

EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING IN PUBLIC

A meeting of East Sussex Healthcare NHS Trust Board will be held on
Tuesday, 8th June 2021 commencing at 09:30 via MS Teams

AGENDA

AGENDA				Lead:	Time:
1.	1.1 Chair's opening remarks 1.2 Apologies for absence		Chair		0930 - 1015
2.	Declarations of interests		Chair		
3.	Minutes of the Trust Board Meeting in public held on 13 th April 2021	A			
4.	Matters Arising	B			
5.	Board Committee Chair's Feedback (including written reports from each Committee)	C	Committee Chairs		
6.	Chief Executive's Report		CEO		

QUALITY, SAFETY AND PERFORMANCE

					Time:
7.	Integrated Performance Report Month 1 (April) 1. Quality and Safety 2. Access, Delivery & Activity 3. Leadership and Culture 4. Finance	Assurance	D	CND MD COO CPO CFO	1015 - 1115
8.	Learning from Deaths Quarter 3	Assurance	E	MD	

BREAK

STRATEGY

					Time:
9.	NHS White Paper	Assurance	F	DS	1130 - 1140

GOVERNANCE AND ASSURANCE

					Time:
10.	CNST Incentive Scheme	Assurance	G	CND/ MD	1140 - 1215
11.	Staff Survey Results	Assurance	H	CPO	
12.	Delegation of approval of Quality Account 2020/21	Assurance		CND	

ITEMS FOR INFORMATION

				Time:
13.	Use of Trust Seal	I	Chair	1215 - 1230
14.	Questions from members of the public (15 minutes maximum)		Chair	
15.	Date of Next Meeting: Tuesday 10 th August 2021		Chair	

Steve Phoenix

Key:	
Chair	Trust Chair
CEO	Chief Executive
CND	Chief Nurse and DIPC
COO	Chief Operating Officer
DCA	Director of Corporate Affairs
DS	Director of Strategy
CFO	Chief Financial Officer
CPO	Chief People Officer
MD	Medical Director

Chair
man

4th
May
2020

TRUST BOARD MEETING**Minutes of a meeting of the Trust Board held in public on
Tuesday, 13th April 2021 at 09:30
video conference via Microsoft Teams**

Present: Mrs Jackie Churchward-Cardiff, Vice Chair (Chairing)
Mrs Joe Chadwick-Bell, Chief Executive
Mrs Tara Argent, Chief Operating Officer
Mrs Vikki Carruth, Chief Nurse & DIPC
Mrs Karen Manson, Non-Executive Director
Mr Paresh Patel, Non-Executive Director
Mr Damian Reid, Chief Finance Officer
Dr David Walker, Medical Director
Mrs Nicola Webber, Non-Executive Director

Non-Voting Directors:

Mr Steve Aumayer, Chief People Officer
Mrs Amanda Fadero, Associate Non-Executive Director
Mr Chris Hodgson, Director of Estates and Facilities
Mr Richard Milner, Director of Strategy Innovation & Planning
Ms Lynette Wells, Director of Corporate Affairs
Ms Carys Williams, Associate Non-Executive Director

In attendance:

Mr Peter Palmer, Deputy Company Secretary (minutes)

016/2021 Welcome

1. Chair's Opening Remarks
Mrs Churchward-Cardiff welcomed everyone to the meeting.
2. Apologies for Absence
Mrs Churchward-Cardiff advised that apologies for absence had been received from:

Mr Steve Phoenix, Chairman
Mrs Miranda Kavanagh, Non-Executive Director

017/2021 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 Chair noted that no potential conflicts of interest had been declared.

018/2021 Minutes

The minutes of the Trust Board meeting held on 9th February 2021 were considered. A spelling error was noted on page four of the minutes, but they were otherwise agreed as an accurate record. The minutes were signed by the Chair and would be lodged in the Register of Minutes.

019/2021 **Matters Arising**

111 First

An update would be presented by Mrs Argent during the meeting.

020/2021 **Board Committee Chair's Feedback**

i. Audit Committee

Mrs Webber reported that the Audit Committee had met on 25th March 2021. The Board noted the report.

ii. Finance and Investment Committee

Mr Reid reported that the Finance and Investment (F&I) Committee had met on 25th February 2021. The Board noted the report.

iii. Finance and Investment (Strategy) Committee

Mrs Churchward-Cardiff reported that the Finance and Investment (Strategy) Committee had met on 25th March 2021, when the Committee had approved the Building For our Future (BFF) Strategic Outline Case (SOC) for submission to NHSI. The Board noted the report.

iv. People and Organisational Development Committee

Mrs Kavanagh reported that the People and Organisational Development (POD) Committee had met on 18th March 2021. Mrs Webber asked whether the review of workforce undertaken by the Trust included a review of the corporate workforce; Mr Aumayer confirmed that this was included.

Quality and Safety Committee

v. Mrs Churchward-Cardiff reported that the Quality and Safety (Q&S) Committee had met on 18th March 2021. The Committee had requested a work plan following analysis of Trust performance against the health and safety report, and remained concerned about mental health provision for children in crisis.

021/2021 **Board Assurance Framework**

Mrs Wells presented the Board Assurance Framework (BAF), reporting that no new risks had been added to the register during the previous quarter. The BAF had been reviewed by all of the Board Committees in March. All the existing risks had been reviewed and progress had been updated. The impact of the second wave of Covid could be seen in the continuing high risk ratings for BAF 2 (restoration and recovery), and BAF 3 (the Trust's performance against access standards) at 20. The rating for BAF 1 (safe care) had been increased from 12 to 16.

The rating for BAF 6 (financial stability) had reduced to 4 as the Trust was anticipating reaching a breakeven position for 2020/21 with no or limited risk. The risk would be moderate for the first six months of 2021/22 as the Covid block contract arrangements would continue, and would then increase in the second half of the year as this arrangement ended.

Mrs Chadwick-Bell noted that NHS Trusts had recently received updated planning guidance; the BAF would be updated to reflect this over the coming weeks. Mr Reid noted that it was likely that the Trust would be able to deliver its agreed financial position for 2021/22.

Mrs Churchward-Cardiff noted that the rating for BAF 1 (safe care) had been increased from 12 to 16, and asked if there was confidence that this would

reduce as the Trust moved out of the pandemic. Mrs Chadwick-Bell explained that she expected this score to reduce; the BAF would be reviewed and updated in coming weeks following a full review by Executives alongside divisional chiefs.

022/2021

Chief Executive's Report

Mrs Chadwick-Bell presented a verbal update. She recognised that 13th April marked the start of Ramadan, noting the importance of this period of prayer and self-reflection during the pandemic.

She thanked colleagues from across the organisation for their incredibly hard work during the second wave of the pandemic, explaining that she was proud of the way the everyone had worked together, including with partner organisations, to respond to the pressure on the Trust. Letters of commendation and thanks had been received from the public, staff and other organisations praising their experiences in the Trust.

The Trust had been delivering a Covid vaccination programme since the start of December, and this had now almost ended. She thanked Mr Aumayer, Mrs Carruth and Mr Milner for leading the programme, reporting that 93% of Trust staff had been vaccinated, including 96% of substantive staff. Vaccinations had been offered to everyone working in health and care in Sussex, and also to supporting staff, colleagues and the public. She thanked volunteers and staff for their work in supporting the vaccination hubs.

Mrs Chadwick-Bell reported that at the peak of the second wave of the pandemic, the Trust had seen 450 patients in acute hospitals and 70 more in community beds. There were four patients with a positive diagnosis in the Trust on the day of the meeting, demonstrating that mitigating actions were beginning to have an impact on Covid numbers. However, the pandemic was not yet over and it was important that safety measures continued to be maintained. National operational planning guidance had been received which set out expectations and priorities for NHS Trusts over the coming year. The treatment of the most clinically urgent patients would be prioritised moving forward. It was important that patients attended their appointments and GPs were supporting patients who were concerned about coming to hospital, and the Trust were contacting patients who were on cancer lists.

She reported that patients had continued to be able to receive visitors throughout the pandemic, although this had needed to be severely restricted at times. Visitors could now book a one hour visit each day with patients, which was important for patients, relatives and staff. Pregnant people and their supporters could again attend all scans together, with supporters also able to stay throughout the birth. Post-birth, four hour visits could be booked, and the Trust was hoping to soon extend this to six hours.

The Trust had seen a 40% increase in attendances to the Emergency Department and the Urgent Treatment Centre during the week before Easter, and Mrs Chadwick-Bell noted that patients could call 111 in order to access urgent care.

The Trust's focus moving forward would be on recovering performance, alongside the development of a five year strategy and the transformation programmes that would underpin this.

Mrs Chadwick-Bell reported that the Trust had reached arrangement for the

transfer of assets for Spire private hospital on the Conquest site. Full transfer of the private hospital and staff would take place in March 2022, and would give additional capacity at Conquest which was focussed on private patients. The transfer would enhance the Trust's ability to recruit and retain consultant staff, and would give more choice for patients. Private patient services would remain on the Eastbourne Site through Michelham Ward.

She reported that following submission of the SOC for Building for our Future to NHSI/E, the national team would review submissions for all 30 HIP2 schemes, and would then feedback to Trusts about timelines and next steps for the programme.

Mrs Churchward-Cardiff noted how thankful the Board were for the way the Trust's staff had gone above and beyond their normal duties during the second wave of the pandemic. She was pleased that the unprecedented pressure on the Trust had improved and asked about changes to patient pathways made during the pandemic. Mrs Argent explained that changes to the delivery of services continued to be reviewed, taking into account any new guidance that was received. Digital improvements were helping to improve access for patients to services and information.

Mrs Fadero praised the work of Trust staff during the pandemic, explaining that she was pleased to hear about the plans for restoration and recovery. She asked when the Board could expect to see more information about how the Integrated Care System's (ICS) plans would tie in to the Trust's strategy. Mrs Chadwick-Bell explained that the Board would be discussing this at a future Board Seminar. As guidance was published, the ICS would develop priorities for the system which would be reflected in the way the Trust operated and were likely to include recovery, inequalities, digital and effective system level governance.

The Board noted the Chief Executive's Report.

023/2021 Integrated Performance Report Month 11 (February)

i. Quality & Safety

Mrs Carruth thanked staff for their efforts during the second wave, explaining that while Covid has not gone away, the Trust was now in a much better place than it had been during winter.

A detailed paper on falls had been presented at the last Q&S. She thanked Divisions for their support in addressing fall rates in the Trust, reporting that discussions had taken place with other Trusts to see if there were additional mitigations that could be introduced to reduce falls further. The Trust had seen an unfortunate increase in falls during the second wave, which had reduced in March to 5 falls per 1,000 bed days. She anticipated that there might be a retrospective increase in pressure ulcers and tissue damage reported during the second wave, as tissue viability nurses had been redeployed to front line areas. These staff had now returned to their roles, and were undertaking a deep dive of incidents seen in January. Findings from this would be discussed by Q&S.

Mrs Carruth explained that the nursing fill rates reported within the IPR included additional capacity that had been required during November and December; Covid occupancy had utilised almost 50% of the Trust's bed stock at its peak. Work was under way to include more workforce information in the IPR,

including rostering metrics and quality indicators. The impact of the second wave on Trust staff had been discussed by Q&S, and work was being undertaken to introduce a range of measures to support the mental health and wellbeing of staff.

Mrs Churchward-Cardiff asked whether the Trust was prepared for a potential third wave. Mrs Carruth confirmed that the Trust was ready for any further waves, explaining that a lot had been learned during the last year. Changes and improvements continued to be made, and were monitored to ensure that they were effective.

Mrs Fadero asked for further information about why roster compliance had deteriorated during February. Mrs Carruth explained that timely approval of rosters was important for staff, enabling them to plan ahead. However, in some areas, doing this six weeks in advance was very challenging. A detailed report was being written about the issue and would be presented to POD in the future.

Mrs Fadero asked about measures the Trust was taking to address the level of incidents being reported in antenatal and postnatal care. Mrs Carruth explained that the number of incidents reported in maternity had been discussed in detail by Q&S, with deep dives undertaken to identify any recurring themes. The Trust reported maternity incidents at a similar level to other NHS organisations.

Dr Walker reported that the Summary Hospital-level Mortality Indicator (SHMI) and Risk-Adjusted Mortality Index (RAMI) both excluded deaths due to Covid as they had not been developed for use during a pandemic. Any patients who had been hospitalised during the pandemic without having Covid had tended to be extremely unwell, but despite this the Trust's SHMI had stabilised and RAMI had reduced. Crude mortality had also reduced compared to the previous year, and the Trust remained in the top quarter of hospitals in the country for RAMI. 83 deaths due to Covid had been reported in the Trust in February, compared to 284 in January. Mrs Churchward-Cardiff noted that it was reassuring to see RAMI reduce.

Mrs Carruth reported that the Infection Control BAF had recently been updated to include some changes to its form, resulting in a small number of red and amber ratings. These issues were being closely monitored and would be discussed by Q&S. Significant work on improving ventilation in the Trust had been undertaken.

- ii Access and Responsiveness
- Mrs Argent thanked colleagues for their hard work through the pandemic. She noted the enthusiasm shown by teams to restore and recover their services. She reported that the Trust was performing well against new operating standards under phase three recovery, and had continued to hold itself to account for Referral To Treatment and other metrics during the pandemic.

She reported that the Trust's continued good performance had been acknowledged regionally by the Integrated Care System (ICS) and that she hoped that performance would continue to improve moving forward. A&E performance had been over 90% in recent weeks, and at times in excess of 95%. 111 First was having a positive, improving impact on the delivery of services, and had been responsible for 200 presentations a day across Sussex not reporting to Emergency Departments (EDs). A work plan for improving the rapid assessment and triage of patients in ED was being developed and ambulance handover had recently greatly improved in a sustainable manner.

The Trust had seen a reduction in cancer performance during February and a recovery trajectory had been set with the ambition of regaining compliance with cancer targets in August. Work was also being undertaken to support diagnostic performance which was at 85% in February. A mobile MRI unit had been commissioned for an additional six months, and diagnostic performance would be subject to scrutiny and access meetings in order to recover performance.

Due to the pandemic, the Trust had 299 patients who had waited for treatment for over 52 weeks. 93 of these patients had been given dates for treatment, and operating theatres were now back to their pre-Covid timetables.

The Trust had received new operating guidance on 25th March, and would submit its first recovery trajectory on 16th April. Recovery trajectories were based on activity undertaken in 2019/20 and increased incrementally from 70% of activity in April to 85% by July. The Trust and the ICS would have to meet these targets, and organisations across the ICS would work together to support each other to achieve this. Mrs Argent explained that she was confident that the Trust would meet April's target.

The BAF and Risk Registers would be updated to reflect the new planning, and the ICS Urgent Care Board would manage and monitor plans across the region. A new Community Care Board would be introduced to look at interdependencies and the support needed in the community to ensure that patient pathways were planned and managed from start to finish.

Mrs Churchward-Cardiff asked whether there were any risks related to the size of the Trust's waiting list. Mrs Argent reported that waiting lists had been in a strong position prior to the second wave. Following this, the waiting list had grown, but was much smaller than some other local Trusts. Capacity and waiting lists would be managed on a system wide basis, and patients were being closely monitored by clinicians to ensure that they were treated based on clinical priority. She praised the work of the Trust's outstanding back office teams who were playing a key role in supporting clinical teams.

Mrs Fadero asked whether the Trust would play a large role in delivering the recovery targets for the ICS. Mrs Argent explained that where possible additional capacity in the Trust would be offered as organisations would work closely to ensure that patients across the region received care in the most timely manner.

Mrs Fadero asked how staff would be looked after as requirements to improve performance increased. Mrs Argent explained that staff welfare would form a key part of recovery plans, with staff being given the time and space that they needed to recover from the pandemic. Capacity was being rebuilt in a phased manner, allowing staff to take leave and to re-familiarise themselves with working areas following redeployment to other areas.

iii

Leadership and Culture

Mr Aumayer recognised that the day marked the start of Ramadan. He explained that a significant reduction in Covid cases and staff sickness had been seen in February. Redeployment of staff continued in some areas of the Trust; during February Trust pay had been above budget for the first time since September, reflecting the volume of temporary staff that had been used in January who had been paid in arrears. Mandatory training, appraisal and job planning rates had reduced during the second wave of the pandemic and plans

were in place to address this. These would be monitored by POD.

The Trust had recruited a record number of staff during February, and had doubled the number of staff registered on the bank from 3,000 to 6,000 in recent months. This had been an incredible achievement, and had given the Trust additional resilience during the second wave with almost 25,000 temporary shifts filled in February. Mr Aumayer praised the work of the temporary workforce team. Nursing recruitment continued, with low levels of nursing vacancies in the Trust.

Mr Aumayer recognised that the period following the second wave was a concerning time, where staff might stop and think about all they had gone through. Divisions were being supported to introduce measures to support their staff, encouraging them to seek help if they had any concerns. Trust Executives had recently attended a session about understanding and supporting trauma, and the Trust was taking the support of staff extremely seriously.

A two part workforce review was being undertaken, which would be reported to POD. Following the end of the six month block contract regime and confirmation of new budgets for the Trust, it was important that appropriate budgets were in place to ensure that Trust met both financial and performance needs. A strong baseline establishment would be needed by the Trust as it built for the future, and it was important to use available benchmarking, alongside the Trust's belief about what good looked like, to ensure that the Trust was effective and efficient moving forward.

Mrs Webber emphasised the importance of providing support to staff moving forward. She noted that prior to the pandemic the Trust's establishment had been considered to be high compared to benchmarking. It had grown by 5% during the pandemic and it was important that the Trust ensured that the workforce was the right size, and fit for purpose enabling the organisation to be lean and efficient with appropriate numbers of staff.

Mr Aumayer praised the efforts of colleagues throughout the organisation during the pandemic, noting that patient facing staff had been incredibly supported by colleagues behind the scenes. He felt humbled by what staff had achieved, and explained that the Trust was working hard to recognise and thank people for all they had done. Recognition forms and rewards had been introduced to thank staff across the organisation, and would continue to be used moving forward so that recognition and thanks became part of the Trust's DNA.

Mrs Churchward-Cardiff asked about the vacancy rate reported, noting that it seemed low. Mr Aumayer explained that the vacancy rate reflected the financial regime the Trust was operating under, with budgets locked and not reflecting the Trust's true position. As the Trust exited block budgeting, a realistic view of the number of vacancies in the organisation and where they were, would emerge.

Mrs Churchward-Cardiff asked whether the Trust still had access to NHS Charities Together funding to help support staff and Mr Aumayer confirmed that this was the case. He thanked them, and the Friends of the Hospitals, for the incredible support they had given the Trust during the previous year.

Mrs Manson noted that within the reporting of staff sickness, anxiety, stress and depression only appeared to increase moderately during the pandemic and

asked whether a longer term increase was anticipated. Mr Aumayer explained that the reporting reflected staff who had taken time off sick, and not what everyone had gone through on a day-to-day basis. Many staff had worked throughout the pandemic and it was vital that the Trust continued to look after staff, providing as much support as possible.

Mrs Manson asked about the uptake from staff for support services being offered. Mr Aumayer reported that uptake of all the services had been good, but that the Trust was keen for more staff to access them. Mrs Chadwick-Bell noted that the Executive team and senior leaders in the organisation had gone out into the organisation throughout the pandemic to speak to them and find out how they were feeling. Teams had described varying concerns, and each member of staff had experienced different things during the pandemic. It was important to have a range of offerings for staff, giving them the time and space to talk.

iv

Finance

Mr Reid reported that in February the Trust had achieved a £56k surplus, and had achieved an overall £11k surplus for 2020/21. Around 15% of the Trust's income during the year had been from Covid funding, demonstrating the impact of the pandemic on the Trust. Turnover of over £500m for the year had put Trust into a different category of organisation for the year.

The Trust's cash level remained high, but would reduce as the Trust moved to payment a month in arrears. The Trust had delivered over £33m of capital spending by month 11, and hoped that this would increase to between £49-50m once final invoices had been validated during year end processes. The Trust was being supported by NHSE/I to increase this as much as possible.

The financial regime for the first half of 2021/22 would be similar to that in 2020/21, but additional elective recovery funds would be available for delivery above recovery thresholds. There was a risk to financial plans that these additional funds would not be received, and the centre had not yet agreed to fund non-NHS income in 2021/22.

Mrs Webber asked whether recovery funding would be received based on Trust or ICS performance. Mr Reid explained that this was not yet clear. Mrs Webber noted the importance of transitioning from the financial regime in the first half of the year to that in place in the second half of the year. Mr Reid explained that the block contract for the first six months of the year would include an allocation for Covid costs, but with an expectation that these would be lower than the last six months of 2020/21. It was important that increasing activity did not impact on financial performance.

The Board noted the IPR Report for Month 11 and actions in place

024/2021

Learning From Deaths Quarter 2

Dr Walker reported that one possibly avoidable death had been assessed in quarter two. The patient had had extensive cancer as an underlying diagnosis, along with other co-morbidities and it was unlikely that there would have been a positive outcome if there had been an earlier diagnosis. He anticipated that the second wave of the pandemic would lead to an increase in the number of deaths that the medical examiner team would review over the next two quarters. The team had started in September and was working well, reviewing deaths independently. Cases where it was felt that care had been compromised were sent for review by individual departments.

Mrs Churchward-Cardiff asked whether the medical examiner team would be able to deal with the workload for the additional deaths seen during the pandemic. Dr Walker explained that in some organisations, the only deaths reviewed were those where it was felt that there may have been an issue. The Team at ESHT reviewed any death where there was a Serious Incident, a complaint, an amber report or a low risk death so he was not concerned about the team's capacity.

Mrs Churchward-Cardiff noted that this was a reassuring report, demonstrating that the Trust was giving a lot of attention to learning from deaths. Dr Walker explained that a lot of time had been spent ensuring that the process was robust. A small review group effectively and independently assessed every review that was undertaken to ensure that it was done in a satisfactory way.

The Board noted the Learning From Deaths Quarter 2 report.

025/2021

Quality Account Priorities 2020/21

Mrs Carruth reported that the Quality Account Priorities had been discussed, and agreed, by Q&S. Prior to the pandemic three priorities had been identified for 2020/21; work on these had continued as much as possible during the pandemic, but had become increasingly difficult. There had also been a programme of 'reducing the burden' and as a result, the three priorities had been rolled forward to 2021/22 as they remained relevant:

1. Embedding Patient Safety
2. Infection Control Excellence
3. Perfecting discharge

An update would be presented to Q&S about the progress that had been made during 2020/21. Mrs Churchward-Cardiff noted that Q&S had felt that the priorities already had good traction, and were becoming embedded within the Trust. Q&S were very supportive of continuing the priorities.

026/2021

Cardiology and Ophthalmology Update

Mr Milner presented an update on the Cardiology and Ophthalmology Transformation Programme. He explained that the paper presented was co-authored with the CCG and had been presented to HOSC in March. A further update was due to be presented to HOSC in June. Pre-consultation business cases were due to be completed at the end of May. He anticipated that a consultation process would take place between June and September, before a decision about a preferred option was made by the Trust and CCG in late 2021. This would need approval from NHSI and HOSC. He expected that changes to services would take place in early 2022.

Mrs Chadwick-Bell explained that the options for services continued to be worked through. Some options might require changes to estates or additional capital, and consultation with staff would take place prior to any implementation of options.

Mrs Churchward-Cardiff asked whether there was any risk to either service due to the delays in the process brought about by the pandemic. Mr Milner explained that he was not aware of any risks to ophthalmology services. There was a potential risk in the recruitment of cardiology consultants, although this

would be offset by the attraction of working in new facilities.

Mr Milner explained that there was concern about the nature and quality of public consultation that could be undertaken, particularly during the pandemic. It was important that this was undertaken in as inclusive a manner as possible, and that Trust and CCG were working hard to ensure that appropriate public consultation was undertaken.

Mrs Fadero asked if other Trusts had good examples of consultations that had concluded during the previous year that could be learned from. Mr Milner was not aware of any. He explained that a pre-consultation phase had been undertaken, where people had been encouraged to leave informal feedback. There was concern about inequalities, and ensuring that everyone had their chance to have a say about plans. The Trust would try to do this face to face if possible, but would look to engage in as many ways as possible.

Mrs Chadwick-Bell noted that the process for pre-engagement had changed during the last year and that the Trust was the first to go through the new process. NHSI/E would need to be assured that the Trust had sufficiently engaged with the public, and would not be able to progress the option without this. It was important that the Trust continued its good engagement, reaching out to as many people as possible.

The Board noted the Cardiology and Ophthalmology Update

027/2021 Delegation of approval of Annual Report and Accounts 2020/21

The Board approved delegation of approval of the Annual Report and Accounts to the Audit Committee. It was anticipated that this would take place on 24th June 2021.

028/2021 Annual Self-Certification

Mrs Wells explained that it was a regulatory requirement for the Board to self-certify that they could meet the obligations set out in the NHS provider license and that they had complied with governance requirements at end of each financial year. She noted that the Board was fully compliant for 2020/21. The certificates would be put onto the Trust's website once approved by the Board.

Mrs Webber noted that the self-certification had been reviewed and approved by the Audit Committee.

The Board approved the annual self-certification.

029/2021 Use of Trust Seal

There were two uses of the Trust Seal reported:

Sealing 64 – Willmott Dixon Construction Ltd, 25th February 2021

Pre-Construction Services Agreement for alterations to the Conquest Hospital Cardiac Cath Lab.

Sealing 65 – Willmott Dixon Construction Ltd, 25th February 2021

Pre-Construction Services Agreement for multi-storey car-park at Conquest Hospital.

030/2021 Questions from Members of the Public

There were no questions from members of the public.

031/2021 **Date of Next Meeting**
Tuesday 8th June 2021

Signed

Position

Date

East Sussex Healthcare NHS Trust

**Progress against Action Items from East Sussex Healthcare NHS Trust
13th April 2021 Trust Board Meeting**

There were no matters arising from the meeting on 13th April 2021.

Item 5Cii - 28th April 2021 Finance and Investment Committee Summary

1. Introduction

A Finance & Investment Committee was held on 28 April 2021. A summary of the items discussed is set out below.

2. Month 12 Financial Performance

An update on Month 12 Financial Performance was given including an update on the breakeven position at year end.

3. Month 12 Capital Programme

An update was given on the 2020/21 capital programme and the 2021/22 capital plan. The total capital expenditure against the Capital Resource Limit (CRL) at month 12 for 2020/21 was £47.7m, ahead of the revised target of £46.7m by £1.0m. This additional expenditure has been agreed with NHSI/E ahead of year end. The capital plan for 2021/22 was likely to be slightly tighter.

4. Building for our Future (BFF) Strategic Outline Case Update

The Committee received an update on the Building for our Future programme and Strategic Outline Case. Following submission of the Strategic Outline Case to NHSE/I on 26th March 2021, a letter has been received from the New Hospital Programme (NHP) team providing an update on the next steps and phasing of the programme will be confirmed in due course.

5. Productivity & Efficiency Update

An update was given on the Efficiency Programme. The Programme Support Office team is working with the divisions to develop the schemes, and will continue to utilise model hospital, model health system, benchmarking, GIRFT, SLT etc. to identify opportunities.

6. 2021/22 Financial Planning Approach

An update was provided on the 2021/22 financial planning approach including an overview of the financial guidance, the ICS position and an outline budget for H1 21/22.

7. Commercial Update

The Committee received a brief update on Commercial Projects.

8. NHS Property Services

There was no update to report.

Jackie Churchward Cardiff, Non-Executive Director
on behalf of Steve Phoenix, Chair of Finance & Investment Committee

7th May 2021

27th May 2021 Finance and Investment Strategy Committee Summary

1. Introduction

The Finance & Investment Strategy Committee was held on 27th May 2021; a summary of the items presented is set out below.

2. BFF Programme: Transformation

A paper was presented to the Committee and provided details of the transformation plans around the new hospital redevelopment plan and a wider set of transformations showing how the strategy elements are being developed around the governance structure and processes.

3. Divisional Plan on a Page updates

Draft Plans for 2021/22 were shared with the Committee, with final plans to be presented on 24th June 2021. The starting point for these plans is based on the block contract spend against the staffing reviews to meet the safety requirements, and based on the agency activity spend to meet demand. A phasing in approach would be established to recruit to posts and the divisional plans are currently a work in progress to support financial schemes around H1 forecast priorities.

4. M1 Summary position

The paper provided showed the M1 Year to Date (YTD) position which was a £0.3m deficit in line with the annual plan. The M1 deficit was driven by income phasing, and was anticipated to have caught up by M2. Costs relating to covid remain relatively high, but were expected to reduce as the effects of the pandemic reduced.

5. Commercial update

A paper was presented to the Committee providing details on the current contract to replace the PACS/VNA/RIS system for Radiology. A procurement project had been undertaken to purchase a new PACS system in collaboration with six acute trusts across the South East. Final tender offers had been received and were undergoing financial assessment by the Finance and Procurement teams. The Committee fully supported this programme of work.

6. Corporate Efficiency Plan Summary

A paper was shared with the Committee providing details of Diagnostic services and providing an overview of the proposed cases in the pipeline. The Committee noted the paper that showed processes to create a diagnostic service between ESHT and the ICS.

7. Endoscopy agreement

A detailed summary was provided about the current waiting list for patients that had built up during the pandemic. A proposed 32 week service tender exercise had been established by Procurement and was proposed to the Board which would help to reduce the number of patients waiting for treatment. The Committee discussed the proposal, agreeing that the tender should proceed.

8. F&I / F&I Strategy Committee Separation

The paper was shared with the Committee that described the split of the Committees. It was proposed that monthly F&I Committee meetings should be reinstated to provide greater scrutiny of the Trust's finances moving out of the pandemic. The Strategy Committee would continue to meet on a bi-monthly basis. Terms of reference for the Strategy Committee would be drafted. The Committee agreed to the proposal and new meeting dates would be circulated.

Steve Phoenix

Chair of Finance & Investment Committee

28th May 2021

East Sussex Healthcare NHS Trust

People & Organisational Development (POD) Committee

Introduction

Since the Board last met a POD Committee meeting was held on 20 May 2021 (meeting of 22 April was cancelled). A summary of the items discussed at the meeting is set out below.

Review of Action Tracker

The outstanding items on the action tracker were reviewed and further updates would be provided at the next meeting.

Workforce

Workforce Report

An update was provided on the Workforce Report. This was the first report that really reflects the Trust exiting the significant Covid pressures. The report brings the Trust back to expected levels across various areas.

Establishment Review

A verbal update was provided on the establishment review and it was highlighted that this review demonstrates a more realistic budget which actually provide vacancies that people can recruit to and allows the Trust to keep that pipeline going, which has been delivered. The next stage of the establishment review was about fit for the future, looking at safe staffing levels, appropriate staffing levels across the clinical services ensuring that our clinical and corporate services are the correct size. An HR Transformation Consultant had joined the Trust to assist with this work. This work will continue alongside the development of the People Plan and People Workforce Strategy over the next 2-3 weeks.

Recruitment Update

An update was provided on the progress of recruitment across the Trust. The recruitment team had dealt with unprecedented volumes of activity at the Trust, both in terms of supporting Covid operations and in maintaining 'business as usual recruitment' during the Covid pandemic. It was reported that in order to deliver the HR Workforce Plan and address the current and future workforce shortages, the Trust will need to focus on 3 key areas:

- The need to attract and recruit new colleagues in a climate where it is no longer a buyer's market
- The need to motivate, engage with and include of colleagues to increase the chance that they will choose to stay with us
- The Trust must action recommendations in The People Plan in terms of looking at alternative ways of working, improving opportunities for flexible working and growing our own workforce via new roles and training.

Employee Relations Report

An update was provided on the Employee Relations Report. The paper described information relating to the number of formal staff complaints and conduct issues which had been raised, including Employment Tribunal claims, during the period October 2020 and 31 March 2021 (Quarter 3 and Quarter 4).

This report is to provide assurance that incidents/complaints have been managed, investigated and acted upon in accordance with Trust policies.

Health & Wellbeing

Exit Interviews

All staff should have the opportunity to have a conversation about why they are leaving the Trust. This feedback can then be used to inform the Trust about what is going well and where improvements can be made. A detailed summary of the Exit Interview Report was provided and it was highlighted that a deep dive had been undertaken. A small task and finish group had met to discuss the deep dive and agree proposed actions.

Board Assurance Framework

The BAF highlights two areas for the POD Committee to focus on:

BAF 4 – Sustainable Workforce – rated 16

HR risks had been reviewed at the HR Quality & Safety meeting this week. It had been agreed that changes would be made showing less of risks that were more business as usual going forward. It was recognised that opportunities in ways of working would better attract and retain people and whilst the risk score remains as a 16, we are confident through the work that we are doing that the risk will decrease in the coming months given the fact that there are some workforce shortages, which are inherent across the industry and will always remain challenging.

BAF 5 – Protecting our Staff – rated 12

BAF 5 had been managed effectively throughout the Covid period. As a result of the staff survey violence and aggression was being focussed on. Covid Risk Assessments were being undertaken, currently at 98%, with an audit via TIAA stating that the risk assessments are both reasonable and accurate.

Terms of Reference and POD Annual Report

Agreed changes to the Terms of Reference:

- To continue with alternate monthly meetings:
 - Operational
 - Strategy
- Slight amend to the attendance
- Monthly workforce report to be included at every meeting.

A summary of the POD Annual Report was provided. It is best practice for every Committee of the Trust to conduct an annual self-assessment review of its effectiveness and to produce an Annual Report for the Board. In April 2021 a number of questions had been circulated to the POD Committee members, responses collated and summarised. This self-assessment was completed by five members.

Guardian of Safe Working Hours Report

An update was provided of the Guardian of Safe Working Report which covered the months February to April 2021. The purpose of the report is to update and provide assurance to the Board that Doctors in Training (DiT) are safely rostered and enabled to work hours that are safe and support training and education opportunities in compliance with the TCS of the 2018 Framework Agreement.

7. Minutes of the POD Committee 18 March 2021

Minutes of the meeting held on 18 March 2021 are attached for the Board's information.

Miranda Kavanagh
Chair of POD Committee
May 2021

Quality and Safety Committee Report 22nd April 2021

The Quality and Safety Committee last met on the 22nd April for a strategy meeting. There was a welcome return of divisional representation and the key points from the meeting are as follows:

- **Medicines Optimisation:** a detailed report was received on performance and progress, giving good assurance on safety on Controlled Drugs and incident reviews but with a need for improvement in surveillance and incidents relating to discharge, particularly in the patients' home, Insulin and dispensing. Priorities have been agreed, focussing on improvements such as application of the 3-point check policy, establishing a frailty lead and improving patient discharge education.
- **Infection Control and Prevention Board Assurance Framework:** new requirements have been built into the BAF, such as reducing patient movement, and the Trust is embedding IPC as everyone's business. Full compliance with the BAF is dependent on operational pressures, ventilation and testing all of which present threats to the full control of infection in the Trust. The BAF therefore gives partial assurance but confidence that the Trust is taking all measures possible.
- **High Level Risk Register:** the Committee noted that the 3 highest rated risks were all reducing or closing. A review at divisional level will be undertaken to review current risks and reporting requirements to ensure the HLRR remains relevant and accurate.
- **Elective recovery:** there was good assurance on the focus and efforts to recovery activity levels. Recovery targets have been set with 5% monthly increases up to 85% of previous activity levels. Priority will be given to cancer and people waiting longest. The committee requested a review of community services recovery and this will be presented to the June meeting.
- **Workplan:** frailty has been scheduled for a restart in September and the quality aspects of the Outpatient Transformation plan will come to the June meeting.
- **Deprivations of Liberty Safeguards (DOLS):** a new policy will come into force next year and will have implications for Trust staff. Discussion on training needs has commenced to ensure successful implementation.
- **Quality Account:** the June return has been postponed and we await guidance on a reduced format and timetable.
- **Patient Safety Strategy:** a national framework is expected and the June Committee will consider the impact and requirement for ESHT.

Jackie Churchward-Cardiff

Quality and Safety Committee Chair
22nd April 2021

Quality and Safety Committee Report 20th May 2021

The Quality and Safety Committee last met on the 20th May for a performance meeting.

- The committee viewed a patient story video, regarding her experience of home birth with the Ivy Midwife Team and the benefits she received from continuity of carer. The experience the patient had was extremely positive and she noted a faster physical recovery because she felt safe, supported and relaxed. The Continuity of Carer programme is proving successful but will have implications for establishment levels as it extends in response to national guidelines.
- A report on recovery confirmed the return to pre pandemic activity in most services, but there is an additional need to address the backlog of patients waiting for treatment. The Committee took assurance from the Trust's plan to restore and recover, noting the level of work required to ensure patients were assessed and given treatment dates. There is however a large waiting list post-pandemic affecting most services and particular Diagnostic Imaging which will take some time to resolve.
- The Corporate Risk Register report noted improvements in the highest risk score items, but there was a need to address Violence and Aggression training in key areas. It was noted that the Trust was not an outlier in reported V&A rates but wished to reduce risk further.
- There is an increasing risk within children's and young people's services due to the higher levels of mental health care required and the subsequent demand for specialist care and placements.
- The Governance report noted an improvement in falls and a focus on closing out Serious Incident Amber incident reports which had extended during Covid. In addition the Committee asked for further assurance regarding incident rates in administration and in EDGH outpatients.
- The mortality report gave strong assurance that the Trust has robust processes in place to capture performance and identify trends. Further work will be undertaken to understand variances between sites and to improve Mortality and Morbidity record keeping. Trust performance continues to remain above peer group despite the pandemic.
- In regard to Infection Control and Prevention, the Committee noted that the Trust is now in a de-escalation phase given very low levels on Covid. This would reduce the need for PPE, but there would be a continued focus on embedding robust IC practice .
- The Excellence in Care project was discussed as there is concern that the platform is not user friendly. Additional Business Intelligence support was required to improve the platform so that the project could deliver its original objectives. The Committee felt that the project was not working as intended and as such was currently a missed opportunity in terms of quality monitoring.
- It was noted that an increased number of Freedom of Information requests were being received, resulting in a large workload in response. Work is underway to improve and standardise responses and a paper would be presented to the Committee for approval.

Jackie Churchward-Cardiff

Quality and Safety Committee Chair
20th May 2021

Integrated Quality & Performance Report

**Prepared for East Sussex Healthcare NHS Trust Board
For the Period April 2021 (Month 1)**

Content

1.	About our Integrated Performance Report (IPR)	
2.	Performance at a Glance	
3.	Quality and Safety <ul style="list-style-type: none"> - Delivering safe care for our patients - What our patients are telling us? - Delivering effective care for our patients 	
4.	Our People – Our Staff <ul style="list-style-type: none"> - Recruitment and retention - Staff turnover / sickness - Our quality workforce - What our staff are telling us? 	
5.	Access and Responsiveness <ul style="list-style-type: none"> - Delivering the NHS Constitutional Standards - Urgent Care - Front Door - Urgent Care – Flow - Planned Care - Our Cancer services 	
6.	Financial Control and Capital Development <ul style="list-style-type: none"> - Our Income and Expenditure - Our Income and Activity - Our Expenditure and Workforce, including temporary workforce - Cost Improvement Plans - Divisional Summaries 	
7.	Ensuring Our Future <ul style="list-style-type: none"> - Our Business Plans - Our Business Cases / Cases for Change 	

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



Balanced Scorecard

Safety	Target	Last month	This Month	Variation	Assurance
Patient Safety Incidents	<=	838	909	Common Cause	No Target
Serious Incidents	<=	4	7	Common Cause	No Target
Never Events	0	2	0	Common Cause	Inconsistent
Falls per 1,000 bed days	5.5	5.0	5.1	Common Cause	Inconsistent
Pressure Ulcers, grade 3 to 4	0	0	1	Common Cause	Inconsistent
MRSA Cases	0	0	0	Improvement	Consistently Hit
Cdiff cases	<5	6	5	Common Cause	Inconsistent
MSSA cases	<=	2	0	Common Cause	No Target
RAMI	<=	87.6	88.3	Concern	No Target
SHMI (NHS Digital monthly)	<=	0.96	0.96	Common Cause	No Target
CHPPD	<=	10.3	9.9	Common Cause	No Target
Staff Fill Rate	100%	93%	96%	Common Cause	Consistently Missed

Patient Experience	Target	Last month	This Month	Variation	Assurance
Complaints received	<=	33	49	Common Cause	No Target
A&E FFT Score	<=	96%	99%	Common Cause	No Target
Inpatient FFT Score	<=	99%	100%	Improvement	No Target
Maternity FFT Score	<=	100%	100%	Common Cause	No Target
Out of Hospital FFT Score	<=	96%	100%	Common Cause	No Target
Outpatient FFT Score	<=	98%	97%	Common Cause	No Target

Our Performance	Target	Last month	This Month	Variation	Assurance
A&E 4 hour target	>95%	92.1%	92.3%	Common Cause	Consistently Missed
A&E Non Admitted	<=	95.9%	95.6%	Common Cause	No Target
A&E 12 hour from Arrival	<=	28	38	Common Cause	No Target
UTC 2 hour	>98%	83.8%	86.5%	Concern	Consistently Missed
Cancer 2ww	>93%	97.1%	97.2%	Common Cause	Consistently Hit
Cancer 62 Day	>85%	66.4%	75.2%	Common Cause	Inconsistent
62 day Backlog	<=	114	118	Common Cause	No Target
104 day Backlog	<=	49	34	Common Cause	No Target
RTT under 18 weeks	>92%	77.3%	76.4%	Concern	Consistently Missed
RTT 52 week wait	0	263	196	Concern	Consistently Missed
RTT Total Waiting List Size	26,965	30937	31382	Concern	Inconsistent
Overdue P2	<=	227	231	Concern	No Target
CHIC within target wait time	<=	89.0%	86.0%	Common Cause	No Target
Diagnostic <6 weeks	<1%	17.0%	18.5%	Concern	Consistently Missed

Our People	Target	Last month	This Month	Variation	Assurance
Establishment (WTE)	<=	7,082.3	7,383.0		
Vacancy Rate	<=	-0.5%	4.6%	Improvement	No Target
Staff Turnover	<9.9%	9.5%	9.8%	Improvement	Consistently Hit
Stability	<=	92.3%	92.4%		
Sickness - Absence % (rolling 12 mths)	<4.5%	4.8%	4.7%	Concern	Inconsistent
Sickness - Average Days Lost per Fte	<=	17.7	17.3		
Staff Appraisals	>85%	73.1%	74.8%	Concern	Consistently Missed
Statutory & Mandatory Training	>90%	88.4%	89.6%	Improvement	Consistently Missed

Our Recovery	% 19/20 Agreed	Last month	Var	% 19/20 Agreed	This Month	Var
Total Outpatients				85%	104%	19%
New Outpatients				86%	94%	8%
Follow UP Outpatients				84%	107%	23%
Elective Daycase				81%	93%	12%
Elective Inpatients				70%	78%	8%
Non Elective Activity				93%	102%	9%
A&E Attendances				103%	103%	0%

Our Productivity	Target	Last month	This Month	Variation	Assurance
Theatre Utilisation	>90%	77.9%	78.4%	Common Cause	Consistently Missed
4 hour theatre sessions	<=	398	484	Common Cause	No Target
Average Cases per 4 hour session	<=	2.4	2.5	Common Cause	No Target
Outpatient Utilisation	100%	85.4%	86.0%	Common Cause	Consistently Missed
Clinic run rate	<=	78.6%	78.1%	Common Cause	No Target
Non Face to Face Outpatients	>25%	37.9%	34.7%	Improvement	Consistently Hit
Elective Length of Stay	2.7	2.5	3.2	Common Cause	Inconsistent
Non Elective Length of Stay	3.6	3.7	3.4	Common Cause	Inconsistent

01/06/2021

4

Quality and Safety

Delivering safe care for our patients



What our patients are telling us?

Delivering effective care for our patients

**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

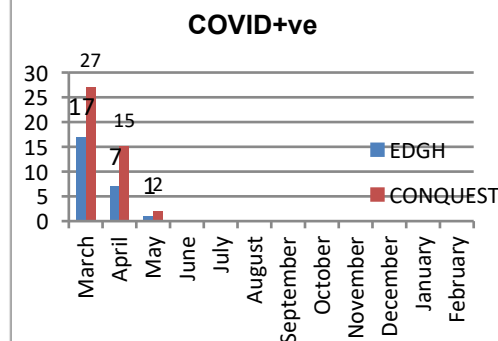
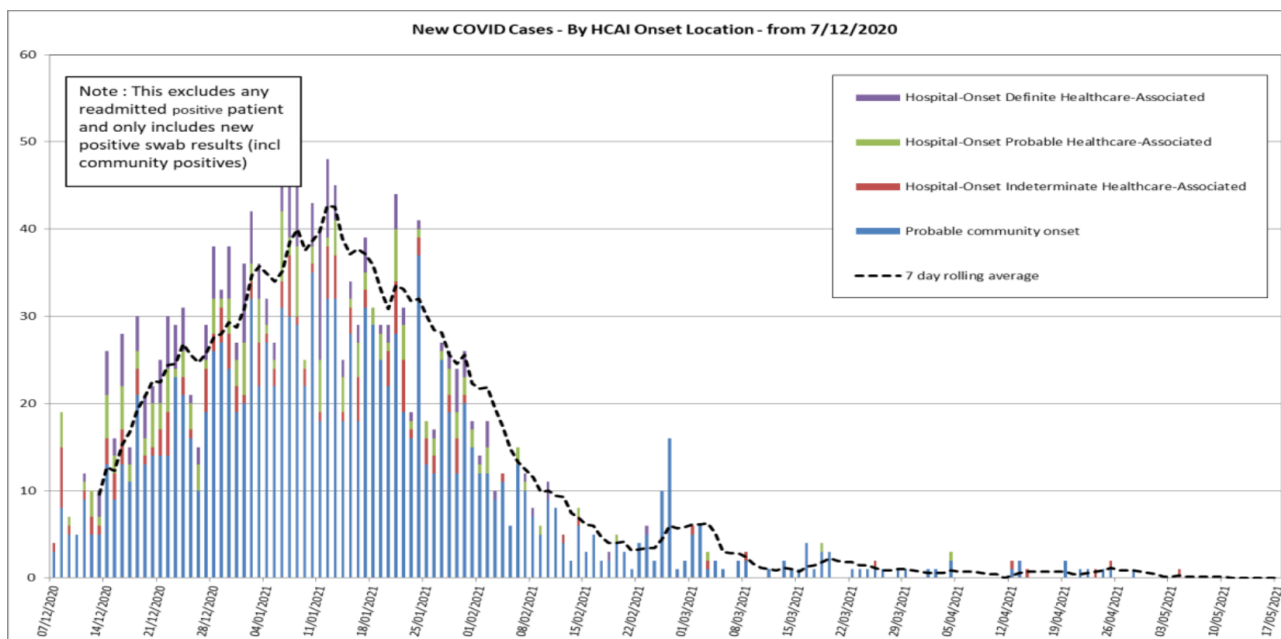
			Author
<p>Quality and Safety</p> <p>April 2021 data</p>	<p>COVID - 19 Prevalence in E. Sussex continues to decline. There are currently no COVID positive patients in ESHT. Work is now underway to review patient pathways to reflect reducing risk and support returning services.</p> <p>Infection Control Revised limits for CDI have yet to be published. Year end position was within limits and lower than previous years. There has been a small increase in cases in April which are not part of an outbreak.</p> <p>Safe Care - Incidents</p> <ul style="list-style-type: none"> Total patient safety incidents reported has increased slightly SI's reported relating to Covid-19 outbreaks in wave 2 which have been clustered by site <p>Pressure Ulcers Rates remained within control limits with common cause variation. One 4 PU was reported in April related to a resident in a care home. An annual report and priorities for the year ahead are being developed.</p> <p>Falls Rate of 5.1 per 1,000 bed days with collaborative work ongoing and renewed focus on gateway areas in particular.</p>	<p>Complaints/Friend & Family Test (FFT) Divisional teams are working through the backlog of complaints from wave 2. FFT submissions remained lower than pre-COVID but with recommendation rates ranging between 99% and 100% for A&E, Inpatient, and Maternity.</p> <p>Effective Care – Nursing & Midwifery Workforce Nurse staffing has returned to agreed establishment levels following the 2nd wave of COVID-19 with a subsequent improvement in quality metrics.</p> <p>New commissioning guidance for Advanced Clinical Practice has been published by HEE and expressions of interest have been requested. This will improve the development of new roles to support the needs of the service and ultimately patients.</p>	 <p>Vikki Carruth Chief Nurse and Director of Infection Prevention & Control (DIPC)</p>  <p>David Walker Medical Director</p>
<p>Actions:</p>	<ul style="list-style-type: none"> Safe Care - Incidents. An audit of actions identified in closed SI RCA reports is being undertaken to assess how many actions have been completed with associated evidence 		
01/06/2021			

01/06/2021

COVID-19

Prevalence

The number of people testing positive in E. Sussex continued to reduce in April. The overall rate on 12th May was 7.2/100,000 compared with national prevalence of 23.5/100,000. There are currently no COVID positive patients in ESHT.



COVID pathways are being reviewed to reflect reducing prevalence. We have been advised that easing of social restrictions nationally does not apply to the healthcare settings.

Testing

Due to the low prevalence, rapid testing methods are most useful to detect COVID negative patients but there is increased likelihood of false positives. The DNA nudge rapid test is now being used in the emergency department to assist with triage of patients. Patients are isolated pending confirmatory PCR results to avoid risk of infection/outbreaks but it is proving challenging operationally.

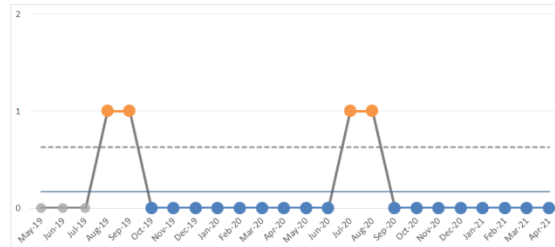
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Safe Care - Infection Control (non COVID)

MRSA cases

Target: 0
Variation: Normal
Current Month: 0



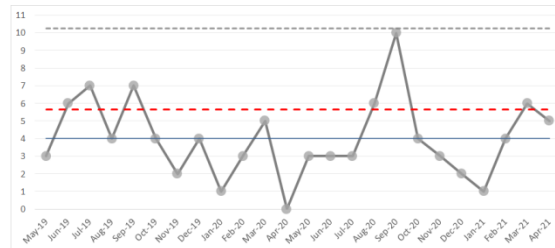
Author: Lisa Redmond – Head of Infection Control

MRSA bacteraemia (MRSA) –

There were no attributable MRSA bacteraemias reported for April.

CDIFF cases

Target: 5.66
Variation: Normal
Current Month: 5

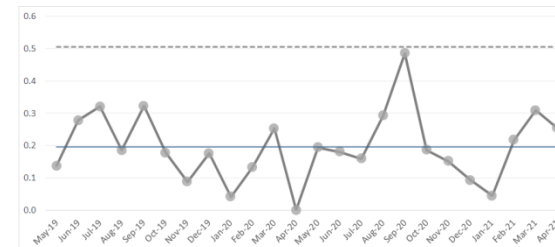


Clostridium Difficile Infection (CDI) –

For the month of April, 5 hospital attributable cases were reported. Of these, 3 were HOHA (Hospital Onset Healthcare Associated) and 2 were COHA (Community Onset Healthcare Associated). Post infection reviews are underway. There is no evidence that the infections are linked or represent outbreaks.

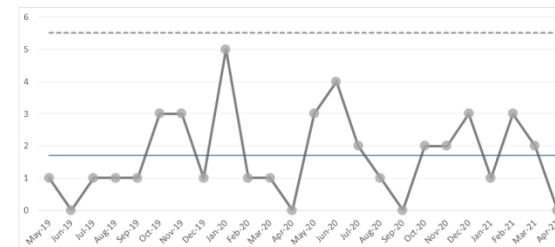
CDIFF per 1000 bed days

Target: Monitor
Variation: Normal
Current Month: 0.25



MSSA

Target: Monitor
Variation: Normal
Current Month: 0



MSSA bacteraemia -

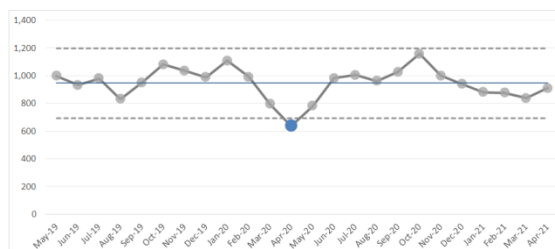
There were no attributable MSSA bacteraemias reported for the month of April.

01/06/2021

Safe Care – Incidents

Patient Safety Incidents (Total Incidents ESHT and Non ESHT)

Target: Monitor
Variation Normal
Current Month: 909

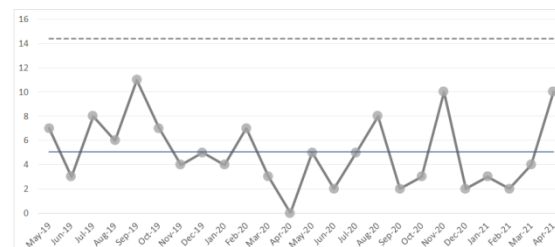


Author: Lisa Forward – Head of Governance

Status Report
The number of patient safety incidents has increased slightly in April but remains lower than pre pandemic. The Trust is maintaining a good no harm/near miss reporting percentage – 76%. Serious incidents reported remains within normal variation. Top 3 categories are Slips/Trips/Falls (101), Medication incidents (88) and Antenatal, Labour and Post Natal Care incidents (76). There were 6 SI's reported in April, 3 of which were for Covid-19 Outbreaks combined into clusters for Conquest, Bexhill and Rye Hospitals. The outbreaks occurred in December 2020 and January 2021.

Serious Incidents (Incidents recorded on Datix)

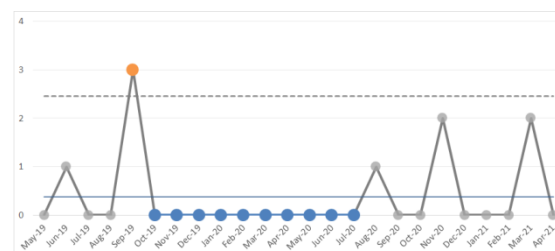
Target: Monitor
Variation: Normal
Current Month: 10



Challenge & Risk: The new Patient Safety Incident Response Framework i(PsIRF) is now scheduled to be implemented in all trusts by March 2022. This will change how serious incidents are managed as RCA reports will not always be required. Focus will be on reviews of themes similar to approach taken by HSIB. Will require implementation plan and a paper will go to the Quality & Safety Committee.

Never Events (Incidents recorded on Datix)

Target: 0
Variation: Normal
Current Month: 0



Actions:

- Report on the results of the audit of SI actions completed with evidence is being drafted with presentation to Patient Safety and Quality Group in June and Quality and Safety Committee in July.
- Report being prepared outlining the Patient Safety Strategy and the new PSIRF and the implications for the Trust. To be presented to the Patient Safety and Quality Group in June and Quality and Safety Committee in July.

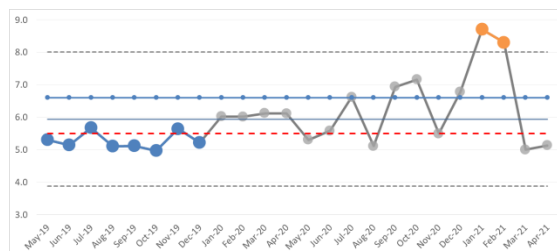
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Safe Care - Falls

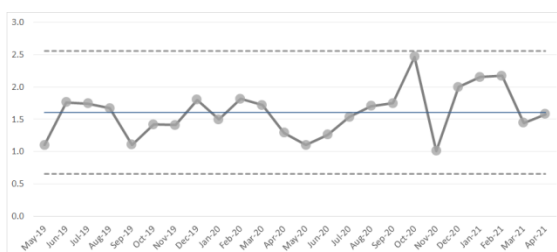
Total Falls Per 1000 bed days

RCP National Average: 6.6
(RCP – Royal College of Physicians)
Target: 5.5
Variation: Normal
Current Month: 5.1



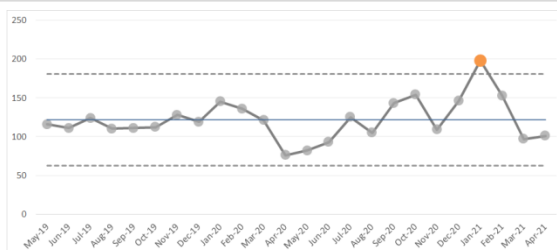
Falls with Harm Per 1000 bed days

Target: Monitor
Variation: Normal
Current Month: 1.58



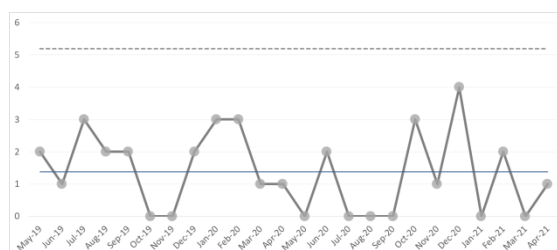
Total Falls

Target: Monitor
Variation: Normal
Current Month: 101



Major or Catastrophic Falls

Target: Monitor
Variation: Normal
Current Month: 1



Author:

Hazel Tonge – Deputy Director of Nursing

Status Report

For the month of April the falls rate was 5.1 per 1,000 bed days. As benchmarking is actively discouraged by NHSE some collaborative working is underway to look at sharing good practice but comparisons of rates with other trusts is not included. A peer review is underway with St Georges NHS Trust.

Challenge & Risk:

Work underway focusing on gateway areas with higher rates.

Actions:

- Review of current QI work programme and data
- Complete the peer review
- Continue with collaborative working

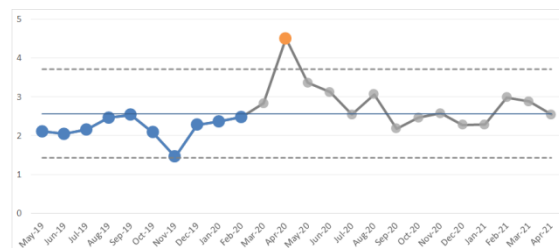
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Safe Care - Pressure Ulcers

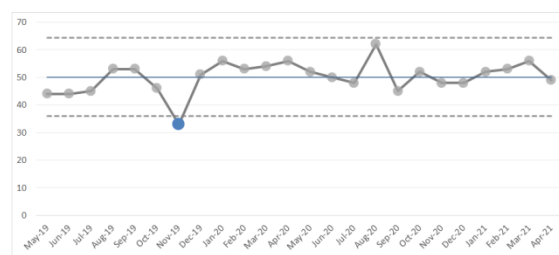
Pressure Ulcers Per 1000 bed days (Grade 2,3,4)

Target: Monitor
Variation: Normal
Current Month: 2.54



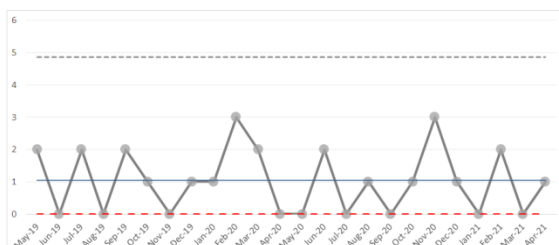
Pressure Ulcers Category 2 (inpatient and community)

Target: Monitor
Variation: Normal
Current Month: 49



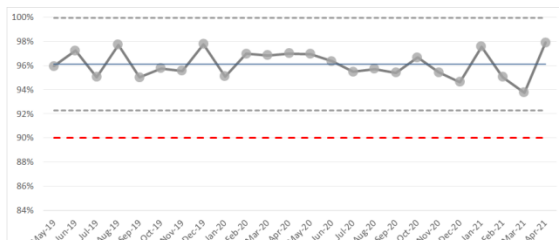
Pressure Ulcers Category 3&4

Target: 0
Variation: Normal
Current Month: 1



Pressure Ulcers Assessment Compliance

Target: 90%
Variation: Normal
Current Month: 97.9%



Author: Tina Lloyd, Assistant Director of Nursing

Status Report: The overall rate of PUs reported remains within control limits.

Of the 49 category 2 PUs reported in April 2021; 22 were amongst acute inpatients, 5 were within an integrated care setting and 22 were in the community setting.

One category 4 PU was reported in a care home resident and a root cause analysis (RCA) in being undertaken.

Of those audited the compliance of patients with completed PU assessments remains at expected levels.

Challenge & Risk: The Tissue Viability service is now fully restored and service priorities for 2021-22 (including pressure ulcer prevention & management) are being drawn up for approval by the Trust Patient Safety and Quality Group.

Actions:

- RCA to be completed on cat 4 PU reported in patient in care home for presentation to the Pressure Ulcer Review Group.
- A TVN and PU annual report for 2020-21 and objectives for 2021-22 to be developed and approved by PSQG in June 2021

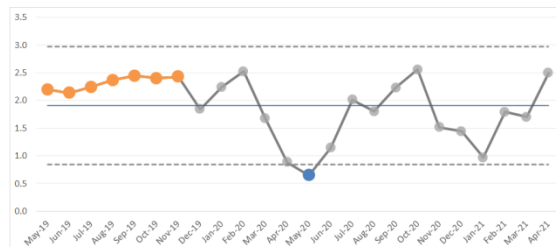
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What patients are telling us?

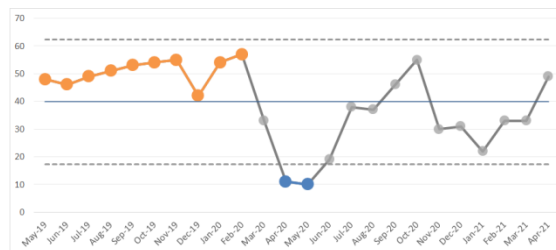
Complaints Received per 1000 bed days

Target: Monitor
Variation: Normal
Current Month: 2,5



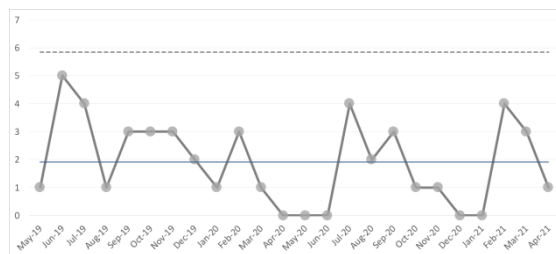
Complaints Received

Target: Monitor
Variation: Normal
Current Month: 49



PHSO contacts

Target: Monitor
Variation: Normal
Current Month: 1



Author:

Darren Langridge-Kemp – Complaints, PALS & Patient Experience Manager

Status Report

There were 127 open complaints at the end of April 2021. The number of new complaints received in the month was a significant increase on March and brought receipt of new complaints to similar levels pre-COVID .

Four cases were reopened in April.

The PHSO made one contact with the Trust; this was to make enquiries about a case they were considering for investigation that we had previously investigated and responded to regarding a cancer diagnosis.

Complaint response times have been very distorted due to the pandemic however, as the backlog of complaints caused by wave 2 clears and normal processes continue to be resumed, there will be a gradual restoration of improved complaint response rates going forward.

Challenge & Risk:

There remains a large caseload of overdue open complaints as a result of wave 2, and the ability to clear these as quickly as resources permit is being compounded by the increase in receipt of new complaints.

This has created low compliance with the Trust's complaint response rates but work is now completed with a redesign of the approval and sign off process to ensure a more efficient, but thorough, process to contribute to improved response rates going forward.

Actions:

Plans for monitoring in divisional IPRMs and at Q&SC.

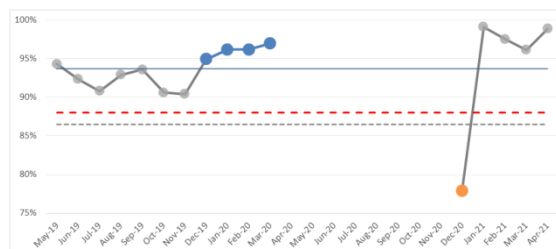
01/06/2021

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What patients are telling us?

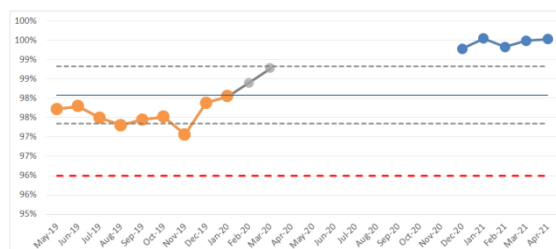
F&FT – A&E Score

Target: 88%
Variation: Normal
Current Month: 98.9%



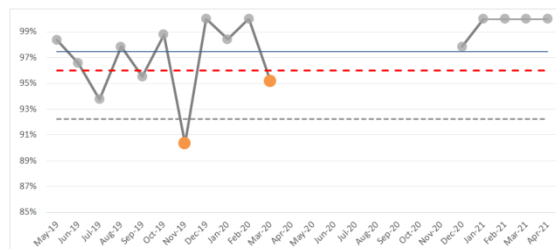
F&FT – Inpatient Score

Target: 96%
Variation: Improvement
Current Month: 99.5%



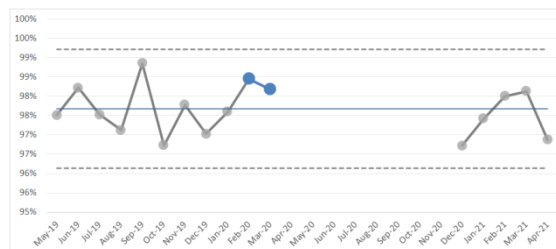
F&FT – Maternity Score

Target: 100%
Variation: Normal
Current Month: 100.0%



F&FT – Outpatient Score

Target: Monitor
Variation: Normal
Current Month: 96.9%



Author:

Darren Langridge-Kemp – Complaints, PALS & Patient Experience Manager

Status Report

FFT was relaunched on 1 December 2020 at the request of NHS England. However, response rates remained low due to the pressures of wave two.

Whilst FFT response rates remain below pre-COVID levels, recommendation rates in April for A&E, Inpatient, and Maternity FFT's were between 99% and 100%.

The monthly Patient Experience report contains more analysis and information regarding FFT recommendation rates.

Challenge & Risk:

The focus on FFT was reduced during COVID and in wave two due to pressures and staffing levels.

Actions:

To support clinical services in encouraging patient feedback via FFT.
To encourage ward staff to use their electronic devices to collect FFT feedback and exercise robust infection control measures in this area.
Explore how to make FFT available in more digital formats (i.e. on the Trust website).

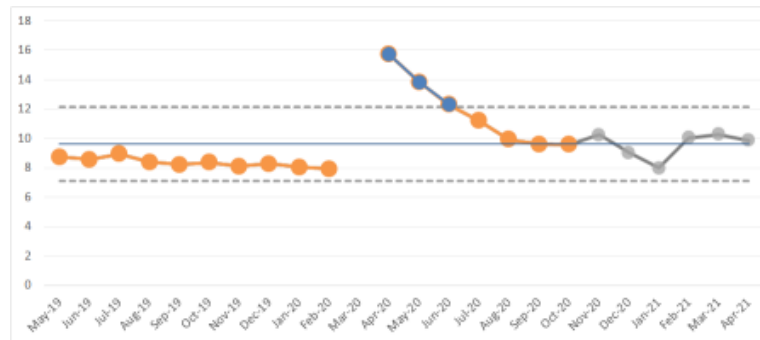
01/06/2021

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Effective Care – Nursing & Midwifery Workforce

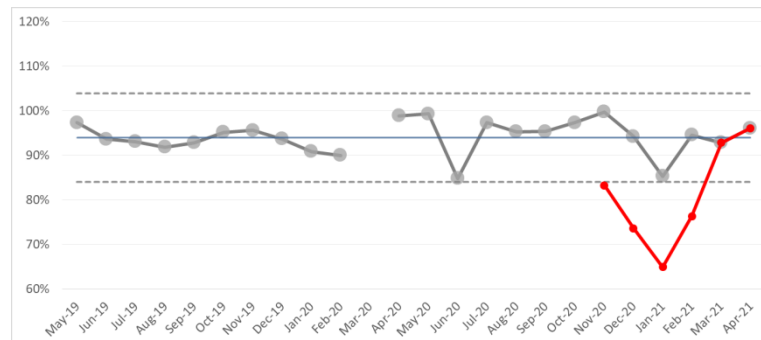
CHPPD (Trust)

Target: Monitor
Variation: Normal
Current Month: 9.9



Staff Fill Rate (total)

Target: 100%
Variation: Normal
Current Month: 96.1%
Incl. escalation: 96.1%



Author: Angela Colosi, Assistant Director of Nursing

Status
Report

Care Hours per Patient Day (CHPPD)

February's Model Hospital benchmark data shows both peers and national medians at 9.5 & 9.4 with ESHT at 10.1. This reflects the return to common cause variation after the second wave of COVID. ESHT CHPPD has remained stable at 9.9 in April. CHPPD is calculated by dividing the actual hours worked by the number of patients in beds at midnight and is the trust average.

Staff Fill Rate

96.1% was the fill rate against the agreed nursing template for April. No escalation shifts were required so the fill rate including escalation is also 96.1% (red line) indicating that nurse staffing levels have recovered and are closer to the required levels. The red line shows the wave 2 impact of Covid including additional capacity and Covid escalation templates for increased Covid occupancy.

Challenge
& Risk:

Activity in the emergency departments is higher than expected, and staff are working hard to manage the increased demand. There is a risk that the impact of the 2nd COVID-19 wave will show in as a reduction in staffs' resilience, however sickness levels are less than this time last year.

Actions:

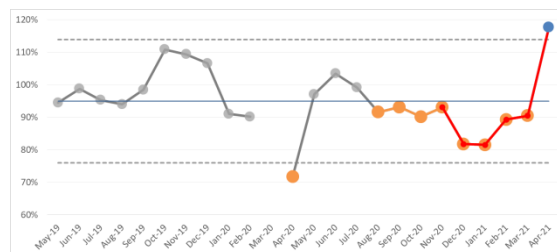
- Safer staffing (Nursing) now reports into Quality and Safety Committee by exception and monthly into the Patient Quality and Safety Group
- The Safe Care Lead Nurse commenced her position on the 17th May
- A review of Healthroster KPIs continues to provide assurance that data is triangulated with quality metrics.

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Effective Care – Nursing Workforce

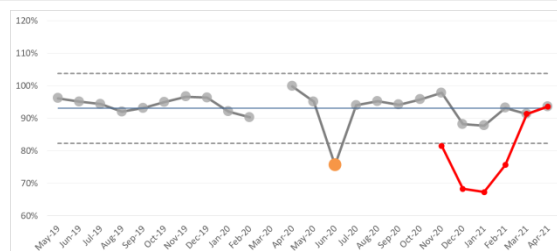
Staff Fill Rate (Bexhill)

Target: 100%
Variation: Concern
Current Month: 117.7%
Incl. escalation: 117.7%



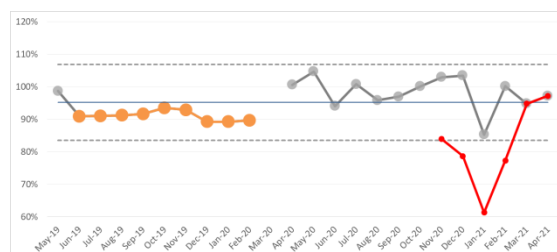
Staff Fill Rate (Conquest)

Target: 100%
Variation: Normal
Current Month 93.6%
Incl. escalation: 93.6%



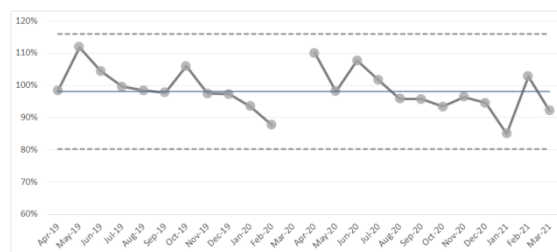
Staff Fill Rate (Eastbourne DGH)

Target: 100%
Variation: Normal
Current Month: 97.2%
Incl. escalation: 97.2%



Staff Fill Rate (Rye Memorial)

Target: 100%
Variation: Normal
Last available month
(March): 92.1%



Author: Angela Colosi, Assistant Director of Nursing

Status Report: Bexhill Irvine Unit has utilised over their agreed establishment due to induction of new staff in post (including International Nurses) and is under close review. Conquest, Eastbourne & Rye fill rate is stable. Escalation shifts have not been utilised in April.

Challenge & Risk: As we continue with the International Nurse expansion programme, there is a risk that as the budgets are set and retention rates improve we may not have the available vacancy to take the planned number of overseas staff. Mitigation will be constant monitoring of the numbers of nurses that we accept from overseas.

Actions:

- Health and Well-being initiatives continue to support staff.
- Twice daily staffing meetings continue to ensure that risk across all areas is managed safely.

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Effective Care - Mortality

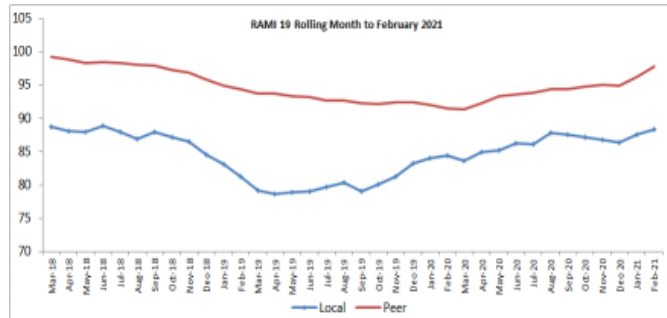
Why we measure Mortality – it's used as an indicator of hospital quality in order to look for improvement in mortality rates over time, improve patient safety and reduce avoidable variation in care and outcomes.

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



Risk Adjusted Mortality Index (RAMI) – without confirmed or suspected Covid-19



- SHMI – January 2020 to December 2020 is showing an index of 0.96
- RAMI has been rebased and has been updated to RAMI 19
- RAMI 19 without confirmed or suspected Covid-19 – March 2020 to February 2021 (rolling 12 months) is 88 compared to 84 for the same period last year. February 2020 to January 2021 was also 88.
- RAMI 19 was 95 for the month of February and 142 for January with a peer position of 116 and 117 respectively. As with SHMI, RAMI is not designed for this type of pandemic activity, so RAMI without Covid-19 has been provided for consistency.
- Crude mortality without confirmed or suspected covid-19 shows March 2020 to February 2021 at 1.53% compared to 1.53% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 47% in March 2021 compared to 72% in February 2021.

RAMI Peer Distribution without confirmed or suspected covid-19



RAMI v Peer

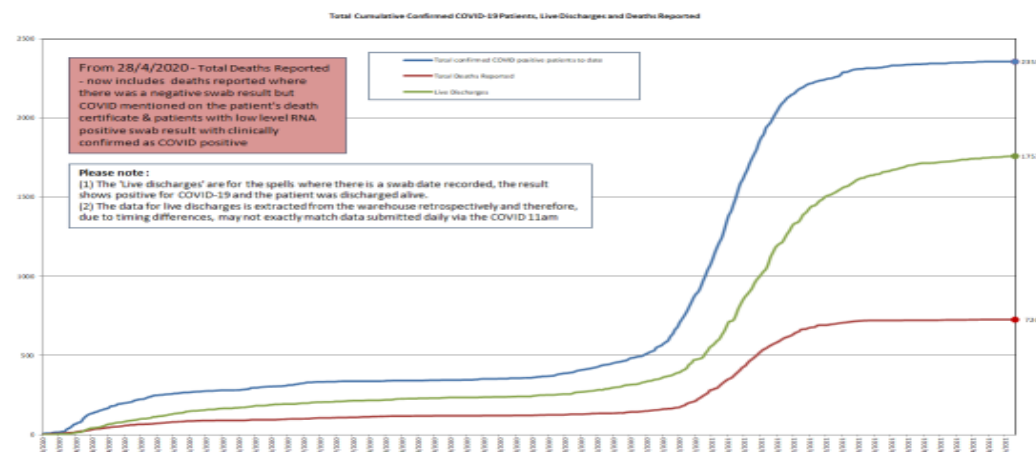
This shows our position nationally against other acute trusts - currently 28/125

April 2021 Main Cause of In-Hospital Death Groups (ESHT)

Heart Failure	19
Sepsis/Septicaemia	13
Cerebro-vascular Incident	12
Cancer	10
Pneumonia	10
Chronic Obstructive Pulmonary Disease (COPD)	4
Community-acquired Pneumonia	3
Hospital-acquired Pneumonia	3
Liver Disease	2
Atrial Fibrillation (AF)	1
Bowel Obstruction	1
COVID-19	1
Myocardial Infarction (MI)	1

There was 1 COVID-19 related death in April compared to 7 in March.

There are:
27 cases which did not fall into these groups and have been entered as 'Other not specified'.
13 cases for which no CoD has been entered on the database and therefore no main cause of death group selected.



From 28/4/2020 - Total Deaths Reported - now includes deaths reported where there was a negative swab result but COVID mentioned on the patient's death certificate & patients with low level RNA positive swab result with clinically confirmed as COVID positive

Please note:
(1) The 'Live discharges' are for the spells where there is a swab date recorded, the result shows positive for COVID-19 and the patient was discharged alive.
(2) The data for live discharges is extracted from the warehouse retrospectively and therefore, due to timing differences, may not exactly match data submitted daily via the COVID 11am

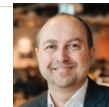
Our People – Our Staff

Recruitment and retention
Staff turnover / sickness
Our quality workforce
What our staff are telling us?

**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

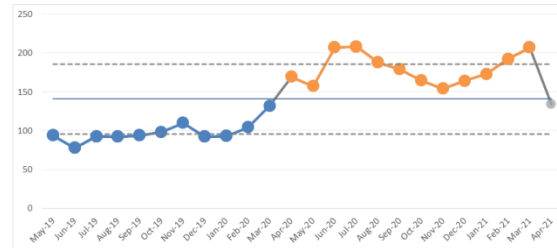
	Positives	Challenges & Risks	Author
Responsive	<p>Monthly sickness has reduced by 0.2% to 3.9%. Annual sickness rate has reduced to 4.7%</p> <p>Mandatory Training rate has increased by 1.2% to 89.6%</p> <p>Appraisal compliance has increased by 1.7% to 74.9%</p>	<p>Annual turnover has increased by 0.3% to 9.8%, reflecting 612.5 fte leavers in the rolling 12 months</p> <p>Vacancy rate has increased by 5.1% to 4.6%</p> <p>Current vacancies are showing as 321.2 ftes</p>	 Steve Aumayer Chief People Officer
Actions:	<ul style="list-style-type: none"> The Trust is preparing to welcome an additional 14 Nurses on the 28th May, with further planned cohorts in July, Sept & Nov. This brings the total of international nurses arriving at the Trust since Dec 2017 to 307 and the Trust is on target to welcome a total of 185 by the end of the financial year 2021/2022. Continued monitoring of travel restrictions to ensure a strong pipeline of candidates is maintained. Currently, Indian nurses cannot be employed in the UK due to the Covid situation in their country. At present, this does not impact Doctors from India. Staff Survey –Work is ongoing on the three Corporate priorities, identified as a result of the 2020 National staff survey. The priorities aim to create the conditions whereby all our colleagues know that their Health and Wellbeing is a priority and that everyone who works at ESH has the opportunity to flourish in a positive and inclusive culture. Staff recognition and reward policy has been updated and ratified which outlines our approach to long service, monthly and annual awards. This is in addition to the plans for a series of thank you events post pandemic. As part of our Leadership Development pathway the Trust has launched the Aspiring Leaders programme aimed at those colleagues who aren't in a leadership position but are interested in progressing. The programme is an introduction to leadership and management focussed on how great leadership can impact on patient/service user outcomes, experience and staff motivation. Health and Wellbeing –Miranda Kavanagh, Non Executive Director will be the Trust's Health and Wellbeing Guardian. In terms of emotional wellbeing we are investing in programmes that will be sustainable for the long term such as TRiM – (Trauma Risk Management), where trained practitioners will support colleagues following a traumatic event at work, and MHFA, (Mental Health First Aid), equipping leaders to understand and recognise the impact of mental health. Mandatory Training rate is 89.6% almost meeting the 90% target set by the CQC and Trust Induction is at 100% in line with the trajectory plans. Work remains ongoing on improving the compliance. Appraisal compliance rate increased again by 1.7 and will be further supported by a new training programme and refined appraisal documentation planned for June ESH will be undertaking a People Review (establishment) to understand what our 'fit for purpose' organisation look like & what opportunities does it present. Internal and external benchmarking will be referenced during the programme. There is a continued focus on ICS Business Planning submissions for NHSI/E however a wider understanding from other providers that the workforce submission will be 'best view' as finances and activity targets continue to adjust and settle The Trust is launching a Rostering Optimisation Programme with all staff groups and divisions in scope to provide assurance that the substantive workforce is being maximised, providing equity for all colleagues and assuring compliance in relation to policies Work is currently underway to refine the workforce reporting format and content working with Knowledge Mgt. The intent is to draw together meaningful balanced scorecard reflecting the relationship between activity, finance, workforce and quality & safety 		

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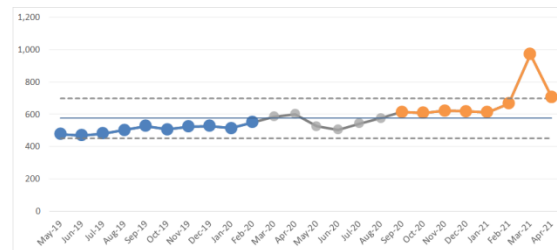
Workforce – Contract type

Agency FTE Usage



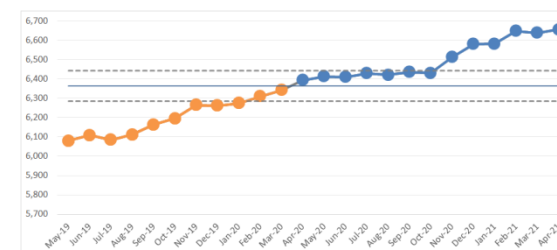
Current Month: 133.8

Bank FTE Usage



Current Month: 706.2

Substantive FTE Usage



Current Month: 6,655.4

Author:

Jenny Darwood; David Moulder

Status
Report

Agency fte usage has reduced by 73.4 ftes and bank usage by 265.4
Substantive usage has increased by 18.0 fte usage

These numbers represent a return to more usual levels after the inflated numbers for Mar 21 when there was a catch up in weekly paid files and new bank accrual process capturing all unpaid shifts.

April has seen a 27% reduction in requests for temporary staff this reduction has been seen across all workgroups but especially within Registered Nurses/Midwife, HCA and Ancillary workgroups. This is in line with a reduction in shifts required to cover sickness and additional COVID rosters.

Bank supply increased by 2% this is an increase for 5th consecutive month. Agency supply has reduced by 34% compared with March.

Bank & substantive recruitment campaign over preceding months has supported the increase in fill and the decreases in reliance on agency staff.

Challenge
& Risk:

Locum Medics on Fixed term contracts and Collaborative bank roster for SCFT (Vaccinator) are presently reported within the bank FTE usage.
Hard to fill areas and Re-start programmes are increasing requests for temporary staff
Key areas of risk:
Sonographers
Theatre Staff
Endoscopy
Obstetric & Gynae

Actions:

Grip and Control remains a core functionality of TWS with 100% contracting via framework suppliers; 100% Medical and AHP agency workers contracted via Direct Engagement

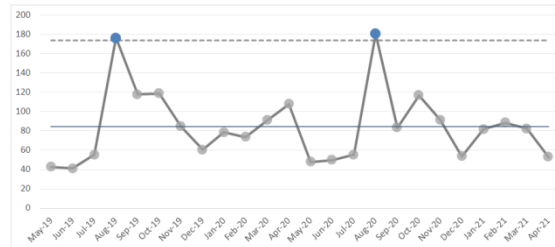
Review of present bank fte ledger information with aim to reflect bank use only.

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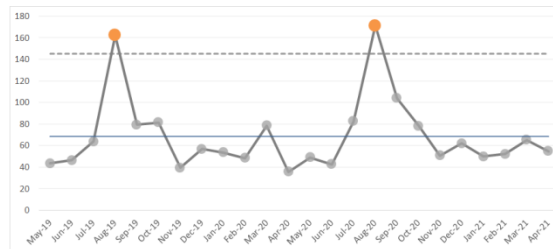
Workforce - Churn

Starters FTE



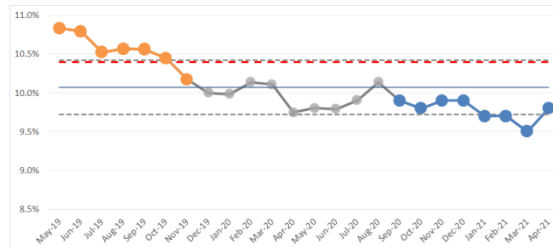
Current Month: 53.0

Leavers FTE



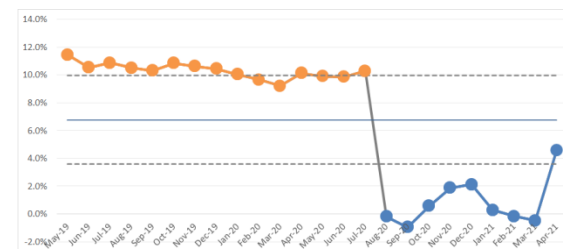
Current Month: 54.7

Annual Turnover Rate



Current Month: 9.8%

Vacancy Rate



Current Month: 4.6%

Author: Greig Woodfield

Status Report

The Trusts starters & leavers monthly net total in March 2021 was -1.7 ftes with 53.0 starters and -54.7 leavers. The Trust turnover rate has increased this month by 0.3% to 9.8%. There were 612.5 fte leavers in the previous 12 months. The Trust vacancy rate has increased by 5.1% to 4.6% (which equates to 321.2 fte vacancies) due to resetting of the budgeted establishment for 21/22. The budgeted establishment for Apr has been reset against the prior baseline budget (using Month 6 20/21) and adjusted for the community and UTC investments agreed with commissioners in 19/20 and the safer staffing review. Along with initial review this has given an adjusted baseline of 7,383 ftes.

Challenge & Risk:

Medical & Dental annual turnover 13.6% (41.7 fte leavers) EU staff not applying for settled status and right to work in UK by the 30th June. This is business critical. Covid Travel restrictions being extended to further 'red countries' which impacts on candidate Time To Hire. Despite success with continued targeting of hard to recruit posts, still areas of focus remain eg Consultants Respiratory, Care of the Elderly, Gastro.

Actions:

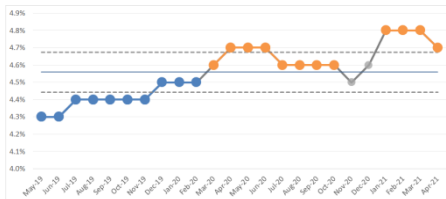
- Strong pipeline of International Nurses. Planned intakes for remainder of 21/22. On target for 185 by year end 21/22
- Sonographers campaign via Medacs Agency in place. Direct communication to all EU Nationals, substantive and bank. HR Managers assisting with process at Divisional level.
- Hard to recruit medical posts with Medacs and additional agencies as required. Targeted phased approach to filling medical posts has proved successful
- Refresh of Exit interview process to ensure we understand what we do well as an employer and what we can improve on
- Career conversations to help colleagues achieve their potential
- Continuing to work on developing leaders at all levels who are key in retaining staff
- Development of a partnership forum to involve and engage a wider range of our staff in things that are important to them and the general business of the Trust
- Reviewing our approach to agile working

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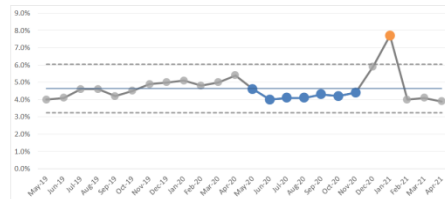
20

Workforce - Sickness

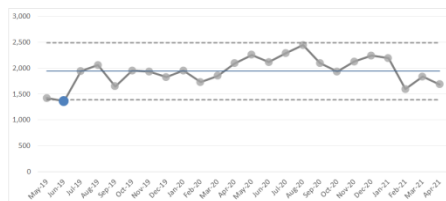
Annual Sickness Current Month: 4.7%



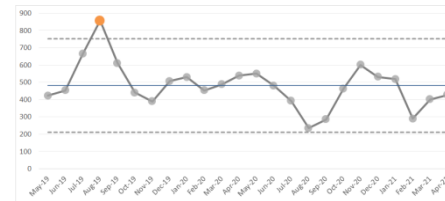
Monthly Sickness Current Month: 3.9%



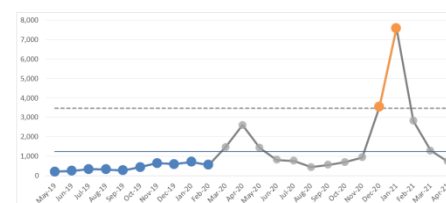
Anxiety/Stress/Depression



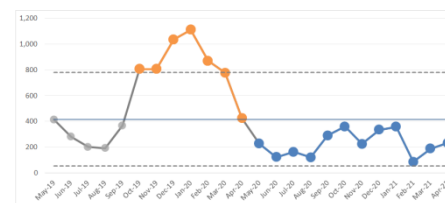
Back Problems



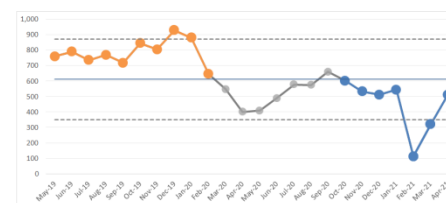
Chest & Respiratory Problems



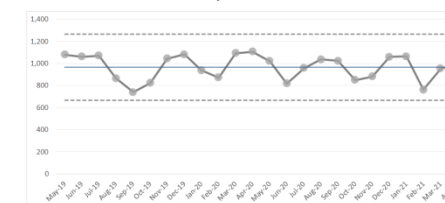
Cough, Cold & Flu



Gastro-intestinal Problems



Other MSK problems



Author:

Jo Gahan

Status
Report

Annual sickness rate has reduced by 0.1% to 4.7%; monthly sickness has also reduced by 0.2% to 3.9%.

Starting to see reduction as impact of Covid lessens. Total staff reported as absent due to Covid sickness as at 7th May was 23 (compared to a peak of 237 on 22nd Jan).

Chest & respiratory illnesses have continued to fall, by another 557.7 fte days lost whilst there was a reduction of 148.2 fte days lost due to anxiety, stress & depression.

Challenge
& Risk:

Staff on Long Covid absence have ongoing full sick pay entitlement under national Covid pay arrangements creating a challenge for implementation of Trust absence policy.

Actions:

National review pending of ongoing full pay for Long Covid absence. All cases reviewed on individual basis, ensuring Occ Health advice secured and adjustments put in place where possible to facilitate a return to work.

Raising awareness of range of support available for stress management

Comprehensive wellbeing plan in place to support mental health and Long Covid

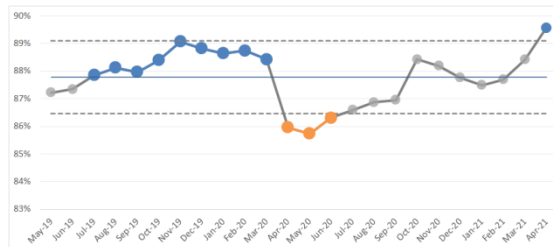
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Workforce - Compliance

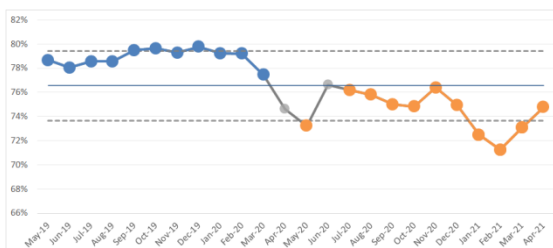
Mandatory Training Compliance

Current Month: 89.6%



Appraisal Rate

Current Month: 74.9%



Author: Dawn Urquhart

Status Report
Mandatory Training rate is 0.4% off the 90% target set by the CQC. Trust Induction is at 100%, trajectory plans that have been put in place have had a positive impact. Work remains ongoing on improving the compliance, one area of focus is on Safeguarding in response to national training changes at Level 2 and 3 which will need to be implemented.

Appraisal compliance rate increased again by 1.7%, the training programme has been refreshed and a in house video resource is to be produced late May and will be edited in early June. Refreshed Appraisal documentation comments on new paperwork received, revised paperwork to ESG June 12 2021 for approval.

Challenge & Risk:
Vaccination hub now closed on Conquest site- work to support training recovery in line with HEE/NHSE/I requirements is on going.

Lack of robust technology to support training recovery is a risk. Nationally as part of training recovery, Technology Enhanced Learning.(TEL) is a priority which included investment in Technology.

OSCE programme continues with International Nurses working in collaboration with Staff Engagement and HWB team.

Actions:
Procurement of an educational Learning Management System that will support an electronic appraisal process. Will conclude end of May 2021.

Full review of current technology and AV to support new ways of learning and teaching completed mid May 2021- needs to be included in Trust Digital Strategy.

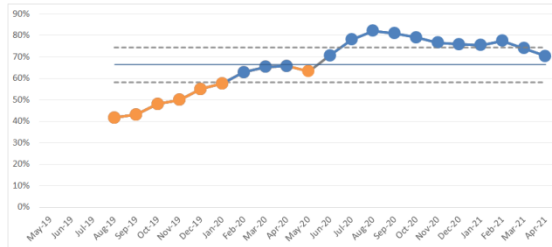
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Workforce – Job Planning

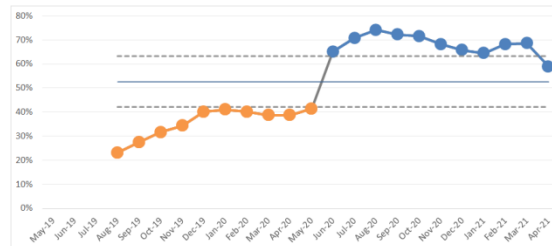
Consultant eJob-Planning Fully Approved Rate

Current Month: 70.4%



SAS Grades eJob-Planning Fully Approved Rate

Current Month: 58.9%



Author:

David Moulder

Status
Report

178 of 253 Consultants have a completed eJob Plan (70.4%) and 56 of 95 SAS Doctors have a completed eJob Plan (58.9%). This equates to an overall approval rate of 72.7%.

Challenge
& Risk:

Signed off rate has significantly dropped due to the Trust undergoing the job plan review stage plus delays due to the pandemic peak over Jan & Feb . More effort is being channelled towards supporting medics, Clinical Leads and Service Managers in terms of supporting with job plan reviews and sign offs.

Actions:

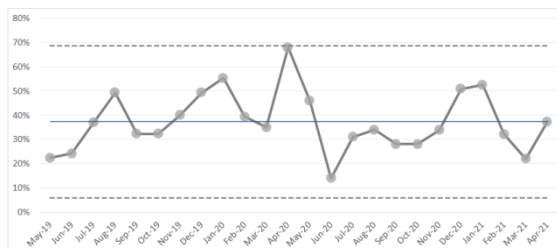
More effort is being channelled towards supporting medics, Clinical Leads and Service Managers in terms of supporting with job plan reviews and sign offs.

Of the 114 job plans not yet signed off, 58 are awaiting sign-off and 44 are in discussion.

Workforce – Roster Completion

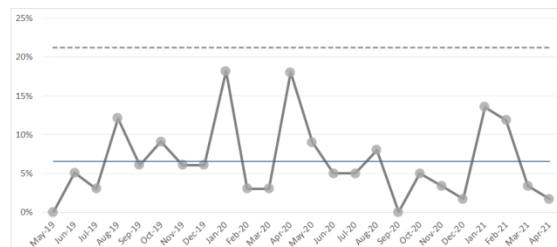
6 week Nursing Management Roster Approval Rate

Current Month: 37.3%



8 week Nursing Management Roster Approval Rate

Current Month: 1.7%



Author:

David Moulder

Status Report

For the roster starting on 22nd Feb, 22% of rosters had been approved at 6 weeks before commencement and 3% had been approved at 8 weeks prior to commencement.

Challenge & Risk:

For the next roster cycle beginning 22nd March 2021, the rosters will have had to have been approved by 25th Jan 2021 for 8 week approval and 8th Feb 2021 for 6 weeks approval.

Lower rates of approval are associated with increased activity, managing redeployed staff effectively and increased sickness levels.

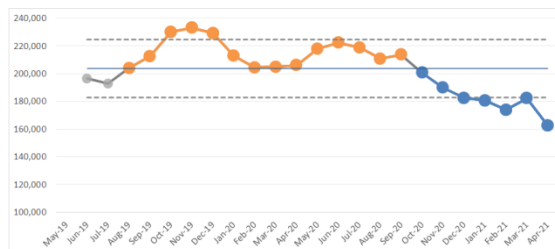
Actions:

Divisional management to ensure processes and support in place to meet roster deadlines

Workforce – Salary Overpayments

Salary Overpayments

Current Month: £162,714



Author: David Moulder

Status Report: Salary overpayments in Apr have reduced by £19,577 to £162,714, against a 12 month average of £196,376.

New debt added in Mar 21 equated to £8,423, from 9 new cases. There are currently 216 cases in all; 60 relating to current staff and 156 for leavers

Challenge & Risk: 55 of the cases are due to late notification of leaving and 34 are due to overtaken annual leave.

Actions: Development of webforms to simplify process for notification of leavers and of staff changes.
Ensure use of Healthroster to book annual leave

Access and Responsiveness

Delivering the NHS Constitutional Standards

Urgent Care – Front Door

Urgent Care – Flow


Planned Care

Our Cancer services

We will operate efficiently & effectively

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

Summary

	Positives	Challenges & Risks	Author
Responsive	<p>ED Performance: Continues to deliver over 90% and a further improvement from March. Placing us in the top 20 performing Trusts</p> <p>Cancer 62 day standard: April looks set to achieve over 80% on final submission.</p> <p>Diagnostic Service Provision: DM01 continues to deliver pre-covid levels of activity</p> <p>Restart & Recovery: Elective theatres were fully restored in April. We have comfortably achieved the elective recovery target for April. Hitting over 90% against the 70% of 19/20 activity ask.</p>	<p>ED Attendances: Another month of high attendances coupled with workforce challenges limiting our activity in our UTCs</p> <p>Elective Waiting list: Expected growth anticipated but mindful that this may impact our long waiting position in H2</p> <p>Health Inequalities: As a Trust we need to focus on how we accurately capture this data to support the delivery of national guidance</p> <p>New variants: the potential for new covid variants to impact on our urgent and elective capacity as well as bed occupancy</p>	 <p>Tara Argent Chief Operating Officer</p>
Actions:	<ul style="list-style-type: none"> We have set regular weekly meetings with SECAMB and Urgent Care leads to share learning, data and review operational plans. We are also reviewing our UTC capacity to help with rising demand Cancer Recovery continues to be a key focus for the Trust. The Trust has an improvement plan and an agreed trajectory across the ICS to get the Trust compliant with the 62 day standard by August 2021. there is also a focus on reducing the collective backlog and we are aiming to do this by diagnosing and treating our long waiting patients through May – July. This will have a detrimental impact on our 62 day performance but it is felt that this is the right thing to do for our patients and to put us in a more sustainable position to be able to achieve and maintain the 62 day standard from August 2021 onwards. To address some diagnostic backlogs, the Trust has secured additional capacity with an independent sector provider. In addition to this, the Trust are looking at insourcing opportunities to help reduce diagnostic backlog and achieve the 28 day Faster Diagnosis Standard The next phase of priority coding has now been instigated. This phase focuses on the coding of our diagnostic waiting lists. The guidance has been widely shared and is being planned through DM01 PTL meetings as well as at the Trust's weekly Elective Care Board 		

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NHS Constitutional Standards

*NHS England has yet to publish all April 2021 Provider based waiting time comparator statistics

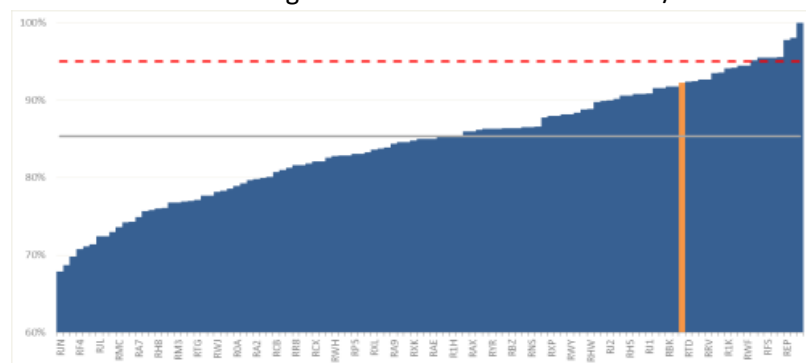
ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

April 2021 Peer Review

National Average: 85.4%

ESHT Rank: 19/114

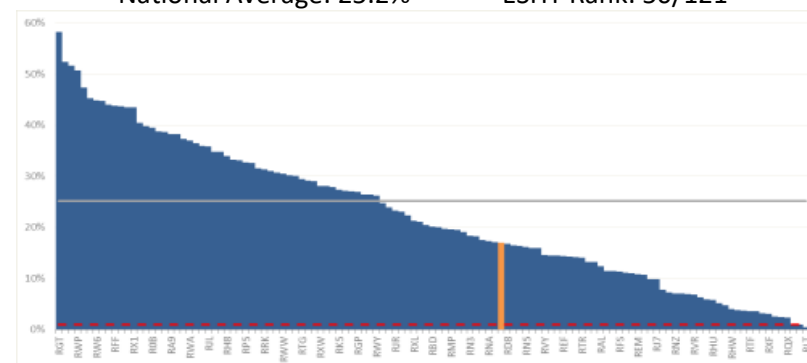


Planned Care – Diagnostic Waiting Times

March 2021 Peer Review*

National Average: 25.2%

ESHT Rank: 50/121

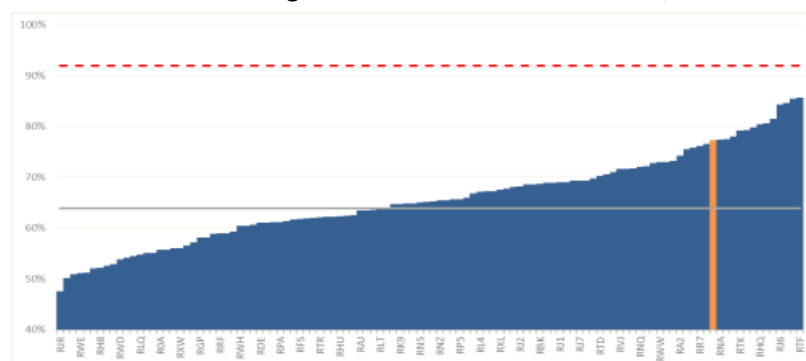


Planned Care – Referral to Treatment

March 2021 Peer Review*

National Average: 63.9%

ESHT Rank: 14/112

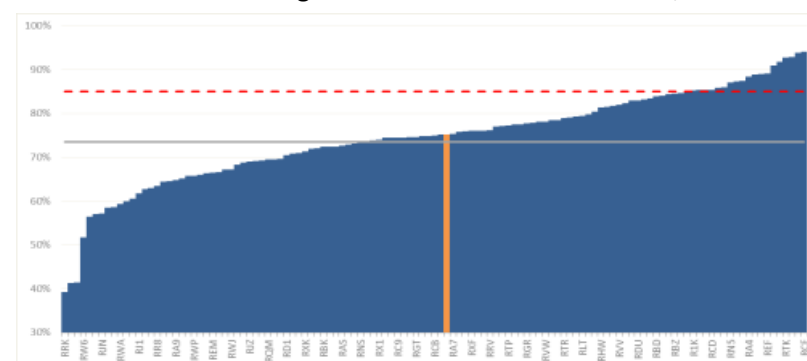


Cancer Treatment – 62 Day Wait for First Treatment

March 2021 Peer Review*

National Average: 73.5%

ESHT Rank: 59/121



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Planned Care – Elective Recovery Framework

April 2021

Consultant led first outpatient attendances (Spec acute)

Division	Act Exc Uncashed	Act Inc Uncashed	Uncashed * AttRate	Internal Plan	Activity (%) Exc Uncashed	Activity (%) Inc Uncashed
DAS	5056	5069	13	86%	103%	103%
MED	1958	2009	51	86%	76%	78%
WAC	682	691	9	86%	90%	91%
Grand Total	7696	7769	73	86%	93%	94%

Total Elective Admissions - Day Case

Division	Act Exc Uncashed	Act Inc Uncashed	Uncashed * AttRate	Internal Plan	Activity (%) Exc Uncashed	Activity (%) Inc Uncashed
DAS	1881	1890	9	81%	92%	93%
MED	1664	1700	36	81%	91%	93%
WAC	89	92	3	81%	106%	110%
Grand Total	3634	3682	48	81%	92%	93%

Consultant-led follow-up outpatient attendances (Spec acute)

Division	Act Exc Uncashed	Act Inc Uncashed	Uncashed * AttRate	Internal Plan	Activity (%) Exc Uncashed	Activity (%) Inc Uncashed
DAS	9276	9318	42	84%	107%	108%
MED	4243	4284	41	84%	104%	105%
WAC	731	736	5	84%	103%	104%
Grand Total	14250	14338	88	84%	106%	107%

Total Elective Admissions - Ordinary

Division	Act Exc Uncashed	Act Inc Uncashed	Uncashed * AttRate	Internal Plan	Activity (%) Exc Uncashed	Activity (%) Inc Uncashed
DAS	274	275	1	70%	75%	75%
MED	45	45	0	70%	52%	52%
WAC	64	75	11	70%	121%	142%
Grand Total	383	395	12	70%	76%	78%

Total Outpatient attendance (All TFC, Consultant and Non consultant led)

Division	Act Exc Uncashed	Act Inc Uncashed	Uncashed * AttRate	Internal Plan	Activity (%) Exc Uncashed	Activity (%) Inc Uncashed
Assessment	2882	2883	1	84%	631%	631%
DAS	17449	17518	69	85%	97%	98%
MED	10637	10769	132	84%	94%	95%
WAC	2707	2739	32	85%	96%	98%
Grand Total	33675	33909	234	85%	103%	104%

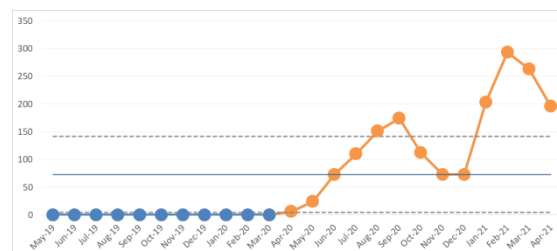
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Planned Care – New Elective Measures

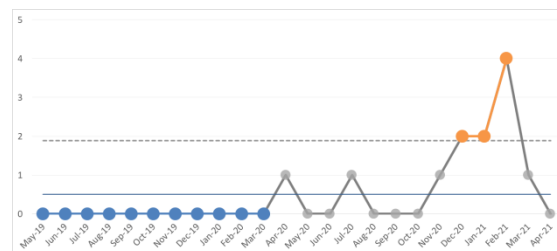
RTT 52 Week Waiters

Target: 0
Current Month: 196



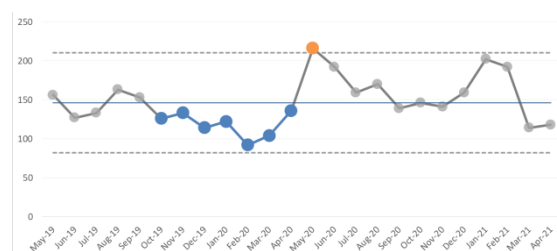
RTT 78 Week Waiters

Target: 0
Current Month: 0



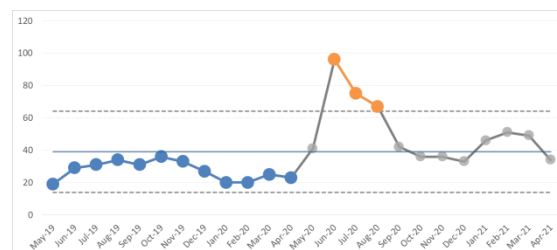
Cancer 62 Day Breach

Target: Monitor
Current Month: 118



Cancer 104 Day Breach

Target: Monitor
Current Month: 34



Author:

Mike McKernan

Theatres fully restarted in April 12th after standing down surge rotas and this enabled us to focus on our long waiters in addition to our P2 patients. With this new measure now being a focus weekly at divisional PTL meetings as well as Elective Care Board.

These will soon be validated measures once the process has been embedded and will more accurately reflect our long waiting numbers. After validation of the waiting list, it shows that there were no >78 week patients in April on the monthly RTT submission

Divisions are focused on ensuring that we reduce our cancer backlog and see, diagnose and where required, treat our long waiting patients.

Our 104 day patients have reduced again in April. With the >62 day patients rising only very slightly which is largely down to our interdependency with tertiary centres who also needed to restart post covid wave.

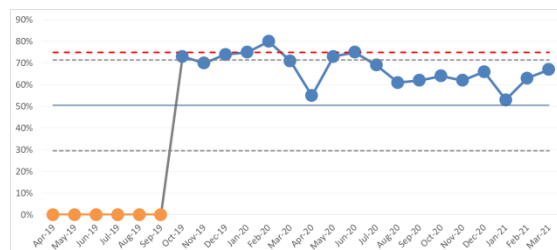
01/06/2021

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Planned Care – New Elective Measures

28 Day FDS(Faster Diagnosis Standard)

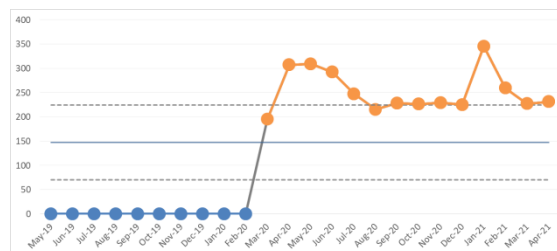
Target: 75%
Current Month: 66.7%



To sustainably achieve the target of faster diagnosis, we need to clear our backlog of patients who meet this criteria. This has been steadily worked through in recent months and we are on course to achieve target in August as per our trajectory

P2 Overdue (> 35 Days)

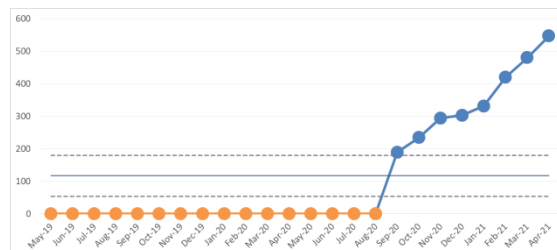
Target: Monitor
Current Month: 231



Our overdue P2 patients are monitored weekly both in divisional PTL meetings and at Elective Care Board. This measure looks at all patients both appointed and unappointed who have been waiting longer than 5 weeks for their admission date. While this number may look high, it reflects the volume of referrals being added to the waiting list. With theatres fully restarting on April 12th, we should see these numbers begin to reduce in coming months

PIFU Pathways

Target: Monitor
Current Month: 547

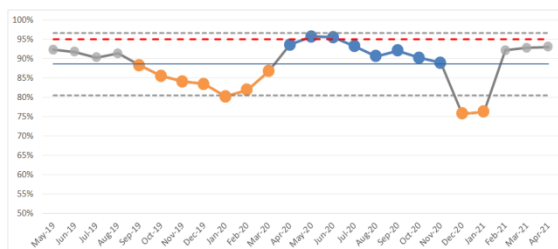


This looks at the number of patients placed on a Patient Initiated Follow-Up pathway. With more specialties looking to introduce PIFU to their patients, we will continue to see an increase in numbers. There is no national measure but an ask for Trusts to increase their numbers

Urgent Care – Front Door

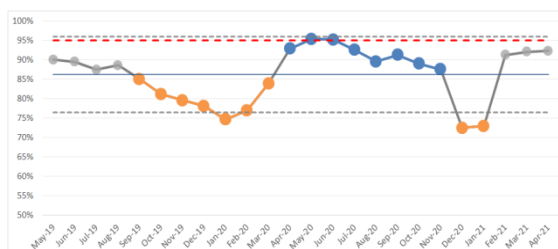
A&E Performance (Local System)

Target: **95%**
Current Month: 93.0%

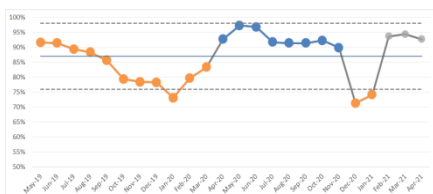


A&E Performance (ESHT Total Type 1 & 3)

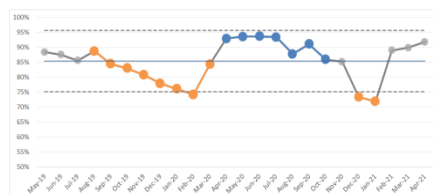
Target: **95%**
Current Month: 92.3%



CONQ

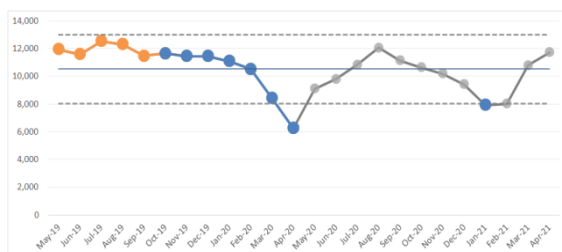


EDGH



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

Target: Monitor
Current Month: 11,725



Author: Paul Cloves

Status Report: Local system performance as well as ESHT performance has seen a slight improvement of 0.2%,

March Local System Performance (ESHT): 92.8%
April Local System Performance (ESHT) 93%

March Performance (England): 85.4%

Continue to see an increase in attendances for April and now within pre-covid attendance range

Challenge & Risk: Continued attendance of higher attendances with minor injury or illness directly related to a change in access to primary care.

Continued balance of flow whilst managing IPC restrictions and limited swab capacity

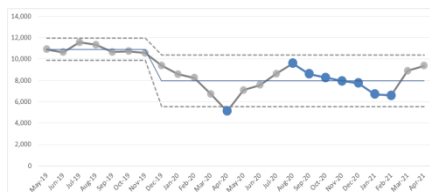
Actions: Escalated through system partners
Review UTC activity
Review ESHT pathways

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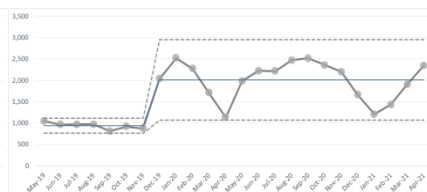
32

Urgent Care – Front Door

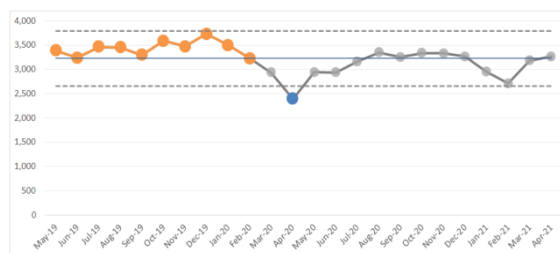
ESHT Total Type 1



ESHT Total Type 3

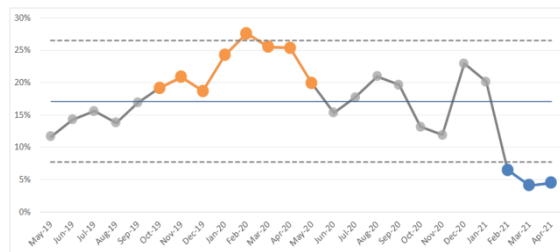


Conveyances
(ESHT – CQ and EDGH)



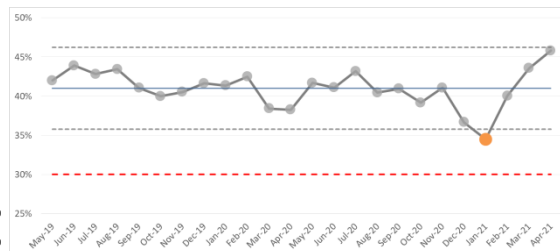
Target: Monitor
Current Month: 3,267

Conveyance Handover >30
(ESHT – CQ and EDGH)



Source: SECamb
Target: Monitor
Current Month: 4.5%

Same Day Emergency Care
(ESHT – CQ and EDGH)



Target: 30%
Current Month: 45.6%

Author:

Paul Cloves

Status
Report

Continued increase in attendance, with an additional 914 patients attending in April compared to March. This represents an increase of 42 patients per day – an 11% increase compared to 18% increase for the prior month.

Whilst conveyances have slightly increased in April with an additional 84 conveyances however the ratio of conveyance Vs walk in decreased

April: 27.86% of attendances arrived by SECamb
March: 29.4% of attendances arrived by SECamb

It is important to note that the ratio of conveyance to discharge from ED sites remains on average of 50% rather than the expected 30%

Challenge
& Risk:

Capacity (physical space and workforce)

SECamb unable to access a number of pathways open to the prior to COVID-19

Actions:

Weekly system meeting in place with SECamb and other partners to share trends and learning

Monthly joint SECamb and ESHT Urgent Care leadership meetings to review data and action plan

Implementation of RAT (if workforce increased)

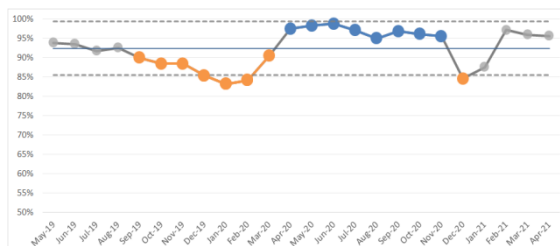
01/06/2021

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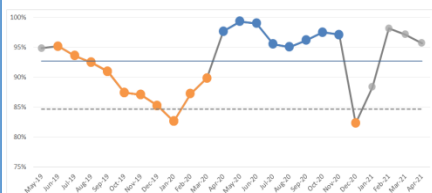
Urgent Care – Front Door

A&E Non-Admitted (ESHT Total Type 1 & 3)

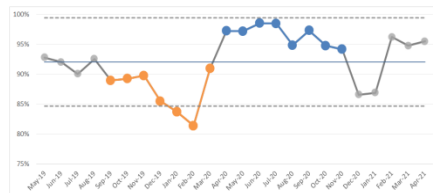
Target: Monitor
Current Month: 95.6%



CONQ

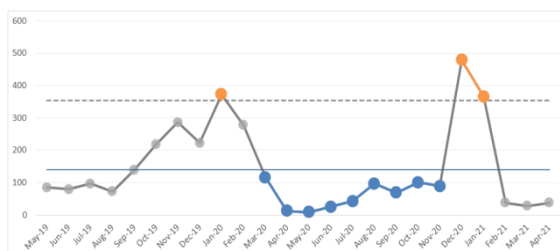


EDGH



A&E 12 Hours From Arrival (ESHT Total Type 1 & 3)

Target: Monitor
Current Month: 38



Author: Paul Cloves

Status
Report

Non-admitted performance has decreased this month by 0.3%.

April: 95.6%
March: 95.9%

New metric to look at 12 hours from arrival continues to show a positive decrease in April, no national standard set as of yet to benchmark against

Challenge
& Risk:

New metric not yet established so difficult to know if improvement required however mental health and non ESHT specialist services likely to impact this KPI

Actions:

Will continue to monitor all metrics.

Explore increasing UTC activity to improve non-admitted performance.

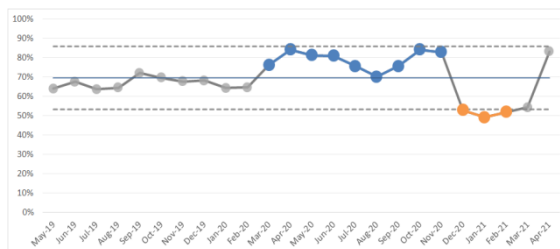
01/06/2021

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Urgent Care – Shadow Metrics

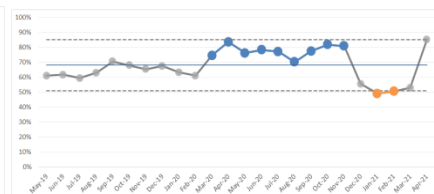
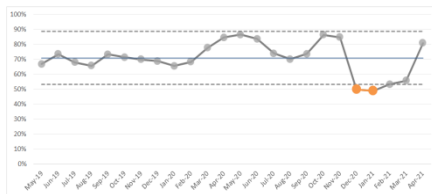
A&E Time to Assessment within 15 Minutes (ESHT Total Type 1 & 3)

Target: Monitor
Current Month: 83.1%



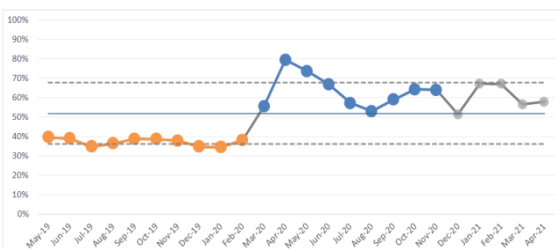
CONQ

EDGH



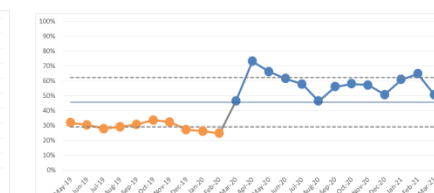
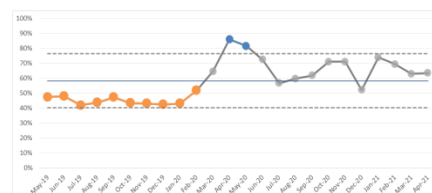
A&E Time to Treatment within 60 Minutes (ESHT Total Type 1 & 3)

Target: Monitor
Current Month: 57.8%



CONQ

EDGH



Author: Paul Cloves

Status Report

Time to initial assessment has significantly improved by 28.8% and is now back to pre-nervencentre levels.

March: 54.3%

April: 83.1%

Time to treatment has slightly improved by 1.3%

March: 56.5%

April: 57.8%

Challenge & Risk:

UTC currently seeing 30% of attendances but can increase to closer to 50% with increased workforce

Consistent cover of streaming due to workforce remains difficult and often conflicts with ambulance handover demands

Actions:

Re-focus of staff on both key metrics
Exploring new ways to deploy staff in UTC

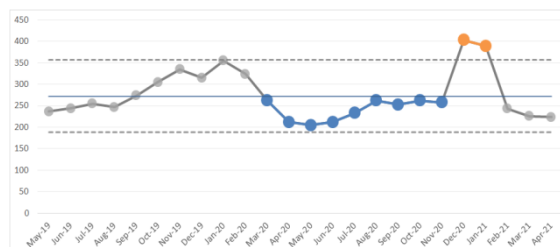
01/06/2021

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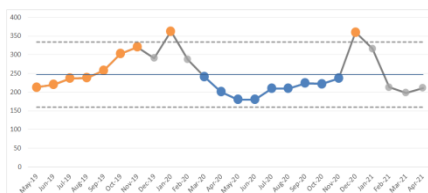
Urgent Care – Shadow Metrics

A&E Average Time in Department Admitted (Minutes) (ESHT Total Type 1 & 3)

Target: Monitor
Current Month: 224 (Mins)



CONQ

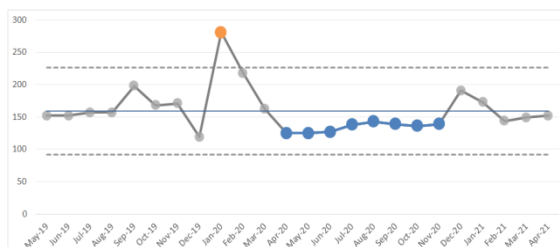


EDGH

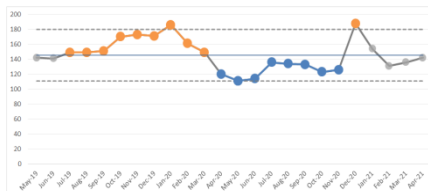


A&E Average Time in Department Non-Admitted (Minutes) (ESHT Total Type 1 & 3)

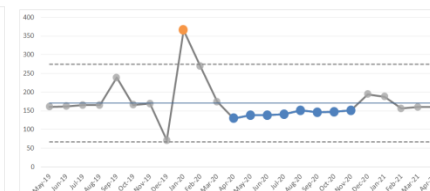
Target: Monitor
Current Month: 152 (Mins)



CONQ



EDGH



Author: Paul Cloves

Status Report: New metrics to show average time in department, no national standard defined

There has been a decrease in average time in the department with a reduction of 2 minutes for admitted patients however there is a slight increase of 3 minutes for the non-admitted patients.

Challenge & Risk: Workforce currently limiting the activity of the UTC

Actions: Will continue to monitor alongside all other metrics.
Explore ways of increasing UTC activity

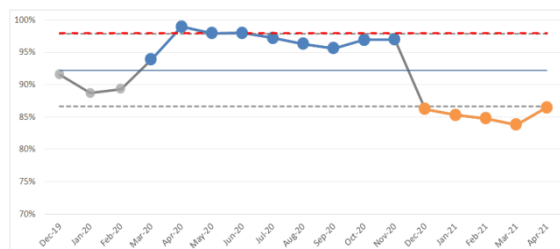
01/06/2021

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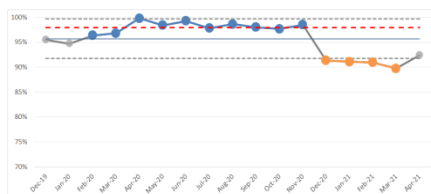
Urgent Care – UTC

UTC 2 Hour Standard (Treatment start within 2 hrs)

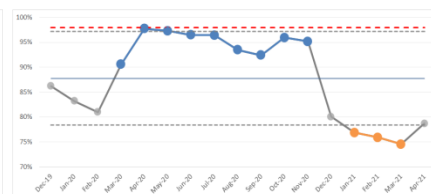
Target: **98%**
Current Month: 86.5%



CONQ



EDGH



Author:

Paul Cloves

Status Report

Increase in performance of 2.7% despite an increase in demand, likely to be the impact of re-focusing workforce on the UTC.

March: 83.8%

April: 86.5%

Challenge & Risk:

Not able to directly control the 111 national surge and therefore double attendances remain a risk.

Workforce and estate limit the capacity of the UTC

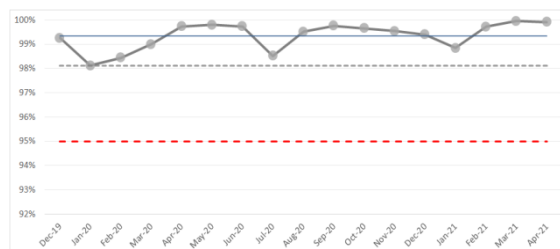
Reporting currently may not be fully accurate, will be able to form clearer action plan after May data has been collected.

Actions:

Will continue to monitor all metrics
Exploring remote working for GP's to increase UTC efficiency without impacting on estate

UTC 4 hour standard (Visit complete within 4 hours)

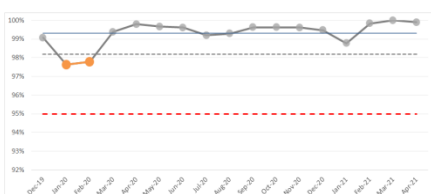
Target: **95%**
Current Month: 99.9%



CONQ



EDGH



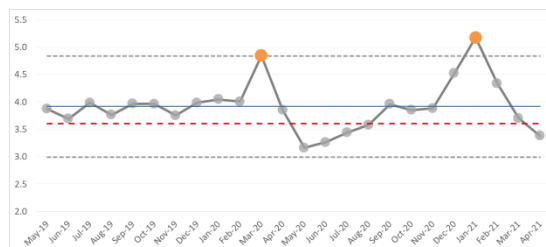
01/06/2021

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Patient Care- Flow

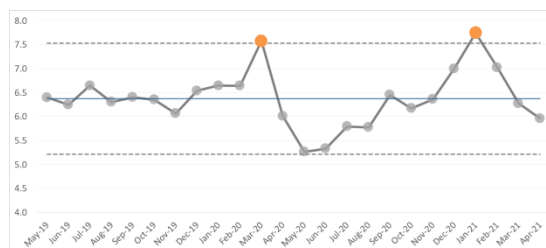
Non-elective Length of Stay (Acute)

Target: 3.6
Current Month: 3.4



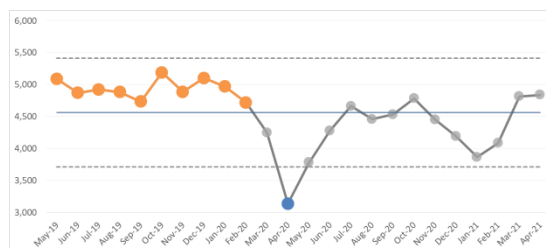
Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor
Current Month: 6.0



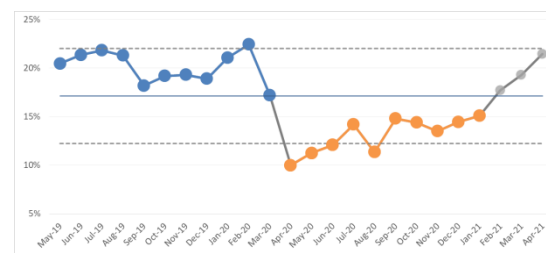
Non Elective Spells

Target: Monitor
Current Month: 4,837



Medical Non Elective Admissions (% SDEC)

Target: Monitor
Current Month: 21.4%



Author: Garry East/Nicky Anslow

Status Report

Non elective LoS has reduced from 3.7 March 21 to 3.4 April 21. No medical outliers at the Conquest site. Continued Increase utilisation in SDEC zero LoS supporting this target.

Non-elective LoS excluding zero LoS has continued to improved since January to 6 days for April 21, this has support transition of littlington ward.

Non Elective Spells have seen a slight increase on the previous month.

Challenge & Risk:

Devonshire ward remains open which stretches our workforce. Reliant on consultant locums. Plans in place (MADE) & implementation Criteria to Reside now on 19 wards to aid clinical decisions and robust pathways for discharge. We continue to see increased demand on our NEL from ED to specialities.

Actions:

The roll out of CTR/Boardround dashboard across both EDGH /CQ & the new digital NCTR enables us to have clear sight and plans to review all stranded and super-stranded pathways to reduce LoS During MADE feedback from all stakeholders and QI feedback is being worked up to further improve on our discharge processes.

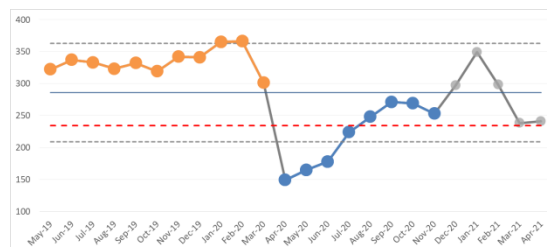
01/06/2021

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Patient Care - Flow

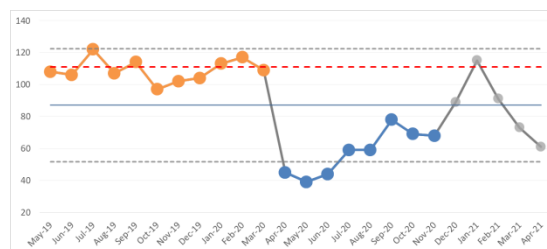
Adult inpatients in hospital for 7+ days (Acute)

Target: Monitor
Current Month: 241



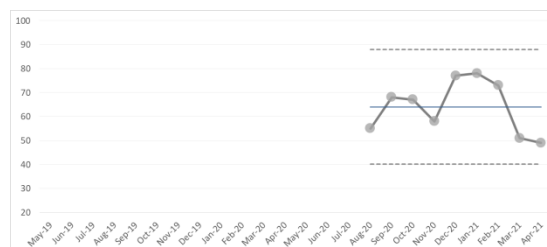
Adult inpatients in hospital for 21+ days (Acute)

Target: Monitor
Current Month: 61



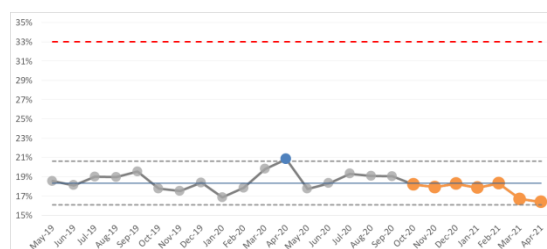
MRD on Pathways 1-3

Target: Monitor
Current Month: 49



Patients discharged before midday %

Target: 33%
Current Month: 16.4%



Author: Garry East/Nicky Anslow

Status Report

Inpatient in hospital for 7+ days is stable at 241.

Inpatients in hospital for 21+ days has reduced to 61, although not significant the trend is reducing over the past 4 months.

The Discharge Transformation Programme is now aligned to the Trust wide Let's Get You Home Programme and workstreams with this are addressing Pre-MRD/MRD to discharge/CTR/CLD and What Matter's to you along with DDON's MDDIG.

Challenge & Risk:

Timely patient flow and increases in bed occupancy impacts on the ED becoming over crowded impacting on timely handovers from our SecAmb colleagues also the need to open escalation areas and workforce pressures.

Actions:

- Discharge Transformation plan/road map
- Virtual Board Rounds.
- Boardround Dashboard including CTR
- NCTR cloud based live data feed
- CTR/CLD/What Matters to You?
- LOS review's and development of this process.

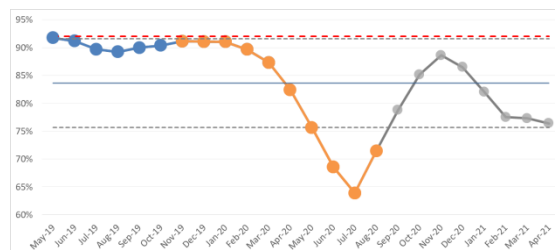
01/06/2021

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Planned Care – Waiting Times

RTT Incomplete Standard

Target: 92%
Current Month: 76.4%

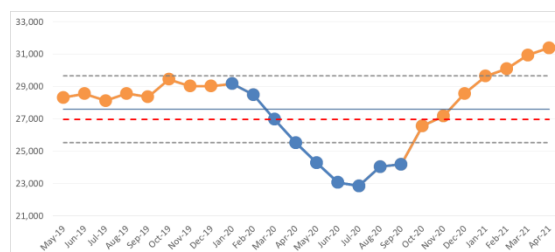


Status Report

The impact of the delays in treatment as a result of the pandemic are now having a visible impact on the 18 week standard. The Trust is concentrating on treating its longest waiting patients whilst at the same time prioritising cancer treatment and this will have an impact on routine delivery of care. Still in the top quarter of Trusts overall and showing an improved performance coming into May

RTT Total Waiting List Size

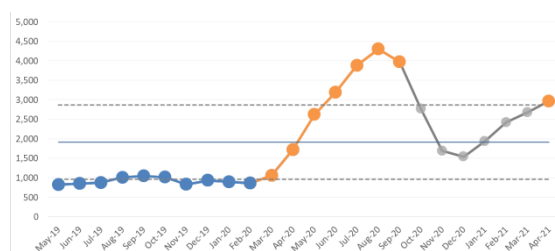
Target: 26,965 (Mar-20)
Current Month: 31,382



Growth is expected as we deal with the delayed treatments from the covid pandemic and the result of primary care now referring patients into the Trust as they too address a backlog of patients waiting to be seen.

RTT 26 Week Waiters

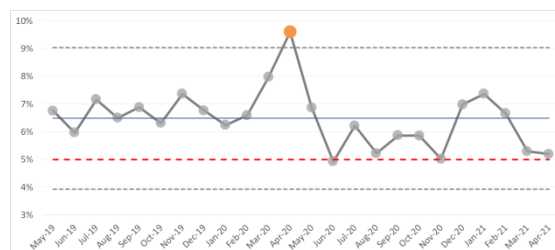
Target: Monitor
Current Month: 2,964



Again, the age profile of our waiting list was expected to impact our >26 week waits as we catch up on previously stood down routine activity that we were asked to cease during the second wave of covid

Cancellations On The Day (Activity %)

Target: 5%
Current Month: 5.2%



Within target again

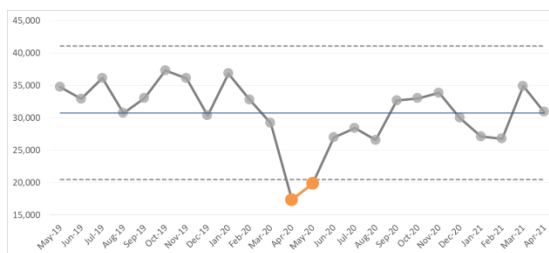
01/06/2021

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Planned Care – Outpatient Delivery

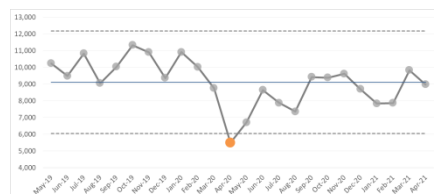
Outpatient Total Activity (New and Follow-up)

Target: Monitor
Current Month: 30,914



Easter, delayed annual leave due to covid and a 30 day month meant less activity in April through outpatients.

New

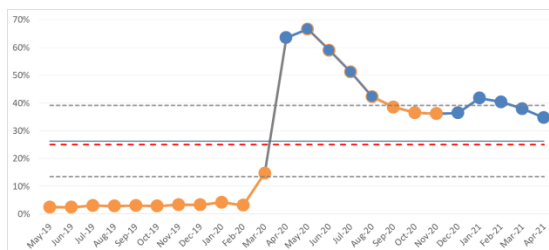


Follow-up



Non Face to Face Outpatients Activity (Activity %)

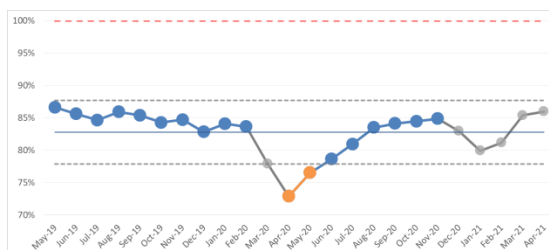
Target: 25%
Current Month: 34.7%



Achieved in excess of target

Outpatient Utilisation (XX1 and Non XX1 Clinics)

Target: 100%
Current Month: 86.0%

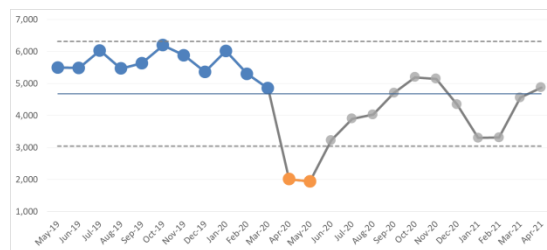


Utilisation improved again this month and there is a continued focus on ensuring booked patients attend for their appointments with call reminder systems and short notice cancellation replacements in place to maximise utilisation

Planned Care – Admitted Delivery

Elective Spells (Day case and Elective IP)

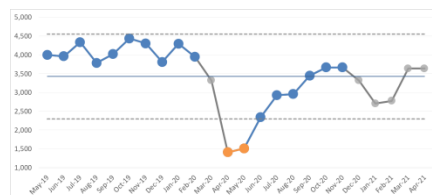
Target: Monitor
Current Month: 4,873



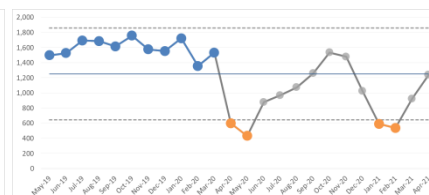
Status Report

As we restarted all elective theatres on April, so you would expect to see an increase in activity from previous month. Noting that Elective IP had the majority increase as specialties worked to treat their P2 patients while treating our long waiting more complex cases

Day case

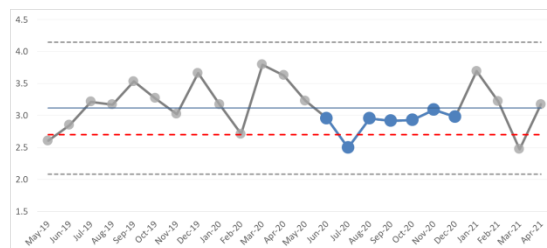


Elective IP



Elective Average LoS (Acute)

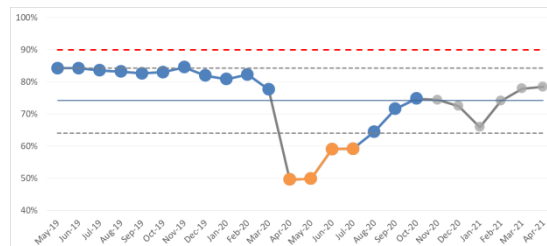
Target: 2.7
Current Month: 3.2



Our average LoS did increase this month as you would expect in line with the restarting of all elective theatres on April 12th

Theatre Utilisation

Target: 90%
Current Month: 78.4%



Utilisation continues to improve with ongoing work to reduce the risk of cancellation while looking to maximise sessions with effective 6-4-2 planning

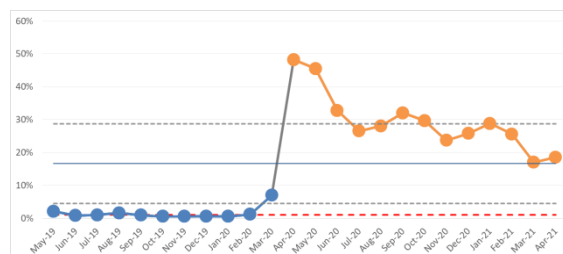
01/06/2021

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Planned Care – Diagnostic

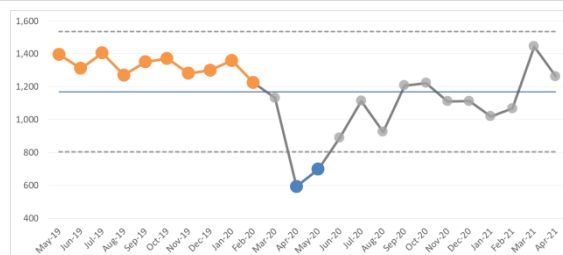
Diagnostic Standard

Target: < 1.0%
Current Month: 18.5%



Endoscopy Demand (Waiting List Additions)

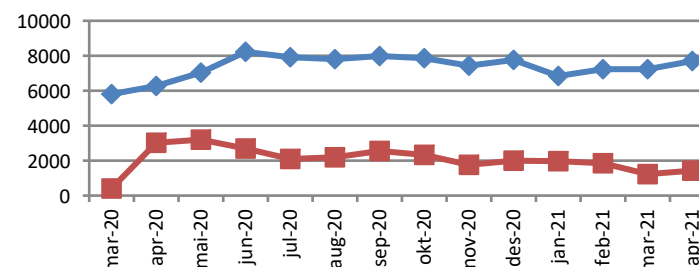
Target: Monitor
Current Month: 1,262



Ultrasound and MRI waits increased slightly and with these being high volume modalities, this influenced the overall DM01 performance. However, the Trust is increasing its outsourcing to the independent sector in these areas while capacity is available and this will help to reduce the backlog

Waiting List and Breaches

Waiting List Breaches 6 weeks and over

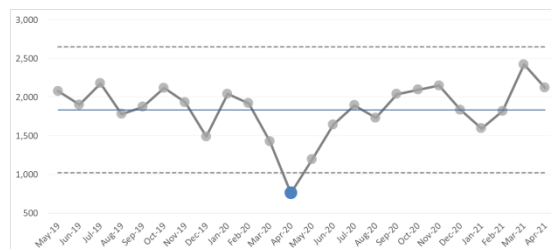


Breach Rates	Trend	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Magnetic Resonance Imaging		10.57%	61.58%	48.91%	26.40%	15.14%	16.52%	14.84%	22.96%	22.56%	27.41%	31.53%	24.22%	14.77%	16.67%
Computed Tomography		8.49%	48.76%	44.80%	36.44%	32.32%	35.71%	41.41%	37.64%	22.89%	23.39%	24.98%	21.51%	4.41%	4.90%
Non-obstetric ultrasound		1.89%	41.25%	28.81%	11.70%	7.76%	11.66%	21.12%	7.70%	3.97%	7.13%	10.98%	12.06%	5.38%	10.40%
Barium Enema		--	--	--	--	--	--	--	--	--	--	--	--	--	--
DEXA Scan		--	--	--	--	--	--	--	--	--	--	--	--	--	--
Audiology - Audiology Assessments		0.00%	33.04%	91.79%	77.48%	97.32%	98.61%	71.43%	100.00%	--	1.67%	2.92%	2.29%	9.18%	2.29%
Cardiology - echocardiography		--	0.00%	--	--	--	--	--	--	0.00%	--	--	0.00%	--	--
Cardiology - electrophysiology		--	--	--	--	--	--	--	--	--	--	--	--	--	--
Neurophysiology - peripheral neurophysiology		--	--	--	--	--	--	--	--	--	--	--	--	--	--
Respiratory physiology - sleep studies		0.00%	--	--	0.00%	0.00%	0.00%	--	--	0.00%	--	--	--	--	--
Urodynamics - pressures & flows		56.00%	100.00%	87.50%	76.47%	70.83%	54.55%	73.53%	64.29%	84.78%	73.42%	90.00%	100.00%	87.50%	73.33%
Colonoscopy		3.08%	35.14%	50.57%	49.22%	47.54%	40.90%	35.18%	32.28%	37.18%	43.60%	41.11%	42.35%	33.16%	38.05%
Flexi sigmoidoscopy		4.82%	30.19%	44.65%	57.79%	53.14%	55.21%	57.30%	56.80%	55.28%	59.02%	54.44%	61.96%	52.66%	45.37%
Cystoscopy		28.57%	86.96%	57.14%	58.82%	48.72%	46.03%	28.00%	35.71%	20.93%	26.83%	21.05%	14.29%	21.74%	21.28%
Gastroscopy		7.10%	38.86%	50.89%	47.50%	54.88%	54.53%	54.93%	56.95%	57.50%	61.81%	61.90%	59.76%	48.47%	50.59%
Total		6.97%	48.17%	45.48%	32.73%	26.48%	28.08%	31.98%	29.63%	23.68%	25.74%	28.77%	25.59%	16.98%	18.55%

Cancer Pathway

Two Week Wait Referrals

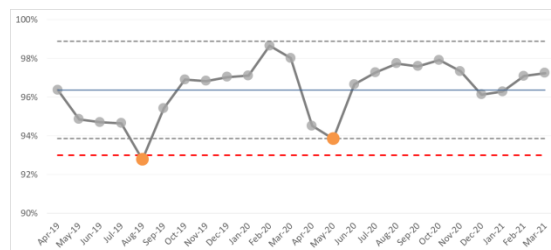
Target: Monitor
Current Month: 2,120



Referrals received were in excess of 2,100. This is the 3rd highest total received in a month in the last 2 years.

Cancer 2WW Standard

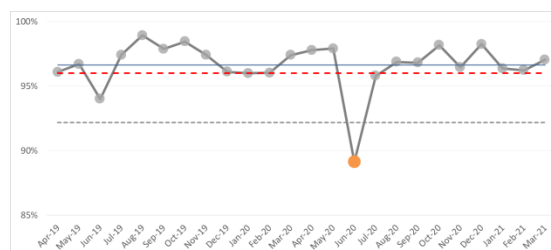
Target: 93%
Current Month: 97.2%



April's unvalidated position is 96.45% for the 2ww standard meaning we should again achieve on this standard

Cancer 31 Day Standard

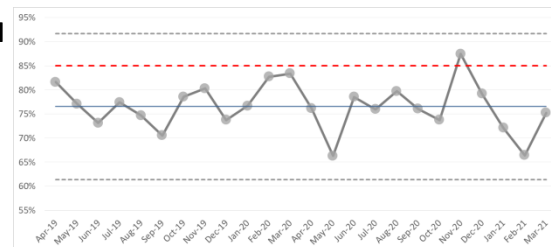
Target: 96%
Current Month: 97.0%



April unvalidated looks to be 94.8%. The Trust would normally achieve this measure but due to college recommendations and restrictions on surgical activity for certain tumour sites, we were unable to treat some patients within the 31 day target. These restrictions have now been lifted and patients have been treated.

Cancer 62 Day Standard

Target: 85%
Current Month: 75.2%



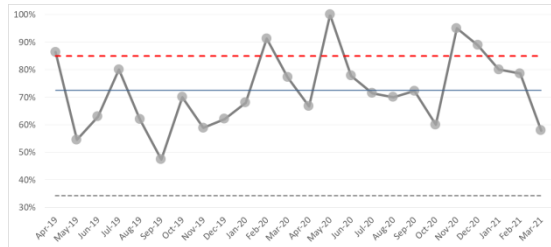
It is likely that we will achieve above 80% for April after reallocations and final validation. This gives us the opportunity to diagnose and treat our backlog in May, June and July so that we can remain on track to achieve the 62 day standard in August 2021. This does mean however that we are expecting our performance to drop in these months.

01/06/2021

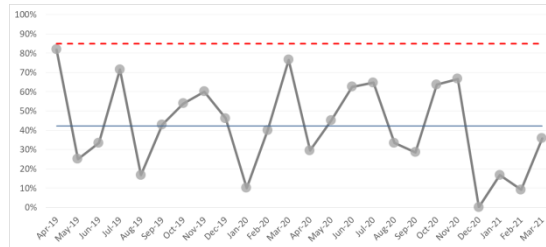
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2WW Referral to First Treatment 62 Days

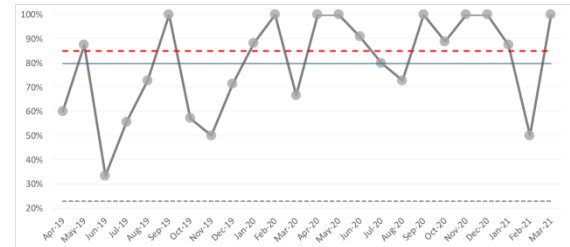
Breast



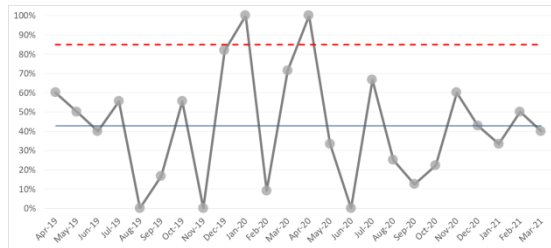
Gynaecology



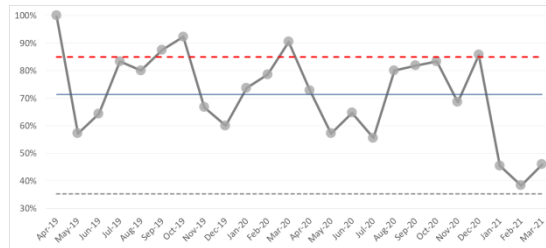
Haematology



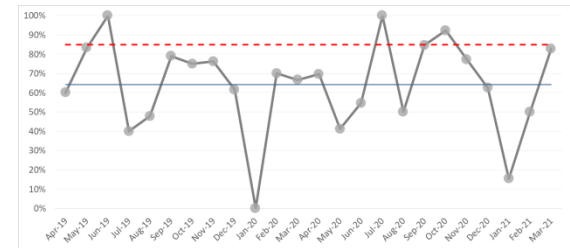
Head & Neck



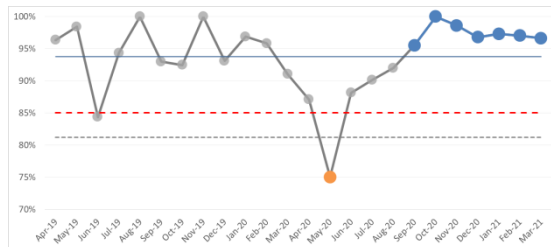
Colorectal



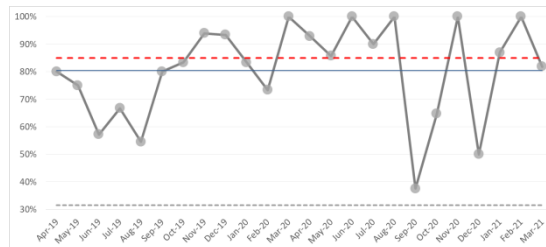
Lung



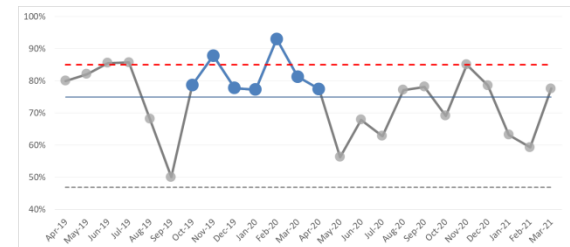
Skin



Upper GI



Urology



Rolling monthly reported positions by Tumour Site, Target: 85%

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Financial Control and Capital Development

Our Income and Expenditure

Our Income and Activity

Our Expenditure and Workforce, including temporary workforce

Cost Improvement Plans

Divisional Summaries

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

Finance Report Summary - Month 1

Income YTD					Operational Deficit YTD					COVID-19 Claim YTD					
	Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
Contract/Block Income	385,451	32,766	32,766	0	Permanent	(23,608)	(27,178)	(24,763)	2,425	Pay	1,370	0	0	0	1,370
Divisional Income	49,489	4,041	3,550	(491)	Temporary	(3,675)	(1,413)	(3,820)	(2,408)	Non-pay	852	0	0	0	852
Pre Top-Up Income	434,940	36,806	36,316	(491)	Total Pay	(27,283)	(28,591)	(28,574)	17	Planning Assumption	0	0	0	0	0
FRF/Block Top-up	8,588	4,576	4,576	0	Non Pay Costs	(12,893)	(15,128)	(14,829)	299	Loss of Income	0	0	0	0	0
COVID-19 Expense Claim	0	2,053	1,370	(683)	Operating Costs	(40,176)	(43,719)	(43,403)	316	(Loss)/Surplus Adjustment	0	0	0	0	0
COVID-19 Income Claim	0		854	854	Operational Deficit	403,352	(284)	(287)	(3)	Total	2,224	0	0	0	2,224
Top-up Income	8,588	6,629	6,800	171	For Month 1, the Trust is reporting a deficit of £287k against a plan deficit of £284k which is £3k above plan. The overall plan and forecast are for break even and the deficit is as a result of income phasing which will have resolved by M2. Year to date pay is on par with the plan but non-pay is under spent by £0.3m.					Amounts Validated	1,370	0	0	0	1,370
Total Income	443,528	43,435	43,116	(319)						Residual Risk	(854)	0	0	0	(854)

East Sussex Healthcare
NHS Trust

Workforce					Agency Spend YTD					Non-Pay Spend YTD				
	Pr Year Actual WTE	Plan WTE	Actual WTE	Variance WTE		Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Permanent	7,262	7,022	6,578	444	Medical	318	3	205	(202)	Drugs	4,108	4,093	4,757	(663)
Temporary	82	361	584	(223)	Nursing	272	58	162	(104)	Clinical Supplies	2,672	3,097	2,894	203
Total Pay	7,343	7,383	7,162	221	AHP's	96	67	99	(33)	Purchased Services	919	776	981	(205)
					Admin	51	6	103	(97)	Other	3,188	4,573	3,392	1,181
					Other	42	0	(18)	18	Finance Costs	2,107	2,116	1,953	163
					Total	779	134	552	(418)	Total	12,893	14,556	13,976	679
The Trust has used 221 FTEs below plan in M1. This is driven by 444 substantive FTE below plan and 223 temporary work force FTEs above plan. The Trust has under gone a baseline establishment review and now has a planned work force 40 FTE higher than the prior year usage.					Agency spend is above plan by £418k. This overspend is largest in Medical and Nursing agency. This is due to the Trust's response to delivering the COVID-19 response including having staff for COVID red, amber and green areas and service developments as well as covering vacancies & absence and having budgets set at substantive rates of pay.					Non-pay spend is lower than planned by £679k. This is largely due to the impact of reduced activity levels but this partially offset by increased spend on drugs including medical gases and high cost drugs & devices. The latter of which are matched by a higher income levels. It is expected that this non-pay under spend will recede once the full extent of the revenue cost of capital & CNST cost are reorganised.				

Cash					Capital Plan				BPPC					
	Pr Year Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k		Month Volume	Month Value	YTD Volume	YTD Value	
Current Balance	66,559	2,100	61,312	59,212	Year to Date	290	2,632	(2,342)	Trade Invoices	62.61%	89.39%	62.61%	89.39%	
Year End Forecast	2,100	2,100	2,100	0	Year End Forecast	25,399	25,399	0	NHS Invoices	83.33%	99.54%	83.33%	99.54%	
The cash balance in month continues to be higher than in previous years and is supporting average payment runs of £3.0m per week.					The total allocation to the Trust is £24.4m and is made up of the Trust's allocation from the overall capital funding allocated to the ICS plus £3.6m of funding for HIP2 which is funded separately. The provisionally approved capital schemes total £28.8m which gives a gap of £4.4m. Spend in M1 amounts to £2.6m which is £2.3m ahead of plan. The majority is due to the impact of schemes already in train in the prior year, this will impact and increase the gap. This position will need to be carefully monitored to ensure the Trust delivers its capital programme and does not breach CRL.					63% of trade invoices were paid within 28 days which equates to 89% of the total value paid in month. This is in line with the performance last month in invoices paid within the target of 28 days. 83% of NHS invoices were paid within contract or within 28 days of receipt which was 100% of the total NHS invoices paid.				

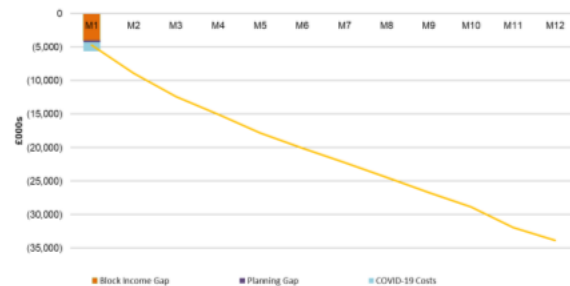
Divisional Performance												
Division	In the Month						Year to Date			Forecast Outturn		
	Plan FTE	Actual FTE	Variance FTE	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Diagnostics, Anaesthetics & Surgery	0.00	0.00	0.00	0	0	0	(161)	(150)	11	0	0	0
Medicine	1,566.24	1,456.20	111.04	(6,458)	(6,520)	(62)	(204)	(168)	36	(77,501)	(77,501)	0
Urgent Care	334.27	341.35	(7.08)	(1,462)	(1,647)	(185)	(21)	(21)	0	(17,543)	(17,543)	0
Out of Hospital Care	0.00	0.00	0.00	0	0	0	21	21	0	0	0	0
Women's, Children's & Sexual Health	717.38	695.22	22.16	(3,164)	(3,061)	103	0	(0)	(0)	(37,967)	(37,967)	0
Estates & Facilities	703.17	675.76	27.41	(2,433)	(2,841)	(409)	2,411	2,487	76	(29,193)	(29,193)	0
Corporate	637.06	629.79	7.27	(3,670)	(2,867)	803	3,949	4,015	66	(44,046)	(44,046)	0
Central	3,424.86	3,698.08	(273.22)	16,903	16,556	(347)	(6,280)	(6,471)	(191)	202,841	202,841	0
Total	7,382.98	7,495.40	(112.42)	(284)	(381)	(97)	(284)	(287)	(3)	(3,409)	(3,409)	0

Productivity & Efficiency				Key Risks				Mitigations	
Plan £k	Actual £k	Variance £k		Key Risk 1	The adjusted baseline budget in H1 does not have adequate funding for agency staffing premium so if vacant establishment is replaced by agency solutions coverspends are likely to accrue.	Mitigation 1	Reduction of covering vacancies with agency where possible to a ratio of 70% to allow the natural cost cover of agency premium		
Full Year	4,054	-		Key Risk 2	Continued recruitment to service developments which commenced prior to the amended financial regime could lead to expenditure commitments higher than the funding allows in the block funding for H1 2021/22.	Mitigation 2	An update of the Trust's financial plan is being undertaken based on a revised baseline establishment to assess cost pressures & service developments.		
				Key Risk 3	The Trust has submit plans to deliver up to 90% activity levels. This will incur additional costs. Should we not achieve these activity trajectories then there is a potential for reductions to our planned ERF income even if the system were to achieve a baseline establishment.	Mitigation 3	The focus will continue to be focused on productivity and efficiencies to ensure that we meet the required activity trajectories, manage our costs to avoid the risk of a reduced block contract.		

Finance Analysis

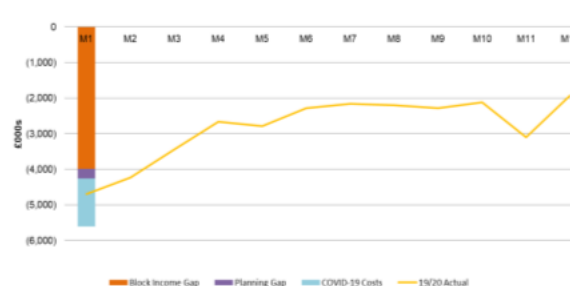
20/21 Plan 20/21 Actuals 19/20 Actual 20/21 YTD

Year to date financial performance before Top Ups



The trust is reporting a deficit pre-top up & True up of £5.6m YTD. This is due to Block Income Gap of £4m, planning gap £300k, and COVID-19 related expenditure additionality of £1.3m

Monthly financial performance before Top Ups



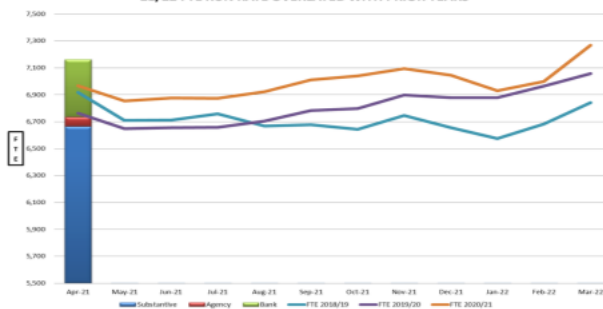
For month 1, the trust is reporting a deficit pre-top up & True up of £5.6m. This is due to Block Income Gap of £4m, planning gap £300k, and COVID-19 related expenditure additionality of £1.3m

Agency expenditure (ceiling basis)



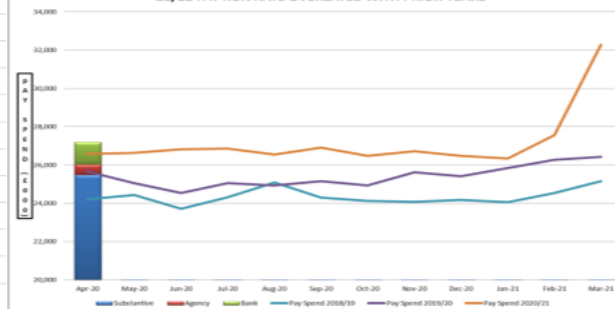
The increased spend in M1 is driven by medical and nursing agency usage. This is above the stipulated ceiling and therefore imperative that the Trust focus on cost control in this new financial regime

21/22 FTE RUN RATE OVERLAYED WITH PRIOR YEARS



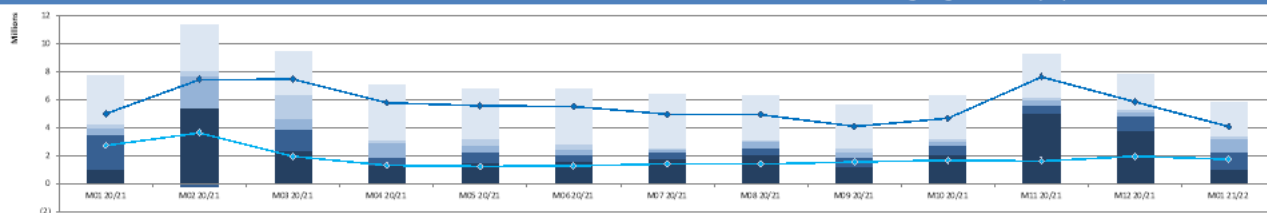
The FTE run rate for M1, 20/21/22 is higher than prior years. This is due to the change in the reporting process for temporary staff costs which was implemented in M12 20/21. The change in accounting procedure has necessitated a restatement of FTE which is expected to be provided in M2

21/22 PAY RUN RATE OVERLAYED WITH PRIOR YEARS



For month 1, pay spend is above the run rate of prior years and reflects the increased cost of operating set against the backdrop of COVID-19 (i.e. running Red and Green areas) as well as the impact of service developments which commenced prior to the current financial regime

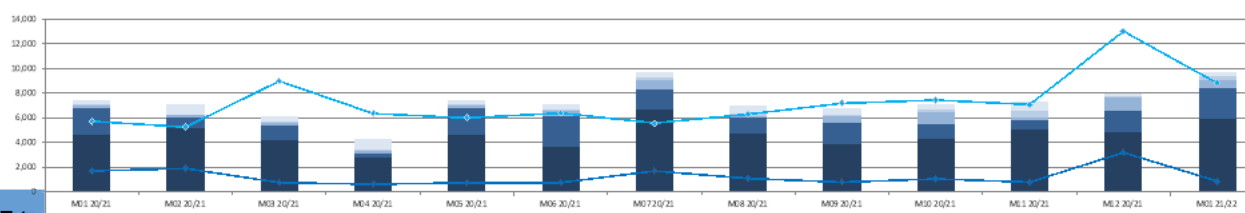
Receivables Ageing Run rate (£k)



The sales ledger balance at the end of April is £5.8m which is an increase on the previous month of £2.0m. The number of invoices on the sales ledger at the end of the month has increased by 49 to 1,306. The position reflects a small increase in aged debt (invoices > 30 days) of £0.7m. 82% of the total debt owed to the Trust is due and is aged over 30 days. Most of the debt owed to the Trust is from other NHS bodies and therefore there is a low risk of non-recovery.

The sales ledger balance at the end of April is £5.8m which is an increase on the previous month of £2.0m. The number of invoices on the sales ledger at the end of the month has increased by 49 to 1,306. The position reflects a small increase in aged debt (invoices > 30 days) of £0.7m. 82% of the total debt owed to the Trust is due and is aged over 30 days. Most of the debt owed to the Trust is from other NHS bodies and therefore there is a low risk of non-recovery.

Payables Ageing Run rate (£k)



An increase in month of £1.7m on the creditor position increasing the purchase ledger total to £9.7m. This was reflected in a decrease in the number of invoices on the purchase ledger system. Aligned to the total purchase ledger increase, the value of debt owed to suppliers (aged > 30 days) also increased by £0.7m. Balances that are aged and not ready for payment reflect invoices that are awaiting authorisation or the receipt of the goods/services received.


91% of the outstanding invoices are payable to trade (Non NHS) suppliers and the balance to NHS providers. The Trust processes weekly payment runs. The values of actual payment runs depends on the level of invoices on the system and are system ready to be paid and due for payment.

SION

Engagement & Involvement

M7 to M12 Run Rate

The M12 run rate is £30k surplus (£1,394k better than the M12 plan)

	M1 Outturn £000	M2 Plan £000	M3 Plan £000	M4 Forecast £000	M5 Forecast £000	M6 Forecast £000	Total £000
Planned monthly surplus/(deficit)	(284)	284	0	0	0	0	(0)
Actual monthly surplus/(deficit)	(287)	284	3	0	0	0	0
Variance from planned monthly deficit	 (3) 	0 	3 	0 	0 	0 	0
Planned Income pre COVID-19 and top up	36,702	36,702	36,702	36,702	36,702	36,702	220,215
Actual Income pre COVID-19 and top up	36,316	36,702	36,702	36,702	36,702	36,702	219,828
Income Variance	 (387) 	0 	0 	0 	0 	0 	(387)
Planned expenditure (pay and non-pay)	(41,265)	(41,265)	(41,265)	(41,265)	(41,265)	(41,265)	(247,591)
Actual expenditure (pay and non-pay)	(41,178)	(41,265)	(41,247)	(41,247)	(41,247)	(41,247)	(247,432)
Expenditure Variance	 87 	0 	18 	18 	18 	18 	159
Planned COVID Income (including pass through)	2,395	2,395	2,395	2,395	2,395	2,395	14,370
Actual COVID Income (including pass through)	2,224	2,395	2,395	2,395	2,395	2,395	14,199
COVID Income Variance	 171 	0 	0 	0 	0 	0 	171
Planned COVID Expenditure	(2,142)	(2,142)	(2,142)	(2,142)	(2,142)	(2,142)	(12,852)
Actual COVID Pay Expenditure	(1,372)	(1,563)	(1,868)	(1,868)	(1,868)	(1,868)	(9,896)
Actual COVID Non-Pay Expenditure	(852)	(558)	(558)	(558)	(558)	(558)	(2,956)
COVID Expenditure Variance	 82 	(21) 	284 	284 	284 	284 	1,197
Actual block income top up	4,576	4,576	4,576	4,576	4,576	4,576	27,455
Monthly deficit pre income top up	(4,863)	(4,289)	(4,576)	(4,576)	(4,576)	(4,576)	(27,454)
Operational Surplus /(Deficit)	 (287) 	287 	0 	0 	0 	0 	1
Improvement/Deterioration of deficit compared to prior month		3 	(5) 	97 	0 	0	

Statement of Financial Position - Month 1

	Year to date				Forecast Outturn		
	19/20 Actual (£m)	20/21 Plan (£m)	20/21 Actual (£m)	Variance (£m)	20/21 Plan (£m)	20/21 Outturn (£m)	Variance (£m)
Non Current Assets							
Property, Plant and Equipment	254.4	0.0	255.8	● 255.8	0.0	0.0	● 0.0
Intangible Assets	2.7	0.0	2.7	● 2.7	0.0	0.0	● 0.0
Other Assets	2.3	0.0	2.3	● 2.3	0.0	0.0	● 0.0
Total Non Current Assets	259.4	0.0	260.8	● 260.8	0.0	0.0	● 0.0
Current Assets							
Inventories	8.6	0.0	7.5	● 7.5	0.0	0.0	● 0.0
Trade and Other Receivables	16.4	0.0	18.3	● 18.3	0.0	0.0	● 0.0
Cash and Cash Equivalents	66.6	0.0	61.3	● 61.3	0.0	0.0	● 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	91.6	0.0	87.1	● 87.1	0.0	0.0	● 0.0
Current Liabilities							
Trade and Other Payables	(68.5)	0.0	(61.7)	◆ (61.7)	0.0	0.0	● 0.0
Borrowings	0.0	0.0	0.0	● 0.0	0.0	0.0	● 0.0
Other Financial Liabilities	0.0	0.0	0.0	● 0.0	0.0	0.0	● 0.0
Provisions	(0.3)	0.0	(0.3)	◆ (0.3)	0.0	0.0	● 0.0
Other Liabilities	(1.9)	0.0	(6.0)	◆ (6.0)	0.0	0.0	● 0.0
Total Current Liabilities	(70.7)	0.0	(68.0)	◆ (68.0)	0.0	0.0	● 0.0
Non-Current Liabilities							
Borrowings	0.0	0.0	0.0	● 0.0	0.0	0.0	● 0.0
Trade and Other Payables	0.0	0.0	0.0	● 0.0	0.0	0.0	● 0.0
Provisions	(2.9)	0.0	(2.9)	◆ (2.9)	0.0	0.0	● 0.0
Total Non Current Liabilities	(2.9)	0.0	(2.9)	◆ (2.9)	0.0	0.0	● 0.0
Total Assets Employed	277.3	0.0	276.9	● 276.9	0.0	0.0	● 0.0
Financed By							
Public Dividend Capital	425.2	0.0	425.2	● 425.2	0.0	0.0	● 0.0
Income & Expenditure Reserve	(231.0)	0.0	(231.4)	◆ (231.4)	0.0	0.0	● 0.0
Revaluation Reserve	83.1	0.0	83.1	● 83.1	0.0	0.0	● 0.0
Total Tax Payers Equity	277.3	0.0	276.9	● 276.9	0.0	0.0	● 0.0

Summary & Next Steps

Current year plan has not yet been finalised or submitted.

50

Capital Programme Summary - Month 1

YTD Capital Programme Performance	Original Plan £000	CRG Plan £000	YTD Plan £000	Actual Expenditure £000	Variance to YTD Plan £000
Estates (contractually committed)	2,771	4,800	-	78	78
Estates (other)	3,000	4,000	-	127	127
Estates (safety/quality)	125	125	-	317	317
Backlog Maintenance (safety/quality)	1,275	1,275	-	33	33
Backlog Maintenance (compliance)	2,780	2,780	-	143	143
2020/21 Reserve	250	250	125	947	822
Digital (contractually committed)	2,544	2,543	-	261	261
Digital (other)	1,506	1,510	-	-	-
Medical Equipment	420	1,965	40	1	(39)
Minor Capital	1,500	1,500	125	-	(125)
Unplanned Urgents	500	500	-	336	336
HIP2	625	625	-	-	-
HIP2	2,000	2,000	-	-	-
Seed	1,000	775	-	317	317
Fire (Year 3 of 3)	3,790	3,790	-	72	72
Diagnostics	313	313	-	-	-
Total Owned	24,399	28,751	290	2,632	2,342
Donated	1,000	1,000	-	-	-
Less donated Income	(1,000)	(1,000)	-	-	-
Total	24,399	28,751	290	2,632	2,342

East Sussex Healthcare

Capital Resource Limit (CRL)	£k
Planning CRL	24,399
2020/21 Opening CRL	
Internal Depreciation	16,671
Closing Working CRL	16,671
Fire Compartmentalisation (Year 3 of 3)	3,790
HIP2 (Year 2 of 2)	625
HIP2 (brought forward - Car Parking)	2,000
Seed (brought forward)	1,000
Diagnostics	313
Forecast CRL	24,399
Target CRL	24,399
Overplanning/(underplanning) margin	4,352

Capital Commentary

The total allocation to the Trust is £24.4m and is made up of the Trust's allocation from the overall capital funding allocated to the ICS plus £3.6m of funding for HIP2 which is funded separately. The provisionally approved capital schemes total £28.8m which gives a gap of £4.4m. Spend in M1 amounts to £2.6m, the majority is due to the impact of schemes already in train in the prior year, this will impact and increase the gap. This position will need to be carefully monitored to ensure the Trust delivers its capital programme and does not breach CRL.

Working Together

Improvement & Development

Respect & Compassion

Engagement & Involvement

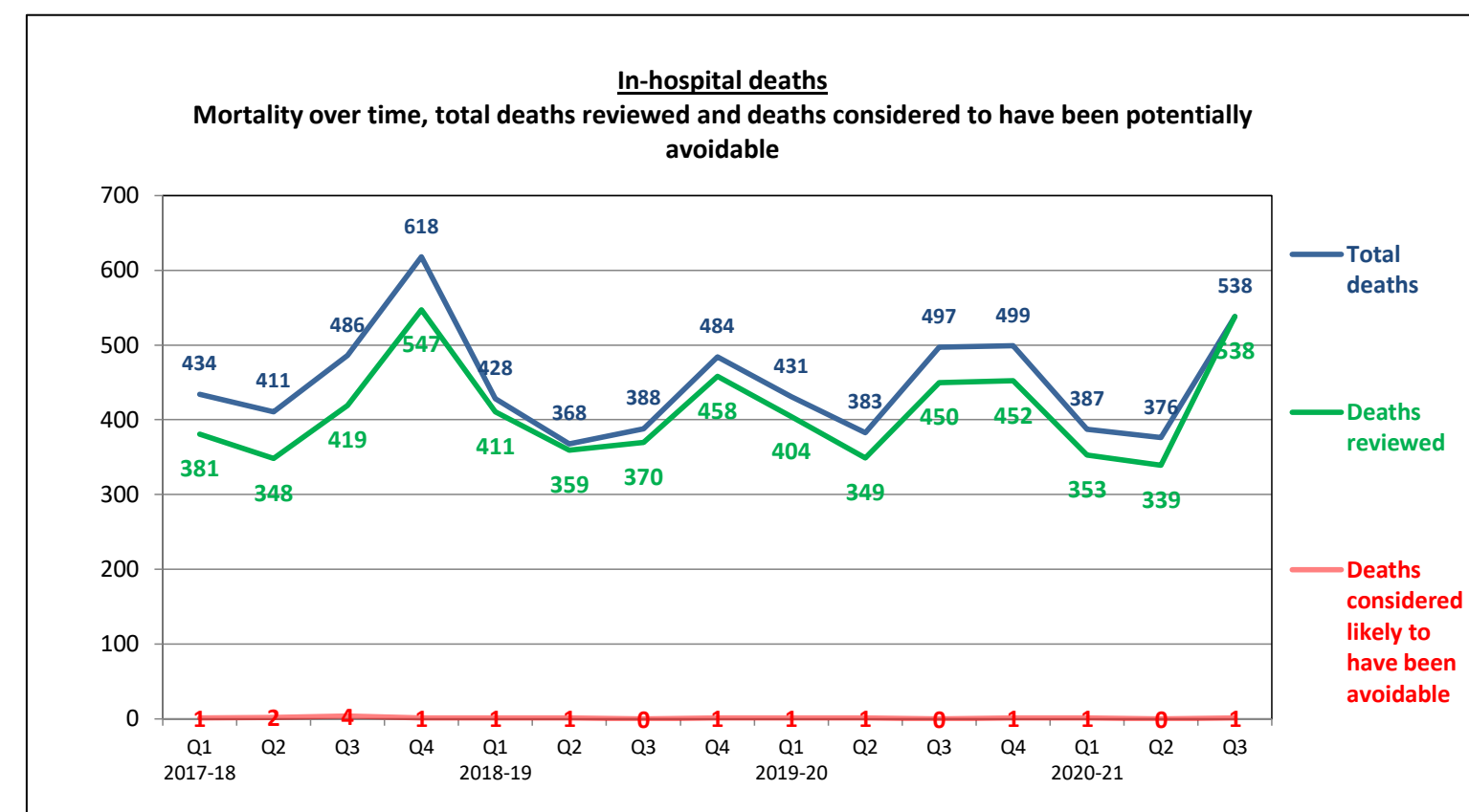
Description:
This dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of in-hospital deaths and total number of cases reviewed under the Structured Judgement Review methodology (Data as at 10/05/2021)

**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	2020-21	Q3
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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
253	141	253	141	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
538	376	538	339	1	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
2027	1810	1942	1655	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	12.5%	This Year (YTD)	1	12.5%	This Year (YTD)	4	50.0%	This Year (YTD)	1	12.5%	This Year (YTD)	1	12.5%

Data above is as at 10/05/2021 and does not include deaths of patients with learning disabilities.

Family/carers concerns - There were 6 care concerns expressed to the Trust Bereavement team relating to Quarter 3 2020/21 deaths, none of which have been taken forward as formal complaints.

Complaints - Of the complaints closed during Quarter 3 2020/21 which were relating to 'bereavement', none have overall care ratings of 'poor care' on the mortality database.

Serious incidents - There were two severity 5 incidents reported in Quarter 3 2020/21, relating to in-hospital deaths. These cases were discussed at the Mortality Review Audit Group in May 2021. It was agreed the first of these cases was not avoidable however, an avoidability rating of 2 - 'strong evidence of avoidability' was agreed for the second.

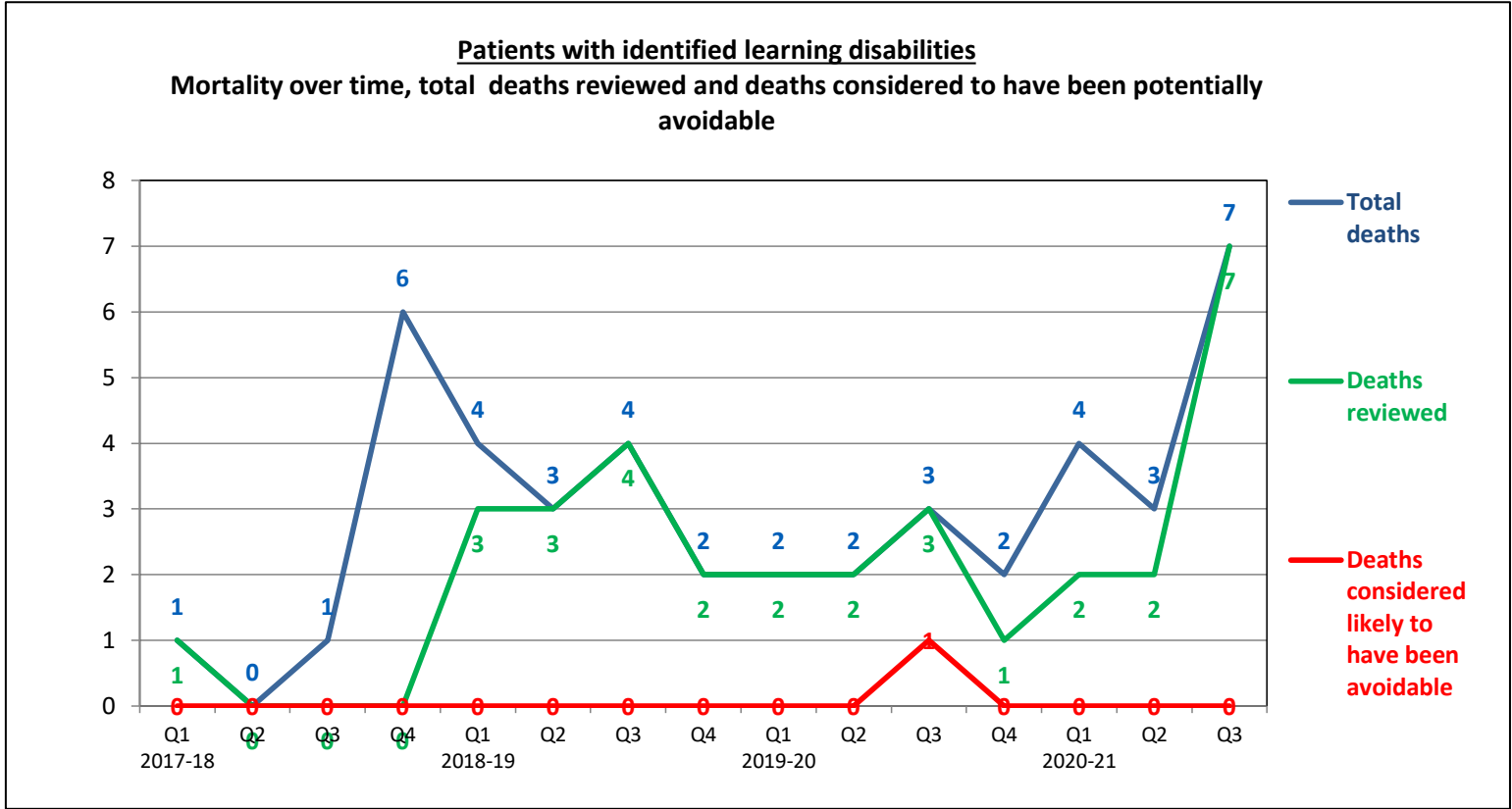
As at 10/05/2021 there are 550 April 2017 - December 2020 deaths still outstanding for review on the Mortality database.

Summary of total number of deaths and total number reviewed for patients with identified learning disabilities (Data as at 10/05/2021)

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

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
7	0	7	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
7	3	7	2	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
27	9	15	8	0	1

Time Series:	Start date	2017-18	Q1	End date	2020-21	Q3
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The LeDeR (learning disability mortality review) programme is now in place and the deaths of patients with a learning disability are being reviewed against the new criteria externally. Feedback from these external reviews is now being received by the Trust.

These deaths are also reviewed internally by the Acute Liaison Nurse for Learning Disabilities, who records the review findings on the mortality database.

Mortality Report – Learning from Deaths 1st April 2017 to 31st December 2020**Meeting information:**

Date of Meeting:	8 th June 2021	Agenda Item:	8
Meeting:	Trust Board	Reporting Officer:	David Walker

Purpose of paper: (Please tick)

Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
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Has this paper considered: (Please tick)

Key stakeholders:		Compliance with:	
Patients	<input checked="" type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Regulation (CQC, NHSI/CCG)	<input checked="" type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input checked="" type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input checked="" type="checkbox"/> (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 has also been updated to incorporate the Medical Examiner review process which commenced at the Trust on September 1st.

Cases referred by the Medical Examiners for further scrutiny, are highlighted to divisions and discussed at specialty Mortality and Morbidity meetings.

The current “Learning from Deaths” report details the April 2017 – December 2020 deaths recorded and reviewed on the mortality database. 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.

Learning disability deaths are being reviewed externally against the LeDeR (learning disability mortality review) programme. Trusts are now receiving some feedback from these reviews.

Deaths of patients with learning disabilities are also reviewed internally, 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 Deaths” reports are required on a quarterly basis.

NHS White Paper

Meeting information:

Date of Meeting:	8 th June 2021	Agenda Item:	9
Meeting:	Trust Board	Reporting Officer:	Richard Milner

Purpose of paper: (Please tick)

Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
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Has this paper considered: (Please tick)

Key stakeholders:		Compliance with:	
Patients	<input checked="" type="checkbox"/>	Equality, diversity and human rights	<input checked="" type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input checked="" type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input checked="" type="checkbox"/>
Other stakeholders please state:			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

Summary:

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

This paper is presented for information to the Board formally to acknowledge the White Paper and to set out the key themes for the Board within the Paper.

Separately, we have discussed the potential implications at greater length and Board members are aware of how the Trust is considering the wider implications of the paper in our business planning and 5-year plan, currently being refreshed.

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

The NHS White Paper has been discussed at a large number of Committee and other internal meetings.

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

The Board is asked to note the contents of this paper

1. Overview

- 1.1 The purpose of this paper is formally to update the Board on the White Paper and the key themes contained therein.
- 1.2 On 11 February 2021, the Department of Health and Social Care (DHSC) published its legislative proposals for a new Health and Care Bill, “Integration and Innovation: working together to improve health and social care for all” (referred to as the White Paper). The plan is to implement these proposals in 2022. This will replace the 2012 Health & Social Care Act, often referred to as “the Lansley Act”.
- 1.3 Three themes appear throughout the White Paper; 1) Integrating care; 2) Reducing bureaucracy; and 3) Improving accountability. These are designed to support delivery of the ‘triple aim’ of supporting better health and wellbeing for everyone, better quality of health services and sustainable use of NHS resources. The remainder of this paper summarises key points within the White Paper.

2. Summary of key points

- 2.1 Integrated Care Systems (ICSs) will become statutory organisations by April 2022 (realistically in shadow form from Autumn 2021) and will be responsible for strategic commissioning. ICS’s will comprise (a) an ICS Health and Care Partnership which will bring together parts of the system, including local authorities, primary care, independent sector and voluntary sector; and (b) an ICS NHS Body which will be responsible for the day-to-day running of the ICS. There will be flexibility for the ICS as to how it is structured – this will not be a top-down re-organisation. ICSs will merge the functions of CCGs alongside some existing NHS England functions and new strategic functions.
- 2.2 An ICS will be set a financial allocation by NHS England. The ICS NHS Body will develop a plan to meet the health needs of its population and develop a capital plan for the NHS providers in its geography. The ICS NHS Body Chief Executive will become the Accounting Officer for the NHS money allocated to the ICS.
- 2.3 The “primacy of Place” remains, albeit with nothing prescribed within the White Paper. Places will generally be aligned geographically with local authority boundaries and there must be joint decision-making with local authorities. Places are not legal entities. This is where providers of primary care, community and mental health, social care, and urgent and emergency care will work together. The Better Care Fund plan will provide a tool for agreeing priorities. Place leaders will be represented at ICS level.
- 2.4 There is a formal “duty to collaborate”. NHS providers will work together in provider collaboratives and organisations across the health and care sector will have a duty to collaborate. The legislation will be amended to assist organisations by enabling decisions to be taken by joint committees without the need for unanimity.
- 2.5 The White Paper foresees reduced bureaucracy across the system that will enable collaborative working. The intention is that the NHS will be able to organise itself without the involvement of the Competition and Markets Authority. Health services will be removed from the Public Contracts Regulations 2015 and the NHS (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 will be repealed. This will be replaced with a bespoke health services provider selection regime, currently in consultation.
- 2.6 Population health management is central to these proposals. Provider collaboratives will have outcomes-based contracts which look at the health of the population at place or ICS level. Changes to the Tariff will enable it to work more flexibly with population health contracts, rather than focussing on activity-led inputs. Patient choice is still important and NHS bodies will be required to protect this.
- 2.7 The government will have the power to impose capital spending limits on Foundation Trusts, as it currently does on NHS Trusts. The government will have the power to set legally-binding Capital Departmental Expenditure Limits (CDEL) for individual, named Foundation Trusts which are not working to prioritise capital expenditure within their ICS.

- 2.8 NHS England will formally merge with NHS Improvement and be designated NHS England. The merged entity will be accountable to the Secretary of State, while maintaining operational independence.
- 2.9 There will be changes to social care and public health changes including ensuring better integration with the NHS through the ICS structure. A new legal power to enable the Secretary of State to make direct emergency payments to social care providers has been proposed, alongside an enhanced framework and improved data collection to improve accountability in the social care sector. The government will have functions concerning public health including new powers to oversee fluoridation of water in England, to increase restrictions on advertising of unhealthy food and to alter food labelling requirements.
- 2.10 Patient Safety and regulatory change. Using the new Health and Care Bill to re-position the existing Health Services Safety Investigations Body (HSSIB) as statutory body, with the notable extension of HSSIB investigative reach to include treatment provided by the independent sector, in addition to changes around the concept of 'safe space' in those investigations. The same Bill will propose establishment in statute for the current Medical Examiners scheme, and restructuring of the regulation of healthcare professionals, by reducing the number of professional bodies. Further regulatory change in landscape will enable the Medicines and Healthcare products Regulatory Agency (MHRA) to set a national medicines registries; and legislation will be put in place to enable the implementation of comprehensive reciprocal healthcare agreements with other countries.

Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Evidence

Meeting information:			
Date of Meeting:	8 th June 2021	Agenda Item:	10
Meeting:	Trust Board	Reporting Officer:	Emma Chambers

Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input checked="" type="checkbox"/>

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

Summary:

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

NHS Resolution is operating a third year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.

The maternity incentive scheme applies to all acute trusts that deliver maternity services and are members of the CNST. As in year one and two, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

As in previous years, the scheme incentivises ten maternity safety actions (as described in this report). Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

Trusts that do not meet all ten safety requirements will not recover their contribution to the CNST incentive fund, but may be eligible for a small discretionary payment from the scheme to help make progress against actions they have not achieved.

This report provides confirmation that ESHT Maternity services have met the criteria for all ten safety actions in line with guidance provided by NHS Resolution. Each safety action with criteria is set out within this report; further evidence is stored within a secure database, available for review upon request. The detailed evidence submissions were reviewed by Vikki Carruth, Chief Nurse and Executive Maternity Safety Champion on 5th May 2021, who confirmed that the evidence requirements for each Safety Action have been met.

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

None

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

The Board is asked to approve the submission of the Trust's compliance with the ten safety actions set out within the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme.

1. Introduction

ESHT have reviewed its compliance against the CNST Maternity Incentive Scheme standards and confirm compliance against all Safety actions as listed within this report.

The detailed evidence submissions were reviewed by Vikki Carruth, Chief Nurse and Executive Maternity Safety Champion on 5th May 2021; who confirmed that the evidence requirements for each Safety Action have been met.

Safety action 1

Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths to the required standard?

We confirm that we achieve the required Safety action;

We have embedded the NPMRT tool into their Governance arrangements; this process has been in place since January 2018.

In line with the required standard:

All perinatal deaths eligible to be notified to MBRRACE-UK from Monday 11 January 2021 onwards have been notified to MBRRACE-UK within seven working days and the surveillance information where required has been completed within four months of the death.

A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 to 15 March 2021 have been started before 15 July 2021.

At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in our Trust, including home births, from Friday 20 December 2019 to Monday 15 March 2021 have been reviewed using the PMRT, by a multidisciplinary review team. Each review has been completed to the point that at least a PMRT draft report has been generated by the tool before 15 July 2021.

For 95% of all deaths of babies who were born and died in our Trust from Friday 20 December 2019, the parents have been told that a review of their baby's death will take place, and the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by our Trust staff and the baby died. If delays in completing reviews were anticipated parents were advised that this is the case and be given a timetable for likely completion. Contact with the families continued during any delay and an early assessment of whether any questions they have could be addressed before a full review has been completed; this is especially important if there are any factors which may have a bearing on a future pregnancy. Our bereavement leads ensure that someone takes responsibility for maintaining contact and these actions.

Quarterly reports have been submitted to the Trust Board from Thursday 1 October 2020 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports are discussed with the Trust maternity safety champion at Maternity Board meetings.

Evidence provided:

- Review of the PMRT database reporting module
- Copies of quarterly PMRT reports and action plans

Safety action 2

Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

We confirm that we achieve the required Safety action;

At least two people registered to submit MSDS data to SDCS Cloud and still working in the Trust on Saturday 31 October 2020

MSDSv2 webinar attended by at least one colleague from each Trust in January/February 2020

December 2020 data included all following tables

MSD000 MSDS Header

MSD001 Mother's Demographics

MSD002 GP Practice Registration

MSD101 Pregnancy and Booking Details

MSD102 Maternity Care Plan

MSD201 Care Contact (Pregnancy)

MSD202 Care Activity (Pregnancy)

MSD301 Labour and Delivery

MSD302 Care Activity (Labour and Delivery)

MSD401 Baby's Demographics and Birth Details

MSD405 Care Activity (Baby)

MSD901 Staff Details

- December 2020 data contained at least 90% of the deliveries recorded in Hospital Episode Statistics
- December 2020 data contained at least as many women booked in the month as the number of deliveries submitted in the month
- December 2020 data contained Estimated Date of Delivery for 95% of women booked in the month
- December 2020 data contained valid postcode for mother at booking in 95% of women booked in the month
- December 2020 data contained valid ethnic category (Mother) for at least 80% of women booked in the month. Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances
- December 2020 data contained antenatal continuity of carer plan fields completed for 90% of women booked in the month
- December 2020 data contained antenatal personalised care plan fields completed for 90% of women booked in the month.

Evidence provided:

- Confirmation email from NHSX confirming standards are met

Safety action 3

Can you demonstrate that you have transitional care (TC) services to support the Avoiding Term Admissions Into Neonatal units Programme?

We confirm that we achieve the required Safety action;

Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC.

A review of term admissions to the neonatal unit and to TC during the Covid-19 period (Sunday 1 March 2020 – Monday 31 August 2020) was undertaken to identify the impact of: ☐ closures or reduced capacity of TC ☐ changes to parental access ☐ staff redeployment ☐ changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding.

An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, including those identified through the Covid-19 period as in point e) above has been agreed with the maternity and neonatal safety champions and Board level champion.

Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions.

Evidence provided:

- Network Discussion - KSS NN Governance Minutes 011020
- Copy of South Network Quarterly ATAIN Dashboard 2020_21 Q1_Q2
- Monthly Infant Feeding Data
- Monthly Infant Feeding Actions
- Email from Infant Feeding Specialist Midwife
- TC provision report March - Aug 2020
- Audit Neonatal Readmission Oct 19- Sept 20
- Neonatal Readmission March - Aug 20
- ATAIN action plan
- ATAIN Business meeting minutes
- ATAIN actions progress report
- Maternity Board meeting minutes

Safety action 4

Can you demonstrate an effective system of medical workforce planning to the required standard?

We confirm that we achieve the required Safety action;

The anaesthetic service meets Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6

The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing.

The neonatal unit meets the service specification for neonatal nursing standards.

Evidence provided:

- Anaesthetic rotation expectations
- Rotas from anaesthetics
- Confirmation email from Paediatric clinical lead that BAPM standards are met
- Neonatal establishment review report

Safety action 5

Can you demonstrate an effective system of midwifery workforce planning to the required standard?

We confirm that we achieve the required Safety action;

A systematic, evidence-based process is used to calculate midwifery staffing establishment this was last completed in February 2020 using Birthrate+.

The midwifery coordinator in charge of labour ward has supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service

All women in active labour receive one-to-one midwifery care. We currently have no electronic mechanism for capturing this data however, this is prioritised and matrons initiate the escalation policy to increase staffing levels to ensure one to one care in labour.

We submit a midwifery staffing oversight report that covers staffing/safety issues to the Board at least once a year, during the maternity incentive scheme year three reporting period (December 2019 – July 2021).

Evidence provided:

- Midwifery Staffing Board Report Nov 2020
- BirthRate+ report April 2018
- BirthRate+ summary Continuity of Carer projection report February 2020
- Maternity services escalation policy
- Maternity acuity/ red flag incident Board reports

Safety action 6

Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?

We confirm that we achieve the required Safety action;

Trust Board level consideration has been undertaken via Maternity Board of how its organisation is complying with the Saving Babies' Lives care bundle version two (SBLCBv2), published in April 2019.

Each element of the SBLCBv2 has been implemented. Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been agreed with their commissioner (CCG). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network.

The quarterly care bundle survey has been completed. The corroborating evidence is the SBLCBv2 survey and MSDS data, availability of this depends on the COVID-19 status.

Evidence provided:

- Saving Babies Lives overview report
- Email from central team regarding CO monitoring restrictions during Covid wave
- Reducing Smoking in Pregnancy Review 2020
- Fetal Growth Restriction Identification at Booking report
- Reduced fetal movements report
- Fetal monitoring report
- Preterm Births in Appropriate Care Setting
- Pre-term birth report
- Evidence of CCG agreement of preterm birth pathway
- SBLCBv2 National report

Safety action 7

Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?

We confirm that we achieve the required Safety action;

We have several ways of obtaining service user feedback including FFT, 'Comments On Our Service' (COOS) cards, Facebook pages which reach 4514 followers for Conquest maternity and 2760 followers for Eastbourne Midwifery unit (EMU) plus separate pages for the Continuity of Carer teams. Feedback from these methods is discussed and improvements actioned via our monthly senior midwifery improvement forum (MIF).

We take part in the CQC Maternity Survey annually (not completed in 2020 due to Covid)

We work with our East Sussex Maternity Voices Partnership (MVP) to review and action service user feedback, as well as to co-produce service improvements and innovations.

Bereaved families co-designed the new maternity bereavement suite which opened in May 2021.

Service users attend our PMRT meetings, Labour Ward forum and Maternity Board.

Evidence provided:

- Bereavement Suite co-production report
- COOS card example and themes report
- Debrief themes action workshop
- MVP local and system meeting minutes
- MVP agenda
- MVP/ HOMs liaison meeting record throughout Covid
- MIF minutes
- Evidence of feedback to women following debrief regarding actions
- Co-production work regarding Covid and the increased risk to women from an ethnic minority
- Evidence of sharing of women's stories/ feedback during staff training
- MVP 'walk the patch' survey report
- Evidence of remuneration to MVP service user reps

Safety action 8

Can you evidence that the maternity unit staff groups have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

We confirm that we achieve the required Safety action;

Covid-19 specific e-learning training has been made available to the multi-professional team members?

Team required to be involved in immediate resuscitation of the newborn and management of the deteriorating new born infant have attended your in-house neonatal resuscitation training or Newborn Life Support (NLS) course since the launch of MIS year three in December 2019?

There is a commitment by the trust board to facilitate multi-professional training sessions, including fetal monitoring training once when this is permitted.

Evidence provided:

- PROMPT content report
- Compliance levels as of 14th May 2021

Safety action 9

Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?

We confirm that we achieve the required Safety action;

A pathway has been developed that describes how frontline midwifery, neonatal, obstetric and Board safety champions share safety intelligence from floor to Board and through the local maternity system (LMS) and MatNeoSIP Patient Safety Networks.

Board level safety champions undertake feedback sessions every month, for maternity and neonatal staff to raise concerns relating to safety issues, including those relating to Covid-19 service changes and service user feedback, we can demonstrate that progress with actioning named concerns are visible to staff.

Board level safety champions have reviewed our continuity of carer action plan in the light of Covid-19. Taking into account the increased risk facing women from Black, Asian and minority ethnic backgrounds and the most deprived areas, a revised action plan describes how the maternity service will resume or continue working towards a minimum of 35% of women being placed onto a continuity of carer pathway, prioritising women from the most vulnerable groups we serve.

Together with the frontline safety champions, the Board safety champion has reviewed local outcomes in relation to:

- I. Maternal and neonatal morbidity and mortality rates including a focus on women who delayed or did not access healthcare in the light of Covid-19, drawing on resources and guidance to understand and address factors which led to these outcomes.
- II. The UKOSS report on Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK.
- III. TheMBRRACE-UKSARS-Covid-19
https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf
- IV. The letter regarding targeted perinatal support for Black, Asian and Minority Ethnic groups And considered the recommendations and requirements of II, III and IV on I.

The Board Level Safety Champion is actively supporting capacity (and capability) building for all staff to be actively involved in the following areas:

- Maternity and neonatal quality and safety improvement activity within the Trust, including that determined in response to Covid-19 safety concerns
- The Patient Safety Networks of which each Trust will be a member
- Specific national improvement work and testing lead by MatNeoSIP that the Trust is directly involved with
- The Patient Safety Network clinical leaders group where Trust staff are members

Evidence provided:

- Process for the sharing of safety intelligence within maternity and the wider maternity system and email evidence of circulation to all staff
- Your maternity safety champions poster
- Maternity safety forum poster
- Maternity safety forum action and decision report
- Maternity Board minutes
- Continuity of Carer action plan
- Action plans relating to benchmarking against reports mentioned above
- Board Safety Champion/ deputy record of attendance at regional maternity safety events
- Café conversation documents
- MatNeo meeting minutes

Safety action 10

Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?

We confirm that we achieve the required Safety action;

The Trust Board have sight of trust legal services and maternity clinical governance records of qualifying Early Notification incidents and numbers reported to NHS Resolution Early Notification team.

ESHT can confirm that we have a Governance process in place which includes reporting all qualifying incidents to NHS Resolution under the early Notification scheme reporting criteria through Legal Services.

Evidence provided:

- Confirmation that the correct process for reporting is in place from the Legal team
- HSIB quarterly shared learning updates

National Staff Survey 2020 Results

Meeting information:			
Date of Meeting:	8 th June 2021	Agenda Item:	11
Meeting:	Trust Board	Reporting Officer:	Steve Aumayer

Purpose of paper: (Please tick)			
Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>

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

Summary:

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

The National Staff Survey results were published on Thursday 11th March 2021 and presented at the private part of the Trust Board meeting on the 13th April 2021. The attached management report produced by Quality Health outlines the detail of the findings and makes a number of recommendations. The report has been amended to reflect the small number inaccuracies in the original report.

The survey results are important to us because they gauge how our colleagues feel about working within the trust. They also provide a useful barometer of our levels of Staff engagement which research has proven that organisations who have high levels of Staff engagement also have better patient's outcomes and experience and higher levels of job satisfaction and staff retention. The information from the National staff survey results also forms part of the assessment of the well led domain in the CQC inspection.

The survey was carried out between September and November 2020, right in the middle of the global pandemic we were therefore delighted to maintain a response rate of 51% especially when the response rate for others in the comparable sector was on average 45.3%.

For the first time this year we included in the report the score for those organisations in the sector who were in the top 20% performing trusts. It is clear that for many questions we are already in the top 20%. We have improved in three themes compared to other Trusts in the sector. These are Equality, Diversity and Inclusion, Support of Immediate Managers and Team Working. This is important to us as it is where we have done concentrated work as part of our ongoing work to continue to develop a positive and inclusive culture where staff have the opportunity both individually and in teams to achieve their potential.

We are also very proud that most respondents feel their role makes a difference, Care of Patients is ESHT's top priority and they are satisfied with the quality of care we provide. More colleagues who responded will recommend the Trust to family and friends for Care and Treatment and also as a Place to Work.

ESHT 2020 Staff Survey Top 20% scores	2020 score	Sector score	Top 20%
Theme 2-Health & Wellbeing			
11a. Does your organisation take positive action on health and wellbeing?	38%	33%	38%
11c. During the last 12 months have you felt unwell as a result of work related stress? (Lower score is better)	42%	44%	42%
11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties? (Lower score is better)	45%	47%	45%
Theme 3-Immediate Managers			
5b. (How satisfied are you with) The support I get from my immediate manager	72%	69%	72%
8c. My immediate manager gives me clear feedback on my work	65%	61%	64%
8d. My immediate managers asks for my opinion before making decisions that affect my work.	57%	55%	57%
8f. My immediate manager takes a positive interest in my health and wellbeing	72%	69%	72%
8g. My immediate manager values my work	75%	72%	74%
Theme 4-Morale			
8a. My immediate manager encourages me at work	72%	69%	72%
19b. I will probably look for a job at a new organisation in the next 12 months (Lower score is better)	15%	19%	15%
19c. As soon as I can find another job, I will leave this organisation (Lower score is better)	10%	14%	10%
Theme 6-Safe Environment-Bullying & Harassment			
13a. Experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public in the last 12 months. (Lower score is better)	24%	27%	24%
Theme 7-Safe Environment-Violence			
12a. Experienced physical violence at work from patients /service users, their relatives or other members of the public in the last 12 months. (Lower score is better)	12%	13%	12%
12b. Experienced physical violence at work from managers in the last 12 months (Lower score is better)	0%	1%	0%
Theme 8-Safety Culture			
16a. My organisation treats staff who are involved in an error, near miss or incident fairly.	66%	62%	65%
16d. We are given feedback about changes made in response to reported errors, near misses and incidents	65%	62%	65%
Theme 10- Team Working			
4h. The team I work in has a set of shared objectives	75%	72%	75%
4i. The team I work in often meets to discuss the team's effectiveness	62%	57%	60%
Theme- Additional-Job Satisfaction			
5a. (How satisfied are you with) The recognition I get for good work	61%	57%	60%
5f. (How satisfied are you with) The extent to which my organisation values my work	51%	47%	51%
Theme-Additional-Managers			
8b. My immediate manager can be counted on to help me with a difficult task at work.	73%	70%	73%
Theme-Additional –Working Hours			
10c. On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? (Lower score is better)	50%	55%	52%
Theme-Additional-Pressure			
11e. Have you felt pressure from your manager to come to work? (lower score is better)	22%	26%	23%

We have considered carefully the recommendations and discussed further with Trust Board colleagues and at the Senior Leaders forum. We have also discussed our ambition as an organisation in relation to the National Survey and the interdependencies linked to some of our other key work.

The three corporate priorities are:

To demonstrate we care about our staff members and their Health and Wellbeing

- Carrying out focussed work on mental health and MSK
- Developing a framework outlining the basic fundamental needs that all staff members should expect at ESHT to feel psychologically safe
- Give tools for self-management for own health and wellbeing

To reduce the incidents of harassment, bullying and abuse by colleagues

- Drilling down into data, to identify specific areas of concern
- Develop a range of actions which will support a positive and inclusive culture, where HBA is not tolerated

To continue to develop the Trust as the “Best Place to Work”

- Developing a Partnership Forum that involves many of our staff members in decisions that impact them and they can be involved in the wider business of the trust
- Understand and act upon how we improve job satisfaction amongst staff members with a particular emphasis on receiving high quality feedback
- Explore issues relating to levels of pay as part of stay interviews

A draft action plan for the three priorities with key miles stones is currently being shared. We are just awaiting feedback from Quality Health on some feedback from the high performing trusts linked to best practice.

Each division /directorate has also received their own individual results which they are currently sharing with their teams, celebrating what they do well and discussing 1-2 actions they would like to focus on the next year.

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

Executive Team 08.03.21
Senior Leaders Forum 11.03.21
POD Committee 18.03.21

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

The committee members to review the feedback from the enclosed management report on the National Staff Survey Results and to discuss and agree recommendations



East Sussex Healthcare NHS Trust

2020 Staff Survey Results



Charlie Boshier | Senior Business Development Consultant
Quality Health

Quality Health

We help our clients achieve high quality and positive outcomes in health, social care and other services

- We design innovative technology-enabled data collection mechanisms to gather insight from patients, service users, staff and other stakeholders
- We can provide a bespoke survey app, an on-line survey platform, SMS, telephone, paper-based surveys and a full range of qualitative research methodologies
- We use our unique expertise and experience to collect, process, analyse and present information in the most meaningful ways
- We work collaboratively with our clients to support service improvements, inform change, influence policy, and improve outcomes.

Background

- Quality Health works with the NHS to deliver the NHS National Staff Survey
- Used by **NHS England**, and by **CQC**, to judge and assess Trust performance
- **Definite correlations between staff engagement, patient experience and patient outcomes**
- Some changes in methodology over time, but many questions have remained the same throughout
- **National results to be published by NHS England on Thursday 11th March 2021.**
- The 2020 NHS Staff Survey has followed the same methodology and timings as in previous years
- There were some changes to the questionnaire. The new questions primarily focused on feeling safe at work, freedom to speak up and staff experience of COVID-19

Methodology and Response Rates

- Survey run on paper, online or a mixture, between **September and December 2020**
- The comparator group is made up of **61** Acute and Acute & Community Trusts contracted to Quality Health (there are **128** Acute and Acute & Community Trusts in total)

	<i>Usable Sample</i>	<i>Completed</i>	<i>Response Rate</i>	
2020 Trust	7,290	3,712	50.9%	← Online & Paper
2020 QH	568,073	257,321	45.3%	
2019 Trust	6,993	3,642	52.1%	← Online & Paper
2019 QH	530,342	246,847	46.5%	

- Impacts on response rate:
 - ▶ Accuracy of staff records, and internal distribution
 - ▶ Communication
 - ▶ Pro-active management of survey process
 - ▶ Communication of results
 - ▶ **Response and action from senior management**

Staff Engagement

In the National Staff Survey, Staff Engagement is measured across three sub-sections of Theme 10:

- **Advocacy:** Q18a, Q18c and Q18d (Staff recommendation of the trust as a place to work or receive treatment).
- **Motivation:** Q2a, Q2b and Q2c (Staff motivation at work)
- **Involvement:** Q4a, Q4b and Q4d (Staff ability to contribute towards improvement at work)

Overall Staff Engagement is calculated as an average across these three themes. Staff Engagement scores fall between 0 and 10, where the higher the score, the more engaged the staff.

Overall Trust Staff Engagement Score 2020: 7.03

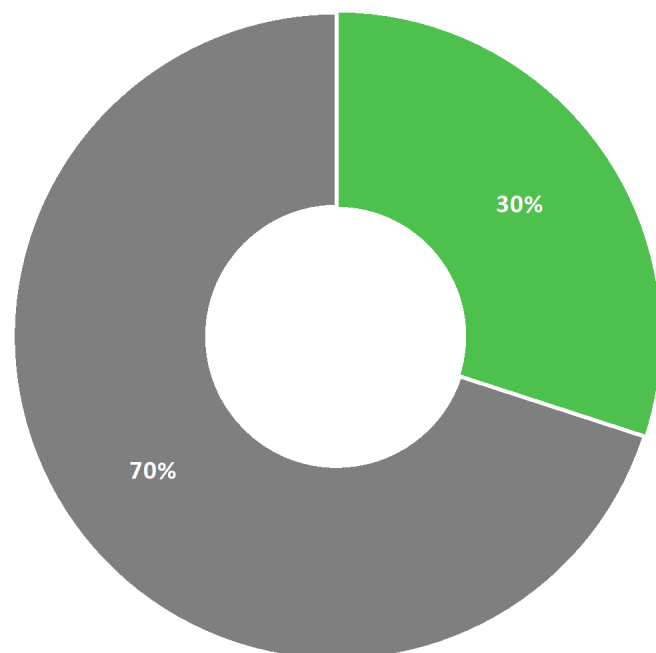
Staff Engagement (continued)

	2020 Score	2019 Score	Diff	Sector score	Diff
Advocacy	7.15	6.96	+0.19 (Not sig.)	7.17	-0.01 (Not sig.)
Motivation	7.20	7.27	-0.07 (Not sig.)	7.23	-0.03 (Not sig.)
Involvement	6.75	6.80	-0.05 (Not sig.)	6.75	+0.01 (Not sig.)
Overall Staff Engagement	7.03	7.00	+0.03 (Not sig.)	7.04	-0.02 (Not sig.)

Staff Engagement (continued)

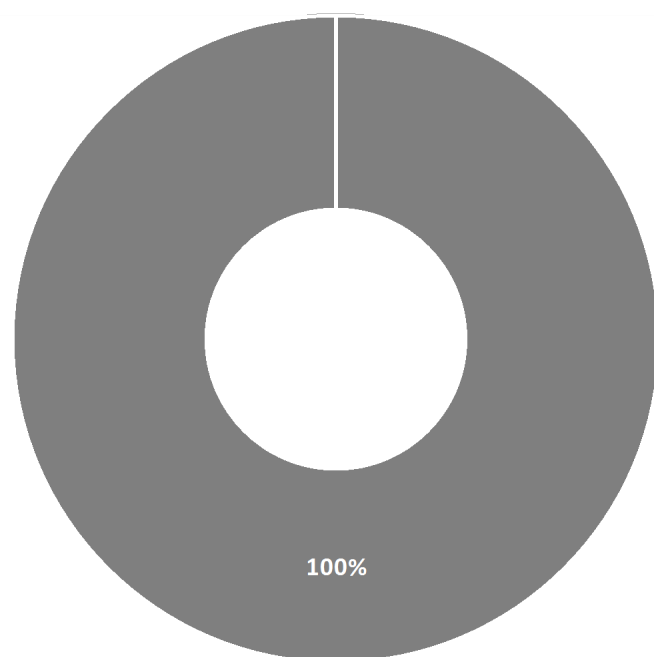
Theme/Question	2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 9 - Staff Engagement	7.00	Not Significant	7.03	Not Significant	7.04
2a. I look forward to going to work.	59%	Not Significant	59%	Not Significant	59%
2b. I am enthusiastic about my job.	74%	Not Significant	72%	Not Significant	73%
2c. Time passes quickly when I am working.	76%	Not Significant	74%	Not Significant	75%
4a. There are frequent opportunities for me to show initiative in my role.	72%	Not Significant	72%	Not Significant	72%
4b. I am able to make suggestions to improve the work of my team / department.	75%	Not Significant	74%	Not Significant	73%
4d. I am able to make improvements happen in my area of work.	56%	Not Significant	55%	Not Significant	56%
18a. Care of patients / service users is my organisation's top priority.	76%	Significantly Improved	79%	Not Significant	80%
18c. I would recommend my organisation as a place to work.	63%	Significantly Improved	69%	Not Significant	67%
18d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	69%	Significantly Improved	74%	Not Significant	75%

Headline Findings - Theme Benchmarking



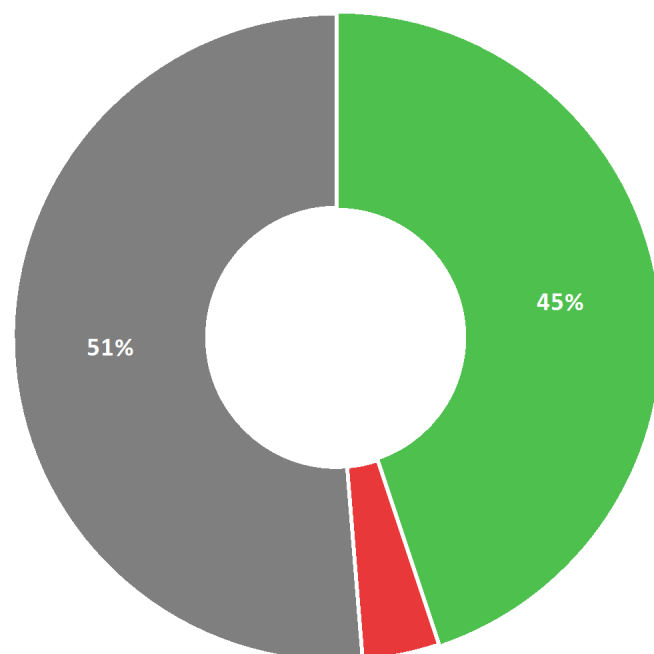
- 3 (30%) Theme(s) scored significantly better than the sector
- 0 (0%) Theme(s) scored significantly worse than the sector
- 7 (70%) Theme(s) showed no significance in relation to the sector average or comparisons could not be drawn

Headline Findings - Theme Local Changes



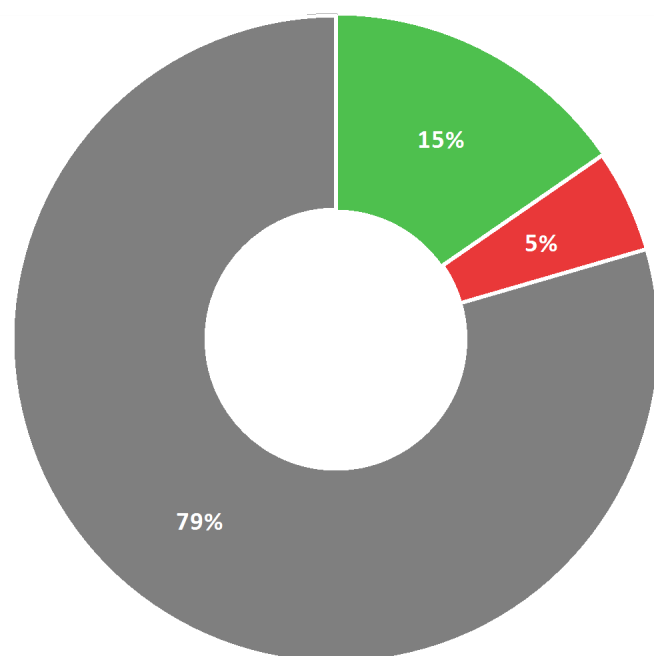
- 0 (0%) Theme(s) scored significantly better than in 2019
- 0 (0%) Theme(s) scored significantly worse than in 2019
- 10 (100%) Theme(s) showed no significance in relation to the 2019 score or comparisons could not be drawn

Headline Findings - Question Benchmarking



- 35 (45%) question(s) scored significantly better than the sector
- 3 (4%) question(s) scored significantly worse than the sector
- 40 (51%) question(s) showed no significance in relation to the sector average or comparisons could not be drawn

Headline Findings - Question Local Changes



- 12 (15%) question(s) scored significantly better than in 2019
- 4 (5%) question(s) scored significantly worse than in 2019
- 62 (79%) question(s) showed no significance in relation to the 2019 score or comparisons could not be drawn

Equality, Diversity & Inclusion

Theme/Question		2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 1 - Equality, Diversity & Inclusion		9.15	Not Significant	9.12	Significantly Better	8.96
14.	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	85%	Not Significant	86%	Significantly Better	83%
15a.	Experienced discrimination at work from patients / service users, their relatives or other members of the public in the last 12 months. (Lower score is better)	6%	Not Significant	6%	Significantly Better	7%
15b.	Experienced discrimination at work from a manager / team leader or other colleagues in the last 12 months. (Lower score is better)	7%	Not Significant	7%	Significantly Better	9%
26b.	Has your employer made adequate adjustment(s) to enable you to carry out your work?	78%	Not Significant	76%	Not Significant	75%

Health & Wellbeing

Theme/Question	2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 2 - Health & Wellbeing	6.05	Not Significant	6.15	Not Significant	6.07
5h. [How satisfied are you with] The opportunities for flexible working patterns.	54%	Not Significant	56%	Not Significant	56%
11a. Does your organisation take positive action on health and well-being?	36%	Not Significant	38%	Significantly Better	33%
11b. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? (Lower score is better)	31%	Not Significant	33%	Significantly Worse	30%
11c. During the last 12 months have you felt unwell as a result of work related stress? (Lower score is better)	39%	Significantly Declined	42%	Significantly Better	44%
11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties? (Lower score is better)	53%	Significantly Improved	45%	Significantly Better	47%

Immediate Managers

Theme/Question	2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 3 - Immediate Managers	7.04	Not Significant	7.00	Significantly Better	6.81
5b. [How satisfied are you with] The support I get from my immediate manager.	73%	Not Significant	72%	Significantly Better	69%
8c. My immediate manager gives me clear feedback on my work.	65%	Not Significant	65%	Significantly Better	61%
8d. My immediate manager asks for my opinion before making decisions that affect my work.	58%	Not Significant	57%	Significantly Better	55%
8f. My immediate manager takes a positive interest in my health and well-being.	72%	Not Significant	72%	Significantly Better	69%
8g. My immediate manager values my work.	75%	Not Significant	75%	Significantly Better	72%

Morale

Theme/Question		2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 4 - Morale		6.37	Not Significant	6.38	Not Significant	6.23
						Top 20%
4c.	I am involved in deciding on changes introduced that affect my work area / team / department.	53%	Not Significant	51%	Not Significant	50%
4j.	I receive the respect I deserve from my colleagues at work.	74%	Not Significant	72%	Significantly Better	71%
6a.	I have unrealistic time pressures.	21%	Significantly Improved	24%	Not Significant	25%
6b.	I have a choice in deciding how to do my work.	57%	Not Significant	57%	Significantly Better	55%
6c.	Relationships at work are strained.	46%	Not Significant	47%	Not Significant	46%

Morale (continued)

Theme/Question	2019 Score	Significance	2020 Score	Significance	Sector Score	
Theme 4 - Morale	6.37	Not Significant	6.38	Not Significant	6.23	Top 20%
8a. My immediate manager encourages me at work.	72%	Not Significant	72%	Significantly Better	69%	72%
19a. I often think about leaving this organisation. (Lower score is better)	24%	Not Significant	24%	Significantly Better	26%	23%
19b. I will probably look for a job at a new organisation in the next 12 months. (Lower score is better)	15%	Not Significant	15%	Significantly Better	19%	15%
19c. As soon as I can find another job, I will leave this organisation. (Lower score is better)	11%	Not Significant	10%	Significantly Better	14%	10%

Quality of Care

Theme/Question	2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 5 - Quality of Care	7.40	Not Significant	7.52	Not Significant	7.50
7a. I am satisfied with the quality of care I give to patients / service users.	80%	Significantly Improved	83%	Not Significant	82%
7b. I feel that my role makes a difference to patients / service users.	90%	Not Significant	90%	Not Significant	90%
7c. I am able to deliver the care I aspire to.	67%	Significantly Improved	71%	Not Significant	70%

Safe Environment - Bullying & Harassment

Theme/Question		2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 6 - Safe Environment - Bullying & Harassment		8.00	Not Significant	8.07	Not Significant	8.02
13a.	Experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public in the last 12 months. (Lower score is better)	27%	Significantly Improved	24%	Significantly Better	27%
13b.	Experienced harassment, bullying or abuse at work from managers in the last 12 months. (Lower score is better)	12%	Not Significant	12%	Not Significant	13%
13c.	Experienced harassment, bullying or abuse at work from other colleagues in the last 12 months. (Lower score is better)	21%	Not Significant	22%	Significantly Worse	20%
						Top 20%
						24%
						10%
						17%

Safe Environment - Violence

Theme/Question		2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 7 - Safe Environment - Violence		9.51	Not Significant	9.55	Not Significant	9.49
12a.	Experienced physical violence at work from patients / service users, their relatives or other members of the public in the last 12 months. (Lower score is better)	13%	Not Significant	12%	Significantly Better	13%
12b.	Experienced physical violence at work from managers in the last 12 months. (Lower score is better)	1%	Not Significant	0%	Not Significant	1%
12c.	Experienced physical violence at work from other colleagues in the last 12 months. (Lower score is better)	2%	Not Significant	2%	Not Significant	1%

Safety Culture

Theme/Question	2019 Score	Significance	2020 Score	Significance	Sector Score	
Theme 8 - Safety Culture	6.76	Not Significant	6.81	Not Significant	6.76	Top 20%
16a. My organisation treats staff who are involved in an error, near miss or incident fairly.	64%	Not Significant	66%	Significantly Better	62%	65%
16c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	72%	Not Significant	73%	Not Significant	73%	77%
16d. We are given feedback about changes made in response to reported errors, near misses and incidents.	62%	Significantly Improved	65%	Significantly Better	62%	65%
17b. I would feel secure raising concerns about unsafe clinical practice.	71%	Not Significant	71%	Not Significant	71%	74%
17c. I am confident that my organisation would address my concern.	59%	Not Significant	59%	Not Significant	59%	63%
18b. My organisation acts on concerns raised by patients / service users.	73%	Not Significant	73%	Not Significant	74%	79%

Team Working

Theme/Question	2019 Score	Significance	2020 Score	Significance	Sector Score
Theme 10 - Team Working	6.87	Not Significant	6.75	Significantly Better	6.51
4h. The team I work in has a set of shared objectives.	75%	Not Significant	75%	Significantly Better	72%
4i. The team I work in often meets to discuss the team's effectiveness.	65%	Significantly Declined	62%	Significantly Better	57%

Additional - Job Satisfaction

Question	2019 Score	Significance	2020 Score	Significance	Sector Score	Top 20%
3a. I always know what my work responsibilities are.	88%	Significantly Declined	86%	Not Significant	87%	88%
3b. I am trusted to do my job.	91%	Not Significant	91%	Not Significant	91%	92%
3c. I am able to do my job to a standard I am personally pleased with.	79%	Not Significant	79%	Significantly Worse	80%	82%
4e. I am able to meet all the conflicting demands on my time at work.	45%	Not Significant	47%	Not Significant	47%	51%
4f. I have adequate materials, supplies and equipment to do my work.	48%	Significantly Improved	59%	Not Significant	59%	63%

Additional - Job Satisfaction (continued)

Question	2019 Score	Significance	2020 Score	Significance	Sector Score	Top 20%
4g. There are enough staff at this organisation for me to do my job properly.	31%	Significantly Improved	38%	Not Significant	38%	41%
5a. [How satisfied are you with] The recognition I get for good work.	62%	Not Significant	61%	Significantly Better	57%	60%
5c. [How satisfied are you with] The support I get from my work colleagues.	82%	Not Significant	82%	Not Significant	81%	83%
5d. [How satisfied are you with] The amount of responsibility I am given.	76%	Not Significant	75%	Not Significant	74%	77%
5e. [How satisfied are you with] The opportunities I have to use my skills.	72%	Not Significant	72%	Not Significant	72%	74%

Additional - Job Satisfaction (continued)

Question	2019 Score	Significance	2020 Score	Significance	Sector Score	Top 20%
5f. [How satisfied are you with] The extent to which my organisation values my work.	51%	Not Significant	51%	Significantly Better	47%	51%
5g. [How satisfied are you with] My level of pay.	40%	Significantly Declined	36%	Not Significant	36%	40%

Additional - Managers

Question	2019 Score	Significance	2020 Score	Significance	Sector Score	Top 20%
8b. My immediate manager can be counted on to help me with a difficult task at work.	72%	Not Significant	73%	Significantly Better	70%	73%
8e. My immediate manager is supportive in a personal crisis.	77%	Not Significant	77%	Significantly Better	75%	78%
9a. I know who the senior managers are here.	83%	Not Significant	84%	Not Significant	84%	86%
9b. Communication between senior management and staff is effective.	43%	Not Significant	44%	Not Significant	43%	46%
9c. Senior managers here try to involve staff in important decisions.	36%	Not Significant	37%	Significantly Better	35%	38%
9d. Senior managers act on staff feedback.	36%	Not Significant	36%	Significantly Better	34%	37%

Additional - Working Hours

Question		2019 Score	Significance	2020 Score	Significance	Sector Score	Top 20%
10b.	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? (Lower score is better)	33%	Not Significant	34%	Not Significant	34%	31%
10c.	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? (Lower score is better)	53%	Significantly Improved	50%	Significantly Better	55%	52%

Additional - Pressure

Question		2019 Score	Significance	2020 Score	Significance	Sector Score	Top 20%
11e.	Have you felt pressure from your manager to come to work? (Lower score is better)	23%	Not Significant	22%	Significantly Better	26%	23%
11f.	Have you felt pressure from colleagues to come to work? (Lower score is better)	22%	Not Significant	21%	Not Significant	23%	20%
11g.	Have you put yourself under pressure to come to work? (Lower score is better)	92%	Not Significant	93%	Not Significant	92%	92%

Additional - Reporting Violence & HBA

Question		2019 Score	Significance	2020 Score	Significance	Sector Score	Top 20%
12d.	The last time you experienced physical violence at work, did you or a colleague report it?	65%	Not Significant	68%	Not Significant	66%	71%
13d.	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	49%	Not Significant	48%	Not Significant	46%	50%

Additional - Safety

Question	2019 Score	Significance	2020 Score	Significance	Sector Score	Top 20%
16b. My organisation encourages us to report errors, near misses or incidents.	90%	Not Significant	89%	Significantly Better	88%	90%
17a. If you were concerned about unsafe clinical practice, would you know how to report it?	95%	Not Significant	95%	Significantly Better	94%	96%
18e. I feel safe in my work.	-	N/A	82%	Significantly Better	81%	85%
18f. I feel safe to speak up about anything that concerns me in this organisation.	-	N/A	67%	Significantly Better	65%	69%

Key Findings

- Generally, results are positive results and indicate the Trust is performing well. Especially during challenging times.
- Our Quality of Care score has significantly improved
- The Trust performs well and is significantly above sector average in terms of:
 - Equality Diversity & Inclusion.
 - Immediate Managers.
 - Team Working.

Key Findings

- **However:**
 - There has been an increase in work related stress.
 - There has been an increase in reported physical deterioration of colleagues.(MSK)
 - Staff experiencing HBA from their colleagues remains an issue.
 - Valuing the work of colleagues, job satisfaction and involving staff in decisions that impact them would benefit from focused work.

Draft – 3 Corporate Priorities

- **To demonstrate we care about our staff members and their Health and Wellbeing by:**
 - Carrying out Focussed work on mental health and MSK
 - Developing a framework outlining the basic fundamental needs that all staff members should expect at ESHT to feel psychologically safe
 - Give tools for self-management for own health and wellbeing
- **To reduce the incidents of harassment, bullying and abuse by colleagues, by:**
 - Drilling down into data, to identify specific areas of concern
 - Develop a range of actions which will support a positive and inclusive culture, where HBA is not tolerated
- **To continue to develop the Trust as the ‘Best Place to Work’, by:**
 - Developing a Partnership Forum that involves many of our staff members in decisions that impact them and they can be involved in the wider business of the trust
 - Understand and act upon how we improve Job satisfaction amongst staff members with a particular emphasis on receiving high quality feedback
 - Explore issues relating to levels of pay as part of stay interviews

Use of Trust Seal

Meeting information:			
Date of Meeting:	8 th June 2021	Agenda Item:	13
Meeting:	Trust Board	Reporting Officer:	Chair

Purpose of paper: (Please tick)	
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>

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

Summary:

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

The purpose of this paper is to provide an overview of the use of the Trust Seal between 31st March 2021 and 1st June 2021.

Sealing 66 – Spire Healthcare Limited, 31st March 2021

Business and Asset Transfer Agreement.

Sealing 67 – Spire Healthcare Limited, 31st March 2021

Asset Transfer Agreement.

Sealing 68 – Spire Healthcare Limited, 31st March 2021

Transitional Services Agreement.

Sealing 69 – Spire Healthcare Limited, 31st March 2021

Deed of Variation.

Sealing 70 – Willmott Dixon Construction Limited, 15th April 2021

Construction Delivery Agreement for construction work at Conquest A&E.

Sealing 71 – East Sussex County Council, 13th May 2021

Deed of variation for Sexual Health Contract.

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

Not applicable.

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

The Board is asked to note the use of the Trust Seal since the last Board meeting.