EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING

A meeting of East Sussex Healthcare NHS Trust Board will be held on Tuesday, 7th April 2020 commencing at 09:30

	AGENDA		Lead:	Time:
1.	Apologies for absence		Chair	
2.	Declarations of interests		Chair	
3.	Minutes of the Trust Board Meeting in public held on 4th February 2020	A		
4.	Matters Arising - none			
5.	Chief Executive's Report (verbal)		CEO	
6.	IPR	B	Execs	
7.	Revised governance arrangements • Financial governance arrangements • Reducing the burden	C	DCA	
8.	Delegation of approval of Annual Report and Accounts 2019/20		DCA	
9.	Papers received, for noting only 1. Board Assurance Framework 2. Annual Self-Certification 3. Seven day services self-assessment 4. Learning from Deaths 5. Quality Walks 6. CQC Overview 7. Same Sex Accommodation Statement of Compliance	D		
10.	Date of Next Meeting: Tuesday 2nd June		Chair	

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Steve Phoenix
Chairman 02.04.20

TRUST BOARD MEETING

Minutes of a meeting of the Trust Board held in public on Tuesday, 4th February 2020 at 09:30am in the Oak Room, Hastings Centre

Present:
Mr Steve Phoenix, Chairman
Mr Barry Nealon, Vice Chairman
Mrs Jackie Churchward-Cardiff, Non-Executive Director
Mrs Miranda Kavanagh, Non-Executive Director
Mrs Karen Manson, Non-Executive Director
Mrs Nicola Webber, Non-Executive Director
Mr Paresh Patel, Associate Non-Executive Director
Dr Adrian Bull, Chief Executive
Mrs Joe Chadwick-Bell, Deputy Chief Executive
Mrs Catherine Ashton, Director of Strategy, Improvement & Planning
Ms Vikki Carruth, Director of Nursing
Ms Monica Green, Director of Human Resources
Mr Jonathan Reid, Director of Finance
Mrs Lynette Wells, Director of Corporate Affairs

In attendance:
Mrs Ruth Agg, Freedom to Speak Up Guardian (for item 05/2020)
Miss Janice Humber, Staff Side Chair
Dr James Wilkinson, Deputy Medical Director
Mr Peter Palmer, Assistant Company Secretary (minutes)

001/2020 **Welcome**

1. Chair's Opening Remarks
Mr Phoenix welcomed everyone to the meeting of the Trust Board held in public. He explained that this would be the last public meeting for Mr Reid and wished him well for the future, thanking him for all his hard work during his time with the Trust.

2. Apologies for Absence
Mr Phoenix advised that apologies for absence had been received from:

Ms Carys Williams, Associate Non-Executive Director
Dr David Walker, Medical Director
Ms Angela Ambler, Next NED Programme

3. Monthly Award Winners
Mr Phoenix reported that the monthly award winner for November had been Helen Peregrine, Head Optometrist. December's winner was Simeon Beaumont, EME Services Manager.

002/2020 **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.

003/2020 **Minutes**

The minutes of the Trust Board meeting held on 3rd December 2019 were considered and were agreed as an accurate record. The minutes were signed by the Chairman and would be lodged in the Register of Minutes.

004/2020 **Matters Arising**

104/2019 – Integrated Performance Report Month 7

Mrs Chadwick-Bell confirmed that a detailed update on cancer performance had been added to board planner for an upcoming board seminar.

115/2019 – Questions from Members of the Public

Mr Palmer confirmed that work was ongoing in completing a glossary of commonly used NHS terms and acronyms, in conjunction with the Trust's communication teams. He explained that this would be shared with key stakeholders in advance of publication to ensure that there were no gaps in the glossary.

005/2020 **Speak Up Guardian's Report**

Mrs Agg presented her Freedom to Speak Up Guardian (FTSUG) report. She explained that the Trust thought that it was crucial that the Trust's staff felt that they could speak up and be supported when they did. There had been a downward trend in staff approaching the FTSUG, demonstrating an increased confidence amongst staff that they would be supported by managers and through other formal routes for raising concerns. The recent national FTSUG report had shown the Trust to be one of the most improved in the country.

National FTSUG trends included bullying and harassment, staff and patient behaviour and relationships and these had all improved within the Trust, supported by the Trust's Values. Mrs Agg felt that these were now well embedded within the organisation and that Trust leaders listened to, and acted upon, concerns when they were raised by staff. Staff were encouraged by the Trust to manage their work life balance, which should result in improved staff retention and increased engagement which would in turn support high quality care for patients.

Mrs Agg reported that she had been invited to speak about her work at ESHT at a number of regional networks. She had also taught at a regional FTSUG study day, and had been asked to support new guardians beginning in their roles across the South East. She felt fully supported by Executives and by the Board.

Mr Phoenix noted that he had found Mrs Agg's report to be very encouraging. Ms Green praised the reduction in contacts from staff, asking how information from the staff survey was used to identify additional measures that could be taken by the Trust to support staff. Mrs Agg explained that information from the survey was triangulated to ensure that appropriate areas were targeted. Recent initiatives had included training for senior managers, teaching staff how to hold sensitive conversations and how to raise concerns. Online training was also available for staff, and the FTSUG attended all staff inductions.

Mrs Kavanagh commended the work of the FTSUG, and asked why a reduction in contacts was considered to be good. Mrs Agg noted that the number of issues raised directly with managers had increased, reflecting improved staff confidence in Trust processes. Good examples of managers resolving issues in a quick and timely manner with no further intervention were being seen.

Mrs Manson asked how any cultural issues identified within the organisation were escalated, and Mrs Agg explained that these were discussed with both Dr Bull and Miss Green if identified.

Mr Nealon asked how community staff were supported by the FTSUG and Mrs Agg explained that she had visited all of the Trust's community sites and had met with teams throughout the organisation. She was often invited to team meetings, maintaining a visible and approachable presence within the organisation.

Mr Bull noted that he hoped that a point would be reached where staff felt comfortable about approaching their line managers about any issues, with no need to speak to the FTSUG. Every incident report raised on Datix which related to behaviour or similar relationships between staff was review by Mrs Agg alongside HR to ensure that the Trust's response had been appropriate.

006/2020 **Board Committees' Feedback**

1. Audit Committee

Mrs Webber reported that the Audit Committee had met on 30th January 2020. A report on declarations of interest had been received, with good progress in increasing compliance made, although scope for improvement remained. A proactive review of declarations of interests was being undertaken by Local Counterfraud.

The Board Assurance Framework (BAF) and Risk Register had been discussed. An update on clinical audit had been received, with improvements seen in a number of national audits.

Internal audit had reported the outcomes of a number of audits to the Committee, including an advisory report on data quality which was an area of focus for the organisation. An audit of business case processes had received limited assurance, with a number of opportunities for improvement identified. An audit of risk management had received reasonable assurance, with the continuous improvement being seen acknowledged by auditors.

2. Strategy Committee

Mr Phoenix reported that the Strategy Committee had met for the first time on 30th January 2020. The Committee had been formed to allow for horizon scanning discussions to take place at an early stage. Presentations had been received on long term capital planning, the HIP2 programme, acute services and on Primary Care Networks. Mr Phoenix commented that he had found the first meeting of the Committee to be very positive.

3. People and Organisational Development Committee

Mrs Kavanagh reported that the People and Organisational Development (POD) Committee had met on 23rd January 2020. An update on the Workforce Race Equality Standard (WRES) had been received; an issue with the original data for BAME staff undergoing disciplinary proceedings had been identified and corrected. The Trust had been reporting this differently to other

organisations and since rectifying the data was no longer an outlier. Monitoring of staff undergoing disciplinary proceedings would continue. Workforce planning had also been discussed and the finance and HR teams were working closely together to ensure a joined up approach.

The Trust's workforce report had been redesigned and Mrs Kavanagh praised the new format, noting that it provided key information about the organisation. Papers on workforce safeguards, apprenticeships and the Trust's response to a recent General Medical Council (GMC) report on medical education had been discussed. An update on leadership development had been received and the Trust was excited to have agreed a collaboration with the Henley Management College.

4. Quality and Safety Committee

Mrs Churchward-Cardiff reported that the Quality and Safety (Q&S) Committee had met on 23rd January 2020. A patient story had been presented concerning a patient being cared for with swallowing difficulties. The Speech and Language Therapy team had contacted a local chef who had helped to develop recipes for alternative foods, which had provided a very successful outcome for the patient. The chef continued to provide advice for patients with swallowing difficulties.

Potential indicators for the 2020/21 Quality Account had been discussed, along with improvements that had been made to complaints processes by assigning individual complaints officers to divisions. Complaints targets had been found to have been incorrectly counted, and although they remained within national guidance the issue had since been rectified.

The cancer team had been commended by the Committee and had reported that they expected to meet all national targets by September 2020. Concerns remained that plans to meet targets were not sustainable in the long term. A reassuring report had been received from maternity which highlighted areas of improvement within the team, who had been praised by the Committee for the work that they had done.

The Committee had asked for issues with technology to support lone working to be resolved as quickly as possible, and confirmation had been from Executives that the business case would be supported.

5, Finance and Investment Committee

Mr Nealon reported that the Finance and Investment (F&I) Committee had not met in January. At the end of Month 9 the Trust remained on target to meet its financial budget for the year. The local system was also on target to meet its budget. The Trust had identified a £2m risk to meeting the annual target, largely related to the achievement of Cost Improvement Programme (CIP) targets. The Trust's capital budget had increased during the year to £23m due to successful bids for additional funding, and Mr Nealon was pleased to see the acceleration of capital planning within the Trust.

The Board noted the Committee Reports.

007/2020 **Board Assurance Framework**

Mrs Wells presented the Board Assurance Framework (BAF), advising that it had been reviewed by the Q&S and Audit Committees. Work had continued on improving descriptions of controls and assurances on the BAF. She asked the Board whether they felt that the red rated gap in control concerning capital

should be changed to amber, due to the recent additional capital received by the Trust.

Mrs Churchward-Cardiff noted that restricted capital remained a large risk for the organisation, but that there was now a clear route to receiving additional funding thanks to the HIP2 programme. She felt that the risk concerning lack of capital could move to amber, but operational risks related to capital should remain as red. Dr Bull agreed with this.

Mrs Webber noted the importance of ensuring that there was correlation between the BAF and the Trust's Risk Register, noting that she would prefer to see the rating updated on the Register before changing on the BAF. Mr Phoenix explained that the Risk Register was used to track existing risks, rather than potential risks which was the purpose of the BAF. He agree that the risk on the BAF should be changed to amber. Mrs Wells noted that the risk on the BAF could be rewritten to ensure that there was clarity about which aspects of capital it referred to.

The Board agreed to the proposal to change the risk related to capital from red to amber.

008/2020 **Chief Executive's Report**

Dr Bull reported that coronavirus had arrived as a global concern since his report had been written, noting that Mrs Carruth was leading the Trust's response. Mrs Carruth explained that there had been 20,600 confirmed cases worldwide in over 20 countries, with 427 deaths confirmed; there had been two cases in the UK. She explained that it was assumed that more cases would be seen in the UK and daily planning meetings were taking place in the Trust, along with regular contact Public Health England.

Dr Bull reported that the Trust had recently received the draft report of the recent CQC inspection, which was now being checked for factual accuracy. He anticipated that it would be published at the end of February.

He reported that hospitals had experience a lot of pressure in recent weeks due to staff sickness and an increasing patients attendance. Hospitals were full to capacity across the healthcare system. The Trust had received good support from the CCG and social care colleagues in managing the situation, and new discharge and co-ordinated care arrangements had worked effectively.

Dr Bull reported that there had been a recent report on Newsnight which had suggested that NHS trusts had instructed doctors to discharge patients at risk. He emphasised that this had not been the case at ESHT, where patients were only discharged when medically fit. Friends and Family Testing (FFT) questionnaires had been updated and the Trust remained amongst the best in the country for responses.

Dr Bull reported that a previous Standard Hospital Mortality Index (SHMI) data error had been corrected, with the SHMI now accurately reflecting mortality in the organisation. Vacancies in the Trust continued to reduce and significant numbers of international nurses had recently joined from India and the Philippines. Radiographers had also been recruited from the Philippines, and Dr Bull welcomed all the new staff to the organisation.

Discussions about the management of violence and aggression in the Trust continued following the recent Health and Safety Executive (HSE) visit and

report. A working group had been established, which had produced promotional information for staff and improved the process for reporting issues. Dr Bull noted that the improvement notice issued by the HSE had been withdrawn at the end of 2019.

Dr Bull explained that the Trust had planned to spend £11m of capital during 2019/20; successful applications for additional capital, demonstrating the system's confidence in the Trust, meant that a total of between £22-23m would be available. This money would make a significant difference to the Trust and improvement work had commenced in the A&E department at EDGH and in the same day emergency unit at the Conquest. Further capital would be used for equipment and digital improvements, as well as addressing fire compartmentalisation and asbestos issues at EDGH.

The Trust would additionally be receiving £5m seed money to develop plans as part of the national Healthcare Infrastructure Programme 2 (HIP2) programme, with up to £500m capital available over the next decade to invest in facilities on the three main sites. It was anticipated that this money would begin to be available in 2025. It had been confirmed that the Trust would also receive capital to increase ward capacity in 2020/21 and the combined effect of the additional money being received would be transformational for the organisation.

A new format of the Integrated Performance Report was being presented to the Board for the first time, and Dr Bull thanked the Knowledge Management team for their work in its development. He hoped that it would lead to improved discussions and decision making within the Trust.

Mrs Kavanagh asked for further information on the outcomes from the recent GMC survey of junior doctors. Dr Bull explained that significant improvements had been seen in some areas of the Trust. However, issues identified included ensuring that the correct balance was found to enable junior doctors to receive the education and training they needed, while also contributing to care in the organisation. Regular forums for junior doctors were held, and a new director of medical education had been appointed. The Trust was also looking to improve junior doctors' accommodation and a new common room was being introduced at EDGH. Junior doctors would remain an area of focus for the organisation. Dr Wilkinson explained that there had been a lot of positive engagement with junior doctors, which had resulted in substantial recent improvements.

009/2020 **QUALITY, SAFETY AND PERFORMANCE**

Integrated Performance Report Month 9 (December)

1. Quality & Safety

Mrs Carruth reported that there had been a recent critical incident where a patient had attended one of the Trust's sites with concerns that they may have viral haemorrhagic fever. The incident had been helpful in planning for coronavirus, and she thanked staff who had been involved in the incident.

A slight recent upward climb in Serious Incidents (SIs) had been arrested following a recent drop. This was being closely monitored by both the Patient Safety Group and the Q&S Committee. There was nothing significant to note from an infection control perspective. Patient experience feedback had been largely positive with no specific concerns.

Mrs Carruth reported that a deep dive looking at nursing fill rates had been

undertaken and would be reported to the POD Committee. The Trust continued to be extremely busy and staffing was stretched with considerable additional capacity open. She thanked staff who were working extremely hard to provide safe, quality care for patients.

Dr Wilkinson reported that mortality performance continued to improve in the Trust. The Trust's Risk Adjusted Mortality Index (RAMI) was 77, having been 84 the previous year and 140 five years before. SHMI had improved from 115 three years before and had recently reduced to the lowest level since the measure had been introduced. The crude mortality rate was also lower than a year before, reflecting improvements in quality and care for patients. Dr Bull noted that alongside the significant improvements in sepsis mortality in the Trust, recent cardiac arrest audits had demonstrated that the Trust had one of the lowest rates of, and lowest rates of death from, cardiac arrests in the country.

Mrs Webber explained that she had found the new IPR to be excellent, noting that it was much easier to identify issues and assurance. She thanked the team for their hard work in producing this. She asked for information on the variation in the IPR. Mrs Chadwick-Bell explained that a glossary would be added to future IPRs, explaining how the data had been agreed and how it should be read.

Mrs Kavanagh agreed that the new format for the IPR was extremely good, noting that it contained more detail for some areas than had previously been provided. She asked how the reported staff fill rate numbers differed from full time equivalent numbers. Miss Green explained that the fill rate was only used for nursing staff. Dr Bull noted that looking at both figures together gave a picture of increased nursing recruitment in the Trust. Mrs Carruth noted that staffing numbers were regularly reviewed with financial colleagues to ensure that any potential staffing risks or gaps were identified at an early stage.

Mrs Churchward-Cardiff noted a recent trend of increasing complaints. Mrs Carruth reported that no obvious themes or trends around the type or location of complaints had been identified. This would continue to be closely monitored alongside SI data to ensure that there were no areas of concern.

Mrs Churchward-Cardiff asked whether the Trust was planning to increase capacity on an annual basis moving forwards, rather than flexing capacity as it was constantly busy. Mrs Chadwick-Bell explained that all wards were fully funded and established within the 2020/21 plan, noting that the Trust would aim to decompress capacity in the summer rather than escalating in the winter.

2. Access and Delivery

Mrs Chadwick-Bell reported that the Trust continued to perform well for A&E performance nationally, was in the upper quartile of Trusts for diagnostic performance and had ranked 24th in the country for 18 week performance. The Trust was ranked 58th in the country for Referral to Treatment (RTT) performance and work was being undertaken to improve this position.

A new Chief of Emergency Medicine had been appointed, providing enhanced clinical leadership across the two main sites. A&E performance had deteriorated as the Trust was operating at capacity, with increasing number of patients attending. A focussed programme would be introduced to improve performance. The Trust continued to perform well on managing length of stay for patients, and the Ambulatory Care Unit at the Conquest had opened.

Mrs Chadwick-Bell explained that improvements to adult patient flow were being identified, as this played a crucial role in the delivery of four hour performance. The Trust would look to develop new pathways to identify patients who did not need to be admitted at an early stage. Appropriate medical staffing would be required to support this, and rapid work had been undertaken to develop temporary work processes that would allow staff to join the organisation swiftly.

Across the system in the previous 8-10 weeks around 20 patients a day had been waiting for community beds where previously there had been no waiting list. It was unknown whether this demand was due to an increase in patients or a change to pathways and an East Sussex plan to address the issue would be developed in conjunction with Sussex Community NHS Foundation Trust.

The Trust was expected to meet its RTT waiting list target for the financial year and was aiming to maintain performance of over 90%. Increased referrals were being seen to Endoscopy, with additional resources introduced to manage this. A number of key issues in the provision of cancer services were being focused upon to improve performance, including oncology capacity, provision of chemotherapy in a more timely manner, and the importance of aligning services within pathways. The speed of Radiology reporting needed to be improved, an issue that would require innovative strategic solutions to resolve. The Trust planned to undertake a peer review with NHSI experts and across the system to identify any potential solutions that may be available.

Mrs Manson noted that she really liked the new format of the IPR. She asked for further information about surgery being cancelled on the day of an operation. Mrs Chadwick-Bell explained that surgery was not cancelled due to lack of capacity, but tended to be because of patient illness, or other reasons. She noted that an improvement plan was in place to reduce the number of cancellations.

Mrs Manson asked for more detail about the Trust's target for non face-to-face consultations, noting that the target was very large compared to the Trust's current position. She asked whether the Trust had an intermediate plan for reaching the target. Mrs Chadwick-Bell explained that this was included within the outpatient improvement programme, which was looking at services over five years. Dr Bull noted that converting activity from face-to-face would result in a significant reduction in income. Discussions had taken place with commissioners about this, but it would take some time for resolution to be found.

Mrs Webber asked whether there had been a step change in A&E performance in 2019 where the Trust had reached a point where it could no longer meet the four hour target. Mrs Chadwick-Bell explained that in the summer the hospital had more attendances in A&E, but less admissions. In winter, there was a greater level of admissions and patients stayed for longer. Managing the flow of patients who did not need to be admitted through A&E would lead to improved performance. During particularly busy times, the Trust could run out of space in which to assess patients and this led to performance issues. Increasing the available space should lead to improved performance.

3. <u>Leadership and Culture</u>

Miss Green reported that recruitment remained a high priority for the Trust. The vacancy rate had improved slightly during the month, and compared well to the

wider NHS. The Trust continued to look at different roles and training pathways for staff to mitigate a 16% medical and dental vacancy rate. Overall vacancy rates were slightly higher than the previous year, reflecting the increase in establishment of 5% during 2019.

Very successful overseas recruitment had taken place for nurses and Allied Health Professionals, with 95 members of staff joining the Trust in 2019. Staff turnover had reduced by 1.3% during the previous two years. During month 8, agency usage had decreased, continuing a downward trend, but bank usage had slightly increased. Annual and monthly sickness had both increased, presenting staffing challenges for the organisation. The major reasons for sickness were musculoskeletal issues and anxiety, stress and depression. The wellbeing team were focussed on supporting staff. Most medical staff in the Trust had a job plan, with 51% of consultants and 36% of junior doctors having plans registered online.

Mrs Churchward-Cardiff queried why half of consultant's job plans had not been put online. Dr Wilkinson explained that consultants had been job planned for many years, and a number of approaches to this had been taken during this time. The Trust had introduced job planning software the previous year and was undergoing a transition period where job plans were updated, agreed and then put online. The process of agreeing job plans was complex, and they had to be agreed with consultants, service managers and leads prior to being agreed by divisions. A programme to increase compliance within the Trust had begun, with staff offered help where needed. Dr Bull reported that two members of staff had been recruited to help with job planning, which should see an improvement in compliance over time.

4. Finance

Mr Reid reported that the Trust was slightly ahead of its annual plan by £50k at the end of month 9. An improvement had been seen in the delivery of CIPs and he forecast that the CIP plan would be delivered in full for the year. A lot of intense work was being done to manage the recent influx of capital, and Mr Reid praised colleagues for their work. Weekly reviews of the capital programme were being undertaken and full delivery of the programme was forecast by the end of the financial year. The system's financial plan was also delivering, and the focus of both the Trust and the system was now moving to 2020/21 plans.

Mrs Manson asked about the financial performance of the Diagnostics and Surgery (DAS) division, noting that this was around £9m below plan. Mr Reid explained that divisional financial performance was regularly reviewed by the F&I Committee, with some divisions ahead of plan and some behind. All the divisions went through a challenge and review process and were focussed on the delivery of their plans. The income for the DAS division was around £5m below plan. The changing nature of the Trust's activity meant that DAS would not receive this money, but it would still come to the Trust. The division were delivering the activity that had been planned. Plans for 2020/21 would be amended to ensure they accurately reflected activity and income for divisions.

Mrs Churchward-Cardiff noted that DAS had been in the same situation the previous year and asked whether their financial modelling could be changed to accurately reflect the activity they did. Mr Reid explained that the division's CIP target the previous year had been overambitious, contributing to their deficit position. Reporting of financial performance would be reviewed to accurately reflect activity and the relative financial positions of divisions. He explained that

budgets were being rebased for 2020/21 which should ensure that they were accurate for the coming year.

Mrs Manson asked why the Trust was making a loss on private patients. Mr Reid explained that the Trust wasn't making a loss, but was adverse to plan. A programme of improvement for private patients had seen increased income during the year of around £300k.

Mrs Webber raised concern that the Trust's expenditure on backlog maintenance was behind plan. Mr Reid explained that this expenditure was covered in a number of different areas of the financial report, and expressed confidence that expenditure would be on plan by the end of the financial year.

The Board noted the IPR Report for Month 9

STRATEGY

010/2020 **Annual plan and budget 2020/21**

Mr Reid presented a paper setting out the Trust's financial plans for 2020/21, which had been developed in conjunction with business plans; a Board seminar was planned for the end of February which would provide additional information to the Board. The Trust's financial plan had been developed within a wider system plan in partnership with colleagues from organisations throughout East Sussex. A £10m system wide financial challenge remained in East Sussex which would be addressed jointly by organisations, and presented the biggest risk to the Trust's financial plan. A further £10-15m challenge existed in the STP's financial plans. Good progress was being made in finalising the Trust's plan ahead of the new financial year.

Mr Phoenix asked how progress on finalising the plan compared with previous years. Mr Reid explained that the plan was progressing well, reflecting a growing established infrastructure across the various organisations in the system. Healthy and productive ongoing dialogue about the funding available for transformation was taking place.

Mr Nealon asked whether the £10m gap in funding meant that the Trust might be required to make contributions to systems financial position. Mr Reid explained that the chief finance officers' group were reviewing the various components of the gap and how they could be addressed. He anticipated that this would be reduced to around £5m, and additional schemes would need to be developed to address this deficit.

Mr Reid reported that the Trust's financial plan had been reviewed by the F&I Committee. An indicative deficit of £27m had been set by NHSI/E for the following year. If monthly financial targets were met throughout the year then the Trust would receive £27m of transformation funding which would lead to a final break even position. A CIP target of 3%, around £15m, would be set for the organisation, following a number of years of annual savings of 4.5%. £4.6m of CIPs already been approved. An operational efficiency approach to CIPs would be taken, benefiting the Trust's position in the longer term. Mr Reid hoped that the full £15m of CIPs would be approved by the end of the current financial year. An increase in the NHS clinical negligence bill of £1.3m had led to £600k of cost pressures on the financial plans.

Dr Bull noted that, in the previous year, money that would have been given to Trusts who had financially underperformed had been shared between Trusts

that had met targets and asked if this might happen again. Mr Reid explained that he was unsure if this would be repeated, noting that if it did happen it would be welcome, but would be in the form of a cash benefit to the Trust.

Mrs Webber asked how the figure of £6.5m for growth at nil gain had been reached, noting that this felt small. Mr Reid explained that the indicative contract value for the following year would increase by £23m. £6.5m only represented an increase in emergency growth of 3.5-4% which he agreed felt small. Discussions were taking place about the figure, and Dr Bull noted the importance that any system risk relating to increased activity was shared between organisations, explaining that this had been agreed in principal with CCGs.

011/2020 **Healthcare Infrastructure Programme 2**

Mr Reid noted that Dr Bull had already discussed the HIP2 programme in his CEO's update.

012/2020 **Acute Collaborative Network**

Ms Ashton presented the terms of reference for the Sussex Acute Collaborative Network, noting that the Trust's Board formed part of the government structure for the Network. The Network comprised three separate networks: acute, mental health and primary and a community health network. The priorities of the Network were the delivery of Musculoskeletal, Ear Nose and Throat and Dermatology services in a sustainable manner, close to the homes of patients.

Mr Phoenix explained that he felt that the idea of a network where different healthcare providers and commissioners working collaboratively was a good step forward for Sussex. Mrs Wells noted that the Network's meetings were not public and asked how key messages from the Network would be relayed to members of the public. Ms Ashton explained that while a communications plan had not been developed, she anticipated that information would be shared with the public through the Boards and Executive Committees of the participating organisations.

Mrs Churchward-Cardiff asked whether external views of organisations not included in the Network, such as the South East Coast Ambulance Service (SeCAMB), would be sought if required. Ms Ashton confirmed that other organisations would be included in discussions as required. Any plans that involved patients being treated in different locations would require public consultation.

The Board approved the Terms of Reference for the Sussex Acute Collaborative Network.

GOVERNANCE AND ASSURANCE

012/2020 **Quality Walks**

The Board noted the quality walks that had been undertaken between November and December 2019.

013/2020 **Board Subcommittee Minutes**

The following sub-committee minutes were reviewed and noted:

- Audit Committee, 26th September 2020
- POD Committee 12th September 2020 and 21st November 2020

The Minutes were received by the Board

014/2020 **Use of Trust Seal**

There were two uses of the Trust Seal reported, both on 19th December 2020. The first was a prime cost contract with Booker & Best Ltd., for building works over a three year period, with a further one year option. The second was a prime cost contract with PD Harris Ltd., for building works over a three year period, with a further one year option.

015/2020 **Questions from Members of the Public**

Mr Phoenix noted that Mr Campbell had submitted a number of questions to the Trust ahead of the Board meeting. He explained that not all of these could be answered during the meeting; responses to those not answered would be sent to Mr Campbell by email.

Tracking of Estates Work

In response to a query about the how work was tracked by the Estates department, Mr Reid explained that teams had hand held devices which linked to an automated system to allocate and track work that needed to be undertaken throughout the organisation. Performance of the Estates team was tracked during monthly performance reviews.

Trust Reserves

Mr Campbell asked how the Trust's stated reserves had been generated and where they appeared on income and expenditure summaries. Mr Reid explained that the Trust had over-delivered against its plan in 2018/19 and as a result had been able to set aside £4.5m of reserves. The F&I Committee had agreed that this could be deployed into the Trust's position when required and £1.6m remained that could be deployed into the 2019/20 position. The Trust would create additional reserves during the 2019/20 financial year of £2m which would be deployed in the following financial year if they were not required during the current financial year.

Dr Bull explained that the Trust did not have significant reserves and over the previous two to three years the organisation's balance sheet had been minimised in order to address any fluctuations in financial performance that took place during the year. Mr Reid confirmed that the reserves sat on the Trust's balance sheet.

Excellence in Care

Mr Campbell asked for further detail about the Excellence in Care programme and Mrs Carruth explained that this provided a visual way of looking at specific measures, including quality, leadership, finance and performance. It was a live system which allowed clinical staff to collect and compare information with other areas in the organisation, and had been well received. The initial focus of the programme was on inpatient areas, and it was now being introduced in paediatrics, A&E and outpatients. Mrs Churchward-Cardiff noted that the system's ability to benchmark was particularly useful, as it highlighted areas doing well and those that might have problems.

Maintenance Timeframes

Mr Campbell asked whether there was a timeframe for responding to calls for maintenance work, and whether those raising issues were kept informed of when they were likely to be resolved. Dr Bull noted that one of the KPIs for the Estates team tracked active and proactive maintenance within the Trust.

Overnight and Weekend Paediatric Cover at EDGH

Mrs Walke asked a question about paediatric cover at EDGH on behalf of Caroline Ansell, MP. Dr Bull explained that the arrangements for paediatric cover had not changed since being put in place five years before. The short stay paediatric unit at EDGH was fully staffed and open between 0800-2000, seven days a week. At night the Trust had paediatric consultants on call at both EDGH and Conquest; further paediatric cover at EDGH was provided by an on call A&E consultant. All paediatric ambulance transfers were sent to the Conquest hospital for assessment unless a GP had arranged for a child to be taken to EDGH by ambulance. Parents could take children to A&E at EDGH at any time, or to the Short Stay Paediatric Unit at EDGH at any time if children were already under the care of paediatricians.

Mrs Chadwick-Bell noted that if any child required urgent medical intervention then they should attend A&E at EDGH at any time. Dr Bull noted that he was due to meet with Caroline Ansell shortly and would discuss the matter with her.

HIP2 Plans

Mrs Walke expressed the hope that any future spending under the HIP2 programme would include provision for maternity services at EDGH and the reduction of travel for elderly patients between sites. She noted that she had previously raised concerns about Eastbourne women who gave birth at Conquest who had been unable to travel back to Eastbourne to recover, due to the need for medical intervention. Dr Bull explained that he was very happy to discuss potential options for the future, but noted that the current maternity provision provided safe, quality care for patients.

Mrs Walke noted the importance of considering not just the physical but the mental health of patients, noting the difficulties that travelling 20 miles for treatment could cause, especially for patients who were admitted for treatment. Dr Bull explained that the Trust continued to provide urgent care and medical provision for elderly patients on both sites. The consolidation of services on both sites provided an ongoing challenge and the Trust was committed to minimising the impact on patients in travelling across sites for treatment.

Mrs Walke commended that Trust for the work being carried out in the community which had led to some services being offered closer to the homes of elderly patients.

EDGH Access

Mrs Walker asked why there was no access for ambulances at the rear of EDGH, noting that this could help speed up journey times to the Conquest. Dr Bull explained that plans were being drawn up for redeveloping the EDGH site which should help to address this issue.

Plaudit

Mrs Hardwick explained that she had recently had a gastroscopy and throughout visit, from reception to after care, everything had been excellent. She praised staff, noting that despite the unpleasant procedure it had been a positive experience.

016/2020 **Date of Next Public Meeting**
Tuesday 7th April 2020, St Mark's Church Hall, Green Lane, Bexhill TN39 4BZ

Signed ……

Position ……..

Date ……

East Sussex Healthcare NHS Trust

Integrated Quality & Performance Report

Prepared for East Sussex Healthcare NHS Trust Board

For the Period February 2020 (Month 11)

East Sussex Healthcare NHS Trust

Content

East Sussex Healthcare NHS Trust

About our IPR

- Our IPR reflects how the Trust is currently working and how the on-going journey of improvement and excellence, reflected within our Strategy and Operational Plan (2019/20), is being delivered.
- Throughout our work we remain committed to delivering and improving on:
  - Care Quality Commission Standards
    - Are we safe?
    - Are we effective?
    - Are we caring?
    - Are we responsive?
    - Are we well-led?
  - Constitutional Standards
  - Financial Sustainability in the long term plan
- Our IPR, therefore, aims to narrate the story of how we are doing and more importantly how we will be doing as we look towards the future.
- Detailed data can be found within the IPR Data Detail (appendix A).

Our AMBITION is to be an outstanding organisation that is always improving
Our VISION is to combine community and hospital services to provide safe, compassionate and high quality care to improve the health and well-being of the people of East Sussex

East Sussex Healthcare NHS Trust

Performance Summary

Key Metrics

Safe	Target	Jan-20	Feb-20	Variation	Assurance
Serious Incidents	<>	4	7		
Never Events	0	0	0		
Falls, per 1000 Beddays	< 5.5	6.0	6.0		
Pressure Ulcers, grade 3 to 4	0	1	2		

Infection Control	Target	Jan-20	Feb-20	Variation	Assurance
MRSA Cases	0	0	0		
Cdiff cases	< 5	1	3		
MSSA cases	<>	5	1		

Mortality	Target	Prev	Latest	Variation	Assurance
RAMI	<>	76	77		
SHMI (NHS Digital)	<>	0.94	0.95		

Caring	Target	Jan-20	Feb-20	Variation	Assurance
Complaints received	<>	54	57		
A&E FFT Score	> 96%	96.2%	96.2%		
Inpatient FFT Score	> 96%	98.1%	98.4%		
Out of Hospital FFT Score	> 96%	98.8%	98.8%		
Maternity FFT Score	> 96%	98.4%	100.0%		
Out of Hospital FFT Score	> 96%	98.8%	98.8%		
Outpatient FFT Score	> 96%	97.6%	98.4%		

Operational Performance (Responsive)	Target	Jan-20	Feb-20	Variation	Assurance
A&E 4 hour target	> 95%	74.7%	77.1%		
12 Hour DTAs	0	0	0		
Acute Non Elective LoS	3.9	4.0	4.0		
Community LoS	25	20.5	25.6		
RTT under 18 weeks	> 92%	91.0%	89.6%		
RTT 52 week wait	0	0	0		
Out of Hospital within target wait time	100%	92.7%	91.2%		
Diagnosic under 6 week	< 1%	0.6%	1.2%		
Cancer 2 week wait	> 93%	97.1%			
Cancer 62 day	> 85%	76.7%			

Organisational Health	Target	Jan-20	Feb-20	Variation	Assurance
Trust Level Sickness Rate	<>	4.5%	4.5%		
Trust Turnover Rate	10.4%	10.0%	10.1%		
Vacancy Rate	9.3%	9.5%	9.1%		
Mandatory Training	90%	88.6%	88.7%		
Appraisal Rate (%) 12 months	85%	79.2%	79.4%		

Exceptions in month	Target	Jan-20	Feb-20	Variation	Assurance
VTE Assessment compliance	95%	94.5%	94.8%		

Variation			Assurance		
Common Cause - No Significant change	Special Cause of concerning nature or higher pressure	Special Cause of improving nature or lower pressure	Variation indicates continued inconsistancy in meeting target	Variation indicates consistantly falling short of Target	Variation indicates consistantly meeting or exceeding Target

Quality and Safety

Delivering safe care for our patients
What patients are telling us?
Delivering effective care for our patients
Challenges and risks

Safe patient care is our highest priority

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

Summary

East Sussex Healthcare NHS Trust

Quality and Safety

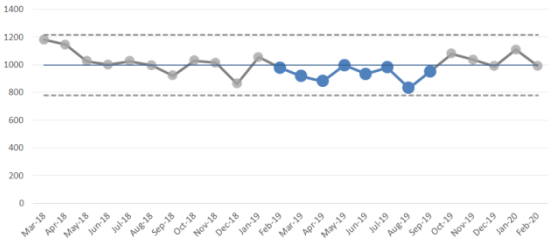
	Positives	Challenges & Risks	Author
Quality and Safety **Feb 2020 Data**	**Nursing Establishments** The increased nursing establishment (on some wards) approved by the Trust Board in Oct 2019 came into effect on 30th Dec 2019 and is reported against for the first time in this month which will have contributed to a drop this month in the overall fill rate for both RNs & HCAs. **Friends and Family Test** Increases in scores for Inpatients, and ED are relatively stable. Maternity saw a drop in responses and work is underway to address technical issues and compliance. **Infection Control** For national KPIs there is nothing of concern to report, with CDiff under its limit. **Mortality** NHS Digital have corrected the data error and our current SHMI is now 94. The previous two published SHMI were 93 and 94 respectively. These three readings are the best the Trust has ever achieved since the measure was first reported.	**Infection Control** At the time of writing, Covid 19 has now been declared a global pandemic by the WHO. The organisation is now responding to this as a Level 4 incident in line with the national and international response. The Trust has a robust EPRR process and structure to support this, with the COO as SRO and the DoN (DIPC) as deputy SRO. Due to the rate and pace of change verbal updates will be provided in various meetings. **Pressure Ulcers** There was one category 3 pressure ulcer reported in February 2020 and no category 4 pressure ulcers **Falls** Total falls have shown normal variation since December 2017. In February there were a total of 137 falls with 3 x severity 4 falls . Overall incidents for falls with harm have shown normal variation since August 2018 against activity. February saw 3 falls resulting in fracture which are subject to RCAs. **Staffing** As part of our Covid response significant work is underway to support redeployment and upskilling of certain staff groups. The Trust is working with HEE and system colleagues in this regard.	 **Vikki Carruth** Director of Nursing  **David Walker** Medical Director

Safe Care – Incidents

East Sussex Healthcare NHS Trust

Patient Safety Incidents
(Total Incidents)

Target: monitor
Variation : normal
Current Month: 992

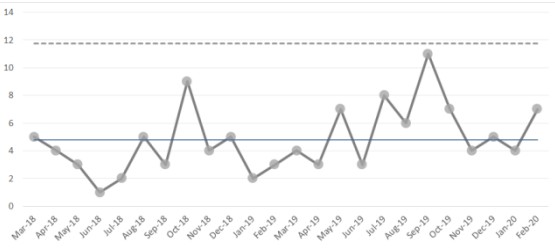


Top 3 categories over 6 months are:

- Surgical/Invasive procedure meeting SI criteria
- Slips, Trips and Falls
- Sub-optimal care meeting SI criteria

Serious Incidents
(Incidents recorded on Datix)

Target: monitor
Variation: normal
Current Month: 7



There were 7 **serious incidents** reported during February 2020:

- 1 x cross contamination of histopathology specimen
- 3 x falls to fracture
- 1 x delay to potential cancer treatment
- 1 x delay in referral for neurological condition
- 1 x failure to diagnose and treat pancreatitis

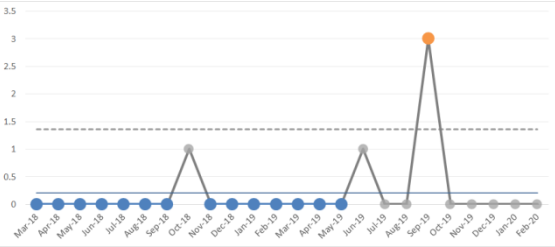
Serious and Amber (Moderate) Incident Management and Duty of Candour

At the end of Feb there were 36 Serious Incidents open in the system; 18 under investigation and within timescales, 5 kept open by the CCG, 11 with CCG for closure and there are 2 incidents with the HSIB.

For Feb, the verbal DoC was 73% and written was 79%. This is a rolling 12 month figure which was affected by an issue with reporting template that became apparent last year. This has been discussed at the Weekly Patient Safety Summit, Patient Safety & Quality Group and Quality & Safety Committee.

Never Events
(Incidents recorded on Datix)

Target: 0
Variation: normal
Current Month: 0



Never Events

The Clinical Practice Review Group continues to meet and will provide an update to the Quality & Safety Committee soon.

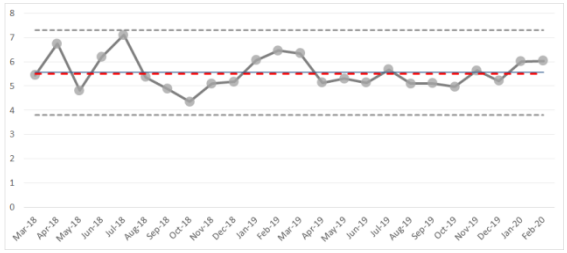
Safe Care - Falls

East Sussex Healthcare NHS Trust

Quality and Safety

Total Falls Per 1000 beddays

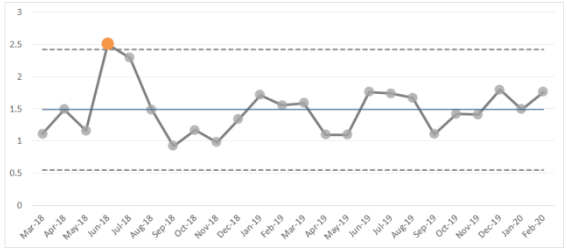
Target: 5.5
Variation: Normal
Current Month: 6.0



The rate of falls per 1,000 bed days has shown common cause variation since December 2017. The rate per 1,000 bed days was 6.1 in February as part of common cause variation. The falls group provides strategic oversight of Trust wide falls improvement programmes working with QI colleagues.

Falls with Harm Per 1000 beddays

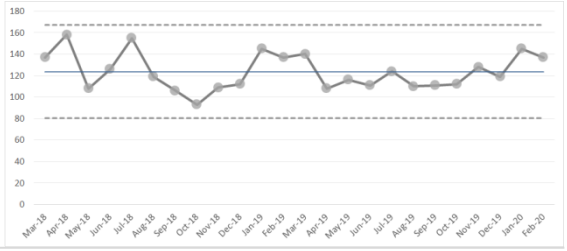
Target: monitor
Variation: Normal
Current Month: 1.8



Falls with harm have shown common cause variation since August 2018. Any falls with harm needing intervention are investigated as Serious Incidents. In February there were 3 x severity 4 falls and full RCAs are underway.

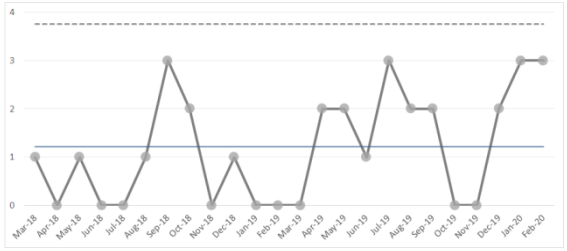
Total Falls

Target: monitor
Variation: Normal
Current Month: 137



Major Falls

Target: monitor
Variation: normal
Current Month: 3



February saw 3 falls resulting in fracture. Full RCAs are underway and will have DoN oversight and sign off. Reports will go to the Patient Safety and Quality Group.

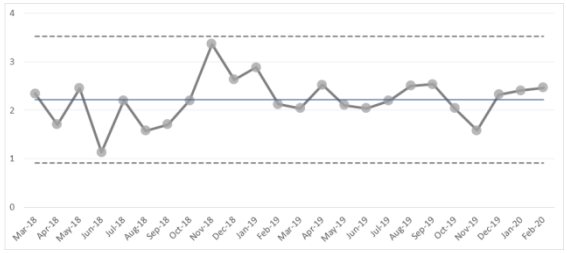
Safe Care - Pressure Ulcers

East Sussex Healthcare NHS Trust

Quality and Safety

Pressure Ulcers Per 1000 bed days (Grade 2,3,4)

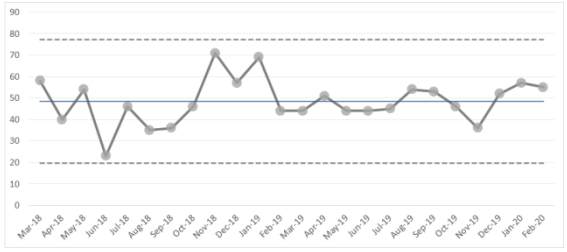
Target: monitor
Variation: normal
Current Month: 2.5



Total number of pressure ulcers against activity have shown common cause variation since February 2018. Clear themes have been identified from the quarterly deep dives into category 2 ulcers and unstageable damage and incorporated into the training plan for 2020/2021.

Pressure Ulcers Category 2 (inpatient and community)

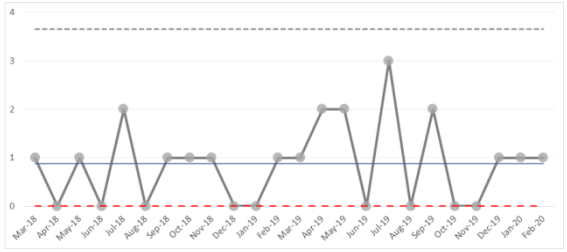
Target: monitor
Variation: normal
Current Month: 55



Category 2 pressure ulcers have shown common cause variation since February 2018. In February 2020 there were 30 category 2 ulcers reported in the acute hospitals, 24 in the community and 1 in our community hospitals. The quarterly deep dives provide analysis regarding any lapses and/or good practice.

Pressure Ulcers Category 3&4

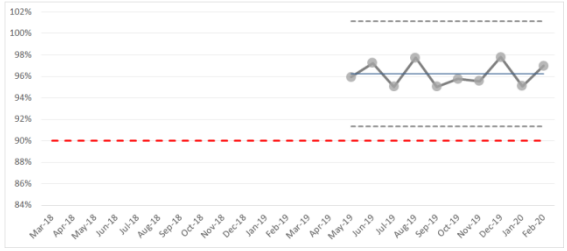
Target: zero
Variation: normal
Current Month: 1



There was one category 3 pressure ulcer reported in February 2020. An investigation has commenced. ESHT Community Hospitals have not reported a category 3 or 4 pressure ulcer since October 2017

Pressure Ulcers Assessment Compliance

Target: 90%
Variation: normal
Current Month: 97%



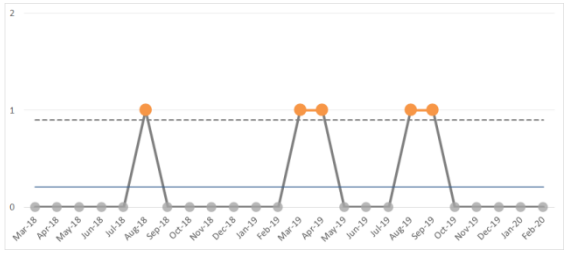
The target for pressure ulcer assessment compliance is 90% and this has been achieved since May 2019.

Safe Care - Infection Control

East Sussex Healthcare NHS Trust

MRSA cases

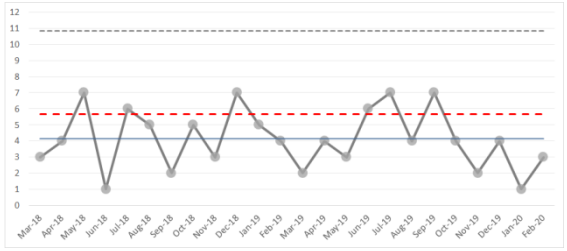
Target: zero
Variation: normal
Current Month: 0



MRSA bacteraemia – There have been 3 Hospital Associated Infections (HAI) cases reported year to date for 2019/20. No cases for February 2020.

CDIFF cases

Target: 5.66
Variation: normal
Current Month: 3

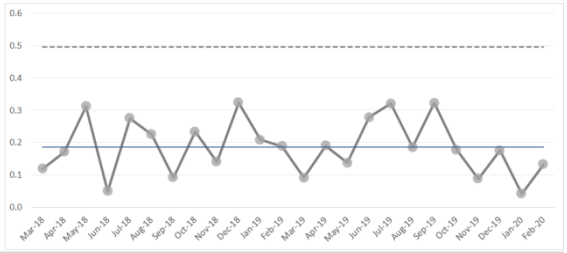


Clostridium difficile - The limit for ESHT 2019/20 is 68 cases; to include patients with prior healthcare exposure within 4 weeks of a positive sample. 46 cases have been attributed to ESHT as at end of January 2020.

3 cases of hospital onset infection was reported in February, against a monthly limit of 6. Post Infection Reviews (PIR) are underway.

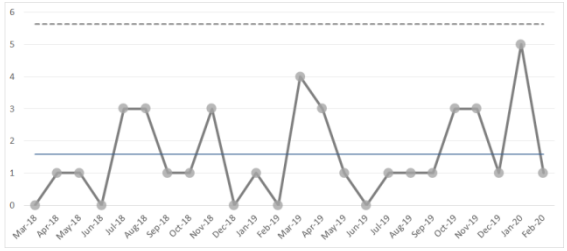
CDIFF per 1000 bed days

Target: monitor
Variation: normal
Current Month: 0.13



MSSA

Target: monitor
Variation: normal
Current Month: 1

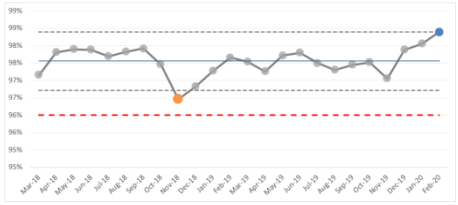


MSSA bacteraemia – One HAI MSSA bacteraemia to report in February 2020. Source of bacteraemia is Endocarditis.

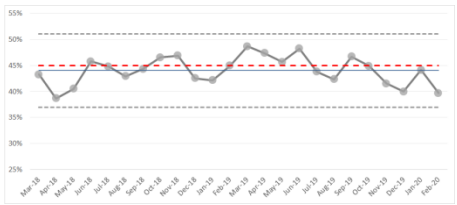
What patients are telling us? (1)

East Sussex Healthcare NHS Trust

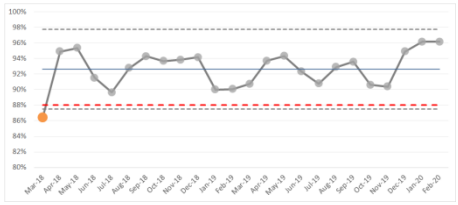
Inpatient FFT Score



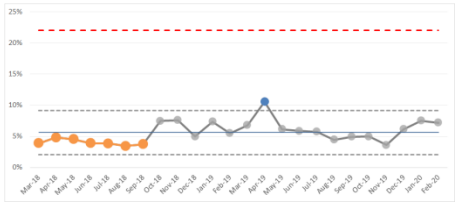
Inpatient Response Rate



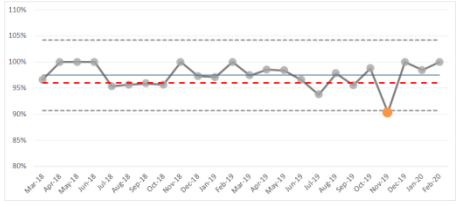
A&E FFT Score



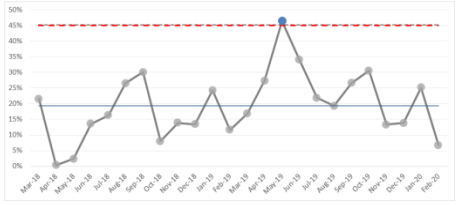
A&E Response Rate



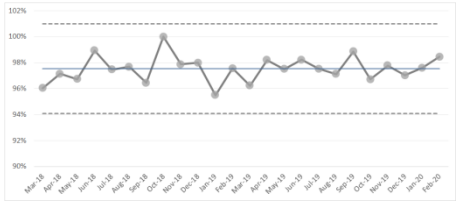
Maternity FFT Score



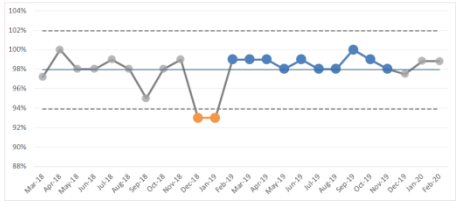
Maternity Response Rate



Outpatient FFT Score



Community FFT Score



The FFT response rate for inpatients decreased to 40% in February and maintained a recommendation rate of 98% (compared to 96% nationally based on December 2019 data from NHS England). A&E maintained response rate and score but Maternity response rate decreased in February 2020. Patient Experience Team continue to support services with FFT.

Some positive comments

- *"Wonderful care for my mum by nursing team. Plus the therapy is very good."*
- *"I cannot fault the Nurses they are caring and friendly. Nothing was too much trouble staff were friendly and helpful."*
- *"Attentive and involved the patient in every step; great team all round."*

Some negative comments

- *"The meal service is not adequate; all the meals I had looked nice but were not."*
- *"Communication at times. As a family we felt quite left in the dark."*
- *"Improve staff communication with patients in waiting area."*

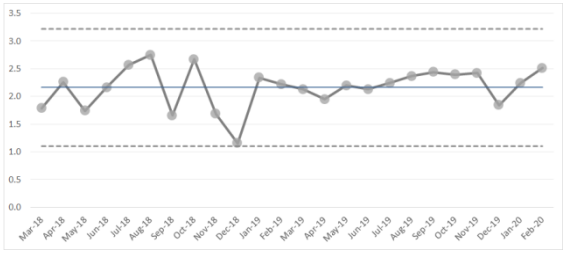
Lowest scoring questions :

- Do you know who to contact if your condition deteriorates?
- Were you given enough notice about when you were going to be discharged from hospital?
- Did you feel involved in decisions about your discharge from hospital?

What patients are telling us? (2)

East Sussex Healthcare NHS Trust

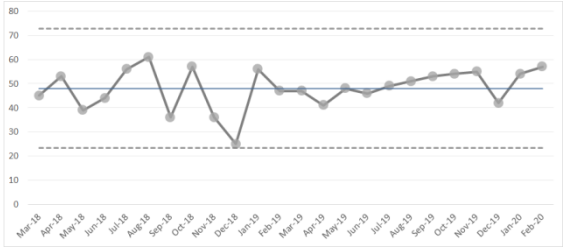
Complaints Received per 1000 bed days



Target: Monitor
Variation: Shift
Current Month: 2.5

57 new complaints were received in February 2020, with a rate of 2.5 per 1,000 bed days. This brings the number of new complaints received back in line with figures reported prior to December 2019. The average number of new complaints received for the last six months is 53, with no obvious/apparent themes or trends in terms of the current figures reported.

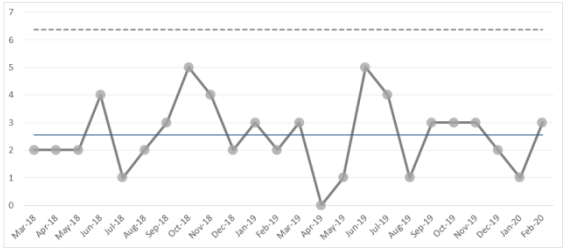
Complaints Received



Target: Monitor
Variation: normal
Current Month: 57

Women's and Children's Division has the highest rate of complaints per 1,000 bed days at 4.2 with a total of 7 new complaints. Of the complaints received, 4 related to Standard of Care, 2 related to Communication and 1 for Attitude. Under the sub category of Standard of Care there were no themes as the 4 complaints were attributed to 4 different sub categories.

PHSO contacts



Target: Monitor
Variation: normal
Current Month: 3

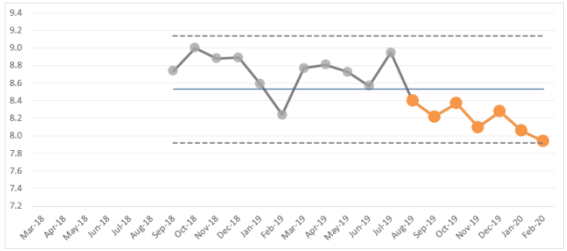
In February 2020, there were 3 contacts from the Parliamentary and Health Service Ombudsman (PHSO). This was to make enquiries about a case that ESHT had responded to that the PHSO were now considering for further investigation and the outcome of 2 cases they had investigated or previously enquired about.

Effective Care – Nursing & Midwifery Workforce

East Sussex Healthcare NHS Trust

CHPPD
(Trust)

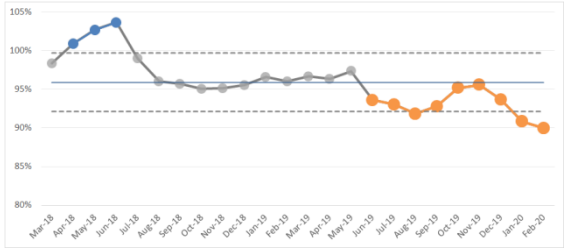
Target: monitor
Variation; shift (concern)
Current Month: 7.94



Care Hours Per Patient Day (CHPPD): The overall CHPPD for the trust is on a downward trajectory reporting 7.94 for Feb 2020, the lowest recorded to date. The latest available rates reported in Model Hospital for comparison are for Dec. 2019; National 8.0 & Peer Providers 7.8. It should be noted that Women & Children's (W&C) division have the highest CHPPD (high acuity areas) which affects the trust overall figure.

Staff Fill Rate
(total)

Target: 100%
Variation: Shift
Current Month: 90.8%



Staff fill rate – planned vs actual : A downward trend is also shown in the fill rate of staff against planned templates . From Dec 30th 2019 some ward planned staffing templates were increased following approval by the Trust Board of the latest Nursing Establishment Review.

It is important to note that these fill rates relate to inpatient areas. If/when CDUs or EDs need support and when additional escalation areas are open staff are redeployed from substantive areas to support safety/continuity so this does have an impact on the fill rate overall.

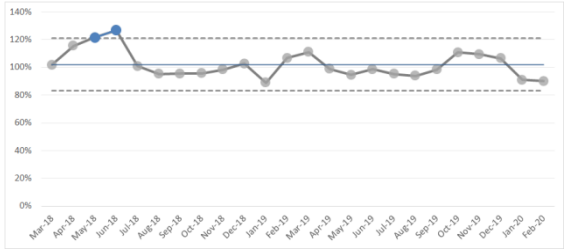
Safety remains a top priority and clinical and operational staff work closely every day to ensure best and safest care for patients in all areas.

Effective Care – Nursing Workforce

East Sussex Healthcare NHS Trust

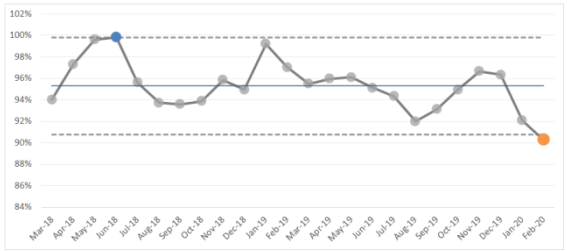
Staff Fill Rate (Bexhill)

Target: 100%
Variation: normal
Current Month: 90.1%



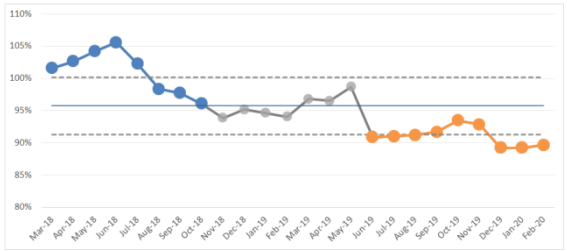
Staff Fill Rate (Conquest)

Target: 100%
Variation: Outlier (concern)
Current Month: 90.3%



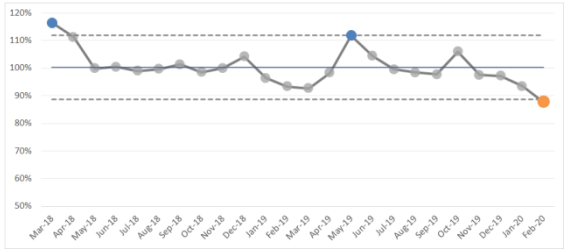
Staff Fill Rate (Eastbourne DGH)

Target: 100%
Variation: Special cause (concern)
Current Month: 89.6%



Staff Fill Rate (Rye Memorial)

Target: 100%
Variation: Outlier (concern)
Current Month: 87.7%



Staffing is managed closely on a daily basis by clinical and operational teams with oversight by the COO and the DoN and recent recruitment should start to significantly improve this as RNs complete required study and obtain NMC registration.

In February 2020 the introduction of the PODS for swabbing for COVID – 19 on acute and community sites increased demand on staffing resources. Staffing the COVID – 19 POD at Conquest proved a particular challenge. TWS worked with various agencies to support the emergency departments with block booking for 3 months to reduce the demand on the ward staff to support. Since February this situation has changed considerably and more detail will be provided in future Board reports.

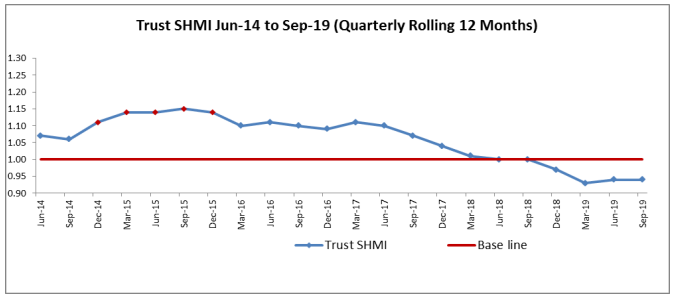
Effective Care - Mortality

East Sussex Healthcare NHS Trust

Why we measure Mortality – it's used as an indicator of hospital quality in order to look for improvement in mortality rates over time, improve patient safety and reduce avoidable variation in care and outcomes.

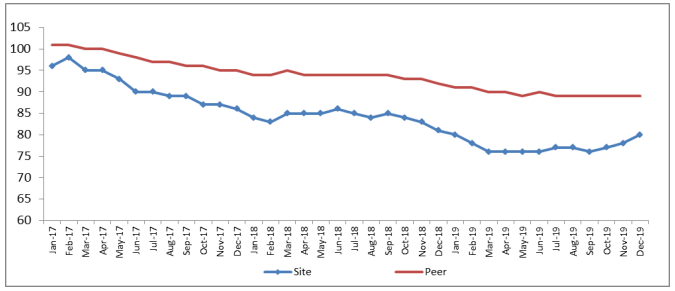
Summary Hospital Mortality Indicator (SHMI)

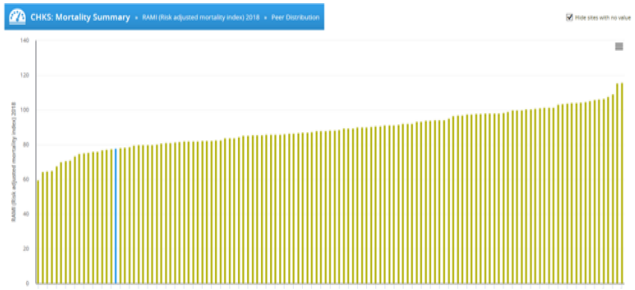
Ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures



- SHMI – October 2018 to September 2019 is showing an index of 0.94.
- RAMI 18 – January 2019 to December 2019 (rolling 12 months) is 80 compared to 81 for the same period last year (January 2018 to December 2018). December 2018 to November 2019 was 78.
- RAMI 18 shows a December position of 92. The peer value for December is 104. The November position was 87 against a peer value of 90.
- Crude mortality shows January 2019 to December 2019 at 1.51% compared to 1.59% for the same period last year.
- The percentage of deaths reviewed within 3 months was 79% in November 2019, October 2019 was 75%.

Risk Adjusted Mortality Index (RAMI)

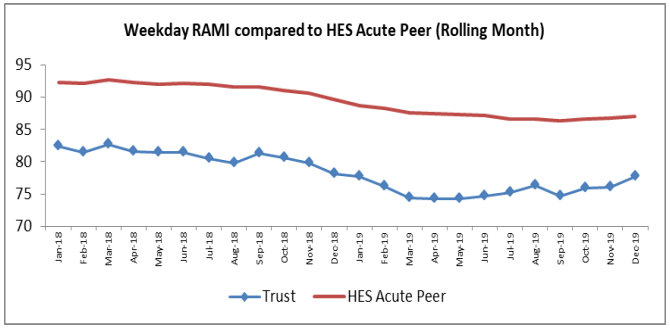


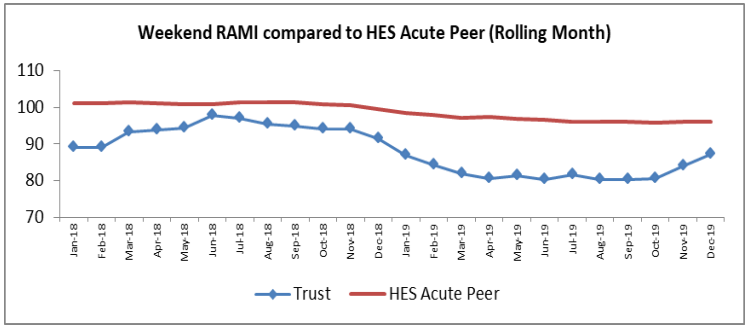


RAMI v Peer

This shows our position nationally against other acute trusts - currently 22/129

Weekday/Weekend RAMI





For some years in the NHS, there have been concerns over weekend mortality. Our weekend RAMI, although higher than weekday, remains better than the national average.

Workforce

Delivering safe care for our patients
What patients are telling us?
Delivering effective care for our patients
Challenges and risks

Safe patient care is our highest priority

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

Summary

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	The Trust **vacancy rate** has reduced by 0.4% to 9.1% **Current vacancies** are 646.4 fte, a reduction of 24.2 ftes this month. Monthly **sickness** has reduced by 0.2% to 4.8% whilst the overall annual sickness rate has remained unchanged at 4.5%. **Appraisal** compliance increased by 0.2% to 79.4%. **Mandatory Training** compliance rate has increased by 0.1% to 88.7%.	**Temporary expenditure** of £3,795k represents an increase of £249k since last month **Annual turnover** has slightly increased by 0.1% to 10.1%, reflecting 609.6 FTE leavers in the rolling 12 months	 **Monica Green** Director of Human Resources

Actions:

The Trust is committed to ensuring our staff is valued, respected and able to deliver the highest level of care. Therefore ensuring that we have the right people, at the right time providing the right care is of the ultimate priority. As such, we are:

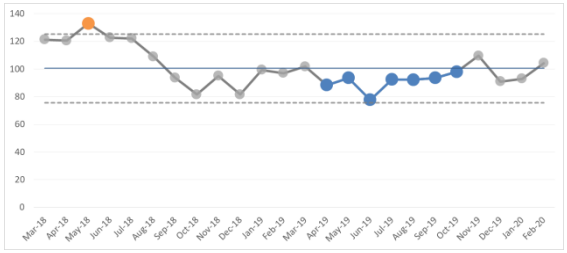
- Ensuring services recruit fully to their vacancies either via internal and overseas recruitment as well as exploring new roles and new ways of working. We are also reviewing the recruitment of consultants.
- Developing a robust long term recruitment plan.
- As part of the Trust business planning cycle, working alongside our divisions to finalise their workforce plans that will support the delivery of our 6 five-year sustainability programmes.
- Scrutinising the effective deployment of our permanent workforce via: the use of our rosters which should be signed off 6-8 weeks in advance; supporting colleagues in the completion and sign off of job plans for medical staffing, AHP and Nursing; supporting the temporary workforce service team to recruit and deploy our bank staff in the most cost effective way.
- Streamlining the recruitment and induction processes for our temporary workforce.
- Reviewing our appraisal policy to include talent conversations aiming at aligning the offer of our training and development programmes to the needs of our staff and patients as well as the improvement of our retention and staff engagement scores.
- Supporting our staff to manage anxiety and depression by accessing via OH, the services of a newly recruited Mental Health Practitioners and developing a programme of stress reduction in 2 pilot areas. Our OH is also linking in with MSK to improve and extend pathways for staff to access MSK interventions.
- Assisting the Divisional Governance Leads to improve our mandatory training to reach 90% target across all topics.

Workforce – Contract type

East Sussex Healthcare NHS Trust

Quality and Safety

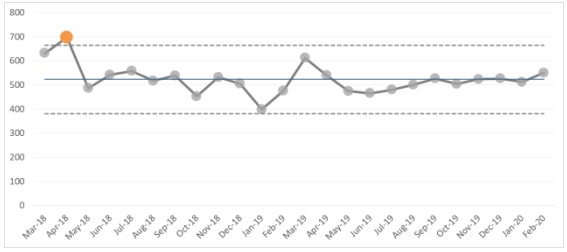
Agency FTE Usage



Current Month: 104.2

- Agency fte usage has increased this month (+11 ftes) with an increase in expenditure of £96k. due to an increase in ward nursing in T&O, Elderly Care, A&E EDGH, Oncology and on the escalation wards, in response to winter pressures . There was also medical agency usage in Acute Medicine, Histopathology and Radiology covering vacancies and cover for Radiographer vacancies.

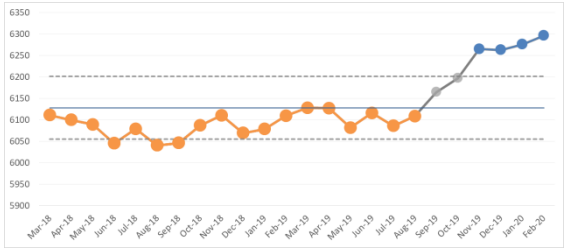
Bank FTE Usage



Current Month: 550

- Bank fte usage has increased this month (+38 fte) overall though, within this figure, locum usage reduced slightly (-2.8 fte). Expenditure overall was marginally down (-£3k) as bank expenditure increases (+£180k) were offset by locum expenditure decreases (-£183k) . The increase in non medical bank was due to winter pressures . This month's total fte usage was the highest since Jul '18. .

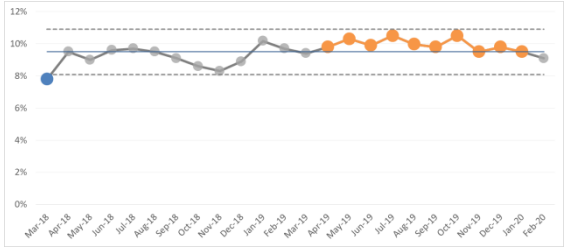
Substantive FTE Usage



Current Month: 6,296

- Substantive fte have slightly increased this month (+20 fte) due to successful recruitment, as reflected in the continuing reduction in the vacancy rate. Administrative & Clerical, Registered Nursing and Estates & Ancillary staff fte usage have all increased in February. The long term trend shows continued growth in the substantive workforce.

Vacancy Rate



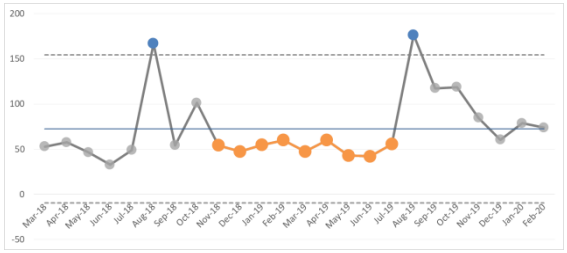
Current Month: 9.1%

- The vacancy rate has reduced by a further 0.1% to 9.1% in February . Current Trust vacancies are 646.4 ftes, a reduction of 24.2 fte vacancies since last month. Vacancy rates are trending slightly higher than two years ago but this partly reflects increases in the budgeted fte establishment which has increased by 5.6% over that period whilst substantive staff numbers have increased by 3.1%.

Workforce - Churn

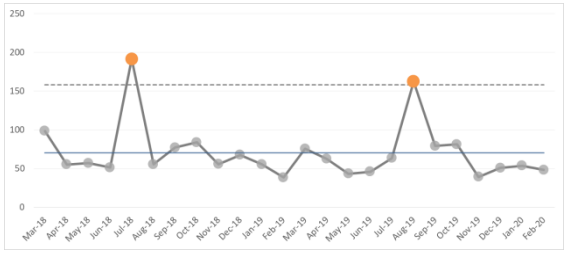
East Sussex Healthcare NHS Trust

Starters FTE



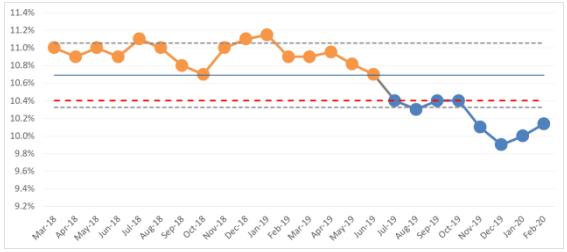
Current Month: 73.8

Leavers FTE



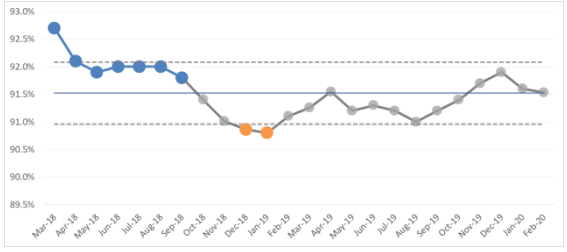
Current Month: 48.3

Annual Turnover Rate



Current Month: 10.1%

Retention Rate



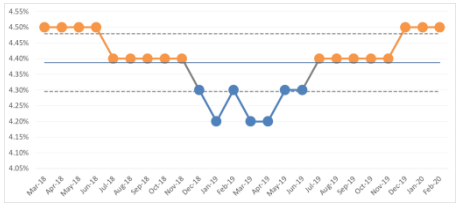
Current Month: 91.5%

- 73.8 ftes joined ESHT this month, 48.3 ftes left . February was the seventh consecutive month with overall starters above overall Trust leavers with a net increase of 25.5 fte. The highest volume of monthly new starters and leavers relates to the Doctors in Training rotation in August.
- There has been success in recruiting Locum Consultants in A&E, Histopathology, Acute Medicine and Radiology. 3 Middle Grades in A&E and 4 G.P.s for Urgent Treatment Centres . An additional recruitment agency has been engaged to source UK experienced Consultants in Stroke, Gastroenterology and Acute Medicine.
- There has been continued international nurse recruitment with a further 20 Nurses to arrive before April. Monthly Skype Interviews are planned from April. An external recruitment agency has been engaged to assist with community nursing vacancies.
- An external agency has also been engaged to assist with international recruitment of AHPs. Continued internal succession planning/ development to Bands 6 & 7 has helped to address vacancies with a further 2 international Radiographers joining the Trust by April
- The average national annual turnover for acute Trusts is 10.4%. ESHT turnover has slightly increased by 0.1% to 10.1% (609.6 fte leavers). Turnover has reduced by 0.9% in the last two years
- The retention rate (i.e. % of staff with more than 1 year's service with ESHT) has reduced slightly this month by 0.1% to 91.5%, in line with the turnover trend. The retention rate has remained relatively high within the range 90.8% to 92.7% across the last two years.

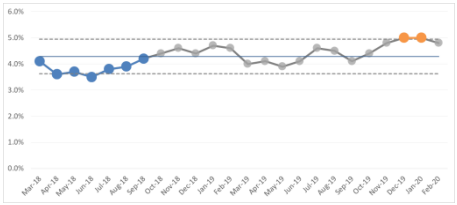
Workforce - Sickness

East Sussex Healthcare NHS Trust

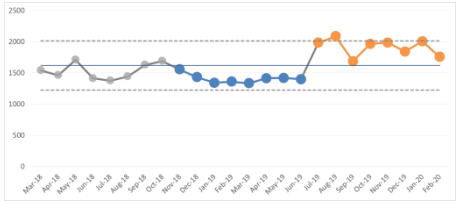
Annual Sickness Current Month:4.5%



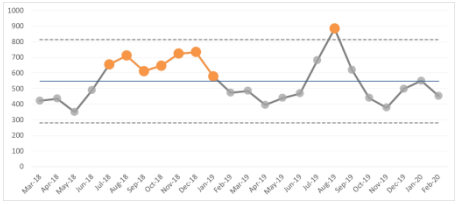
Monthly Sickness Current Month: 4.8%



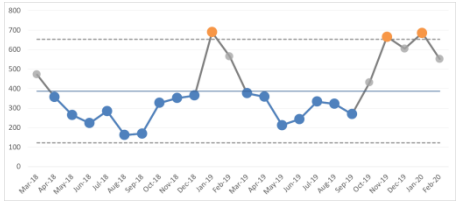
Anxiety/Stress/Depression



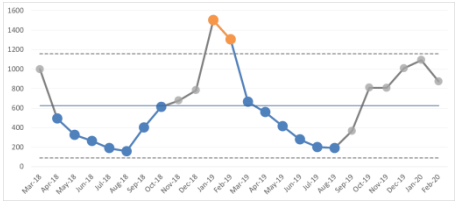
Back Problems



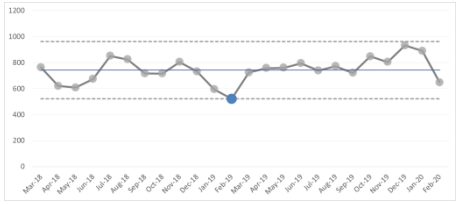
Chest & Respiratory Problems



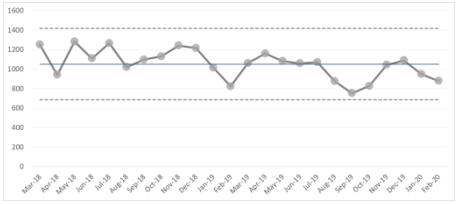
Cough, Cold & Flu



Gastro-intestinal Problems



Other MSK problems



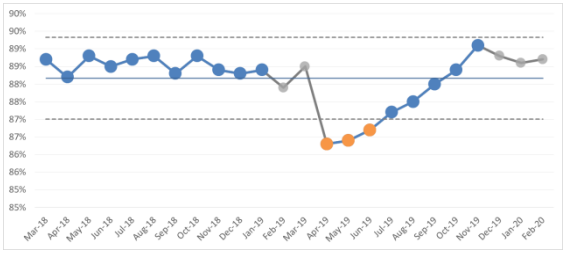
- Annual sickness has remained unchanged this month at 4.5%. The annual rate trend was lower between Dec 18 to Jun 19 as monthly sickness in the winter of 18/19 was significantly lower than for the previous year. In 19/20 monthly rates have generally been higher than for 18/19 thus the annual rate has increased.
- Monthly sickness reduced by 0.2% to 4.8% in Feb 20. In Feb 19 the rate was 4.6%. This month, sickness has been highest amongst Estates & Ancillary staff (7.1%) and Registered Nurses & Midwives and Additional Clinical Services (mostly unregistered nurses and therapy helpers) both at 5.0%.
- All the major reasons for sickness have reduced this month. Anxiety/stress/depression remains the highest reason for sickness but it has reduced by 250 fte days lost in Feb 20, Gastro problems have reduced by 243 and Cold/Cough/Flu by 220.
- Focus continues on ways to support staff in times of stress including targeted interventions which have been happening across Estates & Facilities with all cases being managed closely with Occ Health and Care first. FTE days lost to sickness for Estates & Facilities have reduced by 77 this month. In WCSH, as preventative work to avoid stress absence, they offer a 'Care and Share' daily session, where there will be a Head of Nursing or Matron available to listen and offer support to staff.

Workforce - Compliance

East Sussex Healthcare NHS Trust

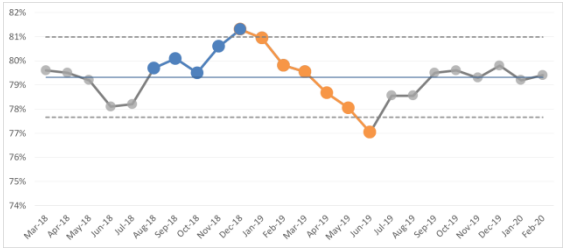
Mandatory Training Compliance

Current Month: 88.7%



Appraisal Rate

Current Month: 79.4%



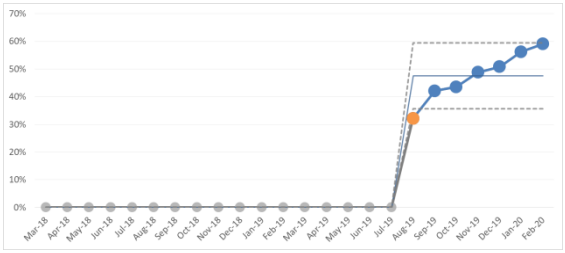
- The overall mandatory training compliance rate has increased by 0.1% to 88.7% this month as issues with eLearning on ESR have been resolved.
- Induction attendance has also improved this month, up to 96.5%, due to follow ups of DNAs. Fire and Infection Control compliance rates have dropped again this month (to 89.0% and 90.4% respectively) and reminders are going out to all Divisions to advise that staff can quickly update their training through eLearning assessment on ESR. The Trust has a the target of 95% compliance with Information Governance and Data Security Training by 31 March 2020 in line with the requirements of the Data Security and Protection Toolkit (in Feb compliance was 87.5%) .
- A Trust wide data cleansing exercise will be commenced from March 2020 to ensure that roles and assigned training competencies are aligned correctly.
- Work will also commence in Jul/Aug 2020 to map the implementation of self serve with staff booking their own training through ESR.
- Appraisal compliance increased by 0.2% to 79.4%. OOH showed the largest increase in compliance in Feb at +2.6% to 75.0%. It is anticipated that the implementation of pay progression later this year will further improve compliance rates.

Workforce – Job Planning

East Sussex Healthcare NHS Trust

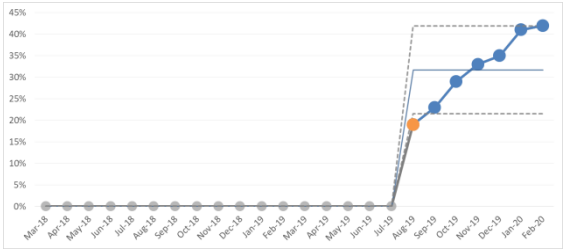
Consultant eJob-Planning Fully Approved Rate

Current Month: 59.0%



SAS Grades eJob-Planning Fully Approved Rate

Current Month: 42.0%



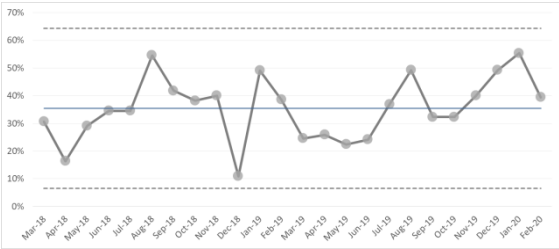
- The associated graph reflects a 24 month view however data is only available from July 2019, when progress reporting was first started (historical reporting is not available.)
- As of 3rd February 2020, 147 of 250 consultants (59%) and 45 of 107 SAS grades (42%) had fully approved job plans.
- Reports are run weekly and the latest update, as of 28 February, shows that the number of consultants with fully approved job plans had increased to 158 of 247 consultants (64%). SAS grades remained unchanged . Overall this equates to 203 of 354 (57%).
- With only 9 of the 33 specialities fully signed off, the progress will fall short of the target (75% by March 2020 & 90% by June 2020).
- A Medics eJP Programme Acceleration has been initiated to increase dedicated support to medics to target a significant improvement. The job planning team is also offering support to improve user confidence with the Allocate system

Workforce – Roster Completion

East Sussex Healthcare NHS Trust

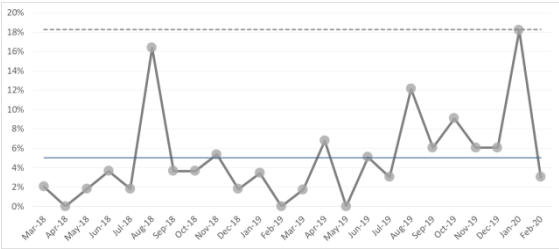
6 week Nursing Management Roster Approval Rate

Current Month: 39.4%



8 week Nursing Management Roster Approval Rate

Current Month: 3.0%



- The following charts show the % of approved rosters as at 6 & 8 weeks prior to commencement, in line with the Lord Carter recommendations. Over the last 24 months 6 week approval rates have been in the range 11% to 55% whilst 8 week approval rates have been in the range 0% to 18%.
- Rosters have been run for the Easter period. There are still adjustments to be made for overseas nurses who have recently received their registrations and then the reports will be rerun to provide for mitigation of any gaps.
- A Targeted Rostering Efficiency Diagnostics review is currently underway jointly led by HR Workforce, Corporate Nursing & ADN's to review the effectiveness of planning and deployment efficiencies. This review will include both Reg Nursing & HCA staff groups to identify opportunities to maximise existing resource through the delivery of rostering excellence.

Access and Responsiveness

Delivering the NHS Constitutional Standards

Our front door - Urgent Care

How our patients flow through the hospital

Our Cancer Services

Our Out of Hospital Services

We will operate efficiently & effectively

Diagnosing and treating our patients in a timely way that supports their return to health

Summary

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	The acute and community length of stay remains on target, in line with national median LOS and patients with a length of stay 21 days and over remains below target. Same Day Emergency Care (SDEC) is delivering above the national target, and will further increase now that the new SDEC unit at Conquest has opened. In line with national priorities we are focusing on: - Increasing discharges before noon (home for lunch) - Increasing weekend discharges - Streaming patients to primary care clinicians in ED - Reducing patients with a LOS 7 days and more to 30% of our total bed base The Integrated Discharge Team continues to embed with the new discharge co-ordinators starting to support wards and there is a good level of system working to improve response times for urgent care patients and discharge. RTT performance declined in February due to challenges in bed flow that impacted on elective activity along with an initiative to clear the waiting list of any duplicated pathways. The final position was continues to provide a stable position 89.6% . Although Cancer 62 day remains a challenge, the Trust now has its lowest cancer waiting list backlog and lowest number of patients over 104 days.	Non-elective activity continues to increase compared to the previous year (YTD 6.2% admissions, 8.0% attendances) and against the plan agreed with the CCGs (6%), the increasing demand is affecting the ability for the Trust to respond in a timely way and has resulted in escalation beds remaining open. The 3 year acute bed modelling has been completed and system discussions are underway to agree how future capacity gaps will be resolved. A similar process is due be undertaken across community to ensure sufficient capacity to support admission avoidance and discharge once patients are medically optimised. Medical staffing in ED continues to be a challenge although recruitment is well underway with new starters coming into post with temporary workforce onboarding being reviewed. January Cancer 62 day performance of 76.7% although early intelligence suggests that Februarys position will be above 80%.	 **Joe Chadwick-Bell** Deputy Chief Executive

NHS Constitutional Standards

East Sussex Healthcare NHS Trust

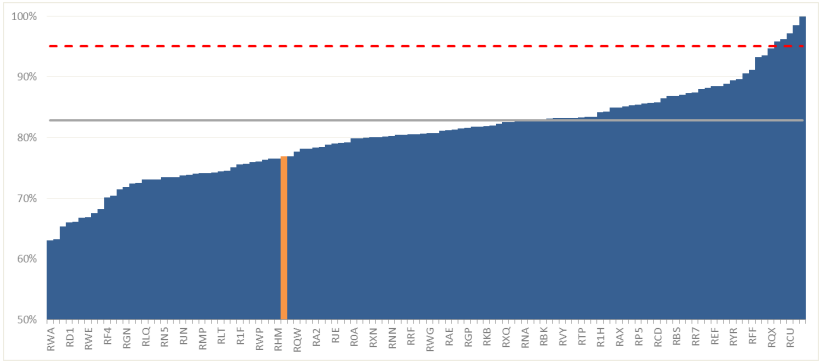
*NHS England has yet to publish all February 2020 Provider based waiting time comparator statistics

ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

February 2020 Peer Review

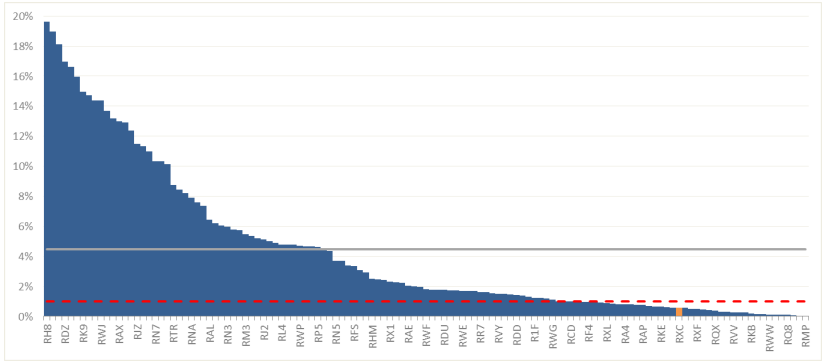
National Average: 82.8% ESHT Rank: 83/120



Planned Care – Diagnostic Waiting Times

January 2020 Peer Review*

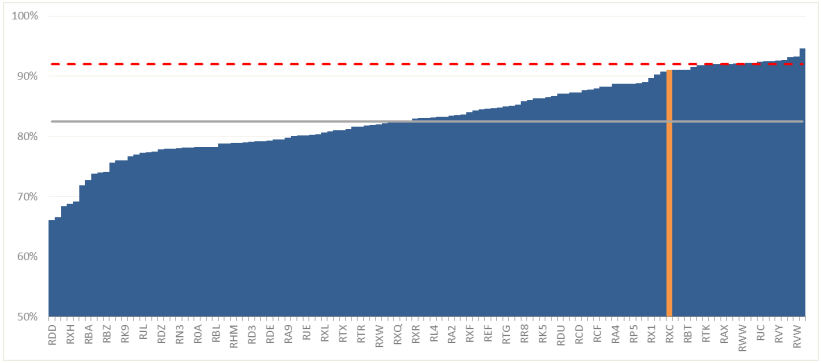
National Average: 4.5% ESHT Rank: 22/127



Planned Care – Referral to Treatment

January 2020 Peer Review*

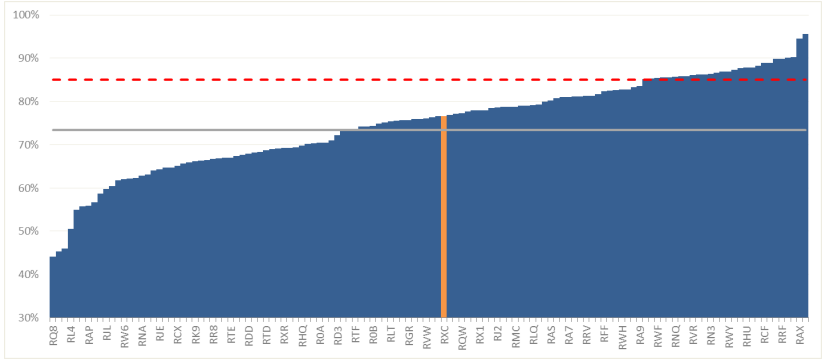
National Average: 82.5% ESHT Rank: 23/125



Cancer Treatment – 62 Day Wait for First Treatment

January 2020 Peer Review*

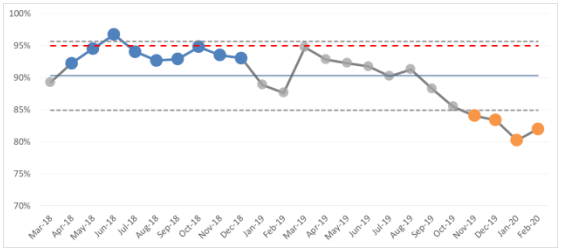
National Average: 73.4% ESHT Rank: 62/128



Urgent Care – Front Door

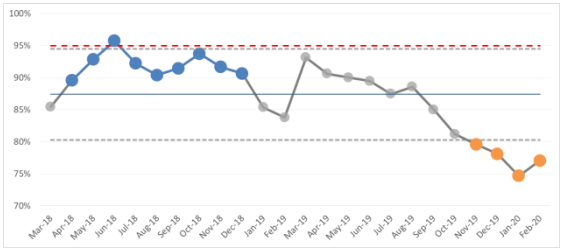
East Sussex Healthcare NHS Trust

A&E Performance
(Local System)



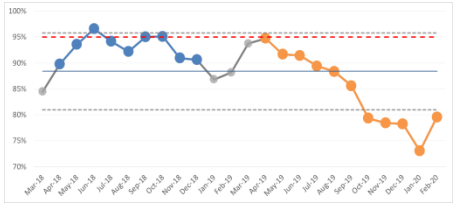
Target: 95%
Current Month: 82.0%

A&E Performance
(ESHT Total Type 1 & 3)

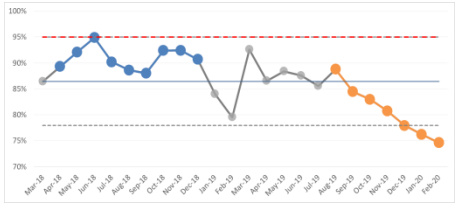


Target: 95%
Current Month: 77.1%

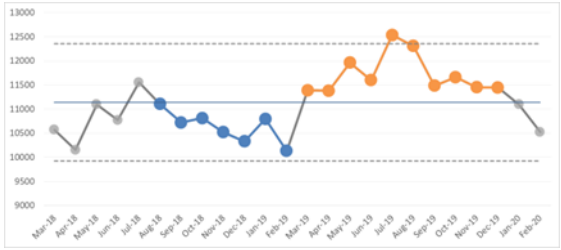
CONQ



EDGH



A&E Attendances
(ESHT Total Type 1 & 3)



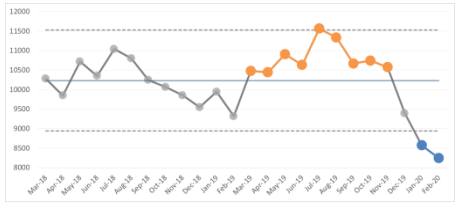
Target: Monitor
Current Month: 10,523

The Trust 4 Hour performance standard in February was 77.1% against a national performance of 82.8%. This ranked the Trust 83rd out of 120 reporting organisations. The system 'Walk-In' centres and the Acute Trusts combined performance for February was 82.0%. Activity continues to be higher than previous years, A&E attendances are up 8.0% against the year to date comparison.

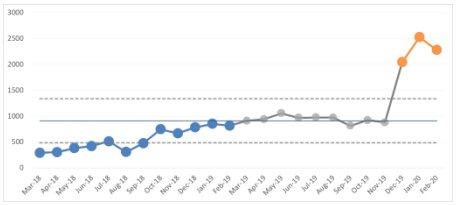
Urgent Care – Front Door

East Sussex Healthcare NHS Trust

ESHT Total Type 1

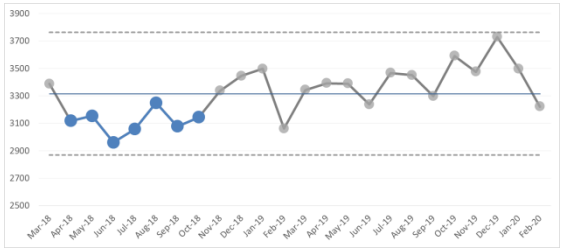


ESHT Total Type 3



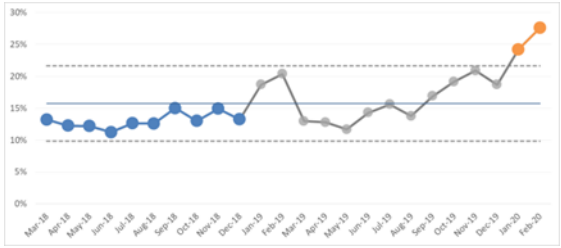
Conveyances
(ESHT – CQ and EDGH)

Target: Monitor
Current Month: 3,223



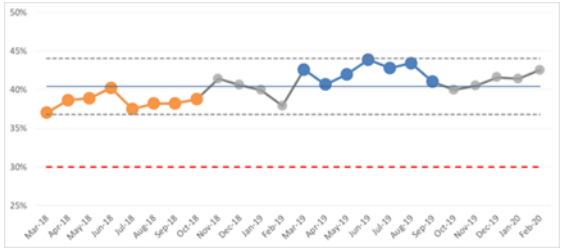
Conveyance Handover >30
(ESHT – CQ and EDGH)

Source: SECAmb
Target: Monitor
Current Month: 27.6%



Same Day Emergency Care
(ESHT – CQ and EDGH)

Target: 30%
Current Month: 42.6%



All ENP and GP activity is now being recorded as type 3, this will affect type 1 performance but not the overall Trust position.

The national target of 30% of the daily non elective admission demand to be managed without the need for an overnight admission is being exceeded and will continue to increase with improved pathways from 999 and GPs, 7 day working and with the new unit opening at Conquest.

Ambulance conveyances are up 7.6% against the year to date comparison.

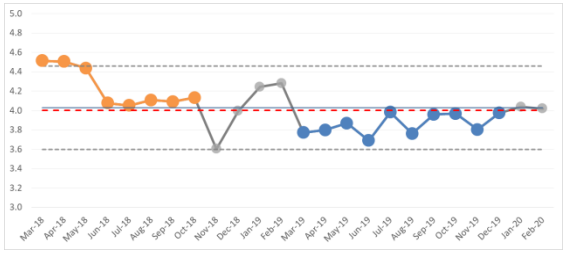
Types of A&E service:
Type 1: Consultant led 24 hour service with full resus facilities.
Type 3: Other type of A&E/minor injury units/Walk-in-Centres/Urgent Care Centre.

Urgent Care - Flow

East Sussex Healthcare NHS Trust

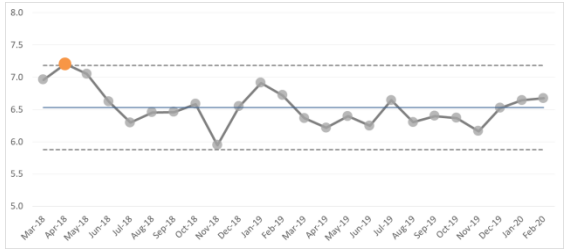
Non-elective Length of Stay (Acute)

Target: 4.0
Current Month: 4.0



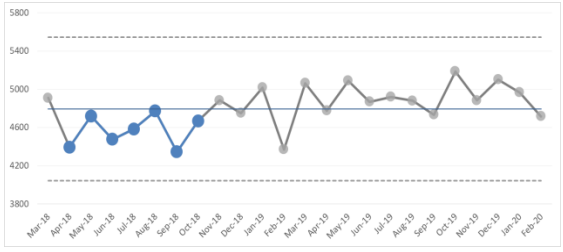
Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor
Current Month: 6.7



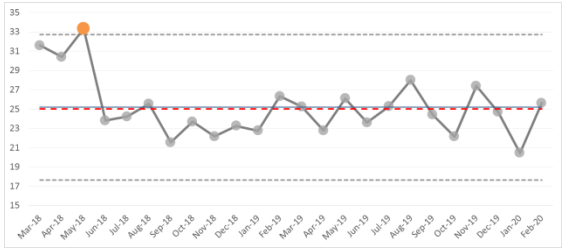
Non-elective Spells

Target: Monitor
Current Month: 4,718



Intermediate Care Units Average LoS (Community)

Target: 25.0
Current Month: 25.6



The Trust, in line with NHSI priorities is moving to a revised set of patient flow metrics.

The patient flow program is focusing on delivering:

- reduced LLOS (21+ patients) by 40% - achieved
- increase pre noon discharges to 40%
- increase weekend discharges by 50% on Saturday and 25% on Sunday

•Same day emergency care 30% : February = 42.6%

•Development of integrated discharge team - achieved

•Specialty specific length of stay reductions with a particular focus on Gastroenterology and Frailty

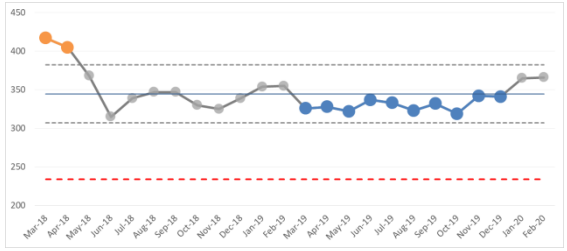
•Opening of the AEC at Conquest at the beginning of January

Urgent Care - Flow

East Sussex Healthcare NHS Trust

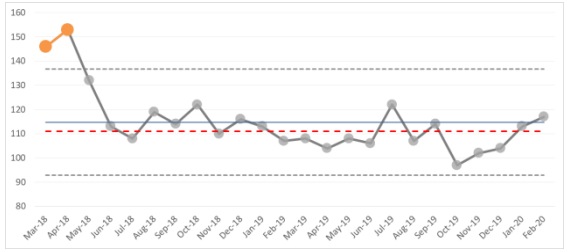
Adult inpatients in hospital for 7+ days (Acute)

Target: 234
Current Month: 366 (Daily Avg.)



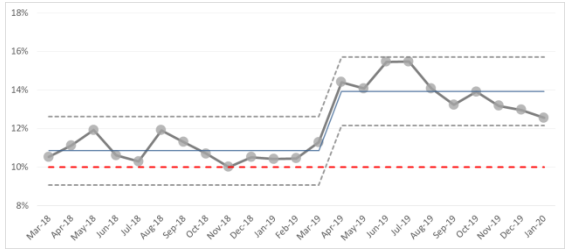
Adult inpatients in hospital for 21+ days (Acute)

Target: 111
Current Month: 117 (Daily Avg.)



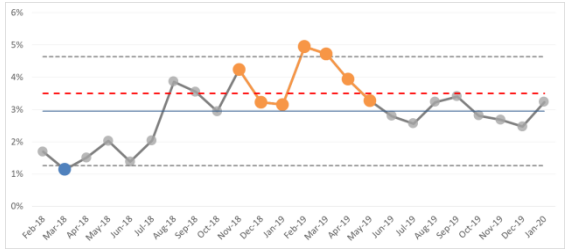
Emergency Re-Admissions within 30 days

Target: 10%
Current Month: 12.6% (Jan-20)



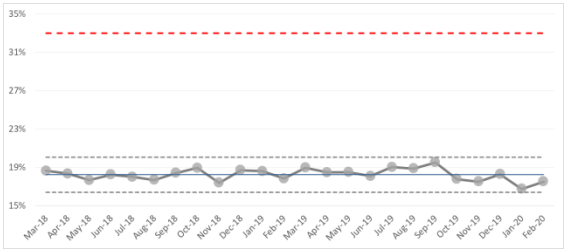
Delayed transfer of care (National Standard)

Target: 3.5%
Current Month: 3.2%



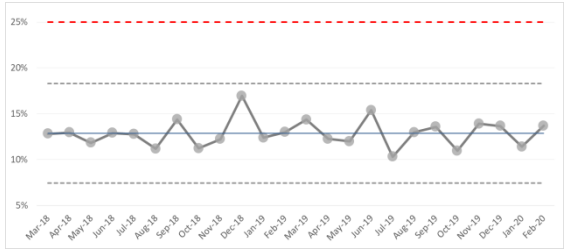
Patients discharged before midday %

Target: 33%
Current Month: 17.5%



Patients discharged on weekend day

Target: 25%
Current Month: 13.7%



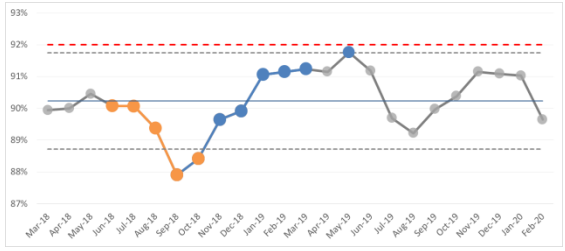
The established emergency readmission rate metric uses finance flags to exclude readmissions in cases where either the initial admission or readmission was an ambulatory tariff. The tariff was discontinued for 19/20, so there has been a step change in the readmission rate because ambulatory admissions are no longer identified as exclusions. Information Management are working with clinical teams to agree a new methodology for internal monitoring.

Planned Care – Waiting Times

East Sussex Healthcare NHS Trust

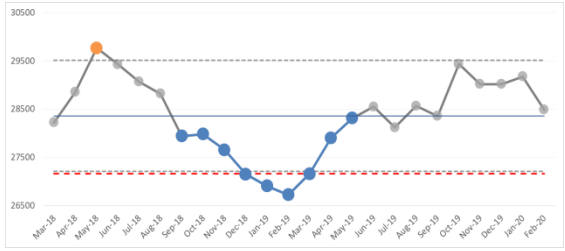
RTT Incomplete Standard

Target: 92%
Current Month: 89.6%



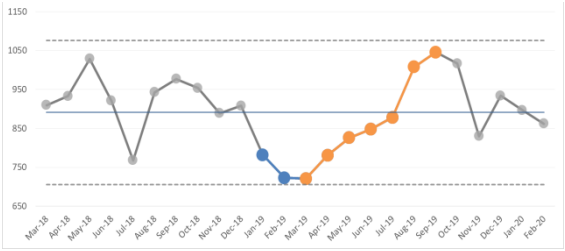
RTT Total Waiting List Size

Target: 27,156
Current Month: 28,485



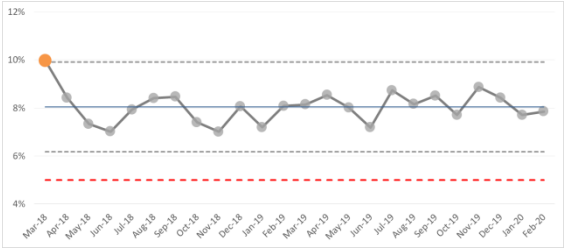
RTT 26 Week Waiters

Target: Monitor
Current Month: 862



Cancellations On The Day (Activity %)

Target: 5%
Current Month: 7.9%



The RTT position for February reduced to 89.6%. Cancelled electives due to hospital flow challenges throughout February. Another impact during the month was the clearing of the duplicate pathways which in turned reduced the waiting list denominator. This impacted on Trust performance of circa 1%.

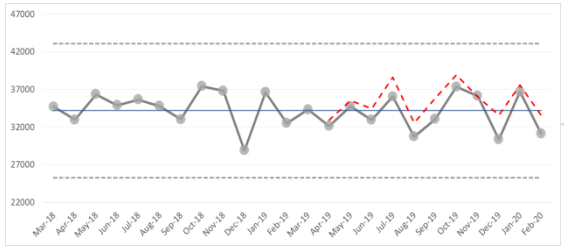
The continued focus to recover cancer performance does provide services with little scope to increase RTT capacity and in the main, any RTT recovery will come from transformational programmes and process improvements.

Planned Care – Outpatient Delivery

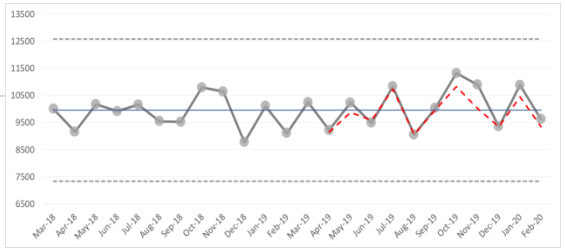
East Sussex Healthcare NHS Trust

Outpatient Total Activity
(New and Follow-up)

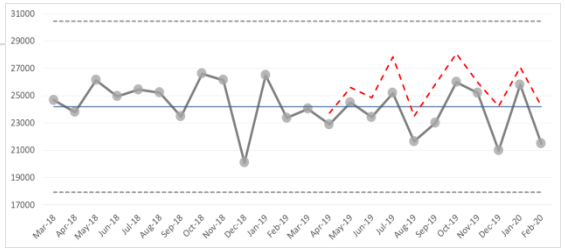
Target: Monitor against plan (red dashed line)
Current Month: 31,120



New

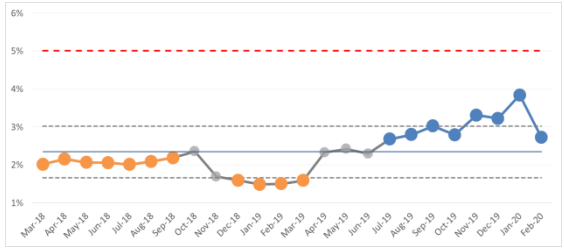


Follow-up



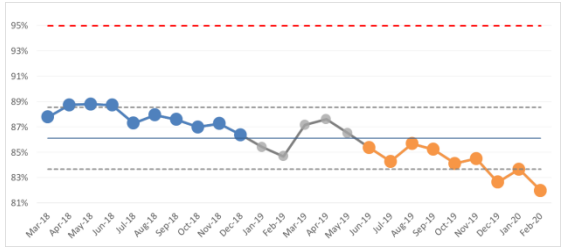
Non Face to Face Outpatients Activity
(Activity %)

Target: 5% (by April 2020)
Current Month: 2.7%



Outpatient Utilisation
(XX1 and Non XX1 Clinics)

Target: 95%
Current Month: 82.0%



The Trust overall DNA rate for February was 7.3% (OPFA = 7.8% & OPFU = 7.0%).

Over the past 11 months the Trust has seen a continued increase in Non Face to Face activity. Both Telephone and review clinics have been implemented in numerous specialities such Ophthalmology, Gastroenterology, Paediatrics, Urology, Oncology, General Surgery and Vascular. This aligns to the Trust plan to avoid at least 30 % of outpatient contacts through redesign over next 5 years (Long Term Plan, 2019).

The Trust is implementing a 642 process for Outpatient clinics with aim to address clinic utilisation.

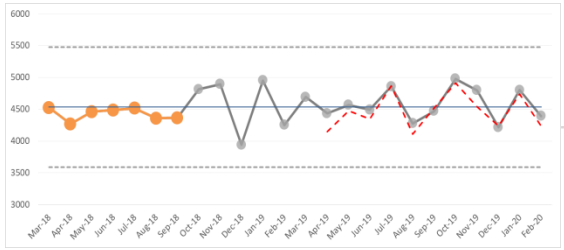
Planned Care – Admitted Delivery

East Sussex Healthcare NHS Trust

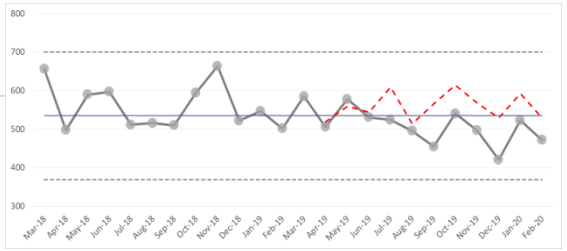
Access and Responsiveness

Elective Spells
(Day case and Elective IP)

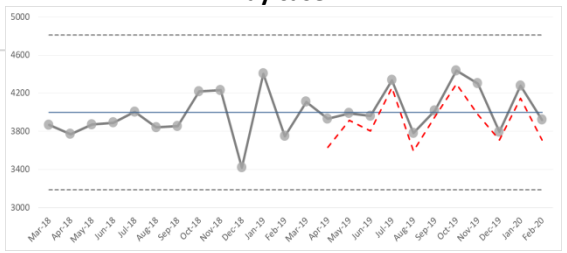
Target: Monitor against plan (red dashed line)
Current Month: 4,393



Elective IP

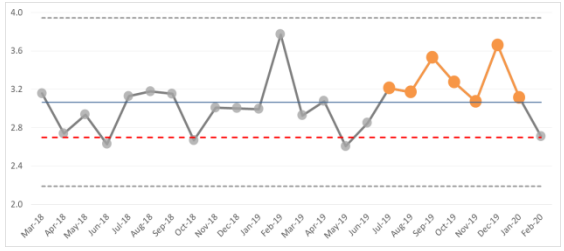


Day case



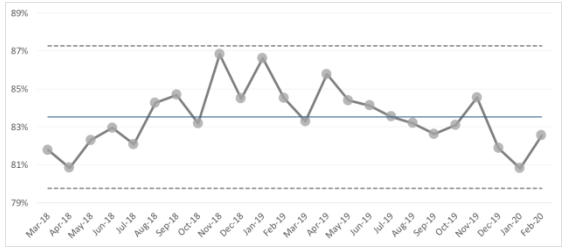
Elective Average LoS
(Acute)

Target: 2.7
Current Month: 2.7



Theatre Utilisation

Target: 90%
Current Month: 82.5%



Although February has seen a recovery in theatre utilisation (82.5%) compared to January. There has been capacity lost through cancellation of routine elective procedures due to hospital flow challenges and a period of 3 days where the Trust declared Business Continuity.

Elective Length of Stay has been identified as an area of review in order to understand the detail behind the data and to support a recovery plan.

Planned Care – Activity vs Plan

East Sussex Healthcare NHS Trust

Access and Responsiveness

First OP

SpecialtyName	Activity	Plan	Var (%)	Variance Inc Uncashed
Trauma & Orthopaedics	13263	14512	-8.6%	-1250
General Surgery	6619	7102	-6.8%	-483
Diabetic Medicine	647	968	-33.2%	-322
Cardiology	6007	6262	-4.1%	-255
Orthodontics	92	307	-70.0%	-215
Neurology	3201	2812	13.9%	389
Rheumatology	3010	2604	15.6%	406
Thoracic Medicine	3438	2803	22.6%	635
Gynaecology	7456	6618	12.7%	838
Ophthalmology	16999	14655	16.0%	2344
Total	**111182**	**108311**	**2.7%**	**2871**

Follow-Up OP

SpecialtyName	Activity	Plan	Var (%)	Variance Inc Uncashed
Ophthalmology	61240	66007	-7.2%	-4768
General Surgery	6096	9810	-37.9%	-3713
Trauma & Orthopaedics	23555	27082	-13.0%	-3527
ENT	8578	10886	-21.2%	-2308
Paediatrics	5450	7390	-26.3%	-1941
Breast Surgery	3932	3736	5.2%	196
Anaesthetics	548	22	2359.7%	525
Respiratory Physiology	5145	4400	16.9%	745
Clinical Oncology	8978	8151	10.1%	827
Cardiology	31631	30799	2.7%	831
Total	**261007**	**281012**	**-7.1%**	**-20005**

Day Case

SpecialtyName	Activity	Plan	Var (%)	Variance
Maxillo-Facial Surgery	1479	1803	-18.0%	-324
Trauma & Orthopaedics	2181	2317	-5.9%	-137
Cardiology	2141	2221	-3.6%	-80
Teledermatology	0	17	-100.0%	-17
Endocrinology	483	436	10.8%	47
Rheumatology	1973	1820	8.4%	153
Ophthalmology	4158	4000	3.9%	158
Haematology	5786	5575	3.8%	211
Gastroenterology	9055	8581	5.5%	474
Clinical Oncology	6968	5943	17.2%	1025
Total	**44973**	**42991**	**4.6%**	**1981**

Elective

SpecialtyName	Activity	Plan	Var (%)	Variance
Respiratory Physiology	234	400	-41.6%	-167
Urology	1127	1277	-11.8%	-150
General Surgery	548	662	-17.2%	-114
Cardiology	172	275	-37.4%	-103
Gastroenterology	215	284	-24.5%	-70
Vascular Surgery	15	8	95.2%	7
ENT	268	256	4.5%	12
Geriatric Medicine	23	8	181.1%	15
Haematology	268	220	22.0%	48
Thoracic Medicine	147	84	74.8%	63
Total	**5608**	**6146**	**-8.8%**	**-538**

Top five Specialties above and below plan by point of delivery shown for the first eleven months of 2019/20. Uncashed activity included using Specialty specific attendance rates to determine realisable activity. Gross total for each point of delivery shown.

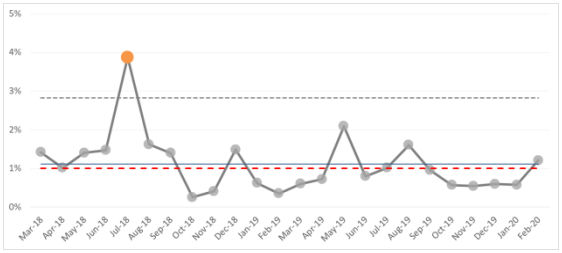
This is an estimated level of activity which will eventually be recorded if all outstanding clinics are cashed up.

Planned Care – Diagnostic

East Sussex Healthcare NHS Trust

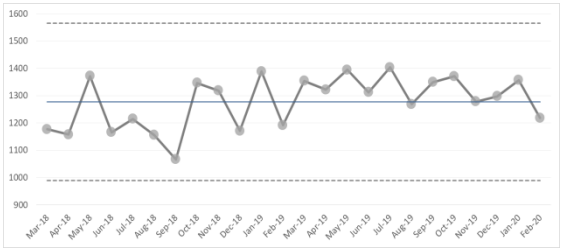
Diagnostic Standard

Target: 1.0%
Current Month: 1.2%



Endoscopy Demand
(Waiting List Additions)

Target: Monitor
Current Month: 1,219



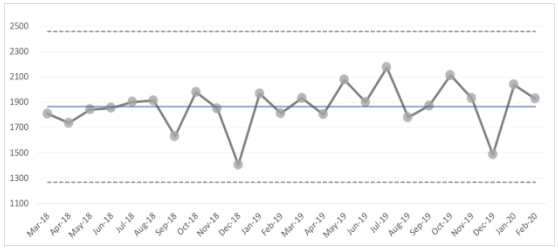
The Trust missed the DM01 target in February with a final position of 1.2%. This was mainly due to capacity challenges in MRI at Eastbourne. The Division is working through these challenges with a view to recover in March.
This was made up of 73 breaches: 59 Magnetic Resonance Imaging, 2 Computed Tomography, 10 Non-Obstetric Ultrasounds, 1 Colonoscopy and 1 Gastroscopy.

Cancer Pathway

East Sussex Healthcare NHS Trust

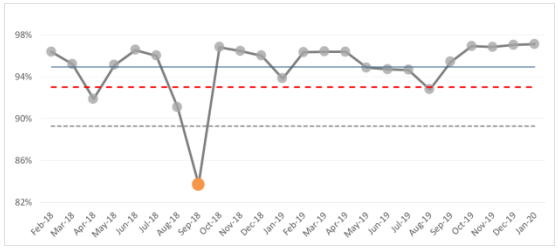
Two Week Wait Referrals

Target: Monitor
Current Month: 1,927



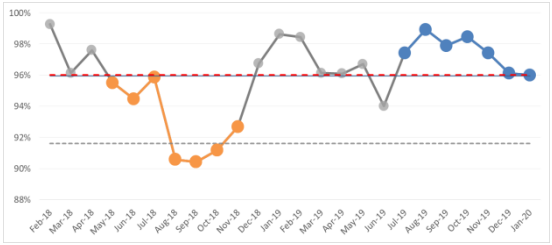
Cancer 2WW Standard

Target: 93%
Current Month: 97.1%



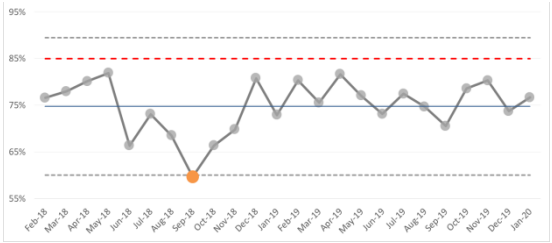
Cancer 31 Day Standard

Target: 96%
Current Month: 96.0%



Cancer 62 Standard

Target: 85%
Current Month: 76.7%



Year to date, referrals are up 6.1%.

There were 47 breaches out of 1,625 Cancer Two Week patients who were first seen for January 2020.

There was an improvement in 62 Day performance during January with a final position 76.7%. This was against a national average of 73.4% and ranked the Trust 62nd out of 128 providers. Early business intelligence is suggesting a recovery in January with further improvement in February.

Monitoring of the 28 Faster Diagnostic Standard (FDS) for January was 74.9%. With the support of Cancer Alliance funding, four FDS trackers are being employed to support the implementation of the FDS target for April 2020.

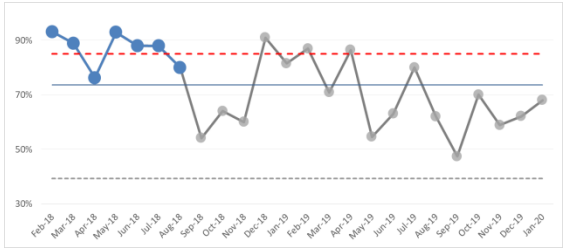
The Trust is continuing to work to the actions in Cancer Recovery.
Key recovery actions including:

- Recruitment of sonographers
- Address inconsistent reporting times in Radiology
- Implementation of Breast Triple Assessment clinics
- Campaign to support seeing all referred patients by day 7
- Address Endoscopy waits / capacity
- Cancer Access policy review including GP referral and patient availability agreement
- Addressing Histology turn around times
- Implementation of the Faster Diagnostic Standard for April 2020

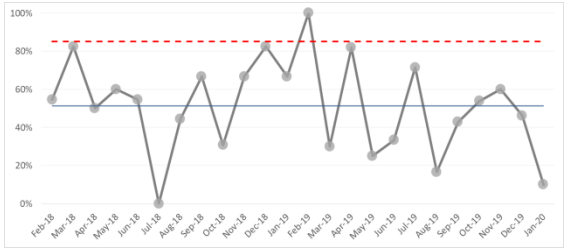
2WW Referral to First Treatment 62 Days

East Sussex Healthcare NHS Trust

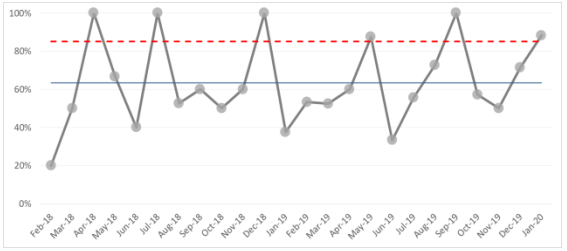
Breast



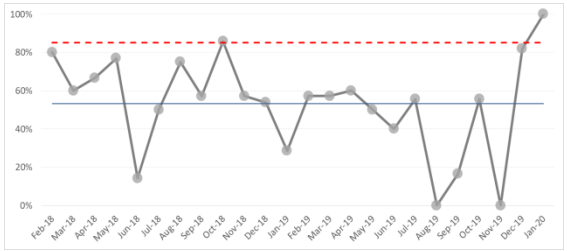
Gynaecology



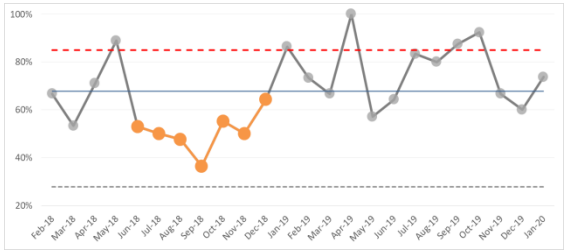
Haematology



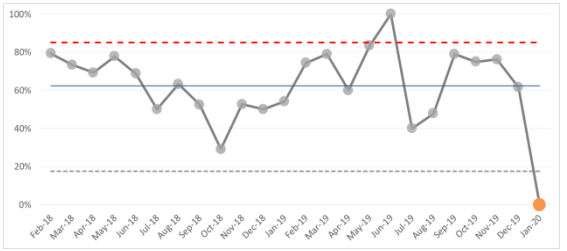
Head & Neck



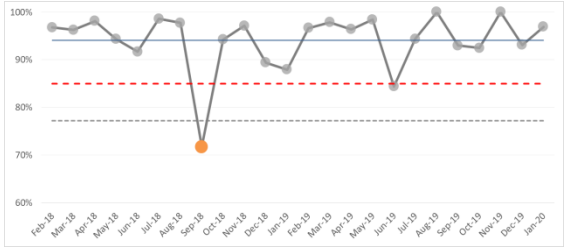
Colorectal



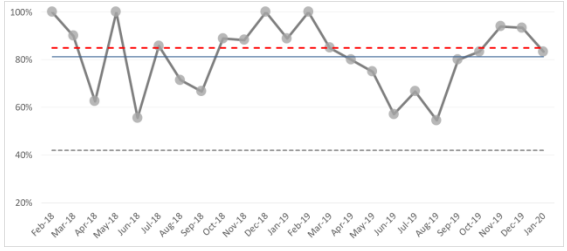
Lung



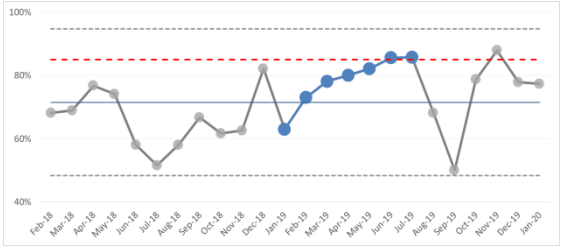
Skin



Upper GI



Urology



Month 11 Financial Performance

Trust Financial Performance

Statement of Financial Position

Workforce Expenditure

Non Pay Expenditure, Efficiencies & Capital

Receivables, Payables & Cash

Divisional Financial Performance

We will use our resources economically, efficiently and effectively
Ensuring our services are financially sustainable for the benefit of our patients and their care

East Sussex Healthcare NHS Trust

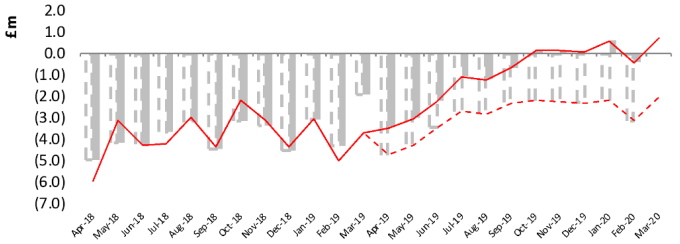
Summary

	Positives	Challenges & Risks	Author
Responsive	**Financial plan target:** £32.0m excluding transformation (£10.9m post transformation funding). On track to achieve our financial plan. **YTD financial position:** M11 delivered: £73k ahead of plan. **In month financial position:** Surplus of £353k. **Risk pool income:** £1.5m relating to the activation of the financial risk share pool with our local CCGs for unplanned/emergency activity and planned care has been recognised in our financial position. **Transformation funding**: we have benefitted from £19.8m • PSF (£6.7m) • FRF (£13.1m) **CIP**: The Trust has over performed by £31k against its YTD plan. **Contingency**: £2m set aside – this remains unutilised. **Capital**: Weekly meetings taking place to ensure capital is spent to achieve our CRL of £21.1m.	**Reserves**: £649k utilised in M11, leaving a balance of £1.35m to be utilised during the remainder of 2019/20 **CIP:** The Trust needs to deliver £2.3m in the last month of the year, the current forecast is £1.9m in March, leaving a remainder of £0.4m to find – this will be extremely challenging. **Activity:** planned care activity is behind plan, and urgent care is ahead of plan, but the Trust is managing the costs of overall activity pressure. Underspends on investments are mitigating additional costs from activity/WLI . **Cost pressures:** as we enter Winter, activity will potentially continue to increase beyond planned levels as will associated costs. This increases the financial risk to £2m in the delivery of the financial plan.	 **Jonathan Reid** Director of Finance
Actions:	**CIP delivery:** The CIP target of £20.6m is challenging. A continued focus is required to ensure delivery although this may be non-recurrently. **Cost pressures:** Discussions with local CCGs have commenced about this additional real and not yet fully mitigated financial risk to mitigate against the additional costs of £2m for Winter.		

Trust Performance

East Sussex Healthcare NHS Trust

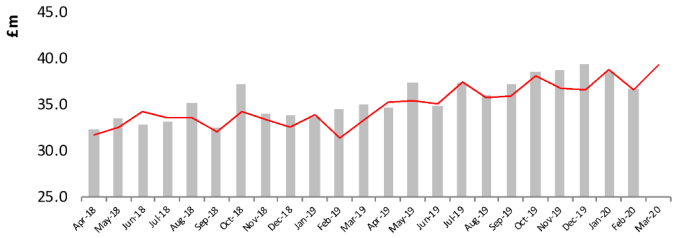
Performance vs Plan



YTD Plan (£k): (10,870)
YTD Actual (£k): (10,797)

The Trust is achieving its year to date plan at M11, with a £73k favourable variance to plan.
The dashed line and columns show plan and actuals excluding PSF, FRF and MRET funding. The favourable variance is marginal. Continued focus is required in March to achieve delivery of our financial plan.

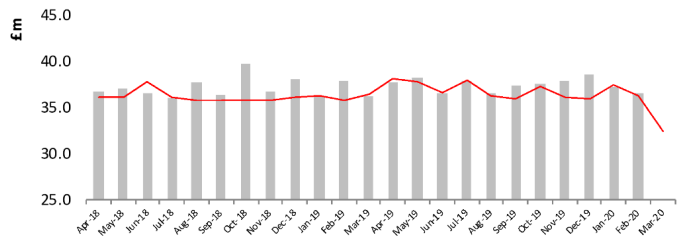
Income vs Plan (incl PSF, FRF & MRET)



YTD Plan (£k): 402,467
YTD Actual (£k): 410,367

Income is overachieving by £7.9m YTD.
Elective and Outpatients activity is significantly below plan, offset by A&E and Non-Elective activity growth. £1.5m of risk funding received from our local CCGs has been reflected in the YTD position.

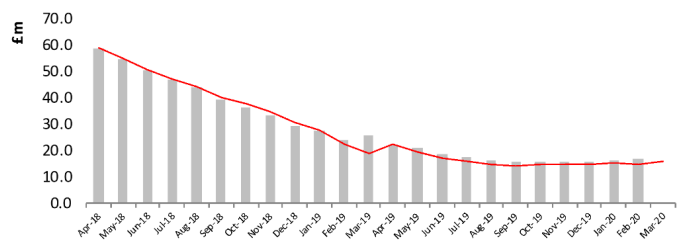
Operating Expenditure vs Plan



YTD Plan (£k): 406,710
YTD Actual (£k): 412,887

Expenditure is overspent by £6.18m YTD.
Pay is overspent by £9.1m offset by Non Pay is underspent of £2.9m, excluding financing costs.

Taxpayer's Equity



YTD Plan (£k): 15,189
YTD Actual (£k): 16,777

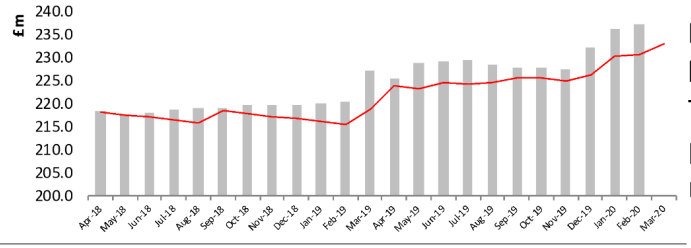
The decrease in Taxpayers' Equity is mainly due to the reduction in the Trust's deficit position in 2018/19 (£44.8m) and in 2019/20 (forecast £10.1m including transformation funding).

Statement of Financial Position

East Sussex Healthcare NHS Trust

Non-Current Assets vs Plan

YTD Plan (£k): 230,928
YTD Actual (£k): 237,323

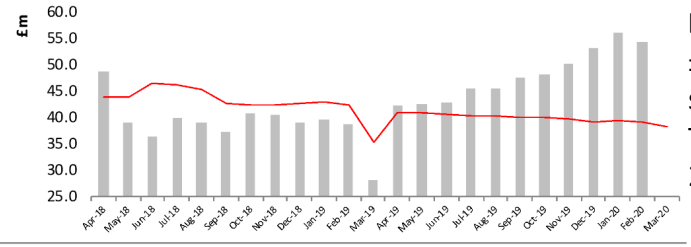


Increase in non-current assets reflective of £8.5m capital loans secured in year.

The increase in non-current assets relates to the increase in property, plant and equipment (PPE) expenditure in year, made possible due to £8.5m capital loans secured in year.

Current Assets vs Plan

YTD Plan (£k): 39,179
YTD Actual (£k): 54,335



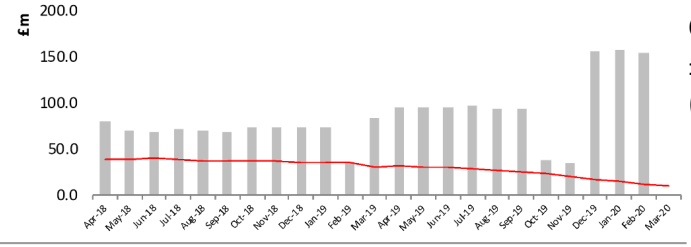
Debtor Days improved by 5 days in February.

£5.8m decrease in receivables offset by a slight decrease in stock (£0.5m) and cash balance (£3.5m).

The number of invoices on the system at month end was 2,085 which is comparable to previous months.

Current Liabilities vs Plan

YTD Plan (£k): 13,030
YTD Actual (£k): 1,116,879

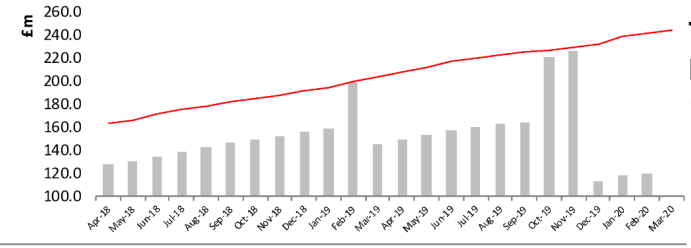


Creditor Days decreased by 1 day to 91 days in January.

£2.4m decrease in current liabilities. Decrease in creditors (£1.1m) and deferred income (£1.1m).

Non-Current Liabilities vs Plan

YTD Plan (£k): 241,888
YTD Actual (£k): 119,693



The increase in non-current liabilities is due to February borrowings.

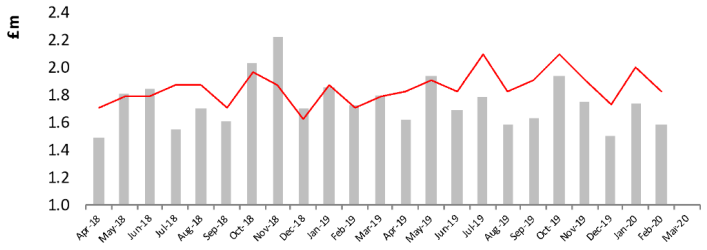
Loan draws in month; working capital loan (£1.5m)

Income & Activity

East Sussex Healthcare NHS Trust

Elective Inpatient Income vs Plan

YTD Plan (£k): 20,975
YTD Actual (£k): 18,806

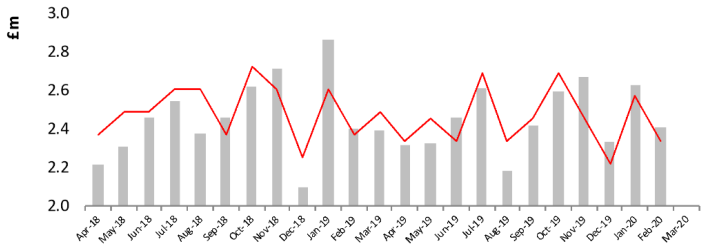


lective Inpatient income is underachieving against plan by 2.2m YTD.

Main areas of underperformance are Urology (£1.4m), Cardiology (£0.3m) and Trauma & Orthopaedics (£0.5m).

Day Case Inpatient Income vs Plan

YTD Plan (£k): 26,919
YTD Actual (£k): 26,998

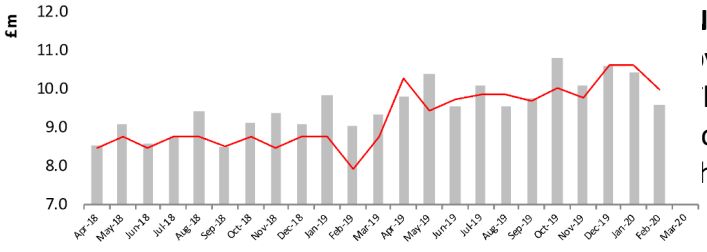


ay Case Inpatient income is overachieving against plan by 78k YTD.

Underperformance in Cardiology and Maxillofacial Surgery is offset by over performance in Rheumatology and Neurology.

Non- Elective Inpatient Income vs Plan

YTD Plan (£k): 110,150
YTD Actual (£k): 110,879

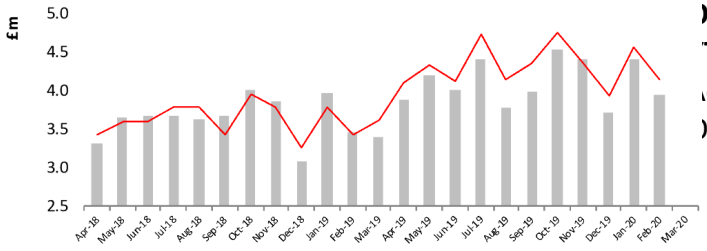


lon-Elective Inpatient income is overachieving against plan y £0.7m YTD.

The Trust was funded for activity growth of 6% in the AIC ontract, growth has been significantly above this level hroughout the year.

Outpatient Income vs Plan

YTD Plan (£k): 47,619
YTD Actual (£k): 45,350



utpatient income is underachieving against plan by £2.3m TD.

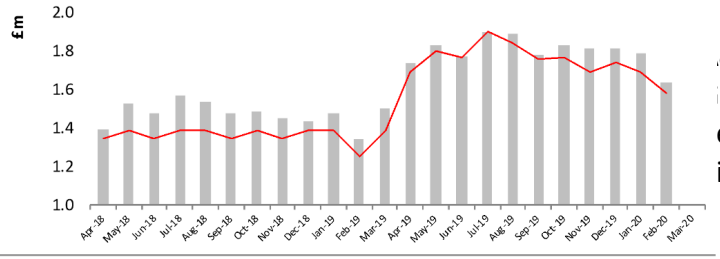
ctivity remains significantly below plan across Trauma & rthopaedics (£1.0m) and Urology (£0.4m).

Income & Activity (Cont.)

East Sussex Healthcare NHS Trust

A&E Income vs Plan

YTD Plan (£k): 19,264
YTD Actual (£k): 19,824

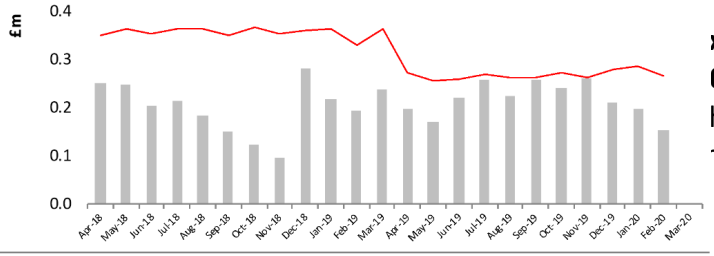


&E income is overachieving against plan by £0.6m YTD.

rowth in attendances is driving the activity over erformance, attendances YTD in February 2020 were 7.5% igher than to February 2019.

Excess Bed Day Income vs Plan

YTD Plan (£k): 2,968
YTD Actual (£k): 2,402

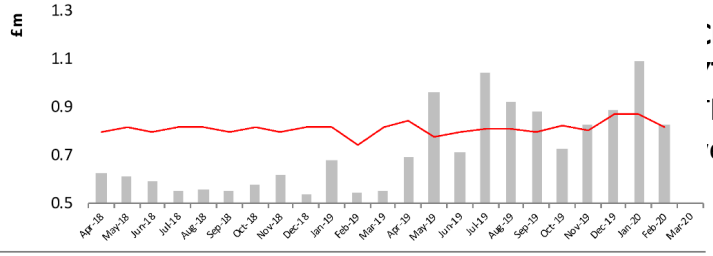


xcess Bed Day income is underachieving against plan by 0.6m YTD.

his is due to lower length of stay than planned throughout ne year, particularly in General Medicine.

Critical Care Income vs Plan

YTD Plan (£k): 9,055
YTD Actual (£k): 9,596

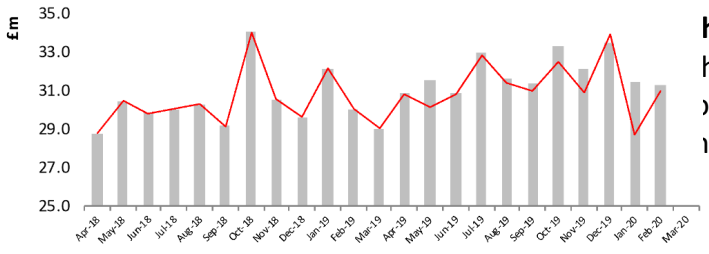


ritical Care income is overachieving against plan by £0.5m TD.

his indicates an increase in bed days used by 3% over prior ear critical care; activity is above plan YTD.

AIC vs Payment by Results Income

AIC Plan (£k): 344,345
PBR Actual (£k): 351,077



he AIC contract is reducing income by £6.0m YTD.

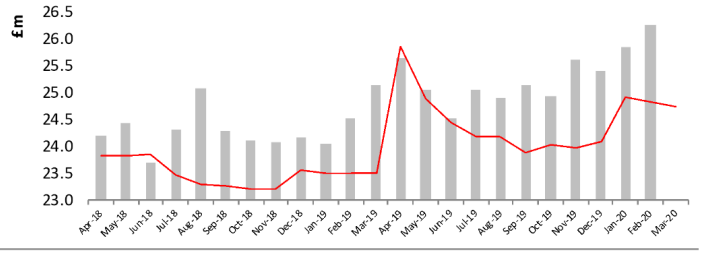
he YTD value of the Aligned Incentive Contract with our ocal CCGs is included in the financial position and is reducing ncome by £6.0m YTD.

Workforce Expenditure

East Sussex Healthcare NHS Trust

Pay Expenditure vs Plan

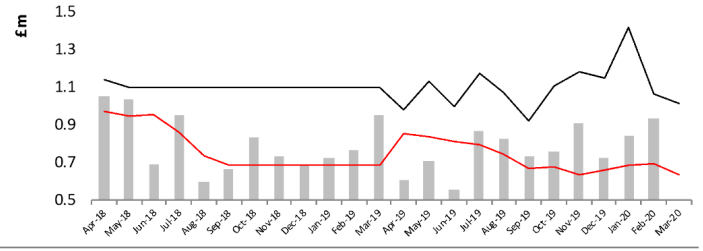
YTD Plan (£k): 269,379
YTD Actual (£k): 278,491



Pay expenditure is above plan by £9.1m YTD.
Medical and Nursing overspends are the key drivers behind the overspend, due to the use of agency and locum to backfill vacancies, nurse specialing and WLIs.
The run rate has increased from November due to winter pressures and international recruitment in nursing.

Agency Expenditure vs Agency Ceiling vs Plan

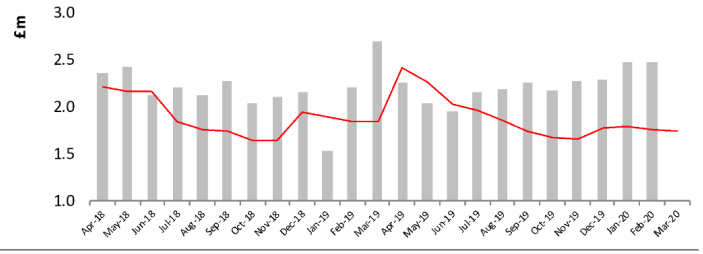
YTD Plan (£k): 8,103
YTD Actual (£k): 8,487



Agency expenditure is adverse to plan by £384k YTD, but remains below the Trust's agency ceiling.
The Trust is anticipating a reduction the agency ceiling in 2020/21 and will need to draw up a plan to achieve this reduction next year

Bank Expenditure vs Plan

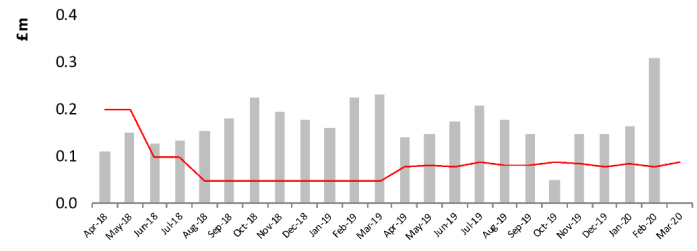
YTD Plan (£k): 21,026
YTD Actual (£k): 24,605



Bank expenditure is adverse to plan by £3.6m YTD.
Use of Locums and Bank to backfill vacancies and a transition from agency to high cost Bank and Locum shifts are causing the trend increase in recent months.

WLI Expenditure vs Plan

YTD Plan (£k): 912
YTD Actual (£k): 1,815



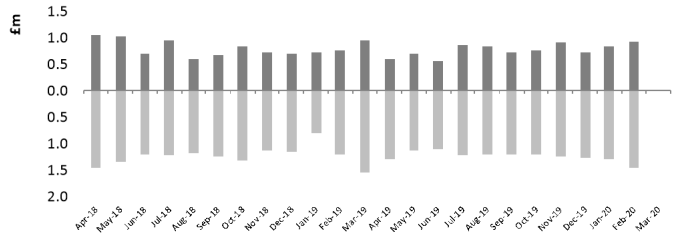
Waiting List Initiative expenditure is adverse to plan by £1.5m YTD.
Continued use of WLI in Radiology and Ophthalmology due to operational pressures are the key drivers of the overspend.

Workforce Expenditure (Cont.)

East Sussex Healthcare NHS Trust

Month 11 Financial Performance

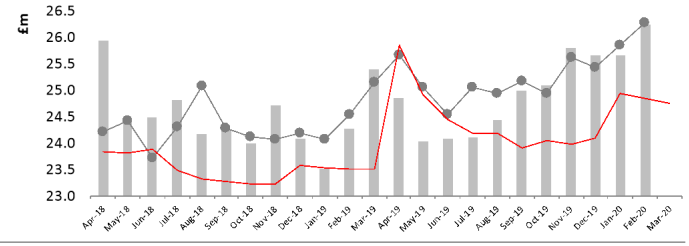
Agency Actuals vs Bank Actuals



Agency spend is reducing year on year as the Trust sees a move towards the use of bank and locum to meet its temporary staffing needs. This graph demonstrates the seasonal fluctuations that affect all types of temporary staffing.

Pay Expenditure vs Plan vs WTE Usage

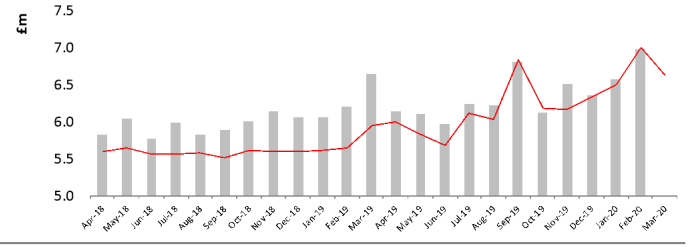
YTD Plan (£k): 269,379
YTD Actual (£k): 278,491



Pay expenditure is overspent by £9.1m YTD.
WTE usage has significantly increased in recent months due to international recruitment in Nursing and Medical staffing. The Trust is not seeing a corresponding decrease in high cost temporary workforce for the additional substantive staff.

Medical Expenditure vs Plan

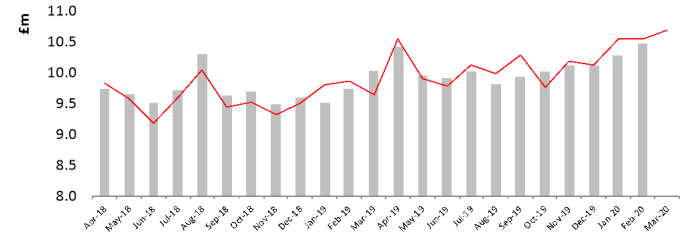
YTD Plan (£k): 68,695
YTD Actual (£k): 70,044



Medical staffing expenditure is overspent by £1.3m YTD.
The medical staff group is shown as it is materially adverse to plan, which is a key driver of the overall pay overspend. Medical pay is overspent largely due to the use of high cost agency and locums to backfill vacancies.

Nursing Expenditure vs Plan

YTD Plan (£k): 111,765
YTD Actual (£k): 111,022



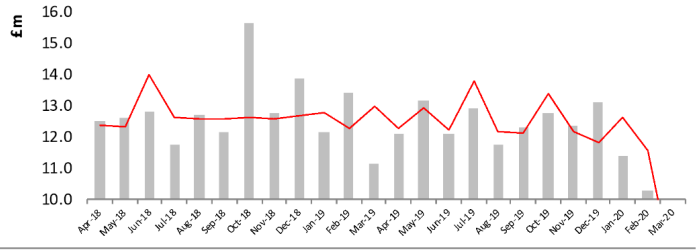
Nursing expenditure is underspent by £0.7m YTD.
The nursing staff group is shown as it is the largest staff group. Nursing spend has increased month on month as a result of international recruitment. Spend is expected to continue to increase due to winter pressures and funding of the 19/20 nursing review.

Non Pay Expenditure, Efficiencies & Capital

East Sussex Healthcare NHS Trust

Operating Non-Pay Expenditure vs Plan

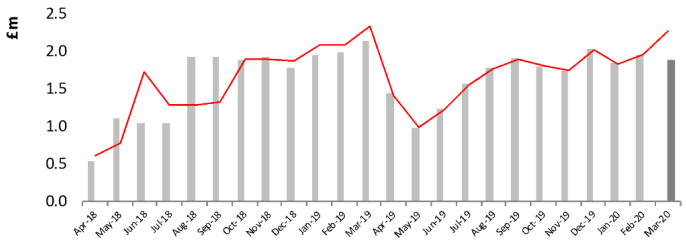
YTD Plan (£k): 137,331
YTD Actual (£k): 134,396



Non Pay expenditure is underspent by £2.9m YTD. Overspends in Drugs (£3.1m) and Purchase of Non-NHS Health Care Services (£0.2m) are offset by underspends in outsourcing to other NHS bodies and IT and equipment leases.

CIP Performance vs Plan

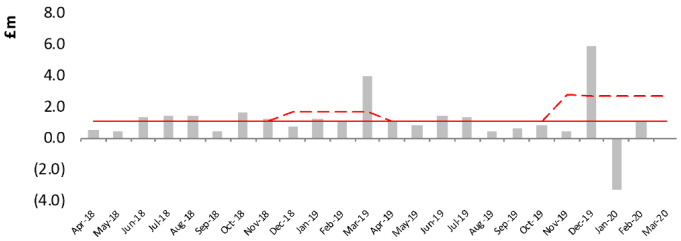
YTD Plan (£k): 18,312
YTD Actual (£k): 18,343



The Trust has over delivered by £31k against its YTD plan. The forecast is to achieve the £20.6m 2019/20 CIP target, with £18.9m currently identified as process green. The expectation was that we would have plans for the full £20.6m at this stage in the year. There is an increasing reliance on non-recurrent savings (27%).

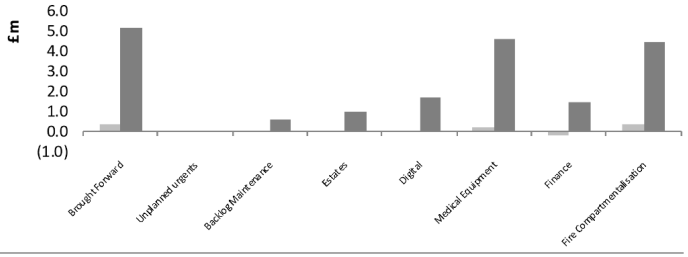
Capital vs Capital Resource Limit

YTD Plan (£k): 18,398
YTD Actual (£k): 10,719



Accruals have increased due to capital creditors, accrual of £8.56m. Capital loans approved in year of £8.5m relating to; Fire Compartmentalisation (£4.55m), Medical Equipment (£3.0m) and Backlog Maintenance (£0.95m). The Fire Loan is a portion of the total loan of £13.86m approved over a 3 year period.

Capital Forecast by Category

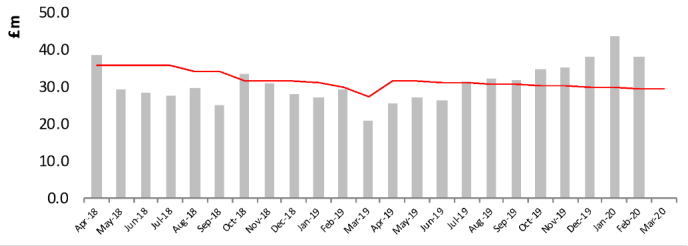


The Capital programme is forecasting to spend the full capital resource limit of £21.1m. A weekly discussion is taking place to ensure that the programme delivers and that there is no underspend.

Receivables, Payables & Cash

East Sussex Healthcare NHS Trust

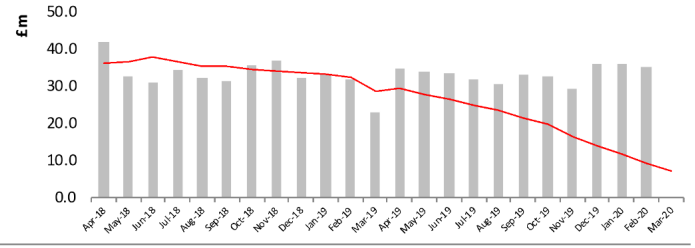
Receivables vs Plan



YTD Plan (£k): 29,816
YTD Actual (£k): 38,138

Decrease in receivables in M11 of £5.791m.
Sales ledger debt decreased by £3.789m and the balance due to a reduction in accruals.
An increase in total aged debt (>31 days) by £327k in month and an improvement in debtor days by 5 day to 31 days.

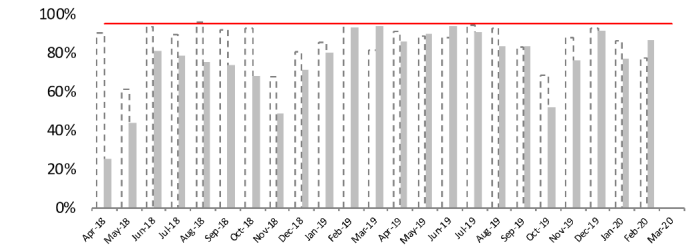
Trade Payables vs Plan



YTD Plan (£k): 9,290
YTD Actual (£k): 35,198

Decrease in payables of £1.072m.
Decrease in purchase ledger and deferred income.

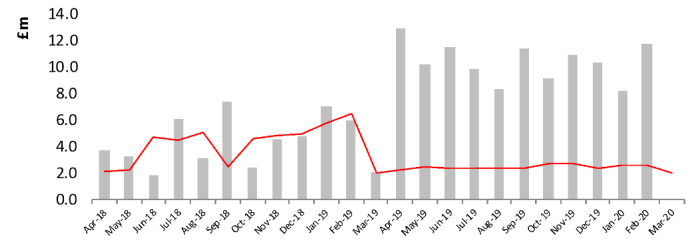
BPPC vs Target



Target (%) 95%
YTD Non NHS Performance (%) 87%
YTD NHS Performance (%) 97%

Better Payment Practice Code (BPPC) shows the value of and the number of invoices paid within 28 days. The target is for 95% compliance. Performance deteriorated in month by value.

Cash and Cash Equivalents vs Plan



YTD Plan (£k): 2,604
YTD Actual (£k): 11,794

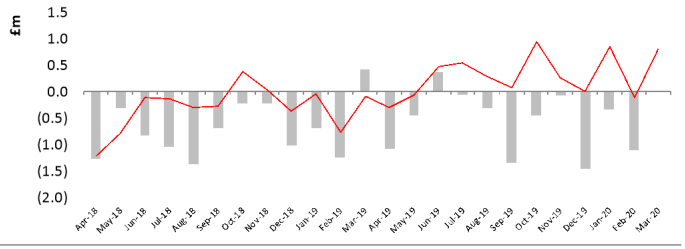
A high percentage of the Trust's monthly income is received on 15th of each month (SLA income). As a rule this cash is spread equally across the weeks until the next SLA income is received. This process together with faster reporting can, potentially, lead to higher cash balances at the close of the reporting period.

Divisional Performance

East Sussex Healthcare NHS Trust

Diagnositcs, Anaesthetics & Surgery vs Plan

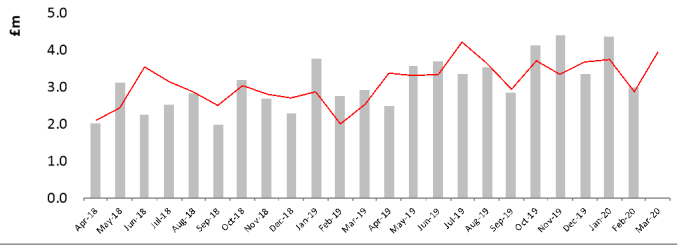
YTD Plan (£k): 3,002
YTD Actual (£k): (6,290)



Diagnostics, Anaesthetics & Surgery is favourable to plan by £9.3m YTD.
Elective and Outpatients income underperformance is the key driver for the YTD position. Medical Pay continues to overspend, Non Pay overspends are activity related costs in Pathology and Theatres.

Medicine vs Plan

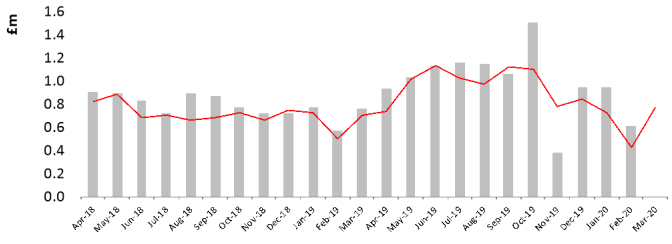
YTD Plan (£k): 38,174
YTD Actual (£k): 38,657



Medicine is adverse to plan by £0.5m YTD.
Income over performance due to high levels of Non-Elective activity is offset by activity related pay and non-pay overspends in Gastroenterology and Elderly Care. The division continues to carry a high number of medical vacancies.

Emergency Care vs Plan

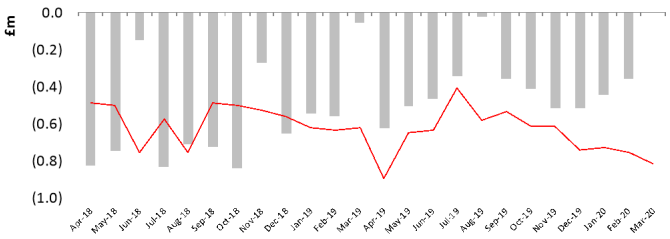
YTD Plan (£k): 9,859
YTD Actual (£k): 10,840



Emergency Care is adverse to plan by £1m YTD.
Over performance is due to continued activity growth in year, combined with significant vacancies not backfilled with temporary workforce are the key drivers for the YTD position.

Out of Hospital Care vs Plan

YTD Plan (£k): (7,148)
YTD Actual (£k): (4,560)



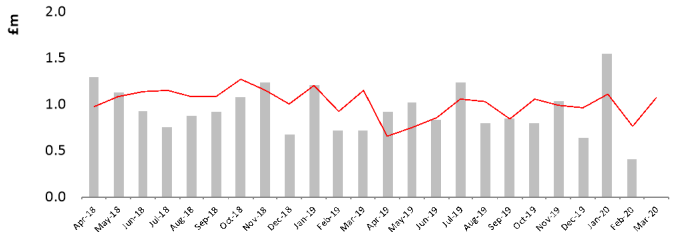
Out of Hospital Care is adverse to plan by £2.6m YTD.
Over performance in Direct Access income, combined with a high level of vacancies in AHP posts, not backfilled with temporary workforce are the key drivers for the YTD position. Prescribing growth is the key driver of non pay overspends in Drugs YTD.

Divisional Performance (Cont.)

East Sussex Healthcare NHS Trust

Women's Children's & Sexual Health vs Plan

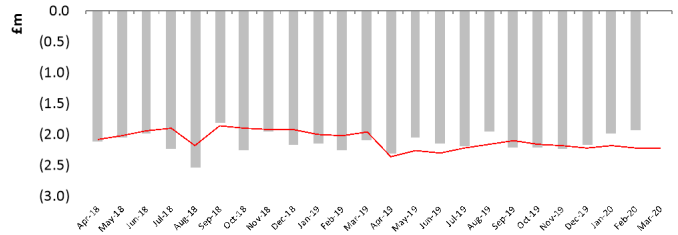
YTD Plan (£k): 10,034
YTD Actual (£k): 10,028



Women's, Children's and Sexual Health is favourable to plan by £6.7k YTD.
Income over performance is largely offset by additional pay costs from secondments.

Estates & Facilities vs Plan

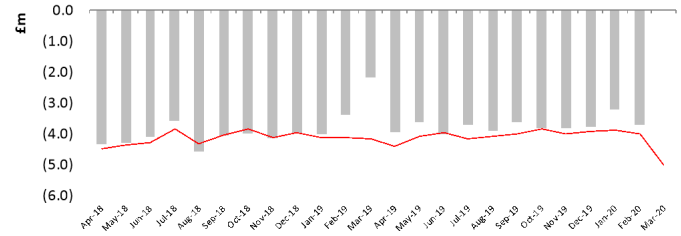
YTD Plan (£k): (24,405)
YTD Actual (£k): (23,424)



Estates & Facilities is adverse to plan by £1m YTD.
The underspends are largely due to a combination of vacancies across Hotel services and Ops & Maintenance and over delivery of income from accommodation and car parking.

Corporate vs Plan

YTD Plan (£k): (44,361)
YTD Actual (£k): (41,126)



Corporate is adverse to plan by £3.2m YTD.
Pay underspends are the key driver of the position, with vacancies across Finance, HR, Nursing & Governance and Clinical Administration.

Finance Report Summary - Month 11

	Plan YTD	Actual YTD	Plan FOT	Forecast FOT
Capital service cover	4	4	4	4
Liquidity	1	4	1	1
I&E margin	4	4	4	4
Variance From Control Total		1		1
Agency	1	1	1	1
Rating With Overrides		**3**		**3**

Operational Deficit

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(42,874)	(10,870)	(10,797)	73
Year End Forecast	(44,782)	(10,125)	(10,125)	0

The Trust is £73k ahead of plan YTD and eligible for PSF (£6.7m) and FRF (£13.1m) funding, which is included in the financial position. The YTD value of the Aligned Incentive Contract with the ESBT CCGs is also included in the financial position. Overspends are primarily in medical pay, (WLIs and locum payments) and are offset by underspends in A&C and AHP pay. CIP is £31k ahead of plan YTD. YTD non-pay overspends in tariff excluded drugs are offset in contract income.

Agency Usage

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(8,764)	(8,103)	(8,487)	(384)
Year End Forecast	(9,716)	(8,743)	(8,743)	0

Agency spend is £384k above plan YTD. The largest overspends are in the Medical and Nursing staff groups where agency is being used to backfill difficult to recruit medical and nursing posts. Overall agency costs remain within the NHSI ceiling for 2019/20. YTD agency spend is a reduction of £277k (3%) compared to the same period 2018/19.

Income

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	373,641	402,467	410,367	7,900
Year End Forecast	408,783	441,780	441,780	0

Underperformance on Outpatient (£2.5m) and elective activity (£1.9m) is offset, in the main, by unallocated QIPP (£10.1m). The YTD value of the Aligned Incentive Contract with our local CCGs is included in the financial position and is reducing income by £6.4m YTD. PSF (£6.7m), FRF (£13.1m) and MRET (£1.3m) are included in the financial position. The Trust has received £2.1m more donated asset income than planned YTD, primarily related to the MRI. Included in the financial position is £2.0m that relates to the activation of the financial risk share pool with our local CCGs for unplanned/emergency activity and planned care activity due to higher activity levels.

Operating Costs

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Year to Date	(409,574)	(406,721)	(412,887)	(6,166)
Year End Forecast	(445,874)	(444,666)	(444,666)	0

Overall operating costs are reporting £6.2m overspent against plan. Overspends are due to medical pay costs including agency, WLI and Locum (£1.3m), and drugs (£3.1m), in line with an non-elective activity overperformance. The AfC lump sum payment was made in M1 to all staff at the top of band (£0.9m). An arrears payment for Medical & Dental pay award staff was made in Month 6.

Cost Improvement Programme

	Plan £k	Actual £k	Variance £k
Year to Date	18,312	18,343	31
Year End Forecast	20,603	20,603	0

The Trust has over performed by £31k against its YTD plan. Despite this there is underperformance in radiology outsourcing (£205k) and Urology Locum (£45k) schemes which have been offset by non-recurrent pay savings arising from vacancies and non-pay savings. The forecast is to achieve the £20.6m 2019/20 CIP target, with £18.9m currently identified as process green. The Divisions are increasing their reliance on non-recurrent savings with £5m YTD an increase of £0.8m from M10, largely linked to slippage in recruitment. The expectation was that we would have plans for the full £20.6m by now. The non-recurrent value puts pressure on 20/21, the plan assumed recurrent delivery and this will be bought out and not carried forward.

Cash

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Current Balance	2,100	2,100	11,794	9,694
Year End Forecast	2,100	2,100	2,100	0

Cash balance above minimum balance at month end, due to the equal phasing of the Trust's monthly income received from the CCG's. Income is received on 15th of each month.

Capital Plan

	Plan £k	Actual £k	Variance £k
Year to Date	19,974	19,950	24
Year End Forecast	21,148	21,148	0

The CRL was revised to £21.1m following sucessful applications for emergency capital funding for fire compartmentalisation, medical equipment and backlog maintenance. The fire loan of £13.86m covers a 3 year period with £4.55m being received in 2019/20, medical equipment of £3.0m and backlog maintenance of £0.95m will be received in 2019/20.

A weekly capital discussion is taking place to ensure all capital funding received in 2019/20 is spent by the year end.

BPPC

	Month Volume	Month Value	YTD Volume	YTD Value
Trade Invoices	86.74%	91.68%	82.30%	88.25%
NHS Invoices	77.64%	59.91%	86.65%	96.65%

87% of trade invoices were paid within 28 days which equates to 92% of the total value paid in month.

78% of NHS invoices were paid within contract or within 28 days of receipt which was 60% of the total NHS invoices paid.

Divisional Performance

Division	In the Month						Year to Date			Forecast Outturn		
	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	1,745.87	1,744.52	1.35	(101)	(1,109)	(1,007)	3,002	(6,290)	(9,292)	3,804	3,804	0
Medicine	1,631.58	1,512.61	118.97	2,868	2,976	108	38,174	38,657	483	42,126	42,126	0
Urgent Care	359.82	352.38	7.44	422	616	194	9,859	10,840	981	10,627	10,627	0
Out of Hospital Care	1,106.18	1,024.77	81.41	(754)	(359)	395	(7,148)	(4,560)	2,588	(7,966)	(7,966)	0
Women's, Children's & Sexual Health	718.81	703.17	15.64	763	402	(361)	10,034	10,028	(7)	11,097	11,097	0
Estates & Facilities	724.49	706.19	18.30	(2,224)	(1,936)	288	(24,405)	(23,424)	981	(26,621)	(26,621)	0
Corporate	960.56	919.31	41.25	(3,998)	(3,696)	302	(44,361)	(41,126)	3,235	(49,358)	(49,358)	0
Central	0.00	0.00	0.00	2,646	2,752	105	3,974	5,078	1,104	6,165	6,165	0
Total	**7,247.31**	**6,962.95**	**284.38**	**(378)**	**(364)**	**24**	**(10,870)**	**(10,797)**	**73**	**(10,125)**	**(10,125)**	**0**

Key Risks

Key Risk 1	Delivery of CIP plan - forecast £20.2m, a shortfall of £0.4m.
Key Risk 2	Inpatient elective activity (elective, day case) £1.9m below plan YTD
Key Risk 3	Medical pay costs, including WLI and locum increased (£1.3m overspend YTD)

Mitigations

Mitigation 1	Divisions are being held to account via IPRs, detailed financial reviews and confirm and challenge sessions. Grip and control continues to be in place across the Trust. PIDs are being worked up at divisional level to achieve the CIP target.
Mitigation 2	Ongoing review of activity underperformance at specialty level to understand correlation with costs, waiting list and referral trends.
Mitigation 3	Recruitment to substantive medical posts including working with Medacs to fill hard to recruit roles. Pay costs controls include a focus on agency and locums. A detailed review of locum and agency overspends, working with clinical units, is being performed by Finance to further reduce agency spend.

Income & Expenditure Summary - Month 11

	In Month				Year to Date				Forecast Outturn		
	18/19 Actual (£m)	19/20 Plan (£m)	19/20 Actual (£m)	Variance (£m)	18/19 Actual (£m)	19/20 Plan (£m)	19/20 Actual (£m)	Variance (£m)	19/20 Plan (£m)	19/20 FOT (£m)	Variance (£m)
NHS Patient Income	26.9	28.3	28.2	(0.1)	300.9	317.8	316.5	(1.3)	347.9	347.9	0.0
Tariff-Excluded Drugs & Devices	3.5	3.0	2.8	(0.2)	33.8	34.5	35.8	1.4	38.3	38.3	0.0
Private Patient / ICR	0.1	0.3	0.4	0.1	2.3	3.1	(3.7)	(6.8)	3.4	3.4	0.0
Other Non-Clinical Income	4.1	2.3	2.7	0.4	36.7	25.9	40.7	14.7	28.3	28.3	0.0
Total Income	**34.6**	**33.9**	**34.1**	**0.2**	**373.6**	**381.3**	**389.2**	**7.9**	**417.9**	**417.9**	**0.0**
Pay - Substantive	(21.5)	(22.4)	(22.9)	(0.5)	(234.7)	(240.3)	(245.4)	(5.1)	(262.6)	(262.6)	0.0
Pay - Bank	(2.2)	(1.8)	(2.5)	(0.7)	(23.6)	(21.0)	(24.6)	(3.6)	(22.8)	(22.8)	0.0
Pay - Agency	(0.8)	(0.7)	(0.9)	(0.2)	(8.8)	(8.1)	(8.5)	(0.4)	(8.7)	(8.7)	0.0
Total Pay	**(24.5)**	**(24.8)**	**(26.3)**	**(1.4)**	**(267.0)**	**(269.4)**	**(278.5)**	**(9.1)**	**(294.1)**	**(294.1)**	**0.0**
Drugs	(4.2)	(3.5)	(3.5)	(0.0)	(41.6)	(40.8)	(43.8)	(3.1)	(44.6)	(44.6)	0.0
Supplies & Services - Clinical	(2.9)	(2.4)	(2.1)	0.3	(31.8)	(29.3)	(29.1)	0.2	(32.2)	(32.2)	0.0
Supplies & Services - General	(0.3)	(0.3)	(0.3)	0.0	(3.9)	(3.7)	(3.6)	0.1	(4.0)	(4.0)	0.0
Purchase of Healthcare (non-NHS)	(0.5)	(0.5)	(0.5)	(0.1)	(5.2)	(5.6)	(5.8)	(0.2)	(5.8)	(5.8)	0.0
Services from Other NHS Bodies	(0.7)	(0.6)	(0.9)	(0.3)	(7.4)	(6.5)	(4.4)	2.1	(7.1)	(7.1)	0.0
Consultancy	(0.1)	(0.0)	(0.0)	0.0	(1.1)	(0.4)	(0.3)	0.1	(0.4)	(0.4)	0.0
Clinical Negligence	(0.9)	(0.8)	(0.8)	(0.0)	(9.2)	(8.1)	(8.6)	(0.5)	(8.9)	(8.9)	0.0
Premises	(0.9)	(1.2)	0.1	1.3	(12.6)	(13.8)	(9.8)	4.0	(15.0)	(15.0)	0.0
Depreciation	(1.0)	(1.0)	(1.1)	(0.0)	(11.4)	(11.5)	(11.8)	(0.3)	(12.6)	(12.6)	0.0
Other	(1.9)	(1.2)	(1.1)	0.1	(18.4)	(17.6)	(17.2)	0.5	(19.9)	(19.9)	0.0
Total Non-Pay	**(13.4)**	**(11.6)**	**(10.3)**	**1.3**	**(142.6)**	**(137.3)**	**(134.4)**	**2.9**	**(150.5)**	**(150.5)**	**0.0**
Total Operating Costs	**(37.9)**	**(36.4)**	**(36.6)**	**(0.2)**	**(409.6)**	**(406.7)**	**(412.9)**	**(6.2)**	**(444.7)**	**(444.7)**	**0.0**
Net Surplus/(Deficit) from Operations	**(3.3)**	**(2.5)**	**(2.5)**	**0.0**	**(35.9)**	**(25.4)**	**(23.7)**	**1.7**	**(26.8)**	**(26.8)**	**0.0**
Financing Costs	(0.6)	(0.6)	(0.7)	(0.1)	(6.7)	(6.6)	(7.1)	(0.5)	(7.2)	(7.2)	0.0
Total Non-Operating Costs	**(0.6)**	**(0.6)**	**(0.7)**	**(0.1)**	**(6.7)**	**(6.6)**	**(7.1)**	**(0.5)**	**(7.2)**	**(7.2)**	**0.0**
Total Costs	**(38.6)**	**(37.0)**	**(37.3)**	**(0.2)**	**(416.2)**	**(413.3)**	**(420.0)**	**(6.7)**	**(451.9)**	**(451.9)**	**0.0**
Net Surplus/(Deficit)	**(4.0)**	**(3.1)**	**(3.2)**	**(0.1)**	**(42.6)**	**(32.0)**	**(30.8)**	**1.2**	**(34.0)**	**(34.0)**	**0.0**
Donated Asset/Impairment Adjustment	(0.3)	0.0	0.1	0.1	(0.3)	0.0	(1.2)	(1.2)	0.0	0.0	0.0
Operational Surplus/(Deficit)	**(4.3)**	**(3.1)**	**(3.1)**	**0.0**	**(42.9)**	**(32.0)**	**(32.0)**	**0.1**	**(34.0)**	**(34.0)**	**0.0**
Provider Sustainability Fund	0.0	0.9	0.9	0.0	0.0	6.7	6.7	0.0	7.6	7.6	0.0
Financial Recovery Fund	0.0	1.7	1.7	0.0	0.0	13.1	13.1	0.0	14.8	14.8	0.0
Marginal Rate Emergency Tariff (MRET)	0.0	0.1	0.1	0.0	0.0	1.3	1.3	0.0	1.5	1.5	0.0
Net Surplus/(Deficit)	**(4.3)**	**(0.4)**	**(0.4)**	**0.0**	**(42.9)**	**(10.9)**	**(10.8)**	**0.1**	**(10.1)**	**(10.1)**	**0.0**

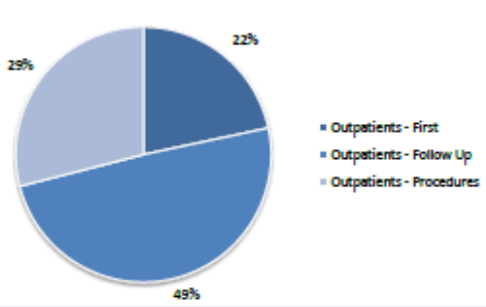
Summary & Next Steps

The Trust's YTD performance at M11 is £73k ahead of plan with CIP over performing by £31k. Income was ahead of plan in the month and pay overspends continued in Medical, due to agency, locum and WLI payments. The YTD impact of the Aligned Incentive Contract with our local CCGs has been recognised in the financial position, as has £21.2m of PSF, FRF and MRET YTD. The Trust has received £0.6m of funding YTD for wage award pressures. £2.0m of risk share pool funding has been received from our local CCGs has been reflected in the YTD position.

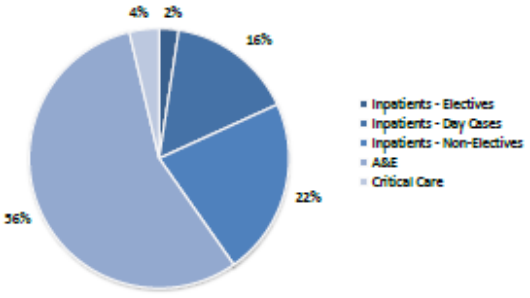
Income & Activity Summary - Month 11

	In Month								Year to Date								Forecast Outturn			
	18/19 Activity Actual	19/20 Activity Plan	19/20 Activity Actual	Activity Variance	18/19 Actual (£k)	19/20 Plan (£k)	19/20 Actual (£k)	Variance (£k)	18/19 Activity Actual	19/20 Activity Plan	19/20 Activity Actual	Activity Variance	18/19 Actual (£k)	19/20 Plan (£k)	19/20 Actual (£k)	Variance (£k)	19/20 Plan (£k)	19/20 FOT (£k)	Variance (£k)	
Contract Income																				
Inpatients - Electives	502	543	452	(91)	1,739	1,825	1,486	(338)	6,038	6,247	5,512	(735)	19,596	20,975	18,919	(2,057)	22,979	22,979	0	
Inpatients - Day Cases	3,111	3,133	3,027	(106)	2,400	2,342	2,362	20	36,192	36,019	35,835	(184)	27,271	26,919	27,054	135	29,491	29,491	0	
Inpatients - Non-Electives	4,068	4,485	4,128	(357)	9,136	10,003	9,532	(472)	47,381	49,363	50,140	777	100,885	110,093	110,961	869	121,249	121,249	0	
Outpatients	33,005	33,245	33,498	252	3,874	4,187	3,925	(262)	379,606	382,196	374,644	(7,553)	44,629	47,855	45,383	(2,472)	52,446	52,446	0	
A&E	10,134	10,312	10,509	197	1,349	1,581	1,639	58	118,508	125,629	127,391	1,762	16,253	19,264	19,825	561	21,111	21,111	0	
CQUIN	0	0	0	0	0	308	357	49	0	0	0	0	0	3,388	3,802	414	3,695	3,695	0	
Critical Care	608	737	658	(79)	681	823	871	48	8,155	8,165	8,400	235	8,896	9,055	9,638	582	9,973	9,973	0	
Direct Access	8,461	8,329	11,707	3,378	313	354	316	(38)	97,478	92,279	120,715	28,436	3,543	3,924	3,957	33	4,285	4,285	0	
ESBT	0	0	0	0	588	694	611	(83)	0	0	0	0	6,467	7,677	6,719	(958)	8,379	8,379	0	
Excess Bed Days	782	809	468	(341)	189	268	202	(66)	8,973	8,960	8,717	(243)	2,171	2,968	2,360	(607)	3,266	3,266	0	
Exclusions	0	0	218	218	2,723	2,983	3,152	169	0	0	2,653	2,653	33,440	34,459	36,282	1,823	38,294	38,294	0	
IMSK	0	0	0	0	118	123	123	0	0	0	0	0	1,303	1,349	1,353	4	1,472	1,472	0	
Maternity Pathway	504	563	487	(76)	547	601	473	(127)	6,232	6,238	5,955	(283)	6,461	6,655	6,415	(240)	7,268	7,268	0	
Unallocated QIPP	0	0	0	0	0	(919)	0	919	0	0	0	0	0	(10,110)	0	10,110	(11,029)	(11,029)	0	
AIC	0	0	0	0	0	0	800	800	0	0	0	0	0	0	(6,047)	(6,047)	0	0	0	
Other	311,320	303,427	294,586	(8,842)	6,401	5,949	5,424	(525)	3,349,963	3,361,892	3,385,526	23,634	65,230	65,836	64,169	(1,668)	71,732	71,732	0	
Contract Income Total	372,495	365,583	359,997	(5,846)	30,059	31,121	31,294	153	4,058,546	4,076,987	4,125,487	48,501	336,146	350,307	350,790	482	384,611	384,611	0	
Divisional Income					4,154	5,539	5,841	302					38,915	52,160	58,077	5,917	57,169	57,169	0	
Total Income	372,495	365,583	359,997	(5,846)	34,213	36,660	37,134	454	4,058,546	4,076,987	4,125,487	48,501	375,061	402,467	408,867	6,400	441,780	441,780	0	

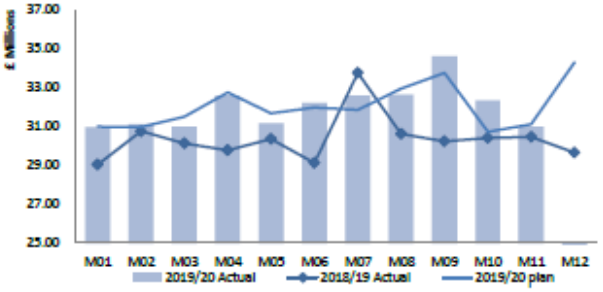
YTD Outpatients Activity by POD



YTD Inpatient & A&E Activity



Contract Income Run Rate



Summary & Next steps

Inpatients - Electives & Day Cases (YTD) **£1.9m behind plan** **-4.0%**

Activity and income are behind plan at M11

The main areas of underperformance are Urology (£1,370k) Cardiology (£463k) and T&O (£423k). There is focused work with the divisions to understand the drivers for this and develop action plans.

Inpatients - Non-Electives (YTD) **£0.9m above plan** **0.8%**

Non-elective activity is above plan YTD. Activity continues to increase compared to previous levels. QIPP reductions anticipated in the local health economy plan have yet to have an impact.

Outpatients (YTD) **£2.5m behind plan** **-5.2%**

Outpatient activity is behind plan for M11 and mainly relates to Ophthalmology (£634k),T&O (1,032K) and Urology (£394K).

A&E (YTD) **£0.6m above plan** **2.9%**

A&E activity is continuing to grow with 10,514 attendances in February 2020 being 3.7% higher than February 2019. YTD activity (Apr - Feb) is 7.5% higher than the same period in 2018/19

QIPP adjustment (YTD) **£10.1m above plan**

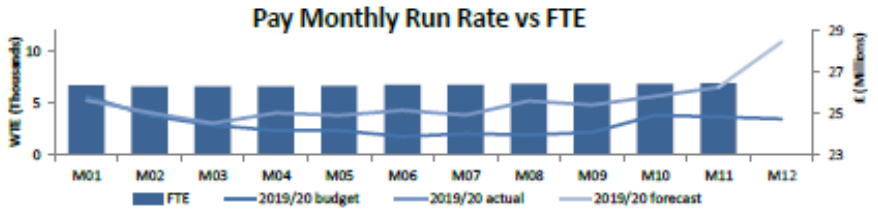
The AIC contract includes £11m of QIPP, which has not yet been split by POD. This is currently shown as a one-line adjustment in the Trust income plan, giving a £10.1m YTD over performance.

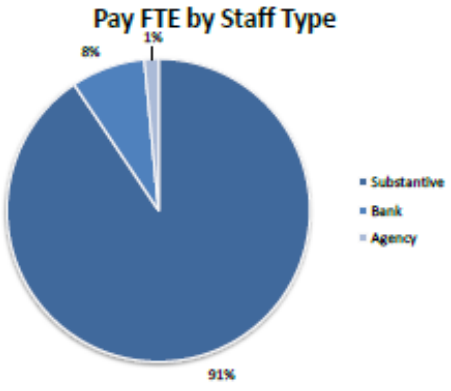
AIC Adjustment (YTD) **£6m**

The value of activity is currently £6m higher than the value of the AIC for Sussex CCGs.

Expenditure & Workforce Summary - Month 11

Cost Element	In Month								Year to Date				Forecast Outturn			
	18/19 WTE Actual	19/20 WTE Plan	19/20 WTE Actual	WTE Variance	18/19 Expenditure Actual (£k)	19/20 Expenditure Plan (£k)	19/20 Expenditure Actual (£k)	19/20 Expenditure Variance (£k)	18/19 Expenditure Actual (£k)	19/20 Expenditure Plan (£k)	19/20 Expenditure Actual (£k)	19/20 Expenditure Variance (£k)	19/20 Plan (£k)	19/20 FOT (£k)	Variance (£k)	
Administrative & Management	1292	1401	1345	55	3,591	3,958	3,911	48	39,974	43,090	41,299	1,790	47,015	47,015	0	
Ancillary	667	704	680	24	1,501	1,549	1,532	16	16,557	17,001	16,725	276	18,549	18,549	0	
Medical	708	773	740	33	6,203	6,996	6,979	18	65,827	68,695	70,044	(1,349)	75,329	75,329	0	
Nursing & Midwifery	3034	3288	3180	108	9,733	10,534	10,470	64	106,550	111,765	111,022	743	122,452	122,452	0	
Prof, Scientific & Tech	518	539	535	3	1,812	1,891	1,905	(14)	19,600	20,477	19,846	632	22,365	22,365	0	
Professions Allied to Medicine	463	543	482	61	1,577	1,869	1,714	155	17,267	20,519	18,444	2,074	22,388	22,388	0	
Other	0	0	0	0	114	(1,953)	(233)	(1,720)	1,244	(12,168)	1,111	(13,279)	(13,965)	(13,965)	0	
Total Pay	**6683**	**7247**	**6983**	**286**	**24,531**	**24,845**	**26,278**	**(1,433)**	**267,017**	**268,379**	**278,491**	**(9,112)**	**294,133**	**294,133**	**0**	
Services from Other NHS Bodies					670	347	913	(566)	7,415	3,870	4,382	(512)	4,218	4,218	0	
Clinical Negligence Premium					876	806	806	0	9,241	8,852	8,645	207	9,658	9,658	0	
Consultancy					74	35	1	34	1,074	392	289	103	398	398	0	
Drugs					937	794	935	(141)	10,122	9,541	10,259	(718)	10,308	10,308	0	
Drugs - Tariff Excluded					3,305	2,704	2,592	113	31,476	31,238	33,572	(2,334)	34,770	34,770	0	
Education and Training					99	194	83	111	838	2,135	732	1,404	2,329	2,329	0	
Establishment Expenses					525	672	531	141	7,654	7,323	6,719	604	7,995	7,995	0	
Premises					920	1,479	(67)	1,546	12,617	13,819	9,817	4,002	17,286	17,286	0	
Purchase of Healthcare from Non NHS Bodies					466	517	544	(27)	5,153	5,652	5,752	(100)	6,170	6,170	0	
Supplies and Services - Clinical					2,917	2,405	2,097	308	31,781	29,297	29,113	184	31,557	31,557	0	
Supplies and Services - General					326	327	317	10	3,940	3,651	3,587	64	4,147	4,147	0	
Other Non-Pay					12,780	1,310	1,570	(261)	21,245	21,561	21,531	30	21,696	21,696	0	
Total Non-Pay					**23,884**	**11,590**	**10,321**	**1,269**	**142,557**	**137,331**	**134,398**	**2,935**	**160,533**	**160,533**	**0**	
Total Expenditure	**6683**	**7247**	**6983**	**286**	**48,425**	**36,436**	**36,599**	**(164)**	**409,574**	**406,710**	**412,887**	**(6,177)**	**444,666**	**444,666**	**0**	





Summary & Next Steps

Medical pay is £1.3m overspent YTD (which includes waiting list initiative payments and agency covering vacancies), despite utilising 33WTE less than budget in month. Variances in Other Pay is attributable to a conbination of vacancy factors applied to various specialties with historically high levels of clinical vacancies and unidentified pay CIP, spend is due largely to apprenticeship levy payments. Nursing & midwifery is underspent by £743k YTD due to vacancies, however nursing specialing is overspent by £153k YTD.

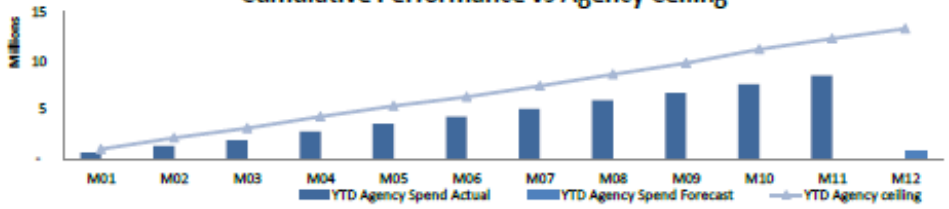
The non consolidated lump sum payment was made to AfC staff at the top of band in Month 1. Medical & Dental pay award arrears were paid in month 6.

Tariff Excluded Drugs spend is £2.3m overspent, which is offset within Income, non-Tariff Excluded Drugs is £718k overspent YTD. Premises costs (inlcuding IT leases) are underspent by £4.0m YTD.

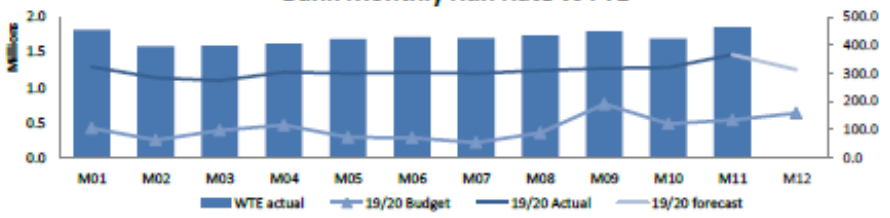
Temporary Workforce Summary - Month 11

Cost Element	In Month: 18/19 WTE Actual	18/20 WTE Plan	19/20 WTE Actual	WTE Variance	18/19 Expenditure Actual (£k)	18/20 Expenditure Plan (£k)	19/20 Expenditure Actual (£k)	Expenditure Variance (£k)	Year to Date: 18/19 Expenditure Actual (£k)	18/20 Expenditure Plan (£k)	19/20 Expenditure Actual (£k)	Expenditure Variance (£k)	Forecast Outturn: 19/20 Plan (£k)	19/20 FOT (£k)	Variance (£k)
Agency															
Administrative & Management	2	0	4	-4	29	50	65	(16)	512	555	620	(65)	601	601	0
Ancillary	11	0	0	0	54	50	11	38	642	555	246	309	601	601	0
Medical	21	12	28	-16	324	270	435	(165)	3,337	3,090	3,992	(902)	3,336	3,336	0
Nursing & Midwifery	32	0	43	-43	180	125	243	(118)	2,074	1,650	2,149	(499)	1,761	1,761	0
Prof, Scientific & Tech	30	4	30	-25	185	205	183	22	2,199	2,253	1,480	773	2,444	2,444	0
Total Agency	**97**	**16**	**104**	**-88**	**772**	**699**	**937**	**(238)**	**8,784**	**8,103**	**8,487**	**(384)**	**8,743**	**8,743**	**0**
Bank															
Administrative & Management	41	5	54	-49	104	119	135	(17)	1,393	1,297	1,291	6	1,414	1,414	0
Ancillary	46	22	64	-42	116	119	153	(35)	1,335	1,297	1,397	(100)	1,414	1,414	0
Nursing & Midwifery	282	123	315	-193	918	564	1,061	(497)	9,731	7,751	9,974	(2,223)	8,302	8,302	0
Prof, Scientific & Tech	9	0	13	-12	32	46	51	(5)	439	488	464	24	534	534	0
Professions Allied to Medicine	10	6	17	-11	38	10	61	(51)	342	199	455	(256)	211	211	0
Total Bank	**388**	**155**	**462**	**-307**	**1,209**	**857**	**1,461**	**(604)**	**13,241**	**11,032**	**13,580**	**(2,548)**	**11,874**	**11,874**	**0**
Total Locum	**87**	**22**	**88**	**-66**	**1,003**	**828**	**1,019**	**(191)**	**10,380**	**9,994**	**11,026**	**(1,031)**	**10,886**	**10,886**	**0**
Total Waiting List Initiative	**16**	**0**	**13**	**-13**	**224**	**49**	**309**	**(259)**	**1,850**	**386**	**1,816**	**(1,450)**	**416**	**416**	**0**
Total Temporary Workforce	**587**	**194**	**667**	**-473**	**3,208**	**2,433**	**3,726**	**(1,292)**	**34,215**	**29,484**	**34,807**	**(5,413)**	**31,927**	**31,927**	**0**

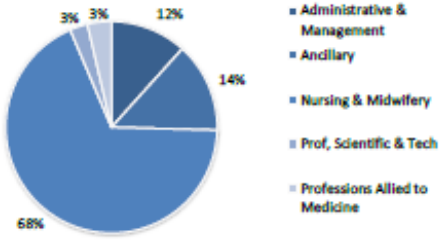
Cumulative Performance vs Agency Ceiling



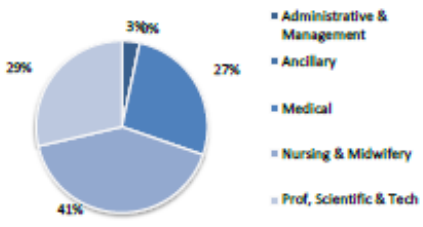
Bank Monthly Run Rate vs FTE



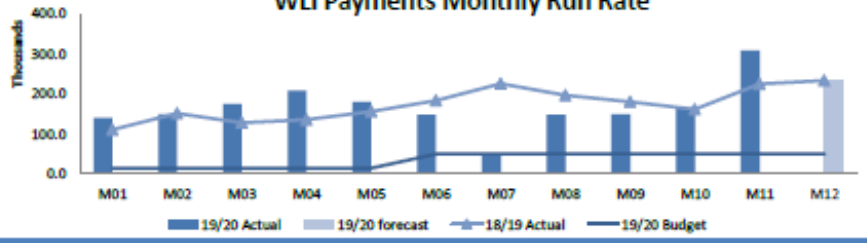
Bank FTE by Staff Type



Agency FTE by Staff Group



WLI Payments Monthly Run Rate



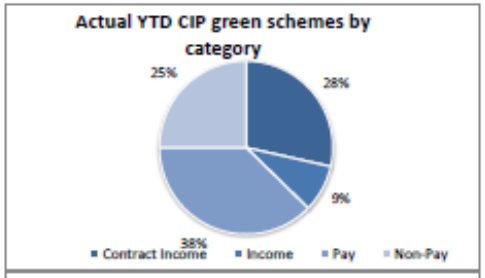
Summary & Next steps

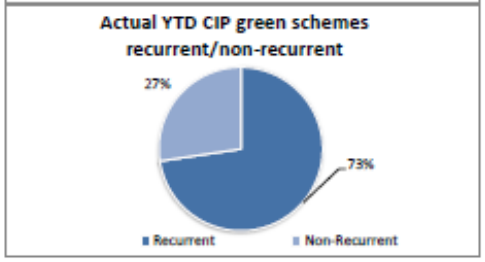
Overall agency is £384k above plan YTD and £238k overspent in month. This is due to a significant reduction in agency Allied Health Professionals compared to plan, offset by overspends in Medical and Nursing agency usage YTD. Medical specialities which are heavily reliant on agency are neurology, rheumatology, pathology, radiology and A&E. Progress is being made with medical recruitment through Medacs with a focus on hard to fill vacancies and the Trust has had a tranche of new starters due to international recruitment . YTD administrative and clerical agency has increased by 21% compared to the same period in 18/19, high cost agency in IT Digital are part of a pass through cost. Total temporary staffing costs have decreased by 2% compared to the previous year (£0.6m).

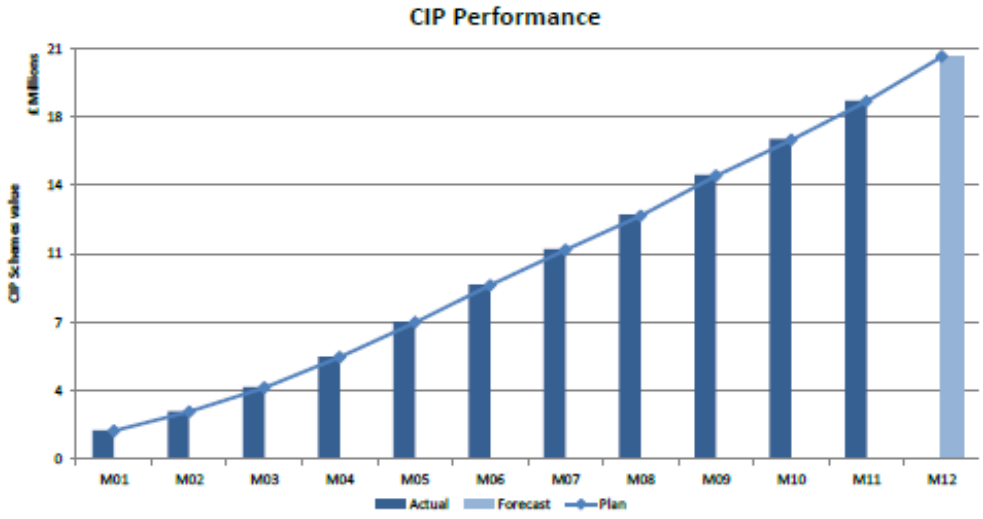
Cost Improvement Programme Summary - Month 11

Sussex Healthcare NHS Trust

Category	In Month Plan (£k)	In Month Actual (£k)	In Month Variance (£k)	Year to Date Plan (£k)	Year to Date Actual (£k)	Year to Date Variance (£k)	Forecast Outturn Plan (£k)	Forecast Outturn Actual (£k)	Forecast Outturn Variance (£k)	YTD Rec (£k)	YTD Non-Rec (£k)
Contract Income	398	442	44	5,244	5,228	-16	5,657	5,630	-26	5,228	0
Income	0	104	104	531	1,618	1,087	1,854	1,765	-89	1,546	73
Pay	1,160	1,002	-158	8,250	6,912	-1,338	5,806	7,304	1,498	2,532	4,380
Non-Pay	412	400	-12	4,287	4,584	297	5,569	5,542	-26	4,019	565
Total Identified Schemes	1,970	1,949	-22	18,312	18,343	31	18,885	20,241	1,357	13,324	5,018
Unidentified CIPs to be found	0	0	0	0	0	0	1,718	362	-1,357	73%	27%
Total	1,970	1,949	-22	18,312	18,343	31	20,603	20,603	0		







Summary & Next Steps

In Month: The Trust has delivered £1.970m against a total plan of £1.970m, showing a £22k under performance in the month. There has been a reliance on vacancy slippage in the month with a third of the value (£0.6m) being delivered in this way.

YTD: The Trust has delivered £18.343m against a total plan of £18.312m, showing a £31k over performance year to date. The main underperforming schemes are Urology locum replacement with substantive (£45k), savings carried forward from 18/19 for bed modelling, where the beds remain open due to activity increases (£180k) Radiology Outsourcing (£205k), these are offset by non-recurrent savings on pay from vacancies, procurement rebates and non-recurrent non-pay savings.

Forecast: The Trust is forecasting to achieve the £20.6m plan. Against the £18.885m identified 'Green' scheme plan the Trust is forecasting £20.241m, a favourable position of £1.4m. This variance is mainly due to non-recurrent pay savings from vacancies in Corporate, Estates & Facilities, Emergency Care, Out of Hospitals and Medicine, this is offsetting some underachievement in other areas.

Recurrent/Non-recurrent split: The Divisions are increasing their reliance on non-recurrent savings with the proportion of M11 non-recurrent savings is £5m an increase of £0.8m from M10 and £4.3m against the lowest at £0.7m in M4. This will increase the 2020/21 CIP challenge as the plan assumes all savings will be delivered recurrently and the non-recurrent element will be bought out and not carried forward.

The expectation was that we would have plans for the full £20.6m by now, the Trust needs to deliver £2.3m in March, the current forecast is for March is £1.9m, leaving a further £0.4m to find, which will be extremely challenging and is likely to be non-recurrent.

Finance Report Divisional Summaries - Month 11

Division	In the Month Plan FTE	In the Month Actual FTE	In the Month Variance FTE	In the Month Plan £k	In the Month Actual £k	In the Month Variance £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Outturn Plan £k	Forecast Outturn Actual £k	Forecast Outturn Variance £k	Summary
Diagnostics, Anaesthetics & Surgery													
Contract Income				9,323	8,805	(517)	105,173	99,046	(6,127)	115,348	115,348	0	YTD contract income underperformance is the key driver of YTD underperformance, largely in T&O and Urology EL and OP. Pay continues to overspend due to unidentified CIP and medical staffing pressures in Radiology, Urology and ENT. Pathology sendaway tests continue to be the biggest Non-Pay pressure YTD.
Divisional Income				393	489	96	4,347	4,676	330	4,741	4,741	0	
Pay	1,745.87	1,744.52	1.35	(7,355)	(7,893)	(538)	(79,024)	(81,964)	(2,941)	(86,194)	(86,194)	0	
Non-Pay				(2,462)	(2,511)	(49)	(27,494)	(28,048)	(554)	(30,091)	(30,091)	0	
Overall	**1,745.87**	**1,744.52**	**1.35**	**(101)**	**(1,109)**	**(1,007)**	**3,002**	**(8,290)**	**(9,292)**	**3,804**	**3,804**	**0**	
Medicine													
Contract Income				9,455	9,450	(5)	105,185	107,312	2,127	115,627	115,627	0	Medical pay is overspent, mainly in Gastroenterology & Elderly Care in order to meet operational targets; offset by underspends in Dermatology, Stroke and Acute Medicine due to vacancies. The cost of open escalation wards continues to deteriorate pay and non-pay postions. Dermatology pay underspends are offset in non pay overspends. Seaford ward was funded in M6.
Divisional Income				150	67	(82)	1,642	1,567	(75)	1,818	1,818	0	
Pay	1,631.58	1,512.61	118.97	(5,954)	(5,907)	47	(60,522)	(61,511)	(989)	(66,416)	(66,416)	0	
Non-Pay				(783)	(635)	148	(8,131)	(8,711)	(580)	(8,903)	(8,903)	0	
Overall	**1,631.58**	**1,512.61**	**118.97**	**2,888**	**2,976**	**108**	**38,174**	**38,857**	**483**	**42,126**	**42,126**	**0**	
Urgent Care													
Contract Income				2,370	2,343	(27)	27,947	28,495	549	30,662	30,662	0	A&E activity and income are above plan YTD. Prescription booths income is below plan by £40k YTD. Pay is underspent by £298k YTD, of which £169k is in Nursing. Private ambulances are overspending by £40k YTD.
Divisional Income				(3)	1	4	229	223	(5)	226	226	0	
Pay	359.82	352.38	7.44	(1,868)	(1,645)	223	(17,528)	(17,007)	521	(19,396)	(19,396)	0	
Non-Pay				(77)	(83)	(6)	(789)	(871)	(83)	(865)	(865)	0	
Overall	**359.82**	**352.38**	**7.44**	**422**	**616**	**194**	**9,859**	**10,840**	**981**	**10,627**	**10,627**	**0**	
Out of Hospital Care													
Contract Income				3,548	3,595	47	38,992	39,180	188	42,551	42,551	0	Contract income is above plan YTD, including biosimilars, which is offset in non-pay. Pay underspends are in Therapies, ESBT and MSK where investment has been received a recruitment plan is being implemented to address vacancies. Prescribing growth is the key driver of the YTD Non pay overspend
Divisional Income				319	391	73	3,544	3,905	361	3,862	3,862	0	
Pay	1,106.18	1,024.77	81.41	(3,510)	(3,275)	234	(37,724)	(35,404)	2,320	(41,308)	(41,308)	0	
Non-Pay				(1,111)	(1,070)	41	(11,960)	(12,240)	(281)	(13,071)	(13,071)	0	
Overall	**1,106.18**	**1,024.77**	**81.41**	**(754)**	**(358)**	**395**	**(7,148)**	**(4,560)**	**2,588**	**(7,966)**	**(7,966)**	**0**	
Women's, Children's & Sexual Health													
Contract Income				3,861	3,546	(314)	42,907	43,557	650	47,023	47,023	0	Contract income over delivery YTD is due to Health Visiting, Paediatrics (non-elective) and Gynaecology (day case/elective). Divisional income overperformance is attributable to secondments, which are offset in Pay. Pay overspends are largely due to locums cost to cover vacancies and sickness. Non-pay overspends are due to Gynae OPD clinical supplies and glucose monitors as a result of increased activity levels.
Divisional Income				64	128	65	632	1,044	412	696	696	0	
Pay	718.81	703.17	15.64	(2,903)	(2,983)	(79)	(30,773)	(31,553)	(780)	(33,631)	(33,631)	0	
Non-Pay				(259)	(291)	(32)	(2,731)	(3,020)	(289)	(2,990)	(2,990)	0	
Overall	**718.81**	**703.17**	**15.64**	**763**	**402**	**(361)**	**10,034**	**10,028**	**(7)**	**11,097**	**11,097**	**0**	
Estates & Facilities													
Divisional Income				751	814	64	8,343	8,855	512	9,107	9,107	0	Vacancies in Housekeeping, Ops & Maintenance and Laundry have led to the pay uderspend YTD, overperformance in income YTD is due to activity based income streams, e.g. car parking. The non pay overspend arises from laundry costs, which are offset in income over delivery.
Pay	724.49	706.19	18.30	(1,727)	(1,683)	44	(18,924)	(18,288)	636	(20,651)	(20,651)	0	
Non-Pay				(1,248)	(1,068)	180	(13,824)	(13,992)	(168)	(15,077)	(15,077)	0	
Overall	**724.49**	**706.19**	**18.30**	**(2,224)**	**(1,936)**	**288**	**(24,406)**	**(23,424)**	**981**	**(26,621)**	**(26,621)**	**0**	
Corporate													
Divisional Income				1,139	1,085	(54)	12,618	13,167	549	13,758	13,758	0	Pay underspends are driven by vacancies in HR, Finance, Clinical Admin and Nursing & Governance. Non pay underspends are in Trust Board, and IT maintenance contracts.
Pay	960.56	919.31	41.25	(3,077)	(2,994)	84	(34,001)	(32,609)	1,392	(37,046)	(37,046)	0	
Non-Pay				(2,060)	(1,787)	273	(22,978)	(21,684)	1,295	(26,070)	(26,070)	0	
Overall	**960.56**	**919.31**	**41.25**	**(3,998)**	**(3,696)**	**302**	**(44,361)**	**(41,126)**	**3,236**	**(49,358)**	**(49,358)**	**0**	
Central													
Contract Income				2,564	3,267	703	30,104	34,700	4,596	33,401	33,401	0	Tariff exclusions income overperformance is offset entirely by non-pay overspends. The YTD favourable variance is due to identification of CIP in operational divisions requiring central phasing adjustments between Income, Pay and Non-Pay in order to ensure alignment to NHSI plan (this will net off in M12). This division also contains the value of the YTD AIC adjustment, which is the value of the difference between activity priced on PBR and the value of the AIC.
Divisional Income				2,727	2,865	137	20,805	24,639	3,834	22,961	22,961	0	
Pay	0.00	0.00	0.00	1,549	100	(1,449)	9,117	(155)	(9,271)	10,509	10,509	0	
Non-Pay				(4,194)	(3,560)	634	(56,052)	(52,943)	3,109	(60,706)	(60,706)	0	
Overall	**0.00**	**0.00**	**0.00**	**2,648**	**2,672**	**28**	**3,874**	**6,242**	**2,368**	**6,166**	**6,166**	**0**	
Donated assets adjustment				**0**	**80**	**80**	**0**	**(1,184)**	**(1,184)**				
Total	**7,247.31**	**6,982.86**	**264.36**	**(378)**	**(354)**	**24**	**(10,870)**	**(10,797)**	**73**	**(10,126)**	**(10,126)**	**0**	

Statement of Financial Position - Month 11

	Year to date				Forecast Outturn			
	18/19 Actual (£m)	19/20 Plan (£m)	19/20 Actual (£m)	Variance (£m)	19/20 Plan (£m)	19/20 Outturn (£m)		Variance (£m)
Non Current Assets								
Property, Plant and Equipment	223.6	229.4	233.2	3.8	229.4	229.4		0.0
Intangible Assets	1.9	1.9	2.2	0.3	1.9	1.9		0.0
Other Assets	1.8	1.8	1.9	0.1	1.8	1.8		0.0
Total Non Current Assets	**227.3**	**233.1**	**237.3**	**4.2**	**233.1**	**233.1**		**0.0**
Current Assets								
Inventories	6.8	6.7	6.3	(0.4)	6.7	6.7		0.0
Trade and Other Receivables	19.7	29.6	36.2	6.6	29.6	29.6		0.0
Cash and Cash Equivalents	2.1	2.1	11.8	9.7	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
Total Current Assets	**28.6**	**38.5**	**54.3**	**15.9**	**38.5**	**38.5**		**0.0**
Current Liabilities								
Trade and Other Payables	(23.2)	(7.3)	(35.2)	(27.8)	(7.3)	(7.3)		0.0
Borrowings	(59.2)	(1.1)	(117.3)	(116.2)	(1.1)	(1.1)		0.0
Other Financial Liabilities	0.0	0.0	0.0	0.0	0.0	0.0		0.0
Provisions	(0.5)	(0.4)	(0.2)	0.2	(0.4)	(0.4)		0.0
Other Liabilities	(1.3)	(2.2)	(2.5)	(0.3)	(2.2)	(2.2)		0.0
Total Current Liabilities	**(84.3)**	**(11.1)**	**(155.2)**	**(144.1)**	**(11.1)**	**(11.1)**		**0.0**
Non-Current Liabilities								
Borrowings	(143.6)	(242.4)	(117.6)	124.8	(242.4)	(242.4)		0.0
Trade and Other Payables	0.0	0.0	0.0	0.0	0.0	0.0		0.0
Provisions	(2.1)	(2.1)	(2.1)	(0.0)	(2.1)	(2.1)		0.0
Total Non Current Liabilities	**(145.7)**	**(244.5)**	**(119.7)**	**124.8**	**(244.5)**	**(244.5)**		**0.0**
Total Assets Employed	**25.9**	**15.9**	**16.8**	**0.8**	**15.9**	**15.9**		**0.0**
Financed By								
Public Dividend Capital	159.0	163.2	159.5	(3.7)	163.2	163.2		0.0
Income & Expenditure Reserve	(230.8)	(241.8)	(240.4)	1.3	(241.8)	(241.8)		0.0
Revaluation Reserve	97.7	94.5	97.7	3.2	94.5	94.5		0.0
Total Tax Payers Equity	**25.9**	**15.9**	**16.8**	**0.8**	**15.9**	**15.9**		**0.0**

Summary & Next Steps

1. Minimum cash balance of £2.1m achieved at month end.
2. High percentage of the Trust's monthly income is received on 15th of each month (SLA income). As a rule this cash is spread equally across the weeks until the next SLA income is received. This process together with faster reporting can, potentially, lead to higher cash balances at the close of the reporting period.
3. The increase in creditors relates to the capital creditors accrual at M10 to meet the PFR plan and provide assurance to NHSI that the funding will be spent in 2019/20.

Cashflow & Borrowing Summary - Month 11

Short Term (13 week) Cashflow Forecast

	Actual (£k)				Forecast (£k)								
Week Ending (Friday)	07-Feb	14-Feb	21-Feb	28-Feb	06-Mar	13-Mar	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	24-Apr	01-May
Balance Brought Forward	**11,797**	**8,879**	**37,408**	**29,188**	**12,288**	**11,797**	**39,831**	**26,099**	**7,128**	**2,171**	**2,319**	**24,352**	**5,846**
Receipts													
WGA Income	389	30,594	4,521	561	320	29,725	150	650	400	300	31,435	300	200
Other Income	379	1,449	617	364	301	1,260	558	422	250	250	1,637	814	2,950
External Financing	0	0	1,669	287	1,883	0	3,052	22	0	0	0	0	0
Total Receipts	**767**	**32,044**	**6,807**	**1,212**	**2,504**	**30,985**	**3,760**	**1,094**	**650**	**550**	**33,072**	**1,114**	**3,150**
Payments													
Pay	(335)	(269)	(10,665)	(14,160)	(263)	(270)	(10,875)	(13,970)	(244)	(244)	(10,444)	(13,944)	(244)
Non-Pay	(3,184)	(3,157)	(3,356)	(3,745)	(2,617)	(2,652)	(5,095)	(6,095)	(5,363)	(158)	(595)	(2,095)	(2,095)
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	(167)	(89)	(1,005)	(207)	(115)	(28)	(1,522)	0	0	0	0	(3,582)	0
Total Payments	**(3,686)**	**(3,515)**	**(15,027)**	**(18,112)**	**(2,995)**	**(2,951)**	**(17,492)**	**(20,065)**	**(5,607)**	**(402)**	**(11,039)**	**(19,621)**	**(2,339)**
Net Cash Movement	**(2,919)**	**28,529**	**(8,220)**	**(16,901)**	**(491)**	**28,034**	**(13,732)**	**(18,971)**	**(4,957)**	**148**	**22,033**	**(18,507)**	**811**
Balance Carried Forward	**8,879**	**37,408**	**29,188**	**12,288**	**11,797**	**39,831**	**26,099**	**7,128**	**2,171**	**2,319**	**24,352**	**5,846**	**6,657**

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

	Draw Value £k	Date Drawn	Term	Interest Rate	Value £k	Annual Interest £k
Prior Years						
Capital Loan 2 - Endoscopy Development	2,000	Dec 09	20	4.00%	939	41
Capital Loan 3 - Endoscopy Development	2,000	Jun 10	20	3.90%	934	42
Capital Loan 4 - Health Records	428	Mar 15	10	1.40%	193	4
Capital Loan 5 - Health Records	441	Mar 15	10	1.40%	523	4
Capital Loan 6 - Ambulatory Care	800	Feb 18	20	1.60%	700	12
Revolving Working Capital	31,300		5	3.50%	31,300	1,099
Interim Loan Agreement	35,218		3	1.50%	35,218	528
2016/17 Loans	23,144	Dec 16 - Mar 17	3	6.00%	20,503	1,361
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	1,768
2018/19 Loans	45,001	Apr 19 - Mar 19	3	3.50%	45,001	1,587
Prior Year Total	**204,480**				**199,459**	**7,273**
Current Year						
Loan April 2019	4,095	Apr 19	3	3.50%	4,095	146
Loan May 2019	4,603	May 19	3	3.50%	4,603	163
Loan June 2019	3,321	Jun 19	3	3.50%	3,321	117
Loan July 2019	2,549	Jul 19	3	3.50%	2,549	90
Loan August 2019	2,673	Aug 19	3	3.50%	2,673	96
Loan September 2019	2,160	Sep 19	3	3.50%	2,160	76
Loan November 2019	2,087	Nov 19	3	1.50%	2,087	32
Loan January 2020	1,997	Jan 20	3	1.50%	1,997	30
Capital (Fire) Loan November 2019	4,550	Nov 19	20	0.85%	4,550	28
Medical Equipment (Capital) loan	3,950	Dec 18	8	0.58%	3,950	23
Loan February 2020	1,469	Feb-20	3	1.50%	1,469	22
Current Year Total	**33,454**				**33,454**	**823**
Total Loans	**237,934**				**232,913**	**8,096**

Summary & Next steps

1. All existing loans are listed in the table on the left. Borrowings on the Balance sheet also include £2.2m of accrued interest.

2. Confirmation has been received by DHSC that any loans due for repayment in Q4 have been extended by 6 months. There will be no change to existing T&Cs, interest will continue to be charged at the current rate for the duration of the extension.

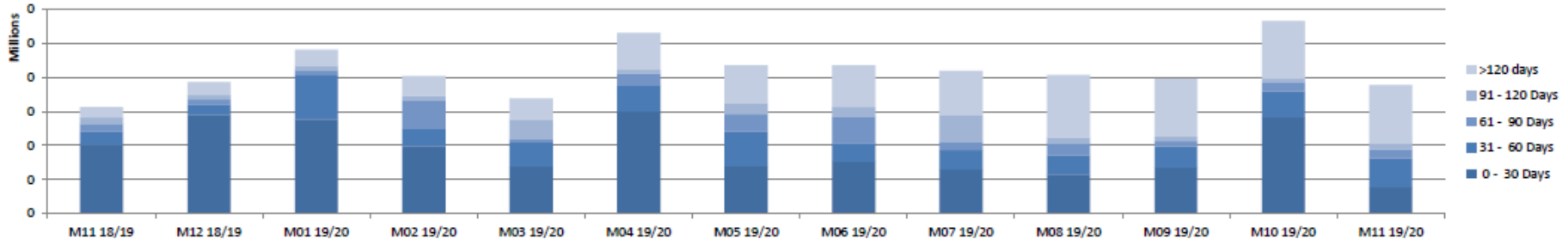
3. The Trust has drawn down all of the £4.55m Fire Compartmentalisation loan allocated in 2019/20. The loan period is over 20 years and the loan is subject to 0.85% interest rate. The total loan is for £13.86m allocated over a 3 year period. 2019/20 is year 1 of 3.

4. The Trust has drawn down all of the £3.95m Medical Equipment (£3.0m) and Backlog Maintenance (£0.95m) loan allocated in 2019/20. The loan period is over 8 years and the loan is subject to 0.58% interest rate.

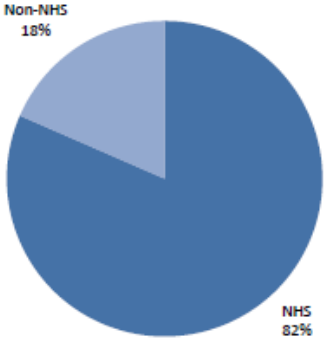
Receivables Summary - Month 11

Receivables Aging Run rate (£k)

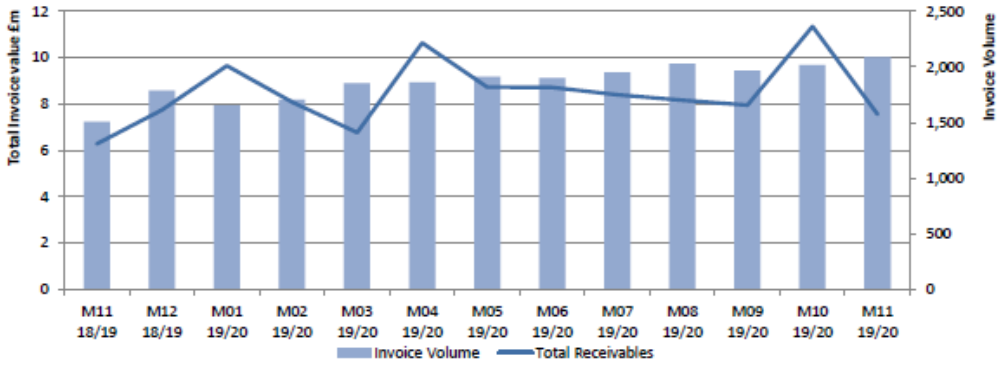
Aging Profile	M11 18/19	M12 18/19	M01 19/20	M02 19/20	M03 19/20	M04 19/20	M05 19/20	M06 19/20	M07 19/20	M08 19/20	M09 19/20	M10 19/20	M11 19/20
0 - 30 Days	4,038	5,807	5,525	3,972	2,765	6,013	2,785	3,050	2,581	2,294	2,699	5,663	1,546
31 - 60 Days	786	600	2,602	1,005	1,418	1,501	2,027	1,097	1,129	1,131	1,243	1,522	1,687
61 - 90 Days	464	307	305	1,674	182	719	1,014	1,580	511	701	318	503	541
91 - 120 Days	352	251	270	279	1,118	211	637	537	1,578	339	283	232	363
>120 days	632	774	938	1,153	1,286	2,188	2,255	2,451	2,593	3,699	3,403	3,423	3,417
Total Receivables	**6,272**	**7,739**	**9,639**	**8,083**	**6,768**	**10,632**	**8,717**	**8,715**	**8,393**	**8,164**	**7,946**	**11,343**	**7,554**
Invoice Volume	**1,508**	**1,788**	**1,655**	**1,705**	**1,852**	**1,862**	**1,911**	**1,899**	**1,952**	**2,028**	**1,964**	**2,018**	**2,085**



Current Month % NHS vs Non-NHS by Value



Receivables Invoice Value vs Volume Run Rate

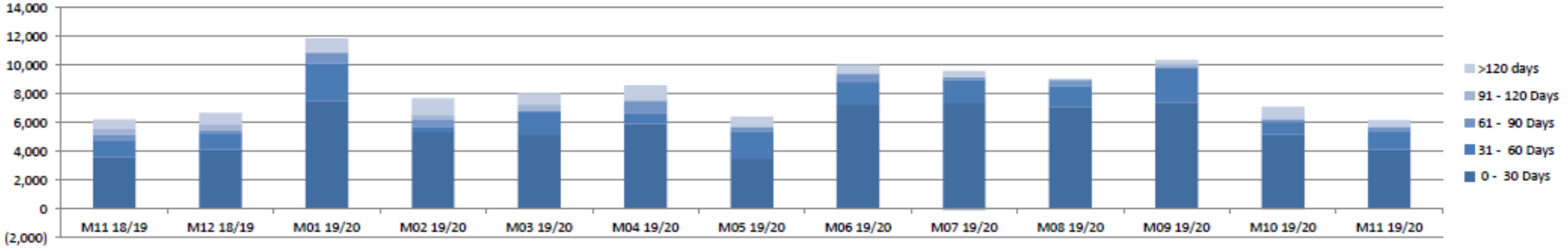


Summary & Next Steps

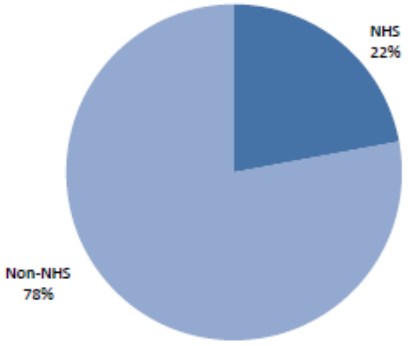
1. Reduction in receivables in month by £3.789m.
2. An adverse movement in total aged debt (> 31 days) by £327k in month.
3. Adverse movement in over 90 day debt of £124k in month.
4. Debtor days improved by 5 days in February and decreased to 31 days.
5. 2,085 invoices on the sales ledger system at the end of the month (an increase of 67 in month).

Payables Summary - Month 11

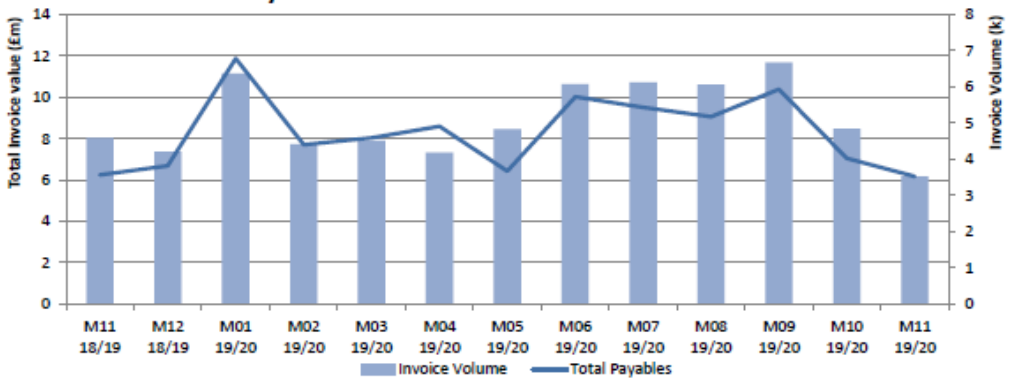
Payables Aging Run rate (£k)													
Aging Profile	M11 18/19	M12 18/19	M01 19/20	M02 19/20	M03 19/20	M04 19/20	M05 19/20	M06 19/20	M07 19/20	M08 19/20	M09 19/20	M10 19/20	M11 19/20
0 - 30 Days	3,611	4,151	7,517	5,324	5,133	5,927	3,476	7,249	7,370	7,112	7,423	5,179	4,155
31 - 60 Days	1,135	1,093	2,612	396	1,603	753	1,943	1,559	1,593	1,428	2,372	861	1,218
61 - 90 Days	442	253	735	494	133	842	241	595	213	375	154	223	285
91 - 120 Days	386	378	108	277	380	59	86	112	(87)	108	124	(55)	85
>120 days	675	801	909	1,217	788	1,020	681	510	427	33	312	831	432
Total Payables	**6,249**	**6,675**	**11,881**	**7,710**	**8,037**	**8,601**	**6,427**	**10,025**	**9,515**	**9,056**	**10,386**	**7,040**	**6,175**
Invoice Volume	**4,580**	**4,204**	**6,373**	**4,425**	**4,512**	**4,190**	**4,834**	**6,073**	**6,121**	**6,064**	**6,673**	**4,841**	**3,527**



Current Month % NHS vs Non-NHS by Value



Payables Invoice Value vs Volume Run Rate



Summary & Next Steps

1. Favourable movement in total creditors in month of £865k. Decrease in total creditors to £6.2m in month.
2. Improvement in creditor days in month by 1 days, 91 days in February.
3. Internal KPIs to target elimination of registered > 120 days and creditor days < 60. Balances that are aged and not ready for payment reflect high levels of invoices that are received without a valid purchase order number.
4. 3,527 outstanding invoices on the purchase ledger system at the close of the month (1,314 less than in January).

Capital Programme Summary - Month 11

YTD Capital Programme Performance	Original Plan £k	Revised Plan £k	YTD Plan £k	CRG Committed £k	Actual Expenditure £k	Variance to Plan £k
Brought Forward	**6,715**	**5,748**	**4,515**	**5,748**	**4,923**	**408**
Backlog Maintenance	1,050	1,289	1,964	1,289	1,053	(911)
Central/Divisions	290	-	-	-	-	-
Digital	1,701	1,690	2,951	1,690	1,940	(1,011)
Estates	202	1,808	541	1,808	1,270	729
Medical Equipment	1,351	4,777	4,285	3,888	4,595	310
Finance	1,500	1,500	1,375	1,772	1,591	216
Unplanned urgents	339	142	105	142	279	174
Fire Compartmentalisation	-	4,550	4,238	4,550	4,299	61
Brought Forward - other	-	-	-	211	-	-
Total Owned	**13,148**	**21,504**	**19,974**	**21,098**	**19,950**	**(24)**
Donated	1,000	2,655	750	2,172	2,172	1,422
Less donated Income	(1,000)	(2,655)	(750)	(2,163)	(2,163)	(1,413)
Less disposal values	-	(406)	(406)	-	(356)	(50)
Plus disposal receipts	-	50	-	-	-	-
Total	**13,148**	**21,148**	**19,568**	**21,107**	**19,603**	**(65)**

Capital Resource Limit (CRL)	£k
Planning CRL	13,148
2019/20 Opening CRL	**12,598**
Capital Bids Approved	8,500
MRI NBV	406
MRI Loss on Disposal	(356)
Closing CRL	**21,148**
Forecast outturn	21,148
Variance	**0**

Summary & Next steps

1. The Capital Resource Limit (CRL) for 2019/20 has been revised to £21.1m following the Trust's successful applications for £13.86m of emergency capital funding for fire compartmentalisation works over a 3 year period. £4.55m of capital will be received in 19/20 and funding for Medical Equipment £3.0m, and Backlog Maintenance £0.95m.
2. The Capital Resource Group (CRG) meets on a monthly basis to monitor levels of capital expenditure and review progress against the CRL.
3. The asset disposal relates to the sale of the MRI.

East Sussex Healthcare NHS Trust

COVID-19 Pandemic

East Sussex Healthcare NHS Trust

Financial governance arrangements

1. Purpose

This document sets out the financial governance arrangements for COVID-19 related expenditure. This document does not replace the Trust's normal financial arrangements and Standing Financial Instructions ('SFIs') but supplements them for COVID-19 related spend, and summarises the rationale for any changes to financial governance arrangements, to enable efficient and effective decision making and ensure capture and monitor of associated expenditure in line with NHS England and NHS Improvement ('NHSE/I') guidance.

These arrangements are anticipated to be in place until 31 July 2020 but will be kept under constant review.

2. Expenditure approval

2.1. Expenditure Limits

All key decisions in relation to the Trust's response to COVID-19 should be made within the 5 workstreams (see below) and the Command and Control Centre. Workstreams:

1. Workforce
2. Clinical Operations
3. Staff and patient communication
4. Critical care
5. Logistics and critical infrastructure

The Command and Control centre structure is for an Associate Director of Operations (ADO) to be present whilst the centre is open. Out of hours the exec on call is responsible for these decisions.

In line with Trust's SFIs ADO approval limit is up to £100k (within their approved budgets). While there is no budget for COVID-19 and therefore approval is not within budgetary constraints, the ADO responsible in the Command and Control centre can approve COVID-19 related spend of up to £100k with single items in excess of this requiring approval of the CFO/Deputy CFO via text or email from known devices which will be retained as audit evidence.

Other budget holders can sign off COVID-19 related spend of up to £5k, with this limit to be reviewed on an ongoing basis. Any single spend in excess of this should be signed off by the ADO within the Command and Control centre, with evidence of this approval retained.

These limits will be kept under review and should any change in spend limits be required this can be authorised by the CFO/Deputy CFO for a period of up to 3 months, with any decision appropriately recorded.

The distinction in governance arrangements for capital and revenue spend for COVID-19 related items will be suspended during the COVID-19 response period, with the above approval process in place for both capital and revenue spend. Items will still need to be accounted for and coded appropriately and the monitoring process (see below) will be used to cross check appropriate classification of capital and revenue items on an ongoing basis.

2.2. Supply/contract arrangements

2.2.1. Procurement arrangements and new contracts

It is recognised that normal procurement arrangements will not be able to be in place during the COVID-19 related emergency as speed and availability of products will be critical during this period. Therefore the procurement requirement for competitive tender and 3 quotes will be overridden with approval as set out below. The Trust intention is to use the existing supply chain where possible. The Trust also intends to utilise national procurement arrangements put in place for key COVID-19 equipment and supplies (e.g. ventilators).

No new contracts for exclusive supply of goods should be entered into during this period and any new contracts should be for a period of up to three months and require ADO sign off, in writing where possible. Any exceptions to this can be approved by dual sign off by CFO and COO via text or email from known devices which will be retained as audit evidence. Contracts above delegated limits will be signed off by the CEO and COO (in the COO's absence another executive director). Contracts of £1m and above continue to require Board approval.

The Public Contract Regulations 2015 ('the regulations') section 32 recognise that in exceptional circumstances authorities may need to procure goods, services and works with extreme urgency via direct award, call off from an existing framework agreement, call for competition using a standard procedure with accelerated timescales or extending or modifying a contract during its term.

Contracting authorities are required to keep a written justification of their decisions. Therefore, for procurement that is subject to the regulations (supplies, services and design contracts over £181,302 and works contracts over £4,551,413, both excluding VAT) advice should be taken from the procurement team.

2.2.2. Contract extensions

The Trust SFIs set out arrangements for emergency contract extensions (clause 10.2.6). Any contract that requires extension, during this outbreak, requires ADO approval and should be for a maximum of three months unless a clear rationale for a longer extension in which case dual approval by COO & CFO via text or email from known devices which will be retained as audit evidence.

2.3. Use of corporate credit cards

The Procurement Team can make credit card payments for Covid-19 related purchases. Where possible, goods and services, should be paid for using a BACs or CHAPs payment rather than using a corporate credit card.

Employees should not pay for Trust goods and services using their own debit or credit card.

2.4. Consultancy and Agency spend

In line with NHSE/I guidance consultancy and agency approvals will be maintained in line with normal financial controls.

2.5. Business Cases/Non COVID-19 related investment

NHSE/I Guidance is that no new revenue business investments should be entered into unless related to Covid-19 or unless approved by NHSE/I as consistent with a previously agreed plan. Therefore there should be no new investments, or implementation of previously approved but not yet started investments, unless directly Covid-19 related, until the end of quarter one. This will be reviewed periodically. Any exceptions to this must be agreed by dual two executive directors.

2.6. Delegation of authority in case of absence

Where an executive director is absent due to sickness or annual leave they may assign authorisation responsibilities to a named deputy for the period of their absence only. Nominated deputies should be pre-agreed as appropriately qualified to deputise by the Executive Board members.

3. Monitoring arrangements

NHSE/I has set out the expectation that all Trusts will carefully record costs incurred in responding to the outbreak and that Trusts will be required to report costs incurred monthly. The Trust will require an audit trail for any cost reimbursement by NHSE/I. This section sets out the core process the Trust will use to ensure costs are captured appropriately.

3.1. Expenditure

Any direct costs associated with COVID-19 invoices these should be approved and coded within cost centres: **revenue: 4069; capital: 8191/8196/8382**. When raising a purchase order or coding any non-PO invoices relating to these costs please ensure you use **EDGH: 5v113A**, **CQ: 5v112A** and **Bexhill: 5v114A**.

COVID-19 related staff sickness and absence will be captured via HealthRoster.

Any new or additional bank/agency/shifts will be captured via Healthroster and TWS.

Command and control centre will be estimated based on the Command and Control centre structure at any one time.

Volunteers – Workforce will be recording which staff members are volunteering at any one time and this information will be used to capture associated costs.

In addition the Command and Control centre and each of the five workstream leads will email any decisions with financial implication to John Morgan (John.Morgan6@nhs.net) to enable capture and triangulation of the costs. Where practical the finance team will also keep a copy of PO/invoices of any spend to support any audit requirements

3.2. Income loss

i. Private Care – Income loss from private care will be estimated based on the draft annual plan and run rates in 2019/20.

ii. Nursery – income loss will be captured through comparison to budget and discussions with the workforce team.

iii. NHS Clinical income – NHSE/I have suspended PBR to July 2020 and will be using block arrangements during this period, with drugs and devices on a pass through basis in line with PBR. Where possible activity will continue to be recorded. A comparison between the block allocation from NHSE/I to the Trust's annual plan will be used to estimate other income loss alongside knowledge of recorded cancellations of clinics and other activity (e.g. surgical procedures).

3.3. Reporting arrangements

The finance team will be responsible for collating costs from the above sources. These costs will be reviewed prior to monthly submission to NHSE/I and signed off by the Deputy CFO.

The Deputy CFO will be responsible for submission of all costs to NHSE/I as required. In the absence of the Deputy CFO the reporting will be the responsibility of either the Head of Financial Management or another Head of Finance. It is anticipated this reporting will be the basis of reimbursement from NHSE/I and this reimbursement will be on a monthly basis.

4. Fraud/Financial loss

The Trust has considered the resilience of existing fraud prevention arrangements, especially with regards to the temporary arrangements put in place to enable efficient COVID-19 related decision making and financial transactions.

The Trust acknowledges the increased potential for fraud at this time but will mitigate this risk by:

- Maintaining existing segregation of duties arrangements, especially regarding:
  - Financial systems user set-up/amendment
  - Supplier set-up/amendment
  - Purchase order approval/receipting/invoice approval
  - Payment approval
- Ensuring that the segregation of duties set out above are maintained:
  - Where user approval limits are temporarily increased;
  - Where cross-cover arrangements are put in place; and
  - Where authority is temporarily delegated;
- Requiring documented ADO approval as set out about with dual executive director approval for exceptions (in line with Board approved emergency resolution) for any required override of standard procurement SFIs – for example, when speed/availability and quality of supply considerations take precedence over ensuring best value for money through tendering contracts/obtaining a minimum number of quotes – with the following qualifications:
  - Utilisation of the existing supply chain where possible; and
  - Prohibiting commitments to procure supplies exclusively or for longer than a period of three months without COO/CFO approval;
  - All exceptions with COO/CFO dual sign off will be reported to the Board
- Endeavouring to monitor COVID-19 related spend on a fortnightly basis – including PO and invoice approval – to identify any suspicious transactional patterns (e.g. disproportionate, unjustified spend with a single supplier) in order to prevent further financial loss and to mitigate any losses incurred to date;

The Trust also acknowledges the increased risk of payroll fraud at this time, and will continue to enforce existing controls (refer to Trust SFIs/standard policies and procedures) regarding:

- Hiring temporary staff;
- Shift booking;
- Timesheet approval;
- Payroll amendments;
- Payroll processing.

Guidance from NHSI/E

Governance and meetings

No.	Areas of activity	Detail	Action/Response
1.	Board and sub-board meetings	Continue to hold board meetings but streamline papers, focus agendas and hold virtually not face-to-face. No sanctions for technical quorum breaches (eg because of self-isolation) For board committee meetings, trusts should continue quality committees, but consider streamlining other committees (eg Audit and Risk and Remuneration committees) and where possible delay meetings till later in the year. While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation All system meetings to be virtual by default	LW reviewing with Chairman Organisation to inform audit firms where necessary – LW will action Committees streamlined and revised process communicated. Access to public suspended and communicated Using MS Teams and teleconferencing
2.	FT Governor meetings	Face-to-face meetings should be stopped at the current time[1] but ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 eg via webinars/emails	Noted - not applicable to Trust

No.	Areas of activity	Detail	Actions
3.	FT governor and membership processes	FTs free to stop/delay governor elections where necessary Annual members' meetings should be deferred Membership engagement should be limited to COVID-19 purposes	Noted - not applicable to Trust
4.	Annual accounts and audit	Deadlines for preparation and audit of accounts in 2019/20 are being extended. Detail was issued on 23 March 2020.	Organisation to inform external auditors where necessary – Saba Sadiq (SS) to liaise with auditors
5.	Quality accounts - preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. We intend it will be deferred	Vikki Carruth/Lisa Forward – waiting for NHSE/I to advise of new date
6.	Quality accounts and quality reports – assurance	This work can be stopped	Organisations to inform external auditors where necessary – SS to liaise with auditors
7.	Annual report	We are working with DHSC and HM Treasury on streamlining the annual report requirements – further guidance forthcoming	NHSE/I and DHSC to prepare guidance in due course Pete Palmer/Jenna Khalfan/Saba Sadiq noted
8	Decision- making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.	Developed draft revisions to SFIs and circulated to Saba Sadiq finance and Angela Alletson procurement for comment. Then to Exec/Chairman for approval

1) Reporting and assurance

No.	Areas of activity	Detail	
1.	Constitutional standards (eg A&E, RTT, Cancer, Ambulance waits, MH LD measures)	See Annex B	James Blake to review

No.	Areas of activity	Detail	Action/Response
2.	Friends and Family test	Stop reporting requirement to NHS England and NHS Improvement	James Blake/Lisa Forward to action
3.	Long-Term Plan: operational planning	Paused	Catherine Ashton/James Blake to note
4.	Long-term Plan: system by default	Put on hold all national System by Default development work (including work on CCG mergers and 20/21 guidance). However, NHSE/I actively encourages system working where it helps manage the response to COVID-19, providing support where possible.	System working continuing to support Covid19
5.	Long-Term Plan: Mental Health	NHSE/I will maintain Mental Health Investment guarantee.	Noted – no action
6.	Long-Term Plan: Learning Disability and Autism	As for Mental Health, NHSE/I will maintain the investment guarantee.	Noted – no action
7.	Long-Term Plan: Cancer	NHSE/I will maintain its commitment and investment through the Cancer Alliances to improve survival rates for cancer. NHSE/I will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will release necessary resource to support the COVID-19 response.	Noted – no action
8.	NHSE/I Oversight meetings	Be held online. Streamlined agendas and focus on COVID- 19 issues and support needs	Adrian Bull/System
9.	Corporate Data Collections (eg licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)	Look to streamline and/or waive certain elements Delay the Forward Plan documents FTs are required to submit We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.	Annual Governance statement and Self Certification drafted and can be submitted if required. James Blake to note digital submissions

No.	Areas of activity	Detail	Action/Response
10.	Use of Resources assessments	With the CQC suspending routine assessments, NHSE/I will suspend the Use of Resources assessments	Noted – no action
11.	Continuing Healthcare Assessments	Stop CHC assessments. Capacity tracker, currently mandated for care homes, is now also mandated for hospices and intermediate care facilities	Noted – no action discharge team aware
12.	Provider transaction appraisals	Complete April 2020 transactions, but potential for NHSE/I to de-prioritise or delay transactions appraisals if in the local interest given COVID-19 factors	Saba Sadiq/James Blake
13.	CCG mergers Service reconfigurations	Complete April 2020 CCG Mergers but delay work post April 2020. Expect no new public consultations except in cases to support COVID-19 or build agreed new facilities. We will also streamline or waive, as appropriate, the process to review any reconfiguration proposals designed in response to COVID-19	Noted – not applicable Covid19 reconfigurations communicated to HOSC, CQC, campaign groups - LW
14.	7-day Services assurance	Suspend the 7-day hospital services board assurance framework self-cert statement	Certificate drafted and can be submitted when required - LW
15.	Clinical audit	All national clinical audit, confidential enquiries and national joint registry data collection, including for national VTE risk assessment, can be suspended. Analysis and preparation of current reports can continue at the discretion of the audit provider, where it does not impact front line clinical capacity. Data collection for the child death database and MBRRACE-UK-perinatal surveillance data will continue as this is important in understanding the impact of COVID-19.	Emma Moore/ Lisa Forward to action

16.	Pathology services	We need support from providers to manage pathology supplies which are crucial to COVID -19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables.	Noted – Saba Sadiq to ensure no penalties levied if applicable

2) Other areas including HR and staff-related activities

No.	Areas of activity	Detail	Action/Response
1.	Mandatory training	New training activities – refresher training for staff and new training to expand the number of ICU staff – is likely to be necessary. Reduce other mandatory training as appropriate	Monica Green – in place
2.	Appraisals and revalidation	Recommendation that appraisals are suspended from the date of this letter, unless there are exceptional circumstances agreed by both the appraisee and appraiser. This should immediately increase capacity in our workforce by allowing appraisers to return to clinical practice. The GMC has now deferred revalidation for all doctors who are due to be revalidated by September 2020. We request that all non-urgent or non-essential professional standards activity be suspended until further notice including medical appraisal and continuous professional development (CPD*)* The Nursing and Midwifery Council (NMC) is to initially extend the revalidation period for current registered nurses and midwives by an additional three months and is seeking further flexibility from the UK Government for the future.	MG to review DW to review VC to review
3.	CCG clinical staff deployment	Review internal needs in order to retain a skeleton staff for critical needs and redeploy the remainder to the frontline CCG Governing Body GP to focus on primary care	Noted – no action

		provision	
4.	Repurposing of non clinical staff	Non-clinical staff to focus on supporting primary care and providers	Redeployment process in place
5.	Enact business critical roles at CCGs	To include support and hospital discharge, EPRR etc	Noted – no action

Annex A

Whilst existing performance standards remain in place, we acknowledge that the way these are managed will need to change for the duration of the COVID-19 response. Our approach to those standards most directly impacted by the COVID-19 situation is set out below:

A&E and Ambulance performance - monitoring and management against the 4-hour standard and ambulance performance (Ambulance Quality Indicators: System Indicators) will continue nationally and locally, to support system resilience. Simultaneously, local teams should maintain flexibility to manage demand for urgent care during the emergency period.

RTT – Monitoring and management of our RTT ambitions will continue, to ensure consistency and continuity of reporting and to understand the impact of the suspension of non-urgent elective activity and the subsequent recovery of the waiting list position that will be required. The wider announcements on suspension of the usual PBR national tariff payment architecture and associated administrative / transactional processes mean that, financial sanctions for breaches of 52+ week waiting patients occurring from 1st April 2020 onwards will also be suspended.

Recording of clock starts and stops should continue in line with current practice for people who are self-isolating, people in vulnerable groups, patients who cancel or do not attend due to fears around entering a hospital setting, and patients who have their appointments cancelled by the hospital. The existing RTT recording and reporting guidance is recognised across the country as the key reference point for counting RTT activity and specific clarification of how this should be applied, in the scenarios described above, will be provided in due course.

Cancer – Cancer treatment should continue, and that close attention should continue to be paid to referral and treatment volumes to make sure that cancer cases continue to be identified, diagnosed and treated in a timely manner. Clarification has already been released to the system through the COVID-19 incident SPOC to confirm that appropriate clinical priority should continue to be given to the diagnosis and treatment of cancer with appropriate flexibility of provision to account for infection control. We have also confirmed modifications to v10 Cancer Waiting Times guidance to allow for this to be appropriately recorded. In addition, it has been agreed that the 28-day Faster Diagnosis Standard (which was due to come into effect from Wednesday 1 April) will still have data collected, but will not be subject to formal performance management. The Cancer PTL data collection will continue and we expect it to continue to be used locally to ensure that patients continue to be tracked and treated in accordance with their clinical priority.

Annex B

Data collections/reporting

NHS Digital maintains a significant volume of data which is mandated for return from commissioners and providers[2]. Much of this data is routinely submitted and imposes minimal burden on local systems.

It will be important to maintain a flow of core operational intelligence to provide continued understanding of system pressure and how this translates into changes in coronavirus and other demand, activity, capacity and performance – and in some areas it may be necessary to go further to add to and extend existing collections. For this reason, and to ensure effective performance recovery efforts can begin immediately after the intense period of COVID-19 response activity has subsided, the majority of data collections remain in place.

Notwithstanding the above, a subset of the existing central collections will be suspended, and these returns will not need to be submitted between 1 April 2020 to 30 June 2020:

- Urgent Operations Cancelled (monthly sitrep)
- Delayed Transfers of Care (monthly return)
- Diagnostics PTL
- RTT PTL
- Cancelled elective operations
- Audiology
- Mixed-Sex Accommodation
- Venous Thromboembolism (VTE)
- 26-Week Choice
- Pensions impact data collection
- Ambulance Quality Indicators (Clinical Outcomes)
- Dementia Assessment and Referral (DAR)

2 https://digital.nhs.uk/isce/publication/nhs-standard-contract-approved-collections

Annex C

Data Security and Protection Toolkit Submission 2019/20

It is critically important that the NHS and Social Care remains resilient to cyber-attacks during this period of COVID-19 response. The Data Security & Protection Toolkit helps organisations check that they are in a good position to do that. Most organisations will already have completed, or be near completion of, their DSPT return for 2019/20.

The submission date for 2019/20 DSPT remains 31 March 2020. However, in light of events NHSX recognises that it is likely to be difficult for many organisations to fully complete the toolkit without impacting on their COVID-19 response. NHSX has therefore taken the decision that:

- Organisations that have completed and fully meet the standard will be given 'Standards Met' status, as in previous years.
- Where NHS trusts, CCGs, CSUs, Local Authorities (including Social Care providers), Primary care providers (GP, Optometry, dentist and pharmacies) and DHSC ALBS **do not fully complete or meet the standard because doing so would impact their COVID-19 response this will be considered sufficient and they will be awarded 'Approaching Standards' status** and will face no compliance action. It will be possible to upgrade from 'Approaching Standards' status to 'Standards Met' status through the year. The cyber risk remains high. All organisations must continue to maintain their patching regimes and Trusts, CSUs and CCGs must continue to comply with the strict 48hr and 14 day requirements in relation to acknowledgment of, and mitigation for, any High Severity Alerts issued by NHS Digital (allowing for frontline service continuity).
- Organisations that have not taken reasonable steps to complete their toolkit submission for 2019/20 will be given 'Standards Not Met' and may face compliance activity, as per previous years.

For any queries please contact or for further information please go to https://www.dsptoolkit.nhs.uk/News

Board Assurance Framework - March 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
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									
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	No significant gaps identified in respect of compliance or regulation	Low	ESHT 2020 framework in place to support ambition of "Outstanding and always improving" Robust governance process, to support quality improvement and risk management. Including undertaking Root Cause Analysis where there are incidents and sharing learning, Quality Improvement strategy in place and improvement hub established QSIR improvement utilised and training programme in place Audits and reviews taking place to test robustness of controls and assurance 'Excellence in Care' audit and reporting programme rolled out to in-patient areas to facilitate clinical areas in assessing themselves against Trust wide standards of care	Trust rated Good overall by CQC following Nov/Dec 19 inspections. Conquest and Community Outstanding and DGH Good. Improved quality in a number of areas for example sepsis and reduced mortality Progress reported to Q&S and action plan reviewed and on track. Positive feedback from internal reviews undertaken of acute and community services involving external as well as Trust staff. Evidence base available - Health Assure being utilised as depository for CQC evidence Review of never events by clinically led panel and reported to Quality and Safety Committee Mar 20		Developing golden thread to support the Trust in achieving Outstanding overall and framing revised objectives aligned to delivering the best care, the best place to work and the best use of resources.	end Jun-20	DoCA/DN Q&S

Strategic Objective 2: We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.									
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.	Added May-17 2.1.1 Effective controls required to support the delivery of 62 day cancer metric and ability to respond to increasing demand and patient choice.	Low	Cancer recovery plan has been refreshed and is in place and progress monitored. Number of controls in place: - Patient Pathway Coordinators track every 62 day pathway patient. Route-cause analysis of each 62 day breach - Weekly Patient Tracking List (PTL) meetings - Shared PTL's with Tertiary centres - Monthly Cancer meeting with Divisional managers chaired by COO - Daily review of PTL by Cancer Management team - Weekly monitoring/ reporting of 104 day patients on the PTL - Tumour Site Recovery Action Plans- reduction of median waits for first appointments to 7 days, optimal timed pathways, reduction of histology reporting times. In partnership with the Cancer Alliance and the CCGs, we have now signed off the new Cancer Access policy. Updates to the policy focus on ensuring compliance with national standards regarding patient unavailability / engagement and GP referral information.	There were positive signs of progress in 62 day Cancer performance in the early half of the last year, however performance has not met trajectory through the summer and the recent winter months. Early forecasting suggesting an improving position in January and February Continuing to work to the actions in Cancer Recovery Plan. Recent key recovery progress includes: - Recruitment of sonographers - Revision of space to support faster delivery times for chemotherapy - Creating an information video session so that patients don't have to attend clinic with the Chemotherapy nurse which frees up nurse capacity and reduces wait times.		Increase in referral trends for suspected cancers and cancer treatments continues to impact performance. - 6% year to date increase (an extra 1,112). Current focus on addressing Endoscopy waits / capacity, due to workforce challenges. Campaign to support seeing all referred patients by day 7 Address in inconsistent reporting times in Radiology and Histology Implementation of Breast Triple Assessment clinics	COO Jun-20	COO Q&S

Board Assurance Framework - March 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
2.1	We are unable to operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.	Added March 20 2.1.2 There is a risk that covid19 will have a significant and detrimental impact on the level of resources, both infrastructure and staffing, to provide optimum care and experience for our population	Low	National guidance and standard operating procedures in place Executive led Covid19 incident management team in place and meeting daily Trust Covid19 plan developed and being communicated. Further refinement will be made depending on naitonal advice. Emergency preparedness, business continuity and flu pandemic plans already in place and tested Preparing for reasonable worst case planning assumptions Advice and guidance circulated to staff Priority Assessment pods in place	Staff appropriately trained and protective equipment available Clinical scenario planning exercise took place 9 March and ongoing Records held of mask "fit tested" staff Occupational health recording staff who are self isolating	Amber RAG to be discussed	Monitoring and preparation continuing aligned to national guidance	COO Dec-20	COO Q&S

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
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.	Revised Jan-18 2.1.3 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.	Low	CAMHS transformation plan in place. Working party, including CAMHS and ESHT established to review /monitor existing services SPFT escalation process in place, engagement with CAMHS/FEDS once admitted and also when medically fit for discharge. Inappropriate ward admissions recorded and assessment delays tracked and logged as incidents. escalated for COO/ COO discussion. Themes and trends identified by reviewing previous 12 months data with escalation to CAMHS. New model of care being introduced that will make the provision of CAMHS beds more flexible and support young people requiring NG feed tubes.	Independent review taking place pan Sussex into mental health provision. Continual monitoring and liaison with health partners.		Medically fit CAMHS patients are datixed and escalated to the COO. Feeding and eating disorders (FEDs) are also escalated. Medical and Nursing team have had a training session with the FEDS team to support with FEDS children and more planned. However, acute setting is generally not appropriate for their needs. There is little in between the acute and the specialist centres other than management at home. Liaison between the acute and the specialist teams is regular. Out of hours support remains limited.	Mar-20	COO Q&S

		Added May-19 2.1.4 Following implementation of follow-up appointment database, risks have been highlighted due to insufficient clinical capacity and limitation in the functionality of the database. Effective controls required to ensure treatment is not delayed as a result of overdue follow up appointments	Low	Follow up database is reviewed at specialty PTLs Training, competency assessment and guidance for booking and reception teams. Extensive validation and local procedures for patient on cancer pathways & urgent ophthalmology follow up appointment Failsafe Officer in post for Ophthalmology and additional activity to reduce follow ups particularly in Ophthalmology	Audit of 600 patients on the FU database has given a high level of confidence regarding data accuracy and therefore risk is reducing Reporting of follow up through Div IPRs who are responsible for action and registering risk if indicated.	◄►	Risk reducing as greater levels of confidence in the quality of data on the FU list. Digital team exploring an alternative approach to allow 'time critical' follow up patients to be highlighted. However, options available to date are not functional. Risk is however lowered as Trust controls strengthened Commissioning audit to validate strengthened position Remaining on BAF subject to audit outcome.	Mar-20	COO Q&S

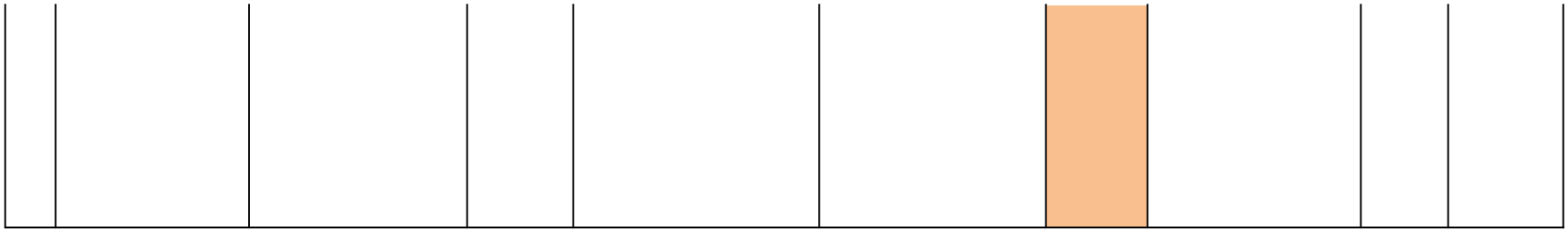
Board Assurance Framework - March 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
3.1	*We are unable to:* maintain collaborative relationships with partner organisations based on shared aims objectives and timescales resulting in an impact on our ability to operate efficiently and effectively within the local health economy.	None identified	Moderate	Aligned plan developed with wider health economy and submitted to NHS/E STP wide (Sussex) response to the long term plan submitted. Includes a subset of placed based plans including the East Sussex Plan. Trust priorities incorporated in the plan and we continue to work closely with commissioners on how we ensure delivery of key objectives. Key programmes of work are focused on Acute Care, Planned Care and community based services	Trust fully engaged with STP and Alliance programmes System remains on plan for delivery of 19/20 financial plan. Implementation of the East Sussex system wide integrated plan is in progress. Establishing governance structures to commence development of the integrated East Sussex Place.	◄►	Ongoing programme of work no significant gaps in control or assurance	Mar-20	DS Strategy Committee

Strategic Objective 3: We will work closely with local 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									
Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
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.	Added Sept-17 3.3.1 Effective controls are required to ensure the Trust achieves compliance with the four core 7 day service standards by 2020.	Moderate	7 Day Service Steering Group established. PMO project support with dedicated project lead assigned. PID in place with monitoring of progress. Rollout of Nerve Centre will support documentation of consultant-led review and delegation processes for inpatients. Increased the number of Acute Medicine consultants to provide better support on AMU/AAU, particularly at weekends. Educational work has been undertaken across all specialities to improve documentation of daily review and review delegation. Daily multidisciplinary consultant-led board rounds are in place on admission and assessment units and on acute inpatient wards, as the Trust is operating the SAFER	Self-Assessment approved by Board (Oct-19) submitted to NHS Improvement and 7DS progress reported and discussed with CCGs at CQRG. Standard 2 Routine Monitoring of via "Excellence in Care" programme audits indicates sustained compliance overall. Can now evidence >90% of patients seen by consultants within 14 hours of admission both on weekdays and at weekends Standard 2/5/6 both now compliant overall. Standard 8 partially compliant - not fully met at weekends. Trusts crude mortality has reduced and all indices of risk-adjusted mortality have improved substantially over the last 4 years: SHMI from 1.15 to 0.94, HSMR from 145		Not fully compliant with Standard 8 at weekends in a number of specialities where the formalised arrangement for consultant cover at weekends does not include a consultant-led ward round. Number of actions in place - recruitment, audit and improvement of Board Rounds Use of nerve centre to document consultant led review. Reaudit of compliance with standard 8 taking place end Mar 20	Mar-20	MD Q&S

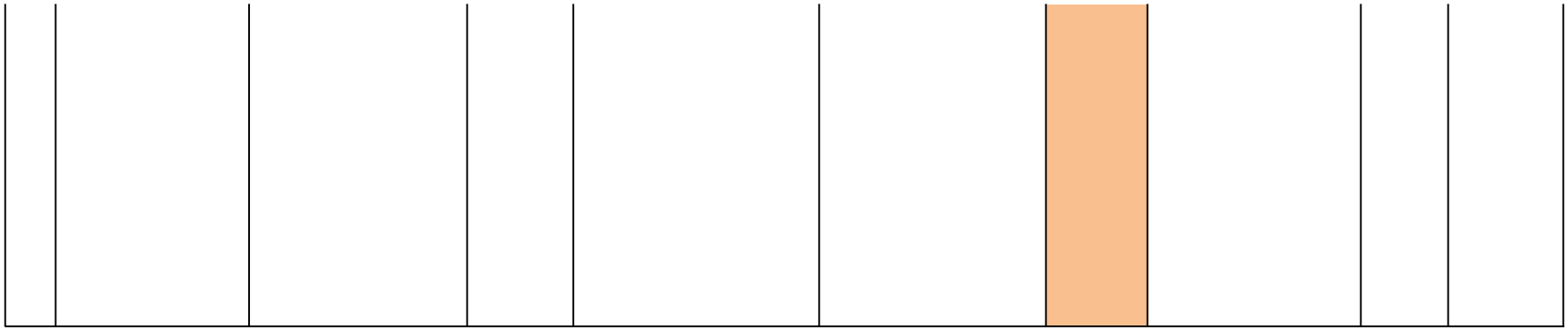
				approach to inpatient care.	to 74, with non-elective falling to 79 (acute peer group 90) and RAMI from 126 to 76 (Peers 89).				

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
Strategic Objective 4: 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.									
4.1	We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.	Revised Jan-20 4.1.1 Controls for financial delivery are established and robust, but the CIP challenge and financial plan for 2019/20 need continual monitoring and support. .	Moderate	New leadership has been put in place for the CIP programme, and a stronger link to Model Hospital and GIRFT has been established. Risk adjusted CIP programme in place and PID produced for each scheme. On plan at Month 9, but delivering CIP non-recurrently. Workstream leads have been asked for a resources review to ensure delivery. Full Divisional forecasts are complete and being reviewed for Month 9. Confirm and Challenge refreshed to support delivery of the CIP target. Developed financial 'solution' for the non-recurrent component of CIP delivery driven by delayed investment and is included in the draft plan for 2020/21.	Activity and delivery of CIPs regularly managed and monitored through accountability reviews, FISC and F&I. At Month 9, CIP has been fully delivered, and the Trust is delivering on the M5 financial plan – this includes set aside of planned contingency to mitigate non-delivery of CIP. However, work continues through Divisional meetings to both maintain contingency and to strengthen recurrent delivery of the programme.		CIP delivery to Q3 has a number of non-recurrent elements and full year programme was delayed in approval. Approval has now reached £19m of the £20m target, with a pipeline emerging to mitigate the remaining shortfall. Director of Finance regularly reviewing position with Programme Director and Deputy Director of Finance. .	On-going review and monitoring to end of Mar 20	DoF F&I



Board Assurance Framework - March 2020

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring Committee
4.2 4.3	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 We are unable to effectively align our finance, estate and IM&T infrastructure to effectively support our mission and strategic plan.	<u>Revised Jan-20</u> 4.2.1 The Trust is refreshing its 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.	Moderate	Capital plan for 2019/20 in place, following a robust prioritisation process, aligned with the Capital Resource Limit of £13.6m, and updated to £21.6m revised Capital Resource Limit. Essential work prioritised with estates, IT and medical equipment	Regular review by F&I and FISC committees A £13.8m fire costs bid has been approved by DHSC in September 2019, and will support delivery of key infrastructure investment and repairs over the next three years – but this represents only a component of the £95m estimated backlog maintenance cost. A further £3.9m of backlog maintenance and equipment was approved in December 2019. The Trust has been named as part of the HIP Programme (Phase 2) and has commenced dialogue with NHSI/E colleagues on next steps to secure significant funding over the next 3-5 years. . £5m bid development cost funding has been approved by DHSC.	▲ Dec-19	Delivering against the agreed capital plan remains challenging within a robust control framework. Capital Resource Group are holding spend within the current budget through monthly review of spend and forecast and careful prioritisation of the programme. Developing 10 year capital programme covering key areas of pressure and investment, aimed at supporting the Trust in delivery of the strategic plan. Will be considered by F&I.	On-going review and monitoring to end Mar-20	DoF F&I



Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Timescale	Lead and Monitoring Committee
4.3	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	Added Sept-17 4.3.1 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	Low	Initial works completed as planned including remedial works to existing compartment walls completed in Seaford and Hailsham Wards at DGH. Fire Safety Team in place and Trust has a Fire Strategy, Policy and Fire Risk Assessments undertaken. Fire Training and evacuation drills in place Fire Warden's in place and undertake Weekly Checks. Maintenance of active fire precautions eg automatic fire detection. emergency lighting and fire fighting equipment.	Regular communication and meeting with ESFRS to update on progress/provide assurance. Simulated patient safety exercise undertaken on Seaford ward in June 2019 - will support refinement of evacuation plans		NHSI funding confirmed Sept-19 in order to facilitate additional fire compartmentation works. This will improve infrastructure and ensure compliance with ESFRS requirements. Programme of works has commenced and decant works are in progress and due for completion on May '20 in order to commence the main scheme in July 2020.	end Sep-20	COO F&I

Ref	Strategic Risk	Strategic Threat	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of threat	Time-scale	Lead and Monitoring Committee
4.4	We are unable to respond to external factors and influences and still meet our organisational goals and deliver sustainability.	Added Nov-17 ~~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.~~ A large-scale cyber-attack could shut down the IT network and severely limits the availability of essential information and access to systems for a prolonged period which could have a detrimental impact on patient care	Low	Advanced Threat Protection (ATP) solution implemented to defend against hacking /malware. Regular scanning for vulnerability. Anti-virus and Anti-malware software in place with programme of ongoing monitoring. Client and server patching programme in place and monitored Process in place to review and respond to national NHS Digital CareCert notifications Policies and process in place to support data security and protection and evidence submitted to the DSPToolkit Self-assessment against Cyber Essential Plus Framework to support development of actions for protection against threats Education campaign to raise staff awareness - training ongoing with cyber	Information sharing and development with SESCSG Sussex and East Surrey Cyber Security Group Cyber Essential Plus Framework assessment reviewed by division and reported to audit committee Regular quarterly security status report to IG Steering Group and Audit Committee Trust was resilient to WannaCry ransomware attack (May 2017) Cyber security testing and exercises eg senior leaders participated in IT / Cyber exercise delivered by Police South-East Regional Police Organised Crime Unit (Nov-19)	Nov-17	Pursuing ISO27001 certification and engaging with national funded resources to assess and report on our current position against the Cyber Essential Plus framework. Further investment in monitoring solutions and to increase compliance with server patching will be addressed as part of digital programme.	end Jun-20	DF Audit Committee

Ref	Risk	Gap	Risk Tolerance	Controls	Assurance	Current Progress RAG	Update/Further action required to reduce level of risk	Time-scale	Lead and Monitoring 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.									
5.1	We are unable to effectively recruit our workforce and to positively engage with staff at all levels.	Added 2015 5.1.1 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	High	Workforce strategy aligned with workforce plans, strategic direction and other delivery plans Ongoing monitoring of Recruitment and Retention Strategy Workforce metrics Quarterly CU Reviews to determine workforce planning requirements. Review of nursing establishment quarterly Medacs supporting recruitment In house Temporary Workforce Service to facilitate bank and agency requirement Full participation in HEKSS Education commissioning process	Success with some hard to recruit areas e.g. A&E, Histopathology, Stroke and Acute Medicine. Trust overall Time to hire holding at 72 days. (inc advertising/notice period) Labour turnover (10.1% November 2019 vs 11.3% November 2018). Trust net vacancy trending at 9.5% in November 2019 an increase of .3% since year start. Predicted year end finish 9.5%.		Medical recruitment, hard to fill posts - 11 candidates in place sourced via Medacs, a further 6 posts at offer Since May 2019 95 Band 5 Indian nurses arrived at Trust, with a further 25 due to arrive before March 2020. Additional nurses c100 to be sourced for 2020/21 - contract being negotiated. Continued International sourcing of Medical candidates, including Radiographers and Sonographers. A further 2 International Radiographers due to start with Trust in March 2020.	ongoing to end Mar-20	DHR POD

NHS Provider Licence Conditions - Annual Self-Certification

Meeting information:			
Date of Meeting:	7th April 2020	Agenda Item:	
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? No	

Summary:

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

Each year NHS trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence and that they have complied with governance requirements. We need to self-certify the following after the end of each financial year end:

- **That we have taken all precautions necessary to comply with the licence, NHS acts and NHS Constitution (Condition G6(3)).**

  This condition requires NHS trusts to have processes and systems that a) identify risks to compliance and b) take reasonable mitigating actions to prevent those risks and a failure to comply from occurring. We must annually review whether these processes and systems are effective and publish our G6 self-certification by the end of June.

- **That we have complied with required governance arrangements (Condition FT4(8)).**
  We are required to review whether our governance systems achieve the objectives set out in the licence condition. There is no set approach to meeting these standards and objectives but NHSi expect any compliant approach to involve effective board and committee structures, governance framework including performance and risk management systems.

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

Audit Committee reviewed the Draft Annual Governance Statement April 20

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD

Based on the evidence highlighted in Appendix A, it is recommended to the Board that the 'Condition G6' Self-Certification is formally signed-off as **"Confirmed".**

Based on the evidence highlighted in Appendix B, it is recommended to the Board that the 'Condition FT4 (8)' Self-Certification is formally signed-off as **"Confirmed".**

The self-certification template (below) will then be signed off and published on the Trust website by the end of June deadline.

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature	Signature
Name	Name
Capacity [job title here]	Capacity [job title here]
Date	Date

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A

FT4 Annual Corporate Governance Statement

1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS	Confirmed	As evidenced in the Annual Governance Statement
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Board reporting cycle and seminars allow new guidance to be brought to the Boards attention as required
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	Governance framework in place with effective governance structure from "Floor to Board". Accountability framework developed and action plan in place to embed. Annual review of committee structure and effectiveness in place and revisions made if review highlights any requirements.

4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	Annual Governance Statement, Quality account along with Annual Report document compliance with regulatory requirements and the Trust's governance and risk framework. Robust external and internal audit processes in place with escalation of any concerns on key internal controls and processes. Regular board and sub-committee meetings includeoversight of performance information, financial information, the corporate risk register and workforce. Challenges in meeting some NHS Constitutional requirements, particulary A&E 4 hour standard and 62 day cancer requirement. Actions in place to support improvement and monitored through Board Committee structure and Board. CQC inspection demonstrated significant improvement and Trust rated "Good" overall. Trust removed from both Special Measures for Quality and Finance.

APPENDIX ONE

Compliance with the Provider Licence Conditions

SECTION 1: GENERAL CONDITIONS

	Licence Condition:	Explanation:	Board Assurance:	Lead Director(s):
G1.	Provision of information	This condition requires licensees to provide NHSI/E with any information they may require for licencing functions.	ESHT has robust data collection and validation processes and the proven ability to submit large amounts of accurate, complete and timely information to regulators and other third parties to meet specific requirements.	Director Finance Chief Operating Officer
G2.	Publication of information	This condition contains an obligation for all licensees to publish such information as NHSI/E may require, in a manner that is made accessible to the public.	ESHT is committed to operating in an open and transparent manner. The Board meets in public and agendas, minutes and associated papers are published on the Trust website. The website also contains information and referral point details providing advice to the public and referrers who may require further information about services. Copies of the Trust's Annual Report and Accounts and Quality Account are published on the website and the Trust operates a Freedom of Information publication scheme.	Chief Executive Director of Corporate Affairs
G3	Payment of fees to NHSI	The Health & Social Care Act 2012 ("The Act") gives NHSI the ability to charge fees and this condition obliges licence holders to pay fees to NHSI if requested.	NHSI does not currently charge fees. However, the obligation to pay fees is a condition and will be accounted for within the Trust's financial planning as required. ESHT pays fees to other parties such as the Care Quality Commission and NHS Resolution	Director of Finance

	Licence Condition:	Explanation:	Board Assurance:	Lead Director(s):
G4	Fit and Proper Persons (FPP)	This condition prevents licensees from allowing unfit persons to become or continue as Governors or Directors (or those performing similar or equivalent functions).	All members of the Board and their deputies who may 'act up' into a Board role have been subject to a Disclosure & Barring Service (DBS) check. FPP checks are made upon appointment and Board members are required to sign an annual declaration that they remain a FPP. The CQC reviewed the Trust's Fit and Proper Persons compliance in December 2019 and found the Trust to be compliant. The Trust will review and respond to any FPP requirements following national consideration of the Kark review.	Director of Human Resources
G5	NHS Guidance	This condition requires licensees to have regard to any guidance that NHSI issues.	The Trust has had regard to NHSI guidance through submission of required annual and quarterly planning requirements, declarations and exception reporting.	Director of Finance Chief Operating Officer
G6	Systems for compliance with licence conditions and related obligations	This requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements.	The Trust has a robust governance framework in place as outlined in the Annual Governance Statement. The Board and its sub Committees (Audit Committee, Quality and Safety Committee, People and Organisational Development Committee and Finance and Investment and Strategy Committee) receive regular reports and supporting data analysis covering patient safety, clinical quality, patient experience, workforce, performance and finance. All Committees undertake a review of their annual work programme and	Chief Executive Director of Corporate Affairs

			effectiveness and revisions are made as required. The Trust has a Risk Management Strategy and processes are in place to enable identification, management and mitigation of current risk and anticipation of future risk. The Risks are identified through incident reporting, risk assessment reviews, clinical audits and other clinical and non- clinical reviews with a clearly defined process of escalation to risk registers. The Board Assurance Framework is reviewed by the Board and its sub committees. The Board has regard to the NHS Constitution, compliance and actions are in place to support delivery and achievement of trajectories.	
G7	Registration with the Care Quality Commission	This licence condition requires providers to be registered with the Care Quality Commission and to notify NHSI if registration is cancelled.	The Trust is registered with the Care Quality Commission without condition.	Chief Executive Director of Corporate Affairs
G8	Patient eligibility and selection criteria	This condition requires licence holders to set transparent eligibility and selection criteria for patients and to apply these in a transparent manner.	The Trust publishes descriptions of the services it provides and who the services are for on the Trust website. Eligibility is defined through commissioners' contracts and the choice framework. Assurance is gained through the patient's assessment stages to ensure that the appropriate services are provided.	Chief Operating Officer

	Licence Condition:	Explanation:	Board Assurance:	Lead Director(s):
G9	Application of Section 5 (Continuity of Services)	This condition applies to all licensees. It sets out the conditions under which a service will be designated as a Commissioner Requested Service. Licensees are required to notify NHSI at least 28 days prior to the expiry of a contractual obligation if no renewal or extension has been agreed. Licensees are required to continue to provide the service on expiry of the contract until NHSI issues a direction to continue service provision for a specified period or is advised otherwise. The conditions when Commissioner Requested Services (CRS) shall cease is set out. Licencees are required under this Condition, to notify NHSI of any changes in the description and quantity of services which they are under contractual or legal obligation to provide.	Requested Services are set within the contracts agreed with commissioners. The Trust has effective working relationships with its commissioning partners within the local health economy. The Finance Director is responsible for leading on contract negotiations and across the Trust there is partnership working to deliver service transformation, efficiency and quality improvement to meet the needs of the local population. Regular meetings take place with NHSI/E and they are notified prior to the expiry of a contractual obligation if no renewal or extension has been agreed.	Chief Executive Director of Finance Chief Operating Officer

SECTION 2 PRICING

	Licence Condition:	Explanation:	Board Assurance	**Lead Director**
P1.	Recording of information	Under this condition, NHSI may oblige licensees to record information, particularly information about their costs, in line with national guidance.	The Trust records all of its information about costs in line with current guidance.	Director of Finance
P2.	Provision of information	Having recorded the information in line with Pricing condition 1 above, licensees can then be required to submit this information to NHSI.	The Trust complies with any requirements to submit information to NHSI.	Director of Finance
P3.	Assurance report on submissions to NHSI	When collecting information for price setting, it will be important that the submitted information is accurate. This condition allows NHSI to oblige licensees to submit an assurance report confirming that the information that they have provided is accurate.	The Audit Committee receives and monitors all Internal Audit reports	Director of Finance
P4.	Compliance with the national tariff	The Health and Social Care Act 2012 requires commissioners to pay providers a price which complies with, or is determined in accordance with, the National Tariff for NHS health care services. This licence condition imposes a similar obligation	The Trust is on a PbR contract for acute provision and community services are on a block contract. Any local variation is in line with national guidance.	Director of Finance

		on licensees, i.e. the obligation to charge for NHS health care services in line with the National Tariff.		
P5.	Constructive engagement concerning local tariff modifications	The Act allows for local modifications to prices. This licence condition requires licence holders to engage constructively with commissioners, and to try to reach agreement locally, before applying to NHSI for a modification.	As above	Director of Finance

SECTION 3: CHOICE AND COMPETITION

	Licence Condition:	Explanation:	Board Assurance	**Lead Director**
C1.	Patient Choice	This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. This condition applies wherever patients have a choice under the NHS Constitution, or where a choice has been conferred locally by commissioners.	The Trust complies with patient's right to choose and the choice framework	Chief Executive
C2.	Competition Oversight	This condition prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users. It also prohibits licensees from engaging in other conduct that has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	All licensed provider organisations are treated as 'undertakings' under the terms of the Competition Act 1998. This means that as a licensed provider the Trust is deemed to be an organisation engaging in an 'economic activity' and therefore is required to comply with the Competition Act. The Board and Executive Management team has access to expert legal advice to ensure compliance with this condition.	Chief Executive

SECTION 5: CONTINUITY OF SERVICES

	Licence Condition:	Explanation:	Board Assurance	Lead Director
CoS1.	Continuing provision of Commissioner Requested Services	This condition prevents licensees from ceasing to provide Commissioner Requested Services, or from changing the way in which they provides Commissioner Requested Services, without the agreement of relevant commissioners.	As for condition G9 above.	
CoS 2.	Restriction on the disposal of assets	This licence condition ensures that licensees keep an up to date register of relevant assets used in the provision of Commissioner Requested Services. It also creates a requirement for licensees to obtain NHSI's consent before disposing of these assets when there is concern about the ability of the licensee to carry on as a going concern.	The Finance Department maintains a capital asset register. The Trust complies with requirements regarding disposal of assets.	Director of Finance
CoS 3.	Standards of Corporate Governance and Financial Management	This condition requires licensees to have due regard to adequate standards of corporate governance and financial management. The Risk Assessment Framework will be utilised by NHSI to determine compliance	The Trust has adequate systems and standards of governance, oversight by the Board and establishment and implementation of associated governance systems and processes including those relating to quality and financial management. Refer to the Trust Annual Governance Statement and Annual Report	Chief Executive Director of Finance/Director of Corporate Affairs

CoS 4.	Undertaking from the ultimate controller	This condition requires licensees to put in place a legally enforceable agreement with their 'ultimate controller' to stop ultimate controllers from taking any action that would cause licensees to breach the license conditions. This is best described as a 'parent/subsidiary company' arrangement. **If no such controlling arrangements exist then this condition would not apply.** Should a controlling arrangement come into being, the ultimate controller will be required to put in place arrangements to protect the assets and services within 7 days. Governors, Directors and Trustees of Charities are not regarded by NHSI as 'Ultimate Controllers'.	The Trust is a Public Benefit Corporation and neither operates or is governed by an Ultimate Controller arrangement so this licence condition would not apply.	Not applicable
CoS 5.	Risk Pool Levy	This licence condition obliges licensees to contribute, if required, towards the funding of the 'risk pool' – this is like an assurance mechanism to pay for vital services if a provider fails.	The regulatory Risk Pool Levy has not come into effect to date. The Trust currently contributes to the NHS Resolution pool for clinical negligence, property expenses and public liability schemes.	Director of Finance

CoS 6.	Cooperation in the event of financial stress	This licence condition applies when a licensee fails a test of sound finances, and obliges the licensee to cooperate with NHSI and any of its appointed persons in these circumstances in order to protect services for patients.	The Trust was removed from Financial Special Measures in 2019 and co-operates fully with NHSI in ensuring it meets its licence obligations.	Director of Finance
CoS 7.	Availability of Resources	This licence condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.	As with the provision of Mandatory Services, the Trust has well established services in place and currently provides all of the Commissioner Requested Services to a high standard. The Trust has forward plans and agreements in place with commissioners that meet this condition.	Director of Finance

SECTION 6: NHS FOUNDATION TRUST CONDITIONS

	Licence Condition:	Explanation:	Board Assurance	Lead Director
FT1.	Information to update the register of NHS Foundation Trusts.	This licence condition ensures that NHS Foundation Trusts provide required documentation to NHSI. NHS Foundation Trust Licensees are required to provide NHSI with: • a current Constitution; • the most recently published Annual Accounts and Auditor's report; • the most recently published Annual Report; and • a covering statement for submitted documents.	The Trust is not an FT and therefore does not have a constitution. Annual Accounts, Auditors Report and Annual Report are all published.	Director of Corporate Affairs
FT2.	Payment to NHSI in respect of registration and related costs.	If NHSI moves to funding by collecting fees, they may use this licence condition to charge additional fees to NHS Foundation Trusts to recover the costs of registration.	Not applicable. See G3 above.	Not applicable
FT3.	Provision of information to advisory panel.	The Act gives NHSI the ability to establish an advisory panel that will consider questions brought by governors. This licence condition requires NHS Foundation Trusts to provide the information requested by an advisory panel.	Not applicable as Trust does not have governors.	Not applicable

7 Day Hospital Services (7DS) Board Assurance Framework

Meeting information:	
Date of Meeting: 7th April 2020	Agenda Item: 7DS Self-Assessment March 2020
Meeting: Trust Board	Reporting Officer: Dr David Walker

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 1459, 1616, 1772	

Summary:

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

The 7 Day Hospital Services (7DS) Programme aims to deliver improvements for patients by supporting providers of acute services to tackle variation in outcomes for patients admitted to hospitals in an emergency. Overall there are 10 clinical standards for 7DS, of which four clinical standards were prioritised by NHS England (NHSE) and NHS Improvement (NHSI) for delivery by April 2020.

In November 2018, NHSE and NHSI introduced a Board Assurance Framework, replacing a series of 6 monthly audits. The BAF was implemented with a trial period followed by full implementation from March 2019. This is the Trust's third report using the new framework, the first having been submitted in March. It summarises the current self-assessment, to be submitted to NHSE/I by 28th November.

Standard 2 (initial consultant review within 14 hours of admission) - we are achieving this throughout the week.

Standard 5 (access to key diagnostics) and **Standard 6** (access to key therapeutic services) – we have been compliant, since the provision of the 24/7 emergency GI endoscopy service in April 2019.

Standard 8 (ongoing senior review) has remained a challenge, but the most recent audit, in March 2020, demonstrates that the Trust is now compliant, with 96% of patients overall, and 92.1% of patients at weekends, requiring daily review and 100% of patients requiring twice daily review (ITU & HDU patients). The establishment of Nerve Centre will support this but there are also elements of behavioural change, particularly in documentation, to be achieved.

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

N/A

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

The Board is asked to note the self-assessment against the 7DS clinical standards and the progress that has been made to improve delivery of the priority 7DS clinical standards at ESHT.

7 Day Hospital Services (7DS) Board Assurance Framework

1. Introduction

- The 7 Day Hospital Services (7DS) Programme aims to deliver improvements for patients by supporting providers of acute services to tackle variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England.
- Overall there are 10 clinical standards for 7DS. Four of those clinical standards have been made priorities for delivery by April 2020, by NHSE and NHSI.
- To enable tracking of progress in achieving the four priority 7DS clinical standards, ESHT has submitted a self-assessment survey and audit to NHS England since 2016.
- In November 2018, NHS England and NHS Improvement introduced a new template for self-assessment, to ensure that providers can produce a single consistent report for national reporting, in conjunction with a board assurance framework for provider boards provide evidence-based assurance of delivery of 7DS. The new process requires provider organisation Boards to self-assess performance twice per year; in spring and autumn.
- This is the Trust's second report using this framework and provides an overview of the work undertaken at ESHT in relation to 7DS to enable the Trust board to confirm their assurance of the assessment of delivery.

2. Priority 7DS clinical standards and how achievement is measured

- The four priority standards are aimed at ensuring that patients admitted in an emergency receive the same high quality care at any time of day, on any day of the week, by ensuring that patients have access to initial consultant assessment (clinical standard 2), access to diagnostics and interventions (clinical standards 5 and 6), and ongoing consultant-directed review (clinical standard 8).
- Achievement of each standard requires meeting the level of care for at least 90% of patients admitted in an emergency. Self-assessment of achievement must be supported by local evidence, and be formally assured by the Trust board.
- Published guidance on the 7DS board assurance framework requires the self-assessment to be evidenced by local data. An overview of the required sources of evidence for the priority clinical standards is provided below:

Clinical standard 2 – First consultant review within 14 hours Three sources of evidence: i) Triangulation of consultant job plans to deliver 7DS ii) Local audits to provide evidence iii) Reference to wider performance and experience measures	**Clinical standard 5 – Access to consultant-directed diagnostics** Assessment based on weekday and weekend availability of six diagnostic tests to appropriate timelines, either on site or by formal arrangement with another provider
Clinical standard 6 – Access to consultant-led interventions Assessment based on weekday and weekend availability of nine interventions on a 24-hour basis, either on site or by a formal arrangement with another provider	**Clinical standard 8 – Ongoing consultant-directed review** Four sources of evidence: i) Triangulation of consultant job plans to deliver 7DS ii) Evidence of robust multi-disciplinary (MDT) and escalation protocols iii) Local audits to provide evidence iv) Reference to wider performance and experience measures

- The template enables providers to record an assessment of 7DS delivery in each of the four priority standards for both weekdays and weekends, by selecting from a list of pre-determined options that generate an automatic calculation of the overall score.

- The measurement template also captures detail on 7DS in urgent network specialist services and all of the other 7DS clinical standards.

3. Assessment of achievement against the 7DS priority clinical standards at ESHT

- This section provides an overview of the self-assessment against achievement of the priority 7DS clinical standards. The completed self-assessment template can be found in Appendix1 and a summary has been provided below.

Clinical Standard	Weekday	Weekend	Overall Score
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	Yes, the standard is met for over 90% of patients admitted in an emergency	**Standard Met**
Clinical Standard 8	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	**Standard Met**
	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

Clinical Standard	Diagnostic	Weekday	Weekend	Overall Score
Clinical Standard 5	Microbiology	Yes available on site	Yes available on site	**Standard Met**
	Computerised Tomography (CT)	Yes available on site	Yes available on site	
	Ultrasound	Yes available on site	Yes available on site	
	Echocardiography	Yes available on site	Yes available on site	
	Magnetic Resonance Imaging (MRI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
	Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical Standard	Intervention	Weekday	Weekend	Overall Score
Clinical Standard 6	Critical Care	Yes available on site	Yes available on site	**Standard Met**
	Interventional Radiology	Yes available on site	Yes available on site	
	Interventional Endoscopy	Yes available on site	Yes available on site	
	Emergency Surgery	Yes available on site	Yes available on site	
	Emergency Renal Replacement Therapy	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
	Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
	Stroke Thrombolysis	Yes available on site	Yes available on site	
	Percutaneous Coronary Intervention	Yes available on site	Yes available on site	
	Cardiac Pacing	Yes available on site	Yes available on site	

3.1. Clinical standard 2: First consultant review within 14 hours

- Consultant job plans are in place across medicine and general surgical specialities to deliver compliance with clinical standard 2.

- All medical specialties participating in the general medical acute rota have in place consultant or senior staff rotas to enable review of medical patients within 14 hours, using a combination of GIM consultant of the day and AMU consultants, with on-site cover provided from 0800 to 2000, though many consultants start earlier in the morning and are present till 9pm evening shift change or later

- General surgery has a consultant of the day on the Surgical Assessment Unit (SAU), available to see patients from 0800 to 2000 throughout the week.

- In some subspecialties the formalised arrangement for consultant cover has provided insufficient cover to deliver review within 14 hours, in particular ENT, Urology (Risk Register # 1459, 1616, 1772)

    - ENT is unable to staff a 7/7 consultant rota due to recruitment difficulties. This is currently being mitigated by employing an associate specialist and a locum and this arrangement has been discussed with the CCGs.
    - Urology operates a consultant of the day rota. The commitments of the daily consultant have been adjusted to support senior review within 14 hours 7 days per week.

- From November 2018, we have monitored the rate of review within 14 hour standard, by ward, on a monthly basis as part of the “Excellence in Care” programme. This audit samples between 400 and 460 inpatients each month. These audits indicate that, apart from a slight dip in weekend performance in September, overall compliance with Standard 2 has been above the 90% since November 2018.

Month	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Weekday %	95.1	92.8	92.9	90.3	93.9	96.0	93.4	91.8	93.7	92.0
Weekend %	90.3	94.0	94.0	94.2	88.0	91.0	96.9	98.1	92.7	92.6

- Introduction of the Nerve Centre (live bed state system) across the Trust will support tracking of patients and their review within 14 hours

Improvements made so far:

- We have increased the number of Acute Medicine consultants to provide better support on AMU/AAU, particularly at weekends.

- Since December 2018 An Excel-based electronic record (the “Pink List”) has been in use from on our Acute Medical Unit (AMU) at EDGH to enable more reliable tracking of patients referred, the time of their admission clerking and the time of consultant review. A similar arrangement is in place at Conquest using the clinical portal eSearcher.

- The Trust has purchased “Nerve Centre”; a clinical management system used by many acute Trusts. Real time bed state has been introduced, though yet to reach its full potential and full roll-out has been delayed. A re-launch is planned for August. Clinical management software modules, supporting tracking of patients and their review within 14 hours, handover and Hospital at Night functions, and enabling documentation of delegated review of inpatients, will follow. This should generate patient and task lists for medical staff, and provide a robust mechanism for monitoring performance against this clinical standard.

3.2. Clinical standard 5: Access to consultant-directed diagnostics

- The Trust has met Standard 5 overall since April 2019. Further details of the specific diagnostic services are in the Appendix.

- A cross-site 24/7 acute Upper GI bleeding rota has been fully operational since 15 April 2019, following which the Trust became fully compliant for this standard for all diagnostics.

3.3. Clinical standard 6: Access to consultant-led interventions

- Likewise the Trust now meets Standard 6 overall. Compliance against clinical standard 6 is based on a combination of weekday and weekend assessments with equal weighting to availability at weekdays and weekends. To achieve compliance, the Trust must comply with 17 out of 18 instances.
- The lack of a fully functional 7 day GI bleeding rota enabling endoscopic intervention had prevented us achieving this standard. Since the implementation of the 24/7 GI Bleed service in April 2019, we have become compliant with Standard 6.

3.4. Clinical Standard 8: Ongoing consultant-directed review

- The Trust's most recent audit, in March 2020, indicates that we are now compliant with this standard:
- Twice daily review was 100% in our intensive care and high dependency units throughout the week
- Once daily review overall was 96% and at weekends was 92.2%.
- Specialty teams at ESHT also conduct daily multidisciplinary consultant-led board rounds on our assessment units and on acute inpatient wards during weekdays.
- Daily handover lists, on eSearcher, are used for patients requiring delegated review overnight and over the weekend. Indicating which grade of staff is needed for individual patient review
- Documentation of need for medical review and delegation of consultant review has been a considerable challenge, but has improved very considerably in recent months, following a concerted educational drive to alert and remind all clinical staff of the documentation requirements for patient reviews.
- Daily board rounds have been in place on wards in the two acute hospitals but the attendance and function of these is currently variable; likewise documentation of board round decisions and delegation of review has been a challenge. The full deployment of Nerve Centre, planned for August, will support this and should provide individual clinical staff with their specific daily review lists.
- Patient observations are recorded electronically on VitalPAC. This automatically calculates NEWS scores and alerts medical and/or ITU outreach staff to patients whose condition is deteriorating.

Actions

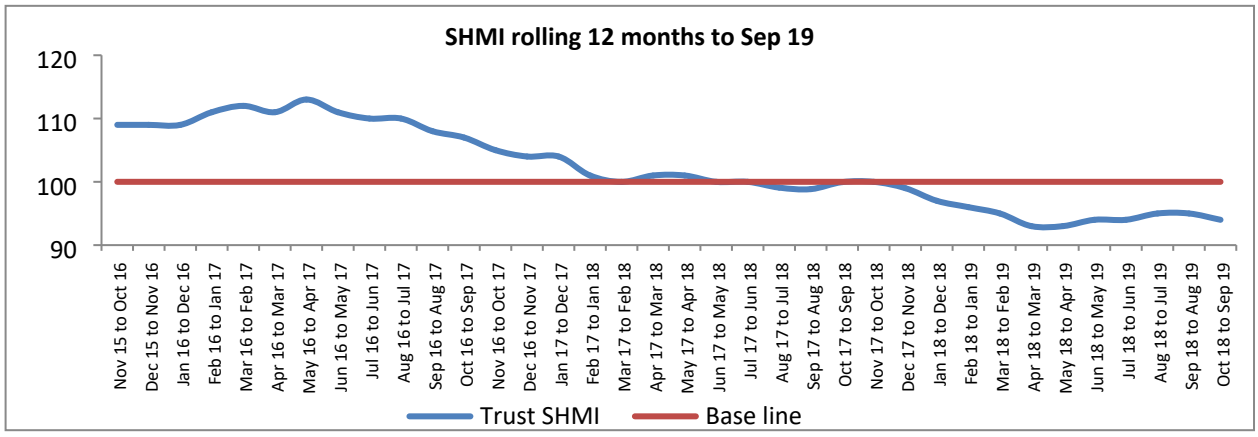
- We continue recruitment efforts to increase consultant numbers across a range of specialties including ENT, Urology, Stroke, and Acute Medicine. This includes a recruitment arrangement with Medacs, to source suitably qualified staff from overseas.
- Educational work continues across all specialities to maintain appropriate documentation of daily review and delegation of review.
- The Nerve Centre system, purchased late in December 2018, incorporates a more reliable mechanism to document when a consultant-led review has taken place, and provide a robust mechanism to document delegation and time of review of inpatients, generate specific review lists for clinical staff and ensure appropriate review, by consultants or juniors, particularly at weekends.
- There has been some slippage in the timescale of full Nerve Centre implementation, with some due to technical issues to be overcome, and re-launch is planned for August, accompanied by educational and training programmes for all clinical staff.

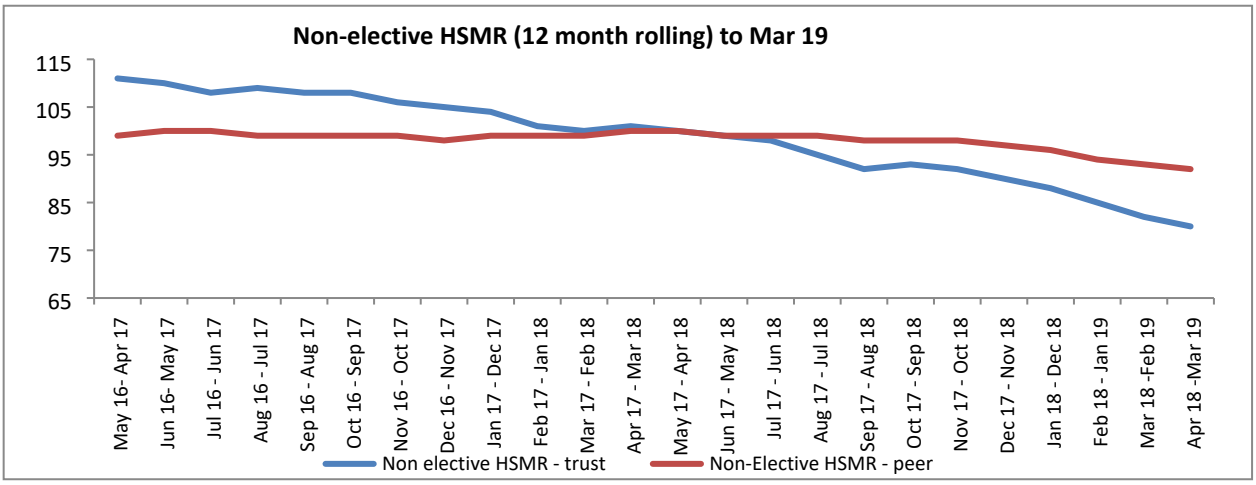
4. Effects on quality of care

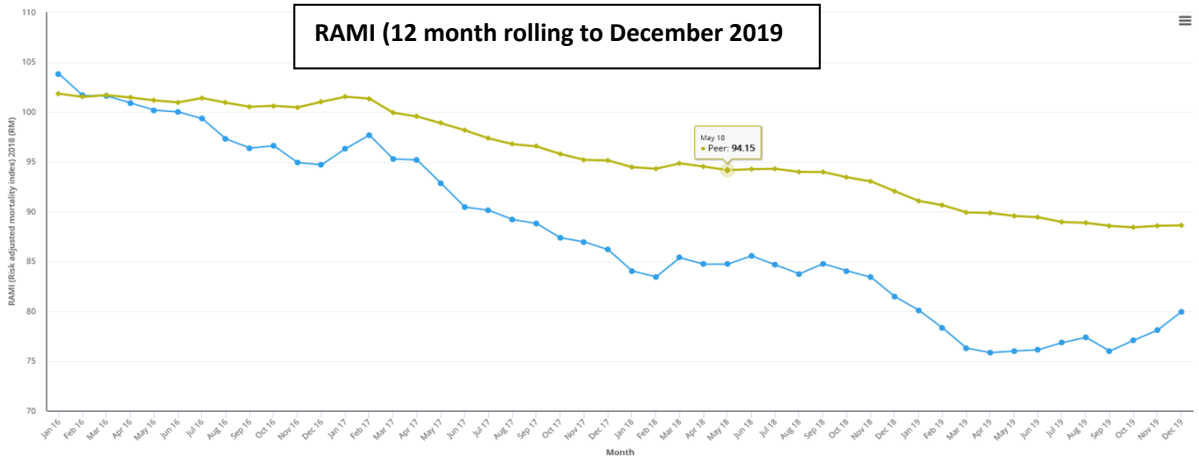
The changes that the Trust has made in achieving progress in the four core standards, and in the other 7 Day Services standards, both internally and in partnership with other organisations in the local health and social care partners, have contributed to a sustained improvement in a number of objective parameters

4.1 Mortality

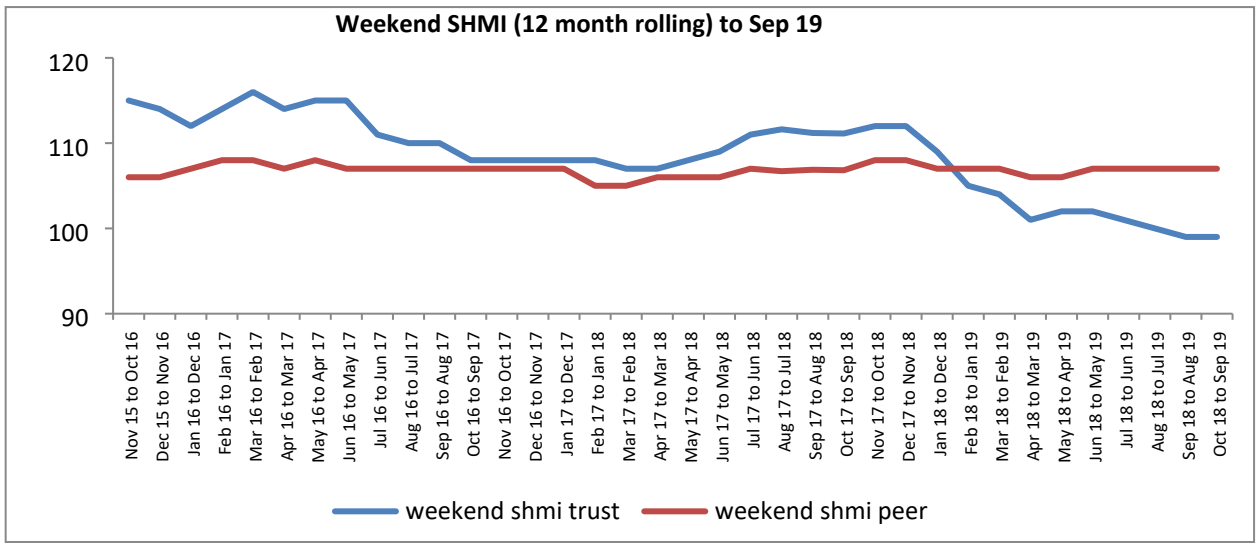
- We have seen a decrease in all the standard indices of mortality over the last 3 years.

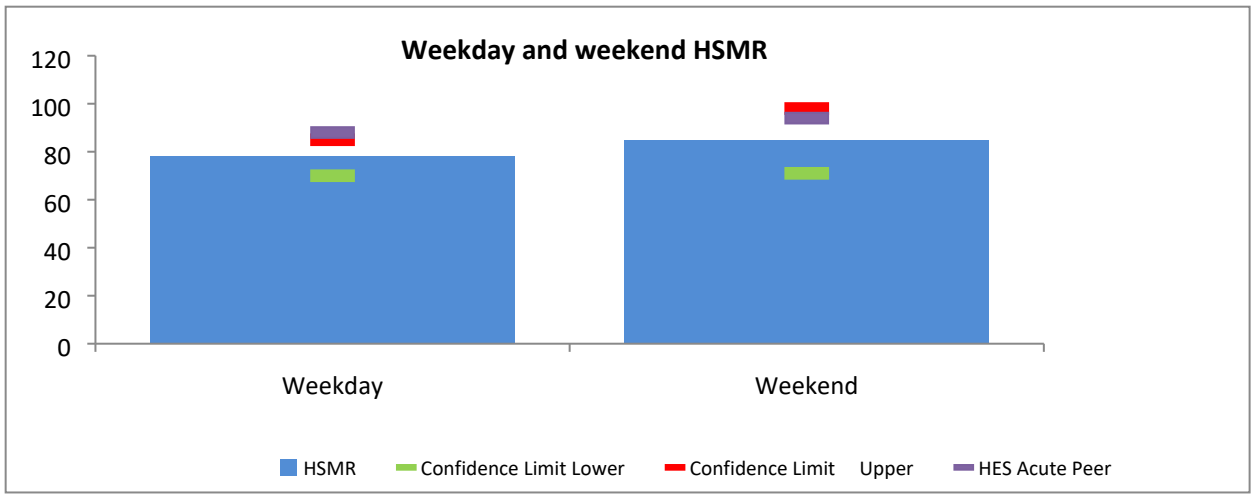






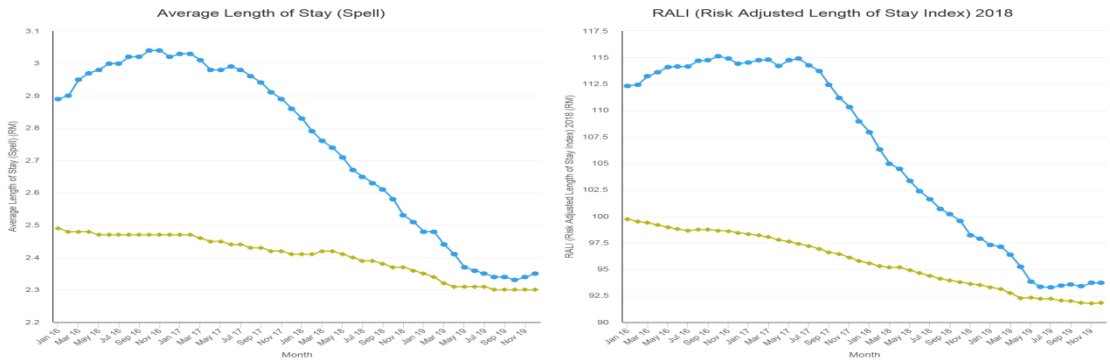
- Both weekend and weekday mortality have improved, with the Trust now lying at or below (better then) the national average



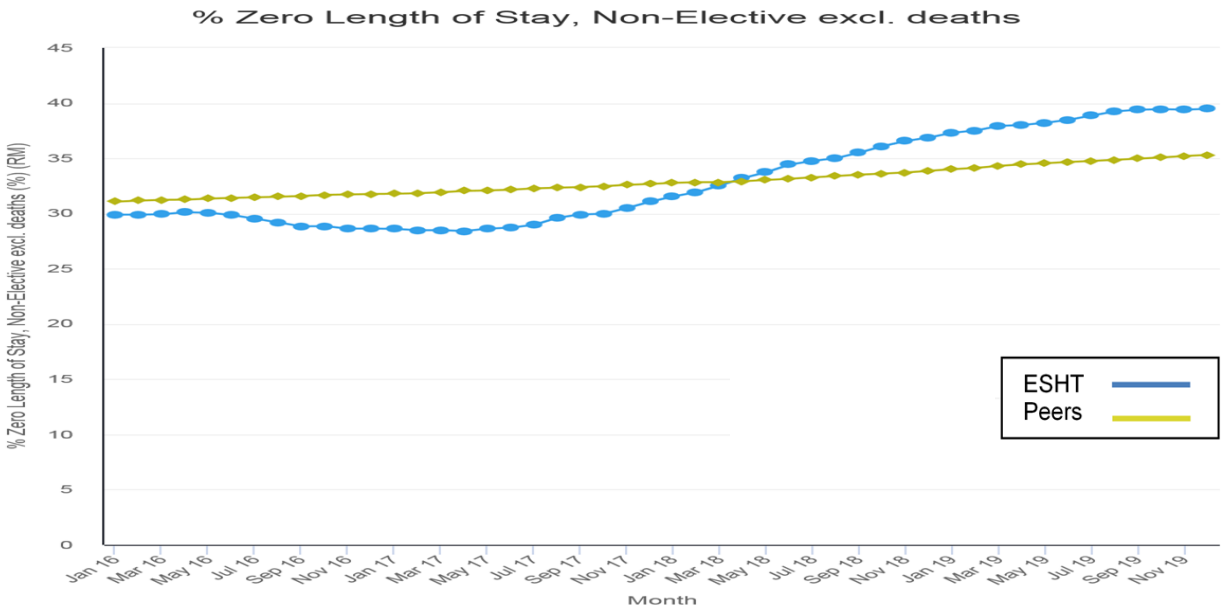


4.2 Length of stay

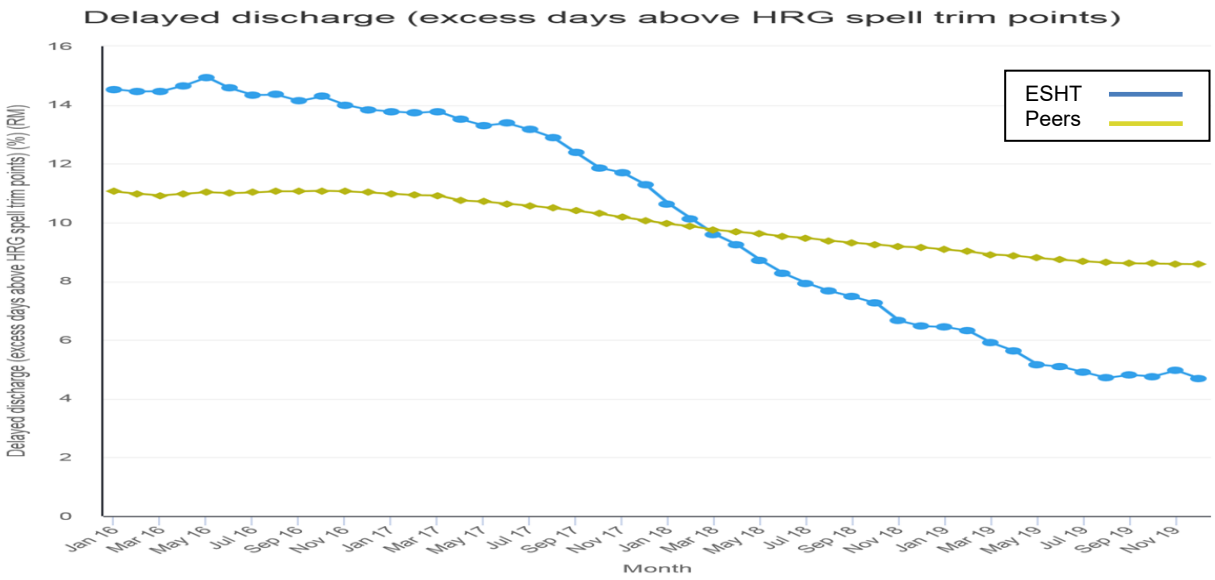
- Since November 2016 average length of stay has reduced from 3.04 to 2.29 days and risk-adjusted length of stay index has similarly improved.



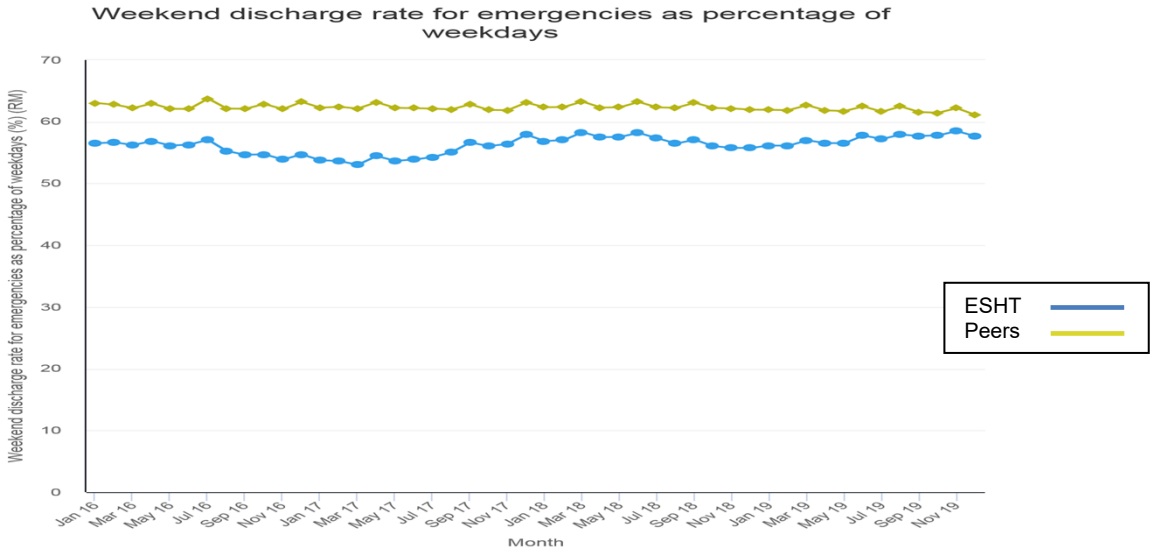
- The proportion of patients with zero length of stay (“same day discharge”) increased substantially from 26.4% to 39.7% (national 35.2%). This is due both to the increased consultant presence at entry points (eg AMU/AAU, SAU. PAU) and to the investment in the Ambulatory Emergency Care service.



- There has been a major reduction in the number of delayed discharges over the last two years, the Trust now having substantially fewer than national average.



- Weekend discharges as a proportion of weekday discharges have improved gradually over the last two years with 12 month rolling values increasing from 53.0% in March 2017 (national 62.3%) to 58.5% in November 2019 (national 61.1%). They remain below the national acute average, but this may be a reflection of the local demographic, with high numbers of extreme elderly (>85 yrs).



Recommendations and next steps

The Trust board is asked to note the progress that has been made in delivering the priority 7DS clinical standards at ESHT, particularly the achievement of Standards 2, 5 and 6.

Although the current self-assessment indicates that the Trust does not yet meet standard 8 (ongoing consultant-directed review), particularly at weekends, this is now the main focus of ere are plans identified to improve delivery.

The Trust improvement plan for 7DS includes:

- Continuing to develop divisional improvement plans for delivering against the 7DS standards, particularly Standard 8.
- Continuing recruitment of additional consultants in specialties with vacancies.
- Recruitment of other scarce staff groups, including ultrasound and cardiac technicians.
- Using Nerve Centre as a reliable mechanism to support delivery of standards 2 and 8 by:
    - Providing patient and task lists for medical staff
    - Enabling documentation of Board Round decisions, acuity, delegation of review and completion of daily review.
- Pending the full implementation of Nerve Centre, continuing to strengthen documentation of delegated review, board and ward round rounds, and handover lists.

Dr James Wilkinson
Assistant Medical Director (Quality & Innovation)

Dr David Walker
Medical Director

7 Day Hospital Services Self-Assessment

Organisation	**East Sussex Healthcare NHS Trust**
Year	**2020/21**
Period	**Spring/Summer**

NHS

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	ESHT has consultant job plans in place across medicine and general surgical specialities to deliver compliance with clinical standard 2. • All medical specialties participating in the general medical acute rota have in place consultant or senior staff rotas to enable review of medical patients within 14 hours, using a combination of GIM consultant of the day and AMU consultants, with on-site cover provided from 0800 to 2000, though many consultants start earlier in the morning and are present till 9pm evening shift change or later • General surgery has a consultant of the day on the Surgical Assessment Unit (SAU), available to see patients from 0800 to 2000. • The "Excellence in Care" audits indicate that overall compliance with Standard 2 has been consistently above the 90% standard since Nov-18 . • From May 2019, this audit has differentiated weekday and weekend admissions and confirms both weekend and weekday compliance with standard 2 since May 2019, with the exception of September, in which weeekend compliance dipped to 88%. A separate audit of weekend admissions to the AMU at Eastbourne from 13/4/19 to 11/5/19 indicated 90.5% (182/201 patients seen within 14 hours), supporting the validity of the of the EiC audits. Performance at weekends in some surgical subspecialties which have significant medical staffing gapsa number of specialties where the formalised arrangement for consultant cover provides insufficient cover in order to deliver review within 14 hours: • ENT is unable to staff a 7/7 consultant rota due to recruitment difficulties. This is currently being mitigated by employing an associate specialist and a locum. We have discussed this arrangement with the CCGs over the last year at the clinical quality review group (CQRG)and they have expressed no concerns about the mitigating arrangements. • Urology has a shortfall in consultant and middle grade staff but operates a consultant of the day rota. The	Yes, the standard is met for over 90% of patients admitted in an emergency	Yes, the standard is met for over 90% of patients admitted in an emergency	Standard Met

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
	• Microbiology advice is available 24/7 from the microbiology consultant on call. Urgent lab investigations (eg CSF samples) are accessible 24/7 via the onsite medial scientists. • Ultrasound is provided by a combination of scheduled lists on weekdays and Saturdays. Emergency access is via the interventional radiology service 24/7 but also we have increasing numbers of senior staff in the Emergency and Acute Medicine departments trained in fast scanning to cover basic, essential ultrasound needs. • Echocardiography in standard working hours is mainly provided by Echo technicians	Echocardiography	Yes available on site	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Met
		Interventional Radiology	Yes available on site	Yes available on site	
		Interventional Endoscopy	Yes available on site	Yes available on site	
		Emergency Surgery	Yes available on site	Yes available on site	
	• Critical Care (HDU/ITU) operates at both sites. • Interventional radiology is serviced by a24/7 acute cross-site consultant IR rota. • Acute Surgery is based at the Conquest site. Recognised or suspected surgical emergencies are taken to SAU at Conquest by SECAMB. An on-site surgical middle grade (out of hours), and middle grade or consultant surgeon (in office hours) is available at all times for surgical assessment of patients self-presenting or conveyed to Eastbourne DGH. • Acute ENT and Urology are based at Eastbourne. Similar arrangements are in place for patients in those specialties requiring specialist intervention. • Emergency renal replacement is available via haemofiltration on ITU at both	Emergency Renal Replacement Therapy	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available on site	Yes available on site	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	• Twice daily review is standard in ITU/HDU at both sites and recorded on EPR. • Daily multidisciplinary consultant-led board rounds are in place on admission and assessment units and on acute inpatient wards, as the Trust is operating the SAFER approach to inpatient care. • Each acute hospital site has review lists for patients requiring delegated review at weekends. The twice daily consultant-led formal acute medical handover meetings cover these. • Cardiology has a consultant of the day, covering CCU at each site, and an alternating site acute primary angioplasty rota provides 24/7 cover. At weekends, there is currently cardiology consultant cover at the acute site (receiving STEMIs) to provide ward rounds. • ENT review at weekends, due to recruitment difficulties, is a mixture of consultant, delegated associate specialist (with support from neighbouring Trusts) and SHO review not fully compliant at weekends (see also assessment of Standard 2). • An audit of this standard in March 2020 indicates that: • Once daily review overall was 96% and at weekends was 92.2%. • Twice daily review was 100% in our intensive care and high dependency units throughout the week •Improvements to be implemented: • The clinical Divisions have reduced variation in Board Round practice and education and support directed towards those clinical areas and specialties that are less developed. Educational work continues across all specialties in improved documentation of daily review and review delegation. Major progress has been made over the last year, with nearly all rounds and reviews fully documented. • The Nerve Centre clinical management system incorporates a more reliable record of review, and review delegation, and will provide patient and task lists for delegated medical staff. However this functionality will will not	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Standard Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10
Standard 1 – Patient experience • Trust admission documentation (IPD) incorporates formal confirmation of discussion of diagnosis, investigation and treatment plan. 7DS national audits have assessed this annually, and quality of DNACPR form content has been monitored for several years. Use of Respect forms is now audited. • From April 2019, the DNACPR form has been replaced by the combination of RESPECT documents and Treatment Escalation Plans (TEPs), which also document discussion with patient, family and others. Training is ongoing for RESPECT and TEPs. Standard 3 – MDT review • Assessment of all acute admissions by nursing and medical staff 7/7 incorporates assessment of complex needs. Patients with potential complex needs are assessed at entry points (CDU, AAU, MAU, SAU) by HIT Team (Social Care, Physio, OT) 7/7. • MDT meeting held daily on AAU and AMU. • Post take ward round proforma incorporates specific sections for EDD, discharge criteria and escalation/ceiling of care but this is not universally completed. • Medicines reconciliation occurs within 24 hours. Standard 4 – Shift handovers • Evening Shift handovers are multidisciplinary (Medical, Surgical, Anaesthetics, Nursing, Gynae, Paediatrics and Site management team). Mainly Led by SpRs. Some led by consultant. • Morning shift handovers led by consultant in most specialties. • Documentation is not currently uniform across Trust

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 8	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
Cardiology has a consultant of the day, covering CCU at each site, and an alternating site acute primary angioplasty rota provides 24/7 cover. At weekends, there is cardiology consultant cover to provide CCU ward rounds at the "hot" site (the site admitting the STEMIs that week).

Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.

Mortality Report – Learning from Deaths 1st April 2017 to 30th September 2019

Meeting information:			
Date of Meeting:	7th April 2020	Agenda Item:	10.4
Meeting:	Trust Board	Reporting Officer:	David Walker

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? No	

Summary:

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

The attached report on "Learning from Deaths" follows the requirements set out in the Care Quality Commission review. The mortality database is designed to reflect this process and all plaudits and care concerns raised by family or carers of the deceased are recorded. Further changes will be required with the advent of medical examiners. The current report details the April 2017 – September 2019 deaths recorded and reviewed on the mortality database.

We continue to emphasise to clinical teams the importance of reviewing deaths within the 3 month timescale and as a result the backlog of deaths outstanding for review has decreased significantly. The Mortality Review Audit Group continues to review the deaths with a higher likelihood of avoidability on a quarterly basis, to ensure accuracy in reporting.

Local recruitment of medical examiners is now underway to ensure the new national review process is in place from April 2020. The Medical Examiners will ensure compliance with the legal and procedural requirements associated with current and proposed reformed processes of certification, investigation by coroners and registration of deaths.

Learning disability deaths are being reviewed externally against the LeDeR (learning disability mortality review) programme, however, feedback to individual Trusts from these external reviews is extremely slow. Internal reviews therefore continue, in order to mitigate any risk.

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

N/A

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

The Board are requested to note the report. Learning from death reports are required on a quarterly basis.

EAST SUSSEX HEALTHCARE TRUST: Learning from Deaths Dashboard September 2019-20

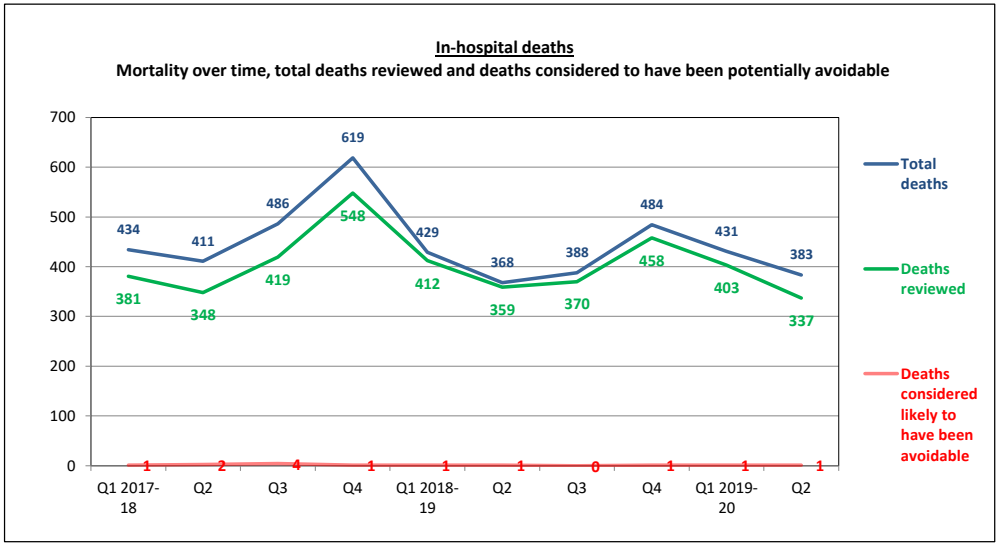
Description:
This dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of in-hospital deaths and total number of cases reviewed under the Structured Judgement Review methodology (Data as at 05/03/2020)

Total number of in-hospital deaths, deaths reviewed and deaths deemed avoidable (does not include patients with identified learning disabilities)

Time Series:	Start date	2017-18	Q1	End date	2019-20	Q2

Total number of deaths in scope		Total deaths reviewed		Total number of deaths considered to have been potentially avoidable (RCP Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
133	118	114	98	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
383	431	337	403	1	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
814	1669	740	1599	2	3



Total deaths reviewed by RCP methodology score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Possibly avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	1	100.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%
This Year (YTD)	0	0.0%	This Year (YTD)	1	25.0%	This Year (YTD)	1	25.0%	This Year (YTD)	2	50.0%	This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%

Data above is as at 05/03/2020 and does not include deaths of patients with learning disabilities.
Family/carer concerns - There were two care concerns expressed to the Trust Bereavement team relating to Quarter 2 2019/20 deaths, neither of which were subsequently raised as a complaint.
Complaints - Of the complaints closed during Quarter 2 2019/20 which were relating to 'bereavement', none have overall care ratings of 'poor care' on the mortality database.
Serious incidents - There was one severity 5 incident reported in Quarter 2 2019/20 which, after investigation, was downgraded to severity 2.
As at 05/03/2020 there are 398 April 2017 - September 2019 deaths still outstanding for review on the Mortality database.

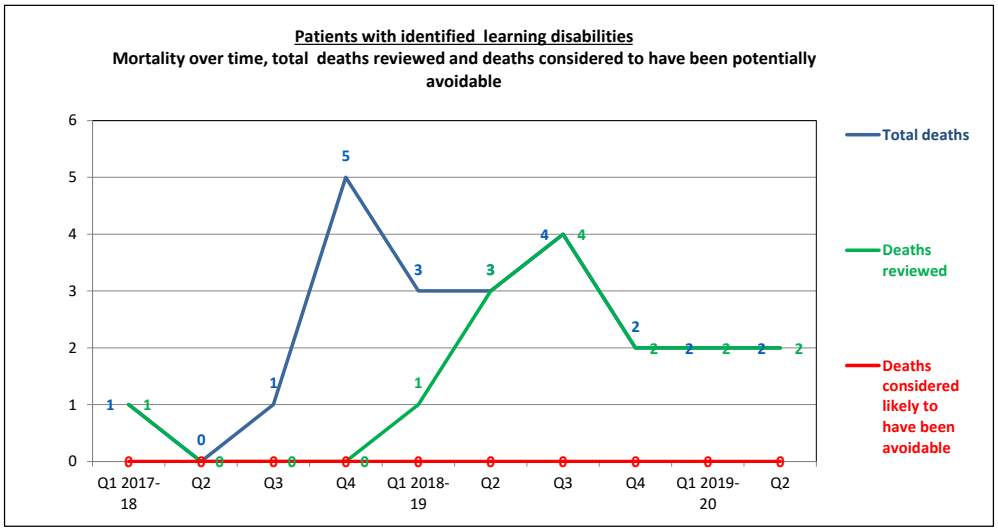
Summary of total number of deaths and total number reviewed for patients with identified learning disabilities (Data as at 05/03/2020)

Total number of deaths, deaths reviewed and deaths deemed avoidable for patients with identified learning disabilities

Time Series:	Start date	2017-18	Q1

End date	2019-20	Q2

Total number of deaths in scope		Total deaths reviewed through the LeDeR methodology (or equivalent)		Total number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
2	0	2	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
2	2	2	2	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
4	12	4	10	0	0



The LeDeR (learning disability mortality review) programme is now in place and the learning disability deaths are being reviewed against the new criteria externally. Feedback from these external reviews will be received by the Trust in due course. Prior to the national requirement to review learning disability deaths using the national LeDeR methodology, the deaths were reviewed by the learning disability nurse and Head of nursing for safeguarding who entered their review findings on the mortality database.
As the feedback from the wider external LeDeR has not yet been received, the internal reviews are being continued in order to mitigate against any risk.

Quality Walks January – February 2020

Meeting information:			
Date of Meeting:	7th April 2020	Agenda Item:	10.5
Meeting:	Trust Board	Reporting Officer:	

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

10 services or departments have received visits as part of the Quality Walk programme by the Executive Team between 1st January and 29th February 2020. In addition to the formal programme the Chief Executive has also visited 18 wards or departments and staff groups. Details of the visits made are listed in the attached.

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.

QUALITY WALKS SEPTEMBER - OCTOBER 2019

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 afford 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 identified, allows staff the opportunity to meet and discuss issues with members of the Board and for them to gain a fuller understanding of the services visited.

The following services or departments were visited as part of the Quality Walk programme by the Executive Team or by the Chief Executive between 1st January and 29th February 2020.

Date	Service/Ward/Department	Site	Visit by
January			
6.1.20	Chaplaincy Service	Eastbourne DGH	Adrian Bull
6.1.20	Vascular Access Team	Eastbourne DGH	Adrian Bull
7.1.20	Vascular Access Team	Conquest Hospital	Adrian Bull
8.1.20	Radiology	Eastbourne DGH	Adrian Bull
9.1.20	Mortuary	Conquest Hospital	Adrian Bull
9.1.20	Maternity Unit	Eastbourne DGH	David Walker
9.1.20	Friston Paediatric Unit	Eastbourne DGH	David Walker
10.1.20	Resuscitation Team	Eastbourne DGH	Adrian Bull
14.1.20	District Nursing Team	Hailsham Health Centre	Miranda Kavanagh
15.1.20	Estates Department	Conquest Hospital	Miranda Kavanagh
15.1.20	Outpatients Department	Conquest Hospital	Miranda Kavanagh
22.1.20	Mortuary	Conquest Hospital	Adrian Bull
28.1.20	Ophthalmology Department	Bexhill Hospital	Steve Phoenix
28.1.20	Day surgery Unit	Bexhill Hospital	Steve Phoenix
29.1.20	MRI Suite	Conquest Hospital	Adrian Bull
29.1.20	Theatres	Conquest Hospital	Adrian Bull
February			
3.2.20	Endoscopy Administration Department	Eastbourne DGH	Jonathan Reid
5.2.20	Audiology Department	Eastbourne	Adrian Bull
6.2.20	Radiology Modality Leads	Conquest Hospital	Adrian Bull
7.2.20	Junior Doctors Forum	Conquest Hospital	Adrian Bull
14.2.20	Urology Investigation Suite	Eastbourne DGH	Adrian Bull
14.2.20	Jubilee Eye suite	Eastbourne DGH	Adrian Bull
19.2.20	Booked Admissions Team	Conquest Hospital	Lynette Wells
19.02.19	District Nursing Team	Seaford	Catherine Ashton
19.2.20	Acute Medical Unit	Eastbourne DGH	Adrian Bull
20.2.20	Michelham Unit	Eastbourne DGH	Adrian Bull
21.2.20	Medical Illustration Department	Conquest Hospital	Adrian Bull
25.2.20	Pharmacy Department	Eastbourne DGH	Adrian Bull

CQC Inspection Overview

Meeting information:			
Date of Meeting:	7th April 2020	Agenda Item:	
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? No	

Summary:

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

The results of our latest Care Quality Commission (CQC) inspection which took place last November and December 2019 have been published. This paper provides an overview of the ratings and a summary of notable practice and recommendations made by the CQC.

The inspection did not cover all services. A number of those that were not inspected (particularly at Eastbourne) still carry the results of inspections that were carried out in 2018 and 2016. We know that those services have improved further since then and are well positioned to convert our rating to 'outstanding' overall and a gap analysis will be undertaken.

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

Quality and Safety Committee 19th March 2020

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD

The Board is asked to formally note the outcome of the CQC inspection and next steps.

2020 CQC Report Overview

1. Introduction

This paper provides an overview of the CQC findings following their core services inspection in November 2019 and Well Led/Use of Resources assessment in December 2019. The reports were published on 27 February 2020 and we are delighted with the outcome which is a testament to the hard work and commitment of all our staff and volunteers.

2. Ratings

2.1 OVERALL RATING for the Trust was GOOD

Safe	Effective	Caring	Responsive	Well led	Overall
Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)

The full reports can be found at **https://www.cqc.org.uk/provider/RXC/reports** The areas inspected and new ratings are outlined below however the inspection did not cover all of the services. A number of those that were not inspected (particularly at Eastbourne) still carry the results overall of inspections that were conducted in 2018 and 2016.

2.2 COMMUNITY: Adult Services and End of Life Care were inspected and Community Services were rated OUTSTANDING overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Community Adult Services	Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)
Community End of Life Care	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)

2.3 CONQUEST HOSPITAL: services for Children and Young People, End of Life Care and the Outpatients' departments were inspected and the hospital was rated OUTSTANDING overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Children and Young People	Requires Improvement (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)
End of Life Care	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Good)	Outstanding (Previously Good)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)
Outpatients	Good (Previously Requires Improvement)	Not rated	Outstanding (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)	Good (Previously Requires Improvement)

Children and Young People's services were rated requires improvement in the safe domain due to nursing staff shortages which was a particular issue when there were children with very complex health needs who required one to one care, It was also noted that there was no seven-day service for physiotherapy, occupational therapy and play specialists.

2.4 EASTBOURNE DISTRICT GENERAL HOSPITAL: services for Children and Young People, and End of Life Care were inspected and the hospital was rated **GOOD** overall.

	Safe	Effective	Caring	Responsive	Well led	Overall
Children and Young People	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Good)	Good (Previously Requires Improvement)	Good (Previously Good)	Good (Previously Requires Improvement)
End of Life Care	Good (Previously Good)	Good (Previously Requires Improvement)	Outstanding (Previously Good)	Outstanding (Previously Requires Imrpvement)	Outstanding (Previously Requires Improvement)	Outstanding (Previously Requires Improvement)

2.5 USE OF RESOUCES

In addition a "Use of Resources Inspection" was undertaken by NHS Improvement in parallel to the Well Led inspection. The Trust was rated "Requires Improvement" for Use of Resources. The Use of Resources review noted that the Trust had exited special measures for quality and finance in 2018 and 2019 respectively. It highlighted the Trust's good productivity in several areas; that the organisation had benchmarked well on clinical services and had significantly reduced reliance on agency staff. However, the information available at the time of the assessment showed that despite improvements, the trust's costs remained higher than the national median and there were opportunities to improve use of resources regarding workforce, clinical support services and corporate functions. The report flagged the need to continue to increase the level of recurrent efficiencies in order to reduce reliance on central cash support.

3. Core Inspection Highlights and Outstanding Practice

- In Community Adult Services there were exceptional pathways through which patients seamlessly transitioned to receive the services they need.
- Following the introduction of advanced care plans for care home residents, the Trust saw a dramatic reduction in hospital admissions which was an exceptionally effective outcome for patients.
- There was a culture centred on the needs of patients at the end of their life with staff committed and passionate about the end of life care they provided.
- The Outpatients Service at Conquest Hospital demonstrated a strong visible patient-centred culture.
- The development of the multi-disciplinary diabetic foot clinic showed how medical and nursing staff worked together to improve patient care in response to feedback.
- The risk of infection was controlled well
- The services managed patient safety incidents well.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, and respected their privacy and dignity
- Feedback from patients was consistently very positive and patients felt staff went the extra mile to provide the care they needed.
- Care was planned and provided in a way that met the needs of local people.
- Staff felt respected, supported and valued.
- The Trust has a vision for what it wanted to achieve and a strategy to turn it into action

4. CQC Recommendations

There were no breaches that justified regulatory action, no requirement notices issued and no enforcement actions taken. However, the CQC highlighted 35 “should do” actions to improve on service quality. There were 2 in Community Adult Services; 2 in Community End of Life Care; 4 in Acute End of Life Care at the Conquest and 3 at Eastbourne; 5 in Outpatients Conquest; 8 in Children’s’ and Young Peoples Services at the Conquest and 6 at Eastbourne, and 5 matters were Trust wide. These related to ensuring adequate nursing staffing in children’s services, increasing access to the play specialist, improving the environment in some areas and ensuring compliance with mandatory training and appraisals.

5. Next Steps

An action plan is currently being developed to address the “should do” recommendations and an assessment being undertaken to support the Trust in moving to “outstanding” overall. We are using Health Assure to facilitate mapping of assurance and this was discussed at the Quality and Safety Committee. There are also services/domains at Eastbourne that remain as Requires Improvement as they were not inspected in 2019, these include urgent and emergency services and surgery and critical care in the responsive domain and we hope that these will be reviewed at a future CQC inspection.

Delivering same sex accommodation annual statement of compliance

Meeting information:			
Date of Meeting:	7th April 2020	Agenda Item:	10.7
Meeting:	Trust Board	Reporting Officer:	Vikki Carruth

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 Department of Health 2010 guidance on Same Sex Accommodation Breaches (formerly Mixed Sex Accommodation) has been revised and updated by NHSI/E in September 2019. The new reporting processes have been implemented by the Trust from January 2020 and local policy revised to reflect the national guidance
- There has been an anticipated reduction of nationally reported same sex accommodation breaches with application of the new national guidance and ESHT remain committed to reducing the numbers of Same Sex Accommodation Breaches in our in-patient areas.
- There is a residual risk that 'mixing' may still occur in some areas where there is now a 4 hour window to place patients in a same sex area which is dependent, at times, on high activity in the Emergency Department.
- ESHT will continue to focus on the patient experience by maintaining the privacy and dignity of all patients.

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

Quality and Safety Committee
Patient Quality and Safety Group
Professional Advisory Group
Divisional Governance Meetings

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

That the Trust Board acknowledges the contents of the report

EXECUTIVE SUMMARY

1. Introduction

1.1 Monitoring of same sex accommodation (SSA) breaches (formerly known as Mixed Sex Accommodation breaches) began in December 2010. This followed a programme of investment to support reductions in the number of patients sharing sleeping accommodation with members of the opposite sex. In March 2012 the NHS Constitution introduced a pledge that if admitted to hospital, patients would not have to share sleeping accommodation with members of the opposite sex, except where appropriate and where there was clinical justification. In March 2013 SSA monthly reporting was included in the NHS Standard Contract as an Operational Standard.

1.2 In 2014 SSA was included in the Care Quality Commission (CQC) Regulations 2009 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In April 2011, reporting of breaches to same sex accommodation guidance became mandatory. Since then, ESHT have continued to report nationally on a monthly basis. As practice has developed particularly the way emergency assessments and patient admissions are managed the national guidance has been reviewed and published (NHSI/E September 2019).

2. Principles

2.1 Respect, dignity, compassion and care must be at the core of how patients are treated; not only because that is the right thing to do, but because patient safety, experience and outcomes are all improved. The same sex accommodation guidance supports staff to manage operational flow and provides guidance on managing and reporting both locally and nationally. Other principles are that:

- Providers are responsible for ensuring that all patients and relatives/carers, as appropriate, are aware of the guidance and are informed of any decisions that may lead to the patient being placed in, or remaining in, mixed sex accommodation.
- Decisions to mix should be based on the patient's clinical condition and not on constraints of the environment or convenience of staff
- The risks of clinical deterioration associated with moving patients to facilitate segregation must be assessed on an individual basis
- Providers are responsible for ensuring all staff are aware of the guidance and how they manage requirements around recognising, reporting and eliminating same-sex accommodation breaches
- There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatment, and same sex accommodation is not the immediate priority. In these cases, privacy and dignity must still be protected
- Patient choice for mixing must be considered and may be justified. In all cases, privacy and dignity should be assured for all patients
- There are no exemptions from the need to provide high standards of privacy and dignity at all times
- Identifying the right patient for the right bed first time improves patient outcomes by improving patient experience.

3. Changes made to Local Policy as a Result of Revised National Guidance

3.1 There is now a 4 hour window of opportunity for the patient to be moved into same sex accommodation in the following areas:

- Critical Care Units
- Coronary Care Units
- Acute Assessment Unit (AAU Conquest)
- AMU (EDGH)

- Surgical Assessment Unit (SAU Conquest)
- Urology Assessment Unit (EDGH)
- Stroke Unit (East Dean and Sovereign)

3.2 Patients who are at the end of life should not be moved solely to achieve segregation. If this causes a breach then it is not reportable.

3.3. Children, young people and Trans patients have a choice and this has been written into the local policy. In line with the forthcoming 'Supporting Transgender People' local policy - if there is any question about which ward a trans patient should be in, it is the duty of the clinical staff member and the clinical site team to discuss this with the patient, discreetly, and to try to reach an agreement about where the Trans patient will stay. It may be that compromise will be necessary on both sides.

3.4 Breaches are now only required to be reported once for national submission i.e. per occurrence.

4. Implications of these Changes

4.1 Numbers of breaches previously reported nationally by ESHT have been guided by the DH 2010 guidance. The 2019 guidance will reduce the total monthly numbers of reported breaches.

4.2 The local policy review has been an opportunity to understand how breaches are collected. Some areas have been empowered to input their data directly onto the Executive Information System (EIS) as the breach happens, rather than the Clinical Site Team collecting the data on paper and then inputting at a later date. It is hoped that in the near future Nerve Centre will have the capability to perform this junction.

4.3 Only unjustified breaches will be reported by ESHT staff with the exception of breaches caused by infection, prevention and control measures e.g. 'co-horting' patients with suspected or confirmed norovirus or influenza on in-patient wards. These will be defined as justified breaches due to clinical reasons.

5. Key Themes/Challenges

5.1 It will be a challenge to effectively communicate to all staff what constitutes a breach and how and when to report it. Discussions with Ward Leaders by the Corporate Nursing Team will continue to embed this knowledge.

6. Risks

6.1 There is a risk that 'mixing' may still occur in some areas where there is now a 4 hour window to 'unmix' and that this may affect the patient's experience. ESHT will maintain a focus on privacy, dignity and communication to mitigate against this risk occurring.

6.2 There is a risk that Nerve Centre will not be able to collect same sex accommodation breach data in the near future. It is no longer possible to update or change the fields etc on the Executive Information System (EIS).

7. Recommendations

7.1 The Corporate Nursing Team will continue to support the Clinical Site Team and the Divisions until the process changes relating to identification, collection and validation of same sex accommodation breaches are understood and embedded.