East Sussex Healthcare NHS Trust

East Sussex Healthcare NHS Trust Board Agenda

Date: Tuesday 8th August 2023

Time: 09:30 – 12:30

Venue: St. Mark's Church Hall, Green Lane, Bexhill, East Sussex, TN39 4BZ

	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 13th June 2023**	Chair	Approval	09:40
5	**Matters Arising**	Chair	Approval	
6	**Board Committee Chairs' Feedback** • Including annual reviews and annual reports	Committee Chairs	Assurance	09:45
7	**Chief Executive's Report**	CEO	Information	10:00
	Quality, Safety and Performance			
8	**Integrated Performance Report, Month 3 (June)** 1. Chief Executive Summary 2. Quality & Safety 3. Our People 4. Access and Responsiveness 5. Financial Control and Capital Development	 CEO CNO/CMO CPO COO CFO	Assurance	10:15

Break – 15 minutes

	Strategy			
9	**Long Term Workforce Plan**	CPO	Assurance	
10	**Equality, Diversity and Inclusion Improvement Plan**	CPO	Assurance	

Governance and Assurance				
11	**Board Assurance Framework Quarter One**	CS	Assurance	
12	**Medical Revalidation**	DCMO	Assurance	
Items for Information				
13	**Use of Trust Seal**	Chair	Information	
14	**Questions from Members of the Public**	Chair		12:15
15	**Date of Next Meeting** Tuesday 10th October 2023	Chair	Information	
16	**Close**	Chair		12:30

Steve Phoenix
Chairman
4th July 2023

Key:	
Chair	Trust Chair
CEO	Chief Executive
CNO	Chief Nurse and DIPC
COO	Chief Operating Officer
CFO	Chief Finance Officer
CS	Chief of Staff
CPO	Chief People Officer
DCMO	Deputy 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
12th September	**ESHT AGM** St. Mark's Church Hall Green Lane Bexhill TN39 4BZ	14:00 – 16:00	
10th October	Uckfield Civic Centre Bellfarm Lane Uckfield TN22 1AE	09.30 – 12.30	
12th December	Cornwallis Room Horntye Park Sports Complex Bohemia Road Hastings TN34 1EX	09.30 – 12.30	

East Sussex Healthcare NHS Trust

Staff Recognition

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

Executive Summary

Hero of the Month

March 2023

Overall Winner - Sam Morley, Urgent Community Response Service, Conquest Hospital – CHIC

'Sam has been a key player in developing Virtual Wards within CHIC. She is passionate and 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. Sam always places the patient at the heart of what she does and she should be commended for her work within ESHT.'

Sam Morley receiving her award from the Chairman

April 2023

Overall Winner – Hayley Tullett, Residences, Conquest Hospital – Estates and Facilities

'Hayley works full time and is usually first in to set the tone and brighten the day for the team. She is a constant source of laughter, help, home baking and finds those wonderful little touches that make the day enjoyable. She is extremely hard working and takes great pride in all she does. A true star.'

Hayley Tullett receives her award from the Chairman

May 2023

Overall Winner – Mary Patabadige, Catering Department, Conquest Hospital – Estates and Facilities

Nomination 1:
'I nominate Mary for her hard work this week working on her own in the kitchen trying to provide a menu for the staff in the restaurant.'

Nomination 2:
'Working to keep the kitchen running when all the chefs off sick and being the only chef making sure staff have food for restaurant.'

Nomination 3:
'The Conquest Catering department has really suffered this last week with three out of our total of four chefs being off sick with COVID. Without Mary, our only other Chef, we would not been able to feed all of the patients and staff. She did such a good job stepping up to organise everything, working long days and on her days off so that no patients or customers even knew there was a problem. She organised all of the other staff, ensuring all of the things that needed to be done were done, and everyone was happy to help sort out anything she asked them to do. She ensured the special diets were made and the meals for the Restaurant were cooked and served to a high standard.

Mary has only recently qualified as a Chef and only last month was banded up to a Band 3 which she fully deserved as she is a strong, well liked member of the Catering Team and Trust staff. I really believe Mary shows all the qualities of Working Together, Improvement and Development, Respect and Compassion, Engagement and Involvement. She really has gone beyond what would normally be expected, she has put her own needs second to the

requirements of the patients and staff working long shifts and days off but still managing to have a smile on her face. This is no easy task and she even managed to have everyone in the department willing and happy to help her where needed without a single complaint!

I really do believe Mary should win Hero of the Month, she certainly is my Hero and I would like to say a huge thank you to her.'

Nomination 4:
'Mary has stepped up and worked beyond all expectations. One week in May three chefs were off with Covid, without Mary we may not have been able to provide a Restaurant Service or Patient Catering. She has recently qualified as a chef and gives 110% all the time. She also goes the extra miles when needed and supports other staff.'

Long Service Awards

Jun-23							
10 Years' Service			**25 Years' Service**			**40 Years' Service**	
Simona	Andrijauske		Lisa	Cole			
Karen	Cruttenden		Diana	Hunnisett			
Evgenia	Dagiakidi		Luisa	Tomasetti			
Joana	Fernandes Freitas						
Carolina	Freitas						
Nikolaos	Galiatsatos						
Shafiul	Islam						
Zackary	Jepson						
Serena	King						
Paul	Miles						
Gracie	Wallace						
Toni	Wilkes						

Next steps	N/A

East Sussex Healthcare NHS Trust

East Sussex Healthcare NHS Trust Board Minutes

Date: Tuesday 13th June 2023

Time: 09:30 – 12:30

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

		Actions
	Attendance: Mr Steve Phoenix, Chairman Mr Steve Aumayer, Deputy Chief Executive and Chief People Officer Mrs Vikki Carruth, Chief Nurse & Director of Infection Prevention and Control Mrs Jackie Churchward-Cardiff, Vice Chair Dr Simon Merritt, Chief Medical Officer Mr Damian Reid, Chief Finance Officer Mrs Nicola Webber, Non-Executive Director Ms Carys Williams, Non-Executive Director Non-Voting Directors Mrs Ama Agbeze, Associate Non-Executive Director Mrs Amanda Fadero, Associate Non-Executive Director Mr Richard Milner, Chief of Staff Mrs Sheila Roberts, Spring Director Mr Frank Sims, Associate Non-Executive Director In Attendance Ms Brenda Lynes, Director of Midwifery Mrs Charlotte O'Brien, Director of Transformation and Improvement Mr Peter Palmer Deputy Company Secretary (minutes)	
	Apologies: Mrs Joe Chadwick-Bell, Chief Executive Mrs Karen Manson, Non-Executive Director Mr Paresh Patel, Non-Executive Director	
35 / 2023	**Chair's Opening Remarks** Mr Phoenix welcomed everyone to the meeting. He noted that it was Mrs Roberts' final Board meeting in public and thanked her for all she had done while she had been with the Trust. Hero of the Month Mr Phoenix reported that Sheryl Baker, Urgent Treatment Centre Navigator, had won the Trust's Hero of the Month Award in February. Sam Morley, from the Urgent Community Response Service, had won the award in March.	
36 / 2023	**Declarations of Interest** In accordance with the Trust's Standing Orders that directors should formally disclose any interests in items of business at the meeting, the Chair noted that no potential conflicts of interest had been declared.	

37 / 2023	**Minutes** The minutes of the Trust Board meeting held on 11th April 2023 were considered. Two amendments to the minutes were noted: • *25/2023 – Quality* The third paragraph was updated to clarify that bedded patients no longer stayed in discharge lounges. • *26/2023 – Budget Update* The second paragraph was updated to clarify the Trust's legal position to breakeven and meet financial targets. They were otherwise agreed as an accurate record, and were signed by the Chair and would be lodged in the Register of Minutes.	
38 / 2023	**Matters Arising** There were two formal matters arising from the meeting on 11th April 2023: *Increase in Summary Hospital-level Mortality Indicator (SHMI)* Dr Merritt reported that following a review of the Summary Hospital-level Mortality Indicator (SHMI), there were no areas of particular concern to highlight to the Board. He noted that deaths from heart failure and stroke were being reviewed as the Trust had slightly higher rates than comparable organisations. *Recovery of waiting lists* Ms Roberts reported that a paper setting out the actions being taken to recover waiting lists had recently been presented to the Quality and Safety (Q&S) and Finance and Productivity (F&P) Committees.	
39 / 2023	**Board Committee Chairs' Feedback** *Audit Committee* Mr Reid presented a report on the last meeting of the Audit Committee which took place on 24th May 2023. He explained that the Committee had held an additional meeting to approve the initial draft audit plan for 2023/24 from the Trust's new internal auditors, RSM, and the annual counterfraud plan. In addition the Committee had approved some immaterial adjustments to the Trust's governing documents which corrected inconsistencies. *The Board noted the report.* *Finance and Productivity Committee* Mrs Webber presented a report on the last meeting of the F&P Committee which took place on 25th May 2023. She reported that the run rate during month one had been below the anticipated rate and expected that the impact of actions being taken to meet financial targets would been seen as the year progressed. She explained that the Committee was not assured that the Trust would meet its financial targets for the year, but that clear improvement plans were being developed. *The Board noted the report.* *People and Organisational Development Committee* Ms Williams presented a report on the last meeting of the People and Organisational Development (POD) Committee which took place on 18th May 2023. She reported that the Committee had discussed volunteers at the Trust. Mrs Churchward-Cardiff asked whether a timeline for improving the volunteer provision had been discussed. Ms Williams explained that there had been an increase in the number of people expressing an interesting in volunteering, but that no timeline for improvement had been discussed. Mr Aumayer reported that an employee value proposition was due to be discussed by Executives the following day, and then by POD later in the month, which would drive the direction of volunteering in the Trust moving forward.	

	Mrs Churchward-Cardiff noted that there had been almost 48,000 applications for roles in the Trust in the first three months of 2023, representing a 30% increase in activity. Mr Aumayer explained that as a result of advertising all roles in the Trust on NHS jobs, a large number of international applications were received. Work was being undertaken to improve the filtering of applications to reduce the burden on recruiters. *The Board noted the report.* *Quality and Safety Committee* Mrs Carruth presented a report on the last meeting of the Q&S Committee which took place on 18th May 2023. She reported that the Committee had discussed maternity, reconditioning of patients, the work being undertaken by the Trust to support early discharge and the Quality Account. *The Board noted the report.* *Strategy and Transformation Committee* Mrs Churchward-Cardiff presented a report on the last meeting of the Strategy and Transformation Committee which took place on 27th April 2023. *The Board noted the report.*	
40 / 2023	**Hospital Redevelopment** Mr Phoenix explained that there had been recent reports in the national press about the New Hospital Programme (NHP). The Trust remained within the NHP programme, and would be producing a Full Business Case in 2024/25 which would be subject to review by the national team; following this, priorities and phasing for schemes would be agreed. Conformation of the financial envelope available to the Trust was awaited, but news received so far had been very encouraging. It was likely that this would be the single biggest investment in healthcare in East Sussex in living memory and would be transformative for the Trust. A report would be presented to the Board once a definitive position was known. Mrs Churchward-Cardiff asked funding for enabling works to support larger schemes in beginning swiftly would be made available. Mr Phoenix confirmed that substantial funding was anticipated for enabling works.	
41 / 2023	**Chief Executive's Report** Mr Aumayer reported that one of the main objectives for the Trust for the year was around workplace culture, and the celebrations to mark 75 years of the NHS in July presented a good opportunity to promote this work. NHS Trusts had been encouraged to provide feedback to NHS England about how it felt to be part of the NHS, and this had been undertaken at ESHT through conversations at the Partnership Forum and through events. Industrial action continued to have an impact on the Trust, with junior doctors striking later on in the week. The Royal College of Nurses and consultants were due to vote on a national basis on further action, which would take place between July and December if successful. A further vote by junior doctors was also due to take place, which would continue action beyond the current six month mandate if successful. There was significant impact on the Trust whenever there was a strike, both to activity and to budgets. The Trust was working hard to update and improve Integrated Performance Reports (IPRs) and data packs to ensure that they fully reflected updated Trust priorities. He anticipated that Board reports would change over time to reflect this. He reported that there had been exceptional recent performance from nursing colleagues in Objective Structured Clinical Examinations (OSCEs) with a total pass rate of 94% against a regional average total pass rate of 59%.He thanked colleagues in the Pride Network who had supported the Trust in achieving a bronze NHS rainbow badge assessment, confirming the organisations support for LGBTQ+ colleagues	

	Ms Williams asked for further details about the four hour improvement plan mentioned in the report. Mrs Roberts explained that the plan focussed on improving patient flow throughout the organisation, and not just improvement against the four hour target. Key areas of focus included the impact of discharge lounges, protection for the Clinical Decisions Units and reducing non-admitted breaches. A presentation about the improvement plans would be made at the Board Seminar in July. Mrs Webber asked what had driven the recent reduction in numbers of long length of stay patients. Mrs Roberts explained that work had commenced in November to reduce the number of patients who had been in hospital for a long time. Measures introduced had included challenge meetings where every long stay patient was discussed, and increased ownership and understanding about earlier interventions from divisions and wards. Recent discussions had taken place with national and system colleagues about how further improvements could be realised. Mrs Fadero asked what was being done to ensure that the reduction in long stay patients was sustainable. Mrs Roberts explained that a return to basics approach to discharge processes had been taken, with work undertaken to ensure that barriers to sending patients home were fully understood. Fundamental working practices that had been in place before the pandemic were note necessarily second nature to staff who had joined in the last three years, and training sessions had taken place with wards to educate colleagues about what was required to get patients home and the importance of planning discharges from the start of every patient's stay in hospital. A version of the training had also been shared with consultants. Training would be repeated in the autumn to enhance the shared sense of responsibility for discharge that was developing in the Trust. Mrs Churchward-Cardiff asked about the effect of the ongoing strike actions on staff. Mr Aumayer reported that the support required to deliver services during strike actions was beginning to be normalised, with less time required to prepare. However, each strike action saw less people working than normal and activity had to be cancelled. Ongoing votes meant that industrial actions could continue; this uncertainty meant that colleagues were becoming weary and would require support. Mrs Roberts noted that the impact on the senior leadership team in keeping morale high amongst staff was significant. *The Board noted the report.*	
42 / 2023	**Integrated Performance Report, Month 1 (April)** Mr Aumayer reported that the Trust continued to perform in the upper quartile of NHS trusts in a number of areas, and was working hard to improve performance across all areas of the organisation. <u>*Quality*</u> Mrs Carruth reported that the Trust continued to treat a declining number of Covid patients. In 2022/23 the Trust had exceeded the annual limit for Clostridium Difficile (c.diff) infections with 93 cases reported against a limit of 56. Post infection reviews had been completed for each case, with no evidence of cross infection and an improvement plan would be presented to the Q&S Committee. She reported that there had been 15 cases reported in the first quarter of 2023/24 against a limit of 15. There had been no Serious Incidents (SIs) reported in April. The launch of Patient Safety Partners (PSP), which involved patients, carers and other lay people supporting patient safety at ESHT, was being delayed to enable learning from other organisations with PSPs to be reviewed to ensure that appropriate support was in place in the Trust. Patient feedback in April had been largely positive, with a reduction in the number of complaints received and an increase in plaudits received. Work continued to improve response rates to Friends and Family Tests (FFTs). Nursing fill rates had improved in April, although the continued need for additional impatient capacity in April had led to super surge capacity remaining open.	

Mrs Carruth reported that she had joined a Schwartz round in May with colleagues, explaining that these had started in the UK in 2009 and provided a forum for staff from across the organisation to reflect on the emotional and social aspects of working in healthcare. She was delighted that these were supported at ESHT, and reported on a very positive experience. She encouraged members of the Board to attend a round if possible, explaining that they provided support for staff morale as well as a place for reflection and respite for busy staff.

Mr Sims asked about the reasons for the increase in c.diff cases. Mrs Carruth explained that no obvious trends or themes had been identified from investigations, but nationally there had been unprecedented numbers of c.diff cases reported for the second year in a row. The Trust had asked for the support of the national infection control team in managing the increase. Dr Merritt noted that the increase in virtual consultations might have led to a reduction in antibiotic prescribing, as it was harder to ascertain whether a prescription was appropriate remotely. Mrs Carruth reported that a detailed plan to reduce c.diff rates was due to be presented to the Q&S Committee in June.

Ms Williams noted that the IPR was very focussed on acute services, with less information about community services. She asked if it could be updated to better reflect all of the services provided by the Trust. Mr Aumayer explained that a review of core measures across the organisation was being undertaken to ensure that the IPR fully reflected the expectations that the Trust set for itself and its services. He expected that this would result in more balanced reporting which would include all the elements of the Trust's services moving forward. Mrs Roberts noted that the opportunities that were available from being an integrated Trust should be reflected in reporting. Community data was reported differently to acute date, and work was being undertaken to integrate community data into acute systems.

Mrs Webber asked how the Trust remained confident that there were no areas of concern given the reducing number of incidents and SIs being reported. Mrs Carruth explained that despite the recent reduction, there had been a consistent level of incident reporting within the Trust going back to before the pandemic. A weekly Patient Safety Summit was chaired by Mrs Carruth and Dr Merritt, which was well attended by staff who were very vocal in contributing to discussions about incidents. She was confident that there was a good reporting culture in the organisation. Mr Aumayer noted that there were multiple ways in which colleagues could raise any concerns that they may have.

Mrs Webber noted that 28 complaints had been received during April, three of which had been for Seaford Ward and asked whether this concentration had been reviewed. Mrs Carruth explained that this was a very small number of complaints compared to the ward's activity levels. Complaints had been reviewed by the Head of Nursing and the Associate Director of Nursing with no areas of concern identified.

Mrs Webber asked whether roster compliance processes were now embedded within the organisation. Mrs Carruth reported that the work that had been undertaken had made a real difference to compliance; an early warning system helped staff to raise concerns about rostering and for any issues to be mitigated, and the process was becoming more embedded within the Trust.

Mrs Fadero noted that improving response rates to FFTs had been an area of focus for some time. She asked whether response rates were expected to increase as discharge processes improved. Mrs Carruth explained that the management of patient expectations was crucial in ensuring a positive discharge for patients and hoped that work that was being undertaken would lead to improvement. Mrs Fadero asked if there was a recovery plan for improving maternity and A&E FFT response rates. Mrs Carruth reported that there had been recent issues with the system used to capture FFT responses, which she hoped were now resolved. A deep dive into FFTs would be presented to the Q&S Committee.

Mr Sims asked about the small number of weapons disclosed in the homes of patients visited by staff and asked what was being done to support lone workers in patients' homes. Mrs Carruth explained that staff were issued with devices which tracked where they were

and could be used to alert the Trust, or emergency services, of any issues. There had been a small number of recent significant issues which had demonstrated that the system worked well. A small number of staff were resistant to using the devices and work was being undertaken to understand the reasons for this reluctance. Mr Aumayer noted that there was a direct escalation route to Executives when an incident took place to ensure that support could be provided to colleagues as quickly as possible.

Mrs Agbeze asked about the visibility of senior leaders in the Trust following the pandemic and Mr Aumayer reported that senior leaders regularly proactively visited areas throughout the Trust. Mr Milner explained that Executive visits were subject to formal monitoring and any issues raised were followed up. Executives recognised the importance of being visible in the organisation and ensuring that they listened to any concerns that were raised.

Dr Merritt reported that a review had been undertaken of the recently reported Risk Adjusted Mortality Index (RAMI) and SHMI rates due to increases seen in in April and October 2022. He explained that the increase in April had been driven by increases in stroke mortality and mortality due to sepsis, and in October by sepsis, pneumonia and heart failure. Deep dives were being undertaken into stroke, heart failure and mortality to fully understand what had occurred.

Mrs Webber asked whether it was anticipated that mortality rates would reduce to below the target rate. Dr Merritt explained that he was unsure how the target rate had been set; 100 was the expected rate for every Trust, and should be reflected in the IPR. The Trust's rate was 100, and remained below the rates of peer organisations in the South East. Mortality rates in the Trust's peer group across the South East had increased, and the reasons for this were unclear. Medical examiners continued to review every death, and the avoidability of each death was also reviewed. No areas of concern had been identified in any of the available mortality data.

Workforce and People

Mr Aumayer reported the Royal College of Nursing (RCN) had taken industrial action since the Board had last met. The number of Trust staff who had participated in the action had significantly reduced in comparison to previous strikes. Delivery of activity had been impacted to a lesser degree, aided by the action taking place over a bank holiday weekend. Junior doctors would be striking for three days from the following day, with preparations well advanced. The Trust would be running as many services and clinics as possible, while ensuring that safe staffing was maintained throughout the organisation.

The IPR demonstrated that for the fourth month in a row workforce metrics were improving. Covid sickness was at its lowest level for 12 months, contributing to improved overall sickness levels for colleagues. Workforce costs had increased due to industrial actions. The Trust continued to focus on measures that would make a real difference, creating a productive environment for colleagues; areas of focus included rostering, leave management, aligning resource availability with need, appraisals and wellbeing conversations.

Mrs Churchward-Cardiff noted that eight week roster completion compliance was at 14% and asked what barriers there were to improving this. Mr Aumayer explained that the challenges seen during the pandemic had led to significant changes in the way that rosters were managed, and that the discipline of looking at rosters in the longer term had diminished. Six week roster completion compliance was improving, but needed further improvement before eight week compliance could be addressed. Mrs Carruth noted the importance of ensuring that staff were given early notice of when they would be working, explaining that regular roster challenge meetings were being undertaken. Rosters were subject to approval by Divisions and by an Associate Director of Nursing. In addition, new staff were being given training about the management of rosters, with support being provided by the HR team in agreeing working patterns.

Mrs Fadero asked if early completion of rosters had been mastered by any Trust, and Mrs Carruth explained that she was unaware of any organisation that had resolved the issue. The Trust used a system provided by a national company to manage rosters, but rosters

would always need to be changed to mitigate for sickness and other absences. A large amount of improvement work was being undertaken, with managers being offered support.

Mrs Webber acknowledged the large number of improving metrics being reported in the IPR.

Access and Responsiveness
Mrs Roberts reported that the elective waiting list had continued to increase above its trajectory, impacted by industrial actions and bank holidays. The Trust was receiving increasing numbers of referrals and was working with the system to develop a system-wide referral management process which would support a reduction in the waiting list. Focussed demand and capacity work was being undertaken with divisions where there were particular challenges and extensive work being undertaken across the Trust to increase activity levels.

A continued reduction was being seen in the number of patients in hospital beds for more than 21 days, demonstrating the positive impact of the work being undertaken to improve patient discharges. Waiting times for community paediatric services continued to increase, despite the use of outsourcing and a transformation plan was developed; Mrs Roberts anticipated that it would be some time before improvements were realised. The overall length of stay was reducing in a number of specialities, and further opportunities to reduce lengths of stay were being identified. Activity through virtual wards continued to meet trajectories and was showing positive outcomes.

Mrs Churchward-Cardiff asked whether the Trust had undertaken capacity and demand modelling on waiting lists to identify where there might be increased demand. Mrs Roberts reported that modelling work had been undertaken by sub-specialities to fully understand the likely demand moving forward. Productivity work was also being undertaken to fully understand and reduce the number of patients waiting for follow up appointments.

Mrs Churchward-Cardiff asked why Referral to Treatment (RTT) performance was not improving. Mrs Roberts explained that the Trust was following a national plan of targeting the longest waiting patients first. This meant that RTT performance would not improve for some time. Work was being undertaken to increase capacity by being more productive which would in turn lead to improved RTT performance.

Mrs Fadero asked how the contract for outsourced community paediatric work was monitored. Mrs Roberts reported that this was overseen by the division and reported back through the Trust's governance processes. Mrs Fadero explained that she would be grateful to receive assurance about the quality of outsource services being provided and Mrs Roberts agreed to provide this. **SR**

Mr Sims noted that referrals to the Trust were increasing and asked whether this created an opportunity for the Trust's community services to undertake earlier interventional and support work with patients. Mrs Roberts explained that work was being undertaken by the Urgent Community Response team to support patients, community providers and the voluntary sector to treat patients in their homes. There was continued pressure on primary care services which led to more patients attending hospital. The Trust was focussing on reducing the length of time it took for patients to receive an initial appointment and a detailed presentation about the work that was being undertaken would be presented at the Board Seminar in July.

Mrs Webber asked whether interventions were leading to a reduction in bed numbers. Mrs Roberts reported that bed numbers had reduced leading to improved bed flow, discharges and staff management. Closing additional capacity remained a key focus in site meetings.

Mrs Webber noted that the IPR reported that Same Day Emergency Cares (SDECs) were at capacity despite being relatively new, and asked whether activity forecasts had been incorrect. Mrs Roberts explained that the use of the SDECs had grown more rapidly than had been anticipated, but was unsure whether this was in line with forecast activity. Work was being undertaken to create additional space, supported by The Emergency Care

	Improvement Support Team (ECIST). Dr Merritt noted that it had been recognised that the SDECs at both EDGH and Conquest were constrained by available space when they had been built; much larger SDECs were planned under the New Hospital Plan. *Finance* Mr Reid reported that Trust's 2023/24 budget had been finalised at the end of April, with Divisional budgets finalised at the end of May. The Trust's Cost Improvement Programme (CIP) plan targeted £32.5m in 2023/24, comprising a cost savings target of £22.5m and income improvement of £10m. £9.6m of CIP had been identified with further plans in development. A large percentage of the identified savings would be non-recurrent. The three industrial actions that had taken place in April had impacted on delivery of the target of 108% of 2019/20 activity, as well as Emergency Recovery Fund (ERF) income which was £900k less than anticipated. A £400k non-pay deficit in month one was slightly better than planned, with strikes contributing to a £300k adverse pay position during the month. Work was being undertaken to reduce the number of follow up appointments, with a focus on increasing day cases and elective activity and Mr Reid hoped that financial performance and activity would improve during May and June. Mrs Fadero asked whether any backup plan had been developed for delivering the 2023/24 financial target. Mr Reid explained that increased controls, protection of elective beds and improving on the work that was already being done would help to deliver the required 108% activity which would drive increased income. In addition controlling pay costs to ensure that there was no significant increase from 2022/23 would be vital. Mr Phoenix noted that delivering the financial target would be hugely challenging for the Trust. Mr Aumayer explained that the Trust was currently focussing on improving productivity by putting accountability as low as possible in the organisation, while ensuring that appropriate controls remained. Mr Sims suggested that the increased investment made in workforce budgets some areas of the Trust should be communicated to colleagues. Mr Aumayer agreed, noting that workforce budgets did not take account of strike actions which were driving increased agency and bank costs.	
43 / 2023	**Learning from Deaths, Quarter 3** Dr Merritt explained that the process of learning from deaths had been introduced by the CQC to ensure that learning from individual deaths took place following the investigation into poor care at Mid Staffordshire NHS Trust. The process continued to evolve with reviews undertaken following the death of any patient with learning difficulties, where there had been a complaint or Serious Incident raised or where a death had been reviewed by the coroner to identify whether the death was avoidable. Deaths were rated from 1-6 based on avoidability, and those with scores of 1-3 were reported to the Trust Board. No avoidable deaths had been identified in the Q3 2022/23. Mr Sims asked about the gap between the total number of deaths and those that had been reviewed. Dr Merritt explained that reviewing deaths took some time as reviews were undertaken in depth, which was a helpful learning process for the Trust. All deaths were also subject to review by medical examiners prior to a death certificate being issued.	
44 / 2023	**Maternity Review, Quarter 4** Ms Lynes reported that all external maternity reporting had been completed in line with national guidance. A mortality review had been undertaken with no issues identified. Sickness levels amongst staff had continued to reduce since July 2022, and she anticipated that full recruitment of staff would be completed by October. Improving the culture of the maternity department remained the main area of focus, and feedback received from staff provided assurance that this was improving. Improvements had been realised in a wide number of areas including sickness, recruitment, meetings with staff and management of expectations. Appraisal rates were also improving with additional work being undertaken to improve these further. There had been no surprises in the recent staff survey results; the survey had reported an increase in staff reporting harassment and	

	Mrs Lynes explained that staff had got used to dealing with harassment and were being encouraged to report this at an earlier stage. Staff had welcomed the recent purchase of ten telemetry machines, the installation of additional electrical sockets and an increased maternity footprint. There had been a response rate of over 40% from a recent maternity survey, which provided greater depth of response compared to the national NHS staff survey. Data was being reviewed, and would be used to realise further improvements. FFTs were used to receive patient feedback, with further feedback received from the Maternity Voices Partnership. Feedback was used to develop improvement action plans. The majority of actions that had emerged following recent inspections of maternity services had been completed. Red actions remained around mandatory training, appraisals and safeguarding and basic life support training. New doctors starting in August would receive essential training on the first day that they joined the Trust, addressing the concern around training for junior medical staff. Recent publications would be subject to gap analysis to identify additional requirements with progress presented to the Board. A recent report on Black Maternal Health had been a sobering read, focussing on black, Asian and minoritised groups and the Trust had recruited a new member of staff for a year who would support these groups and provide training for staff. Mr Aumayer reported that the Trust had also recently appointed an obstetrician with an interest in this area who would provide further support. Mrs Fadero thanked Mrs Lynes for the comprehensive report, asking what was required to improve the actions that were rated as red. Mrs Lynes reported that there were 50 appraisals that were out of date, and targeted work was being undertaken to improve this. It was important that staff had a good quality appraisal and staff were keen to be appraised. Work had been undertaken with HR teams to ensure that staffing levels supported mandatory training needs, and the recent uplift in staffing would further support this. Staff now wanted to join the Trust and the maternity page on the Trust's website was due to be updated soon which would emphasise the benefits of working for the Trust. Mrs Fadero noted the importance of the relationship with the Maternity Voices Partnership in hearing feedback from women, and asked whether actions that had been raised had been addressed. Mrs Lynes reported that recent issues around breastfeeding had been resolved. A further issue around partners staying overnight had been raised, and would be reviewed at a workshop in July. Specific rules would need to be introduced for the protection of staff and other service users. Mrs Webber asked about progress in carrying out an audit of triage calls over a 24 hour period, noting that this had been delayed. Mrs Lynes confirmed that the audit was now being undertaken. Initial feedback was very positive, showing good communication with service users setting expectations for their care. Mrs Agbeze asked for an update on the new website. Mrs Lynes explained that the website was progressing but was taking longer than anticipated. The landing pages had been completed and were being reviewed. The full website would be shared for feedback with the Maternity Voices Partnership prior to going live, with an expected launch in June or July.	
45 / 2023	**Corporate Plan 23/24** Mr Milner presented a document which summarised the Trust's Corporate Plan for 2023/24, explaining that it had been socialised with divisional chiefs and through staff forums. It would be shared widely on the Trust's website. The document provided headline objectives for the year, the activity required to deliver these and the ongoing financial position. Updates would be shared with Committees and the Board during the year, and would be monitored by the Executive Leadership Team and through IPRs on a monthly basis. They would also be shared with the Urgent and Planned Care Boards. The document included links to the ICB's shared delivery plan and operational metrics from the 2023/24 system plan objectives would be reflected in the updated Trust IPR.	

	The Trust had been working with PA Consulting to link strategy to delivery and to help develop a governance model. Four key areas of focus had been identified which would be the focus for the organisation in 2023/24, but items not included within the plan remained important as well. Mrs Churchward-Cardiff explained that it was helpful to see the Corporate Plan distilled, but noted that it had a focus on acute services; she felt that it would be helpful to identify the impact that community services could have on the objectives. Mrs Roberts explained that objective setting was planned with the Deputy Director of Operations for CHIC, and that personal and divisional objectives for the division would be set which would reflect the corporate objectives. Mrs Webber asked what 'making the culture stronger' meant and Mr Aumayer explained that this was difficult to define and measure. There were some clear indicators, and three metrics had been included to reflect cultural improvement. He would reflect on whether this could be described differently within the Corporate Plan. Mrs Fadero explained that there had been a clear theme during the meeting about the ned to ensure that Community services received greater visibility in the Trust, noting that doing this would help to deliver the Trust's strategy. Mr Phoenix agreed, explaining that it would help members of the Board to gain greater understanding of how the different parts of the Corporate Plan fitted together. Mr Sims noted that the Corporate Plan was still being discussed with divisions, and asked how it linked to the Financial Recovery Plan. Mr Aumayer explained that the two plans were aligned, along with the productivity programme and divisional plans. Mr Phoenix asked whether divisions knew what needed to be delivered and Mr Aumayer confirmed that high level conversations had taken place, but detailed goals and objectives continued to be developed. Mrs Agbeze noted that some of the performance indicators included within the document were vague and asked whether this was because the Corporate Plan had not yet been finalised. Mr Milner explained that there were two or three areas where metrics for deliverability had not been finalised; more detail would be included in the final version of the plan. Mrs Webber asked whether the document would be the front page of the IPR moving forward, and Mr Phoenix confirmed that it would be the core of the IPR.	
46 / 2023	**2022/23 Nursing Establishment** Mrs Carruth explained that the report was being presented for the Board's information, summarising more detailed reports on ward and A&E nursing establishments which had been discussed by the F&P Committee. Mrs Churchward-Cardiff asked about the rationales for investment noted under section three of the report. Mrs Carruth explained that the majority of additional posts related to healthcare support workers, and the reasons for the increase had been discussed in detail at F&P. The reasons for the investment were not limited to career development and non-patient facing activities. Ms Williams explained that she had found the rationales provided by the summary document to be challenging as she had not been at F&P when the paper had been discussed and hoped that future summaries might provide greater detail for the Board.	
47 / 2023	**Freedom to Speak Up Guardian Report** Mr Aumayer reported that it was a requirement for Boards to receive regular reports from Freedom to Speak Up Guardians (FTSUG). The report had been presented at POD, where there had been a helpful debate, and the FTSUG would be attending the private Board meeting later that day to discuss their report in more detail. He explained that increased numbers of staff contacting the FTSUG was positive, as it demonstrated that staff were willing to speak up when they had concerns, utilising the processes that were available in	

	the Trust. He was proud that the Trust had high contact rates compared to peer organisations, with no staff making anonymous reports. Staff who were nervous about speaking up were offered support, and Mr Aumayer met with any staff who were nervous or afraid. Ms Williams explained that she had been really concerned when reading the report prior to the discussion at POD. She had asked how concerned she should be and the FTSUG had provided balance, context and assurance that issues were dealt with in an appropriate manner, followed up by the HR team, that managers were offered training and that the FTSUG processes were working well. She felt that the report represented a key indicator of a successful culture in the organisation. Mr Aumayer reported that the Trust had asked its internal auditors to review FTSUG processes to provide additional assurance. He was very comfortable with the draft audit report that had been received noting that this would be discussed by the Audit Committee when finalised. Mrs Churchward-Cardiff noted that encouraging staff to speak up was important, but equally important was ensuring that the issues were resolved successfully. She asked whether resolutions could be included in future reports. She also asked whether the Trust had sufficient FTSUG. Mr Aumayer explained that the FTSUG were extremely good at ensuring that issues were dealt with through appropriate processes. They were very busy, but he felt that the Trust had the correct number. Mrs Webber reported that she had spoken to Ms Williams prior to the meeting and had received assurance about the report. She felt that it would have been useful for a response from management to be included in the report. Mr Aumayer agreed, noting that this would be a helpful addition although he would not change the main body of the report. Dr Merritt praised the reporting, explaining that it was well written and very clear. He was pleased that staff were confident about raising issues through the FTSUG and noted that this healthy reporting culture was also reflected in patient safety reporting.	
48 / 2023	**Sussex Premier Health Year One Update** Mr Reid explained that the Trust had acquired Sussex Premier Health (SPH) from Spire Healthcare on 31st March 2022. Staff had undergone a TUPE transfer to ESHT, enabling SPH to form a division within the Trust. SPH had been registered with major health insurers and had delivered a profit in 2022/23, treating almost 2,400 patients. Plans were being developed to optimise and fully utilise the SPH hospital moving forward, along with increasing activity at the Michelham Unit in Eastbourne. Mr Aumayer praised the work that had been done by SPH management, marketing and staff in building the business during its first year. Mr Phoenix congratulated the SPH team on their excellent first year. Mrs Churchward-Cardiff asked whether the Michelham Unit was a long term solution or whether a standalone hospital should be built in Eastbourne. Mr Reid explained that he hoped that SPH would drive increased activity in Eastbourne. It was important that the Michelham was protected and the service re-established following the pandemic. Consultants needed to have confidence that beds in the Unit would be ringfenced for private use and that there would be sufficient theatre capacity.	
49 / 2023	**Quality Account Priorities & Delegation of approval of Quality Account 2022/23** Mrs Carruth explained that the production of the Trust's Quality Account was an annual process. Q&S had approved a three priorities for the 2023/24 Quality Account following a consultation process: 1. **Patient Safety:** Implementation of the Patient Safety Incident Response Framework (PSIRF) 2. **Clinical Effectiveness:** Reducing insulin prescription and administration errors 3. **Patient Experience:** End of Life Care	

	Mrs Carruth asked the Board to note the three priorities, and to delegate approval of the 2023/24 Quality Account to Q&S. Mrs Churchward-Cardiff asked for more detail about the End of Life Care priority. Mrs Carruth explained that the Trust already provided good end of life care; the priority concerned having difficult conversations with patients and loved ones, and ensuring that these were properly documented. It was important that staff were confident and felt supported in having these conversations. Dr Merritt noted that another area where improvements could be realised was in the earlier recognition of the need for end of life care, and in stopping treatment at the right time. *The Board noted the 2023/24 Quality Account Priorities and delegated approval of the 2022/23 Quality Account to the Quality and Safety Committee.*	
50 / 2023	**Use of Trust Seal** One use of the Trust Seal was noted since the previous meeting of the Board.	
51 / 2023	**Questions from members of the public** Mr Hardwick asked about whether there was a difference in the number of staff contacting FTSUGs at EDGH and Conquest. Mr Aumayer reported that the data showed parity between the two sites. He noted that no site specific issues had been identified. Mr Hardwick asked whether available capital that was not spent within a financial year was made available to the Trust for the following year. Mr Reid explained that capital was allocated to trusts on a year by year basis by HM Treasury. If an underspend was anticipated then trusts could offer capital to other organisations within their system as long as this was approved by the system. In 2022/23 ESHT had transferred about £2m to other organisations as some projects at the Trust, in line with the national picture, were delayed. The remainder of the Trust's capital plan for the year had been delivered successfully. Mr Hardwick praised the recent improvements to the staff restaurant at EDGH, noting that breakfast was a bargain. Mr Aumayer explained that staff restaurants at both EDGH and Conquest had recently been refurbished thanks to the support of Eastbourne's Friends and the Trust's charity, praising the improvements that had been made. Mr Campbell asked when the Board anticipated publishing minutes of its Committee meetings in public. Mr Phoenix expected that this would begin at the next meeting of the Board in August. Mr Campbell asked when a recent transport survey that had been undertaken would be presented to the Board. Mr Milner explained that the survey was currently being reviewed by the Director of Estates and Facilities; he was unsure when it would be publicly shared. Mr Campbell asked about the balanced scorecard section of the IPR, noting that nine elements were 'consistently missed'. He asked whether the Trust was therefore under-performing against its expected level. Mr Phoenix explained that the Board regularly discussed the reasons why targets were not met, and plans that were developed to improve performance. Some of the metrics were being missed nationally following the pandemic, and the Trust continued to perform well against peer organisations. Mr Aumayer noted that all of the performance metrics on the balanced scorecard were subject to regular review; they were all the subject of significant focus whether targets were being met or not. Mrs Roberts explained that performance was reviewed in great detail within the Trust, with Executives meeting with divisions on a monthly basis. Mr Campbell suggested that the Trust should consider different wording to 'consistently missed'. Mrs Roberts noted that it was important to be honest and open about how the Trust was performing. Mr Campbell asked why the Trust could not set a balanced budget without relying on efficiencies. Mr Reid explained that there was an expectation that trusts would review changes that occurred during the pandemic and work towards returning to a pre-Covid position. There was a central expectation that savings of 2-3% should be achieved through	

	improved efficiency. However, this needed to be balanced against the delivery of other national targets including cancer and four hour A&E performance.	
52 / 2023	**Date of Next Trust Board Public Meeting** The next meeting of the Trust Board would be taking place on Tuesday 8th August 2023 at 0930 at St Mark's Church Hall. Bexhill.	

Matters Arising

Agenda Item	Action	Lead	Progress
42/2023 – IPR Month 1 - Access and Responsiveness	Assurance about monitoring of the quality of outsourced community paediatric services to be shared	Sheila Roberts	Assurance was sought in advance of outsourcing using review of sample reports. In addition the permanent team have reviewed the first tranche of referrals to provide additional assurance. There are regular contracting meetings with the suppliers although it is not possible to review every single report due to the scale of the numbers.

East Sussex Healthcare NHS Trust

Audit Committee Summary, 27th July 2023

Purpose of the paper	Executive summary attached for Audit Committee meeting that was held on 27.07.2023						
	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

Cybersecurity Update

It was noted that the Trust's cybersecurity risk status had reduced to 'medium', but the overall level of digital threat to the NHS had increased.

- The total number of legacy server systems used by the Trust had reduced by 34% and the server exposure score to 30 – the lowest ever. The amount of legacy operating systems in use had dropped by 50%
- Client device patching had risen to 87%
- A Cyber Action Plan had been created to help progress the Trust to a 'low' cyber-risk status. Cyber Essentials Plus accreditation had been awarded for the proposals, which derived from internal audit recommendations, self-assessments, external penetration testing, and the Risk Register.

Board Assurance Framework (Q1)

It was agreed that a conversation would take place between the Q&S and Audit Chairs around developing more detailed mitigation plans for BAF 10. In addition, discussions confirmed that the risk linked to the volume of patients not meeting the criteria to reside should remain at 16 and not be considered for downgrading until all surge beds had been closed.

Corporate Risk Register

71 Corporate Risks were recorded on the register – an increase of two from June 2023. One risk had its score increased, three new risks were added, one risk score was reduced to 9 and one risk was closed. Eleven risks with the highest score of 20 were included but progress against addressing these had been made and all Corporate Risks had been reviewed over the June to July 2023 period. The Datix system was being upgraded and the Risk Register would transfer to the Enterprise Risk Manager module on Datix iCloud (DCIQ) at the end of July. The upgraded system would improve the management and reporting of the Trust's risks.

Information Governance Toolkit Update and Annual Report 2022/23

ESHT was compliant (standards met) with the Data Security & Protection Toolkit (DSPT) for 2022/23. A good culture of reporting Information Governance and Information Security incidents within ESHT continued and the Trust did not have any Information Governance breaches open with the Information Commissioner's Office (ICO).

Tenders and Waivers

	23 Tenders and 22 quotation exercises valued at £14.57m were awarded in the period 1st March to 30th June 2023. Internal auditors advised of their intention to complete some benchmarking work around waivers. **Review of losses and special payments** The Committee noted the losses and special payments incurred by the Trust during the period April 2023 to June 2023. Most of these payments related to pharmacy write-offs. A total of 20 losses and special payments, equating to £81,725, were incurred during this period. **Internal Audit Report** Two final reports had been issued since RSM had taken over as ESHT's internal auditors: • Data Protection Security Toolkit (22/23) – Moderate/Substantial Assurance (NHS England mandated gradings) • Payroll Transfer - Reasonable Assurance There were 107 live management actions, inherited from the previous internal auditors. Of these, 87 were due for implementation, and 20 had not reached their target date for implementation. It had been confirmed that 40 had been implemented and a total of 29 actions had their target implementation dates extended. RSM recommended that 18 actions be superseded following independent review and after discussion with the Chief Finance Officer as these actions were either no longer viable or would be covered again in upcoming internal audits. The importance of an audit reviewing business cases was discussed by the Committee and it was agreed that this would take place once resource was available. **Anti-Crime Specialist (ACS) Service Progress Report** Since assuming the role of anticrime specialist service providers to Trust, RSM had reviewed a number of Trust policies and issued ten instances of fraud alert guidance. One case currently being reviewed would progress to a full investigation. **ESHT Well-Led Review** A paper which outlined the proposed specification for a well-led review was brought to the Committee. This was in support of guidance from the NHS Code of Governance (CoG) that Well-Led Reviews should be undertaken every 3-5 years. The review would: • deepen understanding of leadership and governance through objective and constructive review and challenge • identify key development actions in relation to well-led (including in relation to the NHSI's well-led framework, well-led requirements under the CoG and the eight key lines of enquiry under the CQC's revised approach to inspecting well-led) • obtain maximum value for money through skills transfer and knowledge sharing. The Committee discussed the proposal and it was hoped that the review could be completed by the end of October 2023, after a tendering process identified the most suitable provider. **Annual review of Committee self-effectiveness, Terms of Reference (ToR), work programme and critique of meeting papers** Based on the feedback received, it was agreed some amendments should be made to the Committee's ToR. Once this had taken place, the new ToR would be brought to the Committee for noting and then presented for approval to the Board.

Next steps	N/A

East Sussex Healthcare NHS Trust

Trust Board

People & Organisational Development Committee Executive Summary 20 July 2023

Purpose of the paper	To provide the Board with a summary of the People & Organisational Development Committee meeting held on 20 July 2023						
	For Decision		For Assurance	x	For Information		
Sponsor/Author	Carys Williams – Non-Executive Director (Chair of the POD Committee)						
Governance overview	N/A						

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

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

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

Executive Summary

INTRODUCTION

Since the Board last met a POD Committee meeting was held on 20 July 2023. A summary of the agenda items discussed at the meeting is set out below.

WORKFORCE REPORT

An overview of the workforce data for June 2023 was provided:

- Turnover rate had reduced by a further 0.1% to 12.1%
- Monthly sickness rate increased slightly by 0.1% to 4.6%. Anxiety, Stress and Depression highlighted as the highest identified reason
- Mandatory Training compliance had increased by 0.5% to 88.9%
- Appraisal rate continued to improve by a further 1.9% to 81.1%
- The Trust vacancy rate had increased by 1.7% to 10.3%, due to an adjustment to the budgeted establishment in June to the negative vacancy factor that had been applied to Trust Budgets.

Industrial Action

- Two thirds of the Junior Doctors had been on strike. The key issue was cancelled activity
- The Consultant strike had commenced, no areas of deep concern, with guaranteed "Christmas Day" cover enabling a safe service.

New Trust Values and Behaviours

Sessions had been planned to engage with staff around the proposed development of new Trust values and seeking feedback. These sessions will be held face to face and via Microsoft Teams to allow all staff to attend.

NHSI WORKFORCE SUBMISSION

An overview of the NHSI Workforce Submission was provided. The purpose of this paper was to highlight the changes between the original Workforce Submission to ICB in March 2023 and the latest agreed workforce plan for information.

APPRAISALS DEEP DIVE

An Overview of Appraisals was provided. The Trust is committed to ensuring that every member of staff has an effective and transparent appraisal. The Trust target rate for appraisal completion is minimum of 85% (we believe that everyone deserves an appraisal), compliance currently stands at 81.1%, the highest level achieved by the Trust over the last 3 years.

APPRENTICESHIPS

An apprenticeship paper was circulated for assurance on:

- Current Apprenticeship Levy Expenditure
- Current Numbers of staff on Apprenticeships and any attrition update
- Future Commissioning requirements
- Opportunities, achievements and challenges with some focus on objectives as set out in the NHS Long Term Workforce Plan published in June 2023.

Challenges:

- Lack of Employer support funding on several key pathways
- The impact in career development has been highlighted at regional and national level as there is growing concern that national workforce priorities such as professional nurse number targets etc may not be met because we lack the ability to be able to use the levy as an organisation in a way that nest supports our own workforce priorities.
- The lack of informed information from some Divisions on their educational requirements to support their patient care and service needs does hamper the ability to plan future apprenticeship programmes.
- The wider impact of the objectives from the wider NHS Long Term Workforce Plan that highlights the increasing of students in training across a range of areas including Nursing. Medical, Pharmacy, Medical Associate Professions (Physicians Associates, Anaesthetic Associates etc).

NEW ROLES / NEW WAYS OF WORKING

An update was provided on the impact of some initiatives linked to New Roles and New Ways of Working that had been implemented across the Trust over the last 12 months, linked to Workforce/Service Priorities.

CAREER PATHWAY REPORT

An update was provided on the position of a number of initiatives that support the development of Career Pathways and the Career Pathway Progression Framework.

BOARD ASSURANCE FRAMEWORK

BAF 2 – Failure to attract, develop and retain a workforce that delivers the right care, right setting, right time

- Anticipated year end risk to be changed to 12 with a long term aim of 9.

BAF 3 – Decline in staff welfare, morale and engagement impacts on activity levels and standards of care

- Reviewed – score accurate

A challenge was raised about whether the target date of 'end of year' was realistic.

MEDICAL AND NURSING REVALIDATION

The Medical Revalidation Annual Report and Nursing & Midwifery Revalidation Annual Report were circulated for assurance and approval. The Committee approved the reports.

JOB PLANNING & ROSTERING

Ejob Planning

An update was provided on the approval rates for ESHT Medics eJob Planning with an action plan to further improve the fully signed off position with enhanced quality.

Rostering

An update was provided on the Rostering position at ESHT for assurance.

JUNIOR DOCTOR SURVEY – June 2023

During the last few years national surveys have been undertaken and amongst other things, have highlighted that exception reporting was under-reported. A further survey has been undertaken, focussing on quality and improvement, seeking reasons and trying to find solutions to increase the number of exception reports.

The survey results for 2023 have now been received by the Trust and once analysed will be reported up through POD and to Board.

Carys Williams
Chair of POD Committee - July 2023

Quality and Safety Committee Report – 20 July 2023 Meeting

- MUST Audit Performance – assurance received that following a deterioration in performance noted from an audit in September 2022, an action plan had been developed to address shortcomings. Digitising of assessments had improved access to information for wards and allowed early identification of patients that had not been assessed. Further snapshot audit to take place later this year followed by a full re-audit in 2024.

- Patient Safety Incident Response Framework and Plan – trust expected to be ready by implementation date of 1 September 2023. Some challenges in terms of resource. Framework and Plan to be resubmitted to the August 2023 meeting for sign off if authority delegated by Trust Board.

- Governance Quality Report (Jun 23 data) – Further increase in unopened Datix cases. Further investigation of May and June 23 incidents to ascertain the reason (possibly delayed impact of industrial action).

- Safer Staffing – Improvement in SafeCare compliance from February 2022 to present day. Monitoring of quality metrics ongoing to ensure quality not impacted by scrutiny of additional shifts. Roster compliance meetings continuing with excellent engagement from matrons and heads of nursing

- Infection Prevention Control Board Assurance Framework – New format BAF presented.

- Medicine Safety Report – decline in category 2 incidents being maintained. Very good progress on ePMA with roll out to theatres and surgery expected in the early autumn and good progress with issues preventing roll out to the emergency departments.

- Quarterly CQC Key Lines of Enquiry Self Assessment – Divisions monitoring and planning interventions where needed. Some areas showing as outstanding. Weekly 'back to the floor' sessions supporting wards and areas and cross checking self assessments. Overall ratings for the 5 domains was good. No areas flagging significant concerns.

- Board Assurance Framework – Quarter 1 – QSC risks (BAF 10 and 12) had been reviewed and refreshed in May 2023.

- Trust's Culture Improvement Journey – good progress noted and focus on quality and safety culture within the trust. Refreshed trust values and behaviours being developed using engagement sessions.

- Trust Patient Safety Passport (Training) – In development and good progress. To continue to be reviewed and re-submitted to the committee once finalised. Noted resource implications.

- Violence and Aggression – HSE Contravention Notice – significant work to address the 2019 Notice of Contravention. Resource hampering some progress. Trust Board to note potential risk that the trust will be perceived as allocating insufficient resources to address all elements of the Notice of Contravention and to achieve the NHS England 'violence prevention and reduction standards' by Marc 2024.

- Impact of Industrial Action – colleagues had worked hard to manage industrial action days but it was noted that the cumulative effect risked impact on ability to provide a quality service. Despite this there had been improvements in relation to discharge and long length of stay and these were being sustained and improved upon.

Amanda Fadero, Chair
28 July 2023

East Sussex Healthcare NHS Trust

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 22nd June 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

Executive Summary

The committee last met on the 22nd June and was quorate. Three matters arising were closed and the remaining two were covered in the agenda. Key points from the meeting were:

Governance of the Shared Delivery Plan

The ICS approved the governance structure for the Shared Delivery Plan (SDP) and the timeline for the eleven Delivery Boards. The Committee noted the resource challenge involved to ensure appropriate and proportionate representation to the eleven Boards, and how this would fit with the Trust's BAF risk No1. The Committee asked for further information on reporting of KPIs. An action was noted for the next Committee meeting to clarify arrangements between the 11 workstreams to ensure alignment and integration.

Board assurance Framework for 2023/2024

Three BAF risks were reserved for the S&T Committee:

1. **Risk 1** was confirmed at target level given confidence in our capacity to meet system requirements.
2. **Risk 10** was above target level given the challenge to embed a continuous improvement programme in year. A business case for external support has been developed to manage the risk.
3. **Risk 12** was confirmed on target but required analytical support to help identify health inequalities. (See item below)

Transformation programmes

The transformation dashboard was presented and the Committee praised the level of information and detail provided. The outpatients programme would become part of Business as Usual given the required focus on productivity. Programmes for Pathology, Electronic Patient Records, Cardiology and Ophthalmology were progressing to plan. Significant progress in shaping the Frailty programme was reported following a series of workshops. Community programmes required agreement on key areas of focus to provide further clarity.

Health inequalities

An update on the Trust's approach was presented, noting the actions required to improve Data, Prevention, Service Impact and implementation of national guidance. Health inequalities was a system priority and support with analytics had been requested.

Next steps	N/A

East Sussex Healthcare NHS Trust

Chief Executive Report

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

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

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

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

Executive Summary

Culture

Firstly, I would like to recognise the hard work and dedication of all our staff. They continue to work together to deliver great patient care and help us on our journey towards outstanding.

Our culture is very important to us and describes who we are as an organisation and wider team, not just what we are and what we want to deliver. We also know that a strong culture impacts on the wellbeing and experience of our staff, which is shown to improve patient care and experience.

We have been running a number of staff values engagement events and at this stage have over 500 people booked into the sessions being held both face to face across East Sussex and virtually. Our current Trust values were developed some years ago and have served us well; however as we take time to reflect on our experiences as a result of the Covid pandemic and as new staff have joined us over the years, we wanted to test if those values resonated with people as we move forwards. Working initially through the staff partnership forum three key words have been suggested and these are being discussed along with what they mean and associated behaviours. The aim is to conclude and agree the final values over the coming weeks and launch the new values by October.

NHS75

We've recently celebrated the 75th anniversary of the NHS. Over the last seven and a half decades, the NHS has saved millions of lives, brought hundreds of babies into the world, and provided comprehensive healthcare for the 66 million people in the UK.

To mark the occasion, we held 'Big Tea' events at Conquest and Eastbourne where staff came together to celebrate the anniversary. In addition to this, our ESHT Midwifery Team were invited to attend a reception for NHS Champions at No.10 Downing Street, along with Caroline Ansell MP.

NHS Staff Awards 2023

The Trust awards present a brilliant opportunity to thank and recognise our amazing staff following the challenging years we've faced as a result of the pandemic. The award ceremony was held on

the NHS's 75th anniversary at The De La Warr Pavilion in Bexhill-on-Sea where nominees were invited to come together for a night of celebration.

I wanted to give a particular mention to this year's winner of the Chairman's Award, the Bookings Team. The Bookings Team represent a true 'unsung hero' of the NHS and, as our Chairman Steve Phoenix said when presenting them with their award, they are the voice, if not the face, of our Trust to the public. It was a real pleasure to recognise their devotion and commitment to the delivery of fantastic patient care.

It was hugely important to me and so many other staff within the Trust to give a special tribute to John Cooke, who was nominated for an award but unfortunately passed away in May 2023. John qualified as a Registered Nurse in 1986 and worked within Community Nursing. Most recently John was a Senior Nurse within the Urgent Community Response team. John was a passionate dedicated professional and will be greatly missed by his team and everyone who knew him.

Industrial Action Update

I would like to say a huge thank you to our hard-working, dedicated staff for their response to the NHS strikes. It has been fantastic to see the resilience displayed during these challenging times. The latest Junior Doctors took strike action from Thursday 13th July to Tuesday 18th July, in addition to this, consultants took action on Thursday 20th July to Saturday 22nd of July. As with all strike action our aim was to ensure that emergency care was still maintained, but planned care has been significantly affected.

National publications & policies

NHS Long Term Workforce Plan

The NHS Long Term Workforce Plan was published in June. This is a fantastic initiative that will deliver increased training numbers throughout the NHS, which in turn will address any gaps in the current workforce and assist in meeting the challenge of providing healthcare to the nation. I am proud of the dedication and commitment of our staff; this plan will allow them to progress and develop as well as providing additional opportunities for the workforce to develop and progress within the Trust.

NHSE Equality Diversity and Inequalities Improvement Plan

The NHS EDI improvement plan builds on the People Promise and the People Plan, using the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity, and inclusion.

- This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.
- It has been co-produced through engagement with staff networks and senior leaders.

The Trust Board will be setting up a new sub board committee to ensure there is a continued, but greater focus on EDI both within the workforce, but also patients and our wider population across East Sussex.

Delivering operational resilience across the NHS this winter

NHSE have laid out the approach to resilience for this winter, a copy of which can be found on the NHSE website, but is summarised below:

- Continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place (see Appendix 1)
- Completing operational and surge planning to prepare for different winter scenarios
- ICBs should ensure effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the VCSE sector.
- Supporting our workforce to deliver over winter

While there is no additional revenue funding or increase to capital expenditure limits, NHS England have announced a new £150 million capital scheme for trusts whose Type 1 A&E departments over perform against national recovery targets. To access the funding trusts will have to meet two thresholds:

1. Achieve an average of over 80% A&E four-hour performance over Q4 of 2023/24.
2. Complete at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

A new health and care plan for Sussex

On June 5th NHS Sussex published the new Shared Delivery Plan, which is included as an appendix to the Board pack for information. The plan has been developed by NHS Sussex and health and care providers as well as our Trust. The plan consists of long and short term initiatives to ensure our communities receive the best care possible. Long term improvements include creating integrated community teams, improving the use of digital technology and information alongside growing and developing our workforce.

Short term and immediate improvements include increasing access and reducing variability in primary care, improving response times to 999 calls, reducing A&E waiting times, reducing diagnostic and planned care waiting lists and accelerating patient flow and discharge from hospitals.

The Sussex Health and Care Strategy as well as the year 1 Shared Delivery Plan has come to the Board previously and the full plan has now been ratified and can be found on our intranet as well as that of NHS Sussex.

Within ESHT we have already mapped our organisation's transformation plans against the SDP to ensure alignment and progress will be reported through the Strategy Committee. This represents a new way of working as NHS and Local Authority leaders work together and lead the 11 SDP workstreams.

Visible Leadership

I have been out and about recently visiting the wards and have enjoyed seeing our amazing staff in action. It has been lovely hearing the positive feedback surrounding staff engagement and morale.

The executive visits across our services are welcomed, staff appreciate the informal nature and genuine interest in the service. During these visits, teams have the opportunity to raise concerns and issues and also share what they enjoy about their work. Positive feedback this month has included district nurses talking about the interesting clinical work presented by their varying caseloads and the Eastbourne urology team have praised the environment and surroundings of the investigation suite.

The Chairman had the honour of presenting June's hero of the month award to Sam Morley, Advanced Clinical Lead for Virtual Wards.

Elective Surgery Hub

As you may already be aware, the new Elective Care Hub is expected to open in November 2024. This exciting new project will help provide our patients with reduced waiting times; it will also provide increased capacity. The hub will offer elective day surgery in a range of areas, such as urology, breast surgery, vascular, maxillofacial, ear, nose, and throat, gynaecology, orthopaedic and community dental. Here at ESHT our patients are at the heart of all we do; we are constantly looking to improve and make things easier for our patients and staff. Installing the new hub will reinforce that patient experience is our priority and that we do everything we can to live by our Trust values.

	Appendix 1 Urgent Care 10 High Impact Actions
1	**Same Day Emergency Care**: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2	**Frailty**: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3	**Inpatient flow and length of stay (acute)**: reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4	**Community bed productivity and flow**: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5	**Care transfer hubs**: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6	**Intermediate care demand and capacity**: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7	**Virtual wards**: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
8	**Urgent Community Response**: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
9	**Single point of access**: driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment
10	**Acute Respiratory Infection Hubs**: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

Next steps	*N/A*

East Sussex Healthcare NHS Trust

Integrated Quality & Performance Report

Prepared for East Sussex Healthcare NHS Trust Board

For the Period June 2023 (Month 3)

Content

East Sussex Healthcare NHS Trust

About our IPR

East Sussex Healthcare NHS Trust

- 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 (2023/24), 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

Chief Executive Summary

East Sussex Healthcare NHS Trust

The Trust saw an improvement through June across multiple performance metrics and the Trust continues to perform in the upper quartile, or mid-point, across urgent care, cancer and diagnostics. On going progress can also be observed in several key workforce indicators and the trust is aiming to deliver a break-even position for the year end.

We will continue to build on the progress made in June with the Trust achieving 76.3% against the 4-hour performance standard. The focus for the Trust remains on both improving and maintaining this key standard.

We remain committed to improving waiting times for elective care, with the aim to reduce our waiting lists, eliminate 65-week waits and meet both the faster diagnosis and 62-day cancer standards. The Trust now has several workstreams in place to support with this, with the aim in increasing productivity and effectiveness to deliver the national target of 109% of the levels of activity we undertook in 2019/20.

Key Areas of Success

- We are in the top quartile nationally for our ED performance, placed 26 out of 125 Trusts.
- We are sustainably delivering above target for our 2-hour urgent community response.
- We are in the upper quartile for our diagnostic DM01 position, with the Trust's DM01 position at the highest it has been since April 2020.
- ERF improved from £7,752k to £8,026k.
- The Trust achieved the 28-day Faster Diagnosis cancer standard, ensuring that >75% of patients referred on a suspected cancer pathway received a diagnosis within 28 days from their referral being received.
- The Cancer PTL backlog trajectory (>62 day) has been achieved for the third consecutive month.
- Continued improved seen in reducing Long Length of Stay (above 21 days).
- Our workforce turnover rate has reduced again in June to 12.1%. This is a 7 month continuing trend.

Key Areas of Focus

- Although the 4 hour performance improved in June from the previous month, further work is needed to ensure the Trust can consistently achieve the national 76% standard.
- The cancer standards including 2 week wait, 28 day faster diagnosis and 62 day are challenged. There is a focus on these key metrics at specialty level to support a reduction in the length of time patients wait to access care.
- The long wait position (>52 weeks) waiting list for elective treatment continues to be an area of challenge. Although comfortably below trajectory for >65 weeks the Trust has reported 6 >78-week breaches in month and in is anticipated that the Trust will not recover this position until September.
- ERF performance remains challenged despite activity increasing in M3. Plans are in place with Divisions to address activity shortfalls and the impact of Industrial Action.

Balanced Scorecard

East Sussex Healthcare NHS Trust

Key Metrics

Safety	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Patient Safety Incidents Causing Harm	0	4	4	4	Common Cause	Inconsistent
Serious Incidents	0	1	0	3	Common Cause	Inconsistent
Never Events	0	0	0	1	Improvement	Inconsistent
Inpatient Falls per 1,000 Bed days		5.61	5.37	4.45	Common Cause	Target required
Pressure Ulcers, category 3 to 4	0	3	2	0	Common Cause	Inconsistent
MRSA Cases	0	1	2	0	Concern	Inconsistent
Cdiff Cases	4	8	6	6	Common Cause	Inconsistent
MSSA Cases	0	1	2	0	Common Cause	Inconsistent
RAMI	94	92.8	93.2		Concern	Achieving
SHMI (NHS Digital monthly)	99%	100%	100%		Concern	Inconsistent
Nursing Fill Rate (IP - RN, RNA and HCA)	100%	91.3%	91.0%	93.6%	Common Cause	Not Met

Patient Experience	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Complaints received		34	39	46	Common Cause	Target required
Complaints Response Compliance		53.5%	60%		Common Cause	Target required
Reopened Complaints		4	9	4	Common Cause	Target required
A&E FFT Score	85%	67.2%	70.3%	92.3%	Common Cause	Inconsistent
A&E FFT Response Rate		0.588%	0.341%	5.87%	Concern	Target required
Inpatient FFT Score	95%	98.8%	98.7%	97.8%	Common Cause	Achieving
Maternity FFT Score	95%	98.6%	100%	96.6%	Common Cause	Inconsistent
Outpatient FFT Score	95%	97.8%	97.1%	98.2%	Common Cause	Achieving
Post Covid19 Assessment FFT Score	95%	100%	100%		Empty	Target required

Our People	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
Establishment (WTE) All		8,161	8,279	7,142	Improvement	Target required
Agency Rate	3.6%	1.43%	1.46%		Improvement	Achieving
Vacancy Rate	7.5%	8.6%	10.3%		Concern	Inconsistent
Staff Turnover	11.6%	12.2%	12.1%		Concern	Inconsistent
Retention Rate	90%	90.7%	90.7%		Concern	Achieving
Monthly Sickness - Absence %	4.7%	4.53%	4.64%		Common Cause	Inconsistent
Sickness - Average Days Lost per Fte	17	20.0	19.7		Improvement	Not Met
Staff Appraisals	85%	79.2%	81.1%		Improvement	Not Met
Statutory & Mandatory Training	90%	88.4%	88.9%		Common Cause	Not Met

Our Performance	Target/ Limit	Previous Month	Current Month	19/20 Same Period	Variation	Assurance
4 hour standard	76%	72.7%	76.3%	89.5%	Common Cause	Inconsistent
A&E > 12 hours from arrival to discharge	0	372	308	79	Common Cause	Not Met
A&E waits over 12 hours from DTA	0	0	0		Common Cause	Inconsistent
Conveyance handover >60 mins	0%	0.670%	0.602%	0.882%	Common Cause	Inconsistent
Non Elective Length of Stay	4.48	4.46	4.84	3.69	Common Cause	Inconsistent
Average daily NCTR		218	211		Empty	Target required
104 day Backlog	35	24	36	29	Concern	Achieving
Elective Activity (ELIP,DC,OPFA, OPFUP P...	108%	105%	95.7%		Common Cause	Not Met
RTT under 18 weeks	92%	51.7%	50.0%	91.2%	Concern	Not Met
RTT 65 week wait	280	157	218	0	Concern	Achieving
RTT Total Waiting List Size	58968	61666	62626	28550	Concern	Achieving
Diagnostic <6 weeks	1%	15.1%	11.5%	0.799%	Common Cause	Not Met
Urgent Community Response within 2 h...	70%	74.7%	77.4%		Common Cause	Achieving
CHIC wait times < 13 weeks	75%	84.0%	82.7%	89.5%	Common Cause	Achieving
Intermediate Care Length of Stay	30	42.2	33.8	26.3	Common Cause	Inconsistent
Cancer 2WW	93%	93.0%	95.9%	94.9%	Common Cause	Inconsistent
Cancer 62 Day	85%	62.3%	59.8%	77.1%	Concern	Not Met
28 Day General FDS	75%	73.8%	75.3%		Improvement	Inconsistent

Finance	Target/ Limit	Previous Month	Current Month	1920 Same period	Variation	Assurance
Surplus/(deficit) (£'000) - in month	43	(375)	78	n/a	n/a	Inconsistent
Surplus/(deficit) (£'000) - YTD	22	(811)	(733)	n/a	n/a	Not met
ERF (£'000) - in month	9,090	7,752	8,026	n/a	n/a	Not met
ERF (£'000) - YTD	24,389	14,270	22,382	n/a	n/a	Not met
Efficiency (£'000) - in month	1,799	956	2,740	n/a	n/a	Inconsistent
Efficiency (£'000) - YTD	6,132	2,115	4,855	n/a	n/a	Not met
Capital (£'000) - YTD	3,158	1,982	4,239	n/a	n/a	Achieving
Capital (£'000) - FOT	59,879	59,879	56,600	n/a	n/a	Not met

Constitutional Standards | Benchmarking

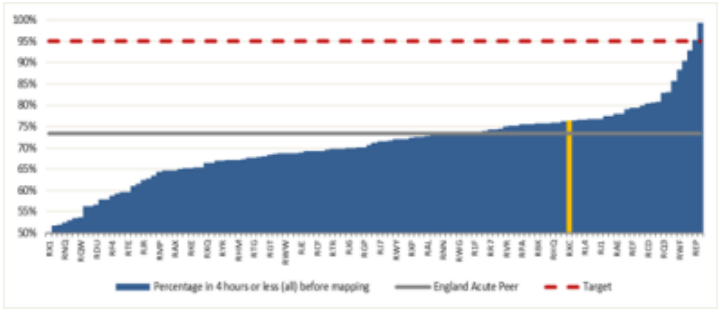
East Sussex Healthcare NHS Trust

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

Urgent Care – A&E Performance

June 2023 Peer Review

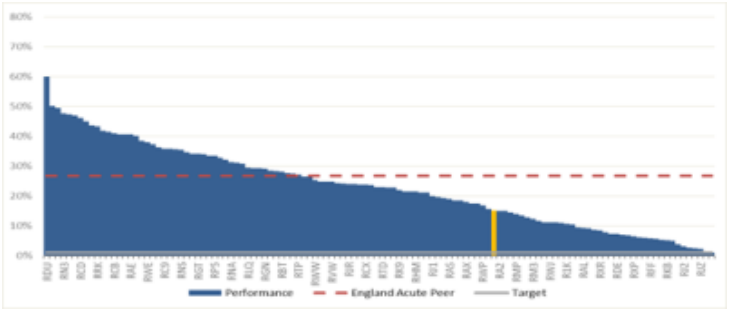
National Average: 73.3% ESHT Rank: 26/125



Planned Care – Diagnostic Waiting Times

May 2023 Peer Review*

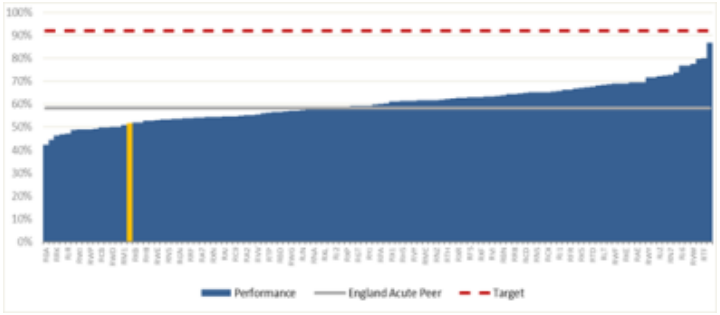
National Average: 26.8% ESHT Rank: 40/120



Planned Care – Referral to Treatment

May 2023 Peer Review*

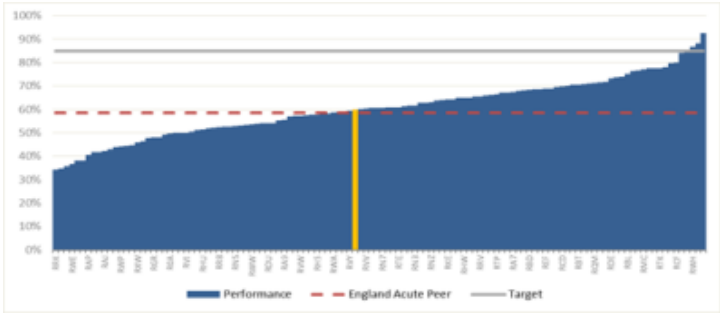
National Average: 58.4% ESHT Rank: 105/120



Cancer Treatment – 62 Day Wait for First Treatment

May 2023 Peer Review*

National Average: 58.5% ESHT Rank: 65/120



ESHT denoted in orange, leading rankings to the right

East Sussex Healthcare NHS Trust

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

Quality and Safety | Executive Summary

East Sussex Healthcare NHS Trust

Covid 19
Prevalence of COVID has been at low levels last seen in Summer of 2021. Two outbreaks occurred in June; clinical impact has been low.

Infection Control
The CDI limit was exceeded in June as 6 cases were reported against a limit of 4 (3 HOHA and 3 COHA). One case has been shown to have been due to transmission from another patient. Root causes were that the bay was not deep cleaned according to trust policy due to concurrent COVID outbreak and the patient was wandering into other bedspaces which increased the risk further.

Two MRSA bacteraemia were reported for June. One case was community onset healthcare associated; the patient was an MRSA carrier who had a previous bacteraemia. The case is under further Consultant review. The second case was hospital onset post-partum, source could not be established and therefore it's unclear if this was avoidable.

A case of Listeria, considered to have been acquired in hospital, is being investigated as a serious incident with input from UKHSA colleagues.

Incidents
There were no serious incidents in June. The PSIRP has been drafted and is going to QSC for comment and then sign off in August.

Pressure Ulcers
Reported incidents in June are confirmed as 1 category 4 PU in the community and 1 category 3 in the acute setting which occurred in a patient who was in the last days of life.

Falls
There was one severity 3 and three severity 4 inpatient falls in June. Irvine Intermediate Care Unit reported the highest number of falls with 18. Work on reconditioning continues supporting the focus on discharge planning with numbers of patients who are Discharge Ready (Not Meeting Criteria to Reside) still high.

Mortality
RAMI indices of mortality rolling 12 months, remains better than peers. Trust SHMI has remained stable for this period and still within the expected range. EDGH is showing an index of 100 and Conquest 102.

Patient Experience
In June ESHT received 39 new complaints, an increase of 5 compared to May 2023 and is above the 2-year average of 36 complaints. Four complaints received were categorised as "high risk". Nine complaints were reopened for various reasons, and the Trust received five contacts from the PHSO in June. Divisional and corporate teams continue to work through the backlog with 9 overdue complaints at the end of June. The positive FFT recommendation rates for June (apart from the EDs), 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 has reduced in June. The trust continues to see large numbers of long length of stay patients most of whom are frail, vulnerable and very dependent. In addition, there are a significant number of patients with mental health needs in our Emergency Departments (ED) and our wards, some with challenging behaviour and violence towards staff. The Health and Well-being Team are providing support where required. Ward staffing in June remained stretched to cover the additional requirements for enhanced observation in most areas, with community teams also under continued pressure. In bedded areas this is likely to have had an impact on key quality KPIs and at times staff wellbeing as previously described with sustained pressures. Focus continues regarding Healthroster compliance, authorisation of additional shifts and supernumerary time.

Safeguarding
An audit of Safeguarding closures received between January and June 2023 commenced last month, these predominately relate to Safeguarding referrals received in 2021-2022. The audit seeks to collate themes pertaining to Safeguarding actions. Initial findings have shown a theme of communication issues. Work is continuing to consider how Safeguarding huddles can be implemented within the EDs and a Task and Finish group has been launched. Meetings have also occurred with Urgent Care and digital teams, to discuss how to embed "Routine Enquiry" of Domestic Abuse/Violence in practice.
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 to enhance access

Author(s)

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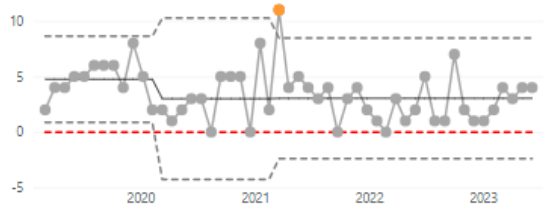
Simon Merritt Chief Medical Officer

Quality and Safety Core Metrics

East Sussex Healthcare NHS Trust

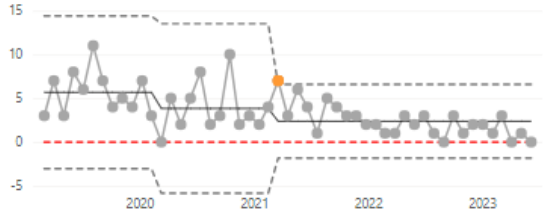
Patient Safety Incidents Causing Harm: Total, Safety

Inconsistent	Common Cause	4



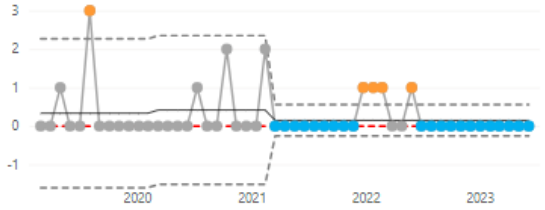
Serious Incidents: Total, Safety

Inconsistent	Common Cause	0



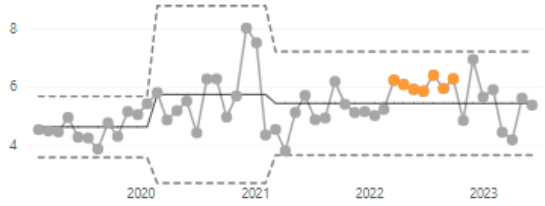
Never Events: Total, Safety

Inconsistent	Improvement	0



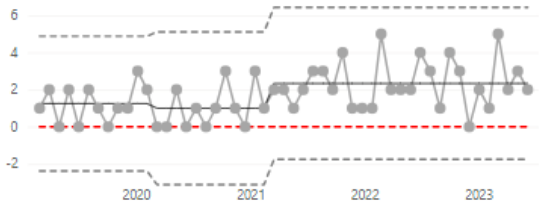
Inpatient Falls per 1,000 Bed days: Total, Safety

Target required	Common Cause	5.37



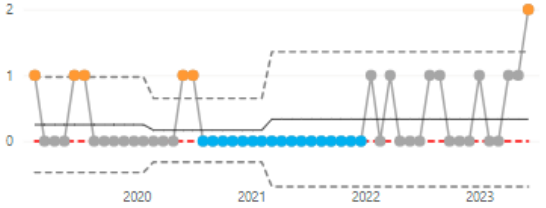
Pressure Ulcers, grade 3 to 4: Total, Safety

Inconsistent	Common Cause	2



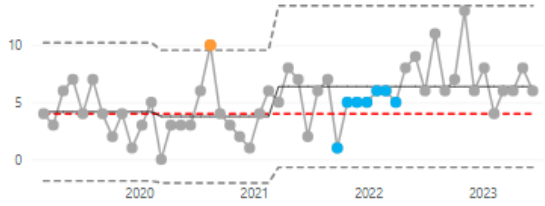
MRSA Cases: Total, Safety

Inconsistent	Concern	2



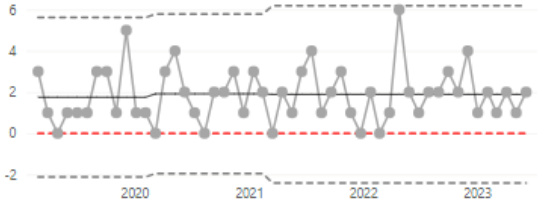
Cdiff Cases: Total, Safety

Inconsistent	Common Cause	6



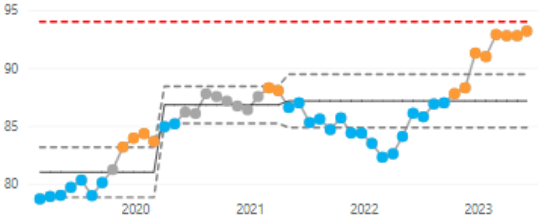
MSSA Cases: Total, Safety

Inconsistent	Common Cause	2



RAMI: Total, Safety

Achieving	Concern	93.2

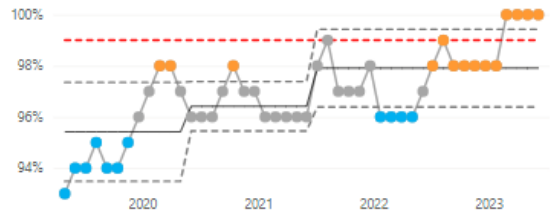


Quality and Safety Core Metrics

East Sussex Healthcare NHS Trust

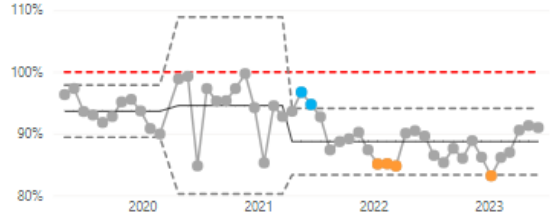
SHMI (NHS Digital monthly): Total, Safety

Inconsistent	Concern	100%



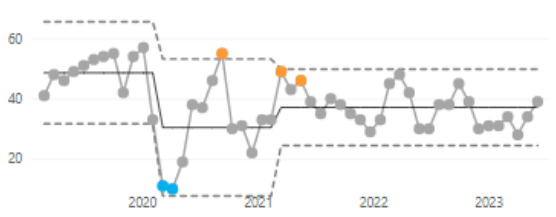
Nursing Fill Rate (IP - RN, RNA and HCA): Total, Safety

Not Met	Common Cause	91.0%



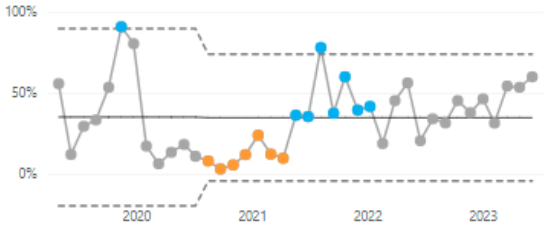
Complaints received: Total, Patient Experience

Target required	Common Cause	39



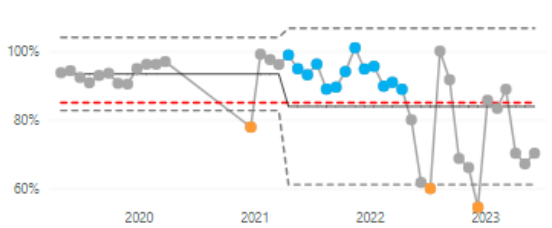
Complaints Response Compliance: Total, Patient Experience

Target required	Common Cause	60%



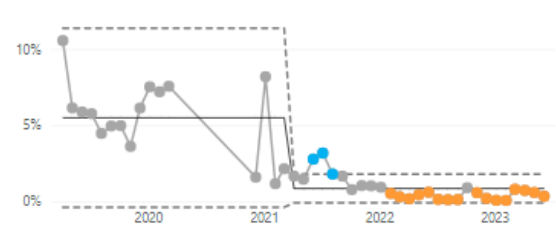
A&E FFT Score: Total, Patient Experience

Inconsistent	Common Cause	70.3%



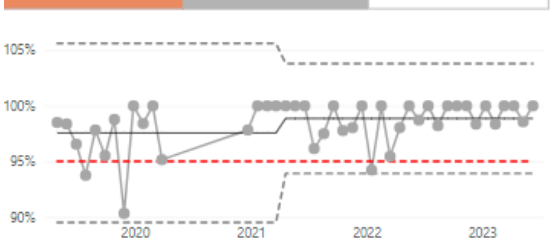
A&E FFT Response Rate: Total, Patient Experience

Target required	Concern	0.341%



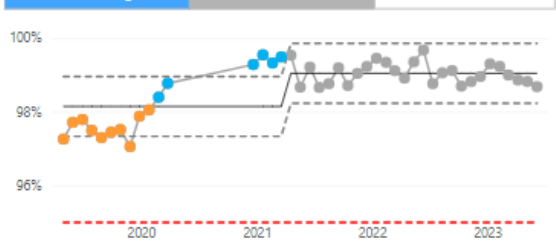
Maternity FFT Score: Total, Patient Experience

Inconsistent	Common Cause	100%



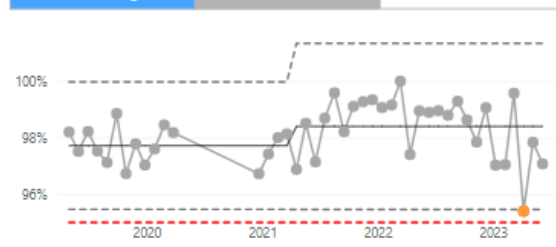
Inpatient FFT Score: Total, Patient Experience

Achieving	Common Cause	98.7%



Outpatient FFT Score: Total, Patient Experience

Achieving	Common Cause	97.1%



Quality and Safety | Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Patient Safety Incident Response Framework (PSIRF)	Patient Safety Incident Response Plan (PSIRP) which outlines the Trust's approach to patient safety incidents has been drafted and shared with QSC for comment on 20/07/23. Aim for final sign off in August.	• To finalise PSIRP after QSC meeting and compete associated policy. • To share PSIRP with clinical teams. • To agree a cut off date for declaring SI's.
Nursing Fill Rate (in-patient/bedded)	Escalation and additional super surge beds reduced in June albeit still open in July. There remains a high number of patients requiring enhanced observation for cognitive impairment, high falls risk or patients with challenging/violent behaviour. Patients who are residing for many days in the Emergency Departments (ED) waiting for beds for assessment and treatment of mental health conditions have increased. CHPPD overall was 8.9 for June (noting distortion by specialist areas) with 18 areas less than 8.	• There is a continued focus on discharge and patients with a long length of stay with the aim to reduce beds and occupancy. • Monitoring of patient harm with recent changes in controls and robust scrutiny of additional shift requests. • Risk assessment of in-patient areas that could potential be used for patients with mental health needs awaiting assessment and bed allocation with ICS level discussions about a change in process.
Inpatient Falls	Rates remain between upper and lower control limits with some variation in the last 7 months and a slight reduction in June 2023.	• Post Fall SWARMs are well embedded now with a focus on involvement of staff involved and rapid learning. • Safety Huddles continue sharing themes and support risk management and decision making. • Quality improvement continues in relation to Reconditioning and the first 4 very successful discharge events held and well evaluated.
Patient Experience	In June ESHT received 39 new complaints, this is an increase of 5 compared to May 2023 and is above the 2-year average of 36 complaints. Complaints graded by risk (between the 1.6.23 – 30.6.23): • 4 high risk (May = 4) a complaint where the action or omission of Trust staff has placed a patient at risk of or where harm has occurred • 25 moderate risk (May= 22) a complaint involving aspects of clinical care • 10 low risk (May = 7) a complaint that does not involve any aspect of clinical care Communication featured in the top three subjects for complaints and PALs. FFT response and recommendation rates remain low for both EDs with notable variation in the recommendation rate in the last 12 months.	• All new complaints received will be investigated and responded to in line with the Standard Operating Procedure. • The department will continue to work with ED to explore how FFT response rate could improve. • Medicine will be undertaking a pilot to try and address the theme of Communication. There will be a telephone etiquette pilot on two wards to help address the concerns raised regarding communication with wards.
Pressure Ulcers	Reported pressure ulcer incidents in June are confirmed as: 1 category 4 PU to a patient who uses a wheelchair in the community setting. He was on the community nurse caseload but the PU has deteriorated. 1 category 3 in the acute setting which occurred to a patient who was in the last days of life.	• Investigations for both are underway and will be presented to the next Pressure Ulcer Review Group.

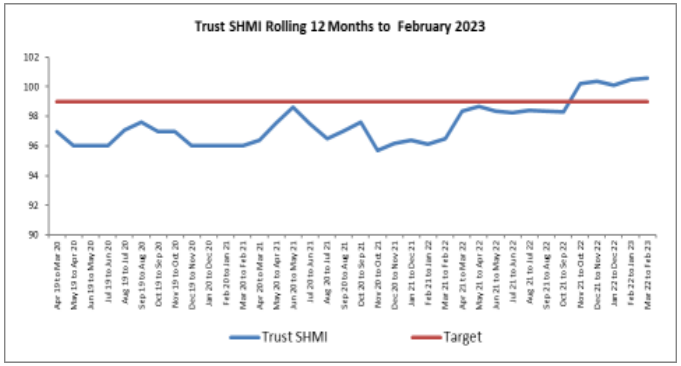
Effective Care - Mortality

East Sussex Healthcare NHS Trust

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

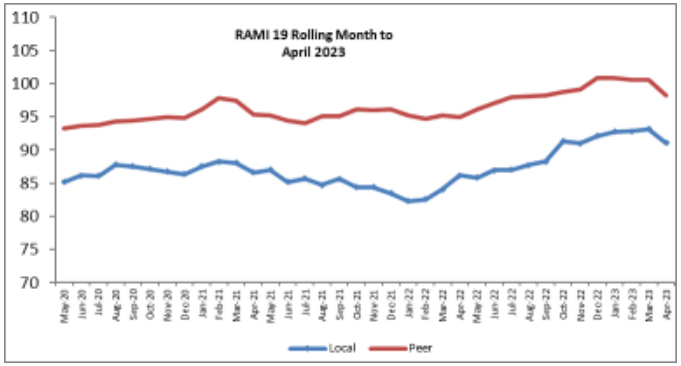
Summary Hospital Mortality Indicator (SHMI)

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

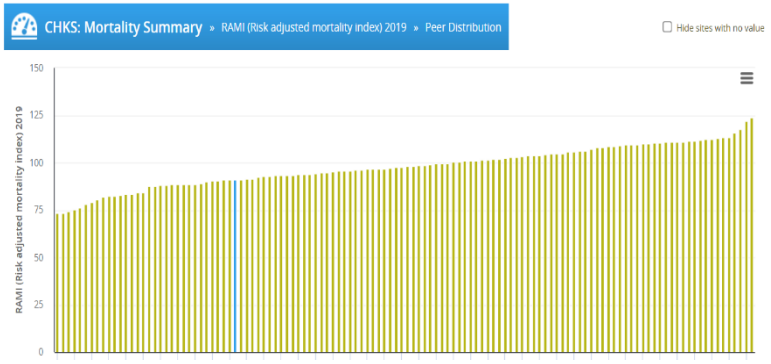


- SHMI – March 2022 to February 2023 is showing an index of 100.6 and is within the expected range. EDGH is showing 100 and Conquest is 102.
- RAMI 19 – May 2022 to April 2023 (rolling 12 months) is 91 compared to 86 for the same period last year. April 2022 to March 2023 was 93.
- RAMI 19 was 86 for the month of April and 95 for March. Peer value was 95 for April.
- Crude mortality without confirmed or suspected covid-19 shows May 2022 to Apr 2023 at 1.65% compared to 1.52% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 70% for April 2023 deaths compared to 60% for March 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 28/122

Effective Care – Mortality (continued)

East Sussex Healthcare NHS Trust

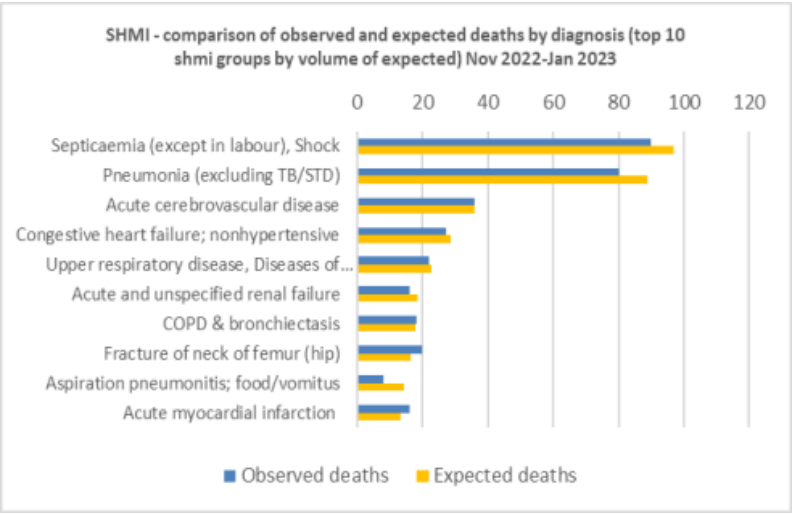
June 2023 Main Cause of In-Hospital Death Groups (ESHT)

Description	Deaths
Cancer	19
Sepsis/Septicaemia	17
Pneumonia	15
Stroke	8
Community-acquired Pneumonia	7
Heart Failure	6
Aspiration Pneumonia	5
Hospital-acquired Pneumonia	5
Myocardial Infarction (MI)	5
Chronic Obstructive Pulmonary Disease (COPD)	4
Liver Disease	3
Urosepsis	3
Acute Kidney Injury (AKI)	2
Bowel Perforation	2
Atrial Fibrillation (AF)	1
Dementia	1
Frailty of old age	1

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

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

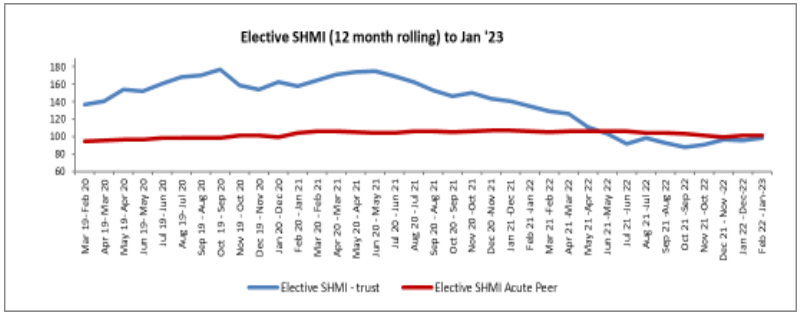
SHMI Diagnosis Main Groups

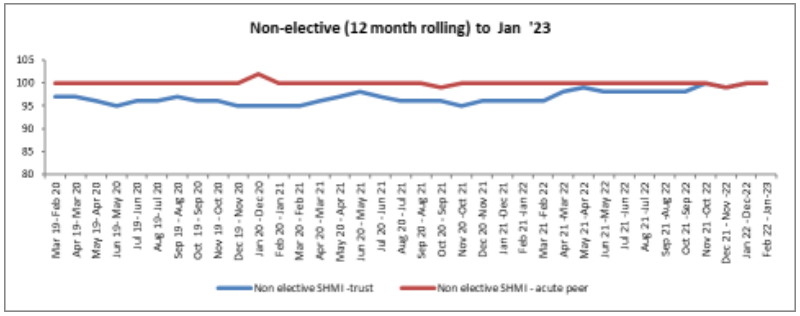


The top 2 SHMI groups (by volume of expected deaths) , septicaemia and pneumonia are showing less deaths than expected for the period.

Summary Hospital Mortality Indicator (SHMI)

Elective and Non elective Inpatient Trends





East Sussex Healthcare NHS Trust

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

Our People | Executive Summary

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	Turnover has reduced by 0.1% to 12.1%, which equates to 831.9 fte leavers in the last 12 months Annual sickness reduced by 0.1% to 5.4% Mandatory Training rate increased by 0.5% to 88.9% Appraisal compliance increased by 1.9% to 81.1%.	Industrial Action: Junior Doctors 13 – 18 July, Consultants 20 – 22 July Vacancy rate has increased by 1.7% to 10.3%. Current vacancies are showing as 840.7 ftes Monthly sickness increased slightly by 0.1% to 4.6%	 **Steve Aumayer** Chief People Officer

Overview:

In June, turnover reduced by a further 0.1% to 12.1%, continuing a 7-month trend from a high of 13.9% in Nov 22 . Notable reductions were seen in Scientific & Technical turnover (Pharmacists & Pharmacy Technicians, Optometrists, Resus & Chaplaincy staff) by 2.8% to 17.7% (18.7 fte leavers), Medical & Dental turnover by 0.5% to 11.4% (36.1 fte leavers), Registered Nursing & Midwifery turnover by 0.4% to 11.0% (231.9 fte leavers) and Admin & Clerical turnover by 0.5% to 12.8% (184.7 fte leavers). There were slight increases for Estates & Ancillary up by 0.5% to 9.1% (56.6 fte leavers), AHPs up by 0.2% to 10.2% (54.7 fte leavers) and Additional Clinical Services up by 0.3% to 14.3% (223.4 fte leavers).

The monthly sickness rate increased slightly this month by 0.1% to 4.6%. Anxiety, Stress & Depression is flagged as the highest identified reason for sickness at 1,941 fte days lost, an increase of 31 in month. The annual sickness rate, however, continued to trend downwards reducing by 0.1% to 5.4%. This is because the monthly rate was lower than for the corresponding month last year, when it was 5.5%. The annual rate has continued to fall from a high of 6.1% in Dec 22.

The Trust vacancy rate increased by 1.7% to 10.3% (840.7 fte vacancies). This increase, however, is due to an adjustment to the budgeted establishment in June to the negative vacancy factor that has been applied to Trust budgets. This is to reflect the cost improvements target (CIP) that has been reduced by 114 ftes from -252 ftes in total to -138 ftes. Finance reworked the £32.5m CIP into clear programmes of delivery. This resulted in divisional targets changing and also the proportion of reduction in CIP applied to pay, as opposed to non pay, hence the negative budget fte reducing. The staff in post has not changed, however, the vacancies have increased to reflect the change in funded establishment.

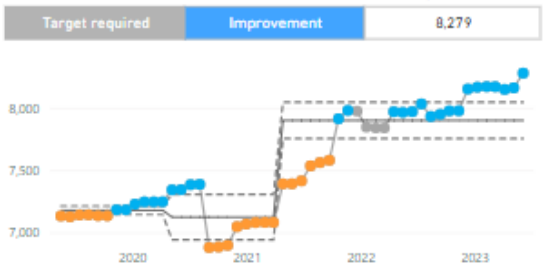
Despite the industrial action, the mandatory training rate increased by 0.5% to 88.9%, the highest rate since Jan 22. Apart from Trust Induction (at 100%), compliance was highest for Moving & Handling at 94.2% and Health & Safety at 92.0%. Compliance remains lowest for Information Governance at 85.2% and Mental Capacity Act & Deprivation of Liberties training at 86.1%.

The appraisal rate also continues to improve by a further 1.9% to 81.1%. This is the highest rate in the last four years and is the sixth consecutive monthly increase. Scientific & Technical staff (Pharmacists & Pharmacy Technicians, Optometrists, Resus & Chaplaincy staff) had the lowest compliance rate at 67.0% (+4.4%), Healthcare Scientists (Biomedical Scientists, Audiologists & Cardiac Technicians) at 72.2% (+1.5%), Registered Nursing & Midwifery staff at 78.3% (+2.9%), AHP 79.8% (+2.4%), Additional Clinical Services at 80.8% (+3.1%), Admin & Clerical at 82.4% (+1.2%), Estates & Ancillary at 89.5% (+0.8%) and Medical & Dental compliance at 86.8% (-3.1%).

Our People Core Metrics

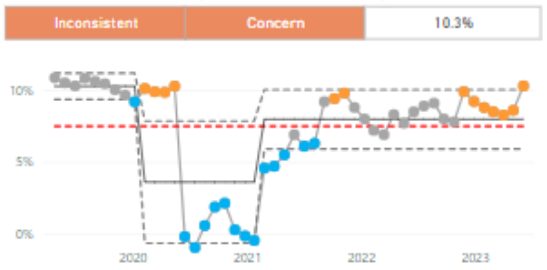
East Sussex Healthcare NHS Trust

Establishment (WTE) All: Total, Our People



Agency Rate: Total, Our People

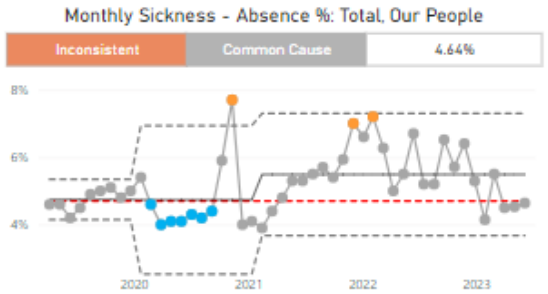
Vacancy Rate: Total, Our People



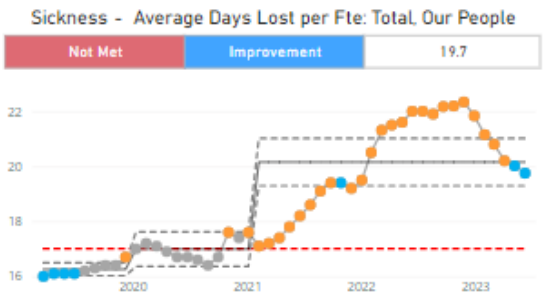
Staff Turnover: Total, Our People

Retention Rate: Total, Our People

Monthly Sickness - Absence %: Total, Our People



Sickness - Average Days Lost per Fte: Total, Our People



Staff Appraisals: Total, Our People

Statutory & Mandatory Training: Total, Our People

Our People | Areas of Focus

East Sussex Healthcare NHS Trust

Our People

Title	Summary	Actions
Turnover & Retention	Reduction of 0.1% to 12.1% represents seventh consecutive fall from high of 13.9% in Nov 22. ICB target is 11.6%. Staff were more cautious about changing jobs during the pandemic, leading to a pent up surge in leavers immediately after restrictions were lifted. These increases continue to work their way out of the figures.	• Quarter 1 workstreams within the Retention Programme are on target. These include: Homestay marketplace, ESHT Alumni, review of the exit process, thrive and grow conversation pilot, restorative supervision pilot, team stress questionnaires, retiree survey, absence focus, retention survey. • Responses and feedback from our people to the retention survey will be collated in quarter 2 in order to inform the trusts retention strategy. • An amended retention survey has been sent to all internationally recruited staff, (recruited within the past 5 years), in order to gain feedback and insights into the experiences of these staff.
Vacancy Rate	Vacancy rate has increased by 1.7% in month to 10.3%. This increase, however, is due to an adjustment to the budgeted establishment in June to the negative vacancy factor that has been applied to Trust budgets. This is to reflect the cost improvements target (CIP) which has been reduced by 114 ftes from -252 ftes in total to -138 ftes. Finance reworked the £32.5m CIP into clear programmes of delivery. This resulted in divisional targets changing and also the proportion of reduction in CIP applied to pay, as opposed to non pay, hence the negative budget fte reducing. The staff in post has not changed, however, the vacancies have increased to reflect the change in funded establishment.	• Key areas of recruitment activity include AHPs, Medics and Nursing. TWS fill rate across the Trust high at 53%. Bank hours accounted for over 63% of all hours booked during the last 12 months. • Some success with difficult to recruit Medical posts e.g., Consultants Acute Medicine/Intensive Care/ENT. Junior Dr intake underway and to plan. • Working in partnership with DWP to promote posts. Attendance at Recruitment event in Brighton in July. Additional open days/recruitment events in planning stage. • International nurse pipeline in place for 70 by end of this financial year. • International recruitment of AHPs ongoing. Success with both Radiographers and Sonographers. Theatre Nurse interviews carried out, 5 offers made

Our People | Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Sickness	Monthly sickness increased by 0.1% to 4.6% but annual sickness reduced by 0.1% to 5.4%. This is because the monthly rate was lower than for the corresponding month last year, when it was 5.5%. The annual rate has continued to fall from a high of 6.1% in Dec 22 as we recover from the effects of the pandemic. As a result, average sickness days per fte continue to fall, down 0.3 this month to 19.7 from high of 22.3 in Dec 22. Anxiety/Stress/Depression illnesses remain the highest identified reason for sickness. Up by a further 31.4 fte days lost in June to 1,940.5 fte days lost.	• Support and treatment being put in place for staff suffering from anxiety/stress/depression.. Wellbeing initiatives are being piloted including stay and thrive conversations, restorative supervision training, and wellbeing walks • Across all Divisions sickness remains a key focus and reviews of areas of concern are noted and will be discussed within the arranged MDT meetings to ensure all relevant support and understanding of themes is addressed. The revised Sickness Absence policy has been approved and is ready for ratification; and offers a health & wellbeing approach to staff on LTS or with underlying medical conditions requiring focussed support. • Surveys distributed to staff to identify enablers to remain in work, barriers preventing staff returning sooner and how managers could be better supported.
Statutory & Mandatory Training	Trust compliance has increased by 0.5% to 88.9%, despite the ongoing Industrial Action episodes. This is the highest compliance rate since Jan 22.	• A proposal being considered is the piloting of the management of all compliance for doctors in training by Integrated Education and not within the divisions. This is to commence, if agreed, by August 2023 and will be reviewed after 6 months. • Integrated Education is continuing to work with Divisional Colleagues as well as actively contacting individual colleagues to complete modules and improve the rates

East Sussex Healthcare NHS Trust

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

Access and Responsiveness| Executive Summary

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	**Long Length of Stay (LLoS)** Further improvement has been observed in long length of stay. This is as a result of continued focus, both internally and with system partners on discharging patients who have been in hospital for longer than 21 days. **4 Hour Emergency Access Clinical Standard** Achieved 76.3% in June, a 3.6% improvement from May. The Trust is working towards sustainably delivering 76% (national standard). **Urgent Community Response (UCR)** UCR has again achieved the 70% standard, seeing 77.4% of patients within the 2 hour response window in June. **DMO1** The diagnostic standard (DM01) is to deliver 99% of all diagnostic requests within 6 weeks of referral. In June the Trust reported 88.46% against the 99% standard, the highest compliance reported by the Trust since April 2020. **Cancer** PTL backlog trajectory (>62 day) has been achieved for the third consecutive month with 149 patients >62days on the PTL in June, against a trajectory of 175.	**Elective waiting list:** The number of patients waiting more than 52 weeks for elective treatment continues to be an area of focus. Although comfortably below trajectory for >65 weeks the Trust has reported 6 greater than 78-week breaches in month. The Trust anticipates no patients will wait longer than 78 weeks from September. **Cancer** The Trust is anticipating a reduction in compliance against the Faster Diagnosis Standard (FDS) in June to 74% from the May position of 75.3%. There are continued challenges in meeting the waiting time standard due to delays throughout the FDS pathway, predominantly FOPA waiting times and diagnostic delays. Further focus is needed to ensure a sustained delivery of the Faster Diagnosis Standard. **Community Paediatric Wait times** The Trust has 2429 patients waiting for an Initial/New Community Paediatric appointments. The waiting time is continuing to increase across many pathways along with continued high referral numbers (the Trust accepted 182 New referrals in June). The Trust has been working with an independent sector provider to increase the capacity available to see Children and Young people. **Elective Activity** The Trust has delivered 95.6% against the 2019/20 activity baseline during June and has seen a decrease in activity levels in June. Recovery plans are being developed at specialty level to recover this position. Ongoing industrial action is known to be impacting on activity levels.	 **Charlotte O'Brien** Chief Operating Officer

Actions:

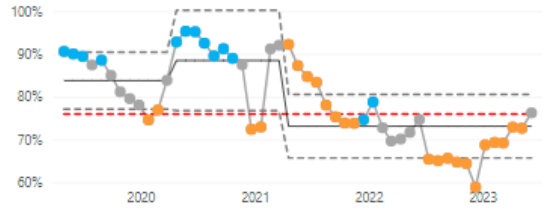
- Planning for ongoing industrial action
- A review of the elective waiting list to ensure data is clean and accurate
- Action plans for Divisions being developed to support elective activity recovery.

Access and Responsiveness Core Metrics

East Sussex Healthcare NHS Trust

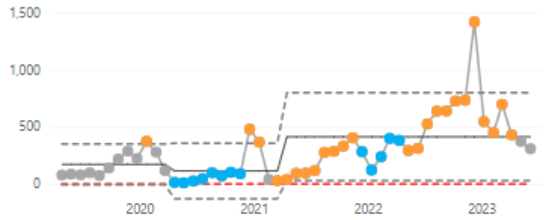
4 hour standard: Total, Our Performance

Inconsistent	Common Cause	76.3%



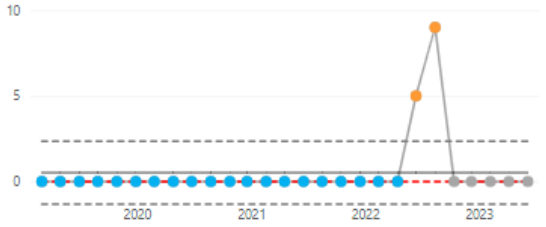
A&E > 12 hours from arrival to discharge: Total, Our ...

Not Met	Common Cause	308



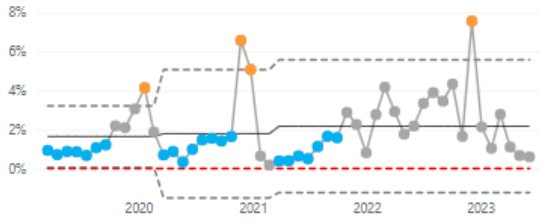
A&E waits over 12 hours from DTA: Total, Our Performance

Inconsistent	Common Cause	0



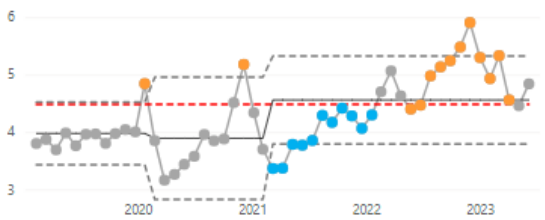
Conveyance handover >60 mins: Total, Our Performance

Inconsistent	Common Cause	0.602%



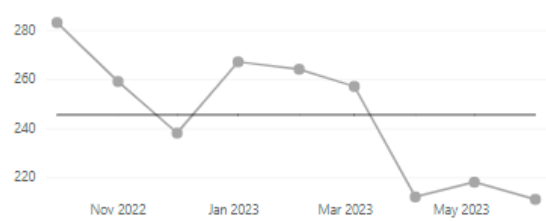
Non Elective Length of Stay: Total, Our Performance

Inconsistent	Common Cause	4.84



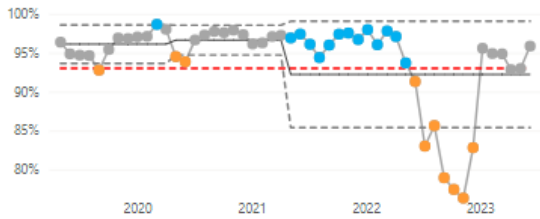
Average daily NCTR: Total, Our Performance

Target required	Empty	211



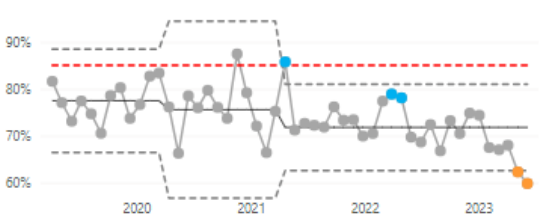
Cancer 2WW: Total, Our Performance

Inconsistent	Common Cause	95.9%



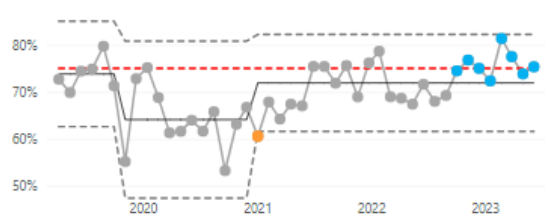
Cancer 62 Day: Total, Our Performance

Not Met	Concern	59.8%



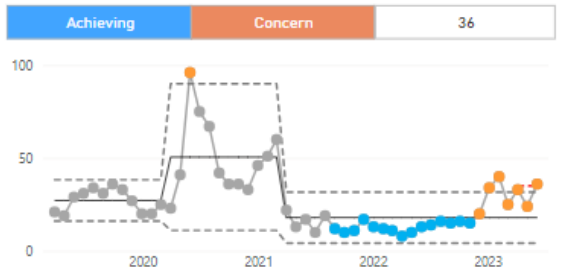
28 Day General FDS: Total, Our Performance

Inconsistent	Improvement	75.3%

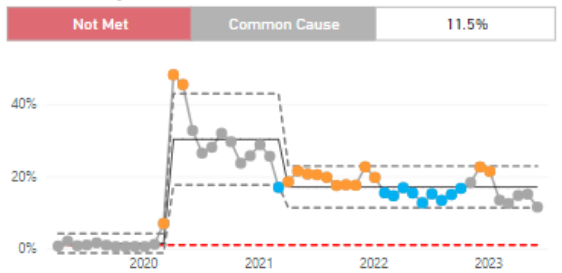


Access and Responsiveness Core Metrics

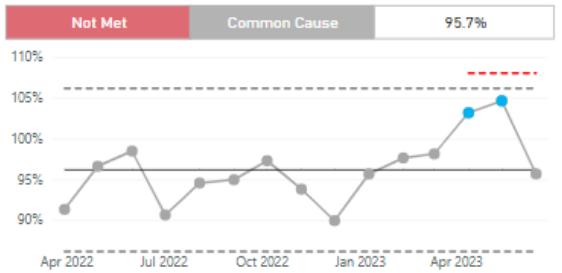
104 day Backlog: Total, Our Performance



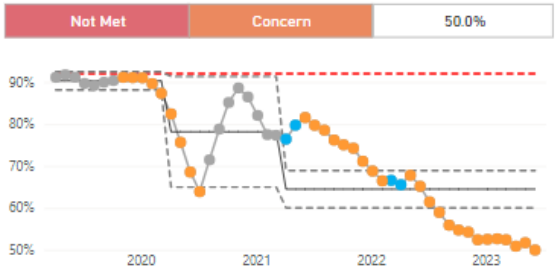
Diagnostic <6 weeks: Total, Our Performance



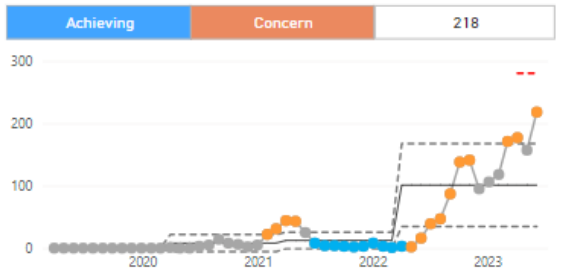
Elective Activity (ELIP,DC,OPFA, OPFUP Proc): Total, Our Perf...



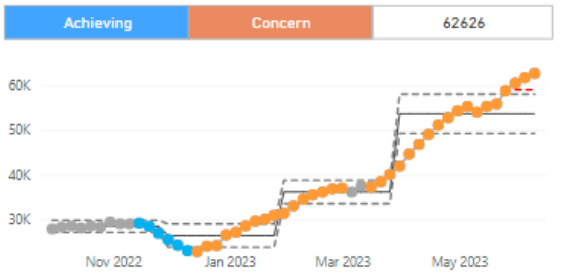
RTT under 18 weeks: Total, Our Performance



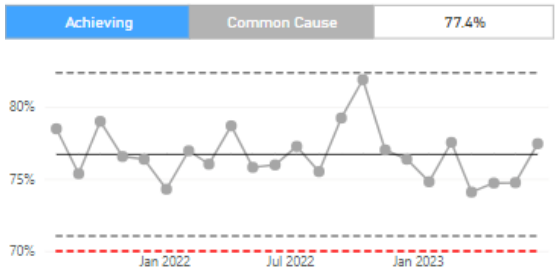
RTT 65 week wait: Total, Our Performance



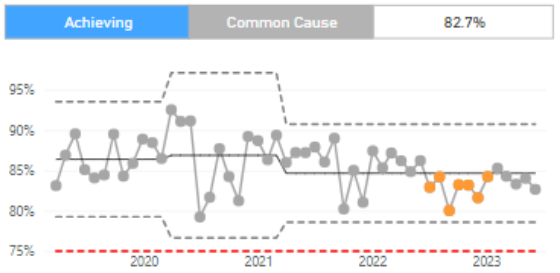
RTT Total Waiting List Size: Total, Our Performance



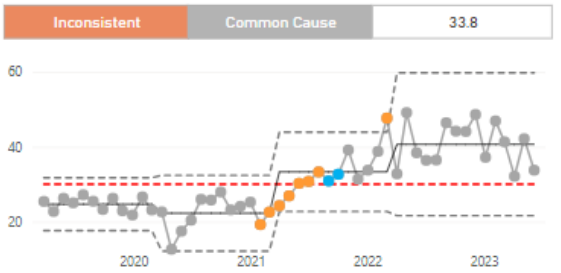
Urgent Community Response within 2 hours: Total, Our Perf...



CHIC wait times < 13 weeks: Total, Our Performance



Intermediate Care Length of Stay: Total, Our Performance



Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
4 Emergency Access Clinical Standard	76% patients should be seen and discharged, treated or admitted within 4 hours. The Trust achieved 76.3% against the standard in June 2023.	• Ongoing focus to support a reduction in non-admitted breaches. • Protecting CDU, increasing streaming to Medical, Surgical and Women and Children SDEC areas • Improved utilisation of the Discharge Lounge, supporting improvements in flow • Review of medical rotas to reflect peaks in attendances and to reduce the number of non-admitted and admitted breaches overnight
Length of Stay	Continued focus on reducing the number of patients remaining in hospital with an extended LOS (> 21 days). As of 18/07/23, there are 127 patients over 21 days LOS reduction from 148 on 25/07/23.	• Length of Stay improvement plan created. • Divisional long length of stay meetings continue to review patients at 7; 14; and 21 days • Complex patient meeting every Wednesday chaired by either CNO/CMO.
Discharge – Getting Patients Home	To improve flow and ensure patients are discharged when they are medically fit, there is a focus on discharge and planning	• 4 half day multi agency discharge training events have now taken place. Over 120 staff attended. • Discharge Improvement plan in place • Draft TOCH proposal and Trust working with the system as part of the Discharge Frontrunner Programme to agree the Sussex wide model.
Diagnostic DMO1	DMO1 performance has improved following two consecutive months of deterioration in performance. June DMO1 compliance is 88.46% against the 99% standard, the highest compliance reported by the Trust since April 2020.	• Continued monitoring of DMO1 position through DMO1 PTL meetings. • Ensure accurate validation of DMO1 waiting lists continue to support a reduction in breaches. • Insourcing continuing in Endoscopy and Echocardiography to increase capacity. • Review of booking arrangements to ensure all lists are fully utilised. • Review of individual modality plans to ensure all areas are on-track to improve performance.

Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
Elective Activity	Delivery of 108% activity on the 2019/20 baseline is a continued areas of focus. Ongoing industrial action continues to impact. FOPA activity continues to exceed 108%, and there are plans in place to increase admitted activity (both day case and Elective inpatients).	• Outpatient productivity programme underway to support improving outpatient productivity. • Review of pre-assessment procedures to support theatre utilisation. • Continued and improved utilisation of the Care Coordination Service to support more efficient waiting list management and improve utilisation. • Review of counting and coding to ensure accurate capture of activity.
Cancer	PTL backlog trajectory achieved in April 2023 (170 patients >62 day against a trajectory of 190) , May 2023 (185 patients >62 day against a trajectory of 185) and June 2023 (149 patients >62 day against a trajectory of 175). The 62 Day + backlog represented 6.9% of total PTL as at w/e 02.07.23. With 143 patients >62days out of a total PTL of 2062 patients. The national average was 9.3%. FDS was achieved in May at 75.4%, however 62 Day performance deteriorated from 62.3% in April to 59.8% in May as a result of April Bank Holidays and Industrial Action leading to pathway delays. 2ww and 2ww Symptomatic also achieved waiting time standards in May. The Trust has received a very high number of referrals (2719) in June against 2374 in the previous month, which is creating pressure in all phases of the pathways.	• Supporting plans including working with other providers to support the treatment of patients who have been waiting >104 days. • Twice weekly PTLs in place to focus on reduction of backlog position and expediting pathways where possible. • PTLs include 28 day FDS reviews to ensure timely patient communication. • Patient Information leaflet updated for final ratification and inclusion on Patient Knows Best for all 2ww referrals to help support all pathways. • Escalation Policy reviewed and approved. • Review of patient information particularly in relation to patient choice.

Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

Title	Summary	Actions
RTT Total Waiting List Size	The volume of patients on a referral-to-treatment (RTT) pathway continues to increase when compared to 2019/20 across the majority of specialities. The length of time patients are waiting for their First Outpatient Appointment is a key factor in waiting list growth and is a key area of focus to support a reduction in overarching waiting times.	• Review of capacity to support a reduction in FOPA waiting times. • Continued use of insourcing in Uro Gynae, Endoscopy and Respiratory. Exploring insourcing to support a reduction in waiting times for other specialities. • Launch of a validation and pathway management review to ensure a more accurate PTL, and support the development of modernised pathways, training and better use of digital technology.
RTT long wait position (78 and 65 weeks)	Whilst the Trust is comfortably below trajectory for 65 week waits, elimination of 78-week waits will not be achieved until September 2023.	• Daily monitoring of the longest waiting patients to ensure pathways are progressing. • Plans to reduce waiting time to FOPA • Recovery plans in key specialities. • Utilisation of SPH where possible to support long wait position. • Exploring mutual aid, both via the ICS and the Digital Mutual Aid System.
Community Waiting Times	Paediatrics continues to be the Trust's most challenged community service in terms of waiting times. Demand continues to outstrip capacity. This is coupled with a follow-up backlog that is continuing to increase.	• Outsourcing to Psicon ongoing. • Ongoing recruitment initiatives to support the service. • Pathway redesign work continues for Sleep/melatonin, supported by the ICB. • Ongoing validation of the community waiting list. • Work continues with system partners to develop a plan to address the growing backlog.

East Sussex Healthcare NHS Trust

Financial Control and Capital Development

Our Income and Expenditure

Our Elective Recovery

Our Run Rate

Efficiency

Capital

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

Finance| Executive Summary

East Sussex Healthcare NHS Trust

	Positives	Challenges & Risks	Author
Responsive	• In month deficit improved from £375k to a surplus of £78k • ERF improved from £7,752k to £8,026k however the target improved further so % performance worsened • Efficiency improved from £956k to 2740k • Capital spend is £1,081k ahead of plan	Risk analysis shows a potential range from £27.4m deficit position for the downside to a £7.4m deficit position against the base case. Upside case is £1.5m surplus. Main risks are: delivery of efficiency plan, elective activity, non-pay inflation and pay award funding.	 **Damian Reid** Chief Financial Officer

Overview:

I&E: Trust reported a month 3 £0.1m favourable position against a breakeven plan. YTD the Trust is reporting a £0.8m adverse position against a breakeven plan. This reflects a lower than expected performance against elective activity targets of £0.5m across M1-3, plus pay pressures across UC/Med/DAS caused by temporary staffing. This pressure is partly offset by lower non pay aligned with lower activity.

Run rate: The run rate worsened by £0.1m to a £1.7m deficit. To Breakeven the run rate needs to reduce by £1.8m per month, a straight-line forecast would therefore suggest a forecast deficit of £15.3m.

Efficiency: The Divisions have delivered £4.9m efficiency YTD against the plan of £4.0m resulting in £0.9k ahead of plan. This is largely as a result of reflecting the Q1 ERF delivery of £1.0m in June, plus the CNST Maternity rebate has been received in June, whereas the initial plan assumed this would be received in February 2024. The RAG is amber due to 57% of the YTD actual being non-recurrent and there is slippage in ERF delivery of £2m, which is being offset by vacancy slippage

Capital: Total plan for 2023/24 is £59.9m, capital ahead of plan at M3 by £1.0m. However, the plan is back phased with 93% still to deliver. Current capital forecast is for a shortfall in spend against allocation of £3.3m (£5.0m from reallocation of decant to BFF less slippage of £1.7m).

Income and Expenditure

East Sussex Healthcare NHS Trust

Finance

Trust I&E position

	Month (£'000)			YTD (£'000)		
	Plan	Act	Var	Plan	Act	Var
Income						
Contract income	45,772	45,699	*(73)*	138,502	138,088	*(414)*
Divisional	5,792	5,814	*22*	17,868	18,372	*504*
ERF	1,617	1,720	*103*	3,891	3,412	*(479)*
Covid - variable	59	21	*(37)*	59	58	*(1)*
Total Income	**53,240**	**53,254**	***14***	**160,320**	**159,930**	***(390)***
Operating Expense						
Pay						
Permanent	(35,458)	(31,540)	*3,918*	(106,407)	(95,495)	*10,912*
Temporary	(492)	(4,096)	*(3,604)*	(1,543)	(13,477)	*(11,934)*
Total pay	**(35,950)**	**(35,636)**	***314***	**(107,950)**	**(108,972)**	***(1,022)***
Non-pay						
Drugs	(1,116)	(1,391)	*(275)*	(3,348)	(4,054)	*(706)*
TEDD	(3,477)	(3,713)	*(236)*	(10,431)	(10,531)	*(100)*
Clinical supplies	(4,226)	(4,334)	*(108)*	(12,575)	(11,705)	*869*
Purchased services	(1,144)	(1,378)	*(235)*	(3,443)	(3,759)	*(316)*
Finance costs	(2,504)	(2,516)	*(12)*	(7,512)	(7,568)	*(56)*
Other	(4,730)	(4,159)	*571*	(14,990)	(13,964)	*1,026*
Total non-pay	**(17,196)**	**(17,492)**	***(295)***	**(52,299)**	**(51,582)**	***717***
Covid exp - block	-	(19)	*(19)*	-	(56)	*(56)*
Covid exp - variable	(50)	(29)	*21*	(50)	(53)	*(4)*
Total Expense	**(53,197)**	**(53,176)**	***21***	**(160,298)**	**(160,663)**	***(365)***
Surplus/(Deficit)	**43**	**78**	***35***	**22**	**(733)**	***(755)***
Memo:						
WTE (worked)	8,276	7,881	*(395)*	8,281	7,913	*(367)*

I&E position

- In Month 3 the Trust is reporting breakeven against a breakeven plan. YTD the Trust is (£0.8m) adverse versus a breakeven plan. However, the in month position was supported by significant favourable one-off events
- Income is underachieved, pay pressures on temp staffing in Med/UC/DAS offset by lower non pay.

Income

- The position is adverse by (£0.4m) ytd, the main drivers being;
  - Lower than planned elective activity against target by £0.5m (partially offset by lower associated costs), this is after non-application of clawback, underlying position is £2.0m shortfall.
  - Note that the Doctors' strike days would have contributed in part to this in April (15% of working days impacted) and June.
  - Pay Award income shortfall (offsetting pay variance) of £0.5m for M1-3.

Expense

- The Trust has a (£1.0m) adverse pay position YTD. Caused by temporary and premium staffing costs in Urgent Care/ Medicine and DAS.
- M3 Pay underspent by £0.4m due to ytd pay award budget offset by current vacancy levels. Pay Award for 23-24 was processed in month 3. An overall shortfall of commissioner income of £2m FYE, but currently offset by vacancy level in the Trust as at M3.
- Use of temporary staff at higher unit cost partially offset by WTE usage below budget but still overspent.
- Month 3 Non pay was (£0.3m) overspent but included support from LA of £0.5m and a one-off CNST rebate of £0.5m so normalised variance was £1.3m. On review an assumption is that a large part of the spend is attributed to some activity increases and catch up from M1-2, but this will be monitored to see if M4 trend lowers. Overall underspend M1-3 of £0.6m is supported by LA support of £1.2m, so net non-pay is actually pressured ytd due to above M3 spend.

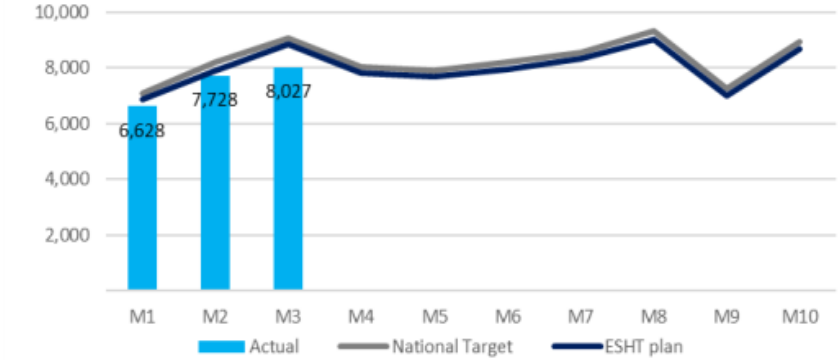
ERF - Elective Recovery Fund Trust

East Sussex Healthcare NHS Trust

ERF performance

- Whilst activity increased in M3, this was further adrift of plan than previous months resulting in a £1.4m adverse variance (14%). YTD is a £2.0m adverse variance, this is adjusted by £1.5m at Trust level as we have been asked not to show clawback.
- The main underperforming specialties are T&O, Cardiology, Gen Surgery and ENT accounting for £2.1m variance YTD. T&O underperformed by £0.5m in month.
- Ophthalmology and Dermatology are over-performing.
- Acute Internal Medicine is a newer specialty and had no Planned Care activity in 19/20 so has no plan.

ERF performance (£'000)

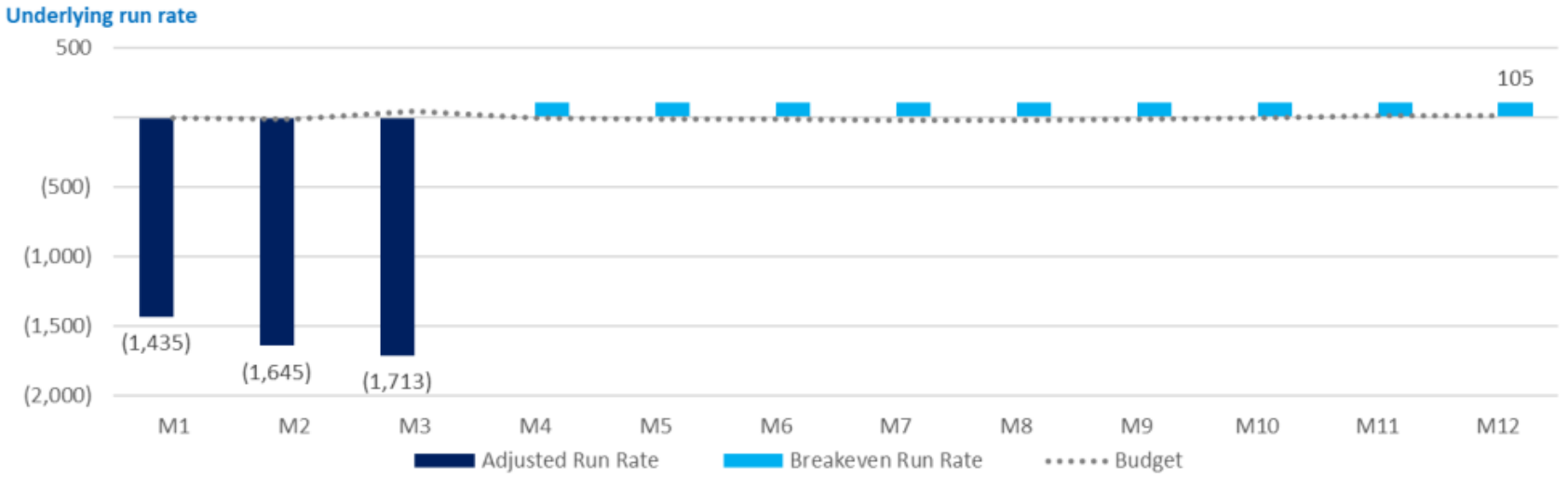


	In Month				YTD			
	Plan	Actual	Var		Plan	Actual	Var	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Medicine	2,784	2,267	(516)	(18.5%)	6,851	6,245	(606)	(8.9%)
DAS	5,692	4,971	(721)	(12.7%)	15,229	13,894	(1,334)	(8.8%)
WAC	735	703	(31)	(4.3%)	1,982	1,966	(16)	(0.8%)
Urgent Care	39	71	32	81.6%	89	199	110	123.5%
Core	86	13	(73)	(84.6%)	238	78	(160)	(67.4%)
Internal plan	**9,336**	**8,026**	**(1,309)**	**(14.0%)**	**24,389**	**22,382**	**(2,007)**	**(8.2%)**

	In Month			YTD		
	Plan	Actual	Var	Plan	Actual	Var
	£'000	£'000	£'000	£'000	£'000	£'000
Trauma and Orthopaedic Service	1,903	1,363	(540)	4,810	3,816	(994)
Cardiology Service	741	532	(209)	1,963	1,478	(485)
General Surgery Service	948	758	(189)	2,655	2,328	(327)
Ear Nose and Throat Service	407	293	(114)	1,149	841	(308)
Gastroenterology Service	531	452	(79)	1,492	1,329	(163)
Interventional Radiology Service	81	6	(76)	203	48	(155)
Gynaecology Service	569	507	(62)	1,543	1,455	(88)
Maxillofacial Surgery Service	179	146	(33)	469	405	(65)
Respiratory Medicine Service	196	167	(29)	489	453	(36)
Urology Service	803	776	(27)	2,312	2,230	(82)
Orthodontic Service	50	28	(22)	131	69	(62)
Elderly Medicine Service	39	18	(22)	89	49	(40)
Clinical Oncology Service	126	112	(13)	344	317	(26)
Rheumatology Service	233	222	(11)	640	539	(101)
General Internal Medicine Service	30	20	(10)	59	64	5
Respiratory Physiology Service	41	33	(8)	118	101	(17)
Transient Ischaemic Attack Service	42	36	(6)	131	112	(19)
Stroke Medicine Service	9	4	(5)	19	13	(6)
Breast Surgery Service	234	229	(5)	632	565	(67)
Neurology Service	110	106	(4)	305	279	(26)
Anaesthetic Service	9	5	(4)	33	23	(10)
Palliative Medicine Service	0	0	0	1	1	0
Hepatology Service	-	1	1	-	1	1
Chemical Pathology Service	5	7	2	36	30	(6)
Paediatric Surgery Service	7	10	3	27	27	0
Paediatric Epilepsy Service	-	6	6	5	12	8
Paediatric Trauma and Orthopaedic Service	-	8	8	-	15	15
Endocrinology Service	48	57	9	129	142	12
Clinical Haematology Service	264	277	13	733	700	(33)
BCSP	15	30	15	42	90	48
Vascular Surgery Service	27	42	15	140	127	(13)
Diabetes Service	8	23	16	27	42	16
Paediatric Service	159	181	22	407	472	64
Dermatology Service	145	193	48	360	583	223
Acute Internal Medicine Service	-	54	54	-	150	150
Ophthalmology Service	1,134	1,323	189	2,897	3,474	577

Run Rate

East Sussex Healthcare NHS Trust



Methodology

- 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 in reflected in one month's 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.
- Note: for M3 the graph has been recut to show bottom line, previously it showed actual expenditure adjusted for income variance.

Run rate

- The graphs shows a run rate of (£1.7m). The analysis has removed net £3.8m of one-off items which whilst don't impact the run rate will still impact the in-year financial position. Driven by:
  - £1.5m of ERF non-clawback, depending on further guidance received this may be considered a non-adjusting item (as a result of compensating for strike actions);
  - £1.5m of contract income phasing which will reverse over the course of the year. Contract income has been phased to deliver a balanced plan each month meaning as a result of CIP phasing, additional amounts are recognised early in the year compared to a flat line profile.
- M3 underlying run rate is a £1.7m deficit, this is broadly in line with the prior month (£1.6m deficit). To breakeven a run rate of £0.1m surplus is required, this is an improvement of £1.8m compared to M3.
- Taking the current average months run rate and extrapolating gives an overall deficit of £15.3m
- Mitigations are currently being worked through, with some central reserve support expected to be required
- Further mitigations will be required from divisional management to ensure progress is made to reduce run rate to the required level by Mar-23, currently around a **£1.1m** reduction per month compared to M5.

Efficiency

East Sussex Healthcare NHS Trust

Division	In Month			Ytd – M3			Full Year				
	Plan	Actual	Var	Plan	Actual	Var	Rec	NR	Total	Target	Gap
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicine	464	758	295	1,343	758	(584)	8,390	274	8,663	9,247	(584)
Urgent Care	54	338	284	136	339	203	1,939	210	2,149	1,919	229
DAS	630	272	(358)	1,912	463	(1,449)	7,259	658	7,916	9,235	(1,318)
Core Services	147	9	(138)	598	420	(179)	3,262	64	3,326	3,504	(179)
CHIC	6	146	141	260	401	141	214	1,061	1,275	844	430
WCSH	69	785	716	516	1,103	587	1,033	1,577	2,609	1,980	629
Estates & Facilities	147	136	(11)	461	450	(11)	288	1,377	1,666	1,697	(31)
Corporate	283	296	13	905	921	16	2,410	1,144	3,554	3,538	16
Sussex Premier Health	0	-	(0)	0	-	(0)	542	-	542	543	(0)
Total	**1,799**	**2,740**	**941**	**6,132**	**4,855**	**(1,277)**	**25,336**	**6,363**	**31,700**	**32,507**	**(807)**
Phasing Adj/Unidentified	*(296)*	-	*296*	*(2,127)*	-	*2,127*	-	-	*807*	-	*807*
Submitted Plan	**1,504**	**2,740**	**1,237**	**4,005**	**4,855**	**850**	**25,336**	**6,363**	**32,507**	**32,507**	**-**

Overview

- The divisions have delivered £2.7m of efficiencies in the month, this is £1.2m ahead of the submitted plan of £1.5m.
- The in-month variance is largely as a result of reflecting £1m Q1 ERF delivery as well as receiving the £0.5m CNST maternity rebate in June, which is ahead of when it was planned in February 2024.
- The target for the year is £32.5m, this is made up of the original £25m target plus the stretch target of £7.5m that was needed for the system to deliver a breakeven plan. The full £32.5m has now been allocated out to the Divisions based on the Programme opportunities. The phasing of the Programme opportunities is higher than the submitted plan, this is largely due to ERF being phased equally over the 12 months whereas the efficiency plan ramps up over the last six months of the year. We are behind plan by £1.3m against the higher plan, this is largely driven by £2m under-delivery on ERF, this is offset by vacancy slippage and the CNST rebate.
- The current forecast has a £0.8m gap, however the risk assessed forecast is £22.5m, so the gap is higher at £10m.
- Currently 20% of the £31.7m is non-recurrent, of this £5.3m is vacancy slippage, however the proportion of non-recurrent is 57% on the year-to-date position. It is not a surprise that there will initially be a higher proportion of non-recurrent schemes whist the productivity programmes are developed, and the projects move into delivery.

Capital

East Sussex Healthcare NHS Trust

Trust Lead	Capital Scheme	In Month			YTD			Full Year				
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Fcast £'000	Fcast Risk	Variance £'000	Downside var[1] £'000
	Original											
DIG	Digital Programmes	124	434	310	192	487	295	3,000	3,000	Low	-	-
DIG	Our Care Connected	-	-	-	-	-	-	900	900	Low	-	-
	Total Digital	**124**	**434**	**310**	**192**	**487**	**295**	**3,900**	**3,900**		**-**	**-**
EME	Diagnostic Equipment	-	3	3	-	15	15	1,750	1,750	Low	-	-
EME	Medical Equipment	-	22	22	-	27	27	1,750	1,750	Low	-	-
	Total Medical Equipment	**-**	**26**	**26**	**-**	**42**	**42**	**3,500**	**3,500**		**-**	**-**
EST	Fire	20	122	102	60	253	193	2,000	2,000	Low	-	-
EST	Backlog	53	263	210	159	850	691	5,300	5,300	Low	-	-
EST	Cath Lab Replacement	188	389	202	438	465	27	1,250	1,250	Low	-	-
EST	Cardiology Business Case	210	2	(208)	420	2	(418)	4,200	4,200	Low	-	-
EST	Clinical - Prior Year	-	111	111	-	117	117	-	-	Low	-	-
EST	Decant Ward	-	106	106	-	195	195	6,000	1,000	High	(5,000)	(5,402)
EST	Discharge Lounge	-	81	81	-	292	292	-	-	Low	-	-
EST	Elective Hub	75	23	(51)	75	52	(23)	7,451	7,451	Med	-	(1,850)
EST	Friston Paeds	275	54	(221)	605	61	(544)	1,100	1,100	Med	-	(260)
EST	ICU adaptations Conq	50	-	(50)	100	0	(100)	500	500	Low	-	-
EST	Ophthalmology Business Case	68	87	20	135	147	12	1,350	1,350	Low	-	-
EST	Ward Refurbishment	30	64	34	70	216	146	1,000	1,000	Low	-	-
	Total Estates	**968**	**1,301**	**334**	**2,061**	**2,650**	**589**	**30,151**	**25,151**		**(5,000)**	**(7,512)**
FIN	Divisional Small Works	40	3	(37)	120	4	(116)	500	500	Low	-	-
FIN	Minor Capital	72	193	121	216	193	(23)	900	900	Low	-	-
FIN	Planned slippage/prioritisation	(63)	-	63	(138)	-	138	(1,721)	(1,721)	Low	-	1,721
	Total Finance	**49**	**196**	**147**	**198**	**208**	**9**	**(321)**	**(321)**		**-**	**1,721**
	System Capital	**1,140**	**1,956**	**816**	**2,451**	**3,388**	**936**	**37,230**	**32,230**		**(5,000)**	**(5,791)**
	New											
EST	Building For Our Future	85	45	(40)	254	102	(153)	1,060	1,060	Low	-	-
EST/EME	Community Diagnostic Centre	150	111	(39)	350	375	25	1,000	1,000	Low	-	-
EST	Elective Hub EDGH	102	19	(83)	102	151	49	10,249	10,249	Med	-	(2,524)
DIG	Diagnostics Digital Capability (LIMS)	-	167	167	-	272	272	5,100	5,100	Low	-	-
DIG	Frontline Digitalisation (EPR)	-	-	-	-	-	-	5,300	5,300	Low	-	-
	Total Additional Capital	**337**	**342**	**5**	**707**	**900**	**193**	**22,709**	**22,709**		**-**	**(2,524)**
	Total Capital	**1,478**	**2,299**	**821**	**3,158**	**4,288**	**1,130**	**59,939**	**54,939**		**(5,000)**	**(8,315)**
FIN	Donated Expenditure	120	(49)	(169)	360	(49)	(409)	1,500	1,500	Low	-	-
FIN	Donated Income	(120)	-	120	(360)	-	360	(1,500)	(1,500)	Low	-	-
	Total Donated Capital	**-**	**(49)**	**(49)**	**-**	**(49)**	**(49)**	**-**	**-**		**-**	**-**
	Total Capital	**1,478**	**2,250**	**772**	**3,158**	**4,239**	**1,081**	**59,939**	**54,939**		**(5,000)**	**(8,315)**

Capital

- The planned capital allocation for 2023/24 is £59.9m and is made up of the core ICS allocation of £37.2m plus national programmes expected in year of £22.7m.
- The programme includes £1.7m of expected slippage.
- The capital expenditure incurred totals £4.2m compared to a plan of £3.2m meaning the Trust is ahead of its capital allocation by £1.0m.
- Capital expenditure was largely driven by the following schemes:
  - Estates works of £2.7m, the main schemes being fire compartmentalisation (£253k), backlog maintenance (£850k), cath lab replacement (£465k), discharge lounge (£292k), and ward refurbishments (£216k).
  - Community Diagnostics Centre £375k which combines costs for both equipment and works.
  - Elective Care Centre £151k.
  - Diagnostics Digital Capability £272k.
- At month 3, due to the decant ward which will not incur the planned costs of £6.0m against core allocation (expectation of BFF enabling costs) and only forecasting to spend £1.0m, the programme has some flexibility to re-forecast and re-prioritise schemes to ensure the delivery matches the allocated capital limit.
- As such the current forecast is for a shortfall in spend against allocation of £3.3m (£5.0m less slippage of £1.7m).
- A downside scenario has been developed which shows an underspend of £8.3m.

East Sussex Healthcare NHS Trust

NHS Long Term Workforce Plan

Purpose of the paper	To provide the Board with an overview of the NHS Long Term Workforce Plan (LTWP) and our response.						
	For Decision		For Assurance	x	For Information		
Sponsor/Author	Steve Aumayer – Deputy Chief Executive & Chief People Officer						
Governance overview	Informal overview to Board members.						

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 NHS Long Term Workforce Plan, which can be found in full in the appendix to the Board papers. Further detail will be presented to future Board meetings.

Executive Summary	The NHS Long Term Workforce Plan sets out how the NHS will address existing and future workforce challenges by recruiting and retaining thousands more staff over a 15-year period and working in new ways to improve staff experience and patient care. The three main themes of the Plan are: • Train • Retain • Reform

Next steps	Following publication of the plan we will: • Work with the system to finalise the ICS People Plan which will incorporate the contents of the LTWP. • Undertake a review of our own People Strategy and plans and refresh it to include the LTWP requirements / direction. • Undertake a review of all points within the LTWP to identify compliance with and gaps / opportunities within our current practices and put in place plans to respond to our findings.

East Sussex Healthcare NHS Trust

NHS Long Term Workforce Plan

What is the NHS Long Term Workforce Plan

The NHS Long Term Workforce Plan (LTWP) sets out how the NHS will address existing and future workforce challenges by recruiting and retaining thousands more staff over a 15-year period and working in new ways to improve staff experience and patient care.

Full Plan – Please see Appendix 1

The Case for Change

- The challenges facing the NHS and its workforce are well-known.
- If current challenges were to persist without intervention, the modelling that underpins the LTWP suggests the service would be facing a workforce shortage of 260,000 – 360,000 staff by 2036/7.
- These challenges include significant staff vacancies, the need to provide responsive care to an ageing population, and the need for a shift to a model of care centered on prevention.
- NHSE is clear that organisational culture and experience at work also play a key role in recruitment and retention.

The scale of growth in the workforce required is significant, with the longer term assessment outlining that:

- Domestic education and training needs to expand by 50-65% over the next 15 years.
- The leaver rate needs to be reduced by 55,000 to 128,000 full-time equivalent (FTE) over the same time period.

Through the plan, NHSE expects:

- Staff shortfalls to fall significantly by 2028.
- A workforce growth rate of between 2.6% and 2.9% a year resulting in a permanent NHS workforce of up to 2.3 million in 2036/7 compared to 1.4 million in 2021/22.
- Between 9% and 10.5% of staff to be recruited internationally in 15 years' time, compared to almost 25% at present.
- The leaver rate to average 15% with retention rates improved on pre-pandemic levels.

The LTWP identifies multiple interdependencies that will influence its success, including:

- Infrastructure (sufficient physical capacity for training expansion and the need for sustained capital investment in estates and digital).
- Education funding.
- Investment in social care. (The modelling assumes access to social care services remains broadly in line with current levels or improves).

The Three Main Themes of the Plan

Train

By significantly expanding domestic education, training and recruitment, we will have more healthcare professionals working in the NHS. This will include more doctors and nurses alongside an expansion in a range of other professions, including more staff working in new roles.

Retain

By improving culture, leadership and wellbeing, we will ensure up to 130,000 fewer staff leave the NHS over the next 15 years.

Reform

Working differently means enabling innovative ways of working with new roles as part of multidisciplinary teams so that staff can spend more time with patients. It changes how services are delivered, including by harnessing digital and technological innovations. Training will be reformed to support education expansion.

TRAIN

By significantly expanding domestic education, training and recruitment, we will have more healthcare professionals working in the NHS. This will include more doctors and nurses alongside an expansion in a range of other professions, including more staff working in new roles.

Outlining the medium to long term goals for these interventions, the LTWP notes that changes in this arena will largely be incremental and that, even with targeted interventions, the service is likely to see shortfalls in the medium term that will require support by agency staff (particularly mental health nursing, learning disability nursing and podiatry) and international recruitment (including nursing and doctors).

- NHSE expects a decrease in international recruitment rates to between 9.0% and 10.5% a year by 2036/37 with material decreases in rates of international recruitment are expected from 2030 onwards
- The LTWP will reduce the reliance on agency staff over the long term, with a forecast reduction from 9% in 2021/22 to 5% in 2032/33 (based on FTE). The ambition is for bank staff to fulfil temporary staffing requirements.
- There is an ambition to enhance the role of apprenticeships in designing the future workforce and NHSE commits to working with government to ensure changes to their apprenticeship funding approach are supported and align with government apprenticeship policy.
- This section acknowledges the role of trusts as anchor institutions in their local communities and the role they can play in reducing health inequalities.
- The LTWP suggests up to 230,000 more staff are needed to support clinical roles and up to 56,500 of these staff will be healthcare support workers.
- Changes to recruitment practices and systems will be required as part of the LTWP ambitions,
- The timeframe between placement of an advert to the completion of pre-employment checks will be no longer than six weeks.

Medical Training - Medical school places to increase by 60-100% increase to provide 12,000 to 15,000 places by 2030/31.

- Expansion at existing medical schools alongside the creation of new ones.
- Medical degree apprenticeship scheme.
- In the medium term, medical school places will be expanded to 10,000 by 2028/29.
- GP specialty to increase by 45-60% by 2033/34. By 2031/32, the ambition is to increase the number of places to 6,000 (50%).
- Foundation year placements and specialty training will be required commensurate with undergraduate medical training growth and places will need to be distributed to areas of the country where shortages are most acute.
- The medical degree apprenticeship will be piloted from 2024, with 200 funded places for 2024/25. The ambition is to expand this to 400 places by 2026/27 and later to 850 places by 2028/29.
- This section notes that doctors are seeking to work more flexibly, which will result in more specialty and associate specialist (SAS) doctors in the service.

Nursing Education and Training - Nursing training places to increase to over 53,500 by 2031/32, an increase of 80%.

- By 2028/29, nursing training places will be increased to 40,000 (a 34% increase).
- By 2031/32 adult nursing training places will need to have increased to 38,000 (an increase of 92%).
- 8,000 more people will need to be in adult nursing training by 2028/29.
- Mental health nursing training places need to increase by 93% by 2031/32 to more than 11,000 places.
- Learning disability nursing training places will need to double by 2031/32 to over 1,000 places.
- Modelling suggests that places for children's nursing are currently sufficient, but this will be kept under review.
- Health visiting training places to expand to over 1,300 by 2031/32 (a 74% increase).
- District nurses training places to increase places by over 150% to almost 1,800 by the same date.
- 28% of registered nurses could train through degree level apprenticeships by 2031/32.

Midwifery – Workforce needs to grow in line with the findings of the Ockenden Report.

- NHSE expect that trusts will meet establishment levels and achieve fill rates by 2027/28.
- Recent interventions mean a growth rate of 1.8-1.9% is expected over the course of the plan.
- An ambition for 5% of midwifery training intake to be via apprenticeships.

Public Health Training - An ambition for 13% more training places in 2023/24 than currently offered.

Allied Health Professionals (AHPs) - An ambition to increase AHP training places to over 18,800 (a 25% increase) by 2031/32.

- A focus on more traditional undergraduate routes, as well as apprenticeships.
- Enhancing the scope and reach of AHP roles, increasing the number of advanced practitioners and independent prescribers.

Psychological Professions - Education and training places for clinical psychology and children and adolescent psychotherapy to grow between 20-33% by 2033/34.

Pharmacy - Educating and training places for pharmacists will need to growth by 31-55% by 2032/33

- all newly qualified pharmacists will be independent prescribers.
- Potential to expand apprenticeship routes for pharmacy technicians as well as potential for the introduction of a pharmacist degree apprenticeship.

Dentistry - Dentistry training places will need to expand 23-40% as soon as possible. Dental therapy and hygiene professionals will need to expand by 20-40%.

Healthcare Scientists - An increase of 20-34% is needed for healthcare scientists.

Volunteers

The LTWP acknowledges the contribution of volunteers to the NHS and the potential for volunteering to be a pipeline for those seeking a career in the service. A volunteering taskforce was created in 2022 and NHSE will work with ICSs to ensure a more interconnected and inclusive volunteering infrastructure.

RETAIN

The LTWP's aims to reduce the overall leaver rate for NHS staff from 9.1% in 2022, to between 7.4% and 8.2% by 2038.

System partners are asked to work together to determine how these actions are best implemented "to provide a consistent staff experience across organisational boundaries.

Recognition, Reward and Development

NHSE to implement the non-pay elements of the deal for Agenda for Change staff, agreed between government and the NHS Staff Council on 2 May. These include:

- Reviewing the support newly qualified staff receive.
- Ensuring existing NHS staff, who have agreed development plans in place through apprenticeships, are not financially penalised.
- The LTWP recognises that "the total reward package – which goes beyond headline pay – will need to be attractive and competitive.

Further progress on equality, diversity and inclusion (EDI) for the NHS workforce.

- The LTWP notes the correlative impact of inclusive approaches in support of the workforce and improving health inequalities.
- Implementation of the NHSE EDI plan.

National personal learning and development funding for nurses, midwives and AHPs (equivalent to £1,000 per person over three years) to continue.

NHS organisations to work with system partners to develop and promote an employee value proposition (EVP) covering national and local benefits.

NHSE will support ICS plans for increased flexibility within national terms and conditions of service, but there is no detail or timeline on this work.

Staff Wellbeing and Voice

- NHS organisations to assess the effectiveness of current methods of staff communication and ensure they have a listening approach, engaging staff and acting on feedback. NHS organisations should more regularly use employee engagement metrics to inform improvement plans.
- ICSs are asked to implement plans to invest in occupational health and wellbeing services.
- NHS organisations are to review the NHS Health and Wellbeing Framework and the National Standards for Healthcare Food and Drink to ensure staff are working in an environment that supports health and wellbeing.

Flexible Working

- The LTWP aims for NHS flexible working to go beyond statutory requirements.
- Organisations are to use existing national guidance and work with system partners to consider flexible working options for every job.

Specific ambitions in this area include:

- In 2023/24, NHSE will work with partners to develop a national integrated community and primary care core capability and career framework, to support workforce development. This framework is intended to inform flexible career pathways and support staff retention.
- NHSE will improve flexible opportunities for prospective retirees to keep them for longer and create more options for existing retirees to come back in flexible, contracted roles or as part of the temporary staffing workforce.
- ICSs are responsible for building the workforce across health and social care settings. Employers and training providers should prioritise the development of integrated career pathways to enable the health and social care workforces to grow and thrive together.
- Subject to successful completion of a pilot phase, ICSs will be encouraged to adopt the NHS Digital Staff Passport at pace. Full roll out of the Digital Staff Passport is expected to be available by August 2025, and should aid movement of staff between organisations.

REFORM

Working differently means enabling innovative ways of working with new roles as part of multidisciplinary teams so that staff can spend more time with patients. It changes how services are delivered, including by harnessing digital and technological innovations. Training will be reformed to support education expansion.

Productivity

- The plan includes significant focus on the need to work differently, in part to drive productivity. Productivity aims are “categorically not about staff working harder.”
- Productivity improvement needs to come from a combination of delivery of the same care in lower cost settings, reducing administrative burden on clinicians through technological advancement, and delivering large-scale skills mix opportunities while upskilling and retaining staff.

Increasing skill mix and capacity in non-acute settings

- Total nursing staff working outside acute settings to increase from the current 30% to 37%.
- Total community workforce to almost double in size by 2038.

Digital and technological innovations

- Opportunities offered by AI NHSE to collaborate with the Royal College of Surgeons of England (RCS), to build a framework for a robotic curriculum.
- Hub and spoke models and automated dispensing to reduce the time pharmacists, pharmacy technicians and dispensers spend on direct medicines supply.
- Expansion of remote monitoring, with work underway to expand NHS@home pathways, including testing new approaches for managing major conditions such as cardiac and respiratory disease.

Bringing people into the workforce more efficiently

- Increasing the opportunity for newly qualified nurses to join the Nursing and Midwifery Council (NMC) register on qualification at the end of their third academic year.
- NMC to consider how graduate nurses can join its register after fewer practice hours.
- Funding will continue for the shortened midwifery course in 23/24 and 24/25, providing registered nurses with a two-year programme to become registered midwives.
- NHSE funding for MSc two-year paramedic programmes
- Medical Support Worker programme will be promoted and developed by NHSE as a sustainable cost-effective option for supporting the medical workforce.
- NHSE to consider measures such as a tie-in period that encourage dentists to spend a minimum proportion of their time delivering NHS care following graduation.
- Higher education institutions (HEIs) to be asked by NHSE to maximise recognition of prior learning (RPL) and accredit prior experiential learning (APEL).
- NHSE and partners continue to explore greater flexibility to recognise international prior learning / experience towards attaining a degree in medical training in the UK.
- Regulators are also asked to continue to streamline registration process for domestic and international recruits.

- NHSE and partners to explore the potential for contractual or other mechanisms to better incentivise doctors and other healthcare professionals to work in known underserved geographical areas, and to encourage retention during the early.

Educating the workforce differently
Placements
- NHSE proposes to introduce a single, consistent policy for funding excess travel and accommodation costs incurred by students undertaking placements.
- More multi-profession, system-based rotational clinical placements across primary, community and social care, and in the independent and voluntary sectors.
- All foundation doctors to have at least one four-month placement in general practice by 2030/31 and increase training and supervision capacity in primary care so GPs in training can spend the full three years of their training in primary care settings.

Generalist, blended and new approaches to training:
- Trusts to adopt the national preceptorship framework.
- NHS's Enhance Programme to be in place for all doctors in training by 2025. This aims to broaden the generalist and core expertise of clinical professionals during early training, expanding across different specialties and more locations.
- NHS England to commission an independent evaluation of all the blended learning programmes, to be completed in the next year.
- NHSE will expand the Virtual Hybrid Learning Faculty and Simulation Faculty programmes, and support HEIs to adopt – at pace – the NMC's new standard allowing up to 600 hours of practice learning to be undertaken via simulation.
- NHSE and partners to develop opportunities to extend dual registration courses for nursing in children and young people services and learning disability services.
- Compassionate leadership and workforce psychological wellbeing to be incorporated in undergraduate curricula.

Career Diversification
- SAS doctors to have a better professional experience, by improving equitable promotion and ensuring options for career diversification.
- NHSE to review medical career pathways and identify ways to better support postgraduate career progression for Locally Employed Doctors.
- In 2024/25, NHSE aims to pilot an internship model for newly qualified doctors to trial shortening undergraduate training time. This will involve medical students graduating six months earlier and entering a six-month remunerated internship programme.

Meeting geographical need
- Focus on new medical schools and additional places in geographical areas with the greatest staff shortfalls.
- NHSE to apply distribution methodology so there is a continuous pipeline to grow the future permanent medical workforce where it is needed most.
- NHSE to review the geographical distribution of training posts for wider professional groups.

Enablers of Education and training expansion and reform
- As the number of training places increases across professions, more clinical academic posts will be needed.
- NHSE, from 2024, to ensure education and training plans are formulated at least three years in advance.
- The need for parity of esteem between physical and mental health is reflected in the LTWP's anticipated workforce shift between care settings, with the proportion in community care, primary care and mental health needing to increase substantially.
- Increase the proportion of supportive and complementary staff roles from 1% in 2022 to 5% by 2036/37. 3.7–4.0% growth in paramedics, 3.4– 3.7% growth in occupational therapists and 3.3% growth in physiotherapists (assessment of average growth rates per year).
- More nursing associates (NAs)
    - 5,000 NAs due to start training in 2023/24 and 2024/25.
    - This will increase to 10,000-10,500 per year from 2031/32
    - There will be 64,000 nursing associates working in the NHS, compared to about 4,600 now.
    - Training places to increase by 40% to 7,000 by 2028/29.

- From 2023/24, around 1,300 physician associates (PAs) will be trained a year. This will increase to over 1,400 a year in 2027/28 and 2028/29, supporting an ambition to increase training places to over 1,500 by 2031/32.
- Anaesthesia associate (AA) training places will increase to 250 by 2028/29, with the ambition to increase places to 280 a year by 2031/32. National funding is supporting the training of 120 a year over two years until March 2024.
- National funding to train 150 enhanced practice radiographers a year to support the diagnosis of cancer and other conditions by 2032/33.
- An enhanced clinical practitioner apprenticeship with critical care outreach specific content will be launched in 2023, through collaboration with the Intensive Care Society, with funding available for 300 places in 2023/24.
- Over 3,000 clinicians to start advanced practice pathways annually from 2023/24, tailored to support service demand. This will increase by 46% to 5,000 by 2028/29, supporting this Plan's ambition to have over 6,300 clinicians starting advanced practice pathways each year by 2031/32.
- 150 more Same Day Emergency Care advanced practitioners will be trained per year from 2023/24.
- Create pilot development programmes for consultant practitioners, with an initial focus on learning disability and autism, cancer, integrated imaging and musculoskeletal pathways.
- NHSE will extend the Additional Roles Reimbursement Scheme (ARRS), increasing the number of non-GP direct patient care staff by around 15,000 and primary care nurses by more than 5,000 by 2036/37.
- NHSE to support the recruitment and retention of support workers including:
    - maternity support workers through the Competency, Education and Career Development Framework
    - AHP support workers, through growth of apprenticeships and the development of a Competency, Education and Career Development Framework
    - Healthcare support workers, through the NHS England programme (recruitment, induction and career pathways)
    - Cancer support workers, through the ACCEND (Aspirant Cancer Career and Education Development) programme

Mental Health

- Aim to increasingly shift mental health care towards early intervention and prevention, primarily delivered in the community.
- Increase the number of approved clinician roles across mental health services so that by 2036/37 there are at least 1,000 more than in 2022/23.
- Grow workforce across psychological professions (across physical and mental health), including psychologists and psychological therapists as well as new roles:
    - Clinical psychologists working within mental health, learning disability and autism, and physical health services. 1,065 training places were commissioned in 2022/23 with a similar level projected in 2023/24
    - Psychological therapists work within NHS Talking Therapies for anxiety and depression, community mental health services for adults and with children. 2,556 training places were commissioned in 2022/23 with more than 3,000 projected in 2023/24
    - Mental health and wellbeing practitioners, with 560 training places commissioned in 2022/23.
    - Children's wellbeing practitioners, with 387 training places commissioned in 2022/23 with around 400 projected in 2023/24.
    - Educational mental health practitioners, who work in Mental Health Support Teams (MHSTs) based in schools and colleges. Around 500 MHSTs are expected to be operational by 2024.

Long Term Workforce Plan – Next Steps

The LTWP requires action at every level of the NHS from trusts and other employers to systems, national bodies and government. In particular there is a call for ICSs to prioritise actions that drive recruitment and retention of their 'one workforce' across health and care and to integrate considerations from the LTWP into five year joint forward plans.

The plan will be reviewed and reiterated every two years to ensure it remains relevant and flexes based on progress made.

Currently there is no further information on how the plan will be managed, coordinated and driven forward.

ESHT and the Long Term Workforce Plan

We were delighted to be one of very few Trusts cited in the plan where we were recognised for the innovative new roles work we have done around Doctors Assistants:

"There are considerable opportunities for better deployment of the administrative workforce to free up clinicians' time and support patient flow, alongside using technology to reduce administrative burden. For example, ***East Sussex Healthcare NHS Trust*** *has successfully introduced doctor's assistants to undertake specific tasks to reduce doctors' workload. This was in response to an evaluation that found doctors were spending 44% of their time on administration and that 78% of overtime/ exception reports could be carried out by doctor's assistants. Qualitative feedback indicated a reduction in workload following the role's introduction, as well as positive impacts on patient care and hospital flow."*

NHS Long Term Workforce Plan, Paragraph 92.

ESHT Next Steps

Following publication of the plan we will:

- Work with the system to finalise the ICS People Plan which will incorporate the contents of the LTWP.
- Undertake a review of our own People Strategy and plans and refresh it to include the LTWP requirements / direction
- Undertake a review of all points within the LTWP to identify compliance with and gaps / opportunities within our current practices and put in place plans to respond to our findings.

East Sussex Healthcare NHS Trust

NHS England EDI Improvement Plan

Purpose of the paper	The NHS EDI improvement plan builds on the People Promise and the People Plan, using the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion.					
	For Decision		For Assurance	x	For Information	
Sponsor/Author	Steve Aumayer, Deputy CEO & Chief People Officer Sarah Feather, Workforce Equality, Diversity and Inclusion Lead					
Governance overview						

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	x	x

Recommendation	The Trust Board are requested to consider the contents of the presentation and agree to the actions highlighted within it.
Executive Summary	This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.
Next steps	Based on the requirements of the Improvement Plan, we will create a detailed action plan to build on those areas where we already perform well as a Trust and to close all gaps to ensure that we meet the requirements outlined in the paper. This will include implementation of the specific actions highlighted within the paper.

NHS England EDI Improvement Plan

Published June 2023

What is the NHS EDI Improvement Plan

East Sussex Healthcare NHS Trust

The NHS People Plan sets out the priorities for supporting the 1.3 million people who work in the NHS in England, with specific actions for improving their sense of ‘belonging’ in the NHS.

The NHS EDI improvement plan builds on the People Promise and the People Plan, using the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion.

- This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.
- It has been co-produced through engagement with staff networks and senior leaders.

Strategic EDI outcomes of the plan

East Sussex Healthcare NHS Trust

- **Address discrimination** so that staff can use their full range of skills and experience to deliver the best possible patient care.
- **Increase accountability of all leaders** to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010, the Messenger Review.
- **Support the levelling up agenda** by improving EDI within the NHS workforce to enhance the NHS's reputation as a modern employer and an anchor institution, thereby attracting diverse talent to our workforce.
- **Increase equality of opportunity** for progression and growth in the NHS, facilitating social mobility in the communities we serve.

High Impact Actions

East Sussex Healthcare NHS Trust

There are Six High Impact Actions co-created with system leaders for all organisations to implement, including NHS Trusts and ICBs, which are designed to create the change and achieve strategic EDI outcomes.

High Impact Action	Success metric
HIA1: Measurable objectives on EDI for Chairs Chief Executives and Board members	1. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).
HIA2: Overhaul recruitment processes and embed talent management processes.	1. Relative likelihood of staff being appointed from shortlisting across all posts Definitions 2. NSS Q on access to career progression and training and development opportunities 3. Improvement in race and disability representation leading to parity 4. Improvement in representation senior leadership (Band 8C upwards) leading to parity 5. Diversity in shortlisted candidates 6. NETS Combined Indicator Score metric on quality of training
HIA3: Eliminate total pay gaps with respect to race, disability and gender.	1. Improvement in gender, race, and disability pay gap 2. To be developed in year two as part of SOF/LTP metrics on diversity to senior leadership
HIA4: Address Health Inequalities within their workforce	1. NSS Q on organisation action on health and wellbeing concerns 2. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training 3. To be developed in Year 2
HIA5: Comprehensive Induction and onboarding programme for International recruited staff	1. NSS Q on belonging for IR staff 2. NSS Q on bullying, harassment from team/line manager for IR staff 3. NETS Combined Indicator Score metric on quality of training IR staff
HIA6: Eliminate conditions and environment in which bullying, harassment and physical harassment occurs	1. Improvement in staff survey results on bullying / harassment from line managers/teams (**ALL Staff**) 2. Improvement in staff survey results on discrimination from line managers/teams (**ALL Staff**) 3. NETS Bullying & Harassment score metric (NHS professional groups)

Where are we now?

East Sussex Healthcare NHS Trust

ESHT has four equality objectives 2022-2024:

1. **Protecting our staff**
   - Ensuring that workplace environments are free from bullying or intimidating behaviour, violence and aggression.
2. **Increasing representation**
   - Increasing workforce representation at all levels and positive reports of staff experience about equality of opportunity, as measured through the staff survey.
   - Delivering on our commitments in the national workforce race and disability equality standards, and the aspirational targets for multicultural staff.
3. **Building an inclusive culture**
   - Making sure that people feel comfortable to be themselves and feel that they belong.
   - Continuing development of inclusive leaders and allies.
4. **Supporting staff to tailor care towards cultural needs**
   - Supporting staff to recognise and tailor care towards people's cultural needs and attend to social and health inequalities.

Current status and actions

East Sussex Healthcare NHS Trust

HIA1 Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. (links to objective 3)

What we do:
- CEO and CPO meet with network chairs
- Networks all have an Executive sponsor

What we need to do:
- Develop equality objective for the organisation
- Develop an overarching strategy for all EDI activities to support direction of travel
- Develop objectives for board members/senior leaders
- Support the focus on Ineqalities (EDI and Health) through the introduction of a Board Sub-Committee*

** This is not mandated but will be a considerable demonstration of commitment and focus to the inequalities agenda*

Current status and actions

East Sussex Healthcare NHS Trust

HIA2 Embed fair and inclusive recruitment processes and talent management strategies that target under representation and lack of diversity. (links to objective 2)

What we do:

- Piloted different interview techniques focussing on providing questions in advance to all candidates
- A colleague from a diverse background sits on the interview panel for all posts at Band 7 and above
- Appointed equality representatives from different networks to actively participate as members of our interview panels.
- Successful submission to becoming a Disability Confident Leader (2022) (previously known as the two ticks scheme)
- All colleagues have an annual career conversation

What we need to do:

- Implementing a more formal training program for individuals involved in the panel selection process
- Establish a formal process for implementing alternative interview techniques based on the successful outcomes of pilot work
- Continue to utilise career conversations, annual appraisals, and regular supervisions as effective tools for supporting career progression and identifying training needs and opportunities within ESHT
- Create a comprehensive people plan that sets specific targets for each profession or team within ESHT to improve diversity, with a focus on increasing representation of underrepresented groups
- Create and implement comprehensive career pathways for both clinical and non-clinical staff, outlining clear progression routes, required competencies, and development opportunities within ESHT

Current status and actions

East Sussex Healthcare NHS Trust

HIA3: Eliminate total pay gaps with respect to race, disability and gender (links to objective 2)

What we do:

- Annually report on ESHT gender pay gap and have an associated action plan to promote transparency, and address gender disparities.

What we need to do:

- Conduct a comprehensive analysis of the disability and race pay gaps within ESHT
- Collaborate with system stakeholders and NHS Employers to develop strategies and initiatives aimed at reducing and ultimately eliminating pay gaps within the Agenda for Change framework.

Current status and actions

East Sussex Healthcare NHS Trust

HIA4: Address Health Inequalities within their workforce (links to objective 3/4)

What we do:

- Wellbeing team and associated partners offer counselling including specific grief counselling, financial wellbeing support, mental health support, menopause support, Shwartz rounds, Trauma Risk management (TRiM), wellbeing conversations and ESHT has a full in-house occupational health service.

What we need to do:

- Implement targeted initiatives and programmes to address health inequalities within the workforce, focusing on areas such as access to healthcare, mental health support, housing and continue to promote overall well-being.

What do we need to do

East Sussex Healthcare NHS Trust

HIA5: Comprehensive Induction and onboarding programme for International recruited staff (links to objective 3)

What we do:

- A survey of internationally recruited nurses took place in 2021 to gather information on additional support or resources that would be beneficial to them.
- Induction process that includes incorporating EDI e-learning sessions and conducting in-person EDI sessions as part of the nurses' preceptorship programme
- Meet and greet sessions held for newly qualified and newly registered nurses, international nurses and nursing associates so that they have a place to come to meet and connect with other nurses in similar positions.
- Doctors receive three parts to their induction: online learning, face to face induction and a departmental Induction

What we need to do:

- Conduct a thorough review of the current induction process for internationally recruited staff to ensure it is fit for purpose and meets the specific needs of individuals

What do we need to do

East Sussex Healthcare NHS Trust

HIA6: Eliminate conditions and environment in which bullying, harassment and physical harassment occurs (links to objective 1)

What we do:

- Bullying and Harassment resolution group that reports into POD on measures and actions
- Attend the system wide Violence and Aggression reduction group
- Work with Sussex police to offer Hate Crime Awareness training
- Developing a comprehensive communications campaign aimed at raising awareness of ESHT's approach to dealing with bullying and harassment. The campaign will include supporting guidance for managers on how to effectively address and manage such incidents within the organisation. This will include addressing micro incivilities

What we need to do:

- Sustain and enhance the efforts of the bullying and harassment resolution group and continue to work with the system on reducing violence and aggression to create a safe and respectful working environment for all employees.
- Deliver the comprehensive communications programme and publish the supporting guidance for managers

Next Steps (1) – Immediate Actions

East Sussex Healthcare NHS Trust

Agree Overall Board objective

A thought……..

> By the end of the year, the Board will demonstrate a comprehensive understanding of equality, diversity and inclusion (EDI) principles and actively contribute to fostering an inclusive culture within the organisation through both improved organisation governance and individual engagement in the topic.

> If agreed, scope and form the inequalities sub-board committee

Next Steps (2) – Immediate Actions

East Sussex Healthcare NHS Trust

Agree individual Board objectives

Some thoughts:

- Chair – Introduce EDI / Health Inequalities sub-committee to the Board
- Chair and SRO for the sub-board committee – undertake the roles driving the agenda forward and ensuring appropriate plans and responses in place
- CEO / CPO – Engage with network leads on a frequent basis through a series of panned meetings throughout the year
- Network Allies – Undertake the role of a network ally, providing support to the linked network
- Other NEDs / Execs – promote EDI programmes plans and initiatives through active engagement in meetings / events

Next Steps (3) – Further actions

East Sussex Healthcare NHS Trust

- Based on the requirements of the Improvement Plan, we will create a detailed action plan to build on those areas where we already perform well as a Trust and to close all gaps to ensure that we meet the requirements outlined in the paper.

- This will be presented through the Executive Committee, the appropriate sub-committee and Board in due course.

East Sussex Healthcare NHS Trust

Board Assurance Framework (BAF) Update

Purpose of the paper	This paper updates the Trust Board as to the progress in managing the Board Assurance Framework's (BAF) Q1 position, the first quarterly report for 2023/24.
	For Decision: ; For Assurance: x; For Information:
Sponsor/Author	Chief of Staff
Governance overview	All BAF risks were refreshed for 23/24 at the May Seminar, drafted initially by sub-committee Chairs and relevant EDs. They were reviewed by the Board in the round and amendments were made and shared with the deputy trust secretary. Each BAF risk has been reviewed by the Chief of Staff and the Executive Risk Owner. Collectively the full BAF is reviewed at Executive Directors and shared quarterly with the Audit Committee before going to the next scheduled Trust Board. Each Board sub-Committee is expected to review the BAF risks it oversees four times a year. This typically takes place one month after the end of each FY quarter.

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

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

Recommendation	The Board is asked to note the completed summary position for BAF risks and Q1 positions of each risk, having been reviewed by each Board sub-Committee.

Executive Summary	This paper provides an overview of the Q1 risk position for each of the twelve BAF risks, following discussions with executive risk owners and interrogation at the relevant Board sub-Committees. Each sub-Committee has reviewed the risk descriptions, mitigations and positions contained within the Q1 update. Ten of the twelve BAF risks have been carried over from 2022/23, albeit in updated form. Against the YE target risk, four of the twelve are shown at this level for Q1 with the remainder above the target risks, for reasons that are contained within the BAF risks and that have been shared with the relevant sub-Committees. In terms of actions arising from the Q1 review to be taken into Q2, both Q&S and POD are seeking further review of the "target date" element of their assigned risks, to ensure sufficient challenge around the effectiveness of the mitigations currently in place.

Next steps	Mitigating actions as detailed in each BAF risk summary remain under review by the Board sub-Committees and will be reported in the Q2 update.

Board Assurance Framework (BAF) Update

1. Introduction

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

1.2 At the Trust Board meeting in February we provided a Q4 (YE) update of 2022/23 BAF risk. In this we are reporting on Q1 2023/24/.

1.3 Ten of the risks from 2022/23 have been updated and are substantially the same. One of the 2022/23 risks no longer appears on the BAF (Insufficient focus on recurrent delivery of income/cost/savings creates a viability issue post 22/23). Two new strategic risks (BAFs 11 and 12) have been included for 2023/24.

2. Q1 scores in summary

2.1 Following reviews with all Executive SROs, we have completed assessments for the Q1 summary BAF (see figure 1).

2.2 Figure 1 shows that of the ten BAF risks that have carried over from 2022/23, six show no significant change to the residual risk score since Q4 22/23. Three have increased and one shows a reduction in residual risk, suggesting the mitigations and controls are showing a degree of effectiveness.

Figure 1: BAF Summary for Q1

BAF Ref	RISK SUMMARY	Monitoring Committee	Strategic Aims Impacted				Inherent Risk	Current position (Residual risk)				Change	Risk Appetite	Anticipated Year End Risk	Target date
								2023/24							
								Q1	Q2	Q3	Q4				
1	Capacity constraints associated with supporting the collaborative infrastructure	Strat	X			X	9	6				◄►	Seek / Significant	6	Review every two months
2	Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.	POD		X	X	X	15	15				▼	Open	12	Ongoing
3	Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.	POD		X	X	X	20	16				◄►	Cautious / Open	12	Ongoing
4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery	F&P			X	X	20	16				▲	Cautious	16	31/01/23
5	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	F&P		X	X	X	20	16				◄►	Cautious	16	Ongoing
6	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	Audit	X	X	X	X	16	16				◄►	Minimal	12	Ongoing
7	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	F&P			X	X	16	16				▲	Open	12	Ongoing
8	Failure to transform digitally and deliver associated improvements to patient care	F&P			X	X	16	12				◄►	Significant	8	31/03/26
9	Failure to maintain focus on improvement	Strat				X	16	16				▲	Open	12	Review every two months
10	Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that no longer meet the criteria to reside	Q&S	X	X	X	X	20	16				◄►	Open / Seek	12	Ongoing
11	Failure to demonstrate fair and equal access to our services	Strat	X			X	15	9				NEW	Cautious / Open	9	Review every two months
12	Failure to meet the four hour standard	Q&S	X	X	X	X	20	16				NEW		12	Ongoing

Next Steps

3.1 The Q2 BAF is scheduled to be presented to Committees in September, and to the Trust Board in October.

Board Assurance Framework (BAF)

East Sussex Healthcare NHS Trust

Quarter 1 Update 2023/24 Overview

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

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

The Trust Board discussed an updated BAF In April and May 2023, agreeing updated BAF risks and the organisation's risk appetite for each. The Trust's Corporate Risk register contains all of the risks in the Trust that are rated as 15 or more. The majority of risks included on the BAF are included on the Corporate Risk Register, which is presented in full to the Audit Committee alongside the BAF.

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

BOARD ASSURANCE FRAMEWORK - SUMMARY PAGE

East Sussex Healthcare NHS Trust

BAF Ref	RISK SUMMARY	Monitoring Committee	Strategic Aims Impacted				Inherent Risk	Current position (Residual risk)				Change	Risk Appetite	Anticipated Year End Risk	Target date
								2023/24							
								Q1	Q2	Q3	Q4				
1	Capacity constraints associated with supporting the collaborative infrastructure	Strat	X			X	9	6				◄►	Seek / Significant	6	Review every two months
2	Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.	POD		X	X	X	15	15				▼	Open	12	Ongoing
3	Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.	POD		X	X	X	20	16				◄►	Cautious / Open	12	Ongoing
4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery	F&P			X	X	20	16				▲	Cautious	16	31/01/23
5	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	F&P		X	X	X	20	16				◄►	Cautious	16	Ongoing
6	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	Audit	X	X	X	X	16	16				◄►	Minimal	12	Ongoing
7	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	F&P			X	X	16	16				▲	Open	12	Ongoing
8	Failure to transform digitally and deliver associated improvements to patient care	F&P			X	X	16	12				◄►	Significant	8	31/03/26
9	Failure to maintain focus on improvement	Strat				X	16	16				▲	Open	12	Review every two months
10	Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that no longer meet the criteria to reside	Q&S	X	X	X	X	20	16				◄►	Open / Seek	12	Ongoing
11	Failure to demonstrate fair and equal access to our services	Strat	X			X	15	9				NEW	Cautious / Open	9	Review every two months
12	Failure to meet the four hour standard	Q&S	X	X	X	X	20	16				NEW		12	Ongoing

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

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

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

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

		Collaborating to deliver care better	Empowering our People	Ensure Innovative & Sustainable Care	Improving the health of our communities
BAF 1	Capacity constraints associated with supporting the collaborative infrastructure	6			6
BAF 2	Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.		15	15	15
BAF 3	Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.		16	16	16
BAF 4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery			16	16
BAF 5	The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff		16	16	16
BAF 6	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	16	16	16	16
BAF 7	Failure to develop business intelligence weakens insightful and timely analysis to support decisions			16	16
BAF 8	Failure to transform digitally and deliver associated improvements to patient care			12	12
BAF 9	Failure to maintain focus on improvement		16		16
BAF 10	Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that no longer meet the criteria to reside	16	16	16	16
BAF 11	Failure to demonstrate fair and equal access to our services	9			9
BAF 12	Failure to meet the four hour standard	16	16	16	16

Risk Summary							
BAF Reference and Summary Title:	BAF 1: Capacity constraints associated with supporting the collaborative infrastructure			Strategic Aims Impacted			
				x			x
Risk Description:	Resourcing pressure arising from support/presence at partnership initiatives diverts leadership resource from internal ESHT priorities						
Lead Director:	Chief of Staff	Lead Committee:	Strategy & Transformation Committee		Date of last Committee review:	June 2023	

BAF Risk Scoring									
Inherent Risk	Residual Risk	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(3x3) 9	Likelihood:	2				The synergy between System-level success and organisation-led delivery to achieve this aligns Sussex-wide goals with what Trusts are doing. However, this risk reflects the potential disadvantage of this tie-up; namely that key senior leaders' capacity is stretched across external meetings as well as internal ones. To date, the Trust has managed within its existing resources and we intend to do so (hence the risk score for Q1) but – especially in certain areas – there is a recognition that ICB resource is well-provided for and, with this, comes a commensurate range of ambitions and scale of workload.	Likelihood:	2	Review every two months
	Consequence:	3					Consequence:	3	
	Risk Level:	6					Risk Level:	6	
Cause of risk:	• New/evolving governance forums leading to the time commitment of ESHT senior leaders being compromised					Impact:	• Internal priorities focused on delivery of ESHT 23/24 objectives may be compromised by relevant senior leaders being at other meetings		
Current methods of management (controls)	A. Robust monitoring process via EDs, IPRs enabling teams to flag where pressures arise – either on external commitments or internal presence being compromised to the point where senior leaders' grip on internal priorities is suboptimal								

Assurance Framework – 3 Lines of Defence – linked to control (above)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Teams to consider alternative options/resources to ensure ESHT collaboration is maintained at an appropriate level	• Teams able to escalate to EDs for review/support/mitigation options • EDs to consider alternative resource and appropriateness to the responsibility levels	• EDs to raise with external partners as required where no alternative resource is available

Gaps in control/assurance:
• None seen currently

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**

Current proactive management means that we are at the target level for this risk. We have strong and open relations with ICB colleagues, so have already escalated constructively where we feel that there is a stretch on internal resource in order to support ongoing ICB areas. Attendance issues are flagged via Executive Directors meeting and/or Divisional IPRs and our discussions with the relevant partners to seek to manage expectations on attendance have so far been extremely positive.

Risk Summary							
BAF Reference and Summary Title:	BAF 2: Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time				Strategic Aims Impacted		
						x	x	x
Risk Description:	There is a risk that the available workforce does not meet the organisation's resource requirements in the short, medium and long term						
Lead Director:	Chief People Officer	Lead Committee:	People and Organisational Development Committee	Date of last Committee review:	July 2023		

	BAF Risk Scoring								
Inherent Risk	Residual Risk	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x3) 15	Likelihood:	5				There are pockets of specialities where recruitment is challenged, although these largely reflect national difficulties. Ongoing success with recruiting into some 'Hard to Recruit' substantive posts, particularly Consultant posts. Retention is a clear risk given the ongoing operational pressures being experienced locally and across the NHS. The Trust's age profile presents a specific risk to longer term retention with around 20% of our workforce are at a point where they are technically able to retire. Industrial action relating to the BMA and consultants continues to present short term workforce issues and disquiet in the workforce. The risk rating remains as for Q4 20223/23 based on the nature of the industrial action. The anticipated year end risk is based on industrial action being resolved through national agreement. It is currently anticipated that this will be 12, but there is a long term ambition to recue this further to 9.	Likelihood:	4	*Ongoing*
	Consequence:	3					Consequence:	3	
	Risk Level:	15					Risk Level:	12	

Cause of risk:	Impact:
• Industrial action • Recognised national shortages in some staff groups • Geographical location, demographics and age profile of workforce • Continued operational pressure in a number of clinical areas • Lack of opportunity for career development • Working pressures over the last two years have had a detrimental impact on staff retention • Withdrawal of Brighton University from East Sussex may impact on the number of trainees choosing to base themselves in East Sussex during their training, which may reduce the number of doctors seeing the Trust as a natural first choice for post training employment	Failure to maintain workforce stability gives rise to risk of: • Not being able to deliver activity in line with operational needs • Detrimental impact on patient care and experience • Detriment to staff health and well-being • Detriment to staff development as result of reduced ability for staff wanting to attend education/training due to staff shortages in key areas • Failure to comply with regulatory requirements and constitutional standards • Detriment to performance and productivity • Increased workforce expenditure due to agency requirements

	• Withdrawal of funding for registered nurses associates to undertake two year degree to become fully registered nurses		• Inability to ensure 'great place to work' culture and climate thus frustrating strategies and efforts to attract, recruit, retain, deploy, and develop staff

Current methods of management (controls)	A. Ongoing monitoring of Attraction, Recruitment and Retention Strategy and developing wide range of recruitment methodologies (events, social media, recruitment consultancies, targeted recruitment activity, including a significant overseas recruitment plan) B. Talent management, succession planning, appraisals and development programmes C. Developing new roles and "growing our own" e.g. New to Care D. Workforce efficiency metrics in place and monitored E. Quarterly reviews in place to determine workforce planning requirements. F. Review of nursing establishment 6 monthly as per Developing Workforce Safeguards G. Full participation in HEKSS Education commissioning process and regional medical role expansion programme – Foundation and some Speciality Training programmes H. Stay interview and exit interview programmes I. Use of bank and agency where required J. Focus on retention particularly on understanding why people may want to leave the Trust. K. Use of government initiatives e.g. Kickstart L. Flexible working M. More flexible use of retire and return N. Proactively building our positive reputation as an employer O. Implementation of an industrial action project to mitigate the impact of colleagues taking industrial action P. Assurance is being provided re industrial action preparedness to system and region via self-assessment checklist

Assurance Framework – 3 Lines of Defence – linked to controls (A-P)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Monthly reviews of vacancies together with vacancy/turnover rates (A)(H)(D) • Twice yearly establishment reviews (F) • Success with some hard to recruit areas e.g. consultants in Histopathology, Radiology, Neurology, Orthopaedics and Acute medicine.(A) (C) • In house Temporary Workforce Service to facilitate bank and agency requirement (I) • Workforce efficiency metrics (D) • New AHP /HCSW initiatives (C) • Continued International Nurse recruitment.c70 in total for 2023/24 (A)	• Workforce strategy aligned with workforce plans, strategic direction and other delivery plans and metrics reviewed by POD and Trust Board (A) (B) (D) (E) (F) (G) • Three-year Attraction and Recruitment Strategy refreshed (A) • Improvements to Applicant Tracking system (Trac) have led to reduced time to hire for new staff (not including Medical & Dental staff). (D) • Temporary workforce costs scrutinised by Finance and Productivity Committee (I) • Wellbeing offering enhance (includes Pastoral Fellowes support) and reviewed by POD (K)	• National Staff Friends and Family Test (A) (G) (H) • Clinical Commissioning Group Quarterly Workforce meetings (D) • Internal audits of workforce policies and processes (A) (D) (E) • NHS Staff Surveys and Pulse Surveys and benchmarking data (A) (B) (C)

Assurance Framework – 3 Lines of Defence – linked to controls (A-P)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
	• Additional Headhunter Agencies engaged for hard to recruit Medical Posts (A) • Regular meetings with Regional Post Graduate Deans for Acute and Primary care (C)(J)(N) • Job plans in place for all doctors (B) • Industrial Action working group and daily resource meetings attached to site meetings (O)(P) • In the event of industrial action, reduction in services to ensure all urgent and derogated services are delivered (O)(P)	• People Strategy is being delivered (A)(B)(C)(D)(E)(F)(I)(K) • Ongoing recruitment campaigns for hard to fill roles (A) • Delivery of an employee value proposition (EVP) in 2023 • NHS Workforce long term plan implementation	
Gaps in control/assurance:			
• None identified			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Continue with recruitment initiatives and international sourcing of medical candidates, including Radiographers, Sonographers, Gastro and Endoscopy	Chief People Officer	Ongoing	• Continued recruitment campaigns with both Medacs and MSI agencies to source International Nurses and Medics. Target of 70 nurses this financial year(2023/24).Interviews commenced and on target to deliver required numbers .Planned cohorts to assist with winter planning. • Local and UK recruitment campaigns underway including recruitment events e.g. Westfield June 2023/Brighton July 2023.New Recruitment materials acquired to assist with Trust Branding in support of these campaigns. • 6 International Radiographers/Sonographers due to join Trust by August 2023. • Trust continues to work with external recruitment agencies to assist with recruiting 'hard to fill posts'. Number of	G

				initiatives in place to support recruitment e.g. assistance with relocation/onboarding of new colleagues • Increased number of direct applicants to hard to recruit posts i.e. Radiology and Respiratory Drs	
2.	Local outreach initiatives	Chief People Officer	Ongoing	• Trust working with DWP and Princes Trust. To date c60 young adults supported with Prince Trust initiative. Recruitment events attended in conjunction with DWP. • Trust working with other ICB organisations with regards local recruitment activities and initiatives e.g. 'Recruitment Hub' • Trust involved with both Little Gate Farm and Project Search initiatives	G
3.	Focus on Advanced Practitioner role and roles that support medicine such as Physician Assistants, Surgical Care Practitioners, Anaesthesia Associates (new national curriculum due soon), increase number of Doctors Assistants	Chief People Officer	Ongoing	• SCP :We continue to have two SCP on programme at Anglia Ruskin University the course is for 2 years part time. Meeting scheduled to discuss future SCP development for 23/24 to 27/28 for the NHS England Workforce Training and Education commissioning process. • PA Role : Conversations to formalise the lead PA appointment. There is a one off payment of 20k funding from the ICB to support this role, with additional funding for a Band 7/8a to support the. A meeting, in collaboration with UHSx is scheduled to discuss support to take the role forward in light of new NHS Workforce Plan released this week. • Education Steering Group: ToRs are currently being reviewed. The new Deputy Chief Medical Office – Workforce will co-chair the group. • • Anaesthetic Associates: Recent meetings held with clinical lead and division, as well as with the GMC's lead for anaesthetic associates. NHS England announced pump prime funding to support development of the role in Trusts. Business case to be written for development of x2 anaesthetic associate roles in the service with funding from NHS England.	G

Risk Summary							
BAF Reference and Summary Title:	BAF 3: Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.			Strategic Aims Impacted			
					x	x	x
Risk Description:	There is a risk that any decline in staff motivation negatively impacts on our ability to deliver the required levels of activity to the standards we require.						
Lead Director:	Chief People Officer	Lead Committee:	People and Organisational Development Committee	Date of last Committee review:	July 2023		

	BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x4) 20	Likelihood:	4				Data is showing that engagement levels across the NHS and locally have reduced over the past three years Elongated industrial action without resolution may further impact on the motivation and morale of colleagues and our ability to deliver services in a timely and efficient way. The anticipated year end risk is based on industrial action being resolved through national agreement.	Likelihood:	3	Ongoing
	Consequence:	4					Consequence:	4	
	Risk Level:	16					Risk Level:	12	

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

Current methods of management (controls)

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

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

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

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

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

Risk Summary						
BAF Reference and Summary Title:	**BAF 4: Failure to deliver income levels/manage cost/expenditure impacts savings delivery**			**Strategic Aims Impacted**		
						x	x
Risk Description:	**At month three the Trust is expected to assume income at budget. However, there remains a need to deliver the cost efficiencies required to breakeven. In addition there is a risk that we will not receive the full year of income at budget level if we do not deliver the associated activity.**					
Lead Director:	**Chief Financial Officer**	**Lead Committee:**	**Finance and Productivity Committee**	**Date of last Committee review:**	**July 2023**	

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**23/24 Q1**	**23/24 Q2**	**23/24 Q3**	**23/24 Q4**	**Rationale for Risk Level**	**Anticipated Year End Risk**		**Target Date**
(5x4) 20	**Likelihood:**	**4**				**Likelihood**: There is a need to identify £6-8m of efficiencies beyond the current Cost Improvement Programme. Also there are additional pressures caused by strikes in 2023/24. **Consequences**: Whilst the consequences are potentially severe, we are cognisant that the challenges faced by the Trust are common with many NHS providers and therefore the regulatory response will likely be proportionate in that context. Therefore, the consequence has been capped at a 4.	**Likelihood:**	**4**	31/03/2024
	Consequence:	**4**					**Consequence:**	**4**	
	Risk Level:	**16**					**Risk Level:**	**16**	

Cause of risk:	• Failure to deliver on the ERF activity plan; • Increased operational pressures and in particular patients not meeting the criteria to reside meaning that we are unable to deliver to the escalation bed plan; • Failure to deliver recurrent efficiencies • Ongoing lack of resolution of strike actions	**Impact:**	Failure to maintain financial sustainability gives rise to risk of: • Unviable services and increased cost improvement programme; • If the system declares a deficit, there is a risk that additional controls will be imposed by the national team. At the moment, Sussex is rated as risk level 1 but could be escalated to risk level 2-4; • Damage to Trust's stakeholder relationships and reputation. • Impact of delivery below the ERF activity plan has been mitigated by a national assumption to record income at planned activity level

Current methods of management (controls)	A. Efficiency programme is in place with targets set and monitored at divisional level; B. Divisions held to account for overall financial performance through IPR process based on budgets agreed through the Divisions and Executive; C. Scheme of Delegation (SoD) and Standing Financial Instructions (SFIs) in place to manage expenditure across pay and non-pay; D. Staffing controls through establishment control, including vacancy panel; E. Productivity Director recruited and has implemented project controls on CIP plans

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

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Finalise CIP plan for year with an emphasis on controlling costs as well as delivering increased activity	Chief Financial Officer	31/08/2023	• At M2 there has been some assurance for £20m of the £32.5m CIP. Following the decision to accrue income to budget, the remaining risk reduces to £6-8m. • Additional actions will need to be taken to reduce the gap further.	A
2.	Establish a finance and activity focused accountability session chaired by COO and CFO with each division covering financial performance, activity and efficiency to increase scrutiny, grip and control above the existing IPR process	Chief Financial Officer	30/08/2023	• Meetings to be introduced as a joint meeting from August	A

Risk Summary							
BAF Reference and Summary Title:	BAF 5: The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff				Strategic Aims Impacted		
						x	x	x
Risk Description:	There is a risk that there may be unplanned outages in equipment, buildings and facilities not being available for clinical purposes						
Lead Director:	Chief Financial Officer	Lead Committee:	Finance and Productivity Committee		Date of last Committee review:	July 2023	

	BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x4) 20	Likelihood:	4				The Trust's capital budget for 2023/24 is £23.3m, comprising £3.5m on diagnostic and medical equipment, £3m on digital, £7.3m on estates backlog and other schemes. Given the overall level of backlog for the estate, medical equipment and digital, the planned annual expenditure is not enough to meet the significant backlog that exists.	Likelihood:	4	Ongoing
	Consequence:	4					Consequence:	4	
	Risk Level:	16					Risk Level:	16	

Cause of risk:	Insufficient capital to meet significant backlog	Impact:	Lack of capital for investing in the future sustainability of the Trust gives rise to risk of a significant impact on the Trust's ability to meet its requirements to provide safe, modern and efficient patient care.
Current methods of management (controls)	A. Significant work is always undertaken to deliver the capital plan B. Essential work prioritised with estates, IT and medical equipment		

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

Gaps in control/assurance:
• Longer term capital programme has been produced; however, significantly more capital is required to address this than is available to the Trust. • New Hospital Programme funding envelope delayed and not clear at present • Availability of project managers to deliver the backlog programme

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	ICS will undertake a medium term financial plan	Chief Finance Officer	Ongoing	• Expenditure monitored • Progress reported regularly to Finance and Productivity Committee	A
2.	Through New Hospital Programme business case process and associated enabling business cases, Trust will be addressing solutions for backlog maintenance	Chief Finance Officer	March 2024	• Priorities to be developed into the New Hospital Programme Case	A

Risk Summary							
BAF Reference and Summary Title:	BAF 6: Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack				Strategic Aims Impacted		
					x	x	x	x
Risk Description:	Current mitigations include rollout of MFA to key users, plan to minimise non-supported software and contain software that cannot currently be removed, and ensure offsite backup.						
Lead Director:	Chief Financial Officer	Lead Committee:	Audit Committee	Date of last Committee review:	July 2023		

	BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(4x4) 16	Likelihood:	4				There are a number of robust controls in place, but further mitigation can be achieved by implementing a formal programme of work that addresses the wider information security agenda. Whilst the risk is still 16, a significant amount of work has been done to increase the robustness of the Trust Cyber security posture, but due to an evolving threat landscape new threats arise that will require new and further remediation.	Likelihood:	3	Ongoing
	Consequence:	4					Consequence:	4	
	Risk Level:	16					Risk Level:	12	

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

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

Assurance Framework – 3 Lines of Defence – linked to controls (A-L)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Cyber Essential Plus Framework assessment reviewed by division (D) • Day to day systems in place and support provided by cyber security team with increased capacity (A) (B) (C) (F) (H) (I)	• Policies, process and awareness in place to support data security and protection and evidence submitted to the DSPToolkit (D) • Information sharing and development with organisations within the Sussex ICS (G) • Regular quarterly security status report to IG Steering Group and every six months to Audit Committee (D) • Monthly reporting via NHS Digital on Cyber Exposure score (D)	• Cyber security testing and exercises e.g. ICB cyber simulation event with all NHS organisations in Sussex, and two internal events at ESHT with senior leaders (E) • Trust to date has had no ransomware attack (A) (B) (C)(H)(I) • RSM internal audits throughout 2023/24 (D) • Final submission of DSPT for assurance to internal auditors (Jun 23) (D)
Gaps in control/assurance:			
• Obtain Cyber Essentials Plus to provide assurance on reliability and security of systems and information. Continue with patching programme and address points raised by internal audit • Cyber Action plan developed which sets out all of the actions that would need to be taken to mitigate cyber risks			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Cyber Essentials framework.	Chief Finance Officer	August 2023	• Currently undertaking Cyber Essentials self-assessment to identify any gaps in compliance • Gaps identified will be added to the cyber action plan	*G*
2.	Medical devices with network connectivity asset list	Chief Finance Officer	2024	• Celera, an auditing tool, has been installed and is now running network audit. Further work required to enable greater visibility • Anticipate that full visibility will be delivered at EDGH by October 2023 • Conquest delivery anticipated in 2024	*G*
3.	Wi-Fi Refresh	Chief Finance Officer	Complete	• Complete	*G*
4.	LAN Refresh EDGH	Chief Finance Officer	October 2023	• Replace the Core Network and Fibre connections to the Edge Switches anticipated to be complete by October 2023	*G*
5.	LAN Refresh Conquest	Chief Finance Officer	March 2024	• Replace the Core Network and Fibre connections to the Edge Switches • Suitable locations identified with estates and design has now been completed	*G*
6.	24/7 Cyber Operations Centre	Chief Finance Officer	September 2023	• Business case being developed and funding identified	*A*

Risk Summary							
BAF Reference and Summary Title:	BAF 7: Failure to develop business intelligence weakens insightful and timely analysis to support decisions				Strategic Aims Impacted		
							x	x
Risk Description:	Currently developing daily, weekly and monthly dashboard. Aim to develop self-serve as a second stage.						
Lead Director:	Chief Financial Officer	Lead Committee:	Finance and Productivity Committee		Date of last Committee review:	July 2023	

	BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(4x4) 16	Likelihood:	4				A large number of clinical systems and complex data structures, along with a variety of reporting methods and a lack of controls around the data quality leads to a lack of confidence in the data that we produce.	Likelihood:	3	Ongoing
	Consequence:	4					Consequence:	4	
	Risk Level:	16					Risk Level:	12	

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

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

Gaps in control/assurance:

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

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Recruitment of replacement Data Quality and Assurance Lead	Chief Finance Officer	August 2023	• Data Quality and Assurance Lead recruited. • Continue data quality steering group and further development of framework	A
2.	Electronic Patient Record (EPR) procurement	Chief Finance Officer	March 2024	• Outline business case and specification completed, and review of invitation to tender being completed. • OBC has been signed off by the national EPRIB Board • Procurement will start in March 2024 • A large number of posts have been recruited to support procurement and implementation. •	G
3.	Development of Power Business Intelligence (BI) Reporting	Chief Finance Officer	Ongoing	• Development of daily, weekly, and monthly dashboards • Development of divisional reporting • Development of updated Board IPR	G
4.	Upskilling the Business Intelligence team	Chief Finance Officer	Ongoing	• Provision of suitable training in the development of Power BI	A

Risk Summary							
BAF Reference and Summary Title:	BAF 8: Failure to transform digitally and deliver associated improvements to patient care				Strategic Aims Impacted		
							x	x
Risk Description:	Currently targeted investment in LIMS Pathology, Sectra Radiology, and virtual wards. Full Business Case for Electronic Patient Records to be developed in 23/24.						
Lead Director:	Chief Financial Officer	Lead Committee:	Finance and Productivity Committee		Date of last Committee review:	July 2023	

	BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(4x4) 16	Likelihood:	3				**Likelihood**: To enable to Trust to transform digitally and develop a culture which embraces significant change there is a dependency on investment and resources however, currently the Trust is reliant on non-recurrent funding making it challenging to plan for large scale changes or recruit to roles. **Consequence**: Long term impact of not embracing the changes needed to support a digital transformed trust are significant, as the population/patient will expect the Trust to deliver services using enhanced digital solutions The progress on Electronic Patient Record (EPR) procurement has increased the level of engagement across the organisation and the need for digital and structured data.	Likelihood:	2	31.03.26
	Consequence:	4					Consequence:	4	
	Risk Level:	12					Risk Level:	8	

Cause of risk:	• Lack of capital and digital funding to deliver improved digital maturity. • Lack of staff and capability to deliver, support and manage transformative digital solutions. • Lack of time, Business as Usual activity and operational pressures reduce the time required and available to support the change required for digital transformation. • Inconsistent processes in relation to be purchase & implementation of new systems, which results in additional steps and handoffs in the process for patient care. • Potential organisational unwillingness to embrace change. • Trust-wide digital transformation programme requires significantly enhanced capacity and capability to manage change	Impact:	• Acceptance of change needed to support new and innovative solutions is disparate across the Trust • Lack of capital for investing in the future sustainability of the Trust • Loss of key staff • Digital solutions developed in silos and unsupported by the Digital team, impacting on the management of patient pathways due to increase in process steps

Current methods of management (controls)	A. Digital Steering Group setup and established to monitor, support, and approve any Trust wide digital initiative and alignment to digital strategy B. Project Prioritisation Matrix to track and manage priorities for digital C. Working with the ICS to develop a system wide strategy for digital innovation D. Digital Benefit lead role established and currently embedding benefits into all digital activity E. Process Mapping to facilitate change acceptance and benefits management F. Transformation programmes to be put place to realise benefits of cost effectiveness G. Longer term capital plan to support delivery of sustainable services

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

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

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	EPR procurement	Chief Medical Officer	March 2024	• Outline business case and specification completed, and review of invitation to tender being completed • OBC has been signed off by the national EPRIB Board • Procurement will start in March 2024 • A large number of posts have been recruited to support procurement and implementation.	G
2.	Digital transformation roadmap based on supporting the digital strategy	Chief Finance Officer	August 2023	• Review of progress on the digital strategy and development of the next 12–24-month road map	A
3.	Digital Literacy Assessment	Chief Finance Officer	March 2024	• Evaluate the current level of digital literacy across the staff groups. • Development of a plan to increase digital literacy	A
4.	Increase digital culture	Chief Finance Officer	March 2024	• Communications strategy and engagement	A

Risk Summary						
BAF Reference and Summary Title:	**BAF 9: Failure to maintain focus on improvement**			**Strategic Aims Impacted**		
					X	X
Risk Description:	**Insufficient focus leads to a failure to embed a QI culture as "the ESHT way" of securing change and the expected improvement outcomes/benefits are therefore not realised**					
Lead Director:	**Director of Transformation and Improvement**	**Lead Committee:**	**Strategy and Transformation Committee**	**Date of last Committee review:**	**June 2023**	

	BAF Risk Scoring								
Inherent Risk	**Quarter**	**23/24 Q1**	**23/24 Q2**	**23/24 Q3**	**23/24 Q4**	**Rationale for Risk Level**	**Anticipated Year End Risk**		**Target Date**
(4x4) 16	**Likelihood:**	4				The current risk position takes account of the challenge of securing the changes and identifying the improvements actively brought about by deploying the methodology that we identified in 22/23. We recognise that this will be a tougher ask in a year where more pressing needs will absorb staff time commitments	**Likelihood:**	3	Review every two months
	Consequence:	4					**Consequence:**	4	
	Risk Level:	16					**Risk Level:**	12	

Cause of risk:	• People trained under previous model have been inactive • Need to build capacity & training infrastructure of new model • Challenge of delivering improvement aims in a operationally/ financially challenged environment	**Impact:**	• No current systemic approach to delivering improvements • Persistence of training gaps esp. with senior leaders across the Trust
Current methods of management (controls)	A. Stocktake via the creation of ED Transformation Improvement B. Provide regular reporting via EDs/StratCom as regards the current transformation programme		

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

Gaps in control/assurance:
• None seen currently

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1	Identification and launch of continuing improvement (CI) programme with our strategic partner ("Brilliant Basics")	Director of Transformation and Improvement	June (to start)	• This is reviewed via the bi-weekly review meetings – there remains work to be done to prioritise programmes but no current risks to flag	A

Risk Summary							
BAF Reference and Summary Title:	BAF 10: Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that no longer meet the criteria to reside.				Strategic Aims Impacted		
					x	x	x	x
Risk Description:	The Trust has very large numbers of patients who do not need the specialist inpatient care provided by ESHT (NCTR/discharge ready) resulting in a requirement for significant additional capacity and staffing. There is an impact on flow of patients and an increased risk of deconditioning and harms (both physical and mental health) due to the very extended length of stay of some of these patients. In addition there is a negative impact on patient experience as a result.						
Lead Director:	Chief Operating Officer / Chief Nursing Officer / Chief Medical Officer	Lead Committee:	Quality and Safety Committee	Date of last Committee review:	July 2023		

	BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x4) 20	Likelihood:	4				Evidence on a daily basis of the impact of greater than 50 patients who are discharge ready and the impact that this has on flow and increasing risk to patients and staff. Situation continues with very large numbers of patients who are discharge ready and significant extra bedded capacity open including "supersurge" capacity. In addition in times of extremis it has been necessary to pre-emptively place additional patients on wards until a bed space is available.	Likelihood:	4	Ongoing
	Consequence:	4					Consequence:	4	
	Risk Level:	16					Risk Level:	16	

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

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

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

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

Gaps in control/assurance:

- Workforce demand outstripping supply due to significant additional capacity required
- Lack of suitable physical space for surge capacity
- Lack of sufficient equipment for surge capacity
- In extremis overcrowding due to additional beds and equipment
- Unable to completely avoid all inappropriate attendances/admissions
- Lack of Adult Social Care capacity
- Currently unable to easily/accurately describe the impact or harm from reconditioning

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

Risk Summary							
BAF Reference and Summary Title:	BAF 11: Failure to demonstrate fair and equal access to our services				Strategic Aims Impacted		
					X		X
Risk Description:	Combined operational and financial pressures means that the additional analysis and support is not prioritised in-year						
Lead Director:	Chief of Staff	Lead Committee:	Strategy Committee		Date of last Committee review:	June 2023	

	BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x3) 15	Likelihood:	3				This risk has evolved from the previous BAF risk 12, around public health priorities. While progress was made last year in the creation of an approach to health inequalities, the challenge this year will be on prioritising the data collection and reporting as part of Trust BAU business intelligence. This also comes against a more challenging set of operational and financial standards, compared with 22/23, so resource prioritisation from within ESHT staff will be difficult.	Likelihood:	3	Review every two months
	Consequence:	3					Consequence:	3	
	Risk Level:	9					Risk Level:	9	

Cause of risk:	• Capacity within existing BI team • Health inequality requirements via contract for 23/24	Impact:	• BI team making prioritised choices over aspects of reporting/analysis that it can cover in this financial year
Current methods of management (controls)	A. Routine information gathering as part of report collation B. Where significant transformation is taking place (e.g. cardiology, ophthalmology) members of the team have been trained or have experience in establishing meaningful engagement (in line with statutory/legal obligations)		

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Through reporting documentation (basic stakeholder analysis) to show engagement approaches	• Teams engage relevant corporate support (health inequalities, communications) to advise and support where engagement is required	• EDs to support prioritisation of team resources to ensure appropriate support is given to most pressing risk areas (e.g. where corporate reputation may be at risk)

Gaps in control/assurance:
• There is no assurance currently that within existing resources, the BI team will be able to provide for this information being included within the standard reporting provided to operational teams

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Audit to review the current levels of relevant information (e.g. ethnicity, protected characteristics) available within ESHT	Chief of Staff			
2.	Engagement with BI team and ICB data leads re: supporting resources that can be provided to support data analysis re: health inequalities	Chief of Staff			

Risk Summary							
BAF Reference and Summary Title:	BAF 12: Failure to meet the four hour standard				Strategic Aims Impacted		
					X	X	X	X
Risk Description:	Due to ongoing challenges with patient flow, there is a risk that patients spend longer than they need to in the emergency department once they are clinically ready to proceed. This is due to a number of factors and also affects those patients who wait longer than they should to access the emergency department. There is evidence to suggest that patients who spend more than six hours in emergency departments are more likely to suffer harm.						
Lead Directors:	Chief Nurse and DIPC, Chief Medical Officer & Chief Operating Officer	Lead Committee:	Quality and Safety Committee		Date of last Committee review:	July 2023	

	BAF Risk Scoring								
Inherent Risk	Quarter	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Rationale for Risk Level	Anticipated Year End Risk		Target Date
(5x4) 20	Likelihood:	4				There is robust data/evidence on a daily basis that describes the length of time patients stay in the department and that the standard/ambition is not being met.	Likelihood:	3	Ongoing
	Consequence:	4					Consequence:	4	
	Risk Level:	16					Risk Level:	12	

Cause of risk:	• Bed occupancy in excess of 92% • Lengthy processes to assessment in ED, leading to high numbers of non-admitted breaches • High numbers of patients who do not meet CTR and are Discharge Ready • Insufficient bedded capacity immediately available • Insufficient community capacity (ESHT, care homes and discharge to assess)	Impact:	• Patients spending longer than they need to in the emergency department • Delays for patients being able to access the emergency department in a timely way • At times increased handover times for ambulance crews • Overcrowding of the emergency departments effecting the experience of patients and staff
Current methods of management (controls)	A. Live bed state provides accurate information regarding occupancy and available bedded capacity B. Urgent Care improvement plan		

Assurance Framework – 3 Lines of Defence – linked to controls (A-B)			
	1st line of Defence *(service delivery and day to day management of risk and control)*	**2nd Line of Defence** *(specialist support, policy and procedure setting, oversight responsibility)*	**3rd Line of Defence** *(Independent challenge on levels of assurance, risk and control)*
Assurance:	• Urgent Care improvement plan overseen by Urgent Care Oversight Group • Eliminate reliance on escalation and super surge areas • Focus on non-admitted breaches • Back to basics training for staff on discharge processes	• Discharge Front runner support across Sussex to reduce Discharge Ready numbers • Breach compliance assurance across divisions • Long length of stay review across divisions • High risk patient reviews by CNO and CMO	• Increase in D2A capacity across Sussex • Virtual ward increase in capacity • Discharge lounge usage • Weekend discharge improvement plan
Gaps in control/assurance:			
• Lack of Transfer of Care Hub in place in line with national requirement			

Further Actions (to further reduce Likelihood / Impact of risk in order to achieve Target Risk Level in line with Risk Appetite)					
No.	**Action Required**	**Executive Lead**	**Due Date**	**Quarter 1 Progress Report**	**BRAG**
1.	Development of transfer of care hub	COO	March 2024	Links with Discharge front runner workstream	A
2.	Review of CHC process	COO	Oct 2023	Part of discharge front runner workplan	A
3.	Development of ward staff further	COO	Autumn 2023	Q1 Train the trainer programme delivered, Q3 training plan developed for delivery in Autumn	B

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

BAF 1 - Capacity constraints associated with supporting the collaborative infrastructure						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
			No current risks on the Corporate Risk Register that apply			
BAF 2 - Failure to attract, develop & retain a workforce that delivers the right care, right setting, right time						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	07/02/2013	965	Delays in reporting for Radiological Investigations	6	15	◀▶
	21/04/2015	1289	Consultant histopathology vacancies	12	20	◀▶
	23/06/2015	1324	A&E Handover Capacity	9	20	◀▶
	19/10/2016	1552	Cardiac Physiology staffing	12	16	◀▶
	14/11/2017	1680	Wait times for routine Child Development clinic referrals >36 months	12	16	◀▶
	17/05/2018	1721	Insufficient physiotherapy staffing for neurological outpatient service	15	15	◀▶
	03/12/2018	1765	Emergency Department nursing vacancies	12	16	◀▶
	21/12/2018	1772	Insufficient intensive care medical consultant staff to deliver 7 day consultant led service	20	16	◀▶
	06/09/2019	1830	Failure to meet turnaround times in cellular pathology	12	20	◀▶
	01/07/2020	1896	Unchaperoned ultrasound examinations	16	16	◀▶
	23/10/2020	1931	Health Visitor Vacancies	9	20	◀▶
	15/07/2021	2057	Noncompliance with NaDIA inpatient diabetic foot pathway	16	16	◀▶
	12/08/2021	2066	Inadequate staffing levels to provide consistent Lipid Clinic service	20	15	◀▶
	06/09/2021	2068	Cellular Pathology staffing	16	16	◀▶
	25/11/2021	2079	Construction project manager vacancies	25	16	◀▶
	25/11/2021	2080	Statutory compliance and quality assurance in construction activities	20	16	◀▶
	17/03/2022	2091	Reliance on non-qualified and temporary workforce in order to provide 24/7 Covid-19 lab testing service	16	16	◀▶
	28/06/2022	2114	Delays in out of hours patient assessment times	20	16	◀▶
	29/07/2022	2127	Vacancy rate of occupational therapists	20	20	◀▶
	01/08/2022	2128	Insufficient accommodation for international nurses	16	16	◀▶
	01/08/2022	2129	International nurses waiting more than 15 weeks for an OSCE place at national test centres	16	16	◀▶

	17/08/2022	2135	Vacancies in radiology and histopathology increasing diagnostic service waiting times	12	15	◀▶
	24/01/2023	2174	Cardiology consultant staffing	20	20	◀▶
	10/03/2023	2178	Safeguarding team staffing	16	16	**NEW**
	22/03/2023	2182	Integrated Support Worker staffing in Urgent Community Response team	20	16	**NEW**
	01/06/2023	2192	Radiology Physics Service Staffing	20	15	**NEW**
	22/06/2023	2199	Lack of clarity about Continual Professional Development funding in 2023/24	20	20	**NEW**
	28/06/2023	2200	Subject Access Requests / Redaction Software	15	15	**NEW**

BAF 3 - Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	03/12/2018	1765	Emergency Department nursing vacancies	12	16	◀▶
	21/12/2018	1772	Insufficient intensive care medical consultant staff to deliver 7 day consultant led service	20	16	◀▶
	29/04/2020	1867	Violence and Aggression Trust wide	16	16	◀▶
	01/08/2022	2128	Insufficient accommodation for international nurses	16	16	◀▶
	01/08/2022	2129	International nurses waiting more than 15 weeks for an OSCE place at national test centres	16	16	◀▶
	12/08/2022	2132	Resilience to deliver Mask Fit Test Service	16	16	◀▶
	01/06/2023	2192	Radiology Physics Service Staffing	20	15	**NEW**
	22/06/2023	2199	Lack of clarity about Continual Professional Development funding in 2023/24	20	20	**NEW**

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

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	13/04/2023	2183	Delivery of the 2023/24 financial plan	20	20	**NEW**

BAF 5 - The Trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	25/02/2002	19	Risk of Legionella	6	15	◀▶
	07/02/2013	965	Delays in reporting for Radiological Investigations	6	15	◀▶
	10/12/2013	1118	Aging Building Management System (BMS)	15	15	◀▶
	23/06/2015	1324	A&E Handover Capacity	9	20	◀▶
	25/09/2015	1360	Cardiology Catheter Lab breakdowns	12	16	◀▶
	11/11/2015	1397	Clinical Environment Maintenance & Refurbishment	20	15	◀▶
	12/11/2015	1398	External Cladding/Façade at EDGH	20	15	◀▶
	12/11/2015	1410	Potential non-compliance with Fire Safety Legislation	16	16	◀▶

	12/11/2015	1425	Failure of lifts	16	16	◀▶
	09/05/2017	1621	Loss of Electrical Services to Critical Clinical Areas	16	16	◀▶
	09/05/2017	1622	Working at Height	15	15	◀▶
	03/08/2017	1655	Containment Level 3 Laboratory	15	20	◀▶
	01/03/2018	1703	Fire Detection System	16	16	◀▶
	27/06/2019	1806	Insufficient Ward decant accommodation	12	16	◀▶
	27/06/2019	1807	Insufficient isolation facilities to meet demand	12	16	◀▶
	28/11/2019	1854	Eastbourne Cath lab 1 equipment & Storage	16	16	◀▶
	21/04/2020	1866	Aseptic Unit	20	16	◀▶
	27/05/2020	1879	Capital - Sustainability	12	20	◀▶
	27/11/2020	1937	Eastbourne maternity environment	15	15	◀▶
	29/12/2020	1949	Insufficient air ventilation	16	16	◀▶
	02/07/2021	2053	Clinical Space on Frank Shaw Ward	20	15	◀▶
	03/08/2021	2062	Scott Unit Environment	20	16	◀▶
	03/08/2021	2065	Lack of availability of community obstetric venues/hubs	15	15	◀▶
	25/11/2021	2079	Construction project manager vacancies	25	16	◀▶
	25/11/2021	2080	Statutory compliance and quality assurance in construction activities	20	16	◀▶
	31/10/2022	2154	Conquest Radiology Imaging Equipment	20	16	◀▶
	30/05/2023	2190	Effect of Business Continuity & Critical or Major incidents	16	16	**NEW**

BAF 6 - Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack

Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	23/08/2017	1660	Cyber Security	20	16	◀▶
	01/02/2021	2026	The Disaster Recovery Solution for Critical Systems	15	15	◀▶
	21/03/2022	2092	Unmitigated Software Vulnerabilities	16	16	◀▶
	21/03/2022	2098	Asset management and shadow IT	20	16	◀▶
	21/03/2022	2099	ESHT data centre segregation	20	16	◀▶
	21/03/2022	2100	3rd party and supplier remote access controls	20	16	◀▶
	04/11/2022	2158	Multi Factor Authentication	16	16	◀▶
	06/06/2023	2196	Network infrastructure devices	16	16	**NEW**
	30/05/2023	2190	Effect of Business Continuity & Critical or Major incidents	16	16	**NEW**

BAF 7 - Failure to develop business intelligence weakens insightful and timely analysis to support decisions

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

BAF 8 - Failure to transform digitally and deliver associated improvements to patient care						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	07/02/2013	965	Delays in reporting for Radiological Investigations	6	15	◀▶
	25/09/2015	1360	Cardiology Catheter Lab breakdowns	12	16	◀▶
	14/01/2021	1955	Invoice and Billing systems for Michelham Unit	16	16	◀▶
	01/02/2021	2026	The Disaster Recovery Solution for Critical Systems	15	15	◀▶
	31/10/2022	2154	Conquest Radiology Imaging Equipment	20	16	◀▶
	02/06/2023	2193	PACS performance in radiology and pathology	20	16	**NEW**
	28/06/2023	2200	Subject Access Requests / Redaction Software	15	15	**NEW**

BAF 9 - Failure to maintain focus on improvement						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
			No current risks on the Corporate Risk Register that apply	-	-	-

BAF 10 - Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that no longer meet the criteria to reside.						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	06/06/2016	1496	Demand exceeding capacity of District Nursing service	15	16	◀▶
	03/08/2017	1655	Containment Level 3 Laboratory	15	20	◀▶
	03/12/2018	1764	Inpatient flow impacting on delivery of care in the Emergency Department	12	20	◀▶
	27/06/2019	1806	Insufficient Ward decant accommodation	12	16	◀▶
	27/06/2019	1807	Insufficient isolation facilities to meet demand	12	16	◀▶
	06/09/2019	1830	Failure to meet turnaround times in cellular pathology	12	20	◀▶
	03/12/2020	1942	Risk of insufficient beds during winter	16	16	◀▶
	15/07/2021	2057	Noncompliance with NaDIA inpatient diabetic foot pathway	16	16	◀▶
	10/01/2022	2084	Inadequate psychological support for ESHT patients in the long term condition management and rehab services	20	16	◀▶
	29/07/2022	2127	Vacancy rate of occupational therapists	20	20	◀▶
	10/03/2023	2178	Safeguarding team staffing	16	16	**NEW**
	22/03/2023	2182	Integrated Support Worker staffing in Urgent Community Response team	20	16	**NEW**
	16/05/2023	2186	Delays in surgical treatments	16	16	**NEW**

BAF 11 - Failure to demonstrate fair and equal access to our services						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	10/01/2022	2084	Inadequate psychological support for ESHT patients in the long term condition management and rehab services	20	16	◀▶

BAF 12 – Failure to meet the four hour standard						
Links to Corporate Risk Register:	Date:	Risk Register Number	Title	Initial Risk Score	Current Risk Score	Change
	23/06/2015	1324	A&E Handover Capacity	9	20	◀▶
	06/06/2016	1496	Demand exceeding capacity of District Nursing service	15	16	◀▶
	03/12/2018	1764	Inpatient flow impacting on delivery of care in the Emergency Department	12	20	◀▶
	03/12/2018	1765	Emergency Department nursing vacancies	12	16	◀▶
	23/10/2020	1931	Health Visitor Vacancies	9	20	◀▶
	03/12/2020	1942	Risk of insufficient beds during winter	16	16	◀▶
	10/01/2022	2084	Inadequate psychological support for ESHT patients in the long term condition management and rehab services	20	16	◀▶
	28/06/2022	2114	Delays in out of hours patient assessment times	20	16	◀▶
	16/05/2023	2186	Delays in surgical treatments	16	16	**NEW**

Appendix Two – BAF Summary 2022/23

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

Appendix Three: Risk Matrix

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

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

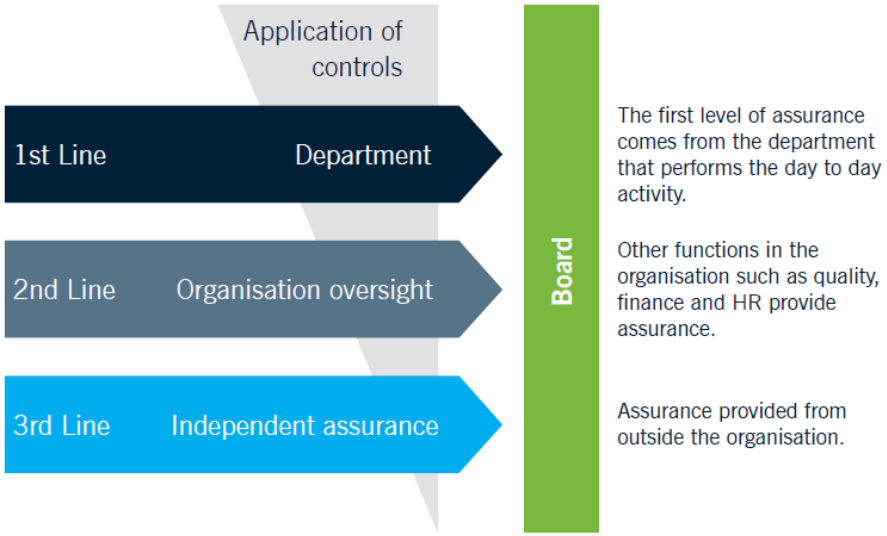
Table LIKELIHOOD X CONSEQUENCE/IMPACT = RISK RATING

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

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

Appendix Five – Three Lines of Defence Assurance Model

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



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

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

East Sussex Healthcare NHS Trust

Medical Revalidation Annual Report 2022-23

Purpose of the paper	This is the Medical Revalidation Annual Report presented in the template required by NHS England. This report needs to be approved and signed off by the CEO and/or the Chair of the Trust Board before it is submitted by the Revalidation team to the Secretary of State for Health by 30 September 2023. The purpose of this report is to demonstrate the compliance by ESHT with the regulatory requirements for medical revalidation and to record the achievements of the organisation in meeting these requirements.						
	For Decision		For Assurance	x	For Information		
Sponsor/Author	Dr Simon Merritt, Chief Medical Officer & Responsible Officer						
Governance overview	This report was circulated electronically and approved by the Medical Revalidation Advisory Panel on 26th April 2023. This report went to and approved at the POD meeting on 20th July 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 CEO and/or Chair of the Trust Board are asked to approve and sign the Statement of Compliance at the end of this report so that it can be submitted to the Secretary of State for Health. NHS England's Regional Responsible Officer also requests a copy of this report.

Executive Summary	Revalidation of doctors is a key component of a range of measures designed to improve the quality of care for patients; it is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise **<u>Accountabilities of the Revalidation Team:</u>** The Revalidation team is responsible for co-ordinating the medical appraisal and revalidation process within ESHT including: • Recruiting medical appraisers and monitoring their performance for quality assurance purposes; supporting the process for medical appraisers recruited via the Trust Temporary Workforce Services (TWS) ('Bank') • Maintaining an appraisal and revalidation software system and holding relevant data • Organising and managing the ongoing support for medical appraisers through update communications and training and action learning sets • Allocating a medical appraiser to each doctor annually • Providing general and specific advice and support to doctors regarding appraisal and revalidation • Monitoring and reporting on the progress of the annual appraisal meetings • Auditing any missed or incomplete appraisals annually • Providing regular reports both internally and externally to the organisation

	• Developing the annual Trust Board reports for medical revalidation in line with NHS England guidance • Administering the Medical Revalidation Advisory Panel meetings including the preparation of documentation for each doctor's recommendation • Assisting doctors with provision of a multisource feedback (360 appraisal) report • administering relevant Responsible Officer Transfer of Information Forms (full scope of practice) for joiners and leavers and those who are additionally employed elsewhere • Providing appropriate communications to doctors and to maintaining the medical revalidation extranet site **Accountabilities of doctors:** The doctors within ESHT are accountable to the Responsible Officer (RO) for participating in annual appraisals to prove that they are up to date and fit to practise in line with this policy and with NHS England and GMC guidance. Failure to do so may lead to the reporting of non-engagement to the GMC, with a potential removal by the GMC of their licence to practise. Every doctor is expected to provide a nhs.net email address for the transmission of confidential appraisal and revalidation supporting information. **Accountabilities of Chiefs of Service:** Chiefs of Service are responsible for monitoring the appraisal compliance of doctors within their Division and ensuring that all doctors have undertaken a medical appraisal within 12 months of their previous appraisal. Appraisal compliance reports are supplied to Divisional Leads by the revalidation team on request. **Summary:** During 2022-23, there were 111 positive recommendations made and no non-engagement recommendations. There were 19 deferred recommendations made for reasons mostly relating to health and the consequences of the Covid-19 pandemic. All revalidation recommendations due were made on time whether a positive recommendation or a deferral as suggested by NHS England. The key risk faced during 2023/24 for medical revalidation and appraisal currently is the continued impact of the Covid-19 pandemic on appraisals as medical appraisers are facing challenges in meeting rising clinical demands alongside conducting medical appraisals and are stepping down. This is causing a shortage of medical appraisers. Actions are in place to mitigate against the risk of a lack of sufficient medical appraisers.

Next steps	Following approval by the Board, this report will be signed off by the CEO and/or the Chair of the Trust Board before it is submitted by the Revalidation team to the Secretary of State for Health by 30th September 2023.

MEDICAL REVALIDATION 2022-23 ANNUAL REPORT

Section 1 – General:

The East Sussex Healthcare NHS Trust Board can confirm that:

1. The Annual Organisational Audit (AOA) for this year has not been submitted as the requirement was cancelled by NHS England, given the impact of the COVID-19 pandemic. This decision was taken by the NHSE National Medical Director to relieve the pressure on Trusts.

Date of AOA submission: The AOA submission for 2022-23 was cancelled by NHS England Action from last year: Last year it was recognised that further recruitment of medical appraisers was necessary to have sufficient to be able to offer medical appraisals within the Trust. Ten medical appraisers have stood down citing reasons as retirement, pressure of clinical work or leaving the organisation. The Trust has taken on an external provider for Appraisals which has proved successful. There has also been a slight increase in appraisers engaged via TWS due to retirements. Two new internal medical appraisers have been recruited in the year 2022/23. Action for next year: To continue to recruit new appraisers.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Dr Simon Merritt was appointed in summer 2022 as the new Chief Medical Officer and Responsible Officer for ESHT. Mr Jamal Zaidi, Assistant Medical Director stepped down in Spring 2023. Dr Gerard Gould has been appointed as Deputy Chief Medical Officer. Dr Debbie McGreevy, Assistant Director Revalidation retired in Spring 2023, she has been replaced Mrs Shelley Christou in June 2023.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

The Chief Medical Officer has a revalidation team that supports the work for medical revalidation. Funding has been sought and secured for the recruitment of externally sourced medical appraisers to meet the Trust's statutory requirements for medical appraisal and revalidation.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

The revalidation team maintains an accurate record of all licensed medical practitioners with a prescribed connection to ESHT. This is monitored on a daily basis and the team has full access to the GMC records of which doctors are claiming a prescribed connection. Revalidation and appraisal software has been introduced to promote ease of access and use for doctors, appraisers and administrators. The system assists in the management of records for doctors.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

There is a fully ratified medical revalidation policy in place which is being updated to reflect the changes in the appraisal process and the use of Trust adopted revalidation and appraisal software. Other related policies, including the Trust's 'Remediation: Responding to Concerns Policy', are also regularly reviewed and updated as necessary.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

A peer review was last undertaken in ESHT in November 2014. A further peer review was requested by ESHT but was advised that it was considered unnecessary by NHS England due to the very high standards of medical revalidation compliance and appraisals in ESHT.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

ESHT provides support to all doctors with a prescribed connection to the Responsible Officer in ESHT for appraisal, revalidation recommendations and governance. The Integrated Education, Governance and Development Team provides additional support for continuing professional development. Doctors without a prescribed connection to ESHT are guided to seek support from their own Designated Body with appraisal and revalidation and the ESHT Responsible Officer can provide governance information via the confidential transfer of information form to support the process for these doctors.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

The Trust can be proud that the compliance with the Medical Revalidation & Appraisal Policy for medical appraisals and doctors with a prescribed connection is once again 100% for the year. All doctors who were expected to have an appraisal (n=483) had their appraisal. Some doctors were granted an authorised postponed appraisal by the Responsible Officer (n=102) and some were granted an authorised missed appraisal (n=86). Full support is provided to doctors in the form of the provision of complaints and incident reports that include all direct and indirect involvement of doctors in complaints and significant events over the previous year or since their last appraisal, whichever is the longest period of time.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

The revalidation team maintains a careful and thorough record of all doctors with a prescribed connection to ESHT including recording any reasons for missing an appraisal and any support or actions provided. In particular agreements for a date for a future appraisal are recorded.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

A Medical Revalidation Policy, approved by the Trust Board, is in place.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

ESHT was able to remain compliant with appraisals through requesting our internal appraisers to undertake additional appraisals. The under-capacity of medical appraisers is being addressed by frequent recruitment drives and the engagement of appraisers sourced externally. It has been noticed by the revalidation team that doctors joining the Trust from other organisations have also not been offered an annual appraisal due to the shortage of appraisers in those organisations. This has added increased pressure to ESHT particularly if those doctors are approaching their revalidation recommendation.

Another recruitment drive was held in the Spring 2023 with four doctors registering their interest and training is due to take place in April 2023 that will provide additional medical appraisers for the Trust. In addition, external appraisers have been recruited to ensure the Trust has sufficient medical appraisers in the Trust.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent).

The revalidation team generally organises two update training sessions for medical appraisers each year and these sessions are generally well attended. In 2022-23, sessions took place on 4 October 2022 and in addition appraisers attended software training at times convenient to themselves.

The planned sessions have been delivered by the Assistant Director – Revalidation and the Appraisal Lead. Attendance is fully monitored and the Assistant Director – Revalidation and the Appraisal Lead have additionally provided 1-1 support for appraisers who are unable to attend the sessions or for those requiring 1-1 feedback on the quality of their appraisal outputs.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

The Assistant Director – Revalidation (AD-R) and the Appraisal Lead have adapted the NHS England quality assurance tool to be able to assess systematically all appraisal outputs such as the appraisal summary and personal development plans.

With support from the AD-R, the Appraisal Lead undertakes quality assurance exercises once a year for each appraiser and provides constructive feedback to them. The first three appraisal outputs of new appraisers are reviewed by the Appraisal Lead and feedback is provided to promote continuous improvement.

The Appraisal Lead reports on quality assurance of medical to the Medical Revalidation Advisory Panel twice per annum.

[1] http://www.england.nhs.uk/revalidation/ro/app-syst/

[2] *Doctors with a prescribed connection to the designated body on the date of reporting.*

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

ESHT has 100% compliance and has never missed making a revalidation recommendation on time. This can often be a challenge if a new doctor adds themselves without any notice to the GMC list of prescribed connection to ESHT immediately before their revalidation recommendation is due. As the revalidation team is vigilant in checking the GMC list regularly, it has been able to support all doctors to have their revalidation recommendations made in a timely manner.

During 2022-23, there were 111 positive recommendations made and no non-engagement recommendations. There were 19 deferred recommendations made for reasons mostly relating to health and the consequences of the Covid-19 pandemic.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

The revalidation team ensures that all recommendations to revalidate are confirmed to the doctor at the time the recommendation is made. If the recommendation is to defer, the reasons for the deferral and actions needed are sent to the doctor via email first, requesting an acknowledgement from the doctor. Full support is always offered by the revalidation team to the doctor if there are any actions required.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

ESHT has a formal clinical governance structure and appraisal governance reports are provided to each doctor prior to the appraisal meeting by the Revalidation Team. Appraisal Governance Reports offer each doctor information about any complaints or significant events in which they are directly or indirectly involved over the previous year. These can then be reflected upon and discussed during the appraisal meeting so that learning can be applied and any appropriate actions added to the doctor's personal development plan for the following year.

Additionally, CLiP (clinical outcome) reports are provided to the relevant doctors.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Regular meetings are held between the Chief Medical Officer/ Deputy Chief Medical Officer and Human Resource colleagues to monitor the conduct and performance of doctors in ESHT. Where specific actions are required, the doctor is obliged to include these in their appraisal supporting information and is expected to discuss these with their appraiser during the appraisal meeting. Appropriate actions and learning can then be applied to their personal development plan.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

The Trust has a regularly reviewed Remediation: Responding to Concerns Policy and formal well tested processes and procedures in place. Regular meetings are held between the Chief Medical Officer, Chief People Officer and the GMC Employment Liaison Advisor.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[2].

The Chief Medical Officer ensures that he runs regular and formal monthly medical review meetings. These meetings provide assurance that matters and any arising issues involving concerns about doctors are reviewed and actions are progressed. The meetings are formally minuted. Action for next year: The meetings will continue in their current format.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[3].

The revalidation team ensures that all requests from other Responsible Officers are acted upon and provided within ten working days. A Transfer of Information form is requested from a new starter's previous Responsible Officer after the date that the doctor has joined the Trust. Doctors who work in other organisations are required to bring any relevant information from their other employers to their appraisal, for example any involvement in incidents or complaints so that they can be included in the appraisal discussion. Doctors who work elsewhere are expected to be participating fully in the appraisal process of their own organisation and the revalidation team provides confidential information to their organisation's Responsible Officer on request.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination (Ref GMC governance handbook).

The monthly medical review meeting, Chaired by the Chief Medical Officer is attended by the Deputy Chief Medical Officer, HR Director and Head of Operational HR to ensure fair and consistent processes are adhered to. All members of the meeting have attended equality and diversity training.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

The ongoing process is that any Trust doctors who are not recruited via an agency have recruitment checks completed through the Trust applicant tracking system 'TRAC'. This includes checking the candidate's GMC registration. This is counter signed by another member of the recruitment team and filed against the candidate. Interviews take place for the clinicians to ascertain their skills are suitable for the post to which they are applying. Consultants are appointed following an AAC Panel selection process. The above processes are reviewed on a regular basis to ensure compliance, by both the recruitment leads and TIAA auditors.

[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[3] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Section 6 – Summary of comments, and overall conclusion

Action:

To address the shortage in medical appraisers by continuing to recruit internally and to use the services of external appraisers to provide medical appraisers sufficient for the number of doctors in ESHT with a prescribed connection.

Current Issues:

The main issue facing medical revalidation currently is that of the effect of the Covid-19 pandemic on appraisals as medical appraisers are facing challenges in meeting rising clinical demands and conducting medical appraisals and are stepping down. This is causing a shortage of medical appraisers.

Overall conclusion: Despite its challenges, the medical revalidation and appraisal process is well established in the Trust and appraisals meet 100% compliance with the Trust's Medical Revalidation Policy. Actions are in place to mitigate against the risk of a lack of sufficient medical appraisers.

Dr Simon Merritt, Chief Medical Officer and Responsible Officer

Section 7 – Statement of Compliance:

The Board of East Sussex Healthcare NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body, East Sussex Healthcare NHS Trust

Name: Joe Chadwick-Bell

Signed:

Role: Chief Executive

Date:

East Sussex Healthcare NHS Trust

Use of Trust Seal

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

Strategic aims addressed	Collaboration	Improving health	Empowering people	Efficient/Sustainable

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

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

Executive Summary	The Trust Seal was used to seal three documents between 5th June 2023 and 27th May 2023: **Sealing 94 – Eastbourne Borough Council, 6th June 2023** Planning obligation for the development of land for the Elective Care Centre at Eastbourne District General Hospital. **Sealing 95 – Invicta Building Services Ltd, 22nd June 2023** For water safety improvements at ESHT. **Sealing 96 – Rother District Council, 21st July 2023** Tenancy agreement for Third Floor Offices, Amherst Road, Bexhill

Next steps	Not applicable