EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING IN PUBLIC

A meeting of East Sussex Healthcare NHS Trust Board will be held on Tuesday, 10th August 2021 commencing at 09:30 via MS Teams

	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 8th June 2021	A		
4.	Matters Arising	B		
5.	Board Committee Chair's Feedback	C	Committee Chairs	
6.	Board Assurance Framework	D	CFO	
7.	Chief Executive's Report • British Sign Language App	E	CEO	

QUALITY, SAFETY AND PERFORMANCE

					Time:
8.	Integrated Performance Report Month 3 (June) 1. Quality and Safety 2. Access, Delivery & Activity 3. Leadership and Culture 4. Finance	Assurance	F	CND DMD COO CPO CFO	1015 - 1115
9.	Trust Elective Recovery Plan	Assurance	G	COO	

BREAK

STRATEGY

					Time:
10.	Better Care Together for East Sussex - ESHT Strategy	Assurance	H	CEO / DS	1130 - 1205
11.	Maternity Lookback	Assurance	I	CEO	

GOVERNANCE AND ASSURANCE

					Time:
12.	Annual Reports for noting: • Workforce Race Equality Standard	Assurance	J	CPO	1205 - 1215

ITEMS FOR INFORMATION

				Time:
14.	Questions from members of the public (15 minutes maximum)		Chair	1215 - 1230
15.	Date of Next Meeting: Tuesday 12th October 2021		Chair	

Steve Phoenix

Chair man

6th July 2021

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

TRUST BOARD MEETING

Minutes of a meeting of the Trust Board held in public on Tuesday, 8th June 2021 at 09:30 video conference via Microsoft Teams

Present:
Mr Steve Phoenix, Chairman
Mrs Jackie Churchward-Cardiff, Vice Chair
Mrs Joe Chadwick-Bell, Chief Executive
Mrs Tara Argent, Chief Operating Officer
Mrs Vikki Carruth, Chief Nurse & DIPC
Mrs Miranda Kavanagh, Non-Executive Director
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 Carys Williams, Associate Non-Executive Director

In attendance:
Mrs Emma Chambers, Assistant Director of Midwifery (for item 041/2021 only)
Mr Peter Palmer, Acting Company Secretary (minutes)

032/2021 **Welcome**

1. Chair's Opening Remarks

Mr Phoenix welcomed everyone to the meeting. He particularly welcomed Lucy Upton, who was joining from the Care Quality Commission (CQC), and other external observers. He noted that this was Mrs Chadwick-Bell's first public board meeting since being appointed as substantive Chief Executive for the Trust and formally congratulated her on her appointment. Mrs Chadwick-Bell explained that she was delighted to have been appointed substantively to the role.

2. Apologies for Absence

Mr Phoenix advised that apologies for absence had been received from:

Ms Lynette Wells, Director of Corporate Affairs

033/2021 **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.

034/2021 **Minutes**

The minutes of the Trust Board meeting held on 13th April 2021 were considered. One change was noted, 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.

035/2021 **Matters Arising**

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

036/2021 **Board Committee Chair's Feedback**

i. Audit Committee

No meeting of the Audit Committee had taken place since the previous meeting of the Trust Board.

ii. Finance and Investment Committee

Mr Reid reported that the Finance and Investment (F&I) Committee had met on 29th April 2021. The Committee had received an update on Building For the Future (BFF), a summary of the Trust's financial performance in 2020/21 and an update on productivity and efficiency.

The Board noted the report.

iii. Finance and Investment (Strategy) Committee

Mr Phoenix reported that the Finance and Investment (Strategy) Committee had met on 27th May 2021, when the Committee had discussed the transformation plans that would underpin BFF. They had also been presented with early drafts of divisional business plans for 2021/22, an update on the Trust's month one financial position, and a number of early stage business plans. It had been agreed that the F&I and Strategy Committees would be formally separated to ensure that agendas remained focussed moving forward and Terms of Reference (ToRS) would be presented to the Board for approval in the future.

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 20th May 2021. The Committee had received a recruitment update which had highlighted excellent progress, leaving the Trust in the best recruitment position it had been in over the last five years. An employee relations report had been discussed, which had shown that BAME staff were no more likely than other Trust staff to enter disciplinary processes. A deep dive into exit interviews had been presented, with improvements being

realised. The annual review of the Committee and the ToRs had been undertaken, with Committee members indicating that they would like to look more closely at organisational development moving forward.

The Board noted the report.

v. Quality and Safety Committee

Mrs Churchward-Cardiff updated on the meetings that the Quality and Safety (Q&S) Committee had held on 22nd April and 20th May 2021. The quality of papers received in April had been good, with reports received on medicines optimisation and the infection control Board Assurance Framework (BAF), both highlighting good progress. A new Deprivation of Liberties (DOLS) policy would be introduced in 2022 and the Trust were already working towards this. At May's Committee a patient story had been presented about a lady whose home birth had been very well supported, providing an excellent example of patient-centred care. The Committee had discussed the growing waiting list and operational pressures within the organisation, noting that all patients waiting for treatment underwent clinical review. Concerns were also raised about the Trust's ability to care for young people with mental health issues in the most appropriate environment.

The Board noted the report.

037/2021 **Chief Executive's Report**

Mrs Chadwick-Bell presented a verbal update. She thanked the Trust's staff for all their hard work, noting that the elective and urgent care teams in the Trust continued to be extremely busy. Levels of activity in the organisation had recently exceeded pre-pandemic levels, demonstrating that patients with healthcare needs were coming forward for treatment, but placing a lot of pressure on the Trust's services. Staff had been working incredibly had for over 16 months, and their welfare was an absolute priority for the organisation. Staff were being encouraged to take their annual leave and were being monitored for signs of trauma. Mrs Chadwick-Bell encouraged staff to look after their colleagues and each other. She noted the very pleasing staff survey results which would be presented during the meeting, emphasising that the Trust was looking to continuously improve.

The Covid-19 vaccination programme had concluded in the Trust, but the national programme continued. The Trust had vaccinated over 25,000 people from across the health and care sector during the programme, with 500 staff involved in running the two vaccination sites, including a number of volunteers. Mrs Chadwick-Bell explained that it was likely that a third dose of vaccine would be given ahead of winter, and this was being planned by the Integrated Care System (ICS). 97% of the Trust's substantive staff had been vaccinated. Mrs Chadwick-Bell encouraged members of the public to get a vaccination when they had the opportunity to do so.

She explained that the Trust was now focussing on planning the delivery of recovery of services, working closely within the ICS in Sussex to ensure that

health inequalities and population health were addressed within recovery planning. A report and progress update would be presented to the next public Board meeting. The Trust had requested additional funding to enable it to meet the requirements of the Ockenden report, and was awaiting the outcome of this bid. Work was also underway to finalise the overarching Trust strategy and underpinning transformation plans, which would be shared with the Board in August.

Mrs Chadwick-Bell reported that the Strategic Outline Case (SOC) for BFF had been submitted, and that the Trust was working with the national team to agree the next steps and timing of the project prior to an Outline Business Case (OBC) being developed. As progress was made, updates would be presented to the Board. Work was being undertaken to procure and install cardiac catheter labs at both main sites towards the end of 2021, and to expand the A&E departments ahead of winter. Mrs Chadwick-Bell reported that she had visited the Conquest nursery the previous day, and praised the fantastic job staff there had done in allowing staff to work during the pandemic by providing additional childcare. A new nursery was being built at the Conquest, which would be an exciting development for the Trust.

Mrs Churchward-Cardiff asked whether a timescale for potential third Covid vaccine and flu jabs had been developed, noting that this could place a heavy burden on the organisation. Mrs Chadwick-Bell explained that this was likely to take place in autumn, with both being co-administered. The Trust utilised a flu peer vaccinator programme with vaccines kept on wards; she was unsure if this approach would be possible for the Covid vaccine. Mr Milner noted that the Covid vaccination programme was coordinated by the ICS, and guidance was being developed about how third vaccines would be managed in hospital settings and in the community. Mr Phoenix noted that offering the vaccine in the community would minimise disruption to hospital services. He praised the success of the previous vaccination programme in the Trust.

The Board noted the Chief Executive's Report.

038/2021 **Integrated Performance Report Month 1 (April)**

i. Quality & Safety

Mrs Carruth explained that her daughter had been attending the Trust's nursery since wave one had begun, and thanked the staff who had been extraordinary.

She reported that there was one inpatient with Covid in the Trust, noting that levels of Covid in the local population remained very low. She encouraged staff and patients to remain vigilant, and to continue to follow Infection Control and Personal Protective Equipment (PPE) guidance.

Clostridium Difficile (c.diff) limits for 2021/22 had not yet been published, but at the end of 2020/21 the Trust was well within the limits that had been set. There had been a small increase in April and May but no themes or causes for concern had been identified. Pressure ulcers and falls were also well within

expected ranges. The Trust's rate of falls was well below the national average, but the Medical and Urgent Care Divisions would be presenting plans to Q&S to reduce falls further. Complaints had returned to pre-pandemic levels, and work continued to address the complaints backlog. Recent Friends and Family Test outcomes had been very positive, and a review was underway to fully understand slightly lower scores being reported in outpatient areas.

Fill rates for the nursing workforce remained stable, but demand on staff was high with 50 additional beds open. A presentation was due to be made to Q&S about the patient safety strategy which would form an important part in ensuring the safety of patients moving forward.

Dr Walker reported that both the Trust's Summary Hospital-level Mortality Indicator (SHMI) and the Risk Adjusted Mortality Indicator (RAMI) were better than average for peer organisations. The Trust's RAMI placed it within the top quartile for acute trusts. The RAMI had been increasing, both nationally and for the Trust as a result of patients' reluctance to attend hospital unless extremely unwell during the second wave of the pandemic. RAMI excluded deaths from Covid; there had been one patient who had sadly died due to Covid in the Trust in April.

Mrs Argent reported that the method for undertaking harm reviews for patients had been updated with patients identified from the Patient Tracking List (PTL) based on the length of time they had been on the list. A form was then automatically generated requesting a review of the patient's record, and a decision was taken about whether a face to face or virtual clinical review was required. Outcomes were escalated to the Medical Director, and to appropriate Sussex-wide care boards when appropriate. Dr Walker reported that around 250 52 week harm reviews had been undertaken, and a number of cases of mild harm (such as delayed orthopaedic surgery resulting in loss of mobility) identified. Only two cases had been identified as potential serious harm, and both had been downgraded following surgery. A backlog of cases remained, with more being added each month. Waiting lists were subject to constant review.

There were 130 patients on cancer pathways who had not yet had definitive cancer treatment. Following review, four potential incidents of mild harm with no disease progression had been identified, with two cases too early to identify if harm had occurred. Three patients had been transferred to tertiary centres.

Mrs Churchward-Cardiff asked whether the 22 reported grade two pressure ulcers in acute settings were localised or widespread. Mrs Carruth explained that there was no single area where these were prevalent; all of the cases were subject to review by the Pressure Ulcer Review group and deep dives were undertaken when required.

Mrs Churchward-Cardiff asked how changes to Covid precautions were being communicated to staff and patients as the prevalence reduced and restrictions changed. Mrs Carruth explained that proactive communication had been

started in the organisation in anticipation of the national easing of restrictions by the government. This easing would not apply to the NHS and social distancing, infection control and PPE measures would continue. Visitors to hospital were not being temperature tested, as it was felt that this provided a false level of assurance. Lateral flow testing was widely available and she encouraged members of the public to test themselves twice a week.

Mrs Churchward-Cardiff asked how staff felt about the potential de-escalation of infection control and PPE measures, and Mrs Carruth explained that she had received mixed feedback, with some staff concerns raised. The psychological welfare of staff was extremely important, and they would be supported. Mr Aumayer noted that the Trust was doing all it could to minimise pressure on staff, with the staff bank having doubled in size in recent months and good bank and agency fill rates being seen.

ii Access and Responsiveness

Mrs Argent reported that the Trust was following national priorities and operational guidance for recovering elective performance, cancer and diagnostic standards, reducing long waiting patients and improving discharge while transforming community services. There was an central expectation that performance would improve on a monthly basis, and the Trust was exceeding its submitted trajectories for April in nearly every area. The Trust had delivered against the national cancer target of 85% in April but anticipated that performance would reduce over coming months as the waiting list was addressed, enabling sustainable delivery against the target from August.

There had been a recent significant increase in demand at the Trust's Emergency Departments (ED), with in excess of 440 patients attending each day. The Trust was working hard to support the EDs, and were also receiving support from system partners. This increased activity was being seen across the ICS, and three system task and finish groups had been set up to address the issue. Data received from the EDs and Urgent Treatment Centres would be used to look at ways to address health inequalities by undertaking focussed work where this was most needed. An ICS project would also provide information about the different ways healthcare could be accessed in Sussex as a large number of people were expected to holiday in the UK in 2021.

Mrs Argent reported that the health and wellbeing of staff continued to be supported, with Executives spending time in different areas of the hospital meeting staff and identifying where improvements could be made and areas where additional support was required.

Mrs Churchward-Cardiff thanked Mrs Argent for the detailed update, explaining that she had a high level of confidence that the Trust was doing all it could to recover performance. She noted concern about diagnostic waiting times, asking how these were being addressed. Mrs Argent explained that diagnostic waiting lists now had 'D' Codes, enabling them to be classified. Clinical validation of the waiting list was being undertaken, and then the treatment of patients would be prioritised. The Trust was delivering above the levels of

diagnostic activity seen pre-covid. Additional endoscopy support had been commissioned in order to clear the backlog of patients, and a mobile scanner was being utilised to address the MRI and CT waiting lists. Other solutions, including in community settings, were being explored and the Trust would offer support to other organisations in the region where it had spare capacity.

Mrs Churchward-Cardiff asked for further information about action being taken to relieve the pressure on the EDs. Mrs Argent explained that the ICS task and finish groups enabled different healthcare providers to have honest conversations about what support was needed for providers and patients. Mrs Churchward-Cardiff noted that she was concerned about the implications for winter pressures if the issue could not be resolved.

Mrs Webber noted that the IPR contained a huge amount of data, and asked what Mrs Argent's three main concerns were. Mrs Argent explained that her biggest concern was the pressure on the EDs. Her second biggest concern was diagnostics, and the third was the demand and pressure on staff. The Trust was working hard to ensure that staff felt supported, with visible leadership who worked alongside them. It was important to ensure that staff remained at the centre of everything the Trust did.

Mrs Kavanagh asked about the support available from the ICS for the Trust, and asked whether there was anything more the Board could do to support recovery and staff. Mrs Argent explained that the system was very supportive of the Trust, and increased collaborative working was being seen across the system. Central support was being provided, including through the Elective Recovery Fund (ERF). Visibility and support from the Board was welcomed, and Mrs Argent offered to accompany NEDs to visit teams it they would like, as staff found visits from the Board to be helpful.

Mrs Fadero praised Mrs Argent's presentation, and asked about the use of data to identify how demands could be managed differently. Mrs Argent explained that the Trust used data to better understand why patients attended ED, and if the reasons varied for patients presenting from different areas of the county. Work was also being undertaken with Chiefs of Services to look at how care could be delivered differently using digital and other solutions to treat patients in their homes without putting additional pressure on the system, or to provide treatment differently in hospital without needing to use a bed.

Mrs Chadwick-Bell noted that increased attendances at ED were a national issue. A Sussex-wide approach to addressing the issue was being taken with an excellent response from the whole system. Different solutions were required for different cohorts of patients, and the problem provided an opportunity to be innovative and creative in quickly treating and discharging patients attending hospital.

iii Leadership and Culture

Mr Aumayer reported that very sadly Sue Esser, the Trust's Deputy Director of Human Resources, had passed away on 17th May. He praised the support that she had given him when he had joined the Trust, and paid tribute to the HR team who had dealt with the extremely difficult period in a professional and exceptional way.

He reported that in April the Trust had moved forward from managing the pandemic. An anticipated slight underspend on pay was reported, as bank and agency usage were both down; the Trust's greatly increased staff bank was resulting in higher fill rates. The budgeted establishment had been reset, providing a realistic picture of vacancies in the organisation which were at 4.6%. Monthly and annual sickness continued to reduce with musculoskeletal and back issues, stress and anxiety all reporting at lower levels than the previous year. Levels of Covid amongst staff were very low, with 13 staff off sick with Covid. Lateral flow tests had only shown one positive result in the previous week, subsequently proving to be negative.

Mr Aumayer reported that the mandatory training compliance in the Trust was at 89.6% against the 90% target, the highest ever recorded. Appraisal rates were at 74.9% against the 85% target, affected by the national pause in doctor's appraisals during the pandemic. Plans to recover performance were in place.

The Trust continued to perform strongly with recruitment, with 185 international nurses expected to be recruited by the end of 2021. There was a continued focus on job planning, with good engagement seen from divisions. The health and wellbeing of staff was a major area of focus for the Trust, with support for staff continuing to be embedded allowing this to occur closer to the time of place and need for staff. Trauma Risk Management (TRiM) was now being offered across the Trust, with 25 people trained and more undertaking training. 64 mental health first aiders had been trained, with 48 more booked on courses and a further 100 expressing interest.

He noted that the week was national carer's week and recognised that many staff were carers in different ways. He reported that carer's passports had been introduced during the week which would recognise and support carers.

Mrs Manson thanked Mr Aumayer for the comprehensive report, and asked what the impact of Covid had been on staff, including the physical impact of fatigue and reduced physical resilience. She asked if this was being monitored and understood. Mr Aumayer explained that the data being produced did not yet reflect the anticipated longer term effects of the pandemic, including fatigue. A lot was being done to check in with staff, including changing the appraisal process to make it more simple, with a focus on continuous appraisal that included how staff were feeling as well as how they were performing. Plans were in place to manage the longer term effects as they arose.

Mrs Kavanagh noted that, as the Board's Wellbeing Champion, she was very

pleased to hear of the plans to support staff. She was looking forward to visiting teams in the Trust again, and praised the support that the Trust was giving to staff.

Mrs Churchward-Cardiff asked whether Trust staff were prepared for the 30th June deadline for the EU Settled Status Scheme. Mr Aumayer explained that settled status was required to enable EU employees to continue working in the UK beyond the dealing. The Trust was contacting just over 100 EU staff where no information about their settled status was held. The majority of people previously contacted had resolved their settled status but had not informed the Trust. If they did not resolve their status, then the Trust would formally write to staff on 1st July giving them two weeks' notice that they needed to provide the information or they would no longer be allowed to work in the UK and might have to leave the UK. He hoped that this would not be required.

iv Finance

Mr Reid reported that the budget for the previous year, and first half (H1) of 2020/21 was made up of a budget based on the Trust's budget for months 8-10 of 2019/20. Additional funding had been made available to address the pandemic, and further money was available through the ERF. The Trust had broken even for month one, and expected to do so again in month two. A surplus was being delivered against elective recovery, some of which would be used against staffing costs. Local staffing reviews had been undertaken in month one, resulting in an increase of 200 staff to the establishment, but ensuring that the establishment was being accurately budgeted and reported.

The Trust had around £24m of available capital, with a plan for spending around £28m during the financial year. Mr Reid explained that it was anticipated that additional funding would be received from national streams, particularly for radiology and pathology. The Trust's balance sheet position, cash flow and working capital remained positive.

Mrs Webber asked whether activity was increasing without increased spending. Mr Reid explained that the Trust was ahead of activity targets, which meant that it qualified for additional ERF funding. Additional resources might be required to deliver against diagnostic targets.

Mrs Webber asked for additional information about efficiency planning and value for money. Mr Reid explained that the efficiency plan had been reworked to allow for the increase in establishment. It was hoped that plans would be finalised with Divisions by the end of June, and an update would be presented to F&I. Mrs Chadwick-Bell reported that an internal efficiency committee met to look at a number of metrics for improving efficiency, and that there were a number of plans in place supporting this. An efficiency dashboard was being developed, which would provide additional assurance.

The Board noted the IPR Report for Month 1 and actions in place

039/2021 **Learning From Deaths Quarter 3**

Dr Walker reported that all deaths in the Trust were reviewed by medical examiners. One death reviewed in Quarter 3 had been considered to have had strong evidence of avoidablilty, unrelated to Covid. Around 10% of the total deaths in the year were attributable to Covid, and examiners were starting to review deaths that had taken place in December. The next report to the Board would show the impact of the second wave on the Trust.

The Board noted the Learning From Deaths Quarter 3 report.

040/2021 **NHS White Paper**

Mr Milner presented a summary of the NHS White Paper, explaining that it had been published in February and was expected to receive its first parliamentary reading in July. The White Paper set out a lot of changes to the NHS, with many of these already in place in Sussex including a functioning ICS and collaborative working. The paper heralded a cultural change in the NHS, moving away from individual organisations towards a move towards a duty to collaborate from 2022 onwards, working together focussing on outcomes. The Organisational Development (OD) implications for the Trust and its staff would form part of the OD strategy moving forward over the next five years.

Mrs Kavanagh asked about support for the proposals in central government, noting that a lot of work would be required to implement the recommendations. Mr Milner felt that there was a lot of support, explaining that the paper recognised that the current NHS environment was not conducive to change. Emerging from the pandemic represented an opportunity to work together more effectively as organisations to improve efficiency and productivity and therefore patient care. Mr Phoenix explained that he felt the proposals had been driven by Sir Simon Stevens and expected that his successor might want to shape how some of the plan would be enacted by organisations.

Mrs Churchward-Cardiff asked how far the duty to collaborate was likely to be taken, and if this would include financial collaboration which could remove traditional barriers between health and social care. Mr Milner explained that he anticipated that additional information about financial aspects of the plan would emerge in the future. Mrs Chadwick-Bell note that integrated teams were already working together in East Sussex. Pooled budgets were not yet part of ICS conversations, but would be moving forward.

Mrs Churchward-Cardiff asked whether plans included engagement with third sector organisations. Mrs Chadwick-Bell noted that place based plans would consider patient pathways, health inequalities and other aspects and would include third sector organisations to ensure that available resources were used as efficiently as possible. Mr Phoenix noted that the results of recent local elections had provided a helpful political and personal continuity for the Trust. Local leaders were enthusiastic about the integrated care agenda and this provided a good foundation for working together. Sussex was extremely well placed compared to many other local authority/NHS partnerships.

Mrs Fadero noted that she felt that the Trust was well positioned to achieve something remarkable through working in an integrated manner. Issues of governance and accountability would need to be resolved as further details emerged, and she asked about the timetable for meeting the deadline of April 2022. Mr Milner explained that the high level Sussex plan was to have a shadow form for the new structures for the ICS in place by autumn 2021.

Mrs Chadwick-Bell reported that the ICS had not yet formally advertised the roles of Chief Executive or Chair. Both would be nationally advertised once the White Paper had been ratified. The current ICS Chair and lead were engaging with organisations across the county to discuss what the governance of the ICS would look like, including the form of the ICS Board and where individual organisations' Boards and CEOs would sit within the structure. Mr Phoenix noted that as a Chair he had been involved in these conversations and that a lot of work was required to finalise governance arrangements.

041/2021 **CNST Incentive Scheme**

Mrs Carruth thanked Mrs Chambers for her hard work in preparing the evidence for the Clinical Negligence Scheme for Trusts (CNST) incentive scheme. Mrs Chambers explained that the scheme had been running for three years, and provided evidence of the safety of the maternity service, allowing the Trust to claim a rebate of £475k which would be reinvested into maternity safety. The report provided evidence that all ten safety actions had been undertaken, giving assurance that standards had been met. Following the Board meeting, a self-declaration form would be signed by Mrs Chadwick-Bell and submitted to NHS Resolution. Mr Phoenix thanked Mrs Chambers for all of her hard work and the success of the scheme, on behalf of the Board.

Mrs Chadwick-Bell noted that maternity services in the Trust were on an improvement journey. She was pleased that the Trust was fully compliant, but asked if there were any actions that could be more robust. Mrs Chambers explained that the requirement for Multi-Disciplinary Team (MDT) training would have been challenging without a reduced target due to Covid. The Trust had managed 84% compliance against the previous 90% target. Planning to address this issue was taking place, and the introduction of MS Teams allowing virtual training would make a big difference.

Mrs Carruth noted that while there was money attached to the scheme, complying with the safety actions ensured that pregnant people and babies were kept safe, and that the quality of the service that the Trust offered could be enhanced.

Mrs Fadero thanks Mrs Chambers and her team for the tremendous job that they were doing. She explained that she had found the report to be robust, noting that many trusts were finding producing evidence during the pandemic to be challenging. It was important that the Trust developed a collective maternity strategy including CNST, Ockenden and other reports to ensure the best possible experience for both patients and staff.

The Board approved the submission of evidence of the Trust's compliance with the ten safety actions set out within the CNST maternity incentive scheme.

042/2021 **Staff Survey Results**

Mr Aumayer noted that the Board had previously received a presentation on the staff survey results for 2020/21 at a private meeting in April. The Trust had maintained a response rate of 51%, against a comparator group rate of 45%. He was pleased that the engagement score had remained unchanged, and was in line with the average for the comparator group. Quality Health had emphasised that maintaining, and in some areas improving, results had been an excellent achievement with many trusts seeing a reduction.

There were three themes where the Trust had been significantly better than comparator organisations: Equality, Diversity and Inclusion, Support of Immediate Managers and Team Working. There were no themes where the Trust had been significantly worse. There were also 35 questions with significantly better outcomes than comparator organisation, with three significantly worse. These had been MSK, which was seeing rates reducing, bullying and harassment by colleagues, and staff being able to do their job to standard they aspired to.

Three corporate priorities had been developed from the feedback for areas of focus over the coming year:

1. To demonstrate we care about our staff members and their Health and Wellbeing
2. To reduce the incidents of harassment, bullying and abuse by colleagues
3. To continue to develop the Trust as the "Best Place to Work"

While the results of the survey had been good, the Trust aspired to do better and continue to see improved results in the future.

Mrs Kavanagh praised the results, explaining that they were a credit to the organisation. She noted that the bullying and harassment finding seemed at odds with the rest of the findings and asked for the reasons for this. Mr Aumayer explained that the Trust had received more detailed data which had allowed areas of concern to be identified and interventions put in place. Bullying and harassment was a key area of focus for Executives and would be addressed through Freedom to Speak Up Guardians and other activities. He encouraged staff to recognise and report bullying and harassment. Mrs

Chadwick-Bell explained that there was no evidence to suggest that this was an institutional problem, but that there were pockets of concern which would be addressed. Bullying and harassment was not acceptable in any case, and would be addressed wherever it was found to happen. The Trust had a zero tolerance approach to bullying and harassment. She noted the importance of ensuring that staff fully understood the difference between acceptable line management and bullying and harassment.

Mr Phoenix asked whether further information would be presented to the Board about plans developed following the staff survey results. Mr Aumayer explained that actions had been developed for each division, and would be followed up through POD and the Board if necessary. Mr Phoenix praised Executive colleagues for the excellent results.

043/2021 **Delegation of Approval of the Quality Account**

The Board approved delegation of approval of the 2020/21 Quality Account to the Quality and Safety Committee.

044/2021 **Use of Trust Seal**

There were six uses of the Trust Seal reported:

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.

045/2021 **Questions from Members of the Public**

Mr Phoenix noted that one written submission of questions had been received from Mr Colin Campbell, which would be responded to outside of the meeting. A separate question had also been received from Mr Campbell about why the Trust's recovery plan had been included within a presentation to the CCG governing body but not yet presented to the Trust Board. Mrs Chadwick-Bell explained that the final submission of the recovery plan had only taken place the previous week. The full recovery plan would be presented at the next Board meeting; aspects of the plan had been presented during other presentations to **TA**

the Board.

Mrs Walke praised the outcome of the CNST Incentive Scheme. She noted that some women had experienced difficulty in travelling to Hastings from Eastbourne and surrounding areas for maternity services, an issue exacerbated by Covid. She asked whether the new maternity strategy would look at the experiences of women both inside and outside of the hospital setting. Mrs Chadwick-Bell explained that the Trust would ensure that the experiences of patients outside the acute setting would be included in the clinical strategy.

046/2021 **Date of Next Meeting**
Tuesday 10th August 2021

Signed ……

Position ……..

Date ……

East Sussex Healthcare NHS Trust

Meeting of the Board on 8th June 2021.

Questions from the public.

1. Has the Trust lost an element of strategic independence with the introduction and influence of the ICS?

   We recognise that there is still further guidance to be issued with respect to ICS development, but Trust's will remain statutory bodies and will as such be able to make its own strategic decisions.

   In existence since 2018, Integrated Care Systems (ICSs) are partnerships between organisations that meet health and care needs across an area to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. Sussex was awarded ICS status in April 2020. The government's White Paper proposes to enshrine these bodies in statute.

   Given that the ICS is designed to facilitate/enable closer working across care providers, its influence in effect is beneficial in that it can leverage improved collaboration, which ultimately is better for patients too.

   That said, there will be a duty to collaborate and as a Trust we wouldn't expect to make decisions in isolation without considering the impact on the rest of the provider and commissioning system or without considering the potential opportunity if organisations worked together,

2. Does the ICS limit the Trust's scope for change by requiring ICS' prior agreement to proposed actions?

   Given the tiered nature of the NHS (from local through to national), the need to align and clarify proposed actions is simply standard operating practice. Equally, given how East Sussex organisations work together at Place level, it is simply "business as usual" to ensure consistency of approach and/or purpose with both NHS and non-NHS partners.

   We believe there is more scope for change by working across the system.

3. Can the Trust provide an outline of the organisational structure of the ICS and indicate the Trust's position in the hierarchy?

   This question would be more appropriately addressed to the ICS

East Sussex Healthcare NHS Trust

4. Do measurement goals exist for each of the organisational aims of Working Together, Improvement & Development, Respect and Compassion and Engagement and Involvement? If not, how can the success of each of the organisational aims be measured?

5. Can the Key Metrics contained in the Balanced Scorecard be aggregated to develop a score against each of Working Together, Improvement & Development, Respect and Compassion and Engagement and Involvement?

   Firstly to note the aims described above are actually the Trust values rather than aims. The Trust is currently drafting the 2026 Strategy and the aims will be published in due course.

   Each measure is monitored using Statistical Process Control (SPC) charts to understand and interoperate trends helping to identify if variation is common or special cause. This allows the Trust to identify statistically relevant variation, gather further information to understand and act on cause. The 3 lines on the graphs are mean, upper and lower control limits and a set of rules are applied against the data to identify whether there is special cause variation that should be highlighted.

   The scorecard can be cut under different headings and it is a matter of opinion if this is by the CQC domains, organisational objectives, Executive portfolios.

6. As it stands the Balanced Scorecard does not appear to serve a useful purpose apart from aggregating multiple suites of random data? What management function does the Scorecard perform and could future targets be incorporated against which scores could be measured?

   The balanced scorecard allows the Trust to look at key domains and the performance indicators within them. It is a one page summary that allows high level review of measures across domains to identify potential correlations/areas for further investigation. The domains and KPIs have been chosen to allow the Trust to review itself against multiple performance structures including organisational aims, NHS constitution, regulatory requirements from NHSI/E and the five key CQC questions.

   The Trust is undergoing a full review of measures and the targets that each should be monitored against for 21/22. This review will be complete and all targets presented in future IPR's.

East Sussex Healthcare NHS Trust

7. Could Falls and Pressure Ulcers be reported by age of patient?

   All measures including falls are cut and analysed further into a number of cohorts including by Age. This lower level detail is used to support the commentary where necessary. Quality and Safety committee monitors this lower level detail as part of its overall agenda for all quality and safely measures including falls.

8. What is meant within Safe Care – Pressure Ulcers by 5 Category 2 PU's occurring within an integrated care setting?

   These were patients identified as having pressure ulcers in one of our community hospital settings.

9. In the three graphs displayed for Workforce - Contract Type there is no Plan line shown. It would be useful if a Plan line could be incorporated in the graph. Also what purpose do the three horizontal lines serve in the three graphs? There appears to be no Key provided for the lines.

   The chart is an SPC chart, and the three lines indicate the upper and lower control limits, with the central line showing the mean. A plan line could be introduced if the relevant service area / board felt it necessary to show this. We will consider this as part of the review.

10. I do not understand the contents of the tables contained in the Planned Care – Elective Recovery Framework. Could an explanation be provided?

    Elective Recovery framework is a nation framework for 21/22. The Trust is monitored on the percentage of 19/20 activity that it is meeting for the given month. The tables in these slides show Trust performance (as a percentage of 19/20 activity) against targets (internal Plan) that have been agreed at Trust level with NHSI/E. The trust targets are significant above baseline requirements for delivery in 21/22.

11. Again for the graphs in Planned Care – New Elective Measures, what do the horizontal lines represent? I could not locate any key to the graphs?

    Again like Q9, these are SPC charts.

East Sussex Healthcare NHS Trust

12. For the graphs in Planned Care – New Elective Measures would it be possible to incorporate a future expectation of the timeframe required to return to normal levels of Elective care?

    Elective Recovery framework is a nation framework for 21/22. The Trust is monitored on the percentage of 19/20 activity that it is meeting for the given month. The tables in these slides show Trust performance (as a percentage of 19/20 activity) against targets (internal Plan) that have been agreed at Trust level with NHSI/E. The trust targets are significant above baseline requirements for delivery in 21/22.

    The timelines are set by NHSE and as such the requirements is focused on recovery of activity, the ask at this stage is to return to 85% of activity by September.

13. Within Urgent Care – Front Door what is the definition of Total Type 1and Total Type 3?

    The Trust has 2 streams for its A&E attendances:

    - Type 1 A&E - A consultant led 24-hour service with full resuscitation facilities; and
    - Type 3 which is the Trusts co-located Urgent Treatment Centre (UTC).

    The graphs show the split of attendances to these areas.

14. What exactly are Urgent Care – Shadow Metrics and how are they calculated?

    Shadow metrics just refer to new metrics that are being proposed nationally to monitor A&E departments, the Trust already monitors these internally. These may be removed from the future reports until such time they have been agreed nationally, although they will be considered within our divisional IPR.

15. Is it correct to assume within Patient Care – Flow, LoS is measured in hours?

    The length of stay in Patient Care – Flow monitors admitted patients average length of stay in days.

16. Is there any statistical data available for the discharge Transformation Programme to measure its impact?

Yes there are multiple metrics available to monitor discharge to include: stranded (>7 days) and super stranded (>21 days) patient numbers, patients discharged before midday and Medically Ready for Discharge (MRD) patients broken down by pathway type. These are managed through our operational performance meetings.

17. The Statement of Financial Position – Month 1uses column headings 20/21 for Plan and Actual. Should these column headings be 21/22 if they apply to Month 1?

    Yes they should. The charts are correct but the headings are not. These will be amended

18. Does the White Paper offer any guarantee of adequate future funding for the NHS, and by default the Trust, to address future care needs?

    The White Paper deals with a range of issues, including driving closer integration, reducing bureaucracy and enhancing public confidence and accountability. It would seem that matters concerning the adequacy of funding or otherwise have not been addressed by the legislative drafting officers

Colin Campbell,
03/06/21.

East Sussex Healthcare NHS Trust

Progress against Action Items from East Sussex Healthcare NHS Trust 8th June 2021 Trust Board Meeting

Agenda item	Action	Lead	Progress
045/2021 – Questions from members of the public	Trust recovery plan to be presented to the Board.	**TA**	Recovery plan being presented to Board 10.08.21

Audit Committee Report - 29th July 2021

The Audit Committee last met on the 29th July.

- The digital team presented an update on cyber security within the Trust, explaining some of their key risks, challenges and achievements. They described the challenge of addressing generic usernames and passwords in clinical spaces which meant that staff did not have to log in and out of systems in order to record patient information, which would take them away from caring for patients. The Committee took assurance from the report, noting the good progress that was being made. An update would be presented to the Committee in six months' time.

- The Emergency Preparedness, Resilience and Response (EPRR) team presented an update, explaining the role they had played during the pandemic. They noted that their ability to deliver EPRR training to staff had been affected by the pandemic, but that Major Incident training now had resumed. The Sussex Resilience Forum was due to run a multi-agency live service training event that the Trust would engage with. They explained the importance of ensuring that business continuity plans were in place across the organisation, ensuring that the Trust was as resilient and prepared as possible for emergencies. The Trust was due to be assessed against EPRR core standards in the coming months, and it was noted that the impact of Covid might lead to a lower level of compliance than in previous years.

- The level of procurement waivers issued had increased went up slightly during the preceding period, in part due to a sudden influx of capital into the organisation towards the end of the financial year that needed to be spent prior to year-end. The Committee asked for a presentation on the risks associated with using sole suppliers to be presented to a future meeting so that these could be fully understood.

- External audit were undertaking a Value for Money assessment of the Trust, with the outcome available in August. No significant issues were anticipated.

- Internal Audit reported on the outcome of a number of audits that had been undertaken with final reports issued. A discussion took place about how audit recommendations that could not be implemented by the Trust should be recorded and monitored, and it was agreed that if appropriate these would be added to the Trust's risk register so that they could be considered in the future.

- The Trust's Anti-Crime Specialist (formerly known as the Local Counter Fraud Specialist) reported to the Committee. A pre-emptive paper on salary overpayment was presented as an appendix. The payroll team would receive updated counterfraud training to ensure that they were aware of the possible risks in their area.

- The meeting was the final meeting chaired by Nicola Webber. Paresh Patel will be taking over the Chair from September's meeting.

East Sussex Health Care NHS Trust

Audit Committee Annual Report 2020/2021

1. Introduction

The purpose of this report is to formally appraise the Board of the work of the Audit Committee during the period 1st April 2020 to 31st March 2021 and to set out how it has met its terms of reference [attached as Appendix A] and priorities.

2. Meetings of the Committee

The Committee is chaired by a non-executive director with a financial background and membership comprised two other non-executive directors. This reflects and meets the need for independence and objectivity. The Committee convened on seven occasions throughout the financial year and all of the meetings were quorate. Meetings were also held with auditors in private session.

The Audit Committee was chaired by Barry Nealon until his retirement on 30th June 2020. Subsequently, it was chaired by Nicola Webber. Membership of the Committee also changed during the year, with Paresh Patel replacing Carys Williams on 1st July 2020 and Karen Manson joining the Committee on 1 July 2020.

Attendance at meetings was as follows:

Barry Nealon	Audit Chair (to 30.06.20)	1/2
Nicola Webber	Audit Chair	7/7
Karen Manson	Non-Executive Director	5/5
Paresh Patel	Non-Executive Director	6/6
Carys Williams	Associate Non-Executive Director	2/2

Mrs Webber and Mr Patel are both also members of the Finance and Investment Committee. Mrs Manson is also a member of the Quality and Safety Committee.

3. Governance, risk management and internal control

The Committee reviewed relevant disclosure statements, in particular the Annual Governance Statement together with the Head of Internal Audit opinion, External Audit opinion and other appropriate independent assurances, and considered that the Annual Governance Statement was consistent with the Committee's view on the Trust's systems of internal control. Accordingly, the Committee supported Board approval of the Annual Governance Statement.

The Committee provides assurance as to the adequacy and effectiveness of the organisation's systems and processes for risk management. To facilitate this, the Trust's Board Assurance Framework (BAF) and high-level Risk Register were presented at each meeting and scrutinised to test assurances and ensure mechanisms were in place to effectively control and mitigate risks. The articulation of risks has continued to improve, and there is increased scrutiny at sub-committee level. The BAF was restructured during the year following a review of best practice.

Progress against achieving compliance with the Data Security and Protection Toolkit (DSPT) was monitored throughout the year. The Trust achieved full compliance with the DSPT in March 2021, and substantial assurance was received following review by internal auditors.

The Committee reviewed the Trust's Annual Quality Account and noted compliance with statutory requirements.

4. Internal audit

The internal audit service was provided by TiAA Limited. A procurement exercise was undertaken at the end of 2018/19 to market test the internal audit and local counter fraud service contract using the East of England NHS Collaborative Procurement Hub Framework. The Audit Committee re-appointed TiAA as the Trust's Internal Audit and Local Counter Fraud service provider with effect from 1 April 2019, for a period of three years.

The Committee approved the detailed internal audit programme of work. As a result of the Covid-19 pandemic, some work from the 2020/21 plan was carried forward to 2021/22 and will be completed as early as possible. Planned work on the Quality Account was cancelled, due to amendments to the national governance framework made in response to the Covid pandemic removing the requirement for a Quality Account submission for 20/21. The Committee received a report from the internal auditor at each of its committee meetings which summarised the audit reports issued since the previous meeting.

TIAA completed nine assurance reviews during the year, which were designed to ascertain the extent to which the internal controls in the system were adequate to ensure that activities and procedures were operating to achieve the Trust's objectives. Two audits gave 'substantial assurance', six audits gave 'reasonable assurance', and one gave 'limited assurance'. In addition there were three advisory reviews which did not assign an assurance opinion.

Throughout the year, the Committee worked effectively with internal audit to strengthen the Trust's internal control processes and ensured there is an improved process for tracking audit actions. The overall annual opinion from TIAA was Reasonable Assurance on the adequacy of the Trust's risk management, control and governance processes.

5. External audit

The external audit service was provided by Grant Thornton UK LLP, and an external audit representative attended all seven meetings of the Committee during the year.

The Committee approved the External Audit Plan at the start of the financial year and received regular updates on the progress of work. At each meeting the Committee received reports and briefings from the external auditors in accordance with the national requirements. These included: the annual audit letter; final accounts memorandum; a report on the audit of financial statements; and briefings on specific issues.

6. Counter Fraud Services

Counter fraud services were provided by TiAA Limited and the service continued to enhance the Trust's overall anti-fraud arrangements through a range of agreed activities, managed and monitored against an approved counter fraud work plan for 2020/2021. A counter fraud representative attended six of the seven meetings and updated on actions being taken in respect of reactive work and progress of investigations. Proactive work included:

- Development of on-line training systems to allow LCFS practice to continue during the pandemic
- Cyber awareness on-line training module
- Counter fraud surveys to assess staff awareness of counter fraud
- A thematic review of Covid-19 Fraud Risks to identify any emerging or existing fraud threats
- Fraud awareness presentations at inductions for new staff and to departmental meetings
- A proactive review of salary overpayments
- A proactive review of mobile device equipment

Fraud awareness training was promoted throughout the Trust and counter fraud education was included in induction training.

The Trust remained compliant with the directions issued by the Secretary of State in 1999, the NHS Standard Contract (2012) and the NHS Counter Fraud and Corruption Manual.

7. Management

The Committee gave constructive challenge to the assurance process when appropriate and requested and received assurance reports from Trust management and various other sources both internally and externally throughout the year.

The Committee worked closely with the executive directors to ensure that the assurance mechanisms within the Trust were fully effective and that a robust process was in place to ensure that actions resulting from external reviews were implemented.

8. Financial reporting

The Committee reviewed the annual financial statements before submission to the Board and considered them to be accurate.

9. Review of the effectiveness and impact of the Audit Committee

The Committee performed its duties during the year as delegated by the Trust Board and mandated through governance requirements, ensuring compliance with and further developing good practice.

The Committee undertakes a review of its Terms of Reference on an annual basis.

10. Audit Committee Chairman's Comments

The Audit Committee has supported the Board by critically reviewing the governance and assurance process on which the Board places reliance. The Committee has sought and found assurance that internal controls (clinical and non-clinical) are reliable, robust, appropriately applied, and support the Trust's objectives, and has sought reports and assurances from officers as appropriate.

The Committee has ensured that there are effective internal and external audit and counter-fraud functions which provide appropriate independent assurance to the Committee, the Chief Executive and the Board, and has monitored the integrity of the Trust's financial systems, and systems of control, and found these to be effective.

The Committee has appropriately reported issues to the Board on an exception basis, and there are no matters of which the Committee is aware that have not been appropriately disclosed.

Nicola Webber
Audit Committee Chair

May 2021

Appendix A

Audit Committee Terms of Reference

East Sussex Healthcare NHS Trust

Audit Committee - Terms of Reference

1. Constitution

The Board has resolved to establish a committee of the Board to be known as the Audit Committee (the Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. These terms of reference shall apply for as long as the Trust is an NHS Trust and can only be amended by the Trust Board.

2. Purpose

The Audit Committee will support the Board by critically reviewing governance and assurance processes on which the Board places reliance. It will seek assurance that financial reporting and internal control principles are applied, and maintain an appropriate relationship with the organisation's auditors, both internal and external. This includes the power to review other committee's work, including in relation to quality, and to provide assurance to the board with regard to the reliability and robustness of internal controls.

The Committee will agree and work to an annual programme that takes into account the need to contribute to the timely sign-off of statutory requirements such as the annual accounts. This programme will be reviewed by the Board. The Committee may be commissioned by the Board to undertake particular studies or investigations, or to focus attention on any matters relating to finance and investment as the Trust Board thinks fit.

3. Membership

The Committee shall be appointed by the Chairman of the Trust Board from amongst the non-executive directors of the Trust and shall consist of not less than three members.

One of the members will be appointed Chair of the Committee by the Trust Board Chairman. One member should also be a member of the Quality and Safety Committee and one member a member of the Finance and Investment Committee.

At least one member of the Committee should have recent and relevant financial experience.

The Chairman of the Trust shall not be a member or act as substitute for a member of the Committee.

Other non-executive directors of the Trust, including any designate non-executive directors, may substitute for members of the Audit Committee in their absence and will form part of the quorum.

4. Attendance

Members of the Committee are expected to attend all meetings; if this is not possible then another non-executive director may substitute as outlined in the preceding paragraph.

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend the meetings.

At least once a year the Committee should meet privately with the internal and external auditors.

The Chief Executive and other executive directors shall be invited to attend particularly when the Committee is discussing areas that are the responsibility of that Director.

The Chief Executive shall be invited to attend, at least annually, to discuss with the Committee the process of assurance that supports the Annual Governance Statement.

The Company Secretary (or their nominee) shall attend the meetings to provide appropriate support and advice to the Chairman and committee members.

5. Quorum

A meeting of the Committee shall be quorate if at least two members are present, one of whom shall be the Chairman of the Committee or his delegated nominee. Other non-executive directors of the Trust, including any associate non-executive directors who are substituted for members, may form part of the quorum.

6. Frequency

Meetings shall be held not less than four times a year and at such other times as the Chairman of the Committee shall require. The external auditor or head of internal audit may request a meeting if they consider that one is necessary.

7. Authority

The Committee is authorised by the Board to investigate any activity within its Terms of Reference and in line with the Committee's prime purpose of providing assurance to the Board.

It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

8. Duties

8.1 Governance, Risk Management and Internal control

The Committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

- the board assurance framework, risk management system, Annual Governance Statement together with an accompanying Head of Internal Audit Statement, external

audit opinion or other appropriate independent assurances, prior to discussion by the Board where possible

- the clinical governance system of the Trust
- the information governance system, including requirements under the NHS Information Governance Toolkit and progress in implementing the General Data Protection Regulations (GDPR)
- the rigour of the processes for producing the quality accounts, in particular whether the information included in the quality account is reported accurately and whether the quality account is representative in its reporting of the services provided and the issues of concern to its stakeholders.
- the underlying assurance processes, the effectiveness of the management of principal risks and the appropriateness of the Annual Governance Statement
- the policies and procedures for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service
- Standing Financial Instructions (SFIs) and Standing Orders (SOs) on an annual basis.
- the Committee shall report issues in relation to audit, risk or internal control to the Board of Directors on an exception basis in addition to an annual report focused on the effectiveness of the Committee in exercising these duties.
- the Committee will be responsible for forming a panel to procure and appoint both internal and external auditors

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions.

It will also seek reports and assurances from officers as appropriate, concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

8.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

- Consideration of the provision of the Internal Audit Service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that it is consistent with the audit needs of the organisation

as identified in the Assurance Framework and ensuring co-ordination between the Internal and External Auditors to optimise audit resources.

- Review of the major findings of Internal Audit work, management's response and the implementation of management action
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- An annual review of the effectiveness of internal audit.

8.3 External audit

The Committee shall review the work and findings of the External Auditors and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor as far as the rules governing the appointment permit.
- discussion and agreement with the External Auditor, before the audit commences on the nature and scope of the audit as set out in the Annual Plan, and ensuring co-ordination, as appropriate with other external and internal auditors in the local health economy.
- discussion with the External Auditors of the local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
- review of all external audit reports including agreement of the annual audit letter before submission to the Board for any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

8.4 Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of Counter Fraud work.

8.5 Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include but will not be limited to reviews by:

- Department of Health
- Care Quality Commission
- NHS Litigation Authority
- Other regulators and inspectors
- Professional bodies with responsibility for performance of staff or functions including Royal Colleges and accreditation bodies
- The Trust's internal assurance function

In addition, the Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Audit Committee's own scope of work; in

particular this will include the Quality and Standards Committee and the Finance and Investment Committee. In reviewing the work of the Quality and Standards Committee and issues around clinical risk management, the Audit Committee will wish to satisfy itself that appropriate assurance that can be gained from the clinical audit function and to take the advice of the Quality and Standards Committee on how this function should best be utilised.

8.6 Hosted arrangements

The Committee will review and provide assurance to the Board in respect of any hosted arrangements or services, both those services hosted by the Trust and also those services hosted elsewhere but to which the Trust is a party.

8.8 Management

The Committee shall request and review reports and positive assurances from Directors and Managers on the overall arrangements for governance, risk and internal control.

The Committee may also request specific reports from individual functions within the organisation (for example clinical audit) as they may be relevant to the overall arrangements.

8.9 Financial reporting

The Committee shall monitor the integrity of the financial systems of the Trust and systems of financial control.

The Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.
- changes in and compliance with accounting policies and practices.
- unadjusted mis-statements in the financial statements.
- significant judgments in preparation of the financial statements.
- significant adjustments resulting from the audit.

The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

9. Reporting arrangements

Minutes of the Committee meetings shall be formally recorded by the Company Secretary, or their nominee, and submitted to the Board. The Chair of the Committee shall present a short written summary of Committee meetings to the Board in order to draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

The Committee will report to the Board annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness of purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and compliance with CQC registration standards.

The Committee shall undertake a self-assessment of its effectiveness on at least an annual basis and this will be timetabled into the schedule of audit committee business.

This assessment will follow best practice as outlined in the NHS Audit Committee Handbook and may be facilitated by independent advisors if the Committee considers this appropriate or necessary. A copy of the self-assessment and any proposed actions will be reviewed by the Trust Board.

These Terms of Reference shall be reviewed by the Committee and Trust Board at least annually.

10th August 2021 Finance and Investment Committee Summary

1. Introduction
A Finance & Investment Committee was held on 24 June 2021. A summary of the items discussed is set out below.

2. Month 2 Performance Highlights
An update was given on Month 2 Performance and the Committee noted that the Trust had delivered over and above both the national baseline and Trust internal plan with regards to elective and outpatient activity

3. Month 2 Financial Performance
An update on Month 2 Financial Performance was given including an update on the capital position.

4. Five Year Strategic Plan
The Committee approved the Five Year Strategic Plan. Overall, comments received were very positive, and it was acknowledged that this was a much improved document. Some minor suggestions were made, and an updated version of the Strategy will be presented to the CCG governing body in July, before the launch at the Trust AGM, and presentation to the Trust Board in August 2021.

5. A3 Plan on a Page
The new format A3 Business Plans on a Page, focusing on the priority schemes in scope for H1 was presented. The plans were subject to reconciliation with budgets, which were due to be finalised over the next few weeks.

6. Endoscopy Insourcing Business Case.
The Committee gave their formal approval to proceed with the insourcing contract, following the provisional approval given at the May Finance and Investment Committee.

7. Digital Pathology Business Case and Radiology PACS Business Case
An update on the position for each of the above business cases was received. Both Business Cases will be presented to the July Finance & Investment Committee for approval.

8. Annual Review of Committee Effectiveness
The Committee received a report on the annual review of the Committee Effectiveness. This will be presented to the Trust Board in August.

Steve Phoenix
Chair of Finance & Investment Committee

30 June 2021

East Sussex Healthcare NHS Trust

Finance and Investment Committee - Annual Review 2020/21

1. Introduction

The purpose of this paper is to provide assurance to the Trust Board that the Finance and Investment Committee (F&I) has carried out its objectives in accordance with its Terms of Reference set by the Trust Board.

2. Authority and Duties

The F&I Committee is a sub-committee of the Board with responsibility for maintaining a detailed overview of the Trust's assets and resources in relation to the achievement of financial targets and business objectives and the financial stability of the Trust. Under delegated authority from the Trust Board, the Committee determines and reviews:

- The Trust Financial Strategy including a review of future financial challenges and opportunities for the Trust
- The future financial risks of the organisation
- The integrity of the Trust's financial structure
- The effectiveness and robustness of financial planning
- The effectiveness and robustness of investment management
- The robustness of the Trust's cash investment approach
- The investment and market environment the Trust is operating in, and the process for agreeing or dismissing investment decisions
- The risk appetite that is appropriate for the organisation
- The process for business case assessments and scrutiny
- Reviews and approves business cases including tracking of delivery against plan and benefits realisation
- Monitors the capital investment programme
- Undertakes substantial reviews of issues and areas of concern.

3. Membership

The Committee is chaired by a Non Executive Director of the Trust and has two Non Executive Directors as members who are appointed by the Trust Chair. The Chief Executive, Director of Finance, Chief Operating Officer and Director of Corporate Affairs and Director of Strategy, Innovation and Planning are also members.

Quoracy for the meeting is three members, which must include a non-executive director and the Director of Finance (or deputy). The Committee met ten times during the financial year. All meetings were quorate. All members of the Board are also able to attend the meeting and other non-executives attended meetings throughout the year.

4. Annual review of terms of reference and work plan

The Committee's Terms of Reference (TORs) were considered as part of the self-effectiveness review and it was agreed they remain fit for purpose. Business case approval thresholds for the Committee will be updated to match those in the revised Standing Financial Instructions, and the TORs would be subject to further amendment once the formal split of Finance and Strategy Committees had been completed.

The Annual Work Programme was set at the start of the year as a standing agenda item and was reviewed at every meeting of the Committee.

Matters considered in 2020/21 included:

- Reviewing monthly operational and financial performance against the Trust's Financial Plans, to provide assurance to the Trust Board and test the robustness of financial governance

- Review of 2020/21 forecast outturn on a quarterly basis, analysis of key variances, challenge to the Executive Team and Director of Finance, aimed at providing assurance to the Board on the forecast financial position;

- Review of the financial position for the Sussex Healthcare system

- Progress on the STP and ICP development and they system financial position

- Oversight of the financial and business planning process on behalf of the Trust Board, including budget setting for 2020/21

- The annual capital programme and regular updates against plan

- Reviews of all Business Cases over £500k in value, either for approval or for recommendation for further review at the Trust Board – including both capital and revenue business cases as appropriate;

- Updates on reconfiguration of cardiology and ophthalmology services

- Progress reports on the Building for our Future and the purchase of the Spire Hastings Hospital.

- Financial recovery plans as the Trust planned for the exit from the Covid-19 financial regime.

- The new five year Trust strategy was regularly discussed by the Committee as it was formed, with helpful feedback from Non-Executive colleagues

5. Annual Self Assessment of Effectiveness

In June 2021 the Committee undertook an annual self-assessment of its effectiveness. The key messages from this feedback are summarised below and were discussed in the Committee meeting.

Members agreed that the number of Committee meetings held had been sufficient in the past year and that holding a monthly meeting was appropriate given the financial position of the organisation. They supported the proposal to formally split the finance and strategy meetings.

Most members agreed that the agenda for the Committee was appropriately structured. However, it was noted that there could be too many papers presented at meetings, with insufficient executive analysis. It was also noted that it was not always clear why a paper was being presented to the Committee, and that members gained assurance across all areas delegated to the Committee during the year.

It was highlighted that earlier sight of business papers would be appreciated, as some were presented to the Committee as a ‘done deal’. It was also suggested that follow up for business cases, tracking delivery against plan and benefits realisation, would be helpful, as well as information about the effectiveness and robustness of investment management .

Members fed back that insufficient analysis in papers could lead to protracted discussions; they felt that the quality of papers could be improved, particularly those relating to Capex which could be too long and unclear about what the Committee was being asked to do. They also noted that some papers had been too brief, and submitted at a late stage, due to operational pressures in the organisation.

It was noted that the approval thresholds for the Committee in the TORS needed to be updated to bring them in line with updated Standing Financial Instructions. The TORs would also be subject to update once the formal split of Finance and Strategy Committees had taken place.

Members fed back that improvements could be made to increase the clarity of purpose for each agenda item, and to improve the quality of papers being presented. It was felt that many had been recycled from other meetings, and that it would be helpful if they were written specifically for the Committee, in summarised form with longer supporting documents as appendices.

It was agreed an effective feedback mechanism from the F&I to the Board was in place, with the minutes being received and matters highlighted by the Committee Chair at each Board meeting. It was noted that reporting between Committees could be improved and formalised.

6. F&I Chair's Overview

I am pleased with the continued progress the Trust has made to manage resources effectively.

The Trust must remain vigilant in its cost control to maintain the improvements made and it must embrace the Strategic Planning necessary to maximise its future potential.

On behalf of the Committee, I would like to place on record our thanks to the Executive Assistant to the Chief Financial Officer who so ably provides administrative support.

The Committee is of the opinion that it has effectively discharged its responsibilities throughout the year and that there is nothing it is aware of at this time that have not been disclosed appropriately.

Steve Phoenix
Finance & Investment Committee Chairman
15th June 2021

East Sussex Healthcare NHS Trust

Finance and Investment Committee - Terms of Reference

1. Constitution

The Trust Board has resolved to establish a committee of the Board to be known as the Finance and Investment Committee (the Committee). The Committee is a committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. These terms of reference shall apply for as long as the Trust is an NHS Trust and can only be amended by the Board of directors.

2. Purpose

The Finance and Investment Committee should provide recommendations and assurance to the Board relating to:

- Oversight of the Trust Financial Strategy including a review of future financial challenges and opportunities for the Trust
- The future financial risks of the organisation
- The integrity of the Trust's financial structure
- The effectiveness and robustness of financial planning
- The effectiveness and robustness of investment management
- The robustness of the Trust's cash investment approach
- The investment and market environment the Trust is operating in, and the process for agreeing or dismissing investment decisions
- The risk appetite that is appropriate for the organisation
- The process for business case assessments and scrutiny
- Review and approve business cases including tracking of delivery against plan and benefits realisation
- Monitoring the capital investment programme
- Undertake substantial reviews of issues and areas of concern.

3. Membership and attendance

The Committee and the Committee Chair shall be appointed by the Chair of the Board of directors. The membership of the Committee shall be as follows:

- At least three non-executive directors (one of whom shall be a member of the Audit Committee)
- Chief Executive
- Chief Financial Officer
- Chief Operating Officer
- Director of Strategy, Inequalities & Partnerships
- Chief Medical Officer (optional)
- Director of Corporate Affairs

4. Quorum

Quorum of the Committee shall be three members which must include a non-executive director and the Director of Finance (or deputy). Nominated deputies will count towards the quorum.

5. Frequency

Meetings shall be held at least four times a year and at such other times as the Chairman of the Committee shall require.

6. Duties

The Committee shall review and monitor the longer-term financial health of the Trust.

In particular its duties include:

- Reviewing the financial environment the Trust is operating within, and supporting the Board to ensure that its focus on financial and business issues continually improves
- Supporting the Board to understand and secure the financial and fiscal performance data and reporting it needs in order to discharge its duties
- Understanding the market and business environment that the Trust is operating within and keeping the capacity and capability of the Trust to respond to the demands of the market under review
- Understanding the business risk environment that the organisation is operating within, and helping the Board to agree an appropriate risk appetite for the Trust
- Supporting the Board to agree an investment and business development strategy and process
- Supporting the Board to agree an integrated business plan
- Approval for business cases with a value between £500k-£1m and recommendation of business cases over £1m to the Board
- Ensure that business cases submitted for approval are in line with the priorities identified in the Board's agreed Development Plan
- Receive assurance and scrutinise the effectiveness of demand and capacity planning.

The Board may from time to time delegate to the Committee the authority to agree specific investment decisions over and above the annual financial plan provided that the amended plans:

- Do not compromise the Standing Orders and Standing Financial Instructions
- Do not adversely affect the strategic risk facing the Trust
- Do not adversely affect the organisation's ability to deliver its operational plans

The Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Finance and Investment Committee's own scope of work; in particular this will include the Audit Committee and the Quality and Standards Committee.

7. Decision making

Every decision put to a vote at a Committee meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding, (i.e. Chairman of the Committee) shall have a second and casting vote.

8. Reporting arrangements

The minutes of the Committee meetings shall be formally recorded by the PA to the Finance Director and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive actions.

The Committee shall undertake a self-assessment of its effectiveness on at least an annual basis. The Director of Corporate Affairs will support the Committee to develop and implement an annual work programme

These terms of reference shall be reviewed by the Board of directors at least annually.

August 2021

East Sussex Healthcare NHS Trust

People & Organisational Development (POD) Committee

Introduction
Since the Board last met a POD Committee meeting was held on 24 June 2021. 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. It was highlighted that there had been a real focus on staff and health wellbeing. Staff were feeling tired, under pressure and the recovery of the phases of the pandemic were starting to have an impact on how they are feeling.

New Workforce Planning model
This is a model which is being introduced at the moment enabling the divisions to do 'what if' analysis' around new roles, different roles, new ways of working and skill mix and actually look at the implications on their ability on being able to deliver within their budget.

Recruitment
Remains positive with direct recruitment higher than it has been before. 15 International nurses joining this month, further tranches in July, September and November. The Trust continues to focus on the ability to attract.

New draft Workforce Equality, Diversity and Inclusion (EDI) Strategy
A 3 year EDI strategy and a programme of work had been drafted, linking in with the ICS to ensure that no bias is seen within any of the areas, which also links in to the People Plan. This strategy will be circulated for consultation with the staff networks, staff side and key stakeholder around the Trust.

Update from HR Senior Leaders Away Day
An HR Senior Leaders away day was held to look at priorities over the next 1 to 3 years and to identify what needs to be done differently for the impact that we desire. Themes:

- How do we release the potential of people
- How do we maintain the motivation of people
- How do we think about the art of the possible rather than what we have always done.

The work prepared at the session would underpin the People Strategy, which is being developed as a sub-strategy to the main strategy. The aim is potentially for one of the board seminars to look at the People Strategy in a collaborative way looking at what we can do to build further.

Health & Wellbeing
An update was provided on health and wellbeing, staff survey, Trauma Risk Management (TRiM) and Mental Health First Aiders.

The health and wellbeing team had been working collaboratively with the medicine division, medical education and integrated education to pilot a project looking at the support for junior doctors. Key themes:

- Health and wellbeing – junior doctors had been accessing a range of interventions.
- Education – Pastoral care assistants had engaged with each of the junior doctors, any challenges found to be referred for support if required.
- Motivation and resilience – webinars, workshops.

Agile Working update
The purpose of this paper was to provide the POD Committee with an overview of some of the work currently being undertaken that originally came out of Building for our Future (BFF) but has now become a piece of work in its own right; how we actually support agile working across the trust. The paper was not for decision at this point but for information and assurance that the Trust were putting relevant things in place to continue delivering services and supporting our people.

The purpose of the work being undertaken is to inform the Agile Working Policy. There are 3 aspects of work:

Agile Working Policy:
- Changing ways of working
- Clarifying expectations for staff and managers
- Ensure that the principles of agile and remote working are applied consistently across the Trust to ensure equity.

Space utilisation review:
- Understand the current utilisation of non-clinical space at Bexhill, Conquest and EDGH. Work to take place with the community teams in the next phase
- Determine the baseline footprint for non-clinical accommodation in order to assess the achievability of the objective
- Determine the gap between existing and planned non-clinical accommodation within BFF (now Trust Transformation Programme)
- Identify opportunities to reduce and consolidate the non-clinical footprint.

Workspace Survey:
- Over 1200 responses received
- Learning about experiences over the past year
- Understanding the working patterns and identifying opportunities to develop our non-clinical accommodation.

Miranda Kavanagh
Chair of POD Committee
July 2021

East Sussex Healthcare NHS Trust

People & Organisational Development (POD) Committee

Introduction
Since the Board last met a POD Committee meeting was held on 22 July 2021. 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 Report
An update was provided on the workforce report focussing on staff sickness. It was noted that there was a total number of 369 staff sickness:

- 22 due to Covid
- 46 self isolating – able to work from home
- 73 staff isolating – unable to work from home
- 228 due to other reasons

Public Health data for Covid was shared which covered the whole of East Sussex, which had plateaued in the first week of July. The data highlighted an increase in 10-29 year olds.

It was highlighted that everything being presented here was being mirrored across the ICS; all working as a system to minimise the impact of staff for the benefit of patients.

Introduction to the draft People Strategy
The Trust strategy was in its final stages of development and the people strategy would outline a series of ambitious 'breakthrough' initiatives aimed at creating a dramatic change in people and organisational thinking.

4 key themes:

- Health and wellbeing
- Different ways of working/new roles
- Culture of inclusion and involvement
- Empowering people

Education – Funding, HEE Contract
It was reported that the spreadsheet of indicative spend had been submitted in May against the CPD budget. An updated response was expected in September.

A concern was highlighted due to the impact of the Brexit agreement that for some international graduates who did not meet the criteria, universities were charging up to 50-70% more for training opportunities.

Concerns were raised relating to the HEE Educational Contract:

- Only 41% of organisations had signed up to the new contract due to an issue around the indemnity insurance
- The contract permits HEE to increase/decrease learner numbers on placement with no minimum notice of change; a possible impact on service delivery as well as financially
- The contract variation states "The Provider is to bear its own costs associated with a nationally mandated contract variation" but it does not go into detail
- The contract would no longer fund the educational roles that support doctors in training, organisations have been asked to manage these roles.

It was noted that all of the above concerns had been raised at the People Committee and at ICS level.

Volunteers and Temporary Workforce Plans
The Volunteers service transferred to the H.R. Division on 1st June 2021; this important service sits alongside the Temporary Workforce Service providing a complete overview of all agile workers within the Trust

Ethnicity Report
The Ethnicity report looks at salary data for all staff at East Sussex HealthCare NHS Trust. The report has been produced by the Chair of ESHT and is part of a wider piece of work for provider Chairs in the Sussex Health & Care Partnership. The Chair or ESHT collected a range of data and reported back; pay by seniority. It was felt important for POD to have sight of the paper as it links very closely with the work around ethnicity and diversity.

WRES Report
The NHS Workforce Race Equality Standard (WRES) 2021 infographic was shared, which provided relevant data. Key highlights of the WRES Report:

- Increased BAME representation from 15.6% to 17.5%
- No discriminations between white and BAME staff regarding employee relations and very little on the recruitment process
- BAME staff are more likely to attend Trust funded training
- Some of the indicators from the staff survey had decreased although further work to be taken forward around bullying and harassment
- Links with the BAME Workforce and the ICS
- Looking into a system wide approach for violence and aggression

The WRES data is the nationally recognised way of reporting and it is the view that the organisation will uphold and subscribe to.

Board Assessment Framework (BAF)
The BAF process was discussed. Both HR risks remained unchanged:

BAF 4 Sustainable workforce
BAF 5 protecting our staff

A discussion took place regarding possible emerging risks for the organisation:
- Change of Covid rules – potential it may have for the organisation going forward
- Flu and RSV – Increase in Flu and RSV expected
- TRiM and Mental Health First Aiders – Not having the time to carry out responsibilities
- Self-isolation – impact on the workforce

Miranda Kavanagh
Chair of POD Committee
August 2021

East Sussex Healthcare NHS Trust

People and Organisational Development Committee Annual Review

1. Introduction

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

2. Authority and Duties

POD is a sub-committee of the Board and was established in March 2016. The Committee's Terms of Reference were last reviewed and updated in July 2019 with the next review on 20 May 2021. POD has responsibility for strategic oversight of workforce development, planning, performance and culture. It provides assurance to the Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that is supporting the Trust objectives and organisational success.

The Committee meets monthly, although frequency of meetings will be reviewed along with the Terms of Reference in May 2021. The Committee is chaired by a Non-Executive Director of the Trust and includes a broad membership including, HR and OD staff, senior managers, staff-side and equality and diversity representatives.

3. Annual review of terms of reference and work plan

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

- Updates on national workforce agenda
- Employee Relations trends and good practice
- Medical Engagement
- Guardian of Safe Working Hours
- Workforce planning and metrics
- Staff and doctor surveys and action plans
- Equality and diversity and Workforce Race Equality Standards
- CQC Well Led Framework
- Nursing and Medical Revalidation
- Appraisal Rates
- Retention Strategy
- Integrated Education to include funding issues, apprenticeships and training needs analysis
- National updates
- Leadership development
- Staff health and Well being
- Staff Survey

4. Annual Self-Assessment of Effectiveness

In April 2021 the Committee undertook an annual self-assessment of its effectiveness, completed by five members. Members stated that the number of Committee meetings were perhaps too frequent and would be discussed when reviewing the Terms of Reference. There had been a good attendance at these meetings.

Members concurred that matters considered and decisions made by the Committee were taken on an informed basis and that these decisions were understood, owned and properly recorded and would bear scrutiny; subsequent implementation of decisions and progress had been reported back to the Committee. One member stated that some complex data had been submitted, which had been difficult to interpret. The Committee will act upon this feedback.

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

Four Committee members felt that agendas were appropriately well-structured with one member suggesting more focus on the high level priorities for People and Organisational Development and Workforce Transformation within the Trust. The Committee will act upon this feedback.

The self-effectiveness review will be considered as part of the review of the Terms of Reference at the May 2021 Committee meeting and this report will be updated to reflect the review and presented to the Trust Board in August 2021.

Miranda Kavanagh
People and Organisational Development Committee
Committee Chair
20th May 2021

East Sussex Healthcare NHS Trust

People and Organisational Development (POD) Committee

Terms of Reference

1. Constitution and Purpose

The Board has resolved to establish a Committee of the Board to be known as the People and Organisational Development Committee (the Committee).

The Committee's remit will encompass strategic oversight of workforce development, planning and performance. It will provide assurance to the Board that the Trust has the necessary strategies, policies, procedures and capabilities in place to ensure a high performing and motivated workforce that is supporting the Trust objectives and organisational success. Where broader organisational policies or processes inhibit the performance or motivation of individuals and their ability to contribute to the delivery of Trust strategy and goals, it will highlight such issues as appropriate for further consideration and review.

The Committee will consider cultural development within the Trust to align behaviours with strategic objectives to promote a learning and supporting work environment. This would encompass consideration of staff development, career progression and managerial culture.

2. Membership

Non-Executive Director (Chair)
Non-Executive Director
Chief People Officer
Medical Director
Director of Nursing
Chief Operating Officer
Staff Side Chair
Deputy Director of Human Resources
Assistant Director of Human Resources – Education
Assistant Director of Human Resources – OD & Engagement
Company Secretary
Director of Medical Education
Divisional Chair
Workforce Equality, Diversity and Inclusion lead

Other Board members may attend by open invitation.

3. Quorum

The Committee shall be quorate when one third of members are present. Nominated Deputies will count towards the quorum.

4. Attendance

Other staff, including members of the Human Resources Directorate may attend to address specific agenda items.

5. Frequency of meetings and administration

The Committee will meet on a monthly basis. Committee focus will alternate its focus on a bi monthly basis as follows:

- Month 1 – Performance and improvement of existing processes in delivering and supporting a high performance and motivated workforce
- Month 2 – Strategic and / emerging opportunities to improve Trust and workforce performance through workforce and OD intervention

The Chair can call a meeting at any time if issues arise. Administrative support for the Committee will be provided by the PA to the Chief People Officer.

6. Duties

To monitor and advise on:

- Organisational response and fit with strategic objectives
- Promotion of Trust values and vision and goals as part of staff development
- Learning and best practice propagation opportunities and uptake across the Trust
- The strategy for people in ESHT, its implementation and key trends in human resource metrics
- Equality and diversity in the workforce
- The strategic and assurance processes for the management of human resources risks to include health, safety and wellbeing and the quality of implementation of those processes
- External developments, best practice and trends in employment practice
- Staff recruitment, retention and talent management
- Staff engagement
- The incentive and reward strategy for ESHT, its integrity and effectiveness, including appraisal and the management of performance.
- Training and development activity
- The alignment of people and capabilities with organisational strategies and plans.
- The inclusion of people and OD thinking and support in the delivery of major Trust projects and initiatives
- The embedding of transformational capabilities within the organisation to support the delivery of a high performing organisation
- The efficiency of the workforce and its alignment with the delivery of our operational goals.
- Other organisation development/organisational change management considerations in the delivery of a high performing organisation
- Any other significant matters relating to the performance and development of the workforce.

To convene task and finish groups to undertake specific work identified by itself or the Trust board.

7. Parent Committees and reporting procedure

The Committee Chairman will report activities to the Trust Board following each meeting or as required. The minutes of the meetings will be provided to Trust Board for information.

These Terms of Reference shall be reviewed by the Committee and Trust Board at least annually. In addition, the Committee shall undertake a self-assessment of its effectiveness on at least an annual basis and this will be timetabled into the schedule of Committee business.

The Committee will provide an annual report to the board on the effectiveness of the Committee.

8. Sub-Committees and reporting procedure

Education Steering Group
Engagement & OD Operational Group
Workforce Resourcing Group
HR Quality & Standards Group
Health & Safety Steering Group

Quality and Safety Committee Report 17th June 2021

The Quality and Safety Committee last met on the 17th June for a strategy meeting. The following key points from the meeting are brought to the Board for information:

- **Provision of Outpatient Services:** The committee received a report on the impact Covid had had on service provision between May 2020 and April 2021. The difficulties in adapting the service in response to Covid had been significant and the efforts of staff to adapt were noteworthy. Lessons had been learned on how to improve going forward in regard to communications and processes, with a deep dive underway to inform an improvement plan which will come back to the committee in 3 months.

- **Infection Control Board Assurance Framework:** The report incorporated the latest central reporting requirements. The Trust had nine amber items within a comprehensive Lines of Enquiry assurance framework. These mainly related to auditing implementation of specific items or to the ability of the estate to respond to isolation and separation of patients. The Committee was assured that appropriate actions are in place to care for patients in the 'safest place' but clinical need and levels of infection will impact full compliance.

- **Covid:** The Committee received a report on the impact of Covid to date, noting successes and areas of concern, which were being addressed. The Committee asked for that work to include support in communications with redeployed staff.

- **Corporate and high level risk register:** The report detailed updates to current risks and gave assurance that the trust is mitigating and resolving issues.

- **Maternity:** The Committee received three reports on maternity services (Maternity Clinical Quality Surveillance, Perinatal Mortality and Maternal Deaths). The progress made in maternity care continued and strong assurance was given on quality and safety. Challenges remain in achieving the various requirements, particularly in increasing medical cover and implementing Continuity of Carer. This latter initiative has significant impact on midwife staffing and skill sets.

- **Quality Account:** The draft quality account was approved and will be presented to the Board in the future, allowing the Board to note progress made and initiatives to be taken forward.

- **Perfecting Discharge:** The Committee considered a report on perfecting discharge and the progress made in establishing four work streams to improve effective and supportive discharge. It was reassuring to see engagement across the Trust with involvement of different services. Discharge improvement remained a key objective for the Trust and has been included again in the Quality Account.

- **Community Recovery:** This was discussed with information provided on wait times. A detailed analysis on the information provided will be presented to the next meeting to identify any quality of care issues.

- **Matters for escalation by the Committee:**

1. Care for children and young people with mental health needs. Inpatient care is provided within our children's wards but specialist care is required in a more appropriate setting. A system wide solution is urgently needed.

2. The impact of Covid will be with us for some time and the impact this has on our estate remains significant.

3. The Continuity of Carer programme for Maternity raises significant issues with staffing levels and skill mix. Significant re-training and support will be required to implement the programme as currently designed. However, skilling midwives to manage births in any situation and setting is questionable and the consequence may be staff leaving the profession rather than remaining where their skills are best deployed.

Jackie Churchward-Cardiff

Quality and Safety Committee Chair
17th June 2021

Quality and Safety Committee Report 22nd July 2021

The Quality and Safety Committee last met on the 22nd July for a performance meeting.

- The committee heard from a number of matrons about measures taken to reduce falls on their wards. A falls dashboard is in production to help wards analyse and reflect upon key themes which the data highlights. It was noted that fall rates had already started to decline following strategies put in place. The Committee took assurance that appropriate measures to reduce falls were in place and it was confirmed that the methods outlined would form part of the nursing strategy moving forward.

- A patient story was shared of an individual with an acquired brain injury (ABI) and their pathway through ESHT. Prior to the implementation of the After Trauma team in 2018, there was significant challenge in managing ABI pathways. The Committee was advised that despite progress since 2018 further work needed to be done to support transitions between acute care and rehabilitation services. Support from the Committee in adopting the BSUH Managing Challenging Behaviour Pathway was requested. It was determined that an ICS (integrated care system) approach would likely be required.

- The Infection Control Board Assurance Framework was presented, and sections 1 and 7 (about pathways and isolation) had been updated. Formerly, these had been rated as green, but had been adjusted due to the ongoing challenge of managing small and constant numbers of Covid-positive patients. The ESHT roadmap had been shared with staff to guide their practice in term of Covid-safety. Additional HEPA (high efficiency particulate air) filters were due for delivery and would be used to improve air quality in certain high risk areas. Ventilation in some areas remained below desired levels so further mitigations may need to be discussed.

- Regular cyclical updates would be provided to the Committee regarding levels of violence and aggression in the organisation, ensuring monitoring of the continuing reduction of risk in this area.

- Challenges linked to the Covid pandemic are reflected in scores for the most recent cancer inpatient survey. ESHT had historically always scored above the national but in 2019 the average ESHT score was 8.7 against a national average score of 8.8. Communication issues tended to be the main cause of complaints. All key staff within the multidisciplinary team were given mandatory advanced communication skills training and it was suggested that this training should be offered to a wider array of staff. To improve care plans, an IT solution to ensure all patients were given a holistic needs assessment would be implemented.

- During the first and second waves of Covid, the Trust followed guidance on the prioritisation of community services. This determined which services were suspended or reduced. All services have now been restored but some not fully. Waiting times are being monitored weekly. A further safer staffing establishment review is being proposed for Autumn to feedback to commissioners about rising demand.

- The Governance Quality report (June 21 data) indicated a good reporting culture. A review into complaint response times was requested to establish where delays in the system were.

- The meeting was the final meeting chaired by Jackie Churchward-Cardiff. Amanda Fadero will be taking over the Chair from August.

East Sussex Health Care NHS Trust
Quality and Safety Committee Annual Report 2020/21

1. Introduction

The Quality and Safety Committee is established under Board delegation with approved terms of reference. The Committee meets monthly and seeks assurance on behalf of the Board that the Trust is providing safe and high quality services to patients, supported and informed by effective arrangements for monitoring and continually improving the safety and quality of care.

2. Meetings of the Committee

Membership of the Committee comprises both non-executive directors and multi-disciplinary representatives from across the Trust, including the Chief Nurse and Medical Director.

The Committee met on ten occasions during the period April 2020 to March 2021 and all meetings were quorate. Reports from the Committee were presented at each Board meeting, with key matters being brought to the attention of the Board.

3. Principal review areas

During the year, the Committee provided an objective review of all aspects of quality, safety and standards in support of achieving the best clinical outcomes and experience for our patients. The Committee assisted the Board in being assured that the Trust was meeting statutory quality and safety requirements and gained insight into issues and risks that could jeopardise the Trust's ability to deliver quality improvement.

A patient story was presented to the Committee at a number of its meetings, providing a salient reminder of the importance of quality and safety and learning in an NHS organisation. Key areas considered by the Committee included:

- Quality improvement – including compliance with CQC recommendations and GIRFT
- Board Assurance Framework and risk registers
- Endorsement of the Trust's quality improvement priorities for subsequent publication in the Quality Account
- Patient experience and complaints
- Serious Incidents and never events
- End of Life Care
- Maternity
- Infection Prevention and Control
- Safeguarding
- Mortality and morbidity
- Falls

"Deep dive" reviews took place in areas highlighted through the risk management process, including into Outpatient performance and 62 day cancer performance.

The Committee also:

- Monitored restoration and recovery progress throughout the pandemic.

- Focussed on infection control in the Trust, particularly in light of the pandemic. This included monitoring ever changing infection control processes and plans, receiving regular updates on the implementation of the Infection Control and Prevention Board Assurance Framework and reviewing the Infection Control and Prevention Strategy.

- Received a number of reports from the maternity team, including on the Trust's response to the Ockenden Report, and a gap analysis following the receipt of a number of other national reports and recommendations.

- Reviewed measures to reduce the number of avoidable falls in the organisation.

The Committee received and reviewed minutes from the Patient Safety and Quality group.

4. Review of the effectiveness and impact of the Quality and Standards Committee

During the year the Quality and Safety Committee undertook a review of its effectiveness and revised its terms of reference and adapted the work plan accordingly.

The Committee reviewed the agenda and workload. In order to better manage the agenda the Committee moved to monthly meetings, alternating between strategy and performance. This change continues to be bedded in but aims to give sufficient time for the Committee to consider strategic quality objectives and progress, as well as to seek assurance on the wide-ranging quality agenda. The Committee saw continued progress in closing out responses to complaints and incidents with divisions owning actions.

For clarity, the following items from the Committee's Terms of Reference will be considered at the performance and strategy meetings respectively:

Performance	Strategy
• Compliance with regulatory and statutory standards and national best practice and guidance in respect to quality and safety.	• Review of mechanisms for seeking and responding to feedback from staff and patients are robust and effective
• Themes and trends that occur in patient and staff feedback, patient safety and quality data, clinical audit, complaints, Claims and Inquests, patient safety and serious incidents.	• Appropriate actions and shared learning in response to relevant national and local reports, guidance and reviews
• Exception reports from Health and Safety	• Review of the risk register and Board Assurance Framework (BAF)
• Infection Control and to review progress against identified risks to reducing healthcare acquired infections.	• Trust's Quality Accounts

• Highlight report and minutes from the Patient Safety and Quality Group and from any other groups that report into the Committee	• Review of Trust's Quality Governance Structure to ensure effective operation and any amendments to the strategy

The Committee performed its duties during the year as delegated by the Trust Board and was assured that there were effective processes in place to underpin the delivery of high quality care across the organisation. Committee members demonstrated grip on quality governance through the level of scrutiny, challenge and by seeking assurance on aspects of quality.

5. Chair's remarks

In March 2020, due to the Covid-19 pandemic and in line with national guidance, the Committee moved to virtual meetings, with reduced attendance and a focus on the quality and safety of patients and staff during the pandemic. In-between the above meetings, i.e. fortnightly, the Chair of the Committee and the Chief Nurse met to discuss general matters and plan the agenda for the committee.

This year the Trust has seen successful CQC visits, resulting in improved ratings with some services now Outstanding. Particular improvements have been seen in End of Life care and the development of the Excellence in Care initiative.

New pathway models have been developed to improve access and responsiveness, focussing on Ambulatory, same day and urgent care. There have also been improvements to discharge planning through an integrated team approach have reduced stranded patients and a focus on discharge will continue next year.

The Committee is focussed on improving and maintaining progress to ensure patients are safely cared for lessons are learned and embedded. There is good ownership within the divisions of quality issues and a definite commitment to improvement. The Committee has seen a proactive approach to quality such as the Maternity self-assessment from recommendations of a national report on a serious case review.

It has been a pleasure to see the Committee develop and observe the commitment from the membership to seek and embed quality care.

Jackie Churchward-Cardiff
Non-Executive Director and
Chair Quality and Safety Committee

Quality and Safety Committee
Terms of Reference

1. Purpose

The Trust Board has resolved to establish a committee of the Board to be known as the Quality and Safety Committee (the Committee). The main duties of the Committee are to ensure, on behalf of the Board, that taking account of best practice

- there are effective structures and systems in place that support delivery of safe patient care and continuous improvement of quality services;
- that quality of decisions and effective decision making is based on information from robust systems and processes that are used effectively across the organisation in a culture that supports challenge, scrutiny and learning.
- that where risks and issues in respect of quality are identified these are being managed in a controlled and timely way.

2. Responsibilities

Seek assurance that patients, staff and other key stakeholders are actively and effectively engaged in quality and safety issues and that the mechanisms for seeking and responding to feedback from staff and patients are robust and effective

Seek assurance that effective management processes are in place that ensure the Trust has taken appropriate action and shared learning in response to relevant national and local reports, guidance and reviews to improve the safety and quality of care

Review the risk register and Board Assurance Framework (BAF) to identify relevant quality and safety risks and seek assurance that appropriate management action has been taken to manage and mitigate these risks. Reporting any gaps in control or assurance to the Board

Seek assurance that the Trust's Quality Improvement Programme addresses key areas of concern and risk and is being delivered in a timely way and that there is an evidence base for the effectiveness of the plan and the delivery of the required quality improvements

Seek assurance that action is being taken to ensure compliance with regulatory and statutory standards and national best practice and guidance in respect to quality and safety.

Review themes and trends that occur in patient and staff feedback, patient safety and quality data, clinical audit, complaints, Claims and Inquests, patient safety and serious incidents. Seek assurance that actions are in place and learning embedded.

To receive exception reports for Health and Safety and seek assurance on the actions to be taken and identified learning shared across the organisation.

Monitor the Trust's Quality Accounts and ensure effective consultation with stakeholders takes place and to monitor the delivery of the quality targets.

Review the Trust's quality metrics to seek assurance that areas of underperformance are identified and that appropriate quality improvement actions are taken to deliver the measurable improvements required

To monitor and review the systems and processes in place in the Trust in relation to Infection Control and to review progress against identified risks to reducing healthcare acquired infections.

Receive reports and assurances (including those from internal and external audit) that the Trust's Quality Governance Structure is being effectively operated and agree any amendments to the strategy prior to recommending these to the Board for approval.

Receive a six monthly review of Quality Impact Assessments in relation to cost improvement programmes, for assurance that a robust process is in place and that unintended consequences are identified, mitigated and monitored.

Monitor the programme of external visits and reviews and have oversight of the progress in implementing actions and shared learning. To receive a highlight report and minutes from the Patient Safety and Quality Group and from any other groups that report into the Committee

The Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Quality and Safety Committee's own scope of work; in particular this will include the Finance and Investment Committee and the Audit Committee.

3. Membership and Attendance

The Committee and the Committee Chair will be appointed by the Chairman of the Trust Board. Members of the Committee shall be:

Core Membership

- Two Non-Executive Directors one of whom will be the Committee Chair
- Chief Executive
- Chief Operating Officer
- Medical Director or Deputy
- Director of Nursing or Deputy
- Director of Corporate Affairs
- Head of Governance
- Director of Human Resources or Deputy
- Assistant Medical Director (also deputises for Medical Director)
- Director of Strategy, Improvement and Innovation
- Chief Pharmacist
- Deputy Director of Nursing (also deputises for Director of Nursing)

Other Members to represent Divisions

- Chiefs of the Divisions
- Assistant Director of Nursing and Quality for each Division,
- Head of Nursing for Urgent Care

4. Quorum

Quorum of the Committee shall be four members, at least one of which must be a non-executive director. Core members are expected to attend all meetings. In their absence a fully briefed deputy must attend and will count towards the quorum.

5. Frequency

Meetings shall be held every month (alternating between a focus on Performance and a focus on Strategy) and at such other times as the Chairman of the Committee shall require. Workplans will detail the reports to be taken at each meeting.

6. Authority

The Committee is authorised by the Trust Board to review any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee, and all employers are directed to cooperate with any requests made by the Committee.

The Committee is authorised by the Trust Board to obtain legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Committee may establish sub-committees or working groups if this would support it in achieving its objectives.

7. Reporting arrangements

Minutes of the Committee meetings shall be formally recorded by the Secretary to the Committee and submitted to the Trust Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

The Committee will report to the Board annually on its work in support of the statement on internal control and by exception as and when necessary.

The Committee shall undertake a self-assessment of its effectiveness annually.

These Terms of Reference shall be reviewed by the Committee and proposed revisions considered by the Trust Board on at least an annual basis.

Board Assurance Framework

Meeting information:			
Date of Meeting:	10th August 2021	Agenda Item:	6
Meeting:	Trust Board	Reporting Officer:	Damian Reid, Chief Finance Officer

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

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

Summary:

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

Five new risks have been added to the BAF this quarter:

- 2060: Delivery of 2021/22 Financial Plan
- 2032: Auto Dialler lines for alarm systems
- 2035: Nervecentre recording error for patient alerts
- 2051: Potential failure of digital backup hardware components
- 2054: Recruitment to Trust Vacancies (substantive), which is a single overarching recruitment risk which replaces risks 767, 1537, 1538 and 1540, which focussed on different areas where recruitment was challenging.

The lessening impact of the Covid pandemic on all areas of the Trust is reflected in a reducing score of 12 for BAF 1 and 16 for BAF 2 and BAF 3. The unclear financial position for the second half of 2021/22 has led to an increased score of 12 for BAF 6, and backlog inflationary pressures mean that the score for BAF 8 has increased to 16.

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

People and Organisational Development Committee	22nd July 2021
Quality and Safety Committee	22nd July 2021
Finance and Investment Committee	29th July 2021
Audit Committee	29th July 2021

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

The Board is asked to review and note the Board Assurance Framework and consider whether the main inherent/residual risk have been identified and that actions are appropriate to manage the risks.

East Sussex Healthcare NHS Trust

Board Assurance Framework (BAF)

Quarter 1 2021/22

Overview

The Board Assurance Framework (BAF) supports the Board in focussing on the key risks which might compromise the achievement of the organisation's Strategic Objectives. The BAF maps out the key controls which are in place to support delivery of the Objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls. These assurances have been set out in line with the '3 lines of defence' model (appendix 2), aiding the identification of areas of weakness.

Each principal risk is owned by an Executive Director and rated in accordance with the grading matrix (Appendix 1). The Executive lead ensures the controls, assurance, gaps and risk score reflect the management of the risk. A Board sub-committee is also nominated to have oversight of the risk.

Five new risks have been added to the BAF this quarter. All existing risks on the BAF have been reviewed and progress updated.

Risk 2054 - Recruitment to Trust Vacancies (substantive) is a single overarching recruitment risk which replaces risks 767, 1537, 1538 and 1540, which focussed on different areas where recruitment was challenging.

The lessening impact of the Covid pandemic on all areas of the Trust is reflected in a reducing score of 12 for BAF 1 and 16 for BAF 2 and BAF 3. The unclear financial position for the second half of 2021/22 has led to an increased score of 12 for BAF 6, and backlog inflationary pressures mean that the score for BAF 8 has increased to 16.

BOARD ASSURANCE FRAMEWORK - SUMMARY PAGE

NHS East Sussex Healthcare NHS Trust

Ref	RISK SUMMARY	Monitoring Committee	Objectives Impacted					Inherent risk	Current position (Residual risk)								Change	Risk appetite	Target rating	Target date
									2020/21				2021/22							
									Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
BAF 1	Safe care - sustained and continuous improvement	Q&S	✔					20	9	9	12	16	12				▼	Low	6	Sep-21
BAF 2	Restoration and Recovery - ongoing impact of Covid19	Q&S	✔	✔	✔	✔	✔	20	16	16	20	20	16				▼	Low	6	Sep-21
BAF 3	The Trust's performance against access standards is inconsistent	Q&S	✔	✔				20	12	16	20	20	16				▼	Low	6	Sep-21
BAF 4	Sustainable Workforce	POD	✔	✔	✔		✔	20	16	16	16	16	16				◄►	Moderate	9	Sep-21
BAF 5	Protecting our staff	POD			✔				12	12	12	12	12				◄►	Low	4	Sep-21
BAF 6	Financial Sustainability	F&I				✔	✔	16	12	12	12	4	12				▲	Moderate	8	Mar-22
BAF 7	Investment required for IT, medical equipment and other capital items	F&I	✔				✔	20	16	16	12	12	12				◄►	Moderate	4	Sep-21
BAF 8	Investment required for estate infrastructure – buildings and environment	F&I	✔				✔	20	16	16	12	12	16				▲	Moderate	8	Sep-21
BAF 9	Cyber Security	Audit	✔	✔			✔	20	16	16	16	16	16				◄►	Low	8	Sep-21

- Inherent - (gross) assessment (before current controls) of the risk
- Residual - (net) assessment (after current controls) of the risk

BAF Action Plans – Key to Progress Ratings		
B	Complete / Business as Usual	Completed: Improvement / action delivered with sustainability assured.
G	On Track or not yet due	Improvement on trajectory
A	Problematic	Delivery remains feasible, issues / risks require additional intervention to deliver the required improvement
R	Delayed	Off track / trajectory – milestone / timescales breached. Recovery plan required.

RESIDUAL RISK MATRIX

	Safe and excellent patient care, high quality clinical services	Operate, efficiently and effectively in a timely way	Value, respect and involve employees	Work closely with partners to prevent ill health and deliver services to meet needs	Use resources efficiently and effectively to ensure clinical. operational and financial sustainability
BAF 1 – Safe care - sustained and continuous improvement	12				
BAF 2 – Restoration and recovery Ongoing impact of Covid19	16	16	16	16	16
BAF 3 - The Trust's performance against key access standards is inconsistent	16	16			
BAF 4 - Sustainable Workforce	16	16	16		16
BAF 5 – Protecting our Staff	12				
BAF 6 - Financial Sustainability				12	12
BAF 7 - Investment required for IT, medical equipment and other capital items	12				12
BAF 8 – Investment required for estate infrastructure – buildings and environment	16				16
BAF 9 - Cyber Security	16	16			16

Risk Summary						
BAF Reference and Summary Title:	**BAF 1: Safe care – sustained and continuous improvement**				**Strategic Objectives Impacted** ✓	
Risk Description:	**There is a risk that we will not provide sustained and continuous improvement in patient safety and quality of care**					
Lead Director:	Chief Nurse & DIPC/ Medical Director	**Lead Committee:**	Quality and Safety Committee		**Date of last Committee review:**	Mar-21

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	25/09/15	1360	Cardiology catheter labs breakdowns	16	16	◀▶
	19/02/16	1458	Non-Compliance with NICE guidance NG19 (Diabetic Foot)	20	16	◀▶
	12/06/20	1884	Delayed surgical treatment	20	16	◀▶
	13/08/20	1907	Insufficient isolation areas and testing kits for Covid-19	16	16	◀▶
	24/09/20	1913	Increased waiting times due to cancellations as a result of Covid-19	16	16	◀▶
	03/12/20	1941	Risk to the delivery of planned/elective activity against Phase 3 recovery	20	16	**Risk Closed May 2021**
	03/12/20	1942	Risk of insufficient acute beds during winter	20	16	◀▶
	11/03/21	2035	Nervecentre recording error for patient alerts	16	16	**New**

BAF Risk Scoring								
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	3	3	4	4	ESHT has now entered the next phase of Covid, presenting different challenges to those seen in the second wave. Infection control requirements are impacting both clinically and operationally, even with the small numbers of covid positive patients, impacting on capacity, staffing, flow and performance. Challenges are likely to be sustained in the medium to longer term. A surge in paediatric respiratory illnesses is anticipated over the next few months	**Likelihood:**	2	Sep-21
Consequence:	3	3	3	4		**Consequence:**	3	
Risk Level:	9	12	16	12		**Risk Level:**	6	

Cause of risk:	**Impact:**
• Covid-19 impacting the Trust's ability to provide safe and effective care • Clinical governance systems and systems for learning from incidents and other quality metrics may not be consistently applied and effective	Failure to provide safe and effective care may result in: • Sub-optimal patient outcomes and experience • Impact on our registration and compliance with regulatory bodies

Current methods of management (controls)	A. Robust governance process, to support quality improvement and risk management; including undertaking Root Cause Analysis where there are incidents and sharing learning, B. Audit programme in place and reviewed by clinical effectiveness C. Mortality reviews to share learning D. Independent medical examiner scrutinising deaths to identify any quality concerns E. Quality Improvement strategy in place and improvement hub established QSIR improvement utilised and training programme in place F. 'Excellence in Care' audit and reporting programme rolled out to in-patient areas to facilitate clinical areas in assessing themselves against Trust wide standards of care G. Patient tracking lists, use of nerve centre and MDT meetings in place

Assurance Framework – 3 Lines of Defence – linked to controls (A-G)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Oversight of excellence in care at ward and service level (F) • Health Assure being utilised by wards and services as depository for CQC evidence (A) • Divisional management of risk and control framework (A) • Quality improvement champions in place and projects in train (E) • Daily clinical review of patients on waiting list (G) • Nerve centre in use for monitoring real time bed state (G)	• Divisional IPR meetings cover quality and safety (A) • Weekly patient safety summit (A) • Clinical Outcomes and effectiveness group (B) • Integrated Performance Report and incident reporting to Quality and Safety Committee and Trust Board (A) (B) • Improved quality in a number of areas for example sepsis, falls resulting in harm and reduced mortality (A) (C) (D) • Getting it Right First Time (GIRFT) in place has improved learning and actions to improve quality of care (A) (B) • Mortality review group meeting (C) (D) • MDT meetings to manage patient pathways (G)	• CQC inspection regime – Trust rated Good overall and Outstanding at Conquest and Community Services (A) • CCG review of incidents prior to closure (A) • Internal audit conduct annual audit of quality account indictors (A) (B) • External accreditation and quality surveillance such as JAG, audiology (B) • Nationally mandated audits and benchmarking (B)
Gaps in control/assurance:			
• CQC identified some "should do" requirements • Improvements required in discharge particularly around information and communication to care homes • Refer to BAF 2 for other gaps related to Covid-19 pandemic			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Programme of work in place to improve discharge pathway and quality of discharge	COO/CN	Ongoing	• Multi-professional Discharge Improvement Group paused during wave 3 and now restarted. • Workstreams in place to Perfect Discharge which is a Quality Account priority. • Main focus on communication / systems and processes, medication related to discharge and patient information (Let's Get You Home), and training • Data from external sources showing less issues	
2.	Mitigating actions to minimise the risk to patients of safety alerts not being visible to staff accessing Nerve Centre	COO/CN	Ongoing	• Staff are checking patient alerts on alternate system • Matter raised with Head of Digital who has escalated to software provider • Issue being monitored by divisional IPR and Q&S Committee	
	Refer to BAF 2 for additional actions related to Covid-19 pandemic				

Risk Summary						
BAF Reference and Summary Title:	**BAF 2: Restoration and Recovery**				**Strategic Objectives Impacted**	
Risk Description:	**There is a risk that the historical and ongoing impact of Covid 19 will be detrimental to the trust's ability to operate effectively, which could impact service delivery, clinical outcomes and patient experience.**					
Lead Director:	Chief Operating Officer	**Lead Committee:**	Quality and Safety Committee Finance and Strategy Committee	**Date of last review by Committee:**	July -21	

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	12/06/20	1884	Delayed surgical treatment	20	16	◄►
	12/06/20	1888	Staff shortages due to Covid-19	20	16	**Risk Closed May 2021**
	27/11/20	1937	EMU birth centre environment	15	15	◄►
	03/12/20	1942	Insufficient acute beds during winter	20	16	◄►

BAF Risk Scoring								
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	4	5	5	4	Risk level decreased due to the lessening impact of Covid-19 on the delivery, restoration and recovery of services. Likelihood of further wave reduced from 'certain' to 'high probability'.	**Likelihood:**	2	Sep-21
Consequence:	4	4	4	4		**Consequence:**	4	
Risk Level:	16	20	20	16		**Risk Level:**	8	

Cause of risk:	2021 recovery (H1) is being overseen at an ICS level against the national 2021/22 priorities and operational planning guidance. ESHT has submitted a recovery trajectory for H1 (Q1/Q2) against this and is delivering against all targets in Q1. Risks for Q2 are a further Covid surge and workforce availability in key roles such as ODPs, which is being managed by the Divisions. The diagnostic wait list is now being clinically validated (D Codes) and prioritised in line with the surgical wait list (P Codes). The risk will be reviewed in line with National ask for H2.	**Impact:**	Failure to effectively manage the pandemic and establish a robust restoration and recovery programme gives rise to risk of • patient harm • impaired patient and staff experience • failure to meet constitutional and contractual standards • damage to Trust's stakeholder relationships and reputation

Current methods of management (controls)	A. Trajectory for recovery in place (H1) B. Working to national guidance on activity requirements C. Estates space utilisation being reviewed taking account of requirements for recovery of safe services whilst maintaining social distancing ongoing D. Identifying areas where improvements have been made e.g. such as virtual out-patient appointments and maximising these opportunities E. Utilisation of capacity in private providers where available during H1 F. Elective Care Board oversight of long waiting patients & harm reviews; G. Trust Recovery Board established, linked to System Recovery Board

Assurance Framework – 3 Lines of Defence - linked to controls (A-G)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Weekly system operations and surge group meeting in place and all decisions logged and risks monitored (F) (G) • Elective, Urgent and Community Care Boards and associated governance arrangements in place (A) (B) (C) (D) (E) (F) (G) • Update report covering concerns/ key actions / positive assurance and decisions presented to Executive Team (A) • Twice weekly Elective Care Board overseeing re-starting of services and interdependencies (E) (F) • Performance against National Standards (A) (B)	• Reporting on Restoration and Recovery presented to Trust Board in IPR (A) • Linking into system wide recovery approach, via System Recovery Board (B) (G) • Digital infrastructure improved; hardware available to facilitate home working (C) • HR Support for staff related Covid-19 issues including risk assessment and track and trace (G) • Divisional tracking through Elective Care Board against trajectories that are in development (A) (F)	• Internal audit plan will include aspects of the management of Covid-19 (G) • Oversight by NHS Improvement through submission of sitrep information and oversight meetings (A) • ICP/ICS risk and recovery group (A)(G) • Planned Care Board (B)
Gaps in control/assurance:			
• Further controls and assurances will be required to restore and recover services post the current second wave			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Reset and restart plan and trajectory will need to be developed and refreshed following current wave of pandemic	COO	End Apr-21	• Redeployed staff to be returned to substantive roles • Reset and restart plan and trajectory being developed • Recovery trajectory in place for H1 and Q1 has seen full delivery against this.	**To be closed**
2.	Winter bed modelling in progress and mitigations being identified	COO	End Sept-21	• Bed modelling is being undertaken through the ADOs and Chiefs. • Mitigation schemes are being identified across patient pathways • The Trust is contributing to the system seasonal planning and working to the system timetable for delivery of plans • The Trust is already ahead of the timelines set out and has good clinical and operational engagement for delivery.	

Risk Summary						
BAF Reference and Summary Title:	**BAF 3: Inconsistent performance against key access standards**				**Strategic Objectives Impacted**	
Risk Description:	**There is a risk that we will not fully and consistently meet national operating guidance KPIs**					
Lead Director:	Chief Operating Officer	**Lead Committee:**	Quality and Safety Committee	**Date of last review by Committee:**	June-21	
Links to Corporate Risk Register:	**Date:**	**Risk Register Number**	**Title**	**Inherent Risk Score**	**Current Risk Score**	**Change**
	15/04/13	999	Cancer 62 day compliance	16	12	◄►
	10/06/19	1804	Impact of availability of ward beds on critical care availability	29	16	**Risk Closed May 2021**
	24/09/20	1915	Outpatient follow up backlog – particularly ENT, Ophthalmology and Urology.	20	16	◄►

BAF Risk Scoring							
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**	**Target Date**
Likelihood:	4	5	5	4	Risk level reduced due to the impact of the second wave of Covid-19 had on restoration and recovery of services. Impact moved to "highly probable" and consequence "major"	**Likelihood:** 2	Sep-21
Consequence:	4	4	4	4		**Consequence:** 3	
Risk Level:	16	20	20	16		**Risk Level:** 6	

Cause of risk:	Increased demand for services and diagnostics year on year. This has been further impacted by the reduction of patient presentations to GPs during the pandemic, leading to a growing unidentified need, and to reluctance on the part of some patients to engage with treatment plans during the pandemic period.	**Impact:**	Failure to meet access standards consistently gives rise to risk of • patient harm • impaired patient experience • failure to meet constitutional and contractual standards • damage to Trust's regulatory and contractual relationships and public reputation
Current methods of management (controls)	A. Urgent care programme of work in place B. ESHT has been allocated a Cancer Alliance Relationship manager who is working in partnership with the Trust. This work focuses on best practice timed pathways along with partnership working with other providers to learn and share best practice. C. Pathway improvements and monitoring for A&E, cancer, diagnostics and RTT - pathway review in line with 28/62 days - identifying digital opportunities to proactively manage cancer		

	- Alliance decision to be confirmed re AI digital tracking - Contact with individual patient and agreeing individual approaches to mitigating concerns - Contact with GPs / CCGs / Primary Care Networks etc D. Working closely with the Cancer Alliance on improvement actions such as: - Straight to test pathway - Faster diagnostic standard E. Addressing Histology turnaround times and implementation of the Faster Diagnostic Standard

Assurance Framework – 3 Lines of Defence – mapped to controls A-E			
	1st Line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Clinical oversight and review of RTT and cancer PTL weekly (B) (C) (D) • Day to day oversight of A&E performance (A) • Ongoing 'Cancer Week' focussed MDT PTL meetings on six week basis (E) (D) (B)	• Policy and procedures for MDT reviews strengthened early 2020 (C) • Divisional IPR meetings in place (A) (C) • Cancer Board, Urgent Care and Elective Care Boards with oversight of metrics (A) (C) (D) (E) • Review by Quality & Safety Committee (A) (C) • IPR reports to Trust Board (A) (C) • Cancer Access Meeting (weekly) (C) (D) (E) • System Access Policy and PTL meetings being established (A) (B) (C) (D)	• Oversight by NHS Improvement through submission of sitrep information and oversight meetings (C) • System Recovery Board (A) (C) (E) • Admin and clinical validation of DM01 PTL and diagnostic codes to prioritise patients (A) (C)
Gaps in control/assurance:			
• Further controls and assurance will be required to restore and recover services post the current second wave			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	System and Trust recovery trajectories for DM01 / Admitted / Non-admitted for H1	COO	End Sep 2021	Elective care Board and Cancer Access Meetings oversee performance	

Risk Summary						
BAF Reference and Summary Title:	**BAF 4: Sustainable Workforce**				**Strategic Objectives Impacted**	
					✓	✓ ✓ ✓ ✓
Risk Description:	**There is a risk that the Trust will be unable to attract, develop and retain its workforce to deliver outstanding services within its financial envelope**					
Lead Director:	Chief People Officer	**Lead Committee:**	People and Organisational Development	**Date of last review by Committee:**	Mar-21	

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	23/02/12	767	Workforce Plan and Capacity	20	16	**Risk Closed May 2021**
	21/04/15	1289	Histopathology consultant vacancies	20	16	◀▶
	23/08/16	1537	Medical Staff Recruitment	20	16	**Risk Closed May 2021**
	23/08/16	1538	Nursing Recruitment	20	16	**Risk Closed May 2021**
	23/08/16	1540	AHP/Technical Recruitment	20	16	**Risk Closed May 2021**
	03/05/17	1616	Consultant Vacancies	20	16	◀▶
	21/12/18	1772	Insufficient intensive care consultants	20	16	◀▶
	05/10/20	1919	Shortage of staffing in chemistry	15	15	◀▶
	15/02/21	2030	Impact of covid-19 pressures on staff retention	20	16	◀▶
	07/07/21	2054	Recruitment to Trust Vacancies (substantive)	16	12	**New**

BAF Risk Scoring								
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	4	4	4	4	There are pockets of specialities where recruitment is challenged, although these largely reflect national difficulties. Ongoing success with recruiting into some 'Hard to Recruit' substantive posts, particularly Consultant posts. Retention likely to be a risk especially following Covid-19 pressures.	**Likelihood:**	3	Sep-21
Consequence:	4	4	4	4		**Consequence:**	3	
Risk Level:	16	16	16	16		**Risk Level:**	9	
Cause of risk:	• Recognised national shortages in some staff groups • Geographical location				**Impact:**	Failure to maintain workforce stability gives rise to risk of: • Increased workforce expenditure due to agency requirements		

	• Continued pressure in a number of clinical areas • Lack of opportunity for career development • Pandemic may have a detrimental impact on staff retention.		• Detrimental impact on patient care and experience • Failure to comply with regulatory requirements and constitutional standards • Detriment to staff health and well-being
Current methods of management (controls)	A. Ongoing monitoring of Recruitment and Retention Strategy and developing wide range of recruitment methodologies (events, social media, recruitment consultancies, targeted recruitment activity, including a significant overseas recruitment plan) B. Talent management, appraisals and development programmes C. Developing new roles and "growing our own" D. Workforce metrics in place and monitored E. Quarterly CU Reviews in place to determine workforce planning requirements. F. Review of nursing establishment 6 monthly as per Developing Workforce Safeguards G. Full participation in HEKSS Education commissioning process H. Exit interview programme I. Use of bank and agency if required with authorisation process in place J. Managing impact of EU exit K. Range of wellbeing support available and being further developed		

Assurance Framework – 3 Lines of Defence – mapped to controls A-K			
	1st Line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Monthly reviews of vacancies together with vacancy/turnover rates (A)(H) (D) • Twice yearly establishment reviews (F) • Success with some hard to recruit areas eg consultants in Histopathology, Radiology, Neurology and Acute medicine.(A) (C) • Introduction of Certificate of Eligibility of Specialist Registration (CESR) programme in A&E Sept 2020.Proposed roll out across other areas Qtr 1 2021. (C) • In house Temporary Workforce Service to facilitate bank and agency requirement (I) • Direct communication to all EU staff re settled status. Task and finish group established. Direct communication to all EU Nationals (J)	• Workforce strategy aligned with workforce plans, strategic direction and other delivery plans and metrics reviewed by POD and Trust Board (A) (B) (D) (E) (F) (G) • 3 year Recruitment and Attraction Strategy refreshed (A) • Overall Time to hire 69.2 days May 2021 (not including Medical & Dental staff). A reduction since last update due to Applicant Tracking system (Trac) improved functionality. (D) • Trust vacancy rate trending at 4.7% in May 2021 following budget resetting at start of 21/22 financial year. (D) • Temporary workforce costs scrutinised by Finance and Strategy Committee (I) • Wellbeing offering enhance and reviewed by POD (K)	• National Staff Friends and Family Test (A) (G) (H) • Clinical Commissioning Group Quarterly Workforce meetings (D) • Internal audits of workforce policies and processes (A) (D) (E)
Gaps in control/assurance:			
• Covid travel restrictions have continued to impact on some overseas recruitment/new starters			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Continue with recruitment initiatives and international sourcing of medical candidates, including Radiographers and Sonographers	CPO	Dec 2021	125 international nurses and 9 radiographers recruited to date (July 2021). Further 7 Nurses due to arrive July 2021 with planned c25 every other month during 2021/22.	
2.	Establishment of local networks with protected characteristic groups and organisations to increase diversity and talent.	CPO	June 2021	Networks established and operational, with active engagement and support from the Trust.	

Risk Summary						
BAF Reference and Summary Title:	**BAF 5: Protecting our Staff**				**Strategic Objectives Impacted**	
Risk Description:	**There is a risk to staff health, welfare and morale if we do not undertake and act upon risk assessments to ensure a safe working environment and effective support for wellbeing**					
Lead Director:	Chief People Officer	**Lead Committee:**	People and Organisational Development	**Date of last review by Committee:**	Mar-21	

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	07/07/20	1900	Availability and use of Personal Protective Equipment	16	8	▼
	16/08/20	1908	Protecting our Staff	16	6	◄►
	18/12/20	1947	Impact of Violence and Aggression on staff wellbeing	16	12	◄►
	15/02/21	2030	Impact of covid-19 pressures on staff retention	20	16	◄►

BAF Risk Scoring								
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	3	3	3	3	Significant work has been undertaken in conducting and acting upon risk assessments for Covid-19. There is also a robust programme of work in place to support wellbeing of staff and manage violence and aggression however there is still more that can be done.	**Likelihood:**	1	end Sep-21
Consequence:	4	4	4	4		**Consequence:**	4	
Risk Level:	12	12	12	12		**Risk Level:**	4	

Cause of risk:	Failure to ensure that we provide a safe working environment for staff where they is adequate protection and support from a number of risks eg Covid-19, violence and aggression and work related stress.	**Impact:**	Adverse impact on staff health and wellbeing. Risk of increased absences and therefore inability to deliver on services; possible closure of services and adverse impact on patient experience and reputational risks.
Current methods of management (controls)	A. Systems and processes in place to risk assess staff to reduce the risk from infection of COVID 19. Managers are required to complete a risk assessment to identify measures that need to be put in place to enable a member of staff to remain safe at work. If this cannot be achieved managers need to consider deploying their staff member to a different area or working from home if need be. B. Training for managers to have compassionate conversations about risk assessments with vulnerable staff C. Daily compliance reviews take place at the Risk Assessment Task and Finish Group to identify targeted actions		

	D. Systems and processes in place both reactive and proactive to manage violence and aggression – including conflict resolution training, OH support, risk assessments and security support. Trialling revised policy and red and yellow letters. E. Improved de-brief process and package of support for staff involved in violence and aggression or distressing situations at work. F. Reviewing and implementing best practice from other areas G. Range of wellbeing support available and being further developed H. Violence and Aggression action plans developed following the 2020/21 staff survey results I. Ongoing National vaccination programmes

Assurance Framework – 3 Lines of Defence – mapped to controls A-I

	1st Line of Defence *(service delivery and day to day management of risk and control)*	2nd Line of Defence *(specialist support, policy and procedure setting, oversight responsibility)*	3rd Line of Defence *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Covid risk assessment process implemented to be undertaken by line manager and retained on personnel file. Risk assessment compliance now 98.4% for all staff and 96.9% for BAME staff. (A) (C) • Completion of risk assessments to be recorded on ESR. (A) • Appropriate PPE provided (A) • Promoting wellbeing support available and training to line managers (G)	• Occupational Health and Health and Safety Team support and audit of risk assessments and datix incidents (A) (B) (D) • Occupational and staff wellbeing support to staff (E) (H) (I) • Metrics reported to executive team, POD and Trust Board – increased compliance with completion of risk assessments (A) • Weekly COVID19 Workforce Group (A) (C) • Local Security Management Specialist advice and support (D) • Oversight and monitoring by Health and Safety Steering Group (D)	• CCG undertaking assurance reviews (A) • Sussex network meeting in place and liaising with SECAMB on Trauma Risk Management (F) • Health and Safety Executive review of violence and aggression (D) • Collaboration with ESCC on lone working (F) • Audit of Covid-19 staff risk assessments undertaken by TIAA, providing reasonable assurance (A)

Gaps in control/assurance:

- The Covid-19 pandemic has impacted some of the progress in supporting staff with incidence of violence and aggression
- Need to develop a single software solution to support staff who are lone/community working
- Need to ensure that staff have access to appropriate well-being support during and following the Covid-19 pandemic

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Managers and staff to review existing covid risk assessments to ensure they reflect latest risk profiles and ensure appropriate mitigations are in place in line with Trust/national guidance.	CPO	Ongoing	Audit completed by internal auditors, providing assurance about compliance and completion of staff risk assessments. Good compliance with completion but need to ensure assessments are reviewed and updated, including reviewing and implementing effective mitigation if required. Providing guidance regarding vaccination.	
2.	Agreed business case for lone worker alert software and this is to be procured and rolled out	Associate. Director for Digital	Jun 2021	Business case approved and exploring options for joint working with ESCC	

Risk Summary						
BAF Reference and Summary Title:	**BAF 6: Financial Sustainability**				**Strategic Objectives Impacted**	
						✓ ✓
Risk Description:	**There is a risk that the Trust will fail to operate within available resources leading to a financially unsustainable run-rate at the end of 21/22 or not complying with Covid financial guidance and audit breaches**					
Lead Director:	Director of Finance	**Lead Committee:**	Finance and Investment Committee	**Date of last review by Committee:**	Mar-21	
Links to Corporate Risk Register:	**Date:**	**Risk Register Number**	**Title**	**Inherent Risk Score**	**Current Risk Score**	**Change**
	22/07/21	2060	Delivery of 21/22 Financial Plan	**20**	12	**New**

BAF Risk Scoring								
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**3**	**3**	**1**	**3**	The financial position for H1 of 2021/22 is reasonably assured, with an agreed H1 settlement despite ERF targets increasing. In H2 there will be increased risk against ERF funding and we will need to develop further CIP schemes for the year	**Likelihood:**	**2**	Mar-22
Consequence:	**4**	**4**	**4**	**4**		**Consequence:**	**4**	
Risk Level:	**12**	**12**	**4**	**12**		**Risk Level:**	**8**	
Cause of risk:	The trust has agreed a block contract and agreed Covid payments for the first half of 2021/22. The financial envelope and position for H2 has not yet been finalised.		**Impact:**	Failure to maintain financial sustainability gives rise to risk of • Unviable services and increased cost improvement programme • failure to meet contractual standards and possible regulatory action • damage to Trust's stakeholder relationships and reputation				
Current methods of management (controls)	A. Risk adjusted CIP programme in process of being updated with divisions B. Transformation programmes in place to realise benefits of cost effectiveness C. Reviewing approved business cases for realisations of benefits D. 21/22 budgets are being updated to reflect nursing establishment changes from March 2021. There is a further review underway to reflect 21/22 nursing establishment changes. E. There will be an ongoing review of process following the previous year of IMT covid controls. F. Monthly benchmarking of covid costs within ICS and agreement to only charge excess costs to Covid reclaim system							
Assurance Framework – 3 Lines of Defence - aligned to controls A-G								

	1st Line of Defence *(service delivery and day to day management of risk and control)*	2nd Line of Defence *(specialist support, policy and procedure setting, oversight responsibility)*	3rd Line of Defence *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Work continues through divisional meetings to both maintain contingency and to strengthen recurrent delivery of the programme. (A) (E) • Covid related costs captured and reimbursed to date (D)	• Oversight by Efficiency Committee and Finance & Investment Committee (A) (B) (C) • Robust leadership of CIP programme, with strong link to Model Hospital and GIRFT established. (B) (C) (F)	• ICS Capital Programme in place in Line with Capital Resource Limit (CRL) (C) • Internal audit reviewing controls and Covid management (A) (D) • External audit programme in place (A) (D) (F)
Gaps in control/assurance:			
• None identified but need to ensure that the system of internal financial control remains robust and that there is effective governance in place to manage the re-establishment of services			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Agree CIP plan for 2021/22: 2% in H1 and 3% in H2	Director of Finance	Ongoing		**New**
2.	Ensure delivery of any activity above the elective threshold is within additional ERF funding	Director of Finance	Ongoing		**New**
3.	Maintain staffing controls through establishment control, including vacancy panel	Director of Finance	Ongoing		**New**
4.	Capital controls: • Agree and manage within an updated capital plan for the year • Develop controls to forecast and deliver capital projects in line with Trust agreed limits	Director of Finance	Sept 21		**New**

Risk Summary						
BAF Reference and Summary Title:	**BAF 7: Infrastructure**				**Strategic Objectives Impacted**	✓
Risk Description:	**There is a risk that the Trust will not have the necessary investment required for IT, medical equipment and other capital items**					
Lead Director:	Director of Finance	**Lead Committee:**	Finance and Investment Committee	**Date of last review by Committee:**	Mar-2021	

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	12/02/14	1152	Obsolete medical devices	20	15	◄►
	25/09/15	1360	Cardiac catheter lab breakdowns	16	16	◄►
	27/05/20	1879	Capital sustainability	20	20	▲
	01/02/21	2027	Trust Compute Resources for the Virtual infrastructure	20	15	◄►
	02/07/21	2051	Potential failure of digital backup hardware components	16	16	**New**

BAF Risk Scoring								
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**4**	**3**	**3**	**3**	Due to capital pressure carrying over from 20/21 year end, there is a limit on capital for IT and medical equipment which will be constrained to £4.5m for the year. The two year plan returns expected spend to match funding for IT and a long-term replacement cycle for equipment from 22/23.	**Likelihood:**	**1**	Sep-21
Consequence:	**4**	**4**	**4**	**4**		**Consequence:**	**4**	
Risk Level:	**16**	**12**	**12**	**12**		**Risk Level:**	**4**	
Cause of risk:	Insufficient capital to meet significant backlog maintenance				**Impact:**	If the Trust does not commit to matched funding, it would put at risk bids for digital maturity funding. There is also a need to maintain the medical equipment replacement cycle to support patient safety.		
Current methods of management (controls)	A. Significant work was undertaken to deliver the capital plan. However in future there will be clearer reporting of any slippage against plan. B. Essential work prioritised with estates, IT and medical equipment C. Agreement to have independent third party undertake review of the Trust's capital controls							

Assurance Framework – 3 Lines of Defence - linked to controls A-B			
	1st Line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Day to day management of infrastructure requirements and prioritisation by services (A) (B) • Electronics and Medical Engineering (EME) in close liaison with divisions (B) • Full inventory of medical devices and life cycle maintenance (B)	• Oversight by Finance and Strategy Committee (A) • Estates and Facilities IPR (A) (B) • Digital IPR (A) (B) • Clinical procurement group in place (A) (B)	• Capital business cases reviewed by ICS (A) • Independent review of Trust Capital Controls (C)
Gaps in control/assurance:			
• Longer term capital programme required to identify pressures and requirements			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	10 year capital programme has been developed covering key areas of pressure and investment, aimed at supporting the Trust in delivery of the strategic plan.	Director of Finance	End Mar 2021	Will be utilised to support management of Capital £9m of business cases being progressed to the ICS	
2.	To develop clearing escalation and reporting of slippage of capital plans	Director of Finance	End May 2021		**New**

Risk Summary						
BAF Reference and Summary Title:	**BAF 8: Infrastructure**				**Strategic Objectives Impacted**	✓
Risk Description:	**There is a risk that the Trust estates infrastructure, buildings and environment, will not be fit for purpose**					
Lead Director:	Director of Estates	**Lead Committee:**	Finance and Investment Committee	**Date of last review by Committee:**	Mar-21	

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	26/06/03	79	Limiting asbestos exposure	20	15	◀▶
	11/11/15	1397	Clinical environment maintenance and refurbishment	20	15	◀▶
	12/11/15	1410	Inability to manage and control a fire event	20	16	◀▶
	09/05/17	1621	Loss of Electrical Services (Power and Lighting) to Critical Clinical Areas	20	16	◀▶
	10/06/20	1877	Lack of suitable premises for community midwifery service	20	20	◀▶
	27/11/20	1937	EMU birth centre environment	15	15	◀▶
	29/12/20	1949	Insufficient air ventilation could contribute to Covid-19 cross infection	16	16	◀▶
	05/03/21	2032	Auto-dialler lines for alarm systems	15	15	**New**

BAF Risk Scoring								
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	**4**	**3**	**3**	**4**	The Six facet survey indicates significant backlog maintenance. The backlog inflationary pressures are outstripping the available internal capital .A constraint on being able to get work. completed due to being in the midst of a global pandemic and constraints on key elements of the infrastructure, including the need to continue work on the emergency department while activity is at a high level. Therefore it was not possible to deliver the original 20/21 plans for capital work, which have increased pressure and capital constraint on 21/22.	**Likelihood:**	**2**	Sep-21
Consequence:	**4**	**4**	**4**	**4**		**Consequence:**	**4**	
Risk Level:	**16**	**12**	**12**	**16**		**Risk Level:**	**8**	

Cause of risk:	The Trust's historic financial performance has led to a restricted internally generated capital budget for many years. Despite a successful bid for HIP2 seed funding to develop the Strategic Outline Case there is an immediate need for capital which outstrips availability.	**Impact:**	Lack of capital for investing in the future sustainability of the Trust Failure gives rise to risk of a significant impact on the Trust's ability to meet its requirements to provide safe, modern and efficient patient care.
Current methods of management (controls)	A. 2020/21 capital plan reprioritised to ensure that it is fit for purpose post COVID-19. B. Continuous prioritisation of spending and active management of capital resource limit through capital programme work-streams Capital bids being prioritised and prepared for submission to ICS. C. Essential work prioritised with estates, IT and medical equipment D. Maintenance of active fire precautions eg automatic fire detection. emergency lighting and firefighting equipment		

Assurance Framework – 3 Lines of Defence- linked to controls A-D			
	1st Line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Day to day management of infrastructure requirements and prioritisation by services (B) (C) (D)	• Oversight by Finance and Strategy Committee (A) (B) • Simulated patient safety exercise undertaken on Seaford ward in June 2019 to support refinement of evacuation plans (D) • Estates and Facilities IPR (A) (B) (C)	• Capital business cases reviewed by ICS (A) (C) • The Trust has been named as part of the HIP Programme (Phase 2) and developing strategic outline case to secure significant funding over the next 5-10 years (A) • NHSI funding confirmed in order to facilitate additional fire compartmentation works, but is being delayed by Covid-19 bed pressures (D). • Oversight of Fire requirements by East Sussex Fire and Rescue Service (D). • Six Facet Survey (A)
Gaps in control/assurance:			
• Longer term capital programme required to identify pressures and requirements • Need to recommence fire infrastructure work impacted by Covid-19 • Building works delayed to impact of Covid-19 • Some areas inadequately ventilated			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Developing "Building for Our Future" full business case and project board being established	Chief Executive	End Mar 2021	Programme Director in place. Governance structure in place. SOC submitted late March 21	
2.	Aiming to resume fire compartmentation works at DGH in Autumn 2020	Director of Estates	End Mar-2021	Now that the Maternity Day Unit has become available the 1st phase of the refurbishment plan has commenced	
3.	Comprehensive trust-wide plans for improving ventilation being developed	Director of Estates	Aug 2021	Draft report sent to TIPCG in April 2021 and progress being reported bi-monthly as appropriate	
4.	The Trust has developed a two year plan and developed a bid for additional high priority issues that should be prioritised within the first year of the two year envelope, i.e. ventilation, ICU and day surgery	Chief Finance Officer	End Nov 2021	Two year plan completed. Monthly targets being developed to track delivery of projects within the plan.	

Risk Summary						
BAF Reference and Summary Title:	**BAF 9: Infrastructure**				**Strategic Objectives Impacted**	
					SO1 ✓	SO2 ✓	SO3	SO4	SO5 ✓
Risk Description:	A large-scale cyber-attack could shut down the IT network and severely limits the availability of essential information and access to systems for a prolonged period which would impact the Trust's ability to deliver its strategic objectives					
Lead Director:	Director of Finance	**Lead Committee:**	Audit Committee		**Date of last review by Committee**	March-2021

Links to Corporate Risk Register:	**Date:**	**Risk Register Number**	**Title**	**Inherent Risk Score**	**Current Risk Score**	**Change**
	23/08/17	1660	Cyber Security	20	16	◄►

BAF Risk Scoring								
Quarter	**20/21 Q2**	**20/21 Q3**	**20/21 Q4**	**21/22 Q1**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
Likelihood:	4	4	4	4	There are a number of robust controls in place but further mitigation can be achieved by implementing a formal programme of work that addresses the wider information security agenda.	**Likelihood:**	4	Mar-21
Consequence:	4	4	4	4		**Consequence:**	2	
Risk Level:	16	16	16	16		**Risk Level:**	8	

Cause of risk:	Global malware attacks infecting computers and server operating systems. The most common type of cyber-attack are phishing attacks, through fraudulent emails or being directed to a fraudulent website,	**Impact:**	A shut down of key IT systems could have a detrimental impact on patient care and access. They can lead to a loss of money and data as well as access to files, networks or system damage.
Current methods of management (controls)	A. Advanced Threat Protection (ATP) solution implemented to defend against hacking /malware. Regular scanning for vulnerability. B. Anti-virus and Anti-malware software in place with programme of ongoing monitoring. Client and server patching programme in place and monitored C. Process in place to review and respond to national NHS Digital CareCert notifications D. Self-assessment against Cyber Essential Plus Framework to support development of actions for protection against threats E. Ongoing Education campaign to raise staff awareness F. System patching programme in place and upgrade of client and server operating systems G. Wider engagement including NHS Secure Boundary		

Assurance Framework – 3 Lines of Defence – linked to controls A-G			
	1st Line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control*
Assurance:	• Cyber Essential Plus Framework assessment reviewed by division (D) • Day to day systems in place and support provided by cyber security team with increased capacity (A) (B) (C) (F)	• Policies, process and awareness in place to support data security and protection and evidence submitted to the DSPToolkit (D) • Information sharing and development with SESCSG Sussex and East Surrey Cyber Security Group (G) • Regular quarterly security status report to IG Steering Group and Audit Committee (D)	• Cyber security testing and exercises eg senior leaders participated in IT / Cyber exercise delivered by Police South-East Regional Police Organised Crime Unit (Nov-19) (E) • Trust was resilient to WannaCry ransomware attack (May 2017) (A) (B) (C) • Whilst noting the progress made internal audit gave "Limited Assurance" on 19/20 cyber security audit. (D)
Gaps in control/assurance:			
Obtain ISO27001 to provide assurance on reliability and security of systems and information. Continue with patching programme and address points raised by internal audit			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Cyber Essential Plus framework.	Director of Finance	End March 2022	Greatly improved and aiming to achieve Cyber Essentials Plus early in Q4 21/22,	
2.	Pursuing ISO27001	Director of Finance	End March 2023	Set up initial conversations with auditors	
3	Implement a Privileged access management (PAM) solution	Director of Finance	Dec 2021	Systems currently under review	
4	New Cyber awareness Campaign	Director of Finance	End Sept 2021	Campaign is under development and now anticipated to take place in September 2021	

Appendix One: Risk Matrix

LIKELIHOOD RISK RATING - Likelihood Rating is a matter of collective judgement; the table below provides some structure to aid thinking.

Likelihood	Descriptor	Score
Certain	This type of event will happen or certain to occur in the future, (and frequently)	5
High probability	This type of event may happen or there is a 50/50 chance of it happening again	4
Possible	This type of event may happen again, or it is possible for this event to happen (occasionally)	3
Unlikely	This type of event is unlikely occur or it is unlikely to happen again (remote chance)	2
Rare	Cannot believe this type of event will occur or happen again (in the foreseeable future)	1

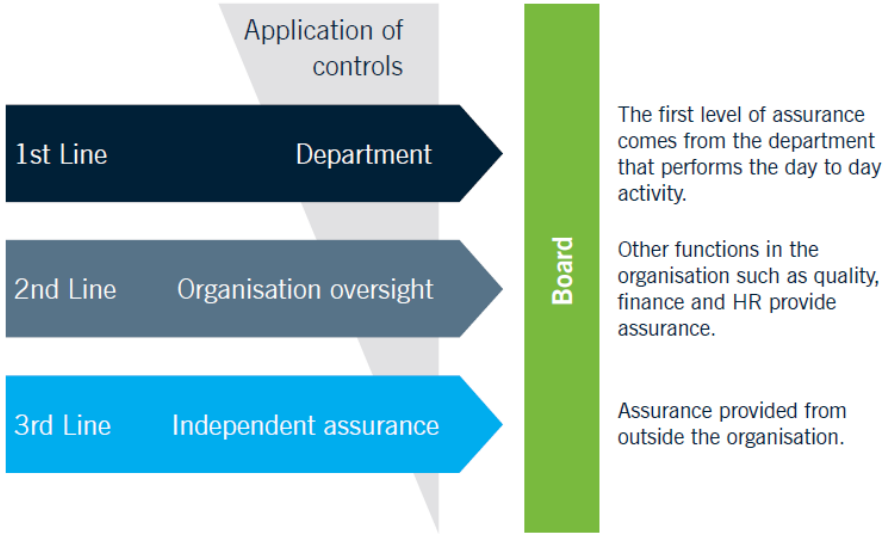
Table LIKELIHOOD X CONSEQUENCE/IMPACT = RISK RATING

		CONSEQUENCES / IMPACT				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
LIKELIHOOD	Certain (5)	5	10	15	20	25
	High probability (4)	4	8	12	16	20
	Possible (3)	3	6	9	12	15
	Unlikely (2)	2	4	6	8	10
	Rare (1)	1	2	3	4	5

Low	Moderate	High	Extreme
1 – 3	4 – 6	8 – 12	15 – 25

Appendix Two – Three Lines of Defence Assurance Model

This model helps to provide a clearer picture of where the organisation receives assurance and whether it has too much, is duplicated, or has none at all, and whether the coverage of assurances is set at the right level to provide confidence to the Board. It is also important to consider the independence of any assurance provided in terms of how much reliance or comfort can be taken from it. The assurances that an organisation receives can be broken down into the three lines model as illustrated below:



- **1st Line** – provides assurance that performance is monitored, risks identified and addressed and objectives are being achieved However, may lack objectivity but it is valued that it comes from those who know the business, culture and day to day challenges.
- **2nd Line** – provides insight into how well work is being carried out in line with set expectations and policy or regulatory considerations. It is distinct from and more objective than the first line of assurance
- **3rd Line** – Independent of the first and second lines of defence. Includes internal and external auditors.

Sources: Baker Tilly: Board Assurance: A toolkit for health sector organisations/BAF University Hospitals of North Midlands

British Sign Language App

Meeting information:			
Date of Meeting:	10th August 2021	Agenda Item:	7
Meeting:	Trust Board	Reporting Officer:	Kim Novis

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

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

Summary:

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

COVID-19 highlighted and exacerbated many health inequalities. Deaf people became further isolated due to information about COVID-19 not being translated into British Sign Language (BSL). Reliable information from NHS Trusts, GP's, Public Health and the Government was not published in BSL as it was released.

ESHT translated lots of information about access to appointments and interpreters and included it on the public facing website and social media. Many people do not access social media platforms and find navigating websites difficult.

ESHT successfully applied for £50,000 from NHS Charities Together to support the development and implementation of an innovative user friendly app that would provide reliable healthcare information to Deaf BSL users.

There is no other mobile application of its kind and is anticipated to be a valuable resource to BSL users.

The App has been developed to:

1. Provide an accessible platform to deliver healthcare information to a community who otherwise do not have access.
2. Support Deaf people impacted by COVID-19 through delivering relevant healthcare and Public Health information in a language accessible to them.
3. Continue to connect the Deaf community with health and wellbeing and Public Health initiatives.
4. Receive feedback on progress through surveys.
5. Capture feedback from Deaf people to support further improvements to reduce health inequalities.

The app has successfully completed a soft launch with a positive outcome and is due to be released to the general public on 11th August 2021.

The App can be accessed by scanning the QR code below from any mobile device.

SCAN ME

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

Stakeholder group review 28th July 2021.

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

Continued leadership and promotion of the App to ensure its efficacy.

Health Inequalities
COVID-19, Deaf communities and the Accessible Information

Introduction
British Sign Language (BSL) is very different from written and spoken English. The order of words and syntax differ from English. The tenses (past, present, future) do not exist as they do in English. Many words have multiple meanings and, many meanings have multiple words which do not exist in BSL. Two examples are provided:

- in English oncology is understood as the study of cancer. However, in BSL there is no sign for 'oncology'. In BSL this would be signed as 'cancer' and 'study'. Therefore a Deaf person receiving a letter regarding their oncology appointment might not understand what the appointment is about and would need to ask someone or research this.

- 'Can you' come to an appointment on Monday, might be understood as 'you can' come to an appointment on Monday; the patient might then arrive at an expected appointment, but the clinic were awaiting a response/confirmation that they could attend, and therefore did not create an appointment.

Written words in a patients' leaflets require interpretation of the information included in them, this is usually done with the doctor/nurse during an appointment with an interpreter present. Remote video appointments do not always include this additional support.

Background
ESHT Equality Diversity and Inclusion team made its service accessible to Deaf communities when implementing the Accessible Information Standards from 2016. The team supported many people from the Deaf community with signposting, contacting their clinicians and GPs and emailing patient leaflets. Deaf people needed information in a format that was accessible to them as written English is not easily understood by culturally Deaf people. A Deaf User Group was developed to improve equity of access to services and accessible information.

The Deaf User Group was developed in 2019 and the first meeting took place in October 2019 with approximately 30 people from the Deaf community. The overarching strategic aims of the Group were to:

- Restore trust with d/Deaf communities,
- Engage and involve people from d/Deaf communities,
- Develop a strategy to deliver the Trust aims equitably,
- Improve access for d/Deaf people,
- Be the Healthcare Provider of choice for local people.

Following the meeting in October 2019 a set of actions were agreed (appendix A) to achieve the agreed aims. Development of a strategy also commenced. Unfortunately, due to COVID-19, future scheduled user groups were cancelled and development of the strategy was paused. Many actions have now been completed through the recent development of the BSL app. Longer term actions may be completed through delivery of phase two of the app.

COVID-19
COVID-19 shone a light on many health inequalities and the disproportionate impact on Black and Minority Ethnic (BAME) communities, elderly people, homeless people, those already isolated and many other Health Inclusion Groups. A great deal of resource was put into addressing some of these inequalities and this continues to be a focus. Sadly the Deaf community were left behind. The daily

government briefings excluded a BSL interpreter and information regarding the virus, transmission, lockdown etc and was not made available in BSL until several weeks after the early announcements / lockdown. As a result, many Deaf people were searching the internet and obtaining a great deal of inaccurate information or just didn't know what was happening. The courts found this lack of provision for Deaf people to be in breach of section 29(7)a of the Equality Act 2010, which imposes on a "service-provider" a statutory "duty to make reasonable adjustments" (Rowley, K v Minister For The Cabinet Office, 2021).

Anxiety and isolation was exacerbated for Deaf people. Across the UK, Hospital and GP appointments were being cancelled and replaced with telephone calls. Deaf people were receiving voicemails cancelling their appointments and removing them from waiting lists; they were unable to return telephone calls from clinical services requesting to reschedule appointments and procedures.

Due to ESHT implementing the Accessible Information Standards, which included a dedicated email to support patients, carers and the public with access to contacting the Trust where telephone was not suitable (e.g. because a person was Deaf) and video interpreting, ESHT patients were already familiar with video interpreters and were well supported from the start of COVID-19. The EDI team supported other Trusts and Primary Care to overcome this barrier with their patients and supported ESHT and non-ESHT patients who were experiencing these barriers.

As face to face appointments were replaced with video consultations, the time available for patients to ask questions of a doctor or nurse with an interpreter present was limited. Patient information leaflets were not readily available and access to information about conditions/healthcare was difficult to obtain.

Developing the App

NHS Charities Together (NHSCT) invited NHS Trusts to apply for funds to support communities disproportionately affected by COVID-19. ESHT EDI Lead engaged with local Deaf people, organisations and charities to explore opportunities to improve access to healthcare and information about healthcare. A long-term solution was identified through developing an app using Amazon Cloud Based Services (AWS). ESHT successfully applied for £50,000 from NHSCT to support the development and implementation of the app. We are extremely grateful to NHSCT for their support in this project.

The development of the app aimed to address some of the actions highlighted in NHS England's paper 'Implementing phase 3 of the NHS response to the COVID-19 pandemic - Urgent actions to address inequalities in NHS provision and outcomes'.

The App has been developed to:

1. Provide an accessible platform to deliver healthcare information to a community who otherwise do not have access.
2. Support Deaf people impacted by COVID-19 through delivering relevant healthcare and Public Health information in a language accessible to them.
3. Continue to connect the Deaf community with health and wellbeing and Public Health initiatives.
4. Receive feedback on progress through surveys.
5. Capture feedback from Deaf people to support further improvements to reduce health inequalities.

The user friendly app is delivered in BSL and has 7 key functions (see appendix B for images):

1. **A Welcome message** – Delivered by ESHT CEO and the Previous Head of EDI, explaining a little about the app.
2. **Covid-19 information** – A bright yellow banner that with information related to the pandemic. This can be changed once COVID-19 is over and can be used for any wider initiatives (eg flu campaigns)
3. **Healthcare Terminology** – a library of definitions commonly used words in healthcare.
4. **Latest news** – this section should be used alongside any latest updates/news that are published on the Trust main website.
5. **Patient leaflets** – as leaflets are requested in BSL they will be published to the app, creating a library of leaflets in BSL
6. **Feedback** – a place where feedback can be received by the Trust. Currently offered as text. Phase two will provide access to patient phone cameras to enable a Deaf person to provide feedback in BSL.
7. **Notifications** – People can input their mobile number subscribing to receive notifications on the app which is delivered as a text message. This function will be used to inform subscribers that new information is available on the app.

Each video has a 'thumbs up/ and a 'thumbs down' function for people to vote whether the video was useful. This information will be collected via the Amazon cloud based service and used to measure success and improve the app. A new email address (esht.bsl.app@nhs.net) was created to support administration and receive feedback.

The app has been reviewed and tested by a group of professional stakeholders (see acknowledgements). All the stakeholders were Deaf (the interpreters were hearing and registered linguists) and have provided constructive feedback.

The feedback from those testing the app believe the app to be innovative and will be welcomed by Deaf people. The potential to develop the app is evident and are excited to support developing it further.

Next steps

Phase one (the current version) of the app primarily provides healthcare information. The app has been built to be future proof and can be updated in real time. Videos are uploaded and made available without the end user being required to update the app. Further phases and additional features can be added with only a 5 minute downtime. The app can achieve a long term solution to not only to provide healthcare information in BSL in one place, but can be further developed to provide a platform that can connect Deaf patients to all NHS services.

Following the proposed launch of the app on 11th August 2021 a steering group will be developed to manage the app. The group will monitor feedback, quality check the information/leaflets that have been translated, ensure the content is relevant and up to date and seek opportunities for funding to develop the app further. There are funds remaining to translate more patient leaflets and this will be presented to the engagement group on 11th August 2019 to prioritise which information would be most beneficial.

Plans for phase two include:

1. A function to connect directly to on-demand video BSL interpreters. This will enable Deaf patients to connect via a 3 way telephone and video call with an interpreter and Trust services. It will also eliminate DNA's, RTT breaches and complaints due to lack of interpreters.
2. A function to book and/or check interpreters have been booked for an appointment offering reassurance to patients and will support reducing DNAs from lack of interpreter availability.
3. A camera access function to enable end-users to provide feedback in BSL.
4. A section for other Trusts to join the app and contribute to translating more information / patient leaflets growing the library of information.

Feedback from the app will be monitored by the steering group and fed back to the appropriate Governance Group.

To move the app into phase two, further funding will be required and opportunities for funding will be explored by the steering group.

Conclusion
The app is an innovative tool that will support Deaf people to access reliable healthcare information in BSL. It will also support ESHT in reducing health inequalities for Deaf people as well as contributing to meeting its Public Sector Equality Duty (Equality Act 2010) and the Accessible Information Standard (AIS).

The app provides an opportunity for continued quality improvement and improving equity of access to healthcare information and access to services for Deaf people.

Kim Novis – BSL App Project Lead
(Former Head of Equality, Diversity & Inclusion for ESHT)
28th July 2021

Note: Kim Novis was the Head of Equality, Diversity & Inclusion for ESHT until December 2020. Kim is currently the Head of Equality, Diversity & Inclusion for Kent Community Health Foundation Trust (KCHFT) and has continued to lead this project with the agreement of ESHT and KCHFT.

Acknowledgements:

NHSCT – generously funded the project.

WealdBSL – Marcel & Sophie Hirshman - local Deaf led translating supplier in East Sussex. Weald BSL have provided the translations for the app. WealdBSL have provided extensive consultations, advice and guidance throughout the project.

Great Ormond Street Hospital for Children NHS Foundation Trust – Kindly shared their directory of medical terminology to be translated.

Dr. Helen Grote – Deaf Neurologist from Imperial College Healthcare NHS Trust

Dr. Justine Durno – Deaf Histopathologist from Guy's & St Thomas' NHS Foundation Trust

BSL Link for Communication – Deaf led supplier for BSL interpreters for ESHT patients.

Sign Health – a Deaf led national charity trusted by the UK Deaf community providing translated information free of charge.

Rizwan Khan – Deaf Administrator South East Coast Ambulance Service NHS Foundation Trust.

East Sussex Healthcare NHS Trust - Joe Chadwick-Bell (CEO), Lynette Wells (Director of Corporate Affairs), Peter Palmer (Deputy Company Secretary) and Shanice Novis (Equality Team Facilitator).

Kent Community Health Foundation Trust – Ali Carruth (Director of Participation, Experience and Patient Engagement), Sue Mitchell (Assistant Director of Participation & Involvement).

Resources

https://www.judiciary.uk/wp-content/uploads/2021/07/R-on-the-application-of-Katherine-Rowley-v-Minister-for-the-Cabinet-Office.pdf - Accessed 28/7/2021

QR code to access the app

SCAN ME

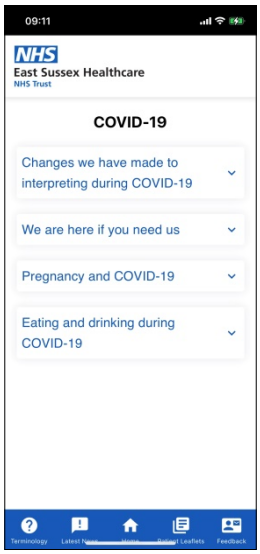
How can we make contacting the ESHT accessible?					
Challenge	**Potential solution**	**Action**	**Lead**	**Timeline**	**Progress**
Patient letters state 'please phone'	Option to contact by e-mail or text would be more accessible.	Discuss with CAd Manager - include feasibility of email / text for d/Deaf, HoH patients	KN	TBC	Arrange meeting.
Delayed responses; have to wait for letter, or come into hospital to ask questions, then there is no communication method	On-site interpreters (Maidstone example) Video interpreting	Speak with Maidstone Trust Explore vacancy within E&D for BSL Interpreter, Job share etc Explore 24/7 video interpreting	KN KN KN	Nov 19 Mar 20 KN	KN emailed JP. Awaiting response. KN will review data ready for new budget in April 2020. Planning update requested from supplier.
Never knowing whether Interpreter booked? Who is interpreter? Male / Female? No access to this information	Text message confirming booking E-mail asking if interpreter required and e-mail confirmation.	Explore text as option with Cad and IT Explore electronic consent form via e-mail – linking to BSL video clips	KN TBC KN	TBC Dec 19	KN to discuss potential to offer text service. KN to add consent form to webpage and circulate. AI Team email, consent from patient required.

What can ESHT do to improve literature? (Posters, letters etc.)					
Challenge	**Potential solution**	**Action**	**Lead**	**Timeline**	**Outcome**
Information in standard English is not understood	Make information available in BSL	Explore suppliers of English – BSL translators	KN	Nov 19	KN has identified a supplier. Identify and prioritise useful information to translate into BSL clips. Deaf User Group to review and prioritise what information should be translated.
Relevant information does not reach d/Deaf community	Share via DeafCOG and other d/Deaf community groups. Facebook, Twitter, Whatsapp	Video clips to be created and shared via social media and ESHT webpages	KN	Dec 19	KN to circulate next meeting via suggested social media platforms. KN to explore options for a whatsapp group for ESHT d/Deaf Community All information specifically aimed at d/Deaf community to be translated into BSL.
Publications/policies are too complex (language barrier)	Increase pictures, avoid lengthy text, provide BSL video clips	Review policies to improve accessibility	KN	Dec 2023	Review relevant policies as they are ratified on 3 year cycle. Aim to review all policies within 4 years.
Complaints process too complicated to navigate	Offer a simple process for d/Deaf people, translate process into plain English or BSL	Complaints team to explore making reasonable adjustments and translate to plain English / Easy Read version	KN	January 2020	Meeting planned with complaints manager and KN 18/11/19. Agreed to simplify process and provide a plain English version on Complaints, Compliments and PALS process

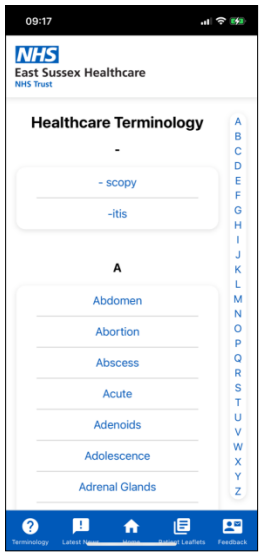
Appendix B – screenshots of the BSL App

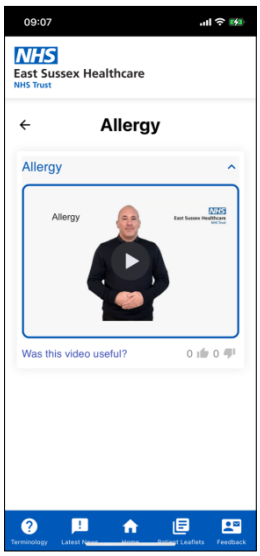
Welcome message

Covid-19 information

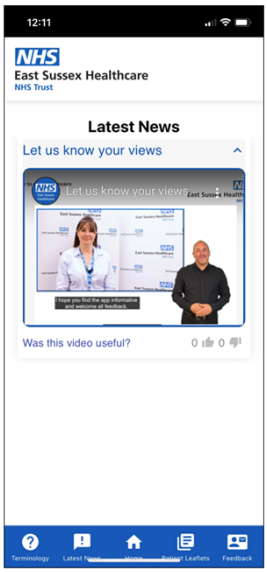


Healthcare Terminology

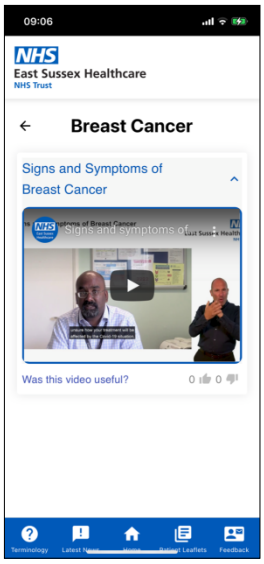




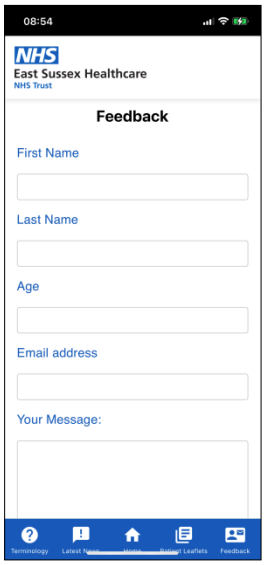
Latest news



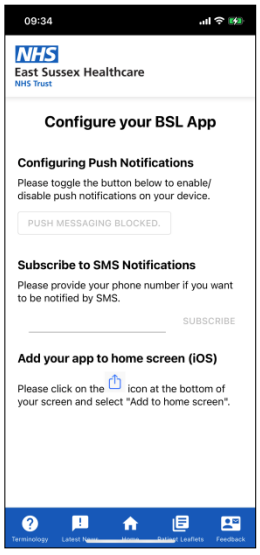
Patient leaflets

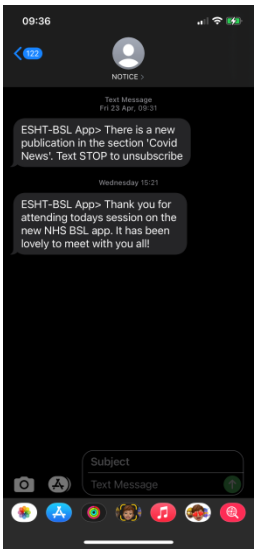


Feedback

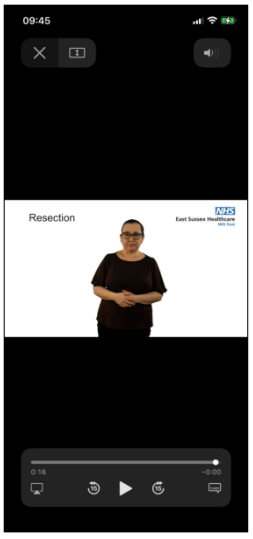


Notifications





Video optimisation



East Sussex Healthcare NHS Trust

Integrated Quality & Performance Report

Prepared for East Sussex Healthcare NHS Trust Board

For the Period June 2021 (Month 3)

Content

East Sussex Healthcare NHS Trust

East Sussex Healthcare NHS Trust

About our IPR

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

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

Balanced Scorecard

East Sussex Healthcare NHS Trust

Key Metrics

Safety	Target / Limit	Last month	This Month	Variation	Assurance
Patient Safety Incidents	M	932	960	Common Cause	
Serious Incidents	M	4	6	Common Cause	
Never Events	M	0	0	Common Cause	
Falls per 1,000 bed days	5.5	4.2	6.0	Common Cause	Inconsistent
Pressure Ulcers, grade 3 to 4	0	1	0	Common Cause	Inconsistent
MRSA Cases	0	0	0	Improvement	Consistently Hit
Cdiff cases	<5	8	7	Common Cause	Inconsistent
MSSA cases	M	2	1	Common Cause	
RAMI	M	88.3	88.1	Concern	
SHMI (NHS Digital monthly)	M	0.96	0.96	Common Cause	
Nursing Fill Rate (IP - RN, RNA and HCA)	100%	97%	95%	Common Cause	Consistently Missed

Patient Experience	Target / Limit	Last month	This Month	Variation	Assurance
Complaints received	M	43	46	Common Cause	
A&E FFT Score	M	95%	93%	Common Cause	
Inpatient FFT Score	M	99%	99%	Improvement	
Maternity FFT Score	M	100%	100%	Common Cause	
Out of Hospital FFT Score	M	98%	98%	Common Cause	
Outpatient FFT Score	M	99%	97%	Common Cause	

Our Performance	Target / Limit	Last month	This Month	Variation	Assurance
A&E 4 hour target	>95%	87.3%	84.7%	Common Cause	Consistently Missed
A&E Non Admitted	M	91.5%	89.5%	Common Cause	
A%E 12 hour from Arrival	M	92	94	Common Cause	
UTC 2 hour	>98%	84.1%	84.3%	Concern	Consistently Missed
Cancer 2ww	>93%	96.9%	97.4%	Common Cause	Consistently Hit
Cancer 62 Day	>85%	85.8%	71.2%	Common Cause	Inconsistent
62 day Backlog	M	144	128	Common Cause	
104 day Backlog	M	27	28	Common Cause	
RTT under 18 weeks	>92%	79.5%	81.6%	Common Cause	Consistently Missed
RTT 52 week wait	0	128	83	Common Cause	Consistently Missed
RTT Total Waiting List Size	26,965	32,638	34,533	Concern	Consistently Missed
Overdue P2	M	223	255	Concern	
CHIC within target wait time	M	86.8%	87.2%	Common Cause	
Diagnostic <6 weeks	<1%	21.5%	20.7%	Common Cause	Consistently Missed

Our People	Target	Last month	This Month	Variation	Assurance
Establishment (WTE)	M	7,385.9	7,419.5		
Vacancy Rate	<5%	4.7%	5.5%	Improvement	Inconsistent
Staff Turnover	<9.9%	9.9%	10.1%	Common Cause	Inconsistent
Retention Rate	>92%	92.7%	92.7%	Improvement	Consistently Hit
Sickness - Absence % (rolling 12 mths)	<4.5%	4.7%	4.8%	Concern	Consistently Missed
Sickness - Average Days Lost per Fte	<16	17.2	17.4	Concern	Consistently Missed
Staff Appraisals	>85%	73.8%	73.8%	Concern	Consistently Missed
Statutory & Mandatory Training	>90%	89.3%	89.4%	Improvement	Consistently Missed

Our Recovery	%19/20 Agreed	Last month	Var	%19/20 Agreed	This Month	Var
Total Outpatients	87%	108%	21%	94%	104%	10%
New Outpatients	88%	93%	5%	95%	95%	0%
Follow UP Outpatients	86%	107%	21%	93%	101%	8%
Elective Daycase	86%	102%	16%	92%	93%	1%
Elective Inpatients	78%	97%	19%	85%	84%	-1%
Non Elective Activity	93%	100%	7%	95%	105%	10%
A&E Attendances	103%	112%	9%	104%	116%	12%

Our Productivity	Target	Last month	This Month	Variation	Assurance
4 hour theatre sessions	M	496	557	Common Cause	
Average Cases per 4 hour session	M	2.5	2.5	Common Cause	
Clinic run rate	M	81.7%	82.3%	Common Cause	
Non Face to Face Outpatients	>25%	31.5%	29.9%	Improvement	Consistently Hit
Elective Length of Stay	2.7	3.0	2.7	Common Cause	Inconsistent
Non Elective Length of Stay	3.6	3.4	3.8	Common Cause	Inconsistent

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(s)

East Sussex Healthcare NHS Trust

Quality and Safety

June 2021 data

COVID - 19
The number of people testing positive in E. Sussex increased in June and July and at time of writing cases were at 365 per 100,000 population compared to the England rate of 540 per 100,000. At the time of reporting there are 23 confirmed COVID positive cases in ESHT and 3 suspected (NTAPs). The IPC team continues to work with clinical teams to advise on revised patient pathways and reclassification of COVID risk which is under consultation with the members of the Clinical Advisory Group.

Infection Control
Revised limits for CDI are still to be published. There has been an increase in the number of C. difficile cases at ESHT. The consultant microbiologists have re-established antimicrobial and CDI ward rounds and a review is underway to understand the cause for the increase. There were no outbreaks in June.

Incidents
- Total patient safety incidents reported continues to increase slowly but remains below pre-COVID levels
- 6 SIs were reported in June and incidence remains within normal variation

Pressure Ulcers
Overall rates remain within control limits with common cause variation. The total number of category 2 PUs has reduced this month with zero category 3&4 PUs reported in June.

Falls
Following the anticipated increase in Jan & Feb during the 2nd very significant surge of Covid, the rate of falls has returned to within expected limits for the last four months with collaborative work ongoing and a presentation to the July Q&SC.

Complaints/Friends & Family Test (FFT)
Teams are working through the backlog of complaints from wave 2 & resource has been moved from PALS to support the Complaints Team. FFT submissions remain lower than pre-COVID but with recommendation rates ranging between 93.1% and 99.2%. for A&E, Inpatient areas and Maternity. A deep dive into response times is underway and will report to the PS&QG.

Nursing & Midwifery Workforce
Daily nurse staffing levels have been affected by the increased prevalence of COVID-19 locally. This has affected those who have a positive COVID-19 infection, staff with children who have been sent home from school to self isolate or those who have been contacted by Track and Trace. At time of writing new national guidance on staff self isolation is under urgent review and the CPO will cover this in his report.

Healthroster templates have been amended to reflect H1 budget setting and fill rates against budgeted nursing and midwifery establishments overall is stable at approximately 95% with some variation at ward/dept level.
The weekly Workforce Group has resumed and all efforts to support staff are on-going including meal provision where it is difficult for staff to leave the clinical area. The CPO will talk more about the well being agenda especially in light of the hot weather and rising cases of Covid requiring more PPE.

Mortality
Both SHMI and RAMI indices of mortality remain better than peers. There is a discrepancy between mortality indices across the two sites which may relate to depth of coding and we are working with colleagues in the admissions units to address this. COVID deaths remain low at present.

Chief Nurse and Director of Infection Prevention & Control (DIPC)

David Walker
Medical Director

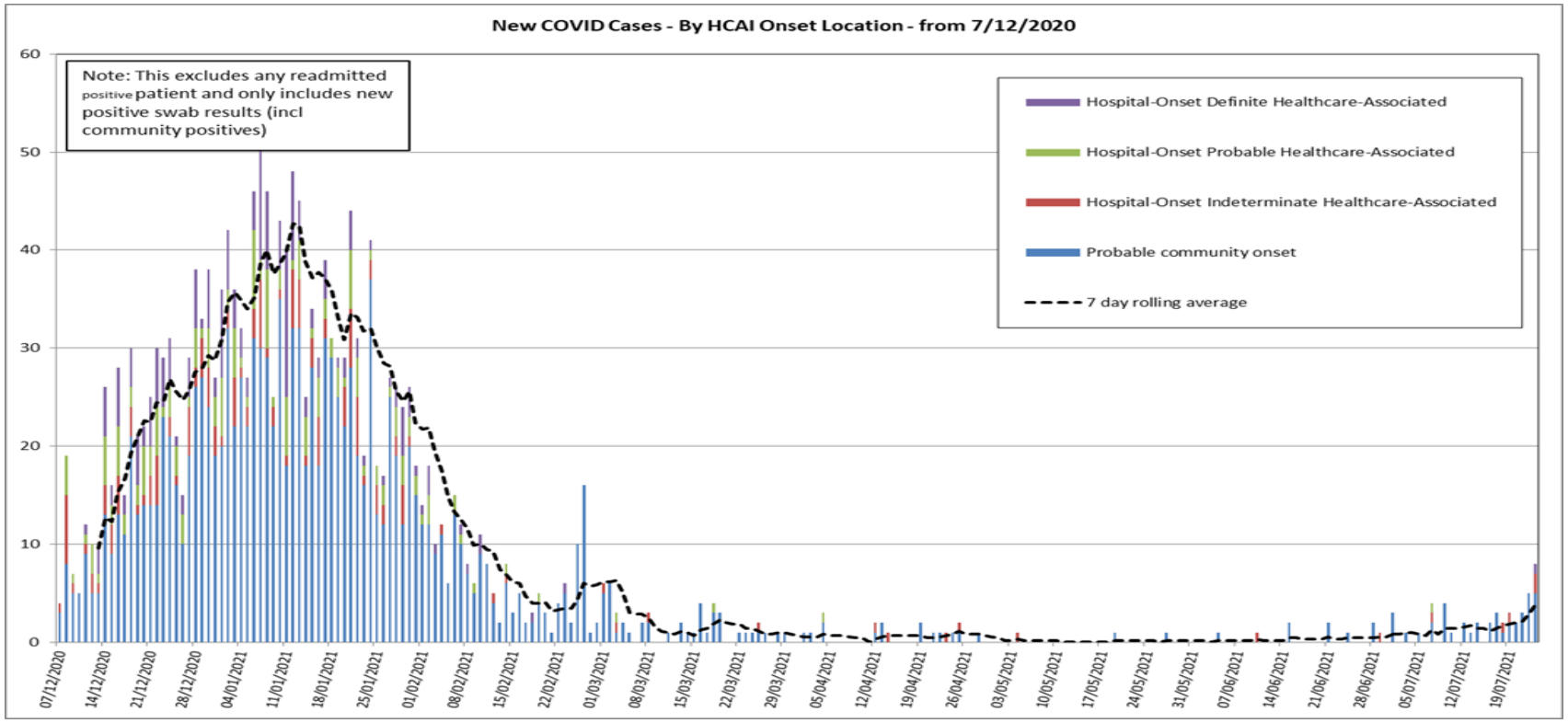
Actions:
- Safe Care - Incidents. A gap analysis against the short and medium term priorities for Patient Safety Specialists, as outlined by NHSE/I, is being undertaken with completion expected by August 2021.

COVID-19

East Sussex Healthcare NHS Trust

Prevalence

The number of people testing positive in E. Sussex increased in June and July with a rate of 365/100,000 at time of writing against an England rate of 540/100,000. At time of writing there are 23 confirmed COVID positive and 3 suspected cases (NTAPs) in ESHT. The IPC team continues to work with clinical and operational teams to advise on revised patient pathways and reclassification of COVID risk which is under discussion with the members of the Clinical Advisory Group. The relatively small but steady number of inpatients which is increasing is proving to be challenging operationally and clinically with great collaboration between teams to ensure safe and flexible plans to support patient and staff safety.



COVID Pathways

The COVID pathways have been revised again in response to revised national guidance to maintain services during the pandemic. It remains challenging to allocate specific areas to high risk in-patients. A review of capacity and bed planning is underway to try to identify discreet areas for COVID positive patients to minimise impact on other services and other vulnerable patients.

Testing

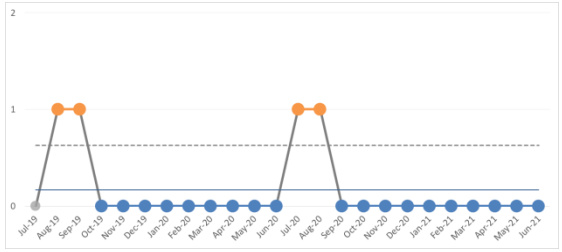
Rapid testing is being used in the Emergency Departments on both sites to assist with triage of patients who also have follow up PCR testing.

Safe Care - Infection Control (non COVID)

East Sussex Healthcare NHS Trust

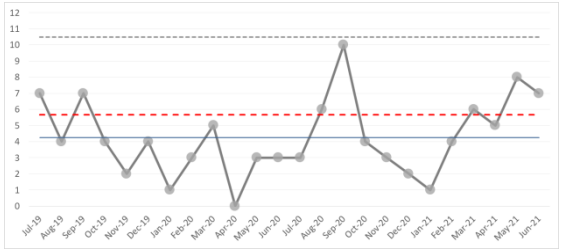
MRSA cases

Target: 0
Variation: Normal
Current Month: 0



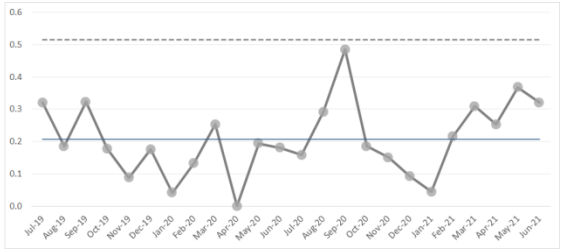
CDIFF cases

Limit: 5.66
Variation: Normal
Current Month: 7



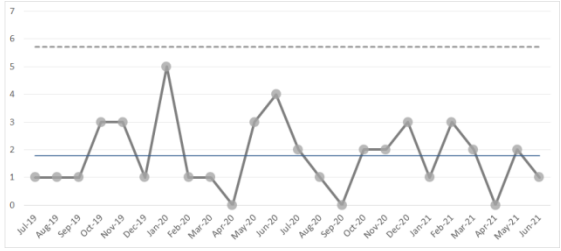
CDIFF per 1000 bed days

Monitoring
Variation: Normal
Current Month: 0.32



MSSA

Monitoring
Variation: Normal
Current Month: 1



Author: Lisa Redmond – Head of Infection Control

MRSA bacteraemia (MRSA) –
There were no attributable MRSA bacteraemias reported in June.

Clostridium Difficile Infection (CDI) – In the month of June, 7 hospital attributable cases were reported. 6 cases were HOHA (Hospital Onset Healthcare Associated) and one was reported as a COHA (Community Onset Hospital Associated). Post infection reviews are underway. There is no evidence that the infections are linked or related to outbreaks. A deep dive is underway in Surgery to try and determine the sudden and considerable increase noting there is a national increase which is not yet understood. A review of anti-microbial usage has also been requested.

MSSA bacteraemia -
In the month of June one case of MSSA bacteraemia reported. The case was reviewed by the Consultant Microbiologist who advised that the source was unknown in a patient receiving end of life care.

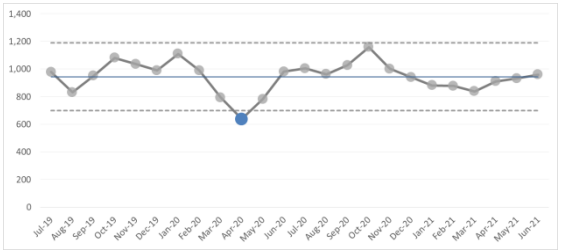
Safe Care – Incidents

East Sussex Healthcare NHS Trust

Quality and Safety

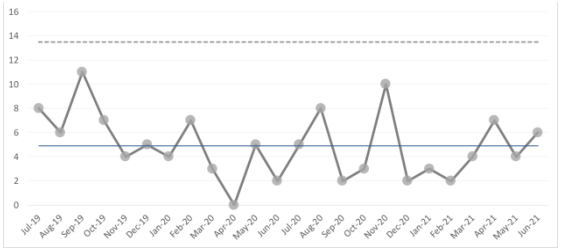
Patient Safety Incidents
(Total Incidents ESHT *and Non ESHT*)

Monitoring
Variation Normal
Current Month: 959



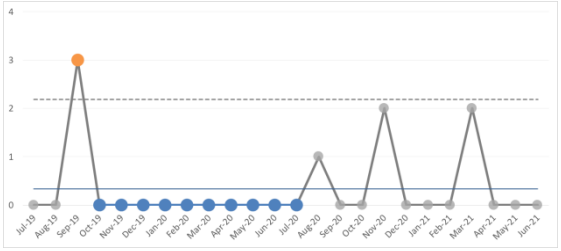
Serious Incidents
(Incidents recorded on Datix)

Monitoring
Variation: Normal
Current Month: 6



Never Events
(Incidents recorded on Datix)

Monitoring
Variation: Normal
Current Month: 0



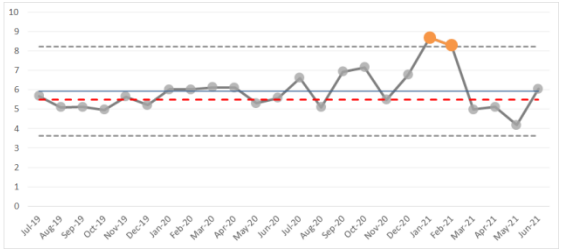
Author:	**Lisa Forward – Head of Governance**
Status Report	The number of patient safety incidents continues to increase slowly as activity increases. Serious incidents reported remains within normal variation. Slips/Trips/Falls with 132 was the top category followed by Medication incidents (114) and Diagnosis and Diagnostic Services with 94. There were 6 SIs reported in June : • 1 x forceps delivery resulting in harm • 3 x falls with harm • 1 x delayed diagnosis • 1 x trapped digit resulting in significant harm
Challenge & Risk:	There continues to be a challenge in completing SI RCA investigations within the expected 60 days. This is due predominantly to workload within the Patient Safety Team to undertake SI investigations and the increased activity within the Trust. There is a potential risk to the commencement of the implementation of the Patient Safety Incident Response Framework (PSIRF). This is due to the national expectations for implementation, and capacity to undertake actions.
Actions:	• A gap analysis against the short and medium term priorities for Patient Safety Specialist as outlined by NHSE/I is being undertaken with completion planned by August 2021. This relates to the implementation of the National Patent Safety Strategy and PSIRF which is being discussed at the Q&SC.

Safe Care - Falls

East Sussex Healthcare NHS Trust

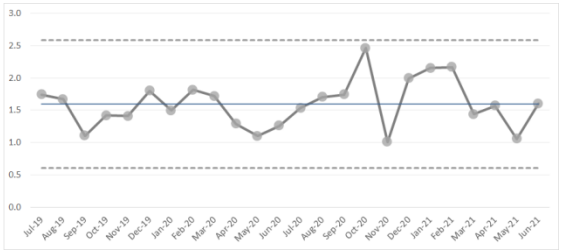
Total Falls Per 1000 bed days

RCP National Average: 6.6
(RCP – Royal College of Physicians)
Internal Stretch: <5.5
Variation: Normal
Current Month: 6.04



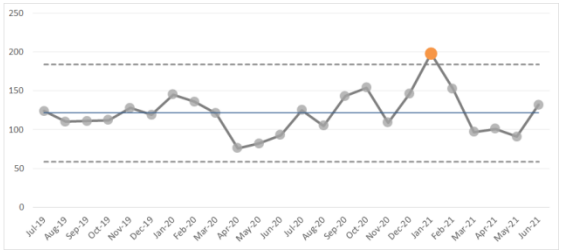
Falls with Harm Per 1000 bed days

Monitoring
Variation: Normal
Current Month: 1.60



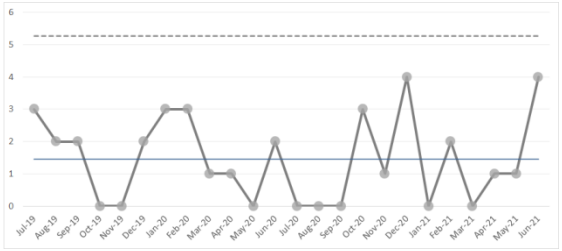
Total Falls

Monitoring
Variation: Normal
Current Month: 132



Major or Catastrophic Falls

Monitoring
Variation: Normal
Current Month: 4



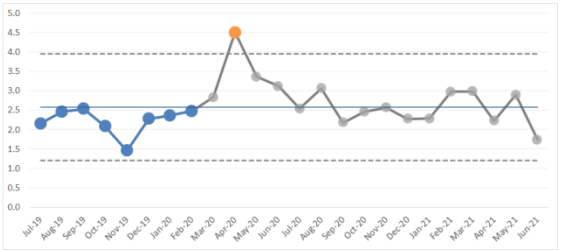
Author:	**Tina Lloyd – Assistant Director of Nursing**
Status Report	After a significant increase during the 2nd surge of Covid the rate of falls per 1,000 bed days has returned to within expected limits for the last four months. June was at 6.04 below the last recorded national average of 6.6. Benchmarking is actively discouraged by NHSE so 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 and a presentation by some Matrons from Medicine to the Q&SC was well received describing actions and work underway with good assurance regarding progress.
Challenge & Risk:	Work is underway focusing on gateway areas with higher numbers of falls related to patients in acute phase of illness and resulting changes in their functional ability.
Actions:	• Review of current QI work programme and data • Complete the peer review (Panel discussion held on 16th July outcomes and next steps to be agreed with St George's FT) • Continue with collaborative working

Safe Care - Pressure Ulcers

East Sussex Healthcare NHS Trust

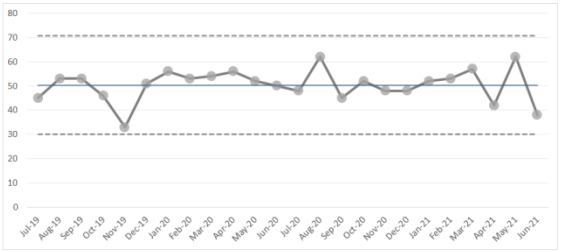
Pressure Ulcers Per 1000 bed days (Grade 2,3,4)

Monitoring
Variation: Normal
Current Month: 1.74



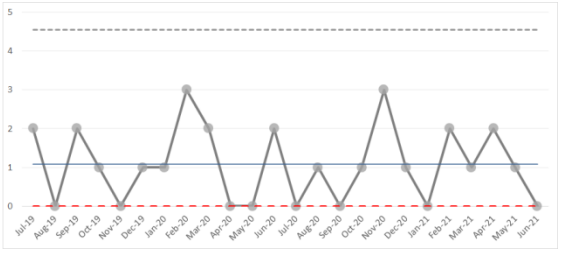
Pressure Ulcers Category 2 (inpatient and community)

Monitoring
Variation: Normal
Current Month: 38



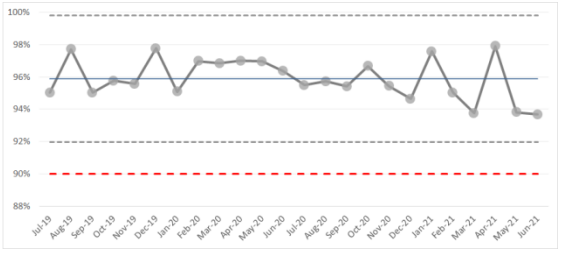
Pressure Ulcers Category 3&4

Monitoring
Variation: Normal
Current Month: 0



Pressure Ulcers Assessment Compliance

Target: 90%
Variation: Normal
Current Month: 93.7%

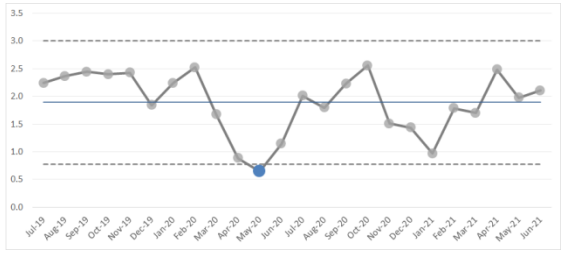


Author:	**Tina Lloyd, Assistant Director of Nursing**
Status Report	The overall rate of PUs reported remains within control limits. A total of 38 category 2 PUs were reported June 2021 the lowest monthly number reported since Oct 2019. Zero category 3 or 4 PUs were reported this month. Of those audited, the compliance of patients with completed PU assessments remains at expected levels.
Challenge & Risk:	Due to reassessment/validation of damage that may deteriorate/change after the reports are extracted each month this report may alter in future. This occurs because the Datix system is live and subject to change as damage is subject to ongoing clinical review and validation.
Actions:	Completed RCAs for all Cat 3/4 PU's for April and May 2021 to be presented to the Pressure Ulcer Review Group (PURG).

What patients are telling us?

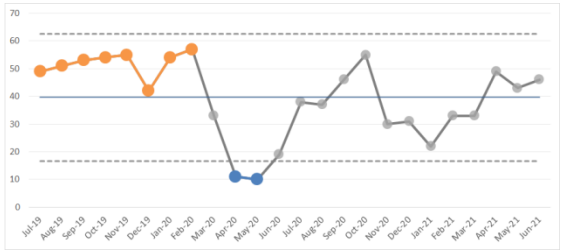
East Sussex Healthcare NHS Trust

Complaints Received per 1000 bed days



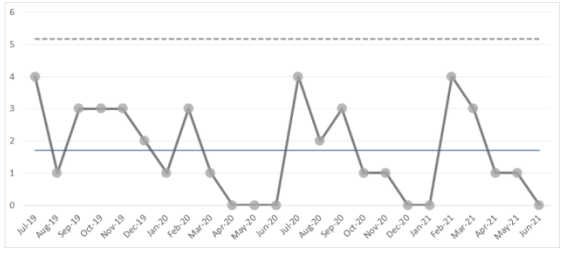
Monitoring
Variation: Normal
Current Month: 2.11

Complaints Received



Monitoring
Variation: Normal
Current Month: 46

PHSO contacts



Monitoring
Variation: Normal
Current Month: 0

Author: **Amy Reilly - Patient Experience Lead**

Status Report

There were 138 open complaints at the end of June 2021.

The number of reopened complaints in June was 11, this is significantly higher than previous months (May=5). Complaints from bereaved loved ones account for the majority of reopened complaints.

The PHSO did not make any contact with ESHT during June.

Complaint response times have been distorted due to the pandemic, however as the backlog of complaints caused by wave 2 clears and normal processes resume, it is hoped that there will be a gradual restoration of improved complaint response rates going forward. A deep dive has been requested to ensure clarity on performance and progress.

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 and staff sickness. Resource from PALS has been temporarily moved into Complaints to support the team.

This has created low compliance with the Trust's complaint response rates, but a redesign of the approval and sign off process is working well.

Actions:

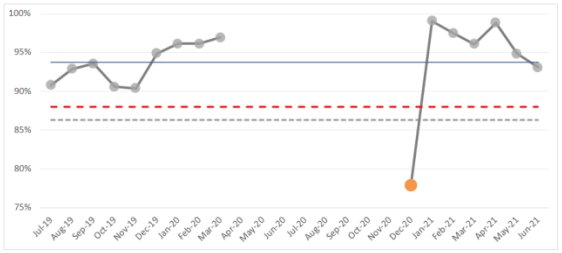
Plans for monitoring and discussion in divisional IPRMs and at Q&SC.

Deep dive into complaints handling to be completed (trends and themes of reopened complaints, compliance against timescales).

What patients are telling us?

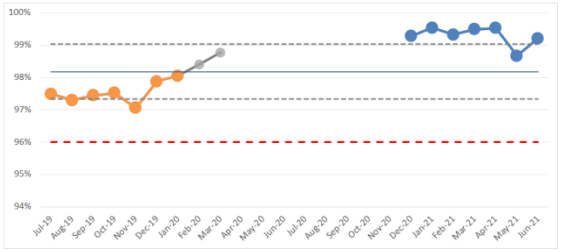
East Sussex Healthcare NHS Trust

F&FT – A&E Score



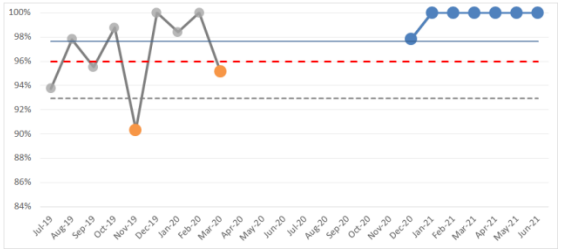
Target: 88%
Variation: Normal
Current Month: 93.1%

F&FT – Inpatient Score



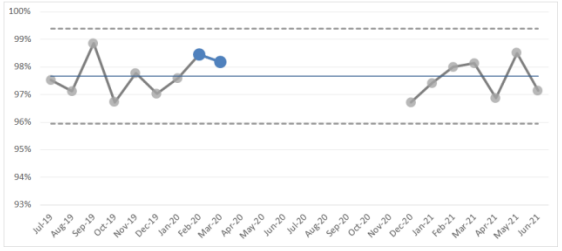
Target: 96%
Variation: Improvement
Current Month: 99.2%

F&FT – Maternity Score



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

F&FT – Outpatient Score



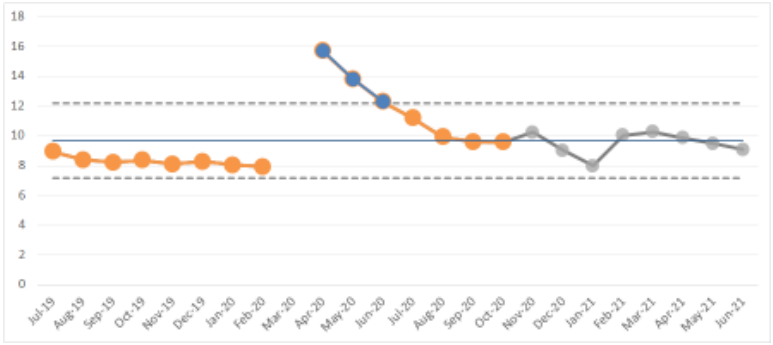
Monitoring
Variation: Normal
Current Month: 97.1%

Author:	**Amy Reilly - Patient Experience Lead**
Status Report	Following the pause (indicated by the gap in reporting) FFT was relaunched on 1 December 2020 at the request of NHS England. However, response rates have remained low due to the pressures of wave 2. Whilst FFT response rates remain below pre-COVID levels, recommendation rates in April for A&E, Inpatient, and Maternity FFTs were between 93.1% and 99.2%. The monthly Patient Experience report (to PS&QG) contains more analysis and information regarding FFT recommendation rates and top and bottom scoring questions.
Challenge & Risk:	The focus on FFT was reduced during COVID and in wave 2 due to pressures and staffing levels.
Actions:	Greater discussion in divisional IPRMs regarding feedback and actions/lessons learned. To support those clinical services with poor response rates in encouraging patient feedback via FFT. To support clinical areas to better understand reports provided to them with FFT feedback and identify learning. 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 and QR codes). To better publicise the options of providing feedback via FFT.

Effective Care – Nursing & Midwifery Workforce

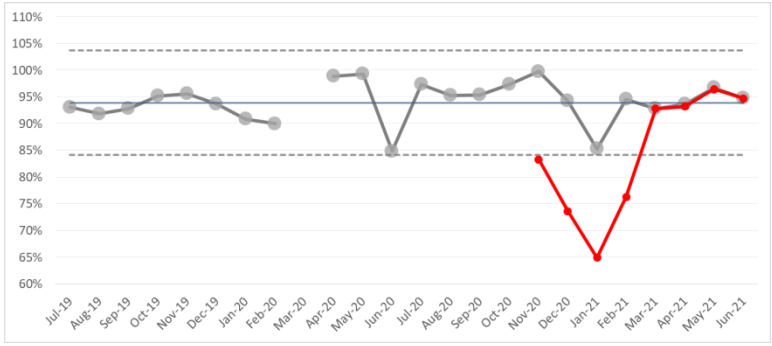
East Sussex Healthcare NHS Trust

CHPPD (Trust)



Monitoring
Variation: Normal
Current Month: 9.10

Staff Fill Rate (total)



Target: 100%
Variation: Normal
Current Month: 94.7%
Incl. escalation: 94.7%

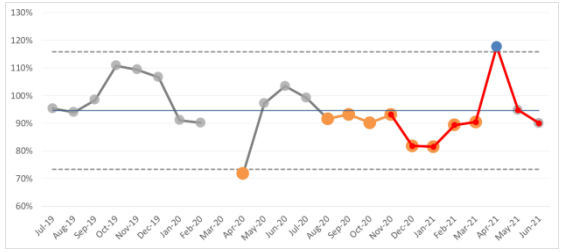
Author:	**Angela Colosi, Assistant Director of Nursing**
Status Report	**Care Hours per Patient Day (CHPPD)** April's Model Hospital benchmark data shows peer's at 9.0 and national median's at 9.2 with ESHT at 10.0. This reflects the return to common cause variation after the second wave of COVID-19. ESHT's CHPPD has remained stable at 9.10 in June 2021. *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** 94.7% was the fill rate against the budgeted establishment for nursing for June. No escalation shifts were required. The fill rate including escalation is also 94.7% (red line), indicating that nurse staffing has recovered from wave 2 and is closer to 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 remains higher than expected, and staff are working hard to manage the increased demand. Staffing absences continue to show a consistent increase as children are sent home from school to self isolate and the increased prevalence of COVID-19 cases continues in the South East. The CPO will cover this in his report.
Actions:	• The escalation process for when staffing is severely challenged is under review to ensure that decision making and risk management is shared appropriately across the divisions and the sites. • The nursing templates on Healthroster are being amended to reflect H1 budget setting.

Effective Care – Nursing Workforce

East Sussex Healthcare NHS Trust

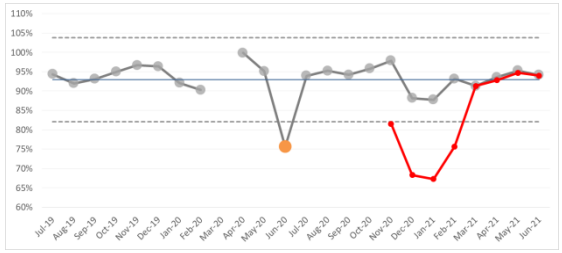
Staff Fill Rate (Bexhill)

Target: 100%
Variation: Concern
Current Month: 90.0%
Incl. escalation: 90.0



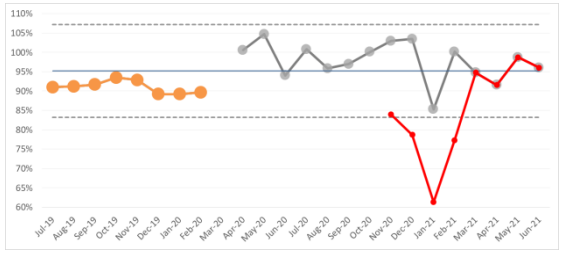
Staff Fill Rate (Conquest)

Target: 100%
Variation: Normal
Current Month 94.1%
Incl. escalation: 94.1%



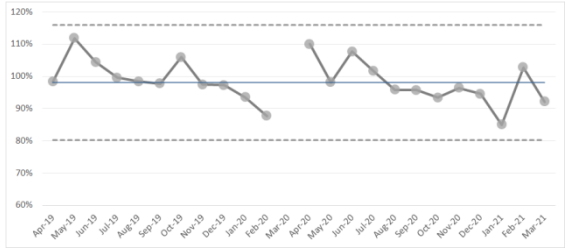
Staff Fill Rate (Eastbourne DGH)

Target: 100%
Variation: Normal
Current Month: 96.0%
Incl. escalation: 96.0%



Staff Fill Rate (Rye Memorial)

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



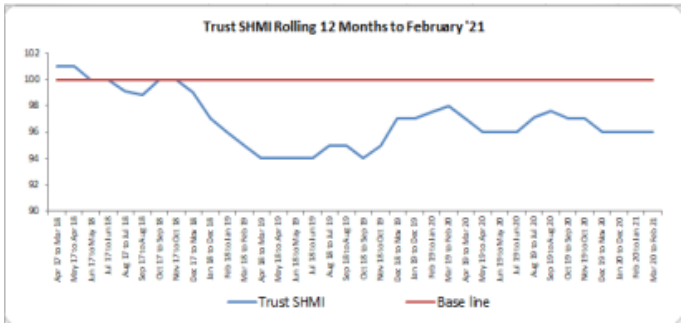
Author:	**Angela Colosi, Assistant Director of Nursing**
Status Report	Following the significant impact of wave 2, fill rates have now returned to expected levels. Escalation shifts have not been necessary in June although Polegate Ward has been used occasionally in July and at time of writing. Common cause variation is also shown in the Conquest Hospital, EDGH, Bexhill and Rye Hospital data. There have been 4 successful applicants for the '2+2' programme (conversion from RNA/AP level to RN). Unfortunately it is not possible to do this at scale as salary backfill is not included in the apprenticeship levy. Nursing absences have increased as staff have had to self isolate for varying reasons such as school closures with an increased prevalence of COVID-19 in East Sussex.
Challenge & Risk:	TRIM (Trauma Risk Management) and Mental Health First Aid training continues to support the nursing workforce who are showing signs of fatigue. As work continues 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 vacancies to take the planned number of overseas staff. Under close review.
Actions:	• Health and Wellbeing initiatives continue to support staff • The staffing escalation process is under review in order to ensure safe service delivery, and shared risk management and decision making across the divisions.

Effective Care - Mortality

East Sussex Healthcare NHS Trust

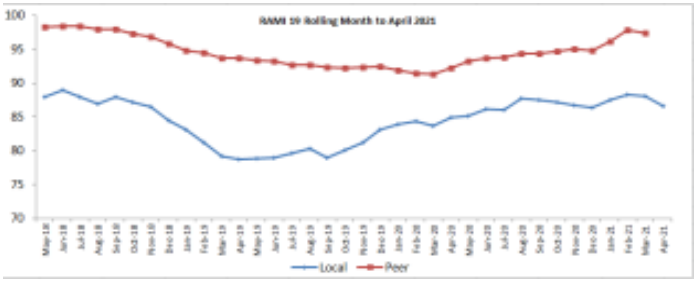
Why we measure Mortality – it's used as an indicator of hospital quality in order to look for Improvement in mortality rates over time, improve patient safety and reduce avoidable variation in care and outcomes.

Summary Hospital Mortality Indicator (SHMI)
Ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures

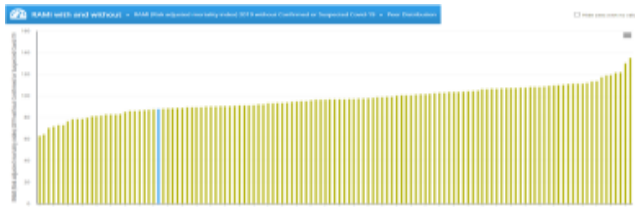


- SHMI – March 2020 to February 2021 is showing an index of 0.96
- RAMI 19 without confirmed or suspected Covid-19 – May 2020 to April 2021 (rolling 12 months) is 87 compared to 85 for the same period last year. April 2020 to March 2021 was 88.
- RAMI 19 was 84 for the month of April and 71 for March. 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 May 2020 to April 2021 at 1.41% compared to 1.56% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 73% in May 2021 compared to 42% in April 2021.

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



RAMI Peer Distribution without confirmed or suspected covid-19



RAMI v Peer

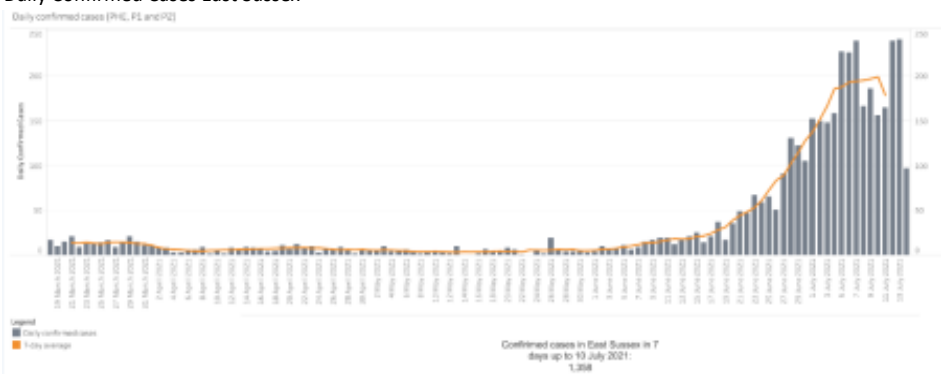
This shows our position nationally against other acute trusts - currently 26/125

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

Pneumonia	21
Cancer	18
Cerebro-vascular Incident	12
Heart Failure	12
Sepsis/Septicaemia	9
Liver Disease	5
Bowel Obstruction	3
Chronic Obstructive Pulmonary Disease (COPD)	3
Community-acquired Pneumonia	3
Myocardial Infarction (MI)	3
Atrial Fibrillation (AF)	1
Dementia	1
Hospital-acquired Pneumonia	1

There were no COVID-19 related deaths in June and none in May.

Daily Confirmed Cases East Sussex



There are 24 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.

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

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	**Mandatory Training** rate has slightly increased by 0.1% to 89.4% **Appraisal** compliance is unchanged at 73.8%	**Annual turnover** has increased by 0.2% to 10.1%, reflecting 632.4 fte leavers in the rolling 12 months **Vacancy rate** has increased by 0.8% to 5.5%. **Current vacancies** are showing as 387.5 ftes **Monthly sickness** has increased by 0.4% to 4.0%. **Annual sickness** rate has slightly increased by 0.1% to 4.8%	 **Steve Aumayer** Chief People Officer

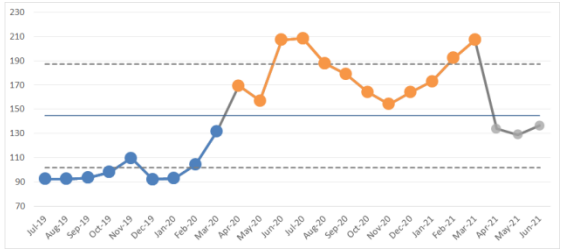
Actions:

- International Nursing campaigns continue with a further 7 Nurses due to join the Trust at the end of July. Strong pipeline in place for the rest of 2021/22. Candidates currently targeted from the Philippines. Recruitment campaigns commenced with MSI and Medacs agencies to source ODPs and Sonographers, CVs sent to departments. Quarantine travel restrictions continue to impact on Time to Hire.
- Exploring different ways of engaging with our staff which will include the development of further staff networks, introduction of regular pulse surveys and specific focus groups. Review of smoking policy is underway
- Comprehensive support by Wellbeing team following recent staff bereavements
- 6 cohorts of Mental Health First Aid delivered
- Carers passport launched
- Continue to roll out programmes of team development for those teams aspiring to be high performing
- Wellbeing & Integrated Education are reviewing and refreshing approach to medical leadership development
- Core Skills Training has slightly increased by 0.1% to 89.4%. Monthly meetings continue with the Governance Leads who are focusing attention on those staff who are not routinely updating their training and highlighting the impact of pay step meetings.
- Additional Induction capacity has been put in place to support recruitment drives over the coming months
- COVID Training Directory remains in place with a suite of flexible upskilling training available on request
- Integrated Education continue to adhere to COVID secure training environments to ensure social distancing/infection control requirements are maintained
- OSCE programme for internal nurses has been refreshed and will be implemented in August 2021. 2 further groups will be commencing in July and Sept .Two new facilitators are joining the Team over the Summer.
- Ongoing Care Certificate and development training is available for HCAs/Nursing staff to support career development.
- The appraisal compliance rate is unchanged at 73.8%. A new training programme commenced in June and all courses are now fully booked up to Dec 21. Additional resources have also been launched including the "*Quick Tips*" video to assist all appraisers on how to conduct a good appraisal. Pay progression information has been embedded and working closely with Governance Leads to drive up compliance and address any barriers to appraisal completion
- Collaborative working with operational teams to profile roles under pressure due to changing government guidelines re:Covid
- People Review is underway and in the discovery stage to gather data, external benchmarking and internal insight. Initial outputs expected end of August however this will be iterative.
- Continued rollout of the Workforce Planning Tool and Change Form that provides an easy-to-use platform for operational leads, support functions and HR to gain insight at the touch of a menu. Meetings have been held with ADOs and Specialty Managers who have provided very positive feedback for the new tools and agreed next steps with the Head of Workforce Planning and HRBP's supported by the HR Reporting & Analytics Team
- ESHT continue to pioneer the 3 step approach to effective workforce planning 1) Developing Safer Staffing activity driven workforce models (requirement) 2) Workforce Planning Tool (operational scenario modelling) 3) Staffing Gaps Profile (on the day & 7 day forecast)
- Rostering Optimisation Programme has commenced and in the discovery stage focussed on functionality, user education and interaction, self-serve, process mapping to reduce lead time for bank fulfilment
- HR Reporting Team has focussed on a high volume of data collections this month for Community, GIRFT and FOI's

Workforce – Contract type

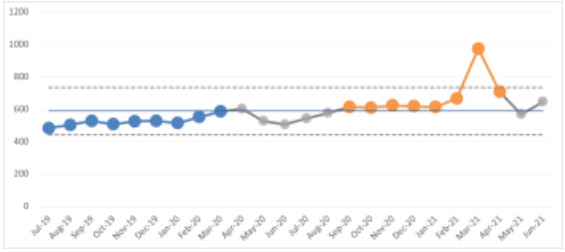
East Sussex Healthcare NHS Trust

Agency FTE Usage



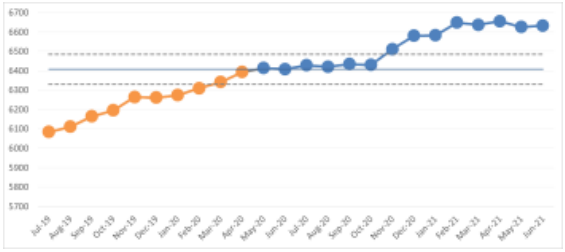
Current Month: 136.4

Bank FTE Usage



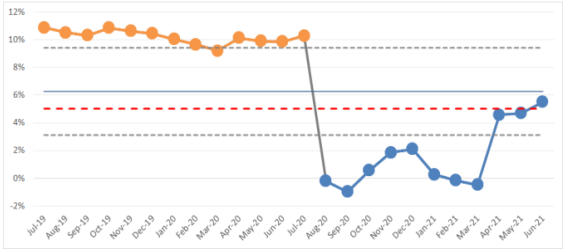
Current Month: 643.9

Substantive FTE Usage



Current Month: 6633.1

Vacancy Rate



Target: 5%
Current Month: 5.5%

Author: Jenny Darwood; Greig Woodfield

Status Report

Agency fte usage has increased by 7.5 ftes and bank usage by 76.4 ftes this month. Substantive usage has increased by 7.4 fte usage.
Jun requests have increased by 6%. This escalation has been seen in the last week of Jun and correlates with the increase of staff absence, and the surge in COVID red, elective and non-elective capacity. The workgroups demonstrating an increase in demand are Medical & Dental in Emergency Medicine & Anaesthetics, Healthcare Assistants, Scientific staff and AHPs
Fill rates remain stable at 72% of which 82% of is supplied by Trust bank staff, demonstrating a 20% increase in bank usage in the past year. Zero agency HCA use in Jun and reduction in Ancillary agency use

Vacancy process

Staff group	Vacancies ftes	Recruitment Process (ftes)	Offers & Start Dates (ftes)	Time to Hire (days)
Med & Dental	69.0	43.6	78.1	80.7
Reg Nurse	87.4	158.6	83.2	68.3
Addit Clin Serv	143.6	107.9	36.6	64.2
AHP	10.1	50.7	53.2	67.3
Prof, Sci, Tech	-3.9	10	10.5	76
Healthcare Scs	0.1	5	10.8	72
A&C	0.8	67.3	53.1	50
Est & Ancillary	26.7	22	14.7	72
Trust	**387.5**	**465.1**	**340.2**	**68.8**
Bank	-	-	**74**	-

Challenge & Risk:

Financial risk due to an increasing reliance on temporary staff by operational services is driving procurement with Tier 2 suppliers.
Patient Safety & Quality - insufficient agency supply to meet request demand will reduce % fill.
Key areas of concern are Emergency Department – Medical, and Theatres ODPs. Both areas have vacant funded and unfunded posts
IT have increasing reliance on agency to deliver the Pan Sussex Digital Programme

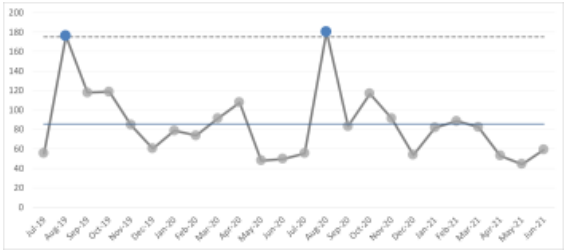
Actions:

Recruitment are actively seeking substantive candidates for Emergency Department and Theatres, whilst TWS are working with agencies to source agency resource. Theatres; 10 approved CVs awaiting agencies to recruit candidates and secure start date.
Emergency Departments have a high level of agency and bank in place with limited temporary workforce availability. The Trust has offered travel and accommodation to make posts more attractive.

Workforce - Churn

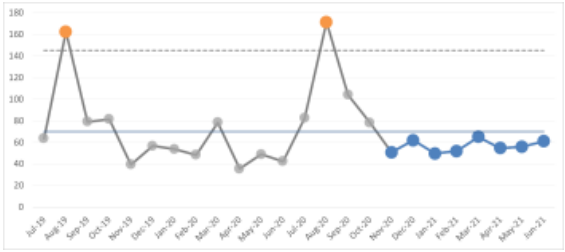
East Sussex Healthcare NHS Trust

Starters FTE



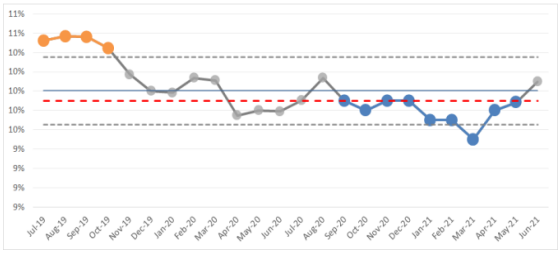
Current Month: 59.2

Leavers FTE



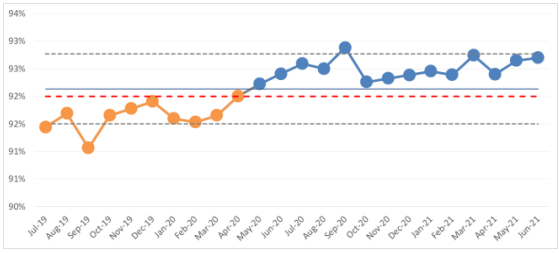
Current Month: 60.9

Annual Turnover Rate



Target: 9.90%
Current Month: 10.1%

Retention Rate



Target: 92%
Current Month: 92.7%

Author:	Greig Woodfield
Status Report	The Trust starters & leavers monthly net total in Jun 21 was -1.7 with 59.2 starters fte and -60.9 leavers fte. Over the last 12 months there was 989.9 Starters fte & -887.1 leavers fte, giving a net total of 102.8. The Trust turnover rate has increased this month by 0.2% to 10.1%. There were 632.4 fte leavers in the previous 12 months The Trust vacancy rate has increased by 0.8% to 5.5% (which equates to 387.5 fte vacancies). This increase is partly due an increase in the substantive fte budget of 29.5 ftes following budget adjustments in June.
Challenge & Risk:	13 EU staff (out of total of 570 original staff have yet to produce a settled status reference confirming their status. 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 , Care of the Elderly, Gastro. Theatre ODPs, Sonographers and Community Nurses
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. Theatre /ODP campaign started with MSI. 6 offers to date All EU Nationals, substantive and bank, contacted. As of 1st July 2 substantive and 5 Bank to confirm application in process(from original c560) Hard to recruit medical posts with Medacs and additional agencies as required. Targeted phased approach to filling medical posts has proved successful. New Recruitment Interview pack/questions to be rolled out in July to assist Hiring Managers select right candidate first time. Campaign planned for community nurses. New Recruitment webpage to be launched August/Sept 2021

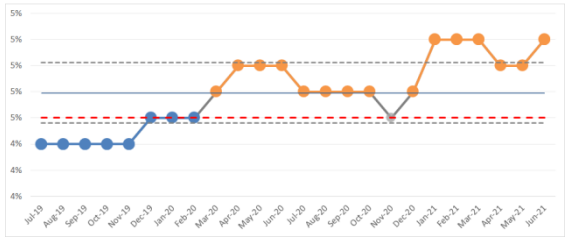
03/08/2021

Workforce - Sickness

East Sussex Healthcare NHS Trust

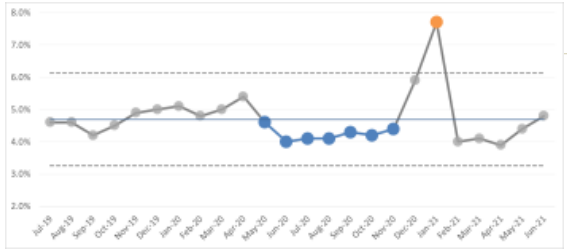
Annual Sickness

Target: 4.5%
Current Month: 4.8%



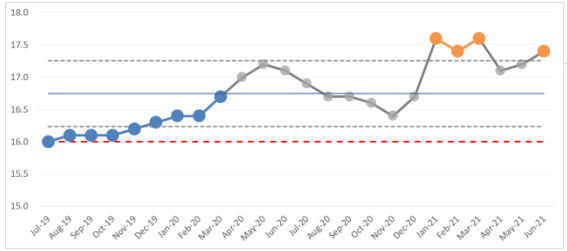
Monthly Sickness

Current Month: 4.8%



Average sickness Days per FTE

Target: 16
Current Month: 17.4

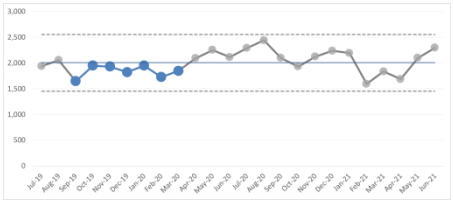


Author:	Jo Gahan
Status Report	Annual sickness rate has increased slightly by 0.1% to 4.8%; monthly sickness has increased by 0.4% to 4.8%. Total staff reported as absent due to Covid sickness as at 9th July was 19 (compared to a peak of 237 on 22nd Jan). Staff absent on Covid isolation has been increasing and was 92 on 9th July (peak on 15th Jan was 378) Average sickness days per fte currently stands at 17.4 days per fte, up by 0.2 since last month. The average over the last two years was 16.7.
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. This is expected to be reviewed at national level in July, with new guidance issued.
Actions:	All cases of Long Covid absence are being managed locally ensuring appropriate Occ Health interventions are actioned on individual basis. Awareness and initiatives to combat stress continue to be rolled out. Comprehensive plans in place to support mental health

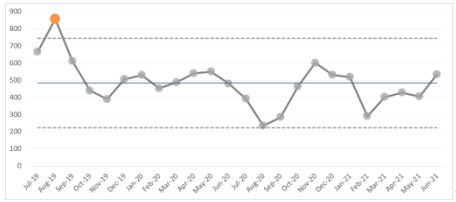
Workforce - Sickness

East Sussex Healthcare NHS Trust

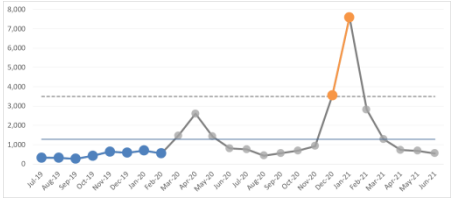
Anxiety/Stress/Depression



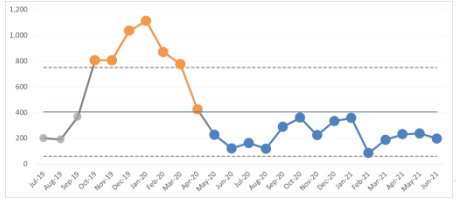
Back Problems



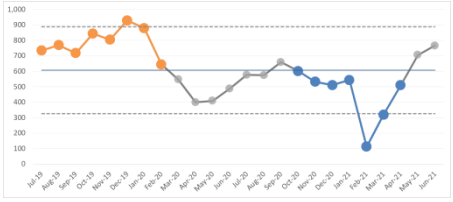
Chest & Respiratory Problems



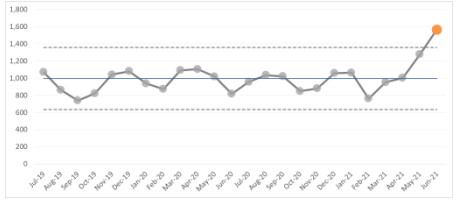
Cough, Cold & Flu



Gastro-intestinal Problems



Other MSK problems



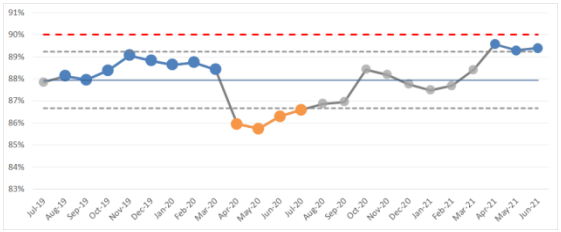
Author:	Jo Gahan, David Moulder
Status Report	Total fte days lost to sickness increased by 543.7 since last month to total of 9.745.2 Chest & respiratory illnesses have continued to fall, and are at 7% of their Jan 21 total.
Challenge & Risk:	There have been increases in absences related to anxiety, stress & depression (+195.5 fte days lost), MSK problems (+286.4 fte days lost) and back problems (+128 fte days lost). Anxiety, stress & depression sickness is at its highest level since Aug 20 at 2,293.9 fte days lost in month. This equates to 23.5% of total monthly sickness Staff requiring isolation is attributable, in part, due to childcare bubbles being sent home from school.
Actions:	The Operational HR team continues to work with managers and staff to understand the reasons for anxiety/stress absence , which include personal reasons as well as work related stressors. Psychological support is being actively offered and staff in all areas of work are encouraged to take up this support. Staff on isolation, identified as able to work from home in other capacities are being supported by the HR team.

Workforce - Compliance

East Sussex Healthcare NHS Trust

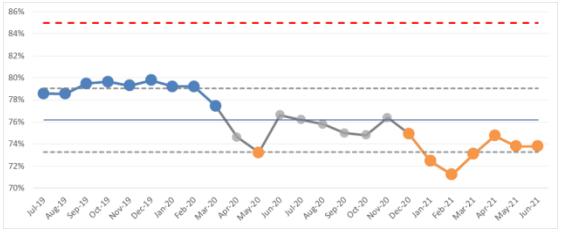
Mandatory Training Compliance

Target: 90%
Current Month: 89.4%



Appraisal Rate

Target: 85%
Current Month: 73.8%



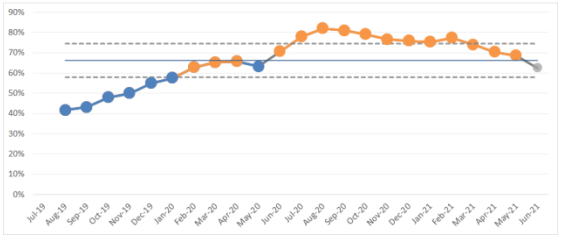
Author:	Dawn Urquhart
Status Report	Core Skills Training compliance is 89.4%, an increase of 0.1% on last month. Monthly meetings continue with the Governance Leads who are focusing attention on those staff who are not routinely updating their training and highlighting the impact of pay step meetings. Competency requirements for Safeguarding "Think Family" Level 3 have replaced the Level 2 requirement for all registered, patient-facing staff and have now been updated in ESR. This will have a impact on overall compliance in the short term, however, further Webinars are in place with over 2,500 places available to January 2022. Trust compliance with Appraisal is unchanged at 73.8%. New training programme commenced in June and all courses are now fully booked up to December 2021.. Pay progression information and new resources has been launched and we are continuing to work closely with Governance Leads to drive up compliance and address any barriers to appraisal completion.
Challenge & Risk:	Finalising competencies audit in ESR for remaining topics and setting up new requirements for Looked After Children and Oxygen training is ongoing and we aim to have this work completed in the next two months. Additional Induction capacity has been put in placed to support recruitment drives.
Actions:	COVID Training Directory remains in place with a suite of flexible upskilling training available on request Integrated Education continue to adhere to COVID secure training environments to ensure social distancing/infection control requirements are maintained throughout our taught sessions OSCE programme for internal nurses has been refreshed and will be implemented in August 2021. 2 further groups will be commencing in July and September. Two new facilitators are joining the Team over the summer. Ongoing Care Certificate and development training is available for HCAs/Nursing staff to support career development.

Workforce – Job Planning

East Sussex Healthcare NHS Trust

Consultant eJob-Planning Fully Approved Rate

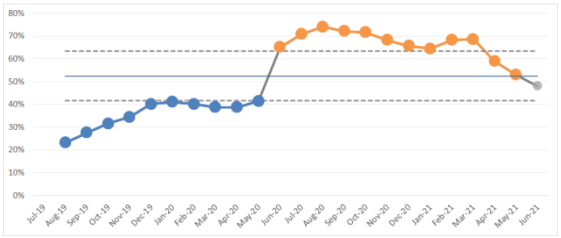
Current Month: 62.5%



Author:	David Moulder
Status Report	163 of 261 Consultants have a completed eJob Plan (62.5%) and 50 of 104 SAS Doctors have a completed eJob Plan (48.1%). This equates to an overall approval rate of 58.4%.
Challenge & Risk:	The sign off rate has dropped due to job plans being reviewed and returning back to discussion, to reflect the changing demands on the services for 2021, plus delays due to the pandemic peak over Jan & Feb.
Actions:	Of the 152 not yet signed off, 72 are in discussion and 60 are within the sign-off stage. The eJP team are actively working with Consultants, Clinical Leads and Service Managers to assist job plans to completion.

SAS Grades eJob-Planning Fully Approved Rate

Current Month: 48.1%

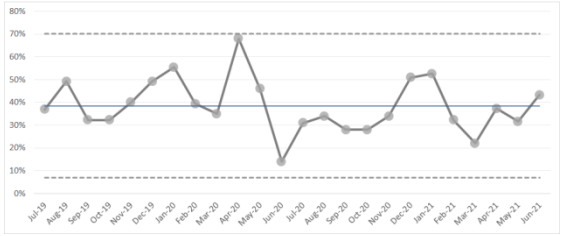


Workforce – Roster Completion

East Sussex Healthcare NHS Trust

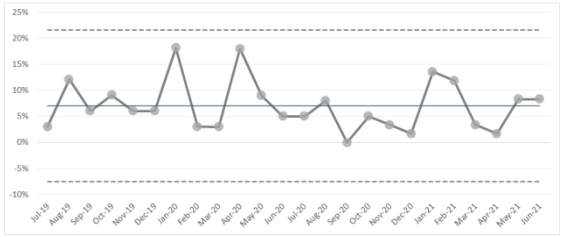
6 week Nursing Management Roster Approval Rate

Current Month: 43%



8 week Nursing Management Roster Approval Rate

Current Month: 8%



Author:	David Moulder
Status Report	For the roster starting on 14th June, 43% of rosters had been approved at 6 weeks before commencement (an increase of 11% on last month) and 8% had been approved at 8 weeks prior to commencement (unchanged from last month).
Challenge & Risk:	For the next roster cycle beginning 12th July 2021, the rosters will have had to have been approved by 17th May 2021 for 8 week approval and 31st May 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 There continues to be poor compliance with 8 weeks in advance rosters and this will be picked up by the Associate Director of Nursing and the Safe Care Nurse.

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

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	**Cancer 62 day standard and trajectories:** June's unvalidated position is 72.50%. This is in line with the Trust recovery trajectory and reflects the fact that we are treating patients to reduce the backlog. **Elective Recovery:** We over-delivered against all trajectories in the 4 main Points Of Delivery (first outpatient, follow up outpatient, daycase and elective inpatients) in June . The Trust also reduced patients waiting >52 weeks in June from 150 to 85	**Cancer 62 day standard and trajectories:** Future delivery of the 62 day standard is reliant on timely diagnostic tests and procedures as well as the reliance on other tertiary providers to support us with consultations, complex diagnostics and procedures which ESHT do not carry out internally **Elective Recovery:** The sustainability of delivery is at risk as a result of the workforce challenges we are facing in our theatres. This is further impacted by the increase in non-elective demand and a rise in critical care patients **ED Performance:** The Trust delivered 86.20% against a target of 95% in June. This in part is due to an increase in the number of attendances, walk ins and acuity of patients. However, the Trust remains in the upper quartile nationally	 **Tara Argent** Chief Operating Officer

Actions:

- As well as the system's three task and finish groups which were created to help address the increase in attendances, the Trust is developing its own Urgent Care recovery plans to address the challenges faced in recent months around increases in attendance, change in presentation and patient flow whilst maintaining red amber green capacity through the hospital.
- We are working with independent providers to support diagnostic recovery and to help bring us back to a DM01 compliant position in September 2021. Both outsourcing and insourcing activity. Some of this activity began in June and plans timescales for other areas were agreed with providers to start in late July, early August.
- The trust is now exploring how we can comprehensively pull together remote services and wards to deliver ESHT @home. This is being led by Simon Dowse the expected output is to provide mitigation for the winter plan.
- The Chiefs and ADOs have been working on the seasonal bed plan this incorporates the capital planning for operational flow.

NHS Constitutional Standards

East Sussex Healthcare NHS Trust

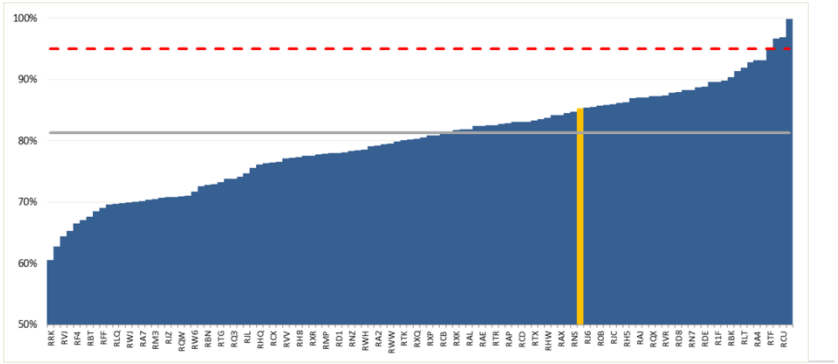
*NHS England has yet to publish all June 2021 Provider based waiting time comparator statistics

ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

June 2021 Peer Review

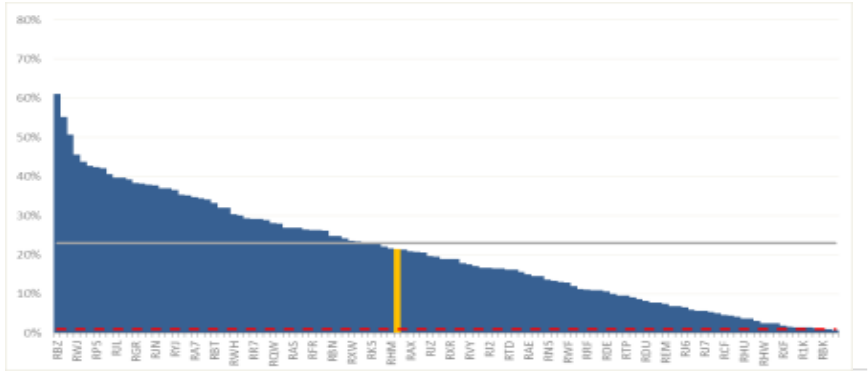
National Average: 81.3% ESHT Rank: 33/114



Planned Care – Diagnostic Waiting Times

May 2021 Peer Review*

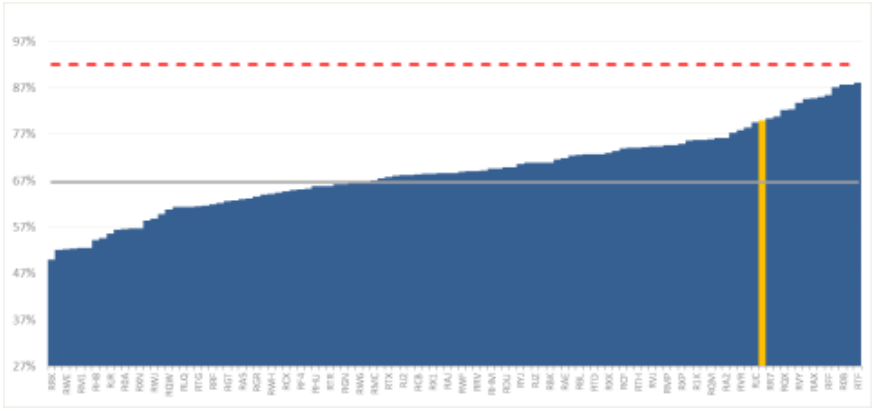
National Average: 22.9% ESHT Rank: 68/120



Planned Care – Referral to Treatment

May 2021 Peer Review*

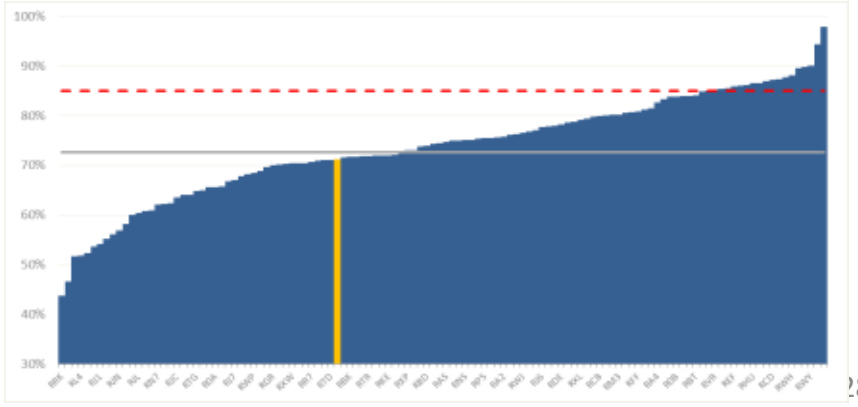
National Average: 66.6% ESHT Rank: 14/111



Cancer Treatment – 62 Day Wait for First Treatment

May 2021 Peer Review*

National Average: 72.7% ESHT Rank: 77/120

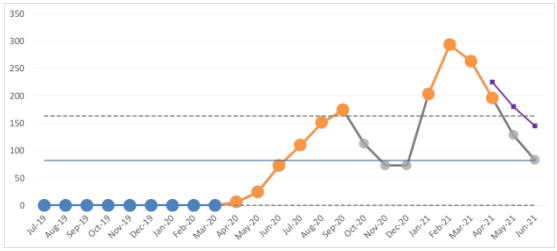


Planned Care – H1 Recovery KPIs

East Sussex Healthcare NHS Trust

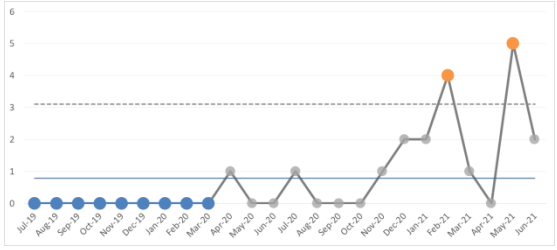
Access and Responsiveness

RTT 52 Week Waiters



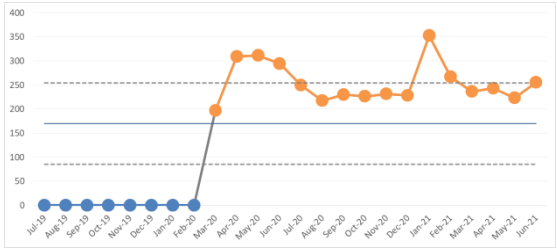
Target: 0
Trajectory: 145
Current Month: 83

RTT 78 Week Waiters



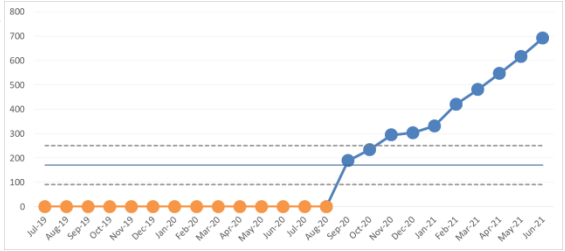
Target: 0
Current Month: 2

P2 Overdue (> 35 Days)



Target: Monitor
Current Month: 255

PIFU Pathways



Target: Monitor
Current Month: 692

Author: Mike McKernan

H1 recovery has been tracking well against the agreed Trust trajectory and has supported the ICS be one of the top ICSs nationally.

The >52 week waits are reducing ahead of trajectory however this is at risk due to the current operational issues as a result of workforce challenges and urgent care demand.
The >78 weeks are low numbers and have subsequently been treated.

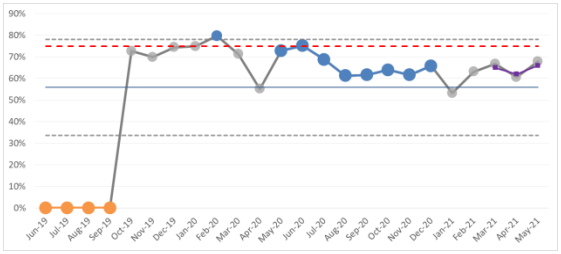
We continue to see an increase in the number of patients on the Patient Initiated Follow Up (PIFU) pathways and we continue to work with the ICS on how we can further improve this.

Planned Care – H1 Recovery KPIs

East Sussex Healthcare NHS Trust

28 Day FDS(Faster Diagnosis Standard)

Target: 75%
Trajectory: 66%
Current Month: 67.8%

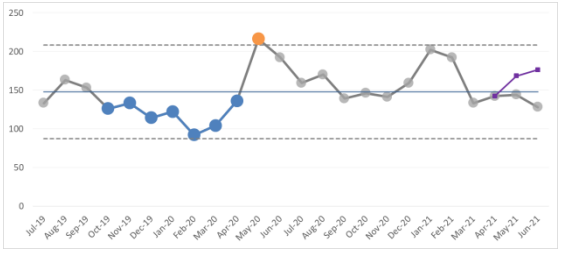


Although the FDS target is above trajectory, we did not achieve the 75% standard. The national ask is that we do return to a compliant position by September 2021.

There are improvements to be made in the 28 day standard, primarily how we can evidence the patient outcome, eg. Letter to the patient by day 28.
We have asked the alliance to source best practice evidence from other providers.

Cancer 62 Day Breach

Target: Monitor
Trajectory: 176
Current Month: 128

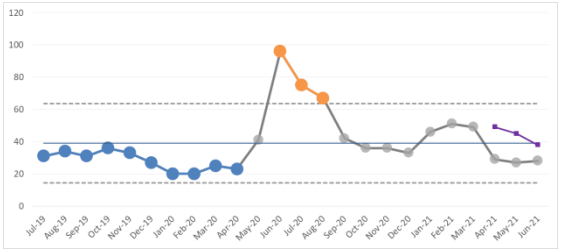


With additional Endoscopy capacity coming online on 14th August, it is anticipated to see an improvement in the DM01, FDS, Cancer and RTT standards.

We are in line with the Trust 62 day recovery trajectory and 104 day backlog recovery is ahead of trajectory

Cancer 104 Day Breach

Target: Monitor
Trajectory: 38
Current Month: 28

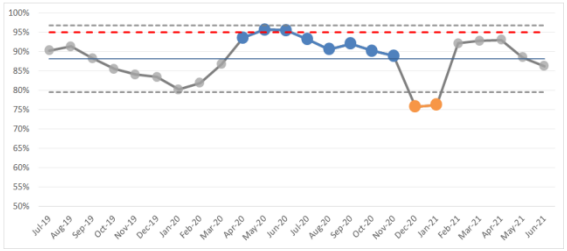


Urgent Care – Front Door

East Sussex Healthcare NHS Trust

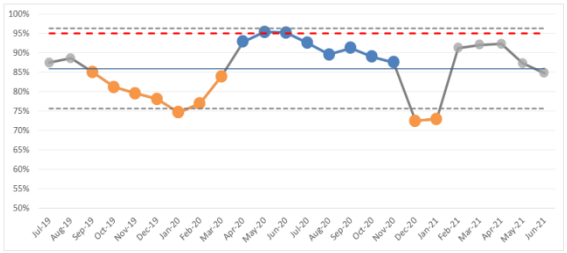
A&E Performance
(Local System)

Target: 95%
Current Month: 86.2%

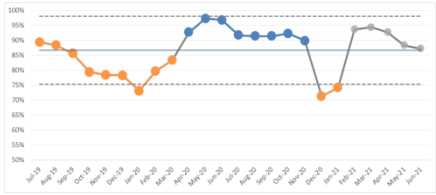


A&E Performance
(ESHT Total Type 1 & 3)

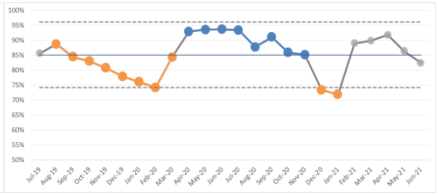
Target: 95%
Current Month: 84.7%



CONQ

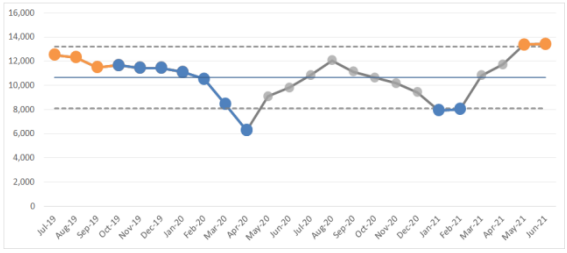


EDGH



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

Target: Monitor
Current Month: 13,427



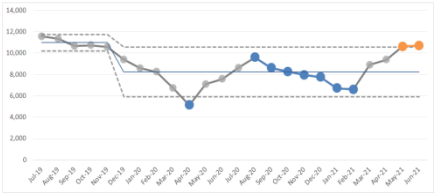
Author:	Mike McKernan
	The Trust has remained in the Upper Quartile nationally for ED performance and above 86% at a local level. Attendances have increased and there are 3 system wide task and finish groups working at initiatives and opportunities to divert activity and support the use of primary care. Also promote the use of the UTC to point "minor" activity away from the front door
Actions:	Escalated through system partners Review UTC activity Review ESHT pathways

Urgent Care – Front Door

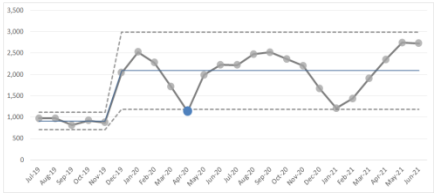
East Sussex Healthcare NHS Trust

Access and Responsiveness

ESHT Total Type 1

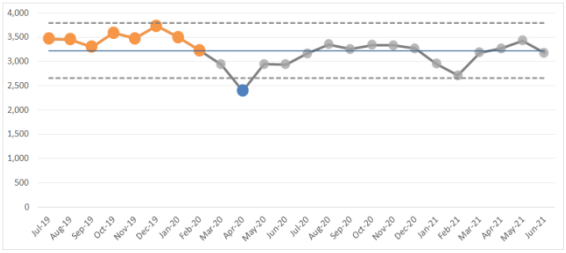


ESHT Total Type 3



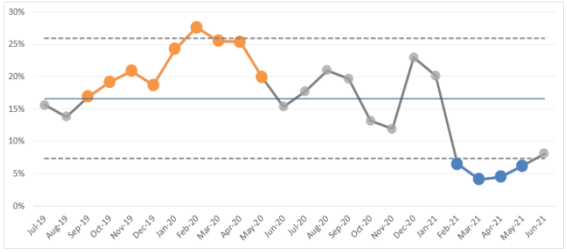
Conveyances
(ESHT – CQ and EDGH)

Target: Monitor
Current Month: 3,178



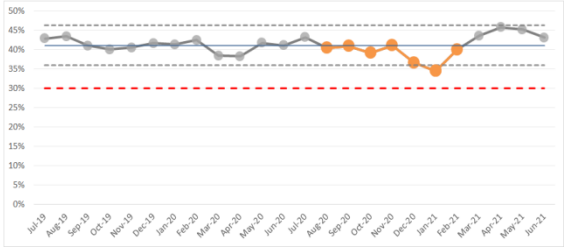
Conveyance Handover >30
(ESHT – CQ and EDGH)

Source: SECAmb
Target: Monitor
Current Month: 8.1%



Same Day Emergency Care
(ESHT – CQ and EDGH)

Target: 30%
Current Month: 43.1%



Author: Mike McKernan

SECAMB have been in Surge 3 / 4 during the last month. We have worked closely with them and the system to mitigate the number of conveyances where possible. Signposting patients towards NHS111, pharmacies and other healthcare providers.

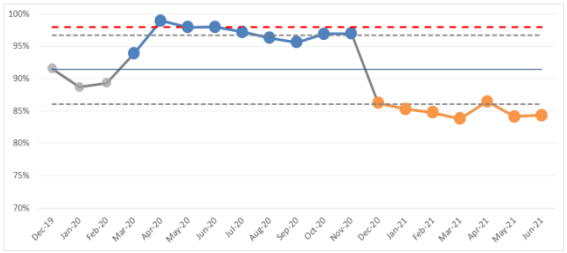
As a Trust we are still working to increase the usage of SDEC and have had a visit from the national SDEC clinical lead to help identify any areas of improvement and provide support to the clinical director for ED and Urgent Care. The Trust's clinical director will identify and work up an action plan over the coming weeks

Urgent Care – UTC

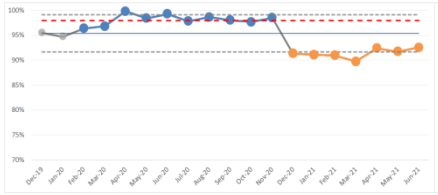
East Sussex Healthcare NHS Trust

UTC 2 Hour Standard
(Treatment start within 2 hrs)

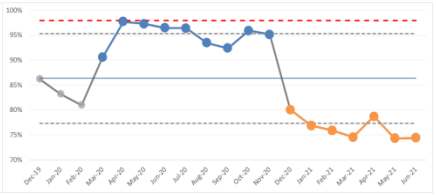
Target: 98%
Current Month: 84.3%



CONQ

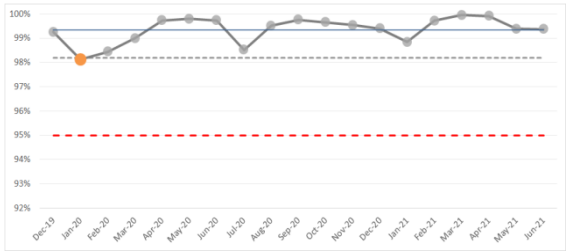


EDGH

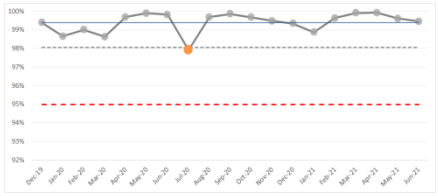


UTC 4 hour standard
(Visit complete within 4 hours)

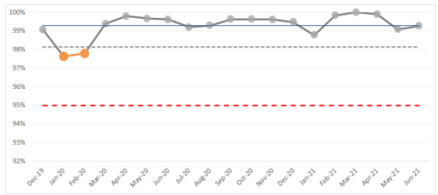
Target: 95%
Current Month: 99.4%



CONQ



EDGH



Author: Mike McKernan

The Trust took the decision not to focus on the two hour standard but on flow and increased throughput of the UTCs to support the overarching four hour standard.

There is a need to improve the utilisation of the UTCs on both sites to support the demand on ED / Urgent Care.
It is acknowledged that there have been both ENP and GP staffing shortages which has reduced capacity predominantly at EDGH. The Trust TWS have appointed 2 GPs whom are currently being on boarded. This should see an improved position in our UTCs in the coming months.

A short trial has been undertaken with the Eastbourne GP Federation to provide a GP call back service to release GP face to face appointment capacity.
Although there is only a small sample to date, this has proven to be successful and, in conjunction with the CCG, the Trust are exploring the opportunity to make this a permanent arrangement. Alongside this, we are looking at other providers and how they manage the number of GP appointments per hour and profile of appointment timings to suit demand on the service.

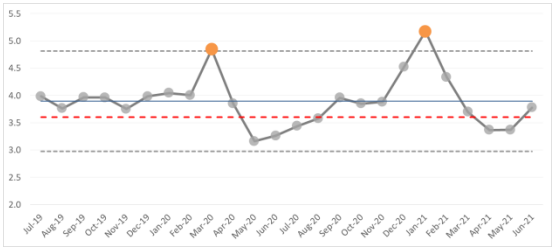
Patient Care- Flow

East Sussex Healthcare NHS Trust

Access and Responsiveness

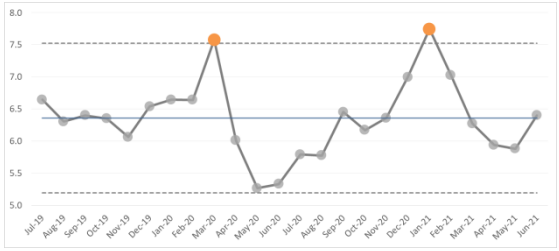
Non-elective Length of Stay (Acute)

Target: 3.6
Current Month: 3.8



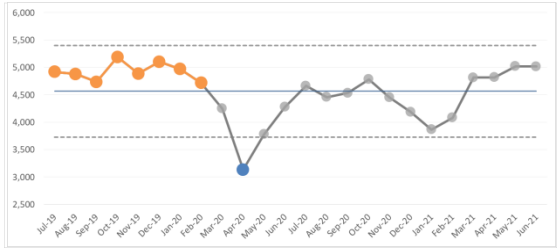
Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor
Current Month: 6.4



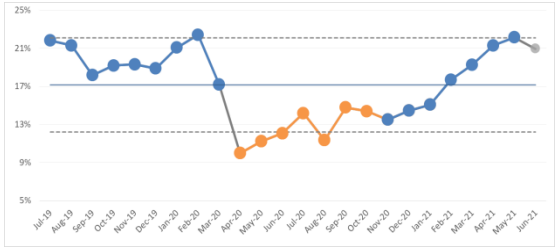
Non Elective Spells

Target: Monitor
Current Month: 5,015



Medical Non Elective Admissions (% SDEC)

Target: Monitor
Current Month: 21.0%



Author:	Garry East / Nicky Anslow
	- Non elective LoS has increased to 3.8 days June 21. - Murray Ward and Women's health have used for escalation trauma at the end of June. EDGH with Polegate Ward (intermittent) and Devonshire Ward (continuous) for escalation. - High utilisation in SDEC zero LoS supporting this target. - Non-elective LoS (excluding zero LoS) is stable at 6.4 days, this has supported transition of Littlington Ward to day surgery. - Non Elective Spells are stable – higher than the mean for last 4 months.
	- Community capacity in P1, P2, P3 is utilised to capacity daily. - Workforce across the acute and community, ASC and provider / care homes / POCs are very challenged. - Devonshire Ward remains open which stretches our workforce. - Reliant on consultant locums. - We continue to see increased demand on our NEL from ED to specialities.
	The roll out of CTR/Board Round 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. NCTR Power B.I app nearing 60-76% utilisation. Further development now includes cutting patient level data split by LOS/Pathway destination/delay reason/CTR group. Developed analysis (e.g., LOS, occupancy) and reporting for spot purchase / contracted D2A beds. Scoping for pathways for ESHT @ Home. What Matters to You project (under Let's Get You Home Programme) – draft patient handbook to be presented at Patient Safety and Quality Governance meeting (July).

Patient Care - Flow

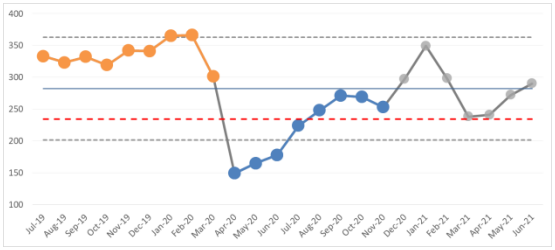
East Sussex Healthcare NHS Trust

Access and Responsiveness

Author: Garry East / Nicky Anslow

Adult inpatients in hospital for 7+ days (Acute)

Target: Monitor
Current Month: 290



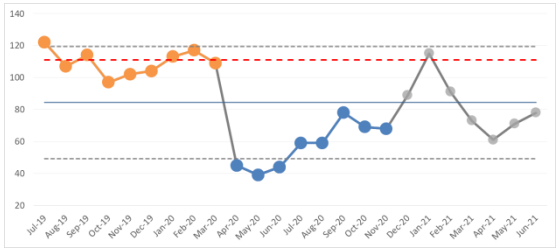
Inpatient in hospital for 7+ days is stable but has increased over the last 4 months (currently at 290).

Inpatients in hospital for 21+ days is stable but has increased (over the past 3 months) to 78.

Let's Get You Home Programme currently reports to the Urgent Care Board. Associated workstreams/projects are addressing Pre-MRD/MRD to discharge/CTR/CLD and What Matter's to You along with DDON's MDDIG.

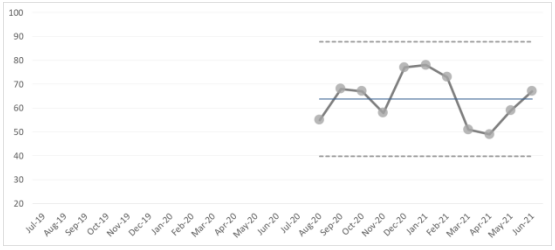
Adult inpatients in hospital for 21+ days (Acute)

Target: Monitor
Current Month: 78



MRD on Pathways 1-3

Target: Monitor
Current Month: 67



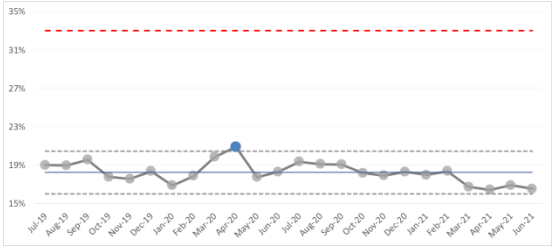
MRD 6 over as of 27 June (P1- 5 over, P2 – 5 over, P3 – 4 under trajectory).

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.

SecAmb are seeing additional pressure and escalating into surge level 4 and business continuity.

Patients discharged before midday %

Target: 33%
Current Month: 16.5%

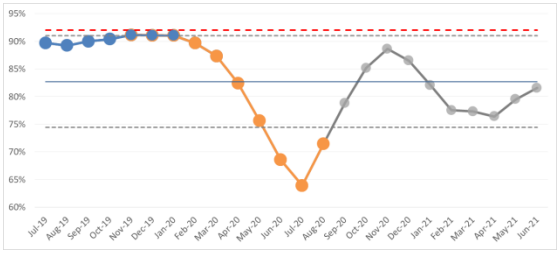


- Let's Get You Home Roadmap / Transformation plan
- Virtual Board Rounds
- Boardround Dashboard including CTR
- NCTR cloud based live data feed
- CTR/CLD/What Matters to You?
- LOS review's and development of this process.
- What Matters to you soft launch date end July/August 2021.
- ESHT@Home audit commencing.
- DTA beds now 79 (10 non-ESHT) from 86 July 1st

Planned Care – Waiting Times

East Sussex Healthcare NHS Trust

RTT Incomplete Standard

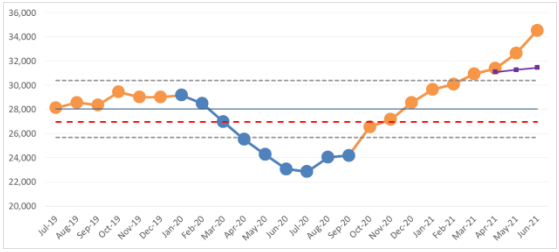


Target: 92%
Current Month: 81.6%

Author: Mike McKernan

Our waiting list size has grown with referrals now above pre-covid levels of activity. But the Trust have continued to treat patients in order of clinical priority and chronologically. Flexing capacity to treat our urgent patients as well as our long waiting patients. Although not at the 92% standard, achieving 81.6% for June does put us in the top 10 nationally.

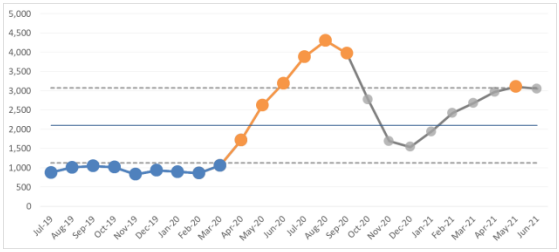
RTT Total Waiting List Size



Target: 26,965 (Mar-20)
Trajectory: 31,450
Current Month: 34,533

June did see an increase in cancer referrals as well as routine elective and this has increased our waiting list size as a result. Advice & Guidance is an area which we are exploring further to help address the increase in demand.

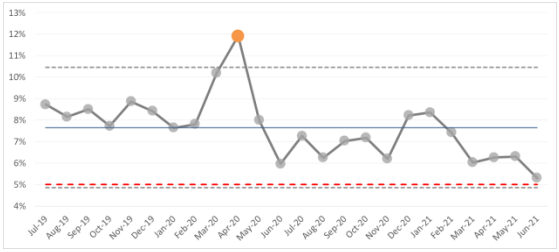
RTT 26 Week Waiters



Target: Monitor
Current Month: 3,046

Divisions are sighted and mindful that there will be a cohort of patients on our waiting list who are not yet at 52 weeks but are waiting longer than usual due to the national suspension of routine activity during the first and second waves of covid.
Capacity planning therefore takes these patients into account and patients continue to be treated equitably and in line with national priorities where possible

Cancellations On The Day (Activity %)



Target: 5%
Current Month: 5.3%

On day cancellations go through a robust escalation process before any decision is made to cancel patients. Patients who are unfortunately cancelled, get rebooked within 28 days

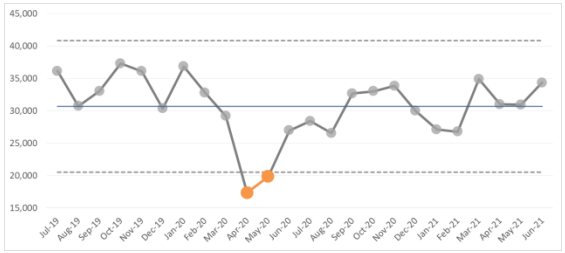
Planned Care – Outpatient Delivery

East Sussex Healthcare NHS Trust

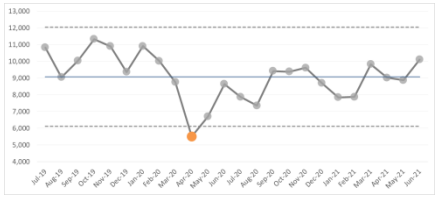
Access and Responsiveness

Outpatient Total Activity
(New and Follow-up)

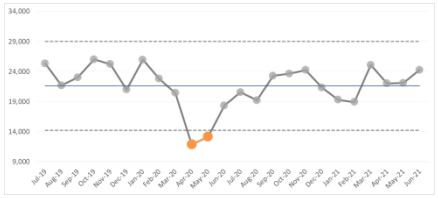
Target: Monitor
Current Month: 34,348



New

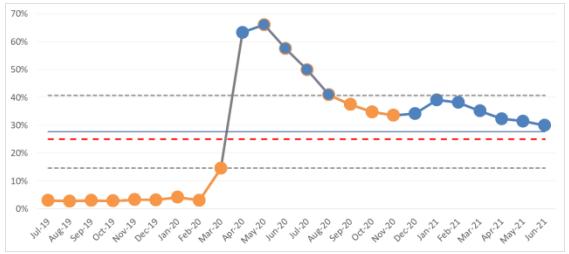


Follow-up



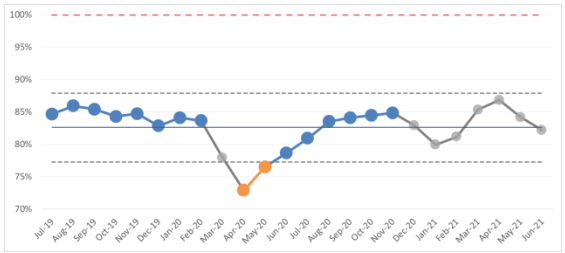
Non Face to Face Outpatients Activity
(Activity %)

Target: 25%
Current Month: 29.9%



Outpatient Utilisation
(Consultant and nurse led Clinics)

Target: 100%
Current Month: 82.2%



Author:	Mike McKernan
	June did see an improvement in outpatient activity for both new and follow up patients. Not quite at pre-covid levels of activity but above the national ask to restore activity levels to >80% of 2019/20 baseline activity
	Although showing a decrease in percentage this month, we are still above the national ask of 25%. Non face to face activity will vary at times due to the presentation of patients and the need for a face to face appointment but the Trust will continue to deliver virtual consultations at every possible opportunity.
	The drop in utilisation is not an accurate reflection. This is in part due to clinic templates still showing as "available" when not the case. The administrative teams are currently working through this and aiming to ensure that templates are more accurate going forward

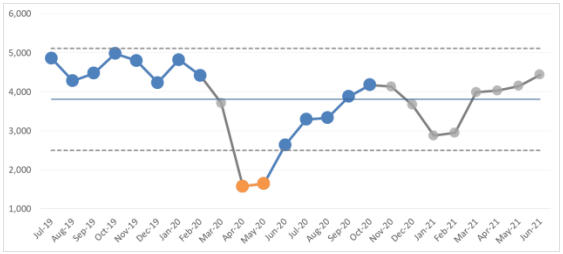
Planned Care – Admitted Delivery

East Sussex Healthcare NHS Trust

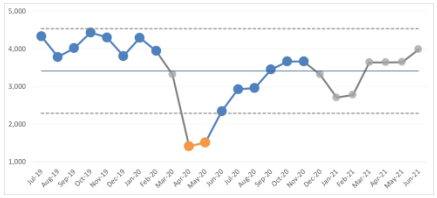
Access and Responsiveness

Elective Spells
(Day case and Elective IP)

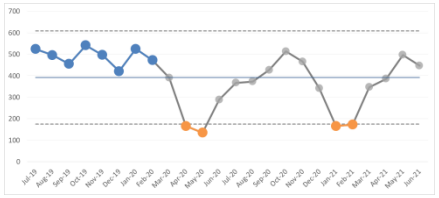
Target: Monitor
Current Month: 4,433



Day case



Elective IP

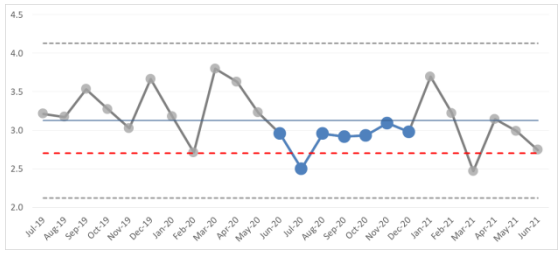


Author: Mike McKernan

The LoS has reduced in June but this is due to the change in elective case mix with an increase in day case activity to compensate for the bed pressures and workforce issues that have already been highlighted which has impacted elective inpatient activity.
Theatre Utilisation has been impacted by workforce issues and case mix.
However, we are looking to improve utilisation via the Elective Care Board, divisional PTL meetings and a more robust approach to 6-4-2.

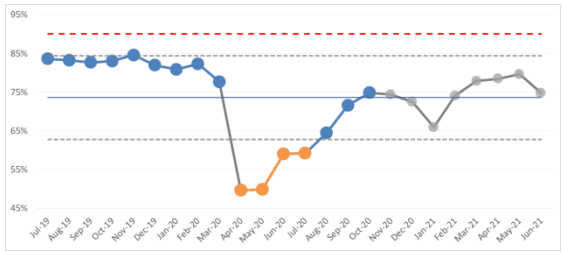
Elective Average LoS
(Acute)

Target: 2.7
Current Month: 2.7



Theatre Utilisation

Target: 90%
Current Month: 74.8%

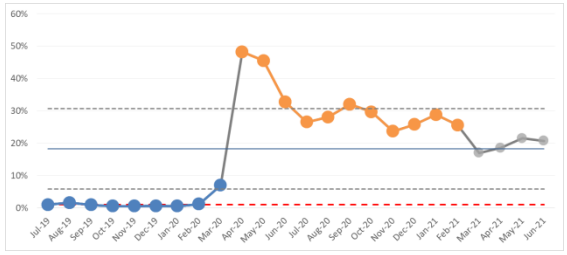


Some elective theatre cases had to be cancelled in June as we balanced capacity around the increase in non elective demand. Theatre utilisation is now a fixed agenda item at our Elective Care Board and we will look to improve utilisation going forward with the development of an in-house monitoring dashboard as well as weekly challenge in 6 -4-2 meetings as well as PTL meetings and Elective Care Board

Planned Care – Diagnostic

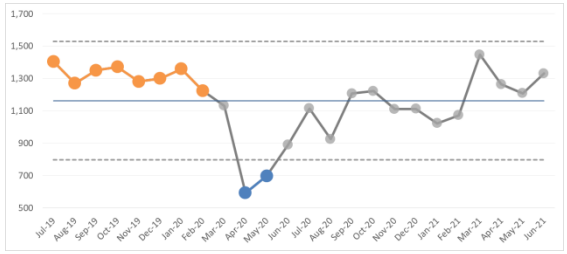
East Sussex Healthcare NHS Trust

Diagnostic Standard



Target: < 1.0%
Current Month: 20.7%

Endoscopy Demand
(Waiting List Additions)



Target: Monitor
Current Month: 1,330

Author: Mike McKernan

The DM01 improved slightly in June.
All reportable diagnostic departments continue to work hard to not only maintain pre-covid levels of activity but to address the backlog of patients waiting over six weeks for their routine diagnostic tests or procedures.

The Trust has procured "insourcing" to provide additional endoscopy capacity commencing August 14th 2021. With the aim that we will become DM01 compliant in 32 weeks. This will also support the delivery of FDS and Cancer standards.

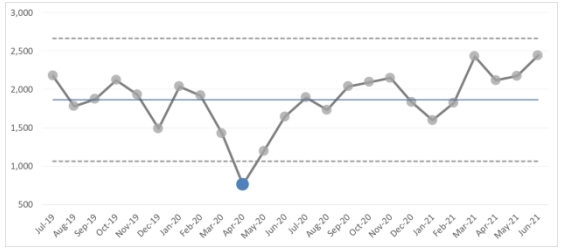
Radiology have maintained pre-covid levels of activity and have delivered additional capacity with extended days and weekends, plus mobile MRI and CT capacity.

Cancer Pathway

East Sussex Healthcare NHS Trust

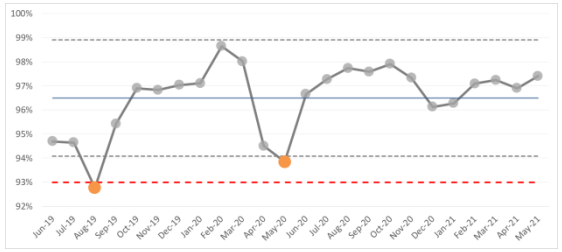
Access and Responsiveness

Two Week Wait Referrals



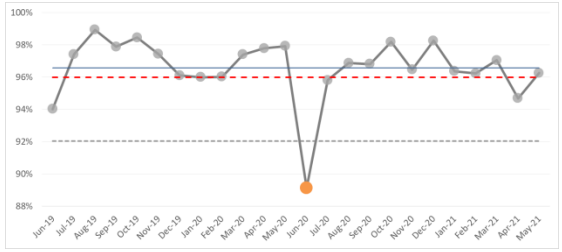
Target: Monitor
Current Month: 2,441

Cancer 2WW Standard



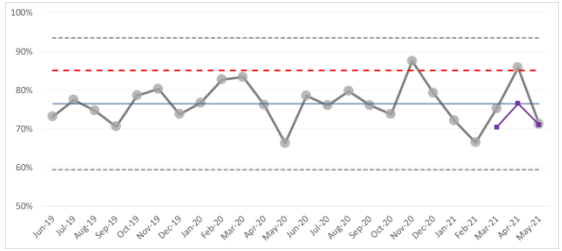
Target: 93%
Current Month: 97.4%

Cancer 31 Day Standard



Target: 96%
Current Month: 96.3%

Cancer 62 Day Standard



Target: 85%
Trajectory: 71.0%
Current Month: 71.2%

Author: Mike McKernan

We remain compliant in a majority of the cancer standards and continue to work to reduce the backlog in line with agreed trajectories.
Focused “cancer weeks” continue to support tumour stream specific PTL meetings ensuring patients are treated in a timely manner.
We are still working to deliver a sustained 62 day performance from August 2021.

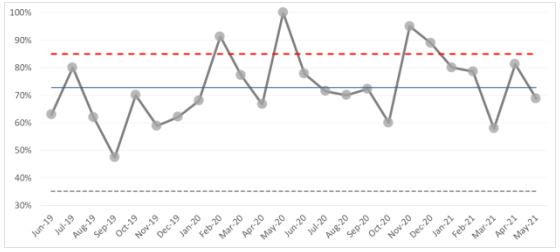
The risks to delivery remain

- Increased 2ww referrals
- Histology capacity and turnaround times
- Radiology and Endoscopy capacity
- Tertiary / Specialist capacity
- Impact of Covid

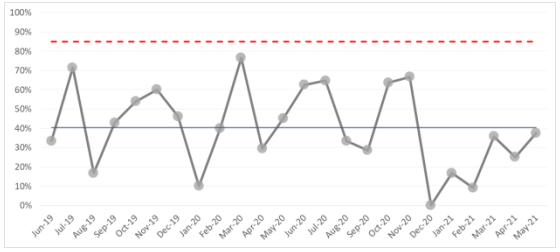
2WW Referral to First Treatment 62 Days

East Sussex Healthcare NHS Trust

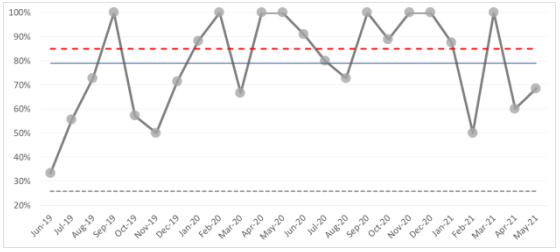
Breast



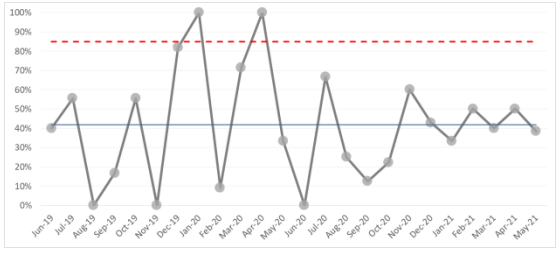
Gynaecology



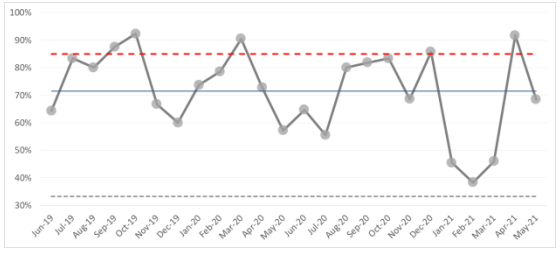
Haematology



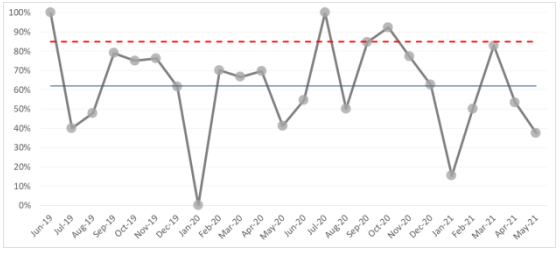
Head & Neck



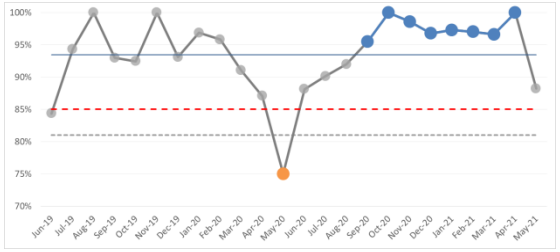
Colorectal



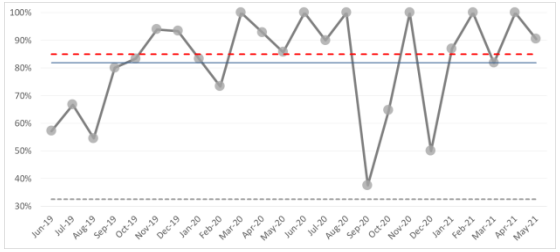
Lung



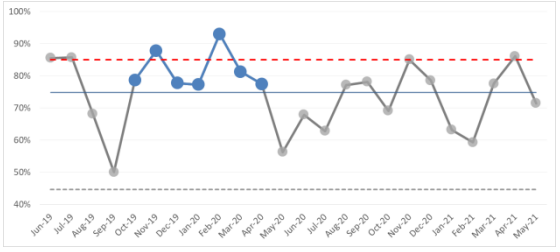
Skin



Upper GI



Urology



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

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 3

Income YTD

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Contract/Block Income	99,880	98,297	98,297	0
Divisional Income	49,489	12,121	11,024	(1,097)
Pre Top-Up Income	149,369	110,418	109,321	(1,097)
FRF/Block Top-up	8,588	13,728	16,131	2,404
COVID-19 Expense Claim	0	6,159	5,142	(1,017)
COVID-19 Income Claim	0		2,063	2,063
Top-up Income	8,588	19,886	23,337	3,451
Total Income	157,957	130,304	132,658	2,354

The Trust's income is above plan by £2.3m YTD. This is mainly due to additional ERF earnings of £2.4m YTD and reclaim for pass through COVID costs of £2m YTD. This is partially offset by a below plan draw on block COVID funding and an under recovery of non-contract income via a mix of both patient & non-patient care sources. Without the impact of ERF and COVID income, the Trust's income would be £1m adverse which is matched by a reduction in the cost of services delivered.

Operational Deficit YTD

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Permanent	(71,875)	(80,823)	(74,642)	6,182
Temporary	(11,446)	(4,293)	(11,600)	(7,307)
Total Pay	(83,321)	(85,116)	(86,242)	(1,126)
Non Pay Costs	(37,323)	(45,188)	(46,417)	(1,229)
Operating Costs	(120,644)	(130,304)	(132,659)	(2,355)
Operational Deficit	37,313	0	(1)	(1)

The Trust is reporting a slight deficit of £1k YTD. The overall YTD plan and forecast outturn are for breakeven . Pay expenditure is £1.1m YTD above plan and non-pay too by £1.2m. The expenditure position includes the cost above plan for delivering the elective recovery, as well as the increased demand impact on emergency pathways particularly in pay which are not subject to ERF.

COVID-19 Claim YTD

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
Pay	3,631	0	0	0	3,631
Non-pay	2,559	0	0	0	2,559
Planning Assumption	0	0	0	0	0
Loss of Income	0	0	0	0	0
(Loss)/Surplus Adjustment	0	0	0	0	0
Total	6,189	0	0	0	6,189
Amounts Validated	(1,370)	0	0	0	(1,370)
Residual Risk	(7,559)	0	0	0	(7,559)

The Trust's COVID-19 recovery claim of £6m covers increased operating costs due to the Trusts COVID response which also includes a pass through element for PCR testing & vaccination costs.The pass through element is claimed retrospectively once validated by NHSI/E. There is a reported departure between the COVID claim and COVID income due to the COVID block intended to support the Trusts running costs during H1 and not just for specific COVID costadditionality.

Workforce

	Pr Year Actual WTE	Plan WTE	Actual WTE	Variance WTE
Permanent	7,264	7,089	6,553	536
Temporary	94	331	610	(279)
Total Pay	7,358	7,419	7,163	257

The Trust has used 257 FTEs below plan in M3. This is driven by 536 substantive FTE below plan and 279 temporary workforce FTEs above plan. The Trust has under gone a baseline establishment review and now has a planned workforce 60 FTE higher than the prior year usage. A further 251 FTE were used to support COVID additionality response.

Agency Spend YTD

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Medical	994	10	831	(822)
Nursing	986	172	576	(404)
AHP's	392	132	312	(180)
Admin	139	44	435	(391)
Other	164	0	(0)	0
Total	2,675	358	2,155	(1,796)

Agency spend is above plan by £1.8m. This overspend is largest in Medical and Nursing agency. This is due to the Trust's response to delivering the elective recovery trajectory and 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 YTD

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Drugs	10,966	12,102	13,564	(1,462)
Clinical Supplies	7,305	9,199	9,747	(548)
Purchased Services	2,449	2,103	2,817	(714)
Other	12,173	14,330	12,007	2,323
Finance Costs	4,429	6,234	5,723	511
Total	37,323	43,967	43,858	109

Non-pay spend is lower than planned by £0.1m. This is largely due to the impact of reduced COVID activity levels and revenue effects of capital expenditure. These are mostly offset by increased spend on drugs including medical gasses 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 continue to receed once the full extent of the revenue cost of capital & CNST cost are recognised.

Cash

	Pr Year Actual £k	Plan £k	Actual £k	Variance £k
Current Balance	66,559	2,100	51,778	49,678
Year End Forecast	2,100	29,073	29,073	0

The cash balance in month continues to be higher than in previous years and is supporting average payment runs of £3.0m per week.

Capital Plan

	Plan £k	Actual £k	Variance £k
Year to Date	3,320	2,799	521
Year End Forecast	24,399	28,751	(4,352)

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 seperately. The provisionally approved capital schemes total £28.8m which gives a gap of £4.4m. Spend in M3 amounts to £2.8m which is £0.5m behind plan. The plan will be under pressure of £10.454m relating to audit adjustments and the programme will need to be carefully monitored to ensure the Trust delivers it's capital programme and does not breach CRL.
The total allocation may increase to £28m if the Trust is successful with bids relating to Digital Aspirant, Seed Aspirant and Digital Pathology.

BPPC

	Month Volume	Month Value	YTD Volume	YTD Value
Trade Invoices	71.13%	86.91%	67.49%	88.44%
NHS Invoices	97.67%	97.27%	90.42%	99.09%

71% of trade invoices were paid within 28 days which equates to 87% 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.

98% of NHS invoices were paid within contract or within 28 days of receipt which was 97% of the total value of NHS invoices paid.

Finance Report Summary - Month 3

Divisional Performance

Division	In the Month						Year to Date			Forecast Outturn		
	Plan FTE	Actual FTE	Variance FTE	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k	Plan £k	Actual £k	Variance £k
Diagnostics, Anaesthetics & Surgery	1,467.79	1,366.79	101.00	(7,115)	(13,135)	(6,020)	(37,597)	(38,974)	(1,378)	(150,297)	(150,297)	0
Medicine	1,575.11	1,482.62	92.49	(6,499)	(6,800)	(301)	(19,479)	(19,977)	(497)	(77,918)	(77,918)	0
Urgent Care	320.74	324.67	(3.93)	(1,399)	(1,697)	(298)	(4,197)	(4,930)	(733)	(16,789)	(16,789)	0
Community Health and Integrated Care	995.61	965.59	30.02	(3,381)	(3,189)	192	(10,107)	(8,063)	2,044	(40,429)	(40,429)	0
Women's, Children's & Sexual Health	723.11	685.93	37.18	(1,501)	(1,882)	(380)	(7,873)	(8,063)	(190)	(31,490)	(31,490)	0
Estates & Facilities	701.77	664.31	37.46	(1,700)	(2,847)	(1,147)	(6,565)	(8,092)	(1,527)	(28,337)	(28,337)	0
Corporate	650.90	663.96	(13.06)	(3,622)	(3,551)	72	(11,843)	(10,114)	1,729	(44,524)	(44,524)	0
Central	984.42	1,260.52	(276.10)	25,216	33,005	7,789	97,662	98,213	551	389,785	389,785	0
Total	7,419.45	7,414.39	5.06	0	(94)	(94)	0	0	0	0	0	0

Productivity & Efficiency

	Plan £k	Actual £k	Variance £k
YTD	935	996	61
H1 Forecast	4,054	4,054	0

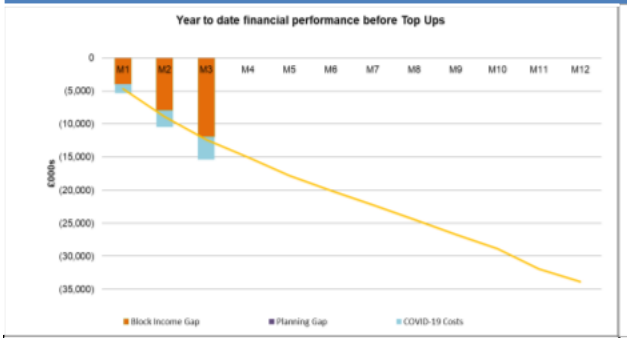
The Trust has delivered £996k of efficiencies YTD this is slightly ahead of planned values and is largely related to the Ophthalmology SEES activity increase.

The development of efficiency schemes continue with the Divisions, at the time of writing there was £2.6m identified, with plans being worked up for more. Of the £2.6m, £1.5m is for H1, the remaining £1.1m would be realised in H2.

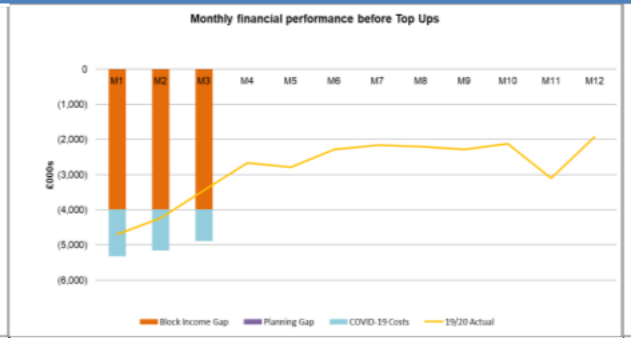
Key Risks

Key Risk 1	ThThe H1 current & planned break even position is reliant upon block covid funding and ERF income as far as the requirement to maintain COVID safe service provision and continued elective restoration and recovery.	Mitigation 1	Reduction of covering vacancies with agency where possible to a ratio of 70% to allow the natural cost cover of agency premium
Key Risk 2	A combination of the continued recruitment to the safer staffing review, increasing demand for temporary staffing to service increasing emergency pathway demand and service developments which commenced prior to the amended financial regime will increase cost run rate and/or variance to budget.	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.and review ICS demand/approach to Emergency Care Pathway demand post H1
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 or the ERF minimum activity threshold is raised then there is a potential for reductions to our planned ERF income even if the system were to achieve a breakeven position.	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 alleviate the challenges posed by a reduced block contract.
Key Risk 4	H1 position is reliant upon block covid funding and ERF income. Uncertainty over the H2 funding regime means that the exit run rate from H1 may be higher than is affordable.	Mitigation 4	Early planning on H2 including reduced run rates compared to H1 budget (once adjusted as for expense alignment)

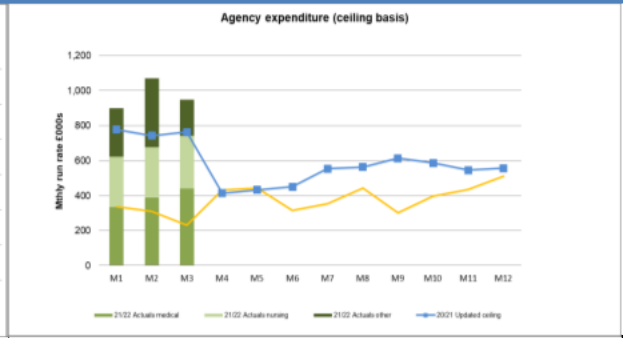
Finance Analysis



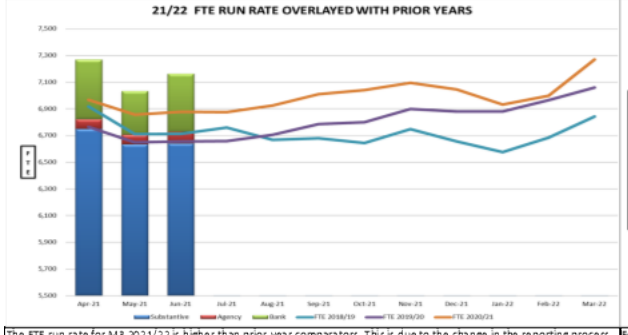
The trust is reporting a deficit pre-top up & True up of £15.3m YTD. This is due to Block Income Gap of £11.9m and COVID-19 related expenditure additionality of £3.4m



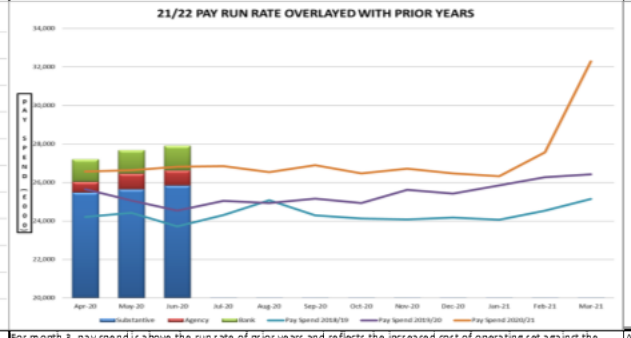
For month 3, the trust is reporting a deficit pre-top up & True up of £4.9m. This is due to Block Income Gap of £4m and COVID-19 related expenditure additionality of £0.9m



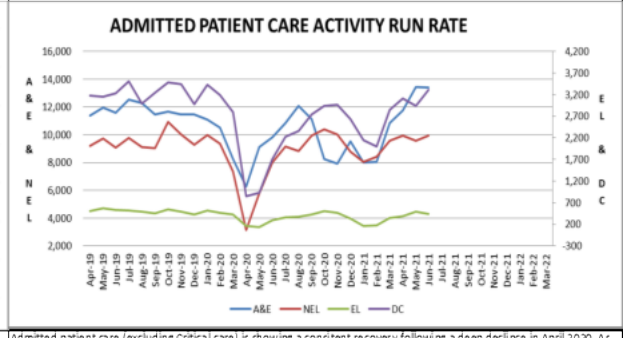
The decrease in run rate is mainly driven by Other agency staff group which is predominantly within A&C. Notably, agency spending trajectory is above the stipulated ceiling. It is therefore imperative that the Trust focus on cost control in this new financial regime.



The FTE run rate for M3 2021/22 is higher than prior year comparators. This is due to the change in the reporting process for temporary staff costs which was implemented in M12 20/21. The increase in run rate in comparison to last month is mainly due higher temporary workforce usage in M3

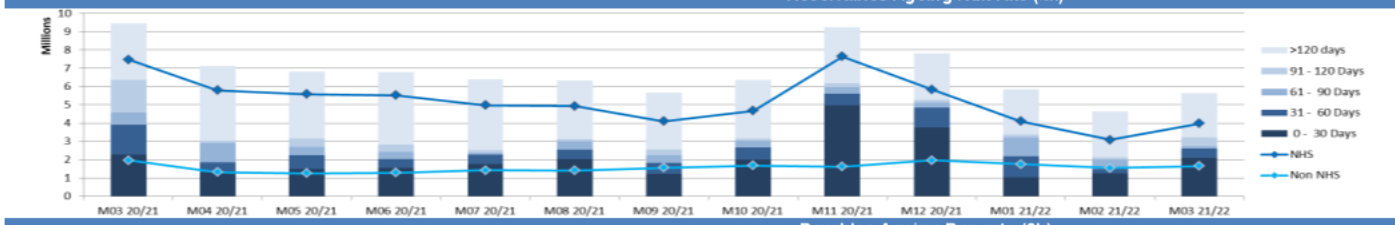


For month 3, pay spend is above the run rate of prior years and reflects the increased cost of operating set against the backdrop of COVID-19 (i.e. running 'Red and Green' areas) as well as the impact of service developments which commenced prior to the current financial regime.



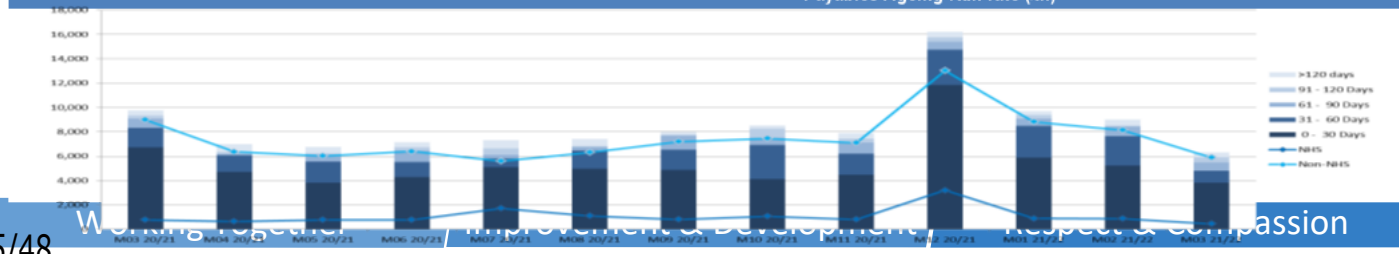
Admitted patient care (excluding Critical care) is showing a consistent recovery following a deep decline in April 2020. As at M3, A&E is 116% of 19/20 activity, NEL at 110%, Elective at 82% and Daycases at 103%.

Receivables Ageing Run rate (£k)



The sales ledger balance at the end of June is £5.6m which is an increase on the previous month of £1.0m. The number of invoices on the sales ledger at the end of the month has increased by 20 to 1,389. The position reflects an increase in aged debt (invoices > 30 days) of £0.2m. 63% 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)



A decrease in month of £2.7m on the creditor position decreasing the purchase ledger total to £6.3m. This was reflected in a decrease in the number of invoices on the purchase ledger system. Aligned to the total purchase ledger decrease, the value of debt owed to suppliers (aged >30 days) also decreased by £1.3m.
Balances that are aged and not ready for payment reflect invoices that are awaiting authorisation or the receipting of the goods/services received. 93% 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 that are system ready to be paid and due for payment.

M1 to M6 Run Rate

The M03 run rate is £1k adverse (£1k worse than the M3 Plan)

	M1 Outturn £000	M2 Outturn £000	M3 Outturn £000	M4 Forecast £000	M5 Forecast £000	M6 Forecast £000	Total £000
Planned monthly surplus/(deficit)	(284)	284	0	0	0	0	(0)
Acutal monthly surplus/(deficit)	(287)	286	(1)	0	0	0	(1)
Variance from planned monthly deficit	**(3)**	**2**	**(1)**	**0**	**0**	**0**	**(1)**
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	36,726	38,683	36,702	36,702	36,702	221,832
Income Variance	**(387)**	**24**	**1,981**	**0**	**0**	**0**	**1,618**
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)	(41,989)	(43,302)	(41,247)	(41,247)	(41,247)	(250,211)
Expenditure Variance	**87**	**(724)**	**(2,037)**	**18**	**18**	**18**	**(2,620)**
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	2,838	2,143	2,395	2,395	2,395	14,390
COVID Income Variance	**171**	**443**	**(252)**	**0**	**0**	**0**	**362**
Planned COVID Expenditure	(2,142)	(2,142)	(2,142)	(2,142)	(2,142)	(2,142)	(12,852)
Actual COVID Pay Expenditure	(1,372)	(1,123)	(1,136)	(1,868)	(1,868)	(1,868)	(9,896)
Actual COVID Non-Pay Expenditure	(852)	(741)	(965)	(558)	(558)	(558)	(2,956)
COVID Expenditure Variance	**82**	**(278)**	**(41)**	**284**	**284**	**284**	**616**
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)	(4,577)	(4,576)	(4,576)	(4,576)	(27,456)
Operational Surplus /(Deficit)	**(287)**	**286**	**(1)**	**0**	**0**	**0**	**(1)**
Improvement/Deterioration of deficit compared to prior mont		**5**	**(3)**				

Statement of Financial Position - Month 3

	Prior Year	Year to date			Forecast Outturn		
	20/21 Actual (£m)	21/22 Plan (£m)	21/22 Actual (£m)	Variance (£m)	21/22 Plan (£m)	21/22 Outturn (£m)	Variance (£m)
Non Current Assets							
Property, Plant and Equipment	251.9	0.0	242.7	242.7	0.0	0.0	0.0
Intangible Assets	2.6	0.0	2.8	2.8	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	**256.8**	**0.0**	**247.7**	**247.7**	**0.0**	**0.0**	**0.0**
Current Assets							
Inventories	8.2	0.0	6.2	6.2	0.0	0.0	0.0
Trade and Other Receivables	16.4	0.0	21.1	21.1	0.0	0.0	0.0
Cash and Cash Equivalents	66.6	0.0	51.8	51.8	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	**91.1**	**0.0**	**79.1**	**79.1**	**0.0**	**0.0**	**0.0**
Current Liabilities							
Trade and Other Payables	(53.8)	0.0	(40.3)	(40.3)	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	(3.2)	(3.2)	0.0	0.0	0.0
Other Liabilities	(2.4)	0.0	(3.4)	(3.4)	0.0	0.0	0.0
Total Current Liabilities	**(56.5)**	**0.0**	**(46.9)**	**(46.9)**	**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	(5.9)	0.0	(2.9)	(2.9)	0.0	0.0	0.0
Total Non Current Liabilities	**(5.9)**	**0.0**	**(2.9)**	**(2.9)**	**0.0**	**0.0**	**0.0**
Total Assets Employed	**285.5**	**0.0**	**277.0**	**277.0**	**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	(230.3)	0.0	(231.3)	(231.3)	0.0	0.0	0.0
Revaluation Reserve	90.6	0.0	83.1	83.1	0.0	0.0	0.0
Total Tax Payers Equity	**285.5**	**0.0**	**277.0**	**277.0**	**0.0**	**0.0**	**0.0**

Summary & Next Steps

Current year plan has not yet been finalised or submitted.

Capital Programme Summary - Month 3

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	250	54	(196)
Estates (other)	3,000	4,000	300	151	(149)
Estates (safety/quality)	125	125	-	41	41
Backlog Maintenance (safety/quality)	1,275	1,275	100	52	(48)
Backlog Maintenance (compliance)	2,780	2,780	200	-	(200)
2020/21 Reserve	250	250	250	1,067	817
Digital (contractually committed)	2,544	2,543	-	360	360
Digital (other)	1,506	1,510	100	47	(53)
Medical Equipment	420	1,965	120	15	(105)
Minor Capital	1,500	1,500	375	-	(375)
Unplanned Urgents	500	500	125	336	211
HIP2	625	625	-	-	-
HIP2	2,000	2,000	-	-	-
Seed	1,000	775	500	431	(69)
Fire (Year 3 of 3)	3,790	3,790	1,000	245	(755)
Diagnostics	313	313	-	-	-
Total Owned	**24,399**	**28,751**	**3,320**	**2,799**	**(521)**
Donated	1,000	1,000	100	-	(100)
Less donated Income	(1,000)	(1,000)	(100)	-	100
Total	24,399	28,751	3,320	2,799	(521)

Capital Resource Limit (CRL)	Planning CRL £k	Forecast CRL £k
2020/21 Opening CRL		
Internal Depreciation	16,671	16,671
Closing Working CRL	**16,671**	**16,671**
Fire Compartmentalisation (Year 3 of 3)	3,790	3,790
HIP2 (Year 2 of 2)	625	625
HIP2 (brought forward - Car Parking)	2,000	2,000
Seed (brought forward)	1,000	775
Diagnostics	313	313
Expected Funding (cash to be drawn)	**7,728**	**7,503**
Digital Aspirant/Digital Transformation		1,500
Seed Aspirant		250
Digital Pathology - PathNetwork 7		2,075
Possible Additional Funding	**-**	**3,825**
Target CRL	24,399	27,999

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 seperately. The provisionally approved capital schemes total £28.8m which gives a gap of £4.4m. Spend to M3 amounts to £2.8m, the majority is due to the impact of schemes already in train in the prior year. This position will need to be carefully monitored to ensure the Trust delivers it's capital programme and does not breach CRL.

The total allocation may increase to £28m if the Trust is successful with bids relating to Digital Aspirant, Seed Aspirant and Digital Pathology.

Trust Recovery Plan

Meeting information:			
Date of Meeting:	10th August 2021	Agenda Item:	9
Meeting:	Trust Board	Reporting Officer:	Tara Argent

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

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

Summary:

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

This report provides the Board with assurance that the Trust is delivering recovery in line with the 20/21 priorities and operational guidance for April to September 2021 (H1). This paper sets out current performance against the Trust recovery trajectories.

In the first quarter of 20/21, the Trust has over-performed against elective recovery in part to reflect the pre-covid activity profile to accommodate leave and seasonal fluctuation in quarter two. From the 1st of July the activity thresholds that the Trust needs to meet in order to receive 100% of the available Elective Recovery Funding (ERF) increased from 85% to 95% of 2019/20 baseline activity. This change is reflected in the Trust's reporting.

This plan is the Trust level performance plan and forms part of the overall Integrated Care System (ICS) recovery plan.

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

Elective Care Board - weekly (29/7/21)
Cancer Board (system) – Monthly (7/7/21)
System Recovery Group – weekly (30/7/21)
Quarterly quality assurance meeting (SOF)
Planned Care Board (system) (4/8/21)

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

The Board is asked to note current performance against recovery trajectories.

Recovery Plan

East Sussex Healthcare NHS Trust

Planning Guidance Summary

East Sussex Healthcare NHS Trust

2020/21 priorities and operational guidance set out 6 priority areas for April to September 2020:

1) Supporting the health and wellbeing of staff and taking action on recruitment and retention
2) Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
3) Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
4) Expanding primary care capacity to improve access local health outcomes and address health inequalities
5) Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
6) Working collaboratively across systems to deliver these priorities

ESHT Recovery: Preventing ill-health and reducing inequalities

East Sussex Healthcare NHS Trust

Strategic Engagement

- We have agreed Board-level accountability for health inequalities through our Director of Strategy, Inequalities & Partnerships (DSIP)
- The ESHT five-year strategic plan to be launched at our AGM in August makes an explicit commitment to working in partnership to tackle this inequality of access to the right care
- We are represented at the Population Health Management & Prevention Board and a small team reporting to DSIP is taking forward the ESHT elements of the workstream priorities/actions emerging from the Board
- Working with the local authority and NHS partners we have developed priorities for East Sussex within the East Sussex place-based plan, including the reduction of condition-specific health inequalities
- These conditions reflect the system LTC priorities, as articulated through the Primary and Community Care Collaborative Network, of which ESHT is an active member

Operational Delivery

- Through our membership of the Planned Care Board, ESHT is supporting the review of activity coding to ensure that we can track pathways and experiences of our more vulnerable patients across our specialty lists
- We have begun to review ethnicity coding, current gaps and the remedial actions to ensure we capture omissions within care records
- Alongside this we will be mapping these records to postcode, which we can then overlay on the LSOAs (lower layer super output areas) to ensure we understand the impact in those neighbourhoods where impact is greatest. We know already that parts of Hastings (Baird and Tressell wards in particular suffer from more complex deprivation than either Broadwater Farm in Tottenham or Toxteth in Liverpool
- We are also looking to cross-reference with our interpreting data (albeit this is less developed and reliant on more manual processes) so we can consider the prevalence of patients where English is not a first language and so we will need to consider those issues in terms of ensuring our reach out to those communities is effective

Our People

East Sussex Healthcare NHS Trust

Health & Wellbeing

- The Health and Wellbeing and Occupational Health Teams provide a range of interventions to support colleagues - moving interventions to time and place of need where possible e.g. Mental Health First Aiders and TRiM.
- Appointment of two fixed term Pastoral Fellows to support medical staffing.

Staff Survey

- Annual Staff Survey shared with Executive team, People & Organisational Development (POD) Committee, Trust Board and all staff (51% response rate).
  - Action plan in place for 3 corporate priorities:
    - To demonstrate we care about our staff members and their Health and Wellbeing
    - To reduce the incidents of harassment, bullying and abuse by colleagues
    - To continue to develop the Trust as the 'Best Place to Work'

Violence and Aggression

- Violence and aggression in the workplace; matrix completed identifying gaps in compliance.
  - SWOT analysis drafted

Recruitment and Career Progression

- New recruitment interview framework questions and scoring to be trialled by end of July.
- New mandatory Equality, Diversity & Inclusion questions incorporated.
- Recruitment metrics supplied for WRES and WDES annual reports .
- Review of recruitment processes for all staff.

Workforce Planning

- New Roles working group in place supporting specific areas of need.
- New workforce planning tool developed to support all operational areas in modelling, planning and managing their workforce

ESHT Recovery – Cancer, Elective care and Diagnostics

East Sussex Healthcare NHS Trust

What are the national asks?

- **Fully recover all cancer standards and reduce backlog**
    - **To include 2ww, 31 day, 62 day**
    - **28 day Faster Diagnostic Standard (FDS) to 75% by quarter 3**
- The Trust will aim to reduce the backlog of suspected cancer patients by focusing activity on ensuring we diagnose and where applicable, treating our long waiting patients. This will ensure that we are treating patients in chronological order, addressing our backlog and putting us in a sustainable position to achieve the 28 day FDS and 62 day standard moving forward.

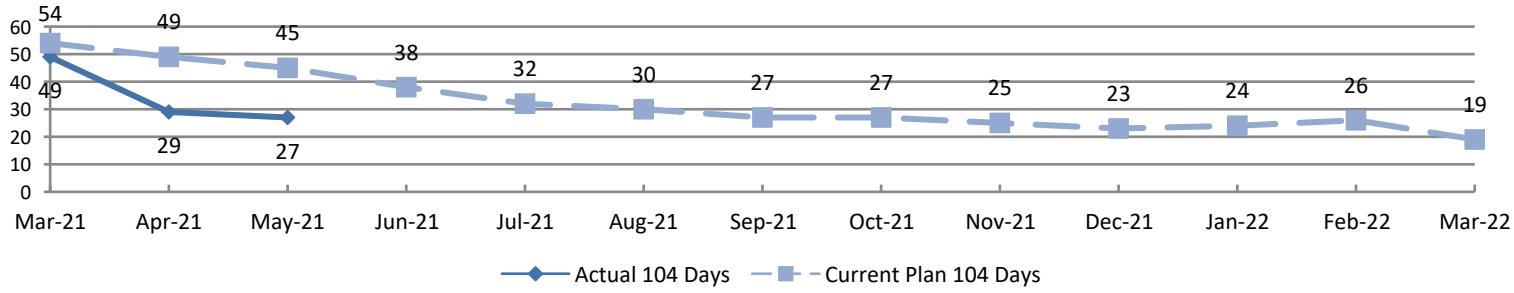
- **Reduce elective long waiters (>52 weeks) – awaiting national guidance**
    - **Zero >78 week waits**
    - **Zero >104 week waits**
    - **Reduce overall non admitted and admitted waiting list size**
    - **Reduce P2 patients waiting longer than 5 weeks**
    - **Increase use of Patient Initiated Follow Ups (PIFU)**
    - **Increase use of Advice & Guidance**
    - **Increase virtual consultations to >25% of overall outpatient activity**
- By clinically prioritising our admitted waiting list (national priority code set), we have ensured that we are treating patients in order of clinical priority. At the same time, reducing our backlog of long waiting patients. The outpatient transformation programme is working with divisions to increase the use of Patient Initiated Follow Up (PIFU) pathways and to support the increase in demand around Advice & Guidance. Working with Getting It Right First Time (GIRFT) on the High Volume Low Complexity (HVLC) cases, the Trust will increase it's daycase throughput with an aim to reduce the overall length of stay and increase elective theatre utilisation.

- **Return to DM01 compliance in all diagnostic modalities**
    - **Reduce the backlog of patients waiting over 6 weeks for a routine diagnostic**
    - **Return to a position where we are aiming to offer all suspected cancer patients, their diagnostic test within 7 days**
- During the first wave of the pandemic, the national guidance was to stop a large portion of diagnostic activity. This has created a backlog across all modalities which divisions are now working to address whilst maintaining current demand as well.
- By July 2020, all diagnostic modalities had restored to pre-covid levels of activity. However, the backlog of patients waiting was and is still in excess of diagnostic capacity. To address this, the Trust are working with the system and independent providers to source additional activity. Both by outsourcing to other providers to undertake imaging, and to insource staff to run lists with our diagnostic equipment on evenings and weekends.

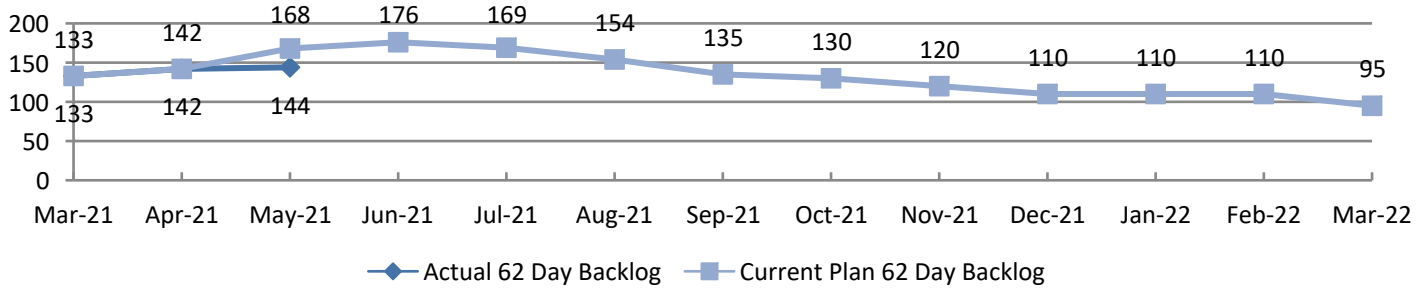
Cancer

East Sussex Healthcare NHS Trust

ESHT 104 Day Trajectory 2021-22														
ESHT TRUST LEVEL	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Actual 104 Days	**51**	**49**	**29**	**27**										
Current Plan 104 Days	-	54	49	45	38	32	30	27	27	25	23	24	26	19



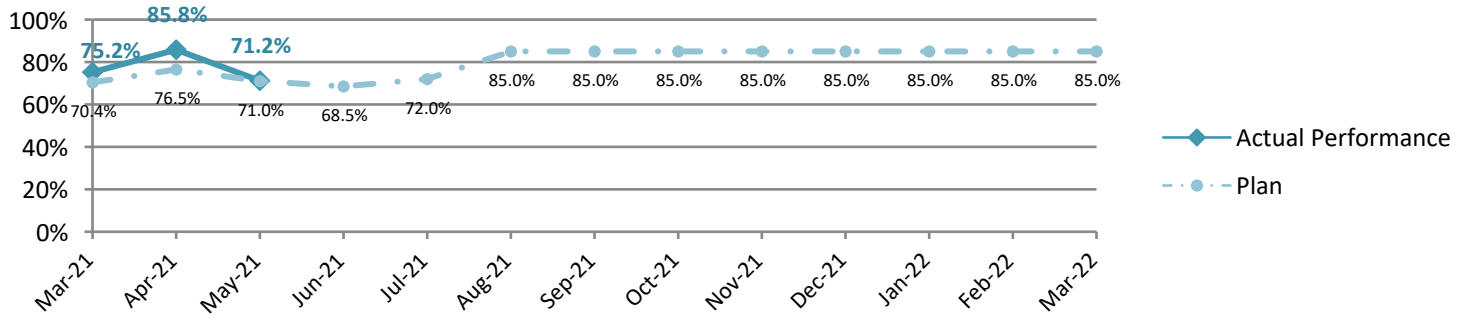
ESHT 62 Day Backlog Trajectory 2021-22													
ESHT TRUST LEVEL	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Actual 62 Day Backlog	**133**	**142**	**144**										
Current Plan 62 Day Backlog	133	142	168	176	169	154	135	130	120	110	110	110	95



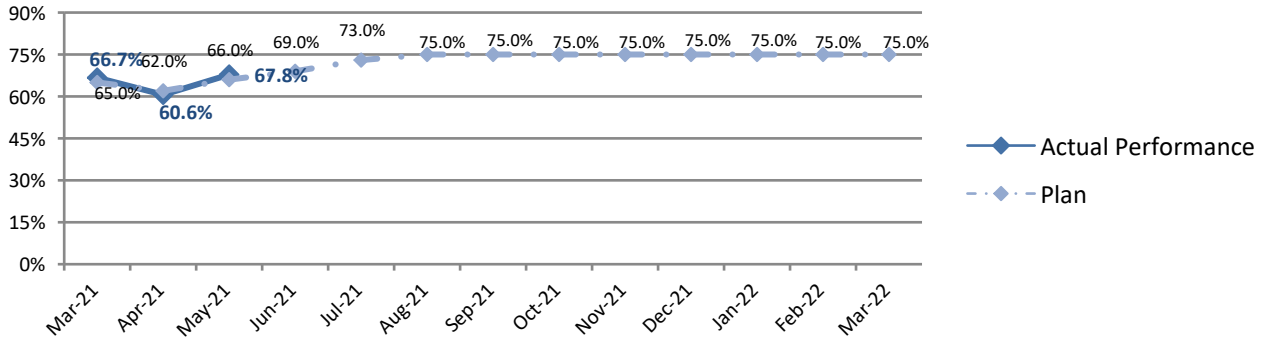
Cancer

East Sussex Healthcare NHS Trust

ESHT 62 Day Performance Trajectory 2021-22													
ESHT TRUST LEVEL	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Actual Performance	75.2%	85.8%	71.2%										
Plan	70.4%	76.5%	71.0%	68.5%	72.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%



ESHT 28 Day Performance Trajectory 2021-22													
ESHT TRUST LEVEL	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Actual Performance	66.7%	60.6%	67.8%										
Plan	65.0%	62.0%	66.0%	69.0%	73.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%



Elective Recovery Trajectories

East Sussex Healthcare NHS Trust

Total Elective Admissions - Daycase	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
National Target	*70%*	*75%*	*80%*	*95%*	*95%*	*95%*
ESHT Threshold Target	81%	86%	92%	94%	92%	93%
Actual	**93%**	**102%**	**93%**	**95%**		
Total Elective Admissions - Ordinary						
National Target	*70%*	*75%*	*80%*	*95%*	*95%*	*95%*
ESHT Threshold Target	70%	78%	85%	87%	87%	87%
Actual	**78%**	**97%**	**86%**	**82%**		
Consultant led first outpatient attendances (Spec Acute)						
National Target	*70%*	*75%*	*80%*	*95%*	*95%*	*95%*
ESHT Threshold Target	86%	88%	95%	95%	96%	96%
Actual	**95%**	**94%**	**96%**	**86%**		
Consultant led follow-up attendances (Spec Acute)						
National Target	*70%*	*75%*	*80%*	*95%*	*95%*	*95%*
ESHT Threshold Target	84%	86%	93%	93%	94%	94%
Actual	**108%**	**109%**	**104%**	**100%**		
Total Outpatient attendance (All TFC, cons and non cons led)						
National Target	*70%*	*75%*	*80%*	*95%*	*95%*	*95%*
ESHT Threshold Target	85%	87%	94%	94%	95%	95%
Actual	**104%**	**108%**	**105%**	**99%**		

The Trust narrowly did not achieve trajectory in 2 of the 4 points of delivery (POD). Contributory factors are:

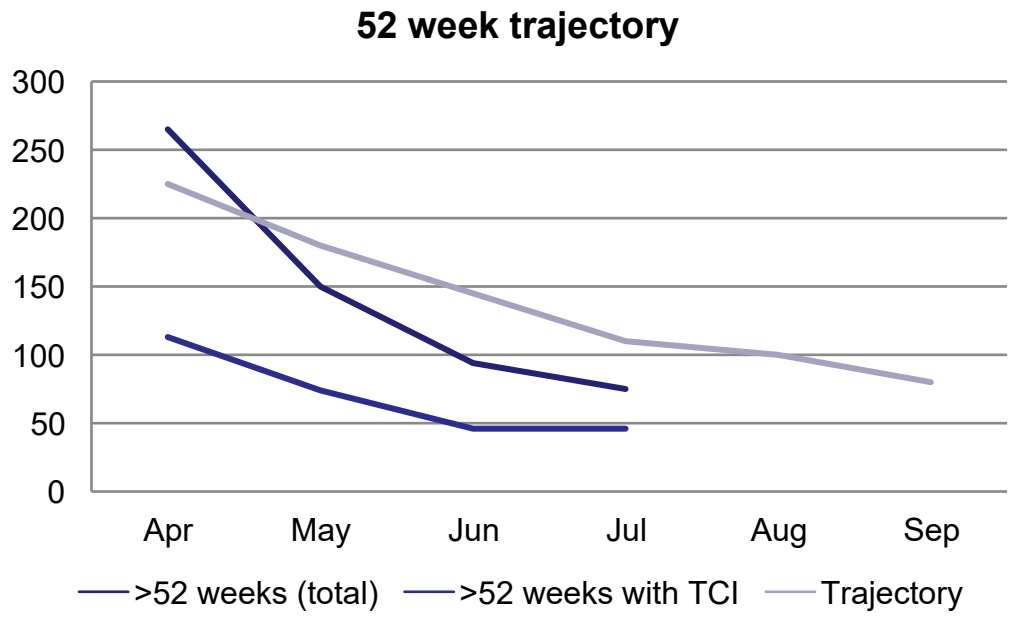
- Increased demand for intensive care capacity
- Workforce challenges due to vacancies and sickness. Particularly the Operating Department Practitioner (ODP) staff group
- An increase in non-elective demand

We have had to cancel some outpatient clinics to release staff to undertake Trauma work. Also, encouraged staff to take annual leave
All four of these PODs are closely and continuously monitored through weekly PTL and elective care board meetings.

52 week wait recovery

East Sussex Healthcare NHS Trust

	Apr	May	Jun	Jul	Aug	Sep
>52 weeks (total)	265	150	94	75		
>52 weeks with TCI	113	74	46	46		
Trajectory	225	180	145	110	100	80



We currently have zero patients waiting over 78 weeks and our plan is to maintain this position. The Trust have not reported any >104 week waits.

The Trust is ahead of trajectory to reduce the number of patients waiting >52 weeks for routine elective treatment.

The Trust has the lowest number of patients waiting >5 2 weeks in the region.

Waiting lists are all prioritised in line with national guidance and specialties monitor and manage their waiting lists against these.

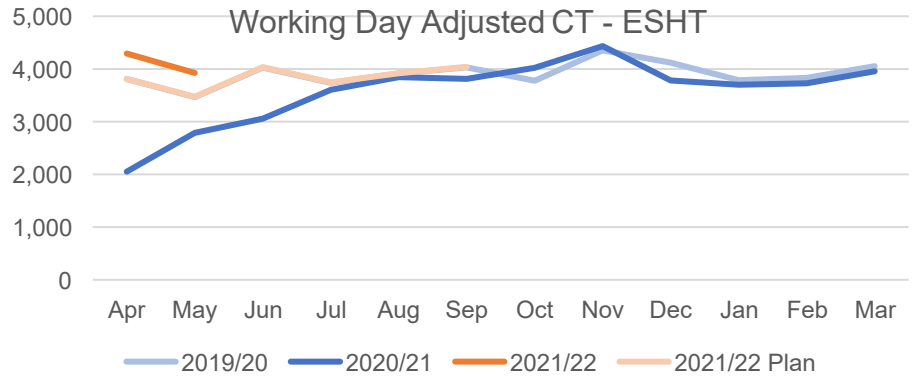
Quality of Care, Access & outcomes

East Sussex Healthcare NHS Trust

- To help support our elective recovery, we have developed a specialty level production plan to give us transparency on where we are against plan and trajectory. This is used daily by specialties to focus their capacity and resource around the demand. Ensuring that we are booking in order of clinical priority.
- We were early adapters of the PIFU process and have developed clinically led pathways in multiple specialties to utilise this approach. There are currently over 600 patients on an active PIFU pathway and we are looking to accelerate this where clinically appropriate.
- **Advice & Guidance is on the increase. And with a focus for specialties to turn these requests around efficiently, it will provide assurance and confidence to our colleagues in primary care that this is a clinical model that will work for our patient demographic.**
- In terms of patients waiting >52, >78 and >104 weeks, these long waiting patients are monitored daily by our service managers and clinicians. Also, through weekly PTL meetings as well as our Elective Care Board. The number of patients currently >52 weeks stands at 73. With no patients waiting >78 weeks for treatment.
- There is a robust harm review process in place for those patients waiting over 52 weeks for routine elective treatment, as well as those patients on a suspected cancer pathway whom have waited more than 62 days. These harm reviews are carried out weekly and are reviewed and approved by our Medical Director before being uploaded to the patient's record.
- Diagnostic activity was restored to < pre-covid levels of activity. Not yet DM01 compliant due to the backlog in Radiology, Cardiology and Endoscopy however, plans have been developed and approved to outsource and insource capacity to help tackle the backlog.
- Cancer trajectories are all being met. With the strategic aim to focus on our backlog and diagnose / treat those patients with longer waits through May – July. This will reduce our >62 day wait and give us a sustainable position moving into August to achieve the national 62 day standard.

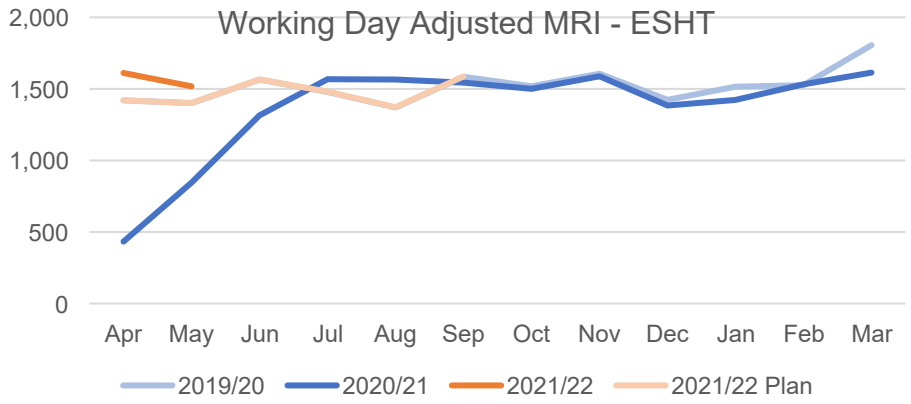
Diagnostic Recovery Trajectories

East Sussex Healthcare NHS Trust



ESHT	Apr	May	Jun	Jul	Aug	Sep
2021/22 Actual	4,293	3,925				
2021/22 Plan	3,812	3,472	4,035	3,746	3,919	4,040
Variance	481	453				

	Apr	May	Jun	Jul	Aug	Sep
	Actual		Plan			
ESHT	113%	113%	100%	100%	100%	100%
2021/22 Target	100%	100%	100%	100%	100%	100%

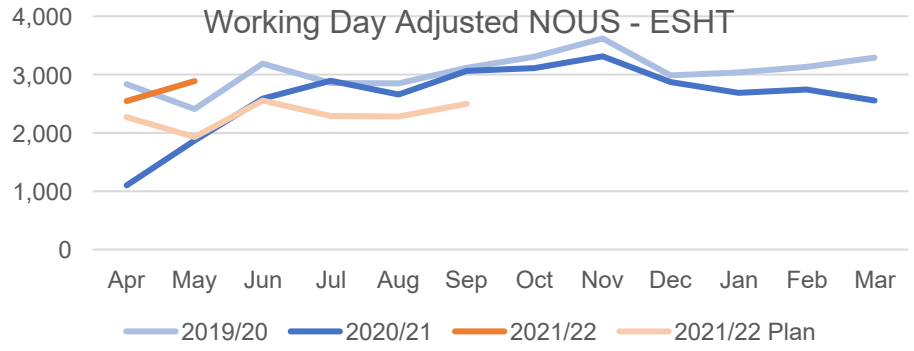


ESHT	Apr	May	Jun	Jul	Aug	Sep
2021/22 Actual	1,611	1,518				
2021/22 Plan	1,420	1,401	1,566	1,481	1,372	1,587
Variance	191	117				

	Apr	May	Jun	Jul	Aug	Sep
	Actual		Plan			
ESHT	113%	108%	100%	100%	100%	100%
2021/22 Target	100%	100%	100%	100%	100%	100%

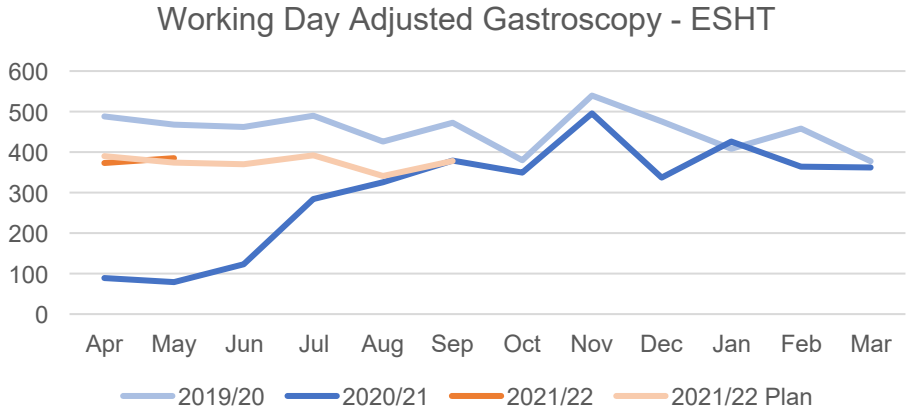
Diagnostic Recovery Trajectories

East Sussex Healthcare NHS Trust



ESHT	Apr	May	Jun	Jul	Aug	Sep
2021/22 Actual	2,546	2,889				
2021/22 Plan	2,270	1,930	2,554	2,290	2,281	2,498
Variance	276	959				

	Apr	May	Jun	Jul	Aug	Sep
	Actual		Plan			
ESHT	90%	120%	80%	80%	80%	80%
2021/22 Target	100%	100%	100%	100%	100%	100%

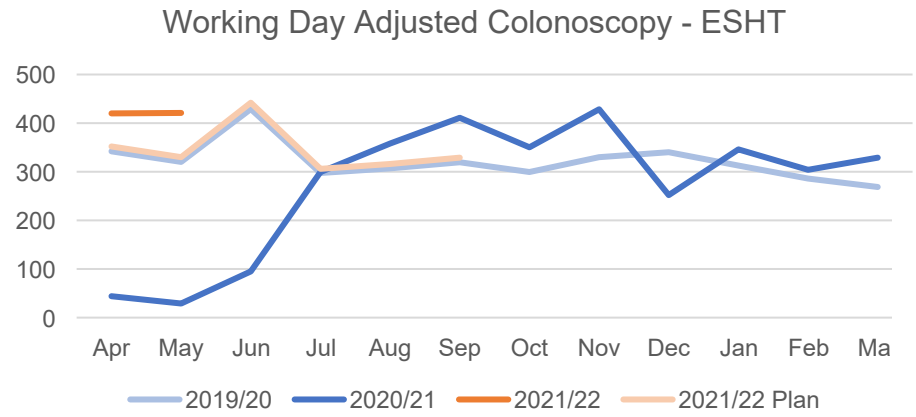


ESHT	Apr	May	Jun	Jul	Aug	Sep
2021/22 Actual	373	385				
2021/22 Plan	390	374	370	392	341	378
Variance	-17	11				

	Apr	May	Jun	Jul	Aug	Sep
	Actual		Plan			
ESHT	76%	82%	100%	100%	80%	80%
2021/22 Target	100%	100%	100%	100%	100%	100%

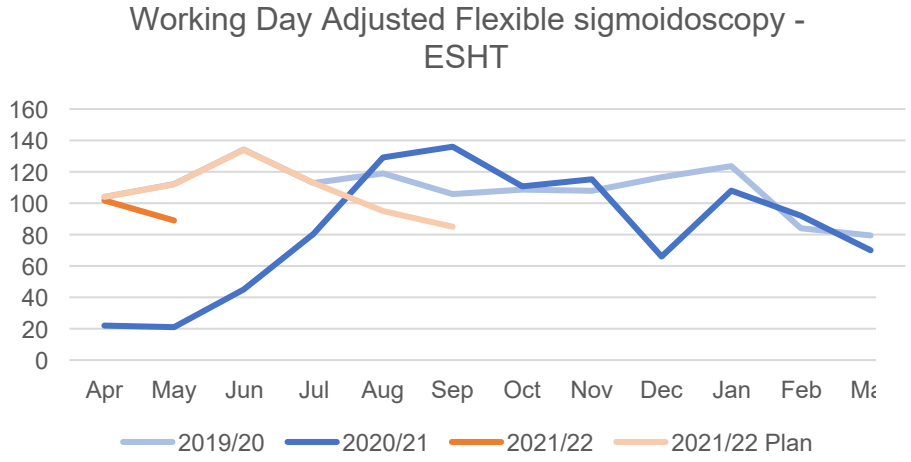
Diagnostic Recovery Trajectories

East Sussex Healthcare NHS Trust



ESHT	Apr	May	Jun	Jul	Aug	Sep
2021/22 Actual	420	421				
2021/22 Plan	352	330	442	306	316	329
Variance	68	91				

	Apr	May	Jun	Jul	Aug	Sep
	Actual		Plan			
ESHT	123%	131%	103%	103%	103%	103%
2021/22 Target	100%	100%	100%	100%	100%	100%



ESHT	Apr	May	Jun	Jul	Aug	Sep
2021/22 Actual	102	89				
2021/22 Plan	104	112	134	113	95	85
Variance	-2	-23				

	Apr	May	Jun	Jul	Aug	Sep
	Actual		Plan			
ESHT	98%	79%	100%	100%	80%	80%
2021/22 Target	100%	100%	100%	100%	100%	100%

ESHT Recovery: Transforming Community Services and improve discharge

East Sussex Healthcare NHS Trust

To help deliver an improvement in average length of stay with a particular focus on stays of more than 14 and 21 days

- Long length of stay review using criteria to reside / criteria led discharge; utilising board rounds with medical consultants. At times of surge use MADE model to support peer review of long stay patients (multi-disciplinary discharge event).
- Close system working with Adult Social Care (ASC) colleagues to review complex long stay patients
- Discharge hub roles, responsibilities and function is under review
- Continue to utilise daily escalation calls with system colleagues (ASC, resilience team)
- Escalation to Operational Executive Group (OPEX) for system support
- Full implementation of the criteria to reside programme of work
- Full implementation of Discharge to Assess (Pathway 1)
- Winter plan (surge planning to be in draft by August 31st in line with system timetable)

Delivering improvements in maternity care

including responding to the recommendations of the Ockenden Report

East Sussex Healthcare NHS Trust

Below are the focus points that ESHT Maternity and Local Maternity Systems are working on / continue to work on to deliver maternity transformation measures set out in the NHS Long Term Plan

Pandemic Recovery – Recovering the full maternity pathway

- Outpatient antenatal care including ultrasound scans
- Inpatient antenatal care
- Labour care
- Inpatient postnatal care
- Outpatient postnatal care (home / children centres / hospital sites)
- Partner / birth supporter access to primary care venues
- Lateral flow testing

Confirmation that local maternity systems have a plan in place, agreed with the ICS to deliver the maternity transformation priorities for 2021/22 in line with national planning guidance

- Saving babies lives
- Perinatal mental health
- Continuity and individualised care
- Neonatal care
- Improving digital services
- Postnatal contraception

5 Year Strategic Plan (interim)

Meeting information:			
Date of Meeting:	10th August 2021	Agenda Item:	10
Meeting:	Trust Board	Reporting Officer:	Richard Milner

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

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

Summary:

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

The contents of this Plan are, for the most part, not new to Board members; they will have either seen them in this format before and/or heard echoes of them throughout conversations and reports in other Committees or meetings.

That the Trust needs a roadmap to replace its previous directional strategy to 2020 is not new; what differs as we look to the next five years is the environment within which we operate. Notwithstanding the work we have already undertaken to ensure 'fit' with Place and System priorities, we realise that this environment will evolve toward April 2022, and we plan to revisit, review and where necessary adjust accordingly. For this reason, we are offering this strategy as 'interim'.

The purpose of the report is simply, clearly and coherently to articulate the priorities for the Trust within a changing environment, such that all staff and wider readers can follow where we are going and why.

One of the challenges we have sought to address is how this document promotes a unity of purpose across the organisation. The anecdote we have borne in mind is the "Putting a man on the moon, Mr President" moment. Hence we recognise the report needs to be accessible from Board to Ward, from canteen to the corporate corridor; informative without being daunting.

The key to this balance is the choice of language and, in order to support this, we have used an informal 'readers network' of 4-5 staff across a range of roles, to help us iron out any evident stylistic flourishes and/or terminology that may alienate the potential reader. The breadth of the likely readership means we will only reduce, rather than eliminate, inaccessibility issues but nonetheless it is a risk we have sought to mitigate. We have also benefitted significantly from additional suggestions and ideas from the Finance & Investment (Strategy) Committee in June to support the clarity of our drafting.

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

The contents contained within this report have been reviewed by the Trust Board in earlier iterations and, more recently, shared and discussed with the Chiefs of Service to ensure their awareness and support for the Trust's strategic direction as set out in the strategic aims. It was agreed with members of the Finance and Investment (Strategy) Committee in June before coming here for final formal approval.

In terms of wider internal engagement, we shared our strategic aims during the five all-staff virtual drop-in sessions during February-March this year. Additionally, the aims have been used to shape early discussions with services about the clinical strategy for the Trust, and have also featured as part of the current year business planning process.

Externally, working drafts and/or strategic aim summaries have been shared with key colleagues in East Sussex County Council and the ICS. This plan was presented to the CCG Governing Body this month, where it was very well received by the Chair and others.

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

The Board is asked to approve the 5-year strategic plan (interim), noting that given the evolving operating environment, the finalised plan will be brought back via Board ahead of April 2022.

East Sussex Healthcare
NHS Trust

BETTER CARE TOGETHER FOR EAST SUSSEX

ESHT five year strategic plan (interim)

www.esht.nhs.uk

CONTENTS

Steve Phoenix
Chairman

Joe Chadwick-Bell
Chief Executive

FOREWORD

We are proud to share our ambitious strategic plan for East Sussex Healthcare NHS Trust (ESHT). It sets the overall direction for our services; enabling our residents to access the best care in the most appropriate place – at home, in the community or when they need to come into hospital. Our plan is built on four strategic aims:

- Improving the health of communities
- Collaborating to deliver care better
- Empowering our people
- Ensuring innovative and sustainable care

The time horizon for this plan is five years. Health and care services will undoubtedly look different by 2026, and we are excited to be already planning major new buildings and service models at our Eastbourne and Hastings hospitals to support this.

We recognise that ESHT is just one part of the change. The health and care challenges we aim to tackle for residents are complex; so East Sussex care providers will need to come together to ensure that we achieve this equitably for our communities. Working across organisational boundaries will make the difference, which is why we are especially proud of our history of collaborative working with East Sussex County Council (ESCC) locally (at Place) and with wider partners across Sussex (System).

We must prioritise access to care for all our communities. COVID has changed all our worlds, and in healthcare it has enabled us to fast-track digital technologies and change the way that we provide care efficiently. We must recognise, however, that the most vulnerable often do not have access to technology so securing the outcomes that we want for them may need to come from traditional approaches too.

We will collaborate with health and care partners to deliver our aims. This plan for the next five years will help us focus on patients' needs; prevent exacerbation, enable better lives, support long term care needs in the right place, with the right care.

To do this differently, to make durable changes and to improve the lives of our residents means that we are reshaping services collectively as a health and social care partnership.

Better Care Together for East Sussex

1

WHO WE ARE: WHAT WE PROVIDE

We are Sussex's only integrated care provider

East Sussex Healthcare NHS Trust (ESHT) is Sussex's only integrated acute and community health services provider, caring for over half a million residents as well as the visitors and tourists that visit our coastal county all year round. We are the lead provider of a wide range of hospital-based services across East Sussex as well as offering community led services across much of the same area.

Our services are mainly provided from two district general hospitals, the Conquest Hospital in Hastings and Eastbourne District General Hospital both of which have Emergency Departments and provide care 24 hours a day. They offer a comprehensive range of surgical, medical and maternity services supported by a full range of diagnostic and therapy services.

At Bexhill Hospital we provide outpatients, ophthalmology, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital we provide Outpatient and inpatient intermediate care services. We also provide some services at Uckfield Community Hospital.

Our community teams also provide care in the patient's own home, over 100 community sites across East Sussex and GP surgeries. We employ 7,700 people across the organisation. Our annual income for 2019/2020 is £535 million, making us one of the larger NHS Trusts in Sussex.

We have a track record of improvement

By 2020, ESHT had turned a page. We exited financial and clinical special measures in 2018 and 2019 respectively, and secured an overall Care Quality Commission (CQC) rating of "Good" with several services being rated as "outstanding".

This achievement represented the apex of our previous strategy (ESHT 2020: Outstanding and Always Improving); to return the Trust to a position from which patients could take confidence, in which our partners could build trust and of which our staff could be proud.

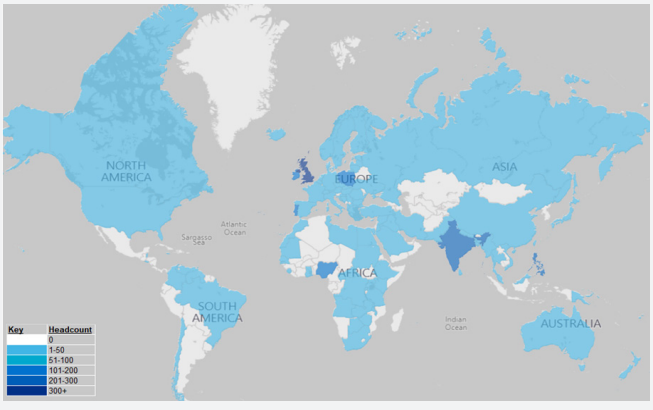
This was all achieved within the context of maintaining and sustaining a distinct approach to an ESHT way of working; a culture that recognises a sense of team, maintains social cohesion and empathy with colleagues and our patients (see the section on Supporting Our Staff for more details).

We work in partnership

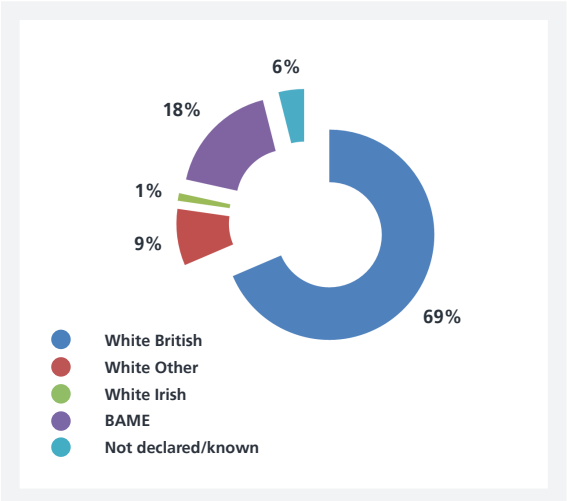
This new five year plan seeks to build from our strong foundations and enables ESHT to have a directive role in shaping our local place with partners in East Sussex and to support Sussex-wide collaborative working to ensure care is provided optimally across Sussex.

We are a proudly diverse organisation

East Sussex could be considered, in a comparative sense, as far less diverse than more urban, densely populated parts of the country. However, considering diversity in its wider sense, there are significant differentials across our communities (see Section 2 'Health Priorities in East Sussex' for more detail). Serving the population centres of Eastbourne, Bexhill and particularly Hastings means that ESHT we see a broad range of residents from a wide range of communities, here at the Trust over 100 languages are spoken by our staff, and nearly one in five staff identifies as BAME (18% of our people, compared with 8% across the East Sussex population). We are proud of our diverse ESHT community and will continue to promote equality and diversity in our workforce. This document refers to Place (East Sussex) and System or 'ICS' (Sussex). Please see the glossary for further information.



ESHT people by ethnicity:



Diversity and difference is a strength and we recognise that a deeper understanding of wider perspectives can lead to better, more sustainable responses to the challenges we face as an organisation. We are committed to supporting and harnessing the insights of our LGBTQ+ staff and staff with disabilities and have established network groups that engage ESHT people from these communities.

Looking more widely at diversity; we are proud of how broad and diverse our services are; our integrated provider status means we are not a typical district general hospital. Every day we have staff who could be assessing elderly bone health, providing complex specialist care for urology patients, implementing early intervention initiatives for children or sourcing packages of care working with social services to support people at home, as just a few of our many services.

This diversity is complemented by the integrated nature of our service portfolio, which will drive the future shape of the care we provide and outcomes we deliver. As our strategic aims show later in the document our five year plan considers the role we play, not in an isolated way (e.g. as individual hospital or community services) but as how the services we provide can support improved community health and support more collaborative working to improve patient outcomes in a wider sense.

1

WHO WE ARE: WHO WE SERVE

Supporting our staff

There is a strong local sense to ESHT, with 74% of staff living within ten miles from where they work. Many of our current staff truly see themselves as East Sussex people; they work now for the Trust that will care for them in the future. Their investment is personal.

Our patients too are, in the most part, local residents who could easily be the friends and family of our teams. This underscores our commitment (that supports one of our four strategic aims) to look after the health and wellbeing of our people so that they will be better equipped to provide good care for our patients. We strive to put our service users, staff and community at the heart of everything we do. We are committed to embedding user experience into the development of our organisation and the services we provide.

Alongside the process of developing this strategy we commissioned a piece of work using the 'appreciative enquiry' approach that sought, through interviews with over 100 of a wide-ranging selection of our staff, to identify "the best of ESHT".

As part of this extensive engagement with staff, we sought to explore what is special about the Trust and what our future could look like.
What we heard included:

- Our **caring and supportive culture** staff going the extra mile, with a strong team spirit
- Our services, which have overcome significant challenges to **improve care for patients**
- Our **value-driven** approach that has built a sense of cohesion, unity and togetherness
- Our **approach to change,** driven by **a willingness to learn and improve** across the organisation

We asked staff "what are the values and behaviours that characterise ESHT". The resulting exercise revealed a range of words that together distil the ESHT culture; Empathetic, Adaptive, Dignified, Compassion, Caring, Action-oriented.

During the challenging COVID months, these qualities enabled teams to come together to adapt and change. This was made possible by living by our values of respect, compassion and working together as a part of one fantastic team.

Delivering care for East Sussex and beyond

ESHT is an important part of the local community – We provide acute care services to a population of over half a million people in our local boroughs of Eastbourne, Hastings, Rother and Wealden. As well as those who directly engage with our services, we also have a responsibility to our whole local population to promote and protect their mental and physical health, working alongside our partners in primary and mental health care.

We also have a larger, regional coverage – providing specialist urology services to a larger population, extending beyond Sussex and into Surrey.

Over the years covered by this plan, ESHT recognises that this foundation – as a local and regional provider of care – provides us with a strong position from which to build further in terms of integrating care for patients across the whole of Sussex; especially shaping shared pathways with acute hospital partners. From our unique position in Sussex as a provider of both hospital- and community-based services, we can consider how best to care for people; using our teams in the community we can support in people's homes or as close to their home as possible. We are also keen to deepen our pathways with GP and social care partners, especially where patients need care that our services provide but do not necessarily need a visit to hospital to achieve this.

Our five year plan includes priorities that cover both of these areas – the system-led, acute collaboration and also the place-shaping community, primary and social care closer to home.

Tackling inequality of access to care

When we talk about the people we serve, we mean our patients and staff and, as noted earlier, many of these see themselves as East Sussex people. ESHT covers a geography in East Sussex that is both coastal and rural. We know that coastal towns in particular have higher levels of deprivation, employment seasonality and an ageing population. Coastal towns experience high levels of out migration of young people that contributes to an imbalanced and ageing population. For those who remain, drug and alcohol issues tend to be higher than the national average; the same is true for rates of 15 to17 year-old pregnancies. So even before COVID, pockets of deprivation existed in East Sussex that were comparable with inner city wards. Section 2 covers this in more detail.

COVID exacerbated the issue and overlaid BAME onto deprivation, with vulnerable groups hardest hit. Working with the system, ESHT is moving forward with targeted analysis of long waits and joining up with LA and PCNs to support managed pathways and acutes to facilitate care. This feeds into our strategic aim around improving community health, which is supported at both ICS level through its five year strategy as well as the Place priorities (see section 3 for more details).

1

WHO WE ARE: WHAT WE STAND FOR

Our mission, vision and values

Our motto is "Better Care Together for East Sussex".

Our mission is: East Sussex Healthcare NHS Trust delivers outstanding care with partners across East Sussex, enabling all residents to lead active, healthy lives and supporting those in need of our services at home or in hospital. We achieve this by fostering multidisciplinary working internally and collaborating widely externally.

Our vision describes our ambition for the organisation over the five years of this plan:

- To develop outstanding services, building a reputation for excellence in care, becoming "the best DGH and community care provider"
- To lead a modern organisation for our people, enabled by technology, agile working and a light environmental footprint
- To harness existing strong relationships to forge a vanguard collaborative tackling the social and health challenges that face our coastal towns
- To make a demonstrable economic and social impact through our partnership commitments; on health, employment, education, training and skills development across Sussex
- To develop as a financially sustainable and innovation-led organisation

Our values are shown below.

We considered whether these remain relevant post-COVID and asked staff how they felt about these as statements of the behaviours we seek in our everyday interactions.

Working Together	"We care about building on everyone's strengths"
Improvement and Development	"We care about striving to be the best"
Respect and Compassion	"We care about acting with kindness"
Engagement and Involvement	"We care about involving people in our planning and decision-making"

On balance it was felt that these do indeed reflect the values that ESHT staff both live to and continue to aspire to in their day-to-day work at the Trust. Moving forward over the coming five years, it is recognised that more important than the words themselves are how these translate into policies, principles, actions and behaviours if we are truly to make them core to the ESHT way of working.

Our role in the changing care landscape

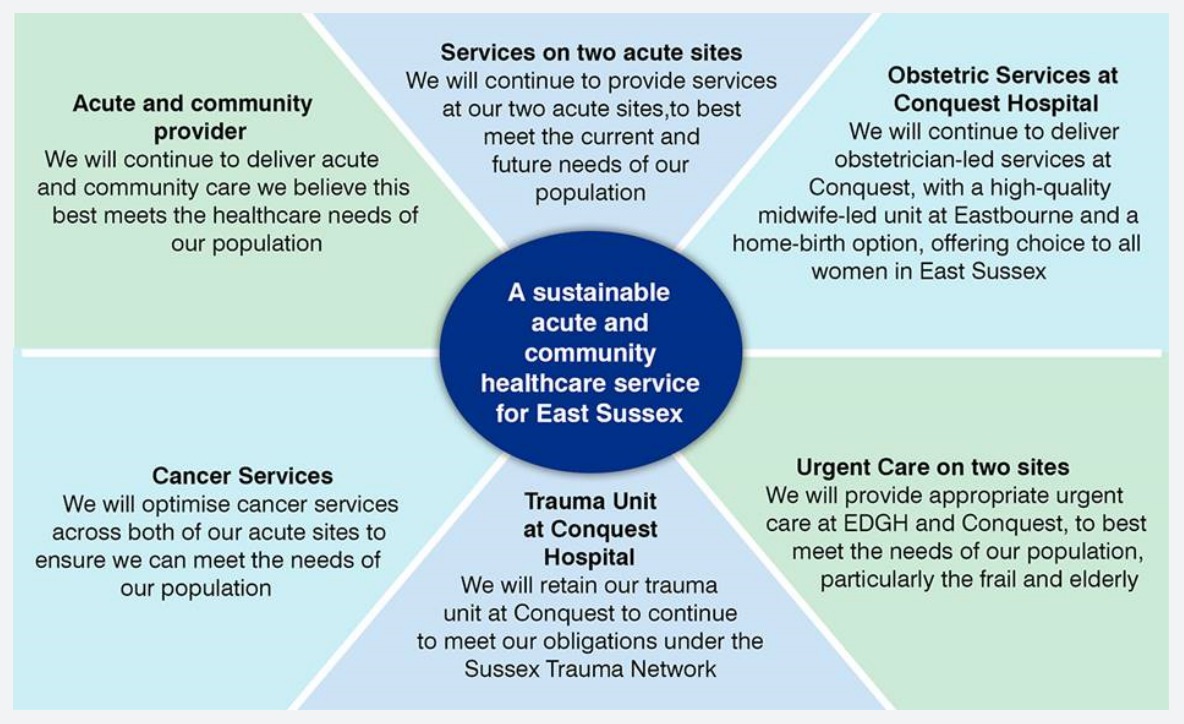
Running through the NHS 2021 White Paper is the dual principle of integration and collaboration to improve care. It talks of health services delivering the "Triple Aim" of 1) improved care/experience, 2) improved population health and 3) reducing the cost of care.

To achieve this will require formal and informal collaborative efforts across organisations to deliver complex change and tackle long-term population health issues. Additionally, organisations within the system will continue to fix problems at "ground level" on a day-to-day basis. The White Paper recognises this, with organisations retaining an ability to chart their future course, within the context of the wider aims for Place and System.

So in coming to this five year plan, ESHT has considered our focus at the broadly three levels implied by the White Paper; as an organisation, as a shaper of Place and as a co-ordinated provider at System level. We feel that these three layers as we define them are mutually inclusive and show our commitment to deeper, closer working to improve outcomes.

Building the organisation

In our previous strategy we articulated the "fixed points" for the Trust that we feel are waypoints guiding the organisation. These remain salient guides even in the new world of System and Place and do not detract from the wider aims for Sussex and East Sussex. We propose to retain these and anticipate that the organisation does not shift away from these.



Shaping the Place

East Sussex has benefitted more than other Places from some strong relationships during the earlier iterations of collaboration/integration. Examples of existing joint working at Place include the shared aims and ambitions for community services and social care (known as the Target Operating Model) and senior joint posts across ESCC and ESHT. Building on this explicitly, to recognising the social value that can be created at Place (in terms of employment, estates-sharing, procurement) is central to how ESHT wishes to define further with partners the nature of Place for East Sussex.

Supporting the System

As the ICS body for Sussex evolves, it is clear that ESHT as part of a provider collaborative will play a role in ensuring acute care provision is optimised across the whole of the county and we are committed to support a principle of improving minimum standards of care to reduce outlier outcomes across Sussex. Currently ESHT is playing an active role supporting the pathology and radiology networks across Sussex and is recognised as leading the Sussex-wide engagement on digital initiatives with partners."

2

OUR FUTURE DIRECTION

Health priorities in East Sussex

Over half a million people live in East Sussex. It is a mixture of urban and rural areas with a large elderly population, particularly in its main coastal towns (Eastbourne, Bexhill and Hastings). There are stark inequalities within the county with some areas having significantly worse health, as well as significant differences across the determinants of health.

East Sussex has a demographic that skews toward the older end of the range. The county has fewer residents than the E&W average in almost all age groups from 0 to 49 (it is slightly higher in the 20 to 29 group) but more residents in every age group from aged 50 to 90+. Over the coming five years, this balance is not expected to change; indeed the greatest growth is expected in the older age group (65+). This group represents a quarter of the county's population and is projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services. The working age population in east Sussex is expected to grow but more slowly than the older age group and birth rates are expected to remain flat.

In common with the rest of the country, life expectancy in East Sussex has stalled. Those living in our most deprived communities have the lowest life expectancy and can expect to live fewer years in good health. Moreover, the gap in life expectancy in the most deprived areas of Hastings versus those least deprived areas in Rother is around 12 years for men and 10 years for women. Arresting this slide through improved collaboration across health and care must be a joint priority.

Considering where the most deprived communities are located within East Sussex, 14% of East Sussex's Lower-layer Super Output Areas (LSOAs – similar to neighbourhoods as units) appear in the most deprived 20% nationally. Just under half of these are in Hastings and just over a quarter are in Eastbourne. The remaining 25% are spread across Rother, Wealden and Lewes.

Targeting the causes of death which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities between the most and least deprived groups in the population. The biggest causes of inequality in life expectancy in East Sussex are circulatory disease, cancer, and respiratory disease. All these areas are reflected across the planning documents and collaborative work streams of the Sussex ICS.

Vision 2025: an overarching plan for Sussex

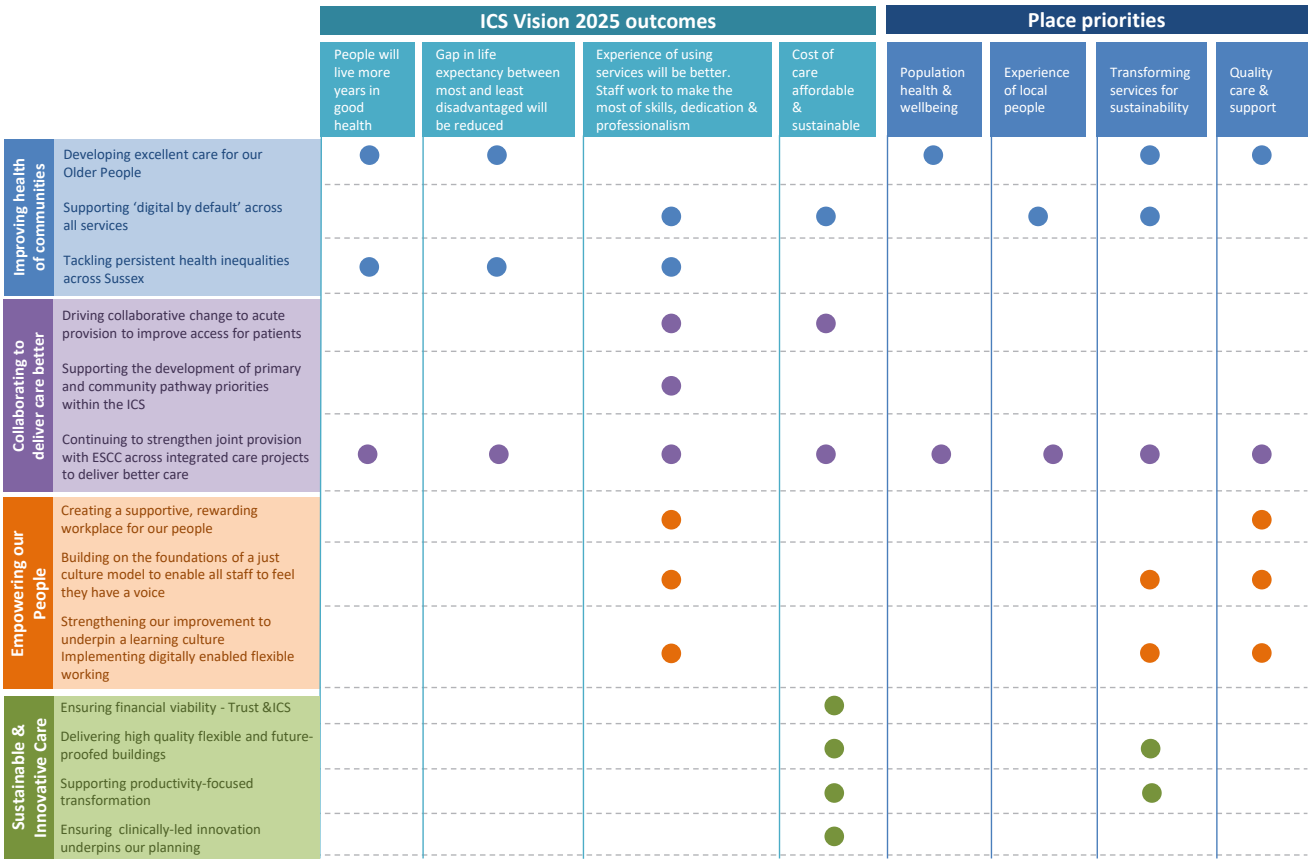
At the summit of strategic planning for Sussex is the System plan (for Sussex) known as Vision 2025. This seeks to group outcomes into phases of life – starting life, working life and end of life. The intention is that this structure will be underpinned by the three Place-based priorities, currently being refreshed in East Sussex and that a consistent thread should run from System, through Place and down into individual organisational five-year plans.

Place priorities: supporting the refresh

The original ICP (now Place) priorities are also in the process of revision, mindful that these too need to reflect the outcome focus of the Vision 2025 document.

Alignment from organisation through Place into System

We talk of a "golden thread" woven from organisation, through place and on into the system that ensures a consistent approach to plans and strategic development can be traced. This is summarised below and shows how the ESHT strategic aims (see next section), shown down the left-hand side of the schematic, fit with the focus of both Place and System (ICS) priorities/outcomes, showing that as ESHT delivers its aims, so the benefits will be evident beyond traditional organisational boundaries.



3

OUR FIVE YEAR PLAN

The strategic aims

Following the 2021 White Paper, the changing operating environment over at least the next five years places the emphasis on organisational collaboration, joint pathways for health and care and a renewed focus on improving outcomes for residents. So our organisational plan must be able to address challenges well beyond the more traditional boundaries.

- In developing this plan, the board considered the question of describing our "core principles" about the organisation, and several key themes emerged from our discussions:
- We are committed to improving access to services for our population; which includes the most deprived/dependent areas within Sussex and the wider South East
- We are uniquely placed in Sussex to lead cross-sector service transformations (via ESCC & community services)
- We ensure strong collaborative working with Sussex acute partners to optimise service provision across the county
- We have strong enablers via our (Building for our Future) BFF programme, digital presence and our "can do" resilient operational culture
- We recognise the importance of the shift in emphasis toward place/system outcomes
- We are currently in a challenged ICS and understand the importance of securing a sustainable system and our role in that
- We then sought to build strategic aims that brought these principles to life and that also reflected what we know about our local health priorities and operating environment over the time horizon of this plan. We agreed four strategic aims for the Trust that we feel demonstrates our commitment to our principles, aligns with system and place direction and remains outcome focused.

- Our coverage includes pockets of deprivation among SE highest
- Post-COVID especially we recognise the health deprived
- Prioritise access and equity
- Ageing, dependent population
- Integrated services offers wider reach/impact

Improving the health of our communities

- Evolving system and place = we embrace collaboration needed to lead/support new models/pathways
- Current reality is that almost all our care happens locally; we are a local hospital for local people
- Transport links across county are suboptimal so retaining access is key

Collaborating to deliver care better

- Staff remain the greatest asset we have
- It's been tough and people need to feel valued
- Engaged staff stay, and tell their networks to join us
- Act as ambassadors - they're residents too

Empowering our people

- Already recognised as driving digital innovation across Sussex
- BFF is prime opportunity to modernise facilities and care experience
- ICS financial position remains fragile - need to play a role in supporting affordability

Ensuring innovative and sustainable care

Each of these four aims will be realised through a set of associated priorities, together these represent the areas that the Trust will prioritise. Tracking each of these will come via internal and/or ICS/Place forums where progress/performance will be monitored against the plans.

Strategic Aim 1: Improving the health of our communities

We will focus on service improvement to drive better outcomes and address inequalities of access to care.

Context

Our primary function is to deliver excellent care for our population. We are committed to developing our services to ensure we deliver the best care possible across all of our services. We are planning to progress new models of care across several of our specialist services and are looking for further opportunities to excel, most notably in areas that support our demography.

Our response

We will deliver high quality care across all of our services, recognised through service user and staff feedback and external assessment (e.g. CQC rating). We will integrate our services to centre care on our service users and we will progress opportunities to improve our models of care, specifically those affecting services with greatest impact on our older population. We will lead integration and become an integrated out of hospital provider.

Priorities	Description
Developing excellent care for our Older People	• Become a recognised leader in frailty • Strengthen effective discharge out of acute into community/ home/other • Deliver improvements key older peoples' services (Orthopaedics, Ophthalmology)
Supporting 'digital by default' across all services	• Identify and deliver priority services for fully digital pathways • Maximise the digitisation of OPD to support transformation
Tackling persistent health inequalities across Sussex	• Collaborate with primary care and local authorities to deliver Place-led prevention priorities (smoking, alcohol, obesity)

What will successful delivery mean for:		
Patients	**Staff**	**The Trust**
"I can access high quality care across all ESHT services"	"Iam proud of the care we provide - I see the difference it makes"	"We consistently deliver high quality care, and are here for our communities where and when they need us"

Strategic aim 2: Collaborating to deliver care better

We will actively strengthen partnerships to deliver integrated care for the communities.

Context

With a move towards integrated care, organisations will need to work together to create joined up systems of care centred on the service user. Partnering with other organisations can help realise efficiencies, improve experience of care for service users and support a population health management approach.

Our response

We will partner with other local providers across sectors to deliver integrated care that improves the health of our population. This will open opportunities for us to develop and sustain our services and provide better care for our service users as the healthcare landscape changes.

Priorities	Description
Driving collaborative change to acute provision to improve access for patients	• Play an active role in delivery of the system Acute Service Review (ASR) initiatives/projects • Work with partners on other services/pathways that will improve outcomes for Sussex patients
Supporting the development of primary and community pathway priorities within the ICS	• Establish models in services that are consistent with system (primary and community) priorities (e.g. Sussex-wide Long Term Conditions)
Continuing to strengthen joint provision with ESCC across integrated care projects to deliver better care	• Fast-track new approaches to integrated care and ensure that Place supports delivery of system priorities

What will successful delivery mean for:		
Patients	**Staff**	**The Trust**
"I feel that my health and well beign comes first - and I understand how the service meets my needs"	"I am confident working across organisations with colleagues because we share a common goal to improve services"	"We are developing our organisational form to deliver services that improve health across Sussex"

Strategic aim 3: Empowering Our People

We will nurture our culture and champion the capabilities of our people.

Context

Our workforce is the heart of our organisation and it is our responsibility to ensure they are supported to deliver the best care possible. With persistent workforce shortages across the NHS we want to create a culture where we champion and develop our people and promote diversity and equality across the organisation. Our staff are keen to be given further opportunities for learning and career progression and we are keen to empower them to lead at all levels and involve them full in the development of our services.

Our response

We will empower our staff and develop our culture to support equality and diversity across our organisation. We will develop a workforce that consistently delivers excellent care by embedding our QI approach and collective leadership throughout our organisation. We will develop a digitally-enabled agile and efficient workforce, improving staff and service user experience. Together these will support us to develop a happy, sustainable workforce delivering high quality, integrated care. Our staff are keen to be given further opportunities for learning and career progression and we are keen to empower them to lead at all levels and involve them full in the development of our services.

Priorities	Description
Creating a supportive, rewarding workplace for our people	• Ensure we sustain levels/learning from support provided during COVID & consider best practice • Establish and invest in succession management and internal development of our people
Building on the foundations of a just culture model to enable all staff to feel they have a voice	• Ensure fairness and equality across our organisation • Develop collective leadership • Strengthen clinical leadership development
Strengthening our model of improvement to underpin a learning culture	• Develop culture change champions to build a network of improvers across the Trust
Implementing digitally enabled flexible working	• Implement an agile working policy as appropriate and efficient • Look for opportunities to integrate new technologies into staff daily working practices

What will successful delivery mean for:		
Patients	**Staff**	**The Trust**
"I am cared for by higly trained staff I feel involved in my care"	"I feel empowared, I am listened to and feel I can support in my care career development"	"We have a culture that promotes continuous improvment. We attract and keep high quality staff"

Strategic aim 4: Ensuring innovative and sustainable care

We will embed a culture of innovative, affordable care that meets the changing needs across Sussex.

Context

The demand for healthcare is increasing and putting significant pressure across all our services. This means that in many areas "doing the same, but better" will not be enough and even incremental improvement will leave services unsustainable. We will need to transform our service models and create a culture of innovation to ensure that we remain able to deliver high quality care through services that are forward-thinking and viable.

Our response

We will tackle the rising demand levels by embedding a culture of innovation that promotes research, uses digital tools to support care delivery and progresses prevention initiatives to support the System health and well-being priorities.

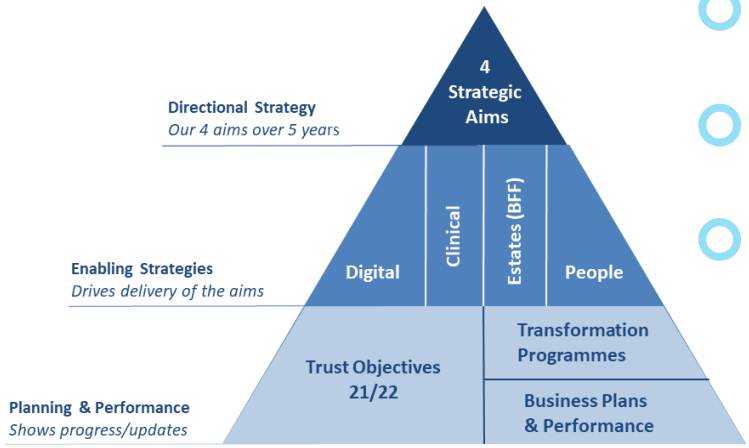
Priorities	Description
Ensuring financial viability - Trust and ICS	• Develop savings plans to ensure ESHT fits within affordability envelope
Delivering high quality flexible and future-proofed buildings	• Adopt zero carbon NHS principles and wider footprint considerations in our Estates planning
Supporting productivity-focused transformation	• Pilot new models of care delivery & measure the impact on footprint/productivity/efficiency • Collaborate with other Trusts to develop digital care partnership working (e.g. PACS/RIS)
Ensuring clinically-led innovation underpins our planning	• Restart clinical networks to focus on clinical innovation - supportive of Trust transformation and ICS/Place priorities • Sustain our tertiary provision and maximise opportunities for ESHT

What will successful delivery mean for:		
Patients	**Staff**	**The Trust**
"I am able to access to new andinnovative care option"	"I feel I can contribute to the delivery of my service - I cand make my ideas happen "	"We are changing the way we work to enable technology-led sustainable improvements"

4
TRACKING DELIVERY

The ESHT framework

The four strategic aims represent how we describe ESHT and our place in the world as a Sussex, East Sussex player. They are designed to fulfil very specific purposes:



- Memorable and concise enough for all staff to recognise
- Consistent with Place focus and ICS 2025 vision and Place priorities
- Reflective of population health priorities and demography

These 4 stragtegic aims cannot exist outside of a wider approach that structures and manages the performance of the organisation effectively. Putting this together gives us the ESHT triangle as an approach to drawing together strategy, planning and delivery across the organisation.

The second layer of this triangle is composed of the key enabling strategies that are of standalone importance and require individual plans. Each of these strategies sets out the "roadmap" priorities over the 5 year horizon (BFF up to 10) for each of these areas. These are consistent with the priorities within the strategic aims and/or explicitly support their achievement.

The final layer of the triangle reflects the near-term/ in-year plans and priorities. Transformation programmes cover Trust-wide 'step change' priorities and will support the operationalisation of internal productivity/efficiency gains. The annual process through which these areas are reviewed/developed includes a triangulation with strategic aims and strategies to ensure trackability/consistency from the granular plans to the strategic aims.

The difference our strategic plan will make by 2026

ESHT has delivered significant improvements in quality and financial performance over the last two years; but we are entering a new era for care delivery and – as the saying goes "what got us to here, won't get us over there".

In celebrating all that we have achieved we can recognise the necessary improvements that lie ahead if we are to reach the vision to which we aspire. We are confident that this new strategy will deliver significant benefit to patients and staff and strengthen our organisational processes and collaborative culture.

The summary characteristics over the next page answer the question "what will be different upon successful implementation of this five year strategic plan?" illustrating the scale and nature of the improvements from where we are now. Putting it another way; listed below are the outcomes that effective delivery of the strategic aims and their objectives will deliver.

This is the ESHT we are striving to create by 2026.

Our current model of

Existing approach:

- Retains boundaries between traditional acute care model and community services
- Exhibits pockets of digital excellence
- Constrains service provision and innovation through poor estate
- Contains some inequalities of access for the service user
- Is not based on a single operating model across all sites - so service users, their families and our staff can experience variations in performance and hand offs between teams
- Does not fully engage service users and carers effectively in service redesign

Our future vision for 2026

Will enable:

- Operating in Segment 1 of the Single Oversight Framework (SOF)
- Recognised by the CQC as outstanding
- Seen by Sussex system partners as a proactive player
- National recognition for at least one service area (frailty)
- Inspirational approaches to work, enabled by a modern environment
- Recognition as an employer of choice due to both the quality of care we provide and the support we provide for our people
- Prioritising our approach to green/ sustainability issues – notably our footprint through BFF
- Artificial Intelligence (AI), apps and virtual clinics as normal models of provision alongside traditional methods of delivery
- Electronic patient records, joining up GP and hospital records
- New clinical roles and ways of working that are collaborative and innovative that reach across organisational boundaries
- A digital-first way of working across our services, leading on ICS priorities
- ESHT as a financially sustainable organisation within a viable Sussex region

We have a wide range of volunteering opportunities and you don't need previous experience in a health setting to volunteer for us.

For more information visit our website:

esht.nhs.uk/volunteering

5

GLOSSARY

of words used in this document

Building For Our Future (BFF)

This is the name of the Trust's programme co-ordinating the new developments to be funded by the national Health Infrastructure Plan (HIP).

Care Quality Commission (CQC)

The Care Quality Commission is an executive non-departmental public body of the Department of Health and Social Care (DHSC). It was established in 2009 as the independent regulator of all health and social care services in England. The Care Quality Commission monitors, inspects and regulates hospitals, care homes, GP surgeries, dental practices and other care services to make sure they meet fundamental standards of quality and safety and publishes what it finds, including performance ratings to help people choose care.

Integrated Care System (ICS) or "System"

Integrated care systems are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. Since April 2021, all parts of England have been covered by one of 42 ICSs.

Lower Layer Super Output Areas (LSOAs)

Lower Super Output Area is a unit of statistical measurement that reports outputs over a small geographical area. sector and other local networks.

Outmigration

Leaving one place in order to reside in another (usually within the same country).

Place

The term "Place" is not specified within the White Paper but it refers to collaboration at a local level (meaning over a smaller area than an ICS). In Sussex, there are three Places within the System (West Sussex, Brighton and Hove, and East Sussex). The collaboration is between sovereign organisations working together to improve population health outcomes. These organisations will include health, social services, third sector and other local networks.

Single Oversight Framework (SOF)

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with general practices being a part of a network, typically covering 30,000-50,000 patients. GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. The networks provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

Single Oversight Framework (SOF)

This refers to the national approach to monitoring performance of ICSs, Commissioners and Provider organisations. The measurement areas reflect the five national themes aligned to the NHS Long Term Plan: Quality Access/Outcomes, Preventing Ill Health, Reducing Inequalities, People, Finance/ Resources, Leadership/Capability. A sixth theme will be determined locally by individual ICSs.

White Paper

This refers to what is the Health and Care Bill, laid before Parliament in July 2021. The Bill follows proposals for legislative change originally brought forward by NHS England & NHS Improvement (NHSE/I) in autumn 2019. These were further developed in the Integrating.

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Maternity Services – Case for Change Lookback

Meeting information:			
Date of Meeting:	10th August 2021	Agenda Item:	11
Meeting:	Trust Board	Reporting Officer:	Joe Chadwick-Bell

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

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

Summary:

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

This paper has been produced in order to demonstrate the "lookback" to which ESHT committed, based on feedback from a local interest group in Eastbourne. The paper documents the context, the process and the findings – the latter of which amount to no change to our current model of provision for these services. We have secured the support of both the ICS and CCG in maintaining our view that there is no evidence to suggest any change in service is required. The aim of the lookback was to understand if any material changes had taken place which would point towards reviewing the model of care, with the report covering 6 key lines of enquiry:

1. Quality and safety of maternity services at Eastbourne (EDGH)
2. Patient experience of maternity services at EDGH
3. Birth numbers at the Trust
4. Workforce sustainability
5. Resource sustainability
6. Alternative models of care

The Trust recognises that some of the population would like to see obstetric care provided at both Eastbourne DGH and Conquest Hospitals. The Trust's clinical strategy is to ensure safe and sustainable maternity services are available offering women and their partners a safe birthing choice which includes home births, midwife led birthing units and, for higher risk pregnancies, a full obstetric unit.

As the report makes clear, since 2014 the model that we have put in place at EDGH has not only the continued support of commissioners, but both clinical and patient-related outcomes have improved. As such, the Trust will not be considering re-introducing obstetric care to EDGH. However as part of the maternity strategy moving forwards, the Trust will work with the local population to explore the development of a maternity hub at Eastbourne, which provides parents and babies with a range of services to support them through their peri- and post-natal care, with midwifery led birthing unit and home birthing options.

As part of the Building for our Future and Hospital Development plans we will continue to review population and birthing projections and consider how we might future proof services should the current demand projections change in future years.

2. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD)

The Board is asked to note this report.

Introduction and Trust Board Discussion

In response to a request from the local campaign group Save the DGH, a meeting was arranged with the new CEO of ESHT in December 2020.

The group was keen to revisit the decision of the Sussex CCG led consultation in 2014 (Better Beginnings) that, for largely safety reasons, determined obstetric led care would be consolidated on the Hastings site. The group was seeking the restoration of an obstetric service at the Eastbourne site.

The previous Executive leadership team had been clear that there were no reason to revisit the decision of the 2014 consultation. However, the new CEO agreed to consider a "lookback" over 2014 to 2021 to see what, if anything, had changed since the decision of the 2014 consultation.

The lookback reviewed what changes had occurred across the five drivers of the 2014 consultation, and found the following:

1. Quality and safety of maternity services at Eastbourne (EDGH): improved since 2014
2. Patient Experience of maternity services at EDGH: improved since 2014 (and is also a model supported by staff)
3. Birth numbers at the Trust: fallen since the 2014 consultation and flat thereafter
4. Workforce sustainability (Trust level): unchanged since 2014 – remains challenging for the Trust and is recognised as an issue nationally
5. Resource sustainability (Trust level): unchanged since 2014 – CCGs remain financially precarious

The evidence when considering the five drivers (above) showed nothing that supported a change to the existing model; either the challenges identified in 2014 remained, or had improved since 2014, supporting the claim that the existing model was fit for purpose.

In addition to these five areas, the lookback also considered a sixth; namely the existence of alternative approaches to maternity provision, specifically where obstetric-led units supported low numbers (sub 2,500 births annually, per site). The lookback found that:

6. Models of Care: The alternative model identified (South Lakes) was a response to tragic and specific care issues identified. Neither the geographic or clinical concerns that the model was set up to address are appropriate for Sussex. It was not therefore felt to be a replicable approach. Conversations with the University Hospitals Morecombe Bay's CEO and senior nursing staff confirmed this view. The Kirkup review (March 2015) found "serious failings of clinical care" in the maternity unit at Furness General Hospital where the South Lakes model is now sited, and the model has gone a very significant way to addressing the issues found in the review.

The Board expressed their support for the current ESHT model of care, recognising that greater good for local people comes from preserving the totality of our comprehensive service offer. This offer includes home- and midwifery-led births for comparatively low-risk mothers-to-be, with obstetrician-led care available in the event that this was felt to be clinically required.

Additionally, focusing on an isolated aspect within this range of services on a continuum of need for mothers risked prioritising one element inappropriately. A midwifery-led unit ought not to be seen as a "second tier" option, but rather a bespoke offer for mothers-to-be who are clinically suitable for that level of care, and which allows local women to give birth closer to home.

The current model is overwhelmingly the preferred approach of the consultants leading the service and, of those who remain in the department with experience of the 2014 consultation, they are united in their belief that the current model is great improvement on the previous approach. A standalone obstetric-led unit at the Eastbourne site would attract neither training posts nor a high calibre of candidate, as the activity numbers would remain significantly lower than other sites. In order to run safe rotas, it is estimated that an additional ten consultants would be required to support such a unit. Coupled with the point above regarding the plateauing of forecast birth numbers, an ambition to establish such a unit at Eastbourne would be wrong-headed and could constitute a retrograde step for the service by re-introducing risk and fragility to the resource model.

Both the CCG (commissioners of this service) and the Sussex NHS Integrated Care System lead have expressed their satisfaction with the service provided at ESHT. The CCG declined to be involved in the lookback for this reason; they were of the view that there was nothing to be gained by their participation in the exercise and did not want to risk any adverse inference being drawn from perhaps appearing to legitimise any challenge to the current approach; one with which they remain happy.

The paper was discussed in private at the June Board with input from the Trust's Assistant Director of Midwifery and Mr Dexter Pascall, Consultant Obstetrician and has been bought to the Board this month to share the report in public. In summary, the Board felt that the story of maternity services at ESHT in the recent past has been a compelling one of progress and improvement. It has come from a highly challenged position pre-2013/14, through the reconfiguration, and is now providing services that in 2021/22 are fit for purpose.

The Board is of the view that considerable workforce risks remain, birth numbers are likely to remain static and that the quality of care and outcomes have improved since the new model was put in place.

The Board therefore sees no justification to change the existing model of maternity care at ESHT.

As part of the Building for our Future Programme, the Trust will continue to review population and birthing activity projections to ensure we have a future proofed building should there be a requirement for an obstetric unit in future years. That said the current

projections do not show a growth in population of birthing numbers which would warrant re-introducing obstetrics at EDGH in the foreseeable future. However, alongside the local population the Trust would like to explore the option of a maternity hub in Eastbourne which offers a range of peri- and post-natal care, as well as a midwife led birthing unit, supported by a home birthing model.

0. Executive Summary

0.1 In December 2020 the East Sussex Healthcare NHS Trust (ESHT) Chief Executive met with members of the 'Save the DGH' group at their request regarding the announcement that East Sussex Healthcare NHS Trust (ESHT) would receive monies as one of the twenty five HIP2 (Health Improvement Plan) hospitals, announced by the Department of Health and Social Care in October 2020.

0.2 In light of this announcement, the group was keen to review the decision, made after the 2014 Better Beginnings consultation by the Sussex CCGs, to remove the obstetric-led unit at EDGH. Following the meeting, the Chief Executive agreed to consider a "lookback" to see what, if anything, had changed as regards the 2014 case for change and the key service risks since the consultation, without re-opening discussions as to other options previously consulted upon. It was decided that this lookback would be undertaken informally since no concerns had been expressed by CCGs, NHSEI/SE region and/or stakeholder groups in this area.

0.3 The Trust considered the five drivers that constituted the original case for change in 2014 and added a sixth aspect for consideration; namely other models of care evident elsewhere within the NHS (noting the South Lakes model, set out by the group during the December meeting with the Chief Executive).

0.4 The report sets out the findings in each of these areas (1-5). In short, as regards the drivers in the 2014 Consultation, patient experience and quality have actually improved under the current model (i.e. Obstetric-led care provided at the Hastings site only) and, across the remaining three drivers, the issues/pressures noted in the 2014 Consultation remain relevant in 2021. So, given that the current model appears to be functioning well, and the challenges remain in place, on the drivers 1-5 the Trust sees that there is no demonstrable reason to revisit the current operating model.

0.5 The Trust additionally sought to understand other models of obstetric-led care that could be replicable within East Sussex, given the birth rate forecast. It appears that there are particular circumstances that would explain the operating environment of the South Lakes model but which do not appear to be replicable and sustainable. Equally, the quality of care and safety of patients within our current model (midwife-led only at the Eastbourne site) has improved since the 2014 consultation.

0.6 Given these findings across the six areas, the Trust is of the view that there is no demonstrable reason(s) to implement any change to the existing model of acute-based maternity care at our sites in Eastbourne and Hastings.

1. Background

1.1 In May 2013, East Sussex Healthcare NHS Trust (ESHT) temporarily located all consultant-led maternity services and in-patient paediatrics to the Conquest Hospital in response to a trend of safety problems.

1.2 This temporary move was followed by a formal consultation which ran from January 14 to April 8 2014, led by the CCGs of Eastbourne, Hailsham and Seaford, Hastings and Rother and High Weald Lewes Havens. The CCGs consulted formally on proposals re: the future of NHS maternity, inpatients services for children and emergency gynaecology in East Sussex. This was brought together in the consultation document known as 'Better Beginnings'.

1.3 The consultation addressed poor experience for women, a failure to meet some local and national standards for safety & quality, with a specific focus on consultant-led (obstetric) maternity services. The consultation also noted the historical aspect of the challenges regarding recruiting/retaining staff to maintain these services despite the improvements made as a result of the investment of £3.1m following the Independent Review Panel (2008).

1.4 The case for change within the 'Better Beginnings' consultation cited several drivers; the first of which was patient safety issues that necessitated the emergency change of configuration in 2013 were directly related to the factors of staffing clinical experience, temporary staff and unit size affecting recruitment and retention in middle grade doctors.

1.5 The case for change also highlighted unit size – where annual birth rates were below 2,500 a year, units faced quality & safety challenges. Both ESHT sites were below this figure (Conquest at 1865, EDGH at 1973) and Sussex birth rates were predicted to fall over the next ten years. The consultation notes the optimum number of annual births at an East Sussex consultant-led unit would be 4,000 – 5,000.

1.6 Another aspect was staffing – the consultation document noted the problems recruiting nationally and especially in smaller units, adding that clinical staff prefer to work in busier units where they will have a greater opportunity to improve their skills.

1.7 Also noted was the widespread use of temporary staff, unfamiliar with the way things work in our local hospitals, and that this was another important aspect of quality of care that needed to be addressed.

1.8 The National Clinical Advisory Team recommendation was that consultant-led maternity and inpatient paediatric services should be located on one site for safety reasons and sustainability of maintaining the clinical standards required.

1.9 The Chief Executive of ESHT met with a local community group in December 2020 at their request following the announcement that ESHT was to be a recipient of government (HIP 2) funding. The group is keen to revisit the outcome of the 2014 consultation 'Better Beginnings', specifically regarding the establishment of an obstetric-led maternity unit at the EDGH site.

1.10 The Chief Executive of ESHT agreed that a lookback be undertaken and the Terms of Reference (ToR) were shared during early December.

2. Approach

2.1 As set out in the ToR and reflective of the discussions between the group and Chief Executive the scope of the lookback considers what, if anything, has changed as regards the case for change and the key service risks since the 2014 consultation. The intention of this exercise is not to re-open discussions about other options previously consulted upon. Owing to the pressures created by COVID activity through the Trust from December 2020 onwards, this report has been undertaken within the necessary logistical constraints and so has been largely desktop-based. We are grateful for the co-operation and support from the Women's and Children's service teams in bringing together this lookback. We use the terminology 'women/patients/people' throughout this report to ensure inclusivity of those who use our services who may be transgender and/or non-binary.

2.2 In order to achieve a comprehensive assessment, the lookback would consider six aspects in coming to its conclusions.

1. Quality and safety

The consultation was grounded in addressing that standards were not delivered and we would need to understand current performance levels to understand how services are performing and whether this is a significant change to the picture seen in 2013/2014.

2. Patient Experience

The 2014 consultation very clearly aimed to improve the poor experience for women giving birth secondary to quality standards and lack of choice in place of birth. We would want to understand women's experience of the unit since then.

3. Birth numbers

The consultation report notes a minimum threshold of 2,500 births annually, per site. In 2014 both sites at the time were significantly below this and projected birth rates for East Sussex over the coming ten years were also set to plateau. We would wish to revisit these numbers for any evidence of material changes.

4. Workforce sustainability

The consultation notes that running two medical rotas across separate obstetrician-led sites was not sustainable given both the local and national shortages and combined with the low numbers of births at both sites. We will consider whether this has changed.

5. Resource sustainability

Although a second-order priority behind issues of care and clinical safety, we need to consider the on-going investment required to maintain an additional obstetric-led unit at EDGH. The Trust cannot invest in opportunities that are non-viable, or undertake planning for initiatives that are not sustainable.

6. Models of Care

We recognise that the consultation was undertaken some time ago (2014), and that thinking as to what constitutes a viable approach may potentially have changed over this period. We would seek to look at other clinical models and thresholds to ensure that we have an understanding of approaches on this subject. These would then be considered with regard to the specific circumstances within East Sussex as part of the findings of the exercise.

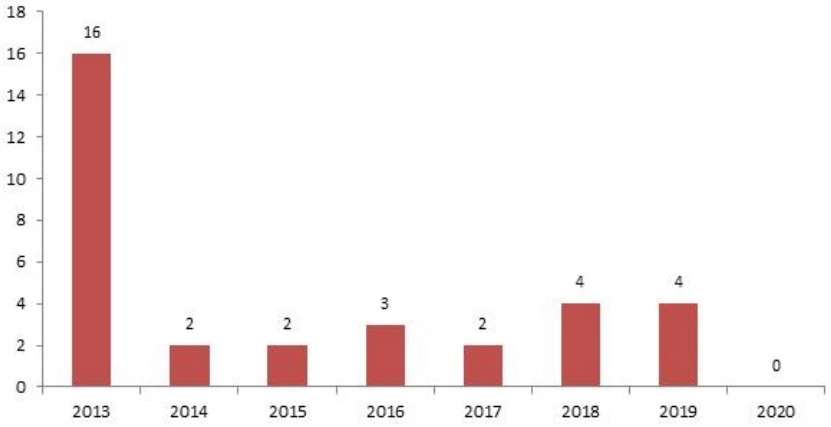
3. Findings

3.1 The findings have been set out as per the headings 1-6 in section 2 above.

3.2 **Quality & Safety** – the consultation noted three specific areas of risk previously flagged under the former model of provision. These were Serious Incidents, Transfers and Diverts and this section will deal with each in turn.

Serious Incidents: these have fallen significantly over the years since the consultation and implementation of the new model, pointing to improvements driven by the strengthening of the safety culture across the service.

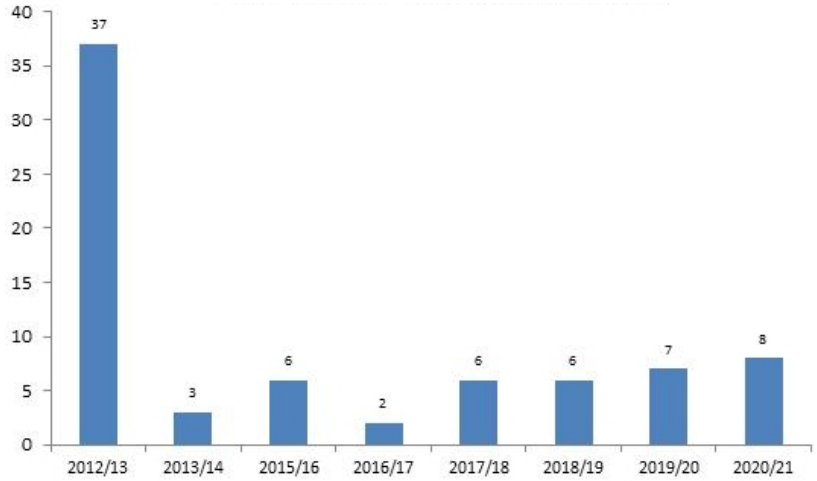
Figure 1: ESHT Maternity Services Serious Incidents (SIs)



Transfers – the Sussex clinical case for change noted that ESHT had significantly more women transferred to another hospital out of area during labour than anywhere else in Sussex in 2012/13, this is reflected in the numbers for that year below. Transfers usually occur if the unit does not have enough staff to provide the necessary care for the mother or child or if complications occur which cannot be managed at the hospital. For example, most transfers out are for prematurity – baby being <31 weeks gestation – transferred to a level 1 NNICU; these drive our numbers in Figure 2.

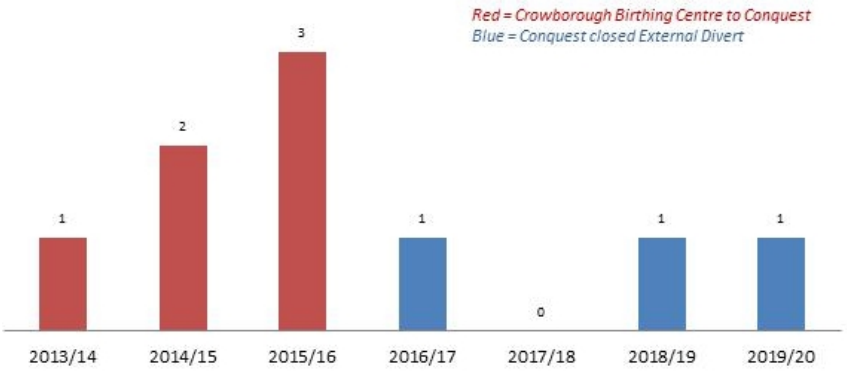
That the numbers have fallen so significantly since 2012/13 again talk to the overall improvement in quality and the benefits realised from ensuring a "critical mass" of competent staff commensurate with the service scope offered by the model of care.

Figure 2: ESHT Transfer Out of Trust



Diverts – Diverts in this sense occur when women in labour or with a planned admission are asked to go to another consultant-led or midwife-led unit within the same Trust. The consultation cited insufficient staffing as the main reason for this locally.

Figure 3: ESHT unit diverts



3.3 In addition to these specific risks around quality and safety that were raised within the consultation document, the lookback sought to consider progress over a wider remit in the years since 2014. It is evident that the team has progressed safety recommendations from the Better Births report[1] (2019) at pace, including improvements in postnatal care, Perinatal Mental Health provision, collaborative working across regional Trusts and sharing of learning regionally. The service has participated in the National Maternity Neonatal Safety Collaborative work progressing new pathways to improve safety of care for families and the Fetal Wellbeing midwife has led on the implementation of the Saving Babies Lives Care Bundle v2, making excellent progress on all 5 elements.

[1] national-maternity-review-report.pdf (england.nhs.uk)

3.4 As a result of these initiatives there has been no serious incidents relating to CTG (fetal heart monitoring) misinterpretation for 3 years, a reduction in stillbirths in line with national trajectory and focused work on reducing smoking rates. As regards the performance of the service in Avoiding Term Admissions to Neonatal (ATAIN) the service is consistently among the top two in the region, with the South East being the best performing area in the country.

3.5 On the question that frames this lookback (what has changed since the 2014 consultation) as regards quality and safety, it is clear from the data above and the published reports (e.g. annual ESHT Maternity reports) that not only have the risks identified in the consultation document been improved, but the overall evidence as regards safety across the service points to a demonstrably better service for women that require it.

3.6 **Patient Experience** - We considered the womens' experience of the EDGH midwifery-led unit. The quality and safety aspects of experience are picked up separately in point 5 as the consultation singled these out as key risks (serious incidents, transfers and diverts). Since the inception of the Eastbourne Midwifery Unit (EMU), The Trust's Maternity Services Annual Report notes consistent levels of positive feedback, which has improved compared with a low rate of complaints. The 2019/20 Report notes "Feedback from families who use our service is overwhelmingly positive. We have consistently high rates (>95%) of recommendation in the Friends and Family Test (FFT) and the response to the CQC Maternity Survey were improved on the previous year".

3.7 We looked at the details of the complaints and found the following; three formal complaints have been received following care at EMU – one in 2014, 2016 and 2017, and none have been received since. Two negative PALs contacts have been received since the unit opened. Within Friends and Family Test (FFT) result for 2019/20, all surveyed responded that they were likely or extremely likely to recommend EMU for care. As regards the positive comments/plaudits, the team include/post positive birth stories via the EMU Facebook page each month.

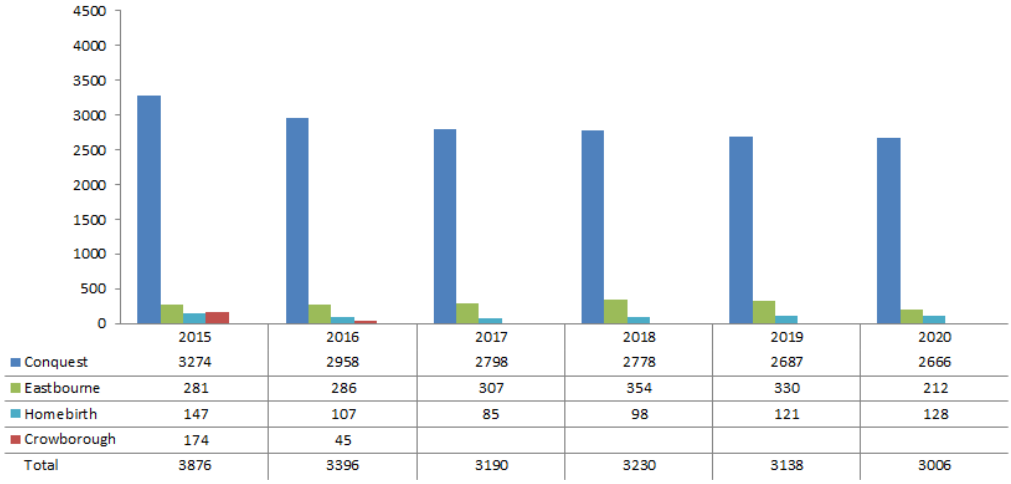
3.8 We also note, for context, the provision at the EDGH site offers a range of birthing options, and ESHT provides a wide choice of options for women under our care, albeit not all in one central location[2]. As part of its improvement trajectory since 2014, East Sussex Healthcare NHS Trust (ESHT) maternity services have implemented the recommendations from the Better Births report (NHSE, 2016) and NHS Long Term Plan (NHS, 2019).

3.9 With regard to the question that frames this lookback (what has changed since the 2014 consultation), from these reflections on their experience by people using EMU we find that there have been evident improvements in the qualitative experience of service users over the period.

[2] By this we mean obstetrician-led, midwife-led and supported home birth by our community midwifery team. We currently do not offer an 'alongside' midwife-led unit at the Conquest site, but this is being planned. We do however have specific rooms assigned as low risk/midwifery care on the obstetric unit.

3.10 **Birth numbers** – We considered the number of births seen at ESHT across both the Hastings and Eastbourne sites combined and these are summarised below in Figure 4. We note that the 2014 consultation cited a minimum threshold (per site number) of 2,500 births a year for East Sussex to enable a single birthing centre to maintain its viability.

Figure 4: ESHT birth numbers by location, 2015 – 2020



	2015	2016	2017	2018	2019	2020
Conquest	3274	2958	2798	2778	2687	2666
Eastbourne	281	286	307	354	330	212
Homebirth	147	107	85	98	121	128
Crowborough	174	45				
Total	3876	3396	3190	3230	3138	3006

3.11 As Figure 4 shows, since the consultation in 2014 birth numbers have fallen at ESHT and have stabilised around the 3,100 mark since 2017. Turning to reliable population forecasts over the near term, the East Sussex State of the County 2020 report considers growth by age-segmented population over the coming five years. Noticeably, the 16-64 age group has the lowest forecast growth of all ages (1.6% to 2024). The report estimates there will be 20,136 births in East Sussex between 2020 and 2024; a decline from its 2016 to 2020 birth estimated (21,700). Taking these as total births this gives an annual average (16-20) of 4340 births in total across East Sussex, dropping by 313 per year (20-24) to 4027.

3.12 Taken together these reports for East Sussex show a relatively low number of births and that the annual birth numbers (much like those for ESHT) have been decreasing over the period covered (2016 – 2024). This would suggest that on current information, knowledge and trends, that the future is likely to remain largely unchanged as regards birth numbers in East Sussex, with a tendency toward a slight reduction over time.

3.13 For reference, placing East Sussex in comparison with other areas by Crude Birth Rate (CBR) per 1000 population[3] demonstrates that it ranks among the lowest areas within the UK with a CBR of 9.5%. England is 12%, the South East is 11.3%. The highest recorded rate is the London Borough of Barking and Dagenham at over 19%.

3.14 With regard to the question that frames this lookback (what has changed since the 2014 consultation), from these data points it is reasonable to conclude that birth numbers in East Sussex, already low compared with other regions, will continue at this

[3] ONS (November 2017) Births by mothers' usual area of residence in the UK: Live births (numbers, rates and percentages)
Births by mothers' usual area of residence in the UK - Office for National Statistics (ons.gov.uk)

level and possibly diminish – albeit slightly – further. In mitigation we considered whether there were insufficient alternatives and/or existing alternative facilities that would be likely to close or cease over the coming years and we found nothing to support that this would be the case. Were it to be so, then this would increase the strength of a demand-led argument for a review of the options.

3.15 **Workforce sustainability** – The consultation noted in 2014 that there were "…significant national and local problems in recruiting and retaining middle grade obstetric doctors and midwives. Across the UK, many maternity units are struggling to recruit medical staff". We therefore considered whether this situation has eased over the intervening years, the current position at ESHT and whether there is cause for optimism more generally into the future. We also noted that this experience may differ according to staff group so have recorded the impact by relevant profession.

Medical staffing

Medical recruitment has improved with positive feedback from trainee doctors to the Deanery regarding experience gained and support offered. This has ensured that doctors are willing to come to train and work at ESHT. We have succeeded in recruiting several senior doctors to secure staffing to a level that enables one unit to function safely however, it is the view of the senior clinical team that ESHT would be challenged if it sought to split this resource over two small units.

During the last ten years the level of experience of junior doctors at registrar (middle grade) level has changed. These doctors in training all require more direct and indirect supervision for longer periods of time in order to achieve competence to progress to indirect supervision and levels of independent practice. Previously staff-grades were doctors who had completed training and either decided not to become a consultant or these posts were unavailable. Now, a doctor with more than one year's training can enter these grades.

Therefore, all doctors that are not consultants require a degree of training and supervision and this comes from ESHT consultants dedicating a greater percentage of their working week to assist. This, in turn, requires a greater number of consultants for emergency and elective care and we have successfully recruited 10 substantive consultants and 2 locum resident consultants. Due to our ability to appoint this senior workforce, we have gradually had increasing number of trainees at all levels of the training programme - this year the highest for many years. While this tells a positive story for patients as to the quality of our workforce, due to the level of supervision/training required there is now a greater percentage of senior clinician time during which they are not available to provide elective direct care.

The increased commitment to training and supervision is augmented by the small number of deliveries (noted in sections 3.4 -3.8), which will be insufficient for senior doctors to maintain skills and hence unable to provide a safe training environment. This challenge was a key driver of the consultation and team members noted that immediately prior to the emergency reconfiguration in 2013 there was a 33% locum rate at both sites. It is also noted that changes in clinical practice over recent years

has led to increased consultant time for each women throughout their care, as well as other safety initiatives eg mandated breaks between on-call commitments and resuing duties the following day with a minimum 11 hour break. This therefore requires additional medical resource for the same or similar birthing numbers.

Other developments that will no doubt influence this area include the impact of government changes (such as EU Exit) the full effects of which are unknown , but will most likely continue to decrease the recruitment pool. Additionally, national maternity reviews and initiatives most notably the Ockenden Report[4] in 2020 and Saving Babies Lives (version 2, 2019) all increase the requirement for senior obstetric time and consultant delivered services. This is estimated to be an additional three WTEs (whole time equivalents).

With an annual birth rate of little over 3000 (2019/20), each unit would only see around 1500 births a year if reverted back to 2 obstetric services. As noted at 3.8 there is little to suggest this changing significantly. Senior clinicians noted that the variety of cases mix and exposure to complex cases is important to many staff when choosing where they work. Small units have less of this variety and find it challenging to attract experienced or high quality staff – the team experienced this when Eastbourne and Hastings were separate units with low birth numbers, and believe that this would become an issue again if ESHT were to return to offering obstetric birth services on both sites. It is the majority view of ESHT consultants that two obstetric-led units at ESHT would not be safe and also not sustainable as it would be impossible to staff safely with obstetricians at all grades.

Midwifery Staffing

ESHT has been very successful in its recruitment of midwives; and is now recruited to full establishment. The Trust has a midwife to birth ratio of 1:27 and provide 1:1 care in labour 100% of the time. We also have a supernumerary labour ward co-ordinator on every shift to oversee the operational service.

The present unit configuration has enabled major improvement in the ability for substantive staff progression which is translated into safer and high quality patient care. We have also appointed many midwives from other Trusts due to the knowledge of opportunities that are available. It is the view of the midwifery team that we would be unable to do this while struggling to maintain basic levels of care across two small units.

We offer multiple specialist midwife positions: Consultant midwife/ Screening midwife/ Fetal Wellbeing midwife/ Diabetes Specialist midwife/ Bereavement midwives/ Debriefing midwives/ Safeguarding midwives/ Perinatal Mental health midwives/ Public health midwife/ 3rd Trimester Scanning midwives. The technical nature of some of these roles e.g. Diabetes, scanning means they also require a finite number of women contacts to maintain and improve their skills. The ability for these

[4] Ockenden Report (Ockenden, 2020) Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust - GOV.UK (www.gov.uk)

specialist posts have enabled them to improve care by focusing on these specialist areas and improve process, hence patient experience, risk and outcomes have all benefitted as a result of this targeted approach.

The Ockenden Report recommended Birth Rate+ assessment of midwifery staffing levels and funding of the recommended requirements. Requirements for midwifery staffing of two obstetric units would significantly increase this requirement impacting on cost and recruitment.

Paediatric Staffing (Neonatology)

The paediatric department would not be able to provide suitable trained doctors in neonatology to cover an obstetric unit 24 hours a day at EDGH. It has been challenging to recruit sufficient middle grade doctors to provide safe cover to Conquest site. We have achieved a safe and sustainable paediatric service by training Advance Nurse Practitioners to support the junior doctors. The majority of babies and children can be cared for on our day unit at EDGH with support from community nursing teams, this provided as high quality and convenient service for families.

Anaesthetic Staffing

If two separate obstetric units were planned, anaesthetics would require an additional on-call tier of anaesthetists able to respond to all emergencies at the Eastbourne site. An additional dedicated theatre team to carry out elective day work and respond to obstetric emergencies at EDGH would be required, as well as retraining team members who have not worked in obstetrics for the last 7 years. There would be definite difficulty recruiting middle grade staff with adequate experience to cover obstetrics out of hours.

There would be a dilution of training opportunities as the work load would be split across both units making it less attractive for recruitment and training purposes. Keeping up skills would be difficult in a small maternity unit and there would be poor utilisation of the team as the workload may not be sufficient to justify the use of teams to full potential. However the requirement of a dedicated team is mandatory irrespective of the number of deliveries as strict anaesthetic national guidance is in place for service provision of obstetric anaesthetic services.

3.16 For reference, the Royal College of Obstetrics and Gynaecology produce an annual workforce status report (latest available 2018[5]) that reinforces the ESHT staff feedback that the challenges of recruiting clinicians have not diminished over time.

3.17 Turning briefly to the future prospects for clinical workforce, from the literature it would seem that two structural features cast long shadows over recruitment potential in the coming years (leaving aside the years likely to be required to pay back the cost of COVID); namely the UK leaving the EU and educational funding reforms. Without replicating the detail here, it would be prudent to conclude that seeking overseas staffing to offset challenges to UK-based recruitment is unlikely to yield much fruit in

[5] O&G Workforce Status Report 2018 (rcog.org.uk)

coming years[6] and that the reforms to fees, bursaries and grants have had some detrimental impact on applicant numbers, specifically as regards nursing and midwifery services.

3.18 From the detailed comments by professional groups at ESHT it is clear that the current teams are not confident that splitting the existing maternity workforce across both sites would be anything other than a retrograde step that risks undoing the progress made since the 2014 consultation. The consolidation of the obstetric unit on one site has enabled the team to adequately manage and mitigate the challenges and maintain a high quality service in all areas. With regard to both the issue raised in the consultation regarding staffing and the question which frames this lookback (what has changed since the 2014 consultation) from staff at ESHT and the more general information covering workforce issues it is hard not to conclude that workforce issues remain as challenging in 2021 as they did in 2014.

3.19 **Resource sustainability** – earlier sections proceed on the basis of maintaining the same level of staffing but splitting it across sites, with the risks that ensue. This section covers the question of additional costs that would be incurred were ESHT to recruit additional staff to support two units and addresses two associated questions of recruitment and payment.

3.20 In order to create an obstetric-led service at EDGH we would be required to provide 10 additional consultants to secure a safe rota across both sites that both provided for a clinically appropriate level of support while also recognising the duty of care toward our staff.

3.21 Comparing this to the existing budget of the service, it is clear that this is a significant revenue commitment in perpetuity and so consideration must be given to where this funding would come from, especially as both East Sussex and Sussex have fragile financial positions. Again, repeating the points summarised earlier in this section, it does not appear that justification could be made that these additional posts would be to take account of an oncoming demand spike in terms of births within East Sussex. Whether they could be supported because of any ongoing questions of quality and safety is addressed in the next section. Conversations with the current Clinical Commissioning Group (CCG) has not identified any issues of concern such that it would authorise and/or approve any bid by ESHT for additional obstetric resource specifically to support the change in model of provision to an obstetric-led centre at the Eastbourne site.

3.22 In a written statement taken as part of this exercise, East Sussex CCG commented “we are satisfied with both the quality and value for money of the current reconfiguration of maternity services within ESHT. We see no justification to support additional spending on the creation of an obstetric-led service at the Eastbourne hospital site. We are pleased with the continued progress made by the service as regards regional and national quality indicators”.

[6] How will Brexit affect the healthcare workforce? (bmj.com)

3.23 On the question then that frames this lookback (what has changed since the 2014 consultation) it is reasonable to infer from the statement of the CCG that any additional obstetrician posts to fund a change to the existing model of provision would not be supported. There is an interdependency here also with the comments of the ESHT team that the resulting split units would not see a sufficient number of births to attract these staff, even were the funding to be available.

3.24 **Models of Care** – The consultation noted that for single units in East Sussex to be viable would require a minimum of 2,500 births a year. We are also aware of the Furness General Hospital model in Barrow, which operates a single obstetric-led unit where births are lower than the 2,500 'sustainability threshold' in the 2014 consultation.

3.25 It is important to recognise that the decision made with regard to this model took place within the context of the Morecambe Bay Investigation recommendations[7]. The subsequent Cumbria health economy consultation (Better Care Together) included four models for maternity services. One of these models was maintaining consultant-led care within all four hospitals in the county, which was the option preferred by the Royal College of Obstetricians and Gynaecologists, having considered the options and challenges facing the Trusts and its commissioners (Cumbria CCG). Given the unique circumstances of the region, the decision made as regards obstetric-led care at FGH is entirely understandable but, for reasons articulated within this report, reflects a very different position as regards East Sussex maternity care and risks in 2021. It is not therefore clear from a desktop review that the FGH model is directly comparable and/or applicable as a scalable model across the NHS more widely.

3.26 We considered that, if we understand the Barrow model as arising largely from the very specific circumstances in Cumbria, were other sources available that could offer guidance as regards ideal numbers of births for obstetric-led units. From a desktop review of the relevant literature and reports, there appears to be no definitive or recent available data on recommended minimum birth numbers. A Kings Fund report of 2016 notes that "…RCOG has argued that centralising obstetric services so that units have at least 6,000 births per year would enable the current (obstetric) workforce to support 24/7 consultant presence in all units. But it does not recommend centralisation in all cases".

3.28 As regards the question that frames this lookback (what has changed since the 2014 consultation) we would have to conclude that, at the present time, there is as yet no compelling evidence to suggest either that a) the Barrow model is sustainable beyond the particular circumstances of its creation, or that b) other models exist that are both scalable in cost terms and applicable in East Sussex (given the recent history of improvements set out across section 3 of this report).

[7] The Morecambe Bay Investigation was established by the Secretary of State for Health to examine concerns raised by the occurrence of serious incidents in maternity services provided by what became the University Hospitals of Morecambe Bay NHS Foundation Trust, including the deaths of mothers and babies. The report, published in March 2015 notes that "The origin of the problems we describe lay in the seriously dysfunctional nature of the maternity service at Furness General Hospital (FGH)".

4. Conclusions

4.1 As set out at section 2 of this report, the question we have sought to address is "what, if anything, has changed as regards the case for change and the key service risks since the 2014 consultation". As per the ToR we undertook this by considering six aspects – contained within section 3 of this report. Our consideration of each aspect concludes with our view as to what has changed.

4.2 In summary, considering aspects 1-6 we consider that:

Changed since consultation	Not changed since consultation
Patient experience – improved demonstrably as per the feedback from people using the service	**Birth numbers** – remained largely the same, albeit falling slightly and we found no evidence to suggest an "East Sussex spike" in the near-mid-term future according to ESCC forecasts
Quality – evidenced improvement across specific risk areas cited in the 2014 consultation as well as additional areas, indicative of a model that is fit for purpose	**Workforce sustainability** – remained fragile with no realistic prospect of either recruiting additional obstetricians (interdependency with birth numbers, above). However, the present configuration allows for safe timely mitigations with senior clinicians
	Resource sustainability – unchanged; the financial circumstances remain challenged and cannot support additional obstetric resource investment given the improved experience and safety but the ongoing challenges regarding workforce recruitment and demand levels (birth numbers)

4.3 As for the final, sixth aspect considered ("Models of Care") it is not possible fully to conclude either way. While the Barrow model is indeed a change (in that it appears to be an obstetric-led unit with birth numbers lower than 2,500) it is far from evident that this would be able to be implemented at scale across other parts of the NHS.

4.4 In conclusion therefore, given the considerations above and their collective impact, it seems clear that;

- Birth numbers are likely to remain flat in east Sussex for the near future
- The alternative model identified is a local response to a specific set of issues and circumstances, not evident in East Sussex
- Quality has demonstrably improved within our existing service model
- Workforce requirements as regard consultant presence have increased (most notably post-Ockenden), but this has not been matched by the availability of consultants entering the specialty

We thus do not recognise that the changes since 2014 require amendment of our existing service model. In practice, this means that ESHT will continue obstetric-led led care at the Conquest Hospital with an ambition to provide a co-located Midwifery-led Unit there also. We will continue to provide a Midwifery-led Unit in Eastbourne and provide home deliveries across East Sussex.

Workforce Race Equality Standard

Meeting information:			
Date of Meeting:	10th August 2021	Agenda Item:	12
Meeting:	Trust Board	Reporting Officer:	Steve Aumayer

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

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

Summary:

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

The implementation of the Workforce Race Equality Standard (WRES) is a requirement for NHS healthcare providers through the NHS standard contract.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

In April 2015, after engaging and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated through the NHS standard contract, starting in 2015/16. NHS providers are expected to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

This report informs Board on the 2021 WRES data baseline and progress.

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

People and Organisational Development (POD) Committee, 22nd July 2021

Various groups are involved in the actions for the WRES plan, including the WRES Task and Finish group BAME staff Network, and the Workforce Equality Group.

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

- The committee is asked to note and accept the contents of this report
- Gain assurance from the attached WRES Action Plan that the actions will be progressed and the leads are committed to delivering results within the agreed timescales.

EXECUTIVE SUMMARY

Indicator 1 – Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

1.1 **Workforce Data:** As of 31 March 2021 ESHT employed 7725 staff of which 17.5% Identify as BAME, 78.4% identify as White and 4.1% have not disclosed their ethnicity on Electronic Staff Records (ESR). The 2021 data shows that we employ more BAME staff than both the local BAME population. The success has been largely due to our international recruitment. Over 120 international nurses have been recruited mainly from Africa, India and the Philippines adding to our diverse workforce that has 106 nationalities.

The Workforce Information team provide quarterly data on AfC bandings alongside our medical workforce. Data is reviewed quarterly through the Workforce Equality meeting and WRES Task and Finish Group.

1.2 **Diversity Detail on ESR:** to improve the collection of diversity detail on ESR data, a project was launched during 2020 encouraging staff to update their information. Progress for non-declaration rates for ethnicity has improved from 9% in 2019 to 4.1% in 2021. ESHT achieved first place across 351 trusts for compliance with the declaration rates of Nationality in the Woven rankings in July 2021.

Phase two will be launched this year, including paper copies for those that do not often access their work email.

1.3 **Improve understanding of the benefits to declaring ethnicity (and other protected characteristics) on employment records (leaflets):** To support the Diversity Detail Declaration project, a leaflet was produced to support the project. The leaflet outlined why we ask the question and how we use the information for equality and equity in the workplace.

Indicator 2 – Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.

2.1 The data suggests that BAME candidates are 1.07 times less likely to be appointed than White candidates. A relative likelihood of 1.0 indicates that there is no difference with BAME and White staff being appointed from shortlisting. Whilst the likelihood has marginally increased we have increased our overall BAME staff representation has risen from 15.6% in 2020 – 17.5% in 2021.

2.2 The National southeast region EDI has set 6 actions with the overhaul of the recruitment process. The actions include an end-to-end review of the recruitment process from advertising to appointment.

2.3 Work has commenced that has included the development of a standardised set of interview template questions to target areas such as EDI, values and behaviours and personal qualities. In addition to this, interview panel and chair training is also being developed to strengthen recruitment decisions following an interview process.

Indicator 3 – Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

3.1 This return has reported the relative likelihood of 1:0 which is within the non-adverse range of 0.8 – 1.25 as suggested by the national 'Fair Experience for All' national strategy. The 2021 data suggests that there are no disparities between BAME staff and White staff entering a formal disciplinary process. It is important to note that ESHT has maintained a non-bias ratio for two consecutive years.

3.2 The robust and fair management of all disciplinary cases is a focus for the Operational HR team who are committed to ensuring that continuous improvements continue to address the experience for all staff involved in a disciplinary matter and avoiding formal processes wherever possible.

Indicator 4 – Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to White staff.

4.1 The data for 2021 shows that White staff are 1.4 times less likely to access non-mandatory training than BAME staff. As with indicators two and three a relative likelihood of 1.0 indicates that there is no difference with BAME and White staff

4.2 ESHT offer a number of leadership and progression opportunities through the Organisation Development team that include:

- Career Conversations – of the 5 cohorts, 30 BAME colleagues have attended workshops, 7 of which have progressed into new roles (with a higher pay banding) since undertaking the learning,
- Aspiring Leaders Programme was launched - a programme designed to help individuals explore leadership and whether it is a path they wish to take – 20% of the cohort identify as BAME
- In 2020 we launched an MA Leadership Apprenticeship in partnership with Henley Business School, with BAME colleagues representing 14.3% of the cohort

4.3 The national WRES team set out leadership trajectory figures for AfC bandings (clinical & non-clinical) in 2018 for each Trust in the Southeast region. As of 31 March 2021, ESHT is on target with our aspirational figures and most notably around Band 8C.

4.4 All leadership programmes are also promoted through the BAME network / Leadership networks

Indicators 5 – 8 are drawn from the drawn from the 2020 Staff Survey and compare the outcomes of the responses for White and BAME staff

Source: NHS Staff Survey 2020 Benchmark Reports (nhsstaffsurveys.com)

Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

5.1 The 2020 results from the staff survey show a decrease on BAME staff experiencing harassment, bullying and abuse from patients, relatives and members of the public. Whilst the figures have decreased the results highlight a disparity in BAME staff and White staff experience.

5.2 To address this we have identified areas from the 2020 staff survey where we know we have real issues and have triangulated with the Freedom to Speak up Guardians and Datix data. Through the trusts Violence and Aggression Steering Group, work plans will be developed that will link into 5.3 below.

5.3 A Sussex System wide approach to tackling Violence and Aggression is operational where suggestions of different campaigns are being discussed e.g. radio campaigns and posters.

Indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

6.1 BAME staff reported a decrease in feeling harassment, bullying and abuse for other staff from 29.7% in 2019 to 29.0% in 2020. White staff reported a greater increase in 2020 than their BAME colleagues feeling harassment and bullying from colleagues (24.9% in 2019 to 26.6% in 2020).

6.2 Addressing Bullying and Harassment from colleagues has been identified as a key priority for ESHT. A sub-group to the Violence and Aggression group is likely to be established to identify key areas for improvement and to take action to reduce the number of staff experiencing bullying and harassment from staff. BAME staff members will be invited to contribute and collaboratively develop actions for improvements

Indicator 7 – Percentage believing that the Trust provides equal opportunities for career progression or promotion

7.1 The 2020 staff survey has seen a 2 % decrease for BAME staff (77.9% in 2019 and 76.3%) believing the Trust act fairly with progression. The national bench mark for BAME staff is 72.5%.

7.2 With indicator four complimenting the overhaul of the recruitment process, it is envisaged that those BAME staff that have been successful in gaining promotion, the percentage will remain in the national average.

Indicator 8 – In the last 12 months have you personally experienced discrimination at work from any of the follow (manager / team leader or other colleagues)?

8.1 There is a 20% increase in BAME staff that have personally experienced discrimination by a managers/team leader or another colleague (12.8% in 2019 – 15, 4% in 2020).

8.2 (As Indicator 6) to identify key areas for improvement and to take action to reduce the number of staff experiencing bullying and harassment from managers / team leaders or other colleagues.

Indicator 9 – Percentage difference between the organisations Board voting membership and its overall workforce

9.1 It is pleasing to note that there is 100% ethnicity declaration rates from the Trust Board by ethnicity as of 31 March 2021 which can be broken down as follows:

- Total Board: 6% BAME and 94% White
- Total voting member 9% BAME and 91%White
- Total Executive 0% BAME and 100% White

9.2 Making future vacant Trust Board posts appealing and accessible to all applicants and consider positively targeting BAME staff.

9.3 Trust Board Chair, Steve Phoenix, is the dedicated sponsor for the BAME staff network and race agenda at ESHT and meets on a regular basis with the BAME Staff Network.

BAME Staff Network

Our BAME staff network is now operating as an independent staff group with a developed Terms of Reference. They play an important role within the Trust in working towards achieving full race equality. The group works with key stakeholders across the Trust and has regular meetings with senior management. Joe Chadwick-Bell, our CEO, and Steve Aumayer, our CPO, meet with the network on a regular basis to hear the emerging themes that affect the staff group and take actions on their concerns

Meetings are held 3 – 4 times per year and membership has increased in 2020/01. The current Network Co-Chairs are Mike Dickens and George Guerges. The Vice-Chair is Sarah Mohammed

Conclusion

Whilst 2020/21 has proved a challenging year with the pandemic, overall the trust has responded well to keeping our BAME staff safe through the waves of lockdown and the Covid-19 pandemic.

ESHT has given priority to our most vulnerable staff groups including BAME staff, ensuring that every member of staff received a meaningful Covid-19 Risk Assessment. Health and Safety at work was a key priority for all staff and, a project team was established in 2020; meeting weekly throughout the height of infections to review quality and compliance of meaningful Covid-19 risk assessments

A programme of work around vaccine hesitancy was undertaken. In December 2020, the Chief Peoples Officer and Chief Pharmacist held confidential sessions with our staff networks to hear the concerns of staff. Our Communications Department provided information on vaccine misinformation for BAME staff so they could make informed decisions around the vaccine up-take from reliable sources like The British Medical Association.

The Vaccination hub dedicated a day to speak to BAME staff and offer appointments if staff had barriers to booking an appointment. ESHT is proud to say that, as of the 2 June 2021, we were amongst the top five Trusts regionally for COVID-19 vaccine uptake from our BME staff at 77%.

We recognise that although some of the indicators are heading in the right direction there is more to do with closing the race disparity gap of work experience.

We are also committed to working towards a system wide approach in tackling race disparities. Our Smart Objectives Action Plan will be changeable and align to the SHCP, BAME Disparity Programme and its roadmap to race equality and equity. We also remain committed to co-developing a system wide dashboard for WRES that will provide assurance to Turning The Tide Oversite Board (TTTOB) in the ICS.

Monitoring of the Trust's progress in implementing recommendations following WRES is undertaken by the Workforce Equality Group and POD Committee. The POD Committee remains committed to the WRES agenda and working in a system wide collaborative through the SCHP to address BAME disparity across Sussex

East Sussex Healthcare NHS
NHS Trust

East Sussex Healthcare Trust Workforce Race Equality Standard (WRES) Report 2021

If you require this report in an accessible format please contact:
esht.workforceinclusion@nhs.net

Table of Contents

1.0 Introduction

In 2014, the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic (BME) backgrounds, receive equal opportunity to career opportunities and fair treatment in the workplace.

In 2015, the Workforce Race Equality Standard (WRES) was mandated for all NHS Trusts, forming part of the inspection framework under the 'Well Led' domain. The WRES also offers NHS organisations a number of tools through nine progress indicators to understand their race equality performance, including the BAME representation at both a senior management and board level. This helps East Sussex Healthcare Trust (ESHT) focus on where we are right now, where we need to be and how to get there whilst tracking our progress.

East Sussex Healthcare NHS Trust (ESHT) has continued to hold itself accountable to the WRES indicators which have provided the opportunity to demonstrate our commitment to advancing equality and equity for the diverse workforce we employ.

The Trust continues to explore and take action to improve the experience and working lives of their BME staff and ensuring they have fair opportunities to progression.

This report demonstrates the improvements made in many areas and identifies the highlights for 2020/2021. The report also highlights our aspirational goals in Leadership; ensuring we link the WRES Indicators to the NHS Peoples Plan 2020/21, supporting the statement that "for the future, the NHS needs more people, working differently, in a compassionate and inclusive culture".

1.1 Data Collection and Monitoring

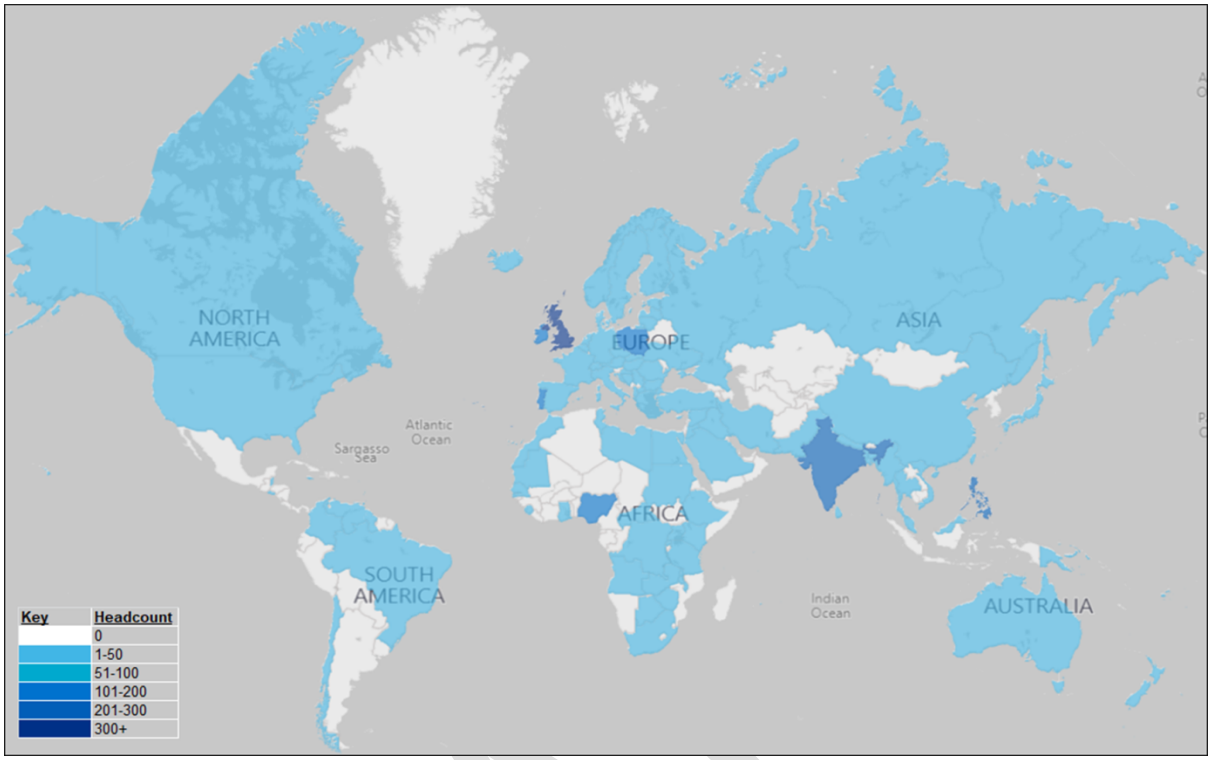
The first WRES report (2015) highlighted the importance of having processes for collecting robust data. Through the use of the WRES metrics, the Trust has now improved the way data is collected and reported.

The 2011 Census continues to remain the most up to date information we have available to identify Ethnicity in the local areas. As highlighted in previous reports, using East Sussex in figures, East Sussex, is less ethnically diverse than the South East region or nationally" (ESiF 2012). The local BME populations are around 10.5% which is lower than the South East (20%) and England (17%). Eastbourne and Hastings have the highest percentage of BME groups at 13%.

As of 31 March 2021 ESHT employed 7,725 staff of which 17.5% identified as BME, made up of 106 nationalities from across the globe. 78.4% identify as White and 4.1% have not disclosed their ethnicity on Electronic Staff Records (ESR).

The 2021 data shows that at ESHT we employ more BME staff than both the local BME population and national BME population.

Table 1 ESHT Nationalities



ESHT calculations are formulated according to the WRES technical guidance where White Irish and White Other are not included in BME calculations.

2.0 Workforce Race Equality Standard Metrics 2020/21

This data relates to a reporting period from 1 April 2020 – 31 March 2021 and includes all staff captured on the ESR as of 31 March 2021 that are on permanent, fixed term and seconded contracts.

2.1 INDICATOR 1: Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Table 2 Combined Clinical and Non-clinical AFC Bandings

Ethnic Category	BME		White		Undefined/Not Stated		Grand Total	
	% Band total	% all staff	% Band total	% all staff	% Band total	% all staff	% Band total	% all staff
Band 1	20.0%	0.0%	80.0%	0.1%	0.0%	0.0%	100.0%	0.1%
Band 2	13.1%	3.0%	83.2%	18.8%	3.7%	0.8%	100.0%	22.6%
Band 3	11.4%	1.5%	84.0%	11.4%	4.6%	0.6%	100.0%	13.5%
Band 4	4.5%	0.3%	92.0%	6.6%	3.5%	0.2%	100.0%	7.1%
Band 5	29.7%	5.3%	65.3%	11.7%	5.0%	0.9%	100.0%	17.9%
Band 6	13.0%	2.0%	83.1%	13.0%	3.8%	0.6%	100.0%	15.6%
Band 7	8.3%	0.8%	89.2%	8.5%	2.5%	0.2%	100.0%	9.5%
Band 8a	10.3%	0.3%	85.5%	2.4%	4.2%	0.1%	100.0%	2.8%
Band 8b	3.9%	0.0%	96.1%	1.0%	0.0%	0.0%	100.0%	1.0%
Band 8c	15.4%	0.1%	84.6%	0.4%	0.0%	0.0%	100.0%	0.5%
Band 8d	9.1%	0.0%	90.9%	0.1%	0.0%	0.0%	100.0%	0.1%
Band 9	11.1%	0.0%	66.7%	0.1%	22.2%	0.0%	100.0%	0.1%
VSM	0.0%	0.0%	100.0%	0.1%	0.0%	0.0%	100.0%	0.1%
M&D								
Cons	31.9%	1.1%	62.3%	2.2%	5.9%	0.2%	100.0%	3.5%
Med Trainee	54.1%	2.2%	41.4%	1.7%	4.5%	0.2%	100.0%	4.1%
NCCG	54.3%	0.7%	33.3%	0.5%	12.4%	0.2%	100.0%	1.4%
Grand Total		**17.5%**		**78.4%**		**4.1%**		**100.0%**

During 2020 – 2021 ESHT has increased its overall BME staff representation from 15.6% in 2020 to 17.5% in 2021.

Non-Clinical AfC bandings staff as of 31 March 2021

- Non- clinical AfC pay grade account for 29.9% for all roles across the Trust as of 31 March 2021
- 1.8% identify as BME and 26.9 % identify as White
- BME staff are underrepresented across AfC pay grade bands (Bands 2 to VSM) over the workforce BME average of 17.5%.

Clinical staff AfC bandings as of 31 March 2021

- Clinical staff AfC pay grades account for 61.2% of all roles across the Trust as of 31 March 2021
- 11.6% identify ass BME and 42.6% identify as White
- BME staff are underrepresented across all pay bands with the exception of Band 5 (28.6%) that is overrepresented against the workforce mean of 17.5%

Medical and Dental staff as of 31 March 2021

- Medical and Dental staff account for 9% of all roles across the Trust
- BME Medical and Dental staff are overrepresented by the BME workforce mean of 17.5%
- BME Medical Trainees and Non Consultant Career Grade doctors have a higher representation than their White colleagues
- There is 23.2% higher representation of White Consultants compared to BME Consultants as of 31 March 2021

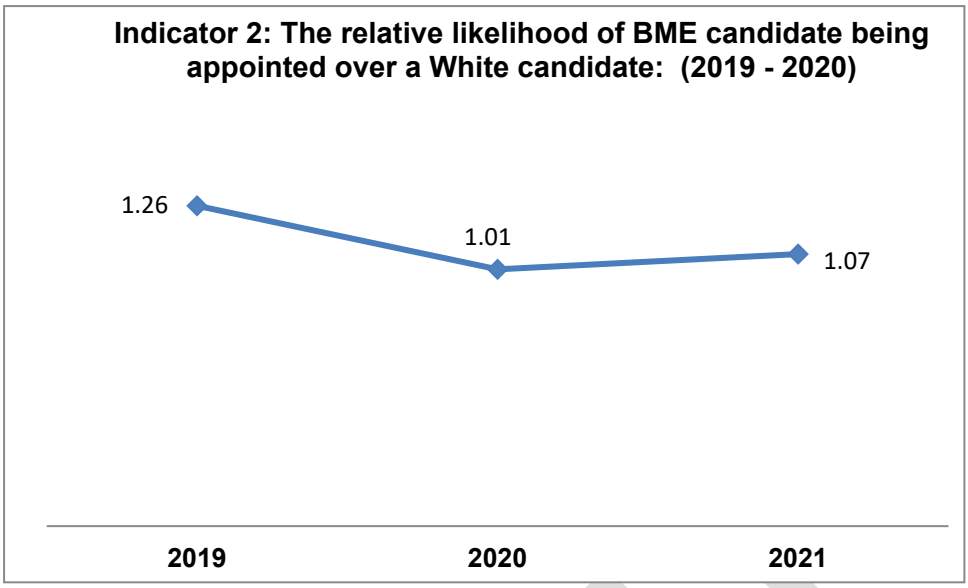
2.2 INDICATOR 2: Relative likelihood of staff being appointed from shortlisting across all posts

Definitions:

- Relative likelihood – compares the likelihood of white staff being appointed with the likelihood of BME staff being appointed (ratio)
- Appointed – is required rather than "recruited". The two may well be the same, but it is "appointed" staff numbers which should be used according to the WRES technical guidance
- All posts – means all directly employed posts. Organisations should exclude all bank and locum staff, students on placement and staff employed by contractors

Calculation Formula

	White	BAME	Unknown
No. Shortlisted Applicants	13,386	4,657	281
Appointed from Shortlisting	1,388	453	196
Relative likelihood appointment from shortlisting	10.37%	9.73%	69.5%



- BME candidates are 1.07 times less likely to be appointed than White candidates
- A relative likelihood of 1.0 indicates that there is no difference with BME and White staff being appointed from shortlisting.
- Whilst the likelihood has increased marginally we have increased our overall BME staff representation has risen from 15.6% in 2020 – 17.5% in 2021

NB: Calculations include our international recruitment of Radiographers and international nurses.

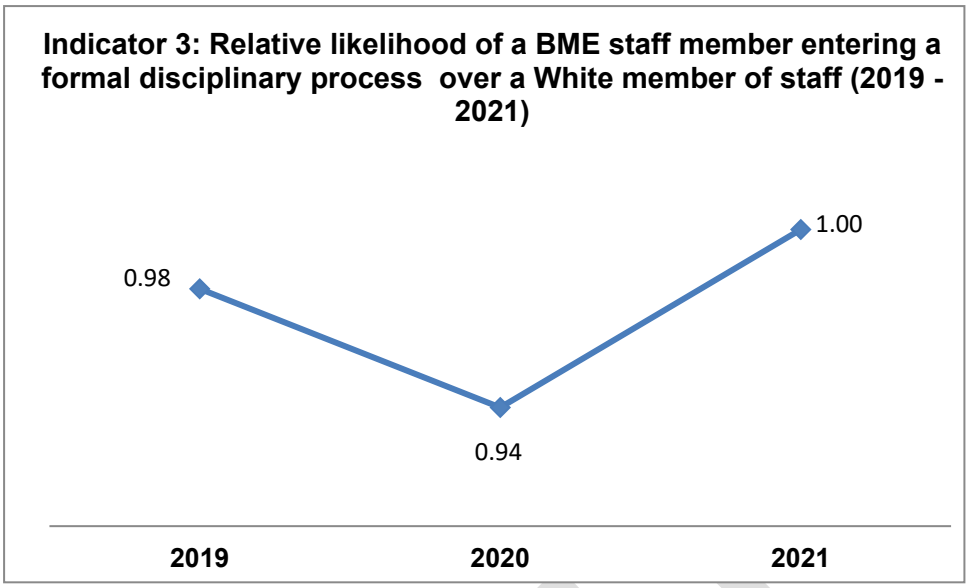
2.3 INDICATOR 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Definitions:

- This metric refers to staff in the overall workforce (as defined in indicator 1) who have entered a formal disciplinary as prescribed by the local disciplinary process.
- Data is counted from a two-year rolling average of the current year and the previous year –e.g. Head count from 1 April 2019 to 31 March 2021 has been used as the basis of this year's report.
- Only new entries into a formal process in each year's WRES annual report i.e. the start date falls within the reporting period.

Calculation Formula

	White	BAME	Unknown
Number of staff entering a formal disciplinary process	36	8	4.5
Likelihood of staff entering a formal disciplinary process	0.59%	0.59%	1.41%



Summary

- Although there has been a slight increase in the data for BME staff, this has been due to unavoidable cases.
- A relative likelihood of 1.0 indicates that there is no difference with BME and White staff entering a formal disciplinary process.

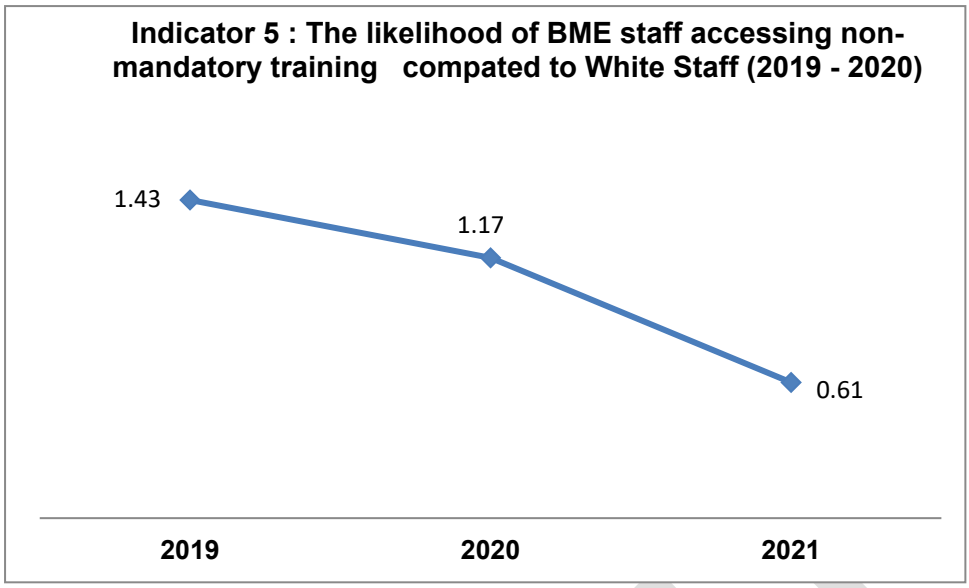
2.4 INDICATOR 4: Relative likelihood of staff accessing non-mandatory training and Continuous Professional Development

Definitions:

- Non-mandatory training refers to any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (e.g. fire safety training) or mandated by the organisation (e.g. clinical records system training).
- Accessing non-mandatory training and continuing professional development (CPD) in this context refers to courses and developmental opportunities for which places were offered and accepted.
- A relative likelihood of 1.0 indicates that there is no difference between BME or White staff accessing non-mandatory training

Calculation formula

	White	BAME	Unknown
Number of staff accessing non-mandatory training and CPD	277	101	18
Relative likelihood of accessing non-mandatory and CPD	4.57%	7.48%	5.64%

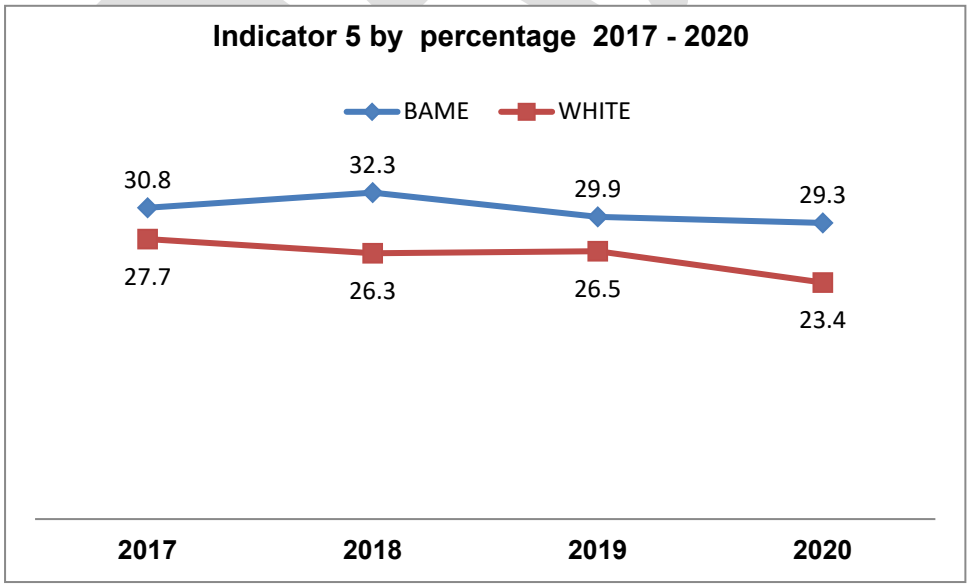


- The above table demonstrates that a White member of staff was 1.4 times less likely to access non-mandatory training compared to a BME staff member during 1 April 2020 – 31 March 2021.

The following four indicators are drawn from the 2020 staff survey and compare the outcomes of the responses for white and BME staff

Source: NHS Staff Survey 2020 Benchmark Reports (nhsstaffsurveys.com)

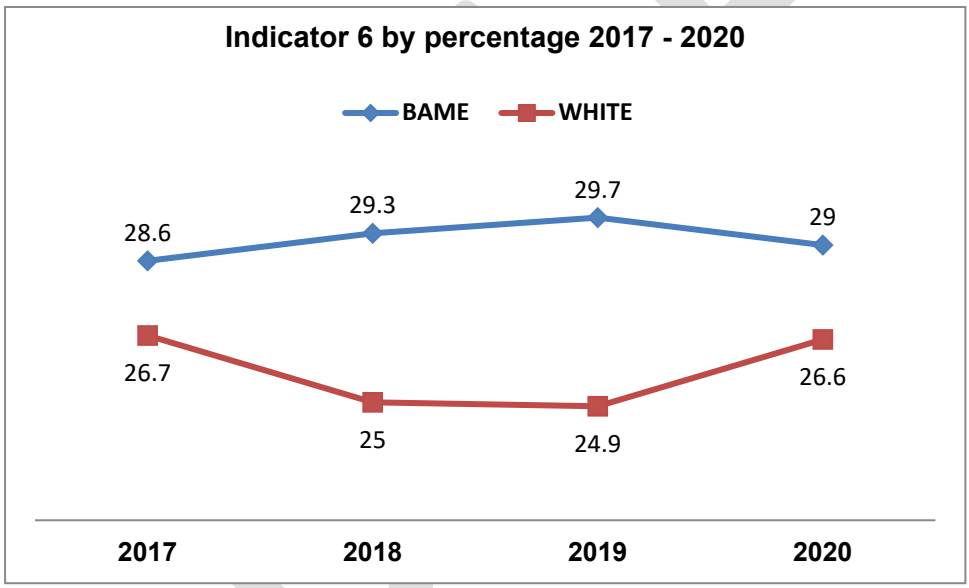
2.5 INDICATOR 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



2020 Summary:

- The national bench mark for BME staff is 28%.
- 29.3% of BME staff represents a head count of 522 responses to the survey
- The national bench mark for White staff is 25.4%
- 23.4% of White staff represents a head count of 3,083 responses to the survey
- For both BME staff and White staff there has been a downward trend since 2018 with staff experiencing harassment, bullying or abuse from patients, relatives or the public
- BME staff have seen a decrease of 2% from 29.9% in 2019 to 29.3% in 2020
- White staff have seen a decrease of 23.4 % from 26.5% in 2019 to 23.4% in 2020
- BME staff are disproportionately affected by abuse my members of the public and patient's' compared to their white colleagues in the 2020 staff survey

2.6 INDICATOR 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

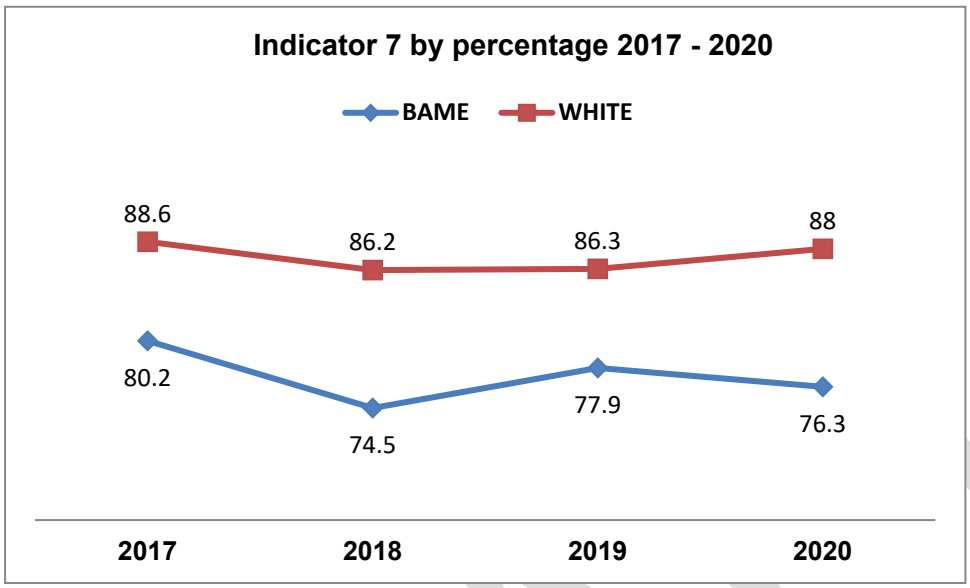


2021 Summary

- The national bench mark for BME staff is 29.1%
- 29% of BME staff represents a headcount of 525 responses to the survey
- The national bench mark for White staff is 24.4%
- 26.6% of White staff represents a headcount of 3,083 responses to the survey
- BME staff reported a decrease in feeling, harassment bullying and abuse for other staff from 29.7% in 2019 to 29.0% in 2020.
- White staff reported a greater increase in 2020 than their BME colleagues feeling harassment and bullying from colleagues (24.9% in 2019 to 26.6% in 2020).

- The percentage between BME and White staff has closed during this year's report however, BME staff remain disproportionately affected than their White colleagues in 2020 survey results

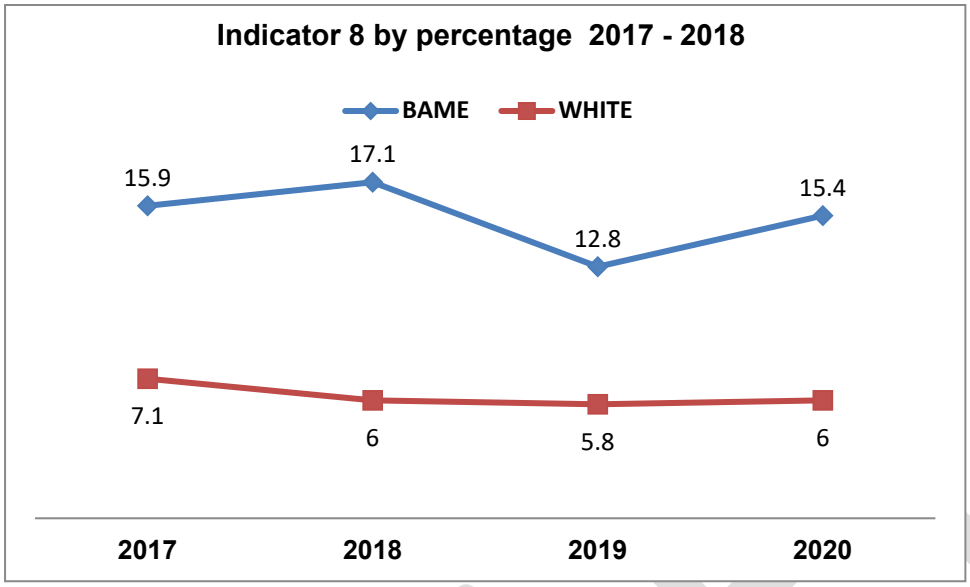
2.7 INDICATOR 7: Percentage believing that Trust provides equal opportunities for career progression or promotion



2020 Summary

- The national bench mark for BME staff is 72.5%
- 76.3% % of BME staff represents a headcount of 321responses to the survey
- The national bench mark for White staff is 87.7%
- 88%of White staff represents a headcount of 2115 responses to the survey
- There has been an increase by 1.9% of White staff that believe the Trust acts fairly from 86.3% in 2019 – 88% in 2020
- The 2020 staff survey has seen a 2 % decrease for BME staff (77.9% in 2019 and 76.3%) believing the trust act fairly with progression.

2.8 INDICATOR 8: In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues



Summary

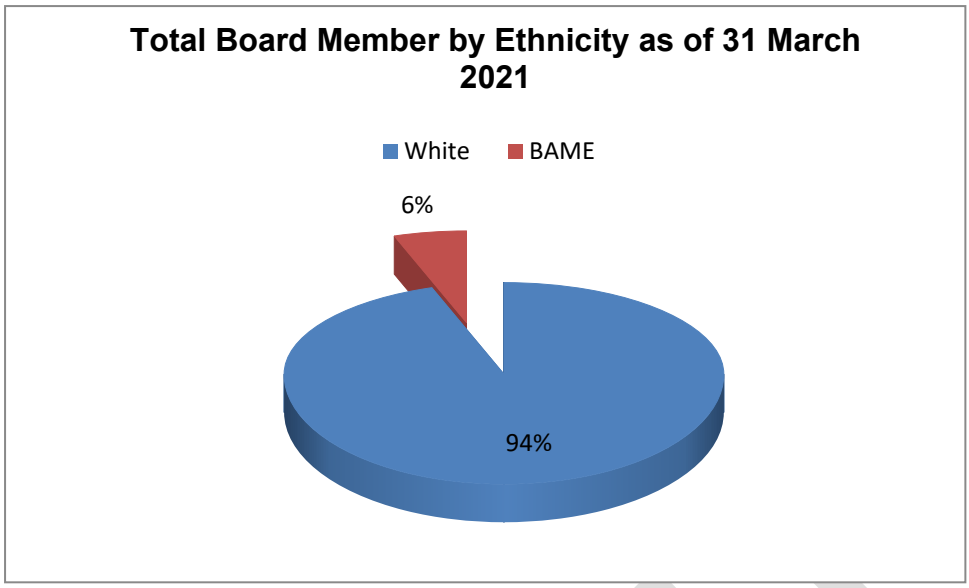
- The national bench mark for BME staff is 16.8%
- 15.4%of BME staff represents a headcount of 525 responses to the survey
- The national bench mark for White staff is 6.1%
- 6% of White staff represents a headcount of 3,068 responses to the survey
- There is a 20% (12.8% in 2019 – (15, 4% in 2020) increase in BME staff that have personally experienced discrimination by a manager/team leader or another colleague.
- White staff have seen a 4% increase in personally experiencing discrimination by a managers/team leader or another colleague

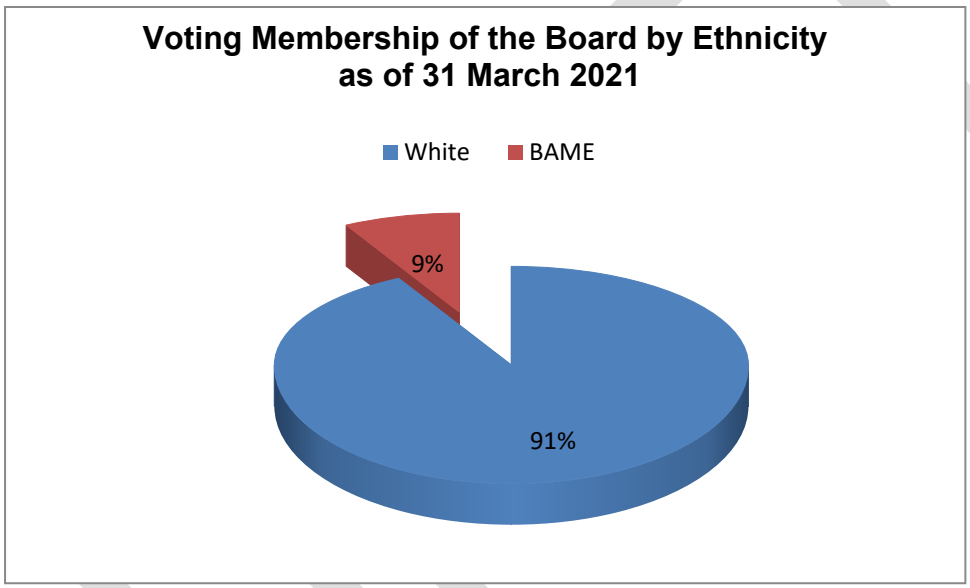
2.9 INDICATOR 9: Percentage difference between the organisations' Board membership and its overall workforce disaggregated

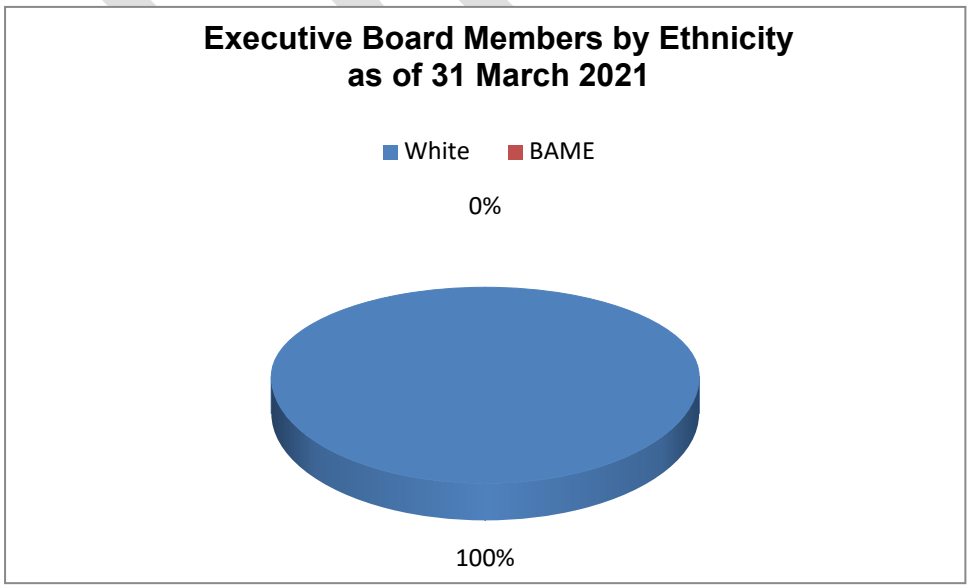
Definitions:

- Very senior managers (VSM) are defined as:
- Board level management (Chair / chief executives / executive directors)
- Senior medical manager
- Other senior managers with board level responsibility who report directly to the chief executive.

In considering the 2021 data it is pleasing to note that our Trust Board have 100% ethnicity declaration rates as of 31 March 2021.


Total Board Member by Ethnicity as of 31 March 2021
White
BAME
6%
94%


Voting Membership of the Board by Ethnicity as of 31 March 2021
White
BAME
9%
91%


Executive Board Members by Ethnicity as of 31 March 2021
White
BAME
0%
100%

3.0 Summary of Activities 2020-2012

3.1 Covid -19 response for BME staff

The Trust has responded to the Covid-19 pandemic and taken into account the disproportionate amount of BME staff that have sadly lost their lives nationally working on the front line. ESHT has given priority to our most vulnerable staff groups, ensuring that every member of staff received a meaningful Covid-19 Risk Assessment to ensure their health and safety at work is a priority. A project team was established and met weekly throughout the height of infections to review compliance of BME staff.

Our Chief Peoples Officer and Chief Pharmacist held confidential sessions with our staff networks in December 2020. The main aim of these sessions was to address all concerns around vaccine hesitancy. Our Communications Department also provided information on vaccine misinformation for BME staff so they could make informed decisions around the vaccine up-take from reliable sources like The British Medical Association. ESHT is proud to say that, as of the 2 June 2021 we were amongst the top five Trusts regionally for COVID-19 vaccine uptake from our BME staff at 77%.

3.2 Medical Workforce

We have recognised the impact on Doctors and Consultants during the pandemic and dedicated staff have been available to offer additional support where necessary.

ESHT have recently employed two pastoral fellows in the previous 12 months who are available to support our medical graduates; including a number of BME medical graduates as outlined in Indicator 1.

Support for Specialist & Associate Specialist (SAS) Doctors, of which the majority of whom are International Medical Graduates (IMG) is provided by the SAS Tutors. They provide guidance on the SAS Doctors Contract, continuing professional development and CESR for those SAS doctors wishing to apply for Consultant status.

Support for Trust doctors, again the majority of whom are IMG, is provided by the Trust Doctors Lead, Mr Faiyaz Kapasi, who is a Consultant.

3.3 International Nurses

During the reporting year we have recruited over 120 nurses from mainly from Africa, India, and the Philippines.

We have recognised the difficult circumstances of nurses having to self- isolate when arriving in the UK. To support them during this period we have introduced virtual activities through the use of Microsoft Teams. This has included a welcome from the Trust Board Chair, welcome from the Chaplaincy service, compassionate check-ins and a quiz on UK Culture. Ward managers also make contact whilst isolating to introduce themselves and provide an opportunity for any questions.

Our Health & Wellbeing team has provided a session of pastoral support to each nurse that has arrived in the UK is supported with their transition into UK culture, offering information on the internal and external support available to them as an employee of ESHT.

ESHT boasts an excellent pass rate for our international nurses and to support them further, we have recently employed two practice nurse educators with lived experience of having been an OSCE nurse themselves. This role provides ongoing support to our international cohorts throughout their OSCE training.

3.4 Employee Relation Cases

The success in our investigations has been achieved through the adoption of the 'Fair Experience for All' paper recommendations:

- Decision tree checklist: The tool comprises an algorithm with accompanying guidelines and poses a series of structured questions to help managers decide whether formal action is essential or whether alternatives might be feasible.
- Pre-formal action check lists are used to ensure al formal cases cannot be resolved through other avenues or informal processes
- Post action audit: Managers are made aware that all decisions to place staff through the formal disciplinary process is reviewed on a quarterly or bi annual basis using robust information on each case to discern any systemic weaknesses, biases or underlying drives or adverse treatment of any staff group.
- During 2021 there will be an introduction of a responsible officer role who will ensure impartial oversight and commissioning of any investigation/disciplinary process

3.5 BAME Staff Network

Listening to the voices and concerns of our BME staff is a priority. We have created spaces and a seat at the table at key equality meetings so that decisions that affect BME staff can be made collaboratively.

Our BAME staff network has direct access to the Trust Board. The network is sponsored by the Trust Board Chair, Steve Phoenix, with an annual budget to carry out activities. In addition to the above, Chief Executive Officer, Joe Chadwick Bell and Chief Peoples Officer, Steve Aumayer, meet with the network chairs on a regular basis and listen to emerging themes and act upon concerns raised.

3.6 Leadership Development

The Organisation Development (OD) Team actively include WRES targets in their work. Focusing on their leadership offer, the last year has seen the following engagement around WRES:

In 2020 we launched an MA Leadership Apprenticeship in partnership with Henley Business School, with BME colleagues representing 14.3% of the cohort. The OD Team also continue the offer of Career Progression Conversations, which target career development, through skills and tools. Of the 5 cohorts, 30 BME colleagues

have attended workshops, 7 of which have progressed into new roles (with a higher pay banding) since undertaking the learning. In 2021, the ESHT Aspiring Leaders programme was launched, a programme designed to help individuals explore leadership and whether it is a path they wish to take – 20% of the cohort identify as BME

3.7 Aspirational Goals in Leadership for AfC Bandings of 8a and above

The table above shows the 10-year trajectory to reach equality by 2028 for AfC bands 8a to VSM.

	2018	2019	2020	2021	2022	2023	2024	2028	2026	2027	2028
Band 8A	19	19	20	20	21	21	21	22	22	22	23
8a Actual	19	17	19	22							
Band 8B	0	1	1	2	3	3	4	5	5	6	7
8b Actual	0	2	3	3							
Band 8C	1	1	2	2	2	2	3	3	3	3	4
8C Actual	1	3	4	6							
Band 8D	1	1	1	1	1	1	1	1	1	2	2
8D Actual	1	2	1	1							
Band 9	0	0	0	0	0	0	0	0	0	0	0
9 Actual	0	0	1	1							
VSM	0	0	0	0	0	0	0	0	1	1	1
VSM Actual	0	0	0	0							

3.8 System –wide collaborative: Sussex Health Care Partnership (SHCP)

Following a BME Staff Sussex wide conference in October 2020, which was supported by all system partners, Executive Leadership Teams and feedback from our BAME Network chairs, saw the BME workforce agenda refreshed within the BAME Disparity Response Programme.

This was then aligned to the People Committee to ensure that we have a consistent 'system-wide' approach in the way our people practices promote fair treatment and equality of opportunity for all staff, encourage and celebrate diversity, and demonstrate intolerance of discriminatory behaviours.

This commitment was reinforced through the collaborative development and sign off for the "BME Workforce Disparity Reduction Roadmap" with 5 key priorities identified which was then approved and endorsed by the Sussex Turning the Tide Transformation Oversight Board (TTTOB) and the People Committee in November 2020.

In December 2020, the BME Workforce Steering group was established but paused active delivery until March 2021 due to system capacity focussed on the Vaccination roll out programme.

The five key priorities within the BME Workforce roadmap are as follows:-

- To improve BME representation on all Boards to reflect the corresponding local BME workforce or population demographic, whichever is greater
- Improving BME representation on all Boards to reflect the corresponding local BME workforce or population demographic, whichever is greater
- Identifying and removing disparities in the recruitment and selection process:
- Removing disparities relating to local disciplinary processes
- Eliminating bullying, harassment and discrimination in the workplace

4.0 Conclusion

The results of the 2021 WRES data highlight improvements in a number of the indicators, most notably around training, our leadership trajectory ambitions and increasing our BME staff representation from 15.6% in 2020 to 17.5% in 2021.

However, there is clearly still significant work to make even greater improvements in those areas where there has been a positive movement in the last twelve months but also in where there has been a downward trajectory.

Of particular priority is; BME staff that have experienced discrimination by a manager/team leader or another colleagues. As we move into the forthcoming year and living with the Coronavirus pandemic, we remain committed and continue to hold ourselves accountable to WRES indicators. As a Trust, a corporate priority is to address the concerns relating to Bullying and Harassment in the workplace and we aim to do so by engaging with our staff to prevent and reduce these incidents in the workplace.

Health & Wellbeing remains a key priority for our BME staff with continuing to carrying out Covid-19 Risk Assessments and the appropriate use of PPE, the offer of vaccinations and ensuring that the physical and mental health of our staff forms part of wellbeing conversations during supervision sessions.

To ensure our action plans become tangible outcomes, a WRES task and finish group has been established during 2020, meeting monthly. Membership consists of key stakeholders from the Apprenticeship team, BAME Staff Network Chair, Workforce EDI Lead, Health & Wellbeing team, Recruitment team, Operational HR department and the Training department.

As a trust we remain committed to progressing on all indicators that need attention as part of our Workforce EDI strategy over the next 5 years

5.0 Our Top Priorities For 2021

In the year ahead, we aim to prioritise the following: 1. Addressing Bullying and Harassment in the work place

2. An end to end review of the recruitment process and interview process

3. To continue with BME Leadership development programme

4. Medical Workforce Race Equality Standard

A detailed action plan is available on request and progress is made through our Task and Finish group and through the SHCP BME disparity roadmap.

For further information contact esht.workforceinclusion@nhs.net

NHS Workforce Race Equality Standard (WRES) 2021

A framework for ensuring that Black, Asian and Ethnic Minority (BAME) staff receive fair treatment in the workplace and have equal access to career opportunities.

NHS
East Sussex Healthcare
NHS Trust

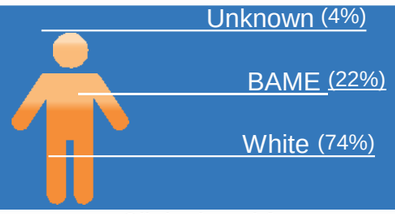
Key

Unknown BAME White

Total number of staff - 7225

Indicator one: Percentage of white and BAME staff in the Trust

Non-clinical workforce



Clinical workforce

Indicator two

Relative likelihood of white staff being appointed from shortlisting compared to BAME staff

In 2020, 1.01

1.07 ↑

Indicator three

Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff

In 2020, 0.94

1.00 ↑

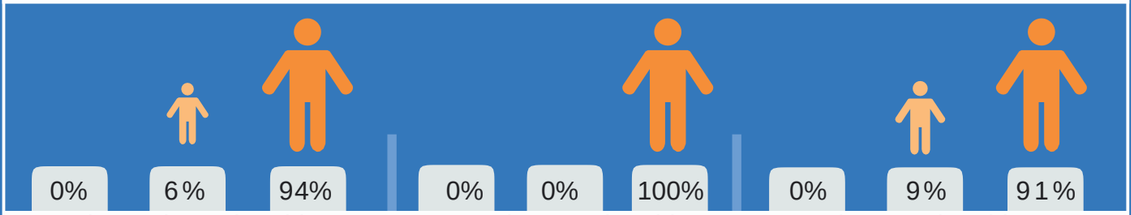
Indicator four

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff

In 2020, 1.17

0.61 ↓

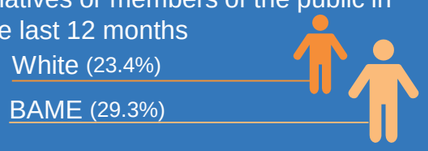
Indicator nine



Total Board membership | Executive membership | Voting membership

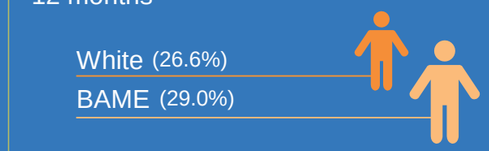
Indicator five*

% of staff experiencing harrassment, bullying, or abuse from patients, relatives or members of the public in the last 12 months



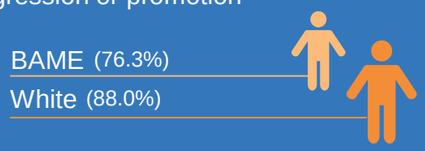
Indicator six*

% of staff experiencing harassment, bullying or abuse from staff in the last 12 months



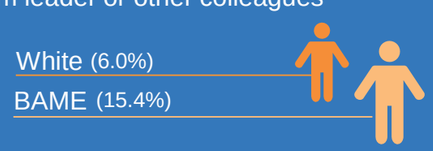
Indicator seven*

% believing that the Trust provides equal opportunities for progression or promotion



Indicator eight*

% of staff who personally experienced discrimination at work from manager, team leader or other colleagues



The data presented here provides an overview of the Trust's performance against the nine WRES standards
*Latest staff survey information (indicators 5-8) is from 2020 Staff Survey.