East Sussex Healthcare NHS Trust

East Sussex Healthcare NHS Trust Board Agenda

Date: Tuesday 11th April 2023

Time: 09:30 – 11:15

Venue: MS Teams

	Item	Lead	Action	Time
1	**Welcome and apologies**	Chair	Information	09:30
2	**Staff Recognition**	Chair	Information	09:35
3	**Declarations of Interest**	Chair	Information	
4	**Minutes of the Trust Board Meeting in public held on 14th February 2023**	Chair	Approval	09:40
5	**Matters Arising**	Chair	Approval	
6	**Board Committee Chairs' Feedback**	Committee Chairs	Assurance	09:45
7	**Chief Executive's Report**	CPO	Information	09:55
	Quality, Safety and Performance			
8	**Integrated Performance Report, Month 11 (February)** 1. Chief Executive Summary 2. Quality & Safety 3. Our People 4. Access and Responsiveness • Improving 4 hour performance and ambulance handover 5. Financial Control and Capital Development	 CPO CND/CMO CPO WD CFO	Assurance	10:00
9	**2023/24 Budget Update**	CFO	Decision	
10	**Learning from Deaths, Quarter 2**	CMO	Assurance	10:30
11	**Maternity Briefing** • CQC Action Plan Updates • Maternity Services Survey	DM	Assurance	10:40
	Governance and Assurance			
12	**Board Assurance Framework, Quarter 4**	CS	Assurance	10:50
13	**Annual Self Certification**	CS	Approval	10:55
14	**Delegation of approval of Annual Report and Accounts 2021/22 (verbal)**	CS	Approval	

Items for Information				
15	**Use of Trust Seal**	Chair	Information	
16	**Questions from Members of the Public**	Chair		11:00
17	**Date of Next Meeting** Tuesday 13th June 2023	Chair	Information	
18	**Close**	Chair		11:15

Steve Phoenix
Chairman
7th March 2023

Key:	
Chair	Trust Chair
CEO	Chief Executive
CND	Chief Nurse and DIPC
WD	Winter Director
CFO	Chief Finance Officer
CS	Chief of Staff
CPO	Chief People Officer
CMO	Chief Medical Officer
DM	Director of Midwifery

Board Meetings in public: Etiquette

As we return to face-to-face meetings, we thought it helpful to offer a reminder of the things that we know contribute to productive meetings and show respect to all members in the room:

- Mobile devices that are not used solely for the purpose of following the meeting ought not to be brought into the meeting
- If you are required to have a mobile device about your person, please keep the use to a minimum, and ensure that it is on silent mode. If you are required to take a call, please do so outside the meeting
- All members of the public are asked to sign in
- Recording devices should not be used in the meeting
- The Trust Board is a meeting in public, not a public meeting. As such, the Chair leads and directs the meeting. Papers are presented to the chair (not to the public) so where points are raised/responses are made these should be directed to the Chair
- Questions from members of the public may only relate to items on the agenda, and these will be considered in the time set aside on the agenda
- If several members of the public wish to raise questions, the Chair will seek to ensure a fair allocation of time among questioners

Board Meetings in public: 2023

Month	Location	Timing	Any other information
13th June	Cornwallis Room Horntye Park Sports Complex Bohemia Road Hastings TN34 1EX	09.30 – 12.30	
8th August	St. Mark's Church Hall Green Lane Bexhill TN39 4BZ	09.30 – 12.30	
12th September	**ESHT AGM**		Details to be confirmed.
10th October	Uckfield Civic Centre Bellfarm Lane Uckfield TN22 1AE	09.30 – 12.30	
12th December	Cornwallis Room Horntye Park Sports Complex Bohemia Road Hastings TN34 1EX	09.30 – 12.30	

East Sussex Healthcare NHS Trust

Staff Recognition

Purpose of the paper	East Sussex Healthcare NHS Trust recognises that the high standard of care and quality of service it provides is dependent on the contribution, effort, and loyalty of its people. As such, this is an opportunity for the Trust to demonstrate and acknowledge the exceptional performance, behaviour, achievements and contribution that our colleagues and volunteers have made to the organisation						
	For Decision		For Assurance		For Information	x	
Sponsor/Author	Sponsor: Steve Aumayer Author: Jacquie Fuller / Melanie Adams						
Governance overview	Trust Board						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	N/A

Executive Summary

Hero of the Month

<u>January 2023</u>

Overall Winner: Dr Rajiv Sharma, Medical Examiner – Bereavement Service, Corporate Division

Nomination 1

'Dr Raj Sharma always goes above and beyond within his role of Lead Medical Examiner. He has an extensive knowledge base due to his years working as a GP which he can draw on as a Medical Examiner. Raj is always just a phone call away with any query and available for any cover when needed. A wonderful addition to the team.'

Nomination 2

'Dr Sharma is the Trust's Lead Medical Examiner within the Bereavement Dept (and a retired GP) and he scrutinised over 19 deceased patient's case notes across site, in one day, in order for colleagues within the Bereavement Dept to call the families of the deceased, so they could begin to plan their relatives' funerals before the Christmas period. This is an exceptional number of cases examined, and also covering the DGH case load due to reduced Medical Examiner cover. It not only helped out both departments across sites but also all the families during this particularly difficult time of year, enabling them to register their loved one's deaths and not having to wait until after the Christmas period. It also saved the Bereavement office staff having difficult conversations with families as to why the process has been delayed and enabled funeral directors to pick up the deceased.'

Nomination 3
'Dr Sharma stepped in as our independent medical examiner when a colleague went off sick. He went above and beyond to scrutinise notes for the bereaved families of deceased patients. The time he spent doing so made sure that there were 19 + families who were able to register deaths ahead of the long Christmas weekend.

Not only did he help the families of patients by doing so but he saved the bereavement department many hours of difficult conversations with families and potential complaints later in time. With Dr Sharma completing this work it meant that the 2 substantive on call medical consultants were free to stay focused on ward work, thus helping other critical areas of the Trust.

Due to him providing this service we were also able to release the bodies of many patients from the mortuary, ensuring that the department was not in a position of moving EOLC patients to another facility.'

Nomination 4
'Dr Sharma is a Medical Examiner for ESHT and retired GP with a vast knowledge. Dr Sharma went above and beyond assisting Eastbourne and Conquest when he was off duty with our Medical Examiner cases. Without Dr Sharma completing these cases urgently, this would have caused several days' worth of delays and distress to our bereaved relatives and would have stopped the flow of patients being transferred to the funeral directors from the mortuary.'

Long Service Awards

Jan-23					
10 Years' Service		**25 Years' Service**		**40 Years' Service**	
Nenita	Alviz	Wendy	Fletcher	Ruth	Creasy
Tara	Bolton	Emma	Foy		
Raminta	Cheshire	Helen	Poppitt-Jones		
Caroline	Clements	Robert	Wilson		
Stephen	Franks	Zoe	Yellowlees		
Darren	Freeman	Catherine	Goodsell		
Amy	Frezel				
Leah	Funnell				
Xanthe	Hayes				
Charlotte	Hicks				
Sophie	Holloway				
Pauline	Ives				
Paul	Jones				
Madeleine	Laslett				
Ester	Manapil				
Sarah	Mohammed				
Rebecca	Muldoon-Rees				
Kashif	Qureshi				
Suzanne	Renmant				
Tina	Roberts				
Simon	Smith				
Jennifer	Steadman				
Thomas	Winch				

Feb-23					
10 Years' Service			**25 Years' Service**		**40 Years' Service**
Marina	Balola		Sharlene	Baker	
Riza	Doria		Karen	Carter	
Rosie	Girling		Owen	Humphreys	
Lisa	Gullon				
Zara	Ingrams				
Lena	King				
Emma	Livesey				
Alan	McDonald				
Mathabiso	Moloi				
Susie	Nash-Frost				
Paul	Nicholas				
Katherine	Watts				

Mar-23					
10 Years' Service			**25 Years' Service**		**40 Years' Service**
Lauren	Apps		Ian	Barron	Debbie Discala
Jeevan	Chyle Echeverria		Gillian	Clark	
Yessenia	Moran		Rachel	Cottingham	
Judy	Holt		Suzanne	Horscroft	
Neeta	Rai		Margaret	Kearney	
Hannah	Tucker		Jacqueline	Shaw	
Nadezhda	Velkova				

Next steps	N/A

East Sussex Healthcare NHS Trust

East Sussex Healthcare NHS Trust Board Minutes

Date: Tuesday 14th February 2023

Time: 09:30 – 12:30

Venue: Holy Cross Priory, Lewes Road, Cross-in-Hand, Heathfield TN21 0DZ

		Actions
	Attendance: Mr Steve Phoenix, Chairman Mrs Joe Chadwick-Bell, Chief Executive Mr Steve Aumayer, Chief People Officer and Deputy Chief Executive Mrs Vikki Carruth, Chief Nurse & Director of Infection Prevention and Control Mrs Jackie Churchward-Cardiff, Vice Chair Mrs Karen Manson, Non-Executive Director Mr Paresh Patel, Non-Executive Director Mr Damian Reid, Chief Finance Officer Mrs Nicola Webber, Non-Executive Director Ms Carys Williams, Non-Executive Director <u>Non-Voting Directors</u> Mrs Amanda Fadero, Associate Non-Executive Director Mr Richard Milner, Chief of Staff Mr Frank Sims, Associate Non-Executive Director <u>In Attendance</u> Ms Jo Dale, Recovery and Elective Director Ms Brenda Lynes, Director of Midwifery Dr James Wilkinson, Deputy Medical Director Mr Peter Palmer, Deputy Company Secretary (minutes)	
	Apologies: Ms Ama Agbeze, Associate Non-Executive Director Dr Simon Merritt, Chief Medical Officer Mrs Sheila Roberts, Winter Director	
01/ 2023	**Chair's Opening Remarks** Mr Phoenix welcomed everyone to the meeting; he noted that Ms Dale was attending on behalf of Mrs Roberts and that Dr Wilkinson was attending on behalf of Dr Merritt. <u>Hero of the Month</u> Mr Phoenix reported that November's winner had been Glyn Hards, a Health Care Assistant in the Community Nursing Service. December's winner was Kheva King, a member of the Estates and Facilities team. Three members of staff, Maria Martin, Helen Barrow and Suzanne Goodrum, had received awards for working for the Trust for 40 years since the last Board meeting. Mr Phoenix thanked them for their dedicated service to the Trust.	

02 / 2023	**Declarations of Interest** In accordance with the Trust's Standing Orders that directors should formally disclose any interests in items of business at the meeting, the Chair noted that Ms Williams was due to become Chair of Age UK Sussex in March. No other potential conflicts of interest had been declared.	
03 / 2023	**Minutes** The minutes of the Trust Board meeting held on 13th December 2002 were considered. One amendment to the minutes was noted: • Page 6: Mrs Manson had recently visited Bexhill Irvine Unit, not the Adult Social care team. They were otherwise agreed as an accurate record, and were signed by the Chair and would be lodged in the Register of Minutes.	
04 / 2023	**Matters Arising** There was one formal matter arising from the meeting on 13th December 2022 concerning a query about 'Office/Administration Area' being the second highest location for safety incidents reported in October 2022. Mrs Carruth explained that this had been due to seventeen incorrect results letters having been sent by the Child Health Records team as a result of human error; there was no harm to any patient as a result of the incorrect letters being sent. These had been recorded as 17 individual incidents rather than as a single incident as was normal practice. Duty of candour letters had been sent to all of the patients involved, and additional checks had been introduced to prevent any recurrence. Mrs Churchward-Cardiff asked for an update on the unfilled Band 3 HCA vacancies that had been noted at the previous Board meeting. Mr Aumayer explained that these were positions held for staff completing their OSCEs who would move from Band 2 to Band 3.	
05 / 2023	**Board Committee Chairs' Feedback** **<u>Audit Committee</u>** Mr Patel presented a report from the last meeting of the Audit Committee on 26th January 2023 and asked the Board to approve the Committee's updated Terms of Reference. ***The Audit Committee's updated Terms of Reference were approved by the Board.*** **<u>Finance and Productivity Committee</u>** Mrs Webber presented a report from the last meeting of the Finance and Productivity Committee on 26th January 2023, and also asked the Board to approve the Committee's updated Terms of Reference. ***The Finance and Productivity Committee's updated Terms of Reference were approved by the Board.***	
06 / 2023	**Chief Executive's Report** Mrs Chadwick-Bell reported that the festive period had been extremely busy for the Trust. Both NHS Sussex and ESHT had declared critical incidents in January; the Trust's ability to discharge patients due to a surge in flu and Covid patients had led to concerns about patient safety. She thanked all the staff who had been involved in managing the critical incident, which had been an outstanding example of the organisation coming together in a crisis. The critical incident had been safely managed, and had closed after a couple of days. Nurses and ambulance workers had recently been on strike on a number of occasions, and she thanked colleagues across the Trust for their hard work in ensuring that the Trust had remained safe during these actions. Mrs Chadwick-Bell reported that implementation of recently approved changes to the Cardiology and Ophthalmology services were progressing well. She also reported that the CQC had recently published their report following the inspection of the Trust's maternity	

	services. This would be discussed in detail later in the meeting. The first draft of the Trust's 2023/34 business plan had been submitted the previous day. The NHSE Delivery Plan for recovering urgent and emergency care services had recently been published, and would be analysed as a system, with gaps identified and addressed. Mrs Chadwick-Bell provided updates on four key estates schemes in the Trust, reporting that new cladding and replacement windows were being installed at EDGH as part of the Net Zero Carbon project. Polegate Ward had been demolished to make way for the Elective Care Hub at EDGH, which would allow the Trust to focus on high volume, low complexity surgical cases. The Community Diagnostic Centre in Bexhill had opened, with a formal opening of the facility due to take place the following week. Finally, work had commenced on the EDGH cardiac catheter laboratory. She reported that members of the Board regularly undertook visits to wards and other areas of the Trust. Staff appreciated these visits and it helped to reinforce what the Board read about in reports submitted to Committees. Members of the Board has also visited strike actions to provide visible support for staff.	
07 / 2023	**Integrated Performance Report, Month 9 (December)** Mrs Chadwick-Bell explained that demand on the Trust during the preceding couple of months had led to pressure on activity and a large number of No Criteria to reside (NCTR) patients. There had been some recent improvements in reducing the number of NCTR patients, as well as the number of long waiting patients who were medically ready for discharge (MRD). Sussex had been appointed as one of six locations in the country to be a 'discharge front runner', which would allow for access to best practices from across the country and potentially radical changes to discharge processes. Mrs Chadwick-Bell reported that she had been appointed as Executive lead for this project on behalf of the Integrated Care Board (ICB), and was excited about the opportunity that this would provide for driving change across Sussex. The Trust was projected to reach a break even financial position for 2022/23. Areas of focus for the Trust continued to be reducing the length of stay of patients, and meeting the 76% four hour A&E target on a daily basis, with an ambition of improving to 95%. Mrs Fadero asked what had driven the improvement in discharging long waiting patients. Mrs Chadwick-Bell explained that money had been made available both nationally and in Sussex to support discharge, which had been utilised to increase discharge to assess capacity in East Sussex. In addition, the Trust's own grip and control on discharge had been improved with a senior team monitoring patients who had been in hospital for over 21 days and identifying those that could be safely discharged. Mrs Churchward-Cardiff asked about the impact of Urgent Treatment Centres (UTC), as the report indicated a large number of patients waiting for over 12 hours in A&E. Mrs Chadwick-Bell explained that the 12 hour figure was measured from the arrival of patients in A&E to when they left the department. This waiting time was directly impacted by the Trust's ability to place patients on wards. The UTCs were focussing on supporting four hour performance, but were limited by the amount of physical space available to see patients. Mrs Churchward-Cardiff asked what the difference was between NCTR patients and MRD patients. Mrs Chadwick-Bell explained that MRD patients had undergone all necessary assessments and were ready to be discharged when an appropriate space was found for them. NCTR patients were patients who no longer required acute care but had not undergone all appropriate assessments required for their discharge. There was a regional focus on reducing the number of patients who no longer needed to be in acute and community settings, with some patients falling into both categories. Mr Sims asked whether discharge of both MRD and NCTR patients from hospital had become more challenging in recent months. Mrs Chadwick-Bell explained that many patients had more complex needs than had been the case in the past. The Trust hoped to treat 80% of patients without the need to admit them and was driving the use of non-bedded	

care to support patients. Resource was being made available to avoiding patient admission, which would help to improve patient flow and discharge.

Mrs Webber asked how assurance was received that admissions to hospital were consistently appropriate. Mrs Chadwick-Bell reported that some patients were admitted for non-medical reasons, due to the Trust's duty of care; therefore not all admitted patients required consultant led care. A national tool setting out the criteria to admit was used which asked a series of questions about whether patients should be admitted and if this was in their best interests. Dr Wilkinson explained that a majority of patients were admitted to hospital for medical reasons. However, due to lack of support or capacity in community services they then often stayed in hospital for longer than necessary once their acute problem had been resolved. The introduction of virtual wards was helping to support patients in their own homes, and virtual ward capacity was expected to increase rapidly during 2023.

Quality

Mrs Carruth reported that December had been a very challenging month due to winter pressures compounded by Covid, flu and norovirus. Super surge capacity had been opened which had allowed additional patients to be placed on wards where there was no immediate bed space, leading to an increase in the ratio of patients to nursing staff for a sustained period. She thanked staff for their continued hard work and support. She reported that there had been a notable increase in inpatient falls during the period, particularly at Bexhill Irvine Unit (BIU), and explained that it was likely that other aspects of quality and care would have been affected by the operational pressure.

The Trust had exceeded its annual limit of 56 clostridium difficile (c.diff) infections, and had reported 85 cases during 2022/23. Following reviews of all the cases, there was no evidence of outbreaks or cross infection. Increased prevalence of c.diff cases were a national challenge and the Trust had asked the national team to help investigate the reasons for the high number of local cases. National rates of norovirus were the highest that they had been for a decade and the national team was also trying to establish whether there was a link between Covid and the rise in infections.

The Quality and Safety (Q&S) Committee had recently received a report on the deconditioning of patients who were stranded in hospital and a small working group had been established to monitor this. A new style of patient experience report had been developed and presented to Q&S, which had reported a positive situation during December. However, A&E remained extremely busy with very few Family and Friends (F&F) tests completed. This reflected the significant pressure that departments were under, with staff working exceptionally hard to manage and reduce the pressure being experienced.

Mrs Carruth reported that increasing numbers of complex, high risk and at times violent patients were being treated by the Trust. A recent safeguarding summit had been held with senior nurses, and discussions were taking place with the Integrated Care System (ICS) to ensure that patients, and particularly stranded patients, remained well looked after. In addition, increasing numbers of vulnerable children were being treated by the Trust.

A huge amount of planning had been undertaken by senior teams to manage the recent industrial action, and Mrs Carruth thanked staff from across the Trust for ensuring that patients continued to receive the best possible care during the strikes.

Mrs Churchward-Cardiff asked whether the Nursing Establishment Review being undertaken would recommend an increase. Mrs Carruth explained that the review had been slightly delayed due to staff sickness, and the final challenges were expected to take place that week. She did not anticipate that the outcome would be different from the previous nursing establishment review which had been undertaken.

Mrs Churchward-Cardiff noted that BIU was an area of the Trust where patients consistently fell, and asked if the design of the ward helped to minimise falls. Mrs Carruth explained that she felt that the environment at BIU was appropriate, explaining that the need for additional

super surge capacity alongside high risk patients and staffing challenges in December had led to the increase in falls being reported.

Mrs Churchward-Cardiff asked whether more help was available to the Trust in managing complex patients with learning disabilities and mental health issues. Mrs Carruth explained that this was a system-wide issue affecting a small number of very complex patients. Increased multi-agency discussion about the management of patients was required, as most did not require hospitalisation and a hospital environment was not appropriate for them. Caring for these patients in hospital could be distressing for both patients and staff.

Mrs Churchward-Cardiff asked what was being done to monitor nursing red flags, as some had been in place for a while. Mrs Carruth reported that the red flags were used by staff to highlight staffing risks when rostering. They were monitored to identify any themes. The nursing establishment review included reviews to ensure that staffing levels remained safe, efficient and effective.

Mrs Fadero reported that the Q&S Committee had not met in January due to operational pressures. She praised Mrs Carruth for her work in ensuring that patients remained safe in an extraordinary operating environment for the Trust. She noted that the Committee had been discussing the best way to provide assurance to Board during the current operational pressures, and hoped that annual business planning processes would include the management of operational pressures as business as usual. Mrs Carruth noted that staff throughout the organisation were working hard to ensure that patients remained safe. The number of stranded patients in the Trust, and the complexity of patients being treated meant that the Trust was the busiest she had ever known.

Ms Williams noted that the F&F results were very positive. She asked whether these was an opportunity to share learning with neighbouring Trusts. Mrs Carruth noted that F&F feedback was generally very helpful to the Trust and largely positive, but only 22 surveys had been completed in A&E in December. Completion was voluntary and many patients just wanted to receive treatment and then go home. Alternate methods of encouraging patients to complete F&F tests were being explored.

Mrs Manson asked whether the increasing numbers of complex patients being treated was related to the pandemic, and how the Trust was adapting to this increased complexity. Mrs Carruth explained that patients were being admitted who had not accessed healthcare for some time and had therefore seen a deterioration of their health. The impact of the pandemic on mental health had also been huge and this increased complexity of patients felt like a new normal for the organisation. Dr Wilkinson agreed, noting that the perception that medical care was hard to access had led to patients with greater issues when they did seek help. Mrs Chadwick-Bell noted that there were a number of schemes being introduced which would help to address the increasing complexity of patients.

Dr Wilkinson reported that the Trust's mortality indicators for Risk Adjusted Mortality Index (RAMI), Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) had all remained well below average for comparative acute Trusts nationally. A rise in the RAMI had been reported in October, which had coincided with a wave of Covid. A similar rise had been reported nationally, but had subsequently declined in November. A previous area of concern had been the SHMI for elective procedures, but this had reduced in recent months and was now lower than the national average.

Mr Patel noted that some of the data being reported was quite old. Dr Wilkinson explained that some mortality reporting was received from the national system much more rapidly than others. The SHMI tended to be reported several months behind other measures, but using all of the metrics together provided a balanced picture of the Trust's performance.

Mrs Manson noted that the Trust was reporting more observed deaths than expected, and asked whether more deaths from sepsis were being seen. Dr Wilkinson explained that the number of expected deaths was based on national modelling which used anticipated co-morbidities and population data, and actual deaths fluctuated against this predicted model.

The Trust no longer had an active sepsis group, but sepsis data continued to be tracked on a monthly basis.

Mrs Fadero noted that SHMI data had been on an upward trend since 2019 and asked whether this information was utilised by consultants. Dr Wilkinson explained that individual consultants did not look at mortality figures in detail as the SHMI reported on mortality at an organisational level and did not translate well to smaller units where number of deaths were smaller and therefore variation was greater. The mortality data was reviewed by two groups on a monthly basis and any areas where excess deaths were reported were highlighted. Deep dives were then undertaken to review the quality of care and the accuracy of coding. The CQC also highlighted any areas where they had concerns, and these were subject to deep dives. Learning was shared at speciality Mortality and Morbidity meetings and in divisional learning from deaths meetings.

Mr Sims noted that the largest category of reported deaths was the 66 cases which did not fit into a category. Dr Wilkinson explained that cause of death was a local statistic, providing a snapshot of the main conditions being treated. It was not possible to list every possible cause of death, so the uncategorised deaths reflected patients who had not died of a 'major' condition. All deaths that took place were reviewed in detail by the Trust's medical examiners.

Workforce and People

Mr Aumayer reported that the second half of December had been one of the most challenging periods ever seen in the NHS, with Covid, flu, Strep A concerns, winter pressures, escalation activity and industrial action contributing to the challenges. This resulted in hospitals that were full, patients being treated in corridors, super surge areas full to capacity and long waits in A&E departments. Staffing was therefore stretched further than ever before, compounded by high levels of staff sickness, and he praised colleagues for coming together and managing this; he praised the work of doctors, nurses, support staff and senior staff, explaining that many staff had been unable to have a break over Christmas as a result. He thanked staffed for their fantastic efforts in managing the organisation during the winter period.

He reported that for the first time in a year, turnover rates had reduced in December, and would decrease further in January, across all staff groups apart from Allied Health Professionals. The Trust's vacancy rate had increased slightly due to an increase in budgeted posts. Monthly sickness had also increased due to flu and Covid, but had returned to expected levels in January. The reduction in the use of agency staff continued, alongside stable use of bank staff. A number of high quality consultants had recently been appointed to the Trust, and job planning levels had continued to improve and were now at over 70%. Appraisal rates continued to be of concern, and tended to be one of the first things to be put on hold when the organisation was under operational pressure. Rates had improved in January, but would be an area of significant focus moving forward.

Mrs Churchward-Cardiff noted that there had reports in the press about NHS staff who were suffering from long covid and who were now coming to the end of their paid sickness period. She asked whether any of these staff worked for the Trust and what was being done to support them. Mr Aumayer reported that the Trust had a very small number of staff impacted and that they were being supported in returning to work if at all possible. A small number of staff were unable to work and were receiving support from the Trust.

Mrs Williams asked what had been learnt from the recent review of attendance management. Mr Aumayer reported that, following an incredibly challenging period of time for staff, the Trust was seeing slightly higher levels of underlying sickness than prior to the pandemic. People were more likely to take sick leave, rather than attending work when they were unwell, which drove the higher sickness rates; he considered this to be a positive thing as staff were being responsible in not attending work when unwell. Levels of unauthorised absence remined low, and he believed that these were the lowest ever.

Mr Sims asked what actions were being taken to improve appraisal rates and Mr Aumayer explained that the Trust's staff recognised the importance of undertaking appraisals but that

operational pressures had led to the low rates. Appraisal rates and improvement plans were discussed with divisions at each monthly IPR, with improvement trajectories agreed with each division. Executives were working with senior staff to emphasise the importance of appraisals, and to help them to understand how to free up time to undertake appraisals.

Mrs Fadero asked whether it was known how much time had been lost in managing the extremely challenging winter period, particularly for middle managers. Mr Aumayer explained that a key message being sent to the organisation was to support managers to return to the basics of their roles. He estimated that around 50% of time was lost for middle managers in the lead up to the first nursing strike, and around 70% of time for senior managers.

Access and Responsiveness

Ms Dale reported that inpatient numbers had slightly reduced in December but that there had been an impact on elective care performance from patients choosing not to undergo treatment during the holiday period. Reviews of planned care pathways were being undertaken to identify processes that could be improved. A deep dive review looking at two or three specialities with long waiting patients would be undertaken in the coming weeks to understand whether improvements to pathways could improve waiting lists. Waiting lists were being validated in line with a national request, with a focus on ensuring pathways met requirements and allowing patient treatments to be completed within deadlines. Improvements had already been realised, but there was more work to be done.

Each patient on a cancer pathway was tracked throughout their care, and the Trust had seen improved performance against the faster diagnosis standard with targets being achieved in December. Improvements had also been seen for 104 and 62 day patients. Diagnostics remained a challenge due to increased numbers of patients being referred. A recovery plan for diagnostics had been introduced, with opportunities identified to improve diagnostic standards and potential additional resource available.

Mrs Fadero noted that the IPR reported 97% elective performance against annual targets in December and asked what the annual position was. Ms Dale reported that it was around 98% in the year to date.

Mrs Fadero asked about outpatient performance, noting that the trajectory had been reducing for some time. Ms Dale explained that short notice cancellations of clinics put pressure on outpatient services leading to a reduction in capacity. Clinics had been cancelled due to operational pressures in other areas of the Trust and because of staff vacancies. Outpatients would be an area of focus moving forward, supported by national work which was looking at whether pathways could be managed differently and which would inform changes within the Trust.

Mrs Manson noted the reduction in non face to face outpatient, noting that the Trust was anticipating breaching the 25% target for non face to face appointments. Ms Dale explained that the 25% target included outpatient appointments and procedures. She explained that speciality reviews had identified that first appointments in many areas needed to be face to face. The Trust was reverting back to face to face where possible, although this wasn't required in all specialities. A review of follow up letters was being undertaken to identify whether these could be undertaken by other means, for example by letter when giving results.

Mrs Churchward-Cardiff noted that pressure on elective care services was growing and asked whether work had been undertaken to review the Trust's capacity. Ms Dale explained that a lot of national work had been carried out to look at changes to pathways, identifying criteria for referral and the management of patients when they were triaged to ensure that pathways were appropriately followed. Feedback was given to referrers when an incorrect referral was made. Best practice from this national work was being applied at ESHT to ensure that pathways and capacity were correct.

Mrs Churchward-Cardiff explained that the Getting it Right First Time (GIRFT) programme had highlighted some areas where improvements could be made, but that these

	improvements had not yet been realised. Ms Dale explained that understanding and managing capacity and demand fully were crucial. A consistent model of capacity and demand modelling to support middle managers was being undertaken; she anticipated that business planning models would identify areas where additional capacity might be required, and workforce models would be adjusted to meet this need. Mrs Chadwick-Bell explained that additional work was being done to optimise patient pathways, to maximise consultant working patterns and theatre productivity alongside work to improve efficiency. She felt that the Trust already had sufficient capacity to meet demand, but that this would need to be utilised in a different way. Mrs Manson asked for an update on virtual wards. Mrs Chadwick-Bell reported that the Trust had opened 26 of 30 virtual beds, but was limited in the number of beds that could be opened by the challenges of recruiting staff. **Finance** Mr Reid explained that activity would be an key area of focus for the Trust moving into 2023/24, as too little day case elective and outpatient activity was being undertaken with too much follow up activity. Work would be undertaken to reduce follow up activity and convert it into the delivery of day case, elective and outpatient activity. Pressure on wards over the past year had impacted on services; £3.1m in income had been lost against Cardiology and Trauma and Orthopaedic services alone, which would need to be delivered in 2023/24. The Trust had utilised reserves of £4.5m up to month nine in order to meet financial targets, but this approach was unsustainable moving into 2023/24. Adverse variance against targets of £6m for pay costs and £3.4m for non pay costs was reported in December, but a slight excess had been delivered in December due to a higher income level than expected. The Trust was underdelivering against efficiency targets due to the continued need for escalation beds and the efficiency target for 2023/24 would be £25m. A £2m underspend on the capital plan for 2022/23 had been discussed with the ICS who had agreed that it would be distributed across the system with £1m being returned to the Trust in 2023/24. A lot of capital work was being undertaken, and projects remained broadly on track but would need to be delivered before the end of the financial year. Mrs Chadwick-Bell reported that the financial approach to 2023/24 was being developed to ensure that it was underpinned by robust governance processes, with clear strategic and tactical decisions being made. Planning would be presented to the Finance and Productivity Committee and to the Board as it progressed.	
08 / 2023	**Maternity Overview, Quarter 3** Mrs Lynes reported that the vacancy rate in maternity during the third quarter had reduced from 9.4% to 4%. 14 students who were working at the Trust and were due to qualify soon had all expressed an interest in working for the Trust, and four further members of staff were being recruited. Staffing continued to be reviewed on a daily basis to ensure that services remained safe. A review of the maternity workforce was being undertaken which considered the increased complexity of patients, the interventions required by best practice, mandatory training needs and the demographics of the existing workforce. Induction of labour had been a key focus for the maternity team during the quarter and a large piece of work was being undertaken to review the induction pathway and induction of labour outside of the acute setting. Service users were working with the Trust, and a robust new system would be implemented over the next 3-4 months. Staff sickness levels had improved during the quarter. The team continued to work with the Maternity Voices Partnership to use feedback to ensure service users had confidence in the service. A 15 steps review had recently been undertaken to look at services which had included feedback from both staff and service users. The Trust continued to work on meeting the recommendations from the Ockenden Report, the Kirkup Report and from an NHSE/I visit with three outstanding. The service's online presence was being updated and was due to go live soon. ESHT's Clinical Negligence	

	Scheme for Trusts (CNST) submission had been endorsed by the ICS following a recent safety meeting, and had been shared with NHS Resolution. Mrs Lynes reported that a recent CQC inspection of maternity services in the Trust had looked at the safe and well led domains. The ratings for each hospital remained the same, with the Conquest rated as Outstanding and EDGH as Good. Key areas of improvement identified by the CQC reflected issues which the Trust was already aware of. The main issue identified was with the work force; services had remained safe during the pandemic, but there was a reduction in choice for patients when the Eastbourne Maternity Unit (EMU) had needed to be closed as a result of insufficient staffing. Two 'must do' recommendations had been made by the CQC for EDGH, and four 'must do' and three 'should do' recommendations had been made at the Conquest. Lots of work was being undertaken to address the issues raised, including a comprehensive workforce action plan which would feed into business planning for 2023/24 and substantive recruitment would be undertaken. The action plan was due to be submitted to the CQC by 21st February. The Birmingham symptom specific triage system, a national system which had been adopted across the country, had commenced following nine months of preparatory work. The maternity services benchmark report was an annual survey, split into three areas of questioning. 94% of Trusts were involved, and national downward trend in results has been seen correlating to the pandemic. At ESHT a 49% response rate was achieved and had remained at this level for a couple of years which was a positive outcome. One significant statistical increase and two decreases had been reported and action plan had been developed to address the issues identified. Mr Phoenix thanked Mrs Lynes for the comprehensive report. He noted that maternity services remained a national concern, and he felt that Board members were well briefed on the excellent progress that was being made. Mrs Fadero noted that the Chief Executive of the ICB had been extremely complimentary about the maternity leadership and staff during a recent meetings. Staff feedback about Mrs Lynes was also excellent, and she praised the work that she was doing.	
09 / 2023	**Learning from Deaths, Quarter 1** Dr Wilkinson presented the report from Quarter 1 2022/23. He explained that there was a considerable delay between when a patient died and when any learning from their death was reported due to the need to wait for a post mortem and coroner's report, as well as the time required for the Trust to review the death. Patients with learning disabilities who died were subject to an additional review by the national Learning Disabilities Mortality Review (LeDeR) programme. No deaths had been found to have been avoidable or probably avoidable during Q1 2022/23. He noted that the Trust had begun a benchmarking process against other trusts to provide assurance that the process at ESHT was thorough. Work was being undertaken to ensure that divisional Mortality and Morbidity meetings followed best practice for reviewing deaths and implementing learning.	
10 / 2023	**ICP Strategy Update** Mrs Chadwick-Bell presented the Sussex Health and Care Delivery Strategy, noting that this was due to be submitted to the centre in March. She explained that the Trust would review its delivery plan and ensure that it contributed fully to the strategy at place level. Progress would be shared with the Strategy and Transformation Committee, and oversight of the delivery plan would be maintained by the Sussex Wellbeing Board and the Health and Welfare Assembly. Mr Sims asked whether the 'new normal' had been factored into business planning, as the strategy was a high level document. Mrs Chadwick-Bell confirmed that agreeing the detailed programmes that underpinned the strategy would be the next stage of the process.	

11 / 2023	**Industrial Action** Mr Aumayer presented a verbal update on the recent industrial actions, reporting that further industrial action or votes about potential action were due from the Royal College of Nursing (RCN), ambulance workers, physiotherapists, junior doctors and consultants. Three ambulance strikes and two nursing strikes had already taken place. Over 100 derogations had been negotiated with the RCN to maintain services during the nursing strikes. 412 colleagues took action during the first nursing strike, with a 32% reduction during the second strike. This equated to 6,658 lost nursing hours during strike one, and 4,658 hours during strike two leading to the loss of significant elective and outpatient activity. The Trust's services had remained safe throughout the strikes. Mrs Churchward-Cardiff asked whether cancer two week wait pathways had been derogated and Mr Aumayer confirmed that despite negotiations the service had not been included in the derogations. He noted that the RCN had indicated that there would be no derogations for strikes in March, with ITU and A&E nurses encouraged to strike. Mr Phoenix expressed concern that there would be no derogations for March's strikes, and Mrs Carruth reported that there had been recent passionate national conversations about safety and professional concerns due to the approach being taken to the upcoming strikes.	
12 / 2023	**2023/24 Business Planning – Guidance and approach** Mr Reid reported that national planning guidance for 2023/24 had been issued to trusts; payment by tariff would be reintroduced, and trusts would be asked to achieve 109% of 2019/20 levels of activity. In addition, there would be a significant reduction in funding allocated during the previous two years for Covid. Other key headlines from the guidance included increased diagnostic activity, improved cancer, waiting list and A&E performance and focus on delivering digital commitments and improving how inequalities were addressed. A draft submission had been submitted to the centre the previous day, with a second submission due to be submitted at the end of February. The final plan would be presented to the Board in April, and Mr Reid noted that reaching a balanced position would be challenging due to the requirement to balanced increased productivity with improved efficiency. Mrs Churchward-Cardiff asked whether there was a current target for agency usage, and Mr Reid confirmed that this was 3.7%. The Trust was meeting this target, but challenges remained with the use of temporary staffing and the use of insource and outsource activity which did not contribute to the 3.7% figure. Mrs Fadero praised the paper, noting that she was unsure how the Trust would be able to meet its 2023/24 financial targets without operating in a different manner.	
13 / 2023	**Board Assurance Framework, Quarter 3** Mr Milner presented the Quarter 3 Board Assurance Framework (BAF), reporting that this had been presented to the Audit Committee in January. Two risks had seen ratings improve, and one had got slightly worse with mitigations in place. Ms Williams noted that the BAF felt like a very stable document, and she was unsure whether this stability reflected the position of the Trust. Mr Milner reported that Executives reviewed the full BAF and were comfortable that it accurately reflected the past year. He anticipated that this would change moving into 2023/24, particularly around finance, and time would be taken with the Board to review the risks and risk tolerances included on the BAF. Mrs Webber noted that an increase in the risk rating for BAF 5 had been discussed at the F&P and Audit Committees. Mr Reid explained that this increase would be seen in the Q4 update of the BAF. Mrs Webber noted the challenge of reflecting the current financial position of the Trust on the BAF against the knowledge that 2023/24 would be extremely challenging. Mr Pheonix emphasised that the challenge and conversations that took place at Committees was important in ensuring that this balance was correctly reflected. Mr Sims hoped that mitigations included on the BAF to reduce risk levels would be enhanced moving into 2023/24.	

	Mrs Fadero asked about the risk for BAF 1, noting that this was rated at 6 against a target of 6. Mr Phoenix explained that the Trust had collaborated in the manner it had intended to during 2022/23 so felt that the risk rating was correct. The updated delivery plan would be reflected in the 2023/24 BAF and opportunities for collaboration would change moving into the new financial year.	
14 / 2023	**Emergency Preparedness Resilience and Response Update** Ms Dale reported that NHSE provided a number of core Emergency Preparedness Resilience and Response (EPRR) standards for Trusts to assess themselves against. These were also monitored by the Strategic Local Health Partnership, and assurance had been received that the Trust was substantially compliant against the standards. **The Trust Board noted the EPRR update.**	
15 / 2023	**Annual Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation** Mr Reid presented updated Trust governing documents, noting that there was a new style for the document bringing together the Standing Orders, Standing Financial Instructions and Scheme of Delegation into a single document. Changes had been made to improve the flow of approvals through the organisation. Mr Milner noted that from 2023/24 the Code of Governance and the Provider Licence, two elements of governing documents that previously only applied to Foundation Trusts, would be applicable to acute trusts from 1st April 2023. The governing documents would be updated later in the year to take these changes into account. **The Trust Board approved the updated governing documents.**	
16 / 2023	**Use of Trust Seal** One use of the Trust Seal was noted since the previous meeting of the Board.	
17 / 2023	**Questions from Members of the Public** Mr Hardwick asked whether there were any incidences of complaints being received by the Trust concerning lack of communication between the person who had died and their relatives or carers. Dr Wilkinson explained that complaints were sometimes received due to communication between clinical staff and relatives, but very few were received concerning communication between patients and relatives. He explained that communicating during emotional periods was challenging for all involved. Mr Hardwick asked about the mention of the EU threshold within the Scheme of Delegation. Mr Reid explained that legislation was being introduced in the UK to mirror EU thresholds. The language in the governing documents would be adjusted over time to reflect this. Mr Phoenix reported that three questions had been submitted in advance of the meeting by Mr Campbell: 1. *Given the development of the Integrated Care Strategy and its implications for the next five years in conjunction with the current pressures on staff, patients and performance, does the Trust intend to undertake an in-depth review of all clinical and community processes to ensure that they are capable of supporting the successful delivery of the Integrated Care Strategy?* Mrs Chadwick-Bell explained that the Integrated Care Strategy focussed on specific areas, and that the Trust would focus on the relevant areas included within the strategy. 2. *When will the budget for 2023/2024 be published?* Mr Reid explained that this should be presented to the Trust Board in April.	

	3. *Does the Trust have specific policy or protocol for providing care and support to elderly patients who have to spend an excessive amount of time sitting or lying on trolleys in A&E especially where these elderly patients are unaccompanied by family or friends?* Mrs Carruth explained that all patients were triaged on arrival in A&E to determine how unwell they were, and what their needs were. Patients were subject to regular checks and if appropriate were provided with refreshments while they waited. All trolleys had pressure relieving mattresses.	
18 / 2023	**Date of Next Meeting** The next meeting of the Trust Board would take place on Tuesday 11th April 2023 in the Grange Room, The Locker Room College Road, Eastbourne BN21 4JJ	

Matters Arising

There were no matters arising from the Board meeting in public on 14th February 2023.

East Sussex Healthcare NHS Trust

6 – Audit Committee Summary, 23rd March 2023

Purpose of the paper	Executive summary attached for Audit Committee meeting that was held on 26.01.2023						
	For Decision		For Assurance	✓	For Information		
Sponsor/Author	Paresh Patel, Chair, Audit Committee						
Governance overview	Trust Board						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	✓		✓	✓

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	✓	✓	✓	✓

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

Executive Summary

Security Annual Report, 2022
It was noted that there had been a substantial rise in the number of physical assaults and verbal abuse towards staff since the Covid pandemic. This could be attributable in part to an improved reporting culture but remained a concern. The Trust's Violence and Aggression work group continued to focus on the issue and develop new responses.

Fire Annual Report
The report gave assurance to the Committee around policies, protocols, and training in respect of fire safety. As part of the Building for Our Future programme, areas of the Trust's estate which had been identified as of higher risk from fire would have additional protection mechanisms installed.

Board Assurance Framework (BAF)
Moving into 2023/24, the Trust's strategic objectives would be reviewed by the Executive team and this discussion would dictate which risks were focused on within the new BAF.

Corporate Risk Register
At the time of the meeting, 75 entries were listed on the Trust's Corporate Risk Register. Almost all of these had been reviewed in line with the Risk Management Policy and departments were regularly encouraged to update their risks, ensuring their relevancy.

Information Governance (IG) Toolkit Update
The first stage of the IG audit work by TiAA had recently been completed and some further evidence was provided by the Trust. Part two of the audit would take place during May 2023, ahead of the June 2023 Data Security and Protection Toolkit submission.

Tenders and Waivers
The number of tenders and other competitive exercises had increased slightly over the previous two months. It was noted that as the year-end approached the Trust would be under pressure in some cases to spend money within a short time frame, but appropriate processes would be followed.

Accounting Policies and Accounting Estimates
Each year, the Trust's accounting policies were reviewed following publication of the DHSC group accounting manual. Some changes had been made around leases and how assets were held on the balance sheet but there were no other substantive

	alterations. The Committee noted the Trust's annual self-assessment responses to three questionnaires received from external auditors. **External Audit** The Committee received and approved the External Audit Plan 2022/23. It was largely consistent with plans from previous years and structured foremost around mandated requirements. During preliminary work on value for money, external auditors had not identified any areas of significant weakness. **Internal Audit** The following reports had been received since the previous Committee meeting: Final Reports: • Absence Management – Limited Assurance • Critical Financial Assurance: Financial Accounting – Reasonable Assurance • RTT Pathways – Reasonable Assurance. Draft Report: • ICT - Data Security and Protection Toolkit – Advisory. Work was on schedule to support delivery of the Head of Internal Audit Opinion in good time ahead of the June 2023 deadline. Two changes to the plan were proposed and agreed in relation to the Cyber Security and ICS Governance Review. **Anti-Crime Specialist (ACS) Service Progress Report** An updated version of the Fraud Risk Assessment had recently been completed in relation to the Trust. Validation Work continued against the Government Functional Standard Return; some of the requirements had changed under new guidance but EHST was performing well in most areas. Fraud alerts were routinely circulated, and progress was being made in ongoing investigations.

Next steps	N/A

East Sussex Healthcare NHS Trust

6 – Finance & Productivity Committee Summary, 23 March 2023

Purpose of the paper	Executive summary attached for Finance & Productivity Committee meeting that was held on 23.03.23						
	For Decision		For Assurance	✓	For Information		
Sponsor/Author	Steve Phoenix, on behalf of Nicola Webber, Chair, Finance & Productivity Committee						
Governance overview	Trust Board						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	✓		✓	✓

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	✓	✓	✓	✓

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

Executive Summary

Board Assurance Framework
The Committee reviewed the Board Assurance Framework (BAF) areas for which it has responsibility.

M11 Financial Performance and efficiency
The Trust is reporting a year to date breakeven position against a planned deficit of (£0.5m), a favourable variance of £0.5m.

The Trust delivered £1.8m efficiency savings during the month, and £15.6m year to date; This was behind the planned positions by £0.9m and £5.0m respectively. The Trust was forecasting to deliver total efficiency savings for the year in the region of £17.1m which was in line with the expectations.

National Productivity Metrics
The Committee noted that NHSE had developed a high level metric to consider productivity which took the real terms change in cost base (RTC) relative to the cost weighted activity (CWA) change.

M11 Capital
The Committee received an updated capital plan which forecast a small underspend for 2022/23.

23/24 Budget Setting – update
A paper was presented asking the Committee to note the latest budget discussion with NHS Sussex/NHS England.

Winter Bed Plans
The Committee received a paper that recommended the continued use of escalation beds until March 2024 due to ongoing pressures.

Workforce Productivity metrics – proposal
The Committee received a proposed set of productivity and efficiency metrics. The plan was to have an overarching dashboard to include all elements, including workforce, which would be reviewed by the Committee.

	Non Ward Establishment Review – verbal A verbal update was given on the non ward establishment review. The review had looked at a wide range of services, 31 in total comparing full time equivalent (FTE) staffing levels with 2019. It was not anticipated that any major changes would be realised following the review. **Sussex Premier Health update (SPH)** A quarterly update was received from Sussex Premier Health (SPH) trading was received and an overview of the key headlines were highlighted. The Committee praised the work that had been undertaken to align the service with the Trust during its first year, and noted that while there was still a lot of work to be done the transfer had overall been very positive. The Committee congratulated the SPH team on the smooth integration, and thanked them for their hard work. **Items for Escalation from CRG** There were a number of CRG approvals above £500k for the Committee to approve this month. All of these related to Estates schemes and were multi-year projects and were approved as part of the 5 year plan. **Geothermal Innovations Partnership** A paper was brought summarising further progress made with regards to decarbonisation in respect of looking to develop a geothermal partnership. A full business case will be developed in due course and this paper sought support for the approach of exploring the options and undertaking some limited cost for a survey (£30,000). The Committee supported this approach and looked forward to further development and case in due course.

Next steps	N/A

East Sussex Healthcare NHS Trust

6 – People & Organisational Development Committee Executive Summary16 March 2023

Purpose of the paper	To provide the Board with a summary of the People & Organisational Development Committee meeting held on 16 March 2023						
	For Decision		For Assurance	x	For Information		
Sponsor/Author	Carys Williams – Non-Executive Director (Chair of the POD Committee)						
Governance overview	N/A						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x	x	x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

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

Executive Summary

INTRODUCTION

Since the Board last met a POD Committee meeting was held on 16 March 2023. A summary of the agenda items discussed at the meeting is set out below.

REVIEW OF ACTION TRACKER

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

WORKFORCE REPORT

An overview of the workforce data for February 2023 was provided. The biggest impact for the Trust over recent weeks had been the industrial action.

RCN Industrial Action

Nurses industrial action planned for 01-02 March 2023 had been cancelled due to the offer of ongoing talks with the government.

BMA Junior Doctors Industrial Action – 13–15 March 2023

The Trust had been able to effectively maintain unplanned and inpatient care but there had been a significant impact on outpatient and elective activity on each of the days. During this time other medical colleagues had been stepping up to provide support that the services required; services had remained safe.

Workforce Data

- Trust vacancy rate continued to reduce by 0.4% to 8.0%
- Monthly sickness rate had reduced to pre-covid levels by 1.2% to 4.1%
- Mandatory training rate had improved by 0.5% to 87.1%
- Appraisal rate had increased by 2.2% to 76.8%, although HR performance not so good which would be fully recovered by the end of April 2023
- Turnover rate unchanged at 13.4%.

Government Consultation on pensions update

- The pension annual allowance to increase from £40,000 to £60,000
- The money purchase annual allowance to increase from £4,000 to £10,000
- The lifetime allowance to be removed

JOB PLANNING & ROSTERING MONTHLY UPDATE

Job Planning

- Steady progress in eJob Planning approval rates during Q4
- Chief Medical Officer continued heightened focus on short term targets to maintain current levels and further improve the Trust position for Medics
- Regular communications tailored to specific clinical, medical leads to focus on their respective areas
- eJob Planning meeting scheduled to discuss a revised action plan for key specialities that continue to struggle with approval rates.

Rostering

The current "Healthroster" system had been designed as a nursing tool; medics' use of Heathroster was minimal. Therefore a system "Medirota" was being researched; a tool that had been endorsed by medics.

STAFF SURVEY ACTION PLAN / TIMELINE

The Staff Survey – Action Plan / Timeline had been circulated and taken as read. The full results of this survey had been published nationally on 09 March 2023. An Action Plan had been put in place covering each of the divisions to address specific areas to improve on and continue to be monitored at a Trust wide level.

POD GOVERNANCE STRUCTURE

The POD Governance Structure had been circulated and taken as read.

ED CONQUEST CULTURE REVIEW UPDATE

The ED Conquest Culture Review update paper had been circulated and taken as read. The aim of the culture review was to identify root cause(s) of inconsistent operational performance, low survey results, high levels of bullying and harassment, above target turnover rate, above target vacancy post and put in place strong and outcome-focused remediation plan for ED Conquest Hospital.

GUARDIAN OF SAFE WORKING HOURS (GOSWH) REPORT (NOV/DEC/JAN)

The GOSWH Report had been circulated and taken as read. Exception reporting remained stable. To reassure supervisors and trainees that the exception reporting process was a supportive and collaborative process to identify and highlight issues within teams.

Risks and Concerns:

- Foundation Year 1 - FY1 doctors can only do extra shifts in the area in which they are currently working.
- Feedback at the two most recent Surgical Local Faculty Group meetings reported some significant issues in terms of education and training for core and speciality General Surgical trainees.

BOARD ASSURANCE FRAMEWORK (BAF) Q4

Risk 2 - Failure to attract, develop and retain a workforce

This risk had seen a rise in the rating for BAF 2 from 16 – 20 which reflected the pressure being seen from ongoing and escalating industrial actions. Hopeful for the rating to return to 16 and potentially reduce further once strike actions resolved and organisational pressures ease.

Risk 3 - Decline in People welfare, morale and engagement that impacts standards of care

This risk remained at 16. Anticipated that the risk rating associated with BAF 3 would reduce moving into the next year and remain stable as a result of significant actions being taken to continue to provide support to people.

The full BAF to be presented to the Board in April 2023.

Carys Williams
Chair of POD Committee
March 2023

East Sussex Healthcare NHS Trust

Quality and Safety Committee Executive Summary16 March 2023

Purpose of the paper	To provide the Board with a summary of the Quality and Safety (Q&S) Committee meeting held on 16 March 2023						
	For Decision		For Assurance	x	For Information		
Sponsor/Author	Amanda Fadero – Associate Non-Executive Director (Chair of the Q&S Committee)						
Governance overview	N/A						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x	x	x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

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

Executive Summary

Since the Board last met a POD Committee meeting was held on 16 March 2023. A summary of the agenda items discussed at the meeting is set out below.

ePMA Deep Dive
Assurance received that ePMA incidents resulted in no harm. Peak reporting of incidents in Sep due to ePMA not aligning with maternity working practices – ePMA paused to resolve these. Roll out continues with the Emergency Department and DAS Division aiming for March 23 onwards.

Friends and Family Test – Emergency Department
Monthly response rate remains low but the scores are above the national average. Negative responses over the Christmas/New Year period related to extended wait times replicating the picture nationally. The Trust was not an outlier. All staff groups being encouraged to get involved and digital solutions to increase participation continue to be explored.

Clinical Harm Reviews
The review process has been reviewed and formal guidance in the process of being ratified. A report for the ICB is in development and will be shared at the April 23 QSC meeting.

Quality & Safety Exception Report – Feb 23 data
Continued decrease in falls, in line with reduction in activity. Implementation of PSIRF at the end of August 2023 and delayed 'go live' of Datix ICloud - now expected to be June 2023. Both present challenges in terms of capacity in the clinical governance team. Deep dive planned into the increase in diagnostic incidents (test result follow up). Trust Board to be reminded of PSIRF requirement for incidents to be signed off – video training available.

High Level Risk Register
Creditable increase in regular review of risks noted.

Infection Prevention & Control Board Assurance Framework
No significant changes to guidance. IPC Team challenged with sickness absences. Some challenges with Cdiff and Norovirus. The Trust is participating in a Cdiff collaborative. Review of mask wearing conversations taking place at the Clinical Advisory Group.

Safer Staffing
Continues to be busy and challenging. Regular roster review meetings monitoring. Non-ward establishment review underway.

Recovery – Impact on Quality
Compromised flow continues with resulting impact on other patients' ability to access care and deconditioning impact on those in hospital who do not need to be there. Both are an area of focus. Continued impact of mental health attendance. ICB trying to find a Sussex-wide solution. Industrial action impact on elective lists.

Quality Account Priorities
Following public consultation the Committee approved the following shortlisted priorities for the Quality Account 23/24:

1. Patient Safety - Implementation of the Patient Safety Incident Response Framework (PSIRF)
2. Clinical Effectiveness - Reducing insulin prescription and administration errors
3. Patient Experience - End of Life Care

Corporate Safeguarding – Mental Health Focus
EDGH site showing a significant increase in S136 detentions (patients brought to the Emergency Department by the Police to await further assessment). Mental health has consistently been the predominant theme for children's emergency presentations over the past two years. Weekly escalation meeting chaired by the Chief Nurse, with Safeguarding and Security representation discusses patients of concern. Weekly SPFT/Safeguarding meetings established to enable overview of current patients detained under the Mental Health Act (MHA). Monthly MHA monitoring meeting with SPFT colleagues to re-commence March 2023. The Trust is participating in Sussex-wide mental health strategic meetings and will provide assurance of progress back to the Q&S Committee.

GIRFT Programme
Good progress on implementation of recommendations. Regular meetings with the national team to review.

Occupational Health & Safety Strategy
First strategy for the Trust – highly commended by the Committee. Quarterly summary reports on progress planned.

Amanda Fadero, Chair – 3rd April 2023

East Sussex Healthcare NHS Trust

6 – Strategy Committee Summary, 23rd February 2023

Purpose of the paper	Executive summary attached for Strategy Committee meeting that was held on 23.02.23						
	For Decision		For Assurance	✓	For Information		
Sponsor/Author	Jackie Churchward-Cardiff						
Governance overview	Trust Board						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	✓		✓	✓

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	✓	✓	✓	✓

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

Executive Summary	The Strategy and Transformation Committee last met on 23rd February 2023. The Committee was quorate with good NED attendance, as such the agenda received a good level of engagement and scrutiny. Key points from the meeting: **Virtual Wards** An update was given on progress and impact on admission rates. Whilst below the target capacity, performance is good and patient satisfaction high. A detailed review will be undertaken, once established, to consider impact, outcome and Value for Money (VFM). **ICP Strategy** This item had been to the Trust Board but an update was given on further progress. Having been agreed at ICB, consideration moves to developing governance and an East Sussex Place Based delivery plan, which will be shared with the Committee in due course. Specific areas of focus will include integration of community teams, and work on cardiovascular disease, frailty, mental health and respiratory pathways with a view to improving population health outcomes. **Travel Survey** The report was received and discussed with the main focus now on responding to key findings and reducing attendance where possible, and for necessary travel to and within the Trust to be as sustainable as possible. **Green Plan** The report was received and outlined progress to date against current and future national targets. The targets are ambitious and will require a significant change in behaviour to achieve. A delivery plan will now be produced to deliver immediate targets. **Transformation** An external assessment was received on the 12 key cross divisional programmes of work. It was clear that some process measures need to be strengthened within Frailty and Outpatients projects to clarify goals and outcomes. The projects for Cardiology and

	Ophthalmology are on track and the Pathology project is aligned with ICS partners. The Committee endorsed the proposed reporting template and took assurance on management of the various projects. **Heath Inequalities** Four ESHT health inequality priorities have been shared with the ICS covering data, prevention, service review and delivery. Action plans supporting these areas will be developed, and updates provided to this Committee during 23/24. **BAF** The Q3 BAF review was received and scores agreed as presented to the Trust Board.

Next steps	N/A

East Sussex Healthcare NHS Trust

Chief Executive Report

Purpose of the paper	To update on key items of information which are relevant but not covered in the performance report or other papers						
	For Decision		For Assurance		For Information	x	
Sponsor/Author	Joe Chadwick-Bell						
Governance overview	Not applicable						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x	x	x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	The Board is asked to note the updates and assurances provided by the CEO

Executive Summary

As we close the 22/23 planning year, I think we can look back on a year of success, some challenges and some events which most people won't have come across in their professional careers with Covid numbers continuing to surge on occasion, nursing, ambulance and junior doctor strikes. However there have been a number of key successes and we should celebrate our achievements and I'd like to thank our marvellous teams at ESHT who have worked so hard over the past year. Our staff awards will be taking place in July with nominations open until the end of April.

We have performed well in delivering our elective services, although full recovery plans have been impacted by ongoing Covid and the ongoing strikes. We have had success in delivering our cancer care and are delivering 62 days within the upper quartile of providers and we are performing at mid-range in terms of our 4 hour clinical standard. However reducing length of stay and improving our 4 hour performance is an immediate priority.

We opened our new community diagnostic centre this year and welcomed the Mayor of Bexhill at the formal opening on 21 March. I'd like to thank the Core Divisional Leadership Team and the radiology and cardiology departments and the estates and facilities team. This is a great opportunity to embed services within our local community and increase access for diagnostic services.

We should also celebrate Sussex Premier Health who have now been with the Trust for a year and are integrating into the organisation well; activity has increased and any profit will contribute to the Trust's financial position to benefit NHS patients.

The estates team continue to work hard to improve our hospital and community sites and this month have completed in record time the building of a new discharge lounge at Eastbourne, which will support patient flow. The new canteen at Conquest looks fabulous and provides a much needed update to the servery and seating area, offering a nicer environment for staff to take breaks and the contract has been offered to start the build of the new elective hub at Eastbourne, which is due to complete in Spring 2024.

We were delighted to host a visit by Professor Sir Chris Whitty in March who visited Eastbourne DGH to talk to the team about our care of our older patients and some recent development in the emergency department, frailty and acute medicine.

Strikes

As the Board is aware, we have been managing and planning services across a number of strike days, initially responding and supporting the system on the ambulance strike dates, followed by the Royal College of Nursing strikes and more recently the junior doctors. We have managed with some risk on these days and I would like to thank everyone who has contributed to the planning which has been very considerable and stressful, but also to all colleagues who have stepped in to help keep as many services running as possible and ensuring we can care for our patients. We hope that our ambulance and nursing colleagues will be able to vote and agree on the pay deal which has been offered by the government. As I write this however plans are now underway to manage the 96 hour junior doctors strike, starting 11 April. There are significant risks associated with this and strike days will see most elective activity stood down including cancer care.

Business Planning and Priorities

The process for agreeing activity, budgets and workforce is well underway for 2023/24 and I hope that this is concluded prior to the Trust Board meeting. The year ahead, whilst full of opportunity and with a continued focus on quality of care, will have a strong focus on returning to 2019/20 levels of productivity across our workforce and service lines and there will be a greater focus on cost control and finance; our cost improvement programme will be significant and at this stage we still not able to deliver a break even plan. The annual business plan will come to the Trust Board in May, assuming that the process has been completed. The priorities for 23/24 will be as follows, but will be set out in more detail:

- Quality of Care
  - Ensure that quality is maintained to ensure good patient care and experience
- Urgent Care
  - will be at a minimum 76% for the 4 hours clinical standard, but the Trust will operate in the top quartile
- Planned care
  - activity levels will be at a minimum of 107%, this is required to deliver the financial plan as well as ensure good access to care for patients
  - Cancer faster diagnosis standard and 62 days standard
- Financial performance
  - We will work within our agreed control total
  - Demonstrate that we have productive services
- Continue to work as a strong system partner with a focus on delivery of the Shared Delivery Plan to support inequalities, reduce demand for winter and expedite discharges

Leadership and Divisions

I am delighted to announce that we have appointed Charlotte O'Brien as our Chief Operating Officer to start in July, Charlotte is currently the Director of Transformation and Improvement at ESHT. This post will be advertised with the aim of recruiting by July.

Visible Leadership

The executive team have visited all wards and many of the non-clinical areas in the past month and this has been enhanced on strike days. The aim is to ensure the well-being of the teams, understand key issues and provide support. There has also been a positive Clinical Leaders Development Day focusing on culture and leadership.

Next steps	*N/A*

East Sussex Healthcare NHS Trust

Integrated Quality & Performance Report

Prepared for East Sussex Healthcare NHS Trust Board

For the Period February 2023 (Month 11)

Content

East Sussex Healthcare NHS Trust

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5.	Access and Responsiveness - Delivering the NHS Constitutional Standards - Urgent Care - Front Door - Urgent Care – Flow - Planned Care - Our Cancer services	
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East Sussex Healthcare NHS Trust

About our IPR

- Our IPR reflects how the Trust is currently working and how the on-going journey of improvement and excellence, reflected within our Strategy and Operational Plan (2022/23), is being delivered.

- Throughout our work we remain committed to delivering and improving on:
  - Care Quality Commission Standards
    - Are we safe?
    - Are we effective?
    - Are we caring?
    - Are we responsive?
    - Are we well-led?
  - Constitutional Standards
  - Financial Sustainability in the long term plan

- Our IPR, therefore, aims to narrate the story of how we are doing and more importantly how we will be doing as we look towards the future.

- Detailed data can be found within the IPR Data Detail (appendix A).

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

Balanced Scorecard

East Sussex Healthcare NHS Trust

Key Metrics

Safety	Target / Limit	Last Month	This Month	Variation	Assurance
Patient Safety Incidents (ESHT and non-ESHT)	M	1141	1071	Common Cause	
Serious Incidents	M	2	1	Common Cause	
Never Events	M	0	0	Improvement	
Inpatient Falls per 1,000 Bed days	M	5.6	5.9	Common Cause	
Pressure Ulcers, grade 3 to 4	0	1	2	Common Cause	Inconsistent
MRSA Cases	0	1	0	Common Cause	Inconsistent
Cdiff Cases	<5	8	4	Common Cause	Inconsistent
MSSA Cases	M	1	2	Common Cause	
RAMI	94	91.0	92.9	Concern	Consistently Hit
SHMI (NHS Digital monthly)	0.99	0.98	0.98	Concern	Consistently Hit
Nursing Fill Rate (IP - RN, RNA and HCA)	100%	83%	86%	Common Cause	Consistently Missed
Nursing Fill Rate (Including Escalation)	100%	84%	86%	Common Cause	Consistently Missed

Patient Experience	Target / Limit	Last Month	This Month	Variation	Assurance
Complaints received	M	31	31	Common Cause	
A&E FFT Score	M	86%	83%	Common Cause	
Inpatient FFT Score	M	99%	99%	Common Cause	
Maternity FFT Score	M	100%	98%	Common Cause	
Out of Hospital FFT Score	M	98%	97%	Common Cause	
Outpatient FFT Score	M	97%	97%	Common Cause	

Our Productivity	Target / Limit	Last Month	This Month	Variation	Assurance
4 hour theatre sessions	M	473	432	Common Cause	
Average Cases per 4 hour session	M	2.4	2.2	Common Cause	
Theatre utilisation	90%	74.8%	76.2%	Common Cause	Consistently Missed
Outpatient utilisation	100%	83.8%	84.6%	Concern	Consistently Missed
Clinic run rate	M	82.0%	79.8%	Common Cause	
Non Face to Face Outpatients	>25%	28.3%	27.1%	Concern	Consistently Hit
Elective Length of Stay	2.7	2.2	2.9	Common Cause	Inconsistent
Non Elective Length of Stay	3.6	5.3	5.1	Concern	Consistently Missed
Non Elective Length of Stay	M	8.6	8.4	Concern	

Our People	Target / Limit	Last Month	This Month	Variation	Assurance
Establishment (WTE)	M	8,166.6	8,170.9		
Vacancy Rate	<5%	9.2%	8.8%	Concern	Consistently Missed
Staff Turnover	<9.9%	13.4%	13.4%	Concern	Consistently Missed
Retention Rate	>92%	89.8%	89.8%	Concern	Consistently Missed
Sickness - Absence % (rolling 12 mths)	<4.5%	6.0%	5.8%	Concern	Consistently Missed
Sickness - Average Days Lost per Fte	<16	21.8363	21.151	Concern	Consistently Missed
Staff Appraisals	>85%	74.6%	76.8%	Improvement	Consistently Missed
Statutory & Mandatory Training	>90%	86.6%	87.1%	Concern	Consistently Missed

Our Performance	Target / Limit	Last Month	This Month	Variation	Assurance
A&E 4 hour target	>95%	68.7%	69.3%	Concern	Consistently Missed
A&E Non Admitted	M	75.5%	75.5%	Concern	
A&E > 12 hours from arrival to discharge	0	546	449	Concern	Consistently Missed
A&E waits over 12 hours from DTA	0	9	0	Common Cause	Inconsistent
Conveyance handover >30 mins	0%	11.5%	9.7%	Common Cause	Consistently Missed
Conveyance handover >60 mins	0%	2.1%	1.0%	Common Cause	Consistently Missed
Average daily MRD	M	146	154	Improvement	
Average daily NCTR	M	266	263	Concern	
UTC 2 hour	>98%	76.2%	77.8%	Common Cause	Consistently Missed
Cancer 2WW	>93%	95.6%	94.9%	Common Cause	Inconsistent
Cancer 62 Day	>85%	74.4%	67.5%	Common Cause	Consistently Missed
28 Day General FDS Two Week Wait	>75%	75.0%	72.3%	Common Cause	Inconsistent
62 day Backlog	M	146	124	Common Cause	
104 day Backlog	M	42	47	Concern	
RTT under 18 weeks	>92%	52.6%	52.7%	Concern	Consistently Missed
RTT 52 week wait	0	1104	1098	Concern	Consistently Missed
RTT Total Waiting List Size	36,833	55247	55789	Concern	Consistently Missed
Urgent Community Response within 2 hours	>=70%	74.7%	77.5%	Common Cause	Consistently Hit
CHIC wait times < 13 weeks	>75%	84.2%	85.3%	Common Cause	Consistently Hit
Diagnostic <6 weeks	<1%	21.4%	13.4%	Common Cause	Consistently Missed

Chief Executive Summary

East Sussex Healthcare NHS Trust

The Trust has performed in the upper quartile or mid point across urgent care, cancer and diagnostics despite the recent surge in Covid prevalence and planned industrial action which directly and indirectly impacted multiple services across our acute and community sites. As well as further progress made across a number of key workforce indicators and the trust will deliver a break even position for the year end.

Working towards delivering the 2023/24 operational planning guidance, the Trust is focused on improving a number of key indicators and standards across services to optimise safe and high quality care standards to our patients.

Although improvements are noted in the 4 hour performance standard, the Trust is looking to build on this and ensure there is sustainable stability and achievement of this key standard. An Urgent Care Oversight Group is being set up to oversee 3 key workstreams; Front door, Length of Stay and Discharge, which I will chair in the first instance.

We are working through setting ambitious plans to recover our elective position with divisions aiming to eradicate >65 week waits by March 2024, as well as improving performance against key cancer, diagnostic and elective standards.

Key Areas of Success

- The Trust achieved the 2 week wait cancer standard. Ensuring that >93% of patients referred on a suspected cancer pathway were seen within 2 weeks from date of referral. 96% of patients referred were seen within 2 weeks
- The overall average length of stay (LoS) has again come down, from 9.0% in January to 8.4% in February. The result of multiple collaborative programmes of work culminating in this improvement
- Again, a further improvement of 1.5% noted in the 4 hour performance in February, coupled with a 10% reduction in ambulance handover delays
- Our mortality indices (RAMI *Risk Adjusted Mortality Indicator* and SHMI – *Summary Hospital level Mortality Indicator*) remain in the upper quartile nationally and our elective SHMI has reduced in month
- Numerous workforce indicators are showing a positive month in February. To include a reduction in vacancy rates and sickness, as well as a compliance improvement with mandatory training and appraisal rates

Key Areas of Focus

- Although an improving picture, we are still marginal outliers for our percentage of patients with a >21 day LoS.
- 4 hour performance is again an improving picture. However performance is still sporadic and the improvement plans and oversight group mentioned above will aide improvement and stability across this key safety standard

- The IPR for 23/24 is being updated to ensure we focus on the balanced scorecard and key metrics and actions associated with exception issues.

Quality and Safety

Delivering safe care for our patients

What our patients are telling us?

Delivering effective care for our patients

Safe patient care is our highest priority

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

Summary

East Sussex Healthcare NHS Trust

Quality and Safety

Quality & Safety – February 2023 Data

COVID – 19

Prevalence of COVID increased once again during February. The peak of this most recent wave was slightly lower than previously seen. Outbreaks of COVID continued despite IPC measures. In contrast, more cases of influenza were diagnosed this winter than any other year but hospital onset was low. Facemask wearing in clinical settings remains in place for staff and visitors. This has been agreed as an ICS approach for winter and will be kept under review.

Infection Control

The Trust has significantly exceeded the limit for the year. Each case is sent for ribo-typing. The increase does not appear related to cross infection. Many Trusts are reporting higher numbers of CDI and reasons are not fully known. A national improvement programme has been launched and ESHT IPC is involved. A report is being prepared for Patient Quality and Safety Group. Norovirus has been circulating with outbreaks managed within national guidance.

Incidents

There was one serious incidents reported in February:

- Maternity/Obstetric – Intrauterine death at 38 weeks. Investigation being undertaken by HSIB.

Pressure Ulcers

The rate of pressure ulcers (PUs) per 1000 bed days amongst hospital patients remains within expected control limits. There was one Category 4 incident reported in Feb 2023 in an inpatient related to a toe wound which is under investigation and may have been present prior to admission.

Falls

There were two severity 3 and two severity 4 falls in February with Bexhill Irvine Unit reporting the highest number of falls. Several patients had multiple falls, an ongoing indicator of the high numbers of long length of stay patients many of whom are frail, confused, wandersome and high risk. In addition, significant supersurge capacity remained open during this time including at BIU with wards exceeding bedded patient numbers on many occasions leading to staffing being very challenged trust wide.

Patient Experience

In February ESHT received 31 new complaints, which is 1.2% of all patient experience feedback received.

Teams continue to work through the backlog with 10 overdue complaints at the end of February. The Patient Experience Team continue to work with the Emergency Departments to increase the FFT response rate. February saw just six completed surveys across the Emergency Departments with a recommendation rate of 85.7%. Both departments remained under considerable pressure in the month. Our Heads of Nursing for the Emergency Departments have created an action plan to address the low response rate and shared this at Quality and Safety Committee. A review of the process for capturing FFT (including the additional questions) and learning from the feedback is still underway, slightly delayed due to staff shortages within Patient Experience Team.

Nursing & Midwifery Staffing

The requirement for significant additional inpatient capacity continued throughout February with additional super surge capacity open on the two acute sites and pre-emptive patient placement on many wards. The trust continues to see very large numbers of long length of stay patients most of whom are frail, vulnerable and very dependent. Ward staffing in February remained very stretched in most areas exacerbated by staff sickness. This is likely to have had an impact on key quality metrics especially unwitnessed falls, documentation, communication, discharge planning some delays in providing care and an impact on staff wellbeing due to the sustained pressures.

Safeguarding

Weekly tracking of safeguarding referrals received continues, remains ongoing and the Safeguarding team are also monitoring the progress of provider reports. The trend of historical safeguarding referrals being received from Adult Social Care has persisted in the last four weeks. Weekly meetings with colleagues from SPFT continue to ensure oversight of patients detained under the Mental Health Act , as well as a more detailed monthly meeting that provides a forum to discuss actions. Further work needs to be undertaken to establish pathways to manage complex 16-17 year olds

Work continues regarding Liberty Protection Safeguards (LPS) and this has been presented at the recent PSQG with agreement for a working group to ensure readiness. KPI's have been written to support a project to strengthen the routine enquiry of domestic abuse within the organisation.

Mortality

Both SHMI and RAMI indices of mortality rolling 12 months, remain better than peers. Trust SHMI has increased for this period but remains as expected. Elective SHMI has reduced and remains below our NHS England Acute Peers.

Author(s)

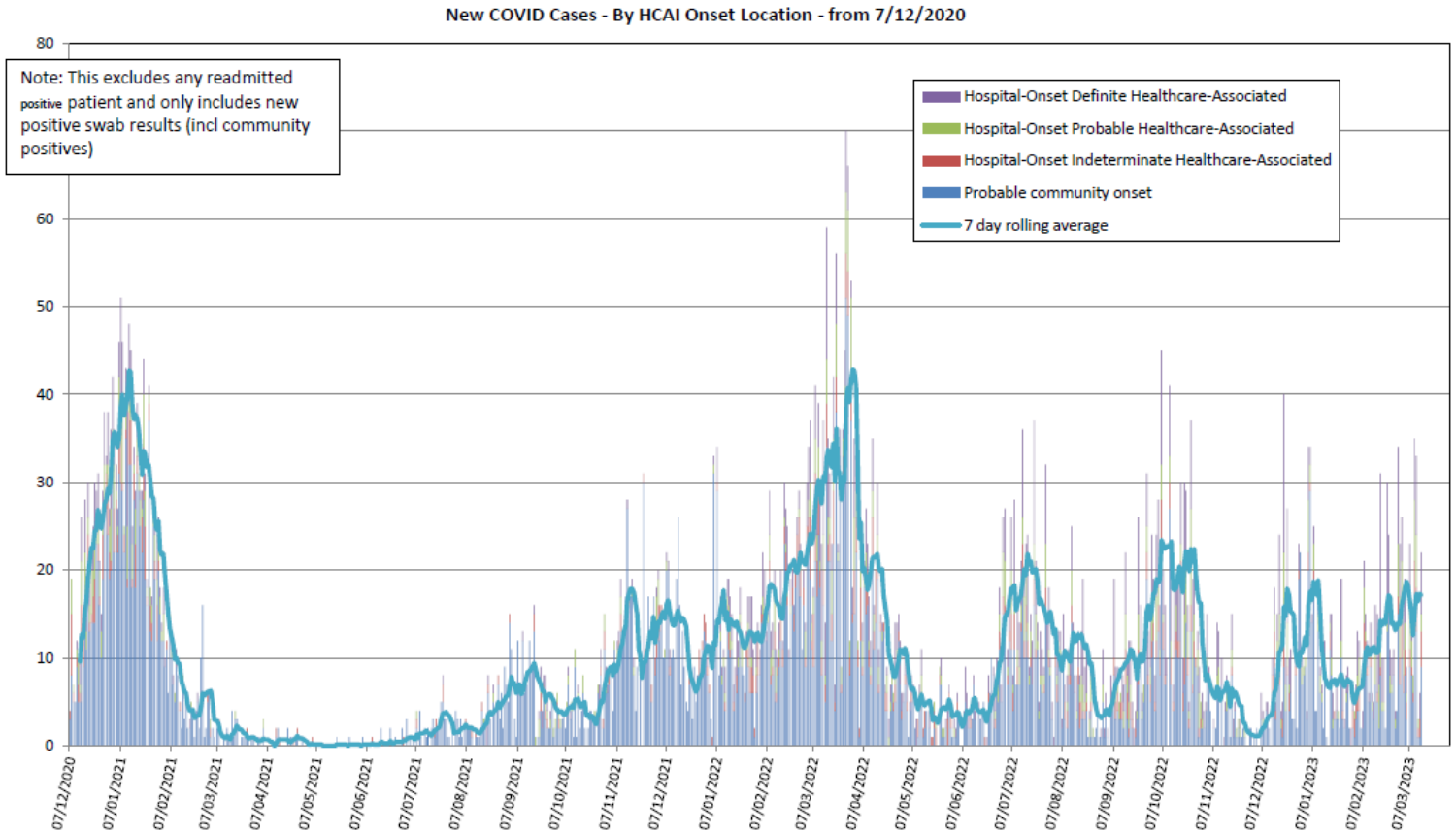
Vikki Carruth
Chief Nurse and Director of Infection Prevention & Control (DIPC)

Simon Merritt
Chief Medical Officer

COVID-19

East Sussex Healthcare NHS Trust

Prevalence of COVID in both community and hospital increased once again during February. Patients presenting with respiratory symptoms are currently being tested for COVID, flu and respiratory syncytial virus (RSV) as part of our winter plan. Seasonal influenza and RSV continued to decline in February.



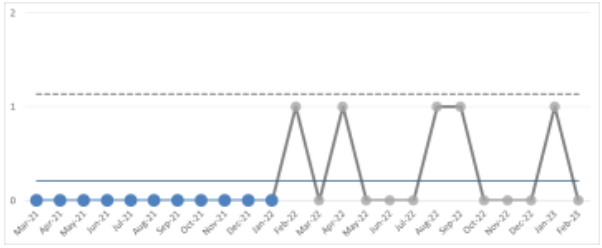
Patients with the same infection were cohorted together to reduce the risk of exposure to another virus. Outbreaks of COVID, primarily confined to bays, continues to occur in all hospitals within ESHT. Most patients do not require additional treatment. 25%-30% of COVID cases meet the criteria for hospital onset probable or definite healthcare-associated infection. The IPC team continues to work closely with our clinical and operational teams to minimise the impact of outbreaks. Outbreaks are managed as per national guidance and the Sussex Infection Prevention and Control winter escalation plan.

Safe Care - Infection Control

East Sussex Healthcare NHS Trust

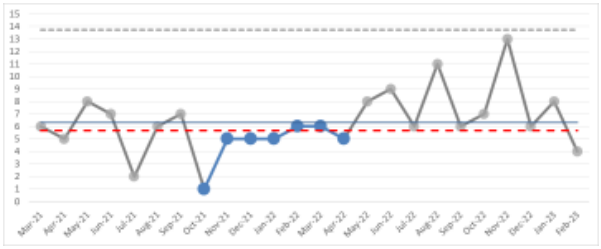
Quality and Safety

MRSA cases



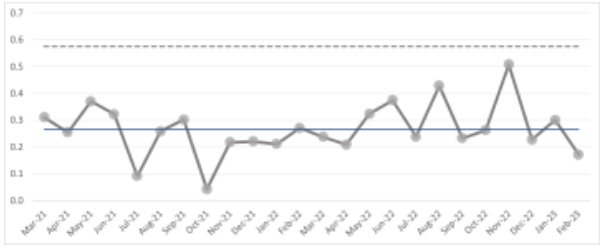
Variation: Normal
Current Month: 0

CDIFF cases



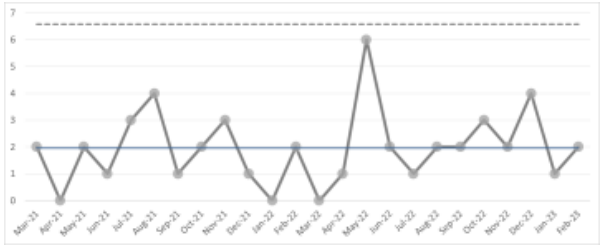
Limit: 5.66
Variation: Normal
Current Month: 4

CDIFF per 1000 bed days



Variation: Normal
Current Month: 0.17

MSSA



Variation: Normal
Current Month: 2

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

MRSA bacteraemia (MRSA)
There were no MRSA bacteraemia for the month of February.

Clostridium Difficile Infection (CDI)
For the month of February, the Trust reported 4 cases of CDI against a monthly limit of 5. Three were reported as Hospital Onset Healthcare Associated and one reported as Community Onset Healthcare Associated. All cases were sent for ribotyping. There was no evidence that cases were as a result of cross infection.

The rate of CDI is not part of limits set as bed days change during the pandemic

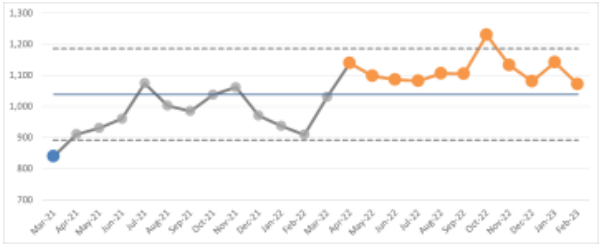
MSSA bacteraemia
Two MSSA bacteraemias were reported in February. Both cases were Hospital Onset Healthcare Associated (HOHA) and both were related to skin/soft tissue infections. This will be discussed at the TIPCG.

Safe Care – Incidents

East Sussex Healthcare NHS Trust

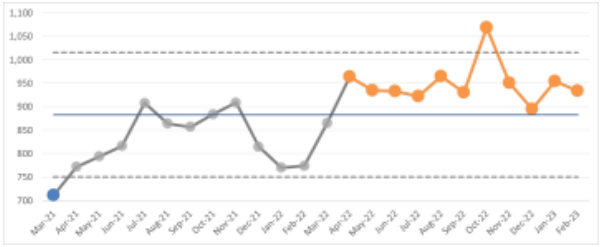
Quality and Safety

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



Variation: Normal
Current Month: 1,071

Patient Safety Incidents
(ESHT incidents)



Variation: Normal
Current Month: 934

Serious Incidents (SIs)
(Incidents recorded on Datix)

Variation: Normal
Current Month: 1

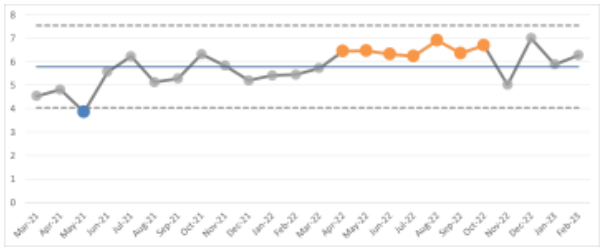
Author:	**Lisa Forward – Head of Governance**
Status Report	There were 1,071 incidents reported (from Datix on 06/03/2023). Of these, 934 were **ESHT only** incidents and of these: Severity 1 None/Near Miss - 645 Severity 2 Minor - 263 Severity 3 Moderate - 23 Severity 4 Major - 3 Severity 5 Catastrophic – 0 **Top five reporting locations**: Patients Home - 92 Emergency Unit Conquest – 55 Emergency Unit Eastbourne – 37 Office/Administration – 36 Delivery Suite – 31 There was an unusual number of Office/Administration incidents in February. On further investigation, there were 15 incidents related to documents other than Health Records category. Of the 15 incidents, 9 were clinic letters not signed for a clinic held on 07/02/23. The remaining 6 incidents related to incorrect, missing, misfiled or illegible documents category with 3 incidents reporting clinic letter on BigHand being older than 4 weeks. **Top reported categories:** Slips Trips and Falls – 147 Diagnosis and Diagnostic Services - 101 Medication Errors and Other Medication Related Incident – 101 There was one SI reported in February. • Maternity/Obstetric – Intrauterine death at 38 weeks. Investigation being undertaken by Healthcare Safety Investigation Branch (HSIB).
Challenge & Risk:	Investigation results being reviewed if there is a change of healthcare professional responsible or healthcare professional leaves. To develop Patient Safety Incident Response Framework (PSIRF) plan.
Actions:	To complete a deep dive into all incidents if there has been a delay re: test results being reviewed. Start to populate the national PSIRF plan template.

Safe Care – Falls

East Sussex Healthcare NHS Trust

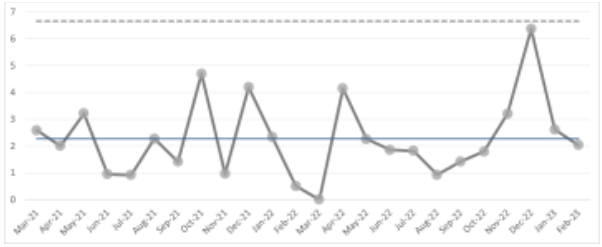
Quality and Safety

Inpatient Falls Per 1,000 Bed Days (Acute)



Average: 5.52
Variation: Normal
Current Month: 6.28

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



Variation: Normal
Current Month: 2.03

Author:	**Lisa Forward – Head of Governance/Hazel Tonge – Deputy Director of Nursing**
Status Report	There were a total of 147 falls in February. Repeat falls: • 7 patients had 2 falls each • 5 patients had 3 falls each • 1 patient had 4 falls Areas reporting the highest numbers of falls during January: • Bexhill Irvine (Intermediate Care) Unit - 12 • Berwick Ward – 11 • Glynde Ward – 11 • De Cham Ward – 10 • Jevington Ward - 8 Glynde Ward: Of the 11 falls, one patient fell 4 times. BIU: many patients were at high risk of falling; some had cognitive issues / Stroke patients. With widespread supersurge capacity and pre-emptive placement of patients on many wards, this added to overcrowding and increases the amount of equipment in communal areas making mobilising more challenging for some patients. There were two severity 3 and two severity 4 falls reported during February. SWARM forms are now being completed for falls and learning shared.
Challenge & Risk:	Significant additional capacity was and is still open. There were very high numbers of patients with an extended length of stay (LOS), many of whom are frail, confused and dependent with a history of, and increased risk of, harm. Many are confused and prone to wandering and admitted with a history of falls. Work continues regarding harm reviews for these patients including deconditioning with discussions about Safeguarding and Deprivation of Liberties ongoing.

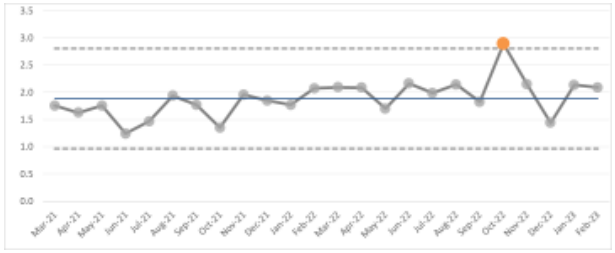
Safe Care - Pressure Ulcers

East Sussex Healthcare NHS Trust

Quality and Safety

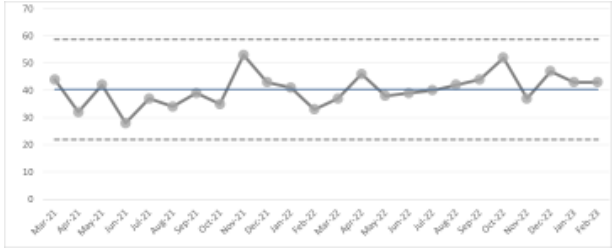
Pressure Ulcers Per 1000 bed days
Inpatients all categories

Monitoring
Variation: Normal
Current Month: 2.09



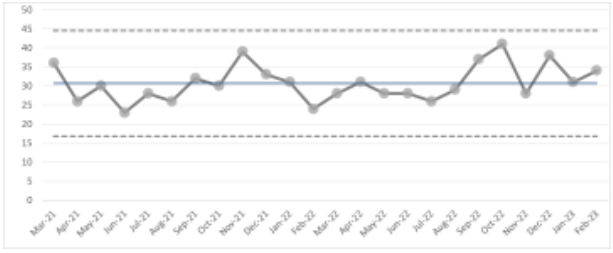
Pressure Ulcers
Non Inpatients all categories

Monitoring
Variation: Normal
Current Month: 43



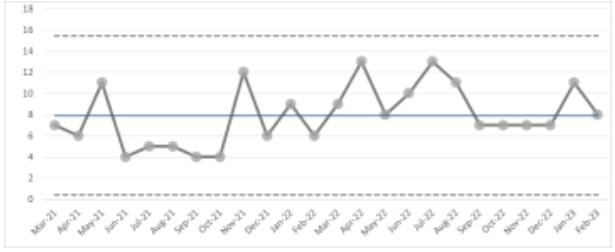
Pressure Ulcers Category all categories
Patient Home

Monitoring
Variation: Normal
Current Month: 34



Pressure Ulcers Category all categories
Other care provider

Monitoring
Variation: Normal
Current Month: 8



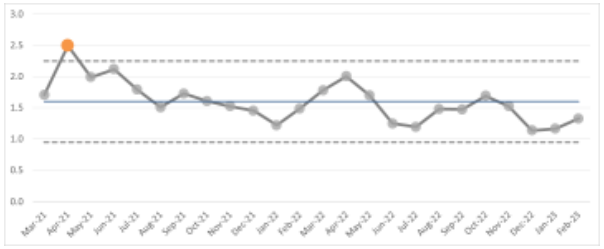
Author:	**Tina Lloyd – Assistant Director of Nursing**
Status Report:	The rate of Pressure Ulcers (PUs) per 1,000 beds days amongst hospitalised patients has returned and remained within expected control limits since the rise seen in Oct 2022 (Graph 1). One Category 4 PU was reported in February 2023 related to a toe wound on an inpatient. It is possible that that this wound was present prior to admission and may not be due to pressure. The clinical team are exploring with the podiatry as part of the investigation to determine cause and any potential learning. The number of PUs reported amongst patients not in a hospital setting (known to ESHT community services) remains stable. (Graph 2). Graphs 3 & 4 show a break down of the number of PUs reported in patients' own homes and amongst those in other care provider settings, shown for context. The CHIC division works closely with other care providers to review patients at risk and those with PUs, focusing on early intervention with deteriorating patients and 'Planning Care Together' discussions with patients who choose to sit for long periods at home, including sleeping in chairs rather than in their bed.
Challenge & Risk:	Significant additional capacity still open, with supersurge capacity and pre-emptive patient placement on many wards. Very large numbers of patients with an extended LOS, many of whom are frail, wander some and very dependent. Many patients need 2 staff and/or enhanced observation with increased risk of harms and history of harm prior to admission.
Actions:	Robust planning required to de-escalate and significantly reduce occupancy (and maintain this) and the subsequent additional burden on staffing.

What patients are telling us?

East Sussex Healthcare NHS Trust

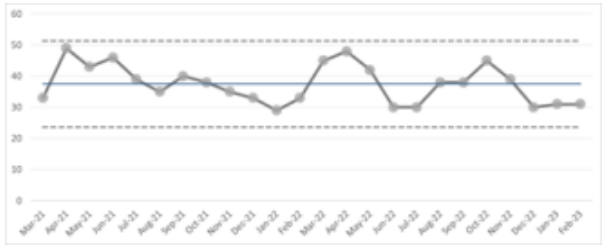
Quality and Safety

Complaints Received per 1,000 bed days



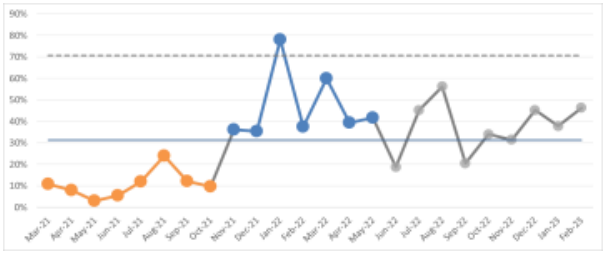
Variation: Normal
Current Month: 1.33

Total Complaints Received



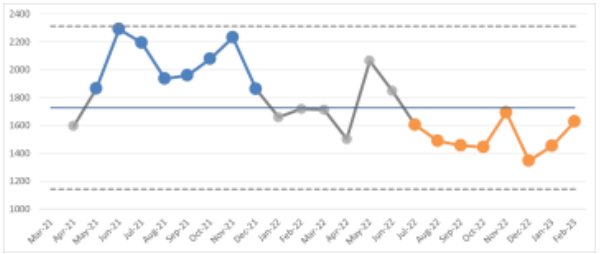
Variation: Normal
Current Month: 31

Complaints Response Times



Monitoring
Variation: Normal
Current Month: 46.3%

Plaudits Received



Monitoring
Variation: Normal
Current Month: 1,627

Amy Pain- Patient Experience Lead

Status Report

In February ESHT received 31 new complaints, which is 1.2% of all patient experience feedback received and a total of 1627 plaudits.

Complaints graded by risk (between the 1.2.23 – 28.2.23):

- **6 high risk** (a complaint where the action or omission of Trust staff has placed a patient at risk of or suffered significant harm)
- **23 moderate risk** (a complaint involving aspects of clinical care)
- **2 low risk** (a complaint that does not involve any aspect of clinical care)

7 complaints were reopened:

- Unhappy with Trust response =5
- Consent received now able to investigate =1
- Further questions raised =1

The Trust received two contacts from the PHSO in February.

- The PHSO are carrying out a primary investigation into the care and treatment the complainant received during and after her pregnancy (WCSH).
- The PHSO are carrying out an investigation into this case, whereby the complainant feels they were not involved in the DNACPR which clinicians made (DAS).

10 complaints were overdue at the end of February, the oldest complaint being 32 days overdue.

The top three primary complaint subjects were:

- Patient Care =9
- Clinical Treatment = 7
- Communication= 6

Top complaint locations:

- Emergency Department = 8 (CQ =4 and EDGH =4)
- Outpatient Department =6 (CQ= 3 and EDGH=3)
- Richard Ticehurst SAU =3

464 Contacts were recorded by PALS in February (January = 510).

The top three primary PALS subjects recorded as a "concern" were:

- **Communication = 49** (unable to contact dept, staff attitude, waiting for test results, errors on letters, communication with relatives)
- **Appointments = 49** (long waiting times, cancelled appointments)
- **Patient Care = 25** (patient pathway, concerns re care and treatment)

Challenge & Risk :

Ongoing and increasing operational pressures still affecting response times.

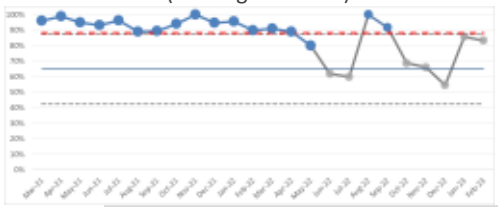
Actions:

What patients are telling us?

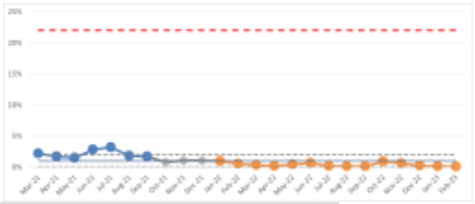
East Sussex Healthcare NHS Trust

Quality and Safety

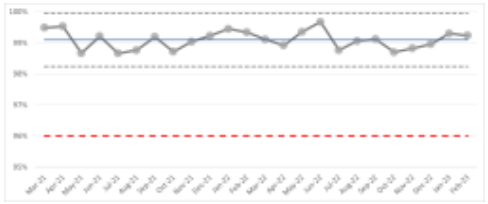
F&FT – A&E Score
Current Month: 85.7%
(Nat avg Jan : 73%)



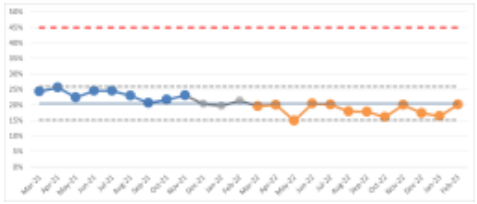
F&FT – A&E Response
Current Month: 0.1% (6 surveys)



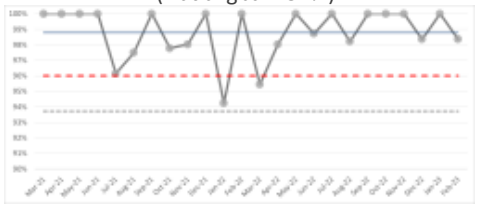
F&FT – Inpatient Score
Current Month: 99.2%
(Nat avg Jan: 95%)



F&FT – Inpatient Response
Current Month: 20.1% (1172 surveys)



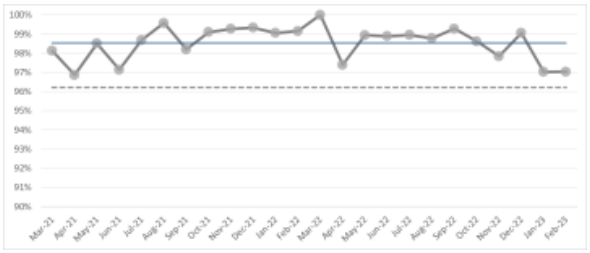
F&FT – Maternity Score
Current Month: 98.4%
(Nat avg Jan: 94%)



F&FT – Maternity Response
Current Month: 29.3% (61 surveys)

F&FT – Outpatient Score

Variation: Normal
Current Month: 97.0%
(Nat avg Jan: 94%)



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

Status Report

The total number of Family & Friend Tests (FFT) surveys returned in February was 1,896 which is a increase compared to January 1,567.

Response rates continued to be affected by the sustained operational pressures alongside the Patient Experience team current vacancy.

The positive recommendation rates for February when compared to the most recent data released by NHS England (January) show that, ESHT continues to be higher than the national average.

A&E response rate remains low: new posters displaying QR codes have been displayed in the departments, The Patient Experience Team are visiting the department regularly to promote the completion of the survey, Heads of Nursing teams are encouraging clinical staff to also promote the completion of surveys.

Maternity response rates: although the survey is available on Badgernet (digital patient records) for patients to complete, the department have also been handing out a paper copy of the survey to everyone.

Themes related to dissatisfaction for the adult inpatient survey were with discharge processes.

More detailed breakdown regarding response rates by area and overall recommendation scores are discussed in the new Patient Experience Report at the PSQG.

Challenge & Risk: Operational pressures within divisions and staff shortages within Patient Experience.

Actions: A review of the process for capturing FFT and learning from the feedback is still underway.

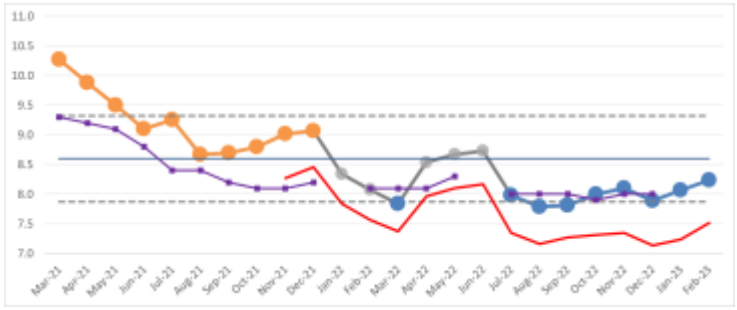
Heads of Nursing for Emergency Departments are creating an action plan to address the low response rate.

Effective Care – Nursing & Midwifery Workforce

East Sussex Healthcare NHS Trust

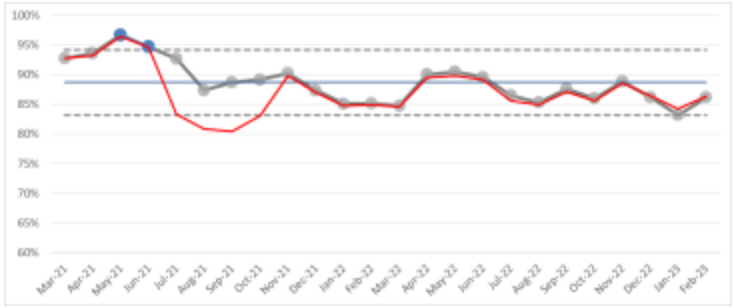
Quality and Safety

CHPPD (Trust)



National Median: 8.0 (Dec 22)
Level 2 and Level 3 Areas Excluded: 7.52
Current Month: 8.24

Staff Fill Rate (total)



Current Month: 86.1%
Incl. escalation: 86.3%

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

Author:	**Angela Colosi Assistant Director of Nursing - Corporate**
Status Report:	**Care Hours per Patient Day (CHPPD)** The red line indicates the ESHT CHPPD when level 2 & 3 areas are excluded i.e. Critical Care, SCBU, CCU, Maternity and Paediatrics. These areas have notably higher CHPPD and therefore skew the average. Ward level breakdown with registered and unregistered staff split is discussed in the Safer Staffing report that is presented at the Patient Safety and Quality Group with exceptions to the Quality & Safety Committee with some significant variation across areas. In February, **22 out of 41 areas were under 8.0 CHPPD, with 10 areas under 7 CHPPD.** **Fill Rate** February's average fill rate against the planned budgeted establishment **for substantive wards only** was 86.1% for nursing, noting some variation across wards. The red line which is the fill rate inclusive of escalation, only includes Friston and Devonshire wards but other escalation beds were open in February. It is not possible to separate out the additional beds used on existing wards such as the Seaford Annexe. The additional staffing on these areas are therefore not captured within the fill rate including escalation (red line). At time of writing additional supersurge capacity was also open. Additional capacity remained open for medical patients on Devonshire, Friston, Murray, the Discharge Lounge at CQ, and the Seaford Annexe at EDGH. The fill rate including escalation was 86.3%. Additional duties created are also not currently included in this data so it does not include the extra staff required for 1:1 enhanced interventions. With increased dependency of the patients who are medically ready for discharge the number of patients who require 1 to 1 care can be significant. Supersurge capacity was also opened with approximately 10-15 beds or more on the 2 acute sites.
Challenge & Risk:	• Significant additional and 'supersurge' capacity still open with pre-emptive placement of patients on wards • Resource to enable staff to undertake mandatory and essential training • Risk of impact on staff well being from ongoing additional capacity and escalation
Actions:	• Twice daily staffing reviews to ensure risk is mitigated

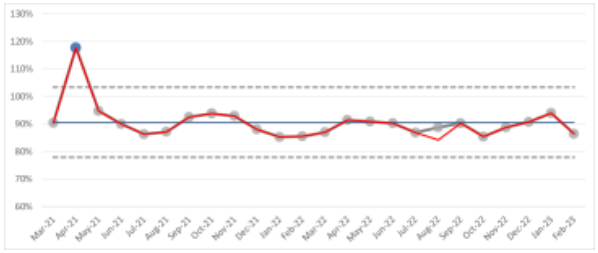
Effective Care – Nursing Workforce

East Sussex Healthcare NHS Trust

Quality and Safety

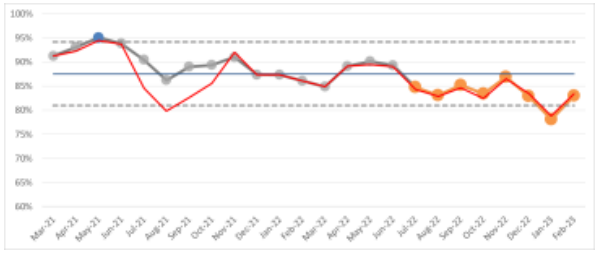
Staff Fill Rate (Bexhill)

Variation: Normal
Current Month: 86.5%
Incl. escalation: 86.5%



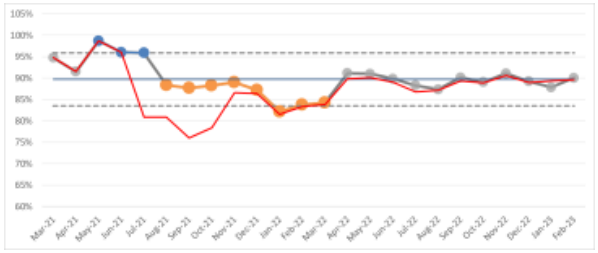
Staff Fill Rate (Conquest)

Variation: Normal
Current Month 83.0%
Incl. escalation: 83.4%



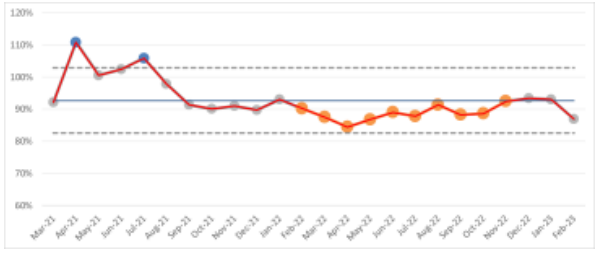
Staff Fill Rate (Eastbourne DGH)

Variation: Normal
Current Month: 90.1%
Incl. escalation: 89.6%



Staff Fill Rate (Rye Memorial)

Variation: Normal
Current Month: 87.0%
Incl. escalation: 87.0%

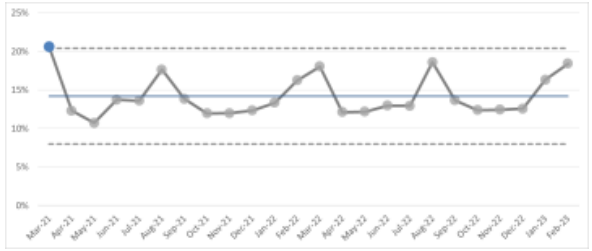


Author:	**Angela Colosi, Assistant Director of Nursing - Corporate**
Status Report:	Eastbourne & Conquest fill rate data does not fully represent the impact of the additional areas open as only Friston (was Polegate) and Devonshire at EDGH are captured as unfunded areas. In some in-patient areas e.g. Seaford, escalation beds are also funded as part of the ward and therefore not included in the fill rate calculation. Murray ward was a 28 bedded escalation ward for patients with medical needs but this is being revised at time of writing as part of the de-escalation plan involving Judy Beard and Murray. In Feb considerable amounts of 'Supersurge capacity was required. This means that patients are placed into (risk assessed) areas on a ward that have not previously been part of the funded bed stock e.g. treatment or MDT rooms. These additional patients are cared for by the substantive staff on that ward. It has also been necessary at times to nurse patients in ward corridors against discharges (pre-emptive placements) to ease pressure in the Emergency Department and avoid ambulance handover delays and over crowding. Fill rates for all areas have remained largely static but below the target of at least 95%. Bexhill have continued to provide staffing support to Rye Memorial Hospital who have ongoing vacancies.
Challenge & Risk:	The challenge now is the balance of all of the clinical and non clinical elements of care such as responding to complaints, incident investigations, essential documentation/handover on discharge, ASC assessments and supporting continuous flow. In addition there is a need to ensure compliance with mandatory and essential training to ensure retention of staff.
Actions:	• Ward and ED nursing establishment reviews are completed, have been discussed at executive level and will be submitted to the Finance Committee shortly.

Effective Care – Nursing Workforce

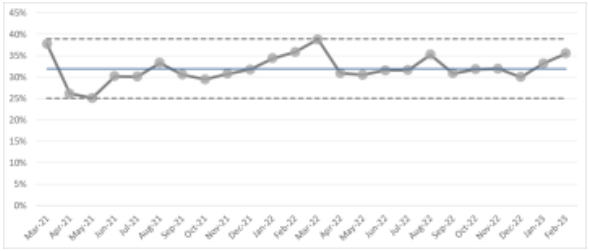
East Sussex Healthcare NHS Trust

Annual Leave (%)



Current Month: 18.4%

Total Unavailability (%)



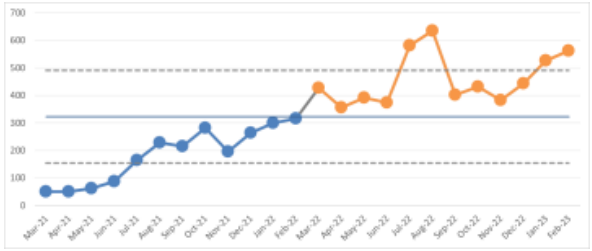
Current Month: 35.5%

Author:	**Angela Colosi Director of Nursing – Corporate**
Status Report	In conjunction with the Divisional Assistant Directors of Nursing, focused and robust monitoring is underway to ensure compliance in relation to planned absence including annual leave. The Trust standard is between 11% and 17%. Compliance during February was 18.4% for nursing so outside of agreed parameters. This is likely to be affected by the daily redeployment of staff to other areas to maintain safety and ensure a core of substantive staff. Any staff with booked leave will then take that leave with them to another ward so this will take the receiving ward over their limit. The Total Unavailability for February was 35.5%, which indicates the total percentage of Registered Nurses (RNs) and Health Care Assistants (HCAs) unavailable to work for various reasons in all care settings including sickness absence, parenting leave and training.
Challenge & Risk:	Continued admissions of patients with respiratory conditions (also affecting some staff) plans and processes are in place and being continually reviewed to ensure safe levels of staffing both in the in-patient areas and in the community setting. Staffing was especially challenged during February alongside significant and sustained pressures.
Actions:	• Healthroster compliance reports will be sent to the Matrons as a league table as this has proved effective in improving SafeCare compliance. This will allow for targeted support to areas that require it. • Healthroster compliance sessions will have a greater emphasis with fortnightly supportive challenge sessions planned for the Divisional ADNs • Roster Review Sessions revised with Chief Nurse chairing.

Effective Care – Nursing Workforce

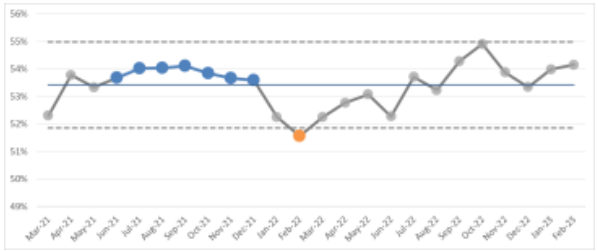
East Sussex Healthcare NHS Trust

Red Flags



Current Month: 562

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



Current Month: 54.2%

Author:	**Angela Colosi Assistant Director of Nursing - Corporate**
Status Report:	The details of the 9 categories are provided in the Safer Staffing report which reports to the Quality and Safety Committee each month. Red flag reporting allows real time mitigation of risk, whereas Datix reporting is for when an incident has occurred. The reporting of red flags is in conjunction with the reporting of patient acuity scoring in in-patient areas which occurs via the SafeCare system three times per day. There has been a steady increase in red flag reporting which reflects the challenges of staffing escalation and super surge areas. Skill mix for Registered Nursing staff overall was at 54.2% in February.
Challenge & Risk:	Compliance in SafeCare completion continues to improve and is dependant on the right funded staffing establishment being in place as an additional task in scoring of all patients. Skill mix balance is a risk as more new staff (International RNs and 'New to Care' HCAs) are supervised by substantive staff who are also supporting additional patients in the escalation and super surge beds.
Actions:	• The SafeCare Lead Nurse continues to focus on Healthroster compliance as well as ensuring staff undertake the acuity scoring of patients to determine safe staffing levels accurately and in a timely way, this metric is improving consistently.

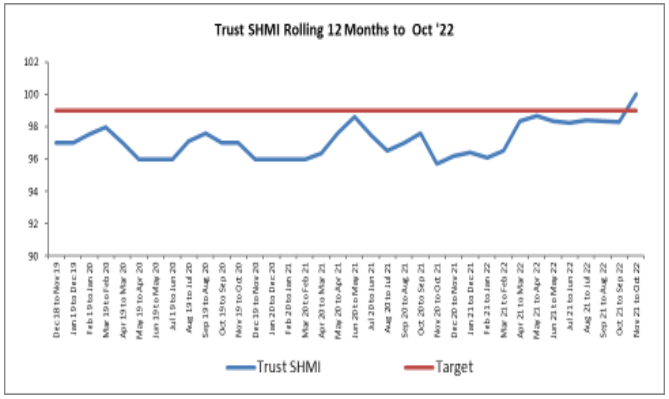
Effective Care - Mortality

East Sussex Healthcare NHS Trust

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

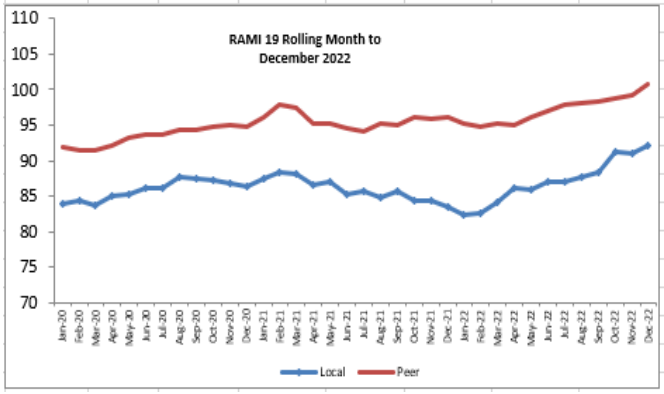
Summary Hospital Mortality Indicator (SHMI)

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

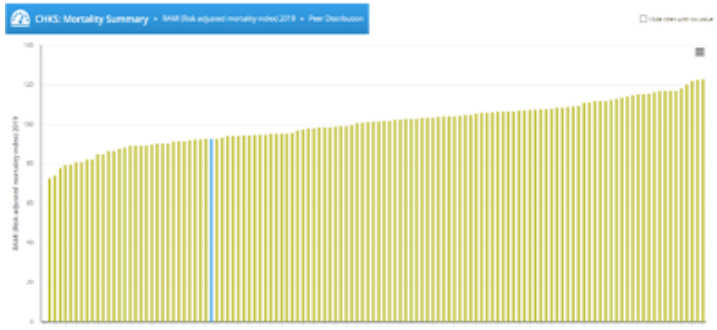


- SHMI – November 2021 to October 2022 is showing an index of 100. The gap between the two main sites has reduced again..
- RAMI 19 – January 2022 to December 2022 (rolling 12 months) is 93 compared to 83 for the same period last year. December 2021 to November 2022 was 91.
- RAMI 19 was 105 for the month of December and 81 for November. Peer value was 120 for December.
- Crude mortality without confirmed or suspected covid-19 shows Jan 2022 to Dec 2022 at 1.65% compared to 1.41% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 49% for December 2022 deaths compared to 50% for November 2022 deaths.

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



RAMI Peer Distribution without confirmed or suspected covid-19



This shows our position nationally against other acute trusts – currently 31/122

Effective Care – Mortality (continued)

East Sussex Healthcare NHS Trust

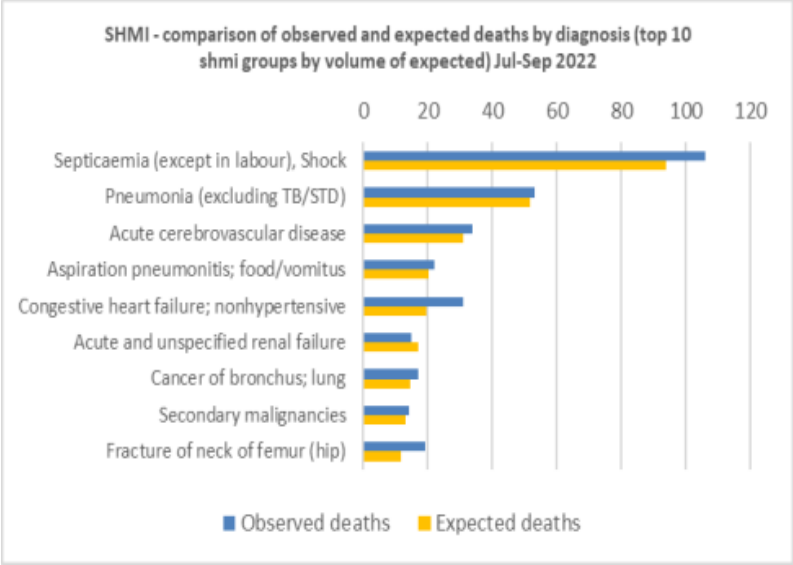
February 2023 Main Cause of In-Hospital Death Groups (ESHT)

Description	Deaths
Pneumonia	29
Sepsis/Septicaemia	14
Cancer	12
Heart Failure	12
Cerebro-vascular Incident	8
Myocardial Infarction (MI)	6
Chronic Obstructive Pulmonary Disease (COPD)	5
COVID-19	5
Community-acquired Pneumonia	2
Urinary Tract Infection (UTI)	2
Hospital-acquired Pneumonia	1

There are:
55 cases which did not fall into these groups and have been entered as 'Other not specified'.

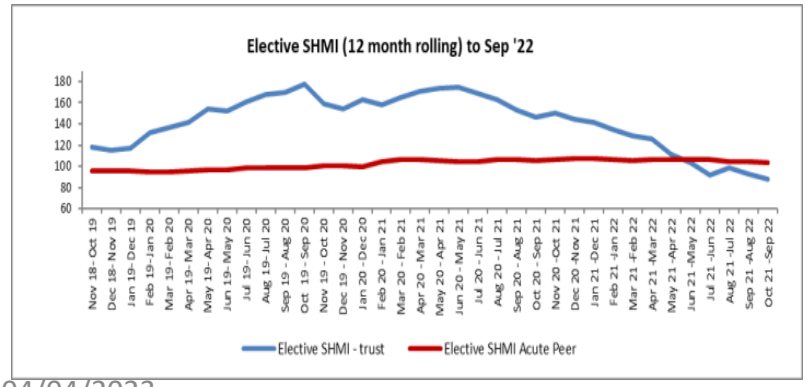
10 cases for which no CoD has been entered on the database and therefore no main cause of death group selected.

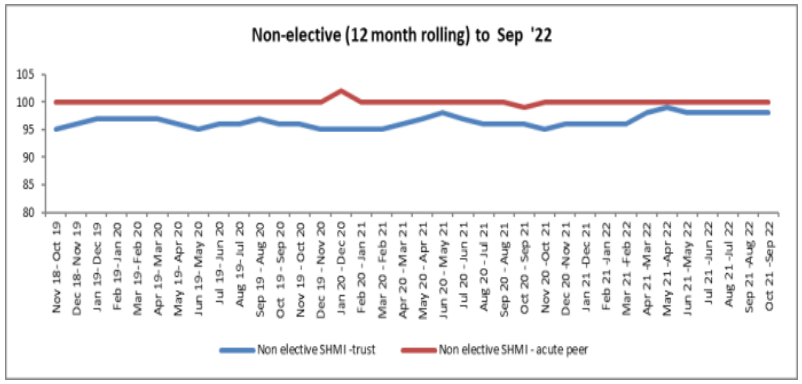
SHMI Diagnosis Main Groups



Summary Hospital Mortality Indicator (SHMI)

Elective and Non Elective Inpatient Trends





Our People

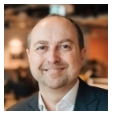
Recruitment and retention
Staff turnover / sickness
Our quality workforce
What our staff are telling us?

Safe patient care is our highest priority

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

Summary

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	Turnover is unchanged at 13.4%, which equates to 904.3 fte leavers in the last 12 months Vacancy rate has reduced by 0.4% to 8.8% Current vacancies are showing as 698.0 ftes Monthly sickness reduced by 1.2% to 4.1% Annual sickness reduced by 0.2% to 5.8%. Mandatory Training rate increased by 0.5% to 87.1% Appraisal compliance increased by 2.2% to 76.8%.	**Industrial Action for 6th and 7th February** resulted in a number of suspended services to provide contingency for derogated services. This ensured that colleagues want to take action felt able to do so.	 **Steve Aumayer** Chief People Officer

Overview:

Another positive month with most workforce indicators showing improvement. The Trust vacancy rate continues to reduce, down by 0.4% to 8.0% (698.0 fte vacancies, a reduction of 36.3 fte vacancies compared to last month). For the main staff groups, the picture is mixed: Registered Nursing & Midwifery 8.0% (reduction of 14.4 fte vacancies), Medical & Dental 15.0% (increase of 5.2 fte vacancies), AHP 11.7% (an increase of 2.0 fte vacancies). Additional Clinical Services 14.3% who are unregistered nurses & therapy helpers (253.9 fte vacancies). Admin & Clerical 4.9% (reduction of 9.2 fte vacancies).

The monthly sickness rate reduced by another 1.2% to 4.1% (a reduction of 3,416 fte days lost to sickness in month). This is the lowest monthly rate since Apr 21 which has positively impacted on the Annual sickness rate that consequently reduced by 0.2% to 5.8%. All the main reasons for sickness have reduced this month but most significantly, there were further reductions in Cold, Cough & Flu illnesses by 1,055 fte days lost and Chest & Respiratory illnesses (largely Covid) by 758 fte days lost, compared to last month. Anxiety/Stress/Depression is now the highest notified reason for absence at 1,548 fte days lost in Feb but also fell by a further 227 fte days lost.

The mandatory training rate improved again by further 0.5% to 87.1%, despite the further industrial action in Feb. All the main topics increased in compliance (with Induction remaining at 100%) with the exceptions of Health & Safety, down slightly by 0.2% to 90.6%,and Mental Capacity Act & Deprivation of Liberties training, which was unchanged at 86.0%. Information Governance showed the largest increase up by 1.1% to 82.6%.

The appraisal rate increased again by 2.2% to 76.8%, again despite the operational pressures. All staff groups increased in compliance. The appraisal rate for Medical & Dental staff increased by 0.4% to 91.5%, for Registered Nursing & Midwifery staff, it increased by 1.7% to 70.2%, the AHP rate also increased by 1.7% to 80.4%, for Additional Clinical Services it increased by 2.6% to 77.2%, for Admin & Clerical staff it increased by 3.5% to 76.8% and for Estates & Ancillary staff it increased by 0.5% to 86.3%.

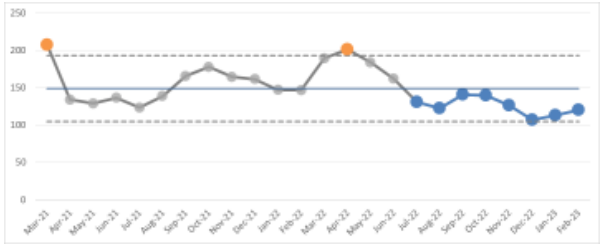
Turnover rate is unchanged this month at13.4% (904.3 fte leavers in the last 12 months), after two consecutive monthly falls. There were reductions in Registered Nursing & Midwifery turnover by 0.2% to 12.2% (251.2 fte leavers) and Estates & Ancillary turnover by 0.9% to 10.4% (64.7 fte leavers). These were offset by increases in Medical & Dental turnover by 0.7% to 13.5% (41.9 fte leavers), AHP turnover, by 0.1% to 13.6% (72.3 fte leavers), Additional Clinical Services by 0.1% to 13.6% (209.9 fte leavers and Admin & Clerical turnover by 0.5% 15.2% (213.8 fte leavers).

Workforce – Contract type

East Sussex Healthcare NHS Trust

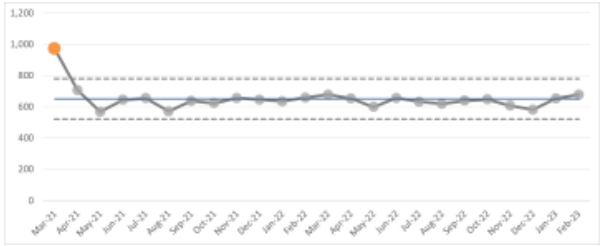
Our People

Agency FTE Usage



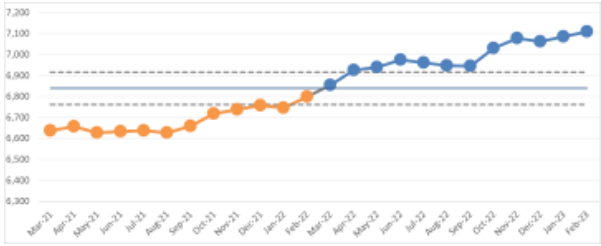
Current Month: 120.4

Bank FTE Usage



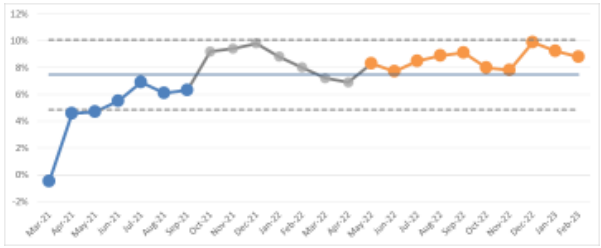
Current Month: 676.7

Substantive FTE Usage



Current Month: 7109.0

Vacancy Rate



Target: 5%
Current Month: 8.8%

Author: **David Moulder, Greig Woodfield**

Status Report

Substantive usage increased by 23.1 ftes, bank usage increased by 23.0 ftes and agency usage increased by 7.4 ftes.
Temporary workforce utilisation was 10.0%, a 0.2% increase from last month. The Trust vacancy rate reduced by 0.4% to 8.8%.

Staff group	Vacancies ftes	Recruitment Process (ftes)	Offers & Start Dates (ftes)	Time to Hire (days)
Med & Dental	113.4	49.8	54.9	84
Reg Nurse	191.7	183.2	133.3	63
Addit Clin Serv	253.9	119.8	117.2	60
AHP	72.2	65.0	67.0	57
Prof, Sci, Tech	17.7	7.5	14.4	74
Healthcare Scs	2.8	28.1	7.6	58
A&C	75.0	98.5	74.4	60
Estates & Ancillary	34.1	27.4	27.8	49
Trust	698.0	579.3	496.6	63.12

Challenge & Risk:

Demand for TWS remains high to assist with ongoing operational requirements. Specific areas include AHPs such as Occ Therapists, Physios, Nursing and Medics. Increased activity due to Industrial Action. TWS fill rate across the Trust remains at c50%.

Volume of activity across resourcing remains high with c750 live posts on TRAC. Candidate market place remains challenging with the team continuing to look at the way we attract and recruit candidates. Particularly within specific areas i.e. AHPs, HCAs and specific medical posts at Consultant level.

Actions:

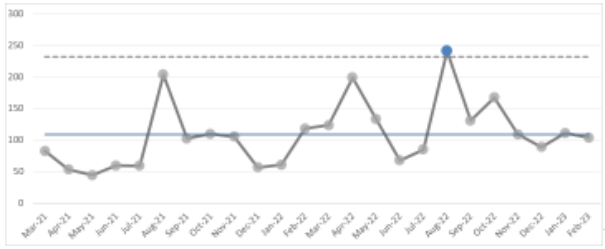
Workforce planning to forecast future demands across the Trust. Continued activity to increase the number of candidates on TWS including dual contracts and review of current processes to improve candidate experience and reduce TTH. New to care cohorts continue. Continued activity to increase the number of additional framework agencies to assist with TWS supply particularly within Community services and Occupational Therapists and Physios.
Working with Dept for Work & Pensions and the Princes Trust, as well as ICB, to source and attract future pipelines. ESHT is the lead for International Recruitment across the ICB. Resourcing materials for promotional activity ordered end of Mar, which will significantly enhance our marketing and brand position. Targeted approach to sourcing candidates for hard to recruit posts within Estates & Facilities.

Workforce - Churn

East Sussex Healthcare NHS Trust

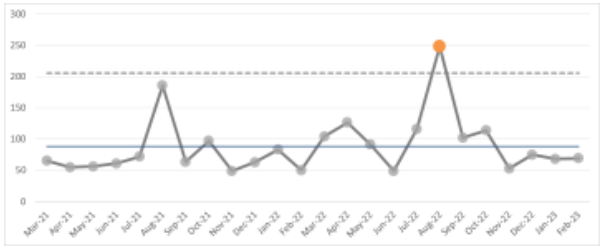
Author: **David Moulder, Greig Woodfield**

Starters FTE



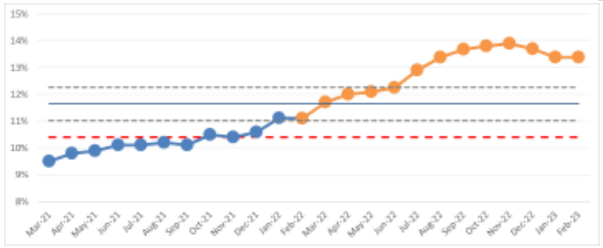
Current Month: 103.4

Leavers FTE



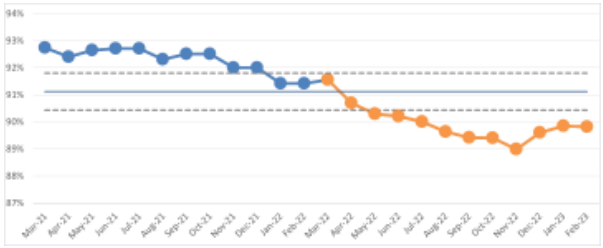
Current Month: 69.1

Annual Turnover Rate



Target: 9.9%
Current Month: 13.4%

Retention Rate



Target: 92%
Current Month: 89.8%

Status Report

The Trust starters & leavers monthly net total as at Feb 23 is +37.6 with +103.4 starters fte and -69.1 leavers fte & +3.4 internal changes fte. Over the last 12 months there was +1,555.7 starters fte & -1,181.7 leavers fte & -6.3 internal changes fte giving a net total of +367.6

The Trust turnover rate is unchanged at 13.4%. There were 904.3 fte leavers in the previous 12 months. The Trust Retention rate (i.e. % of staff with at least one year's service) was also unchanged at 89.8%.

Challenge & Risk:

Recruitment activity remains high year on year with increased demand. Currently c750 actions underway on TRAC. Primary areas of activity remain Emergency Medicine, Medical, AHP and HCAs.

There has been some success with continued targeting of "hard to recruit" posts, including Virtual Wards, AHPs as well as Consultants i.e. Radiology. Activity remains focused around Community Nurses and AHPs, together with support for CDC, UTC and Estates & Facilities.

Sufficient accommodation for international colleagues remains a concern due to lack of rental properties. Additional private providers sourced.

Actions:

10 International nurses awaiting arrival before end of Mar. Pipeline numbers for 23/24 under review. NHSE funding bid has been submitted and awaiting confirmation if successful. Activity against funded NHSE AHP posts, (Occ Therapists, Podiatrists and Radiographers) with further activity planned until Mar 23.

All hard to recruit medical posts are with Medacs and other additional agencies, as required. Additional agencies have been sourced to supplement supply. Targeted phased approach to filling medical posts.

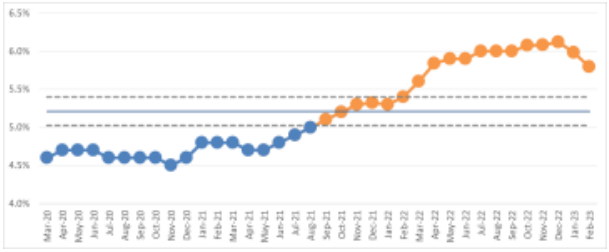
Exploring changes with Deputy Director of Culture and Workforce Team around the way in which exit data is captured not only for staff leaving the organisation but those moving internally. The aim is to gain greater understanding as to the factors that cause turnover and churn.

Soft launch of Homestay commenced as one part of an accommodation solution for ESHT staff. The aim is to alleviate accommodation challenges for internationally recruited staff who may be struggling to save for a rental deposit. Longer term, Homestay could be utilised to support recruitment for staff relocating within the UK and potentially staff and students working temporarily with ESHT.

Workforce - Sickness

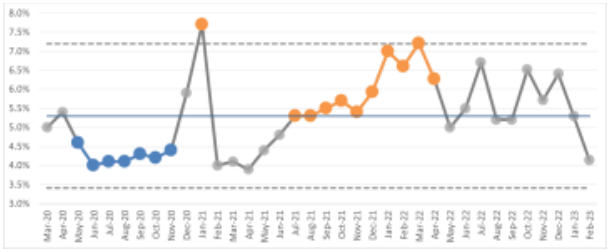
East Sussex Healthcare NHS Trust

Annual Sickness



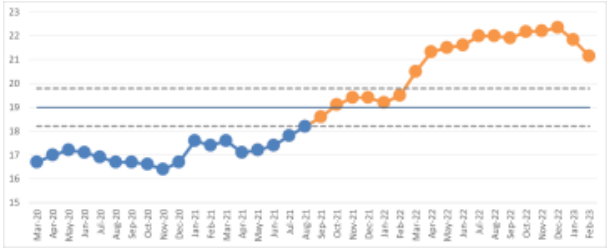
Target: 4.5%
Current Month: 5.8%

Monthly Sickness



Current Month: 4.1%

Average sickness Days per FTE



Target: 16
Current Month: 21.2

Author: **David Moulder, Julie Hales,**

Status Report

Monthly sickness % has decreased by 1.2% to 4.1%, whilst annual sickness rate has reduced by 0.2% to 5.8%.

Sickness average days per fte reduced by 0.6 to 21.2 days per fte.

NB:. the sickness charts have been amended to show a 3 year period, to illustrate the impact of Covid.

Challenge & Risk:

The reduction in monthly sickness is due to a combination of factors and all main reasons for sickness have fallen across the Trust. The reduction in Chest & Respiratory illnesses, where Covid related, usually results in a reduction in Anxiety and Stress illnesses. A number of staff have also returned from long term sick, some of which had significant lengths of absence.

The challenge is that we have seen recently a fluctuation in Covid cases and this is likely to be ongoing. Associated anxiety and stress absences are likely to continue to impact.

Actions:

HR and Health Wellbeing & Engagement colleagues are working closely together to identify early signs of stress and anxiety within teams to prevent absence and improve working conditions.

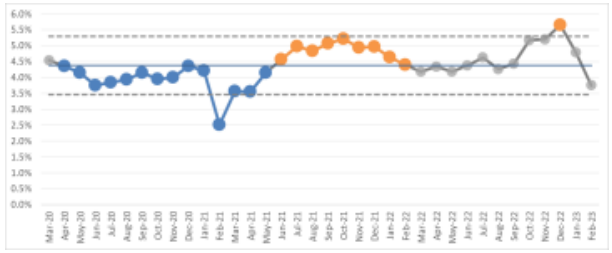
The focus on ensuring health and wellbeing conversations are carried out continue and where general themes have be noted, managers have the opportunity to review working practices and improve wellbeing.

Workforce - Sickness

East Sussex Healthcare NHS Trust

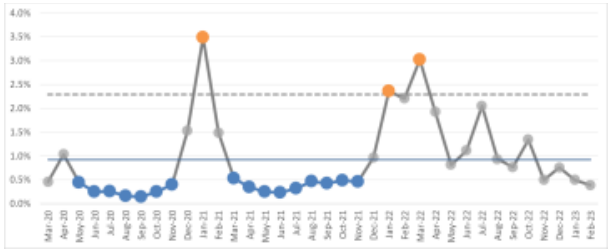
Our People

Monthly Sickness (Without Covid-19)



Current Month: 3.8%

Monthly Sickness (Covid-19 Only)



Current Month: 0.4%

Author: **David Moulder**

Status Report

Workforce metric agreed to show sickness impact in the month for Covid and non-Covid.

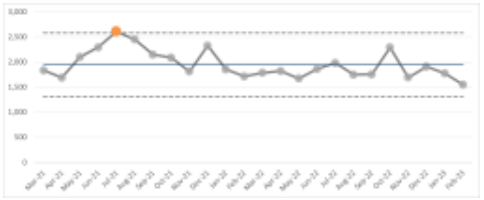
Monthly sickness % (without Covid) reduced by 1.0% to 3.8%. There were reductions in Feb for all the main sickness reasons but particularly Cold/Cough/Flu illnesses.

Monthly sickness % (Covid only) decreased in Feb by 0.1% to 0.4%.

Workforce - Sickness

East Sussex Healthcare NHS Trust

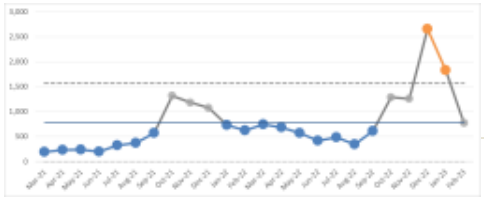
Anxiety/Stress/Depression



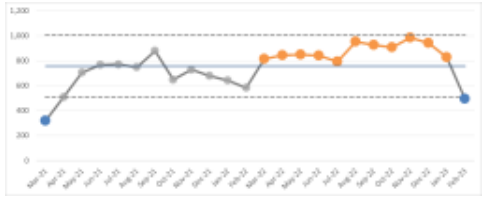
Back Problems

Chest & Respiratory Problems

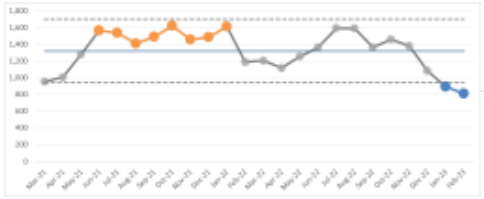
Cough, Cold & Flu



Gastro-intestinal Problems



Other MSK problems



Author: **David Moulder; Julie Hales**

Status Report

Reason		fte Days Lost +/-	Total fte Days Lost
Anxiety, stress & depression	▼	-226.6	1,547.7
Back problems	▼	-120.0	512.7
Chest & respiratory	▼	-758.5	1,147.4
Cold, cough & flu	▼	-1,055.3	772.5
Gastrointestinal	▼	-333.3	494.6
Other MSK problems	▼	-81.6	810.0
Other reasons	▼	-840.8	3,150.9
All reasons	▼	-3,416.1	8.435.9

Challenge & Risk:

All the main reasons for sickness have fallen this month. Most significantly Cold/Cough/Flu illnesses have fallen by another 58% compared to last month, whilst Chest & Respiratory illnesses have also fallen again by 40%.

Anxiety & Stress is now the highest reason for absence, though it has fallen for the second consecutive month, and is at the lowest level in the past 3 years.

Actions:

HR continue to monitor areas with the highest levels of sickness, with managers, to identify whether there are any underlying root cause to staff absence that may be mitigated by other interventions.

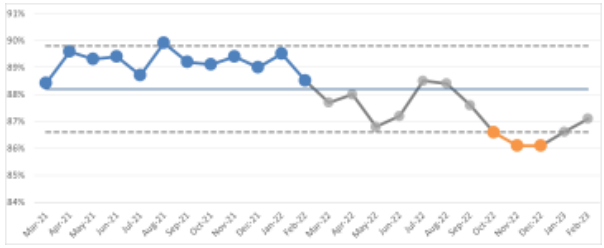
Wellbeing conversations are being carried out and monitored when themes are identified.

Workforce - Compliance

East Sussex Healthcare NHS Trust

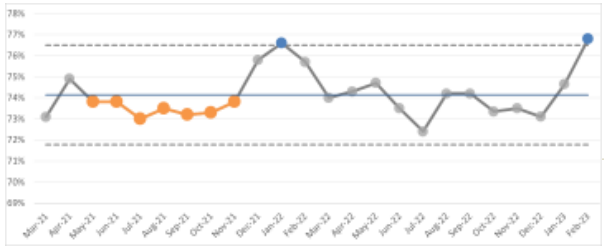
Our People

Mandatory Training Compliance



Target: 90%
Current Month: 87.1%

Appraisal Rate



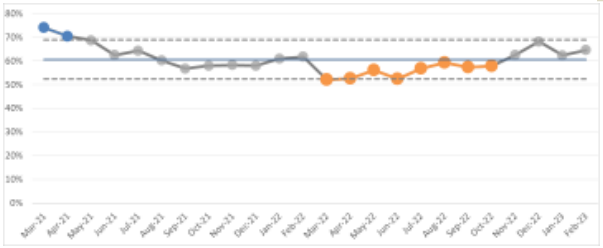
Target: 85%
Current Month: 76.8%

Author:	**Dawn Urquhart**
Status Report	Despite the current national issues besetting a number of providers, current mandatory training compliance (CST) across the Trust improved again this month by 0.5% to 87.1% Compliance has improved for Fire Safety (83.9%), Moving & Handling (93.0%), Infection Control (84.5%), Info Governance (82.6%) & Safeguarding training (85.5%), whilst Induction compliance remains at 100%. MCA & DoLs compliance was unchanged (86.0%) and only Health & Safety training was slightly down (90.6%). Medical compliance is lowest at 61.9% overall. In some medical specialties compliance is below 40% for Fire Safety, Infection Control, Info Governance and MCA & DoLs. Appraisal compliance rose 2.2% over the last month and stands at 76.8%. The main areas of poor compliance are those that are non direct patient care facing. Leads in those areas will be contacted to understand how support can be provided to help improve compliance. In addition, information was shared across a number of Divisions regarding where appraisals have not taken place in the last 2 years.
Challenge & Risk:	Compliance will continue to be impacted, in part, by the ongoing Industrial Action as well as staff shortages through illness and annual leave . We are continuing to monitor DNA data across the full range of training provided. Whilst there has been a slight decrease in the number of international nurses, the issues surrounding booking the OSCE examinations remain and we continue to escalate to the NMC.
Actions:	Volunteers for the pilot of the new paperwork on My Learn have been identified. The pilot has previously been postponed because of the critical incident in Dec, COVID, Flu and latterly industrial action by the RCN and BMA and will now commence in Mar 23. A review has been commenced by the ADHR Education into all Trust Inductions and local inductions in response to requests for a more personal welcome and greater focus in local induction on understanding the workplace, processes and technology. The draft version of the Trust Essential Passport has been completed and will be presented to the Chief Nurse for discussion before formal presentation to PAG, it is anticipated to complete this by the end of Mar.

Workforce – Job Planning

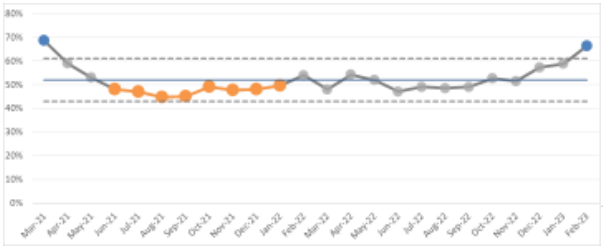
East Sussex Healthcare NHS Trust

Consultant eJob-Planning Fully Approved Rate



Current Month: 64.6%

SAS Grades eJob-Planning Fully Approved Rate



Current Month: 66.4%

Author:	**Jo Gibson**
Status Report	Medical job plan compliance has seen an increase of 4% to give a total of 65% at the end of Feb 23. Engagement has increased across all areas, and Service Managers and Clinical Leads are focussing on completing their respective job plans. A focus on creating accurate job plans also continues to be seen. WCSH have surpassed the 80% target as set by the CMO, achieving 88.3%. Urgent Care and Medicine follow just behind at 77.1% & 75.7% respectively. Core Services and DAS continue to drop in compliance due to job plans being reviewed and updated as a result of changes within the division and a renewed focus on job plan accuracy and consistency. 173 of 268 (64.6%) Consultants have a completed eJobPlan. 71 of 107(66.4%) SAS Doctors have a completed eJobPlan.
Challenge & Risk:	The Chief Medical Officer initiated a big push for areas to increase the sign off rate to 80% by 20 Feb in readiness for job plan renewal by 1st April 2023 for the 2023/24 period. The job planning team are supporting this process.
Actions:	As part of the NHSE Levels of Attainment, a Job Plan Consistency panel will need to be formed. System training is available from the team. Continue to push sign off managers to review and complete the review of the job plans within their respective specialties.

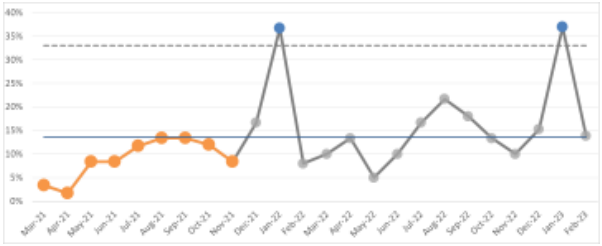
Workforce – Roster Completion

East Sussex Healthcare NHS Trust

6 week Nursing Management Roster Approval Rate

Current Month: 41.5%

8 week Nursing Management Roster Approval Rate



Current Month: 13.8%

Author:	**Penny Wright; David Moulder**
Status Report	For the roster starting on the 23rd Jan Dec, 42% of rosters had been approved at 6 weeks before the go live date which is a 24% reduction on the previous month. 14% had been approved at 8 weeks prior to commencement which also a reduction of 23%.
Challenge & Risk:	Approval rates have fallen back following last month's highs. This will, in part, have been due to the Industrial Action. . There are some areas that have flagged operational differences that mean 4 week approval cut off for their respective areas, however, this does not follow the guidance provided in Lord Carter's report. Further engagement to refine this is still underway.
Actions:	HR to liaise with ADNs to agree level of improvement for next sign off & Corporate Nursing to support through compliance meetings. Chief Nurse has set out a framework to support new Nurse Managers through the intended development of educational modules to help with compliance and overall management guidance. Rostering Taskforce developing new action plan with agreed deadlines for improvements in sign off, roster quality et al. New roster profiling tool has been developed for ward based nursing. It provides the capability to forecast by individual roster for any time period i.e. half term, Christmas etc. This tool will support the cross-site meetings where site leads report shortfall using the Safecare Wheel but will add insight into what is driving the gap i.e. increased additional duties and/or unavailability planning

Access and Responsiveness

Delivering the NHS Constitutional Standards

Urgent Care – Front Door

Urgent Care – Flow

Planned Care

Our Cancer services

We will operate efficiently & effectively

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

Summary

East Sussex Healthcare NHS Trust

Access and Responsiveness

	Positives	Challenges & Risks	Author
Responsive	**Length of Stay (LoS)** Our overall average LoS has again reduced in February. Additionally, the number of patients with a LoS >21 days has reduced. There has been a focused piece of work on reducing bed occupancy and use of escalation / super surge beds. The winter funding schemes to support virtual ward, strengthen the discharge hub and recruit to key roles has also helped with LoS and has allowed the Trust to develop an improved discharge model of care. **4 Hour Performance** There has been a further improvement in the 4 hour performance standard as a result of better hospital flow and improved staffing. **Urgent Community Response (UCR)** UCR has again achieved target, seeing 83% of patients within the 2 hour response window. The national target is 70%.	**4 hour patient safety standard**: Although an improving picture, the 4 hour performance is below where the Trust is aiming to be. The performance still fluctuates and the Trust is working on an improvement plan to support sustainable delivery of this key standard **Electives:** The waiting list has continued to rise above trajectory and the wait times in some specialties for a first appointment are a point of concern. The impact of extensive industrial action is also evident with outpatient clinics and theatre lists having to be cancelled and rescheduled. **Diagnostics:** The Trust continues to deliver >120% activity compared to 2019/20 baseline. And although the DM01 target (95% of patients to have diagnostic test within 6 weeks of referral) is an improving picture, there is more work to be undertaken in Cardiology and Audiology	**Sheila Roberts** Winter Executive Director
Actions:	• Planning for ongoing industrial action • Submission of business planning activity trajectories • Establish a 4 hour performance improvement plan	• Continued review of all long length of stay patients and a focus on timely discharge • Review of recording of No Criteria to Reside	

NHS Constitutional Standards

East Sussex Healthcare NHS Trust

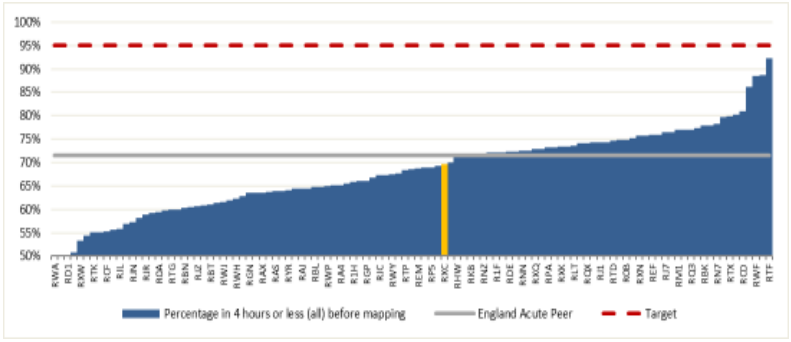
*NHS England has yet to publish all February 2023 Provider based waiting time comparator statistics

ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

February 2023 Peer Review

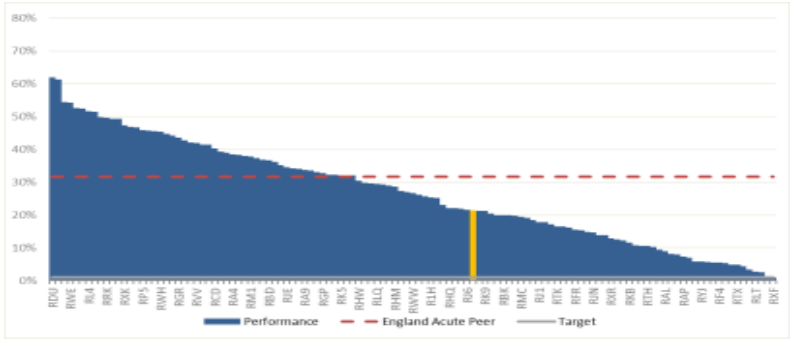
National Average: 71.5% ESHT Rank: 52/112



Planned Care – Diagnostic Waiting Times

January 2023 Peer Review*

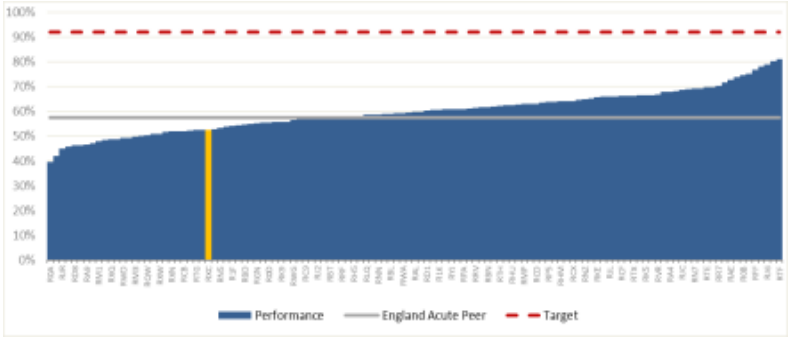
National Average: 31.7% ESHT Rank: 51/121



Planned Care – Referral to Treatment

January 2023 Peer Review*

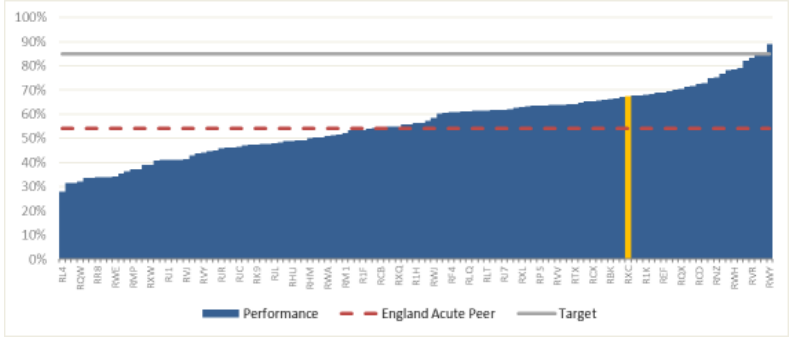
National Average: 57.5% ESHT Rank: 95/121



Cancer Treatment – 62 Day Wait for First Treatment

January 2023 Peer Review*

National Average: 54.1% ESHT Rank: 25/121



4 Hour Performance Recovery Plan

Owner: UEC and Division
Date: 22/03/2023

East Sussex Healthcare NHS Trust

Background:

The Trust has experienced a decline in 4 hour performance since July 2021. With notable down turn at peaks of covid prevalence in 2021 and early 2022 and thereafter, the loss of D2A beds in July 2022.
The above coupled with an increase in attendances and acuity, as well as workforce challenges are key factors in the Trust's performance issues.
In response to this challenge, the Trust has set out an internal recovery plan to address some of the key challenges impacting the 4 hour performance

Current condition:

- 4 hour performance averaging 68.8% for the last 6 weeks
- Averaging >400 attendances per day based on the last 6 weeks
- Averaging 125 breaches per day based on the last 6 weeks
- CDU often congested with patients awaiting adult social care
- RATting areas on both sites only open when staffing provision allows
- Streaming to gateway areas is not consistent once patient becomes Clinical Ready to Proceed (CRTP)

Approach to recovery:

A detailed breach analysis has been undertaken to understand where breaches happen and why. Using the analysis and combining with ED attendance predictors, the Trust will set out "acceptable breach tolerances" for each division for admitted breaches, and will look to address the challenges within both EDs to create flow and reduce non-admitted breaches. This will be monitored daily and will form part of all divisions' performance and accountability framework.
Additionally, an Urgent Care oversight group is being set up to monitor and push recovery – this will be overseen by the Trust's chief exec.

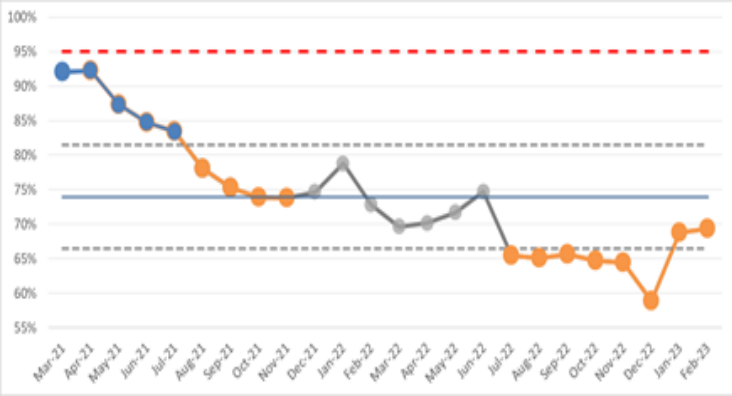
Measures	Current	Target
4 hour performance standard	68.8%	76%
4 hour non-admitted performance	76.1%	90%
Proportion CRTP <60 mins (%)	75.5%	90%
Ambulance Handover >60 mins	3	0

Target condition:

- Sustain a 4 hour performance position >76% on both acute sites
- Zero tolerance on ambulance handover delays >60 mins
- Maintain ED flow to protect space

Key linkages

- ED Bed Capacity
- Gateway Areas
- Discharge Lounge
- Bed Occupancy
- Staffing alignment
- Business Intelligence
- Divisional ownership



Resource required

- Management review of staffing / rotas / allocation and timing to match capacity with demand (to include RATTing areas)
- Clarification of roles and responsibilities
- Robust monitoring tools to measure progress

#	Action Plan (Top three key actions)	Owner	By when	Status
1	Protection of CDU to allow EDs to have dedicated space to enable flow	UEC	31 Mar	In progress
2	Proactive Streaming to dedicated gateway areas – to include training and comms for all specialties	All	01 Apr	In progress
3	Access to Discharge Lounge to accept patients waiting to go home	All	EDGH 01 Apr CONQ 11 Apr	In progress

Ambulance Handover Improvement Plan

Owner: UEC
Date: 22/03/2023

East Sussex Healthcare NHS Trust

Background:

In line with new national guidance, there has been a real focus on ensuring that patients conveyed by ambulance to emergency departments are handed over safely and efficiently. Accordingly, some target monitoring has been introduced to help improve this measure. Hospital providers are now monitored against their ability to accept handover within <15 mins, <30mins, <60mins.

Current condition:

- The Trust sees an average of 90-100 ambulance conveyances per day, across both acute sites
- On average over the last 3 months, 16% of ambulances conveyed to our emergency departments were handed over >30 minutes
- There has been an average of 5 ambulance handovers delayed by >60 minutes in the last 4 weeks. This is predominantly at Eastbourne DGH

Approach to recovery:

The Trust has introduced Rapid Assessment and Treatment areas (RATting) on both acute sites. The aim of these areas is to support rapid offload of patients from ambulance conveyances. The Trust is currently recruiting to posts to ensure that these areas can be opened consistently and sustainably.

Additionally, as part of the digital approach in the acute site offices, there are live monitoring systems now available to show:

- longest wait time of each ambulance that has arrived on acute site
- # ambulances on route to sites and their estimated time of arrival
- # calls outstanding by area

Site managers and emergency department leads are both tasked with monitoring ambulance performance

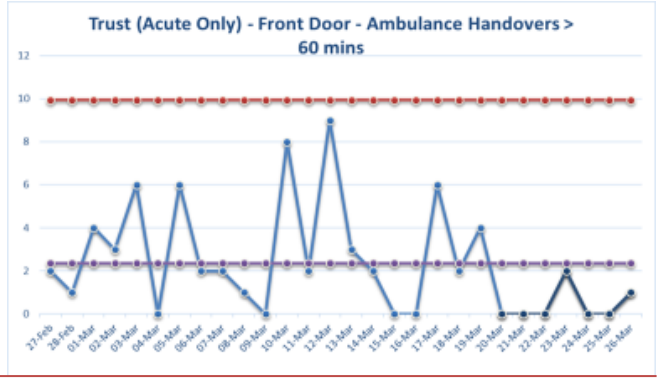
Measures	Current	Target
% of ambulance handover delays <30 mins	16%	5%
Weekly average number of ambulance handover delays > 60 mins	5	0

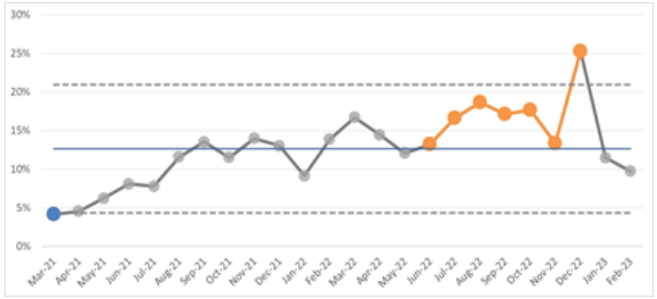
Target condition:

- Ensure RATting areas on both acute sites are sustainably open and opening times reflect peak activity times
- Zero tolerance on ambulance handover delays >60 mins

Key linkages

- SECAmb
- RATting Areas
- Integrated Ops Centre
- Bed CAD Ambulance Monitoring System
- Staffing alignment
- Business Intelligence





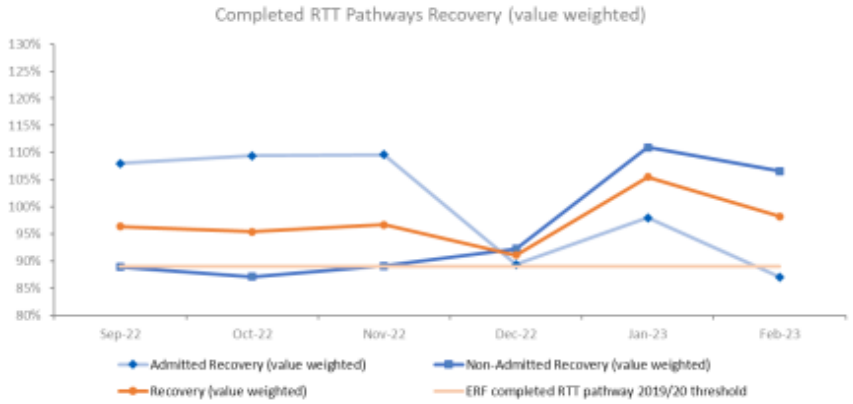
Conveyance Handover >30
(ESHT – CQ and EDGH)

Source: SECAmb
Target: Monitor
Current Month: 9.7%

#	Action Plan (Top three key actions)	Owner	By when	Status
1	Sustainable opening of RATting areas in line with peak activity times	UEC	31 Mar	In progress
2	Full embedding of digital ambulance systems to support monitoring of ambulance conveyances	All	30 Apr	In progress

Planned Care – Recovery KPIs

East Sussex Healthcare NHS Trust



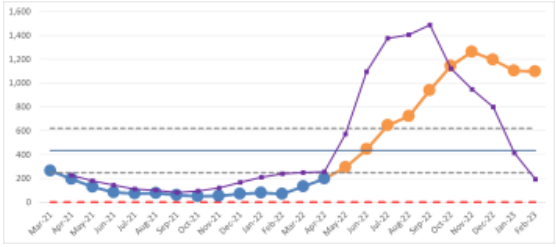
Delivery of 104% of the 19/20 activity baseline has continued to prove challenging. Elective activity dropped in February as a result of a reduced activity through both Theatres and outpatients. Focused work with Specialities is ongoing to support improvement in outpatient procedure coding as well as measures to recover utilisation which will both support improvements in value weighted activity.

The Trust had set ambitious plans to deliver zero 52 week by year end, however the backlog of patients for routine FOPA, staffing constraints in key areas and the impact of IA have prevented delivery of this. The Trust is working on a realistic trajectory to deliver zero 65 week waits by March 2024 and is committed to delivering this operational ask.

Intense scrutiny and ongoing validation of all patients in the 78 week cohort (patients who will otherwise breach by April), in line with the national ask remains in place across all services. The Trust is forecasted to end 2223 with 2 patients >78 weeks. Both patients have TCI dates for April.

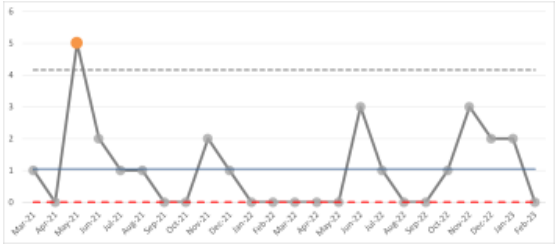
RTT 52 Week Waiters

Target: 0
Trajectory: 193
Current Month: 1,098



RTT 78 Week Waiters

Target: 0
Current Month: 0



Access and Responsiveness

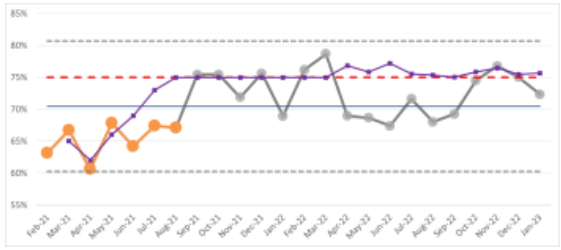
Planned Care –Recovery KPIs

East Sussex Healthcare NHS Trust

Access and Responsiveness

28 Day FDS (Faster Diagnosis Standard)

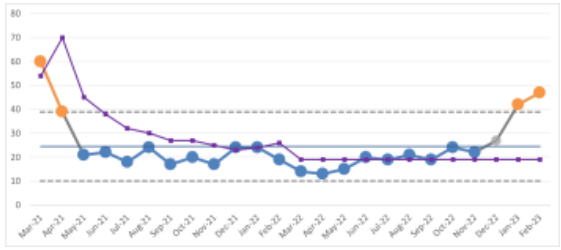
Target: 75%
Trajectory: 75.6%
Current Month: 72.3%



Cancer 104 Days Backlog

Unify 104 Days Backlog (excludes Tertiary patients)

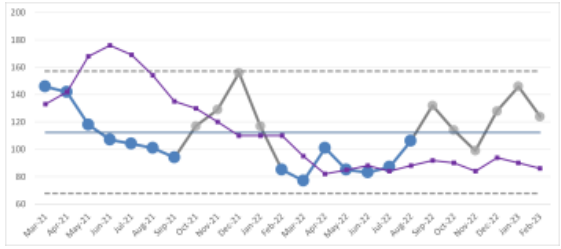
Target: Monitor
Trajectory: 19
Current Month: 47



Cancer 62 Days Backlog

Unify 62 Days Only Backlog (excludes Tertiary patients)

Target: Monitor
Trajectory: 86
Current Month: 124



The Trust achieved FDS in November and December 2022, however January 2023 was slightly below compliance at 72.3%. This was mainly due to reduced activity during the Christmas and New year period and a high level of patient choice to defer appointments until January 2023. In addition, recent industrial action created an additional challenge to maintaining and improving waiting times. It is expected however February's FDS performance will recover and achieve the FDS waiting time standard.

The trajectory for the long waiting backlog remained over plan at the end of January and February, however the Trust continues to remain well below the national average. The Trust remains committed to reducing the number of long waiting patients and the trajectory for 62 day and 104 day backlog is continuously monitored in line with the Local Cancer Access Policy and reviewed regularly at Cancer Tracking Meetings to ensure next steps are in place. The overall number on the backlog has been consistently reducing since January 2023.

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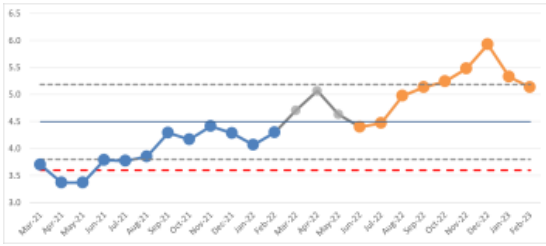
Patient Care- Flow

East Sussex Healthcare NHS Trust

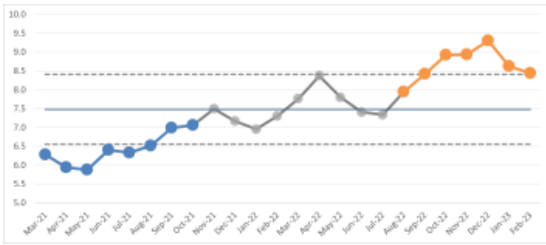
Access and Responsiveness

Non-elective Length of Stay (Acute)



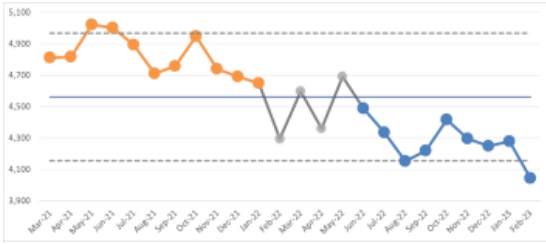
Target: 3.6
Current Month: 5.1

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



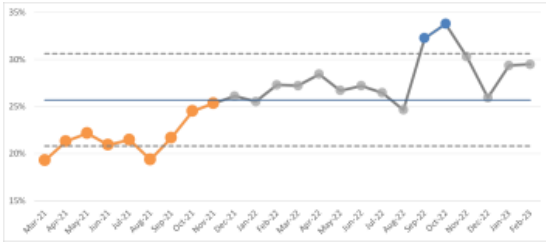
Target: Monitor
Current Month: 8.4

Non Elective Spells



Target: Monitor
Current Month: 4,043

Medical Non Elective Admissions (% SDEC)



Target: Monitor
Current Month: 29.5%

February has seen a further reduction in Length of Stay (LoS), and this I part relates to the Winter funding schemes that have been in place across the local system. One of those schemes is the Virtual Ward initiative which really started to show positive results with increases in capacity from February onwards. It should also be noted that the Trust has been able to further reduce its bed occupancy and its use of super surge areas in January which have also contributed to the reduction in LoS.

Utilisation of the system Winter funding has enabled the Trust to develop and strengthen its Discharge Hub team to support an improvement programme for reducing LoS.
This includes:

- Recruitment of Discharge Co-ordinators
- Develop Nervecentre assessment to capture reason to reside by clinicians
- Further development of the 'Liveflow' system to enable services to in-reach and assist with discharge opportunities, such as Virtual Ward and Urgent Community Response
- Revised model in development for discharge nurses to screen every admission within 12hrs and all complex discharges to be allocated a name discharge co-ordinator rather than the ward based approach currently used
- Training package for ward staff on discharge process produced for quarter 1 roll out.

The new Discharge Lounge at EDGH is due to come on line at the start of April which will help support flow and length of stay.

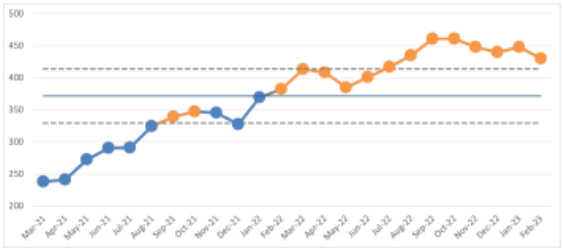
February also shows a further, albeit slight, increase in the utilisation of Same Day Emergency Care (SDEC). This will be linked to the Trust ringfencing the units so they are able to provided an increased level of utilisation.

Patient Care - Flow

East Sussex Healthcare NHS Trust

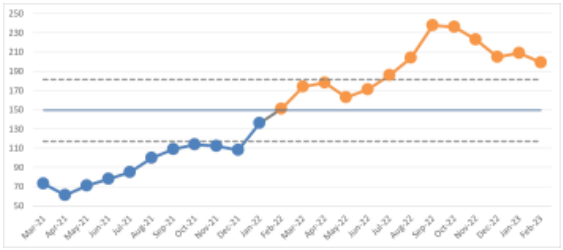
Adult inpatients in hospital for 7+ days (Acute)

Target: Monitor
Current Month: 430



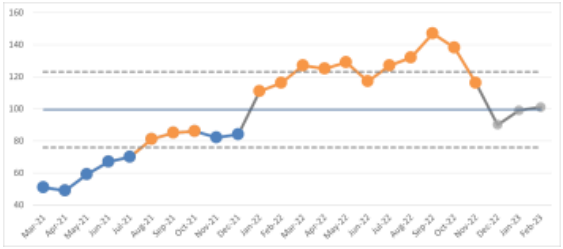
Adult inpatients in hospital for 21+ days (Acute)

Target: Monitor
Current Month: 199



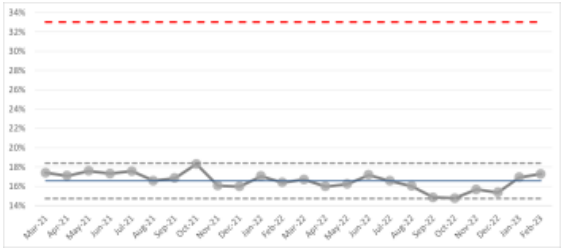
MRD on Pathways 1-3

Target: Monitor
Current Month: 101



Patients discharged before midday %

Target: 33%
Current Month: 17.3%



February data shows an improvement compared to January with the number of patients in a hospital bed with a length of stay of over 7 and 21 days.

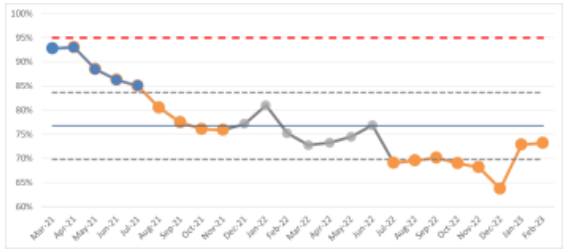
For the past 5 months up to January, the Trust has seen an improvement in these numbers which have been contributed to the introduction of further Discharge to Assess beds (D2A) across Sussex which were funded through the Winter Schemes initiative.

Activity figures for patients discharged before midday has shown a further increase over the past month. This will be linked to the reduction in Super Surge beds and the availability of the Discharge Lounge at Conquest which enable earlier discharges, and improves patient flow throughout the hospitals. The EDGH has not had a Discharge Lounge for a number of months and now that Polegate ward has been demolished to make way for the new Elective Hub, a new Discharge Lounge is currently being built and will be on line by the end of March 2023 which will help improve early discharges on the Eastbourne site.

Urgent Care – Front Door

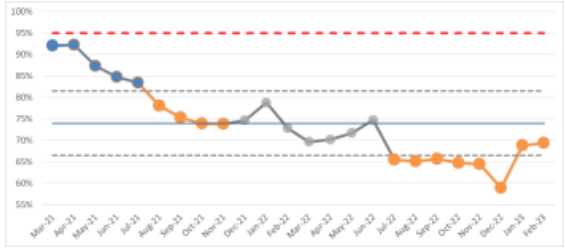
East Sussex Healthcare NHS Trust

A&E Performance
(Local System)



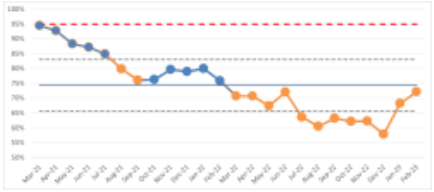
Target: 95%
Current Month: 73.1%

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

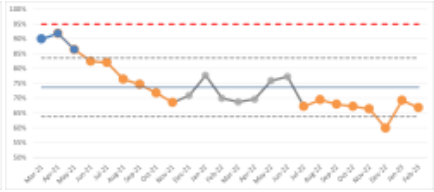


Target: 95%
Current Month: 69.3%

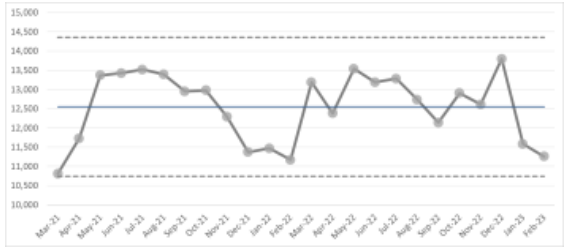
CONQ



EDGH



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



Target: Monitor
Current Month: 11,259

The 4 hour performance has improved again in February albeit slightly from previous month.

Attendances have reduced in number through February and proportionately, the number of admissions has also come down in number. This has contributed to a further improvement to the 4 hour standard in February overall.

It is worth noting that this improvement is evident at Conquest hospital however Eastbourne DGH has seen a decline since January. This is mostly down to a high bed occupancy which is limiting flow from the emergency department to onward gateway areas.

Eastbourne DGH are recruiting to posts to ensure that the Rapid Assessment and Treatment areas (RATting) can remain open sustainably and support delivery of the 4 hour performance target.

The Trust is finalising a 4 hour performance improvement plan to support the delivery of the 4 hour performance standard. The 3 key actions underpinning this plan will be:

- Protection of CDU space
- Proactive Streaming to gateway areas
- Use of discharge lounges on both sites

Urgent Care – Front Door

East Sussex Healthcare NHS Trust

ESHT Total Type 1 Attends

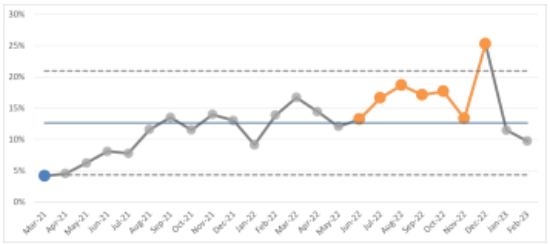
ESHT Total Type 3 Attends

Conveyances
(ESHT – CQ and EDGH)

Target: Monitor
Current Month: 2,770

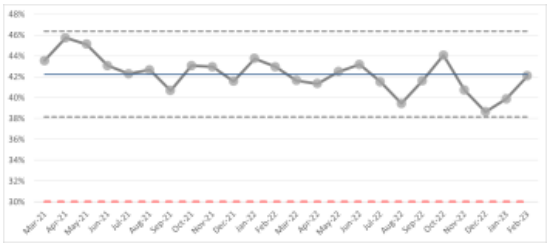
Conveyance Handover >30
(ESHT – CQ and EDGH)

Source: SECAmb
Target: Monitor
Current Month: 9.7%



Same Day Emergency Care
(ESHT – CQ and EDGH)

Target: 30%
Current Month: 42.1%



A decrease in type 1 & type 3 attendances and a corresponding decrease in ambulance conveyances, also contributed to an improvement in the 4 hour performance. However it should be noted that on challenging days on each site, there were increased numbers in ambulance conveyances which directly impacted performance and flow.

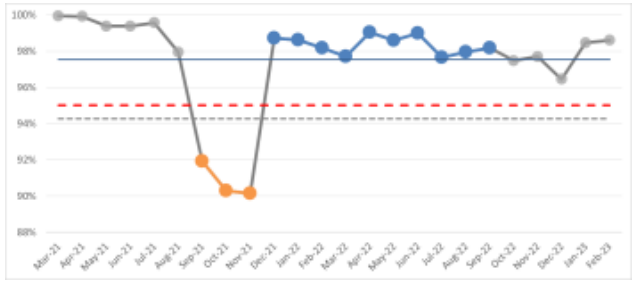
Despite the drop in attendances, the overall acuity of patients is higher which has resulted in more time required to work patients up in order to ensure a balanced assessment and plan is devised for each patient.

Although not at the numbers expected, SDEC activity continues to improve. Work is ongoing with the divisions to revisit their action plans on improving SDEC take up. The Trust is looking at practical ways to move some planned activity away from SDEC so that space and resource can be better utilised to accept patients directly from emergency departments.

Urgent Care – UTC

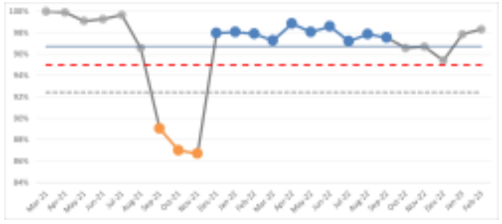
UTC 4 hour standard
(Visit complete within 4 hours)

Target: 95%
Current Month: 98.6%



CONQ

EDGH



Staffing of the UTC consistently remains a challenge with reliance on GPs to staff these areas on both acute sites. However, of the patients directed to UTC, the 4 hour compliance remains above target, achieving 98.6% in February which builds on the improvement seen in January.

Divisions are working collaboratively to ensure that those patients requiring admission are pulled through to the accepting specialty in a timely manner to enable timely flow both through the UTC and to onward gateway areas.

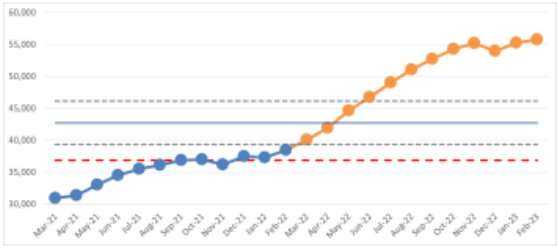
Planned Care – Waiting Times

East Sussex Healthcare NHS Trust

Access and Responsiveness

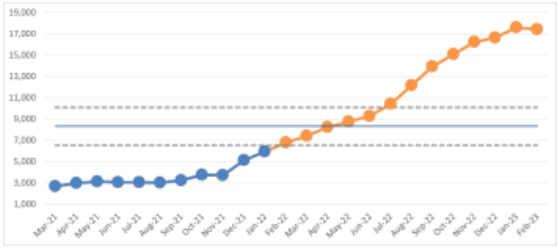
RTT Total Waiting List Size

Target: 36,833 (Sep-21)
Current Month: 55,789



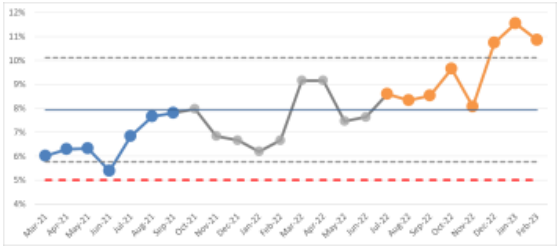
RTT 26 Week Waiters

Target: Monitor
Current Month: 17,403



Cancellations On The Day (Activity %)

Target: 5%
Current Month: 10.9%

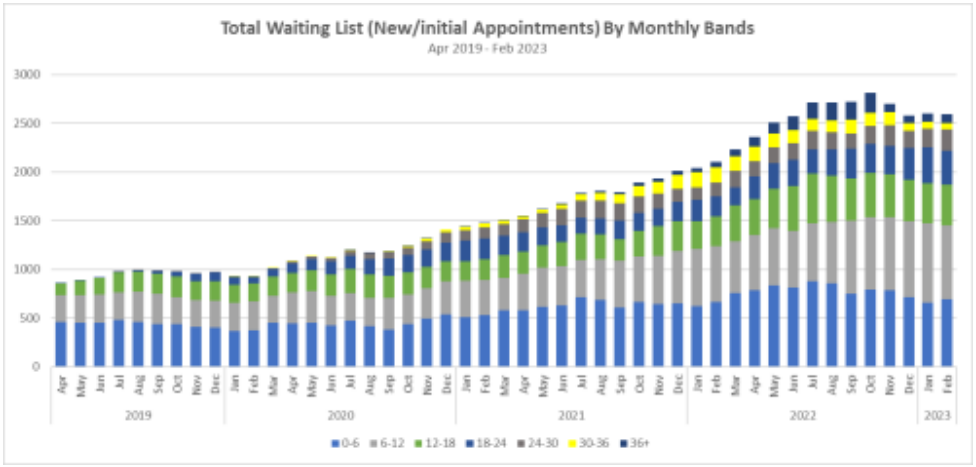


Although the overall RTT wait list has grown substantially over 22/23, focused validation at specific points in the pathway has supported a reduction in he RTT waits over 26 weeks. This validation has included; utilising Health Care Communications to contact patients waiting over 26 weeks with a First Outpatient Appointment (FOPA) to ascertain if an appointment is still required; validation of the follow-up backlog and targeted work by the Trust's 18-week validation team to review open RTT pathways that have had a FOPA but are not on the Admitted wait list. It is recognised that progressing the Outpatient Transformation program will support a reduction in the RTT waitlist.

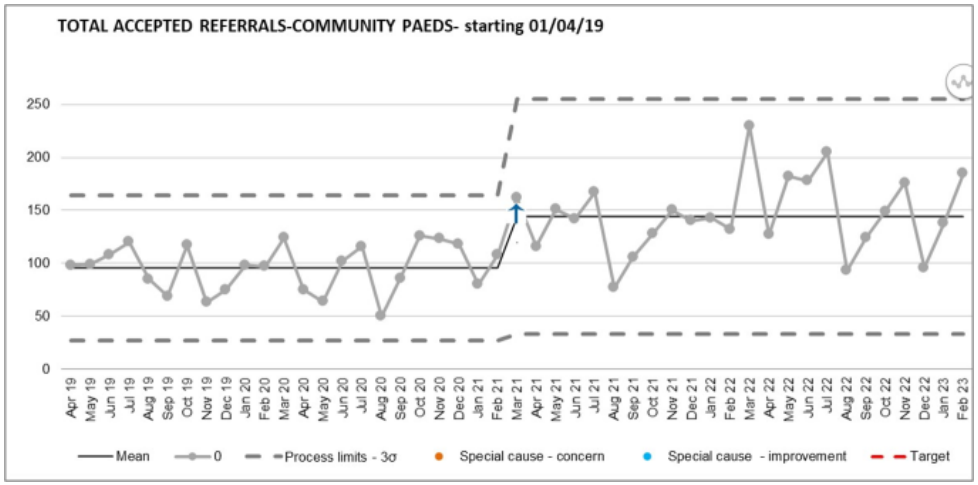
Cancellations on the day fell slightly in February but continue to be higher then previous years. Cancellations on the day occur for a variety of reasons, but mainly as a result of a medical reason. There is a robust escalation process before any decision is made to cancel a patient and any patients who are unfortunately cancelled do get rebooked within the 28 day standard.

Paediatric Community (non RTT) Waiting Times

East Sussex Healthcare NHS Trust



Current Month: 2593
Previous Month: 2598



Current Month: 185
Previous Month: 138

There has been a further increase in the total number of children waiting for a New/Initial appointment in February.
The average over the last 12 months is 174 referrals (of which 152 are accepted).
There are a total of 2593 CYP waiting a new assessment.
93 patients have waited over 3 years (21 of these have waited over 4 years).
With current staffing and referral pathways, the average wait times continue to increase, as are referrals into the service, with capacity continuing to be unable to match demand.

Outsourcing to Psicon has commenced with first 100 patients moved over for full assessment, the further 600 as agreed are in process and are focussing on the longest waiter for ASD assessment.
A cleanse of the Follow Up database is due to take place by end of April 2023.

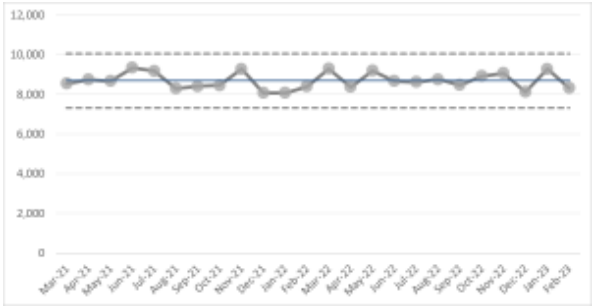
Sussex and system- wide focus on ND pathways continue and are paramount to the move towards a sustainable service.

Adult Community (non RTT) Waiting Times

East Sussex Healthcare NHS Trust

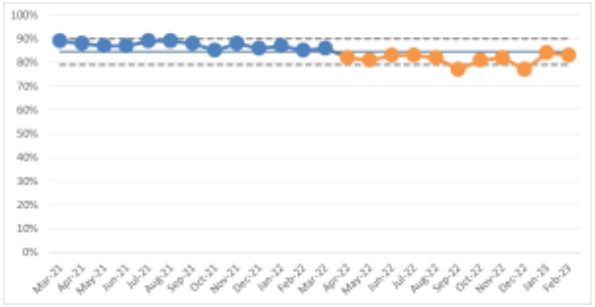
Number of Referrals Received (Planned)

Current Month: 8,320



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

Current Month: 83%



Despite adult services observing a decrease in referrals in February there was a slight reduction in the percentage of patients seen within the agreed waiting times, in part due to the increase of referrals experienced in January. There remains zero patients >104 weeks and >52 weeks have not increased.

Particular areas of focus within adult community services are:

Dietetics: Continued increase in caseload numbers.

Neuro outpatients: An increase in referrals has led to a capacity and demand gap that is currently being worked through to address.

Podiatry: increasing complexity of patients driving up waiting list size with the longest waiters for the Domiciliary service, General assessment and biomechanical assessments.

Community Non-RTT Waits

Service	Provider	CCG	Wait List	Ave Wait Time	Median WT	>52 wks	>104 weeks
ESHT Bladder and Bowel	ESHT		595	13	13	0	0
ESHT Community Nursing	ESHT		113	0	0	0	0
ESHT Community Stroke and ESD	ESHT		7	1	0	0	0
ESHT Urgent Community Response	ESHT		28	0	0	0	0
ESHT Dietetics	ESHT		1324	17	13	11	0
ESHT Fracture Liaison	ESHT		1423	0	0	0	0
ESHT Frailty Service	ESHT		79	5	4	0	0
ESHT JCR and Falls Prevention	ESHT		1239	7	5	0	0
ESHT MSKt	ESHT		624	5	4	0	0
ESHT Neuro Op	ESHT		383	25	22	32	0
ESHT Orthotics	ESHT		265	6	6	0	0
ESHT Physiotherapy	ESHT		3136	9	9	2	0
ESHT Podiatry	ESHT		1876	13	12	7	0
ESHT Speech and Language Therapy	ESHT		429	15	12	3	0
ESHT Tissue Viability	ESHT		0	0	0	0	0
ESHT Community Respiratory	ESHT		247	7	7	0	0
ESHT Heart Failure	ESHT		0	0	0	0	0
ESHT Community Paediatrics	ESHT		2551	57	47	1107	357

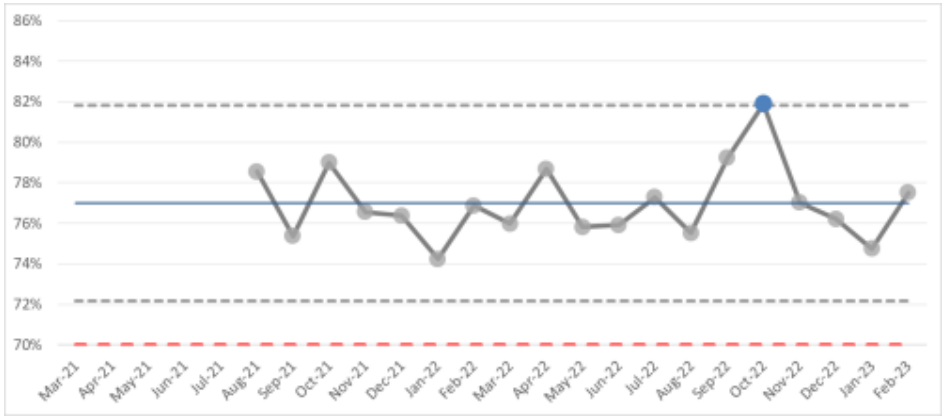
Division	Key
CHIC	
MED	
WAC	

Urgent Community Response

East Sussex Healthcare NHS Trust

Crisis Response Within 2 Hours

Target: 70%
Current Month: 77.5%



The UCR referrals are 1597 against a rebased target of 1200.

The 2 hour response rate has increased to 77.5% from 75% the previous month.

UCR continues to promote the clinical pathways as alternatives to admission with SECAmb. And is establishing a daily call with SECAmb to review patients on stack for 99 response to ascertain if and how UCR can support and mange some of these referrals.

UCR are also working on implementation of Virtual wards to deliver the Core VW function with an agreed trajectory for increase over time.

Home First – to support patients requiring health and care in order to return home.

Teams in reaching to gateways and wards for proactive identification and discharge

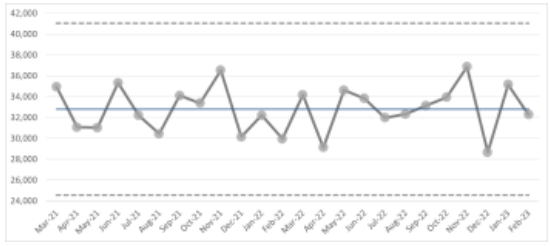
Recruitment at required pace remains most significant challenge to delivering transformation strategies

Planned Care – Outpatient Delivery

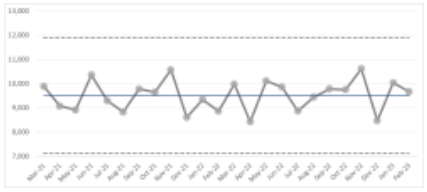
East Sussex Healthcare NHS Trust

Outpatient Total Activity
(New and Follow-up)

Target: Monitor
Current Month: 32,270



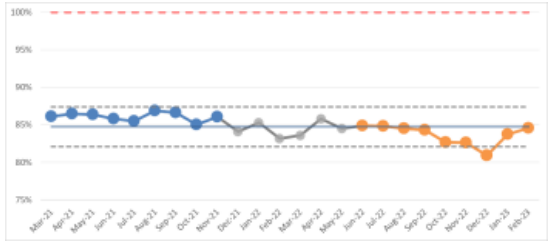
New



Follow-up

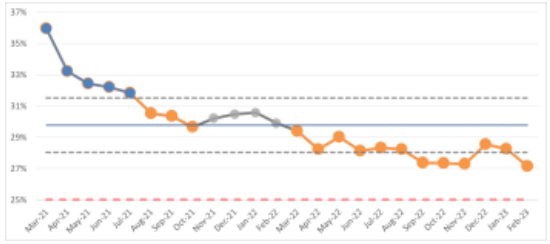
Outpatient Utilisation
(Consultant and nurse led Clinics with 25 templated slots or less)

Target: 100%
Current Month: 84.6%



Non Face to Face Outpatients Activity
(Activity %)

Target: 25%
Current Month: 27.1%



Despite an in-month drop in total activity in February the Trust did see an in-month improvement in activity when compared to the 1920 baseline, with FOPA activity at 98% in February which is an increase of 2% from January. Work continues to reduce follow-ups with increased focus on PIFU pathways and pathway redesign.

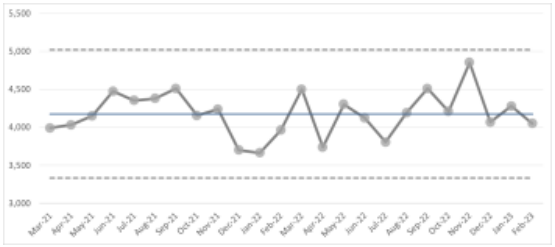
Clinic utilisation has continued to improve for the second consecutive month. The previous validation of the longest waiters for FOPA and overdue follow-ups has supported recent improvement in DNAs but more work is needed to continue to drive down DNA rates and support clinic utilisation further. although further work is required to support ongoing reduction in DNA numbers. Divisions are looking at clinic templates and job plans to support booking efficiency, reduce DNAs and decrease short notice cancellations that will all help to further improve outpatient clinic utilisation.

Planned Care – Admitted Delivery

East Sussex Healthcare NHS Trust

Access and Responsiveness

Elective Spells
(Day case and Elective IP)

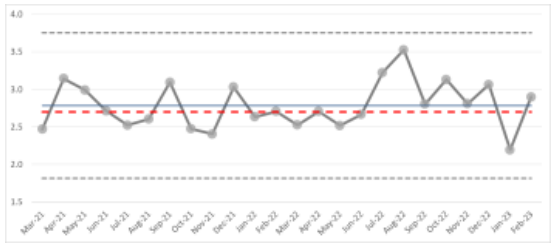


Target: Monitor
Current Month: 4,050

Day case

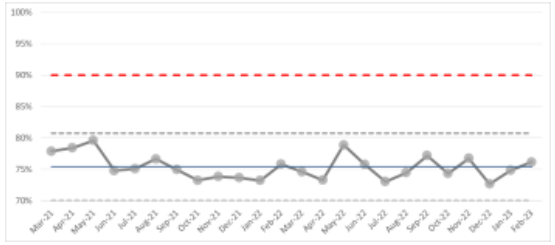
Elective IP

Elective Average LoS
(Acute)



Target: 2.7
Current Month: 2.9

Theatre Utilisation



Target: 90%
Current Month: 76.2%

High sickness levels within Theatres resulted in a reduction in theatre sessions resulting in a decrease in elective activity in February compared to January for both day case and Elective IP. Divisions continue to work hard to balance priorities and support the delivery of elective activity, ensuring we are treating patients with the highest priority. The increase in Elective LoS can, in part, be attributed to the volume of complex P2 (urgent and cancer) cases that were treated in January.

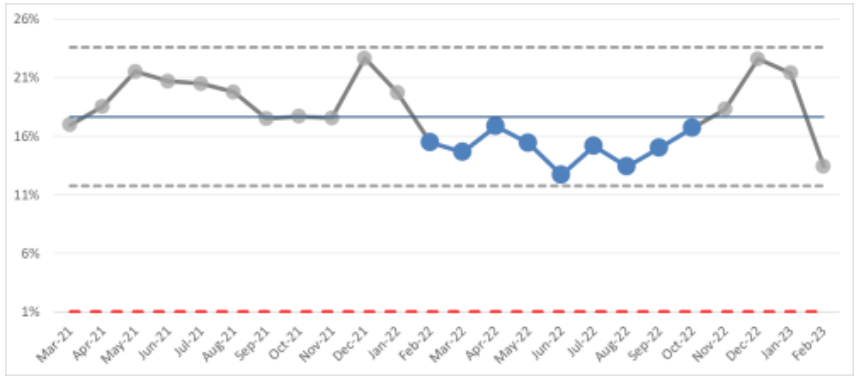
Theatre utilisation remains an opportunity for improvement. Continued and improved utilisation of the Care Coordination Service (previously known as Foundry) will help to mange the waiting list more efficiently. Addressing gaps within pre-assessment capacity will also support better utilisation of Theatres as will development and roll out of the perioperative programme. Work also continues at service level to identify further opportunities to improve Theatre utilisation.

Planned Care – Diagnostic

East Sussex Healthcare NHS Trust

Diagnostic Standard

Target: < 1.0%
Current Month: 13.4%



Diagnostic activity has continued to perform well, with the Trust continuously delivering over 120% against 19/20 baseline activity levels.

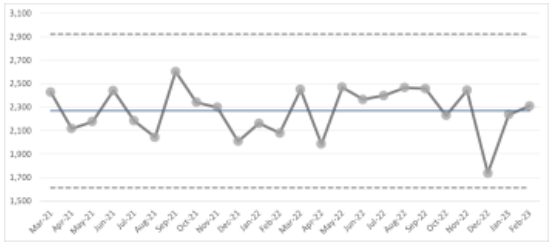
Although the Trust was flagged earlier in the year as an outlier for our DM01 performance across a number of modalities, DM01 performance improved significantly in February and was at 86.6% against the 99% ask. Insourcing for both Endoscopy and Echo activity and utilisation of the Community Diagnostic Centre capacity have all contributed to support the Trust's improving DM01 position.

Cancer Pathway

East Sussex Healthcare NHS Trust

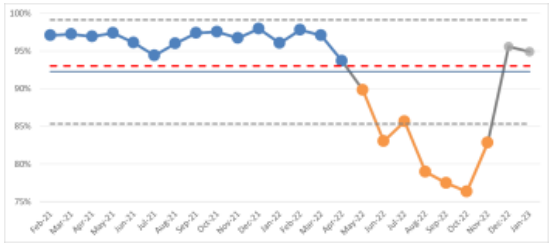
Two Week Wait Referrals

Target: Monitor
Current Month: 2,309



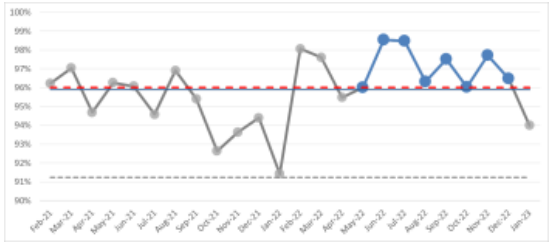
Cancer 2WW Standard

Target: 93%
Current Month: 94.9%



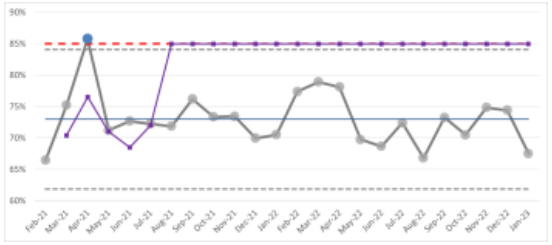
Cancer 31 Day Standard

Target: 96%
Current Month: 94.0%



Cancer 62 Day Standard

Target: 85%
Trajectory: 85%
Current Month: 67.5%



Overall the numbers on the Cancer Patient Tracking List have stabilised and although the Trust received less than average 2ww referrals in December, the referral numbers have since increased again in January and February to normal levels of over 2300 referrals per month.

The waiting time for 1st seen appointments has increased and has been challenged further, due to recent industrial action. The Divisions are working on amended and additional capacity to reduce the waiting time to support 2ww and FDS compliance.

The Trust remains committed to reduce overall waiting times for patients referred with suspected cancer and the teams consistently maintain focus to prioritise and expedite pathways and next steps. Regular patient tracking meetings continue on a twice weekly basis and are multi-disciplinary to support decision making.

National Peer review 28 Day Performance January 2023 = 25/121 Trusts.

National Peer review 62 Day Performance January 2023 = 39/121 Trusts.

Financial Control and Capital Development

Our Income and Expenditure

Our Income and Activity

Our Expenditure and Workforce, including temporary workforce

Cost Improvement Plans

Divisional Summaries

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

Contents

East Sussex Healthcare NHS Trust

Executive summary	3
Income and Expenditure	4
ERF	5
Pay	6
Run Rate	7
Divisional analysis	8
Efficiency	9
Capital	10
Assets and Liabilities	11
Risk adjusted forecast out-turn	12

Exec summary

East Sussex Healthcare NHS Trust

£m	RAG	YTD Plan	YTD actual	Var F/(A)	Commentary
Surplus/deficit	G	(0.5)	0.0	0.5	• Trust is reporting a year to date breakeven position against a planned deficit of (£0.5m), a favourable variance of £0.5m. The Trust's position currently reflects a national request from NHSE/I not to recognise any ERF clawback – YTD against plan this is £2.8m favourable. • M11 required a release of £0.5m reserves to hit this position, alongside some one off benefits of around £0.3m. The position ytd has been supported by £5.8m of reserves.
Income	A	528.0	539.5	11.5	• Income is favourable to plan driven by ERF favourable against plan £2.8m, NHSE Drugs £3.1m, ERF £0.8m extra funding £3.1m of revenue reserve release, £1.2m private patient overachieving and Winter Vaccs/Virtual Ward income.
Pay	A	(347.9)	(354.8)	*(6.9)*	• Pay cost variance is related to £1.4m of supernumerary costs for overseas/back to care staffing, Unfunded Escalation costs of £3.2m and pressures from Locum/agency usage in Clinical Divisions of £2.2m. • The Trust is using 2% more contracted staff than in 21/22 Mth 12 (excluding SPH)
Non-pay	A	(180.6)	(184.8)	*(4.2)*	• Non-pay costs are higher than budget mainly driven by Utility costs £0.1m, £1.0m Pathology/Radiology outsourcing, Inpulse Ambulance £0.6m, Drugs/HCD £1.0m, Theatres Activity £0.3m and Winter Vaccs £0.6m/VW £0.5m (offset in income).
Efficiency	A	20.6	15.6	*(5.0)*	• The Trust has delivered £1.8m efficiency plan for the month and £15.6m year to date, £0.9m and £5.0m behind plan respectively, £2m of this relates to some of the escalation beds being expected to have closed by now, but they remain open, plus unidentified values in the divisions. • The target for the year is £23m. So far £17.1m has been identified, leaving a gap of £5.9m for the Divisions to find, a slight improvement of £0.4m since last month.
Capital	R	32.4	19.1	13.3	• Capex spend of £19.1m which is £13.3m behind plan. FOT is an expected underspend of £0.2m
Risk	A	n/a	n/a	n/a	• Risk analysis shows a potential range from £1.3m deficit to a breakeven position downside and upside cases respectively. The base case is showing a slight deficit but not enough materially to change FOT of breakeven to the ICS.

Income and Expenditure

East Sussex Healthcare NHS Trust

Trust I&E position

	Month (£'000)			YTD (£'000)		
	Plan	Act	Var	Plan	Act	Var
Income						
Contract income	42,819	42,760	*(59)*	470,206	472,418	*2,212*
Divisional	4,331	4,947	*616*	45,479	51,510	*6,031*
ERF	972	1,226	*254*	9,941	13,483	*3,543*
Covid - variable	217	170	*(47)*	2,387	2,115	*(272)*
Total Income	**48,339**	**49,102**	***763***	**528,013**	**539,526**	***11,514***
Operating Expense						
Pay						
Permanent	(30,515)	(28,048)	*2,467*	(336,280)	(308,656)	*27,623*
Temporary	(998)	(3,966)	*(2,968)*	(9,879)	(43,995)	*(34,116)*
Total pay	**(31,513)**	**(32,014)**	***(501)***	**(346,159)**	**(352,651)**	***(6,492)***
Non-pay						
Drugs	(1,030)	(1,066)	*(36)*	(11,567)	(11,915)	*(348)*
TEDD	(3,477)	(3,158)	*319*	(38,247)	(41,358)	*(3,111)*
Clinical supplies	(3,941)	(4,007)	*(66)*	(42,506)	(42,162)	*344*
Purchased services	(1,013)	(1,582)	*(569)*	(10,730)	(11,560)	*(829)*
Finance costs	(2,340)	(2,217)	*123*	(25,741)	(25,139)	*603*
Other	(5,086)	(4,804)	*282*	(50,106)	(50,926)	*(819)*
Total non-pay	**(16,887)**	**(16,834)**	***53***	**(178,898)**	**(183,058)**	***(4,161)***
Covid exp - block	(90)	(94)	*(4)*	(989)	(1,690)	*(701)*
Covid exp - variable	(223)	(170)	*53*	(2,458)	(2,160)	*298*
Total Expense	**(48,713)**	**(49,112)**	***(399)***	**(528,503)**	**(539,559)**	***(11,056)***
Surplus/(Deficit)	**(374)**	**(10)**	***364***	**(491)**	**(33)**	***458***
Memo:						
WTE (worked)	8,118	7,859	*(259)*	7,971	7,705	*(266)*

I&E position

- The month 11 in month position is breakeven versus a (£0.4m) deficit plan, a £0.4m surplus in month.
- Year to date the Trust has delivered a breakeven position, £0.5m favourable to the YTD plan of (£0.5m) deficit.
- There were a couple of favourable one-offs (lower drugs and slightly lower net pay) which meant we employed £0.5m of reserves this month. However, at an underlying level overspend was c£1.0-£1.2m which was similar to last month.

Income

- The position is favourable YTD by £11.5m, the main drivers being;
  - ERF is still impacted by clawback not occurring, this is an absolute impact of £5.0m and £2.8m favourable versus plan;
  - NHSI Drugs C&V £3.1m
  - Release of reserves into position £3.1m
  - PP Overachieving £1.2m
  - Winter Vaccination Income £0.5m (cost in NP)
  - Virtual Ward Income £1.0m (costs in pay/NP)

Expense

- The Trust has an in month £0.5m adverse pay position variance, YTD £6.9m which is related to Supernumerary costs for overseas/back to care staffing, temporary staffing and unfunded escalation costs.
- Use of temporary staff at higher unit cost partially offset by WTE usage below budget.
- Non-pay costs are higher than budget by £4.2m YTD driven by Utility costs £0.1m, £1.0m Radiology/Pathology outsourcing, £0.6m Impulse Ambulance service, HCD/Drugs £1.0m,Theatres Activity £0.3m and Winter Vaccs £0.6m (offset by income above). £1.0m VW (as above)

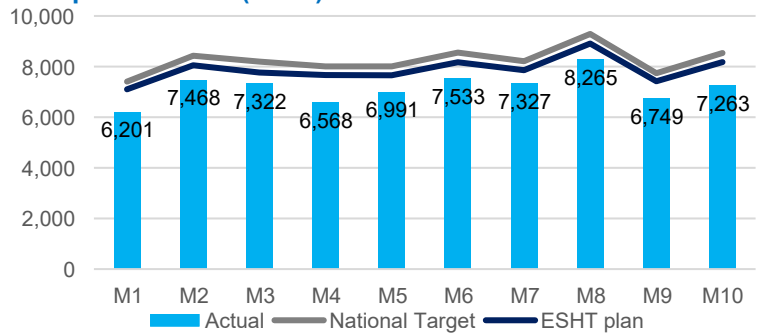
ERF - Trust

East Sussex Healthcare NHS Trust

ERF performance

- The internal plan is £4.5m below national targets (£0.3m per month) this translates into a £3.5m expected full year clawback (at 75%)
- M11 delivery was £0.7m behind plan which would equate to a £0.5m loss of income (YTD £7.8m variance or £5.9m additional clawback).
- National request not to include clawback in the figures means this has not impacted the I&E.
- The main underperforming specialties are Cardiology, T&O, Clinical Haematology, Breast Surgery and Maxillo-Facial.

ERF performance (£'000)



	In Month				YTD			
	Plan	Actual	Var		Plan	Actual	Var	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Daycase	3,084	2,581	(503)	(16.3%)	33,252	30,153	(3,099)	(9.3%)
Elective	1,568	1,449	(118)	(7.6%)	18,005	16,184	(1,822)	(10.1%)
New OP	1,661	1,632	(29)	(1.8%)	18,660	16,831	(1,829)	(9.8%)
OP Procedures	1,546	1,443	(103)	(6.7%)	16,715	15,326	(1,388)	(8.3%)
ERS	-	32	32		-	330	330	
ERF	**7,858**	**7,136**	**(721)**	**(9.2%)**	**86,632**	**78,824**	**(7,808)**	**(9.0%)**
Follow-up	1,451	1,756	305	21.0%	16,390	21,353	4,964	30.3%
Planned care	**9,309**	**8,892**	**(417)**	**(4.5%)**	**103,022**	**100,177**	**(2,845)**	**(2.8%)**

	In Month			YTD		
	Plan	Actual	Var	Plan	Actual	Var
	£'000	£'000	£'000	£'000	£'000	£'000
Cardiology	721	534	(187)	7,585	5,670	(1,916)
Ophthalmology	1,024	845	(179)	10,449	10,039	(411)
Maxillo-Facial Surgery	258	136	(121)	2,514	1,765	(749)
Gastroenterology	533	440	(93)	5,797	5,081	(717)
Trauma & Orthopaedics	1,277	1,202	(75)	15,107	13,311	(1,797)
Breast Surgery	230	182	(47)	2,493	1,948	(545)
Urology	698	651	(47)	7,377	7,389	12
General Surgery	785	741	(44)	8,357	8,737	379
Orthodontics	57	30	(27)	578	307	(271)
Vascular Surgery	57	35	(23)	520	389	(131)
Rheumatology	192	173	(19)	2,072	1,631	(441)
Stroke Medicine	22	4	(18)	166	45	(121)
Clinical Haematology	271	257	(15)	3,413	2,666	(747)
Endocrinology	56	44	(12)	536	511	(25)
Transient Ischaemic Attack	46	35	(11)	562	497	(65)
Respiratory Physiology	59	49	(11)	637	496	(141)
General Medicine	21	11	(10)	290	135	(155)
Interventional Radiology	44	35	(9)	706	406	(300)
Geriatric Medicine	25	18	(6)	392	227	(166)
Accident & Emergency	1	-	(1)	9	24	15
Paediatric Surgery	6	6	0	78	101	23
Anaesthetics	8	8	0	103	101	(2)
Hepatology	1	1	0	19	5	(14)
Palliative Medicine	-	0	0	6	3	(3)
Chemical Pathology	6	7	1	60	85	24
Paediatric Diabetic Medicine	-	1	1	-	1	1
Paediatric Epilepsy	2	5	3	17	49	31
Paediatric Dermatology	-	4	4	-	38	38
Paediatric Trauma And Orthopaedics	2	8	5	2	64	62
Respiratory Medicine	166	172	6	1,874	1,314	(560)
Diabetic Medicine	13	22	10	121	153	31
Paediatrics	136	147	11	1,452	1,685	233
ENT	266	279	14	3,168	2,752	(416)
Clinical Oncology	256	275	18	3,129	3,024	(105)
Neurology	77	101	24	1,016	1,277	260
Acute Internal Medicine Service	-	29	29	-	158	158
Dermatology	149	189	39	1,554	1,970	416
Gynaecology	391	458	67	4,471	4,772	302

04/04/2023 Note: Figures are shown gross before marginal rate at 75% 55

Pay costs

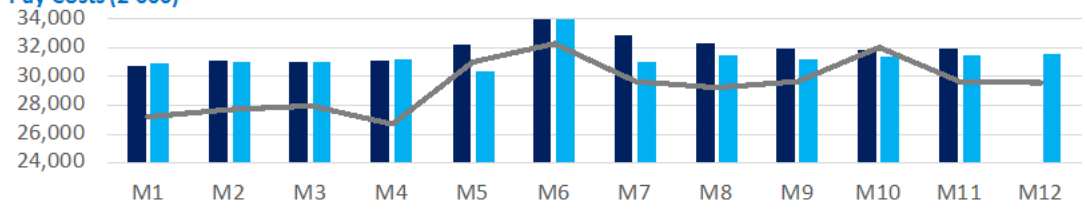
East Sussex Healthcare NHS Trust

Pay analysis

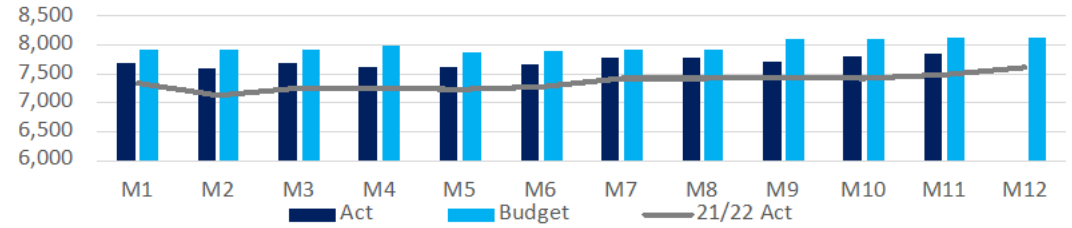
All staff	Pay costs (£'000) - In Month					WTE				
	Act	*Var*	PY	*YTD var*	YTD ave	Act	*Var*	PY	*YTD var*	YTD Ave
Medical	(8,737)	*(1,188)*	(7,320)	*(5,147)*	(7,831)	835	*7*	797	*8*	827
Nursing	(13,718)	*(66)*	(12,840)	*(3,375)*	(13,543)	3,740	*(60)*	3,506	*(69)*	3,655
AHP	(4,341)	*346*	(4,180)	*3,655*	(4,273)	1,141	*(101)*	1,105	*(93)*	1,110
Admin	(3,732)	*234*	(3,497)	*2,274*	(3,759)	1,315	*(74)*	1,278	*(68)*	1,305
Other	(1,485)	*174*	(2,705)	*(3,899)*	(2,654)	828	*(31)*	803	*(43)*	808
Total	**(32,014)**	***(501)***	**(30,541)**	***(6,492)***	**(32,059)**	**7,859**	***(259)***	**7,489**	***(266)***	**7,705**

Temporary	Pay costs (£'000)					WTE				
	Dec	Jan	Feb	PY	YTD	Dec	Jan	Feb	PY	YTD Ave
Bank	**(1,851)**	**(1,874)**	**(1,838)**	**(1,856)**	**(18,560)**	**483**	**553**	**576**	**497**	**490**
Medical	(361)	(409)	(440)	(412)	(5,127)	29	31	31	31	35
Nursing	(332)	(417)	(319)	(372)	(5,266)	63	63	67	78	80
AHP	(53)	(33)	(91)	(119)	(1,059)	12	16	20	17	15
Admin	(14)	147	(40)	(56)	(42)	2	1	2	5	2
Other	-	-	-	-	-	-	-	-	-	-
Agency	**(761)**	**(712)**	**(889)**	**(959)**	**(11,494)**	**106**	**112**	**120**	**131**	**132**
Locum	**(1,050)**	**(963)**	**(965)**	**(1,204)**	**(11,335)**	**69**	**72**	**73**	**91**	**73**
WLI	**(322)**	**(308)**	**(273)**	**(230)**	**(2,763)**	**38**	**30**	**32**	**24**	**27**
Total Temp	**(3,983)**	**(3,857)**	**(3,965)**	**(4,248)**	**(44,152)**	**696**	**767**	**801**	**742**	**722**

Pay Costs (£'000)



WTEs



Pay analysis

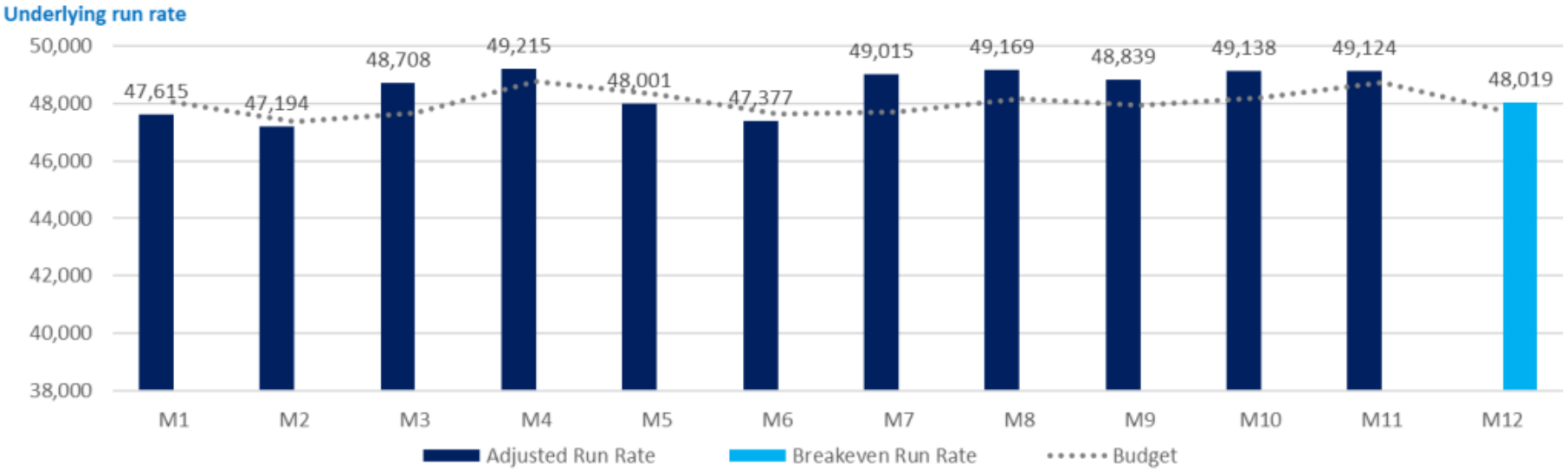
- M11 pay costs are higher than budget.
- Overall the in month spend of £32.0m is £1.3m higher than 21/22 comparator with SPH impact (£0.3m) adjusted. Versus month 10 a net £0.2m increase, aligned to part effect of central CEA adjustment.
- Nursing & Medical staffing groups are over spending.
- Nursing spending is impacted by the continuation of escalation wards and supernumerary double running costs, and NER pressures.
- Whilst WTEs are below budget, cost are above. This is driven by use of temporary workforce which is more expensive.

PY comparison

- Pay (£) is overall is above the 21/22 comparator although the underlying related activity trends are quite dissimilar (covid and non-covid).
- When compared to 21/22 in particular costs are materially higher in 22/23.
- Pay FTE is higher than the prior year comparator but this has to be seen as a BAU including COVID vs a high COVID lowered activity baseline.
- Pay FTE includes 88 FTE for SPH so like for like the FTE is 282 fte higher.

Run Rate

East Sussex Healthcare NHS Trust



Methodology

- Graph shows net expenditure (Pay, Non-Pay and income variance)
- Adjustments have been made to show underlying run rate. These account for one off/non-recurrent items unrelated to the activities in month (eg credit note received from prior year) and for catch up where cost or income relating to multiple periods in reflected in one months ledger.
- One-off items - whilst removed from the run rate - will impact the required run rate to achieve breakeven and this has been accounted for.

Run rate

- The graphs shows no change in underlying run rate from M10 to M11 (which translates to a variance to budget of £0.4m), non-pay b/e offset by income ahead of plan. Non-pay was lower in M11 due mainly to drugs trends. The analysis has removed net £5.2m of one-off items which whilst don't impact the run rate will still impact the in year financial position.
- Taking the current months run rate and extrapolating gives an overall spend of £581.9m, against a plan of £576.2m, an overall gap of **£5.7m** (this adjusts to £0.5m when the one-offs are adjusted for).
- Mitigations are currently being worked through, with some central reserve support expected to be required in M12
- Further mitigations will be required from divisional management to ensure progress is made to reduce run rate to the required level by Mar-23, currently around a **£1.1m** reduction compared to M11.

Divisional Summary

East Sussex Healthcare NHS Trust

Division	Variance to budget - M11					YTD overall Variance	Run rate analysis (unadjusted)			
	Income	*Pay*	*Non pay*	Overall Variance	WTE		Dec	Jan	Feb	
	£'000	*£'000*	*£'000*	£'000	WTE	£'000	£'000	£'000	£'000	
CHIC	*157*	*38*	*(199)*	(3)	(52)	*1,515*	(3,618)	(3,721)	(3,778)	▼
Core Services	*390*	*(137)*	*(657)*	(404)	(39)	*(1,822)*	(6,479)	(6,204)	(6,473)	▼
Estates & Facilities	*20*	*(13)*	*(158)*	(152)	(23)	*(551)*	(3,198)	(3,286)	(3,212)	▲
Medicine	*4*	*(537)*	*(66)*	(599)	+21	*(5,351)*	(7,834)	(8,214)	(8,600)	▼
DAS	*66*	*(751)*	*(150)*	(834)	(11)	*(3,579)*	(8,107)	(8,053)	(8,643)	▼
Urgent Care	*(1)*	*(198)*	*(31)*	(230)	(25)	*(1,315)*	(2,255)	(2,246)	(2,339)	▼
WCSH	*5*	*(10)*	*(23)*	(28)	(49)	*253*	(2,986)	(3,000)	(2,983)	▲
Corporate Services	*(119)*	*69*	*(129)*	(179)	(57)	*424*	(4,143)	(3,482)	(4,096)	▼
SPH	*286*	*42*	*(27)*	301	(2)	*732*	2	167	221	▲
Central/Trust wide	*(45)*	*997*	*1,540*	2,492	(31)	*10,152*	38,677	38,029	39,832	◤▲
ESHT	***763***	***(501)***	***102***	**364**	(268)	**458**	**58**	**(9)**	**(73)**	▼

Division	YTD Variance M11 - Top Level Narrative
CHIC	Vacancies ytd, including 21-22 investment in UCR/EHCH + Virt Wrd
Core Services	Vacancies ytd in CDC and Pharmacy, non pay outsourcing Path/Rad
Estates & Facilities	Ancillary vacancies offset Utilities and Catering Provisions
Medicine	Supernumerary posts, Escalation, Cardiology agency, Covid backfill
DAS	Supernumerary posts, Critical Care, Theatre Agency, Gen Surgery Agcy
Urgent Care	Supernumerary posts, Agency premium EC
WCSH	Maternity vacancies, Sexual Health vacs, lower non pay ytd
Corporate Services	Vacancies in Finance/HR/Digital. Non pay LDA funding underspent
SPH	Vacancies and lower pay costs v budgeted unit costs. NP offset income

Efficiency

East Sussex Healthcare NHS Trust

Division	In Month			Ytd – M11			Full Year					Schemes
	Plan	Actual	Var	Plan	Actual	Var	Rec	NR	Total	Target	Gap	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	#
Medicine	308	10	(298)	2,597	75	(2,523)	22	131	152	2,912	(2,760)	4
Emergency Care	83	660	577	700	703	3	709	2	712	783	(71)	12
DAS	320	52	(268)	2,695	1,503	(1,192)	212	1,335	1,547	3,029	(1,482)	13
Core Services	294	226	(68)	2,099	2,324	226	1,361	1,105	2,465	2,393	73	16
CHIC	166	70	(96)	1,374	1,827	453	23	1,873	1,896	1,539	357	6
WCSH	578	156	(422)	1,098	572	(526)	18	1,099	1,117	1,172	(55)	6
Estates & Facilities	126	10	(116)	900	466	(433)	101	390	491	1,026	(535)	8
Corporate	138	183	45	1,039	2,039	1,000	615	1,574	2,189	1,177	1,012	10
Trustwide	737	437	(301)	8,148	6,122	(2,026)	6,559	-	6,559	8,964	(2,404)	3
Total	**2,750**	**1,803**	**(947)**	**20,649**	**15,631**	**(5,019)**	**9,620**	**7,509**	**17,129**	**22,994**	**(5,865)**	**78**
Unidentified	-	-	-	-	-	-	-	-	*5,865*	-	*5,865*	-
Total	**2,750**	**1,803**	**(947)**	**20,649**	**15,631**	**(5,019)**	**9,620**	**7,509**	**22,994**	**22,994**	**-**	**78**
Movement from last month	*414*	*322*	*(92)*	*2,750*	*1,733*	*(1,017)*	*533*	*(102)*	*431*	*-*	*431*	*(1)*

Overview

- The trust has delivered £1.8m of efficiencies in the month and £15.6m year to date, this is £0.9m behind the in month plan and £5m year to date. This is not a surprise as the planned values have not been delivered for the prior 5 months.
- All areas with the exception of Emergency Care and Corporate have not delivered their in month plan.
- The largest in month variance is in Women's and Children's, this is due to slippage on one scheme (£0.5m) that is now expected to be delivered in March.
- The divisional plan values in the month represent the phased targets rather than the planned values for schemes that have been approved.
- The target for the year is £23m, this reflects the increase of £2m following the resubmission of the plan in June. A total of £17.1m has been identified, leaving a gap of £5.9m for the Divisions to find, an improvement of £0.4m in the month, this is largely due to vacancy slippage in Emergency Care.
- 44% of the £17.1m identified is non-recurrent.

Capital

East Sussex Healthcare NHS Trust

Capital Scheme	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Full Year Plan £'000	Full Year Fcast £'000	Fcast RAG	Full Year Variance £'000
Original							
Digital Programmes	3,960	3,516	(444)	4,500	5,099		599
Total Digital	**3,960**	**3,516**	**(444)**	**4,500**	**5,099**		**599**
Diagnostic Equipment	440	401	(39)	500	420		(80)
Medical Equipment	2,200	2,117	(83)	2,500	2,000		(500)
Total Medical Equipment	**2,640**	**2,518**	**(122)**	**3,000**	**2,420**		**(580)**
Fire	1,320	482	(838)	1,500	1,500		-
Backlog	5,940	4,098	(1,842)	6,750	6,750		-
Day Surgery capacity	1,228	1,460	232	1,400	1,350		(50)
Theatre 5 & 8	246	389	143	280	429		149
CT Scanner	220	19	(201)	250	60		(190)
Westham	125	424	299	150	425		275
Conquest ED	220	234	14	250	305		55
Cath Lab Replacement	1,496	89	(1,407)	1,700	1,500		(200)
Cat 3 Microbiology	44	-	(44)	50	-		(50)
Gynae Footprint	352	161	(191)	400	260		(140)
ICU adaptations Conq	308	77	(231)	350	500		150
Ophthalmology Bex	440	257	(183)	500	750		250
Cardiology Business Case	-	-	-	-	50		50
Friston Paeds	704	254	(450)	800	750		(50)
Decant Ward	1,760	245	(1,515)	2,000	350		(1,650)
Ward Refurbishment	1,100	746	(354)	1,250	1,050		(200)
Total Estates	**15,504**	**8,936**	**(6,568)**	**17,630**	**16,029**		**(1,601)**
Business Case Development	352	13	(339)	400	13		(387)
Divisional Small Works	440	22	(418)	500	100		(400)
Minor Capital	880	448	(432)	1,000	500		(500)
Unplanned Urgents	440	19	(421)	500	88		(412)
Planned slippage/prioritisation	(1,026)	-	1,026	(3,110)	-		3,110
Total Finance	**1,086**	**502**	**(584)**	**(710)**	**701**		**1,411**
Total Original Planned	**23,189**	**15,471**	**(7,718)**	**24,420**	**24,249**		**(172)**
New							
Community Diagnostic Centre	528	377	(151)	528	528		-
Imaging Replacement CT scanner	-	-	-	770	770		-
Additional Medical Equipment	**528**	**377**	**(151)**	**1,298**	**1,298**		**-**
Building For Our Future	932	403	(529)	1,060	1,060		-
Community Diagnostic Centre	2,306	2,339	33	2,600	2,600		-
Elective Hub EDGH	3,444	419	(3,025)	4,273	4,273		-
EDGH Discharge Lounge	300	23	(277)	650	650		
Additional Estates	**6,981**	**3,183**	**(3,798)**	**8,583**	**8,583**		**-**
EPR Match Funding (external)	-	-	-	-	-		-
Diagnostics Digital Capability	1,000	-	(1,000)	2,930	2,930		-
Frontline Digitisation programme	750	-	(750)	2,200	2,200		-
Additional Digital	**1,750**	**-**	**(1,750)**	**5,130**	**5,130**		**-**
Total Additional Capital	**9,259**	**3,560**	**(5,699)**	**15,011**	**15,011**		**-**
Total Capital	**32,449**	**19,031**	**(13,417)**	**39,431**	**39,260**		**(172)**
PSDS3	24,822	16,312	(8,510)	28,822	28,822		-
PSDS3 Income	(24,822)	(16,312)	8,510	(28,822)	(28,822)		-
Total Grant Capital	**-**	**-**	**-**	**-**	**-**		**-**
Donated Expenditure	880	558	(322)	1,000	1,000		-
Donated Income	(880)	(492)	388	(1,000)	(1,000)		-
Total Donated Capital	**-**	**66**	**66**	**-**	**-**		**-**
Total Capital	**32,449**	**19,097**	**(13,351)**	**39,431**	**39,260**		**(172)**

Capital

- The planned capital allocation for 2022/23 is £39.4m and is made up of the core ICS allocation of £24.4m plus national programmes expected in year of £15.0m.
- Of the additional £15.3m PDC awarded, the Trust has drawn £14.5m and has not accepted £777k. Of this amount, £560k relates to BFF and a request has been made to carry this forward.
- The programme includes the public sector decarbonisation scheme which is a government grant funded scheme of £28.8m.
- The capital expenditure incurred to the end of February totals £19.1m compared to a plan of £32.4m meaning the Trust is £13.3m behind initial plan phasing, this is, in the main driven by, Backlog, Fire, and other estates (£6.6m).
- Expenditure YTD was largely driven by the following schemes:
  - Medical Equipment £2,518k;
  - Estates works of £8,936k, the main schemes being backlog maintenance (£4,098k), Westham remodelling and refurbishment (£424k), Theatre 5 & 8 upgrade including laminar flow (£389k), Conquest ED project delivering new clinical space and staff area (£234k), and Day Surgery redesign at EDGH (£1,460k);
  - Community Diagnostics Centre £2,716k made up of equipment costs (£377k) and estates costs (£2,339k);
  - Elective Care Centre £419k.
- The current forecast is in line with the revised plan (£172k variance), we believe this now includes the majority of the "bad news" and there should not be further material amounts of slippage. There are £2.2m of amber rated and £0.5m of red rated schemes.
- Digital and medical equipment have brought forward expenditure already as part of the forecast.
- CFO has agreed to trade up to £2m of our allocation in the current year for at least a 50% return in future years.

Assets and Liabilities

East Sussex Healthcare NHS Trust

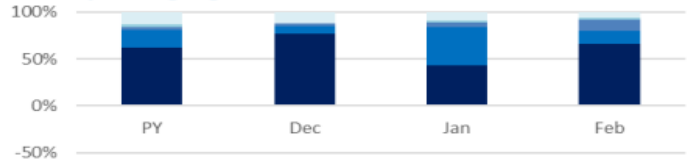
Trust Assets and Liabilities

	Dec	Jan	Feb	Change
	£'000	£'000	£'000	£'000
Non-current assets	**309,660**	**309,868**	**314,598**	**4,731**
Inventories	10,004	8,827	9,239	412
Trade and other receivables	27,863	26,456	26,552	96
Cash and Cash equivalents	52,987	55,186	77,204	22,018
Current Assets	**90,854**	**90,469**	**112,995**	**22,526**
Trade and other payables	(49,740)	(52,219)	(74,366)	(22,147)
Other liabilities	(14,581)	(9,382)	(9,941)	(559)
Current Liabilities	**(64,321)**	**(61,601)**	**(84,307)**	**(22,706)**
Non-current liabilities	**(11,570)**	**(11,570)**	**(11,570)**	**-**
Total assets employed	**324,623**	**327,165**	**331,716**	**4,551**

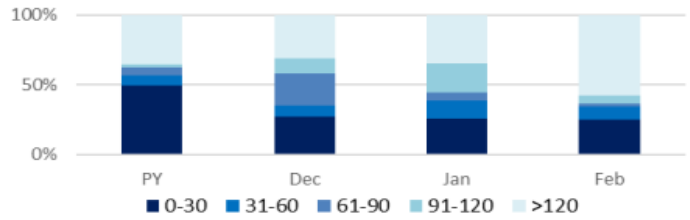
BPPC (Based on invoice count)

Trade	84.9%	85.5%	85.9%	0.4%
NHS	98.8%	98.8%	98.8%	0.1%

Trade Payables Ageing



Trade receivables Ageing



Balance sheet

- Non-current asset values have increased by £4.7m, this is due to the next wave of additions relating to PSDS3.
- Current assets has increased in month by £22.5m, this relates to cash received for ERF, a catchup on PSDS3 income, together with a higher-than-average Block Contract payment.
- Current liabilities has increased in month by £22.7m, Trade and Oher Payables has increased by £22.1m, the remainder is due to an increase in the level of deferred income.
- The Trust continues to hold very significant cash balances at £77.2m.

Better Payment Practice Code (BPPC)

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

Trade and Other Payables

- An increase in month of £2.8m on the creditor position increasing the purchase ledger total to £20.1m.
- 88% of the outstanding invoices are payable to trade (Non NHS) suppliers and the balance to NHS providers. The Trust processes weekly payment runs.
- The majority of aged invoices are stuck in the system due to issues relating to the 'No PO, No Pay' policy.

Trade and Other Receivables

- The sales ledger balance decreased by £2.0m in month to a total of £7.6m.
- The ageing profile of debt due has decreased by £1.4m in month and now totals £5.7m.

Key risks

East Sussex Healthcare NHS Trust

Risk adjusted forecast outturn

- Risk analysis shows a potential range from £1.3m deficit to a breakeven position downside and upside cases respectively. The base case is showing a expected surplus of £0.1mwhich is immaterial to the scale of Trust turnover so not seen as a trigger point for changing the forecast.
- The downside position has improved due to one off benefits in Month 11.

	Downside £'000	Base £'000	Upside £'000	Commentary
M11 YTD	**458**	**458**	**458**	
Risks				
ERF value	-	-	-	*The ICB was considering whether the allocation of ERF money was correct. Now been informed there is no adjustment for 22-23.*
Efficiency	(274)	(274)	-	*The shortfall in the efficiency programme is being partially offset by savings in overall expenditure. Divisions continue to work to progress schemes and develop plans to close the gap. Ownership and engagement is high but significant progress will need to be made in the coming weeks to ensure the programme remains on track for full delivery. Mitigations for slippage has been found in some areas.* The current plan is for an improvement in run rate of £0.3m per month in the second half of the year. For **base case** and **downside** we are assuming the current run rate continues and this is not achieved, for upside **case** that this is delivered.
Run rate	(1,697)	(1,131)	(566)	*Current levels of temporary staffing, in part due to high levels of sickness, and expenditure growth in areas of activity, notably high cost drugs, are areas of particular concern and are under review* **Base**: Extrapolation of current run rate adjusting for ERF and assumed efficiency upside. **Upside** and **downside** case have been adjusted by 50% of this value.
Winter pressures	(500)	-	-	*Increasing expenditure based on additional operational demand over winter* **Base: Higher runrate in M7-11 reflected in run rate risk and expecting additional funding from ICB for Winter pressures, therefore set at zero for base case.** **Downside**: 500k included for potential risk against funding
Pay award	(283)	-	-	*There is a risk that the full cost is not fully funded. However,it appears H1 has been absorbed within the funding.* **Base Case**: assume continued run rate on pay award abosbed through additional funding **Upside**: Pay award is fully funded **Downside**: based on the theoretical gap identified in the pay workings
Mitigations				
One-off recovery actions	**1,000**	**1,000**	**108**	
Scenario FOT	**(1,295)**	**53**	**-**	
Prior month	**(2,002)**	**(109)**	**-**	

[x.x] 23/24 Budget Setting – 30 March submission

Purpose of the paper	To present the budget as per the plan submission on 30th March 2023						
	For Decision	x	For Assurance		For Information		
Sponsor/Author	**Sponsor**: Damian Reid (Damian.reid1@nhs.net) **Author**: Matt Backler (matt.backler1@nhs.net)						
Governance overview	Previous version of the budget was approved by the Finance & Productivity Committee on 23rd March 2023. This was also discussed with the Trust Board during a presentation of the Financial Planning Approach 23/24 on 14th March 2023						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
				x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	The committee is asked to **approve** the revised budget deficit of £16.7m

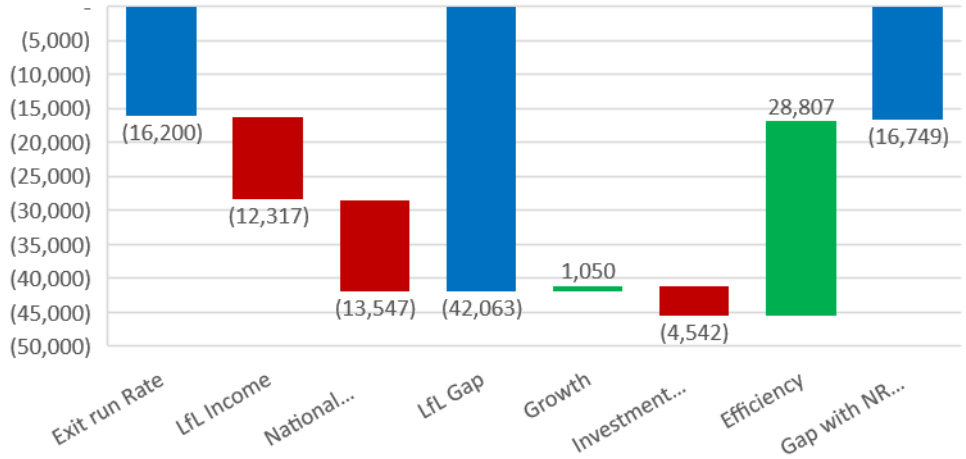
Executive Summary

Current status of planning

- First Draft submission was sent on 23rd February, this showed a deficit of £26.5m
- Following on-going negotiations with the ICB a revised submission on 30th March showing a deficit of £16.7m was made. Alongside this the ICB have written to NHSE/I setting out some conditions and requests to potentially further improve the position.
- A further submission is required on 4th May and it is possible further iterations following this.
- Work on the detailed bottom up budget is on-going but is closely aligned to the top-down process to set overall targets.

23/24 financial plan

The bridge below sets out headline financial position expected for 23/24 and aligns to our submission



- **Exit run rate**: Current underlying deficit is c£1.2-1.5m per month for the second half of 22/23. This is therefore set as the starting position for the 23/24 financial plan
- **Like for Like Income**: a reduction of £12.3m comprising £14.0m pertaining to ERF

	performance (if no claw back had been in effect) partially offset by an increase in non-recurrent income of £1.7m. • **National efficiency ask**: Combination of tariff and Covid income reduction and inflation gap (limited to £1.9m from initial version, however this is much higher at around £6.8m, the difference is implied additional efficiency) • Overall this means there is a like for like gap of £42.1m facing the Trust for 23/24. • **Estimated growth**: Estimated growth funding of £1.0m from non-ICB commissioners (ICB is not providing growth funding, however there is non-recurrent support) • **Investment fund**: assuming costs of £4.5m to meet underlying demand growth issues (less than 1% of total income therefore representing a very limited figure). • **Efficiency/productivity**: The Trust set an initial efficiency target of £25.0m representing the undelivered recurrent CIP form 22/23 plus the headline national ask of 2.2%. This has been further increased by £3.8m to £28.8m following further negotiations with the ICB. This now represents 5.2% of expenditure. Overall this results in a planned deficit of £16.7m, this is broadly driven by c£10.0m of structural deficit and £6-7m of excess inflation above that funded in the tariff. **Key assumptions** • The Trust is able to deliver £28.8m of CIP (c5.2%) – this includes our productivity gains through mitigating demand and delivering elective activity. The income plan includes no expectation of ERF funding other than the efficiency gain. • An investment fund of £4.5m is established based on assumed growth and reinvestment at 33%. No cases can be approved beyond this limit. • Escalation beds have been assumed to be open throughout the year based on the run rate, any reductions will contribute to the efficiency ask. i.e. we have not assumed system changes to resolve the NCTR issue, nor have we assumed the situation gets worse or other capacity is removed. • Elective activity is assumed to be 107% of 19/20 (104% within core resource and the additional 3% requiring a cost increase which is being held centrally). **Risks** • Most significantly the plan is predicated on delivery of a historically high level of efficiency. Around 40% is expected to be delivered through increasing elective activity throughput. • There is a risk that inflation has not been fully incorporated into the plan as we have only allowed a number of specifically identified cost increases and this may not reflect the full impact. If this cost increase is material it will add further pressure to the plan. The inflation included is already well above funded levels. • The pay award has not been incorporated as we expect separate funding for this in year, historically however funding has always been below actual costs.
Next steps	• *Further submissions as required* • Finalisation of bottom up budgets

East Sussex Healthcare NHS Trust

Mortality Report: Learning from Deaths 1 April 2017 to 30 September 2022

Purpose of the paper	The reporting of "Learning from Deaths" to the Trust Board is a requirement in the Care Quality Commission review. All deaths in hospital are reviewed by our team of Medical Examiners and any cases requiring further scrutiny are highlighted to divisions and discussed at specialty Mortality and Morbidity meetings.					
	For Decision		For Assurance	x	For Information	
Sponsor/Author	Dr Simon Merritt					
Governance overview	N/A					

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		x		

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
		x	x	

Recommendation	The Board are requested to note the report. "Learning from Deaths" reports are presented on a quarterly basis.

Executive Summary	The current "Learning from Deaths" report details the April 2017 – September 2022 deaths, recorded and reviewed on the mortality database. Learning disability deaths are subject to external review against the LeDeR (learning disability mortality review) programme. Trusts are now receiving feedback from these reviews, although the process is slow. We continue to review deaths of patients with learning disabilities internally due to the delays in the external process in order to mitigate any risk.

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

EAST SUSSEX HEALTHCARE TRUST: Learning from Deaths Dashboard September 2022-23

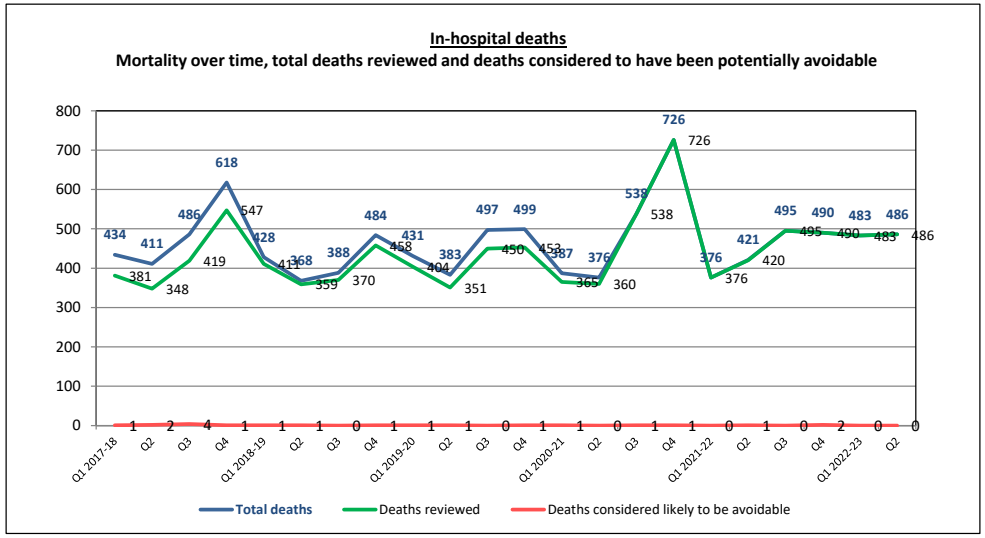
Description:
This dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of in-hospital deaths and total number of cases reviewed under the Structured Judgement Review methodology (Data as at 27/03/2023)

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

Time Series:	Start date	2017-18	Q1	End date	2022-23	Q2

Total number of deaths in scope		Total deaths reviewed		Total number of deaths considered to have been potentially avoidable (RCP Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
163	164	163	164	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
486	483	486	483	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
969	1782	969	1781	0	3



Total deaths reviewed by RCP methodology score

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

Data above is as at 27/03/2023 and does not include deaths of patients with learning disabilities.
Family/carer concerns - There were two care concerns expressed to the Trust Bereavement team relating to Quarter 2 2022/23 deaths. One was taken forward as a complaint.
Complaints - Of the complaints closed during Quarter 2 2022/23 which related to to 'bereavement in hospital', one had an overall care rating of 'adequate care' and the remainder had an overall care rating of 'good care'.
Serious incidents - There were no severity 5 serious incidents raised in Q2 2022/2023..
As at 27/03/2023 there are 512 April 2017 - September 2022 deaths, still outstanding for review on the Mortality database.

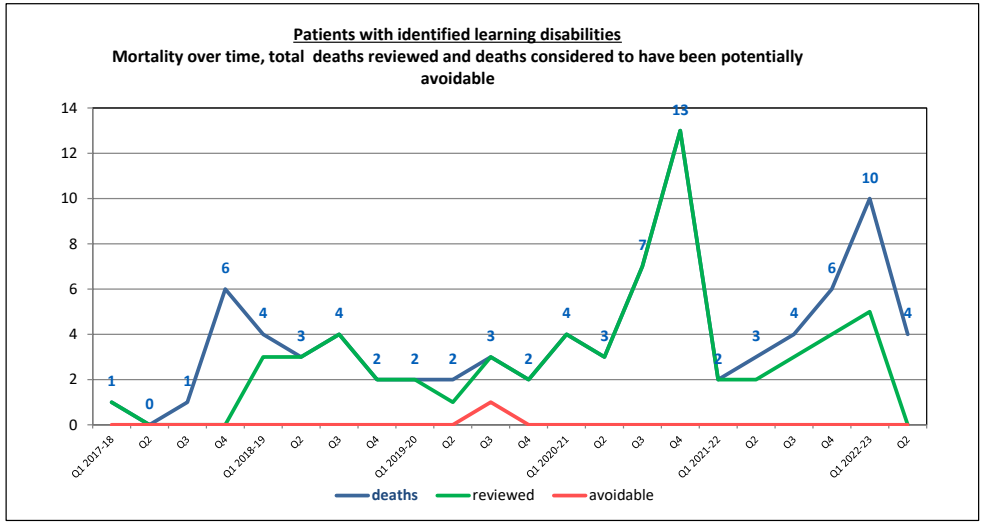
Summary of total number of deaths and total number reviewed for patients with identified learning disabilities (Data as at 27/03/2023)

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

Time Series:	Start date	2017-18	Q1

End date	2022-23	Q2

Total number of deaths in scope		Total deaths reviewed through the LeDeR methodology (or equivalent)		Total number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	2	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
4	10	0	5	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
14	15	5	11	0	0



The LeDeR (learning disability mortality review) programme is now in place and the deaths of patients with a learning disability are being reviewed against the new criteria externally. Feedback from these external reviews is now being received by the Trust.
These deaths are also reviewed internally by the Acute Liaison Nurse for Learning Disabilities, who enters the review findings on the mortality database.

East Sussex Healthcare NHS Trust

Maternity CQC Action Plans: Inspection Report & National Maternity Survey

Purpose of the paper	This report provides an overview of: • the Care Quality Commission (CQC) Inspection report action plans completed following the CQC's inspection on 19-20th October 2022 to review maternity services at EDGH and Conquest, as part of a national maternity inspection programme. • the recently published NHS Maternity Services Survey 2022 benchmark report action plan
	For Decision: ; For Assurance: x ; For Information:
Sponsor/Author	Vikki Carruth, Chief Nurse Brenda Lynes, Director of Midwifery
Governance overview	The two areas covered in this report were addressed in February Women's, Children and Sexual Health Division Governance and Accountability meeting and IPR for Maternity Services. This paper was shared at Quality & Safety Committee on 16/03/23.

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x	x	x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x	x	x

Recommendation	The Board is asked to take assurance from: 1. the CQC action plans for Eastbourne Maternity Unit and Conquest Obstetric Unit following the published report following the two day review carried out in October 2022. 2. the NHS Maternity Services Survey 2022 benchmark report action plan following publication in January 2023.

Executive Summary	**CQC Maternity Inspection Programme** Maternity services across England and Wales were included in this national CQC inspection programme and compared with other local reviews, the overall ratings for this Trust – which stayed the same as the previous inspections in 2017 and 2018 – reflect the hard work of our teams. The Trust was assessed as performing strongly on the Well Led domain and the Safe domain was felt to require improvement, The CQC identified two must dos for Eastbourne and four must dos for Conquest, with specific issues around training and risk assessment of women and birthing people driving most of the must-dos. These are detailed and addressed in the action plans attached (*Appendix 1 Conquest and Appendix 2 Eastbourne*). All actions are progressing positively. This includes a robust plan to recover maternity mandatory training to above 90% compliance, currently on trajectory to achieve this by May 2023. Junior medical staff training is an area of concern and the Director of Midwifery (DOM) is working with the

	division and medical education to review the process for ensuring all trainees are fully compliant with mandatory training prior to commencing in the clinical area. The Birmingham Symptom-specific Obstetric Triage System (BSOTS), that the Q3 maternity overview report discussed has been adopted by approximately 70 maternity units in the UK; implementation at ESHT commenced on 13th February 2023. BSOTS enables teams to assess women and birthing people presenting with unexpected pregnancy-related problems or concerns and then allocate them with a colour code, so that staff can see at a glance who needs to be prioritised. An initial early evaluation showed that BSOTS increased the number of women seen within 15 minutes of attendance to maternity triage from 38% to 53% and the system also appeared to reduce the time between attendance to medical review for those who required it. It also provides a standardised assessment system across maternity units. BSOTS is now embedding well within our services and we continue to review and mitigate any concerns raised by staff with regards to the implementation. An audit of the telephone triage line will take place by the end of March 2023 and an audit of the entire BSOTS process will take place in September 2023. The longer-term, structural issue of recruitment, specifically to levels that provide extra cover to free staff to attend training, is progressing. An updated tool to assess workforce numbers in line with ability to further roll out continuity of carer is also underway. The increase in appraisal rate is a continuing theme and this remains a focus across all areas within Maternity. Individual appraisal compliance increased by 4.2% in Feb to 72.6% (Jan 68.4%), work continues to achieve above 90% Mandatory training is ongoing and additional sessions having been arranged for both Basic Life Support and Think Family - Safeguarding training over both sites. This will allow up to 28 staff to attend by the end of March. Overall Maternity Mandatory Training for January is up by 2.6% to 87%. Specifically Think Family training is currently at 78% compliance and on trajectory to be above 90% by the end of May 2023. **Maternity Services Survey 2022** The CQC published a maternity services survey in Q3 that looked at the experience of maternity from the perspective of patients. Overall, across over 90% of indicators, ESHT was seen as performing largely as it had done in 2021 – again, another positive takeaway for the service in a year where many maternity services saw significant dips in patient experience. As with the Inspection Report, there were several areas where ESHT was performing better than the national average, but other areas, notably around labour and birth where we can do better. The attached action plan addresses these areas (*Appendix 3*) One area for action concerned providing information and advice to pregnant women on the risks associated with the induction of labour. This area was also identified via feedback from the Maternity Voices Partnership (MVP) and is currently a quality improvement project with input from a wide multi-disciplinary team (clinicians, midwives, other clinical staff and service users). The MDT is working to co-produce improved processes including information production and sharing; an initial information gathering process has taken place and a plan of action is progressing. Another area concerned mothers having confidence in staff and the service continues to work closely with the MVP, including through site visits and receipt of regular service user feedback with the aim of improving systems and confidence in staff and services.
Next steps	The maternity team will continue to progress the action plans presented in this paper, including audit where required. Reports against progress will be presented at the monthly divisional governance meeting and to the quarterly Maternity overview reports until fully compliant. Updates will also be provided to Q&S and the Trust Board.

Blue	Complete
Green	Progressing and on target for completion
Amber	At risk of meeting completion target date
Red	Completion target date overdue

Conquest
Maternity Services CQC Action Plan
arising from 2022 visit

NHS
East Sussex Healthcare
NHS Trust

Regulation	Action Required	Specific action details	Action to be completed by	Target date for completion	What resource or support is needed? (if applicable)	How to mitigate risk in the short term? (if applicable)	Assurance of completion/evidence of action taken	Action progress updates	RAG Rating
MUST DO									
12 Safe	**Make sure that a formal prioritisation risk assessment tool is introduced on the triage telephone line and in the day assessment unit to safely assess women and pregnant people.**	1. Assurance that all clinical midwives have appropriate training and education in line with national guidance when safely risk assessing women and birthing people who call triage for advise and guidance.	DAU matron	November 2022	Annual audit of triage calls	Initial prioritisation list agreed.	Audit of triage calls over a 24 hr period to provide assurance of appropriate risk assessment in line with national guidance for each specific condition.	**15/02/23:** Implemented November 2022. DAU matron will complete audit in March 2023 for ongoing assurance. **13/03/23**: Audit to be completed by end of March 23.	G
		2. Implement BSOTS (specific action plan already developed)	Deputy HOM	Implementation of BSOTS from 13/02/23	BSOTS National resource for triage risk assessment on admission		BSOTS: Implementation Plan Interim triage logs in place Triage interim guidance email & template 3 month review	**15/02/23:** BSOTS implemented 13/02/23 **13/03/23:** BSOTS implementation working effectively	
12 Safe	**Make sure women who were waiting to be seen within the day assessment unit have arrival times noted and are regularly reviewed with observations completed.**	1. Immediate implementation of spreadsheet to record arrival and review times (started Nov 22)	Matron for Day Unit	Complete Nov 22			Consistent recording of arrival and assessment time.	**15/02/23:** Weekly walkabout undertaken by HOM/Deputy HOM, spreadsheet reviewed. Day Unit staff aware of need for consistent recording of arrival and assessment times. **13/03/23:** Audit to occur June 2023	
		2. BSOTS implementation includes all data inclusion electronically via Badgernet	Deputy HOM	13/02/2023	Action plan in place (resources procured)	Temporary introduction of spreadsheet pending BSOTS implementation	Monitoring of temporary spreadsheets for compliance	**15/02/23:** BSOTS implemented 13/02/23 **13/03/23:** BSOTS implementation working effectively	G
12 Safe	**Make sure medical and midwifery staff meet the trust target of 90% for safeguarding level 3 training.**	1. Ensure sufficient training resources to enable medical and midwifery staff to meet trust target of 90% 2. Review workforce uplift to ensure capacity to release staff for training.	HOM for midwives and DDO for medical staff	80% by 31/03/23 85% by 30/04/23 >90% by 31/05/23	1. HR support to obtain monthly compliance status divided by staff groups. 2. HR workforce support to review workforce uplift. 3. Safeguarding team to ensure sufficient sessions to meet demand. 4. Review process of induction for junior medical staff to ensure mandatory training is completed prior to starting in clinical areas.	(In place as noted within CQC report: access to specialist safeguarding support) There is an annual safeguarding session as part of Prompt (we are 93% compliant with Prompt).	Compliance >90%	**15/02/23:** 1, 2, 3 - in progress. 4 - reviewing induction programme 3. Anticipating remaining on target, whilst noting a reduction in number of slots **13/03/23:** Feb compliance for Think Family 78%. Meeting held with Education team re induction and plan in place for junior staff induction prior to entering clinical area.	G
12 Safe	**Make sure it improves 90% trust target staff compliance for basic life support, blood transfusion and mental capacity act training so that it meets trust targets.**	1. Ensure sufficient training resources to enable medical and midwifery staff to meet trust target of 90% 2. Review workforce uplift to ensure capacity to release staff for training.	HOM for midwives and DDO for medical staff	80% by 31/03/23 85% by 30/04/23 >90% by 31/05/23	1. HR support to obtain monthly compliance status divided by staff groups. 2. HR workforce support to review workforce uplift. 3. Resus and blood transfusion teams to ensure sufficient sessions to meet demand. 4. Review process of induction for junior medical staff to ensure mandatory training is completed prior to starting in clinical areas. 5. MCA e learning package - staff encouraged to undertake online training during 'down times'	BLS: maternal and neonatal resus on PROMPT annually (as noted by CQC) we are 93% compliant.	Compliance >90%	**15/02/23:** 1, 2, 3 - in progress 4 - reviewing induction programme **13/03/23:** Maternity Mandatory training compliance for Feb 86.7%. *Meeting held with Education team re induction and plan in place for junior staff induction prior to entering clinical area.*	G
SHOULD DO									
	Make sure there is a standard operating procedure for the day assessment unit and for staff to be aware of the guidelines.	1. SOP written by end of Jan 23 and live by end of Feb 23.	Deputy HOM and Matron for Day Unit	28/02/2023	n/a	Access to policies for individual conditions and BSOTS algorithm printed for staff		**13/03/23:** SOP written awaiting completion of ratification process ahead of publication.	R
	Makes sure all medicines are stored securely and safely.	**Delivery Suite:** 1. Medicine records to be completed accurately 2. Repair door lock on treatment room 3. Ensure correct stock levels of medication (stored in logical order). 4. Tablets to be kept in original packaging 5. Record date opened on liquid medicines bottles 6. Medicines for discharged women and birthing people to be removed from stock room 7. Documented evidence of regular stock room checks completed	Matron for Delivery Suite/HOM	28/02/2023	Weekly audit by matron to provide assurance to HOM	Most recent audit demonstrates compliance	Weekly audit and assurance from area matrons	Included within theme of the fortnight. Treatment room lock repaired. **13/03/23:** audits ongoing	G
	Make sure all incidents are reviewed within 72 hours.	Review governance team staffing levels to ensure capacity and review of processes.	Governance Lead/DDO	30/04/2023	TBC following review	Level 3 or above prioritised	Monthly assurance to be provided by Governance Lead	Governance lead in post, sufficient staffing. Processes to be reviewed March 23 **13/03/23**: meeting booked end Mar 23	G

Blue	Complete
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Red	Completion target date overdue

EASTBOURNE
Maternity Services CQC Action Plan
arising from 2022 visit

NHS East Sussex Healthcare NHS Trust

Regulation	Action Required	Specific action details	Action to be completed by	Target date for completion	What resource or support is needed? (if applicable)	How to mitigate risk in the short term? (if applicable)	Assurance of completion/evidence of action taken	Action progress updates	RAG Rating
MUST DO									
12 (1) (c) Safe 1. Care and treatment must be provided in a safe way for service users. C. ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely	**The service must ensure there is a prioritisation score to safely risk assess women calling the triage line and on arrival in the day assessment unit and monitors wait times effectively to ensure service users are seen within safe timeframes.**	1. Assurance that all clinical midwives have appropriate training and education in line with national guidance when safely risk assessing women and birthing people who call triage for advise and guidance.	DAU matron	November 2022	Annual audit of triage calls	Initial prioritisation list agreed.	Audit of triage calls over a 24 hr period to provide assurance of appropriate risk assessment in line with national guidance for each specific condition.	**15/02/23:** Implemented November 2022. DAU matron will complete audit in March 2023 for ongoing assurance. **13/03/23:** Audit to be completed by end of March 23.	G
		2. Implement BSOTS (specific action plan already developed)	Deputy HOM	Implementation of BSOTS from 13/02/23	BSOTS National resource for triage risk assessment on admission		BSOTS: Implementation Plan Interim triage logs in place Triage interim guidance email & template 3 month review	**15/02/23:** BSOTS implemented 13/02/23 **13/03/23:** BSOTS implementation working effectively	
18 (1) Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.	**The service must ensure that it has enough staff to ensure all services can run effectively**	1. Daily roster review at safety huddle to ensure safe staffing levels and escalation and staff redeployment where required (as per policy) with written evidence log.	Management lead of the day	Complete/ ongoing	ESHT have a SOP/clinical guideline for out of hospital births to support decision making.	Rota prepared 8 weeks in advance via electronic Healthroster system.	Proactive recruitment plan across maternity services. EMU rotas and escalation policy	**15/02/23:** Actively recruiting to all vacancies. (Dec 22: fully staffed to template in EMU) escalation policy and bank staff used to cover sickness. **13/03/23:** vacancy rate 4%: x1 B5 NQM commenced, x3 B6 external midwives due to start in next 6-8 weeks and x13 newly qualified midwives due to commence between Aug and Oct 23.	G
		2. Regular workforce reviews to ensure appropriate recruitment and retention to budgeted establishment (quarterly review which inc community teams). 2a) *Eastbourne maternity unit fully recruited to* 2b) *Eastbourne community teams currently 1% vacancy rate, due to rotational B5 posts following 1 year preceptorship programme.*	Deputy HOM/HOM/DOM	Completed 6 monthly	Regular meetings with finance and HR to align finance/workforce	Robust escalation plan in place to activate when required.	Quarterly workforce report to trust board Monthly monitoring of vacancies via PQS dashboard/active recruitment and retention programme in place.	**15/02/23:** All absences are managed in line with trust policy and guidance. ***13/03/23:*** *vacancy rate 4%: x1 B5 NQM commenced, x3 B6 external midwives due to start in next 6-8 weeks and x13 newly qualified midwives due to commence between Aug and Oct 23.*	
		3. Three yearly birth rate plus review	HOM/DOM	Last undertaken 2022	Agreement with finance to undertake	Six monthly internal trust workforce reviews	Assurance paper presented at governance meetings.	**15/02/23, 13/03/23:** Actions are progressing as planned (funding to be agreed for uplift).	
SHOULD DO									
	The trust should ensure that staff training for level 3 safeguarding meets the trust target of 90% for community, EMU midwives and medical staff responsible for planning care	1. Ensure sufficient training resources to enable medical and midwifery staff to meet trust target of 90% 2. Review workforce uplift to ensure capacity to release staff for training.	HOM for midwives and DDO for medical staff	80% by 31/03/23 85% by 30/04/23 >90% by 31/05/23	1. HR support to obtain monthly compliance status divided by staff groups. 2. HR workforce support to review workforce uplift. 3. Safeguarding team to ensure sufficient sessions to meet demand. 4. Review process of induction for junior medical staff to ensure mandatory training is completed prior to starting in clinical areas.	(In place as noted within CQC report: access to specialist safeguarding support) There is an annual safeguarding session as part of Prompt (we are 93% compliant with Prompt).	Compliance >90%	**15/02/23:** 1, 2, 3 - in progress. 4 - reviewing induction programme 3. Anticipating remaining on target, whilst noting a reduction in number of slots **13/03/23:** Feb compliance for Think Family 78%. Meeting held with Education team re induction and plan in place for junior staff induction prior to entering clinical area.	G
	The service should consider introducing the nationally recognised 'I am clean stickers' for staff to use once equipment has been cleaned. So all staff and service users are assured that infection prevention control measures keep people safe	HOM/DOM to discuss with DIPC use of 'I am clean' stickers	DIPC	For discussion	N/A	Daily checklists are completed to assure of cleaning (as seen during visit).	Process in place, whilst different to recommendation this provides assurance.	**15/02/23:** DOM discussed with DIPC, ESHT currently employ ward orderlies who have specific duty to clean all equipment after episode of use in line with trust policy. Stickers will not be implemented.	B

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Amber	At risk of meeting completion target date
Red	Completion target date overdue

EASTBOURNE
Maternity Services CQC Action Plan
arising from 2022 visit

East Sussex Healthcare NHS Trust

Regulation	Action Required	Specific action details	Action to be completed by	Target date for completion	What resource or support is needed? (if applicable)	How to mitigate risk in the short term? (if applicable)	Assurance of completion/evidence of action taken	Action progress updates	RAG Rating
	The trust should ensure that it improves staff training compliance for blood transfusion, basic life support and mental capacity training so that it meets trust targets	1. Ensure sufficient training resources to enable medical and midwifery staff to meet trust target of 90% 2. Review workforce uplift to ensure capacity to release staff for training.	HOM for midwives and DDO for medical staff	80% by 31/03/23 85% by 30/04/23 >90% by 31/05/23	1. HR support to obtain monthly compliance status divided by staff groups. 2. HR workforce support to review workforce uplift. 3. Resus and blood transfusion teams to ensure sufficient sessions to meet demand. 4. Review process of induction for junior medical staff to ensure mandatory training is completed prior to starting in clinical areas. 5. MCA e learning package - staff encouraged to undertake online training during 'down times'	BLS: maternal and neonatal resus on PROMPT annually (as noted by CQC) we are 93% compliant.	Compliance >90%	**15/02/23:** 1, 2, 3 - in progress 4 - reviewing induction programme **13/03/23:** Maternity Mandatory training compliance for Feb 86.7% *Meeting held with Education team re induction and plan in place for junior staff induction prior to entering clinical area.*	G
	The trust should ensure that all staff can access policies and procedures via the trusts intranet systems quickly	1. Separate Maternity page with links to all policies and guidelines created on the extranet. 2. Guidance email circulated to all staff as well as inclusion within theme of the fortnight. 3. Ensure frequent key words used to access policies and guidelines are added to the search engine.	HOM/DOM	Completed November 2022	N/A	N/A	Available on the Extranet. Information shared on medical induction. Access covered in mandatory study days annually. HOM/DOM to test during walkabouts.	Completed	B
	The trust should ensure that all midwives working in the midwife led unit complete an 'Evacuation of the pool' simulated training session and record attendance to monitor compliance	Annual skills drill plan to be completed and created on an ongoing basis.	EMU Matron	Nov-22	N/A	N/A	Pool evacuation dates: 25/11/22, 16/01/23 Skills drills dates: 7/12/22, 10/1/23 Annual forward plan available on trust 'S drive'	**15/02/23:** Ongoing annual schedule in place **13/03/23:** Pool evacuation compliance for Feb 86%.	G
	The service should ensure that all staff receive their annual appraisal, to ensure continued professional development and safe practice	1. Managers to prioritise PDR's when clinical activity allows 2. Monthly assurance to be provided at Maternity Improvement Forum	HOM/ Deputy HOM	80% by 30/04/23 85% by 31/05/23 >90% by 31/06/23	Capacity to release staff	N/A	Appraisals database and HOM reviewing compliance with direct reports on monthly basis.	**15/02/23:** HOM emailed senior staff requesting additional support to complete. All managers reminded of expectations. Discussed at MIFJanuary 23. **13/03/23:** compliance increased by 4.2% in Feb to 72.6% (Jan 68.4%).	A

Blue	Complete
Green	Progressing and on target for completion
Amber	At risk of meeting completion target date
Red	Completion target date overdue

CQC National Maternity Services Survey (November 2022)
ACTION PLAN
Last updated: 13/03/23

East Sussex Healthcare NHS Trust

Area for Improvement	Action Required	Specific action details	Action to be completed by	Target date for completion	What resource or support is needed? (if applicable)	How to mitigate risk in the short term? (if applicable)	Assurance of completion/evidence of action taken	Action progress updates	RAG Rating
Bottom five scores (compared with average trust score across England)									
Labour & birth C5. And before you were induced, were you given appropriate information and advice on the risks associated with an induced labour?	**Provide appropriate information and advice to pregnant women/people, on the risks associated with an induced labour, before being induced.**	Implement reviewed Induction Of Labour (IOL) pathway, including provision of advice regarding risks associated with IOL (verbally and written).	Consultant Midwife	Sep-23	Multidisciplinary team input clinically and MVP involvement (following quality improvement process)	N/A	Audit and progress review monthly via divisional Governance & Accountability Meetings (G&A) and quarterly at Maternity Assurance Meetings.	15/02/23, **13/03/23:** IOL pathway review is in progress.	G
		Audit to confirm new IOL process is in place and being followed via BadgerNet maternity notes.	Clinical Effectiveness Midwife	Mar-24	N/A	N/A	N/A	*(Action to commence 3 months after reviewed IOL pathway introduced)*	
Labour & birth C22. Did you have confidence and trust in the staff caring for you during your labour and birth?	**Mothers having confidence and trust in the staff caring for them during labour and birth.**	Seek service users views via MVP on what would improve their confidence and trust in the staff caring for them during labour and birth	HOM	Ongoing	Regular communication between MVP Chair/Co Chair and HOM	Daily walks undertaken by HOM/Deputy HOM in clinical areas to seek feedback and address and service user concerns	Quarterly review of feedback and any concerns to be presented via G&A meetings.	**15/02/23:** MVP Chair contacted by HOM and monthly concerns escalated to HOM for action. Poster signposting service users to MVP contacts available in all areas. **13/03/23:** met with Consultants and medical staff to discuss feedback and agree actions.	G
Labour & birth C23. After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	**Mothers having the opportunity to ask questions about their labour and the birth after the baby was born.**	Matron/s to ensure staff ask service users whether they have any questions about their labour and birth before discharge.	Matron/s	Ongoing	N/A (part of Matron role)	N/A	Quarterly review of feedback and any concerns to be presented via G&A meetings. FFT feedback.	**15/02/23**: HOM emailed Matrons to request all staff ask service users whether they have any questions about their birth experience. **13/03/23:** MVP monthly feedback continues with HOM taking action as appropriate.	G
		Matron/s to alert HOM/Deputy HOM of service users who may have experienced a particularly traumatic birth, matron to offer discussion and referral if required to the debriefing service.	Matron/s	Ongoing	N/A (part of Matron role)	N/A	Quarterly review of feedback and any concerns to be presented via G&A meetings. FFT feedback.	**15/02/23:** HOM emailed matrons to ensure of expectation as per action. ***13/03/23:*** *action ongoing*	G
Labour & birth C24. During your labour and birth, did your midwives or doctor appear to be aware of your medical history?	**Midwives or doctors appearing to be unaware of the medical history of the mother during labour and birth.** NB: at the time of the survey Badgernet had been newly implemented.	Communicate to all midwifery and obstetric staff highlighting the importance of ensuring knowledge of medical history before assessing a service user's needs.	HOM	Ongoing	Ongoing Badgernet training by Specialist Midwife	N/A	Badgernet lead provides ongoing training for all maternity staff who now have good understanding of how to access all areas of the system including medical history. (This was commended within CQC report of inspection from October 2022).	**15/02/23:** Email sent to all staff requesting familiarisation with service user's medical/social history as part of their overall assessment **13/03/23**: *action ongoing*	G
Postnatal care D7. Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted?	**Partners or someone else involved in the mother's care being able to stay with them as much as the mother wishes during their stay in the hospital.**	Review of access for birth supporters	HOM	Complete	N/A	N/A	Birth supporters are able to remain in the inpatient area at Conquest 07:00-23:00 hrs. Two birth supporters can remain on the labour ward for the duration of labour, until transfer to the postnatal ward. For special circumstances there are limited single rooms which could be used where indicated to allow partners to stay overnight. Birth supporters can remain for as long as they wish at EMU as there are single rooms available.		B

East Sussex Healthcare NHS Trust

Board Assurance Framework (BAF) Q4 Update

Purpose of the paper	This paper updates the Trust Board as to the progress in managing the Board Assurance Framework's (BAF) Q4 position, the final quarterly report for 2022/23 and comes to Board via the March Audit Committee.						
	For Decision		For Assurance	x	For Information		
Sponsor/Author	Chief of Staff						
Governance overview	Each BAF risk has been reviewed by the Chief of Staff and the Executive Risk Owner. Collectively the full BAF is reviewed at Executive Directors and shared quarterly with the Audit Committee before going to the next scheduled Trust Board. Each Board sub-Committee is expected to review the BAF risks it oversees four times a year. This typically takes place one month after the end of each FY quarter.						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
	x		x	x

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
		x		

Recommendation	The Trust Board is asked to note the completed summary position for BAF risks and Q4 positions of each risk, as shared by the Executive risk owners.
Executive Summary	This paper provides an overview of the Q4 risk position for each of the thirteen BAF risks, following discussions with executive risk owners. The risks have been reviewed by the relevant Committees. Nine of the 13 BAF risks show no significant change to their residual risk score from Q3, three BAF risks have shown a reduction in residual risk and one (BAF 2) has an increased risk score from 12 to 20 reflecting the current pressures being experienced from ongoing industrial actions. At year end, four of the thirteen risks have met their target risk level.
Next steps	The BAF will undergo a full review and update prior to Q1 2023/24 subsequent to the agreement of the 23/24 in-year objectives (year 2 of our five-year strategy) and will take account of the Sussex Integrated Health and Care Strategy

Board Assurance Framework (BAF) Update

1. Introduction

1.1 The Board Assurance Framework (BAF) supports the Board in focussing on the key risks which might compromise the achievement of the organisation's strategic and in-year objectives. The BAF maps out the key controls which are in place to support delivery of the Objectives and to mitigate risk and provide a framework of assurance which the Board can draw upon when considering the effectiveness of those controls.

1.2 At the previous Trust Board in February we updated for Q3. In this we are reporting on the Q4 (YE) BAF risk position.

2. Q4 scores in summary

2.1 Following reviews with all Executive SROs, we have completed assessments for the Q4 summary BAF (see figure 1).

2.2 Figure 1 shows that of the 13 BAF risks, nine show no significant change to the residual risk score for Q4. Three BAF risks show a reduction in residual risk, suggesting the mitigations and controls are showing a degree of effectiveness. The residual risk for BAF 2 has increased from 12 to 20, reflecting the pressure that is being experienced from ongoing and escalating industrial actions.

Figure 1: BAF Summary for Q1, Q2, Q3 and Q4

BAF Ref	RISK SUMMARY	Monitoring Committee	Strategic Aims Impacted				Inherent Risk	Current position (Residual risk)				Change	Risk Appetite	Target Risk	Target date
								2022/23							
								Q1	Q2	Q3	Q4				
1	Minimal benefits from collaboration (e.g. better resource use & improved outcomes) for those in greatest need, due to System/Place focus on governance and architecture	Strat	X			X	12	9	6	6	6	◄►	Seek / Significant	6	Review every two months
2	Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time	POD		X	X	X	15	12	12	12	20	▲	Open	9	Ongoing
3	Decline in staff welfare, morale and engagement that impacts standards of care in 22/23	POD		X	X	X	20	16	16	16	16	◄►	Cautious / Open	12	Ongoing
4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery	F&P			X	X	20	20	16	8	4	▼	Cautious	8	31/01/23
5	Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 22/23	F&P			X	X	15	10	10	16	16	◄►	Seek	10	31/03/23
6	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	F&P		X	X	X	20	16	16	16	16	◄►	Cautious	8	Ongoing
7	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	Audit	X	X	X	X	20	16	16	16	16	◄►	Minimal	12	Ongoing
8	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	F&P			X	X	20	16	16	16	16	◄►	Open	12	Ongoing
9	Failure to transform digitally and deliver associated improvements to patient care	F&P			X	X	20	16	16	16	12	▼	Significant	12	31/03/25
10	Failure to maintain focus on improving care	Strat				X	12	12	12	9	9	◄►	Cautious / Open	9	Review every two months
11	Risk of not being able to maintain delivery of safe, high quality effective care due to huge numbers of patients that no longer meet the criteria to reside.	Q&S	X	X	X	X	20	16	16	16	16	◄►	Open / Seek	12	Ongoing
12	Failure to play our part in Sussex public health priorities - e.g. mental health, CVD - to strengthen delivery against ICB target areas	Strat	X			X	12	9	6	9	6	▼	Cautious / Open	4	Review every two months
13	Insufficient focus given to the patient/stakeholder voice in service development and transformation to develop fit for purpose and fit for the future services	Strat	X			X	15	12	12	12	9	◄►	Open	6	31/03/23

3. Risk Summaries

3.1 Executive SROs have provided a brief summary of the progress of each of the risks during 2022/23, and how they think the risk may progress moving into 2023/24

BAF Ref.	Risk Summary	
BAF 1	Minimal benefits from collaboration (e.g. better resource use & improved outcomes) for those in greatest need, due to System/Place focus on governance and architecture	This BAF risk is assessed as 6 – meeting its target risk for the year. The rationale for the Q4 score remaining at six is driven by a confidence in the Executive Team now frequently monitoring/reviewing and escalating issues relating to senior attendance at external Committees and meetings. The recent restructuring of ED portfolios has enabled both clarity on who should attend as well as revising who actually attends, drawing on a wider group of senior leaders to share the meetings burden in a sensible way.
BAF 2	Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time	2022/23 has seen significant and ongoing development in a number of areas: • The development of new roles and apprentice / other programmes to access them. This has also been supported by our unique bootcamp programmes. This has been reported through POD. • Ongoing recruitment at all levels continues with particular success in new to care, international nursing and medical staffing. • Significant improvements in our workforce analytics and reporting providing much better insight of issues and opportunities for leaders so that that can be more efficient in the utilisation of resources. However, turnover has been driven up by the ongoing pressures colleagues experience on a day to day basis. Additionally the cost of living crisis and inflation has led to further frustration as there is a sense of working harder for less in real terms. Whilst we have continued to build our workforce we have increased the level of risk due to the short term risks to workforce availability as a result of industrial action and the risk of extended disquiet leading to further turnover. Should the current disputes be resolved and we see the trend we expect in improved workforce metrics and a reduction in pressures then we would expect the risk to revert to 16 and then potentially reducing slightly (although this is by no means certain).

BAF 3	Decline in staff welfare, morale and engagement that impacts standards of care in 22/23	BAF 3 performance is linked to many of the actions and concerns highlighted for BAF 2. Particular areas of progress are: • The implementation of staff survey actions and ongoing welfare support leading to an overall positive staff survey for 2022 • The recruitment of a culture lead and the implementation of targeted culture reviews • Work towards improved workforce planning to maximise the availability of the workforce. • Ongoing recruitment to reduce vacancies and the pressures on colleagues. Despite all of the above the ongoing spikes in sickness (COVID / Flu) mean that we are still challenged in terms of staffing at times. Additionally, the levels of attendances, admissions and discharges all put daily pressure on individuals. In addition to the above the ongoing disputes re: pay and the related industrial action have a significant impact on morale and highlight many of the issues facing colleagues. Whilst we have made progress against our plans, based on the reasons above we have not reduced the risk. For 2023/24 we believe that this risk is likely to remain stable and then only with significant effort to mitigate deterioration.
BAF 4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery	BAF 4 has reduced to the target risk through Quarter 3. It is recommended that risk in quarter 4 reduces to 1x4 but recognise this is being delivered non-recurrently.
BAF 5	Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 22/23	BAF 5 is currently a 16 risk. The Trust is working on mitigating actions. However, the current forecast for 23/24 is a deficit.
BAF 6	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	Whilst we continue to make significant investment of circa £6-8m per year through Trust capital to mitigate the significant risk, construction/cost inflation and impending 5yr backlog cycle is outstripping the underlying investment. We are in the process of reviewing this impact upon critical infrastructure risk and the initial view is that the risk may be increasing. We will be going back to the committee in Q2/Q3 with a further update.

BAF 7	Vulnerability of IT network and infrastructure to prolonged outage	Digital team continue to improve the Cyber posture through patching and system monitoring and improvements. Work is under way on a business case to support the team with a security operations centre to monitor out of hours and weekends
BAF 8	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	The Business Intelligence team are preparing a business case to cover current gaps and address the requirements of a daily, weekly and monthly dashboard over the next six months. This proposal will be presented to ELT in the next month.
BAF 9	Failure to transform digitally and deliver associated improvements to patient care	Work is well under way to start to deliver the EPR case over the next 12months, through tender and start of implementation. Through this work we have increased the level of engagement across the organisation in Digital. Completion of the digital maturity assessment will highlight gaps, like the requirement for a dedicated CIO or CCIO on the board.
BAF 10	Failure to maintain focus on improving care	The initial risk rating at the beginning of the year (12) reflected both the existing resource gap/competencies and a wider lack of clear strategic intent, impacted significantly by COVID. With executive team's agreement to identify a strategic partner who will align leadership around a vision, review KPIs and monitoring and co-develop a continuous quality improvement approach we are confident that we have hit our target risk. Looking forward to 23/24 the challenge will be ensuring effective implementation now that the model has been identified.
BAF 11	Risk of not being able to maintain delivery of safe, high quality effective care due to huge numbers of patients that no longer meet the criteria to reside.	Despite ongoing actions, the risk has not reduced, and is unlikely to in the short term. Not all of the actions that are required are within the gift of the Trust so ongoing partnership and multi-agency working is key. The Trust is part of a Sussex wide collaboration called the Discharge Frontrunner Programme which will support collaboration across partner organisations to make improvements in this area. Also key will be horizon scanning, and seeking out new opportunities and models of care that will make a difference especially in terms of domiciliary care.
BAF 12	Failure to play our part in Sussex public health priorities - e.g. mental health, CVD - to strengthen delivery against ICB target areas	The risk level has evolved over the year, recognising the internal challenges around both our resourcing and potential to be blown off course by additional in-year priorities. The proposed reduction in the risk to 6 for Q4 is a function of several events/actions:

		• A workplan to tackle health inequalities, aligned with ICB priority areas • A series of system meetings to track actions/support for providers across Sussex-wide public health priorities • Enhanced engagement with partner organisations (HealthWatch) in supporting Trust priorities Ultimately, we have not hit the target risk level because the changes we have put in place have not had enough time to bed in and show improvements at this point in the year.
BAF 13	Insufficient focus given to the patient/stakeholder voice in service development and transformation to develop fit for purpose and fit for the future services	This risk recognises the high probability that when developing services, we do not encourage patient involvement at an early stage and fail to take into account the insight of others that may make our services better – more accessible and responsive. The actions that have changed the Q4 risk rating (albeit still above our target risk level) is: • The identification of resources to support improving patient engagement, linked to the reshaping of our approach to patient experience • The plan to develop a patient engagement strategy by Q1 • The agreement to work with HealthWatch as our 'critical friend' in shaping our action plan to deliver the strategy Together these have reduced the likelihood of the risk, but we note that the target risk level of six has not been achieved within the year because we were not able to deliver the strategy and supporting resource sooner in 22/23

3.2 Following presentation of the BAF to the Trust Board, work will commence on updating the BAF for 2023/24. This will include a full review of each of the risks on the BAF to ensure that these remain relevant and continue to be appropriately worded. A full review of the associated risks on Corporate Risk Register will be undertaken to ensure that these are correctly linked to appropriate strategic risks on the BAF.

Board Assurance Framework (BAF)

Quarters 4 Update 2022/23

East Sussex Healthcare NHS Trust

1. Overview and BAF updates

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

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

Between June and July 2022, the Trust Board discussed an updated BAF, agreeing updated BAF risks and the organisation's risk appetite for each. The number of BAF risks for 2022/23 increased to 13, with almost all of them rewritten.

The Trust's Corporate Risk register contains all of the risks in the Trust that are rated as 15 or more. The majority of risks included on the BAF are included on the Corporate Risk Register, which is presented in full to the Audit Committee alongside the BAF.

Links between each BAF risk and the risks on the Trust's Corporate Risk Register can be found in Appendix One.

BOARD ASSURANCE FRAMEWORK - SUMMARY PAGE

NHS
East Sussex Healthcare
NHS Trust

BAF Ref	RISK SUMMARY	Monitoring Committee	Strategic Aims Impacted				Inherent Risk	Current position (Residual risk)				Change	Risk Appetite	Target Risk	Target date
								2022/23							
								Q1	Q2	Q3	Q4				
1	Minimal benefits from collaboration (e.g. better resource use & improved outcomes) for those in greatest need, due to System/Place focus on governance and architecture	Strat	X			X	12	9	6	6	6	◄►	Seek / Significant	6	Review every two months
2	Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time	POD		X	X	X	15	12	12	12	20	▲	Open	9	Ongoing
3	Decline in staff welfare, morale and engagement that impacts standards of care in 22/23	POD		X	X	X	20	16	16	16	16	◄►	Cautious / Open	12	Ongoing
4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery	F&P			X	X	20	20	16	8	4	▼	Cautious	8	31/01/23
5	Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 22/23	F&P			X	X	15	10	10	16	16	◄►	Seek	10	31/03/23
6	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	F&P		X	X	X	20	16	16	16	16	◄►	Cautious	8	Ongoing
7	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	Audit	X	X	X	X	20	16	16	16	16	◄►	Minimal	12	Ongoing
8	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	F&P			X	X	20	16	16	16	16	◄►	Open	12	Ongoing
9	Failure to transform digitally and deliver associated improvements to patient care	F&P			X	X	20	16	16	16	12	▼	Significant	12	31/03/25
10	Failure to maintain focus on improving care	Strat				X	12	12	12	9	9	◄►	Cautious / Open	9	Review every two months
11	Risk of not being able to maintain delivery of safe, high quality effective care due to huge numbers of patients that no longer meet the criteria to reside.	Q&S	X	X	X	X	20	16	16	16	16	◄►	Open / Seek	12	Ongoing
12	Failure to play our part in Sussex public health priorities - e.g. mental health, CVD - to strengthen delivery against ICB target areas	Strat	X			X	12	9	6	9	6	▼	Cautious / Open	4	Review every two months
13	Insufficient focus given to the patient/stakeholder voice in service development and transformation to develop fit for purpose and fit for the future services	Strat	X			X	15	12	12	12	9	◄►	Open	6	31/03/23

Strategic Aim 1: Collaborating to deliver care better
Strategic Aim 2 : Empowering our People
Strategic Aim 3: Ensure Innovative & Sustainable Care
Strategic Aim 4: Improving the health of our communities

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

Key to Risk Appetite Ratings		
0	None	Avoidance of risk is a key organisational objective
1	Minimal	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential
2	Cautious	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential
3	Open	Willing to consider all potential deliver option and choose while also providing an acceptable level of reward
4	Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
5	Significant	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust

Key to Risk Rating Types	
Inherent Risk Rating	The amount of risk that exists in the absence of controls
Residual Risk Rating	The amount of risk that remains after controls are accounted for.
Target Risk Rating	The desired optimal level of risk.

RESIDUAL RISK MATRIX (Risk assessment post-controls/mitigation)

		Collaborating to deliver care better	Empowering our People	Ensure Innovative & Sustainable Care	Improving the health of our communities
BAF 1	Minimal benefits from collaboration (e.g. better resource use & improved outcomes) for those in greatest need, due to System/Place focus on governance and architecture	6			6
BAF 2	Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time		20	20	20
BAF 3	Decline in staff welfare, morale and engagement that impacts standards of care in 22/23		16	16	16
BAF 4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery			4	4
BAF 5	Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 22/23			16	16
BAF 6	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff		16	16	16
BAF 7	Vulnerability of IT network and infrastructure to prolonged outage	16	16	16	16
BAF 8	Failure to develop business intelligence weakens insightful and timely analysis to support decisions			16	16
BAF 9	Failure to transform digitally and deliver associated improvements to patient care			12	12
BAF 10	Failure to maintain focus on improving care				9
BAF 11	Risk of not being able to maintain delivery of safe, high quality effective care due to huge numbers of patients that no longer meet the criteria to reside.	16	16	16	16
BAF 12	Failure to play our part in Sussex public health priorities - e.g. mental health, CVD - to strengthen delivery against ICB target areas	6			6
BAF 13	Insufficient focus given to the patient/stakeholder voice in service development and transformation to develop fit for purpose and fit for the future services	9			9

Risk Summary							
BAF Reference and Summary Title:	BAF 1: Minimal benefits from collaboration (e.g. better resource use & improved outcomes) for those in greatest need, due to System/Place focus on governance and architecture				Strategic Aims Impacted		
					x		x
Risk Description:	There is a risk that senior Trust resources spend excessive amounts of time focussing on the process aspects of the new System rather than the delivery of service improvements						
Lead Director:	Chief of Staff	Lead Committee:	Strategy Committee	Date of last Committee review:	23/02/2023		

BAF Risk Scoring								
Inherent Risk	Residual Risk	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)	Target Date
	Likelihood:	3	2	2	2	There are two central elements to this risk: With the creation of the new System and Place governance structures, there are potentially far greater meetings for ESHT teams to attend. The opportunity cost of attending meetings for senior leaders is that other priorities are put at risk. The other priorities being operational/delivery-focused in nature means that the core business priorities in 22/23 has less focus and direction, because key resources are focused elsewhere and this will impact ESHT ability to deliver these in-year The rationale for the Q4 remaining at six is driven by a confidence in the sustained reduction in the likelihood that in order to mitigate elements 1) and 2) above, the Executive Team now frequently monitors/reviews and escalates issues relating to senior attendance at external Committees and meetings. More importantly, the recent restructuring of ED portfolios has enabled both clarity on who should attend as well as revising who actually attends, drawing on a wider group of senior leaders to share the meetings burden in a sensible way. This internal rationale has been supplemented by external improvements in the structure and approach at Place and System level, creating a certainty of meetings upcoming alongside an improved focus across what had previously been in place. Hence the YE position is that this risk has achieves its target level for 22/23	Likelihood: 2	Review every two months
	Consequence:	3	3	3	3		Consequence: 3	
(4x3) 12	Risk Level:	9	6	6	6		Risk Level: 6	
Cause of risk:	• Creation of new governance forums leading to more meetings for ESHT senior leaders to attend.				Impact:	• Internal priorities focused on delivery of ESHT 22/23 priorities may be compromised by the 'right' leaders being at other meetings		

Current methods of management (controls)	A. Robust monitoring process via EDs, IPRs enabling teams to flag where pressures arise – either on external commitments or internal presence being compromised to the point where senior leaders' grip on internal priorities is suboptimal

Assurance Framework – 3 Lines of Defence – linked to control (above)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Teams to consider alternative options/resources to ensure ESHT collaboration is maintained at an appropriate level	• Teams able to escalate to EDs for review/support/mitigation options • EDs to consider alternative resource and appropriateness to the responsibility levels	• EDs to raise with external partners as required where no alternative resource is available
Gaps in control/assurance:			
• None seen currently			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**

Current proactive management means that we are at the target level for this risk. Were meetings to increase, and attendance issues flagged via Executive Directors meeting and/or Divisional IPRs then we would look toward additional actions – including discussions with the relevant partners to seek to manage expectations on attendance.

Risk Summary							
BAF Reference and Summary Title:	**BAF 2: Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time**				**Strategic Aims Impacted**		
						x	x	x
Risk Description:	**There is a risk that the available workforce does not meet the organisation's resource requirements in the short, medium and long term**						
Lead Director:	Chief People Officer	**Lead Committee:**	People and Organisational Development Committee	**Date of last Committee review:**	16/03/23		

	BAF Risk Scoring							
Inherent Risk	**Residual Risk**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**	**Target Date**
	Likelihood:	**4**	**4**	**4**	**5**	There are pockets of specialities where recruitment is challenged, although these largely reflect national difficulties. Ongoing success with recruiting into some 'Hard to Recruit' substantive posts, particularly Consultant posts. Retention is a clear risk given the ongoing operational pressures being experienced locally and across the NHS. The Trust's age profile presents a specific risk to longer term retention with around 20% of our workforce are at a point where they are technically able to retire. Ongoing industrial action relating to the RCN, BMA (junior doctors and potentially consultants) and the Chartered Society of Physiotherapy (CSP) (action short of a strike) continues to present short term workforce issues and disquiet in the workforce. The Risk rating has changed for Q4 based on the nature of proposed industrial action from the RCN and BMA.	**Likelihood:**	**3**	Ongoing
	Consequence:	**3**	**3**	**3**	**4**		**Consequence:**	**3**	
(5x3) 15	**Risk Level:**	**12**	**12**	**12**	**20**		**Risk Level:**	**9**	

Cause of risk:	• Recognised national shortages in some staff groups • Geographical location, demographics and age profile of workforce • Continued operational pressure in a number of clinical areas • Lack of opportunity for career development • Ongoing pressures have a detrimental impact on staff retention. • Changes to national educational programmes especially GP training. From August 2022 GP trainees will have to spend 24 months in the community leading to a reduction in the current hospital based posts. This will affect ED, Medicine, Paediatrics, O&G and Psychiatry.	**Impact:**	Failure to maintain workforce stability gives rise to risk of: • Not being able to deliver activity in line with operational needs • Detrimental impact on patient care and experience • Detriment to staff health and well-being • Detriment to staff development as result of reduced ability for staff wanting to attend education/training due to staff shortages in key areas • Failure to comply with regulatory requirements and constitutional standards • Detriment to performance and productivity

	• South Thames Foundation School splitting apart new Foundation School being created for HEEKSS; expectation ready for August 2022, could impact on smooth allocation of FY doctors in August 2022. • Industrial action		• Increased workforce expenditure due to agency requirements • Inability to ensure 'great place to work' culture and climate thus frustrating strategies and efforts to attract, recruit, retain, deploy, and develop staff
Current methods of management (controls)	A. Ongoing monitoring of Attraction, Recruitment and Retention Strategy and developing wide range of recruitment methodologies (events, social media, recruitment consultancies, targeted recruitment activity, including a significant overseas recruitment plan) B. Talent management, succession planning, appraisals and development programmes C. Developing new roles and "growing our own" e.g. New to Care D. Workforce efficiency metrics in place and monitored E. Quarterly reviews in place to determine workforce planning requirements. F. Review of nursing establishment 6 monthly as per Developing Workforce Safeguards G. Full participation in HEKSS Education commissioning process and regional medical role expansion programme – Foundation and some Speciality Training programmes H. Stay interview and exit interview programmes I. Use of bank and agency where required J. Focus on retention particularly on understanding why people may want to leave the Trust. K. Use of government initiatives e.g. Kickstart L. Flexible working M. More flexible use of retire and return N. Proactively building our positive reputation as an employer O. Implementation of an industrial action project to mitigate the impact of colleagues taking industrial action P. Assurance is being provided re industrial action preparedness to system and region via self-assessment checklist		

Assurance Framework – 3 Lines of Defence – linked to controls (A-P)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Monthly reviews of vacancies together with vacancy/turnover rates (A)(H)(D) • Twice yearly establishment reviews (F) • Success with some hard to recruit areas e.g. consultants in Histopathology, Radiology, Neurology and Acute medicine.(A) (C) • In house Temporary Workforce Service to facilitate bank and agency requirement (I) • Workforce efficiency metrics (D) • New AHP /HCSW initiatives rolled out Jan 2022 (C)	• Workforce strategy aligned with workforce plans, strategic direction and other delivery plans and metrics reviewed by POD and Trust Board (A) (B) (D) (E) (F) (G) • Three-year Attraction and Recruitment Strategy refreshed (A) • Improvements to Applicant Tracking system (Trac) have led to reduced time to hire for new staff (not including Medical & Dental staff). (D) • Trust vacancy rate increased to 6.9% in August 2021. (D)	• National Staff Friends and Family Test (A) (G) (H) • Clinical Commissioning Group Quarterly Workforce meetings (D) • Internal audits of workforce policies and processes (A) (D) (E) • NHS Staff Surveys and Pulse Surveys and benchmarking data (A) (B) (C)

Assurance Framework – 3 Lines of Defence – linked to controls (A-P)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
	• Continued International Nurse recruitment.c30 each month Jan/Feb/March 2022.Cohorts planned for rest of Financial year 2022 (A) • Additional Headhunter Agencies engaged for hard to recruit Medical Posts (A) • Regular meetings with Regional Post Graduate Deans for Acute and Primary care (C)(J)(N) • Job plans in place for all doctors (B) • Industrial Action working group and daily resource meetings attached to site meetings (O)(P) • In the event of industrial action, reduction in services to ensure all urgent and derogated services are delivered (O)(P)	• Temporary workforce costs scrutinised by Finance and Strategy Committee (I) • Wellbeing offering enhance (includes Pastoral Fellowes support) and reviewed by POD (K) • People Strategy being developed (A)(B)(C)(D)(E)(F)(I)(K) • Planned 3-6 month recruitment campaign to be scoped and rolled out early March 2022 (A)	
Gaps in control/assurance:			
• None identified			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1.	Continue with recruitment initiatives and international sourcing of medical candidates, including Radiographers, Sonographers, Gastro and Endoscopy	Chief People Officer	Ongoing	• Between April 2022 and December 2022,a total of 105 international recruits joined the Trust of which 2 were Radiographers. • Trust continues to work with external recruitment agencies to assist with recruiting 'hard to fill posts' • Medacs recruitment agency have sourced a further 3 Radiographers and 2 Sonographers due to start before February 2023 • International nurses successfully placed in Paeds (1)for the first time as well as critical care(5).A further 5 are planned for critical care Jan 2023.	G

				• Further c12 International Nurses due to arrive January 2023. • Planned c 20 every other month during 2022/2023.	
2.	Kickstarter and other local outreach initiatives	Chief People Officer	Ongoing	• CEO, CPO visit to Project Search areas to promote support for the initiative	G
3.	Focus on Advanced Practitioner role and roles that support medicine such as Physician Assistants, Surgical Care Practitioners, Anaesthesia Associates (new national curriculum due soon), increase number of Doctors Assistants	Chief People Officer	Ongoing	• SCP :There remain two on programme- one has completed – funding was approved in January 2022 for a member of staff to undertake the SCP course from Anglia Ruskin University and approved HEI by the Royal College of Surgeons. We have requested 3 funded commissioned places in 2023- this was approved with the ADN. For Surgery. • PA Role :We had 8 PA in post however two have since left the Trust- so we have 6 which is an increase of 50% from last year. The lead PA for the Trust has been appointed as a region wide PA Ambassador, a meeting with the ADHR Education and the PA across the Trust on Thursday have resulted in a number of initiatives- 1. Setting up a local PA community of Practice that will link in to the Regional PA form across the ICB's • Membership of Education Steering Group. 3. PA Membership of the Regional Education Leads Forum. 3. Follow up on Day in the Life on Comms 4. Support the ADO in medicine with the creation of a forma Lead PA role- early approach has been made to support with Integrated Education Funding with the wider remit of improving awareness of the PA role across the Trust to include the development of posts that will enhance the ability to recruit from those PA's on placement in the Trust.. • Anaesthetic Associates: DU had an initial meeting with the then College Tutor- Dr Bolton, PE- Gill Miller and invited guest Dr Nigel Penfold. Initial positive engagement however there due to service pressures and more pressing priorities progress has not moved on as much as anticipated. Have agreed with Gill Miler to set up another meeting with the new Service Manager but also the Clinical Director for the service. Have requested date in December/January 2022/2023.	G

Risk Summary						
BAF Reference and Summary Title:	**BAF 3: Decline in staff welfare, morale and engagement that impacts standards of care in 2022/23**				**Strategic Aims Impacted**	
						x x x
Risk Description:	**There is a risk that any decline in staff motivation negatively impacts our ability to retain them and also on organisational performance and quality of care.**					
Lead Director:	Chief People Officer	**Lead Committee:**	People and Organisational Development Committee	**Date of last Committee review:**	16/03/23	

	BAF Risk Scoring							
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**	**Target Date**
(5x4) 20	**Likelihood:**	**4**	**4**	**4**	**4**	The Trust is experiencing ongoing levels of activity that, whilst changing in profile, are significantly above those both during and pre-Covid. There is a robust programme of work in place to support the wellbeing of staff. The unpredictable nature of waves of Covid make it impossible to provide certainty to the workforce that activity is stabilising, and when pressure on services will reduce in the future. Elongated industrial action without resolution may further impact on the motivation and morale of colleagues	**Likelihood: 3** **Consequence: 4** **Risk Level: 12**	Ongoing
	Consequence:	**4**	**4**	**4**	**4**			
	Risk Level:	**16**	**16**	**16**	**16**			

Cause of risk:	Ongoing operational instability and pressures, alongside workforce availability.	**Impact:**	Adverse impact on staff health and wellbeing could lead to increased absences and turnover, and an associated inability to deliver services, possible closure of services and adverse impact on patient experience and reputational risk.

Current methods of management (controls)

A. Training for managers to have compassionate conversations about risk assessments with vulnerable staff
B. Systems and processes in place both reactive and proactive to manage violence and aggression – including conflict resolution training, OH support, risk assessments and security support.
C. Working with the ICS to develop a system wide strategy and policy on violence prevention
D. Improved de-brief process and package of support for staff involved in violence and aggression or distressing situations at work.
E. Reviewing and implementing best practice from other areas (e.g. TRiM, MHFA)
F. Targeted support for implementing TRiM in ED departments through a dedicated resource for a period of three months
G. Range of wellbeing/pastoral support available and being further developed across all professional groups
H. Development of Health and Wellbeing Conversations for all colleagues
I. Ongoing focus on Violence and Aggression with ambition to become upper quartile organisation
J. Ongoing National vaccination programmes
K. Workforce Efficiency and Availability Reviews
L. Workforce Strategy

	M. Admission avoidance and discharge activity through operational teams N. Working with the entire system, third sector and independent health and social care organisations to assist them with recruitment and training. O. Effective rostering and leave management P. Undertaking deep dive cultural reviews in areas where there is particular concern regarding colleague engagement and morale

Assurance Framework – 3 Lines of Defence – linked to controls (A-P)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Completion of risk assessments to be recorded on ESR. (A) • Appropriate PPE provided (A) • Promoting wellbeing support available and training to line managers (G) • DME monitor/reviews confidential trainees in difficulty register • Workforce efficiency and availability reviews considering registered and unregistered nurses, and AHPs (I)	• Occupational Health and Health and Safety Team support and audit of risk assessments and Datix incidents (A) (B) (D) • Occupational and staff wellbeing support to staff (E) (H) (I) • Metrics reported to executive team, POD and Trust Board – increased compliance with completion of risk assessments (A) • Local Security Management Specialist advice and support (D) • Oversight and monitoring by Health and Safety Steering Group (D) • Deep dive cultural Reviews (P)	• ICP undertaking assurance reviews (A) • Sussex network meeting in place and liaising with SECAMB on Trauma Risk Management (F) • Health and Safety Executive review of violence and aggression (D) • Collaboration with ESCC on lone working (F) • Audit of Covid-19 staff risk assessments undertaken by TIAA, providing reasonable assurance (A) • GMC outcomes have action plans with quality virtual visits in place to provide assurance to HEEKSS/Trust (H)(L)
Gaps in control/assurance:			
• None identified			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	People Strategy	Chief People Officer	Ongoing	• People Strategy is undergoing year 2 refresh and this established programme of works will continue to report quarterly to POD	G

Risk Summary							
BAF Reference and Summary Title:	**BAF 4: A failure to deliver expected income levels and manage costs within a manageable envelope caused by inability to deliver savings**				**Strategic Aims Impacted**		
							x	x
Risk Description:	**There is a risk that failing to meet financial targets for the current year will result in increased regulatory scrutiny and loss of control of autonomous decision making and have an adverse impact on the Trust's reputation.**						
Lead Director:	Chief Financial Officer	**Lead Committee:**	Finance and Productivity Committee		**Date of last Committee review:**	23/03/23	

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
(5x4) 20	**Likelihood:**	**5**	**4**	**2**	**2**	**Likelihood**: It is highly likely given current run rate and operational pressures that the Trust will fail to live within its expenditure budget, however this is potentially partially offset by national guidance on the clawback of ERF. This has had a material positive financial impact in H1, and it is expected to continue in H2. **Consequences**: Whilst the consequences are potentially severe, we are cognisant that the challenges faced by the Trust are common with many NHS providers and therefore the regulatory response will likely be proportionate in that context. Therefore, the consequence has been capped at a 4.	**Likelihood:**	**2**	01/2023
	Consequence:	**4**	**4**	**4**	**4**		**Consequence:**	**4**	
	Risk Level:	**20**	**16**	**8**	**8**		**Risk Level:**	**8**	

Cause of risk:	• Failure to deliver on the ERF activity plan; • Increased operational pressures and in particular patients not meeting the criteria to reside meaning that we are unable to deliver to the escalation bed plan; • Failure to deliver recurrent efficiencies	**Impact:**	Failure to maintain financial sustainability gives rise to risk of: • Unviable services and increased cost improvement programme; • Failure to meet contractual standards and possible regulatory action; • Damage to Trust's stakeholder relationships and reputation. • Impact of delivery below the ERF activity plan has been mitigated by national agreement not to penalise activity below ERF plan
Current methods of management (controls)	A. Efficiency programme is in place with targets set and monitored at divisional level; B. Divisions held to account for overall financial performance through IPR process based on budgets agreed through the Divisions and Executive; C. Scheme of Delegation (SoD) and Standing Financial Instructions (SFIs) in place to manage expenditure across pay and non-pay; D. Staffing controls through establishment control, including vacancy panel;		

Assurance Framework – 3 Lines of Defence – linked to controls (A-D)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Work continues through divisional meetings to both maintain contingency and to strengthen recurrent delivery of overall financial position and the efficiency programme. (A) (B) (D) • Procurement, Temporary Workforce Services and vacancy panel all monitor compliance as appropriate with scheme of delegation and SFI (C) (D)	• Oversight by Efficiency Committee and Finance & Productivity Committee (A) • Revised SFIs and SoD (C)	• Internal audit reviews (A) (B) (D) • External audit programme in place (A) (B) (C)
Gaps in control/assurance:			
None identified but need to ensure that the system of internal financial control remains robust.			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1.	Finalise CIP plan for year	Chief Financial Officer	31/03/2023	• At M9 there has been some success in delivering CIP, although an element of this delivery is non-recurrent	A
2.	Establish a finance and activity focused accountability session chaired by COO and CFO with each division covering financial performance, activity and efficiency to increase scrutiny, grip and control above the existing IPR process	Chief Financial Officer	30/11/2022	• These meeting took place in month 7 • The meetings have been replaced by work that is beginning to focus on 2023/24 and new planning guidance	G
3.	Finalise nursing establishment review	Chief Nurse	28/02/2023	• This process has been combined with budget setting for 23/24. There is a current group chaired by the CEO and including the HRD, Nurse director, CFO and their deputies to finalise the staffing model for 23/24.	G

Risk Summary							
BAF Reference and Summary Title:	**BAF 5: Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 2022/23**				**Strategic Aims Impacted**		
						x	x
Risk Description:	**There is a risk that the Trust will be financially unsustainable and be unable meet its long-term financial commitments which may result in increased regulatory scrutiny and loss of control of autonomous decision making and have an adverse impact on the Trust's reputation.**						
Lead Director:	Chief Financial Officer	**Lead Committee:**	Finance and Productivity Committee		**Date of last Committee review:**	23/03/23	

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
(3x5)	**Likelihood:**	**2**	**2**	**4**	**4**	**Likelihood**: At the end of February 2023, the committee reviewed an expected 2022/23 Forecast Outturn of breakeven. However the planning guidance for 2023/24 indicate an increased risk of a deficit in the next financial year. **Consequence**: Rated at 4 – although the risk of deficit in 2023/24 currently appears likely, this risk is being discussed in the planning process and efficiency targets are being increased to limit the scale of potential deficit	**Likelihood:**	**2**	31/03/2023
	Consequence:	**5**	**5**	**4**	**4**		**Consequence:**	**5**	
15	**Risk Level:**	**10**	**10**	**16**	**16**		**Risk Level:**	**10**	

Cause of risk:	• Return to tariff arrangement in 2023/24 with a target of pre-covid productivity levels and removal of covid funding • Change in contract forms meaning that more risk has been passed to providers; • NCTR capacity issues resulting in bed constraints;	**Impact:**	• Risk of deficit in 2023/24. • Impact not rated as five as work is being undertaken to minimise deficit or target break even in 2023/24

Current methods of management (controls)	A. Efficiency programme is in place with targets set and monitored at divisional level; B. Transformation programmes to be put place to realise benefits of cost effectiveness following on from the Kingsgate review; C. Divisions held to account for overall financial performance through IPR process based on budgets agreed through the Divisions and Executive; D. Scheme of delegation (SoD) and Standing Financial Instructions (SFIs) in place to manage expenditure across pay and non-pay; E. Staffing controls through establishment control, including vacancy panel; F. Development of longer-term strategy and service model through the Building for our Future (BFF) programme; G. Monitoring of non-recurrent income and expense to derive underlying position through use of "next year budget" fields in the ledger and run rate analysis in year; H. Focus through GIRFT and Model Hospital to support services that do not deliver a surplus against tariff;

Assurance Framework – 3 Lines of Defence – linked to controls (A-I)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Work continues through divisional meetings to both maintain contingency and to strengthen recurrent delivery of overall financial position and the efficiency programme. (A) (C) (E) (G) • Procurement, TWS and vacancy panel all monitor compliance as appropriate with scheme of delegation and SFI (D) (E) • Workforce summit programme (H) • Capital plan set through F&P and Board and monitored through F&P and CRG (I)	• Reset Approach to delivering a sustainable model involving all Executive Directors. Direct ED oversight of efficiency programme • Oversight by Efficiency Committee and Finance & Performance Committee (A) (B) (F) (G) • Robust leadership of CIP programme, with strong link to Model Hospital and GIRFT established. (B)	• Internal audit reviews (A) (C) (E) • External audit programme in place (A) (C) (D)

Gaps in control/assurance:
• There is a need for a cultural shift which leads to maximised productivity under tariff incentives in order to treat more patients, reduce waiting lists and stay within budget • There is also a need to ensure that the system of internal financial control remains robust and that the organisation is developing a longer term strategy for sustainability

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1.	Establish transformation directorate	Chief Executive Officer	3 June 23	• Director of Transformation in post as of 05.09.22 and will look to establish transformation directorate based on organisational needs and resource	G
2.	Develop and deliver on the transformation programme responding to the key themes identified by Kingsgate and ratified by the executive	Director of Transformation	30 Sep 23	• Review of outcomes undertaken and plan being developed	A
3.	Monitor delivery of planned care through ERF targets but also delivery of the longer-term national requirements	Chief Operating Officer	On-going	• Live production plan in place to monitor activity against locally agreed and national targets	G
4.	Maintain staffing controls through establishment control, including vacancy panel	Chief People Officer	On-going	• Reported to executives on a weekly basis	G
5.	Finalise the five year capital plan and prioritise schemes as required working with internal and ICB stakeholders	Chief Finance Officer	31 Jan 23	• Draft plan has been agreed with ICB	G
6.	Progress major national schemes which will support the delivery of sustainable services: • Community Diagnostic Centres • Virtual Wards • Elective Hub • Urgent community response	Chief Operating Officer	28 Feb 2023	• Progress has been made on the attached schemes; however, there is a need to improve discharge, length of stay and there is a gap to deliver 92% occupancy • Still a major risk on length of stay and high number of NCTR patients. • Trust remains some way off reducing to 92% occupancy	A
7.	Review of current bed stock and with a view to establishing longer term requirement	Chief Operating Officer	28 Feb 2023	• First draft submission for 2023/24 is based on maintaining escalation beds • Bed gap analysis complete for winter 22/23 • Trust focussing on mitigations to address predicted demand • Additional winter bid funding will cease at the end of March creating additional risk around this action	A
8.	Robust planning process for 23/24 including budget setting, workforce and activity	Chief Finance Officer	31st March 23	• First draft submission was made in early February and there is a need to update the submission, including triangulation of budget setting, workforce and activity.	G

Risk Summary							
BAF Reference and Summary Title:	**BAF 6: The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff**				**Strategic Aims Impacted**		
						x	x	x
Risk Description:	**There is a risk that there may be unplanned outages in equipment, buildings and facilities not being available for clinical purposes**						
Lead Director:	Chief Financial Officer	**Lead Committee:**	Finance and Productivity Committee	**Date of last Committee review:**	23/03/23		

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
(5x4) 20	**Likelihood:**	4	4	4	4	Due to in year controls, currently expecting to limit IT and medical equipment spending to £4.5m for the year.	**Likelihood:**	2	Ongoing
	Consequence:	4	4	4	4		**Consequence:**	4	
	Risk Level:	16	16	16	16		**Risk Level:**	8	

Cause of risk:	Insufficient capital to meet significant backlog maintenance	**Impact:**	Lack of capital for investing in the future sustainability of the Trust Failure gives rise to risk of a significant impact on the Trust's ability to meet its requirements to provide safe, modern and efficient patient care. Clearer reporting of any slippage against plan. Annual capital for digital is limited to £3.5m, plus £1m for equipment, so some risk to demonstrating matched funding for an EPR project, with a potential impact on achieving digital maturity over next five years if the capital position does not return to £4.5m for digital and £1m for equipment in 2022/23.
Current methods of management (controls)	A. Significant work was undertaken to deliver the capital plan. However in future there will be clearer reporting of any slippage against plan. B. Essential work prioritised with estates, IT and medical equipment		

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Day to day management of infrastructure requirements and prioritisation by services (A) (B) • Electronics and Medical Engineering (EME) in close liaison with divisions (B)	• Oversight by Finance and Productivity and Strategy Committees (A) • Estates and Facilities IPR (A) (B) • Digital IPR (A) (B) • Clinical procurement group in place (A) (B)	• Capital business cases reviewed by ICS (A)

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
	• Full inventory of medical devices and life cycle maintenance (B)		

Gaps in control/assurance:
• Longer term capital programme required to identify pressures and requirements • BFF funding envelope delayed and not clear at present

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1.	Capital programme has been developed covering key areas of pressure and investment, aimed at supporting the Trust in delivery of the strategic plan.	Chief Finance Officer	Q1 2023/24	• BFF SOC was prepared in March 2021 showing backlog would be addressed under BFF plan • Awaiting feedback from NHP team in Q1 23/24 around the option that the Trust can move forward with. Plans will be developed following this.	A
2.	Have upgraded capital plans into GANT charts	Chief Finance Officer	March 2023	• Trust five year capital plan has been developed and approved by the Trust Board • ICS three year capital plan has been developed	G

Risk Summary							
BAF Reference and Summary Title:	**BAF 7: Vulnerability of IT network and infrastructure to prolonged outage**				**Strategic Aims Impacted**		
					x	x	x	x
Risk Description:	**There is a risk that if part of the infrastructure fails, or we are hit by a cyber-attack, this will create a prolonged outage and the inability to access clinical systems and patient records**						
Lead Director:	Chief Financial Officer	**Lead Committee:**	Audit Committee	**Date of last Committee review:**	23/03/23		

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
(5x4) 20	**Likelihood:**	**4**	**4**	**4**	**4**	There are a number of robust controls in place, but further mitigation can be achieved by implementing a formal programme of work that addresses the wider information security agenda. Whilst the risk is still 16, a significant amount of work has been done to increase the robustness of the Trust Cyber security posture, but due to an evolving threat landscape new threats arise that will require new and further remediation.	**Likelihood:**	**3**	Ongoing
	Consequence:	**4**	**4**	**4**	**4**		**Consequence:**	**4**	
	Risk Level:	**16**	**16**	**16**	**16**		**Risk Level:**	**12**	

Cause of risk:	• Global malware attacks infecting computers and server operating systems. The most common type of cyber-attack are phishing attacks, through fraudulent emails or being directed to a fraudulent website. • Infrastructure Hardware failure, due to unsupported systems or lack of Capital Refresh.	**Impact:**	• A shut down of key IT systems could have a detrimental impact on patient care and access. They can lead to a loss of money and data as well as access to files, networks or system damage.

Current methods of management (controls)	A. Advanced Threat Protection (ATP) solution implemented to defend against hacking /malware. Regular scanning for vulnerability. B. Anti-virus and Anti-malware software in place with programme of ongoing monitoring. Client and server patching programme in place and monitored C. Process in place to review and respond to national NHS Digital CareCert notifications D. Self-assessment against Cyber Essential Plus Framework to support development of actions for protection against threats E. Ongoing Education campaign to raise staff awareness F. System patching programme in place and upgrade of client and server operating systems G. Wider engagement including NHS Secure Boundary H. Continual Network monitoring for abnormal activity / behaviour I. Vulnerability scanning, to identify vulnerabilities and remediate J. Migration of Clinical System to the Cloud K. Strategy of Cloud first, so Software as a service or platform as a service on any new procurements L. Rolling refresh of infrastructure Hardware, LAN, Wi-Fi, Servers, and Client Devices.

Assurance Framework – 3 Lines of Defence – linked to controls (A-L)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Cyber Essential Plus Framework assessment reviewed by division (D) • Day to day systems in place and support provided by cyber security team with increased capacity (A) (B) (C) (F) (H) (I)	• Policies, process and awareness in place to support data security and protection and evidence submitted to the DSPToolkit (D) • Information sharing and development with organisations within the Sussex ICS (G) • Regular quarterly security status report to IG Steering Group and Audit Committee (D) • Monthly reporting via NHS Digital on Cyber Exposure score (D)	• Cyber security testing and exercises e.g. ICB cybersimulation event with all NHS organisations in Sussex, and two internal events at ESHT with senior leaders (E) • Trust to date has had no ransomware attack (A) (B) (C)(H)(I) • TIAA internal audits throughout 2022/23 (D) • Assurance given for our DSTP submission (Jun 22) (D)
Gaps in control/assurance:			
• Obtain Cyber Essentials Plus to provide assurance on reliability and security of systems and information. Continue with patching programme and address points raised by internal audit			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1.	Cyber Essential Plus framework.	Chief Finance Officer	March 2023	• Scope of Cyber Essentials has now change and this is a much larger piece of work. Good progress has been made on removing end of life mobile devices.	G
2.	Medica devices with network connectivity asset list	Chief Finance Officer	March 2023	• Celera, an auditing tool, has been installed and is now running network audit. Further work required to enable greater visibility	G
3.	Wi-Fi Refresh	Chief Finance Officer	March 2023	• Replace Wi-Fi Networks across community sites underway, Conquest and EDGH complete • Refresh complete, but work will continue to improve and expand network in areas of organisation lacking Wi-Fi	G
4.	LAN Refresh EDGH	Chief Finance Officer	March 2023	• Replace the Core Network and Fibre connections to the Edge Switches • Core network has now been installed and a migration plan is being developed	G
5.	LAN Refresh Conquest	Chief Finance Officer	March 2024	• Replace the Core Network and Fibre connections to the Edge Switches • Working with estates to identify suitable locations and design has now been completed	G

Risk Summary							
BAF Reference and Summary Title:	**BAF 8: Failure to develop business intelligence weakens insightful and timely analysis to support decisions**				**Strategic Aims Impacted**		
							x	x
Risk Description:	**There is a risk that poor quality data input into a complex number of different clinical systems is leading to a lack of assurance on the data reported for operational performance and national and regional reporting.**						
Lead Director:	Chief Financial Officer	**Lead Committee:**	Finance and Productivity Committee	**Date of last Committee review:**	23/03/23		

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
(5x4) 20	**Likelihood:**	**4**	**4**	**4**	**4**	The lack of business continuity plans and quality and assurance of the data used for reporting.	**Likelihood:**	**3**	Ongoing
	Consequence:	**4**	**4**	**4**	**4**		**Consequence:**	**4**	
	Risk Level:	**16**	**16**	**16**	**16**		**Risk Level:**	**12**	

Cause of risk:	• There are a large number of complex clinical systems used across the Trust • Variable quality of data input into systems • Number of systems can lead to duplication of data entry • Limited assurance available about the data reported outside of the organisation	**Impact:**	• Inability to make clinical decisions • Impact of potentially incorrect data on business planning • Impact of using potentially incorrect data when reporting nationally.
Current methods of management (controls)	A. Local data management policy which includes clear reference to performance data collection, collation and reporting processes; offers a localised point of reference that can provide more clarity to Trust officers than relying solely on national guidance. B. Standard Operating Procedures which assist in ensuring a consistent approach in line with policy by all involved in processes. C. Awareness Training D. Process Mapping E. Responsibilities of all staff groups involved in the process are clearly defined and documented. F. Manual Validation of collected data prior to reporting. G. System Validation – automated checking (such as reasonableness, completeness) of data prior to reporting. H. Developing case for focussed investment in Business Intelligence team		

Assurance Framework – 3 Lines of Defence – linked to controls (A-H)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Incidents – there have been incidents (or no incidents) relating to the accuracy of data in this metric. • Process Improvement – processes relating to the collection/collation/reporting of data have been subject to improvement. • Recruitment of Data Quality lead	• Observation/Feels Right – the executive and/or operational lead considers that the reported figures feel correct and are consistent with observations and frontline feedback. • Benchmarking – reported figures for the Trust are comparable with similar organisations. • Business Intelligence Team View – Business Intelligence/Knowledge Management opinion on the accuracy of the data being reported.	• External Review – external organisations (e.g. CQC) have recently reviewed the data and/or data collection processes. • Internal Audit/Granularity – Internal Audit (or another assurance function) has conducted a recent, detailed review of the current process.

Gaps in control/assurance:

- Clear national guidance reduces the risk of inaccurate data being reported and is not available for all metrics.
- Level of automation. Significant manual intervention increases the risk of human input errors.
- Complexity of rules, where the rules set out in national guidance are highly complicated and risk misinterpretation.
- System set-up. Nationally validated systems tend to assist in providing consistency in application of rules and reported data across multiple organisations, providing a greater source of confidence than locally developed systems.
- Weakest link, where there may be a single point in the process where data quality could be compromised, such as an individual making a process error that impacts on reportable figures.
- Sensitivity, where small reportable numbers mean any error is exacerbated.
- Dependency on external bodies to validate data prior to reporting.
- Opportunity for manipulation if there is any point within the process whereby any individual (or group) can alter reportable figures so that the data is no longer true or accurate.

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	EPRR team are undertaking business continuity plan review throughout the organisation.	Chief Operating Officer	May 2023	• Embed ownership of business continuity across the divisions. • Tabletop exercise of hospital evacuation plan undertaken • In process of submitting 2022/23 core EPRR standards • Good progress made, but gaps in EPRR resource from May 2023 and requirement to review provision of EPRR service	A

2.	Data Quality and Assurance Lead recruited and has started introducing a data quality steering group and framework	Chief Finance Officer	March 2023	• Review of data assurance started • Data Quality Steering Group now operational and quarterly reporting will be made to the Audit Committee on progress • All frameworks now in place and a monthly data quality report is now being produced. • Trust has signed up to Public View, which allows us to view all externally published data and compare ourselves with other organisations and other ICBs	G

Risk Summary							
BAF Reference and Summary Title:	**BAF 9: Failure to transform digitally and deliver associated improvements to patient care**				**Strategic Aims Impacted**		
							x	x
Risk Description:	**There is a risk that the Trust fails to develop a culture that embraces digital transformation and adoption. This could lead to adverse outcomes for patients and missed efficiency and financial opportunities.**						
Lead Director:	Chief Financial Officer	**Lead Committee:**	Finance and Productivity Committee	**Date of last Committee review:**	23/03/23		

	BAF Risk Scoring							
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**	**Target Date**
	Likelihood:	**4**	**4**	**4**	**3**	**Likelihood**: To enable to Trust to transform digitally and develop a culture which embraces significant change there is a dependency of investment and resources however, currently the Trust is reliant on non-recurrent funding making it challenging to plan for large scales change or recruit to roles. **Consequence**: Long term impact of not embracing the changes needed to support a digital transformed trust are significant, as the population/patient will expect the Trust to deliver services using enhanced digital solutions The progress on EPR procurement has increased the level of engagement across the organisation and the need for digital and structured data.	**Likelihood:** **3**	31.03.25
	Consequence:	**4**	**4**	**4**	**4**		**Consequence:** **4**	
(5x4) 20	**Risk Level:**	**16**	**16**	**16**	**12**		**Risk Level:** **12**	

Cause of risk:	• Lack of capital and digital funding to deliver improved digital maturity • Lack of staff and capability to deliver, support and manage transformative digital solutions • Lack of time, Business as Usual activity and operational pressures reduce the time required and available to support the change required for digital transformation • Inconsistent processes in relation to be purchase & implementation of new systems, which results in additional steps and handoffs in the process for patient care • Potential organisational unwillingness to embrace change • Trust-wide digital transformation programme requires significantly enhanced capacity and capability to manage change	**Impact:**	• Acceptance of change needed to support new and innovative solutions is disparate across the Trust • Lack of capital for investing in the future sustainability of the Trust • Loss of key staff • Digital solutions developed in silos and unsupported by the Digital team, impacting on the management of patient pathways due to increase in process steps
Current methods of management (controls)	A. Digital Steering Group setup and established to monitor, support, and approve any Trust wide digital initiative and alignment to digital strategy B. Project Prioritisation Matrix to track and manage priorities for digital C. Working with the ICS to develop a system wide strategy for digital innovation D. Digital Benefit lead role established and currently embedded benefits into all digital activity		

	E. Process Mapping to facilitate change acceptance and benefits management F. Transformation programmes to be put place to realise benefits of cost effectiveness G. Longer term capital plan to support delivery of sustainable services

Assurance Framework – 3 Lines of Defence – linked to controls (A-G)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Digital Steering Group to continue to management and approve any digital activity (A) • Process Improvement - process relating to the prioritisation of project / programmes with digital (C) (E) (F) (G) • Benefits Strategy approved (D)	• Oversight by Finance and Strategy Committee (H) • Digital IPR (A) (B) (F) (G) • Transformation Board (monthly) (F) (G)	• Capital Business cases reviewed by ICS (G) • Interna TIAA audits (A) (B) (D)

Gaps in control/assurance:
• Level of automation. Significant manual intervention impacts on the acceptance of change within the Trust • Complexity and changes to national guidance retain to the patient pathways

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1.	EPR procurement	Chief Medical Officer	March 2023	• Outline business case and specification completed, and review of invitation to tender being completed • OBC has been signed off by the national EPRIB Board • Procurement will start in March 2023 • A large number of posts have been recruited to support procurement and implementation	G
2.	Digital transformation roadmap based on supporting the digital strategy	Chief Finance Officer	March 2023	• Review of the road map has been undertaken	G

Risk Summary						
BAF Reference and Summary Title:	**BAF 10: Failure to maintain focus on improving care**				**Strategic Aims Impacted**	
						X
Risk Description:	**There is a risk that, without a clear framework to support a Trust-wide continuous quality improvement model, there will be an inconsistent approach to the way we approach the delivery of our strategic objectives**					
Lead Director:	Director of Transformation and Improvement	**Lead Committee:**	Strategy and Transformation Committee		**Date of last Committee review:**	23/02/23
Links to Corporate Risk Register:	**Date:**	**Risk Register Number**	**Title**	**Inherent Risk Score**	**Current Risk Score**	**Change**
	-	-	*New risk for 2023 so no links apply*	-	-	-

	BAF Risk Scoring							
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**	**Target Date**
(4x3) **12**	**Likelihood:**	**4**	**4**	**3**	**3**	The initial risk rating of 12 reflected both the existing resource gap/competencies and a wider lack of clear strategic intent (impacted significantly by COVID. With executive team's agreement to identify a strategic partner who will align leadership around a vision, review KPIs and monitoring and co-develop a continuous quality improvement approach we are confident that we have hit our target risk. Looking forward to 23/24 the challenge will be ensuring effective implementation now that the model has been identified.	**Likelihood:** **3**	Review every two months
	Consequence:	**3**	**3**	**3**	**3**		**Consequence:** **3**	
	Risk Level:	12	**12**	**9**	**9**		**Risk Level:** **9**	

Cause of risk:	• COVID derailing previous model and implementation • People trained under the previous model have been dormant/ inactive • Absence of a clarity of purpose /alignment with strategic aims	**Impact:**	• No systemic approach to delivering improvements • Persistence of training gaps esp. with senior leaders across the Trust • No clear link between a single approach to improvement and our strategic objectives
Current methods of management (controls)	A. Stocktake via the creation of ED Transformation Improvement B. Provide regular reporting via EDs/StratCom as regards the current transformation programme		

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Through reporting to EDs	• Engage strategic partners to capacity build within our teams and clarify approach/model	• Potential for peer review (e.g. via UHSx)

Gaps in control/assurance:
• None seen currently

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1	Engage strategic partner to scope the model of improvement and its implementation, aligned with business planning process 23/24	Director of Transformation and Improvement	Feb - Apr 23	• Process complete	G
2	Agree on-going commitment with strategic partner and internal capacity to deliver from within ESHT resources	Director of Transformation and Improvement	Apr 23	• Agreement in place	G

Risk Summary							
BAF Reference and Summary Title:	**BAF 11: Risk of not being able to maintain delivery of safe, high quality effective care due to huge numbers of patients that no longer meet the criteria to reside.**				**Strategic Aims Impacted**		
					x	x	x	x
Risk Description:	**There is a risk that patients that do not meet the criteria to reside (NCTR) may be exposed to, or suffer, harm (for example deconditioning, falls or particular infections). In addition, there is a risk of patients being cared for in a temporary setting, resulting in potential harms. There is also an ongoing requirement for significant additional capacity requiring significant additional staffing. There is also an impact on the flow of patients, ultimately affecting the emergency departments and elective recovery. This risk focuses on what we want as the culture and standards ('the ESHT way' of improvement), irrespective of the day-to-day challenges that BAF 10 articulates.**						
Lead Director:	Chief Operating Officer / Chief Nursing Officer / Chief Medical Officer	**Lead Committee:**	Quality and Safety Committee		**Date of last Committee review:**	16/03/23	

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
(5x4) 20	**Likelihood:**	**4**	**4**	**4**	**4**	Evidence on a daily basis of the impact of greater than 50 patients that no longer meet the criteria to reside and the impact that this has on flow and increasing risk to patients and staff. Situation continues with very large numbers of stranded patients and significant extra bedded capacity open now including “supersurge” and critical capacity. In addition in times of extremis it has been necessary to pre-emptively place additional patients on wards until a bed space is available.	**Likelihood:**	**3**	Ongoing
	Consequence:	**4**	**4**	**4**	**4**		**Consequence:**	**4**	
	Risk Level:	**16**	**16**	**16**	**16**		**Risk Level:**	**12**	

Cause of risk:	• Sustained pressure on commercial care home sector resulting in reduced staffing, capacity and acceptance criteria • Closure of care homes across Sussex • Pressures on primary care • Lack of sufficient suitable alternative pathways for patients • Lack of sufficient assessment and treatment capacity in mental health • Lack of sufficient capacity for urgent placement of children at risk • Lack of sufficient suitably trained staff for all capacity that is in use • National removal of discharge to assess funding • Reduction from 113 Discharge to Assess beds to 46 • Increased length of stay in the acute and onward care settings	**Impact:**	• Delays to assessment and treatment • Patients NCTR in inappropriate locations • Poor experience for patients and staff • Risk of harm to patients, e.g. self-harm, harm to others, risk of absconding, violence and aggression • Patients are deteriorating and deconditioning due to length of stay once NCTR • Increase in safeguarding concerns given the huge numbers of vulnerable patients, many of whom are resistant to care and have a very considerable length of stay

	• Ongoing negative impact of the pandemic e.g. elective backlog of patients, impact on non-elective patients who have not accessed healthcare as a result of the pandemic		

Current methods of management (controls)	A. Significant additional capacity remains open B. Significant attempts to safely staff all capacity C. Systems in place to identify and escalate NCTR patients D. Ongoing collaborative system working to identify solutions E. Audit of stranded patients undertaken to investigate risks and/or harms F. Weekly long length of stay panel meeting to support expediting discharge of patients with the longest length of stay G. Full capacity protocol, escalation protocol under review. Pre-emptive placement protocol drafted. H. Staff summits planned to ensure whole Trust approach in supporting this work

Assurance Framework – 3 Lines of Defence – linked to controls (A-H)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Robust management of all capacity • Thrice daily reviews of staffing • Safety huddles in all clinical areas • Real time bed state/information available • Monitoring of quality and safety KPIs • A robust operational delivery plan, reviewed weekly at Execs' meetings • Daily capture and monitoring of escalation and supersurge capacity	• Use of any additional specialist advice or support, including visits to ESHT and ESHT staff visiting other locations • Patient pathway review with adult social care to agree shared risk and ownership • Clear oversight and responsibility of operational delivery and quality and safety • Work being undertaken with Nervecentre to develop capture and monitor patients who are pre-emptively placed	• Regular meetings with CQC to discuss data, intelligence and KPIs • Challenge at Trust Board • Provider assurance meetings and system clinical quality review meetings

Gaps in control/assurance:
• Workforce demand outstripping supply due to significant additional capacity required • Lack of suitable physical space for surge capacity • Lack of sufficient equipment for surge capacity • Unable to completely avoid all inappropriate attendances/admissions • Lack of Adult Social Care capacity

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1.	Ensure clinical areas are staffed as safely as possible	COO/CNO/CMO	Ongoing	• Still have significant additional capacity open • Workforce pressures remain • Escalation process in place • Escalation capacity forms part of the main financial risk for 2023/24	A
2.	Ensure as far as possible that patients are placed as safely and appropriately as conditions permit	COO/CNO/CMO	Ongoing	• All escalation areas remain open with additional supersurge capacity remaining open and pre-emptive placement of patients when in extremis.	A
3.	Ensure high risk patients are assessed and flagged appropriately	COO/CNO/CMO	Ongoing	• Weekly long length of stay meeting introduced by WD • Weekly high risk patient meeting introduced by CNO	G

Risk Summary									
BAF Reference and Summary Title:	BAF 12: Failure to play our part in Sussex public health priorities - e.g. mental health, CVD - to strengthen delivery against ICB target areas					Strategic Aims Impacted			
						X			X
Risk Description:	There is a risk that an absence of engagement with the wider ICB population health aims and ESHT services evolve without due regard to interdependent priorities								
Lead Director:	Chief of Staff		Lead Committee:	Strategy Committee		Date of last Committee review:	23/02/23		
Links to Corporate Risk Register:	Date:	Risk Register Number	Title		Inherent Risk Score	Current Risk Score	Change		
	-	-	*New risk for 2023 so no links apply*		-	-	-		

	BAF Risk Scoring								
Inherent Risk	Quarter	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Rationale for Risk Level	Target Risk Level (Risk Appetite)		Target Date
(4x3) 12	Likelihood:	3	3	3	2	The risk level has evolved over the year, recognising the internal challenges around both our resourcing and potential to be blown off course by additional in-year priorities. The proposed reduction in the risk to 6 for Q4 is a function of several events/actions: • A workplan to tackle health inequalities, aligned with ICB priority areas • A series of system meetings to track actions/support for providers across Sussex-wide public health priorities • Enhanced engagement with partner organisations (HealthWatch) in supporting Trust priorities Ultimately, we have not hit the target risk level because the changes we have put in place have not had enough time to bed in and show improvements at this point in the year.	Likelihood:	2	Review every two months
	Consequence:	3	2	3	3		Consequence:	2	
	Risk Level:	9	6	9	6		Risk Level:	4	

Cause of risk:	• Challenge to ensuring spread and scalability of good practice • Tracking and prioritising high impact projects/initiatives • Failure to engage with external stakeholders – leads to little/poor insight	Impact:	• Inability to demonstrate how ESHT is "improving the health of our communities" as part of our strategic aims, due to an absence of engagement with community voices • Disconnection with partner organisations at a time when collaboration to redesign and tackle wide-ranging, population health-related issues
Current methods of management (controls)	A. Routine information gathering as part of report collation B. Where significant transformation is taking place (e.g. cardiology, ophthalmology) members of the team have been trained or have experience in establishing meaningful engagement (in line with statutory/legal obligations)		

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Through reporting documentation (basic stakeholder analysis) to show engagement approaches	• Teams engage relevant corporate support (health inequalities, communications) to advise and support where engagement is required	• EDs to support prioritisation of team resources to ensure appropriate support is given to most pressing risk areas (e.g. where corporate reputation may be at risk)
Gaps in control/assurance:			
• None seen currently			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 4 Progress Report**	**BRAG**
1.	Corporate support team(s) to ensure population health priorities feature in service development	Chief of Staff	Q3	We have addressed this as part of our approach to business planning, although given the constraints we will inevitably face in 23/24, we are realistic about how population health ambitions will feature in the final set of priorities	A
2.	Development of a governance framework to support engagement with Divisional teams that enables ESHT to track where and how population health issues are being addressed	Chief of Staff	Q4	We have begun the Health Inequalities Steering Group, which meets quarterly	A
3.	Wider engagement with service users to ensure patient voice features in the operational plans	Chief of Staff	Q4	Through our comms and patient experience leads, we are engaging with HealthWatch on a 12 month planned approach to ensure we are working together across shared priorities, moving beyond the reactive engagement that we have enjoyed previously	G

Risk Summary								
BAF Reference and Summary Title:	**BAF 13: Insufficient focus given to the patient/stakeholder voice in service development and transformation to develop fit for purpose and fit for the future services**					**Strategic Aims Impacted**		
								x
Risk Description:	**There is a risk that ESHT develops services without adequate involvement of the diverse range of services users and the insight they bring. This may lead to suboptimal patient experience and the potential to create/exacerbate access and responsiveness challenges to groups of patients**							
Lead Director:	Chief Of Staff		**Lead Committee:**	Strategy Committee		**Date of last Committee review:**	23/02/23	
Links to Corporate Risk Register:	**Date:**	**Risk Register Number**	**Title**		**Inherent Risk Score**	**Current Risk Score**	**Change**	
	-	-	*New risk so no links apply*		-	-	-	

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**22/23 Q1**	**22/23 Q2**	**22/23 Q3**	**22/23 Q4**	**Rationale for Risk Level**	**Target Risk Level (Risk Appetite)**		**Target Date**
(5x3) 15	**Likelihood:**	**4**	**4**	**4**	**3**	This risk recognises the high probability that when developing services, we do not encourage patient involvement at an early stage and fail to take into account the insight of others that may make our services better – more accessible and responsive. The actions that have changed the Q4 risk rating (albeit still above our target risk level) is: • The identification of resources to support improving patient engagement, linked to the reshaping of our approach to patient experience • The plan to develop a patient engagement strategy by Q1 • The agreement to work with HealthWatch as our 'critical friend' in shaping our action plan to deliver the strategy Together these have reduced the likelihood of the risk, but we note that the target risk level of six has not been achieved within the year because we were not able to deliver the strategy and supporting resource sooner in 22/23	**Likelihood:**	**2**	Year end
	Consequence:	**3**	**3**	**3**	**3**		**Consequence:**	**3**	
	Risk Level:	**12**	**12**	**12**	**9**		**Risk Level:**	**6**	

Cause of risk:	• Organisational silos has led to relevant (corp support) teams not communicating with each another as to what they can offer • Absence of proactive support to planners/operational teams in a timely manner • Poor data stratification means ESHT is unable to identify service users by relevant characteristic	**Impact:**	• New models of care and service design risk failure to optimise or maximise the benefits for patients/users/families • This could lead to a less positive experience for users – and staff, who bear the brunt of user frustration (as opposed to satisfaction) • If user engagement is done at all, the task falls on the service – usually already challenged in transitioning to delivering a different/changed way of working
Current methods of	A. Current patient engagement is voluntary (through the volunteers) and management is focused on activity/task-based support B. Patient experience of our services comes through three forums (Complaints (negative), PALS (largely neutral) and plaudits (Friends and Family) so any themes that patients are raising can come through there		

management (controls)	C. Where we undertake major transformations (e.g. cardiology, ophthalmology) we will engage through formal consultations and our steering groups for these two services contain patient representatives

Assurance Framework – 3 Lines of Defence – linked to controls (A-C)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• If there is a shortage of volunteers to cover key tasks this will typically be managed across the areas concerned	• Wider concerns would be escalated through corporate nursing, as the volunteer function reports via the ADN	• External review on this point could come via HealthWatch or other VCSE sector organisations to offer an objective view

Gaps in control/assurance:

- None of the current controls (A – C) provide adequate assurance as they fail to address the proactive co-ordination and involvement of patients and service users
- We are reliant on patients taking the initiative as regards wanting to be part of any initiative – there is no organisationally-led approach
- Volunteers are a valuable resource, but not have not typically been deployed to support a planning or insight function
- Patient representatives provide extremely helpful, evidence-based insights but are not routinely or systematically part of our development/planning processes

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)

No.	Action Required	Executive Lead	Due Date	Quarter 4 Progress Report	BRAG
1.	Co-ordination of Patient Experience Team and Communications team to ensure a process, policy and structure for the oversight and management of patients to ensure a systematised approach across the Trust (managed by the patient experience team)	Chief of Staff	Q3 22/23	Meeting in March to structure a skeleton approach	G
2.	Communications Team to consider how best to promote this with operational teams and Trust-wide programmes		Q3 22/23	Team linking up with other Trusts to understand good practice examples and materials we might adapt	G
3.	Involvement of the Volunteers Team so that they are aware of the work and can offer their objective assessment of our approach		Q3 22/23	Engagement with the volunteers team has begun, ensure they are involved in the process/policy discussions	G
4.	Ensure that we can segment and show BAME and deprivation data (i.e. by postcode) as regards activity and waiting times		Q4 22/23	The labour intensiveness of the manual extraction, and absence of data systems interoperability has meant this data pull is yet to happen. Current staffing and prioritisation issues to year end are also putting the team under pressure. Discussions to be held with the CFO regarding the potential to prioritise in-year	R
5.	Track the impact and effectiveness of the patient role in our programmes (seek the feedback of participants) to ensure we capture from their perspective as to what's		Q4 22/23	Addressed as part of the strategy	A

	working or not and we can adapt and develop our approach				

Appendix One – Links to Corporate Risk Register (only risks rated 15 and above appear on the Corporate Risk Register)

BAF 1 - Minimal benefits from collaboration (e.g. better resource use & improved outcomes) for those in greatest need, due to System/Place focus on governance and architecture						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	10/01/2022	2084	Inadequate psychological support for ESHT patients in the long term condition management and rehab services	20	16	◀▶
BAF 2 - Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	21/04/2015	1289	Consultant histopathology vacancies	12	20	◀▶
	19/10/2016	1552	Cardiac physiology staffing	12	16	◀▶
	14/11/2017	1680	Wait times for routine Child Development clinic referrals >24 months	12	16	◀▶
	17/05/2018	1721	Insufficient physiotherapy staffing for neurological outpatient service	15	15	◀▶
	21/12/2018	1772	Insufficient intensive care medical consultant staff to deliver 7 day consultant led service	20	16	◀▶
	06/09/2019	1830	Failure to meet turnaround times in cellular pathology	12	20	◀▶
	01/07/2020	1896	Unchaperoned ultrasound examinations	16	16	◀▶
	23/10/2020	1931	Health Visitor Vacancies	9	20	◀▶
	15/07/2021	2057	Noncompliance with NaDIA inpatient diabetic foot pathway	16	16	◀▶
	12/08/2021	2066	Inadequate staffing levels to provide consistent Lipid Clinic service	20	15	◀▶
	06/09/2021	2068	Cellular Pathology staffing	16	16	◀▶
	25/11/2021	2079	Construction project manager vacancies	25	16	◀▶
	25/11/2021	2080	Statutory compliance and quality assurance in construction activities	20	16	◀▶
	17/03/2022	2091	Reliance on non-qualified and temporary workforce in order to provide 24/7 Covid-19 lab testing service	16	16	◀▶
	28/06/2022	2114	Delays in out of hours patient assessment times	20	16	◀▶
	29/07/2022	2127	Vacancy rate of occupational therapists	20	20	◀▶
	01/08/2022	2128	Insufficient accommodation for international nurses	16	16	◀▶
	01/08/2022	2129	International nurses waiting more than 15 weeks for an OSCE place at national test centres	16	16	◀▶
	17/08/2022	2135	Vacancies in radiology and histopathology increasing diagnostic service waiting times	12	15	◀▶

	25/10/2022	2152	Registered nurse vacancies at Rye	25	15	▼
	01/11/2022	2157	Increased respiratory outpatient waiting times	16	16	◀▶
	24/01/2023	2174	Cardiology consultant staffing	20	20	NEW

BAF 3 - Decline in staff welfare, morale and engagement that impacts standards of care in 22/23

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	29/04/2020	1867	Violence and Aggression Trust wide	16	16	◀▶
	29/07/2022	2127	Vacancy rate of occupational therapists	20	20	◀▶
	01/08/2022	2128	Insufficient accommodation for international nurses	16	16	◀▶
	01/08/2022	2129	International nurses waiting more than 15 weeks for an OSCE place at national test centres	16	16	◀▶
	18/01/2023	2172	Planned Industrial Action by Health Unions	20	15	NEW

BAF 4 - Failure to deliver income levels/manage cost/expenditure impacts savings delivery

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	-	-	*No current risks on the Corporate Risk Register that apply*			

BAF 5 - Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 22/23

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	-	-	*New risk so no links apply*	-	-	-

BAF 6 - The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	25/02/2002	19	Risk of Legionella	6	15	◀▶
	10/12/2013	1118	Aging Building Management System (BMS)	15	15	◀▶
	23/06/2015	1324	A&E Handover Capacity	9	20	◀▶
	25/09/2015	1360	Cardiology Catheter Lab breakdowns	12	16	◀▶
	11/11/2015	1397	Clinical Environment Maintenance & Refurbishment	20	15	◀▶
	12/11/2015	1398	External Cladding/Façade at EDGH	20	15	◀▶
	12/11/2015	1406	Water ingress	15	15	◀▶
	12/11/2015	1410	Potential non-compliance with Fire Safety Legislation	16	16	◀▶
	12/11/2015	1425	Failure of lifts	16	16	◀▶
	09/05/2017	1621	Loss of Electrical Services to Critical Clinical Areas	16	16	◀▶
	09/05/2017	1622	Working at Height	15	15	◀▶
	03/08/2017	1655	Containment Level 3 Laboratory	15	20	◀▶
	01/03/2018	1703	Fire Detection System	16	16	◀▶
	28/11/2019	1854	Inadequate Cath lab 1 EDGH equipment & Storage	16	16	◀▶
	21/04/2020	1866	Aseptic Unit	20	16	◀▶
	27/05/2020	1879	Capital - Sustainability	12	20	◀▶

	27/11/2020	1937	Birth Centre Environment	15	15	◀▶
	02/07/2021	2053	Clinical Space on Frank Shaw Ward	20	15	◀▶
	03/08/2021	2062	Scott Unit Environment	20	16	◀▶
	03/08/2021	2065	Lack of availability of community obstetric venues/hubs	15	15	◀▶
	31/10/2022	2154	Radiology Imaging Equipment Failure - Conquest	20	16	◀▶

BAF 7 - Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	23/08/2017	1660	Cyber Security	20	16	◀▶
	01/02/2021	2026	The Disaster Recovery Solution for Critical Systems	15	15	◀▶
	21/03/2022	2092	Unmitigated Software Vulnerabilities	16	16	◀▶
	21/03/2022	2098	Asset management and shadow IT	20	16	◀▶
	21/03/2022	2099	ESHT data centre segregation	20	16	◀▶
	21/03/2022	2100	3rd party and supplier remote access controls	20	16	◀▶
	04/11/2022	2158	Multi Factor Authentication	16	16	◀▶
	21/02/2023	2177	Sectra Linux Servers	15	15	**NEW**

BAF 8 - Failure to develop business intelligence weakens insightful and timely analysis to support decisions

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	03/09/2018	1739	Failure of internal communications networks	12	16	◀▶
	05/09/2018	1748	Obsolete business continuity plans	16	16	◀▶

BAF 9 - Failure to transform digitally and deliver associated improvements to patient care

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	25/09/2015	1360	Cardiology Catheter Lab breakdowns	12	16	◀▶
	01/02/2021	2026	The Disaster Recovery Solution for Critical Systems	15	15	◀▶

BAF 10 - Failure to maintain focus on improving care

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	-	-	*New risk so no links apply*	-	-	-

BAF 11 - Risk of not being able to maintain delivery of safe, high quality effective care due to huge numbers of patients that no longer meet the criteria to reside.

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	03/12/2018	1764	Inpatient flow impacting on delivery of care in the Emergency Department	12	20	◀▶
	12/06/2020	1884	Delayed surgical treatment	16	16	◀▶
	24/09/2020	1913	Waiting time for treatment in excess of 52 weeks	16	16	◀▶
	03/12/2020	1942	Risk of insufficient beds during winter	16	16	◀▶

BAF 12 - Failure to play our part in Sussex public health priorities - e.g. mental health, CVD - to strengthen delivery against ICB target areas

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change
	-	-	*New risk for 2023 so no links apply*	-	-	-

BAF 13 - Insufficient focus given to the patient/stakeholder voice in service development and transformation to develop fit for purpose and fit for the future services						
Date: Links to Corporate Risk Register:	Risk Register Number	Title	Inherent Risk Score	Current Risk Score	Change	Date:
	-	-	*New risk for 2023 so no links apply*	-	-	-

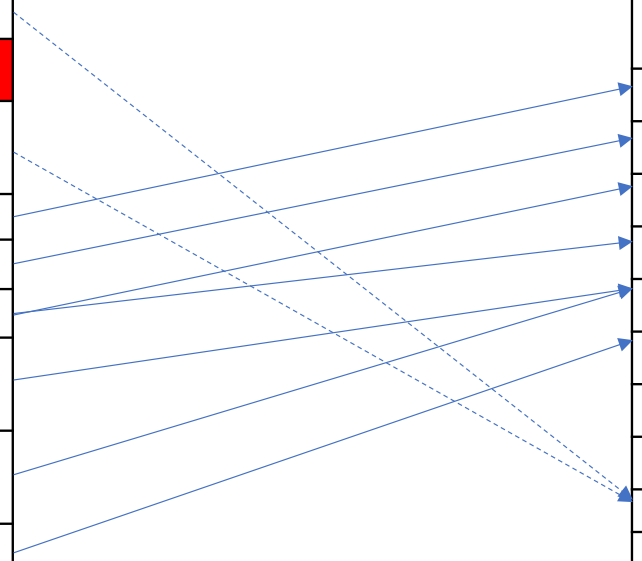
Appendix Two – BAF Summary 2020/21 and 2021/22

Ref	RISK SUMMARY	Monitoring Committee	Objectives Impacted					Inherent risk	Current position (Residual risk)								Change	Risk appetite	Target rating	Target date
									2020/21				2021/22							
									Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
BAF 1	Safe care - sustained and continuous improvement	Q&S	✔					20	9	9	12	16	12	12	12	12	◄►	Low	6	Mar 23
BAF 2	Restoration and Recovery - ongoing impact of Covid19	Q&S	✔	✔	✔	✔	✔	20	16	16	20	20	16	16	16	16	◄►	Low	8	Mar 23
BAF 3	The Trust's performance against access standards is inconsistent	Q&S	✔	✔				20	12	16	20	20	16	16	16	16	◄►	Low	6	Mar-23
BAF 4	Sustainable Workforce	POD	✔	✔	✔		✔	20	16	16	16	16	16	16	16	16	◄►	Moderate	12	Ongoing
BAF 5	Protecting our staff	POD			✔			16	12	12	12	12	12	12	12	12	◄►	Low	9	Ongoing
BAF 6	Financial Sustainability	F&S				✔	✔	16	12	12	12	4	12	12	12	4	▼	Moderate	8	Mar-22
BAF 7	Investment required for IT, medical equipment and other capital items	F&S	✔				✔	20	16	16	12	12	12	16	16	16	◄►	Moderate	12	Mar-23
BAF 8	Investment required for estate infrastructure – buildings and environment	F&S	✔				✔	20	16	16	12	12	16	16	16	16	◄►	Moderate	8	Mar-23
BAF 9	Cyber Security	Audit	✔	✔			✔	20	16	16	16	16	16	16	16	16	◄►	Low	12	Mar-23

Appendix Three – Tracking BAF risks from 2021/22 to 2022/23

Risks from 21/22 BAF

BAF 1 – Safe care - sustained and continuous improvement
~~BAF 2 – Restoration and recovery Ongoing impact of Covid19~~
BAF 3 - The Trust's performance against key access standards is inconsistent
BAF 4 - Sustainable Workforce
BAF 5 – Protecting our Staff
BAF 6 - Financial Sustainability
BAF 7 - Investment required for IT, medical equipment and other capital items
BAF 8 – Investment required for estate infrastructure – buildings and environment
BAF 9 - Cyber Security



Risks in 22/23 BAF

BAF 1	Minimal benefits from collaboration (e.g. better resource use & improved outcomes) for those in greatest need, due to System/Place focus on governance and architecture (NEW)
BAF 2	Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time
BAF 3	Decline in staff welfare, morale and engagement that impacts standards of care in 22/23
BAF 4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery
BAF 5	Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 22/23
BAF 6	Impaired estates/capital limits the ability to provide services & equipment safely for patients/staff
BAF 7	Vulnerability of IT network and infrastructure to prolonged outage including cyber attack
BAF 8	Failure to build business intelligence weakens delivery of insightful and timely analysis to support decisions (NEW)
BAF 9	Failure to transform digitally and deliver associated improvements to patient care (NEW)
BAF 10	Failure to maintain focus on improving care
BAF 11	Inability to ensure patients are treated in the right settings (NEW)
BAF 12	Failure to play our part in Sussex public health priorities - e.g. mental health, CVD - to strengthen delivery against ICB target areas (NEW)
BAF 13	Insufficient focus given to the patient/stakeholder voice in service development and transformation to develop fit for purpose and fit for the future services (NEW)

Appendix Four: Risk Matrix

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

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

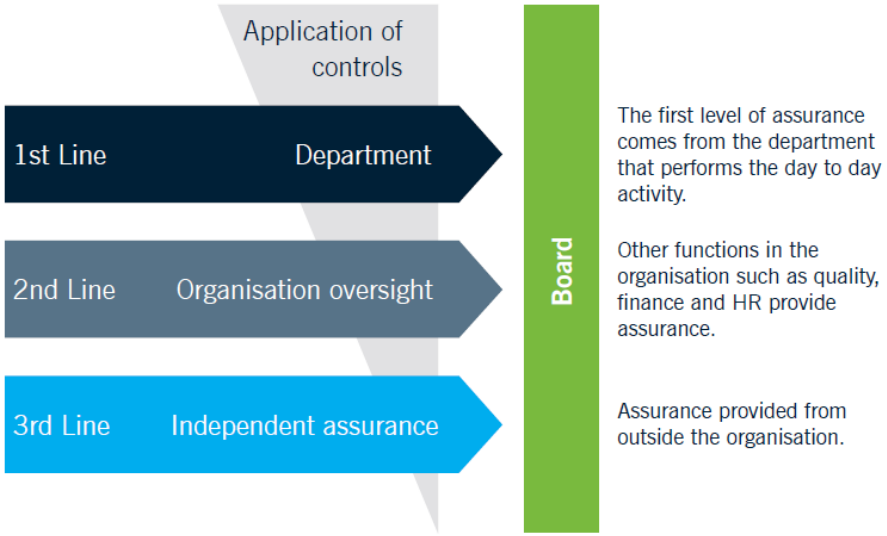
Table LIKELIHOOD X CONSEQUENCE/IMPACT = RISK RATING

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

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

Appendix Five – Three Lines of Defence Assurance Model

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



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

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

East Sussex Healthcare NHS Trust

NHS Provider Licence Conditions - Annual Self-Certification

Purpose of the paper	NHS trusts are required to self-certify on an annual basis that they can meet their obligations as set out in the NHS provider licence and that they have complied with governance requirements.						
	For Decision	x	For Assurance		For Information		
Sponsor/Author	Sponsor: Richard Milner, Chief of Staff Author: Pete Palmer. Deputy Company Secretary						
Governance overview	The evidence to support this self certification has been reviewed by Executive Directors.						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
		x		

Recommendation	The Trust Board is asked: • Based on the evidence highlighted in Appendix A, it is recommended to the Board that the 'Condition FT4 (8)' Self-Certification is formally signed-off as **"Confirmed".** • Based on the evidence highlighted in Appendix B, it is recommended to the Board that the 'Condition G6' Self-Certification is formally signed-off as **"Confirmed".**

Executive Summary	The Trust Board is asked to approve self-certification for the following after the end of each financial year end: • **That we have taken all precautions necessary to comply with the licence, NHS acts and NHS Constitution (Condition G6(3)).** This condition requires NHS trusts to have processes and systems that a) identify risks to compliance and b) take reasonable mitigating actions to prevent those risks and a failure to comply from occurring. We must annually review whether these processes and systems are effective and publish our G6 self-certification by the end of June. • **That we have complied with required governance arrangements (Condition FT4(8)).** We are required to review whether our governance systems achieve the objectives set out in the licence condition. There is no set approach to meeting these standards and objectives but NHSi expect any compliant approach to involve effective board and committee structures, governance framework including performance and risk management systems.

Next steps	Following approval from the Board, the self-certification template below will be signed by the Chief Executive and Chair and published on the Trust website prior to the end of June deadline. In the event of a CQC/regulatory inspection this information would be shared with the relevant body.

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed OK

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name		**Name**	
Capacity	[job title here]	**Capacity**	[job title here]
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A

Appendix A: Condition FT4 (8) - Annual Corporate Governance Statement

1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	**Confirmed**	• As evidenced in the Annual Governance Statement.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	**Confirmed**	• The regular Board cycle and monthly committee structure allows new guidance to be brought to the Board's attention as required.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective Board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	**Confirmed**	• Governance and accountability framework in place with effective governance structure from 'Floor to Board'. • Annual review of committee structure and committee effectiveness in place, and revisions are made if reviews highlight any requirements.

4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	**Confirmed**	• The Annual Governance Statement, Quality Account and Annual Report document compliance with regulatory requirements and the Trust's governance and risk framework. • Robust external and internal audit processes in place with escalation of any concerns on key internal controls and processes. • Regular Board and sub-committee meetings include oversight of performance, financial and workforce information and the corporate risk register and Board Assurance Framework (BAF). • Business planning process in place. • CQC rated that Trust as 'Good' overall. •

5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	**Confirmed**	• The Trust ensures capability at Board level though a process of annual assessment of Board and Committee effectiveness • The Board receives presentation of the Integrated Performance Report (IPR) at each meeting in public, setting out key quality, financial and workforce information. • The accuracy of data presented to the Board is assured through internal checks and internal audit verification. • Board meetings in public take place on a bi-monthly basis, and any member of the public or staff can join these meetings. • The Trust's Annual General Meeting is held in public, and gives members of the public the opportunity to hear an update about what has happened in the Trust, and to ask questions of members of the Board. • Public engagement events took place about the future of Cardiology and Ophthalmology services in the Trust to ensure that public opinion was heard and considered as decisions were made. • A robust governance system ensures that issues are escalated as appropriate through the organisation, and to the Board and its sub-Committees as appropriate.

6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**Confirmed**	**Sufficient in Number** • Demand and supply workforce modelling draws together service activity, the workforce size and shape with occupational coded roles to meet the demand and triangulate with Finance to ensure it is financially viable and sustainable • Gap and risk analysis is undertaken throughout the Business Planning process and monitored through the governance structure e.g. Board meetings, sub-Board Committee and appropriate Groups. These meetings are recorded and minuted with Terms of Reference and 'purpose' being reviewed annually as a minimum • Staff Group national guidance safer staffing are utilised where appropriate to determine the skill mix and size of the resource pool against specific requirements e.g. ward based nursing use Shelford for the establishment reviews which take into consideration acuity, bed occupancy, shift types. There are also recognised staffing models for AHP's, Emergency Department, Birth Rate Plus and Community Nursing. Where we do not have a safer staffing model, guidance from the Royal Colleges are utilised for best practice • During periods of high demand (Winter escalation) or low supply (Covid absence), substantive staff are redeployed as appropriate using the 4 cross-site operational staffing meetings, supported by a Safercare tool that shows live patient acuity data. Furthermore, ESHT have a robust, skilled temporary workforce bank pool that consistently play a key role as part of our congoing experienced workforce. There are additional opportunities to utilise agency for specialist roles such as Consultants, AHP's in order to deliver service. **Appropriately Qualified** • Specific roles requirement evidence of training and registration through professional bodies such as GMC, NMC, RCN and these form part of the recruitment onboarding due diligence checks • Further checks through recruitment include Occ Health (vaccines), DBS at specific levels dependent on role, ID checks (Right to Work), references, visa • As well as vocational training and coaching, colleagues are supported through defined career pathways through Integrated Education and NHS Leadership Programmes

Appendix A: Condition G6 - Compliance with the Provider Licence Conditions

SECTION 1: GENERAL CONDITIONS

	Licence Condition:	Explanation:	Board Assurance:	Lead Director(s):
G1.	Provision of information	This condition requires licensees to provide NHSI/E with any information they may require for licencing functions.	ESHT has robust data collection and validation processes and the proven ability to submit large amounts of accurate, complete and timely information to regulators and other third parties to meet specific requirements.	Director Finance Chief Operating Officer
G2.	Publication of information	This condition contains an obligation for all licensees to publish such information as NHSI/E may require, in a manner that is made accessible to the public.	ESHT is committed to operating in an open and transparent manner. The Board holds meetings in public and agendas, minutes and associated papers are published on the Trust's website. The website also contains information and contact details providing advice to the public and referrers who may require further information about Trust services. Copies of the Trust's Annual Report and Accounts and Quality Account are published on the website and the Trust operates a Freedom of Information publication scheme.	Chief Executive Chief of Staff
G3	Payment of fees to NHSI	The Health & Social Care Act 2012 ("The Act") gives NHSI the ability to charge fees and this condition obliges licence holders to pay fees to NHSI if requested.	NHSI does not currently charge fees. However, the obligation to pay fees is a condition and will be accounted for within the Trust's financial planning as required. ESHT pays fees to other parties such as the Care Quality Commission and NHS Resolution	Chief Finance Officer

	Licence Condition:	Explanation:	Board Assurance:	Lead Director(s):
G4	Fit and Proper Persons (FPP)	This condition prevents licensees from allowing unfit persons to become or continue as Governors or Directors (or those performing similar or equivalent functions).	All members of the Board and their deputies who may 'act up' into a Board role have been subject to a Disclosure & Barring Service (DBS) check. Fit and Proper Person (FPP) checks are made upon appointment and Board members are required to sign an annual declaration that they remain a FPP. The CQC reviewed the Trust's FPP compliance in December 2019 and found the Trust to be compliant.	Chief People Officer
G5	NHS Guidance	This condition requires licensees to have regard to any guidance that NHSI issues.	The Trust has had regard to NHSI guidance through submission of required annual and quarterly planning requirements, declarations and exception reporting.	Chief Finance Officer Chief Operating Officer
G6	Systems for compliance with licence conditions and related obligations	This requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements.	The Trust has a robust governance framework in place as outlined in the Annual Governance Statement. The Board and its sub Committees (Audit Committee, Quality and Safety Committee, People and Organisational Development Committee, Finance and Productivity Committee and Strategy and Transformation Committee) receive regular reports and supporting data analysis covering patient safety, clinical quality, patient experience, workforce, performance and finance. All Committees undertake a review of their annual work programme and effectiveness and revisions are made as required.	Chief Executive Chief of Staff

			The Trust has a Risk Management Strategy and processes are in place to enable identification, management and mitigation of current risk and anticipation of future risk. The Risks are identified through 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 Board Assurance Framework is reviewed by the Board and its sub committees. The Board has regard to the NHS Constitution, compliance and actions are in place to support delivery and achievement of trajectories.	
G7	Registration with the Care Quality Commission	This licence condition requires providers to be registered with the Care Quality Commission and to notify NHSI if registration is cancelled.	The Trust is registered with the Care Quality Commission without condition.	Chief Executive Chief of Staff
G8	Patient eligibility and selection criteria	This condition requires licence holders to set transparent eligibility and selection criteria for patients and to apply these in a transparent manner.	The Trust publishes descriptions of the services it provides and who the services are for on the Trust website. Eligibility is defined through commissioners' contracts and the choice framework. Assurance is gained through the patient's assessment stages to ensure that the appropriate services are provided.	Chief Operating Officer

	Licence Condition:	Explanation:	Board Assurance:	Lead Director(s):
G9	Application of Section 5 (Continuity of Services)	This condition applies to all licensees. It sets out the conditions under which a service will be designated as a Commissioner Requested Service. Licensees are required to notify NHSI at least 28 days prior to the expiry of a contractual obligation if no renewal or extension has been agreed. Licensees are required to continue to provide the service on expiry of the contract until NHSI issues a direction to continue service provision for a specified period or is advised otherwise. The conditions when Commissioner Requested Services (CRS) shall cease is set out. Licencees are required under this Condition, to notify NHSI of any changes in the description and quantity of services which they are under contractual or legal obligation to provide.	Requested Services are set within the contracts agreed with commissioners. The Trust has effective working relationships with its commissioning partners within the local health economy. The Chief Finance Officer is responsible for leading on contract negotiations and across the Trust there is partnership working to deliver service transformation, efficiency and quality improvement to meet the needs of the local population. The Trust is part of the Sussex Health and Care Partnership integrated care system. Regular meetings take place with NHSI/E and they are notified prior to the expiry of a contractual obligation if no renewal or extension has been agreed.	Chief Executive Chief Finance Officer Chief Operating Officer

SECTION 2 PRICING

	Licence Condition:	Explanation:	Board Assurance	Lead Director
P1.	Recording of information	Under this condition, NHSI may oblige licensees to record information, particularly information about their costs, in line with national guidance.	The Trust records all of its information about costs in line with current guidance.	Chief Finance Officer
P2.	Provision of information	Having recorded the information in line with Pricing condition 1 above, licensees can then be required to submit this information to NHSI.	The Trust complies with any requirements to submit information to NHSI.	Chief Finance Officer
P3.	Assurance report on submissions to NHSI	When collecting information for price setting, it will be important that the submitted information is accurate. This condition allows NHSI to oblige licensees to submit an assurance report confirming that the information that they have provided is accurate.	The Audit Committee receives and monitors all Internal Audit reports	Chief Finance Officer
P4.	Compliance with the national tariff	The Health and Social Care Act 2012 requires commissioners to pay providers a price which complies with, or is determined in accordance with, the National Tariff for NHS health care services. This licence condition imposes a similar obligation	The Covid-19 pandemic has resulted in a block contract arrangement and this in line with national guidance.	Chief Finance Officer

		on licensees, i.e. the obligation to charge for NHS health care services in line with the National Tariff.		
P5.	Constructive engagement concerning local tariff modifications	The Act allows for local modifications to prices. This licence condition requires licence holders to engage constructively with commissioners, and to try to reach agreement locally, before applying to NHSI for a modification.	As above	Chief Finance Officer

SECTION 3: CHOICE AND COMPETITION

	Licence Condition:	Explanation:	Board Assurance	Lead Director
C1.	Patient Choice	This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. This condition applies wherever patients have a choice under the NHS Constitution, or where a choice has been conferred locally by commissioners.	The Trust complies with patient's rights to choose and the choice framework	Chief Executive
C2.	Competition Oversight	This condition prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users. It also prohibits licensees from engaging in other conduct that has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.	All licensed provider organisations are treated as 'undertakings' under the terms of the Competition Act 1998. This means that as a licensed provider the Trust is deemed to be an organisation engaging in an 'economic activity' and therefore is required to comply with the Competition Act. The Board and Executive Management team has access to expert legal advice to ensure compliance with this condition.	Chief Executive

SECTION 5: CONTINUITY OF SERVICES

	Licence Condition:	Explanation:	Board Assurance	Lead Director
CoS1.	Continuing provision of Commissioner Requested Services	This condition prevents licensees from ceasing to provide Commissioner Requested Services, or from changing the way in which they provides Commissioner Requested Services, without the agreement of relevant commissioners.	As for condition G9 above.	
CoS 2.	Restriction on the disposal of assets	This licence condition ensures that licensees keep an up to date register of relevant assets used in the provision of Commissioner Requested Services. It also creates a requirement for licensees to obtain NHSI's consent before disposing of these assets when there is concern about the ability of the licensee to carry on as a going concern.	The Finance Department maintains a capital assets register. The Trust complies with requirements regarding disposal of assets.	Chief Finance Officer
CoS 3.	Standards of Corporate Governance and Financial Management	This condition requires licensees to have due regard to adequate standards of corporate governance and financial management. The Risk Assessment Framework will be utilised by NHSI to determine compliance	The Trust has adequate systems and standards of governance, oversight by the Board and establishment and implementation of associated governance systems and processes including those relating to quality and financial management. Refer to the Trust Annual Governance Statement and Annual Report	Chief Executive Chief Finance Officer/ Chief of Staff

CoS 4.	Undertaking from the ultimate controller	This condition requires licensees to put in place a legally enforceable agreement with their 'ultimate controller' to stop ultimate controllers from taking any action that would cause licensees to breach the license conditions. This is best described as a 'parent/subsidiary company' arrangement. **If no such controlling arrangements exist then this condition would not apply.** Should a controlling arrangement come into being, the ultimate controller will be required to put in place arrangements to protect the assets and services within 7 days. Governors, Directors and Trustees of Charities are not regarded by NHSI as 'Ultimate Controllers'.	The Trust is a Public Benefit Corporation and neither operates or is governed by an Ultimate Controller arrangement so this licence condition would not apply.	Not applicable
CoS 5.	Risk Pool Levy	This licence condition obliges licensees to contribute, if required, towards the funding of the 'risk pool' – this is like an assurance mechanism to pay for vital services if a provider fails.	The Trust currently contributes to the NHS Resolution pool for clinical negligence, property expenses and public liability schemes. The Trust also submits information in order to benefit from the maternity incentive rebate scheme.	Chief Finance Officer

CoS 6.	Cooperation in the event of financial stress	This licence condition applies when a licensee fails a test of sound finances, and obliges the licensee to cooperate with NHSI and any of its appointed persons in these circumstances in order to protect services for patients.	The Trust co-operates fully with NHSI in ensuring it meets its licence obligations.	Chief Finance Officer
CoS 7.	Availability of Resources	This licence condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.	As with the provision of Mandatory Services, the Trust has well established services in place and currently provides all of the Commissioner Requested Services to a high standard. The Trust has forward plans and agreements in place with commissioners that meet this condition.	Chief Finance Officer

SECTION 6: NHS FOUNDATION TRUST CONDITIONS

	Licence Condition:	Explanation:	Board Assurance	Lead Director
FT1.	Information to update the register of NHS Foundation Trusts.	This licence condition ensures that NHS Foundation Trusts provide required documentation to NHSI. NHS Foundation Trust Licensees are required to provide NHSI with: • a current Constitution; • the most recently published Annual Accounts and Auditor's report; • the most recently published Annual Report; and • a covering statement for submitted documents.	The Trust is not an Foundation Trust and therefore does not have a constitution. Annual Accounts, Auditors Report and Annual Report are all published.	Chief of Staff
FT2.	Payment to NHSI in respect of registration and related costs.	If NHSI moves to funding by collecting fees, they may use this licence condition to charge additional fees to NHS Foundation Trusts to recover the costs of registration.	Not applicable. See G3 above.	Not applicable
FT3.	Provision of information to advisory panel.	The Act gives NHSI the ability to establish an advisory panel that will consider questions brought by governors. This licence condition requires NHS Foundation Trusts to provide the information requested by an advisory panel.	Not applicable as Trust does not have governors.	Not applicable

East Sussex Healthcare NHS Trust

Use of Trust Seal

Purpose of the paper	To inform the Board of the use of the Trust Seal						
	For Decision		For Assurance		For Information	X	
Sponsor/Author	Chief of Staff						
Governance overview	Not applicable						

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable

Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement

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

Executive Summary	The Trust Seal was used to seal the following documents between 1st February 2023 and 23rd March 2023: **Sealing 89 – Booker and Best Ltd, 14th February 2023** For the Cardiac Catheter Laboratory at Eastbourne District General Hospital. **Sealing 90 – ESHT, UHS and QVH, 10th March 2023** Collaboration agreement between ESHT, University Hospitals Sussex NHS Foundation Trust and Queen Victoria NHS Foundation Trust for the provision of a Pathology Laboratory Information Management System (LIMS) and LIMS implementation services **Sealing 91 – Cloud21 Ltd, 10th March 2023** For the provision of a Pathology Laboratory Information Management System **Sealing 92 – CliniSys Solution Ltd, 10th March 2023** For LIMS services to the Sussex Pathology Network

Next steps	Not applicable