

East Sussex Healthcare NHS Trust Board Agenda

Date: Tuesday 13th June 2023

Time: 09:30 – 12:30

Venue: Horntye Park Sports Complex, Bohemia Road, Hastings TN34 1EX

	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 11th April 2023	Chair	Approval	09:40
5	Matters Arising	Chair	Approval	
6	Board Committee Chairs' Feedback	Committee Chairs	Assurance	09:45
7	Hospital Redevelopment (verbal)	Chair	Information	09:55
8	Chief Executive's Report	CPO	Information	10:00
Quality, Safety and Performance				
9	Integrated Performance Report, Month 1 (April)		Assurance	10:15
	<ul style="list-style-type: none"> 1. Chief Executive Summary 2. Quality & Safety 3. Our People 4. Access and Responsiveness 5. Financial Control and Capital Development 	<ul style="list-style-type: none"> CPO CNO/CMO CPO SD CFO 		
Break – 15 minutes				
10	Learning from Deaths, Quarter 3	CMO	Assurance	11:10
11	Maternity Overview Q4	DM	Assurance	11:15
12	Corporate Plan 2023/24	CS	Assurance	11:30
Governance and Assurance				
13	2022/23 Nursing Establishment	CNO	Information	11:40
14	Freedom to Speak Up Guardian Report	CPO	Assurance / Information	11:50

15	Sussex Premier Health Year One Update	CFO	Assurance	12:00
16	Quality Account Priorities & Delegation of approval of Quality Account 2022/23	CNO	Assurance / Approval	12:10
Items for Information				
17	Use of Trust Seal	Chair	Information	
18	Questions from Members of the Public	Chair		12:15
19	Date of Next Meeting Tuesday 8 th August 2023	Chair	Information	
20	Close	Chair		12:30



Steve Phoenix
Chairman
12th May 2023

Key:	
Chair	Trust Chair
CEO	Chief Executive
CNO	Chief Nurse and DIPC
SD	Spring 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
8 th August	St. Mark's Church Hall Green Lane Bexhill TN39 4BZ	09.30 – 12.30	
12 th September	ESHT AGM		Details to be confirmed.
10 th October	Uckfield Civic Centre Bellfarm Lane Uckfield TN22 1AE	09.30 – 12.30	
12 th December	Cornwallis Room Hornty Park Sports Complex Bohemia Road Hastings TN34 1EX	09.30 – 12.30	

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
Sponsor/Author	Sponsor: Steve Aumayer			
	Author: Jacquie Fuller / Melanie Adams			
Governance overview	Trust Board			

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

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

Recommendation	N/A
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Executive Summary	Hero of the Month
	<u>February 2023</u>
	<p>Overall Winner - Sheryl Baker, UTC Navigator – Urgent Care Division, Eastbourne DGH</p> <p>'I am nominating Sheryl as I recently spent many hours in A&E at EDGH, waiting for my mum to be seen. From the minute we walked in, Sheryl was very helpful and cheerful and as our stay continued she was amazingly helpful to every person that walked in the doors of A&E. She was also amazing with patients that had been waiting to be seen for a while that were getting very frustrated and approaching her for information. Her manner was helpful, positive, calming, and cheerful and it made the wait and circumstances easier to deal with. She is an absolute credit to the A&E team and the Trust.'</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Sheryl receiving her award from Steve Phoenix, Chairman</p>

March 2023

Overall Winner - Sam Morley, Urgent Community Response Service – Community Health and Integrated Care (CHIC) Division, Conquest Hospital

‘Sam has been a key player in developing Virtual Wards within CHIC. She is passionate, motivated and an inspiration to others. Sam always has time to spend with others, explaining the Virtual Ward model and benefits to patients being treated in their own homes.

Sam is a natural leader and is respected by her immediate colleagues and those people she works with outside of her team. She always places the patient at the heart of what she does and she should be commended for her work within ESHT.’

Long Service Awards

April-23					
10 Years' Service		25 Years' Service		40 Years' Service	
Hazel	Brook	Lynne	Paddington		
Janet	Pierce	David	Sallomi		
		Louise	Wilson		

May-23					
10 Years' Service		25 Years' Service		40 Years' Service	
Hannah	Davis	Victoria	McCann		
Fiona	Evans				
Katie	Irvine				
Sarah	McManus				
Yeser	Mohammad				
Michelle	Russell				
Lee	Smith				

East Sussex Healthcare NHS Trust Board Minutes

Date: Tuesday 11th April 2023

Time: 09:30 – 11:15

Venue: MS Teams

		Actions
	<p>Attendance: Mr Steve Phoenix, Chairman Mr Steve Aumayer, Deputy Chief Executive and Chief People Officer Mrs Jackie Churchward-Cardiff, Vice Chair Mrs Karen Manson, Non-Executive Director Dr Simon Merritt, Chief Medical Officer Mr Paresh Patel, Non-Executive Director Mr Damian Reid, Chief Finance Officer Mrs Nicola Webber, Non-Executive Director Ms Carys Williams, Non-Executive Director</p> <p><u>Non-Voting Directors</u> Ms Ama Agbeze, Associate Non-Executive Director Mrs Amanda Fadero, Associate Non-Executive Director Mr Richard Milner, Chief of Staff Mrs Sheila Roberts, Winter Director Mr Frank Sims, Associate Non-Executive Director</p> <p><u>In Attendance</u> Ms Sarah Hewetson-Grubb, Deputy Director of Nursing Ms Brenda Lynes, Director of Midwifery Mr Peter Palmer, Deputy Company Secretary (minutes)</p>	
	<p>Apologies: Mrs Joe Chadwick-Bell, Chief Executive Mrs Vikki Carruth, Chief Nurse & Director of Infection Prevention and Control</p>	
19/2023	<p>Chair's Opening Remarks Mr Phoenix welcomed everyone to the meeting; he noted that Mr Aumayer was deputising for Mrs Chadwick-Bell, and that Ms Hewetson-Grubb was attending on behalf of Mrs Carruth. He explained that the meeting had been moved online and shortened as a consequence of the four day junior doctors' strike that had started that day. He welcomed Mrs Walke, noting that she had not attended a Board meeting for some time.</p> <p><u>Hero of the Month</u> Mr Phoenix reported that January's winner was Dr Rajiv Sharma, Medical Examiner for the Bereavement Service.</p> <p>Two members of staff, Ruth Creasy and Debbie Discala, 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.</p>	

20 / 2023	<p>Declarations of Interest</p> <p>In accordance with the Trust's Standing Orders that directors should formally disclose any interests in items of business at the meeting, no new potential conflicts of interest had been declared.</p>	
21 / 2023	<p>Minutes</p> <p>The minutes of the Trust Board meeting held on 14th February 2023 were considered. One amendment to the minutes was noted:</p> <ul style="list-style-type: none"> BAF – Ms Williams noted that Mr Milner and Mr Reid had agreed to reflect outside of the meeting how the Board Assurance Framework (BAF) could better reflect both the current and future risks the to the Trust's strategic objectives. <p>They were otherwise agreed as an accurate record, and were signed by the Chair and would be lodged in the Register of Minutes.</p>	
22 / 2023	<p>Matters Arising</p> <p>There was no formal matters arising from the meeting on 14th February 2023.</p>	
23 / 2023	<p>Board Committee Chairs' Feedback</p> <p><u>Audit Committee</u></p> <p>Mr Patel presented a report on the last meeting of the Audit Committee on 23rd March 2023. He reported that RSM had been appointed as internal auditors for the Trust from 2023/24 following a competitive appointment process.</p> <p><i>The Board noted the report and the appointment as RSM as internal auditors for an initial period of three years with two possible one year extensions.</i></p> <p><u>Finance and Productivity Committee</u></p> <p>Mr Phoenix presented a report on the last meeting of the Finance and Productivity (F&P) Committee on 23rd March 2023.</p> <p><i>The Board noted the report.</i></p> <p><u>People and Organisational Development Committee</u></p> <p>Mrs Williams presented a report from the last meeting of the People and Organisational Development (POD) Committee on 16th March 2023.</p> <p><i>The Board noted the report.</i></p> <p><u>Quality and Safety Committee</u></p> <p>Mrs Fadero presented a report on the last meeting of the Quality and Safety (Q&S) Committee on 16th March 2023. She noted that the meeting had been Hazel Tonge's last meeting prior to her retirement as Deputy Director of Nursing and thanked her for her significant contribution to the Trust. She welcomed Ms Hewetson-Grubb to the Trust. She noted that an informative deconditioning workshop had taken place to discuss the management of inpatients who were not able to be discharged.</p> <p><i>The Board noted the report.</i></p> <p><u>Strategy and Transformation Committee</u></p> <p>Mrs Churchward-Cardiff presented a report on the last meeting of the Strategy and Transformation Committee on 23rd February 2023. She reported that the Integrated Care Partnership's (ICP) delivery plan was being developed following completion of their strategy, noting that this would be a significant document for the Trust. She anticipated that the Trust's Board Assurance Framework would need to include information measuring the Trust's progress against the ICP delivery plan moving forward.</p> <p><i>The Board noted the report.</i></p>	

<p>24 / 2023</p>	<p>Chief Executive's Report</p> <p>Mr Aumayer explained that he was deputising for Mrs Chadwick-Bell. He provided an update on the current industrial action, explaining that a lot of preparatory work had been undertaken in readiness for both the Easter weekend and the four day junior doctors' strike. The Trust had reported improved performance over the bank holiday weekend, with fully operational discharge lounges improving patient flow. A significant number of elective and outpatient services had been cancelled to ensure cover for non-elective services during the strike period. He thanked consultant and trust grade doctors, and the Local Medical Committee (LMC) for their support in ensuring that all services were covered during the strike period.</p> <p>Mrs Churchward-Cardiff asked if any feedback had been received following the recent visit to the Trust by Professor Sir Chris Whitty. Dr Merritt reported that Professor Whitty had fedback that his visit had been the first time he had visited an operational virtual ward, and that he had learnt a lot as a result. The visit had provided a helpful morale boost to the staff that he had met.</p>	
<p>25 / 2023</p>	<p>Integrated Performance Report, Month 11 (February)</p> <p>Mr Aumayer explained that the IPR highlighted areas of continued focus for the Trust, including length of stay and four hour A&E performance, but also highlighted that the Trust was performing well in other areas. He explained that it was important not to lose sight of the good performance that was being acheived, although the Trust would continue to seek improvement. Maintaining and improving the quality of care that was offered to patients, whilst remaining mindful of the financial challenges that would be faced, would be the Trust's main priority for the coming year.</p> <p>Quality</p> <p>Ms Hewetson-Grubb provided assurance that the Trust continued to work on all of the areas of risk highlighted in the report. She reported that a group had been convened to look at roster compliance and issues around the transition of patients; infection control rates had recently steadied and an action plan for falls had been developed. She reported that a number of new nurses had been recruited from the Trust's New to Care and Overseas programmes.</p> <p>Mrs Churchward-Cardiff noted that a quarter of Covid cases reported were potentially due to hospital onset and asked what the contributory factors for this were. Ms Hewetson-Grubb explained that the design of bays in wards limited the Trust's ability to isolate patients, an issue exacerbated by the continued use of super surge capacity. The infection control team worked closely with nursing staff to help isolate patients and ensure that appropriate Personal Protective Equipment (PPE) was used. She noted that the Trust's rate of hospital acquired Covid was low compared to other organisations nationally.</p> <p>Mrs Churchward-Cardiff asked whether all super surge capacity remained open in the Trust. Mrs Roberts reported that a concerted effort had been made in recent weeks to reduce super surge usage, which had seen a reduction in its use. She reported that the recent removal of beds from discharge lounges had resulted in a positive impact on patient flow.</p> <p>Mrs Fadero asked about the management of mental health patients in the Trust, noting that a lot of work was being undertaken by the Integrated Care System (ICS) to improve treatment for patients. Ms Hewetson-Grubb reported that work continued to be undertaken to manage these patients within the Trust, with weekly multi-disciplinary complex patient meetings taking place to ensure that patients were on the most appropriate pathways and were moved to appropriate accommodation as soon as possible.</p> <p>Mr Sims noted that seven complaints have been recently been reopened as complainants were unhappy with the initial response received from the Trust and asked if any themes had been identified. Mr Milner confirmed that no themes had emerged from the seven complaints.</p>	

Mrs Sims asked whether an increase in incidents and complaints had been seen during the prolonged period of high pressure in A&E departments, particularly any increase in the abuse of staff. Mr Milner confirmed that no increases in either volume or severity had been reported. Mr Aumayer explained that there had been an increase in incidents post-Covid, but not as a result of current operational pressures.

Dr Merrit presented the Trust's mortality data, noting that the Trust's Risk Adjusted Mortality Index (RAMI) in December had placed the Trust 31st out of 122 Trusts nationally.

Mrs Webber asked why the Trust's Summary Hospital-level Mortality Indicator (SHMI) had increased. Dr Merritt explained that he was unsure of the reasons, noting that he was not concerned about the increase as the indicator remained within normal range. He agreed to review the data in greater detail and report back at the next Board meeting.

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Workforce and People

Mr Aumayer reported that it had been another positive month with most workforce indicators showing improvement. The only adverse indicators related to pay, which were due to the impact of organisational pressures during January. Sickness levels had returned to pre-Covid levels during February; the Trust's vacancy rate had also reduced despite an increase in the number of funded roles. Mandatory training and appraisals remained areas of focus and it was pleasing to see improvements realised during February; further improvement was being targeted and it was hoped that mandatory training and appraisal targets would be met by May.

Mr Aumayer thanked Dr Merritt and his team for their role in the increase in consultant job planning compliance that had been realised. He reported that the recent industrial actions had impacted on roster completion rates, but expected to see a significant improvement moving forward, noting that a programme of roster reviews was being undertaken by Mrs Carruth. A recent national change to pension rules had removed some of the significant challenges for doctors not wishing to work additional time due to taxation of their pensions, and the Trust was already benefitting from the positive impact of this change.

Access and Responsiveness

Mrs Roberts reported that achieving reduced lengths of stay for patients would be key to improving performance across the organisation, as reduced bed occupancy provided greater potential for improved flow and elective performance. She was pleased to report a reduction in both overall length of stay and over 21 day length of stay in February. Helpful support had been received from the national Emergency Care Improvement team around the internal and external factors affecting length of stay.

The discharge lounge at Conquest Hospital no longer contained beds, which had led to improved early morning flow for patients being discharged. The discharge lounge at EDGH had been opened at the start of April, and Mrs Roberts thanked the Estates team for enabling this facility to open swiftly and within budget.

Recent junior doctors' strikes had impacted staff throughout the organisation, and Mrs Roberts thanks the Trust's consultants and staff grade doctors for their response to the strikes. She also thanked booking teams for their hard work in rebooking patients who had been affected by the strikes, often working extra hours to ensure that patients were looked after, as well as staff from throughout the Trust who worked extremely hard to mitigate the impact of the strikes. Mr Phoenix echoed the thanks to staff, noting that booking teams were unsung heroes who did an amazing job in managing patient appointments.

Mrs Churchward-Cardiff asked whether there was a medium term plan in place for addressing the continual increases to waiting lists. Mrs Roberts explained that the challenge of recovering waiting lists following Covid had been exacerbated by recent industrial actions. A programme to increase theatre productivity had been introduced and alongside this the Trust had taken advantage of support that was available to ensure that elective performance was maximised and capacity used to its fullest. A huge amount of work would need to be undertaken to fully recover waiting lists, and she offered to write a paper for a future Board meeting highlighting the progress that was being made. Mrs Roberts explained

SR

that Trust was also looking to reduce the number of outpatient follow up appointments that took place as these directly impacted on capacity to see new outpatients.

Mrs Churchward-Cardiff noted that the IPR reported that 62 day cancer performance had reduced. She recognised the challenging period that the Trust was going through, but asked if more could be done to improve performance in this area. Mrs Roberts explained that the Trust was working hard to ensure that all patients were seen as soon as possible, including work to improve capacity and the utilisation of theatres. She explained that training was being provided to service managers about how to better utilise their resources, noting that this had been well received.

Mrs Fadero noted that improvement had recently been seen to the two week cancer standard and asked whether there was confidence that improvements had been embedded within the organisation. Mrs Roberts explained that rigorous weekly challenge took place to ensure that correct coding and procedures were followed, providing assurance that the correct processes had been introduced.

Finance

Mr Reid reported that the Trust continued to forecast that a breakeven position would be achieved for 2022/23, although this position would need to be supported with greater use of reserves than had been previously anticipated. The Trust continued to receive Emergency Recovery Funds (ERF) and had also received additional funding for drug costs during the year; in addition reserves of around £3m had been released during the year. The Trust had overspent by £4m against its planned spend on pay and by £4.2m for non-pay, driven by inflation, increased utility costs and the impact of high cost drugs. Mr Reid explained that maintaining a break even position during 2023/24 would be very challenging for the Trust.

The Trust had set a £39.2m capital budget for 2022/23 and by the end of February had spent £19m, with £20m anticipated to be spent during March. The Trust's cash position remained positive due to the settlement of cumulative balances that had been received by the Trust a couple of years previously.

Mr Reid anticipated that £17m of the £22m target for Cost Improvement Plans (CIPs) for 2022/23 would be delivered at year end. This included a significant reliance on non-recurrent CIPs, with only £9.6m of plans recurrent. The CIP target for 2023/24 was anticipated to be £28.8m.

Mr Phoenix noted that it was important to fully recognise the significant achievement of the Trust in delivering a balanced budget for the fourth year in a row. He explained that it was correct to draw attention to the anticipated challenges in 2023/24 and asked what the final capital position for 2022/23 was anticipated to be. Mr Reid reported that a £2m gap in capital spend was anticipated, noting that a large amount of invoicing needed to be undertaken to reach this position during end of year processes. It had been expected that a number of projects, including PSDS3, would be signed off towards the end of the financial year. A capital plan had been agreed for 2023/24 and the Trust was developing a three year capital plan.

Mrs Manson asked how the large additional spend on temporary pay costs would be reduced in 2023/24. Mr Reid explained that the Trust's spend on agency staff, locums and waiting list initiatives was in line with the national limit for total agency spend. Finalisation of the Trust's establishment, and tighter roster controls would be key to realising savings in 2023/24, with lots of work already undertaken to ensure that the establishment and rosters were closely aligned. Mr Aumayer explained that unexpected significant peaks of Covid along with incredibly full hospitals, had driven temporary pay costs, and thanked the additional workforce for their support during the year. He confirmed that the Trust was within the 3.7% nationally mandated agency limit. Work was being undertaken to optimise utilisation of the Trust's substantive workforce. Mr Aumayer hoped that the drivers of the additional spend would reduce moving into 2023/24.

<p>26 / 2023</p>	<p>2023/24 Budget Update</p> <p>Mr Reid presented an update on the Trust's 2023/24 budget, noting that further submissions of the budget would take place in April and in May as the national view was that Integrated Care Systems (ICS) should not submit loss making budgets. He explained that the purpose of presenting the budget to the Board was to report the position that the Trust had committed to as of 1st April, which would allow divisions to work towards a budget for 2023/24. Mr Phoenix explained that the Board was being asked to support the financial position, subject to further conversations that were due to take place. The Board was not being asked to formally sign off the 2023/24 budget and could expect further discussions about the budget moving forward.</p> <p>Mr Reid reported that the anticipated budget would be a £16.7m deficit for 2023/24. 5.2% CIPs, amounting to £28.8m, would need to be delivered during the year in order to meet this target. Mr Phoenix noted that he had never seen an NHS organisation achieve that level of savings during his 43 years in the NHS, but explained that the Trust had a legal obligation to agree a financial target. Executives were working hard to agree a financial programme that would support delivery of this position.</p> <p>Mr Sims noted the importance of being able to fully understand the underlying assumptions that underpinned the budget. He also noted that some budgetary issues would be outside of the Trust's control as ESHT worked within an ICS, and asked how the system was responding to key issues, such as expedited discharge and reduced admissions. Mr Reid explained that further iterations of the budget would look to improve the financial position. Additional work was taking place across the system to improve patient flow. Mrs Roberts noted that the current planned reduction in length of stay in 2023/24 was reflected in the budget. The Trust had been cautious in its assumptions due to the recent increases in length of stay, as it was important that any improvements were sustainable to allow for the closure of additional capacity. Work would be undertaken with specialties to reduce lengths of stay, and virtual wards were expected to continue to have a positive impact. Mr Phoenix noted that Mrs Chadwick-Bell was the NHS Sussex lead for discharge, and work was taking place across the ICS to address this issue. He explained that the ICS would not solve the issue for the Trust, but by working in collaboration with colleagues from across the system the issue could be solved in a mutual fashion.</p> <p>Mrs Fadero acknowledged the challenging financial position for the Trust moving into 2023/24, explaining that the budget would need to be linked to the ICS' financial plan and strategy at 'place' level, which was where the greatest improvements could be realised. Closing escalation bed capacity would greatly benefit financial performance if manager alongside a greater focus on the provision of community services at 'place'. Mr Phoenix agreed, explaining that he had discussed the focus on 'place' with Mrs Chadwick-Bell and hoped that more progress would be made moving forward. Mr Aumayer reported that a number of workstreams had been developed at system level to deliver improvements at 'place' level. It was important that the Board remained updated on the good progress that was being made.</p> <p><i>The Board noted and supported the conversations that had taken place, and the scale of the challenge and associated risk. They reiterated the determination of the Trust to deliver on its responsibilities to both patients and tax payers.</i></p>	
<p>27 / 2023</p>	<p>Learning from Deaths, Quarter 1</p> <p>Dr Merritt presented the report from Quarter 2 2022/23, noting that there had been no avoidable deaths reported in the last quarter.</p> <p><i>The Board noted the report.</i></p>	
<p>28 / 2023</p>	<p>Maternity Briefing</p> <p>Ms Lynes presented the maternity briefing, explaining that the report provided assurance about the Trust's response following the CQC's inspection of maternity services, and the outcomes of the National Maternity Services Benchmark report. The CQC had given the Trust ratings of Good for Well Led, and Requires Improvement for Safe.</p>	

	<p>Good progress had been made in addressing the CQC's 'Must Do' recommendations. Ms Lynes reported that the maternity service had recently successfully recruited five new staff along with a number of trainee nurses; the new staff had noted how much they enjoyed working for the Trust.</p> <p>Mr Phoenix explained that he had met midwives at both the Conquest and EDGH in March, and had enjoyed very interesting conversations about the challenges and issues faced by the services, as well as the good progress being made.</p>	
29 / 2023	<p>Board Assurance Framework Q4</p> <p>Mr Milner presented the Quarter Four update of the Board Assurance Framework (BAF), noting that it had been already been subject to review by Executives and the Board's Committees.</p> <p>Mrs Webber noted that BAF 5 would need to be updated to reflect the financial challenges that would be faced by the Trust in 2023/24. Mr Milner agreed and explained that an update to the risk would be presented to the Finance and Productivity Committee. The Trust was talking to NHS Sussex about how system wide issues could be reflected in the Trust's BAF, and he hoped that updates to scoring, ratings and mitigations moving into 2023/24 would improve the way that risks were presented to the Board.</p> <p>Ms Williams asked whether the BAF appropriately reflected the risks to the Trust's strategic objectives both as they currently were, and as they would be moving forward. She offered her support to ensure that the BAF appropriately reflected areas of concern and focus. Mr Milner explained that the Trust's strategic objectives would be refreshed moving into 2023/24, and that the associated risks reflected on the BAF would be updated accordingly. This process would ensure that key risks to strategic objectives would be described appropriately on the BAF, with suitable risk ratings and the updated BAF would be presented to the appropriate Committees for approval in due course.</p> <p>Mr Sims asked whether it would be helpful to begin the process of updating the BAF for the new year in the fourth quarter of the previous year moving forward. Mr Milner explained that this would ideally happen, but that planning guidance had not been received until a very late stage which meant that this was challenging to do. He hoped that receipt of guidance at an earlier point in 2024 would allow for earlier update of the BAF for 2024/25. Mr Sims suggested that core assumptions could be used to begin the process while national guidance was awaited, and Mrs Webber agreed with this approach, noting that the BAF should be used as a tool to highlight key risks to the organisation moving into 2023/24. Mrs Fadero also endorsed this approach, noting that Committees and the Board would need the opportunity to review and approve the updated BAF for 2023/24 as this would support some of the challenging decisions that would be required during the coming year.</p>	
30 / 2023	<p>Annual Self Certification</p> <p>Mr Milner reported that the annual self-certification provided assurance about the Trust's formal terms of its licence to operate. Executives had assessed compliance against six key areas and provider licence conditions, and were seeking the Board's approval of the annual self-certification.</p> <p><i>The Board approved the annual self-certification.</i></p>	
31 / 2023	<p>Delegation of approval of 2022/23 Annual Report and Accounts</p> <p>Mr Milner asked the Board for their approval of delegation of the annual report and the accounts to the Audit Committee. The Board would receive the final annual report and accounts at the AGM in September.</p> <p><i>The Board delegated authority for the approval of the Annual Report and Accounts for 2022/23 to the Audit Committee.</i></p>	
32 / 2023	<p>Use of Trust Seal</p> <p>Four uses of the Trust Seal were noted since the previous meeting of the Board.</p>	

33 / 2023	<p>Questions from Members of the Public</p> <p>Mrs Walke reported that she no longer chaired the Save the DGH Campaign, but was now chair of a local GP practice patient participation group, which looked at the healthcare system as a whole rather than just focussing on maternity services.</p> <p>She expressed concern that patient attendances to A&E appeared to be chaotic, with patients taking some time to be seen but recognised the current pressures on A&E services. Mrs Roberts explained that, as an interim director, she had worked in a number of different organisations in recent years so was able to compare ESHT with other Trusts. Some of the issues being seen were due to the very large number of patients who had been attending A&E services during recent months, and the importance of ensuring that all patients received appropriate treatment as quickly as possible. This had been a challenge across the NHS in recent months. The streaming of patients, particularly those who self-attended A&E, had been a particular challenge and work was being undertaken as a system to better communicate alternative places where care was available. However, once patients were in A&E it was important that they received the right level of care in the right place, and work was being undertaken in the Trust to review how patients were managed; it was hoped that the benefits of this work would be realised over the coming months. Staff were frustrated by the delays that patients experienced as they wanted to treat patients as soon as possible.</p> <p>Mrs Roberts noted that hearing the perspective of patients was extremely helpful in identifying and resolving issues, and explained that she would be happy to speak to Mrs Walke outside of the meeting about the improvements that were being made by the Trust. She noted that the Trust's performance compared well to other NHS organisations, but that the Trust continued to aim to reach the upper quartile of performance nationally.</p> <p>Mrs Walke reported that patients contacting 111 services were regularly sent to A&E even when this was not required, and felt that this should be addressed. Mrs Roberts explained that the ICB was working with 111 to ensure that patients were sent to the most appropriate place to enable them to be treated as quickly and efficiently as possible.</p> <p>Mrs Walke asked whether the financial position of ESHT was similar to other NHS Trusts. Mr Phoenix explained that in 2022/23 the Trust's financial performance had been amongst the best in the South East. A number of neighbouring trusts were reporting year-end deficits, so ESHT had performed extremely well.</p> <p>Mrs Walke asked whether building works taking place at EDGH were part of plans for a new hospital in Eastbourne. Mr Aumayer explained that the works that were taking place at EDGH were being undertaken to address the estate backlog and to ensure a safe environment at the hospital. The new elective hub that was being built was being undertaken by the Trust. He confirmed that the Trust was part of the national New Hospital Programme, and that announcement of the funding that would be available, and timescales for receipt of this money were awaited. He noted that funding would be used to enhance the current Trust estate rather than to build a new hospital in Eastbourne.</p>
34 / 2023	<p>Date of Next Meeting</p> <p>The next meeting of the Trust Board would take place on Tuesday 13th June 2023 at the Horntye Park Sports Complex, Bohemia Road, Hasting TN34 1EX</p>

Matters Arising

Agenda Item	Action	Lead	Progress
25/2023 – IPR Month 11	Reasons for recent increase in Summary Hospital-level Mortality Indicator (SHMI) to be reported to the Board.	Simon Merritt	Review ongoing
25/2023 – IPR Month 11	Paper on the actions being taken to recover waiting lists to be presented to a future Board meeting.	Sheila Roberts	

Audit Committee Summary, 24th May 2023

Purpose of the paper	Executive summary attached for Audit Committee meeting that was held on 24.05.2023			
	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	<p>Internal Audit Plan 2023/24 The Trust's newly appointed internal auditors, RSM, presented their proposed audit plan for 2023/24. A comprehensive handover process had taken place with the Trust's previous internal audit provider TiAA, and members of RSM's core team for the audit had also spoken with key personnel from the Trust about which areas should be prioritised. The plan was approved by all Committee members in attendance.</p> <p>Counter-Fraud Work Plan 2023/24 As with the internal audit plan, RSM had spoken extensively with TiAA and senior Trust staff to ensure that key areas of focus were addressed within the counter-fraud work programme. A broad risk assessment would be the first major task for RSM's team, and this would inform a 'live' risk register document. The plan was approved by all Committee members in attendance.</p> <p>Trust Governing Documents Update The Committee noted some immaterial updates to the Trust's governing documents, which had been made to ensure internal consistency.</p>			
Next steps	N/A			

Finance & Productivity Committee Summary, 25 May 2023

Purpose of the paper	Executive summary attached for Finance & Productivity Committee meeting that was held on 25.05.23.			
	For Decision	For Assurance	✓	For Information
Sponsor/Author	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.
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Executive Summary	<p>M1 Financial Performance The Trust is reporting a £0.4m adverse position against a breakeven plan. This reflected a lower than expected performance against elective activity targets of £0.9m and continuing pay overspends. Controls have been, and are continuing to be, introduced as part of the Workforce Productivity Programme with assurance as to their effectiveness to be brought back to the committee in due course. Division performance was discussed with greater oversight requested. The balance sheet was reviewed; greater detail on use of reserves was requested.</p> <p>M1 Capital The Committee received a M1 capital update which showed capital was slightly underspent against plan this month.</p> <p>National Productivity Metrics The Committee received an update on the Trust Productivity as per NHSE metrics. The impact of the Trust's focus on productivity is yet to show in these metrics, but there is a timelag in reporting. Focus will remain in this area.</p> <p>108% Elective Delivery Update A production plan dashboard has been set up to monitor against plan, which can be filtered by division and specialty as required. This is a live interactive tool and will be used as a means of monitoring against agreed trajectory once colleagues are familiar with it. The tool will be used going forward to help with operational planning. It will also help provide the committee with assurance on performance: additional detail was requested to provide assurance of interventions which will improve performance. The need to support divisions in addressing structural issues was recognised.</p> <p>Efficiency & Productivity update The Trust has delivered £1.2m of efficiencies in the month, which is £0.1m behind the planned value of £1.3m. The efficiency target for 23/24 is £32.5m, £25.0m of this has been allocated to the Divisions. The remaining £7.5m will be allocated once the recovery projects have been developed. It was noted that the overarching opportunity to deliver the required efficiency and productivity had been identified, but more assurance was required around material projects, and an integrated view of both efficiency and productivity was needed.</p>
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	<p>Items for Escalation from CRG There were three CRG approvals above £500k for the Committee to note this month. All of these related to prior approved business cases or signed off through the overall capital plan.</p> <p>Outpatient Nursing Review An outpatient nursing review has been undertaken as part of a trust wide nursing establishment review. This showed that overall nursing establishment in Outpatients has reduced since 2019 and further opportunities are available in terms of new roles/ways of working.</p> <p>EDGH Elective Hub – Full Business Case update The Committee received an update on the capital costs and timescales for the Elective Hub project. The current capital cost provided by the preferred construction partner (PSCP) exceeded the capital threshold of £34m approved by the Committee in January 2023. The Trust’s project team are continuing to negotiate with the contractor to ensure that the capital costs reflect the best possible value.</p>
Next steps	N/A

People & Organisational Development Committee Summary

Purpose of the paper	To provide the Board with a summary of the People & Organisational Development Committee meeting held on 18 May 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.
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Executive Summary

INTRODUCTION

Since the Board last met a POD Committee meeting was held on 18 May 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 April 2023 was provided.

Workforce Data

- Turnover rate had reduced this month by 0.3% to 12.4%
- Vacancy rate had reduced this month by 0.2% to 8.3%
- Monthly sickness rate had reduced by 1.0% to 4.5%. Covid sickness had been the lowest the Trust had seen since the beginning of the pandemic
- Mandatory training compliance rate had improved by a further 0.2% to 88.4%
- Appraisal rate continued to increase by 0.1% to 79.1%
- Workforce costs impacted within the month due to industrial action and booking extra shifts for appropriate cover
- Continued to place a real focus on all areas including sickness and retention

Industrial Action

a further RCN strike had taken place since the previous meeting, which had been shortened due to the outcome of legal action. The BMA consultant ballot was open to close in June; if positive vote for action it would take place between July and December 2023.

Financial Recovery

Report due to be presented to the Finance and Productivity Committee to include better management of cost and productivity of the workforce.

PEOPLE STRATEGY UPDATE

- Continued progress with workstreams, aims and objectives despite a lot of different priorities
- Undertook a complete refresh of the strategy to ensure that it still met the priorities of the organisation and the system

- System had shared their People Priorities and as an active partner there was a need for the Trust to be aligned
- Lead organisation for the programme of works; a credit to the team
- Commenced an area of communication for the divisions; implementation phase

Key risk:

Digital Strategy – Programme delivery schedule.

FREEDOM TO SPEAK UP GUARDIAN REPORT

This report was circulated and discussed in detail. Reassurance that feedback was provided to managers in terms of the appropriateness of responding to concerns was confirmed.

STAFF SURVEY PROGRESS REPORT

- Experienced really good engagement with divisions throughout the year
- Recognition of how data had been presented, which had helped divisions to focus on hotspots
- Face to face engagement sessions taking place
- Continual process in terms of engagement

HOW WE MAKE THE MOST OF OUR VOLUNTEERS

- Recognised the value that volunteers had provided across the Trust
- Currently 390 active volunteers across the Trust
- Working with the local community to engage a younger audience in the programme
- Further improve the onboarding process
- Appreciate and utilise the workforce experience of volunteers
- To create a recognised volunteer brand/department and increase its voice
- Long service awards to showcase the value of volunteers

RECRUITMENT REPORT

- During the year to April 2023 there had been an 30% increase in activity with a total of 47,920 applications for all posts
- The workplace environment continued to be a candidate driven one, with unemployment the lowest since 1974
- Recruitment activity continued in collaboration with the DWP (Department for Work and Pensions) and The Princes Trust to support local employment
- Candidate survey to be introduced in June to look at all stages of the journey
- The Trust welcomed 120 new international nurses in the period April-November 2023
- Working group established for International Recruitment across Sussex
- Retention work continues including the Homestay initiative
- TWS activity continued to increase

EMPLOYEE RELATIONS REPORT

- The half year report indicated that the number of formal cases remained stable at 16 in comparison with the last half year and when looking at the same period last year
- Data on numbers of cases and length of time would be incorporated into Model Hospital Corporate Benchmarking
- Time taken (section 9) an area for focussed dedicated work as some cases were taking longer than the ideal
- 2 Tribunal Claims against the Trust were ongoing with 1 case concluded in the half year.

TERMS OF REFERENCE

Circulated to be agreed at the June Committee alongside the Annual review of Effectiveness.

**Carys Williams
Chair of POD Committee - May 2023**

Quality and Safety Committee Report – 18 May 2022 Meeting

- Cancer 2 Week Wait – assurance received that a recent dip in performance had been addressed and that measures were in place to manage increases in demand. Trust at or very close to target.
- Division Report – Gynaecology, Sexual Health, Audiology – Long term outstanding gynaecology RCA reports now completed and awaiting closure. Division focus on CQC Key Lines Of Enquiry self-assessment. Wait times for Uro-gynaecology being addressed through outsourced weekend clinics. In the context of violence and aggression levels noted in Sexual Health service, a progress report on violence and aggression will be presented at a future meeting.
- Quality & Safety Exception Report – Apr 23 data. Continued decrease in falls. Patient Safety Incident Response Framework Plan and Policy being developed for sign off at the end of July 2023.
- High Level Risk Register – Regular reviews taking place and Risk Summit planned for the summer.
- Infection Prevention & Control Board Assurance Framework – Reporting reducing to bi-monthly.
- Maternity – Focus on improvement to workplace culture. Improvement in vacancy rates and good progress with the 7 Ockenden Immediate and Essential Actions (IEAs). Maternity Inspection Programme rating for ESHT remained the same as the last inspections in 2017 and 2018. Some improvements identified and action plan in place. Maternity Services Survey 2022 – performance by ESHT similar to that of 2021 with a number of areas of improved performance but some areas for improvement. Action plan in place. Three year delivery plan for maternity and neonatal services published on 30 March 2023 – four key themes identified and being addressed.
- Safer Staffing – Reporting adjusted to bi-monthly to align with other governance groups. Nursing Establishment Review 2022/2023 approved by Finance and Productivity Committee in April 2023.
- Reconditioning – Following a pause in November 2022 work restarted and aimed to align with the current discharge training work. Several face-to-face events planned with one having already taken place. Further report in two months' time.
- Quality Account 2022/2023 – draft shared prior to submission by 30 June 2023. Final version to be presented at the June 2023 meeting. Noted that there had been very good engagement. The public and staff consultation had gone particularly well this year.

Karen Manson, Co-Chair – 6 Jun 23

Strategy and Transformation Committee

Purpose of the paper	To inform the Trust Board on matters brought to the meeting of the S&T committee on 27 th April 2023			
	For Decision		For Assurance	x For Information
Sponsor/Author	Committee Chair, Jackie Churchward- Cardiff Non Executive Director			
Governance overview	N/A			

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

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

Recommendation	The Board is asked to note the update from the S&T committee for April
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Executive Summary	The committee met on 27 th April and was quorate. From the agenda there were 4 main items as follows:
	Sussex Delivery Plan – in its final form the Sussex Strategy lays out key aims over the next 3-5 years with the SDP focussed on a year one set of measures to show how the strategy is being delivered. The ESHT draft 23/24 objectives were noted as consistent with those within the SDP and the committee noted the work required and ambition to build from a sustainable base and establish robust governance processes. The committee agreed to receive regular updates on the SDP.
	BAF – The committee noted the approach for 23/24 and that this would be finalised at the May Board Seminar. The committee agreed to retain BAF 1 for 2023/24 but rephrase to reflect the capacity risk to delivery. BAF 13 was removed and placed on the risk register.
	Transformation – progress was noted on the key projects and where further work has been required to ensure a establish baselines, particularly in Frailty and Outpatients projects. Progress is on track for Ophthalmology and Cardiology.
	The importance was stressed on using a QI approach to transforming services and the committee asked for a road map for progress on relaunching the approach to embed methodology.
Elective Hub – the business case timeline has been delayed to July and will require a revised timescale, focus on achieving a Target Price and mitigation on increased costs beyond the £34m.	

Next steps	N/A
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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, Chief Executive			
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	<p>NHS @75 As part of the celebrations marking 75 years since the inception of the NHS, NHS England asked all NHS trusts to hold a conversation with a small group of staff to seek their views on three questions: Firstly "what has made the NHS the institution it is?", secondly "where is the NHS today?" and lastly "what can we expect from the NHS of the future?"</p> <p>Using our colleagues in the Partnership Forum, we had a rich discussion that centred on the enduring values of the NHS and how we harness these alongside technology and a changing approach to work/life to ensure that our NHS changes with the times and continues to thrive - for staff and those we serve. We have shared our summary via the NHS portal, specifically created by NHS England to capture the feedback from all NHS trusts.</p> <p>In addition, the Trust will be celebrating the NHS in a variety of ways, including the Trust Staff Awards event on 5 July.</p> <p>Strikes I would like to thank colleagues again for their hard work in responding to NHS strikes. Our last strike was on 30 April/1 June (nursing) over the bank holiday weekend and the next (junior doctors) will be on 14 - 16 June. Our primary aim is patient care for our existing in-patients and those needing on-day emergency care. We will continue to undertake as much elective activity as possible, but services will be severely disrupted as many staff on duty will be redeployed to support gaps on priority rotas. This unfortunately does have an impact on our waiting lists and patients will continue to be prioritised initial on clinical priority and then existing wait times.</p> <p>Planning and Trust Priorities The Trust has emerged from the planning rounds and has submitted a balanced budget for this year. However, to achieve this, we will be required to increase our activity levels to 108% of 2019/20 baseline and deliver an extensive efficiency programme. This will equate to an additional £10m of income with £22.5m of savings. Given the scale of the challenge, we have appointed a productivity director to help identify and deliver the required level of change. It is important that our primary focus is to ensure quality care to our patients, and we have made some investments into front line staff; specifically, ward based and emergency department nursing.</p> <p>Under a separate report is the Trust's annual business plan, outlining the key priorities and KPIs. These will be reflected within the Trusts IPR scorecard.</p> <p>Performance Exceptions The Trust continues to perform well against most metrics which are shown within the Integrated Performance Report. However, there are two key and linked areas which are an immediate priority:</p> <ul style="list-style-type: none"> - Length of stay, patients who do not meet the criteria to reside (NCTR) and the number of patients over 21 days (LLOS)
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- 4-hour clinical standard

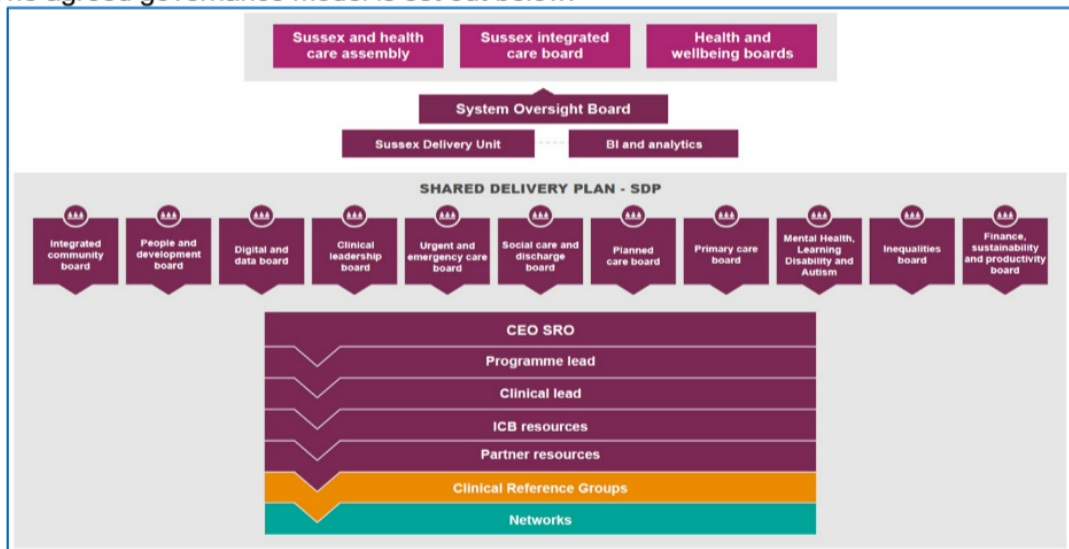
The Trust was visited by the national NHSE and DHSC team as part of a wider Sussex system review, as we are an outlier with regards to NCTR and LLOS. However, we have seen a significant improvement in LLOS from November to now (c 250 to 150 patients) and expect this to reduce further over the coming months.

We benchmark at mid-point nationally for 4-hours, but it is recognised with our prior success that we should be improving faster and aim to move nearer the upper quartile. An improvement plan is in place.

Shared Delivery Plan

The Sussex Integrated Care System has approved the 5-year strategy and first year delivery plan is currently working through the 5-year shared delivery plan. The plan was brought to the Trust Board in April. To ensure delivery, there will be 11 workstreams as set out below and I will

The agreed governance model is set out below:



be leading the discharge work across Sussex as joint SRO with Claudia Griffiths (ICB Chief Operating Officer), although the Trust is engaged in all workstreams. The Trust has mapped the current transformation programme to the workstreams and overall plan to ensure alignment. The elements of the plan where ESHT has a direct contribution/action will be assured by the Strategy and Transformation Board Committee.

Celebrating Success

International Nurses and the Education Team

As part of the LNC registration process for overseas' nurses, colleagues undertake an OSCE. The Trust and our new colleagues have once more demonstrated remarkable performance. The regional average total pass rate is 59%, with a 24% pass rate on the first attempt. ESHT has notably outperformed this, with a stunning 94% total pass rate and a 47% pass rate on the first attempt. We have been asked to share our approach at the Regional Community of Practice meeting.

NHS Rainbow Badge Assessment

I am delighted to share that the Trust has been awarded a 'Bronze' assessment. This is to reflect the hard work and dedication of colleagues, in particular the Trust's 'Pride' Network to ensure arrangements within the organisation support our LGBTQ+ colleagues. This is one of the most successful and widespread initiatives in raising LGBTQ+ awareness across the NHS. The assessment is a comprehensive and thorough dive into our policies and procedures, alongside staff and patient surveys. The outcome of the assessment ranges from Unsuccessful, to Bronze, Silver, and Gold. They will be providing feedback on where we can improve our Trust for our LGBTQ+ colleagues and service users, so then we can aim for Gold!

Next steps

N/A

Integrated Quality & Performance Report

**Prepared for East Sussex Healthcare NHS Trust Board
For the Period April 2023 (Month 1)**

Content

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

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

Key Metrics

Safety	Target / Limit	Last Month	This Month	Variation	Assurance
Patient Safety Incidents Causing Harm	M	4	3	Common Cause	
Serious Incidents	M	3	0	Common Cause	
Never Events	M	0	0	Improvement	
Inpatient Falls per 1,000 Bed days	M	4.4	4.2	Common Cause	
Pressure Ulcers, grade 3 to 4	0	4	2	Common Cause	Inconsistent
MRSA Cases	0	0	1	Common Cause	Inconsistent
Cdiff Cases	<5	6	6	Common Cause	Inconsistent
MSSA Cases	M	1	2	Common Cause	
RAMI	94	92.8	92.8	Concern	Consistently Hit
SHMI (NHS Digital monthly)	0.99	1.00	1.00	Concern	Inconsistent
Nursing Fill Rate (IP - RN, RNA and HCA)	100%	87.0%	90.6%	Common Cause	Consistently Missed
Nursing Fill Rate (Including Escalation)	100%	86.7%	89.9%	Common Cause	Consistently Missed

Patient Experience	Target / Limit	Last Month	This Month	Variation	Assurance
Complaints received	M	34	28	Common Cause	
A&E FFT Score	M	89%	70%	Common Cause	
Inpatient FFT Score	M	99%	99%	Common Cause	
Maternity FFT Score	M	100%	100%	Common Cause	
Out of Hospital FFT Score	M	98%	98%	Common Cause	
Outpatient FFT Score	M	100%	95%	Concern	

Our People	Target / Limit	Last Month	This Month	Variation	Assurance
Establishment (WTE) All	M	8170.2	8131.8	Improvement	
Temporary Workforce	M	902.9	736.6	Common Cause	
Bank	M	9.4%	7.7%	Common Cause	
Agency	M	1.7%	1.4%	Improvement	
Vacancy Rate	<5%	8.5%	8.3%	Common Cause	Consistently Missed
Staff Turnover	<9.9%	12.7%	12.4%	Concern	Consistently Missed
Retention Rate	>92%	89.5%	90.6%	Concern	Consistently Missed
Monthly Sickness - Absence %	<4.5%	5.5%	4.5%	Common Cause	Inconsistent
Sickness - Average Days Lost per Fte	<16	20.8	20.2	Common Cause	Consistently Missed
Staff Appraisals	>85%	79.0%	79.1%	Improvement	Consistently Missed
Statutory & Mandatory Training	>90%	88.2%	88.4%	Common Cause	Consistently Missed

Our Performance	Target / Limit	Last Month	This Month	Variation	Assurance
4 hour standard	>76%	69.2%	72.9%	Common Cause	Consistently Missed
A&E > 12 hours from arrival to discharge	0	697	429	Common Cause	Consistently Missed
A&E waits over 12 hours from DTA	0	0	0	Common Cause	Inconsistent
Conveyance handover > 60 mins	0%	2.8%	1.1%	Common Cause	Consistently Missed
Non Elective Length of Stay	4.48	5.3	4.9	Concern	Consistently Missed
Average daily NCTR	M	257	212	Concern	
Cancer 2WW	>93%	94.9%	92.8%	Common Cause	Inconsistent
Cancer 62 Day	>85%	67.0%	68.0%	Common Cause	Consistently Missed
28 Day General FDS Two Week Wait	>75%	81.4%	77.4%	Common Cause	Inconsistent
104 day Backlog	35	38	33	Concern	Inconsistent
Elective Activity (ELIP,DC,OPFA, OPFUP Proc)	108%		102.7%	Common Cause	Consistently Missed
RTT under 18 weeks	>92%	52.4%	50.9%	Concern	Consistently Missed
RTT 65 week wait	280	171	177	Concern	Consistently Hit
RTT Total Waiting List Size	58,968	58739	60456	Concern	Inconsistent
Diagnostic <6 weeks	<1%	12.5%	12.5%	Common Cause	Consistently Missed
Elective Length of Stay	2.36	3.0	3.0	Common Cause	Inconsistent
Urgent Community Response within 2 hours	>=70%	74.1%	74.8%	Common Cause	Consistently Hit
CHIC wait time s < 13 weeks	>75%	84.3%	83.3%	Common Cause	Consistently Hit
Intermediate Care Length of Stay	30	41.4	30.1	Common Cause	Consistently Missed

06/06/2023

Chief Executive Summary

The Trust has continued to perform in the upper quartile or mid point across urgent care, cancer and diagnostics. We ensured there were adequate provision of services during the planned industrial action which directly and indirectly had an impact across our acute and community sites. As well as further progress made across a number of key workforce measures. The trust is aiming to deliver a financial 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 now set up. This oversees 3 key workstreams; Front door, Length of Stay and Discharge.

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 national cancer, diagnostic and elective standards.

Key Areas of Success

- Non-pay costs favourable to plan in month 1, driven by lower costs alongside less activity
- The Trust achieved the 28 day Faster Diagnosis cancer standard.
- The number of patients on a suspected cancer waiting > 104 days has come down in April to 33 reduced from 38 in March
- Our overall average Length of Stay for patients has come down in April to 4.9 days, from 5.3 days in March.
- The percentage of patients in our beds for > 21 days has also reduced to c 21% and from its peak at 250 to 148 patients
- An increase in the number of referrals into our Urgent Community Response was observed in March. Despite this, the team ensured that <74% of patients were responded to within 2 hours (target >70%)

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 not consistently achieving the national 76% standard. 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

Quality & Safety – April 2023 Data

Covid 19

Prevalence of COVID declined during April. As part of the living with COVID plan, new guidance has been issued on testing for COVID. ESHT has revised processes, reducing the need for PCR and instead using lateral flow tests.

Infection Control

The Trust exceeded the annual limit for CDI, reporting 93 against a limit of 56. 19 cases were community onset but the patient had a prior healthcare exposure so these have been assigned to ESHT. The increase is not related to cross infection. A CDI recovery plan is being agreed which focuses on antimicrobial stewardship

Incidents

There were no serious incidents reported in April.

Pressure Ulcers

The rate of pressure ulcers (PUs) per 1000 bed days amongst hospital patients remains within expected control limits. One category 4 sacral PU was reported in April. The damage originated in a patient discharged from one of our acute medical wards who required readmission to hospital for debridement and is under investigation.

Falls

There were 117 falls reported in April, a reduction for the fourth month. There was one severity 3 fall reported during April, with the Irvine Unit reporting the highest number of falls. Work on reconditioning continues supporting the focus on Discharge planning with numbers of patients Not Meeting Criteria to Reside (NCTR) still high at approx. 250 at any given time.

Mortality

RAMI indices of mortality rolling 12 months, remains better than peers. Trust SHMI has decreased slightly for this period and remains within the expected range. EDGH and Conquest are showing the same values.

Patient Experience

In April ESHT received 28 new complaints, a significant decrease in the number of complaints received. The number of formal complaints has been reducing since the change in process, all communication from patients/ complainants is received via one mailbox which enables early resolution of complaints (in line with the PHSO complaints standards). Div and corporate teams continue to work through the backlog with 10 overdue complaints at the end of April. The positive FFT recommendation rates for April (with the exception of A&E) when compared to the most recent data released by NHS England (February) show that, ESHT continues to be higher than the national average.

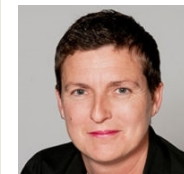
Nursing & Midwifery Staffing

The requirement for additional inpatient capacity continued throughout April with additional super surge capacity still open but starting to reduce. 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 April remained stretched in most areas. 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. Healthroster templates and budgets for the in-patient areas and the Emergency Departments are now aligned with Nursing establishment recommendations. The ward and ED establishment reviews were approved at the F&PC and are coming to June board for information/assurance. Preparation continues for further industrial action by members of the Royal College of Nursing (RCN) and other staff groups.

Safeguarding

Alongside review of the weekly database, the Head of Safeguarding continues to meet with respective Div ADN's to discuss any specific concerns. This has recently highlighted a concern where staff have visited patients at home and a small number have disclosed weapons at their property. As a result, a Learning event has been discussed for July. 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 is being developed to consider how Safeguarding huddles can be implemented within ED departments. The current *Think Family* programme is being updated to ensure that the information remains current and evidence based. Going forward, the e-learning package will be enhanced alongside face to face masterclasses to ensure that it meets the standard of level 3 safeguarding training. There has also been discussion regarding recording the virtual training.

Author(s)



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



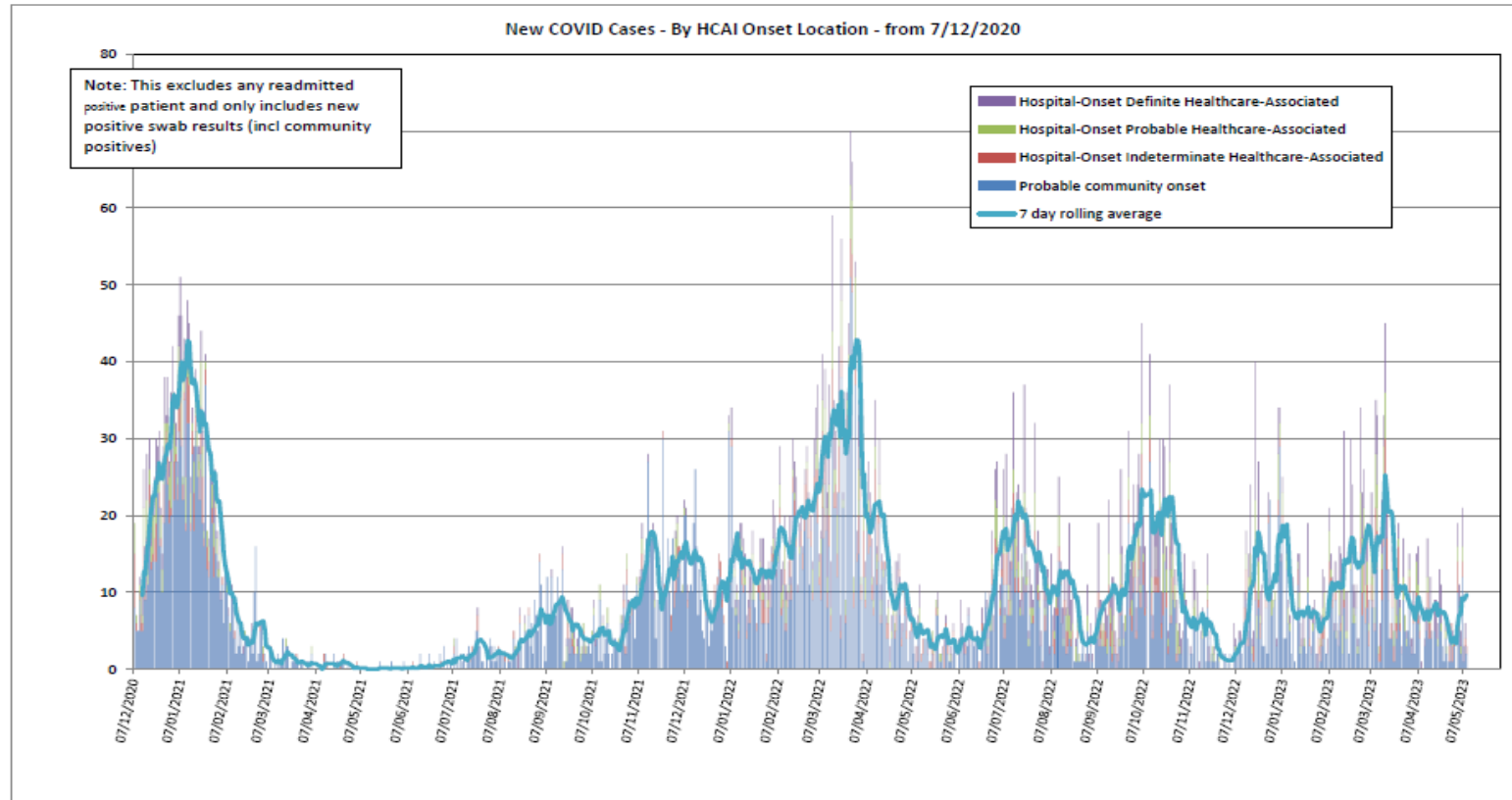
Simon Merritt
Chief Medical
Officer

06/06/2023

7

COVID-19

Prevalence of COVID in both community and hospital reduced again in April but was starting to climb at time of writing. Small outbreaks of COVID continued to occur in bays, with the majority of patients not requiring any additional treatment for their infection. External reporting of COVID outbreaks has ceased.

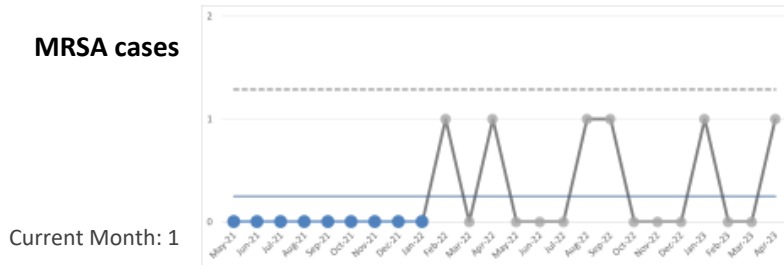


Testing has been revised in recognition that the flu and RSV season has ended and as part of the national plan for living with COVID, routine PCR testing has stopped and later flow tests are being used instead. New guidance on staff testing has been received and is under consideration. Visiting will be reviewed in line with these developments.

06/06/2023

Safe Care - Infection Control

MRSA cases

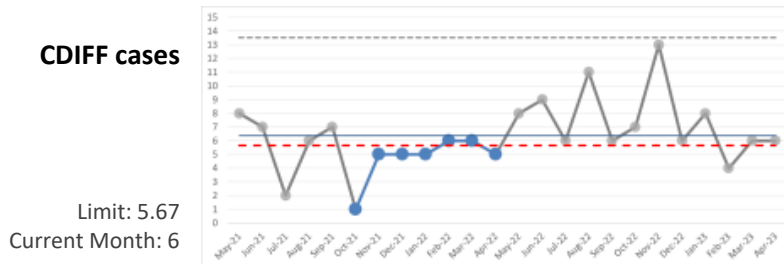


Author: Lisa Redmond – Head of Infection Control & Deputy DIPC

MRSA bacteraemia (MRSA)

There was one MRSA bacteraemia for the month of April. The source is a skin/soft tissue infection and was assessed as unavoidable.

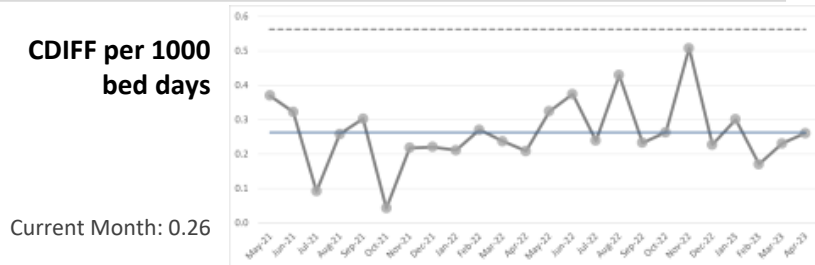
CDIFF cases



Clostridium Difficile Infection (CDI)

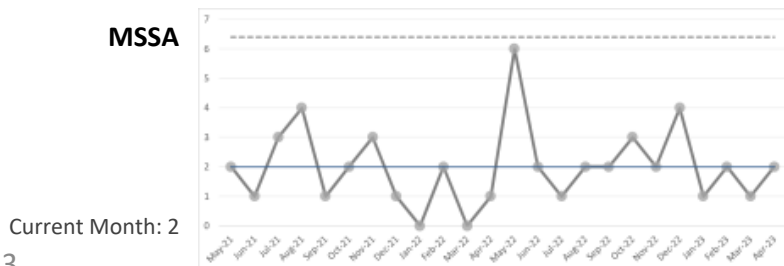
For the month of April, ESHT reported six cases of CDI against a monthly limit of 5. Five were reported as Hospital Onset Healthcare Associated with one reported as Community Onset Healthcare Associated. All except the COHA case was sent for ribotyping. There was no evidence that cases were a result of cross infection.

CDIFF per 1000 bed days



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

MSSA



MSSA bacteraemia

Two MSSA bacteraemias were reported in April. One was reported as HOHA and one as COHA (Community Onset Healthcare Associated). No source has been identified for the HOHA specimen which related to a newly diagnosed oncology patient with neutropenic sepsis. Pneumonia has been reported as the cause of the COHA infection.

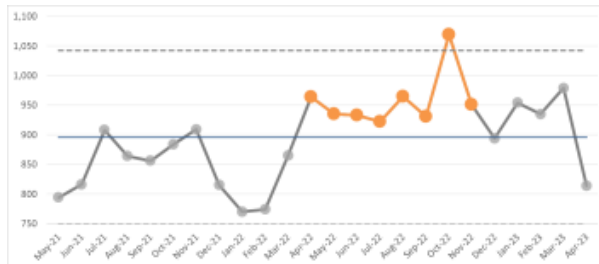
06/06/2023

Safe Care – Incidents



Author: **Lisa Forward – Head of Governance**

Patient Safety Incidents (ESHT incidents)



Current Month: 814

Serious Incidents (SIs) (Incidents recorded on Datix)



Current Month: 0

Status Report

From Datix (on 04/04/2023) there were 815 **ESHT only** incidents:

- Severity 1 None/Near Miss - 533
- Severity 2 Minor - 265
- Severity 3 Moderate - 14
- Severity 4 Major - 3
- Severity 5 Catastrophic – 0

Top four reporting locations:

- Patients Home – 78
- Irvine Intermediate Care Unit – 37
- Emergency Unit Eastbourne – 33
- Delivery Suite – 32

There was a higher than usual number of Irvine Intermediate Care Unit incidents during April. Falls and Soft Tissue Damage (11 incidents each) were top categories but no other themes.

Top reported categories:

- Slips Trips and Falls – 117 (reduction for fourth consecutive month)
- Diagnosis and Diagnostic Services – 97 (significant reduction)
- Medication Errors and Other Medication Related Incident – 83 (further reduction)

There were no SI's reported in April.

Challenge & Risk:

Work ongoing developing the Patient Safety Incident Response Plan and Policy.
Need to develop internal framework for who and how Trust responds to incidents as part of PSIRF

Actions:

Collating the data required to populate the national PSIRF plan template.

06/06/2023

Safe Care – Falls

Author: **Lisa Forward – Head of Governance/Sarah Hewetson-Grubb – Interim Deputy Director of Nursing**

Status Report: There were a total of 117 falls in April, a reduction for the fourth month.

Repeat falls:

- 2 patients had 3 falls each
 - There were no patients who fell four or more times
- Both patients who fell 3 times had cognitive issues. The falls were severity 1 or 2.

Areas reporting the highest numbers of falls during April:

- Bexhill Irvine (Intermediate Care) Unit - 11
- DeCham Ward – 7
- Murray Medical (Temporary Ward) – 6

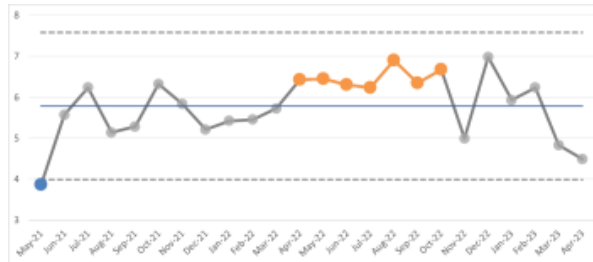
At BIU, many patients were at high risk of falling, some had cognitive issues and some were post stroke. Some super surge capacity was in use, although reduced. This does lead to overcrowding and makes mobilising more challenging for some patients.

There was one severity 3 and three severity 4 falls reported in the month.

SWARM forms were in progress or completed for all the severity 3/4 falls and learning shared.

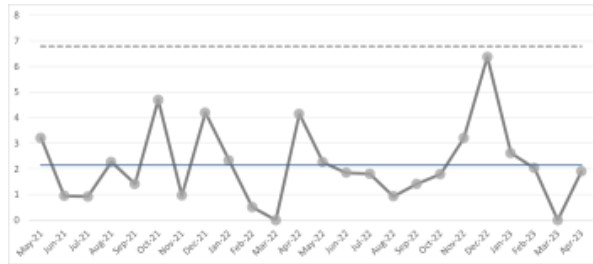
Challenge & Risk: Additional capacity was and is still open, although reduced from previous months. There are a high number of patients with an extended length of stay (LOS), with many being frail, confused and dependent with a history of, and increased risk of harm. Many are prone to wandering and admitted with a history of falls. Harm reviews continue for these patients including the role of deconditioning in falls. Reconditioning group has recommenced, and Head of Discharge now in post to support this work.

Inpatient Falls Per 1,000 Bed Days (Acute)



Average: 5.52
Current Month: 4.5

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



Current Month: 1.9

Safe Care - Pressure Ulcers



Author: Tina Lloyd – Assistant Director of Nursing

Status Report: The rate of Pressure Ulcers (PUs) per 1,000 beds days amongst hospitalised patients remained largely stable since the rise seen in Oct 2022 (Graph 1).

The number of PUs reported amongst patients not in a hospital setting (known to ESHT community services) also remains stable with a reduction in April. (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 which can fluctuate monthly as numbers are relatively small.

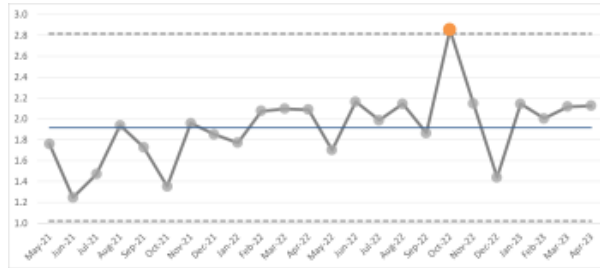
One category 4 PU was been reported in April. The pressure damage originated whilst the patient was receiving acute medical care in one of our hospitals and subsequently led to the patient needing readmission to hospital for debridement. An investigation into the causes, contributory factors and to determine any potential learning has commenced and will report to the PURG.

Challenge & Risk: Significant additional capacity still open, with super surge capacity and pre-emptive patient placement on many wards. Very large numbers of patients with an extended LoS, many of whom are frail 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.

Pressure Ulcers Per 1000 bed days Inpatients all categories

Monitoring
Current Month: 2.1



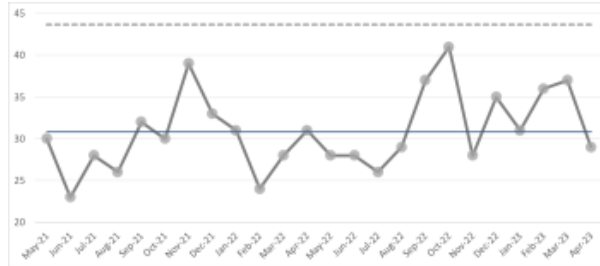
Pressure Ulcers Non Inpatients all categories

Monitoring
Current Month: 35



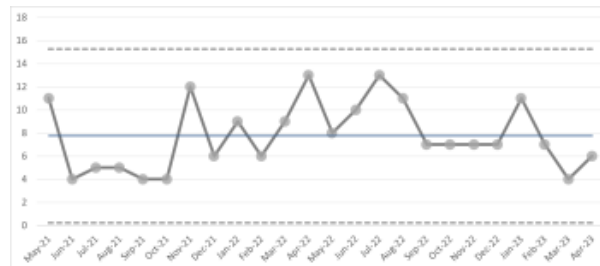
Pressure Ulcers Category all categories Patient Home

Monitoring
Current Month: 29



Pressure Ulcers Category all categories Other care provider

Monitoring
Current Month: 6



06/06/2023

What patients are telling us?

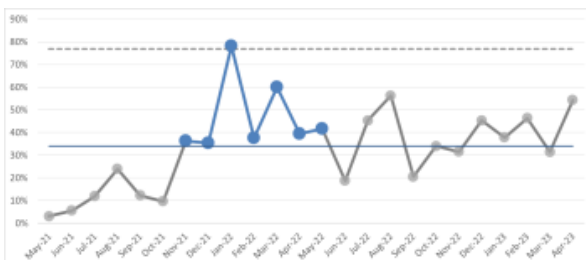
Amy Pain- Patient Experience Lead

Complaints Received per 1,000 bed days



Current Month: 1.2

Complaints Response Times



Monitoring
Current Month: 54.3%

Plaudits Received



Monitoring
Current Month: 1,889

06/06/2023

Status Report

28 new complaints rec'd in April, a significant decrease (April 2021- April 2023 average number of complaints = 37). The number of formal complaints has been reducing since a change in process, all communication from patients/ complainants is received via one mailbox which enables early resolution of complaints in line with the PHSO complaints standards.

Complaints graded by risk (between the 1.4.23 – 30.4.23):

- **4 high risk (March =3)** a complaint where the action or omission of Trust staff has placed a patient at risk of or suffered significant harm
- **22 moderate risk (March =23)** a complaint involving aspects of clinical care
- **2 low risk (March = 8)** a complaint that does not involve any aspect of clinical care

Four complaints were reopened (March =6):

- Local resolution meeting request = 1
- Further questions/ points for clarification raised = 2
- Complainant unhappy that some staff members did not contribute towards the complaint=1

The Trust received three contacts from the PHSO in April. The PHSO made initial enquiries into two cases (both relate to care provided in ED) and the outcome for one case which they have informed ESHT they will not be investigating.

10 complaints were overdue at the end of April, the oldest complaint being 28 days.

The top three primary complaint subjects were:

- Clinical Treatment =9
- Patient Care =6
- Communication= 4

Top complaint locations:

- Emergency Department = 5 (CQ =3 and EDGH =2)
- Seaford =3 (high risk=1 and moderate risk =2, no themes of subject codes)

509 Contacts were recorded by PALS in April, a decrease compared to March (583).

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

- **Communication = 65** (unable to contact dept, staff attitude, waiting for test results, errors on letters, communication with relatives)
- **Appointments = 61** (long waiting times, cancelled appointments, cancelled appointments)
- **Patient Care = 31** (patient pathway, clinical environment, concerns re care and treatment)

Challenge & Risk :

Ongoing and increasing operational pressures still affecting response times.

Actions:

Patient Experience Lead to share themes of complaints relating to staff attitude with Deputy Direct of Culture

What patients are telling us?

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

Status Report

The **total number of Family & Friend Tests (FFT)** surveys returned in April was 2,294.

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

A&E response rate remains low but has increased. 74 surveys so a 0.7% response rate in April (EDGH= 32, CQ= 42) with a 70.3% recommendation score (EDGH= 65.63%, CQ= 73.81%). Negative feedback related to waiting times, attitude of staff and electronic checking in system. The departments will continue to promote the opportunity for patients to complete FFT 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. This information has been shared with operational teams who are looking to provide training to staff focusing on improving discharge from hospital.

Feedback received from NHS Website:

- Nine 5 star reviews, five of these reviews related to the care and treatment received in ED.
- Three (1 star=1 , and 3 star=2) star reviews. Two of these related to waiting times and experiences in ED.

Feedback received from Healthwatch East Sussex:

- Two positive reviews- both related to care and treatment received in ED.

Challenge & Risk:

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

Actions:

Due to the vacancies within Patient Experience, options for moving to a text / conversational messaging service for FFT are being explored. 14

F&FT – A&E Score

Current Month: 70.3%



F&FT – A&E Response

Current Month: 0.7% (74 surveys)



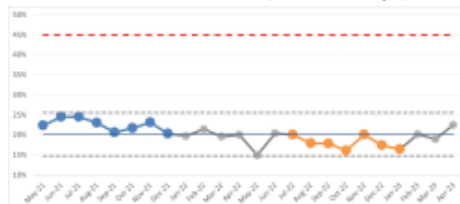
F&FT – Inpatient Score

Current Month: 98.9%



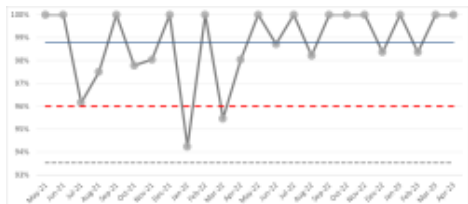
F&FT – Inpatient Response

Current Month: 22.5% (1317 surveys)



F&FT – Maternity Score

Current Month: 100%



F&FT – Maternity Response

Current Month: 37.0% (77 surveys)



F&FT – Outpatient Score

Current Month: 95.4%
06/06/2023



Effective Care – Nursing & Midwifery Workforce

Author: **Angela Colosi Deputy Chief Nurse, Quality & Policy**

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 with fluctuating occupancy and therefore skewed the average. In addition gynaecology moved from one area to another (as part of the review of additional escalation beds) and this had a temporary impact of inflating the CHPPD.

In April, **12 out of 41 areas were under 8.0 CHPPD, with 5 areas under 7.**

Fill Rate
April's average fill rate against the planned budgeted establishment **for substantive wards only** was 90% for nursing, noting some variation across wards. The red line which is the fill rate inclusive of escalation is minimal now as escalation areas have been funded. It is not possible to separate out the additional and surge beds used on existing wards such as the Seaford Annexe and various former treatment rooms. The additional staffing on these areas are therefore not captured within the fill rate including escalation (red line). At time of writing additional super surge capacity was also still open.

Additional capacity remained open for medical patients on Murray ward. The fill rate including escalation was 89.9%. With increased dependency of the patients who are medically ready for discharge the number of patients who require enhanced care can be significant. Super surge capacity was also opened but this number is reducing.

The nurse establishment review for the wards and ED were approved at F&PC with a modest (and mostly HCA) increase in funding for the wards and a more significant and phased increase for the EDs.

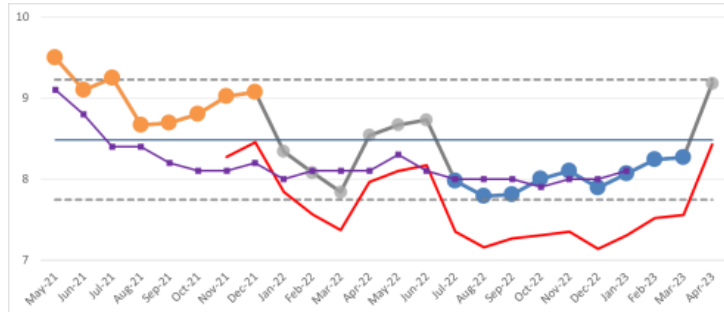
Challenge & Risk:

- Pressures continue making it difficult to support staff to undertake mandatory and essential training
- Risk of impact on staff well-being from ongoing additional capacity and escalation
- Additional controls and scrutiny for requesting additional shifts above template for all areas in place from May.

Actions:

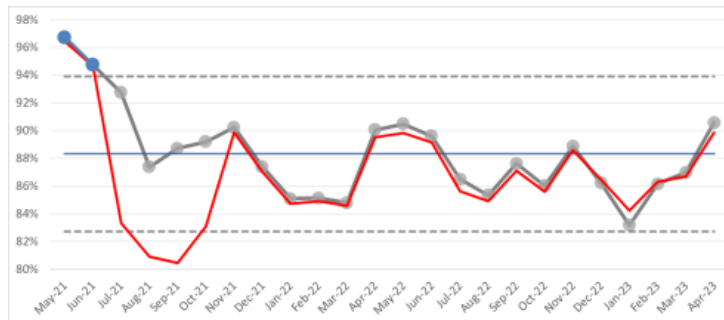
- Twice daily staffing reviews to ensure risk is mitigated

CHPPD (Trust)



National Median: 8.1 (Jan-23)
Level 2 and Level 3 Areas Excluded: 8.43
Current Month: 9.18

Staff Fill Rate (total)



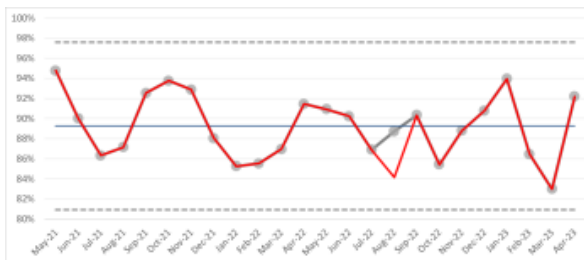
Current Month: 90.6%
Incl. escalation: 89.9%

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

Effective Care – Nursing Workforce

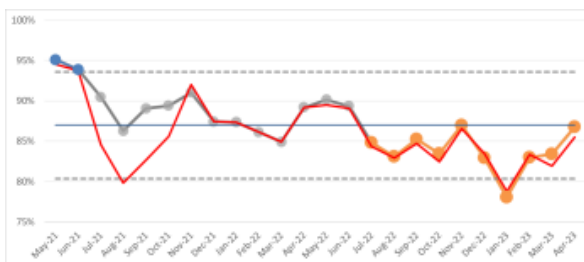
Staff Fill Rate (Bexhill)

Variation: Normal
Current Month: 92.2%
Incl. escalation: 92.2%



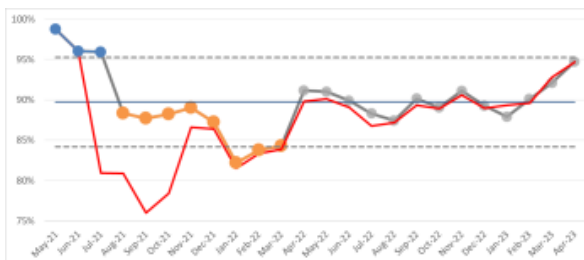
Staff Fill Rate (Conquest)

Variation: Normal
Current Month: 86.7%
Incl. escalation: 85.5%



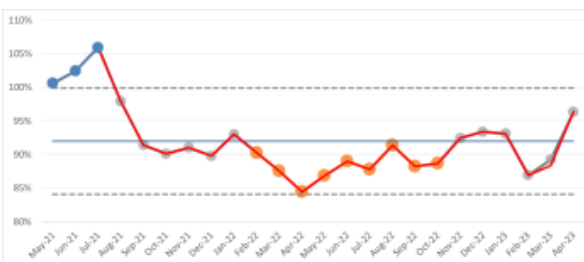
Staff Fill Rate (Eastbourne DGH)

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



Staff Fill Rate (Rye Memorial)

Variation: Normal
Current Month: 96.4%
Incl. escalation: 96.4%



Author: Angela Colosi Deputy Chief Nurse, Quality & Policy

Status Report: Devonshire and Friston wards were funded from April so the number of escalation beds has significantly reduced. In some in-patient areas e.g. Seaford, escalation beds are part of the ward footprint and therefore not included in the fill rate calculation. Murray ward continued to have 16 medical escalation beds (although this is reducing) and Gynaecology has moved back to Murray.

In April considerable amounts of 'super surge' capacity was still required, however this number is reducing. 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.

Fill rates for all areas have remained largely static but overall 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 staff are appropriately skilled and to support retention of staff.

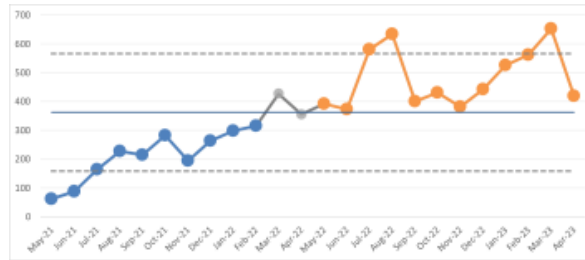
Actions: Twice daily staffing reviews to continue to ensure risk is mitigated

06/06/2023

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Effective Care – Nursing Workforce

Red Flags



Current Month: 419

Author: Angela Colosi - Deputy Chief Nurse, Quality & Policy

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.

Skill mix for Registered Nursing staff overall was at 55.20% in April.

Challenge & Risk: Compliance in SafeCare completion continues to improve and is dependent on the right funded staffing establishment being in place as an additional task in scoring of all patients three times a day.

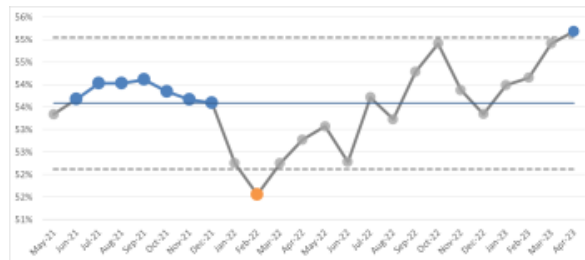
Skill mix balance is important as more new staff (International RNs and 'New to Care' HCAs) are supervised by substantive staff who are also supporting additional patients in the escalation and super surge beds. HCA vacancies continue which is reflected in the skill mix rising of RNs to HCAs. Ensuring a robust baseline for budgets to include band 3 roles where required will support retention and recruitment.

Actions: Fortnightly Roster Challenge Sessions are now running, led by the CNO. Controls have been introduced with regard to authorisation of additional shifts above template.

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.

Monthly vacancies for HCAs will now be advertised so that there is a continuous pipeline of recruitment.

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

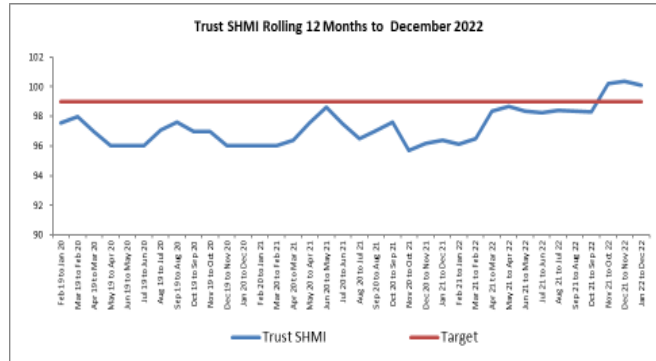


Current Month: 55.2%

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

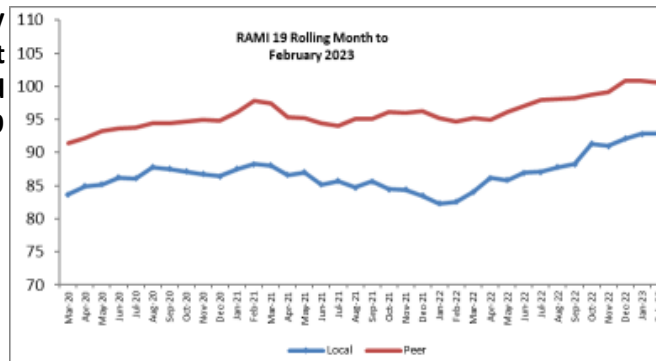
Summary Hospital Mortality Indicator (SHMI)

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

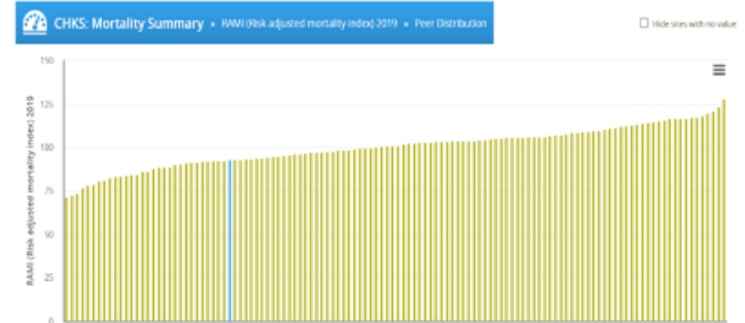


- SHMI – January 2022 to December 2022 is showing an index of 100 and is within the expected range. EDGH is showing 100 and Conquest is also 100.
- RAMI 19 – March 2022 to February 2023 (rolling 12 months) is 93 compared to 83 for the same period last year. February 2022 to January 2023 was also 93.
- RAMI 19 was 95 for the month of February and 95 for January. Peer value was 119 for February.
- Crude mortality without confirmed or suspected covid-19 shows Mar 2022 to Feb 2023 at 1.66% compared to 1.44% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 49% for February 2023 deaths compared to 56% for January 2023 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)

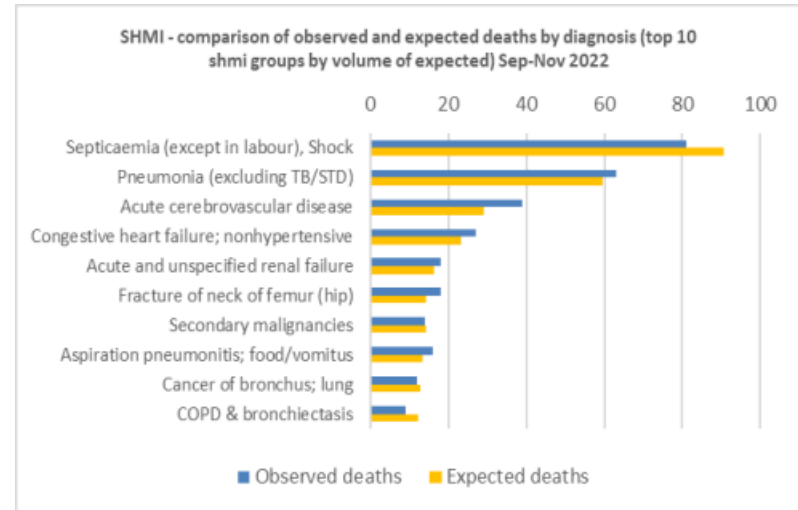
April 2023 Main Cause of In-Hospital Death Groups (ESHT)

Description	Deaths
Pneumonia	18
Cancer	16
Sepsis/Septicaemia	15
Heart Failure	11
Cerebro-vascular Incident	6
Myocardial Infarction (MI)	5
Chronic Obstructive Pulmonary Disease (COPD)	4
Community-acquired Pneumonia	3
COVID-19	3
Liver Disease	3
Hospital-acquired Pneumonia	1

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

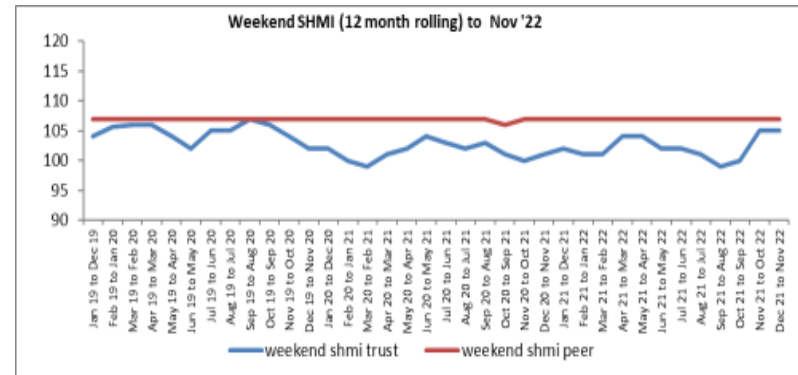
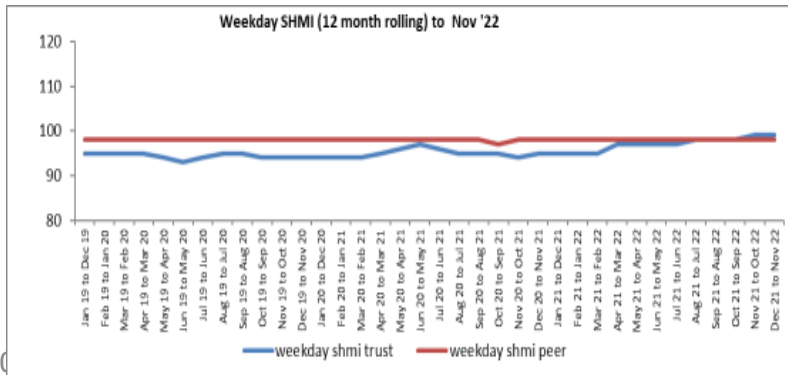
12 cases for which no CoD has been entered on the database and therefore no main cause of death group selected.

SHMI Diagnosis Main Groups



Summary Hospital Mortality Indicator (SHMI)

Weekday and Weekend 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

	Positives	Challenges & Risks	Author
Responsive	<p>Turnover has reduced by 0.3% to 12.4%, which equates to 847.1 fte leavers in the last 12 months</p> <p>Vacancy rate has reduced by 0.2% to 8.3%</p> <p>Current vacancies are showing as 660.3 ftes</p> <p>Monthly sickness reduced by 1.0% to 4.5%</p> <p>Annual sickness reduced by 0.2% to 5.5%.</p> <p>Mandatory Training rate increased by 0.2% to 88.4%</p> <p>Appraisal compliance increased by 0.1% to 79.1%.</p>	<p>Industrial Action: Junior Doctors 11 – 15 April, Nurses 30 Apr – 1 May.</p>	<p>Steve Aumayer Chief People Officer</p>

Overview: All the key workforce indicators showed improvement this month. Trust turnover rate reduced this month by 0.3% to 12.4% (847.1 fte leavers in the last 12 months, a fall of 16.7 ftes compared to last month). The rate has fallen in four out of the last five months (in Feb 23 it remained static) from the peak of 13.9% in Nov 22. It appears that there was an increase in 2022 post pandemic, following suppressed opportunity during the pandemic, and those extra leavers are now working their way out of the figures with turnover dropping to more normal levels. There were reductions in Registered Nursing & Midwifery turnover by 0.3% to 11.2% (234.4 fte leavers), AHP turnover, by 1.4% to 10.9% (57.5 fte leavers), Medical & Dental turnover by 0.4% to 13.0% (40.5 fte leavers), Admin & Clerical turnover by 0.9% to 13.5% (193.3 fte leavers) and Estates & Ancillary turnover by 0.1% to 9.2% (57.9 fte leavers). Only Additional Clinical Services turnover increased by 0.6% to 14.1% (216.4 fte leavers).

Following budget setting for the new financial year, the Trust vacancy rate has continued to reduce, for the third consecutive month, down by 0.2% to 8.3% (660.3 fte vacancies, a reduction of 18.1 fte vacancies compared to last month). The reason for this reduction is an increase in the budgeted vacancy factor. For the first time, in the new financial year, negative budgeted fte, to a total of minus 165.7 fte has been specified for Divisions in respect of their Cost Improvement targets. This reduction in the budgeted fte does have the net effect of reducing the vacancy fte (i.e. substantive budgeted fte v staff in post). These reductions offset any increases in the budgeted establishment for the new financial year. Vacancy factor is apportioned to Divisions but is not apportioned in the budget for staff groups. The staff group vacancy rates for start of the new financial year are; Medical & Dental rate 19.4%, Registered Nursing & Midwifery 8.4%, AHP 15.6%, Additional Clinical Services 15.5% and Admin & Clerical 6.5%.

The monthly sickness rate reduced by 1.0% to 4.5% (a reduction of 2,571 fte days lost to sickness in month). The Annual sickness rate, reduced by 0.2% to 5.5%, the lowest rate since Feb 22 and the fourth consecutive fall as we move past the pandemic. All the main reasons for sickness have reduced this month, most significantly, a reduction of 909 fte days lost to Chest & Respiratory illnesses (largely Covid). As previously observed, when this reason falls we see a reduction in Anxiety/Stress/Depression illnesses which reduced by 514 fte days lost.

The mandatory training compliance rate improved again by a further 0.2% to 88.4%, despite the industrial action in Apr. This is the fourth consecutive increase in the rate. The appraisal rate also continues to increase, by 0.1% to 79.1%, the highest it has been since Feb 20, at the start of the pandemic

06/06/2023

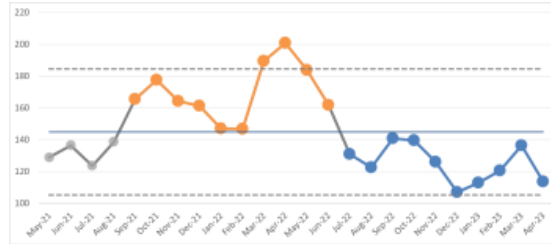
21

Workforce – Contract type

Author: **David Moulder, Greig Woodfield**

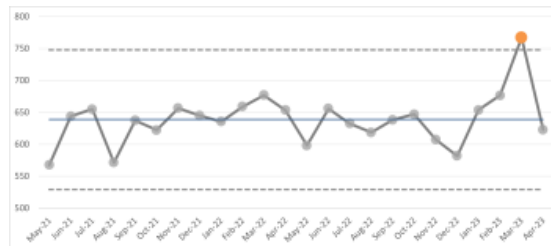
Status Report
Substantive usage increased by 129.8 ftes, bank & locum usage reduced by 143.7 ftes and agency usage reduced by 22.5 ftes. Temporary workforce utilisation was 9.2%, a 2.0% reduction from last month. The Trust vacancy rate reduced by 0.2% to 8.3%.

Agency FTE Usage



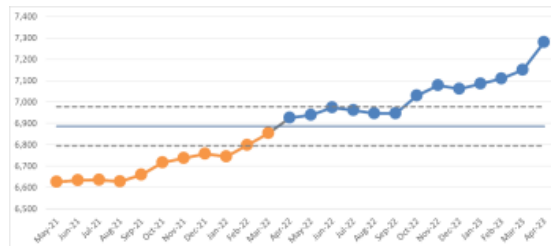
Current Month: 113.7

Bank FTE Usage



Current Month: 622.9

Substantive FTE Usage



Current Month: 7,279.2

Vacancy Rate



Target: 5%

Current Month: 8.3%

06/06/2023

Staff group	Vacancies ftes	Recruitment Process (ftes)	Offers & Start Dates (ftes)	Time to Hire (days)
Med & Dental	155.2	49.7	54.9	90
Reg Nurse & Mwife	202.6	176.1	113	63
Addit Clin Serv	281.0	75.8	105.8	48
AHP	100.1	90.9	82.3	64
Prof, Sci, Tech	17.2	11	10.5	75
Healthcare Scs	13.2	24.1	10.3	60
A&C	102.1	104.9	45	60
Estates & Ancillary	40.3	33.9	15.2	37
Vacancy factor*	-277.6			
Trust	660.3	566.4	437	62.1

Challenge & Risk:
Demand for TWS remains high to assist with ongoing operational requirements. Key areas include AHPs, Medics and Nursing. TWS fill rate across the Trust remain at c50-59%. Volume of activity across resourcing remains high with c600 live posts on TRAC. Candidate market place remains challenging with unemployment lowest since 1974.

**Vacancy factor also includes additional CHIC shadow budget, in addition to reductions for CIP.*

Actions:
New marketing materials now in place to be used for both internal and external marketing to assist attraction. Virtual event for student health visitors taking place 25th and 31st May.

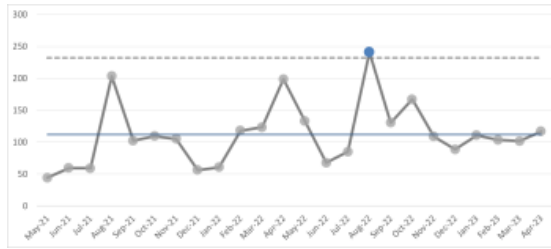
The Recruitment team continue to look at improving TTH and overall candidate experience. New candidate feedback and onboarding questionnaire due to launch Jun. Mini Tender for International Nurse recruitment underway.

Continued working with Dept for Work & Pensions and the Princes Trust (including event at Conquest for Estates & Facilities), as well as ICB, to source and attract future pipelines. ESHT is the lead for International Recruitment across the ICB. New to Care cohorts continue. TWS increasing bank pipelines via dual contracts

Workforce - Churn

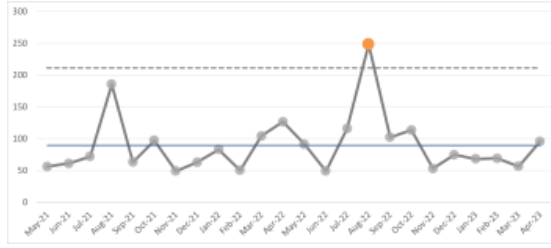
Author: **David Moulder, Greig Woodfield**

Starters FTE



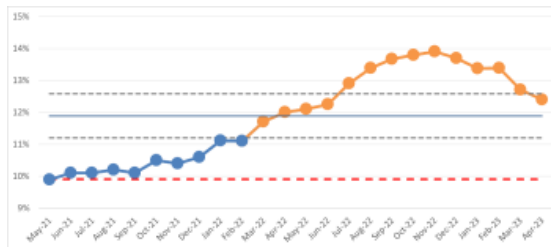
Current Month: 116.9

Leavers FTE



Current Month: 95.7

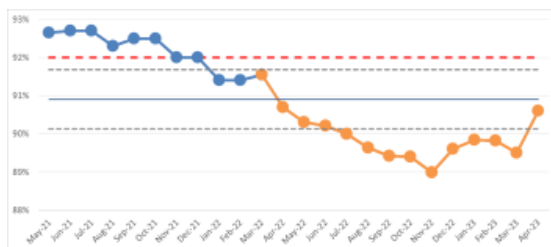
Annual Turnover Rate



Target: 9.9%

Current Month: 12.4%

Retention Rate



Target: 92%

Current Month: 90.6%

Status Report

The Trust starters & leavers monthly net total as at Apr 23 is +8.0 with 116.9 starters fte, -95.7 leavers fte and -13.1 internal fte changes. Over the last 12 months there was 1,453.5 Starters fte & -1,137.0 leavers fte giving a net total of 306.4.

The Trust turnover rate reduced by 0.3% to 12.4%. There were 847.1 fte leavers in the previous 12 months. The Trust Retention rate (i.e. % of staff with at least one year's service) increased by 1.1% to 90.6%.

Challenge & Risk:

Recruitment activity remains high year on year with increased demand. Currently c650 actions underway on TRAC. Primary areas of activity remain Emergency Medicine, Medical, AHP and HCAs.

Sufficient accommodation for international colleagues remains a concern due to lack of rental properties. Sussex wide approach and homestay options being reviewed at ICS level.

Actions:

Ongoing activity to source International Radiographers, Podiatrists and Occupational Therapists following successful NHS England funding bid. Planning for International Nurse interviews underway. ESHT is international recruitment lead for ICS.

All hard to recruit medical posts are with both Medacs and additional headhunter agencies as necessary. Trust has seen increased number of direct applicants in the last 4 weeks, eg for Consultants in Anaesthetics, Rheumatology and Acute Medicine. Targeted phased approach to filling medical posts.

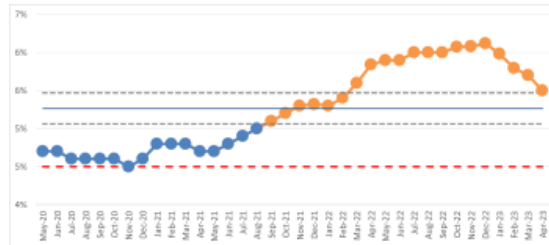
Executive agreement secured at POD on the Retention Programme of work for the forthcoming year which details a number of projects and interventions aimed at improving retention. A further aspect is the development of a retention strategy for ESHT by the end of Mar 24. In order to optimise engagement and relevance of this strategy, a retention survey has been launched to gather thoughts and ideas from our people.

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Workforce - Sickness

Annual Sickness



Target: 4.5%
Current Month: 5.5%

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

Status Report
Monthly sickness % has reduced by 1.0% to 4.5%, whilst the annual sickness rate has reduced by 0.2% to 5.5%.

Sickness average days per fte reduced by 0.6 to 20.2 days per fte.

Challenge & Risk:
All the main reasons for sickness have decreased, Fte days lost down by 2,571, with all main reasons for sickness reduced including Chest & Respiratory reduced by 909 fte days lost and Anxiety/Stress by 514 (to lowest level for past 3 years).

As we 'live with Covid' we will ultimately see fluctuations in the sickness figures. Anxiety/Stress absence trends mirror Covid trends which has an increased impact on teams.

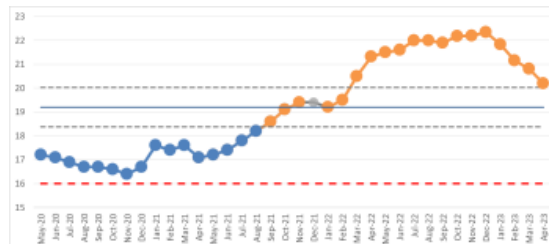
Actions:
Going forward, HRBPs and specialist colleagues will be running a number of People Panels, in partnership, that focus on staff absence. There will be four quarterly sessions covering support available from Occupational Health, HR Solutions and Wellbeing along with training sessions for managers on the revised Sickness Management procedure.

Monthly Sickness



Current Month: 4.5%

Average Sickness Days per FTE



Target: 16
Current Month: 20.2

Workforce - Sickness

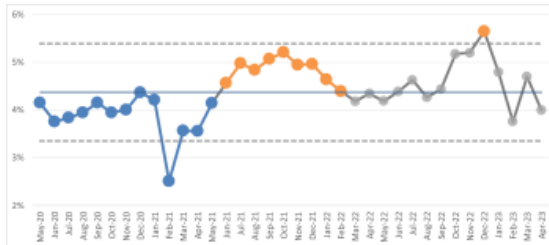
Author: **David Moulder**

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

Monthly sickness % (without Covid) reduced in Apr by 0.7% to 4.0%.

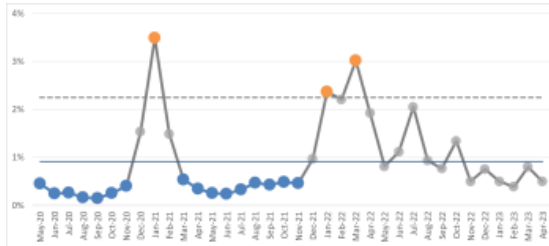
Monthly sickness % (Covid only) reduced by 0.3% to 0.5%.

Monthly Sickness (Without Covid-19)



Current Month: 4.0%

Monthly Sickness (Covid-19 Only)



Current Month: 0.5%

Workforce - Sickness

Author: **David Moulder; Julie Hales**

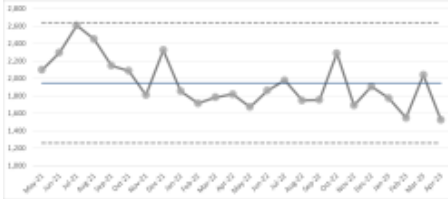
Status Report	Reason	fte Days Lost +/-	Total fte Days Lost
	Anxiety, stress & depression	▼ -513.8	1,525.9
	Back problems	▼ -96.4	634.9
	Chest & respiratory	▼ -909.0	1,440.5
	Cold, cough & flu	▼ -289.9	587.7
	Gastrointestinal	▼ -259.4	699.0
	Other MSK problems	▼ -132.4	1,082.8
	Other reasons	▼ -370.1	3936.9
	All reasons	▼ -2,571.0	9,907.7

Challenge & Risk: All the main identified reasons for sickness have reduced this month. Chest & Respiratory illnesses reduced again, after last month's mini Covid peak. It remained the highest reason for sickness and was highest for Registered Nursing & Midwifery staff at 435 fte days lost.

Actions: Operational HR continue to work closely with managers and Wellbeing Colleagues identifying areas that have a cluster of sickness, ensuring all possible support is provided.

Where there are newly appointed Matrons/Managers, Operational HR are meeting with them to train them on the absence process. Where data shows a highest reason code a further deep dive is undertaken, reviewing this in line with highest areas of leavers. Working with all parties to be more proactive with sickness absence.

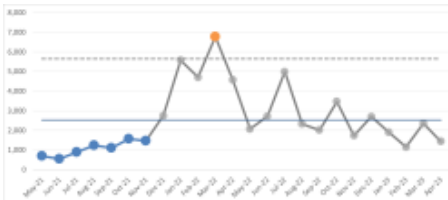
Anxiety/Stress/Depression



Back Problems



Chest & Respiratory Problems



Cough, Cold & Flu



Gastro-intestinal Problems



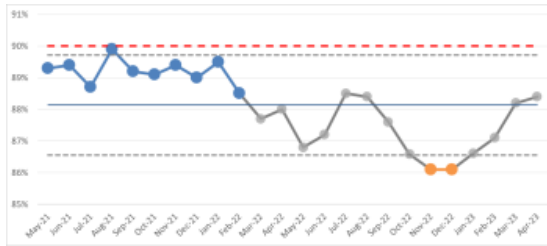
Other MSK problems



Workforce - Compliance

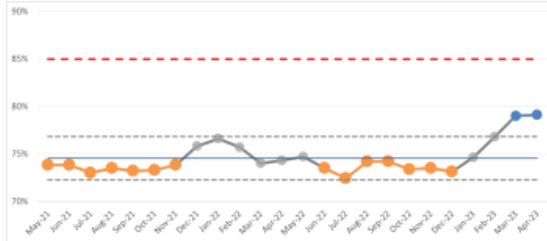
Mandatory Training Compliance

Target: 90%
Current Month: 88.4%



Appraisal Rate

Target: 85%
Current Month: 79.1%



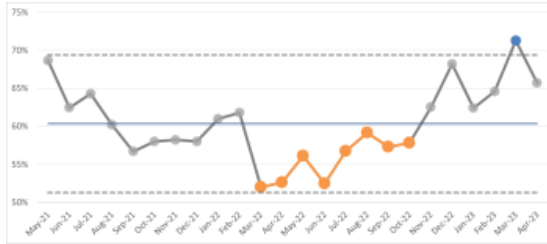
Author:	Dawn Urquhart
Status Report	<p>Over the last month the CST continues to regain ground. Current compliance is 88.4% up again 0.2%</p> <p>There has been significant improvement across the Trust, but there remain some very specific areas where compliance is not moving forward as was anticipated across the full CTSF subject matters. These include DAS (particularly Max Fax, ENT, Vascular Surgery Ophthalmology, Orthodontics, Orthopaedics, Theatres and Urology). In Medicine, focus will be given to Cardiovascular, Endocrinology and Specialist Medicine. In Urgent Care there will be support for Medical Management. These areas reflect poor levels of compliance in Infection Control, Fire Safety, Information Governance, Moving and Handling, MCA/DOLS, Safeguarding L2 and Health and Safety.</p> <p>Appraisal compliance rose again, by 0.1%, to 79.1%. Although a little disappointing, this takes us back to pre pandemic levels (Feb 20, the rate was 79.2%).</p> <p>We are continuing work on the new appraisal tool, the pilot having finished on Apr 14th. The revised documentation was circulated for feedback on 10th May 2023 to the initial Appraisal Working Group, members of ESG, ADNs, and the pilot group.</p>
Challenge & Risk:	<p>We continue to mitigate the impact of the Industrial Action (IA) on the delivery of Core Skills Training. Additional sessions have been put in place, however, any further IA will seriously impact on the improvements across CST and appraisal compliance to date.</p> <p>We are continuing to monitor DNA data across the full range of training provided.</p>
Actions:	<p>The completed appraisal pilot has seen the recommendations on design, content and process being circulated on 10th May, with feedback to be returned after one week. The design and upload of the new documentation and process to be completed by the end of Jun 23</p> <p>Work is continuing on reviewing all local Inductions and Trust Induction. This work is also to be completed by the end of Jun 23.</p> <p>The refreshed version of the new Patient Safety Passport has been circulated in draft to all ADNs for feedback, before the next meeting of Professional Advisory Group in late May.</p>

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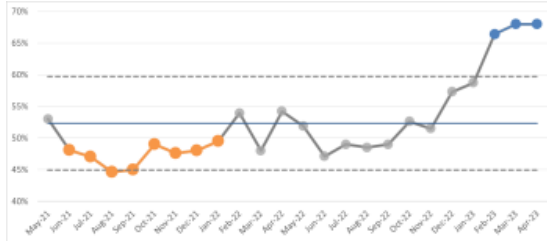
Workforce – Job Planning

Consultant eJob-Planning Fully Approved Rate



Current Month: 65.7%

SAS Grades eJob-Planning Fully Approved Rate



Current Month: 68.0%

Author: **Petra Griffiths**

Status Report

Medical job plan compliance has seen a drop of 4% to give a total of 66% at the end of Apr 23.

There have been changes in Clinical Lead and Service Manager roles in several specialties in Apr and training sessions have been provided to new sign offs to support them with the job planning process.

WCSH stay above the 80% target set by the CMO, achieving 88.1%. Urgent Care follow behind at 74.4% and Core Services have jumped from 55.5% in March to 72.2% in April. Medicine and DAS have each seen a drop in compliance. This is due to ongoing work on job plans being reviewed and updated as a result of changes within the divisions. The drop in numbers across all the divisions is also due to a large number of job plans expiring in Apr, and those are now in the process of being reviewed and updated.

176 of 268 (65.7%) Consultants have a completed eJobPlan. 68 of 100 (68%) SAS Doctors have a completed eJobPlan.

Please note that we are working on moving Acute Medicine and Frailty under Urgent Care on e-JP. They are showing under Medicine for April. We aim to have the system updated for next month.

Challenge & Risk:

The Chief Medical Officer is still aiming for areas to increase the sign off rate to 80%. The job planning team are supporting this process.

The CMO is aware that in Apr we experienced delays in sign offs caused by high levels of medic/sign off manager annual leave, junior doctors strike and changes of sign off roles in several specialties.

Actions:

As part of the NHSE Levels of Attainment, a Job Plan Consistency panel will need to be formed.

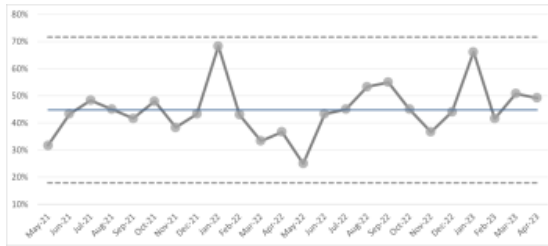
The Job Planning team continue to encourage sign off managers to review and complete the review of the job plans within their respective specialties.

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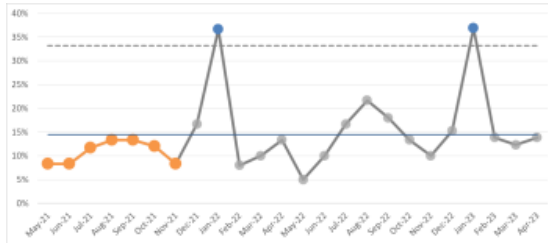
Workforce – Roster Completion

6 week Nursing Management Roster Approval Rate



Current Month: 49%

8 week Nursing Management Roster Approval Rate



Current Month: 13.8%

Author: **Ruth Merrick**

Status Report
For the roster starting on the 20th Mar, 49% of rosters had been approved at 6 weeks before the go live date which is a 2% reduction on the previous month.

14% had been approved at 8 weeks prior to commencement which is an increase of 2%.

Challenge & Risk: A comprehensive programme of Workforce Productivity improvements has now started and includes rostering actions in Phase 1:

- Additional duties approval (incl. enhanced observations)
- Leave caps by employee (annual leave and study)
- Send to bank review
- Supernumerary compliance
- Restrictive duty hours

These actions are underway and will impact on rosters in the short term as the new processes "settle in". Improvements will be monitored against benchmarks for all actions.

Once completed, the focus will be on increasing rates of roster approval at 6 and 8 weeks.

Actions: HR to continue to liaise with ADNs to agree level of improvement for next sign off & Corporate Nursing to support through compliance meetings. Need to ensure roster approval does not decrease during implementation of programme.

The programme actions above will improve governance and lead to high quality rosters, allowing further focus on timely roster approval in order to drive rates up.

Access and Responsiveness

Delivering the NHS Constitutional Standards

Urgent Care – Front Door

Urgent Care – Flow

Planned Care

Our Cancer services

We will operate efficiently & effectively

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

Summary

	Positives	Challenges & Risks	Author
Responsive	<p>4 Hour Performance An improvement of >3% in April from previous month, achieving 73%. The Trust is working towards sustainable delivery of >76% (national standard).</p> <p>Non Elective Overall Length of Stay (LoS) Over a half day improvement seen in the overall average LoS for April. This is the impact of extensive and continued focus, both internally and with system partners on discharge and long length of stay improvements</p> <p>Long Length of Stay (LLOs) The number of patients in our beds >21 days has reduced again. From 196 in March to 180 in April. Although still an outlier, our occupancy rate for patients with a stay >21 days has come down from 32% to 23% in 6 months</p> <p>Urgent Community Response (UCR) UCR has again achieved target, seeing 75% of patients within the 2 hour response window in April. With national target of 70%</p> <p>Ambulance Handovers Despite an increase in the number of ambulance conveyances in April, the % of patients waiting >30 mins for handover dropped from 13% in March to 8.3% in April</p>	<p>Elective waiting list: 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.</p> <p>Long Length of Stay (LoS) Occupancy Rate This is a rapidly improving picture. Having gone from 32% of our bed base being occupied by patients with a LoS >21 days in September, down to 22% in April. However, we are still outside the national average of 20% and are working to continue driving this down</p> <p>Community Paediatric Wait times The wait time continues to increase across many pathways. With referral numbers also increasing. There is a transformation plan being formed and the Trust is working with other providers in an attempt to secure additional capacity to mitigate wait times</p>	<p>Sheila Roberts Winter Executive Director</p>
Actions:	<ul style="list-style-type: none"> • Planning for ongoing industrial action • ECIST visit to support improving discharge and Length of Stay • Finalise the 4 hour performance, discharge and LoS plan for 2023/24 		
06/06/2023			

NHS Constitutional Standards

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

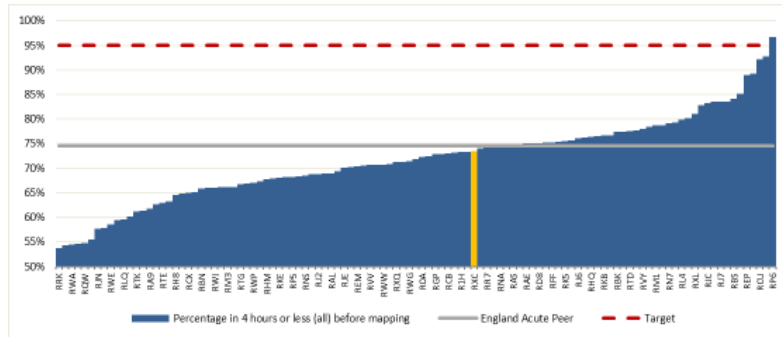
ESHT denoted in orange, leading rankings to the right

Urgent Care – A&E Performance

April 2023 Peer Review

National Average: 74.6%

ESHT Rank: 48/112

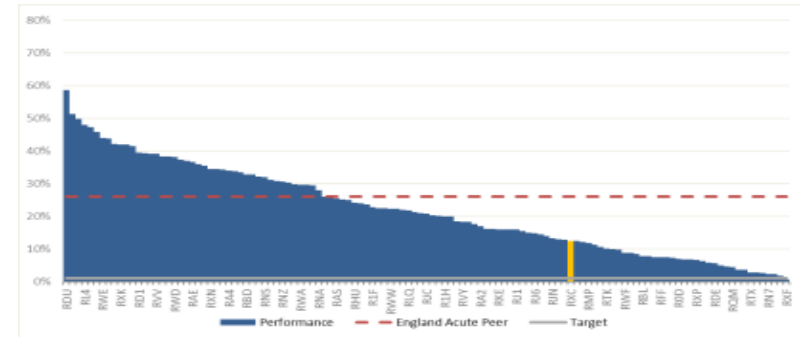


Planned Care – Diagnostic Waiting Times

March 2023 Peer Review*

National Average: 26.0%

ESHT Rank: 37/121

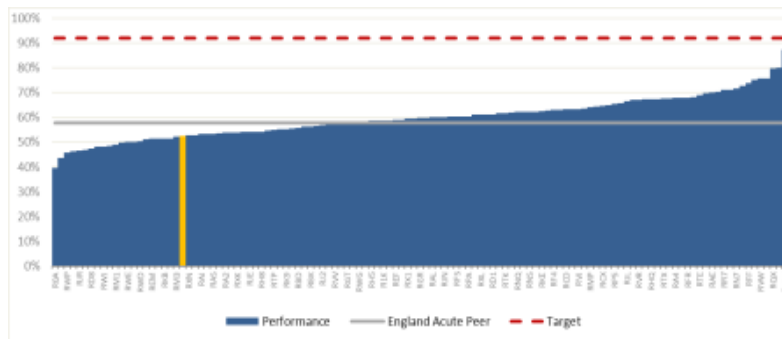


Planned Care – Referral to Treatment

March 2023 Peer Review*

National Average: 57.7%

ESHT Rank: 100/121

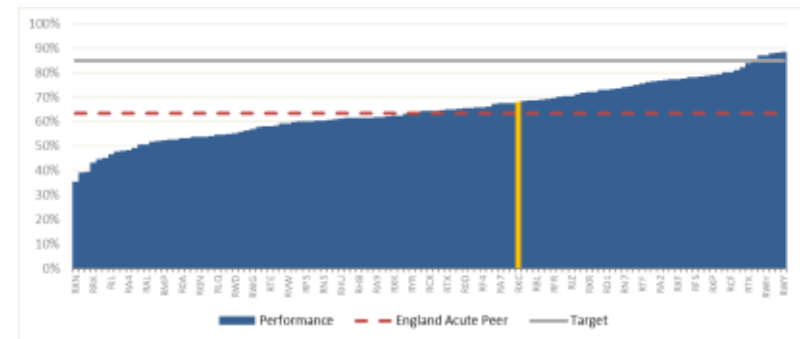


Cancer Treatment – 62 Day Wait for First Treatment

March 2023 Peer Review*

National Average: 63.3%

ESHT Rank: 46/121

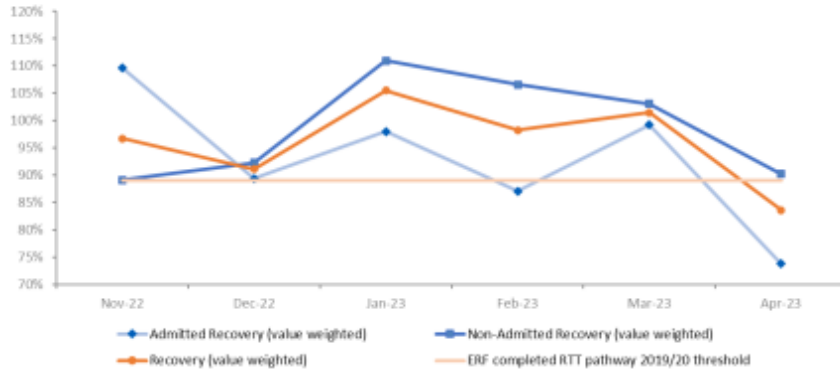


Planned Care – Recovery KPIs

It is recognised that delivering the 108% activity target will require immense effort, but the Trust is committed to meeting this ask. In order to support delivery of the activity, each service has been set targeted activity expectations and this will be closely monitored. Focused work with specialities continues in order to support improvement in outpatient attendance and procedure coding. Measures are also being developed to improve utilisation which will support improvements in value weighted activity throughout 23/24.

Although the Trust did not meet the operational ask to deliver zero 78 week waits by 1.4.23 there has been a significant decrease in the volume of patients over 78 weeks, reducing from eight to two and the Trust is on track for zero 78 week waits by 1.7.23. The longest waiting patients are monitored daily to ensure pathways are progressing and the Trust has seen improvement in the number of patients over 65 weeks and are comfortably below the trajectory set out for 65 week waits.

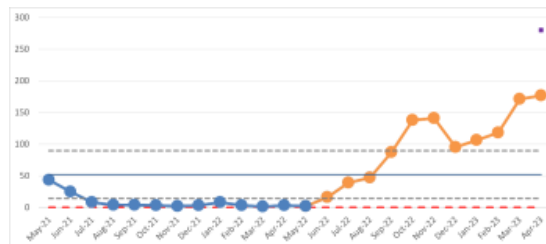
Completed RTT Pathways Recovery (value weighted)



March 2020 counterfactuals applied (to compensate for the impact of national lockdown during this month), national methodology adopted.

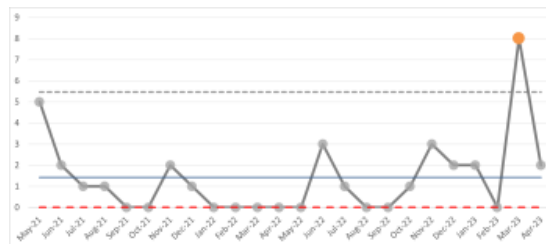
RTT 65 Week Waiters

Target: 0
Trajectory: 280
Current Month: 177



RTT 78 Week Waiters

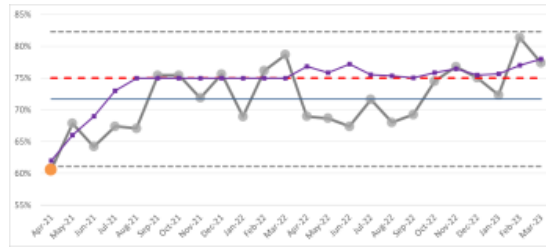
Target: 0
Current Month: 2



Planned Care –Recovery KPIs

28 Day FDS (Faster Diagnosis Standard)

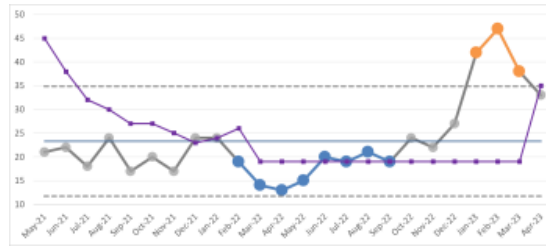
Target: 75%
Trajectory: 78.0%
Current Month: 77.4%



Cancer 104 Days Backlog

Unify 104 Days Backlog (excludes Tertiary patients)

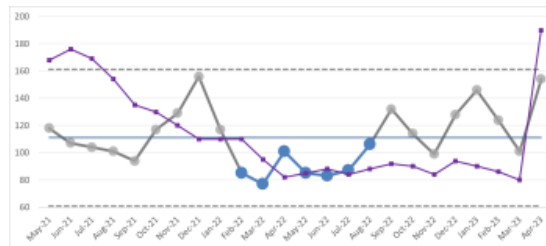
Target: Monitor
Trajectory: 35
Current Month: 33



Cancer 62 Days Backlog

Unify 62 Days Only Backlog (excludes Tertiary patients)

Target: Monitor
Trajectory: 190
Current Month: 154



The Trust continues to focus efforts in communicating with patients on a suspected cancer pathway as soon as possible following investigations and diagnosis and reducing the backlog of patients waiting in excess of 62 days for diagnosis/treatment.

Despite further industrial action in March, the Trust again achieved the Faster Diagnosis Standard with 77.4%. The Trust has continuously met the standard since November except for January, which predominantly was due to patient choice deferred from December. It is expected FDS in April will be challenged due to industrial action and bank holidays.

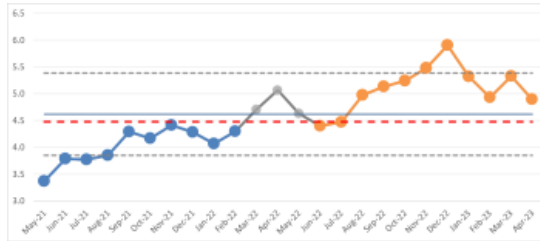
The trajectory for the backlog of patients waiting over 62 days for 2023/24 has been submitted and agreed with the ICB. At the end of April, the Trust achieved 154 against a trajectory of 190. The percentage backlog reported at the end of April 2023 was 7.7% compared with the national average of 10.0% and therefore the Trust continues to remain well below the national average. The reporting from 1 April 2023 now includes the FDS within the overall PTL numbers and reporting criteria changed in line with national definitions as reflected in the graphs.

The Trust is consistently maintaining focus in specialties to prioritise cancer pathways and is committed to reduce the backlog position further. Long waiting patients are regularly reviewed from the patient tracking lists and in line with the Local Cancer Access Policy. 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.

Patient Care- Flow

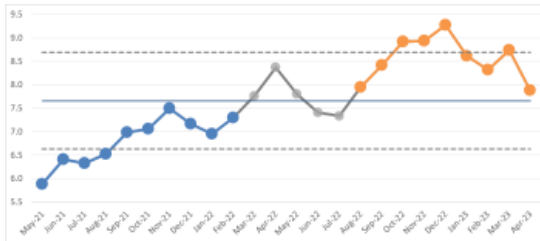
Non-elective Length of Stay (Acute)

Target: 4.48
Current Month: 4.9



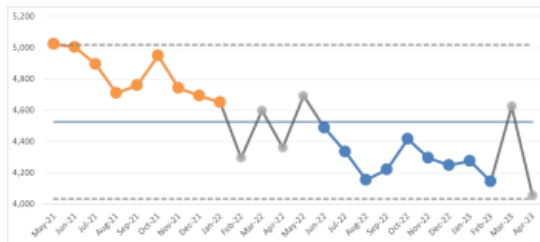
Non-elective Length of Stay, excluding zero LoS (Acute)

Target: Monitor
Current Month: 7.9



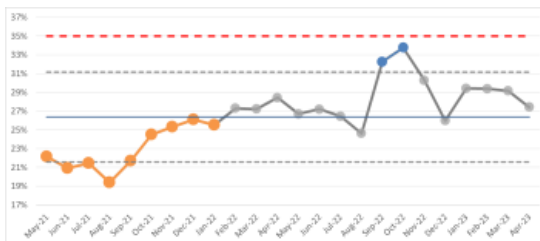
Non Elective Spells

Target: Monitor
Current Month: 4,054



Medical Non Elective Admissions (% SDEC)

Target: 35%
Current Month: 27.4%



Following a challenging month in March, the Trust has seen a recovery in its Length of Stay (LoS) in April.

During April the Trust was further able to reduce its bed base and bed occupancy with the closure of most of its Super Surge beds which had been stretching the workforce which can contribute to increases in LoS.

The new Discharge Lounge at EDGH also came on line in April 2023 which has helped support flow and length of stay. At the same time, the Trust was able to cease using the Conquest Discharge Lounge as an escalation area, which again supports early discharge and flow.

The Discharge Hub has been able to recruit to a number of vacancies for Discharge Co-ordinators during April and through to May which has helped support discharging on the wards.

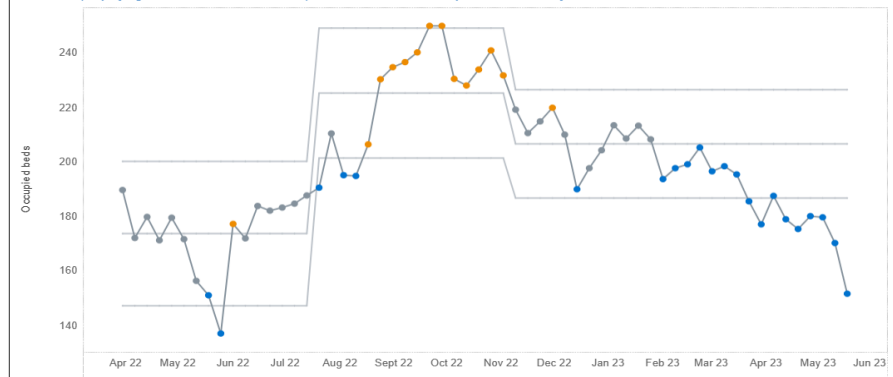
The Virtual Ward initiative has continued to increase its capacity and continues to show positive results.

Patients occupying a bed for 21+ days

Weekly average of beds occupied by adult patients in an acute hospital for 21+ days

- Common cause variation (no significant change)
- Special cause variation of a concerning nature
- Special cause variation of an improving nature

XmR chart (displaying a maximum of last 75 weeks, data drawn from start of previous financial year)

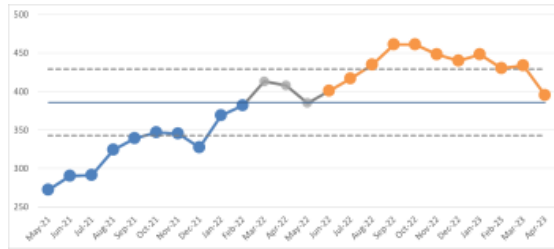


06/06/2023

Patient Care - Flow

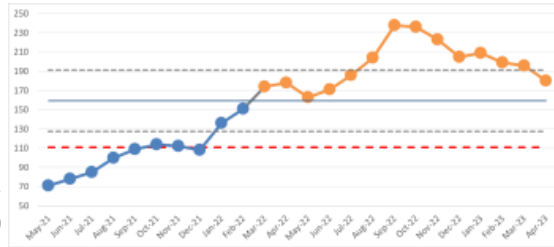
Adult inpatients in hospital for 7+ days (Acute)

Target: Monitor
Current Month: 395



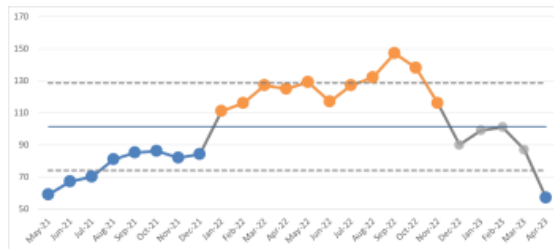
Adult inpatients in hospital for 21+ days (Acute)

Target: Monitor
Current Month: 180



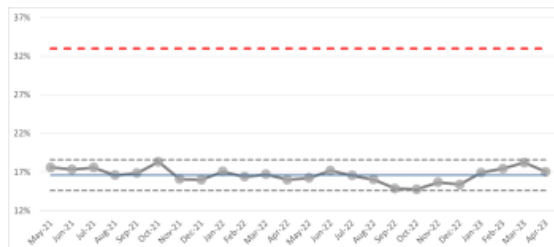
MRD on Pathways 1-3

Target: Monitor
Current Month: 57



Patients discharged before midday %

Target: 33%
Current Month: 17.0%



April data shows a considerable decrease compared to previous months for the number of patients in a hospital bed with a length of stay of over 7 and 21 days.

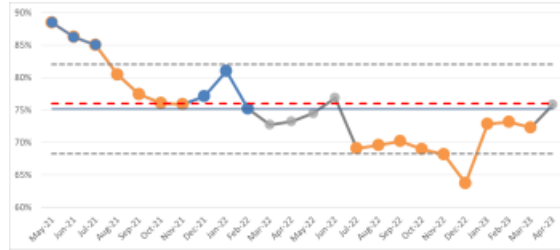
As part of our on-going work to reduce our length of stay, the Trust has been working on a number of initiatives:

- December 2022 restart of LLOS reviews for longest waits with oversight by COO/CMO and CNO
- Zero tolerance to bedding of SDEC areas from December 2023 – with CEO authorisation only
- Establishment of virtual ward using flexible staffing
- Use of Urgent Community Response team to support discharge going home to the handover to ASC so avoiding admissions and reducing length of stay
- Gap analysis on processes and understanding of discharge, NCTR and pathways at ward level January to March 2023 supported by two ECIST visits and recommendations
- April 2023 move to protect CDU for ED use only
- April 2023 Created a new discharge lounge at Eastbourne and prevented bedding of lounge at CQ
- May 2023 full audit of all NCTR on both acutes with support of clinical team from ECIST
- Development of full back to basics for discharge training programme – commenced delivery to Train the Trainer for all wards May to June 2023
- Revision of on call training support to support on call teams with best practice for patient flow
- Review of oversight and management arrangements for discharge – new discharge lead May 2023 and improvement plan development April onwards.

Urgent Care – Front Door

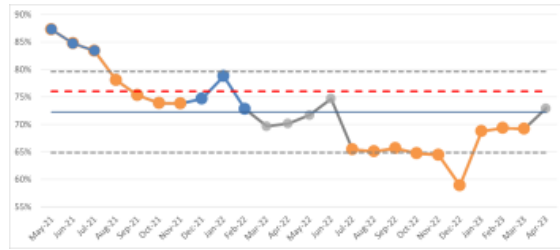
A&E Performance (Local System)

Target: 76%
Current Month: 75.8%



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

Target: 76%
Current Month: 72.9%



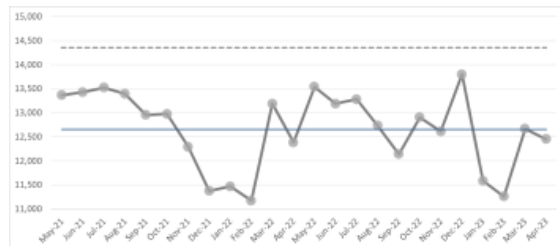
CONQ

EDGH



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

Target: Monitor
Current Month: 12,450



The 4 hour performance has improved slightly in April. Nationally Conquest is ranked 18th out of 168 and Eastbourne is ranked 58th out of 168. Both departments are sitting in quarter 2 of the SEDIT data this is an improvement for the DGH and steady state for the Conquest.

Attendances have decreased in number through April. Eastbourne DGH have recruited 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. Rapid assessment is nurse led at the Conquest site

The Trust has finalised 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
- This remains under review in relation to its impact on the front door flow.

The actions following on from the embedding of the first 3 actions are:

- Divisions to pull patients into specialties.
- Early use of boarding when the department is full, leading to corridor nursing if the department is heading toward full capacity.

Urgent Care – Front Door

ESHT Total Type 1 Attends



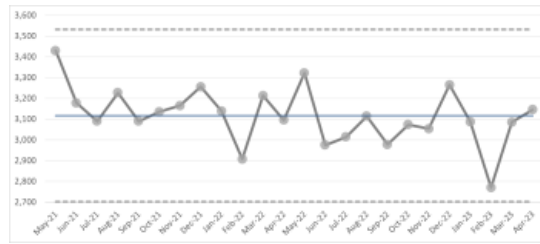
ESHT Total Type 3 Attends



Type 1 & type 3 attendances and a corresponding levelling out in ambulance conveyances, also contributed to an improvement in the 4 hour performance. No significant change from the previous month on this indicator. 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 on some days .

Conveyances
(ESHT – CQ and EDGH)

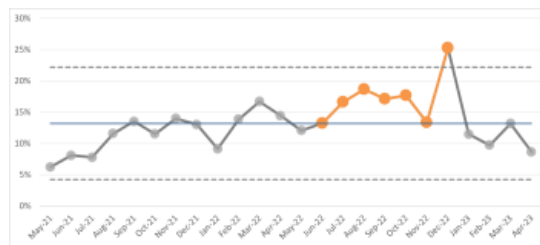
Target: Monitor
Current Month: 3,145



The overall acuity of patients remains 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. This is no change from the previous month and is in line with regional and national indications.

Conveyance Handover >30
(ESHT – CQ and EDGH)

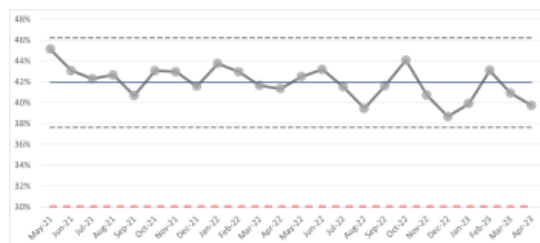
Source: SECAMB
Target: Monitor
Current Month: 8.6%



SDEC is currently at capacity and unable to take the numbers of streamed patients originally anticipated due to constraints in relation to space and opening hours. Work is being undertaken to review the space and extend the hours.

Same Day Emergency Care
(ESHT – CQ and EDGH)

Target: 30%
Current Month: 39.7%



Divisions are revisiting 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.

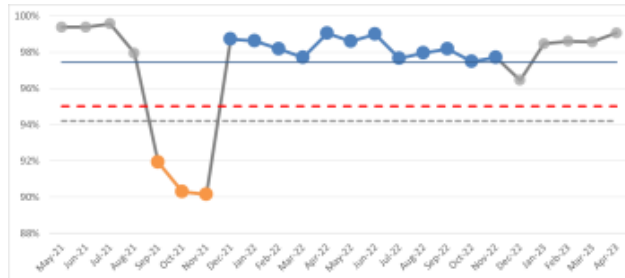
06/06/2023

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Urgent Care – UTC

UTC 4 hour standard
(Visit complete within 4 hours)

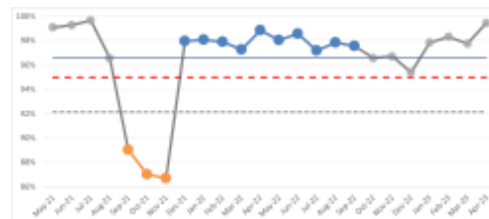
Target: **95%**
Current Month: 99.1%



CONQ



EDGH



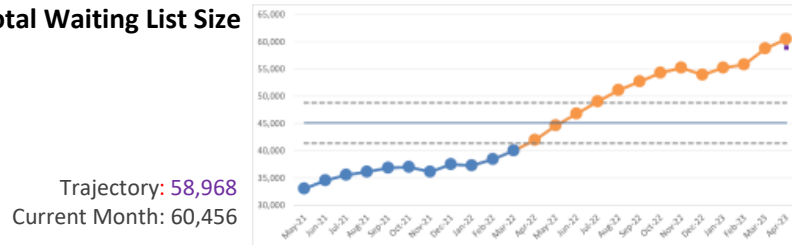
Ensuring there are sustainable staffing levels is a key pressure point with gaps in staffing seen at weekends and occasionally through busy periods. Recruitment will see an improvement on this .

PODS are not yet in a go live position due to technical difficulties experienced by 4HD. The technical team are actively looking to resolve the issue, meetings taking place weekly with updates.

The UTC is working collaboratively with divisions to improve their processes 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. This remains a challenge and the departments continue to have difficulty streaming to specialties.

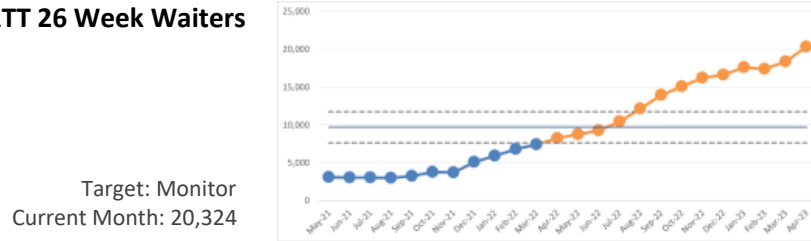
Planned Care – Waiting Times

RTT Total Waiting List Size



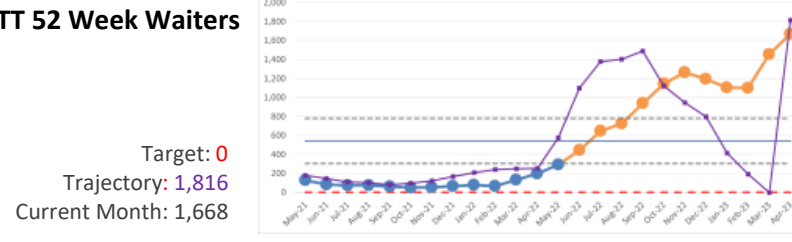
The volume of patients on the RTT continues to grow above expected levels and the volume of patients over 26 weeks is at the highest levels the Trust has experienced. Rising wait times for a routine FOPA in many specialities is a driving factor in the volume of patients over 26 weeks being at the highest level seen and reducing FOPA waits will be a key focus in order to support reducing the Trust's long wait position.

RTT 26 Week Waiters



RTT pathways are being closely monitored through enhanced PTL validation; pathway redesign; and work to increase both Outpatient and Theatre utilisation which will support delivery of both activity asks and support reducing patient's pathways in planned care.

RTT 52 Week Waiters



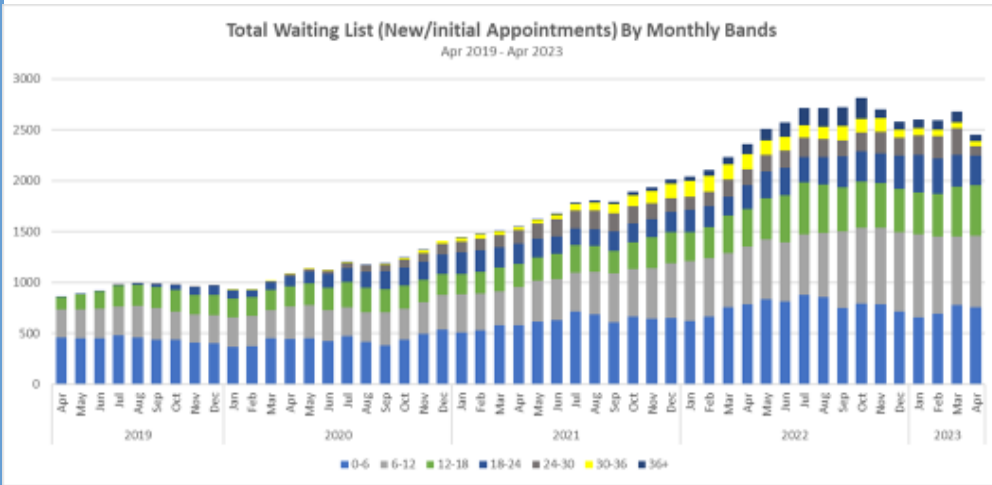
On day cancellations have fallen slightly but continue to be higher than intended. Cancellations on the day occur for a variety of reasons, but mainly as a result of medical reasons or overrunning theatre lists. There is a robust escalation process before any decision is made to cancel a patient and any patients who are unfortunately cancelled, do get rebooked within 28 days.

Cancellations On The Day (Activity %)

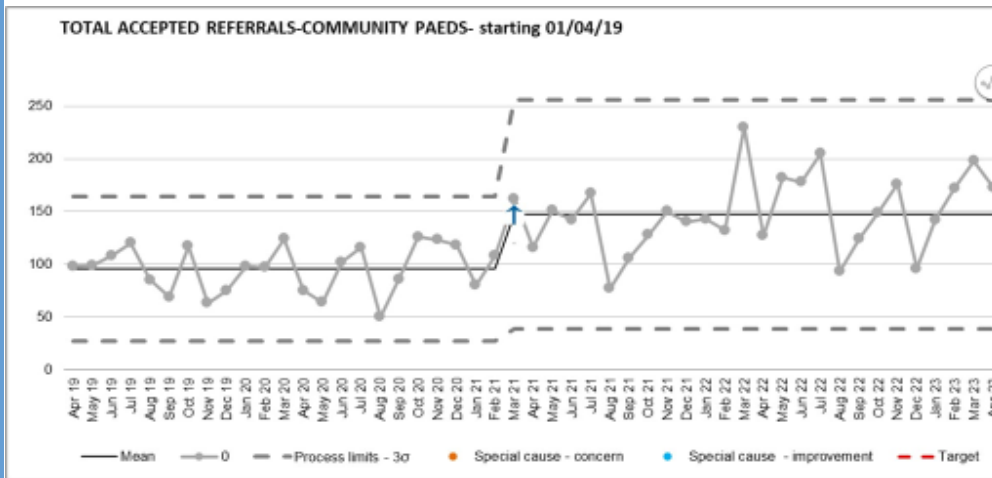


Paediatric Community (non RTT) Waiting Times East Sussex Healthcare NHS Trust

Access and Responsiveness



Current Month: 2454
Previous Month: 2680



Current Month: 173
Previous Month: 198

There has been a slight reduction in April in the total number of children waiting for a New/Initial appointment, reducing from 2680 to 2454, with the largest reduction in children over 5 years of age. Positively, there has also been a decrease in the number of children waiting more than 3 years, with 66 children waiting in April compared to 105 in the previous month.

Outsourcing to Psicon continues with the second phase of sending referrals due to commence in May.

Particular areas of focus within paediatric community services are:

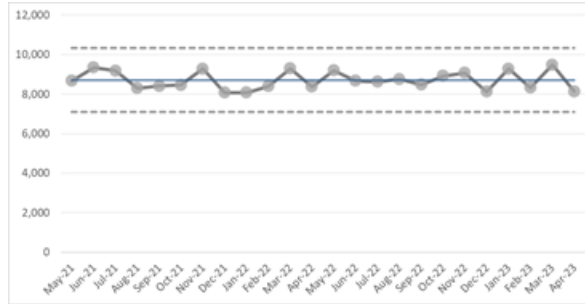
- **Recruitment:** A number of both clinical and non-clinical posts are vacant with the recruitment process underway. Staffing gaps do impact service delivery.
- **Sleep/melatonin work:** The volume is unsustainable. A meeting with the ICB took place on 25.4.23 and it was highlighted that the service is at a critical point. Pathways are to be reviewed as it is hoped pathways can be redesigned to support both pathways and patients
- **Community Paediatric Transformation plan:** This is an ongoing plan with focused work underway to review demand and capacity trajectories alongside a workforce map. The service is looking to adopt new clinic models to support ongoing service delivery.
- **Follow-up:** Follow-up backlogs continue to be an area of concern with the volume of overdue follows increasing from 2079 in March to 2113 in May. Active validation of the FU database is taking place and discharge letters will be sent to those that have had their assessment completed.

06/06/2023

Adult Community (non RTT) Waiting Times

Number of Referrals Received (Planned)

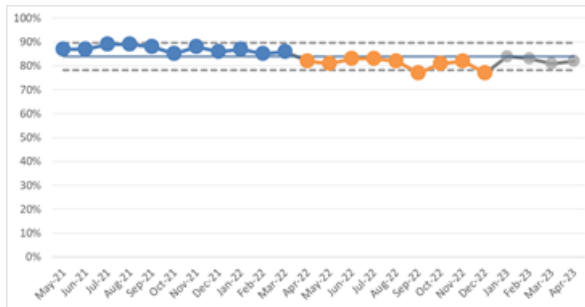
Current Month: 8,142



A small decrease in referrals into adult services in April allowed for the percentage of patients seen within the agreed waiting times to recover slightly, returning to the same levels seen in February, following a reduction in March.

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

Current Month: 82%



Whilst there remains zero patients >104 weeks there has been a small increase in the volume of adult patients waiting >52 weeks. Neuro OP and Dietetics are particular areas of concern in regard to long waits are where the increasing complexity of patients is driving up the waiting list size coupled with increasing referrals which has led to a capacity and demand gap that is currently being worked through to address.

Community Non-RTT Waits

Service	Provider	CCG	Wait List	Ave Wait Time	Median WT	>52 wks	>65 wks	>104 weeks
ESHT Bladder and Bowel	ESHT		562	14	10	0	0	0
ESHT Community Nursing	ESHT		166	0	0	0	0	0
ESHT Community Stroke and ESD	ESHT		8	1	1	0	0	0
ESHT Urgent Community Response	ESHT		34	0	0	0	0	0
ESHT Dietetics	ESHT		1398	18	14	30	1	0
ESHT Fracture Liaison	ESHT		1345	0	0	0	0	0
ESHT Frailty Service	ESHT		126	4	4	0	0	0
ESHT JCR and Falls Prevention	ESHT		1352	6	4	0	0	0
ESHT MSkt	ESHT		1283	5	6	0	0	0
ESHT Neuro Op	ESHT		361	27	27	59	3	0
ESHT Orthotics	ESHT		378	7	6	0	0	0
ESHT Physiotherapy	ESHT		4755	10	10	1	1	0
ESHT Podiatry	ESHT		1861	13	12	10	1	0
ESHT Speech and Language Therapy	ESHT		340	12	6	6	0	0
ESHT Tissue Viability	ESHT		0	0	0	0	0	0
ESHT Community Respiratory	ESHT		356	10	9	0	0	0
ESHT Heart Failure	ESHT		0	0	0	0	0	0
ESHT Community Paediatrics	ESHT		2445	50	43	958	690	206

Division	Key
CHIC	
MED	
WAC	

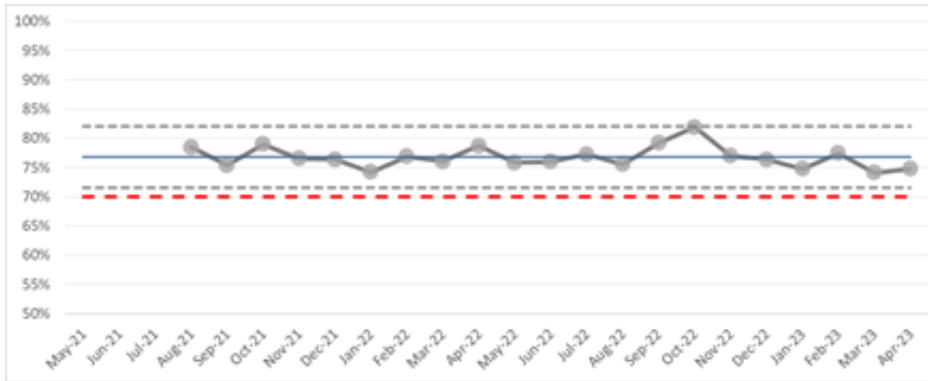
06/06/2023

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Urgent Community Response

Crisis Response Within 2 Hours

Target: 70%
Current Month: 74.8%



There were 1,619 referrals received in April. Compared to 1,810 received in March. This is above the capacity baseline of 1,200 per month.

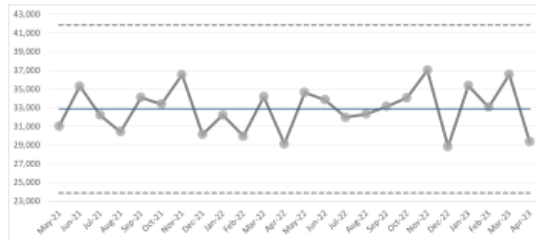
The 2 hour response continues to be achieved despite the increase in referrals.

UCR continues to promote the clinical pathways as alternatives to admission with SECamb. A daily call with SECamb has been establishing to review patients on stack for 999 response to ascertain if and how UCR can support and manage some of these referrals.

Planned Care – Outpatient Delivery

Outpatient Total Activity
(New and Follow-up)

Target: Monitor
Current Month: 29,360

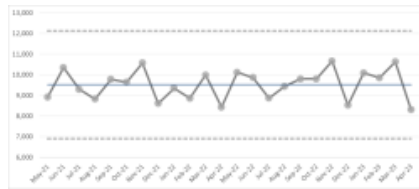


Activity dropped as a result of seasonal pressure such as Easter and delayed Annual Leave, however this was in line with previous April activity levels. Unfortunately, activity was also impacted as a result of the Industrial Action that took place in month.

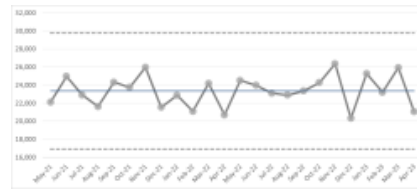
Although activity levels reduced, the Trust has started to observe an improvement in outpatient clinic utilisation. Continued improvement of outpatient utilisation will be a priority over the coming months as it is recognised this will be key in reducing waiting times.

25.5% of our outpatient appointments were delivered virtually In April. Whilst we continue to deliver a high volume of outpatient appointments virtual, we are ensuring we continue to adopt a balanced approach to ensure all outpatient appointments are of value to both patient and clinician.

New

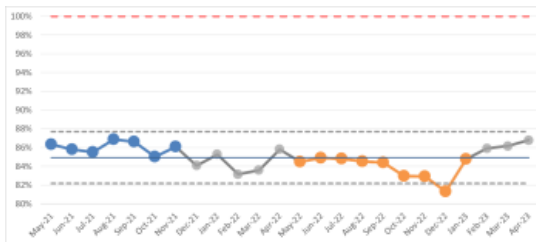


Follow-up



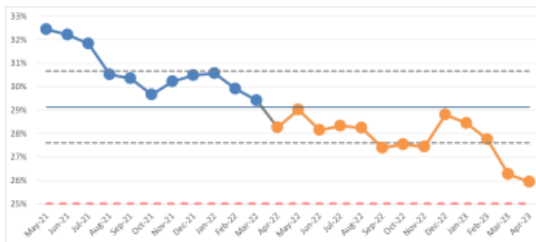
Outpatient Utilisation
(Consultant and nurse led Clinics with 25 templated slots or less)

Target: 100%
Current Month: 86.8%



Non Face to Face Outpatients Activity
(Activity %)

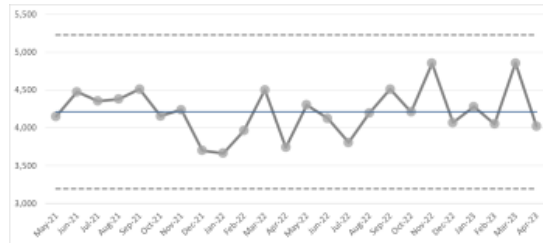
Target: 25%
Current Month: 25.9%



Planned Care – Admitted Delivery

Elective Spells (Day case and Elective IP)

Target: Monitor
Current Month: 4,022



High sickness levels and Industrial Action alongside planned seasonal variances resulted in a reduction in theatre sessions, leading to a decrease in elective activity in April for both day case and Elective IP.

The Trust recognises that more is needed to support an improvement in Theatre utilisation. It is expected that continued and improved utilisation of the Care Coordination Service will help to manage the waiting list more efficiently and support utilisation. Addressing gaps within the pre-assessment pathway will also support better utilisation of Theatres as will development and roll out of the perioperative programme.

Elective LoS has continued to be above target as a result of the increasing complexity of many patients. Improving efficiency in Theatre activity however will also support a reduction in LoS.

Day case

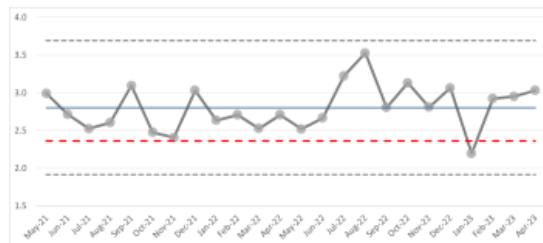


Elective IP



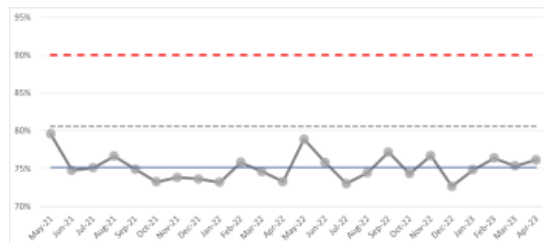
Elective Average LoS (Acute)

Target: 2.36
Current Month: 3.0



Theatre Utilisation

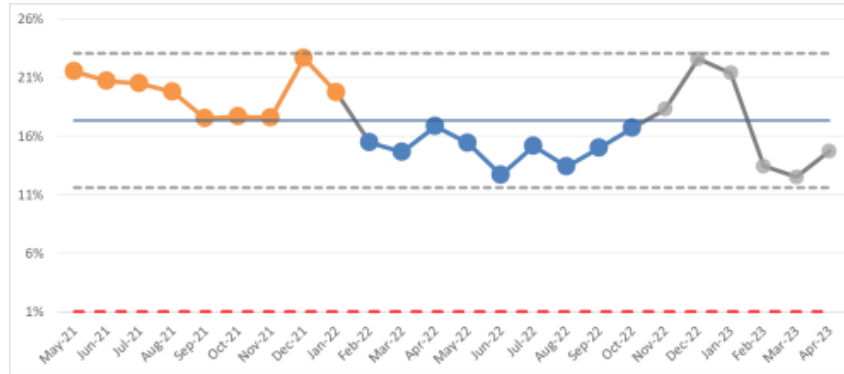
Target: 90%
Current Month: 76.2%



Planned Care – Diagnostic

Diagnostic Standard

Target: < 1.0%
Current Month: 14.7%



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

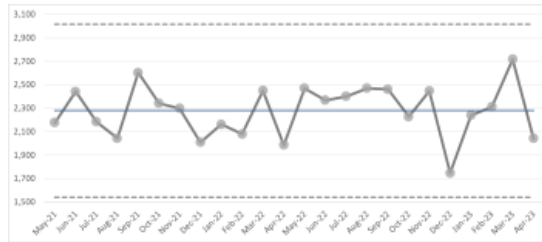
The validated April DMO1 performance position showed a slight deterioration in DMO1 compliance, with the compliance rate decreasing from 87.48% to 85.2%. Although compliance has dipped, improvements were seen in Urodynamics and Echocardiogram with both areas reducing >6-week breach rates.

It is recognised that focus needs to continue in DMO1 performance to sustain improvement, particularly in Echocardiography and Audiology which remain outliers in terms of performance.

Cancer Pathway

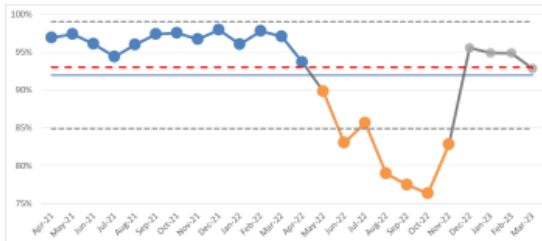
Two Week Wait Referrals

Target: Monitor
Current Month: 2,042



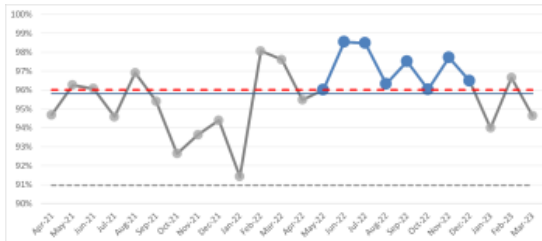
Cancer 2WW Standard

Target: 93%
Current Month: 92.8%



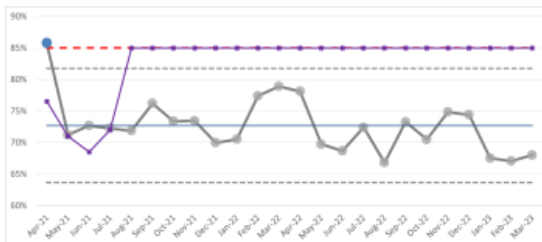
Cancer 31 Day Standard

Target: 96%
Current Month: 94.6%



Cancer 62 Day Standard

Target: 85%
Trajectory: 85%
Current Month: 68.0%



2ww referrals from GPs decreased in April in comparison to previous months. The 2ww waiting time, particularly in skin and urology continued to experience difficulties due to capacity and patient choice, however all tumour sites were challenged due to industrial action and bank holidays in the month. It is noted with the high number of referrals received in March, alongside the reduced activity in April, there is a risk the 2ww and FDS position will not achieve in April.

The 2ww and 28-day standard continues to be monitored and patients on a suspected cancer pathway are prioritised to ensure next steps are expedited. Regular patient tracking meetings continue on a twice weekly basis and are multi-disciplinary to support decision making.

A dedicated meeting to review long waiting patients (over 104 days) has been developed to ensure all actions are being taken to prioritise and review the pathways.

National Peer review 28 Day Performance March 2023 = 35/121 Trusts.

National Peer review 62 Day Performance February 2023 = 46/121 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



Executive summary	3
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Pay	6
Run Rate	7
Divisional analysis	8
Efficiency	9
Capital	10
Assets and Liabilities	11
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Exec summary

£m	RAG	YTD Plan	YTD actual	Var F/(A)	Commentary
Surplus/deficit	A	0.0	(0.4)	(0.4)	<ul style="list-style-type: none"> Trust reported a month 1 £0.4m adverse position against a breakeven plan. This reflects a lower than expected performance against elective activity targets of £0.9m (noting strike days in April on top of BH), offset by associated lower non pay.
Income	A	53.4	52.6	(0.8)	<ul style="list-style-type: none"> Income is adverse to plan in month 1 driven by underperformance against elective activity targets. Note; strike days in month added to BH resulted in a 15 working day month.
Pay	A	(35.8)	(36.1)	(0.3)	<ul style="list-style-type: none"> Pay cost is adverse to plan in month 1 due to premium staffing costs in Urgent Care and DAS. The Trust is using 3% more contracted staff than in 22/23 month 1.
Non-pay	G	(17.6)	(16.9)	0.7	<ul style="list-style-type: none"> Non-pay costs favourable to plan in month 1, driven by lower costs alongside less activity and funding support for bed pressures from the Local Authority.
Efficiency	A	1.25	1.16	(0.09)	<ul style="list-style-type: none"> The Divisions have delivered £1.16m efficiency for the month against the plan of £1.25m resulting in £92k behind plan. This is largely as a result of non-delivery of the targets in Medicine, Emergency Care and SPH and under-delivery in DAS, this is offset with over-delivery in all other areas.
Capital	G	0.8	0.7	(0.1)	<ul style="list-style-type: none"> Capital slightly underspent against plan in month 1. Total plan for 2023/24 is £56.9m.
Risk	A	n/a	n/a	n/a	<ul style="list-style-type: none"> We have not had sufficient information to move our base case at present. Due to the level of stretch in the base case it does not seem appropriate present a separate upside case and the base case already represents this. Risk analysis shows a potential range from £29.4m deficit to a £0.4m deficit position downside and base cases respectively. The base case deficit of £0.5 is immaterial to the scale of Trust turnover so not seen as a trigger point for changing the forecast.

Income and Expenditure

Trust I&E position

	Month (£'000)			YTD (£'000)		
	Plan	Act	Var	Plan	Act	Var
Income						
Contract income	46,399	46,232	(167)	46,399	46,232	(167)
Divisional	5,890	6,164	274	5,890	6,164	274
ERF	1,137	200	(937)	1,137	200	(937)
Covid - variable	-	15	15	-	15	15
Total Income	53,427	52,612	(815)	53,427	52,612	(815)

Operating Expense

Pay

Permanent	(35,281)	(31,653)	3,627	(35,281)	(31,653)	3,627
Temporary	(539)	(4,441)	(3,902)	(539)	(4,441)	(3,902)
Total pay	(35,820)	(36,094)	(275)	(35,820)	(36,094)	(275)

Non-pay

Drugs	(1,116)	(1,284)	(168)	(1,116)	(1,284)	(168)
TEDD	(3,477)	(3,583)	(106)	(3,477)	(3,583)	(106)
Clinical supplies	(4,180)	(3,595)	585	(4,180)	(3,595)	585
Purchased services	(1,177)	(1,347)	(170)	(1,177)	(1,347)	(170)
Finance costs	(2,693)	(2,514)	179	(2,693)	(2,514)	179
Other	(4,969)	(4,595)	374	(4,969)	(4,595)	374
Total non-pay	(17,613)	(16,918)	695	(17,613)	(16,918)	695

Covid exp - block	-	(20)	(20)	-	(20)	(20)
Covid exp - variable	-	(17)	(17)	-	(17)	(17)
Total Expense	(53,433)	(53,049)	384	(53,433)	(53,049)	384

Surplus/(Deficit)	(6)	(437)	(431)	(6)	(437)	(431)
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Memo:

WTE (worked)	8,132	8,014	(118)	8,132	8,014	(118)
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I&E position

- In Month 1 the Trust is reporting a (£0.4m) deficit against a breakeven plan.
- Income is underachieved offset by lower non pay.

Income

- The position is adverse in month by (£0.8m), the main drivers being;
 - Lower than planned elective activity against in month target by £0.9m (partially offset by lower associated costs), this equates to around 15%.
 - Note that the Doctor's strike days would have contributed in part to this (15% of working days impacted).

Expense

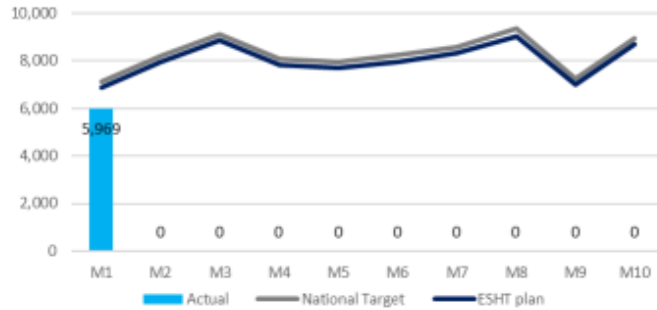
- The Trust has an in month (£0.3m) adverse pay position. Caused by temporary and premium staffing costs in Urgent Care and DAS.
- Use of temporary staff at higher unit cost partially offset by WTE usage below budget but still overspent.
- Non-pay costs are lower than budget by £0.7m in month. Driven by lower non pay consumables linked to lower activity, plus funding support for bed pressures from the Local Authority.

ERF - Trust

ERF performance

- The internal plan is £3.0m above the 107% national target (£0.3m per month). Divisions are being held to account in respect of the internal plan.
- We are still awaiting final confirmation of Spec Com target, and the final pricing of the ICS target at 23-24 tariffs so the information presented here represents our best understanding of the positions.
- M1 delivery was £1.1m behind, the main underperforming specialties are T&O, Urology, Cardiology, and ENT.

ERF performance (£'000)



	In Month			YTD		
	Plan	Actual	Var	Plan	Actual	Var
	£'000	£'000	£'000	£'000	£'000	£'000
Trauma and Orthopaedic	1,236	1,030	(206)	1,236	1,030	(206)
Urology	673	491	(182)	673	491	(182)
Cardiology	557	392	(165)	557	392	(165)
Ear Nose and Throat	364	199	(164)	364	199	(164)
General Surgery	864	767	(97)	864	767	(97)
Breast Surgery	223	132	(90)	223	132	(90)
Maxillofacial Surgery	141	63	(78)	141	63	(78)
Rheumatology	200	134	(66)	200	134	(66)
Gynaecology	462	404	(58)	462	404	(58)
Clinical Haematology	240	190	(50)	240	190	(50)
Interventional Radiology	50	-	(50)	50	-	(50)
Gastroenterology	435	391	(44)	435	391	(44)
Respiratory Medicine	130	99	(31)	130	99	(31)
Neurology	94	63	(31)	94	63	(31)
Orthodontic	39	13	(26)	39	13	(26)
Clinical Oncology	107	85	(22)	107	85	(22)
Vascular Surgery	53	32	(21)	53	32	(21)
BCSP	14	-	(14)	14	-	(14)
Transient Ischaemic Attack	41	29	(11)	41	29	(11)
Elderly Medicine	21	10	(11)	21	10	(11)
Chemical Pathology	15	7	(9)	15	7	(9)
Endocrinology	40	34	(6)	40	34	(6)
Diabetes	8	3	(5)	8	3	(5)
Anaesthetic	12	9	(3)	12	9	(3)
Stroke Medicine	6	3	(3)	6	3	(3)
Palliative Medicine	0	0	(0)	0	0	(0)
Emergency Medicine	-	-	-	-	-	-
Paediatric Dermatology	-	-	-	-	-	-
Respiratory Physiology	35	36	0	35	36	0
Paediatric Trauma and Orthopaedic	-	2	2	-	2	2
Paediatric Epilepsy	1	4	2	1	4	2
Paediatric Surgery	2	7	5	2	7	5
General Internal Medicine	15	41	26	15	41	26
Acute Internal Medicine	-	46	46	-	46	46
Paediatric	118	171	53	118	171	53
Ophthalmology	811	897	86	811	897	86
Dermatology	94	183	89	94	183	89

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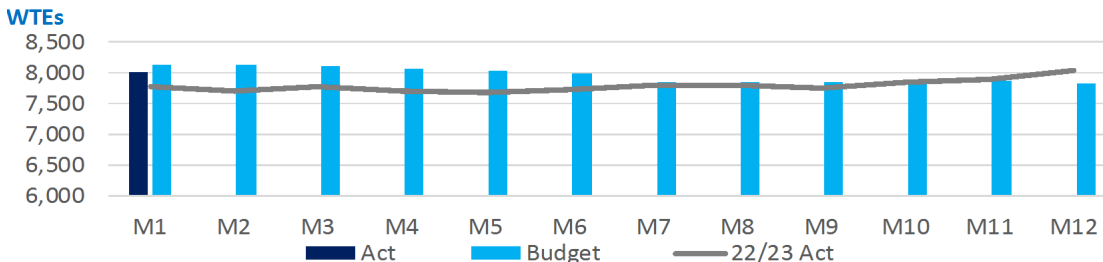
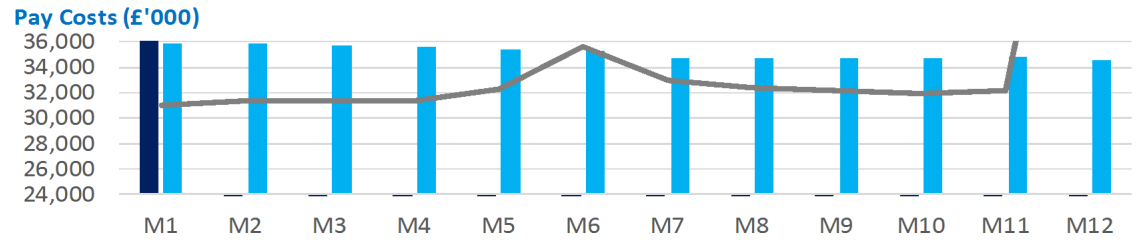
	In Month				YTD			
	Plan	Actual	Var		Plan	Actual	Var	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Daycase	2,545	2,255	(290)	(11.4%)	2,545	2,255	(290)	(11.4%)
Elective	1,864	1,403	(461)	(24.7%)	1,864	1,403	(461)	(24.7%)
New OP	1,305	969	(336)	(25.7%)	1,305	969	(336)	(25.7%)
OP Procedures	1,326	1,077	(249)	(18.8%)	1,326	1,077	(249)	(18.8%)
Ward Attenders	62	234	173	279.1%	62	234	173	279.1%
ERS	-	30	30		-	30	30	
ERF	7,102	5,969	(1,133)	(16.0%)	7,102	5,969	(1,133)	(16.0%)
Plan difference	(226)	-	226		(226)	-	226	
National target	6,876	5,969	(907)	(13.2%)	6,876	5,969	(907)	(13.2%)

Pay costs

Pay analysis

All staff	Pay costs (£'000) - In Month					WTE				
	Act	Var	PY	YTD var	YTD ave	Act	Var	PY	YTD var	YTD Ave
Medical	(7,833)	(338)	(7,548)	(338)	(7,833)	837	(3)	796	(3)	837
Nursing	(13,827)	(62)	(13,066)	(62)	(13,827)	3,791	(10)	3,652	(10)	3,791
AHP	(4,512)	488	(4,187)	488	(4,512)	1,179	(141)	1,110	(141)	1,179
Admin	(3,893)	190	(3,712)	190	(3,893)	1,344	(70)	1,302	(70)	1,344
Other	(6,029)	(553)	(3,148)	(553)	(6,029)	863	106	813	106	863
Total	(36,094)	(275)	(31,661)	(275)	(36,094)	8,014	(118)	7,672	(118)	8,014

Temporary	Pay costs (£'000)					WTE			
	M9-M11	Apr	PY	YTD	M9-M11	Apr	PY	YTD Ave	
Bank	(1,854)	(1,895)	(1,613)	(1,895)	538	528	498	528	
Medical	(403)	(307)	(397)	(307)	30	27	30	27	
Nursing	(356)	(300)	(621)	(300)	64	62	124	62	
AHP	(59)	(155)	(51)	(155)	16	21	14	21	
Admin	31	(94)	(35)	(94)	2	4	3	4	
Other	-	-	-	-	-	-	-	-	
Agency	(787)	(856)	(1,105)	(856)	113	114	171	114	
Locum	(993)	(1,269)	(1,325)	(1,269)	71	94	67	94	
WLI	(301)	(421)	(290)	(421)	33	49	29	49	
Total Temp	-	(3,935)	(4,441)	(4,333)	755	784	765	784	



Pay analysis

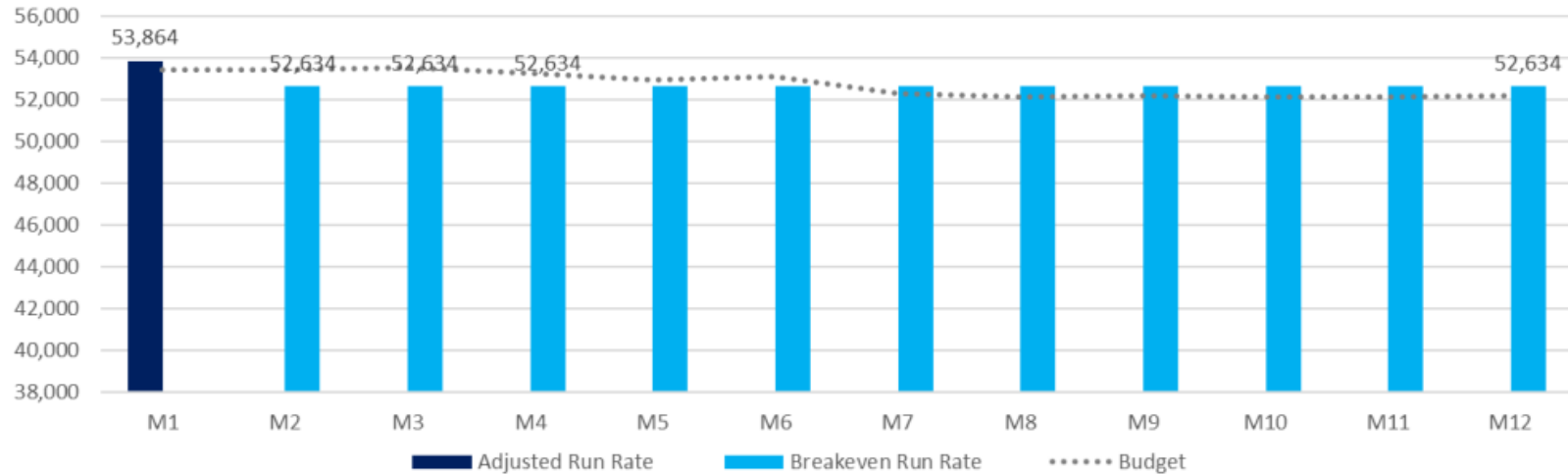
- M1 pay costs are higher than budget.
- Overall the in month spend of £36.1m is £4.5m higher than 22-23 comparator due to investment in Urgent Care, CDC and Virtual Ward, aligned with material central changes being smoothed over the 23-24 year.
- Nursing & Medical staffing groups are over spending.
- Nursing spending is impacted by the continuation of escalation wards (extra beds above funded) and supernumerary double running costs.
- 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 22/23 comparator as described above.
- Pay WTE is higher than the prior year comparator aligned to the investments above.
- Pay WTE is 342 higher.

Run Rate

Underlying run rate



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 (e.g. credit note received from prior year) and for catch up where cost or income relating to multiple periods is 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 a run rate of £53.4m. The analysis has removed net £0.0m 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 £646.3m, against a plan of £632.8m, an overall gap of £13.5m and reflects the later phasing of CIP in 23-24 as well as the current spend.
- This highlights a reduction of spend of £1.2m per month would be needed to hit our 23-24 plan.

Divisional Summary

Divisional position

Division	Variance to budget - M1					YTD overall Variance £'000	Run rate analysis (unadjusted)		
	Income	Pay	Non pay	Overall Variance	WTE		Feb	March	Apr
	£'000	£'000	£'000	£'000	WTE		£'000	£'000	£'000
CHIC	(41)	101	(92)	(31)	(24)	(31)	(3,778)	(6,505)	(4,082) ▲
Core Services	7	196	(48)	155	(37)	155	(6,473)	(7,005)	(6,489) ▲
Estates & Facilities	(18)	(41)	53	(6)	+6	(6)	(3,212)	(3,628)	(3,162) ▲
Medicine	21	(119)	(129)	(228)	(13)	(228)	(8,600)	(8,926)	(6,076) ▲
DAS	61	(337)	25	(251)	+59	(251)	(8,643)	(8,110)	(8,115) ▼
Urgent Care	4	(296)	(73)	(364)	+33	(364)	(2,339)	(2,668)	(4,735) ▼
WCSH	33	5	(32)	6	(27)	6	(2,983)	(3,345)	(3,057) ▲
Corporate Services	168	53	40	261	(26)	261	(4,096)	(21,749)	(5,248) ▲
SPH	(12)	20	30	39	(15)	39	221	172	43 ▼
Central/Trust wide	(1,039)	143	884	(11)	(89)	(11)	39,963	61,754	40,848 ▲
ESHT	(815)	(275)	658	(431)	(133)	(431)	58	(9)	(73) ▼

Division	YTD Variance M1 - Top Level Narrative
CHIC	Vacancies offset my contracted out support to Minerva in non pay
Core Services	CDC vacancies
Estates & Facilities	Ancillary pay pressures offset by Utilities and lower other non pay
Medicine	Supernumerary posts, Escalation, Cardiology agency
DAS	Supernumerary posts, Critical Care, Theatre Agency, Gen Surgery Agcy
Urgent Care	Supernumerary posts, Agency premium EC, LIVI contract
WCSH	Maternity vacancies, Sexual Health vacs, higher non pay ytd
Corporate Services	Vacs in Finance/HR/Digital. Non pay/Income LDA funding underspent
SPH	Vacancies in month and lower non pay activty

Efficiency

Division	In Month			Ytd – M1			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	144	-	(144)	144	-	(144)	592	154	746	3,511	(2,765)	4
Urgent Care	123	1	(122)	123	1	(122)	3	-	3	3,080	(3,077)	8
DAS	231	128	(104)	231	128	(104)	146	502	649	5,605	(4,956)	8
Core Services	168	212	44	168	212	44	2,072	-	2,072	3,953	(1,880)	14
CHIC	112	168	56	112	168	56	28	165	193	2,770	(2,576)	3
WCSH	84	139	55	84	139	55	-	655	655	2,077	(1,423)	2
Estates & Facilities	82	166	83	82	166	83	23	1,545	1,568	1,939	(371)	4
Corporate	67	345	278	67	345	278	1,957	1,339	3,296	1,615	1,681	9
Sussex Premier Health	38	-	(38)	38	-	(38)	457	-	457	457	-	1
Total	1,049	1,158	109	1,049	1,158	109	5,279	4,359	9,638	25,007	(15,369)	53
<i>Opportunity in development</i>	201	-	(201)	201	-	(201)	-	-	22,869	7,500	15,369	-
Total	1,250	1,158	(92)	1,250	1,158	(92)	5,279	4,359	32,507	32,507	-	53

Overview

- The divisions have delivered £1.158m of efficiencies in the month, this is £0.092m behind the in month plan of £1.250m.
- The in month variance is largely as a result of non-delivery of the divisional targets in Medicine, Emergency Care and SPH as well as under-delivery in DAS, this is offset with over-delivery in all other areas (Core, CHIC, E&F and WCSH is largely due to vacancy slippage, whereas Corporate is as a result of new projects developed).
- The target for the year is £32.5m, this is made up of the original £25m target that has been allocated to divisions plus the stretch target of £7.5m that was needed for the system to deliver a breakeven plan. Currently the forecast is £9.6m, this is a significant improvement from last month and this excludes the majority of the £10m ERF contribution to efficiencies as the ERF projects along with other projects relating to productivity are in the process of being developed into robust plans. More detail is provided elsewhere in the agenda.
- 45% of the £9.6m is non-recurrent, of this £3.4m is vacancy slippage, it is not a surprise that there will initially be a higher proportion of non-recurrent schemes whilst the productivity programmes are developed and the projects are delivering.

Capital

Capital Scheme	YTD			Full Year					Downside var ⁽¹⁾ £'000
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Fcast £'000	Fcast Risk	Variance £'000		
Original									
Digital Programmes	16	15	(1)	3,900	3,900	Low	-	-	
Total Digital	16	15	(1)	3,900	3,900		-	-	
Diagnostic Equipment	35	10	(25)	1,750	1,750	Low	-	-	
Medical Equipment	140	(2)	(142)	1,750	1,750	Low	-	-	
Total Medical Equipment	175	8	(167)	3,500	3,500		-	-	
Fire	20	4	(16)	2,000	2,000	Low	-	-	
Backlog	53	152	99	5,300	5,300	Low	-	-	
Cath Lab Replacement	125	2	(123)	1,250	1,250	Low	-	-	
Cardiology Business Case	-	-	-	4,200	4,200	Low	-	-	
Clinical - Prior Year	-	9	9	-	-	Low	-	-	
Decant Ward	-	44	44	6,000	6,000	High	-	(2,978)	
Discharge Lounge	-	52	52	-	-	Low	-	-	
Elective Hub	-	-	-	7,451	7,451	Med	-	(1,863)	
Friston Paeds	165	1	(164)	1,100	1,100	Med	-	(275)	
ICU adaptations Conq	25	-	(25)	500	500	Low	-	-	
Ophthalmology Business Case	-	31	31	1,350	1,350	Low	-	-	
Ward Refurbishment	20	34	14	1,000	1,000	Low	-	-	
Total Estates	408	329	(79)	30,151	30,151		-	(5,116)	
Divisional Small Works	-	0	0	500	500	Low	-	-	
Minor Capital	72	-	(72)	900	900	Low	-	-	
Planned slippage/prioritisation	(34)	-	34	(1,721)	(1,721)	Low	-	1,721	
Total Finance	38	0	(38)	(321)	(321)		-	1,721	
System Capital	637	352	(286)	37,230	37,230		-	(3,395)	
New									
Community Diagnostic Centre	-	94	94	-	-	Low	-	-	
Additional Medical Equipment	-	94	94	-	-		-	-	
Building For Our Future	80	28	(52)	1,000	1,000	Low	-	-	
Community Diagnostic Centre	100	23	(77)	1,000	1,000	Low	-	-	
Elective Hub EDGH	-	114	114	10,249	10,249	Med	-	(2,534)	
Additional Estates	180	165	(15)	12,249	12,249		-	(2,534)	
Diagnostics Digital Capability	-	105	105	5,100	5,100	Low	-	-	
Frontline Digitalisation	-	-	-	2,300	2,300	Low	-	-	
Additional Digital	-	105	105	7,400	7,400		-	-	
Total Additional Capital	180	364	184	19,649	19,649		-	(2,534)	
Total Capital	817	716	(101)	56,879	56,879		-	(5,928)	
Donated Expenditure	120	-	(120)	1,500	1,500	Low	-	-	
Donated Income	(120)	-	120	(1,500)	(1,500)	Low	-	-	
Total Donated Capital	-	-	-	-	-		-	-	
Total Capital	817	716	(101)	56,879	56,879		-	(5,928)	

Capital

- The planned capital allocation for 2023/24 is £56.9m and is made up of the core ICS allocation of £37.2m plus national programmes expected in year of £19.6m.
- The programme includes £1.7m of expected slippage.
- The capital expenditure incurred totals £0.7m compared to a plan of £0.8m meaning the Trust has underspent its capital allocation by £0.1m.
- Capital expenditure was largely driven by the following schemes:
 - Estates works of £329k, the main schemes being backlog maintenance (£152k), Discharge Lounge (£52k), and Decant Ward (£44k).
 - Community Diagnostics Centre £117k which included equipment and works.
 - Elective Care Centre £114k.
 - Diagnostics Digital Capability £105k.
- At month 1, the forecast remains to deliver to plan. The current programme includes slippage which will need to be reallocated into the programme as schemes slip. A downside scenario has been developed which shows an underspend of £5.9m.

(1) this represents a downside scenario based on the fcast risk score, reduction in unspent capital (High 50%, Medium 25%)

Assets and Liabilities

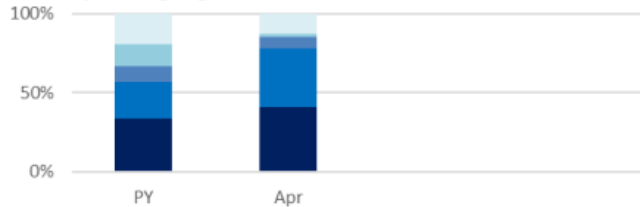
Trust Assets and Liabilities

	Feb	Mar	Apr	Change
	£'000	£'000	£'000	£'000
Non-current assets	314,598	350,444	349,150	(1,294)
Inventories	9,239	10,239	9,168	(1,071)
Trade and other receivables	26,552	37,017	34,129	(2,888)
Cash and Cash equivalents	77,204	47,518	59,421	11,903
Current Assets	112,995	94,774	102,718	7,944
Trade and other payables	(74,366)	(66,456)	(71,244)	(4,788)
Other liabilities	(9,941)	(5,619)	(8,006)	(2,387)
Current Liabilities	(84,307)	(72,075)	(79,250)	(7,175)
Non-current liabilities	(11,570)	(11,369)	(11,371)	(2)
Total assets employed	331,716	361,774	361,247	(527)

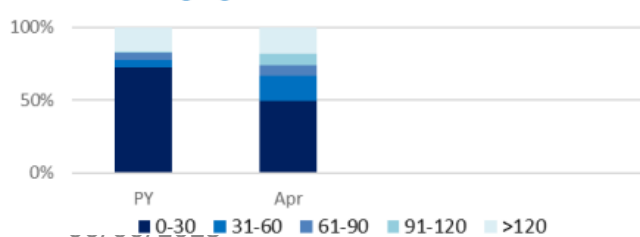
BPPC (Based on invoice count)

Trade	85.9%	85.2%	82.0%	-3.2%
NHS	98.8%	98.8%	97.2%	-1.6%

Trade Payables Ageing



Trade receivables Ageing



Balance sheet

- There has been a decrease in non-current assets in month 1 relating to depreciation reduction in PPE NBV.
- Current assets has increased in month by £7.9m, this is primarily due to a cash increase of £11.9m offset by an decrease in Trade and Other Receivables £2.9m and inventories of £1.1m.
- The March cash position was low due to an increased number of payment runs in month.
- Current liabilities has increased in month by £7.2m, Trade and Oher Payables has increased by £4.8m, the remainder is due to an increase in the level of deferred income.
- The Trust continues to hold significant cash balances at £59.4m.

Better Payment Practice Code (BPPC)

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

Trade and Other Payables

- An increase in month of £12.4m on the creditor position increasing the purchase ledger total to £21.3m. The number of invoices registered on the system is 9,850, an increase of 2,839 in month.
- 83% 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 £4.3m in month to a total of £6.4m.
- The invoice count on the sales ledger is 2,476, an increase of 58 in month.
- The ageing profile of debt due has increased by £0.3m in month and now totals £3.2m.

Risk adjusted forecast outturn

- We have not had sufficient information to move our base case at present. Due to the level of stretch in the base case it does not seem appropriate present a separate upside case and the base case already represents this.
- Risk analysis shows a potential range from £29.4m deficit to a £0.4m deficit position downside and base cases respectively. The base case deficit of £0.5 is immaterial to the scale of Trust turnover so not seen as a trigger point for changing the forecast.
- The pay award is presenting as a new significant risk compared to the planning return.

	Downside £'000	Base £'000	Commentary
M1 YTD	(431)	(431)	

Risks

Elective Activity Target	(10,307)	(10,307)	<i>Underachieved by £0.9m in Month 1 .Note Month 1 had 3 days of Doctor's strikes impacting 15% of working days which will have contributed.</i> Downside assumption extrapolates this trend over 12 months, given the strike should not continue this already seen as a downside case. Baseline assumption in line with current performance, however see mitigations and elective recovery offsetting this.
Efficiency	(10,808)	(7,500)	<i>Overall target of £32.5m in 23.24.</i> Currently plans for £6m, while £10.125m from ERF achievement. Baseline assumption is £7.5m stretch included in final 23-24 breakven plan. Downside assumption is only 33% on overall non-identified target found by Month 12.
Run rate	-	3,383	Baseline: Extrapolation of Month 1 run rate adjusting for ERF and efficiency (shown in lines above) was a net positive position. Downside assumes core runrate will not benefit baseline.
Non Pay Inflation	(3,500)		Non pay Inflation assigned to known contract price changes such as Utilities. Generic price increases not funded in baseline, so Downside assumes 2% increase on remaining non pay budget for 23-24. Baseline assumes costs do not materialise in line with planning guidance.
Winter/Covid pressures	(1,500)	-	<i>Increasing expenditure based on additional operational demand over winter</i> Base: Expecting additional funding from ICB for Winter pressures, therefore set at zero for base case. Downside: £1.5m included for potential risk against funding such as increased Escalation beds or Covid.
Pay award	(3,600)	-	<i>There is a risk that the full cost is not fully funded.</i> Base Case: Assumes pay award absorbed via vacancy factor so full potential cost not realised in year. Downside: based on the theoretical gap identified in the pay workings based upon Budgeted establishment for 23-24.

Mitigations

Planned Efficiencies	768	4,075	Assumed additional efficiencies found in line with current phasing projections account for risk figure above
Elective Recovery	-	10,307	Baseline assumes ERF position is recovered for 23-24

Scenario FOT	(29,378)	(473)	
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06/05/2022

Mortality Report: Learning from Deaths 1 April 2017 to 31st December 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 – December 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.			

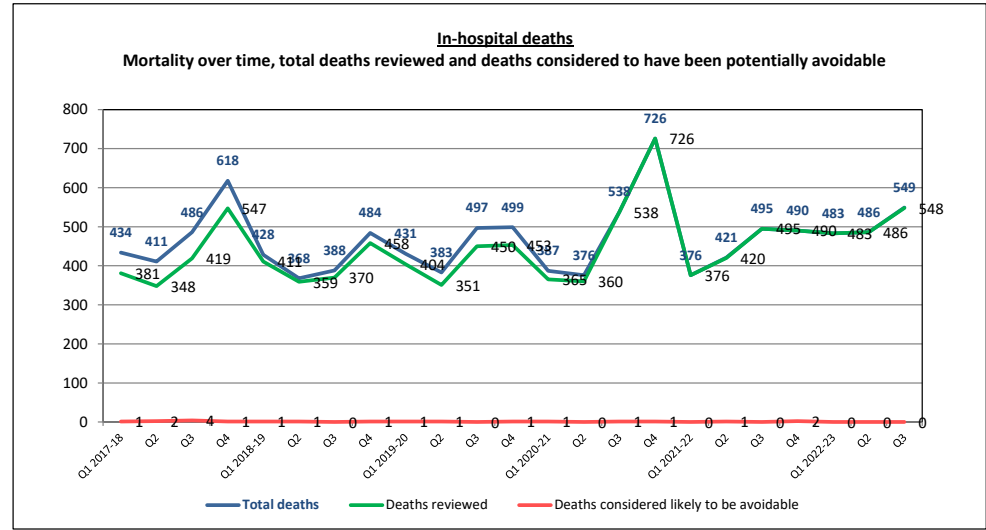
Description:
This dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of in-hospital deaths and total number of cases reviewed under the Structured Judgement Review methodology (Data as at 22/05/2023)

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	Q3
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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
218	152	218	151	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
549	486	548	486	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1518	1782	1517	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	0	0	0	0
This Quarter (QTD)	0	0	0	0	0
This Year (YTD)	0	0	0	0	0

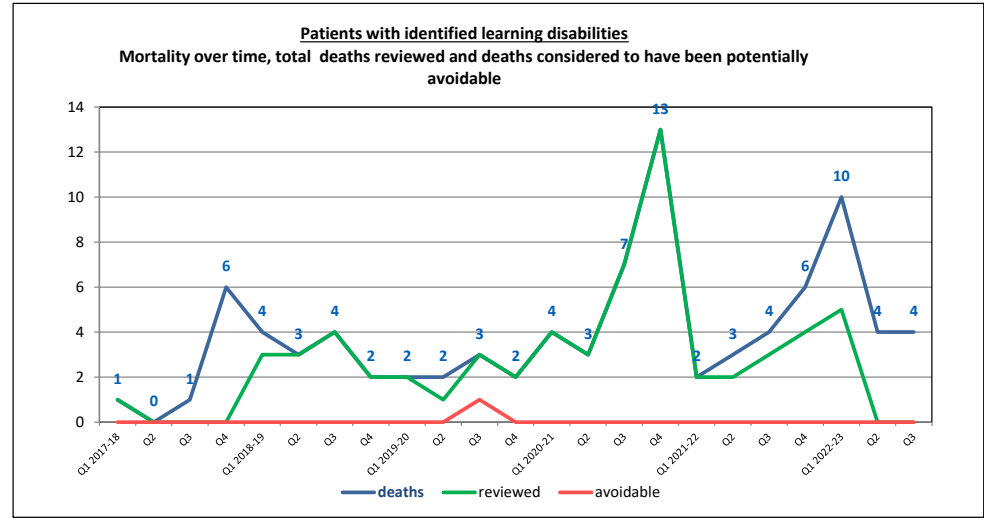
Data above is as at 22/05/2023 and does not include deaths of patients with learning disabilities.
 Family/carer concerns - There were two care concerns expressed to the Trust Bereavement team relating to Quarter 3 2022/23 deaths. None were taken forward as complaints.
 Complaints - Of the complaints closed during Quarter 3 2022/23 which related to to 'bereavement in hospital', all had an an overall care rating of 'good care'.
 Serious incidents - There were no severity 5 serious incidents raised in Q3 2022/2023.
 As at 22/05/2023 there are 516 April 2017 - December 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 22/05/2023)

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	Q3
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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
2	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
4	4	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
18	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.

Maternity Overview Report: Q4 2022/23

Purpose of the paper	This report seeks to assure the Trust Board on our progress/response across three areas:			
	<ol style="list-style-type: none"> The quality and safety of perinatal services, our progress with meeting the perinatal clinical quality surveillance standards and actions to proactively identify/mitigate quality and safety risks/concerns An update of actions that the maternity team are delivering following the publication of the CQC report as part of the national maternity inspection programme in March 2023 and of the NHS Maternity Services Survey 2022 benchmark report also published in March 2023 An overview of recently published reports, including: <ul style="list-style-type: none"> The single delivery plan ¹, published on 30 March 2023, this replaces the long term plan of 2019. The MBRRACE-UK Perinatal Mortality Surveillance Report UK. Perinatal Deaths at ESHT from January 2021 to December 2021. Published 11 May 2023² MBRRACE-UK – Confidential Enquiries into Maternal Deaths and Morbidity 2018 – 20. Published November 2022³, giving rise to the House of Commons Women and Equalities Committee publishing; Black Maternal Health, third report of session. Published 18 April 2023⁴ 			
	For Decision		For Assurance	<input checked="" type="checkbox"/> For Information
Sponsor/Author	Executive Director Vikki Carruth, Chief Nurse			
	Report Author: Brenda Lynes, Director of Maternity Services			
Governance overview	The three areas covered in this report were addressed in IPR monthly meetings for Maternity Services.			
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:			
	<ol style="list-style-type: none"> Review the update and progress within maternity and neonatal services during Q4 2022/23. Our services are managed effectively. Recruitment and retention planning is an ongoing key part of service planning. Perinatal mortality data shows normal variation and no cause for concern. Review of progress following the CQC report in March 2023 following review of maternity services and the national NHS Maternity Services Survey 2022 benchmark report also published in March 2023. Good progress against all 			

¹ [B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf)

² [MBRRACE-UK Perinatal Surveillance Report 2020.pdf \(ox.ac.uk\)](https://www.ox.ac.uk/mbrrace-uk/perinatal-surveillance-report-2020)

³ [MBRRACE-UK Maternal MAIN Report 2022 UPDATE.pdf \(ox.ac.uk\)](https://www.ox.ac.uk/mbrrace-uk/maternal-main-report-2022-update)

⁴ [Black maternal health \(parliament.uk\)](https://www.parliament.uk/black-maternal-health)

	<p>action plans are noted with focus on mandatory training for junior medical staff and annual personal reviews for midwifery staff.</p> <p>3. Reflect on the recently published reports, review and consider current plans and action by the maternity department in line with national recommendation.</p>
<p>Executive Summary</p>	<p>This front sheet seeks to provide the key summary messages for each of the three papers coming as part of this overview.</p> <p>Quality and safety of perinatal services at ESHT As part of the Ockenden Report findings, all NHS Trusts are required to update Boards on the quality and safety aspects of our maternity services. The maternity team continues to focus on improving the workplace culture, with early successes evidenced in new joiners and an improvement in the vacancy rate. The team is also making good progress on compliance with the Ockenden immediate and essential actions (IEAs) and Perinatal mortality data shows normal variation and no cause for concern.</p> <p>Maternity Inspection Programme and Maternity Services Survey 2022 The CQC published the maternity services survey in Q3 that looked at the experience of maternity from the perspective of the patient. Overall, across over 90% of indicators, ESHT was seen as performing largely as it had done in 2021. The team have developed an action plan to address areas for action, which is progressing as planned. Progress against the CQC report published in March 2023 is largely progressing in line with the agreed action plan, focussed work on some areas of mandatory training and PDR's for midwifery staff continue. Detailed reporting is being picked up through the division's internal governance process and at the monthly internal performance review.</p> <p>Overview of recently published Maternity reports This section includes an overview of recently published reports, which are nationally significant, and both inform and shape local forward planning. These include the latest three-year delivery plan, published on 30 March 2023, this replaces the Long-Term Delivery plan (2019). Finally, a review of the MBRRACE-UK recently published reports where implications for the trust and subsequent actions described. The team continues to work proactively in line with the three key themes outlined in this paper.</p>
<p>Next steps</p>	<p>The Q1 2023/24 paper will expect to outline the local single delivery plan and key areas for action.</p>

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

Maternity Services CQC Action Plan
Arising from 2022 inspections, Conquest & Eastbourne



Report Location	Must do (& Regulation) or Should do	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
Conquest	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 advice and guidance. 2. Implement BSOTS (specific action plan already developed)	DAU matron Deputy HOM	November 2022 Implementation of BSOTS from 13/02/23	Annual audit of triage calls BSOTS National resource for triage risk assessment on admission	Initial prioritisation list agreed. Triage interim guidance email & template 3 month review	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. BSOTS: Implementation Plan Interim triage logs in place Triage interim guidance email & template 3 month review	Feb 23: Implemented Nov 22. DAU matron to complete audit Mar 23 for ongoing assurance. Mar 23: Audit to be completed by end of March 23. May 23: awaiting audit results from Deputy HOM (in progress) - expected early June Feb 23: BSOTS implemented 13/02/23, Mar 23: BSOTS implementation working effectively 17/04/23: Initial (8 week) audit findings positive (supporting evidence 'Improving Maternity Triage services for both staff and service users')	A
Eastbourne	MUST DO 12 (1) (c) Safe	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.					AS ABOVE			A
Conquest	MUST DO 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) 2. BSOTS implementation includes all data inclusion electronically via Badgermet	Matron for Day Unit Deputy HOM	Complete Nov 22 13/02/2023			Consistent recording of arrival and assessment time. Monitoring of temporary spreadsheets for compliance	Feb 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: Initial (8 week) audit findings positive (supporting evidence 'Improving Maternity Triage services for both staff and service users'). Full audit to occur June 2023 Feb 23: BSOTS implemented 13/02/23 17/04/23: Initial (8 week) audit findings positive (supporting evidence 'Improving Maternity Triage services for both staff and service users') Full audit to occur June 2023	G
Conquest	MUST DO 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%	Feb: 1, 2, 3 - in progress, 4 - reviewing induction programme Mar 23: Feb Think Family 78% (all midwifery staff). Meeting held with Education team re induction and plan in place for junior staff induction prior to entering clinical area. Apr 23: March- 81% all maternity staff (3% increase in month), 93% senior medical, 58% junior medical. (Reduced capacity within safeguarding team to facilitate sessions, meeting set for early May to agree how to improve this). 15/05/23: April - 81% Mv & MSW (unchanged), next booked dates not until Summer), 94% Senior Medical (+1%, session secured early), 50% Jnr medical (-6% due to new starters).	R
Eastbourne	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					AS ABOVE			R
Conquest	MUST DO 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%	Feb 23: 1, 2, 3 - in progress, 4 - reviewing induction programme Mar 23: compliance overall for Feb 86.7%. Meeting held with Education team re induction and plan in place for junior staff induction prior to entering clinical area. Apr 23: maternity staff and medical, March: Blood Transfusion: 80% (on target), MCA: 86% (above target), BLS: 67% (below target) - x2 ad hoc sessions arranged, x1 cancelled by resus. Trust arranged sessions full weeks in advance, staff advised to book ASAP. Education team to look into further ad hoc sessions with resus team, however resource faculty team have limited capacity. 15/05/23: maternity staff and medical April: BLS 67% (unchanged), Blood Transfusion 77% (-3%), MCA: 92% (+6%)	R
Eastbourne	Should do	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					AS ABOVE			R
Eastbourne	Should do	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 30/06/23	Capacity to release staff	N/A	Appraisals database and HOM reviewing compliance with direct reports on monthly basis.	Feb 23: HOM emailed senior staff requesting additional support to complete. All managers reminded of expectations. Discussed at MIF January 23. Mar 23: compliance increased by 4.2% in Feb to 72.6% (Jan 68.4%). Apr 23: for March 75.2% for maternity staff 15/05/23: for all 'maternity' Apr 74.7% (-0.5%)	R
Conquest	Should do	Make sure all incidents are reviewed within 72 hours.	Review governance staffing levels to ensure capacity and review of processes.	Governance Lead/DDO	100% L3 - by 30/04/2023	n/a	Level 3 or above prioritised	Monthly assurance to be provided by Governance Lead	May 23: Governance team/process reviewed. Datix review improving, 100% of L3 and above completed within 72 hrs, 86.6% of all Datix were reviewed within 72 hours.	G
Eastbourne	MUST DO 18 (1) Staffing	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. 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 BS posts following 1 year preceptorship programme. 3. Three yearly birth rate plus review	Management lead of the day Deputy HOM/HOM/DOM HOM/DOM	Complete/ ongoing Completed 6 monthly Last undertaken 2022	ESHT have a SOP/clinical guideline for out of hospital births to support decision making. Regular meetings with finance and HR to align finance/workforce Agreement with finance to undertake	Rota prepared 8 weeks in advance via electronic Healthroster system. Robust escalation plan in place to activate when required. Six monthly internal trust workforce reviews	Proactive recruitment plan across maternity services. Quarterly workforce report to trust board. Monthly monitoring of vacancies via POS dashboard/active recruitment and retention programme in place. Assurance paper presented at governance meetings.	Closed May 23: complete, business as usual - refer to 6 monthly workforce report Closed May 23: All absences managed in line with trust policy and guidance. Finance meetings/workforce planning included within annual business planning. Quarterly workforce report to Board. Completed - progressing as planned	B
Conquest	Should do	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. Audits ongoing	B
Eastbourne	Should do	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 Compliance with Pool Evacuation >90% by May 23	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'	Compliance for May 91%, ongoing annual schedule and monitoring in place.	B
Conquest	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		Mar 23 BSOTS SOP written awaiting completion of ratification process ahead of publication. Closed Apr 23: Guideline approved	B
Eastbourne	Should do	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.	Closed Feb 23 DOM discussed with DIPC 15/02/23, 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
Eastbourne	Should do	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

Ockenden Assurance & Insight Visit Report ESHT progress against Action Items V1.5 31/03/23				KEY Blue - Complete Green - on target for completion Amber - unlikely to reach target Red - overdue		
Recommendations	Requirement	Action Required	RAG Status	Lead/Date for completion	In progress/completion comments	
1	Trust to work with the LMNS & Region to ensure there is an effective system wide process to attain external reviewer's opinion on all perinatal deaths and neonatal brain injury.	Limited external reviewers. Midwifery reviewer attends: PMRT, professional reviews. SI submitted to external reviewer, L3 discussed at LMNS once complete.	Link with LMNS and central governance to set up a system of external reviewers, including maternity, obstetrics and neonatology, anaesthetics	Complete	BL - process agreed for implementation with immediate effect.	Meeting held Oct 22 to discuss implementation of a robust process, database now available with external reviewers by profession. Further meeting with Trust Governance Lead (Margaret England). Agreed to implement review process with external reviewers with immediate effect.
2	The Trust are encouraged to create opportunities that provides the regular contact for the NED & MVP to meet and share ideas.	NED attends bi monthly MVP meetings. To plan regular walkabouts from October 2022	DOM will discuss further opportunities with NED and MVP Chair.	Complete	BL - met with NED safety Champion 21/10/22 and agreed annual engagement plan.	Deep dive completed October 2022 with MVP. Annual plan agreed, bimonthly meetings in progress, 15 steps walkabout date TBC.
3	Trust to add the role descriptor for the NED to the Maternity Board ToR and set out the role of individual key members.		BL/DP TORS reviewed, included role descriptors, approved at Maternity Board 9/9/22	Complete	BL - completed - available in S drive (maternity Board TOR's)	Completed 9/9/22
4	A robust solution is urgently required to address the current issues around staffing levels and the unsustainable on call cover provided by community midwives .	In progress: full service on call provision, consultation to be launched Dec 22 complete by Feb 23		Progressing - completion expected by May 2023 in line with new rota	AN - Entire process due for completion Feb 2023	On track for completion by planned date. Listening events completed October/November 2022 10.2.23 update AN: concerns of staff and RCM in relation to whole service on call acknowledged. Decision made not to proceed with this and consideration given to specialist midwives being available for a rostered shift for up to 20% of contracted hours. If clinical support is not required, specialist will work with staff to share knowledge and undertake specialist roll. Reviewing shift patterns to increase staff availability out of hours and to determine scope for more flexible approach to start/finish times. Increasing interest in vacancy (5 midwives have been offered positions in past 3 months). Backfill to maternity leave to approximately 0-%. Letter to all staff outlining this w/b 13.2.23 31.3.23 Update AN: As above. Letter sent to all staff. Clinical support shifts on rota, specialist staff continue to be encouraged to add in availability minimum of two shifts per month depending on contracted hours.
5	Trust to specify the timing of the consultant led ward rounds within the 'Duties of the Hot Week Consultant' document in line with the Ockenden recommendations	Ward rounds at 08:30 and 17:30 hrs daily, added to duties of the hot week consultant guideline Sep 22.	Action completed	Complete	BL/NR - completed - available-within roles of the hot week consultant guideline	Completed July 2022
6	Trust SOP / Guideline where the specification that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to maternal medicine network must have a named consultant lead to be shared with the LMNS and Regional Maternity Team.	Personal Care Guideline contains details. No specific SOP or guideline for complex as whole, have individual guidance dependent on specific complexity - DP/ GC currently working on this guideline Maternal medicine hub guidelines in progress Badgernet provides triggers for midwives booking women and birthing people for referral of varying conditions and referral timings	Action progressing, target completion date: end October 22, approval via governance process by end of Nov 22.	Completed 13.1.23	NM (consultant Midwife) - progressing as planned	Areas of the guidance required review by paediatrics - now completed - guideline scheduled for November Governance & Accountability Meeting. 10.1.23 AN - update requested as guideline has not yet been ratified. 13.1.23 guideline ratified and published to trust intranet.
7	The Trust to review the guidance on personalised care and include that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to maternal medicine network must have a named consultant lead. And to specify the minimum expectation on the referral to appointment time with the consultant for women with complex pregnancies.	Currently being updated in line with action 6	Action progressing, target completion date: end October 22, approval via governance process by end of Nov 22.	Completed 13.1.24	NM (consultant Midwife) - progressing as planned	Guideline scheduled for November Governance & Accountability Meeting. 10.1.23 AN - see above update. 13.1.23 guideline ratified and published to trust intranet.

8	Trust to ensure all staff are aware of and have access to guidelines. Ensure guideline embedded into staff clinical practice	Currently available on the Extranet. Information shared on medical induction. Access covered in mandatory study days annually.	Trust to improve Extranet documentation search function.	Target date Dec 22 - complete see update	Transformation midwife (AN)	Raised through IPR in Oct 22, remains challenging to access guidelines and policies. For further discussion at IPR Nov 22. 1. Setup new 'Maternity policies, guidelines and SOPs' page on the Maternity area on our Extranet, which has direct links to all maternity policies and guidelines and SOPs, under two headings, for ease of use: http://nww.esht.nhs.uk/task/maternity/maternity-policies-guidelines-and-sops/ - staff advised 2. Reviewed SOPs and guidelines for most frequently used search terms to improve effectiveness of search function (GC) 10.1.23 AN - email sent to all staff advising (with illustrations) how to access guidelines on intranet, using key words/phrases.
9	Inclusion of the definition of Antenatal Risk Assessment to be included within the Trust guidance.	In progress	To include in personalised care plan	Completed 13.1.24	Nicky Mason	Guideline scheduled for November Governance & Accountability Meeting. 10.1.23 AN - update in row 6 above 13.1.23 guideline ratified and published to trust intranet.
10	Trust to continue to work with the LMNS regarding their QI project of reintroducing the My Choices for pregnancy, birth and beyond.	PCSP action taken forward within the WASP training programme. This is personalised care training provided by an external team (12 ESHT applicants MW's and MSW's) on the course.	QI plan to relaunch the PCSP. Posters prepared to put up in staff areas and we VLOG to support staff re discussing PCSP at each contact. To set up procurement order hard copies. Action for : Deputy transformation lead	In progress - Target for completion Nov 22.	Interim Transformation lead to commence and complete November 2022 RP/AN	Progressing as planned by Lead Transformation Midwife Xanthe Hayes - new interim lead to complete this action Nov 2022 10.1.23 AN - update: interim transformation lead in post from end October. Has been concentrating on MSW Pathway. Have requested update on progress for this action. 10.2.23 AN - update: review of PCSP plan underway 31.3.23 AN - update: as above. reprint of paper PCSP plans underway. Investigating availability of electronic copy. Service Manager to support Transformation and Badgernet leads. Anticipated completion July 2023
11	Trust to share the link to the 'Useful Information and Leaflets' web page once updated with the Regional Team.	Maternity website is currently being updated as part of digital workstream. Videos completed for updated unit tours specialist discussing roles and services offered, currently being edited. MVP involvement throughout this process	To create QR codes for A/N and inpatient waiting areas for direct access to videos = website access. Leaflets currently being updates. Action for completion Oct/Nov: RP: Maternity Service manager	In progress - Target for completion Nov 22.	Interim Transformation lead to commence and complete November 2022 RP/AN	progressing as planned by Lead Transformation Midwife Xanthe Hayes - new interim lead to complete this action Nov 2022 10.1.23 AN - update: Interim transformation lead is no longer involved with development of website. MVP linked with communications team to review structure. Update requested from Rob Toth. 10.2.23 AN - update: No update received as yet. Further request made 31.3.23 AN - update: planned meeting to discuss framework and agree progression planned for early April.

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: 24/04/23



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?	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.	Feb, Mar, Apr 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.	Feb 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. Mar 23: met with Consultants and medical staff to discuss feedback and agree action Apr 23: Monthly feedback obtained and acted on appropriately.	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.	Feb 23: HOM emailed Matrons to request all staff ask service users whether they have any questions about their birth experience. Mar 23: MVP monthly feedback continues with HOM taking action as appropriate April 23: action ongoing	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.	Feb 23: HOM emailed matrons to ensure of expectation as per action. Mar 23: action ongoing	
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.	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).	Feb 23: Email sent to all staff requesting familiarisation with service user's medical/social history as part of their overall assessment. Mar 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

Corporate Plan 2023/24

Purpose of the paper	To share the key elements of our corporate plan for this financial year and how we plan to monitor these over the period.			
	For Decision		For Assurance	x For Information
Sponsor/Author	Chief Executive Officer/Chief of Staff			
Governance overview	This document has been reviewed on several occasions by members of the Executive Team and shared in an earlier draft form with Non-Executive Directors.			

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

Recommendation	The Board is asked to agree the Corporate Plan for 2023/24.
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Executive Summary	As previously discussed with colleagues, it is evident from even a cursory review of commentary on 2023/24 that this will be a year replete with challenge for the NHS.
	The executive team has taken a conscious decision this year to ensure that our plan is accessible, straightforward and comprehensible to the general reader with an interest in this area.
	<p>The attached plan has therefore been written with an eye to clarity and brevity, and seeks to answer five questions at a level consistent with the conscious decision noted above:</p> <ul style="list-style-type: none"> • What are our priorities and how do they align with internal/external drivers • How does our planned activity profile evolve over the year • What is our financial plan • How are we managing associated risks • How are we tracking performance <p>As the documents sets out, we have not included divisional-level plans, as this is a trust-wide planner, however these will be central to tracking delivery. Currently divisions are finalising their delivery priorities, which will prioritise delivery of the objectives contained herein and we will monitor progress through the monthly divisional performance meetings. This work will drive the integrated performance report, also shared with this Board.</p>

Next steps	As noted in the report, following the finalisation and agreement of these objectives, the intention is for these to be brought back through the Board for ongoing review.
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East Sussex Healthcare Trust 2023/24 corporate plan

Our aims, your care

We believe that quality starts at our front door. We want a minimum of 76% of patients seen and discharged or transferred within 4hrs of arrival, and our overall performance in the top third of all NHS hospitals. Getting this right means better outcomes for patients – rapid treatment in an emergency, or a smoother transfer to ward-based care – and experience for our staff.

We know that in order to achieve this means that we need to optimise the length of time patients are with us and enable those patients whose acute episode of care is complete are able to move on, or if their care can continue at home under the virtual ward then it should. Extended lengths of stay can have a detrimental impact on patients and as such we need to reduce our length of stay by at least a day. In turn this will reduce bed occupancy and the number of additional beds we need to open. We also need to reduce the number of patients who don't meet the criteria to reside by a third as a minimum.

We want patients waiting for treatments (such as diagnostic appointments, follow ups or surgery) to get access to the care they need in a timely manner. We will reduce waiting lists and eliminate 65-week waiting times this year and ensure we meet the faster diagnosis and 62-day cancer standards, ensuring the best possible outcomes for our patients.

We recognise that we will need to make these improvements within our financial control limits we have been allocated and to do this means we will maximise our productivity, effectiveness and activity, something we have already started and will develop over this year and beyond in order to help us with the national ask of delivering 109% of the activity we undertook in 2019/20.

We know that to achieve these aims we will need to support all teams to make ESHT a great place to work; where our people to feel valued - because we know that is when they will give of their best for the patients we serve. We are committed to making our workplace culture stronger. We support for teams to focus on quality improvement through training that provides the skills they need not just to identify the problem but also to work on solutions and test them out.

We realise the commitment our clinical teams have shown and we also understand that their ongoing leadership will be central to achieving our objectives. We will continue to strengthen clinical leadership because our clinical teams make improvements happen, so they need to feel ownership and control.

We aim to build back our commitment to research, strengthening links with the local academic health science network and playing our part in developing innovative approaches to the challenges of modern medicine.

We will lead further transformation across our services, either as part of our hospital redevelopment programme and/or in support of integration at Sussex-wide or Place-based changes, and we are already strengthening our community-based teams around integrated neighbourhood working, to provide tailored health and care support that reflect the needs of the local community.

1. Executive Summary

This plan sets out the headline objectives, financial plan and activity trajectories for ESHT over the course of this financial year (2023/24). Delivery is underpinned by Divisional plans, which in turn are scrutinised on a monthly basis at the performance meetings.

2. About us

We provide safe, compassionate, high-quality hospital and community care to over half a million East Sussex residents and visitors to our local area.

We are one of the largest organisations in East Sussex with a turnover in 2022/23 of £630 million and are the only integrated provider of acute and community care in the county. Our extensive health services are provided by over 7,700 dedicated members of staff working from two acute hospitals in Hastings and Eastbourne, three community hospitals in Bexhill, Rye and Uckfield, over 100 community sites across East Sussex, and in people's own homes.

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

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

At Bexhill Hospital we offer a range of outpatient, day surgery, rehabilitation and intermediate care services. Across our other community hospitals we offer day surgery, outpatients, rehabilitation and intermediate services.

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

We serve a population that is significantly older than the England average (26% of the county's population is aged 65 or over, compared to 19% in England). In 2020 over 20% of all residents 75 years and above were admitted to hospital, rising to almost one third of our residents over 90. This skewing of our patient cohort is reflected in our strategic priorities, set out in section 3.

Despite the popular image of East Sussex, we have pockets of complex deprivation, experienced in both rural and coastal areas, that are as challenging as some inner-city locations. Hastings in particular is recognised as one of the most deprived towns in the Southeast of England. The gap in life expectancy in the most deprived areas of Hastings versus the least deprived areas in Rother is around 12 years for men and 6 years for women and we recognise our role in supporting our most vulnerable residents with partner health and care organisations, co-ordinated through our Place-based leadership.

3. Our plan in headlines

Our objectives for 2023/24

Our annual objectives reflect the focused asks of us this year as a partner in service provision across East Sussex while retaining a clear organisational commitment to delivering quality care for patients and enhancing the workplace for our staff.

These annual objectives fit with our 5-year strategic aims and will be delivered by our divisional teams in collaboration, both within the Trust and also with partners from the health, care and third sector. The measures of success through which we plan to track delivery of the objectives will be reported through the monthly performance reviews.

5-year Strategic Aims	Annual Objectives 23/24	Measurable performance indicators
Improving the health of our communities	1. Ensure timely access to care	<ul style="list-style-type: none"> Deliver 76% performance against emergency access clinical standard Non admitted 4-hr performance at 95% Eliminate patients waiting over 65 weeks and 104 days (cancer) Reduce 62 day backlog & deliver FDS standard (top quartile provider) Implement one integrated neighbourhood team in-year*
Collaborating to deliver care better	2. Optimise the length of time that patients are with us	<ul style="list-style-type: none"> Reduce Discharge Ready patients by 20% (based on April 2023 baseline) Reduce avoidable harm Limit staff moves across wards Implement acute frailty assessment model
Empowering our People	3. Committed to making workplace culture stronger	<ul style="list-style-type: none"> Complete medical engagement survey and develop action plan** Reduce Turnover rate from 15% from 2022/23 Increase participation in the staff survey by 5% over 22/23 rates
Ensure Innovative & Sustainable Care	4. Maximise our productivity, effectiveness and activity	<ul style="list-style-type: none"> Deliver breakeven at YE Reduce ALoS by one day Pay/Non-Pay spending to remain within budgetary limits Deliver agreed and funded activity to meet 19/20 levels, plus 8% (108%) Attract at least one new commercially-funded research trial in-year

*As per SDP target (Hastings)

**First year of completion, so no comparable data/benchmark

Aligning our objectives as a partner for Sussex

23/24 will also be the first year of the NHS Sussex strategy *Improving Lives Together* (ILT). How the delivery of ILT will be measured is shown in the Shared Delivery Plan (SDP), that contains four delivery areas, with accompanying priorities.

We have also ensured that our annual objectives meet with the year one priorities in the SDP (see the table over the page). It does not necessarily follow that where we are not showing an objective, this means that we are not undertaking work; for example, while we do not have a specific in-year objective on health inequalities we have an in-year plan that we will be taking through our own assurance committees as well as sharing with NHS Sussex colleagues over the course of the coming year.

As the table shows, developing a plan for the East Sussex Place is also an aim over 23/24 and we continue to play an active role in this work, alongside NHS Sussex partners, other NHS providers and colleagues from social services at East Sussex County Council. The delivery areas will be overseen by a relevant Board to monitor progress. Each of these Boards will be chaired by either a provider chief executive or similar officer from Sussex partners, with the aim to promote a co-designed and collaborative approach to SDP delivery, that brings together providers and NHS Sussex in delivering a jointly-owned plan for the year.

SDP Delivery area	ESHT objective
1. Long term improvement priorities <ul style="list-style-type: none"> Integrated Community Teams Developing our workforce Digital tech and innovation 	Objective 1 Objective 3 Objective 4
2. Immediate improvement priorities <ul style="list-style-type: none"> Primary care Urgent & Emergency care Planned care Discharge 	Objective 1 Objective 2
3. Continuous Improvement areas <ul style="list-style-type: none"> Health inequalities Mental health, Learning Disabilities & Autism Clinical Leadership Making the best use of finances 	Objective 3 Objective 4
4. Health & Wellbeing strategies & Place-based partnerships <ul style="list-style-type: none"> B&H W Sussex E Sussex 	

Actions that will deliver the objectives

As part of the business planning process, corporate teams and operational divisions have worked together to prioritise the actions during the course of the year that will deliver the ten in-year objectives. It is clear that collaboration and mutual support will be essential for our teams to deliver, given the nature of the objectives that we seek to achieve. These actions, agreed with the senior management teams of all Divisions, will be tracked over the course of the year, and reported at the Trust Board to ensure transparency and accountability.

4. Activity and performance

We have put in place an activity plan for the year against the four Points of Delivery (PODs)¹ here the trajectories of which are shown as % plan (over the course of the year). Delivering against these activity plans will support us securing the income aspect (c.£11m) as noted in section 5.

Specialty	First Outpatients		Follow Up Outpatient		Elective Inpatient		Day Case	
	Plan	Plan%	Plan	Plan%	Plan	Plan%	Plan	Plan%
DAS Total	76,688	108%	147,089	92%	4,871	112%	28,021	107%
Medicine Total	40,300	106%	106,822	92%	845	80%	24,032	107%
Urgent Care Total	633	74%	646	92%	40	128%	85	79%
WCSH Total	18,472	123%	18,730	92%	944	126%	1,746	162%
	136,093	109%	273,287	92%	6,699	108%	53,885	108%

Performance against these trajectories will be monitored at the monthly meetings for all Divisions. Working with specialty teams, we have planned trajectories on a service-by-service basis which, when aggregated, yields the Divisional plan and we will seek to understand where services need support over the course of the year to deliver the plan for each of the PODs.

¹ These four are: outpatients (new), outpatients (follow up), day case surgery and elective inpatient surgery (where an overnight stay is required)

5. Financial plan

We have delivered our agreed financial position every year for the last four years – no easy feat in the challenging financial climate we have experienced – and we are aiming for a breakeven position this year. The budget has been agreed with teams:

Division	Budget pre CIP	CIP	23/24 Final Budget
	£'000	£'000	£'000
Community/Integrated	49,665	(2,770)	46,895
Core Services	81,807	(3,953)	77,854
Diagnostics & Surgery	98,447	(5,624)	92,823
Medicine	71,897	(3,493)	68,404
Urgent Care	53,923	(3,080)	50,843
Womens' & Children	38,304	(2,077)	36,226
Sussex Premier	(663)	(458)	(1,121)
Clinical divisions	393,379	(21,454)	371,925
E&F	40,229	(1,939)	38,291
Corporate	36,291	(1,615)	34,675
Central	(437,399)	(7,492)	(444,891)
Trust Total	32,500	(32,500)	-

We have an in-year cost improvement programme (CIP) that amounts to 5.5% of our income, a figure that is significantly higher than the usual amount and we recognise the risk that this carries. We are not alone in this position within Sussex, and we are keen to play our part to support NHS Sussex's submitted break-even position for 2023/24. We are developing a plan risk-weighted plan to address the £32.5m of cost savings required; with around £11m coming from additional activity and the remainder being driven by productivity/ efficiency improvements.

6. Quality Account priorities

Our Quality Account 2023/24 sets the areas we specifically want to prioritise over the coming year. We have developed priorities around three themes that reflect the first of our annual objectives, with a common thread being strengthening the quality of our services for patients:

1. Patient safety: a new way of learning from incidents to maximise quality of care
2. Clinical effectiveness: improving training to reduce errors in care
3. Patient feedback: strengthening the patient voice in end of life care

Patient Safety Priority: Implementing the Patient Safety Incident Response Framework (PSIRF)

Why is this a priority?

As part of the national Patient Safety Strategy that was introduced in 2019 (and updated in 2021), significant changes to the way in which patient safety incidents are responded to were outlined. One of the key changes included the implementation of the Patient Safety Incident Response Framework (PSIRF). PSIRF has multiple elements, and it is likely to take time to implement, so a range of them have been selected as priorities for 2023/2024.

What are we going to do?

- Fully introduce After Action Reviews (AARs) following patient safety incidents as a means of identifying learnings and actions to mitigate risks of recurrence
- Introduction of thematic reviews for the highest reported incident categories

- Develop Patient Safety Incident Investigations (replacing Serious Incident investigations)
- Develop reporting templates to provide assurance regarding quality to the Trust Board and our ICB.
- Review and improve how patients are involved in the investigation of incidents involving them

Clinical Effectiveness Priority: Reducing insulin prescription and administration errors

Why has this been chosen as a priority?

Nationally, there are a consistently high number of insulin prescription and administration errors. This is both a medical and nursing responsibility. Administration errors are the most frequent errors related to medications. Improvement in these areas present an opportunity to detect and prevent errors before they occur.

What are we going to do?

- Increase uptake of the safe use of insulin training and re-introduction of the competency assessment tool every three years to support revalidation for midwives and registered nurses, and one yearly for Community Support Workers (CSW)
- Encourage doctors to attend regular training sessions provided by the Diabetes Team on safe use and prescription of insulin
- Include reports on insulin errors and hypoglycaemia on the governance meetings
- Early referral to the diabetes team of patients requiring a diabetes management review
- Continued participation to the national awareness campaign on insulin safety and hypoglycaemia

Patient Experience Priority: End of Life Care

Why this has been chosen as priority?

Open communication with patients approaching the end of their life can enable better, more personalised care focussing on what matters to them. Honest conversations with people earlier in their end-of-life journey means they can make informed decisions about their own care and support and enables people to develop support plans that can then be shared with others involved in their care.

What are we going to do?

- Equip senior decision-makers to lead open conversations with palliative patients about their wishes
- Discuss end-of-life issues, exploring patient/family wishes e.g. preferred place of care intervention
- Use learning & stories from complaints in education and awareness sessions across the organisation
- Seek views on care from bereaved family members
- Improve access to advance care planning, ensuring information is shared with all relevant people
- Participate in the national Dying Matters week

7. Managing risks to the plan

We explicitly reflect the risks of not delivering our annual objectives in our Board Assurance Framework (BAF), which is reviewed by our Board committees quarterly, and shared through our Audit committee before going to our Trust Board. There are thirteen BAF risks this year, and they cover the following risk areas:

- Partnership working/collaboration
- Attracting and retaining great people
- Targeting wellbeing and working conditions
- Organisational viability
- Infrastructure integrity (estates and IT)

- Data/BI
- Digital impact
- Continuing improvement
- Effective operational performance
- Public/population health

8. Monitoring delivery of the plan

The delivery tracking will be brought to each public Board in order to show progress tracked monthly through divisional IPRs. As noted, the Divisional plans are aligned with the objectives 1-4 in section one, with the intention that priorities across the Divisions and their services are focused on delivering the Trust-wide priorities in this year, avoiding extraneous initiatives that may take supporting resource and time away from the main areas.

Nursing Establishment Review Summary

Purpose of the paper	To inform the Trust Board as to the main points of the Nursing Establishment Review paper, which was shared with the May Finance & Productivity (F&P) Committee			
	For Decision	For Assurance	For Information	x
Sponsor/Author	Chief Nursing Officer			
Governance overview	N/A			
Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		x		x
Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
		x	x	x
Recommendation	The Board is asked to note the points in the summary			
Executive Summary	The Trust has committed to an investment in nursing for 2023/24 of almost £900k. Given the level of financial challenge that the Trust and Sussex more widely is facing this year, the Trust has been clear about the methodology and rationale supporting this, and this paper sets out a summary of how this was undertaken, and subsequently shared through the F&P Committee			
Next steps	Following this process, the Trust has begun the implementation of recruitment to the revised staffing numbers (referred to as the 'establishment' in the paper).			

Ward Nursing Establishment Review 2024

1. Background and introduction

- 1.1 Board members will be aware that we regularly review the staffing levels of our nursing¹ establishment, mindful of the dynamic nature of both the volume and acuity of patients we serve. Not only is this an essential aspect of providing high quality care, it is also a requirement of the Trust, with a range of tools to support us in this work (see section 2).
- 1.2 This paper summarises for the Board the discussions and agreement at the Finance and Productivity Committee ('the committee') regarding the investment we are making into our nursing workforce for 23/24
- 1.2 We recognise the exceptionally challenging position that the NHS is facing in 23/24 and we acknowledge the requirement for staffing levels to reflect the 19/20 agreed establishment. We also note that patient acuity and bed capacity on site has also increased on the 19/20 baseline. We must therefore ensure that our resourcing is commensurate with the needs of our patients. Colleagues will also be aware of the standards and guidance on staffing levels, of which we need to take account².

2. Methodology and scope

- 2.1 To support our calculations, our approach brought together a nationally-recognised tool³, professional judgement and an internal 4-week data collection (09/2022) based on actual usage. The results were collated by our information management team and reviewed by a team of senior nurses from across the organisation, who provided their insight and professional judgement.
- 2.2 Final recommendations were challenged in meetings with our Chief Nurse and divisional finance leads. The 2019/20 budgeted establishment formed the baseline against which options were developed for consideration by the committee.
- 2.3 When taken together, the recommended net increase in the number of nursing staff across our four divisions equates to 27.99 FTE⁴, estimated at £887k and assumes an increased bed capacity in 23/24 (on 2019 figures) of 47 (rising from 774 beds to 821 in this year).
- 2.4 Our scope⁵ included only those wards for which we are funded (i.e. non-surge or additional capacity) annually. This is consistent with our planning assumptions for this year, in which we anticipate the closure of surge/additional capacity, combined with additional measures to support discharge and the management of patients in non-acute settings (e.g. virtual wards).

¹ For the purposes of the review 'nursing' is defined as registered nurses (bands 5, 6 and 7), healthcare assistants (bands 2 and 3), registered nursing associates and assistant practitioners (band 4). Matrons are included in the FTE for divisions where relevant.

² For example, RCN Nursing Workforce Standards (2021), NHS Long Term Plan (2019), NHSI Developing Workforce Safeguards (2018)

³ Shelford Safer Nursing Care Tool

⁴ The review recommended that the FTE required to deliver safe and effective care for all ESHT wards is 1360.85FTE, meaning the increase is roughly 2% of the total

⁵ A range of other staff were excluded from the scope of the review, including; Allied Health Professionals, maternity, community nursing, urgent care, Specialist and advanced level practitioners, Theatres, Critical Care, Urgent Community Response teams and Outpatients departments. These will all either be covered in subsequent establishment reviews or have recently undertaken reviews, which are in the process of being revisited.

Ward Nursing Establishment Review 2024

3. Rationale for investment

3.1 The committee heard a range of reasons for recognising the need to increase nursing establishment numbers, not solely relating to the increase in bed numbers. These included:

Rise in non-patient facing activities – some of which are mandated, such as board rounds, risk assessments and governance tasks, review of performance metrics, assessment of staffing levels intra-daily, co-ordination of discharge support, line management and appraisals

Career development (of self and others) – another mandated role for registered nurses is the mentoring, coaching, training, and assessment of students. Additionally, nurses are required to revalidate every three years to ensure that they achieve the competencies necessary to provide safe and effective care.

4. Location of additional FTEs

4.1 The recommendation regarding the additional 27.99 FTEs also set out where these would need to be located, based on existing staffing levels and scale of gap:

Division	Service	FTEs	Rationale for increased in establishment
Medicine	Stroke	2.59	The nature of the level 2 stroke beds means that staffing should be considered as for other level 2 services (CCU, Critical Care, NIV)
DAS	Wards	17.34	Several wards have changed their function and footprint since the 2019/20 baseline year. Additional establishment across the wards will address staffing issues
Women's & Children	Acute Paeds & Gynae	2.87	Increase elective paediatrics and increased medical beds on Murray Ward
CHIC	No change		

5. Options presented to the committee and associated risk

5.1 The committee were presented with three options, from which to make their choice. These were, broadly 1) No change, 2) Partial funding for FTEs or 3) Agree funding all FTEs (noted as the preferred option).

5.2 The committee also heard the range of risks associated with not agreeing the additional FTEs, either in part or fully, and these included the impact on morale, retention and professional development of nurses at the Trust.

6. Conclusion

6.1 The committee, after a hearing a range of exchanges covering the relevant areas for discussion, determined that option 3 would be recommended to the Board as its preferred option agreeing all of the funded FTEs.

Speak Up Guardian Update

Purpose of the paper	It is a requirement for the Freedom to Speak Up Guardians (FTSUGs) to present at Board twice a year. The report provides information on the number and types of cases dealt with by the FTSUGs at our Trust in 2022-23 along with national reporting requirements for the National Guardian Office.				
	For Decision		For Assurance	x	For Information
Sponsor/Author	<p>The Executive Lead for FTSU is Steve Aumayer, Deputy Chief Executive and Chief People Officer</p> <p>The Non-Executive Director is Jackie Churchward-Cardiff</p> <p>The authors are Dominique Holliman and Ruth Agg, Freedom to Speak Up Guardians</p>				
Governance overview	This paper has previously been discussed at the People & Organisational Development Committee on 18 th May 2023.				

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 Trust 2022-23 data for FTSU and to receive assurance that colleagues can speak up. Further narrative within the report is intended to support understanding of some of the challenges faced when colleagues speak up and how these have been responded to and, where appropriate, escalated by the Freedom to Speak Up Guardians.
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Executive Summary	<p>Our Trust has ambitious aims for a speak up culture which supports continuous learning and improvement. Our goals are for colleagues to feel safe and have confidence when they speak up and to strive to ensure prompt responses to their concerns including thanking colleagues and committing to listen and follow up on concerns.</p> <p>In 2022/23, there were a total number of 239 cases that FTSUGs case managed. Quarter 4 had 66 new contacts which is the highest number of contacts in Quarter 4 in the last 4 years and the highest in any quarter since Spring 2020.</p> <p>We provide assurance that colleagues at our Trust do speak up, which is evident in our data.</p>
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Our Trust has ambitious aims for a speak up culture which supports continuous learning and improvement across our trust. Our goals are for colleagues to feel safe and have confidence when

they speak up and to strive to ensure prompt responses to their concerns including thanking colleagues and committing to listen and follow up on concerns.

In 2022/23, there were a total of 239 cases that FTSUGs case-managed. Quarter 4 had 66 new contacts which is the highest number of contacts in Quarter 4 in the last 4 years and the highest in any quarter since Spring 2020.

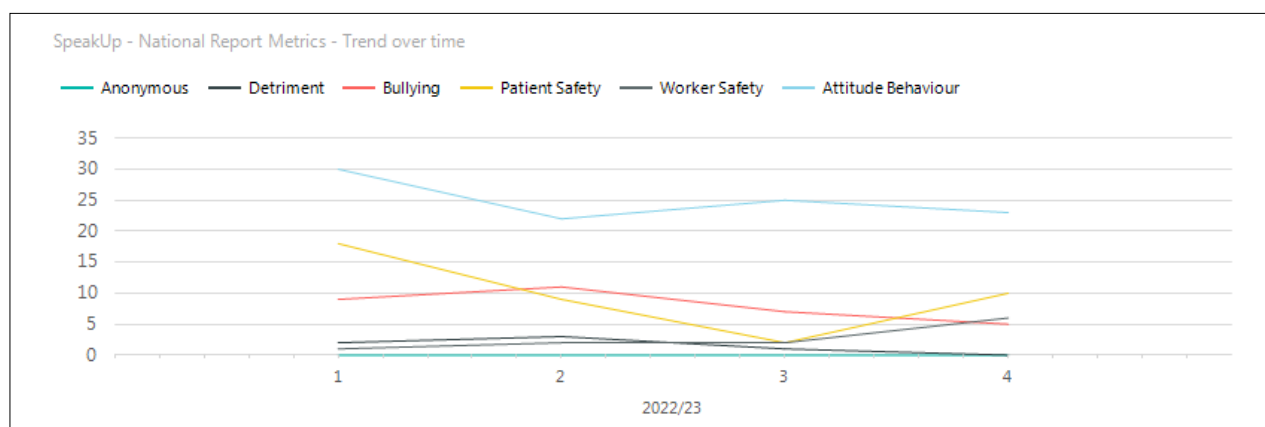
The categories shown in the table (below) are what the National Guardian Office require to be submitted quarterly and these are published in the public domain. The data for Quarter 4 is due for submission at the time of writing this report and the national collated data will be published later in the year.

The published Quarter 3 data shows that our trust had the highest number of reported concerns out of 15 medium sized NHS/Foundation Trusts in the South East. The number of concerns reported across these 15 organisations ranged from 3 to 56, with 56 being our trust's data for Quarter 3.

Quarter 4 data *

Speak Up - National Report Metrics

FYYear	FYQuarter	Anonymous	Detriment	Bullying	Patient Safety	Worker Safety	Attitude Behaviour	Total Issues Logged
2022/23	1	0	2	9	18	1	30	57
	2	0	3	11	9	2	22	62
	3	0	1	7	2	2	25	54
	4	0	0	5	10	6	23	66
Total		0	6	32	39	11	100	239
Total	Total	0	6	32	39	11	100	239



* Note the first quarter of logged issues does not add up due to new amendments to the data base and categories which could not be completed and backdated for this group. We are aware of this and the appropriate figures were sent at time of reporting. The total figure is accurate.

The National Guardian Office and NHS England identified the three indicators of concerns that Trusts should be aware of:

- Low numbers of cases (or none) being raised with guardians.
- A high proportion of the cases raised are anonymous.
- A high proportion of the cases raised include an element of detriment for speaking up.

In our trust, no colleagues reported anonymously, and no colleagues have cited any perceived detriment or reprisal in Quarter 4.

Key Themes

We had 10 patient safety concerns for Quarter 4; there were 2 in Quarter 3. Our Trust, like all NHS trusts, has been under significant operational pressures and recent industrial actions has impacted further.

In line with national data, the key concerns are inappropriate attitudes and behaviours. At ESHT, we have ongoing concerns in relation to systems and processes which include concerns in relation to recruitment, exit interviews, the nature of responses to concerns raised with managers and leads, and a lack of feedback and assurance.

FTSU data indicates that a significant majority of colleagues who ask to see the FTSUGs have already spoken up before and reported that they did not receive a timely response or any response. Other colleagues informed us that they were not assured, and the concerns had not been acted upon and reviewed. Other colleagues were fearful of reprisal and perceived detriment having spoken up. No colleagues had been thanked for raising concerns at the time.

The FTSUGs have previously raised concern in relation to some line managers and leads/supervisors not responding when colleagues speak up. At the Board Seminar on 8 November 2022, this was shared with the Trust Board Chair, Chief Executive, Deputy Chief Executive and Chief People Officer, and Non-Executive Directors.

As a result, the Trust Board made decision on 8 November 2022 that it is mandatory for all managers to complete the "Listen Up" National Guardian Office and Health Education England speak up elearning course before or by 31 March 2023. The training supports consistency and learning for those best placed to respond to concerns. There has been an extension of the completion time until 30 June 2023 due to our trust's operational pressures and recent industrial actions. In addition, all members of Trust Board and executive directors were expected to complete "Follow Up" National Guardian Office and Health Education England speak up e-learning course before or by 31 December 2023.

FTSUGs have welcomed mandatory training for all managers, and the Trust Board and Executive Directors have all undertaken "Follow Up" training. Speaking up forms part of Care Quality Commission's (CQC's) well-led domain and we anticipate that compliance with the training will provide further assurance of our Trust's commitment to making speaking up everyday business. At the time of writing, 253 colleagues have undertaken "Speak Up" module, 192 completed "Listen Up" module and 24 are registered as having completed "Follow Up" module.

Results of the 2022 NHS Staff Survey in relation to speaking up.

Nationally, there were declines on all measures relating to raising concerns, both relating to raising concerns about clinical safety and speaking up more generally.

The greatest national deterioration was seen in the percentage of staff who would feel secure raising concerns about unsafe clinical practice. Having improved between 2019 and 2021, this measure declined by 3.1 percentage points from 75% to 71.9% with a return to the 2019 level. There was a decline across all types of Trust. Our percentage in our Trust was 71.3%, having been 74.8% last year.

Nationally, 61.5% of staff said they feel safe to speak up about anything that concerns them in their organisation (Q23e) (2021: 62.1%, 2020:65.7%) In ESHT, this was 58.6% and, although not considered

statistically significant against the sector response of 60.1%, it is lower than the 62.1% in our trust last year. The sector response notes scores for our organisation plotted against the average for the Acute and Acute & Community Trusts sector. Please note that the sector average has been derived from the 62 Acute and Acute & Community Trusts contracted to IQVIA. As such, the National average for this sector can differ.

48.7% were confident that their organisation would address their concern (Q23f) (2021: 49.8%). In our trust, 44.9% of respondents felt confident - this is noted to be statistically significant at 2.2% lower than the sector and a decrease of 3.6% in our trust from last year's survey. Interestingly, more colleagues in our trust have confidence in our Trust's ability to address concerns of unsafe clinical practice than to address their more general concerns. This would certainly align with our experience of colleagues reporting variable levels of response and feedback when raising their concerns through normal reporting routes. We continue to emphasise the importance of committing to listen and explore concerns as it is imperative that the experience of speaking up is not perceived to be futile. As more of our colleagues complete the Speak Up, Listen Up and Follow Up training, we hope that confidence will improve. We will be adopting a multi-disciplinary approach with our colleagues in HR, staff engagement & wellbeing, occupational health, organisational development and culture, people experience and people potential to identify 'hotspot areas' and to focus collaborative support moving forward.

The National Guardian Jayne Chidgey-Clark said,

"It is disappointing that the staff survey results reflect a decrease in workers' confidence to speak up, and especially concerning that this includes about clinical matters. However, fostering a culture where speaking up is supported, and actions taken as a result is the responsibility of each and every one of us. Whether you are a government minister, a regulator, a board member or senior leader; whether you work in a department, in a team, on a ward, or in a GP practice.

"No one should feel they cannot speak up to protect their patients or their colleagues. These survey results must be a wakeup call to leaders at all levels that Freedom to Speak Up is not just a 'nice to have' – it is essential for safe services."

We would value additional communication support and key messages from the Executive team promoting that when colleagues speak up, they will be thanked and have a commitment to listen to the concerns and receive feedback. At Trust Briefing on 26 May 2023, Steve Aumayer, Deputy Chief Executive and Chief People Officer, emphasised these points.

Investing in a new poster campaign and regular updates in the live briefings would support the reach of speaking up.

As we promote speaking up in our Trust, we will inform managers of appropriate responses and behaviours when colleagues speak up. That managers should work hard to shift the focus from who has spoken up to what is being said, and from blaming to asking what can be learnt.

FTSUGs will encourage managers to be aware of the barriers that may prevent colleagues from speaking up. These include perceptions that speaking up is not acted on, barriers that differing levels of seniority may introduce, or negative responses that make workers feel speaking up is unwelcome.

At our Trust, we will be promoting that:

- Speaking up is the right thing to do.
- Managers welcome speaking up – both positives and concerns.
- Managers want to hear from anyone who has a matter to raise, including ancillary colleagues, clerical colleagues, students on placements, volunteers, and temporary workforce colleagues.

- Speaking up helps to keep patients and service users safe and creates a more positive working environment.
- The executive leadership will take seriously any instances of colleagues being bullied, discriminated against, harassed, or victimised for speaking up.

The FTSUGs continue to share concern regarding:

- Lack of responses
- Responses that are defensive and negative about those colleagues raising the concerns.
- Perceived conflict with the FTSUGs when concerns are raised with them by some senior staff including “they should not come to you”. “You’re a default position”. “This is not speaking up”.

Within our Trust, we need to ensure we recognise that speaking up may take many forms. It could be a quick discussion with a line manager or line managers’ manager, a suggestion for improvement submitted as part of a staff suggestion scheme, raising a matter with a Freedom to Speak Up Guardian, Chief Executive, or bringing an issue to the attention of a regulator. All of these are appropriate routes to speak up.

The FTSUGs need assurance on consistency of promptly responding when colleagues share concerns as evidenced with the NHS Staff Survey and our own data. Our communication campaign and key messages from executive leadership would help improve consistency.

The National Guardian office and NHS England advise “Accept that not everyone will feel comfortable speaking up to their line manager. This is not necessarily a reflection on the manager’s abilities – it could be for many reasons.”

We continue to encourage colleagues to go to line managers, leads, or supervisors in the first instance but we need to also be clear that they can speak up in many ways and will not face criticism for using any route as above.

We provide assurance that colleagues at our Trust do speak up, which is evident in our data. Datix also supports good patient safety reporting and the FTSUGs support the reviews of Datix reporting behaviour, conduct, and bullying and harassment concerns. The FTSUGs have raised concern regarding consistency of assurance in behaviour, Datix feedback, support and timely response. The Deputy Director - Culture is currently reviewing this process.

What colleagues are speaking up about at our Trust – Quarter 4

SpeakUp - Professions Report Metrics

<u>FY</u> Year	Quarter	Profession	Anonymous	Detriment	Bullying	Patient Safety	Worker Safety	<u>Attitude Behaviour</u>	Total Issues Logged
2022/23	4	Additional Clinical Services	0	0	0	0	0	1	6
		Additional Professional Scientific and Technical	0	0	1	0	0	3	4
		Administrative and Clerical	0	0	3	2	2	3	20
		Allied Health Professionals	0	0	0	0	1	3	6
		Estates and Ancillary	0	0	0	0	0	1	1
		Medical and Dental	0	0	1	1	0	1	5
		Not Known	0	0	0	1	0	0	1
		Nursing and midwifery registered	0	0	0	6	3	11	23
		Total	0	0	5	10	6	23	66
Total	Total		0	0	5	10	6	23	66

- Registered nurses and midwives remain the highest reporting group.
- A rise in administration and clerical colleagues raising concerns.
- Other colleagues including Additional clinical services, Medical and Dental, Estates and Facilities, Allied Health care professionals, other Professional, Scientific and Technical colleagues have all accessed the FTSU service in Quarter 4 showing reach to a range of occupational groups, roles, and grades.

TIAA Audit

The Guardians have been supporting a recent TIAA (internal auditors) audit into our Trust's speaking up. The audit's scope is "To provide assurance in relation to the Trust's performance against the recently updated 'Freedom to Speak Up policy for the NHS' and other associated guidance documents."

The results from the audit will inform our trust in relation to the ask by NHS England that all trusts develop assurance on their trusts' speaking up by January 2024. Our trust is working to complete this ask by June 2023.

Feedback on speaking up - Quarter 4

Below are some examples of speaking up feedback in Quarter 4:

"Until I contacted the speak up guardian I was on my own. I had no support, no advice and I was unsure what to do. After making contact with the speak up guardian I got a fast response. I was listened to and I felt supported, I finally had hope that a resolution was attainable. I would recommend reaching out to the speak up guardian to anyone. Very helpful and knowledgeable service which is invaluable".

"Many thanks for escalating our concerns so quickly. I am hopeful that with your help we may one day be able to change some of the working practices within the team, which in turn may make the vacancies look more attractive to people. It is very reassuring to know that you are there."

"Thank you very much for your quick response and taking the time to listen to our concerns."

"I can't tell you how much of a difference you've made or how grateful I am."

"I would definitely raise concerns to speak up guardian in the future if anything comes up. I have been supported and treated with respect and gratitude."

Learning and improvement

The 2022 speaking up national data report published by the National Guardian's Office highlights that poor behaviour remains a cause for concern, with the highest proportion of cases (32.3%) involving behaviours such as bullying and harassment. This is a 2.2% rise compared to 2021. This rise suggests a need to support those working within healthcare to better understand the behaviours that constitute incivility, bullying or harassment, their drivers and take action to prevent such behaviours occurring in the first instance.

Deputy Director – Culture is working with the Partnership Forum to co-design and refresh trust values and behaviours. The refreshed trust values and behaviours will outline expected behaviours to all of us in our trust, as well as inform job design, recruitment and selection, induction, training and development, appraisal, and performance management.

We have also had recent cases that have had a timely and supportive response offering a commitment to listen to colleagues concerns and work with them in partnership to look at any learning and solutions. This enables timely review and colleagues' feedback from positive responses from Managers and Leads improves confidence in colleagues speaking up. Patient safety concerns have all been responded to in line with best practice by Managers and Leads and they have been thanked by the FTSUGs for the support and guidance following sharing of concerns. Areas where concerns have been responded to in line with national guidance and with good feedback from colleagues include A&E and a medical clinical ward area.

NHS Resolution: Being Fair 2

Dr Jayne Chidgey-Clark, National Guardian for the NHS said, "I welcome NHS Resolution's "Being Fair 2" report, promoting a person-centred workplace that is compassionate, safe and fair. This is important given the recent news of the decrease in workers' confidence to speak up in this year's [NHS Staff Survey](#) results. No one should feel they cannot speak up to protect their patients or their colleagues. As highlighted in this report, ensuring effective speaking up arrangements are truly embedded and at the heart of any healthcare organisation is key to improving workplace culture. While Freedom to Speak Up guardians are an additional route for workers to speak up, they cannot improve the speaking up culture on their own and organisations must take a proactive approach to foster a culture where all workers feel safe to speak up and feel heard."

Insight into the range of our FTSUGs work include:

- FTSUGs have supported further training of student nurses at Brighton University.
- A number of cases in relation to perceived attitudes and behaviours have been supported to enable local resolution. Sharing concerns, checking on the wellbeing of the colleague in a professional and engaged manner but advising of the distress and seeking local informal resolution have had timely resolutions for a number of colleagues.
- Recent "homophobic" and discriminatory comments made causing humiliation and distress were addressed with the support of the FTSUG. An observation was the number of colleagues present who did not feel able to speak up and an acceptance of "banter meant as a joke". This has been addressed in a timely way by the manager affording an apology, reflection and a commitment to attend training to improve knowledge and enable learning. The manager will also review the perceived behaviours and ensure colleagues are made aware of professional and appropriate behaviour required at our Trust.
- Patient safety concerns raised to the FTSUG with colleagues feeling distressed and overwhelmed. Due to the level of concerns escalated to senior leadership in the Division to enable a timely review in the clinical area and subsequent meetings with colleague and senior leads to review the key concerns. This also enabled wellbeing support for the colleague, recognising they were advising they may need to take sick leave and were considering leaving the role. Complex concerns but timely involvements supported the colleague to feel valued and partnership working and

communication to review the concerns has enabled some improvements for both colleague and patient care.

Next steps

Following the Board noting this paper, we will proceed to complete the speaking up reflection and planning tool in June 2023, and commence from August 2023 the planning and implementation of a new communication campaign on speaking up including promoting the Trust's strategy on speaking up.

Sussex Premier Health Year One

Purpose of the paper	This report provides an overview of the first year of business of Sussex Premier Health			
	For Decision		For Assurance	x For Information
Sponsor/Author	Sponsor Sheila Roberts / Author Amanda Rogers / Joanne Dale			
Governance overview	SPH performance is subject to monthly review by IPRs and reports regularly to the Finance and Productivity Committee.			
Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		x		x
Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	x	x		
Recommendation	The Board is asked to note the update on the first year of business of Sussex Premier Health.			
Executive Summary	This report provides a summary of the first year of Sussex Premier Health trading, including some operational challenges for delivery. It also includes an overarching plan moving into 2023/24.			

Sussex Premier Health Year One

Contents

Section	Content
1. Introduction	What occurred during year one
2 Aims of the business	What are the over-arching aims of the business
3. Challenges	What have been / are the challenges for the private business
4. Year One Performance	How has the business performed during year one
4. Plan 2023/4	What are the plans for the upcoming year

SPH Introduction

- The business transferred from Spire Healthcare on March 31st 2022
- Hospital re-opened 11th April following staff training, IT infrastructure update & re-branding as Sussex Premier Health
- All staff TUPE'd across
- Staff were later offered the opportunity to transfer to trust Agenda for Change contracts, which the majority took up
- All specialities are up and running as pre-transfer
- All three payor groups represented
- There was integration with Eastbourne Michelham private patient unit
- A new IT system was installed enabling the private business
- Brand awareness campaigns were run with radio, targeted leaflet drops and social media to ensure that patients and referrers were aware that Sussex Premier Health was open, and undertaking all the specialities that it always has.

Aim of Sussex Premier Health

- Offer the community the opportunity for private healthcare
- To make profit for the NHS
- To support the recruitment to ESHT of excellent Consultants
- To support the NHS with the treatment of NHS patients

Challenges

- **Ensure the brand is quickly recognised so that patients and referrers know the hospital remains open for patients**
- **Put in place agreements with all the main private insurance groups**
- **Ensure there is a clean divide between NHS and private so as to never jeopardise NHS resources**
- **To utilise existing trust IT systems designed for NHS patients for private patients, whilst a new private hospital system is created and installed**
- **To re-instate the private business on the Eastbourne site, where there is opportunity in the market**

Year one performance

SPH Hospital

- Almost 2,400 patients admitted to the SPH hospital for treatment, a mix of private self-paying or privately insured and NHS, with a ratio of 65% private to 35% NHS
- Out-patient, radiology and physiotherapy procedures were also offered to the patients, providing positive contributions to ESHT
- Working closely with NHS colleagues has ensured that whilst NHS resources are not used, NHS patients can be treated on site, giving better utilisation of the site, whilst also supporting NHS patients who require treatment
- In the first year of the business there was an expectation that SPH would make a loss but ended up making a positive contribution of 640k to corporate overhead in the first year

SPH Eastbourne

- There is private work undertaken in Eastbourne and Bexhill outside of NHS hours, which also makes an excellent contribution to the trust and which it is hoped to grow in the upcoming year, particularly with the re-instatement of a private facility in Eastbourne

Plan 23/24

- **Opportunity & aims**

- There is additional capacity within the SPH hospital which we aim to optimise in the upcoming year with both private and NHS patients to ensure the facility is fully utilised
- There is a private market in Eastbourne with patients who do not wish to travel to Hastings, Brighton or Tunbridge Wells for private services. There has been a substantial reduction in the private facilities in Eastbourne since COVID, but the aim is to restore this, re-establish itself in the market and grow. The expectation is that the SPH Eastbourne unit will provide out-patient, day case and in-patient private facilities.
- The aim is to further promote the brand to give additional private opportunity on all sites
- The siting of the private services in the hospital grounds enables an opportunity to look at the type of cases that the hospital may offer. It makes the services already offered very safe, but also supports more complex procedures being undertaken on site in the future
- Now the hospital is running it is hoped that it can work with the local community running educational sessions and supporting community projects

Quality Account Priorities 2023/24

Purpose of the paper	To inform the Board about the quality improvement priorities selected for the Quality Account 2023/24 and to request delegation for the approval of the Quality Account to the Quality and Safety Committee.			
	For Decision	X	For Assurance	X
Sponsor/Author	Vikki Carruth, Chief Nurse/Lisa Forward, Head of Governance			
Governance overview	The Quality and Safety Committee approved the list of quality improvement priorities on 16/03/2023 following a consultation process			
Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable
		X		X
Values reflected	Working Together	Improvement & Development	Respect & Compassion	Engagement & Involvement
	X	X	X	X
Recommendation	<p><i>The Board is asked to:</i></p> <ul style="list-style-type: none"> Note – the quality improvement priorities selected for the Quality Account 2023/24 and draft Quality Account Agree – the delegation of authority for the approval of the Quality Account to the Quality and Safety Committee 			
Executive Summary	<p>Each year, NHS organisations are required to publish a Quality Account which incorporates quality improvement priorities for the upcoming year. National guidance states there is a need to at least three priorities per Quality domain: Patient Safety, Clinical Effectiveness and Patient Experience.</p> <p>A long list of priorities was compiled and reviewed to ensure suitability and reflected areas for improvement identified by the Trust. The long list was then sent out for public and staff consultation using social media during January and February 2023. Each priority had a short narrative explaining the rationale and aims of the priority. The consultation requested the responder to select their preferred option.</p> <p>The results of the consultation indicated the following priorities should be short listed for the Quality Account 23/24:</p> <ul style="list-style-type: none"> Patient Safety <ul style="list-style-type: none"> ➤ Implementation of the Patient Safety Incident Response Framework (PSIRF) Clinical Effectiveness <ul style="list-style-type: none"> ➤ Reducing insulin prescription and administration errors Patient Experience <ul style="list-style-type: none"> ➤ End of Life Care <p>Each priority has an allocated lead and a quarterly report on progress will be provided to the Quality and Safety Committee.</p>			
Next steps	To publish the Quality Account by 30 th June 2023			

Use of Trust Seal

Purpose of the paper	To inform the Board of the use of the Trust Seal			
	For Decision		For Assurance	
Sponsor/Author	Chief of Staff			
			For Information	x
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 one document between 23 rd March 2023 and 5 th June 2023:			
	<p><u>Sealing 93 – Currie and Brown Ltd, 18th April 2023</u> For the Elective Care Centre at Eastbourne District General Hospital.</p>			
Next steps	Not applicable			