EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING IN PUBLIC

A meeting of East Sussex Healthcare NHS Trust Board will be held on Tuesday, 9th August 2022 commencing at 09:30 in the St Mary's Boardroom, EDGH

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 14th June 2022	B	Chair	
4.	Matters Arising	C		
5.	Board Committee Chair's Feedback • Including Committee Annual Reports	D	Committee Chairs	
6.	Chief Executive's Report	E	CEO	

QUALITY, SAFETY AND PERFORMANCE

					Time:
7.	Integrated Performance Report Month 3 (June) 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 - 1130

BREAK

GOVERNANCE AND ASSURANCE

					Time:
8.	Maternity Overview Quarter One	Assurance	G	ADO	1145 - 1215
9.	Update to Standing Financial Instructions	Approval	H	CFO	
10.	East Sussex Healthcare NHS Charity Update	Decision	I	Charity Chair	

ITEMS FOR INFORMATION

					Time:
11.	Use of Trust Seal	Assurance	J	Chair	1215 - 1230
12.	Questions from members of the public (15 minutes maximum) The Board welcomes questions from the public on matters covered by the Board agenda			Chair	
13.	Date of Next Meeting: • Tuesday 11th October 2022			Chair	

Steve Phoenix
Chairman
June 2022

Key:	
Chair	Trust Chair
CEO	Chief Executive
CND	Chief Nurse and DIPC
COO	Chief Operating Officer
DEF	Director of Estates and Facilities
CFO	Chief Financial Officer
CS	Chief of Staff
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:	9th August 2022	Agenda Item:	1.3
Meeting:	Trust Board	Reporting Officer:	Chairman

April 2022

Hayley Barron, PMO ESHT Digital

Hayley received two nominations.

Kirsty Watts wrote:

“Hayley has been project managing the transfer of Spire across to ESHT, this was additional to her taking on a new role in the digital team.

Hayley has demonstrated all of the Trust values through her co-ordination of the different workstreams, liaising with many individuals as well as showing empathy for how the staff transferring may be feeling pre and post transfer.

She is dedicated and diligent and will go above and beyond to ensure successful delivery of projects that she is involved with.

Hayley will say, “it was a team effort and many staff were involved”, but she has been a key driver and fundamental in ensuring the transfer went as smoothly as possible. She is aware of teething problems and has already scheduled a follow up meeting so that lessons can be learned.”

Simon Dowse wrote:

“ESHT recently acquired the Spire Sussex hospital (which is adjacent to Conquest Hospital) and all its activities from Spire. This is a great opportunity for ESHT for three key reasons; a) it preserves a healthcare service and capacity for our population which the system would otherwise have lost, b): it helps us attract consultants and staff; and c) it brings the financial resources and capacity that were Spire's to ESHT.

The transaction is being used as a springboard to relaunch ESHT's private healthcare capacity under a new brand; 'Sussex Premier Health' and it brings the NHS activity (and capacity) that Spire was delivering for East Sussex under our Trust.

Managing the transaction was a highly complex task with multiple workstreams covering almost every corporate service in ESHT from digital to procurement to estates to finance to HR, multiple ESHT clinical services (like radiology, HSDU, pathology), multiple Consultants from a range of specialties (both from within and outside ESHT) and some external advisers and linking all of that to a mirror Spire project team, the Spire Sussex operational, clinical and corporate teams.

It required the management of new and unfamiliar workstreams like contracting with insurers, marketing and branding and competition law as well as complex stakeholder management.

Every one of our values was evident and necessary for success.

Hayley Barron project managed the whole process (not just the digital elements - which is her day job) and sat at the centre of all the workstreams and stakeholders and was absolutely essential to the project's delivery. After a year of intense work and resolving multiple challenges we completed the transition of Spire Sussex into ESHT on time and as planned. The new facility is up and running and seeing patients.

Working together:
The project and Hayley's role in it was a paradigmatic example of a very wide range of stakeholders working together within ESHT and within Spire successfully.

Improvement & Development:
It required Hayley to help develop her own and other peoples' skills and consider new ways of working. The project required several corporate and operational developments to be made which Hayley has to steer and drive forward. She is co-ordinating 'Phase 2' which is actively progressing improvements now.

Respect & Compassion:
Even during difficult and frustrating times, Hayley needed to ensure she handled herself and that we handled each other respectfully. She also consistently raised the questions "how will this affect patients", "how will this affect staff" and kept us worrying about those questions and she escalated concerns when some of the changes or workload were creating pressure or stress.

Engagement and Involvement:
It would be hard to imagine how Hayley's role on the project as the central manager for the whole thing could have required more engagement and involvement! She engaged with stakeholders across so many parts of ESHT and Spire - but she also worried about who else we needed to involve and engage with and consistently banged that drum during the project - particularly for the ex-Spire Sussex staff who were TUPE'ing into ESHT.

Overall, Hayley did an excellent job in a challenging project, with constrained resources and managed to consistently, over a year, exhibit all our values."

<u>May 2022</u>

Beata Nagy, Housekeeping EDGH

Beata was nominated by Paul Relf, whose nomination read:

"Beata works in the main entrance at EDGH, filling up PPE and facemasks and cleaning; she welcomes everyone coming in through the main entrance. I have seen her on several occasions helping members of the public to find their way to departments and to check in. Beata is always helpful to staff and patients, smiling and respectful. She demonstrates the Trust values in everything she does, and I feel that this should be recognised. Thank you."

Staff Long Service Recognition Awards

April								
10 Years' Service			**25 Years' Service**			**40 Years' Service**		
Benita	Busuego		Robert	McGregor		Nicholas	Violaris	
Jemma	Crawley		Christine	Lenihan		Janice	Talent	
Jason	Davenport					Maggie	Brook	
Joanna	Fowle							
Daniel	Gregory							
Gemma	Hayes							
Allan	Hillier							
Bonamy	McDonald							
Deborah	McKenna							
Timothy	Parsons							
Tracy	Staplehurst							
May								
10 Years' Service			**25 Years' Service**			**40 Years' Service**		
Alexandra	Attwood		Julie	Beerling		Fern	Skinner	
Nicola	Davis		Lydia	Crouch				
Julie	Harris		Ann	Toth				
Katy	Heath		Tracy	Staplehurst				
Danielle	Morrison							
Jayaram	Pai							
Emma	Rockingham							
Teresa	Tester							
Hannah	Thomas							
Andrew	Thomson							
Maddie	Thomson							
Joanna	Glasper							
June								
10 Years' Service			**25 Years' Service**			**40 Years' Service**		
Caroline	Bishop		Katy	Fox-Dossett		Jackie	Middleton	
Dean	Carling		David	Howlett				
Stephen	Chan		Peter	King				
Anne	Eldridge		Gail	Oliver				
Fiona	Jenkins		Sharon	Palmer				
Maria	Johnson		Anthony	Phipps				
Richard	Keeble							
Adeel	Khan							
Alma	Ragudo							
Jonathan	Sykes							
Katie	Toppin							

July							
10 Years' Service			**25 Years' Service**			**40 Years' Service**
Mithal	Abdulnabi		Belinda	Chissell		
Alexandra	Baker		Stephanie	Stanyard		
Lisa	Coleman		Deborah	McKenna		
Heather	Driver		Kerry	Bowman		
Maria	Filyridou					
Jennifer	Gabanes					
Trisha	Hamblin					
Kimberley	Hysa					
Leroy	Laban					
Susanna	Marsden					
Mary	Martellini					
Lisa	Pleace					
Paul	Saville					
Lisa	Morton					

TRUST BOARD MEETING

Minutes of a meeting of the Trust Board held in public on Tuesday, 14th June 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
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
Ms Carys Williams, Associate Non-Executive Director

In attendance:
Ms Brenda Lynes, Associate Director Operations and Governance, Maternity and Children's Services
Mr Peter Palmer, Acting Company Secretary (minutes)

035/2022 **Chair's Opening Remarks**

Mr Phoenix welcomed everyone to the meeting, including Alison Moore the only member of the public present.

He reported that after a long period of ill health, Lynette Wells had decided to take early retirement. He explained that she had worked for the Trust for over a decade, noting that the work she did was often not widely seen but made a huge difference to the organisation and that she would be hugely missed. She had supported three generations of Board Chairs, and his predecessors Stuart Welling and David Clayton-Smith had both noted their huge respect and admiration for her. Mrs Wells would be greatly missed, and all at the Trust wished her well.

i. **Apologies for Absence**

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

Mrs Karen Manson, Non-Executive Director
Mr Paresh Patel, Non-Executive Director

ii. **Hero of the Month**

Mr Phoenix reported that Mark Standen, Associate Director of Nursing, had won the Trust's Hero of the Month Award for February. The Community Nursing Team at Wheel Farm, Westfield had won the award for March.

036/2022 **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.

037/2022 **Minutes**

The minutes of the Trust Board meeting held on 12th April 2022 were considered. Three amendments to the minutes were noted:

- P5 – penultimate paragraph reordered for clarity
- P9 – 'implanted' replaced with 'implemented'
- P14 – clarified that the birth-rate plus review would highlight whether an *increase in the* uplift of maternity staff was required

They were otherwise agreed as an accurate record, and were signed by the Chair and would be lodged in the Register of Minutes.

038/2022 **Matters Arising**

There were two formal matters arising from the meeting on 12th April 2022:

i. *023/2021 – Dr Walker agreed to send Mrs Webber an example of the detailed mortality data that he received each month.*

Dr Walker confirmed that this information had been sent to Mrs Webber.

ii. *024/2021 – Ambulance handover data to be included in future IPRs, & update on ambulance handovers to be presented to the Board in April 2023.*

This information was included in the IPR presented to the Board. An update on ambulance handovers had been added to the Board planner for April 2023.

039/2022 **Board Committee Chair's Feedback**

i. Strategy Committee

Mrs Churchward-Cardiff reported that the Strategy Committee had met in April and had discussed the Integrated Care System (ICS), ensuring that the Trust's strategy was well aligned with system priorities. An update on Musculoskeletal (MSK) services had been received, with work taking place to ensure equitable access to the service for patients across East Sussex. The Committee had been pleased to note that the Trust Chair was leading on health inequalities in East Sussex, and was also updated on progress with cardiac and ophthalmology consultations, with a decision expected in August.

Mrs Chadwick-Bell noted that a Sussex wide piece of work was taking place to standardise the MSK model and an update on the delivery of this would be presented to a future Strategy Committee.

The Board noted the report.

ii. Audit Committee

Mr Reid noted that there had not been a meeting of the Audit Committee since the last Board meeting in public. The Committee was due to meet on Monday 20th June to approve the annual report and accounts.

The Board noted the report.

iii. Quality and Safety (Q&S) Committee

Mrs Fadero reported that the last Q&S meeting had a full agenda, including reviews of areas where there were slight concerns including safer staffing and falls. The Committee had received an excellent presentation from the Urgent Care team which had helped illuminate the challenges that they faced. An update on CQC compliance was received with progress monitored across the organisation. A deep dive into maternity services would be presented at the next Q&S meeting.

The Board noted the report.

iv. Finance and Investment (F&I) Committee

Mrs Webber presented the F&I report, particularly thanking the ESHT and ICS team for their collaborative work in attempting to balance financial delivery with the continued safe delivery of services.

The Board noted the report.

v. People and Organisational Development (POD) Committee

Mrs Williams reported that May's POD Committee had been positive, with less staff reported to be unwell because of Covid. Executives were focussing on the delivery of the Trust's people strategy. Some metrics had seen further improvement, including the time taken to hire new staff but further improvements were still being sought. She thanked Mr Aumayer and his team for their hard work.

The Board noted the report.

040/2022 **Chief Executive's Report**

Mrs Chadwick-Bell thanked the Trust's remarkable staff explaining that she was really proud of the way that they remained innovative and caring, putting patients and their services first, despite the pressure that they remained under. The Executives and Board were responsible for ensuring that the Trust's staff were well looked, and the Trust had provided free ice creams for staff working over the Jubilee weekend, which had been very well received.

She noted that the Trust's business plan was on the meeting's agenda, noting that this remained a work in progress. The Trust had set a number of priorities for 2022/23 that were in line with NHS objectives:

- Workforce and wellbeing;
- Maintaining 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;
- Ensuring safe and sustainable urgent care.

Mrs Kavanagh asked whether the Trust's priorities should more explicitly reflect the Integrated Care Board's (ICB) priorities. Mrs Chadwick-Bell noted that one of the previous year's priorities had been to ensure that the Trust engaged at both place and system level. The Trust worked on an integrated basis with the local authority, but this was not listed as a priority as this integration was implicit in how the Trust operated. The Trust and Integrated Care System (ICS) strategies and priorities were closely aligned. The ICB was writing a new strategy which was anticipated before the end of 2022, and this would be incorporated into Trust business plans if necessary.

The Trust was now learning to live with Covid but had recently seen increasing numbers of patients. A number of initiatives had been introduced to help manage patient flow which continued to be a priority for the Trust. The organisation had recently celebrated cybersecurity week, emphasising the importance of ensuring that information was safe and of ensuring that continuity plans were in place if any systems went down.

Mrs Fadero asked for further information about cybersecurity week and Mrs Chadwick-Bell reported that this had taken place in May, where awareness of cybersecurity had been raised throughout the organisation along with guidance about best practice. Mr Reid explained that the Trust was preparing for its annual Data Security Protection Toolkit (DSPT) audit and that some areas for improvement had been identified, including introducing a more regularised process for applying software patches. He praised the digital team for the often unnoticed work that they did to keep the Trust's systems safe.

Mrs Chadwick-Bell reported that parking fees for staff were not going to be reintroduced following the pandemic, but permits had been introduced to manage the number of staff who could park on-site. She thanked the Estates team for their hard work in ensuring that the Trust's environment remained safe for patients and staff.

Mrs Churchward-Cardiff asked for an update on the introduction of e-consult at the Trust's front doors. Mrs Argent explained that the while the overall impact was difficult to judge at this early stage, patients were being checked in quickly, and supported in being redirected to alternative services. There had been an increase in the use of the Urgent Treatment Centre (UTC), and no negative

feedback had been received. Mrs Churchward-Cardiff reported that she had received good feedback on the service provided at the Conquest UTC.

The Board noted the Chief Executive's Report.

041/2022 **Integrated Performance Report (IPR) for Month 1 (April)**

Mrs Chadwick-Bell reported that she was very proud that the Trust was ranked within the top quartile nationally for 62 day performance, noting that the organisation wanted to continue to improve its performance. The Trust had no patients who had waited for over 78 weeks for treatment, and was ahead of its trajectory for reducing the number of patients waiting for over 52 weeks. She also reported that ambulance handover times had recently improved as had ED performance in the Trust.

Mrs Chadwick-Bell anticipated that managing capital expenditure during 2022/23 would be very challenging for the organisation due to a number of factors including Brexit, rising inflation and challenges with supply of materials. She reported that the Trust had delivered its capital plan for 2021/22 and thanked Executive colleagues, along with the Director of Estates and Facilities and Associate Director of Digital and their teams, for their hard work in delivering the plan.

The Trust's vacancy rate had dropped for the fifth consecutive month, and she praised Mr Aumayer and his team.

The organisation remained under a lot of pressure and was working hard to maintain urgent care standards and deliver the recovery of elective performance. Four hour A&E performance had recently declined; the Trust had been in the top quartile of providers in recent years but had slipped slightly to the top half of providers in the last couple of months. A number of actions had been introduced to recover A&E performance, and feedback received from the public remained overwhelmingly positive. However, she noted concern about the impact that the constant pressure on A&E departments was having on staff.

Mrs Churchward-Cardiff asked whether the pressure being seen in A&E was the new normal, noting that this seemed to be consistent with the public having trouble accessing primary care and choosing to attend A&E instead. Mrs Chadwick-Bell agreed that this was the new normal, noting that primary care providers were also seeing an increase in activity. An urgent care summit was planned in East Sussex, bringing providers together to discuss what action could be taken to address the issue, ensuring that resources were used as effectively as possible. The UTC would be a key factor in releasing A&E capacity for sicker patients.

Mrs Fadero explained that she was pleased to hear about the upcoming urgent care summit, and asked whether patients had been consulted about why they were attending A&E. Mrs Chadwick-Bell reported that a review had been undertaken by the system during the pandemic asking people how and why they were accessing urgent care, and the feedback received had contained no

surprises. It was possible another piece of work would be undertaken following the summit, but she felt that the reasons for increased attendance were already well understood.

Mrs Chadwick-Bell reported that discharging patients from hospital in a timely manner remained very challenging for the organisation and that this impacted both patient flow and patient experience. The system was working hard to address the issue.

The Trust's budget for 2022/23 was in the process of being finalised with the ICS. April had been a challenging month due to bank holidays and the rise in Covid cases, both of which had affected elective capacity, but the Trust had since returned to its recovery trajectory. Work was being undertaken to ensure that spending on workforce was appropriately aligned with the availability of workforce in clinical settings.

i. Quality and Safety

Mrs Carruth reported that the Trust had remained very busy since the Board had last met, and thanked the Trust's amazing staff who continued to provide the best possible care to the people that they served. She noted that it had been carer's week the previous week and paid tribute to non-paid carers, and particularly young carers, for all the incredible work that they did.

She reported that there had been an increase in the number of incidents reported during March and April and as a result a rapid review had been undertaken, resulting in a slight decrease in May. The rate of falls had remained the same. The vast majority of incidents reported had resulted in low or no harm, and the outcome of the review would be discussed by the Q&S Committee. A number of themes had been identified following the review and action plans were being developed to address these.

There had been 113 medication incidents reported in April; of these 82 were in inpatient areas. There had been 35 incidents on the acute medical unit, a majority related to prescribing and work was being undertaken with the pharmacy and medical teams to address this.

There had been 63 category two pressure ulcers reported in April, 35 in ESHT inpatient beds and the remainder in community settings or patient homes. Large numbers of very frail and vulnerable patients had been inpatients during April, many of whom could be non-compliant or resistant to care.

A slow increase in patient complaints was being seen, although a notable number of historic complaints had been received. No particularly trends or areas of concern had been identified, and Friends and Family Test (FFT) feedback remained largely positive. The ED team were working hard to increase the number of FFT surveys completed.

There had been an improvement in fill rates and carers per patient day for the nursing workforce during April, although some areas remained lower than would

be liked. There were still some vacancies in Rye despite recent recruitment. Key quality metrics had been impacted by continued demand on services and the additional capacity that had been required during the previous months; Mrs Carruth thanked staff for their continued commitment to providing the best possible care for patients.

Mrs Churchward-Cardiff asked if there was any correlation between staffing numbers and the number of falls reported. If so, she asked whether this could be reported differently. Mrs Carruth explained that there was sometimes a correlation, but not always. The increase in the number of falls was felt to be due to the number of mobile but confused patients who had been treated by the Trust in recent months, although in some areas staffing was recognised as a contributory factor. A deep dive into falls would be presented to the Q&S Committee, which would demonstrate that there were a mix of contributory factors leading to the increase in falls. Several meetings took place each day to review staffing, with staff redeployed when necessary. Mrs Carruth noted that the nursing establishment review for wards had been completed and would be presented to the F&I Committee in July.

Mrs Webber asked whether the challenges of discharging patients from hospital meant that additional capacity would not be able to closed, exacerbating pressure on staff. Mrs Carruth explained that the Trust worked closely with the system to close additional capacity whenever possible. The demographic of patients being treated by the Trust had changed due to the national difficulty in discharging patients. Some quality indicators had been impacted during the last couple of months, but most had remained consistent which was a testament to Trust staff.

Dr Walker reported that the Trust's Summary Hospital Mortality Indicator (SHMI) (SHMI) and Risk Adjusted Mortality Index (RAMI) remained better than peer organisations, with the latest national RAMI performance data showing the Trust as 17th out of 123. He noted that data was included in the IPR showing deaths from sepsis and explained that the Trust was also performing better than peers in this regard. The most common causes of death in hospital in April had been pneumonia, cancer, sepsis, and stroke. Ten deaths from Covid had been reported in April, and there had been an increase in cases reported in the previous week due to new variants, reflected in an increase in the number of patients attending hospital for treatment. Mr Phoenix noted that the Trust's mortality figures had been consistently above national averages for a number of years and praised the continued excellent performance.

Mrs Webber noted that Dr Walker had shared detailed underlying mortality data with her since the previous Board meeting, and asked if there was an opportunity to update the mortality information presented to the Board to highlight any unexpected trends and the reasons for these, along with actions being taken. Dr Walker explained that deep dives into any areas of concern were undertaken, with recent reviews of coding and elective and non-elective mortality in the Trust. Any areas of concern would be highlighted to the Board.

ii. Our People – Our Staff

Mr Aumayer explained that he was presenting a more positive report than in recent months. Staff absences due to sickness had reduced, with 200 more colleagues available than at the height of the Covid outbreak but remained challenging. He reported that 52 colleagues were off sick with Covid on the day of the meeting, with staff taking an average of 9 or 10 days to return to work. The availability of staff was a key factor in relieving pressure on the organisation. There had been a slight recent increase in staff with Covid in recent days and he encouraged all staff to remain cautious and to continue to take regular lateral flow tests.

The need for additional ward capacity meant that pressure on staff had not abated. The Trust had more substantive nurses and HCAs than ever before but continued to rely on temporary workforce colleagues. Reviews of staffing levels and the profile of staff continued, alongside work to support substantive staff; good development experience and practical experience was offered for international staff as they worked towards OSCEs.

The Trust was focussing on supporting the recovery of colleagues after the pandemic, as many were tired and less positive than before, leading to increased turnover. The dominant recent reasons that staff gave in exit interviews when leaving the Trust were; to improve their work/life balance, for their health and due to retirement, whereas before the pandemic the dominant reason for staff leaving the Trust had been career progression. Services that were affected by leavers were being supported. He anticipated that Covid would continue to impact turnover and staff morale for some time, noting that while the Trust's staff survey results had been excellent in comparison to other organisations, they had reduced and recovering these was a focus. 83 workstreams had emerged from the Trust's People Strategy with only four behind schedule. The Trust was working to get the basics right, such as rostering, job planning and appraisals, which would help improve retention, staff development and workforce motivation.

Mr Aumayer explained that the Trust was now trying to look forward rather than back at the pandemic. There was much to be proud of, including being top in the country for Workforce Race Equality Standard (WRES) question 3, ESR data, and the Kickstart access scheme as well as being an exemplar for health and wellbeing; however, the Trust still wanted to do more. He thanked the HR team for their hard work over the previous 24 months, explaining that they had supported teams throughout the Trust whilst also focussing on improvements including new roles and the new workforce new strategy.

Mrs Churchward-Cardiff recognised that recent discussions at the Board and Committees had highlighted all of the positive measures the Trust was taking to look after its staff. She asked when newly qualified professionals were due to join the organisation, and if this would lead to an improvement in recruitment metrics. Mr Aumayer explained that 20-30 international nurses joined the Trust every two months. The Trust had a vibrant "New to Healthcare" programme, which introduced new HCAs on weekly and monthly basis, alongside bootcamps to prepare new starters as there was much they needed to learn. There were also

a lot of programmes linked to new roles, with new staff supplementing current colleagues helping to relieve pressure on staff.

Mrs Churchward-Cardiff noted that the more newly qualified staff who joined the Trust, the better perceived the Trust would be. Mr Aumayer agreed, noting that the quality of consultants applying for roles at the Trust had recently been excellent, and some had commented that they had heard that the Trust was a good place to work. The Trust was providing opportunities for staff that did not exist anywhere else, including a pilot scheme to support the recruitment of HCAs for the local authority and independent care sector.

Mrs Churchward-Cardiff asked why the Trust had long shifts for staff who were tired, and Mr Aumayer explained that colleagues generally preferred to do long shifts with breaks; flexible working was also offered to staff.

Mrs Churchward-Cardiff asked whether more could be done to help with the cost of living, particularly travel costs for community staff. Mr Aumayer explained that there had been national discussions about NHS mileage rates, but that these had not yet concluded. He hoped that a decision would be taken at ICS level about how staff working in community roles could be supported; it was important to make this decision as a system so that an internal market was not created.

Mrs Churchward-Cardiff asked whether anything could be done to get new starters onboarded more quickly. Mr Aumayer noted that the average time to hire new starters had reduced to 71 days, but the average had reduced further to close to 60 days in recent months, including the notice period and time for interviews to take place. This compared well to peer organisations. The Trust was cautiously looking at areas where new starters could begin their roles on a supervised basis, meaning that the full range of checks would not need to be completed before starting.

Mrs Kavanagh congratulated Mr Aumayer, his team and the Trust for their fantastic performance for the leadership and management of people. She noted that she felt there was a disconnect between the issues highlighted in the executive summary included with the IPR and the very positive presentation. Mr Aumayer noted that improvements had been realised since April, which was the reporting period for the IPR presented to the Board. His team were receiving feedback that staff felt that working pressures were improving and that they had time to take a breath. He also hoped that turnover would improve as the pandemic ended and that the crisis management approach that had been taken during that period could be stopped. The Trust was now looking at going above and beyond rather than needing to focus on basics.

Mrs Kavanagh noted that she had attended a South East NHS Wellbeing session, and it had been clear from this that the Trust were performing incredibly well with many great initiatives.

iii. Access and Responsiveness

Mrs Argent reported that Stephen Lightfoot, the incoming chair of the ICB, had visited the Conquest Hospital a couple of weeks before and that he had been very impressed with what he had seen, She had been humbled to show off the Trust's services and staff; she also thanked support services and clinical teams, noting the positive impact that estates and administrative teams had on the Trust.

The Trust was currently looking after an average of 200 patients a day who did not meet criteria to reside and was aiming to reduce this number to 50. Work was being undertaken with system partners to produce a model, but addressing the issue would be challenging. Internal work was being undertaken at pace to look at ward models and expedited discharge, alongside increased capacity to support patients being discharged back to their usual residence through Home First, with short term support packages tailored to individual need. An increase in the availability of support packages at weekends was not always seen, so there was a focus on providing these. Recent improvements had been made in the use of digital systems to support patients coming into ED and the discharge of patients.

The Trust's delivery of 104% of elective activity against the 2019/20 baseline had been compromised by the recent surge in Covid cases, with elective beds closed to provide additional capacity. All urgent and cancer cases continued to be undertaken, and plans were being developed to mitigate the impact of Covid cases on elective capacity. Refurbishment of theatres five and eight at Conquest had been delayed as a result of the difficulty in securing supplies and carrying out building work post-Brexit.

The Trust had achieved the diagnostic target of 120% of 2019/20 baseline activity during months one and two and Mrs Argent anticipated further improvement when the Clinical Decision Unit was opened in Bexhill in August. No adult community patients had waited over 104 weeks for treatment, and dates were being offered by divisional teams to the 20 patients who had waited for over 52 weeks. 115 paediatric community patients had waited for over 104 weeks. This was a long standing issue due to high referral rates; the Trust was commissioned to treat 800 patients a year, and was currently receiving 250 referrals a month. An action plan had been developed to reduce waiting times.

There had been an increase in the number of 62 day cancer patients as a result of the second highest number of referrals ever received in March. Mrs Argent anticipated that this would result in some specialities reporting reduced performance. During month one, the Trust had ranked 51st nationally for urgent care performance. She noted that demand on the organisation impacted patient flow, and explained that performance was also affected when less than 30% of activity went through the Urgent Treatment Centres (UTCs). The previous weekend had seen 51% of activity going through UTCs. Ambulance handover was being closely monitored and the Trust was performing well, meeting regularly with SECAmb to address any issues together.

Mrs Churchward-Cardiff noted that managing activity felt like fitting a quart into a pint pot, with length of stay, the waiting list size and activity and vacancies in ED all contributing to the issues. She asked how the Trust could reduce escalation capacity, or whether additional funding was available to manage the hospital differently as regular winter pressures would soon exacerbate pressure even more. Mrs Argent noted that the official NHS end of winter was on 19th April, and the Trust was already planning for the following winter. Some escalation beds had been closed over recent months, but had needed to be reopened as Covid cases rose. The Trust worked closely with adult social care colleagues to address capacity issues in onward care, and were looking at what could be done to reduce the number of admissions by directing patients to appropriate treatment. Other improvements that had been introduced included new staff roles, protection of elective beds, validation of waiting list dates and system working to improve discharges. Mrs Argent praised her amazing team, who were leading the organisation in looking at how work could be done differently in order to improve patient flow and resolve issues.

Mrs Fadero noted her admiration for Mrs Argent's energy and understanding of the complex issues being faced, explaining that resolving discharge was about ensuring that people were getting care where they should be getting care. She asked whether there was one improvement that could be made to prepare better for winter. Mrs Argent explained that there were a number of improvements, including improved options for patients before they attended hospital, improved communication with patients and relatives and ensuring the SECAamb had clarity about where patients should be conveyed which could help. Mrs Chadwick-Bell explained that there was no single improvement that would help, but a number of internal continuous improvement actions, other initiatives and meetings with local authorities would all help to mitigate winter challenges. She acknowledged that even with the many mitigating actions being taken that winter would be very challenging for the Trust.

iv.

Financial Control and Capital Development

Mr Reid reported that the Trust had reopened escalation beds in April, which, alongside increased staff sickness, had led to relatively high levels of temporary staff during the month. The month had ended in a deficit of £1.5m against a planned deficit of £0.5m as the elective recovery plan had not been met. Delivery of the deficit target had also not been achieved in May, but Mr Reid hoped that additional capacity from the reopened theatres five and eight, coupled with increased day case capacity in July, would enable the Trust to meet activity targets by the end of the year. He noted that investment in Home First and delivery of escalation ward improvements would also deliver benefits to the Trust.

The Trust had been asked to deliver a breakeven position for 2022/23, so the Trust's Cost Improvement Programme (CIP) would need to be updated to address an increase in the savings plan from £7m to £9.5m. He anticipated that pressure on pay and non-pay expenditure would continue throughout the year, and explained that there was a focus on fully understanding the cost pressures that would be faced. The final Trust budget was due to be submitted on 20th June.

Mrs Chadwick-Bell explained that the Trust was trying to balance support for the system by ensuring that plans were achievable for the organisation. Mr Hodgson noted that the significant refurbishments of the operating theatres at Conquest had been delayed due to supply chain issues, Brexit and Covid. Once completed, staff and patients would benefit from these improvements.

Mrs Churchward-Cardiff asked if a structured meeting had been arranged to finalise the 2022/23 financial plan prior to the submission deadline. Mrs Chadwick-Bell explained that a workforce summit was planned to review every substantive increase in staff to identify why these had occurred and whether these remained correct decisions. A second workshop would be organised to review CIPs with divisions and to test robustness of these plans. Divisions had only recently received budgets and were developing their plans.

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

042/2022 **Easing of Covid Restrictions at ESHT**

Mrs Carruth formally withdrew the paper, explaining that new guidance had been received after the paper had been written. She therefore gave a verbal update, reporting that the Trust had followed national guidance throughout the pandemic, supported by local risk assessments. The local prevalence of cases was being closely monitored, although these were very low in comparison to the peak of the pandemic. Staff were no longer required to wear masks in non-clinical areas and would be supported if they wished to continue to do so.

Mask wearing requirements for patients had also been reduced, but they were asked to continue to wear a mask until they had been triaged, unless exempt. Visitors were asked to wear a mask if they were visiting a vulnerable patient or a patient with a respiratory illness. The system of booking patients visits in advance would continue as this was the best way to manage visits in a safe manner, allowing patients time to rest, giving staff space and time to care for patients and protecting the privacy and dignity of patients.

A revised standard approach to testing, cleaning and observation had been agreed as an ICS. Dr Walker noted that PCR testing continued for all admissions, with results available within an hour. Inpatients had lateral flow test on days three and five of their admission. If patients were exposed to Covid as an inpatient they were tested on a daily basis until it was confirmed that they were negative.

Mrs Kavanagh noted that at one neighbouring Trust there was no need to book a visit, and asked the reasons for adopting a different approach. Mrs Carruth explained that the Trust had benchmarked against seven trusts, who were all managing visiting in different ways, largely due to the differing estates. No complaints had been received about the pre-booking system, and it had proved popular with staff as it enable safe management of visiting, with reduced crowding. Clinical areas were very busy and full of equipment and the system helped ensure that clinical environments were not too crowded. The approach for visiting would remain under review.

In response to a question from Mrs Fadero, Mrs Carruth explained that full guidance on mask wearing was available on the Trust's website. This had been made as simple and clear as possible.

043/2022 **Learning from Deaths Q3**

Dr Walker reported that the Medical Examiner process continued to work well, escalating any deaths where there was a concern or an issue identified to the Mortality Review Group. Reviews of the large surge of Covid deaths that had been seen around Christmas 2021 had not yet been completed; he anticipated that these would be reviewed in August and that the data presented may be subject to change as a result.

Mrs Churchward-Cardiff asked for further information on the process when a review identified that a death was probably avoidable. Dr Walker confirmed that feedback would be provided to the individuals involved with the care of a patient whose death was considered probably avoidable to ensure that they could address any concerns.

Mrs Webber noted that the Board received a very similar report each quarter, and were not provided with information about any learning and how this was embedded within the Trust. She asked if this could be included in future reports. Dr Walker explained that the report was produced in line with the very narrow requirements for reporting learning from deaths, noting that there was no requirement to include learning. Serious Incident reporting, discussed at private Board meetings, included aspects of any learning, and any concerns that arose were reviewed in detail with the Q&S Committee.

044/2022 **Trust Business Plan**

Mrs Chadwick-Bell reported that the Trust had changed its approach to business planning for 2022/23 and was now working at a system level. Final submission of business plans was not due to take place until 20th June, and the papers being presented were a working draft as divisions continued to work through their budgets. The Trust's strategy and priorities would be reflected in divisional plans, with progress against clear Key Performance Indicators (KPIs) reported to the Board in an updated IPR. Final divisional business plans would be presented to F&I in July, and NEDs would be engaged and informed throughout the process.

Mr Phoenix asked if there would be an opportunity for the Board to comment on the business plans, and Mrs Chadwick-Bell explained that this would take place at the F&I Committee. The plans could be shared with Board members who did not attend F&I. Trust Executives would hold Divisions to account for meeting targets that were agreed. Mr Phoenix explained that he would seek assurance about the confidence of Executives and Clinical Leaders in the deliverability of the final plan.

Mrs Churchward-Cardiff explained that she had not found the draft plan to be helpful as it was aspirational. She looked forward to seeing the final plan. Mrs Webber noted that she had been disappointed that no priorities for community

services had been included in the draft plan and hoped the final plan would include these.

Mrs Chadwick-Bell explained that the draft plan had been developed through a bottom-up process. Mr Milner noted that the Divisions had presented their plans for the first time at the previous month's Senior Leadership Forum, and that these would now be adapted to reflect updated budgets. The strategic aims included within the final plan would be updated throughout the year; a key challenge during the year was anticipated to be any additional work that would be required on top of the core challenges of meeting activity and finance targets and of looking after staff.

045/2022 **Quality Account Priorities 2022/23 and delegation of approval of Quality Account 2021/22**

Mrs Carruth asked the Board for authority to delegate the approval of the Quality Account to the Q&S Committee. She reported that the following priorities had been identified for 2022/23:

- Clinical Effectiveness - Ensure patient nutrition and hydration needs are met
- Patient Safety - Safer staffing
- Patient Experience - Learning from Complaints

Mrs Churchward-Cardiff asked why the Medical Director was leading on patient nutrition and hydration, and Mrs Carruth explained that the chair of the Nutrition Group was a Consultant Physician. Responsibility and oversight for the priorities would be shared between Executives who would work together to deliver the priorities.

The Board delegated authority to the Quality and Safety Committee to approve the Quality Account 2021/22

046/2022 **Maternity Overview**

Mrs Carruth explained that this was the first of a new style of maternity reports that would provide assurance that the Trust was delivering safe and high quality services. She welcomed feedback on the report from Board members.

Mrs Lynes reported that six domains were reviewed by the Trust through the perinatal maternity review tool, with reports presented to the Board on a quarterly basis. Key issues identified for quarter four concerned maternity staffing and workforce. A workforce review was completed in February 2022; this had recommended an uplift in staffing due to additional training needs of 26.4%, which had been approved by the Trust. The rollout of the longer term plan for maternity transformation continued, with timescales informed by Ockenden.

Enhanced training and support for staff who were not used to working in specific areas would be commenced from September 2022. Significant staffing issues had been experienced within maternity over the previous 12 months due to sickness and maternity leave, but these were now resolving. The Eastbourne

Midwifery Unit (EMU) had now reopened and the Trust's Continuity of Carer team was in place. A detailed staffing paper would be presented to the Board in private.

The Trust had referred three maternity incidents for investigation to the Health Safety Investigation Branch in 2022. Two had not met the criteria for investigation; the third had been for an intrapartum stillbirth, with immediate actions taken by the Trust. The final report on this incident was expected in August 2022. The Trust and Local Maternity and Neonatal System (LMNS) were not outliers for referrals or incident themes.

The Trust had sadly seen three stillbirths between May 2021 and May 2022. These had been reviewed and no trends had been identified, but despite the small numbers a thematic review would be undertaken within the LMNS. Smoking during pregnancy was a key risk factor, and significant work was underway to address this issue locally.

Good progress was being made against all seven initial Ockenden immediate and essential actions (IEAs). A mapping exercise had been completed against the final 15 IEAs which would be presented to the Board in the future. There had been recent mixed feedback received from service users, and plans were being developed alongside the Maternity Voices Partnership to co-design a review system for maternity pathways. Mrs Lynes reported that the Trust's Special Care Baby Unit (SCBU) was the first in the country to achieve Bliss accreditation for consistent high quality intensive care, and she thanked all the staff for their hard work in achieving this.

Positive feedback had been received from new starters about the Trust's services and a number of staff who had left the Trust for other organisations had returned. All of the current student midwifes in the Trust had applied for roles within the Trust, and it was hoped that the Trust would have a full complement of staff by November. Mr Phoenix noted that all the student midwives applying was fantastic news and demonstrated that there was much the Trust was doing well.

Mrs Fadero explained that the huge amount of work that had been undertaken since the Board Seminar in June was clear. It was important to be ambitious about maternity services; she had attended a Maternity Voices Partnership workshop a couple of weeks before and had heard rich feedback there about what mothers wanted from the Trust's services, as well as great feedback about maternity services. She asked if there was a way to celebrate what the Trust was achieving within future reports to the Board, hoping that future reports would reflect ambitions and any areas of concern. Mrs Lynes explained that it had been challenging to maintain safe services during the pandemic, but the maternity team were now planning for the future, and reports to the Board moving forward would reflect this.

The Board noted the Maternity Overview

047/2022 **Conquest Nursery Ofsted Report**

Mr Aumayer noted that the First Steps nursery at Conquest had been open for some time, but due to Covid would officially open in July. It had recently been inspected by Ofsted and had received a very good report, with two minor recommendations: one concerning mask wearing and one concerning staff development. Plans to address both recommendations had been submitted.

Mr Aumayer noted that he was extremely proud of work undertaken by Jacquie Fuller and her team around the nursery. Mr Phoenix praised the promising report, and asked that his thanks were passed on to Ms Fuller for her hard work.

048/2022 **Use of Trust Seal**

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

049/2022 **Questions from members of the public**

No questions were received from members of the public

050/2022 **Date of Next Trust Board Public Meeting**

The next meeting of the Trust Board would be on Tuesday 9th August 2022 at 0930.

Signed ……

Position ……..

Date ……

East Sussex Healthcare NHS Trust

Progress against Action Items from East Sussex Healthcare NHS Trust 14th June 2022 Trust Board Meeting

There were no matters arising from the meeting on 14th June 2022.

Audit Committee Report – 28th July 2022

The Audit Committee last met on the 28th July 2022.

Cybersecurity Update
The Trust's patching regime for servers continued to be enhanced and robust schedules were in place for most systems. Legacy systems remained an area of risk, but most of these would either be phased out or mitigated during the rest of the financial year. The latest report from internal auditors around cybersecurity gave an opinion of limited assurance. Two areas of focus would be strengthening the Trust's asset management system and continuing to ensure all suppliers were cyber compliant.

Information Governance (IG)
The annual Data Security and Protection Toolkit (DSPT) had been submitted and all standards were met. A draft paper from internal audit offered substantial assurance around IG. The Trust's control of patient information (COPI) notice had expired at the end of June. This would not prevent COVID information from being held or processed by the Trust, but two key legal bases would need to be met moving forward.

Audit Committee Annual Report including review of self-effectiveness, Terms of Reference, work programme and critique of meeting papers
The Committee agreed that the ToRs would be updated based on written feedback which had been received and discussion at a separate meeting before being presented to the Board in October. There was ambition to strengthen reporting mechanisms between Committees, especially around the Board Assurance Framework. Discussions would also take place around whether the Audit Committee was the correct forum for oversight of clinical systems, as set out in the current ToRs.

Tenders and Waivers
The overall number of waivers remained low and were routinely challenged. The procurement team were praised for the excellent progress that had been made. Waiver limits had been amended in line with those used by UHSussex and benchmarking was an ongoing process.

Update to Standing Financial Instructions (SFIs)
ESHT's SFIs were updated to be in line with those used in the wider Integrated Care Board. The new instructions would allow more rapid response to short notice funding opportunities. However, all business cases would continue to be presented to either the Finance & Investment Committee or Trust Board, as appropriate.

Review of Losses and Special Payments
Losses and special payments were in line with previous years and noted by the Committee.

Internal Audit
The Healthcare Financial Management Association recently mandated an audit to highlight any areas of weakness in financial governance and prescribe remedial actions by the 31st August 2022. Some overlapping work had already been completed and auditors would validate the Trust's self-assessment. ESHT had accepted recommendations made around business cases and post project evaluations.

External Audit
The draft value for money (VfM) annual report was discussed. Various requirements for further efficiency savings remained but external auditors were broadly pleased with the Trust's VfM performance against the new framework under the challenging circumstances of the pandemic.

Anti-Crime Specialist (ACS) Service Progress Report
The Counter Fraud Functional Standard Return was submitted by the deadline. ESHT's overall rating had progressed from 'Amber' to 'Green'. A proactive risk assessment addressing some of the remaining Amber areas had almost been completed and would support the Trust in effectively managing live risks.

Karen Manson
Acting Chair for 28/07/2022 Audit Committee

East Sussex Health Care NHS Trust

Audit Committee Annual Report 2021/2022

1. Introduction

The purpose of this report is to formally appraise the Board of the work of the Audit Committee during the period 1st April 2021 to 31st March 2022 and to set out how it has met its terms of reference and priorities.

2. Meetings of the Committee

The Committee is chaired by a Non-Executive Director with a financial background and membership comprised two other non-executive directors. This reflects and meets the need for independence and objectivity. The Committee convened on eight occasions throughout the financial year and all the meetings were quorate. Meetings were also held with the Internal and External Auditors in private sessions.

The Audit Committee was chaired by Nicola Webber until the 29th July 2021, when her term ended, and she became a member. Subsequently, it was chaired by Paresh Patel, who had previously been a member.

Non-Executive Director attendance at meetings was as follows:

Nicola Webber	Audit Chair (to 29.07.21) and then member	8/8
Paresh Patel	Audit Chair	8/8
Karen Manson	Non-Executive Director	7/8

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

3. Governance, risk management and internal control

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

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

Progress against achieving compliance with the Data Security and Protection Toolkit (DSPT) was monitored throughout the year. The DSPT year-end submission date was on the 30th June 2022.

4. Internal audit

The internal audit service is provided by TIAA Limited. A procurement exercise was undertaken at the end of 2018/19 to market test the internal audit and local counter fraud service contract using the East of England NHS Collaborative Procurement Hub Framework. The Audit Committee re-appointed TIAA as the Trust's Internal Audit and Local Counter Fraud service with effect from 1st April 2019 for a period of 3 years. An internal audit representative attended seven of the eight meetings of the Committee during the year.

The Committee approved the detailed internal audit programme of work. The delivery of the internal audit work for 2021/22 was impacted by the global COVID-19 pandemic. It was not possible to complete reviews of performance data quality, asset management, discharges, cyber resilience and building for our future. A performance data quality review was replaced with a follow-up audit of the external report on capital programme spend. This did not, however, affect TIAA's ability to provide a Head of Internal Audit Opinion based on the work carried out, with all fundamental review areas on the plan having been completed. The Committee received a report from the internal auditor at each of its committee meetings which summarised the audit reports issued since the previous meeting.

TIAA completed 14 assurance reviews during the year, which were designed to ascertain the extent to which the internal controls in the system were adequate to ensure that activities and procedures were operating to achieve the Trust's objectives. Eight audits gave 'reasonable assurance' and four gave 'limited assurance'. In addition, there were two advisory reviews which did not assign an assurance opinion.

Throughout the year, the Committee worked effectively with internal audit to strengthen the Trust's internal control processes. The overall annual opinion from TIAA was Reasonable Assurance on the adequacy of the Trust's risk management, control and governance processes.

5. External audit

The external audit service is provided by Grant Thornton UK LLP, appointed for a period of three years in 2018 and extended for a further two years in 2021. An external audit representative attended seven of the eight meetings of the Committee during the year.

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

6. Counter-Fraud Services

The Trust's Counter Fraud services are provided under contract by TIAA Limited to enhance the Trust's overall anti-fraud arrangements through a range of agreed activities, managed and monitored against an approved counter fraud work plan for 2021/2022. A Counter Fraud representative attended seven of the eight meetings of the Committee during the year.

The Accredited Anti-Crime Specialist works with the Trust to ensure that they are compliant with the Government Functional Standard: Counter Fraud (GFS: CF).

The Chief Financial Officer has overall responsibility for the Counter Fraud Service. In addition, the Trust has a nominated Fraud Champion which is a requirement of the NHS CFA, and satisfies the requirement of the GFS: CF.

The Senior Anti-Crime Manager and the Anti-Crime Specialist are regular attendees of the Trusts Audit Committee where they report on progress made against active fraud investigations where the Trust is a potential victim, as well as on planned proactive work.

The Counter Fraud Service undertakes proactive work to detect abuse or fraud as well as investigating suspicions of fraud. There is a full set of policies and procedures in place and contact information is available on the Trust intranet and included in staff updates.

During 2021/22, the activities of the fraud service included:

- Issuing national and local Fraud Alerts to the Trust for circulation to relevant staff
- Issuing Fraud Stop Newsletter for circulation to all staff
- Monitoring the National Fraud Initiative for the Trust
- Offering TIAA webinars on key issues
- Reviewing policies to ensure fraud proofed prior to submission to the Policy Ratification Group
- Proactive reviews on expenses expenditure, contract management and charity arrangements.
- Initial enquiries and investigations in respect of concerns raised regarding a variety of topics, including staff working whilst sick, submission of a false application, staff undertaking private work in NHS time and failure to follow Trust policies and processes
- Submitting the Fraud Prevention Guidance Impact Assessment Survey to the NHS CFA, to measure the impact of fraud prevention activity undertaken by NHS organisations following guidance issued during the period of 1 October 2020 to 30 September 2021

The Trust has not undergone any inspection by NHS CFA in the current year.

7. Management

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

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

8. Financial reporting

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

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

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

The Committee undertakes a review of its Terms of Reference on an annual basis; the updated Terms of Reference will be presented to the Board in October.

10. Audit Committee Chair's Comments

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

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

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

Paresh Patel
Audit Committee Chair
June 2022

Finance and Investment (F & I) Committee Report – 28th July 2022

The F & I Committee last met on the 28th July 2022.

Review of Committee Effectiveness and revised Terms of Reference

The Committee received the results of the annual review of Committee effectiveness, along with updated Terms of Reference which were approved. A summary of the annual review of effectiveness can be found in the Committee's Annual Report to the Board, along with the updated Terms of Reference.

Month 3 Financial Performance

The Trust reported a month 3 £2.7m deficit position against a planned £0.4m deficit. This was due to significant operational pressures on the organisation impacting elective activity and associated funding, the number of escalation beds that remained open and staffing spend in excess of budget. Mitigations against the additional costs were being explored, alongside a review of potentially unpaid outpatient activity. Forecasting of the effect of rising utility bills and inflation was being undertaken to assess the full impact across the year, but a significant uplift for utility costs had been included in the 2022/23 budget.

Elective Plan

Trust activity levels had fallen short of national targets due to operational pressures resulting in a potential £4.7m loss of funding. Work was being undertaken to recover this position, with the refurbished theatres at Conquest anticipated to provide additional income having opened in July.

Month 3 Capital Update

The Trust was marginally ahead of its planned month 3 capital position. Slippage was built into the plan, with some clinical schemes expected to carry forward to 2023/24. The risk of capital projects not progressing as planned due to vacancies for project managers was highlighted, and the Committee was assured that finance, HR and estates colleagues were working closely together to address the issue.

Trust Business Plan – 2022/23

A revised Trust Business Plan was presented to the Committee, setting out the priorities for the Trust during the year. This would be monitored through monthly IPRs with Divisions and set a breakeven target for the organisation. Divisional performance will also be monitored at this committee.

Kingsgate Findings

The outcomes of a review by Kingsgate were presented to the Committee which highlighted a number of areas where productivity, efficiency and savings could be made. The Committee noted the report and the proposed next steps. Progress of implementation would be monitored.

Nursing Establishment Review

The annual nursing establishment review was presented to the Committee. The review was undertaken using nationally accredited tools and incorporated considerable professional and clinical review and challenge to ensure that nursing levels were safe, appropriate and robust and would allow the continued

delivery of safe care on wards. It was agreed that Executives would undertake a review of the recommendation and would report back to the Board Meeting in private on 9th August.

Public Sector Decarbonisation Scheme Phase 3 (PSDS3)

The Committee noted that the final delivery design for PSDS3 included material improvements in the management of clinical risk, and allowed for the potential redeployment of £3.6m of the grant award to broaden the specification for energy conservation measures at EDGH. The Committee approved reallocation of this saving to fund a resized heat pump which would increase operational resilience.

Nicki Webber
Chair – F & I Committee

East Sussex Healthcare NHS Trust

Finance and Investment Committee - Annual Review 2021/22

1. Introduction

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

2. Authority and Duties

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

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

3. Membership

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

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

4. Annual review of terms of reference and work plan

The Committee's Terms of Reference (TORs) were considered as part of the self-effectiveness review. It was noted that they remained fit for purpose, but should be updated to reflect new job roles, should have regard to decisions made by the Finance Leadership group of the ICB and the finance strategy should consider any risks identified as we develop the overall Trust strategy and will been amended as such.

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

Matters considered in 2021/22 included:

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

- Review of 2021/22 forecast outturn on a quarterly basis, analysis of key variances, challenge to the Executive Team and Director of Finance, aimed at providing assurance to the Board on the forecast financial position.

- Review of the financial position for the Sussex Healthcare system.

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

- Oversight of the financial and business planning process on behalf of the Trust Board, including budget setting for 2021/22.

- The annual capital programme and regular updates against plan.

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

- Updates on reconfiguration of cardiology and ophthalmology services.

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

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

The Committee formed a Capital sub-Committee in December 2021 to provide a forum for detailed review of the Trust's capital programme, underlying capital processes and longer term capital planning, ensuring that capital plans are delivered in a timely manner and in line with Trust governance processes. Membership of the sub-Committee comprised three Non-Executive Directors, the Chief Executive, Chief Finance Officer and Director of Estates and Facilities. All members of the Committee were invited to attend.

The Capital sub-Committee met on three occasions during the year, before being disbanded in March 2022 due to confidence that capital processes and planning were being well managed and would deliver in budget for financial year 21/22, and that the process could be managed within the main Committee..

5. Annual Self Assessment of Effectiveness

In June 2022 the Committee undertook an annual self assessment of its effectiveness. The key messages from this feedback are summarised below and were discussed in the Committee meeting.

Members agreed that the number of Committee meetings held had been sufficient in the past year and that holding a monthly meeting was appropriate given the financial position of the organisation.

Most members agreed that the agenda for the Committee was appropriately structured. However, it was noted that there was scope to improve the financial reporting presented to committee, in particular moving to a matrix approach whereby financial data isn't 'stand-alone' but forms part of a holistic assessment of a department / service line delivery. Demand and capacity planning was suggested for additional focus.

It was highlighted that the Committee's Terms of Reference included recommendations to the Board on financial opportunities; assurance around the effectiveness and robustness of investment management; robustness of cash investment; assurance around the investment and market environment; risk appetite appropriate for the organisation; and tracking of business case delivery and benefits realisation. It was important that the Committee's work planner covered these areas or that the Terms of Reference were amended to more accurately reflect the true scope of the Committee.

Members fed back that a lower volume of papers, with more pertinent information would be beneficial in ensuring that they could make decisions on an informed basis. There was scope to improve the relevance of data provided to the Committee, particularly in relation to business cases. Appropriate reporting back on the effectiveness of business cases and investment to the Committee was also requested.

Members noted that papers could be improved, with more information and analysis provided. Papers tended to be too long and not highlight key issues or achievements.

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

6. F&I Chair's Overview

This is my first report as Chair of the Committee. During the year, the Committee has focused on:

- improving oversight of capital investment, particularly ensuring in-year delivery of capital programmes, achieving value for money investment, and accurate year-end reporting;
- delivery of activity within system financial constraints, and understanding the impact of national and local covid and other funding; and
- ensuring that the Trust delivers optimal, safe, and effective services within its financial envelope.

The Committee recognises the challenges ahead as we look to financial year 22/23, but is committed to supporting the Trust in effectively and efficiently delivering high quality, safe care to the people of East Sussex.

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

Nicola Webber
Finance & Investment Committee Chairman
25 June 2022

East Sussex Healthcare NHS Trust

Finance and Investment Committee - Terms of Reference

1. Constitution

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

2. Purpose

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

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

3. Membership and attendance

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

- At least three non-executive directors (one of whom shall be a member of the Audit Committee)
- Chief Executive
- Chief Financial Officer
- Chief Operating Officer
- Director of Transformation and Improvement
- Chief Medical Officer (optional)
- Chief of Staff

4. Quorum

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

5. Frequency

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

6. Duties

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

In particular its duties include:

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

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

- Do not compromise the Standing Orders and Standing Financial Instructions
- Do not adversely affect the strategic risk facing the Trust

- Do not adversely affect the organisation's ability to deliver its operational plans

The Committee may as appropriate review the work of other Committees within the organisation whose work can provide relevant assurance to the Finance and Investment Committee's own scope of work.

7. Decision making

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

8. Reporting arrangements

The minutes of the Committee meetings shall be formally recorded by the Executive Assistant to the Chief Financial Officer and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive actions.

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

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

June 2022

POD Committee Executive Summary 21 July 2022

Meeting information:	
Date of Meeting:	Agenda Item:
Meeting: Trust Board	Reporting Officer: Carys Williams

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

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

Summary:

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

Executive summary attached for POD Committee meeting that was held on 21 July 2022.

2. REVIEW BY OTHER COMMITTEES

N/A

3. RECOMMENDATIONS

The Board are asked to note the contents of the Executive summary.

East Sussex Healthcare NHS Trust

People & Organisational Development (POD) Committee

Introduction

Since the Board last met a POD Committee meeting was held on 21 July 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:

- Sickness increased from 5% to 5.5% due to Covid variants BA4 and BA5
- Covid number were at 160 compared to our peak of 220
- Over 100 Covid patients impacted on capacity and flow issues
- Increase in turnover – up to 12.3%, top reasons being retirement and work life balance
- Pressures continue impacting on appraisal rates, job planning, mandatory training and rostering; each of these areas is receiving focus
- New POD report created which contain more insight
- HR business partners continue to support teams.

Positive recognition for the Trust:

- Quarterly Assurance meeting with the system and regional NHSE representatives; feedback letter read “Significant work has been undertaken around People, specifically with regards to a number of the Workforce Race Equality Standard metrics and is to be showcased both within the system and wider”. The ICS will support the Trust in showcasing this.
- HR Solutions launched this week providing immediate advice and support to line managers and colleagues through a professional team. There are 3 elements to the service:
    - Level 1 – a one-stop portal to provide 24/7 access to advice and guidance
    - Level 2 – Access to our new contact centre staffed by our experienced team
    - An escalation route for complex or significant issues to our HR solution specialists
- ESHT was awarded Disability Confident Leader status, which is the highest possible level of disability employer status.
- Woven rankings – HR data integrity rankings for the NHS. ESHT is once again top in the country for this, a truly exceptional performance.
- We welcome Gbolahan Oluwatanmise to the team as Deputy Director of Culture.

eJob Planning

An update was provided on the current progress made for eJob planning and the proposed next steps to improve the current levels of fully signed off plans.

It was highlighted that all medics should have a job plan and we now have the opportunity to refresh the process:

- Continue to promote focus on quality
- Set up a new eJP Board chaired by Chief Medical Officer
- Promote the new eLearning
- Work with procurement to undertake eJP system review

Retention – Retire and Return Guidance
The Retire & Return guidance had been circulated and taken as read. The number of staff retiring from the NHS had increased over the past 2 years due to NHS pension provision and the demands of Covid, which had prompted a general shift with the working age population to consider and re-evaluate their employment options.

Linking in with the New Roles Group, opportunities would be made available for people who retire and return helping them to have a choice in the future.

An alumni is to be created for any leaver of ESHT as a stay in touch mechanism, which would provide more parity.

Systems and Reporting
New POD Report
A new POD report had been created to provide more insight, more intelligence in a way that is easy and simple to navigate. This report is linked to the People Strategy and based around the strategic themes:

- Looking after our people
- New ways of working and delivering care
- Creating a culture of inclusion and involvement
- Growing for the future

The decision was made that all were comfortable taking this new report forward with the opportunity of making any necessary amendments.

Workforce Efficiency Model
An overview was provided on the workforce efficiency model, a new measure that the HR Reporting team had been developing. The measure draws in activity, FTE usage and cost to help understand whether the service is more or less efficient over a set period based on what is needed.

NHSI Workforce Submission
The NHSI Workforce submission is an assurance paper to confirm that the Trust workforce submission was submitted within the deadline required, to a high standard and forms our foundational plan for 2022/23.

Medical and Nursing Revalidation
The Medical Revalidation and Nursing Revalidation papers had been circulated and taken as read.

The Medical Revalidation report was approved for sign off by the Chief Executive.

The POD Committee congratulated the team for the 100% compliance.

Carys Williams
Chair of POD Committee
July 2022

Annual Review of Effectiveness

Meeting information:	
Date of Meeting: 16 June 2022	Agenda Item: 7
Meeting: POD Committee	Reporting Officer: Carys Williams, Committee Chair

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

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

Summary:

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

It is best practice for every Committee of the Trust to conduct an annual self-assessment review of its effectiveness and to produce an Annual Report for the Board. The attached report provides an overview of the activities of the Committee and confirms how it has complied with its Terms of Reference. It sets out the outcome of the effectiveness review which was conducted via a questionnaire to all Committee members in May 2022.

The Terms of Reference was reviewed at the May 2022 meeting.

2. REVIEW BY OTHER COMMITTEES

Report will be presented to Trust Board in August 2022.

3. RECOMMENDATIONS

The Committee is requested to review and endorse the attached report.

East Sussex Healthcare NHS Trust

People and Organisational Development Committee Annual Review

1. Introduction

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

2. Authority and Duties

POD is a sub-committee of the Board and was established in March 2016. The Committee's Terms of Reference were last reviewed and updated on 19 May 2022. POD has responsibility for strategic oversight of workforce development, planning, performance and culture. It provides assurance to the Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that is supporting the Trust objectives and organisational success.

The Committee meets monthly and is chaired by a Non-Executive Director of the Trust and includes a broad membership including, HR and OD staff, senior managers, staff-side and equality and diversity representatives.

3. Annual Self-Assessment of Effectiveness

In May 2022 the Committee undertook an annual self-assessment of its effectiveness, completed by 7 members. Members stated that the monthly Committee meetings were effective with good attendance.

Members concurred that matters considered and decisions made by the Committee were taken on an informed basis and that these decisions were understood, owned and properly recorded and would bear scrutiny; subsequent implementation of decisions and progress had been reported back to the Committee. A new POD workforce report had been devised. 1 member suggested that members could benefit from training on writing papers drawing attention to any key issues or achievements; avoiding lengthy papers.

An effective feedback mechanism from POD Committee to the Board was in place, with the minutes being received and matters highlighted by the Committee Chair at each Board meeting. 1 member suggested a quarterly update to discuss the impact of decisions made.

Committee members felt that agendas were appropriately well-structured with 2 members suggesting a less "busy" agenda to allow more focus on each subject matter.

4. Annual review of terms of reference and work plan

The Annual Work Programme was set at the start of the year and matters considered over the past year have included:

- Updates on national workforce agenda
- Employee Relations trends and good practice
- Guardian of Safe Working Hours
- Freedom to Speak Up Guardian
- Workforce planning and metrics
- Staff and doctor surveys and action plans
- Equality and diversity and Workforce Race Equality Standards
- CQC Well Led Framework
- Appraisal Rates
- Retention Strategy
- Integrated Education to include funding issues, apprenticeships and training needs analysis
- Leadership development
- Staff health and Wellbeing
- Staff Survey
- People Strategy
- Deep Dives:
    - Looking after our people
    - New ways of working and delivering care
    - Creating a culture of inclusion and involvement
    - Growing for the future

The self-effectiveness review was considered as part of the review of the Terms of Reference at the May 2022 Committee meeting and it was agreed to continue with monthly meetings. At each meeting the Committee will focus on:

- Operational updates
- Deep Dive – Rotating between the 4 strategic themes
- Items drawn from the rolling POD Committee Work Planner

Carys Williams
People and Organisational Development Committee
Committee Chair
June 2022

East Sussex Healthcare NHS Trust

People and Organisational Development (POD) Committee

Terms of Reference

1. Constitution and Purpose

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

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

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

2. Membership

Non-Executive Director (Chair)
Non-Executive Directors x 2
Chief People Officer
Medical Director
Director of Nursing
Chief Operating Officer
Staff Side Chair
Assistant Director of Human Resources – Education
Assistant Director of Human Resources – OD & Engagement
Company Secretary
Director of Medical Education
Divisional Chair
Workforce Equality, Diversity and Inclusion lead

Other Board members may attend by open invitation.

3. Quorum

The Committee shall be quorate when one third of members are present. Nominated Deputies will count towards the quorum. At least one Non-Executive Director must be present (this may be the chair or another Non Executive).

4. Attendance

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

5. Frequency of meetings and administration

The Committee will meet on a monthly basis. At each meeting the Committee will focus on:

- Operational updates
- Deep Dive – Rotating between the 4 strategic themes
- Items drawn from the rolling POD Committee Work Planner

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

6. Duties

To monitor and advise on:

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

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

7. Parent Committees and reporting procedure

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

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

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

8. Sub-Committees and reporting procedure

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

Quality and Safety Committee Report – 21 July 2022 Meeting

- Escalation from IPR Meetings. Continued and sustained pressures on all services. Risk noted regarding very significant numbers of 'stranded' patients (including those with mental health crisis). Significant escalation and risk to Trust Recovery Programme.

- Patient Safety and Quality Group – Reduction in number of incidents relating to paracetamol prescribing following support and work to raise awareness.

  Issue with misfiled data and documentation being investigated.

- Sussex Premier Health – introduction of the Division. Work being done to address some initial challenges and risks.

- Infection Prevention & Control Board Assurance Framework – work continuing on winter and seasonal respiratory plans. Work to support antimicrobial stewardship and address increase in C. difficile infections (annual limit on target to be exceeded).

- Quality & Safety Exception Report – Jun 22 data. 2 Serious Incidents being investigated. Slight decrease in falls despite increased activity. Patient Safety Incident Response Framework introduced at recent Board Seminar.

- Maternity – Very positive Ockenden Insight visit in July 2022. Challenge with low smoking cessation rates, work ongoing to address. Successful recruitment of 7.5 WTE from ESHT student midwife cohort.

- Safer Staffing – Nursing Establishment Review due at the 28 July 2022 Finance and Investment Committee. Data collection for the next review planned for September 2022.

- InPhase – Introduction of this new system and the reporting for CQC self-assessment. Noted the resource challenges to populate the system with detail and upload evidence and the impact on Division colleagues trying to balance quality and safety with operational delivery needs.

- Covid-19 Recovery – increase in wait list and waiting times for RTT elective reflecting increases in demand, sustained bed pressures and workforce gaps. Mitigations in place and community diagnostic centres openings in September 2022 expected to relieve some of the pressure. Cancer performance improving although Trust below target for 62 days but above national average.

- High Level Risk Register – 67 risks noted on the corporate risk register. Health Visitor risk to be a focus at the next meeting.

Amanda Fadero, Chair – 1 August 2022

Strategy Committee Report – 23rd June 2022

The strategy committee last met on 23rd June 2022 and was quorate. The Committee considered the following updates:

Place Development

This is coming together and it is expected that the Trust will now articulate the key deliverables and identify the transformative actions necessary to deliver change and improvement. Planning needs to recognise transformative actions and Business As Usual activity. As process is finalised the Committee cautioned against bureaucracy and being clear on Target Operating Models verses Governance. The Committee felt it important to have a fuller stocktake to identify the Trust's start point. In addition, it would be helpful to include Adult Social Care organisations charts and see cohesion between partners.

Medically Ready for Discharge

The Committee received plans for improving discharge, which included embedding Home First (Crisis Intervention) and establishing approximately 185 beds in a virtual ward. The key would be to provide acute care outside of hospital wherever possible to avoid having to admit some people and disrupting their existing care and support. Such programmes depended on recruitment and equipment which were being addressed.

Strategy and Transformation

The Committee discussed both factors and was assured there was no conflict with external priorities or national initiatives. Risks to current strategies remain as flow, staffing and other provider organisations.

Cardiac and Ophthalmology Transformation

The process to a decision remained on track and the Committee asked that the end points of the process were diarised. A communication strategy is under development and responses to HOSC findings are under consideration. The impact of decisions on the system, finances and NHP funding were all being assessed to identify and manage any risks.

Committee Effectiveness

The annual assessment gave assurance on current working, but it was agreed that this should be reviewed in six months given the appointment of a Director of Transformation. It may be appropriate at that point to consider how the Committee gains assurance on how is ESHT embedding a culture of Continuous Improvement and a process for Quality Improvement.

Jackie Churchward-Cardiff, Strategy Committee Chair

29th June 2022

East Sussex Healthcare NHS Trust

Strategy Committee - Terms of Reference

1. Purpose

The Committee has been established to oversee and scrutinise the formulation, direction and delivery of strategy and related performance matters at the Trust, thus giving assurance to the board on the delivery of its strategy

This Committee is a sub-committee of the Trust Board with the appropriate delegated authority that will act as a co-ordination group providing a forum for review of strategic, policy and associated non-clinical governance issues

2. Duties

This Committee will:

Receive reports on key national policy initiatives/changes, System/Place-based planning/initiatives for alignment with ESHT direction

Review annual and long-term strategic plans and major business cases, and consider proposals for actions for discussion/agreement by Trust Board

Ensure the Trust has a strategic plan for clinical services, estates and facilities, digital/IT, OD/culture including annual presentation from Medical Director of Trust R&D priorities

Evaluate Trust-wide transformation programme progress against plan/target (noting that financial implications will be monitored through the Finance Committee)

3. Membership

The Committee comprises the following members:

Executive	Non-Executive
Chief Executive* Director of Strategy* Director of Finance* Chief People Officer* Medical Director Director of Estates & Facilities BFF Programme Director CIO	Jackie Churchward Cardiff (Chair) An invitation to every Strategy Committee will be extended to each Non Executive. Attendance is likely to reflect time commitments and membership of other Trust Committees

*Core members

Additionally, other executive members and senior clinical leaders may be invited as required. Named deputies will be accepted for executive members only in exceptional circumstances.

4. Chair

The chair of the Committee is the Senior Independent Non-executive Director/deputy Chair.

5. Quorum

No fewer than two of the core members shown at section three (or designated deputies agreed in advance with the Chair) and three of the Non Executives constitute the minimum number of members for this Committee to go ahead.

6. Frequency

This Committee meets bi-monthly for 1.5 hours

7. Authority

The Board has resolved to establish a Committee of the Board to be known as the Strategy Committee. The Committee is a sub-committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference

8. Reporting arrangements

The Committee is accountable to the Trust Board. The Committee will report a summary of actions and recommendations to every Trust Board.

9. Notice of meetings

Papers will be sent out no later than five working days before the Committee.

At the discretion of the Chair papers may be sent later in exceptional circumstances only.

9. Conduct of meetings

Meetings of the Strategy Committee shall be conducted in accordance with its Terms of Reference and the provisions of the Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions approved by the Board of East Sussex Healthcare NHS Trust.

10. Meetings behaviours

A Meeting Charter is available for members should they wish to consult it in advance of Committee meetings.

The Meeting Charter provides a reminder of appropriate behaviours and will be re-iterated by the Chair at the start of a meeting to ensure all participants understand the expectations throughout the meeting.

Meetings / groups will be conducted in line with Trust Values, with a mutual respectfulness for all participants.

It is the responsibility of all present to challenge behaviour deemed disrespectful, negative, inappropriate or aggressive

A successful meeting / group should be supportive, positive, timely and provide an outcome where there is progress made and actions allocated.

11. Notes of meetings

The Secretary shall take action-oriented notes of all meetings of the Group, including recording the names of those present and in attendance. Notes of the meeting will record actions arising from the meeting.

Chief Executive's Report

Meeting information:	
Date of Meeting: 9th August 2022	Agenda Item: 6
Meeting: Trust Board in Public	Reporting Officer: Chief Executive Officer Report Author: Chief Executive Officer

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

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

Summary:

Firstly, I would like to thank all of our staff for the hard work and dedication they display every day. Along with Health and Care Services across the country, demand remains high and Covid remains part of our everyday lives and they do their best to make sure patients are kept safe and provide outstanding care.

Congratulations

Whilst visiting the Eastbourne Maternity Unit this week to meet some of our midwives, I met the proud new parents of baby India. I'd like to congratulate Harriet and Jake on the birth of their beautiful new baby girl and thank them for letting me share a few moments with them and their daughter at what is such a precious time.

Leadership Changes

Dr David Walker will be retiring as Medical Director after six years in post at the end of August and I'd like to thank him for his leadership over what has been a tremendous period of improvement for the Trust and of course a challenging time as we have responded to the Covid pandemic. David has been a great colleague and I'm sure the Board will support me in thanking him for his hard work, dedication and leadership over this time. However, his commitment as a practicing clinician is not quite finished as David will be remaining as a senior Cardiology Consultant within the Trust, albeit on a reduced number of hours (maybe). We wish David and his wife Karen a relaxing semi-retirement.

I am however delighted to be able to share the news of the appointment of Dr Simon Merritt to the role of Chief Medical Officer from September. Simon has been a consultant at the Trust since 2009 and is currently a consultant in respiratory and sleep medicine. He is also the Chief of Medicine and was previously the Clinical Unit Lead for Specialist Medicine. I am confident that Simon will make a positive contribution to the Trust Board and will continue our drive for high standards of care and optimum outcomes for our patients.

I'd also like to announce that Brenda Lynes has been appointed as Director of Midwifery, Brenda is currently the Director of Operations for the Women and Children's Division and for the past five months has been acting as the Director of Maternity Governance. Brenda will move into the new role with immediate effect.

Gbolahan Oluwatunmise has joined us as Assistant Director of Culture. We have committed within our priorities that our workforce is important to us along with the environment in which we operate, so this new post will support all people within the organisation to help us as we move forwards on our continued improvement journey.

Areas of Focus

Whilst demand on our front door remains higher than ever before, pressure on our services is exacerbated by the number of patients who no longer require care within our acute beds and similarly those who we are unable to discharge from our community settings due to lack on onward care options. This has an impact on the safety of patients and our workforce, but also has a detrimental impact of our financial and access measures. There are currently c250 people in hospital who do not need acute care.

Therefore, discharge and reducing length of stay remains the highest priority for the Trust for the next month and beyond.

SCBU Gold Accreditation

I was delighted to see that SCBU at Conquest has become the first Level 1 unit in the country to achieve Gold Accreditation in The Bliss Baby Charter. The Bliss Baby Charter is the UK standard for developing, measuring and improving family-centred care, so achieving Bliss Baby Charter accreditation is an esteemed marker of quality and the teams involved should be very proud of themselves for a wonderful achievement.

George Cross

It was with great pride that I read that the George Cross was awarded to the NHS last week. Amanda Pritchard, Chief Executive of NHS England, and May Parsons, the nurse who delivered the world's first COVID-19 vaccination, were presented with the George Cross on behalf of the 1.5 million NHS colleagues in England.

It is a privilege of my role that I get to see our healthcare workers deliver the high standard of patient care we are all so proud of first-hand. This privilege has been amplified over the last two and half years as I've watched colleagues across our organisation rise to the many additional challenges that Covid has presented us with and continue to provide care with generosity, compassion and unwavering dedication. This is only the third time that the George Cross has been awarded to a collective body since its introduction in 1940 and I'd like to congratulate you all.

Out and About

<u>Park View</u>
The new child development facilities have opened in Bexhill – I have now visited the service and seen first-hand the great working environment it provides for our staff. We've had feedback from parents that taking their child to Park View is more like taking them for a day out than for an appointment. It is wonderful that we are able to provide an environment that gives that kind of feeling to our younger patients. If you'd like to know more about the new centre, please do take some time to visit our website and read more about it.

<u>Foundation Doctors</u>
I was delighted to meet with the new Foundation Doctors this week, who are just starting their medical careers and to welcome them to the Trust. It's also time to say goodbye to those who have completed their first year with us and will be moving on to new clinical rotations elsewhere.

<u>Mammography Department</u>
I met with Louise and Lauren (with David Hughes and Nasi Botros) in the mammography department at EDGH and was so impressed by their passion and commitment to the people who they look after so well, often at times of great anxiety for the patients and their families.

The Trust introduced the new stereotactic biopsy service within Mammography, Radiology at EDGH in June 2021. A stereotactic biopsy is a type of biopsy that can help to diagnose cancerous cells in breast tissue using a mammography machine. Patients who require this procedure currently had to travel to the Park Centre for Breast care in Brighton. By introducing this service, the Trust has reduced our wait times for a stereotactic biopsy from 6-8 weeks to around 1 week. This new service at Eastbourne is available for patients across East Sussex.

The Trust has also started a breast triple assessment service, which started on the 26th of April 2022. The Triple Assessment Breast Clinic offers patients with urgent breast symptoms rapid access to comprehensive assessment and review in a single visit.

This allows patients to have access to:

- Clinical assessment
- Radiological examination
- Tissue sampling (depending on clinical and radiological indications)

This is a successful service, which has reduced wait times in Mammography, Ultrasound and receiving their results.

Cancer Services

We have also, for four months in a row, seen the highest number of referrals for cancer services. However, although most will not result in a confirmed cancer diagnosis, it is important that patients do visit their GP and that where appropriate referrals are made for review and diagnostics. I'd like to recognise the success of the divisions and cancer teams as last week we were recognised by the Surrey and Sussex Cancer Alliance has having the smallest percentage of our total waiting list waiting over our 62 days within our area.

Building a Zero Carbon Future

We continue to make good progress at Eastbourne DGH with our £28m SALIX grant funding to install new building fascias, including new windows, roof insulation and associated low carbon technology infrastructure such as heat pumps etc.

I would like to say thank you to colleagues in Pevensey Ward as we completed a mock-up/test fit of the new fascias and windows in a test area of the ward which was very successful. Preparation has started at the south end of the main building next to Scott Unit to clear space for the scaffolding to erect the 1st phase of the new façade near to Outpatients entrance E elevation including Glynde Unit and Berwick Ward. Works are estimated to take 6 weeks along this elevation section.

We will be undertaking a detailed survey of the main staff car park to assess the feasibility of installing new solar voltaic panels in the car park panel carport, and will ensure we minimise any impact on car parking spaces.

Disability Confident Leader

We are delighted to share that as of 20th July 2022, the Trust officially became a Disability Confident Leader. (DCL).

Being Disability Confident will help us recruit, retain and develop disabled people, who will help our organisation to grow and succeed. The Disability Confident badge will also show disabled people that we recognise the value they can bring to our organisation - putting us ahead in the search for talent.

East Sussex Healthcare NHS Trust

Integrated Quality & Performance Report

Prepared for East Sussex Healthcare NHS Trust Board

For the Period June 2022 (Month 3)

Content

East Sussex Healthcare NHS Trust

1.	About our Integrated Performance Report (IPR)	
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3.	Quality and Safety - Delivering safe care for our patients - What our patients are telling us? - Delivering effective care for our patients	
4.	Our People – Our Staff - Recruitment and retention - Staff turnover / sickness - Our quality workforce - What our staff are telling us?	
5.	Access and Responsiveness - Delivering the NHS Constitutional Standards - Urgent Care - Front Door - Urgent Care – Flow - Planned Care - Our Cancer services	
6.	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	
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East Sussex Healthcare NHS Trust

About our IPR

- Our IPR reflects how the Trust is currently working and how the on-going journey of improvement and excellence, reflected within our Strategy and Operational Plan (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

East Sussex Healthcare NHS Trust

Key Metrics

Safety	Target / Limit	Last Month	This Month	Variation	Assurance
Patient Safety Incidents (ESHT and non-ESHT)	M	1098	1085	Common Cause	
Serious Incidents	M	3	2	Improvement	
Never Events	M	0	1	Common Cause	
Inpatient Falls per 1,000 Bed days	M	6.1	5.9	Common Cause	
Pressure Ulcers, grade 3 to 4	0	3	2	Common Cause	Consistently Missed
MRSA Cases	0	0	0	Common Cause	Inconsistent
Cdiff Cases	<5	8	9	Common Cause	Inconsistent
MSSA Cases	M	6	2	Common Cause	
RAMI	94	84.1	86.1	Common Cause	Consistently Hit
SHMI (NHS Digital monthly)	0.99	0.96	0.97	Common Cause	Consistently Hit
Nursing Fill Rate (IP - RN, RNA and HCA)	100%	90%	90%	Concern	Consistently Missed
Nursing Fill Rate (Including Escalation)	100%	90%	89%	Common Cause	Consistently Missed

Patient Experience	Target / Limit	Last Month	This Month	Variation	Assurance
Complaints received	M	42	30	Common Cause	
A&E FFT Score	M	80%	62%	Concern	
Inpatient FFT Score	M	99%	100%	Common Cause	
Maternity FFT Score	M	100%	99%	Common Cause	
Out of Hospital FFT Score	M	99%	100%	Common Cause	
Outpatient FFT Score	M	99%	99%	Common Cause	

Our Performance	Target / Limit	Last Month	This Month	Variation	Assurance
A&E 4 hour target	>95%	71.7%	74.7%	Concern	Consistently Missed
A&E Non Admitted	M	78.1%	80.3%	Concern	
A&E > 12 hours from arrival to discharge	0	292	311	Common Cause	Consistently Missed
A&E waits over 12 hours from DTA	0	0	0	Common Cause	Consistently Hit
UTC 2 hour	>98%	72.1%	68.8%	Concern	Consistently Missed
Cancer 2ww	>93%	93.7%	89.8%	Concern	Inconsistent
Cancer 62 Day	>85%	78.1%	69.7%	Common Cause	Consistently Missed
62 day Backlog	M	85	83	Improvement	
104 day Backlog	M	15	20	Improvement	
RTT under 18 weeks	>92%	67.8%	65.2%	Concern	Consistently Missed
RTT 52 week wait	0	294	446	Concern	Consistently Missed
RTT Total Waiting List Size	36,833	44,618	46,768	Concern	Consistently Missed
Overdue P2	M	222	232	Common Cause	
CHIC wait times < 13 weeks	>75%	83.6%	84.9%	Common Cause	Consistently Hit
Diagnostic <6 weeks	<1%	15.4%	12.7%	Improvement	Consistently Missed

Our People	Target / Limit	Last Month	This Month	Variation	Assurance
Establishment (WTE)	M	7,915.1	7,917.2		
Vacancy Rate	<5%	8.3%	7.7%	Concern	Consistently Missed
Staff Turnover	<9.9%	12.1%	12.3%	Concern	Consistently Missed
Retention Rate	>92%	90.3%	90.2%	Concern	Inconsistent
Sickness - Absence % (rolling 12 mths)	<4.5%	5.9%	5.9%	Concern	Consistently Missed
Sickness - Average Days Lost per Fte	<16	21.5	21.6	Concern	Consistently Missed
Staff Appraisals	>85%	74.7%	73.5%	Common Cause	Consistently Missed
Statutory & Mandatory Training	>90%	86.8%	87.2%	Concern	Consistently Missed

Our Productivity	Target / Limit	Last Month	This Month	Variation	Assurance
4 hour theatre sessions	M	478	469	Common Cause	
Average Cases per 4 hour session	M	2.5	2.4	Common Cause	
Clinic run rate	M	82.6%	82.9%	Improvement	
Non Face to Face Outpatients	>25%	28.9%	26.3%	Concern	Consistently Hit
Elective Length of Stay	2.7	2.5	2.7	Common Cause	Inconsistent
Non Elective Length of Stay	3.6	4.6	4.4	Common Cause	Consistently Missed

Chief Executive Summary

The prevalence of Covid did increase again in June throughout the local population which saw many of our staff test positive, as well as patients throughout our specialties. This did impact on our ability to maintain hospital flow and discharge. As well as impacting our elective recovery programme. In this challenged position, we maintained a safe and caring standard of care to our patients and responded quickly to the changing demand on our services. Going forward, there will be a focus on patient discharge to help improve flow, reduce the impact on our elective programme and address high bed occupancy challenges.

Key Areas of Success

- Our diagnostic DM01 position is the highest it has been since April 2020 and with the community diagnostic centres opening soon, this will continue to improve for our patients
- We are sustainably delivering above target for our 2 hour urgent community response. This service will further improve as we enhance and develop the team
- We remain ahead of plan to treat our elective long waiting patients against agreed trajectory
- A Capex spend of £4.9m which is £0.5m over internal phased plan
- Our emergency departments saw a further improvement against the 4 hour standard and an increase in the percentage going through the UTCs. Putting us in the top quartile nationally.

Key Areas of Focus

- There has been a further improvement in the 4hr A&E performance standard which is noted as a success. However, despite a reduction in attendances and ambulance conveyances, the number of ambulance handovers waiting >30 mins increased. This is a continued area of focus.
- Trust is reporting a year to date deficit position of (£2.7m) against planned deficit of (£0.4m), an adverse variance of (£2.3m). This broadly reflects risk associated with underperformance against elective activity targets, pay pressures from supernumerary and temporary staffing, and overspends in drugs.
- Income is adverse to plan driven by provision for ERF claw back of £1.1m offset by higher divisional income which has equivalent associated costs.
- Although the vacancy rate has reduced, the monthly sickness has risen again this month. This means an increase in pressure on TWS to fill gaps, the financial burden, and the wellbeing of the workforce collectively.
- Discharge remains an area of concern. With the number of non criteria to reside (NCTR) and medically ready for discharge (MRD) patients expected to grow as access to D2A beds reduces from July 2022. The Trust is working with the system to rapidly develop and implement a new D2A model.

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

NHS
East Sussex Healthcare
NHS Trust

Quality and Safety

Quality & Safety June 2022 Data

COVID - 19
Prevalence of COVID in the local population increased again due to new variants Omicron BA.4 and BA.5. Face masks have been re-introduced in all clinical areas as there are COVID positive patients being identified in most specialties and an increasing number of staff testing positive as a reflection of local prevalence. No reportable ward outbreaks of COVID during June but many bays affected by high transmission when a patient tests positive. Teams continue to use COVID inpatient information from Nerve centre to manage beds in co-horted bays with the aim of safe patient placement and zero void beds.

Infection Control
The quarterly limit for C. difficile infections has been exceeded with 26 cases reported to date against an annual limit of 58. As part of outbreak surveillance, all positive samples are ribo-typed and two of the cases appear to represent cross transmission. Outbreak control measures are in place. The root cause is considered to be delay in isolation and deep cleaning due to lack of empty beds at the time with very significant operational pressures.

Incidents
Two serious incidents were reported in June 2022. One related to a patient who absconded from the ED and the other was a Never Event involving wrong site surgery. A weekly tracker is now in place to enable the close monitoring of overdue amber reports.

Pressure Ulcers
One category 4 PU has been reported by podiatry and may have occurred on a ward. A full investigation is under way. 55 category 2 PUs were reported in June including 3 related to medical devices.

Falls
Swarm forms completed for all falls with moderate or above harm. No severity 4 falls in June but increasing numbers of patients with repeat falls - a sign of the increasing numbers of stranded patients many of whom are frail, dependent and high risk.

Patient Experience - Complaints/Friends & Family Test (FFT)
Teams continue to work through the backlog with 12 overdue complaints at the end of June. FFT submissions remain lower than pre-COVID with recommendation rates still very high between 98.72% and 100% for inpatient areas, Maternity and Outpatients. Digital option for FFT launched in Maternity and A&E during April but no increase in responses yet, senior teams looking into this and what may help.

Nursing & Midwifery Staffing
The requirement for significant additional inpatient bed capacity (circa 100-120) continued in June with staff absence rates impacted by an increase in COVID prevalence locally. The trust continues to see huge numbers of stranded patients most of whom are frail, vulnerable and very dependent.

Nurse staffing in June remained very stretched in most areas which is likely to have had an impact on some of the key quality metrics esp. unwitnessed falls, indirect care such as documentation, communication, discharge planning etc and on staff wellbeing due to the sustained pressures.

The Nursing Establishment Review 2021/2022 recommendations for safe staffing levels was presented at the July Finance and Investment Committee.

Work is now underway to prepare for the 2022/2023 Nursing Establishment Review with data collection anticipated in September. There is a requirement for Information Management resource for this activity, particularly as it is hoped that the community and urgent care divisions will now have national tools to participate in this review.

The non-inpatient nursing review continues with support from Finance PMO colleagues.

Safeguarding
Work is underway with senior divisional nurses regarding a quality improvement programme focusing on discharge, looking at communication/documentation and handover following and increase in concerns in Safeguarding discussions. A weekly tracker is being introduced to ensure there is immediate oversight of concerns and investigations with plans for a multi agency workshop soon. There have been ongoing discussions with colleagues in Mental Health Services and Children's Social Services about our stranded young people who are complex and high risk. Additionally conversations are underway regarding adult patients presenting to our EDs in mental health crisis.

Actions
Presentation to trust board in July regarding PSIRF and plans going forward.

Mortality
Both SHMI and RAMI indices of mortality remain better than peers. SHMI has increased slightly this month and Rolling 12 month RAMI remains in the top quartile across NHS England Acute Peers.

Author(s)

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

David Walker
Medical Director

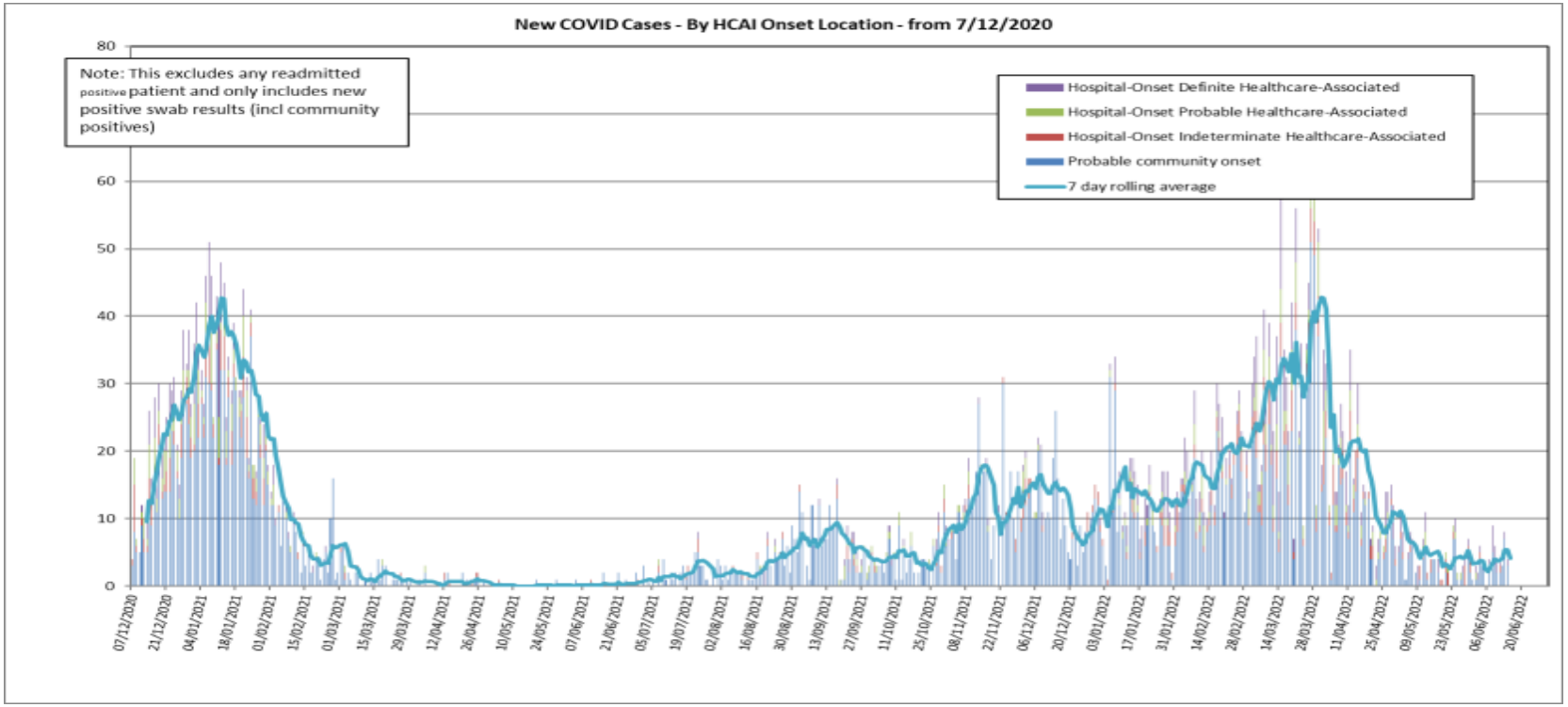
COVID-19

East Sussex Healthcare NHS Trust

Quality and Safety

Prevalence

Prevalence of COVID in the local community has been steadily increasing each week and reflects the national rate. As at 8th of July 2022, COVID prevalence for England was 309/100,000 population, East Sussex was 318/100,000 with Rother showing highest prevalence in the area at 344/100,000. This represents a 16% increase in positive tests reported on the previous week. It is recognised that this may be a conservative number as community testing has reduced. The latest data from the Office of National Statistics Infection Survey estimates modelled positive rate for Southeast England at 5.3% (6th July 2022). This equates to a modelled ration of 1 in 20 people in the Southeast testing positive for COVID. Over 100 positive patients were being treated at ESHT on any given day in July.



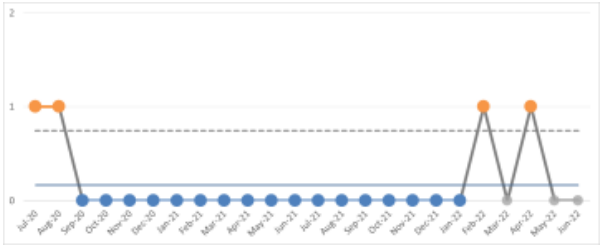
The Omicron variant that is most common in our area is Omicron BA.4 and BA.5. These variants are associated with a high attack rate and ability to infect people who have previously had COVID. When a positive patient is identified in a bay many of the other patients within the bay go on to test positive within 3-5 days. A return to treating patients within the appropriate speciality means that nearly every ward had positive cases and subsequent transmission within bays. Local care homes are also reporting outbreaks. It is recognised that transmission among those in a shared environment may not be preventable. Patients are currently also remaining positive on LFT longer than 6 or 7 days and therefore most patients are not clinically stepped down to recovered status until day 10 of their infection which further increases the challenges.

Safe Care - Infection Control

East Sussex Healthcare NHS Trust

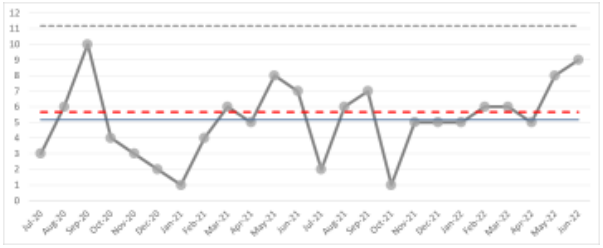
Quality and Safety

MRSA cases



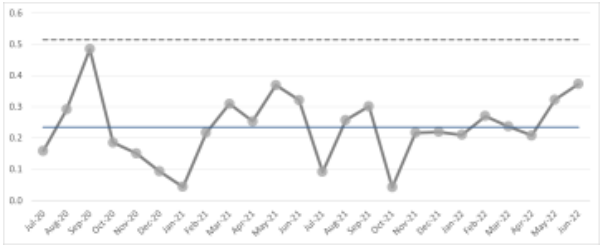
Variation: Normal
Current Month: 0

CDIFF cases



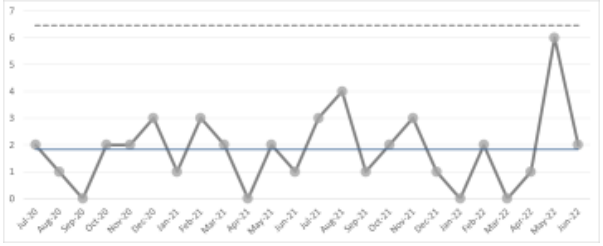
Limit: 5.66
Variation: Normal
Current Month: 9

CDIFF per 1000 bed days



Variation: Normal
Current Month: 0.4

MSSA



Variation: Normal
Current Month: 2

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

MRSA bacteraemia (MRSA)

There were no MRSA bacteraemia cases to report for the month of June.

Clostridium Difficile Infection (CDI)

13 cases of CDI were reported in June, against a monthly internal limit of 5. Of the 13 cases, 9 were HOHA (Hospital Onset Healthcare Associated) and 4 were COHA (Community Onset Healthcare Associated). Post infection reviews are being arranged. Each sample was ribotyped. Two cases had the same ribotype on the same ward and the patients were in adjacent beds. Further analysis was requested and shows that they are likely to represent cross transmission. Suggested root cause is a delay in isolation and appropriate deep cleaning as there were no available rooms or empty areas to decant to at the time given the significant pressures. The consultant microbiologists and antimicrobial pharmacists are reviewing how we can provide additional support to positively influence antimicrobial prescribing as part of a CDI reduction plan.

MSSA bacteraemia

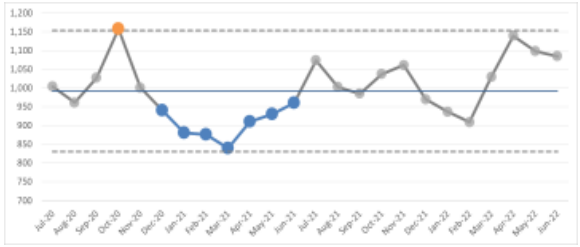
3 MSSA bacteraemia were reported in June. Of the 3 cases, 2 were reported as HOHA (Hospital Onset Healthcare Associated) and one as a COHA (Community Onset Healthcare Associated). None of the cases reported in June were assessed as avoidable infections with no contributory lapses.

Safe Care – Incidents

East Sussex Healthcare NHS Trust

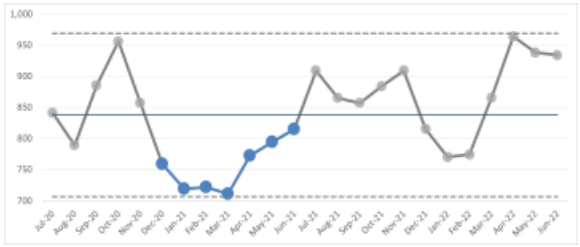
Quality and Safety

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



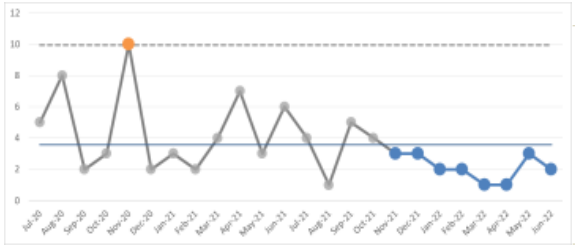
Variation: Normal
Current Month: 1,086

Patient Safety Incidents (ESHT incidents)



Variation: Normal
Current Month: 935

Serious Incidents (SIs) (Incidents recorded on Datix)



Variation: Normal
Current Month: 2

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

Status Report

There were 1,086 incidents reported (from Datix on 21/07/2022).
There were 935 **ESHT only** incidents and of these:
Severity 1 None/Near Miss - 644
Severity 2 Minor - 271
Severity 3 Moderate - 16
Severity 4 Major - 3
Severity 5 Catastrophic - 1

Top five locations :
Patients Home - 81
Emergency Unit Conquest - 41
Delivery Suite Conquest - 30
Acute Medical Unit Eastbourne - 26
Frank Shaw Ward - 24

Top three categories:
Slips Trips and Falls - 158
Medication Errors and Other Medication Related Incidents - 108
Diagnosis and Diagnostic Services - 87

Two SIs (one was a **Never Event**) reported in June 2022:

- A patient absconded from the ED at the Conquest Hospital and gained access to the roof space
- Never Event – wrong site surgery – a carpal tunnel incision was made but should have been an incision for trigger finger release

Challenge & Risk:

Work is ongoing to reduce the number of open SIs. Progress with the implementation of Patient Safety Incident Response Framework (PSIRF) is slow due to ongoing delay in the release of national guidance and templates. Expectation that all Trusts will move to a full implementation of PSIRF by June 2023 - no funding attached. New ways of managing incident investigations will be implemented which will bring challenges given the huge cultural change required.

Actions:

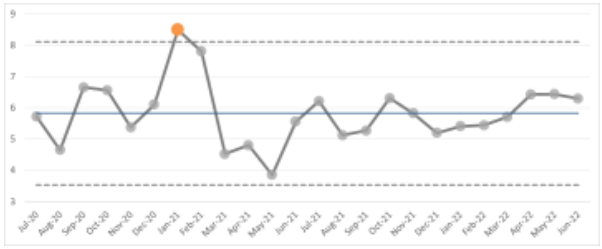
After Action Review training is being explored as this is likely to be a key method of managing incident investigations. Further refining of the SWARM paperwork now used for falls of moderate harm and above will continue to be monitored; additional Swarm training is being given to staff as required.

Safe Care – Falls

East Sussex Healthcare NHS Trust

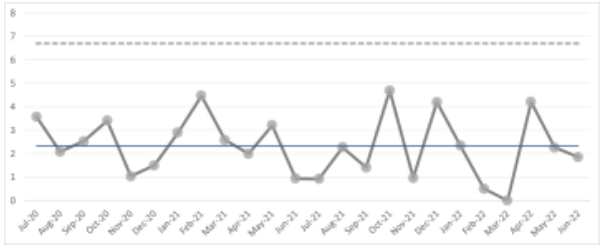
Author: **Margaret England – Head of Governance**

Inpatient Falls Per 1,000 Bed Days (Acute)



Variation: Normal
Current Month: 6.3

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



Variation: Normal
Current Month: 1.9

Status Report

The falls rate per thousand bed days decreased slightly with a total of 158 falls in June, a reduction on the previous month.

Repeat falls:
- 17 patients fell twice (34 falls)
- 4 patients fell three times (12 falls)
- 2 patients fell four times (8 falls)

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

Irvine Unit Intermediate Care Unit - 14
De Cham Ward - 13
Newington Ward - 11
Devonshire Ward - 8

There were 11 falls reported in non ward areas

- Community/Public Areas – 1
- CT Scanning – 1
- Emergency Unit Conquest – 2
- Emergency Unit Eastbourne – 3
- Patients home – 2
- Pevensey Day Unit – 1
- Physiotherapy Eastbourne - 1

There were no severity 4 or 5 falls reported during June 2022.

Challenge & Risk:

Significant additional capacity was and is still open with very large numbers of patients not meeting criteria to reside (NCTR) and medically fit for discharge (MFD), many of whom are frail and dependent with increased risk of harm and many who are resistant to care and prone to wandering. This continues to present significant challenges in terms of infection control, safeguarding and workforce.

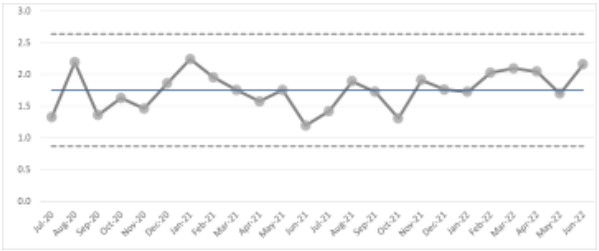
Safe Care - Pressure Ulcers

East Sussex Healthcare NHS Trust

Quality and Safety

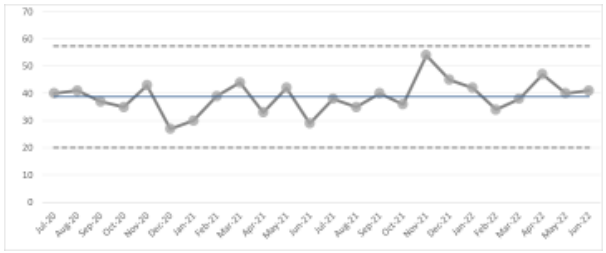
Pressure Ulcers Per 1000 bed days Inpatients all categories

Monitoring
Variation: Normal
Current Month: 2.16



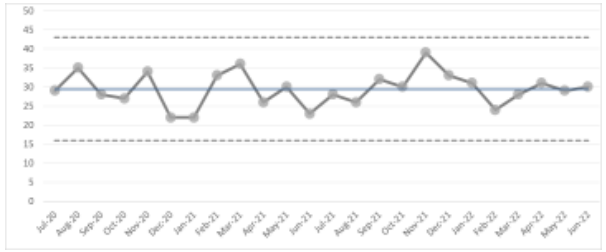
Pressure Ulcers Non Inpatients all categories

Monitoring
Variation: Normal
Current Month: 41



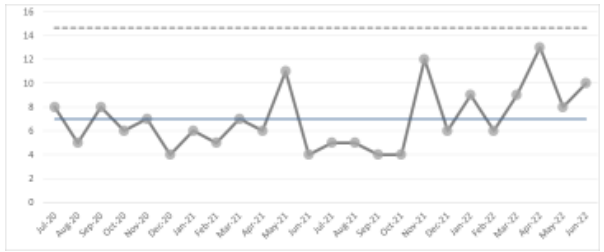
Pressure Ulcers Category all categories (Patient Home)

Monitoring
Variation: Normal
Current Month: 30



Pressure Ulcers Category all categories (Other care provider)

Monitoring
Variation: Normal
Current Month: 10



Author:	**Tina Lloyd - Associate Director of Nursing**
Status Report	One category 4 PU has been reported by podiatry and may have occurred on an ward. A full investigation is under way. 55 category 2 PUs were reported in June including 3 related to medical devices. Of the 55 reported incidents, **36 were inpatients** and 19 patients were living in their usual place of residence (13 in their own home & 6 in care homes). The slides shows all categories including unstageable damage where the depth of the ulcer is unknown and deep tissue injury (DTI). The last shows an increasing number of PUs that ESHT have reported that have occurred within another care provider setting.
Challenge & Risk:	Significant additional capacity still open (circa 110 beds) with very large numbers of patients Not meeting the Criteria To Reside (NCTR) and medically ready for discharge (MRD), many of whom are frail, resistant to care and very dependent. Many need 2 staff and/or enhanced observation with increased risk of harm and wandering. Monitoring the progress of individual pressure ulcers between categories requires a high level of resource so can be challenging.
Actions:	Investigating the details of the 3 PUs related to medical devices to determine any common themes for learning. The CHIC division is assessing & monitoring closely the PUs amongst patient in the community setting to determine any trends for action. Root cause investigation into the category 4 PU has commenced.

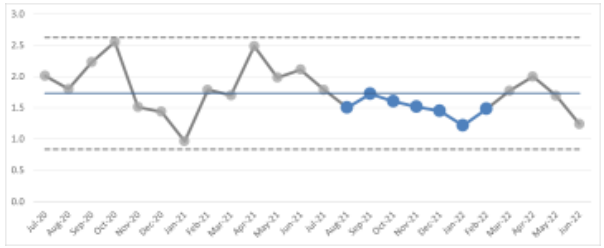
What patients are telling us?

East Sussex Healthcare NHS Trust

Quality and Safety

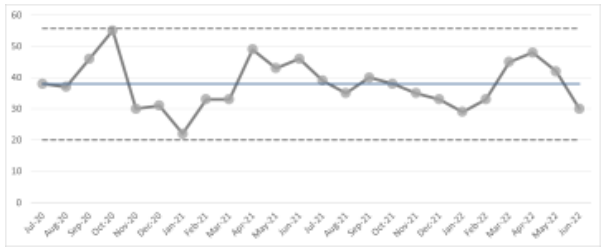
Amy Pain- Patient Experience Lead

Complaints Received per 1,000 bed days



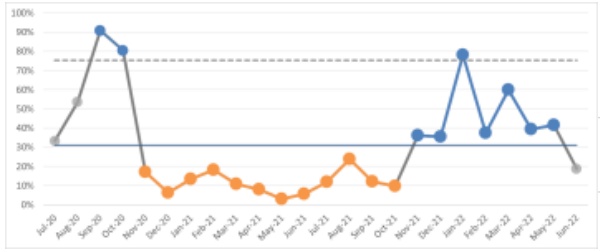
Variation: Normal
Current Month: 1.2

Total Complaints Received



Variation: Normal
Current Month: 30

Complaints Response Times



Monitoring
Variation: Normal
Current Month: 18.8%

Status Report

There were 85 **open complaints** at the end of June (May = 109) . Of the 30 complaints received in June, 4 related to an incident that had occurred in excess of **six months ago** and 3 complaints related to an incident that had occurred **in excess of 12 months ago**.

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

The top three primary complaint subjects were:

- Clinical Treatment = 11 (May =9, April = 12)
- Communication = 6 (May= 8, April = 5)
- Patient Care = 5 (May= 8, April = 6)

Top complaint locations:

- Outpatients (CQ= 5, EDGH= 5)
- Emergency Departments (EDGH = 2)
- Frailty Unit (2)
- Tressell (2)

8 complaints were **reopened** (May = 5, April = 6, March =11, February =11).

There were **12 overdue** complaints at the end of June - the oldest complaint was 30 working days overdue. These complaints were overdue for various reasons.

The overall response rate for the month was 19% compared to 42% in May. For 35 working days this was 19% and for 50 working days it was 17%. 52 out of 64 complaints responded to in June were overdue, this has impacted on our response rate.

The Trust received one enquiry contact from the **PHSO** in June .

517 Patient Advice & Liaison Service **(PALS)** contacts were received, a decrease compared to May (=545), April (= 574) March (= 742) and February (= 616).

Six 4 and 5 star reviews were posted on the NHS website and one negative review posted on Healthwatch feedback centre.
* Plaudits are captured on Inphase. This data is not yet unavailable.

Challenge & Risk:

Ongoing pressures still affecting response times.

Actions:

Capacity discussed at Quality & Safety Committee re need to ensure equal focus on quality and governance. Our Complaint Officers are meeting regularly with Heads of Nursing to discuss the current open complaints and where the delays are occurring. We are looking at alternative ways in which we communicate with staff and arranging time to support them in providing a written statement. A third member of the Exec team is now a designated signatory.

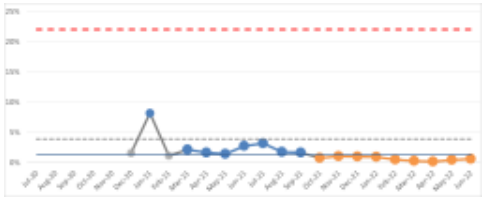
What patients are telling us?

East Sussex Healthcare NHS Trust

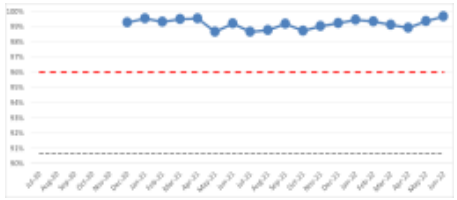
Quality and Safety

F&FT – A&E Score
Current Month: 61.8%

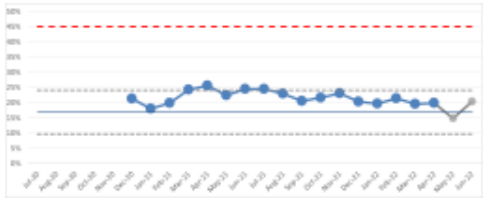
F&FT – A&E Response
Current Month: 0.60%



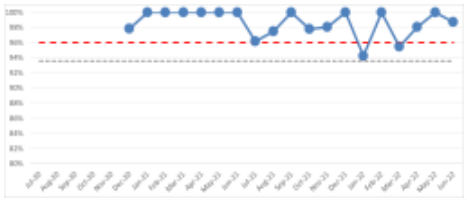
F&FT – Inpatient Score
Current Month: 99.68%



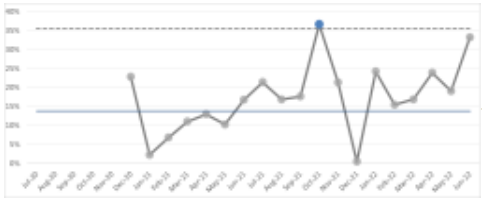
F&FT – Inpatient Response
Current Month: 20.4%



F&FT – Maternity Score
Current Month: 98.72%

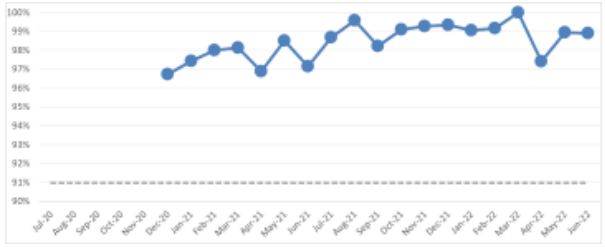


F&FT – Maternity Response
Current Month: 33.19%



F&FT – Outpatient Score

Variation: Normal
Current Month: 98.9%



Author:	**Amy Pain - Patient Experience Lead**
Status Report	The **total number** of Family & Friend Tests (FFT) surveys returned in June was 1,909 (May = 1,680, April = 1,710, March =1,926). **Response rates** continued to be affected by the sustained pressures especially in the Emergency Depts. The **positive recommendation rates** for June, compared to the most recent data released by NHSE (April) continued to be higher than the national average other than for A&E. **A&E** 61.76% , nat avg April 75% (ESHT resp rate 0.6%) **Inpatient** 99.68% , nat avg April 94% (ESHT resp rate 20.38%) **Maternity** 98.72% , nat avg April 94% (ESHT resp rate 33.19%) **Outpatients** 98.90% , nat avg April 93% (362 surveys) **Community** 100% , nat avg April 93% (170 surveys) For the first time A&E had a significant decrease in their positive recommendation score. (68 surveys completed). Themes related to dissatisfaction with discharge and waiting with ongoing improvement work by the leadership team.
Challenge & Risk:	Both A&E's continued to face considerable pressures with crowding and longer wait times. A&E and Maternity now offer a digital platform for the survey to be completed. Alternative ways of promoting this platform are being considered.
Actions:	Review of process underway for Out Patient Department's (OPDs) especially virtual appts and capturing those specialities using OPD's as a location.

02/08/2022

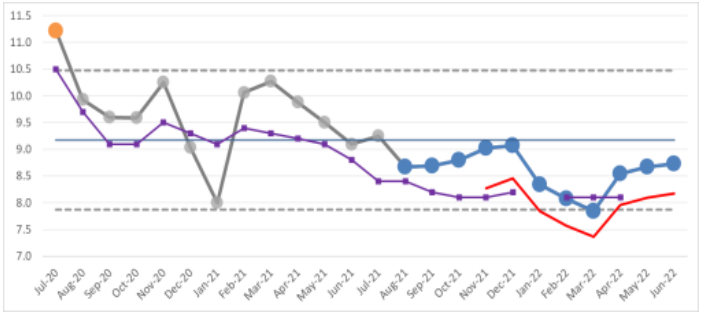
Effective Care – Nursing & Midwifery Workforce

East Sussex Healthcare NHS Trust

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

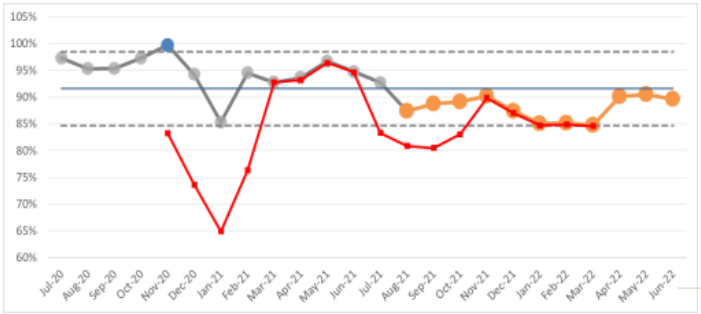
Status Report

CHPPD (Trust)



National Median: 8.1 (Apr22)
Level 2 and Level 3 Areas Excluded: 8.2
Current Month: 8.7

Staff Fill Rate (total)



Current Month: 89.6%
Incl. escalation: 84.6% (Mar22)

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

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 June, **16 out of 36 areas were under 8.0 CHPPD**.

Fill Rate

June's average fill rate against the planned budgeted establishment **for substantive wards only** was 89.6% for nursing, noting some variation across wards.

Additional escalation areas are not included for June with changes in reporting by workforce colleagues in place. This will be available for July.

Additional capacity remained open for medical patients on Devonshire, Polegate, Murray and Litlington 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. The additional staffing on these areas are therefore not captured within the fill rate including escalation (red line). Additional duties created are also not currently included in this data so it does not include the extra staff required for 1:1 interventions. With increased dependency of the patients who are MRD the number of patients who require 1 to 1 care can be significant (up to 50).

There is a larger gap between the red and amber line on the chart on the left last year as Devonshire and Glynde were unfunded at that time and were therefore counted as escalation beds.

Challenge & Risk:

- Significant additional capacity still open
- Skill mix balance as more new staff (International nurses and 'New to Care'
- Resource to enable staff to undertake mandatory and essential training
- Staff absences with higher population COVID levels

Actions:

- Continued recruitment
- Twice daily staffing reviews to ensure risk is mitigated as much as possible.
- Nursing Establishment Review going to July Finance and Investment Committee then Board.

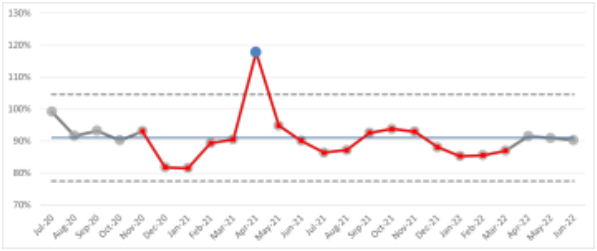
Effective Care – Nursing Workforce

East Sussex Healthcare NHS Trust

Quality and Safety

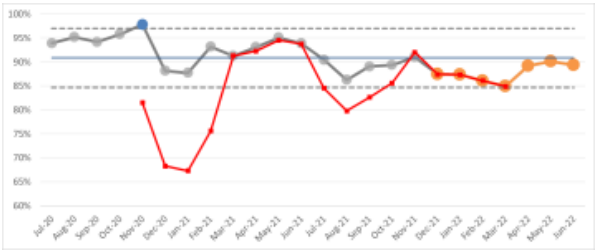
Staff Fill Rate (Bexhill)

Variation: Normal
Current Month: 90.4%
Incl. escalation: 87.0% (Mar22)



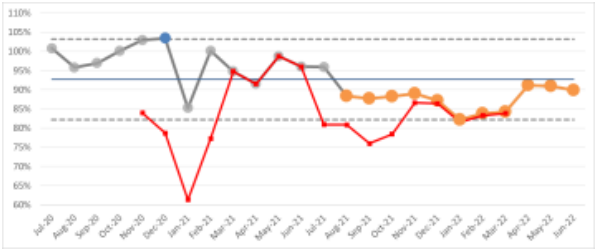
Staff Fill Rate (Conquest)

Variation: Normal
Current Month 89.3%
Incl. escalation: 84.9% (Mar22)



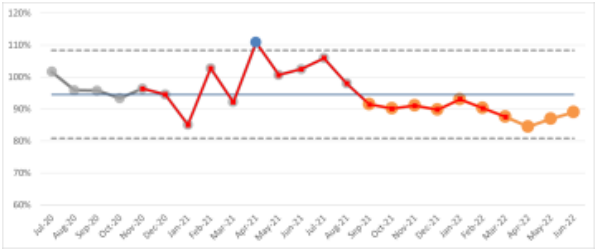
Staff Fill Rate (Eastbourne DGH)

Variation: Normal
Current Month: 89.9%
Incl. escalation: 83.8% (Mar22)



Staff Fill Rate (Rye Memorial)

Variation: Normal
Current Month: 89.0%
Incl. escalation: 87.5% (Mar22)

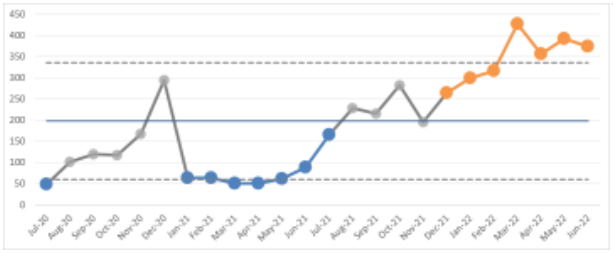


Author:	**Angela Colosi, Assistant Director of Nursing - Corporate**
Status Report	Eastbourne & Conquest fill rate data does not fully represent the impact of the additional areas open as only Polegate and Devonshire at EDGH are captured as unfunded areas. In addition, Murray ward escalation beds are also funded as part of the ward and therefore not included in the fill rate calculation. Glynde ward is now a substantive ward and no longer an escalation ward. Whilst permanently recruiting it is still reliant on temp staff and support from other wards. Fill rates at Bexhill remained stable during June at 87% in addition to providing significant staffing support to Rye Memorial who have ongoing vacancies.
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/handover on discharge and management of flow. In addition there is a need to ensure compliance with mandatory and essential training that has been affected during the last 2 years. This has been difficult during June due to another peak of COVID in East Sussex with a subsequent increase in positive inpatients and staff absences. Information Management support is required to support the Nursing Establishment Review data collection in September.
Actions:	The completed Nursing Establishment Review to be presented at the July Finance and Investment Committee. With the increase in Registered Nursing Associates it is essential that there is a robust career framework with aligned training and competency assessments in place. This is now in development. The 2022/2023 data collection for the next ward NER is due to begin in September 2022.

Effective Care – Nursing Workforce

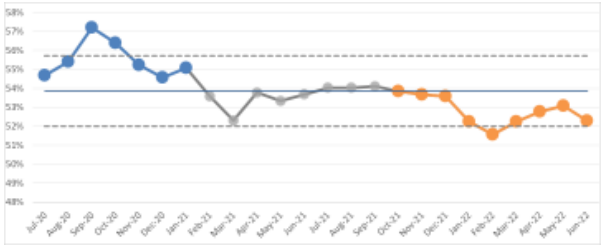
East Sussex Healthcare NHS Trust

Red Flags



Current Month: 374

Registered Skill Mix (%)
(Registered vs unregistered staff)



Current Month: 52.3%

Author:	**Angela Colosi Assistant Director of Nursing - Corporate**
Status Report	The reporting of Red Flags has now started to stabilise as this year's training programme comes to an end. The details of the 9 categories are provided in the Safe Staffing report which reports to the Quality and Safety Committee each month. The reporting of red flags is in conjunction with the reporting of patient acuity scoring which occurs via the SafeCare system three times per day. Skill mix for Registered Nursing staff overall was at 52.3% in June with variation across areas as described in the more detailed Safer Staffing report.
Challenge & Risk:	Staff's time/ability to access and sign off Rosters in Healthroster is a challenge to ensure effective and efficient rostering as many of the Matrons are working clinically and Heads of Nursing (who 2nd line approve) focus on operational issues of flow and discharge. Compliance in SafeCare completion is improving and dependant on the right funded staffing establishment being in place.
Actions:	Supervisory time for International Nurse recruits has been reviewed in line with ICS colleagues. It has been agreed that as part of their induction they can be formally rostered/reported as contributing as support workers. Healthroster compliance sessions continue and are supported by the SafeCare Lead Nurse and Heads of Nursing. SafeCare Lead Nurse to focus on Healthroster compliance in 2022/2023 as well as maintain improvement in staff undertaken the acuity scoring of patients to determine safe staffing levels. Escalation to NHSE/I to support timely access to OSCEs for International Nurses.

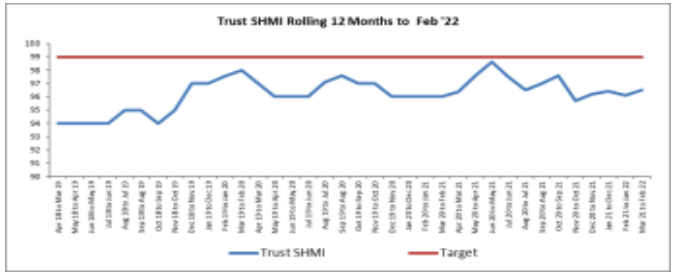
Effective Care - Mortality

East Sussex Healthcare NHS Trust

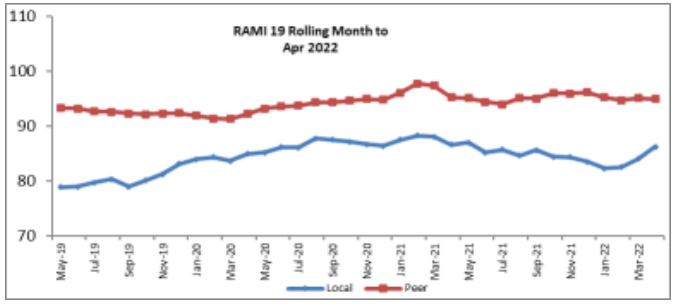
Why we measure Mortality – it's used as an indicator of hospital quality in order to look for improvement in mortality rates over time, improve patient safety and reduce avoidable variation in care and outcomes.

Summary Hospital Mortality Indicator (SHMI)

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



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



- SHMI – March 2021 to February 2022 is showing an index of 0.97. SHMI remains higher at Conquest .
- RAMI 19 – May 2021 to April 2022 (rolling 12 months) is 86 compared to 87 for the same period last year. April 2021 to March 2022 was 84.
- RAMI 19 was 114 for the month of April and 92 for March. Peer value was 100 for April.
- Crude mortality without confirmed or suspected covid-19 shows May 2021 to April 2022 at 1.52% compared to 1.41% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 59% for May 2022 deaths compared to 58% for April 2022 deaths.

RAMI Peer Distribution without confirmed or suspected covid-19

RAMI v Peer

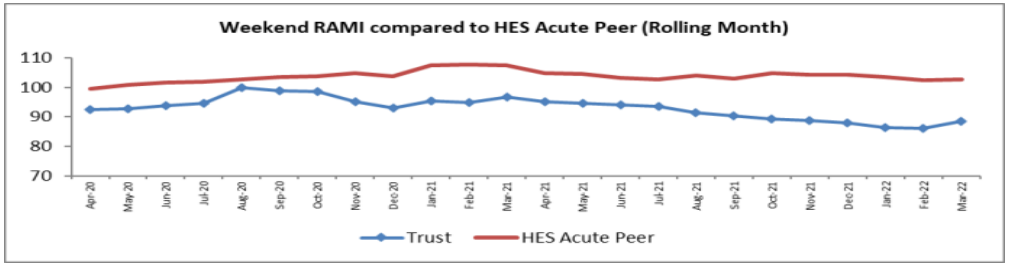
This shows our position nationally against other acute trusts - currently 25/123

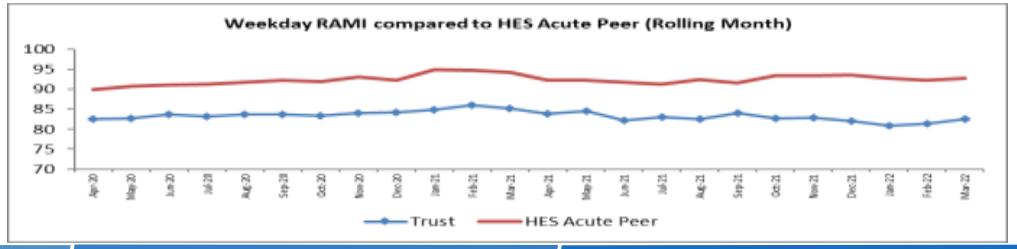
***June 2022 Main Cause of In-Hospital Death Groups (ESHT)**

Cancer	20
Pneumonia	19
Sepsis/Septicaemia	16
Heart Failure	10
Cerebro-vascular Incident	6
Atrial Fibrillation (AF)	5
Chronic Obstructive Pulmonary Disease (COPD)	4
Bowel Obstruction	3
Community-acquired Pneumonia	2
COVID-19	2
Dementia	2
Acute Kidney Injury (AKI)	1
Myocardial Infarction (MI)	1

There were 2 COVID-19 related deaths in June and 7 in May.

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





02/08/2022

Our People – Our Staff

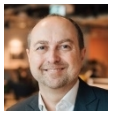
Recruitment and retention
Staff turnover / sickness
Our quality workforce
What our staff are telling us?

Safe patient care is our highest priority

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

Summary

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	**Vacancy rate** has reduced by -0.6% to 7.7%. **Current vacancies** are showing as 594.2 ftes	**Annual turnover** has increased by 0.2% to 12.3%, reflecting 803.8 fte leavers in the rolling 12 months **Monthly sickness** has increased by 0.5% to 5.5% **Annual sickness** is unchanged at 5.9%. **Mandatory Training** rate has reduced by -0.2% to 87.2% **Appraisal** compliance has reduced by -1.2% to 73.5%	 **Steve Aumayer** Chief People Officer

Overview:

Monthly sickness has risen again. This is largely due to a resurgence in Covid sickness as the more infectious BA.4 and BA.5 variants have started to take hold. Chest & Respiratory illnesses increased by 641 fte days lost out of a total increase of 842 fte days lost in June. FTE days lost due to Anxiety, Stress & Depression illnesses also increased by 189 with Wellbeing support meetings doubling this month.

The annual sickness rate remains at a historic high, at 5.9%. This continues to put pressure on TWS supply and it has been difficult to supply Medical staff, Theatres staff, Midwives, Radiographers and Biomedical Scientists, with escalation wards also adding to demand. Work continues to increase the number of bank staff, with rolling adverts for applicants to apply in order to meet the current demand. Those staff with dual contracts but who are not currently on the bank have been contacted to encourage uptake (c.200 in all).

Turnover continues to rise to a new high, for the last 3 years, of 12.3%. Registered Nursing & Midwifery turnover has increased by 0.6% to 11.1% (223.3 fte leavers in the last 12 months) and Medical & Dental turnover has increased by 0.3% to 12.9% (39.9 fte leavers). The picture is not uniform, however, across the staff groups, AHP turnover has decreased by -0.6% to 13.2% (67.5 fte leavers) and Admin & Clerical by -0.4% to 12.5% (171.6 fte leavers).

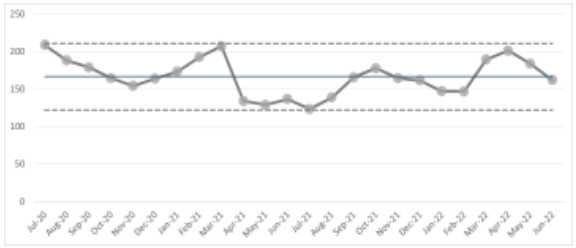
The vacancy rate has reduced by 0.6% to 7.7%. This is due to a combination of successful recruitment to vacancies plus a slight downward adjustment in the substantive budgeted establishment as budgets have stabilised. Net vacancies were 594.2. The vacancy rate is highest for AHPs at 14.3% (87.1 fte vacancies) followed by Medical staff at 12.3% (89.7 fte vacancies); Registered Nursing & Midwifery was at 7.3% (170.1 fte vacancies). There has been some success in hard to recruit posts, but shortages remain for Consultants in Acute Medicine, Gastroenterology and Respiratory. This also applies to Theatres ODPs, Radiographers, Sonographers, Dietitians and Community Nurses, as well as UTC and A&E staff

International recruitment continues to be successful with a further c.16 nurses due to arrive at the end of July. 1 Sonographer is due to start within 4 weeks. Interviews are planned until August.

Workforce – Contract type

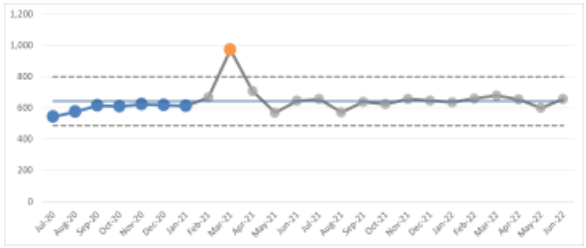
East Sussex Healthcare NHS Trust

Agency FTE Usage



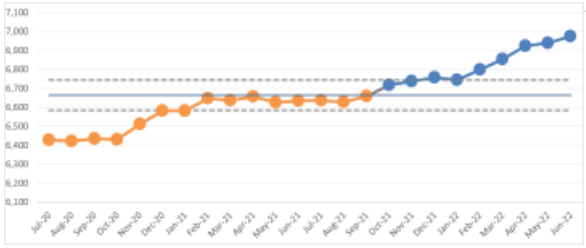
Current Month: 161.9

Bank FTE Usage



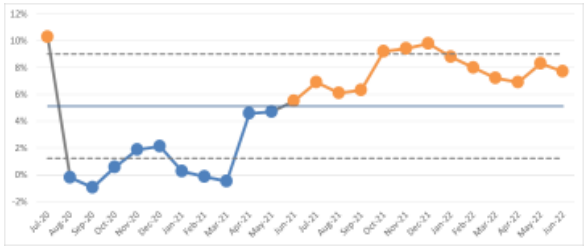
Current Month: 655.8

Substantive FTE Usage



Current Month: 6,973.9

Vacancy Rate



Target: 5%
Current Month: 7.7%

Author: **Penny Wright, David Moulder, Greig Woodfield**

Status Report

Substantive usage increased by 35.1 ftes, bank usage increased by 57.6 ftes whilst agency usage reduced by -21.8 ftes. Temporary workforce utilisation was 10.5%, a 0.4 increase from last month. Vacancy rate reduced by -0.6% to 7.7%. .

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	89.7	79.4	63	85
Reg Nurse	170.1	208.2	90.6 (50 internal)	71.5
Addit Clin Serv	164.4	126.5	50	63.5
AHP	87.1	121.1	78.8	61.3
Prof, Sci, Tech	8.0	15.3	7	63.5
Healthcare Scs	6.3	34.9	26.3	62.1
A&C	94.3	135.7	52.2	65.1
Estates & Ancillary	42.0	76.1	31.6	75.8
Trust	**594.2**	**797.2**	**399.5**	**67.7**

Challenge & Risk:

Demand for TWS services remain high. The key areas are Biomedical Scientists, Midwives, Theatre staff, Doctors, Radiographers and Nursing. There is a continuing challenge to support through agency and bank particularly with the resurgence of Covid, due to the new, more infectious, variants.

Tier 1 & Tier 2 agencies have struggled to respond and off-framework supply has been sought but is minimal.

There is an 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. Those staff with dual contracts but not on the bank have been contacted (c.200 in all). Additional HCAs and Nurses have been added to the Bank.

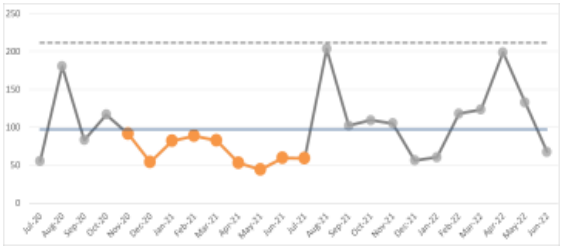
Continued activity to increase the number of additional framework agencies being sourced to assist with both current and future supply.

Scoping communication with regards to TWS processes and procedures to assist with Time To Hire and reduce potential "blockages".

Workforce - Churn

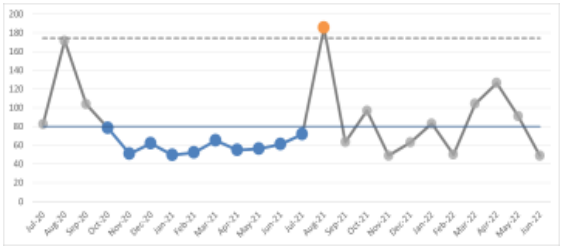
East Sussex Healthcare NHS Trust

Starters FTE



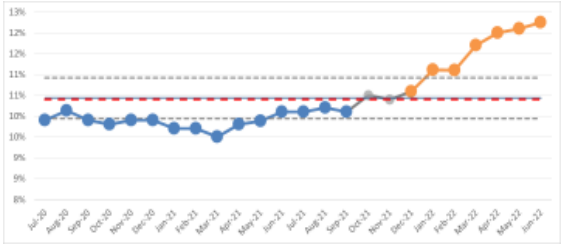
Current Month: 67.6

Leavers FTE



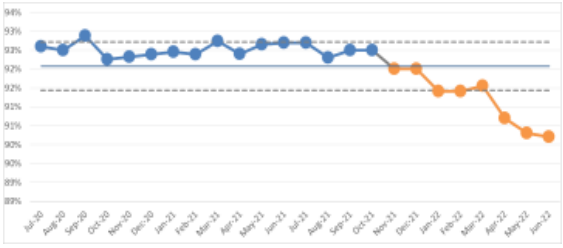
Current Month: 49.0

Annual Turnover Rate



Target: 9.9%
Current Month: 12.3%

Retention Rate



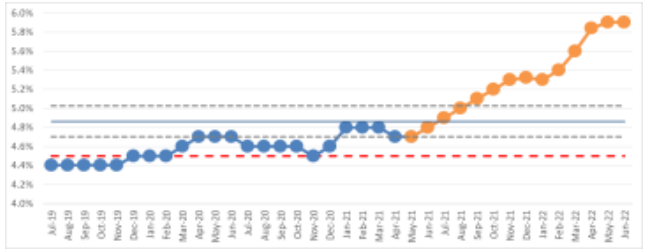
Target: 92%
Current Month: 90.2%

Author:	**Penny Wright, David Moulder, Greig Woodfield**
Status Report	The Trust starters & leavers monthly net total as at Jun 22 is +24.6 with +67.6 starters fte and -49.0 leavers fte & +6.0 internal changes fte. Over the last 12 months there was +1,473.3 starters fte & -1,077.4 leavers fte & -13.4 internal changes fte giving a net total of +382.5. The Trust turnover rate has increased by 0.2% to 12.3%. There were 803.8 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 0.1% to 90.2%.
Challenge & Risk:	Primary risk is that turnover continues to increase. Recruitment activity continues to remain busy year on year, with c.550 actions currently underway on TRAC. Primary areas of activity are Emergency Medicine, Medical and AHPs. Despite success with continued targeting of "hard to recruit" posts, Consultants for Acute Medicine, Gastroenterology and Respiratory remain areas of focus. Recruitment activity also 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. The Trust is trying to source additional providers and has placed this concern on the Risk Register.
Actions:	There is a dedicated Trust lead focussing on the retention of staff to gain insight and understanding through direct engagement with staff groups and areas. This will be dovetailed with data to draw up a draft action plan for hot spots. There is a strong pipeline of international nurses in place. A further c.16 nurses are due to arrive at the end of July. 1 Sonographer is due to start within 4 weeks. Interviews planned until August. NHSE Funding bid to be submitted for AHPs (OTs/Podiatrists and Radiographers) 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. Additional providers for accommodation trying to be sourced for International Nurses.

Workforce - Sickness

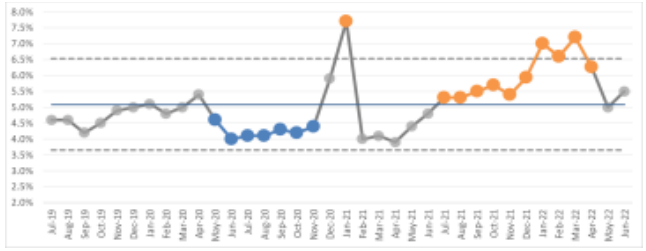
East Sussex Healthcare NHS Trust

Annual Sickness



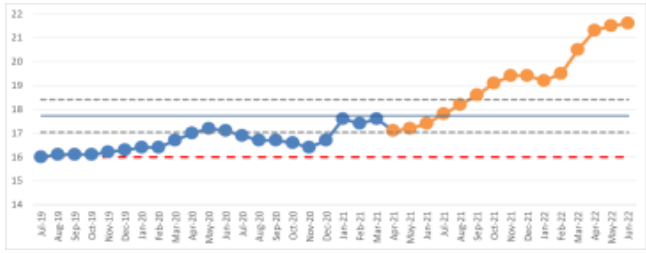
Target: 4.5%
Current Month: 5.9%

Monthly Sickness



Current Month: 5.0%

Average sickness Days per FTE



Target: 16
Current Month: 21.6

Author:	**David Moulder, Julie Hales**
Status Report	*n.b. the sickness charts have been amended to show a 3 year period, to illustrate the impact of Covid.* Monthly sickness % has increased by 0.5% to 5.5%, with a resurgence of Covid due to the more infectious Omicron variants BA.4 and BA.5. The annual sickness rate is unchanged at 5.9%, but this is a historic high Sickness average is 21.6 days per FTE, an increase of 0.1 from last month.
Challenge & Risk:	Since reporting a decrease last month, week by week, we have seen an increase in Covid numbers. This is having an effect on ongoing fatigue for teams that are aiming to resume business as usual. The existing pools of staff continue to support bank shifts in order to mitigate pressure. As school holidays approach this will be more difficult to support as staff book time off and bank staff are less available.
Actions:	Specialist nurses are being brought in and consideration is being given for incentives to support crisis shifts. Updated guidance from NHS Employers regarding all Covid absence has been released. This will see a full transition to the Trust Attendance Management Procedure where all such absence will now be included in triggers and sickness payments. Trust wide communication has been placed on the Extranet and meetings will be held with those staff who remain on long Covid, to explain what impact this will have on individuals.

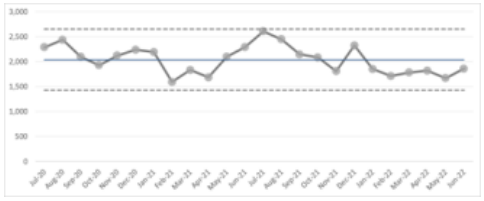
Workforce - Sickness

East Sussex Healthcare NHS Trust

Author: **David Moulder; Julie Hales**

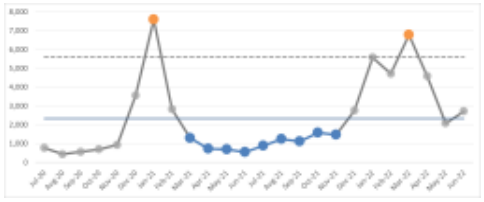
Status Report

Anxiety/Stress/Depression



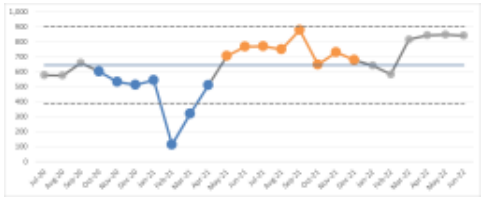
Back Problems

Chest & Respiratory Problems

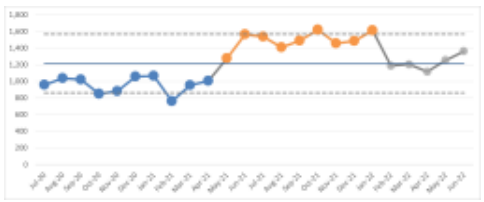


Cough, Cold & Flu

Gastro-intestinal Problems



Other MSK problems



Reason		fte Days Lost +/-	Total fte Days Lost
Anxiety, stress & depression	▲	+189.4	1,860.5
Back problems	▼	-2.4	567.3
Chest & respiratory	▲	+641.4	2,714.6
Cold, cough & flu	▼	-152.9	415.5
Gastrointestinal	▼	-6.4	840.8
Other MSK problems	▲	+106.2	1,360.7
Other reasons	▲	+66.6	3,932.3
All reasons	▲	+841.9	11,691.7

Challenge & Risk:

76% of the increase this month is due to the increase in Chest & Respiratory illnesses as the impact of the latest BA.4 and BA.5 Omicron variants have begun to be felt. There is also a concerning rise in Anxiety/Stress and other MSK problems which can also be an indicator of increased stress.

Actions:

The increase in Chest & Respiratory illnesses has led to further pressure on staff leading to an increase in stress levels. Whilst not all Anxiety/Stress illness is attributable to the working environment, this does impact on staff resilience.

Wellbeing leads share regular updates with HRBPs following sessions with teams and proposed actions for support are discussed with the senior leads.

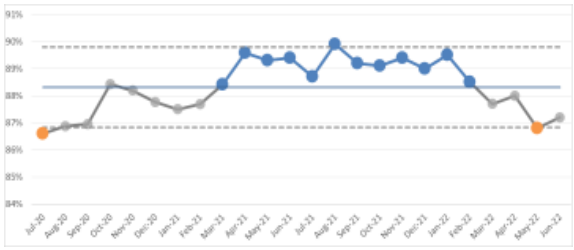
Wellbeing training continues to be carried out and these conversations are now taking place across the Trust.

Bitesize training session encourages managers to consider specific reason codes when recording absence in order to identify areas of concern or themes of absence.

Workforce - Compliance

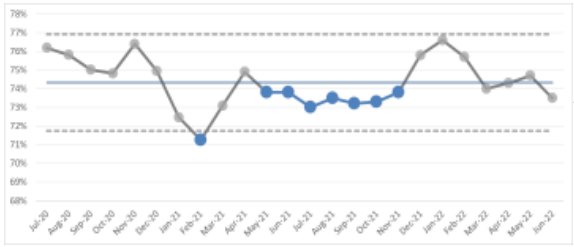
East Sussex Healthcare NHS Trust

Mandatory Training Compliance



Target: 90%
Current Month: 87.2%

Appraisal Rate



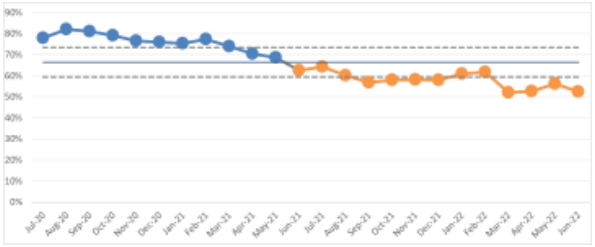
Target: 85%
Current Month: 73.5%

Author:	**Dawn Urquhart**
Status Report	There was another slight drop in Core Skills Training down 0.2% from last month to 87.2%. Information Governance is one of the key areas that shows the poorest levels of compliance across divisions. In addition, the appraisal compliance decreased by 1.2% to 73.5%. These figures are likely to have been influenced by the increase in staff sickness this month. DNA Rates have also increased. In June there were 230 no shows to training with no notice given. This is frustrating as in some topics there were waiting lists. The wait for International Nurses to take their OSCE has increased from 12 weeks to 16 weeks. This has been escalated nationally. Trust Essential/Mandatory Training is undergoing a full and comprehensive review, in light of some key patient safety issues over the last month and wider educational governance quality reviews.
Challenge & Risk:	With the continued risk of higher Covid infections within the community the impact on sickness levels will impact negatively on compliance. The continued issue of the increased OSCE waiting time and subsequent risks to the provision of accommodation and visa status etc is both highlighted and being closely monitored through the HRQS.
Actions:	Analysis of training subject topics have been completed, including Information Governance and Fire. There is a meeting with the Divisional Governance leads on 18th July, to discuss the action plans they will need to put in place to "target" those staff who are non compliant in those subjects. Task and Finish Group meetings have been held with the Asst Directors of Nursing, to review and develop a refreshed Trust Mandatory Passport . This will include, Falls, Tissue Viability completed, Medication Administration nearing completion, next steps Patient Safety, ResPECT Training & Dysphagia As an organisation we continue to escalate the increasing waiting times for OSCE to the NMC and NHS Employers. In addition, concerns have been raised on the quality of examinations in the Leeds OSCE Test centre.

Workforce – Job Planning

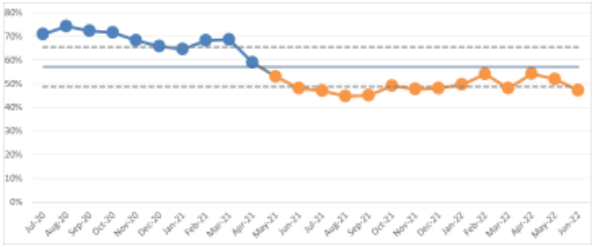
East Sussex Healthcare NHS Trust

Consultant eJob-Planning Fully Approved Rate



Current Month:52.5%

SAS Grades eJob-Planning Fully Approved Rate



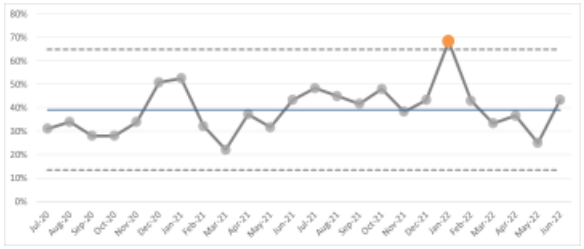
Current Month: 47.1%

Author:	**Penny Wright, Joanne Penfold; Jo Gibson**
Status Report	Medical job plans currently show a fully approved rate of 51%, a decrease of 4% from May 22. 139 of 265 Consultants have a completed eJob Plan (52.5%) and 49 of 104 SAS Doctors have a completed eJob Plan (47.1%).
Challenge & Risk:	Following the release of the e-Job Plan system Version 11, there have been significant issues with users completing sign off tasks due to system bugs, and unfamiliarity with the new layout. System issues have been reported to Allocate daily, and requests for user system support to the job planning team has increased. As Divisions continue to push job plan completion, it has been harder to achieve with system changes, system bugs and further system training being required for all users.
Actions:	Further guidance and support has been developed and distributed to e-JP users, and the Extranet guidance will be refreshed with quick reference guides and how to videos. POD Sub-Board Committee will be supporting the development and monitoring of an action plan to improve the eJP signed off rate in conjunction with the appointment of the new Medical Director.

Workforce – Roster Completion

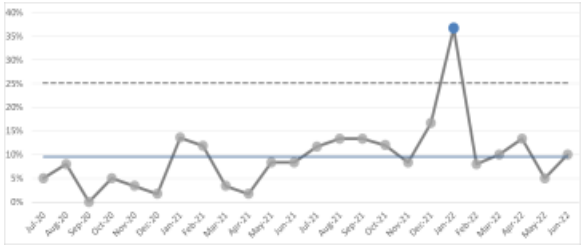
East Sussex Healthcare NHS Trust

6 week Nursing Management Roster Approval Rate



Current Month: 43%

8 week Nursing Management Roster Approval Rate



Current Month: 10%

Author:	**Penny Wright; Ruth Merrick, David Moulder**
Status Report	For the roster starting on 13th June, 43% of rosters had been approved at 6 weeks before the go live date which is an 18% improvement on the previous month. 10% had been approved at 8 weeks prior to commencement which is an improvement of 5%.
Challenge & Risk:	Approval rates continue to remain low and this will be highlighted in the Nursing Compliance meeting with the Chief Nurse as this is the staff group where most of the concern lies. There are opportunities to improve effective planning to, in turn, drive efficient deployment of staff. Importantly, planning shifts and working patterns demonstrates good leadership and provides an opportunity for colleagues to have a healthy work/life balance. Research has shown that 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 monthly. A deep dive will be undertaken and a brief produced to flag to the ADNs to provide an action plan of how they will improve the sign off rates e.g. if there are specific areas that can only approve at 4 weeks due to operational ways of working.

Access and Responsiveness

Delivering the NHS Constitutional Standards

Urgent Care – Front Door

Urgent Care – Flow

Planned Care

Our Cancer services

We will operate efficiently & effectively

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

Summary

East Sussex Healthcare NHS Trust

Access and Responsiveness

	Positives	Challenges & Risks	Author
Responsive	The diagnostic standard (DM01) is to deliver 99% of all diagnostic requests within 6 weeks of referral. The Trust has delivered 87.3% which is the best position since April 2020 and ranks us 38th out of 126 Trusts The Trust's plan to reduce the number of patients waiting over 52 weeks for treatment remains on trajectory and we continue to have the lowest number of long waiting patients in the region. The Trust's 4 hour ED performance was 76.9% for the month of June. Placing us in the top quartile in the country Our urgent care response 2 hour target has again been met.	Elective Recovery: For the month of June, we delivered an aggregate of 98% against the ask of 104% across all elective Points of Delivery. The shortfall is as a result of ongoing acute demand impacting our bed occupancy. Discharge: The overall non elective length of stay (LoS) has come down, as a result of the increased number of patients being discharged on a pathway 0, however patients on pathways 1-3 are seeing their average LoS (both >7 and >21 days) rise. This is impacting on our ability to create flow and we are more reliant on the pathway 0 patients being discharged to create the bed capacity we need. There are ongoing pieces of work with the system around social care capacity and support but this area will remain of concern with the pending loss of 193 D2A beds in July as funding ceases. *P0 – Discharge to domestic home* *P1 – Discharge to domestic setting; Active support needed from health and social care* *P2 – Discharge to care home or community rehabilitation bed. For rehabilitation or short term care before returning home* *P3 – Discharge to a care home where patient is either already resident or as a new admission which is likely to be permanent* Cancer: There are several workforce and radiology capacity issues that have impacted our faster diagnostic standard delivery and subsequent 62 day performance. We are working on recruitment plans and with partners to deliver a solution	 **Tara Argent** Chief Operating Officer

Actions:

- Develop new bed model with system partners to mitigate the loss of D2A beds
- Explore mutual aid options with provider partners in the region to support elective recovery
- Continued recruitment drives for UEC model, radiology, community paediatrics, breast, ENT and medical specialties
- Finalise new outcome and cashing up plan for outpatients to ensure faster turnaround of appointment outcomes and timely data submission

NHS Constitutional Standards

East Sussex Healthcare NHS Trust

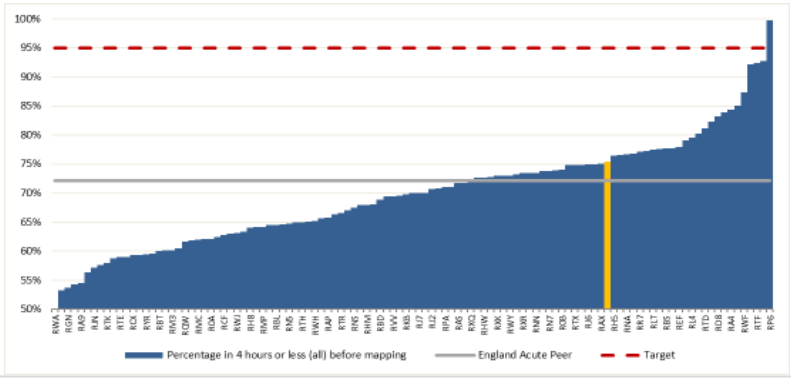
*NHS England has yet to publish all June 2022 Provider based waiting time comparator statistics

ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

June 2022 Peer Review

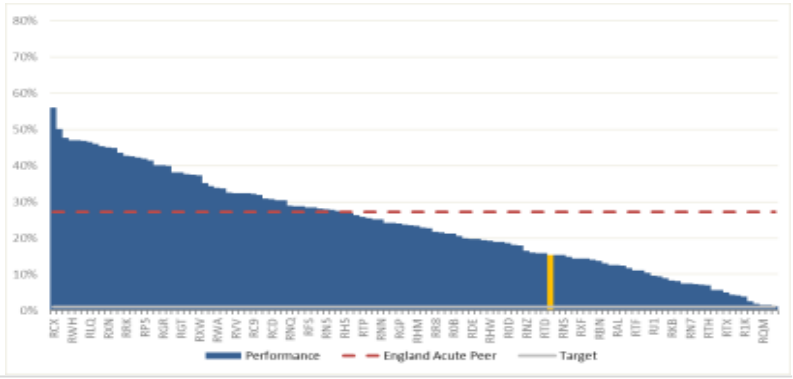
National Average: 72.1% ESHT Rank: 26/111



Planned Care – Diagnostic Waiting Times

May 2022 Peer Review*

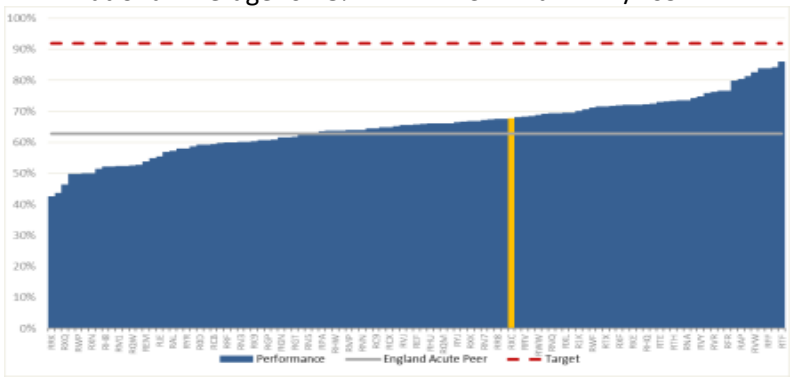
National Average: 27.2% ESHT Rank:38/120



Planned Care – Referral to Treatment

May 2022 Peer Review*

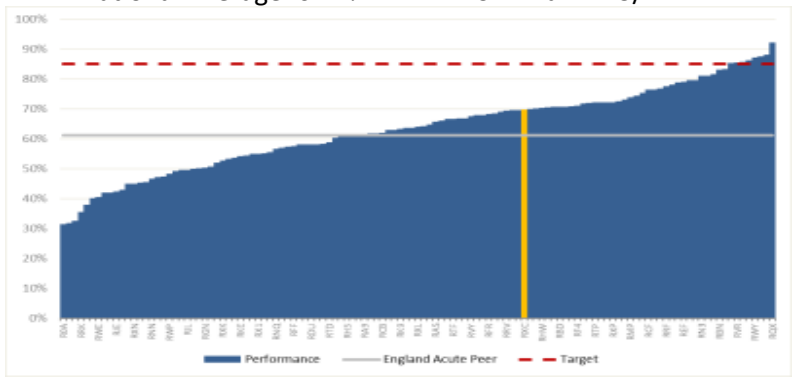
National Average: 62.8% ESHT Rank: 41/109



Cancer Treatment – 62 Day Wait for First Treatment

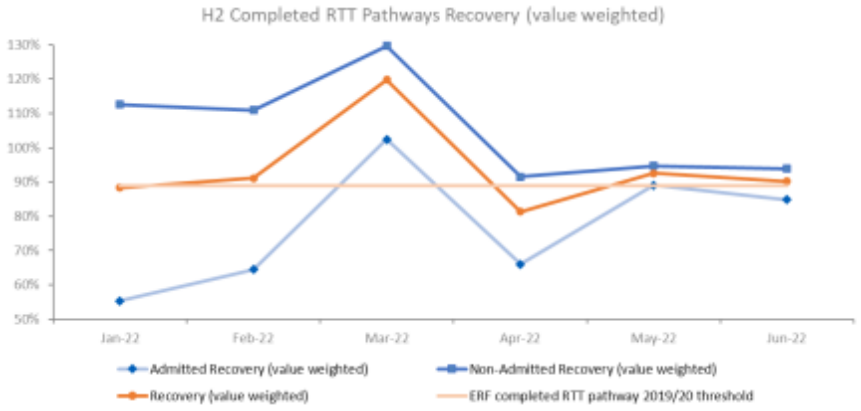
May 2022 Peer Review*

National Average: 61.1% ESHT Rank: 43/121



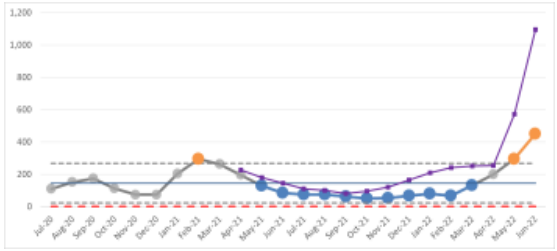
Planned Care – Recovery KPIs

East Sussex Healthcare NHS Trust



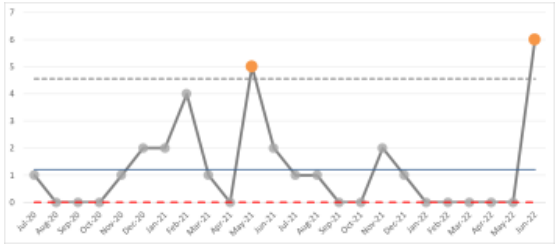
RTT 52 Week Waiters

Target: 0
Trajectory: 1,097
Current Month: 450



RTT 78 Week Waiters

Target: 0
Current Month: 6



Delivery of 104% of the 19/20 activity baseline continues to be challenging, although the Trust has observed a growing uplift in Activity levels since April and the position is expected to improve further as Dermatology activity has not yet been included in completed activity figures due to the contractual and reporting agreements currently in place, although is included in our 1920 baseline figures.

Along with increasing referrals and rising covid numbers in the community, the Trust faces ongoing workforce shortages, both long and short term. Sickness remains high at and the vacancy rate has increased. The impact of all these factors on performance and the delivery of the elective recovery programme is being closely monitored.

The Trust anticipated a sharp increase in the volume of patients waiting longer then 52 weeks for treatment but remains comfortably well below the trajectory set out and remains committed to eliminating 52 week waits by March 2023. The longest waiters on the PTL have been a result of the NHS patients held by Sussex Premier Health (SPH) now being included within our reporting figures and work has been ongoing with SPH to ensure pathways are validated and patients dated appropriately.

The Trust continues its work with Source group to validate follow-up pathways. Following completion of the Neurology follow-up validation, 3,772 patients (83.75%) have been successfully moved on to a Patient Initiated Follow Up (PIFU) pathway and a further 111 patients (2.46%) discharged from the service. Validation began in the second speciality in in the project, Rheumatology, on 20.6.22. To date 1,228 rheumatology patients (44%) have been successfully moved on to a PIFU pathway and 60 patients (2.1%) have been discharged from the service.

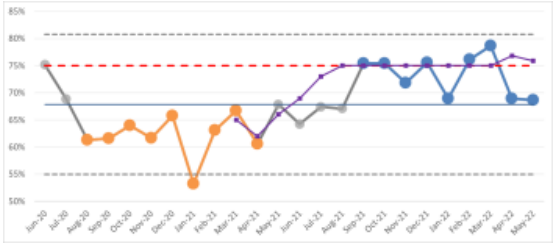
Planned Care –Recovery KPIs

East Sussex Healthcare NHS Trust

Access and Responsiveness

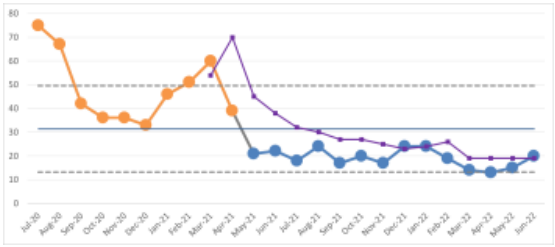
28 Day FDS (Faster Diagnosis Standard)

Target: 75%
Trajectory: 75.9%
Current Month: 68.6%



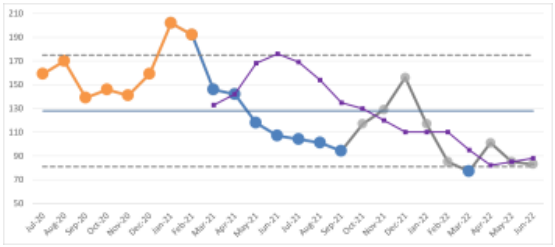
Cancer 104 Days Backlog
Unify 104 Days Backlog (excludes Tertiary patients)

Target: Monitor
Trajectory: 19
Current Month: 20



Cancer 62 Days Backlog
Unify 62 Days Only Backlog (excludes Tertiary patients)

Target: Monitor
Trajectory: 88
Current Month: 83



The Trust continue to focus efforts to improve the FDS performance by securing locums as well as the recommencement of insourcing of endoscopy in the month of June. It is expected these actions will reduce waiting times resulting in an expected improvement in FDS performance in July.

The trajectory for 62 day and 104 day backlog is continuously monitored and the Trust achieved the trajectory target at the end of June. The long waiting patients are regularly reviewed to ensure next steps are in place for completion of their pathway. Our current backlog rate is 4.8% as at 17.07.22 which is below the 5% threshold in the trajectory.

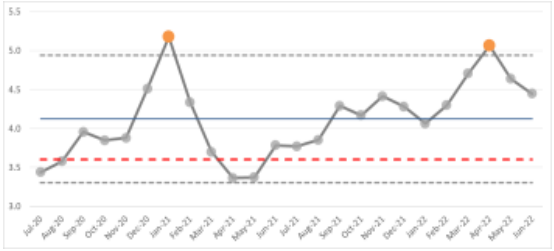
Patient Care- Flow

East Sussex Healthcare NHS Trust

Access and Responsiveness

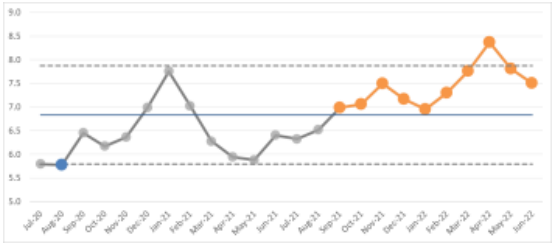
Non-elective Length of Stay (Acute)

Target: 3.6
Current Month: 4.4



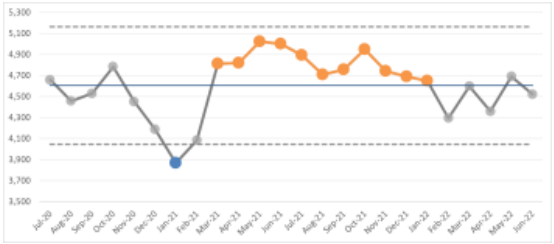
Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor
Current Month: 7.5



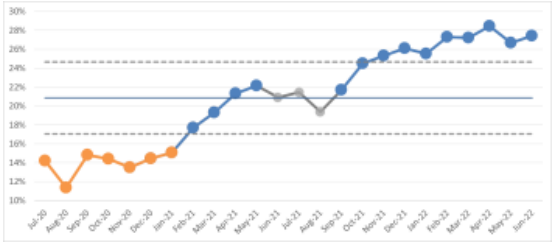
Non Elective Spells

Target: Monitor
Current Month: 4,522



Medical Non Elective Admissions (% SDEC)

Target: Monitor
Current Month: 27.4%



In June the Trust saw its Non-Elective Length of Stay (LoS) reduce marginally for a second consecutive month. Although this remains above the target of 3.6 days, this is a reduction of 0.7days since April. The reduction of the bed base, including a reduction of some additional escalation areas, along with a reduction in numbers of staff having to isolate due to Covid, all contributed to the reduction in LoS.

The forward view for July could see length of stay increasing due to a spike in Covid cases and loss of the system Discharge to Assess (D2A) beds in line with the national ask.

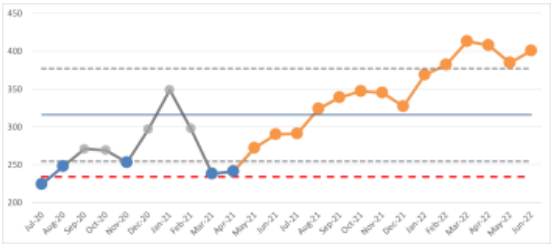
June data for Same Day Emergency Care (SDEC) supports the general continued improved utilisation of the two units since September 2021. This is despite having reduced capacity at times due to capital works and usage as an escalation area.

Patient Care - Flow

East Sussex Healthcare NHS Trust

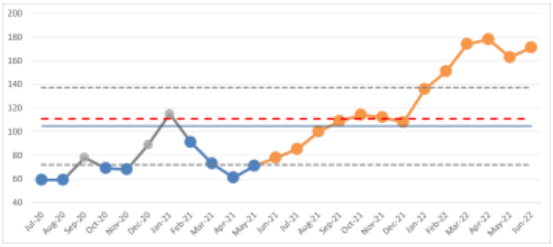
Adult inpatients in hospital for 7+ days (Acute)

Target: Monitor
Current Month: 401



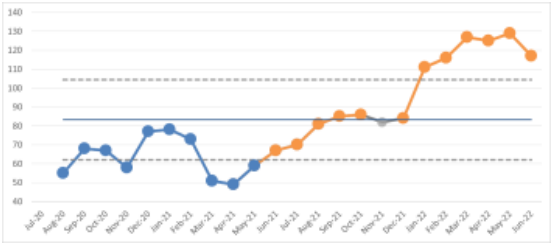
Adult inpatients in hospital for 21+ days (Acute)

Target: Monitor
Current Month: 171



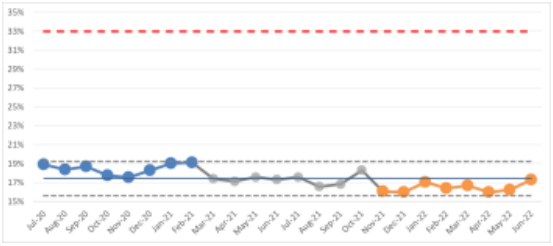
MRD on Pathways 1-3

Target: Monitor
Current Month: 117



Patients discharged before midday %

Target: 33%
Current Month: 17.3%



June data shows that the Trust has had an increase in the number of patients in a hospital bed with a length of stay over both 7 days and 21 days

This in part could be contributed to the lead up to the reduction in number of Discharge to Assess beds (D2A) across East Sussex from 1 July 2022.

This will undoubtedly create an increase in both Medically Ready to Discharge (MRD) and Not Meeting the Criteria to Reside (NCTR) patients within the hospital as we move into July and on to August. Patients will wait longer for D2A beds to be available, and so will have an increased length of stay in hospital. In order to mitigate this, the Trust is working at pace to promote and increase initiatives such as the use of virtual wards and the development of our Home First service, alongside a review of our discharge pathways, roles and responsibilities with our local authority colleagues.

At the same time, the Trust is working with system partners on the '10 best practice initiatives' which forms part of the NHS England '100 Day Discharge Challenge' in order to improve flow and improve discharge:

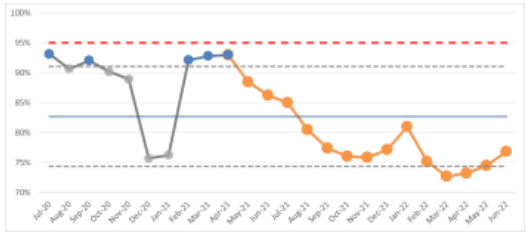
1. Identify patients needing complex discharge support early
2. Ensure multidisciplinary engagement in early discharge plan
3. Set expected date of discharge (EDD), and discharge within 48 hours of admission
4. Ensuring consistency of process, personnel and documentation in ward rounds
5. Apply seven-day working to enable discharge of patients during weekends
6. Treat delayed discharge as a potential harm event
7. Streamline operation of transfer of care hubs
8. Develop demand/capacity modelling for local and community systems
9. Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges
10. Revise intermediate care strategies to optimise recovery and rehabilitation.

Urgent Care – Front Door

East Sussex Healthcare NHS Trust

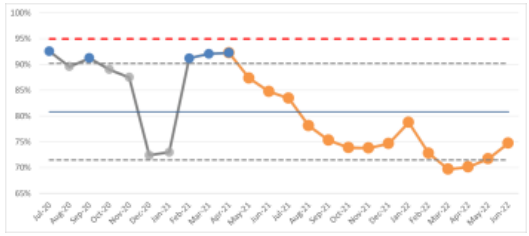
A&E Performance
(Local System)

Target: 95%
Current Month: 76.9%

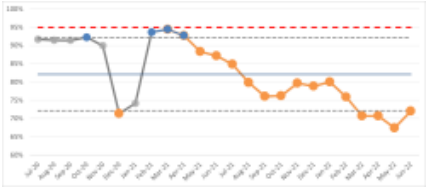


A&E Performance
(ESHT Total Type 1 & 3)

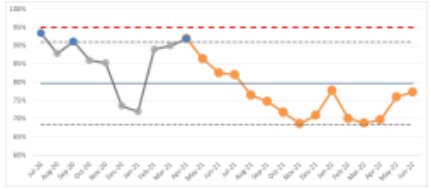
Target: 95%
Current Month: 74.7%



CONQ

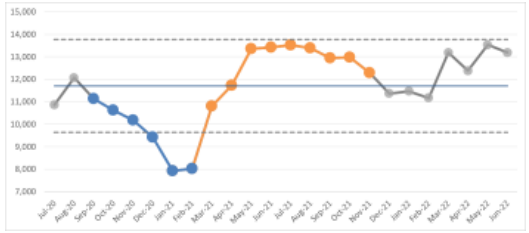


EDGH



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

Target: Monitor
Current Month: 13,188



There continues to be an increase in performance against the 4hr national standard, whilst this is still below the target of 95%, this is within the national picture and in fact ESHT has increased from 51/113 for performance to 26/113.

In July the team will actively seeking to improve our re-direction service to ensure that as a minimum 10% of attendances to urgent care are re-directed to community based services which can provide more appropriate level of care, current re-direction pathways are:

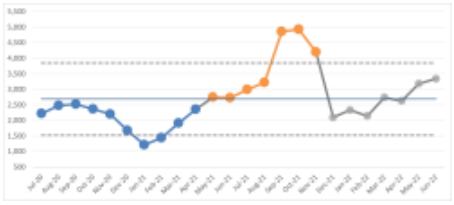
LIVI virtual GP
111 on line
111 on phone
Pharmacy
Minor Eye Condition Service
Emergency Dental
Sexual Heath
Pharmacy

Urgent Care – Front Door

East Sussex Healthcare NHS Trust

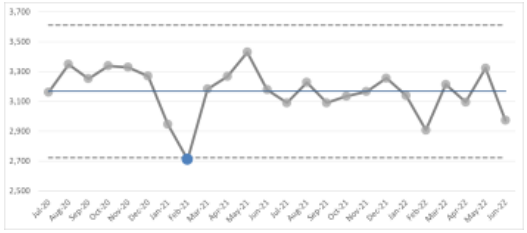
ESHT Total Type 1

ESHT Total Type 3



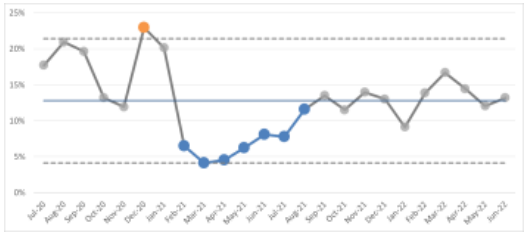
Conveyances
(ESHT – CQ and EDGH)

Target: Monitor
Current Month: 2,973



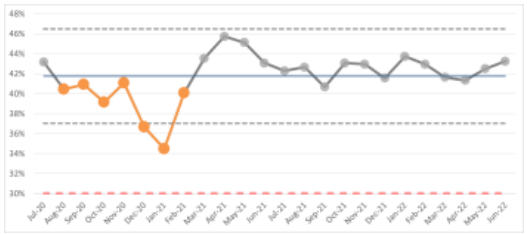
Conveyance Handover >30
(ESHT – CQ and EDGH)

Source: SECAmb
Target: Monitor
Current Month: 13.2%



Same Day Emergency Care
(ESHT – CQ and EDGH)

Target: 30%
Current Month: 43.2%



Attendances decreased slightly in June but alongside this there was an increase in activity being put through our Urgent Treatment Centre, as a result we have seen a decrease in Type 1 performance but a correlating increase in type 3.

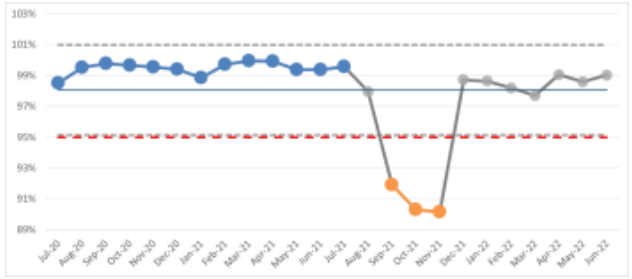
There is a notable decrease in conveyances, further observation on this will be undertaken in the coming months to understand if this is a true reduction or a change in reporting from all conveyances to ESHT Vs ED Conveyances to ESHT – in keeping with national guidelines.

Ambulance handover remains a focus but is in keeping with peers across the ICS, reporting of delays in now reported 4 times a day to help ensure timely release of SECAmb resources with a full review and deep dive occurring every morning to identify lessons learnt – both acute emergency departments are moving towards a dedicated ambulance handover area which will commence in September once estate works have completed and staffing has been secured to staff the area.

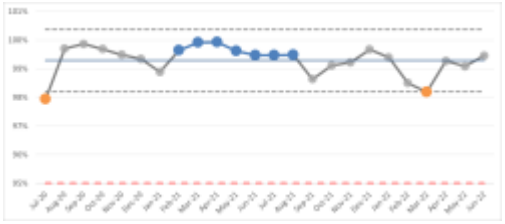
Urgent Care – UTC

UTC 4 hour standard
(Visit complete within 4 hours)

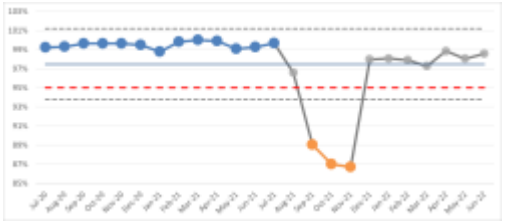
Target: 95%
Current Month: 99.0%



CONQ



EDGH



Progress has already been made in improving UTC activity and it is encouraging that despite the increase in activity the compliance to the 4hr standard remains above target.

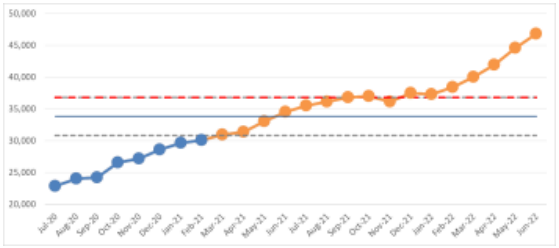
Further work will be undertaken to improve compliance against the 2hr UTC standard which, whilst nationally not reportable, does help deliver a more efficient service and ultimately support the divisional needs.

Planned Care – Waiting Times

East Sussex Healthcare NHS Trust

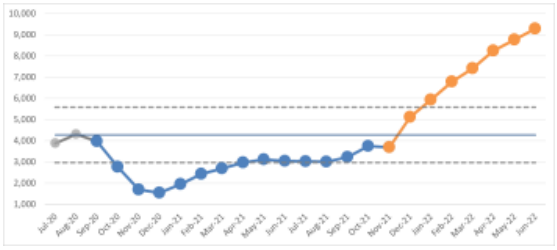
Access and Responsiveness

RTT Total Waiting List Size



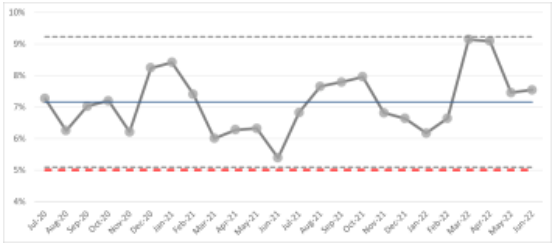
Target: 36,833 (Sep-21)
Current Month: 46,822

RTT 26 Week Waiters



Target: Monitor
Current Month: 9,291

Cancellations On The Day
(Activity %)



Target: 5%
Current Month: 7.5%

There has been a significant increase on the demand for services as a result of the closure of alternative NHS services locally (Community Cardiology and ESOPS), which has increased the size of the waiting list over and above our trajectory. The Trust has not only absorbed patients from the ESOPS PTL but is now experiencing rising referral rates in key services, as referrers direct patients that would have previously used these providers to ESHT.

Performance continues to be affected by a growth in referrals, with demand outstripping capacity.

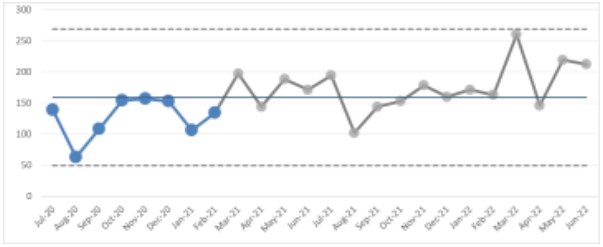
The percentage of cancellations on the day remains higher then the Trust would like, having been driven up in part, by rising rates of covid both for staff and patients alike and the need to prioritise the most urgent cases. Cancellations on the day occur as a last resort, once all other options have been explored. Patients who are unfortunately cancelled are rebooked within 28 days and we are fully compliant with this.

Paediatric Community (non RTT) Waiting Times

East Sussex Healthcare NHS Trust

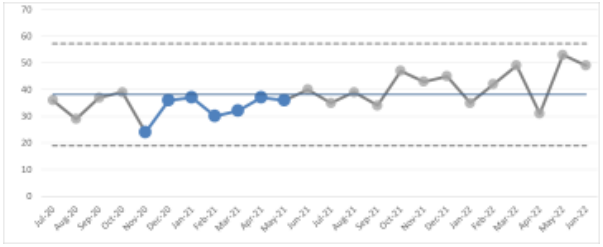
Total Referrals

Target:
Variation : Normal
Current Month: 212



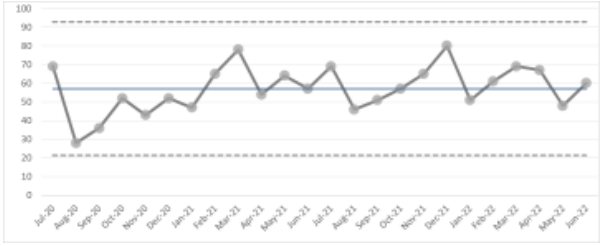
Under 5: Waiting time to first Appt of children seen in month

Target:
Variation : Normal
Current Month: 49 weeks



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

Target:
Current Month: 60 weeks



Community Paediatrics is facing exceptional challenges with demand far outstripping capacity. The service is currently commissioned for 800 referrals a year but is receiving in excess of 200 referrals per month, with 212 referrals received in June alone.

The number of children waiting for a new Child Development Clinic (CDC) appointments continues to increase month on month. Pre-school children, safeguarding welfare, and looked after children are prioritised but there is still a long wait time for an appointment. The average wait time for children over 5 has increased to 60 weeks but has reduced by four weeks to 49weeks for children under 5years old. This reflects the regional and national picture.

Gaps within the workforce remain a challenge. Work is ongoing to support the recruitment of both Doctors and Child Development Nurses. The service has been successful in appointing an Assistant Clinical Psychologist who started this month, alongside two new doctors based in the new community paediatric hub.

Following discussions we have been able to secure part funding to support increasing capacity through a more robust workforce. Work is now beginning to recruit medical, nursing, therapy and psychology staff to move forward with the recovery plan.

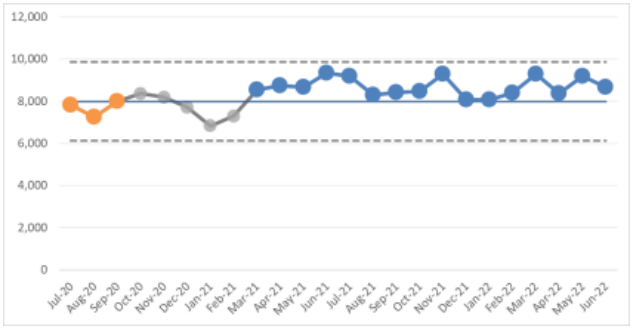
Adult Community (non RTT) Waiting Times

East Sussex Healthcare NHS Trust

Access and Responsiveness

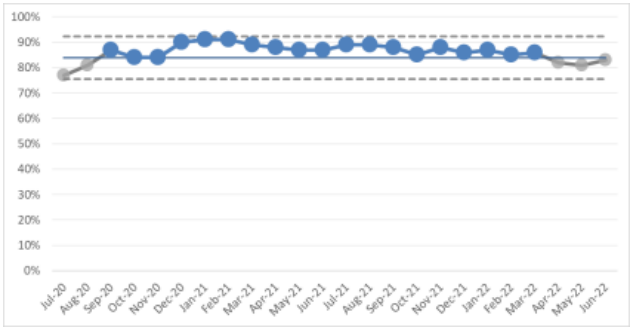
Number of Referrals Received (Planned

Current Month: 8, 674



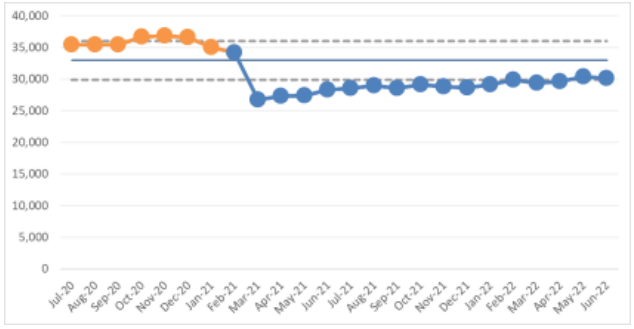
% of Patients seen within agreed waiting time targets (Planned)

Current Month: 83%



Number of Patients on Caseload at month end (Planned)

Current Month: 30, 105



Adult services continue to experience rising referral rates for most community services (SLT have a referral rate of 23% above baseline), although average wait times for first appointments remains broadly stable and there are zero patients waiting >104 weeks.

Many of the Adult Community service are impacting by workforce gaps, and the increasing complexity of the patients requiring community services. A variety of measures are in place to support waiting list sizes and reduce wait times. These measures include waiting list validation; use of the appointment reminder service to reduce DNA rates; close working with the Recruitment team to move forward with reducing the levels of vacancies and pathway changes to support capacity

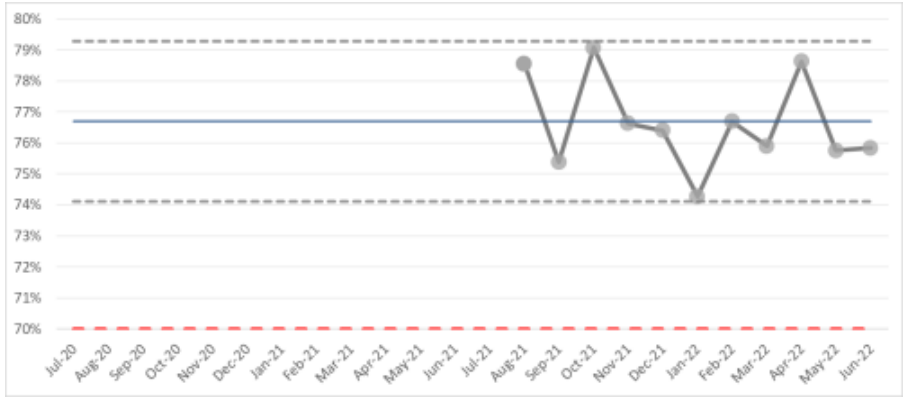
Urgent Community Response

East Sussex Healthcare NHS Trust

Access and Responsiveness

Crisis Response Within 2 Hours

Target: 70%
Current Month: 75.9%



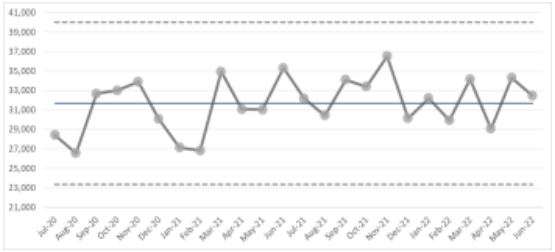
We are consistently meeting this target measure and there are plans in place to enhance and develop this team further to support timely response and discharge.

Planned Care – Outpatient Delivery

East Sussex Healthcare NHS Trust

Access and Responsiveness

Outpatient Total Activity
(New and Follow-up)

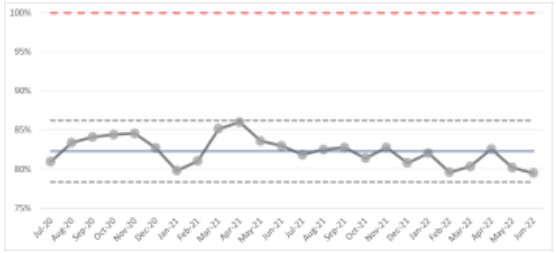


Target: Monitor
Current Month: 32,476

New

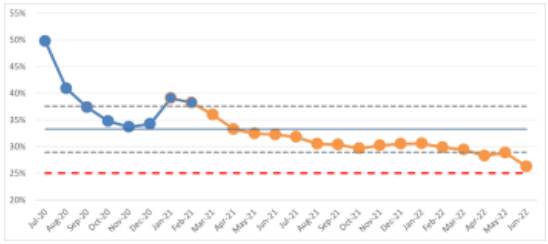
Follow-up

Outpatient Utilisation
(Consultant and nurse led Clinics)



Target: 100%
Current Month: 79.5%

Non Face to Face Outpatients Activity
(Activity %)



Target: 25%
Current Month: 26.3%

June has seen a reduction in outpatient activity delivered as a result of workforce challenges in many areas. Activity reporting is also impacted by the volume of outstanding outpatient attendances awaiting 'cashing up'. Timely cashing up is key to establishing a clearer perspective on outpatient activity and capacity.

Actions being taken are:

- A new digital approach to cashing up outpatient appointments with the implementation of the Blue Prism system to support this process
- A set of internal performance and monitoring metrics to ensure there are no further delays in the cashing up process w

Outpatient utilisation is going to be a focus for the outpatient transformation programme and is linked to the accuracy of "cashing up" data.

Although showing a decrease in non Face to Face activity in June, the Trust continues to exceed the national ask of 25%. Non face to face activity will vary at times due to the presentation of patients and the need for a face to face appointment to support the patient's pathway, however the Trust will continue to deliver virtual consultations at every possible opportunity.

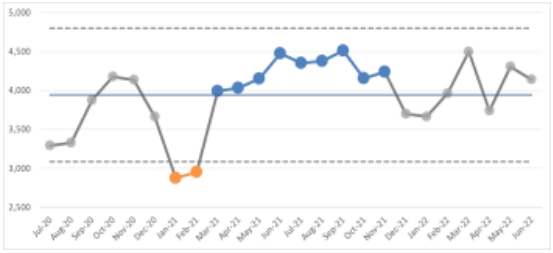
Planned Care – Admitted Delivery

East Sussex Healthcare NHS Trust

Access and Responsiveness

Elective Spells
(Day case and Elective IP)

Target: Monitor
Current Month: 4,143

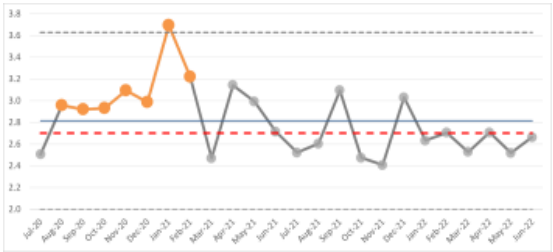


Day case

Elective IP

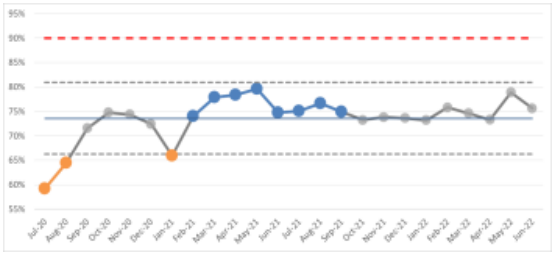
Elective Average LoS
(Acute)

Target: 2.7
Current Month: 2.7



Theatre Utilisation

Target: 90%
Current Month: 75.6%



The Trust's overall elective spells fell slightly in June in both day case and elective inpatient activity. This reduction was as a result workforce challenges and a subsequent decrease in Waiting List Initiative (WLI) activity.

Despite an increase in patient acuity our elective average LoS continues to be inline with the target of 2.7 days.

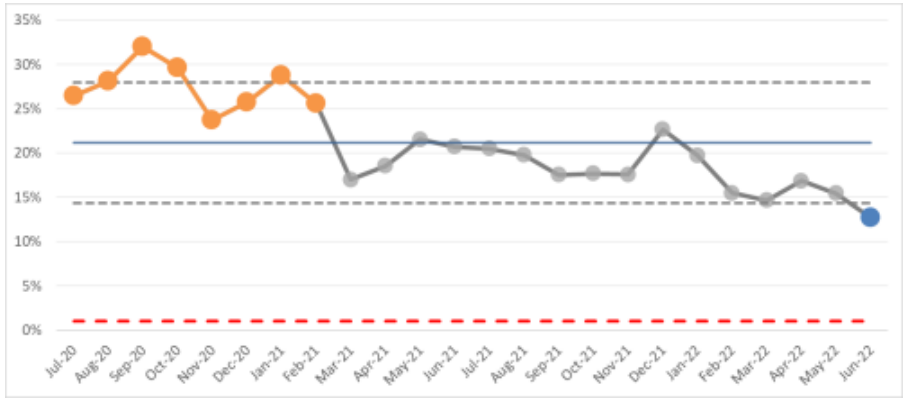
Theatre utilisation decreased in June, in line with an increase in on the day cancellations. 6-4-2 meetings occur weekly and there is a strong focus on the case mix for each session to ensure lists are fully utilised where possible. Going forward, we continue to roll out the use of the Foundry tool to maximise theatre booking efficiencies and utilisation.

Planned Care – Diagnostic

East Sussex Healthcare NHS Trust

Diagnostic Standard

Target: < 1.0%
Current Month: 12.7%



Diagnostic performance improved for the second consecutive month, with June's compliance rate at 87.3%, which is the best position the Trust has reported since April 2020.

Insourcing in cardiology and radiology continues, and was recommenced in June for Endoscopy, providing support for diagnostic delivery in the three key areas. Additional measures such as WLI and utilising available capacity within the ICS is also in place to support performance.

The DMO1 position is reviewed regularly to provide assurance that recovery trajectories are being effectively managed. The DMO1 meetings provide support and allow for early action and mitigation measures to be put into place to impact positively on DMO1 performance.

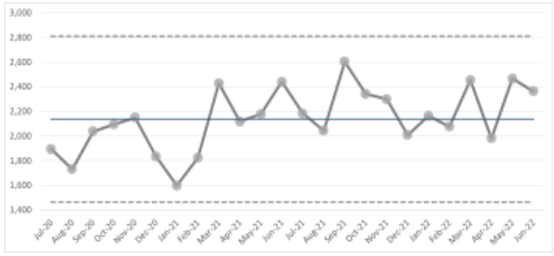
We expect Diagnostic performance to improve further when the Community Diagnostic Centre opens in August.

Cancer Pathway

East Sussex Healthcare NHS Trust

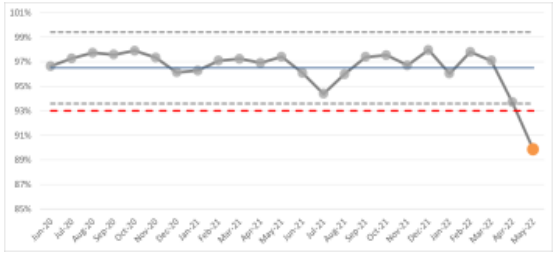
Two Week Wait Referrals

Target: Monitor
Current Month: 2,363



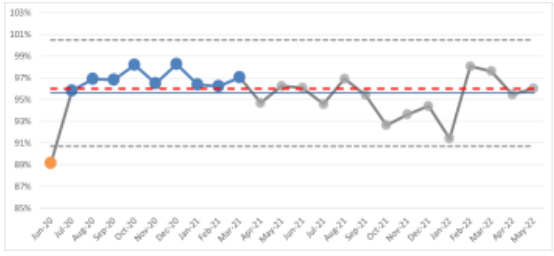
Cancer 2WW Standard

Target: 93%
Current Month: 89.8%



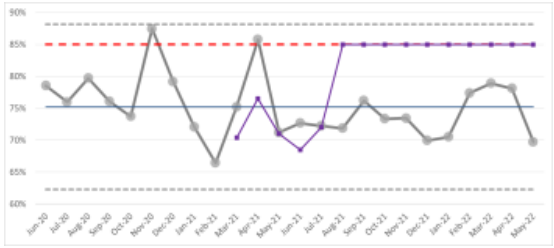
Cancer 31 Day Standard

Target: 96%
Current Month: 96.0%



Cancer 62 Day Standard

Target: 85%
Trajectory: 85%
Current Month: 69.7%



The Trust reported an overall position of 69.7% against the 85% target for May (June's position is not yet finalised) with 48 breaches out of 158.5 treatments. The sustained increase in 2ww referrals throughout 21/22 has created capacity and demand issues for outpatients and diagnostics, resulting in delays in some pathways, which we are now focussing efforts to reduce. We will work with primary care to ensure 2ww referrals are appropriate to help smooth demand.

The Trust received 2467 referrals in June, the second highest monthly referrals received. The tumour sites receiving higher than average number of referrals in June were; Gynaecology, Head and Neck, Colorectal and Skin. Focus on tumour site key challenges and mitigating actions are underway to support and facilitate an improvement in performance and patient experience.

Turnaround times within pathology remain an area of concern for our 28 day FDS standard and the division are working with cancer teams to try and make this process more efficient going forward.

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

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East Sussex Healthcare NHS Trust

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Exec summary

East Sussex Healthcare NHS Trust

£m	RAG	YTD Plan	YTD actual	Var F/(A)	Commentary
Surplus/deficit	**R**	(0.4)	(2.7)	*(2.3)*	• Trust is reporting a year to date deficit position of (£2.7m) against planned deficit of (£0.4m), an adverse variance of (£2.3m). This broadly reflects risk associated with underperformance against elective activity targets, pay pressures from supernumerary and temporary staffing, and overspends in drugs. Note: Plan adjusted to zero for 22-23 in Mth 3.
Income	**R**	140.5	139.7	*(0.8)*	• Income is adverse to plan driven by provision for ERF claw back of £1.1m offset by higher other operating (divisional) income which has equivalent associated costs.
Pay	**A**	(93.0)	(93.8)	*(0.8)*	• Pay cost variance is related to increased costs needed to drive the divisional income increases plus £0.4m of supernumerary costs for overseas/back to care staffing and pressures from Locum/agency usage in Clinical Divisions. • The Trust is using 5% more staff than in 21/22 (excluding SPH)
Non-pay	**A**	(47.9)	(48.6)	*(0.7)*	• Non-pay costs are higher than budget mainly driven by Tariff Excluded drugs above block and utility spends above forecast levels. Underspends commensurate with the elective activity shortfall have been reported in relevant specialities.
Efficiency	**A**	4.0	4.0	*0*	• Full year divisional efficiency requirement of £14m has plans identified of £4.4m.
Capital	**G**	5.4	4.9	*(0.5)*	• Capex spend of £4.9m which is £0.5m over phased internal plan.

Income and Expenditure

East Sussex Healthcare NHS Trust

I&E position

NB: Month 3 plan reflects re-submission of full year plan of breakeven.

The month 3 ytd position is (£2.7m) deficit, (£2.3m) adverse to the ytd plan of (£0.4m) deficit.

Year to date figures given as the plan rebased in Mth 3 to reflect 22-23 breakeven plan. This resulted in the in month budget reflecting a high variance when compared to spend. To assure, the run rate in Month 3 is commensurate with Month 2.

Income

- The position is adverse in the month by £0.3m, the main drivers being;
  - ERF off plan in the month by £0.4m.
  - Contract income underperformance of £0.2m
  - Divisional income overperformance £0.4m due to Heath Education England funding for Q1

Expense

- The Trust has an in month £0.3m adverse pay position variance which is related to increased costs needed to drive the divisional income increases, alongside Supernumerary costs for overseas/back to care staffing.
- Vacancies are broadly adequate to cover temporary staffing costs
- Use of temporary staff at higher unit cost partially offset by WTE usage below budget.
- Non-pay costs are higher than budget mainly driven by Tariff Excluded Drugs pressures and utility pressures above anticipated inflation

£'000	Month (£'000) Plan	Act	Var	YTD (£'000) Plan	Act	Var
Income						
Contract income	36,291	36,074	*(217)*	105,900	106,041	*141*
Divisional	3,634	3,993	*359*	10,910	11,320	*410*
ERF	7,573	7,161	*(412)*	23,028	21,785	*(1,243)*
Covid - variable	217	139	*(78)*	651	575	*(76)*
Total Income	**47,715**	**47,367**	***(348)***	**140,489**	**139,721**	***(767)***
Operating Expense						
Pay						
Permanent	(30,575)	(28,332)	*2,243*	(91,695)	(84,640)	*7,055*
Temporary	(359)	(2,941)	*(2,581)*	(1,088)	(8,979)	*(7,891)*
Total pay	**(30,935)**	**(31,273)**	***(338)***	**(92,783)**	**(93,618)**	***(836)***
Non-pay						
Drugs	(1,068)	(1,005)	*63*	(3,204)	(3,083)	*121*
TEDD	(3,477)	(3,767)	*(290)*	(10,431)	(11,569)	*(1,138)*
Clinical supplies	(3,830)	(4,094)	*(264)*	(11,587)	(11,105)	*482*
Purchased services	(971)	(821)	*149*	(2,912)	(2,697)	*214*
Finance costs	(2,134)	(2,373)	*(239)*	(6,605)	(6,698)	*(94)*
Other	(4,311)	(4,670)	*(359)*	(12,731)	(13,075)	*(344)*
Total non-pay	**(15,791)**	**(16,731)**	***(940)***	**(47,469)**	**(48,227)**	***(758)***
Covid exp - variable	(216)	(150)	*66*	(647)	(587)	*61*
Total Expense	**(46,941)**	**(48,154)**	***(1,213)***	**(140,899)**	**(142,432)**	***(1,533)***
Grand Total Surplus/(Deficit)	**773**	**(788)**	***(1,561)***	**(411)**	**(2,711)**	***(2,300)***

Pay costs

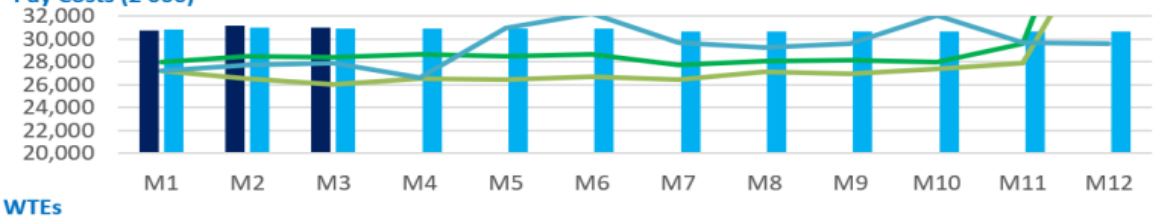
East Sussex Healthcare NHS Trust

Pay analysis

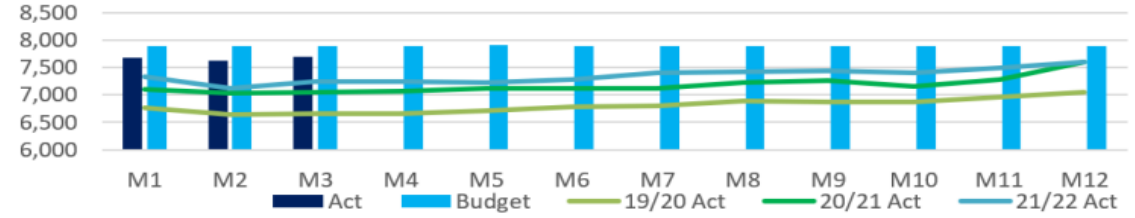
All staff	Pay costs (£'000) - In Month					WTE				
	Act	Var	PY	YTD var	YTD ave	Act	Var	PY	YTD var	YTD Ave
Medical	(7,445)	(457)	(6,996)	(1,379)	(7,449)	849	50	747	18	816
Nursing	(12,878)	(385)	(12,122)	(894)	(12,802)	3,634	13	3,414	13	3,634
AHP	(4,026)	452	(3,972)	1,287	(4,046)	1,107	(98)	1,077	(100)	1,105
Admin	(3,451)	369	(3,563)	1,139	(3,430)	1,245	(128)	1,290	(130)	1,244
Other	(3,219)	(62)	(2,502)	(285)	(3,243)	857	(45)	745	(39)	862
Total	**(31,019)**	**(84)**	**(29,154)**	**(133)**	**(30,972)**	**7,692**	**(207)**	**7,273**	**(237)**	**7,662**

Temporary	Pay costs (£'000)					WTE				
	H2 Ave	May	Jun	PY	YTD	H2 Ave	May	Jun	PY	YTD Ave
Bank	**(1,582)**	**(1,292)**	**(1,368)**	**(1,491)**	**(4,061)**	**470**	**396**	**403**	**485**	**411**
Medical	(441)	(478)	(561)	(332)	(1,436)	32	37	42	24	36
Nursing	(400)	(497)	(491)	(301)	(1,609)	85	97	90	58	104
AHP	(111)	(71)	(23)	(116)	(145)	19	16	11	20	14
Admin	(43)	(45)	(68)	(50)	(148)	8	2	3	16	3
Other	-	-	-	-	-	-	-	-	-	-
Agency	**(995)**	**(1,090)**	**(1,142)**	**(799)**	**(3,337)**	**144**	**151**	**146**	**118**	**156**
Locum	**(161)**	**(272)**	**(371)**	**(1,233)**	**(968)**	**14**	**22**	**29**	**82**	**28**
WLI	**(93)**	**(212)**	**(57)**	**(284)**	**(559)**	**11**	**20**	**21**	**27**	**23**
Total Temp	**(2,832)**	**(2,866)**	**(2,938)**	**(3,806)**	**(8,925)**	**639**	**590**	**598**	**712**	**617**

Pay Costs (£'000)



WTEs



Pay analysis

- M3 pay costs are marginally higher than budget.
- Overall the in month spend of £31m is £1.8m higher than 21/22 comparator with SPH impact (£0.3m) adjusted
- Nursing & Medical staffing groups are over spending.
- Nursing spending is impacted by the continuation of escalation wards and supernumerary double running costs, and NER pressures.
- 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 91 FTE for SPH so like for like the FTE is 328 fte higher.

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

Efficiency

East Sussex Healthcare NHS Trust

Division	In Month			Ytd - M3			Full Year					Schemes
	Plan	Actual	Var	Plan	Actual	Var	Rec	NR	Total	Target	Gap	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	#
Medicine	174	14	(160)	493	14	(478)	733	19	752	2,912	(2,160)	5
Emergency Care	46	1	(45)	137	3	(134)	6	2	8	783	(775)	4
DAS	182	41	(141)	496	80	(417)	529	42	571	3,029	(2,458)	14
Core Services	95	66	(29)	246	256	10	694	464	1,158	2,393	(1,234)	18
CHIC	88	87	(1)	261	421	160	24	415	439	1,539	(1,100)	4
WCSH	37	2	(34)	109	6	(102)	18	504	522	1,172	(650)	3
Estates & Facilities	44	7	(36)	130	22	(108)	88	-	88	1,026	(938)	3
Corporate	57	532	475	169	539	370	457	425	882	1,177	(295)	5
Trustwide	746	719	(27)	1,940	2,641	701	8,963	-	8,963	8,964	(0)	3
Total	**1,469**	**1,470**	**1**	**3,981**	**3,982**	**1**	**11,513**	**1,871**	**13,384**	**22,994**	**(9,610)**	**59**
Unidentified	-	-	-	-	-	-	-	-	*9,610*	-	*9,610*	-
Total	**1,469**	**1,470**	**1**	**3,981**	**3,982**	**1**	**11,513**	**1,871**	**22,994**	**22,994**	**-**	**59**
Movement from last month	*205*	*206*	*1*	*1,469*	*1,470*	*1*	*49*	*605*	*654*	*1,966*	*(1,312)*	*5*

Overview

- The trust has delivered the £1.5m efficiency plan for the month and £4m year to date.
- 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 £23m, this reflects the increase of £2m following the resubmission of the plan in June. So far £13.4m has been identified, leaving a gap of £9.6m for the Divisions to find. The gap has increased by a net £1.3m, this is due to the increase in the efficiency target of £2m, less £0.7m relating to new schemes that have been identified.
- 14% of the £13.4m identified is non-recurrent.

Capital

Trust Lead	Capital Scheme	Draft Programme £'000	YTD Cumulative Expenditure £'000	YTD Cumulative Forecast £'000	YTD Forecast Variance £'000
Original					
DIG	Digital Programmes	4,500	425	540	(115)
DIG	Operating Leases	-	-	-	-
	Total Digital	**4,500**	**425**	**540**	**(115)**
EME	Diagnostic Equipment	500	201	-	201
EME	Medical Equipment	2,500	277	50	227
EME	Operating Leases	-	141	-	141
	Total Medical Equipment	**3,000**	**619**	**50**	**569**
EST	Fire	1,500	55	190	(135)
EST	Backlog	6,750	708	899	(191)
EST	Day Surgery capacity	1,100	168	900	(732)
EST	Theatre 5 & 8	280	175	248	(73)
EST	CT Scanner	250	-	100	(100)
EST	Westham	150	315	138	178
EST	Conquest ED	250	225	240	(15)
EST	Baird Ward	100	0	-	0
EST	Cath Lab Replacement	1,700	5	50	(45)
EST	Cat 3 Microbiology	50	-	-	-
EST	Gynae Footprint	400	119	75	44
EST	ICU adaptations Conq	1,500	2	50	(48)
EST	Ophthalmology Bex	1,000	1	25	(24)
EST	Cardiology Business Case	150	-	-	-
EST	Friston Paeds	1,000	3	25	(22)
EST	Decant Ward	4,000	5	100	(95)
EST	Ward Refurbishment	1,250	52	125	(73)
EST	Operating Leases	-	56	-	56
EST	Rolling Ward Refurbishment	-	14	-	14
	Total Estates	**21,430**	**1,903**	**3,164**	**(1,261)**
FIN	Business Case Development	400	-	40	(40)
FIN	Divisional Small Works	500	-	-	-
FIN	Minor Capital	1,000	181	120	61
FIN	Unplanned Urgents	500	-	60	(60)
FIN	Planned slippage/prioritisation	(4,910)	266	(676)	943
	Total Finance	**(2,510)**	**448**	**(456)**	**904**
	Total Original Planned	**26,420**	**3,395**	**3,298**	**97**
New					
EME	Community Diagnostic Centre	500	377	230	147
	Additional Medical Equipment	**500**	**377**	**230**	**147**
EST	Building For Our Future	1,060	78	180	(102)
EST	Community Diagnostic Centre	1,500	477	600	(123)
EST	Elective Care Centre (EDGH)	-	539	-	539
	Additional Estates	**2,560**	**1,094**	**780**	**314**
DIG	EPR Match Funding (external)	750	-	90	(90)
	Additional Digital	**750**	**-**	**90**	**(90)**
	Total Additional Capital	**3,810**	**1,471**	**1,100**	**371**
	Total Capital	**30,230**	**4,866**	**4,398**	**468**
EST	PSDS3	28,822	1,406	1,300	106
EST	PSDS3 Income	(28,822)	(1,512)	(1,300)	(212)
	Total Grant Capital	**-**	**(106)**	**-**	**(106)**
FIN	Donated Expenditure	1,000	249	120	129
FIN	Donated Income	(1,000)	(95)	(120)	25
	Total Donated Capital	**-**	**154**	**-**	**154**
	Total Capital	**30,230**	**4,913**	**4,398**	**516**

East Sussex Healthcare NHS Trust

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 programme includes the public sector decarbonisation scheme which is a government grant funded scheme of £28.8m.
- The capital expenditure incurred at the end of month 3 totals £4.9m which is slightly ahead of plan by £0.5m.
- Expenditure in M3 was largely driven by the following schemes:
  - Digital expenditure £425k;
  - Medical Equipment £619k (includes diagnostic equipment of £201k);
  - Estates works of £1.9m, the main schemes being backlog maintenance (£708k), Westham remodelling and refurbishment (£315k), and Day Surgery (£168k);
  - Community Diagnostics Centre £854k made up of equipment costs (£377k) and estates costs (£477k);
  - Elective Care Centre (£539k).

Assets and Liabilities

East Sussex Healthcare NHS Trust

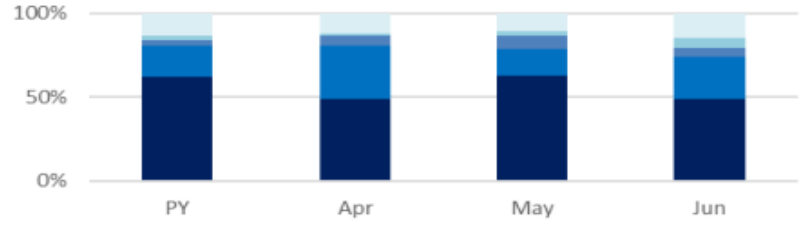
Trust Assets and Liabilities

	Apr	May	Jun	Change
	£'000	£'000	£'000	£'000
Non-current assets	**298,222**	**297,451**	**298,795**	**1,344**
Inventories	8,460	7,762	7,689	(73)
Trade and other receivables	14,128	16,234	23,280	7,046
Cash and Cash equivalents	61,579	61,096	49,714	(11,382)
Current Assets	**84,167**	**85,092**	**80,684**	**(4,409)**
Trade and other payables	(48,382)	(52,327)	(46,679)	5,648
Other liabilities	(8,150)	(5,237)	(10,275)	(5,037)
Current Liabilities	**(56,532)**	**(57,564)**	**(56,954)**	**611**
Non-current liabilities	**(2,313)**	**(2,313)**	**(14,613)**	**(12,300)**
Total assets employed	**323,543**	**322,666**	**307,912**	**(14,754)**

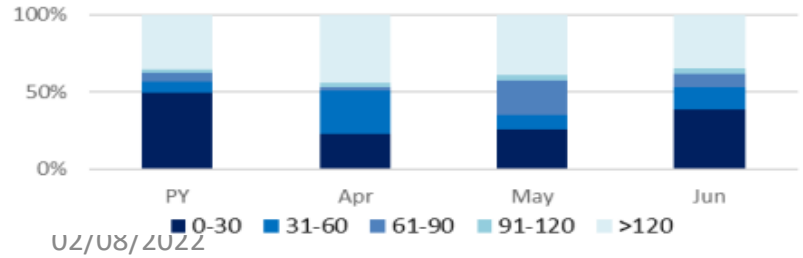
BPPC (Based on invoice count)

Trade	81.5%	75.3%	76.5%	1.2%
NHS	99.5%	98.2%	98.7%	0.4%

Trade Payables Ageing



Trade receivables Ageing



Balance sheet

- Non-current asset values have been restated to include the leased assets as a result of the implementation of accounting standard IFRS16. Leased assets relate to property (£11.3m) and plant and machinery £2.7m).
- Current assets has decreased in month by £4.4m. This has been caused by a £11.4m decrease in cash as a result of there being 5 payment runs in June in addition to there being an increase in value of payment runs. The reduction in cash has been partly offset by an increase in income accruals.
- Current liabilities has decreased slightly in month £0.6m however remains consistent with previous months. An increase in trade payables and accruals part offset by an increase in deferred income.
- The Trust continues to hold very significant cash balances at £49.7m.

Better Payment Practice Code (BPPC)

- Slight improvements in BPPC for Trade and non-NHS in month. The Financial Services team continue to prioritise performance, with non-NHS payables a particular focus. Poor performance is largely due to issues with no purchase orders or delays to receipting of goods and services.

Trade and Other Payables

- A reduction in month of £5.6m on the creditor position decreasing the purchase ledger total to £8.8m.
- 81% of the outstanding invoices are payable to trade (Non NHS) suppliers and the balance to NHS providers. The Trust processes weekly payment runs.
- 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 decreased by £0.8m in June to a total of £5.0m.
- The ageing profile has decreased by £1.2m compared to the previous month and is £3.0m which is the best position for 6 months.

Key risks

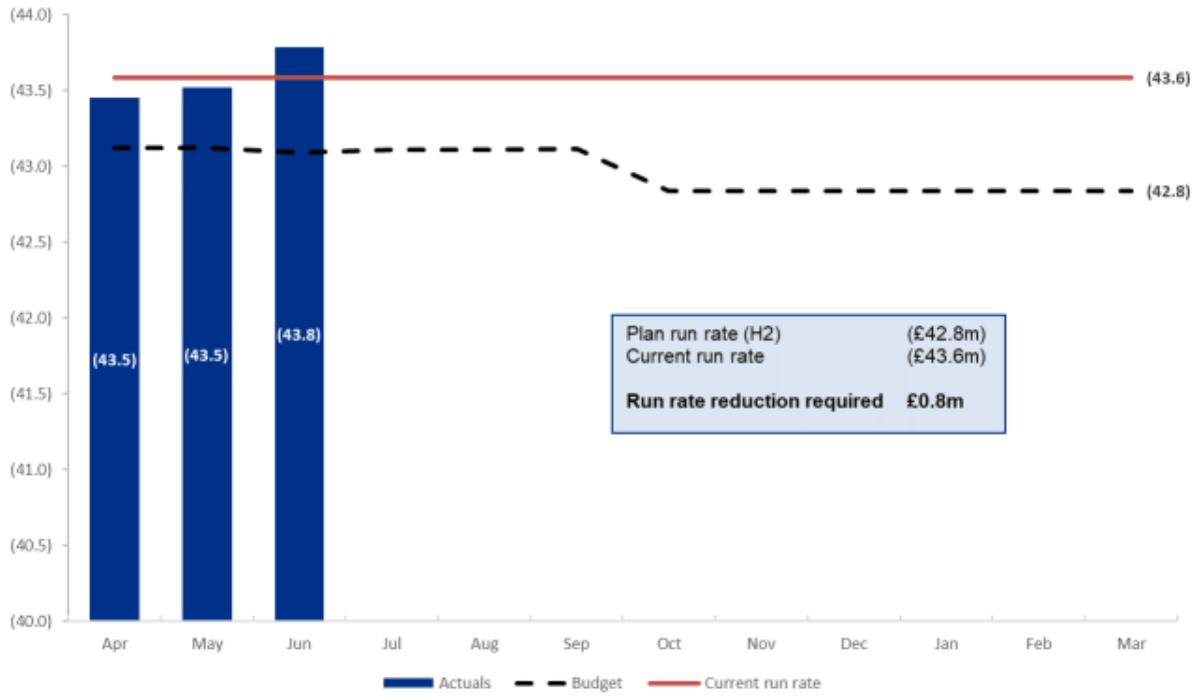
Risk adjusted forecast outturn

- The table sets out high level scenarios for the trust's income and expenditure based on latest assessment of key risks.
- Forecast scenarios include additional funding and mitigations (efficiencies) built into revised plan of break even.
- Areas of risk identified:
  - **ERF –** there remains 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 being partially offset by savings in overall expenditure. Divisions continue to work to progress schemes and develop plans to close the gap. Ownership and engagement is high but significant progress will need to be made in the coming weeks to ensure the programme remains on track for full delivery. Mitigations for slippage has been found in some areas.
  - **Run rate –** Current levels of temporary staffing, in part due to high levels of sickness, and expenditure growth in areas of activity, notably high cost drugs, are areas of particular concern and are under review.

2022/23 Plan	£'000	Downside	Forecast	Upside
Baseline plan	**(2,354)**	**(2,354)**	**(2,354)**	**(2,354)**
22/23 expenditure changes				
Approved service developments	(3,686)	(3,686)	(3,686)	(3,428)
Growth	(8,964)	(8,964)	(8,964)	(8,964)
Covid	(1,544)	(1,544)	(1,544)	(1,158)
Elective Recovery Fund (ERF) gap	(3,028)	(6,056)	(3,028)	(1,514)
Baseline plan excl efficiencies	**(19,576)**	**(22,604)**	**(19,576)**	**(17,418)**
Identified risks included in opening budget				
Nursing Establishment Review (NER)	(2,244)	(3,366)	(2,244)	(2,244)
Cost pressures	(1,069)	(1,604)	(1,069)	(1,069)
Bed requirement	(5,385)	(7,180)	(5,385)	(5,385)
Total funding for identified risks	**(8,698)**	**(12,150)**	**(8,698)**	**(8,698)**
Additional income				
Inflation funding	4,788	4,788	4,788	4,788
Maternity (Ockendon/Birthrate Plus)	543	543	543	543
Total additional income	**5,331**	**5,331**	**5,331**	**5,331**
22/23 Plan before efficiencies	**(22,943)**	**(29,423)**	**(22,943)**	**(20,785)**
Efficiencies				
Divisional	12,064	6,032	9,048	12,064
Trust-wide (productivity)	8,964	6,723	8,964	8,964
Additional required for break-even	1,915	958	1,436	1,915
Total	**22,943**	**13,713**	**19,448**	**22,943**
Additional risks				
Run rate risk		(7,300)	(7,300)	(7,300)
Inflation		-	-	-
Winter		-	-	-
Total	**0**	**(7,300)**	**(7,300)**	**(7,300)**
Mitigations				
Additional funding		-	-	-
Management actions		-	-	-
Other mitigations		5,142	5,142	5,142
Total	**0**	**5,142**	**5,142**	**5,142**
Grand total surplus/(deficit)	**0**	**(17,868)**	**(5,653)**	**0**

Monthly net expenditure (run rate) v plan

East Sussex Healthcare NHS Trust



- Graph shows net expenditure (Divisional Income, Pay and Non-Pay)
- Adjustments have been made to account for one off/non recurrent items to show underlying, recurrent position
- Plan reduction in Oct-Mar (H2) reflects phasing of additional efficiencies required for break-even
- Current average run recurrent rate extrapolates (straight-line) to overall spend of £523.0m, against a plan of £515.7m, an overall gap of **£7.3m**
- Mitigations are currently being worked through, with some central reserve support expected to be required
- Further mitigations will be required from divisional management to ensure progress is made to reduce run rate to the required level by Mar-23

Maternity Overview Report (Q1)

Meeting information:	
Date of Meeting: 9th August 2022	Agenda Item: 8
Meeting: Trust Board Meeting in Public	Reporting Officer(s): Alison Newby, Head of Midwifery Brenda Lynes, Director of Operations, Quality and Assurance Maternity, WCSH Division

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

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

Summary:

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

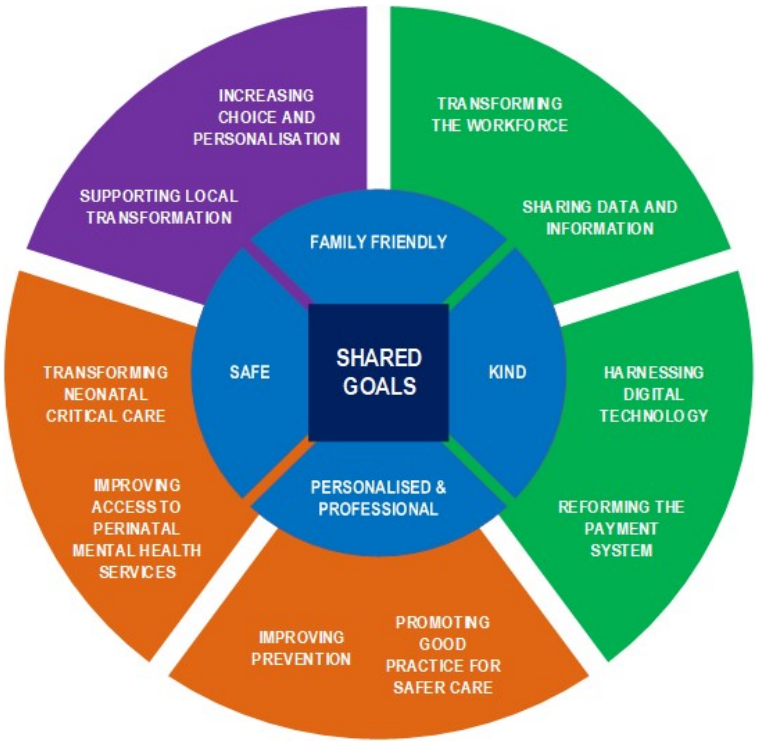
The National Maternity and Neonatal Safety Improvement programme[1] (MatNeoSip) was launched in 2019. This programme is supported by our Local Maternity and Neonatal System (LMNS), the programme aims to:

1. Improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high-quality healthcare experience for all women/birthing people, babies and families across maternity and neonatal care settings in England

2. Contribute to the national ambition set out in the Transformation plan (previously Better Births) of reducing rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 2025.

[1] NHS England » Maternity and Neonatal Safety Improvement Programme

The Maternity Transformation Programme seeks to achieve the vision set out in Better Births by bringing together a wide range of organisations to lead and deliver against 10 work streams as shown in the diagram below:



East Sussex Healthcare Trust's Clinical Strategy[2] is aligned to this long-term plan. The ICS, through our Local Maternity and Neonatal System and our local Maternity Voices partnership (MVP), are working in partnership to achieve these ambitions. Recommendations made in the final Ockenden report (March 2022[3]), are supportive steps towards this greater ambition. ESHT's dashboard provides data for scrutiny and analysis to provide assurance to the Board surrounding these key areas.

This paper provides assurance surrounding the safety of services. We ask ourselves four key questions:

1. Are we safe against the national safety ambition
2. Perinatal mortality rates
3. What is our data telling us
4. Staff and service users – are staff and service users telling us we are safe

The focus of this paper addresses these four key areas

Continuity of carer model

Describes actions to achieve a national target to provide a continuity of carer model for:

- 20% women/birthing people by 2019
- 75% of women/people from Black, Asian and minority ethnic communities by March 2024
- 75% of women/people from the most deprived groups by March 2024

[2] Clinical Strategy (esht.nhs.uk)
[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

Personalised care

Safer care, as personalised care recognises that every person, every pregnancy and every baby and family is different. Personalised care provides access to information to enable decisions about care that is centred on individual needs and circumstances.

Safe Staffing

Essential to providing safe care. This includes the entire Midwifery workforce (Medical, nursing, ancillary, allied health staff).

Safety of Services

The Maternity Safety Strategy comprises evidence-based initiatives to support the maternity system to strengthen leadership, implement best clinical practice and develop cultures of continuous learning for improvement. These are essential components for achieving the National Maternity Safety Ambition to achieve the following, by 2025:

- Halve the rate of stillbirths, neonatal deaths, brain injuries that occur soon after birth and maternal death
- Reducing the preterm birth rate from 8% to 6%

MBRRACE [4](Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK), provide a 3-yearly report (due to numbers being small). At the time of the last publication (2019), national indications were that mortality and morbidity rates at ESHT compared favourably with other NHS organisations. There have been no cases of brain injury reported during quarter one.

Our regional LMNS are in the process of obtaining data for organisations within the system to enable a local review of data.

The following methods are used to monitor and measure the safety of maternity services.

HSIB Referrals (Q1)

Since 2021, all HSIB cases accepted for investigation are raised as SI's. ESHT have reviewed all cases and no trends have been noted. One referral was made in April 2022 (intrapartum stillbirth). The investigation is progressing.

Closed Serious Incidents and analysis (Q1)

One SI report has been closed in Q1. This related to a case of meconium aspiration following birth by caesarean section. The case was referred to HSIB as the baby requiring cooling. The HSIB safety investigation found all care was appropriate and congratulated the maternity team for the additional mental health support provided to the mother. No safety recommendations made.

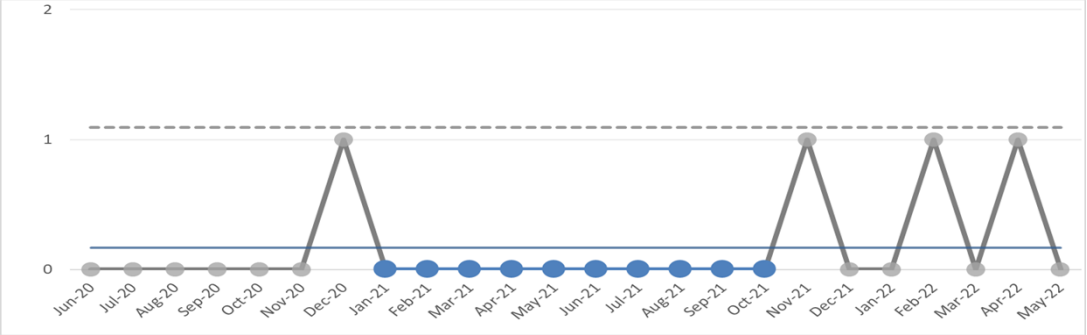
Stillbirth data (Q1)

One intrapartum stillbirth was reported in Q1 (see HSIB section above).

The National ambition is to reduce the number of stillbirths from 5.1/1000 births in 2010, to 4.1/1000 births in 2020 and 2.5 in 2025. The Trust rolling stillbirth rate is currently 4.16/1000 births. This is comparable with ONS statistics of 4.2/1000 births in 2021. The Trust neonatal death rate is currently 0.69/1000 births. This is significantly below ONS data which reported 2.7 neonatal deaths per 1000 births in 2020.

[4] MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | NPEU (ox.ac.uk)

The chart below shows the number of intrapartum stillbirths reported between June 2020 and May 2022.



Maternal Mortality

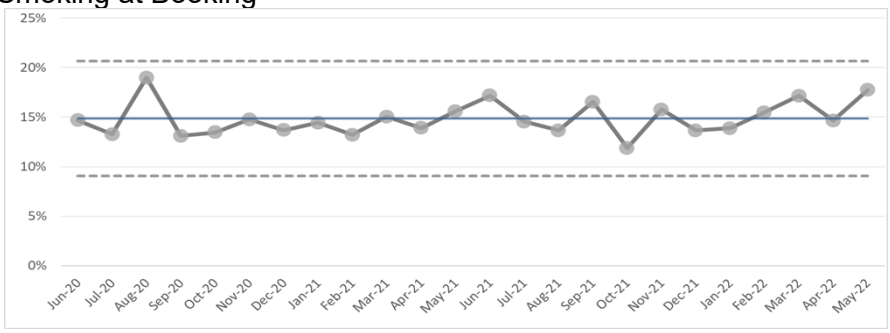
One late maternal death was reported in Q1. This occurred 50 days post-partum, at home. The cause of death is unknown at present and results of a coronial post-mortem examination are awaited.

Smoking in Pregnancy Q1

Smoking is the biggest identifiable risk factor for poor birth outcomes. Across England, there has been some success with a dramatic reduction in the smoking at time of delivery rate from 2013 to 2017, rates have since plateaued and vulnerable groups continue to not engage with external tobacco dependence treatment services. Stillbirth rates across England over the last year and SIDS rates across the South East have risen and smoking in pregnancy is linked closely to both[5].

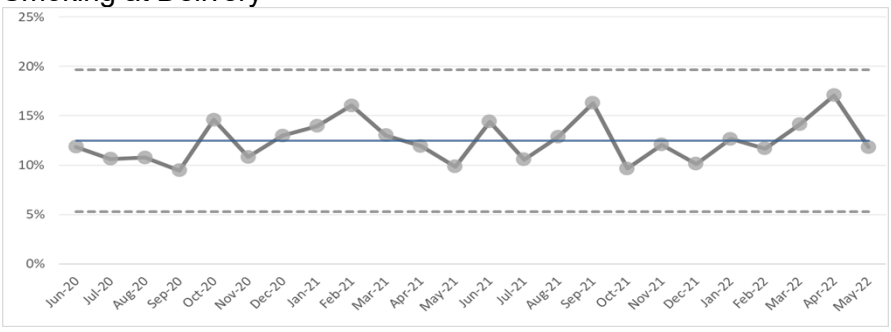
The PQS dashboard monitors 5 indicators, two of which are represented in the charts below.

Smoking at Booking



National Target: <12.0%
Variation : Normal
Current Month: 17.7%

Smoking at Delivery



National Target: <6%
Variation: normal
Current Month: 11.8%

[5] [5] Provisional births in England and Wales - Office for National Statistics (ons.gov.uk)

Carbon Monoxide monitoring at booking target is >95%; ESHT achieved 96% May. Carbon Monoxide monitoring at 36/40 target is >95%; (CNST compliance minimum 81% with action plan) this was 77% May. The NHS Long Term Plan[6] details new investment in treating tobacco addiction in acute, mental health and maternity services, with an ambition that by 23/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. The model for pregnant women is more intensive than the LTP inpatient model, informed by the Greater Manchester model, it is in line with NICE guidance. There is continued focus in this area, ESHT's Tobacco lead midwife will lead a focussed workstream of education for staff and is proposing to move to a model informed by the Greater Manchester model.

Maternity Staffing

Like many other maternity units nationally, the ESHT maternity workforce has been challenged due to ongoing vacancy, parental leave, annual leave and short/long-term sickness absence. There continues to be minimal uptake of agency shifts due to higher rates being offered in other Trusts. *(See appendix 1: Maternity Workforce, Acuity, & Red Flag Incident Report Q1)*

2022	**April**	**May**	**June**
Sickness Levels (%)	6.9%	5.3%	6.8%
Of which COVID sickness related	2.9%	1.3%	1.9%
Of which anxiety, stress or depression related	1.3%	0.9%	2.5%
% of sickness as long term (28 days+)	46.5%	36.9%	41.4%

	Apr	**May**	**June**
Maternity Leave	5.8%	6.0%	5.6%

The template for the Conquest acute unit is 8 registered midwives per shift. Where staffing falls below requirements for activity or activity/ acuity exceeds capacity of staffing available, the escalation policy is enacted to redeploy staff to maintain one-to-one care in labour and safety of service users and staff. During escalation midwives are called in for varying durations depending on the needs of the service. Many shifts in the reporting period were 2-3 under template. The midwifery management team and specialist midwives have been asked to work 4 clinical shifts over the next 8 weeks to support staffing in the acute unit (appropriate training and support are in place).

Fill rates Q1

Date	**Apr 22**	**May 22**	**June 22**
Fill Rate	82%	86.50%	81.70%

A local midwifery staffing uplift to 26.4% has recently been approved by the Trust, resulting in additional funding for 6.23 wte midwife/maternity support worker posts. These are in the process of being allocated and advertised.

A successful rolling advert has resulted in the recruitment of 9 wte third year student midwives who will commence employment after qualification in late September 2022. *(See appendix 1: Maternity Workforce, Acuity, & Red Flag Incident Report Q1)*

ESHT continue to provide two continuity of carer teams: Lighthouse (young vulnerable pregnant people) and Ivy (low risk population). A rollout plan has been agreed with emphasis on full recruitment,

[6] NHS Long Term Plan

community accommodation and equipment being in place prior to rollout. *(See appendix 2: CofC full-transformation plan May 2022)*

Medical Obstetric staffing

At present ESHT have 14 wte Consultant Obstetricians funded, with four of these funded as resident consultants. This provides 72 hours of labour ward cover weekly at present, which will increase once all resident consultants are in post. Two of the four resident consultants commenced on the rota in early July 22, the third position has been recruited to and the fourth out to advert. A further consultant post is in the recruitment process. Managing Obstetric priority continues; however, this can pose risk to planned gynaecology. Job plans include key speciality posts as identified through Ockenden.

Standard Operating Procedures (SOP) are available detailing Duties of the Hot Week Consultant, and obstetric and gynaecology medical staff rota. These are based on the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology'[7]. An audit of compliance is currently underway. Any episodes where attendance has not been possible will be reviewed by the department to prevent future non-attendance. Outcomes will be shared with the Trust Board, safety-champions and the LMNS

Positives within staffing

Clear escalation of ongoing midwifery workforce challenges continues. This is predominantly due to significantly increased short and long-term sickness absence rates.

Compliance with MDT training at the end of June 2022, was 93% (89% midwives/ 97% obstetricians) for fetal monitoring and 90% overall, for PROMPT training. Medical team compliance with mandatory training has been reviewed and staff provided with time to complete within their job plans.

Ockenden IEA's - Progress with Ockenden recommendations implementation and NHSE Self-Assessment tool

Evidence of good progress with Ockenden 7 immediate and essential actions (IEAs). The position submitted to NHSE/I on 15th April 2022 reported compliance at 82%, which has now risen to 97%. Audits have been completed with action plan delivery progressing. The Trust Maternity website is in the process of being updated. Medical recruitment continues as described above.

The Maternity department have commenced a benchmarking exercise against the Final Ockenden report and the 15 IEA's which build on the first 7 IEA's and overall good progress is being made. NHSE have advised that reporting against the final IEA's will be combined with the East Kent report (due September 2022). An interim discussion will take place with the LMNS at July 28th Board meeting. Benchmarking data is available for review.

Progress with the Clinical Negligence Scheme for Trusts (CNST) requirements

The maternity incentive scheme (MIS) year 4 was relaunched on 6th May 2022. All safety action leads have been notified of changes to requirements and meetings have been held to discuss progress and reporting requirements. Escalation of risk to achieving compliance has been discussed when required. Currently this has included:

- Progress against safety action 3 (Transitional Care Services) – Audits of the pathway into transitional care were paused. These recommended from Q1 of 2022/23 and will be shared with the neonatal safety champion on a quarterly basis. An action plan will be agreed and progress overseen by the Board and neonatal safety champions.

[7] https://rcog.org.uk/media/1e0jwloo/roles-and-responsibilities-of-the-consultant-workforce-report-may-2022-update.pdf

- Progress against safety action 6 (Saving Babies Lives) – Carbon Monoxide testing at 36 weeks' gestation. There has been a focused piece of work in this area and significant increase in compliance during quarter 1.

Further update meetings are planned with time allocated in late September / early October for completion of report and submission to Trust Board for sign off in December 2022. NHSE have made a request to CNST to relax timelines due to current staffing issues across the country.

Findings from local PMRT reviews

A quarterly report is provided by the Specialist Midwives for Maternity Bereavement reviewed within Divisional Governance meeting and Maternity Board. All cases have been reported to MBBRACE and reviewed using the PMRT tool within expected timescales. There have been some challenges with obtaining an external reviewer at scheduled meetings. The bereavement team are working closely with the LMNS to resolve this.

Culture within maternity Services

The most recent staff survey, undertaken in Autumn 2021 mid-way through the third wave of the Covid pandemic, indicated:

- 91% said they know what their responsibilities are at work
- 92% said they are trusted to do their job
- 92% feel the care they give makes a difference
- 84% enjoy working with their colleagues
- 47% would recommend the Trust as a place to work, and feel they can speak up about concerns

The following areas were highlighted for improvement:

- 82% people did not feel there were enough staff to do the job well
- 78% people felt worn out after a shift
- 71% people work 5 or more additional unpaid hours
- 69% felt emotionally exhausted
- 60% felt burnt out

A Staff survey action plan was coproduced with our staff during two listening events in June 2022; their ideas included:

- all staff to be offered a wellbeing conversation to include discussion on feeling safe at work and flexible working
- a plan to showcase some of the great work delivered within services
- ensuring staff receive positive feedback.
- walk and talk in the grounds of EDGH and Conquest to be advertised to allow safe group events.

We aim to continue to improve bi-directional communication between acute and community services and invite members from Governance, risk and IPC to staff meetings to support staff in understanding these vital roles. We are also planning a low/no meeting day weekly to allow managers to go back to the clinical areas and support teams.

The last Score survey was in 2018, the next survey will commence in September 2022.

Voice of Service Users

Friends and Family Test (FFT) positive feedback scores are in the range of 95-100%.

Service user feedback via the Maternity Voices Partnership (MVP) has included:

- Service not always feeling included in decisions about their care. Feedback specifically related to language used and a perception of coercion by healthcare professionals.

- Visiting restrictions for partners/chosen support person on induction/antenatal and postnatal ward - ongoing source of distress. Risk assessments being repeated. Space and ventilation hinder the removal of visiting restrictions at the current time.

- Feeding support in the community- the volunteer third party sector that offer free, face to face feeding support services in the community are extremely busy at the moment whilst service users wait for appointments at NHS clinics or because their Health Visitor hasn't been helpful or signposted, this may be due to the extreme shortage of Health Visitors that ESHT are currently experiencing, a plan is in place to mitigate against this.

- Re-establishment of Eastbourne Maternity Unit for birth: pregnant service users are pleased and relieved that they have another place of birth option available again.

- Equality and equity: Caribbean-British service user's experience of the ESHT maternity service included a lack of available dates for antenatal education, long, uncomfortable waits at Midwife clinics, one midwife being "aggressive" in their language use during initial assessment of labour, financial implications of being sent away from the unit, lack of information to make informed decisions over pain management options, feeling alone without partner/support person of choosing whilst on the antenatal ward before being transferred to birthing suite, lack of introductions from some staff and unaware of where refreshments and facilities were on the postnatal ward and difficulty in getting hold of Health Visitors for support in the community.

- Provision of NHS Antenatal education- our survey is still picking up responses from people who have given birth in the last 3 months who were not aware of the NHS offering of antenatal education. Also some are telling us that although they were signposted to this service there were no dates/times available to them due to the only remaining spaces left being on a weekday daytime. The majority that completed our survey in May would prefer face to face (in person) sessions.

- Tongue tie diagnosis- one service user, who's baby was experiencing poor weight gain, told us that 3 different HCP's didn't diagnose tongue tie and out of frustration paid a private practitioner to perform the procedure at significant cost to themselves.

Actions in all above areas are underway

Above and Beyond acknowledgment is shared with individual staff members. Feedback has included staff being reassuring and supportive during the later stages of labour and facilitating meaningful decision-making discussions. Service users described feeling well cared for and safe. Two student midwives were recognised particularly for being approachable and calm.

Celebrations of success as we move forward on our journey of transformation

PETALS (Avoiding Obstetric Anal Sphincter Injury)

Using our Quality Improvement and Service redesign tools ESHT developed a project in response to concerns raised around increasing OASI nationally.

OASI during childbirth can result in women experiencing anal incontinence and psychosocial problems, which require on-going treatment and can lead to sexual dysfunction and a 20 times greater risk of a caesarean section in subsequent pregnancies. In England and worldwide the incidence of OASI has

been increasing and this has resulted in high quality research projects and in new recommendations for practice. It is likely that improvements in midwifery and obstetric training in recognition of anal sphincter injury may have led to the rise in reported injuries; however there is evidence to suggest that rates can be significantly improved with some minor interventions and training.

A local review took place to understand our local data which looked at the 2018/2019 outcomes. Following this, staff completed a quality service improvement and redesign programme. We worked through the improvement methodology and designed a project around improving perineal health and reducing the number of OASI occurring in ESHT. At that time ESHT were outliers for assisted birth only at 8.2%.

The project aimed to reduce OASI by 1% (22 less women /pregnant people) a year.

Findings from the project highlighted that ESHT rates of OASI, at the end of July 2021, was 2.7% (NMPA – 3.4%). This rate had reduced further to 1.9% overall (March 2022)

Saving Babies Lives (SBL) (v.2)

ESHT have achieved full implementation of SBL (v.2) we have increased our SGA (small for gestational age) detection rate from 28% in 2018 to 44% in 2021 which is above the national rate of 30%. This has been achieved by an adapted version of the SBL scanning tool, appropriate risk assessment for fetal growth restriction at booking and a midwifery sonographer service to enable us to meet the increased scanning demand.

Confidential enquires have consistently described a relationship between episodes of reduced fetal movements (RFM) and stillbirth. We are now able to digitally provide evidenced based information to all pregnant people using Badgernet, furthermore we have fully implemented use of computerised CTGs and are able to meet all thresholds of CNST requirements with regards to RFM management.

Multi-disciplinary fetal monitoring training has been in place since February 2022 based on all elements of SBL and Ockenden requirements. Not only has this training received very positive feedback (from our staff), training figures for all staff and competency have been maintained over 90% throughout the year, despite ongoing staffing challenges.

Recent implementation of a preterm prevention pathway allows standardised preterm preventative measures for all, such as cervical length scanning for people identified as moderate and high risk of preterm birth at booking. Recent audit demonstrated 100% compliance of appropriate risk assessment and referral for pregnancies at risk of preterm birth. Our singleton preterm birth rate is approximately 6% annually ahead of the 6% national target for 2025.

All stillbirths have been reviewed at our multiplicity PMRT meetings with no cases identifying SGA or RFM management as a contributory factor.

NHSE Insight visit

ESHT hosted an NHSE Ockenden Insights visit on 24th July 2022. Immediate feedback from the team was extremely positive and highly supportive of the excellent work and service delivery throughout Maternity services, including our high-quality governance and audit processes. It was noted that ESHT are the only Trust in the sector to have completed such a comprehensive audit process as required by Ockenden. Staff were commended on the progress ESHT have made during the past months against all 7 IEA's. A full report is due by September 2022.

Conclusion

In conclusion, based on national guidance ESHT measure our Maternity services against four key questions described above our services are well led, well managed and overall we consider they are safe. The pandemic has impacted on many areas as described by service users and ESHT are returning to pre pandemic services, whilst continuing to maintain safety. Staff are tired following two years of unprecedented changes, many have chosen to retire as a result of the pandemic, however we continue to be an attractive place to work and have recruited to the majority of our vacancies (staff commencing October 2022).

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

Quality and Safety Committee (14/07/22)
W&C Governance & Accountability Meeting (22/07/22)
Maternity Assurance Meeting (27/07/22)

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

This report is for assurance.

Maternity Workforce, Acuity, & Red Flag Incident Reporting

Meeting information:	
Date of Meeting: July 2022	Agenda Item: Maternity Workforce, Acuity, and Red Flag Incident Report – Q1 (April-June 2022)
Meeting: Maternity Assurance Meeting	Reporting Officer: Alison Newby – Head of Midwifery

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

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

Summary:

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

Maternity Workforce, Acuity & Red Flag Incidents

1.1. A new web-based application (App) to monitor acuity and red flag incidents was introduced in February 2022. To give confidence in the data, compliance with four-hourly reporting has been reviewed weekly by the BirthRate Plus (BR+) team. Current cumulative compliance is 65%. A further review is planned for the end of June.

1.2. Outcomes from the weekly review of compliance have been shared with the labour ward matron team. It is important to note that the labour ward matron, coordinating the shift, is required to support the team and maintain oversight of safety within the maternity unit. Completing the acuity app at the designated time (0800, 1200, 1600, 2000 and midnight) has been especially difficult due to ongoing workforce challenges and increased acuity requiring support from the shift coordinator. The matrons have tried to improve this by setting a regular alarm.

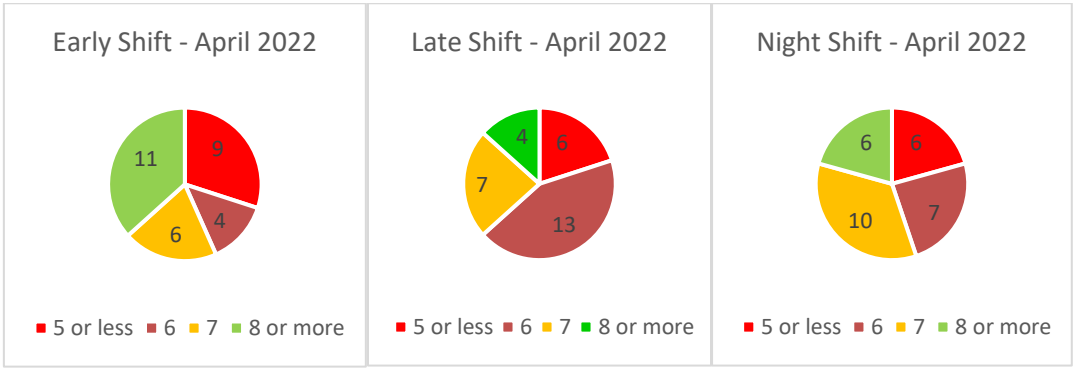
1.3. It is important to remember that shifts with less than template staffing may still have enough staff available to manage activity on that shift, acuity is reviewed 24/7.

1.4. During the reporting period, two shifts did not have an allocated supernumerary Labour Ward Co-ordinator due to sickness. These comprised, one-night shift in April, and a day shift in

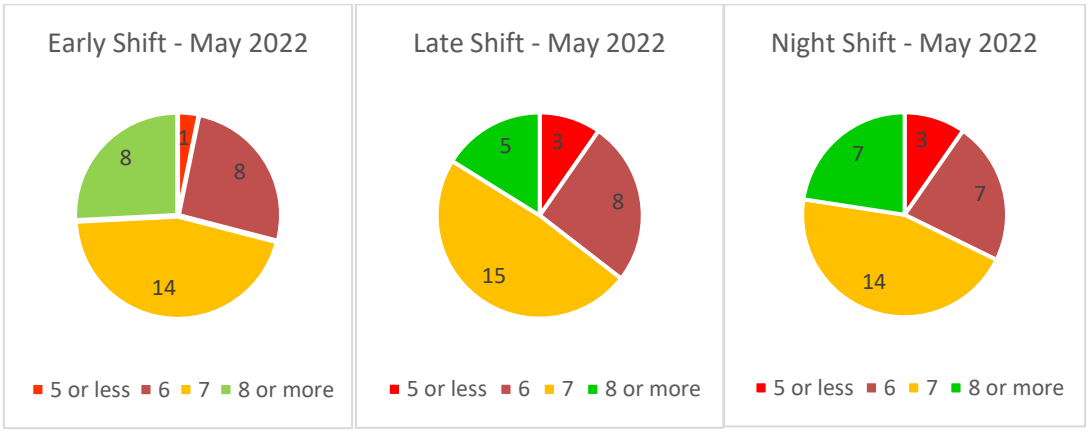
May. On both occasions, a senior band 6 midwife acted as the supernumerary shift coordinator with additional support available as required from the on call senior midwife. All shifts were filled in June.

1.5. The template for the Conquest acute unit is 8 registered midwives per shift. Where staffing falls below requirements for activity or activity/ acuity exceeds capacity of staffing available, the escalation policy is enacted to redeploy staff to maintain one-to-one care in labour and safety of service users and staff. During escalation midwives are called in for varying durations depending on the needs of the service (call in information available if required). The following charts demonstrate midwifery staffing allocation to labour ward during the reporting period **prior to escalation**. Many shifts in the reporting period were 2-3 under template.

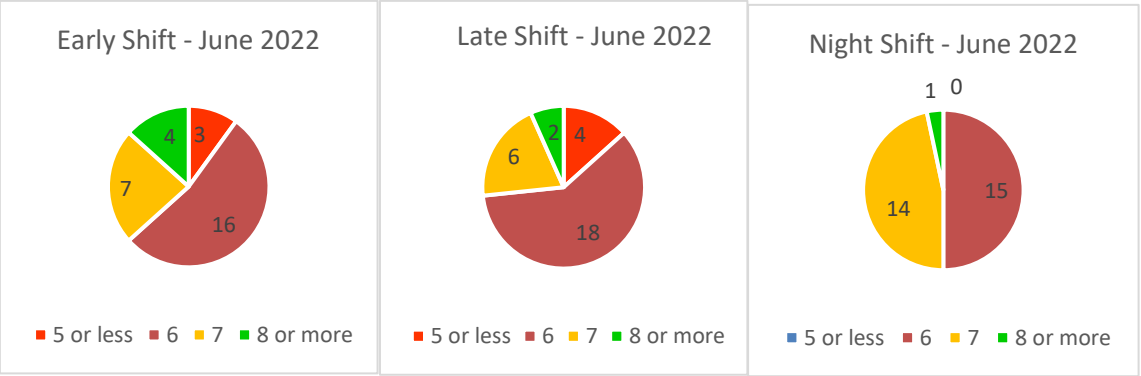
April 2022



May 2022



June 2022



1.6. **Acuity & Red Flag incidents**

It has not been possible to present an accurate summary of acuity over Q1. This is due to a current lack of confidence in the data stored within the BR+ acuity app. The matrons are aware of this and have implemented mitigations to ensure accurate completion.

Red flag incidents are recorded via the internal escalation process and are documented, by the labour ward shift coordinator, within the content of the escalation form.

It is important to note that the documentation of escalation and red flag events is currently dependent on individuals having the capacity within their shift and therefore accuracy may be affected if it has not been possible to do this. It is anticipated that this information will be captured using the new BR+ web-base App.

During the current reporting period, 8 escalation forms were completed. This is a significant reduction on date presented in Q4 (70) and may be representative of the labour ward matron not having capacity to complete the form due to acuity/workforce.

None of the forms completed in April (4) were completed with information relating to red flag incidents. Of the four forms completed in June, the following red flags were identified:

- Delay in IOL process (starting process/ARM) – 1
- Missed fresh eyes on CTG – 1
- Unable to provide 1-2-1 care in labour - 1
- Delay in elective c/s - 1

In all cases, staff were unable to have their break.

No patient harm occurred because of any of the red flag incidents listed. However, this undoubtedly would have resulted in a less than positive service user experience.

1.7. **General workforce information**

1.7.1. A midwifery staffing uplift to 26.4% has recently been approved by the Trust, resulting in additional funding for 6.23wte midwife/maternity support worker posts. These are in the process of being allocated and advertised on the TRAC system.

1.7.2. As of 30th June 2022, there were 9.7 wte vacancies (Band 5-7 RM) within the service. A successful rolling advert has resulted in the recruitment of 9 wte third year student midwives who will commence employment after qualification in late September. Given there has been some recent turnaround within the department, and to backfill maternity leave and long-term sickness, recruitment is ongoing. There are plans in place to review this to ensure it is attractive to prospective employees.

1.7.3. Like many maternity units regionally and nationally, the service has experienced ongoing workforce challenges during Q1 (April-June), due to short and long-term sickness absence.

2022	**April**	**May**	**June**
Sickness Levels (%)	6.9%	5.3%	6.8%
Of which COVID sickness related	2.9%	1.3%	1.9%
Of which anxiety, stress or depression related	1.3%	0.9%	2.5%
% of sickness as long term (28 days+)	46.5%	36.9%	41.4%

Deep dives have previously been completed into the reasons for this. We have an aging workforce, particularly in the community where the highest percentages of general long term and short-term sickness are seen. A small number staff are absent due to anxiety and stress, team leaders are aware of the reasons for this sickness, and in the main it is personal anxiety and stress rather than work related. There are currently no staff absent from work due to work related stress alone.

1.7.4. Maternity leave in Q1 has been recorded as follows:

	Apr	**May**	**June**
Maternity Leave	5.8%	6.0%	5.6%

The average rate of maternity leave is 5.8%. This represents an increase of 1.2% since Q4 report.

1.7.5. Where possible, annual leave is maintained within the Trust target of 17%. This is affected by new joiners with leave agreed and some small teams. Study leave has been reduced as far as possible to maintain safe staffing (Multidisciplinary Emergency Drill training and fetal monitoring training has continued).

1.7.6. There continues to be minimal uptake of agency shifts due to higher rates being offered in other Trusts, closer to home. Incentives have been offered to internal, registered staff, for all shifts that fall two or more below the recommended template of 8 in the acute unit.

1.7.7. **Obstetric, Neonatal & Anaesthetic Staffing**: no concerns have been identified

1.8. **Escalation of concerns**

1.8.1. The service has a robust escalation policy to mitigate staffing gaps; this plan is aligned to the system Mutual Aid and Escalation Plans. On call staff are part of this escalation and are called into the acute unit to support when needed, this can impact on their ability to complete their workload the following day. There is a Senior Midwife on call out of hours to assist with decision making and response.

1.8.2. A daily Safety Huddle is held by the senior midwifery team chaired by the Head of Midwifery or Deputies every weekday morning to ensure staffing gaps are acted upon at the earliest opportunity. Team members can escalate concerns to their team lead who attends this meeting, this is then escalated to senior management as required.

1.8.3. Homebirth provision is reviewed during the daily Safety Huddle. Staffing and activity across the acute unit, birth centre, community and MCoC teams is reviewed to determine if it is safe to offer homebirths. These discussions take place Monday-Friday with arrangements for the weekend confirmed at the Friday afternoon meeting.

1.8.4. As required, a senior midwife attends the Trust staffing meeting twice daily and the weekly Trust Workforce Forum to escalate concerns and request assistance if required. Escalation and requests for support to the Trust workforce lead nurse resulted in support from nursing teams when possible.

1.8.5. A weekend plan is developed each week and shared with the senior midwives on call, Divisional and Trust on call staff.

1.8.6. A senior midwife is on call out of hours to support with escalation and decision making. The Division support with a ‘Silver’ on call out of hours where any medical staffing issues are managed, and additional support provided to the Midwifery teams where required.

1.8.7. There is an accessible and responsive midwifery leadership team who encourage contact from staff in person or via email/ telephone.

1.8.8. The contact details of the Maternity Safety Champion team are widely advertised.

1.8.9. Monthly Safety Forums are facilitated by the Executive and Non-executive Maternity Safety Champions and accessible to all staff. Actions and decisions from these forums are circulated to all staff.

1.8.10. Every effort is made to keep staff updated regarding the staffing challenges and mitigations, however, at times the gaps are significant and sudden, particularly due to Covid isolation requirements making effective communication challenging.

1.8.11. The Head of Midwifery or deputy attends the monthly South East Maternity ‘Hot Call’ chaired by the Regional Chief Midwife, to escalate staffing and other concerns within the

maternity service. Situation reports are completed twice weekly. This information is shared with the national maternity team.

2. Any incidents reported which may be attributed to low staffing in maternity at the Conquest.

There was an increase in the number of DATIX incidents submitted, from 22 in Q4 to 31 during Q1.

- Two incidents related to it not being possible for the labour ward matron to remain supernumerary. This was due to depleted staffing and high activity. No harm occurred.
- The remaining 29 incidents were related to high activity and reduced staffing levels. In all cases, the escalation policy was enacted, with temporary suspension of home births. Additional support provided by on call community/MCoC teams, specialist midwives and management matrons.

No adverse outcomes resulted from these delays although the experience for the families is not what we aspire to. Staff morale is also low due to the ongoing challenges.

3. One to one care during labour at the Conquest.

The service is currently unable to accurately capture one-to-one care in labour due to the failure of the acuity tool as discussed previously. The escalation policy is well understood by the labour ward co-ordinators and enacted to protect the provision of one-to-one care in labour. If one-to-one care in labour is not able to be provided a Datix is completed.

There have been two Datix incident reporting forms completed due to lack of one-to-one care in labour. These are described above.

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4. Narrative around how the services have been reconfigured to consider staffing levels currently.

Throughout the pandemic out of hospital birth services have been temporarily suspended for defined periods either to consolidate activity and staffing to maintain safety.

4.1. As described above, daily review of staffing and escalation took place. As workforce difficulties persisted the following mitigations were implemented:

4.2. Workforce issues are included on the Divisional Risk Register.

4.3. Specialist midwives and management matrons continue to support the Helping Hands rota and are available if required for additional support. The impact this has on their ability to complete their own workloads is on the Divisional Risk Register.

4.4. Day Assessment opening hours have been extended to include a slightly longer day and weekend work. Day Assessment Unit twilight shifts are ongoing to assist with mitigating staffing pressures out of hours.

4.5. A full-service on call consultation is being reviewed with an aspiration to launch in August / September 2022.

5. Summary

This report highlights the persistent difficulties being experienced within the maternity service due to vacancy and staff absence. Also highlighted is the action taken to maintain quality of care and safety of service users and staff during this difficult time.

Projected staffing level indicate a significant challenge during the summer period (July, August and September). All midwifery staff have been asked to consider volunteering for additional shift. A financial incentive has been offered for night and weekend shifts. Specialist midwives and managers have been asked to support the unit for an initial 8 weeks, by working 4 clinical shifts to provide additional support during the day/evening.

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

Divisional Governance and Accountability meeting

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

Continued support for the executive team, for reconfiguration of services offered by ESHT maternity to maintain high quality and safe care for those using our services.

Roll-out plan for full-service Continuity of Carer transformation of ESHT maternity services

Paper prepared by Xanthe Hayes – Better Births Lead Midwife
Supported by Alison Newby – Associate Director of Midwifery

First plan- August 2021
Revised plan November 2021
Revised plan- May 2022- to reflect The Ockenden Report

Each LMNS should ensure that by March 2021, 35% of women booked for maternity care are placed on to continuity of carer pathways, and that "the proportion of Black and Asian women and those from the most deprived neighbourhoods on continuity of carer pathways should meet or exceed the proportion in the population as a whole".

Being 'placed' on a continuity of carer pathway means that a woman has received care from a midwife/team who aims to provide all her antenatal, intrapartum and postnatal care, as set out above. A woman should be 'placed' on a continuity of carer pathway as early as possible – to give the woman maximum opportunity to build a trusting relationship with their midwife, and realise the benefits set out in evidence – and certainly by the 28 weeks antenatal appointment at the very latest, to be counted nationally.

Therefore by March 2021, the following women should be placed on continuity of carer pathways:

- At least 35% of all women booked.
- At least 35% of all Black and Asian women booked.
- At least 35% of all women booked from the most deprived 10% of areas.

This is in line with the Long-Term Plan commitment that 75% of women from these groups should receive continuity of carer by 2024[1], and has been made more urgent in light of the increased risk facing Black and Asian women of both poor maternity outcomes and outcomes from COVID-19.

This plan includes:

- Number of women expected to receive MCoC, when offered as the default model of care.
- When this level of provision will be achieved by; and a redeployment plan into MCoC teams to staff it, phased alongside the fulfilment of recommended staffing levels.
- How MCoC teams are established in compliance with national principles and standards, to ensure high levels of relational continuity.
- how rollout will be prioritised for those most likely to experience poor outcomes, including with the development of enhanced models of MCoC.
- How care will be monitored locally, and providers ensure accurate and complete reporting on provision of MCoC using the Maternity Services Data Set.

In practice, Continuity of Carer (CofC) means that:

- A woman's maternity care is provided by midwives organised into teams of eight or fewer (headcount).

- Each midwife will aim to provide all antenatal, intrapartum and postnatal care for up to 36 women per year, but at agreed times is supported by the team, such as for unsocial hours or out of hours care.

- All staff in the Maternity Service contributes to achieving Continuity of Carer, including CofC team midwives, core midwives and others in the MDT working in the acute setting, such as obstetricians and sonographers.

[1] NHS England. *The NHS Long Term Plan*. NHS; 2019 [www.longtermplan.nhs.uk/wpcontent/uploads/2019/01/nhs-long-term-plan-june-2019.pdf]

- Based on the best evidence available, Continuity of Carer supports the delivery of safer and more personalised care. The 2016 Cochrane review concluded that Continuity of Carer models save babies' lives, reduce interventions and improve clinical outcomes.

Planning and complying with the Ockenden IEAs

The Ockenden – Final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHSE/I Trust was published on 30 March.

This report must act as an immediate call to action for all commissioners and providers of maternity and neonatal services who need to ensure lessons are rapidly learned and service improvements for women, babies, and their families are driven forward as quickly as possible.

NHSE/I are working with the Department of Health and Social Care to implement the 15 Immediate & Essential Actions (IEAs) and every trust, ICS and LMS/LMNS Board must consider and then act on the report's findings.

The Review includes a specific action on MCoC: '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.'

In the context of this recommendation, the 1 April letter from the Chief Executive, Chief Nursing and Chief Medical Officers at NHSE/I asks trusts to 'immediately assess their staffing positions and make one of the following decisions for their service":

• That staffing demonstrably meets safe minimum requirements for the continuation of current MCoC teams and further rollout, OR

• That staffing demonstrably meets safe minimum requirements for the continuation of current MCoC teams, but these cannot currently be met for further rollout, OR

• That minimum staffing requirements cannot currently be met for existing or further rollout of MCoC teams.

ESHT's current position May 2022

Currently 2 CofC teams working to provide the national model recommendations of MCoC.

Ivy Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Hastings-Area**	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care for women/people in the Hastings area planning home birth's and hospital births Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

Lighthouse Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7	**Cross-site teams**	1:28 per WTE	24/7 cover. Enhanced care model supporting young parents and teenagers aged 20 and under across ESHT. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

The Coastal team (EMU) was disbanded in January 2022 as the working model was not providing the expected outcomes and did not meet the national model recommendations. This followed a long period or staff and HR engagement.

The Maple Team (diabetes enhanced model) was temporarily suspended in September 2021 due to staffing challenges. 3 midwives went to work within the acute unit, 1 midwife went to support Hastings core community team and the other 3 midwives continued to caseload women/people with diabetes providing the antenatal and postnatal care but not intrapartum. This team cannot resume at present as the midwives now working in different clinical areas no longer want to re-join the team. Until this team can sufficiently recruit more midwives they are unable to offer the intrapartum requirement of the CofC model.

ESHT's MCoC standard model:

	Headcount	WTE	Annual caseload number
Caseloading team	8	7.33 WTE	264

ESHT's MCoC enhanced model:

	Headcount	WTE	Annual caseload number
Caseloading team	8	7.33 WTE	205

March 2021 ESHT'S data:

CofC was previously measured by number of women **'booked' onto a CofC model** prior to the deliverables changing therefore below is a table to reflect this:

	National Target	ESHT	+/-
Total number of women booked onto CofC before 29 weeks?	35%	28.4%	**-6.6%**
Total number of women from black and Asian minority groups booked onto CofC before 29 weeks?	35%	33.3%	**-1.7%**
Total number of women living in the most deprived 10% of areas booked onto CofC before 29 weeks?	35%	30%	**-5%**

The new metric will look at all women who reach 29 weeks gestation in March, and will count how many by this point have been placed onto a continuity of carer pathway and assigned a named lead midwife and team, as indicated on their maternity care plans. Within this, two measures will look specifically at women who are recorded as Black and Asian, and as living in the most deprived 10% of areas.

	National Target	ESHT	+/-
Total number of women receiving CofC at 29 completed weeks?	35%	32.5%	**-2.5%**
Total number of women from black and Asian minority groups receiving CofC at 29 completed weeks?	35%	30%	**-5%**
Total number of women living in the most deprived 10% of areas receiving CofC at 29 completed weeks?	35%	30%	**-5%**

ESHT bookings and birth for 2020-21

ESHT number of bookings	ESHT number of births	Booked by CofC team
3227	2888	802

Geographical breakdown:

Number of Booking by Eastbourne	Number of bookings by Hastings
1634 (454 CofC)	1594 (348 CofC)

Number of births in Eastbourne (MLU and home)	Number of births in Hastings (Conquest CLU and home)

176 (suspended for number of months over the year 2020-21)	2712

Current Workforce establishment

The following information will be required prior to the workforce modelling tool being completed and to support the development of a recruitment and retainment plan. ESHT will be using the NHSE/I workforce modelling tool:

Home (continuityofcarer-tools.nhs.uk)

Number of Band 5 midwives (WTE)	Number of Band 6 midwives (WTE)	Total number of clinical midwives

Number of band 5 midwives (headcount) from September 2021	Number of band 6 midwives (headcount) from September 2021	Total number

Percentage of part time Band 5 midwives	Percentage of part time band 6 midwives	Total percentage of part time workforce

Contracted hours	No. of clinical B5 midwives contracted	No. of clinical B6 midwives contracted	No. of midwives also on adjustments (unable to work nights/on-calls)	No. of midwives unable to provide full remit of care
10-18.75 hours				
18.75- 22.5 hours				
22.5- 30 hours				
30-34.5 hours				
37.5 hours				

Number of midwives at retirement age between 2021-2023	
Percentage of midwifery workforce at retirement age between 2021-2023	

Average percentage of midwifery workforce on Maternity leave	
Average percentage of sickness absence	

Workforce

Workforce required for CofC (on the above model)	87.96 WTE

Core staff midwifery workforce remaining	27.39 WTE

	12 teams
Workforce percentage split	87.96 WTE CofC – 76.25% 27.39 WTE Core- 23.75%

Current BR+ funded establishment	Workforce required to implement CofC	Uplift in establishment required
115.35 WTE	131.36 WTE – this is our calculation and is to be confirmed by BirthRate+ assessment	16.01 WTE

Recruitment plan

Action	Lead	Comments	Due Date	RAG
BR+ or equivalent undertaken or date of planned assessment included in trust board reports	Alison Newby	Needs to be done if last one was undertaken more than 3yrs ago. It should reflect the traditional models, not for CofC. Be aware of current funded establishment and vacancy and what the required establishment needs to be to meet CofC roll out.	**Sept 2021**	
Complete work force modelling tool: **https://continuityofcarer-tools.nhs.uk/**	Xanthe Hayes/Alison Newby/Nanette Barratt	Meeting with National and regional leads for CofC.	**July 2022**	
Workforce establishment presented to Board.	Emma Chambers	Paper will be presented to Board once BR+ assessment completed	**Dec 2021**	
Formulate a recruitment and retainment plan to address workforce vacancy, part time, mat leave, those working with adjustments, including timetable. Plan and prepare for recruitment of NQMW's and integration into CofC teams.	Xanthe Hayes Alison Newby Brenda Lynes Penny Wright Workforce Leads.	Engagement from the Trust workforce team to provide regular data for leavers and recruitment E.g- Are experienced midwives being replaced by NQMW's? Consider recruitment incentives. Await outcome of BR+ and Board decision	**July 2022**	
Complete risk register entry and QIA for CofC	Xanthe Hayes Emma Chambers	Risk register entry completed. QIA completed and approved.	**August 2021**	
HR involvement to discuss consultation/ pay scales/ working patterns	Xanthe Hayes Julie Hales	4.5% uplift +enhancements to renumarate on-calls Vs Flat rate on-call payment. Preliminary discussions held with HR, contracts to be explored. Business proposal is being developed to support uplift	**Jan 2022**	

		payment and support flexible working. Delayed due to staffing and suspension of teams.		
Ensure Job description/contracts reflect CofCr roles and responsibilities.	Xanthe Hayes Julie Hales	JD's adjusted to reflect CofC. Will require more description on roles and responsibilities	**March 2022**	
Health Roster functionality to reflect birth availability (on-calls)	Xanthe Hayes and CofC team leaders	Initial roster meeting to develop process for midwives to input own shifts.	**July 2022**	

Roll out plan

A MCoC transformation will be rolled out when assurance has been provided that the necessary building blocks are in place to ensure safe staffing levels are met and that a recruitment plan is reflective of each wave/phase of the rollout. The new teams will target their launch geographically prioritising the most deprived areas first. The plan below demonstates what the roll out will look like.

Wave/phase 1

To launch 2 geographically-based teams on each site focusing on the most vulnerably deprived area as a priority. Budgeted at 7.33 WTE per team (includes 21% uplift):

Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Hastings-Area** to be decided- will be based in a deprived area below 10% **St Leonards.**	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Eastbourne-Area** to be decided- will be based in a deprived area below 10% **Hampton Park**	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability.

			4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system.

Total women to be booked by teams	528	Total with all 6 teams (if Coastal and Maple too)= 1518 ? Approx 55%

Workforce required	14.66 (12.66 WTE- 14 Band 6 MW's and 2 Band 5 MW's)

Wave/phase 2

To launch 2 geographically-based teams on each site focusing on the most vulnerably deprived area as a priority. Budgeted at 7.33 WTE per team:

Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Hastings-Area** to be decided- will be based in a deprived area below 10% **Hastings Team.**	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Eastbourne-Area** to be decided- will be based in a deprived area below 10% **Eastbourne and Pevensey Team**	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

Total women to be booked by teams	528	Total with all 8 teams= 2046 ? Approx 74%

Workforce required	14.66 (12.66 WTE- 14 Band 6 MW's and 2 Band 5 MW's)

Wave/Phase 3

To launch 4 geographically-based teams on each site. Budgeted at 7.33 WTE per team:

Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Hastings-Area** to be decided- will be based in a deprived area below 10% **Bexhill**	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Hastings-Area** to be decided- will be based in a deprived area below 10% Rural (Rye/Camber, Robertsbridge/Burwash and surrounding areas)	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Eastbourne-Area** to be decided- will be based in a deprived area below 10% **Hailsham (Herstmonceux, Heathfield and surrounding areas)**	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

Team	Site	Caseload	Service cover
7.33 WTE midwives- no more than 8 as a headcount. Can include one band 5 midwife. Supported by a non-clinical Band 7 and a buddy clinical band 7 midwife.	**Eastbourne-Area** to be decided- will be based in a deprived area below 10% **Eastbourne Old town and Seaford**	1:36 per WTE	24/7 cover. All routine antenatal and postnatal care. All labour care. Care requiring 1:1 midwifery provision. See SOP for further details. Approximately 4-6 Night on-calls per month (NOC's) for birth availability. 4-6 Birth availability days rostered or on-calls per month Flexible working/self-rostering system

Total women to be booked by teams	1056	Total with all 12 teams= 3109 100%

Workforce required	29.32 WTE

Full-service transformation (subject to change)

Team	Number Women booked per year (1:36)
Ivy – Hastings-based	264
Lighthouse – cross-site (enhanced model)	205
Coastal- Eastbourne-based- disbanded model plan to re-model and mirror the Ivy team Eastbourne-based.	264
Maple- cross-site (enhanced model)- currently suspended	264
Hastings geographically-based	264
Hastings geographically-based	264
Hastings geographically-based	264
Hastings geographically-based	264
Eastbourne geographically-based	264
Eastbourne geographically-based	264
Eastbourne geographically-based	264
Eastbourne geographically-based	264
Total	**3109 (3420 booked allowing for 10% attrition)**

Rollout Plan- Actions

Action	Lead	Comments	Target date	RAG
Phased rollout detailed within NHS tool kit or similar	Xanthe Hayes	As outlined above	August 2021	
Clinical governance – SOP/ operational guidance	Xanthe Hayes	Completed.	September 2021	
Co-design with obstetric team and MVP	Xanthe Hayes	Plan on agenda for MVP meeting.	July 2021	
Targeted approach in line with national principles	Xanthe Hayes	Prioritise the most vulnerably deprived areas (10% decile). Documented in plan above. Will be linked with the perinatal equity analysis and action plan.	In plan - complete	
Up-to-date Health and safety policies (driving, lone working etc), workplace risk assessments.	CMM/CofC leads and Health and Safey champions	Policies to be reviewed/ updated	March 2023	
Business planning and cases		Establishment uplift. Equipment/resources. Estates- clinical and office space.	Jan 2022	
Timeline for CoC team rollout	Xanthe Hayes	Revised plan to be agreed through Divisional Governance	May 2022	

Communication Plan

Action	Lead	Comments	Target date	RAG
United executive and senior maternity leadership and obstetric team all clearly communicating the plan.	Emma Chambers Dexter Pascall	Comms plan to be developed once rollout plan signed off	March 2023	
Ongoing communication to all maternity staff, MVPs, safety champions, GP, HVs	Xanthe Hayes	Engagement event for staff and celebration event to be planned. Last two cancelled due to staffing challenges. Senior team away day planned.	In progress and ongoing	
Involve HR and union reps and enable discussions	Xanthe Hayes/Marie Foreman	On-going discussions and support with business plans	September 2021	
Staff engagement- VLOGs, Q&A sessions, PMP 1:1/2:1 support, monthly updates. Staff events. Involve organisational development team to support.		Staff engagement - they know the plan, and when it will be rolled out. Staff aware what is being asked and how will affect them. Communications to support the launch. VLOG done but not circulated at present.	March 2023	

Prioritising disadvantaged groups

Actions	Lead	Comments	Target date	RAG
Identify the cohort English indices of deprivation 2019: Postcode Lookup (opendatacommunities.org)	Xanthe Hayes	East Sussex has multiple deprived areas and a large geographical area with sparse rural area.	December 2021	
Prioritise those most likely to experience poorer outcomes, including Black, Asian and ethnic minority backgrounds and most deprived on CoC pathway by March 2022	Xanthe Hayes	Small Black, Asian and ethnic minority areas (Approx. 5%). Not located in specific geographical areas. To implement CofC in the most deprived area as nationally recommended. Not recommended to have specific teams cohorting women into 'set' groups.	December 2021	
Ensure accurately reportable to MSDS data NHS England » Targeted and enhanced midwifery-led continuity of carer	Xanthe Hayes	Launch of new maternity IT system Badgernet in August 2021. Finance bid submitted for data analyst role to improve quality of data- interviewing in May 2022	August 2022	
Develop cultural competency/awareness tool supporting staff to deliver equitable and personalised care.	Xanthe Hayes E&D team	Work within the perinatal equity analysis/action plan. Steering groups commenced May 2022	March 2023	
Cultural safety champions within teams/service.	Xanthe Hayes E&D team		March 2022	

Training needs analysis (TNA)

Action	Lead	Comments	Target date	RAG
Cross-skilling orientation programme.	PDM/ preceptorship MW Xanthe Hayes	Staff need to self-identify training needs Map against existing training matrix Agree time-frame of orientation (this may be individually assessed). Develop JD for deputy transformation midwife to lead on this work.	September 2022	
Cross-skilling support document for the acute unit and community settings.	PDM/ preceptorship MW Xanthe Hayes		September 2022	
Team building (CofC teams and wider teams building) - staff engagement and well-being team.	Xanthe Hayes POD team	Delayed from Summer 2021 due to staffing. Plan for Summer 2022	August 2022	

Support with organisational development team.				
Safeguarding supervision and specialist roles linked into teams- develop resource pack for each team to access	Xanthe Hayes Safeguarding team		August 2022	
PMP team to support- ?coaching, develop skills etc	PMP lead Xanthe Hayes		September 2022	
Preceptorship specialists to adapt and develop preceptorship programme.	Preceptorship MW/ PDM Xanthe Hayes	Task and finish groups in progress to develop new preceptorship programme.	March 2022	
MPEF's to support clinically.	MPEF		September 2021	

Equipment and Estates

Action	Lead	Comments	Target Date	RAG
Calculate costings for equipment for additional midwives- (estimated cost per midwife £2-3000)- business case.	Xanthe Hayes	Laptop, phone and standard antenatal/postnatal midwifery equipment Finance bid for laptops has been submitted.	July 2021	See attached
Ensure equipment ordered and ready for roll out for staff.	Xanthe Hayes	Funding received March 2022. Awaiting procurement.	September 2022	
Consideration of locations to facilitate antenatal/postnatal clinics, bookings, team meetings, antenatal education, 'meet the team' events.	Nanette Barratt	Demand and capacity work to be completed. Maternity hubs to be explored, link in with Local authority work and funding for maternity.	March 2023	
Consider transport needs and costs- using own car, lease car, pool car.			March 2022	
Business planning for community/maternity hub space	Nanette Barratt	Business plan for Eastbourne in progress. Maternity hubs to be explored, link in with Local authority work and funding for maternity.	March 2023	
Work improvement plans for current office spaces		Estates plan for CQ drawn up.	March 2023	

Monitoring outcomes and Data

Action	Lead	Comments	Target date	RAG
Teams monitor own data and outcomes- support using excel spreadsheets		Link with TNA.	March 2022 (when launched)	
Ensure BadgerNet report reflect outcomes measured.		Address following BadgerNet launch.	Dec 2021	
Evaluate flexibility of workforce			March 2022	
Using BR+ acuity tool/roster system to audit activity and expense		Can audit travel be collected through travel expenses to monitor hours worked?	March 2022	
Report up to maternity clinical governance board and share learning		Reporting for current teams in progress	Ongoing	
Report into MSDS			Ongoing	
Achievement measures (NHS targets): Placed on pathway before 29 completed weeks In receipt of COC (70% AN, PN) and birth Include ethnicity and bottom decile postcode			March 2022	

Outcome measures women
Stillbirth

Neonatal death
Pre-24 week loss (23 weeks & 6 days)
Gestational age
Birth weight
Unassisted vaginal birth
Instrumental delivery
Elective C/S (cat 4)
Emergency C/S
Length OS
Destination post birth? Home/PNW
Epidural
Induction of labour
Episiotomy Y/N
3 and 4 degree tear
Booking by 10/40
Breast feeding at birth
Breastfeeding at discharge
Skin to skin for 1 hour
Apgar < 7
Smoking – booking
Smoking at birth
Were you ever left alone at a time that made you feel frightened?
Woman's experience based feedback
Outcomes measures staff
Sickness midwives
Satisfaction-mw/obs/MSW
Stress levels (NHS survey)
Compliments and complaints
Vacancy and retention rates

Risks and Mitigation

Challenges	Risk	Mitigation and action
Training support/orientation for staff: Some staff have not worked in the acute unit for long periods of time and time/finance will be required to 'cross-skill' midwives. This will be the same for staff that have not worked in community settings before too.	Risk to safety and quality care for high risk women/people in labour. Risk of community processes and procedures not being followed correctly. Increased pressure on the labour ward coordinator to support multiple midwives when CofC has launched as a default model.	Develop an orientation/cross-skilling document and programme to support staff to rotate into different areas of work. Staff will need supernummary support on shift. Staff will need an individual assessment to determine orientation time E.g. some staff may work in the community but have had recent unit experience, therefore they require 1 week orientation. Alternatively, other staff members may have worked in the community for over 20 years and will need at least 4 weeks to refresh and update. ?

		how can we backfill staff to allow for refresher training PMP support. Funding for support role awarded. JD to be developed and midwife to be recruited.
Health roster system does not allow for true flexible working.	Staff at risk of burnout as staff working in a 'rostered' shift system and on-calls is being used as overtime.	One team to pilot an 'un-rostered' system for 3 months. Birth availability shifts will be rostered and non-working days will appear on roster. The team will be responsible for prioritising and self-managing their working weeks and adding their hours to roster accordingly. 4.5% uplift + enhancements for staff to compensate/remunerate loss of payment in night shifts/weekend shift for working a community-based model.
Transformation plan reflects a 76:24 split between CofC staff and Core staff. According to the National lead the split should be 60:40	Template within the Core areas will be depleted and unsafe. CofC teams will be used for escalation and maintaining services which has previously led to burnout of staff in past models and is against the national recommendations and ambition for CofC.	Uplift in workforce to increase Core capacity.
Lack of office space for 12 community-based teams	Risk of information governance breach and safe storage of patient records. Unable to complete admin tasks/ hold face-to-face meetings Risk of MSK injury due to lack of DSE when working remotely.	Seek vacant office space. Continue to escalate risk and impact of staff and patients. Finance required. Business plan for community hub model/ maternity hub.
Lack of clinic space to facilitate antenatal and postnatal care: In maternity the service will undertake approximately 500-600 antenatal contacts per week, each appointment will require 30 minutes each in a clinic setting. Appointments take longer in patients homes and travel time impacts on effectiveness. Approximately 12-13 booking appointments occur each day. Each taking at least 1.5 hours to complete. Currently undertaken by telephone but pre-covid is F2F in a clinic setting.	Ineffective use of time due to travel and undertaking appointments in patients home. Increase driving has increased expense claims and will be expensive for the service. Possible increase risk of RTA's as more staff expected to drive more. Moving and handling risk as staff expected to carry more equipment rather than leaving it safely in a clinic or office. Lack of choice offered to women and people using our services	Same as above.

3 out of 4 teams having to conduct all assessments at homes as no clinic space.	(some women prefer clinics rather than professionals visiting their homes).	
Local workforce challenges delaying rollout of CofC and recent Ockenden report March 2022.	If rollout of CofC begins without safe staffing levels then there is a risk to safety for women/people uses maternity services.	LMNS plans should set out timescales for implementation, phased alongside the fulfilment of required staffing levels. While many trusts will be able to achieve this by March 2023, this may not be possible for every trust. Alternative timescales will therefore be accepted on a case-by-case basis, where they clearly link to a credible recruitment plan. This will be assessed through regional assurance
Equipment: Each midwife will require access to equipment to carry out antenatal and postnatal services and home births. Require laptops and mobile phones.	Without access to equipment staff are unable to carry out the well-being assessments for women and babies resulting in poor outcomes and safety issues.	Map the equipment already available and used by core staff. Finance extra equipment- for approximately 30 extra staff ?business case. Guide is £2-3000 per midwife

Supporting documents

These documents can be provided on request if unable to access via Admin Control.

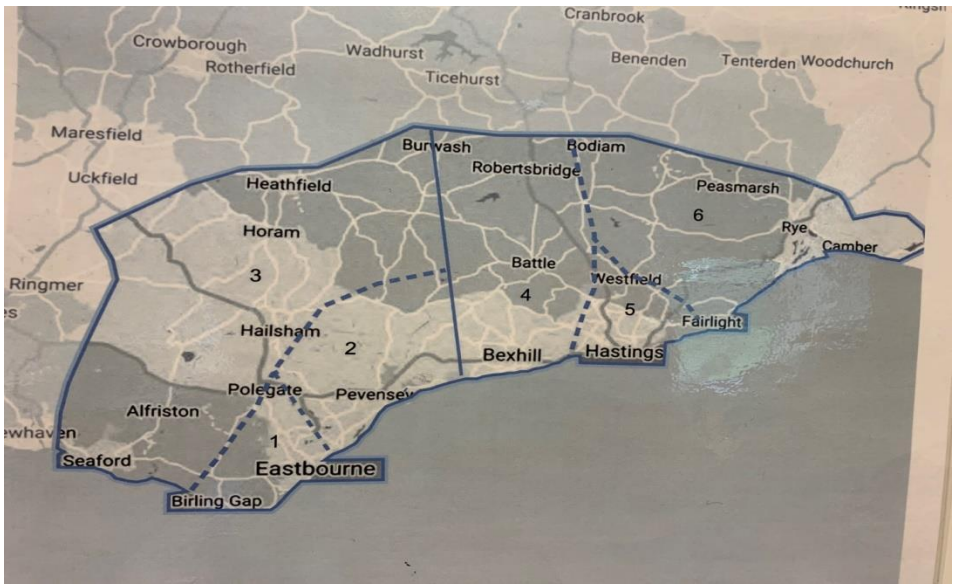
ESHT's Driver diagram 2021-22:

100%CofC driver.xlsm

Copy of most deprived 10% of LSOA's:

Copy of Paper 4- Sussex LSOAs - IMD

Example cost of equipment .xlsx


Cranbrook
Crowborough
Rotherfield
Wadhurst
Ticehurst
Benenden
Tenterden
Woodchurch
Maresfield
Uckfield
Heathfield
Burwash
Bodiam
Robertsbridge
Peasmarsh
6
Rye
Camber
Horam
3
Battle
4
Westfield
5
Fairlight
Ringmer
Hailsham
2
Bexhill
Hastings
Polegate
Pevensey
Alfriston
1
Seaford
Eastbourne
Birling Gap

Update to Standing Financial Instructions

Meeting information:			
Date of Meeting:	9th August 2022	Agenda Item:	9
Meeting:	Trust Board in Public	Reporting Officer:	Chief Financial Officer
		Report Author:	Pete Palmer

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

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

Summary:

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

Opportunities arise during each financial year for the Trust to apply for short notice capital funding. Recent discussions at Finance and Investment Committee meetings highlighted that the approval process for capital funding as set out in the Standing Financial Instructions (SFIs) was not conducive to allowing the Trust to react quickly when opportunities to bid for short notice capital arise. As such, it is suggested that the following wording should be added to the SFIs:

The Executive Team is authorised to respond to short notice national capital bids. For any elements over £5m the CEO will have consulted the Chair of the Board before preparing a bid. For the avoidance of doubt F&I and the Board retain control over final authorisation of business cases.

The F&I Committee and Audit Committee have endorsed the proposed addition to the SFIs.

2. REVIEW BY OTHER COMMITTEES

Finance and Investment Committee 26th May 2022 and 3rd June 2022
Audit Committee 28th July 2022

3. RECOMMENDATIONS

The Trust Board is asked to approve the addition to the SFIs. If approved, the SFIs will be updated following the meeting.

East Sussex Healthcare NHS Charity New Name and Logo

Meeting information:			
Date of Meeting:	9th August 2022	Agenda Item:	10
Meeting:	Trust Board	Reporting Officer:	Karen Manson, ESHT Charity Chair

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

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

Summary:

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

The current legal and working name of ESHT's Charity is "The East Sussex Healthcare NHS Trust Charitable Funds".

This name is considered to be:

- too long,
- hard to remember,
- difficult to write out on cheques,
- creates time consuming errors and
- deters some donors (ease of donating is very important).

The charity does not currently have a logo.

When considering a new name for the charity, we wanted something that was shorter, memorable, easy to write and would not be an impediment to donating. The new name needs to reference the beneficiary but be broad and flexible enough to allow minor shifts and evolution of the Charity's scope. For example, the Charity was initially called the East Sussex Healthcare NHS HOSPITALS Charitable Funds but expansion into community services made this obsolete. We also don't want to be too specific and risk constantly changing the name and creating confusion. The new identity needs to create some distance between the Charity and the Trust. It is important that The Charity is and can be perceived as a separate independent entity from ESHT.

Prior to 2020 the Charity had been operated in a largely reactive "bank and thank" manner, rather than proactively seeking donations. The charity employed no dedicated staff, and the Charity Trustees were, unusually for an NHS organisation, members of the Trust's Board.

In 2020 the decision was taken for to the Charity to become more active and to bring it in line with the majority of NHS Charities by making the Trust the Corporate Trustee. Karen Manson, one of our Non-Executive Directors was appointed as the Chair of the charity. In addition, a dedicated Charity Manager, Mike Eastwood, was employed and tasked to form an inclusive charity committee and grow the charity into a more proactive and supportive entity.

The initial task of the newly appointed Committee, made up of staff from across the organisation, including medical, nursing and administrative members, was to agree a new name and logo for the Charity.

From a shortlist of names, the Committee agreed that the charity should be renamed the “East Sussex Healthcare NHS Charity”, a name format used by many NHS Charities.

A graphic designer, Nalius Shaheen, was engaged to prepare a selection of possible logos, and from the 15 options presented the Committee unanimously preferred the following:

The Green and Blue are NHS pantones and so is the typeface, “Frutiger”.

The tree and hearts are common symbols used in the donation lexigraphy. The tree, a symbol of life, also represents ESHT with its many branches of activity. We plan to commission “Giving Trees” for use at certain key locations which will help reinforce the charity’s presence as well as helping to bring in donations.

2. REVIEW BY OTHER COMMITTEES

ESHT Charity Committee

3. RECOMMENDATIONS

The Trust Board is asked to approve the new name and logo for ESHT’s charity.

Use of Trust Seal

Meeting information:	
Date of Meeting: 9th August 2022	Agenda Item: 11
Meeting: Trust Board	Reporting Officer: Chairman

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

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

Summary:

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

The Trust Seal was used to seal the following documents between 8th June 2022 and 1st August 2022:

Sealing 82 – NHS Shared Business Services Ltd, 30th June 2022
Call off contract for payroll services for seven years and three months.

Sealing 83 – G M Monk Limited, 1st August 2022
Agreement for rapid response electrical service installations for the Conquest Hospital, Bexhill Hospital and Arthur Blackman clinic for three years plus the option of an additional year.

2. REVIEW BY OTHER COMMITTEES

Not applicable.

3. RECOMMENDATIONS

The Board is asked to note that the two uses of the Trust Seal since the last Board meeting.