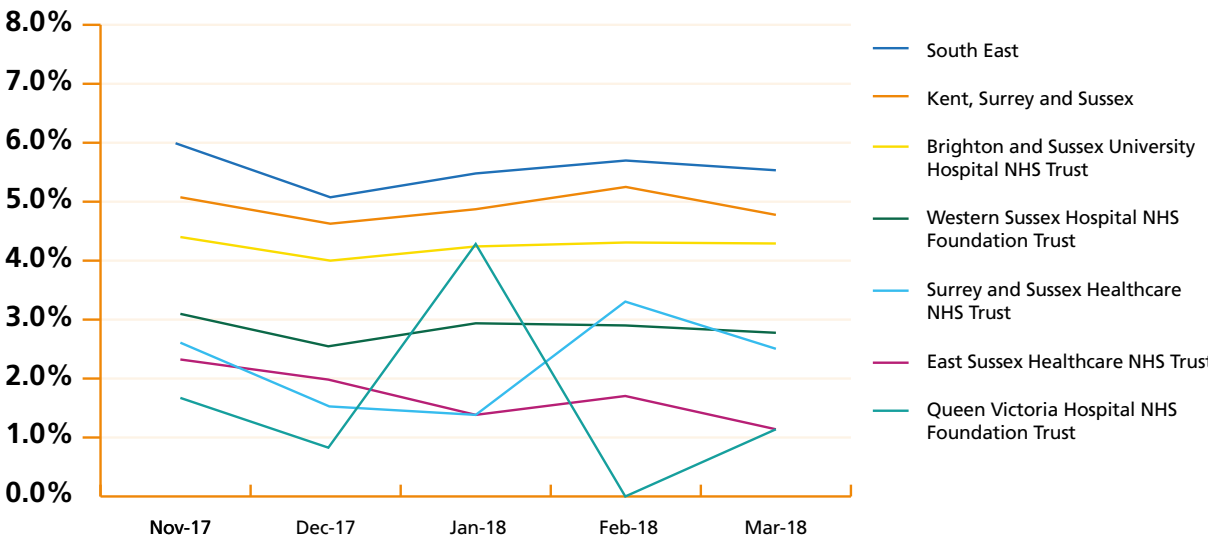
FLOW
A bed audit carried out across the STP identified 22% of patients across Sussex and East Surrey that are "fit to leave" their current setting of care.

A total of 49% of patients who were classified as fit to leave their current setting of care have remained in hospital for over a week. There were 97% of acute patients fit to leave who were admitted as non-elective patients. A total of 75% of acute patients and 92% of community patients fit to leave their current setting of care are over the age of 70. A majority of delays are attributed to patients awaiting social care, although patient and family choice is a major cause for delay in the community setting. (CF April 2017).

49% of patients who were classified as fit to leave their current setting of care have remained in hospital for over a week.

Beds Occupied by Stranded Patients (7+ days)
Sussex and East Surrey

Legend:
- Surrey and Sussex Healthcare NHS Trust
- East Sussex Healthcare NHS Trust
- Western Sussex Hospitals NHS Foundation Trust
- Brighton and Sussex University Hospitals NHS Trust

58 59
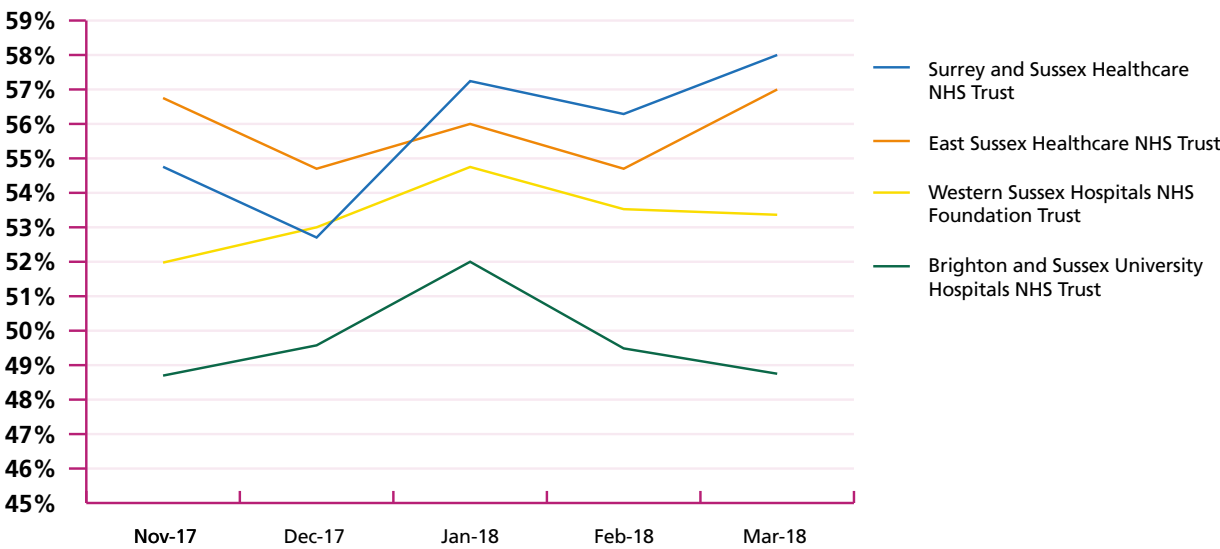
Beds Occupied by Extended lenght of stay Patients (21+) Sussex and East Surrey

- Surrey and Sussex Healthcare NHS Trust
- East Sussex Healthcare NHS Trust
- Western Sussex Hospitals NHS Foundation Trust
- Brighton and Sussex University Hospitals NHS Trust
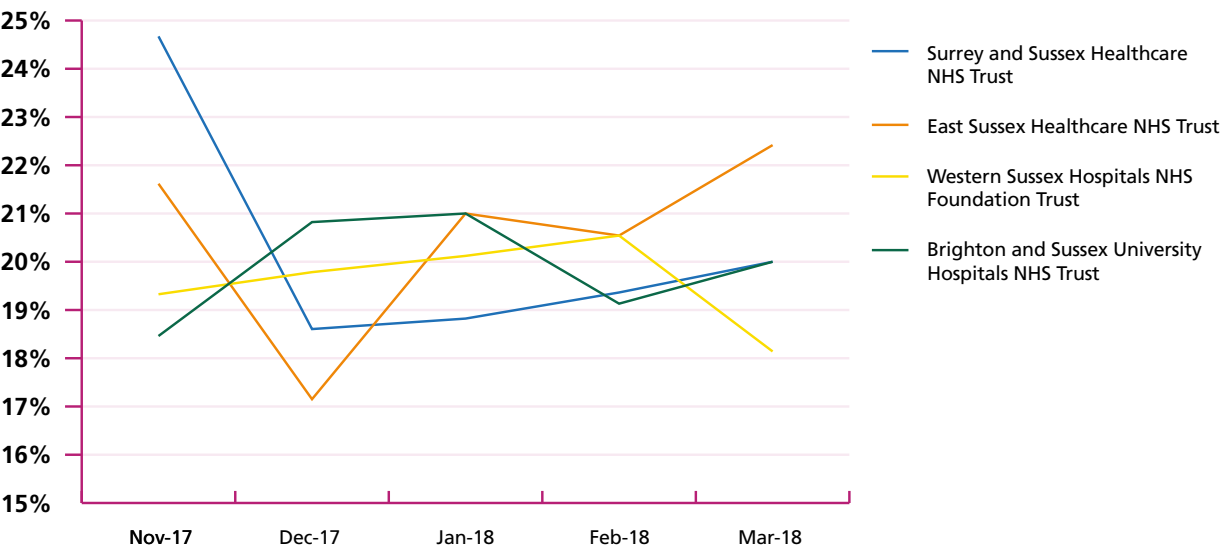
BED DAY UTILISATION

Across the STP, bed occupancy per provider ranged from 62% (at the specialist provider) to 96% at Quarter 2 2017/18.

Compared with our peers, there is statistically significant variation in the number of bed days across all common conditions. There are currently 3,519 acute inpatient beds across the STP.

● Average length of stay (AloS) increased between 2010/11 – 2016/17.

● Over the last three years, the general and acute bed base has remained relatively constant but bed occupancy has increased over time.

● Bed capacity is expected to increase by 176 beds by 2023/24 at BSUH as a result of the 3Ts rebuild.

● Elective referral rates are increasing across the system and longer lengths of stays are driving a significant elective backlog at all Trusts.

● Demand must be managed to align acute capacity and demand and to prevent shortfalls in available beds to meet the needs of the population.

Demand must be managed to align acute capacity and demand and to prevent shortfalls in available beds to meet the needs of the population.

Reduction in beds:
The Royal Sussex County Hospital site in Brighton is delivering a 10-year strategy to improve their estate, which will impact on their ability to deliver care in a timely way. A strategic/system-wide solution is needed to support those pathways affected as all Trusts will be affected.

BED DAY UTILISATION
There are currently 3,519 acute inpatient beds across the STP. Bed occupancy across all sites is forecast to increase in 2016/17.

BED OCCUPANCY
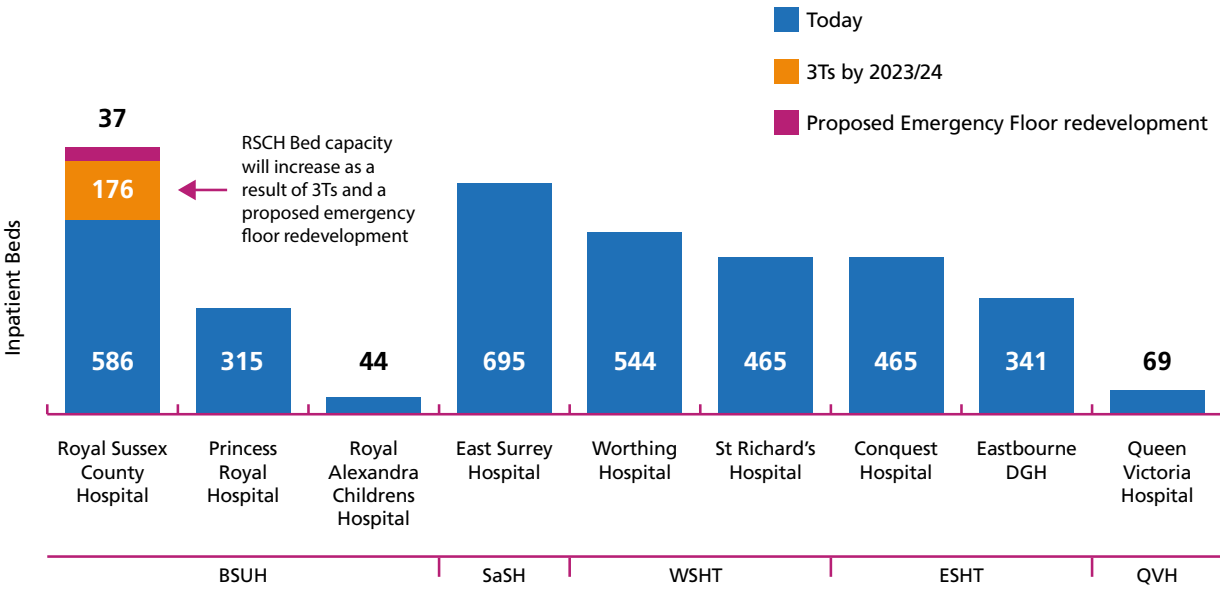
	Royal Sussex County Hospital	Princess Royal Hospital	Royal Alexandra Childrens Hospital	East Surrey Hospital	Worthing Hospital	St Richard's Hospital	Conquest Hospital	Eastbourne DGH	Queen Victoria Hospital
15/16	93%	72%	85%	94%	89%	85%	88%	101%	62%
16/17	96%	74%	88%	96%	91%	87%	90%	103%	64%

Average occupancy by quarter
Q1 2014 - Q3 2016
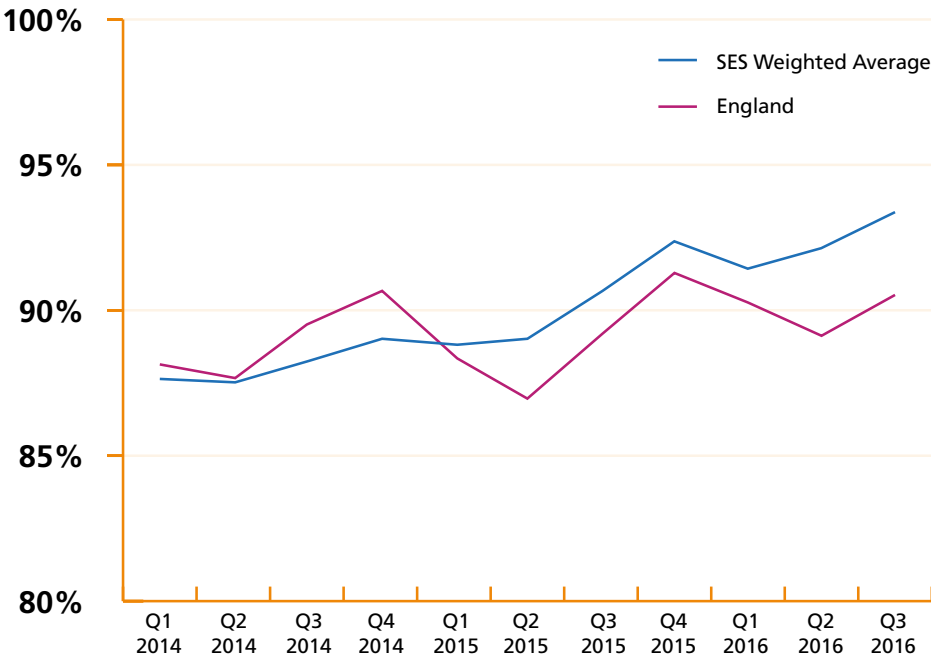
Total general and acute bed base
Q1 2014 - Q3 2016
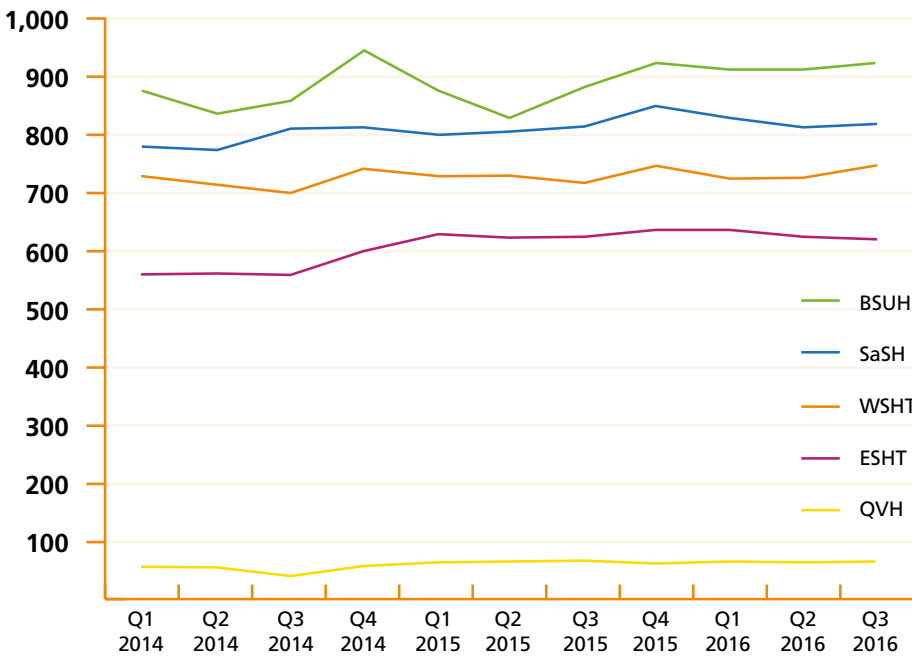
CARE QULITY COMMISSION (CQC) RATINGS
Brighton and Sussex University Hospitals NHS Trust (BSUH): The Trust was last inspected in April 2016 and updated in August 2016. CQC found them to be inadequate in the areas of safety, responsiveness and leadership. The culture of the Trust was viewed as exceptionally challenging. Since the inspection, Western Sussex Hospitals NHS Foundation Trust has taken over the management of the BSUH and improvements have been seen in a number of areas.

East Sussex Healthcare NHS Trust: In June 2018, the CQC noted the Trust has made a marked improvement in the quality of its care, and concludes that the Trust no longer needs to be in special measures for quality. In the areas inspected by the CQC, everything was rated as 'good' or 'outstanding', apart from the Emergency Department at Eastbourne, which was rated as 'requires improvement', but 'good' for well led and caring.

SECAmb: Following CQC inspection in 2017 the Trust was rated as Inadequate. This resulted in the Trust remaining in Special Measures and the development of a recovery plan that addresses CQC findings together with work across different areas of the Trust. This includes an overarching Culture and Organisational Development and an extensive programme of work dealing with workforce, recruitment, training and retention. CQC is conducting an inspection of the Trust in July (Core Services and Emergency Operations Centre) and August (Well Led) this year. The results of the inspection will be published in the Autumn. The work across the Trust is also being informed by a jointly commissioned Demand and Capacity review to identify resource requirements to fully meet Ambulance Response Programme standards.

TRUST	CQC RATING
BSUH	Good
ESHT	Requires improvement
WSHT	Outstanding
SASH	Outstanding
QVH	Good
SPFT	Good
SCFT	Good
FCH	Outstanding
SB	Good
SECAMB	Inadequate
IC24	Good

Everything was rated as 'good' or 'outstanding', apart from the Emergency Department at Eastbourne, which was rated as 'requires improvement', but 'good' for well led and caring.

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MENTAL HEALTH SERVICES

The health and life outcomes for people experiencing mental health issues in our STP will continue to fall short of those of the general population unless we act to deliver the opportunities aligned with the five year forward view for mental health. To meet the government target of 21,000 new mental health posts by 2021, the STP projected response is set out below

The Sussex and East Surrey STP has an agreed Mental Health Strategy following a detailed Case for Change which identified that:

● Sussex and East Surrey STP need to ensure that 25% of people living with common mental health problems are seen by a local Improved Access to Psychological Therapies service every year.

● Capacity needs to be built in primary care, closer to home and thereby reduce presentations and referrals to physical and mental health secondary care.

● The prevalence of Severe Mental Illness is 5% higher than nationally, affecting 25,000 individuals.
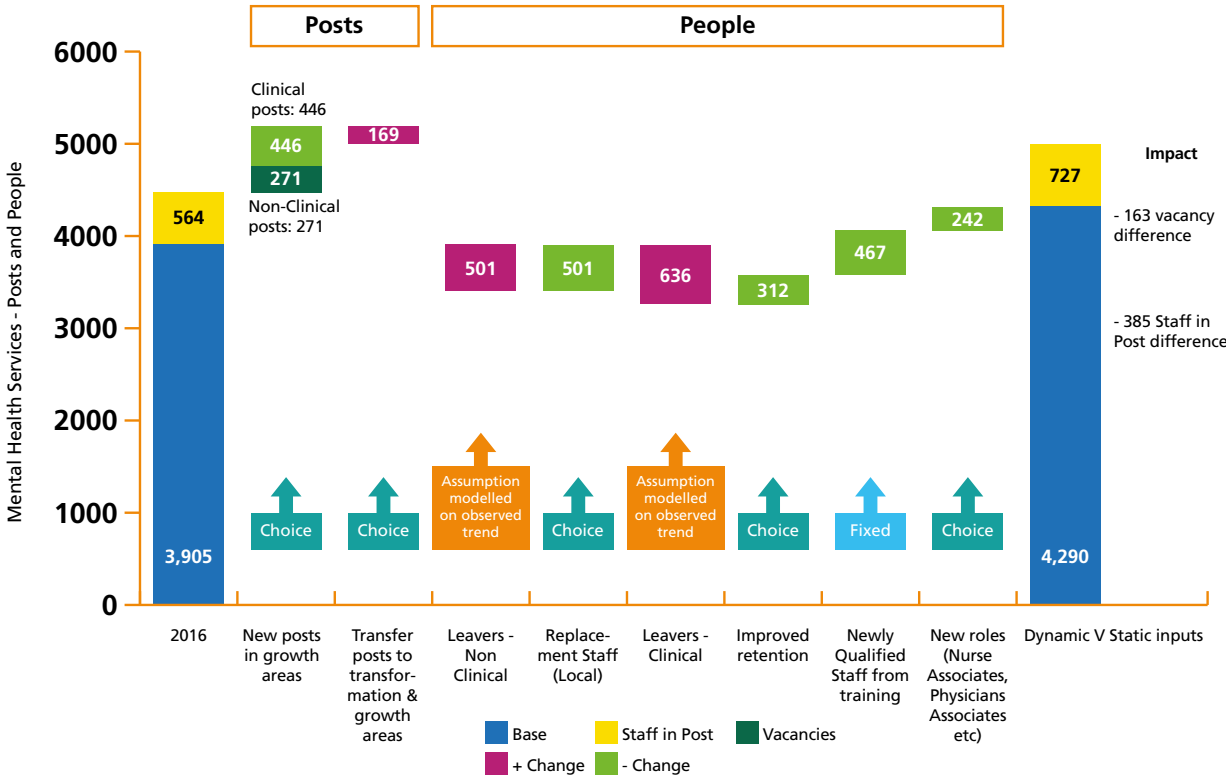
● For dementia, prevalence is 25% higher than nationally, will increase further as the population ages, while the proportion of those with a diagnosis is 5% lower.

● A quarter of those patients with dementia who are fit to leave acute care wait over 50 days for discharge.

● Three quarters of first episodes of mental ill health occur in young people before the age of 25.

> **KEY FACT**
> Life expectancy for those with severe mental illness is twenty years' worse than the general population

"My partners mental health and mine wasn't a priority after my stillborn, they took slightly better care but no mention of mental care at any appointments"

GP SERVICES
The National Picture
Workload: Actual GP appointment numbers are not routinely collected by NHS England but the information we have would suggest significant rises, for instance 15.4% between 2010/11 and 2014/15. The Kings Fund (2016) estimated that there had been a 15 per cent overall increase in contacts, 13 per cent increase in face-to-face contacts and a 63 per cent increase in telephone contacts.

Workforce numbers: Nearly a quarter (23%) of the GP workforce is over 55. Less than a quarter (22%) of GP trainees plan to practise full-time one year after qualifying, according to a recent study by the King's Fund, falling to 5% who expect to be working full time after 10 years. 'The intensity of the working day' was cited as the most common reason.

Morale: A 2017 survey conducted by Exeter University in the South West indicated that over half of the GP workforce reported low or very low morale, and 40% of all GPs intended to retire within five years.

Practice Closures: Increasing numbers of practices are either closing their lists to new patients (a medium term approach) or capping their list (a shorter term approach), in order to maintain the quality of the service to existing patients within the resources they have.

Estates Issues: A 2018 BMA Survey revealed that four out of 10 GPs feel their premises are not adequate for patient care, describing how they are struggling to provide essential services in buildings that are cramped and

Less than a quarter (22%) of GP trainees plan to practise full-time one year after qualifying

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Pressure through retirement of partners and salaried GPs has been a contributing factor to 16 practices closing and 10 mergers since 2013

outdated. It also reported that six out of 10 GPs in England are forced to share consulting rooms or 'hot-desk' around their surgeries.

STP examples
- Increasing elderly: The West Sussex Joint Services Needs Assessment (JSNA) estimates that the local population aged 70+ will grow at the fastest rate of any demographic; and that by 2039 more than 30% of the CCG resident population will be aged 65 or over. They also project that this means that the number of adults in this age group admitted to hospital with falls will nearly double over the same period. There are already some small areas of West Sussex where more than 50% of the resident population are aged 65 or above. Between 2018 and 2030 the JSNA predicts that the number of cases of dementia will rise by 45%.

- Workforce: According to NHS England figures, in 2015 there were 960 full time equivalent (FTE) GPs across East Surrey and Sussex. In order to deliver the growth required to deliver our proportion of the 5,000 extra GPs promised in the GP Forward View we would need to boost that to 1106 FTE GPs (so an increase of 146) . However the GP FTE across the patch as of Sept 2017 number 936 – a fall of 24 FTE, or 170 short of the target 1106. Figures for nurses seem to be broadly stable, GP Nurses FTE as of Sept 2015 numbering 502, and as of June 2018, 522. Large percentage of both practice nurses and GPs in our area that are over 55 and coming up to retirement. It is anticipated that there will be a loss of a third of GPs over next 10 years as they reach 55+. The retirement risk in ESBT is 46% of practice nurses in Hastings and Rother and 31% in Eastbourne, Hailsham and Seaford age 55+ with GPs 55+ at 24% in Hastings and Rother and 17% in Eastbourne, Hailsham and Seaford. Currently 210 GPs (18.5% of the workforce) are over 55 years.

- The STP has 203 practices. There are 12 single-handed GP practices and 189 partnerships, with the smallest registered list of 1,379 and the largest being 25,054. Pressure through retirement of partners and salaried GPs has been a contributing factor to 16 practices closing and 10 mergers since 2013. The GP workforce across the STP is in decline, of between 3% in the Coastal West Sussex area to 15% in Hastings and Rother CCG. In Brighton, nine surgeries (out of an initial total of 44) have closed in the last four years, displacing more than 33,000 patients, and putting extra pressure on already-struggling practices nearby. Brighton has been described in the press as possibly 'the hardest hit town in the whole of the UK?' In Hastings and St Leonards, at one point in the last 12 months 10 out of 14 practices had either closed or capped their patient lists, putting enormous pressure on the remaining practices. In Arun in Coastal West Sussex, three out of six practices have had to cap their lists due to the

closure of a practice of 8,000 patients. The retirement of partners and salaried GPs has been a contribution factor to 16 practice closures and 10 mergers.

- Utilising the GP international recruitment scheme has not delivered the volume of new GPs anticipated. A target of 25 was set for 2018 but only five have been recruited.

OUR SERVICES – KEY FACTS
- Our pathways are often fragmented and there are frequent breakdowns in handoffs between agencies.

- There are delays in people accessing services and therefore may be missing out on timely treatment.

- There is a lack of timely access to effective primary and community services driven by insufficient capacity in primary care and community services.

- Discharge arrangements from acute care is variable, which means patients spend longer than necessary in hospital.

- We are often not meeting our constitutional standards for A&E, Referral – to-Treatment.

- There are gaps in reaching minimum standards of care in such areas as stroke, diabetes and cancer.

- General practice is facing significant issues in workforce with a backdrop of increasing demand

MAIN CHALLENGES:
- Addressing the significant un-warranted variation in MSK, Cardiovascular and falls/ fragility fractures.

- Making a step change in managing flow, stranded and super stranded patients.

- Improving shared decision making.

THE CONSEQUENCE WE OBSERVE:
- Frequent, unnecessary admissions to hospital when patients could be cared for in a different setting.

- Challenge in meeting and maintaining A&E and elective care targets.

There are gaps in reaching minimum standards of care in such areas as stroke, diabetes and cancer.
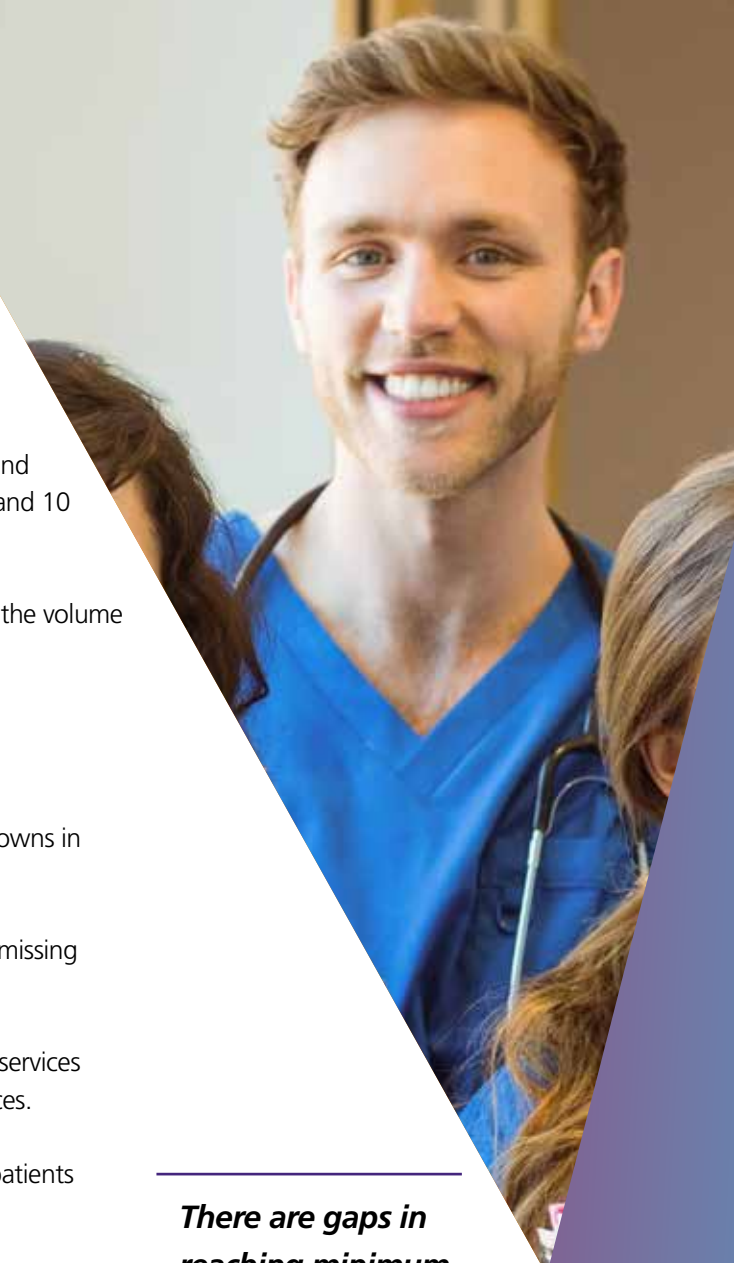
Our evidence: Our staff

OUR PEOPLE - OUR CHALLENGES

CROSS CUTTING THEMES	RECRUITMENT & RETENTION	LEADERSHIP CAPABILITY	STAFF HEALTH		
CROSS CUTTING THEMES	COLLABORATIVE WORKING ACROSS STP	USE OF TEMPORARY STAFF	STAFF ENGAGEMENT		
CROSS CUTTING THEMES	LACK OF SPECIALIST POSTHOLDERS	REDUCTION IN EDUCATION FUNDING	SIGNIFICANT VARIATIONS IN WORKFORCE		

LOCAL THEMES	MENTAL HEALTH	PRIMARY & COMMUNITY CARE	ACUTE	SECAMB	SOCIAL CARE
	Recruitment and retention of staff	Lack of GPs (current & future)	Reliance on temporary staff	High attrition	Finding & keeping the right staff
	Culture of working in mental health	Demographic of workforce	Mode/hospital variations	Attraction to skilled roles	Terms & conditions of service
	Complex structures and links to social care	Cross site working/ collaboration	Nursing, midwifery, medical and AHP recruitment	Culture	Job roles
		New roles required to meet increasing demand		Leadership	Working conditions

KEY FACTS
● There are 10,926 headcount staff and 9,375.90 FTE Registered Nursing, Midwifery and Health Visiting Staff across Sussex and East Surrey STP.

● The average retirement age is 59, with 15.38% of staff aged 55 years and over. The staff groups with over 20% of staff aged 55 and over that may be approaching retirement ranges from Registered School Nurses at 31% to Community Services (excl. Health Visitors and District Nurses) at 20.68%.

● The Turnover Rate for all Registered Nursing, Midwifery and Health Visiting Staff ranges from 12.84% in Maternity Services (excl. Registered Midwives) to 20.29% in district nursing.

● In social care there is a significant annual turnover of 26% for registered nurses, which rises to 32% turnover amongst support workers providing direct care in East Sussex.

● Skills for care estimates that in Brighton & Hove, 8.6% of roles in adult social care were vacant, this equates to around 700 vacancies at any one time. This vacancy rate was similar to the region average, at 6.8% and similar to England at 6.6%.

● Difficulty recruiting and retaining substantive mental health nurses and psychiatrists, has led to a sustained and increasing agency spend (in Sussex agency spend in mental health services was £2.6m in 2012/13 rising to £9.8m in 2015/16).

● In June 2017, the SES STP had a shortfall of GPs (FTE) of 193.

● The average level of sickness absence across acute trusts for 2014-15 was just over 4%. Just a 1% improvement in sickness absence equates to £280m in staff costs – without accounting for lower dependence on agency staff and reduced cancellations.

● Spend on temporary staffing continues to increase.

KEY ISSUES:
● We have significant issues relating to workforce and need to ensure we have the right people in the right place at the right time to deliver care.

● Given our demography, we need to rely as much on technology-enabled care as on state funded clinical and domiciliary workforce. There just won't be as many employees available in future as would be needed to provide current services to a larger population with more retired people and not many more working-age citizens.

● We have an inadequate number of mental health posts to meet the needs of our population.

● We need to increase the workforce within Primary Care to support changes to the way we deliver care across the system.

THE CONSEQUENCES WE OBSERVE:
● There is a real risk that we are failing to attract and retain the best talent.

● There is a significant risk to the resilience of services and the sustainability of a workforce.

Difficulty recruiting and retaining substantive mental health nurses and psychiatrists, has led to a sustained and increasing agency spend

Significant elements of the estate are either functionally unsuitable or compromised in the current configuration

Our evidence: Our infastructure

ESTATES

There is a diverse legacy of primary, community and acute provider estate across the STP.

Historically there have been many years of under-investment in estate, which has resulted in non-compliance, high backlog maintenance and inefficient estate with high running costs.

Significant elements of the estate are either functionally unsuitable or compromised in the current configuration.

There is multiple ownership of the estate, which ranges from NHS acute and community provider organisations, GP partners, NHS Property Services, third party commercial landlords, public/private partnerships to local authority partners.

There is a lack of formal lease/licence agreements in place resulting in ambiguity over estates running costs, occupation and utilisation information.

Estates running costs are higher than the national "Carter" benchmark indicators. Key high cost acute sites include the Royal Sussex County Hospital, St Richards Hospital, Worthing Hospital, East Surrey Hospital and Eastbourne District General Hospital. There is also a substantial backlog maintenance requirement across the acute and community estate, with high and significant risk elements exceeding £81million (excluding primary care and NHS Property Services community estate).

DIGITALISATION

Individual Digital Maturity of secondary care providers is broadly in line with national average with evidence of improvement over the past year. However the maturity levels between providers vary significantly.

There is significant variation in technology usage across the STP with limited consolidation of suppliers except for PACS (Picture and Communication System) for Radiology, which represents a significant opportunity.

There is a lack of effective information sharing which presents a significant barrier to implementing new models of care.

Population Health Management and Risk Stratification are fragmented and vary in use and sophistication.

The information governance community is capable and enthusiastic, but capacity is variable and is a limited resource overall.

Clinicians and professionals lack clarity and confidence to support information sharing.

Digital Maturity - Secondary Care

Sussex and East Surrey 2016
Sussex and East Surrey 2017
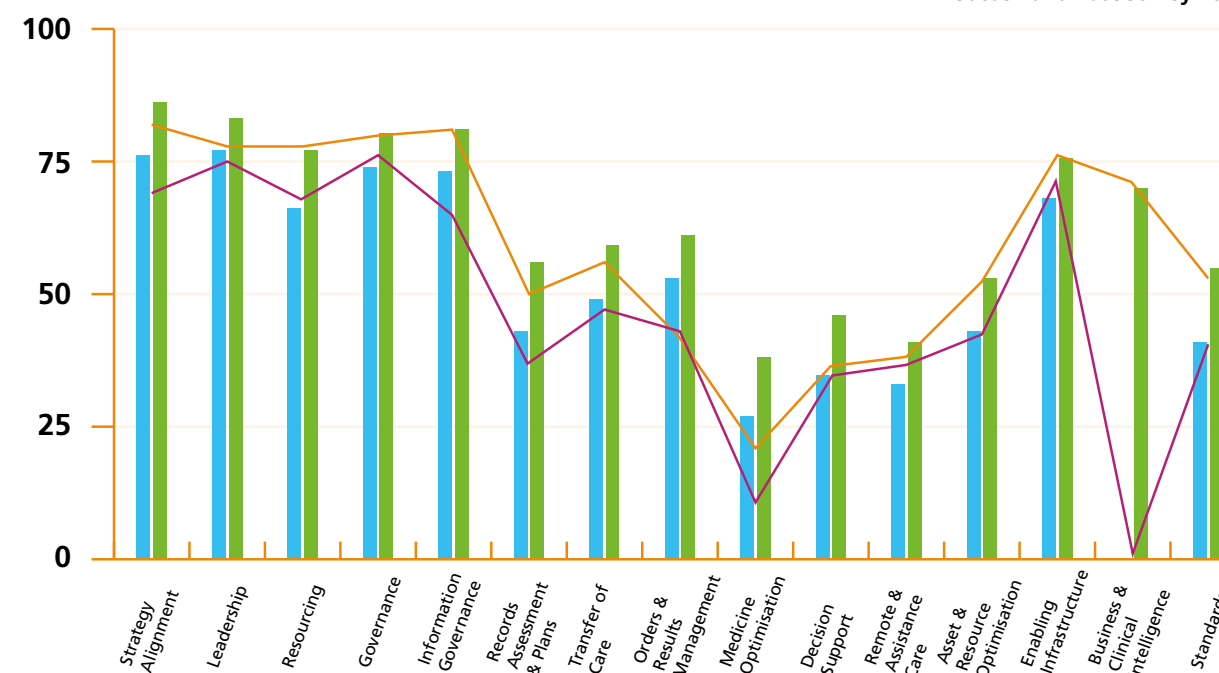
FINANCE

Current situation: The STP covers a wide geographical area and many organisations, with a notable amount of variation in financial performance. In 2017/18, seven out of nine Trusts ended the year in surplus. The two trusts in deficit - East Sussex Healthcare NHS Trust and Brighton and Sussex University Hospitals NHS Trust - are in Financial Special Measures. Of eight CCGs in the footprint, one ended the year in surplus. Overall the combined net deficit (surpluses and deficits added together) for CCGs and trusts was £228.2m. It should also be noted that this figure includes significant amounts of one-off funding, including Sustainability and Transformation Funding, which was released at the end of the year.

2018/19 planning: Control totals (the required surplus/deficit set by regulators) for 2018/19 add up to a total net deficit of £185.8m for CCGs and Trusts, including one-off sustainability funding for providers. An additional £111.6m of commissioner sustainability funding is available to those CCGs that meet their deficit control totals.

Strategic Financial Framework: The STP has a Strategic Financial Framework that sets out the approach to system-wide financial sustainability over a 5-year time horizon. It is comprised of four elements:
● Improving productivity and efficiency

● Delivering the right care to improve value

● Transforming and investing for change

● Improving system contracting/admin

These elements are progressed through 11 STP programme priority areas and supported by four enabling work streams.

The STP five-year financial model brings these aspects together and calculates their combined medium to long-term financial impact, taking account of risk, to allow financial sustainability to be assessed. This is updated iteratively to reflect the progress and evolution of ongoing transformation work, and to allow reassessment of its financial impact.

OUR INFRASTRUCTURE – KEY FACTS

There is a multiplicity of IT system many of which do not communicate to each other.

● We have Information Governance issues.

● There is a significant mismatch between revenue and expenditure.

● We have higher use of acute services that are proportionally more expensive.

● Our community and primary care assets are not optimised or necessarily fit for purpose.

Main challenges:
● The provision of a balanced estate portfolio that is fit for purpose in a constrained capital environment and meets the needs of the population.

● Achieving a sizable reduction in the current deficit position of the STP.

● Rising to the Digital requirements as a priority.

The consequence we observe:
● Duplication in processes.

● Inability to maximise use of technology for patient benefits.

Our community and primary care assets are not optimised or necessarily fit for purpose.

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Our priorities

The evidence presented in the Population Health Check naturally leads to the following priorities.

● Addressing capacity and demand

● Tackling unwarranted clinical variation

● Focussing on workforce

● Moving to a people centred value based system

● Reducing the financial deficit

We need to deliver value across our STP i.e. the best outcomes for the individual and for our population within the available resources. This includes doing less of things that add little or no value to patients. This includes reducing the over – medicalisation of care.

This requires:
1. The development and implementation of a clear workforce and capacity strategy, which will address the short-term and long term (future-proofing) crisis in relation to the number of staff and skills.

2. Improving shared decision making i.e. more active involvement with well-informed patients and developing and using standardised outcome measures that are more relevant to patients (such as the impact on their functional status and wellbeing).

3. Leading the reframing our cultural norms, so that making the right choice in relation to lifestyle changes, is the easy choice. This includes putting initiatives, such as "Making Every Contact Count" and healthy eating, into relevant contracts to deliver the highest standards of work-based health.

4. Recognising unwarranted clinical variation and addressing it. We can achieve this through the combination of Right Care, Clinically Effective Commissioning and Getting it Right First Time (GIRFT) all of which describe key clinical areas where Quality Improvement is required.

● Reduced productivity.

● We cannot afford to continue to pay for services at the current rate.

5. Reducing A&E attendances through ensuring the resources are available to support patients nearer home, including addressing fragmented pathways, gaps in service availability, communication across services, mental health support and digital shortfalls which block shared access to information. Make navigating the system easy for the public and encourage the development of advance and anticipatory care plans which are accessible to all who need to see them.

Next steps

We need to develop a clinical strategy which delivers "best value" and patient centred care.

PERSON CENTRED APPROACHES FRAMEWORK (SKILLS FOR HEALTH/SKILLS FOR CARE/HEALTH EDUCATION ENGLAND)
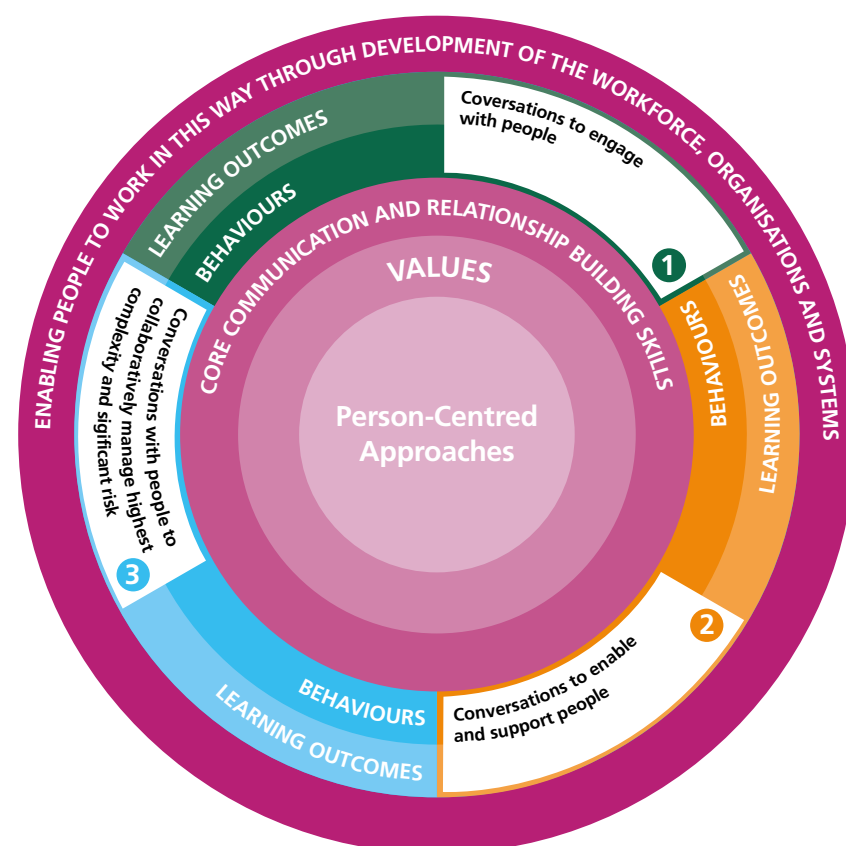
WE NEED TO DEVELOP A CLINICAL STRATEGY WHICH IS FUTURE PROOFED

On a local level Sussex and East Surrey is facing significant challenges in providing sustainable care for its population. These challenges include financial pressures as well as workforce recruitment and retention shortfalls. Much of this Population Health Check describes variation in consumption of healthcare, through variation in referral from primary care, through to differences locally to peers in secondary care intervention,

length of stay and bed occupancy (note the Carnell Farrar data and information provided by Rightcare), and the consequent opportunity this affords the STP. This provides both the immediate case for change and the initial targets.

Eric Topol is conducting his review with Health Education England for the Secretary of State on how technology will impact care and the training of carers. This review builds on Facing the Facts, Shaping the future (Health Education England, December 2017) and starts with acknowledging that the pace of development of genomics, digitisation and data analytics, machine learning and AI, biotech, nanotech and robotics is game changing.

An empowered and more digitally aware and competent population will demand at the least that the medical information known about them is recorded in a way that promotes their care. We already see both the success and acceptability of care records that can be read by paramedics, primary care and the emergency department. Advanced care decisions that are not paper based and don't need to be sought and transferred with the patient from the nursing home out of hours with a high chance of loss is acceptable to the public and to staff. In fact it is probably already more acceptable than the unreliable paper based norm. We already see the common theme of complaint of people being asked repeatedly, by a succession of carers for the same information. This is probably a basic and the advantage in reducing conveyance, reducing harm and reducing length of stay has been demonstrated.

Beyond this people will increasingly expect a better offering, more tailored to them as an individual, responsive when they need it not batched for provider convenience. Again, within this STP, there are models of care that are not face to face and are IT-enabled. These have reduced out-patient attendance, crowding in waiting rooms, and cost (e.g. Digital virtual clinics for people living with inflammatory bowel disease and Virtual Fracture Clinics in BSUH). Importantly they have left patients feeling better supported and better able to manage their long term conditions and stay motivated in their recovery. They provide a digital relationship and connection to clinicians and healthcare professionals more suited to the always on expectations of our digital selves.

The importance of the digital agenda has been underlined by the Prime minister in her Macclesfield speech. The Office for Life sciences (OLS) has issued a variety of challenges and at the present time there are open calls for a second wave of digital and Internet of Things (IOT) test beds, industrial strategy challenge funding, ageing grand challenges, an active

An empowered and more digitally aware and competent population will demand at the least that the medical information known about them is recorded in a way that promotes their care.

Brighton ranked particularly strongly in its innovation for data, virtual reality, health and artificial intelligence despite being relatively smaller than its competitors

call for new Collaborations of Leadership in Applied Health Research and Care (this time badged as Applied Research Collaborations). All of these calls have tens of millions of pounds available to demonstrate new ways of working, drawing on modern and forward-facing technology, that deliver improved outcomes with a different kind of workforce. All require scalability and all require a legacy to be left locally.

Our STP contains a medical school, two universities, thoughtful and effective collaborations between health and social care, between academia and industry and care. It has an abundance of small and medium enterprises with Brighton & Hove ranked fourth in a new index highlighting the size and success of digital industries around the country and their potential for growth. Brighton ranked particularly strongly in its innovation for data, virtual reality, health and artificial intelligence despite being relatively smaller than its competitors. It has a strong record of research and of education. It is bracketed by two STPs with similarly strong records of new models of care (Kent vanguard, Surrey wave one Internet of Things test bed). Its hospitals already connect digitally around imaging and diagnostics.

We also should not miss the link that investment in the local economy improves job prospects, affluence and helps mitigate the impact that poverty has on the health and wellbeing of our local population. There are strong digital and IT economic sectors already in our local economies with around 25% of Brighton & Hove's economy is in the Creative Digital and IT sector which has seen 40% growth over the past 5 years, with strong academic relationships through the Digital Catapult and one of the first 5G testbeds in the country.

In our quest to drive out waste and address historic financial over spend, which is urgent, we will take the opportunity to work on models of care that put our people at the heart of new pathways. We must not lose sight of this.

WE NEED TO DEVELOP A CLINICAL STRATEGY WHICH IS CLEAR ON THE OPTIMAL POPULATION SIZE TO LEAD DELIVERY
Some of the changes needed will be led and delivered locally, supported by the STP as the direction of travel. A few will be led by the STP organisations together, providing that adds value and does not duplicate local work.

E - REGIONAL & EMERGENCY SYSTEM - ≈4.5M

D - CLINICAL & DIAGNOSTIC NETWORKS - ≈2.5M

C - STP/SYSTEM WIDE - ≈1.75M

B - PLACE BASED CARE COMMUNITY - ≈500K

A - LOCAL COMMUNITY TEAM - ≈30-50K
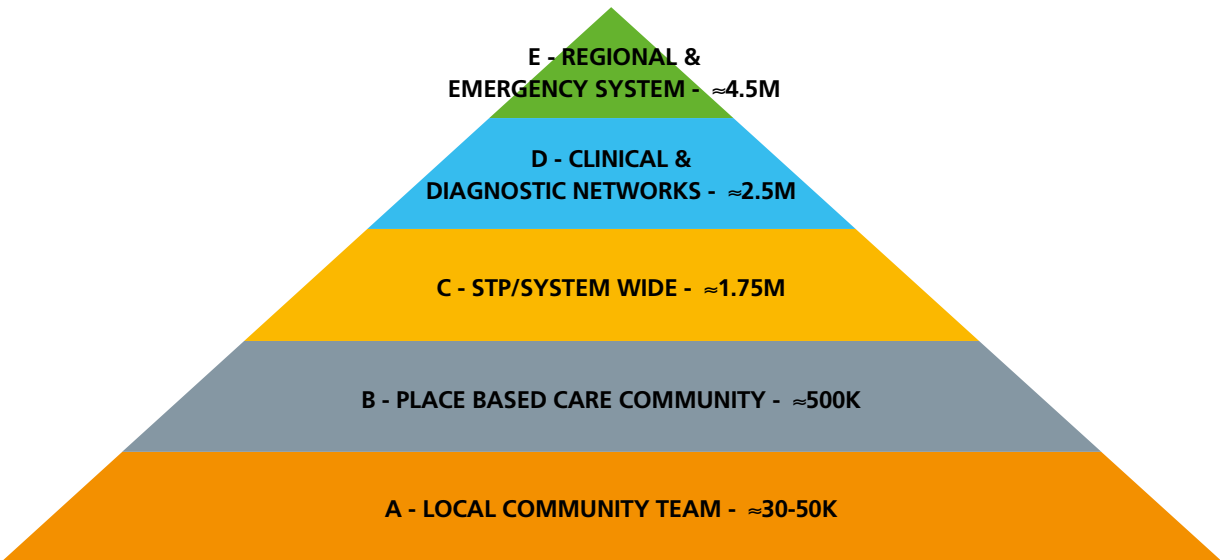
BUSINESS LANDSCAPE

National Engagement	Emergency System	Partner Support	Regional & Emergency System (E)
Surrey & Sussex Cancer Alliance	Regional Diagnostics Alliance	Population Health Intelligence	Clinical & Diagnostic Networks (D)
Operational Delivery Networks	Population Health Management	Integrated Care/ wider system pathways	STP/Urgent Care System (C)
Expert Opinion & Diagnostics	Capacity Planning & Coordination	Integrated Urgent & Emergency Care	Place Based Care Community (B)
Prevention & Self Management	Patient Identification & Care Planning	MDTs	Local Community Team (A)

LOCAL COMMUNITY TEAM 30-50K

Prevention & Self Management	Patient identification & care planning	Multi-disciplinary Teams
● Falls prevention ● Social prescribing ● Health coaching ● Building knowledge & changing behaviours ● Support for people to manage their long term condition	● Identifying frail & vunerable patients ● Developing and implementing care plans	● Care coordination ● Reablement ● Bringing integrated Health and Social Care into the home

PLACE BASED CARE COMMUNITY ≈500K

Expert Opinion & Diagnostics	Capacity Planning & Coordination	Integrated Urgent & Emergency Care
● Timely diagnostics ● Access to expert opinion ● Timely assessment	● Demand & Capacity Planning ● Transitions of care & patient flow ● Mental health liaison ● Social care coordination ● Community & capacity development	● A&E coordination ● See and Treat ● Rapid response ● Single Point of Access ● Telecare/health

STP/WIDER SYSTEM ≈1.7M

Operational Delivery Networks and clinical networks	Population Health Management	Integrated Care/wider system pathways
● Trauma ● Maternity ● Vascular ● Burns ● Clinical networks: specialist cardiology, cardiac surgery, renal dialysis, and paediatric surgery	● Population health planning ● research and Evaluation ● Provider and collaboration	● 111 Service ● UEC ● Mental Health ● Capacity (3Ts) ● Clinical variation ● Maternity

CLINICAL & DIAGNOSTIC NETWORKS ≈12.5

Clinical & Diagnostic Networks	Population Health analytics
● Surrey & Sussex Cancer Alliance ● Radiology Network ● Pathology ● South East Clinical Networks	● Sussex & Surrey Integrated Dataset ● Research and Evaluation

REGIONAL & ≈1.7M

National Engagement	Emergency System	Partner Support
● NHS England ● NHS Improvement ● NHS Digital ● Specialist Commissioning	● 999 & Ambulance Service ● care Plan Sharing service	● HEE KSS ● KSS AHSN ● NIHR Clinical Research Network KSS ● South East Coast Clinical Senate

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THE PROCESS OF DEVELOPING THE CLINICAL STRATEGY (ADDED POST SIGN OFF. STP EXEC GROUP AGREEMENT)

The Population Health Check provides the rationale for addressing certain themes as priorities; it does not attempt to offer solutions.

In order to achieve that, we will now:

● Develop a public-facing version of the report, which will include graphics and a visual explanation of the report for the open section of Boards and Governing Bodies.

● Draft an engagement and communication strategy in order to ensure we are engaging at the earliest opportunity on how to address the themes identified.

● Our Medical Directors and Chief Nurses will be discussing the report more widely internally with their clinical colleagues and with their Executive leads.

● We will be ensuring that co-dependent strategies, such as workforce, digital technology, estates etc. are aligned with the Population Health Check and the developing Clinical Strategy.

● Develop a plan to deliver a Clinical Strategy within six months. This Clinically-led Strategy will describe how we will be moving forward on delivery of the priorities at pace.

● Have had an opportunity to contribute to its development.

● Agree with the Population Health Check, including the next steps.

● Are committed to championing the Population Health Check and contributing to the development and delivery of the resulting Clinical Strategy.

This Clinically-led Strategy will describe how we will be moving forward on delivery of the priorities at pace.

Agreement from the Core members of the STP Clinical and Professional Cabinet

We would like to formally confirm our support for this Population Health Check. We confirm that we:

● Have had an opportunity to contribute to its' development

● Agree with the Population Health Check, including the next steps

● Are committed to championing the Population Health Check and contributing to the development and delivery of the resulting Clinical Strategy

Name	Title	Organisation	Date agreed
Minesh Patel	Clinical Chair (Co-chairperson)	NHS Horsham and Mid Sussex CCG	25/09/2018
Peter Larsen-Disney	Clinical Director of 3Ts (Co-chairperson)	Brighton and Sussex University Hospital NHS FT	20/08/2018
Rob Haigh	Medical Director	Brighton and Sussex University Hospitals NHS Trust	14/09/2018
George Findlay	Chief Medical Officer/ Deputy CEO	Brighton and Sussex University NHS Trust and Western Sussex Hospitals NHS FT	02/10/2018
David Supple	Clinical Chair	NHS Brighton and Hove CCG	05/09/2018
Gill Galliano	Acting Lay Chair	NHS Coastal West Sussex CCG	02/10/2018
Laura Hill	Clinical Chair	NHS Crawley CCG	05/09/2018
Elango Vijaykumar	Clinical Chair	NHS East Surrey CCG	25/09/2018
Martin Writer	Clinical Chair	NHS Eastbourne, Hailsham and Seaford CCG	02/10/2018
David Warden	Clinical Chair	NHS Hastings and Rother CCG	13/09/2018
Elizabeth Gill	Clinical Chair	NHS High Weald Lewes Havens CCG	25/09/2018

David Walker	Medical Director	East Sussex Healthcare NHS Trust	22/08/2018
Ed Pickles	Medical Director	Queen Victoria Hospital NHS FT	17/09/2018
Karen Eastman	Clinical Lead for Unwarranted Clinical Variation	SES STP	12/09/2018
Fionna Moore	Medical Director	South East Coast Ambulance Services NHS FT	29/08/2018
Des Holden	Medical Director	Surrey and Sussex Healthcare NHS Trust	02/10/2018
Richard Quirk	Medical Director	Sussex Community NHS FT	13/09/2018
Rick Fraser	Consultant Psychiatrist and Chief Medical Officer	Sussex Partnership NHS FT	30/08/2018
Justin Wilson	Chief Medical Officer	Surrey and Borders Partnership NHS Trust	09/10/2018
Sue Marshall	Executive Chief Nurse	Sussex Community NHS FT	13/09/2018
Jonathon Warren	Chief Nurse	Surrey and Borders Partnership Trust	22/08/2018
Liz Mouland	Chief Nurse and Director of Clinical Standards	First Community Health and Care	21/08/2018
Patricia Brayden	Medical Director	St Catherine's Hospice, Crawley	31/08/2018
Andrew Catto	Medical Director	IC24	31/08/2018
Alison Taylor	Deputy Medical Director	NHSE	29/08/2018
Allison Cannon	Chief Nurse	STP Commissioners	28/08/2018
Karen Devanny	Chief Nurse and Director of Quality	CSESCA	12/09/2018
Guy Boersma	Managing Director	KSS AHSN	17/09/2018
Michael Bosch	RCGP STP Ambassador and Alliance for Better Care GP Federation	Alliance for Better Care GP Federation	20/08/2018
Anna Raleigh	Director of Public Health	WS CC-Evidence: Our Population and Demographics	18/09/2018
Richard Brown	Medical Director	S&SLMCs	20/09/2018

Agreement from the Core members of the STP Clinical and Professional Cabinet

We would like to formally confirm our support for this Population Health Check. We confirm that we:

● Have had an opportunity to contribute to its development

● Agree with the Population Health Check, including the next steps

Name	Title	Organisation	Date agreed
Lawrence Goldberg	Chair	South East Clinical Senate	20/08/2018

Contribution list

List of colleagues who have received and have been given the opportunity to contribute to the Population Health Check so far

Bob Alexander	STP Executive Chair	SES STP
Bruce Allan	GP	Worthing Medical Group
Sam Allan	Chief Executive	SPFT
Helen Atkinson	Executive Director of Public Health and Head of Adult services	Surrey County Council
Michael Bailey	STP workforce Project lead	SES STP
Gaynor Baker	STP Estates Lead	SES STP
Paul Bennett	Delivery and Improvement Director	NHSI (SE)
Sarah Billiard	Chief Executive	First Community Health and Care
Michael Bosch	RCGP STP Ambassador and Alliance for Better Care GP Federation	Alliance for Better Care GP Federation
Guy Boersma	Managing Director	KSS AHSN
Patricia Brayden	Medical Director	St Catherine's Hospice, Crawley
Karen Breen	TP Programme Director	SES STP
Richard Brown	Medical Director	Surrey and Sussex LMC
Jessica Britten	Chief Operating Officer	ESBT
Adrian Bull	Chief Executive	ESHT
Allison Cannon	Chief Nurse	STP Commissioners
Andrew Catto	Medical Director	IC24
Jacqueline Clay	Principal Manager	West Sussex Public Health and Social Research Unit
Karen Devanny	Chief Nurse and Director of Quality	CSESCA
Sarah Doffman	Chief of Medicine	Brighton and Sussex University Hospital NHS FT
Adam Doyle	Accountable Officer	CSESA and CWS CCG
Karen Eastman	Lead for Unwarranted Clinical Variation	SES STP

Fiona Edwards	Chief Executive	Surrey and Borders NHS Trust
Amanda Fadero	Director	Coastal Care
George Findlay	Chief Medical Officer/ Deputy CEO	Brighton and Sussex University Hospitals NHS Trust Western Sussex Hospitals NHS FT
Pennie Ford	Director of Assurance and Delivery	NHSE (SE)
Rick Fraser	Consultant Psychiatrist and Chief Medical Officer	Sussex Partnership NHS FT
Darrell Gale	Director of Public Health	East Sussex County Council
Elizabeth Gill	Clinical Chair	NHS High Weald Lewes Havens CCG
Rachel Gill	Consultant in Public Health	Surrey County Council
Lawrence Goldberg	Chair	South East Clinical Senate
Marianne Griffiths	Chief Executive	WSHT and BSUH
Tom Gurney	Communications Lead	SES STP
Rob Haigh	Medical Director	Brighton and Sussex University Hospitals NHS Trust
Des Holden	Medical Director	Surrey and Sussex Healthcare NHS Trust
Laura Hill	Clinical Chair	NHS Crawley CCG
Jackie Huddleston	NHS England – South East (Kent, Surrey, Sussex)	NHS England – South East (Kent, Surrey, Sussex)
Caroline Huff	Clinical Programme Director	SES STP
Steve Jenkin	Chief Executive	QVH
Maggie Keating	STP UECN Senior Programme Manager	SES STP
Peter Kottlar	Chief Operating Officer	East Surrey CCG (CSESA)
Peter Larsen-Disney	Clinical Director of BSUH 3Ts and Co-chairperson of the SES STP Clinical and Professional Cabinet	Brighton and Sussex University Hospital NHS FT
David Lipscomb	Chair Diabetes Oversight Group Sussex and Surrey STP	SCFT
Hugo Luck	Associate Director of Operations	HWLH CCG and CSESA (S)
Nick Lake	Deputy Medical Director	SPFT
Vaughan Lewis	Medical Director Specialised Commissioning NHS South	NHSE
Susan Marshall	Chief Nurse	Sussex Community NHS FT
Siobhan Melia	Chief Executive	SCFT
Alistair Hill	Director of Public Health	BH City Council
Fionna Moore	Medical director South East Coast Ambulance Services	NHS FT

Ralph McCormack	Programme Director – Commissioning Programmes	STP
Liz Mouland	Chief Nurse and Director of Clinical Standards	First Community Health and Care
Minesh Patel	CCG Clinical Chair and Co-chairperson of the SES STP Clinical and Professional Cabinet	NHS Horsham and Mid Sussex CCG
Maggie Patching	Workforce Transformation Lead	HEKSS
Amanda Philpott	Accountable Officer	HR CCG and EHS CCG
Ed Pickles	Medical Director	Queen Victoria Hospital NHS FT
Mark Preston	Director of Organisational Development & People	SASH
Richard Quirk	Medical Director	Sussex Community NHS FT
Anna Raleigh	Director of Public Health and co-ordinating lead for SES STP DsPH input	West Sussex CC
Rosalind Ranson	Primary Care Lead	IC24
Nicola Rosenberg	Public Health Consultant	BH CC
Paul Simpson	Chair	SES STP Finance Group
Ashley Scarff	Director of Commissioning & Deputy Chief Officer	HWLH CCG
Sam Stanbridge	Director of Commissioning	East Surrey CCG (CSESA)
Su Stone Clinical chair	NHS Coastal West Sussex	CCG
David Supple	Clinical Chair	NHS Brighton and Hove CCG
Alison Taylor	Deputy Medical Director	NHSE
Tim Taylor	Medical Director	Western Sussex Hospitals NHS FT
Sarah Valentine	Strategic Director of Contracting & Performance	Sussex & East Surrey CCGs
David Walker	Medical Director	East Sussex Healthcare NHS Trust
David Warden	Clinical Chair	NHS Hastings and Rother CCG
Jonathan Warren	Chief Nurse	Surrey and Borders Partnership Trust
Mark Watson	Digital Programme Manager	SES STP
Justin Wilson	Chief Medical Director	Surrey and Borders Partnership NHS FT
Michael Wilson	Chief Executive	SASH
Martin Writer	Clinical Chair	NHS Eastbourne, Hailsham and Seaford CCG
Elango Vijaykuma	Clinical Chair	NHS East Surrey CCG

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Sussex & East Surrey
Sustainability & Transformation Partnership

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Financial Planning for 2019/20

Meeting information:			
Date of Meeting:	5th February 2019	Agenda Item:	13
Meeting:	Trust Board	Reporting Officer:	Jonathan Reid

Purpose of paper: (Please tick)			
Assurance	☐	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☐
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:	……………………………………………………………………		
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The business planning process for the Trust is underway and the financial planning process sits within the overarching process.

This paper provides an update on the key elements of the planning guidance along with detailing the work on refreshing and refining the Trust's financial plan, which sits within the system financial plan, in the application of the planning guidance.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Finance and Investment Committee

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board are asked to note the on-going work on developing the Trust financial plan in order to meet national planning guidance and timelines

2019/20 FINANCIAL PLANNING
January Update

Jonathan Reid
Director of Finance

Overview

- This paper provides an update on the development of the 2019/20 Trust Financial Plan working to national timetables. A separate paper, currently under by the Finance and Investment Committee, addresses the control total challenge, and the two processes will align over the next two months.

- The Trust is planning in partnership with the CCGs, the County Council and the Sussex and East Surrey STP – co-ordinated through the East Sussex DoFs Group, and the ESHSCG arrangements. In particular, the Trust is working closely with the CCGs to shape a single system financial plan, aligned with the 3+2 model submitted in December, for joint submission.

- The Trust business planning process is underway with Divisions working within a planned process to review their priorities and objectives for the coming year, alongside the financial, activity and workforce plans. This process is on-going to early April 2019 and supports our continued journey to achieve our ambitions to exit financial special measures, achieve clinical and financial sustainability and be rated as 'outstanding' by the CQC.

- Planning is an iterative process and the numbers will continue to be developed and refined, with review by the Trust Board and through the Finance and Investment Committee. .

- The Trust and CCG have been asked to resubmit a 3+2 Plan in March, following the submission of the 19/20 plan, with a refreshed trajectory for moving to financial sustainability, which reflects the impact of the 10 year plan and the announcements on funding changes in January.

Objectives

- To provide an update on key financial features of national planning guidance

- To review progress on the development of the 2019/20 ESHT Financial Plan

- To identify key judgements and areas of focus in the assumptions underlying the financial plan, including the CIP programme

- To discuss the proposed control total issued by NHSI and the implications of not agreeing it

- To share the framework for contracting with CCGs for 2019/20

- To ensure alignment with the system FRP and Trustwide Business Planning

Planning Guidance: Financial Framework

- A new financial framework is being introduced for the provider sector, with the aim of eliminating all Trust deficits by 2023/24. This represents a genuine attempt by NHSI financial leaders to try and rebase the regime, and to restore credibility – but there are some constraints and elements of work in progress.

- The new framework includes:

    - Refreshed national pricing and tariffs, including market forces factor
    - Inclusion of PSF elements £1bn into tariff, targeted at urgent and emergency care
    - Control totals for all providers will be rebased;
    - Financial Recovery Fund (FRF) targeted at deficit Trusts;
    - the control total and provider sustainability (PSF) regime will end in 2020/21; and
    - No national reserves held to cover 'unauthorised' deficits – all the money to the front line.

- Trusts and systems are expected to produce recovery plans during 19/20 and beyond. Significant deficit Trusts (such as ESHT) will have a new financial improvement regime, but the details are under development (It is anticipated to be similar to the current East Sussex arrangements).

- NHSI and the DHSC are reviewing the cash and capital regimes for providers - the details of this are still very unclear and we will monitor this. However, one positive early sign is that NHSI has invited ESHT to be part of a pilot for restructuring historical debt.

Planning Guidance: Tariff/Payment

- Price uplift set at 3.8% which includes Agenda for Change pay award funding, but excludes the transfer of £1bn PSF, a transfer from CQUIN and extra money to fund increased pension contributions. CQUINS are being reduced by 50%, but the funding will be put into the tariff. Simply put, the tariff will be much increased to ensure funding is passed to Trusts, especially in respect of urgent care.

- Price uplift will be offset by a 1.1% efficiency factor and a top slice on acute providers to pay for centralised procurement arrangements. The 1.1% efficiency is an improvement on previous years.

- Blended payments for emergency activity will cover non-elective admissions, A&E attendances, and ambulatory/same day emergency care. This will comprise a fixed element based on locally agreed planned activity levels and a variable element, set at 20% of tariff prices. A break glass clause will be introduced. This will be an important area of focus for the Trust.

- Subject to the current NHS Standard Contract consultation process, providers who sign up to their control totals and are therefore eligible to earn PSF, will have the financial sanctions set out in Schedules 4A (operational standards) and 4B (national quality requirements) of the contract suspended. The Trust will not have the same exposure to the £2.5m F&P as in 2018/19.

- The marginal rate emergency tariff (MRET) will be abolished as a national rule for 19/20, as will readmissions. The Trust will receive funding to cover the MRET lost under the rules if it agrees a control total.

- An updated Market Forces Factor will be implemented over a period of 5 years – the Trust loses under the new MFF, but the slow implementation period mitigates this to some degree.

Planning Guidance:
Capital & Operational Performance

- Capital expenditure will be subject to additional controls to ensure that the NHS budget overall is in balance:

    - It is unclear as to what these controls are as yet…but the Trust will work closely with NHSI colleagues to manage any issues emerging.

- Constitutional standards remain in force. Key requirements are:

    - All Trusts with a type 1 A&E must have a Same Day Emergency Centre (SDEC) in place by September 2019

    - The penalty for breaching the 52 week waiting list will be reintroduced, even for providers that sign up to a control total. The fines will be equally split between the providers and CCGs with NHSI/E decided on how to reinvest these funds

    - If a patient has been waiting longer than 6 months for treatment the provider or the responsible CCG must contact them and offer them an alternative option

Initial Trust Plan 19/20

The most recent iteration of the Trust plan, with the CCG aligned plan, was submitted in December 2018 and is shown below. The submitted plan was £41.7m deficit – the control total is £34m deficit, and a separate paper considers the options for meeting the control total.
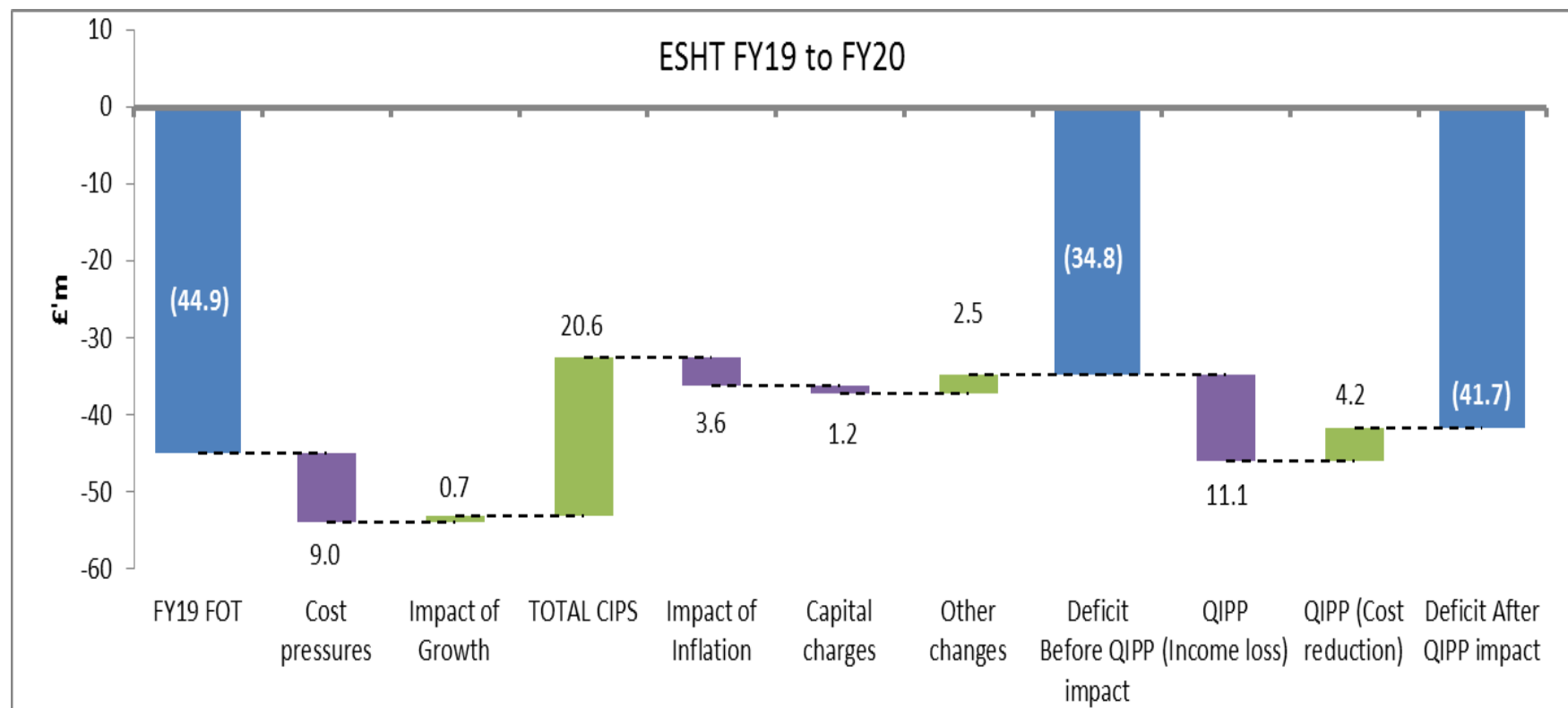
Note that cost pressures includes agenda for change pay increases and pension pressures. CIPs are set at the maximum percentage agreed by the Trust Board. The model assumes that the Trust and CCG will manage out £4.2m variable cost of an £11.1m QIPP plan - an ambitious plan – and the Trust is working with the CCG to ensure that risk management arrangements are in place.

7

Progress on the Plan

	FY20	Development Approach	Planning Status
Cost Improvement Programme	**20.7**	To date, £16.2m has already been identified of the £20.7m. The Trust now has £8.1m of approved schemes for 19/20, which equates to 31% of £26.1m (or 40.5% of £20m). The whole CIP programme is co-ordinated and overseen through the FISC.	On track for delivery
Impact of Growth	0.7	We continue to track SLR data and share across the Trust, as well as working with individual teams to improve contribution. The balance between 'unprofitable' urgent care and 'profitable' elective care is under review, and will be developed as part of demand and capacity planning into 19/20. We will also seek to secure best practice tariffs and similar contractual improvements to contribution.	Contract Process not yet underway
Cost pressures	(9.0)	On an annual basis, and throughout the budgeting round, the Executive Team work through a process of cost pressure review, identifying only the minimum necessary expenditure required to deliver the plan. Key decisions are shared, as in previous years, with the Trust Board.	Initial submissions> budget
Impact of Inflation	7.1	As well as working to secure contract agreement for national terms, the high level assumptions are calibrated throughout the budgeting process by reviewing each line of expenditure to establish the appropriate inflationary impact.	Initial estimates validated
Capital charges	(1.2)	We will review asset lives and depreciation policy, and refine the estimates throughout the planning process - noting the need to create capital funding for asset replacement and investment. This remains a prudent assumption based on the short-life assets we have purchased in 18/19.	Initial estimates validated
Other changes	(4.9)	We are planning to deliver a £2.5m reserve for fines and penalties in 2018/19, and the CCG has confirmed that it is not anticipating payment in 2019/20 - this is now played into the model.	CCG position now confirmed

19/20 CIP Draft Plan

- The CIP programme is being developed by the Trust's Recovery Director and is the subject of a separate reporting process through the FISC. A stretch target of £26.1m has been issued to the teams, but the actual CIP requirement is capped at £20.6m.

Programme/Project	£000's
Sustainable Urgent Care	**2,168**
Project 1: Front Door Model (First 72 hours)	267
Project 2: Inpatient Model	1,533
Project 3: Discharge Model	368
Best at Managing Frailty	**-1,367**
Project 2: Improve coordination of care for people living with frailty (In Hospital)	-1,367
Productive Planned Care	**1,683**
Project 1: Theatres Productivity	500
Project 2: Outpatient Productivity	650
Project 4: Elective inpatient pathway improvements	533
Business Processes 3	**4,802**
Project 3: Income Correction	4,802
Business Processes 1	**6,506**
Project 1: Grip and Control	6,506
Business Processes 2	**250**
Project 2: N&G Restructure	250
Sustainable Service Models	**1,000**
Project 9: Dermatology	200
Project 10: Ophthalmology	100
Project 12: Sexual Health	400
Project 13: Risk adj	-700
Project 6: Pathology	1,000
3% CIP Target	**11,098**
19/20 3% CIP Target	11,098
Grand Total	**26,141**

Whilst the 'ask' is challenging, the Trust has a good record in 28/19 under the new Recovery arrangements, and good progress has been made in developing the 19/20 CIP plan.

The CIP planning process is aligned with the broader business planning process, and the implementation arrangements for Model Hospital and GIRFT.

The programme is supported by the Programme Support Office and tested through the weekly confirm and challenge process. Additional scrutiny is provided by NHSI through the IPAS/ System Improvement Director review process.

Contract Planning

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- The financial plan is based on a fixed level of contract income. The Trust is in detailed discussions with the CCG around the income in the context of an aligned financial plan. There are two contracting processes in train:

Reviewing the Baseline/ Managing Service and Cost Pressures

This process is about reviewing the issues which the Trust and CCG want resolved around the planning £279m baseline – including NEL audit, Community Services Review, Pricing, etc.

It is also about resolving a wide range of service and operational challenges (e.g. demand for children's community nursing) in the context of financial constraint.

Managing the Money/ Aligned Incentives

This process is about looking at the funding available within the system and jointly responding to the control total challenge, with the development of a single financial plan which is supported by an aligned incentive contract. There is extensive further work to undertake in this area, within a short timescale, and a further update will be provided at the next Executive Team meeting.

Community Services and Pricing

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- The Trust is seeking a significant number of improvements to the contract. Much of these are in the 3+2, but many of the community pressures are not in the 3+2 – this will need careful agreement with the CCG, noting the need for community investment – but also noting that there is a limited level of resource available in the local health economy.

Urgent and Community Commissioning	Baseline Review	Assumption in 3+2
Rebasing of Community Service Contract (Adult)	(919)	
Stroke Rehabilitation	1,600	
Paediatric Audiology	200	
Children's Community Nursing	500	
Palliative Care Pricing	370	
Therapies Pricing	460	
Outpatients Pricing/Telephone Clinicals	200	
	2,411	0
Pricing Corrections	**Pricing Corrections**	**Assumption in 3+2**
Cardiac Technician	1,670	
Interventional Radiology	1,003	
Respiratory Technician	600	
Opthamology Technician	470	
Urology	140	
	3,883	3,800
SMSK/Physiotherapy Direct Access	**Physio Review**	**Assumption in 3+2**
Reduction in SMSK Contract	(530)	
Alignment of Direct Access Prices	530	
	0	0

- The CCG and the Trust are reviewing the non-elective baseline for 2019/20.

Next Steps

- Progress on Business Plan development will continue, and will be tracked by the Executive Team, with updates to the Trust Board – there is a Board Seminar in February

- Progress on CIP development will continue, tracked through the FISC, with updates to the FIC and Trust Board

- Progress on the evaluation of cost pressures/inflation will continue, tracked by the Executive Team, with an initial update in early February 2019 – with updates to the FIC

- Progress on the contracting for 2019/20 will continue, tracked through the Contract Assurance Meeting, as well as the Executive Team.

- There is significant work in train, but the Trust is making good progress towards the development of a robust financial plan for 2019/20.

- *[Updated] – the Trust and the CCG have received their control totals for 2019/20, plus confirmation of allocations. The control total for the Trust is below the £41.7m deficit included in the financial plan, and the Trust is working closely with CCG colleagues and NHSI to review all the elements in both calculation to determine the most appropriate next steps.*

Ear Nose and Throat (ENT) Service Reconfiguration

Meeting information:			
Date of Meeting:	5th February 2019	Agenda Item:	14
Meeting:	Trust Board	Reporting Officer: Catherine Ashton, Director of Strategy, Innovation and Planning	

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☐
Other stakeholders please state: ……………………………………………………………………			
Have any risks been identified ☒ *(Please highlight these in the narrative below)*		On the risk register?	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The Trust provides Ear, Nose and Throat (ENT) services for residents in East Sussex. The service is currently clinically and financially unsustainable and the Trust proposes to reconfigure the service by the 30/4/19 to address the challenges and the proposed changes in summary are:

- Adult and paediatric day case and planned inpatient surgical activity currently undertaken at Conquest Hospital will be relocated to Eastbourne District General Hospital (affecting approximately 494 patients per year, including 68 children). One paediatric theatre list a month will remain at Conquest Hospital for children with sleep apnoea.
- The emergency paediatric pathway will be redesigned so that children presenting with an ENT emergency requiring admission at either site will be diverted to the Royal Alexandra Children's Hospital in Brighton (affecting approximately 9 patients per year).

This proposal has been considered and agreed in principle by the East Sussex Health Overview and Scrutiny Committee (HOSC). "Hands of the Conquest" campaign group and some local councillors remain concerned and have raised a number of questions regarding the change which the Trust are addressing.

The risks of this proposal and mitigations in summary are:

1. Inability to recruit to vacant posts – this Reconfiguration enables closer collaboration with BSUH and more effective use of existing resources. A recruitment plan is in place.
2. The output of the Head and Neck Transformation Working Group (HNTWG) may not align to Trust strategic priorities - ESHT executive team are actively involved in the HNTWG and any outputs will be approved by the executive. ESHT implementation timelines will be aligned to coincide with outputs from the working group if required.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

DAS Division monthly IPRs

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Trust Board are asked to note the proposed reconfiguration of the ENT service and the progress to date.

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         Trust Board 05.02.19

Ear Nose and Throat (ENT) Service Reconfiguration

1. Introduction

East Sussex Healthcare NHS Trust (ESHT) provides Ear, Nose and Throat (ENT) services at both Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings. The Trust proposes to reconfigure the current service by the 30th April 2019, as it is clinically and financially unsustainable. Whilst pathways have been put in place to safeguard patient safety for the short term, the current service continues to be unsustainable. Additionally, the service operated at a deficit of £1.7million in the year ending March 2018; deterioration from a deficit of £987,000 in 2016/17.

In order to address the challenges, the theatre lists currently provided at Conquest Hospital will be relocated to EDGH which will impact approximately 494 patients a year. A paediatric (children) list will remain at Conquest Hospital for children requiring an overnight stay. Additionally, collaborative working through a Head and Neck Transformation Working Group has been established between ESHT, Brighton and Sussex University Hospitals NHS Trust (BSUH), Western Sussex Hospitals NHS Foundation Trust (WSHT), Queen Victoria Hospital NHS Foundation Trust (QVH) and Sussex and East Surrey CCGs to ensure the long term sustainability of the service, address the challenges faced by providers and ensure improved outcomes for patients as a priority area of work for the STP.

These proposals were considered and agreed in principle by the East Sussex Health Overview and Scrutiny Committee (HOSC) on the 29th November 2018. The Hands Off the Conquest Campaign remain concerned and have raised a number of questions regarding the change which the Trust is currently addressing.

2. Current Configuration and Challenges

2.1 The ENT service is currently provided across three locations; EDGH, Conquest Hospital and Uckfield Community Hospital:

- Emergency ENT services at both main hospital sites with Emergency admissions at EDGH

- Adult inpatient services at EDGH

- Paediatric emergency(except for under 2s or children weighing less than 15kg who are transferred to Brighton) and inpatient services at Conquest Hospital

- Outpatient services at EDGH and Conquest hospital

- Planned day case surgery at all three sites

- Planned inpatient surgery at EDGH and Conquest.

2.2 The service has experienced continuous challenges over a number of years due to the following:

- Medical staffing shortages that have had an impact on the provision of the ENT service out of hours, capacity to manage waiting times and effective training and supervision to trainee doctors which has further impacted on the long term viability of the service due to the loss of the training posts. Whilst pathways have been put in place to safeguard patient safety

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for the short term, through the use of an ad hoc temporary costly workforce and staff working additional hours, the current service is unsustainable.

- The service operated at a deficit of £1.7million in the year ending March 2018 which was a deterioration from a deficit of £987,000 in 2016/17.

3. Proposal

The aim is to provide a safe and sustainable ENT service for the people of East Sussex. In order to address the workforce challenges (recruitment and retention, supporting junior doctor training, provision of sustainable out of hours rotas) and the waiting times for patients the proposal is:

3.1 The ENT adult inpatient ward remains located at EDGH as does emergency ENT for adult patients across the county.

3.2 Continue to provide outpatients services both at EDGH and Conquest Hospitals.

3.3 By 30th April 2019, transfer all adult and paediatric day case and planned (excluding one all day list detailed below) surgical activity currently undertaken at Conquest Hospital (circa 494 patients a year) to EDGH. The following arrangements will be in place:

- Theatre lists will be more frequent and planned to ensure that children have their surgery scheduled in the mornings and the short stay children's ward at EDGH (Friston) will be open until 9pm to provide clinically-led post-operative care as per current pathway, for children having their surgery at EDGH. This will help to minimise the risk of children needing to remain in hospital overnight.

- In the event that any child day-case requires an overnight stay, they will be managed under a shared care agreement with the paediatric team on the children's ward (Kipling) at Conquest Hospital in line with the Trust's current pathway.

- An elective paediatric operating list will be provided on a four weekly basis at Conquest Hospital. This list will be protected for children with sleep apnoea conditions who require an overnight bed following Surgery.

- Clear post-operative guidance will continue to be issued to patients on discharge for the management of post-operative emergency.

- Any child presenting with post-operative clinical needs requiring admission will be admitted to the children's ward (Kipling) at Conquest Hospital as per current pathway.

- There will be small numbers of patients who will continue to be offered treatment at Uckfield. These patients are selected for Uckfield and are clinically considered very low risk/and require minimal intervention surgery who generally walk in/walk out of the unit with little recovery time, and do not require access to an acute hospital bed e.g. patients being treated for removal of skin lesions/and insertion of grommets.

3.4 Collaborative working across the system - A Head and Neck Transformation Working Group has been established between ESHT, Brighton and Sussex University Hospitals NHS Trust (BSUH), Western Sussex Hospitals NHS Foundation Trust (WSHT), Queen Victoria Hospital

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NHS Foundation Trust (QVH) and Sussex and East Surrey CCGs to ensure the long term sustainability of the service, address the challenges faced by providers and ensure improved outcomes for patients as a priority area of work for the STP. The aim is to address the issues around resilience, longer term clinical, operational and financial sustainability, maximize the use of new technology and clinical evidence to simplify processes, reduce variation in care across the area, ensure minimal duplication and have due regard to resourcing requirements by reducing or containing overall expenditure by commissioners and providers so that the system can increase value for money.

3.5 Children presenting with an ENT emergency requiring admission (approximately 9 patients per year) will be diverted to the Royal Alexander Children's Hospital at Brighton and Sussex University Hospitals NHS Trust (BSUH).   At the time of writing this paper the pathway was being discussed with BSUH.

3.6 Proposed changes to emergency pathways are detailed in Appendix 1 below.

4. Patient Activity

4.1 The service received 11,946 outpatient referrals in the 2017/18, of these 1301 had planned surgery, 494 were conducted at Conquest (311 were day cases and 183 stayed an average of less than one day). These would be moved to EDGH as outlined in the proposal above.

4.2 In 2017/18 there were 558 emergency admissions that stayed an average of 2.43 days, of which 547 were at EDGH where the adult ward is located.

4.3 Paediatric Admissions:

4.3.1 All children requiring an inpatient stay are currently admitted to the children's inpatient ward (Kipling) at Conquest Hospital, under shared care with paediatrics.

4.3.2 Children's day case surgery is currently provided at both EDGH and the Conquest. Day case children at EDGH who convert to an overnight stay are transferred to Conquest Hospital under the shared care arrangement with paediatrics.

4.3.3 77 children were admitted to Conquest Hospital of these; only 8 had a length of stay of over 1 night, 4 of which were emergency admissions. 4 were completed as day cases, 64 were admitted for planned inpatient surgery, and 60 of these had a length of stay of less than 1day.

4.3.4 Under the proposed changes, children having their planned surgery on the morning list at EDGH would facilitate completion as day cases, negating the need for transfer. Children who require an unplanned inpatient stay would follow the current pathway, requiring transfer to the children's ward at Conquest.

4.3.5 A four weekly all day paediatric list will be maintained at Conquest Hospital for children with sleep apnoea diagnosis and they will be cared for post operatively under the current shared care agreement with the paediatricians.

4.3.6 It has been discussed with BSUH that all children requiring emergency admission (9 children in 2017/18) would be transferred to the Royal Alexander Children's Hospital under the new proposal, with the exception of children attending with a post-operative complication following surgery conducted at ESHT. Post-operative complications would continue to follow the current emergency pathway. The emergency conditions that are likely to present that would require transfer to Brighton include tonsillitis; mastoiditis; neck abscess; sinusitis and peri-orbital cellulitis. Not all of these cases will require surgery. Post-operative complications, such as bleeding following tonsillectomy, would be treated and admitted to Conquest and not transferred to Brighton. Children under 2 years of age and under 15kg would continue to be transferred to Brighton as is the current pathway.

5. Options considered and discounted:

5.1 Maintaining status quo

This option was discounted for clinical and financial sustainability reasons detailed above and include; medical staffing shortages, ENT inpatients on two acute sites, unsustainable out of hours rota, insufficient capacity to manage waiting times, and the inability to deliver effective training and supervision to trainee doctors.

5.2 Locating service at Conquest hospital

This option was discounted as locating the service at Conquest does not address the difficulties with medical staffing and rotas. The majority of the current ENT workforce is based at EDGH, the adult inpatient areas are located at EDGH, the specialist nursing skills exist at EDGH in order to manage airway complications safely and the surgical hospital at night rota at EDGH is reliant on the ENT junior doctors to provide adequate numbers to support other surgical specialties at EDGH. Additionally as mentioned above, the Trust is furthering its partnership and collaborative working with BSUH and the local STP partners which makes EDGH more operationally viable given the proximity to Brighton.

6. Implementation Plan Summary

Key Milestone	Start Date	Status
Governance structure	1/4/2018	Governance structure in place. Regular reporting to divisional IPR. Implementation of change by 30/4/19.
Stakeholder engagement	1/4/2018	• Key stakeholders are actively engaged, regular meetings are in progress and feedback is considered and addressed with the plan as appropriate. • Proposal considered by East Sussex Health and Overview Scrutiny Committee (HOSC) on 29/11/18 and agreed in principle. • Head and Neck Transformation Working Group (HNTWG) constituted under the authority of the Joint Programme Steering Group(JPSG) for QVH, BSUH and WSHT; the Executive Team for ESHT and the Executive Joint Management Team of Sussex and East Surrey CCGs 8/1/19.
Development of Clinical Pathways and Service Model		• Service model and configuration agreed • Clinical pathways developed and agreed with clinical leads. These pathways are being continually

		• reviewed with clinicians. • Final agreement and sign off by system partners by 31/3/19.
Theatre capacity		Minimal changes are required and these will be implemented incrementally to be in place by 30/4/19.
Workforce	1/4/18	• Staffing model agreed. • Staff engagement sessions in progress. Consultant job planning in progress with plans to complete in phases by 1/4/19. • 2 x SAS grades recruited 1 to commence in post in March 2019. • Consultant recruitment to commence 1/2/19
Communication Plan		• Communication plan in progress

7. Risks

Ref	Risk Description	Risk impact	Mitigation	Residual Risk score
1	Inability to recruit to vacant posts	Insufficient medical staff to cover rotas	Reconfiguration enables closer collaboration with BSUH and more effective use of existing resources. Recruitment plan in place.	6
2	The output of the Head and Neck Transformation Working Group (HNTWG) may not align to Trust strategic priorities	There will be a need to review the service model	ESHT executive team are actively involved in the HNTWG and any outputs will need to be approved by the executive. ESHT implementation timelines will be aligned to coincide with outputs from the working group.	4

8. Conclusion

The Trust has experienced a long term issue with the clinical and financial sustainability of the ENT service and this proposal to reconfigure the service will enable the Trust to maintain a safe and sustainable local service for East Sussex patients. The proposed changes will be incremental and implemented following further and detailed conversations with system partners and other internal and external stakeholders.

NHS
East Sussex Healthcare
NHS Trust

EU Exit Preparation

Meeting information:			
Date of Meeting:	5th February 2019	Agenda Item:	15
Meeting:	Trust Board	Reporting Officer:	Catherine Ashton

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☐	Equality, diversity and human rights	☐
Staff	☐	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:	……………………………………………………………		
Have any risks been identified ☒ *(Please highlight these in the narrative below)*		On the risk register? yes	

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The EU Exit Operational Readiness Guidance, developed and agreed with NHS England and Improvement, lists the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal – a 'no deal' exit. This will ensure organisations are prepared for, and can manage, the risks in such a scenario.

There is a specific request to:
'Ensure Trust board is sighted on EU Exit preparation and take steps to raise awareness amongst staff'.

Key actions in place:
Catherine Ashton is the Executive lead for the Trust
A working group has been convened to coordinate response
A risk log has been created
Weekly update from the working group is circulated and reviewed by Exec lead

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

None

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

Assurance that all appropriate actions are being taken, risks identified and plans to mitigate are developed.

EAST SUSSEX HEALTHCARE NHS TRUST

AUDIT COMMITTEE

**Minutes of the Audit Committee meeting held on
Wednesday 25th July 2018 at 1300
in the St Mary's Boardroom, EDGH**

Present:	Mr Mike Stevens, Non-Executive Director (Chair)
	Mr Barry Nealon, Non-Executive Director
	Mrs Sue Bernhauser, Non-Executive Director
	Mrs Jackie Churchward-Cardiff, Non-Executive Director
In attendance:	Mr Jonathan Reid, Director of Finance
	Dr David Walker, Medical Director
	Ms Evette Davies, Deputy Head of Nursing, Surgery (via videoconference, for item 046/18 only)
	Ms Lisa Forward, Deputy Head of Governance
	Mr Stephen Hoaen, Head of Financial Services
	Mr Chris Hodgson, Associate Director of Facilities and Estates (for item 046/18 only)
	Mr Chris Lovegrove, Counterfraud Manager, TIAA
	Mr Adrian Mills, Audit Manager, TIAA
	Ms Ruth Paine, Information Governance Lead (for item 051/18 only)
	Mr Damian Paton, Head of Digital Services
	Mr Mike Townsend, TIAA
	Ms Saba Sadiq Deputy Director of Finance
	Ms Liz Still, Head of Research (for item 053/18 only)
	Mr Darren Wells, Engagement Lead, Grant Thornton
	Mrs Hilary White, Head of Compliance
	Mr Pete Palmer, Assistant Company Secretary (minutes)

Action

042/18   Welcome and Apologies for Absence
Mr Stevens opened the meeting and introductions were made. Apologies for absence had been received from:

Dr Adrian Bull, Chief Executive
Ms Vikki Carruth, Director of Nursing
Mrs Lynette Wells, Director of Corporate Affairs
Mrs Emma Moore, Clinical Effectiveness Lead

043/18   Minutes of the meeting held on 24th May 2018
The minutes of the meeting held on 24th May 2018 were reviewed and agreed as an accurate record.

044/18   Matters Arising
Internal Audit Forward Plan for 2018/19
Mr Hoaen updated that he had met with Mr Mills and had undertaken a review of the internal audit tracker. An updated version of the plan was included within the Committee papers.

045/18   **Board Assurance Framework and High Level Risk Register**
Mrs White presented the Board Assurance Framework (BAF) and Risk Register. She explained that the BAF had been discussed at the previous week's Quality and Safety (Q&S) Committee who had supported the proposed update. She asked the Audit Committee to consider the following update:

1.1.1 – CQC Standards
Mrs White proposed that the rating should be revised from amber to green, following the Trust's removal from Special Measures for quality by the CQC.
The Committee support the proposed recommendation for approval by the Board

The Committee reviewed and noted the High Level Risk Register and Board Assurance Framework and were of the view that the main inherent/residual risks had been identified and that actions were appropriate to manage the risks. They supported the recommended change to the Board Assurance Framework.

046/18

i

Clinical Audit and Risk Register Review

Diagnostics, Anaesthetics and Surgery

Risk Register
Ms Davies reported that administrative support for governance and compliance remained a key issue for the Division with plans in place to address the concern. She reported that audit had become closely embedded within Divisional nursing and medical teams.

Mr Reid asked about the risk management process within the Division and Ms Davies explained that risks were fully reviewed, and ratings set, by the senior divisional leadership team. Issues were then cascaded down through the division as appropriate. Dr Walker noted that the Division's highest rated risks were well known to the Board.

The Committee noted the report

ii

Estates and Facilities

Risk Register
Mr Hodgson reported that he felt that the governance system in Estates and Facilities was robust and that processes for reviewing risks were comprehensive. Risks underwent a formal review process by the Estates and Facilities Management Group with individual managers undertaking additional reviews of risks.

He explained that many of the Division's risks related to the Trusts' backlog maintenance, and plans were in place to address these via capital spending. He explained that he considered the biggest Divisional risks to be backlog maintenance, compliance with fire regulations and medical devices. Plans to address the fire issues were being finalised and short term mitigations had been introduced and recently praised by the Fire services.

Unsupported medical devices in use in the Trust had been discussed at a high level within the organisation. Replacement of devices was taking place, but not at a level high enough to prevent the backlog from growing. NHSI had been approached to see if they might provide additional funding to help address the issue.

Mr Stevens noted that issues with roof fixings had been discussed at that morning's Finance and Investment Committee and asked whether plans were in place to address this concern. Mr Hodgson explained that there were a number of issues of this type throughout the estate and that they were being addressed in order of urgency. A survey of the backlog had been commissioned which was expected to show an increase in backlog maintenance. Mr Reid noted that no additional money was likely to become available to fund this, and that the Trust was trying to manage the issue within existing capital.

Mr Nealon asked whether laundry services were delivering to expected levels. Mr Hodgson explained that the new service had been in place for nine months and was delivering as anticipated.

Dr Walker asked how the team decided which risk register risks should be placed on, as some issues were risks to both estates and to Divisions. Mr Hodgson explained that discussions took place with Divisions to ascertain the most appropriate register for risks.

The Committee noted the report.

047/18

Clinical Audit Update
Ms Forward provided an update on Clinical Audit. She reported that a couple of high priority audits had been completed but that reports had not been produced, explaining that these were being chased. Some recent abandoned audits were being addressed via the appraisal process. A new process of accepting proposed audits had been introduced to try to ensure a more focussed approach to ensuring that audits were in line with Trust objectives. The Annual Clinical Audit Awards had recently been held and had been very successful.

Mr Stevens asked whether abandoned audits were reviewed to see if they could be picked up by other doctors. Dr Walker explained that these were often abandoned when junior doctors left the Trust, and that in these circumstances they were often not picked up by colleagues. He explained that senior clinicians would get another doctor to take over the audit if it was clinically important.

048/18

i)

Internal Audit

Progress Report
Mr Mills provided an update on internal audit progress, reporting that good progress had been made since the previous meeting. Eleven reports had been issued, completing the internal audit plan for 17/18. One gave substantial assurance, two gave limited and eight gave reasonable assurance, which confirmed the improvements in internal control being realised within the Trust.

Mrs Churchward-Cardiff asked whether estimated discharge dates had

been reviewed during the audit of discharge. Mr Mills confirmed that this had been examined, but was unsure of the detail as the audit had been undertaken some time ago. He explained that a follow-up audit would be undertaken towards the end of 2018 and explained that discharge dates would be reviewed during this process.

Mr Stevens asked about the timetable for the implementation of a live medically fit list in 2018. Mr Reid confirmed that an app had already been introduced for stranded patients, visible across the organisation. Mr Mills explained that this would also be reviewed during the follow up audit.

Progress against the current year's plan was good, with five audits at the reporting stage. Outcomes would be reported at the next Audit Committee meeting.

ii)

Audit Tracker
Mr Mills presented the internal audit tracker. He explained that 71 recommendations had been closed since the previous Audit Committee meeting, with 44 outstanding. He commended the good progress of the health records group on working on the recommendations for patient documentation. End of Life care had also seen good progress with recommendations being closed and IT recommendations had also been addressed.

A number of long standing recommendations remained and Mr Mills hoped that a process could be agreed to ascertain whether these needed to be transferred onto the Trust's risk register, or were no longer relevant. Mr Reid noted that the Trust had developed ambitious plans to come up with a data quality framework to give scores to data included within the IPR and that this had not progressed as planned. Milestones for this would be reviewed and re-agreed.

Mr Stevens asked whether the lack of implementation of actions led to an increase in risk for the Trust. Mr Reid explained that he didn't feel that there was any risk in the majority of areas, but explained that some risk did exist around lack of implementation of actions from the readmissions audit and explained that he would discuss the issue with the Executive Team. Proactive management of readmissions had been recognised as concern by the Trust, and the issue was being discussed with the CCG.

iii)

Annual plan for 2018/19
Mr Mills presented a finalised internal audit plan for 2018/19. He explained that the plan had been scrutinised by both NHSI and external consultants and had been updated as a result and agreed with the Trust.

Mr Reid explained that internal audit had not reviewed the Trust's Cost Improvement Programme (CIP) as this had been reviewed by NHSI. Mark Friedman would also be undertaking a review of the CIP plan and it was felt that further review by internal audit could cause confusion. NHSI's report had been received and all the recommendations had been approved by Executives. This would be presented at an upcoming F&I Committee.

049/18

Local Counter Fraud Service Progress Report
Mr Lovegrove reported that a number of attachments had been included for the Committee's information. He advised that a proactive review into the

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risk of gambling addiction had been launched and an exercise looking at internal controls would be undertaken to see if there were areas of weakness and if the Trust could support people with gambling addiction. Mr Stevens asked if other Trusts were ahead of ESHT on this issue and Mr Lovegrove explained that this had only just been raised as a national issue.

No new referrals that weren't new enquiries had been received by Local Counter Fraud. A staff fraud survey was underway and had been extended to encourage more staff to respond. A report would be issued once the survey had closed. Fraud presentations continued to be made at both Trust and doctor's inductions.

050/18

External Audit

Mr Wells presented Grant Thornton's annual audit letter to the Committee. He explained that it drew heavily on the audit findings report presented at the previous meeting. Mr Reid explained that he consider the letter to accurately reflect the audit work that had been undertaken and was a well-balanced document.

051/18

i) **DPST Toolkit Report**

Ms Paine reported that the Information Governance (IG) team had seen an increase in IG breaches reported in 2017/18, with 32 reported during the first quarter of the year. She explained that these were all low level, and felt that these were a result of increased awareness amongst staff.

New legislation meant that if a patient contacted the Trust with an allegation that someone had accessed their records inappropriately, then the Trust had to investigate. These requests were received at about one a month. Of four allegations, one had been proven and was passed to the HR team and line manager to agree the response that should be taken. Mrs Paine provided clarification about the process for managing these complaints to Mrs Bernhauser.

Mrs Churchward-Cardiff asked about how learning from IG breaches that were identified was shared across the organisation. Mr Reid explained that a large part of this was done by speaking to colleagues across the organisation on a daily basis. Learning was also shared via the IG Steering Group which was attended by key stakeholders from across the organisation.

Ms Paine reported that the previous year's IG toolkit had seen 72% compliance, the highest the Trust had ever seen. A new toolkit had been introduced, and evidence was being collected to support this process from across the organisation.

Mrs Bernhauser thanked Ms Paine for her clear reporting style. Dr Walker thanked Ms Paine for the work she had undertaken during the year on a number of Caldicott Guardian issues that had arisen and for supporting the Trust in preparing for new regulations.

052/18 **Cybersecurity**

Mr Paton provided an update on Cybersecurity within the Trust, explaining the increasing number of regulations that the Trust was accountable to and setting out the potential ramifications for failing to meet these regulations.

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He set out a framework for meeting the requirements, noting that additional funding and staff would be required in order to fully meet regulations. He explained that he was recommending the same framework to colleagues across the region via the STP in order to take a whole health economy approach to cybersecurity. He noted the negative impact that an attack on other organisations might have on the Trust. Mr Paton explained that there could often be delays in updating servers within the Trust as only three and a half members of staff were responsible for undertaking this work across the organisation.

Mrs Churchward–Cardiff asked whether the Trust knew what colleagues in the STP were doing to address cybersecurity issues. Mr Paton explained that he sat on the Digital Steering Group for the STP and organisational plans were discussed in that forum. He explained that only a small investment would be needed to start improving cybersecurity within the Trust.

Mr Reid explained that Executive Directors would make a decision about the level of investment in cybersecurity within the Trust, noting that the issue had previously been discussed within IPRs and in Executive meetings. He felt that the paper set out the recommended approach extremely well and provided assurance that the organisation was both sighted on the issues and that a plan was in place.

Dr Walker asked about the replacement programme for PCs, asking whether faster devices would be introduced. He noted the impact that aging hardware had on clinical work. Mr Reid explained that once an overarching IT strategy had been developed, decisions could be taken from an more informed perspective. He explained that budgetary constraints led to computers that met minimum criteria being ordered.

Dr Walker asked whether the cybersecurity team sent out 'fake' phishing emails to check what actions staff took. Mr Paton explained that this did take place, and that training was developed to specifically address any issues that arose as a result of this process. Mr Stevens noted that he was delighted that this was taking place. Mr Lovegrove explained that his team often received notifications about suspected spam emails and agreed to notify Mr Paton when this took place.

Mr Paton presented an update on current cybersecurity issues to the Committee, noting that a quarterly update would be submitted moving forwards.

053/18   **Clinical Research Department Annual Report**
Ms Still presented the Clinical Research Department's Annual Report. She explained that a key issue around the funding model for the KSS clinical research network existed, with funding having to be shared across partner organisations. The Trust was working hard to recruit patients to National Institute of Portfolio Research studies in order to realise as much funding as possible. From 2019/20, a different way of distributing funding would be utilised.

Staff sickness within the team remained an issue, with three members of staff on long term sickness. A further member of staff had been seconded to a matron's role. This affected the number of patients that could be

recruited into studies as well as data collection from existing studies.

The Trust had been in last positon for numbers of patients recruited to studies in Kent, Surrey and Sussex in 2017/18. Two studies that should have delivered large numbers had not delivered as anticipated. Ms Still reported that a lower pledge for 2018/19 had been accepted by KSS due to the existing staffing issues, and that the team had already almost reached their annual target. This had been achieved by being more stringent about studies that were accepted, with a focus and commitment to reaching targets this year and in the future.

The Trust had been highlighted as one of the few Trusts succeeding in meeting targets for commercial studies. However, all of the commercial income was being used to cover staffing costs along with additional KSS funding. Mr Stevens asked whether long term sickness should be reviewed to prevent small teams from being adversely affected. Ms Still explained that Agenda for Change set out processes that had to be taken around long term sickness, but that the KSS had been very supportive of the issue.

Mr Stevens noted that if managed well research should be a source of income for the Trust. Mr Reid noted that the trend for recruitment of patients to research had increased impressively during the last five years, while the pay bill had reduced.

054/18　　**Tenders and Waivers**

Mr Reid explained that following internal audit, the Procurement team had reviewed their processes around tenders and waivers and were producing more than previously had been the case. He explained that the F&I committee had agreed to discuss strengthening guidelines for tenders and waivers to ensure that these were being produced appropriately. Mr Reid explained that work would be undertaken to understand whether the increased level of tenders and waivers was a matter of concern.

Mr Stevens suggested that testing should occur on a regular basis to check whether alternative, cheaper suppliers were available, including reviewing long standing arrangements with other NHS suppliers. Mr Reid explained that all high value waivers were approved by either himself or Dr Bull and that these were challenged when appropriate.

Mr Reid agreed to include trends and comparative information in future Tenders and Waivers reports submitted to the Committee in order to provide greater clarity. He also agreed that the period for which tenders and waivers were signed should be included.

Dr Walker noted that a couple of waivers on the list had been issued that had not been discussed by the Clinical Procurement Group. He explained that this group would have checked whether these waivers represented a good deal for the organisation and asked that all appropriate waivers come through this group in the future.

055/18   **Date of Next Meeting**
The next meeting of the Audit Committee would be held on:
Thursday, 26th September 2018, 1000-1200, Committee Room, Conquest

Mr Stevens thanked Mrs Bernhauser for her support as this would be the last meeting of the Audit Committee she attended. He welcomed Mrs Churchward-Cardiff to the Committee.

Signed: …………………………………………..

Date: …………………………………………

EAST SUSSEX HEALTHCARE NHS TRUST

PEOPLE & ORGANISATIONAL DEVELOPMENT (POD) COMMITTEE

**Minutes of the People & Organisational Development (POD) Committee
held on
Wednesday 7th November 2018
15:00 – 17:00
John Cook Room, Post Grad Centre, EDGH with vc to Room 3, Education Centre, Conquest**

Present:	Mrs Miranda Kavanagh, Non-Executive Director (MK) – Chair
	Dr Adrian Bull, Chief Executive (AB)
	Mrs Dawn Urquhart, Assistant Director HR, Education (DU)
	Dr David Walker, Medical Director (DW)
	Mrs Joe Chadwick-Bell Chief Operating Officer (JCB)
	Mrs Lynette Wells, Director of Corporate Affairs (LW)
	Mrs Lesley Houston, Deputy GM – Medicine (LH)
	Mrs Brenda Lynes O'Meara – Associate Director of Operations (BLO)
	Mrs Lorraine Mason, Assistant Director of HR - OD (LM)
	Mrs Moira Tenney, Deputy Director of HR (MT)
	Ms Monica Green, Director of HR (MG)
	Mrs Sharon Gardner-Blatch, Deputy Director of Nursing (SGB)
	Ms Emma Chambers, Interim Assistant Director of Nursing (EC)
	Mr Pravin Sangle, Associate Specialist (PS)
	Ms Scarlett McNally, Consultant Orthopaedic Surgeon (SM)
	Ms Karen Manson, Non-Executive Director (KM)
In Attendance:	Ms Janet Botting, Acting Medical Staffing Manager (JB)
	Ms Nicky McCrudden, McCrudden Training (NMc)
	Mrs Nicky Hughes, EA to Director of HR (NH) (minutes)

No	Item	Action
1	**Welcome, introductions and apologies for absence** The Chair welcomed all to the meeting and noted a quorum was present. Apologies for absence were received from: Mr Jamal Zaidi, Associate Medical Director – Workforce Ms Fran Edmunds, Head of Nursing, Women & Children Mrs Michelle Elphick, Associate Director of Operations Mr Jonathan Reid, Finance Director Mr Salim Shubber, Director of Medical Education Mrs Vikki Carruth, Director of Nursing Ms Anne-Marie Newsholme, Lead Healthcare Scientist Ms Penny Wright, Head of Workforce Planning Ms Nadia Muhi-Iddin, Guardian of Safe Working Mrs Kim Novis, Equality & Human Rights Lead	

2	**Minutes and Matters Arising**	
	2.1 Minutes of the last meeting held on 5th September 2018 The minutes were reviewed and agreed as an accurate reflection of the meeting. **2.2 Review of Action Tracker:** The outstanding items on the Action Tracker were reviewed: Training Needs Analysis A full written response and formal report was provided under agenda item 4.2 **Action: Closed** Terms of Reference Representation at the People & Organisational Development (POD) Committee of SAS doctors had been secured. **Action: Closed** CQC Well Led LW to share actions from Deloitte Review and CQC Well Led at the January 2019 meeting. Apprenticeships Awareness DU to provide further update at January 2019 meeting. Workforce Plan The Workforce Plan was provided under agenda item 3.1. **Action: Closed** Junior Doctors Survey PS confirmed that the Junior Doctors survey had been shared and improvements were in place. **Action: Closed** Stay Interviews LM to provide update on pilot of stay interviews at the January 2019 meeting. POD Report The POD Report was provided under agenda item 6. **Action: Closed**	
3	**Workforce Resourcing** 3.1 Workforce Plan linked to Clinical Strategy MT provided a verbal overview of the Strategic Workforce Plan and commended members of staff for collaborative working, bringing all departments together resulting in a Workforce Resourcing Plan. It was noted that this was the first draft of the plan, which would be submitted in draft format to NHSI on Friday 9th November with the final draft to be submitted on Friday 21st December 2018. The workforce action plan is a key output of the Workforce Efficiency Group and sub-groups and is a process of continuous improvement to incorporate workforce initiatives over the 5 year period.	

Objective:
To develop a 5 year workforce resourcing plan which supports the Trust to become financially sustainable within the next 3 years and then with transformation during the following 2 years. The plan would look at the demand the Trust is facing and how to meet the workforce capacity to meet the demand.

MK asked how the Trust were taking into account the system needs. MT replied that this was specifically included within the sustainable service needs.

Approach:
Sustainable Services Strategy
- Optimise – looking at how the Trust could get more out of the workforce that it currently has. Key objective to reduce fte usage by optimising substantive workforce and reducing dependency on temporary workforce.
- Transform – Transform services to meet service demands

MK queried the percentage contribution of each of the KPIs to the overall efficiency saving. MT referred to page 12; these appendices provided an explanation on the % reduction.

MK referred to digitalisation (self-serve) under the Primary Workforce Metrics and queried whether there would there be a dependency with the IT strategy. MT replied that there was a clear vision in making connections to link in with the clinical strategy.

SGB referred to the impact of the workforce profile and asked that in terms of projecting over the 5 years, was an age profile including retirement included in this. MT replied that this was a tool that included all staff; action plan in place for retention of all staff.

MK stated that this year's target had been difficult to achieve and asked MT her view on optimism. MT stated that she was confident for the early years but as the latter years related to transformation risk adjustment would be required.

MK queried the capacity to deliver the change. MT stated that in years 1 and 2, business planning and processes would be set. Transformation work from the clinical strategy due to be worked on in year 3.

JCB referred to the Four Eyes work, which was not ready to be shared yet. JCB stated that there was a capacity issue to change and a need to look at transformation resource within the organisation.

PS queried that whilst the 3 to 5 year plan was excellent, was there a target for the first 3 years that would take into consideration the focus of priorities and was there a balance of what the targets would be in these first 3 years. MT stated that this is a product from the clinical strategy, the 3+2 plan, which would be reviewed and developed.

MK queried whether the reduction of workforce costs had been shared with staff. JH confirmed that it had been shared at the Joint Staff Committee (JSC).

	3.2 Financial Recovery Workforce Efficiency Programme Steering Group MT provided a verbal overview of the Workforce Efficiency Programme Steering Group. This report had also been shared at the Financial Improvement & Sustainability Committee (FISC) on 24th October 2018. MT referred to page 2 of the report which provided figures to date and highlighted that there had been an increase in spend on substantive pay, local and agency; spend was over-budget for this month. MT referred to the KPIs, which provided detail of the schemes. Key leads had been allocated to each workforce scheme, which linked in to the Workforce Plan. KM stated that workforce, from a financial perspective, was a challenge and there was a need to look at the implications for workforce going forward as systems change locally as well as more broadly; being innovative with longer term thinking.	
4	**Workforce Development** 4.1 Leading Excellence / Leading Service evaluation LM provided a verbal update of the Leading Excellence / Leading Service evaluation and stated that once formal evaluation had been received, a formal paper would be written and shared. LM summarised the context of the programmes, which had been aimed at band 7 and above, not designed as a remedial piece of work but recognising leadership skills. A training needs analysis had been undertaken; focus groups set up as well as 1:1s looking at what was to be identified as the real focus of these programmes. Four topics were highlighted: • Difficult conversations and behaviour • Communication, engagement and collaboration • Delivering performance - business skills (business planning process, budget management) • Resilience and recognition – leader and good role model Two Leading Excellence and two Leading Service sessions had been held along with Master classes looking at system wide thinking and innovative ways of working. A commissioned formal evaluation from Kingston University was in place, measuring over a period of time, participants linked to the leadership management competencies. A more detailed evaluation from Kingston University would be shared once received. LW stated that she had attended the closing session of the final session whereby a presentation was given on the work completed. LW stated that it was an impressive presentation; a credit to them all. 4.2 Training Needs Analysis DU provided a verbal overview of the Training Needs Analysis. The training needs analysis was undertaken to support and develop a learning culture that would underpin ESHT being outstanding by 2020.	

Nicky McCrudden (NMc) was welcomed to the meeting. NMc provided a summary of the content of the slides that were circulated to the committee. A meeting had taken place with senior management to determine the scope of the research and priorities. The methodology of the survey had taken into consideration internal and external policies, communicated with a number of key informants across the Trust, which had informed the development of the survey. The survey had been distributed via the staff newsletter, in person and had been communicated via matron's meetings. Three different ways had been offered to return the survey; on-line, email or hard copy. Over all there was a 60% response rate of questionnaires received.

NMc shared the feedback from the key informant interviews, the focus groups and highlighted the conclusions/recommendations of the survey.

MG asked what the next steps would be. DU replied that going forward the Trust would be looking at developing an Educational Strategy as well as looking at alternative technologies and different ways of learning.

AB queried the inequality for AHPs. DU stated that there were a lot of providers for doctors and nurses but not so for AHPs; a vast amount of learning was gained from conferences. Work to be undertaken with local providers and a commitment to be undertaken for internal conferences.

MK stated that this had been a really good analysis with a good response rate but highlighted the possible expectations raised for staff and what they would be hoping to receive in the future.

SM stated that staff should complete mandatory training in order to move on to personal development.

4.3 Health and Wellbeing Plan 2018 - 2020
LM provided a verbal overview of the Health and Wellbeing Plan Strategy. The purpose of the strategy is to provide a co-ordinated approach to building on existing work to create a healthy and positive environment for staff and service users. The strategy is based on national strategy and links to mental health, health promoting trusts and have identified 7 priorities within the plan:
- Initiatives to be back with strong leadership and visible support at senior level
- Proactively use data and information to identify where improvements are needed and prioritise initiatives
- Development of the Occupational Health Service
- Staff to feel safe to raise concerns and to have the tools they need to look after their emotional and psychological wellbeing
- Support staff with an environment and opportunities that enable them to lead healthy lives and to make choices
- Work towards the international health promotion standards to become a Health Promoting Trust
- Support staff to maintain good mental health in the workforce.

SGB stated that she felt that all staff should have a commitment to keep themselves healthy.

5	**Quarterly report from the Guardian of Safe Working**	
	JB provided a verbal overview of the report from the Guardian of Safe Working. The 2016 Junior Doctors Contract came into effect on 3rd August 2016.

The Trust has peaks in-patient admissions leading to sustained high workload for doctors. Where there is a doctor breaching 48 hours over the rota reference period the GOSWH will issue fines to the divisions for these breaches. The money from the fines is placed in a fund for the support of trainee's education and working environment. These fines to be used for training courses, equipment, and exam fees.

It was noted that there was a lack of computers and appropriate work space on some wards. AB confirmed that funding had been put in place for Electronic prescribing, which would include 2 computers for every ward.

It was noted that there was potentially an underreporting of breaches which would warrant exception reporting. PS highlighted the importance of encouraging Junior Doctors to complete the exceptional reports. Many Junior Doctors state that they are worried, tired or do not have the capacity to complete the forms. MK reiterated the importance of any underreporting to be addressed.

DW stated that the Trust have the equivalent number of Junior Doctors on each site but work in different ways. DW suggested looking at the distribution of covering shifts. | |
| 6 | **POD Annual Report** | |
| | LW provided a verbal overview of POD Annual Report. Members of the committee had fed back their review of the committee's effectiveness via a set of questions used for Board Committees. The feedback was positive with the areas that people felt could be improved were:
- The structure of the agenda
- Moving the focus on to strategic and organisational development

It was agreed to review the work plan.

MK referred to the nature of subject matters where detailed discussions take place and stated that she had spoken with a non-executive director who had used the CQC structure to go through the well led indicators as their equivalent agenda. MK and MG to have discussion on looking at future agendas.

MG highlighted that the attendance of a wider membership had enriched the discussions at today's meeting. DW agreed that he was pleased to see more medical representation.

MK to add Chair's Overview to the POD Annual Report. | **MK/MG**

MK |
| 7 | **Items for information:** | |
| 7.1 | Nursing Report
Item noted. | |
| 7.2 | Workforce Report
Item noted. | |

7.3	Feedback from sub-groups: It was agreed that for this agenda item it would be acceptable to receive the previous minutes rather than write a summary for future meetings. Organisational Development & Engagement Group Item noted. Education Steering Group Item noted. Workforce Resourcing Group Group had not met. HR Quality & Standards Group Item noted.	
8	**Any other business** Doctor's Assistants SM referred to the Doctors Assistants pilot last year. The University of Brighton were keen to work with ESHT to do more evaluation and were bidding for funding to help to do this. SM suggested trialling different ways of working especially using a Doctor's Assistant on a Saturday morning in order that the consultant on call could see more patients AB stated that there was a challenge for all short staffed areas trying to recruit to see whether additional skill mix may be of help. A business case was being reviewed but any further research and information would be helpful.	
9	**The next meeting of the Committee will take place on:** **Thursday 24th January 2019** **10:00 – 12:00** **Committee Room, Conquest Hospital**	

East Sussex Healthcare NHS Trust
POD Committee Minutes
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Use of Trust Seal

Meeting information:			
Date of Meeting:	5th February 2019	Agenda Item:	17
Meeting:	Trust Board	Reporting Officer:	Lynette Wells

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)				
Key stakeholders:		**Compliance with:**		
Patients	☐	Equality, diversity and human rights		☐
Staff	☐	Regulation (CQC, NHSi/CCG)		☐
		Legal frameworks (NHS Constitution/HSE)		☐
Other stakeholders please state: ………………………………………………………………				
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?		

Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The purpose of this paper is to provide an overview of the use of the Trust Seal since the last Board meeting.

14th December 2018 – MRI Suite Contract between Reds10 (UK) Limited and East Sussex Healthcare NHS Trust for building the MRI Facility at Conquest Hospital.

18th January 2019 – Contract for lease of Third Floor Offices, Amerhurst Road, Bexhill between Wealden District Council and East Sussex Healthcare NHS Trust for a period of five years.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Not applicable.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to note the use of the Trust Seal since the last Board meeting.

HOSC Outline briefing paper

Ear Nose and Throat (ENT) services

1. **Introduction**

East Sussex Healthcare NHS Trust (ESHT) provides Ear, Nose and Throat (ENT) services at both Eastbourne District General Hospital (EDGH) and Conquest Hospital in Hastings. The service has had continuous challenges over a number of years in providing clinically effective care due to medical staffing shortages. This has had an impact on the ENT service out of hours and the capacity to manage waiting times effectively. It has also compromised the delivery of effective training and supervision to trainee doctors, resulting in the loss of trainees which has further impacted on the long term viability of the service. Whilst pathways have been put in place to safeguard patient safety for the short term, through the use of an ad hoc temporary costly workforce and staff working additional hours, the current service is unsustainable. In addition, the service operated at a deficit of £1.7million in the year ending March 2018; a deterioration from a deficit of £987,000 in 2016/17.

We need to consider how we transform our services to address the challenges.

2. **Vision/Proposal**

Our aim is to provide a safe and sustainable ENT service for the people of East Sussex. In order to address the workforce challenges (recruitment and retention, supporting junior doctor training, provision of sustainable out of hours rotas) and the waiting times for patients the proposal is:

2.1 The ENT adult inpatient ward remains located at EDGH as does emergency ENT for adult patients across the county.

2.2 By end April 2019, to transfer all adult and children (paediatric) day case and planned surgical activity currently undertaken at Conquest Hospital (circa 494 patients a year) to EDGH:

- Theatre lists will be more frequent and planned to ensure that children have their surgery scheduled in the mornings and the short stay children's ward at EDGH (Friston) will be open until 9pm to provide clinically-led post-operative care as per current pathway, for children having their surgery at EDGH. This will help to minimise the risk of children needing to remain in hospital overnight.

- In the event that any child day-case requires an overnight stay, they will be managed under a shared care agreement with the paediatric team on the children's ward (Kipling) at Conquest Hospital in line with the Trust's current pathway.

- An elective paediatric operating list will be provided on a four weekly basis at Conquest Hospital. This list will be protected for children with sleep apnoea conditions who require an overnight bed following Surgery.

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- Clear post-operative guidance will continue to be issued to patients on discharge for the management of post-operative emergency.

- Any child presenting with post-operative clinical needs requiring admission will be admitted to Kipling children's ward at Conquest Hospital as per current pathway.

- There will be small numbers of patients who will continue to be offered treatment at Uckfield. These patients are selected for Uckfield and are clinically considered very low risk/and require minimal intervention surgery who generally walk in/walk out of the unit with little recovery time, and do not require access to an acute hospital bed eg. patients being treated for removal of skin lesions/and insertion of grommets.

2.3 To develop the partnership working with Brighton and Sussex University Hospitals NHS Trust (BSUH) to commence FY20/21 through a collaborative model and jointly recruit senior medical posts.

2.4 To continue to provide outpatients services both at EDGH and Conquest.

2.5 We are proposing that children presenting with an ENT emergency requiring admission (approximately 9 patients per year) will be diverted to the Royal Alexander Children's Hospital at BSUH. At the time of writing this paper the pathway was being discussed with BSUH.

2.6 Proposed changes to emergency pathways are detailed in Appendix 1 below.

3. **Source of ENT referrals**
   The map below shows the source of GP referrals to ENT at ESHT throughout 2017/18. The service received 11,946 outpatient referrals last financial year, of these 1301 had planned surgery, 494 were conducted at Conquest. These would need to be moved to EDGH as outlined in the proposal above.

   - Red circles indicate the location of GP surgeries.

   - Blue bubbles, and their relative sizes, represent the number of referrals received in ENT from that source. The larger the bubble, the more referrals received.

   - Green location markers show the locations of EDGH and Conquest

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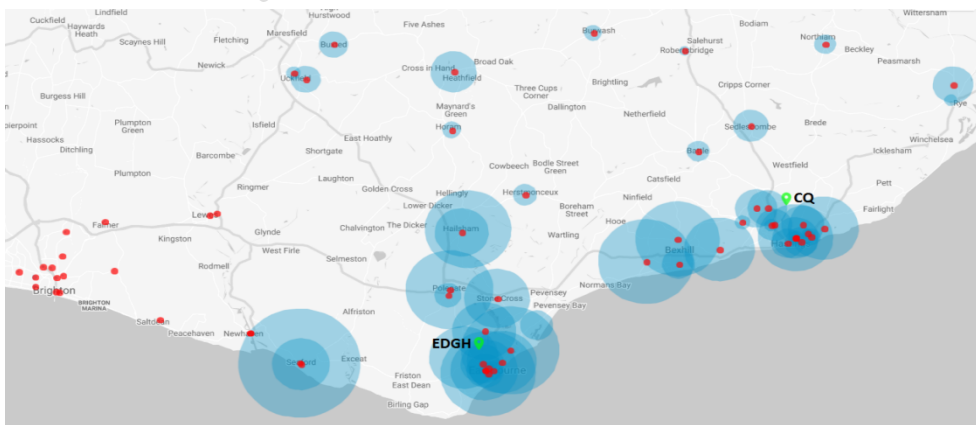
4.   ENT patients admitted

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The table below shows a breakdown of the above ENT admitted patients for day case, planned surgery, and emergency activity, by site. Adult inpatients are admitted to the ward at EDGH.

	2016/17				2017/18			
	Conquest	EDGH	Uckfield	**Total**	Conquest	EDGH	Uckfield	**Total**
Day case	325	480	231	**1,036**	311	493	95	**899**
Planned	199	230		**429**	183	219		**402**
Emergency	20	580		**600**	11	547		**558**
Total	544	1,290	231	**2,065**	505	1,259	95	**1,859**

The table shows that 1301 patients had planned surgery in 2017/18 of which:
- 899 were day cases
  - 493 day cases at EDGH
  - 311 day cases at CQ
  - 95 day cases at Uckfield
- 402 were planned inpatient surgery cases who stayed an average of less than one day (0.99):
  - 219 inpatients at EDGH stayed an average of 1 day (1.05 bed days)
  - 183 elective inpatients at Conquest stayed an average of less than one day (0.93)
- 558 emergency admissions stayed an average of 2.43 days, of which 547 were at EDGH.

5. ENT children admitted

All children requiring an inpatient stay are currently admitted to the children's inpatient ward (Kipling) at the Conquest Hospital, under shared care with Paediatrics. The table below shows a breakdown of the number of children admitted for day case surgery, planned surgery and emergency at Conquest Hospital.

Children's day case surgery is currently provided at both EDGH and the Conquest. Day case children at EDGH who convert to an overnight stay require transfer to Conquest under the shared care arrangement above.

Children Admitted to Kipling 2017/18		
	Conquest	Length of Stay (LOS)
Day case	4	
Planned	64	60 admissions LOS 1 night
Emergency	9	4 admissions LOS 1 night, 4 admissions LOS 3 nights
Total	77	

The table shows that of the 77 children seen, only 8 children had a length of stay of over 1 night; and 4 of these were emergency admissions.

- 4 of the paediatric admissions were already completed as day cases.
- 64 paediatric admissions were for planned inpatient surgery, and 60 of these had LOS less than 1day.

Under the proposed changes, seeing children for their planned surgery as part of the morning list at EDGH would facilitate some of these cases being completed as day cases, negating the need for transfer. Children who require an unplanned inpatient stay would follow the current pathway, requiring transfer to the children's ward at Conquest. Children

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with sleep apnoea diagnosis will be listed for ENT Surgery on a four weekly paediatric list at Conquest, and cared for post operatively under the current shared care agreement with the paediatricians.

It has been discussed with BSUH that all emergency attendances for children who require admission (9 children in 2017/18) would be transferred to Brighton under the new proposal, with the exception of children attending with a post-operative problem for surgery conducted at ESHT. Post-operative complications would continue to follow the current emergency pathway.

For example, emergency conditions that are likely to present that would need transfer to Brighton are children with tonsillitis; mastoiditis; neck abscess; sinusitis; and peri-orbital cellulitis. Not all of these cases will require surgery. Post-operative complications, such as bleeding following tonsillectomy, would be treated and admitted to Conquest and not transferred to Brighton. Children under 2 and under 15kg would continue to be transferred to Brighton as is currently the pathway.

The current and proposed emergency pathways are provided in Appendix 1.

6. Options considered and discounted:

6.1 <u>Maintaining status quo</u>
   This option was discounted for the reasons outlined above, namely; medical staffing shortages, having ENT inpatients on two acute sites, an unsustainable out of hours rota, insufficient capacity to manage waiting times, and the inability to deliver effective training and supervision to trainee doctors. In addition, the service is also financially unsustainable in its current form.

6.2 <u>Locating service at Conquest hospital</u>
   This option was discounted as locating the service at Conquest does not allow us to address our difficulties in medical staffing and rotas. The Trust is planning to address this by furthering its partnership with BSUH, who are willing to work collaboratively. This makes EDGH more operationally viable given the proximity of EDGH to Brighton. Additionally, the majority of the current ENT workforce are based at EDGH, the adult ENT inpatient areas are already at EDGH, and the specialist nursing skills exist at EDGH in order to manage airways problems safely. The Surgical hospital at night rota at EDGH is reliant on the ENT junior doctors to provide adequate numbers to support other surgical specialties at EDGH.

7. Conclusion

   ESHT has experienced a long term issue with the recruitment of the ENT medical workforce that has resulted in the inability to provide a sustainable ENT service across East Sussex. The links with the local tertiary centre will provide the succession planning and workforce sustainability required for East Sussex and the proposals detailed above provide will enable this.

   In order to maintain the local ENT service for East Sussex patients, this proposal requires the transfer of the remaining elective activity from Conquest Hospital, whilst maintaining outpatient activity at both acute hospitals and the collaboration with BSUH on workforce. This will enable workforce sustainability, increase the quality of training for

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junior doctors, secures further trainees to deliver resilience in on-call rotas, and will be an enabler to reduce waiting times for patients. This should result in improving the clinical and financial sustainability of the specialty.

The proposed changes will be incremental following further and detailed conversations with BSUH, the ambulance trust, and other internal and external stakeholders, external, including patient representatives. A copy of the full case for change will be available, and the final copy of the proposed Business Plan will be submitted through the internal trust governance process.

Joe Chadwick-Bell

Chief Operating Officer

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ESHT ENT EMERGENCY CARE PATHWAY (CURRENT)

ENT patient attends A&E
ESHT A&E Nursing Triage Patient

Admission Required: ENT Emergency Bleep Escalating to ENT Registrar

Treated and Discharged from A & E

→ Follow up at ESHT as necessary in ENT Clinics

STABLE

ADULT

If patient at Conquest, transfer to EDGH required

→ Emergency Department to arrange transport to EDGH

→ Patient admitted to EDGH

PAEDIATRIC

If patient at EDGH, transfer to Kipling Ward at Conquest

→ Emergency Department to arrange transport to Conquest

→ Patient admitted to CQ

CRITICALLY UNWELL / UNSTABLE

ADULT

PAEDIATRIC

ESHT ENT On-Call Registrar or On-Call Consultant will attend patient as required.

If patient at Conquest, once stable, transfer to EDGH

→ Emergency Department to arrange transport to EDGH

→ Patient admitted to EDGH

If at EDGH, once fit for transfer, transferred to Kipling Ward at Conquest.

→ Emergency Department to arrange transport to Conquest

→ Patient admitted to CQ

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ESHT ENT EMERGENCY CARE PATHWAY (PROPOSED – CHANGES HIGHLIGHTED)

ENT patient attends A&E
ESHT A&E Nursing Triage Patient

Treated and Discharged from A & E

Follow up at ESHT as necessary in ENT Clinics

Admission Required: ENT Emergency Bleep Escalating to ENT Registrar

STABLE

CRITICALLY UNWELL / UNSTABLE

ADULT

PAEDIATRIC

ADULT

PAEDIATRIC

If patient at Conquest, transfer to EDGH required

Post-surgical emergency: To Kipling Ward at Conquest.
All other pathways: To Royal Alexander Children's Hospital (BSUH) following Consultant to Consultant referral protocol

ESHT ENT On-Call Registrar or On-Call Consultant will attend patient as required.

Emergency Department to arrange transport to EDGH

Patient admitted to EDGH

If patient at Conquest, once stable, transfer to EDGH

If transfer required, once fit for transfer:- Post-surgical emergency: To Kipling Ward at Conquest.
All other pathways: To Royal Alexander Children's Hospital (BSUH) – Consultant to Consultant referral

Emergency Department to arrange transport

Emergency Department to arrange transport to EDGH

Patient admitted to CQ or BSUH

Patient admitted to EDGH

Emergency Department to arrange transport

KEY

NO CHANGE TO CURRENT PATHWAY

CHANGE TO CURRENT PATHWAY

Patient admitted to CQ or BSUH

Health Promotion at ESHT

End stage and successes report

March 2016– Feb 2019

Making Every Contact Count and Health Promoting Trust projects

NHS

East Sussex Healthcare
NHS Trust

EAST SUSSEX · BETTER TOGETHER

Contents

Introduction

This report provides an assessment and summary of the work of the Making Every Contact Count and Health Promoting Trust projects at East Sussex Healthcare Trust. Integrating health promotion into the NHS has been recognised as an important but challenging goal for some time, particularly since public health services have not been part of the NHS since the Health and Social Care Act (1). This change paved the way for the need for projects such as the MECC/HPT service which has been funded by the local authorities and CCG to carry out work within the NHS towards public health goals. Despite successive governments and expert bodies emphasising the need for health promotion it continues to be identified as a key area where more improvements are needed (2). Acute healthcare in particular is a challenging environment in which to promote lifestyle messages as there is sometimes an culture of focusing exclusively on the urgent needs of patients which has in recent years been compounded by extremely stretched hospital services. In view of these considerations Hastings and Rother CCG and ESCC Pubic Health worked as part of the East Sussex Better Together programme to 'pump prime' health promotion within ESHT with funding aimed at establishing high quality and well embedded health promotion activity which could then be sustained by the trust in the longer term. This project was recommissioned in an expanded form in April 2016 and since then has grown to include a wide range of health promotion activities. The report details the major achievements and key outcomes resulting from these projects and also the considerable challenges that have been faced in some areas. Proposals for future service provision options are assessed in a separate futures paper.

Phase 1: ESHT MECC Project
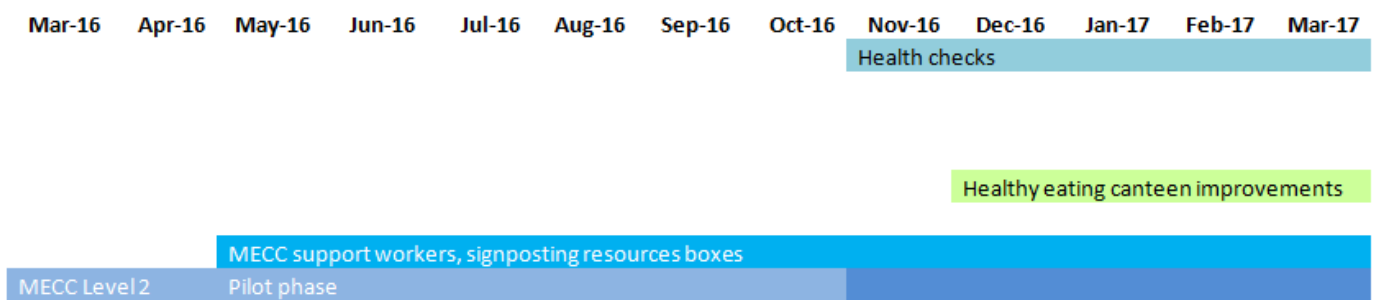
Phase 2: Health Promoting Trust
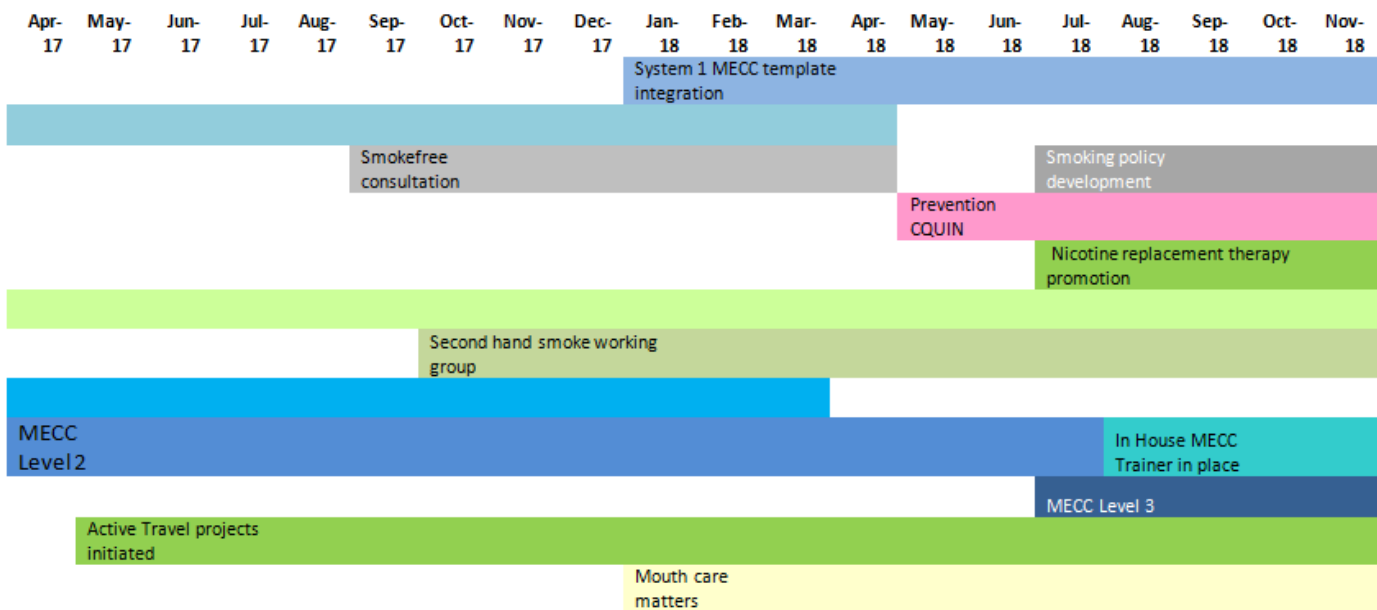
Making Every Contact Count

Background

At its inception in April 2016 the health promotion project at ESHT was initially focused around the delivery of Making Every Contact Count (MECC) Training. Making Every Contact Count is an approach to behaviour change which aims to provide training staff across the public sector to be able to deliver brief lifestyle advice at Level 1-2 competence. The value of building workforce capacity to promote health has been noted for some time (3) and clinical guidance has called for behaviour change training to be offered widely to clinical staff (4) however it was not until the development of the NHS Yorkshire and Humber 'Prevention and Lifestyle Behaviour Change Competence Framework' (5) that a practical attempt to implement this idea at scale was initiated.

Since then MECC has been refined and adapted for use in many regions of the UK but with the overall emphasis on supporting wellbeing, behaviour change and appropriate signposting consistently featuring across MECC programmes. It has been suggested that this approach has been successful partly as a result of 'strength in simplicity' (6) as an initiative that does not require significant demands being placed on staff capacity due to being a relatively short training session and an intervention that is delivered as part of normal communication with service users. Since MECC projects typically require only a small team to provide training and project management this creates a combination of relatively low cost, low disruption and potentially substantial health benefits has led to MECC being seen as a good value proposition for many organisations that aim to promote health as part of their work.

Local Context, Project History

The initial driver for implementing MECC in ESHT was as a means of addressing the severe health inequalities which had been identified in the Hastings and Rother area of East Sussex (7). MECC has often been viewed as an effective means of reducing health inequalities due to its power to access hard to reach people. Members of the population who are most in need of lifestyle support can be difficult to access via direct approaches and opportunistic approaches to health promotion such as public events can fail to reach those with the highest needs. MECC overcomes this challenge by preparing professionals across the public sector to act on opportunities to deliver very brief interventions to the unhealthiest people when those people appear in contexts such as being admitted to a hospital.

From August 2015 to March 2016 a pilot programme of MECC training was funded by Hasting and Rother CCG and delivered primarily to HCAs, pre-assessment unit and midwives working in the Conquest hospital. Following successful feedback from the pilot programme a business case was developed to extend across the whole of ESHT. This proposal was accepted and jointed funded by H&R CCG and East Sussex County Council Public Health making equal contributions

2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3
Pilot Phase		MECC support workers employed and blue boxes administered						Trainer recruited and inducted		In house trainer in place

MECC Progress and Development

At the initiation phase consultants from National Centre for Behaviour Change ('NCBC', formerly Zest) took responsibility for developing the training session syllabus in line with standard competencies. However it was identified from the outset that to have an in-house ESHT trainer delivering material developed specifically to suit ESHT organisational goals and local context would the ideal long term design for the service. This outcome faced some delays due to long term absence of key staff but was brought to fruition in July 2018. A band 6 trainer with health visiting and smoking cessation experience was recruited in June 2018 and supported to deliver the MECC session to a high standard via coaching from NCBC.

Developing the MECC Offer: NHS MECC

Since handover from NCBC the MECC Trainer has worked with the HPT leads to develop a completely new ESHT specific set of training resources which reflect up to date best practice in MECC (for example inclusion of mental health awareness, Five Ways to Wellbeing and social proscribing) and ESHT specific information (signposting staff wellbeing resources, electronic referral guidance, the prevention CQUIN and focus on maternity smoking). The training resources also now include a number of video demonstrations and multimedia activities

Senior Management Buy-in

Almost all senior staff are aware of the MECC programme and most have attended the training including Chief Executive Adrian Bull. The Director of Nursing is the executive sponsor of the project. Furthermore, the executive board have been kept aware and engaged from an early stage; Sue Allen– Assistant Director of Nursing: "I feel the MECC programme has been positive and helpful, there are sometimes worries about how it will be achieved by busy staff but I haven't had any complaints about it yet. It has been really good"

Total number trained: 3010

MECC Trained by role

- Nursing and Midwifery Registered
- Additional Clinical Services (HCAs)
- Allied Health Professionals
- Administrative and Clerical
- Doctors
- Estates and Ancillary
- Scientific and Technical

Nurses

- Community Nurse
- Midwife
- Matron / Sister
- Specialist Nurse Practitioner
- Staff nurse

AHPs

- Chiropodist/Podiatrist
- Dietitian
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist

MECC Outcomes and success measures

Organisational Level Outcomes

It is reasonable to speculate that given the substantial proportion of staff given MECC Training that this would have a measurable effect on the organisation as a whole. There have been a number of positive changes at ESHT during the period that MECC and HPT were implemented which might be at least partly attributable to this programme of work, for example patient complaints decreased by 15% from 2016-2018 and plaudits increased by over 30% in the same period. Similarly improvements in feedback from the CQC highlighted staff commitment to quality of care and openness.
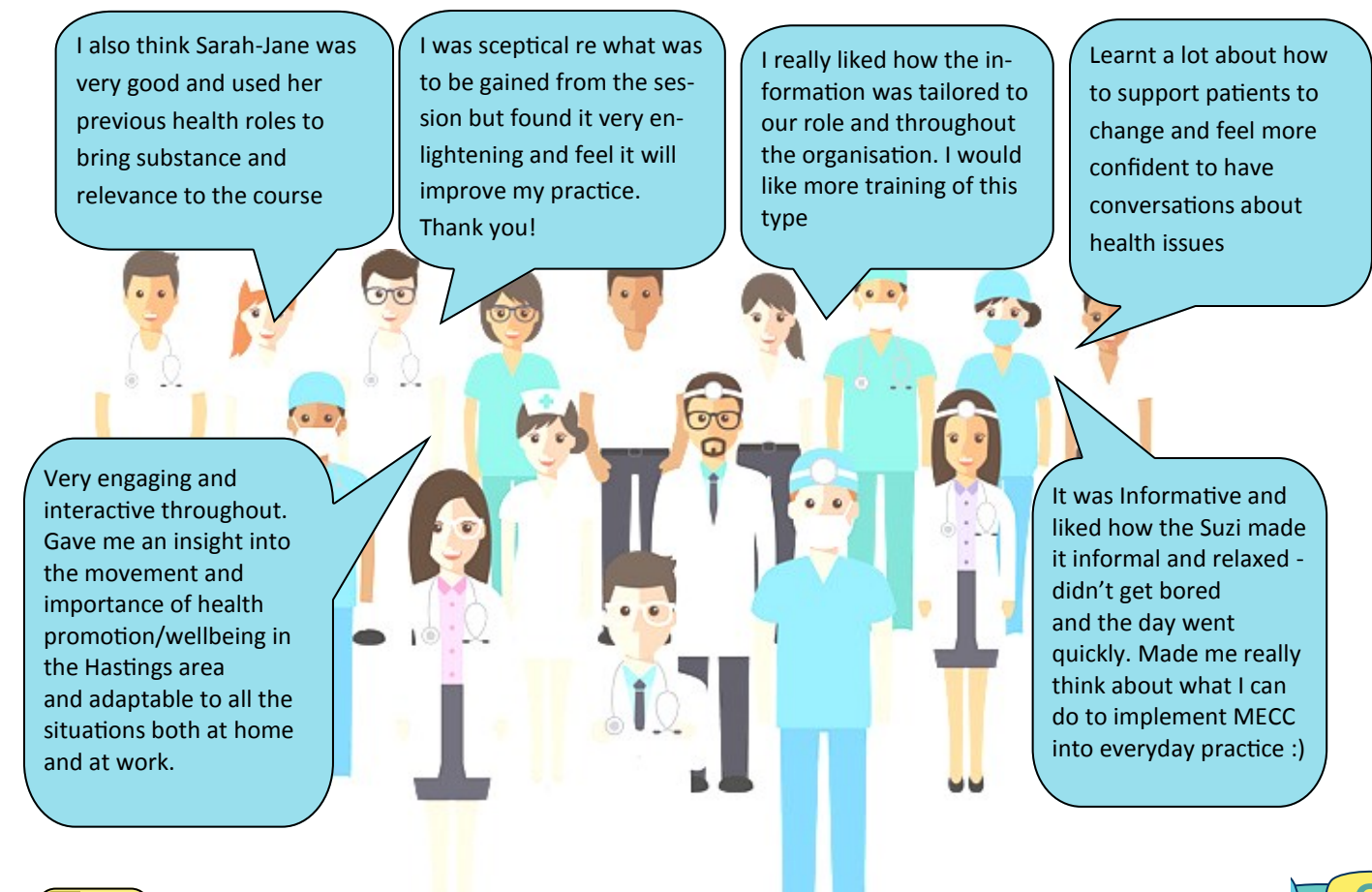
Staff FFT

The yearly Staff, Family and Friends Survey shows positive results for areas linked to MECC. Responses to the question "Does our organisation take positive action on Health and Wellbeing?" have increased year on year since 2015. In 2018 34% said ESHT had "Definitely" taken positive action on Health and Wellbeing, this is a 13% increase.'

Outward Referrals

One of the key outcomes for MECC from initiation was generating referrals to lifestyle providers. This has proven challenging for a number of reasons discussed overleaf, however outward referrals are now increasing; averaging 23 per month in Q3 2018. The MECC team have completed substantial work to streamline referrals from ESHT systems which is still ongoing. This has included implementing automatic opt out referrals for smoking cessation in maternity and creating automatically populating electronic referral forms for One You East Sussex and Star in E-searcher, Evolve and System One.

Training Feedback

MECC Level 2 Training has consistently received very positive post course feedback. Since moving to an in-house trainer, the course has continued to receive positive feedback. 98% of attendees felt they better understood their role in prevention and improving wellbeing. 88% felt they were confident in signposting and referring people to local health providers. And 88% said this was one of the best/better than average of all the courses they had attended.

I also think Sarah-Jane was very good and used her previous health roles to bring substance and relevance to the course

I was sceptical re what was to be gained from the session but found it very enlightening and feel it will improve my practice. Thank you!

I really liked how the information was tailored to our role and throughout the organisation. I would like more training of this type

Learnt a lot about how to support patients to change and feel more confident to have conversations about health issues

Very engaging and interactive throughout. Gave me an insight into the movement and importance of health promotion/wellbeing in the Hastings area and adaptable to all the situations both at home and at work.

It was Informative and liked how the Suzi made it informal and relaxed - didn't get bored and the day went quickly. Made me really think about what I can do to implement MECC into everyday practice :)

MECC Challenges

## Monitoring MECC Activity - Conversations

A challenge for many MECC projects is in identifying the level of MECC activity actually taking place given that MECC conversations tend to be informal rather than clinical activities. The initial approach taken to address this at ESHT involved asking MECC trained staff to record brief interventions on post-it sized 'conversation cards', however this process was only adopted in a few areas and proved to be very labour intensive to monitor due to the need to visit sites in person to collect the cards and was therefore stopped in April 2018. Being unable to monitor conversations presents an issue in that is difficult to estimate the impact of MECC. In the future this challenge may be overcome via data received as part of the prevention CQUIN and via the MECC template (see appendix). We are also aiming to implement more extensive follow up activity.

Outward Referrals

In the period before MECC implementation 756 (~63 per month) referrals from ESHT were made to Quit 51. This does not compare favourably with the levels of referrals made from ESHT to One You East Sussex in 2017-18. However there are a number of potential reasons why this metric may have appeared to decline: 1) It has taken time to raise brand awareness of OYES since the change of services, Quit51 in particular were very well integrated with ESHT and this has been difficult to replicate quickly 2) Many referrals are made to OYES via signposting to the website or phone therefore many referrals from MECC may not be recorded 3) A number of IT challenges at ESHT have detracted from the ease of making referrals to community providers. Awareness and integration with OYES has improved considerably in 2018 and referrals out are starting to increase. Work to implement 'one click' referral functions in some IT systems should be achieved in the first half of 2019

Sustaining Attendance Levels on Training and Promotion

One of the primary challenges in delivering MECC at ESHT has been ensuring attendance. The MECC programme has been delivered against the backdrop of a challenging period at ESHT and for the Health Service in general, this has meant that when staffing levels are low (such as during the summer and school holidays) or when demand for services is high (during winter pressures) non-attendance rates have been high. From the outset additional incentives were offered for staff attending MECC such as backfill payments and catered lunch and drinks being offered. However MECC monthly attendance only reached a consistently on target level (>100 per month) between Jan 2017 and April 2018 during which period the training was also promoted by two support staff and was included as a mandatory session during the trust clinical induction week. This level of support and investment has not been sustainable for either the trust or partners and has necessitated a review of the format and approach to training, including shortening the training session to 3 hours and switching to an e-learning format for inductees. Initial signs are that these steps are impacting positively however only two months data is available so far.
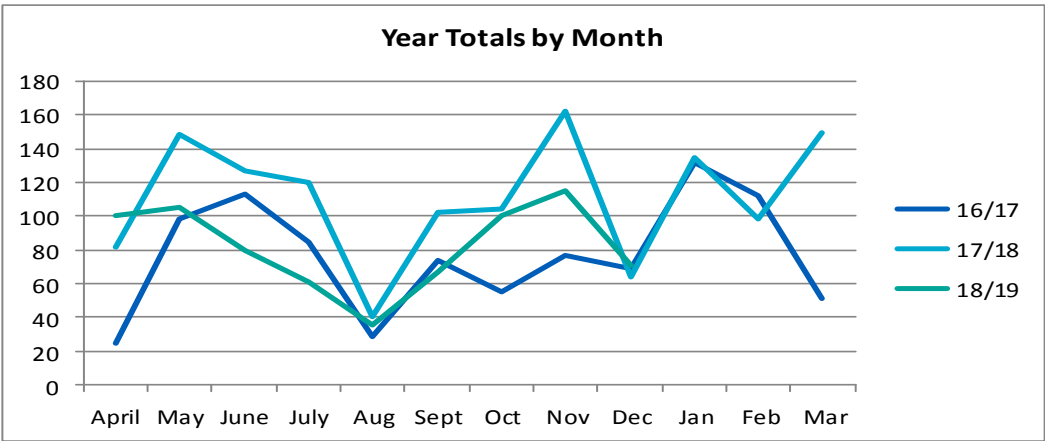
Looking retrospectively at attendance since the initiation of MECC at ESHT it is clear that there is an strong correlation between the number of staff supporting MECC within the HPT team and attendance on the training sessions and therefore that ongoing promotional staffing is an essential component of successful delivery. The implications of this finding for future provision are explored in the futures paper.

MECC Level 3

Background

In their "*MECC training needs analysis for East Sussex*" (8) McCrudden Training identified that there was a desire from managers for their staff to receive further training and many attendees to Level 2 MECC were interested in developing the skills further and our own follow up research showed that around 60% of staff wished to attend further MECC training. In response to this finding NCBC (National Centre for Behaviour Change) were engaged to deliver a pilot programme of MECC Level 3 training starting in April 2018. The course, comprising of two full days is offered to all staff who have completed MECC Level 2. Level 3 training allows each member of staff to gain a better understanding of the techniques used and their importance. Staff are offered Level 3 training information via an email which is sent out on completion of level 1 & 2 with their attendance certificate. Initial feedback has been very positive.

Key Outcomes

McCruddens' recommendation was to offer up to five level 3 courses per year, a target we are very close to achieving within our first year. This year we have hosted 4 courses successfully. Between March 2018 and November 2018, 28 ESHT staff members have attended Level 3 training arranged through the Health Promoting Trust.

Currently we have limited feedback data however the ESHT health promoting trust has received the following additional feedback from staff members who have attended the level 3 NCBC training.

"I found the level 3 course very informative. It really helped me to consolidate the communication techniques such as motivational interviewing, cognitive behavioural therapy, affirmations and change talk etc. Through learning about these preferred ways of communication it has been in engaging the patients more in their own care and the decisions around it and more easily able to discuss difficult or personal issues and allow them to make informed decisions and sign post them to services to promote independence and improve their health & wellbeing as a whole.

The trainer was extremely knowledgeable about this subject and she made the training interesting and engaging. I learnt some new techniques that built on my knowledge from already doing the basic training. However I feel that I will have limited scope to use this technique in my current role as I am only seeing client's once for assessment then handing over the on-going work to assistants. I feel that support staff would be better placed to do this training at greater depth as they have more on-going contact with clients and would have the opportunity to use these skills to greater effect.

Issues and Lessons

From the snapshot of feedback gathered by the Health Promoting Trust, it is clear that the Level 3 training has proved valuable to the staff members that have attended. It allows staff to build on the knowledge gained from level 1 and 2, with further practice in a safe environment.

The feedback above does show some discrepancy in views as to who would most benefit from Level 3 training. We suggest this is because of different departmental practices and environments across the NHS. However the Health Promoting Trust remains keen that Making Every Contact Count training levels 1, 2 & 3 is open to all staff and volunteers who work with the public ensuring that MECC is a "team effort" and is the responsibility of all. It is therefore of benefit to all including; patients, carers, families and staff members who, being part of the wider community, are also service users of the hospital and community services.

We aim to continue working alongside the NCBC to deliver Level 3 training, through supporting the registration of candidates, creating and distributing attendance certificates and any other tasks we can do within the Health Promotion Trust to support.

A Health Promoting Trust

In 2017 discussions began to extend the MECC project to become a more extensive programme work aimed enabling ESHT to adopt WHO Health Promoting Hospital standards (10). This was intended to link the success of MECC and health promotion to a number of interdependent work streams such as staff wellbeing, organisational culture and sustainability. A business case was developed for a 'Health Promoting Trust' concept which would incorporate three new staff (A Deputy Lead, Active Travel co-coordinator and additional admin support) and directly address a number of health and wellbeing issues beyond the scope of the original MECC project. The 'Health Promoting Hospital' concept aims to move beyond conventional health promotion methods to build the promotion of health into every aspect of the institution. This could include for example designing spaces to facilitate wellbeing and including health and wellbeing in HR policy. Key achievements towards WHO HPH Standards are summarised below. Full details are contained in the Appendix.

Standard 1: Management Policy

Fully Achieved: A Health and Wellbeing Policy has been developed and published for ESHT and health and wellbeing messages are is promoted to ESHT staff via engagement events and communications. As a result of MECC training a large proportion of trust staff and all new staff will be aware of health promotion policy and resources both internal to ESHT and in the community. At the time of writing there is an adequately resourced team working to maintain buy in with this agenda

Standards 2 and 3: Patient Assessment, Patient Information and Intervention

Mostly achieved: Substantial improvements have been made in the extent to which patients are assessed for Health Improvement needs at ESHT. Not only are all clinical staff MECC trained and therefore ready to act upon opportunities to promote health, assess needs and provide patient centred support but also as a result of the prevention CQUIN and System 1 template patients are being almost universally assessed for lifestyle needs

Standard 4: Promoting a Healthy Workplace

A variety of work has been supported by the HPT project in order to make ESHT a healthier workplace. In particular the Active Travel officer has made great progress in supporting cycling via various work, smoking cessation services for staff are now available on site and healthier food is available. As part of staff wellbeing and MECC training various services for staff to reduce stress, be involved in decisions and connect with others are signposted and promoted.

Standard 5: Continuity and Co-operation

Fully Achieved: Achieving integration with and referral pathways to lifestyle services in the community has been integral to all the HPT work. We have worked in partnership with these organisations to align MECC training with across the county and working together to reduce smoking. Referrals to lifestyle providers are now possible in ESHT IT systems and as part of the CQUIN work it has been ensured that in patients are offered these services post discharge. Planned modernisations to ESHT systems (Implementing MESH and Evolve) will further promote continuity of care in health promotion

WHO Standards

In order to be certified by the WHO as a 'Health Promoting Hospital' a number of indicators must achieved which have numeric targets associated with them. ESHT already achieves many of these standards as a trust and several more have been reached as a result of HPT & MECC work, however in order to provide the evidence for all of these standards further work would need to be conducted to gather various empirical data about health promotion in ESHT, full details are contained in the appendix.

Health Promotion projects
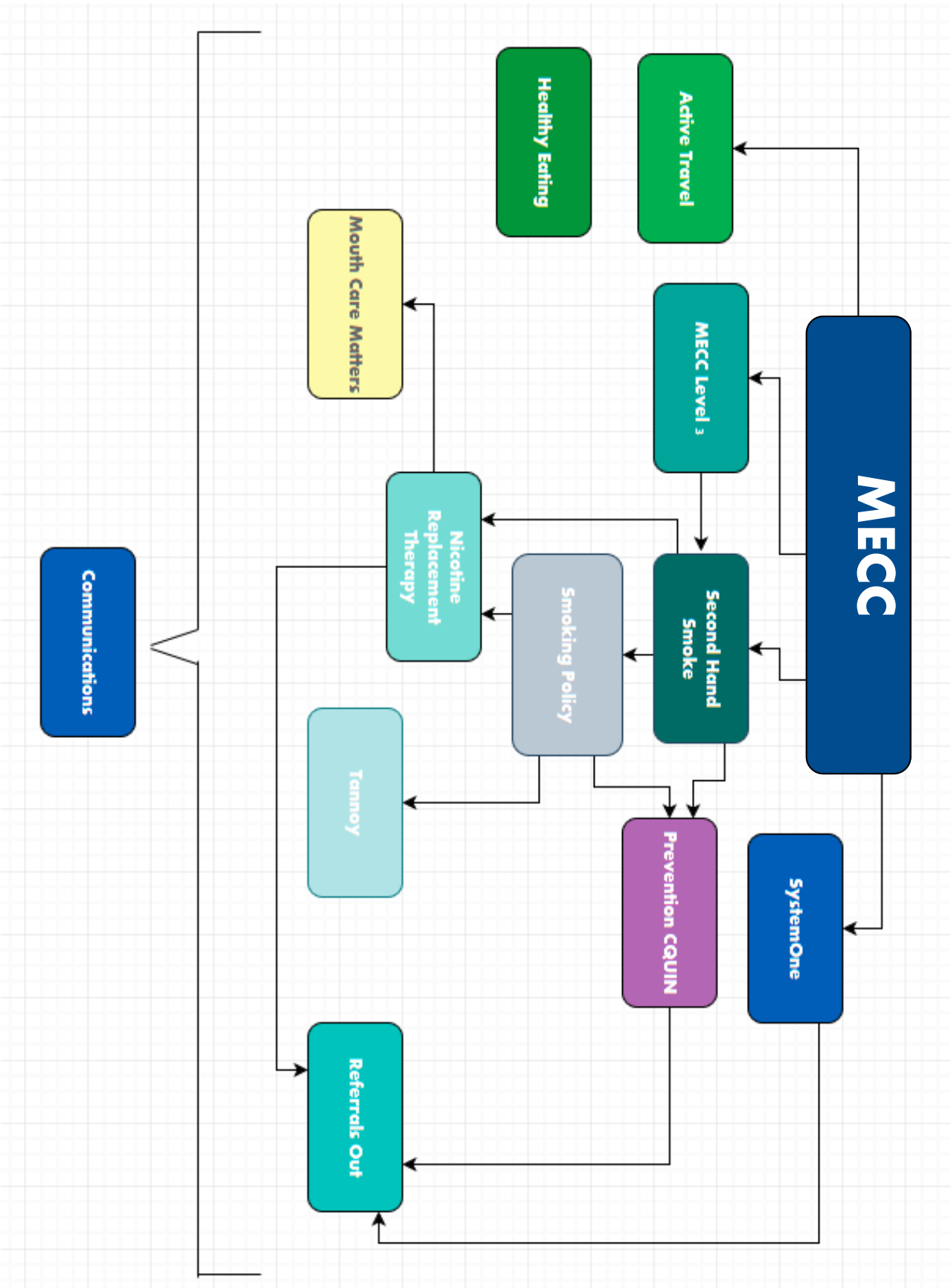
Communications Strategy

Effective communications are incredibly important in health promotion and for successful healthcare change projects in general. They allow us to disseminate up to date public health message, share our successes, promote events and to engage with a network of stakeholders and partner organisations. The HPT team have invested a great deal of effort into reaching as many people as possible in ESHT and East Sussex with relevant and persuasive content on health promotion messages

A communications strategy was developed and regularly reviewed to ensure that the MECC and HPT projects were reaching people effectively. This strategy aimed not only to broadcast information on a number of channels but also to ensure that the most appropriate content was used for each platform, that content served a meaningful health promotion purpose and that different streams of content would feed into each other

Challenges

In the increasingly saturated social media landscape it can be difficult to compete with the huge numbers of other voices including well-resourced and established brands. It was recognised by the HPT team that in order to attract attention it would be necessary to establish consistent visual style, logos, a unique voice and regular content across several platforms and internal comms channels. This has often been an unrealistic aspiration for a very small team without specialist comms workers or external help, as a result we have had to seek efficiencies and focus on what works:

Public and NHS audience	**Twitter**	**Facebook**	**External publications**
	The HPT use Twitter to reach a wide a mixed audience including many ESHT staff. The fast moving nature of Twitter has been suited topical issues, promoting events and eye catching content	We have established a presence on Facebook aimed at passing HPT messages to the public. This platform has been used for physical activity blogs and content promoting local healthy activities	We have posted information about the HPT and MECC to channels outside of ESHT including the ESBT newsletter and conference presentations
ESHT internal comms	**HPT Newsletter**	**Team briefs**	**Focus on**
	The team have produced a newsletter since 2017 giving information about MECC training and health information relevant to ESHT staff. This is widely circulated online and via email and often generates feedback and responses	Important information which needs to reach ESHT staff such as new initiatives or changes to the MECC training programme is cascaded to lead staff via a team brief update which they share with their teams	Detailed information on the prevention CQUIn has recently been desiminated to ESHT staff via the 'Focus on', an internal publication which features a key issue every week or so
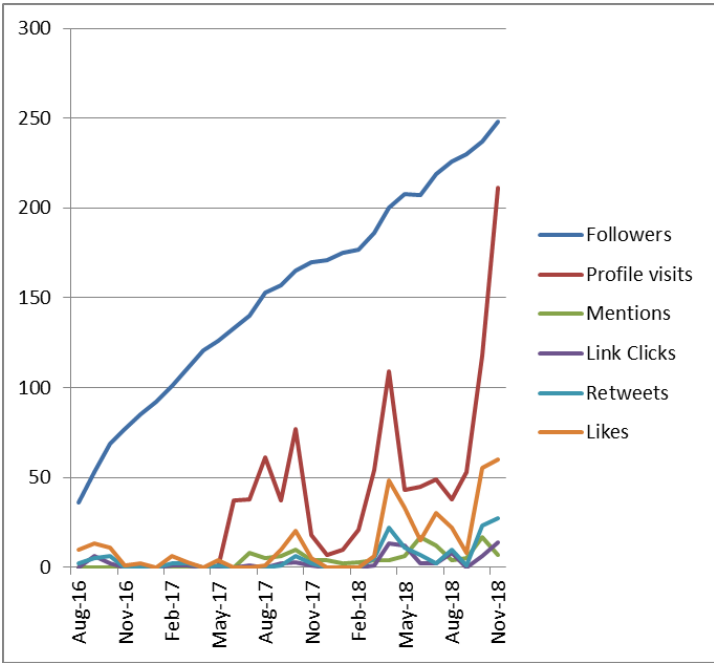
Key Success: Twitter

The platform which has proven most effective for the MECC / HPT project has been Twitter which is heavily used by ESHT staff for professional networking and information sharing. Via a ongoing process of refining our approach to this platform we have been able to create strong engagement. This was achieved by analysing which content was making the most impact, sharing curated content from public health resources, engaging with popular ESHT tweeters and sharing fun attention grabbing posts. Recruiting a team member with significant social media experience has also had a significant positive impact on our Twitter success

Promotions and Engagement

As a health promotion project it is vitally important for the HPT team to be visible and engaging face to face with the target

Road shows and Events

The HPT Team have delivered promotional stands regularly throughout the project. These have included issue specific promotion such as 'Stoptober' stands delivered with OneYouEastSussex and Alcohol awareness delivered with Star and also general events to promote MECC HPT in high footfall areas approximately once a month. The HPT team have also attended any other events where the programme can be promoted included staff wellbeing events and various department specific team building days.

Ward visits / MECC Map

The MECC team have consistently sought to maintain a face to face dialogue with frontline staff on wards and in community teams. This was initially achieved by the two MECC engagement workers. Latterly we have developed a more efficient approach by using past data to create a 'MECC Map' which highlights least engaged areas and enables us to use capacity to visiting areas on a targeted basis.

Posters / Flyers marketing materials

The HPT team have designed, created and distributed various marketing materials to support MECC engagement and promote health messages within ESHT. These have included:

- Pop up banners for the MECC and HPT project
- A4 Flyers distributed to all wards
- Issue specific materials such as second hand smoke posters, mental health signposting resources and 'how to refer' leaflets

Engagement Talks and Mini Training

Throughout the project the MECC leads have delivered talks to a wide range of staff either on request for training days or via approaching key staff groups to offer this service. For example talks have been given to all Diagnostic and Surgical staff, iMSK, physiotherapy, radiology, SAS doctors, IT change team and many others.

Recently Deputy Lead has formalised the engagement talk offering into three presentations: **A mini MECC session for busy doctors,** a general awareness session explaining the prevention agenda and HPT projects and a 'communications for quality care' talk all of which aim to emphasise the value of health promotion and encourage MECC attendance

Challenges and Lessons

Maintaining a visible presence on wards and in the community in a trust as large and diverse as ESHT requires a considerable amount of staff resource. For a time this was provided by two engagement workers but this arrangement was not sustainable in the long term. A solution of providing 'MECC boxes' with signposting leaflets in each area was implemented from 2016-18 but these boxes also needed to be kept updated and due to resources being digitised has now been discontinued.

Going forward, we have developed several strategies. We are now have a stand at every Induction event, where we hand out posters and flyers about everything the Health Promotion Team are doing. This is built on using every member of the Health Promotion Team, with the support of Staff Wellbeing, to increase our presence across all sites. We are attending more Trust events to, such as Schwartz Rounds and other talks to make our faces familiar. We regularly update our marketing materials and have seen an increase in contact with staff through distributing our information.

NHS Health Checks

Background

NHS health checks are screening appointments offered to people aged 40-74 in which measurements and details of lifestyle are taken in order to identify risk of cardiovascular disease and refer to appropriate support. Public Health England provided funding to offer NHS health checks to eligible staff within ESHT in 2016. A band-7 nurse within the staff wellbeing team took lead responsibility with the support of two wellbeing advisors and an administrator. A target was set to achieve 50% coverage of eligible staff within the project lifetime.

July 2016	October 2016	February 2017	December 2017	April 2018
Project lead appointed and initial meetings	Work begins planning and purchasing for project	First clinics and appointments delivered	Capacity increased to 5 days per week	Programme completed and analysis begins

Process

- Health Diagnostics point of care testing equipment was purchased for the clinic
- IT infrastructure was established to link Health Checks outcomes with GP surgeries
- Paper invitations were sent to all eligible staff and internal communications were sent out
- Promotional stands were used to increase uptake and advertising banners printed
- Managers and eligible staff were approached directly on wards
- A variety of appointment schedules were tested including evenings and weekend
- Referrals were made to GP or lifestyle services as appropriate

Key Outcomes

Attendance: 1069 of approximately 3273 eligible staff attended. This represents 33% coverage which whilst below the initial target is impressive when compared against similar schemes which achieved 11% on average

Health Risks identified:							
Checks	CVD	BMI	Waist	Activity	BP	Pulse	HbA1c >42
	6.6%	30.6%	**69.7%**	35.3%	18.1%	3.9%	12.0%
	Cholesterol	TCNDL	Smoking	Alcohol >4	MSK	Anxiety	Depression
1069	2.2%	3.1%	9.8%	30.6%	**60.5%**	38.9%	25.0%

Large numbers of health risks were identified in staff including cases of undiagnosed diabetes. Of those referred for lifestyle change 64% reported making changes at follow up. This data has also allowed comparison against national data to show health risks particularly prevalent amongst ESHT staff. These included MSK pain, mental health issues, alcohol intake and obesity. This has been useful in targeting interventions such as a 'healthy weights' scheme and informing priorities for future work to support staff wellbeing at ESHT.

Challenges and Lessons

- Only 3.5% of referrals came from managers and this proved difficult to increase
- DNA rate was higher amongst nurses but it was not practical to take clinics onto wards
- 95% of those given GP referrals accepted, however only 25% accepted referral to lifestyle services and of those only 30% had attended after one month. This again highlights the challenges of developing referral pathways into lifestyle interventions from healthcare
- Installing new software, hardware and integration with GPs was more time consuming than anticipated due to long waits for necessary support an authorisations

System One Template

System One is a health records software published by TPP which was rolled out at ESHT in most of the teams working in the community in 2017. This was identified as an opportunity to promote MECC conversations and facilitate referrals to lifestyle providers because System One has extensive functionality to enable this.

System One allows organisations to create 'templates' which are digital forms designed to support staff to record appropriate information and assessments for a clinic or activity. We designed a 'MECC template' which would enable ESHT staff to record when MECC conversations have taken place and the topics discussed and also included links to health promotion tools such as BMI calculator and Audit C calculator (See appendix for full details). This template also includes the referrals forms to lifestyle services (One You East Sussex, Star and Winter home checks) and pre-populates these forms automatically.

Timeline

Q3 2017	Q4 17-18	Q1 2018	Q2 2018	Q3 2018
November	January	May	July	November
Initial engagement with PAS team and project planning.	Template design meeting with PAS Team	Initial engagement with a sample of System 1 users	System 1 leads and team leads for all areas contacted	Reporting schedule agreed and first data received
December	Feb-March	June	August-Sept	December
OYES and STAR Referral forms added to all System 1 units	Template developed over several iterations	Pilot testing conducted with Bladder and Bowell team	Meetings with leads to demo template, published in willing units (9 out of 11)	7 areas actively using template. Minor amendments based on feedback

Key Outcomes

Areas engaged:

Bladder and Bowel	Community nursing Eastbourne	Community nursing H&R	Dieticians	iMSK	Pro Active	Resp-iratory	Tissue viability	Heart failure	*
In use	In use	In use	In use	In use	In use	In use	Testing	Testing	Not in use

*Only Podiatry and Crisis Response have not responded to engagement attempts

MECC conversations: So far 135 MECC conversations have been recorded, mostly focused on physical activity (n=100) and with several addressing smoking (n=45) and diet (n=34). Good quality health informatics are known to improve patient care (9) and Feedback from areas using the template is that it has supported them to remember to conduct MECC activity and deliver more health promotion as a result.

Issues

Simplification: Some clinicians have reported that they would prefer a simpler form with fewer functions and it may be desirable to develop bespoke versions of the template for some units to avoid replication or confusion.

Referrals: As of Dec 18 twelve referrals to lifestyle providers have been made in System 1 which could be improved. This is likely due to the need to separately email the completed form which can be cumbersome. This issue may be overcome through implementation of MESH software and/or the support of MECC champions, see 'HPT Future options paper'

Preventing Ill Health CQUIN

Background

New targets were published by NHS England in April 2018 (11) as part of the Commissioning for Quality and Innovation (CQUIN) system which required a radical new emphasis on prevention of lifestyle risk factors. The implementation of this piece of work was taken on by the HPT team as an opportunity to promote MECC conversations and increase referral to lifestyle providers. The prevention CQUIN requires that all in-patients (except maternity) should be screened for smoking and alcohol and given brief advice where appropriate. Smokers are offered cessation aids such as NRT and referral to the lifestyle provider and drinkers are to be assessed using the Audit-C tool and referred to lifestyle or drug and alcohol support where appropriate.
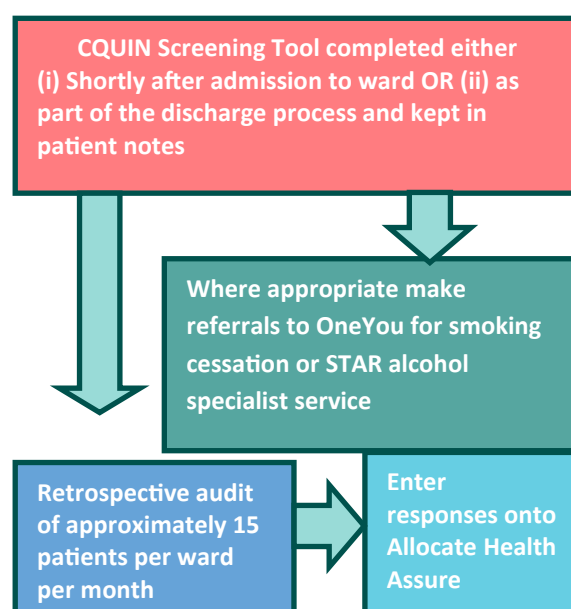
Process

It was determined that due to lack of appropriate IT infrastructure it would not be possible to carry out the screenings or report on the CQUIN digitally. As such as paper screening tool was developed which would be audited for completion in a sample of 500 patient notes per quarter.

HPT Lead and deputy lead engaged with leads matrons in all areas affected by the CQUIN to explain process and requirements, give supporting documentation and that ensuring health promotion best practice was understood.

Outcomes and Challenges

At the time of writing ESHT is almost on target to achieve the prevention CQUIN. The current rates of compliance have been achieved by strong engagement from only around half the wards therefore it is likely that it can be easily exceeded if technical or operational issues are overcome in a few more wards. There are challenges with cascading the screening process to frontline staff due to operational pressure and rotational shifts.

Tobacco & Alcohol Screening Assessment & Referral Process

CQUIN Screening Tool completed either (i) Shortly after admission to ward OR (ii) as part of the discharge process and kept in patient notes

Where appropriate make referrals to OneYou for smoking cessation or STAR alcohol specialist service

Retrospective audit of approximately 15 patients per ward per month

Enter responses onto Allocate Health Assure

Audits completed

—— Audits   —— Target

	July	August	September	October	November
Audits	117	177	147	140	150

Going Forward

Responsibility for compliance with the prevention CQUIN will move to operational management in 2019. However the HPT team will continue to work to ensure that the maximum health improvement benefits are realised as a result of this initiative. This is likely to involve an ongoing physical presence on wards to support MECC best practice and to push for patient referrals.

Work has been completed on the development of an electronic template in 'Evolve' system which will make assessment and referrals out considerably easier for staff, to be trialled in 2019.
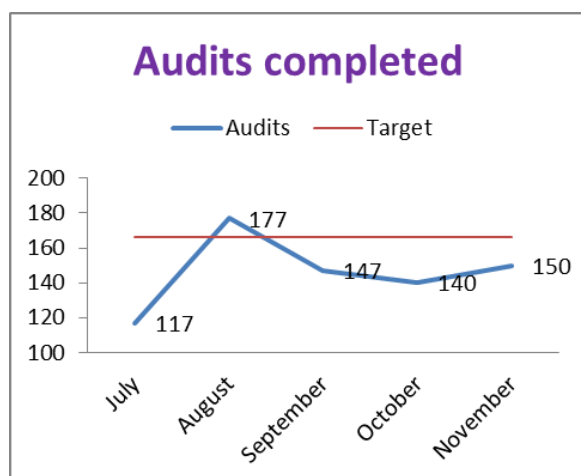
Smoking policy consultation and policy

As part of the Health Promoting Trust goals set in April 2017 ESHT was commissioned to carry out a consultation to assess staff views on smoking policy. This project aimed to assess attitudes of ESHT staff towards the existing policy and the feasibility of moving towards a SmokeFree environment and also to inform the creation of a new policy. In August 2017 a deputy lead was recruited to the HPT team to conduct the consultation and all data collection was carried out in Q3 2017 with the report being published in April 2018.

Methodology

The consultation used multiple methods to gather a wide range of views and reach a broad sample of ESHT staff, 544 staff responded to surveys or participated in interviews. Following stakeholder engagement and a pilot surveys the following research methods were used:

- **Semi structured interviews** (27 participants): Staff were approached in their work areas and via promotional activities. General discussion of smoking policy was facilitated with prompts
- **Focus groups** (154 participants): Leads were approached across ESHT sites to facilitate focus groups within their teams. Focus groups were conducted with prompts on keys issues and general discussion
- **Electronic survey** (329 respondents): A survey was hosted online and promoted through various communications channels; this survey included multiple choice questions and free text responses.
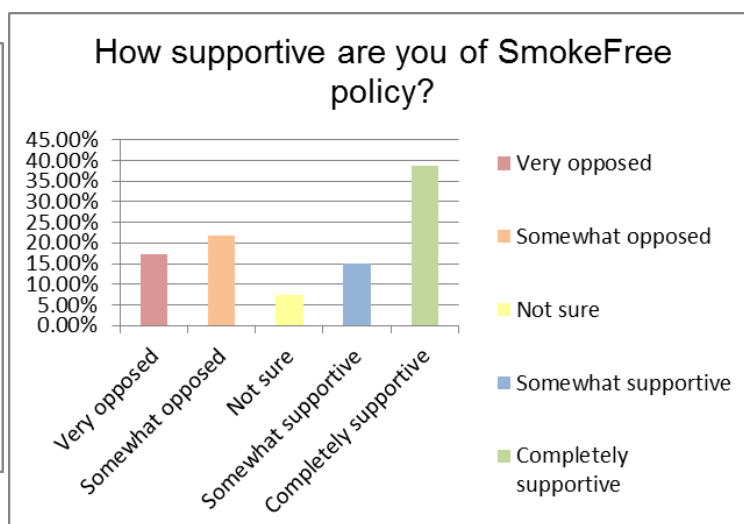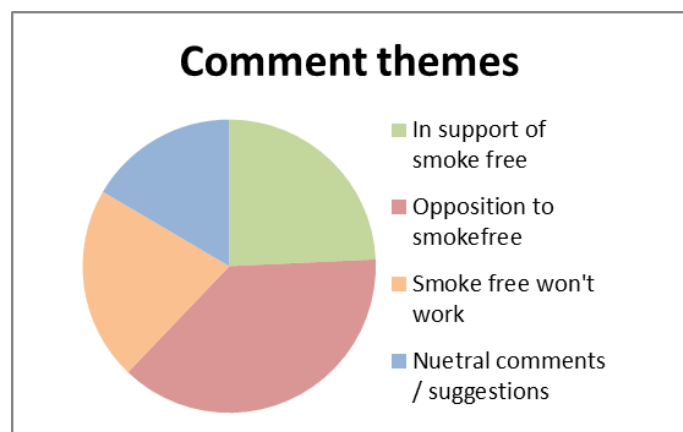
- Most staff recognised a change was needed to reduce the second hand smoke problem and there was a broad consensus on the need for a new well publicized and clearly defined policy
- The most common overall comment was that any policy change must be workable and enforceable. It was clear that staff were mindful of the previous failed implementation of SmokeFree and most felt that designated smoking areas were more effective at reducing second hand smoke than SmokeFree

Smoking Policy Development

Following publication of the consultation findings a working group was established to define the new policy which brought together representatives from HR, Health and Safety, Estates and Facilities, Fire Safety, Staff Wellbeing and East Sussex Public Health. Following these meetings a policy document was developed by the HPT team for publication and implementation in Q1 2019. The following key policy points were agreed:

Zero Tolerance area to be enforced within 5 meters of all entrances and walkways with escalation to management / security if not adhered with	Staff should no longer be allowed to take additional breaks to smoke outside of normal break times	Vape users will not have to use smoking shelters but cannot use or charge vape devices in ESHT sites	All patients and staff who smoke will be offered cessation support and cessation aids	New policy will be clearly signposted and communicated to all staff

Second Hand Smoke

Background

Passive smoke inhalation and smoking during pregnancy are very high priorities in for public health in East Sussex (REF). Smoking at time of delivery is currently 15% in Hastings and Rother, the highest rate in England and there are 62,000 smokers in East Sussex many of whom expose others to their smoke in the home or in public spaces. Much of the work undertaken by the Health Promoting Trust is aimed at reducing smoking (Smoking policy, the prevention CQUIN, Nicotine Replacement referrals etc) and might be expected to indirectly address second hand and maternity smoking. However given the severity of these issues in East Sussex work is being undertaken to specifically address them through partnership work on health promotion and targeted interventions.

Second hand smoke group

Alongside partners from ESCC public health, ESHT maternity and OYES the HPT team have come together in a regular committee on second hand smoking since December 2018. Through sharing knowledge and experience the group have developed health promotion materials, agreed strategy and resolved to implement a number of changes to of practice in each service in order to address the second hand smoke challenge

Partnership work on maternity smoking

The HPT team participated in an series of training and planning sessions aimed at resolving the East Sussex maternity smoking challenge which were facilitated by the Kings Fund as part of the 'STP Systems Leadership' programme. This led to a number of resolutions including a new approach to increasing referrals for smoking mums into cessation services via a holistic interventions to promote vaping as a harm reduction approach and an agreement on consistent messaging

Public Address System

There has been an ongoing issue with inconsiderate smoking outside the entrances and walkways of ESHT hospitals which leads to unacceptable exposure to tobacco smoke for patients and visitors. A number of other trusts have implemented PA systems which alert smokers to move from public areas and the decision was take to implement a similar system as part of the HPT work in 2018. A provider has now been engaged to complete the work and installation is planned to begin in January 2019

Training and promotional campaigns

A challenge for second hand smoke prevention is that many people underestimate or misunderstand the health threat posed by this issue and how to prevent it. In order to address this problem, messaging on the threat of SHS has been integrated as part of activities and quizzes throughout MECC training. Posters and leaflets have been developed to raise awareness and the HPT team continues to work closely with ESCC in the development of a county wide information campaign on SHS

Challenges

SHS is a particularly vexatious issue given that, unlike smoking cessation, it cannot be addressed directly via clinics and conventional health promotion activities. Many member of the public remain stubbornly reluctant to accept that tobacco smoke is harmful and this is seen clearly in the frequent smoking outside hospital wards and amongst parents. We will continue to push the message of SHS harm indirectly via training activities and holistic wellbeing interventions however it may be necessary to promote harm reduction approaches such as vaping in order to achieve a reduction in second hand smoke.

Nicotine Replacement Therapy (NRT)

Introduction

In August 2018 ESHT was funded by ESCC Public Health to invest in the promotion of nicotine replacement therapies for in patients. This was a priority for a number of reasons: a) To promote best practice use of NRT in order to increase the likelihood of smoking cessation b) To reduce patient smoking around hospitals and therefore second hand smoke c) To achieve greater compliance with the risky behaviour CQUIN. This project is led by a Specialist Respiratory Pharmacist at ESHT.

Current Progress

The NRT project has achieved a significant amount in a short period of time; the respiratory pharmacist has been able to achieve engagement with all wards, including their leading staff. NRT is now being stocked on these wards making it easier to prescribe and use and clinical staff are aware of the most effective ways to prescribe it. This also involved the development of a pathway guide for NRT which is within the pharmacy handbook and will soon be in junior doctors micro guide. This includes details of how to refer, accessing the in-house clinic and contact information for One You East Sussex (OYES). OYES have provided NRT training to all pharmacists at EDGH and soon at Conquest meaning that all wards who each have their own pharmacist will be able to prescribe NRT to patients.

As part of this project the pharmacist was able to establish an in-house NRT /Smoking cessation clinic supported by One You meaning we are now able initiate smoking cessation in hospital and maintain continuity of care to services in the community after discharge. This runs for three hours a week, on Jevington Ward open to patients their families and staff and is also run as a bedside clinic for less mobile patients. The clinic has seen good uptake from staff smokers and patients who begin cessation in hospital have the option to return to the hospital for further sessions if they prefer. There have already been several expressions of interest to copy the model of this service in other hospitals in London is elsewhere.

Key Outcomes

Substantial increase in NRT prescriptions

90% success rate from in house clinic measured by self-reported quits, as well as a Co1 reading

Being used as a leading model for hospitals in London and local private hospitals

Project has been nominated for HSJ award

The Future

NRT is always going to be essential in reducing long-term illnesses caused by smoke inhalation. The benefits extend to less financial burden, reduction in risk of second hand smoke and a generally healthier public. Therefore, in the future, our efforts to encourage the use of NRT will increase.

Over the coming months we aim to cover a series of specialities to promote NRT and the expanding clinics. We have already covered the diabetes team and intend to cover the cardiology and stroke teams, as their patients are most effected.

We have set up training with respiratory consultants to get them to practise referrals. We are also hoping to attend a grand round with the junior doctors and medical students. This would be to further promote NRT and the clinic.

Active Travel Projects

In June 2017 a new role was created of Active Travel Officer. This post was established to provide dedicated energy behind actions to increase physical activity amongst ESHT staff, improve sustainability and reduce emissions whilst also saving the trust money. Kieron Pelling was recruited to the role which has been funded and guided via the Health Promoting Trust but line managed and based within the Estates and Facilities department. This programme of work has been a great success story for the Health Promting Trust over the past year and promises to provide further benefits in the future

Project backgrounds

Active Steps

Sustrans are a charity working in East Sussex as part of East Sussex County Council's initiatives to promote cycling. Sustrans offer a free 10 week cycle proficiency course called Active Steps. The course aims to get beginner or nervous riders to develop confidence riding on roads. Health checks are offered before and after the programme, and the weekly rides are led by a Sustrans Officer, backed up with a volunteer. People signing up to the course can borrow bikes during the course so can take part without owning equipment.

Inter site Travel initiative

The aim of the scheme is to reduce travel claims for the Trust and contribute towards reducing the Trust's carbon footprint and impact on the environment. Following a successful trial with two pool cars between October 2017 and June 2018, the number of pool cars were increased to eight from October 2018.. In April 2018 it was also suggested to offer a mini bus for large meetings and work was initiated on a trial of this in July 2018.

Parking Permit policy

Charging staff to park at hospitals is a divisive issue however the decision was made to increase parking fares at ESHT in 2018 due to extreme lack of spaces. Since this activity is also likely to encourage active travel and reduce carbon emissions it led by the HPT Active Travel officer.

Cycle Shelters

Funding was provided by the HPT Commissioners to improve the cycle shelters and increase cycle parking capacity on ESHT properties. Staff had expressed dissatisfaction with many of the shelters then available, particularly their state of repair and location. Responsibility for the project was passed to Kieron Pelling, the Active Travel Officer.

Inter site travel:
Pool cars and mini bus

Current Progress

Since October 2018, different departments have been invited to sign up to become pool cars users including HR and Finance. Applications from keen individuals have also been accepted. In December the invite will be extended to all staff that need to travel for business purposes. The success of the scheme depends on making the maximum usage of the cars, so the more people using them the merrier.

Work has begun to understand the requirements of Out of Hospital staff to see if pool cars could help to reduce some of their travel costs. Teams have been sent a questionnaire to gather this information.

October 2017	June 2018	July 2018	August 2018	October 2018	September 2018	December 2018
Pool car pilot project starts	Pool car pilot project finishes	A survey was created to collect details on cross site travel for the meeting, and quotes from bus companies obtained	Best value bus company booked, and survey sent to meeting participants	New pool car scheme with eight cars starts. Temporary Pool Car administrator in post	Shuttle buses are provided for the meeting, survey responses collected and report written up	Review of out of hospitals staff travel and potential pool car requirements

Challenges

The idea behind the shuttle bus is theoretically sound particularly for large meetings where times are fixed and large groups of people are travelling between sites. It would also work financially if all staff travelling on a bus claimed the travel expenses they are entitled to. In reality however running a shuttle bus that is financially sustainable might prove more difficult. This is down to two main reasons;

Staff

The main reason for staff not wanting to take a bus is due to its lack of flexibility. Consultants and doctors on call could not be without their car if there was an emergency they were required to attend. Staff want the security of guaranteed transport if a meeting runs late. Other staff who live outside of Hastings or Eastbourne do not want to travel back to hospital to pick up their car, then travel on to their home, which might be back the way they came.

Expenses

It seems that a majority of staff attending these meetings do not claim the expenses they are entitled and a 50% decrease in expense claims makes the bus option more expensive.

The Future

We have been taking on board feedback from current users of the pool cars to make using the cars as easy as possible. Having an administrator in post helps to keep on top of the bookings and ensure that there are good communications. As use grows there will be regular reviews on whether the number of cars available is suitable and the cost effectiveness of the pool cars.

There is no doubt that if used to capacity the Trust will see savings, so the key is to ensure that pool car use is the first choice for business travel.

A more detailed look at the viability of a cross site shuttle bus is in process, with a staff survey about the topic being circulated in mid-December. This will look at staff travel habits, expense claims and whether the shuttle bus is an attractive option as a mode of transport.

Promoting cycling for active travel to work

Sustrans Active Steps Programme

Current Progress

Since January 2018 three cohorts of staff have participated in this programme to which helps people to get back into cycling. So far 27 staff have participated at EDGH hospital and 10 at conquest with varying numbers attending the rides each week. The current cohort finished in Dec 2018 and feedback so far has been excellent

Key Outcomes

The three programmes delivered by Sustrans have been very effective at increasing attendees confidence in their cycling abilities. The programme has also given participants the chance to try out electric bikes at no cost, and they have also learnt the basics of bike safety and maintenance. The HPT team are very appreciative for Sustrans effort and dedication in delivering the sessions.

The Future

There is an opportunity to offer the programme to staff at the Conquest again in early 2019 if adequate numbers sign up. There are fewer cyclists at the Conquest due mainly to its location and routes of access. The Green Commute Initiative provides access to electric bikes, this might help encourage more living in Hastings to consider cycling.

Cycle Shelter Installations

Despite some setbacks and challenges the HPT goal to deliver new cycle shelters at the hospitals was completed on time and within budget and specifications by the Active Travel Officer

October 2017	November 2017	December 2017	January 2018	April 2018
Review of existing shelters and use	Improvement plans finalised and quotes for the work requested	Contractor chosen based on those quotes.	Procurement stepped in and restarted quote process	The same Contractor chosen after procurement process
June 2018	**August 2018**	**November 2018**	**December 2018**	
Work due to start postponed due to manufacturing issue	Work started then stopped due to pricing dispute	Work recommenced, and 90% finished.	Awaiting timeline for completion of all work.	

Key Outcomes

The appearance and design of the new shelters has received broad positive feedback. 12 members of staff are already using the secure shelter at Eastbourne. The rework of the secure shelter at the Conquest has provided more space and will be a significant improvement

Challenges

Contract management of the building supplier proved to be difficult and there was a brief dispute over the terms of payment however this was resolved satisfactorily and work went ahead. There have also been a number of minor issues with parts of the shelters not being installed to specification. Lessons have been learned in general around the need for careful pre-planning for any buildings works at ESHT due to the number of decision makers needing to made aware and involved.

Parking Policy

Historically parking permits were handed out to all Trust staff upon application, with no checks or permit expiry dates. Over time this led a over reliance of staff on driving to work which became unmanageable for the trust and also failed to encourage healthier active alternatives such as cycling. A new parking permit scheme was introduced to control the issue and get a better understanding of staff commuting behaviours. As well as introducing a yearly permit expiry, all staff living within 1.5 miles had to meet one of seven criteria in order to be eligible for one:

October 2017	November 2017	January 2017
Research into other parking permit schemes and draft scheme developed	Initial scheme plans out for consultation	Scheme revisions, and further consultation
March 2018	**November 2018**	
Launch of the new scheme for new starters and invite for existing staff to apply	Launch of the scheme for all staff.	

Outcomes and Progress

Over 4,300 paper forms have been submitted and despite initial resistance after negotiations the policy is now in place without any major objections from staff. This process has provided a large amount of useful data about current staff travel behaviour in order to target future health promotion. It is too early to say whether this work has made an impact on staff travel behaviour but anecdotally there appear to be considerably more people cycling and more space available in the car park at EDGH at least.

Parking Permit Exclusion Criteria

1. Blue badge Holders
2. Individuals with a physical condition (e.g. recovering from an operation) where parking on site is essential for their ability to attend work
3. Staff who have a clear and regular need to use their car due to primary care responsibilities for children (of up to 16 years old), disabled people (of all ages), or elderly relatives
4. Regular permanent night shift staff
5. Staff with shifts which start before 7am or that end after 7pm
6. Staff who need their car for Trust business use - i.e. those on-call, Community Midwives and Nurses and those with regular cross site or off site meetings on at least one occasion per week
7. Registered Car Users who are part of active 'Liftshare Teams' on the ESHT Liftshare website.

Challenges

Hospital parking is an exceptionally contentious issue and inevitably it is difficult to strike a balance between enforcing a policy which can meaningfully change behaviour whilst not causing staff to become angry and disaffected with the change. At the present time the policy is such that very few people are actually being denied passes which may indicate that it is not sufficiently robust to actually reduce demand for parking. However the strength of resistance to the £2 parking charge (which had to then be reduced to £1.50) gives some indication as to the level of caution required in addressing this issue.

Keeping the scheme as a paper based exercise has caused problems; The work load has been extremely high, and generated large amounts of paper work. This has been a major demand upon time for the Active Travel officer and HPT admin and even with support from the parking team there remains a large backlog. In particular it may be beneficial to research a new IT solution for the database and demographic data which is recorded by the Active Travel Officer during this process.
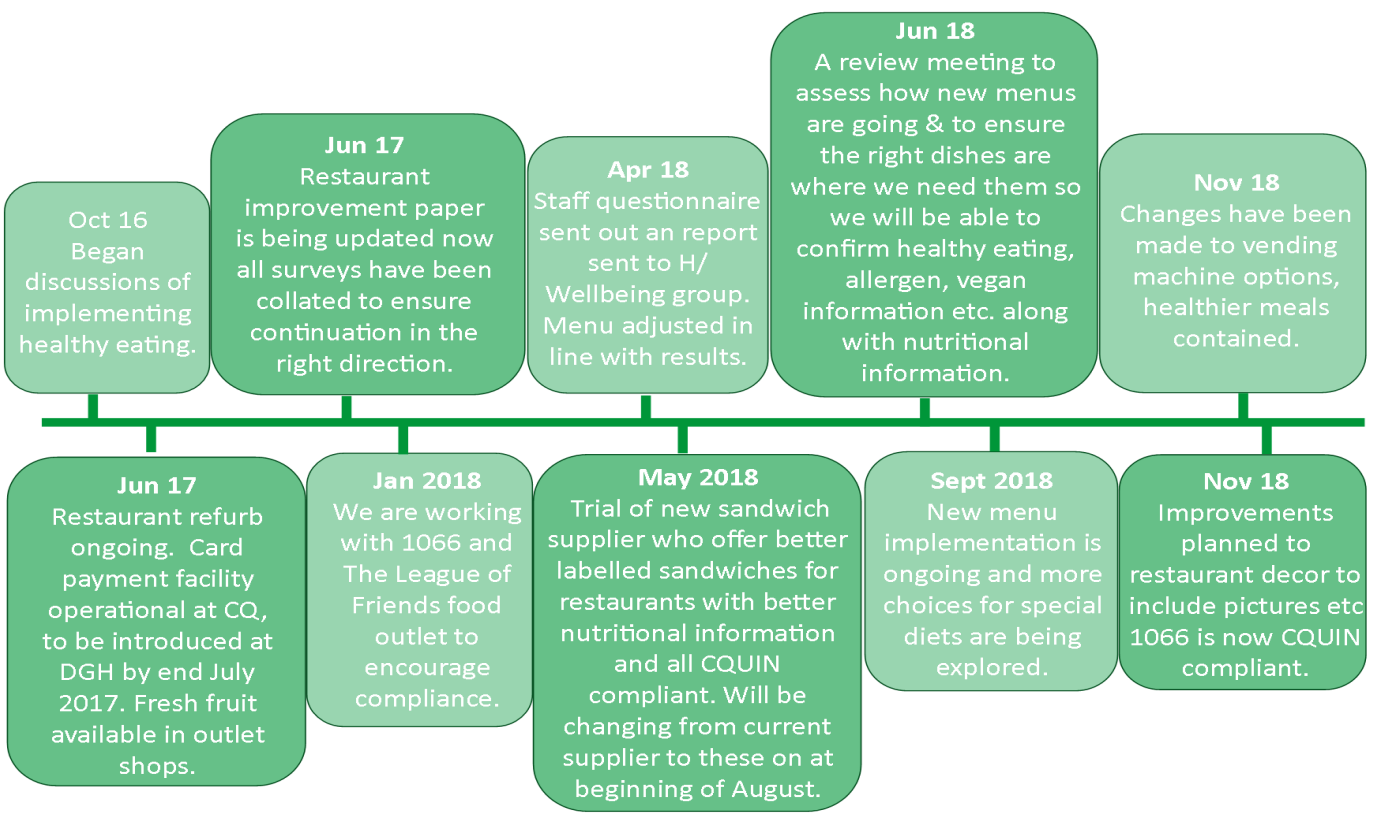
Healthy Eating

Introduction

As previously discussed staff wellbeing is a critical factor in improving NHS finances, with the Health Service approximately losing £2.4 billion a year to staff absence for poor health. One factor that can contribute to poor health is diet, therefore we introduced healthy eating programme to meet the requirements of the 2017/19 CQUIN. Point 1 of this CQUIN is 'Improving staff health and wellbeing', which includes 1b 'Healthy food for staff, visitors and patients'.

For our Trust this was a challenge, as the CQUIN clearly states that all outlets, including vending contracts, trolley services, volunteer organisations and external suppliers follow the standards. Across ESHT premises we have two in house restaurants, three outsourced restaurants and trolley services, four friends shops, three outsourced vending suppliers as well as in house vending.

Timeline

Oct 16
Began discussions of implementing healthy eating.

Jun 17
Restaurant improvement paper is being updated now all surveys have been collated to ensure continuation in the right direction.

Apr 18
Staff questionnaire sent out an report sent to H/Wellbeing group. Menu adjusted in line with results.

Jun 18
A review meeting to assess how new menus are going & to ensure the right dishes are where we need them so we will be able to confirm healthy eating, allergen, vegan information etc. along with nutritional information.

Nov 18
Changes have been made to vending machine options, healthier meals contained.

Jun 17
Restaurant refurb ongoing. Card payment facility operational at CQ, to be introduced at DGH by end July 2017. Fresh fruit available in outlet shops.

Jan 2018
We are working with 1066 and The League of Friends food outlet to encourage compliance.

May 2018
Trial of new sandwich supplier who offer better labelled sandwiches for restaurants with better nutritional information and all CQUIN compliant. Will be changing from current supplier to these on at beginning of August.

Sept 2018
New menu implementation is ongoing and more choices for special diets are being explored.

Nov 18
Improvements planned to restaurant decor to include pictures etc 1066 is now CQUIN compliant.

Current Progress

We are on track to achieve 1b 'Healthy food for staff (See table 1), visitors and patients' CQUIN in 2019.

We have also recently undertaken a staff survey. Some key requests came up that we are now incorporating into our plan. This included changing our sandwiches to offer more choice at competitive prices and include more nutritional information. We have added vegan options and increased the amount of vegetarian choices available.

We also received some comments requesting that the restaurants 'look nicer'. As a result, we are working to create posters to decorate blank walls at Conquest and are creating a staff wellbeing garden next to the EDGH canteen, with the support of the MECC team.

The banning of price promotions on sugary drinks and foods high in fat, sugar or salt	The banning of advertisements on NHS premises of sugary drinks and foods high in fat, sugar or salt	The banning of sugary drinks and foods high in fat, sugar or salt (HFSS) from checkouts	Ensuring that healthy options are available at any point including for those staff working night shifts.	70% of drinks lines stocked must have less than 5 grams of added sugar per 100ml. In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).
Yes for Trust Restaurants & Vending	Yes for drinks for Trust Restaurants & Vending. Checking food items.	Yes	Yes	Yes in Trust Restaurants & Vending
Apr-18	Apr-18	Apr-18	Sep-18	Apr-18

60% of confectionery and sweets do not exceed 250 kcal	At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g.	Staff restaurants are CQUIN compliant	FoH shops are CQUIN compliant	Vending machines are CQUIN Compliant
Yes in Trust Restaurants & Vending	Soon for Trust Restaurants & vending	Yes for drinks/ Soon for food.	No	Yes for drinks/ Soon for food items
Apr-18	Expect compliance by end March 2019 for Trust Restaurant & vending	April 2018 /End March 2019	In progress	April 2018 / End March 2019

The Future

We will continue to work with all food outlets across the Trust to ensure CQUIN compliance and believe this can be delivered by March 2019. We will also continue to develop our menus to include healthier options, including vegetarian and vegan.

We are hoping to be able to publish our two weekly menu to the extranet shortly and include a significant amount of nutritional information such as calories, carbohydrates, fat and protein.

We will also continue to improve the décor of our eating areas, to help meet Health Promoting Trust standards of creating a space where staff can relax and recuperate. This includes working with the MECC team to create a staff wellbeing garden outside the EDGH canteen and, potentially, a space over at Conquest as well.

We are also about to launch a new survey specifically for our vending for out of hours availability for staff who work overnight and or at weekends.

Junior Doctors have also asked us to increase the amount of Halal items we have for sale in our restaurants and this will be achieved soon.

Mouth Care Matters

Introduction

MCM has shown significant improvements across many aspects of patient health. Oral health is an important part of general health, which is linked to nutrition, hydration, patient safety, hospital acquired infections and is an important part of compassionate care. This programme continues to build upon the Mouth Care Matters (MCM) programme which was initiated in 2016 and funded by HEE KSS and extended through public health funding. Initial findings from Surrey and Sussex Healthcare Trust have shown a significant improvement in general well-being, winning the innovation award for KSS in 2015. This is also an area where CQC have focused on in SASH. With the lack of systems and processes in place in ESHT if inspected, it would attract a degree of scrutiny and highlight significant areas of poor practice.

The MCM programme has delivered standardized training at ward level and through corporate induction, which includes the importance of oral care and appropriate products and the implications of poor management. This has ensured that quality improvements have taken place for patients and staff. Through 'Back to Basics' training, staff are equipped with the confidence, equipment and knowledge to manage all categories of patients' oral care. The MCM lead provides second opinions and support in more complex cases. MCM is important for many reasons:

- It can reduce risk to patients placed on nil by mouth, or have restricted dietary or fluid intake who are more likely to have dental caries and periodontitis.

- Oral hygiene care for ventilated patients reduces this risk of developing ventilator-assisted pneumonia

- Improve mouth care for patients in palliative care, maintaining a clean mouth in conscious and unconscious patients

- Poor oral health can also impact on the care and treatment of patients with head and neck cancer. It is reported that 40% of chemotherapy patients will experience oral mucositis (inflammation of the oral tissues) and many patients rate this as the most distressing aspect of their cancer treatment. It also has the ability to help manage gum disease

Whilst MCM has achieved a great deal, this report will focus on Hospital-Acquired Pneumonia (HAPs) as we have sufficient data to discuss the impact MCM has had. 40% of aspiration pneumonias are related to poor oral health, as dental plaque contains bacteria which can cause pneumonia. HAP increases hospital stays by an average of 8 days and mortality rates are high; between 30 and 50%. This in turn increases the cost.

Key Outcomes

The provision of the Mouth Care Matters programme aligns with the Trust strategy and vision for 2020, which requires the Trust to provide efficient, high quality, and compassionate treatment centred to the needs of our patients. It is clear that oral health outcomes have improved in areas engaging with MCM and a number of wards remain to be reached. There is still the potential to achieve further improvement in mouth care quality given that a significant number of staff have not received MCM training yet.

Successes

MCM was introduced in specific areas in June 2017. Initial data suggests these areas may have seen a decline in the number of HAPs diagnosed and coded. When this is broken down into areas which have had the training, there is a clear decline in number of HAPS, with our statistics estimating an average of 52% decrease in HAPs across ESHT.

The scope of the programme (2018-19) is to focus on the MCM programme in acute care. By March 2019 the programme will have achieved training across 25 wards with roll out of MCM documentation, equipment and audit. The MCM lead aims to continue to work to embed this programme and cascade to remaining areas.

Length of Stay (LOS)

Length of stay has also reduced by 52%, but is still higher than the national average. The MCM programme it is proposed is having a positive impact on these measures, which will be further realised through ongoing funding of the programme.

Yearly Numbers of Recorded Hospital-Acquired Pneumonia (HAPs)

Year	Total HAPs (Y95X)
2015.16	926
2016.17	1052
2017.18	894
2018.19	525 (ytd) forecast 787

Attempts have been made to quantify the benefits by looking at the prevalence and incidence data, HRG codes and tariffs, profit and expenditure. Coding of Hospital-acquired pneumonia (HAPs) has been identified using Y95X nosocomial condition. Whilst this may not be 100% accurate in identifying all HAPs it is the closest available and likely an underestimate of actual figures.

Since the introduction of the MCM programme, the occurrence of pneumonias and average length of stay in ESHT have reduced.

The Future

Given ongoing funding we would also like to increase the level of support and awareness of our project. After this we aim to develop our work in the community, as well as upholding our hard work at the acute trust sites

Implementation Strategy

	Timescale
Continue to roll out across all acute sites as a single MCM lead	Continue and complete by June 2020
Roll out across all community sites as a single MCM lead	Commence June 2019 complete 2021

Conclusion

Overall we believe Health Promotion Trust has been a successful venture having delivered a programme of improvements to health promotion activity at ESHT broadly on time and to a high standard. We aim to continue to raise those standards by delivering further improvements to ensure that the core offer of MECC keeps reaching as many staff as possible and resulting in direct health benefits for ESHT patients. However we also believe that many of the benefits of delivering a health promotion service are difficult to capture in simple performance indicators. The various members of the MECC team over three years have acted as champions for the public health agenda; raising the profile of lifestyle issues, and facilitating partnership work by acting as an entry point for other agencies to support these goals in ESHT. The work of the HPT has been conducted during a period of exceptionally stretched resources for ESHT combined with a number of unexpected long term absences impacting the MECC team, yet despite this we have been able to deliver MECC and hospital health promotion at a level which compares favourably with any other trust in the country. Over the coming years we plan to continue to grow, learn more lessons and improve the Health and Wellbeing of everyone in our community. To find out more about our plans, please read our Future Report

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Appendices

Domain	Management Policy	Narrative	Action	Time Scales	Progress
Indicator 1	% of staff aware of health promotion policy	A Health and Wellbeing policy including health promotion has been written and published by the staff wellbeing team in Sept 2018. Measuring awareness of this document will be conducted by additional staff survey questions next year	Include in Health and Wellbeing Plan	September 2019	HPT included in Plan and working with Staff engagement and Health and Wellbeing team
Indicator 2	% of patients (and relatives) aware of standards for health promotion	Could be tested via Friends and Family Test audits or surveys. Patients who are informed about the policy are more likely to demand further information on their condition, lifestyle conditions, other institutions, associations and self-help groups.	Include in FFT	March 2019	Not started yet

Domain	Management Policy	Narrative	Action	Time Scales	Progress
Indicator 3	% of budget dedicated to staff HP activities	There is currently external funding to support some health promotion activities. Healthy eating, Active Travel, MECC Training, Nicotine replacement promotion, smoking policy, NHS Health Checks	Make a case for health promotion established as part of trust core activities	March 2019	In progress

Domain	Patient assessment	Narrative	Action	Time scales	Progress
Indicator 4	% of patients assessed for generic risk factors	Assessment and documentation of smoking and alcohol consumption is being carried out for all in-patients in the acute trust as part of 'Risky Behaviours' Prevention CQUIN target. Clinicians in community can also record risk factors in System 1 MECC conversation template	Continue to support CQUIN and recording MECC activity	Ongoing from July 2018	Commenced on 2nd July
Indicator 5	% of patients assessed for disease specific risk factors according to guidelines.	In addition to CQUIN and MECC clinicians treating conditions closely linked to risk factors such as respiratory, cardiac, gastro address these factors with patients, similarly surgical and maternity patients are assessed for risk factors such as obesity and smoking	Implement CQUIN. Support MECC and NRT	Ongoing from July 2018	Commenced on 2nd July
Indicator 6	Score on survey of patients' satisfaction with assessment procedure.	Assessment on discharge through a patient satisfaction and Patient experience questionnaire for feedback on CQUIN and/ or MECC	Develop questionnaire	March 2019	Not started yet
Indicator 7	% of patients educated about specific actions in self-management of their conditions	Patients are not universally assessed for self-management skills at this time. Brief advice for smoking and alcohol is given to all as part of CQUIN assessments	Develop survey for self-management	Sept 2019	Not started yet
Indicator 8	% of patients educated about risk factor modification and disease treatment options in the management of their conditions.	Self-management support and advice is given in a wide range of areas including iMSK 'ESCAPE' programme and self-management for COPD, diabetes and others however there is no centralised data on these initiatives	Develop survey	Sept 2019	Data is likely to be held in some areas. Patient survey sample and Trust wide audit of condition specific activities would be required to quantify

MECC	HPT	Comms	Health Checks	System One	CQUIN	Smoke Free	Active Travel	Healthy Eating	Mouth Care

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Do-main	Patient Information and intervention	Narrative	Action	Time scales	Progress
Indicator 9	Score on survey of patients experience with information and intervention procedures.	Capturing patients experiences to information provided by the health professional e.g. "did the Dr provide information about the disease in a manner that you were able to understand".	Develop survey	Sept 2019	Not started, will need consideration on how this can be implemented.

Do-main	Promoting a healthy workplace	Narrative	Action	Time scales	Progress
Indicator 10	% of staff smoking	NHS Health checks programme conducted in 2017-18 reported 10.9% of 1098 staff screened were smokers. Off 500 staff who responded in smoking policy consultation 31.7% smokers. This is not a complete picture or a random sample but indicates typical NHS smoking rate of around 20%	Review methods of collecting this data about staff	March 2019	Not started
Indicator 11	Smoking cessation: % of staff members who were either current smokers or recent quitters and who received advice to quit smoking.	Smoking cessation referrals are offered to staff via health promotion activities such as Stoptoper events, Health Checks, Occupational Health, however this is not consistent or recorded. Only way to achieve universal coverage would be via induction or email all staff	Develop in house smoking cessation pathway alongside OYES (underway)	March 2019	Not started, would need further exploration to see if this would be achievable.
Indicator 12	Score of survey of staff experience with working conditions.	Capturing data of staff absenteeism months nurses as an example, staff being satisfied with working conditions. This data is captured through the staff survey.			This information is captured in the trust staff survey
Indicator 13	% of short term absence	Capturing data through information systems of short term absence			This is captured by the trust
Indicator 14	% of work related injuries due to exposure to HIV and blood borne viruses	Capturing data of needle stick injuries in one year.			NA This is captured by the trust through Datix.
Indicator 15	Score on burnout scale	Capturing data of in one year of those who report signs and symptoms of burn out.			This is captured by the trust through HR, ESR and occupational health.

Do-main	Continuity and co-operation	Narrative	Action	Time scales	Progress
Indicator 16	% of discharge summaries sent to GP or referral clinic within two weeks or handed to patient on discharge.	Indicator of continuity of care, all discharge letters sent electronically to GP or handed to patients.			This is captured by the trust Clinical admin processes.
Indicator 17	Readmission rate for ambulatory care sensitive conditions within 5 days.	Capturing data of patients readmitted with conditions such as asthma, diabetes, pneumonia within 5 days of discharge			This is captured by the trust though information systems.
Indicator 18	Score on patient discharge preparation survey	Capturing data of patients who are aware of "why they have been admitted", Do they know who to contact in case your condition deteriorates.	This will need exploring on the best approach to gathering this information		Not started.

Management Policy

Standard 1. The organization has a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.
Objective:
To describe the framework for the organization's activities concerning health promotion as an integral
part of the organization's quality management system.

1.1 The organization identifies responsibilities for the process of implementation, evaluation and regular review of the policy.	Managed within Health and Wellbeing team responsibilities
1.2 The organization allocates resources to the processes of implementation, evaluation and regular review of the policy. Health promotion information is available on wards. HPT team have access office space and access to trust resources.	Health and wellbeing policy is supported by health and wellbeing funds and resources
1.3 Staff are aware of the health promotion policy and it is included in induction programmes for new staff.	Health promotion and health and wellbeing feature in induction and training for all staff
1.4 The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.	Various modes of evaluation are applied (see section x)
1.5 The organization ensures that staff have relevant competences to perform health promotion activities and supports the acquisition of further competences as required.	Level 1-3 Making Every Contact Count training is offered
1.6 The organization ensures the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities.	Adequate space and equipment are available

Patient Assessment

Standard 2. The organization ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities.
Objective:
To support patient treatment, improve prognosis and to promote the health and well-being of patients.
Substandards:

2.1 The organization ensures the availability of procedures for all patients to assess their need for health promotion.	Achieved within CQUIN screening in acute trust, System 1 template in community teams
2.2 The organization ensures procedures to assess specific needs for health promotion for diagnosis is related patient-groups.	Tailored health promotion approaches are used in some areas e.g. respiratory, cardiology, surgical, maternity. No formal procedure to match health promotion to diagnosis
2.3 The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request.	CQUIN conversations assess health promotion needs. MECC Training will prepare staff to be responsive and review needs
2.4 The patients' needs assessment ensures awareness of and sensitivity to social and cultural background.	Cultural factors are assessed in normal clerking process but not specifically in relation to lifestyles
2.5 Information provided by other health service partners is used in the identification of patient needs.	Likely to vary across specialities, research needed

Patient Information and Intervention

Standard 3. The organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.
Objective:
To ensure that the patient is informed about planned activities, to empower the patient in an active partnership in planned activities and to facilitate integration of health promotion activities in all patient pathways.

3.1 Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed.	This is achieved through MECC activity
3.2 Patients are given clear, understandable and appropriate information about their actual condition, treatment, care and factors influencing their health.	(N/A) Achieved but not as part of HPT work
3.3 The organization ensures that health promotion is systematically offered to all patients based on assessed needs.	Achieved through CQUIN assessments and MECC template
3.4 The organization ensures that information given to the patient, and health promoting activities are documented and evaluated, including whether expected and planned results have been achieved.	Brief interventions are recorded through CQUIN and MECC template. Follow up recording would require 'MESH' with external providers or level 3 interventions within trust
3.5 The organization ensures that all patients, staff and visitors have access to general information on factors influencing health.	Health promotion resources are currently available in blue boxes but not being regularly updated. Digitised solution is planned but delayed

MECC	HPT	Comms	Health	System	CQUIN	Smoke	Active	Healthy	Mouth	**31**
			Checks	One		Free	Travel	Eating	Care	

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Promoting a Healthy Workplace

Standard 4. The management establishes conditions for the development of the hospital as a healthy workplace.
Objective: To support the establishment of a healthy and safe workplace, and to support health promotion activities for staff.

4.1 The organization ensures the establishment and implementation of a comprehensive Human Resource Strategy that includes the development and training of staff in health promotion skills. workplace providing occupational health for staff	Achieved, see Health and Wellbeing plan.
4.2 The organization ensures the establishment and implementation of a policy for a healthy and safe	(N/A) Achieved but not as part of HPT work
4.3 The organization ensures the involvement of staff in decisions impacting on the staff's working environment.	Achieved via staff survey, listening in action, various consultations
4.4 The organization ensures availability of procedures to develop and maintain staff awareness on health issues.	Achieved via universal MECC training and Health Promoting Trust communications strategy

Continuity and Cooperation

Standard 5. The organization has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis.
Objective:
To ensure collaboration with relevant providers and to initiate partnerships to optimise the integration of health promotion activities in patient pathways.

5.1 The organization ensures that health promotion services are coherent with current provisions and health plans	Various partnership work with One You, other MECC providers other life-style support. Strategic oversight provided by ESCC public health specialists
5.2 The organization identifies and cooperates with existing health and social care providers and related organizations and groups in the community.	
5.3 The organization ensures the availability and implementation of activities and procedures after patient discharge during the post-hospitalisation period.	Support provided in the community by OYES, Star, SPHT and other providers
5.4 The organization ensures that documentation and patient information is communicated to the relevant recipient/follow-up partners in patient care and rehabilitation.	Patient information is sent with referrals via e-searcher / System 1

Discussion

Mouth Care Matters Full Data

No=umber of recorded HAPs by ward

EDGH

Year	2015.16	2016.17	2017.18	2018.19
East Dean	68	56	47	31
Sovereign	2	-	3	1
Seaford 4	9	1	4	5 (staff/ward
Seaford3	6	3	8	8
Berwick	7	8	5	4
Jevington	4	24	7	3

Conquest

Year	2015.16	2016.17	2017.18	2018.19
Bexhill	2	1	- (no data available)	- (no data available)
Firwood	4	-	- (no data available)	- (no data available)
Egerton	36	40	33	42
MacDonald	3	14	3	2
Newington	3	10	4	1
Baird	4	15	9	2
James/CCU	8	3	6	1
SAU	60	83	54	29
ITU/HDU	9	14	8	7

Attempts have been made to assess the gap between income and expenditure with this cohort of patients. Working with the finance business partners, the SLR team, and the business development manager, the only data set available to conduct this analysis are total pneumonias of which HAPs will be a subset. Therefore this data would only be a proxy measure of the targeted cohort (e.g. admitted pneumonias by HRG of which our cohort would only be a subset, It does show however, a significant gap between income and expenditure.

Financial year	Income / expenditure loss
2016.17	-£2430,039
2017.18	-£1407,873
2018.19 (ytd)	-£454,084

This financial analysis in summary has demonstrated that HAPs across the trust are reducing and the areas that have received MCM training are benefitting from these reductions. It also shows that the trust expenditure for pneumonias is greater than the income received. This is also reducing but is still a cost pressure. Length of stay has also reduced but is still higher than the national average. The MCM programme it is proposed is having a positive impact on these measures which will be further realised through ongoing funding of the programme.

System One MECC Template

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MECC	HPT	Comms	Health Checks	System One	CQUIN	Smoke Free	Active Travel	Healthy Eating	Mouth Care

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