

# EAST SUSSEX HEALTHCARE NHS TRUST

## TRUST BOARD MEETING IN PUBLIC

A meeting of East Sussex Healthcare NHS Trust Board will be held on  
Tuesday, 14<sup>th</sup> June 2022 commencing at 09:30 via MS Teams

### AGENDA

				Lead:	Time:
1.	1.1 Chair's opening remarks 1.2 Apologies for absence 1.3 Hero of the Month Award	A	Chair		0930 - 1000
2.	Declarations of interests		Chair		
3.	Minutes of the Trust Board Meeting in public held on 12 <sup>th</sup> April 2022	B	Chair		
4.	Matters Arising	C			
5.	Board Committee Chair's Feedback	D	Committee Chairs		
6.	Chief Executive's Report	E	CEO		

### QUALITY, SAFETY AND PERFORMANCE

					Time:
7.	Integrated Performance Report Month 1 (April)  1. Chief Executive Summary 2. Quality and Safety 3. Our People – Our Staff 4. Access and Responsiveness 5. Financial Control and Capital Development	Assurance	F	CEO CND MD COO CPO CFO	1000 - 1115
8.	Easing of Covid Restrictions at ESHT	Assurance	G	CND	
9.	Learning from Deaths Q3	Assurance	H	MD	

### BREAK

### STRATEGY

					Time:
10.	Trust Business Plan	Assurance	I	CFO / DS	1130 - 1200
11.	Trust Capital Plan	Assurance	J	CFO	

12.	Quality Account Priorities and delegation of approval of Quality Account 2021/22	Assurance	K	CND / MD	
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## GOVERNANCE AND ASSURANCE

					<b>Time:</b>
13.	Maternity Overview	Assurance	L	ADO	1200 - 1215

## ITEMS FOR INFORMATION

					<b>Time:</b>
14.	Conquest Nursery Ofsted Report	Assurance	M	CPO	1215 -
15.	Use of Trust Seal	Assurance	N	Chair	1230
16.	Questions from members of the public (15 minutes maximum) The Board welcomes questions from the public on matters covered by the Board agenda			Chair	
17.	Date of Next Meeting: • Tuesday 9 <sup>th</sup> August 2022			Chair	

**Steve Phoenix**  
Chairman  
May 2022

Key:	
Chair	Trust Chair
CEO	Chief Executive
CND	Chief Nurse and DIPC
COO	Chief Operating Officer
DEF	Director of Estates and Facilities
DS	Director of Strategy
CFO	Chief Financial Officer
CPO	Chief People Officer
MD	Medical Director
ADO	Associate Director Operations and Governance, Maternity and Children's Services

## Hero of the Month Awards

### Meeting information:

Date of Meeting:	14 <sup>th</sup> June 2022	Agenda Item:	1.3
Meeting:	Trust Board	Reporting Officer:	Chairman

### February 2022

#### **Mark Standen, Associate Director of Nursing**

Mark was nominated by Ronda Prater, whose nomination read:

“Mark supported clinical delivery within the new Covid Medicine Delivery Unit. He went above and beyond by covering after his "day role" & on call weekends since 24<sup>th</sup> December which ensured that the Unit is now able to deliver the new Covid medicine to high risk patients. The unit would not have been sustainable without his support and working out of hours.”

### March 2022

#### **Community Nursing Team, Wheel Farm, Westfield**

The team was nominated by Carol Webber, whose nomination read:

“I would like to nominate all the community district nursing team in rural rother who worked through the Eunice Storm on Friday 18<sup>th</sup> March. The team travelled through falling trees, telephone and electrical cables all over the roads and lanes, high winds and avoided blown over cars and lorries.

The whole team pulled together and managed to visit their patients even with journey times being as long as an hour between patient at times. One nurse finished her shift at 06.45 after a journey of 3 hours to get to her home.

I am proud to work for this Trust and humbled by our wonderful community teams that work so hard whatever the conditions.”

**TRUST BOARD MEETING****Minutes of a meeting of the Trust Board held in public on  
Tuesday, 12<sup>th</sup> April 2022 at 09:30  
video conference via Microsoft Teams**

**Present:** Mr Steve Phoenix, Chairman  
Mrs Joe Chadwick-Bell, Chief Executive  
Mrs Tara Argent, Chief Operating Officer  
Mrs Vikki Carruth, Chief Nurse & Director of Infection Prevention and Control  
Mrs Jackie Churchward-Cardiff, Vice Chair  
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, Inequalities & Partnerships

**In attendance:**  
Mrs Alison Newby, Head of Midwifery  
Ms Brenda Lynes, Associate Director Operations and Governance Maternity and Children's Services  
Ms Lucy Upton, Inspector Hospital Directorate, CQC  
Mr Peter Palmer, Acting Company Secretary (minutes)

017/2022 **Chair's Opening Remarks**

Mr Phoenix welcomed everyone to the meeting. He noted that Lucy Upton from the CQC was attending the meeting, and welcomed her. He also welcomed Ms Lynes and Mrs Newby to the meeting.

i. **Apologies for Absence**

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

Ms Lynette Wells, Director of Corporate Affairs  
Ms Carys Williams, Associate Non-Executive Director

ii. **Hero of the Month**

Mr Phoenix reported that Rachel Cottingham, Matron of Egerton Ward at Conquest Hospital had won the Trust's Hero of the Month Award for December 2021. Amy Collis, Head of Nursing in the Emergency Department, Eastbourne Hospital had won the award for January 2022.

018/2022 **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.

019/2022 **Minutes**

The minutes of the Trust Board meeting held on 8<sup>th</sup> February 2022 were considered. The minutes were agreed as an accurate record, and were signed by the Chair and would be lodged in the Register of Minutes.

020/2022 **Matters Arising**

There was one formal matter arising from the meeting on 14<sup>th</sup> December 2021:

*071/2021 – Dr Walker agreed to include a graph within the next IPR report that showed sepsis mortality trends over time.*

Dr Walker confirmed that this information had been included within the month 11 IPR that was being presented to the Board.

Mrs Churchward-Cardiff asked for an update on cardiology and ophthalmology consultations. Mr Milner reported that the consultation had finished, and that the Trust was working with the independent organisation who had overseen the consultation who were compiling the feedback that had been received. Outcomes were anticipated in May.

021/2022 **Board Committee Chair's Feedback**

i. **Strategy Committee**

Mrs Churchward-Cardiff noted that update contained an omission, and that the Urgent Care workstream had also been discussed by the Committee.

*The Board noted the report.*

ii. Audit Committee

Mr Patel presented the report. He praised the finance team for the preparation work that they had undertaken for the end of year audit.

*The Board noted the report.*

iii. Quality and Safety (Q&S) Committee

Mrs Fadero commended the Trust's staff on their continued focus on maintaining quality, safety and the care of patients despite the recent increases in sickness. She also praised Mrs Carruth for the exemplary job that she did. She reported that most quality metrics remained stable, but deep dives were being undertaken to look at pressure ulcers and discharge. The Committee had received a patient story highlighting improved discharge processes and had discussed a deep dive of the recent Special Needs Advisory and Activities Project (SNAAP) audit which had provided assurance about progress against SNAAP indicators. There had also been a long conversation about Ockenden and the Trust's maternity services.

Mrs Webber noted that while there had been a slight reduction in risks ratings, these were not reflected on the Board Assurance Framework (BAF). Mrs Fadero explained that the BAF showed the Trust's strategic objectives; additional corporate risks not included on the BAF were also reviewed by Q&S. Mrs Carruth explained that the Committee had held robust discussions about corporate risks, with further detailed conversations taking place with divisions during IPRs.

*The Board noted the report.*

iv. Finance and Investment (F&I) Committee

Mrs Webber presented a verbal report; the Committee had reviewed the BAF and had noted that the score for BAF 6 regarding financial sustainability had reduced from 12 to 4 as a result of confidence that the Trust would operate within its available resources during 2021/22.

At month 11 the Trust anticipated the delivery of a balanced position as well as its efficiency programme by year end. The Committee congratulated the Finance and Executive Teams on achieving the year-end revenue position, and passed on its thanks for the hard work undertaken, recognising the difficult balancing act between finance and operational performance. Divisional performance and ICS productivity were flagged as additional areas of focus for 2022/23. The Committee was updated on progress against the capital allocation of £37.5m as well as the work underway to ensure delivery by year end. Mrs Webber commended the amazing achievement of Trust staff in achieving this.

The Trust had delivered £1.9m efficiencies in February, which was slightly ahead of the planning submission for H2. In the year to date, the Trust had delivered £11.9m of efficiencies to month 11, which again was ahead of plan. The currently forecast was for delivery of £14.4m against the £14.7m target for the year, but

the Trust was confident that the full £14.7m would be delivered in year. It was noted that the high proportion of non-recurring schemes would make achieving the 22/23 efficiency target more challenging.

The Committee received a 2022/23 budget update as per the draft planning return on 17th March setting out the current deficit of £17.5m and key drivers and decision points. Overall the Trust was facing an expected gap of £30m on a like for like basis compared to 21/22. This was before accounting for unfunded requirements in the planning guidance. The Committee noted the update and a final budget and plans will be presented to the April F&I.

The proposed three year capital plan was presented to the Committee. This covered all proposed capital spend for the three years commencing 22/23, including backlog maintenance, clinical priorities, rolling clinical programmes, digital, and other capital spend. The Committee considered how the Trust had arrived at the proposal, including the clinical, strategic and risk inter-dependencies, and discussed all material items of capex. The Committee approved the capital plan, recommending that the Trust Board subsequently approve the plan.

Mr Phoenix noted the very encouraging news about the financial position at year end, explaining that this would be a fantastic achievement for the organisation.

*The Board noted the report.*

v. People and Organisational Development (POD) Committee

Mr Aumayer reported that the Committee had held a sobering meeting where discussions about the staffing challenges faced by the Trust had taken place.

*The Board noted the report.*

022/2022 **Chief Executive's Report**

Mrs Chadwick-Bell thanked all of the Trust's staff for their hard work, recognising that back office and leadership teams as well as front line staff were working over and above throughout the Trust despite being tired after two and a half years of the pandemic.

She reported that Julian Kelly, the Chief Finance Officer from NHSE and his colleagues had recently visited the Trust, where he had been shown the improvement work that was taking place. He had been very supportive of the Trust's progress and future plans. She reported that the Trust was a smoke free site as of 1<sup>st</sup> April 2022, noting that it would take a little time for this to be fully implemented.

Mrs Chadwick-Bell reported that the Trust had recently joined the Horder Centre in the leadership and management of Musculoskeletal (MSK) Services across East Sussex. The previous partners had been Sussex Partnership Foundation Trust who had chosen to exit their agreement. This partnership would allow the Trust to look at services across East Sussex moving forward, and start a journey

of improvement. She thanked Mr Reid for his work on the project, noting that she and Mr Reid were Board members of this new organisation which was separate to ESHT.

Mrs Churchward-Cardiff asked how MSK performance would be tracked as it wasn't core business for the Trust. Mrs Chadwick-Bell explained that as this was a separate organisation the Trust would not monitor performance. She had sight of performance data and would be happy to share this with the Board. Mrs Argent would monitor any potential impact on Trust services and feedback into the Trust's governance structures as appropriate.

Mrs Chadwick-Bell noted that the maternity report being presented to the Board had been written prior to the Ockenden 2 report being published. Maternity was being discussed both at this meeting and the following Private Board meeting, and an additional session would take place at the next Board Seminar.

Conversations about the development of the Sussex Integrated Care Board continued to take place across the system and within the Trust. Place based arrangements continued to be developed and Mrs Chadwick-Bell would be attending a CEO workshop alongside strategy leads to help articulate what place meant to the Trust, and what governance and resources would be required in order to support place based conversations. Further updates on progress would be given as they became available.

The Trust had received its annual staff survey results, and had performed very well against peer organisations. Results had been lower across the NHS for a number of questions which demonstrated the challenges of the last couple of years. The Trust would be setting priorities for the coming year based on the results.

The provision of free car parking for NHS staff during the pandemic had been ended by the government. The Board had made a decision about six months before that parking charges would not be reintroduced, which had been well received by staff.

The transfer of Sussex Premier Health from Spire had been completed on 1<sup>st</sup> April and would bring together all private services in the Trust. NHS resource was not being used, but the acquisition would provide attractive to doctors and provide more choice and different models of care for patients. Any profit made would be used to benefit NHS services. This was an exciting opportunity for the Trust and Mrs Chadwick-Bell welcomed staff who had transferred from Spire to the new provider.

The wellbeing of staff remained a key priority for the Trust, alongside continued focus on transformation and productivity of services. The Trust would need to learn to live with Covid and work to recover services. Other priorities were work on integrating partnerships at place and across Sussex, and ensuring that the Trust remained financially sustainable.

While it was very busy in the Trust, robust governance processes continued with Board, Committees and Integrated Performance Reviews continuing to meet to ensure that a focus remained on performance, quality and finances.

*The Board noted the Chief Executive's Report.*

023/2022

### **Integrated Performance Report (IPR) for Month 11**

Mrs Chadwick-Bell highlighted that during month 11 the Trust's performance had dipped in urgent care, but despite this had been 45<sup>th</sup> out of 113 Trusts in the country. The Trust continued to aim for upper quartile performance, and were still recognised as a resilient organisation despite the recent challenges. Patient safety remained the Trust's overarching priority and Referral to Treatment (RTT) and Quality Indicator performance remained good.

She reported that the Trust was under severe pressure as beds across the organisation were full. More patients with Covid were being treated than previously, and it was a challenge to effectively isolate Covid patients when the Trust was full. There were about 120 patients who were medically fit for discharge but required onward care and the Trust was working closely with system partners to address this issue. The impact of these patients, and patients with Covid, could be seen in Emergency Departments with ambulance handovers, as well as on the Trust's staff, who were having to manage huge demand for services. Additionally there was a financial impact as the Trust was unable to close additional capacity and an impact on access to services and a risk to quality. Mrs Chadwick-Bell explained that she was very proud of how well the Trust was working as team to mitigate all of the issues, noting that hospitals throughout the country were experiencing similar problems.

Mr Phoenix noted that the safety of patients remained of paramount importance to the Trust. He remarked that around 30% of the Trust's bed contained patients with either Covid or medically ready for discharge, and that it was understandable that patient flow was difficult.

Mrs Fadero thanked Mrs Chadwick-Bell for the honest and factual report, and asked whether there was anything more that could be done, and when the pressure might end. Mrs Chadwick-Bell explained that she, Executives and the Board were focussed on addressing the issues, but was unsure when the pressure would end. The Trust was ensuring that basic actions were being undertaken as well as possible, but this would only address part of the problem. Executives were looking at transformative changes, such as virtual wards and enhanced care in care homes. The right-sizing of patient pathways was a key opportunity to manage movement of patients into community services, and she was keen that this was in place by winter. Mrs Fadero thanked Mrs Chadwick-Bell for her leadership during this incredibly difficult period, explaining that she had found it to be phenomenal.

#### **i. Quality and Safety**

Mrs Carruth reported that February had been an extremely challenging month, with a significant impact from Covid. Infection control guidance had been adapted

to safely reduce isolation time, increasing the number of beds that could not otherwise be used. She thanked the infection control, nursing and clinical leadership teams for all their hard work. The challenges had continued into March, particularly around staffing. Staff were very tired, but key quality indicators had remained stable.

A recent increase in pressure ulcers had been reported and this was an area of focus for the Trust; pressures on ward staffing was being considered as a contributory factor. 59 category two 2 ulcers had been reported in February, 35 of which were in acute beds. No category 3 or 4 ulcers had been reported.

Feedback from patients remained largely very positive, and the Trust had received only 33 complaints in February. Friends and Family Test scores remained consistently above the national average. A key concern remained the sustained pressure on services and staff, with over 100 additional surge beds remaining open. Mrs Carruth thanked the Trust's incredible staff for their continued commitment, compassion and professionalism in very difficult circumstances.

Dr Walker reported that the Trust's mortality data remained better than peer organisations; during 2021 the Trust's Risk-Adjusted Mortality Index (RAMI) had been in the top 15% of trusts in the country. The Trust was also performing better than peer organisations for deaths relating to sepsis. Deaths as a result of Covid were still being recorded in the Trust despite the reduced acuity of patients, and Covid remained dangerous for elderly and frail patients. The number of Covid cases in the community in March had been double that seen in December and January, but the Omicron variation appeared to be a less severe form of Covid than had been seen before, with patients less unwell as a result.

Mrs Kavanagh asked whether the data about the top causes of death for February presented to the Board, with sepsis the top cause, was representative of every month. Dr Walker explained that sepsis was always in the top five causes of death, and tended to be higher in winter months along with pneumonia and COPD. The quality of diagnosis of mortality in the Trust had greatly improved over the last five years, with a lot of work undertaken to ensure that genuine causes of mortality were recorded. Sepsis deaths in the Trust had been higher than the national average before a concerted campaign to address this had taken place, which had realised a huge improvement.

Mrs Webber noted that the Board reviewed overall mortality metrics for the Trust, but asked whether more detailed data was available to help identify any areas of concern. Dr Walker explained that more than 90% of the Trust's mortality was in the medicine division, with a small amount related to acute trauma. He reviewed a detailed monthly spreadsheet which provided greater detail on mortality in the Trust and offered to share this with NW following the meeting. Any concerns about mortality were escalated to Q&S, on an exception reporting basis. Mrs Chadwick-Bell noted that mortality was also discussed during IPRs and clinical effectiveness meetings.

DW

Mrs Churchward-Cardiff noted that workforce sickness days lost had doubled since the previous year, noting that tired staff had reduced resilience. She was concerned about the longer term impact of the pandemic on staff. Mrs Carruth shared the concern, explaining that natural immunity to other illnesses like flu and colds had probably decreased during the pandemic. Some staff had had Covid on more than one occasion, and vaccinations could be waning over time. She also noted that for some staff the impact of long Covid was significant.

Mrs Churchward-Cardiff asked about the number of clostridium difficile (c.diff) cases reported, noting that there had been 47 up to November. Mrs Carruth explained that even though performance had improved in the fourth quarter of the year, the Trust had breached its own internally set limits. Detailed discussions had taken place at the infection control committee, and a deep dive would be presented to Q&S. Dr Walker noted that a lot of patients in the first and second quarters of the year had been on broad spectrum antibiotics, which had contributed to the increase in c.diff cases.

Mrs Churchward-Cardiff noted that theatre productivity figures seemed quite low and asked if this was due to more complex surgery being undertaken. Mrs Argent explained that this was due to staff shortages in theatres as well as the need to prioritise complex cancer surgery. A review of productivity was being undertaken to see how this could be improved.

Mrs Churchward-Cardiff noted that the waiting time for an appointment with the child development team was more than a year. She asked how many children were affected by this, noting concern over the long wait. Mr Reid explained that a model to address the waiting list was being developed, with funding received from the CCG. The current waiting time was over two years, and the model would reduce waits in a staged process, first to 18 months and then to 12 months.

Mrs Webber asked how the known risks associated with falls were addressed in the Trust, particularly on frailty wards, asking whether data highlighted areas where falls were not expected. Mrs Carruth explained that the data on falls presented to the Board included falls due to fainting, syncopal events, and changes in blood pressure. These varied reasons for falls all required different approaches. A higher risk of falls and assisted falls was expected in areas where patients were being mobilised, and areas where falls were not expected were identified and any falls reviewed in detail. Mrs Fadero noted that the Trust's reporting of falls concentrated more on acute settings than community settings, and that discussions had taken place at Q&S about how this could be improved.

ii. Our People – Our Staff

Mr Aumayer reported that since the end of February the impact of Covid on staffing had increased dramatically, from 100 staff off sick to almost 250, equalling the worst position seen during the pandemic. This had now reduced to just over 100 staff, but still accounted for 27% of the Trust's total sickness. This compared well with other organisations in the South East, but the pressure that this put on staff could not be underestimated.

He paid tribute to clinical, site and leadership teams whose persistence and spirit had been inspiring. He recognised the physical and emotional strain on staff, explaining that the health and wellbeing of staff remained a key priority for the Trust. Changes to services to try to relieve pressure on staff were being made, including the review of patients as they came into A&E, using community teams to support discharge, using mental health nurses on wards to support the workforce and increasing numbers of doctors' assistants.

He reported that staff turnover had been 11% during February, 1% higher than recent years. Staff were retiring or leaving for a better work/life balance, rather than moving trusts to further their careers as had previously been the case. Vacancy levels were running below pre-Covid levels at 8%, but remained above the Trust's 5% target. Substantive workforce numbers continued to increase, and retention of staff was a greater priority than ever before due to the limited workforce available. Bank and agency fill rates remained challenged but were improving.

The longer term impact of the pressure on the Trust remained a concern, but the way staff had responded had been inspiring. The system had worked closely together to manage workforce gaps, particularly in East Sussex. This collaborative working was supporting the needs of both patients and staff and had been very positive.

Mrs Manson asked about the scale and management of long Covid amongst the Trust's workforce. Mr Aumayer explained that the Trust was seeing more cases reported, but were not yet sure about the long term picture. Staff with long Covid were being supported and the usual approach to long term sick and long term sick pay would not work for those individuals. Long Covid did not have a significant impact on the overall workforce, but the impact on those suffering from it should not be underestimated.

Mrs Manson noted that there had been a reduction in rostering compliance during February, making staff shortages even harder to manage. Mr Aumayer agreed, explaining the challenges of rostering during what had been a very busy period. Work was being undertaken to improve the position and ward, nursing and operational leaders all recognised that the earlier that rostering took place, the earlier support could be sought from the temporary workforce team.

iii.

#### Access and Responsiveness

Mrs Argent thanked the Trust's staff for their amazing response to the increasing demand for services, reporting that demand remained high, but that the Trust continued to perform above the national average in all settings, which was testament to staff and the local system. The implantation of eConsult had been delayed due to technical issues, but was anticipated to be started on 25<sup>th</sup> April, with full implementation at the end of June. A team of care navigators, would support patients in how to use eConsult, provide access to book appointments to appropriate clinical settings so patients left hospitals with an alternate provider.

The Trust had delivered against its H2 elective recovery targets during February and had maintained no patients waiting for over 78 weeks for treatment, a standout achievement for the Trust. The new Deputy Chief Operating Officer for Planned Care was resetting the internal elective care board and developing a 4-6 week plan which included work on rostering and theatre productivity.

The Trust had maintained performance against the 62 day cancer target, and remained ahead of internal and system trajectories for recovery of the 62 day position. February had been the second highest month for cancer referrals in two years, but the Trust had delivered faster diagnostic standards during the month and anticipated further improvement with the opening of the Clinical Decision Unit.

ESHT had been recognised for achieving above 70% performance target for two hour community responses, despite sickness and absences in the community team. As a result, the Trust's model would be integrated into the national model. Community teams had also come into hospital to support flow and discharge and Mrs Argent thanked them for their continued hard work.

The Trust had over 200 inpatients who no longer met criteria to reside in beds, and were taking actions to address this, working dynamically with system partners to expedite discharges. Teams were working incredibly hard to maintain patient flow, and were being helped by three adult social care team members on each main site.

Mrs Churchward-Cardiff asked whether the only way the pressure on the Trust could be relieved would be by changing the healthcare model so that staff were not being asked to work at maximum capacity all the times. Mrs Argent explained that a review of what could be done differently was being undertaken across the system, ensuring that care was offered in the right place for patients. Mrs Chadwick-Bell explained that patients could either be encouraged to not attend hospital, or more resource could be given to meet the increased demand. A recent audit of 1,000 conveyances to the Trust had been completed in conjunction with SeCAMB, with the intention of using the outcomes to identify alternative pathways for patients. If the Trust had the right resources, clinicians and estate then it would be able to manage the increased demand, with support from other partners including 111 and SeCAMB. It was also important to ensure that sufficient primary care capacity was available, as these services were busier than ever.

Mrs Fadero agreed that the Trust would have to work differently and not harder, but would need to manage the increased work alongside looking at transforming services. She asked when there might be a change from day to day management of the pressure to systematic and planned management. Mrs Argent explained that the system was working on a number of projects, with whole patient pathways being reviewed to identify transformational changes that could be made to relieve pressure.

Mrs Manson asked for an update on discharge to assess services. Mrs Argent explained that the discharge to assess model had worked in part, but the time spent by patients in discharge to assess beds had been longer than anticipated and had slowed the process. When the Trust had more space, discharge to assess had been very successful. Other methods of supporting discharge were being identified, and the Trust continued to deliver in excess of national standards demonstrating the hard work of teams in getting patients home as quickly as possible.

iv. Financial Control and Capital Development

Mr Reid reported that the draft 2021/22 financial results showed that the Trust would achieve a breakeven position for the year, with the efficiency target for the year exceeded. Additional funding that had been received for Covid and income from the Targeted Investment Fund (TIF) had compensated for additional pay and non-pay spend.

A large number of capital items had been finalised during month 12, and the Trust would end the financial year within £1m of the anticipated capital position for invoices received. The remaining balance reflected a reasonable capital accrual process, and was a marked reduction from over £7m the previous year. No issues with capital were anticipated in relation to the year end accounts.

Financial rules for 2022/23 would be very different, and high level assumptions were being modelled to help the ICS to produce a draft position for the year. Information about the financial rules was received at a late stage, and delivery targets for each Division were being developed for 2022/23.

Mr Phoenix praised Mr Reid, the financial team and staff across the organisation for balancing revenue and capital requirements for the year noting that this was a phenomenal achievement. He was delighted that the Trust had delivered against its financial targets.

*The Board reviewed the integrated performance report and considered the adequacy of controls and actions*

024/2022 **Ambulance Handover**

Mrs Argent reported that there had been a recent increased national focus on ambulance handovers, and ambulance response times. NHSE had asked that all trust boards were sighted on response times and actions being taken to improve them.

She reported that regional standards were that 65% of ambulances should handover within 15 minutes, 95% within 30 minutes and 100% within 60 minutes. At EDGH approximately 660 minutes of ambulance time were lost each day, and at the Conquest 600 minutes were lost, due to ambulances being held while awaiting handovers. The Trust was very aware of the impact of these delays and was working closely with system partners to minimise this. An ambulance awareness week had taken place, raising awareness of the ambulance inbound screen for all staff. The Trust's aim was to ensure that there was adequate space

at all times to receive ambulances and ESHT had been praised by the ICS system for developing an escalation pathway for ambulance response times.

An audit of 1,000 ambulance conveyances made to the Trust during January was being undertaken, with 400 conveyances having had a first clinical review and 200 a second review. Of these 200, 26% did not require emergency treatment, and 6% would not have required conveyance if the advice of a clinician had been sought. 16% could have been taken directly to a gateway area, and work was being undertaken to improve direct to gateway conveyances.

Capital projects to improve rapid ambulance handover areas had begun at EDGH, anticipated to be completed in June, and had been completed at Conquest. An Emergency Department bootcamp for new nurses joining the Trust had been introduced to provide four weeks of training. Regular meetings were held with SeCAMB, with good, supportive engagement between the organisations. The Trust was providing greater access to clinicians to try to avoid conveyances to the Trust where possible, and an ambulance handover dashboard was being developed which could be shared externally and regionally.

Mrs Churchward-Cardiff noted that a surprisingly high proportion of patients conveyed did not require acute care. Mrs Argent explained that part of the reason for this was a lack of options for patients. The Trust was working with SeCAMB to identify alternative methods of communication to enable paramedics to contact a clinician to ask for advice prior to bringing patients to hospital.

Mrs Webber asked whether greater detail could be provided in future papers on ambulance handover to the Board, noting that she had received much greater assurance from Mrs Argent's presentation to the Board than from the paper. Mrs Argent agreed, and explained that the paper had been written to ensure that the Board was sighted on ambulance handover. **TA**

Mr Phoenix noted that the Trust had always performed well with ambulance handovers, but explained that there was a national focus on this at present and that it was helpful for the Board to be kept informed. He asked that handover performance be included in future IPR, and that an update paper be presented to the Board in April 2023.

025/2022

## **Learning from Deaths Q2**

Dr Walker presented the report, reporting that the number of deaths reviewed in the Trust had almost reached 100%. One probably avoidable death had been identified during the last quarter, with an additional probably avoidable death, that had not been previously reported to the Board, added following a review of Q4.

**026/2022 Board Assurance Framework (BAF) Q4**

Mr Milner presented the Q4 update, noting that the only overall rating that had changed since Q3 had been a reduction in the score for BAF 6 relating to financial sustainability, from 12 to 4 as a result of the large degree of confidence that the Trust will operate within its available resources during 2021/22.

He reported that a review of the BAF would be undertaken prior to the next update to the Board to ensure that the overarching risks remained pertinent moving forward. He noted that a recent internal audit had shown that the Trust's BAF remained in line with how other organisations presented their BAFs but that the content and presentation would be reviewed.

The Q1 update of the BAF was due to be presented by Executives to Committees in July, before coming to the Board in August. Mr Phoenix noted that the Board should have a general conversation about risk appetite, and Mr Milner confirmed that this was scheduled for an upcoming Board Seminar.

Mrs Churchward-Cardiff asked about the risk rating related to the breakdown of cardiology catheter labs which remained at 16 despite a lot of work being undertaken to address the issues. Dr Walker explained that the upgrade at Conquest had been completed, and the lab at EDGH was due to be replaced in 2022, so he expected the rating to decrease as work progressed.

**027/2022 Maternity Update**

Mrs Carruth explained that the final Ockenden report had been published and had reviewed almost 1,600 maternity incidents over almost 50 years. It contained 15 immediate and essential actions (IEAs) and 92 specific requirements. The report was about far more than just the actions, and also considered leadership, systems, processes, governance and transparency.

She explained that it was important for herself, and the Board, to consider whether similar incidents could happen at ESHT. She explained that she felt that ESHT was a transparent organisation, with robust leadership and good governance processes that would prevent incidents such as those detailed in the report from taking place. There were well documented workforce challenges at the Trust, but maternity was discussed regularly in detail by Q&S, in IPRs and across the system. Staffing was discussed on a daily basis and mitigations and escalation plans were in place to support this.

Mrs Carruth recognised that the Board would have concerns after reading the report. A discussion would take place with the Board to make sure that appropriate assurance was given in reporting that would ensure that the tragic events that had occurred elsewhere could not take place at ESHT. She explained that a maternity update was being presented to the Board, which had previously been discussed at Q&S. Mrs Fadero was the Board's neonatal and maternity champion and joined system wide and internal staff calls regarding maternity.

A gap analysis following the final Ockenden report was being undertaken, and was being discussed across the system. She confirmed that the Trust was

compliant with all requests for assurance that had been received through a number of letters sent to the Trust. The amount of work required to provide appropriate assurance was significant and it was important that the maternity team was supported with sufficient resource to be able to do this. The maternity dashboard was being reviewed and Mrs Carruth would ensure the Board had sight of this along with key quality metrics.

Ms Lynes thanked maternity and obstetric staff for all of the hard work that they had done over the previous year to improve maternity services.

Mrs Churchward-Cardiff asked where the areas of risk and areas of focus were in maternity services, and asked about escalation processes. Mrs Carruth explained that workforce challenges were the main risk and area of focus. These were discussed on a daily basis and had been compounded by the pandemic. A birth-rate plus review of workforce staffing had just been completed, and would highlight whether any uplift of maternity staff to allow adequate provision for training was required. A range of measures were in place to address the staffing issues. Mrs Lynes noted that a clinical escalation process was in place with a manager on call 24 hours a day, seven days a week. During particularly busy times a second on call manager was also on call, and there was a shift co-ordinator on every shift, 24 hours a day.

Mrs Fadero confirmed that conversations took place throughout the organisation about the safety of maternity services and staffing, including at Q&S, outside of Q&S and in public and private Board meetings. Clinical conversations took place every day to ensure that services could be safely offered, and how to mitigate staff sickness and Covid in order to ensure the safety of patients. She acknowledged that the Trust was not yet where it wanted to be, explaining that the Ockenden report would be used as a driver to ensure safe services providing equality of access. She provided assurance about the open culture of conversation that took place with maternity leads about addressing current risks.

Mrs Chadwick-Bell explained that the Board had previously agreed to receive a formal maternity report at alternate meetings, but it had been agreed that this would now be presented at every public meeting and would include the maternity dashboard and clarity about maternity risks and mitigations. She reported that Mrs Lynes was exploring whether additional maternity expertise could be found to provide additional support to the maternity team.

Mrs Kavanagh noted that the way Ockenden had been portrayed in the media was very different from the presentation to the Board. She explained that she had received a lot of assurance from the presentation, and was pleased to hear that additional support was being sought.

Mr Phoenix noted that the Trust had only recently received the second sobering Ockenden report, and while this had been one service in one trust, the issues highlighted could be applied to any service, in any trust, at any time. He urged all members of the Board to read the report if they had not yet done so, and was confident that this would be a priority for both the Trust and the System moving

forward. He thanked all the staff who had worked on improving maternity services over the last year, and particularly thanked Mrs Lynes for leading the response over the last weeks. Mrs Carruth thanked Mrs Lynes and Mrs Newby for their leadership, noting that it had been an incredibly challenging two years for maternity services.

028/2022 **Review of Governing Documents**

Mr Reid reported that the Trust's governing documents had been updated and reviewed by the Audit Committee for consistency and to ensure that delegation levels were in line with other organisations in the ICS. The Audit Committee had recommended that the Board approve the updated documents.

*The Board approved the updated Trust Governing Documents*

029/2022 **Annual Self-Certification**

Mr Milner explained that the annual self-certification was a review of the Trust's formal terms of its licence to operate. Executives had assessed compliance against six key areas and provider licence conditions, and were seeking the Board's approval of the annual self-certification.

*The Board approved the annual self-certification.*

030/2022 **Delegation of approval of Annual Report and Accounts 2021/22**

Mr Milner asked the Board for their approval of delegation of the annual report and the accounts to the Audit Committee. The Board would receive the final annual report and accounts at the AGM in September.

*The Board delegated authority for the approval of the Annual Report and Accounts for 2021/22 to the Audit Committee.*

031/2022 **Use of Trust Seal**

The Board noted four uses of the Trust Seal since the last Board meeting.

032/2022 **Questions from members of the public**

Mr Phoenix reported that three questions had been received from Mr Campbell in advance of the meeting.

1. Who are the Maternity Safety Champions within the Trust?

Mr Phoenix explained that Mrs Carruth was the Executive lead, and Mrs Fadero was the Non-Executive Champion.

2. In the light of the Ockenden Report are the Trust Board satisfied that the underlying circumstances behind the poor quality of care given to maternity patients within the Shrewsbury and Telford Trust over a considerable period of time would be identified within ESHT should they exist and that prompt remedial action would be taken?

Mr Phoenix noted that this question had been answered by Mrs Carruth under item 027/2022 – Maternity Update.

3. Will all future Board papers contain progress reports on the actions and projects identified in the three Strategy papers contained in the last set of Board papers.
- Mr Milner explained that quarterly updates would be provided, mainly due to the scale of program, which included outside partners. These regular reviews would allow for sufficient progress to be made between updates. He anticipated that these would be presented to the Strategy Committee with recommendations made to the Board.

**Date of Next Trust Board Public Meeting**

034/2022

The next meeting of the Trust Board would be on Tuesday 14<sup>th</sup> June 2022 at 0930.

Signed .....

Position .....

Date .....

East Sussex Healthcare NHS Trust

Progress against Action Items from East Sussex Healthcare NHS Trust  
12<sup>th</sup> April 2022 Trust Board Meeting

Agenda item	Action	Lead	Progress
023/2022 – <i>Integrated Performance Report (IPR) for Month 11</i>	Dr Walker agreed to send Mrs Webber an example of the detailed mortality spreadsheet that he received each month.	<b>DW</b>	Spreadsheet sent to Mrs Webber
024/2022 – <i>Ambulance Handover</i>	Ambulance handover data to be included in future IPRs.  Update on ambulance handovers to be presented to the Board in April 2023.	<b>TA</b>	Information included in IPR  Added to planner for April 2023

## Finance and Investment (F & I) Committee Report – 26<sup>th</sup> May 2022

The F & I Committee last met on the 26<sup>th</sup> May 2022.

### M1 Financial Position

The Committee noted the financial position for month 1, being a £1.1m deficit (£0.5m adverse to plan). Discussions with the ICS were ongoing in terms of allocating additional central funding with a view to inflationary pressures being mitigated and a break even position achieved. The Committee noted the difficulty in achieving this given the requisite activity targets and known cost pressures.

### Capital

A capital allocation of £30.2m had been agreed, including a £1m allocation for Building for our Future (BFF). A further £28.8m of grant-funded capital would be spent on the public sector decarbonisation project (PSDS3), and £1m of donated capital was anticipated. This totals £60m of capital to be deployed during the year. The Trust was ahead of plan with spend at the end of month 1, primarily due to project slippage from 21/22 (predominantly CDC). Spend on the PSDS3 scheme was anticipated from month four. The ability to decant clinical areas was flagged as a key risk to a number of projects.

### Efficiency

Divisions had had a relatively short period of time on which to work on their efficiency plans, but it was noted that they were engaged and recognised their targets. At the committee date, there was a £7.5m gap to achieving the overall £21m efficiency target.

### Bed planning

The committee was provided with an updated bed model, with phasing for the planned closure of escalation areas. This was acknowledged to be ambitious but achievable. The Trust is investing in the crisis response team, and working on appropriate models of care and digital solutions to support virtual wards. The Committee noted it had previously approved the proposal that an additional 21 bed ward be fully funded.

### Sexual Health Contract

The Committee noted the break-even performance of the contract and its fit with the Trust's services. It approved the further extension of the contract for an 18 month period, enabling the service to provide seamless care to patients and provide a stable short-term solution for the ICS's need to provide this service. The Trust is committed to working with the ICS to further remodel the service over the 18 month extension period.

### Birthrate Plus

The Birthrate Plus review of staffing identified a need to uplift the maternity staffing by 6.23 wte at a cost of £315,852. The proposed investment in the maternity workforce was approved as the funding was ringfenced via ICS allocations.

*Nicki Webber*  
Chair – F & I Committee

## East Sussex Healthcare NHS Trust

### People & Organisational Development (POD) Committee

#### Introduction

Since the Board last met a POD Committee meeting was held on 19 May 2022. 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

The Workforce Report was presented to the Committee , key highlights:

- Reduction in some of the pressures seen over recent months
- Monthly sickness reduced by 0.9% to 6.3% with Covid cases across the Trust decreasing significantly
- Increase in turnover due to work life balance, retirement and people leaving the health service
- Fill rates of beds remained stretched due to the requirements with additional beds open, which presented some financial challenges
- Expect to see pressures dissipating further in the coming weeks assuming that Covid levels remain low and discharges increase.

It was highlighted that the impact of Covid has had an impact on staff morale for a period of time. The aim is to concentrate on delivering recovery and motivating colleagues through implementing the People Strategy, focusing on the basics, rostering, appraisals, job planning, retention and staff development.

#### Recruitment Update

The Recruitment update was presented to the Committee and was taken as read.

#### Time to Hire

It was highlighted that in terms of measurables within recruitment there were no concerns, although the internal process could be a lot quicker. This is being looked at by bringing the TWS and Recruitment teams together with the aim to reduce the time to hire to one week. It was confirmed that the Trust was not an outlier but comparable on performance.

It was agreed to explore further by undertaking a deep dive on time to hire for each profession drilling down into specific key areas.

#### Allied Health Professionals (AHPs)

It was noted that there were many vacancies in this area as there is a relatively small population of AHPs. It was agreed that the overall package for AHPs would be reviewed to attract candidates and focus on retaining current staff.

#### Positive feedback

It was noted that the Trust had received valuable positive feedback from patients and staff of neighbouring Trusts, that staff feel supportive, welcomed, happy and provide outstanding care.

## Deep Dive: Looking After Our People

### Employee Relations Report (Q3 and Q4)

The Employee Relations Report was presented to the Committee and taken as read. This report provided information relating to the number of formal staff complaints and conduct issues which had been raised, including Employment Tribunal claims, during the period 1 Oct 2021 and 31 March 2022. The report also highlighted data around where the Trust sits nationally and across the ICS.

### Freedom to Speak Up Guardian Report

The Freedom to Speak Up Guardian Report was presented to the Committee and was taken as read. This report provided an overview of the activity of the Freedom to Speak Up Guardians and included the nature of concerns raised and an analysis of trends. This report focussed on Quarter 4 data (January to the end of March 2022). In accordance with reporting requirements, the Guardians had been compliant with submitting anonymised, quarterly data to the National Guardians Office.

### Staff Survey Update

The Staff Survey Update paper was presented to the Committee and was taken as read. Continued work was underway looking at action plans and areas of focus.

Corporate priorities:

- Wellbeing conversations
  - Mandatory requirement from the NHS People Plan that all Managers and supervisors who have line management responsibilities attend the training and that every member of staff over the next 12 months will have been offered a Wellbeing conversation.
- A focus on All Staff Feeling Safe at work
  - The Trust will continue its public facing communications campaign and work with the ICS to address violent and aggressive behaviour towards NHS staff.
- Best place to work
  - A focus on everyone's roles within ESHT and how they all make a difference to patient care and outcomes.

### **People Strategy Update**

The People Strategy Update was presented to the Committee. This paper provided a quarterly update for works progressed in the preceding 3 months focussing on:

- Programme of planned and future works
- Key achievement
- Risks for escalation

Overarching reporting and digital working groups underpin the People's Strategy – reporting metrics are under development. Digital working group is in its infancy, progress report will be included in the next quarterly report.

### **Review of Terms of Reference**

The Terms of Reference were reviewed and updated.

### **Minutes of the POD Committee 21 April 2022**

The meeting on the 21 April 2022 was cancelled due to operational pressures.

**Carys Williams**  
**Chair of POD Committee**  
**May 2022**

## Quality and Safety Committee Report – 21 May 2022 Meeting

- Urgent Care – Head of Emergency Care outlined some of the challenges for Urgent Care that had been raised at the Emergency Department IPR meeting and provided assurance that positive impact was being felt from the introduction of the LIVI service, eTriage and investment in the redirection of low acuity patients to care navigators. Nursing staffing remained a challenge and benchmarking had revealed a shortfall at ESHT. This was being addressed through some phased plans.
- Patient Safety and Quality Group – Safeguarding and risk an increasing concern. Covid-19 had increased pressure on mental health services. A recent workshop with Sussex Partnership Foundation NHS Trust aimed to improve the models of care for young adults on acute wards. A focus on mental health was planned for a future QSC meeting. End of Life Care deep dive also planned for a QSC meeting in the Autumn.
- ePMA, Theatres and Interoperability – risks related to this discussed. Particular concern regarding lack of ePMA in the Emergency Departments due to interoperability issues with Nervecentre. The ePMA team were supporting and a workaround being trialled for use until such time as an upgraded PAS system was in place.
- Community Health & Integrated Care – Divisional focus and good CQC Key Lines of Enquiry ratings noted with the focus now on getting to outstanding.
- Infection Prevention & Control Board Assurance Framework – not yet fully compliant with the new version of the BAF but work ongoing to progress. A further revision of the Board Assurance Framework was expected.
- Quality & Safety Exception Report – Apr 22 data. Falls rate rise from Jan 22 to Apr 22 mirroring increased additional beds - this was being monitored. Open Serious Incident and Amber investigations continued to be a challenge due to capacity in the Divisions. These were being tracked and a conversation needed at Trust Board regarding resource and the ability of Divisional colleagues to balance operational need with quality.
- Maternity - Ockenden Progress Report – continued progress but no significant changes to report. Maternity Deep Dive to be presented to the June 22 meeting.
- Safer Staffing – Red Flags being reported to the Quality & Safety Committee to allow monitoring of impact of staffing issues. Nursing Establishment Review due to be finalised.
- Best at Frailty – Delay in progress due to operational winter pressures and continued pandemic but pace now gathering and key priorities for delivery of the strategy agreed. Many underway or in the scoping phase. Challenges in the development of a metrics dashboard remained.
- Quality Account 2021/2022 - Progress noted.
- Covid-19 Recovery – Assurance provided that the Trust's elective recovery programme is being closely monitored and that the Trust has continued to treat patients in order of clinical priority, whilst reducing overall waiting times and waiting list sizes.
- CQC – Key Lines of Enquiry – Progress Report – This report confirmed good progress with self-assessment against the Key Lines of Enquiry across the Divisions with no areas rated inadequate. Workshop planned for the Divisions to review at a more detailed level. This would be followed by a progress report to be presented to the Quality & Safety Committee.
- High Level Risk Register – 70 risks noted on the corporate risk register a reduction of 3 on April 2022.

Amanda Fadero, Chair – 6 June 2022

## Strategy Committee Report – 28<sup>th</sup> April 2022

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The strategy committee last met on 24th February and considered the following updates:

### **Place Progress**

The paper presented had been superseded by ongoing events as the arrangements at place developed. The transformation programme was being progressed and the process was robust; however there was a need to clearly articulate what needed to be tackled first, i.e. what are the problem(s) that we as place need to address. There was also a wish to see the involvement of the voluntary and specialist organisations expressed more explicitly.

### **MSK Update**

The governance of the service was explained and discussions took place about how the needs of our population could best be met equitably, across East Sussex. Referral equity and earlier diagnostics were considered key to developing the service further.

### **Health Inequalities**

The paper presented outlined a system approach. The Committee was keen to see detail on how to engage with target groups and to hear their views on needs. The Committee wished to see actions targeted to our population with clear joint working from system partners. The Chair of ESHT will be the NED lead to ensure our clinical plans consider Health Inequalities within East Sussex.

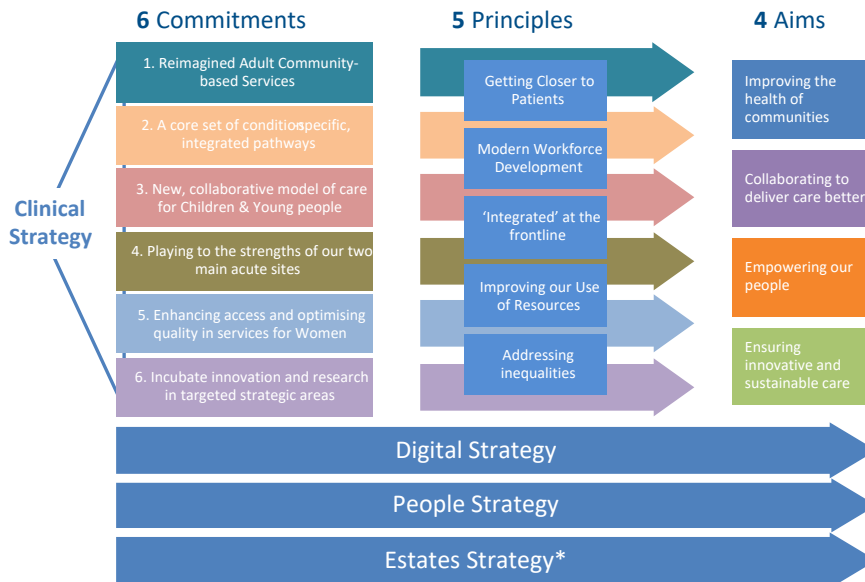
### **Cardiac and Ophthalmology Transformation**

The engagement and consultation process continued and the next phase would be to finalise the evaluation tool that would inform the disposition of services. This was a decision for the ICB and the current timetable scheduled the decision coming to the ESHT Board in August.

## ESHT Transformation Programme Updates

The commitments have been agreed and “The What” and “The How” is the next step. The Trust now had clear commitments, principles and aims that tied together to transform the way in which we deliver services.

### A reminder of the 6, 5, 4



\*Includes BFF SOC

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The Committee confirmed support for the programme and recommended that Frailty was more clearly visible and emphasised the scope of our community services to be catalysts for change.

Jackie Churchward-Cardiff, Strategy Committee Chair

29<sup>th</sup> April 2022

## CEO Report

Meeting information:			
Date of Meeting:	14 <sup>th</sup> June 2022	Agenda Item:	6
Meeting:	Trust Board	Reporting Officer:	Chief Executive Officer

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

## Summary:

## Introduction

Our marvellous staff continue to be our most valued asset and work tirelessly to ensure we deliver outstanding patient care, so I'd like to thank them again for their hard work and dedication. Our services remain busy and we are at that time of the year where we have had to manage services across several long weekends and the four-day Jubilee weekend. We provided ice creams and cream teas to staff to say thank you and celebrate the Jubilee.

## Trust Business Plan

We will be publishing our Trust Business plan this month and these will be discussed in more detail later in the board meeting. Whilst we aspire to be a top quartile provider across all metrics and want to balance the focus on immediate need and transformation, this year we will continue to ensure we focus on recovery of services after a very tricky couple of years and starting to 'live' with Covid, so the priorities for this year are focused on a few key outcomes.

- Workforce and wellbeing
- Maintain quality of care
- Increasing elective activity to 104% of pre-covid activity
- Delivery of financial plan
- Reducing the number of patients in hospital whose care is best now managed in another setting
- Ensure safe and sustainable urgent care

## Living with Covid

The Covid numbers have thankfully now reduced; we continue to treat around 20 patients a day, although not all have been admitted for Covid reasons. We have reduced our restrictions in line with NHSE guidance and that will be discussed in more detail in a separate paper. However as one disease reduces, we have also been reviewing our preparedness for new ones, and the team have plans in place for Monkeypox as numbers increase in the UK.

## Bexhill Community Diagnostic Centre

1 East Sussex Healthcare NHS Trust  
Trust Board 14.06.2022

Building work is underway on our new Bexhill Community Diagnostic Centre on the site of a former car showroom on Beeching Road. The new centre will provide scans and tests, is being funded by over £2 million of investment from the Government. Within the centre we will have state of the art equipment including; a mobile CT scanner, two X-ray rooms and six clinical / ultrasound rooms, as well as space to undertake blood tests. The centre will be staffed by a multi-disciplinary team of staff including phlebotomists, physiologists, sonographers and radiographers. It will open five days a week from October 2022 with an aim to move to six days a week from April 2023. The centre will increase capacity and reduce wait times for routine cases as well as speed up diagnostics for patient with suspected cancers.

### **Managing Patient Flow**

We have developed a new system at our front door for patients arriving for urgent or emergency care. We still urge patients to contact their GP or 111 first to ensure they are directed to the most appropriate service and in some cases advice and prescriptions can be delivered over the phone. This helps us to ensure we are there for the patients who need us most. The new electronic triage system allows patients to check in using eTriage tablets at both of our UTCs and A&Es. The aim is to speed up the assessment process and triage the patients according to need. If there is a more appropriate service then patients may be re-directed. Care navigator roles have been recruited to support patients using the tablets.

We continue to work with health and care partners but are still struggling to reduce the number of patients waiting for discharge. We are working to ensure there is sufficient discharge capacity into social care, increasing our own service capacity and developing virtual wards, with the aim of supporting people to stay in their usual place of residence or once initial assessments and treatment is given in hospital to discharge patients with additional support. This remains a key priority for the Trust and the wider health and care system as so many other priorities are dependent upon its success. High bed occupancy can result on cancellation of elective activity, opening of bed escalation areas which impact of staff and finances and becomes time consuming to manage impacting on the wellbeing of almost all of our staff.

### **Cyber Security**

We celebrated Cyber Security Week in May which raised awareness of the things we can all do to protect our systems and data – as everyone has a responsibility for doing this. The week covered best practice for passwords; how to spot and deal with phishing emails; protecting restricted areas from unauthorised access and reporting cyber incidents.

### **Staff Car Parking**

We made a decision last year as a Board not to reintroduce car parking fees for staff. As a Trust we are not obliged to offer parking to staff, however we recognise that many staff rely on cars as a mode of transport, albeit as part of our green plan we encourage other options. The demand on parking continues to exceed demand and we aim to reduce this burden and also ensure safe parking, so we need to ensure we have mechanisms in place to manage this. Whilst fees have not been reintroduced, although it should be noted that NHSE guidance is that free parking as standard across the NHS has now come to end, we are introducing a parking permit and have a small annual charge (£30 or £50 annually depending on grade) to contribute to administration costs. This has been introduced and developed in consultation with staff representatives.

### **Capital Developments**

We have been undertaking a complete refurbishment of operating theatres 5 and 8 at Conquest Hospital in order to provide additional orthopaedic capacity to help us to deliver our elective care delivery programme. The refurbishment will be completed in early June and is a comprehensive project that provides an improved environment including new ultra-clean canopies for orthopaedic surgery, and also new operating lights, colour variable lighting, new flooring, and theatre cabinets with associated critical infrastructure.

A complete refurbishment of our Eastbourne Respiratory Ward has just been completed and handed back to our clinical teams. As well as providing the ability to provide appropriate self-contained pandemic proof facilities within the ward, we have carried out a comprehensive refurbishment of the ward to significantly improve the environment for our patients and staff including new flooring, lighting, and patient/nurse call facilities.

# Integrated Quality & Performance Report

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**Prepared for East Sussex Healthcare NHS Trust Board  
For the Period April 2022 (Month 1)**

# Content

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

# 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 (2021/22), is being delivered.
- Throughout our work we remain committed to delivering and improving on:
  - Care Quality Commission Standards
    - Are we safe?
    - Are we effective?
    - Are we caring?
    - Are we responsive?
    - Are we well-led?
  - Constitutional Standards
  - Financial Sustainability in the long term plan
- Our IPR, therefore, aims to narrate the story of how we are doing and more importantly how we will be doing as we look towards the future.
- Detailed data can be found within the IPR Data Detail (appendix A).

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



# Balanced Scorecard

Safety	Target / Limit	Last month	This Month	Variation	Assurance
Patient Safety Incidents (ESHT and non-ESHT)	M	1030	1139	Common Cause	
Serious Incidents	M	1	1	Common Cause	
Never Events	M	1	0	Common Cause	
Inpatient Falls per 1,000 Bed days	5.5	5.2	6.2	Common Cause	Inconsistent
Pressure Ulcers, grade 3 to 4	0	2	2	Common Cause	Consistently Missed
MRSA Cases	0	0	1	Concern	Inconsistent
Cdiff Cases	<5	6	5	Common Cause	Inconsistent
MSSA Cases	M	0	1	Common Cause	
RAMI	94	82.3	82.6	Improvement	Consistently Hit
SHMI (NHS Digital monthly)	0.99	0.96	0.96	Common Cause	Consistently Hit
Nursing Fill Rate (IP - RN, RNA and HCA)	100%	85%	90%	Concern	Consistently Missed
Nursing Fill Rate (Including Escalation)	100%	85%	0%	Concern	Consistently Missed

Patient Experience	Target / Limit	Last month	This Month	Variation	Assurance
Complaints received	M	45	48	Common Cause	
A&E FFT Score	M	91%	89%	Common Cause	
Inpatient FFT Score	M	99%	99%	Common Cause	
Maternity FFT Score	M	95%	98%	Common Cause	
Out of Hospital FFT Score	M	98%	98%	Common Cause	
Outpatient FFT Score	M	100%	97%	Common Cause	

Our Performance	Target / Limit	Last month	This Month	Variation	Assurance
A&E 4 hour target	>95%	69.7%	70.1%	Concern	Consistently Missed
A&E Non Admitted	M	77.4%	76.8%	Concern	
A&E > 12 hours from arrival to discharge	0	398	382	Concern	Consistently Missed
A&E waits over 12 hours from DTA	0	0	0	Common Cause	Consistently Hit
UTC 2 hour	>98%	66.1%	70.5%	Concern	Consistently Missed
Cancer 2ww	>93%	97.8%	97.1%	Common Cause	Consistently Hit
Cancer 62 Day	>85%	77.4%	78.9%	Common Cause	Consistently Missed
62 day Backlog	M	77	114	Common Cause	
104 day Backlog	M	14	13	Improvement	
RTT under 18 weeks	>92%	66.6%	65.5%	Concern	Consistently Missed
RTT 52 week wait	0	132	198	Common Cause	Consistently Missed
RTT Total Waiting List Size	36,833	40,044	41,933	Concern	Inconsistent
Overdue P2	M	237	261	Common Cause	
CHIC wait times < 13 weeks	>75%	86.8%	84.8%	Common Cause	Consistently Hit
Diagnostic <6 weeks	<1%	14.6%	16.9%	Improvement	Consistently Missed

Our People	Target / Limit	Last month	This Month	Variation	Assurance
Establishment (WTE)	M	7,840.1	7,891.4		
Vacancy Rate	<5%	7.2%	6.9%	Concern	Consistently Missed
Staff Turnover	<9.9%	11.7%	12.0%	Concern	Consistently Missed
Retention Rate	>92%	91.6%	90.7%	Concern	Inconsistent
Sickness - Absence % (rolling 12 mths)	<4.5%	5.6%	5.8%	Concern	Consistently Missed
Sickness - Average Days Lost per Fte	<16	20.5	21.3144	Concern	Consistently Missed
Staff Appraisals	>85%	74.0%	74.3%	Common Cause	Consistently Missed
Statutory & Mandatory Training	>90%	87.7%	88.0%	Common Cause	Consistently Missed

Our Productivity	Target / Limit	Last month	This Month	Variation	Assurance
4 hour theatre sessions	M	487	420	Common Cause	
Average Cases per 4 hour session	M	2.4	2.4	Improvement	
Clinic run rate	M	80.0%	79.4%	Improvement	
Non Face to Face Outpatients	>25%	29.2%	26.7%	Concern	Consistently Hit
Elective Length of Stay	2.7	2.5	2.7	Common Cause	Inconsistent
Non Elective Length of Stay	3.6	4.7	5.1	Concern	Consistently Missed

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# Chief Executive Summary

The prevalence of Covid in the local population declined toward the end of March and continued to decline into April and as a result, the number of patients accessing our services with Covid has come down. However, we did see a further increase in workforce sickness in April which has impacted on service provision across a number of departments. Positively, no service was stood down and we maintained our safe standards of care throughout a challenging month

## Key Areas of Success

- We are in the top quartile nationally for our cancer 62 day performance.
- We continue to report zero patients waiting >78 weeks and are ahead of our trajectory for >52 week waits
- A Capex spend of £1.5m comes in £0.1m over internal phased plan
- The Trust's vacancy rate has reduced for the 5<sup>th</sup> consecutive month. Now at 6.9%
- Our emergency departments saw an improvement against the 4 hour standard and a decrease in ambulance handover delays over 30 minutes

## Key Areas of Focus

- The Trust is placed 51 out of 112 Trusts for the 4 hour emergency care standard. Achieving 73% against the 95% standard. This is an improvement from the previous month although not reflective perhaps of the hard work the teams at our front door continue to deliver. With a number of innovations being embedded including Livi, e-triage and our rapid assessment and ambulance handover areas.
- Our ability to discharge will be a key driver in improving the ED standard. With a high bed occupancy, this limits the exit routes from our emergency departments.
- The increased challenge in delivering the financial position for this year. In month 1, we are reporting a deficit of £1.1m in month which is a £0.5m adverse position to the planned deficit
- Income is adverse to plan driven by provision for ERF claw back of £0.9m offset by higher divisional income which has equivalent associated costs
- The continued pressure across our services is impacting staff and the wellbeing of all continues to be a focus point for the Trust
- Our Medically Ready for Discharge (MRD) numbers continue to rise and impacts our ability to discharge patients to the right care setting remains challenged. A Discharge and LoS programme is being rescoped with a back to basics approach including board round, roles and responsibilities, Work is ongoing with system partners as part of this programme.
- A deep dive is planned to review the increase in workforce impacting on our financial position, but also to better understand why with increased staff levels we are seeing a declining roster fill, some of the discrepancy is due to higher sickness levels now declining, a number of super numary and supervisory staff who are not logged as part of the roster fill along with the impact of additional ward areas being open.

# 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

## Quality and Safety

April 2022 data

### COVID - 19

The prevalence of COVID in the local population is now very low and as a result the number of positive patients being treated at ESHT is less than 20 which has enabled the Trusts to move away from COVID pathways and provide care for COVID patients within the most appropriate speciality. The ESHT COVID roadmap has been updated to facilitate increased visiting, reduced social distancing and re-instate many services while also taking into account the hierarchy of controls in relation to ventilation, hand hygiene, triage and PPE.

### Infection Control

There were 9 reported outbreaks of COVID during April. Only three of these affected the wider ward and most were confined to a single bay. There has been a HAI MRSA bacteraemia that was assessed as unavoidable. C.difficile cases exceeded the monthly threshold. All specimens were ribotyped, with Post Infection Reviews (PIR's) underway and no evidence of any outbreaks.

### Incidents

Two serious incidents were reported in April 2022 in Maternity one of which did not meet HSIB criteria. The number of open SIs is reducing and plans are in place for a weekly tracker for overdue reports.

### Pressure Ulcers

One category 3 PU was reported at Conquest and one category 4 PU was reported in a patient in their usual place of residence.

### Falls

New graphs are included to provide more granular detail regarding location. There was one severity 4 fall reported in April.

### Patient Experience - Complaints/Friends & Family Test (FFT)

Teams have continued to work through the backlog with 5 overdue complaints at the end of April. FFT submissions still remain lower than pre-COVID and recommendation rates are still very high ranging between 88.89% and 98.92% for A&E, Inpatient areas, Maternity and Outpatients. The digital option for FFT launched in Maternity and A&E during April and will be launched across all services over coming months.

### Nursing & Midwifery Staffing

The requirement for significant additional inpatient bed capacity continued in April with staff absence rates showing signs of improving.

Staffing in April remained stretched in most areas which is likely to have had an impact on some of the key quality metrics (or indirect care such as documentation, discharge planning etc) and on staff wellbeing due to the sustained pressures.

The ward Nursing Establishment Review is complete with a requested delay from the Finance Committee whilst awaiting additional benchmarking data.

The Trust has received the Safer Nursing Care Tool for ED and Community Safer Staffing Tool licenses from the Shelford Group. Training has been undertaken to allow staff to measure the acuity of patients to highlight and monitor safe recommended staffing levels at in-patient and caseload level.

### Mortality

Both SHMI and RAMI indices of mortality remain better than peers. SHMI has remained stable this month and RAMI remains in the top quartile across NHS England Acute Peers.



**Vikki Carruth**

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



**David Walker**

Medical Director

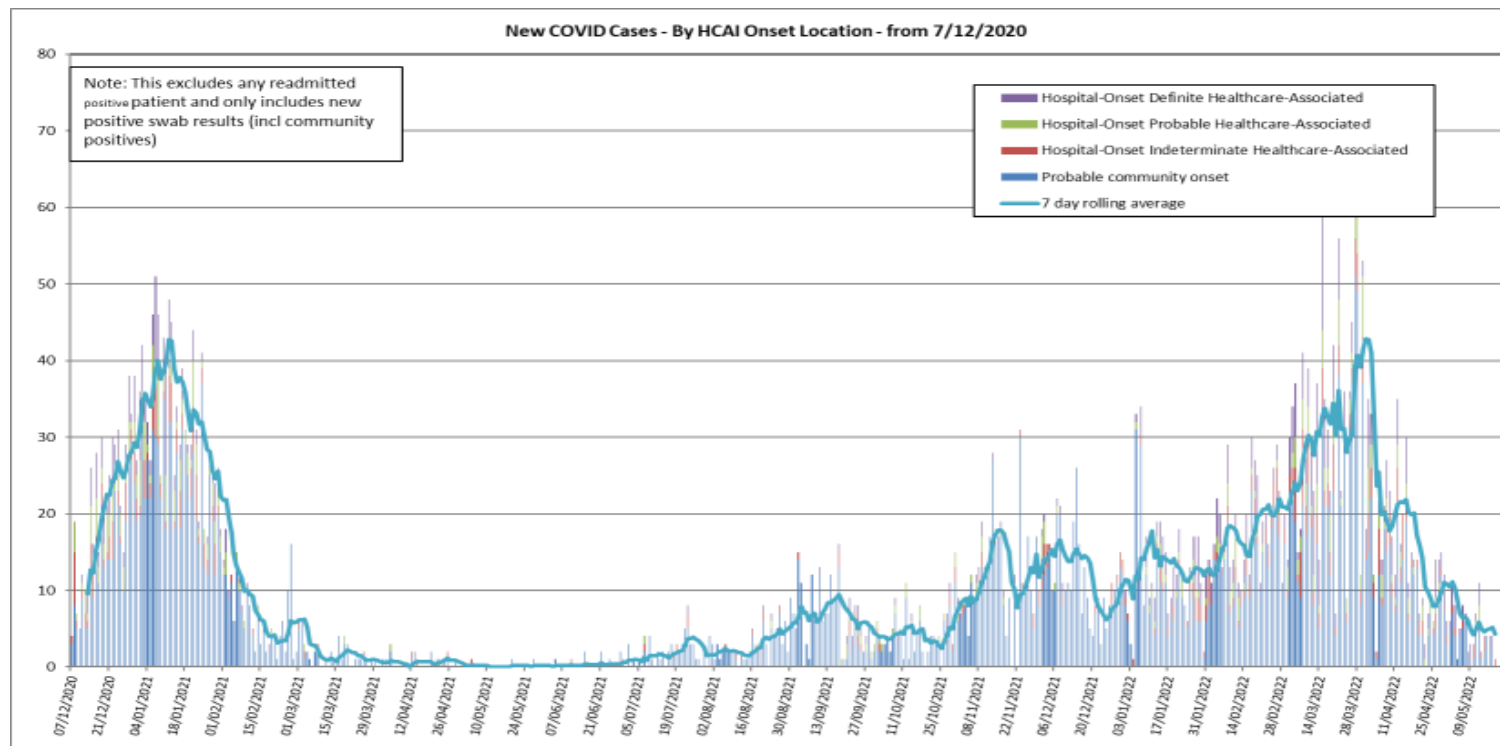
**Actions:** Deep dive underway into continued increase in incidents and complaints in April.

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### Prevalence

Prevalence of COVID in the local community reduced and reflected the national rate. As at 8<sup>th</sup> of May 2022 COVID prevalence for England was 111/100,000 population and all areas in East Sussex had similar prevalence. There was a 33% reduction in positive tests reported on the previous week. It is recognised that some of this reduction may be due to reduced access to testing in the community. The latest data from the Office of National Statistics Infection Survey estimates modelled a positive rate for East Sussex at 3.9% (17<sup>th</sup> to 23<sup>rd</sup> April). This equates to a modelled ratio of 1 in 25 people in East Sussex testing positive for COVID.



### Outbreaks and Serious Incident Investigations

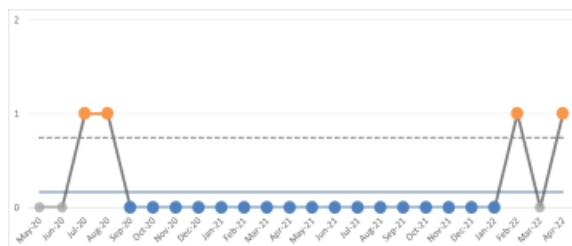
The Omicron variant has a high attack rate and when a positive patient is identified in a bay, depending on circumstances virtually all the other patients within the bay go on to test positive. There were 9 outbreaks of COVID during April. Three wards were significantly affected by large numbers: Frailty 10 cases, Tressell 13 cases and most recently Bexhill Irvine Unit 26 cases to date. Most patients had only mild symptoms that did not require additional treatment and there have been no related deaths reported so far. In recognition that transmission within a bay is not unexpected and unlikely to be preventable, providers are no longer required to report cases that are confined to a single bay. Outbreak control measures and reporting have been in line with trust and national requirements with Director of Infection Prevention & Control (DIPC) oversight.

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# Safe Care - Infection Control

## MRSA cases

Variation: Normal  
Current Month: 1



**Author: Lisa Redmond – Head of Infection Control & Deputy DIPC**

## MRSA bacteraemia (MRSA)

One MRSA bacteraemia was reported in April and was Central Venous Catheter (CVC) related. Patient known to Vascular Access Team, with a complex medical history - assessed as unavoidable.

## CDIFF cases

Limit: 5.66  
Variation: Normal  
Current Month: 5



## Clostridium Difficile Infection (CDI)

April saw 5 cases of CDI against a monthly internal limit of 4. Of the 5 cases, 4 were reported as HOHA (Hospital Onset Healthcare Associated) and one as a COHA (Community Onset Healthcare Associated). Post infection reviews are being arranged. No evidence of any outbreaks and each infection occurred on different wards.

## CDIFF per 1000 bed days

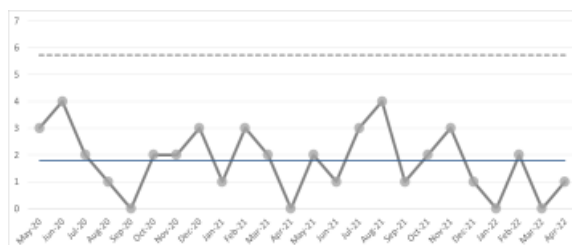
Variation: Normal  
Current Month: 0.2



National reporting of CDI per 1,000 bed days remains suspended to reflect organisations need to flex bed numbers during the pandemic.

## MSSA

Variation: Normal  
Current Month: 1



## MSSA bacteraemia

One MSSA bacteraemia reported in April. Source unknown. CT shows no deep-seated infection. Patient remains under investigation to find source of infection and being treated with antibiotics.

07/06/2022

# Safe Care – Incidents

Author:

**Margaret England – Head of Governance**

Status Report

Of the 1138 incidents reported – 962 were **ESHT** incidents with:

Severity 1 None/Near Miss - 660  
Severity 2 Minor - 279  
Severity 3 Moderate - 21  
Severity 3 Major – 3 (1 fall, 2 maternity incidents)  
Severity 5 Catastrophic - 0

## Top five locations :

Acute Medical Unit Eastbourne - 61  
Patients Home - 61  
Emergency Unit Conquest - 43  
Frank Shaw Ward - 41  
Emergency Unit Eastbourne - 39  
Delivery Suite Conquest - 37

## Top categories:

Slips Trips and Falls - 170  
Medication Errors and Other Medication Related Incidents - 113  
Diagnosis and Diagnostic Services - 110  
Antenatal, Labour and Post Natal Care - 88

## Two SIs reported in April :

- Both in Maternity with one meeting HSIB criteria.

Challenge & Risk:

Work is progressing to reduce the number of open SIs. As discussed at Quality & Safety Committee there is slow progress with the Implementation of PSIRF due to delays in the release of national guidance and templates which are now anticipated in June 2022 or later. Expectation that all Trusts will move to a full implementation of PSIRF by June 2023 - no funding attached. Considerable challenge given the huge cultural change required.

Actions:

A review of staff training re: Medication Safety and Falls underway and will report to the Q&SC and POD.  
Meetings have been arranged with SI investigators to expedite closure of open SIs. Two HSIB investigations awaiting action plan updates before closure (both 2019). HSIB investigation training will become available but places limited & divisions are being asked to identify staff in readiness for booking.

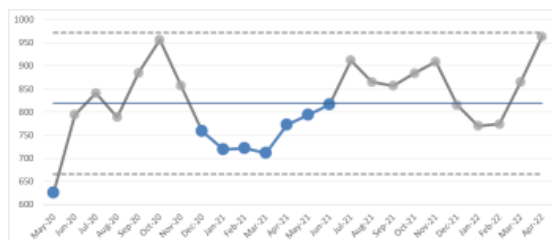
## Patient Safety Incidents (Total incidents ESHT and Non-ESHT)

Variation: Normal  
Current Month: 1,138



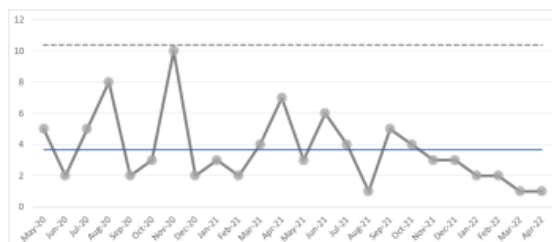
## Patient Safety Incidents (ESHT incidents)

Variation: Normal  
Current Month: 962



## Serious Incidents (SIs) (Incidents recorded on Datix)

Variation: Normal  
Current Month: 1



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# Safe Care – Falls

East Sussex Healthcare

NHS Trust

Author: **Margaret England – Head of Governance**

Status  
Report

The falls rate per thousand bed days increased again with significant additional capacity still open in April.

There were a total of 170 falls with 148 in inpatient areas and 22 elsewhere.

Areas reporting the highest numbers of falls during April 2022 were:

- Irvine Unit Intermediate – 19
- Stroke Unit, EDGH - 9
- Tressell Ward - 9
- Acute Medical Unit Eastbourne - 8
- Devonshire Ward- 8
- Rye Intermediate Care - 8

One severity 4 fall with harm. SWARM approach used.

Challenge  
& Risk:

Significant additional capacity still open with large numbers of patients NCTR and MFD many of whom are frail and dependent with increased risk of harm and wandering. Ongoing increased demand for staff.

Actions:

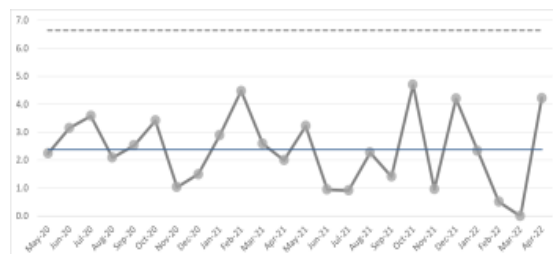
This report contains some new graphs which provide more granular detail re: location and time. Deep dive underway for BIU as higher than expected falls in April for a rehab area noting falling staff fill rate.

**Inpatient Falls Per  
1,000 Bed Days  
(Acute)**



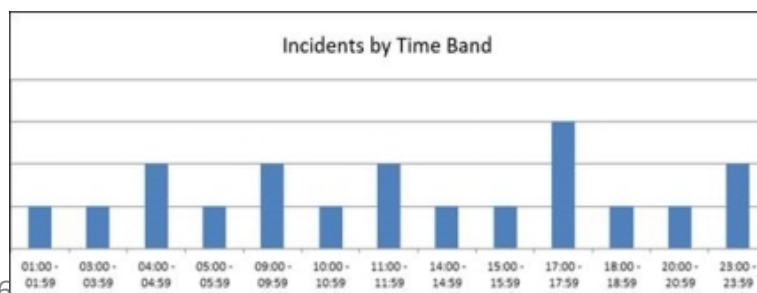
Variation: Normal  
Current Month: 6.4

**Inpatient Falls Per  
1,000 Bed Days  
(Intermediate Care)**



Variation: Normal  
Current Month: 4.2

**Incidents by Time Band**

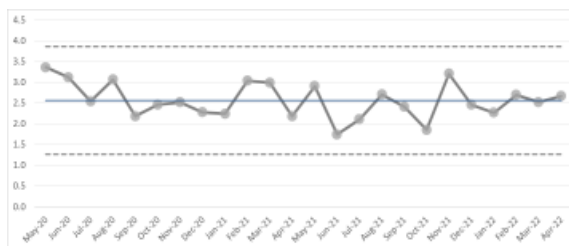


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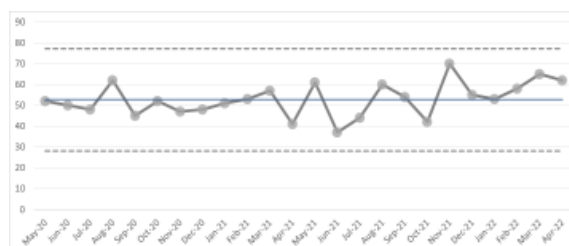
# Safe Care - Pressure Ulcers

**All Pressure Ulcers (PUs)  
Per 1,000 bed days**



Variation: Normal  
Current Month: 2.7

**Pressure Ulcers  
Category 2**



Variation: Normal  
Current Month: 62

**Pressure Ulcers  
Category 3&4**



Variation: Normal  
Current Month: 2

Author:

**Tina Lloyd, Assistant Director of Nursing - Corporate**

Status  
Report

Despite the sustained occupancy, increased capacity and inpatient case mix, the rate of PUs has not increased, which is a credit to our hardworking teams.

One category 3 PU was reported at the Conquest and one category 4 PU for a patient living in their usual place of residence.

63 cat 2 PUs were reported in April including 1 related to a medical device.

Of the 63, 35 were inpatients and 28 patients living in their usual place of residence (19 in their own home & 9 in residential care).

Challenge &  
Risk:

Significant additional capacity still open with large numbers of patients NCTR and MFD many of whom are frail and dependent with increased risk of harm and wandering.

Actions:

Reporting is being revised to separate damage amongst inpatients, patients in their own home and those in other care settings to provide more focused improvement.

The CHIC Division has established it's own PU group and is exploring ways to communicate more effectively with patients who receive care from independent providers in their own home to prevent and treat pressure damage. Group asked to provide more analysis on cat 2 damage.

07/06/2022

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# What patients are telling us?

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

Status  
Report

There were 100 **open complaints** at the end of April (March = 88) . The top three primary complaint subjects (recently changed nationally) were.

- Clinical Treatment = 12 (no comparable data)
- Admissions and Discharges =7 (no comparable data)
- Patient Care =6 (no comparable data)

There has been a move to the KO41a complaint subject coding, and therefore at this time there is limited comparable data.

## Top complaint locations:

- Outpatients Departments (CQ= 3, EDGH= 7)
- Emergency Departments (CQ =5, EDGH =4)
- Kipling (3)
- Frank Shaw (2)

The remaining complaints were spread over 24 other locations.

574 Patient Advice & Liaison Service (**PALS**) contacts were received, a decrease compared to March (742) and February (616). January saw 550 contacts.

In April, compliance with the three day acknowledgment standard for new complaints was 100%.

**The overall response rate** for the month was 39.5% compared to 60% in March. For 35 working days this was 40% and for 50 working days it was 33%.

6 complaints were reopened (March =11, February =11) and there was 5 overdue complaints at the end of April - the oldest complaint was 19 days overdue.

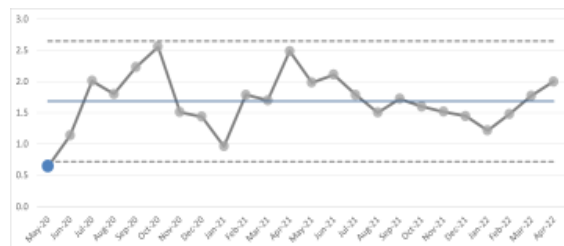
Challenge  
& Risk:

Ongoing pressures still affecting response times with senior clinical teams still operationally busy.

Actions:

Capacity discussed at Q&SC re need to ensure equal focus on quality and governance.

## Complaints Received per 1,000 bed days



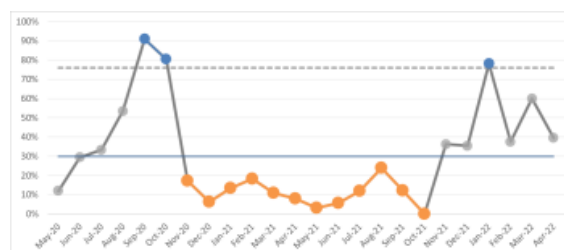
Variation: Normal  
Current Month: 2.0

## Total Complaints Received



Variation: Normal  
Current Month: 48

## Complaints Response Times



Monitoring  
Variation: Normal  
Current Month: 39.5%

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# What patients are telling us?

Author: Amy Pain - Patient Experience Lead

Status  
Report

The **total number** of Family & Friend Tests (FFT) surveys returned in April was 1,710, a small decrease compared to March with 1,926.

Response rates continued to be affected by the sustained pressures especially in the Emergency Depts.

The **positive recommendation rates** for April, compared to the most recent data released by NHSE (March) continued to be higher than the national average.

<b>A&amp;E</b>	- 88.89%	(nat avg March 73%)
<b>Inpatient</b>	- 98.90%	(nat avg March 94%)
<b>Maternity</b>	- 98.00%	(nat avg March 93%)
<b>Outpatients</b>	- 97.40%	(nat avg March 93%)

Response rates for A&E and Maternity presented and both areas are now offering a digital option for patients to complete the FFT survey. For Maternity this is via the BadgerNet app or QR codes displayed in the department.

A&E have QR codes displayed and staff are exploring business cards with links and QR codes so patients can complete the survey when they return home.

Due to the launch of InPhase in April, at the time of writing this report, analysis of additional questions was not available.

Number of completed OPD surveys was 308 in April (1%) with work required to determine process for virtual appointments with speciality breakdown.

Challenge  
& Risk:

Both A&E's continued to face considerable pressures with crowding and longer wait times.

With the launch of the new software InPhase, it is hoped the offer of completing the survey on a digital platform will increase the response rate- A&E and Maternity are the first areas to offer a digital option for FFT.

Actions:

Review of process for OPDs.

**F&FT – A&E Score**

Current Month: 88.89%



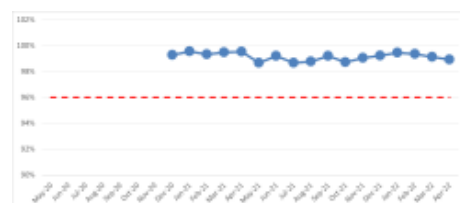
**F&FT – A&E Response**

Current Month: 0.17%



**F&FT – Inpatient Score**

Current Month: 98.92%



**F&FT – Inpatient Response**

Current Month: 19.95%



**F&FT – Maternity Score**

Current Month: 98.04%



**F&FT – Maternity Response**

Current Month: 23.83%



**F&FT –  
Outpatient Score**

Variation:  
Normal

Current Month:  
97.40%

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# Effective Care – Nursing & Midwifery Workforce

Author:

Angela Colosi Assistant Director of Nursing - Corporate

Status  
Report

## Care Hours per Patient Day (CHPPD\*)

The red line indicates the ESHT CHPPD when level 2 & 3 areas are excluded - Critical Care, SCBU, CCU and paediatrics. These areas have notably higher CHPPD and therefore skew the average. Ward level breakdown with registered and unregistered staff split is discussed in the Safer Staffing report that is presented monthly at Quality & Safety Committee with some significant variation across areas. In April, 16 out of 38 areas were under 8.0 CHPPD.

## Fill Rate

April's average fill rate against the planned budgeted establishment **for substantive wards only** was 90.1% for nursing noting some variation across wards.

Additional escalation areas are not included for April with changes in reporting by workforce colleagues in place.

Bays on various wards were closed in the month due to COVID outbreaks and additional escalation capacity remained open for medical patients on Devonshire, Polegate, Murray and Littleington with the occasional use of the Discharge Lounge at CQ and beds in SDEC at EDGH.

It is not possible to separate the additional beds used on existing wards such as Murray, Seaford, SDEC etc. Therefore the additional staffing on these areas over states the fill rate. Additional duties created are also not currently included in this data so it does not include the extra Infection Prevention & Control (IPC) requirement for 'red' areas and 1:1 interventions. There is a gap between the top & bottom line on the chart on the left during the summer months last year as Devonshire and Glynde were unfunded at that time.

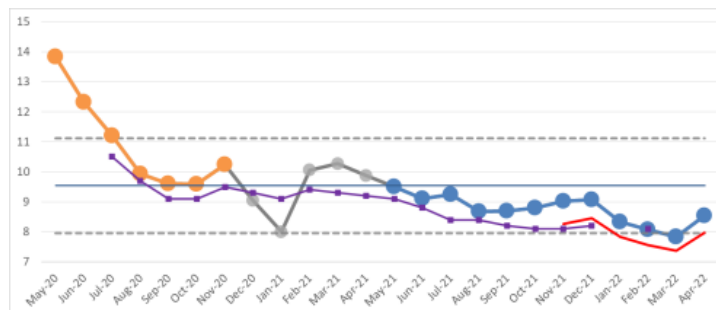
Challenge  
& Risk:

Significant additional capacity still open.

Actions:

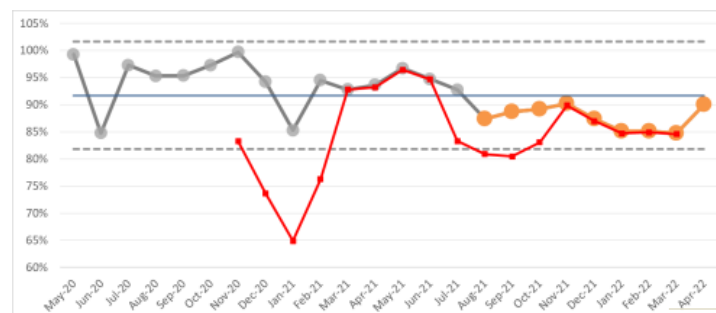
- Continued international nurse and 'New to Care' HCSWs recruitment
- Twice daily staffing reviews to ensure risk is mitigated as much as possible.

CHPPD  
(Trust)



National  
Median: 8.1 (Feb20)  
Level 2 and Level 3  
Areas Excluded: 8.0  
Current Month: 8.5

Staff Fill Rate  
(total)



Current Month:  
90.1%  
Incl. escalation:  
84.6% (Mar20)

\*CHPPD is calculated by dividing the actual hours worked by the number of patients in beds at midnight.

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# Effective Care – Nursing Workforce

Author: **Angela Colosi, Assistant Director of Nursing - Corporate**

## Status Report

Eastbourne & Conquest data does not fully represent the impact of the additional areas open as only Polegate at EDGH is captured as an unfunded area.  
In addition, Murray ward escalation beds are also funded as part of the ward and therefore not included in the red line (unfunded only). Glynde ward is now staffed substantively and no longer an escalation ward. Devonshire was funded until the end of March so shown as an escalation area.

Fill rates at Bexhill remained stable during April at 91.4% with another fall at Rye to 84.5%. Eastbourne and Conquest show signs of recovery as staff absence improved.

## Challenge & Risk:

The challenge now is to return to a business as usual pattern of work to enable staff to undertake all of the clinical and non clinical elements of care such as responding to complaints, incident investigations, essential documentation and management of flow/discharge. In addition there is a need to ensure compliance with mandatory and essential training that may have been delayed during the last 2 years.

## Actions:

Final system comparisons awaited to inform the completed Nursing Establishment Review.

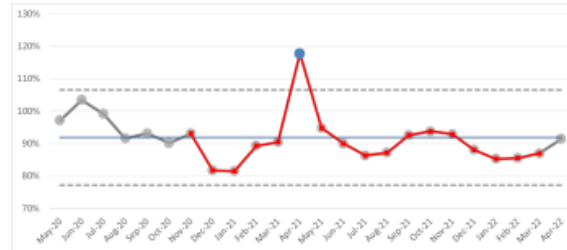
With the increase in Registered Nursing Associates it is essential that there is a robust career framework with aligned training and competency in place.

### Staff Fill Rate (Bexhill)

Variation: Normal

Current Month: 91.4%

Incl. escalation: 87.0% (Mar20)

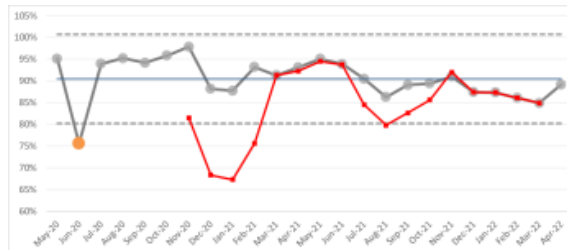


### Staff Fill Rate (Conquest)

Variation: Normal

Current Month: 89.2%

Incl. escalation: 84.9% (Mar20)

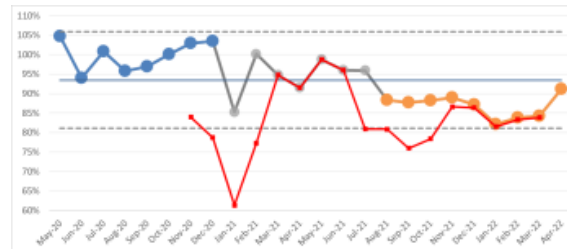


### Staff Fill Rate (Eastbourne DGH)

Variation: Normal

Current Month: 91.1%

Incl. escalation: 83.8% (Mar20)



### Staff Fill Rate (Rye Memorial)

Variation: Normal

Current Month: 84.5%

Incl. escalation: 87.5% (Mar20)



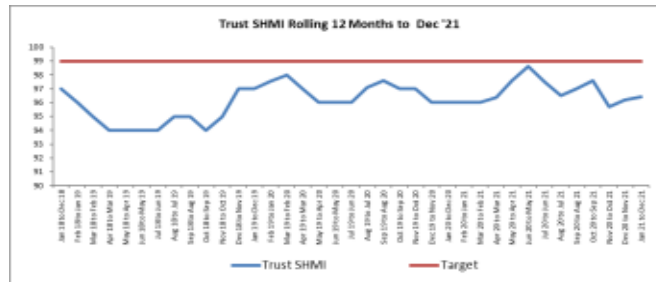
07/06/2022

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**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.

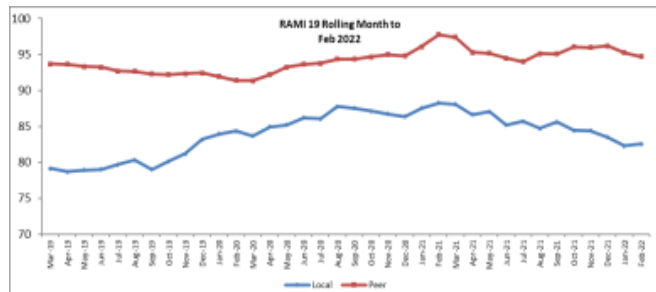
## Summary Hospital Mortality Indicator (SHMI)

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

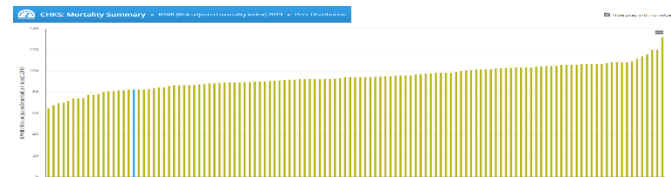


- SHMI – January 2021 to December 2021 is showing an index of 0.96. SHMI remains higher at Conquest .
- RAMI 19 – March 2021 to February 2022 (rolling 12 months) is 83 compared to 88 for the same period last year. February 2021 to January 2022 was 82.
- RAMI 19 was 95 for the month of February and 97 for January. Peer value was 112 for February.
- Crude mortality without confirmed or suspected covid-19 shows March 2021 to February 2022 at 1.44% compared to 1.53% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 48% for March 2022 deaths compared to 49% for February 2022 deaths.

## 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 17/123

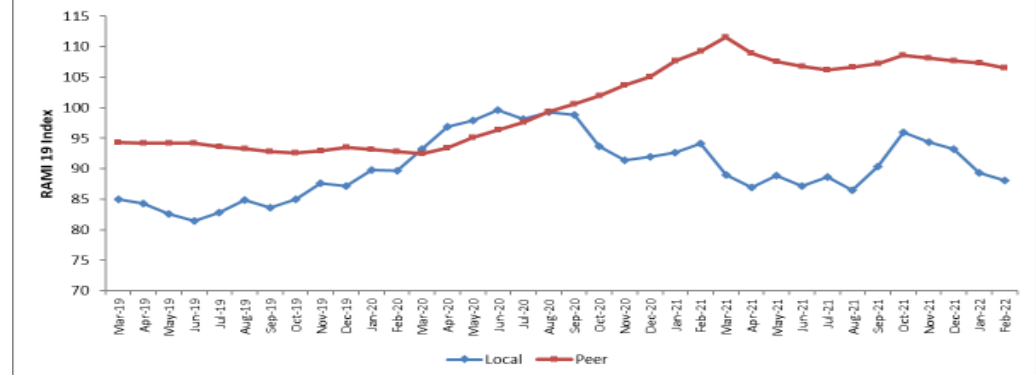
### \*April 2022 Main Cause of In-Hospital Death Groups (ESHT)

Apr-22	
Pneumonia	32
Cancer	26
Sepsis/Septicaemia	26
Cerebro-vascular Incident	20
COVID-19	10
Hospital-acquired Pneumonia	6
Chronic Obstructive Pulmonary Disease (COPD)	5
Heart Failure	5
Community-acquired Pneumonia	3
Myocardial Infarction (MI)	3
Acute Kidney Injury (AKI)	2
Dementia	2
Urinary Tract Infection (UTI)	2
Bowel Obstruction	1
Liver Disease	1

There were 10 COVID-19 related deaths in April and 11 in March.

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

### RAMI 19 without confirmed or suspected Covid 19 Rolling 12 Month - CCS Group Septicaemia



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# Our People – Our Staff

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

**Safe patient care is  
our highest priority**

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

# Summary

	Positives	Challenges & Risks	Author
Responsive	<p><b>Monthly sickness</b> has reduced by 0.9% to 6.3%</p> <p><b>Vacancy rate</b> has reduced by 0.3% to 6.9%.</p> <p><b>Current vacancies</b> are showing as 520.9 ftes</p>	<p><b>Annual turnover</b> has increased by 0.3% to 12.0%, reflecting 778.6 fte leavers in the rolling 12 months</p> <p><b>Annual sickness</b> has increased by 0.2% to 5.8%.</p> <p><b>Mandatory Training</b> rate has increased by 0.3% to 88.0%</p> <p><b>Appraisal</b> compliance has increased by 0.3% to 74.3%</p>	 <p><b>Steve Aumayer</b> Chief People Officer</p>
Overview:	<p>After last month's peak of 7.2%, monthly sickness has reduced this month by 0.9% to 6.3%. This is due to a steady fall in the number of staff off sick with Covid across the month (164 staff off sick on 2 Apr, down to 60 by 30 Apr). Monthly fte days lost to sickness fell by 2,395 of which 2,192 were due to a reduction in Chest &amp; Respiratory illness.</p> <p>This monthly rate is still historically high, however, and there has been an increase in nursing agency usage (up by 28.9 ftes to 141.6). TWS is also finding it difficult to supply medical staff, theatres staff, midwives and biomedical scientists. Whilst the agreed funding of Glynde Escalation ward also adds to demand.</p> <p>Turnover continues to rise to a new high, for the last 3 years of 12.0%. Medical &amp; Dental turnover has risen by 0.6% to 12.6% (38.9 fte leavers in the last 12 months), AHPs by 1.4% to 12.6% (64.2 fte leavers) and Admin &amp; Clerical by 0.6% to 12.6% (172.6 fte leavers). Registered Nursing &amp; Midwifery and Additional Clinical Services turnover were both unchanged at 10.7% (213.0 fte leavers) and 13.3% (194.5 fte leavers) respectively.</p> <p>The budgeted fte establishment has been reset for the start of the 22/23 financial year. Net vacancies were 520.9 ftes (6.9%). The vacancy rate is highest for Medical staff at 12.2% (88.7 fte vacancies), though this is largely due to an increase in the medical establishment.</p> <p>There has been some success in hard to recruit posts but shortages remain for Consultants, in Acute Med, Gastro and Respiratory also Theatres ODPs, Radiographers, Dietitians and Community Nurses. Urgent Treatment Centre and A&amp;E also remain hotspots</p> <p>International recruitment continues to be successful with c.30 International nurses are arriving at the end of May as well as 5 international Radiographers and 3 Sonographers.</p>		

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# Workforce – Contract type

Author:

**Greig Woodfield**

Status  
Report

Substantive usage increased by 71.9 FTEs, bank usage reduced by -23.4 FTEs and agency usage increased by 11.4 FTEs. Temporary workforce utilisation was 11.0%, a slight reduction on last month. Vacancy rate reduced by 0.3% to 6.9%, due to a combination of recruitment and budget resetting for the new financial year. Demand has continued to remain high across all work groups, particularly Nursing, HCA and Emergency Medicine.

Staff group	Vacancies ftes	Recruitment Process (ftes)	Offers & Start Dates (ftes)	Time to Hire (days)
Med & Dental	88.7	77.6	35.2	80
Reg Nurse	178.6	186.7	96.1	75
Addit Clin Serv	146.7	127.5	73.3	54
AHP	66.0	85.6	70.2	56
Prof, Sci, Tech	1.0	12	3.6	83
Healthcare Scs	10.4	17	17.6	58
A&C	70.1	98.3	60.8	58
Est & Ancillary	23.7	38.2	29.5	64
<b>Trust</b>	<b>520.9</b>	<b>642.9</b>	<b>386.3</b>	<b>66</b>

Challenge  
& Risk:

Demand for services remain a significant pressure for TWS and has contributed to the increase in agency use within the nursing group, in particular. Areas that are currently challenging to supply are BMS, midwives, theatre staff, doctors.

Patient Safety & Quality - agency & bank supply are unable to respond to the level of demand; neither Tier 1 or Tier 2 agencies have been able to respond. Off-framework supply is minimal.

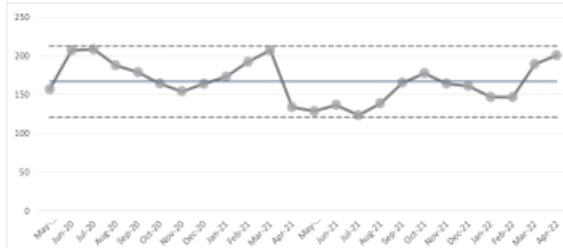
Financial - increase in cost due to the increase of procurement of high cost framework and off framework agencies

Actions:

Focus remains to increase the number of candidates on TWS ,with rolling adverts for applicants to apply in order to deal with the current demand. Additional Framework agencies have been sourced to assist with supply. Increased targeted communication/training being scoped to assist with future forecasting and delivery.

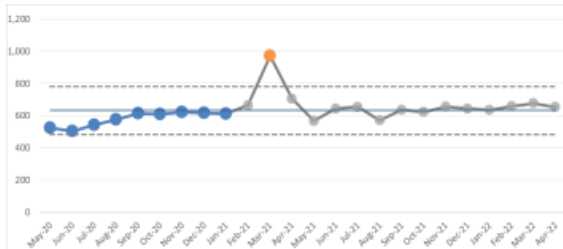
## Agency FTE Usage

Current Month:  
200.9



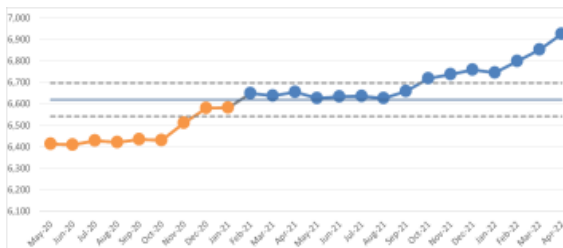
## Bank FTE Usage

Current Month:  
653.4



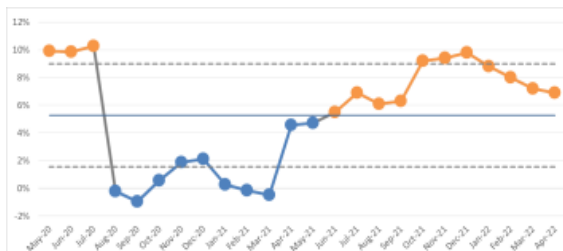
## Substantive FTE Usage

Current Month:  
6925.0



## Vacancy Rate

Target: 5%  
Current Month: 6.9%  
07/06/2022



# Workforce - Churn

Author: **David Moulder & Greig Woodfield**

Status  
Report

The Trust starters & leavers monthly net total as at Apr 22 is +66.7 with 198.7 starters FTEs, -126.4 leavers FTEs and -5.7 FTEs internal changes. Over the last 12 months there was +1,406.7 starters fte & -1,059.6 leavers fte & -25.7 internal changes fte giving a net total of +321.5.

The Trust turnover rate has increased by 0.3% to 12.0%. There were 778.6 FTE leavers in the previous 12 months. The Trust Retention rate (i.e. % of staff with at least one year's service) has reduced by 0.9% to 90.7%.

Challenge  
& Risk:

Recruitment activity continues to remain steady year on year with c.550 actions currently underway on TRAC. Primary activity around Emergency Medicine and New to Care.

Despite success with continued targeting of "hard to recruit" posts, areas of focus remain e.g. Consultants for various posts; Acute Medicine, Gastro and Respiratory. Recruitment activity remains focused around Theatre ODPs. Sonographers, Radiographers, Dietitians and Community Nurses, as well as UTC and A&E

Sufficient accommodation for International nurses and Radiographers is a concern going forward. Procurement are involved.

Actions:

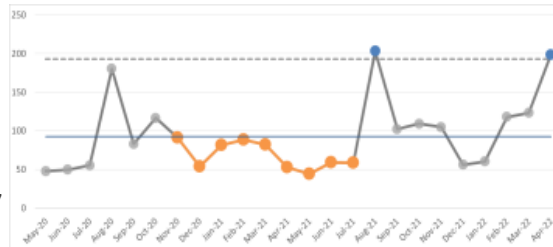
There is a strong pipeline of international nurses in place. A further c.30 nurses are due to arrive 27<sup>th</sup> May. 5 Radiographers are also due. 3 Sonographers are due to start within 4 weeks.

Hard to recruit medical posts are with Medacs and other additional agencies, as required. Targeted phased approach to filling medical posts. Continued activity around CHIC, UTC and Emergency Medicine.

Resourcing meetings commenced to review candidate end to end process and forward planning/ways of working to assist supply and demand.

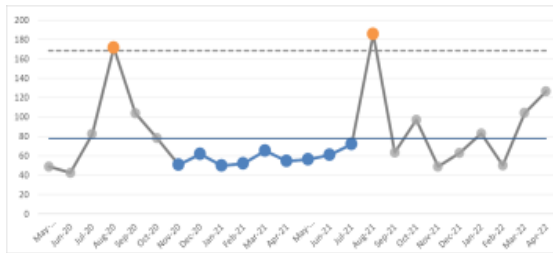
New TRAC functionality has been launched and is being trialled with Junior Doctors. Impact on Time To Hire to be reviewed.

Starters FTE



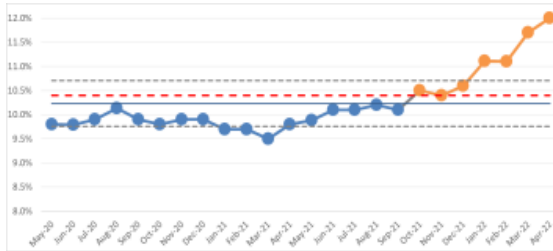
Current Month: 198.7

Leavers FTE



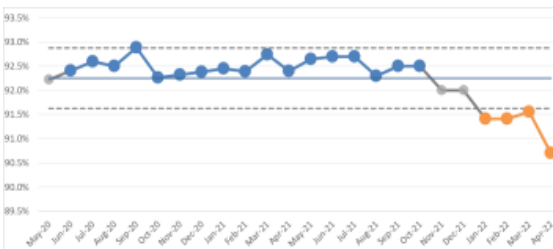
Current Month:  
126.4

Annual Turnover  
Rate



Target: 9.9%  
Current  
Month: 12.0%

Retention Rate



Target: 92%  
Current Month:  
90.7%

07/06/2022

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# Workforce - Sickness

Author: **David Moulder, Julie Hales**

Status  
Report

Monthly sickness % for Apr reduced by 0.9% to 6.3%, as the latest wave of pandemic eased. The annual sickness rate has increased by 0.2% to 5.8%, another new high, as monthly sickness rates continue to trend more highly than for the corresponding month last year.

Sickness average is 21.3 days per FTE, an increase of 0.8 from last month.

Challenge  
& Risk:

Whilst we are seeing a decrease in COVID sickness across the Trust, staff continue to work in escalated fashion covering both sick leave and vacancy. The impact of this being staff experiencing extreme fatigue with potential for increased turnover.

Actions:

Bank shifts are offered to mitigate pressure, but this is largely based on the existing pool of staff working over and above contractual hours.

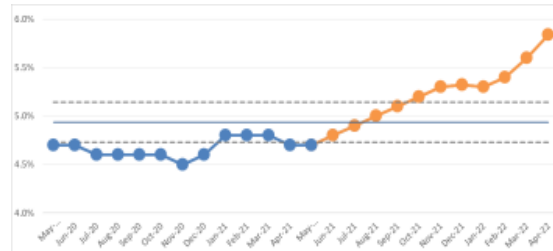
In areas experiencing significant gaps, consideration is being given to offering additional incentives to ensure they are not working under template.

Reviewing all sickness cases and managing in line with current process.

Wellbeing team have been holding regular meetings with all teams offering bite size sessions for self care, and understanding compassion.

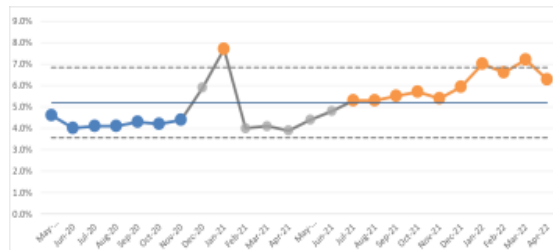
## Annual Sickness

Target: 4.5%  
Current Month: 5.84%



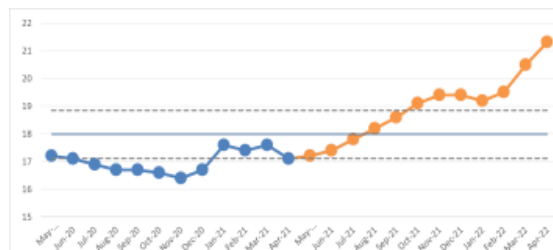
## Monthly Sickness

Current Month: 6.3%



## Average sickness Days per FTE

Target: 16  
Current Month: 21.3



# Workforce - Sickness

Author: David Moulder; Julie Hales

Status  
Report

Reason	fte Days Lost +/-	Total fte Days Lost
Anxiety, stress & depression	▲ +35.8	1,818.5
Back problems	▼ -29.3	573.7
Chest & respiratory	▼ -2,191.6	4,573.8
Cold, cough & flu	▼ -60.8	680.4
Gastrointestinal	▲ +28.2	842.9
Other MSK problems	▼ -88.5	1,115.1
Other reasons	▼ -88.9	3,631.4
All reasons	▼ -2,395.0	13,235.9

Challenge  
& Risk:

The reduction in sickness this month is largely due to the reduction in Chest & Respiratory illness, as the latest pandemic surge eased this month. Staff off sick due to Covid fell from 164 on 2nd April to 60 by 30th April. Overall, there were 460 staff absent due to all types of sickness, on 1st Apr. On 30th Apr that number had reduced to 339.

Absence due to anxiety/stress and gastrointestinal illnesses have both increased, however, for the second consecutive month

Actions:

Whilst there is a decrease in COVID absence, staff continue to be impacted by post Covid absence. HR are working alongside Occ Health and the Post Covid Assessment Service to see how we can best support our staff returning to work.

For some staff this has been following a longer term phased return with consideration given to redeployment.

Anxiety/Stress/Depression



Back Problems



Chest & Respiratory Problems



Cough, Cold & Flu



Gastro-intestinal Problems



Other MSK problems



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# Workforce - Compliance

Author:

Dawn Urquhart

Status  
Report

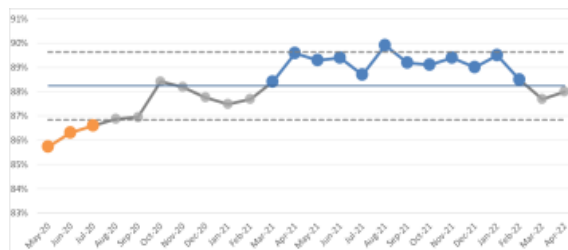
Compliance increased this month by 0.3% to 88.0, despite the transfer to the new MyLearn system. Appraisal compliance also increased by 0.3% to 74.3%.

MyLearn has not been without "teething problems" but these are being resolved as they occur and the situation is improving.

We have had a further meeting with South Bank University and East Sussex College with a view to developing greater educational links to support nurse training. Following the initial meeting with the University of Brighton (UoB) we will be meeting with them again June to discuss how we are wanting to work with them in the future.

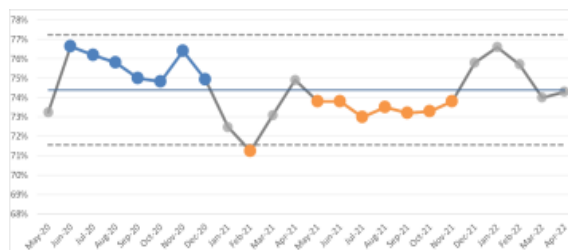
## Mandatory Training Compliance

Target: 90%  
Current Month:  
88.0%



## Appraisal Rate

Target: 85%  
Current Month:  
74.3%



Challenge &  
Risk:

Ongoing impacts of the operational status of the Trust (including future Covid outbreaks) will continue to impact on Trust CST/Appraisal compliance for the rest of the year impeding the Trust in achieving the 90% target.

We are continuing to offer and support the training of our international nurses, however, the waiting times for assessment at the test centres is increasing, in some cases this is getting close to 12 weeks. This will impact on the conditions of their visa if there is not a resolution at National Level. This was escalated at an NHSE/I meeting this week on International Recruitment. Two new exam centres were due to be opening Feb/Mar but are yet to open for bookings.

We will be reviewing Trust Essential/Mandatory training in light of recent increase in patient safety concerns on some key clinical areas such as Falls, Medications, Pressure Area Care, Nutrition

Actions:

The issue of the OSCE capacity has been escalated to the NMC and at NHSE/I national meetings as a significant concern. This is being monitored and Trusts being asked to contact them if they have staff approaching 12 weeks waiting,

We will be meeting with the UoB again in June 22.

Trust essential Training: This will be discussed through the presentation of a paper to PAG and also ESG in late May 22.

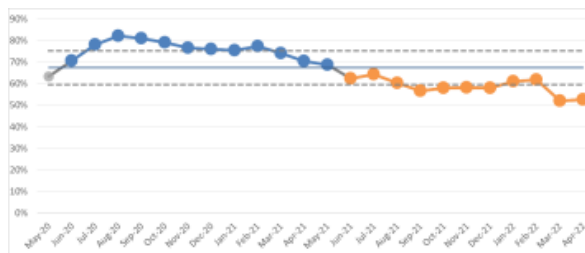
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# Workforce – Job Planning

## Consultant eJob-Planning Fully Approved Rate

Current Month: 52.6%



Author:

Joanne Penfold

Status Report

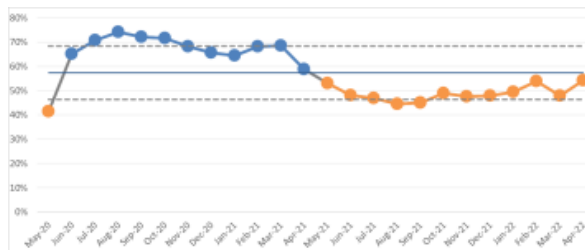
Medical job plans currently show a fully approved rate of 53%, an improvement of 2% from Mar 2022. 142 of 270 Consultants have a completed eJob Plan (52.6%) and 58 of 107 SAS Doctors have a completed eJob Plan (54.2%).

Challenge &  
Risk:

Job plans continue to be reviewed as part of the review period. Specialties have been returning their job plans back to discussion, as they enter the job plan discussion with the medic. This continues to impact the signed off rate.

## SAS Grades eJob-Planning Fully Approved Rate

Current Month: 54.2%



Actions:

94 out of the 277 job plans have a start date of 2022 and are currently being reviewed by the leads on the e-JP system. 10 specialties have yet to make any changes to their job plans for 2022-23, despite offering support and regular status reports.

# Workforce – Roster Completion

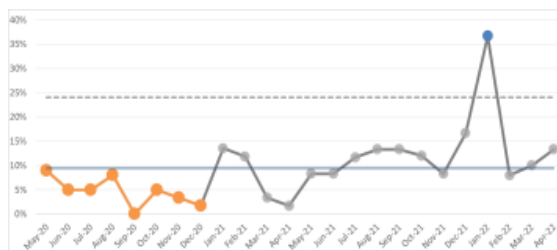
## 6 week Nursing Management Roster Approval Rate

Current Month: 36.7%



## 8 week Nursing Management Roster Approval Rate

Current Month: 13.3%



Author: **Penny Wright; David Moulder**

**Status Report**  
For the roster starting on 21<sup>st</sup> Mar, 37% of rosters had been approved at 6 weeks before the go live date which is a 4% improvement on the previous month, whilst 13% had been approved at 8 weeks prior to commencement which is an increase of 3%.

**Challenge & Risk:**  
There are opportunities to improve effective planning to, in turn, drive efficient deployment of staff.  
  
Lower roster approval rates are linked with late requests for TWS support. This means probability for filling shifts becomes lower and has implications for patient safety and staff morale.

**Actions:**  
The Nursing Deployment dashboard continues to be shared with senior nurse leaders and is updated and issued fortnightly.

# Access and Responsiveness

Delivering the NHS Constitutional Standards

Urgent Care – Front Door

Urgent Care – Flow


Planned Care

Our Cancer services

**We will operate efficiently & effectively**

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

# Summary

	Positives	Challenges & Risks	<div>NHS Trust</div> Author
Responsive	<p>There were no reported 78 or 104 week waiting patients and the Trust continued to reduce the amount of patients waiting over 52 weeks.</p> <p>Planning of some escalation areas to be ready to hand back to elective services for early May to support elective recovery.</p>	<p>ED Performance: The Trust delivered 72.3% against a target of 95% in April placing the Trust 51<sup>st</sup> in the country. Similar to elective inpatients, the challenges the target are the constraints to inpatient flow: high bed occupancy, an increase in the number of ambulance conveyances. escalation wards open, workforce challenges and an increased overall LoS which is due to the current pressures in the social care market limiting our ability to discharge medically fit patients; and the acuity of patients continuing to remain higher than pre-covid levels.</p> <p>Medically Ready for Discharge (MRD): April saw the continued use of the escalation wards , due to increased demand there was a need to extend into elective beds. This placed further pressure on an already depleted workforce due to the need to source an increased bed base</p> <p>Cancer: The Trust has reduced the number of patients on the 104 backlog but we are still not compliant with the 62 day standard and this needs to continue to be a focused piece of work for divisions to deliver this target. Compliance against the 28 day Cancer Faster Diagnosis Standard is challenged presently and the Trust is not forecasting to achieve in April. Target measure are in place to support recovery of FDS.</p> <p>Community Paediatrics: Demand continues to far outweigh capacity. Although there are measures to address with a new hub model and recruitment, the latter is proving difficult due to a national shortage of clinicians with the desired skillset</p>	<div></div> <div>Tara Argent Chief Operating Officer</div>
Actions:	<div><div><ul style="list-style-type: none"><li>• Planning for public holidays</li><li>• Working with system on new emerging discharge model</li><li>• Finalise bed modelling</li><li>• Restart Endoscopy insourcing</li></ul></div><div><ul style="list-style-type: none"><li>• Continued recruitment drives for UEC model and community paediatrics</li><li>• Increased use of LIVI</li><li>• Validation of Follow-up waiting list with external input to support increasing PIFU numbers</li></ul></div></div>		
07/06/202228			

# NHS Constitutional Standards

\*NHS England has yet to publish all April 2022 Provider based waiting time comparator statistics

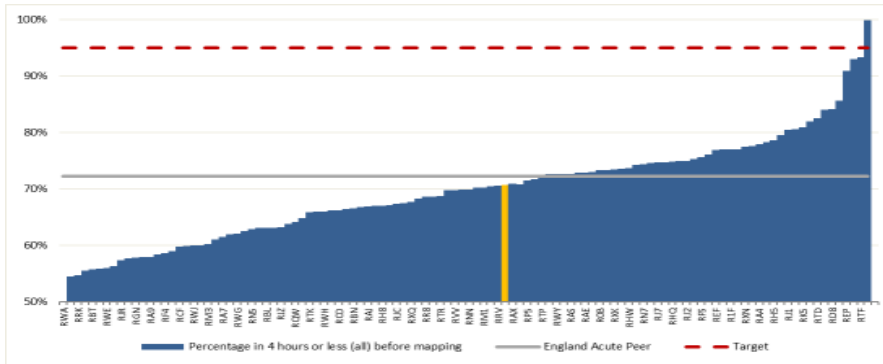
ESHT denoted in orange, leading rankings to the right

## Urgent Care – A&E Performance

April 2022 Peer Review

National Average: 72.3%

ESHT Rank: 51/112

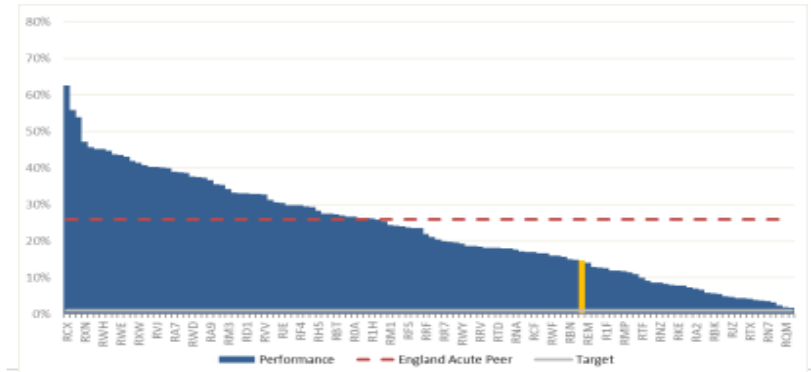


## Planned Care – Diagnostic Waiting Times

March 2022 Peer Review\*

National Average: 26.0%

ESHT Rank: 36/122

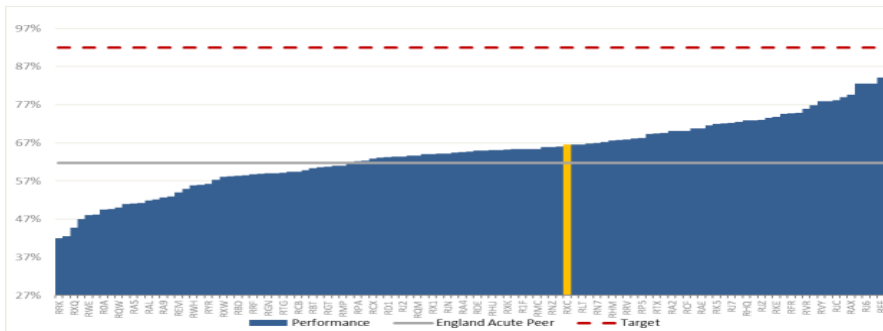


## Planned Care – Referral to Treatment

March 2022 Peer Review\*

National Average: 61.8%

ESHT Rank: 44/112

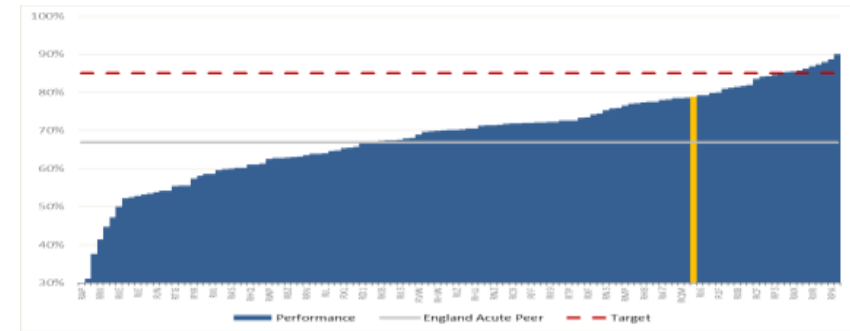


## Cancer Treatment – 62 Day Wait for First Treatment

March 2022 Peer Review\*

National Average: 66.9%

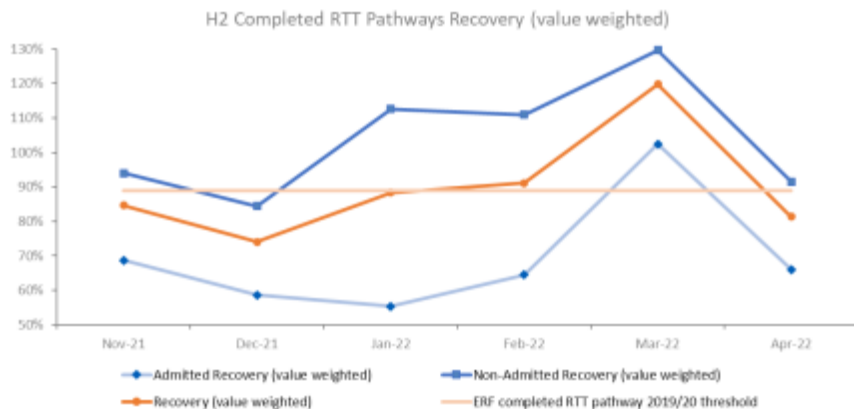
ESHT Rank: 24/122



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# Planned Care – Recovery KPIs



In April the Trust delivered 81% of completed RTT pathway activity against 19/20 activity.

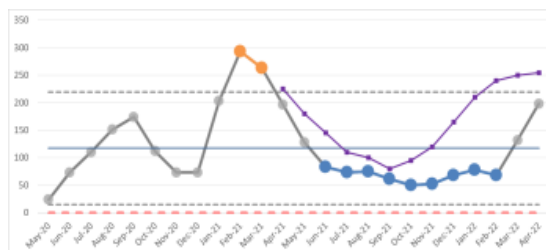
The Trust continue to have zero patients waiting over 78 weeks and this position is not expected to alter in the coming months. Trajectories to support reduction, moving to zero patients waiting over 52 weeks by March 2023 have been developed and shared for all specialties and progress against these trajectories is being closely monitored.

Validation of the Follow-up database started in mid April with the Trust working with Source group to support validation and the conversion of patients on to PIFU pathways, working within the strict clinically agreed pathways set up by each speciality involved. The validation work will help to reduce the number of overdue follow-ups and support outpatient capacity.

16 specialties have now adopted PIFU pathways and PIFU numbers increased by 10% in April.

## RTT 52 Week Waiters

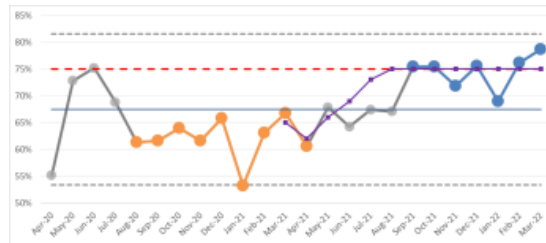
Target: 0  
Trajectory: 254  
Current Month: 198



# Planned Care –Recovery KPIs

## 28 Day FDS (Faster Diagnosis Standard)

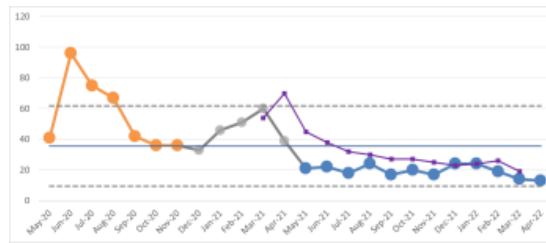
Target: 75%  
Trajectory: 75%  
Current Month: 78.7%



## Cancer 104 Days Backlog

Unify 104 Days Backlog (excludes Tertiary patients)

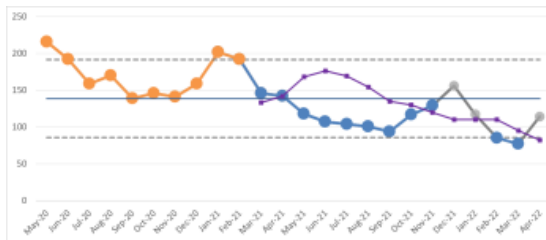
Target: Monitor  
Current Month: 13



## Cancer 62 Days Backlog

Unify 62 Days Backlog (excludes Tertiary patients)

Target: Monitor  
Trajectory: 82  
Current Month: 114



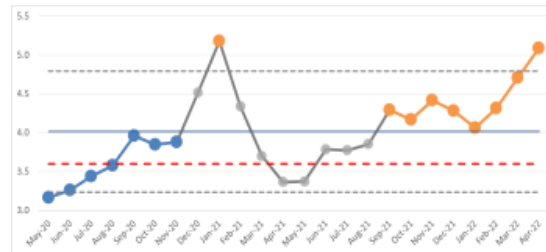
Delivery of the FDS supports us to provide the highest quality care to our patients. Pleasingly the Trust has continued to deliver against this target in March but significant challenges with diagnostic pathways in April has threatened delivery of FDS and it is not anticipated that the Trust will achieve FDS once our validated position is submitted. Workforce gaps within the Breast speciality have impacted FDS; the temporary gap in insourcing endoscopy provision and capacity challenging driving up waiting times for CT biopsy are also factors that have affected delivery of FDS. Mitigations are in place to address these issues and Endoscopy insourcing has recommended which will support recovery of the FDS target.

The sustained increase in 2ww referrals throughout 21/22 has had an impact on the cancer 62 backlog, although we have been able to maintain a reduction in the 104 backlog. Workforce challenges within key specialties, including diagnostics and Theatres has also had a negative impact on backlog numbers. The Trust remains committed to reducing Cancer waiting times; long waiters are reviewed daily and all pathways over 62 days and 104 days are reviewed at least twice weekly by the senior leadership team to ensure all possible actions are being taken.

# Patient Care- Flow

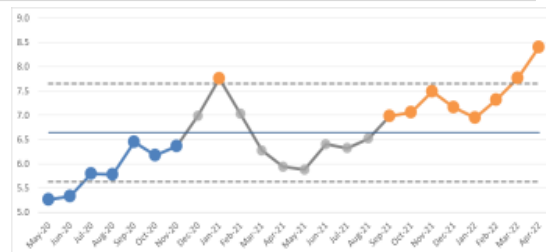
## Non-elective Length of Stay (Acute)

Target: 3.6  
Current Month: 5.1



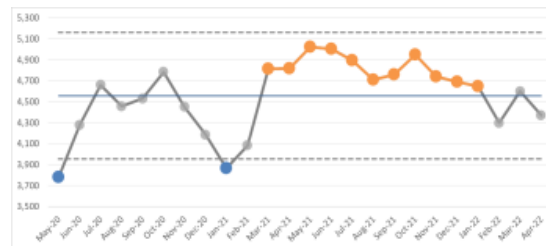
## Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor  
Current Month: 8.4



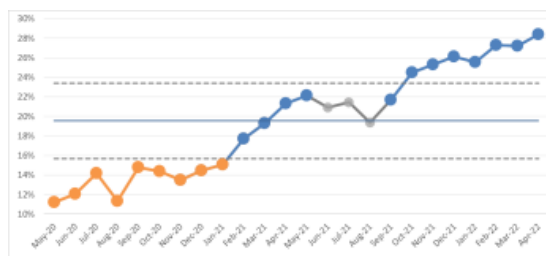
## Non Elective Spells

Target: Monitor  
Current Month: 4,371



## Medical Non Elective Admissions (% SDEC)

Target: Monitor  
Current Month: 28.4%



In April the Trust continued to see increased pressure on acute admissions presenting with a higher acuity and an increase Covid positive patients which contributed to a block in patient flow.

The Trust continued to utilise additional escalation capacity that was created earlier in the year (wards normally ring-fenced for elective patients). The increased bed base supported the additional activity but did place further pressure on the workforce, elective recovery and in-turn contributed to extended LoS. Towards the end of April the Trust started to see a gradual reduction in Covid positive numbers which allowed for the planning of some escalation areas to be ready to hand back to elective services for early May.

April data shows a further increase in Los, attributed to high numbers of Covid cases, staff sickness and lack of capacity in the Home Care market that has continued to created discharge delays.

The Trust has continued to work a number of initiatives and outcomes from the 'Perfect Week' which ran earlier in the year and followed up through local MADE events either side of the Easter holiday period:

- Daily review with ASC of all patients not meeting the Criteria to Reside
- Utilisation of doctors assistants to support flow and, WHERE ABLE, focus on weekend discharges
- Complex discharge panel, including medical staff
- Continue performance on P0 (Regional leader)

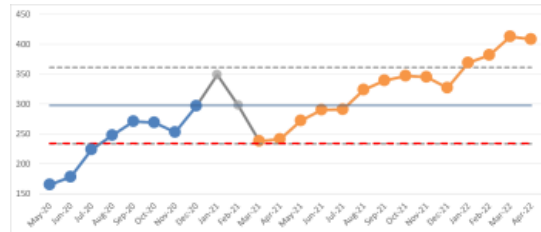
ESHT continues to build on its increased utilisation of its Same Day Emergency Care (SDEC) units (28.4% in April). SDEC is one of the ways the Trust is working to provide the right care, in the right place, at the right time. It aims to benefit both patients and the healthcare system by reducing waiting times and hospital admissions, where appropriate.

07/06/2022

# Patient Care - Flow

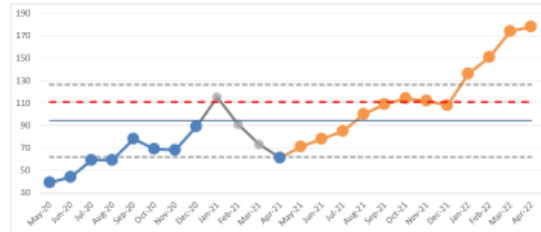
## Adult inpatients in hospital for 7+ days (Acute)

Target: Monitor  
Current Month: 408



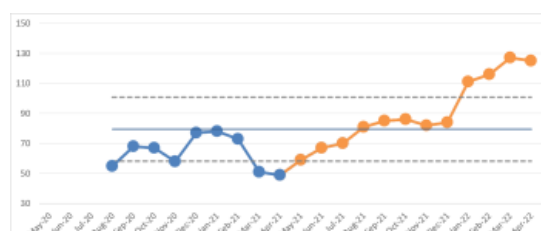
## Adult inpatients in hospital for 21+ days (Acute)

Target: Monitor  
Current Month: 178



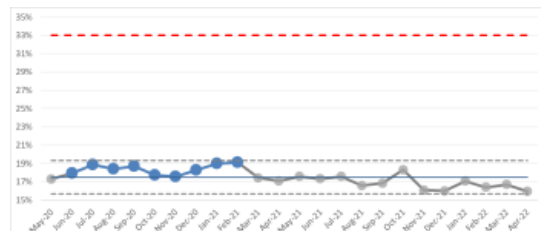
## MRD on Pathways 1-3

Target: Monitor  
Current Month: 125



## Patients discharged before midday %

Target: 33%  
Current Month: 16.0%



In April, the Trust saw a further increase in the number of patients on all discharge pathways ( 0 to 3) experiencing extended lengths of stays. The continued challenges are:

Pathway 1: There are challenges in expediting discharges as a result of reduced capacity in the private sector, as well as limited capacity in ESHT and Adult Social Care responsive services.

Pathway 2: There is increasing demand for bedded rehab; bed modelling shows a 39 bed gap for East Sussex residents.

Pathway 3: There is limited daily available D2A capacity to facilitate hospital discharge due to challenges with increasing LoS in D2A beds. This has resulted in an increased need to access spot purchase D2A beds which take longer to source and put an increased challenge on an already pressurised system.

As part of the Trusts reset approach there are 9 areas of focus:

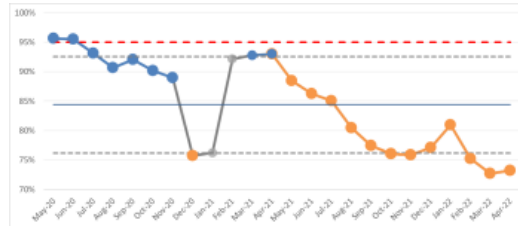
1. Sense check against national guidance and benchmark against upper quartile organisations
2. Pathway 1 focused support with Crisis Response support (Home First)
3. Review lessons learnt from recent MADE events, Perfect Week and operational reset objectives
4. Criteria led discharge: Focus on nurse led discharge and an objective to increase weekend discharges
5. Embed Non Criteria to Reside (NCTR) tracking through Nerve Centre
6. Discharge to Assess (D2A) mitigation post June 2022 when funding ceases
7. Transition to 'Transfer of Care' Hubs when D2A funding ends
8. Embed TW3 (That Was the Week That Was) that can monitor data on the number of patients in brokerage awaiting POC/placement or LoS of patients in D2A beds
9. A working group focusing on Bedded Rehab Capacity. This is currently linking with Optimum Rehab Bed Modelling (ESHT local prioritisation, and bed modelling tool has been adopted nationally as an exemplar and launched as NHS Foundry)

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# Urgent Care – Front Door

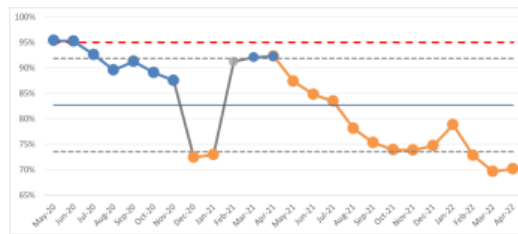
## A&E Performance (Local System)

Target: 95%  
Current Month: 73.2%



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

Target: 95%  
Current Month: 70.1%



## CONQ

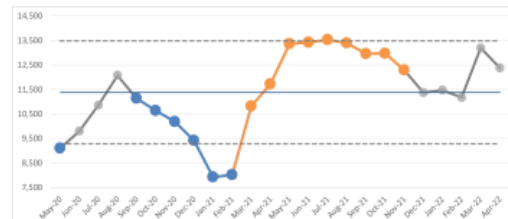


## EDGH



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

Target: Monitor  
Current Month: 12,382



Performance against the 4 hour urgent care metric continues to be impacted by the high level of exit block either as a result of a low number of discharges or poor access to gateway areas and limited admission avoidance for frailty patients.

The Urgent Care leadership team have been successful in exploring routes of redirection in order to reduce demand on the front door, during the last month there has been a slight decrease in attendances and further work is being undertaken to understand the cause of decrease in performance.

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# Urgent Care – Front Door

ESHT Total Type 1



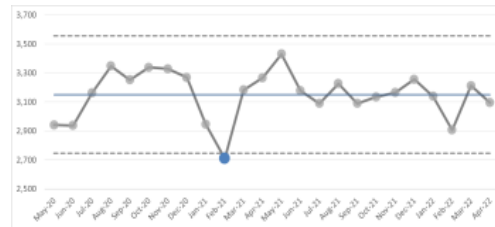
ESHT Total Type 3



Type 1 attendances decreased during this month with type 3 attendances remaining at the same level, this is likely related to a decrease in conveyances alongside a focus on increasing activity through our urgent treatment centre.

## Conveyances (ESHT – CQ and EDGH)

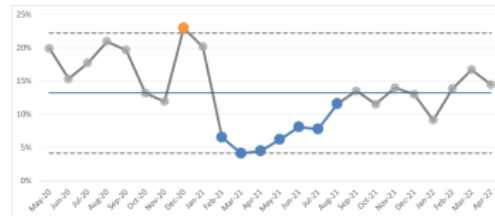
Target: Monitor  
Current Month: 3,095



There continues to be a drive on ambulance handover times and this is reflected in a decrease in delays over 30 minutes.

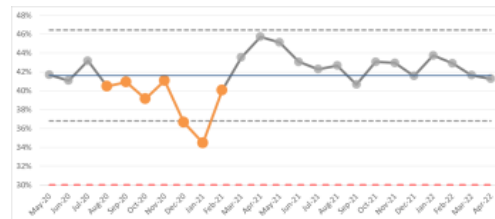
## Conveyance Handover >30 (ESHT – CQ and EDGH)

Source: SECamb  
Target: Monitor  
Current Month: 14.5%



## Same Day Emergency Care (ESHT – CQ and EDGH)

Target: 30%  
Current Month: 41.3%



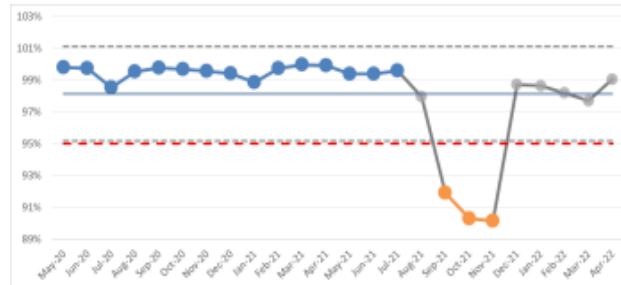
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# Urgent Care – UTC

**UTC 4 hour standard**  
(Visit complete within 4 hours)

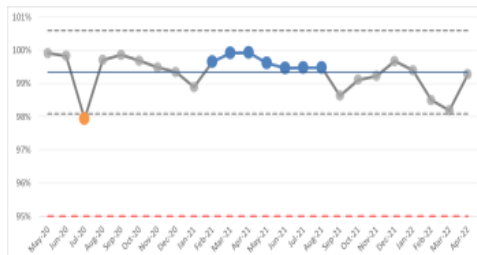
Target: **95%**  
Current Month: 99.0%



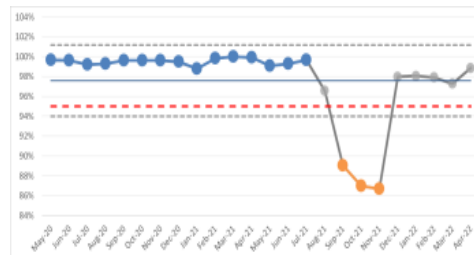
Successful recruitment into the urgent treatment centre has started to enable an increase in provision from 1 to 2 General Practitioners per shift, per site. This appears to be positively impacting on the turn around of patients within both the 4 and 2 hour national standards.

The leadership team are closely monitoring progress in this area and continue to drive recruitment so that the urgent treatment centre reaches its full potential

CONQ



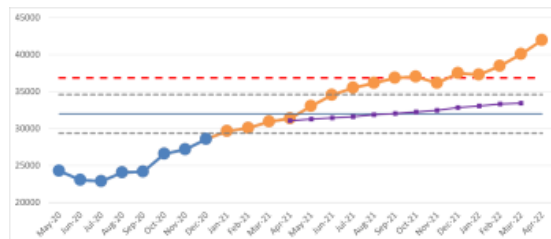
EDGH



# Planned Care – Waiting Times

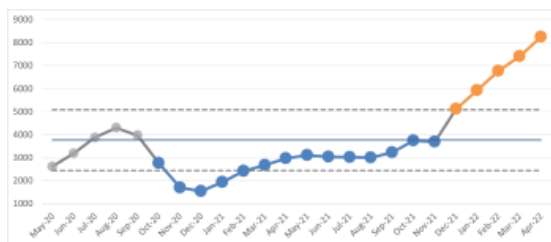
## RTT Total Waiting List Size

Target: 36,833 (Sep-21)  
Current Month: 41,933



## RTT 26 Week Waiters

Target: Monitor  
Current Month: 8,246



## Cancellations On The Day (Activity %)

Target: 5%  
Current Month: 9.0%



The volume of patients on the RTT continues to grow above expected levels, with an increase in referrals compared to 19/20 observed in almost all specialities. The volume of patients over 26 weeks is at the highest levels the Trust has experienced however this is being closely monitored through; enhanced PTL validation; pathway redesign; and work to increase both Outpatient and Theatre utilisation. These measures support the Trust continued position of zero 78 weeks breaches.

Weekly PTL meetings provide assurance and support that recovery trajectories are being effectively managed in line with agreed Operational plans and standards throughout the Trust. Patients waiting over 52 weeks, and those with the potential to reach 52 weeks, are being closely tracked in these meetings to ensure plans are in place to facilitate patients being treated and removed from the PTL.

On day cancellations haven't fallen slightly but continue to be higher than we'd like them to be. Cancellations on the day occur for a variety of reasons, but mainly as a result of medical reasons or overrunning theatre lists. There is a robust escalation process before any decision is made to cancel a patient and any patients who are unfortunately cancelled, do get rebooked within 28 days.

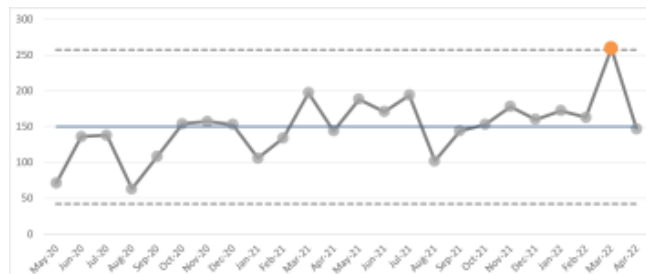
# Paediatric Community (non RTT) Waiting Times

East Sussex Healthcare

NHS Trust

## Total Referrals

Target:  
Variation : Normal  
Current Month: 147



Clinical capacity for Community Paediatrics is exceptionally challenged and is not currently sufficient to meet the ongoing demand. Discussions have been ongoing with the CCG, who have agreed ¾ of the budget requested to help increase the workforce as required to meet the ongoing demand.

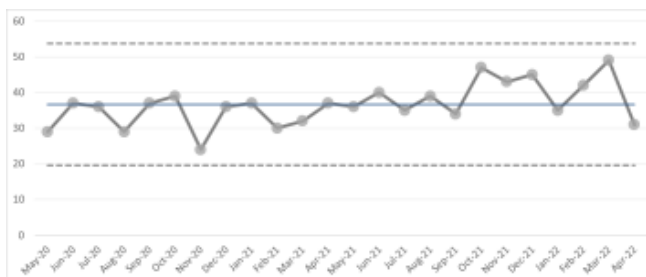
The number of children waiting for a new Child Development Clinic (CDC) appointments continues to increase month on month with 2408 children currently awaiting a New CDC appointment. Pre-school children, safeguarding welfare, and looked after children are prioritised but there is still a long wait time for an appointment with some long waiters over 104 weeks.

The 'Paediatric Hub' continues to work well and is being well utilised. Additional clinic capacity at Egerton Park is due to start 6<sup>th</sup> June 2022.

Workforce difficulties remain challenging, with difficulties in recruitment, in line with a national shortage, and attrition from the existing workforce as a result of retirements and sickness. Work is ongoing to support the recruitment of both Doctors and Child Development Nurses, looking at how best to meet the service need. The service has been successful in appointing an Assistant Clinical Psychologist who is due to start on 30<sup>th</sup> May; a second OT band 7 (0.6) starting 6<sup>th</sup> June; CIC nurse (0.6fts) start date 6<sup>th</sup> June and a Fellowship Doctor also due to start 6<sup>th</sup> June.

## Under 5: Waiting time to first Appt of children seen in month

Target:  
Variation : Normal  
Current Month: 31 weeks



## 5-16 : Waiting time to first Appt of children seen in month

Target:  
Variation : Improvement  
Current Month: 67 weeks



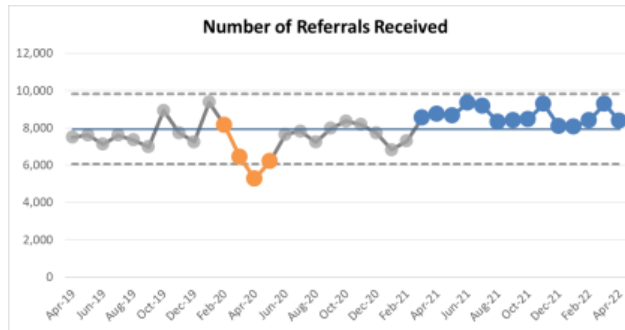
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# Adult Community (non RTT) Waiting Times

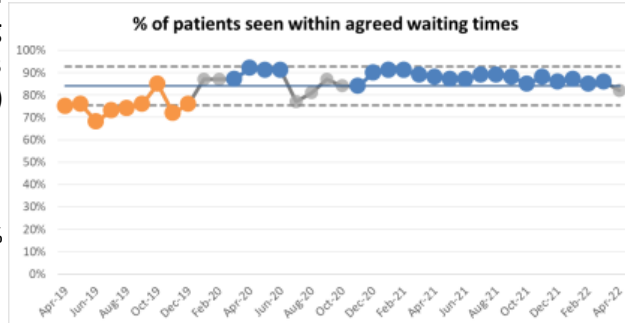
## Number of Referrals Received (Planned)

Current Month: 8,375



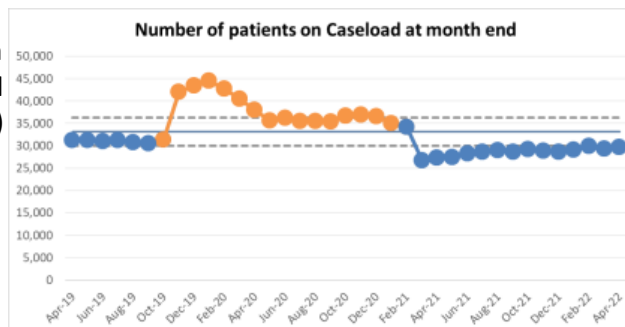
## % of Patients seen within agreed waiting time targets (Planned)

Current Month: 82%



## Number of Patients on Caseload at month end (Planned)

Current Month: 29,658



Adult services have been experiencing an increase in the referral numbers as well as the acuity and complexity compared to 19/20 activity levels for some time and this is not expected to change going forward.

Particular areas of focus within adult community services are:

**Neurology:** Continued escalating challenges managing demand Vs capacity however wait times have reduced to an average wait time of 15 weeks.

**Dietetics:** Reduction of waiting times across some pathways. Average wait time reduced to 13 weeks.

**SLT:** Increase of 23% above baseline (community). Patients significantly impacted by increased complexity as a result of long waits. 7 community patients breaching 52 weeks.

**Podiatry:** Continued increase in demand for domiciliary care with an increase in urgent and high acuity patients.

**MSK:** Referral numbers back to 19/20 levels. The text messaging service has been re-established at has decreased MSK DNA rates.

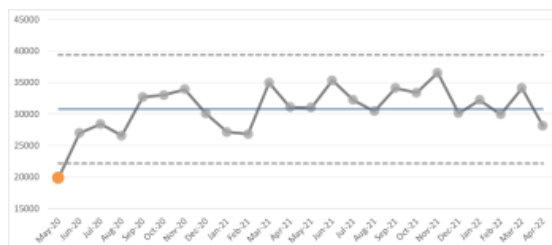
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# Planned Care – Outpatient Delivery

## Outpatient Total Activity (New and Follow-up)

Target: Monitor  
Current Month: 28,117



### New

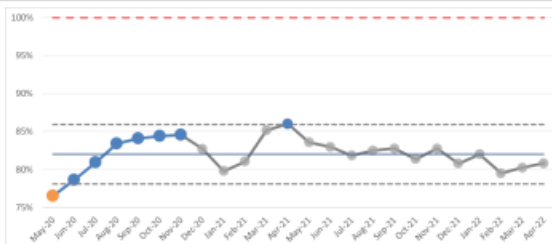


### Follow-up



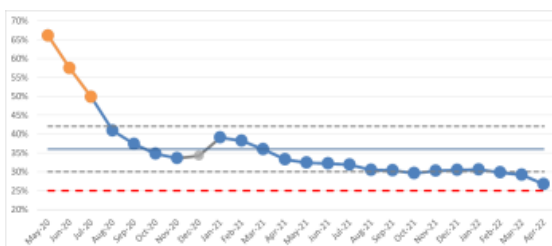
## Outpatient Utilisation (Consultant and nurse led Clinics)

Target: 100%  
Current Month: 80.8%



## Non Face to Face Outpatients Activity (Activity %)

Target: 25%  
Current Month: 26.7%



Whilst outpatient activity decreased across both New and Follow-up attendances in April the Trust did complete 95% of 19/20 activity for New patient activity and 100% of 19/20 activity for Follow-ups (the ask being  $\geq 114\%$  and  $\leq 101\%$  respectively). Outpatient activity was compromised as a result of workforce gaps and the prioritisation of complex patients who require more time in the outpatient department, thus reducing overall activity.

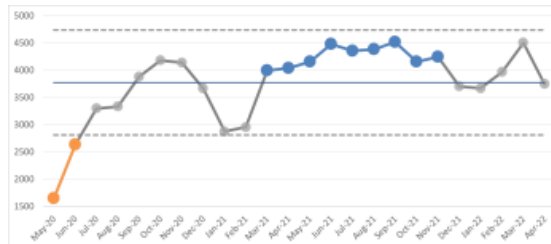
Outpatient utilisation improved slightly in April in line with an improvement in the Trust's DNA rate which has fallen as a result of the text reminder service being operational, having been switched back on at the end of March 2022 for consultant led clinics.

We continue to deliver over 25% of our outpatients virtually. Whilst we have the highest virtual activity numbers in the system we are adopting a balanced approach to ensure pathways are not protracted as a result of not being seen in a F2F clinic

# Planned Care – Admitted Delivery

## Elective Spells (Day case and Elective IP)

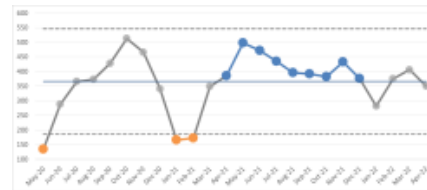
Target: Monitor  
Current Month: 3,741



### Day case

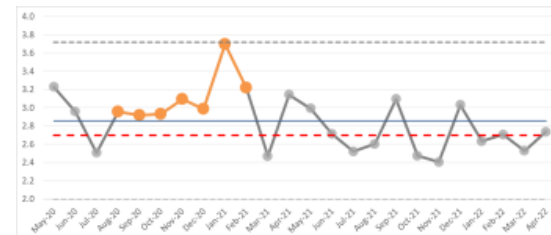


### Elective IP



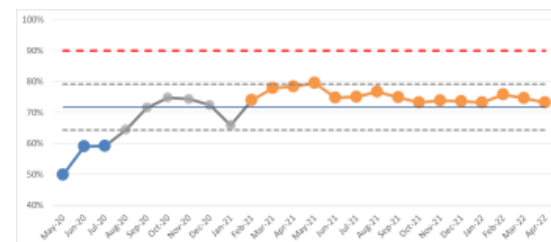
## Elective Average LoS (Acute)

Target: 2.7  
Current Month: 2.7



## Theatre Utilisation

Target: 90%  
Current Month: 73.3%



The Trust's overall elective spells returned to similar levels seen between December-February, falling as a result of a decrease in WLI lists and workforce challenges.

All Divisions work hard to support timely discharges and this is reflected in our elective average LoS which continues to be inline with the target days of 2.7.

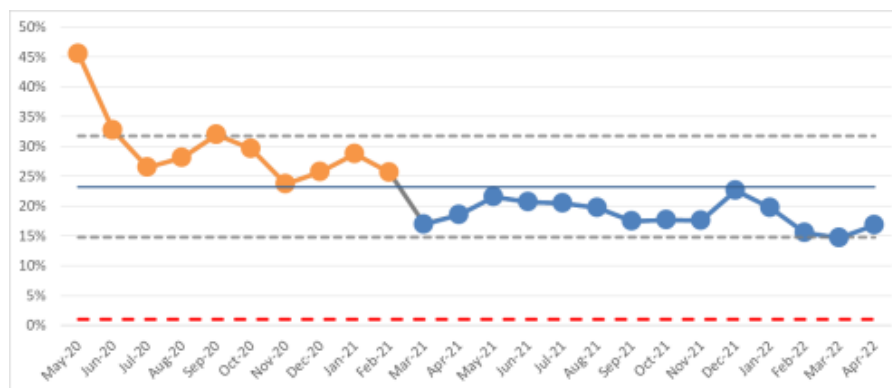
6-4-2 meetings are in place to support Theatre efficiency and productivity and is improving in most specialities. It is recognised that further work is needed in some areas to support Theatre utilisation as a whole.

The Trust is continues to work with ESHT Foundry to embed the new waiting list management and booking tool which will support Theatre utilisation Clinicians will be able to easily review patients on their waiting list which will support ongoing reprioritisation of patients, aiding productivity whilst ensuring we are treating the sickest patients first.

# Planned Care – Diagnostic

## Diagnostic Standard

Target: < 1.0%  
Current Month: 16.9%



Diagnostics remains a challenge for the organisation as services prioritise activity to support the 2ww cancer pathway (FDS), urgent cases and in-patient diagnostic demand. The continued growth in referrals is also impacting delivery of DMO1.

Performance in April deteriorated slightly to 83.1% however significant improvements have been seen in MRI and Echocardiogram with sizable reductions in >6 week breaches within these specialities.

Endoscopy insourcing was paused in April following a natural end to the contract but this activity will restart in May.

A workforce challenge within Audiology meant that no additional activity was undertaken. This saw the Audiology performance drop from 99% to 87%

Continued insourcing activity across Radiology and Cardiology is supporting delivery and review of the DMO1 position takes place regularly to allow for early action and mitigation measures to be put into place to impact positively on DMO1 performance.

# Cancer Pathway

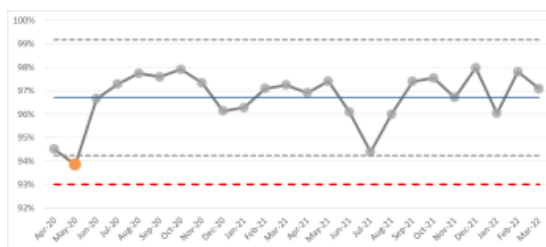
## Two Week Wait Referrals

Target: Monitor  
Current Month: 1,986



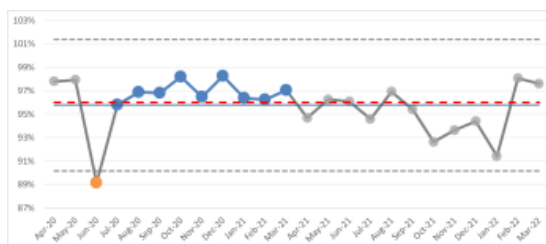
## Cancer 2WW Standard

Target: 93%  
Current Month: 97.1%



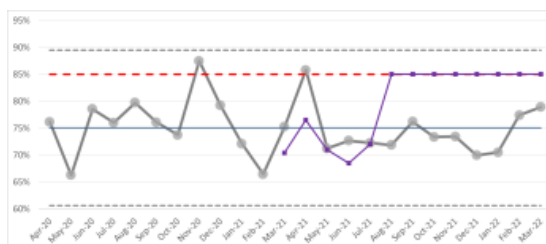
## Cancer 31 Day Standard

Target: 96%  
Current Month: 97.6%



## Cancer 62 Day Standard

Target: 85%  
Trajectory: 85%  
Current Month: 78.9%



The Trust continues to experience an increase in the volume of 2ww referrals which impacts on all phases of pathways including diagnostics, clinical admin and divisional tumour site services. Between Jan – April 2020 to Jan – April 2022, there has been an overall increase in referrals of 29%.

Alongside this increase, we faced many challenges in April including staff shortages due to sickness, leave and vacancies, as well endoscopy insourcing which temporarily ceased at the end of March. These factors led to increased waiting times which had a negative impact on our FDS for April. We continue to focus efforts to improve the FDS performance by securing locums and a plan to recommence insourcing of endoscopy in the near future.

A new trajectory has been agreed for 22/23 to reduce the >62 and >104 day backlog. This will require continuous monitoring as the achievement of the trajectory will be challenging. The long waiting patients are regularly reviewed to ensure next steps are in place for completion of their pathway.

Challenges remain in the diagnostic phases of the pathway but developments and improvement projects continue to be progressed to support the pathways, improve performance, and patient experience.

A recent 'deep dive' Cancer Week has been undertaken with the multi-disciplinary team to identify common themes and challenges. Actions to address these will be developed to support an improvement and achievement in performance.

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# Financial Control and Capital Development

Our Income and Expenditure

Our Income and Activity

Our Expenditure and Workforce, including temporary workforce

Cost Improvement Plans

Divisional Summaries

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

# Contents

Executive summary	3
Income and Expenditure	4
Pay	5
Efficiency	6
Capital	7
Assets and Liabilities	8
Risk adjusted forecast out-turn	9

# Exec summary

	RAG	YTD actual	YTD var	Commentary
		(£m)	(£m)	
<b>Surplus/deficit</b>	<b>R</b>	(1.1)	(0.5)	<ul style="list-style-type: none"> <li>the Trust is reporting a deficit of (£1.1m) in month, a (£0.5m) adverse position to the planned deficit of (£0.6m). This broadly reflects risk associated with underperformance against elective activity targets</li> </ul>
Income	<b>R</b>	46.6	(0.1)	<ul style="list-style-type: none"> <li>Income is adverse to plan driven by provision for ERF claw back of £0.9m offset by higher divisional income which has equivalent associated costs.</li> </ul>
Pay	<b>A</b>	(31.1)	(0.2)	<ul style="list-style-type: none"> <li>Pay cost variance is related to increased costs needed to drive the divisional income increases. Vacancies are adequate to cover temporary staffing costs use of temporary staff at higher unit cost partially offset by WTE usage below budget.</li> <li>The Trust is using 4% more staff than in 21/22 (excluding SPH)</li> </ul>
Non-pay	<b>A</b>	(16.1)	(0.3)	<ul style="list-style-type: none"> <li>Non-pay costs exceed budget mainly driven by clinical supplies and other services needed to deliver the surplus in the Divisional income. Underspends commensurate with the elective activity shortfall have been reported in relevant specialites</li> </ul>
<b>Efficiency</b>	<b>A</b>	1.2	0	<ul style="list-style-type: none"> <li>Full year efficiency of £12.1m has plans identified of £5m.</li> </ul>
<b>Capital</b>	<b>G</b>	1.5	0.1	<ul style="list-style-type: none"> <li>Capex spend of £1.5m which is £0.1m over phased internal plan.</li> </ul>

# Income and Expenditure

## Trust I&E position

	Month (£'000)			YTD (£'000)		
	Act	Plan	Var	Act	Plan	Var

<b>Income</b>						
Contract income	42,834	42,934	(100)	42,834	42,934	(100)
Divisional	4,456	3,537	919	4,456	3,537	919
ERF	(902)	(402)	(500)	(902)	(402)	(500)
Covid - block			-	-	-	-
Covid - variable	258	658	(400)	258	658	(400)
<b>Total Income</b>	<b>46,646</b>	<b>46,727</b>	<b>(81)</b>	<b>46,646</b>	<b>46,727</b>	<b>(81)</b>

## Operating Expense

### Pay

Permanent	(28,142)	(30,536)	2,394	(28,142)	(30,536)	2,394
Temporary	(2,930)	(382)	(2,548)	(2,930)	(382)	(2,548)
<b>Total pay</b>	<b>(31,072)</b>	<b>(30,918)</b>	<b>(154)</b>	<b>(31,072)</b>	<b>(30,918)</b>	<b>(154)</b>

### Non-pay

Drugs	(1,033)	(1,068)	35	(1,033)	(1,068)	35
TEDD	(3,211)	(3,476)	265	(3,211)	(3,476)	265
Clinical supplies	(3,725)	(3,765)	40	(3,725)	(3,765)	40
Purchased services	(818)	(961)	143	(818)	(961)	143
Finance costs	(2,161)	(2,235)	74	(2,161)	(2,235)	74
Other	(5,134)	(4,238)	(896)	(5,134)	(4,238)	(896)
<b>Total non-pay</b>	<b>(16,082)</b>	<b>(15,743)</b>	<b>(339)</b>	<b>(16,082)</b>	<b>(15,743)</b>	<b>(339)</b>

Covid exp - Dedicated	(327)		(327)	(327)	-	(327)
Covid exp - variable	(258)	(658)	400	(258)	(658)	400
<b>Total Expense</b>	<b>(47,739)</b>	<b>(47,319)</b>	<b>(420)</b>	<b>(47,739)</b>	<b>(47,319)</b>	<b>(420)</b>

<b>Surplus/(Deficit)</b>	<b>(1,093)</b>	<b>(592)</b>	<b>(501)</b>	<b>(1,093)</b>	<b>(592)</b>	<b>(501)</b>
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## Memo:

WTE (worked)	7,753	7,873	120			
WTE (Contracted)	7,049	7,873	824			
WTE (Temporary)	749	130	(619)			

## I&E position

For the financial year 2022/23, there is a return to pre-pandemic budgets as the baseline for our income and expenditure, with a material reduction in non-recurrent funding that has supported the organisations efforts to manage through the last two years. Within that baseline, the broad expectation is that our activity levels will return to 104% of 2019/20 levels with additional income available for elective activity above the 104% (measured at system level).

The month 1 position is £1.1m deficit and adverse to the in month planned of £0.6m deficit. The Trust has a full year planned deficit of £7.2m which represents where possible the trust has allowed for avoidable cost pressures that we continue to incur, recognising the challenges we face in maintaining safe, high quality services in the new financial year..

## Income

- The a lack of recognition of income is the main driver of the in month adverse position although it is only adverse by £0.1m:
  - of ERF being £0.5m behind plan due to levels of elective activity being lower than the baseline set in the Trusts plan;
  - The adverse effect of Covid variable (pass-thru) income of £0.4m is directly offset by reduced cost of providing testing and vaccination expenditure;
  - Divisional income overperformance £0.9m due to increases in health education funding and cost of services and recharges to other bodies with matching expenditure.

## Expense

- The Trust has an in month £0.2m adverse pay position variance which is related to increased costs needed to drive the divisional income increases
- Vacancies are adequate to cover temporary staffing costs
- Use of temporary staff at higher unit cost partially offset by WTE usage below budget.
- Non-pay costs exceed budget mainly driven by clinical supplies and other services needed to deliver the surplus in the Divisional income.

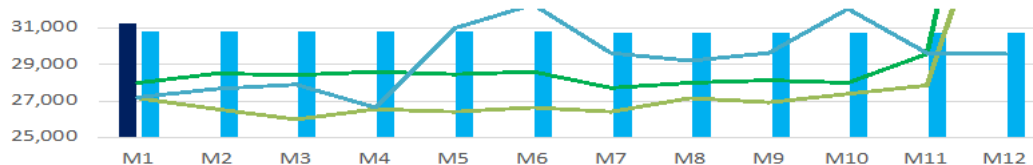
# Pay costs

Pay analysis										
All staff	Pay costs (£'000) - In Month					WTE				
	Act	Var	PY	YTD var	YTD ave	Act	Var	PY	YTD var	YTD Ave
Medical	(7,351)	(367)	(6,774)	(344)	(7,329)	799	2	784	2	799
Nursing	(12,853)	(186)	(11,910)	(18)	(12,685)	3,693	29	3,465	29	3,693
AHP	(4,126)	385	(3,994)	378	(4,065)	1,130	(86)	1,094	(86)	1,130
Admin	(3,631)	102	(3,604)	193	(3,440)	1,435	(33)	1,303	(33)	1,435
Other	(3,112)	(89)	(2,388)	(600)	(3,722)	722	(24)	755	(24)	722
<b>Total</b>	<b>(31,073)</b>	<b>(155)</b>	<b>(28,671)</b>	<b>(391)</b>	<b>(31,240)</b>	<b>7,779</b>	<b>(112)</b>	<b>7,401</b>	<b>(112)</b>	<b>7,779</b>

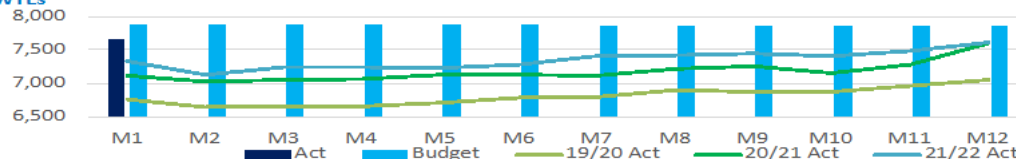
  

Temporary	Pay costs (£'000)					WTE				
	H2 Ave	M10/11 21 22 AVG	Apr	PY	YTD	H2 Ave	M10/11 21 22 AVG	Apr	PY	YTD Ave
<b>Bank</b>	<b>(1,582)</b>	<b>(1,835)</b>	<b>(1,714)</b>	<b>(1,520)</b>	<b>(1,714)</b>	<b>470</b>	<b>472</b>	<b>557</b>	<b>527</b>	<b>557</b>
Medical	(441)	(392)	(410)	(205)	(410)	32	30	34	15	34
Nursing	(400)	(369)	(693)	(289)	(693)	85	79	142	55	142
AHP	(111)	(119)	(51)	(99)	(51)	19	17	15	20	15
Admin	(43)	(73)	(35)	(103)	(35)	8	4	3	17	3
Other	-	-	(26)	-	(26)	-	-	7	-	7
<b>Agency</b>	<b>(995)</b>	<b>(953)</b>	<b>(1,215)</b>	<b>(696)</b>	<b>(1,215)</b>	<b>144</b>	<b>130</b>	<b>201</b>	<b>108</b>	<b>201</b>
<b>Locum</b>	<b>(54)</b>	<b>(79)</b>	<b>(1,256)</b>	<b>(1,178)</b>	<b>(1,256)</b>	<b>5</b>	<b>13</b>	<b>97</b>	<b>122</b>	<b>97</b>
<b>WLI</b>	<b>(48)</b>	<b>-</b>	<b>(290)</b>	<b>(315)</b>	<b>(290)</b>	<b>4</b>	<b>-</b>	<b>27</b>	<b>28</b>	<b>27</b>
<b>Total Temp</b>	<b>(2,680)</b>	<b>(2,867)</b>	<b>(3,121)</b>	<b>(3,710)</b>	<b>(3,121)</b>	<b>624</b>	<b>615</b>	<b>882</b>	<b>785</b>	<b>882</b>

Pay Costs (£'000)



WTEs



Note: Due to the impact of Covid, the 19/20 equivalent has been used as the prior year comparator with inflation applied

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## Pay analysis

- M1 pay costs are marginally higher than budget.
- Overall the in month spend of £31m is £2.1m higher than 21/22 comparator with SPH impact (£03m) adjusted
- Nursing & Medical staffing groups are over spending.
- Nursing spending is impacted by the continuation of escalation wards.
- Whilst WTEs are below budget, cost are above. This is driven by use of temporary workforce which is more expensive.

## PY comparison

- Pay (£) is overall is above the 21/22 comparator although the underlying related activity trends are quite dissimilar (covid and non-covid).
- When compared to 21/22 in particular costs are materially higher in 22/23.
- Pay FTE is higher than the prior year comparator but this has to be seen as a BAU including COVID vs a high COVID lowered activity baseline.
- Pay FTE includes 89 FTE for SPH so like for like the FTE is 289 higher.

# Efficiency

Division	In Month			Full Year					Schemes #
	Plan £'000	Actual £'000	Var £'000	Rec £'000	NR £'000	Total £'000	Target £'000	Var £'000	
Medicine	158	-	(158)	801	-	801	2,504	(1,703)	3
Emergency Care	45	1	(44)	745	2	747	673	74	4
DAS	157	19	(138)	815	-	815	2,605	(1,790)	24
Core Services	74	12	(62)	1,229	314	1,543	2,057	(515)	17
CHIC	87	2	(85)	24	-	24	1,323	(1,299)	3
WCSH	36	2	(34)	18	504	522	1,007	(485)	3
Estates & Facilities	43	7	(36)	88	-	88	882	(794)	3
Corporate	56	-	(56)	-	-	-	1,012	(1,012)	-
Trust-wide	592	1,205	613	8,964	-	8,964	8,964	-	3
<b>Total Identified</b>	<b>1,248</b>	<b>1,248</b>	<b>-</b>	<b>12,684</b>	<b>820</b>	<b>13,504</b>	<b>21,028</b>	<b>(7,524)</b>	<b>60</b>
<i>Unidentified</i>	-	-	-	-	-	7,524	-	7,524	-
<b>Total</b>	<b>1,248</b>	<b>1,248</b>	<b>-</b>	<b>13,116</b>	<b>820</b>	<b>21,028</b>	<b>21,028</b>	<b>-</b>	<b>60</b>

## Overview

- The trust has delivered the £1.2m efficiency plan for the month, a large proportion of this is shown under trust-wide, this is due to the timing of the reporting cycle for month 1 and this will be apportioned out to divisions in time for the month 2 reporting.
- The divisional plan values in the month represent the phased targets rather than the planned values for schemes that have been approved.
- The target for the year is £21m, so far £13.5m has been identified, leaving a gap of £7.5m for the Divisions to find.
- Only 6% of the £13.5m identified is non-recurrent, which is an improvement on 2021/22.

# Capital

			YTD		
Trust Lead	Capital Scheme	Draft Programme £'000	Cumulative Expenditure £'000	Cumulative Forecast £'000	Forecast Variance £'000
Original					
DIG	Digital Programmes	4,500	205	135	70
	Total Digital	4,500	205	135	70
EME	CT Scanner	-	201	-	201
EME	Diagnostic Equipment	500	-	-	-
EME	Medical Equipment	2,500	127	-	127
	Total Medical Equipment	3,000	327	-	327
EST	Fire	1,500	9	25	(16)
EST	Backlog	6,750	143	200	(57)
EST	Day Surgery capacity	1,100	131	300	(169)
EST	Theatre 5 & 8	280	(13)	200	(213)
EST	CT Scanner	250	0	-	0
EST	Westham	150	38	100	(62)
EST	Conquest ED	250	60	150	(90)
EST	Baird Ward	100	0	-	0
EST	Cath Lab Replacement	1,700	2	25	(23)
EST	Cat 3 Microbiology	50	-	-	-
EST	Gynae Footprint	400	4	75	(71)
EST	ICU adaptations Conq	1,500	1	25	(24)
EST	Ophthalmology Bex	1,000	-	-	-
EST	Cardiology Business Case	150	-	-	-
EST	Friston Paeds	1,000	0	-	0
EST	Decant Ward	4,000	0	-	0
EST	Ward Refurbishment	1,250	32	-	32
EST	Scott Unit/Egerton park	-	10	-	10
EST	Rolling Ward Refurbishment	-	2	-	2
	Total Estates	21,430	420	1,100	(680)
FIN	Business Case Development	400	-	-	-
FIN	Divisional Small Works	500	-	-	-
FIN	Minor Capital	1,000	-	30	(30)
FIN	Unplanned Urgents	500	-	15	(15)
FIN	Planned slippage/prioritisation	(4,910)	-	(194)	194
	Total Finance	(2,510)	-	(149)	149
	Total Original Planned	26,420	952	1,086	(134)
New					
EME	Community Diagnostic Centre	500	377	50	327
	Additional Medical Equipment	500	377	50	327
EST	Building For Our Future	1,006	53	45	8
EST	Community Diagnostic Centre	1,500	88	200	(112)
EST	Elective Care Centre (EDGH)	-	49	-	49
	Additional Estates	2,506	190	245	(55)
DIG	EPR Match Funding (external)	750	-	23	(23)
	Additional Digital	750	-	23	(23)
	Total Additional Capital	3,756	567	318	249
	Total Capital	30,176	1,519	1,404	115

## Capital

- The planned capital allocation for 2022/23 is £30.2m and is made up of the core ICS allocation of £26.4m plus national programmes expected in year of £3.8m.
- The capital position at the end of month 1 totals of £1.5m which is ahead of plan by £0.1m.
- Expenditure in M1 was largely driven by schemes already in train in 2021/22:
  - Community Diagnostic Centre relating to equipment and estates works £465k;
  - Estates schemes including backlog maintenance, in total £420k;
  - Digital programme spend of £205k; and,
  - Medical equipment £327k.

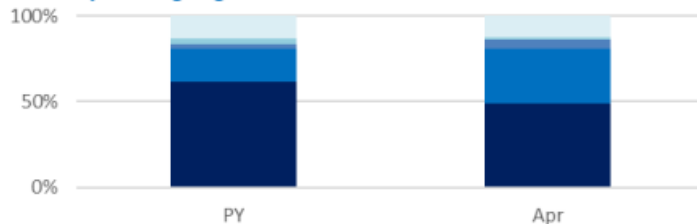
# Assets and Liabilities

	Feb	Mar	Apr	Change
	£'000	£'000	£'000	£'000
<b>Non-current assets</b>	<b>263,206</b>	<b>284,430</b>	<b>284,187</b>	<b>(243)</b>
Inventories	5,732	8,595	8,460	(135)
Trade and other receivables	19,809	10,646	14,128	3,482
Cash and Cash equivalents	79,407	61,108	61,579	471
<b>Current Assets</b>	<b>104,948</b>	<b>80,349</b>	<b>84,167</b>	<b>3,818</b>
Trade and other payables	(58,525)	(44,130)	(48,382)	(4,252)
Other liabilities	(4,751)	(7,552)	(8,150)	(598)
<b>Current Liabilities</b>	<b>(63,276)</b>	<b>(51,682)</b>	<b>(56,532)</b>	<b>(4,850)</b>
<b>Non-current liabilities</b>	<b>(2,939)</b>	<b>(2,313)</b>	<b>(2,313)</b>	<b>(0)</b>
<b>Total assets employed</b>	<b>301,939</b>	<b>310,784</b>	<b>309,508</b>	<b>(1,276)</b>

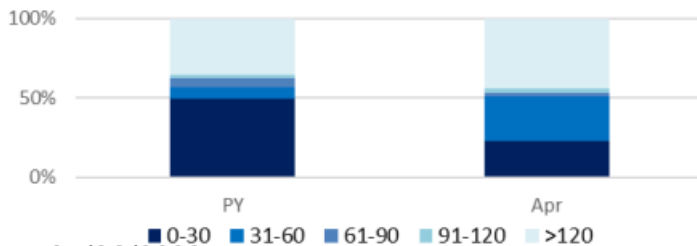
## BPPC (Based on invoice count)

Trade	81.8%	82.1%	81.5%	-0.6%
NHS	94.3%	94.8%	99.5%	4.7%

## Trade Payables Ageing



## Trade receivables Ageing



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## Balance sheet

- There has been a significant increase in current assets, this relates to an increase in trade and other receivables in M1 as a result of an increase in accrued income.
- There has also been a decrease in trade and other payables as a result of a reduction of accrued expenditure compared to processed levels at M12.
- The Trust continues to hold very significant cash balances at £61.6m.

## Better Payment Practice Code (BPPC)

- BPPC performance has improved again in April and is a result of the on-going work of the financial services team to increase performance, with non-NHS payables a particular focus.

## Trade and Other Payables

- An increase in month of £1.6m on the creditor position increasing the purchase ledger total to £10.6m.
- 79% of the outstanding invoices are payable to trade (Non NHS) suppliers and the balance to NHS providers. The Trust processes weekly payment runs.
- Ageing has increased slightly in M1. The majority of aged invoices are stuck in the system due to issues relating to the 'No PO, No Pay' policy.

## Trade and Other Receivables

- The sales ledger balance reduced by £1.5m in April to a total of £5.1m.
- The ageing profile has increased slightly in April compared to March however remains consistent with previous months.

# Key risks

Risk adjusted forecast out-turn		£'000	Downside	Forecast	Upside	Downside	Forecast	Upside
<b>Baseline plan</b>		<b>(2,354)</b>				<b>(2,354)</b>	<b>(2,354)</b>	<b>(2,354)</b>
Approved service developments		(3,686)	100%	100%	100%	(3,686)	(3,686)	(3,686)
Growth		(8,964)	100%	100%	100%	(8,964)	(8,964)	(8,964)
Covid		(1,544)	100%	100%	75%	(1,544)	(1,544)	(1,158)
Elective Recovery Fund (ERF) gap		(3,028)	200%	100%	0%	(6,056)	(3,028)	-
<b>Baseline plan excl efficiencies</b>		<b>(19,576)</b>				<b>(22,604)</b>	<b>(19,576)</b>	<b>(16,162)</b>
<b>Identified risks included in opening budget</b>								
Nursing Establishment Review (NER)		(2,244)	100%	100%	100%	(2,244)	(2,244)	(2,244)
Cost pressures		(1,069)	100%	100%	100%	(1,069)	(1,069)	(1,069)
Bed requirement		(5,385)	100%	100%	100%	(5,385)	(5,385)	(5,385)
<b>Total funding for identified risks</b>		<b>(8,698)</b>				<b>(8,698)</b>	<b>(8,698)</b>	<b>(8,698)</b>
<b>Efficiencies</b>								
Divisional		12,064	75%	100%	100%	9,048	12,064	12,064
Trust-wide (productivity)		8,964	75%	100%	100%	6,723	8,964	8,964
<b>Total</b>		<b>21,028</b>				<b>15,771</b>	<b>21,028</b>	<b>21,028</b>
<b>Opening budget 22/23</b>		<b>(7,246)</b>				<b>(15,531)</b>	<b>(7,246)</b>	<b>(3,832)</b>
<b>Additional risks</b>								
Inflation		-	100%	100%	100%	-	-	-
Unfunded activity growth		-	100%	100%	100%	-	-	-
Cost pressures		-	100%	100%	100%	-	-	-
<b>Total funding for identified risks</b>		<b>-</b>				<b>-</b>	<b>-</b>	<b>-</b>
<b>Mitigations</b>								
Inflation funding		-	100%	100%	100%	-	-	-
<b>Total</b>		<b>-</b>				<b>-</b>	<b>-</b>	<b>-</b>
<b>Grand total</b>		<b>(7,246)</b>				<b>(15,531)</b>	<b>(7,246)</b>	<b>(3,832)</b>

## Risk adjusted forecast outturn

- The table above sets out high level scenarios for the trust's income and expenditure based on current assessment of key risks.
- Areas of risk identified:
  - ERF** – as described earlier in the paper there is a significant shortfall against our plan for elective activity. Provision has been made against the planned level of income reflecting potential clawback. The system is establishing a group to monitor the performance of partners and to report the financial impact.
  - Efficiency** – The shortfall in the efficiency programme is currently being offset by savings in overall expenditure. Progress will need to be made in the coming weeks to ensure the programme remains on track for full delivery, and mitigations are found for any slippage
- Additional risks are currently being assessed. Activity growth in areas of non-elective activity, notably Emergency Care, is a particular area of concern and will be prioritised for review.

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## Covid19 – Easing of Restrictions at East Sussex Healthcare Trust

Meeting information:			
Date of Meeting:	14 <sup>th</sup> June 2022	Agenda Item:	
Meeting:	Trust Board	Reporting Officer:	Vikki Carruth, Chief Nurse & DIPC
Purpose of paper: (Please tick)			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
Has this paper considered: (Please tick)			
Key stakeholders:		Compliance with:	
Patients	<input checked="" type="checkbox"/>	Equality, diversity and human rights	<input checked="" type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input checked="" type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input checked="" type="checkbox"/>
Other stakeholders please state: .....			
Have any risks been identified (Please highlight these in the narrative below)	<input type="checkbox"/>	On the risk register?	

## Summary:

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

Throughout the pandemic within healthcare settings, essential requirements (distancing, isolation, cleaning, PPE, visiting etc) have been in place to ensure the safety of our patients, to protect our staff and to avoid outbreaks. The national guidance for managing COVID also requires providers to consider local assessment of risk and resource as there is no one approach that will be safe and suitable for every Trust especially as hospital estates and ventilation vary so greatly. Discussions regarding local implementation of clinical COVID guidance have been undertaken by the Clinical Advisory Group (CAG) with recommendations being made to the Trust Incident Management Team (IMT). Chaired by the Medical Director, the GAG group is comprised of the Chief Nurse/DIPC, Lead Clinicians and Senior Nurses including the Head of IPC, AHPs and Service Leads as required. The recommendations of the CAG are taken to IMT for discussion and implementation as appropriate.

The Government has published a plan for living with COVID-19 that recognises that the virus is endemic and likely to remain so for some time to come. The Omicron BA.2 variant while highly infectious, is associated with a lower adverse impact on health and therefore there is now a need to balance the risk of COVID-19 with the adverse impact these requirements have on people's wellbeing and the ability of the NHS to deliver essential services.

The national guidance regarding COVID-19 infection prevention and control measures in hospitals and other healthcare settings has been revised to include other respiratory viruses and move toward a set of IPC principles that clinical staff should follow to reduce transmission of infection. The Trust is broadly in line with latest guidance and the Sussex ICS has an agreed, unified position that is also broadly in line with the national guidance. It is vital that staff continue to assess patients for the risk of COVID infection when they access services, so will continue with triage questions for people accessing our services. The Trust will follow the released NHS National Infection Prevention and Control Manual published on 14 April 2022.

The revisions to the guidance focus on three main issues:

- social distancing
- managing COVID positive and
- exposed patients and testing.

When considering the implementation of the guidance, the CAG has also taken into account the estate, ventilation and local prevalence with lived experience in managing COVID-19. The guidance recommends maintaining social distance of 2 metres for patients with known or suspected respiratory infection but reducing to 1metre for others and reducing social distancing taking into account the clinical and infectious risk of patients accessing a service, the ability to wear a face mask or other PPE, the ventilation in the environment being used and other resources such as hand hygiene as set out in the Health & Safety hierarchy of controls.

Following discussion at CAG, IMT and the Sussex IPC Cell the following has been agreed:

### **Social distancing**

Social distancing will no longer be a factor in accessing services or deciding how many people can access a service. The ESHT roadmap sets out how we will move towards reducing social distancing to help reset how we work and manage services as part of living with COVID. Please see **Appendix 1 for the ESHT Covid Roadmap**.

The roadmap encourages a return to increased capacity in waiting rooms and clinics, increased visiting, more face to face training and meetings, the return of voluntary services that support care, communal eating and increasing seating in coffee shops and restaurants. More patients can be accompanied to appointments but if there is not enough space to accommodate everyone then there may be a need for those who are not receiving treatment to wait outside, this is most likely to be required in the emergency departments as the number of people attending for treatment has increased.

### **Visiting**

Visiting is supported and managed in a careful way that avoids overcrowding and ensures inpatient areas continue to provide safe care. Patients now have 2 visitors each day for 2hrs. This also ensures that patients have rest periods, essential cleaning takes place and staff are able to provide care for patients whilst ensuring privacy and dignity is protected. The Trust will retain the booking system and risk assessment as it has been well received. Patients with specific needs have visitors for extended periods. Further details can be viewed in **Appendix 2** with the ESHT Revised visiting guidance - COVID-19 Visitor Risk Assessment.

### **Managing COVID positive and exposed patients**

COVID positive patients will no longer be cared for as a cohort in a specific ward but will instead go to a single room on the clinically most appropriate ward for their care. Staff are able to do this now due to the lower number of COVID positive patients presenting to services.

Ward nursing staff now use Lateral Flow testing more (with PCR testing in specific circumstances) in addition to clinical assessment, to help reduce the period of isolation for COVID positive patients and potentially stepdown IPC precautions earlier at 7 days on completion of a clinical risk assessment.

In Sussex, staff are also using their clinical/lived experience of Omicron BA.2 transmission to reduce the period of isolation for patients exposed to a COVID positive person. The Nervecentre system is now updated to change the patient's COVID status from COVID exposed to COVID negative at **5 days** providing they test negative. Staff can return to standard infection control precautions taking into account any other infection the patient might have. The IPC Specialist Nurses will continue to contact trace and assess the need for isolation of patients, working with the operational and clinical teams to minimise the impact on bed capacity with a zero "void" beds approach.

**Testing**

Staff are changing the way they test patients as the prevalence is low locally and lateral flow devices (LFTs) are being provided for use in hospitals. Many patients will now only tested while in hospital on the day of admission, day 3 and 5 and once weekly. Patients coming for planned care may still need a PCR test prior to major surgery but most will have a LFT on or before the day of procedure. Visitors are no longer asked to undertake LFTs and staff will continue with twice weekly testing at present.

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

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Agreed at CAG meetings 27 April 2022. IMT 28 April 2022.

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

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Continued support with planned work relating to improving ventilation in Healthcare premises and access to Emergency Departments.

## Roadmap to easing restrictions at ESHT beyond 19 July 2021

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Within healthcare settings tighter restrictions have been in place to ensure the safety of our patients, protect our staff and avoid outbreaks that could impact our services. Latest Government guidance states that;

‘Health and care settings will continue to maintain appropriate infection prevention and control processes as necessary and this will be continually reviewed. Guidance will be updated based on the latest clinical evidence this summer’.

All staff are required to continue with hand hygiene, wearing a fluid resistant surgical face mask, maintain social distancing wherever possible and facilitate good ventilation and COVID safe office principles after the planned easing of restrictions on 19 July 2021.

ESHT has produced its own roadmap to help clarify the guidance that is currently in place across Trust sites and when it is due to be reviewed.

This document sets out a list of restricted activities that are under constant review, the earliest date they could be eased as decided by the Incident Management Team (IMT), and the COVID ZERO key tests that must then be met in order for them to be safely organised.

## Roadmap to easing restrictions at ESHT

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### **Maintaining a safe environment through COVID ZERO principles.**

All patients are required to wear a face mask until an admission COVID negative test result is received.

Thereafter, inpatients should be issued with a clean face mask each day (as a minimum) to wear when leaving their bed space/ward for any reason. Visitors and outpatients must put on a clean surgical face mask on entering the building and clean their hands.

If there is a medical exemption to wearing a mask this must be notified to the relevant department **prior** to the visit to enable COVID safe alternative arrangements to be made which may include Lateral Flow Testing; failure to do so may result in refusal as it will pose a risk to staff and other patients.

**Mask exemption does not apply to staff** who must have a current individual risk assessment. If staff are working in a Covid safe office they may not have to wear a mask but cannot walk around trust buildings without a mask to get to/from their office.

If uncertain and or if any exceptions staff must discuss this with the divisional Heads of Nursing or equivalent who may need to discuss with Infection Control and/or Health and Safety teams.

# Roadmap to easing restrictions at ESHT

	Current position What the guidance is now	Review date Earliest date restriction will be considered	Physical requirements What needs to be in place to be COVID secure	Prevalence of virus Review of data needed as part of planning activity in COVID secure way	Action required What staff need to do in order to be COVID secure
Face to face teaching	In person teaching is only permitted when essential (e.g. clinical skill simulation) for small numbers of people and when COVID safe physical requirements can be met.	Review by IMT 2/08/2021. Any decision to change the guidance will be communicated as soon as possible afterwards.	Access to a room large enough to support 2-metre distancing. Good natural or mechanical ventilation. Cleaning of surfaces/shared equipment. Room is not required for other essential activity. Requirement for physical interaction with trainer or kit.	Low community prevalence as determined by Clinical Advisory group. No/low in hospital transmission. No/low prevalence of Variants of Concern (VOC) in community/hospital.	Mask wearing Hand hygiene 2-metre distancing Routine lateral flow testing. No COVID symptoms or history of contact with symptomatic or positive case.
Face to face meetings	Avoid whenever possible and aim to use MS Teams. If essential small numbers of people (less than 8) can meet when COVID safe physical requirements can be met.	Week commencing 6 September 2021. Any decision to change the guidance will be communicated as soon as possible afterwards.	Access to a room large enough to support 2-metre distancing. Good natural or mechanical ventilation. Room is not required for other essential activity.	Low community prevalence. No/low in hospital transmission. No/low numbers of COVID positive inpatients.	Mask wearing. Hand hygiene. 2-metre distancing. Routine lateral flow test. No COVID symptoms or history of contact with symptomatic or positive case.
Face to face interviews	Use of MSTEams is advised. If face to face is considered necessary then all COVID safe measures listed must be in place. Suggest less than 4 people in total in a room at the same time.	Any decision to change the guidance will be communicated as soon as possible afterwards.	Access to a room large enough to support 2-metre distancing between each person in the room. Good natural or mechanical ventilation. Open windows. Cleaning of surfaces/shared equipment and door handles between each interview. A designated seat for single candidate to wait. Room is not required for other essential activity.	Low community prevalence. No/low in hospital transmission. Low numbers of COVID positive inpatients.	Mask wear a mask on entering/leaving and when moving from designated seated area. Hand hygiene 2-metre distancing . Evidence of a negative Lateral flow on day of interview. No COVID symptoms or history of contact with symptomatic or positive case. Manage candidates to avoid multiple people waiting.

# Roadmap to easing restrictions at ESHT

	Current position What the guidance is now	Review date Earliest date restriction will be considered	Physical requirements What needs to be in place to be COVID secure	Prevalence of virus Review of data needed as part of planning activity in COVID secure way	Action required What staff need to do in order to be COVID secure
External bodies/ organisations other Non ESHT Staff Company reps On site	If the representative is deemed to be a critical requirement for a procedure (with COVID secure measures in place).	Review by IMT on 6 September 2021. Any decision to change the guidance will be communicated as soon as possible afterwards.	The representative is needed as a critical requirement for a procedure or is supporting essential training/product implementation or updates. The representative must only be on site for the purpose of their visit and not visit other areas. Time on site must be kept to a minimum.	Low community prevalence. No/low in hospital transmission. Low numbers of COVID positive inpatients.	Mask wearing Hand hygiene 2-metre distancing Evidence of negative Lateral flow on day of visit No symptoms or close contacts with symptoms.
Volunteers on site	Volunteers as agreed directly with Infection, Prevention and Control Hospital chaplaincy service recommenced on low risk wards. Shop trolley on low risk wards but limit contact where possible. Pet therapy can be re-introduced week commencing 19 July.	Any decision to change the guidance will be communicated as soon as possible.	No access to Covid high and medium risk areas for example, positive or contact bays, COVID status unknown (e.g. admission areas). No access to areas closed due to outbreaks of other infections.	Low community prevalence. Low numbers of COVID positive inpatients. No/low in hospital transmission.	Risk assessments and mandatory training up to date Mask wearing Hand hygiene 2-metre distancing Routine lateral flow test. Completion of ESHT staff risk assessment. No symptoms or close contacts with symptoms Encourage vaccination Risk assessment Consider trolley service contactless payment.

# Roadmap to easing restrictions at ESHT

	Current position What the guidance is now	Review date Earliest date restriction will be considered	Physical requirements What needs to be in place to be COVID secure	Prevalence of virus Review of data needed as part of planning activity in COVID secure way	Action required What staff need to do in order to be COVID secure
Visiting	Compassionate visiting/End of life in high risk wards. Maternity supporters/partners. One person for 1hr in low risk wards. Elective surgery, oncology or extremely vulnerable patients: One person from the same household or support bubble (may be accompanied if assistance is required). Parent/supporter/guardian of a child. Essential Carer.	Review on Week commencing 11th October 2021. Any decision to change the guidance will be communicated as soon as possible after review date.	Good natural or mechanical ventilation – open windows during visiting hours. Scheduled 1hr appointments slots to prevent overcrowding. One person from the same household or support bubble (may be accompanied if assistance is required).	Low community prevalence. No/low in hospital transmission. Low numbers of COVID in-patients.	Mask wearing Hand hygiene 2-metre distancing from other patients and staff Lateral flow testing on day of visiting patients who have isolated prior to admission or who are clinically vulnerable or who are not fully vaccinated for COVID. No symptoms or close contacts with symptoms
Conferences on site	No on site conferences.	Review by IMT 10 January 2022. Any decision to change the guidance will be communicated as soon as possible after review date	Access to a room large enough to support 2-metre distancing Good natural or mechanical ventilation. Cleaning of surfaces and shared equipment. Room is not required for other essential activity	Low community prevalence. No/low in hospital transmission. No/low prevalence of Variants of Concern (VOC) in community/hospital. % of staff vaccinated for seasonal flu and COVID.	Mask wearing Hand hygiene 2-metre distancing. Lateral flow testing on day of conference No COVID symptoms or history of contact with symptomatic or positive case.

# Roadmap to easing restrictions at ESHT

	Current position What the guidance is now	Review date Earliest date restriction will be considered	Physical requirements What needs to be in place to be COVID secure	Prevalence of virus Review of data needed as part of planning activity in COVID secure way	Action required What staff need to do in order to be COVID secure
Team Building Events	No team building events allowed on site. No firm restrictions on activities involving staff members from same team organised in own time off site following national roadmap. However, staff asked to consider principles of Covid Zero and risk of service impact if outbreak occurred.	Review by IMT week commencing 3rd of November 2021.	Good natural or mechanical ventilation Outside if possible Access to a room large enough to support 2-metre distancing. Cleaning of surfaces/shared equipment.	Low community prevalence of COVID.  % of staff vaccinated for seasonal flu and COVID.	Mask wearing Hand hygiene 2-metre distancing from other patients and staff . Routine lateral flow testing. No COVID symptoms or history of contact with symptomatic or positive case.
Unpaid placements	Limited unpaid placements on site in particular circumstances as agreed with Infection, Prevention and Control.	Review by Infection, Prevention and Control Gold Command week commencing 6 September 2021	Risk assess on individual basis for each placement using ESHT approved staff risk assessment tool.	Low community prevalence. No/low in hospital transmission. No/low prevalence of Variants of Concern (VOC) in community/hospital.	Mask wearing Hand hygiene 2-metre distancing Lateral flow testing No COVID symptoms or history of contact with symptomatic or positive case Encourage vaccination.
Staff exercise classes on site	No staff exercise classes running indoors.	Review by IMT week commencing 6 September 2021.	Access to a space large enough to support 2-metre distancing. Good natural or mechanical ventilation. Cleaning of shared equipment. Safe location that is not required for other essential activity.	Low community prevalence. No/low in hospital transmission.	Hand hygiene 2-metre distancing Routine lateral flow testing. No COVID symptoms or history of contact with symptomatic or positive case.

## Revised visiting guidance

### General

Visiting is welcomed and encouraged in a very careful and managed way to meet patient need while maintaining a safe environment for all. Every effort shall be made to facilitate visiting that meets patients' wishes.

This means:

- Anyone with symptoms of respiratory infection (COVID, flu) or feeling unwell should not visit.
- All visitors to in-patient or out-patient areas must wear a face mask\* – we recommend that visitors wear a fluid repellent surgical face mask (FRSM) and these are provided at all main entrances.
- Visitors may elect to wear their own face covering but are/will be advised that the masks provided by the hospital offer better protection to them and others.
- As a general principle, the Trust is encouraging visitors to maintain one metre distance between people and also ensure they practice good hand hygiene.
- Visiting guidance may change depending on local prevalence and infection control guidance/requirements e.g. an outbreak in an area.
- Visiting will continue to be **by appointment only and visitors should contact the ward Senior Nurse/Midwife to arrange a time to visit.**
- Visiting may be restricted if there is an outbreak of infection is confirmed or under investigation in order to protect visitors and patients from exposure. Even in the event of outbreak compassionate visiting will be facilitated on risk assessment with the visitor and patient.

### Mask exemption\*

For those who are mask exempt we ask that you do not automatically visit clinical areas and that you contact us as soon as possible in advance to discuss. Staff will then discuss possible risks and determine if visiting can be safely supported with reasonable adjustments.

## Visiting specific areas

### Inpatient wards (not maternity)

- In a six bedded bay, no more than three patients receiving visitors at a time in a bay
  - up to three patients can have two visitors at the same time for up to two hours per day, visiting times to be planned to avoid overcrowding.
- The person must be agreed by the patient
- All visiting **must be pre-booked in advance** with the ward (see [hospital ward information](#))

- Visitors will be triaged and asked to postpone their visit if they feel unwell or have respiratory symptoms. Visitors will be advised if the person they are visiting or those in close proximity have active respiratory virus infections such as COVID or seasonal Influenza.
- If visiting a patient where the COVID-19 risk is higher, visitors will be required to wear an apron and fluid repellent surgical face mask and to wash their hands. Visitors should consider their own health risks when deciding to visit in such instances.
- Visiting is allowed between 10am to 7pm.

## **Elective visiting, oncology or extremely vulnerable patients**

One person from the same household may be accompanied if assistance is required..

## **Carers of adult patients**

- Daily visits of up to two hours are permitted to support patients with specific needs e.g. with learning difficulties or dementia.
- When supporting an adult with additional vulnerabilities, where not being present would cause the patient to be distressed, visiting is decided on a patient by patient basis
- Some patients have individual visiting plans, which have been discussed and agreed with the Chief Nurse.

## **End of Life Care**

- An individualised compassionate visiting on a case by case basis is supported for those receiving end of life care and patients prior to mechanical ventilation. This will be balanced between compassionate visiting and infection risk management.
- Visits will be agreed by the nurse in charge. If the patient is in a bay, then up to two visitors may go in at a time depending on agreement with the matron and if in a side room for up to a maximum of four visitors.
- Spiritual, emotional, and religious support can be assessed and where appropriate provided by the healthcare chaplain or an external faith leader.

## **Maternity and Neonatal units**

- Access to maternity outpatient areas is available to one birth supporter.
- We respectfully ask that children are not brought to outpatient appointments or the inpatient area.
- Two birth supporters can accompany a pregnant person on the labour ward when in active labour,
- Access to the Maternity ward and EMU is 9am to 3pm and 3pm to 9pm. One birth supporter can attend for a six-hour period. This must be pre-booked and is limited to two pregnant or newly birthed people having a birth supporter at the same time (per four-bedded bay).
- Pregnant people will continue to be tested for COVID-19 as soon as practical following admission to a maternity setting. Those who are symptomatic of COVID-19 or who have tested positive, will be able to have a support partner present for their maternity attendances. If the birth supporter tests positive, an alternative birth supporter can attend.

- All those attending clinical settings (support people and parents of babies on neonatal units) to wear a fluid repellent surgical mask
- Parents should not attend neonatal units if they are symptomatic of COVID-19.
- Compassionate / essential visiting can be organised with the SCBU nurse on an individual basis.

## **Children's and Young People**

- Parents/ guardians/ siblings must always wear a surgical/face covering when entering and moving around the hospital/healthcare setting and when a healthcare professional is treating their child/young person.
- If they are in with their child/ young person in a side room they can remove their mask
- Grandparents/ siblings are welcome to visit but this will be agreed with the nurse in charge
- Only one parent/carer resident overnight due to space and ability to access emergency equipment by the bed space.

## **Outpatients**

- A patient may be accompanied by someone important to them. However, in the case of overcrowding or recommendation by the nurse in charge the visitor may be requested to wait outside the area.

## **Emergency Department**

- A patient may be accompanied by someone important to them. However, in the case of overcrowding or recommendation by the nurse in charge the visitor may be requested to wait outside the area.

## **Community**

- Patients receiving domiciliary care and who have visitors at the time of healthcare staff attending, are asked to avoid overcrowding by asking their visitor to remain in another room while care is being given unless the visitor is needed for emotional support. ESH staff may provide a FRSM to be worn by the patient and or their visitor on a risk assessed basis.

## **Visiting hours**

To accommodate for additional visitors and the need for pre-booked appointments, our visiting hours will now run from 10am to 7pm daily.

## **Proposed New visiting arrangements for business**

- Business visitors are required to consider if they may have symptoms of an infection that could be passed to others and postpone their visit until they feel well.
- Contractors working in inpatient areas should carry out twice weekly LFT's
  - LFT's can be ordered on the government site. Contractors will need to state they are NHS staff and select "role not listed"
  - Alternatively, they can be ordered via workforce.

- Can enter Trust premises by appointment only with the relevant department
- For further information regarding Contractors refer to the 'Managing Contractors Policy' on the Trust Extranet.

## **Guidance reviewed to support change**

- [C1627-supporting-pregnant-women-maternity-services-access-for-parents-of-babies-in-neonatal-units.pdf](#)
- [Coronavirus » Living with COVID-19: Visiting healthcare inpatient settings principles](#)
- [ACP-UK & DCP - Open Letter Regarding Continued Restrictions on Family Visiting within Paediatric and Neonatal Intensive Care.docx](#)
- [Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022](#)

**Mortality Report – Learning from Deaths 1<sup>st</sup> April 2017 to 31<sup>st</sup> December 2021**

<b>Meeting information:</b>			
Date of Meeting:	14 <sup>th</sup> June 2022	Agenda Item:	9
Meeting:	Trust Board	Reporting Officer:	Medical Director
<b>Purpose of paper: (Please tick)</b>			
Assurance	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>
<b>Has this paper considered: (Please tick)</b>			
<b>Key stakeholders:</b>		<b>Compliance with:</b>	
Patients	<input checked="" type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Regulation (CQC, NHSI/CCG)	<input checked="" type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input checked="" type="checkbox"/>
<b>Other stakeholders</b> please state: .....			
Have any risks been identified (Please highlight these in the narrative below)	<input checked="" type="checkbox"/>	On the risk register?	No

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

The attached board report on “Learning from Deaths” is a requirement in the Care Quality Commission review. All deaths in hospital are reviewed by our team of Medical Examiners and any cases requiring further scrutiny are highlighted to divisions and discussed at specialty Mortality and Morbidity meetings.

The current “Learning from Deaths” report details the April 2017 – December 2021 deaths, recorded and reviewed on the mortality database.

The Mortality Review Audit Group continues to review the deaths with a higher likelihood of avoidability, on a quarterly basis, to ensure accuracy in reporting. Deaths going to inquest, SIs, Amber reports, complaints and “low risk” deaths are all reviewed for completeness.

Learning disability deaths are being reviewed externally against the LeDeR (learning disability mortality review) programme. Trusts are now receiving feedback from these reviews, although the process is slow. We continue to review deaths of patients with learning disabilities internally due to the delays in the external process, in order to mitigate any risk.

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

N/A

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

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

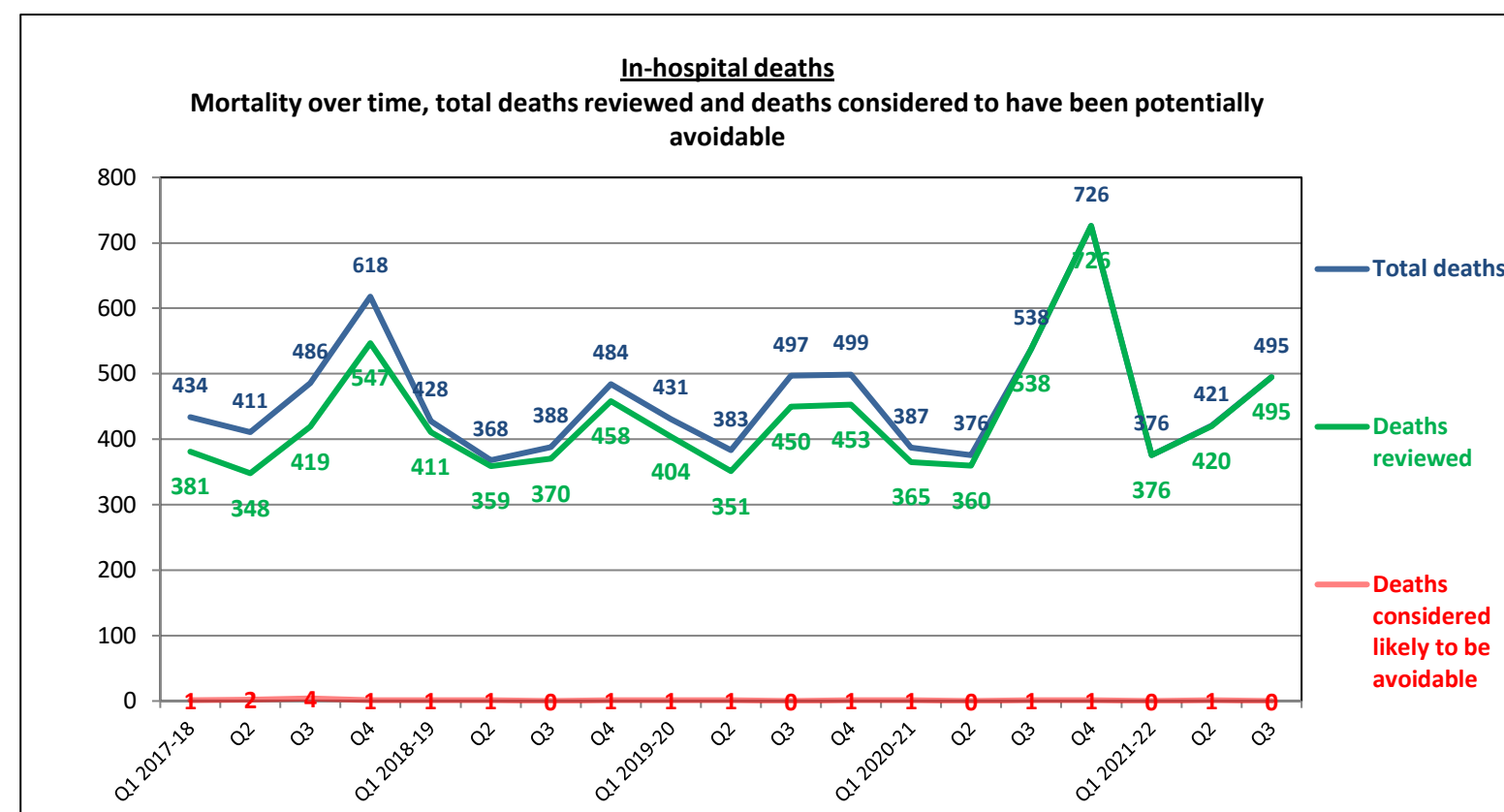
## Description:

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

## Summary of total number of in-hospital deaths and total number of cases reviewed under the Structured Judgement Review methodology (Data as at 10/05/2022)

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

Time Series:	Start date	2017-18	Q1	End date	2021-22	Q3
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## Total deaths reviewed by RCP methodology score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)			Score 4 Possibly avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-	This Month	0	-
This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-	This Quarter (QTD)	0	-
This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%	This Year (YTD)	1	33.3%	This Year (YTD)	2	66.7%	This Year (YTD)	0	0.0%	This Year (YTD)	0	0.0%

Data above is as at 10/05/2022 and does not include deaths of patients with learning disabilities.

Family/carer concerns - There was one care concern expressed to the Trust Bereavement team relating to Quarter 3 2021/22 deaths. This was not taken forward as a complaint.

Complaints - There were 2 complaints closed during Quarter 3 2021/22 relating to 'bereavement' in hospital, both have overall care ratings of '4 - good care' on the mortality database.

Serious incidents - There were 2 severity 5 Serious incidents raised in Q3 2021/2022, both relating to ward outbreaks of COVID. The deaths relating to these 2 Serious Incidents are to be discussed at the next Mortality Review Audit Group in August 2022 when the Serious Incident investigations are complete.

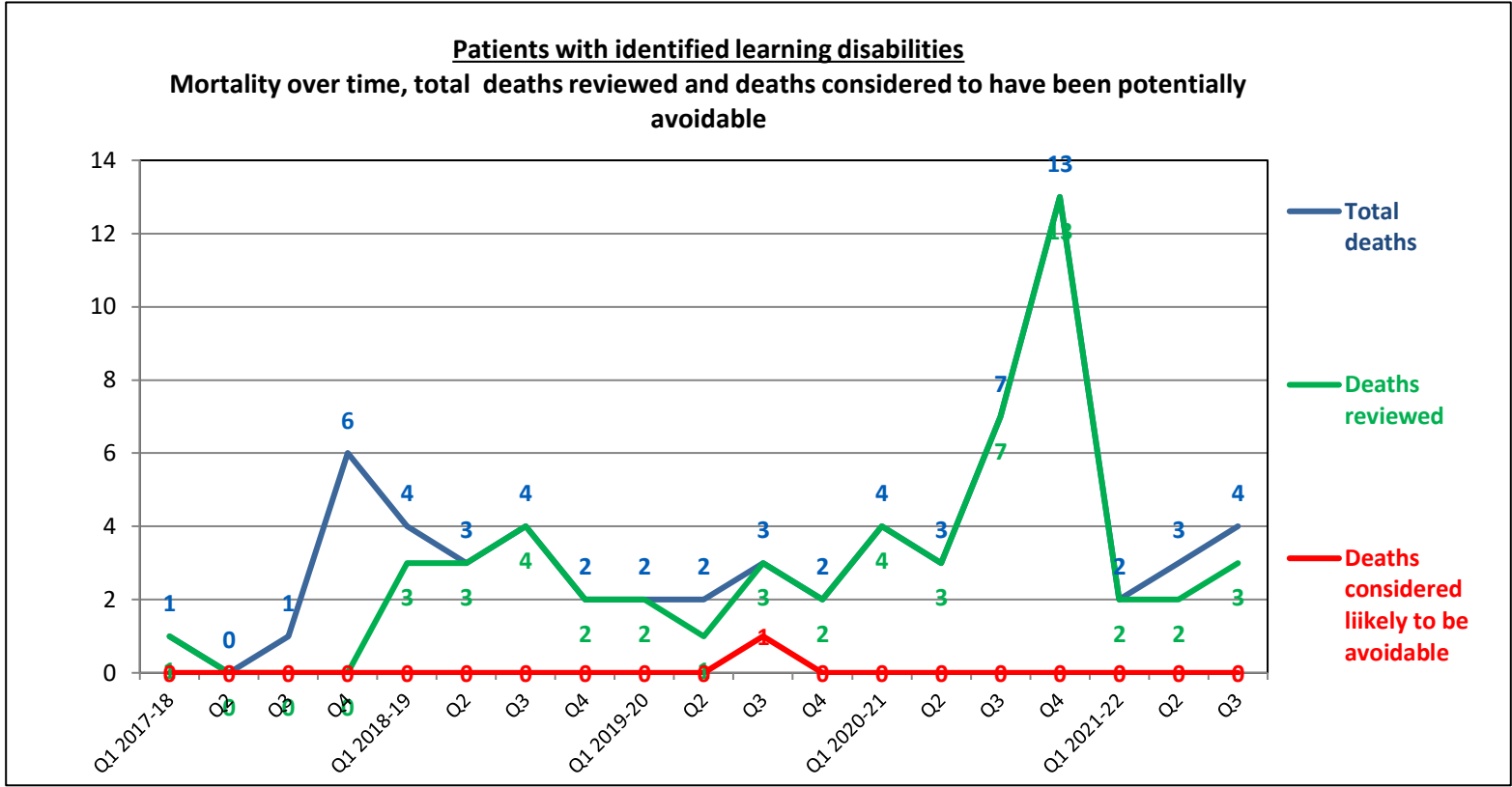
As at 10/05/2022 there are 515 April 2017 - December 2021 deaths, still outstanding for review on the Mortality database.

Summary of total number of deaths and total number reviewed for patients with identified learning disabilities (Data as at 10/05/2022)

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

Total number of deaths in scope		Total deaths reviewed through the LeDeR methodology (or equivalent)		Total number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	2	0	2	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
4	3	3	2	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
9	27	7	27	0	0

Time Series:	Start date	2017-18	Q1	End date	2021-22	Q3
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The LeDeR (learning disability mortality review) programme is now in place and the deaths of patients with a learning disability are being reviewed against the new criteria externally. Feedback from these external reviews is now being received by the Trust.  
These deaths are also reviewed internally by the Acute Liaison Nurse for Learning Disabilities, who enters the review findings on the mortality database.

## Trust Business Plan

## Meeting information:

Date of Meeting:	14 <sup>th</sup> June 2022	Agenda Item:	10
Meeting:	Trust Board	Reporting Officer:	Director of Strategy, Inequalities & Partnership

## Purpose of paper: (Please tick)

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

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

## Summary:

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

## Overview

It is a truth universally acknowledged that FY22/23 is replete with wicked issues for health & care organisations.

Whether directly engaged or observing from a particular perspective, politicians, thinktanks, and commentators tend to agree that the combination of challenges facing the NHS this year is “unprecedented”.

Largely for this reason we have sought to present our plan in a slightly different way from previous years, and which also acknowledges the changes that the new Integrated Care Board (ICB)/NHS Sussex brings to integrated planning. The attachments to this paper are as follows:

**Trust Business Plan:** A summary document that explains to our staff, partners and the public the priorities on which we will focus over 2022/23, the key projects/programmes that will deliver these priorities and how we plan to measure them.

**Trust Business Plan (detailed document):** A more granular plan that shares plans from the frontline up, and which shows the consistency between the Trust priorities and the Divisional plans, to ensure a coherent plan through the Trust. It is anticipated that the divisional plans and target measures will be tracked through the performance reviews.

Our response to the scale and scope of issues coming our way is a Trust-wide business plan that targets a tightly drawn set of priority projects/programmes and measures. We believe these to be a) necessary and sustainable to ensure that we are providing safe, effective care for the people we serve and b) deliverable by our ESHT people, many of whom have come through the most challenging 18 months of their careers.

We recognise the likelihood of in-year imperatives, and we will continue to ensure that these are addressed as they arise, but this year our priorities overwhelmingly are aimed at keeping our ‘eyes on the prize’.

Board members will also be aware that this is year one of our five-year strategy, so we have sought to link our priorities to these areas. We note that not all priorities will be delivered equally over the course of the five-year horizon – some are immediate, others are constant and others are slower-burn, delivering outcomes toward the end of this planning period.

This paper also includes the details of the operational divisional-level business plans, which have been shared and reviewed with executive directors, and reflect the budgets for 22/23. Members will see from these that we are still working on closing the Cost Improvement Plan (CIP) gaps at divisional level, and the work to deliver this will also be co-ordinated at a Trust-level, in support of tackling the systemic finance challenges.

As the report also shows, we have sought to make clear how the divisional plans align with our targeted Trust priorities and show the interdependencies between the divisional priorities articulated for this year.

Taken together, we believe that this plan can show the Board that:

- We have identified priorities in 22/23 that align to our strategic aims for what is year 1 of our strategy
- We have sought to optimise our priorities in 22/23 to deliver on key national requirements/standards
- We have supported operational divisions to align local aims with our Trust-wide priorities

And we will aim to achieve this within the context of a constrained financial envelope and a workforce/recruitment environment that is not always favourable.

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

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The Trust priorities have been developed and reviewed by the Executive Team and the Divisional Plans have been developed with operational leadership teams, supported by corporate team partners. A full review of the divisional plans was undertaken last month at the Senior Leadership Team meeting, with divisions presenting to the wider group, including Executive Directors.

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

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This report is for Board decision. We are recommending that the Board approve the business plan, noting that there may be minor wording changes/clarifications as well as design adjustments to ensure consistency with the suite of live corporate documents that have a uniform ESHT look and feel.

# ESHT business priorities for 2022/23

# Overview: 2022/23 in context

The story of 2022/23 is one of emergence; from the challenges of COVID, on through recovery, and into a world that is decisively post-COVID in its thinking.

For us and many of our partners, providing care over the coming year means tackling the residual challenges of recovering activity levels, managing within our financial allocation, and doing this in a way that supports and strengthens the resolve of our workforce of whom we have asked so much already.

When we think of our priorities in a year like this one, we recognise that our ambitions must take account of the realities we face. We collectively have chosen to prioritise the objectives that follow and, in so doing, also accept the real-world constraints within which we operate.

This year is also the first year of our new 5-year strategy, so we have framed our priorities for 2022/23 within this structure in order to show how our strategic aims are coming to life. As noted above, our successful navigation of this year focuses on delivering the essential requirements as we emerge from the pandemic and so not all strategic aims have equal weight in this year.


# Summary

We have focused on these priorities for 2022/23, that we believe will support and enable us to maintaining good, delivering transformation and quality patient care

Our 5-year Strategic Aims	What this means in 2022/23	How we express this as our Trust priorities
Collaborating to deliver care better	<p>Maximise activity to recover to pre-COVID levels</p> <p>Work with partners to ensure right patient/care/place</p>	<ul style="list-style-type: none"> <li>• Deliver 104% of our 19/20 activity baseline in order to achieve national care standard</li> <li>• Limit the number of patients not meeting the criteria to reside to 50, in collaboration with key Place partners to maintain acute flow</li> </ul>
Empowering our people	<p>Innovate through new roles to retain our people</p> <p>Improve morale by focusing on what matters</p>	<ul style="list-style-type: none"> <li>• Identify new roles and how they can support existing functions</li> <li>• Develop roles to sustain workforce &amp; support new models of care</li> <li>• Support team morale in core impact services by focusing on what our people tell us matters to them</li> </ul>
Ensuring innovative & sustainable care	<p>Deliver within our financial allocation for 22/23</p> <p>Sustainable, consistent emergency care</p>	<ul style="list-style-type: none"> <li>• Deliver financial plan of deficit £7.1m</li> <li>• Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients</li> </ul>
Improving the health of our communities	<p>Active preparatory work on data quality and public health priorities in East Sussex</p>	<ul style="list-style-type: none"> <li>• <i>There are no priorities in 2022/23</i></li> </ul>

# Collaborating to deliver care better

The effectiveness of collaboration will drive the pace of change in East Sussex. In 2022/23 We will ensure that our internal processes are effective, and we also recognise that perhaps the greatest challenge in East Sussex is how we work together to ensure patients are getting the right care in the right place. Our priorities reflect these two imperatives over this coming year.



Business priority	Actions/projects/programmes	Measures of success
Deliver 104% of our 19/20 activity baseline in order to achieve national care standard	<ul style="list-style-type: none"><li>• Open day case theatres at EDGH</li><li>• Reopen theatres 5 and 8 at CQ by June</li><li>• Productivity plan monitoring/tracking</li><li>• Establish CDC (diagnostics) October 2022</li><li>• OPT transformation</li><li>• ENT system PTL (single view)</li></ul>	<ul style="list-style-type: none"><li>• 104% composite tracker</li><li>• By POD % vs plan</li><li>• 52ww in acute &amp; community</li><li>• Cancer waits</li></ul>
Limit the number of patients not meeting the criteria to reside to 50, in collaboration with key Place partners to maintain acute flow	<ul style="list-style-type: none"><li>• Establish virtual wards for level 4 patients</li><li>• Increase Home First community teams by funded FTEs to support enhanced dx</li><li>• Strengthen the transfer of care team</li><li>• Establish training/education support</li><li>• Identify and deliver additional system capacity (e.g. Devonshire as care home /alternative CH places)</li></ul>	<ul style="list-style-type: none"><li>• Weekend discharges</li><li>• Numbers of NCTRs</li></ul>

# Empowering our people

We cannot say often enough how challenging the last two years have been on our staff. Despite this pressure, our staff survey responses have been more positive than most other NHS Trusts. Our priorities seek to build upon this solid foundation; recognising the need to retain great people through good care and career development opportunities.

Empowering our people	Business priority	Actions/projects/programmes	Measures of success
	Identify new roles and how they can support existing functions	<ul style="list-style-type: none"> <li>Identify new roles that can support scarce skill / hard to fill areas</li> <li>Deliver new role programmes and modify workforce plans to embed them</li> </ul>	<ul style="list-style-type: none"> <li>New role incumbents actively being developed (by role)</li> <li>New roles in workforce plan and filled</li> </ul>
	Develop roles to sustain workforce & support new models of care	<ul style="list-style-type: none"> <li>Targeted recruitment into core impact areas/specialties</li> </ul>	<ul style="list-style-type: none"> <li>% of recruitment to posts advertised</li> </ul>
	Support team morale in core impact services by focusing on what our people tell us matters to them	<ul style="list-style-type: none"> <li>Professional development packages for staff seeking to enhance their careers within ESHT</li> <li>Team stability; minimise movement off-ward</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in turnover/ increase in retention rates for specific services</li> <li>% reduction in bank use on those areas targeted</li> <li>% of internal candidates successful in core impact services</li> <li>% rosters in ward areas completed at least 6 weeks ahead of time</li> </ul>

# Ensuring innovative & sustainable care

This priority focuses in 2022/23 on using new ways of working to deliver better and consistent results in how we treat urgent care cases. It also emphasises our need to live within our resource limits and continue to seek cost-effective ways of working.

Ensuring innovative & sustainable care	Business priority	Actions/projects/programmes	Measures of success
	Deliver financial plan of deficit £7.1m	<ul style="list-style-type: none"><li>Targeted CIP improvement</li><li>Review of additional in-year cost pressures</li><li>Delivery of elective plan (£ benefit)</li><li>Live within agreed budgets</li></ul>	<ul style="list-style-type: none"><li>% CIP vs plan</li><li>Additional CIPs identified in-year</li><li>Tracking 104% monthly (as per production plan)</li><li>Divisional budget review monthly</li></ul>
	Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients	<ul style="list-style-type: none"><li>Agree and embed process for ambulance handover</li><li>Emergency Dept development plan</li></ul>	<ul style="list-style-type: none"><li>60 min waits/30 min waits</li><li>Bed occupancy levels</li><li>Comparative position (top half of all reporting Trusts)</li></ul>

# Improving the health of our communities

Of our four strategic aims, this one focuses on the longer-term improvements to community wellbeing. Given the imperatives for 2022/23, there are no priority actions in this year associated with this aim.

Notwithstanding this, we are working with local authority and other partners to understand the public health priorities and the role that ESHT can play to shape these. We anticipate this will yield priority actions in 2023/24.

# **East Sussex Healthcare NHS Trust Divisional Business Plans 2022/23**

# 1. Introduction

As we emerge from almost two years of a pandemic, 2022/23 is a year replete with challenge; improving performance, maintaining a viable financial position, supporting our teams, and delivering high quality care for the people we serve.

This challenge takes place within an operating environment which also looks very different from that of two years ago; the Health and Care Bill has placed a duty to collaborate upon providers, and the arrangements for commissioning care have been replaced by an integrated care board, known locally as NHS Sussex, which will oversee performance for the whole of the county. East Sussex will have more local structure organised through 'Place' bringing partners from multiple sectors together to strengthen integrated care – something East Sussex has been developing for some time already.

For this reason, we have departed from the previous "plans on a page" and sought to show in greater detail how our operational teams are structuring their approaches, as individual Divisions accountable for their performance but also collectively given the level of interdependence and collaboration required to deliver on our shared ambitions as an organisation.

## 2. Working together

### Overarching Trust Priorities

The Trusts annual business plan has been developed with input from a wide range of stakeholders across the Trust, and ensures that plans across the Trust consider and include the following:

- Improving quality, safety, and outcomes for patients.
- Organisational aims and strategic direction
- National and local (ICS) planning priorities and deliverables
- Meeting and maintaining national constitutional standards
- Outpatient transformation (including virtual / PIFU / OP activity requirements)
- Elective recovery (inc. delivery of agreed access standards / trajectories and plans for elective hub, day case and HVLC)
- Cancer recovery (inc. delivery of required access standards / trajectories and national planning requirements)
- Community Integration (including virtual wards)
- System transformation programmes (where applicable; e.g. MSK, ENT, Urology)
- BFF and transformation plans
- GIRFT and Model Hospital
- Digital innovation (inc. embedding ESHT Foundry – Elective Care Co-ordination)

Each of the six operational divisions have developed their plans with the above considerations in mind, ensuring that there is a golden thread throughout planning across the Trust, and that the divisional priorities have the organisational priorities implicit within them.

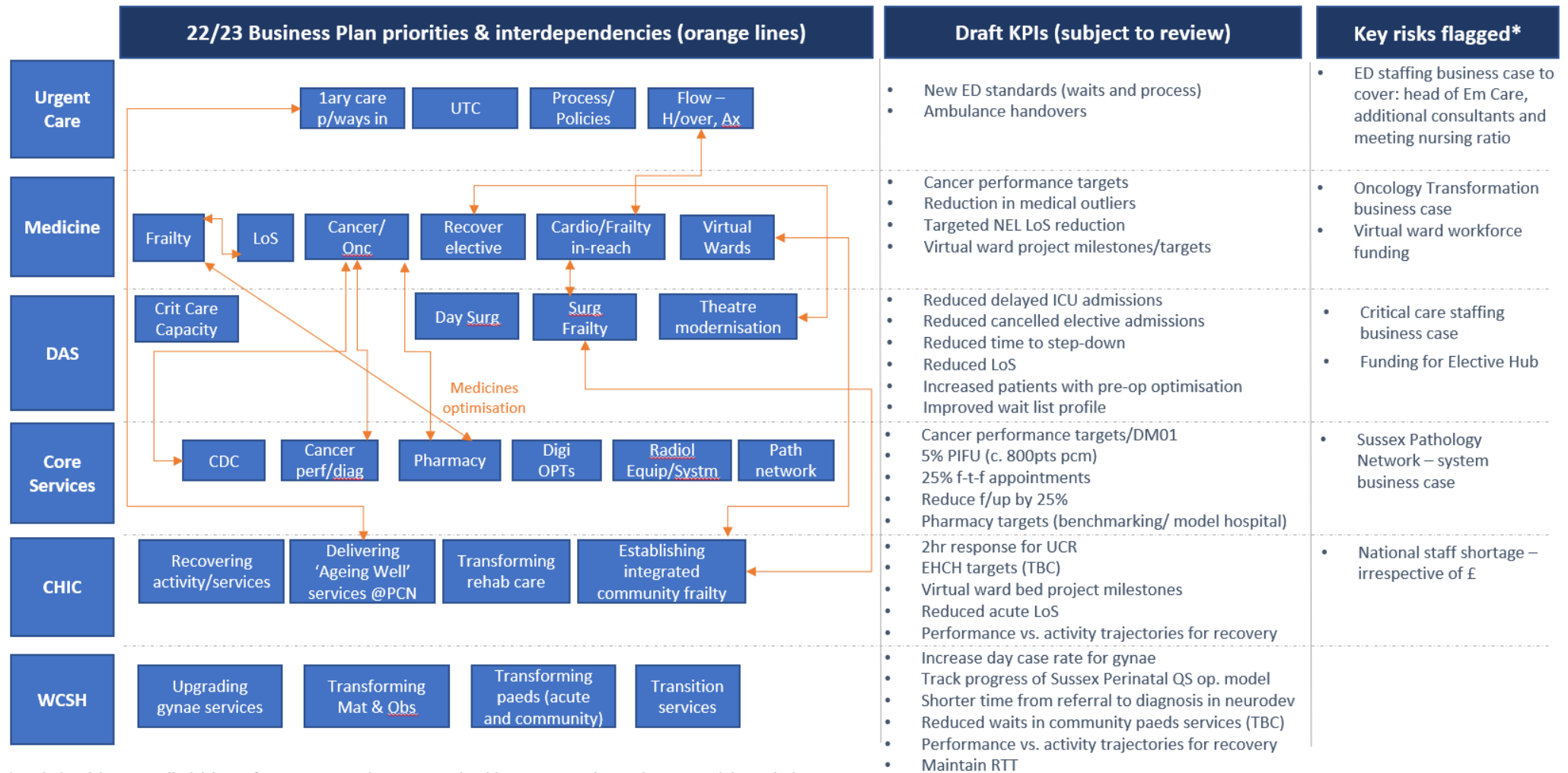
22/23 annual priorities have been selected to maximise delivery against the above considerations in year and lay the groundwork that we need to bridge annual delivery with longer term aspirations and strategic direction.

Each priority has suggested KPIs (subject to review) linking divisional priorities to the Trust's overall objectives and providing a means of tracking and monitoring against the priorities as the year progresses.

Consideration has also been given for cross-divisional working, ensuring that plans across division are aligned where they need to be in order to work collectively on achieving their aims.

The overall Trust business plan, KPIs and risks is summarised in the graphic on the following page.

## Trust 22/23 operational business plan summary



\* Excludes risk across all Divisions of gap to CIP requirement. Further ideas to come via Northgate, Model Hospital, GIRFT etc.

### 3. Strategic aims and annual plan targets

Divisional ambitions over 2022/23 have been triangulated with our strategic aims as well as annual plan requirements so that the collective Divisional priorities (shown on page four) are consistent with the direction in which the Trust is seeking to move over the coming five years, while also focused on the in-year system 'must-dos'.

Trust 22/23 Priorities	Urgent Care	Medicine	Surgery & Anaesthetics	Core Services	WCaSH	CHIC
Deliver 104% of our 19/20 activity baseline Limit patients not meeting the Criteria to Reside to 50 to maintain acute flow	Review Primary Care Pathways Increase UTC Activity	Recovery of elective pathways Virtual Wards Best@Frailty Cancer pathways and oncology	Managing Critical Care capacity Day surgery programme Surgical Frailty Theatre modernisation	Sustain cancer delivery Outpatient Transformation Radiology Modernisation CDC	Upgrading Gynae (ind day case) Paediatric Transformation – Acute & Community	Recovery of services Aging Well Rehab Transformation Integrated Frailty (incl. Virtual Ward) COVID services
Develop new roles to sustain our workforce & support new models of care Support team morale in core impact services by focusing on what our people tell us matters to them	New roles - advanced practitioners Staff morale	Staff morale Targeted new roles (e.g. Oncology)	New roles – e.g. Frailty and Critical Care optimisation	New role development (reporting radiographers) Recruitment improvement (USS)	New roles in acute & community paed	New roles – in particular virtual wards and UCR AHP/Specialist services
Deliver financial plan deficit of £7.1m Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients	CIPs Improve ED Flow ED Internal Processes	CIPs Patient Flow	CIPs Elective activity trajectory	CIPs Pharmacy (ePMA, support target areas)	CIPs	CIPs Admission avoidance from the above
No priority metrics for 22/23, tracking priority transformation milestones only	No priority milestones	Cardiology Transformation Unscheduled care transformation Frailty is everyone's business	Elective Hub business case Ophthalmology Transformation	Sussex Pathology Network	Maternity & Obstetric transformation Transition age services	Anticipatory care MSK ICS workstream

What follows for each Division has been informed by their senior teams and the format is the same for each Division and covers:

- Divisional in-year priorities
- Fit with ESHT Strategic Aims and Enabling Strategies
- Activity trajectory
- Budget 2022/23
- Workforce plan

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# **Urgent Care Division**

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## **Business Plan**

2022/23

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# Urgent Care Priorities

Each of the divisional priorities are given in detail below, along with key interdependencies and enablers, and suggested KPIs.

## 1. ED Internal Processes

- Review of board rounds, Streaming pathways, admission policy & digital implementation

## 2. Review of Primary Care Pathways

- To manage post COVID ED presentations, and to support turnaround & discharge of patients in the UTC

## 3. Increase UTC Activity

- Consistently achieve 50-60% of activity, in commissioned hours, through the UTC with 70% being the long-term ambition.
- Improve the use of LIVI,
- Introduce e-triage
- Launch pharmacy redirection

## 4. To improve flow within ED

- Implement rapid assessment in ED.
- Improve ambulance handovers
- Improve 12 hours waits.
- Adopt the Clinical Review of Standards (New UEC Metrics) ahead of national launch date

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• ED Standards</li> <li>• Ambulance Handover Times</li> </ul> <p><b>Monitoring:</b></p> <ul style="list-style-type: none"> <li>• Revision of IPR slides to provide monthly oversight</li> <li>• Weekly Urgent Care Leadership meeting</li> <li>• LAEDB</li> </ul>	<ul style="list-style-type: none"> <li>• Divisional Specialties – In reach and Streaming</li> <li>• Frailty Model</li> <li>• Work closely with Primary Care</li> <li>• Work with SECamb</li> </ul>	<ul style="list-style-type: none"> <li>• ED Staffing Business Case</li> </ul>

# Urgent Care Strategy

## 1. Our 5 year Strategy

- 1.1. Our goal is to create modern, pandemic resilient services on 2 sites that are sustainable in the face of rapidly growing demand and shaped to the strengths of our hospitals. Post-COVID we must also accommodate a significant increase in demand – albeit of a changing mix.
- 1.2. Over the next 5 years we want to move to a model that will then be fully enabled through our BFF New Hospital Development programme and within a redesigned ‘Emergency Floor’.
- 1.3. Working on the Trust clinical strategy, we identified key strategic ambitions for our division:
  - Ensure we have 2 sustainable Emergency Departments within 2 Emergency Floors – one at CQ and one at EDGH (that fit with the strengths of those hospitals)
  - Optimise our ‘primary care’ offer (e.g. UTC) – particularly at EDGH
  - Modernise the internal clinical/streaming model – for fastest possible access to the most appropriate next step for patients (Manchester model)
  - Expand the range of professional capabilities to enable the new models, better flow and cohorting and more cost-effective delivery (e.g. AHPs/Paramedics/Nurse Practitioners)
  - Fully exploit digital infrastructure – to go paperless and for LEAN processing
  - Easier, seamless and quicker interaction with colleagues (internal and external) at each end of our Front Door (specialties, CHIC, Mental Health, Primary Care)

## 2. Enabling Strategies

- 2.1. Our strategy is particularly relevant to core statement 4 in our clinical strategy  
***“Playing to the Strengths of our two main acute sites”***
  - The strategic ambitions above are repeated within the Clinical Strategy – noting that the balance and profile of specific cohorts will be different at CQ vs EDGH.
- 2.2. Success will also depend on key aspects of our enabling strategies
  - From the digital strategy – making best use of Nervecentre is critical, deploying e-Consult is a key milestone and in due course how we make use of the Trust’s planned new EPR system and opportunities for virtual interaction.
  - Estates are a key enabler for us in the short term – our current footprints do not suit the proposed models and long term BFF will be a key enabler for the service model we are developing and for how we handle ‘primary care/UTC’ attendances
  - The People Strategy is also critical for us – we need to expand non-medical and new roles, provide career progression for them (and be able to train our own) and staff wellbeing will be important given the pressure our departments are facing.

### 3. What will success look like in 22/23:

3.1. The priorities we have set out for the coming year (some will be multi-year changes) are part of the Elective Care Transformation programme and contribute to the Trusts 4 key strategic aims in the following way:

Strategic Aim	Trust 22/23 Priorities	Divisional Priority Projects / Programmes	Local Metrics
<b>Collaborating to deliver care better</b>	<ul style="list-style-type: none"> <li>Deliver 104% of our 19/20 activity baseline</li> <li>Limit patients not meeting the Criteria to Reside to 50 to maintain acute flow</li> </ul>	<ul style="list-style-type: none"> <li>Supporting Virtual Wards</li> <li>Admission policy review &amp; Admission avoidance</li> <li>Ambulance handover process and staffing</li> </ul>	<ul style="list-style-type: none"> <li>N-CTR 'run rate'</li> <li>Use of Virtual Ward beds</li> <li>Ambulance handover</li> </ul>
<b>Empowering our People</b>	<ul style="list-style-type: none"> <li>Develop new roles to sustain our workforce &amp; support new models of care</li> <li>Support team morale in core impact services by focusing on what our people tell us matters to them</li> </ul>	<ul style="list-style-type: none"> <li>New role development in department – e.g. ambulance handover, develop advanced practitioners</li> <li>Staff morale</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment to target roles</li> <li>Retention in general</li> <li>Staff survey</li> </ul>
<b>Ensure Innovative &amp; Sustainable Care</b>	<ul style="list-style-type: none"> <li>Deliver financial plan deficit of £7.1m</li> <li>Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients</li> </ul>	<ul style="list-style-type: none"> <li>CIPs</li> <li>In-reach from specialties</li> <li>E-streaming, digital implementation, board round</li> <li>Primary Care Pathway review</li> <li>Increase alternatives (e.g. Livi, pharmacy redirect)</li> <li>UTC increase</li> </ul>	<ul style="list-style-type: none"> <li>CIPs &amp; Financial Trajectory</li> <li>New ED standards (15, 30, 60min)</li> <li>Increase UTC use to 60%</li> <li>Increase redirect %age (livi, pharmacy, own GP)</li> </ul>
<b>Improving the health of our communities</b>	<ul style="list-style-type: none"> <li>No priority metrics for 22/23, tracking priority transformation milestones only</li> </ul>	<ul style="list-style-type: none"> <li>No priority milestones</li> </ul>	<ul style="list-style-type: none"> <li>No Metrics</li> </ul>

## Urgent Care Activity

POD	19/20 Actual (M1-M11)	March 2020 (counterfactual s)	Baseline	Baseline (working day adjusted for 22/23)	21/22 Actual (M1-M9)	Baseline M1-M9 (working day adjusted for 21/22)	Predicted 21/22 Outturn (% of 19/20 Baseline)	22/23 Growth Requirement	22/23 Requirement	Predicted 21/22 Outturn	Activity Increase Required for 22/23 Requirement (%)	Additional Activity Required
ElectiveIP	2	-	2	2	-	1	0%	-	0	-	-	2
NonElective	8,876	884	9,760	9,735	8,336	7,404	113%	292	10,028	10,961	-9%	933
A&E 1-4	127,429	12,119	139,548	139,185	114,601	105,811	108%	18,094	157,279	160,291	-2%	3,011
<b>Grand Total</b>	<b>136,307</b>	<b>13,003</b>	<b>149,310</b>	<b>148,923</b>	<b>122,937</b>	<b>113,216</b>	<b>109%</b>	<b>18,386</b>	<b>167,309</b>	<b>171,252</b>	<b>-2%</b>	<b>3,943</b>

## Urgent Care Budget

Reporting Division	ES4 Description	Pay Sum of Annual Budget	Non Pay Sum of Annual Budget	Divisional Income Sum of Annual Budget	Total Annual Budget	Total FTE Budget
Urgent Care	Emergency Care	23,230,151	1,057,968		24,288,119	419.22
	Management	333,699	24,063	(9,460)	348,302	23.09
<b>Urgent Care Total</b>		<b>23,563,850</b>	<b>1,082,031</b>	<b>(9,460)</b>	<b>24,636,421</b>	<b>442.31</b>

- The budgets do not currently include any expectation for WLI, insourcing or outsourcing.

## Urgent Care Workforce

Urgent Care Workforce Planning	Establishment	Plan	Plan	Plan	Plan	Plan	Establishment	End of year Establishment - End of Year WTE	End of Year WTE - Start of year WTE
	2021/2022	Staff in post	As at the end	As at the end	As at the end	As at the end	2022/2023		
	Year End (31st March 22)	outturn	of Jun 22	of Sep 22	of Dec 22	of Mar 23	31st March 23		
	Budget	Usage	Usage	Usage	Usage	Usage	Budget		
Substantive	405.3	289.4	291.8	291.8	295.9	294.8	405.3	110.5	5.5
Bank	32.9	41.9	65.7	43.3	37.4	42.6	32.9	-9.7	0.7
Agency		24.0	25.8	22.9	24.2	32.0		-32.0	8.0
Workforce Pipeline	7.60	8.6	8.6	8.6	8.6	8.6	8.2	-0.4	
<b>Total Workforce</b>	<b>445.8</b>	<b>363.8</b>	<b>391.9</b>	<b>366.7</b>	<b>366.1</b>	<b>378.0</b>	<b>446.4</b>	<b>68.4</b>	<b>14.2</b>
<b>Total Workforce (Substantive, Bank, Agency) by Staff Group</b>									
Administrative and Clerical	46.8	43.9	44.2	44.1	42.7	42.9	46.8	3.9	-1.0
Estates and Ancillary	5.0	6.0	6.0	6.0	6.0	6.0	5.0	-1.0	
Additional Clinical Services	80.8	78.1	76.6	69.7	63.5	62.6	80.8	18.2	-15.5
Allied Health Professionals	7.0	5.3	5.3	5.3	5.3	5.3	7.0	1.7	
Medical and Dental	118.5	126.2	113.3	101.5	106.9	118.0	119.1	1.0	-8.2
Nursing and Midwifery Registered	187.8	145.3	146.5	140.1	141.7	143.2	187.8	44.5	-2.1
Add Prof Scientific and Technic									
Healthcare Scientists									
Students									
Other									

Currently both emergency departments and urgent treatment centres are staffed under the national recommendations, this directly impact the ability for both services to provide safe and effective care to our patients as well as a safe environment for our staff.

The following page details the gap in staffing and the requirement to address this significant safety issue in the final year 2022/23, the requirements are in addition to the H2 ICS front door funding of £2,627,228.

## Non-Medical Registrants - Requirement Per Site

Role	Band	FTE needed on Shift	FTE needed in Budget	CONQUEST SITE			
Nurse in Charge	7	3	16.2	Band	FTE in Budget	Gap in Budget	Estimated FYE
Rapid Assessment Lead Nurse				7	7.45	8.75	£580,912.41
Triage Lead Nurse				6	22.87	14.93	£759,663.33
Paediatric Nurse x2	6	7	37.8	5	44.52	14.88	£504,541.52
Majors Co-ordinator				Total	74.84	38.56	£1,845,117.26
UTC Co-ordinator				* This includes funds provided by the ICS for H2 to support UTC activity			
Resuscitation Practitioner x2	5	11	59.4	EASTBOURNE SITE			
Rapid Assessment				Band	FTE in Budget	Gap in Budget	Estimated FYE
Cubicle 1-3 Nurse				7	7.05	9.15	£607,468.41
Cubicle 4-6 Nurse				6	22.81	14.99	£762,716.23
Cubicle 7-9 Nurse				5	44.8	14.60	£495,047.46
Cubicle 10-12 Nurse				Total	74.66	38.74	£1,865,232.10
Cubicle 13-15 Nurse				* This includes funds provided by the ICS for H2 to support UTC activity			
Ambulance Handover							
Clinical Decision Unit Bay 1							
Clinical Decision Unit Bay 2							
Resuscitation Nurse							
Triage Nurse							
Transfer Nurse							
Total		21 FTE	113.4 FTE				

## Medical Staff and Operational Staff - Requirement Per Site

Role	Band	Current FTE	FTE needed in Budget	Gap in Budget	Estimated FYE
Consultants	n/a	13 FTE Across Site	20 FTE	<b>7 FTE</b>	<b>£1,320,931.36</b>
Registrar level doctor	n/a	26.43 FTE Across Site	30 FTE	<b>7.5 FTE</b>	<b>£942,090.90</b>
Advanced Care Practitioners	8a	10 FTE Across Site	15 FTE	<b>5 FTE</b>	<b>£373,532.90</b>
Emergency Care Practitioners	7	26.13 FTE	32.4 FTE	<b>6.2 FTE</b>	<b>£411,617.94</b>
Play Therapist	5	0 FTE	5.4 FTE	<b>5.4 FTE</b>	<b>£183,099.74</b>
Clinical Orderly	2	4 FTE	12 FTE	<b>8 FTE</b>	<b>£240,514.40</b>
Quality Support Officer	4	1 FTE	2 FTE	<b>1 FTE</b>	<b>£30,816.00</b>
Operational Lead	8a	0 FTE	4 FTE	<b>4 FTE</b>	<b>£298,826.32</b>

Full year affect required (estimated) to achieve safe minimum staffing levels for areas other than “nursing” ratios and to meet national requirements: £3,801,429.56

Full year affect (estimated) for both elements £7,511.778.92 (Including front door model)

Part year affect (estimated) £4,698,618.25 (Including front door model) based on 25% For M1-M5, 50% For M6 – M9 and 100% for M10 – M12

# Efficiency Plan – Emergency Care 22/23

CIP Summary in year	£'000				
Programme	Target 22/23*	Rec	Non-rec	Total	Gap
Emergency Care	649.0	745.3	2.2	747.5	(98.5)
Management	24.2	-	-	-	24.2
	673.1	745.3	2.2	747.5	(74.3)

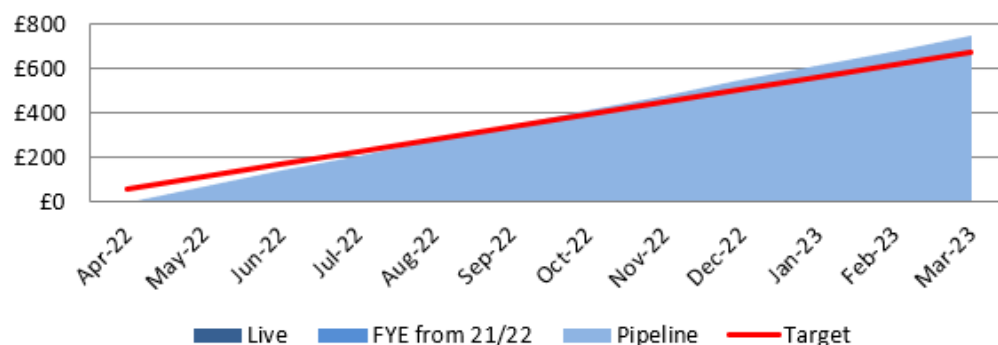
\*to be confirmed

Cost Out/Reduction Efficiency - Highest Value Identified Schemes		
Top 5 Schemes by value	Value	Rec/Non-Rec
Prescription Booths Contract Saving	2.2	Non-Rec
Reduced Admin for Internal referrals	3.9	Rec
Reduction of Triage Nurse Resource (pipeline scheme)	730.47	Rec
Overtime to Bank (pipeline scheme)	10.95	Rec

The following areas are being looked at to address the gap:

- Reviewing productivity, including the benefits of Nerve Centre business case.
- Introduction of further controls over investigations for patients requested by ED.
- Progressing pipeline and ideas listed on slides 2 and 3.

Efficiency Plan - Emergency Care 22/23



Challenges to Delivery	
Description	Mitigations

Key Enablers	
Enabler	Interdependencies

# Efficiency Plan –Emergency Care 22/23

## Approved Schemes

Project Ref	Project Name	Project Description	Project Owner	Progress RAG	Financial Benefit RAG	22/23 YTD £'000			22/23 FYE £'000		
						Plan	Actual	Variance	Plan	Forecast	Variance
ED059	Prescription Booth Contract Saving	Prescription Booth Contract Saving	Paul Cloves	G	G	0.359	0.359	0.00	2.16	2.157	0.00
ED068	Reduced Admin for Internal Referrals	To reduce the administrative burden relating to referrals to hot clinics from ED's, through specialty access to <u>NerveCentre</u> , reducing the required number of Bank staff hours.	Paul Cloves	G	G	0.49	0.49	0.00	2.16	2.157	0.00
Totals						0.85	0.85	0.00	4.31	4.31	0.00

## Pipeline Schemes

Project Ref	Project Name	Project Description	Project Owner	Estimated Value 22/23 £'000	Estimated Full Year Value £'000	Benefits start date	Next Steps
IDED066	Reduction of Triage Nurse Resource	With the implementation of e-consult and the digital streaming, it is expected there will be a reduction in triage nurse resource required, reducing dependence on bank.	Paul Cloves	730.47	796.90	May-22	Go live of e-triage (dependent on Digital). Resolution of route to efficiency capture.
IDED064	Overtime to Bank	To bring levels of nursing overtime at Conquest ED into line with those at EDGH.	Paul Cloves	10.92	10.92	May-22	Divisional and FBP approval of PID
				741.39	807.82		

# Efficiency Plan –Emergency Care 22/23

## Ideas

Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
IDED069	Reduction in EMIS licences	Revision to working practice in UTC, facilitating reduction in licences from 10 to 5.	Paul Cloves	Financial	Internal review of licence usage
IDED049	Admin review (Nervecentre)	Potential reduction in administration (pay and non-pay costs) following full implementation of <u>NerveCentre</u> in ED's.	Paul Cloves	Financial	Analysis of activity vs admin workforce, and of non-pay spend pre and post implementation of NC.
IDED050	Private Ambulances	Planned reduction in use of private ambulances	Paul Cloves	Financial	Potential introduction of transport hub to manage the process - to be explored
IDED055	Taxi usage	Review of use of taxi's for transport of patients home from ED	Paul Cloves	Financial	Potential introduction of transport hub to manage the process - to be explored
IDED056	Digitalisation: clinical time	Review of efficiency of use of clinical time following implementation of NerveCentre in ED's	Paul Cloves	Non-Financial	Reperformance of time & motion study (11 minutes now reduced?), using new SEDIT calculation tool.
IDED057	ED Bloods	Reduction in blood tests requested by ED's. Efficiency benefits to be seen in pathology.	Paul Cloves	Non-Financial	Care group access to be restricted.
IDED058	ED Imaging	Reduction in imaging requests made by ED's.	Paul Cloves	Non-Financial	Care group access to be restricted.
IDED061	Consolidation of stock in store room	Consolidation of stock in store rooms	Paul Cloves	Financial	<u>MatMan</u> Stock/heatmap review.
IDED067	Reduction of bank support in reception	Once e-triage is in place, GP letters will be automated, reducing the reliance on bank support in reception	Paul Cloves	Financial	To follow implementation of <u>eTriage</u> (dependent on Digital).
IDED070	Reduction in middle grade	Reduction in spend on middle grade doctors (originally from October 2021).	Paul Cloves	Financial	To be captured as run rate reduction. Calculation of benefits to be provided by FBP
IDED071	Reduction in missed fractures	Potential reduction in claims made by patients for fractures missed on x-rays in ED's, using Medical Imaging AI.	Paul Cloves	Financial	Activity volume to be investigated. Potential benefits to be calculated.
IDED073	Physician Associate posts	Introduction of physician associates, functioning at SHO level, bringing a more sustainable team.	Paul Cloves	Financial	FBP to work with Clinical Lead to develop potential opportunity

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# **Medicine Division**

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## **Business Plan**

2022/23

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## Medicine Division Priorities

Each of the divisional priorities are given in detail below, along with key interdependencies and enablers, and suggested KPIs.

### Medicine business planning priorities summary

- Quality and safety, and workforce wellbeing is an integral part of the Medicine business plan
- Continue to prioritise our patients and our staff, being conscious that without an engaged and happy workforce we can't provide the high quality care for our patients that we aspire to.
- Importance of cross divisional working
- Working with urgent care and CHIC to meet ED quality standards
- Virtual wards
- BFF unscheduled care.
- Medical day unit
- Importance of embedding research throughout the division to drive up quality of care provided

#### 1. Patient Flow

- Medicine are committed to improving patient flow, and during 22/23 we will target the bed gap by reducing length of stay during non-elective care episodes. Including planning for winter / COVID surge.
- We will support mechanisms that avoid admission with colleagues in Urgent Care, Community, Primary and Social Care.
- Collaboration between ASC and divisions (including ED, Surgery and Medicine) to optimise pathways which include multiple specialty input, and those who have no need for an acute medical bed (linked with BFF Unscheduled Care plans).
- Specialty in-reach into Urgent Care will be developed to include support for virtual, next day/hot clinic alternatives to admission – such as Cardiology and Frailty models.
- Reduce LOS by enhancing pathways within medicine, and working with community colleagues to improve exit routes for complex pts.
- To further investigate the implementation of an infusion / medical day unit which will support elective delivery and non-elective flow.
- Improve recruitment and retention, and develop workforce models to best utilise skill mix within all medical specialties. Designing and developing new roles that enable alternative delivery models

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>Reduction in LoS</li> <li>Contribute to ED Standards</li> </ul>	<ul style="list-style-type: none"> <li>Cross divisional collaboration on pathways</li> <li>Working closely with Adult Social Care</li> <li>Redesign exit routes with community colleagues.</li> </ul>	<ul style="list-style-type: none"> <li>HR – recruitment and retention / skill mixing</li> </ul>

## 2. Recovery of Elective Pathways

- Key to our plans to deliver the recovery of elective services in 22/23 is the ongoing work on the transformation of outpatients in all specialties which will enable us to deliver constitutional standards and national planning targets and eliminate patients waiting greater than 52 week waits.
- Pathway improvement will also enable freeing up of non-elective capacity by ensuring optimisation of planned care pathways within medicine.
- Develop plans for a Medical Day Unit to further optimise medical pathways, including improving Chemotherapy and Same Day Emergency Care pathways.
- To complete Cath lab refurbishments and conclude the Cardiology Transformation consultation process.
- Improve recruitment and retention, and develop workforce models to best utilise skill mix within all medical specialties. Designing and developing new roles that enable alternative delivery models.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>National Constitutional Standards</li> <li>Reduction in Waiting Times</li> <li>DM01 Diagnostic Targets</li> <li>National Planning Targets <ul style="list-style-type: none"> <li>Elective Activity / Virtual / A&amp;G / PIFU</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Core Services – Work with core services to improve diagnostics requests / right size diagnostic capacity, and deliver Outpatient Transformation.</li> </ul>	<ul style="list-style-type: none"> <li>HR – recruitment and retention / skill mixing.</li> </ul>

## 3. Cancer Pathways and Oncology

- 22/23 will see the implementation of Phase Three of the oncology transformation programme, which will deliver:
- Expanded skill mix of the cancer MDTs by introducing Oncology physician associates and an Oncology co-Ordinator with the support of funding from the Surrey and Sussex Cancer Alliance and a reduction in the UHS SLA following the departure of two UHS physician associates.

- These posts will support the final transition to consultant led, MDT delivered pathways (CNS, pharmacists and physician associates).

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• Support 62 Day Target &amp; Access Reqs</li> <li>• National Planning Targets</li> <li>• Internal Agreed Trajectories</li> </ul>	<ul style="list-style-type: none"> <li>• Core Services – to work with Core Services to deliver Faster Diagnostics targets</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of the Medical Day Unit</li> <li>• Oncology Day Unit Capacity</li> <li>• Service Level Agreement with UHS</li> </ul>

#### 4. Virtual Wards

- Medicine will work with CHIC to deliver virtual wards, which will enable patients to move out of the acute bed base, thereby assisting patient flow
- Virtual wards will enable admission avoidance, a reduction in (the acute element of) LoS, and contribute towards closing the bed gap.
- Virtual ward models will be developed and implemented, with focus on rolling these out for the following specialties:
  1. Cardiology (Heart Failure)
  2. Respiratory
  3. Frailty (with CHIC)

KPIs (subject to review)	Interdependencies	Enablers
<b>Contribute to:</b> <ul style="list-style-type: none"> <li>• 100 virtual ward beds by Dec 22 (ESHT)</li> <li>• 240 virtual beds by Dec 23 (ESHT)</li> <li>• Reduction in (acute) Length of Stay</li> </ul>	<ul style="list-style-type: none"> <li>• Close working with CHIC</li> </ul>	<ul style="list-style-type: none"> <li>• Finance agreement</li> <li>• Digital – Remote Monitoring and Virtual Ward Hub</li> <li>• Workforce – To be agreed as part of model / funding</li> <li>• Estates – Monitoring hub and teams</li> </ul>

#### 5. Best at Frailty

- Medicine are committed to continuing to develop and embed improvements in frailty care, including working with Urgent Care to identify early intervention where possible to avoid admission, reduce length of stay and improve outcome for frail patients
- Part of this will include the development of Frailty Virtual Ward models (in collaboration with CHIC division and commissioners).
- Frailty Medicines Optimisation (with Pharmacy) will support the overall frailty programme (inc. community / primary)
- Surgical Frailty Liaison (Links with Surgical Frailty Model)
- Making Frailty Everybody's Business – Development of a training programme to raise the awareness and improve the care of frail patients across all areas of the Trust, including online resources.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• Reduction in LoS</li> <li>• Reduction in Medical Outliers</li> <li>• Reduction in Patient Deconditioning (TBC)</li> <li>• Virtual Ward Targets</li> </ul>	<ul style="list-style-type: none"> <li>• Pharmacy – Medicine Optimisation</li> <li>• DAS – Surgical Frailty Liaison</li> </ul>	<ul style="list-style-type: none"> <li>• Estates – Identify Footprint for Frailty patient cohort to enable improvement of deconditioning.</li> <li>• Funding for Virtual Wards</li> </ul>

# Medicine Division Strategy

## 1. Our 5 year Strategy

- 1.1. Medicine's contribution to the Trust's strategy, our clinical strategy and our enabling strategies is central to the Trust's success.
- 1.2. We have an immediate challenge to address high growth in non-elective demand, ensure cancer and RTT pathways are delivered in timely fashion and along with that help with the Trusts ambition to 'shift' more work from the acute hospital to community-based settings to tackle the hospital bed 'gap'.
- 1.3. Medicine are committed to improving patient flow, and will aim to close the bed gap by admission avoidance and reducing length of stay during non-elective care episodes. Including robust annual planning for winter, and respiratory and seasonal viral surges.
- 1.4. To agree the model of care for Cardiology, ensuring that the workforce, estates and equipment are optimised to deliver a high quality and sustainable service, enabling us to work towards becoming a centre of excellence.
- 1.5. More than ever before we need to work closely with community colleagues, with urgent care teams and partners in primary care to deliver a more sustainable delivery model. Working with services on the clinical strategy identified key strategic ambitions for our division:
  - We must look to new roles and a modern workforce structure to sustain services
  - We must develop new ways to bring specialist capability closer to our front door – and work towards an operating model that will support our Emergency Floor ambitions for BFF
  - We need to develop integrated and virtual service models to increase the capacity of our constrained resources, support primary care, address inequalities and support our population before they need hospital-based services
    - Many of our specialties can see a long-term opportunity to deliver our capability further out into the community. It was a key feature in our strategy discussions, e.g. for Rheumatology, Gastro, Neurology, Diabetes, Endocrinology, in services where long term conditions are a key feature and as is the opportunity to pre-empt escalating need with proactive, integrated support
  - Virtual ward models are being developed and will be implemented, rolling these out across medical specialties.
  - Along with the above, our specialties need to develop models that allow closer working with patients and that give patients more control of when and where they access specialist support (e.g. Patient Initiated Follow Up, Patient Health Record, Patient Knows Best)
  - Frailty has a large impact on the population in our hospital specialties – with all the complexity and co-morbidity that brings. Frailty remains central to our strategy; we continue to aspire to be best at frailty within the Southeast.

- Further supporting the development and improvement of End of Life care provision throughout the Trust.
- Importance of embedding research throughout the division to drive up quality of care provided

## 2. Enabling Strategies

2.1. Our strategy is particularly relevant to core statement 4 in our clinical strategy

***“Playing to the Strengths of our two main acute sites”***, core statement 2

***“Developing condition-specific, integrated pathways - working collaboratively”*** and statement 6 ***“Incubating Innovation and Research”*** (e.g. to

move Frailty forward)

- We also need to work closely with developments in community-based services, including the Trust wide programmes for rehabilitation, discharge to assess and the trust’s strategy for Frailty

2.2. Success will also depend on key aspects of our enabling strategies

- Digital infrastructure improvements are particularly key for Medicine to support new approaches to integrate a virtual pathway design and collaboration with colleagues in East Sussex Place (e.g. electronic patient records, patient initiated follow up, virtual follow ups, virtual wards).
- The Trusts People strategy is also key to our success. Staff well-being is a priority for us after the experiences and challenges of COVID coupled with the current pressures. Longer-term new roles and career development are essential to transforming our approach to service delivery and increasing the capacity of Consultant-led services.

## 3. Our 22/23 strategic priorities in Summary:

Strategic Aim	Trust 22/23 Priorities	Divisional Priority Projects / Programmes	Local Metrics
Collaborating to deliver care better	<ul style="list-style-type: none"> <li>• Deliver 104% of our 19/20 activity baseline</li> <li>• Limit patients not meeting the Criteria to Reside to 50 to maintain acute flow</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual Wards &amp; Hospital Discharge programme</li> <li>• Frailty strategy (including integrated models)</li> <li>• Outpatient Transformation</li> <li>• ED In-reach</li> <li>• Infusion/Medical Day Unit (for elective activity)</li> <li>• Oncology Transformation Phase 3</li> </ul>	<ul style="list-style-type: none"> <li>• Meet Elective activity plans</li> <li>• NEL LoS</li> <li>• N-CTR &amp; MRD ‘run rate’</li> <li>• Use of Virtual Ward beds</li> <li>• Waiting times (incl. Cancer)</li> </ul>
Empowering our People	<ul style="list-style-type: none"> <li>• Develop new roles to sustain our workforce &amp; support new models of care</li> <li>• Support team morale in core impact services by focusing on what our people tell us matters to them</li> </ul>	<ul style="list-style-type: none"> <li>• Designing and developing new roles to optimise skill mix and delivery new models – e.g. oncology</li> <li>• Improve recruitment &amp; retention</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment rate in targeted new roles</li> <li>• Retention rate</li> <li>• Staff Survey</li> </ul>
Ensure Innovative & Sustainable Care	<ul style="list-style-type: none"> <li>• Deliver financial plan deficit of £7.1m</li> <li>• Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients</li> </ul>	<ul style="list-style-type: none"> <li>• CIPs</li> <li>• Escalation reduction (see N-CTR above)</li> <li>• ED In-reach/AMU in-reach (as above) to support ED flow</li> </ul>	<ul style="list-style-type: none"> <li>• CIPs &amp; Financial Trajectory</li> <li>• N-CTR/MRD levels</li> <li>• Time to specialist decision in ED</li> </ul>
Improving the health of our communities	<ul style="list-style-type: none"> <li>• No priority metrics for 22/23, tracking priority transformation milestones only</li> </ul>	<ul style="list-style-type: none"> <li>• BFF Unscheduled care design</li> <li>• Conclude cardiology consultation</li> <li>• Making Frailty ‘everybody’s business’</li> </ul>	<ul style="list-style-type: none"> <li>• No Metrics</li> </ul>

## Medicine Division Activity

POD	19/20 Actual (M1-M11)	March 2020 (counterfactuals)	Baseline	Baseline (working day adjusted for 22/23)	21/22 Actual (M1-M9)	Baseline M1-M9 (working day adjusted for 21/22)	Predicted 21/22 Outturn (% of 19/20 Baseline)	22/23 Growth Requirement	22/23 Requirement	Predicted 21/22 Outturn	Activity Increase Required for 22/23 Requirement (%)	Additional Activity Required
FA_OP	33,423	3,267	36,690	36,419	27,793	27,240	102%	1,457	37,876	37,108	2%	768
FUP_OP	111,370	10,326	121,696	120,709	98,771	90,488	109%	- 18,106	102,602	131,256	-22%	- 28,654
Daycase	19,130	1,780	20,910	20,738	14,932	15,643	95%	830	21,567	19,817	9%	1,750
ElectiveIP	1,162	95	1,257	1,245	424	973	44%	- 125	1,121	548	105%	573
NonElective	23,761	2,169	25,930	25,858	20,043	19,353	104%	776	26,634	23,900	11%	2,733
Diagnostic Tests	10,269	672	10,941	10,841	6,107	8,334	73%	1,204	12,046	7,944	52%	4,102
<b>Grand Total</b>	<b>199,115</b>	<b>18,309</b>	<b>217,424</b>	<b>215,810</b>	<b>168,070</b>	<b>162,032</b>	<b>104%</b>	<b>- 13,964</b>	<b>201,846</b>	<b>220,574</b>	<b>-8%</b>	<b>- 18,728</b>

## Medicine Division Budget

Reporting Division	ES4 Description	Pay Sum of Annual Budget	Non Pay Sum of Annual Budget	Divisional Income Sum of Annual Budget	Total Annual Budget	Total FTE Budget
Medicine	Acute Frailty	2,767,209	148,020		2,915,229	64.45
	Acute Medicine	11,022,476	246,504	(65,184)	11,203,796	255.05
	Cancer Services	287,788	696	-	288,484	6.08
	Cardiology	12,672,221	4,126,704	(34,164)	16,764,761	257.91
	Dermatology	862,005	688,047		1,550,052	13.07
	Diabetes & Endocrinology	2,366,802	77,580	(81,364)	2,363,018	32.54
	EDGH Escalation	1,838,018	93,362		1,931,380	48.78
	Elderly Care	13,095,968	535,692	-	13,631,660	297.70
	Endoscopy	238,099		-	238,099	4.72
	Gastroenterology	6,384,346	394,404		6,778,750	121.12
	Haematology	1,464,969	64,108	(148,503)	1,380,574	14.79
	Management	381,462	323,079	(221,991)	482,550	49.79
	Medical Management	1,316,444			1,316,444	18.23
	Neurology	1,337,353	290,508	-	1,627,861	15.76
	Oncology	3,326,469	1,642,155	(118,512)	4,850,112	77.03
	Palliative Care	1,148,770	113,939	(200,214)	1,062,495	16.58
	Respiratory	8,076,089	407,714	(25,346)	8,458,457	157.64
	Rheumatology	1,307,690	33,456	(30,004)	1,311,142	15.53
	Sleep	379,350	245,924		625,274	9.55
	Stroke	4,335,732	206,460	(8,952)	4,533,240	90.11
Medicine Total		74,609,260	9,638,352	(934,234)	83,313,378	1566.43

### Cost pressures

Division	Cost Pressure Narrative	£	WTE	Comment
Med	Oncology Nursing Service Capacity	250,040	3.0	
Med	Staff in post without budget	288,413	4.9	
Med	Dermatology Outpatients withdrawal of Phototherapy service	43,855	1.0	Budget transfer needed from Core

- The budgets do not currently include any expectation for WLI, insourcing or outsourcing.

## Medicine Division Workforce

Medicine Workforce Planning	Establishment	Plan	Plan	Plan	Plan	Plan	Establishment	End of year Establishment - End of Year WTE	End of Year WTE - Start of year WTE
	2021/2022	Staff in post outturn	As at the end of Jun 22	As at the end of Sep 22	As at the end of Dec 22	As at the end of Mar 23	2022/2023		
	Year End (31st March 22)	Q1	Q2	Q3	Q4	31st March 23			
	Budget	Usage	Usage	Usage	Usage	Usage	Budget		
Substantive	1,606.1	1,357.0	1,359.8	1,371.1	1,376.1	1,387.3	1,606.1	218.8	30.3
Bank	61.0	206.0	215.8	205.0	218.8	206.7	61.0	-145.7	0.7
Agency	5.8	34.6	32.6	49.8	27.4	40.3	5.8	-34.6	5.7
Workforce Pipeline	106.75	1.0	1.0	1.0	1.0	1.0	-44.9	-45.9	
<b>Total Workforce</b>	<b>1,779.6</b>	<b>1,598.6</b>	<b>1,609.2</b>	<b>1,626.9</b>	<b>1,623.2</b>	<b>1,635.3</b>	<b>1,627.9</b>	<b>-7.4</b>	<b>36.7</b>
<b>Total Workforce (Substantive, Bank, Agency) by Staff Group</b>									
Administrative and Clerical	91.8	79.3	79.0	82.0	78.2	79.6	86.6	7.0	0.2
Estates and Ancillary	35.2	27.2	27.0	27.2	26.6	26.4	31.7	5.3	-0.7
Additional Clinical Services	620.7	562.8	554.6	560.3	580.1	583.6	557.5	-26.1	20.8
Allied Health Professionals	6.0	6.5	6.5	6.5	6.5	6.5	6.0	-0.5	
Medical and Dental	282.9	288.8	276.1	293.0	269.0	269.7	260.2	-9.5	-19.2
Nursing and Midwifery Registered	710.9	632.8	637.2	628.7	635.3	642.6	653.8	11.2	9.8
Add Prof Scientific and Technic	4.2	6.6	7.1	7.6	5.9	5.2	4.2	-1.1	-1.4
Healthcare Scientists	27.6	21.6	21.6	21.6	21.6	21.6	27.6	6.0	
Students									
Other	0.3						0.3	0.3	

# Efficiency Plan – Medicine 22/23

CIP Summary in year	£'000				
Programme	Target 22/23*	Rec	Non-rec	Total	Gap
Acute Frailty	87.8	-	-	-	87.8
Acute Medicine	349.2	-	-	-	349.2
Cancer Services	5.8	-	-	-	5.8
Cardiology	473.2	-	-	-	473.2
Dermatology	33.2	-	-	-	33.2
Diabetes & Endocrinology	70.6	-	-	-	70.6
EDGH Escalation	107.0	-	-	-	107.0
Elderly Care	408.0	-	-	-	408.0
Endoscopy	10.9	-	-	-	10.9
Gastroenterology	194.0	-	-	-	194.0
Haematology	37.5	-	-	-	37.5
Management	98.7	-	-	-	98.7
Medical Management	12.2	-	-	-	12.2
Neurology	41.5	-	-	-	41.5
Oncology	128.9	801.4	-	801.4	(672.5)
Palliative Care	37.7	-	-	-	37.7
Respiratory	227.4	-	-	-	227.4
Rheumatology	36.2	-	-	-	36.2
Sleep	18.7	-	-	-	18.7
Stroke	125.6	-	-	-	125.6
	2,504.2	801.4	-	801.4	1,702.8

# Efficiency Plan – Medicine 22/23

## Cost Out/Reduction Efficiency - Highest Value Identified Schemes

Top 5 Schemes by value	Value	Rec/Non-Rec
Acute Oncology Nursing (pipeline scheme)	98	Rec
Oncology MDT Part 1 (pipeline scheme)	386.6	Rec
Oncology MDT Part 2 (pipeline scheme)	316.7	Rec

## Challenges to Delivery

Description	Mitigations
Increases in admissions	

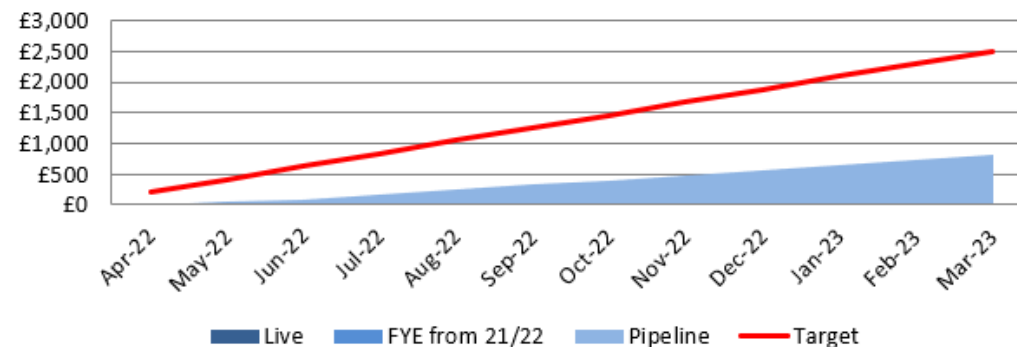
## Key Enablers

Enabler	Interdependencies
HR Support	

The following areas are being looked at to address the gap:

- Reviewing all SLA's to see if there are any opportunities
- Outpatient productivity, initially focusing on Frailty, Cardiology and Specialist Medicine.
- A review of non-pay expenditure lines
- A review of productivity metrics by specialty
- Exploring model hospital opportunities, starting with Cardiology
- Exploring research opportunities in Haematology
- Targeted approach to specialties in a more favourable position.
- Workforce efficiencies – undertake a line by line review as well as identify areas where run-rates could be reduced by employing substantive staff instead of high cost temporary staff.

## Efficiency Plan - Medicine 22/23



# Efficiency Plan – Medicine 22/23

## Pipeline Schemes

Project Ref	Project Name	Project Description	Project Owner	Value 22/23 £'000	Estimated Value Full Year £'000	Benefits start date	Next Steps
IDMED232	Acute Oncology Nursing	Additional income for introduction of nurse-led hot clinics activity	Therese Ademola - Imran Yunus	98.0	106.9	May-22	Query over additional income. Awaiting exec approval.
IDMED226	Oncology MDT part 1	Additional income for increased activity through provision of oncology follow ups in-house - 2 Band7 CNS's + pharmacist.	Therese Ademola - Imran Yunus	386.6	421.8	May-22	Query over additional income.
IDMED231	Oncology MDT part 2	Additional income for increased activity, and reduction in SLA (with UHSx), through provision of elements of SLA in-house through MDT work - 2 physician associates + support worker.	Therese Ademola - Imran Yunus	316.7	316.7	Jul-22	Query over additional income. Case for approval at BDG.

## Ideas

Specialty	Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
Acute Medicine	IDMED227	Medical Agency to Contract Saving	Recruitment to consultant post to save on agency consultant high costs.	Mandy Cottingham	Financial	Recruitment efforts continuing.
Acute Medicine	IDMED234	Acute Med Admissions Avoidance	Capture of A&G activity provided through the Professional Support Line, preventing emergency attendances/admissions/referrals.	Mandy Cottingham	Non-Financial	Commissioners exploring how to capture this A&G activity centrally.
Cardiology	IDMED135	Cath Lab Utilisation	Productivity: to better utilise cath lab resource through introduction of Labyrinth system.	Lesley Houston	Non-Financial	Action plan for implementation of Labyrinth system now produced. Timescales required. Update requested 19/04/22

# Efficiency Plan – Medicine 22/23

## Ideas (cont'd)

Specialty	Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
Cardiology	IDMED230	Cardio Echo Electronic IP Referral	Productivity: Potential for reduced Cardio LoS through new inpatient referral process, ensuring Improvement in completeness and appropriateness of referrals to cardiology for inpatients.	Lesley Houston	Non-Financial	Form being revisited w/c 28/3/22. Request For Work to be submitted to Digital team. Update requested 19/04/22
Cardiology	IDMED206	Echo Curtailed Clinics	Productivity: use of experienced echophysiologists and improved estates resource utilisation to undertake curtailed studies, increasing the number of patients seen in clinic.	Lesley Houston	Non-Financial	Vacant Echophysiologist post at CQ now out to advert - potential for delivery from May 2022.
Cardiology	IDMED134	Cardio Specialist Nurse Job Planning	Productivity: improved utilisation of available specialist nursing resource	Davina Toomey	Non-Financial	Update on progress from lead.
Cardiology	IDMED208	A&E Hot Clinics	Productivity: reduction in primary care referrals; improved patient experience; shortened pathway.	Lesley Houston	Non-Financial	Part of Cardiology Transformation; awaiting consultation report (expected June 22)
Cardiology	IDMED210	Cardiac Response Team EDGH	Productivity: to improve service to patients presenting at ED, and reduce ED staff workload.	Lesley Houston	Non-Financial	Part of Cardiology Transformation; awaiting consultation report (expected June 22)
Cardiology	IDMED194	Consultant Pharmacist Clinics	Productivity: inclusion of pharmacist on cardio MDT with an aim of reducing admissions for AF, and reducing readmission for heart failure patients. Requires investment	Lesley Houston	Non-Financial	Business Case to be further developed in context of potential bed base reduction and virtual ward work.
Diabetes & Endocrinology	IDMED203	Endocrinology PIFU	Productivity: To reduce the number of routine follow ups required through introduction of PIFU pathways.	Sarah Hollands	Non-Financial	Clinicians awaiting national development of endo PIFU pathways in 2022.
Diabetes & Endocrinology	IDMED212	D&E Inpatients Efficiency	Productivity: reduced LoS (potentially to be measured through Model Hospital).	Sarah Hollands	Non-Financial	Review of LoS data by Service Manager. Data shows LoS has increased from 1/1/19 to 31/12/21. Potential archive (to be agreed by Service Manager/ADO)

# Efficiency Plan – Medicine 22/23

## Ideas (cont'd)

Specialty	Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
Diabetes & Endocrinology	IDMED233	D&E Non-Pay Review	Review of non-pay expenditure.	Sarah Hollands	Financial	Integra and supply chain purchase report to e provided by Procurement mid-April
Elderly Care	IDMED209	Frailty Hot Clinics	Productivity: admission avoidance, improved patient experience and reduced LoS through use of Frailty Hot Clinics	Gemma Sheppard	Non-Financial	April update: no value in hot clinics are present time. Sufficient capacity in the existing service to see patients requiring urgent review.
Gastroenterology	IDMED184	Clinical Assessment Service	Productivity. To improve the management of referrals, ensuring patients are allocated to the most appropriate service/pathway in a more timely manner, improve the quality of service to patients and assist the service in managing and addressing the shortfall in appointments.	Jan Wolter	Non-Financial	Staff resource issues to be addressed to enable facilitation of CAS.
Haematology	IDMED223	Commercial Research Income	Potential for additional income through commercial research.	Imran Yunus	Financial	Case for recruitment of B6 Research Nurse to be developed. R&D input requested.
Medicine	IDMED132	Bed Modelling (Spec Med & Cardiology)	Productivity: improved utilisation of available beds	TBC	Non-Financial	
Medicine	IDMED053	Medical Elective Day Unit	A dedicated facility for infusions will reduce the need for patients to be taking up beds	Therese Ademola	Non-Financial	Business Case development (expected completion mid May 22)
Neurology	IDMED221	Neuro Electronic Inpatient Referral	Productivity: Potential for reduced Neuro LoS through introduction of new inpatient referral process	Nadia White / Shankar Nair	Non-Financial	LoS information obtained and shared with service manager 17/3/22. For Service Manager review. Query archive
Neurology	IDMED216	Neurology Hot Clinics	Productivity: admission avoidance, improved patient experience and reduced LoS through introduction of Hot Clinics	Nadia White / Shankar Nair	Non-Financial	LoS information obtained and shared with service manager 17/3/22. For Service Manager review. Query archive

# Efficiency Plan – Medicine 22/23

## Ideas (cont'd)

Specialty	Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
Respiratory	IDMED144	RESPs Team Job Planning	Productivity: improved utilisation of available RESPs team resource	Nadia White / Hannah Long	Non-Financial	Job planning ongoing in light of absense and vacancies. Vacancies currently being advertised.
Respiratory	IDMED201	Respiratory PIFU	Productivity: To reduce the number of routine follow ups required through introduction of PIFU pathways.	Nadia White / Hannah Long	Non-Financial	Clinical protocol to be developed. Update from GMgr requested.
Rheumatology	IDMED126	Rheumatology PIFU	Productivity: To reduce the number of routine follow ups required through introduction of PIFU pathways.	Nadia White / Shankar Nair	Non-Financial	Divisional approval of PID
Rheumatology	IDMED213	Infusion biologics switch	Productivity: switching patients to home delivery, releasing capacity for patients awaiting treatment in infusion unit.	Nadia White - Shankar Nair	Non-Financial	Lead Pharmacist advises Infliximab not an option due to drug prices. <u>Vedo</u> (not used in rheum) a potential but appears on TEDDs list regardless. No switches planned for rheum. Potential archive (for discussion with service/general manager).

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# **Diagnostics, Anaesthetics and Surgery Division**

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## **Business Plan**

2022/23

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## DAS Division Priorities

Each of the divisional priorities are given in detail below, along with key interdependencies and enablers, and suggested KPIs.

### 1. Managing Critical Care Capacity

- Critical Care must be able to live within its own capacity in the face of increased need for critical care due to growth and changing demographic. Part of this will be ensuring that patient flow through surgery supports timely step down from ICU, ensuring ICU capacity is available for patients when required, and reducing delays to admission.
- ICU will adapt to increased infection control needs following the pandemic and follow updated guideline on IPC management.
- Critical care is on the risk register for the quality of its estates as doesn't meet the building regulations, the priority for 22/23 will be to complete the groundwork (estates re-configuration and ring-fencing surgical capacity) will occur this year to ensure that it can safely and efficiently deliver services within its current estate, ahead of future developments.
- Critical care plans will be linked with the system (ICS) wide capacity model and ICS requirements for increased infection control needs.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• Reduction in delayed admissions to ICU.</li> <li>• Reduction in cancelled elective admissions.</li> <li>• Reduced time to step-down.</li> </ul>	<ul style="list-style-type: none"> <li>• Trust Operational Flow - There needs to be ward space for ICU patients to move to quickly once designated as ward ready (for step down) in order to productively use critical care capacity.</li> <li>• Estates – Business case in progress for expansion of ICU at CQ (Prioritise in the capital plan), including procurement of equipment (2-3 Year Programme).</li> </ul>	<ul style="list-style-type: none"> <li>• Estates – Relocate a medical ward, and ringfence DeCham for Surgery in order to ensure capacity.</li> <li>• Digital – Performance of systems (Server issues)</li> <li>• HR - Being able to recruit to the relevant workforce (Anaesthetics and Nursing)</li> </ul>

### 2. Day Surgery Recovery Programme / Elective Hub

- Re-establishment and enhancement of existing day surgery footprint at EDGH.
- The Trust currently has no day surgery facilities in the acute hospitals. Re-establishment will support decreasing LoS, increasing elective throughput, and outcomes for patients.
- A priority for 22/23 will be to expand the profile of HVLC procedures in line with recommendations.
- Will support meeting GIRFT recommendations across surgical specialties

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>Meet National Planning Guidelines</li> <li>Meet Constitutional Standards</li> <li>Increased day case rates / elective activity</li> <li>Improving waiting list</li> <li>Increased HVLC profile of procedures</li> </ul>	<ul style="list-style-type: none"> <li>Funding - Elective Hub business case approval &amp; government funding</li> </ul>	<ul style="list-style-type: none"> <li>Estates - Completion of recovery and waiting area build for EDGH DSU 10 and 11 (Approx. June).</li> </ul>

### 3. Surgical Frailty Model

- Implement surgical frailty pathways, including pre-operative optimisation (ward & clinic), and post-op review
- Work with key community and place developments around frailty, discharge to assess, rehabilitation, virtual wards
- Frailty model for emergency surgery is required as we are not performing against this standard on the emergency laparotomy audit.
- Elective patients currently have a frailty assessment and plan in place, but this needs to be developed for emergency pathways and embedded across the board throughout specialties.
- To increase the number of patients being pre-optimised for surgery (Urology being trialled).

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>Shorter elective length of stay</li> <li>Improving waiting list profile</li> <li>All emergency and elective patients would have an optimised pathway following frailty assessment and treatment plan.</li> <li>Better outcomes for patients (mortality and morbidity, LoS)</li> <li>Number of patients having pre-op optimisation.</li> </ul>	<ul style="list-style-type: none"> <li>Agreement and development of surgical frailty pathway model.</li> <li>Clinical leadership to be developed.</li> <li>Frailty assessments to be embedded throughout surgical specialties.</li> </ul>	<ul style="list-style-type: none"> <li>Trust support for the Surgical Frailty Business Case (Frailty Consultant/s) and HR support to recruit.</li> </ul>

### 4. Theatre Modernisation Project

- Installation of Laminar Flow at Theatre 5 & 8 at CQ.
- Supports Orthopaedic and Colorectal activity which requires laminar flow.
- Supports meeting increased activity plan and national guidelines on elective activity.

KPIs (subject to review)	Interdependencies	Enablers
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<ul style="list-style-type: none"> <li>• Reduction of post-op wound infection (SSIs)</li> <li>• Increase in productivity for Orthopaedics (increased laminar flow capacity for procedures which require this)</li> <li>• National activity guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Orthopaedic ward space needs to be ringfenced in order to support surgical throughput.</li> </ul>	<ul style="list-style-type: none"> <li>• Estates – Due for completion in June.</li> <li>• HR Support – Recruiting Anaesthetists and ODPs (already agreed and in budget).</li> </ul>
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# DAS Division Strategy

## 1. Our 5 year Strategy

- 1.1. DAS has a particularly critical contribution to make to the Trust's strategy, our clinical strategy and our enabling strategies.
- 1.2. Long term we have clear ambitions to optimise the configuration of services, target selected specialties and capabilities for innovation and excellence. Across our services the key themes over the next 5 years are:
  - The enhancement of complex surgical care at Conquest (including Critical Care)
  - Creating and sustainable and pandemic resilient service configuration across our acute hospital sites
  - Optimising patient care along the pathways – especially for the population with frailty or co-morbidity – to improve outcomes, access and flow
  - New workforce models – to make best use of each skill type (e.g. in critical care)
  - Targeting areas of excellence and research – e.g. maintaining Urology as a tertiary level centre of excellence for the region and our robot-assisted pelvic surgical capability
  - More cost-effective delivery (driven by the above)
- 1.3. All the above strategic aims for DAS will also support our journey toward the New Hospital Development programme investment anticipated in 5 to 6 years time

## 2. Enabling Strategies

- 2.1. Our strategy is particularly relevant to core statement 4 in our clinical strategy ***“Playing to the Strengths of our two main acute sites”***
  - We also need to work closely with developments in community-based services, especially rehabilitation and the trust's strategy for Frailty
- 2.2. Success will depend on key aspects of our enabling strategies
  - In the near term we are heavily reliant on estates changes to support our clinical strategy – notably the Elective Care hub business case, short term remodelling to support day case flow, theatre improvements and the first phase of Critical Care improvement
  - Digital infrastructure improvements will support pathway delivery long term (e.g. electronic patient records, patient initiated follow up, virtual follow ups) – in the short term it is about improving flow and productivity
  - The Trusts People strategy is also key to our success. Staff well-being is a priority for us after the experiences and challenges of COVID and we will need to both develop new roles and support career development and retention if we are to support the level of activity increases required through theatres.

### 3. Our 22/23 strategic priorities

3.1. For 22/23 the top priority for DAS is its contribution to the elective recovery and bringing waiting times for planned care down to pre-covid levels.

Strategic Aim	Trust 22/23 Priorities	Divisional Priority Projects / Programmes	Local Metrics
<b>Collaborating to deliver care better</b>	<ul style="list-style-type: none"> <li>Deliver 104% of our 19/20 activity baseline</li> <li>Limit patients not meeting the Criteria to Reside to 50 to maintain acute flow</li> </ul>	<ul style="list-style-type: none"> <li>Open day case capacity at EDGH / Day Surgery &amp; Recovery programme</li> <li>Increase inpatient elective throughput</li> <li>Frailty Pathways (esp. pre-op optimisation)</li> <li>Theatre modernisation project (incl. laminar)</li> </ul>	<ul style="list-style-type: none"> <li>Meet Elective activity plans</li> <li>Length of stay improvement</li> <li>Reduce cancellation rate</li> <li>Increase day case %age/rate</li> <li>N-CTR &amp; MRD 'run rate'</li> </ul>
<b>Empowering our People</b>	<ul style="list-style-type: none"> <li>Develop new roles to sustain our workforce &amp; support new models of care</li> <li>Support team morale in core impact services by focusing on what our people tell us matters to them</li> </ul>	<ul style="list-style-type: none"> <li>Support development of new roles for Frailty plans and critical care optimisation</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment to target roles</li> <li>Retention in general</li> <li>Staff survey</li> </ul>
<b>Ensure Innovative &amp; Sustainable Care</b>	<ul style="list-style-type: none"> <li>Deliver financial plan deficit of £7.1m</li> <li>Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients</li> </ul>	<ul style="list-style-type: none"> <li>CIPs</li> <li>NEL surgical pathways – ED to SAU</li> </ul>	<ul style="list-style-type: none"> <li>CIPs &amp; Financial Trajectory</li> <li>Meeting financial trajectory</li> <li>Time to specialist decision (via ED)</li> </ul>
<b>Improving the health of our communities</b>	<ul style="list-style-type: none"> <li>No priority metrics for 22/23, tracking priority transformation milestones only</li> </ul>	<ul style="list-style-type: none"> <li>Elective Hub business case</li> <li>Critical Care business case</li> <li>Future configuration plan</li> </ul>	<ul style="list-style-type: none"> <li>No Metrics</li> </ul>

# DAS Division Activity

POD	19/20 Actual (M1-M11)	March 2020 (counterfactual s)	Baseline	Baseline (working day adjusted for 22/23)	21/22 Actual (M1-M9)	Baseline M1-M9 (working day adjusted for 21/22)	Predicted 21/22 Outturn (% of 19/20 Baseline)	22/23 Growth Requirement	22/23 Requirement	Predicted 21/22 Outturn	Activity Increase Required for 22/23 Requirement (%)	Additional Activity Required
FA_OP	58,357	5,728	64,085	63,578	47,058	47,291	100%	2,543	66,121	62,830	5%	3,243
FUP_OP	126,726	12,232	138,958	137,823	99,954	103,188	97%	20,673	117,149	133,317	-12%	16,194
Daycase	22,388	2,228	24,616	24,435	17,632	18,261	97%	977	25,413	23,592	8%	1,819
ElectiveIP	3,069	319	3,388	3,362	2,391	2,485	96%	336	3,026	3,229	-6%	203
NonElective	8,174	741	8,915	8,892	6,117	6,934	88%	267	9,159	7,881	16%	1,278
Diagnostic Tests	9,952	920	10,872	10,794	6,869	8,207	84%	1,226	12,020	9,021	33%	2,998
Grand Total	228,666	22,168	250,834	248,883	180,021	186,365	97%	15,996	232,887	239,870	-3%	7,057

## DAS Division Budget

Reporting Division	ES4 Description	Pay Sum of Annual Budget	Non Pay Sum of Annual Budget	Divisional Income Sum of Annual Budget	Total Annual Budget	Total FTE Budget
Surgery, Anaesthetics & Theatres	Anaesthetics	11,632,706	4,230	(72,384)	11,564,552	95.66
	Critical Care	6,717,111	664,561	-	7,381,672	140.73
	Diabetic Eye Screening Prog	428,981	24,208	-	453,189	12.66
	Endoscopy	3,145,583	1,987,242	(48,967)	5,083,858	87.95
	ENT / Maxfacial / Comm Dental	4,935,649	342,170	(226,828)	5,050,991	61.77
	General & Breast Surgery	10,929,932	624,208	(208,833)	11,345,307	196.70
	Management	(60,250)	(398,098)	(914,408)	(1,372,756)	27.07
	Michelham	194,819	364,842	(506,349)	53,312	6.45
	Ophthalmology	6,706,744	1,584,624	(393,039)	7,898,329	120.75
	Pathology		-		-	0.00
	Theatres	11,284,899	11,448,829	(8,556)	22,725,172	284.14
	Trauma & Orthopaedics	10,863,061	932,516	(4,464)	11,791,113	209.77
	Urology	7,894,686	621,894	(28,399)	8,488,181	156.86
Surgery, Anaesthetics & Theatres Total		74,673,921	18,201,226	(2,412,227)	90,462,920	1400.51

### Cost pressures

Division	Cost Pressure Narrative	£	WTE	Comment
DAS	On call rota	105,907	2.3	<i>Need further clarification</i>
DAS	Ambulatory Nurse Specialist	105,963	2.0	<i>Need further clarification</i>
DAS	ENT consultant	132,864	1.0	Business case being developed (however could be mainly funded through ESOPS money)
DAS	ODP Training	157,239	5.7	<i>Need further clarification</i>
DAS	Funding stopping	150,139	4.2	<i>Awaiting further clarification</i>
DAS	Staff in post without budget	1,011,727	21.2	
DAS	Theatres Establishment	431,219	24.2	Estimate of additional theatre staff need to deliver additional capacity to meet activity targets. There is a reduction in staffing compared to 19/20

- The budgets do not currently include any expectation for WLI, insourcing or outsourcing.

## DAS Division Workforce

Surgery, Anaesthetics & Theatres Workforce Planning	Establishment	Plan	Plan	Plan	Plan	Plan	Establishment	End of year Establishment - End of Year WTE	End of Year WTE - Start of year WTE
	2021/2022	Staff in post outturn	As at the end of Jun 22	As at the end of Sep 22	As at the end of Dec 22	As at the end of Mar 23	2022/2023		
	Year End (31st March 22)	Q1	Q2	Q3	Q4	31st March 23			
	Budget	Usage	Usage	Usage	Usage	Usage	Budget		
Substantive	1,402.9	1,257.9	1,268.8	1,273.9	1,280.0	1,288.1	1,402.9	114.9	30.1
Bank	25.2	101.5	87.3	89.0	98.5	103.4	25.2	-78.2	2.0
Agency	11.5	18.5	22.1	25.2	18.0	13.0	11.5	-1.5	-5.5
Workforce Pipeline	0.00	2.0	3.0	3.0	3.0	3.0		-3.0	1.0
<b>Total Workforce</b>	<b>1,439.7</b>	<b>1,379.9</b>	<b>1,381.2</b>	<b>1,391.1</b>	<b>1,399.4</b>	<b>1,407.5</b>	<b>1,439.7</b>	<b>32.1</b>	<b>27.6</b>
<b>Total Workforce (Substantive, Bank, Agency) by Staff Group</b>									
Administrative and Clerical	92.4	88.1	88.4	91.4	88.1	89.1	92.4	3.3	1.0
Estates and Ancillary	23.1	24.6	25.3	25.6	25.8	24.7	23.1	-1.6	0.1
Additional Clinical Services	339.8	329.7	329.9	335.7	342.2	347.6	339.8	-7.7	17.8
Allied Health Professionals	59.6	56.3	56.3	57.5	57.3	57.9	59.6	1.7	1.6
Medical and Dental	276.7	285.1	276.5	284.3	281.7	283.8	276.7	-7.1	-1.3
Nursing and Midwifery Registered	627.9	572.6	580.4	574.5	577.1	578.8	627.9	49.1	6.2
Add Prof Scientific and Technic	16.6	20.1	19.4	17.1	22.2	20.7	16.6	-4.1	0.6
Healthcare Scientists									
Students	2.0	5.0	5.0	5.0	5.0	5.0	2.0	-3.0	
Other	1.5						1.5	1.5	

# Efficiency Plan – DAS- May 2022

CIP Summary	£'000				
Programme	Target	Rec	Non-rec	Total	Gap
Anaesthetics	312.0	16.0	-	16.0	296.0
Critical Care	241.2	-	-	-	241.2
Diabetic Eye Screening Prog	12.0	-	-	-	12.0
Endoscopy	131.2	6.0	-	6.0	125.2
ENT / Maxfacial / Comm Dental	144.0	100.4	-	100.4	43.5
General & Breast Surgery	318.9	196.7	-	196.7	122.2
Management	45.4	-	-	-	45.4
Ophthalmology	231.5	59.9	-	59.9	171.7
Theatres	642.9	188.5	-	188.5	454.4
Trauma & Orthopaedics	281.4	94.1	-	94.1	187.3
Urology	244.1	153.0	-	153.0	91.1
<b>Total</b>	<b>2,604.6</b>	<b>814.6</b>	<b>-</b>	<b>814.6</b>	<b>1,790.0</b>

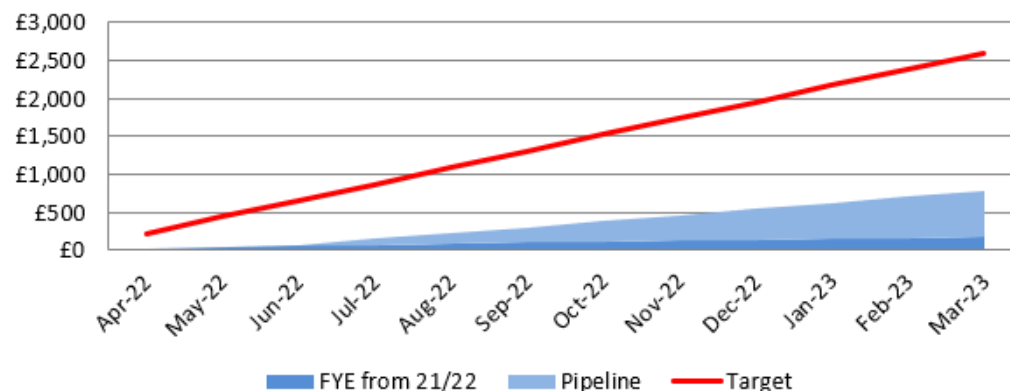
*\*To be confirmed*

## 22/23 Financial year

The division is looking at the following:

- Increase in HVLC Day surgery cases with new DSU
- Working with procurement to seek any opportunities
- Substantive staff recruitment to replace Agency
- Increase of income through additional activity

Efficiency Plan - DAS 22/23



# Efficiency Plan – DAS

## Cost Out/Reduction Efficiency - Highest Value Identified Schemes

Top 5 Schemes by value	£'000	Rec/Non-Rec
Day Surgery Unit	185	Rec
General Surgery increase in activity	180	Rec
T&O increase in activity	45	Rec
Ophthalmology SEEs	28	Rec
ENT Substantive recruitment	27	Rec

## Challenges to Delivery

Description	Mitigations
Retaining and attracting theatre staff – the vacancies are very high	Exploring insourcing options and to hold vacancy level at band 6
Delay in completion of new DSU	Planning for June completion

## Approved Schemes

Project Ref	Project Name	Project Description	Project Owner	Progress RAG	Financial Benefit RAG	22/23 YTD £'000			22/23 FYE £'000		
						Plan	Actual	Variance	Plan	Forecast	Variance
DAS323	Orthopaedic Prosthesis procurement	Procurement activity	Debra East	G	G	5.095	5.095	0.00	30.57	30.57	0.00
DAS380	Warranty costs for Robotic surgery	Warranty cost savings for 22/23	Louise Simpson	G	G	11.667	11.667	0.00	135.00	135.003	0.00
Totals						16.76	16.76	0.00	165.57	165.57	0.00

# Efficiency Plan – DAS

## Pipeline Schemes

Project Ref	Project Name	Project Description	Project Owner	Value	For 2022/23 delivery Expected PID Completion date	Next Steps
IDDAS383	Staff Mix	Anaesthetics staff mix review	Jon Buckley	16.00	May-22	FBP Data review - Leon Action
IDDAS382	Substantive recruitment	Breast surgery	Naomi Cording	16.00	Jun-22	Confirm budget
IDDAS266	External Breast Prosthesis	Change of supplier	Naomi Cording	0.70	Aug-22	Procurement activity - Steve Boud
IDDAS385	ERF Increase in activity	General surgery	Naomi Cording	180.00	May-22	Develop forecast
IDDAS386	ERF Increase in activity	Endoscopy	Jan Wolter	6.00	Sep-22	Develop forecast
IDDAS387	ERF Increase in activity	Maxfacial activity	Kirsty Yull	14.00	Sep-22	Develop forecast
IDDAS388	Substantive recruitment	ENT consultant	Kirsty Yull	6.00	Nov-22	Complete PID
IDDAS389	Substantive recruitment - 2 x SAS	2 x SAS grade	Kirsty Yull	27.00	May-22	Complete PID
IDDAS390	ERF Increase in activity - Dental	Dental activity	Kirsty Yull	17.50	Sep-22	Develop forecast
IDDAS293	Lenses Price Reduction	Procurement saving	Sharon Ball	12.00	Sep-22	Lens trial starting May 22
IDDAS391	SEEs Activity	22/23 SEEs increase	Sharon Ball	27.80	May-22	FEC Approval
IDDAS392	ERF Increase in activity	Ophthalmology	Sharon Ball	10.00	Jun-22	Develop forecast
IDDAS201	Theatres Productivity	Increased cataract	Sharon Ball	10.00	May-22	Review approach with baseline target
IDDAS384	Spinal Implant change of supplier	Procurement activity	Debra East	16.50	May-22	Procurement report from Aga
IDDAS292	Hips price reduction	Procurement activity	Debra East	2.00	Jun-22	Procurement activity
IDDAS393	ERF Increase in activity	Increase in activity	Debra East	45.00	Jun-22	Develop forecast
IDDAS368	Diathermy consumables	Review of consumables	Jon Buckley	1.00	Jun-22	Procurement review - limited savings
IDDAS265	MES for theatre equipment	Procurement activity	Jon Buckley	0.90	Jul-23	Jon to conform list

# Efficiency Plan – DAS

## Pipeline Schemes continued

Project Ref	Project Name	Project Description	Project Owner	Value	For 2022/23 delivery Expected PID Completion date	Next Steps
IDDAS324	stapling consumables	Procurement activity	Jon Buckley	0.80	Aug-22	Cost pressure, no expected saving.
IDDAS179	Standardisation of Theatre Packs	Procurement activity	Jon Buckley	0.80	Aug-22	Jon to confirm pack list
IDDAS374	Day Surgery Unit	Increase Day surgery	Justine Trueman	185.00	Jun-22	DSU due for completion June 22
IDDAS074	Urology Day Case Improvement	ERF Increase in activity	Louise Simpson	18.00	Jul-22	Develop forecast

## Ideas

Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
IDDAS164	SLR review budgeted costs	SLR Review	N Cording	Financial	Complete SLR review
IDDAS358	ENT One stop clinic	Reduce patient attendances	Kirsty Yull	Efficiency	Develop plan
IDDAS361	ENT PIFU	PIFU implementation	Kirsty Yull	Efficiency	Develop roll out plan
IDDAS306	Surgical Amb Care Unit	Care unit to aid recovery times	Naomi Cording	Efficiency	Next phase of roll out
IDDAS370	EMS Implementation	Medilogic SW implementation	Jan Wolter	Efficiency	Conclude digital activity
IDDAS362	Glaucoma Diagnostic Hub	Early discharge of patients	Sharon Ball	Efficiency	Planning
IDDAS363	Cataract Two-stop	Reduce patient attendances	Sharon Ball	Efficiency	Planning
IDDAS364	Virtual Ocular Plastics	Virtual assessment	Sharon Ball	Efficiency	Planning
IDDAS366	Ophthalmology PIFU	PIFU implementation	Sharon Ball	Efficiency	Planning

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## **Core Services Division**

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### **Business Plan**

2022/23

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## Core Services Priorities

Each of the divisional priorities are given in detail below, along with key interdependencies and enablers, and suggested KPIs.

### 1. Sustained Cancer Performance & Delivery (Inc. DMO1)

- Improve radiology and pathology to support delivery of cancer targets, and to support specialities with DM01 delivery Trust wide as part of a diagnostic strategy.
- Sustain the delivery of cancer 62 and 104 day targets and Faster Diagnosis Standard across the year and across cancer sites.
- To work with divisional specialties to ensure optimisation of cancer pathways, ad a joined up approach to cancer recovery.
- Complete Diagnostics Strategy paper

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• Cancer Performance targets</li> <li>• DM01 targets</li> </ul>	<ul style="list-style-type: none"> <li>• 2 Week Endoscopy Capacity</li> <li>• Cardiac Echo Capacity</li> <li>• Audiology Capacity</li> </ul>	<ul style="list-style-type: none"> <li>• CDC Implementation</li> <li>• Delivery of the Cancer Plan</li> <li>• Digital Histopathology</li> <li>• FDS Tracker Post (Breast) Funding from May</li> <li>• Pharmacy Chemotherapy Team Provision</li> </ul>

### 2. Outpatient Transformation

- Trust wide programme to improve patient experience and utilisation of OPs using digital systems and new processes.
- Transforming the way in which we undertake OP consultations in order to streamline the experience for patients whilst doing the basics better.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• 5% PIFU Target (~800pcm)</li> <li>• Maintain 25% Non-F2F</li> <li>• A&amp;G Target (~14%)</li> <li>• Reduction in F/Up Target</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure Roll Out of PIFU Pathways (In line with targets)</li> <li>• Reduce dependence on the follow up database</li> <li>• Reduce total numbers of follow ups</li> <li>• Ensure 'Advice and Guidance' pathways are recorded and reportable.</li> </ul>	<ul style="list-style-type: none"> <li>• Digital Enablers (e.g. BluePrism, Automation of 'Cashing Up' Process, EPS)</li> <li>• Ensure Workforce Alignment to Deliver Increased Booking</li> </ul>

### 3. Radiology Modernisation

- Replace aging equipment through capital programme to bring greater efficiency and reliability.
- Introduce new systems for PACs and Order Comms
- Decision making guided by Diagnostic Strategy

PACs work in 22/23 will enable the BFF programme to proceed as planned as per outlined Transformation Roadmap.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"><li>• Enabling project - Supports the delivery of the metrics outlines in other priorities</li></ul>	<ul style="list-style-type: none"><li>• Alignment with Pathology and Medical Imaging Systems</li><li>• Improve agility of workforce to undertake cross-site processes</li><li>• Diagnostics Strategy</li></ul>	<ul style="list-style-type: none"><li>• Digital (PACs and Order Comms)</li><li>• Digital Project Management &amp; Change Training</li><li>• Capital – Already prioritised on Capital Programme</li></ul>

### 4. Sussex Pathology Network Development (Inc. Digital Pathology)

- Develop network digital pathology reporting solution.
- Continue to develop the Network with partners with ESHT being an equal to other members.
- Part way through a phase of intensive development in pathology and will need the organisational and divisional support to maintain pace of progression.
- To modernise and future-proof the pathology service at ESHT and across Sussex to ensure inter-compatibility in the systems and processes we use to analyse and report on pathology samples.
- Improve safety and security of path tissue

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"><li>• Reporting Time metrics<ul style="list-style-type: none"><li>○ Supports cancer targets by reducing reporting element of pathway</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Demand Management from Divisions (GIRFT Recommendation)</li></ul>	<ul style="list-style-type: none"><li>• Digital (LIMS Interfacing, Software)</li><li>• Managed Equipment Service Contract - Renegotiation</li><li>• Move towards the Target Operating Model</li></ul>

## 5. Pharmacy

- EPMA roll out to all inpatient beds at acute and intermediate care sites will be completed by year end. Once EPMA inpatient project is concluded work will commence on deployment in OP clinics.
- Plans to worked up for the replacement of the aseptic unit in 23/24, and ensure these are embedded within BFF transformation programme. Aseptic unit plans will further support cancer delivery and targets.
- Enhanced clinical pharmacy provision for specific clinical services in-line with increased clinical activity (e.g. Cardiology, Critical Care, ED).
- Chemotherapy team provision to support increased cancer activity.
- Further expansion and development of cross sector partnership and collaborative working across SHCP system on pharmacy workforce and medicines optimisation.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"><li>• NHS Benchmarking KPIs / Model Health System</li></ul>	<ul style="list-style-type: none"><li>• Accurate activity projections so that demand can be matched to pharmacy capacity.</li></ul>	<ul style="list-style-type: none"><li>• Digital: EMIS EPS Module would enable EPMA to be deployed in OP areas.</li><li>• Computer Tablets for EPMA Roll Out in Theatres.</li></ul>

## 6. Community Diagnostic Centre

- Full Implementation of the Community Diagnostic Centre from September 2022 will support delivery of diagnostics to improve elective and cancer recovery.
- CDCs support primary and secondary care pathways with providing timely diagnostics in the right place for our populations.
- The roll out of CDCs across Sussex will deliver additional digitally connected diagnostic capacity, providing patients with a coordinated set of diagnostic tests, in as few visits as possible, enabling accurate and fast diagnosis on a range of clinical pathways.
- The local service will be separated (geographically) from acute service provision and is situated close to areas of health inequalities and high cancer incidence.

Core services will deliver the Bexhill Beeching Road CDC on time and on budget delivering high utilisation and throughput.

A feasibility study is being conducted to consider whether a further CDC spoke is required and if so where.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"><li>• Delivery of 120% activity target</li><li>• Support delivery of DM01 target</li><li>• Local KPIs for the CDC</li></ul>	<ul style="list-style-type: none"><li>• BAU / Operational support for full utilisation of CDC where modalities sit outside of Core Services.</li></ul>	<ul style="list-style-type: none"><li>• Continued support from Estates, Digital and Recruitment.</li></ul>

## 7. Clinical Admin

- Core services are planning further changes to structure of Clinical Admin by harnessing new digital systems and modernising JDs and roles to better meet the needs of the clinical workforce and patients.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>Turnaround time of letters</li> <li>KPIs TBA as part of OP transformation</li> </ul>	<ul style="list-style-type: none"> <li>Links with OP Transformation to modernise training and procedures that link with clinical admin staff.</li> </ul>	<ul style="list-style-type: none"> <li>People and Organisational Development to support workforce transformation.</li> <li>Optimise digital systems already in place.</li> </ul>

## 8. Core Services Workforce Principles

Workforce development is an integral part of the Core Services business plan

The priorities above will be achieved in the context of reducing sickness levels and improving staff wellbeing

We will do this by adopting the following 5 principles:

- Work with HR to tailor wellbeing support to Core staff affected by Covid
- Make ESHT Core Services the employer of choice for professionals living in East Sussex with particular focus on hard to recruit areas.
- Give lower banded staff opportunities to grow and develop within the Trust.
- Helping all staff within Core Services to access the training and development they need to reach their full potential.
- To ensure that we continue to listen to staff and respond to their changing needs throughout the year and beyond.

Strategic Aim	Trust 22/23 Priorities	Divisional Priority Projects / Programmes	Local Metrics
Collaborating to deliver care better	<ul style="list-style-type: none"> <li>Deliver 104% of our 19/20 activity baseline</li> <li>Limit patients not meeting the Criteria to Reside to 50 to maintain acute flow</li> </ul>	<ul style="list-style-type: none"> <li>Community Diagnostics Centre delivery – Bexhill</li> <li>Supporting cancer wait (DMO1 improvement)</li> <li>Outpatient transformation</li> <li>PACS &amp; Ordercomms for Radiology</li> <li>ePMA &amp; enhanced pharmacy for critical areas</li> </ul>	<ul style="list-style-type: none"> <li>Meet Elective activity plans</li> <li>120% diagnostic activity (CDC)</li> <li>OP targets (PIFU, Virtual OP, A&amp;G, Fup:First)</li> <li>Waiting times (all)</li> </ul>
Empowering our People	<ul style="list-style-type: none"> <li>Develop new roles to sustain our workforce &amp; support new models of care</li> <li>Support team morale in core impact services by focusing on what our people tell us matters to them</li> </ul>	<ul style="list-style-type: none"> <li>Increase reporting radiographers</li> <li>Modernising admin roles</li> <li>New roles/recruitment for CDC</li> <li>Target critical areas – e.g. USS</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment to target roles</li> <li>Retention in general</li> <li>Staff survey</li> </ul>
Ensure Innovative & Sustainable Care	<ul style="list-style-type: none"> <li>Deliver financial plan deficit of £7.1m</li> <li>Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients</li> </ul>	<ul style="list-style-type: none"> <li>CIPs</li> <li>Work with ED on managing diagnostic demand &amp; reporting timeliness</li> </ul>	<ul style="list-style-type: none"> <li>CIPs &amp; Financial Trajectory</li> <li>OP targets (as above) releasing capacity</li> </ul>
Improving the health of our communities	<ul style="list-style-type: none"> <li>No priority metrics for 22/23, tracking priority transformation milestones only</li> </ul>	<ul style="list-style-type: none"> <li>Pathology Network (LIMS, TOM, MES)</li> <li>Radiology Network development</li> </ul>	<ul style="list-style-type: none"> <li>No Metrics</li> </ul>

## Core Services Activity

POD	19/20 Actual (M1-M11)	March 2020 (counterfactual s)	Baseline	Baseline (working day adjusted for 22/23)	21/22 Actual (M1-M9)	Baseline M1-M9 (working day adjusted for 21/22)	Predicted 21/22 Outturn (% of 19/20 Baseline)	22/23 Growth Requirement	22/23 Requirement	Predicted 21/22 Outturn	Activity Increase Required for 22/23 Requirement (%)	Additional Activity Required
FA_OP	275	11	286	284	241	232	104%	11	296	295	0%	0
FUP_OP	632	28	660	655	512	523	98%	- 98	557	641	-13%	- 84
Daycase	20	2	22	21	6	18	33%	1	22	7	214%	15
ElectiveIP	3	-	3	3	2	3	72%	- 0	2	2	25%	0
Diagnostic Tests	93,348	9,446	102,794	102,070	82,838	75,769	109%	12,433	114,502	111,575	3%	2,927
<b>Grand Total</b>	<b>94,278</b>	<b>9,487</b>	<b>103,765</b>	<b>103,033</b>	<b>83,599</b>	<b>76,546</b>	<b>109%</b>	<b>12,346</b>	<b>115,379</b>	<b>112,520</b>	<b>3%</b>	<b>2,859</b>

## Core Services Budget

Reporting Division	ES4 Description	Pay	Non Pay	Divisional Income	Total Annual Budget	Total FTE Budget
		Sum of Annual Budget	Sum of Annual Budget	Sum of Annual Budget		
Core Services	Cancer Services	831,933	27,335	(4,056)	855,212	19.36
	Digital Records & Admin	5,914,951	1,784,871		7,699,822	212.24
	Drugs		9,539,920		9,539,920	0.00
	Management	(910,801)	(1,005,878)		(1,916,679)	2.00
	Outpatients & Patient Access	5,588,146	619,459	(5,748)	6,201,857	184.94
	Pathology	9,996,681	9,302,492	(835,949)	18,463,224	196.32
	Pharmacy	5,895,398	753,279	(580,404)	6,068,273	135.25
	Radiology	16,215,364	9,384,437	(159,132)	25,440,669	294.25
Core Services Total		43,531,672	30,405,915	(1,585,289)	72,352,298	1044.36

### Cost pressures

Division	Cost Pressure Narrative	£	WTE	Comment
Core	Cancer Alliance - SSCA funding ending	178,411	2.5	Jane Farrow previously funded by SSCA, Waring 0.52 FTE/ Black funding ends June 22, Williams ends July 22, Gowella 0.95 FTE Band 4 , funding ends May 22
Core	Cancer Services Team - SSCA funding ended	106,283	3.9	Individuals formerly supported by Cancer Alliance where there is no longer funding

- The budgets do not currently include any expectation for WLI, insourcing or outsourcing.

## Core Services Workforce

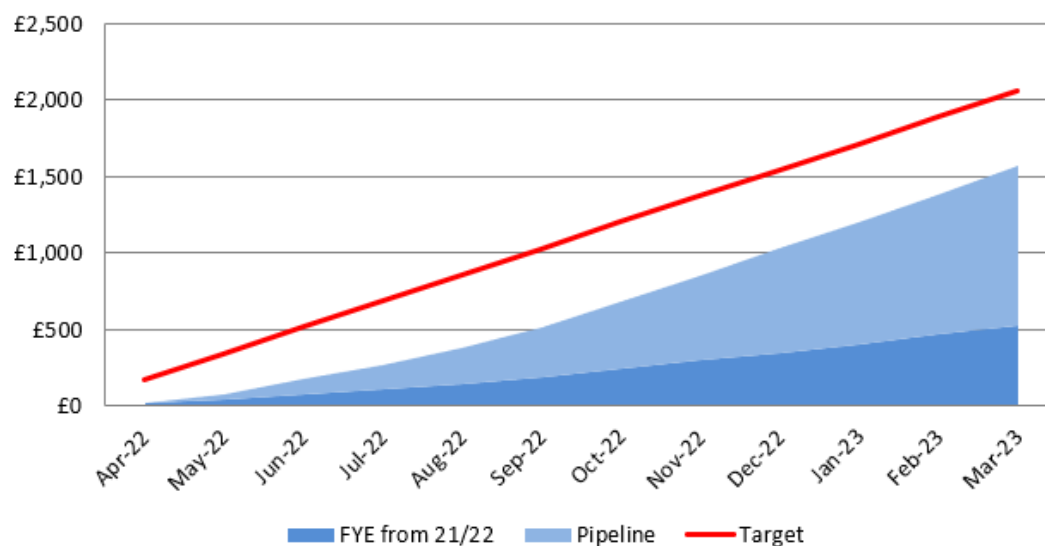
Core Services Workforce Planning	Establishment	Plan	Plan	Plan	Plan	Plan	Establishment	End of year Establishment - End of Year WTE	End of Year WTE - Start of year WTE
	2021/2022	Staff in post outturn	As at the end of Jun 22	As at the end of Sep 22	As at the end of Dec 22	As at the end of Mar 23	2022/2023		
	Year End (31st March 22)	Q1	Q2	Q3	Q4	31st March 23			
	Budget	Usage	Usage	Usage	Usage	Usage	Budget		
Substantive	980.8	956.3	961.4	960.9	958.3	956.1	980.8	24.7	-0.2
Bank	20.5	44.2	70.5	67.3	52.2	53.5	20.5	-33.0	9.2
Agency	0.1	15.7	18.9	14.2	9.5	11.5	0.1	-11.4	-4.2
Workforce Pipeline	2.00	4.0	4.0	4.0	4.0	4.0	2.0	-2.0	
<b>Total Workforce</b>	<b>1,003.4</b>	<b>1,020.2</b>	<b>1,054.8</b>	<b>1,046.4</b>	<b>1,024.1</b>	<b>1,025.1</b>	<b>1,003.4</b>	<b>-21.7</b>	<b>4.9</b>
<b>Total Workforce (Substantive, Bank, Agency) by Staff Group</b>									
Administrative and Clerical	395.4	408.4	407.3	408.0	401.5	401.8	395.4	-6.4	-6.6
Estates and Ancillary	2.0	1.0	1.8	1.4	1.0	1.0	2.0	1.0	
Additional Clinical Services	212.4	206.9	207.2	208.9	206.0	205.7	212.4	6.7	-1.2
Allied Health Professionals	111.4	138.4	135.7	132.1	136.0	137.7	111.4	-26.4	-0.6
Medical and Dental	44.7	42.3	43.8	41.3	41.8	42.8	44.7	1.8	0.5
Nursing and Midwifery Registered	53.7	51.6	52.5	51.3	52.3	51.0	53.7	2.7	-0.5
Add Prof Scientific and Technic	87.0	111.2	116.0	112.9	94.9	94.3	87.0	-7.4	-16.8
Healthcare Scientists	93.9	89.0	89.0	89.0	89.0	89.0	93.9	4.9	
Students	3.0	1.6	1.6	1.6	1.6	1.6	3.0	1.4	
Other									

# Efficiency Plan – Core Services May 2022

CIP Summary in year	£'000				
Programme	Target	Rec	Non-rec	Total	Gap
Cancer Services	22	-	-	-	22
Digital Records & Admin	223	47	-	47	176
Drugs	271	300	-	300	(29)
Management	3	-	-	-	3
Outpatients & Patient Access	193	-	-	-	193
Pathology	535	224	14	237	298
Pharmacy	181	10	-	10	171
Radiology	630	988	-	988	(358)
	<b>2,057</b>	<b>1,568</b>	<b>14</b>	<b>1,582</b>	<b>476</b>

\*To be confirmed

Efficiency Plan - Core Services 22/23



## 22/23 Financial year

The division is looking at the following:

- Replacing agency with substantive staff
- Reviewing demand management of diagnostic services
- Testing document management and processing systems
- Building Radiographer team to reduce outsourcing
- Recording benefits from ePMA roll out
- Reviewing all SLA's to see if there are any opportunities
- A deep dive into non-pay expenditure with the assistance of procurement with a particular focus on Radiology
- Outpatient efficiencies (refresh and relaunch of the OPTB)
- Further benefits from pharmacy

We are affected by the demand from others, and we wish to work with other clinical divisions to jointly consider demand management savings for Radiology and Pathology.

# Efficiency Plan – Core Services

Cost Out/Reduction Efficiency - Highest Value Identified Schemes		
Top 5 Schemes by value	£'000	Rec/Non-Rec
Radiography reporting team efficiency improvements	810	Rec
Drugs cost 22/23	300	Rec
Radiology – Ultrasound lease	99	Rec
Mobile X-Ray maintenance costs	32	Rec
Viapath testing to ESHT & NS7	28	Rec

Challenges to Delivery	
Description	Mitigations
Drugs pricing increases	Renegotiation of supply costs
Documents going via SR	Requires further training for document processing
Recruiting Radiographers for reporting	Support from Recruitment to maximise pool of candidates

## Approved Schemes

Project Ref	Project Name	Project Description	Project Owner	Progress RAG	Financial Benefit RAG	22/23 YTD £'000			22/23 FYE £'000		
						Plan	Actual	Variance	Plan	Forecast	Variance
CSD001	Change of banding of secretarial staff	Using lower grade admins where job role is changing	Cath Rodgers	G	G	0.32	0.32	0.00	0.96	0.96	0.00
CA060	Speech Recognition Transcription Service	Greater use of Bighand speech recognition software	Cath Rodgers	G	G	4.47	4.47	0.00	35.76	35.76	0.00
CSD010	Replace Agency with Substantive posts	Recruiting 6 WTE substantive staff to replace agency	Shinal Amin	G	A	2.75	0	(2.75)	176.00	159.500	(16.500)
CSD005	Adding non pay items to MSC	Adding products to Roche MSC	Mark Hayllar	G	G	1.81	1.81	0.00	5.82	5.82	0.00
CSD011	Addition to MSC	Adding products to Roche MSC	Mark Hayllar	G	G	1.28	1.28	0.00	7.68	7.68	0.00
IDCSD030	22/23 Reduction in Drug costs	Savings on purchase of drugs	Simon Badcot	G	G	3.75	3.75	0.00	300.00	300	0.00
Totals						14.380	11.630	(2.750)	526.220	509.720	(16.500)

# Efficiency Plan – Core Services

## Pipeline Schemes

Project Ref	Project Name	Project Description	Project Owner	Value £'000	For 2022/23 delivery Expected PID Completion date	Next Steps
IDCSD023	Ultrasound lease	Savings on lease cost	Nansi Botros	98.788	May-22	FEC Approval
IDCSD007	Demand management of Haematology ESR	Using Demand management group for guidance to clinicians on Pathology analysis requests	Shinal Amin	5.000	Jun-22	Recommendations from demand management group
IDCSD009	Viapath testing to ESHT & NS7	Reducing outsourcing to Viapath	Shinal Amin	28.000	Jun-22	Confirm start of testing plan
IDCSD020	Pathology van replacement	Replacement following end of lease of Sprinter van with smaller, possibly electric van	Mark Hayllar	14.630	May-22	Trust transport arrangements under review. Possible 3 vehicles and 3 drivers instead of using taxi services
IDDAS326	Review radiology consumables	Savings on consumables	Nansi Botros	3.500	Sep-22	Procurement Review - limited savings
IDCSD008	Team efficiency improvements	Rebuilding reporting team to reduce outsource image reporting	Nansi Botros	810.000	May-22	Update RR recruitment plan. Reporting utilisation
IDCSD025	CQ new CTI maintenance saving	Maintenance cost savings with new equipment	Nansi Botros	23.328	Aug-22	Procurement details - Expected August 22
IDCSD022	Radiology Procedure packs	Procurement savings	Nansi Botros	0.900	Jul-22	Procurement details
IDCSD024	Mobile X-Ray maintenance costs	Maintenance cost savings with new equipment	Nansi Botros	32.000	Aug-22	Procurement details - Expected August dependant on building work.
IDCSD028	Maintenance savings on new X-Ray equipment	Maintenance cost savings with new equipment	Nansi Botros	14.000	Sep-22	Procurement details
IDCSD029	Maintenance savings on new Image intensifiers	Maintenance cost savings with new equipment	Nansi Botros	2.500	Nov-22	Procurement details

# Efficiency Plan – Core Services

## Ideas

Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
IDCSD013	Alternatives to Royal Mail for Patients leaflets	Cost save if patient leaflets can be sent by Synertec or electronic means	Cath Rodgers	Financial	Review documents that need to be sent
IDCSD026	Doc Console printing in Bighand	Time saving software for transcription text review and filing	Cath Rodgers	Financial	System evaluation and test
IDCSD027	Circulation of Bighand documentation	Electronic circulation of documentation	Cath Rodgers	Financial	System evaluation and test
IDCSD033	Blue Prism	Software to help with efficiency	Jo Byers	Non-Financial	Confirm details of system and benefits
IDCSD031	Pathology Demand Management	Understanding demand drivers from clinical areas	Shinal Amin	Financial	Discussion with ED to understand working practices
IDCSD032	Pharmacy efficiency improvement from ePMA	Operational efficiency improvement	Simon Badcot	Financial	ePMA savings on consumables - Green Gel pens, charts and FP10 pads
IDDAS248	Radiology Admin Synertec	Cost save if patient letters can be sent by Synertec	Nansi Botros	Financial	Review documents that need to be sent
IDDAS316	Stryker Rad frequency Consumables	Savings on consumables	Nansi Botros	Financial	Confirm potential benefits with Aga

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# **Community Health and Integrated Care Division**

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## **Business Plan**

2022/23

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## CHIC Division Priorities

Each of the divisional priorities are given in detail below, along with key interdependencies and enablers, and suggested KPIs.

### 1. Recovery of services & ongoing demand

Service	Draft KPIs
<b>Acute Therapies</b> <ul style="list-style-type: none"> <li>• There is a fundamental workforce gap within acute therapy services to deliver inpatient care on both acute sites which is approximately 69 fte. This requires an agreement on funding in order to address these shortfalls.</li> <li>• There has been a pragmatic prioritisation of the most urgent posts to help to start to close this 69 fte gap which sits at approximately 27 fte.</li> <li>• Services are also reporting an increase in the complexity of patients, which is impacting on the discharge profile and the use allocation of resources, and the health and wellbeing of staff.</li> <li>• There is no substantive seven-day service within these teams.</li> <li>• There is a business case being worked up for consideration, which will include a recruitment and trajectory.</li> </ul>	<ul style="list-style-type: none"> <li>• Two hour / Four hour / Next day response times.</li> <li>• Increase of weekend discharges.</li> </ul>
<b>Community Rehabilitation</b> <ul style="list-style-type: none"> <li>• Increase in number, acuity, and complexity of referrals. This is shifting the profile of referrals so that more referrals require an urgent response which is impacting on resources.</li> <li>• There is a hidden waiting list due to teams managing the most urgent needs to keep the patient safe, and then placing the patient on a follow up waiting list for their rehabilitation and longer term needs to be addressed.</li> <li>• Impact of discharge to assess pathway redesign and adult social care reverting to core services has led to an increase in demand on JCR.</li> <li>• Demand and capacity work has demonstrated a 16.6 fte gap.</li> </ul>	<ul style="list-style-type: none"> <li>• Same day / 48hrs / Routine target times</li> </ul>

<p><b>Podiatry &amp; Orthotics</b></p> <ul style="list-style-type: none"> <li>• Increase in the number of patients requiring domiciliary care which reduced productivity of the teams.</li> <li>• Increase in the acuity and number of urgent ulcerating patients which require frequent intervention to maintain.</li> <li>• There is a hidden waiting list due to teams managing the most urgent needs to keep the patient safe, and then placing the patient on a follow up waiting list for longer term needs to be addressed.</li> <li>• Demand and capacity work has demonstrated a 6.9 fte gap.</li> <li>• Orthotics has an unsustainable service model that requires a review in line with national best practice. Review underway to align to best practice model</li> </ul>	<ul style="list-style-type: none"> <li>• Improve 13 week target to be seen</li> <li>• Reduce average and median waits</li> </ul>
<p><b>Dietetics</b></p> <ul style="list-style-type: none"> <li>• Volume of referrals has increased, and the service is unable to meet the demands with the current resources.</li> <li>• Increase in the acuity and number of urgent patients which require frequent intervention to maintain community care.</li> <li>• There is a hidden waiting list due to teams managing the most urgent needs to keep the patient safe, and then placing the patient on a follow up waiting list for longer term needs to be addressed or waiting times exceeding timely reviews.</li> <li>• Demand and capacity work has demonstrated a 3 fte gap.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve 13 week target to be seen</li> <li>• Reduce average and median waits</li> <li>• Reduce 52 week waits</li> </ul>
<p><b>Neuro Outpatients</b></p> <ul style="list-style-type: none"> <li>• There is an increase in complexity and volume of referrals (33% average increase) due to a large proportion of the patients being vulnerable and having to shield, which exacerbates their clinical condition by the time they are seen.</li> <li>• The team have not fully recovered post COVID (due to IPC guidance and access to gym) and cannot reduce their backlog.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve 13 week target to be seen</li> <li>• Reduce average and median waits</li> </ul>

### Speech & Language Therapy

- There is an increase in referrals (29%) and acuity of referrals in community.
- These patients often have urgent dysphagia assessment needs to support admission avoidance and management in the community.
- Improve 13 week target to be seen
- Reduce average and median waits

### Enablers and Interdependencies for the recovery of services 7 ongoing demand

- Enablers
  1. Workforce – there is a national shortage across the required roles which would need support from recruitment to develop a recruitment and retention strategy.
  2. Commissioner Discussions / Accelerator Programme – Additional resources are required to meet the current level of demand; this has been articulated to the commissioners. The alternative is that services are redesigned, and specifications revisited to deliver what is realistic within current resources. Joint work is ongoing with commissioners to assess options.
  3. Digital – Community Digital Aspirant Programme / Remote Monitoring / Virtual Wards
  4. Estates – Estates for Virtual Ward Monitoring Hub / Support Rehab Strategy / Right Sizing of Community Services.
- Interdependencies
  1. The lack of core capacity will impact on the ability to deliver on any of the transformation programmes (inc. Ageing Well Programme and Community Frailty and others).
  2. Capacity of other community services is impacting on workload for ESHT services e.g. Adult Social Care capacity is impacting on the workload of JCR, Primary care capacity impacting on Community Nursing.

## 2. Ageing Well Programme (ICS)

- Enhanced Health in Care Homes / Urgent Community Response (UCR) / Anticipatory Care / Making Frailty Everybody's Business.
- Working with PCNs to finalise the model and roll-out the programme
- Funding has been confirmed for UCR and Enhanced Health in Care Homes
- Anticipatory Care National Guidance is awaited and expected this year which will inform the development of the model.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• 2 hour response for UCR</li> <li>• Target TBC for Enhanced Health in Care Homes</li> </ul>	<ul style="list-style-type: none"> <li>• Joint working with ASC for UCR for patients with ongoing needs – risk of bottle neck within UCR.</li> <li>• Backlog in other services will impact on the ability to move patients on to core community services</li> <li>• Working with primary care colleagues / PCNs</li> </ul>	<ul style="list-style-type: none"> <li>• Funding agreements with the ICS</li> </ul>

## 3. Integrated community Frailty model

- Virtual wards & Hospital @ Home
- The model is being developed and agreed across the ICS.
- Audits are being completed locally to understand the size of the opportunity for level 4 patients.
- No funding allocation has been agreed yet

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• 100 virtual ward beds by Dec 22 (ESHT)</li> <li>• 240 virtual beds by Dec 23 (ESHT)</li> <li>• Reduction in Length of Stay (Inpatient in acute)</li> </ul>	<ul style="list-style-type: none"> <li>• There is a dependency on the full implementation of the Ageing Well Programme (See No. 2)</li> <li>• Cross divisional dependencies – including governance.</li> </ul>	<ul style="list-style-type: none"> <li>• Finance agreement</li> <li>• Digital – Remote Monitoring and Virtual Ward Hub</li> <li>• Workforce – To be agreed as part of model / funding</li> <li>• Estates – Monitoring hub and teams</li> </ul>

#### 4. Rehabilitation Transformation Programme

Focus in 2022/23 will be to operationalise the rehab programme for ESHT in context with the ICS programmes and NHSei review of reimagining community services. The shift of the rehabilitation delivery model will be towards a needs-based focus as opposed to diagnosis to enable programmes of care to be delivered across traditional clinical pathways.

This is a large programme of work which is split into delivery phases:

- RTP Phase 2 projects
  - Post COVID assessment service
  - Supported Self-Management
  - vCommunity MDT
  - Virtual Triage and consultation SOP
- RTP Phase 3 projects
  - Embed 5 determinants of need
    - Prevention (admission avoidance)
    - Recovery (facilitating discharge, restoring function)
    - Adaptation/enabling (strategies to compensate for loss of function)
    - Maintaining (slowing the loss of function, LTC management)
    - Palliative (EOLC, support the rapid deteriorating conditions)
  - Ambulatory rehab model
  - Community accessibility Tool
  - Long COVID support and Rehab Pathway
  - Patient Initiated Follow ups
  - Rehab decision making tool
  - Shared Decision- Making
  - Supported self-management
  - Waiting well

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>TBC Dependant on service / function</li> </ul>	<ul style="list-style-type: none"> <li>System partners and capacity for patients to move on or have needs met by alternative provider</li> <li>Digital</li> <li>Funding for capacity demand gap for core functions</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge management to understand profile of patients and identify opportunities for redesign</li> <li>Working with partners within system including ASC, voluntary and third sector and PCNs.</li> <li>Digital for remote patient monitoring/consultations</li> <li>Workforce – recruitment and retention of staff</li> </ul>

## 5. Delivery of COVID Services

CHIC are being asked to continue to deliver covid services which are impacting on the resources available for business as usual.

- Assisted Swabbing
- PCASS (Post covid advice and treatment service)

Funding has been agreed for PCASS, so this is slightly separate, but workforce is still being stretched between covid and core services, in terms of delivery from an operational perspective.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"><li>• PCASS 6 week waiting time target</li></ul>	<ul style="list-style-type: none"><li>• Digital – Remote consultation platforms</li></ul>	<ul style="list-style-type: none"><li>• Contingent on ongoing funding (currently funded on temporary basis)</li></ul>

## 6. MSK

Working with the ICS on the Strategic Review of MSK services and awaiting the outcome of this as part of the system transformation programme.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"><li>• TBC</li></ul>	<ul style="list-style-type: none"><li>• DAS and Medicine (Rheumatology)</li></ul>	<ul style="list-style-type: none"><li>• TBC</li></ul>

# CHIC Division Strategy

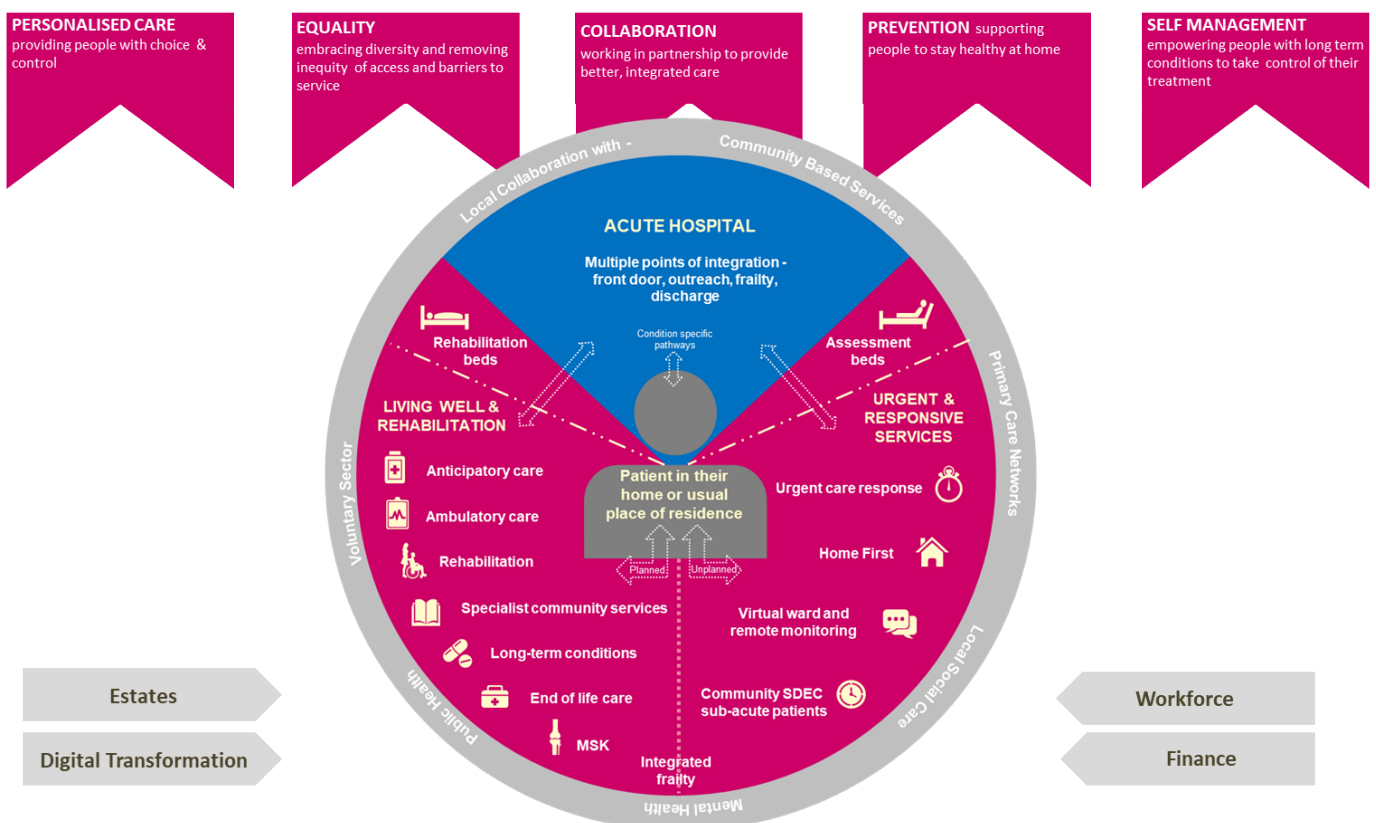
## 1. Our 5 year Strategy

1.1. CHIC has a critical contribution to make to the Trust's strategy in the coming 5 years, and will be a key contributor and beneficiary of the 4 enabling strategies

1.2. Overall CHIC needs to help ESHT, East Sussex Place and therefore our ICS deliver a shift from hospital-based, reactive provision to more community-based service delivery, virtual service delivery and local collaboration. Ultimately this will help ESHT & Place:

- Deliver our post-COVID recovery and increase the throughput of planned activity
- Deliver more integrated and seamless care to patients, closer to where they reside
- Prevent escalation of ill-health or risks to ill-health and so both keep people well at home and stem the growing default to acute hospital services
- Close the hospital bed gap – by responding more quickly, with better co-ordination across services to before a hospital is required and support shorter and unnecessary hospital bed stays

1.3. CHIC's overarching strategy is capture in the following schematic:



1.4. Delivering this strategy will drive Core Statements 1 & 2 in our Clinical Strategy:

- Statement 1 – Reimagining Adult Community-Based Services
- Statement 2 – Developing a core set of integrated condition-specific pathways in collaboration with Place to address patient priorities and inequalities (for CHIC in particular supporting End of Life, Frailty, MSK and selected acute specialties)

1.5. Success will depend on:

- Transforming services by using new and embedded digital infrastructure (like virtual home monitoring)
- Our ability to recruit to, train and retain staff in new roles (People Strategy)
- A review of our Community Estate and how we collaborate with partners within place to bring care and access closer to patients

## 2. Our Strategic Priorities

2.1. To deliver ours and our Trust strategy – along with day to day operational and quality improvements - our business plan for 22/23 must prioritise delivering or supporting models that offer alternatives to hospital-bed based care

Strategic Aim	Trust 22/23 Priorities	Divisional Priority Projects / Programmes	Local Metrics
Collaborating to deliver care better	<ul style="list-style-type: none"> <li>• Deliver 104% of our 19/20 activity baseline</li> <li>• Limit patients not meeting the Criteria to Reside to 50 to maintain acute flow</li> </ul>	<ul style="list-style-type: none"> <li>• Service Recovery &amp; meeting new targets</li> <li>• Community Rehab (support discharges)</li> <li>• Aging well (Enhanced care in care homes, UCR)</li> <li>• Virtual Wards (incl Int. Comm. Frailty &amp; SDEC)</li> <li>• Rehab Transformation Phase 2</li> </ul>	<ul style="list-style-type: none"> <li>• New community response targets</li> <li>• N-CTR &amp; MRD 'run rate'</li> <li>• Use of Virtual Ward beds</li> <li>• Core service waiting times</li> <li>• CHIC caseload LoS</li> <li>• Virtual rehab rate</li> </ul>
Empowering our People	<ul style="list-style-type: none"> <li>• Develop new roles to sustain our workforce &amp; support new models of care</li> <li>• Support team morale in core impact services by focusing on what our people tell us matters to them</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple new roles and expanding new roles (for Virt Ward and Aging Well)</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment to target roles</li> <li>• Retention in general</li> <li>• Staff survey</li> </ul>
Ensure Innovative & Sustainable Care	<ul style="list-style-type: none"> <li>• Deliver financial plan deficit of £7.1m</li> <li>• Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients</li> </ul>	<ul style="list-style-type: none"> <li>• CIPs</li> <li>• All the above priorities support ED demand management &amp; flow</li> </ul>	<ul style="list-style-type: none"> <li>• CIPs &amp; Financial Trajectory</li> <li>• UCR – admission avoidance rates</li> <li>• Use of virtual wards</li> </ul>
Improving the health of our communities	<ul style="list-style-type: none"> <li>• No priority metrics for 22/23, tracking priority transformation milestones only</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipatory Care model design</li> <li>• MSK – ICS workstream</li> </ul>	<ul style="list-style-type: none"> <li>• No Metrics</li> </ul>

## CHIC Division Activity (against contracted capacity and waiting times)

Service	Provider	CCG	Wait List	Ave Wait Time	Median WT	>52 weeks	>104 weeks
ESHT Bladder and Bowel	ESHT		2814	17	1	10	6
ESHT Community Nursing	ESHT		69	1	0	0	0
ESHT Community Stroke and ESD	ESHT		8	0	1	0	0
ESHT Crisis Response	ESHT		40	1	1	0	0
ESHT Dietetics	ESHT		1048	13	10	15	4
ESHT Fracture Liaison	ESHT		951	4	4	1	0
ESHT Frailty Service	ESHT		117	6	6	0	0
ESHT JCR and Falls Prevention	ESHT		1016	7	5	0	0
ESHT MSKt	ESHT		1036	5	5	1	1
ESHT Neuro Op	ESHT		336	15	15	0	0
ESHT Orthotics	ESHT		381	9	8	0	0
ESHT Physiotherapy	ESHT		3272	7	7	0	0
ESHT Podiatry	ESHT		1152	8	7	0	0
ESHT Speech and Language Therapy	ESHT		680	16	13	7	0

- Increase in the numbers of referrals per month which is above the levels commissioned as part of community rebasing across some services

- All services are reporting an increase in the complexity of the patients that are being referred leading to a reduction in productivity.
- Increase in waiting time seen for new patients and also we are experiencing 'hidden waits' where the management of existing patients is deferred in order to meet the needs of the most urgent new referrals into the service.

Current levels of activity are not meeting the demands on the services, majority of services are still working in Business continuity in order to maintain most urgent caseload therefore non urgent activities such as training, supervision and PDRs are not being maintained across services. Inevitable impact on staff development, morale and retention in our services.

In addition to the recovery and restoration of community services there are 3 areas of focus for the Community return

1. UCR –
  - a. prevention of admission including future opportunities for development of pathways with 999/111 and the 9 clinical pathways
  - b. ESHT@Home and virtual wards
  - c. Support discharge through Home First
2. Non RTT waits for community services – as described above, requirement to bridge the gap and reduce the backlog in order to ensure services meet the demand
3. Hospital Discharge

## CHIC Division Budget

Budget baseline was constructed using the 21/22 M9 recurrent budgeted establishment plus investments.

Budget with investments was showing an 78.76fte gap. This has been placed into the 22/23 budgets as a vacancy factor which equates to 7% of the CHIC establishment, and totals -£3,155,520.

CHIC services are not meeting the current demand on services – this will require us either redesigning services to reduce or stop clinical pathways (will need to be with consultation and agreement with commissioners) or realign resources to meet the demand and manage the back log.

Reporting Division	ES4 Description	Pay Sum of Annual Budget	Non Pay Sum of Annual Budget	Divisional Income Sum of Annual Budget	Total Annual Budget	Total FTE Budget
Community Health & Integrated Care	AHP Leadership	4,857,811	498,612	(156,132)	5,200,291	114.41
	Integrated Community Services	15,505,139	2,349,276	(1,117,200)	16,737,215	400.91
	Management	(2,024,393)	(46,426)	(340,994)	(2,411,813)	-34.01
	MSK Services	4,932,035	105,792	(554,352)	4,483,475	113.97
	Urgent Response & Intermediate	20,003,173	746,717	(840,602)	19,909,288	508.47
Community Health & Integrated Care Total		43,273,765	3,653,971	(3,009,280)	43,918,456	1103.75

- The budgets do not currently include any expectation for WLI, insourcing or outsourcing.

### Cost pressures

- Estates increase in cost – NHS property commencing rental costs in 21/22
- Backlog and meeting the demand of existing core services – workforce requirement
  - Key areas of concern
    - Community rehabilitation 682k
    - Dietetics 3FTE
    - Podiatry 7FTE
    - HIT
    - Acute Therapy
- Estates maintenance within CHIC sites – particularly community
- Rolling replacement programme for equipment within CHIC services

## CHIC Division Workforce

FTE broken down by service is given below, and is based on the M1 budgets for 22/23.

ES4 Description	ES3 Description	Budget FTE	VF	Investment
<b>Management</b>	Post Covid Assessment Service	10.87		10.87
	CHIC Mgmt	26.96	-71.84	
<b>Management Total</b>		<b>37.83</b>	<b>-71.84</b>	<b>10.87</b>
<b>MSK Services</b>	Physiotherapy Outpatient MSK	66.60		
	Pelvic Health	4.70		
	H&R MSK Triage	13.30		
	MSK Administration	29.37		
<b>MSK Services Total</b>		<b>113.97</b>	<b>0.00</b>	<b>0.00</b>
<b>Urgent Response &amp; Intermediate</b>	Acute Resp & Rehab	6.16		
	Acute Stroke	12.51		
	Bexhill Irvine Unit	91.89		
	Contracted Services - ICES	0.91		
	Contracted Services Psychiatry	0.78		
	ESBT Frailty Nurses	14.71		
	ESBT Health & Social CC	5.40		
	ESBT Other	0.11		
	Integrated Night Service	13.63		5.68
	Integrated Therapy Servs - EHS	9.23		

	Integrated Therapy Servs - H&R	9.96		
	Milton Grange	19.69		
	Rotational Posts	67.29		
	Rye Memorial Care Centre	29.40		
	Surgery Therapy Services	15.28		
	Neuro-rehab Service	5.73		
	Comm Stroke & ESD-EHS	14.28		
	Comm Stroke & ESD-H&R	11.48		
	Palliative Therapy Services	0.50		
	HIT	19.15		
	Firwood	0.00		
	Intermediate Care Therapies	27.76		
	Urgent Community Response Team	139.54	-6.92	58.05
<b>Urgent Response &amp; Intermediate Total</b>		<b>515.39</b>	<b>-6.92</b>	<b>63.73</b>
<hr/>				
<b>Integrated Community Services</b>	Continence Service	9.99		
	ESBT Fracture Liaison	3.44		
	JCR - Eastbourne	48.55		
	JCR - Hastings & Rother	47.15		
	JCR - HW, Lewes & Havens	28.68		
	Orthotics	4.83		
	Community Nursing - Hailsham	19.45		
	Community Nursing - Seaford	19.80		

	Community Nursing - Hastings	44.91		
	Community Nursing - Bexhill	46.85		
	Community Nursing - Rother	29.09		
	Comm Nursing EEB, Pev & Pole	33.73		
	Community Nursing ALPS	25.60		
	Community Nursing EB Central	16.68		
	Community Nursing EHS Admin	8.73		
	Enhanced Health in Care Homes	13.43		13.43
<b>Integrated Community Services Total</b>		<b>400.91</b>	<b>0.00</b>	<b>13.43</b>
<b>AHP Leadership</b>	Podiatry	41.27		
	Speech & Language Therapy	29.80		
	Dietetics	43.34		
<b>AHP Leadership Total</b>		<b>114.41</b>	<b>0.00</b>	<b>0.00</b>
<b>Grand Total</b>		<b>1182.51</b>	<b>-78.76</b>	<b>88.03</b>
<b>Total Ledger FTE</b>			<b>1103.75</b>	

# Efficiency Plan – CHIC May 2022

CIP Summary in year	£'000				
Programme	Target	Rec	Non-rec	Total	Gap
AHP Leadership	150.7	3.7	-	3.7	147.0
Integrated Community Services	452.0	20.5	-	20.5	431.6
Management	44.1	3.7	-	3.7	44.1
MSK Services	120.0	3.7	-	3.7	120.0
Urgent Response & Intermediate	556.2	3.7	-	3.7	556.2
	<b>1,323.0</b>	<b>24.1</b>	<b>-</b>	<b>24.1</b>	<b>1,298.9</b>

## 22/23 Financial year

There are three schemes from 21/22 that will continue to deliver benefits in 22/23:

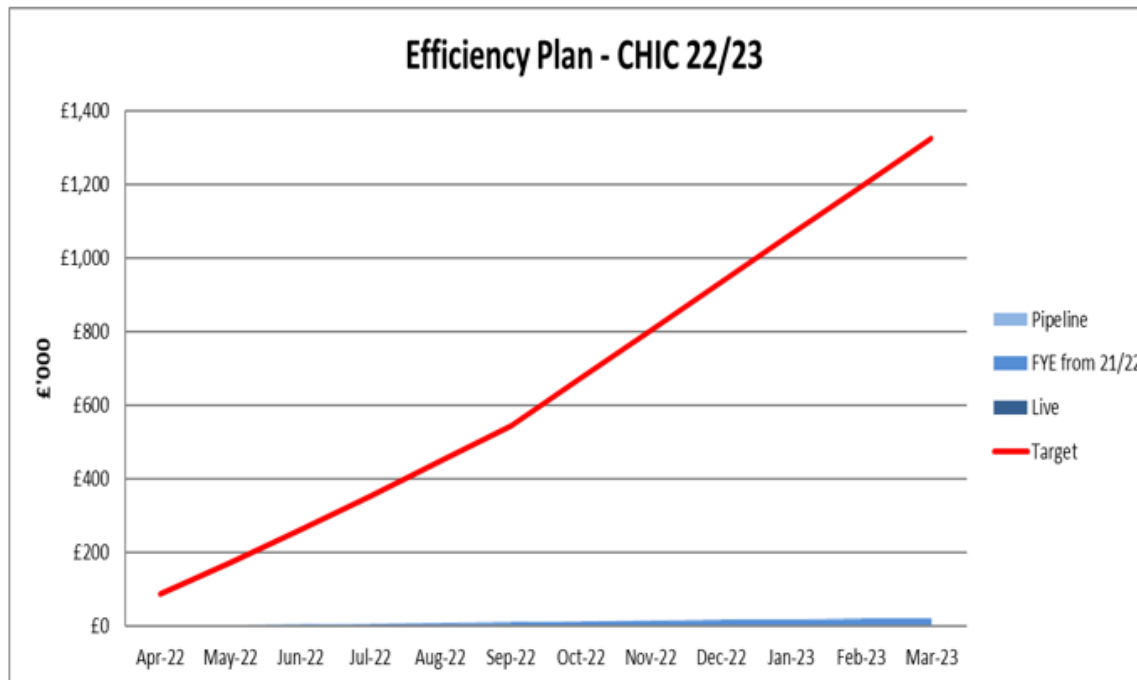
- Continence products contract £5.1k
- Leaf contract renegotiation £15.4k
- Orthotic Supplier Review £3.7k

Plans in development to address the savings gap of £1298.9k include reducing the bed requirements of the Trust through the following schemes:

- Virtual Wards – establishment of virtual wards equivalent to a 28 bed acute ward
- Crisis Response - to reduce the wait time in acute reducing the risk of deconditioning and increase same day discharges.
- Admission Avoidance - preventing a hospital attendance through the urgent community response model

Additionally savings may be realised through:

- Reduced property costs through co-location of some Podiatry and MSK clinics
- Community nursing dressing procurement with NHS Supply Chain



# Efficiency Plan – CHIC

Cost Out/Reduction Efficiency - Highest Value Identified Schemes		
Top 5 Schemes by value	£'000	Rec/Non-Rec
Leaf Contract Renegotiation (Podiatry)	15.4	Recurrent
Continence products contract	5.1	Recurrent
Orthotic Supplier Review	3.7	Recurrent

Challenges to Delivery	
Description	Mitigations

## Approved Schemes

Project Ref	Project Name	Project Description	Project Owner	Progress RAG	Financial Benefit RAG	22/23 YTD £'000			22/23 FYE £'000		
						Plan	Actual	Variance	Plan	Forecast	Variance
CH122	Continence Products	Negotiated discount of 1.2% on products	Elaine Tate	G	G	0.85	0.85	0.00	5.10	5.1	0.00
CH141	Leaf Contract Renegotiation (Podiatry)	Reduced contract for referrals to the Leaf Hospital	Lesley Baker	G	G	0.75	0.75	0.00	15.37	15.37	0.00
Totals						1.60	1.60	0.00	20.47	20.47	0.00

## Pipeline Schemes

Project Ref	Project Name	Project Description	Project Owner	Estimated Value 2022/23 £'000	Estimated Value Full Year £'000	Benefits start date	Next Steps
IDCH056	Orthotic Supplier Review	Review of suppliers moving to Supply Chain where beneficial	Elaine Tate	3.7	4.0	March 22	FEC Approval

# Efficiency Plan – CHIC

## Ideas

Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
IDCH053	Invest to save - Lewes co-locate services	Co-locate services at Lewes	Lesley Baker	Financial	Confirm availability of capital funding and benefits of the scheme
IDCH052	Invest to save - Newhaven Co-locate services	Co-locate services at Newhaven	Lesley Baker	Financial	Confirm availability of capital funding and benefits of the scheme
IDCH097	Community nursing - dressing review	Long term project with NHS Supply Chain to reduce costs.	Angela Paice	Financial	Review monthly with procurement
IDCH148	Orthotics review of service model	Complete review of Orthotics Service	Elaine Tate	TBC	Appointment of external reviewer expected. Timeline for review TBC
IDCH149	Virtual Wards	Establish virtual wards to reduce bed requirements	Katy Lynes	TBC	Meeting with Katy Lynes and Paul Relf to discuss details has been deferred twice due to operational pressures.
IDCH150	Crisis Response	To support additional discharges from acute sites on Pathway 1	Katy Lynes	TBC	Meeting with Katy Lynes and Paul Relf to discuss details has been deferred twice due to operational pressures.
IDCH151	Admission Avoidance	Avoid admission through increase in Urgent Community Response	Katy Lynes	TBC	Meeting with Katy Lynes and Paul Relf to discuss details has been deferred twice due to operational pressures.

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# Women, Children, Sexual health and Audiology Division

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## Business Plan

2022/23

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## WCSH Division Priorities

Each of the divisional priorities are given in detail below, along with key interdependencies and enablers, and suggested KPIs.

### 1. Upgrading revised Gynaecology Footprint / Services

- Develop acute gynae unit to include Hyperemesis Suite/ Urgent Treatment Suite / 111 / management of planned & Emergency care
- Effective day case throughput in EDGH
- The service has been affected by the changes in escalation over the past two years, and requires ringfenced capacity in order to meet its activity targets and deliver recovery
- Planning for the service in 22/23 includes changes in practice due to COVID requirements.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• Activity in line with national planning.</li> <li>• Increase day case rate for Gynae</li> <li>• RTT / PIFU and recovery plan</li> </ul>	<ul style="list-style-type: none"> <li>• Trust operations flow - Assumes that bed base for Gynae remains as per business as usual (i.e. beds not used for escalation purposes).</li> <li>• Maternity – estates work above are linked with maternity increase bed base due to increase in planned care (elective c-section)</li> <li>• Diagnostic capacity to support pathways (w/ Core)</li> </ul>	<ul style="list-style-type: none"> <li>• Estates – To review footprint and redesign (in line with maternity services).</li> <li>• HR – Recruitment of medical staff (In order to deliver Ockenden requirements and fill vacant posts).</li> <li>• Agreement on the locations of gynae planned care</li> </ul>

### 2. Maternity & Obstetrics Transformation (Ockenden / Maternity Transformation)

- Ockenden / Maternity Transformation
- There are a number of national reports this year that require action from the Trust (Ockenden- final/ East Kent / Nottingham)
- Ockenden and NICE Guidance has increased the requirements for planned c-sections.
- Requirement for allocation of a second theatre space in order to be able to deliver the increases in planned care. (Build will be part of BFF in future).
- Review of planned care (NICE) & induction of labour pathway (bed days/theatre usage)

- Strategic Maternity Assurance Structure – An assurance structure is required as part of Ockenden and will be discussed at Trust board seminar imminently.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• Activity in line with national planning / increased requirements</li> <li>• Use of the Sussex Perinatal Quality Surveillance Operating Model</li> <li>• Retention and Recruitment Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Interdependencies also as per Gynae reconfig.</li> </ul>	<ul style="list-style-type: none"> <li>• Digital - Continue embedding all BadgerNET capabilities (e.g. remote CTG viewing) / Networking (WiFi)</li> <li>• HR – Staffing / training / equipment requirements in order to deliver Continuity of Carer</li> <li>• Estates – To review footprint and redesign (in line with gynae footprint).</li> <li>• HR – Recruitment of medical staff in or to deliver Ockenden requirements.</li> </ul>

### 3. Paediatric Transformation:

#### 3.1 Community

- Delivery of Community Hub: Egerton Park & spoke: Scott/Kipling
- Transformation of the neurodevelopmental Pathways (Medical/Nursing/AHP) – Investment required to commence this work/ part of transformation work
- Work with ICS to transform Neurodevelopmental Pathways (Education/CAMHS/Social Care)

There is a significant backlog and waiting list in community paediatrics which will take approximately 5 years to recover and transform due to impact of COVID on waiting lists (no space to carry out assessments, and assessments had to be carried out over multiple sessions, staff were relocated to support acute services). This requires working collaboratively with our partners in Social Care, CAHMS and Education. This requires a service redesign and renewed service specification, which will require recurrent funding (22/23 funding agreed). There has been an increase in referrals following COVID due to the impact of lack of educational/nursery exposure over the pandemic – this has caused an influx recently, including safeguarding (30% increase in safeguarding Children over the past two years).

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>Shorter time from referral to final diagnosis in Neurodevelopmental Pathways</li> <li>Reduction of waiting times.</li> <li>Reduction in vacancy rate (inc. retention and recruitment planning for health visiting)</li> </ul>	<ul style="list-style-type: none"> <li>Close working with ICS on Transformation.</li> <li>Close working with partners Children's Social Care / CAMHS / Education.</li> <li>Close working with Acute Paediatrics and Paediatric Audiology.</li> </ul>	<ul style="list-style-type: none"> <li>Digital – To be embedded at Egerton Park / Increase SystemOne capabilities.</li> <li>Estates – Timetable for move from EME to Scott Unit (Dependent on SSPAU relocation).</li> <li>HR - Health visiting workforce transformation plan (current 50% vacancy rate)</li> </ul>

### 3.2 Acute

- Elective activity / footprint at EDGH (planning in progress)
- Closer alignment with ED / Front Door at both sites
- Sub Speciality development (in line with National Guidance)
- Acute Paediatric Outreach review

Elective Surgery – Re-commence paediatric surgery at EDGH once suitable accommodation is available.

Sub specialty development to meet the requirements of new national guidance. (e.g. 10-15% increase in diabetes, Asthma national guidance, Epilepsy guidance).

The increase in safeguarding is also increasing the work in acute paediatrics, including young people with MH conditions that require admission and the reduction of Tier 4 beds for mental health – meaning that the children remain at acute sites and resources are stretched in order to meet their needs (approx. 30% more since COVID / 2019, exacerbated by reduction in beds).

Implementation of shift co-ordinators in line with national guidance and to reduce internal risk.

Embedding the new PEWS 2

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>Improve usage of SSPAU</li> <li>Maintain RTT in line with National Requirements</li> <li>Elective activity as per planning guidance</li> </ul>	<ul style="list-style-type: none"> <li>Urgent Care – Develop and implement a front door model at both sites</li> <li>Psychology – Health psychology support required to deliver guidance associated</li> </ul>	<ul style="list-style-type: none"> <li>Estates – Relocation of SSPAU on EDGH site</li> <li>HR – Staffing restructure in order to support 24/7 model to cover SSPAU at CQ – to support admission avoidance and closure of 4 inpatient beds.</li> </ul>

	with many functional illness pathways. <ul style="list-style-type: none"> <li>• Tertiary Units for acute services</li> <li>• Diagnostic capacity to support pathways</li> </ul>	<ul style="list-style-type: none"> <li>• HR – Development of the Acute Outreach Nursing Team</li> </ul>
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#### 4. Transition (Paediatric to Adult Services)

- Good joint working between neuro-disability lead nurse for transition and community paediatrician has established a more robust neuro-disability transition pathway and dedicated transition clinics.
- There is still some work to do to optimise transition pathways with adult services for chronic conditions such as diabetes and epilepsy.
- There needs to be increased commitment to ensure adult nurse role to lead transition is consistent and effective.
- Transition steering group consider TOR review and ensure correct representation and actions to be monitored.
- There is a cohort of 16-18 year olds with mental health issues who need hospital admission who currently fall between the age gaps for services.

KPIs (subject to review)	Interdependencies	Enablers
<ul style="list-style-type: none"> <li>• Patient passports / “Ready-Steady-Go” in place for children’s with additional needs / chronic health conditions</li> <li>• Transition steering group to develop KPIs</li> </ul>	<ul style="list-style-type: none"> <li>• Cross Divisional – Understanding of trust priority to support cultural change from adult services.</li> <li>• Social services (Children and Adults)</li> </ul>	<ul style="list-style-type: none"> <li>• Pathways need to be embedded and joint working with adult services, in order to provide effective transition.</li> </ul>

# WCSH Division Strategy

## 1. Our 5 year Strategy

1.1. Our goals differ slightly for Women's health and Children's services in WACSH

- For Maternity we have developed a strategy (aligned to the Trust Clinical Strategy) with the main goal of
  - Sustaining Outstanding services
  - Maintaining 4, clear birthing options for East Sussex
    - Enhancing Obstetric-led care at Conquest
    - Developing a modern Maternity Hub at Eastbourne with high quality, accessible and better utilised midwife-led services
  - Improving our virtual offer and supporting self-care and home monitoring
- For Gynaecology our goal is to optimise the way inpatient services are configured
  - This means exploiting the interdependency with Obstetric services at Conquest and the development of 'day case excellence' and an elective hub at Eastbourne to ensure we can offer the best quality possible and better access to faster, day case pathways
- For Acute Paediatrics our goals are to:
  - Redesign the urgent services at EDGH
  - Develop new roles, like APNPs, to improve service capacity
  - Reinvent 'general paediatrics' working with PCNs & Schools to integrate hospital with community based delivery
  - Design the right environments for young people and improve transitional support
- For Community Paediatrics our goals are to:
  - Co-develop a collaborative model - to develop capacity in the system, bring our shared approach up to date with best practice, improve quality and address waiting times
    - 1.1...1. This includes 'one-stop' pathway steps, MDT triaging, upskilling nurse assessors, integrating with Child Therapies
  - Embed integrated Neurodevelopmental pathways – for quicker access, more efficient use of resources to ensure children get support far quicker

## 2. Enabling Strategies

2.1. Our strategy is directly relevant to core statements 3 & 5 in our clinical strategy

***“New, collaborative model of care for children and young people” &  
“Enhancing access and quality in services for Women”***

2.2. Success will also depend on key aspects of our enabling strategies

- From the digital strategy – as well as using digital resources to improve efficiency, above all we need to be able to share information with system partners and patients much more easily, *especially* for the Paediatric ambitions
- Estates are a key enabler for us in the short term – we have to resolve key locations for the Acute Paediatric model and Community paediatrics resources. Longer-term Acute Paeds will link to the planned Emergency Floor models assumed in BFF. At the right time we also need to locate and plan the Maternity Hub in Eastbourne and our goals for Gynae depend on the Trust progressing it's day case strategy

- The People Strategy is also critical for us – we need to expand non-medical and new roles, provide career progression for them (and be able to train our own) and staff wellbeing. New roles are particularly critical in the Paeds strategies.

### 3. Our 22/23 strategic priorities

3.1. Given the above, for 22/23 the top priorities for WACSH are

Strategic Aim	Trust 22/23 Priorities	Divisional Priority Projects / Programmes	Local Metrics
<b>Collaborating to deliver care better</b>	<ul style="list-style-type: none"> <li>• Deliver 104% of our 19/20 activity baseline</li> <li>• Limit patients not meeting the Criteria to Reside to 50 to maintain acute flow</li> </ul>	<ul style="list-style-type: none"> <li>• Optimise use of day case capacity at EDGH</li> <li>• OP Transformation</li> <li>• Maternity Strategy</li> <li>• Community Paediatric Capacity</li> <li>• Acute Paediatric configuration</li> </ul>	<ul style="list-style-type: none"> <li>• Meet Elective activity plans</li> <li>• Day Case Gynae increase</li> <li>• N-CTR &amp; MRD 'run rate'</li> <li>• Community Paeds wait profile</li> <li>• Sussex Peri-natal surveillance</li> </ul>
<b>Empowering our People</b>	<ul style="list-style-type: none"> <li>• Develop new roles to sustain our workforce &amp; support new models of care</li> <li>• Support team morale in core impact services by focusing on what our people tell us matters to them</li> </ul>	<ul style="list-style-type: none"> <li>• Key impact areas in Maternity – for new roles and staff morale</li> <li>• New roles/role development for community paediatrics</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment to target roles</li> <li>• Retention in general</li> <li>• Staff survey</li> </ul>
<b>Ensure Innovative &amp; Sustainable Care</b>	<ul style="list-style-type: none"> <li>• Deliver financial plan deficit of £7.1m</li> <li>• Manage sustainable ED performance, minimising unwarranted variation in waiting times for patients</li> </ul>	<ul style="list-style-type: none"> <li>• CIPs</li> <li>• Acute Paeds – ED Alignment</li> <li>• Admission avoidance/condition guidance</li> </ul>	<ul style="list-style-type: none"> <li>• CIPs &amp; Financial Trajectory</li> <li>• [ED standards for children]</li> <li>• National guidance – diabetes, epilepsy, asthma</li> </ul>
<b>Improving the health of our communities</b>	<ul style="list-style-type: none"> <li>• No priority metrics for 22/23, tracking priority transformation milestones only</li> </ul>	<ul style="list-style-type: none"> <li>• Neurodevelopmental pathway review</li> <li>• Transition age / age appropriate models</li> <li>• Acute Paeds outreach (new roles)</li> <li>• Maternity Hub</li> </ul>	<ul style="list-style-type: none"> <li>• No Metrics</li> </ul>

## WCSH Division Activity

POD	19/20 Actual (M1-M11)	March 2020 (counterfactual s)	Baseline	Baseline (working day adjusted for 22/23)	21/22 Actual (M1-M9)	Baseline M1-M9 (working day adjusted for 21/22)	Predicted 21/22 Outturn (% of 19/20 Baseline)	22/23 Growth Requirement	22/23 Requirement	Predicted 21/22 Outturn	Activity Increase Required for 22/23 Requirement (%)	Additional Activity Required
FA_OP	17,555	1,618	19,173	19,030	17,383	14,570	119%	761	19,791	22,835	-13%	3,044
FUP_OP	27,638	2,828	30,466	30,257	18,918	22,449	84%	4,538	25,718	25,482	1%	236
Daycase	960	100	1,060	1,051	826	786	105%	42	1,093	1,105	-1%	12
ElectiveIP	479	44	523	520	353	401	88%	52	468	463	1%	5
NonElective	7,399	755	8,154	8,129	4,874	5,884	83%	244	8,373	6,767	24%	1,606
<b>Grand Total</b>	<b>54,031</b>	<b>5,346</b>	<b>59,377</b>	<b>58,987</b>	<b>42,354</b>	<b>44,091</b>	<b>96%</b>	<b>3,543</b>	<b>55,443</b>	<b>56,651</b>	<b>-2%</b>	<b>1,208</b>

## WCSH Division Budget

Reporting Division	ES4 Description	Pay Sum of Annual Budget	Non Pay Sum of Annual Budget	Divisional Income Sum of Annual Budget	Total Annual Budget	Total FTE Budget
Women's, Children's & Sexual Health	Audiology	1,273,954	772,536	(49,440)	1,997,050	33.05
	CDC and Community Medical	3,243,583	31,596	(167,364)	3,107,815	49.24
	Health Visiting	6,111,649	185,268	(6,669,888)	(372,971)	153.82
	Management	578,546	(232,796)	(36,540)	309,210	19.14
	Maternity / Midwifery	8,931,046	658,500	(8,532)	9,581,014	198.60
	Paediatrics	8,346,397	531,324	(177,624)	8,700,097	141.33
	SCBU	1,261,555	87,396		1,348,951	27.86
	Sexual Health	2,266,407	522,816	(71,196)	2,718,027	48.16
	Women's Health	5,816,389	282,924	(11,256)	6,088,057	79.54
Women's, Children's & Sexual Health Total		37,829,526	2,839,564	(7,191,840)	33,477,250	750.74

### Cost pressures

Division	Cost Pressure Narrative	£	WTE	Comment
WAC	Paeds transformation - Other staffing (including re-instatement of Dec20 NER) . Of which 8B HoN essential (£69k)	201,000	4.8	Paeds wards are requesting that the level of staffing proposed in the previous NER (Dec 20) is restored (likely included in latest NER request).
WAC	Cancer Nurse Specialist funding ceased	50,431	0.9	This is a post formerly funded via Macmillan but after 3 years the trust "agrees" to take the role on recurrently
WAC	BR+ guidance implies that possible increase on SALT cover to 26.4%	315,000	6.2	Paper taken to IPR, moving SALT from current 21% to be more inline with national guidance for BR+

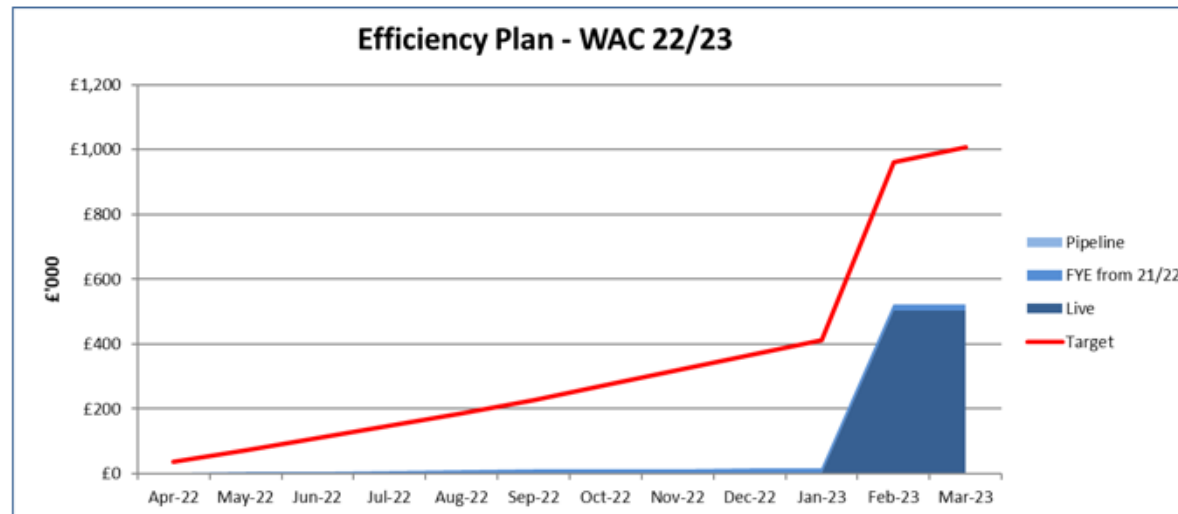
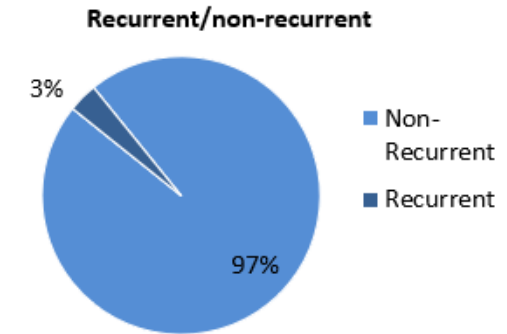
- The budgets do not currently include any expectation for WLI, insourcing or outsourcing.

## WCSH Division Workforce

Women's, Children's & Sexual Health Workforce Planning	Establishment	Plan	Plan	Plan	Plan	Plan	Establishment	End of year Establishment - End of Year WTE	End of Year WTE - Start of year WTE
	2021/2022	Staff in post outturn	As at the end of Jun 22	As at the end of Sep 22	As at the end of Dec 22	As at the end of Mar 23	2022/2023		
	Year End (31st March 22)	Q1	Q2	Q3	Q4	31st March 23			
	Budget	Usage	Usage	Usage	Usage	Usage	Budget		
Substantive	777.0	669.2	668.4	669.0	675.0	678.8	777.0	98.2	9.6
Bank	7.0	28.8	36.7	37.1	24.8	29.3	7.0	-22.4	0.5
Agency	0.3	6.6	9.4	6.2	10.4	5.5	0.3	-5.2	-1.1
Workforce Pipeline	26.50	0.5	0.5	0.5	0.5	0.5	-9.1	-9.6	
<b>Total Workforce</b>	<b>810.8</b>	<b>705.1</b>	<b>715.0</b>	<b>712.8</b>	<b>710.7</b>	<b>714.2</b>	<b>775.1</b>	<b>61.0</b>	<b>9.0</b>
<b>Total Workforce (Substantive, Bank, Agency) by Staff Group</b>									
Administrative and Clerical	100.2	93.3	91.8	93.5	95.1	94.9	98.5	3.6	1.6
Estates and Ancillary	7.4	5.2	5.5	5.2	5.2	5.2	6.2	1.1	
Additional Clinical Services	169.4	139.3	139.2	140.7	133.0	134.5	153.7	19.2	-4.8
Allied Health Professionals	1.0	0.5	0.5	1.5	0.5	0.5	1.0	0.5	
Medical and Dental	84.9	105.8	101.5	100.4	98.0	97.0	84.9	-12.2	-8.8
Nursing and Midwifery Registered	425.1	352.3	352.9	349.9	355.3	359.6	408.2	48.6	7.3
Add Prof Scientific and Technic	3.8	4.7	5.2	3.4	5.3	4.2	3.8	-0.4	-0.5
Healthcare Scientists	17.9	16.4	16.4	16.4	16.4	16.4	17.9	1.5	
Students		1.7	1.7	1.7	1.7	1.7		-1.7	
Other	1.0	0.1	0.1	0.1	0.1	0.1	1.0	0.9	

# Efficiency Plan – WAC May 2022

CIP Summary in year	£'000				
Programme	Target 22/23	Rec	Non-rec	Total	Gap
Audiology	55.3	-	-	-	55.3
Community Paediatrics	87.6	-	-	-	87.6
Management	38.0	-	-	-	38.0
Maternity / Midwifery	260.6	17.2	504.2	521.4	(260.8)
Paediatrics	266.4	0.6	-	0.6	265.8
SCBU	40.7	-	-	-	40.7
Sexual Health	79.8	-	-	-	79.8
Women's Health	179.2	-	-	-	179.2
	1,007.5	17.8	504.2	522.0	485.4



## 22/23 Financial year

There are two schemes from 21/22 that will continue to deliver benefits in 22/23:

- Continence products contract £0.6k
- IT Maternity System (BadgerNET) £17.2k

Additionally the CNST rebate for maternity will be £504k if the criteria are met.

Plans in development to help address the savings gap of £485.4k include:

- Two private patient income generation schemes in Audiology.
- Review of service design in Paediatrics

# Efficiency Plan – WAC

## Cost Out/Reduction Efficiency - Highest Value Identified Schemes

Top 5 Schemes by value	£'000	Rec/Non-Rec
22/23 Maternity CNST Rebate	504.2	Non-Rec
IT Maternity System (BadgerNET)	17.2	Rec
Continence products contract	0.6	Rec

## Challenges to Delivery

Description	Mitigations
Two audiology income generation schemes are dependant on availability of space.	Investigating the possibility of using portable equipment and part time use of an ENT clinic room.

## Approved Schemes

Stage	Project Ref	Project Name	Project Description	Project Owner	Progress RAG	Financial Benefit RAG	22/23 YTD £'000			22/23 FYE £'000		
							Plan	Actual	Variance	Plan	Forecast	Variance
FYE	WAC093	Maternity IT system: BadgerNET	New IT system for patient records	Brenda Lynes	G	G	2.06	2.06	0.00	17.22	17.22	0.00
FYE	WAC158	Paediatric continence products	Percentage reduction in contract price	Amanda Isted	G	G	0.10	0.1	0.00	0.60	0.6	0.00
Live	WAC211	CNST improvement rebate 22/23	Maternity Improvement Scheme rebate	Alison Newby	A	A	0.00	0.00	0.00	504.21	504.21	0.00
Totals							2.16	2.16	0.00	522.03	522.03	0.00

# Efficiency Plan – WAC

## Ideas

Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
IDWAC096	Allergy one stop shop income	To ensure correct income is being received.	Amanda Isted	TBC	SG confirm again with Dan Stevens. Investigate coding for a few patients to ensure captured as MDT.
IDWAC101	Private Microsuction Clinics	Income through private provision	Christina Charsley	Financial	To progress in 22/23. Timeline TBC
IDWAC118	Gynae Theatre activity	Improve efficiency of Gynae theatre lists	Ian Woodward/ Ronda Prater	Non-Financial	Will be included in the theatre productivity workstream.
IDWAC122	Paeds OP improvements inc PIFU	Improve OP efficiency	Amanda Isted	Non-Financial	
IDWAC167	Uroflowmetry Service	Potential new service	Amanda Isted	TBC	Amanda has confirmed we are not commissioned for this service and the number that are referred to tertiary centre are very small..
IDWAC171	Audiology Direct Access	Review of current ENT pathway to enable direct referral to Audiology	Ian Woodward	Non-Financial	Engagement with ENT required. Chrissy Charsley and Ian Woodward to take forward.
IDWAC172	Private Patients Hearing Aids	Income through private provision	Christine Charsley	Financial	Finalise benefits - refresh of finance required.
IDWAC174	Community Paed Clinic Hub	New clinic hub at Egerton Park	Carol Lee	Non-Financial	Benefits to be defined to confirm if any financial or all non-financial
IDWAC177	LAC Nurse team integration	LAC nurse hub. Service users attend hub rather than home visits	Carol Lee	Financial	Benefits to be defined
IDWAC193	Gynae Out Patients - PIFU	Include Gynae pathways in PIFU	Ronda Prater	Non-Financial	Work started in line with guidance. Clinical protocols to be developed asap. Request in Future NHS for any protocols already developed by other Trusts.

# Efficiency Plan – WAC

Project Ref	Project Name	Project Description	Project Owner	Type	Next Steps
IDWAC195	Gynae OP - Fertility Referral Pathway	To reduce inappropriate referrals	Ian Woodward	Non-Financial	To progress in 22/23.
IDWAC207	Out Patient induction	Reduce admissions	Cassie-Louise Holdsworth	Non-Financial	Determine benefits and viability of scheme
IDWAC212	Review of acute Paediatric service delivery	To improve efficiency within the acute paediatric service	Amanda Isted	Financial	Large programme of work - further engagement with PSO needed to help record the benefits.
IDWAC213	PIFU in Audiology	Meet national target and improve OP efficiency	Christina Charsley	TBC	New project
IDWAC214	Pessary outpatient appointments	Move majority of Pessary service to primary or self care	Ronda Prater	TBC	New Project

## Quality Account priorities – 2022/23

Meeting information:			
Date of Meeting:	14 <sup>th</sup> June 2022	Agenda Item:	11
Meeting:	Trust Board	Reporting Officer:	Chief Nurse and DIPC

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

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

### Summary:

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

Each year, NHS organisations are required to publish a Quality Account which incorporates quality improvement priorities for the upcoming year. National guidance states that there is a need for “at least three priorities per quality domain”; patient safety, clinical effectiveness and patient experience.

A ‘long’ list of Quality Account priorities for 2022/23 was compiled and reviewed to ensure suitability; these were then sent out for public consultation during March 2022.

The public group were asked to select their preferred options, one from each of three categories (patient safety, patient experience and clinical effectiveness). The priorities selected by the public were:

- Clinical Effectiveness - Ensure patient nutrition and hydration needs are met
- Patient Safety - Safer staffing
- Patient Experience - Learning from Complaints

All national and local project timescales have been met to date and the Trust is on target to publish their Quality Account by the national deadline (30/06/2022).

The senior responsible officers for the three priorities are:

- Clinical Effectiveness - Ensure patient nutrition and hydration needs are met – Medical Director
- Patient Safety - Safer staffing – Chief Nurse

- Patient Experience - Learning from Complaints - Director of Strategy, Inequalities and Partnerships

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

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Quality and Safety Committee on 21 April 2022

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

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The Trust Board are requested to delegate authority for the approval of the Quality Account to the Quality and Safety Committee.

## Maternity Overview

Meeting information:			
Date of Meeting:	14 <sup>th</sup> June 2022	Agenda Item:	12
Meeting:	Trust Board	Reporting Officer(s): Chief Nurse & DIPC, Head of Midwifery & Director of Quality and Assurance for Maternity, WCSH Division	

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

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

## Summary:

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

The Ockenden Report<sup>1</sup> recommends that the Trust Board review the Perinatal Quality Surveillance Tool, maternity Serious Incidents and the Perinatal Mortality Review Tool on a quarterly basis. This information is also discussed in detail at the Quality & Safety Committee each month. This additional summary report is to ensure transparency of the maternity service and timely escalation of issues to the board.

This is the first report of this kind to the Trust Board, providing an overview of this reporting requirement since the launch of the Perinatal Quality Surveillance process in January 2021. The LMNS and ESHT commenced the use of this tool from April 2022. There are 6 Domains within the tool:

- Perinatal Quality Surveillance National Ambitions
- Operational Delivery
- Ockenden
- Maternity Workforce Midwives
- Voice of the User
- Team feedback

The six domains will be used to provide assurance, highlight areas of good practice and those of concern.

<sup>1</sup> [OCKENDEN REPORT - MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST](https://publishing.service.gov.uk)  
(publishing.service.gov.uk)

## Perinatal Quality Surveillance National Ambitions

This dashboard systematically reviews quality indicators for Trust maternity services in response to the Ockenden report. The dashboard is reviewed monthly during the Divisional Governance meeting, Maternity Assurance meeting (Chaired by the CEO with Executive attendance) and the Trust's Quality and Safety Committee (Q&SC). The dashboard is then shared with the Local Maternity and Neonatal System (LMNS) and issues of concern are escalated to the Integrated Care System (ICS) via the Quality Governance and Improvement Group (QGIG). The process is to enable transparency of the maternity service within the Trust and the system, with timely escalation of concerns regionally and nationally if required.

## HSIB Referrals

Referrals to the Healthcare Safety Investigation Branch (HSIB)

- 3 referrals made;(1 January & 2 February). Two cases involved therapeutic cooling of a baby. Neither case met the criteria for investigation and were closed by HSIB. The Trust is undertaking an internal amber review for both. The remaining case related to an intrapartum stillbirth (reported in February). A letter of immediate concern was received from HSIB and a response returned within agreed timeframes. HSIB investigations are currently taking 6 months to receive final report.

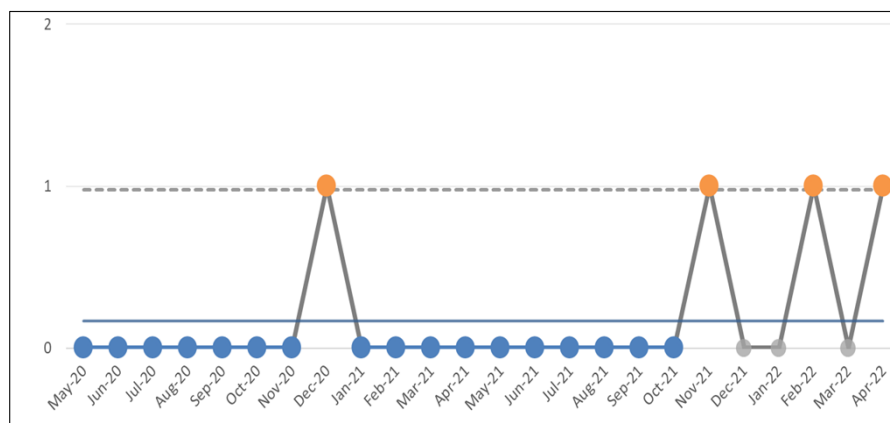
## Closed Serious Incidents

Analysis of the last quarter's closed Serious Incidents

- One SI was closed during Q4 (January-March 2022): Lessons learned from this case included the requirement for detailed documentation of assessment and conversations undertaken with the birthing person/family. These have been shared with the clinical team,

## Stillbirth data

The chart below shows the number of intrapartum stillbirths reported between May 2020 and April 2022.



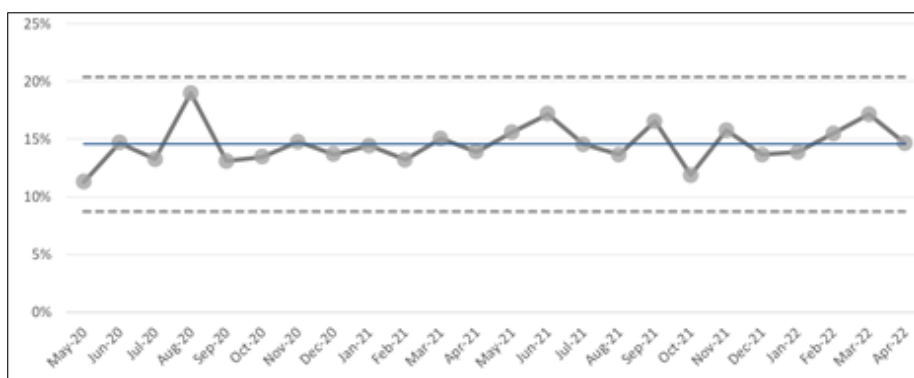
**Intrapartum Stillbirths May 2020 – April 2022**

Two cases (December 2020 and November 2021) related to pre-term birth and have been subject to an internal review. The remaining cases from February and April 2022, have been reported to HSIB as the baby was thought to be alive at the start of labour<sup>2</sup> and was born with no signs of life.

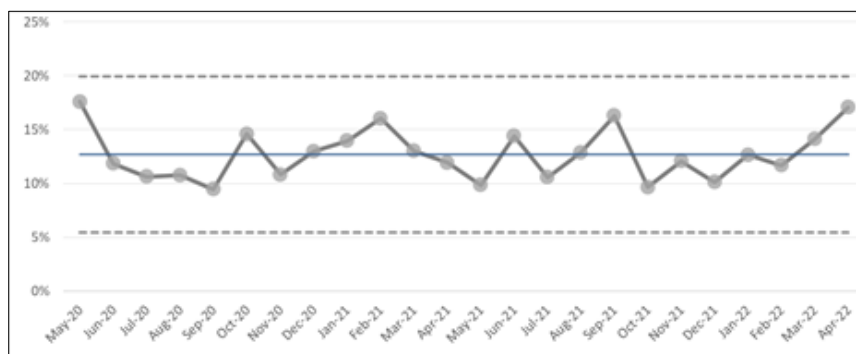
MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK), provide a 3 yearly report (due to numbers being small), for which ESHT at 2020 were not an outlier, the LMNS are obtaining data from other local hospitals to allow for a local data review. Since 2021 all HSIB cases are raised as SI's. ESHT have reviewed all cases and no trends have been noted.

### Smoking in Pregnancy

There is a direct link between smoking in pregnancy and perinatal mortality. The PQS dashboard monitors 5 indicators, two of which are represented in the charts below.



Smoking at Booking - Trust level (National target <12%)



Smoking at Delivery - Trust level (National target <6%)

Smoking during pregnancy and at the time of birth remains above the national targets and is a concern for ESHT. Actions include working with One You East Sussex (OYES), to refer pregnant people for smoking cessation support. In April 2022, the Trust employed a specialist midwife (Tobacco Control) and a specialist maternity support worker to provide a targeted approach to promote healthy

<sup>2</sup> HSIB definition of labour: Any labour diagnosed by a health professional, including the latent phase of labour at less than 4 cm cervical dilatation.

When the woman called the unit to report any concerns of being in labour, for example (but not limited to) abdominal pains, contractions or suspected ruptured membranes (waters breaking).

Induction of labour (when labour is started artificially).

When the baby was thought to be alive following suspected or confirmed pre-labour rupture of membranes.

pregnancy, including smoking cessation, for vulnerable young people. It is hoped to extend these services to all pregnant people and negotiations are taking place to plan future service delivery.

### **Analysis Moderate & Severe Incidents – Q4 (January - March 2022)**

Seven severity 3, 4 & 5 incidents were reported in Quarter 4 (Jan-March 2022). Following internal scrutiny of each case at the Trust Weekly Patient Safety Summit, three were subsequently downgraded.

Of the four incidents remaining, one was reported as a moderate harm as a baby required active cooling following birth by emergency caesarean section. This case did not meet the criteria for investigation by HSIB. A further incident relating to preterm birth (28 weeks' gestation) was reported and is being reviewed by the Trust as an amber investigation as the mother, who was an asylum seeker, had not received appropriate antenatal care.

The final two incidents have been reported as a serious incident and a never event (see section below relating to serious incidents).

Two amber incidents were reported between January and March 2022. One case is linked to a cooled baby (see section 1a above). The second case relates to the delayed transfer of a baby with persistent pulmonary hypertension which needed treatment with Nitric Oxide. The transfer team did not have this available and therefore had to wait until it was received before transferring the baby to NICU. Both reports are in progress and will be shared once complete

### **Reported Serious Incidents**

The Ockenden Report recommends that all maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMNS for scrutiny, oversight and transparency. This must be done at least every 3 months.

Between January and March 2022 two incidents were reported. The first incident has been confirmed as a Never Event. This relates to a retained swab following emergency c/s. The second incident relates to an intrapartum stillbirth which has been accepted for investigation by HSIB and has been declared as a serious incident. The reports for these investigations have not yet been closed therefore are not yet ready for sharing at Trust Board and will be sent once complete.

### **Continuity of Carer**

The final Ockenden report was published in March 2022. Within the report, a specific action was required for 'All trusts must review and suspend, if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.' Consequently, a revised MCoC plan has been completed and is scheduled for review on 23<sup>rd</sup> May 2022 ESHT maternity services currently have adequate establishment funding to provide high quality care in the transforming service. The current headroom uplift recommendation is 26.4%, this has been agreed by the trust. This will provide an additional 6.23wte midwives.

The ongoing COVID-19 pandemic has impacted negatively on the maternity workforce. Not only in terms of staffing gaps, but also on the wellbeing of staff. This resulted in an additional strain on the service, requiring a temporary reconfiguration of services.

Concerns remain about the risk associated with whole service MCoFC. The expectation of staff to work in a very different way and work in areas of the service they have not worked in for significant lengths of time pose significant challenge and some risk. There are also considerable costs associated with this transformation. We are working through these issues with national leads and escalating concerns to the national team as well as the Trust Executive team. At present ESHT have two MCoFC teams, these teams will continue.

### **Progress with the Clinical Negligence Scheme for Trusts (CNST) requirements**

Escalation of risk to achieving compliance discussed when required

### **Perinatal Mortality Review Tool (PMRT)**

It is recognised that tragically, some babies die during pregnancy, birth or in the neonatal period. Due to significant improvements in identification of “at risk” pregnancies and pathways of care, the number of deaths is reducing; however, the importance of learning from pregnancy loss is clear. The aim of the PMRT programme is to support standardised perinatal mortality reviews across NHS maternity and neonatal units in England, Scotland and Wales. The tool supports:

- Systematic, multidisciplinary, high quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death, and the deaths of babies who die in the post-neonatal period having received neonatal care;
- Active communication with parents to ensure they are told that a review of their care and that of their baby will be carried out and how they can contribute to the process;
- A structured process of review, learning, reporting and actions to improve future care;
- Coming to a clear understanding of why each baby died, accepting that this may not always be possible even when full clinical investigations have been undertaken; this will involve a grading of the care provided;
- Production of a report for parents which includes a meaningful, “plain speak” explanation of why their baby died and whether, with different actions, the death of their baby might have been prevented;
- Other reports from the tool which will enable organisations providing and commissioning care to identify emerging themes across a number of deaths to support learning and changes in the delivery and commissioning of care to improve future care and prevent the future deaths which are avoidable;
- Production of national reports of the themes and trends associated with perinatal deaths to enable national lessons to be learned from the nation-wide system of reviews.
- Parents whose baby has died have the greatest interest of all in the review of their baby's death. Alongside the national annual reports, a lay summary of the main technical report will be written specifically for families and the wider public. This will help local NHS services and baby loss charities to help parents engage with the local review process and improvements in care.

### **Findings from local PMRT reviews:**

A quarterly report is provided by the Specialist Midwives for Maternity Bereavement and reviewed within Divisional Governance meeting and Maternity Board. All cases reviewed met the following requirements:

1. All cases are reported to MBRRACE within 7 working days
2. 100% of cases that fit the criteria of PMRT have been reported

3. 100% of reported PMRT cases have been reviewed and completed within the 4 months recommendation
4. 100% of reported PMRT cases have been reviewed by a multi-disciplinary team
5. All parents who fit the criteria for PMRT review are given written information prior to discharge from labour ward
6. An External Reviewer must be present (from April 2021) – there have been challenges with obtaining an external reviewer at scheduled meetings. The bereavement team are working closely with the LMNS to resolve this.

### Operational Delivery/Maternity Workforce

- a. Clinical midwife fill rates (planned v. actual hours) prior to escalation were as follows:

	Jan 22		Feb 22		March 22	
	Day	Night	Day	Night	Day	Night
<b>Fill Rate</b>	<b>80%</b>	<b>68%</b>	<b>88%</b>	<b>74%</b>	<b>85%</b>	<b>73%</b>

- b. Clear escalation of ongoing midwifery workforce challenges. This is predominantly due to:

- i. Significantly increased short and long-term sickness absence rates

Band 5 – 7 Midwives			
Staff Absence due to Sickness	Jan-22	Feb-22	Mar-22
Monthly Sickness %	11.1%	8.1%	8.5%
<i>Of which COVID sickness related</i>	5.0%	4.3%	4.6%
<i>Of which anxiety, stress or depression related</i>	2.5%	1.9%	2.4%
% of sickness as long term (28 days+)	44.9%	35.1%	53.8%

- ii. Increased levels of maternity leave

Band 5 – 7 Midwives			
	Jan-22	Feb-22	Mar-22
Staff on maternity leave %	3.2%	3.8%	4.6%

- iii. Vacancy Rate

Band 5 – 7 Midwives			
	Jan-22	Feb-22	Mar-22
Vacancy FTE	9.5	11.1	13.8
Vacancy rate %	6.7%	7.8%	9.7%

Discussion of the mitigations and strategic workforce planning. Birthrate+ calculation has been completed. Recommended locally increased uplift from 21% to 26.4%, which is representative of the three previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave, this has been agreed and will result in an additional 6.28wte midwives.

Plans for midwifery recruitment as follows:

	NHS AfC: Band	WTE	Status	Start date
Maternity Staff Nurse	5	1.00	Shortlisting	TBC
Caseload Midwife	6	2.48	Authorisation	TBC
Band 5/6 Midwife - Hospital & Community	5/6	1.78	Advert	
Band 5/6 Midwife - Hospital & Community	5/6	0.92	Started	3.3.22
Band 5/6 Midwife - Hospital & Community	5/6	1.00	Started	1.4.22
Band 5/6 Midwife - Hospital & Community	5/6	0.92	Starting	27.4.22
Band 5/6 Midwife - Hospital & Community	5/6	0.75	Offer	TBC
Band 5/6 Midwife - Hospital & Community	6	1.00	Offer	TBC
Specialist Midwife - Public Health	7	1.0	Starting	18.4.22
Community Midwifery Matron	7	0.4	Authorisation	TBC
Lead Midwife for Tobacco Dependence Treatment Services (external funding)	7	0.67	Starting	18.4.22
Badgernet Midwife (Digital funding)	6	0.5	Advert	TBC

- c. Compliance with MDT training at the end of March 2022, was 82% with a trajectory of 90% by June 2022. Medical team compliance with mandatory training escalated.

CTG and fetal monitoring training competency is as follows:

%	Jan 22	Feb 22	March 22
<b>Obstetricians</b>	64.00	96.00	96.00
<b>Midwives</b>	99.00	93.00	93.00
<b>Combined</b>	93.00	94.00	94.00

### Ockenden immediate and essential actions (IEA's) - Progress with Ockenden recommendations implementation and NHSE Self-Assessment tool.

Evidence of good progress with Ockenden 7 IEA's – position as submitted to NHSE/I 15.4.22 with compliance at 82%, this has now risen to 92%. Audits are in progress with an expected completion date on 22<sup>nd</sup> June 2022. The Trust Maternity website is in the process of being updated and consultant interviews are taking place in late June to increase staffing to allow for evening consultant-led ward rounds to take place on site.

	TRUST / CLINICAL PRIORITY	EAST SUSSEX HEALTHCARE NHS TRUST (ESHT)
Q3	All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	
Q7	A plan to implement the Perinatal Clinical Quality Surveillance Model	
Q13	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services	
Q16	Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion	
Q18	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week	
Q19	Confirmation that funding allocated for maternity staff training is ringfenced	
Q23	The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that a MDT training schedule is in place.	
Q25	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place	
Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	
Q33	A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance	
Q34	Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines	
Q44	Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.	
	DATE OF BOARD MEETING	Apr-22

A mapping exercise has commenced against the 15 IEA's following the Ockenden final report publication on 30<sup>th</sup> March 2022, this will be discussed in the next update paper to the Board.

### Voice of Service Users

Service user feedback/ complaints/ Friends and Family Test (FFT) recommendation

- The service receives an average of one complaint per month; the themes are communication and pathways of care. There are currently three open complaints, one of which is a complaint that has been re-opened.
- The Maternity Voices Partnership (MVP) service user group provide feedback received via an online questionnaire and during face to face interactions. Themes are positive feedback for quality care received, particularly from the Continuity of Carer teams. Negative comments received were regarding the care on the postnatal ward and about the ward environment. The service has also received negative feedback regarding feeding support and negative language used in healthcare professional communication. An MVP meeting has been scheduled for early June to review how to address identified themes. The existing action plan will be updated and will be reviewed during the bi-monthly MVP meetings.
- FFT – the national average recommendation rate for maternity services is 93% – ESHT consistently achieves between 97-100% recommendation rates.

### Team feedback

The management team hold daily safety huddles to discuss staffing and mitigations where required. A monthly safety huddle with our Safety Champions and a six weekly management listening event. Further we have an open-door policy for any staff requiring support through management at every level. Staff feedback to clinical Maternity Safety Champions (midwifery/obstetric/neonatal)

- Midwifery feedback has highlighted many challenges over the last year. Staff feel well supported by their peers, line managers, maternity service and the Trust Wellbeing team, however, they are tired due to the impact of the pandemic and the resulting considerable, albeit

necessary changes within the service. Morale and resilience is low. The high absence rates have added to this pressure. Regular communications in various forms are provided to inform staff what actions are in place to mitigate this pressure.

- The SCBU have achieved Bliss Accreditation, ESHT are the first unit in the country to have achieved this, staff have worked hard to ensure our unit provides consistent high quality family-centred care, an approach which places parents at the centre of their babies care

### **Conclusion**

The main areas of concern for ESHT is Maternity staffing levels, this has improved, and we have 15 potential applicants which if successful will bring the service to full establishment.

Smoking cessation in pregnancy is being targeted as discussed and an LMNS focus on Stillbirths and neonatal deaths is progressing.

A dedicated maternity data analyst has been employed and is due to start in post in September. ESHT continue to review and make improvements to maternity data fields, ensuring they are aligned with current National data benchmarks.

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

Quality and Safety Committee (monthly)

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

This report is for assurance and the board is asked to note progress, challenges, and ongoing actions.

## ESHT Ofsted Inspection Report First Steps Nursery Conquest

Meeting information:			
Date of Meeting:	14 <sup>th</sup> June 2022	Agenda Item:	14
Meeting:	Trust Board	Reporting Officer:	Chief People Officer

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

Has this paper considered: (Please tick)			
<b>Key stakeholders:</b>		<b>Compliance with:</b>	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	Regulation - Ofsted / ESCC	<input checked="" type="checkbox"/>
		Legal frameworks - Registration of childcare premises with Ofsted- statutory Framework Dept of Education	<input checked="" type="checkbox"/>
Other stakeholders please state: .....			
Have any risks been identified (Please highlight these in the narrative below)	<input type="checkbox"/>	On the risk register?	

## Summary:

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

In September 2021 Ofsted confirmed that from September 2021 it would return to its full programme of inspections and Early Years providers would be inspected under the new framework of inspection which was published in September 2021.

Two inspectors arrived for a full day of inspection on the 25<sup>th</sup> February 2022. Our last inspection was in May 2017. Feedback and outcome was given on the day during the feedback session to the nursery manager Nicola Sullivan and Jacquie Fuller - service lead. The inspection outcome remained embargoed until it's published date on the 26<sup>th</sup> April 2022

The outcome was a grade of 'Good' in all areas. There were two recommendations. An action plan on how the two recommendations will be met must be sent to Ofsted and also the Early Years team at East Sussex County Council within 40 days of the report being published. Work on this has already began and can be made available in full to the executive team when agreed.

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

Executive Directors' Meeting

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

This report provides assurance to the Trust Board following the recent Ofsted inspection. An action plan to address the two recommendations will be developed by the nursery manager and her team and will be approved by the service lead.

The action plan will sit alongside existing improvement plans that are already embedded within the nursery structure and are reviewed monthly by the nursery manager, her team and discussed at monthly 1.2.1's with the service lead.

The inspection report has been shared with current users and is available on request for prospective users. Trust internet and extranet pages detailing the Trust's childcare provisions are being updated and will include a link to the Ofsted site and nursery inspection reports.

## First Steps Nursery CQ site Ofsted Inspection

The Office for Standards in Education, Children's Services and Skills (Ofsted) Inspection took place on the 25<sup>th</sup> February 2022 at First Steps Nursery Conquest site. The report embargo was lifted on 26<sup>th</sup> April 2022, and the Nursery received a 'Good' grade

Inspections are rated as:

Grade 1- outstanding

Grade 2- good

Grade 3- requires Improvement

Grade 4 -inadequate

Judgements made by the inspector/s look at – overall effectiveness, quality of education, behaviours and attitudes and leadership and management

### Inspection

Two inspectors arrived for a full day of inspection on the 25<sup>th</sup> February 2022. The last inspection took place on the 16<sup>th</sup> May 2017. They spent the day observing in every area of the nursery. They spoke to every member of staff and asked key questions such as

- What would you do if you had a safeguarding concern for a child?
- What would you do if a child was choking?

They also spent time going through keyworker information, next steps in learning for children in different age groups. They also spoke with nine parents (ESHT staff) on arrival with their children and on pick up time.

They spent time with the nursery manager and asked questions about wellbeing, health and safety and how the staff and children had managed throughout the pandemic and what support had they received from the trust.

At the end of the day they then formally met with Jacquie Fuller, Service Lead, and asked questions about policies, leadership, and support. At the end of the inspection they met with Nicola Sullivan, Nursery Manager, and Jacquie Fuller to give the outcome and verbal feedback.

This was the first inspection undertaken in the new nursery building at Conquest hospital, and inspectors feedback that they were very impressed with the environment. The inspectors were told of continued plans for the inside environment and acknowledged that these had been delayed due to items not having arrived due to a number of factors including the pandemic, availability and logistics.

### Verbal feedback

There was lots of positive feedback about the support for nursery staff and children during the pandemic and they commented it was clear to see this was still continuing. Nursery staff spoke highly of the support available to them and that they had been kept updated with all new measures as the pandemic unfolded. The inspectors were impressed by the support given to parents during the pandemic and in particular the first lockdown with a comprehensive financial package of support. The nursery had worked well to maintain the parent partnership despite the challenges of parents not coming physically into the setting every day.

They praised the strong leadership and that children's learning in all areas of the foundation stage curriculum was very good. They also commented on how happy the children were.

### The report contains two recommendations:

- 1. Monitor and take action to minimise the distractions, primarily caused by the high noise volume, in the group rooms of the youngest children to support their language development more effectively**

At the time of inspection not all our soft furnishings ordered had arrived; the room has high ceilings and the noise level will change once the layers of soft furnishings are added. The fencing panel had not yet been erected in the garden, so we were unable to use the outside area, although this work has subsequently been completed. Inspectors also felt that the wearing of masks inhibited the children being able to see the faces and mouths of staff and on several occasions staff had to repeat words and instructions. Whilst the inspectors understood the need for staff to be wearing masks, they felt that they were an inhibitor to the language development of the young children.

- 2. Provide support for individual staff to improve their skills in planning so that activities are targeted more effectively and have a clearer intent for children learning.**

This was linked to the 2-3-year-old age group, known as Explorers and Discoverers. Training has already been sourced and on-going support observations and feedback will form part of the detailed action plan.

# Inspection of First Steps Nursery

The Burton Unit, The Conquest Hospital, The Ridge, St. Leonards-on-Sea, East  
Sussex TN37 7RD

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Inspection date: 25 February 2022

<b>Overall effectiveness</b>	<b>Good</b>
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The quality of education	<b>Good</b>
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Behaviour and attitudes	<b>Good</b>
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Personal development	<b>Good</b>
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Leadership and management	<b>Good</b>
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Overall effectiveness at previous inspection	Good
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## What is it like to attend this early years setting?

### The provision is good

Since the last inspection, the nursery has relocated to new, purpose-built premises in the hospital grounds. Children enjoy their time in the new building. They receive a warm welcome at the door and on entering their classroom. Children feel safe and secure. Younger children increase in confidence as they explore their environment and make choices about what they would like to do.

Children are kind, caring and respectful to each other. They follow the good social skills displayed by staff and respond well to the praise they receive. Children play happily with their friends. Any minor disagreements are quickly sorted out. Staff are always on hand to help resolve any upsets and support children to share and take turns. For example, they encourage children to look at the green number eight and the red hand on the clock to know when their turn will start.

Children enjoy learning and are curious about what is happening all around them. They are enthusiastic to share their experiences with visitors. For example, a child was keen to inform the inspector that his friends, who were having a great time playing with blocks, were not all following the 'golden rules'. Children are able to explain in detail what they are going to do next. This demonstrates their understanding of everyday routines.

### What does the early years setting do well and what does it need to do better?

- The manager works closely with staff to ensure that well-being is high and staff feel supported. This has been a focus of the leaders during the pandemic and is planned to continue as staff settle into the new building. For example, there is now a room to provide a quiet space for staff to take breaks.
- Partnerships with parents are strong. Staff know children and their families well. Parents report positively about the caring and nurturing approach of all managers and staff. They appreciate staff taking time to share information with them at the end of each day. Parents and carers are keen to feedback on the positive difference the staff make for their children.
- Staff very successfully help children to understand about leading a healthy lifestyle. For example, they talk about the fruit they are eating during snack. Staff ensure that children's lunches are healthy and meet their dietary requirements. Staff recognise the importance of ensuring that children have opportunities to get fresh air and exercise daily as part of developing healthy lifestyles. They are currently working to improve the outdoor area.
- Children are well supported to understand the diverse society they live in. They take part in activities and discussions that help them to learn about the different customs and festivals. For example, they have recently learned about Chinese New Year.

- Older children are confident talkers and engage in many lively discussions. Younger children also receive good support from staff. However, distractions in their learning environments make it hard for them to hear staff clearly. For example, the noise levels are sometimes very high and music playing in the background adds to this. This does not support the language development of the youngest children as effectively as possible.
- Arrangements for children with special educational needs and/or disabilities are effective. Staff liaise well with parents and relevant professionals, such as speech and language therapists, to make sure that children's needs are met. Staff use sign language and visual prompts to support individual children.
- Overall, teaching is strong. Staff plan a broad and interesting range of activities based on children's interests. However, at times, they do not target these as well as possible to reflect the ages and abilities of those taking part. For example, during an activity based around a popular book, some toddlers did not engage well as the activity was too complex. However, a similar activity based on the same book was very successfully delivered to the older children.

## Safeguarding

The arrangements for safeguarding are effective.

There is a strong culture of safeguarding and effective arrangements to identify, help and support children who may be at risk. Staff keep up to date with changes in legislation by completing regular training, provided by the NHS Trust. All staff have a secure knowledge of safeguarding issues, such as the risks associated with exposure to extreme views and beliefs. Staff know the procedures for reporting any concerns to the relevant agencies.

## What does the setting need to do to improve?

**To further improve the quality of the early years provision, the provider should:**

- monitor and take action to minimise the distractions, primarily caused by high noise levels, in the group rooms of the youngest children to support their language development more effectively
- provide support for individual staff to improve their skills in planning so that activities are targeted more effectively and have a clearer intent for children's learning.

## Setting details

<b>Unique reference number</b>	508988
<b>Local authority</b>	East Sussex
<b>Inspection number</b>	10226595
<b>Type of provision</b>	Childcare on non-domestic premises
<b>Registers</b>	Early Years Register, Compulsory Childcare Register, Voluntary Childcare Register
<b>Day care type</b>	Full day care
<b>Age range of children at time of inspection</b>	1 to 4
<b>Total number of places</b>	92
<b>Number of children on roll</b>	92
<b>Name of registered person</b>	East Sussex Healthcare NHS Trust
<b>Registered person unique reference number</b>	RP522670
<b>Telephone number</b>	03001315218
<b>Date of previous inspection</b>	16 May 2017

## Information about this early years setting

First Steps Nursery registered in 1990. The nursery provides places for the children of staff working for the NHS Trust. It is open each weekday from 6.45am to 6pm, all year round, closing on bank holidays. There are 13 staff who work at the nursery, all of whom hold relevant childcare qualifications at level 2 or level 3. The nursery receives funding to provide free early education for children aged three and four years.

## Information about this inspection

### Inspector

Jo Gunne

## Inspection activities

- This was the first routine inspection the provider received since the COVID-19 pandemic began. The inspector discussed the impact of the pandemic with the provider and has taken that into account in their evaluation of the provider.
- The inspector observed the interaction of staff and children during a range of activities, indoors and outdoors.
- The inspector spoke with staff, parents and children at appropriate times.
- A range of relevant documents were viewed.
- The manager showed the inspector all the areas used by the children and discussed the intent behind the educational programmes.

We carried out this inspection under sections 49 and 50 of the Childcare Act 2006 on the quality and standards of provision that is registered on the Early Years Register. The registered person must ensure that this provision complies with the statutory framework for children's learning, development and care, known as the early years foundation stage.

If you are not happy with the inspection or the report, you can [complain to Ofsted](#).

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## Use of Trust Seal

<b>Meeting information:</b>			
Date of Meeting: 14 <sup>th</sup> June 2022		Agenda Item: 15	
Meeting: Trust Board		Reporting Officer: Chairman	
<b>Purpose of paper: (Please tick)</b>			
Assurance <input checked="" type="checkbox"/>		Decision <input type="checkbox"/>	
<b>Has this paper considered: (Please tick)</b>			
<b>Key stakeholders:</b>		<b>Compliance with:</b>	
Patients	<input type="checkbox"/>	Equality, diversity and human rights	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Regulation (CQC, NHSi/CCG)	<input type="checkbox"/>
		Legal frameworks (NHS Constitution/HSE)	<input type="checkbox"/>
<b>Other stakeholders</b> please state: .....			
Have any risks been identified <input type="checkbox"/> (Please highlight these in the narrative below)		On the risk register?	

## Summary:

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

The Trust Seal was used to seal the following documents between 31<sup>st</sup> March 2022 and 7<sup>th</sup> June 2022:

**Sealing 80 – Spire Healthcare Properties Limited, 31<sup>st</sup> March 2022**

Deed of surrender for the Acute Care Unit, Conquest Hospital.

**Sealing 81 – Booker and Best Limited, 30<sup>th</sup> May 2022**

Agreement for construction of single story plant room and renovation of theatres five and eight at Conquest Hospital.

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

Not applicable.

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

The Board is asked to note that the Trust Seal was not used since the last Board meeting.