

EAST SUSSEX HEALTHCARE NHS TRUST**ANNUAL GENERAL MEETING**

**The Annual General Meeting of East Sussex Healthcare NHS Trust
will be held on Thursday 29th September 2022, commencing at 10:00 at
Hydro Hotel Mount Road, Eastbourne, East Sussex, England BN20 7HZ**

AGENDA

1.	Welcome and Apologies for Absence		Chair
2.	Minutes of the Annual General Meeting held on 10 th August 2021	A	Chair
3.	East Sussex Healthcare NHS Trust Year in Review Receive: <ul style="list-style-type: none">• 2021/22 ESHT Annual Report and Accounts• 2021/22 ESHT Quality Account	B	CEO
4.	Questions from members of the public		CEO



Key:	
Chair	Trust Chairman
CEO	Chief Executive

Steve Phoenix
Chairman

August 2022

EAST SUSSEX HEALTHCARE NHS TRUST**ANNUAL GENERAL MEETING**

**Minutes of a meeting of the Annual General Meeting held in public on
Tuesday, 10th August 2021 at 13:00
held virtually.**

Present: Mr Steve Phoenix, Chairman
Mrs Joe Chadwick-Bell, Chief Executive
Mrs Tara Argent, Chief Operating Officer
Mrs Vikki Carruth, Chief Nurse & DIPC
Mrs Jackie Churchward-Cardiff, Non-Executive Director
Mrs Karen Manson, Non-Executive Director
Mr Paresh Patel, Non-Executive Director
Mr Damian Reid, Chief Finance Officer
Mrs Nicola Webber, Non-Executive Director

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

In attendance:
Dr James Wilkinson, Deputy Medical Director
Mr Peter Palmer, Acting Company Secretary (minutes)

1 **Welcome**

Mr Phoenix welcomed everyone to the Annual General Meeting, explaining that the Board was attending the meeting virtually due to the pandemic. He hoped that it would be possible to hold the AGM in person in 2022:

- Joe Chadwick-Bell had been appointed as Chief Executive
- Tara Argent had been appointed as Chief Operating Officer
- Steve Aumayer had been appointed as Chief People Officer
- Damian Reid had been appointed as Chief Financial Officer
- Richard Milner had been appointed as Director of Strategy, Inequalities and Partnerships
- Amanda Fadero had been appointed as Associate Non-Executive Director

Apologies for Absence

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

Mrs Miranda Kavanagh, Non-Executive Director
Dr David Walker, Medical Director
Mrs Lynette Wells, Director of Corporate Affairs

2. **Minutes**

The minutes of the Annual General meeting held on 7th July 2020 were considered and agreed as an accurate account of the discussions held. The minutes were signed by the Chairman and would be lodged in the Register of Minutes.

3. **Matters Arising**

There were no matters arising from the previous Annual General Meeting.

4. **East Sussex Healthcare NHS Trust Year in Review**

The Board formally adopted the Annual Report, Summary Financial Statements and Quality Account for 2020/21.

Mrs Chadwick-Bell made a presentation highlighting the achievements, progress and challenges that had been faced by the Trust during 2020/21. A video was shown that told the story of the Trust's year, and particularly the organisation's response to the Covid-19 pandemic. She explained what the Trust's priorities would be for 2021/22.

Mrs Chadwick-Bell then presented the new Trust Five Year Strategy, explaining that this set a direction for the organisation over the coming five years, helping to address the challenges that would come in a post-covid environment. NHS organisations would be working more closely together in the future as Integrated Care Systems (ICS) to provide care for patients, address inequalities and continue to provide safe and sustainable services.

5. **Questions from members of the public**

Questions to the Board from members of the public and staff were received, including some which had been submitted in advance of the meeting. Topics included:

- The future of services that had been changed during the pandemic
- Plans for the future of hospitals under Building for our Future.
- Visiting restrictions under Covid
- The wearing of masks in hospitals
- The reasons for A&E being so busy
- The proposed new multi-story carpark at Conquest
- Waiting list times
- Virtual outpatient appointments

6. **Close of Meeting**

Mr Phoenix thanked everyone for their attendance at ESHT's Annual General Meeting. He also thanked staff and the Trust Board for their hard work during the previous year, and particularly for all they had done during the unprecedented response to the pandemic.

Signed

Position

Date



East Sussex Healthcare
NHS Trust



Annual Report

2021/22



www.esht.nhs.uk



esh-tr.enquiries@nhs.net



0300 131 4500



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Welcome from our Chair and Chief Executive

Welcome to the 2021/22 East Sussex Healthcare NHS Trust Annual Report.

It was said that last year was a year like no other, but in 2021/22 we've continued to face challenges as we manage the ongoing COVID-19 pandemic as well as working to recover our services to pre-pandemic levels. Whether it was our community teams looking after people in their homes or our staff in our hospitals providing care to patients in their hour of need, the dedication, determination and drive of every member of staff ensured that we continued to provide the very best care to those who most need it.

Our focus on providing the very best care for our patients was underlined when our Lower GI and Cancer Services Teams recorded the best performance in England in January for providing an assessment and diagnosis to patients with suspected Lower Gastrointestinal cancer within 28 days of being referred.



We began the year with a focus on the restoration and recovery of our elective services by increasing activity while continuing to manage the pressure on critical care. Over the course of the year we have seen a significant rise in demand for all of our services. This came alongside the challenge of managing further waves of COVID-19 - most notably the third wave in July 2021 and the emergence of Omnicron in December 2021 and January 2022.

Social Media

YouTube: @ESHTNHS

Twitter: @ESHTNHS

Facebook: @ESHTNHS

The Trust played its part in supporting national efforts to offer all adults over 18 a COVID-19 booster jab over Christmas and the new year with vaccination hubs running at both Eastbourne District General Hospital and Conquest Hospital, Hastings.

Alongside the resilience and compassion shown by all our staff who have stepped up to support each other, we have seen innovation too. Our endocrinology team started a new radioactive iodine (RAI) treatment service at Conquest Hospital, which means patients don't have to travel further afield to receive treatment for thyroid disorders and means they can receive care closer to their home.

Our progress towards the digitalisation of patient notes continued with the announcement from NHSX that we were one of just four Trusts nationally to receive funding to support the implementation of a full electronic patient record (EPR). This will give clinicians quick and easy access to the information they need at any time of day or night, reduce paperwork and free up time to spend with patients.

In April 2021 the Trust entered into an agreement with Spire Healthcare to transfer the operations and colleagues working at the Spire Sussex Hospital into the Trust by the end of March 2022. Sussex Premier Health has been established as the new brand for all private healthcare undertaken across our sites, including the rebranding of the services provided at Eastbourne and Bexhill (previously known as Michelham). This exciting new service aims to deliver outstanding private healthcare to patients in Sussex, Kent and surrounding areas.

We have continued to support the physical and emotional wellbeing of all our colleagues as they continued to deal with the pandemic and the emotional impact it has had. We have adapted the range of support that we offer to our staff and have continued to focus on the things our people are telling us make the biggest difference.



Our staff survey results showed continued progress in the way colleagues view the Trust and our overall response rate is higher than the national average. Highlights from this year's results include 87% of our people feel their role makes a difference to patients/service users and over 81% enjoy working with colleagues in their team.

This year we published our ambitious strategic plan which sets the overall direction for our services; enabling our residents to access the best care in the most appropriate place – at home, in the community or when they need to come into hospital. Our plan is built on four strategic aims of improving the health of our communities, collaborating to deliver better care, empowering our people and ensuring innovative and sustainable care. The strategy sets a plan to deliver Trust performance that ranks amongst the best in the country by 2026.

We also continued to focus on making sure our finances remain sustainable and ended the year having spent over £561m, resulting in a surplus of £68k. We are proud that this is the third year in a row we have met our financial targets.



This has also been a year in which the future shape of health and care became clearer. The Health and Care Bill, plus a number of other legislative proposals, sets out a collaborative approach in which provider Trusts will come together to ensure a more co-ordinated approach to services in our Place (East Sussex) and more widely across the Sussex system.

With a legacy of close working relationships locally, we welcome this direction which, in many ways, formalises what organisations in East Sussex have been working toward for some time, especially through our community-based care teams. In the year ahead we look forward to continuing our active role in East Sussex via the Health & Care Assembly, working alongside not only health and care partners but also with voluntary and community groups.

Finally, as we reflect on the past year, it is clear that we have only been able to achieve what we have done as a Trust thanks to the dedication and hard work of each and every member of the team that works with us. We are immensely proud of all they do to provide our patients and service users with outstanding care.



Joe Chadwick-Bell
Chief Executive



Steve Phoenix
Chairman







Overview and Performance





About the Trust

East Sussex Healthcare NHS Trust provides safe, compassionate and high quality hospital and community care to the half a million people living in East Sussex and those who visit our local area.

We are one of the largest organisations in East Sussex with an annual income of £568 million and we are the only integrated provider of acute and community care in Sussex. Our extensive health services are provided by over 7,000 dedicated members of staff working from two acute hospitals in Hastings and Eastbourne, three community hospitals in Bexhill, Rye and Uckfield, over 100 community sites across East Sussex, and in people's own homes.

In 2020 the Care Quality Commission (CQC) rated us as 'Good' overall, and 'Outstanding' for being Caring and Effective. The Conquest Hospital in Hastings and our Community Services were rated 'Outstanding' and Eastbourne DGH was rated 'Good'

Our two acute hospitals have Emergency Departments and provide 24 hour a day care, offering a comprehensive range of surgical, medical, outpatient and maternity services, supported by a full range of diagnostic and therapy services. Our centre for urology and stroke services is at Eastbourne DGH, while our centre for trauma services and obstetrics is at Conquest, Hastings.

At Bexhill Hospital we offer a range of outpatients, day surgery, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital we offer outpatients, rehabilitation and intermediate services.



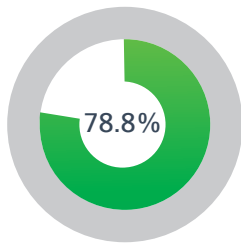
At Uckfield Hospital we provide day surgery and outpatient care. We also provide rehabilitation services jointly with East Sussex County Council Adult Social Care.

In the community, we deliver services that focus on people with long term conditions living well outside hospital, through our Integrated Locality Teams working with district and Community Nursing teams. Community members of staff also provide care to patients in their homes and from a number of clinics, health centres and GP surgeries.

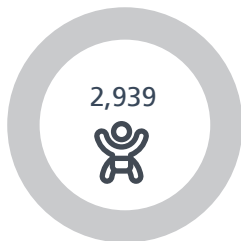
To provide many of these services we work in partnership with East Sussex County Council and other providers across Sussex, as part of a locally focused and integrated health and social care network. We aspire to provide locally-based and accessible services that are outstanding and always improving and our values shape our everyday work. Working together we drive improvements to care, services and the experience of local people and members of staff.



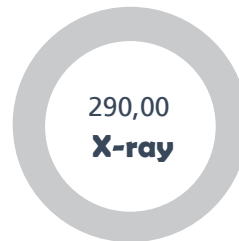
In the past year...



Our Emergency Departments were used over 150,000 times, an increase of almost 30% on last year. 78.8% of people using our EDs were seen, treated and either discharged or admitted, within four hours



2,939 babies were born in our hospitals



Over 290,000 X-rays and scans were carried out



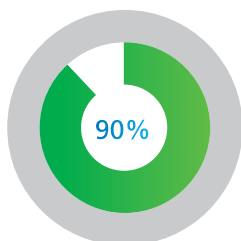
There were over 420,000 outpatient appointments, over 285,000 of these were consultant-led



Our switchboard answered almost 1.2 million calls during the year

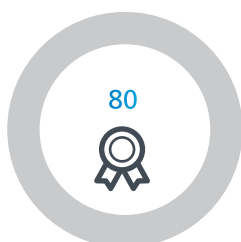


Over 24,000 cancer referrals were made to us, between April 2021 and February



There were almost 50,000 elective admissions, 90% of these were day cases

Over the last few years, the Trust and other health and care organisations across Sussex have worked together as the Sussex Health and Care Partnership (SHCP) to make sure the experience of local people using services is more joined-up and better suited to their individual needs. SHCP brings together 13 organisations (NHS and local authorities) as an integrated care system (ICS).



80 members of staff were presented with awards for 25 years' service with a remarkable 66 colleagues marking 40 years' service

Our Values

Alongside work to develop our strategy, we also reviewed our values and kept them in place as they continue to reflect the organisation we want to be.



Working Together

"We care about building on everyone's strengths"

Improvement and Development

"We care about striving to be the best"

Respect and Compassion

"We care about acting with kindness"

Engagement and Involvement

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



Our Strategy

In 2021 we published our ambitious strategic plan which sets the overall direction for our services; enabling our residents to access the best care in the most appropriate place – at home, in the community or when they need to come into hospital.

With our Board, staff and partners we developed our five-year forward strategy “Better Care Together for East Sussex” that we believe is best for our residents and consistent with the Sussex-wide priorities. Our plan is built on four strategic aims:

Improving
the health of
communities

Collaborating to
deliver care better

Empowering our
people

Ensuring innovative
and sustainable care



Improving the health of **our communities**

We will prioritise health outcomes for the people we serve. Given our demographics, this means an emphasis on older people’s services and a focus into those areas of our county where we know deprivation and poorer access to care is greatest. COVID-19 has shown us that by using virtual and digital technologies we can help our patients using different approaches. Working smarter will be at the heart of how we develop our services to benefit our patients and service users.



Collaborating to **deliver better care**

We already work alongside health and care partners and this will become more important over the coming five years. Truly patient-focused services think about organisational interests last, not first. Our duty to collaborate will mean that when we plan our future, we will do this with more partners and patients involved in that process. We have built strong links with other providers and local authorities through our clinical work. In areas like primary care we know that we can build further with colleagues in General Practice to provide better care.



Empowering our people

We want to make the Trust a great place to work. This means strengthening our care and support for staff and ensuring we identify and develop our best and brightest. We know that if our people like working here that will show in the care we provide and the stories that patients and staff tell about us. We want staff to be proud to work here.



Ensuring Innovative and sustainable care

We recognise that “doing more of the same” is not going to be enough. COVID-19 showed us that we can be better when we are bolder. We want to design future-focused ways of working and caring for our patients that we can take with us into the new, improved hospitals that we are planning for on the Eastbourne and Hastings sites as part of our Building for our Future programme.



What the Trust will look like in 2026

The kind of Trust we want to see in five years is one where our performance is one of the best. Where we are:

- Providing excellent, high-quality care for patients, with national recognition for at least one service area (frailty)
- Recognised as a great place to be; for the quality of care we provide and the support we offer for our people
- Prioritising our approach to green/sustainability issues
- Developing new clinical roles and ways of working that are collaborative and innovative and that reach across organisational boundaries
- A digital-first way of working across our services
- A financially sustainable organisation within a viable Sussex system

We have also developed supporting strategies across the core areas that we know will enable us to deliver. Our supporting strategies – again developed with staff – cover:

- **Clinical:** Setting out the priorities for our services to enable us to serve patients the best we can
- **Digital:** Ensuring digital support for teams is at the heart of improvements in care for patients
- **People:** Supporting our teams and workplace culture, making the Trust a great place to work
- **Estates:** Making the best use of our sites for all our people and being environmentally aware

To be successful we will also need to work even more closely with our partners: in local government; in the NHS; and within our voluntary and community sector.

Principal risks to our strategy and objectives

Increased demand and ageing population

Our hospitals and community services continue to get busier every year as demand for our services increases. This demand has been exacerbated by the continued pressure caused by the COVID-19 pandemic on services across the NHS. This places ever greater pressure on our staff and requires us to work more efficiently and think of innovative ways to ensure that we meet the changing needs of our population. We continue to work closely with our adult social care, commissioner and other partners, and through our Sussex Integrated Care Partnership, to plan for increases in demand.

The population that the Trust cares for is relatively elderly. East Sussex has a relatively low birth rate and high inward migration amongst elderly age groups. Demographic trends in East Sussex indicate that pressure on health and social care services may increase more quickly in the future. Our over 85 population is also projected to grow at 3.5% per annum.

In populations that are over 75 (and more so in those over 85), certain factors tend to markedly increase the need for hospital or community based healthcare. More people are living with 'frailty' and older people are also more likely to have multiple, ongoing health problems (like high blood pressure, angina, diabetes and emphysema) which means that they are more likely to become ill and need hospital care.



We are focused on becoming the best at managing frailty in the country, and know that we need to make the 'acute' phase of someone's illness as short as possible, address frailty and the risks of frailty outside hospital, and manage ongoing health conditions as well as possible.

Our ability to manage this trend as a Trust and as a Sussex-wide healthcare system – in particular the impact of an increase in those living with frailty – will be a key priority over the next five to ten years to create a sustainable system.



COVID-19

We've continued to face challenges as we manage the ongoing COVID-19 pandemic alongside working to recover our services to pre-pandemic levels.

Throughout the year we have been focused on restoration and recovery of our elective services by increasing activity while continuing to manage the pressure on our critical care services. Over the course of the year we have seen a significant rise in demand for our services alongside the challenge of managing further waves of COVID-19 across East Sussex - most notably the third wave in July and the emergence of Omnicron cases in December and January.

We have continued to support the physical and emotional wellbeing of all our colleagues as they continued to deal with the pandemic and the emotional impact it has had. We have adapted the range of support that we offer to our staff and have continued to focus on the things our people are telling us make the biggest difference.

The Government published 'Living with COVID-19' in February 2022 with the plan outlining the removal of the remaining legal restrictions while protecting people most vulnerable to COVID-19 and maintaining resilience. This along with further guidance from NHS England is informing our continued approach to managing the pandemic.





Building for our Future

“Transforming our services and redeveloping our hospitals to provide outstanding, modern, safe and sustainable healthcare in East Sussex”

In 2021, Building for our Future (BFF) became the Trust’s overarching transformation programme with an ambition of changing the way we deliver services and ensuring our estate is fit for purpose, provides value for money and is sufficiently flexible to adapt to changing models of care and the changing needs of our local population. The aim of the BFF programme is to transform Trust services and facilities to provide outstanding healthcare, putting patients and sustainability at the heart of the Trust’s plans.



The Trust is within cohort 4 of the New Hospitals Programme (NHP), known as the full adopters, and confirmation has been received that the scheme will be delivered in the latter half of the decade. The Trust continues to work closely with the NHP team and received ‘seed’ funding for the project team. Regular engagement and national workstream meetings take place.

Being part of the New Hospitals Programme (NHP) will provide the Trust with significant capital funds to enable reconfiguration of our hospital estate in the long term, providing an opportunity to reconsider, remodel and redesign the Trust estate in accordance with patient and staff need.

During 2021 six overarching clinical transformation projects were established to consider how the Trust’s traditional models of care could be improved to better reflect the changing needs and expectations of our patients and service users. The aim is to provide an increase in clinical space, more same day care and enhanced integration of hospital and community pathways.



Each transformation project looks at the delivery of new models of care, with an emphasis on ensuring:

- Patients can be seen promptly by the appropriate clinician whether on an emergency or planned care pathway
- Faster access to diagnostics, to ensure patients are treated by the right team with the fewest interventions
- Better integrated multi-disciplinary teams that work seamlessly within the hospital and the community
- Strengthened support and management for patients at home so they don't need hospital treatment
- Adoption of more digital solutions in the appropriate pathways to help avoid unnecessary trips to hospitals, for example using virtual consultations

We conducted a workscape survey to ask staff how they felt about working differently as a result of the pandemic, as we recognise that there is a direct link between staff health and wellbeing, and patient outcomes and experience. We asked about new working patterns and opportunities to improve and develop non-clinical facilities across the Trust to support wellbeing and collaborative working. Feedback highlighted a need to improve work place facilities including social and lunch spaces and areas for staff wellbeing. Concepts and designs have been developed with input and collaboration from staff and implementation will take place in 2022/23 when funding is secured.



Sussex Premier Health

**SUSSEX
PREMIER
HEALTH**

In April 2021 the Trust entered into an agreement with Spire Healthcare that the operations and colleagues working at Spire Sussex Hospital would be transferred to the Trust. Following an initial transfer of fixed assets on 1st April 2021, there was a transition period during which the Trust and Spire Sussex Hospital team worked to enable the full business transfer to occur on 31st March 2022. Following a short period to install digital infrastructure and allow for refurbishments, Sussex Premier Health Hastings was re-opened to patients on Monday 11th April 2022.

Sussex Premier Health is the new brand name for all private activity undertaken across the Trust, including existing activity at Eastbourne and Bexhill. Sussex Premier Health aims to deliver outstanding private healthcare to patients in Sussex, Kent and surrounding areas. Sussex Premier Health will not use any NHS resources and is staffed independently by the same staff who previously worked for Spire Sussex and Michelham.



The Trust is excited to now be in a relatively unique position of having dedicated private facilities under the umbrella of an NHS organisation. We believe that this will be attractive to many of our patients, particularly as the profits generated by Sussex Premier Health will be reinvested back into the local health economy, rather than for the benefit of shareholders. It is also attractive to our consultant body, helping with recruitment and retention of valued and skilled clinicians and may also offer the opportunity to explore additional pathways and services in the future.

Sussex Premier Health looks forward to aligning closely with the Trust to consider opportunities to grow the provision of private healthcare in the local area, and increasing the choice available to patients.

More Information

can be found on the website
www.sussexpremierhealth.com or
via Instagram or Facebook.



Summary of Performance

Operational performance is measured against key access targets and outcome objectives set out in the single oversight framework:

- A&E standard: A&E maximum waiting time of four hours from arrival to admission, transfer or discharge
- RTT Standard: Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate
- Cancer standard: All cancers – maximum 62-day wait for first treatment from:
Urgent GP referral for suspected cancer
NHS cancer screening service referrals

Indicator	Detail (national standard)	2020/21	2021/22
Standards	Four hour A&E (95%)	88.90%	78.8%
	RTT (92%)	78.50%	75.1%
	Cancer 62 days urgent referral (85%)	75.80%	73.6%
	Cancer 62 day Screening Standard (90%)	65.30%	57.8%
	Diagnostics (99%)	69.99%	81.1%
Length of Stay	Acute elective (days)	3.7	2.8
	Non-elective (days)	4.4	4.0
	Bexhill (days)	22.2	28.9
	Rye (days)	16.6	24.6
Community (seen within 13 weeks)	Podiatry	100%	90.63%
	Dietetics	100%	77.80%
	Speech and Language	86.80%	81.19%
	Neurological physio	58.30%	60.13%
	MSK (H&R)	64.10%	96.72%
	MSK (Total)		96.45%
	MSKt		97.37%
Community nursing	Rapid Response within two hours	1,392	1024
	24 Hour Referrals	7,817	8013

A&E standard

95% of patients attending the Emergency Departments at either Eastbourne DGH or Conquest Hastings should have a maximum waiting time of four hours from arrival to admission, transfer or discharge.

During 2021/22, the Trust achieved an annual average of 78.8%. We saw a large increase in attendances to A&E in comparison to the previous year, when the effects of the pandemic resulted in a decrease in attendances.

Performance against the four hour standard is dependent on the health and social care system, the Emergency Departments, the flow into wards and patient discharges home or to another place. The pressure that was seen throughout the NHS is reflected in the reduction in performance in meeting the 4 hour A&E target, despite the numerous targeted actions that have been taken by the Trust and across the system to improve patient care, quality and flow.

Referral To Treatment standard

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate

The ongoing effects of the pandemic are reflected in a reduction of delivery against the referral to treatment (RTT) standard in 2021/22 to 74.3% against the national standard of 92%. We achieved 78.6% in 2019/20.

This performance placed the Trust in the upper quartile of providers for 2021/22, comparing well against the performance of our peers. Throughout the pandemic, the Trust continued to focus on out-patient and theatre transformation initiatives and productivity in order to continue to provide services to patients where safe to do so.

Diagnostic standard

Maximum 6-week wait for diagnostic procedures

Although the impact of the pandemic continued to be felt, we saw a significant improvement in diagnostic performance compared to the previous year from 69.99% to 81.1% against the diagnostics standard of 99%. Prior to the pandemic, in 2019/20, following a period of significant improvement against this standard, the Trust's performance was 98.5%.

Cancer standard

All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer and NHS cancer screening service referrals

The Trust has continued to achieve the two week cancer standard and breast two week wait symptomatic standard. Compliance against the standard of treating 85% of patients within 62 days has continued to be challenging as referrals have increased significantly, with over 2000 referrals per month and the highest ever number of referrals received by month in September 2021.

Concentrated efforts have been made to reduce the backlog of patients waiting over 62 days and this has been achieved on a monthly basis with the exception of January 2022 which was mainly related to patient choice and a surge in COVID-19 related sickness.

The Trust has also focused efforts on the new Faster Diagnosis Standard with 75% of patients being notified of a negative diagnosis within 28 days of referral. Processes have been put in place to support the achievement of the standard and performance has seen a steady improvement throughout the year.

The Trust continues to work closely with healthcare partners and the Cancer Alliance to develop and share positive new pathways to support an improvement in performance and enhance patient experience.

Increased demand

The pandemic had a significant impact on demand in 2020/21 which saw a reduction in demand for all of our activity indicators. During 2020/21 there was therefore a significant increase in demand for our services.



Indicator	2020/21	2021/22	Variance
Day case and Elective Inpatients	38,104	49,911	30.98%
Non-Elective	51,017	57,102	11.93%
Outpatient	337,910	421,154	24.63%
A&E Attendances	116,213	150,864	29.82%
Cancer Referrals	21,172	26,892	15.44%

We continue to work closely with our adult social care and commissioner partners to meet these increasing demands, whilst also recovering our elective care performance and continuing to work through the pandemic.

Length of Stay

Non-elective length of stay decreased during 2021/22, from 4.4 days to 4.0 days. Acute elective length of stay also decreased from 3.7 days to 2.8 days.

Going Concern

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

This performance report was approved by the Board on 21 June 2022 and signed on its behalf by:



Signed Joe Chadwick-Bell, Chief Executive
Date 21.06.22

Accountability Report





Directors' Report

Trust Board

The Board of Executive and Non-Executive directors manage the Trust, with the Chief Executive being responsible for the overall running of our healthcare services as the Accountable Officer.

Board members as at 31 March 2022	
Chair Steve Phoenix	<ul style="list-style-type: none"> • Chair of Trust Board • Member of Finance and Investment Committee • Member of Strategy Committee • Member of Remuneration Committee
Chief Executive Joe Chadwick-Bell	
Non-Executive Directors	
Jackie Churchward-Cardiff	<ul style="list-style-type: none"> • Vice Chair of Trust Board • Senior Independent Director • Chair of Strategy Committee • Chair of Remuneration Committee • Member of Finance and Investment Committee
Miranda Kavanagh	<ul style="list-style-type: none"> • Member of People and Organisational Development Committee • Member of Finance and Investment Committee • Member of Remuneration Committee • Member of Strategy Committee
Karen Manson	<ul style="list-style-type: none"> • Chair of Charity Committee • Member of Audit Committee • Member of Quality and Safety Committee • Member of Remuneration Committee • Member of Strategy Committee
Paresh Patel	<ul style="list-style-type: none"> • Chair of Audit Committee • Member of Finance and Investment Committee • Member of Strategy Committee • Member of Charity Committee
Nicola Webber	<ul style="list-style-type: none"> • Chair of Finance and Investment Committee • Member of Strategy Committee • Member of Audit Committee

Associate Non-Executive Directors	
Amanda Fadero	<ul style="list-style-type: none"> • Member of People and Organisational Development Committee • Member of Finance and Investment Committee • Chair of Quality and Safety Committee • Member of Strategy Committee
Carys Williams	<ul style="list-style-type: none"> • Chair of People and Organisational Development Committee • Member of Strategy Committee

Executive Directors and Officers
Tara Argent, Chief Operating Officer
Vikki Carruth, Chief Nurse & Director of Infection Prevention and Control (DIPC)
Damian Reid, Chief Finance Officer
Dr. David Walker, Medical Director
Steve Aumayer, Chief People Officer*
Richard Milner, Director of Strategy, Inequalities & Partnerships *
Lynette Wells, Director of Corporate Affairs*

* Non-voting Board member/officer

Board changes during the year are outlined below:

Name	Role/Position	Dates of Change
Richard Milner	Job title changed from Director of Strategy, Innovation & Planning to Director of Strategy, Inequalities & Partnerships	13 July 2021

Attendance at Trust Board meetings 2021/22

	13.04.21	08.06.21	10.08.21	12.10.21	14.12.21	08.02.22	
Steve Phoenix	x	✓	✓	✓	✓	✓	5/6
Jackie Churchward-Cardiff	✓	✓	✓	x	✓	✓	5/6
Miranda Kavanagh	x	✓	x	✓	✓	✓	5/6
Karen Manson	✓	✓	✓	x	✓	✓	5/6
Paresh Patel	✓	✓	✓	✓	✓	✓	6/6
Nicola Webber	✓	✓	✓	✓	✓	✓	6/6
Amanda Fadero*	✓	✓	✓	✓	✓	✓	6/6
Carys Williams*	✓	✓	✓	✓	✓	✓	6/6
Joe Chadwick-Bell	✓	✓	✓	✓	✓	✓	6/6
Tara Argent	✓	✓	✓	✓	✓	✓	6/6
Vikki Carruth	✓	✓	✓	✓	✓	✓	6/6
Damian Reid	✓	✓	✓	✓	✓	✓	6/6
Dr. David Walker	✓	✓	x	✓	✓	✓	5/6
Steve Aumayer*	✓	✓	✓	✓	✓	✓	6/6
Richard Milner*	✓	✓	✓	✓	✓	✓	6/6
Lynette Wells*	✓	-	-	-	-	-	1/1

* Non-voting Board member/officer

Trust Board Register of Interests

Non-Executive Directors	Steve Phoenix	<ul style="list-style-type: none"> Wife is Chair of The Sussex Beacon, Sussex Audiology and sole director of Phoenix 2 Solutions Limited
	Jackie Churchward-Cardiff	<ul style="list-style-type: none"> Chair of Avante Care and Support Non-Executive Director 2gether Support Solutions Limited'
	Amanda Fadero	<ul style="list-style-type: none"> Director at Consilium Partners, Interim role as CEO at St Barnabas and Chestnut Tree House hospices for six months Company Secretary for Ipanema Consulting Limited
	Miranda Kavanagh	<ul style="list-style-type: none"> None
	Karen Manson	<ul style="list-style-type: none"> Shareholding in Johnson & Johnson
	Paresh Patel	<ul style="list-style-type: none"> Advisory role at OCL Ltd
	Nicola Webber	<ul style="list-style-type: none"> Non-Executive Director of 2gether Support Solutions Limited Mother-in-law is Associate Non-Executive Director at Maidstone and Tunbridge Wells NHS Trust Non-Executive Director of the Westfield Contributory
	Carys Williams	<ul style="list-style-type: none"> None
Executive Directors	Joe Chadwick-Bell	<ul style="list-style-type: none"> None
	Tara Argent	<ul style="list-style-type: none"> None
	Steve Aumayer	<ul style="list-style-type: none"> None
	Vikki Carruth	<ul style="list-style-type: none"> Trustee on Board of Care for Carers
	Richard Milner	<ul style="list-style-type: none"> None
	Damian Reid	<ul style="list-style-type: none"> None
	Dr. David Walker	<ul style="list-style-type: none"> Trustee of Parchment Trust Private Cardiology Practice at Spire Sussex Hospital
	Lynette Wells	<ul style="list-style-type: none"> None

Each director has confirmed that as far as he/she is aware there is no relevant audit information of which the Trust's auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

The following table outlines the notice periods for directors and officers in post at 31 March 2022:

Name	Start Date	Notice period
Joe Chadwick-Bell Chief Executive	November 2016	6 months
Dr. David Walker Medical Director	September 2016	6 months
Tara Argent Chief Operating Officer	November 2020	6 months
Steve Aumayer Chief People Office	November 2020	6 months
Vikki Carruth Chief Nurse & DIPC	October 2017	6 months
Richard Milner Director of Strategy Innovation & Planning	May 2020	6 months
Damian Reid Chief Finance Officer	June 2020	6 months
Lynette Wells Director of Corporate Affairs	February 2012	6 months

For statements on salary and pension benefits for all senior management who served during 2021/22, please see tables on pages 42 and 43.



Trust Committees

Audit Committee

The Audit Committee was chaired by Nicola Webber until 29 July 2021 and by Paresh Patel thereafter. The Audit Committee met on eight occasions during 2021/22.

The Committee is responsible for providing the Board with advice and recommendations on matters which include:

- The effectiveness of the framework of controls within the Trust
- The adequacy of arrangements for managing risk and how these are implemented
- The adequacy of plans of internal and external audits and how they perform against these
- The impact of changes to accounting policy
- The review of tenders and waivers issued by the Trust
- The review of the annual report and accounts

The Trust's external auditor is Grant Thornton UK LLP, appointed for a period of three years in 2018 and extended for a further two years in 2021.

Committee Attendance

Non-Executives form the Audit Committee, Finance and Investment Committee, People and Organisational Development Committee, Quality and Safety Committee and Strategy Committee.



Committee Attendance during 2021/22 was as follows:

	Audit (8 meetings)	Finance and Investment (11 meetings)	People and Organisational Development (9 meetings)	Quality and Safety (12 meetings)	Strategy (5 meetings)
Jackie Churchward-Cardiff	1/1	10/11	-	5/5	5/5
Amanda Fadero		1/1	6/9	11/12	3/5
Miranda Kavanagh	-	9/11	9/9	4/4	4/5
Karen Manson	7/8	3/3	-	12/12	3/5
Paresh Patel	8/8	11/11	-	-	3/5
Steve Phoenix	-	9/11	-	-	4/5
Nicola Webber	8/8	9/11	1/1	-	2/5
Carys Williams	-	1/1	9/9	-	5/5

All of the meetings of the Trust's Committees during 2021/22 were quorate.

Public Engagement

The Trust will only achieve its vision by working in collaboration with those people and communities affected by the care we provide. We want to enable the public to input into and improve our organisation, the clinical care we provide and their own experience in hospital and community settings.

COVID-19 continued to impact ability to engage with members of the public. Building on the adaptations we made in the first year of the pandemic. We have used Microsoft Teams to hold our Board Meetings in public. We have invited members of the public to attend these meetings allowing them to ask questions of the Board. We also held our 2020/21 AGM virtually, broadcasting it to members of staff and the public. We reviewed our year, highlighting the work that the Trust had done during the year including our response to COVID-19.

We maintained dedicated Coronavirus information pages on our website. This included the latest Coronavirus information, symptoms to look out for, advice about keeping safe, details of changes to our hospital guidance, visiting arrangements and the wearing of face coverings. This information was updated regularly. We also provided links to information and advice published by the NHS and the Government.

The Trust is actively engaged with social media and the number of people following our official accounts rose over the last year across all channels. There are more than 4,928 followers on Facebook, 3,461 on LinkedIn, 14,189 on Twitter, and 528 subscribers on YouTube, which enables us to create regular two-way communication with patients, staff, clinicians and interested members of the public.

With colleagues at East Sussex CCG we undertook two public consultations with our local population on proposed changes to our cardiology and ophthalmology services. The proposals were developed by doctors and other health professionals and aim to improve care and cut waiting times. The consultations were conducted through a mix of virtual, and after the easing of restrictions, face to face events.



Remuneration and Staff Report



Remuneration Report

The Remuneration and Appointments Committee is a Non-Executive subcommittee of the Board and oversees the appointments of the Chief Executive and Executive Directors and agrees the parameters for the senior appointments process. The Committee agrees and reviews the Trust policies on the reward, performance, retention and pension matters for the executive team and any relevant matters of policy that affect all staff.

The Committee is chaired by the Senior Independent Non-Executive Director and membership also comprises the Chair of the Board and two other Non-Executive directors. The Chief Executive, Chief People Officer and Director of Corporate Affairs attend meetings in an advisory capacity except when issues relating to their own performance, remuneration or terms and conditions are being discussed.



Quoracy for the meeting is three members of which one must be the Committee Chair or, in their absence, the Trust Chair. Under delegated authority from the Trust Board, the Committee determines the appropriate remuneration and terms of service for the Chief Executive and Executive Directors having proper regard to national arrangements and guidance.

The Committee also advises on, and oversees, the appropriate contractual arrangements with the Chief Executive and Executive Directors, including the proper calculation and scrutiny of termination payments, taking account of national guidance as appropriate.

The remuneration rates are determined by taking into account national benchmarking and guidance in order to ensure fairness and proper regard to affordability and public scrutiny. The remuneration of the Chief Executive and Executive Directors are set at base salary only without any performance related pay. In line with national guidance, remuneration for all new Executive Directors includes an element of earn back pay related to achievement of objectives. The earn back figure is included in the base salary. Treasury approval for "Very Senior Managers" pay exceeding the Prime Minister's salary is also required.

In addition, the Committee monitors the performance of the Chief Executive and executive directors based on their agreed performance objectives.

Matters considered in 2021/22 included:

- Chief Executive's report on individual Directors' performance and objectives
- Annual performance review for Chief Executive
- Review of Very Senior Manager (VSM) Salaries
- Approval of relevant appointments and terminations

Due to nature of the business conducted, Committee minutes are considered confidential and are therefore not in the public domain. The Chair of the Committee draws to the Board's attention any issues that require disclosure to the full Board or require Executive action.





Salary and Pension entitlements of senior managers - Single total figure table – audited

Single total figure table

A)

Name and Title	2021.22						2020.21					
	Salary	Expense	Performance	Long Term	All pension-	TOTAL	Salary	Expense	Performance	Long Term	All pension-	TOTAL
	(bands of £5,000)	payments (taxable)	pay and bonuses	Performance pay	related benefits		(bands of £5,000)	payments (taxable)	pay and bonuses	Performance pay	related benefits	
	£'000	to nearest £100	(bands of £5,000)	and bonuses	(bands of £2,500)	£'000	£'000	£	(bands of £5,000)	and bonuses	(bands of £2,500)	£'000
Steve Phoenix Chairman	50 - 55	100	0	0	0	50 - 55	35 - 40	100	0	0	0	40 - 45
Jackie Churchward-Cardiff Vice Chairman	15 - 20	0	0	0	0	15 - 20	10 - 15	0	0	0	0	10 - 15
Joanne Chadwick-Bell Chief Executive	195 - 200	0	0	0	105 - 107.5	300 - 305	165 - 170	0	0	0	170 - 172.5	335 - 340
Tara Argent Chief Operating Officer	130 - 135	0	0	0	65 - 67.5	200 - 205	50 - 55	0	0	0	60 - 62.5	110 - 115
Richard Milner Director of Strategy, Innovation & Planning	110 - 115	0	0	0	47.5 - 50	160 - 165	100 - 105	0	0	0	85 - 87.5	185 - 190
Victoria Carruth Chief Nurse & DIPC	130 - 135	0	0	0	40 - 42.5	170 - 175	120 - 125	0	0	0	37.5 - 40	160 - 165
Stephen Aumayer Chief People Officer	125 - 130	0	0	0	27.5 - 30	155 - 160	45 - 50	0	0	0	10 - 12.5	55 - 60
Damian Reid Chief Financial Officer	140 - 145	0	0	0	35 - 37.5	175 - 180	135 - 140	0	0	0	67.5 - 70	205 - 210
David Walker Medical Director *	205 - 210	200	0	0	0	205 - 210	235 - 240	300	0	0	0	235 - 240
Lynette Wells Director of Corporate Affairs	90 - 95	0	0	0	30 - 32.5	120 - 125	110 - 115	0	0	0	45 - 47.5	160 - 165
Chris Hodgson Director of Estates & Facilities	110 - 115	0	0	0	32.5 - 35	145 - 150						
Miranda Kavanagh Non-Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Karen Manson Non-Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Nicola Webber Non-Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Carys Williams Associate Non-Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Paresh Patel Non-Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15
Amanda Fadero Non-Executive Director Designate	10 - 15	0	0	0	0	10 - 15	5 - 10	0	0	0	0	5 - 10

* - Board related salary for the full year of £51k. Salary above includes both Board and Non-Board roles.

Pension Benefits (audited)

B)

Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash equivalent transfer value at 1 April 2021	Real increase in Cash Equivalent Transfer value	Cash equivalent transfer value at 31 March 2022	Employer's contribution to stakeholder pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)				
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Joanne Chadwick-Bell Chief Executive	5- 7.5	5 - 7.5	55 - 60	125 - 130	943	96	1073	0
Tara Argent Chief Operating Officer	2.5 - 5	2.5 - 5	20 - 25	40 - 45	308	50	379	0
Richard Milner Director of Strategy, Innovation & Planning	2.5 - 5	2.5 - 5	30 - 35	50 - 55	468	38	525	0
Victoria Carruth Chief Nurse & DIPC	2.5 - 5	0 - 2.5	45 - 50	85 - 90	745	39	806	0
Stephen Aumayer Chief People Officer	0 - 2.5	0	10 - 15	0	135	19	173	0
Damian Reid Chief Financial Officer	2.5 - 5	0	35 - 40	40 - 45	543	34	600	0
David Walker Medical Director *****	0	0	0	0	0	0	0	0
Lynette Wells Director of Corporate Affairs	0 - 2.5	0	25 - 30	0	338	24	376	0
Chris Hodgson Director of Estates & Facilities	0 - 2.5	0 - 2.5	40 - 45	100 - 105	834	39	893	0

*** - Dr Walker chose not to be covered by the pension arrangements during the reporting year.
Non-executive Directors do not receive pensionable remuneration, hence there are no entries in respect of pensions.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 200826.

The Government Actuaries Department has revised the NHS Pension Scheme's CETV factors following HM Treasury's published change to the discount rate used for calculating CETVs. The impact of the change in the discount rate is to increase all CETV factors. This does not affect the calculation of the real increase in pension benefits, column (a) and (b) of Table 2, or the Single total figure table, column (e) of Table 1.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Payments to Past Directors (audited)

No payments to past directors were made during the year 2021/22.



Note on Pension-related benefits (Table A)

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Factors determining the variation in the values recorded between individuals include but are not limited to:

- A change in role with a resulting change in pay and impact on pension benefits
- A change in the pension scheme itself
- Changes in the contribution rates
- Changes in the wider remuneration package of an individual



Pay Ratios (audited)

Year	25th Percentile Pay	Median Pay Ratio	75th Percentile Pay
2021-22	9.18:1	6.51:1	4.76:1
2020-21	10.83:1	7.71:1	5.63:1

The pay ratios have decreased from those of 2020/21 as a result of the banding of the highest paid director decreasing in 2021/22 (see below).

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director / member in their organisation against the 25th percentile, median and 75th percentile of total remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

Year	2021-22	2020-21	% change
Average cost per FTE for all employees excluding highest paid director (Annualised basis)	£44,358	£43,276	+2.50%

The increase in average cost is principally due to the wage awards applicable from 1st April 2021.





Year	2021-22	2020-21	% change
Band of highest paid director	£205k-£210k	£235k-£240k	-12.63%

The banded remuneration of the highest paid director in the Trust in the financial year 2021/22 was £205k-£210K (2020/21 £235k-£240k). The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

2021-22	25th Percentile	Median	75th Percentile
Total remuneration (£)	22,611	31,896	43,592
Salary component of total remuneration (£)	22,611	31,896	43,592
Pay ratio information	9.18:1	6.51:1	4.76:1
2020-21			
Total remuneration (£)	21,924	30,799	42,193
Salary component of total remuneration (£)	21,924	30,799	42,193
Pay ratio information	10.83:1	7.71:1	5.63:1

In 2021/22 there were thirty-four (an increase on six employees in 2020/21) employees who received remuneration in excess of the highest paid director. Remuneration ranged from £5,000 to £330,100 (2020/21 £5,000 to £336,500).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.



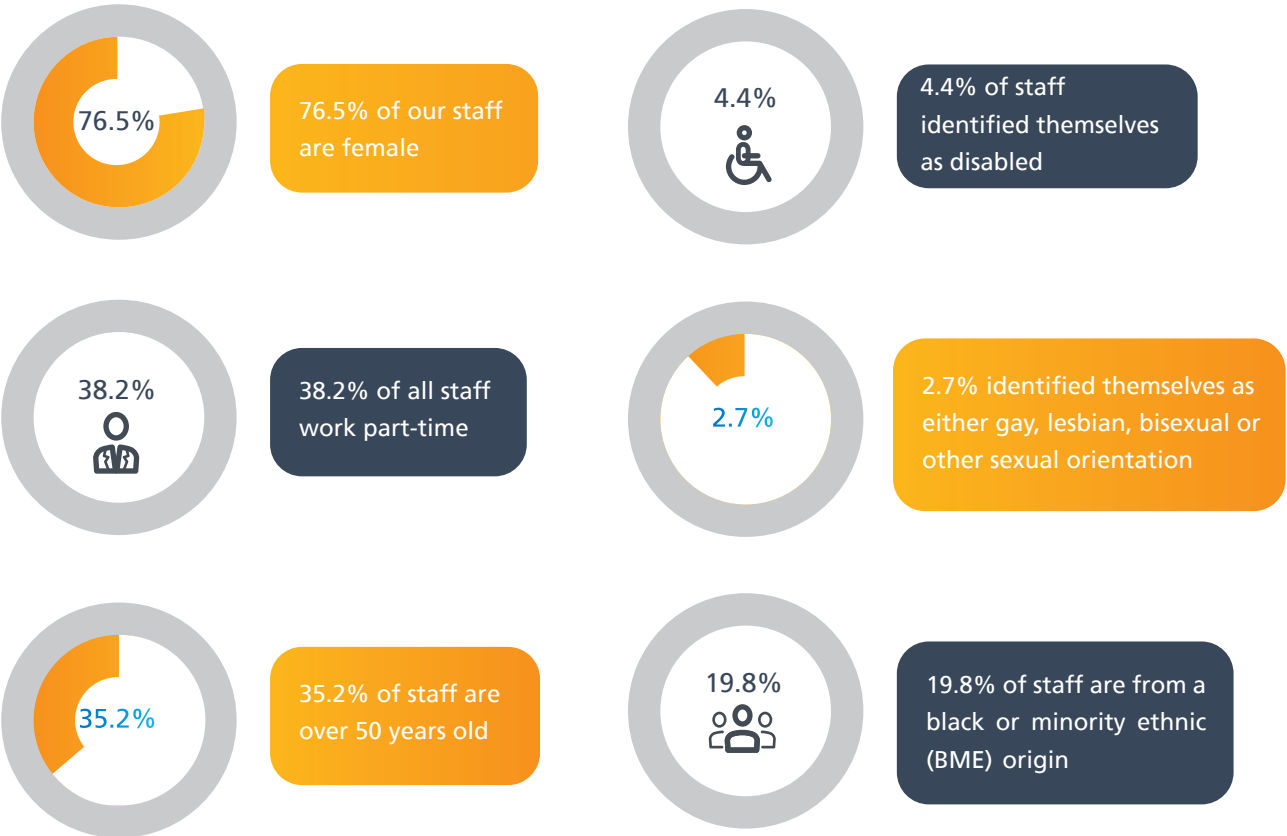




Staff Report

Staff fact file

As of 31 March 2022:



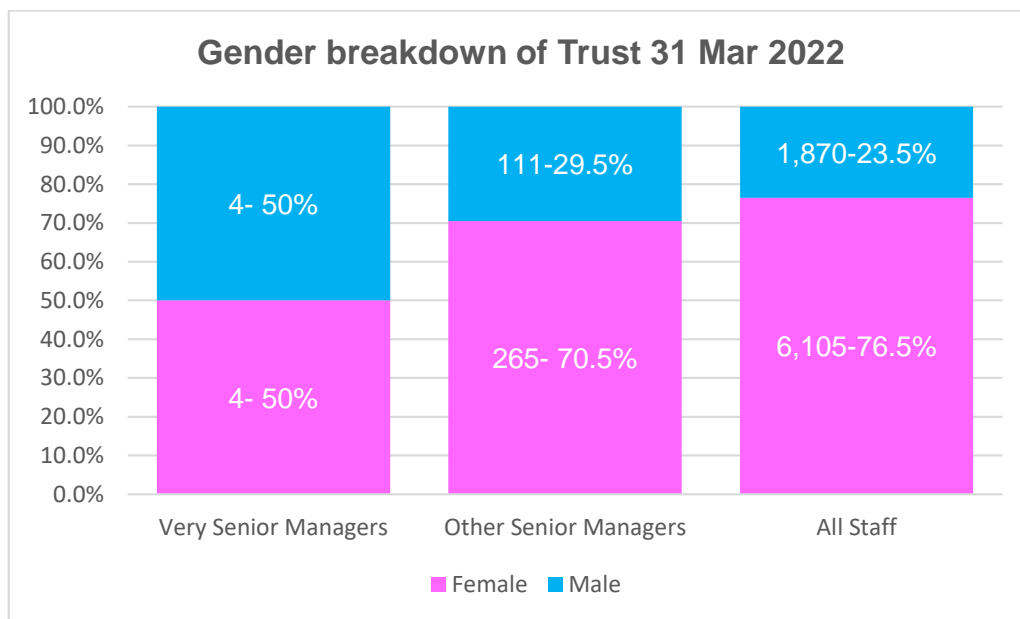
Number of Senior Managers by band at 31st March 2022

Senior Managers	FTE
Very Senior Managers payscale	8.0
Agenda for Change Band 9	9.0
Agenda for Change Band 8d	9.8
Agenda for Change Band 8c	40.2
Agenda for Change Band 8b	80.9
Agenda for Change Band 8a	214.1

(NB FTE = Full-time Equivalent)



Gender distribution by Directors, Other Senior Managers and Staff

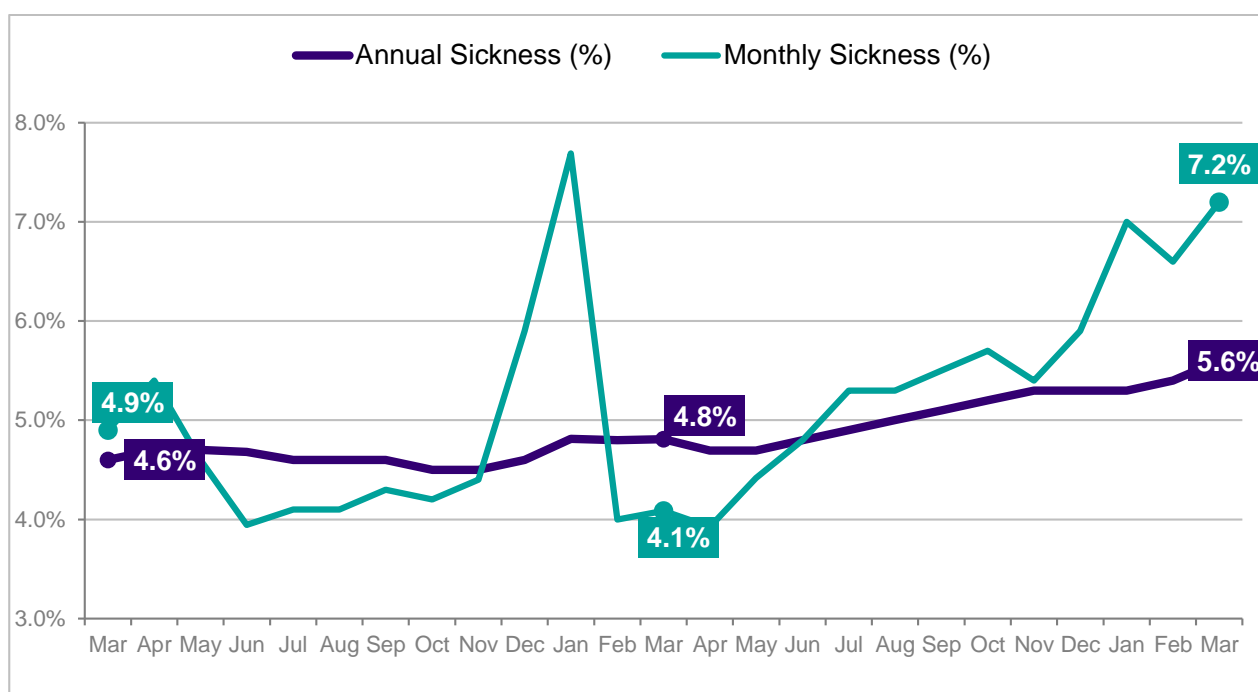


Senior Managers include all staff on Agenda for Change Bands 8a-8d.



Staff Absence Data

Our annual sickness rate increased during the year from 4.7% to 5.6%, as a result of the continuing impact of the pandemic. The average working days lost due to sickness per full time equivalent member of staff during the year to 31st March 2022 was 12.



Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE 2021	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
6,783	81,182	2,475,743	131,695	12.0

NHS Sickness Absence Figures for NHS 2021-22 Annual Report and Accounts

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2021

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.

The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.



Staff Policies

We aim to ensure that vacancies for positions within the Trust are advertised both internally and externally, through our Trust website and NHS Jobs2. Applicants with a disability are encouraged to apply through the 'Positive about Disability' scheme indicator which enables managers to ensure that all applicants with a disclosed disability, who meet the minimum requirements as set out in the person specification, are called for interview under our guaranteed interview scheme. We treat internal and external applicants in exactly the same way.

We support disabled employees in maintaining their training and career development by undertaking an annual Personal Development Review, with a 6 month follow-up to ensure that agreed actions have been undertaken. Our Learning and Development service gives all our staff access to personal development training, and staff also have the support of the Occupational Health Service. Disabled staff also have the opportunity to join our Disability Staff Network which aims to support implementation of the new Workforce Disability Equality Standard (WDES) and promote inclusive practices across the Trust.

When necessary, our Human Resources Department will provide support for staff and for line managers to ensure that, wherever possible, staff seeking alternative posts due to health issues are supported to identify alternative suitable employment. Support is made available from the Occupational Health Department, the Equality and Diversity Team and Local Disability Advisors as required.



Our Equality, Diversity and Human Rights Manager takes the lead in ensuring that disability awareness is embedded throughout our Trust's policies, practices and overall culture. All of our staff undergo equality training, with the option of doing this online or face to face. All new staff attend a virtual or face to face session. We further ensure that equality is embedded throughout the Trust via Personal Development Reviews, team briefings, and within a variety of Trust communications.

Relevant policies are presented to the Staff Networks to ensure staff with protected characteristics are involved in decision making processes across the Trust.



Freedom to Speak Up Guardians

The Freedom to Speak Up Guardian role was created following Sir Robert Francis QC's report "The Freedom to Speak Up" (2015), which found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. The Trust has two Freedom to Speak Up Guardians who support staff to raise concerns when they feel that they are unable to do so in other ways, and to promote a healthy speaking up culture.

During the last year 230 cases were brought to our Guardians. Nurses and healthcare assistants were the professional groups with the highest contact rates, followed by administrative and clerical staff. The most common concerns raised by our staff were consistent with national trends and included concerns about PPE, risk assessment and redeployment. As the year progressed these changed to concerns about poor conduct, self-isolation, management of caring responsibilities and concerns about mandated vaccinations.

For the first time in 2021, the NHS staff survey included a question which asked respondents if they felt safe in speaking up about anything that concerned them in their organisation. Our score for staff 'agreeing' or 'strongly agreeing' with this statement was 66.9% against a national average of 66%. Since the start of 2020, 97% of staff who have contacted our Guardians have fed-back that they would do so again if necessary, against a national average of 84%. The latest Freedom to Speak Up index survey showed that we achieved an index score of 80%, consistent with results from the previous two years. Any score above 70% is considered indicative of a healthy speak up culture.



Guardians regularly liaise with colleagues across the organisation to share insight into staff wellbeing, patterns and trends. This helps identify areas which may benefit from additional targeted support from the Trust. Walkabouts enable the Guardians to informally visit areas to speak directly with staff and to promote the speak up culture.

Wherever possible, the Guardians promote local and timely resolution of issues to enable staff to safely and professionally articulate their concerns, providing an environment where challenging, respectful conversations can take place. We recognise that persistent poor conduct negatively impacts upon individual and team wellbeing and functioning.



Recruitment and staffing

During the year we saw a 30% increase in our overall recruitment activity. We received a total of 43,095 applications for jobs in the Trust, with over 14,000 of these being for clinical roles. This continued interest in the Trust, alongside our planned approach to target hard to recruit posts with external support, meant that we successfully filled a number of these hard to recruit posts, particularly at consultant level. There remains a national shortage of candidates for some roles, so along with other NHS organisations across the country, the Trust still has shortfalls in some areas.



We reduced the average time taken to hire a new member of staff from 72 days in 2020/21 to 70 days during the year. Virtual interviews and shortlisting further reduced the time to hire, and we will be introducing software that allows us to improve the candidate experience and document processing, as well as book interviews, which should lead to even shorter recruitment periods.

International nurse recruitment has been maintained, despite COVID-19 travel restrictions

and visa delays, with the Trust welcoming 170 new international nurses since September 2021. The Trust is on track to achieve its target of recruiting 190 International nurses in the 12-month period. Staff have been recruited from a number of countries around the world, with a key focus on the Philippines and India.

During the year:

- A total of 187 Healthcare assistants were recruited; 140 were bank only
- We conducted 8,067 interviews, mainly using Teams
- We carried out 2,696 virtual checks on new starters
- We appointed staff to 331 medical roles, including junior doctors
- Temporary Workforce activity increased by over 20% as operational demands for staff remained high due to the pandemic
- Just under 200,000 additional shifts were filled across the Trust, with 151,052 shifts filled by Trust Bank staff
- We now have 5,594 staff registered on our staff Bank

Equality, Diversity and Human Rights

Throughout the year we continued to see health inequalities, including those associated with COVID-19, disproportionately affect some of our communities. This included people from socially deprived neighbourhoods, minority ethnic communities, vulnerable groups such as older people, people who are pregnant, the disabled community, homeless people and people in contact with the criminal justice system. The Trust remains committed to addressing health inequalities and promoting equality, diversity and inclusion and continues to work to improve the experiences of all our patients and our workforce.

The Trust has developed two focussed programmes of work, one which focusses on addressing health inequalities, including the Trust's equality duties in respect of patients and the wider community. The second focusses on equality and diversity in the workforce. Key achievements of each workstream are set out below.



Health Inequalities

During the year the Trust reviewed its approach to improving health outcomes for patients and the wider community. As a result of this, a new post of Head of Health Inequalities was created to focus on improving health outcomes, making services more equitable, and reducing inequalities in provision, access and outcomes of treatment, ensuring that national requirements and local system and Trust priorities can be identified and addressed. The new postholder took up post in February 2022 and a comprehensive programme of work is in development. Priority work has already commenced on:

- **Integrated Care System health inequalities workstream**, in partnership with the Sussex Integrated Care System (ICS) health inequalities work streams.
- **Equality and Health Inequality Impact Assessment** (EHIA), ensuring that the Trust is considering how its work meets its legal duties to promote equality and reduce differences in health outcomes between groups.
- **Communication support**, including a review of the Trust's translation and interpretation support to ensure that patients' communication needs continue to be met in line with best practice and the changing needs of our population.
- **Hidden Disabilities Scheme**, where staff members and teams are trained to identify, acknowledge, or understand the daily challenges faced by people living with Hidden Disabilities.
- **Carer Awareness Training**, in partnership with Care for the Carers, to provide staff with training on the importance of 'thinking carer', identifying and supporting carers, Carers rights and to signpost.
- **Health Inequalities e-learning pilot** where the Trust was invited by the Office of Health Improvement and Disparities to participate in piloting a national health inequalities e-learning. Learning from the pilot will be used to inform national training programmes on health inequalities, and to ensure that these meet the needs of a range of staff groups.



Workforce Equality and Diversity

Through system wide working and collaborative working within the Trust, this year the Workforce Equality and Diversity team have contributed to:

- **Project Search and Little Gate Farm:** The Trust continues to offer intern placements for individuals with a learning difficulties through Project Search and Little Gate Farm. We provided five placements in areas such as the Laundry Department, Facilities and Estates.
- **Diversity Toolkit:** We have developed a Diversity Toolkit which is an innovative toolkit which will help our Divisions to review their diversity data and in turn support with effective succession planning, retention, and leadership development.
- **Staff Networks:** The Trust now has three flourishing networks: a BAME network, an LGBTQI network and a (Dis)Ability network. These meet bi-monthly, and organise events and advocate for change within the Trust. During their respective history months, the networks arranged for inspirational celebrity guest speakers to chat to our staff, including Hannah Cockcroft, Mamma Cherri, and Rev Jide.
- **(Dis)Ability & Health Passport. During 2021 we launched our (Dis)Ability & Health passport and supporting documents:** The pandemic has disproportionately affected staff with either a disability and long-term health condition and the (Dis)Ability & Health passport helps facilitate conversations about workplace requirements. In conjunction with our Well-being conversations, the (Dis)Ability & Health passport supports us in our application to achieve 'Disability Confident' status.



- **Organisational Development:** During Black History Month 2021, the Organisational Development team held career progression workshops tailored for our BAME staff. Training sessions continue to be advertised through all the networks with the LGBTQI+ network chair developing his own LGBT training to be run throughout the Trust.
- **NHS Rainbow Badge Programme - Phase 2 Assessment:** After successfully completing the Rainbow Badge phase 1 assessment, the Trust have embarked on phase 2 of the programme. The Rainbow Badge Programme allows the Trust to pledge its commitment to reducing barriers the LGBT+ community face in healthcare. With big thanks to the LGBTQI+ network chair, we are excited to show our inclusivity for the LGBT+ community and to continue to work towards reducing health inequalities.



- **Recruitment:** The EDI team continue to work closely with colleagues in recruitment with the ambition of debiasing the recruitment process by creating inclusive and accessible advertisements, interviews, and information. The Trust is currently a Disability Confident Employer and is in the process of applying to become a Disability Confident Leader.
- **COVID-19 Vaccine Programme:** We continue to support our most vulnerable staff through the pandemic and are proud to have been in the top five Trusts in the Southeast with Risk Assessments for Ethnic Minority staff and the take-up of the vaccination.
- **System wide working:** We have worked with our partners across the system to address the health disparities present among our minority ethnic population. Our collaborative work teams and roadmaps led to the Sussex HealthCare Partnership being shortlisted for the HSJ Awards in the Race category in 2021.



Staff Health and Wellbeing

We continued to support the physical and emotional wellbeing of all our colleagues during the year and adapted the range of support that we offer during the pandemic. We've continued to focus on the things our people tell us make the biggest difference. Our work in supporting teams with evidence based psychological support continues and has been accessed by 37 of our teams, with individual support also available.

During the year we provided snacks and refreshments to our frontline teams, including Critical Care, Emergency Departments (ED), escalation wards and redeployed staff groups. We have received feedback that these small gestures have a very positive impact and make staff feel valued. We recognise the ongoing challenges faced by our ED colleagues who are seeing increased activity alongside an increase in incidents involving violence and aggression from members of the public and will continue to support them beyond March 2022.



We now have 20 fully trained Traumatic Risk Management (TRiM) practitioners, with a further cohort of 10 who are completing their training. We saw an increase in referrals for TRiM for individuals and teams as the year progressed. We also trained 135 staff in the Mental Health First Aid qualification and a further 145 are planned to be trained during 2022/23, supporting Wellbeing Conversations with colleagues in the Trust.

We have provided 105 health checks in conjunction with One You Sussex for our Over 55 years workforce, helping those people to make informed decisions about choosing a healthier lifestyle and making positive changes. Around 40% of our workforce are women aged 47 and over and we offer support and advice for these staff including menopause support. We also focused on men's health, particularly mental and physical wellbeing.

During the year the Friends of our Hospitals generously provided funds to support 130 teams to enhance their break areas. We also opened a new nursery building at the Conquest site in January 2022. This was inspected by Ofsted in February 2022 where it received a "Good" judgement with only two recommendations. The report said that "it is very clear that the organisation and the nursery staff have put wellbeing at the heart of what they do. The financial support for parents back in 2020 and the ongoing wellbeing check ins with families, who we recognise as NHS staff and who would have been at the forefront of the pandemic is wonderful to see and would have supported their wellbeing".



We continued to support managers and teams involved in the bereavement of colleagues and formed a group which focused on addressing colleague on colleague harassment and bullying incidents. We will continue to work closely with our staff to develop solutions and make improvements, contributing to a transformational change in culture in the Trust.

Project Wingman is a charity founded in March 2020 which allowed grounded airline crew from all airlines to support NHS staff during the pandemic. They were on site at EDGH during August and will visit the Conquest site in 2022. Staff can visit them to experience a 'first class' break, which includes being served refreshments by an airline steward or even the captain! We hope that a further visit can be arranged for Bexhill during 2022.

The Trust Board and directors hugely value the work of all of their colleagues and a 'buddy' scheme was introduced during the year where Board members visit wards and departments to meet colleagues to understand more about what their roles involve. During Carers' week we provided support and advice for staff who have caring responsibilities and launched a Carers' passport for staff. Schwartz

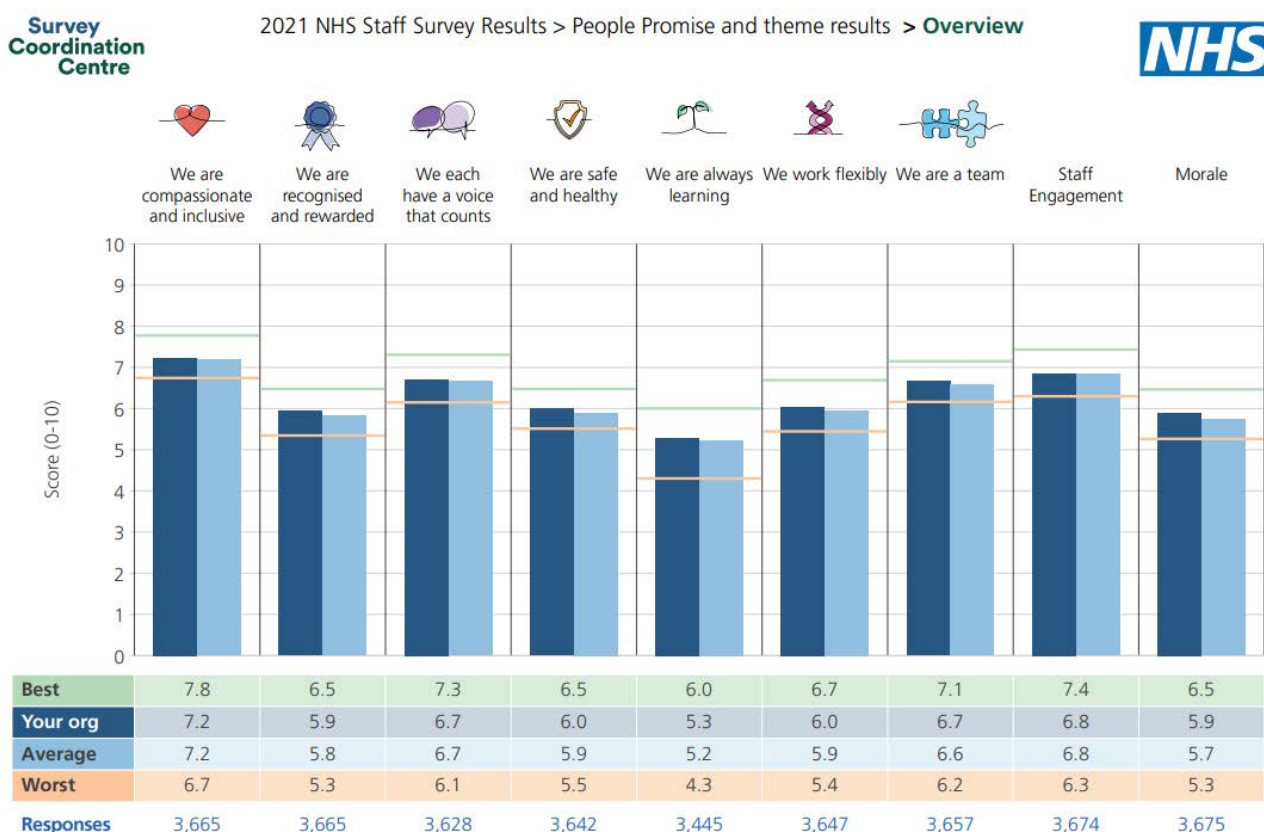
Rounds sessions continued throughout pandemic with sessions taking place via Microsoft teams. Compassion without burnout sessions took place to enable staff to recognise the causes and signs of burnout and to proactively explore ways in which work-related burnout could be minimised.



Staff Survey

Staff Survey

We were pleased to see a response rate to the 2021 National Staff Survey from our colleagues of 48%, which compared well to the national average of 44.7%. The Trust's results when compared to other similar organisations are good: we had 41 questions in the Survey where we scored significantly better than other comparable organisations, 56 questions where we were similar and only 2 questions where we were significantly worse than comparable organisations.



Positive messages:

- **'We are compassionate and inclusive'** 87% of our people feel their role makes a difference to patients/service users.
- **'We each have a voice that counts'** 75% feel secure in raising concerns about unsafe clinical practice but acknowledge that there has been a decline in the number of people who feel unable to raise general concerns. 73% of our people feel they have frequent opportunities to show initiative in their role.

- **'We are always learning'** We are proud that 66% of our people feel they are always learning and have the opportunity to improve their knowledge and skills
- **'We work flexibly'** 66.3% feel they can approach their immediate manager to talk openly about flexible working
- **'We are a team'** 81.3% of our people enjoy working with the colleagues in their team.
- **'We are safe and healthy'** We are delighted that we scored significantly higher than the sector relating to our staff experience of burnout

There was an increase in the numbers of our staff reporting poor behaviours, and to address this our focus on equality, diversity and inclusion continues. We champion the values and behaviours that underpin those values.



NHS Staff Survey Results 2021



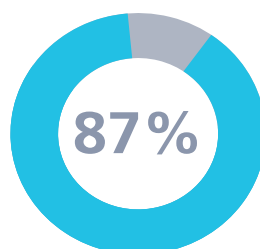
48%

Response rate

3,682
members of staff
completed questionnaires

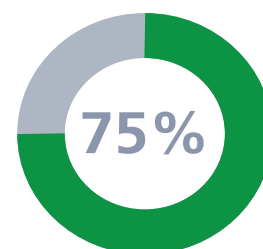


East Sussex Healthcare
NHS Trust



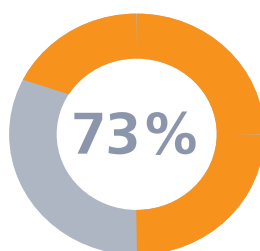
We are compassionate and inclusive

87% of our people feel their role makes a difference to patients and service users



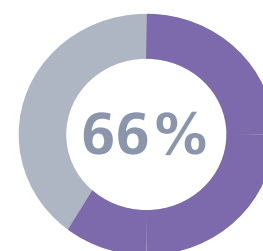
We each have a voice that counts (raising concerns)

75% of our people feel secure in raising concerns about unsafe clinical practice



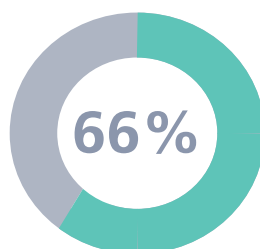
We each have a voice that counts (autonomy and control)

73% of our people feel they have frequent opportunities to show initiative in their role



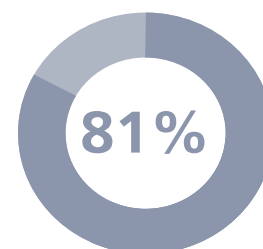
We are always learning

66% of our people feel they are always learning and have the opportunity to improve their knowledge



We work flexibly

63% of our people feel they can approach their immediate manager to talk openly about flexible working



We are a team

81% of our people enjoy working with the colleagues in their team

Violence and Aggression

The Trust experienced low levels of crime during the year, but did see a rise in Violence and Aggression (V&A) towards our staff, a national trend seen across NHS organisations.

To create a safe environment for patients, visitors and staff, additional security guards were introduced within our A&E departments. This built on work undertaken by the V&A Workgroup to enforce the Trust's zero tolerance stance against violence and aggression to all. We worked hard to ensure that staff know that violence and aggression, in whatever form, is not acceptable and will not be tolerated and continue to adopt a proactive approach to ensure that action has been and will continue to be,

taken against perpetrators. The Trust's focus is on both Equality, Diversity and Inequalities and on tackling bullying and harassment in any form.

The Security Department has developed links with Sussex Police and are developing bespoke responses to incidents, which will lead to positive action being taken against offenders and increased support from the police force. The Trust has also been invited to be part of Operation Cavell, which is an initiative launched by Sussex Police with the aim of supporting staff and reducing offending.



Counter Fraud

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS are honest and professional and they find that fraud and bribery committed by a minority is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.

The Trust Board is committed to maintaining high standards of honesty, openness and integrity within the organisation. It is committed to the elimination of fraud, bribery and corruption within the Trust, and to the rigorous investigation of any suspicions of fraud, bribery or corruption that arise.

The Trust has procedures in place that reduce the likelihood of fraud, bribery or corruption occurring. These include Standing Orders, Standing Financial Instructions, authorised signatories, documented procedures, procurement procedures, disclosure checks, and "Whistleblowing". Additionally, the Trust, aided by its Local Counter Fraud Specialist (LCFS), attempts to ensure that a risk (and fraud) awareness culture exists within the organisation.

The Trust adopts a zero tolerance attitude to fraud and bribery within the NHS. The aim is to eliminate all fraud and bribery within the NHS as far as possible.



Sustainability

Care Without Carbon (CWC) is our programme to deliver a sustainable NHS. It reflects not only the Trust's strategic goal of 'value and sustainability', but also its wider vision to ensure the high quality of care being delivered today is available in the future.



This is reflected in the Trust's Sustainable Healthcare Principles:

- **Healthier lives:** Making use of every opportunity to help people to be well, to minimize preventable ill-health, health inequalities and unnecessary treatment, and to support independence and wellbeing.
- **Streamlined processes and pathways:** Minimising waste and duplication within the Trust and wider health system to ensure delivery of safe and effective care.
- **Respecting resources:** Where resources are required, prioritizing use of treatments, products, technologies, processes and pathways with lower carbon, environmental and health impacts



The Trust's sustainability principles are aligned with clinical objectives and the improvement of quality, safety and operational standards, supporting our ambition to provide 'Better Care Together for East Sussex'.

We have recently updated our CWC strategy, set out in the new Green Plan (formerly a Sustainable Development Management Plan) which is line with NHSE/I's climate change strategy 'Delivering a Net Zero National Health Service'. The new Green Plan includes targets for the Trust to reach Net Zero Carbon (NZC) by 2040 for its direct emissions, and 2045 for its indirect emissions.

CWC sets out the actions we need to take across all areas of the Trust through eight elements to ensure a coordinated approach. These eight elements are designed to integrate sustainable thinking and planning into core operational activities, so that they become part of business as usual and key to the way the Trust functions.



Our environmental impact

Our environmental impact is measured by our carbon footprint. This is made up from the energy used to heat our premises; the electricity we consume; the water we use; emissions from Trust owned vehicles and from our business travel or 'grey fleet' mileage which includes the miles driven in staff-owned vehicles.

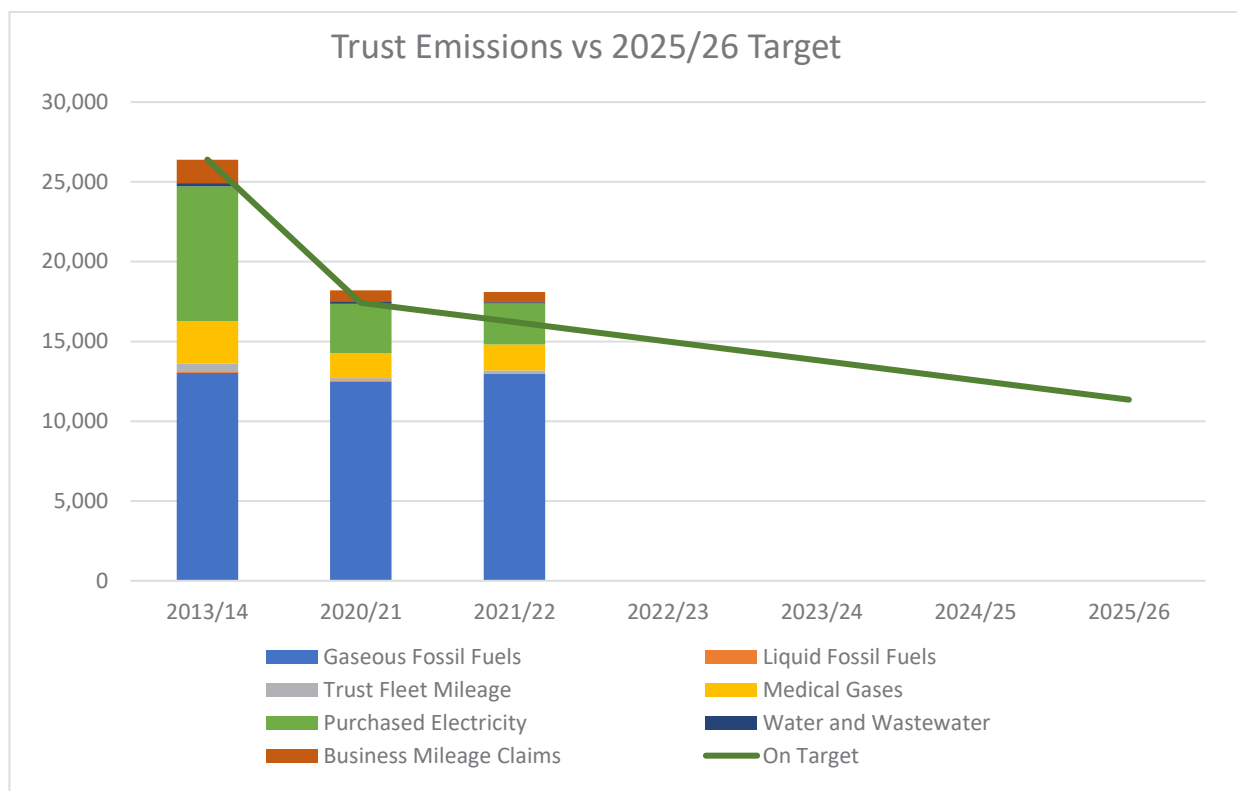


Figure 2: ESHT's Carbon emissions against 2025 targets

Emission Source	2013/14 (Base Year)	2021/22
ESHT Carbon Footprint – tonnes CO₂e¹		
Natural Gas	13,021	12,962
Liquid Fuels	71	44
Purchased Electricity	8,447	2,570
Water & Wastewater	207	69
Medical Gases	2,659	1,632
Trust Fleet	519	178
Business Mileage	1,473	653
TOTAL	26,396	18,109

Figure 3: ESHT’s Carbon Footprint

The Trust’s absolute carbon footprint has reduced by 31% (8,287 tonnes CO₂e) since our base year in 2013/14. We are aware of the need to continue to make considerable emissions reductions to meet our net zero carbon target by 2040. However, through the support of an ongoing Energy Performance Contract at Conquest hospital, and a successful bid for funding at EDGH through the Public Sector Decarbonisation Scheme, the Trust is set to see a significant decrease in the emissions from its buildings over the coming years.

Our journeys, which include all business related travel and staff driving their own vehicles for work purposes are also measured using our carbon footprint. We have seen a reduction in travel emissions of 58% since our base year. This is partly as a result of more agile working practices since the pandemic.



Governance

The delivery, monitoring and reporting of our sustainability strategy or, Green Plan is supported by Sussex Community NHS Foundation Trust's Sustainability and Environment Team. The team assists with implementing key aspects of the program, working alongside teams within in the Trust and feeding into the Trust's Board lead for sustainability, Chris Hodgson, Director of Estates and Facilities, reporting progress to board twice a year.



Analysis of Staff & Costs for 2021/22 (audited)

Staff Costs

			2021/22	2020/21
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	256,962	30,130	287,092	271,780
Social security costs	25,147	3,005	28,152	26,050
Apprenticeship levy	1,292	154	1,446	1,345
Employer's contributions to NHS pension scheme	41,784	4,992	46,776	43,916
Pension cost - other	84	10	94	85
Other post-employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	36	-	36	-
Temporary staff	-	12,207	12,207	14,528
Total gross staff costs	325,305	50,498	375,803	357,704
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	325,305	50,498	375,803	357,704
Of which				
Costs capitalised as part of assets	1,646	-	1,646	834



Average Number of Employees (WTE Basis)

			2021/22	2020/21
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	665	138	803	775
Ambulance staff	-	-	-	-
Administration and estates	1,307	75	1,382	1,355
Healthcare assistants and other support staff	2,018	340	2,358	2,273
Nursing, midwifery and health visiting staff	1,943	188	2,130	2,085
Nursing, midwifery and health visiting learners	-	-	-	0
Scientific, therapeutic and technical staff	639	37	675	653
Healthcare science staff	147	18	165	160
Social care staff	-	-	-	-
Other	8	-	8	8
Total average numbers	6,727	796	7,522	7,309
Of which:				
Number of employees (WTE) engaged on capital projects	23	1	24	17



Exit Packages (audited)

Reporting of compensation schemes - exit packages 2021/22				
	Number of compulsory redundancies	Number of other departures agreed		Total number of exit packages
Exit package cost band (including any special payment element)				
<£10,000	-	2		2
£10,000 - £25,000	-	-		-
£25,001 - 50,000	-	2		2
£50,001 - £100,000	-	-		-
£100,001 - £150,000	-	-		-
£150,001 - £200,000	-	-		-
>£200,000	-	-		-
Total number of exit packages by type	-	4		4
Total cost (£)	£0	£82,000		£82,000

Reporting of compensation schemes - exit packages 2020/21				
	Number of compulsory redundancies	Number of other departures agreed		Total number of exit packages
Exit package cost band (including any special payment element)				
<£10,000	-	3		3
£10,000 - £25,000	-	3		3
£25,001 - 50,000	-	-		-
£50,001 - £100,000	-	-		-
£100,001 - £150,000	-	-		-
£150,001 - £200,000	-	-		-
>£200,000	-	-		-
Total number of exit packages by type	-	6		6
Total cost (£)	£0	£59,000		£59,000

Exit packages: other (non-compulsory) departure payments						
	2021/22				2020/21	
	Payments agreed	Total value of agreements			Payments agreed	Total value of agreements
	Number		£000		Number	£000
Voluntary redundancies including early retirement contractual costs	1		46		3	54
Mutually agreed resignations (MARS) contractual costs	-		-		-	-
Early retirements in the efficiency of the service contractual costs	-		-		-	-
Contractual payments in lieu of notice	3		36		3	5
Exit payments following Employment Tribunals or court orders	-		-		-	-
Non-contractual payments requiring HMT approval	-		-		-	-
Total	4		82		6	59
Of which:						
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-		-		-	

Expenditure on Consultancies

During 2021/22, the Trust's total spending on consultancies was £37,000 (see Accounts, note 6)

Off-payroll Engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2022	7
Of which, the number that have existed:	
for less than one year at the time of reporting	5
for between one and two years at the time of reporting	2
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Table 2: New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1st April 2021 and 31st March 2022, for more than £245 per day and that last for longer than six months

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2022	14
Of which	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	14
Number engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year.	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022

Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year.	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officers with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	17

This accountability report was approved by the Board on 21 June 2021 and signed on its behalf by:

Signed  Chief Executive

Date 21.06.22

Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the **NHS Trust Accountable Officer Memorandum**. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed



Chief Executive

Date

21.06.22



Annual Governance Statement



1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.



2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East Sussex Healthcare NHS Trust, to evaluate the likelihood of those risks materialising and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in East Sussex Healthcare NHS Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.



3. Capacity to handle risk

There are robust processes in place throughout the organisation to enable identification and management of current risk and anticipation of future risk. Leadership arrangements for risk management are clearly documented in the Trust's Risk Management Policy which provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, management and financial processes across the organisation. This Policy was updated in December 2020.

Leadership starts with the Chief Executive having overall responsibility, with delegation to named Executive Directors and Divisional and clinical leaders. The leadership is further embedded by ownership at a local level by managers taking responsibility for risk identification, assessment and analysis. Terms of reference clearly outline the responsibilities of committees for oversight of risk management.

All new members of staff are required to attend a mandatory induction that encompasses key elements of risk management. This is further supplemented by local induction. The organisation provides mandatory and statutory training that all staff must complete, and in addition to this, specific training about individuals' responsibilities is also provided. There are many ways that the organisation seeks to learn from good practice and this includes incident reporting procedures and debriefs, complaints, claims and proactive risk assessment. This information is filtered to frontline staff through incident reporting feedback, team meetings and briefings, the extranet and newsletters.



4. Risk and Control Framework

The Trust has in place an ongoing process to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives;
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically;
- Ensure lessons are learnt from concerns and incidents in order to share best practise and prevent reoccurrence.

Risk management requires participation, commitment and collaboration from all staff. Risks are identified, analysed, evaluated and controlled through a robust governance process which includes incident reporting, risk assessment reviews, clinical audits and other clinical and non-clinical reviews with a clearly defined process of escalation to risk registers.

The risk registers are real-time documents which are populated through the organisation's risk assessment and evaluation processes. This enables risks to be quantified and ranked. A corporate high level risk register populated from the risk registers of divisions and departments is produced and establishes the organisational risk profile. The Trust's risk appetite has been defined by the Board and was refreshed in September 2020. The appetite indicates how much, or little, risk the Trust wishes to accept when reviewing service changes or investment.



The Trust manages its financial risks using a wide range of management tools. Performance against budgetary targets is recorded, analysed and reported monthly. This information is monitored and challenged both internally and externally. In addition to performance assessment, financial control and management is continually assessed by internal and external audit, and counter fraud teams. Reports from these parties are presented to the Audit Committee. Operational management, finance,



purchasing and payroll teams are segregated to reduce conflicts of interest and the risk of fraud. Segregation is enhanced and reinforced by IT control systems which limit authority and access.

Compliance with statutory and regulatory requirements is monitored and actions agreed. This includes Board reviews of an integrated performance report at each Board meeting, tracking performance against standards and actions taken to address variances.

Data security is reported at each meeting of the Audit Committee. Through the Trust's Information Governance Steering group, risks are highlighted and mitigating actions scrutinised.

All risks are routinely reviewed at Divisional Governance Meetings and Team Meetings and discussed at Integrated Performance Reviews (IPRs) which take place monthly and involve divisions and the executive team. The High Level Risk Register is scrutinised by the Senior Leaders Forum and is also presented to the Audit and Quality and Safety Committees. The Trust's Board Assurance Framework (BAF) provides assurance that a robust risk management system underpins the delivery of the organisation's principal objectives. It clearly defines the:

- Trust's principal objectives and the principal risks to the achievement of these objectives
- Key controls by which these risks can be managed
- Independent and management assurances that risks are being managed effectively
- Gaps in the effectiveness of controls and assurance; and
- Actions in place to address highlighted gaps

The BAF is updated quarterly and was regularly reviewed and revised by the Board and by all of its sub-committees. Gaps in control and assurance related to workforce and finance were also considered by the People and Organisational Development Committee and Finance and Investment Committee. The Board considered that the BAF identified the principle strategic risks to the organisation and that these risks were effectively controlled and mitigated in order for the Trust to achieve its strategic aims and objectives.

Internal audit gave Reasonable Assurance over the BAF and Risk Management processes in March 2022. The audit recognised that the overall processes regarding the design, adequacy and effectiveness of the BAF and Risk Management arrangements remained compliant. Improvement actions identified included undertaking a review of the BAF to ensure that it remained aligned with both the Trust and the System's for 2022/23 and a review of risk appetite measures.

NHS Provider Licence Conditions: The Trust Board completes an annual self- certification to confirm the organisation can meet the obligations set out in the NHS provider licence and has complied with governance requirements.

Workforce Safeguards: 'Developing Workforce Safeguards' (DWS), a comprehensive set of national guidelines on workforce planning was introduced in 2019 and includes recommendations on reporting and governance approaches to support safe, sustainable and productive workforce planning.



Whilst the impact of the global pandemic has continued to significantly impact our staffing levels, we continue to work with health and social care partners to develop and embed workforce safeguards. As well as the recognised models for Safer Staffing already being utilised such as Shelford and Birth Rates Plus, we are continuing to embed Community Nursing and Emergency Care models. The Trust workforce plan strategy is currently being redefined to support the delivery of healthcare excellence across short, medium and long-term timelines. This plan continues to integrate with the ICS/STP Workforce Strategic priorities; maintaining workforce through retention, boosting workforce supply through recruitment, meeting demand differently through skill mix/transformation and reducing temporary staff usage through efficiency to ensure we maintain the right staff, with the right skills, in the right place, at the right time. These themes have not changed, as they are recognised as both regional and national challenges so a greater focus has been placed on developing a collaborative system solution to address workforce priorities.

Ensuring that staffing processes are safe, sustainable and effective is paramount in all aspects of planning and deployment. A robust governance framework is in place to facilitate this, including workforce governance and quality and safety governance policies, effective systems and processes. In addition, the Quality and Safety Committee scrutinise a broad range of detailed information to provide assurance, oversee the mitigation of risk and focus on achieving excellent patient and staff outcomes. The Trust Board receives quality, performance, workforce and financial information in the IPR on a bi-monthly basis, presented at meetings that are open to public scrutiny.



Annual ward nurse staffing establishment reviews are undertaken and support the business planning process and the timing is synchronised to deliver safe, quality care based on the level of activity, to in turn deliver financial sustainability. All plans are developed and reviewed through a number of operational meetings, groups and committees to assure quality, safety, financial and logistical impacts have been assessed and approved appropriately. Where available, clinical staffing establishments are developed using evidence based tools as well as guidance, professional judgement and outcomes. Not all specialties and staff groups have a formal model in place to ratify planning assumptions. However, where the tools and guidance are available, they are used to support establishment setting. The consistency of information is being strengthened across all staff groups and provided to the clinical leads to support the establishment review process with professional judgement and consideration of patient and staff outcomes by specialty.

Staff deployment through e-rostering is in place with further development of e-job planning to ensure coverage of doctors, Specialist Nurses and AHPs. This supports efficient deployment and identification of opportunities for improving productivity and the elimination of waste, focusing on freeing up clinicians' time with patients. There are new planning and deployment tools available for leaders and the management teams to plan, monitor and risk assure workforce planning level by skill set including new rostering performance infographics and Chief of Nurse led compliance review meetings.



The Trust successfully completed a Rostering Optimisation Review for all staff groups to ensure the maximisation of substantive resource, reducing pressure on our Temporary Workforce Solutions resources and improving fill rates for all services. This will include mapping of processes, digitalisation of all manual entry where appropriate and an education leaders' programme to support workforce planning and deployment excellence. The outputs focus on technology, process and people whereby they inform a programme of continuous improvement to maximise and refine the benefits of developing workforce safeguards.

For ward nursing, there is a Safecare Lead has successfully focused on compliance assurance and acts as a 'critical friend' for the teams over and above the support service already provided. Nursing teams also access the Trust Excellence in Care dashboard to review and monitor agreed quality, safety and workforce key metrics. There are also twice daily staffing reviews using Safe Care to ensure that staff are safely deployed on the day. Assurance is also provided via a monthly safer staffing meeting. Care Hours Per Patient Day (CHPPD) is in place for ward nursing staff; however there is an absence of any national metrics / NHSE/I guidance for other professional staff groups.



The Developing Workforce Safeguards action plan and recommendations are being monitored via the People and Organisational Development Committee to reach full compliance and the information provided to the Board in the IPR has been strengthened to increase visibility of staff deployment across all staff groups. The ESHT People Strategy for sets out the key people priorities, programmes of work, enablers and initiatives. As part of this, the Trust is supporting the design and development of a workforce planning sensitivities model that will map the safer staffing profile for the Trust today and how our profile will change in the Future as part of our Building For Our Future Transformation plans. This will work less by the traditional division and function, and more by focusing on patient pathways using safer staffing tools.



Care Quality Commission (CQC): The Trust is fully Compliant with the registration requirements of the CQC. The Trust was last inspected at the end of 2019 and was rated Good overall; Outstanding for being caring and effective; and Good for being safe, responsive and well-led. Conquest Hospital and Community services were both rated outstanding overall. The Trust was rated Requires Improvement for using its resources productively.

Register of Interests: The Trust has a policy in place in respect of declarations of interest. Declarations are accessed and recorded through the electronic staff record system, with ongoing communication to raise awareness of the requirements and process. The Trust published an up-to-date register of interests on its website, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

NHS Pension Scheme: As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the Scheme's regulations. These include ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.



Equality and Diversity: Control measures are in place to ensure that the Trust complies with obligations under equality, diversity and human rights legislation are complied with. The Trust has an Equality Strategy which details how the Trust will eliminate discrimination, advance equality and foster good relations between people who share certain characteristics and those who do not. The Board also considers an Annual Equality Information Report and progress against delivering the outcomes of the Equality Delivery System and Workforce Race Equality Standards. Equality impact assessments are completed for all Trust policies, significant projects and service redesign to identify and address existing or potential inequalities.

Climate Change: The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures compliance with its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.



5. Review of the effectiveness of risk management and internal control

The Trust has a robust process in place for incident reporting and investigation, complaints handling, risk management and the BAF. There is a programme of training for root cause analysis and risk, and incident reporting and duty of candour are embedded across the organisation. Training and awareness supports an effective incident reporting culture, although levels of incidents relating to patient harm remain low.

Categories of Serious Incidents are outlined in a national framework and include acts or omissions in care that result in: unexpected or avoidable death; unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm; abuse; Never Events; incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services; and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

The Trust reported 40 Serious Incidents during 2021/22, a reduction on the previous year. Each incident was investigated and actions agreed and implemented. The Trust had three Never Events in 2021/22 (also included in the SI figures). Serious Incidents are reviewed by the Quality and Safety Committee and Trust Board.

The Trust has a Duty of Candour Policy and ensures that, as part of any investigation into Serious Incidents or complaints, there is clear, open and honest communication with patients and their families/carers and that a process for shared learning is in place.

The Trust has an accountability framework which sets out expectations regarding roles, responsibilities and accountability; the leadership model at all levels; and the Trust operating structure to ward and service level.



6. Governance Framework

Agreed Standing Orders, a Scheme of Matters Reserved to the Board, a Scheme of Delegation to officers and others and Standing Financial Instructions are in place. These documents, in conjunction with policies set by the Board provide the regulatory framework for the business conduct of the Trust and define its ways of working. The Standing Orders, Scheme of Delegation and Standing Financial Instructions were reviewed and strengthened and approved by the Trust Board in April 2022.



Best practice in governance states that the Board should be of sufficient size that the balance of skills, capability and experience is appropriate for the requirements of the business. The Trust Board has a balance of skills and experience appropriate to fulfilling its responsibilities and is well balanced with a Chairman, five non-executive directors and five voting executive directors. In line with best practice, there is a clear division of responsibilities between the roles of Chairman and Chief Executive. The Board complies with the HM Treasury/Cabinet Office Corporate Governance Code where applicable.

There was only one change to the Board during the period. Richard Milner's job title was changed on 13th July 2021 from Director of Strategy, Innovation & Planning to Director of Strategy, Inequalities & Partnerships.

It was also recognised that Chris Hodgson, Director of Estates and Facilities, should be included within senior manager remuneration information in the Annual Report from 1st April 2021. This was due to his developing role and close working relationship with Executive Directors, alongside his wider engagement and an increased sphere of influence not only with the Trust Board, but all colleagues at the Trust.

In addition to the responsibilities and accountabilities set out in their terms and conditions of appointment, Board members also fulfil a number of "Champion" roles where they act as ambassadors for matters including health and safety, staff wellbeing, business continuity, maternity and organ donation.

The Trust has nominated a non-executive director, Jackie Churchward-Cardiff, as Vice Chairman and Senior Independent Non-Executive Director (SID). The role of the SID is to be available for confidential discussions with other directors who may have concerns which they believe have not been properly considered by the Board, or not addressed by the Chairman or Chief Executive, and also to lead the appraisal process of the Chairman. The SID is also available to staff in case they have concerns which cannot, or should not, be addressed by the Chairman, Executive Directors or the Trust's Speak Up Guardians as outlined in the Trust's Raising Concerns (Whistleblowing) Policy.

The Trust has a Fit and Proper Persons Policy and processes to ensure that people who have director level responsibility for the quality and safety of care, and for meeting the Care Quality Commission fundamental standards, are fit and proper to carry out their roles. Directors and officers complete an annual declaration that they remain 'Fit and Proper Persons' to be directors and this is reviewed by the Remuneration Committee.

Board Effectiveness: All Board members participate in the annual appraisal process and objectives are agreed and evaluated.

The Board has a tailored seminar programme in place to support the development of Board knowledge and allow in depth discussion and exploration of key issues. The Board also undertakes development both as a group and individually. This includes facilitated sessions as well as attendance at national events and individual coaching and mentoring.



Pre- COVID-19, Board members undertook 'board walks' to develop their understanding of the organisation and the organisation's understanding of the Board. These visits add to and complement the assurance provided to the Board through regular reporting on compliance with local, national and regulatory quality standards. Board members resumed visits to teams and departments, albeit in a more limited capacity than pre-pandemic, during the year.

Committee Structure: The Trust Board meets bi-monthly in public and also holds seminars covering key issues and Board development in months where there are no public Board meetings. Committees of the Board include Audit, Remuneration and Appointments, Finance and Investment, Quality and Safety, People and Organisational Development and Strategy. All the Committees are chaired by a non-executive director of the Trust and membership of the Audit and Remuneration and Appointments Committees comprise only non-executive directors. Terms of reference outline both quoracy and expected attendance at meetings, and the Board receives a report from each Committee Chair at each Board meeting.

The Board and its Committees moved to virtual meetings in response to the COVID-19 Pandemic. Members of the public were able to join virtual public Board meetings as observers, and recordings of the public Board meetings are put onto the Trust's website to ensure the public accountability remains. Committee chairs have held regular calls with Executive colleagues and fortnightly catch up meetings take place between the CEO and Non-Executives to ensure everyone remains apprised of key matters.



Information Governance (IG): During 2021/22 staff reported 207 IG incidents on our Trust incident reporting system. 194 of these were scored against the Trust's incident scoring as either 'negligible or none' for severity, 10 were scored as 'low or minor', three were scored as 'medium or moderate'. None were scored as 'major'. This indicates that the majority of incidents had no impact upon information security. All incidents are investigated and actions implemented to prevent reoccurrence. During the year three incidents were reported to the Information Commissioner's Office (ICO), but all were closed by the ICO with no enforcement action taken against the Trust.

Data Quality: Data quality and integrity is central to our commitment to provide continual assurance at a Trust level, within forums and through quality assurance audits, including external review by TIAA audits and other external companies. The Trust assures the quality and accuracy of NHS Constitutional mandatory reporting and at an operational level, patient tracking lists (PTL), including those on the 'Referral To Treatment' and cancer pathways, are scrutinised in weekly PTL and performance meetings.

7. Review of economy, efficiency, effectiveness of the use of resources

Financial governance arrangements are reviewed by internal and external auditors to provide assurance of economic, efficient and effective use of resources. The Trust also reviews data such as the Model Hospital to benchmark itself against other providers and seeks to make improvements. There has been positive engagement with the GIRFT workstreams across the organisation.

The Trust ended the 2021/22 financial year with a £68,000 surplus.

8. Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Annual Quality Account for 2021/22 is being developed in line with relevant national guidance and priorities have already been developed following feedback from patients, staff and external stakeholders.

Quality is a core component of our strategy to be Outstanding and always improving and through the hard work and commitment of our staff we continue to deliver safe, effective and high quality services whilst at the same time targeting priority areas for improvement. Quality is considered through our divisional governance structure and this feeds up to the Quality and Safety Committee.



9. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The review of effectiveness of the system of internal control is informed by the work of the Trust's internal auditor, TIAA, who deliver a risk based annual plan of audits over a wide range of areas and track progress on implementing agreed recommendations arising from their work. The auditor's overall opinion was that reasonable assurance could be given that there was a generally sound system of internal control, designed to meet the organisation's objectives, and that controls were generally being applied consistently. There were some weaknesses in the design and/or inconsistent application of controls which put the achievement of particular objectives at risk and the Trust will continue to work with auditors to increase assurance in these areas.



The Trust has used the internal audit service to investigate areas where it was felt that the Trust would benefit from independent scrutiny and, consequently, four areas of 'limited assurance' were identified. Action plans were put in place to address the issues identified and progress with implementation was regularly monitored by the Audit Committee.

In addition, the Trust has received external accreditation from other external bodies such as JAG accreditation for endoscopy services and quality assurance reports for services including cervical screening and antenatal and newborn screening.

My review of the effectiveness of the systems of internal control has also taken account of the work of the executive management team within the organisation, which has responsibility for the development and maintenance of the internal control framework and risk management within their discrete portfolios.



The Board and its sub-committees maintain continuous oversight of the effectiveness of the Trust's risk management and internal control systems. The Board meets every other month in public and holds seminars in the month where there are not public meetings. The Audit Committee supports the Board by critically reviewing the governance and assurance processes on which the Board places reliance. This encompasses: the effectiveness of Trust

governance; risk management and internal control systems; the integrity of the financial statements of the Trust, in particular the Trust's Annual Report; the work of internal and external audit and any actions arising from their work; and compliance by the Trust with relevant legal and regulatory requirements.

As one of the key means of providing the Trust Board with assurance that effective internal control arrangements are in place, the Audit Committee requests and receives assurances and information from a variety of sources to inform its assessments. This process has also included calling managers to account, when considered necessary, to obtain relevant assurance and updates on outcomes. The Committee also works closely with executive directors to ensure that assurance mechanisms within the Trust are fully effective, and that a robust process is in place to ensure that actions identified by internal audits and external reviews are implemented and monitored by the Committee. The need to provide assurance of controls in place in relation to cybersecurity, transition to meet the requirements of the General Data Protection Regulations and updates on the work of both internal and external audit and counter fraud have been reviewed by the Committee.

Alongside the Audit Committee, the Finance and Investment and Strategy Committees provide support to the Trust Board to understand the financial challenges, risk and opportunities for the Trust and to provide oversight of the effectiveness of the Trust's financial governance.

The Quality and Safety Committee assists the Board in being assured that the Trust is meeting statutory quality and safety requirements and to gain insight into issues and risks that may jeopardise the Trust's ability to deliver quality improvement. During the year, the Quality and Safety Committee reviewed and endorsed the Trust's quality improvement priorities for subsequent publication in the Quality Account. It undertook "deep dive" reviews of areas highlighted through external review and internal risk management processes.

Strategic oversight of workforce development, planning and performance is within the People and Organisational Development Committee's remit. 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's objectives and organisational success.

COVID-19 Recovery

Our controls and assurances have continued to be tested by the pandemic which had a significant impact on the Trust over the past two years. Over the past 12 months the Trust has worked tirelessly to ensure that services are returned to pre-pandemic level of provision. Although the need for COVID-19 critical care capacity has reduced, we have continued to see an increase in patients requiring general acute care for other comorbidities who have presented with COVID-19 or acquired it whilst in hospital. This in turn has placed pressure on our 'Red' bed capacity and provided the Trust with further challenges such as discharging patients to a community setting.



To ensure co-ordinated and effective controls were in place a governance framework was implemented to support managing the incident including a daily multi-disciplinary management meeting. Risks related to the pandemic were identified and included on a risk register, including challenges faced by staff sickness and self-isolating or shielding. A range of tactical groups, including a clinical advisory group, met to review and make recommendations on any clinical matters and reported in to the Incident Management Team.

10. Conclusion

In line with the guidance on the definition of the significant internal control issues, I have not identified any significant control issues.



Joe Chadwick-Bell
Chief Executive





Annual Accounts



Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- Make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

21.06.22

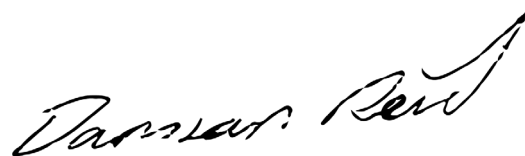
Date



Chief Executive

21.06.22

Date



Chief Financial Officer





Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for East Sussex Healthcare NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2021/22 have been completed and this certificate accompanies them.

Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:
 - The financial records maintained by the NHS trust
 - Accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
 - The template accounting policies for NHS trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.
2. I certify that the TAC schedules are internally consistent and that there are no validation errors.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust.

Damian Reid, Chief Financial Officer, 21.06.22

Chief Executive Certificate

1. I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS Improvement.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

Joe Chadwick-Bell, Chief Executive, 21.06.22

Meeting our financial plan

Like all NHS organisations the impact of COVID-19 has had a material impact on the Trust's finances, both in regards to level of expenditure and income, but also in the financial regime in which we have operated.

Funding levels were calculated and prescribed at a fixed level by NHSE/I to deliver core services. In addition, NHS organisations were able to recover some incremental costs resulting from their COVID-19 pandemic response albeit the majority of this was fixed based on national expectations of spend.

The Trust had a plan for breakeven over 2021/22 (across both the planning horizons of "Half One" and "Half Two") and we are pleased to report we were able to outperform this and deliver a small surplus of £0.1m.

Cost Improvement

The COVID-19 pandemic had a material impact on our ability to deliver efficiency savings through a normal Cost Improvement Programme (CIP) which looks to reduce costs relative to activity levels without reducing quality or safety of the care we provide. This is both because of the limitations the pandemic created on service changes but also as the Trust transitions between a state of emergency response to the pandemic to more business as usual activity,

Despite this context, we maintained a reduced CIP programme and were able to deliver cash-out efficiency savings of £14.7m on a like for like basis. This is based on the Model Hospital and GIRFT programmes, which aim to improve quality and safety and thereby deliver efficiencies.

We achieved these savings by reducing our use of expensive agency staff, embracing new technology such as the digital management of medical notes, reducing unnecessary lengths of stay in hospital and by making efficiencies in medicine management. These changes have reduced the amount we spend, whilst also providing better care and outcomes for our patients.

Operating and Financial Review

During 2021/22 the Trust continued to experience increased cost from the impact of the COVID-19 pandemic both in terms of treating patients with COVID-19 but also on staff sickness, personal protective equipment, and the need to run different pathways for other services. Continuing the approach to the second half of 2020/21, apart from specific services the Trust operated on a fixed level of income regardless of how these cost fluctuated.



The financial arrangements continued to be that income was calculated and prescribed at a fixed level by NHSE/I to deliver core services. In addition to this the Trust had access to the Elective Recovery Fund and Targeted Investment Fund to support the delivery of elective activity to recover services and begin to address the backlog and was able to significantly over-perform the national baseline meaning additional financial support for the Trust but more importantly the ability to treat more of our patients.

The Trust had a plan for breakeven over 2021/22 (across both the planning horizons of "Half One" and "Half Two") and we are pleased to report we were able to outperform this and deliver a small surplus of £0.1m. This is now the third year in a row the Trust has delivered its Financial plan. We were able to deliver this through additional funding

under the elective recovery fund as set out above and also by delivering our efficiency plan of £14.7m. We achieved these savings by reducing our use of expensive agency staff, embracing new technology such as the digital management of medical notes, reducing unnecessary lengths of stay in hospital and by making efficiencies in medicine management. These changes have reduced the amount we spend, whilst also providing better care and outcomes for our patients.

We have a clinical strategy in place which will ensure clinical and financial stability across all of our key services. We have used the national Model Hospital toolkit, GIRFT initiative, other benchmarking tools, and worked with NHSE/I teams to help us develop and address the issues driving our deficit. The 2021/22 financial plan, and the associated Cost Improvement Plan, were based around these drivers, including income recovery, service sustainability, workforce costs, infrastructure costs and technology requirements, and have been where we have focused our attention in to help us deliver a balanced financial position.

We are pleased to report that the Trust was able to invest a significant amount of capital in the year through support of the ICS and additional funding from NHSE/I and DHSC. Total capital expenditure of property plant and equipment was £36.3m in 2021/22 compared to £37.4m in 2020/21. In addition, we have used alternative forms of capital funding (e.g. leasing) to make improvements across our sites. The continued generosity of the Friends of our Hospitals must be noted, as these donations directly improve patient care and experience – these donations have continued across the year and are welcomed by our staff.



However, whilst this has helped address some of the historical issues, we have an ageing estate with significant backlog maintenance. There remains an ongoing need to invest in capital items such as IT and medical equipment. We have limited internal capital funds to invest in these requirements and will not be able to meet these needs without externally sourced funds. This presents a risk that essential works may not be affordable.

In September 2019, the DHSC published a paper on a "New Hospital Building Programme" (HIP2). This set out a long-term programme of investment in health infrastructure that included capital to build new hospitals, invest in diagnostics and technology, and to help eradicate critical safety issues in NHS estates. The Trust was identified for investment under the programme and initial funding provides the opportunity to reconsider, remodel and redesign our estate to ensure that it is fit for purpose, to meet the health care needs of our population and to deliver safe and sustainable service in the future. During 2021/22, the Trust received and spent £1.9m allowing us to continue enabling works and developing our business case building on the strategic outline case developed during 2020/21.

Looking forward to 2022/23, we will be looking to maximise every opportunity of obtaining capital funding to supplement our core capital allocation of c.£26.4m, in particular we have been successful in bidding for a Public Sector Decarbonisation Grant of £28.8m for work on our Eastbourne site. Our capital budget, which has more demands on it than funds available, will support the much needed investment in infrastructure, IT and equipment across the organisation.



Despite the external environment, the Trust continued to make significant progress in improving its financial governance in 2021/22, including acting on the key drivers of the underlying deficit and maintaining financial control and with particular focus on capital controls given the significant levels of expenditure. To make sure these improvements are maintained, we will continue to strengthen our financial controls, our financial planning and to improve our reporting.

In 2022/22, the Trust continued to strengthen its cash flow management procedures, maintaining a health cash balance throughout the period and making sustained improvements on the “Better Payment Practice Code”. The Trust remains committed to supporting local suppliers and routinely reviews its creditor position to ensure that delays in payment are minimised.

In 2022/23, we will continue to use Service Line Reporting and Patient Level Information Costing as tools to increase clinical engagement in understanding and improving our cost drivers and profitability, as well as providing management with better information on which to make business decisions. The Trust is fully engaged in the national operational productivity programme, led by NHSI, and the GIRFT clinical improvement programme. These programmes help the Trust understand the links between clinical activity and cost across the organisation and, working with our partners within the local health economy, to ensure that the right models of care are put in place to ensure that we continue to deliver high quality care to all of our patients.



The Trust Board gains assurance on financial matters through the Finance and Investment Committee, which ensures that all material financial risks and developments are closely scrutinised and that senior management is properly held to account for the Trust's financial performance. Clinical representation at this Committee helps to ensure that clinical quality and patient safety issues are always considered alongside financial performance and risk. In addition to the scrutiny provided by the Finance and Investment Committee, key financial risks form part of the Trust-wide high level corporate risk register, which is regularly updated and assessed by the Audit Committee and referred onwards to the Trust Board where significant risks are considered and appropriate action taken.

The Trust has also continued to work with and alongside key partners in the local health economy, including the clinical commissioning groups (CCG) and East Sussex County Council, to strengthen local plans for the improvement of health outcomes for the East Sussex population. The local health economy faces financial challenges and the management of these is being addressed on a system wide basis. This includes joint working on key change programmes, including supporting the development of primary care and community services to provide support and care closer to home.



Despite the pandemic, close working continues to take place with our CCGs to ensure that we can achieve financial balance as a system. To do this, the system must:

- Realise more recurrent cost improvement plans for the Trust and quality, innovation, productivity and prevention (QIPP) plans for the CCGs;
- Significantly reduce recent increases in demand trends in our Accident and Emergency Departments as well as reducing non-elective demand;
- Change the pattern of investment with more investment in out of acute settings, front loading clinical capacity at the acute 'front door' clinical services and reducing unnecessary or lower planned care interventions and acute outpatient services; and
- Transform the system's operating model to one with a lower cost base per head.

All of this must be achieved within a constrained capital and revenue investment environment and in the context of high growth in our over 85 population – the patient cohort most in need of support. The Trust has worked together with our local CCGs and local partners on progressing system financial sustainability to ensure that our patients receive the highest quality care in an appropriate setting for their needs.



Looking ahead to 2022/23, the financial arrangements that existing under COVID-19 regime are reverting to a local contractual relationship with discretion to amend the values and overall approach. However, national guidance is to build contract values and general approaches off of the 2021/22 Half Two position and this means the arrangements that will be operating in Sussex are broadly similar to 2021/22. NHS planning guidance asset out an expectation that at a system level we are expected to break- even. However due to inflation being higher than previous expected and on-going costs of COVID-19, like most Integrated Care Systems this does not appear to be a feasible expectation in the current climate and the NHS organisations with Sussex collectively and individually are planning on a deficit position for 2022/23. As part of this the Trust's budget deficit is £13.5m however this is subject to ongoing discissions with NHS England/Improvement.



Accounts Highlights	2021/22	2020/21
	£000	£000
Surplus/(Deficit) for the year	68	346
Public Dividend Capital Payable	(7,850)	(5,785)
Value of Property, Plant and Equipment	278,183	251,886
Value of Borrowings (including loans)	0	0
Cash at 31 March	61,108	66,559
Creditors - trade and other	(41,650)	(53,806)
Debtors - trade and other	13,261	16,390
Revenue from Patient Care Activities	527,270	456,591
Clinical Negligence Costs	13,142	10,662
Gross Employee Benefits	374,727	357,704

	2021/22	2020/21
Financial Position	£000	£000
Operating Income from Patient Care	527,270	456,591
Other operating income	41,066	77,397
Annual Income	568,336	533,988
Total Spend for the Year	(561,882)	(527,958)
Operating Surplus/(Deficit) from continuing operations	6,454	6,030
Finance Expenses	(7,820)	(5,862)
Other Gains/(Losses)	10	2
Surplus/(Deficit) for the year	(1,356)	170
Remove Impairments	811	632
Remove impact of capital grants	375	105
Remove net impact of inventories received from DHSC group bodies for COVID-19 response	238	(561)
Adjusted financial performance Surplus/(Deficit)	68	346

	2021/22	2020/21
Financial Headline	£000	£000
Capital Spend (Gross)	37,916	38,225
Total Income for the Charity	286	681
Total Income from NHS Charities Together	105	247
Consultancy Costs	37	63

Better Payment Practice Code				
	2021/22		2020/21	
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	109,186	209,410	98,756	171,278
Total non-NHS trade invoices paid within target	89,688	197,100	73,410	153,734
Percentage of non-NHS trade invoices paid within target	82.1%	94.1%	74.3%	89.8%
NHS Payables				
Total NHS trade invoices paid in the year	1,932	35,374	1,970	25,001
Total NHS trade invoices paid within target	1,831	35,232	1,739	24,049
Percentage of NHS trade invoices paid within target	94.8%	99.6%	88.3%	96.2%



East Sussex Healthcare NHS Trust

Annual accounts for the year ended 31 March 2022



Statement of Comprehensive Income

		2021/22	2020/21
	Note	£000	£000
Operating income from patient care activities	3	527,270	456,591
Other operating income	4	41,066	77,397
Operating expenses	6, 8	(561,882)	(527,958)
Operating surplus from continuing operations		6,454	6,030
Finance income	11	34	-
Finance expenses	12	(4)	(77)
PDC dividends payable		(7,850)	(5,785)
Net finance costs		(7,820)	(5,862)
Other gains	13	10	2
Surplus / (deficit) for the year from continuing operations		(1,356)	170
Surplus / (deficit) for the year		(1,356)	170
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(4,851)	(8,072)
Revaluations	17	11,981	8,452
Total comprehensive income for the year		5,774	550
Note to the Statement of Comprehensive Income			
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the year		(1,356)	170
Remove net impairments not scoring to the Departmental expenditure limit		811	632
Remove I&E impact of capital grants and donations		375	105
Remove net impact of inventories received from DHSC group bodies for COVID response		238	(561)
Adjusted financial performance surplus		68	346

Statement of Financial Position

		31 March 2022	31 March 2021
	Note	£000	£000
Non-current assets			
Intangible assets	14	3,632	2,623
Property, plant and equipment	15	278,183	251,886
Receivables	19	2,615	2,272
Total non-current assets		284,430	256,781
Current assets			
Inventories	18	8,595	8,155
Receivables	19	10,646	16,390
Cash and cash equivalents	20	61,108	66,559
Total current assets		80,349	91,104
Current liabilities			
Trade and other payables	21	(41,650)	(53,806)
Provisions	24	(322)	(296)
Other liabilities	22	(7,230)	(2,361)
Total current liabilities		(49,202)	(56,463)
Total assets less current liabilities		315,577	291,422
Non-current liabilities			
Provisions	24	(4,793)	(5,889)
Total non-current liabilities		(4,793)	(5,889)
Total assets employed		310,784	285,533
Financed by			
Public dividend capital		444,694	425,217
Revaluation reserve		97,745	90,615
Income and expenditure reserve		(231,655)	(230,299)
Total taxpayers' equity		310,784	285,533

Notes 1 to 35 form part of these accounts.

Name Joanne Chadwick-Bell
 Position Chief Executive
 Date 21 June 2021

Joanne Chadwick-Bell

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	425,217	90,615	(230,299)	285,533
Deficit for the year	-	-	(1,356)	(1,356)
Impairments	-	(4,851)	-	(4,851)
Revaluations	-	11,981	-	11,981
Public dividend capital received	19,477	-	-	19,477
Taxpayers' and others' equity at 31 March 2022	444,694	97,745	(231,655)	310,784

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	162,619	90,235	(230,469)	22,385
Surplus for the year	-	-	170	170
Impairments	-	(8,072)	-	(8,072)
Revaluations	-	8,452	-	8,452
Public dividend capital received	262,598	-	-	262,598
Taxpayers' and others' equity at 31 March 2021	425,217	90,615	(230,299)	285,533

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care (DHSC). A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

		2021/22	2020/21
	Note	£000	£000
Cash flows from operating activities			
Operating surplus		6,454	6,030
Non-cash income and expense:			
Depreciation and amortisation	6	16,871	15,310
Net impairments	7	811	632
Income recognised in respect of capital donations	4	(760)	(992)
Decrease in receivables and other assets		5,069	32,327
Increase in inventories		(440)	(815)
Increase in payables and other liabilities		588	24,388
Increase / (decrease) in provisions		(1,074)	2,945
Other movements in operating cash flows		(54)	(284)
Net cash flows from / (used in) operating activities		27,465	79,541
Cash flows from investing activities			
Interest received		34	-
Purchase of intangible assets		(1,656)	(834)
Purchase of PPE and investment property		(44,186)	(35,227)
Sales of PPE and investment property		68	8
Receipt of cash donations to purchase assets		760	455
Net cash flows from / (used in) investing activities		(44,980)	(35,598)
Cash flows from financing activities			
Public dividend capital received		19,477	262,598
Movement on loans from DHSC		-	(234,624)
Interest on loans		-	(1,315)
Other interest		-	(1)
PDC dividend paid		(7,413)	(6,142)
Net cash flows from / (used in) financing activities		12,064	20,516
Increase / (decrease) in cash and cash equivalents		(5,451)	64,459
Cash and cash equivalents at 1 April - brought forward		66,559	2,100
Cash and cash equivalents at 31 March	20	61,108	66,559

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

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Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Under the NHS standard contract, the Trust is paid according to a prescribed timetable based on estimated activity and performance levels. The contract then has a range of mechanisms for raising and resolving performance issues within specified timeframes. A reconciliation is performed between the paid and final agreed amounts and adjustments are applied where appropriate.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

In 2021/22, some high cost drugs commissioned by NHS England were on a cost and volume basis, and all Cancer Drug Funds were commissioned on a cost and volume basis. Both organisations make a monthly payment, with a final adjustment based on the reconciled final drug report. This will be completed after May 2022, and the Trust have made an estimate of the final reconciled value.

Revenue from non-NHS contracts – SMSKE Partnership

The Trust receives income for musculoskeletal services from a non-NHS commissioner. This uses the same contracting arrangements as NHS contracts. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as health care is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the non-NHS commissioner but the customer benefits as services are provided to the patient. Even where a contract could be broken down into separate performance obligations, health care generally aligns with delivery of a series of goods or services that are substantially the same and have a similar

Revenue from non-NHS contracts – Local Authority

The Trust receives income for two distinct services – provision of healthcare services and provision of staff. The healthcare service uses a similar contracting arrangement as the NHS contract. A performance obligation relating to delivery of an episode of health care is generally satisfied over time as health care is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner but the customer benefits as services are provided to the patient. Even where a contract could be broken down into separate performance obligations, health care generally aligns with the delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

For the provision of staff, revenue is recognised as and when performance obligations are satisfied during the period covered by the recharge.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Non-patient care services to other bodies

The Trust supplies a range of staff and goods to a range of customers, and also rents out facilities. For these services, revenue is recognised as and when performance obligations are satisfied during the period covered by the recharge.

Revenue from education and training

Where education and training contracts fall under IFRS 15, revenue is recognised as and when obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. The Trust may defer revenue into future periods until the performance obligation has occurred.

Note 1.4 Other forms of income**Grants and donations**

Government grants are grants from government bodies other than income from Commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits**Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs**NHS Pension Scheme**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.8 Property, plant and equipment**Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

This includes assets donated to the Trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) methodology, however the Pharmacy system, uses the weighted average cost formula so drugs are valued in this way. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as a lessor**Finance leases**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2022.

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 24.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.19 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted**IFRS 16 Leases**

IFRS 16 Leases will replace *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	28,671
Additional lease obligations recognised for existing operating leases	(28,560)
Net impact on net assets on 1 April 2022	111

Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(3,247)
Additional finance costs on lease liabilities	(268)
Lease rentals no longer charged to operating expenditure	3,398
Estimated impact on surplus / deficit in 2022/23	(117)

Estimated in-year impact on Statement of Cash Flows	£000
Cash flows from operating activities	
Operating surplus / (deficit)	3,398
Non-cash income and expense:	
Depreciation and amortisation	(3,247)
Net cash flows from / (used in) operating activities	151
Cash flows from investing activities	
Purchase of PPE and investment property	(28,671)
Net cash flows from / (used in) investing activities	(28,671)
Cash flows from financing activities	
Capital element of finance lease rental payments	28,560
Interest paid on finance lease liabilities	(268)
Net cash flows from / (used in) financing activities	28,292
Increase / (decrease) in cash and cash equivalents	(228)

Note 1.23 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Charitable Funds

The East Sussex Healthcare NHS Trust Charitable Fund is not consolidated with the Trust accounts on the grounds of materiality.

Valuation of Land and Buildings

The Department of Health and Social Care (DHSC) guidance specifies that the Trust's land and buildings should be valued on the basis of depreciated replacement cost (DRC), applying the Modern Equivalent Asset (MEA) concept. This concept is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore the MEA is not a valuation of the existing land and buildings held by the Trust, but a theoretical valuation for accounting purposes of what the Trust could need to spend in order to replace the existing assets. In determining the MEA, the Trust has to make assumptions that are practically achievable, however the Trust is not required to have any plans to make these changes.

The Trust is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided.

The land and buildings asset valuation carried out on 31 March 2022 was completed on a modern equivalent asset basis (MEA). The Trust's estate was classified as specialised operational properties and an existing use value alternative, was used. This assumes that the assets would be replaced with a modern equivalent, and although not necessarily a building of identical arrangement and composition, the service provision would be the same as the existing asset.

The alternative modern equivalent asset may be smaller under the Trust's alternative modern equivalent asset valuation with modern alternative hospitals giving rise to the same service potential but on a smaller footprint, Gross Internal Area (GIA), to serve the catchment area of the local population.

The MEA valuations used by the Trust have been provided by the external valuers, Gerald Eve LLP.

Note 1.24 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property, plant and equipment valuations

The estimation of the valuation of Property and Land is based on professional valuer methodologies for applying modern equivalent asset (MEA) concepts to the estimation of depreciated replacement cost (DRC).

The main estimation uncertainty of the modern equivalent asset method would be the cost of the building at a new site and also the floor area required to deliver healthcare services within this new build. The current carrying value of buildings is £204,373k and a 5% reduction or increase in floor area or building costs would lead to a reduction or

Note 2 Operating Segments

The Trust has considered IFRS8 Operating Segments and has taken the view that its activities should be reported as a single entity rather than in a segmental manner. Although financial performance is reported to the Executive Board Members at a divisional level, the key financial information for decision making purposes is based on the single entity as a whole. Furthermore, the Trust's business is the delivery of acute and community healthcare across a single economic environment. No separate reportable segments have therefore been identified.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.

Note 3.1 Income from patient care activities (by nature)

	2021/22	2020/21
	£000	£000
Acute services		
Block contract / system envelope income	384,687	332,884
High cost drugs income from commissioners (excluding pass-through costs)	41,986	38,978
Other NHS clinical income	469	3,730
Community services		
Block contract / system envelope income	49,839	43,351
Income from other sources (e.g. local authorities)	9,477	9,592
All services		
Private patient income	1,547	997
Elective recovery fund	10,470	-
Additional pension contribution central funding*	14,265	13,408
Other clinical income	14,530	13,651
Total income from activities	527,270	456,591

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2021/22	2020/21
	£000	£000
Income from patient care activities received from:		
NHS England	69,096	67,703
Clinical commissioning groups	435,558	364,646
Department of Health and Social Care	20	24
Other NHS providers	39	45
NHS other	-	24
Local authorities	9,477	9,592
Non-NHS: private patients	1,547	997
Non-NHS: overseas patients (chargeable to patient)	252	47
Injury cost recovery scheme	804	409
Non NHS: other*	10,477	13,104
Total income from activities	527,270	456,591
Of which:		
Related to continuing operations	527,270	456,591

*Services to Sussex MSK Services £10.4m (2020/21 £12.6m)

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2021/22	2020/21
	£000	£000
Income recognised this year	252	47
Cash payments received in-year	92	53
Amounts added to provision for impairment of receivables	137	50
Amounts written off in-year	11	60

Note 4 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	864	-	864	482	-	482
Education and training	11,751	697	12,448	10,367	518	10,885
Non-patient care services to other bodies	9,410		9,410	4,960		4,960
Reimbursement and top up funding	7,006		7,006	43,326		43,326
Income in respect of employee benefits accounted on a gross basis	1,163		1,163	1,112		1,112
Receipt of capital grants and donations		760	760		992	992
Charitable and other contributions to expenditure		2,361	2,361		10,937	10,937
Rental revenue from operating leases	1,245	-	1,245	1,066	-	1,066
Other income	5,809	-	5,809	3,637	-	3,637
Total other operating income	37,248	3,818	41,066	64,950	12,447	77,397
Of which:						
Related to continuing operations			41,066			77,397

Rental revenue from other operating leases restated in 2020/21 from Non-patient care services to other bodies and Other income.

Following the change in funding arrangements made during 2020/21, new funding in the form of Reimbursement and Top-up funding was received (£39.2m). In 2021/22, the equivalent funding was received via CCGs and is included within Income from Patient Care Activities (Note 3.1 and Note 3.2).

	2021/22	2020/21
	£000	£000
Further analysis of 'Other income'		
Car Parking income	509	263
Catering	386	349
Property rental (not lease income)	328	124
Staff accommodation rental	1,635	1,548
Staff contribution to employee benefit schemes	129	-
Crèche services	607	550
Clinical excellence awards	123	66
Other income generation schemes (recognised under IFRS 15)	2,092	633
Other income not already covered (recognised under IFRS 15)	-	104
	5,809	3,637

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2021/22	2020/21
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,361	1,350

Note 6 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,005	4,769
Purchase of healthcare from non-NHS and non-DHSC bodies	7,884	6,308
Staff and executive directors costs	373,024	356,808
Remuneration of non-executive directors	154	129
Supplies and services - clinical (excluding drugs costs)	45,352	42,208
Supplies and services - general	5,866	6,159
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	51,800	47,982
Consultancy costs	37	63
Establishment	6,607	6,357
Premises	17,772	17,926
Transport (including patient travel)	773	940
Depreciation on property, plant and equipment	16,224	14,731
Amortisation on intangible assets	647	579
Net impairments	811	632
Movement in credit loss allowance: contract receivables / contract assets	220	428
Increase/(decrease) in other provisions	445	2,912
Change in provisions discount rate(s)	44	71
Fees payable to the external auditor		
audit services- statutory audit (including £19k irrecoverable VAT)	115	100
Internal audit costs	194	177
Clinical negligence	13,142	10,662
Legal fees	147	327
Insurance	362	328
Education and training	2,226	2,178
Rentals under operating leases	2,825	2,850
Early retirements	11	3
Redundancy	46	59
Car parking & security	-	15
Hospitality	-	(3)
Other	11,149	2,260
Total	561,882	527,958
Of which:		
Related to continuing operations	561,882	527,958

Professional Fees of £9.2m are within Other Operating Expenditure.

Note 6.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2020/21: £2 million).

Note 7 Impairment of assets

	2021/22	2020/21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	811	632
Total net impairments charged to operating surplus / deficit	811	632
Impairments charged to the revaluation reserve	4,851	8,072
Total net impairments	5,662	8,704

The net impairments of £5,662k relate to a change in value of the Trust's estate following the annual review carried out by the external valuer, Gerald Eve LLP.

Note 8 Employee benefits

	2021/22	2020/21
	Total	Total
	£000	£000
Salaries and wages	286,016	271,780
Social security costs	28,152	26,050
Apprenticeship levy	1,446	1,345
Employer's contributions to NHS pensions	46,776	43,916
Pension cost - other	94	85
Termination benefits	36	-
Temporary staff (including agency)	12,207	14,528
Total staff costs	374,727	357,704
Of which		
Costs capitalised as part of assets	1,646	834

Note 8.1 Retirements due to ill-health

During 2021/22 there were 5 early retirements from the Trust agreed on the grounds of ill-health (7 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £531k (£310k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as at 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see link 1 below) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website (see link 2 below).

1. [Actuarial valuations of public service pensions schemes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/100444/actuarial-valuation-directions-2021.pdf)

2. <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>

c) National Employees Savings Trust (NEST)

The Trust participates in the National Employees Savings Trust (NEST) scheme as an alternative for those employees who are not able to join the NHS Pension Scheme. This came into effect in July 2013 for this Trust as part of the auto enrolment requirements introduced by the Government. NEST is a defined contribution scheme with a phased employer contribution rate, set at 3% for 2021/22 (3% for 2020/21). Trust contributions under the NEST scheme for 2021/22 financial year totalled £94k (£85k for 2020/21).

Note 10 Operating leases**Note 10.1 East Sussex Healthcare NHS Trust as a lessee**

This note discloses costs and commitments incurred in operating lease arrangements where East Sussex Healthcare NHS Trust is the lessee.

The leases relate to cars, medical equipment, buildings and photocopiers. Lease periods range from 3 years to over 5 years.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	2,825	2,850
Total	2,825	2,850
	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	2,498	3,209
- later than one year and not later than five years;	7,142	4,915
- later than five years.	5,992	609
Total	15,632	8,733

For the year ended 31 March 2022 the Trust has applied an anticipated end date for all NHSPS property leases of 10 years from 01 April 2022 following guidance issued by NHSIE (2020/21 : an estimated lease period of 4 years was applied). The application of this guidance has resulted in the increase in future lease payments that are due.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2021/22	2020/21
	£000	£000
Interest on bank accounts	34	-
Total finance income	34	-

Note 12 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2021/22	2020/21
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	-	43
Interest on late payment of commercial debt	-	1
Total interest expense	-	44
Unwinding of discount on provisions	4	33
Total finance costs	4	77

Note 12.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2021/22	2020/21
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	1

Note 13 Other gains

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	10	2
Total gains on disposal of assets	10	2
Total other gains	10	2

Note 14 Intangible assets - 2021/22

	Development expenditure	Total
	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	5,319	5,319
Additions	1,656	1,656
Valuation / gross cost at 31 March 2022	6,975	6,975
Amortisation at 1 April 2021 - brought forward	2,696	2,696
Provided during the year	647	647
Amortisation at 31 March 2022	3,343	3,343
Net book value at 31 March 2022	3,632	3,632
Net book value at 1 April 2021	2,623	2,623

Note 14.1 Intangible assets - 2020/21

	Development expenditure	Total
	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	4,485	4,485
Additions	834	834
Valuation / gross cost at 31 March 2021	5,319	5,319
Amortisation at 1 April 2020 - as previously stated	2,117	2,117
Provided during the year	579	579
Amortisation at 31 March 2021	2,696	2,696
Net book value at 31 March 2021	2,623	2,623
Net book value at 1 April 2020	2,368	2,368

Note 15 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2021 - brought forward	15,900	180,314	-	4,427	90,978	223	43,123	5,433	340,398
Additions	-	18,357	-	202	7,029	32	10,505	135	36,260
Impairments	(4,851)	(811)	-	-	-	-	-	-	(5,662)
Revaluations	-	6,513	-	-	-	-	-	-	6,513
Disposals / derecognition	-	-	-	-	(2,436)	-	-	(6)	(2,442)
Valuation/gross cost at 31 March 2022	11,049	204,373	-	4,629	95,571	255	53,628	5,562	375,067
Accumulated depreciation at 1 April 2021 - brought forward	-	-	-	-	61,404	223	23,249	3,636	88,512
Provided during the year	-	5,468	-	-	6,606	-	3,753	397	16,224
Revaluations	-	(5,468)	-	-	-	-	-	-	(5,468)
Disposals / derecognition	-	-	-	-	(2,378)	-	-	(6)	(2,384)
Accumulated depreciation at 31 March 2022	-	-	-	-	65,632	223	27,002	4,027	96,884
Net book value at 31 March 2022	11,049	204,373	-	4,629	29,939	32	26,626	1,535	278,183
Net book value at 1 April 2021	15,900	180,314	-	4,427	29,574	-	19,874	1,797	251,886

Note 15.1 Property, plant and equipment - 2020/21

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2020 - as previously stated	15,972	185,038	-	-	79,444	223	34,926	5,158	320,761
Additions	-	12,584	632	3,810	11,689	-	8,197	479	37,391
Impairments	(72)	(8,000)	(632)	-	-	-	-	-	(8,704)
Revaluations	-	(8,691)	-	-	-	-	-	-	(8,691)
Reclassifications	-	(617)	-	617	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(155)	-	-	(204)	(359)
Valuation/gross cost at 31 March 2021	15,900	180,314	-	4,427	90,978	223	43,123	5,433	340,398
Accumulated depreciation at 1 April 2020 - as previously stated	-	11,308	-	-	56,734	223	19,482	3,530	91,277
Provided during the year	-	5,835	-	-	4,819	-	3,767	310	14,731
Revaluations	-	(17,143)	-	-	-	-	-	-	(17,143)
Disposals / derecognition	-	-	-	-	(149)	-	-	(204)	(353)
Accumulated depreciation at 31 March 2021	-	-	-	-	61,404	223	23,249	3,636	88,512
Net book value at 31 March 2021	15,900	180,314	-	4,427	29,574	-	19,874	1,797	251,886
Net book value at 1 April 2020	15,972	173,730	-	-	22,710	-	15,444	1,628	229,484

Line movements noted as Revaluations relate to the write out of depreciation on revaluation rather than a revaluation movement for the assets.

Note 15.2 Property, plant and equipment financing - 2021/22

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2022								
Owned - purchased	11,049	200,281	4,629	25,319	32	26,609	1,331	269,250
Owned - donated/granted	-	4,092	-	4,620	-	17	204	8,933
NBV total at 31 March 2022	11,049	204,373	4,629	29,939	32	26,626	1,535	278,183

Note 15.3 Property, plant and equipment financing - 2020/21

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021								
Owned - purchased	15,900	176,329	4,427	24,695	-	19,816	1,534	242,701
Owned - donated/granted	-	3,985	-	4,879	-	58	263	9,185
NBV total at 31 March 2021	15,900	180,314	4,427	29,574	-	19,874	1,797	251,886

Note 16 Donations of property, plant and equipment

The following organisations donated assets to the Trust during 2021/22;

Friends of the Eastbourne Hospital £204,822 (2020/21 £108,762)

The League of Friends of the Bexhill Hospital C O £97,844 (2020/21 £255,442)

The League of Friends of the Conquest Hospital £407,740 (2020/21 £449,816)

East Sussex Healthcare NHS Trust Charitable Fund £48,196 (2020/21 £0)

The League of Friends of Uckfield Community Hospital £8,364 (2020/21 £0)

NHS Charities Together £0 (2020/21 £34,500)

Note 17 Revaluations of property, plant and equipment

The freehold property known as East Sussex Healthcare NHS Trust was valued as at 31 March 2022 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RCIS Valuation - Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

As a result of the revaluation carried out at 31 March 2022, the Trust's assets were valued upwards by £2,587k (2020/21 downwards £8,134k). The revaluation resulted in gains of £6,513k which were applied to the Revaluation Reserve and impairments of £3,926k, of which £811k was taken to I&E, and the remainder was applied to the Revaluation Reserve.

The range of lives of property, plant and equipment and intangibles are as follows;

Buildings, between 11 and 81 years (as per valuation)

Plant and machinery, 3 to 80 years

Motor vehicles, 4 to 7 years

IT equipment, 3 to 15 years

Furniture & fittings, 3 to 70 years

IT In-house Software (intangibles), 5 to 7 years

The annual review of asset lives resulted in an in year increase in depreciation of £424,392 (2020/21 £756,627 increase). Reducing asset lives increases in-year depreciation costs but decreases the number of years in which depreciation is charged for individual assets.



Note 18 Inventories

	31 March 2022	31 March 2021
	£000	£000
Drugs	4,032	3,572
Consumables	4,370	4,394
Energy	193	189
Total inventories	8,595	8,155
of which:		

Inventories recognised in expenses for the year were £70,983k (2020/21: £81,406k).

Write-down of inventories recognised as expenses for the year were £0k (2020/21: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £1,946k of items purchased by DHSC (2020/21: £10,352k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 19 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	6,271	11,124
Capital receivables	396	342
Allowance for impaired contract receivables / assets	(280)	(342)
Deposits and advances	71	61
Prepayments (non-PFI)	2,397	3,499
PDC dividend receivable	-	386
VAT receivable	1,129	649
Other receivables	662	671
Total current receivables	10,646	16,390
Non-current		
Contract receivables	2,584	1,571
Allowance for impaired contract receivables / assets	(603)	(353)
Other receivables	634	1,054
Total non-current receivables	2,615	2,272
Of which receivable from NHS and DHSC group bodies:		
Current	3,290	6,457
Non-current	634	1,053

Note 19.1 Allowances for credit losses

	2021/22	2020/21
	Contract receivables and contract assets £000	Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	695	370
New allowances arising	220	428
Utilisation of allowances (write offs)	(32)	(103)
Allowances as at 31 Mar 2022	883	695

Note 19.2 Exposure to credit risk

As the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

Note 20 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2021/22	2020/21
	£000	£000
At 1 April	66,559	2,100
Net change in year	(5,451)	64,459
At 31 March	61,108	66,559
Broken down into:		
Cash at commercial banks and in hand	53	37
Cash with the Government Banking Service	61,055	66,522
Total cash and cash equivalents as in SoFP	61,108	66,559
Total cash and cash equivalents as in SoCF	61,108	66,559

Note 20.1 Third party assets held by the trust

East Sussex Healthcare NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March	31 March
	2022	2021
	£000	£000
Monies on deposit	15	17
Total third party assets	15	17

Note 21 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	318	11,011
Capital payables	830	8,756
Accruals	27,963	20,217
Receipts in advance and payments on account	-	17
Social security costs	4,230	3,829
Other taxes payable	3,707	3,179
PDC dividend payable	51	-
Other payables	4,551	6,797
Total current trade and other payables	41,650	53,806
Of which payables from NHS and DHSC group bodies:		
Current	6,899	4,512

Note 22 Other liabilities

	31 March 2022 £000	31 March 2021 £000
Current		
Deferred income: contract liabilities	7,230	2,361
Total other current liabilities	7,230	2,361

Note 23 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC £000	Total £000
Carrying value at 1 April 2021	-	-
Carrying value at 31 March 2022	-	-

Note 23.1 Reconciliation of liabilities arising from financing activities - 2020/21

	DHSC £000	Total £000
Carrying value at 1 April 2020		
Cash movements:		
principal	(234,624)	(234,624)
Financing cash flows - payments of interest	(1,315)	(1,315)
Non-cash movements:		
Application of effective interest rate	43	43
Carrying value at 31 March 2021	-	-

Note 24 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2021	55	2,047	80	4,003	6,185
Change in the discount rate	-	44	-	-	44
Arising during the year	1	-	65	2,480	2,546
Utilised during the year	(18)	(179)	(24)	(947)	(1,168)
Reversed unused	-	(79)	(19)	(2,398)	(2,496)
Unwinding of discount	-	4	-	-	4
At 31 March 2022	38	1,837	102	3,138	5,115
Expected timing of cash flows:					
- not later than one year;	13	183	102	24	322
- later than one year and not later than five years;	25	745	-	25	795
- later than five years.	-	909	-	3,089	3,998
Total	38	1,837	102	3,138	5,115

The provision for pensions early departure costs and pensions injury benefits costs are calculated by current payments to the NHS Pensions Agency and adjusted for average life expectancy and discounted using the HM Treasury published discount rates.

The provision for legal claims provides for the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES). The provision covers the excess amount payable by the Trust and not the full liability of the claims which is borne by NHS Resolution under the non-clinical risk pooling scheme. The timings of cash flows are based on estimated dates for the finalisation of the claims. All are expected to be settled within one year.

The Clinicians' Pension Scheme relates to clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the previous tax year (2020/21) face a tax charge in respect of the growth of their NHS pensions benefits above their pension savings annual allowance threshold will be able to have this charge paid by the NHS Pension Scheme. NHS England and Improvement have used the information provided by Government Actuary's Department (GAD) and Business Services Authority (BSA) and calculated a national 'average discounted value per nomination'. A provision broadly equal to the tax charge owed by clinicians who want to take advantage of the 2020/21 commitment. This will be offset by the commitment from NHS England and Improvement and the Government to fund the payments to clinicians as and when they arise. Clinicians' Pension provision has been disclosed within other provisions and totals £658k.

A reversed and unused provision of £2,003k is included within other provisions and relates to a previously held capital provision that is no longer required.

Note 24.1 Clinical negligence liabilities

At 31 March 2022, £301,897k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East Sussex Healthcare NHS Trust (31 March 2021: £237,721k).

Note 25 Contingent assets and liabilities

	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities		
NHS Resolution legal claims	(48)	(45)
Employment tribunal and other employee related litigation	(185)	(63)
Net value of contingent liabilities	(233)	(108)

The contingent liability for Legal Claims represents the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES) notified to the Trust by NHS Resolution. The timings of the cash flows are based on estimated dates for the finalisation of the claims. All are expected to be settled within one year.

Note 26 Contractual capital commitments

	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	4,730	2,233
Intangible assets	371	-
Total	5,101	2,233

Note 27 Financial instruments**Note 27.1 Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with NHS healthcare commissioners and the way the latter bodies are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust may also borrow from government for revenue financing subject to approval by NHS England and NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 27.2 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2022		
Trade and other receivables excluding non financial assets	8,382	8,382
Cash and cash equivalents	61,108	61,108
Total at 31 March 2022	69,490	69,490

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2021		
Trade and other receivables excluding non financial assets	14,067	14,067
Cash and cash equivalents	66,559	66,559
Total at 31 March 2021	80,626	80,626

Note 27.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2022		
Trade and other payables excluding non financial liabilities	31,610	31,610
Total at 31 March 2022	31,610	31,610

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2021		
Trade and other payables excluding non financial liabilities	46,780	46,780
Total at 31 March 2021	46,780	46,780

Note 27.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022	31 March 2021
	£000	£000
In one year or less	31,610	46,780
Total	31,610	46,780

Note 27.5 Fair values of financial assets and liabilities

The fair value of receivables and cash is consistent with the carrying value in the Statement of Financial Position. Receivables comprise of amounts to be collected within 1 year and the non-current receivables for Injury Cost Recovery income. Non current receivables are not discounted as the difference to carrying values is not considered material. Cash is available on demand.

Payables arising under statutory obligations such as payroll taxes are not classified as financial liabilities. The fair value of payables is consistent with the carrying value in the Statement of Financial Position. Payables comprise of amounts to be paid within 1 year and are valued using discounted cashflows.

Note 28 Losses and special payments

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	10	8	14	14
Bad debts and claims abandoned	55	23	33	92
Stores losses and damage to property	61	194	86	233
Total losses	126	225	133	339
Special payments				
Ex-gratia payments	44	25	20	491
Total special payments	44	25	20	491
Total losses and special payments	170	250	153	830

2020/21 includes overtime corrective payments (Flowers judgement) of £476k. These payments are considered special payments for which HMT approval was sought nationally by NHS England on local employers' behalf. These are disclosed in the ex-gratia value of prior year.

Note 29 Related parties

Details of related party transactions with individuals are as follows:

Income from St Barnabas House Hospice: £15,662 (2020/21: £15,566).

Related party: Amanda Fadero, Non Executive Director who is interim CEO of the above organisation.

Income from Spire Sussex Hospital: £670,955 (2020/21: £920,568)

Related party: David Walker, Medical Director who has a private practice operating out of Spire Sussex Hospital.

The department of Health and Social Care is regarded as a related party. During 2021/22 East Sussex Healthcare NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

The bodies listed below have entered into income or expenditure transactions with the Trust over £500,000:

Brighton and Hove CCG

East Sussex CCG

Health Education England

Kent and Medway CCG

NHS England - Core

NHS England Central Specialised Commissioning Hub

Royal Surrey NHS Foundation Trust

South East Regional Office

Sussex Partnership NHS Foundation Trust

University Hospitals Sussex NHS Foundation Trust

West Sussex CCG

In addition, the Trust has had transactions over £500,000 with the following government body:

East Sussex County Council

The Trust has had a number of transactions over £500,000 with central government bodies:

HM Revenue and Customs

NHS Blood and Transplant

NHS Business Services Authority

NHS Pension Scheme

NHS Property Services

NHS Resolution

The Trust has received revenue and capital payments of £279,549 (2020/21: £720,429) from East Sussex Healthcare NHS Trust Charitable Fund. The Chair is a Non Executive Director of the Trust Board. At 31 March 2022, £87,457 was owed to the Trust by the Charitable Fund (2020/21: £95,052).

Note 30 Events after the reporting date

Events after the reporting period are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the financial statements are authorised. These events can be adjusting or non adjusting. There are no adjusting or non-adjusting events after the reporting period.

Note 31 Better Payment Practice code

	2021/22	2021/22	2020/21	2020/21
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	109,186	209,410	98,756	171,278
Total non-NHS trade invoices paid within target	89,688	197,100	73,410	153,734
Percentage of non-NHS trade invoices paid within target	82.1%	94.1%	74.3%	89.8%
NHS Payables				
Total NHS trade invoices paid in the year	1,932	35,374	1,970	25,001
Total NHS trade invoices paid within target	1,831	35,232	1,739	24,049
Percentage of NHS trade invoices paid within target	94.8%	99.6%	88.3%	96.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 32 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend

	2021/22	2020/21
	£000	£000
Cash flow financing	24,928	(36,485)
External financing requirement	24,928	(36,485)
External financing limit (EFL)	24,928	38,614
Under spend against EFL	-	75,099

Note 33 Capital Resource Limit

	2021/22	2020/21
	£000	£000
Gross capital expenditure	37,916	38,225
Less: Disposals	(58)	(6)
Less: Donated and granted capital additions	(760)	(992)
Charge against Capital Resource Limit	37,098	37,227
Capital Resource Limit	39,865	51,103
Under spend against CRL	2,767	13,876

Note 34 Breakeven duty financial performance

	2021/22
	£000
Adjusted financial performance surplus (control total basis)	68
Breakeven duty financial performance surplus	68

Note 35 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		350	(4,704)	87	522	(23,094)	88
Breakeven duty cumulative position	1,745	2,095	(2,609)	(2,522)	(2,000)	(25,094)	(25,006)
Operating income		282,807	299,623	385,281	387,400	364,240	384,876
Cumulative breakeven position as a percentage of operating income		0.7%	(0.9%)	(0.7%)	(0.5%)	(6.9%)	(6.5%)
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(47,997)	(43,792)	(53,878)	(44,781)	68	346	68
Breakeven duty cumulative position	(73,003)	(116,795)	(170,673)	(215,454)	(215,386)	(215,040)	(214,972)
Operating income	356,152	379,307	387,934	408,783	476,581	533,988	568,336
Cumulative breakeven position as a percentage of operating income	(20.5%)	(30.8%)	(44.0%)	(52.7%)	(45.2%)	(40.3%)	(37.8%)

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Statutory breakeven duty, overall and recurrent financial position: The Trust delivered a £33.9m deficit (pre PSF) and £68k surplus (post PSF) for the financial year 2019-20, taking account of £1.2m post technical item adjustments for donated assets and £1.0m of reversal impairments. Until 2019-20 the trust has been in technical breach of the statutory breakeven duty (NHS Act 2006) for some time. Breakeven has only been achieved through support of the provider sustainability fund in 2019-20 and system top up in 2020-21 and it will be many years before the underlying deficit is resolved. The Trust has been in regular contact with NHS Improvement to implement financial recovery plan.



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Quality Account 2021/2022

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Part 1 – Introduction

Statement of Quality from the Chief Executive

I am delighted to introduce the Quality Account 2021/22 for East Sussex Healthcare NHS Trust (ESHT).

This report summarises the Trust's quality achievements during 2021/22 and is designed to assure our local population, our patients and our partners that we provide high quality clinical care to our patients and service users. It also highlights areas for further improvement and sets out what we are doing to improve, in addition to our quality priorities for 2022/23.

Challenges have persisted across the NHS over the past year and ESHT has remained focused on improving the quality of care we provide to the patients under our care. We have achieved this while delivering care in exceptional circumstances; increased sickness absence, additional capacity open across our two hospital sites and significant resource challenges across the health and care sector more widely. All of these elements have together meant that 21/22 was a year unlike any other. We are incredibly proud of all our staff and volunteers who have gone above and beyond during this time in particular, and who continue to ensure we are to provide the best possible care in this unprecedented situation.

The Trust introduced innovative ways of working during the pandemic in order to continue to provide patient care and some of these will continue, for example, virtual clinics for outpatient services. These enabled many patients to receive outpatient appointments without the risks and anxieties associated with travel and attendance at hospital, particularly when Covid rates were high in the local communities.

The Trust has made progress towards the priorities we set in the 2021/22 Quality Account despite Covid-related disruption to our planned Quality Improvement initiatives. In recent months this important work has now been re-established and we are seeking to strengthen this through a stronger focus on transformation during 22/23.

Over the past year we have worked collaboratively with system partners on services for patients who present to the Trust with significant mental health challenges alongside their physical ill health and this work is continuing.

More than ever, our Trust values continue to be the foundation of all that we do. During the pandemic the Trust invested in the wellbeing of its staff with support being available to them via the Occupational Health and Wellbeing Teams.

Whilst acknowledging the challenges that Covid 19 has brought we would like to thank all of our members of staff, volunteers, Board members and local partners, people and organisations for supporting us and helping us achieve these high standards. The excellent improvements made during 2021/22 are testament to the commitment of the organisation to continue to strive for excellence.

Joe Chadwick-Bell Chief Executive



About us and the service we provide

About the Trust

East Sussex Healthcare NHS Trust provides safe, compassionate and high-quality hospital and community care to the half a million people living in East Sussex and those who visit our local area.

We are one of the largest organisations in East Sussex with an annual income of £534 million and we are the only integrated provider of acute and community care in Sussex. Our extensive health services are provided by over 7,000 dedicated members of staff working from two acute hospitals in Hastings and Eastbourne, three community hospitals in Bexhill, Rye and Uckfield, over 100 community sites across East Sussex, and in people's own homes.



In 2020 the Care Quality Commission (CQC) rated us as 'Good' overall, and 'Outstanding' for being Caring and Effective. The Conquest Hospital in Hastings and our Community Services were rated 'Outstanding' and Eastbourne DGH was rated 'Good'

Our two acute hospitals have Emergency Departments and provide 24 hour a day care, offering a comprehensive range of surgical, medical, outpatient and maternity services, supported by a full range of diagnostic and therapy services. Our centre for urology and stroke services is at Eastbourne DGH, while our centre for trauma services and obstetrics is at Conquest, Hastings.

At Bexhill Hospital we offer a range of outpatients, day surgery, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital we offer outpatients, rehabilitation and intermediate services. At Uckfield Hospital we provide day surgery and outpatient care. We also provide rehabilitation services jointly with East Sussex County Council Adult Social Care.

In the community, we deliver services that focus on people with long term conditions living well outside hospital, through our Integrated Locality Teams working with district and Community Nursing teams. Community members of staff also provide care to patients in their homes and from a number of clinics, health centres and General Practice (GP) surgeries.

To provide many of these services we work in partnership with East Sussex County Council and other providers across Sussex, as part of a locally focused and integrated health and social care network. We aspire to provide locally based and accessible services that are outstanding and always improving and our values shape our everyday work. Working together we drive improvements to care, services and the experience of local people and members of staff.

In the past year...

- Our Emergency Departments were used over 150,000 times, an increase of almost 30% on last year. 78.8% of people using our EDs were seen, treated and either discharged or admitted, within four hours
- 2,939 babies were born in our hospitals
- There were almost 50,000 elective admissions, 90% of these were day cases
- Over 24,000 cancer referrals were made to us, between April 2021 and February 2022

- There were over 420,000 outpatient appointments, over 285,000 of these were consultant-led
- Over 290,00 X-ray and scans were carried out
- Our switchboard answered almost 1.2 million calls during the year
- 80 members of staff were presented with awards for 25 years' service with a remarkable 66 colleagues marking 40 years' service
- Over the last few years, the Trust and other health and care organisations across Sussex have worked together as the Sussex Health and Care Partnership (SHCP) to make sure the experience of local people using services is more joined-up and better suited to their individual needs. SHCP brings together 13 organisations (NHS and local authorities) as an integrated care system (ICS).

Our Strategy

In 2021 we published our ambitious strategic plan which sets the overall direction for our services; enabling our residents to access the best care in the most appropriate place – at home, in the community or when they need to come into hospital.

With our Board, staff and partners we developed our five-year forward strategy “Better Care Together for East Sussex” that we believe is best for our residents and consistent with the Sussex-wide priorities. Our plan is built on four strategic aims:



Improving the health of our communities

We will prioritise health outcomes for the people we serve. Given our demographics, this means an emphasis on older people's services and a focus into those areas of our county where we know deprivation and poorer access to care is greatest. COVID-19 has shown us that by using virtual and digital technologies we can help our patients using different approaches. Working smarter will be at the heart of how we develop our services to benefit our patients and service users.

Collaborating to deliver better care

We already work alongside health and care partners, and this will become more important over the coming five years. Truly patient-focused services think about organisational interests last, not first. Our duty to collaborate will mean that when we plan our future, we will do this with more partners and patients involved in that process. We have built strong links with other providers and local authorities through our clinical work. In areas like primary care, we know that we can build further with colleagues in General Practice to provide better care.

Empowering our people

We want to make the Trust a great place to work. This means strengthening our care and support

for staff and ensuring we identify and develop our best and brightest. We know that if our people like working here that will show in the care we provide and the stories that patients and staff tell about us. We want staff to be proud to work here.

Ensuring Innovative and sustainable care

We recognise that “doing more of the same” is not going to be enough. COVID-19 showed us that we can be better when we are bolder. We want to design future-focused ways of working and caring for our patients that we can take with us into the new, improved hospitals that we are planning for on the Eastbourne and Hastings sites as part of our Building for our Future programme.

What the Trust will look like in 2026

The kind of Trust we want to see in five years is one where our performance is one of the best. Where we are:

- Providing excellent, high-quality care for patients, with national recognition for at least one service area (frailty)
- Recognised as a great place to be for the quality of care we provide and the support we offer for our people
- Prioritising our approach to green/sustainability issues
- Developing new clinical roles and ways of working that are collaborative and innovative that reach across organisational boundaries
- A digital-first way of working across our services
- A financially sustainable organisation within a viable Sussex system

We have also developed supporting strategies across the core areas that we know will enable us to deliver. Our supporting strategies – again developed with staff – cover:

- **Clinical:** Setting out the priorities for our services to enable us to serve patients the best we can
- **Digital:** Ensuring digital support for teams at the heart of improvements in care for patients
- **People:** Supporting our teams and workplace culture, making the Trust a great place to work
- **Estates:** Making the best use of our buildings for all our people and being environmentally aware

To be successful we will also need to work even more closely with our partners, in local government, in the NHS and within our voluntary and community sector.

NHS Staff Survey Results 2021

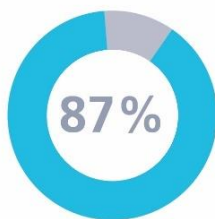


48%

Response rate
3,682
members of staff
completed questionnaires



East Sussex Healthcare
NHS Trust



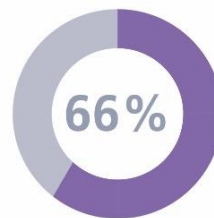
We are compassionate and inclusive
87% of our people feel their role makes a difference to patients and service users



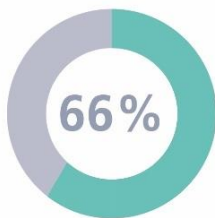
We each have a voice that counts (raising concerns)
75% of our people feel secure in raising concerns about unsafe clinical practice



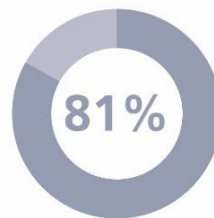
We each have a voice that counts (autonomy and control)
73% of our people feel they have frequent opportunities to show initiative in their role



We are always learning
66% of our people feel they are always learning and have the opportunity to improve their knowledge



We work flexibly
63% of our people feel they can approach their immediate manager to talk openly about flexible working



We are a team
81% of our people enjoy working with the colleagues in their team

We discuss the headlines from our Staff Survey results this year on p.46 of this report. Seeing these in the context of the Covid challenge shows that ESHT has performed well compared with our peers. This takes nothing away from the ongoing difficult operating environment, but it is a testament to our people and our developing workplace culture.

Our partnerships and collaboration

Working with the wider system

Across Sussex, the NHS and local councils look after social care and public health and continue to work together to improve health and care. The Sussex Health and Care Partnership (SHCP) brings together 13 organisations into what is known as an integrated care system (ICS). SHCP takes collective action to improve the health of local people, ensuring that health and care services are high-quality and make the most efficient use of resources.

Over the last few years, the Trust and other health and care organisations across Sussex have increasingly worked together as the SHCP to make sure the experience of local people using services is more joined-up and better suited to their individual needs. This way of working is based on the priorities and outcomes that matter to local communities, allowing all organisations to work together towards the same plan to improve health and wellbeing. This will help local people to stay healthy for longer, to receive more support and treatment at home and, if they do get ill, to ensure they get the right care in the right place at the right time. A focus going forward will be on inequalities and ensuring access for all those who need it.

Healthwatch

As part of a national network, there is a local Healthwatch in every local authority area in England. Healthwatch East Sussex works with the public of East Sussex to ensure that health and social care services work for the people who need/use them. Their focus is on understanding the needs, experiences and concerns of people of all ages who use services and to then speak out on their behalf. Their role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work and decision making. They do this by gathering people's experiences and identifying issues that are important to them and, when addressed, which will make services better for everybody. This year Healthwatch conducted qualitative research on patients' experience of virtual appointments in the Trust, identifying that two thirds of our patients found these to be a positive experience.

Purpose of the Quality Account and how it was developed

The Quality Account is an annual public report which allows us to share information on the quality and standards of the care and services we provide. It enables us to demonstrate the achievements we have made and identify what our key priorities for improvement are in the forthcoming year.

Since 2010 all NHS Trusts have been required to produce a Quality Account. The report incorporates mandatory statements and sections which cover areas such as our participation in research, clinical audits, a review of our quality performance indicators and what our regulator says about the services and care we provide.

In addition to the mandatory elements of the Quality Account, we have engaged (in new and different ways due to COVID-19) with staff, patients and public, our commissioners and other stakeholders to ensure that the account gives an insight into the organisation and reflects the improvement priorities that are important to us all.

Part 2 – Priorities for Improvement and statements of assurance from the Board of Directors

Part 2.1 – Priorities for Improvement in 2022/23

Our Quality Strategy outlines the improvements required to achieve the Trust's ambition to be an outstanding and always improving organisation and describes the main improvement schemes we will be working on to ensure that we are able to deliver our ambition.

Table 1: Priorities for improvement in 2022/23

Quality Domain	Priorities for improvement 2022/23
Patient Safety	1. Safe Staffing
Clinical Effectiveness	2. Ensure all patient nutrition and hydration needs are met
Patient Experience	3. Learning from complaints

1. Safe Staffing

Why this has been chosen as priority

The aim of safer staffing is to be above 90% fill rate in all in-patient areas.

What we are going to do moving into 2022/23

Participate in national initiatives led by the Chief Nurse for England, Ruth May and encourage innovation locally through system working and collaboration with key partners. These include:

- International Nurse recruitment
- 'New to Care' recruitment of HCAs without formal caring experience whom we will train to an agreed standard of competence
- Identification and participation at recruitment fayres
- Participation in 'Kickstart'
- Work with local colleges to encourage T level and apprenticeship students into healthcare

- Encourage an increase of student nurse placement through initiative such as Collaborative Learning in Practice (CLiP)
- Inclusivity monitoring to allow alignment with trust plans under Core20PLUS5

What will success look like?

ESHT is committed to supporting the Kick Start programme and is working with the Sussex Health and Care Partnership, the local Job Centre and their coaches to support opportunities for work in a range of band 2 roles supporting clinical teams and the wider workforce at ESHT.

The Kickstart Scheme makes up part of the Government's 'Plan for Jobs' skills and employment programmes, which also include Apprenticeships, T Levels and Traineeships. T Levels are qualifications for students aged 16 to 19 who have finished GCSEs. They are a 2-year qualification and the equivalent to studying 3 A levels. There is a free government scheme to create industry placements so this would be helpful as a pipeline for recruitment.

The Kickstart Scheme offers six-month jobs for young people aged 16 to 24 years old who are currently claiming Universal Credit and are at risk of long-term unemployment. This provides an opportunity for a young person to work, and be paid, through Government funding. This offers a fantastic opportunity for young people into the world of work, and for the Trust to develop them with transferable skills that are aimed at increasing their chances of sustained employment. ESHT has a support training programme running alongside the working role, that the young people are undertaking as preparation for them for a career and other employment opportunities in the Trust.

- >10% improvement in rota gaps
- >10% improvement in e-roster compliance
- >95% Registered Nursing Associates completing their training
- >2% improvement in vacancies in nursing
- 2% improvement in annual leave compliance (i.e., spread evenly)

How we will monitor progress

- Board Reports
- People Organisation Development Board (POD)
- Safer Staffing meeting for Nursing
- Divisional Monthly Performance Review meetings Integrated Performance Review (IPRMs)
- Insight tracking through daily, weekly, and monthly reports:
- Nursing Roster Performance
- Staffing Gaps Profile
- Workforce KPI's
- Cross-site Staffing Meeting (Daily)

2. Ensure all patient nutrition and hydration needs are met

Why this has been chosen as priority

Malnutrition can occur for many reasons including access to food, ability to cook, poverty or more often in the context of NHS work, as a result of medical conditions for patients who have difficulties swallowing food, are unable to use cutlery/feed themselves because of a condition such as a stroke or neurological condition and rapid weight loss caused by an illness such as cancer. Malnutrition has a significant impact on an individual's ability to recover from illness or injury that has resulted in an inpatient stay, reduces their ability to fully engage in rehabilitation and can result in deconditioning whilst an inpatient due to unplanned weight loss.

The British association for parenteral and enteral nutrition (BAPEN) evidence that:

- Malnutrition is a serious condition which detrimentally affects the function of all body tissues, predisposing to disease, as well as increasing complications after an injury, and delaying recovery from an illness. It also makes day to day activities more difficult to complete, and increases the likelihood of dependency, especially in the elderly.
- Malnourished adults account for about 30% of hospital admissions, with increased visits to

- hospital prolonged length of hospital stay.
- Overall, the cost of treating a persistently malnourished patient is over three times more than treating a non- malnourished patient.
- Evidence clearly shows that if nutritional needs are ignored health outcomes are worse and meta-analyses of trials suggest that provision of increased nutrition to malnourished patients reduces complications such as infections and wound breakdown by 70% and mortality by 40%.

Staff monitor malnutrition risk in the hospital via the malnutrition universal screening tool (MUST). This helps identify patients who are at risk of malnutrition or who are malnourished. Although there has been some improvement in the last MUST audit results, the Trust is not achieving the desired compliance in standards that describe how frequently the MUST should be used and the action plan required if a patient is at risk of malnutrition. It is also known from incident investigations that staff are not always assessing and referring patients with swallowing difficulties and then following specialist care plans consistently.

What we are going to do moving into 2022/23

This priority would involve a multi-disciplinary working group and project improvement plan to improve MUST audit compliance with sustainable change; a list of recommendations with an improvement plan to help close the gap on any areas identified as well as surveying patients' perceptions and views. Referral to appropriate services for those with non-medical causes of malnutrition, such as poverty or need for social/benefits support). Staff will also, repeat a Patient-Led Assessments of the Care Environment (PLACE) Lite audit and develop an action plan prior to the reintroduction of the formal PLACE audits, and will review information, Trust incidents & complaints data related to nutrition that will support the project and provide some measurable objectives

What will success look like?

- Benchmarking current practice: audit patients recognised as requiring assistance with a meal/at risk of malnutrition or with swallowing difficulties and if they have been supported with the red tray system (a visual flag system for wards to know who is at risk) to understand the gap in use, if any. Development of subsequent action plan to address any gaps
- Benchmarking current practice: audit swallow screening risk assessment tool to understand if being utilised across the wards and to determine if there is a gap in use, if any. Development of subsequent action plan to address any gaps.
- Improve to a minimum 90% patients having their MUST score recorded on admission.
- Improve to greater than 66% patients having their MUST score repeated 1 week after admission.
- Improve to greater than >66% patients who are identified as having a MUST score of 1 or more with an active ward lead treatment plan in place (food first nutrition support).
- To aim for one reporting area for MUST Score - aiming for this to be combined into to the electronic patient notes.
- Ensure every ward has access to adapted equipment for eating and drinking.
- Increasing vegan, vegetarian and high calorie high protein (specifically for patients identified at risk or who have malnutrition) options on the menu above current number of choices.
- Increasing the choice of texture modified for those with swallowing difficulties (pureed meals, soft and bite sized), above current number of choices. Could be focused on intermediate care before roll-out to rest of Trust.
- Re-assess progress since the pandemic, to develop an improvement plan to close other unidentified gaps in training.
- Launch of BAPEN nutrition e-learning in the Trust with 20% Compliance across staff groups within first year
- Continued role out of Eating and Drinking Competency Framework (EDCF) training across the Trust aiming for a minimum of 20% compliance across staff groups in 2022/23.
- Reduction in safety incidents scoring severity 3 or above (high risk of harm taking place) related to swallowing.

- Completed training needs analysis for a minimum of ward staff including housekeepers, HCA and nurses (ideally for all staff involved in patient care)..

How we will monitor progress

- Via the Nutrition and Hydration steering group against the above targets
- By utilising audits and learning & development data
- Completed action plans
- Project initiation documents
- Action plans with learning & development
- Complaints, PALs, and incident reports

3. Learning from complaints

Why this has been chosen as priority

Improving the experience of each individual patient is at the centre of the NHS Constitution.

One of the standards in the new NHS Complaints Standards, is to promote a just and learning culture - to use complaints as an opportunity to develop and improve services and to learn from complaints.

This priority has been chosen as trends and themes reported locally and as part of national CQC surveys are similar year on year. Whilst small changes have been made to address these trends and themes, a better understanding of the subjects is required.

What we are going to do moving into 2022/23

To investigate the top three primary complaint subject codes and have a better understanding of the reasons behind the complaints being raised.

Top 3 Primary Complaint Subjects - Rolling 12 Month Totals (Jan 2020- Jan 2021):

- Standard of Care = 233
- Communication = 72
- Patient Pathway = 54

This will involve reviewing current categories on Datix and consider revising them to provide a better understanding of what the trends and themes are providing managers with more intelligent information to make changes/ improvements.

Work to identify possible areas/ opportunities for improvement using QI methodology.

What will success look like?

The Patient Experience Team and Clinical areas will have insightful data representing trends and themes of complaints and will make changes/ improvements to address these.

A change in the top three complaint primary subject codes or a notable reduction.

How we will monitor progress

The progress of this will be reported within the Patient Experience report which is presented bimonthly at the Patient Safety and Quality Group and bi-monthly at the Quality and Safety Committee.

Service areas which are working with this Quality Account Priority will also be able to report through their IPRM

Part 2.2 – Statements of Assurance from the Board of Directors

Services provided and income

During 2021/22 ESHT provided and/or sub-contracted 77 NHS services.

ESHT has reviewed all the data available to them on the quality of care in all 77 of these NHS services.

The income generated by the NHS services reviewed in 2021/22 represents 100% of the total income generated from the provision of NHS services by ESHT 2021/22

Participation in Clinical Audit and National Confidential Enquiries

Clinical audit is used within ESHT to aid improvements in the delivery and quality of patient care and is viewed as a tool to facilitate continuous improvement. Clinical audit involves the review of clinical performance against agreed standards, and the refining of clinical practice as a result.

The National Clinical Audit Patient Outcomes Programme (NCAPOP) is a set of national clinical audits, registries and confidential enquiries which measure healthcare practice on specific conditions against accepted standards. These projects give healthcare providers benchmarked reports on their performance, with the aim of improving the care provided. The Trust is fully committed to supporting and participating in all applicable NCAPOP studies.

ESHT follows a comprehensive and focused annual Clinical Audit Forward Plan which is developed in line with the Trust's strategy and quality agenda. The Forward Plan is formulated through a process of considering both national and local clinical audit priorities for the year ahead.

As part of reducing the burden on the NHS, national audit participation was paused throughout periods of 2021/22 due to the COVID-19 pandemic with no consequences in place for non-participation (there were no penalties for non or partial data submission). The only exceptions were the Child Death Database, Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) perinatal surveillance and Intensive Care National Audit & Research Centre (ICNARC) (adult intensive care) which were required to continue. ESHT has continued to successfully submit data to these studies over the past year. Additionally, many studies had their start date significantly delayed.

Data submission was accepted on a discretionary basis to all other national audits where it did not impact on clinical capacity.

As data submission has been partly interrupted during the past year, the Trust will not have a true understanding of clinical performance in many of the national audit areas; this will be the same for all Trusts nationally. Once data is reviewed and reported upon it is likely to be unreliable due to partial data submission. It will not be until full data submission resumes that a true assessment can be made of ESHT's performance locally and nationally in comparison to other similar Trusts, and for any necessary improvements to be identified. This is hoped to be the case from April 2022 onwards.

The national clinical audits and national confidential enquiries that ESHT was eligible to participate in during 2021/22 are detailed below.

National Audit and National Confidential Enquiries Programme

During 2021/22, 50 national clinical audits and 2 national confidential enquiries covered relevant health services that ESHT provides.

During that period, ESHT participated in 96% of national clinical audits (partially in some cases) and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Details of the national clinical audits and national confidential enquiries that ESHT was eligible to participate in during 2021/22 can be found in Appendix 2.

The national clinical audits and national confidential enquiries that ESHT participated in are listed in Appendix 3. Information regarding the number of cases submitted is largely unavailable for 2021/22 due to the national pause on the mandatory clinical audit programme throughout much of the year.

The Trust also participated in 13 additional (non-mandated) national studies in 2021/22, which can be found in Appendix 4.

National Confidential Enquiries into Patient Outcome and Deaths (NCEPOD)

NCEPOD issued one report in 2021/22:

- **Dysphagia in Parkinson's Disease: Hard to Swallow**
Published in August 2021.

Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE) UK

Maternal deaths to be reported are *all deaths* of pregnant women and women up to one year following the end of the pregnancy (regardless of the place and circumstances of the death).

Perinatal Deaths are reported by nominated staff in each hospital via the MBRRACE-UK system.

The Women and Children's division continues to report:

- **Late fetal losses** – the baby is delivered between 22 weeks+0 days and 23 weeks+6 days of gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- **Stillbirths** – the baby is delivered from 24 weeks+0 days gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- **Early neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring before 7 completed days after birth
- **Late neonatal deaths** – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring between 7 and 28 completed days after birth

Terminations of pregnancy – Any late fetal loss, stillbirth or neonatal death resulting from a termination of pregnancy should be notified.

Note: Births showing no signs of life (stillbirths and late fetal losses) – All births delivered from 22 weeks+0 days gestation showing no signs of life must be reported to MBRRACE-UK, irrespective of when the death occurred. This is to ensure complete data collection in line with the World Health Organisation (WHO) guidelines and to allow international comparisons. Please ensure that both the date of delivery and the date of confirmation of death are reported

Note: PMRT reviews – These criteria are not the same as the babies the Perinatal Mortality Review Tool supports review of. Details can be found in the latest version of the document "Guidance for using the PMRT" found in the PMRT section of the website, or the surveillance "User guide" found in the Perinatal surveillance section of the website.

UKOSS UK Obstetric Surveillance System

The UK Obstetric Surveillance System is a national system established to study a range of rare disorders of pregnancy, including severe 'near-miss' maternal morbidity. The Women's Health unit contributes, where possible, to their studies.

The studies undertaken during the period 2021/22 include:

Study	Cases
Antithrombin/Protein C Deficiency	0
Amniotic Fluid Embolism	0
Fontan and Pregnancy	0
New Therapies for Influenza	0
Pregnancy following Bone Marrow Transplant	0
COVID-19 Positive	140
Re-exploration after CS	0
Previous cardiomyopathy	1

National Clinical Audit Reports in 2020/21

The reports of 42 national clinical audits were reviewed by the Trust in 2021/22. The Trust scrutinises each set of results to benchmark the quality of care provided, identify successes for celebration and / or identify any risks for mitigation. Recommendations for local improvement and change are considered and tracked via a central clinical audit action plan.

Two of these completed national clinical audits are detailed below with the associated actions that the Trust intends to take (if required) to improve the quality of healthcare provided.

Full details of all mandated national clinical audits and Trust specific results are available online via:

<https://www.hqip.org.uk/>

National Potential Donor Audit (PDA)

Date of publication: September 2021 (reporting on April 2020 – March 2021 data)

Rationale

As part of a series of measures designed to improve organ donation rates in the United Kingdom, a potential donor audit was established by UK Transplant. The audit identifies the number of patients who could be solid organ donors and will establish the obstacles to donation, with national recommendations made to improve the rate of transplant.

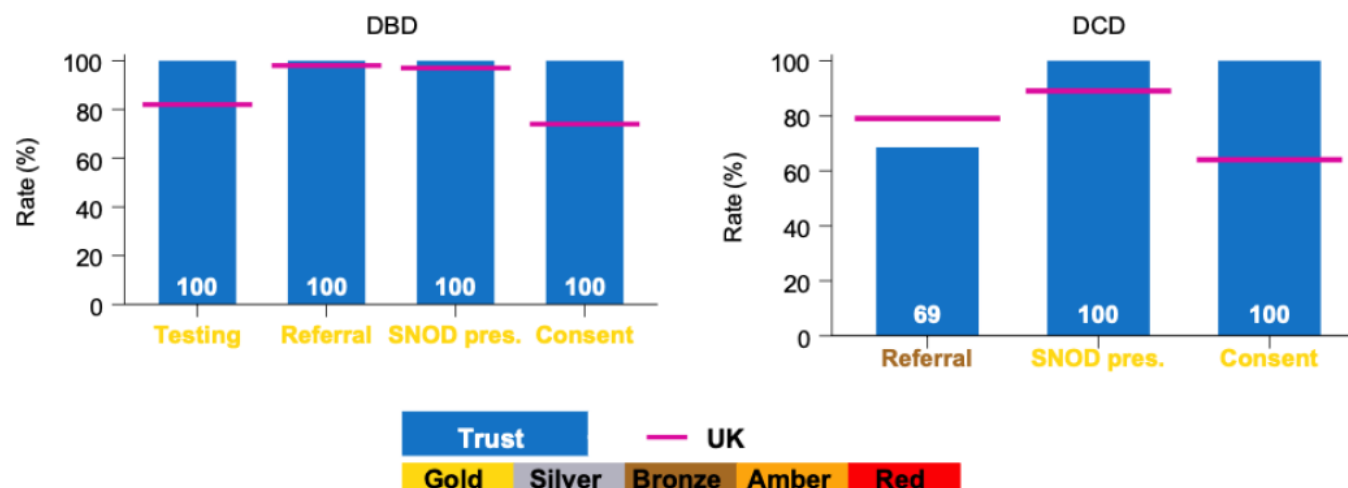
The objectives were:

To determine the potential number of solid organ donors in the UK and provide information about the hospital practices surrounding donation.

Key Results

During the report period, there were 7 families who consented to donation at East Sussex Healthcare NHS Trust. This resulted in 4 proceeding solid organ donors and lead to 7 patients receiving transplants. Of the 3 patients whose family kindly agreed to donation but in whom donation did not proceed, 2 were subsequently found to have a contraindication during the screening process and 1 deteriorated and died prior to donation.

Figure 2.1 Key rates on the potential for organ donation including UK comparison, 1 April 2020 - 31 March 2021



**Table 2.1 Key numbers, rates and comparison with national rates,
1 April 2020 - 31 March 2021**

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria ¹	4	1810	54	6027	58	7551
Referred to Organ Donation Service	4	1777	37	4770	41	6282
<i>Referral rate %</i>	G 100%	98%	B 69%	79%	A 71%	83%
Neurological death tested	4	1490				
<i>Testing rate %</i>	G 100%	82%				
Eligible donors ²	4	1353	17	2860	21	4207
Family approached	4	1210	3	1042	7	2248
Family approached and SNOD present	4	1168	3	925	7	2089
<i>% of approaches where SNOD present</i>	G 100%	97%	G 100%	89%	G 100%	93%
Consent ascertained	4	891	3	665	7	1553
<i>Consent rate %</i>	G 100%	74%	G 100%	64%	G 100%	69%
Actual donors (PDA data)	2	777	2	404	4	1180
<i>% of consented donors that became actual donors</i>	50%	87%	67%	61%	57%	76%

¹ DBD - A patient with suspected neurological death

DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation

DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Referrals & Missed Opportunities:

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135 and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors.

ESHT Results: Of 4 potential Donation after Brainstem Death (DBD) donors, all patients were referred to the Specialist Nurse for Organ Donation (SN-OD). Of these patients all 4 families consented to donation. Of 54 potential Donation after Circulatory Death (DCD) donors, 37 patients were referred to the SN-OD, 34 patients had contraindications to donation and 3 families were approached and consented to donation.

ESHT has been rated as below average for referrals. However, of the patients not referred for consideration of donation, *all* had a medical contraindication to donation and therefore their families would not have been approached even if referred as donation would not have been clinically possible for these patients. The main reason for medical contraindication was a positive COVID-19 result (88% of cases). Additionally, the majority of “missed” referrals occurred during both COVID-19 surge peaks which represented a time of significant increased clinical workload for the entire critical care team.

This year has seen a significant drop in the DCD referral rate for the reasons outlined above. Alongside the ongoing consideration of Specialist nurse referral and End of Life Care in the daily ICU safety huddle, the organ donation team have also worked with the critical care teams to increase awareness amongst new and redeployed staff by the inclusion of an update in the ICU newsletter – so far included twice since December.

Neurological Testing:

Standard: Neurological death tests are performed wherever possible.

ESHT Results: Of 4 potential patients with suspected neurological death and potential for Donation after Brainstem Death, all patients underwent neurological testing. This is a local goal of the South East Organ donation collaborative and **ESHT has been rated as exceptional when compared to UK performance.**

Specialist Nurse for Organ Donation presence:

Standard: A SNOD should be present during the formal family approach as per NICE CG135 and NHSBT Best Practice Guidance.

ESHT Results: East Sussex Healthcare Trust had 100% SN-OD presence during formal family approaches to discuss donation following both Neurological death and for donation after circulatory death. **When compared to UK performance this means that ESHT was rated as exceptional.**

Consent:

ESHT Results: **The consent rate for families agreeing to organ donation at ESHT this year was 100% - rated as exceptional when compared to UK performance.**

Across the majority of domains there has been improvement in performance when compared to the previous year activity and in a number of domains ESHT is now rated as exceptional when compared to UK performance. The exception to this is referrals for consideration of donation after circulatory death where the rate has dropped significantly due to the covid-19 pandemic.

Local Action Plan to aid improvement

SMART Action Point	Timescale	Comments, Updates and available evidence	STATUS
Referral of patients prior to withdrawal of treatment (donation after circulatory death) - Increase staff awareness by including a section in the ICU staff newsletter	December 21	Complete this appears in the newsletter on a regular basis.	COMPLETE
Referral of patients prior to withdrawal of treatment (donation after circulatory death) - Ensure this is included in the morning ICU safety huddle	December 21	There was already a question in the morning ICU safety huddle regarding end-of-life care but now special attention is paid to it.	COMPLETE

Epilepsy 12

Date of publication: July 2021 (reporting on December 2019 – November 2020 data)

Rationale

Epilepsy is the most common significant long-term neurological condition of childhood and affects an estimated 112,000 children and young people in the UK. Epilepsy12 seeks to help improve the standard of care for children and young people with epilepsies. To do this, the audit collects and processes patient data. This information is used by the audit to highlight areas where services are doing well, and also identify areas in which they need to improve.

The objectives were:

- Continue to measure and improve care and outcomes for children and young people with epilepsies
- Include all children and young people with a new onset of epilepsy
- Enable continuous patient ascertainment
- Use a pragmatic and concise dataset
- Incorporate NICE Quality Standards alongside metrics about mental health, education and transition to adult services
- Provide services with local real-time patient- and service-level reporting

Results:

KEY

Trust
South East Thames Paediatric Epilepsy Group
England and Wales

Specialist Paediatrician

Standard – *The diagnosis of epilepsy in children should be established by a specialist paediatrician with training and expertise in epilepsy.*

ESHT result: 100%

The percentage of children with epilepsy, with input by a 'Consultant Paediatrician with expertise in epilepsies' by 1 year:

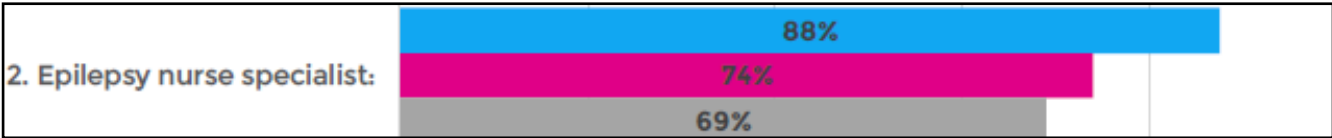


Epilepsy Specialist Nurse

Standard – Epilepsy specialist nurses should be an integral part of the network of care of individuals with epilepsy.

ESHT result: 88%

The percentage of children with epilepsy, referred for input by an epilepsy specialist nurse by 1 year:



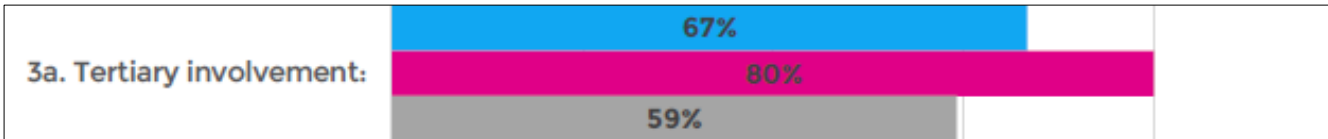
Tertiary Involvement

Standard – Referral should be considered when 1 or more of the following criteria are present:

- The epilepsy is not controlled with medication within 2 years of onset.
- Management is unsuccessful after 2 drugs.
- The child is under 2 years of age.
- The child or young person experiences, or is at risk of, unacceptable side effects from medication.
- There is a unilateral structural lesion.
- There is psychological or psychiatric comorbidity.
- There is diagnostic doubt as to the nature of the seizures or the seizure syndrome.

ESHT result: 67%

The percentage of children meeting defined criteria for paediatric neurology referral, with input of tertiary care by 1 year:

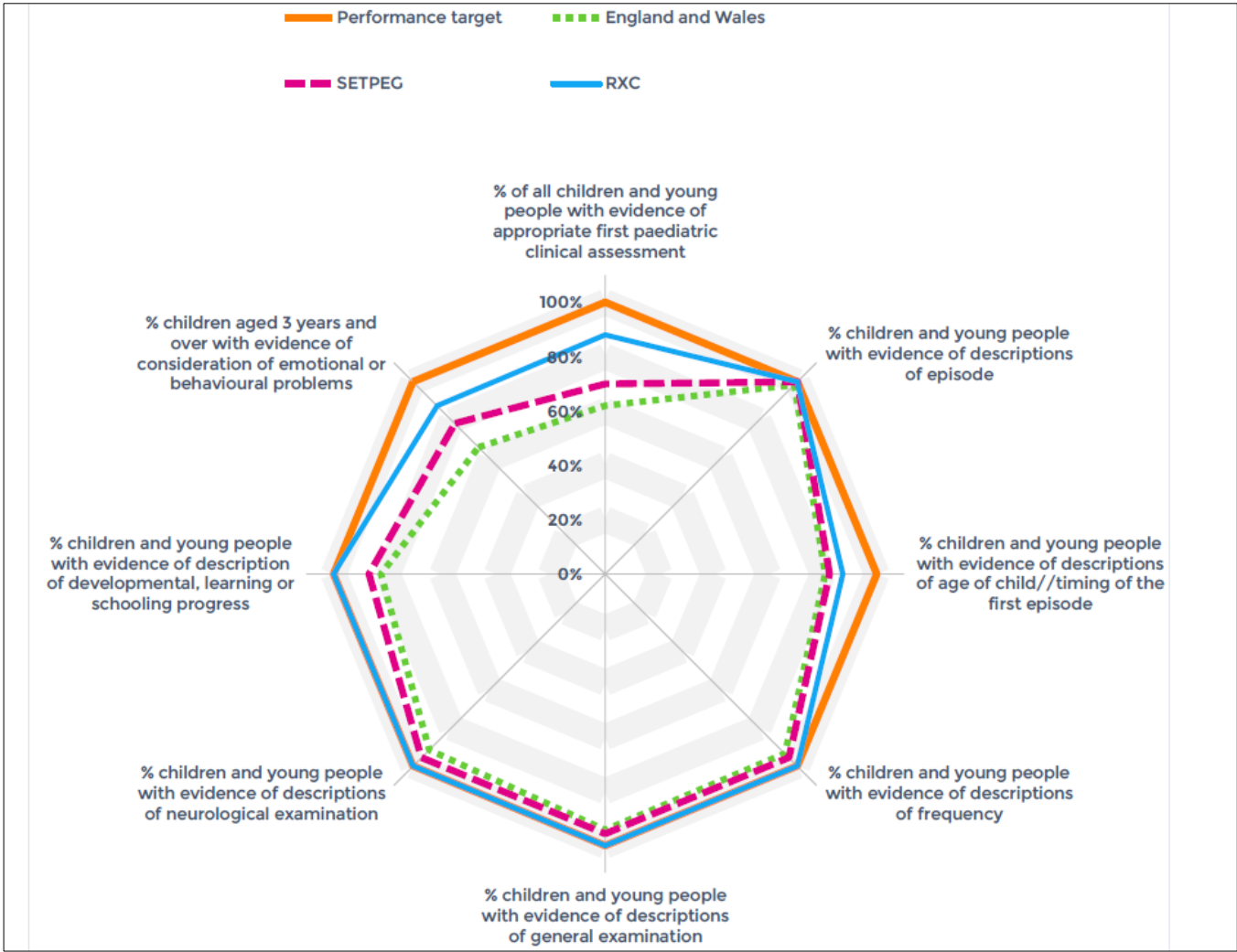


Appropriate first paediatric assessment

Standard – In an individual presenting with an attack, a physical examination should be carried out.

ESHT result: 88%

The percentage of children, with evidence of appropriate first paediatric physical assessment:



Radar Plot showing appropriate first paediatric assessment performance indicator measures by ESHT (RXC), Network and England / Wales

Seizure Formation

Standard – Epileptic seizures and epilepsy syndromes in individuals should be classified using a multi-axial diagnostic scheme.

ESHT result: 88%

The percentage of children with epilepsy, with seizure classification by 1 year.

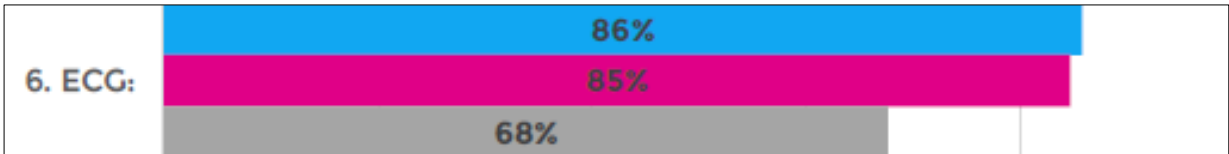


ECG

Standard – In children, a 12-lead ECG should be considered in cases of diagnostic uncertainty.

ESHT result: 86%

The percentage of children with convulsive seizures, with an ECG by 1 year.



Brain MRI

Standard – MRI should be the imaging investigation of choice in individuals with epilepsy.

ESHT result: 50%

The percentage of children with defined indications for an MRI, who had MRI or CT by 1 year.



Accuracy of Diagnosis

Standard – AED therapy should only be started once the diagnosis of epilepsy is confirmed, except in exceptional circumstances.

ESHT result: 100%

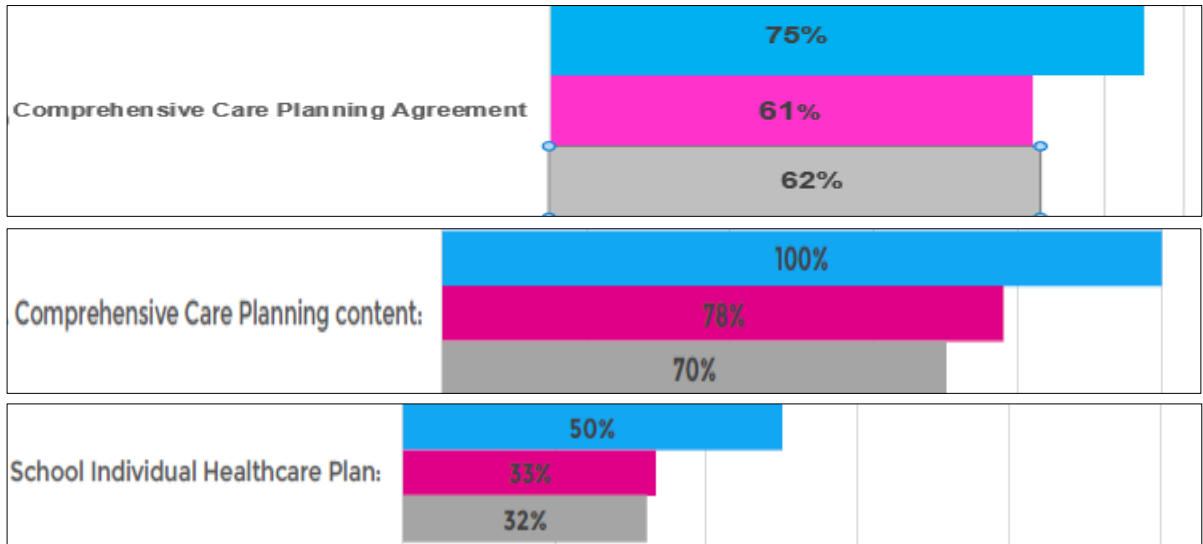
The percentage of children diagnosed with epilepsy, who still had that diagnosis at one year.



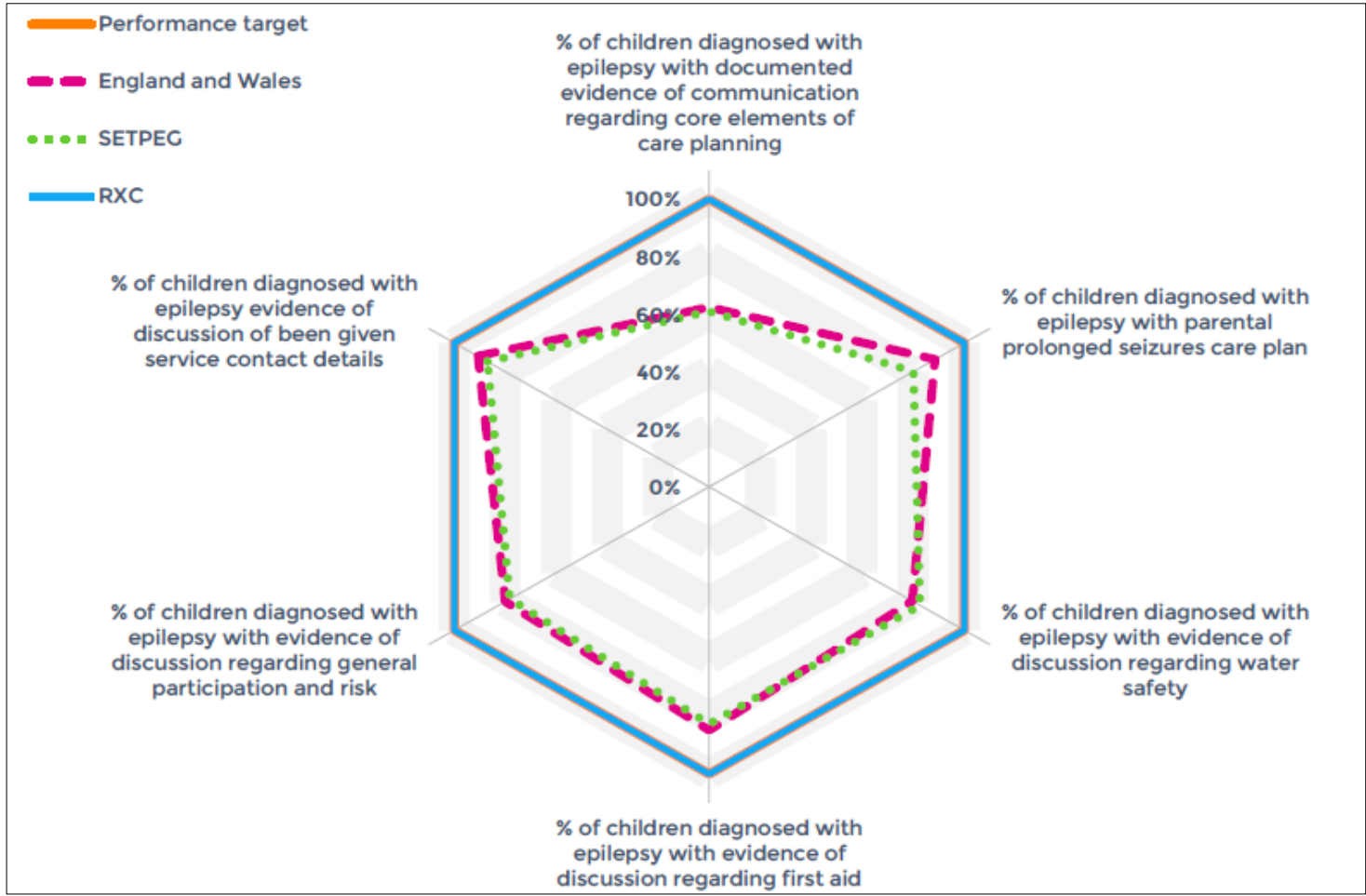
Care Planning

Standard – All children, young people and adults with epilepsy should have a comprehensive care plan that is agreed between the person, family and/or carers where appropriate, and primary care and secondary care providers. This should include lifestyle issues as well as medical issues.

ESHT results: 75% / 100% / 50%



Radar plot showing comprehensive care planning content performance indicator measures by ESHT (RXC), Network and England / Wales



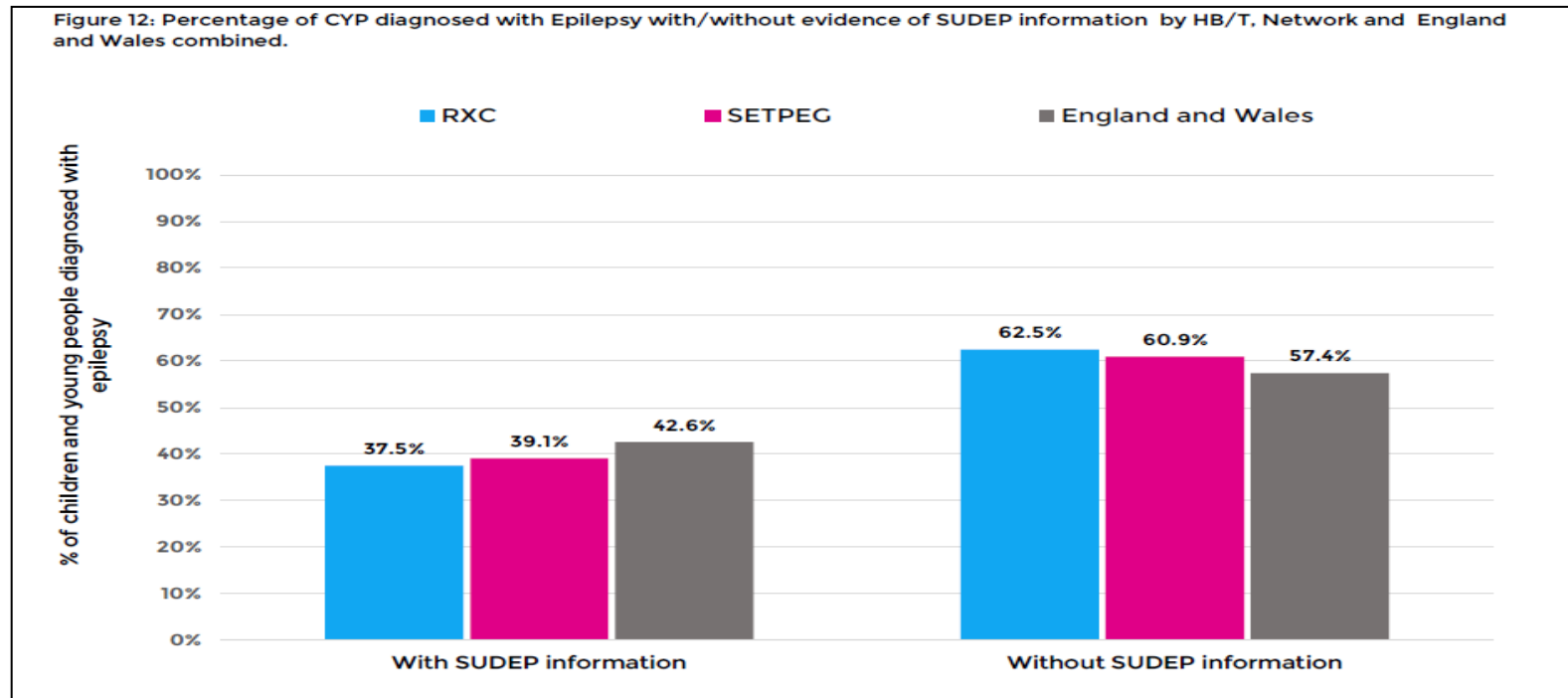
NICE recommends that children and young people with epilepsy have an agreed and comprehensive care plan (Quality statement 4).
100% (8/8) children and young people diagnosed with epilepsy in East Sussex Healthcare NHS Trust had documented evidence of communication regarding relevant core elements of care planning .

NICE recommends that children and young people with a history of prolonged or repeated seizures have an agreed written emergency care plan (Quality statement 6).
100% (2/2) children and young people diagnosed with epilepsy in East Sussex Healthcare NHS Trust and on rescue medication had a parental prolonged seizure care plan.

Sudden unexpected death in epilepsy (SUDEP)

Standard – Children, young people with epilepsy and their families and / or carers should be given and have access to sources of information about SUDEP.

ESHT result: 37.5%



Key National Recommendations

1. Health Board and Trust managers should ensure that:

- All children and young people with epilepsy are provided with psychosocial support and signposting to help them manage their condition and their related worries or anxieties, and
- All children and young people with epilepsy have ongoing screening for mental health problems using a validated tool as part of their routine epilepsy care. Where there are concerns about mental health, children and young people are referred to an appropriate mental health service via an agreed pathway. There should be timely access to diagnosis and treatment.

2. All Health Board and Trust managers and epilepsy clinical teams should implement standardised approaches to epilepsy care planning content provision to ensure that essential elements of care are always provided for all children and young people with epilepsy and these are reviewed on an ongoing basis. Health Board and Trust managers, epilepsy clinical teams, school head teachers, and school nurses should agree processes to facilitate appropriate, up-to-date health care planning within education and two-way information sharing.

3. Epilepsy services should be supported by their Trust or Health Board's management and the commissioning organisations to:

- Develop a defined epilepsy team approach to service provision and service improvement,
- Allocate time within job plans to support team functions including dedicated time for audit participation and related quality improvement actions.

4. All Health Board and Trust managers should employ sufficient Epilepsy Specialist Nurses and consultant paediatricians "with expertise" in epilepsy to ensure all children and young people with epilepsy can reliably receive responsive, individualised, specialist input into care for epilepsy and related concerns, for example, psychological and developmental issues. All Health Board and Trust managers and hospital and community commissioners should ensure that adult and paediatric epilepsy teams are resourced to allow, and have time allocated in job plans, for joint transition-related clinical appointments and quality improvement work.

Local Action Plan to aid improvement

SMART Action Point	Timescale	Comments, Updates and available evidence	STATUS
Share in departmental meeting the Strength and Difficulties Questionnaire tool and discuss how it can be used in clinic. Use of tool will highlight if a referral to CAMHS needs to be made, the standardised way of referral to CAMHs will then be completed. The tool will support the referral.	January 2023	After 6 months of using the questionnaire the department has decided to evaluate its effectiveness. Timescale amended to reflect this.	Not yet due

Discuss the effectiveness of using the Strengths and Difficulties Questionnaire to support a referral to CAMHS with the team and remind to attach with the referral.	January 2023	After 6 months of using the questionnaire the department has decided to evaluate its effectiveness. Timescale amended to reflect this.	Not yet due
Change template of seizure management plan in conjunction with regional group as a standardised approach.	August 2021	Template has been amended, saved and is in use.	COMPLETE
Analyse the data from referral to EEG date to see what the trends are with waiting times.	September 2021	Waiting time information has been analysed and reviewed. This analysis will take place with every new cohort to enable the department to act on trends as required.	ONGOING
Share findings with team. Refer to the tertiary centre as per NICE guidelines.	September 2021	Our part of the process is to refer to the tertiary centre as per NICE guidelines which are being implemented. Patients are then seen in the regional epilepsy clinic and surgery referrals are made through there.	COMPLETE

Local Clinical Audit Reports in 2021/22

Local clinical audits are undertaken by teams and specialities in response to issues at a local level. They are generally related to a service, patient pathway, procedure or operation, or equipment.

The reports of 70 local clinical audits were reviewed by the Trust in 2021/22. The Trust scrutinises each set of results to benchmark the quality of care provided, identify successes for celebration and / or identify any risks for mitigation. Recommendations for local improvement and change are considered and tracked via a central clinical audit action plan.

Two of these locally completed clinical audits are detailed below with the associated actions that the Trust intends to take (if required) to improve the quality of healthcare provided.

Management of Children with Neutropenic Sepsis: Implementing NICE Guidelines (Re-audit)

Audit Number: 5056

Completion date: September 2021

Rationale

Neutropenic sepsis is a life-threatening complication of anti-cancer treatment affecting all ages because of the immunosuppression affecting the body's response to infection. However, with timely intervention and proper management, many lives could be saved, and deaths avoided.

In 2012, NICE published guidance on 'Neutropenic sepsis: prevention and management in people with cancer' and its implementation in the East Sussex NHS Trust was first audited in 2013-2016 due to the mortality risk associated and the need for timely, thorough interventions to save lives. A re-audit has not been conducted since 2016 to monitor any progress in the interval period, essential for ongoing development.

Aims and Objectives

The areas of particular focus were:

- Appropriate investigations for clinical assessment
- Correct antibiotic use
- Diagnosis based upon outlined criteria
- Early and frequent clinical reviews
- The use of a risk stratification tool to assess for complications
- Has our level of compliance confirmed?

Audit Standards and Key Results

Name of guideline	Clinical Standard	Exceptions	Result
NICE Neutropenic sepsis: prevention and management in people with cancer, Clinical guideline [CG151]	100% had risk assessment conducted within 24 hours for septic complications.	None	0%
	100% of patient received bloods including FBC, U&Es, LFTs, CRP, lactate and blood cultures.	None	90%
	100% patients <5 years old had a documented urinalysis.	7 patients >5	33%
	100% patients for diagnosis had a Neutrophil count <0.5 x10 ⁹ /L and either: <ul style="list-style-type: none"> • Temperature >38 • Clinical signs or symptoms suggestive of sepsis 	None	90%
	100% of patients who require IV antibiotics, commenced on beta-lactam monotherapy with piperacillin with tazobactam (or suitable alternative if contraindicated)	None	10% Beta-lactam monotherapy with Piperacillin. 70% IV Tazocin and Gentamicin. 20% alternative regime.
	Appropriate duration of antibiotics documented for 100% of patients	None	70%
	Review within the 1 st 24 hours by a competent professional in anti-cancer treatment	None	100%

Identified risks or concerns

Of the 10 patient admissions included, on one occasion a patient was diagnosed with 'febrile neutropenia' without meeting the NICE (2012) criteria for diagnosis, with a neutrophil count of 0.62. NICE does explain that if one suspect's neutropenic sepsis, the healthcare professional should commence treatment and not await the blood results. However, this neutrophil count exceeds the cut-off in the definition. Interestingly the Paediatric Haematology and Oncology: Supportive Care Protocols have the same diagnostic criteria (neutrophil count <0.5 x 10⁹/L and either temperature >38 or clinical signs or symptoms suggestive of sepsis) but state that only signs and symptoms suggestive of a systemic infection necessitate intravenous antibiotics, rather than a numerical value of temperature and/or neutrophil count (*Great Ormond Street Hospital, The Royal Marden and University College London, 2020*).

Conversely, the lack of a validated risk stratification tool used to assess the patient's risk of complications was one of the most stand out features of this audit, similar to the previous audit. The purpose of the tool is to categorise patients into high and low risk of complications, which can then be used in combination with other biopsychosocial factors, to guide antibiotic therapy and discharge planning. The tool suggested in NICE (2012) is the modified Alexander Rule for Children and Young People (aged under 18). Without such tools being used, there could be a risk of prolonged admission due to extended intravenous antibiotic and subsequent risks associated with increased hospital stays. Conversely, if antibiotics are stopped or switched to oral too hastily, there could be more readmissions and greater morbidity and mortality.

Another point of note is regarding the paperwork and documentation. Data was collected from 2 main online systems – Esearcher and Evolve, with the former system for blood results and culture results and the latter system for uploading historic paper notes. However, when searching for paperwork on Evolve, it took longer than expected to find the data due to scattered arrangement of patient notes, with some paperwork missing altogether. For example, one patient had to be excluded as their drug chart was not uploaded onto the system.

Moreover, the most common way in which lactate levels are checked is via a blood gas, the results of which are given on a small, loose sheet of paper. It is therefore highly possible that the low percentage of lactate results could also be attributed to lost paperwork of loose sheets, rather than a true reflection of the percentage of lactate levels tested for admissions during this time.

Good practice identified

Appropriate antibiotic use is one of the key aspects of care in the management of patients with neutropenic sepsis and for this patient cohort, the most commonly used regime was Tazocin and Gentamicin. This does also coincide with NICE (2012) guidance as although it states to offer 'beta-lactam monotherapy with piperacillin with tazobactam' if intravenous antibiotics is necessitated and not to give aminoglycosides, it does state 'unless patient-specific or local microbiological indications. Therefore, both the 'Tazocin Monotherapy' and 'Tazocin and Gentamicin' patient admission cohorts could technically be classified as adhering to NICE guidelines, which would total 80%.

Another strength identified was the fact that 100% of patients had clinical reviews, undertaken within 24 hours, in order to assess any complications, as per NICE guidelines. Moreover, it is important to note that the majority of the reviews were undertaken by a consultant. One could assume that this seniority assessment early on in a patient's admission could help aid decision-making, including regarding antibiotic choices, and outline plans to assist junior staff for different scenarios for that patient.

Recommendations

Firstly, health care professionals should be educated on validated scoring systems for complications of neutropenic sepsis and the rationale for their use, such as the Modified Alexander Rule for Children and Young People <18 Years Old, suggested by NICE (2012). Furthermore, a proforma or checklist could be introduced for health practitioners who are managing patients who are presenting with probable neutropenic sepsis to ensure steps are not missed and a management plan is provided, which coincides with guidelines.

With the change from written notes to a paperless system still underway, it is essential to avoid the loss of information before being scanned. Therefore, with important elements of information recorded on small pieces of paper such as results from a blood gas, they should be preserved and written in the notes. This is important for both relaying to colleagues at the time of admission and for retrospective purposes, including audits.

A further re-audit should also be conducted to monitor further progress following changes implemented and continue to appreciate the ongoing strengths of the Trust. In addition, with the evidenced increase in-patient admissions during the COVID pandemic, a further audit should be diarised to continue to monitor the incidence of neutropenic sepsis for epidemiological purposes. With both of the above audits, this could be done over a longer time period to yield a great population size and thus greater statistical power.

Based upon this audit, one can identify many strengths in the Trusts practice including the frequent reviews, choice of antibiotics and investigations conducted. However, improvements are still to be made with the implementation of a risk stratification tool for complications to aid antibiotic decisions and discharge planning and with documentation.

SMART Action Point	Action by deadline	Comments, Updates and available evidence	STATUS
Educate healthcare professionals on the use of a validated risk stratification system to assess for complications. Introduce a proforma / checklist, in compliance with NICE (2012) guidelines for healthcare professionals to use when assessing patients presenting with probable neutropenic sepsis. - Present findings to division.	Dec 2021	23/03/2022 Presented to Clinical Audit meeting, circulated to the Junior teaching programme	COMPLETE
Educate healthcare professionals on the use of a validated risk stratification system to assess for complications. - Share validated risk stratification system as per NICE guidance.	Dec 2021	23/03/2022 Presented to Clinical Audit meeting, circulated to the Junior teaching programme	COMPLETE
Introduce a proforma / checklist, in compliance with NICE (2012) guidelines for healthcare professionals to use when assessing patients presenting with probable neutropenic sepsis. - Discuss in MDT proforma or checklist implementation.	Dec 2021	07/06/2022 Consultant emailed the Chair, co-chair and Paediatric Oncology Shared Care Unit guideline consultant for advice and clarification regarding whether or not the department should be following the	OVERDUE

		Royal Marsden Network's guidance or the NICE Guidance (the Network's guidance is more frequently updated).	
<p>Introduce a proforma / checklist, in compliance with NICE (2012) guidelines for healthcare professionals to use when assessing patients presenting with probable neutropenic sepsis.</p> <ul style="list-style-type: none"> - Produce proforma / checklist and implement in practice. 	March 2022	07/06/2022 Consultant emailed the Chair, co-chair and Paediatric Oncology Shared Care Unit guideline consultant for advice and clarification regarding whether or not the department should be following the Royal Marsden Network's guidance or the NICE Guidance (the Network's guidance is more frequently updated).	OVERDUE
<p>Continue to re-audit the management of children with neutropenic sepsis to monitor for ongoing successes and improvements.</p> <ul style="list-style-type: none"> • Reaudit 	Sept 2023	Not yet due	

Participation in Clinical Research

The Trust acts as a participating site for national and international research studies, recruiting patients to take part in novel treatments. All research in the NHS is approved centrally by the Health Research Authority.

On 28/1/2020 Department of Health (DoH) requested activation of the Urgent Public Health (UPH) response in relation to Wuhan nCoV 2019, and asked Trusts to open an UPH study (ISARIC - CPMS 14152) as a matter of urgency. We continue to recruit to the following studies: Recovery Trial, GenOMICC and undertake follow up data on CCP ISARIC.

ESHT usually delivers research recruitment to around 60 National Institute of Health Research (NIHR) Portfolio studies but early in the pandemic were instructed to pause current studies, and open urgent public health (UPH) as priority. We maintained the safety of patients already on active treatment trials. We have now initiated our Restart Program and have commenced opening and recruitment to the NIHR Portfolio and Commercial Trials. The department is now focusing on increasing Commercial trial activity whilst restarting core NIHR Portfolio studies as per table 1.

Project Short Title	Disease Area	Project Site Status	Project Site Date Open	Project Site Planned Closing Date	Principal Investigator
Clinical Characterization Protocol for Severe Emerging Infection ISARIC	Infection	Follow Up	11/02/2020	28/04/2022	Carruth, Vikki
RECOVERY – a randomised controlled trial with many treatment arms that changed often and rapidly during the pandemic	Infection	Open	03.05.2021	TBC	Kankam, Osei
GenOMICC – Patients in ICU with Covid	Critical Care	Open	15/05/2020	28/02/2030	Highgate, Dr J
Stampede – treatments for metastatic prostate cancer	Oncology	Open			Manetta, Dr C
Add Aspirin – Aspirin vs Placebo to prevent cancer recurrence	Oncology	Open	25.04.2016	01.04.2026	Soultati, Dr A
RAPPER - RADIOGENOMICS: ASSESSMENT OF POLYMORPHISMS FOR PREDICTING THE EFFECTS OF RADIOTHERAPY	Oncology	Open	21.08.2014	TBC	Manetta, Dr C
SEAGEN Echelon - A Randomized, Double-blind, Placebo-Controlled, Active-Comparator, Multicentre, Phase 3 Study of Brentuximab Vedotin or Placebo in Combination with Lenalidomide and Rituximab in Subjects with Relapsed or Refractory Diffuse Large B-cell Lymphoma (DLBCL)	Haematology	Open	23.12.2021	03.07.2023	Cowley, Dr A
MIDI – AI Deep Learning for Identification of Abnormalities on Head MRI	Radiology	Open	13.08.2021	20.11.2023	Sallomi, Dr D
Myeloma XIV Fitness - Frailty-adjusted therapy in Transplant Non-Eligible patients with newly diagnose Multiple Myeloma	Haematology	Open	16.03.2022	16.03.2022	Cowley, Dr A
PIQP- Anesthetic Care Pathway Study	Surgery & Anesthetics	Open	17.06.2020	31.10.2023	Murray, Dr, K
ROSSINI 2- Skin Prep for Major Abdominal Surgery	Surgery & Anesthetics	Open	07.09.2020	30.08.2023	El-Dhuwaib, Mr
ADDRESS 2 – Newly diagnosed diabetic and sibling study	Endocrinology	Open	26.06.2020	01.07.2023	Dashora, Dr U
ORION 4 Injectable Monoclonal Antibodies in pts With CHD	Cardiology	Open	13.11.2022	31.07.2026	Dickinson, Dr K
ACCURE-UK2 – RCT Appendectomy on the clinical course of Ulcerative Colitis	Gastroenterology	Open	17.11.2021	30.06.2022	Shaw, Mr S
Cerebral V1 derivation and narrow validation of a clinical decision rule - paramedics to triage older adult with traumatic brain injury	Emergency Care	Open	20.12.2021	01.05.2022	N/A
Flo-ELA Fluid balance in emergency laparotomy	Surgery & Anesthetics	Open	26.06.2020	01.07.2023	Lowe, Dr A
SHED- subarachnoid hemorrhage in the Emergency Dept.	Emergency Care	Open	02.12.2021	30.04.2023	Asokan, Dr A
SIGNET- Statins for improving organ outcome in transplantation	Critical Care	Open	01.02.2022	31.03.2026	Bahloul, Dr S
SENIOR RITA BHF The BHF older patients with non-ST Segment elevation myocardial infarction Randomized Interventional Treatment Trial	Cardiology	Open	01.04.2022	30.06.2024	Kalyar, Dr I
TriMaximize- A multicenter, prospective, non-interventional trial monitoring therapy pathways of asthma patients treated with an extra fine ICS/LABA/LAMA single-inhaler triple therapy in a real world sett...	Respiratory	Open	11.04.2022	06.12.2023	Kankam, Dr O
UK MS Register	Neurology	Open	25.06.2020	31.07.2022	Sinclair, J

White 11 FRUITI World Hip Trauma Evaluation – FRUITI: Fix or Replace Undisplaced Intracapsular fractures Trial of Interventions	Orthopedics	Open	05.11.2021	30.04.2029	Keith-Butler, Mr O
TIPS Targeting Immune Pathways	Gastroenterology	Open	24.08.2021	15.07.2023	Tidbury, J

The number of patients receiving relevant health services provided or sub-contracted by ESHT in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was 1675 participants. This is a decrease from 2020/21 where 2048 patients were recruited to participate into primarily COVID-19 Public Health England (PHE) research studies.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN scheme did not take place in 2021/22 due to the COVID pandemic.

Statements from the Care Quality Commission

ESHT is registered with the Care Quality Commission (CQC) to carry out eight legally regulated activities from 15 registered locations with no conditions attached to the registration.

We were last formally inspected by the Care Quality Commission in November and December 2019 and the report was published in February 2020 where the overall rating for the Trust was 'good' with some areas identified as 'outstanding'. A total of 34 'should do' actions were identified to improve on service quality and although the pandemic impacted on progress these have all now been addressed.

Throughout this year the CQC have continued to adapt their methods for monitoring services by using a transitional approach focusing on safety, how effectively a service is led, how easily people can access the service and targeting inspection activity only where they have concerns. They monitor and review information from all available sources and then have a conversation with us either online or by phone to discuss any issues identified. We have taken part in two monitoring meetings, one in May to discuss our maternity services and a further one in August to look at our surgical services. No significant issues were identified. We also continue to have quarterly engagement meetings with the CQC to discuss any current issues that may be impacting on the delivery and quality of our services.

Throughout 2021-22 the CQC have found no breaches that justified regulatory action, no requirement notices were issued, and no enforcement actions have been taken.

Data Quality

Good quality information ensures effective delivery of patient care and is essential for quality improvements to be made.

During 2022/23 we will support improvement in data quality by:

- Working collaboratively with divisions to identify areas for data quality improvement and determine actions to overcome long term data issues. This includes addressing issues with new systems and services that have been introduced to the Trust, such as Nervecentre, Badgernet
- Be a pro-active part of the EPR Project currently in process
- Continuing to ensure training materials and scripts are accurate and support good data quality practice
- Continuing to validate correct attribution on the Patient Administration System of GP Practice through the national register (SPINE)
- Continuing to undertake regular audit of completeness of NHS Numbers to ensure continued progress
- Continuing to action targeted reports to capture errors and data anomalies
- Continuing to provide advice, instruction and guidance to all levels of staff on good data quality practice through training workshops and presentations to specific staff groups e.g., ward clerks, outpatient staff.

NHS Number and General Medical Practice Code Validity

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.9% for admitted patient care
- 100% for outpatient care
- 98.6% for accident and emergency care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 99.6% for accident and emergency care

Data Security & Protection Toolkit attainment levels

The Data Security and Protection Toolkit (DSPT) is an online performance tool developed by NHS Digital to support organisations to measure their performance against the National Data Guardian's data security standards. The CQC uses the results to triangulate their findings.

All health and social organisations, including ESHT, are mandated to carry out self- assessments of their compliance against the DSPT assertions. The Trust is required to evidence 42 assertions over the following ten standards:

1. Personal confidential data
2. Staff responsibilities
3. Training
4. Managing data access
5. Process reviews
6. Responding to incidents
7. Continuity planning
8. Unsupported systems
9. IT protection
10. Accountable suppliers

ESHT's DSPT assessment score for 2020/21 was submitted with 110 pieces of evidence provided and all standards graded as met. This is a self-assessment but is reviewed by our internal auditors to provide assurance of accuracy to the Trust. The Trust's auditors report gives 'substantial assurance' that the Trust's submission is robust for 2020/21. The deadline for the DSPT submission covering the 2021/22 is due at the end of June 2022 and therefore has not yet been made. ESHT are therefore still covered by the 2020/21 toolkit whilst continuing to work on the 2021/22 submission.

Clinical Coding Error Rate

ESHT was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the accuracy rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) was 97.97%

Clinical Coding is the translation of medical terminology written in the patient's notes by healthcare professionals, to describe a patient's presenting complaint or problem, diagnosis and treatment into a coded format which is nationally and internationally recognised.

To ensure accuracy of clinical coding a number of internal audits are undertaken in addition to an external DSPT Audit conducted by a Clinical Classifications Service Registered Auditor.

Results of the DSPT Audit

We achieved advisory level in all the fields (primary diagnosis, secondary diagnosis, primary procedure fields and in secondary procedure fields). Advisory level is the maximum an organisation can achieve. Attainment levels are summarised in the table below.

Levels of attainment – percentage accuracy targets for Acute Trust

Levels of attainment – percentage accuracy target areas	Mandatory	Advisory
Primary diagnosis	≥ 90%	≥ 95%
Secondary diagnosis	≥ 80%	≥ 90%
Primary procedure	≥ 90%	≥ 95%
Secondary procedure	≥ 80%	≥ 90%

Overall Audit Results Summary – August 20 (200 FCE's)

Primary Diagnosis Correct	Secondary Diagnosis Correct	Primary Procedure Correct	Secondary Procedure Correct	Unsafe to Audit
99.5%	96.8 %	97.3%	96.3%	0

East Sussex Health Trust (ESHT) achieved an overall accuracy percentage of 97.97% highlighting 2.03% error rate.

In conclusion, the general standard of Clinical Coding was noted as very good with national standards for clinical coding being followed well.

- Relevant and mandatory secondary diagnoses and secondary procedures were omitted due to lack of indexing and data extraction skills
- Some of the errors were due to inconsistencies in documentation
- Clinician awareness in coding terms and in recording co-morbidities is limited.

ESHT will be taking the following actions to improve data quality:

- Management will immediately feedback the audit findings and refresh coders on the National Coding Standards where the standards have not been followed
- improve the availability of electronic notes on Evolve by implementing robust Health records policies
- Increase engagement and awareness with clinicians across all specialties
- Encourage coders to pay more attention during the data extraction stage.
- Implement regular internal audits and encourage senior staff to gain an approved auditor status.

Learning from Deaths

Since 2017/18, there has been a national drive to improve the processes Trusts have in place for identifying, investigating and learning from inpatient deaths.

Most deaths are unavoidable and would be considered to be 'expected'. However there will be cases where sub-optimal care in hospital may have contributed to the death or have occurred but has not contributed to or led to death. The Trust is keen to take every opportunity to learn lessons to improve the quality of care for our patients and families, and is committed to fully implementing the national guidance on learning from deaths.

The Trust policy for the review of deaths ensures there is a robust process for identifying, reviewing and learning from deaths, and outlines the roles and responsibilities of staff involved in that process.

Number of patients who died

Between January 2021 and December 2021 2,040 ESHT patients died. The table below summarises the number of deaths which occurred in each quarter of that reporting period:

Number of deaths per quarter (January 2021 to December 2021)

Reporting period	Number of deaths
Q4 2020/21: January 2021 to March 2021	739
Q1 2021/22: April 2021 to June 2021	378
Q2 2021/22: July 2021 to September 2021	424
Q3 2021/22: October 2021 to December 2021	499
Total: January 2021 to December 2021	2040

Number of case record reviews or investigations

By 12/05/2022, 2,039 case record reviews and 170 investigations had been carried out in relation to the 2,040 deaths. In 170 cases, a death was subject to both a case record review and an investigation.

Number of case record reviews or investigations per quarter (January 2021 to December 2021)

Reporting period	Number of case record reviews or investigations
Q4 2020/21: January 2021 to March 2021	739
Q1 2021/22: April 2021 to June 2021	378
Q2 2021/22: July 2021 to September 2021	423
Q3 2021/22: October 2021 to December 2021	499

Two deaths, representing 0.098% of the patient deaths between January 2021 and December 2021, were judged to be more likely than not to have been due to problems in the care provided to the patient.

Estimated deaths per quarter considered likely to have been avoidable (January 2021 to December 2021)

Reporting period	Number of patient deaths considered likely to be avoidable	Percentage of the patient deaths considered likely to be avoidable
Q4 2020/21: January 2021 to March 2021	1	0.135%
Q1 2021/22: April 2021 to June 2021	0	0%
Q2 2021/22: July 2021 to September 2021	1	0.236%
Q3 2021/22: October 2021 to December 2021	0	0%

These numbers have been estimated using the Royal College of Physicians National Structured Judgement Review methodology in conjunction with internal Serious Incident investigations, Amber Investigations, Complaints, Inquests and Quarterly Mortality Review Audits.

A summary of what ESHT has learnt from case record reviews and investigations conducted in relation to the deaths identified:

Of the 2 cases identified, both were reviewed by SJR methodology, at the specialty M&M Meeting and at the Trust quarterly review meeting. One was included in the Trust's wider investigation concerning inpatient covid acquisitions.

1. This was investigated with an Amber review. The predominant learning from this incident was the need to transfuse urgently in cases of major haemorrhage, even before the site of bleeding is known, and where other pathology is suspected as well.
2. This was a hospital-acquired covid infection. The infection occurred during an intense wave of Covid, causing severe pressure on beds, with a very high positive inpatient population, impossible to completely isolate from other patients. This case was included in the Trust wide thematic review of deaths during the first and second waves of the Covid pandemic, which is still ongoing with anticipated completion in June.

A description of the actions which ESHT has taken in the reporting period, and proposes to take moving forward in consequence of what has been learnt during the reporting period:

- As result of the learning from the first case, a trauma training update, incorporating clinical scenarios, has been provided to the relevant ED (Emergency Department) staff. Update training has also been provided for the major haemorrhage pathway. The of the amber investigation was discussed at the Weekly Patient Safety Summit, and the learning distributed to other Divisions.

An assessment of the impact of the above actions described which were taken by the provider during the reporting period.

The enhanced trauma and major haemorrhage training will improve the effectiveness and timeliness of interventions in cases of severe bleeding, but also the response to trauma admissions and major haemorrhage episodes both in the gateway areas and when instances happen in the inpatient areas.

Reviews and investigations which relate to deaths in the previous reporting period

34 case record reviews and 26 investigations were completed after 12/05/2021 which related to deaths in the previous reporting period (January 2020 to December 2020).

No deaths in the previous reporting period, which were reviewed or investigated after 12/05/2021, were judged more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Royal College of Physicians National Structured Judgement Review methodology in conjunction with internal Serious Incident investigations, Amber Investigations, Complaints, Inquests and Quarterly Mortality Review Audits.

Our revised estimate of the number of deaths reported in the previous reporting period (January 2020 to December 2020) judged more likely than not to have been due to problems in the care provided to the patient, remains the same.

There were three deaths representing 0.165% of the patient deaths between January 2020 and December 2020 judged more likely than not, to have been due to problems in the care provided to the patient.

Seven Day Hospital Services

The 7 Day Hospital Services (7DS) Programme aims to deliver improvements for patients by supporting providers of acute services to tackle variation in outcomes for patients admitted to hospitals in an emergency. Overall, there are ten clinical standards for 7DS, of which four clinical standards were made priorities for delivery by NHS England (NHSE) and NHS Improvement (NHSI). Improvement in delivery against the four priority 7DS clinical standards was identified as an improvement priority from 2018/19 onwards. The Trust was able to demonstrate that it had reached compliance on all 4 core standards in April 2020.

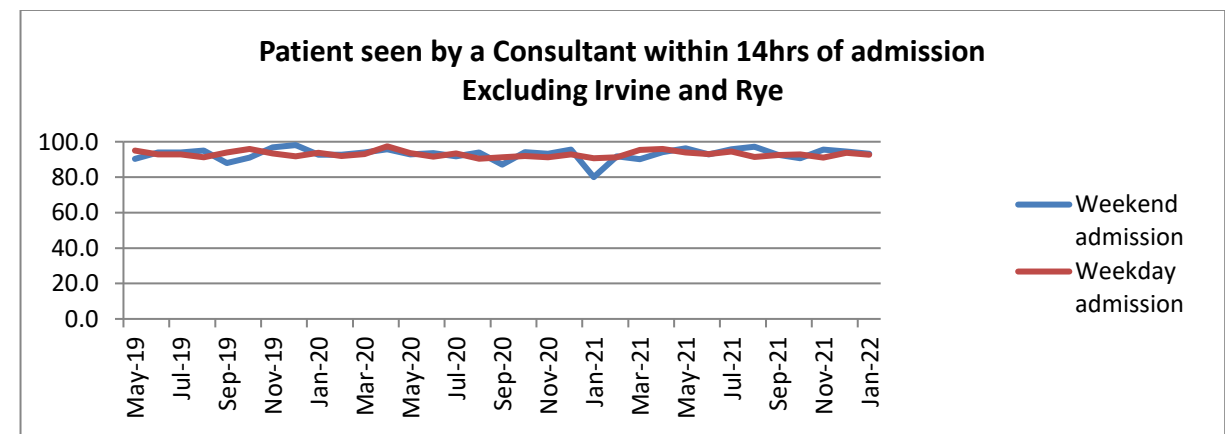
Trust aims

- To ensure that the Trust can continue to meet the 4 priority standards
- Nervecentre (live bed state system) to be used across the Trust to maintain the record of board round decisions
- The review needs of individual patients are determined, agreed, documented and reassessed regularly at ward rounds or the daily board round.

Core Standards

Standard 2 – time to first consultant review

- Since November 2018, we have monitored the rate of review within 14-hour standard, by ward, on a monthly basis as part of the “Excellence in Care” programme. This samples between 400-460 inpatients each month. Apart from a slight dip in weekend performance in September, overall compliance with Standard 2 has remained above 90% over the last year, despite the difficulties of dealing with the successive waves of Covid and the number of additional beds open to maintain patient flow. Weekday 93.2% and weekend 92.6%



Standard 5– Access to consultant-directed diagnostics

- The 24/7 endoscopy rota, which originally went live in 2019, has been challenged by ongoing consultant staff vacancies over the last year. It is fully operational from Friday to Sunday but out of hours provision is less robust from Monday to Thursday. As further consultant staff are recruited, we hope to be able to re-extend provision.

Standard 6– Access to consultant-directed interventions

- Other than the endoscopy rota, access remains unchanged.

Standard 8 – Ongoing consultant-directed review

- In 2020, just prior to the first wave of Covid, cross site audit of the wards cross-site audit of inpatients confirmed overall compliance, though a small number of specialties were challenged.
- During the first and second wave Covid escalation, daily reviews were undertaken by consultants. Since the covid escalation arrangements were reversed and the majority of wards moved back to normal working patterns, documentation of delegated consultant review has become less clear and has remained a challenge. Daily consultant led board rounds discuss all patients, and which patients require more intensive review, though documentation of this is variable.
- Review lists for patients that require daily review, by what grade of staff, over the weekend are generated for the on call and Hospital at Night teams.

Nervecentre roll-out

- **Nervecentre** has been now been rolled out to all the inpatient wards. This has, as hoped, become a fundamental tool supporting clinical review and patient flow, as well as providing ready access to patient observations, real time reminders of what tasks need to be undertaken, a wide variety patient alerts, escalation advice and the detailed supporting information for the daily board rounds. In particular, it supports the early recognition and escalation of deteriorating patients, enabling prompt intervention.

Review of individual patients' needs

- **Daily Board Rounds** incorporate the individual patient information and plans are recorded and updated on Nervecentre, in addition to the written notes made in the inpatient patient noted folder.

Rota Gaps

As an organisation that employs and hosts NHS trainee doctors, the Trust has in place two Guardians of Safe Working Hours (GOSWH) to champion safe working hours for junior doctors. Our GOSWHs are based on each of our acute hospital sites, one at Conquest Hospital and one at the EDGH. The roles are independent from the Trust management structure and are supported by the British Medical Association (BMA) to:

- Act as champions for safe working hours for junior doctors and students
- Support exception reporting, monitoring and resolving rota gaps
- Oversee compliance with the safeguards set out under the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016

The aim of the GOSWH role is to provide assurance to doctors and employers that doctors are able to work within safe working hours. The GOSWH is there to champion and support junior doctors to deliver this. Where the system fails a set process allows early reporting (exception reporting) to occur which is aimed at giving doctors the confidence that improvements will be made. The GOSWHs provide quarterly and annual reports to the People and Organisational Development (POD) Committee and are also involved in the meetings in the table below.

Meetings attended by the GOSWH

Group	Frequency
People and Organisation Development (POD) Group	Quarterly
Trust Local Faculty Group (LFG)	Every 4 months
Oversight Group Meeting	Every 4 months
Junior Doctors Forum	Quarterly
Junior Doctors Inductions	Three times a year
CEO Junior Doctors Forum	Every 4 months
Local Negotiating Committee	Monthly

Each year the Trust is given an allocation of junior doctors from the Deanery; the doctors are then allocated to the clinical divisions within the Trust. If the Trust has not been allocated sufficient doctors to fill a rotation, rota gaps are escalated to the division’s clinical leads and service managers are made aware if a gap affects their service. The division approaches any current doctors who have expressed an interest to stay on at the Trust at the end of their rotation to help with filling rota gaps. Subsequently if there are still gaps in the rotation the vacant posts will be advertised or filled using locum or bank staff.

Two new NHS roles – Doctor’s Assistant and a Physician Associate have been appointed to and are now helping to cover ward areas.

Staff who speak up

There are over 800 Freedom to Speak Up Guardians in nearly 500 organisations, including the NHS and independent sector organisations, clinical commissioning groups, hospices, professional bodies, regulators and elsewhere. The National Guardian’s Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC’s report “The Freedom to Speak Up” (2015). These recommendations were made as Sir Robert found that NHS

culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result.

Two Freedom to Speak Up Guardians are substantively employed at ESHT to support staff to raise concerns when they feel that they are unable to in other ways, and to promote a healthy speaking up culture. Freedom to speak up is part of the NHS Standard Contract and the CQC well-led inspection.

From April 2021 to April 2022, 230 cases were brought to the ESHT Guardians. Nurses and healthcare assistants were the professional groups with the highest contact rates, followed by administrative and clerical staff. The common issues raised to the ESHT Guardians have been broadly in line with those cited across organisations nationally.

Whilst concerns raised in 2020 were largely related to Personal Protective Equipment (PPE), risk assessments and redeployment, these themes became less prominent in 2021 and there was an increase in issues related to poor conduct – certainly heightened by staff anxiety and fatigue. As the pandemic continued through waves, concerns regarding self-isolation, management of caring responsibilities and working with family self-isolating and the ensuing childcare disruptions became more frequent. The FTSUG's also received a significant number of calls in relation to the mandated vaccinations for staff in the community attending care homes and Nursing homes. These concerns were fed through to Human Resources (HR) and Staff Engagement and the FTSUG's supported the mandated Covid Vaccination Group.

A number of workers perceived inconsistencies in the way that working from home and leave requests were applied across the divisions. The Guardians endeavour to work closely with HR business partners to seek assurance and resolution in these instances. Bereavement, loss and the fears of our international staff for the wellbeing of their relatives abroad compounded an already fatigued workforce and a worsening of behaviours with an increasing number of incidents of micro-aggression between staff were recorded. The Guardians meet regularly with divisions and HR business partners to review the Datix incidents citing staff on staff aggression to ensure timely and robust responses. The Guardians are also part of the Trust's bullying and harassment subgroup.

For the first time in 2021, the NHS staff survey included a question which asks respondents if they feel safe to speak up about anything that concerns them in their organisation, with 66% nationally 'agreeing' or 'strongly agreeing' with this statement. Within ESHT, our score for this question was 66.9%. Since the start of 2020, over 84% of workers who gave feedback to Guardians nationally said that they would speak up again. In ESHT, the percentage was higher with 97% of respondents saying that they would speak up again.

The Freedom to Speak Up index survey is a metric widely used to measure the speaking up culture of an organisation. The results of the index are based upon questions extracted from the staff survey. The Freedom to Speak Up (FTSU) Index is one of the indicators that can help to build a picture of what the speaking up culture feels like for workers. It is a metric for NHS Trusts, drawn from four questions in the NHS Annual Staff Survey, asking whether staff feel knowledgeable, encouraged and supported to raise concerns, and if they agree they would be treated fairly if involved in an error, near miss or incident. The latest survey showed that ESHT achieved an index score of 80%; this has remained consistent for the last 2 years. The Guardian's office suggests that a score above 70% is indicative of a healthy speak up culture.

Regular liaison between ESHT Guardians and HR business partners, OD and staff engagement, occupational health, chaplaincy teams and pastoral fellows facilitate the sharing of soft intelligence regarding staff wellbeing, patterns and trends. This provides valuable insight to help the identify areas which may benefit from targeted support. Walkabouts also enable the Guardians to informally drop-in to acute and community areas to speak directly with staff and to promote the speak up culture.

Given the national increase in appointment of Guardians, this affords an opportunity to network locally and nationally across all sectors, sharing examples of practice and looking at comparable data. ESHT Guardians have attended online national, regional and pan-sector meetings, and participated in case reviews and webinars delivered by the national guardian office. During Speak Up Month in October, all

ESHT workers were invited to access a series of weekly lunchtime, online webinars related to the topic of speaking up.

Wherever possible, the Guardians promote local and timely resolution, enabling staff to safely and professionally articulate their concerns, providing scaffolding to enable challenging, respectful conversations to take place. We recognise that persistent poor conduct negatively impacts upon

individual and team wellbeing and functioning. Our aim is to give consistent support, intervention and advice as well as signposting to mediation and/or wellbeing services as needed.

Staff Health and Wellbeing

We have continued to support the physical and emotional wellbeing of all our colleagues. Our menu of support has adapted to the needs of our workforce over the pandemic, and we have continued to focus on the things our people are telling us, make the biggest difference.

Our work with supporting teams and individuals with evidence based psychological support continues to be offered and accessed by 37 of our teams. When Covid-19 Vaccination as a Condition of Deployment was introduced in December we swiftly developed, in collaboration with our HR colleagues, a wide range of resources to support and enable staff to make an informed decision.

We have provided snacks and refreshments to those critical teams such as Intensive Therapy Unit (ITU) and Emergency Departments as well as supporting the escalation wards and redeployed staff groups. The feedback has been that these small gestures have the biggest impact and make staff feel valued. We recognise the ongoing challenges faced by our emergency department colleagues with increased activity and an increase in incidents involving violence and aggression from the public, therefore those provisions will remain in place beyond March 2022. We now have 20 fully trained Traumatic Risk Management practitioners (TRiM). Another cohort of 10 are completing their training at the moment with ongoing dates to be agreed. 38 incidents have been referred for TRiM, with an increase over the past few weeks due to staff awareness. 76 staff accepted the TRiM intervention and have undergone the initial TRiM session following a potentially trauma event either in a group or 1:1 session. 51 attended for a 1 month follow up and 16 staff for a 3 month follow up (most staff feel they do not need a 3 month follow up as the intervention has already provided sufficient support)

We trained 135 staff in the Mental Health First Aid qualification and a further 145 are planned for 2022/23. This will support the Wellbeing Conversations.

We have provided 105 health checks in conjunction with One You Sussex for our Over 55 years workforce, helping those people to make informed decisions about choosing a healthier lifestyle and making positive changes. The support linked to menopause continues with café style drop ins / online support and further communication regarding the support available. With our workforce made up of 819 women aged 47-51 and 2,184 over the age of 51, this support and advice is paramount and linked to our recruitment and older workforce work. Our focus also remains on men's health particularly mental and physical wellbeing. We have made bids for external funding to look at programmes of support and plan to work with specific groups and disciplines.

We have used external funding from the League of Friends to support 130 teams to enhance their break / rest areas.

We opened a new nursery building in January 2022 at the Conquest site. In February 2022 Ofsted inspected for the first time since 2017. The nursery maintained its "Good" judgement with only two recommendations. The inspector stated in their feedback "it is very clear that the organisation and the nursery staff have put wellbeing at the heart of what they do. The financial support for parents back in 2020 and the ongoing wellbeing check in's with families, who we recognise as NHS staff and who

would have been at the forefront of the pandemic is wonderful to see and would have supported their wellbeing”

We have continued to support managers and teams involved in bereavement of colleagues and also expanded our support package with new guidance to include a new process and support and acknowledgment for any bereavement and the effect it can have.

We have now formed a robust subgroup linked to the main violence and aggression steering group which will focus on colleague-on-colleague harassment and bullying incidents. The focus will be to engage and work together with staff to develop solutions and make improvements, contributing to a transformational change in culture.

We have secured external funding to pay for this wellbeing initiative. Project Wingman is a charity founded in March 2020 in direct response to the Covid 19 and came together to explore how grounded airline crew from all airlines could support NHS staff. They offer their time, knowledge, and skills to serve and support NHS staff, providing vital well-being and mental health support. They were on site at the EDGH from August 9th until 20th August and dates are arranged for visits to the Conquest site for 2022. Any staff member can visit the bus between the hours of 10am – 4pm Monday to Friday and experience a ‘first class’ break, which includes being served refreshments by an airline steward or even the captain! We also have plans for a similar initiative for the community site at Bexhill and are awaiting dates.

The Trust Board and directors really value the work all colleagues do, and a ‘buddy’ scheme has been introduced where board member’s visit wards and departments to meet colleagues to understand more about what their roles involve.

Carers week provided support and advice for staff who have caring responsibilities. Carers passport launched and staff continued to encourage staff to complete.

Schwartz Rounds sessions have continued throughout pandemic with session via Microsoft teams – 387 attended sessions

Compassion without burnout sessions taken place provided to enable staff to recognise the causes and signs of burnout and to proactively to explore ways in which work-related burnout can be minimised while delivering compassionate care and provides a safe space for reflection.

Staff Survey

Our response rate was 48% compared with the national average of 44.7%

The National picture shows a decline in staff who work for the NHS feeling valued.

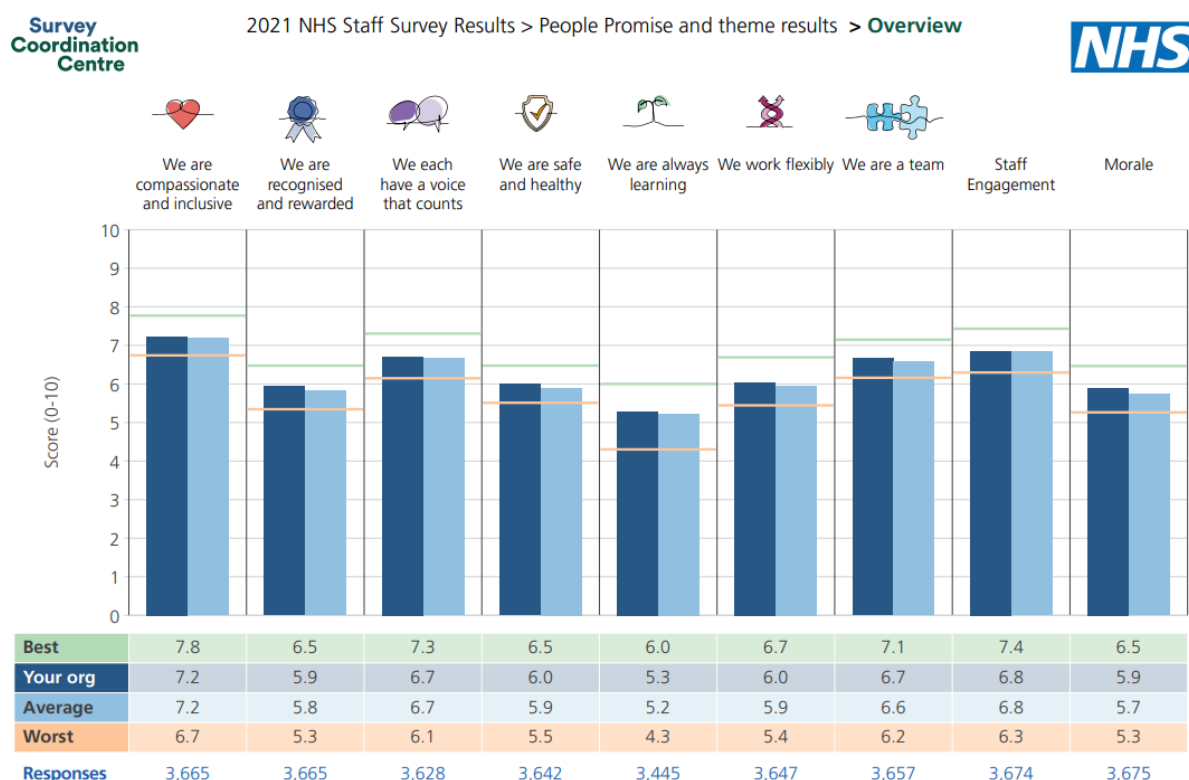
The Trust results compared to other similar organisations are good. In the whole survey we had 41 questions that scored significantly better than other comparable organisations. 56 questions where we were similar.

Positive messages:

- **‘We are compassionate and inclusive’** 87% of our people feel their role makes a difference to patients/service users
- **‘We each have a voice that counts’**
- 75% feel secure in raising concerns about unsafe clinical practice but acknowledge that there has been a decline in the number of people who feel unable to raise general concerns
- 73% of our people feel they have frequent opportunities to show initiative in their role

- **‘We are always learning’** We are proud that 66% of our people feel they are always learning and have the opportunity to improve their knowledge and skills
- **‘We work flexibly’** 66.3% feel they can approach their immediate manager to talk openly about flexible working
- **‘We are a team’** 81.3% of our people enjoy working with the colleagues in their team
- **‘We are safe and healthy’** We are delighted that we scored significantly higher than the sector relating to our staff experience of burnout.

There is acknowledgement of an increase in the numbers of our staff reporting poor behaviours across the Trust. Our focus on equality, diversity and inclusion continues and we continue to champion our values and behaviours that underpin those values.



ESHT has taken the following actions to improve the rate and therefore the quality of its services by:

- Analysing the NHS Staff Survey results and using the information to identify key priorities for the whole organisation to focus on. To deliver those priorities effectively across the Trust, each division is tasked to create and implement action plans, giving local control and enabling staff to make and be involved in effective change.
- Using People Pulse results (which were introduced in late 2021) as a source of intelligence to inform and signpost to areas for improvement in staff working life, wellbeing, conditions and work environment.
- Embedding the elements of NHS People Promise and delivering on the objectives laid out in the plan to support and our workforce
- Following the onset of the pandemic in March 2020 and during 2021, the Organisation Development (OD) team responded positively and flexibly to the significantly changed workplace conditions by: canvassing key leaders across the Trust on how we might best engage and support them in fulfilling and developing into their leadership and management roles throughout this time. Considering all we heard, we took the difficult decision to pause a number of leadership programmes on offer (Leading Service/Leading

Excellence and our High Potential Programme); we provided a new range of bespoke and general leadership and personal development activities; and adapted existing programmes to be delivered in a virtual learning environment. Following this a catalogue of programmes and supportive activities has subsequently emerged; primarily designed internally and delivered to Trust colleagues with some extending beyond our organisation to support both our local and wider health and social care system across Sussex

The Organisational Development and Staff Engagement and Wellbeing Teamwork with the Human Resources Business Partners / Occupational Health/ Divisional and Service leads to increased awareness and develop capability for continuous improvement across the Trust

Part 3 - Review of Quality Indicators and our Priorities for Improvement in 2021/22

Part 3.1 – Our Priorities for Improvement in 2021/22

The Trust identified three quality improvement priorities for 2021/22 to contribute towards the delivery of our Quality and Safety Strategy.

This section describes the significant work that has been undertaken at ESHT to deliver on our quality improvement priorities over the past year, setting out how we will continue to work on delivering the aims of each of our improvement priorities and where there is still room for improvement to be made.

Priorities for improvement 2021/22

Quality Domain	Priorities for improvement 2021/22
Patient Safety Clinical Effectiveness Patient Safety	1. Embedding Patient Safety
Patient Safety Clinical Effectiveness	2. Infection Control Excellence
Patient Safety Clinical Effectiveness Patient Experience	3. Perfecting Discharge

Patient Safety Improvements 2021/22

1. Embedding Patient Safety

Why this has been chosen as priority

The Trust has robust systems in place to report, investigate, identify learning and develop actions to reduce the possibility of the same or similar incidents occurring. However, there remains a challenge to collate evidence that demonstrates if changes have been made, that they have led to measurable and sustainable risk reduction.

The aim of this priority is to identify methodology that will measure and support the effectiveness of the actions taken forward and their impact on reducing the risk of further incidents.

Our aims

- Review the Serious Incident investigations root cause analysis (RCA) reports and subsequent actions from the previous 12 months
- Identify overdue actions yet to be implemented and identify what barriers are preventing the actions being completed
- Work with clinical teams to develop methodology that will support them in how to evidence the impact of the actions on reducing the risk of further patient safety incidents
- Apply new methodology to two areas of patient safety and assess whether methodology is being applied correctly and consistently; if it is, whether it is providing the necessary data from which the Trust can measure the effectiveness of actions and the impact on risk
- From the 12-month RCA report review, and by utilising guidance in the new draft Patient Safety Incident Response Framework, identify themes to be investigated further
- Identify changes in practice in response to reducing future risk

How have we done?

This was undertaken by undertaking a review of the last 5 years for the Trust gap analysis in line with the impending National Patient safety Strategy. The key 5 areas have been highlighted in the gap analysis and in our action plan for 2022/23. The changes to the Serious Incident Framework (SIF) to the new Patient Safety Investigation Reporting Framework (PSRIF), changes to Strategic Executive Information System, (StEIS) and NRLS to Learning from Patient Safety Event (LfPSE) and thematic reporting.

The impact of the COVID-19 pandemic had a detrimental impact on the progress of improvement work to support the embedding patient safety. Some of the aims are being addressed but some will require further focus during 2021/22.

There is a Serious Incident action tracker which is updated monthly to identify which actions are outstanding. The leads for those actions are contacted to check for progress on actions and for them to indicate if there are any barriers to completing them. This is an ongoing process and supported and monitored by the Patient Safety Team.

An audit has been undertaken to review the completed Serious Incident Root Cause Analysis reports over a 12-month period to ascertain if actions have been completed and if there is evidence available to demonstrate achievement and, where possible, that there has been a positive impact. When this audit analysis has been completed, this will be assessed in relation to the draft Patient Safety Response Framework.

The Trust was keen to identify a methodology that could be used to assess and evidence the impact of the actions that are undertaken because of a Serious Incident. The aim was to identify 2 methodologies and then incorporate them into the incident management process. However, following communications with patient safety teams in other organisations, there is no specific methodology in existence that can be utilised. Therefore, it was decided to utilise different approaches that may support this aim. The intention was to review all closed serious incident RCA reports to look specifically at the root causes and learning to assess if there were hidden themes and trends that may not have come through when looking at an individual reports. It was not possible to complete this before March 2021 and so will be undertaken during 2021/22.

There was also a plan to pilot utilising a taxonomy matrix developed by a Trust vascular surgeon in conjunction with the Kent Surrey Sussex Academic Health Science Network which also helps to identify themes from multiple reports. The taxonomy matrix has been developed using causal facets and set domains. This pilot was started but had made slow progress due to the pandemic. This area was 'overtaken' with the development of Learning from Patient Safety Events (LfPSE) and the impending changes of the reporting incidents database

In response to the Patient Safety Strategy published by NHSE/I in 2020, the Trust identified two staff members to be Patient Safety Specialists. These Patient Safety Specialists are now linked in with the NHSE/I Future Collaboration programme which aims to support organisations with the roll out of the new Patient Safety Response Framework and implementation of the strategy. The Trust has agreed to changes to the Trust incident reporting database to i-cloud module so that the Trust will be compliant with the National changes to StEIS, National Reporting and Learning System (NRLS) and LfPSE live platform.

2. Infection Control Excellence

Why this has been chosen as priority

In the last year a national Board Assurance Framework for Infection Prevention and Control (BAF-IPC) was introduced. The purpose of the BAF-IPC is to support all healthcare providers to effectively self-assess their compliance with Public Health England (PHE) and other COVID-19 related infection prevention and control guidance and to identify risks. Although the BAF-IPC is not mandatory it is considered to be a helpful assurance tool. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can be used to assure trust boards.

The BAF-IPC remained a key measure for infection prevention and control during 2021/22.

Our aims

- Finalise the BAF-IPC template to ensure it is capturing all the relevant detail
- Identify key gaps in the BAF-IPC and develop action plans to address them
- Monitor infection rates and identify and incorporate emerging themes
- Complete the serious incident root cause analysis investigation reports into outbreaks and identify learning with appropriate action

How have we done?

All patients are triaged for infection risk including risk of COVID-19 and the outcome is recorded on patient documents. Triage tools have been updated to reflect changing COVID-19 risks as advised by local authority and United Kingdom Health Security Agency (UKHSA).

Individual patient documentation dedicated IPC assessment page.

Nervecentre has been significantly developed to include infection control advice about all infections and to show COVID-19 status. Smart lists show detail on COVID-19 positive/suspected/exposed/recovered patients. This provides live information on patients with COVID-19 in our hospitals to support both IPC and operational decisions for patient pathways.

Patient admission and discharge pathways have been agreed and guidance on related risk assessed use of personal protective equipment has been revised, to reflect changing prevalence, emerging evidence and/or national guidance and support safe provision of services. The IPC has updated documentation as guidance has changed during the year.

A dynamic approach to communicating changes in COVID-19 guidance has been maintained through the use of the extranet, web-based training resources, face to face clinical visits and online training events. There has been a sustained focus on the Hands, Face, Space and Clean air message with posters updated regularly in high traffic areas.

There has been increased emphasis on the hierarchy of controls, reducing exposure to COVID and putting in place controls to minimize transmission including improving ventilation, use of hepa-filters for improved air quality, Perspex screening for social distancing.

Surveillance of all COVID-19 patients and contact tracing has been undertaken to try to reduce the risk of onward transmission and gain valuable epidemiological information. An electronic database of this information has been maintained for future reference.

Robust processes have been developed for provision and assessment of personal protective equipment via procurement and introduction of a respiratory mask fit team. Over 4,500 staff are fit tested to at least one FFP3 mask and additional powered respiratory hoods have been procured for use when staff require this level of respiratory protection and either choose not to or cannot wear a fit tested mask.

IPC induction and mandatory training has been provided via e-learning. Additional training and information on donning and doffing of PPE and the safe use of powered respiratory equipment has been provided and update training offered to clinical teams throughout the year.

IPC has maintained very close working with the operational and incident management teams to inform operational decisions. Working collaboratively with IPC colleagues in acute, CCG and local authority as well as care home providers.

IPC has met all requirements for reporting and surveillance of mandatory reporting of healthcare associated infection. Risk assessments and post infection reviews of healthcare associated infections have taken place as and when staffing allowed and those not yet complete are underway.

Outbreaks have been managed in line with national guidance and multiagency outbreak control groups were convened. Daily COVID-19 outbreak reporting requirements were maintained during second wave of COVID-19.

Hand hygiene promotion for both staff and patients has been maintained and WHO global hand hygiene day was fully supported.

3. Perfecting Discharge

Why this has been chosen as priority

Data from the CQC National Inpatient Survey, our own internal complaints and inpatient questionnaires highlighted a number of areas where improvements could be made to discharge processes, including communication and information provided to patients about the discharge process.

Last year as part of a Quality Account priority, a Multidisciplinary Discharge Improvement Group (MDDIG) was established to take the plans forward to improve the discharge process.

The changes to the Trust's discharge processes during the COVID-19 pandemic contributed to an increased focus with short actions being taken and longer-term plans being developed

Our aims

- To provide oversight of themes, trends, lessons learned and areas of best practice that support the Divisions to facilitate safe, high quality multidisciplinary and timely planning of discharges and improve the patient experience.
- Analysis data to identify areas of focus (work streams were identified as- communication, process, medication and training and education).
- Key projects under the four work streams will be rolled over from 2020/21 and re-initiated to deliver improvements in discharge.
- The strategic group will meet monthly to report back on the progress of the work streams.
- We will gain feedback from patients who received the revised process/ communication to identify areas for improvement and develop action plans to implement changes, using a quality improvement approach.
- Seek ongoing feedback from patients/carers/relatives about how well the discharge process is meeting their needs.

How have we done?

Communication

This work is down into external stakeholders regarding Transfer of Care (pathway one, two and three patients) and to patients about their discharge from hospital (pathway zero patients).

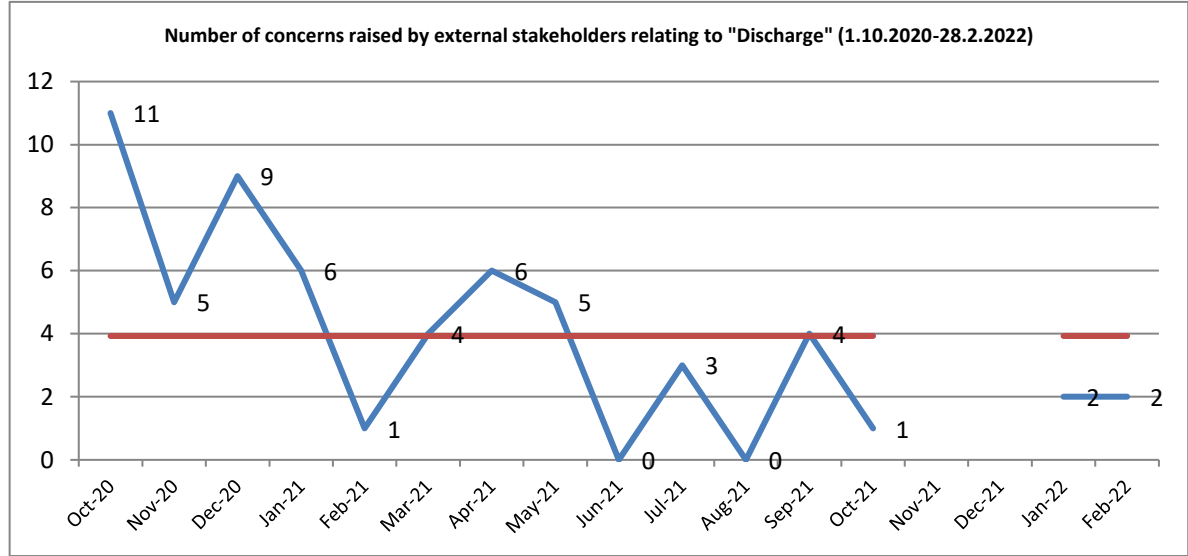
It was fed back to ESHT from external stakeholders that the verbal handover of a patient was not always accurate or included information required for ongoing care. A Head of Nursing has co-developed (with the multidisciplinary team and external stakeholders), piloted, and launched a Transfer of Care document which is completed by the Nurse who is discharging the patient.

CQC National Inpatient Surveys and local Friends and Family Survey results demonstrated that patients are not always sure who to contact if their condition deteriorates or what their

follow up arrangements are. A personalised patient discharge letter was developed and piloted on a surgical ward where they have high numbers of pathway zero patients. Whilst the feedback was positive from both the Nurses and Patients a concern from the Nurses was the time it took them to complete the form. It has been decided that this pilot will be extended to another ward to complete a time and motion study and to assess against the benefits.

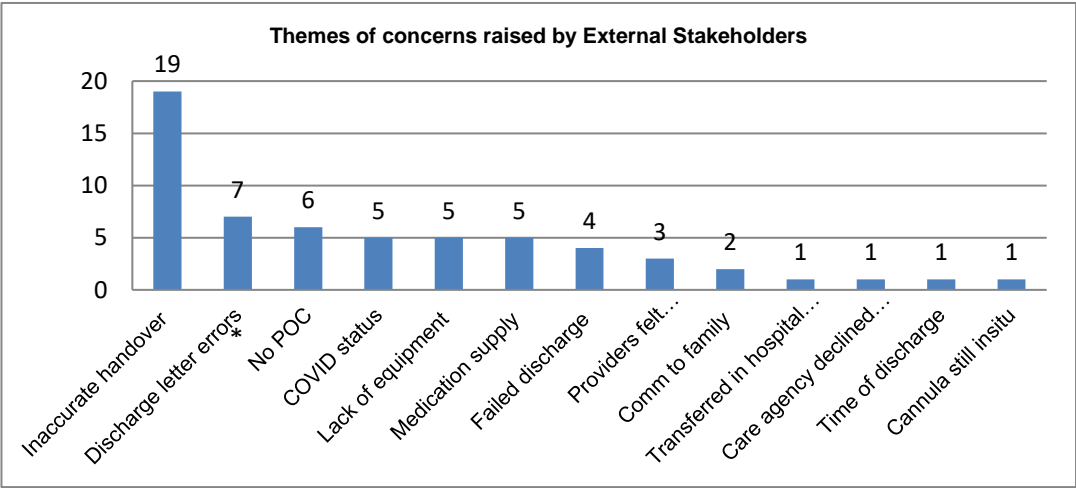
Discharge Summary provided to GP's was reviewed by the Deputy Medical Director and meets the required standards. The vision is to develop a Multidisciplinary discharge summary this has been incorporated into the digital scoping work with Electric Patient Record Team.

In October 2020 a reporting mechanism (raising discharge/ Transfer of Care concerns) for external organisations was launched. This has proved a rich source of feedback and is fed back into the relevant work streams to drive improvement. Quarterly reports were presented to MDDIG and Patient Safety and Quality Group which demonstrate less concerns being sent into ESHT over the last 6 months.



Due to a change in management within Adult Social Care (ASC) the process was amended to reflect the change in their processes. ASC encouraged care providers and patients to raise concerns directly to Patient Advice and Liaison. This has now become the business as usual route for raising concerns.

The table below shows the themes of concerns raised (some concerns raised had multiple themes):



*POC= Package of Care

It is hoped that with the development of the Transfer of Care document should reduce the number of concerns raised regarding the following themes:

- Inaccurate handover.
- COVID status.
- Lack of equipment
- Medication supply.

This document was launched on the 25th February 2022; at the time of writing this there has not been enough time to see a decline in this theme.

The discharge checklist is now available on Nervecentre and is due to be rolled out across the inpatient's areas by the end of April 2021. It is hoped this will address the following themes:

- Ensuring the families are communicated with regarding discharge arrangements.
- Clothing worn when patients are transferred.
- Cannulas removed prior to discharge.
- Medication supply.

Discharge Process

Four wards undertook a detailed process mapping exercise to understand current processes, including when and who undertook the various steps. This has resulted in some changes:

- Development of a new Transfer of Care document (rolled out on the 25th February 2022);
- The integrated discharge checklist used by the Multidisciplinary Team (MDT) on the ward was reviewed and is now being updated.
- Development of criteria led discharge protocol for Medicine Division which is now being piloted.
- The order of patients being reviewed on the wards has changed to expedite discharge or care for patients who are requiring urgent review as they have deteriorated overnight.
- A review of the discharge summary structure against national guidance was completed.

Discharge hubs were introduced in March 2020 as part of the Trust's response to COVID-19. The hub has responsibility for supporting discharges on Pathways 1-3 with a focus on discharging medically fit patients to an onward destination as safely and efficiently as possible. The future of the Discharge Hubs is currently being considered as part of the 2023 plans.

Multidisciplinary teams are making more use of digital technology to support planning of discharge. Nervecentre is being used as the central tool to assist in board rounds on several wards, and the roll out continues.

Medication

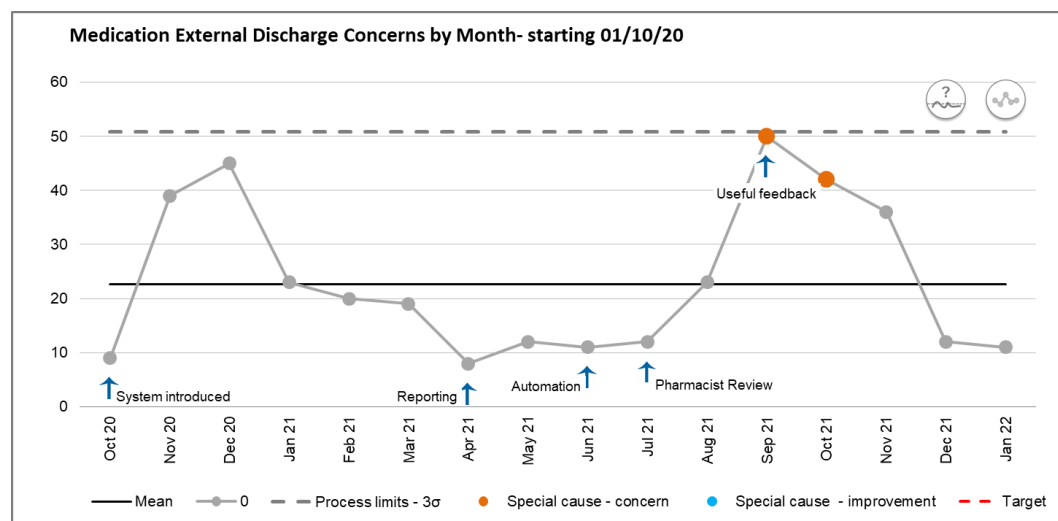
Analysis of data was completed to identify where improvements were needed to be made specifically relating to medication on discharge.

There is a medicines helpline, which is an established mechanism for patients to contact the Trust with queries about medicines provided at discharge. This was temporarily extended to healthcare professionals to collate data about discharge concerns. Analysis of the calls received and a deep dive into reported medication incidents showed the following key issues:

- incorrect 3-point checks, which should be undertaken on discharge
- incorrect discharge summary information about medicine changes
- prescribing incidents through discharge summary transcribing

Achievements to facilitate these improvements were:

- New weekend pharmacy services rolled out in April 2020 focused on medicines reconciliation to gateway areas, support for high-risk patients, urgent medicines supply and discharge support.
- The roll-out of a single point of contact for obtaining support for discharge and supply from pharmacy on both acute hospital sites.
- A new business continuity plan for acute clinical pharmacy services that optimises medicines reconciliation and supply around clustered arrangements
- Development and use of Nervecentre to improve medicines reconciliation rates and highlight discrepancies for resolution prior to discharge.
- Development and roll-out of Nervecentre workflows and metrics to direct proactive pharmacy support to Transfer of Care including discharges.
- Development of a new medicine's reconciliation process within electronic Prescribing and Medicines Administration (ePMA) that captures all changes made on admission and during a patients stay.
- Testing and deployment of the new process as part of the ePMA project.
- Review and renewal of doctor's induction materials for medicines history taking / reconciliation, discharge processes and the ICE discharge system.
- A new 'business as usual' process for lead pharmacists to review and liaise with primary care colleagues around external discharge concerns.
- Piloting, during COVID-19, the testing of remote pre-admission medicines reconciliation for elective surgical patients.
- A scoping exercise into secondary care discharge and primary care repatriation for frailty patients.
- A two-week pilot and feasibility study into 12 hour pharmacy services to Emergency Departments and acute medical units in November 2020.
- Scoping support required for the Emergency Department / Ward interface around medicines reconciliation from pharmacy.



External discharge concerns involving medication reported via the internet portal: After initial excitement about giving feedback numbers declined. An automated feedback loop allowing immediate response, investigation and implementation of improvements is the expected cause of the increase in reported concerns seen in September 2021 and the subsequent decline.

3 Point Check – Quality Improvement Project

The 3 Point Check is the final process and opportunity to ensure that patients have the correct medication and information on discharge from hospital. It involves systematically checking that all 3 of the following correlates prior to discharge:

1. The Prescription Chart/ medications that the patient has been receiving whilst in hospital
2. The medications listed on Discharge Summary to the GP
3. The medications and information provided to the patient

A review of incidents reported on Datix and feedback from our stakeholders identified that there was no recorded evidence of the 3-point check being undertaken prior to discharge. Therefore, a small working group was established to test if consistently applying the 3-point check in a standardised way on discharge would lead to a reduction in medication errors on discharge.

The test of change involved monitoring the discharge medications and information provided for patients discharged/transferred to our intermediate care units (Bexhill Irvine Unit and Rye Memorial Hospital).

A 4-week audit/data collection period was undertaken before and after the quality improvement interventions was applied, to determine if any improvement or reduction in medication errors could be achieved. The type and number of errors in the initial benchmark audit data were similar regardless of the origin or discharging ward location. The following wards were selected to test the change as they discharge patients most frequently to the intermediate care unit due to their specialty.

Egerton ward – Conquest (Orthopaedic)

East Dean ward – EDGH (Stroke unit – acute care)

Sovereign ward – EDGH (Stroke unit - step – down care)

Face to face training in systematically undertaking and documenting the 3 point check on discharge was delivered and cascaded to all registered nurses on these wards. After completion of the training the repeat audit was undertaken, and the findings analyzed and reported to the MDDIG.

Improvement was found in the reduction of errors for discharges for patients from the stoke unit but less so for the discharges from Egerton ward. The matrons from all 3 wards reported an increase in awareness of staff and identification of medication errors that otherwise would have been missed. It was recognised that recording the number and type of errors identified before and the intervention would have been helpful.

The project was hampered in its size and duration due to the Covid – 19 pandemic. Ideally the group would like to have had the opportunity to collect more information on a larger sample group. However, given the constraints the MDDIG agreed the recommendation of the working group that it was a reasonable assumption to make that if the 3 Point Check was applied in a systematic way across all wards there would be a reduction in medication errors on discharge of patients from hospital.

Recommendations for embedding the QI trust wide:

1. Training & Education Group to introduce routine training/education in how to undertake a 3 Point Check effectively for all registered nurses working on in patient wards. This would ideally be part of a suite of training related to discharge. Mode of delivery may need to be adapted for the trust wide delivery.
2. A review of the trust TTA (To Take Away) Policy, the 3-point check process and how

we provide information to patients once Electronic Prescribing & Medication Administration (EPMA) has been implemented across the organisation.

Training and Education

Discharge process mapping work identified that there was lack of clarity and potential gaps / duplication in who did what in relation to discharge. To date the following pieces of work have been undertaken:

- A review of national training packages related to discharge has been undertaken. Following this review, it was identified that a training needs analysis was required to map and design an appropriate training package so that all staff understood their roles and responsibilities. This was paused during the second wave and will roll over to 2021/22.
- In August 2020, all junior doctors were provided with a bespoke training session on the importance of discharge planning and the discharge summary, this is now business as usual training package.
- A short video has been produced to support medical teams to understand the impact of getting the discharge summary accurate for the patient and the GP.

Further improvements identified

MDDIG has been made up of a wide range of the Multidisciplinary Team and external stakeholders. The successes of this group have been described in the text above and some of the work has been transferred to the operational teams and will now be led and transferred to business as usual.

MDDIG will hold its last meeting in March 2022 but ongoing improvement work addressing “Discharge” will continue to be progressed and be at the forefront of services.

Our work to improve “perfecting discharge” continues, and includes:

- Extending the personalised patient discharge letter to another ward to complete a time in motion study and to assess against the benefits.
- Continue to observe the theme “inaccurate handover” to ensure that the transfer of care document has improved the situation.
- Discharge Summary provided to GP’s was reviewed by the Deputy Medical Director and meets the required standards. The vision is to develop a Multidisciplinary discharge summary this has been incorporated into the digital scoping work with Electric Patient Record Team.
- Continue to develop the pathway for discharging Homeless patients.
- Discharge Check in Service, review as funding is due to cease end March 2022.
- IDT screening tool - initial review completed and rolled out as part of business as usual for therapies. Next step is to consider wider Multidisciplinary Team engagement with providing 'description of need' for patients requiring additional support on discharge.

Part 3.2 – Review of our Quality Indicators

Amended regulations from NHSI require trusts to include a core set of quality indicators in the Quality Account. The data source for all indicators is NHS Digital.

The Trust's performance for the applicable quality indicators are set out below.

For some of the quality indicators, data submission on a national level was suspended due to the COVID-19 pandemic.

Patient Safety Indicators

Percentage of admitted patients' risk-assessed for Venous Thromboembolism (VTE)

ESHT considers that this data is as described because the Trust has robust data quality assurance processes in place.

The national VTE data collection and publication of the VTE risk assessment data has been suspended throughout 2021/22.

The percentage of patients aged 16 and over admitted in the year who were assessed for risk of VTE on admission to hospital 2021/22 ESHT achieved **91.36%** compliance.

Rate of C. Difficile Infection

ESHT considers that this data is as described because the Trust has robust data quality assurance processes in place.

Indicator	ESHT 15/16	ESHT 16/17	ESHT 17/18	ESHT 18/19	ESHT 19/20	ESHT 20/21
Rate of C. difficile HAI Infection per 100,000 bed days (aged 2 or over) *Including prior healthcare exposure	19.2	17.6	15.4	22.8	16.8 *21.2	17.0 *22.6

Source: ESHT 20/21 data is from the Public Health England (PHE) Healthcare Acquired Infections (HCAI) Data Capture System. All other data is from NHS Digital. At the time of writing this report the annual 21/22 surveillance report had not been published.

Clostridioides difficile Infection (CDI) mandatory surveillance from 2021/22

The way that organisations are required to report CDI has significantly changed to include prior healthcare exposure. The CDI reporting algorithm from financial year 2020/21 are:

- adding a prior healthcare exposure element for community onset cases
- reducing the number of days to apportion hospital-onset healthcare associated cases from three or more (day 4 onwards) to two or more (day 3 onwards) days following admission. For the first time, CDI cases diagnosed within 48hrs of admission (community onset infections) are now attributed to the acute trust and classed as community onset healthcare associated (COHA), if the patient has been an inpatient in the previous 4 weeks. This change is to take account of the patient's prior healthcare exposure. It will increase the numbers of reportable infections for acute trusts.

Cases are now considered hospital onset after 48hrs of admission and not 72hrs as in previous years. ESHT reported 69 cases against a limit of 58 for 2021//22.

Performance

Publication of the annual surveillance report have been delayed due to the COVID pandemic and the thresholds were released late in the Year.

A total of 69 cases were attributed to ESHT for 2020/21 which is higher than the threshold. This number does not take account of the increased number of beds and occupancy during the COVID pandemic. Much of the exceedance occurred in the first two quarters of the year and improvement followed.

Official data for 2021/22 has not yet been published due to the COVID pandemic. The PHE data capture system shows ESHT has a hospital onset healthcare associated (HOHA) rate of 17.0 for the financial year April 2021-March 2022. There is no ability to show a rate that includes prior healthcare exposure. The rate represents 52 C. difficile infections that are HOHA, there were also 17 community onset healthcare associated infections related to prior healthcare exposure within 28days of the result.

The reason for increased numbers of CDI is not fully understood but is believed that the COVID pandemic has had a negative impact. Post infection review has been undertaken on many of the hospital onset cases although this has been more difficult to achieve due to the additional workload of the COVID pandemic. All cases have been sent for ribotyping to assist with detecting outbreak and there is no evidence that the cases are a result of cross infection or outbreak.

Rate of patient safety incidents reported per 1,000 admissions and the proportion of patient safety incidents they have reported that resulted in severe harm or death

The data from the National Reporting and Learning System (NRLS), NHS Improvement is only available up to the 31st March 2021.

*ESHT has robust data quality assurance process in place but is awaiting validation of the data for 2021 – 2022 by NHS Improvement and acknowledge that Covid-19 impacted on severe and death incidents.

Indicator NRLS Data	National Average	Best Performers	Worst Performers	ESHT 19/20	ESHT 20/21	ESHT* 21/22
	01/04/2020 31/03/2021	01/04/2020 31/03/2021	01/04/2020 -31/03/2021	01/04/2019 31/03/2020	01/04/2020 31/03/2021	01/04/2021 31/03/2022
Rate of patient safety incidents reported per 1,000 admissions % pf patient safety incidents that resulted in severe harm or death	58.4 (12502 incidents reported)	27.2 (3169 incidents reported)	118.87 (32917 incidents reported)	39.0 (9570 incidents reported)	46.4 (9012 incidents reported)	36.8 (10037 incidents reported)
	Severe 0.3%	Severe 0.0%	Severe 1.0%	Severe 0.5%	Severe 0.2%	Severe 1.9%
	Death 0.2%	Death 0.0%	Death 1.8%	Death 0.3%	Death 0.3%	Death 1.9%

ESHT has the following systems and processes in place to improve the number and rate of incidents reported, which will have a positive impact on the quality-of-service delivery:

- The management of investigation of severe and serious incidents is centralised and is embedded in the Trust with an ongoing improvement in the quality of investigations.
- Serious incidents (SI) are all managed in accordance with national legislation timescales.
- Progress of Amber (up to moderate) and SIs (severe and catastrophic) are monitored by the Weekly Patient Safety Summit.
- Actions resulting from SIs and Amber investigations are monitored with updates on the number outstanding provided to the Patient Safety and Quality Group.

Clinical Effectiveness Quality Indicators

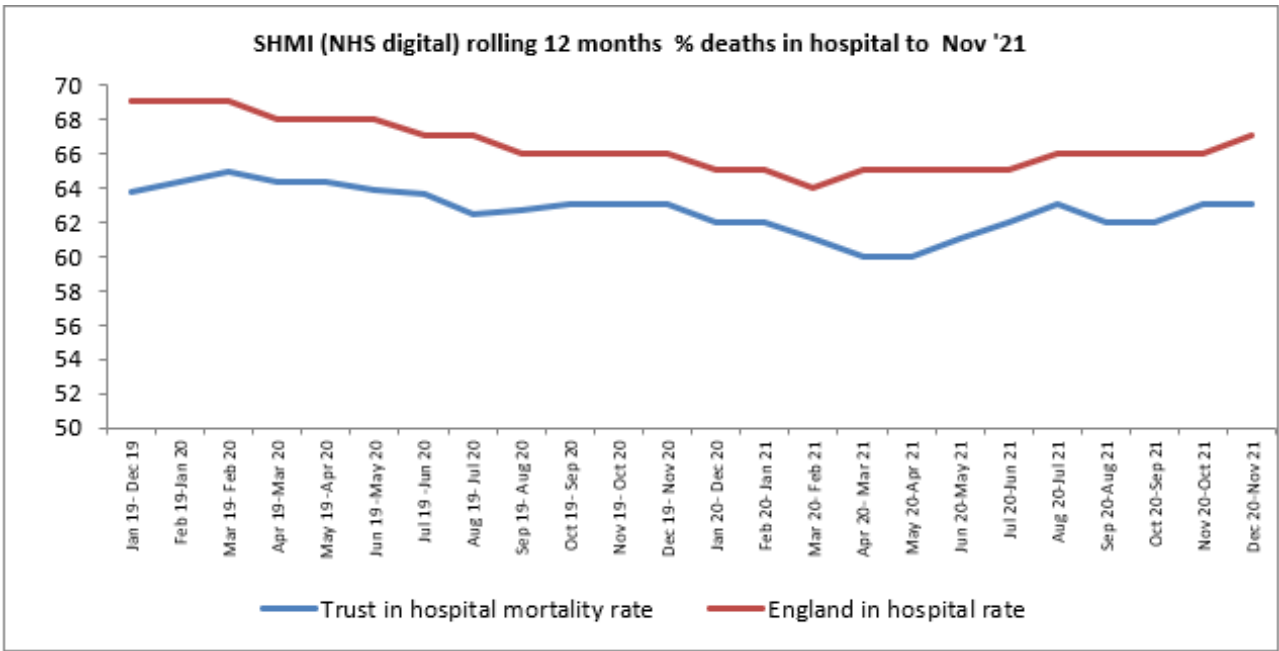
Summary Hospital-level Mortality Indicator (SHMI) Risk Adjusted Mortality Index (RAMI)

ESHT considers that this data is as described because the Trust has robust data quality assurance processes in place.

SHMI is one of several statistical mortality indicators used to monitor the quality of care provided by the Trust. We also look at the Hospital Standardised Mortality Ratio (HSMR) and the Risk Adjusted Mortality Indicator (RAMI), as well as crude death rates and associated local metrics.

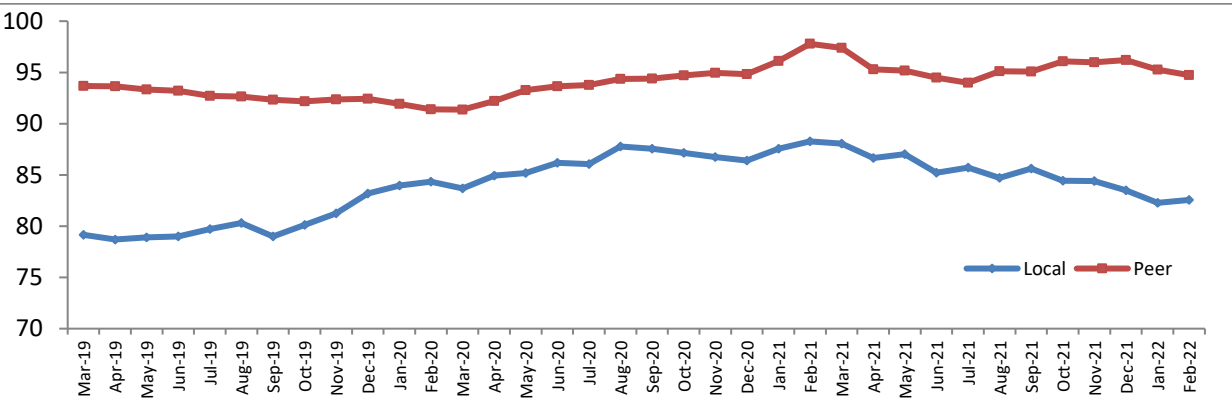
Indicator	ESHT Jan 15 – Dec 15	ESHT Jan 16 – Dec 16	ESHT Jan 17 - Dec 17	ESHT Jan 18 - Dec 18	ESHT Jan 19 - Dec 19	ESHT Jan 20 - Dec 20	ESHT Dec 20- Nov 21
SHMI value	1.14	1.09	1.04	0.97	0.97	0.96	0.96
Banding	1 (higher than expected)	2 (as expected)	2 (as expected)	2 (as expected)	2 (as expected)	2 (as expected)	2 (as expected)
% of patient deaths with palliative care coding by speciality and/or diagnosis	17.7	18.9	22.7	32.00	35.28	38.30	42

Source: NHS Digital

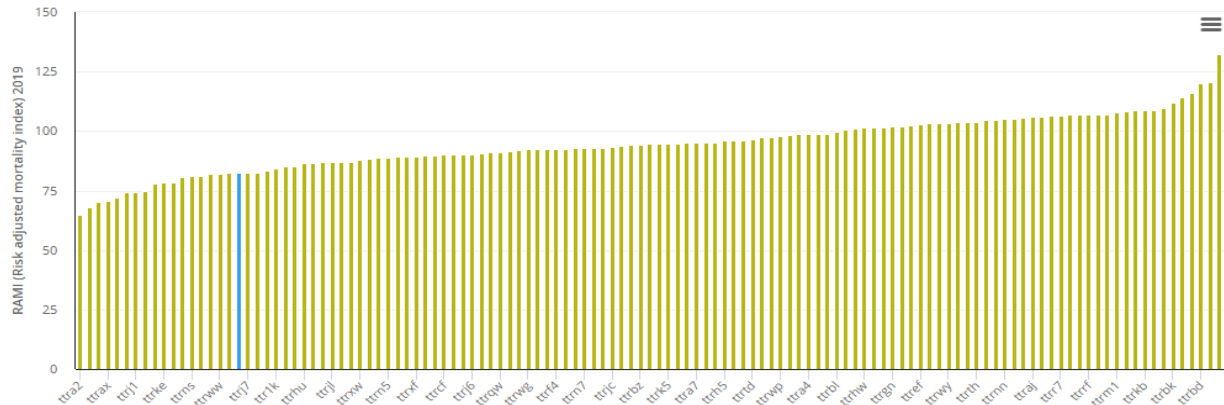


RAMI

Risk Adjusted Mortality Index (RAMI 19) rolling by month: March2019 – February 2022



RAMI v Peer: our position against other acute trusts Rank 17/124



ESHT has taken the following actions during 2021-22, to improve mortality and the quality of its services:

- Improved consultant staffing in our emergency units and acute medicine departments so we can provide optimum care when patients are acutely ill, with consultant presence on Medical Assessment Units every day for around 12 hours.
- Increased the number of doctors resident at night.
- Improved provision of ambulatory emergency care (AEC), with units open on both sites, taking patients from Emergency Department and allowing more rapid senior input throughout the week.
- Maintained focus on the recognition and rapid treatment of Sepsis and Acute Kidney injury (AKI).
- Extensive infection control measures and streaming, especially during the pandemic.
- Provided timely senior decision making at ward level through multidisciplinary daily board rounds, led by the consultants.
- Improved handover for acute teams using Nervecentre for handover, task allocation, and patient tracking.
- Rolled out Nervecentre across the inpatient areas on both acute sites, to identify patients whose observations are deteriorating. The system is used to record and share the information ensuring clinicians have full visibility of a patient's observations and can respond at the earliest opportunity.
- Introduced the Nervecentre Hospital at Night module, increasing the effectiveness and responsiveness of the Hospital at Night (H@N) team.
- Increased recognition of frailty, with specific documentation of this in the Integrated Patient Document (IPD). Rockwood frailty scoring is now standard in the gateway areas and incorporated in Nervecentre Documentation.
- Introduced Electronic Prescribing (EPMA) in a number of areas and is being rolled out across the hospital sites, along with an accompanying training programme. This increases the accuracy and safety of medication prescribing and administration.
- Overview of Trust mortality indicators is provided by the monthly Mortality Review Group, reporting to the Clinical Outcome Group (COG) which is chaired by the Medical Director. The group also drives improvement in a number of workstreams to improve outcomes for patients.
- The quality of mortality reviews is monitored monthly.
- More in depth reviews are carried out, using the Structured Judgement Review methodology (recommended by the Royal College of Physicians) in cases referred to the Coroner, and for deaths in patients with learning disability, to support the regional Learning Disability Mortality Review Programme (LeDeR) review system.
- A weekly Patient Safety Forum, chaired by the Medical Director and Chief Nurse, reviews incidents reported on the Datix clinical incident system, determining the level of investigation, to maximise the learning from these episodes.
- Learning from deaths and from clinical incidents is shared across Divisions, specialties, and wards.
- Wards hold regular safety huddles, promoting awareness of patient safety issues and disseminating learning.
- An additional quarterly review group reviews the case notes of all deaths graded by Morbidity and Mortality review as having poor quality of care, and deaths involving serious clinical incidents or complaints, to re-assess avoidability and promote learning.
- The independent Medical Examiner system is now well established, providing independent review of all deaths.
- The Trust Board is sighted on our mortality performance with formal quarterly reporting of "Learning from Deaths", which includes the number of avoidable deaths and regular updates on indices such as SHMI.
- Improving clinical coding of patient information to ensure mortality indicators are based on accurate clinical information.

Patient Reported Outcome Measures /Scores (PROMS)

All NHS patients having hip or knee replacement surgery are invited to fill in a PROMS questionnaire. The questionnaire's aim is to find out about the patients' health and quality of life, before and after the operation. This enables hospitals to measure their success and make improvements supported by feedback from patients on the reported outcome of their surgical intervention and compare themselves to other Trusts nationally.

Staff and Patient Experience Indicators

Percentage of staff who would recommend the Trust as a provider of care to friends or family

ESHT considers that this data is as described because the Trust has robust data quality assurance processes in place.

People Promise 1, Subscore 1 - Compassionate culture		Org.	Sector	Diff.
		7.07	7.08	-0.01 (Not sig.)
21c. I would recommend my organisation as a place to work.	Org.	<div><div>61%</div><div>59%</div><div>+2.04% (Sig.)</div></div>		
	Sector			
21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	Org.	<div><div>68%</div><div>68%</div><div>+0.59% (Not sig.)</div></div>		
	Sector			

ESHT has taken the following actions to improve the rate and therefore the quality of its services by:

- Analysing the NHS Staff Survey results and using the information to identify key priorities for the whole organisation to focus on. To deliver those priorities effectively across the Trust, each division is tasked to create and implement action plans, giving local control and enabling staff to make and be involved in effective change.
- Using People Pulse results (which were introduced in late 2021) as a source of intelligence to inform and signpost to areas for improvement in staff working life, wellbeing, conditions, and work environment.
- Embedding the elements of NHS People Promise and delivering on the objectives laid out in the plan to support and our workforce
- Established and embedded a Leadership Pathway which supports aspiring, new and experienced leaders from all staff groups, including providing continual professional development for those staff in leadership roles

The Organisational Development and Staff Engagement and Wellbeing Teamwork with the Human Resources Business Partners / Occupational Health/ Divisional and Service leads to increase awareness and develop capability for continuous improvement across the Trust

Responsiveness to inpatients' personal needs

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

Indicator	ESHT 2020
"Your care and treatment"	8.3

*CQC National Inpatient survey was published in October 2021.

The Adult Inpatient 2020 survey is significantly different to previous years' surveys with regards to methodology, sampling month and questionnaire content. The questionnaire was amended significantly, with changes to both question wording and order. The 2020 results are therefore not comparable with previous years' data and trend data is not available.

Overall it is a reassuring report, although there is no comparable data to previous years as the questions have changed (wording and order of questions). Questions are now banded, and the following have been reported within the report:

Banding (better)

- ESHT results were much better than most trusts for 0 questions.
- ESHT results were better than most trusts for 1 question.
- ESHT results were somewhat better than most trusts for 5 questions.

Banding (worse)

- ESHT results were much worse than most trusts for 0 questions.
- ESHT results were worse than most trusts for 0 questions.
- ESHT results were somewhat worse than most trusts for 0 questions.

Banding (same)

- ESHT results were about the same as other trusts for 39 questions.

Overall, this survey demonstrates patients had a positive experience at ESHT, due to the amended questions we are not able to compare results with previous surveys but it is reassuring that no questions were banded as "much worse", "worse" or "somewhat worse".

An action plan has been created to help address areas where improvements can be made.

The Patient Experience team are looking to create a digital platform for completion of surveys and increase the number of volunteers available to seek the views of our patients/ carers/ relatives/ service users.

This report has been shared widely throughout the trust.

Annexes

Annex 1: Statements from the Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

Statement from Commissioners

Thank you for providing the CCGs with the opportunity to comment on the quality account for 2021/22. We appreciate the ongoing collaborative working, open communication with the Trust's clinicians throughout the COVID-19 pandemic and subsequent recovery period, whilst recognising that during these difficult and challenging times there has been strengthened collaborative working.

The CCG would like to congratulate the Trust for the ongoing positive work being undertaken to improve services for patients through quality improvement and to lead innovatively despite challenging conditions. Some highlights noted include:

- The Trust introduced innovative ways of working during the pandemic in order to continue to provide patient care and some of these will continue, for example, virtual clinics for outpatient services. This has enabled many patients to receive outpatient appointments without the risks and anxieties associated with travel and attendance at hospital, particularly when Covid rates were high in the local communities.
- The Trust has experienced significant staffing challenges during 2021/22 and, despite significant planning and all possible mitigations, there is no doubt of the impact working with a depleted workforce will have had. We acknowledge staff and volunteers who have gone above and beyond during this time, and who continue to ensure provision of care in this unprecedented situation.
- Despite these huge challenges the CCG note that the Trust has made progress towards the priorities set in the 2021/22 Quality Account. We also acknowledge that there was some disruption to the quality improvement work that had been planned but that over recent months this important work has been re-established.
- The CCG recognises that the Trust has worked collaboratively with system partners on services for patients who present to the Trust with significant mental health challenges alongside their physical ill health and we are aware that this work is continuing.
- The investment of the Trust in the wellbeing of its staff with support being available to them via the Occupational Health and Wellbeing Teams is commended.

The Trust has achieved many successes in 2021/22, most notably:

- Patient Safety & Clinical Effectiveness: Embedding Patient Safety.

Undertaking a gap analysis in line with the impending National Patient Safety Strategy, and an audit to review the completed Serious Incident Root Cause Analysis reports over a 12-month period to gain assurance that actions have been completed and learning embedded. It is positive that the Trust identified two staff members to be Patient Safety Specialists.

- Patient Safety & Clinical Effectiveness: Infection Control Excellence.

The ongoing focus the Trust has placed in Infection prevention and control, including all patients being risk assessed including for the risk for COVID-19 at triage. The daily outbreak monitoring reporting during the second wave of the COVID-19 pandemic

- Patient Experience, Patient Safety & Clinical Effectiveness: Perfecting Discharge.

The Trust has made significant progress against this priority. There are continuous quality improvements including extending the personalised patient discharge letter, continuing to observe the theme “inaccurate handover” to ensure that the transfer of care documentation improves, developing a multidisciplinary discharge summary that is incorporated into the digital scoping work with Electric Patient Record Team and continuing to develop the pathway for discharging homeless patients.

The CCGs acknowledge the continued importance of priorities identified by the Trust and Commissioners would like to review the Trust progress against key priorities for 2022/23:

- Patient Safety & Clinical Effectiveness: Safe staffing
- Patient Safety & Clinical Effectiveness: Ensure all patient nutrition and hydration needs are met
- Patient Experience, Patient Safety & Clinical Effectiveness: Learning from complaints

The CCG looks forward to the continued collaborative working with the team at East Sussex Healthcare NHS Trust and wider system partners.

Yours sincerely



Allison Cannon

Chief Nursing Officer

On behalf of Sussex NHS Commissioners

Statement from Healthwatch East Sussex

Due to unforeseen circumstances Healthwatch were unable to provide a statement for East Sussex Healthcare NHS Trust.



East Sussex
Health Overview and
Scrutiny Committee

Statement from East Sussex Health Overview and Scrutiny Committee

Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Report 2021/22.

The HOSC recognises much of the Trust's efforts over the past year will have been focussed on maintaining its high standards of care whilst adhering to COVID-19 social distancing measures and dealing with the impact of the pandemic on staff sickness absence. The Committee, therefore, welcomes the success ESHT has achieved in 2021/22, despite the considerable pressures placed on it by COVID-19.

HOSC has invited ESHT to attend most of its meetings over the past year to look at various issues including proposals to reconfigure cardiology and ophthalmology services, hospital handover times, the response to COVID-19, and the healthcare system's winter plan. The Committee thanks those trust officers and clinicians who gave their time to attend.

As a committee, we took the decision that ESHT's proposals to reconfigure cardiology and ophthalmology both constituted a substantial variation to services requiring formal consultation under health legislation. This consultation has been carried out by two HOSC review boards whose findings and recommendations will be reported to the HOSC on 30th June ahead of the Trust and ICB's decision on both reconfigurations over the summer. The HOSC will then consider whether both decisions are in the best interest of the health service locally at its meeting on 21st September. HOSC members have found the Trust to be very engaged with this review process and have witnessed senior clinicians and senior management give up considerable amounts time to speak with the review boards and provide them with requests for evidence.

HOSC welcomes the work ESHT has undertaken with SECamb to improve hospital handovers at your two main hospital sites in Eastbourne and Hastings, for example, the commitment to achieve 30-minute handover times and to eliminate all wait times of over 60 minutes. We plan to look at this issue again at our meeting in September.

Finally, HOSC also hopes to hear more about the plans for the considerable capital investment being made in the Trust's hospital sites as part of the Building for our Future when the time is right.

Quality Priorities

The Committee agrees with the trust's assessment that the 2021/22 year has been dominated by COVID-19 and we understand that the trust's depleted workforce will have had an impact on quality performance. Whilst progress has been made towards the Priorities for Improvement for 2021/22, we recognise the rationale that they were not fully realised due to the need to respond to the pandemic.

We note that this means there has been a mixed performance against the priority “Perfecting Discharge”, however, the introduction of the Transfer of Care document earlier this year to improve discharge of patients is a welcome step and the Committee would like to see the results of its introduction in due course.

Turning to the 2022/23 priorities, the choice to focus on safe staffing, hydration and nutrition and learning from complaints appear to suggest the Trust is keen to improve the patient experience at their hospital sites. We hope to see some of the outcomes mentioned, such as the 10% improvement in rota gaps; 2% improvement in vacancies in nursing and medical; every ward having access to adapted equipment for eating and drinking; and a notable reduction in the top 3 complaint subjects.

The Committee would expect the impact of COVID-19 to have declined sufficiently in the coming year for it to no longer be a major contributing factor to the Trust not completing its Priorities for Improvement in full.

Please contact Harvey Winder, Policy and Scrutiny Officer on 01273 481796 should you have any queries.



Councillor Colin Belsey

Chairman

Health Overview and Scrutiny Committee

Annex 2: Statement of Directors' responsibilities in respect of the Quality Account

The Directors are required, under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

- In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:
- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable; conforms to specified data quality standards and prescribed definitions; is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Mrs Joe Chadwick-Bell Chief
Executive
30th June 2022



Steve Phoenix
Chairman
30th June 2022

Annex 3: Independent Practitioner's Limited Assurance Report on the Quality Account

As part of the 'Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic' guidance from NHS England/NHS Improvement, there is no requirement for independent assurance for the Quality Account 2021/22.

Appendices

Appendix 1 – Integrated Performance Report

Safety	Target / Limit	Last month	This Month	Variation	Assurance
Patient Safety Incidents	M	909	1030	Common Cause	
Serious Incidents	M	2	1	Common Cause	
Never Events	M	1	1	Common Cause	
Falls per 1,000 bed days	5.5	5.5	6.3	Common Cause	Inconsistent
Pressure Ulcers, grade 3 to 4	0	2	3	Common Cause	Consistently Missed
MRSA Cases	0	1	0	Common Cause	Inconsistent
Cdiff cases	<5	6	6	Common Cause	Inconsistent
MSSA cases	M	2	0	Common Cause	
RAM	94	84.4	83.5	Improvement	Consistently Hit
SHMI (NHS Digital monthly)	0.99	0.97	0.98	Common Cause	Consistently Hit
Nursing Fill Rate (IP - RN, RNA and HCA)	100%	85%	85%	Concern	Consistently Missed
Nursing Fill Rate (Including Escalation)	100%	85%	85%	Common Cause	Consistently Missed

Patient Experience	Target / Limit	Last month	This Month	Variation	Assurance
Complaints received	M	33	45	Common Cause	
A&E FFT Score	M	90%	91%	Common Cause	
Inpatient FFT Score	M	99%	99%	Common Cause	
Maternity FFT Score	M	100%	95%	Common Cause	
Out of Hospital FFT Score	M	99%	98%	Common Cause	
Outpatient FFT Score	M	99%	100%	Common Cause	

Our Performance	Target / Limit	Last month	This Month	Variation	Assurance
A&E 4 hour target	>95%	72.8%	69.7%	Concern	Consistently Missed
A&E Non Admitted	M	80.4%	77.4%	Concern	
A&E > 12 hours from arrival to discharge	0	238	398	Concern	Consistently Missed
A&E waits over 12 hours from DTA	0	0	0	Common Cause	Consistently Hit
UTC 2 hour	>98%	69.9%	67.8%	Concern	Consistently Missed
Cancer 2ww	>93%	96.0%	97.8%	Common Cause	Consistently Hit
Cancer 62 Day	>85%	70.5%	77.4%	Common Cause	Consistently Missed
62 day Backlog	M	127	127	Common Cause	
104 day Backlog	M	28	29	Improvement	
RTT under 18 weeks	>92%	66.5%	66.6%	Concern	Consistently Missed
RTT 52 week wait	0	68	132	Common Cause	Consistently Missed
RTT Total Waiting List Size	36,833	38,442	40,044	Concern	Inconsistent
Overdue P2	M	231	227	Common Cause	
CHIC wait times < 13 weeks	>75%	84.8%	86.8%	Common Cause	Consistently Hit
Diagnostic <6 weeks	<1%	15.5%	14.6%	Improvement	Consistently Missed

Our People	Target / Limit	Last month	This Month	Variation	Assurance
Establishment (WTE)	M	7,840.3	7,840.1		
Vacancy Rate	<5%	8.0%	7.2%	Concern	Consistently Missed
Staff Turnover	<9.9%	11.1%	11.7%	Concern	Consistently Missed
Retention Rate	>92%	91.4%	91.6%	Concern	Inconsistent
Sickness - Absence % (rolling 12 mths)	<4.5%	5.4%	5.6%	Concern	Consistently Missed
Sickness - Average Days Lost per Fte	<16	19.5	20.5	Concern	Consistently Missed
Staff Appraisals	>85%	75.7%	74.0%	Common Cause	Consistently Missed
Statutory & Mandatory Training	>90%	88.5%	87.7%	Common Cause	Consistently Missed

Our Productivity	Target / Limit	Last month	This Month	Variation	Assurance
4 hour theatre sessions	M	429	487	Common Cause	
Average Cases per 4 hour session	M	2.4	2.4	Improvement	
Clinic run rate	M	80.1%	80.1%	Improvement	
Non Face to Face Outpatients	>25%	29.7%	27.8%	Concern	Consistently Hit
Elective Length of Stay	2.7	2.7	2.6	Common Cause	Inconsistent
Non Elective Length of Stay	3.6	4.3	4.7	Concern	Consistently Missed

There have been significant operational and workforce challenges over the past year as a result of the Covid pandemic and the increasing hospital activity levels. Our performance, alongside other major providers nationally was impacted by these challenges. We saw an increase in workforce sickness which meant a high volume of locum and agency staff had to be brought in to keep services provision at a safe level. Coupled with this was our increased bed occupancy and higher acuity of patients which meant that the demand for workforce was even higher than normal. With the increased occupancy, this limited our ability to be able to stream patients efficiently from our emergency departments and this “exit block” had a direct impact on the delivery of our 4 hour standard. Additionally, with the demand for acute beds, medicine patients were admitted to surgical and elective beds as outliers. Meaning some routine elective cases had to be postponed. Medically ready for Discharge (MRD) patients have had their length of stay prolonged because of challenges with the adult social care market and the inability to discharge a patient to a community / rehab / onward care bed. Despite the aforementioned, we managed to maintain safe and quality care throughout and remain in the top half of the country (and in some cases upper quartile) for many of our key performance metrics such as the 4 hour ED target, the 28 day cancer faster diagnosis standard, RTT standards – including long waits time and our diagnostic performance. And we have adapted and improved our services at pace, to meet the growing and changing demand. It should be noted that not all harms are avoidable depending on underlying conditions and patient choice.

Leadership and Culture

TRUST 2021/22													
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend Line
Budgeted fte	7391.5	7392.0	7415.5	7535.7	7562.1	7581.2	7913.6	7980.0	7974.5	7846.5	7840.3	7840.1	
Total fte usage	7567.3	7319.3	7401.6	7413.1	7335.0	7458.4	7516.4	7556.5	7563.3	7525.9	7603.4	7719.4	
Variance	-175.8	72.7	13.9	122.6	227.1	122.8	397.2	423.5	411.3	320.6	236.9	120.7	
Substantive vacancies	321.2	331.9	387.5	496.6	434.2	452.7	691.6	714.1	748.2	665.9	604.2	541.1	
Fill rate	95.4%	95.3%	94.5%	93.1%	93.9%	93.7%	90.8%	90.6%	90.2%	91.2%	92.0%	92.8%	
Bank fte usage	706.2	567.5	643.9	655.0	571.3	637.2	622.2	656.4	644.9	635.3	658.9	676.8	
Agency fte usage	133.8	128.9	136.4	123.5	138.6	165.4	177.7	164.3	161.2	146.9	146.7	189.5	
Turnover rate	9.8%	9.9%	10.1%	10.1%	10.2%	10.1%	10.5%	10.4%	10.6%	11.1%	11.1%	11.7%	
Stability rate	92.4%	92.7%	92.7%	92.7%	92.3%	92.5%	92.5%	92.0%	92.0%	91.4%	91.4%	91.6%	
Annual sickness rate	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.2%	5.3%	5.3%	5.3%	5.4%	5.6%	
Monthly sickness rate	3.9%	4.4%	4.8%	5.3%	5.3%	5.5%	5.7%	5.4%	5.9%	7.0%	6.6%	7.2%	
Ave sick days per fte	17.1	17.2	17.4	17.8	18.2	18.6	19.1	19.4	19.4	19.2	19.5	20.5	
Appraisal rate	74.9%	73.8%	73.8%	73.0%	73.5%	73.2%	73.3%	73.8%	75.8%	76.6%	75.7%	74.0%	
Mandatory training compliance rate	89.6%	89.3%	89.4%	88.7%	89.9%	89.2%	89.1%	89.4%	89.0%	89.5%	88.5%	87.7%	

Budgeted establishment and fte usage have grown across 2021/22 reflecting service developments including H2 investments such as increased funding of emergency care pathway including Urgent Treatment Centres in Oct 21 and Integrated Community Services, including Urgent Community Response. Increase in budgeted establishment in Oct 21 resulted in an increase in vacancy rate/reduction in fill rate but this has been improving since start of 2022 with successful recruitment campaigns, including international recruitment of nurses and radiographers and “new to care” healthcare support workers.

The annual sickness rate has continued to rise as a result of the pandemic. The wave #3 Omicron variant, including a renewed upsurge in March 22 with the more infectious BA.2 variant, has led to higher than usual monthly sickness rates, particularly from Dec 21. This has led to increased demand for temporary workforce which bank & agency supply have been unable to completely meet. The consequent operational pressure has had knock on effects on the time available for appraisal and mandatory training, though levels have been fairly consistent. The continued pressure is having an effect on turnover, however, which has risen steadily across the year. There is some evidence that staff fatigue is a factor in this with a noticeable increase in leavers in the categories “voluntary resignation – work life balance” and “flexible retirement”.

Appendix 2 – National Clinical Audit and National Confidential Enquiries Programme

National clinical audits and national confidential enquiries we were eligible to participate in during 21/2022.

<u>National Confidential Enquiries</u>	ESHT Eligible	ESHT Participation
Maternal, newborn and infant and perinatal mortality (MBRRACE-UK)	Y	Y
Child Health Clinical Outcome Review Programme	Y	Y
NCEPOD – Transition from child to adult health	Y	Y
NCEPOD - Epilepsy	Y	Y
<u>National Clinical Audit</u>	ESHT Eligible	ESHT Participation
National Comparative Audit of Blood Transfusion - 2021 Audit of Blood Transfusion against NICE Guidelines	Y	Y
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Y	Y
National Audit of Seizures and Epilepsies in Children & Young People (Epilepsy 12)	Y	Y
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	Y	Y
National Maternity and Perinatal Audit (NMPA)	Y	Y
Neonatal Intensive and Special Care (NNAP)	Y	Y
Adult Critical Care Audit (Case mix programme - ICNARC)	Y	Y
Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service Database	Y	Y
Vertebral Fracture Sprint Audit	Y	Y
FFFAP – Inpatient Falls	Y	Y
FFFAP – National Hip Fracture Database	Y	Y
National Joint Registry (NJR)	Y	Y
National Gastrointestinal Cancer Audit Programme – Bowel Cancer	Y	Y
National Gastrointestinal Cancer Audit Programme – Oesophago Gastric Cancer	Y	Y
National Audit of Breast Cancer in Older Patients (NABCOP)	Y	Y
National Prostate Cancer Audit	Y	Y
National Lung Cancer Audit (NLCA)	Y	Y
Surgical Site Infection Surveillance Service	Y	Y
Major Trauma (TARN)	Y	Y
National Audit of Coronary Angioplasty / PCI	Y	Y
Cardiac Rhythm Management (CRM)	Y	Y
National Heart Failure Audit	Y	Y
Acute Coronary Syndrome / Acute MI Audit (MINAP)	Y	Y
National Audit of Cardiac Rehabilitation	Y	Y
National Cardiac Arrest Audit (NCAA)	Y	Y
National Inflammatory Bowel Disease Programme	Y	N
National Emergency Laparotomy Audit (NELA)	Y	Y
Elective Surgery (National PROMs Programme)	Y	Y
National Paediatric Diabetes Audit (NPDA)	Y	Y
National Pregnancy in Diabetes (NPID) Audit	Y	Y
National Diabetes Inpatient Harms Audit	Y	Y
National Diabetes Foot Care Audit (NDFA)	Y	Y
National Diabetes Adult Audit	Y	Y
National Diabetes Transition Audit	Y	Y

Stroke National Audit (SSNAP)	Y	Y
Learning Disability Mortality Review Programme (LEDER)	Y	Y
National COPD Audit Programme - Pulmonary Rehabilitation	Y	Y
National COPD Audit Programme – COPD in Secondary Care	Y	Y
National COPD Audit Programme – Adult Asthma	Y	N
National COPD Audit Programme – Paediatric Asthma	Y	Y
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Y	Y
National Outpatient Management of Pulmonary Embolisms Audit	Y	Y
Pain in Children - Emergency Departments	Y	Y
Fractured Neck of Femur in Emergency Departments	Y	Y
Infection Control in Emergency Departments	Y	Y
BAUS – Management of the Lower Ureter in Nephroureterectomy Audit	Y	Y
BAUS – Renal Colic Audit	Y	Y
Transurethral Resection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment (RESECT) Improving quality in TURBT surgery	Y	Y
National Audit of Care at the End of Life (NACEL)	Y	Y
National Smoking Cessation Audit	Y	Y

Appendix 3 – Participation in Mandatory Clinical Audits

This information is unavailable for 2021/22 due to the national pause on the mandatory clinical audit programme throughout much of the pandemic.

Appendix 4 – Other Non-Mandated National / Regional studies

The Trust participated in 12 non-mandated national studies in 2021/22, as follows:

National Study	Specialty
MAMMA: Mastitis and mammary abscess management audit	Breast Surgery
NAP 7 - Perioperative Cardiac Arrest	Anaesthetics
British Spine Registry	Trauma & Orthopaedics
TORCH-UK - UK Multicentre audit looking at adherence to BASL/BSG guidance in the management of patient of patients with decompensated liver disease	Gastroenterology
BASHH national clinical audit 2021: HIV PEP pathways	Sexual Health
Post Colonoscopy Colorectal Cancer National Audit	Endoscopy
UK Registry of Endocrine and Thyroid Surgery	ENT
Sussex Rehabilitation Survey	Rehabilitation
A National Service Evaluation of paclitaxel pre-medication regimes for the prevention of hypersensitivity during a period of ranitidine shortage	Pharmacy
UK Foot and Ankle COVID-19 National Audit (UK-FALCON)	Trauma & Orthopaedics
The ABCD Nationwide COVID-19 Audit	Diabetes & Endocrinology
AMBROSE Study: 30-day morbidity and mortality of cholecystectomy for benign gall bladder disease: A TUGS Multinational Audit	General Surgery

Appendix 5 – Equality Impact Assessment

	😊 😐 😞	Evidence:																				
<p>Will the proposal impact the safety of patients', carers' visitors and/or staff?</p> <p>Safe: Protected from abuse and avoidable harm.</p>	Positive	<p>Embedding Patient Safety is a key priority for the Quality Account. The actions set to achieve this priority highlight that there is a need to review the serious incident investigations root cause analysis reports and subsequent actions and identify barriers.</p> <p>Utilise different methodologies in conjunction with clinical teams to evidence the impact of the actions on reducing the risk of further patient safety incidents.</p> <p>There are several working groups that support the QI priorities including the Violence and Aggression group which looks at protecting both patients and staff.</p> <p>The Trust is exploring how to link systems with Datix (incident reporting system) to allow the collection of characteristics data.</p> <p>This will help us identify if there is a relationship between a particular characteristic and their experience and enable the Trust to identify different way to target change.</p>																				
<p>Equality Consideration</p> <p>Highlight the protected characteristic impacted</p>		<table><tr><td>Race</td><td>Gender</td><td>Sexual orientation</td><td>Age</td><td>Disability & carers</td></tr><tr><td>☑</td><td>☑</td><td>☑</td><td>☑</td><td>☑</td></tr><tr><td>Gender reassignment</td><td>Marriage & Civil Partnership</td><td>Religion and faith</td><td>Maternity & Pregnancy</td><td>Social economic</td></tr><tr><td>☑</td><td>☑</td><td>☑</td><td>☑</td><td>☑</td></tr></table>	Race	Gender	Sexual orientation	Age	Disability & carers	☑	☑	☑	☑	☑	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	☑	☑	☑	☑	☑
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☑	☑	☑	☑	☑																		
<p>Is the proposal of change effective?</p> <p>Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</p>	Positive	<p>The Trust has robust systems in place to report, investigate and identify learning in order to develop actions to reduce the possibility of the same or similar incidents occurring. However, there remains a challenge to collate evidence that demonstrates, if changes have been made, that they have they led to measureable and sustainable risk reduction.</p> <p>The aim of all three priorities is to identify methodology that will measure and support the effectiveness of the actions taken forward and their impact on reducing the risk of further incidents. The priorities aim to the improve effectiveness of patient discharge with an inclusive understanding of patient and carer involvement and communication.</p>																				

Equality Consideration <i>Highlight the protected characteristic impact</i>		Race	Gender	Sexual orientation	Age	Disability & carers
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What impact will this have on people receiving a positive experience of care?	Positive	<p>One of the themes emerging from engagement with patients and carers are challenges with discharge. As such Perfecting Discharge continues to be a priority for the Trust.</p> <p>The data analysis will continue to provide oversight of themes, trends, lessons learned and areas of best practice that support the divisions to facilitate safe, high quality multidisciplinary and timely planning of discharges and improve the patient experience. We have identified four work streams to focus on recurring themes including communication, process, medication and training and education.</p> <p>We will gain feedback from those who received the revised process/ communication to identify areas for improvement and develop action plans to implement changes, using a quality improvement approach.</p> <p>The EDHR team are engaging with the organisation about all nine protected characteristics to ensure feedback from patients/carers/relatives demonstrates how well the discharge process is meeting their needs to ensure improvement.</p> <p>There is no evidence that the quality improvement priorities will affect some groups differently. We recognise the need to target objectives for those who have needs relating to protected characteristics and these are considered in respect of each priority e.g. in respect of access, use of interpreters, making information available in different formats etc.</p> <p>The organisation is committed to improving inclusive engagement and is currently reviewing our current practices and identifying areas of improvement.</p> <p>The implementation of the carer's passport will support the identification and communication with carers about their experiences which will feed in the priorities.</p> <p>The Trust is proactively committed to being inclusive and supportive of those who identify with their birth gender and those who do not. Staff are working to accommodate all patients on a case by case basis if required, as well as identifying any systemic inequalities that may impact them.</p>				
Equality Consideration <i>Highlight the protected characteristic impact</i>		Race	Gender	Sexual orientation	Age	Disability & carers
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		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the proposal impact on the responsiveness to people's needs?	Positive	<p>The priorities recognise issues around BAME employment mobility and the Trust is working collaboratively with the BAME network.</p> <p>The proposal recognises that communication and engagement with carers and patients from all 9 protected characteristic is need to ensure improvement in responsiveness to patient and delivering care in a patient centred and inclusive way.</p> <p>This includes a roll out of training on caring for people where English is not their first language. This is a targeted and blended approach across the whole Trust.</p>																								
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What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?	Positive	<p>NHS Staff are invited annually to take part in the NHS Staff Survey. This is a survey completed by staff to gather views on staff experience at work around key Equality Diversity and Inclusion.</p> <p>The Trust has also been part of the Sussex Healthcare Partnership - BAME Disparity Programme and Turning the Tide Transformation Board. Partner organisations have a system wide approach to WRES and jointly share best practice.</p> <p>Our staff networks have now been re-branded into independent staff groups with elected Chairs and supported by a Trust Board sponsor. The new structure includes; celebrating difference, inspiring staff, help transform the organisation with the inclusion agenda and a governance structure to amplify the voices of staff with lived experience at all levels of the Trust.</p>																								
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Access Could the proposal impact positively or negatively on any of the following:																										
• Patient Choice	Positive	<p>Enabling patient choice through engagement across all 9 protected characteristics.</p> <p>This includes a proactive commitment from the Trust to be inclusive and supportive of those who identify with their birth gender and those who do not. Staff are working to accommodate all patients on a case-by-case basis if required, as well as identifying any systemic inequalities that may impact them.</p>																								

<ul style="list-style-type: none"> Access 	Positive	<p>There is no evidence that the quality improvement priorities will affect some groups differently. We recognise the need to target objectives for those who have needs relating to protected characteristics and these are considered in respect of each priority e.g., in respect of access, use of interpreters, making information available in different formats.</p> <p>There will be Trust wide training to support the embedding of equality in access for the deaf community, education on carers and improving communication with people from the BAME community to enable their experiences to improve quality of services and support the delivery of the QI priorities.</p>																								
<ul style="list-style-type: none"> Integration 	Neutral																									
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Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:	Positive	<p>Key stakeholders were engaged throughout the process.</p> <p>This included staff and wider system engagement and third sector organisations.</p> <p>Insights for our existing engagement mechanism such as complaints and FFT were incorporated.</p> <p>*Details of stakeholder mapping available on request.</p>																								
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Human Rights Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998																										

Articles		Y/N
A2	Right to life	No
A3	Prohibition of torture, inhuman or degrading treatment	No
A4	Prohibition of slavery and forced labour	No
A5	Right to liberty and security	No
A6 &7	Rights to a fair trial; and no punishment without law	No
A8	Right to respect for private and family life, home and correspondence	No
A9	Freedom of thought, conscience and religion	No
A10	Freedom of expression	No
A11	Freedom of assembly and association	No
A12	Right to marry and found a family	No
Protocols		
P1.A1	Protection of property	No
P1.A2	Right to education	No
P1.A3	Right to free elections	No

Appendix 6 – Glossary

A

Acute Kidney Injury

Acute Kidney Injury (AKI) is sudden damage to the kidneys that causes them to not work properly. It can range from minor loss of kidney function to complete kidney failure.

Aerosol Generating Procedures

This is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

Ambulatory Emergency Care

Ambulatory Emergency Care (AEC) is the provision of same-day emergency care for patients who would otherwise be considered for emergency admission.

Amniotic Fluid Embolism

This is a very uncommon childbirth emergency in which the amniotic fluid (the fluid that surrounds the baby in the uterus during pregnancy) enters the bloodstream of the mother and triggers a serious reaction.

Anti-thrombin in Pregnancy

Anti-thrombin (AT) is a natural anti-coagulant (prevents blood clots) which plays a potentially important role in whether women who develop thromboembolism (an obstruction of a blood vessel by a blood clot) during pregnancy. Multiple reports have documented an association between inherited deficiency of AT and an increased rate of venous (vein) thromboembolism.

B

BAME

Umbrella term used to describe non-white ethnicities

C

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

Visit: www.cqc.org.uk

Centor Criteria

This is a clinical scoring tool which may be used to identify the likelihood of a bacterial infection in children complaining of a sore throat.

CHKS

CHKS is a provider of healthcare intelligence and quality improvement services. This includes hospital benchmarking and performance information to support decision making and improvement.

Cirrhosis in Pregnancy

Cirrhosis is defined as permanent scarring of the liver as a result of continuous long term damage. Some small studies have suggested that there is an increased incidence of adverse maternal and perinatal outcomes in women with cirrhosis.

Clinical Audit

Clinical Audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Clostridium difficile or C. difficile / C.diff

Clostridium difficile (also known as 'C. difficile' or 'C. diff') is a gram positive bacteria causing diarrhoea and other intestinal disease when competing bacteria in a patient or person's gut are wiped out by antibiotics. C. difficile infection can range in severity from asymptomatic to severe and life-threatening, especially among the elderly.

Commissioning for Quality and Innovation (CQUIN)

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Computerised Tomography (CT) scan

This is a test that uses x-rays and a computer to create detailed pictures of the inside of the body. It takes pictures from different angles. The computer puts them together to make a 3 dimensional (3D) image.

COVID-19

The term used to refer to the disease caused by SARS-CoV-2, the coronavirus that emerged in December 2019. Visit: www.dh.gov.uk/en/

Culture

Learned attitudes, beliefs and values that define a group or groups of people.

D

Data Quality

Ensuring that the data used by the organisation is accurate, timely and informative.

Data Security and Protection Toolkit (DSPT)

The Data Security and Protections Toolkit (DSPT) is an online performance tool developed by NHS Digital to support organisations to measure their performance against the National Data Guardian's data security standards.

Datix/DatixWeb

On 1st January 2013 ESHT introduced electronic incident reporting software known as DatixWeb. Incidents are reported directly onto the system by any employee of the organisation, about incidents or near misses occurring to patients, employees, contractors, members of the public. The data provided by DatixWeb assists the organisation to trend the types of incidents that occur, for learning lessons as to why they occur and to ensure that these risks are minimised or even eliminated by the action plans that we put in place. DatixWeb is also used to comply with national and local reporting requirements.

Department of Health (DOH)

The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.

Deteriorating patient

A patient whose observations indicate that their condition is getting worse.

Diabetic Ketoacidosis in Pregnancy

This is an infrequent complication of pre-gestational or gestational diabetes mellitus during pregnancy (high blood sugar levels that develops during pregnancy).

Discharge

The point at which a patient leaves hospital to return home or be transferred to another service or, the formal conclusion of a service provided to a person who uses services.

Division

A group of clinical specialties managed within a management structure. Each has a clinical lead, nursing lead and general manager.

Duty of Candour (DoC)

Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory duty of candour be introduced for health and care providers. This is further to the contractual requirement for candour for NHS bodies in the standard contract, and professional requirements for candour in the practice of a regulated activity. In interpreting the regulation on the duty of candour we use the definitions of openness, transparency and candour used by Robert Francis in his report:

- Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered
- Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators

Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it

E**Excellence in Care (EIC)**

Excellence in Care framework is to provide one source of robust data to enable clinical teams within the divisions to review, analyse and understand their performance against a range of metrics which align with national guidance and local policy. This will enable areas for improvement to be identified and the resource to monitor consistency in care delivery with a reduction in unwarranted variation

Electronic Prescribing and Medicines Administration (ePMA)

ePMA is a web-based system which will replace the traditional paper medication charts

F**FeverPAIN criteria**

This is a clinical scoring tool which may be used to identify the likelihood of a bacterial infection in children complaining of a sore throat.

Fontan

This refers to women with fontan circulation which is a congenital heart defect/condition.

Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) were created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving care or treatment.

G**General Medical Council (GMC)**

The General Medical Council (GMC) is an organisation which maintains the official record of medical practitioners. The GMC also regulates doctors, set standards, investigate complaints.

Glasgow Coma Scale

This is a tool used to assess and calculate a patient's level of consciousness. The range is from 3 (lowest) to 15 (highest). A score of 15 is considered normal and fully conscious.

Guardians of Safe Working Hours (GOSWH)

GOSWHs champion safe working hours for junior doctors. The roles are independent from the Trust management structure and are supported by the British Medical Association (BMA) to:

- Act as champions for safe working hours for junior doctors and students
- Support exception reporting, monitoring and resolving rota gaps
- Oversee compliance with the safeguards set out under the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016.

H

Healthwatch

Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues relating to health and social care. Healthwatch plays a role at both a national and local level, ensuring that the views of the public and people who use services are taken into account.

Hospital Episode Statistics

Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

Hospital Standardised Mortality Ratio (HSMR)

Hospital Standardised Mortality Ratio (HSMR) is an indicator of whether death rates are higher or lower than would be expected.

I

Integrated Performance Review (IPR)

Meeting attended by members of Trust board, senior leads from the division, Finance, HR, Knowledge Management

ICNARC

The Intensive Care National Audit and Research Centre.

K

Key Performance Indicators (KPIs)

Key Performance Indicators, also known as KPIs, help an organisation define and measure progress towards organisational goals. Once an organisation has analysed its mission, identified all its stakeholders, and defined its goals, it needs a way to measure progress towards those goals. Key Performance Indicators are those measurements. Performance measures such as length of stay, mortality rates, readmission rates and day case rates can be analysed.

L

Lumbar Puncture

A procedure performed in the lumbar region (lower back). A needle is inserted between 2 lumbar bones to remove a sample of cerebrospinal fluid. This is the fluid that surrounds the brain and spinal cord to protect them from injury.

M

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.

Methicillin Sensitive Staphylococcus Aureus (MSSA)

MSSA is a type of bacteria that is not resistant to antibiotics.

Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE) UK

The Confidential Enquiry into Maternal Deaths is a national programme investigating maternal deaths in the UK and Ireland. Since June 2012, the CEMD has been carried out by the MBRRACE-UK collaboration, commissioned by the Healthcare Quality Improvement Partnership.

Multidisciplinary

Multidisciplinary describes something that combines multiple medical disciplines. For example a 'Multidisciplinary Team' is a group of professionals from one or more clinical disciplines who together make decisions regarding the recommended treatment of individual patients.

N

National Audit of Dementia

The National Audit of Dementia is commissioned on behalf of NHS England and the Welsh Government. They measure the performance of general hospitals against standards relating to delivery of care which are known to impact people with dementia while in hospital. The standards are from national and professional guidance, including NICE Quality Standards and guidance, the Dementia Friendly Hospitals charter and reports from the Alzheimer's Society, Age Concern and Royal Colleges.

National Clinical Audit Patient Outcomes Programme (NCAPOP) Set of national clinical audits, registries and confidential enquiries which measure healthcare practice on specific conditions against accepted standards. These projects give healthcare providers' benchmarked reports on their performance, with the aim of improving the care provided.

National Confidential Enquiry into Patient Outcome and Death – NCEPOD The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews clinical practice and identifies potentially remediable factors in the practice of anaesthesia and surgical and medical treatment. Its purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public. It does this by reviewing the management of patients and undertaking confidential surveys and research, the results of which are published. Clinicians at ESHT participate in national enquiries and review the published reports to make sure any recommendations are put in place.

National Institute for Health and Clinical excellence (NICE) The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.nice.org.uk

NerveCentre

A digital system that creates a live bed state to support bed management and patient flow.

NHS Digital

Formerly the Health and Social Care Information Centre (HSCIC), NHS Digital is the national provider of information, data, IT infrastructure and systems to the health and social care system.

NHS England (NHSE) and NHS Improvement (NHSI)

From 1st April 2019 NHS England and NHS Improvement begun working together as a single organisation, designed to better support the NHS to deliver improved care for patients and support delivery of the NHS Long Term Plan.

O

Ofsted

Ofsted is the Office for Standards in Education, Children's Services and Skills. We inspect services providing education and skills for learners of all ages. We also inspect and regulate services that care for children and young people

P

Patient Reported Outcome Measures (PROMs)

All NHS patients having hip or knee replacement, varicose vein surgery or groin hernia surgery are invited to fill in a PROMS questionnaire.

The questionnaire's aim is to find out about the patients' health and quality of life, before and after the operation. This enables hospitals to measure their success and make improvements supported by feedback from patients on the reported outcomes of their surgical intervention and compare themselves to other Trusts nationally.

Peripartum Hyponatraemia

Hyponatraemia occurs when the levels of sodium in the blood are low which can result in excessive levels of water in the body. Very little is known about the occurrence of this in late pregnancy.

Personal Protective Equipment (PPE)

This is a term used for any equipment that will protect the user against health and safety risks at work. It helps to prevent injury or infection.

Polymerase Chain Reaction (PCR)

This is a technique used to 'amplify' small segments of DNA. The DNA can then be used in many different laboratory procedures e.g. to identify bacteria or viruses.

Pressure ulcers

Pressure ulcers develop when a large amount of pressure is applied to an area of skin over a short period of time, or they can occur when less force is applied but over a longer period of time.

Protein C Deficiency in pregnancy

Protein C is a natural anticoagulant (blood thinner). Women with protein C deficiency have a higher risk of developing clots both during and after pregnancy. It may also increase the risk for miscarriages in the early and late terms of pregnancy.

Providers

Providers are the organisations that provide NHS services, e.g. NHS trusts and their private or voluntary sector equivalents.

Public Health England (PHE)

Public Health England (PHE) is an executive agency of the Department of Health and Social Care. PHE provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.

Perinatal Mortality Review Tool (PMRT)

A collaboration led by MBRRACE-UK has been appointed by the Healthcare Quality Improvement Partnership (HQIP) to develop and establish a national standardised Perinatal Mortality Review Tool (PMRT) building on the work of the DH/Sands Perinatal Mortality Review 'Task and Finish Group'. The PMRT has been designed with user and parent involvement to support high quality standardised perinatal reviews on the principle of 'review once, review well'.

R

Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health or both.

Risk Adjusted Mortality Indicator (RAMI)

The Risk Adjusted Mortality Indicator (RAMI) is a mortality rate that is adjusted for predicted risk of death. It is usually used to observe and/or compare the performance of certain institution(s) or person(s), e.g. hospitals or surgeons.

Root Cause Analysis (RCA)

RCA is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events. RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented.

Rupture of Membranes

This is when the amniotic sac which surrounds the baby break at the start of labour. Rupture of the membranes is known colloquially as "**breaking the water**" or as one's "**water breaking**".

ReSPECT

Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

S

Schwartz Round

This is a forum where all staff can come together regularly to discuss the emotional and social aspect of working in healthcare.

Secondary Uses Service (SUS)

The single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support NHS in the delivery of healthcare services.

Sepsis

The body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death.

Serious Incident (SI)

A Serious Incident is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where healthcare is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.

Speak Up Guardian

A person who supports staff to raise concerns.

SPINE

NHS Spine is the digital central point allowing key NHS online services and allowing the exchange of information across local and national NHS systems.

StEIS

National Strategic Executive Information database which captures serious incidents reported by NHS organisations.

Strategy

A high level plan of action designed to achieve long term or overall aims.

Summary Hospital-level Mortality Indicator (SHMI)

SHMI is a hospital-level indicator which measures whether mortality associated with hospitalisation is in line with expectations. The SHMI value is the ratio of observed deaths in a Trust over a period of time divided by the expected number given the characteristics of patients treated by that Trust (where 1.0 represents the national average). Depending on the SHMI value, Trusts are banded between 1 and 3 to indicate whether their SMI is low (3), average (2) or high (1) compare to other Trusts. SHMI is not an absolute measure of quality. However, it is a useful indicator for supporting organisations to ensure they properly understand their mortality rates across each and every service line they provide.

Surgical Site Infection

An infection that occurs after surgery in the part of the body where the surgery was performed.

Surgical Site Infection Surveillance Service (SSISS)

The Surgical Site Infection Surveillance Service (SSISS) helps hospitals across England record and follow-up incidents of infection after surgery, and use these results to benchmark, review and change practice as necessary.

T**Treatment Escalation Plan (TEP)**

A communication tool that provides the opportunity for patients, doctors and nurses to come to an agreement on the overall plan of care. It gives guidelines on what treatments the patient would like to receive should their condition get worse

Trust Board

The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the community.

Trauma Risk Management (TRiM)

TRiM is a means of supporting staff following a Potentially Traumatic Experience (PTE)

U**UK Obstetric Surveillance System (UKOSS)**

The UK Obstetric Surveillance System is a national system established to study a range of rare disorders of pregnancy, including severe near-miss maternal morbidity.

V**Venous Thromboembolism (VTE)**

Blood has a mechanism that normally forms a 'plug' or clot to stop the bleeding when an injury has occurred, for example, a cut to the skin. Sometimes the blood's clotting mechanism goes wrong and forms a blood clot when there has been no injury. When this happens inside a blood vessel,

the blood clot is called a thrombus. When the blood clot is deep inside one of the veins in the body, most commonly in the leg, it is called deep vein thrombosis (DVT). If the blood clot comes loose it can travel through the bloodstream to the lungs. This is called pulmonary embolism and it can be fatal. DVT and pulmonary embolism together are known as venous thromboembolism.

VitalPAC VitalPAC is a mobile clinical system that monitors and analyses patients' vital signs to identify deteriorating conditions and provide risk scores to trigger the need for further necessary care. It removes the need for paper charts and manages scheduled observations based on clinical need.