



East Sussex Healthcare
NHS Trust

Welcome to our public meeting

Steve Phoenix, Chairman



Agenda for today



East Sussex Healthcare
NHS Trust

Our Year In Review:

- Dr Adrian Bull, Chief Executive

Achieving Financial Sustainability:

- Damian Reid, Finance Director

Responding to Covid-19 in East Sussex:

- Dr David Walker, Medical Director

Questions and answers:

- Ask a questions by clicking on the Q&A tab on the right. Click on the orange circle and type your question

Papers are available online: <https://www.esht.nhs.uk/about-the-trust/meetings-in-public/>

Our Board



East Sussex Healthcare
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Steve Phoenix **Dr Adrian Bull**
Chairman **Chief Executive**



Jackie Churchward-Cardiff
Non-Executive Director

Miranda Kavanagh
Non-Executive Director

Karen Manson
Non-Executive Director

Paresh Patel
Non-Executive Director

Nicola Webber
Non-Executive Director

Carys Williams
Associate Non-Exec Director



Richard Milner
Director of Strategy

Vikki Carruth
Director of Nursing

Joe Chadwick-Bell
Deputy Chief Executive

Monica Green
Director of HR

Damian Reid
Director of Finance

Dr David Walker
Medical Director

Lynette Wells
Director of Corporate Affairs

Our Year In Review

Dr Adrian Bull,
Chief Executive



Our vision



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A stylized map of East Sussex is centered on the slide. The map is composed of several overlapping shapes in various shades of blue and teal. The text of the vision statement is overlaid on this map.

Our vision
is to **combine**
community and
hospital services to provide **safe,**
compassionate, high quality
care to improve the **health** and
wellbeing of the people in
East Sussex

Working in partnership



Integrated Care Partnership



Local voluntary organisations and charities



Our strategy



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Care that is safe, compassionate and high quality ESHT 2020 strategy

Priorities

Quality
standards

Constitutional
standards

Financial
sustainability

Strategic Objectives

Quality
and safety

Leadership
and culture

Clinical
sustainability

Access and
operational
delivery

Financial
control
and capital
development

Our values

**Respect
and compassion**

We care about
acting with kindness

**Engagement
and involvement**

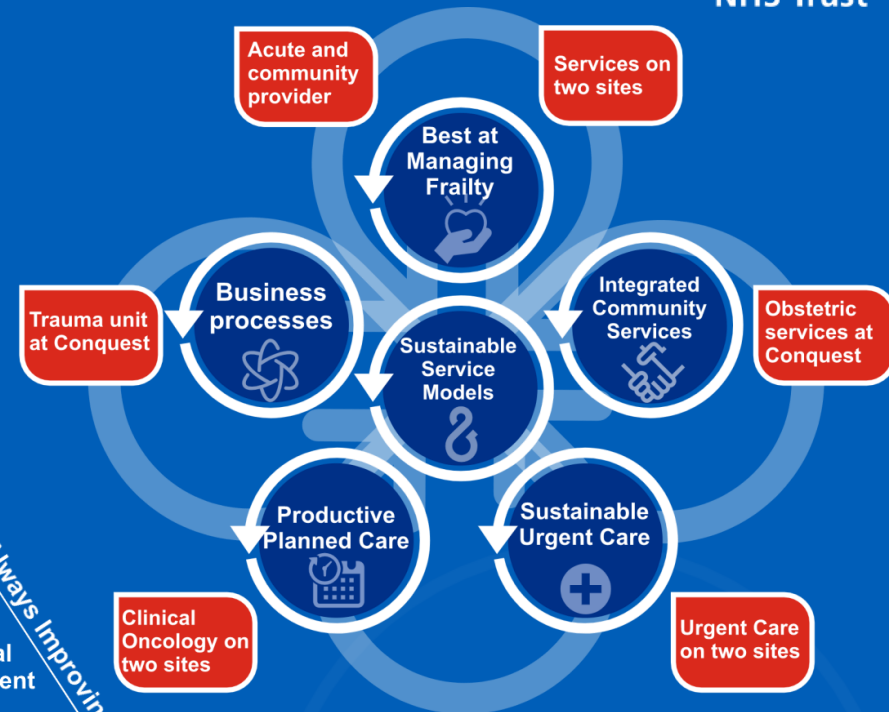
We care about
involving people in
our planning and
decision-making

**Improvement
and development**

We care about
striving to be the
best

**Working
together**

We care about
building on
everyone's strengths



Outstanding and Always Improving Outstanding and Always Improving

Our improving culture and workforce

Our staff tell us

Staff completing
the staff survey



Of the 11 staff survey
themes



"My role makes
a difference
to patients"



"Care of patients
is ESHT's top
priority"



"I am satisfied
with the quality
of care I give"

- 171 overseas nursing staff recruited over the last three years
- 60% reduction in spend on agency staff
- 10.8% turnover rate and 10.4% vacancy rate: lower than similar trusts

Improved patient feedback



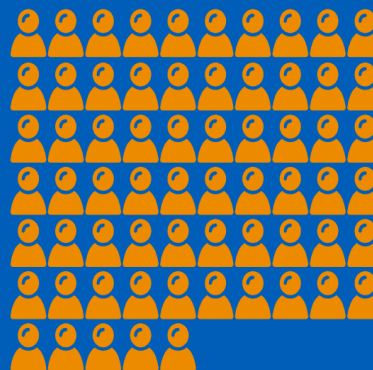
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Our patients tell us

Friends and Family Test

98% ← **11%** ↑
patients recommending us
patients recommending A&E since 16/17

Plaudits and complaints



65:1
compliments to complaints

CQC patient surveys: Out of every 10...



parents and carers saying their **child's overall experience** was good



patients saying their **overall cancer service experience** was good



patients saying their **inpatient experience** was good



patients saying their **overall A&E experience** was good

All shown
improvements

Improved quality and access

Quality and access

Since 2017/18

Grade 3/4
pressure ulcers



Total number of
falls



5.4 falls
per 1000
bed days

Sepsis
mortality



1.10

2016/17

0.95

2019/20

Higher than
expected

Expected
Trust mortality

Lower than
expected

Mortality reduced to lower than expected
for the Trust



Same day discharge

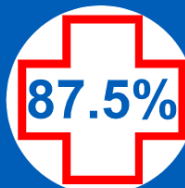


increase in community
nursing referrals seen
on the same day

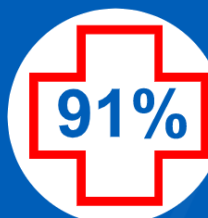
2016/17



2017/18



2018/19



2019/20



110,500

119,000

129,500

136,000

Seeing emergency patients in four hours

CQC recognises the changes we've made



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Trust Overall: **Good**

- Safe: **Good**
- Effective: **Outstanding**
- Caring: **Outstanding**
- Responsive: **Good**
- Well-led: **Good**

Community Services:

- Community: adult services **Outstanding**
- Community: End of Life Care **Good**
- Overall: **Outstanding** **Outstanding** for Effective and Caring

Conquest:

- Children and Young people: **Good**
- End of Life Care: **Outstanding**
- Outpatients: **Good**
- Overall: **Outstanding** and **Outstanding** for Caring and Well-led

Eastbourne DGH:

- Children and Young people: **Good**
- End of Life Care: **Outstanding**
- Overall: **Good**

'Outstanding' for effective care'

“ Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. ”

Responsive services

“ People could access services when they needed them and received the right care in a timely way. Where there were waiting lists, staff had processes to minimise these and their impact. ”

'Outstanding' End of Life Care

“ The End of Life Care service truly respected and valued their patients as individuals and empowered them to be partners in their care ”

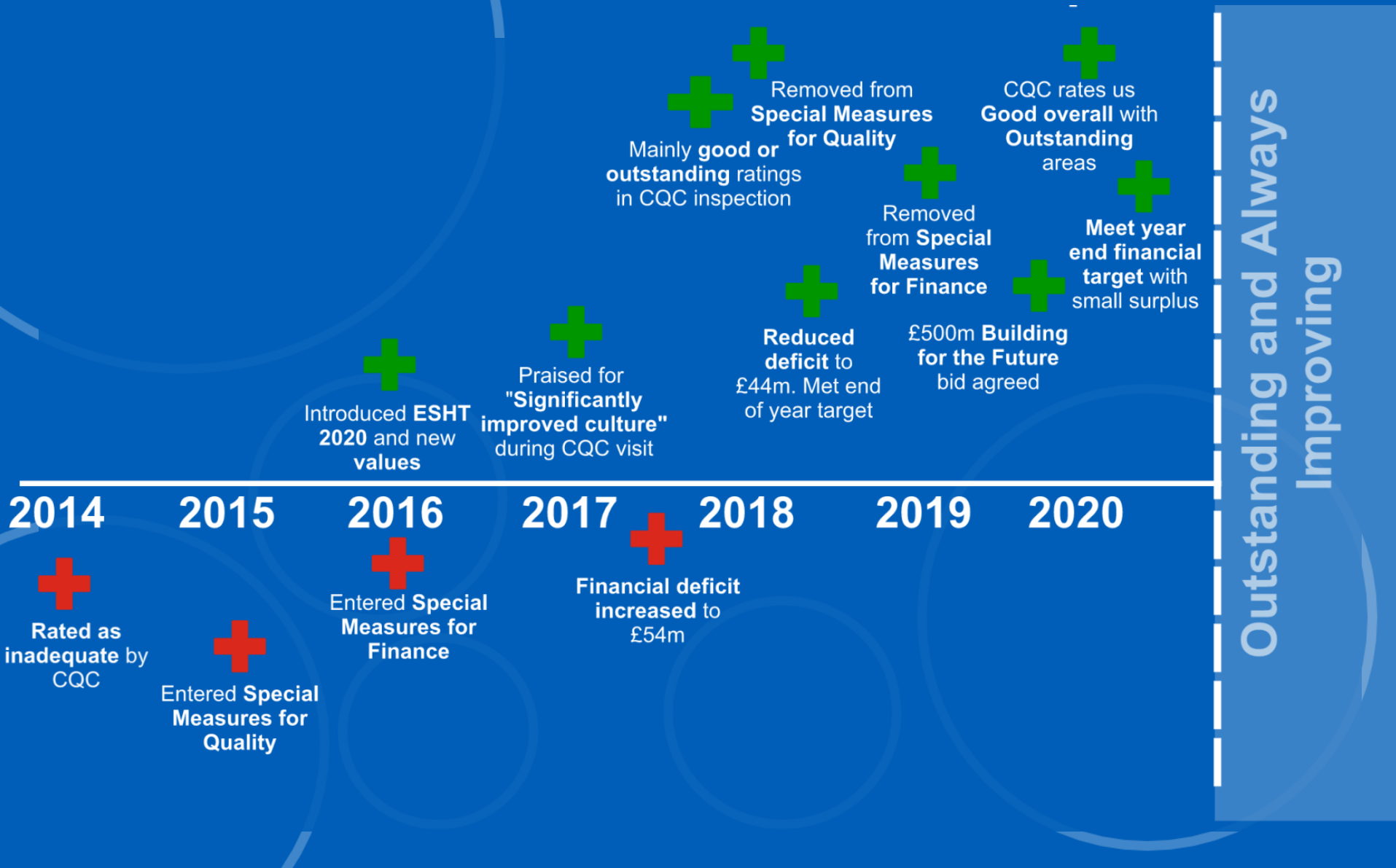
'Outstanding' for care

“ Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback was consistently very positive and staff went the extra mile.”

How far we've come



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Where next?

Next steps



We are building for our future and planning for the significant investment that has been committed to ESHT over the next decade.



New ESHT 2025 strategy



Creating sustainable, long-term services



Emergency Departments and Cancer Services are focussed on achieving key access standards



Community Services are investing in integrated services



Achieving financial sustainability

Damian Reid, Finance Director

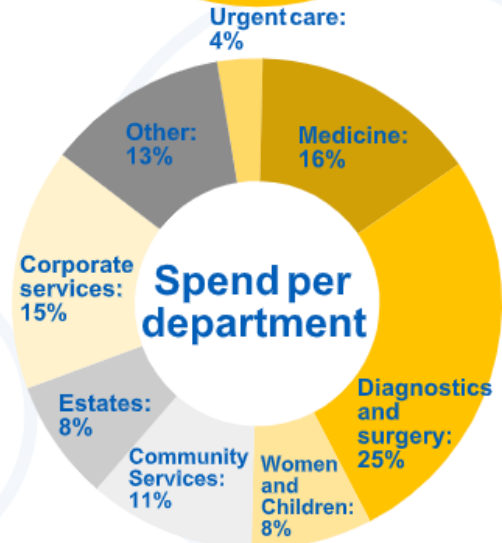
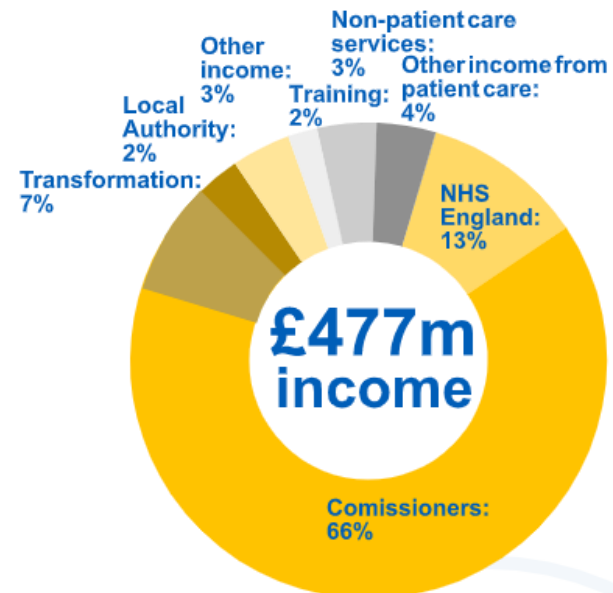


Our finances in 2019/20



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- Trust income £477m
- Operating expenses £476m
- Reduced deficit from £44.8m in 18/19 to £10.1m in 19/20
- Cost improvements of £20.7m
- Received additional £10m of transformation funding for exceeding target
- Ended year with £50k surplus
- Removed from financial special measures



Financial governance

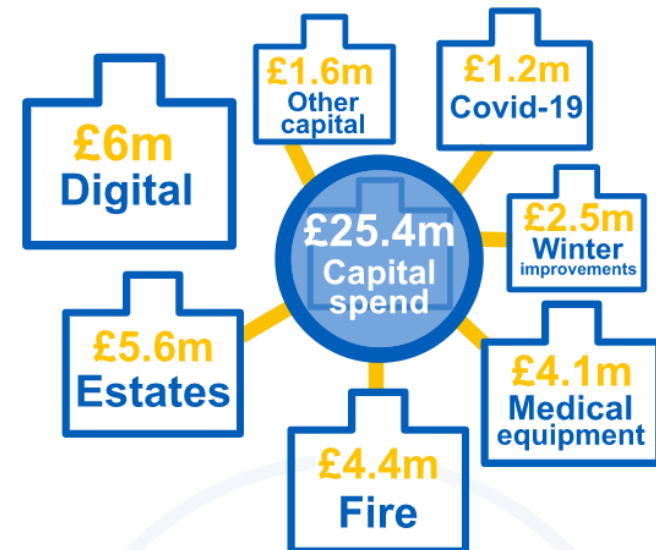


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- Objective to deliver high quality and safe care to all of our patients within our resources
- Trust Board aimed to break-even in three years in 2018/19 – we achieved this in 2019/20
- This year auditors gave:
 - unqualified opinion on financial statements
 - qualified opinion on value for money due to not breaking even over a rolling 3 year cycle and reliance on borrowing from DHSC
 - noted continued work across the organisation to improve efficiency and productivity

Improving our infrastructure

- Five year Estates Strategy in place
- Invested £25.4m across services:
 - Emergency departments
 - Urology investigation suite
 - Nerve centre
 - Electronic prescribing and medicines administration system
 - Endoscopy scopes
 - Theatre improvements
- Capital budgets constrained – £38m of bids against £25.4m available funding
- Significant support from our Leagues of Friends
- 2019/20 investment in the infrastructure using a mixture of depreciation, loan and lease funding



Looking forward



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- Strengthen financial sustainability across our Integrated Care System working with system partners
- Service sustainability, workforce costs, infrastructure costs and technology requirements
- By 30 September 2020, £234m of debt will be converted to Public Dividend Capital

Responding to Covid-19 in East Sussex

Dr David Walker, Medical Director
Hazel Tonge, Deputy Director of Nursing
Lisa Redmond, Head of Infection Control



Our Covid-19 response

Background

- Level 4 major incident declared nationally in March
- Trust pandemic plan implemented
- Trust saw its first cases in March
- Clinically-led, multi professional, cross-Trust response
- Significant innovation and change in a short time
- Regular meetings across Sussex and South East to support 'system-wide' co-ordination

Key actions: to ensure patient safety

We temporarily:

- Relocated chemotherapy to East Sussex College
- Suspended home birth and midwife-led service – all births moved to Conquest
- Relocated Cardiology and Ophthalmology

We also:

- Stopped non-urgent surgery – emergency and cancer treatment continued
- Increased telephone and video appointments and online resources for patients
- Supported robust infection prevention and control
- Restricted visiting of patients
- Provided additional support to care homes

Key actions: to care for Covid-19 patients

- **Underpinned by clinical innovation and flexibility**
- Critical care bed capacity increased with additional areas identified and equipped
- Created 'red' and 'green' areas and patient pathways with Infection Control input
- Redeployed staff to key areas (Critical Care and Emergency Department, for example)
- Oxygen supply enhanced to cope with demand
- Followed significant and changing national guidance – making it work locally

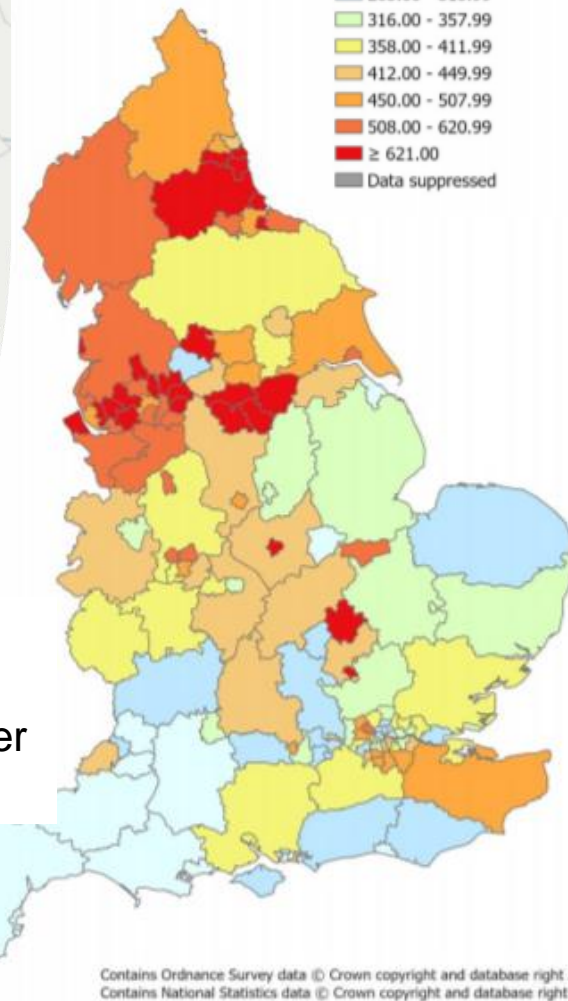
Key actions: to keep staff safe

- Risk assessments for staff with risk factors / health conditions
- Health checks for vulnerable staff
- Digital input to support working from home where possible
- PPE supplies secured, monitored and maintained
- Mask Fit Testing team implemented
- Package of physical and mental wellbeing support offered to members of staff
- Hubs to distribute donations from the community
- Staff testing for Covid-19 and antibody testing rolled out

Our Covid-19 response In East Sussex

Rate of COVID-19 by UTLA

0.00 - 262.99
263.00 - 315.99
316.00 - 357.99
358.00 - 411.99
412.00 - 449.99
450.00 - 507.99
508.00 - 620.99
≥ 621.00
■ Data suppressed

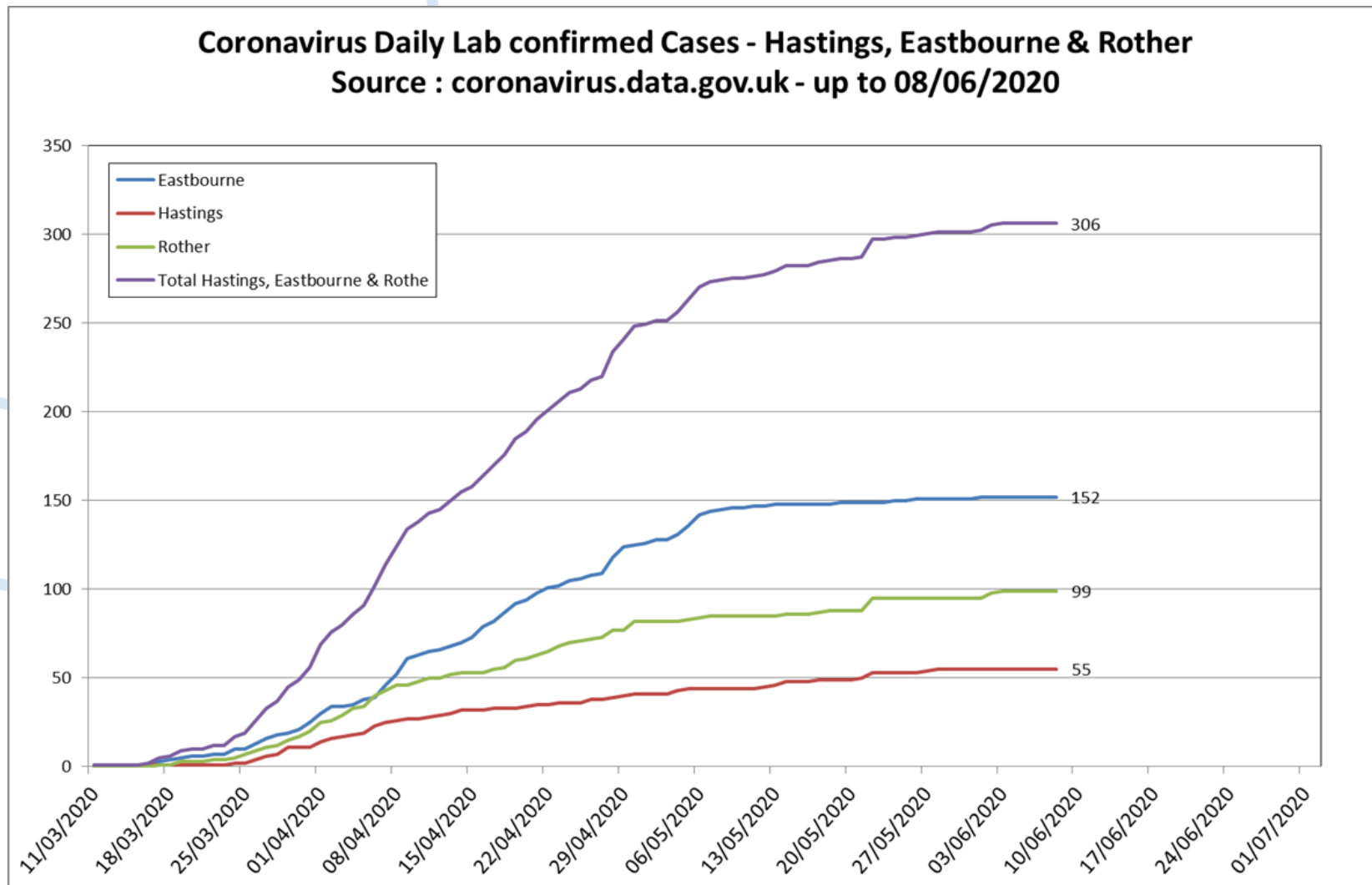


Cumulative rate of
Covid-19 cases per
100,000 by upper-tier
local authority

Our Covid-19 response



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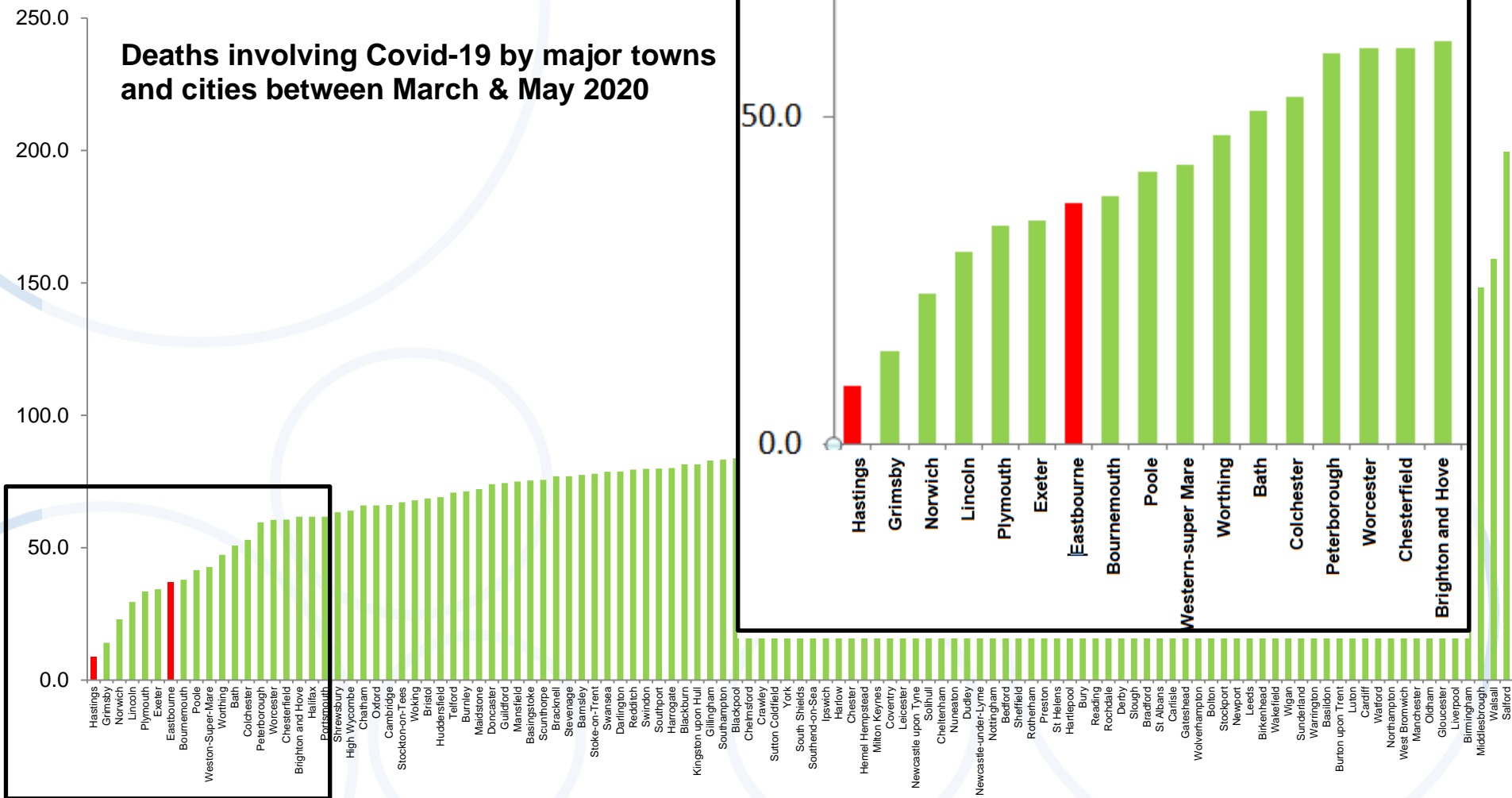


Our Covid-19 response In East Sussex



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Deaths involving Covid-19 by major towns and cities between March & May 2020



Critical care

At the heart of the response



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Of those people we treated with Covid-19, 41 were admitted to critical care

Critical Care Patients were also supported by our critical care clinical psychologist

Demographic	Of our 41 patients	Nationally
Age (median) range	60.5 17-75	60
Sex <ul style="list-style-type: none"> Female Male 	39% 61%	29.4% 70.6%
Ethnicity <ul style="list-style-type: none"> White BAME 	73.2% 26.8%	66.6% 33.4%
Length of stay <ul style="list-style-type: none"> Survivors Non-survivors 	16.2 11	12.5 7
Outcome <ul style="list-style-type: none"> Discharged Died 	70.7% 29.3%	58.9% 41.1%
Renal replacement therapy	14.6%	26.2%

Lessons:

What we did well



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Demographics and timing played a part:

- East Sussex is isolated - transport links and the sea!
- East Sussex was 1-2 weeks behind London
- Support from local community: Stay home: stay safe

At ESHT:

- Robust infection prevention and control
- Supported members of staff to innovate and change
- We moved quickly to change services or move appointments online
- Our Critical Care outcomes were good
- Excellent care in Emergency Departments and Covid-19 wards

Recovery and restoration



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- We are working now to restore and recover services, building on what worked, while being prepared for a possible increase in cases.

Questions?

Steve Phoenix, Chairman

