# East Sussex Healthcare NHS Trust Board Agenda

**Date:** Tuesday 11th June 2024

**Time:** 09:30 – 12:45

**Venue:** Lecture Theatre, Education Centre, Conquest Hospital

| | Item | Lead | Action | Time |
|---|---|---|---|---|
| 1 | **Welcome and apologies** | Chair | Information | 09:30 |
| 2 | **Staff Recognition** | Chair | Information | |
| 3 | **Da Vinci Robot** | Miss Imelda Donnellan | Information | 09:30 |
| 4 | **Declarations of Interest** | Chair | Information | |
| 5 | **Minutes of Trust Board Meeting in public 09.04.24** | Chair | Approval | 09:45 |
| 6 | **Matters Arising** | Chair | Approval | |
| 7 | **Chief Executive's Report** | CEO | Information | 09:50 |
| | **Quality, Safety and Performance** | | | |
| 8 | **Integrated Performance Report, Month 1 (April)**<br>1. Chief Executive Summary<br>2. Quality & Safety<br>3. Our People<br>4. Access and Responsiveness<br>5. Financial Control and Capital Development | <br>CEO<br>CNO/CMO<br>CPO<br>COO<br>CFO | Assurance | 10.05 |
| 9 | **Maternity Overview Q4** | DOM | Assurance | 11:00 |
| | **Break – 15 minutes** | | | |
| | **Strategy** | | | |
| 10 | **Trust 2024/25 Business Plan** | CEO | Information | 11:30 |
| 11 | **ESHT Committee in Common** | COS | Approval | 11:40 |
| | **Governance and Assurance** | | | |
| 12 | **Violence Prevention and Reduction Standard** | CPO | Assurance | 11:50 |
| 13 | **Quality Account Priorities & Delegation of approval of Quality Account 2023/24** | CNO | Decision | 12:05 |
| 14 | **Board Committee Summaries** | Committee Chairs | Assurance | 12:10 |

| For Information | | | | |
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| **15** | **Clinical Research Annual Report** | CMO | Information | 12:20 |
| **16** | **Use of Trust Seal** | Chair | Information | |
| **17** | **Date of Next Meeting**<br>Tuesday 13th August 2024 | Chair | Information | |
| | **Close** | Chair | | |

**Steve Phoenix**
Chairman

| Key: | |
|---|---|
| Chair | Trust Chair |
| CEO | Chief Executive |
| CNO | Chief Nurse and DIPC |
| COO | Chief Operating Officer |
| CFO | Chief Finance Officer |
| COS | Chief of Staff |
| CMO | Chief Medical Officer |
| CPO | Chief People Officer |
| DOM | Director of Midwifery |

## Board Meetings in public: Etiquette

Please be aware that there are a number of things that we know contribute to productive meetings and show respect to all members in the room. If you are attending the meeting then we would be grateful if you would consider the following:

- 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: 2024**

| Month | Location | Timing | Any other information |
|---|---|---|---|
| 13th August | St Mary's Boardroom, Eastbourne District General Hospital | 09.30 – 12.30 | |
| 10th September – Annual General Meeting | Bexhill – The Relais Cooden Beach | 14.30 – 16.00 | |
| 8th October | St Mark's Church Hall, Green Lane, Bexhill | 09.30 – 12.30 | |
| 10th December | Conquest – Lecture Theatre, Education Centre | 09.30 – 12.30 | |

# Staff Recognition

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| **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, Assistant Director of HR – Engagement and Wellbeing<br>Melanie Adams, People Experience Manager | | | | | |
| **Governance overview** | Trust Board | | | | | |

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| **Strategic objectives** | Quality | People | Sustainability |
| | | x | |
| **Our values** | Kindness | Inclusivity | Integrity |
| | x | x | x |

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| **Recommendation** | N/A |

**Executive summary**

**Hero of the Month**

**February 2024**

**Joint winners – Adam Oxley and Bill Pepper, Security Team – Conquest Hospital – Estates and Facilities Division**

'ESHT has seen a significant increase in patients that present with challenging behaviour whether that be from mental health conditions or cognitive impairment. Clinical staff have not been trained to care for patients with this level of challenge, which can exhibit itself in verbal and physical violence and aggression towards staff and has affected and impacted on their well-being.

Our Engagement and Wellbeing Team has done an incredible job of supporting staff but the reason I am nominating Bill and Adam is for their development of a Personal Safety training module. This module will empower staff to not fear working with these patients and give them the practical skills and knowledge to protect themselves, the patients, and their families. Bill and Adam are also working with our community colleagues to adapt the training to their needs. Security staff do not automatically come with experience of working in healthcare, so Adam and Billy have dedicated their time to grow this expertise within the security workforce.

This dedication to supporting staff in a truly compassionate way is not in their job description. They are doing this because they sincerely care about the well-being of the staff and patients and have gone over and above to make the working environment a better one for everyone. There are so many teams that

I have wanted to nominate for this award but this month I feel compelled to nominate Bill and Adam for the commitment they have and are showing. Thank you to you both, our workplaces feel all the safer because of your presence and support.'

Adam and Bill receiving their award from Steve Phoenix, Chairman

**March 2024**

**Winner – Robyn Arno – Dietetics, Paediatrics, Avenue House – CHIC Division**

'Robyn was working in the office when her colleague mentioned that she felt a bit unwell and that her face had gone all puffy. It was Robyn's quick thinking, observations and alerting a senior member of staff when she suspected that her colleague was suffering a stroke at work. Robyn volunteered to drive her colleague to A&E, as it was decided that this was the quickest way to get her there, and waited with her whilst she was being assessed and treated. Her colleague had suffered a TIA and was admitted to the Stroke ward.

It is a huge 'thank you' to Robyn for being a total superstar on this day and recognising the signs and symptoms of a stroke. It was her fast actions that ensured her colleague received the medical attention she required without any delay. Whilst remaining cool, calm and collected and having her friendly face for comfort in a frightening situation. Well done Robyn!'

## Long Service Awards

| March 2024 | | |
|---|---|---|
| **10 Years' Service** | **25 Years' Service** | **40 Years' Service** |
| Ciara Adam | Dean Barlow | Mark Sully |
| Vincent Curtis | Amanda Shelton | |
| Debra Erlam | | |
| Manivannan Kandasamy | | |
| Claire Lockwood | | |
| Anna-Marie Moorton | | |
| Mark Spry | | |
| Darina Wheatley | | |
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| April 2024 | | |
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| **10 Years' Service** | **25 Years' Service** | **40 Years' Service** |
| Zoe Barnard | Katerina Hawkins | |
| Erin Betts | Anna Ingram | |
| Elena Diaconu | Lorraine Manklow | |
| Sarah Earley | Annalisa Manzaroli | |
| Claudia Goncalves | Joanne Parslow | |
| Jane Hadley | Helen Perry | |
| Zoe Morton | Julie Till | |
| Tracey Okines | | |
| Sarah Owen | | |
| Nikita Rodda | | |
| Sarah Wilson | | |

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| **Next steps** | N/A |

East Sussex Healthcare NHS Trust

# East Sussex Healthcare NHS Trust Board Minutes

**Date:** Tuesday 9th April 2024

**Time:** 09:30 – 12:45

**Venue:** St Mark's Church Hall, Green Lane, Bexhill-on-Sea, TN39 4BZ

| | | Actions |
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| | **Attendance:**<br>Mr Steve Phoenix, Chairman<br>Mrs Joe Chadwick-Bell, Chief Executive<br>Mrs Vikki Carruth, Chief Nurse & Director of Infection Prevention and Control<br>Mrs Charlotte O'Brien, Chief Operating Officer<br>Mrs Karen Manson, Non-Executive Director<br>Mr Paresh Patel, Vice Chair and Senior Independent Director<br>Mr Damian Reid, Chief Finance Officer<br>Mrs Nicola Webber, Non-Executive Director<br>Ms Carys Williams, Non-Executive Director<br><br><u>Non-Voting Directors</u><br>Mrs Ama Agbeze, Associate Non-Executive Director<br>Mr Steve Aumayer, Deputy Chief Executive and Chief People Officer<br>Mr Richard Milner, Chief of Staff<br>Mr Frank Sims, Associate Non-Executive Director<br><br><u>In Attendance</u><br>Ms Brenda Lynes, Director of Midwifery<br>Mrs Cheryl Sparkes, Critical Care Outreach Lead (for item 24/026 only)<br>Dr James Wilkinson, Deputy Medical Director<br>Mr Peter Palmer, Board Secretary (minutes) | |
| | **Apologies:**<br>Mrs Amanda Fadero, Non-Executive Director<br>Dr Simon Merritt, Chief Medical Officer | |
| **24/023** | **Chair's Opening Remarks**<br>Mr Phoenix welcomed everyone to the meeting. He reported that since the last meeting Mr Patel had become Vice Chair of the Trust. Mrs Fadero had become a full Non-Executive Director. | |
| **24/024** | **Declarations of Interest**<br>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. | |
| **24/025** | **Staff Recognition**<br>Mr Phoenix reported that December's winner had been Kathy Clifford, an HCA on Newington Ward at Conquest Hospital. He apologised that he had not yet been able to present this award, but looked forward to doing so at the earliest opportunity. January's winner had been Ingrid Benge, a member of the Jubilee Eye Suite team at EDGH who was retiring having worked for the Trust for 50 years.<br><br>One member of staff, Nenita Allsop, had received an award for 40 years' service since the last Board meeting. | |

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| **24/026** | **Martha's Rule**<br>Mrs Sparkes presented on the implementation of Martha's Rule at ESHT, explaining that this was a new national patient safety initiative that was being introduced cross site at the Trust following the death of Martha Mills in 2021. Guidance had been issued for all Trusts by NHSE which set out that patients and their families or representatives had to have access to a rapid review from a critical care outreach team to request a second opinion regarding perceived patient deterioration. A trial had been commenced on a ward at the Conquest prior to the roll out of the programme to all adult beds in the Trust. The first call for concern had been received at the weekend. Pathways for paediatric and maternity patients were also being developed.<br><br>Mrs Agbeze asked about the capacity of staff to manage the new process and Mrs Sparkes explained that some organisations had already introduced the programme and had found that only 1-2% of calls received by the outreach team were related to Martha's Rule, so a minimal negative effect was anticipated.<br><br>Mrs Manson asked about the process for after hours assessment of patients. Mrs Sparkes explained that the outreach team already utilised an electronic monitoring system which helped them to identify deteriorating patients. These patients were discussed with critical care consultants so the infrastructure that would support Martha's Rule implementation was already in place.<br><br>Mrs Webber asked whether the Trust was collaborating with other trusts to share expertise and learning in the development of paediatric and neonatal pathways. Mrs Carruth reported that the Trust already had good clinical relationships with other organisations which enabled shared learning and, in addition, discussions about Martha's Law were taking place as a system. Mrs Sparkes noted that there had been occasions in the past where disagreements about care had been escalated to the Trust's Chief Medical Officer and third or fourth opinions had been sought.<br><br>Mr Patel asked what the timeline was for Martha's Law to be fully implemented within the Trust. Mrs Sparkes explained that posters providing information about how to contact the outreach team were due to be printed shortly, and the programme would then be implemented throughout the organisation. Information would also be published on the Trust's website.<br><br>Mr Sims noted that one requirement of Martha's Law was to obtain information on the condition of patients on a daily basis and asked how this would work in practice. Mrs Sparkes explained that networking had taken place with other trusts about this aspect of the programme, with work progressing on how conversations should be recorded. The Trust had submitted an expression of interest in joining the national programme in the hope that this would lead to the issue of guidance that would enable a consistent approach to be taken.<br><br>Mrs Chadwick-Bell emphasised the importance of embedding Martha's Law into the Trust's culture; clinical teams were already expected to talk to and listen to patients and relatives on a daily basis, but Martha's Law emphasised the principal of ensuring that the value of listening to feedback was understood. Mrs Carruth noted that this was already happening across the organisation, but colleagues needed to ensure that they documented the conversations where they listened to and involved people in their own care. Dr Wilkinson noted that Martha's Law was considered best practice by the GMC, and an educational programme had been introduced for all doctors to ensure that they understood their obligations. Patients were also able to provide feedback to the Trust through PALS when they did not feel that they had been listened to, and were also able to contact consultants through their secretaries.<br><br>Mr Phoenix asked that an update on progress be presented to the Board in eight months' time. He thanked Mrs Sparkes for the presentation and for the work that she and her team were doing to introduce Martha's Law into the Trust. | **PP** |

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| **24/027** | **Minutes**<br>The minutes of the Trust Board meeting held on 13th February 2024 were considered.<br><br>Five amendments to the minutes were requested:<br><br>• Page 3 - The tender for EPR had been delayed, not the introduction of EPR<br>• Page 8 – Minute updated to reflect that Mrs Webber's point was not about a specific action<br>• Page 9 – Apology for quickly written paper, and information about gaps in CCTV coverage added to minute<br>• Page 11 – 'the Trust had been unable' should read 'the Trust had been able'<br><br>They were otherwise agreed as an accurate record, and were signed by the Chair and would be lodged in the Register of Minutes.<br><br>Mrs Manson asked whether the outcomes of the Integrated Care Board's (ICB) review of length of stay would be reported to the Board. Mrs Chadwick-Bell explained that the outcomes would be included in the deep dive into length of stay that would be presented at the Board Development Day in May. | |
| **24/028** | **Matters Arising**<br>There were no formal matters arising from the meeting on 13th February 2024. | |
| **24/029** | **Chief Executive's Report**<br>Mrs Chadwick-Bell thanked everyone in the organisation for all that they did, explaining that the Trust remained very busy. There had been a focus on meeting the four hour Emergency Department (ED) standard in March and Mrs O'Brien reported that the Trust had delivered 79% against the standard during the month thanks to a massive effort from clinical teams. Delivery had been achieved despite the highest number of attendances ever seen at EDGH on one day during the month, as well as increasing numbers of patients with no criteria to reside and increased lengths of stay. This demonstrated that the Trust could deliver against the standard, and work would be undertaken to look at how this could be continue to be achieved within the available financial envelope. She thanked teams for their hard work, explaining that she was extremely proud of what they had achieved.<br><br>Mrs Chadwick-Bell reported that planning guidance for 2024/25 had recently been received and that the Trust's plans would be updated to take this into account. The Trust was expected to deliver 78% against the four hour ED target by the end of the year, with no patients waiting for treatment for over 65 weeks by November or sooner. Elective activity was expected to be delivered at 109% of 2019/20 levels. Areas of focus for the Trust would include improving waiting times for community services, patients waiting for more than 52 weeks, elective and cancer care and maternity and neonatal services. In addition, work would be undertaken to address health inequalities. A refreshed IPR was being developed which would allow the Board to measure how the Trust was performing against its 2024/25 objectives and it was hoped that this would be available for June's meeting.<br><br>The Trust's financial position would be very challenging for the next couple of years and Mrs Chadwick-Bell did not expect the Trust to be able to reach a breakeven position for 2024/25 unless a fundamental change took place. A use of resources programme was being introduced to the Trust which would look at transformational changes alongside a focus on productivity, grip and control of workforce and ensuring that spending remained in line with available finances. Trust resources would need to be moved to ensure that patients were being treated in the right place in the community in order for the full benefits of being an integrated trust to be realised. The Trust would look to overperform activity in order to supporting the system in addressing waiting times.<br><br>The Trust's values would be relaunched the following week, and Mrs Chadwick-Bell thanked the Staff Partnership Forum for leading the redevelopment of the values in a bottom up manner. | |

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| | The Trust continued to work closely with system partners, with discussions taking place about how care could be undertaken differently in order to provide affordable and sustainable healthcare. Work was progressing in establishing a Committee in Common with a report being discussed later on in the meeting.<br><br>A report had been received from the Health Oversight Committee (HOSC) following the recent changes to paediatric services at EDGH. Concerns that had been raised about the potential increase in activity at the Conquest as a result of the changes had not materialised. The new paediatric unit was now in place and was working effectively. Benefits that had been seen following the changes included children attending ED at EDGH being seen much sooner than before, no longer waiting for more than four hours and more regularly being seen by a paediatric specialist. HOSC had agreed that the changes had resulted in no detriment to children. An independent review of the changes had been commissioned which had identified no concerns. The Trust would update HOSC in June and September, and the Quality and Safety (Q&S) Committee would continue to receive regular updates to provide assurance that the changes were safe and effective. | |
| **24/030** | **Integrated Performance Report for Month 11 (February)**<br>Mrs Chadwick-Bell explained that the Trust had done really well in balancing available resources, delivering safe services and improving performance metrics during the previous quarter. This delivery had been recognised externally with the Trust considered to be a strong organisation.<br><br><u>Quality and Safety</u><br>Mrs Carruth reported that the Trust's quality metrics had remained largely stable in February despite how busy the organisation had been. Response rates for Friends and Family Tests in EDs remained relatively low, but a new service would be introduced in May which she hoped would encourage patients to provide feedback.<br><br>She reported that over the last couple of months due to the requirement for additional capacity in hospitals, it had been necessary to pre-emptively place patients; this had meant that the Trust had not been able to provide the quality of service for all patients that it had wanted to. She thanked patients for being so understanding about the challenges that were being faced.<br><br>A considerable improvement had been seen in clostridium difficile (c.diff) rates in the Trust over the previous year. She thanked medical and frailty teams for their support in prescribing to patients which had led to the improved c.diff rates. As a system there would be a focus on e coli over the coming year; an increase had been seen across Sussex and the reasons for this were not yet clear. There would also be a focus within the organisation on reducing length of stay, early mobilisation and reconditioning alongside work to improve the discharge culture in the Trust.<br><br>The Q&S Committee had recently discussed actions that were being taken to address increased violence and aggression in the Trust, and work to introduce a mental health outreach team in the Trust had almost been completed. This would be supported by reviews of hospital environments, and education and training for staff.<br><br>Mrs Carruth had recently visited the community maternity team in Hastings, thanking them for their hard work in managing a very complex workload; only one of the patients who had been seen on the day she visited was considered to be low risk. She had also visited the discharge lounge recently, and had received feedback about how incredible the staff there were from patients and relatives. One of the patients had asked her to specifically thank Ben for his care. She thanked the whole team for constantly going above and beyond to care for their patients.<br><br>Ms Williams noted that the Board had discussed the Letby case six months previously, with a list of helpful actions that would be used to triangulate complaint themes discussed. She asked if any key themes were emerging from complaints to the Trust. Mrs Carruth explained that the Trust had around 100 complaints open, and themes from these included communication with patients, particularly those with mental health conditions, | |

and recognition of vulnerable patients. Mrs Chadwick-Bell reported that an Associate Director for Performance had recently been appointed, and one of their responsibilities would be to ensure that integrated reporting included narration of emerging themes within the Trust. She anticipated that the Board would received more informative reporting over time including triangulated data that would aid learning.

Mrs Webber explained that recurrent patient falls had been discussed by the Board in the past as an area of focus which would be monitored by Q&S and asked whether progress had been made in addressing this. Mrs Carruth explained that it was challenging to balance the need to mobilise patients at an early stage to prevent deconditioning against the risk of a patient falling. The Trust was about to launch a spring cleaning programme to make environments less cluttered which would help patients to mobilise and make cleaning easier. A review of clinical space and space utilisation was also planned in order to improve the clinical footprint in the Trust. Mr Patel reported that a deep dive into patient falls had recently been presented to Q&S. Mrs Agbeze noted that a heat map which helped understanding of where falls took place and at what time had also been discussed at Q&S.

Mrs Chadwick-Bell reported that an area of focus across organisations in Sussex was reducing deconditioning in hospital, which meant that patients would need to be mobilised to a greater degree than at present. This would help more patients to be able to mobilise independently which would mean that they would not need to go into a care home after their stay in hospital. There was a risk in mobilising patients, so an associated increase in falls might be reported moving forward.

Mrs Webber asked whether medication incidents were an area of concern and whether this was being monitored by Q&S. Mrs Carruth confirmed that this had been discussed by Q&S. She explained that there were 28 patients on each ward in the Trust, each of whom received medication four times a day. This represented a huge number of opportunities for mistakes to be made and the number of incidents that occurred was relatively small. Every incident was investigated fully, with themes and trends identified. Mrs Manson noted that one of the Quality Account priorities for 2024/25 was a focus on paracetamol and insulin prescribing. A lot of work was being undertaken to address medication incidents and a deep dive was presented on a quarterly basis to Q&S. The Electronic Prescribing and Medicines Administration system (ePMA) had just been introduced across the Trust which would help to provide greater consistency once it was fully embedded.

Dr Wilkinson reported that the Risk-Adjusted Mortality Index (RAMI) provided mortality data around two to three months following patient deaths. The Summary Hospital-Level Mortality Indicator (SHMI) was reported quarterly around six months after the time that patients had been in hospital. The Trust's metrics for both remained good and better than average for acute trusts. There had been a significant increase in RAMI in December from 93 the previous year to 103; the RAMI of peers had increased in December to 127. The metric had returned to its baseline following winter. The amount of activity seen in the hospital over winter could have contributed to less accurate patient notes and therefore coding, and the increase was seen nationally every year.

Ms Williams explained that she had visited coding teams and had seen the challenges that they faced. She asked whether any initiatives were being introduced which would help to improve the clarity of patient notes. Dr Wilkinson explained that the coding that mattered the most took place at the start of a patient's stay in hospital; work was being undertaken to educate junior doctors so that they were aware of the importance of ensuring that information was recorded in a way that could be fully utilised by coders. A summary page was included within notes with tick boxes which could be used by coders for reference and senior coders met with specialties to highlight the importance of good notes. He explained that the Trust's coding was in line with national averages, but that work continued to improve it.

Ms Williams asked whether junior doctors ever sat alongside coders to better understand the work that they did. Dr Wilkinson explained that a programme had been introduced as part of junior doctors' mandatory training where they sat with coders, but had been

stopped due to recent organisational pressures. He noted that it would be helpful to reinstate this as it had been found to be valuable by both doctors and coders.
Dr Wilkinson reported that Trust produced a heatmap of deaths in hospital which allowed timely mortality information to be reviewed at the earliest stage possible. A deep dive into stroke mortality had been undertaken, which had found no significant indicators of deficiency of care and no avoidable deaths. Good progress was being made in completing timely reviews of patient deaths with compliance rising from 56% to 75% in December.

Mrs Webber noted that a deep dive into mortality had been presented to the Board in 2023. During this presentation, a request had been made that reporting to the Board on SHMI and RAMI be updated to include information about peer performance to give greater context. She asked whether this could be included in reporting moving forward. **SM**

Our People – Our Staff
Mr Aumayer reported that positive trends in workforce metrics continued to be reported. The Trust's vacancy rate had reduced to 4.6% in February with turnover below 10% and at its lowest level since May 2021. Sickness rates had reduced significantly following the winter period to 5.2%. Mandatory training rates had moved to above 90% for the first time ever, and the appraisal rate was also the highest it had ever been at 83.5%.

The reduction in vacancy rates had not resulted in an expected reduction in temporary workforce usage and this would be an area of focus for the Trust over the coming year, alongside the continuation of the existing focus on wellbeing. The Trust was now an accredited veteran aware organisation, recognised for the support that it provided to veterans in East Sussex.

Mr Phoenix was delighted with the improvement in mandatory training rates to above 90%, as meeting this target had been spoken about by the Board for a number of years.

Mr Sims praised the improvements reporting in mandatory training and appraisal compliance, noting that these could be directly translated into improvements in quality metrics and staff survey results. He asked how the Trust would now move to another level. Mr Aumayer reported that the People and Organisational Development (POD) Committee would be meeting the following month as a seminar to discuss the outcomes of the staff survey; the seminar would be used as a listening event to identify the three or four areas of focus for 2024/25 which would make a fundamental difference within the organisation. He explained that the Trust would be changing its approach to become more responsive to the causal events that drove issues that came out of the annual staff survey. The new Trust values would be fundamental to this change in approach and questions at the POD seminar would be framed around these values.

Mr Phoenix noted that there were very clear causal connections between how effectively health organisations managed their staff and mortality and morbidity outcomes, which meant that the management of colleagues played a fundamental role in the care that the Trust provided. When organisations got this wrong then it was very hard to rectify, so it was wonderful to see the Trust getting this right. Mr Aumayer noted that the new values had been developed by the Staff Partnership Forum following extensive conversations with colleagues from across the Trust. He explained that he had never before seen so much energy and excitement within an organisation about the launch of new values.

Access and Responsiveness
Mrs O'Brien reported improved performance against a number of key standards in February, including a reduction in the number of patients waiting for 65 weeks or more for treatment. Improvement had also been seen against the faster diagnostic standard for cancer to 82.6%, along with improved 62 day cancer performance and a reducing backlog of patients. An 8% improvement in the Trust's diagnostic performance was reported, putting the Trust in a good position as it moved into 2024/25.

The number of patients waiting for more than 12 hours in EDs had reduced in February, with lessons learned from the single reported breach of 12 hours to help ensure that this did not happened again. 85% of ED patients were seen within a two hour response

window. Virtual wards continued to be well utilised with more than 50 patients in virtual beds. Work was being undertaken across the system to reduce acute and community lengths of stay. Community paediatric waiting times had improved with no patients waiting for more than three years and 29 waiting for more than 104 weeks. The Trust's ambition was to continue to improve community paediatric waiting times so that no patient waited for more than 52 weeks.

Ms Williams noted that the Board had previously discussed discharge on a number of occasions. There was a current focus on discharge culture in the organisation and she asked what would be the one change that would most improve this culture. Mrs Carruth explained the importance of supporting colleagues in finding the correct balance between keeping patients safe by keeping them in hospital and the risks that could be associated with discharge. The language used if a patient came to harm following discharge could be negative and contributed to the concerns that staff felt when making difficult decisions about discharge. It was important that patients were given sufficient information to enable them to make an informed choice about their discharge. Mrs O'Brien explained that another key challenge was to help colleagues to be able to navigate the healthcare system and work closely with partner organisations when issues arose. Mrs Chadwick-Bell noted that there would be a deep dive into discharge at May's Board Development Day. She explained the challenges of providing packages of care for patients with increasingly complex needs, noting that a review of a proposed discharge to recover model where assessments would take place outside of a hospital setting was being undertaken on a Sussex-wide basis, alongside further system wide improvement work on discharge. The Trust's Use of Resources programme included a strategic bed plan. If community capacity was increased then patients could be moved from acute to community settings. This programme would be supported by further work to improve therapies, discharge culture and internal Trust processes.

Mrs Manson noted that the Trust's virtual ward capacity had remained the same for some time and asked whether there were any plans for this to increase. Mrs O'Brien explained that the Trust was delivering capacity at its commissioned level. She anticipated that the system might discuss expanding the programme in the future. Mrs Chadwick-Bell explained that planning guidance showed that there was a gap against expected delivery of virtual wards in Sussex, so resource allocation would need to be reviewed to address this. Mrs Webber noted that if providing care in virtual beds was better for patients and more cost effective for the Trust then consideration should be given to expanding the number of beds offered.

Financial Control and Capital Development

Mr Reid reported that Trust had achieved a surplus of £0.2m in February, and anticipated that the likely year end position would be a £5.04m deficit, a slight improvement on the plan at month 10. He anticipated that the Trust's capital plan would be fully delivered for 2023/24. Staff numbers had increased by 475 full time equivalents (ftes) during 2023/24, which would present a challenge for the new financial year. The Trust had delivered efficiency savings of £25.4m up to month 11 of the year, but only half of these savings were recurrent. The annual plan for 2024/25 would include increased staffing controls to allow for further savings to be achieved.

Mr Aumayer explained that the increase of 475 ftes during the year should be set against the Trust's 9% vacancy rate at the start of 2023/24, which had since reduced to 4.6%. The challenge for the Trust in 2024/25 would be to manage temporary workforce usage now that there was a larger substantive workforce available. Mr Phoenix noted that workforce growth had also been seen during the pandemic, with the Trust having around 1,500 more staff than in 2019/20.

Mr Patel commended the Executive team and Trust staff for their achievement in keeping the financial deficit for the year as small as possible, noting that 2024/25 was likely to be even more challenging.

Mr Phoenix noted that spending all of the capital that had been available to the Trust during the year represented an outstanding achievement. Mrs Webber agreed, noting that

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| | innovative thinking from the estates and finance teams had led to this achievement. She hoped that the holistic, balanced and collaborative approach that had been taken during the year by Executives in balancing quality, finance and safety would continue to be seen.<br><br>**The Board supported the adjusted forecast of a £5.4m deficit for 2023/24.** | |
| **24/031** | **Learning from Deaths Q2**<br>Dr Wilkinson reported that the Trust had a robust system in place for reviewing patient deaths, with all deaths subject to review by independent medical examiners and consultants. If any issues were identified then structured judgement reviews looking at all aspects of care took place. An extremely small number of avoidable deaths were identified within the Trust with learning from these shared across the organisation. It had not been possible to compare numbers of avoidable deaths with other Trusts as there was no national reporting of outcomes.<br><br>There was a significant backlog in the review of deaths of patients with learning difficulties as these required regional Learning Disability Mortality Reviews (LeDeR). The Trust was trying to support the LeDeR team in addressing this backlog, and outcomes from these reviews were discussed by the Trust's clinical outcomes group.<br><br>Mr Sims noted the long delay in receiving reviews from LeDeR, asking what themes were emerging from these reviews. Dr Wilkinson explained that themes tended to be about communication, with effective and prompt communication with patients and families a key theme.<br><br>Ms Williams asked what the most impactful things where that had been learnt through the learning from deaths review process. Dr Wilkinson reported that the importance of having accurate, legible and timely documentation was a key factor. He hoped that the introduction of EPR would help to improve this. Ms Williams asked whether it was possible to include emerging themes in the reporting to the Board. Mrs Webber noted that this had previously been discussed, but the format of reporting was standardised so this had not been possible. | |
| **24/032** | **Maternity Overview Q3**<br>Ms Lynes presented the Q3 maternity overview, explaining that the report focussed on the quality and safety of perinatal services and on the outcomes of the MBBRACE report and national survey of ESHT maternity services. She reported that the maternity team continued to focus on improving the workplace culture and had seen vacancy rates amongst the team fall again in Q3. Sickness rates had remained similar to those reported during Q2 and 1:1 care in labour for all birthing people had been maintained. The complexity of patients, safeguarding and complex medical and mental health conditions remained challenging. A birthrate plus review of the service had been commissioned.<br><br>The outcome of a Healthcare Safety Investigation Branch (HSIB) investigation into a serious incident in 2021 had highlighted learning around clear situational awareness and the importance of a good handover. A subsequent week of back to floor events had taken place which had highlighted the effectiveness of good handover to colleagues. ESHT's overall Perinatal Mortality rate was showing special cause improving variation and was moving close the ESHT target of 2.98/1,000 births. Full implementation of the saving babies lives care bundle version three had been achieved by 31st March.<br><br>The National Neonatal Audit Programme (NNAP) benchmark for term admissions had been exceeded in Q2, but following focussed work had decreased by 77% to 4.57% in Q3. No themes had been identified from complaints or incidents. There were no obstetric vacancies for maternity staff and no concerns about anaesthetic or neonatal workforces. Mandatory training for maternity staff was above 85%, with work continuing to reach 90%, and appraisal rates were above 85%. Feedback from service users was collected in a number of ways, including a hotline which was similar to Martha's Rule, which allowed users to bleep senior managers if they felt that they were not being listened to. A 24 hour visiting service was being embedded, with other improvements including to the infant feeding room and to the service's website. An induction of labour review was almost | |

finished, with new processes expected to be introduced the following month, including the standardising of information for service users.

A 2023 MMBRACE UK annual report had found a fourfold difference in maternity mortality rates amongst women from black and ethnic backgrounds and an almost twofold difference amongst women from Asian ethnic backgrounds in comparison to white women. This disparity was an area of significant focus at ESHT with a number of key actions identified, including ensuring access to interpreting services. Mandatory training for midwives to provide personalised care continued. In addition, the survey had found that 12% of women who died up to a year after pregnancy in 2020/21 were at a severe social disadvantage and work to address this, including a focus on vaccinations and smoking cessation, had increased.

The MMBRACE Perinatal Mortality report had also been published and included a key recommendation of ensuring that the perinatal mortality review tool was used following every death. Ms Lynes reported that this had been used for 100% of perinatal deaths in the Trust during 2023/24.

The CQC had published the results of its 2023 national maternity survey. A national trend of deteriorating results was reported, but against this trend ESHT had scored in the top 20% of trusts for 39 of the 62 questions and in the bottom 20% of trusts for only two questions. One of the two questions had concerned induction of labour and the other was about people feeling alone in early labour. Work was being undertaken to improve the induction period, and a hotline had been introduced to allow patients and families to raise concerns directly with senior managers.

Mr Phoenix thanked Ms Lynes and her team for all that they had done in achieving fantastic results in the CQC survey. There were areas that required more work, but overall the team had achieved amazing results which should be celebrated. He noted that maternity colleagues had recently presented to the Inequalities Committee and looked forward to seeing the results of the work that they were undertaking to address health inequalities in maternity services. He hoped that the Trust would reach a position where there was no disparity in maternal deaths in East Sussex and had been pleased to see the enthusiasm with which the maternity team were in engaging with the issue.

Mrs Agbeze asked whether the rapid access hotline to senior managers was available to patients in the community as well as in acute settings. Ms Lynes explained that it was available to all patients, and was publicised in clinics and on the maternity website. Patients could also access the hotline through PALS.

Ms Williams asked Ms Lynes what one thing she was most proud of and one thing she was most concerned about in maternity. Ms Lynes explained she was immensely proud of how the maternity team were embracing change, with the team enthusiastic about improving the service that they offered. She did not have one single concern, but explained that she and her leadership team were not complacent and were always looking at ways to improve the service.

Mr Phoenix noted that the ability of the maternity service to recruit had greatly improved in recent years and it was important that this continued. Ms Lynes explained that an internal soft survey had recently been launched to identify good practice and areas of concern for staff, which would be used drive further improvement in the service. Mrs Carruth noted that she was extremely proud of the Trust's maternity staff and of how passionate they were about delivering care to patients. She explained that the quality of the service was not due to chance, but was a result of the high quality leadership and staff.

Mrs Webber asked when it was anticipated that continuity of carer would be available for all patients. Ms Lynes explained that there was no national driver for an improved roll out of this programme. Mrs Carruth noted that offering the service with the current workforce was incredibly challenging, explaining that a full roll out had been paused as it would not have been safe to offer it to all patients. The Trust would look at the feasibility of offering

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| | the service to all patients once birthrate plus had been addressed, but not all staff wanted to work across acute and community settings and the Trust had to respect their wishes.<br><br>Mrs Webber asked about the reasons for the disparity in mandatory training rates reported between midwives and clinical staff. Mr Aumayer explained that a similar difference was reported across the organisation. This was driven by the challenges of freeing up medical colleagues to undertake training and the challenges associated with ensuring the trainee doctors completed mandatory training. This was an area of focus for the organisation.<br><br>Mrs Agbeze asked whether the disparities reported in the 2023 MMBRACE UK annual report were challenging to identify, and whether midwives were trained to identify issues that might help to reduce maternity mortality rates. Mrs Carruth explained that discussions had taken place about the role played by culture, race and background leading to differing outcomes for women. It was important to have uncomfortable conversations to identify what was driving the outcomes being reported, with colleagues being given permission to speak freely without worrying about saying the wrong thing. Mrs Agbeze agreed, noting that if colleagues did not feel able to discuss the issues freely then it would be impossible to hold conversations with patients. Mr Phoenix noted that work to address inequalities in maternity services was ongoing and he hoped that it would support colleagues in holding difficult conversations, emphasising the support of the Board for this work. | |
| **24/033** | **Our Vision and Objectives 2024/25**<br>Mrs Chadwick-Bell explained that the Trust had drafted an interim strategy in 2020 with the intention of refreshing this in due course. The paper she was presenting was a step towards a refreshed strategy which she anticipated would be completed before the end of the year. Work to embed a Continuous Quality Improvement (CQI) programme into the organisation continued with best practice being sought from other organisations. Discussions had taken place with Executives and with the Board to agree three strategic objectives for the organisation for the next three years: quality, people and sustainability. Everything that the Trust did, including the Trust's annual priorities, would be aligned to these strategic objectives. Key challenges and annual objectives had been agreed.<br><br>Divisional versions of the document would be developed to help the whole organisation understand where the Trust wanted to go, what success would look like and what everyone's contribution would be towards the Trust's overarching strategic objectives. The paper presented would be updated to ensure that it was aligned with the newly released planning guidance before being launched the following week alongside the new Trust values.<br><br>Ms Williams was pleased to see that feedback given by the Board had been included within the paper. She asked how staff would be empowered to be decision makers. Mrs Chadwick-Bell explained that this would be one of the objectives of the CQI approach. The intention was to empower colleagues through work with divisions, identifying what needed to be delivered and giving ownership to colleagues. The Trust no longer had the support of a partner organisation in implementing the CQI programme due to financial restrictions and Dr Dowse was recruiting a team to support the implementation. It was likely to be two to three years before this was fully embedded within the organisation.<br><br>Mrs Webber asked whether a single page setting out the annual objectives, targets and progress against these could be added to future Board papers so that this could be tracked. Mrs Chadwick-Bell agreed, suggesting that a page could be added to the IPR which included measurable targets for the year.<br><br>Mrs Manson noted that digital capability would play a key role in building sustainable service models but felt that this did not come through in the priorities and objectives for the year. She hoped that the organisational objectives for 2025/26 would include EPR and preparatory work to ensure that the organisation was ready for digital transformation. Mr Aumayer noted that there had been a lot of useful learning from the roll out of Electronic Prescribing and Medicines Administration (ePMA) in the Trust which would be used to inform the EPR roll out. | **SA** |

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| **24/034** | **Trust Annual Financial Planning 2024/25**<br>Mr Reid reported that a Sussex wide financial plan for 2024/25 had been submitted in March which set out a £101.7m deficit for the year, subsequently reduced to an £88m deficit. ESHT's contribution to this position, which included a 5% Cost Improvement Programme (CIP) target, would be a £17.3m deficit; the Trust had not found a way to reach a breakeven financial position for the year. Other organisations in East Sussex were also targeting at least 5% CIPs. Non-recurrent funding received in 2023/24 was no longer available which had exposed the Trust's underlying financial position. It was likely that it would take the Trust at least two years to recover to a breakeven position, and it would be challenging to achieve a £17.3m deficit for the year. Work was being undertaken to identify savings and focus on the delivery of a breakeven position by the end of 2025/26. Mr Phoenix noted that it would be extremely challenging for the Trust to deliver 5% CIPs.<br><br>Mrs O'Brien reported that the Trust's performance metrics, particularly for 65 week waits, cancer and diagnostics were in a good position moving into 2024/25. She anticipated that meeting the 78% four hour ED target by the end of 2024/25 would be challenging for the Trust.<br><br>Mr Sims explained that importance of understanding the impact that potential CIPs might have on the Trust in real time if possible. Mr Reid noted that savings could be realised by focussing on reducing temporary staff usage, and also by looking at services that were making losses against tariff. Mrs Chadwick-Bell explained that during the pandemic the Trust had worked with partner organisations to drive changes at pace and it was important that the Trust used that experience to identify and address core productivity opportunities. She felt that staff were ready for the challenges ahead, with conversations planned to identify areas of opportunity. The financial challenges offered an exciting opportunity for the Trust to do things differently.<br><br>Mr Phoenix noted that when the scale of the challenge facing the Trust had been finalised then solutions would be found. He also felt that good things would come out of the financial position, but explained that a predicted deficit financial position for the Trust should not be considered to be a good news story.<br><br>**The Board approved the outline figures provided in the paper, acknowledging that it was likely that they would be amended prior to submission of the final plan on 2nd May. The Board delegated approval of the final plan to the Finance & Productivity Committee.** | |
| **24/035** | **Committee in Common**<br>Mrs Chadwick-Bell presented a proposal for a Sussex Health and Care System Committee in Common (CiC), noting that the Board was being asked to approve the Terms of Reference. She explained that this would form part of the health and system infrastructure setting out how organisations worked in partnership across Sussex. The CiC would bring providers and commissioners together to make joint decisions about key issues to deliver a sustainable, affordable healthcare system with good clinical outcomes and a workforce that was used as effectively as possible. Any major service changes within the Trust would be subject to usual governance processes and public consultation if necessary.<br><br>Mr Phoenix explained that the CiC would formalise the way that the Trust already worked with system partners. It was important that the Committee worked in a way that was consistent with governing principles to enable organisation to make decisions together.<br><br>**The Board approved the Terms of Reference, but agreed to seek further information about Committee in Common meetings being held in public.** | |
| **24/036** | **Digital Strategy Update**<br>Mr Reid reported that the Trust had started a new five year digital strategy in 2021. At that point that Trust had a HIMSS level of zero, but had an ambition of reaching level six/seven by the end of 2026. Three areas (acute, community and infrastructure) had been rescored in 2024 and had shown massive improvements. The Trust was required to demonstrate | |

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| | progress on digital maturity in order to remain part of the EPR programme. Improvements included Nervecentre, ePMA, SystemOne access and improved digital structural integrity. Ms Williams noted that it would be helpful for the Board to receive updates in the future that included how it was addressing some of the challenges seen in community services. Mr Patel reported that the Audit Committee received regular updates from the digital team and commended the work that had been undertaken. | |
| **24/037** | **New NHSE leadership competency framework for board members**<br>Mr Aumayer reported that a new leadership competency framework for Board members had been published by NHSE. This included a number of mandated actions that would need to be taken and the paper being presented included an action plan to ensure that the Trust was compliant. A self assessment against the framework would be undertaken along with a Board Development session later on in the year. The framework would be incorporated into Board appraisals in 2024/25.<br><br>Ms Williams explained that she had tried to self-assess herself against the framework but had found that the language used made this challenging. Mr Aumayer agreed, noting that feedback had been submitted to NHSE in the hope that more detailed guidance would be published in the future. Mr Phoenix noted that it was challenging to apply the model to Non-Executive Directors, but that the Trust would find a way to ensure that the framework added value for the Board. A further discussion would take place at July's Board Development Day. | |
| **24/038** | **Board Assurance Framework Q4**<br>Mr Milner presented the Q4 Board Assurance Framework (BAF). Mrs Manson asked about the reason for the score for BAF 8 reducing from 16 to 8 over the course of the year and Mr Milner explained that this had been due to the huge advances made by the Trust in cybersecurity during the year, and progress made with patching computers. Mr Patel reported that an update on cybersecurity had been presented to the Audit Committee and the score reflected the improvements that had been made during the year. Ms Williams noted that it would be helpful for the BAF to more clearly reflect the reasons for the improved scoring.<br><br>**The Board approved the Q4 BAF.** | |
| **24/039** | **Delegation of approval of Annual Report and Accounts 2023/24**<br>Mr Milner asked the Board for their approval of delegation of the annual report and the accounts to the Audit Committee. The Board would receive the final annual report and accounts at the AGM in September.<br><br>The Board delegated authority for the approval of the Annual Report and Accounts for 2023/24 to the Audit Committee. | |
| **24/040** | **Board Committees Summaries**<br><br><u>Audit Committee</u><br>The Board noted the summary.<br><br><u>Finance and Productivity Committee</u><br>The Board noted the summary.<br><br><u>People and Organisational Development Committee</u><br>The Board noted the summary.<br><br><u>Quality and Safety Committee</u><br>The Board noted the summary. | |
| **24/041** | **Organ Donation Annual Report**<br><br>**The Board noted the Organ Donation Annual Report.** | |

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| **24/042** | **Use of Trust Seal**<br>Five uses of the Trust seal since the last Board meeting were noted. | |
| **24/043** | **Questions from members of the public**<br>Mr Campbell congratulated Mr Reid on the level of capital expenditure that had been achieved in week 52 of the year.<br><br>Mr Campbell asked whether the Committee in Common meetings would be held in public, noting that the Terms of Reference suggested that this would be the case. It was agreed that the Trust would clarify this with the ICB.<br><br>Mr Campbell asked whether the Trust would be participating in the 12 month implementation programme for patient transport services, noting that the same contractor had recently been given the patient transport contract for Sussex Heartlands. Mrs Chadwick-Bell explained that patient transport would be included on the Trust's risk register due to issues with a previous provider. The Trust would be involved in the implementation of the service, working with commissioners. Mrs O'Brien noted that the transport provision had seen recent improvements.<br><br>Mr Campbell asked for further information about a recent vacancy for a senior contract manager; he also noted that it would be helpful to understand more clearly which areas of the Trust were incurring an expected deficit. Mr Reid explained that the senior contract manager was a replacement role rather than a new position. He explained that the Trust planned to report on a quarterly basis on profit and loss making services. Mr Phoenix noted that work on profit and loss making services had taken place in the past but had been paused during the pandemic..<br><br>Ms Burt explained that some of the terminology used during the Martha's Law presentation had not been ideal, particularly the terminology about patient's perceived concerns. She noted that she was concerned about how training would embed a cultural change to the care of patients when terminology that was old fashioned was being used. Mrs Carruth explained that training programmes did not use that language, but accepted that care needed to be taken with the language that was used. It was important that the Trust ensured that staff listened to, and engaged with, patients and families, particularly when they had a concern about the care that was being given. Mr Phoenix thanked Mrs Burt for the helpful feedback. | |
| **24/044** | **Date of Next Trust Board Public Meeting**<br>The next Trust Board Meeting in Public would be held on Tuesday 11th June 2024 at 0930 in the Education Centre, Conquest Hospital | |

# Matters Arising from the Board meeting of 9th April 2024

| Agenda Item | Action | Lead | Progress |
|---|---|---|---|
| **24/026 – Martha's Rule** | Updated on Martha's Law implementation to be added to Board planner for October 2024 | Pete Palmer | Update added to planner |
| **24/030 – IPR month 11** | Lines to represented peer mortality performance against Trust performance to be added to mortality reporting in the IPR. | Simon Merritt | Work to introduce this improvement is being undertaken and is anticipated to be completed for August's IPR. |
| **24/033 - Our Vision and Objectives 2024/25** | Page to be added to the front of the IPR setting out annual objectives and progress against these. | Steve Aumayer | We are working through Trust and Divisional IPR structure and content comprehensively. We have iterations to go through in terms of format and content with Exec colleagues; we have already made progress on an illustrative version for Exec discussion (during May).<br><br>We can use the 'summary' end of that to address this action in part by June - but the work it is not simply adding a page to the front of the Trust IPR and we may not have all the data or the visual presentation of that data set up in time for June board.<br><br>The Board should be aware that developing the quality of our IPR will have to evolve over a few months as we improve overall integrated performance reporting capability and complete the IPR refresh process. |

# Chief Executive's Report

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| **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 |
| **Author** | Joe Chadwick-Bell | | | | | |
| **Governance overview** | Not applicable | | | | | |

| **Strategic objectives** | Quality | People | Sustainability |
|---|---|---|---|
| | x | x | x |

| **Our values** | Kindness | Inclusivity | Integrity |
|---|---|---|---|
| | x | x | x |

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| **Recommendation** | The Board is asked to note the updates and assurances provided by the Chief Executive |

**Executive summary**

**Planning**

The planning process continues with a further submission due in June to NHSE. The requirements from the NHS planning guidance were discussed at the last Board, but reflect the priorities for the NHS and as such are reflected within our business plan.

At the point of writing the trust is expecting to deliver a 5% efficiency programme (£35m), however this will leave the trust with a projected deficit position of £17m, but is subject to change until the final submission and NHSE sign off with system partners. The Use of Resources programme is developing with the aim to achieve run rate balance as we go into 2024/25 and breakeven by the end of that year and reporting is being developed to demonstrate progress in line with submitted plans and trajectories. The workstreams are still in development with a transition from the current CIP programme to the more strategic approach. The key areas of focus are: operational productivity, use of estates, procurement, affordable urgent care, workforce and the strategic bed plan (including investment in community capacity). This will be a two year plan, although initial focus is on in year deliverables. This reflects the more in depth conversations at the Board Development day in May.

**Priorities**

These are outlines in our business plan, however my immediate focus is currently through June

- Reducing discharge delays
- Supporting NHS Sussex to eliminate patients waiting over 78 weeks and then reduce patients over 65 weeks
- Development of the use of resources programme workstreams
- Maintaining access to urgent care

**Sussex Health and Care System Architecture Update**

The system architecture which governs Health and Care in Sussex is predicated on:

- The Sussex Assembly which incorporates Health and Care and wider partners including education and the voluntary sector
- 3 Health and Wellbeing Boards, coterminous with the local authorities
- NHS organisational boards
- Committee-in-common (NHS only)
- 2 provider collaboratives – acute and community
- 16 integrated community teams (5 in East Sussex) which will be overseen and delivered through Place based arrangement

The Committee in Common met for the first time informally in May and will over the coming months agree a work plan to support the delivery of the Improving Lives Together Strategy. The Acute and Community Collaboratives are working to formalise terms of reference and memorandum of understating, these will come in due course to boards. Priorities include the development of the integrated community teams and the elective co-ordination centre with a focus on reducing waiting times across Sussex.

**Urgent Care**

I'd like to thank all of the teams who contribute to the urgent care pathways; the performance improvement seen in March for the 4 hour clinical standard was maintained through April and into March. We were recognised by NHSE as one of the top 10 performing trusts, taking into account a number of factors, and have been awarded £2m of capital. Plans will be developed over the coming weeks with the clinical and operational teams.

**Junior Doctors Strikes**

The trust has started for the planning of the next junior doctors strikes, which are running from 7am on 27 June to 7am on 2 July. As always we will prioritise urgent care and clinically urgent elective activity and then mitigate as far as possible any further reductions in elective care. Although we have become experienced in planning for these events the planning to mitigate the clinical risks is time consuming and proves to be a distraction from out main priorities.

**Fire safety**

Following a recent Fire Service Inspection of the Conquest Hospital, East Sussex Fire and Rescue Service (ESFRS) issued an enforcement notice, outlining a number of actions to build on and improve our current fire safety systems.

The estates team are currently preparing a provisional timeline for the works, which will be finalised in partnership with our Clinical Divisions to minimise disruption and inconvenience to staff and patients where possible. As well as the physical improvements we will be making, on the advice of ESFRS we are also rolling out mandatory fire incident management training for our staff in leadership positions, focusing firstly on staff at Band 5 and above working in our inpatient and clinical areas.

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| | **Estates developments**<br><br>The planning and design completion of the 2nd phase of the cardiology works at EDGH i.e. a new enlarged coronary care unit (CCU) will be completed in summer 2025. Thereafter we will move to tender the construction works out, ready for start date in January 2025, with construction expected to be completed in late spring 25. The 3rd phase i.e. new Cath lab 2 and 3 will follow thereafter in mid-2025.<br><br>We are providing new Xray equipment and associated refurbishment of the environment/facilities in the following 3 locations:<br>- Eastbourne DGH Room 1 Jan 25<br>- Conquest Hospital Emergency Department Mar 25<br>- Conquest Hospital Room 6 Mar 25<br><br>We are also carrying our carrying out major refurbishment and replacement of key interventional/ diagnostic equipment at:<br>- Eastbourne DGH Gamma Camera (the camera itself has been donated by the Friends of Eastbourne Mar 25<br>- Eastbourne DGH Interventional Radiology Mar 25<br><br>We are in the design and planning phase for the replacement of the Conquest Cardiac CT at Conquest Hospital.<br><br>Work is continuing on the building works for the Sussex Surgical Centre. The works have been progressing rapidly to the timeline set out in the project plan; the 'final pour' of the concrete in the main structure has now been completed with walls and windows starting to be installed in the next few weeks.<br><br>We are on target to complete the enlargement and refurbishment of the Ophthalmology services at Bexhill Hospital later this summer. Part of the transformation of our Ophthalmology services following the consultation we undertook in early 2022, this development will bring much needed additional capacity and improved facilities for both patients and colleagues.<br><br>We are also providing additional critical care capacity with improved staff facilities at Conquest Hospital, with work due to be completed later this summer. |
| **Next steps** | Not applicable |

East Sussex Healthcare NHS Trust

# Integrated Quality & Performance Report

## Prepared for East Sussex Healthcare NHS Trust Board

KINDNESS

INCLUSIVITY

## For the Period April 2024 (Month 1)

INTEGRITY

# 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.

**Our vision describes our ambition for the organisation over the five years of this plan:**

- **To develop outstanding services, building a reputation for excellence in care, becoming "the best DGH and community care provider"**
- **To lead a modern organisation for our people, enabled by technology, agile working and a light environmental footprint**
- **To harness existing strong relationships to forge a vanguard collaborative tackling the social and health challenges that face our coastal towns**
- **To make a demonstrable economic and social impact through our partnership commitments; on health, employment, education, training and skills development across Sussex**
- **To develop as a financially sustainable and innovation-led organisation**

# Chief Executive Summary

East Sussex Healthcare NHS Trust

The Trust has seen improvement across a number of key metrics. The Trust remained in the upper quartile for the second consecutive month for urgent care in April, delivering 76.7% against the 4-hour target, 4.9% higher than the national average. Improvements were also seen in March for cancer performance with the Trust achieving 72.4% against the 62 day standard against a national average of 68.4%. Whilst we are pleased with the progress we have made; we continue to focus on improving performance in all areas and are committed to maintaining high standards in our quality of care.

Working towards delivering the 2024/25 operational planning guidance, the Trust is focused on continuing to improve a number of key indicators and standards to support the provision of high-quality care for our patients, building upon the improvements already seen across elective and urgent care in 2023/24. The Trust continues to prioritise front door performance, length of stay optimisation, and efficient discharge processes to ensure that patients receive timely and effective non-elective care. Additionally, the Trust is committed to improving elective recovery, especially in critical areas like cancer treatment, diagnostics, and routine long waits, including supporting system partners with RTT long waits.

**Key Areas of Success**

- As a result of the ongoing efforts and hard work of our teams the Trust was placed 31 out of 124 Trusts for the 4-hour emergency care standard in April, achieving 76.7% standard, placing us in the upper quartile for the second consecutive month.
- The Trust achieved 75% against the 28 day Faster Diagnosis cancer standard for both February and March, ensuring that >75% of patients referred on a suspected cancer pathway received a diagnosis within 28 days from their referral being received. This is the first time the Trust has achieved this standard since June 2023.
- Cancer 62 Day Performance also improved in month with the Trust delivering 72.4%, and the number of patients waiting over 104 days significantly reduced from 54 to 39 at the end of March.
- The Trust are sustainably delivering above target for our 2-hour urgent community response.
- From a finance perspective, good progress is being made on our Use of Resource programme with the majority of workstreams now established

**Key Areas of Focus**

- Whilst 4-hour performance is again an improving picture, delivering the actions from our Urgent and Emergency care improvement plan to ensure sustainable delivery of the 4-hour performance continues to be a priority for the Trust.
- A key area of focus in the coming months is to address the average length of stay in our acute and community beds and overall bed occupancy rates.
- Improving performance against the cancer standards, with a focus on reducing waiting times and expediting treatments. Trajectories and Action Plans are being developed to support improvement across the cancer tumour sites.
- We are setting ambitious plans to further recover our elective position with divisions aiming to eradicate >65 week waits by June 2024, three months earlier than the national ask of September 2024.
- Continued focus at both Trust and Divisional level to improve productivity and ERF performance against plan.

# Balanced Scorecard

East Sussex Healthcare NHS Trust

| Safety | Target/ Limit | Previous Month | Current Month | 19/20 Same Period | Variation | Assurance |
|---|---|---|---|---|---|---|
| Number of Patient safety events (severity 3) | 0 | 15 | 20 | 6 | Common Cause | Not Met |
| Number of Patient safety events (severity 4 ... | 0 | 10 | 4 | 2 | Common Cause | Inconsistent |
| Serious Incidents | 0 | 0 | 1 | 0 | Improvement | Inconsistent |
| Never Events | 0 | 0 | 0 | 0 | Common Cause | Inconsistent |
| Inpatient Falls per 1,000 Bed days | | 4.38 | 4.92 | 5.79 | Common Cause | Target required |
| Cat 3 ESHT Acq. PU (rate) per 1,000 bed days | 0 | 0.0763 | 0.155 | 0 | Common Cause | Inconsistent |
| Cat 4 ESHT Acq. PU (rate) per 1,000 bed days | 0 | 0.0381 | 0.0387 | 0 | Common Cause | Inconsistent |
| Healthcare Associated MRSA Bacteraemia (r... | 0 | 0 | 0.0387 | 0 | Common Cause | Inconsistent |
| Healthcare Associated C Diff Infections (rate)... | 0 | 0.0763 | 0.349 | 0 | Common Cause | Inconsistent |
| Healthcare Associated MSSA Bacteraemia (r... | 0 | 0.114 | 0.310 | 0 | Common Cause | Inconsistent |
| RAMI | 100 | 90.0 | 91.1 | | Concern | Achieving |
| SHMI (NHS Digital monthly) | 100 | 99.0 | 99.9 | | Concern | Inconsistent |
| Nursing Fill Rate (IP - RN, RNA and HCA) | 100% | 95.7% | 95.6% | 98.9% | Improvement | Not Met |

| Patient Experience | Target/ Limit | Previous Month | Current Month | 19/20 Same Period | Variation | Assurance |
|---|---|---|---|---|---|---|
| Complaints received | | 35 | 27 | 11 | Common Cause | Target required |
| Complaints Response Compliance | | 58.3% | 66.7% | 55.8% | Improvement | Target required |
| Reopened Complaints | | 6 | 7 | 1 | Common Cause | Target required |
| A&E FFT Score | 85% | 62% | 40% | | Concern | Inconsistent |
| A&E FFT Response Rate | | 0.408% | 0.429% | | Common Cause | Target required |
| Inpatient FFT Score | 95% | 98.6% | 98.7% | | Concern | Achieving |
| Maternity FFT Score | 95% | 100% | 100% | | Common Cause | Inconsistent |
| Outpatient FFT Score | 95% | 98.8% | 97.2% | | Common Cause | Achieving |
| Post Covid19 Assessment FFT Score | 95% | 95.2% | 100% | | Common Cause | Inconsistent |

| Our People | Target/ Limit | Previous Month | Current Month | 19/20 Same Period | Variation | Assurance |
|---|---|---|---|---|---|---|
| Establishment (WTE) All | | 8,157 | 8,403 | 7,343 | Improvement | Target required |
| Agency Rate | 3.6% | 1.53% | 1.34% | 2.37% | Improvement | Achieving |
| Vacancy Rate | 7.5% | 4.9% | 4.9% | 10.1% | Improvement | Inconsistent |
| Staff Turnover | 11.6% | 10.3% | 10.3% | 9.75% | Improvement | Inconsistent |
| Retention Rate | 90% | 92.5% | 92.0% | 92.0% | Improvement | Achieving |
| Monthly Sickness - Absence % | 4.7% | 4.4% | 4.92% | 5.4% | Common Cause | Inconsistent |
| Sickness - Average Days Lost per Fte | 17 | 18.8 | 18.9 | 17 | Improvement | Not Met |
| Staff Appraisals | 85% | 82.9% | 83.7% | 74.6% | Improvement | Not Met |
| Statutory & Mandatory Training | 90% | 90.1% | 90.3% | 86.0% | Improvement | Not Met |

| Our Performance | Target/ Limit | Previous Month | Current Month | 19/20 Same Period | Variation | Assurance |
|---|---|---|---|---|---|---|
| 4 hour standard | 76% | 79.0% | 76.7% | 92.8% | Common Cause | Inconsistent |
| A&E > 12 hours from arrival to discharge | 0 | 704 | 768 | 13 | Concern | Not Met |
| A&E waits over 12 hours from DTA | 0 | 0 | 1 | | Common Cause | Inconsistent |
| Conveyance handover >60 mins | 0% | 1.42% | 1.32% | 0.705% | Improvement | Inconsistent |
| Non Elective Length of Stay | 4.48 | 0 | 4.62 | 0 | Concern | Achieving |
| Average daily NCTR | 95 | 231 | 235 | | Common Cause | Not Met |
| 104 day Backlog | 35 | 22 | 23 | 23 | Concern | Achieving |
| Elective Activity (ELIP,DC,OPFA, OPFUP P... | 108% | 111% | 0% | | Concern | Inconsistent |
| RTT under 18 weeks | 92% | 53.5% | 56.2% | 82.4% | Concern | Not Met |
| RTT 65 week wait | 280 | 31 | 56 | 1 | Common Cause | Achieving |
| RTT Total Waiting List Size | 58968 | 53106 | 53721 | 25526 | Common Cause | Achieving |
| Diagnostic <6 weeks | 1% | 12.3% | 15.3% | 48.2% | Common Cause | Not Met |
| Urgent Community Response within 2 h... | 70% | 86.7% | 84.9% | | Improvement | Inconsistent |
| CHIC wait times < 13 weeks | 75% | 82.5% | 79.4% | 92.5% | Concern | Achieving |
| Intermediate Care Length of Stay | 30 | 47.7 | 46 | 22.7 | Common Cause | Inconsistent |
| % Discharges delayed 1+ days | | 20.6% | 19.9% | | Common Cause | Target required |
| Total delay days from monthly Discharges | | 4735 | 3969 | | Common Cause | Target required |
| Number of Deferred visits/ care plans | 0 | 5687 | 6416 | 1356 | Concern | Not Met |
| Cancer 2WW | 93% | 95.5% | 97.5% | | Common Cause | Inconsistent |
| Cancer 62 Day | 85% | 60.3% | 72.4% | | Common Cause | Not Met |
| 28 Day General FDS | 75% | 82.6% | 79.8% | | Common Cause | Inconsistent |

| Finance | Target/ Limit | Previous Month | Current Month | 19/20 Same Period | Variation | Assurance |
|---|---|---|---|---|---|---|
| Surplus/(deficit) (£'000) - in month | (3,791) | n/a | (4,408) | n/a | n/a | Not met |
| Surplus/(deficit) (£'000) - YTD | (3,791) | n/a | (4,408) | n/a | n/a | Not met |
| ERF (£'000) - in month | 8,696 | n/a | 8,881 | n/a | n/a | Achieving |
| ERF (£'000) - YTD | 8,696 | n/a | 8,881 | n/a | n/a | Achieving |
| Efficiency (£'000) - in month | 1,295 | n/a | Tbc | n/a | n/a | Inconsistent |
| Efficiency (£'000) - YTD | 1,295 | n/a | Tbc | n/a | n/a | Inconsistent |
| Capital (£'000) - YTD | 883 | n/a | 2,153 | n/a | n/a | Inconsistent |
| Capital (£'000) - FOT | 80,000 | n/a | 80,000 | n/a | n/a | Inconsistent |

# Constitutional Standards | Benchmarking

*NHS England has yet to publish all April 2024 Provider based waiting time comparator statistics

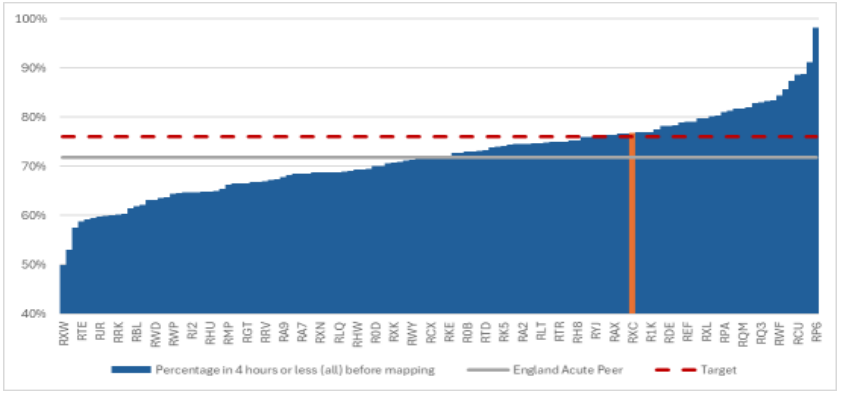
East Sussex Healthcare NHS Trust

ESHT denoted in orange, leading rankings to the right

## Urgent Care – A&E Performance

April 2024 Peer Review

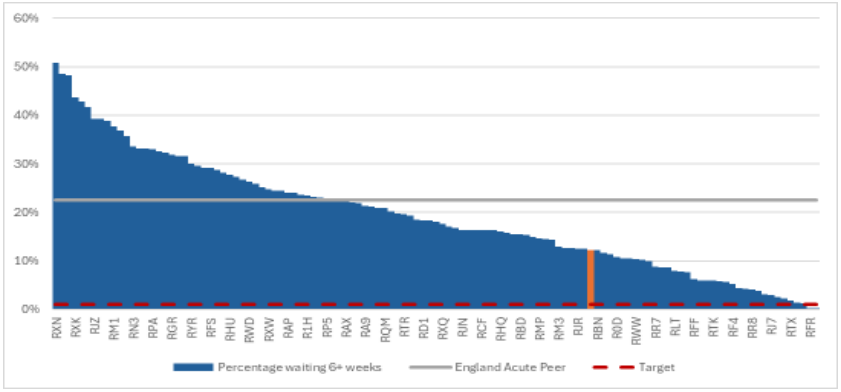
National Average: 71.8%  ESHT Rank: 31/124




## Planned Care – Diagnostic Waiting Times

March 2024 Peer Review*

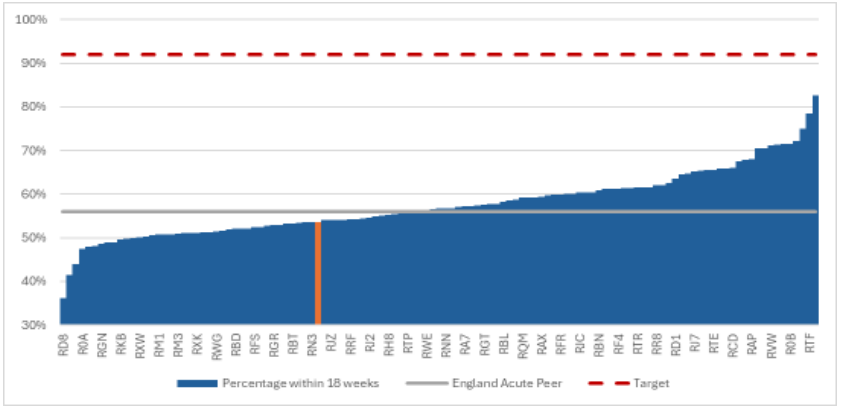
National Average: 22.5%  ESHT Rank: 36/119




## Planned Care – Referral to Treatment

March 2024 Peer Review*

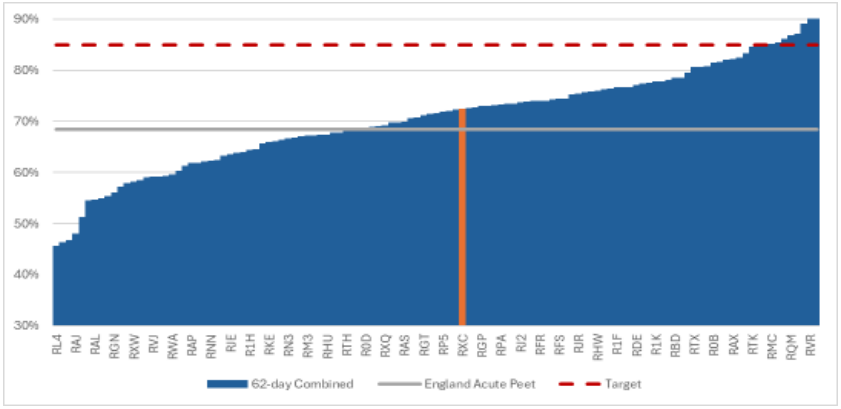
National Average: 56.0%  ESHT Rank: 79/119




## Cancer Treatment – 62 Day Combined Standard

March 2024 Peer Review*

National Average: 68.4%  ESHT Rank: 56/119



# 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**
The Trust continued to experience COVID outbreaks with prevalence increasing and declining during the month. Most patients did not require additional treatment.

**Infection Control – HOHA Hospital Onset Healthcare Associated, COHA Community Onset Healthcare Associated**
Overall, there were a higher number of infections reported to the mandatory reporting surveillance scheme in April compared to the last quarter.
Ten cases of CDI reported in April; 7 HOHA and 4 COHA. Initial assessment suggests at least three cases may be related to transmission at EDGH. Further tests are being undertaken to confirm. One COHA MRSA bacteraemia related to osteomyelitis in a diabetic patient assessed as unavoidable. Eight MSSA infections from 7 patients, were reported in April. Six HOHA of which five (skin/soft tissue infection, very long-term CVC inserted in another trust, discitis, bone/joint), were assessed as unavoidable and one unknown source. The two COHA were respiratory source, assessed as unavoidable. .

**Safeguarding**
A deep dive to scrutinise Q4 data re concerns raised about the trust was completed and the results discussed with Divisional Leads and in the Professional Advisory group. Communication appears as a theme and work continues to improve this. An evaluation of a 3 month pilot to introduce Safeguarding Huddles within the Emergency Departments has been positively received by both Safeguarding and ED staff and the work will therefore continue.
Safeguarding have worked with colleagues across the acute system as well as SPFT, Police and Adult social care to establish a fortnightly meeting to review date re patient's that have walked out, this has been positively received by the Police but is in its early stages.
The Named Nurse for Children in Care continues to review data, Initial Health assessments with exceptions outside of ESHT control are 86% and RHA 100%, exceptions include late requests and cancellations.

**Harms**
The top location remained as Patient's home, with Slips, Trips and Falls being the most reported category for events in April, an increase from the previous month. 70% of falls for the month were no harm/near miss, with 2 being moderate harm and all others no harm/near miss. The falls rate per 1000 bed days overall increased marginally to 5.5 from 5.47.Medication Related events/incidents were in the top three categories, although there was a notable consecutive decrease from 119 to 83. Patient home and incorrect administration being the top location and subcategory. There was 1 major harm and all others Minor or No harm/near miss. Events that are considered a severity 3 or above in the moderate to major harm categories are reviewed at the Weekly Patient Safety Summit. Reporting across the ICB and nationally has been shared as being lower, and this may be due to challenges in completing the new Learning From Patient Safety Events (LFPSE) form for reporting incidents.There has been a mixed approach of professional reviews, round tables, MDT's and AARs, as well as Chronology templates to determine the learning outcomes from these events.

**Safety Events**
A total of 1,183 Datix reports were made. Following filtering of duplicates and Non-ESHT events, the total patient safety events attributed to ESHT for April 2024 were 1019 which showed a consecutive increase. 74% of patient events were no harm/near miss, which is slightly better than the national average of 71%.

**Patient Experience**
As a percentage of total PE feedback, complaints and PALS concerns remain negligible. The Trust received 27 new complaints, a decrease of 8. There were 2 complaints overdue at the end of March, 7 complaints were reopened (5 were unhappy with/seeking further clarification following the Trust's response, 1 was a meeting request and 1 was where appropriate authorisation had been received) 4 of the reopened complaints were assigned to Urgent Care. There were no contacts from the PHSO. There was an increase of 113 PALS contacts (April= 614 vs. March- 501), 55 of these were assigned to "occupational health fast track", this is a revised process (started in March 24) whereby Occupational Health assess staff and advise PALS that appointments need to be fast tracked as their health condition is impacting their ability to work. This process will be reviewed regularly. The positive FFT recommendation rates for April, when compared to the most recent data released by NHS England (March 24), show that ESHT continues to be higher than the national average, (excluding the Emergency Departments 40% positive score, 0.43% response rate).

**Workforce**
The number of additional beds for inpatient capacity continued to increase during April with the use of super surge beds and pre-emptive placement, despite a continuing focus on discharge and our discharge ready / long stay patients. There are still significant numbers of patients whose primary need is psychosocial in our Emergency Departments (ED) and gateway/inpatient areas requiring specialist Mental Health skills with some improvement in the movement of patients to an inpatient mental health unit. Some patients in distress is extremely challenging. They may be resistant to care and are often aggressive and/or violent. Ward staffing in April remained stretched to cover the additional requirements with community teams also under continued pressure. In all areas this is likely to have had an impact on key quality KPIs, access to training and at times staff wellbeing with sustained pressures. Focus continues regarding Healthroster compliance, use of temporary workforce, authorisation of additional shifts and supernumerary time with significant improvements noted regarding the use of additional shifts and roster effectiveness and weekly meetings with the CNO and DCN are in place.

**Mortality**
RAMI indices of mortality rolling 12 months remains better than peers positioned at 57 out of 121 Acute Peer Trusts.

Author(s)

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

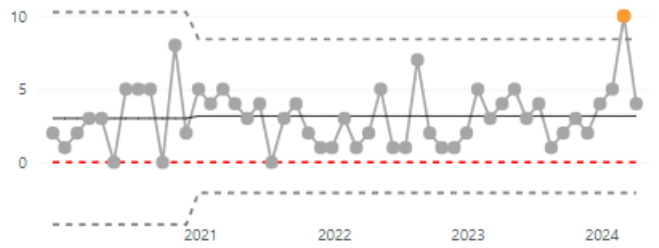
**Simon Merritt Chief Medical Officer**

# Quality and Safety Core Metrics

East Sussex Healthcare NHS Trust

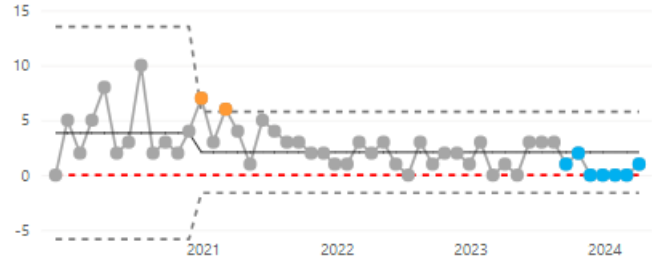
### Patient Safety Incidents Causing Harm: Total, Safety

| Inconsistent | Common Cause | 4 |
|---|---|---|



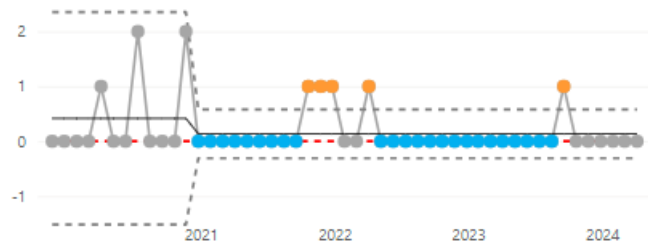

### Serious Incidents: Total, Safety

| Inconsistent | Improvement | 1 |
|---|---|---|



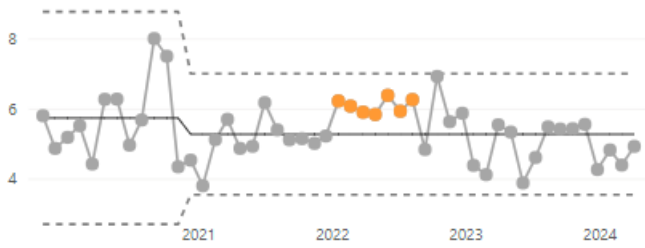

### Never Events: Total, Safety

| Inconsistent | Common Cause | 0 |
|---|---|---|



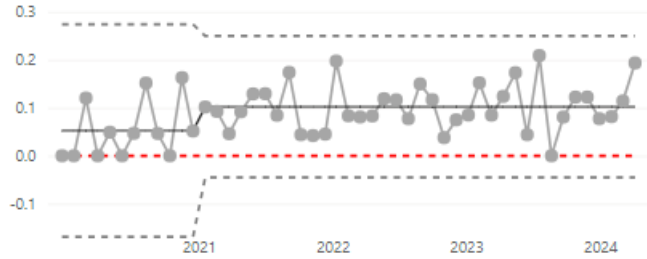

### Inpatient Falls per 1,000 Bed days: Total, Safety

| Target required | Common Cause | 4.92 |
|---|---|---|



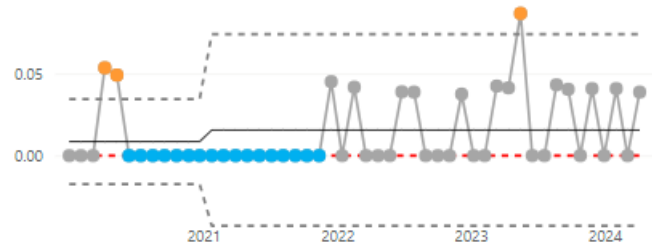

### Cat 3 and 4 ESHT Acq. PU (rate) per 1,000 bed days: Total, S...

| Inconsistent | Common Cause | 0.194 |
|---|---|---|



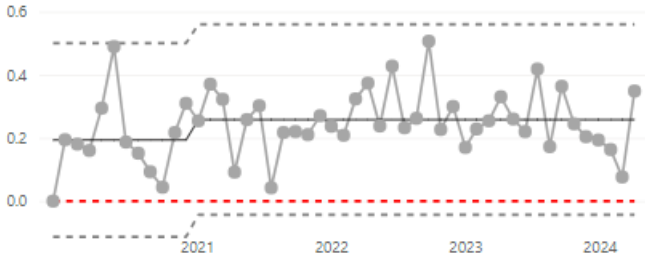

### Healthcare Associated MRSA Bacteraemia (rate) per 1,000 ...

| Inconsistent | Common Cause | 0.0387 |
|---|---|---|



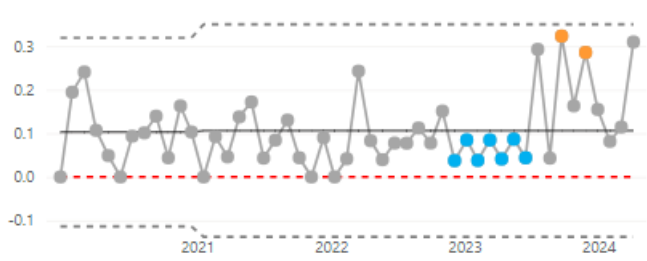

### Healthcare Associated C Diff Infections (rate) per 1,000 Bed ...

| Inconsistent | Common Cause | 0.349 |
|---|---|---|



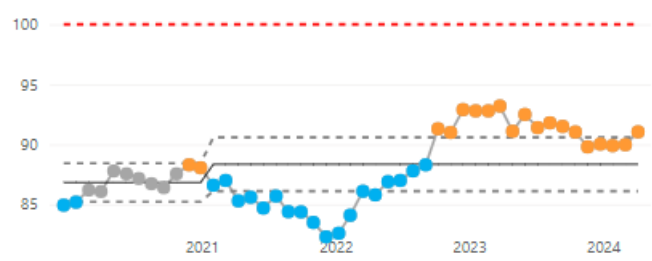

### Healthcare Associated MSSA Bacteraemia (rate) per 1,000 ...

| Inconsistent | Common Cause | 0.310 |
|---|---|---|




### RAMI: Total, Safety

| Achieving | Concern | 91.1 |
|---|---|---|

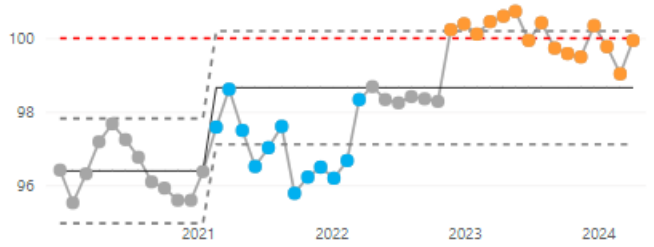


# Quality and Safety Core Metrics

East Sussex Healthcare NHS Trust

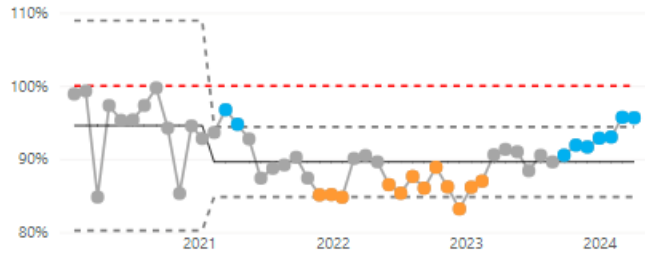
SHMI (NHS Digital monthly): Total, Safety

| Inconsistent | Concern | 99.9 |
|---|---|---|



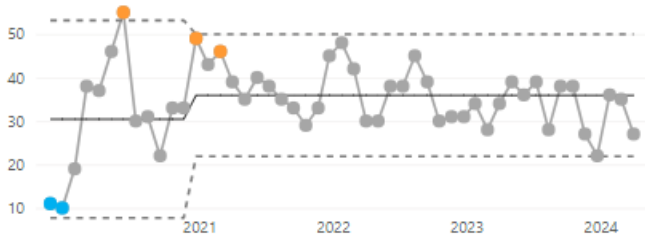

Nursing Fill Rate (IP - RN, RNA and HCA): Total, Safety

| Not Met | Improvement | 95.6% |
|---|---|---|



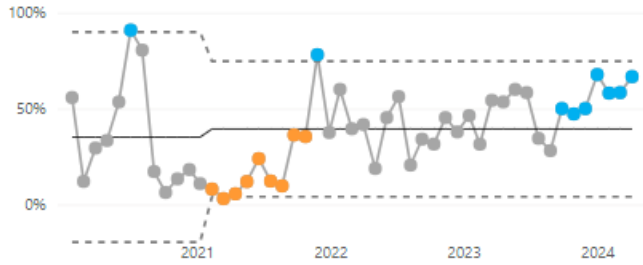

Complaints received: Total, Patient Experience

| Target required | Common Cause | 27 |
|---|---|---|



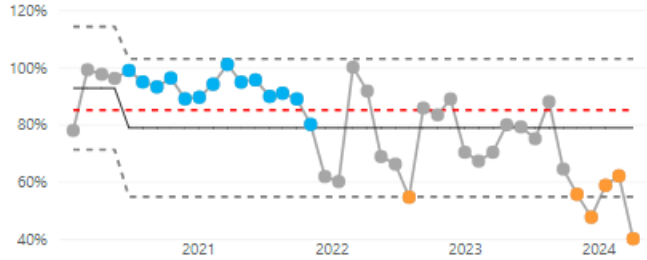

Complaints Response Compliance: Total, Patient Experience

| Target required | Improvement | 66.7% |
|---|---|---|



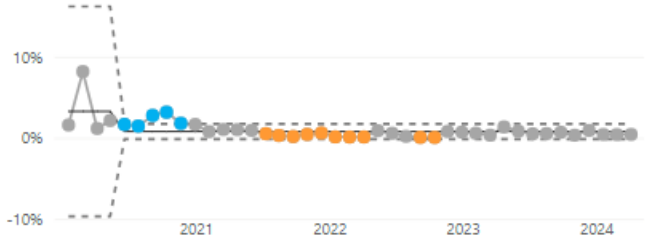

A&E FFT Score: Total, Patient Experience

| Inconsistent | Concern | 40% |
|---|---|---|



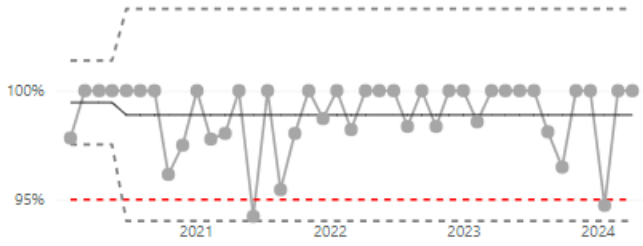

A&E FFT Response Rate: Total, Patient Experience

| Target required | Common Cause | 0.429% |
|---|---|---|



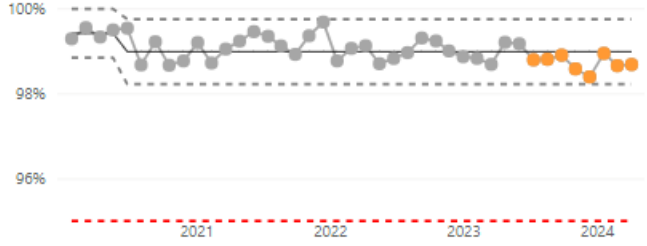

Maternity FFT Score: Total, Patient Experience

| Inconsistent | Common Cause | 100% |
|---|---|---|



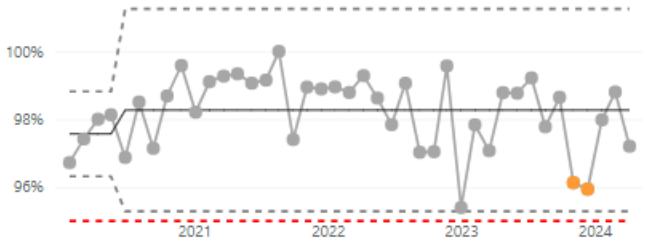

Inpatient FFT Score: Total, Patient Experience

| Achieving | Concern | 98.7% |
|---|---|---|




Outpatient FFT Score: Total, Patient Experience

| Achieving | Common Cause | 97.2% |
|---|---|---|



# Quality and Safety | Areas of Focus

East Sussex Healthcare NHS Trust

| Title | Summary | Actions |
|---|---|---|
| **Patient Safety Incident Response Framework (PSIRF)** | Duty of Candour percentage continues to decrease, the Patient Safety Team are working with Divisions to improve this. There are also education sessions being developed for implementation in the coming months. The PSIRF Policy and Plan have now been updated and the internal process for approval will begin. Go-live in Datix has been implemented and there will be further development to report in the coming months as further modules move over to complete migration.<br>On-boarding of handlers onto Datix has improved. A new taxonomy (how the form is set up within the digital system; a framework or cascade) for LFPSE is awaited and updates will follow.<br>The Quality Account for last year is at year end and PSIRF was a Patient Safety Priority for the year, with all aspects of the project plan now completed. | • The Patient Safety Team continue to close cases under the SI framework and are preparing PSIRF training and education to continue to implement and ultimately embed the new framework.<br>• PS team are actively working with Divisions to improve this position, with a targeted approach where appropriate.<br>• PSIRF Working Group has commenced and Task & Finish Groups set-up to facilitate the implementation, in collaboration with colleagues across ESHT.<br>• Datix team have moved to go-live on patient incidents/events, these will now change from “WEB” to “INC” as unique identifiers for each case.<br>• Uptake of Training for All Staff Level 1 Training is being reported to PSQG and QSC to promote uptake, which has been on a steady increase since this reporting. |
| **Nursing & Midwifery Workforce** | Additional super surge beds, pre-emptive boarding and significant numbers of patients requiring enhanced observation for cognitive impairment, high risk of falls or patients with challenging/violent behaviour during April resulted in ongoing additional staffing requirements via TWS.<br>Ward nursing CHPPD overall was 8.6 for February (noting distortion by specialist areas) with 19 areas less than 8.<br>Nursing fill rates for day shifts RN 91% and HCSW 90% and night shifts 100% for RN and 100% for HCSW. | • The Nursing Establishment Review (NER) for 2024 has been completed and the data is being analysed. Work is progressing re MH Outreach and enhanced training for staff as well as a review of the estate.<br>• Nursing/Midwifery Roster and Budget compliance sessions continue led by the CNO and DCN with evidence of good controls and work in progress to support enhanced observations and requests for additional staff. Focus is now on working within budget and use of temp staff as this needs to decrease.<br>• Work on improving the education and career progression framework continues including restorative supervision and reviewing the role of practice educators. |

# Quality and Safety | Areas of Focus

East Sussex Healthcare NHS Trust

| Title | Summary | Actions |
|---|---|---|
| **Inpatient Falls** | • The Falls Steering Group has had a change in Chair and continues to triangulate with Patient Safety data and the PSIRF Review Group for completeness. Reporting on falls continues regularly at both PSQG and QSC, with detail being provided under the Harms and Safety Events sections of these slides. Where appropriate, audits and deep dives are undertaken to ensure learning and provide assurance. There has been a reduction overall in the last 4 months compared to the previous 4 over Winter. | • The Quality Improvement Lead Nurse is working with ward areas and teams to close the loop in responding to the learning outcomes identified.<br>• SWARM Forms continue to be reviewed at the PSIRF Review Group and a Task & Finish group has been established by the Falls Steering Group to review and update the form.<br>• Falls events continue to be reviewed at WPSS for harm levels of moderate and above (severity 3+) |
| **Patient Experience** | Reviewing the monthly risk rating of all complaints, most were moderate in keeping with the general pattern.<br>• 3 high risk (March =3) 1<br>• 9 moderate risk (March =25)<br>• 5 low risk (March =7)<br>• Of the 27 complaints in April, 70% came from three categories:<br>Clinical Treatment =11, Patient Care =5 and Values & Behaviours = 3.<br>Highest complaint locations in April were;<br>ED =3 (CQ =1 EDGH =2)<br>Outpatient Department Eastbourne =2<br>Devonshire Ward =2 | • The Patient Experience Team continue to work with divisions to help identify learning and actions from complaints, trends, and themes from all experience feedback received.<br>• 1 June 24, text messaging for Friends and Family Test will be launched, this will be a phased roll out and completed in month. |
| **Pressure Damage** | There has been an increase in the number of Cat 3 & 4 PUs reported in April 2024 which are under investigation:<br>• Four Cat 3 PUs were reported, all in patients home or care homes.<br>• Three Cat 4 PUs were reported; one in an acute hospital, one in a patient in their own home and another which originated whilst in acute care and deteriorated after discharge from hospital. | • The Pressure Ulcer Steering Group (PUSG) is working with the Trust Patient Safety Lead, to implement PSIRF going forward.<br>• An action plan is underway to improve compliance to meet CQUIN 12 – Pressure Ulcer Prevention in line with NICE Guidance |

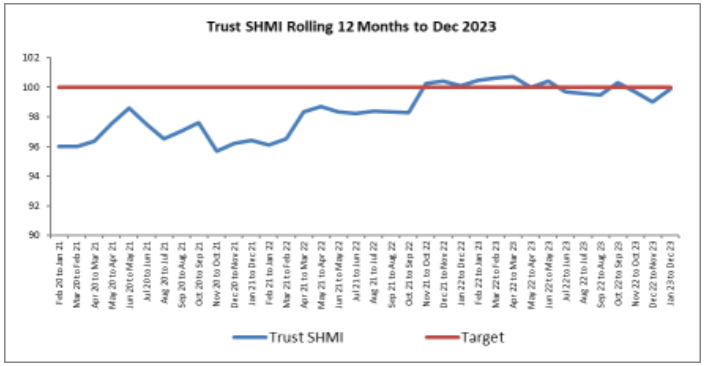
# Effective Care - Mortality

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.

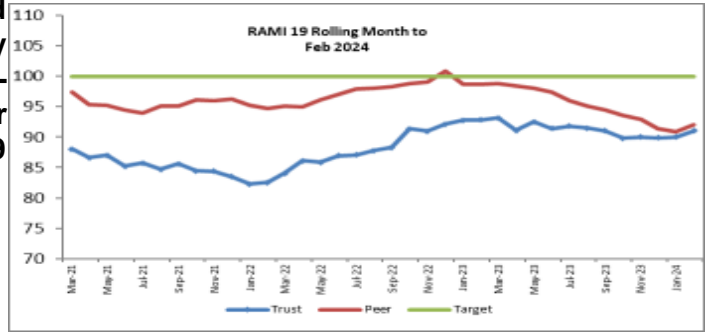
**Summary Hospital Mortality Indicator (SHMI)**

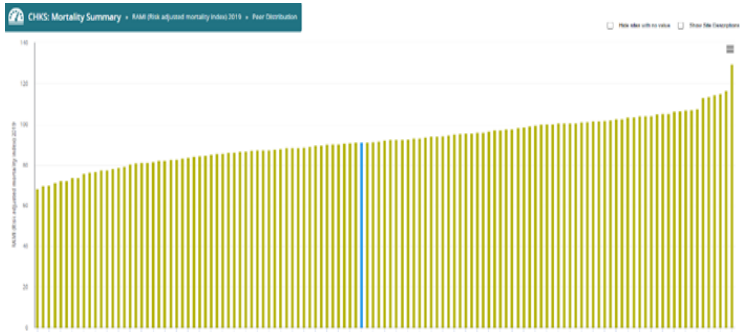
Ratio between the number of patients who die following hospitalisation and the number that would be expected to die on the basis of average England figures




- SHMI – Jan 2023 to Dec 2023 is showing an index of 99.9 and is within the expected range. EDGH is showing 98.8 and Conquest is 101.6
- RAMI 19 – Mar 2023 to Feb 2024 (rolling 12 months) is 91 compared to 93 for the same period last year. Feb 2023 to Jan 2024 was 90.
- RAMI 19 was 106.9 for the month of February only and 97.4 for January. Peer value was 93.4 for February only. The line graph below shows the rolling 12 month figure
- Crude mortality without confirmed or suspected covid-19 shows Mar 2023 to Feb 2024 at 1.51% compared to 1.66% for the same period last year.
- Consultant acknowledgement rates of the Medical Examiner reviews was 65% for February 2024 deaths compared to 83% for January 2024 deaths.

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




This shows our position nationally against other acute trusts – currently 57/121

# Effective Care - Mortality

East Sussex Healthcare NHS Trust

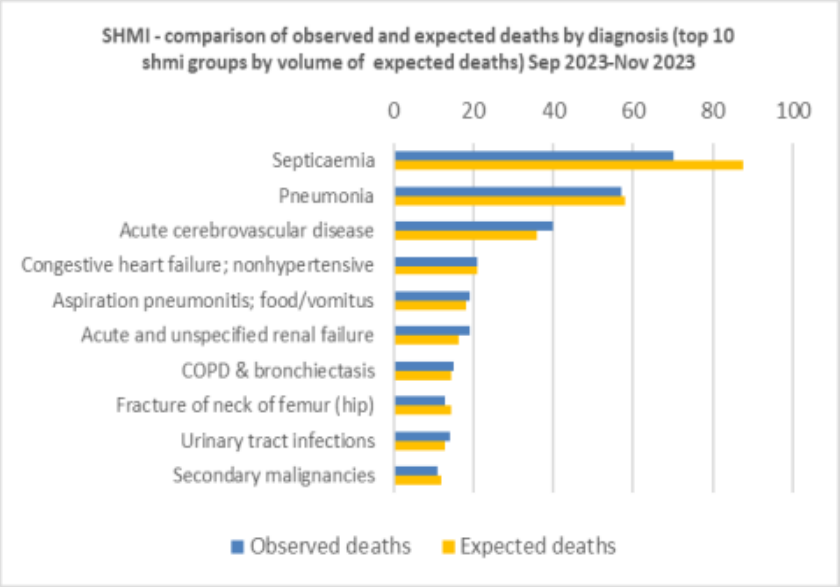
## April 2024 Main Cause of In-Hospital Death Groups

| Description | Deaths |
|---|---|
| Cancer | 19 |
| Pneumonia | 18 |
| Sepsis/Septicaemia | 14 |
| Aspiration Pneumonia | 11 |
| Community-acquired Pneumonia | 8 |
| Heart Failure | 6 |
| Myocardial Infarction (MI) | 6 |
| Frailty of old age | 5 |
| Hospital-acquired Pneumonia | 5 |
| Chronic Obstructive Pulmonary Disease (COPD) | 4 |
| Stroke | 4 |
| Dementia | 2 |
| Atrial Fibrillation (AF) | 1 |
| Liver Disease | 1 |

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

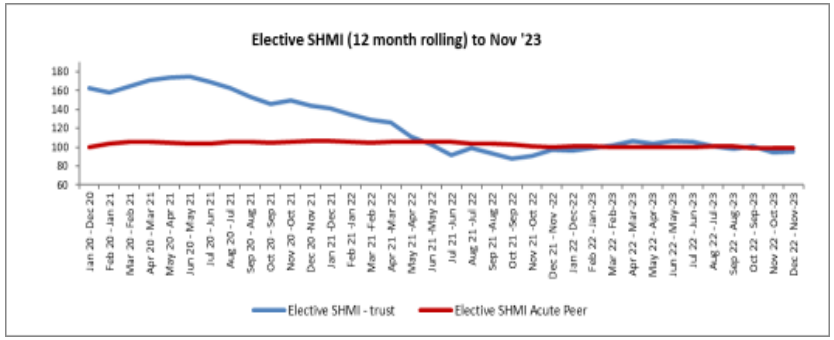
11 cases for which no CoD has been entered on the database and therefore no main cause of death group selected

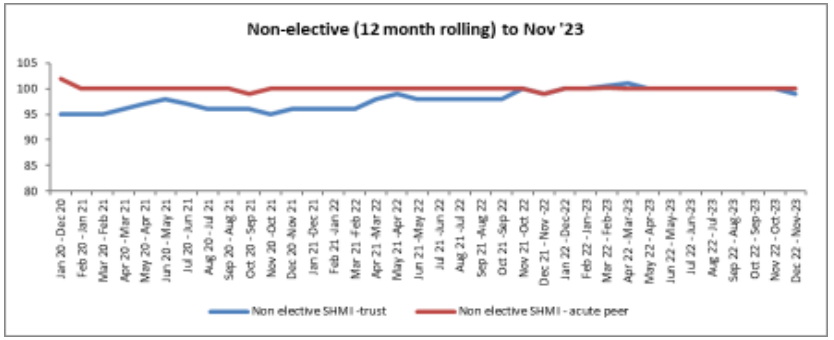
## SHMI Diagnosis Main Groups




## Summary Hospital Mortality Indicator (SHMI)

Elective and Non elective Inpatient Trends



# Our People

Recruitment and retention

Staff turnover / sickness

Our quality workforce

What our staff are telling us?

**Safe patient care is our highest priority**

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

# Our People | Executive Summary

East Sussex Healthcare NHS Trust

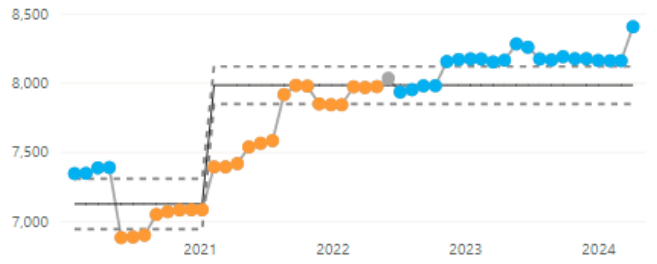
| | | | |
|---|---|---|---|
| **Responsive** | *Positives:*<br>Monthly sickness reduced by 0.8% to 4.4%, Annual sickness was unchanged at 5.2%. | *Challenges and Risks:*<br>Turnover has increased by 0.4% to 10.3% (730.7 wte leavers in the last 12 months)<br>Vacancy rate increased by 0.3% to 4.9% (387.4 wtes)<br>Mandatory Training rate marginally reduced by 0.1% to 90.1%<br>Appraisal compliance reduced by 0.6% to 82.9%. | **Author** |
| **Overview:** | The Turnover rate is unchanged at 10.3% (732.6 wte leavers in the last 12 months). Registered Nursing & Midwifery increased by 0.4% to 9.6% (209.4 wte leavers). AHPs, have slightly increased by 0.2% to 8.0% (45.1 wte leavers), offset by reductions for Medical & Dental, by 0.7% to 10.1% (32.6 wte leavers). Additional Clinical Services have a high proportion of HCA's/Non-registered Nursing and see a higher turnover level at 11.4% (185.0 wte leavers). Estates & Ancillary turnover rate is relatively stable at 9.9% (64.6 wte leavers). Admin & Clerical turnover remains unchanged at 11.7% (173.8 wte leavers).<br><br>The Trust vacancy rate remains at 4.9% (391.4 wte vacancies). Within this figure, there have been some significant shifts in budgets for the new financial year. In Nursing, the 21% cover for sickness, annual leave and training has been switched from substantive to bank budgets (as previously the Trust was showing as an outlier for HCA vacancies). This does mean, however, that Registered Nursing & Midwifery staff vacancy rate is showing as over-established at -0.6% (as the substantive budget has reduced by 135.9 wte). The Additional Clinical Services vacancy rate has also reduced by 3.4% since last month, to 4.8%.<br><br>The Cost Improvement Vacancy Factor has been moved this year from Divisions to a Central budget and will be allocated and apportioned through the 'Use of Resources Portfolio'. Investments have meant that the substantive budget for Medical & Dental staff have increased by 23.5 wte and the vacancy rate is now 19%. The substantive budget for AHPs has increased by 16.4 wte and the vacancy rate is now 13% with substantive budget for Admin & Clerical staff increasing by 35.8 wte.<br><br>The monthly sickness rate has increased by 0.5% to 4.9%, whilst the annual sickness rate was unchanged at 5.2%. Wte days lost in month increased by 880 in total, with Other MSK sickness increasing by 334 (including increases of 111 wte days lost in month for Registered Nursing & Midwifery staff and 112 for Additional Clinical Services staff). Anxiety, Stress & Depression illnesses also increased by 114 wte days lost and remains the highest identified reason for sickness at 2,272 wte days lost. Action plans are being drawn up by Occ Health as part of the Workforce Force Controls Programme to support colleagues and reduce wte days lost to sickness related absence.<br><br>The Trust has successfully achieved a new 'high' for monthly training completion rate with compliance at 90.3%. Health & Safety compliance increased by 0.5% to 93.8%, Mental Capacity Act & Deprivation of Liberties compliance increased by 0.6% to 88.9% with Safeguarding compliance requiring a refreshed focus as there was a small reduction of 0.3% to 88.6%.<br><br>The appraisal rate increased by 0.8% to 83.7% which is the highest it has been in the last four years. Registered Nursing & Midwifery compliance increased by 0.8% to 82.7%, AHP compliance also increased by 0.8% to 86.3%, Admin & Clerical increased by 0.7% to 80.4%, and Additional Clinical Services increased by 0.6% to 82.7%. Medical & Dental compliance, however, marginally reduced by 0.1% to 94.1%, though still has the highest rate of compliance. |  <br>**Steve Aumayer**<br>Chief People Officer |

# Our People Core Metrics

East Sussex Healthcare NHS Trust

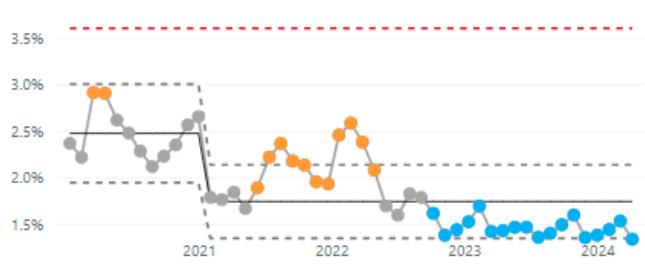
## Establishment (WTE) All: Total, Our People

| Target required | Improvement | 8,403 |
|---|---|---|



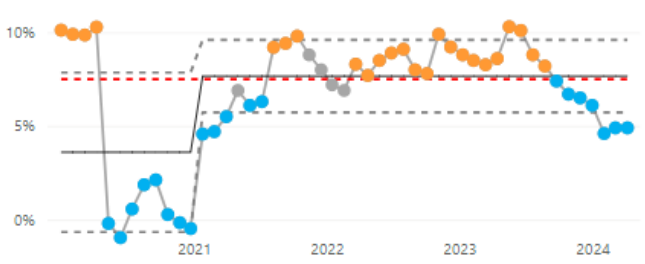

## Agency Rate: Total, Our People

| Achieving | Improvement | 1.34% |
|---|---|---|



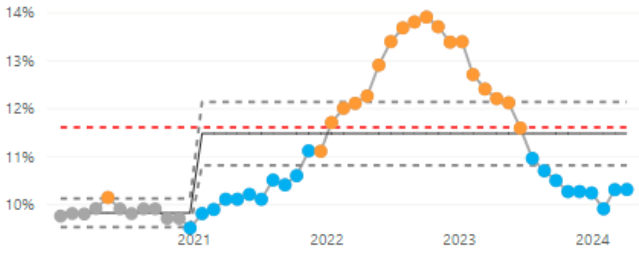

## Vacancy Rate: Total, Our People

| Inconsistent | Improvement | 4.9% |
|---|---|---|



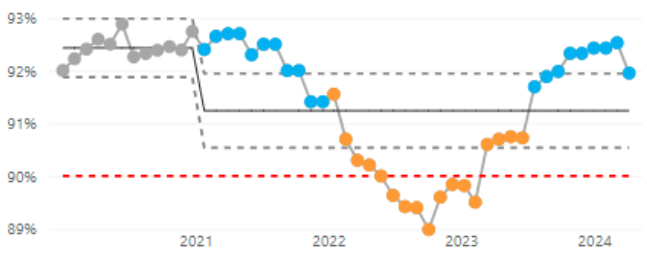

## Staff Turnover: Total, Our People

| Inconsistent | Improvement | 10.3% |
|---|---|---|



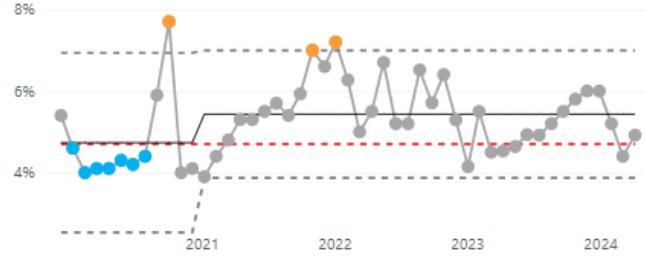

## Retention Rate: Total, Our People

| Achieving | Improvement | 92.0% |
|---|---|---|



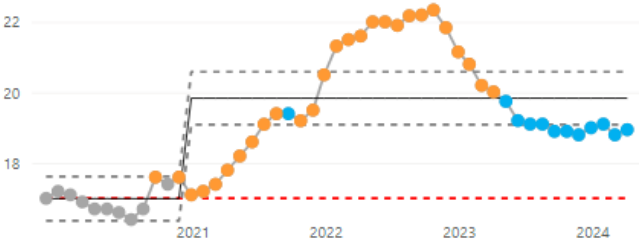

## Monthly Sickness - Absence %: Total, Our People

| Inconsistent | Common Cause | 4.92% |
|---|---|---|



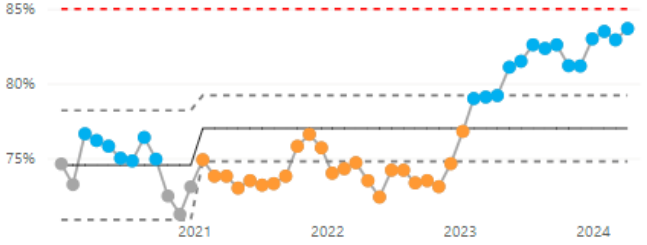

## Sickness - Average Days Lost per Fte: Total, Our People

| Not Met | Improvement | 18.9 |
|---|---|---|



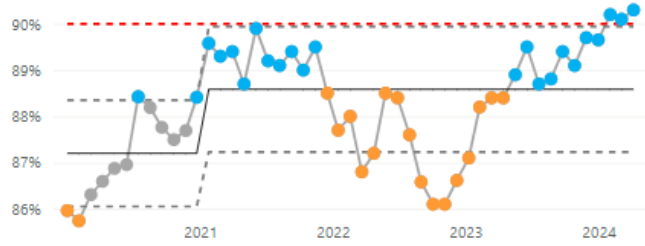

## Staff Appraisals: Total, Our People

| Not Met | Improvement | 83.7% |
|---|---|---|




## Statutory & Mandatory Training: Total, Our People

| Not Met | Improvement | 90.3% |
|---|---|---|



# Our People | Areas of Focus

East Sussex Healthcare NHS Trust

| Title | Summary | Actions |
|---|---|---|
| **Turnover & Retention** | Turnover rate is unchanged at 10.3%<br><br>It is well within the ICB target of 11.6%. | Aligned with workforce activity data, retention workstreams around flexible working, supporting colleagues in later career either approaching or reaching retirement age and legacy mentoring, are all being progressed.<br><br>Engagement & Wellbeing team have worked alongside operational HR colleagues to support the updating of the Flexible Working and Agile Working policies. This includes the reporting & recording mechanisms for flexible working requests received, approved and declined. This process was an example of policy development progression with stakeholder engagement, as managers attending the flexible working big conversations in Feb, commented on and contributed to this work.<br><br>A programme of work on flexible working has been developed and with the support of workforce information colleagues, (Health Roster), areas will be identified to pilot self rostering and 'any hours', (where substantive colleagues offer to fill any hours within a vacant shift). This programme of work is being shared regionally by the ESHT SRO.<br><br>Dates have been confirmed for two further retirement roadshows with SBS colleagues in Oct, building on the first events delivered in Feb this year. It is anticipated that advancements with the flexible working programme may have an impact on the number of colleagues being supported to retire and return either in their substantive role or another within the trust.<br><br>Developing plans to introduce legacy mentoring within the Trust by having discussions with specific areas to pilot this. Linking in with NHSE legacy mentoring community of practice to consider the best approach for ESHT. Discussions held with Nottingham University, who have successfully implemented legacy mentoring in NHS organisations, and we plan to utilise their model of delivery within ESHT. |
| **Vacancy Rate** | Vacancy rate is unchanged at 4.9% (391.4 wte vacancies), despite new budgets for 24/25 financial year. Remains below target. | Continued recruitment activity around Medics, Community and Estates & Facilities. Some success with difficult to recruit medical posts at Consultant level –Emergency Medicine/Community Paeds and Radiology. Cardio Consultant AAC- 4 offers made.<br>Continued activity with TWS Agencies for AHPs to improve candidate pipeline.<br>Recruitment survey commenced. 51 replies to date, highlighting areas for improvement with candidate onboarding. This will assist in improving candidate journey and branding.<br>Number of direct applicants remains higher than last year.<br>Following successful working with East Sussex College and East Sussex County Council 15 offers made for Estates and Facilities posts with candidates from Dept for Work & Pensions.<br>Activity arranged around volunteers week to highlight opportunities across Trust. |

# Our People | Areas of Focus

East Sussex Healthcare NHS Trust

| Title | Summary | Actions |
|---|---|---|
| **Sickness** | Monthly sickness increased by 0.5% to 4.9% whilst annual sickness was unchanged at 5.2%.<br><br>Average sickness days per fte have increased slightly by 0.1 to 18.9.<br><br>Anxiety, stress and depression illnesses remain the highest identified reason for sickness at 2,272 wte days lost in month. | The focus on reducing the sickness absence across the organisation continues, in particular Long Term Sickness (LTS). HRBPs will work closely with divisions to ensure the process is being well managed and there is a plan for each individual. A working group is being put in place to support this work; although, it is recognised there may be many factors behind LTS it is also acknowledged a longer duration absence from the workplace can in itself cause anxiety on returning. There is a clear understanding that maintaining the health & wellbeing of our workforce is a key priority; this is well supported across the organisation with several interventions available. Operational HR support managers in gaining an understanding and being open to 'other' forms of work to allow for an early return to work but with adjusted work or temporary work placements.<br><br>The training package for the new Sickness Management procedure is being finalised and will be uploaded and available for viewing on the Extranet shortly. |
| **Statutory & Mandatory Training** | Trust compliance increased by 0.2% to 90.3%. This is a new historic "high" compliance rate for the Trust. | The focus on Doctors in Training compliance has seen some improvements across a range of topics and this is observable for Women's and Children's Service who have seen an overall compliance of 83.5%, key improvements include BLS (89.7%), Safeguarding L3(86.2%). The remains for two Divisions (Medicine and DAS) on the compliance on Fire Safety, Health and Safety, Infection Control, Information Governance, MCA &Dols, BLS and Safeguarding L3 (Think Family) all topics are showing a compliance of less than 80% currently. Over the next 4 weeks these areas will be a priority for support.<br><br>Oliver McGowan E-learning Programme launched end of Jan 2024 (covering autism and other learning disabilities). This is a CQC mandated requirement. Compliance continues to improve with compliance now at 56.3% (12.1% increase in month). |
| **Appraisal** | Compliance rate increased by 0.8% to 83.7%. This is the highest compliance rate in the last four years. | Education continue to provide support for departments which are low in compliance. |

# 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

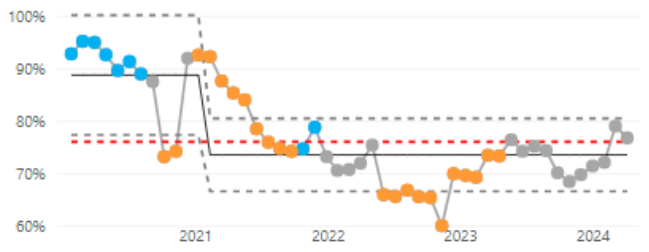
| | Positives | Challenges & Risks | Author |
|---|---|---|---|
| **Responsive** | **4 Hour Emergency Access Clinical Standard**<br>The Trust is committed to reducing the amount of time it takes to assess and treat patients within our emergency departments. The Trust delivered 76.5% against the revised Emergency Access Clinical Standard of 78% and were in the upper quartile nationally for performance.<br><br>**Cancer**<br>The Trust achieved the Faster Diagnosis Standard in March, delivering 79.8% against the national cancer waiting time standard of 75%. The >62 Day Cancer backlog reduced to 111 (versus a trajectory of 133). Performance against the 62 Day Cancer standard also improved with the Trust delivering 72.4% in March. The number of patients waiting over 104 days reduced from 54 to 39. | **4 Hour Emergency Access Clinical Standard**<br>In order to sustainably deliver 78% against the revised Emergency Access Clinical Standard the Trust continues to work on embedding the actions in the Urgent Care Improvement plan. Work with system partners to reduce the number of patients who do not meet the criteria to reside continues.<br><br>**Cancer**<br>Trajectories and Action Plans are being developed at tumour site level to support improvements which in our Cancer pathways and to ensure delivery of the relevant standards in 2024/25. |  <br>**Charlotte O'Brien**<br>Chief Operating Officer |
| **Actions:** | • Improving and sustaining the progress made to deliver the revised 78% Emergency Access Clinical Standard, building on actions from the Urgent Care Improvement Plan to support delivery in 24/25.<br>• Continue to focus on improving the speed with which we are delivering cancer care, developing robust recovery plans to support cancer pathways across all tumour sites.<br>• Building on the workstreams from both the outpatient and theatre productivity programmes to reduce waiting times for elective care and improving productivity | | |

# Access and Responsiveness Core Metrics

East Sussex Healthcare NHS Trust

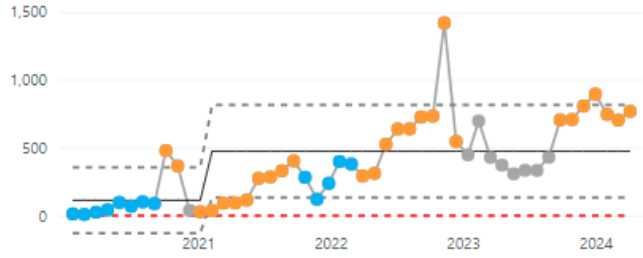
4 hour standard: Total, Our Performance

| Inconsistent | Common Cause | 76.7% |
|---|---|---|



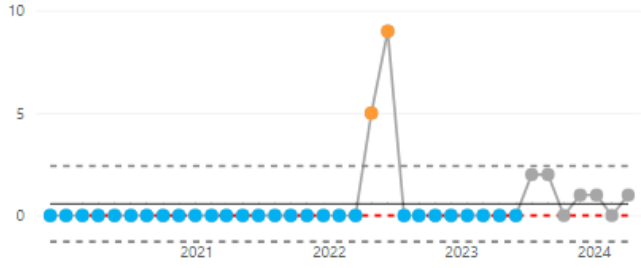

A&E > 12 hours from arrival to discharge: Total, Our Perfor...

| Not Met | Concern | 768 |
|---|---|---|



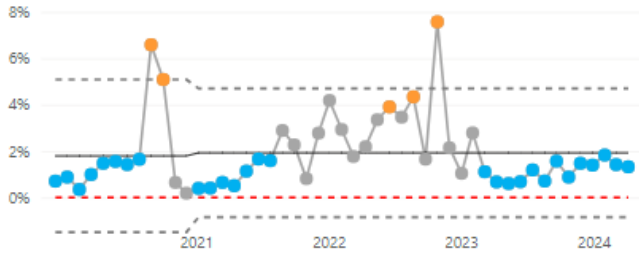

A&E waits over 12 hours from DTA: Total, Our Performance

| Inconsistent | Common Cause | 1 |
|---|---|---|



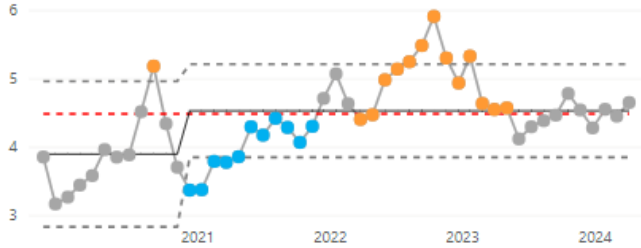

Conveyance handover >60 mins: Total, Our Performance

| Inconsistent | Improvement | 1.32% |
|---|---|---|



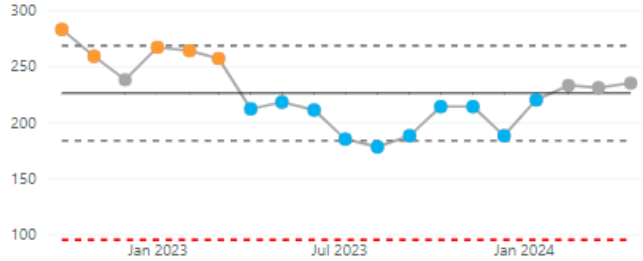

Non Elective Length of Stay: Total, Our Performance

| Inconsistent | Common Cause | 4.65 |
|---|---|---|



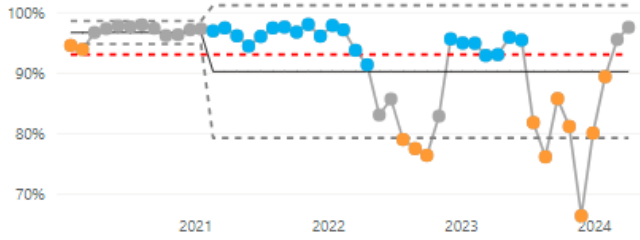

Average daily NCTR: Total, Our Performance

| Not Met | Common Cause | 235 |
|---|---|---|



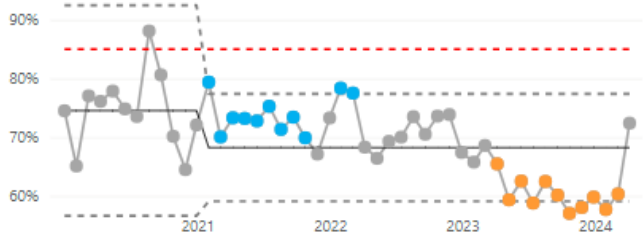

Cancer 2WW: Total, Our Performance

| Inconsistent | Common Cause | 97.5% |
|---|---|---|



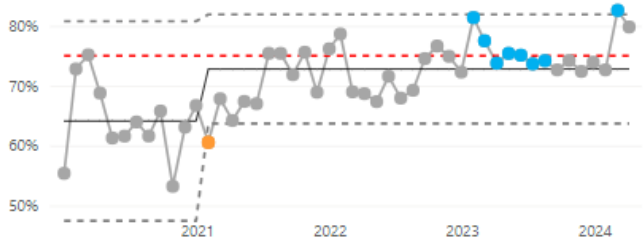

Cancer 62 Day: Total, Our Performance

| Not Met | Common Cause | 72.4% |
|---|---|---|




28 Day General FDS: Total, Our Performance

| Inconsistent | Common Cause | 79.8% |
|---|---|---|

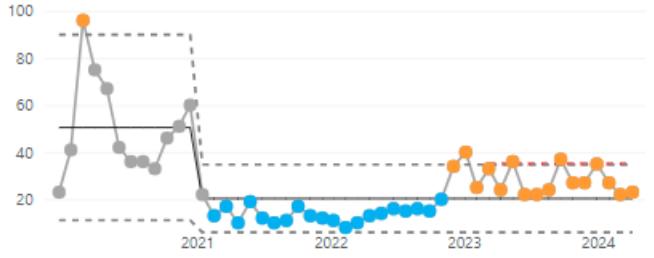


# Access and Responsiveness Core Metrics

East Sussex Healthcare NHS Trust

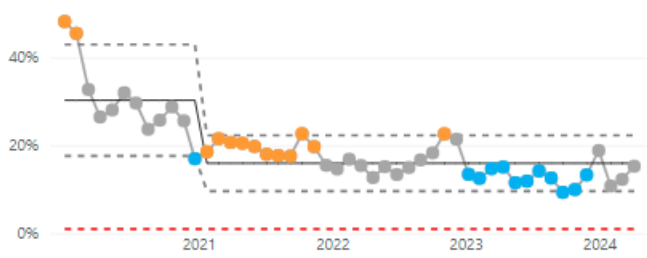
104 day Backlog: Total, Our Performance

| Achieving | Concern | 23 |
|---|---|---|



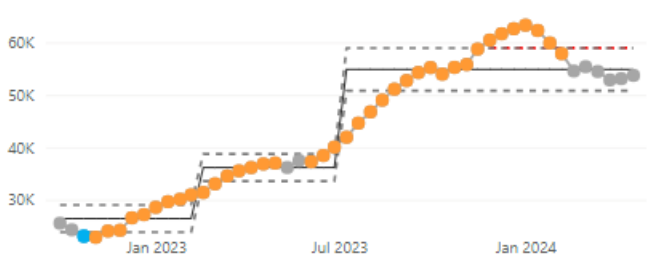

Diagnostic <6 weeks: Total, Our Performance

| Not Met | Common Cause | 15.3% |
|---|---|---|



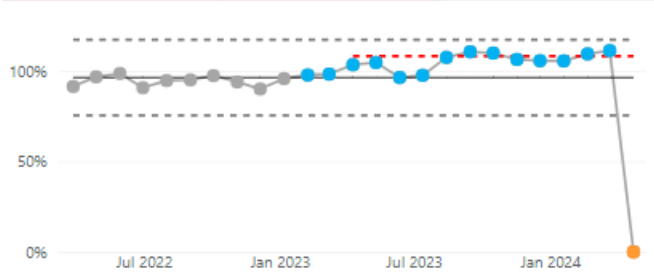

RTT Total Waiting List Size: Total, Our Performance

| Achieving | Common Cause | 53721 |
|---|---|---|



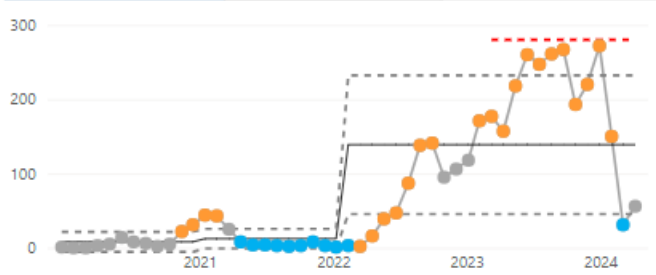

Elective Activity (ELIP,DC,OPFA, OPFUP Proc): Total, Our Perf...

| Inconsistent | Concern | 0% |
|---|---|---|



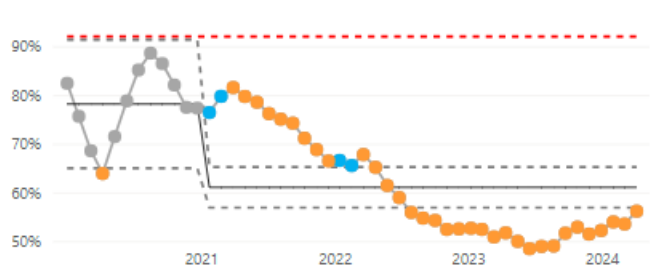

RTT 65 week wait: Total, Our Performance

| Achieving | Common Cause | 56 |
|---|---|---|



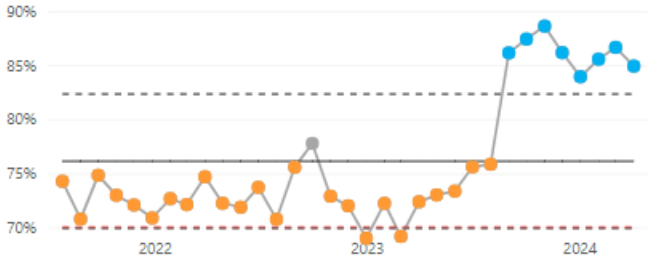

RTT under 18 weeks: Total, Our Performance

| Not Met | Concern | 56.2% |
|---|---|---|



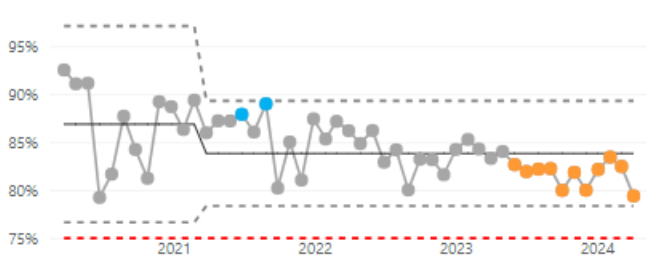

Urgent Community Response within 2 hours: Total, Our Perf...

| Inconsistent | Improvement | 84.9% |
|---|---|---|



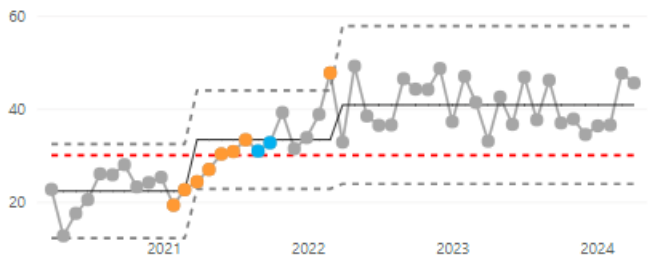

CHIC wait times < 13 weeks: Total, Our Performance

| Achieving | Concern | 79.4% |
|---|---|---|




Intermediate Care Length of Stay: Total, Our Performance

| Inconsistent | Common Cause | 45.5 |
|---|---|---|



# Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

| Title | Summary | Actions |
|---|---|---|
| **Emergency Access Clinical Standard** | 78% patients should be seen and discharged, treated or admitted within 4 hours; the Trust achieved 76.7% against the standard in April 2024. Our national ranking was 31 out of 124, putting us in the upper quartile. | • Working with primary care colleagues and system partners to understand the drivers for the increase in attendances.<br>• Identifying and streaming suitable patients to SDEC areas.<br>• Improving patient flow to specialty beds / creating CDU capacity for ED patients.<br>• Reducing the wait for triage to less than 15 minutes<br>• Reducing time to be seen by decision maker by optimising Major Ambulatory Clinic, RAT, Majors and UTC pathways. |
| **Patients in department over 12 hours from arrival to discharge** | There was an increase in number of patients waiting over 12 hours from arrival to discharge, from 704 in March to 768 in April.<br><br>There was 1 12 hour DTA breach in April. | • Continued work with system partners around timely support for patients awaiting mental health review / assessment and or a mental health inpatient admission.<br>• Ongoing focus on maintaining reductions in LOS and the number of NCTR patients in both the acute and community bed base to support flow out of ED for patients who require admission |
| **Conveyance Handover >60 mins** | The percentage of patients handed over >60 mins was 1.32%, a small improvement from the previous month's position of 1.42 %. | • Continue to work on key actions that will improve the efficiency of the handover process including optimising the Rapid Assessment and Triage model. |
| **Non elective Length of Stay (LOS)** | The Trusts non-elective LOS increased in April, up from 4.45 days in March to 4.65 days in April. | Areas of focus to support a reduction in LOS and reduce the number of patients who do not meet the criteria to reside include :<br>• Daily Discharge Ready reviews with senior MDT and partners for patients in the Acute Hospitals<br>• East Sussex LLOS (long length of stay) over 30 days escalation call weekly with partners.<br>• Transfer of Care (TOC) lead linking in with TOC leads in the region for OOA patients and for patients that have Out Of Area Ordinary Residence and have funding authority.<br>• Successfully recruiting into the TOC team.<br>• Project group in place and a focus on developing the implementation of the new NHSE discharge definitions and delay codes.<br>• Recovery, Reablement and Rehabilitation Programme alignment with TOC and Sussex Transfer of Care Dashboard.<br>• East Sussex D2RA planning for June. |

# Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

| Title | Summary | Actions |
|---|---|---|
| **Community Waiting Times** | Community Paediatrics continues to be our most challenged area. Outsourcing to an independent sector provider continues. Waits over 3 years have now been almost eliminated with only two children waiting over 3 years, and the number of children waiting >104 weeks at the end of April was 32 (compared to 209 in April 23). | **Community Paediatrics:**<br>• On going recruitment to both clinical & administrative roles in Community Paediatrics.<br>• Redesign of service continues to be explored |
| **Cancer** | The number of patients waiting more than 62 days on a Cancer pathway reduced by 24 in month to 111 patients against a trajectory of 133.<br><br>The Trust reported 39 >104 waits at the end of March (a reduction of 15 in month). Long waiting patient delays relate to a variety of reasons, and include complex pathways, diagnostic delays, tertiary centre referrals and patient choice delays.<br><br>The Trust delivered 79.8% against the Faster Diagnosis Waiting Time standard of 75% in March, which represents the second consecutive month of achievement.<br><br>Performance against the 62 Day Cancer Waiting Time Standard was 72.4%, this is considerable improvement on the February position of 60.3%. | • Twice weekly PTLs in place to focus on reducing the number of patients in the >62 day backlog and to expedite patient pathways.<br>• Enhanced escalation policy in development to ensure booking compliance with timed pathways for each tumour site.<br>• Amended cancer access policy ratified and re-launched through relevant operational and clinical governance structures.<br>• PTLs include 28 day FDS reviews to ensure timely patient communication.<br>• Supporting plans including working with other providers to support the treatment of patients who have been waiting >104 days e.g. weekly meeting in place with GSTT.<br>• Weekly focus on patients waiting >104 days and patients approaching >104 days.<br>• Regular Breach Analysis Reports circulated to identify bottlenecks in pathways. |
| **Diagnostic DMO1** | April performance was 84.72%, a reduction from 87.72% in March.<br><br>The overall waiting list increased from 9,839 in March to 9.926 in April with the greatest increases seen in Non-obstetric ultrasound (>300) and MRI (+180). | • Action plan focussing on MRI recovery including increased booking and utilisation, scanner software upgrades, continuing temporary scanning with MIP, increased opening hours from InHealth and development of service through SPH MRI.<br>• Second Power Pad (for MRI) being completed at Bexhill CDC.<br>• NOUS recruitment exploring recruitment agency staffing options with support from ESHT Recruitment.<br>• Cardiac Echo continues to show improvement and now no longer needs support from insourcing company.<br>• Audiology recovery plan underway: 200 referrals being sent to Action for Deafness and additional ad hoc capacity created.<br>• Endoscopy continue to deliver excellent performance despite prolonged closure over Easter for estates works. |

# Access and Responsiveness| Areas of Focus

East Sussex Healthcare NHS Trust

| Title | Summary | Actions |
|---|---|---|
| **RTT long wait position (78 and 65 weeks) and waiting list size** | In April the Trust had 53721 patients on the PTL, an increase of 615 from the previous month. The April RTT submission (unpublished) shows an improvement in RTT compliance from 53.5% in March to 56.2%.<br><br>Focus continues to be centred on reducing the long wait position and the trust is committed to achieving zero 65ww by the end of June, three months earlier than the National ask of September 2024. This commitment is underpinned by specialty level trajectories, delivery of which is being overseen at the Planned Care Group.<br><br>In April the Trust reported 56, 65 week breaches, including one >104-week breach in Gynaecology. This patient was treated in May. | • Insourcing/Outsourcing in place within challenged specialties, including Neurology and Vascular with Gynaecology due to start late April/early May.<br>• Exploring insourcing/outsourcing in other challenged areas such as ENT and Urology<br>• Continued focus on validation and pathway management ensuring a more accurate PTL, supporting the development of modernised pathways, training and better use of digital technology.<br>• Additional grip and control for long waits, including specialty level trajectories with enhanced PTL output and management.<br>• Weekly COO led review of all >65-week risks.<br>• Daily monitoring of the longest waiting patients to ensure pathways are progressing.<br>• Utilisation of SPH and other IS providers where possible to support long wait position.<br>• Exploring mutual aid, both via the ICS and the Digital Mutual Aid System, including PIDMAS.<br>• Increasing FOPA attendances. |
| **Elective Activity** | In March, the Trust delivered 109% of 2019/20 baseline activity levels.<br><br>First Outpatient Appointment activity continues to exceed 108% and improvements in Theatre productivity have been noted, including 85% of all elective surgery being undertaken as day case. In addition, the theatre turnaround time target is being met, with average time between patients at 8.33 minutes (against the revised target of 10 minutes (previously 15). | • Outpatient productivity programme progressing with good progress reported and the plan for several current projects is to pass to BAU by 31/3/24.<br>• Plans being developed for new and existing projects rolling into 24/25. New initiatives in 24/25 include a focus on validation of the Follow Up PTL, targeted action on DNAs, reducing paper in Outpatients, improving governance arrangements around insourced/outsourced clinical services (to maximise efficiency), and improving management of follow-ups.<br>• Theatre Scheduling and Theatre User Group meetings have been established and daily reports are now being produced.<br>• Regular steering group meetings to support Theatre productivity taking place. Review of counting and coding to ensure accurate capture of activity. |

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 of In Health £4,408k compared to budget of £3,791k,<br>• ERF overperformance in month with actual of £8,881k compared to plan of £8,696.<br>• Capital overspent by £1,270k | As we are at year end the risk analysis is not presented due to position being closed. |  <br>**Damian Reid**<br>Chief Financial Officer |
| **Overview:** | **I&E**: The Trust plan was for a deficit of (£3.8m) in month 1 (noted the plan is phased based on CIP delivery and working days from a variable income perspective – please see final slide). Actual performance was a deficit of (£4.4m) or an adverse variance of (£0.6m). Variance is driven by Pay premium costs and unfunded escalation and non-pay CIP and old year invoices..<br><br>**Use of Resource**: Good progress is being made on our Use of Resource programme with the majority of workstreams now established. Full reporting will commence from M2.<br><br>**Capital:** Capital expenditure in month 1 was £2.0m, £1.1m above plan. However, it is worth noting the plan is significantly back phased so the overspend does not as this stage present a concern. | | |

# Finance | Summary

East Sussex Healthcare NHS Trust

| £m | RAG | YTD Plan | YTD actual | Var F/(A) | Commentary |
|---|---|---|---|---|---|
| Surplus/deficit | R | (3.8) | (4.4) | (0.6) | • The Trust plan was for a deficit of (£3.8m) in month 1 (noted the plan is phased based on CIP delivery and working days from a variable income perspective – please see final slide). Actual performance was a deficit of (£4.4m) or an adverse variance of (£0.6m). Variance is driven by Pay premium costs and unfunded escalation and non-pay CIP and old year invoices. |
| Income | G | 52.7 | 53.1 | 0.4 | • Income is showing a £0.4m surplus in Month 1. This is due to a one-off invoice for CDC of £0.2m and a £0.2m prior year Contract Income benefit. |
| Activity driven income | G | 10.0 | 10.1 | 0.1 | • The Trust overperformed its ERF plan by £0.2m in month, however it is worth noting that for M1 this is still below the national baseline.<br>• Other variable activity underperformed by £97k taking the total variable to £88k over performance. |
| Pay | R | (37.7) | (38.4) | (0.7) | • Pay is (£0.7m) overspent in month. Due to Unfunded Escalation costs £0.2m, Premium costs in EC and Theatres of £0.4m. |
| Non-pay | R | (18.8) | (19.1) | (0.3) | • Non-pay costs overspent by (£0.3m) due to £0.2m one off old year invoices higher than year end accruals, plus Cardiology activity in month. |
| Capital | G | 0.9 | 2.0 | 1.1 | • Capital expenditure in month 1 was £2.0m, £1.1m above plan. |
| Risk | A | n/a | n/a | n/a | • Risk will be updated after Q1.<br>• For reference a straight line extrapolation of the Month 1 run-rate would result in a deficit of £52.9m which would be £35.5m worse than plan. |

# Finance | Income and Expenditure

East Sussex Healthcare NHS Trust

## Trust I&E position

| | Month (£'000) | | | YTD (£'000) | | |
|---|---|---|---|---|---|---|
| | Plan | Act | Var | Plan | Act | Var |
| **Income** | | | | | | |
| Contract income | 36,608 | 36,580 | *(28)* | 36,608 | 36,580 | *(28)* |
| Divisional | 6,055 | 6,413 | *358* | 6,055 | 6,413 | *358* |
| Variable | 10,049 | 10,137 | *88* | 10,049 | 10,137 | *88* |
| **Total Income** | **52,712** | **53,130** | ***418*** | **52,712** | **53,130** | ***418*** |
| **Operating Expense** | | | | | | |
| **Pay** | | | | | | |
| Permanent | (36,323) | (33,517) | *2,806* | (36,323) | (33,517) | *2,806* |
| Temporary | (1,383) | (4,865) | *(3,482)* | (1,383) | (4,865) | *(3,482)* |
| **Total pay** | **(37,706)** | **(38,382)** | ***(676)*** | **(37,706)** | **(38,382)** | ***(676)*** |
| **Non-pay** | | | | | | |
| Drugs | (1,394) | (1,331) | *63* | (1,394) | (1,331) | *63* |
| TEDD | (3,788) | (3,693) | *95* | (3,788) | (3,693) | *95* |
| Clinical supplies | (4,580) | (4,676) | *(96)* | (4,580) | (4,676) | *(96)* |
| Purchased services | (1,250) | (1,067) | *182* | (1,250) | (1,067) | *182* |
| Finance costs | (2,683) | (2,621) | *62* | (2,683) | (2,621) | *62* |
| Other | (5,103) | (5,768) | *(665)* | (5,103) | (5,768) | *(665)* |
| **Total non-pay** | **(18,797)** | **(19,155)** | ***(359)*** | **(18,797)** | **(19,155)** | ***(359)*** |
| **Total Expense** | **(56,503)** | **(57,538)** | ***(1,035)*** | **(56,503)** | **(57,538)** | ***(1,035)*** |
| **Surplus/(Deficit)** | **(3,791)** | **(4,408)** | ***(617)*** | **(3,791)** | **(4,408)** | ***(617)*** |

## I&E position

- M1 is a deficit of £4.4m compared to plan of £3.8m resulting in an adverse variance to plan of £0.6m

## Income

- The position is surplus by (£0.4m) ytd, the main drivers being;
  - One-off CDC invoice for £0.2m
  - One off benefit from old year on contract income of £0.2m
  - Overperformance of elective against baseline of £0.2m partially offset by underperformances in other variable income of £0.1m

## Expense

- The Trust has a (£0.7m) adverse pay position Month 1. This was driven by £0.2m unfunded Escalation costs in Litlington Ward, £0.2m Premium costs for EC staffing (Medical), and £0.2m Premium staffing costs in Theatres (ODPs).
- Use of temporary staff at higher unit cost partially offset by WTE usage below budget but still overspent.
- Non Pay was overspent by (£0.4m) in Month 1. This was driven by a one off old year invoice for Multifunctional Devices that was £0.2m above the accrued amount. Cardiology activity also caused a £0.1m overspend.

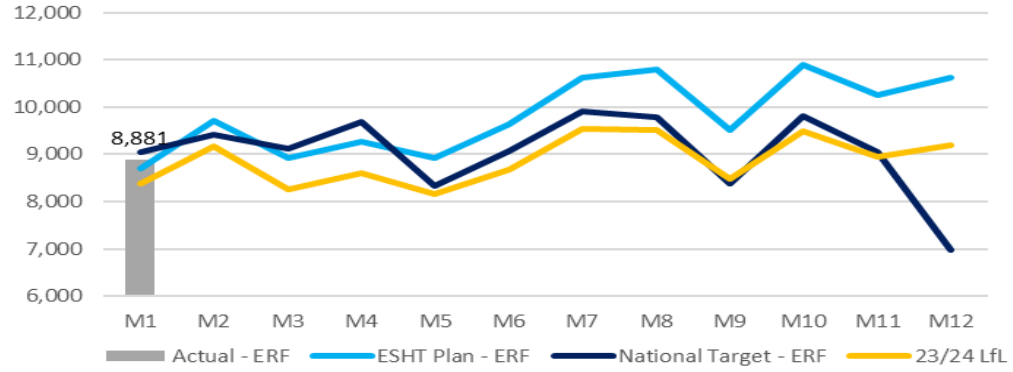
# Finance | Variable Income

East Sussex Healthcare NHS Trust

## ERF performance

- The Trust overperformed its ERF plan by £0.2m in month, however it is worth noting that for M1 this is still below the national baseline and it is not until M5 we are regularly looking to outperform this.We expect this performance to increase as we report flex and freeze for M1. There also appears to be some issues in the data for general surgery in particular which is being investigated.
- Outside of this Ophthalmology and gynae have underperformed significantly. T&O is the best performing specialty. Given this was an issue in the prior year this is pleasing to see.
- Other variable activity underperformed by £97k taking the total variable to £88k over performance.

## ERF performance (£'000)




| | In Month | | | | YTD | | | |
|---|---|---|---|---|---|---|---|---|
| | Plan | Actual | Var | | Plan | Actual | Var | |
| | £'000 | £'000 | £'000 | % | £'000 | £'000 | £'000 | % |
| Daycase | 2,919 | 3,422 | 503 | 17.2% | 2,919 | 3,422 | 503 | 17.2% |
| Elective | 1,886 | 1,635 | (251) | (13.3%) | 1,886 | 1,635 | (251) | (13.3%) |
| Outpatients - First | 1,545 | 1,727 | 181 | 11.7% | 1,545 | 1,727 | 181 | 11.7% |
| Outpatients - Procedure | 1,819 | 1,585 | (234) | (12.8%) | 1,819 | 1,585 | (234) | (12.8%) |
| Ward Attenders | 183 | 159 | (24) | (13.1%) | 183 | 159 | (24) | (13.1%) |
| SPH | 278 | 310 | 31 | 11.3% | 278 | 310 | 31 | 11.3% |
| ERS | 65 | 43 | (22) | (33.3%) | 65 | 43 | (22) | (33.3%) |
| Prior month catch up | - | - | | n/a | - | - | | n/a |
| **ERF activity** | **8,696** | **8,881** | **185** | **2.1%** | **8,696** | **8,881** | **185** | **2.1%** |
| **Other Variable** | **1,354** | **1,256** | **(97)** | **(7.2%)** | **1,354** | **1,256** | **(97)** | **(7.2%)** |
| **Total** | **10,049** | **10,137** | **88** | **0.9%** | **10,049** | **10,137** | **88** | **0.9%** |

| | In Month | | | YTD | | |
|---|---|---|---|---|---|---|
| | Plan | Actual | Var | Plan | Actual | Var |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| General Surgery Service | 1,016 | 688 | (328) | 1,016 | 688 | (328) |
| Ophthalmology Service | 1,241 | 1,122 | (119) | 1,241 | 1,122 | (119) |
| Gynaecology Service | 568 | 481 | (86) | 568 | 481 | (86) |
| Respiratory Medicine Service | 188 | 120 | (68) | 188 | 120 | (68) |
| Paediatric Service | 189 | 142 | (48) | 189 | 142 | (48) |
| Interventional Radiology Servi | 45 | - | (45) | 45 | - | (45) |
| Clinical Haematology Service | 256 | 220 | (36) | 256 | 220 | (36) |
| Neurology Service | 126 | 98 | (29) | 126 | 98 | (29) |
| Maxillofacial Surgery Service | 145 | 118 | (27) | 145 | 118 | (27) |
| Vascular Surgery Service | 50 | 31 | (19) | 50 | 31 | (19) |
| BCSP | 40 | 29 | (12) | 40 | 29 | (12) |
| Transient Ischaemic Attack Ser | 45 | 36 | (9) | 45 | 36 | (9) |
| Paediatric Dermatology Servic | 9 | 5 | (4) | 9 | 5 | (4) |
| Chemical Pathology Service | 16 | 12 | (4) | 16 | 12 | (4) |
| Anaesthetic Service | 13 | 9 | (3) | 13 | 9 | (3) |
| Paediatric Trauma and Orthop | 3 | 1 | (1) | 3 | 1 | (1) |
| Paediatric Epilepsy Service | 6 | 5 | (1) | 6 | 5 | (1) |
| Paediatric Surgery Service | 11 | 10 | (1) | 11 | 10 | (1) |
| Plastic Surgery Service | - | - | - | - | - | - |
| Diagnostic Imaging Service | - | - | - | - | - | - |
| Hepatology Service | - | - | - | - | - | - |
| Physiotherapy Service | - | 0 | 0 | - | 0 | 0 |
| Palliative Medicine Service | 0 | 2 | 1 | 0 | 2 | 1 |
| Cardiac Rehabilitation Service | - | 3 | 3 | - | 3 | 3 |
| Orthodontic Service | 20 | 23 | 3 | 20 | 23 | 3 |
| Elderly Medicine Service | 16 | 28 | 12 | 16 | 28 | 12 |
| Endocrinology Service | 58 | 73 | 15 | 58 | 73 | 15 |
| General Internal Medicine Ser | 46 | 63 | 17 | 46 | 63 | 17 |
| Dermatology Service | 224 | 243 | 19 | 224 | 243 | 19 |
| Stroke Medicine Service | 4 | 23 | 20 | 4 | 23 | 20 |
| Diabetes Service | 8 | 31 | 23 | 8 | 31 | 23 |
| Acute Internal Medicine Servic | 56 | 79 | 23 | 56 | 79 | 23 |
| SPH | 278 | 310 | 31 | 278 | 310 | 31 |
| Rheumatology Service | 171 | 225 | 54 | 171 | 225 | 54 |
| Respiratory Physiology Service | 48 | 105 | 57 | 48 | 105 | 57 |
| Urology Service | 802 | 869 | 67 | 802 | 869 | 67 |
| Breast Surgery Service | 176 | 245 | 69 | 176 | 245 | 69 |
| Clinical Oncology Service | 110 | 186 | 76 | 110 | 186 | 76 |
| Ear Nose and Throat Service | 266 | 362 | 97 | 266 | 362 | 97 |
| Cardiology Service | 565 | 680 | 115 | 565 | 680 | 115 |
| Gastroenterology Service | 515 | 648 | 133 | 515 | 648 | 133 |
| Trauma and Orthopaedic Servi | 1,362 | 1,553 | 191 | 1,362 | 1,553 | 191 |
| **Sub total** | **8,696** | **8,881** | **185** | **8,696** | **8,881** | **185** |

# Finance | Variable Income

East Sussex Healthcare NHS Trust

| Division | Variance to budget - M1 | | | | | | YTD overall Variance |
|---|---|---|---|---|---|---|---|
| | Contract Income | Divisional income | Pay | Non pay | Overall Variance | WTE | |
| | £'000 | £'000 | £'000 | £'000 | £'000 | WTE | £'000 |
| CHIC | - | (12) | (22) | (21) | (55) | (23) | (55) |
| Core Services | (48) | 38 | 260 | 271 | 520 | (82) | 520 |
| Estates & Facilities | - | 1 | 6 | 43 | 51 | (25) | 51 |
| Medicine | 345 | (66) | (202) | (139) | (62) | (8) | (62) |
| DAS | (31) | (9) | (15) | (38) | (93) | (40) | (93) |
| Urgent Care | 35 | 6 | (339) | (20) | (318) | (8) | (318) |
| WCSH | (146) | (28) | 144 | (73) | (103) | (52) | (103) |
| Corporate Services | - | 30 | 209 | (122) | 117 | (82) | 117 |
| SPH | - | 18 | 35 | 73 | 126 | (17) | 126 |
| Central/Trust wide | 146 | 140 | (752) | (333) | (799) | +57 | (799) |
| **ESHT** | **300** | **118** | **(676)** | **(359)** | **(617)** | (281) | **(617)** |

- **CHIC** – Slight month 1 pressure due to recruitment while Division absorbs £4.5m vacancy factor.
- **Core Services** – Underspend on pay driven by Pharmacy and radiology vacancies. Non Pay driven by Radiology and Pharmacy stock adjustments. Drugs devolved out to Divisions in Month 1, review over location of stock adjustments ongoing.
- **E&F** – Lower spend versus Utilities in Mth1.
- **Medicine** – ERF overachieved in Gastro, Oncology and Cardiology. Pay overspent due to unfunded Litlington escalation. Non Pay overspent due to cardiology activity.
- **DAS** – Pressures against pay for premium cost ODP's partly offset by other vacancies. Non pay general supplies overspent in month 1.
- **UC** – Premium costs for Medical staffing continuing to cause pressures alongside supernumerary staffing.
- **Corporate services** – Pay underspent due to vacancies mainly in HR, Finance and IT Digital (M2 plans to develop £1.5m vacancy factor). Non Pay overspent due to one off old year MFD invoices higher than accrued amount.
- **SPH** – surplus in month 1 due to vacancies, lower non pay and income hitting new agreed target.
- **Central** – CIP held centrally for Month 1 in pay and non pay, plans to devolve for month 2.

# Finance | Capital

East Sussex Healthcare NHS Trust

| Trust Lead | Capital Scheme | Year to Date Plan £'000 | Year to Date Actual £'000 | Year to Date Variance £'000 | Full Year Plan £'000 |
|---|---|---|---|---|---|
| | **Original** | | | | |
| DIG | Digital Programmes | 83 | 151 | 68 | 3,182 |
| DIG | Our Care Connected | - | - | - | 2,500 |
| | **Total Digital** | **83** | **151** | **68** | **5,682** |
| EME | Diagnostic Equipment | - | 34 | 34 | 2,659 |
| EME | MSC Implementation | 83 | - | (83) | 476 |
| EME | Medical Equipment | 47 | 150 | 102 | 500 |
| | **Total Medical Equipment** | **131** | **184** | **53** | **3,635** |
| EST | Fire | 83 | 4 | (79) | 1,000 |
| EST | Backlog | 141 | 625 | 484 | 3,000 |
| EST | EDGH Cat 3 Labs | 9 | - | (9) | 125 |
| EST | ICU adaptations (Phase 1) | 9 | 1 | (8) | 125 |
| EST | Clinical Priorities - Prior Year | 18 | 69 | 51 | 250 |
| EST | Endoscopy (Internal) | 125 | - | (125) | 1,700 |
| EST | Elective Hub (Trust Funded) | 490 | 219 | (271) | 16,547 |
| EST | Ward Refurbishment | - | 111 | 111 | 250 |
| EST | Ophthalmology Business Case | - | 10 | 10 | 1,766 |
| EST | Cardiology business case | - | 321 | 321 | 3,500 |
| | **Total Estates** | **875** | **1,361** | **486** | **28,263** |
| FIN | Divisional Small Works | 12 | 1 | (10) | 175 |
| FIN | Minor Capital | - | - | - | 500 |
| FIN | Planned slippage/prioritisation | (337) | - | 337 | (9,345) |
| | **Total Finance** | **(325)** | **1** | **327** | **(8,670)** |
| | **System Capital** | **763** | **1,697** | **934** | **28,910** |
| | **New** | | | | |
| EST | Building For Our Future | 120 | 79 | (41) | 1,500 |
| EST | Elective Hub (TIF Funded) | - | - | - | 9,271 |
| DIG | Diagnostics Digital Capability (LIMS) | - | 0 | 0 | 607 |
| DIG | Diagnostics Digital Capability (OCS) | - | - | - | 547 |
| DIG | Diagnostics Digital Capability (Image Sharing) | - | - | - | 1,000 |
| DIG | Frontline Digitalisation (EPR) | - | 204 | 204 | 8,000 |
| EST | NHP - Enabling Fees | - | 35 | 35 | 20,000 |
| EST | Endoscopy (External) | - | 27 | 27 | 10,000 |
| DIG | AI Diagnostics | - | - | - | 165 |
| | **Total Additional Capital** | **120** | **344** | **224** | **51,090** |
| | **Total Capital** | **883** | **2,041** | **1,159** | **80,000** |
| FIN | Donated Expenditure | 85 | 65 | (20) | 1,000 |
| FIN | Donated Income | (85) | (65) | 20 | (1,000) |
| | **Total Donated Capital** | **-** | **(0)** | **(0)** | **-** |
| | **Total Capital** | **883** | **2,041** | **1,159** | **80,000** |

## Capital

- The planned capital allocation for 2024/25 is £80m.
- The capital expenditure incurred at month 1 totals £2.0m.
- Capital expenditure was largely driven by the following schemes:
  - Digital equipment, clinical systems, infrastructure and EPR £0.2m.
  - Medical and diagnostic equipment £0.2m.
  - Estates works of £1.4m, the main schemes being fire compartmentalisation (£4k), backlog maintenance (£625k), ophthalmology business case (£10k), cardiology business case (£321k) and ward refurbishments (£111k).
  - Building for Our Future £79k.
  - Frontline Digitalisation £204k
- The Elective Care Hub is scheduled to complete in February 2025 and is split funded in 2024/25 partly from system funding (£16.5m) and national PDC schemes (£9.3m). The project incurred costs of £0.2m that were attributable to the system funded element.
- The Endoscopy Suite is scheduled to complete in 2025/26 and is split funded between system funding (£1.7m) and PDC funding (£10.0m).

NHS
East Sussex Healthcare
NHS Trust

# Maternity Services Overview Report – Q4 2023/24

| | | | | | | |
|---|---|---|---|---|---|---|
| **Purpose of the paper** | As part of the Ockenden Report findings all NHS Trusts are required to update Boards on the quality and safety aspects of our maternity services.<br><br>This report provided assurance to the Quality and Safety Committee on behalf of the Trust Board and is presented to Public Board for information.<br><br>This paper provides an overview of Maternity planning and progress and activity during quarter 4 2023/24 and assurance of the quality and safety of our perinatal services, including an overview of progress in meeting the perinatal clinical quality surveillance standards and action taken to proactively identify and mitigate any quality and safety concerns or risks. | | | | | |
| | For decision | | For assurance | ⚑ | For information | ⚑ |
| **Sponsor/Author** | Executive Director: Vikki Carruth, Chief Nurse & Executive Maternity Safety Champion<br>Report Author: Brenda Lynes, Director of Maternity Services | | | | | |
| **Governance overview** | Areas covered in this report were addressed in MatNeo Governance and Accountability monthly meetings, MatNeo Assurance Meeting and MatNeo Clinical Board.<br><br>The overview report and supporting full reports were reviewed and approved via the Quality and Safety Committee on behalf of Trust Board. The overview report is presented at Public Trust Board for information. | | | | | |

| | | | |
|---|---|---|---|
| **Strategic objectives** | Quality | People | Sustainability |
| | ⚑ | ⚑ | ⚑ |
| **Our values** | Kindness | Inclusivity | Integrity |
| | ⚑ | ⚑ | ⚑ |

| | |
|---|---|
| **Recommendation** | Robust governance process has been maintained in line with our Perinatal Quality Surveillance process during the reporting period. |
| **Executive summary** | Maternity services are managed effectively, and safety is maintained clinically, at minimum, a daily review of staffing levels takes place, and our escalation plan is activated when required to ensure we maintain safe services, recruitment and retention planning is an ongoing key part of service planning.<br><br>ESHT services continue to focus on reducing maternal morbidity, we have seen an increase in women/people presenting with Mental Health and Safeguarding concerns and are currently reviewing service provision. Focus continues to reduce health inequalities locally through our public health team and our Equity and Equality leads.<br><br>Perinatal mortality data shows normal variation and no cause for concern.<br><br>Workforce can still prove a challenge within maternity services during high activity/acuity and increasing numbers of cases where medical and social |

| | |
|---|---|
| | complexities means that despite staffing improvements the clinical floor can feel increasingly busy, a full midwifery workforce review (Birthrate+) commenced in March 2024. The maternity team continue to focus on improving the workplace culture, with further listening events planned.<br><br>There is good evidence to support that the Trust's maternity services are managed effectively on a day-to-day basis as confirmed following the CQC visit in October 2022. Staff compliance in line with the national requirement for maternity specific training has been maintained. A robust plan of action is underway to ensure Trust targets are met with regards to Trust mandatory training with rates currently above 80% and a focus to reach our 90% target shortly. |
| **Next steps** | The subsequent Q1 2024/25 maternity services overview report will be presented. |

# Maternity Services Overview Report: Q4 2023/24

## Executive Summary

The Trust Board is requested to note this Q4 report, which covers the four areas of the NHS England three-year delivery plan[1] in line with the Trust Maternity Strategy.

This paper provides **an overview of the quality and safety of our perinatal services**, including an overview of progress in meeting the perinatal clinical quality surveillance standards and action taken to proactively identify and mitigate any quality and safety concerns or risks. The report provides an overview of Maternity planning and progress and activity during quarter 4, 2023/24. This is in line with the National Maternity and Neonatal Safety Improvement programme[2] (MatNeoSip), launched in 2019 aimed to:

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

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

East Sussex Healthcare Trust's Clinical Strategy[3] is aligned to the Three-Year Delivery Plan. The ICS through our Local Maternity and Neonatal System (LMNS) and our local Maternity and Neonatal Voices partnership (MNVP) are working in partnership to achieve these ambitions through the NHS England Three-year delivery plan for maternity and neonatal services. This plan responds to the latest recommendations made in the final Ockenden report (March 2022) and Reading the Signals, Maternity and neonatal services in East Kent. ESHT's dashboard provides data for scrutiny and analysis to provide assurance to the Board surrounding these key areas. This paper provides assurance that our maternity services are:

1. Safe against the national safety ambition, evidenced through our data on a quarterly basis.
2. That Perinatal mortality rates are within national parameters.
3. We are responding to what staff and service users telling us.

The monthly quality metrics and quarterly audits discussed are reviewed and approved in line with national requirement through the Quality and Safety Committee with delegated authority by the Trust Board, in line with the Board Assurance Framework.

[1] B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf (england.nhs.uk)
[2] NHS England » Maternity and Neonatal Safety Improvement Programme
[3] Clinical Strategy (esht.nhs.uk)

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# Perinatal quality and safety

## Continuity of carer (CoC) model

As colleagues are aware, the three-year delivery plan and specifically the NHSE transformation plan requires Trusts to identify how it would provide dedicated support from the same midwifery team throughout pregnancy. ESHT continues with the two current midwifery Continuity of Carer teams. As staffing improves, we will commit to rolling out two further teams, timings to be confirmed. The existing two teams are meeting key requirements to support those from the most deprived groups and women and people from Black, Asian and Minority Ethnic communities in line with our local Equity and Equality plan.

## Healthcare Safety Investigation Branch (HSIB), renamed Maternity and newborn Safety Investigation programme (MNSI)

## Referrals for Q4

Since 2021, all HSIB/MNSI (now hosted by the CQC since October 2023) cases accepted for investigation are raised as PSII's. During Q4 there have been zero MNSI referrals.

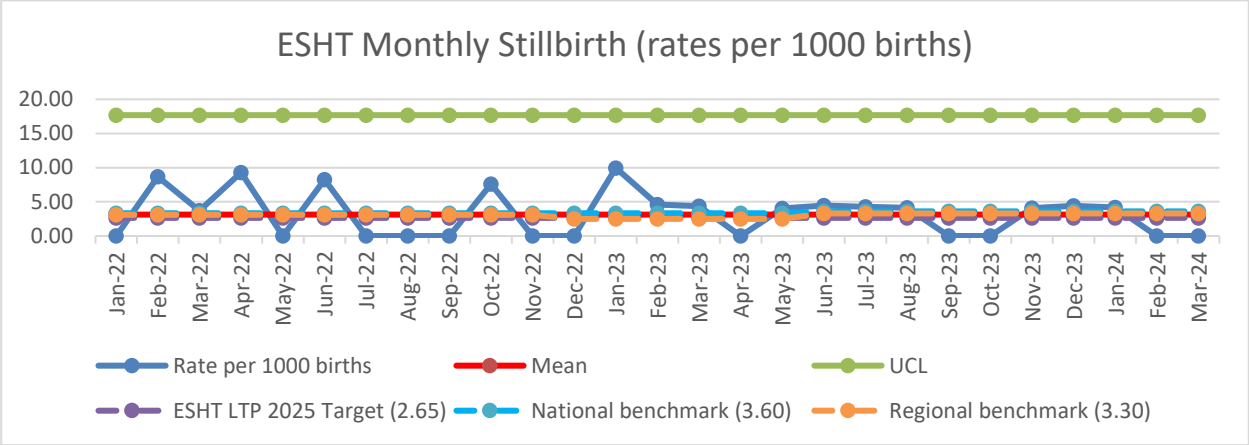
## Closed Cases

| Incident type | No of cases Q4 | Recommendations/actions |
|---|---|---|
| Closed Serious Incidents (not HSIB referrals) (2022 case) | 1 | Ensuring that fetal growth monitoring guideline is followed – the department have a fetal wellbeing lead who has moved recently to be present clinically on a daily basis to support and educate staff on the acute floor |
| Completed HSIB referrals/ Serious Incidents (2021 x1, 2022 x2 cases) | 3 | Recommendations were related to the early implementation of maternity electronic patient records system (BadgerNet) – the department has a full time IT lead to train and support the ongoing developments of BadgerNet.<br><br>DNA guidance was not followed in one case, this has been part of multidisciplinary annual training for 23/24<br><br>Compassion and communication are ongoing topics for education and discussion between the MDT team and Service Users. Back to the floor MDT sessions during quarter 4 focussed on clinical emergencies and managing these through effective communication and compassion. |
| Neonatal Brain Injury (HIE) | 0 | |

**Stillbirth data**

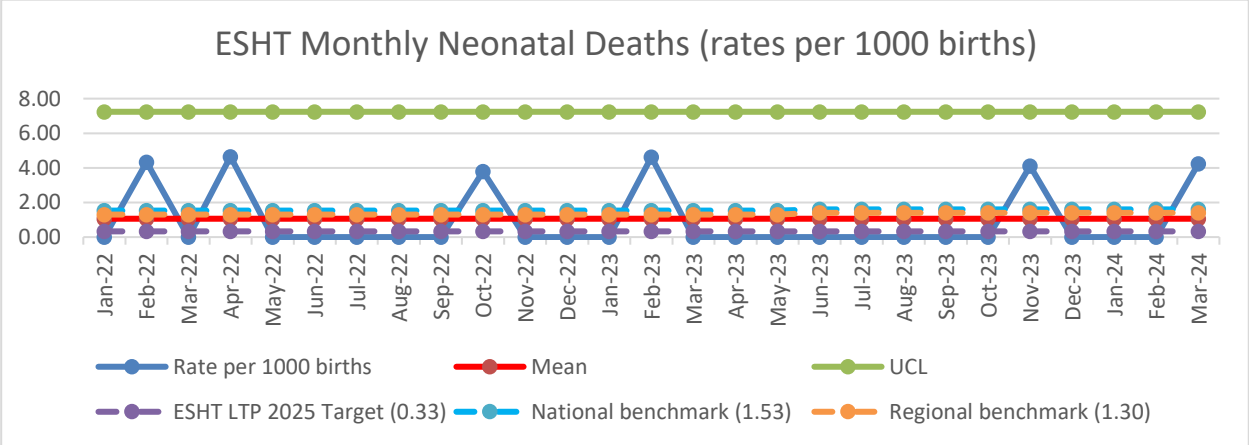
The table below shows the stillbirth rate per 1000 births reported between January 2022 and March 2024

- The national & regional benchmark rate for stillbirths were adjusted in June 2023
- Average (mean) is below the national & regional benchmark rates.
- ESHT stillbirth graph highlights no common cause for concern – all data is within normal levels of variation.
- The ESHT Long Term Plan (LTP) target is 2.65, work is ongoing to move towards this target through our Saving Babies lives program.



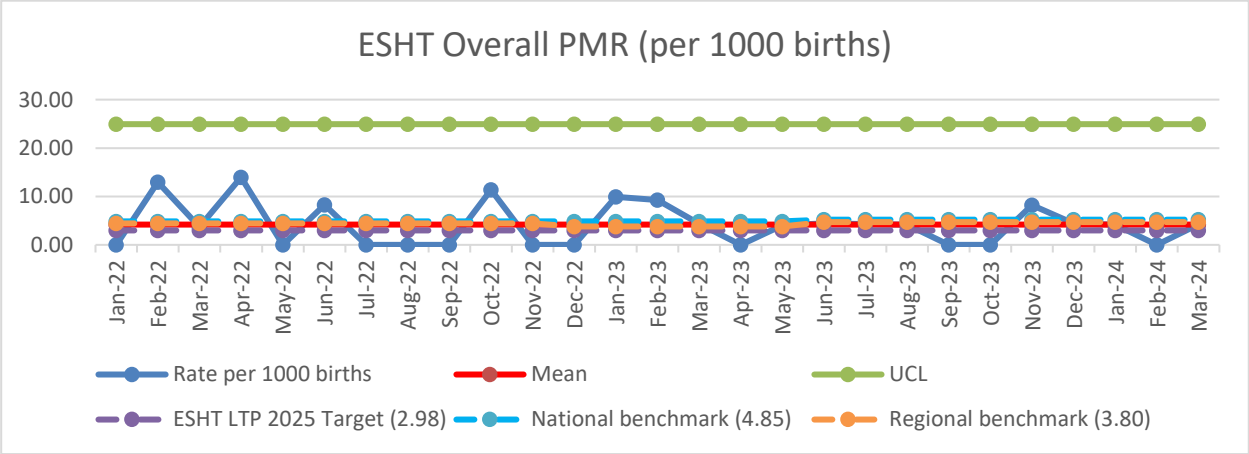

**Monthly Neonatal Death Rates**

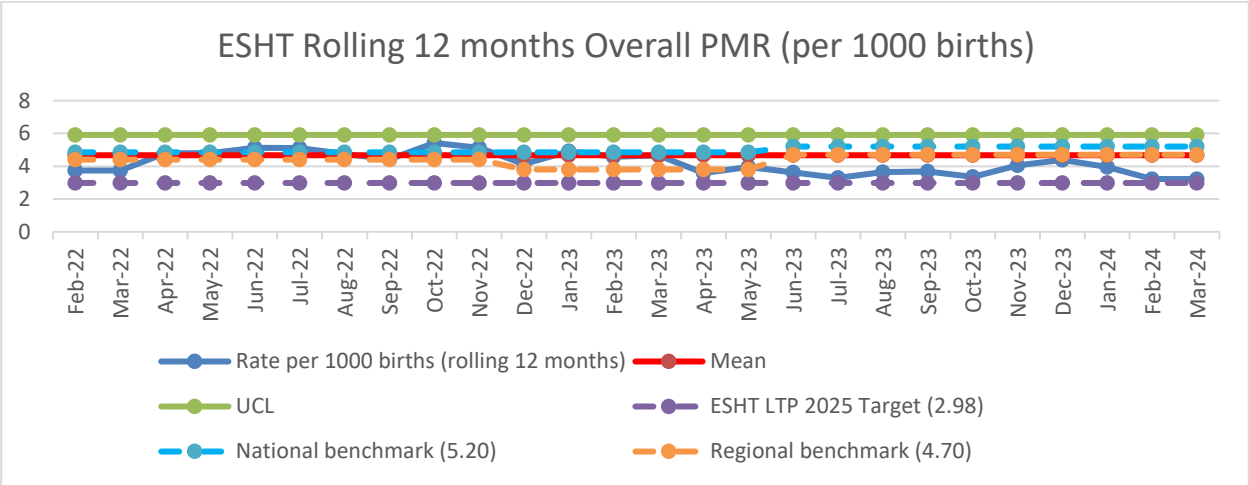
- Average (mean) is below national & regional benchmark rates
- ESHT LTP target is 0.33



## ESHT Rolling Perinatal Mortality Rate

- The national & regional perinatal mortality rates were adjusted from June 2023
- Average (mean) for ESHT is below national and in line with regional benchmark rates
- ESHT Overall Perinatal Mortality rate is highlighting special cause improving variation > 7 consecutive data points below the Mean (average) line
- ESHT long term plan (LTP) target of 2.98 is our aim to achieve by March 2024 and as you can see from the graph below we are moving in the right direction to achieve this target.



**Saving Babies Lives Care Bundle v3**

The NHS Long Term Plan reiterates the NHS's commitment to a 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury and a reduction in preterm birth rate, from 8% to 6%, by 2025. This is a priority national safety initiative to improve practice in areas identified as contributing to adverse outcomes. Implementation of this care bundle has supported ESHT to embed this best practice on a day-to-day basis, this was published in March 2023 and launched during Q2. The Maternity and Neonatal Three-Year Delivery Plan requires that Trusts implement the bundle where possible by April 2024. To support this standard being achieved, in 2024/2025 Trusts are asked to evidence that we are moving to full compliance in each element with the support of the Local Maternity and neonatal System (LMNS). Ongoing Implementation of the care bundle has been included in NHS contracts and is also a requirement of the CNST year 6 Maternity Incentive Scheme. The initiative brings together 5 elements of care that is recognised as evidence-based and/or best practice, these include:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance for fetal growth
3. Raising awareness of reduced fetal movements
4. Effective fetal monitoring in labour
5. Reducing preterm birth.
6. Management of pre-existing diabetes in pregnancy

We have maintained high compliance in all areas and are continuing to embed our regional preterm optimisation Quality Improvement initiative Prem 7 and British Association of Perinatal Medicine (BAPM) guidance to increase element 5 compliance. We are 96% compliant with the SBL toolkit verified by the ICB and LMNS and have met CNST requirements for year 5. We continue to make good progress with the aim for full implementation.

We are aware of the scanning capacity issue in regard to timeframes for reduced fetal movements ultrasound scanning (USS), however with SBL Version 3.1 expected June 2024, we will have more clarity on evidence-based timeframes to complete USS.

Outstanding actions for ESHT currently are;

- Delivery of digital Blood Pressure machines (expected delivery early June 2024)
- Preterm leaflet – awaiting Kent Surrey and Sussex prem 7 lead to confirm authorisation
- Ventilation guideline currently awaiting publication

| Intervention Elements | Description | Element Progress Status (Self assessment) | % of Interventions Fully Implemented (Self assessment) | Element Progress Status (LMNS Validated) | % of Interventions Fully Implemented (LMNS Validated) | NHS Resolution Maternity Incentive Scheme |
|---|---|---|---|---|---|---|
| Element 1 | Smoking in pregnancy | Fully implemented | 100% | Fully implemented | 100% | CNST Met |
| Element 2 | Fetal growth restriction | Partially implemented | 95% | Partially implemented | 95% | CNST Met |
| Element 3 | Reduced fetal movements | Fully implemented | 100% | Fully implemented | 100% | CNST Met |
| Element 4 | Fetal monitoring in labour | Fully implemented | 100% | Fully implemented | 100% | CNST Met |
| Element 5 | Preterm birth | Partially implemented | 93% | Partially implemented | 93% | CNST Met |
| Element 6 | Diabetes | Fully implemented | 100% | Fully implemented | 100% | CNST Met |
| All Elements | TOTAL | Partially implemented | 96% | Partially implemented | 96% | CNST Met |

*SBL V3 progress (as of March 24)*

## Transitional Care (TC) Audits

The British Association of Perinatal Medicine (BAPM) Neonatal Transitional Care (TC) framework (2017)[4] recognises that keeping mothers and babies together is the cornerstone of newborn care, the framework recognises this is a pathway rather than a place. Implementation of this pathway prevents many admissions per year to our neonatal unit by providing enhanced care on the postnatal ward.

We are required to audit this pathway quarterly. During quarter 4, eighty nine babies were reviewed, all but ten babies eligible for transitional care needing antibiotics, phototherapy or management for hypoglycaemia were managed successfully on the postnatal ward, the ten babies treated in SCBU received excellent care, however future improvements will avoid separation from parents. We are currently working to improve our pathways, the HOM and Neonatal Matron are leading the TC group which will educate Midwifery Support Workers and Nursery nurses to deliver nasogastric feeds, manage cold babies and intensive phototherapy within the postnatal ward environment. We are also working to merge neonatal and maternity BadgerNet, which will allow improved MDT working. A review of equipment required to improve transitional care is underway. A robust action plan has been agreed with the Neonatal and Maternity Safety Champions and is monitored through the Maternity Board.

## Avoiding Term Admissions Into Neonatal units (Atain)

Atain is a programme of work to reduce harm leading to avoidable admission to a neonatal unit for infants born at term (over 37 weeks gestation). The programme focuses on four key clinical areas related to term admission respiratory conditions; hypoglycaemia; jaundice; asphyxia (perinatal hypoxia–ischaemia). These represent some of the most frequently recorded reasons for admission according to neonatal hospital admissions data and represent a significant amount of potentially avoidable harm to babies.
For all unplanned admissions to a neonatal unit for medical care at term a thorough and joint clinical review by the maternity and neonatal services identify learning points to improve care provision, consider the impact service re-design might have on reducing admissions and identify avoidable harm. Our action plan to improve transitional care has been reviewed and approved through the Quality and Safety committee, it reinforces the need for a working group to focus on improving Transitional care process (as above).

The National Neonatal Audit Programme (NNAP) benchmark is <5% term admissions to the Neonatal Unit. For the total of Quarter 4 2023, ESHT met the NNAP benchmark of <5% admissions to the Neonatal Unit with a rate of 4.8%. In Quarter 3 2023 the rate was 4.5%.
31 term gestation babies were admitted to the Neonatal Unit in Quarter 4 which is an overall increase from Quarter 3 2023 of 6%.

[4] British Association of Perinatal Medicine (amazonaws.com)

On review 28 (90%) admissions to the unit were categorised as appropriate admissions, 3 (10%) was deemed avoidable at our peer review meeting, one could have been cared for within transitional care, the other 2 were due to the babies being dropped by their parent.

The majority reason for admission in this quarter was for respiratory support. The review group noted that the majority of these cases are after a caesarian section where the rate has increased this quarter. Some of the babies only needed minimal respiratory support. Improved Transitional care facilities would allow more babies to remain on the postnatal ward and avoid admission to SCBU.

We have seen a decrease in induction of labour and caesarian section at 37 weeks following advice given to the obstetric and midwifery teams. However, as noted, our overall caesarian section rate is increasing due to increasing numbers of elective caesarian sections. The issue will be raised at the next MDT forum for review.
Guidance has been circulated and services users alerted to reducing the risk of a baby being dropped.

Actions for quarter four include, to establish a working party to look at development of Transitional Care provision on the postnatal ward especially regarding increased monitoring of infants, which could potentially reduce the number of admissions for respiratory support and the implementation of NG tube feeds.

| Atain Rates Oct 2023-March 2024 | | | |
|---|---|---|---|
| Average Q1 | Average Q2 | Average Q3 | Average Q4 |
| 4.61% | 5.9% | 4.5% | 4.83% |

**Findings from local Perinatal Mortality Review Tool (PMRT) Reviews**

The Perinatal Mortality Review Tool (PMRT) was developed in 2018 by MBRRACE–UK in collaboration with user and parent involvement. The aim is to support high quality standardised perinatal mortality reviews across NHS maternity and neonatal Units.

Within ESHT, all cases meeting the relevant criteria were reported to MBRRACE within 7 working days in line with national requirement.

During quarter 4, three cases were reviewed, recommendations were to ensure all staff acute and community understand the importance of involving perinatal mental health services at an early stage during pregnancy. ESHT have a well-established team who have raised their profile amongst maternity staff. Approval of this quarterly report is through the Quality and Safety committee.

The British Association of Perinatal Medicine (BAPM) Extreme Prematurity Framework for Kent Surrey and Sussex and Neonatal Operational Delivery Framework has now been adopted by ESHT. Discussions with the LMNS continue regarding transferring pre-term infants where tertiary units are unable to accept and how we reflect this in local guidance.

We continue work to implement the Patient Safety Incident Response framework (PSIRF), a move away from "what went wrong" to "how to minimise" and learn from risks and incidents, launched in November 2023.

**Maternal Mortality**

There were zero maternal deaths during Q4.

**Triangulation of Incidents, Complaints & Claims**

Q4 2023/24: A thematic review of all serious incidents is undertaken quarterly, including the triangulation of themes and learning from all closed incidents (severity 3, 4 & 5), complaints and claims against the CNST scorecard. All themes identified are collated and discussed and actions approved through the MatNeo Maternity Board in agreement with our MatNeo Safety Champions.

Of the claims received and reviewed from 2013-2023, top injuries by value included cerebral palsy, brain damage, bruising/extravasation, multiple disabilities and psychiatric/psychological damage. This is similar to injuries identified in the 2022 scorecard (reviewing 10 years of data). The top causes by value centred around delayed treatment/diagnosis, failure in antenatal screening, failure to carry out patient observations and failure to recognise complications.

Turning to recent closed high-risk incidents and complaints, many reports were closed, some were very old incidents (one from 2019) positively, during the reporting period, there have been no avoidable deaths, brain injuries or Maternity and Newborn Safety Investigation programme (MNSI) referrals and therefore no similar themes could be identified in relation to injuries by value or cause.

Themes included effective communication between MDT teams, themes for many of the older closed incidents was around the effective triage of service users calling our advice line, this has been reviewed and we have a new telephone triage and face to face system implemented during 2022. Further to this, the embedding of our electronic patient record system was also a theme which has had much focus over the past two years. An audit to assure that the Did not attend guidance is followed by all staff is currently underway.

**Maternity Staffing (workforce)**

During the reporting period, appropriate mitigations have been implemented to ensure the department is providing and maintaining, safe and consistent maternity services, whilst ensuring positive perinatal outcomes. During this year, we have developed a 3-year Recruitment and Retention plan for Maternity and Neonatal services, including the nursing, midwifery and medical recruitment and retention.

This program continues to deliver all objectives on or ahead of schedule; although it is important to annotate objectives that some objectives have adapted to align with audit findings, stakeholder feedback and regional directives. Recruitment strategies (such as New Starters, Retire & Return, Flexible working) and clear recruitment processes have demonstrably improved our workforce metrics across all workgroups. Retention rates have improved within registered midwives with additional focus on our unregistered planned for quarter one. Educational Maternity Preceptors are being actively recruited to. Partnership working with Clinical Leads has resulted in the recent recruitment of 3 Speciality Doctors.

Areas of focus continue to be; Self-Rostering & 'Any Hours' Bank Pilot, Succession Planning, Leadership Training including talent management.

**Red Flag Incidents**

A BR+ web-based application (app) is used to report and monitor acuity and red flag incidents. This information is entered every four hours. To ensure data confidence, a compliance rate of 85% is recommended. ESHT compliance 85.3%, an decrease of 3% from Q3.

Five red flags were reported between January-March 2024, 22 less than in the previous report. Themes are described below.

**Themes Q4**

| Theme | Comment |
|---|---|
| Workforce and acuity (2 red flags) | Robust escalation process was used to maintain safe staffing levels |
| Equipment (3 red flags) | There was a shortage of operating sets, this was escalated, and sets were sterilised and replenished |

**Supernumerary labour ward coordinator**

In this reporting period (January to March 2024), there have been zero occasions in which the labour ward coordinator has reported they are unable to maintain supernumerary status. There have been zero instances in which the labour ward coordinator had to provide 1:1 care for a woman/birthing person in labour. Staff are supported to escalate any concerns at all times. Further to this, our robust escalation policy is used to increase staffing when required.

**One to One care in Labour**

| **1:1 care in labour provided for those eligible & delivered in ESHT** | | | |
|---|---|---|---|
| Apr 23 | May 23 | Jun 23 | **2023/24 average**<br><br>**100%** |
| 100% | 100% | 100% | |
| Jul 23 | Aug 23 | Sept 23 | |
| 100% | 100% | 100% | |
| Oct 23 | Nov 23 | Dec 23 | |
| 100% | 100% | 100% | |
| Jan 24 | Feb 24 | Mar 24 | |
| 100% | 100% | 100% | |

1-1 care in labour has been maintained at 100% throughout the year.

**Vacancy 23/24 data**

| **Vacancy 23/24 data** | | | | **2023/24 average**<br><br>**5.1%** |
|---|---|---|---|---|
| Apr 23 | May 23 | Jun 23 | **Q1 average** | |
| 3% | 8% | 7% | **6%** | |
| Jul 23 | Aug 23 | Sept 23 | **Q2 average** | |
| 8% | 7.3% | 6.7% | **7.3%** | |
| Oct 23 | Nov 23 | Dec 23 | **Q3 average** | |
| 4.0% | 2.8% | 5% | **3.9%** | |
| Jan 24 | Feb 24 | Mar 24 | **Q4 average** | |
| 3.5% | 2.5% | 3.7% | **3.2%** | |

The average midwifery vacancy rate over the reporting period was 3.9%. Based on trajectory of current recruitment, we anticipate most vacancies will be filled by Summer 2024. There are 3% of staff on secondment currently, this is under review to ensure clinical posts do not remain vacant for significant periods.

**Sickness 23/24 data**

| **Sickness 23/24 data** | | | | **2023/24 average** |
|---|---|---|---|---|
| Apr 23 | May 23 | Jun 23 | **Q1 average** | **6.05%** |
| 3% | 8% | 7% | **6%** | |
| Jul 23 | Aug 23 | Sept 23 | **Q2 average** | |
| 8% | 7% | 6.7% | **7.3%** | |
| Oct 23 | Nov 23 | Dec 23 | **Q3 average** | |
| 8.2% | 6.3% | 7.1% | **7.2%** | |
| Jan 24 | Feb 24 | Mar 24 | **Q4 average** | |
| 5.1% | 3.2% | 3.0% | **3.7%** | |

Sickness mean average was 3.7% in Q4, a significant decrease from Q3. Average annual sickness was 6.05%

**Parental Leave 23/24**

| **Parental Leave 23/24** | | | | **2023/24 average:** |
|---|---|---|---|---|
| Apr 23 | May 23 | Jun 23 | **Q1 average** | **3.5%** |
| 4.3% | 3.5% | 4.6% | **4.1%** | |
| Jul 23 | Aug 23 | Sept 23 | **Q2 average** | |
| 4.8% | 6.1% | 6.9% | **5.9%** | |
| Oct 23 | Nov 23 | Dec 23 | **Q3 average** | |
| 2.3% | 1.9% | 1.4% | **1.8%** | |
| Jan 24 | Feb 24 | Mar 24 | **Q4 average** | |
| 1.2% | 1.9% | 3.5% | **2.2%** | |

Parental leave average for 23/24 was 3.5%, similar to previous years. We have agreement to substantively recruit 2WTE midwives to cover paternal leave.

**Maternity Workforce Fill Rates 23/24**

| **Maternity Workforce Fill Rates** | | | | **2023/24 average:** **86.8%** |
|---|---|---|---|---|
| Apr 23 | May 23 | Jun 23 | **Q1 average** | |
| 79.3% | 83.2% | 82.9% | **81.8%** | |
| Jul 23 | Aug 23 | Sept 23 | **Q2 average** | |
| 87.2% | 80.4% | 80.2% | **82.6%** | |
| Oct 23 | Nov 23 | Dec 23 | **Q3 average** | |
| 85.5% | 89.9% | 88.2% | **87.9%** | |
| Jan 24 | Feb 24 | Mar 24 | **Q4 average** | |
| 98.9% | 94.8% | 91.2% | **94.9%** | |

Maternity workforce fill rates on the acute hospital site is now showing improvement as recruited staff commence in post.

Challenges within the midwifery department remain related to the increasing complexity of our women and birthing people, there is increasing demand on Safeguarding and Mental Health teams (both services have recently been reviewed, we have recruited support works within the mental health team). We have now commissioned a Maternity workforce review, Birth Rate+ which is currently underway. There is a requirement (in line with NHSE guidance) to educate midwives to manage enhanced complexity. The department have a plan to provide a higher dependency bed on delivery suite, Midwives will attend a four-day Care of the Critically Unwell Woman during the Childbirth Continuum course during 2024 in preparation for implementation. Further to this, NHSE have produced a competency toolkit for Labour Ward coordinators, ESHT are currently working with coordinators to commence embedding this tool.

Eastbourne community staffing levels fell due to retirement and staff relocating, this meant staffing levels were not safe, in order to mitigate, the decision was made to close Eastbourne Maternity Unit (EMU) from December 18th 2023, with those midwives supporting the Eastbourne team, whilst births currently remain suspended all other activity such as antenatal and postnatal and examination of the newborn, feeding advice clinics within EMU continues. We have now completed a review of the Eastbourne service provision through listening events with staff, and at present the agreed plan is to reopen the unit as part of an Integrated system with Eastbourne community teams, work is currently ongoing to firm these plans prior to reopening.

**Obstetric Staffing**

We have ensured that the RCOG criteria has been met for the employment of short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas within the maternity unit:

ESHT currently employ two long term locums and can confirm implementation of the RCOG guidance on engagement of long-term locums[5] within maternity services.

The Maternity department fully implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day.

The duties of the Hot Week Consultant guidelines incorporate the principles outlined in the RCOG Workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology'. Good compliance with the recommendations within the guideline has been demonstrated in a recent audit, an action plan is in place to support improvement specifically regarding one occasion where escalation to the on call consultant was delayed out of hours.

The maternity department remains compliant with the requirement for twice daily consultant ward rounds, 7 days per week. The Consultant body for Obstetrics and Gynaecology currently have 1wte vacancy (this is a gynaecology vacancy).

Minor challenges have been reported within the obstetric workforce regarding middle grade appointments, new staff commenced in post in Jan 2024. Overall, cohesive and collaborative working of the Consultants has ensured a safe and consistent service delivery.

**Anaesthetic Workforce**

A duty anaesthetist has been available as per national requirements, throughout the reporting period. Duty rotas are available on a weekly basis in line with Anaesthesia Clinical Services Accreditation (ACSA) requirement.

**Neonatal Medical Workforce**

The neonatal medical workforce is fully compliant with the British Association of Perinatal Medicine (BAPM) workforce standards as required for a level 1 neonatal unit. Medical workforce rotas are available on a weekly basis and provide evidence of compliance.

[5] rcog-guidance-on-the-engagement-of-long-term-locums-in-mate.pdf

**Neonatal Nursing Workforce**

Neonatal nursing levels currently meet the requirement in line with the Operating Delivery Network (ODN) workforce calculator. As per the DOH Toolkit, a minimum of 70% of registered nursing workforce establishment should hold a QIS (qualified in Speciality) qualification. At ESHT, new to service staff do not come with a qualification. A robust plan of training is in place and approved by the ODN and in line with national requirement. Currently 57.4% of SCBU nursing staff hold the post registration qualification (reviewed Jan 24, an increase of 5% from quarter 3), with remaining staff currently on the training programme. The action plan supports new staff in post to achieve the qualification within the next 12-18 months. Over the past quarter zero shifts fell short for QIS trained staff per shift (BadgerNet data). Excellent MDT working continues between the medical, nursing and maternity team. Vacancy rate is currently 7% (down from 8.4% in Q3), with an active recruitment plan in place fill rates will improve over the next couple of months.

**MDT Training**

Compliance with CTG and fetal monitoring training competency has risen from 91% (Q2). There remains no cause for concern.

| Q4 2023/24 | |
|---|---|
| **CTG compliance** | % Compliance |
| Medics | 96% |
| Midwives | 99% |
| Combined | 97.5% |

Combined professional compliance with MDT training has fallen slightly from Q3 (90%). With a combined percentage now at 80%, this is due to new starters, all are booked for training, with an expectation to return to 90% during Q1. Mindful of the challenges raised in the CQC inspection report, it is important we see this training in the context of other trust mandatory training issues. There remains no cause for concern.

| Q4 2023/24 | |
|---|---|
| **PROMPT compliance** | % Compliance |
| Medics | 67% |
| Midwives | 88% |
| Combined | 80% |

**CQC Maternity Inspection Action Plan Update**

Mandatory training and Appraisal rates continue to improve, significant work is underway to achieve the 90% target as soon as possible, progress whilst sitting generally above 80%, staff and specifically medical trainee turnover has impacted on us reaching the 90% target.

**Culture within Maternity Services**

The SCORE (Safety Culture, Operational Risk, Reliability/burnout and Engagement) survey aims to assess aspects of our local team culture, including safety, communication, and teamwork. National support provided for deep analysis of results. The final report sets out a positive picture from the results. Our robust action plan is in place which includes, four staff members trained as cultural ambassadors who facilitate regular conversations using an appreciative approach, all MatNeo staff are invited. Staff wanted a regular video log from the senior leadership team which are now a regular part of our communication process. Twice daily safety huddles continue, allowing leads to check in with staff, ensuring they are listened to. Further specific listening events are planned with key staff groups, plus a local survey is currently underway.

General listening events for all maternity staff continue every 8-12 weeks, staff report that they are a useful forum for raising any concerns and making suggestions, further smaller groups targeting specific groups are taking place during quarter 1 . During Q4, staff are reporting that they “know staffing is improving and that clinically staffing levels are improving. Staffing levels versus acuity remains a key area of discussion, as noted, a Birthrate+ staffing review commenced in March 2024. Complexity of service users has also been raised as noted earlier in this paper. Work to deliver our 3-year recruitment and retention plan continues.

The Professional Midwifery and Neonatal Partner team provide on-line, unit based and off-site safe spaces to hear staff views, current actions also included a consideration around self-rostering (for which work is progressing) and work to encourage any hours working where additional resource is required. Our Equity and Equality lead has set up a MatNeo staff forum to hear from more seldom heard voices.

**The Service User Voice**

During Q4 Maternity have continued to make improvements within the department, this is discussed on a monthly basis at the Quality and Safety committee where improvement plans are shared, improvements are in line with recommendations from the CQC Service user annual survey.

Areas of improvement include:

- 24-hour visiting
- Improvement to the Infant feeding room
- Improving visual displays of information within the department, including signposting for help and support whilst on the maternity and neonatal units
- A new and improved Maternity website

## Perinatal Quality & Safety conclusion

Maternity services are managed effectively and safety is maintained clinically, at minimum, a daily review of staffing levels takes place and our escalation plan is activated when required to ensure we maintain safe services, Recruitment and retention planning is an ongoing key part of service planning.

Robust governance process has been maintained in line with our Perinatal Quality Surveillance process during the reporting period. Our overall Perinatal Mortality rate is highlighting ongoing special cause improving variation below the Mean (average) line.

There is good evidence to support that our services are on the whole well led overall and effectively managed on a day-to-day basis as confirmed following the CQC visit in October 2022, staff compliance in line with national requirement for maternity specific training has been maintained. A robust plan of action is underway to ensure Trust targets are met with regards to trust mandatory training.

# 2024/25 Business Plan

| | | | | | | |
|---|---|---|---|---|---|---|
| **Purpose of the paper** | To seek Trust Board approval for the summary 2024/25 business plan for the Trust | | | | | |
| | For decision | | For assurance | x | For information | |
| **Sponsor/Author** | Joe Chadwick-Bell (CEO) | | | | | |
| **Governance overview** | Reviewed by the Executive team. | | | | | |
| **Strategic objectives** | Quality | | People | | Sustainability | |
| | x | | x | | x | |
| **Our values** | Kindness | | Inclusivity | | Integrity | |
| | x | | x | | x | |
| **Recommendation** | To note the annual Business Plan (recognising a final planning submission is due mid June) | | | | | |
| **Executive summary** | The attached document summarises the Trust's business plan for 2024/25.<br><br>The plan describes, in summary, the context around us and what we are being asked to achieve by NHS England and our system, NHS Sussex (section 1 – Planning Context) and then the key challenges we face in moving towards our vision and the medium-term goals we have set ourselves in response (section 2 – Vision and Goals).<br><br>In summary: We need to improve quality by, above all, offering timely access to the right care and we need to create financial sustainability so we can look more confidently to the future. These must be achieved whilst supporting our people, improving morale and strengthening engagement.<br><br>Section 3 in the paper describes and tabulates what we need to prioritise in this year to make progress toward those goals and how we will measure progress. We need to be able to prioritise and focus our efforts so our leaders, decision makers, teams and people can all pull in the same direction if we are to succeed in such a challenging year. So these priorities, and the reasons for choosing them, are being shared and discussed with each Division and in turn with each service so we are all asking ourselves – "What needs to happen to achieve these objectives and how do I contribute?"<br><br>The plan is quantified with monthly trajectories at summary level in terms of finances, activity, workforce and key performance indicators. These are submitted via NHS Sussex to NHS England. However, the final submission is not until later in the month and will be subject to NHS England's agreement so these may change to some degree.<br><br>We do not expect any changes in the quantified plan to require a change in our priorities or the objectives for the year, but they may (not yet quantified) changes within the more detailed trajectories as Sussex NHS system finalises | | | | | |

| | |
|---|---|
| | the submission, this may or may not impact on timelines on 65 weeks and the final financial position.<br><br>Therefore we are asking the Board to note the plan on this basis because we need to share and use it with colleagues as soon as possible given we are at the end of Q1.<br><br>We will bring an update on the trajectories and the impact of any changes to them as and when they are agreed.<br><br>At the end of the document is a high-level summary of key changes that will help us deliver the plan. Most notable is our new Use of Resources programme, which will be subject to dedicated governance and CEO-led. We also have our new values, which people are engaging with really positively, so we will prioritise embedding these to help morale and engagement. There are several other enabling adjustments we are making this year including enhancing budget holder skills and controls, initiating our Continuous Quality Improvement programme and making focused use of GIRFT. |
| **Next steps** | • Communicate the plan widely with colleagues across the Trust<br>• Use it with colleagues to help them prioritise the year ahead and finalise Divisional and Service level business plans.<br>• Review our IPR content to include the objectives and progress against them |

NHS
East Sussex Healthcare
NHS Trust

# Business Plan 2024/25

## Our plan for the year ahead

KINDNESS

INCLUSIVITY

INTEGRITY

# Contents

East Sussex Healthcare NHS Trust

**Every year the trust produces a Business Plan which sets out how we will:**

- Move towards our vision
- Meet our annual priorities and objectives; and
- Deliver the operating requirements and objectives set by NHS England and NHS Sussex for the year ahead.

**This document sets out our Business Plan for the year ahead covering:**

# Summary of our 2024/25 business plan

East Sussex Healthcare NHS Trust

The system around us, our trust, our people and our ways of working have changed. Our previous strategy and vision was set when the future was uncertain but, now the changes for us and our partners are clear, we can look to the future and think longer-term.

For details see: Section 1

To meet the challenges and engage with the changes needed across our system we have set out a new vision and reviewed the critical challenges we face to define what success looks like and set our medium-term goals:

For details see: Section 2

- Our vision is clear, long-term and lays out our strategic objectives under three key headings: Quality, People and Sustainability
- We have considered our critical medium-term challenges to achieving this vision – as this enables us to define success over the next 3 years and a set of medium-term goals, within which we will frame our annual plans and progress.

We have built this annual plan for 2024/5 by assessing our immediate challenges, understanding the requirements of NHS Sussex and NHS England and then clarifying our priorities for this year that will also set us up to be successful over the three-year horizon:

For details see: Section 3

The details of the business plan quantifies what this means for activity, workforce and finance trajectories over the coming year and the programmes we have established to deliver and track how we are meeting the trajectories and challenges we have identified.

For details see: Annex

*A clear business plan helps us prioritise and that is key to success. Priorities are not the **only** thing we do, but they enable us to focus resource and maximise our potential to deliver. Having these clear priorities - that we set out in this plan - helps us all pull in the same direction.*

# 1. Planning Context:
## *Our health and care environment*

- *Collaborating as an integrated care system*
- *Working to meet system requirements*

# Collaborating as an Integrated Care System

East Sussex Healthcare NHS Trust

NHS Sussex is the name of our local Integrated Care Board (ICB) which now oversees all NHS organisations (including us) and commissions most NHS funded services across *all* of Sussex.

NHS Sussex works with local authorities in East Sussex, West Sussex and Brighton and Hove, forming an Integrated Care System (ICS). When we (our trust) work with primary care, East Sussex County Council and Borough councils on health and care priorities for East Sussex that is called a 'Place' (the 'East Sussex Health and Care Partnership'); 'Places' are the main delivery mechanism for ICSs. East Sussex 'Place' is coming together and firmer plans will emerge this year.

This approach to collaboration means we are looking to tackle the bigger challenges over a wider area, and NHS England is increasingly focused on how we work together.

Our business plan must therefore take account of some key 'collaborative' initiatives forming in NHS Sussex:

- A Sussex wide 'Community Provider Collaborative' will prioritise the development of a delivery model called '**Integrated Community Teams' ("ICTs")**(also known as Integrated Neighbourhood Teams). These are how NHS and local agencies (hospitals, community services, primary care, social care and voluntary services) will work together to ensure each 'community' has equitable access to core services *and* can adapt to make best use of local resources to address local challenges and inequalities.
    - Our Trust, as an integrated provider, is exceptionally well placed to help do this. In 2024/5 we will prioritise development and piloting of ICT-style delivery models, along with other providers in Sussex, with an initial focus on how we support people with high-risk of escalating health need due to frailty.
- An 'Acute Provider Collaborative' will prioritise improving planned care waits Sussex wide. It is developing an **'Elective Care Co-ordination'** model that means a hospital service with really good, planned care waiting times can offer quicker access to patients anywhere in Sussex, deliver that activity (if the patient accepts) and benefit from the income/funding that comes with it.
- A Sussex-wide **workforce programme** in which we work together to achieve better recruitment, training and career opportunities.
- NHS Sussex will launch a programme focused on identifying how working together could support more **sustainable acute service models** for the more specialised or struggling acute services; this may change what, where and how we deliver some acute services in future

# Working to meet system requirements

East Sussex Healthcare NHS Trust

As well as the collaborative initiatives, NHS Sussex has developed its plan to meet the requirements of the NHS England operating framework. We have a clear contribution to make to achieving that plan which are incorporated into our priorities and objectives:

**QUALITY**

The operating guidance sets out what it expects from key clinical standards, for example achieving a 78% 4-hour performance in the Emergency department by March 2025, eliminating 65 week waiting times by Sept 2024, specific Elective activity targets (109% of 2019/20), diagnostic performance (95% within 6 weeks), cancer pathway performance and more. These are reflected in our objectives. It also requires us to roll out PSIRF and stresses the formation of Integrated Community/Neighbourhood Teams. The NHS Sussex plan mirrors the guidance and prioritises urgent care capacity, productivity and developing out of hospital services as well as improving discharge processes.

**PEOPLE**

NHSE operating guidance focuses on improving working life, retention, attendance and the People Promise initiatives (already part of our people strategy). It also stresses diversity and inclusion, engagement and 'improving productivity'. It also makes clear that Trusts are expected to develop their Continuous Quality Improvement capability. The NHS Sussex priorities are aligned to guidance.
The NHS Sussex plan also quantifies 'improving productivity' targets for workforce, we cover that against the 'sustainability' objective.

**SUSTAINABILITY**

NHSE operating guidance focuses on 'Use of Resources' and a balanced, net system financial position in 24/25 (i.e. 'breakeven' for the NHS budget). Within NHS Sussex we are working on a plan that proposes a net breakeven position in 2025/26 – i.e. over *2 years* – which still requires a stretching £154.2m efficiency from providers (4.5 to 6% CIPs across providers) and £34.1m from ESHT in 2024/25
The biggest component of that 2-year journey is in the workforce plan, which for us means a reduction in the number of 'Whole Time Equivalents' we use, which can come from temporary, bank or substantive roles.

**Fundamentally, whilst the details may vary in places, the requirements of NHS England and NHS Sussex match our medium-term goal to *"Restore timely access to our services and create a financially sustainable position".* The pace and the route to financial sustainability require is particularly testing.**

# 2. Vision and goals:
## *Our strategic roadmap*

- *Sharing our new vision*
- *Understanding our current challenges*
- *Mapping out a medium-term goals*

# Sharing our new Vision

East Sussex Healthcare NHS Trust

The new Vision will form the framework for how we plan, communicate plans and structure reporting for the foreseeable future. Over the next year we will develop a new trust strategy setting out how we will achieve this vision:

***"High quality care and experience for our patients, colleagues and communities"***

**QUALITY**

***Delivering safe care; always improving outcomes and experience for patients***

- Consistently achieve care and quality standards
- Minimising waiting times for treatment
- Continually look for opportunities to improve quality and deliver them
- Routinely receive great feedback on the care received
- Co-designing service models that can respond to different community needs

**PEOPLE**

**Fostering a positive culture; living our values; helping our teams feel equipped to deliver**

- Enabling staff to realise their potential
- Valuing diverse capabilities and recognising individual contribution
- Equipping our people with the tools and support to make decisions and improvements
- Creating a culture of engagement, development and belonging
- Giving colleagues the time they need to spend with patients

**SUSTAINABILITY**

**Always searching for the best way to use our resources for clinical, workforce and financial outcomes**

- Working collaboratively with partners
- Ensuring we have financially sustainable organisation and system
- Delivering services that are able to provide the care our communities require
- Minimising our impact on the environment
- Capitalising on digital and technological advances

# Understanding our current challenges

East Sussex Healthcare NHS Trust

The challenges we now face are clear and we need to address them to get our trust and system back to a strong and effective position:

- **Despite the improvements we have made, people still wait too long to get necessary or effective interventions.**

The biggest risks to quality and outcomes for patients in our system are that: a) people stay too long in hospital beds after the point when care at home would be far better; b) people wait too long to get urgent care in the right places or 'end up' in A&E or hospital beds when better alternatives are possible – including people with mental health needs; and c) people still wait too long to get planned care interventions

This impacts our colleagues - it is more stressful to do the day job than it should be - and it has a knock-on impact on our system; it means more pressure on primary care, social care and the voluntary sector.

- **Dealing with these challenges and the focus on improving can feel relentless, so our people need to feel positively engaged and supported.**

We have a much larger workforce than we did in 2019/20, vacancies are low and retention is good, but a lot has changed. Many colleagues are new or have changed roles and have not experienced their current job in a pre-COVID world.

Some of the changes we need to make to get our system back to a sustainable footing will put a strain on our people and our culture if we cannot embed our values, help people positively engage with our objectives and make sure our leaders and decision makers are all pulling in the same direction.

- **Our financial position is unsustainable. We are not using our resources as well as we could and we have an unaffordable healthcare system**

Since 2019/20 trust spending increased from £476m to c.£657m and our workforce increased by c.1500 people.

However, we pay for more hospital beds than we would need if care was available in the right places and, because we lost some efficiency during COVID (e.g. fewer cases in each theatre session), our services cannot keep up with planned activity in the way they used to and we pay more to make up the difference. So even though our activity increased, we are less '*productive*' than we were in 2019/20. The financial pressure facing the NHS and our local system means we cannot afford to continue without changing.

# Mapping out medium-term goals

East Sussex Healthcare NHS Trust

Taking account of these key challenges, success over the medium-term means we must, in simple terms:

**"Restore timely access to our services *and* create a financially sustainable position"**

If we achieve that we will be:

a) delivering better care and outcomes for our patients;

b) much closer to our vision than we are now; and

c) in a far better place to develop more innovative and modern models of care.

## What does Success look like in the medium-term?

**QUALITY**

1. We must aim for **zero avoidable harms**
2. We must **shorten waiting times for planned care**
3. We need to provide **timely access to appropriate urgent care**
4. We must achieve our **key quality and patient outcome objectives**

**PEOPLE**

5. We must **improve colleague morale and engagement,** so more colleagues recommend us as a place to work / be treated
6. We must **match skills and capacity to patients' needs**

**SUSTAINABILITY**

7. We have to achieve an underlying **financial breakeven** position
8. We need to map the route to **more cost-effective, 'greener' estate and environment**
9. We must implement **sustainable service models,** underpinned by **digital capability**

# 3. Business plan: *Priorities and Objectives for 2024/5*

- *Statement of our 2024/5 Priorities*
- *Mapping Priorities to the Goals*
- *Measurable Objectives*

# Statement of our 2024/5 priorities

East Sussex Healthcare NHS Trust

Our priorities for 2024/25 take account of the challenges, goals and what the system (NHS Sussex and NHS England) is asking of us.

We do well across our quality metrics but, to meet our '**Quality**' goals for safe care, improved outcomes and experience for patients we will **reduce unnecessary stays in beds and improve the speed of discharges** and just as critically **optimise urgent care resources and processes (including our emergency departments).**

We also need to shorten planned care waiting times for our local and the wider Sussex population by prioritising the time to a 1st outpatient appointment (or test), speed of diagnostics and the 1st intervention for people with cancer. We also must make the places where we deliver planned services more productive (e.g. theatres) to provide *sustainable* capacity to meet planned care demand. Taking steps to reduce inequalities in the planned care waiting lists by first understanding where inequalities lie and why will help us improve timely access to care.

The Patient Safety Incident Response Framework (PSIRF) is already our new approach to understanding and improving following incidents and complaints, what we need to prioritise is how that is embedded across divisions and used to triangulate information from multiple places so we can focus our improvement effort and manage risk.

For our '**People**' goals fostering a positive culture with everyone living our values is absolutely essential, because we know that is when they will deliver their best for our patients. So this year we will focus on **embedding our new values,** using that process to engage with and listen to staff, and on **reducing violence and aggression** faced by our staff.

Our staff want to deliver the best for patients so we are also initiating our 'Continuous Quality Improvement' programme (called Brilliant Basics), which will not only provide staff with the key skills they need to achieve their local goals, but evidence indicates it is an effective way to create a positive culture, improve leadership culture and positive engagement with staff.

As we, with NHS Sussex and our collaboratives work on improved service models, the workforce programme and integrated community teams we need to define the future workforce and begin to understand what roles and staff numbers are needed for new models of care.

**'Sustainability'** will be a challenge, so we are initiating a CEO-led 'use of resources' programme to focus our effort on this priority. An *essential* enabler for that will be **improving budget holder and decision maker skills** so our teams can keep within their respective budgets. Also, as an integrated acute and community provider it is central to our strategy and within our gift to **optimise the balance of hospital and community-based delivery of care**. This means if it is better and/or safer for a patient to get their care or support at home *and* it is a better use of our resources to provide the care at home – we should do it! We will use the imperative this year to drive that long-standing ambition forward *and* support NHS Sussex in developing ICT delivery models, focusing initially on more proactive, integrated management of health risk in people with a high degree of frailty.

Along with those key priorities above we will also focus on the most challenged services and understand how to improve them or make them sustainable, identifying where we can make physical improvements that enhance quality, people and sustainability and deliver as much, affordable, planned care as possible to help the whole of Sussex bring waiting times down.

We will be working with local partners to rollout integrated community teams to best utilise all the resources and ensure we are taking a holistic approach to the health and wellbeing of people in our communities.

# Aligning Annual Priorities to our Goals

East Sussex Healthcare NHS Trust

Our Priorities and Goals are summarised below:

| Vision | Goals | Annual Priorities (Top Priorities in Bold) |
|---|---|---|
| QUALITY | 1. We must aim for **zero avoidable harms**<br>2. We must **shorten waiting times for planned care**<br>3. We need to provide **timely access to appropriate urgent care**<br>4. We must achieve our **key quality and patient outcome objectives** | • **Reduce unnecessary stays in beds and improve the speed of discharges**<br>• **Optimise resources and processes across urgent care services (including our Emergency Departments)**<br>• Improve time to 1st outpatient (or test) and 1st intervention for cancer<br>• Improve diagnostic pathways<br>• Improve productivity<br>• Understand where any inequalities in planned care exist<br>• Roll out PSIRF (Patient Safety Incident Response Framework) |
| PEOPLE | 5. We must **improve colleague morale and engagement,** so more colleagues recommend us as a place to work / be treated<br>6. We must **match skills and capacity to patients' needs** | • **Reduce violence and aggression**<br>• **Embed New Values**<br>• Initiate CQI programme<br>• Define future workforce and map 'roles to new models' |
| SUSTAINABILITY | 7. We have to achieve an underlying **financial breakeven** position<br>8. We need to map the route to **more cost-effective, 'greener' estate and environment**<br>9. We must implement **sustainable service models,** underpinned by **digital capability** | • **Pay within budget and improve budget-holder skills**<br>• **Optimise balance of hospital vs 'community' based delivery (phase 1)**<br>• Improvement & sustainability plans for 'ten priority services' (according to SLR)<br>• Targeted improvements in physical environment<br>• Maximise affordable elective delivery<br>• Prepare for our new Electronic Patient Record system and maximise the potential of "Our Care Connect" to enable integrated working and ICTs |

# Measurable objectives for 2024/5

East Sussex Healthcare NHS Trust

Having set our priorities, we also set the key measurable Objectives:

| | Annual Priority Measurable Objectives |
|---|---|
| QUALITY | **1. Improve acute NEL LoS for 1+ day spells c.0.5 days – (detail at service level)**<br>**2. 78% 4-hour ED performance in March 2025 or better**<br>3. Diagnostic wait times 95% wait less than 6 weeks<br>4. 70% 62 Day Cancer performance<br>5. 77% Faster Diagnostic Standard<br>6. Zero RTT waits >65 weeks by Sept 24<br>7. Improve Theatre productivity – increase ACPL to 2.9 and day case rate (service targets)<br>8. Zero avoidable harms |
| PEOPLE | **1. Reduce Violence and aggression (staff survey and pulse surveys)**<br>**2. Values awareness (surveys)**<br>3. Reduce sick days per WTE to <15<br>4. Increasing percentage of colleagues recommend ESHT as place to work (staff and pulse surveys)<br>5. Increasing percentage of colleagues recommend ESHT as place to be treated (staff and pulse surveys) |
| SUSTAINABILITY | **1. Workforce spend and Whole Time Equivalents must be within budget**<br>**2. 'Art of the possible' plan results in shift from acute- to community-based delivery – 24 acute beds "shift" attributed to the plan (over and above other length of stay improvements)**<br>3. Quarterly SLR reporting – improving EBITDA margin for the target services (deep dives to confirm target) and overall Trust EBITDA margin<br>4. Affordable planned activity – on plan or better (by service targets) |

*Note: This is not a list of **everything** we measure, these help us prioritise. We also have a list of 'watcher' metrics we will track for assurance through IPR processes and a much larger suite of metrics and information we use to monitor quality and safety. For each objective (where relevant) we will have a Divisional level set that aligns.*

East Sussex Healthcare NHS Trust

# Business Plan 2024/25

## Annex: Our Business Plan in Detail

KINDNESS

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# Key Performance Trajectories by Month

East Sussex Healthcare NHS Trust

Having set the Objectives we also develop monthly trajectories for some of the key standards – which sit against our 'Quality' objectives – and submit those to NHS England.

These are agreed with operational teams and colleagues in NHS Sussex.

We had good success in 2023/24 against many of these measures, the challenge this year will be meeting both improvements in these *and* the sustainability and people objectives. This means strong engagement and a clear sense of priorities are really important for success.

| OBJECTIVE | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Percentage of attendances at Type 1, 2, 3 A&E departments, excluding planned follow-up attendances, departing in less than 4 hours | 76% | 76% | 76% | 75% | 75% | 75% | 75% | 74% | 73% | 73% | 75% | 78% |
| Diagnostic Waiting times - % waiting greater than 6 weeks | 12% | 11% | 10% | 9% | 8% | 7% | 6% | 5% | 5% | 5% | 5% | 5% |
| % of patients waiting less than 28 days for Cancer Diagnosis (Faster Diagnosis Standard) | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 76% | 76% | 76% | 77% |
| % of patients seen within 62 days for Cancer treatment | 60% | 63% | 65% | 67% | 66% | 63% | 64% | 67% | 67% | 64% | 67% | 70% |
| The number of incomplete Referral to Treatment (RTT) pathways (patients yet to start treatment) of 65 weeks or more | 65 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

***Note: A further submission of annual trajectories to NHS England is due mid-June. These numbers may therefore change.***

# Activity Trajectories

East Sussex Healthcare NHS Trust

The activity submission reflects the expected activity levels for 24/25 and the elective change from 23/24 represents the productivity changes that form part of the Use of Resources Programme

| Elective Activity | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 24/25 Total | % change from 23/24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Elective Daycase Spells | 4,674 | 4,461 | 4,429 | 4,877 | 4,259 | 4,507 | 4,974 | 4,813 | 4,229 | 4,806 | 4,430 | 4,636 | **55,095** | **16.7%** |
| Elective Ordinary Spells | 446 | 468 | 432 | 423 | 428 | 371 | 432 | 390 | 342 | 430 | 385 | 419 | **4,966** | **12.8%** |
| **Total Elective Spells** | **5,120** | **4,929** | **4,861** | **5,300** | **4,687** | **4,878** | **5,406** | **5,203** | **4,571** | **5,236** | **4,815** | **5,055** | **60,061** | **16.4%** |
| First Outpatient Attendances | 11,515 | 12,165 | 11,216 | 12,533 | 10,538 | 11,816 | 13,161 | 12,924 | 11,083 | 12,790 | 11,733 | 12,329 | **143,803** | **13.5%** |
| Follow Up Outpatient Attendances | 17,914 | 18,424 | 18,051 | 19,500 | 16,493 | 18,337 | 20,822 | 20,456 | 17,279 | 20,977 | 18,627 | 19,382 | **226,262** | **(6.3%)** |

| Non-Elective Activity | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 24/25 Total | % change from 23/24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type 1 Attendances | 9,762 | 10,796 | 10,605 | 10,758 | 10,553 | 10,229 | 10,444 | 10,104 | 10,241 | 9,791 | 9,095 | 10,471 | **122,849** | **3.7%** |
| Type 3 Attendances | 3,211 | 3,551 | 3,488 | 3,538 | 3,471 | 3,364 | 3,435 | 3,323 | 3,368 | 3,220 | 2,991 | 3,444 | **40,404** | **2.7%** |
| **A&E Attendances** | **12,973** | **14,347** | **14,093** | **14,296** | **14,024** | **13,593** | **13,879** | **13,427** | **13,609** | **13,011** | **12,086** | **13,915** | **163,253** | **3.5%** |
| Non-Elective Spells | 4,277 | 4,601 | 4,582 | 4,435 | 4,355 | 4,281 | 4,401 | 4,327 | 4,381 | 4,310 | 4,014 | 4,373 | **52,337** | **3.0%** |
| Diagnostics | 13,863 | 13,863 | 13,203 | 15,182 | 13,863 | 13,863 | 15,182 | 13,863 | 13,203 | 14,523 | 13,203 | 13,863 | **167,674** | **2.7%** |

- Productive use of our resources is critical to achieving these targets especially as we concurrently try to reduce temporary/ad hoc pay expenditure
- This can only be achieved with strong focus and we will track and project progress against objectives closely with each Division - and strong staff engagement – hence we have made embedding our values and our CQI programme priorities in this year

***Note: A further submission of annual trajectories to NHS England is due mid-June. These numbers may therefore change.***

# Workforce Trajectories

East Sussex Healthcare NHS Trust

- This is a significant challenge and is therefore one of the top priorities for the Trust in 24/25 and will continue to be into 25/26
  - We have embarked on an extensive training, upskilling and cultural programme for any member of staff able to make decisions that impact workforce 'usage'. This will encourage better planning and less ad-hoc (and therefore costly) decision making
  - We are analysing the trends and growth in workforce in each area to help teams identify where pay spend may have become inefficient and why – and so prioritise changes and/or remove superfluous legacy tasks (e.g. processes introduced during the COVID response that are no longer necessary for quality or safety). This also means we choose where to invest and where we must protect capacity more carefully.
  - We are implementing robust pay spend controls and closing any process loop-holes to support budget holders and senior managers in working to their budgets

| Annual Change | 23/24 outturn | 24/25 March | Var | Var% |
|---|---|---|---|---|
| Substantive | 7,645 | 7,255 | (390) | -5% |
| Bank | 563 | 507 | (56) | -10% |
| Agency | 112 | 101 | (11) | -10% |
| **Total** | **8,320** | **7,863** | **(457)** | **-5%** |
| Var to budget | 99 | 341 | 240 | |
| **Establishment** | **8,419** | **8,204** | **(215)** | **-3%** |

| Monthly Trajectory | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Substantive | 7,616.91 | 7,588.67 | 7,557.03 | 7,527.49 | 7,494.45 | 7,463.11 | 7,429.77 | 7,399.43 | 7,365.99 | 7,338.15 | 7,308.81 | 7,279.14 |
| Bank | 528.28 | 435.60 | 444.75 | 460.07 | 547.58 | 564.47 | 530.04 | 537.50 | 446.37 | 456.61 | 472.41 | 482.97 |
| Agency | 94.18 | 91.09 | 93.51 | 102.47 | 98.68 | 100.10 | 111.75 | 121.58 | 101.98 | 102.85 | 101.58 | 101.32 |
| **Total** | **8,239.38** | **8,115.36** | **8,095.29** | **8,090.04** | **8,140.71** | **8,127.68** | **8,071.55** | **8,058.51** | **7,914.34** | **7,897.61** | **7,882.80** | **7,863.43** |

***Note: A further submission of annual trajectories to NHS England is due mid-June. These numbers may therefore change.***

# Finance Trajectories

East Sussex Healthcare NHS Trust

The finance plan assumed deficit of £17.3m, this includes £34.1m of efficiencies to be delivered in year. The efficiencies ramp up over the year to allow for the development of the Use of Resources Programme.

| £'000 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 24/25 Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Income | 53,736 | 53,737 | 53,736 | 53,737 | 53,736 | 54,088 | 55,465 | 55,321 | 54,198 | 55,849 | 55,896 | 56,146 | **655,645** |
| Pay | (36,882) | (36,882) | (36,882) | (36,882) | (36,882) | (36,882) | (36,882) | (36,882) | (36,882) | (36,882) | (36,882) | (36,861) | **(442,563)** |
| Non-Pay | (19,934) | (18,987) | (19,135) | (18,439) | (18,719) | (18,105) | (18,105) | (18,105) | (18,105) | (18,105) | (18,105) | (18,120) | **(221,964)** |
| Operating Surplus/(Deficit) | **(3,080)** | **(2,132)** | **(2,281)** | **(1,584)** | **(1,865)** | **(899)** | **478** | **334** | **(789)** | **862** | **909** | **1,165** | **(8,882)** |
| Non-Operating Costs | (705) | (705) | (705) | (705) | (705) | (705) | (705) | (705) | (705) | (705) | (705) | (706) | **(8,461)** |
| **Surplus/(Deficit)** | **(3,785)** | **(2,837)** | **(2,986)** | **(2,289)** | **(2,570)** | **(1,604)** | **(227)** | **(371)** | **(1,494)** | **157** | **204** | **459** | **(17,343)** |

| £'000 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 24/25 Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Efficiencies | 1,295 | 1,304 | 2,134 | 2,310 | 2,359 | 2,708 | 3,012 | 3,209 | 3,545 | 3,642 | 4,416 | 4,126 | **34,060** |

- Clearly this plan represents a significant challenge in 24/25 and will still leave a significant challenge in 25/26
  - The 5% efficiency improvement implied has been discussed and agree by the Trust Board

***Note: A further submission of annual trajectories to NHS England is due mid-June. These numbers may therefore change.***

# Capital Plans

East Sussex Healthcare NHS Trust

**2024/5 has a very busy capital plan. Not only must we cover key infrastructure items, replacement cycles and maintenance we also have several major investments underway concurrently:**

- Most significant is the ongoing development of the **Sussex Surgical Centre** at Eastbourne DGH – due to open at the very end of the year. This creates additional day case surgical capacity for Sussex and is able to run day case sessions more productively. The focus for 2024/5 is not only to ensure the centre is built on time, but also to be ready to run it efficiently when it does open.
- The planning and design completion of the 2nd phase of the **Cardiology** works i.e. a new enlarged coronary care unit (CCU) will be completed in summer 2025. Thereafter we will move to tender the construction works out, ready for start date in January 2025, with construction expected to be completed in late spring 25. The 3rd phase i.e. new Cath lab 2 and 3 will follow thereafter in mid-2025.
- We are on target to complete phase 2 of the enlargement and refurbishment of the **Ophthalmology** services at Bexhill Hospital this year. Part of the transformation of our Ophthalmology services following the consultation we undertook in early 2022, this development will bring much needed additional capacity and improved facilities for both patients and colleagues..
- We are also providing additional **Critical Care** capacity with improved staff facilities at Conquest Hospital, with work due to be completed later this Summer. We will need to prioritise how we use what capital remains after critical risks and committed plans during 2024/5. We will use the priorities setting process to ensure that capital spending is directed toward delivering our objectives.

**In-year decisions about capital spending will take account of this year's priorities and objectives.**

# A new approach - Key Programmes

East Sussex Healthcare NHS Trust

**We are making some key changes to our approach that will help us deliver our annual objectives and 3-year goals:**

| | |
|---|---|
| **1. New "Use of Resources" Programme** | • A 2 year 'Use of Resources' programme, with dedicated governance, support office, CEO as SRO and Programme Director<br>• This will identify, prioritise and implement the changes, largely within our own gift, that improve the way we use our finite resources to best effect<br>• Productivity *and* delivering a breakeven financial position are the key outcomes – programmes focused on those outcomes will sit within Use of Resources – including critical operational productivity programmes such as theatres, outpatients and patient flow |
| **2. Enhanced Transformation Programme** | • We manage several priority 'Transformation Programmes'. These are being reviewed and reprioritised in light of the Use of Resources programme and the new Trust Goals and Objectives (see above)<br>• Those that sit best within the Use of Resources objectives will move under that programme<br>• Several others will retain major transformation status and continue to report to the Board's Strategy and Transformation sub-committee adding major Digital enabling programmes (EPR), Integrated Community Teams and our CQI programme that are key priorities for 2024/25 |
| **3. Embedding Collaboration with our system** | • We will be working more closely with our system than ever before through our collaborative programmes:<br>— The Elective Co-ordination Centre and supporting 'Fragile' services (**acute collaborative**); and<br>— The emergence of **Integrated Community Teams ("ICTs")** (**community provider collaborative**)<br>— These will each make care pathways more efficient, enhance proactive approaches and help tackle inequalities<br>• Key Executive leads and attendees have been allocated to each, reporting through Use of Resources or Transformation |

# A new approach – Key Enablers

East Sussex Healthcare NHS Trust

**We are also prioritising key enablers that will help our teams deliver annual objectives and the 3-year goals:**

| | |
|---|---|
| **IPR Refresh** | • Our new approach will bring in a clearer focus on annual objectives and forward-looking assurance – as well as the key risks, issues and prior performance. Trust Objectives will be mirrored with each Divisional IPR and in due course at Service IPRs |
| **Enhancing Business Intelligence** | • Effective and accessible intelligence and insight will be critical for the years ahead – to move quickly for the Use of Resources programme, to enable CQI, for assurance and to inform our increased focus on resolving inequalities<br>• We are working internally and with our system (e.g. the SID) on ways to enhance BI |
| **Improving Management Capabilities & Controls** | • Our workforce increased significantly since 2019/20 and many people have changed or are new in roles; budget management skills, business information and change capability have not kept pace with change and growth.<br>• We started a new approach to training and upskilling at scale for a large number of colleagues and we are implementing much tighter control on ad-hoc decisions that impact spending |
| **Initiating Continuous Quality Improvement** | • Bringing Continuous Quality Improvement into our culture and capability is not only a Trust objective but a key feature of long-term sustainability and improved staff engagement<br>• We have developed a plan to begin building CQI within Trust resources for 24/25. Clinical Effectiveness already has its own CQI capacity for bottom-up quality improvements |
| **Embedding our New Values** | • We have redeveloped our Trust values through extensive staff engagement<br>• We will use the strong, positive response and engagement to support a cultural development programmes, building from these values to help sustain staff morale and engagement during the challenging years ahead |
| **GIRFT – Further Faster focus** | • We have a well-established GIRFT programme (linked also to Model Health System)<br>• Over the next 2 years, our GIRFT programme will focus on the elements of “Further Faster” that support our Use of Resources objectives |

# Our New Values

East Sussex Healthcare NHS Trust

As part of our strategy refresh and following a programme led by our partnership forum, we engaged with a significant number of colleagues to develop a new set of trust values. They have been very well received and we will focus on embedding them but also using the engagement around them to understand how colleagues feel, what support they need and how they can help deliver our objectives:

**KINDNESS**

Kindness means treating others how you want to be treated and caring enough to get it right. It's the small acts of kindness – both to patients and each other - that make everyone's experience better.

**INTEGRITY**

Integrity is saying and doing the right thing, in the right way, for the right reasons. We should all come to work each day with the intention of giving the best of ourselves and doing the best for our patients, colleagues and the trust.

**INCLUSIVITY**

Inclusivity involves embracing differences and working together as a team. It's fundamental to providing the best care for our patients so we can make the trust a supportive workplace where everyone is welcomed and feels involved.

# ‘Use of Resources’ - Workstreams

East Sussex Healthcare NHS Trust

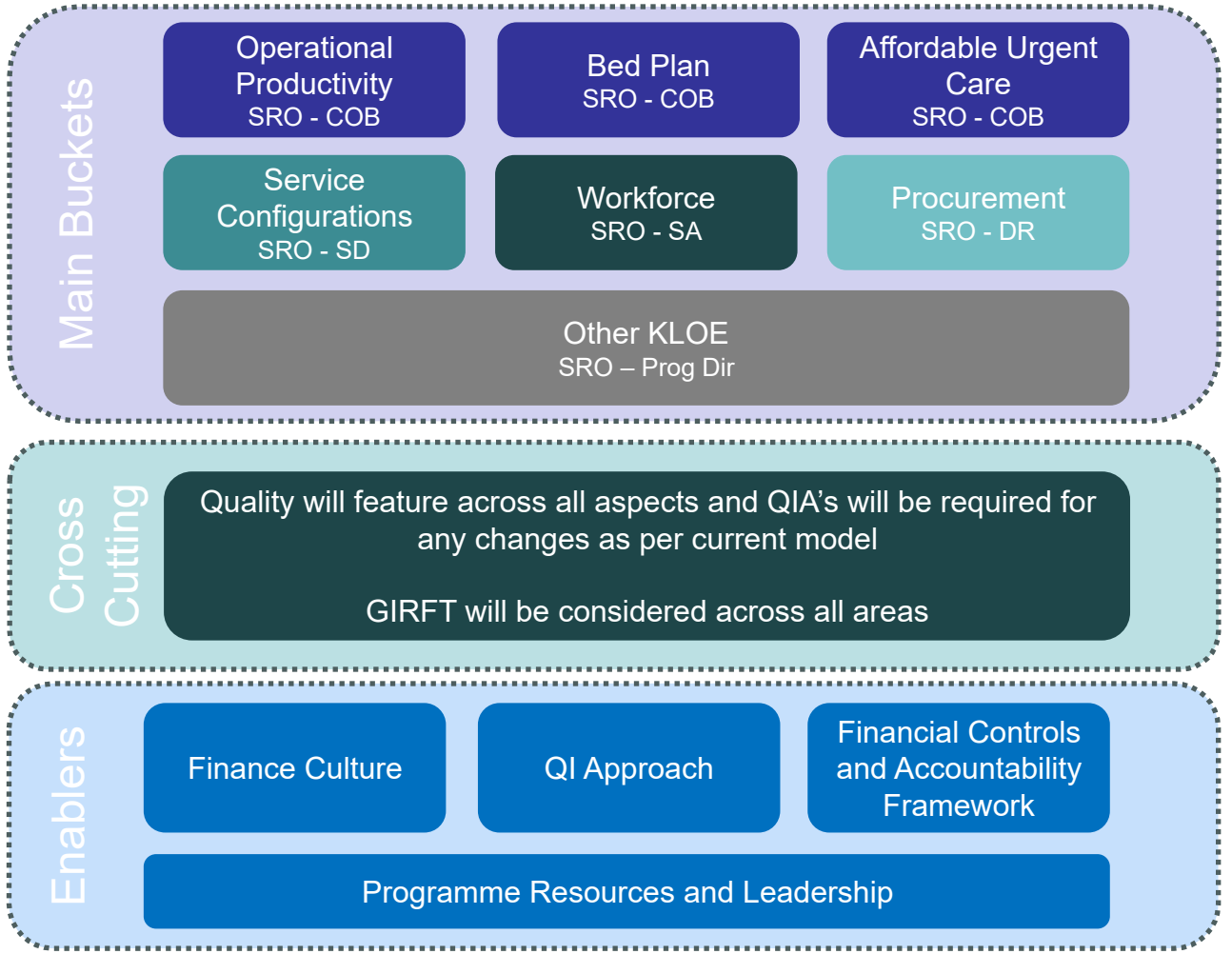
The Use of Resources programme is a multi-year programme designed to ensure that the Trust is using all resources (people, money, equipment and estate) effectively, building on the existing productivity and efficiency programmes of work.

It is CEO-led, with a dedicated senior Programme Director and supporting resources.

Executive leads will provide assurance through dedicated governance covering:

- Progress reporting
- Quality Impact Assessment
- EHIAs
- Objective Alignment
- Risks and mitigations

The programme will report through a dedicated committee, Executive Committee and the Trust’s Finance and Productivity Committee and then to Trust Board



East Sussex Healthcare NHS Trust

# ESHT Committee in Common

| | | | | | | |
|---|---|---|---|---|---|---|
| **Purpose of the paper** | To seek the Board's approval for the Terms of Reference for the East Sussex Healthcare NHS Trust Committee in Common. | | | | | |
| | For decision | x | For assurance | | For information | |
| **Sponsor/Author** | Richard Milner, Chief of Staff | | | | | |
| **Governance overview** | The terms of reference and wider paper on strategic commissioning was discussed and agreed at the NHS Sussex Board on 27 March.<br><br>There have been a range of discussions about the overarching Committee in Common through ESHT Board seminars, briefings and the Executive Committee and were presented at the Trust Board meeting in public on 9th April 2024. | | | | | |

| | | | |
|---|---|---|---|
| **Strategic objectives** | Quality | People | Sustainability |
| | x | x | x |
| **Our values** | Kindness | Inclusivity | Integrity |
| | x | x | x |

| | |
|---|---|
| **Recommendation** | The Board is asked to<br><br>• **Agree** – the terms of reference for the Committee-in-Common. |
| **Executive summary** | As has previously been discussed with the Board, it has been agreed that a system Committee in Common (CiC) should be established to ensure collective ownership and shared direction, grip and oversight of our integrated care strategy, financial sustainability and clinical transformation.<br><br>To achieve a high functioning CiC, each organisation will establish a committee with the same terms of reference and purpose and similar membership, proposed as the Chair, CEO and a NED. These committees will then meet in common with a shared agenda based on a collectively agreed forward look.<br><br>No formal functions are delegated to the ESHT committee and decisions are made by committee members based on their own delegated authority. Each organisation remains sovereign. All efforts will be made to design agendas and preparatory work in a way that enables collective decision making. In the event of the committees (when meeting in common) being unable to make a decision, members may need to confer with wider board members.<br><br>Where the committees, when meeting in common, agree that work needs to be taken forward, they will recommend or agree a lead organisation who can coordinate and convene to deliver it. This could be a provider, a provider collaborative, a place partnership, an alliance (VCSE or Hospice) or an ICT.<br><br>The CiC will have a membership of NHS organisations with responsibility for delivering the system strategy. This will include the NHS Sussex ICB, East Sussex NHS Healthcare NHS Trust, Queen Victoria Hospital NHS Foundation |

| | |
|---|---|
| | Trust, South East Coast Ambulance Service NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust. |
| **Next steps** | The Committee in Common met for the first time informally in May and will over the coming months agree a work plan to support the delivery of the Improving Lives Together Strategy. |

**Sussex NHS Committees in Common**

# TERMS OF REFERENCE FOR A COMMITTEE OF THE BOARD TO MEET IN COMMON WITH COMMITTEES OF OTHER ORGANISATIONS

**TERMS OF REFERENCE**

## 1 Introduction

1.1 NHS organisations in Sussex are establishing a new governance structure – via a set of Committees in Common (CiC) - to enable collaborative working to drive delivery of our shared strategy 'Improving Lives Together'.

1.2 The organisations establishing committees to meet in common will be the NHS Sussex Integrated Care Board, East Sussex Healthcare NHS Trust, Queen Victoria Hospital NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, University Hospitals Sussex NHS Foundation Trust and the Sussex Primary Care Collaborative.

1.3 Each organisation has agreed to establish a committee which shall work in common with the other CiCs, but which will each take its decisions independently on behalf of its own organisation.

1.4 While this governance model permits a committee to meet separately, it is expected that they will usually only meet in common and assurance and escalations will go to sovereign organisations' Boards.

1.5 Each organisation has decided to adopt terms of reference in substantially the same form to other organisations, except that the membership of each committee will be different.

## 2 Aims and Objectives of the East Sussex Healthcare NHS Trust CiC

2.1 The aims and objectives of the CiC are to work with the other CiCs to:

- Work together to improve the population health outcomes, reduce the health inequalities and enhance the productivity of the NHS services in Sussex
- Collectively lead the NHS contribution to the Sussex Integrated Care System strategy 'Improving Lives Together' and delivery of the in-year aims of the Shared Delivery Plan (Joint Forward Plan under the Health and Care Act 2022)
- Collectively lead the clinical and financial transformation of the NHS in Sussex to deliver new, integrated and affordable models of care over the next 5 years

## 3 Specific Functions

3.1 The functions of the committee will be carried out via powers delegated to the committee members by East Sussex Healthcare NHS Trust Board.

3.2 **Data-led oversight of NHS contribution to shared strategy and delivery plan**

Each year a Shared Delivery Plan will be agreed (Joint Forward Plan as per the Health and Care Act 2022) in line with the system's strategy. The CiCs will collectively take decisions to:

- Agree a schedule of work to review each component of the plan and progress of the plan as a whole.
- Review a standard routine set of insight and analytical information on progress against objectives.
- Recommend and steer deep-dive analyses to identify issues and agree actions for ICB and system delivery partners to resolve delivery problems
- Work with other governance fora to ensure actions can be taken forward by the right organisations
- Review the annual refresh of the delivery plan and make recommendations on the associated targets, trajectories and oversight approaches

3.3 **Establish a shared NHS Medium Term Financial Plan in Sussex over next 5 years**

The NHS in Sussex will agree a shared set of financial goals to operate within a finite funding envelope and work to meet our medium-term plans. In this context the committee will:

- Assess the population and demographic growth to forecast the demand for all key NHS services in each Integrated Community Team footprint
- Assess the cost growth of delivering these NHS services in each Integrated Community Team footprint against the forecasted financial allocations from NHS England
- Assess the clinical effectiveness and financial productivity of existing service models to identify the greatest opportunities for improvement across Sussex
- Collectively assess data and insight to form a shared view of the major opportunities, challenges, risks, barriers and mitigations to the delivery of the Medium Term Financial Plan
- Define the programmes, project management resources and leadership accountabilities to achieve the Medium Term Financial Plan goals

3.4 **Collective leadership of clinical and financial transformation of NHS in Sussex**

The CiC will empower clinical and subject matter experts to lead the development of new, integrated and affordable models of NHS care in Sussex over the next 5 years to deliver the biggest health benefits to the greatest number of patients and service users by:

- Engaging and involving clinical leaders from all levels within the system on the prioritisation and development of new models of care and integrated patient pathways across different providers
- Seeking national expert advice to learn from the experience of other systems in transforming clinical and integrated care pathways
- Engaging and involving digital health and process improvement experts to support the digitisation and automation of new integrated care pathways
- Agreeing Senior Responsible Officers with appropriate delegated authority to create specific, measurable, realistic and timebound plans to deliver the specific clinical and financial transformations with the required individuals, organisations and collaboratives
- Tracking actions to ensure implementation, follow up and support where needed

3.5 **Review effectiveness and terms of reference of the committee on annual basis**

The CiC will assess its own effectiveness and terms of reference on an annual basis to ensure that its aims, objectives and specific functions are still relevant so that recommendations for improvement can be made to the Board of each member organisation for review and approval.

## 4 Establishment

4.1 The East Sussex Healthcare NHS Trust CiC is a committee of East Sussex Healthcare NHS Trust Board and therefore can only make decisions binding East Sussex Healthcare NHS Trust. None of the organisations other than East Sussex Healthcare NHS Trust can be bound by a decision taken by East Sussex Healthcare NHS Trust CiC.

## 5 Membership

5.1 The East Sussex Healthcare NHS Trust CiC shall be constituted of directors and non-executive directors of East Sussex Healthcare NHS Trust. Namely:

5.1.1 East Sussex Healthcare NHS Trust Chair; and

5.1.2 East Sussex Healthcare NHS Trust Chief Executive,

5.1.3 East Sussex Healthcare NHS Trust Non-executive director with skills relevant to the CiC's functions

and each shall be referred to as a "Member".

5.2 Each East Sussex Healthcare NHS Trust CiC Member shall nominate a deputy to attend East Sussex Healthcare NHS Trust CiC meetings on their behalf when necessary.

5.3 The Nominated Deputy for East Sussex Healthcare NHS Trust CiC's Chair shall be a Non-Executive Director of East Sussex Healthcare NHS Trust and the Nominated Deputy for East Sussex Healthcare NHS Trust Chief Executive shall be an Executive Director of East Sussex Healthcare NHS Trust.

5.4 In the absence of the East Sussex Healthcare NHS Trust CiC Chair Member and/or the East Sussex Healthcare NHS Trust Chief Executive Member, a Nominated Deputy shall be entitled to:

5.4.1 attend East Sussex Healthcare NHS Trust CiC's meetings;

5.4.2 be counted towards the quorum of a meeting of East Sussex Healthcare NHS Trust CiC's; and

5.4.3 exercise Member voting rights subject to delegated authority.

## 6 Non-voting attendees

6.1 Only members of the committee in common have the right to attend meetings, however all meetings of the committee will also be attended any other attendees that the committee considers have expertise that would be relevant to the responsibilities of the committee or specific agenda items.

6.2 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

6.3 The Chair may ask any or all of those who are in attendance, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

## 7 Meetings

7.1 Subject to paragraph 10 below, meetings in common shall take place every other month.

7.2 Meetings of the East Sussex Healthcare NHS Trust CiC shall be held in public.

7.3 Meetings in common will be chaired by the NHS Sussex Chair and supported by a secretariat from NHS Sussex (see below).

7.4 A vice-chair should be nominated and appointed by the CiC. In the absence of the East Sussex Healthcare NHS Trust CiC Chair the Nominated vice-chair East Sussex Healthcare NHS Trust shall chair the meeting.

7.5 Any CiC Chair may request an extraordinary meeting of the CiCs (working in common) on the basis of urgency etc. via the secretariat, with timings agreed by mutual consent.

7.6 When there is an urgent matter where a decision is required outside of the meeting (which cannot wait for the next scheduled meeting), the Chair of Committee may make a decision after conferring with at least two other members ("Chair's Action").

7.7 When Chair's Action has been taken then the next quorate meeting of the Committee must ratify it. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

## 8 Quorum and Voting

8.1 Each Member of the East Sussex Healthcare NHS Trust CiC shall have one vote. The East Sussex Healthcare NHS Trust CiC shall reach decisions by consensus of the Members present.

8.2 The quorum for an individual CiC shall be two (2) Members.

8.3 If any Member is disqualified from voting due to a conflict of interest, they shall not count towards the quorum for the purposes of that agenda item.

## 9 Conflicts of Interest

9.1 Members of the East Sussex Healthcare NHS Trust CiC shall comply with the provisions on conflicts of interest contained in East Sussex Healthcare NHS Trust Constitution/Standing Orders, and NHS Conflicts of Interest guidance.

9.2 All Members of the East Sussex Healthcare NHS Trust CiC shall declare any new interest at the beginning of any East Sussex Healthcare NHS Trust CiC meeting and at any point during a East Sussex Healthcare NHS Trust CiC meeting if relevant.

## 10 Attendance at meetings

10.1 East Sussex Healthcare NHS Trust shall ensure that, except for urgent or unavoidable reasons, East Sussex Healthcare NHS Trust CiC Members (or their Nominated Deputy) shall attend East Sussex Healthcare NHS Trust CiC meetings (in person or virtually) and fully participate in all East Sussex Healthcare NHS Trust CiC meetings.

## 11 Behaviours and conduct

11.1 Members will be expected to conduct business in line with their organisation's values and objectives.

11.2 Members of and those attending the committee shall behave in accordance with their organisational constitution, Standing Orders, Standards of Business Conduct Policy

11.3 Members have a duty to demonstrate leadership in the observation of the NHS code of conduct and to work to the Nolan Principles which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

11.4 The committee will apply best practice in its deliberations and in decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct.

11.5 All members are expected to comply with relevant policies and procedures regarding confidentiality and information governance, noting the sensitivity of information to be discussed when committees meet individually or in common.

## 12 Secretariat

12.1 The Committees, when meeting in common, shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive leads;
- Attendance of those invited to each meeting is monitored and highlighted to the

Chair those that do not meet the minimum requirements;

- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The committee is updated on pertinent issues, areas of interest and policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored; and
- Committee papers will be stored and archived.

12.2 The secretariat shall be responsible circulation of a committee report and minutes to members within a week of the meeting for agreement

12.3 Where a CiC meets individually (not in common) an individual organisation will be responsible for secretariat arrangements.

**APPROVED BY East Sussex Healthcare NHS Trust BOARD [*date]***

# Violence Prevention and Reduction Standard – Our Peoples' Safety

| | | | | | | |
|---|---|---|---|---|---|---|
| **Purpose of the paper** | The purpose of this paper is to provide the Trust Board with an update on the work, actions, and progress in relation to our work on reducing levels of violence and aggression incidents against our people and meeting the reduction standards set nationally. | | | | | |
| | For decision | | For assurance | x | For information | x |
| **Sponsor/Author** | Sponsor - Steve Aumayer – Deputy CEO – Chief People Officer / Vikki Curruth Chief Nurse<br><br>Author - Jacquie Fuller – Assistant Director Engagement & Wellbeing - VPR lead | | | | | |
| **Governance overview** | Violence Prevention and Reduction Steering group – VPR – meets monthly<br>People Organisational Committee- POD – Quarterly reports<br>Health and Safety Steering group – HSSG – Quarterly reports | | | | | |

| | | | |
|---|---|---|---|
| **Strategic objectives** | Quality | People | Sustainability |
| | | x | |
| **Our values** | Kindness | Inclusivity | Integrity |
| | x | x | x |

| | |
|---|---|
| **Recommendation** | We welcome any comments, feedback, or further recommendations on the work we are undertaking. |

| | |
|---|---|
| **Executive summary** | The Violence Reduction Steering Group was established to implement actions in response to the Health and Safety Executive (HSE) recommendations following their July 2019 visit, the NHSE/I Violence Prevention Standards and the key deliverables within those standards which form the Group's project plan.<br><br>**Sussex Health Care Partnership (ICS) Violence Prevention and Reduction**<br><br>The ICS Violence Prevention and Reduction (VPR) Partnership Group, established in 2022, is attended by violence prevention leads from the NHS and other health and care organisations across the Sussex Integrated Care System.<br><br>Since the launch of the Sussex VPR Strategy in May 2023 work has continued across the system to embed the strategy and we are updating our internal Violence and Aggression Policy which will reflect aspects of the strategy.<br><br>The Trusts Violence and Reduction (VAR) Steering group, jointly chaired by Steve Aumayer, Deputy CEO and Chief People Officer and Vikki Carruth, Chief Nurse, is focussed on developing solutions and recommendations to mitigate and prevent violence against our people and so contribute to a transformational change in the perceived public acceptance of these acts and poor behaviours |

| | |
|---|---|
| | towards our staff. This is in line with the new trust values of kindness, integrity, and inclusivity.<br><br>While the trust is not an outlier when compared with other similar organisations, reducing incidences of violence and poor behaviours and their negative impact on the wellbeing of our people and positive patient outcomes remains a key priority for the trust and aligns with our Five-Year People Strategy and the NHS People Promise.<br><br>Our ambition is to see a sustained reduction in the violent and negative behaviours experienced towards our people<br><br>We aspire to model the results of the best performing trusts to improve the overall working experience of people who work at East Sussex Healthcare NHS Trust. |
| **Next steps** | The violence and aggression national standards are currently being reviewed by the national team and we are awaiting the revised information. In the meantime, we will continue with our current plan to set and review our own KPIs, along with a review of our action plan and a planned quarterly review linked to the current national standards.<br><br>The safety of our people remains a priority for the Trust.<br><br>❖ To agree KPIs linked to the actions within the VAR steering groups action plans<br>❖ Project Manager / VAR to continue the work with each lead on workstreams to update the violence and aggression reduction plans and progress actions required to reduce incidents and impact on our workforce<br>❖ To continue to monitor the success of the communications campaign internal/external messaging<br>❖ To plan further engagement sessions with our people throughout 2024/25 to ensure we capture and incorporate meaningful actions within our plans which capture ‘what it feels like’, for our frontline colleagues and ensure that the support we are providing is robust<br>❖ To ensure representation of the VAR lead on steering groups linked to Building for our Future/ projects linked to any refurbishment of departments and wards so that the environmental impact linked to V&A is considered and understood |

**1.Violence Prevention and Reduction Standard**

The Trust's attendance on the ICS VPR Group is being maintained by the Trust identified Violence Prevention Lead, Jacquie Fuller, Assistant Director of HR - Engagement & Wellbeing as part of her existing role, with a focus on the people element to include communication and progressing the required actions. The programme of work is extensive and includes a training remit.

It was agreed in October 2023 to create and recruit a Project Manager and we successfully recruited in December 2023. This role will ensure a focus on progressing actions, working towards, and meeting the set KPIs, updating action plans and meeting regularly with each lead/ expert within the Trust to ensure progress is happening and that we are routinely checking against benchmarking data.

All previous actions plans have been merged and extensive work to ensure the evidence has been collated to allow historical actions to be closed. The VAR steering group will continue to meet monthly.

**2. Communication (Internal & External)**

We launched our communication plan in January 2024 which includes regular communication through all mediums to patients, visitors, and colleagues. The plan will be monitored through the trust VAR steering group and will evolve and adapt with clear consistent messaging.

We have used our internal Connected magazine to remind our colleagues of the support available if they have encountered incivility, abuse, or violence. We will also use this medium to regularly update our colleagues on the Trust commitment to reducing such incidents. We will review this plan every six months and triangulate the information including feedback from our people to ensure that communication is meeting the needs and reaching every single member of staff

**ICS Communication Toolkit**

Our communication team have contributed to a system wide communication toolkit with the ICS which is due to be agreed and launched in July 2024. The language used will have a trauma informed approach and will assist with any next steps of our external and internal communication plan.

**An example of our agreed internal poster campaign**. There are seventeen different images reflecting separate roles and disciplines that visitors will encounter during their time and experience with our services. The same message will appear, **we are here to help**. We are collaborating with our community colleagues to develop our campaign which will reflect their daily surroundings and challenges which we recognise may feel different.

We also want to change the language used with our people and introduce the words 'keeping our people safe.' An example of where we need to change the language is at team briefings. Currently teams are using the language – 'has anyone experienced violence & aggressions on today's shift?' We want to change the language to 'has anyone felt unsafe on their shift today' This we believe will increase our people's awareness for reporting, what can be perceived as acceptable behaviours from those 'without capacity' and align with our focus on tackling incivility, violence, and abuse. It will also assist in identify further training needs for our people.


**3. Security – Supporting the Safety of our People**

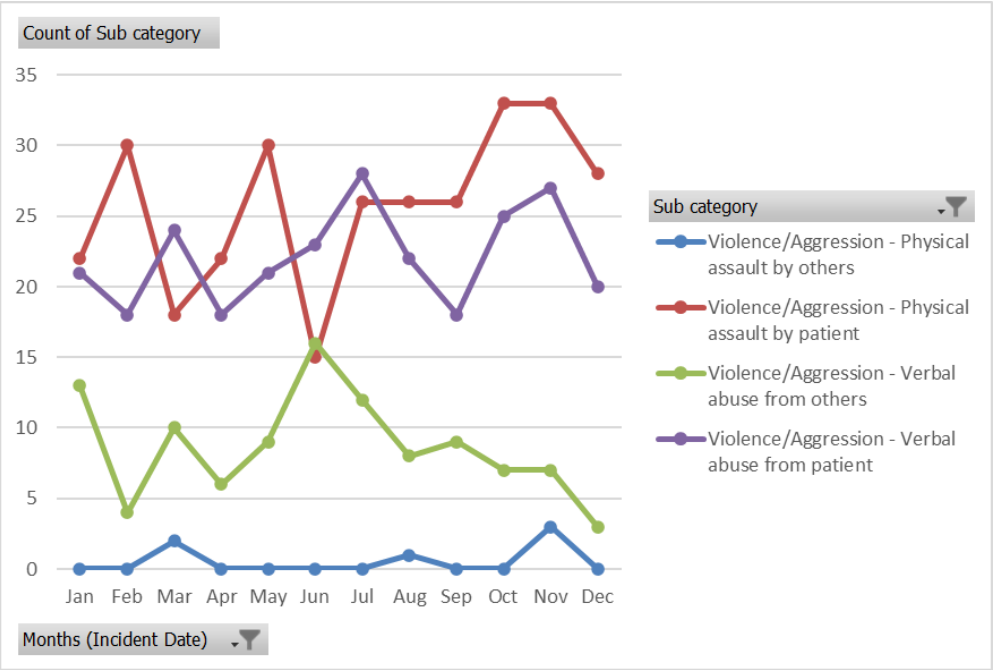
The security team provide quarterly reports to the HSSG, and this information is also passed on to the ICS. The project lead for VAR is working with the head of security on a new dashboard which will show monthly reporting and trends which will identify areas that we can focus preventative work and specialist training and support for the staff.

There has been a total of 684 incidents categorised under Violence and Aggression in 2023; these include physical assaults on staff by patients/others and verbal abuse on staff by patients/others. This represents an increase of 7% when compared to the same period in 2022.

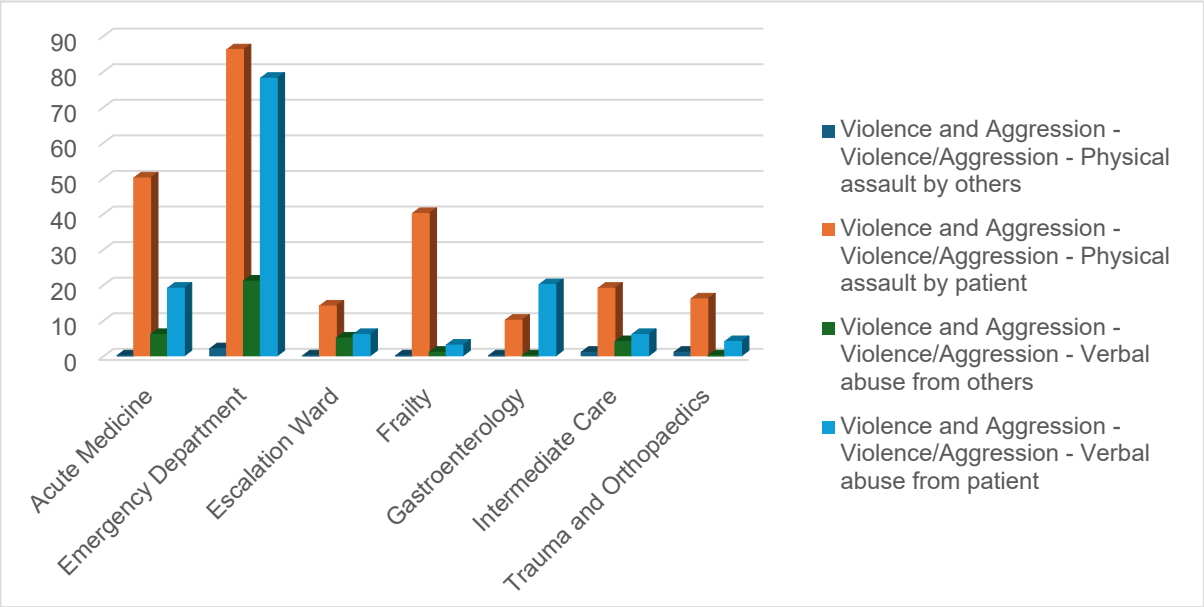
V&A continues an upward trajectory, with verbal abuse significantly increasing in all Divisions/Departments from Emergency Departments, Outpatients, and Community settings (including patients own homes). The risk/rise in verbal abuse/violence and aggression has been mitigated, by the presence of targeted security and one to one ward cover hours, thus preventing incidents from escalating into a physical assault.

**Statistical summary**

Graph to show incidents of V&A 2023



Graph to show V&A hotspot areas within ESHT for 2023




**The table above highlights the following:**

- A significant rise of V&A within the Emergency Departments at both sites. 2023 has seen a 62% increase in physical assaults by patients on staff within ED, and an 11% increase in verbal abuse.
- Of the 187 V&A incidents within Emergency Departments 93 had capacity. Although we have stated there is a rise in mental health patients it is important to remember they can still have capacity until deemed otherwise. We continue to remind clinical colleagues of the need to ensure all sections are completed on the datix system as this provides a true picture.
- Other hotspots are Acute Medicine, Frailty, Intermediate Care (BIU), Community (District Nursing) and Kipling (Paeds Conquest).

**Reasons for the increase in V&A incidents**

**General**

- Increase in mental health patients within the department and frequent attenders. Lack of Mental Health beds sees patients being cared for on general wards. Sussex Police adopted the “Right Care Right Place” policy which means that they will not attend any Mental Health incidents unless there is risk to life.
- Shift in the attitude of public post covid.
- Training- a training needs analysis is currently being undertaken by the learning and development team.

## 4. Keeping our People Safe -Lone Worker Personal Alarm Systems

The current PeopleSafe digital safety system has been in place for three years and is therefore subject to a review. As part of the review, active consultation has taken place with our people including union appointed representatives, service leads and senior managers for the project and opportunities have been taken to learn from the experience of staff and inform a future specification.

### Supplier specification and current contract

The majority of the contract with the current provider concluded in February 2024. In December 2023, the Violence and Aggression Reduction group made a decision to extend the current contract to July 2024 to avoid a changeover period during winter pressures and reduce confusion during the upgrade of the current supplier portal to Nexus software which was scheduled for the end January 2024. A further residual contract expires in August 2025.

As part of the preparation for a review, from May 2023, meetings have taken place with potential suppliers focussing on the simplicity of systems offered which could enable a better user experience and the potential for increased, measurable engagement. A lone worker systems survey was developed for completion by with users and administrators of the system. This has been analysed and used to directly inform the supplier specification.

### Supplier Presentations

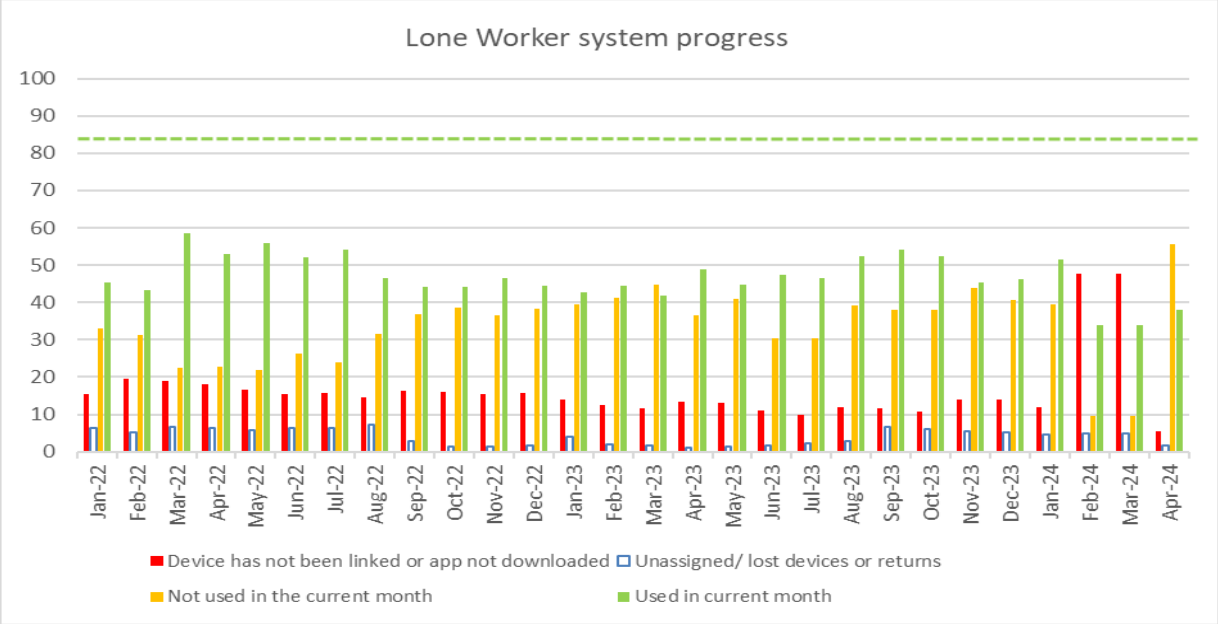
There has been progression with the review process, all supplier specifications were received by the 19th January 2024, presentation events were held at Hailsham and Bexhill within the community setting. These were attended by domiciliary workers, staff side colleagues, service managers, portal administrators and specialists including ESHT digital and Information Governance. All attendees were invited to feedback enabling qualitative and quantitative information to be analysed and inform on two potential suppliers to take part in a live trial.

*Live trials*: A four-week trial commenced on the 15th April 2024 and ran until 10th May 2024. The teams chosen to participate were Joint Community Rehabilitation (JCR) covering WEST and Health Visiting (HV) covering the EAST. In total 15 staff members from each service have been involved in the trial including two administrators; one from each of the services to review the portals and to be a point of contact.

*Outcome*: Issues experienced have been related to the phone application, not all trust phones had the app available on Google Play ®, this point was not highlighted prior to project initiation. A software application form was completed rapidly and has been approved although this delayed a full user experience for staff during the trials. At the time of this report, the outcomes of the live trials and staff feedback are being analysed.

### Next steps

The project is being supported by our procurement team including a recommendation report which will drafted at the same time as contract negotiations are being undertaken. The next steps are time sensitive and will allow for a robust mobilisation plan to achieve full rollout by 1st July and fully incorporate training.




**5.Trauma Informed focus – ICS action**

As outlined in the new Sussex VPR Strategy a 'Trauma Informed Approach' to preventing and reducing violence towards the Sussex workforce has been introduced.

Site visits to both our emergency departments took place earlier this year and a meeting with the Trust VPR lead and the co-lead for the Trauma Care Programme in East Sussex has now taken place. Actions from that visit have now been incorporated within the VPR action plan and a further action plan is planned to be developed.

NHS England has also launched a new trauma informed care eLearning programme which we are going to make available on MyLearn to compliment this approach.

**6. Environmental Factors – contributing to escalation to violent and aggressive behaviour**

We recognise that our hospitals were not built or designed to accommodate the number of patients and visitors that we see coming through 'the front door' of our facilities today. With recognise that with potentially longer waiting times, the areas we are asking people to wait in can in some cases be a contributing factor to how people behave. We also recognise that the complexities of how people present themselves has changed and whilst mental health isn't a new factor, what we have seen is higher number (post pandemic) of patients presenting at our emergency departments with complex, and in some cases severe, mental health conditions that bring challenges for not only them but our workforce. We know that an acute setting is not always the best environment for those patients.

The Deputy Director of Estates and Facilities has now joined our Steering group and will regularly attend the meetings. We have added a standing agenda item, Environmental Analysis, which will also have a workstream associated with it and KPIs.

**7. Training**
*Interaction training (CAIT) Train the Trainer*

This ICB funded training which will support colleagues to manage risks associated with non-intentional violence and aggression, where capacity may be a factor. CAIT training is being embedded into the Dementia Study Tier 2 training bookable via MyLearn.

There are some immediate training needs that need to be resolved and there will be a longer-term plan following the internal training needs analysis which will assist planning for a more sustainable approach to training. We have broached the train the trainer option and there was feedback around whether we would be able to release staff for this. The Deputy Chief Nurse who has the responsibility for workforce, was clear that the training, and using the work of the practise educators, was the long-term view, and was an immediate challenge too.

**Training for departments with high incidents**

There are immediate short, to medium term issues that needed addressing, ahead of a planned and more comprehensive training needs analysis. The Trust has commissioned ICON to deliver this very specialist training to our teams and support those areas experiencing higher cases of violence and aggression to our people from patients and visitors.

We have also explored simulation programmes. The programme considered is unique and was devised by South London and the Maudsley; it is remarkably successful and came out of a piece of work with King's College Hospital Foundation Trust. We have therefore commissioned Maudsley learning to deliver the more longer-term training.

**7. Supporting our people affected by Violence and Abuse**

The Trust continues to provide extensive support for those affected and impacted by violence and aggression and poor behaviours. The VPR lead and Occupational Health continue to monitor datix and severity codes and continue to provide bespoke support to individuals and teams following a violent or aggressive incident. The support is for individuals or teams and includes an element of psychological support.

Our TRiM team and trained practitioners who are embedded within teams including our emergency departments and can offer immediate support.

8. **Workstreams**

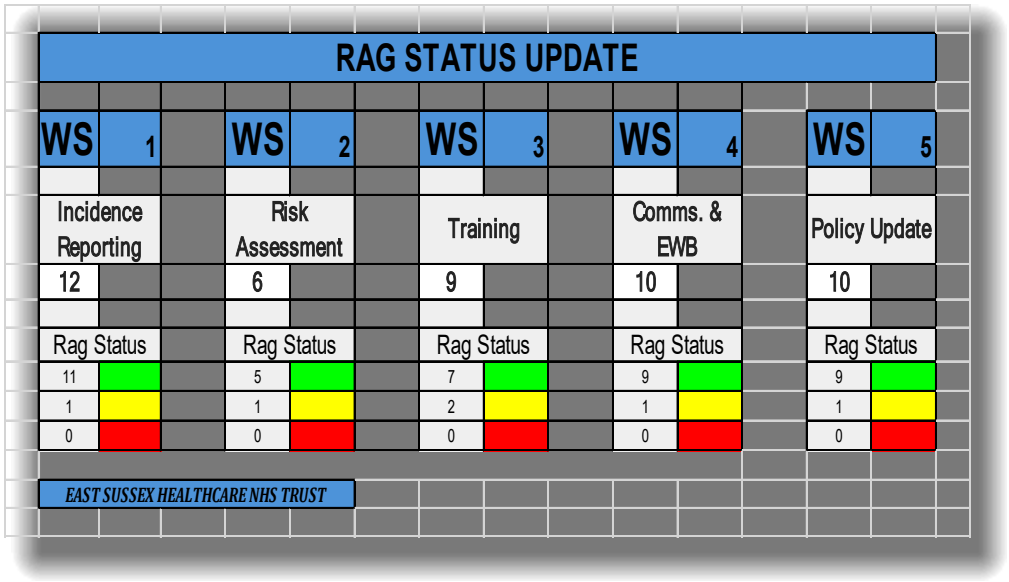
All the workstreams and associated risks to their delivery are reviewed at the VAR steering group monthly meetings.

**RAG rated workstreams: Required to report on nationally**

These are the currently five workstreams that we are required to report on at a national level and there is also a requirement at ICS/ICB level to provide updates on these five areas.

- Incidents
- Risk assessments
- Training
- Communication/ Engagement
- Policy updates

For reporting purposes and the national requirements, we have RAG ratings/ status for those five workstreams




As an organisation, and agreed at the VAR steering group ,we felt that aside from the five reportable national workstreams we wanted to establish further workstreams to ensure this important subject and commitment to reducing violence and aggression against our people was met.

**All workstreams** (KPIs currently being agreed) We will be able to provide reports at future meetings with indicators linked to the following KPIs:

- Incidents
- Risk assessments
- Training
- Communication/ Engagement
- Policy updates
- Security
- Health & Safety
- Support (post incident)
- Lone worker safety
- Environment Estates & Facilities
- Digital
- Risk Management
- Working towards meeting all the national VPR standards
- **Subgroup**- focus on colleague-on-colleague Bullying and Harassment

Each of these workstreams has an identified lead who is responsible for ensuring the KPIs are being worked towards and met. This action plan is monitored and supported by the project lead.

**Continued work and next steps (focus)**

We want to ensure that all colleagues are aware that the Trust Board takes violence and aggression against its workforce seriously and is committed to reducing by supporting all the workstreams.

Our currently policy on Violence and Aggression reduction has been reviewed, in collaboration with all the leads, and is due to be presented to the WPPG in July 2024 for ratification.

Our internal communications will move from 'support available if impacted by a violent or aggressive incident' to the focus being on the content and information in our new updated policy. We want to ensure that all our colleagues are aware of the policy and the interventions and sanctions for patients and visitors who display behaviour such as violence, aggression, or abuse.

We will also move to our external communication and the clear message we want users of our service to know is – **'We are here to help'** violence and abuse towards our staff is never ok.

We want to increase the percentage of completed security risk assessment compliance for each department / area across the Trust. We know that with a focused eye on the outcomes we can start to influence the environmental factors which contribute to a greater risk for our people.

Our Chief Nurse will continue to work alongside system partners and in partnership with Mental Health services to look at solutions and support for patients with known mental health conditions, accessing our acute settings. The focus will also be on the support needed for our current workforce in meeting the challenges that they face when looking after someone with complexities that contribute in some cases, to violent and aggressive behaviour.

We will continue to find digital solutions for our current IT systems, ensuring that patients being discharged into the community and vice versa, who have displayed violent and aggressive behaviour to our staff are then known to our community/ acute staff, therefore ensuring appropriate risk assessments can be carried out before care and therefore reducing incidents.

We are placing a focus on training and will be working with those areas that have higher datix relating to violence and aggression. Maudsley and ICON training will be providing bespoke training to teams. Some training has already been delivered.

Following the audit undertaken by the Trauma informed specialist from the ICS we will be meeting with the heads of our emergency departments and leads for estates and facilities. We will identify 'quick wins' with none or low financial implications and prioritise actions to meet all the recommendations. We plan to continue to monitor the impact of any changes relating to the recommendations to see if the approach reduces the number of incidents or the severity of the incidents.

We also recognise the importance of continuing to provide support to those colleagues affected by violence, aggression, and abusive behaviours. We also know that by continuing to provide opportunities to engage and regularly listen to our workforce about their experiences we can ensure their ideas and solutions form part of our commitment to reduce violence and aggression against our people.

# Quality Account Priorities 2024/25

| | | | | | | |
|---|---|---|---|---|---|---|
| **Purpose of the paper** | To inform the Board about the quality improvement priorities selected for the Quality Account 2024/25 and to request delegation for the approval of the Quality Account to the Quality and Safety Committee. | | | | | |
| | For decision | x | For assurance | x | For information | |
| **Sponsor/Author** | Vikki Carruth, Chief Nurse<br><br>Jane Cadman, Interim Assistant Director of Clinical Governance | | | | | |
| **Governance overview** | The Quality and Safety Committee approved the list of quality improvement priorities on 23rd May 2024 following a consultation process. | | | | | |

| **Strategic objectives** | Quality | People | Sustainability |
|---|---|---|---|
| | x | x | x |

| **Our values** | Kindness | Inclusivity | Integrity |
|---|---|---|---|
| | x | x | x |

**Recommendation**

The Board is asked to:

- **Note** – the quality improvement priorities selected for the Quality Account 2024/25
- **Agree** – the delegation of authority for the approval of the Quality Account to the Quality and Safety Committee

**Executive summary**

Each year, NHS organisations are required to publish a Quality Account which incorporates quality improvement priorities for the upcoming year. National guidance states that priorities are to be identified under the following domains: Patient Safety, Clinical Effectiveness and Patient Experience.

The three quality improvement priorities for 2024/2025 have been identified by the Trust and have been approved as follows:

| Quality Domain | Priority Improvement |
|---|---|
| **1. Patient Safety** | Safe Administration/Prescribing of Paracetamol |
| **2. Clinical Effectiveness** | Reducing the number of rejected pathology samples |
| **3. Patient Experience** | Improving the Quality of Decision making for people who lack capacity |

Each priority has an allocated lead and a quarterly report on progress will be provided to the Quality and Safety Committee.

**Next steps**

To publish the Quality Account by 30th June 2024

East Sussex Healthcare NHS Trust

# Finance and Productivity Committee 30 May 2024

## Summary of meeting for Trust Board

| Agenda item number | Title and function of the paper | Key points made in the paper | Associated actions (as necessary) |
|---|---|---|---|
| 072/24 | **Use of Resources Committee Terms of Reference**: Presentation of the revised terms of Reference for Use of Resources Committee (formerly Finance & Efficiency Committee) | • Finance & Efficiency Committee to be re-named Use of Resources Committee to align to the overall programme and messaging.<br>• Approach being altered to facilitate more focused discussion with each workstream SRO. | • New Structure to be implemented to support the overall Trust Use of Resources programme. |
| 073/24 | **M1 Financial Performance**: Presentation of Trust's financial position both with key issues highlighted | • The Trust plan was for a deficit of (£3.8m) in month one<br>• Actual performance for the month was a deficit of (£4.4m), with variance driven by pay premium costs for vacant clinical positions, unfunded escalation costs, CIPs and a one-off old year invoice.<br>• Capital expenditure in month 1 was £2.0m, £1.1m above plan but only represents 2.5% of the annual total. | • Work to be undertaken to more clearly articulate the context of factors driving additional spend and associated adjustments that will be required to achieve the annual financial target<br>• Detailed plans about actions that will support the Trust's savings plans for 2024/25 to be shared with the Committee |
| 074/24 | **System Update**<br>Update on the ICB budget discussion and Business Planning budget | • The paper set out the process undertaken to set divisional budgets for 2024/25.<br>• It also set out the scale of the challenge that was being faced, noting the importance of managing within budgets<br>• The paper set out a number of baseline adjustments that required funding and self-financing baseline adjustments during 2024/25 which had been approved by Executives. | |

| Agenda item number | Title and function of the paper | Key points made in the paper | Associated actions (as necessary) |
|---|---|---|---|
| 075/24 | **Productivity Portfolio update/KPI Dashboard/Elective Recovery update**<br>Presentation on productivity portfolio and efficiency position and programme risks noted | • The challenge faced by the Trust is to deliver £34.1m efficiencies in FY24/25 and a further £37m in FY25/26, totalling £71.1m over 2 year; this will be addressed through a multiyear Use of Resources (UOR) programme with the Trust aiming to deliver a breakeven position by FY25/26.<br>• Month one 2024/25 progress update: Establishment of the UOR programme strategy, governance, Terms of reference and operating rhythm (meeting frequency, structure, reporting etc.)<br>• The UOR programme will report to the F&P Committee. | • Challenge from the Committee to finalise the CIP programme for 2024/25 so that assurance can be received about progress against the plan throughout the year. |
| 076/24 | **M1 Capital Position**<br>Update on Capital Position | • Capital expenditure at month 1 was £2m, which was slightly ahead of the annual plan.<br>• The Trust had been awarded an additional £2m of capital funding due to its strong ED performance in March. | • Ongoing monitoring of capital position<br>• Mitigation projects underway<br>• Plans for how the additional £2m capital will be utilised to be developed and presented to F&P for approval |
| 077/24 | **Backlog Maintenance**<br>Update on planning for 2024/25 capital programme | • The paper set out the Trust's backlog position, including the physical backlog and the critical infrastructure risk. | • Clinical impact (and potential clinical impact) of risks set out in paper to be clarified and escalated to Board given scale of associated risk |

| Agenda item number | Title and function of the paper | Key points made in the paper | Associated actions (as necessary) |
|---|---|---|---|
| 078/24 | **Workforce Productivity**<br>Presentation of workforce productivity specifically pay-related projects, programmes of initiatives that deliver quality & safety, whilst also delivering against the 2 year break-even financial target. | • Reduction in workforce usage and workforce overspend in month one due to reduced usage of agency and bank<br>• Challenge remains with reducing use of more expensive bank and agency staff<br>• Industrial action from junior doctors in June will present a challenge | • Confirmation of workforce plan for 24/25 to allow oversight of tracking against trajectory<br>• Request for KPIs and narrative to be included within monthly reporting<br>• Future reporting to include tracking of impact of industrial action and work undertaken to support system activity |
| 079/24 | **Sussex Premier Health – half yearly update**<br>Overview of the year end 23/24 financial year of Sussex Premier Health trading, including some operational risks and opportunities for delivery in new year | • The paper provided an outline of the financial performance and activity of SPH during 2023/24 and plans for 2024/25 | |
| 080/24 | **Items for Escalation from CRG**<br>summarise schemes requiring F&P approval | • The paper set out the Capex requests which had been approved by the Capital Resource Group | |

East Sussex Healthcare NHS Trust

# Inequalities Board Sub Committee Meeting Held 21st March 2024

## Summary of meeting for Trust Board

**Steve Phoenix – Chair of Inequalities Board Sub Committee**

| Agenda item number | Title and function of the paper | Key points made in the paper | Actions |
|---|---|---|---|
| 006/24 | **Understanding Our Patients**<br>Update on patient demographics and the database developed to consider waiting times by patient group. | • Data reviewed included age, gender, ethnicity and deprivation<br>• Ethnicity data is less complete<br>• Communications message to support colleagues asking sensitive questions<br>• Data shows deprived people wait longer for treatment as no other options available to them | • Update following review of data by operational teams. |
| 007/24 | **NHSE Health Inequality Indicators**<br>Update on HI data for new reporting standards | • New annual reporting requirements around health inequalities<br>• Data to be split across some of the protected characteristics<br>• Emergency data and elective data to be split by deprivation and ethnicity | |
| 008/24 | **Staff Survey Results**<br>Update on the staff survey results | • The report's findings were partly based on a survey of more than 1,300 NHS staff, who were asked if they experienced racism and what form it took<br>• It urges NHS leaders to listen to, and act on, the concerns of their black and minority ethnic staff | • Update will be brought to the June meeting. |
| 009/24 | **Too hot to handle report**<br>Summary of national report and to consider response | • UK trained staff more likely than internationally trained staff to rase complaints (71.0% and 53.1% respectively)<br>• Most common reason for not raising concerns of race discrimination was not believing anything was going to change (75.7%)<br>• Of staff who raised concerns only 5.4% said they were taken seriously, and the problem was dealt with satisfactorily<br>• 41.8% of respondents left their jobs as a result of their treatment | • Review of report recommendations by both Executive Team and Board |

| Agenda item number | Title and function of the paper | Key points made in the paper | Actions |
|---|---|---|---|
| 010/24 | **AccessAble**<br>Overview of site and potential use across the Trust | • AccessAble website and app provide accessibility information for venues across UK<br>• AccessAble have completed a number of surveys for toilet/changing facilities across both main Trust sites.<br>• Potential to explore more accessibility information for buildings/parking at Trust sites. | • Research into patient experience before considering smaller site project |
| 011/24 | **NHSE EDI High Impact Actions**<br>Update on progress for actions with end of March 2024 deadline | • All NHSE deadlines for end of March 2024 met apart from ethnicity pay gap reporting as system development by national team not complete.<br>• Revision and digitisation of the flexible working policy, aimed at promoting a more inclusive workplace environment.<br>• Establishment of an international retention steering group and the development of a comprehensive survey for international recruits.<br>• Completion of a peer review of disciplinary policies and procedures, with a focus on promoting compassion and fairness. | • Progress update to be shared with ICB |

East Sussex Healthcare NHS Trust

# People & Organisational Development (POD) Committee
# 23 May 2024

## Summary of meeting for Trust Board

**Carys Williams – Chair of POD Committee**

| Agenda item number | Title and function of the paper | Key points made in the paper | Actions |
|---|---|---|---|
| 3.1 | **POD Workforce Insight Report** | **The Trust had successfully achieved a new 'high' for monthly training completion rate with compliance at 90.3%**<br>**The appraisal rate had increased by 0.8% to 83.7%;** the highest it had been in the last four years. Monthly training rate was unchanged at 89.7%<br>**The Turnover rate was unchanged at 10.3%** (732.6 wte leavers in the last 12 months).<br>**Trust vacancy rate had reduced again**, for the seventh consecutive month, by a further 0.4% to 6.1%<br>**The Trust vacancy rate remained at 4.9%** (391.4 wte vacancies).<br>**Monthly training rate increased by 0.5% to 90.2%,** exceeding the 90% target for the first time<br>**The monthly sickness rate had increased by 0.5% to 4.9%, whilst the annual sickness rate was unchanged at 5.2%.**<br><br>It was highlighted that approximately 40% of sickness was made up of long-term sickness and that a deep dive would be undertaken within the next three months accompanied by an action plan. | |
| 4.1 | **Employee Relations Report Q3/Q4** | The Employee Relations Report provides assurance to the POD Committee that employee relations (ER) activities had been managed, investigated and acted upon in accordance with trust policies, within appropriate timescales and any learning shared with policies amended where required.<br>• 17 formal cases had been carried over from the last quarter; all concluded.<br>• 24 new incidents raised under the Trust Workforce Policies.<br>• 18 Disciplinary Hearings<br>• 17 Dismissals<br>• 12 Appeal Hearings<br>• 10 Exclusions from the workplace<br>• 1 tribunal claim<br>• Contingent Liabilities: The risk was £3,339,102 / Estimate cost to defend those claims 124,000 / Actual bill £90,730<br><br>A discussion took place regarding fraud and the POD Committee were assured that the Trust was transparent with staff about monitoring these particular issues. | |

| Agenda item number | Title and function of the paper | Key points made in the paper | Actions |
|---|---|---|---|
| 5.1 | **People Strategy Update** | Key Highlights:<br>• Positive quarter around the People Strategy<br>• Outstanding actions had a plan in place, linked to the delay in the launch of the Trust Values<br>• Main focus changes of processes and policy to be embedded on to new systems.<br><br><u>People Digital Transformation Strategy</u><br>A review had been undertaken to ascertain the present capability of the Trust Extranet; this had focussed on the electronic pages for the HR Division. | |
| 6.1 | **Freedom to Speak Up Guardians Report** | Key Highlights:<br>• 8,690 cases were raised with Guardians nationally in Quarter 3 2023/24,<br>• Wellbeing one of the highest recordings<br>• 10% increase for inappropriate behaviours<br>• Stress sickness linked to anxiety – cause and effect could be resolved<br>• Areas of high concern from Urgent Care Division<br><br><u>Recommendations</u><br>1. The psychological safety of people who speak up must be protected. Human resources departments should improve their levels of support and ensure Freedom to Speak Up Guardians have the autonomy and independence required to fulfil their role.<br>2. The Speaking Up Support Scheme should be extended to more participants to meet demand for the scheme. | |

| Agenda item number | Title and function of the paper | Key points made in the paper | Actions |
|---|---|---|---|
| 7.1 | **Terms of Reference** | The POD Committee Terms of Reference had been circulated for annual approval.<br><br>The Committee were asked to review the existing terms of reference outside of this meeting and respond with any comments by Friday 31 May 2024. | |
| 8.1 | **Appraisal Compliance monthly update** | The Appraisal data for April 2024 indicated that there had been some significant improvements in compliance across the divisions. | |

East Sussex Healthcare NHS Trust

# Quality & Safety Committee
# 23 May 2024

## Summary of meeting for Trust Board

| Agenda item number | Title and function of the paper | Key points made in the paper | Associated actions (as necessary) |
|---|---|---|---|
| 061/24 (i) | QSC 511: Diagnostics Events | • It had been noted by the Committee that were an elevated number of events (near misses as samples rejected) in relation to labelling of patient samples.<br>• When events were logged, they were assigned to the area which raised them (often Core Services/Laboratory) rather than where the divisions where they originated.<br>• Future reporting into QSC would include a denominator to contextualise reported incident or near misses re patient samples – these were exceedingly rare given the volume of samples processed (7 million pathology per annum) | |
| 061/24 (ii) | QSC 519: DAS Complaints Review | • All complaints were acknowledged within 3 working days.<br>• Work was ongoing to share learning with staff and improve communication with patients<br>• Complainants were contacted to discuss what outcome they were seeking, and this was considered wherever feasible. For some historic complaints where processes and staff had since changed, detailed investigations were challenging and of limited impact. | |
| 062/24 | Patient Safety & Quality Group - Escalation and Assurance | • Improvements in appraisals, mandatory training, agency vacancy, and staff turnover were noted.<br>• The 4-hour quality standard NHS England mandated was met in March 2024.<br>• Medicines administration errors had decreased in December 2023 then increased in January 2024.<br>• New Safeguarding rapid assessment tool added onto Nerve Centre and now live in ED | |
| 063/24 | CQC Key Lines of Enquiry (KLOEs) – Medicine | • Deferred to next meeting – KLOEs will be replaced by Quality Statements with timescales to be determined. | |
| 064/24 | Maternity Overview Board Report (Q4) & Annual Report | • The Committee took assurance from the reports that ESHT maternity services are monitored effectively and safety is maintained clinically, noting they would also be reviewed by the Trust Board | • The Chief Nurse and the Director of Midwifery to speak with both the Chief of Service and Divisional Director of Operations for Women, Children, and Sexual health about whether anything further could be done to improve training compliance within Maternity albeit monitored in Div IPR. |
| 065/24 | Maternity Dashboard & Ockenden Perinatal Quality Surveillance Report | • Recruitment and retention of the maternity workforce remained at a safe level to enable redeployment and rotation to support the entire maternity service.<br>• Completion of the scheduled birth acuity plus tool data assessments remained above the 85% target rate in March. The birth rate plus review would help predict the number of healthcare workers required to meet future demand safely and sustainably.<br>• The temporary suspension of the birthing service within the within the Eastbourne Midwifery Unit continued. This had restored safety and allowed a greater compliance rate in meeting national targets for pregnancy bookings, as well as scheduled appointments throughout the pregnancy continuum. | |

| Agenda item number | Title and function of the paper | Key points made in the paper | Associated actions (as necessary) |
|---|---|---|---|
| 066/24 | Quality Dashboard | • The Committee reviewed key quality and safety metrics using data pulled from various sources.<br>• There had been an increase in C. Dificile cases but an action plan was in place,(monitored by TIPCG) involving pharmacy colleagues and consultants. | |
| 067/24 | Governance Quality Report | • First detailed report of PSIRF templates raised in month (April)<br>• The Weekly Patient Safety Summit was in the process of revising its ToR.<br>• The Patient Safety Lead/ Specialist and Team had completed the first learning report for April 2024, utilising the new PSIRF Implementation Learning Tool report. | |
| 068/24 | High Level Risk Register | • The 54 open Corporate Risks were noted by the Committee.<br>• One new Corporate Risk (rated 20) had been added and related to vacancies within Dietetics. | |
| 069/24 | Review of the Clinical Documentation & Policy Ratification Group, & Patient Leaflets Process within the Trust | • The policy for Policy and Procedural Documents and ToR had been updated and shared with the Clinical Documentation and Policy Ratification Group in May 2024.<br>• Scoping of three internal Digital systems for monitoring policies and procedural documents had been completed. InPhase had a funded module that met the requirements, and this option would be explored in further detail. | |
| 070/24 | Division Report – Sussex Premier Health | • A refurbishment programme for ward rooms had begun so each has its own handwashing sink. Four rooms have been completed so far.<br>• There was a plan to remove all carpet from clinical areas and the reception.<br>• There had been challenges in setting up the Private Healthcare Information Network | |
| 071/24 | WCSH – Annual Snapshot Update | • It had proved challenging to gather Friends and Family Test (FFT) feedback. The division hoped to include more FFT when a digital system was available.<br>• The triangulation of feedback from external agencies would be a focus for the year.<br>• Monitoring the effect of changes to the EDGH paediatric service remained a priority. | |

| Agenda item number | Title and function of the paper | Key points made in the paper | Associated actions (as necessary) |
|---|---|---|---|
| 072/24 | Quality Impact Assessments (QIAs): Previous Six Months | • 27 projects had been reviewed. Of these, 16 (59%) required QIA's to be completed in line with the agreed criteria. One of these needed a Stage 2 assessment and 13 projects were approved, with two awaiting confirmation.<br>• There was a risk that changes which were unrelated to the efficiency and productivity programme could proceed without having a QIA. | |
| 073/24 | Annual Report – Research | • The Committee noted the paper and that it would be presented to the Trust Board. | |
| 074/24 | Draft Quality Account 2023/24 | • The Trust Quality Account (QA) 23/24 would be published by the 30th June 2024. Some requirements were still be completed but arrangements were in place.<br>• Three quality improvement priorities had been identified by the Trust for a dedicated focus in the year ahead:<br>1) Safe Administration/Prescribing of Paracetamol<br>2) Reducing the number of rejected pathology samples<br>3) Improving the Quality of Decision making for people who lack capacity | |
| 075/24 | Spotlight: Violence and Aggression (V&A) | • There had been a total of 684 V&A incidents. This represented an increase of 7% when compared to the same period in 2022.<br>• V&A continued on an upward trajectory, with verbal abuse significantly increasing in all Divisions/Departments from ED's, to Outpatients, to Community. Targeted security presence had served to mitigate this increase. | • Papers as follows to be added to the QSC work programme, following consultation with relevant personnel:<br>* Lone worker devices – progress to date, challenges, and next steps<br>* Supporting patients with mental health needs within ESHT– update on training needs analysis for staff, environment, MH strategy and Mental Health Outreach team case |
| 076/24 | Paediatric Audiology Services Assurance | • A paper had been drafted to provide assurance to the CQC on the safety, quality, and accessibility of the Paediatric Audiology services provided at ESHT.<br>• UKAS accreditation was initially awarded to ESHT Audiology in January 2018 for both Adult & Paediatric services. Following an onsite visit early 2024 and the completion of 25 mandatory findings (all detailed within the report), ESHT have received confirmation from UKAS accreditation has been reinstated for the Paediatric Audiology service.<br>• The Committee took assurance from the report. | |

# Clinical Research Annual Report 2023-2024

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| **Purpose of the paper** | To provide the Trust Board with an update on the activity and performance of clinical trial delivery at ESHT and the work undertaken to increase the profile of clinical research and increase engagement within the organisation. | | | | | |
| | For decision | | For assurance | | For information | x |
| **Sponsor/Author** | Sponsor: Dr Simon Merrit, Chief Medical Officer<br>Author: Jo-Anne Taylor, Head of Research | | | | | |
| **Governance overview** | Quality & Safety Committee 23rd May 2024 | | | | | |

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|---|---|---|---|
| **Strategic objectives** | Quality x | People x | Sustainability x |
| | | | |
| **Our values** | Kindness x | Inclusivity x | Integrity x |
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| **Recommendation** | This annual report is for the Trust Board's information only. |
| **Executive summary** | Research and Development (R&D) has continued to increase recruitment into clinical trials at ESHT and recruited 1,889 patients in trials against a pledge to the National Institute for Health and Care Research (NIHR) of 722 during 2023/24. The research team has worked to increase engagement, awareness and delivery of clinical research at ESHT through promotion of research via comms, presentations to departments and displays and posters throughout the trust.<br><br>ESHT participated in 45 clinical research studies and delivered research in 20 specialities (an increase from 15 specialities in 2022-23).<br><br>ESHT has also been recognised for its exceptional performance at being ranked in the top 3 recruiters at national and network levels for several trials.<br><br>To increase the portfolio and recruitment into commercial and clinical trials R&D will need to increase staffing capacity to maintain patient safety during clinical protocol delivery and follow up. Clinical research also needs to acquire 5 days/week clinical research space to recruit patients into clinical trials and perform clinical assessments. |
| **Next steps** | Continuing to focus on delivering innovative quality research through academic and commercial trials that will improve the health outcomes for all ESHT patients. |

## Clinical Research Annual Report 2023-2024

Research participation is imperative in improving the health outcomes and benefits to our patients. Involving healthcare professionals in the delivery of innovative treatments increases job satisfaction, staff retention, continuous learning, and evidenced-based care.

This report provides an overview of our performance in 2023-24 and the risks for the coming year.

- 23/24 – Study Recruitment has exceeded our annual recruitment pledge.
- R&D overall driver: to focus on delivering innovative quality research that will improve the health outcomes for all ESHT patients.
- The Department is supporting studies in Oncology, Haematology, Rheumatology and MSK, Orthopaedics, Diabetes, Podiatry, Dermatology, Radiology, Emergency Care, Paediatrics, Renal and Urogenital, Obstetrics, Gastroenterology, Neurology, Anaesthetics, Critical Care, Surgery, Cardiology, Frailty, Genetics, Mental Health, and Public Health research.
- 45 studies were open to recruitment across the Trust with a further 12 in long term follow up. 30 studies are currently open to recruitment and 33 studies are in early discussions for potential opening.
- Staffing the recruitment and delivery of research participants into studies continues to pose a risk in relation to requests for support in new areas of research and commercial trial activity.
- R&D are working to increase commercial trial activity within ESHT. A Clinical Research Brochure has been developed which is sent with Expressions of Interest to Clinical Trial Units to raise our profile as a research ready Trust. The brochure has increased our success rate of being selected for commercial trials. KSS NIHR has praised the brochure and requested it to be shared with other Trusts – this has been actioned.
- The department has worked to raise the profile of the Research department internally and externally. Research awareness events have been held to promote clinical trial activity for the public and employees. Research promotion meetings have been held on wards, OPD departments, education meetings and on study days. Regular communications celebrating research activity successes and invitations to participate in research are posted on the extranet. The Research page has also been updated with ongoing improvements being made. ‘A Welcome to Research’ email is sent out to all clinicians starting in the Trust which includes the Clinical Research Brochure, invitations to participate in any staff research and research contact details. The NIHR have also produced a promotional video for the Be Part of Research Campaign which featured an ESHT patient and the Trust. Winning 2 NIHR research awards led to publicity in 2 local newspapers and letters of praise by the local MP.
- The research culture of the Trust is changing positively, and the research department are receiving more enquiries from clinicians and AHP’s for ways to get involved.
- The ESHT Clinical Research Brochure is also sent out with Consultant job adverts to promote ESHT as a research active Trust.
- To align with the NIHR PPIE programme ESHT now has 3 lay public Research Champions (RC) and the first meeting was held in November 2023. Quarterly RC meetings have been organised for 2024.

Overview of Performance in Initiating and Delivery of Research (PID) 23/24

- Recruitment pledge = **722** – actual recruitment = **1889**

- ESHT received 2 awards from KSS Clinical Research Network in March 2023:
  - Radiology: Dr David Sallomi and his team won Highly Commended in the NIHR Clinical Research Network Kent, Surrey and Sussex's Research Support Award in the Acute Trust category.

  - Pevensey Day Unit also won Highly Commended in the NIHR Clinical Research Network Kent, Surrey and Sussex's Research Support Award in the Acute Trust category.
    .
  - Both awards attracted £250 each.

| | | Recruitment | | |
|---|---|---|---|---|
| **Trust Name** | **FY2324 Pledge** | **FY2324** | **YTD Pledge total** | **To Pledge total** |
| Ashford and St Peter's Hospitals NHS Foundation Trust | 1662 | 2,360 | 1,730 | 156% |
| Dartford and Gravesham NHS Trust | 470 | 1,339 | 489 | 274% |
| East Kent Hospitals University NHS Foundation Trust | 1067 | 1,850 | 1,111 | 168% |
| **East Sussex Healthcare NHS Trust** | **722** | **1,889** | **752** | **253%** |
| Frimley Health NHS Foundation Trust | 2000 | 1,423 | 2,082 | 68% |
| Kent and Medway NHS and Social Care Partnership Trust | 421 | 616 | 438 | 141% |
| Kent Community Health NHS Foundation Trust | 65 | 158 | 68 | 233% |
| Maidstone and Tunbridge Wells NHS Trust | 2561 | 5,632 | 2,666 | 227% |
| Medway Community Healthcare | - | 211 | - | - |
| Medway NHS Foundation Trust | 3278 | 7,883 | 3,413 | 231% |
| NIHR CRN: Kent, Surrey and Sussex | - | 4,694 | - | - |
| Non-NHS Activity in Kent, Surrey and Sussex | - | 7,390 | - | - |
| Queen Victoria Hospital NHS Foundation Trust | 566 | 727 | 589 | 126% |
| Royal Surrey County Hospital NHS Foundation Trust | 1567 | 1,172 | 1,631 | 73% |
| South East Coast Ambulance Service NHS Foundation Trust | 360 | 416 | 375 | 111% |
| Surrey and Borders Partnership NHS Foundation Trust | 999 | 2,475 | 1,040 | 238% |
| Surrey and Sussex Healthcare NHS Trust | 2207 | 4,353 | 2,298 | 189% |
| Sussex Community NHS Foundation Trust | 500 | 401 | 521 | 77% |
| Sussex Partnership NHS Foundation Trust | 843 | 1,590 | 878 | 181% |
| University Hospitals Sussex NHS Foundation Trust | 4911 | 7,032 | 5,113 | 144% |
| | | | | |
| **Comparable Trusts** | | | | |

Examples of exceptional performance include:

- SPIROMAC study: 3rd highest recruiting centre nationally.
- MIDI Study: we have recruited our 2000th patient in the total time open for the study and this year we are the 3rd highest recruiting site nationally this year to date.

- ZODIAC Study: we were the first hospital to recruit to the trial nationally and the first hospital to recruit to target (33 patients) nationally.

- After Anke Fracture Study: 2nd highest recruiter in KSS.

Opportunities to increase research participation and opportunities for patients.

- Clinicians new to the Trust actively seeking out research activity and support has increased through the implementation of the R&D welcome emails, which is a positive move.

- Trainees are being engaged to participate in research activity and this is supported by opening clinical trials that are participating in the NIHR Associate PI Scheme. This is a recommendation by KSS CRN, to support and encourage the next generation of research-active clinicians.
- Research posters are being displayed and regularly updated in most clinical and outpatient areas to promote research activity and awareness in the Trust. Posters are promoting clinical trials that are currently recruiting in the Trust and also the 'Be Part of Research Campaign' and 'Join Dementia Research' which is open to all members of the public and staff.
- Actively recruiting trials are being promoted on the intranet/extranet.

Risks

- The on-site archiving storage room recently underwent a renovation to bring it in line with GCP and MHRA guidelines but unfortunately this room has flooded again – work is underway to repair again.
- The Clinical research team has a small and part-time workforce - working generically across specialties.
- Current delivery team consists of the following:-
    - 8.32 WTE clinical research delivery staff
    - 3.4 WTE non-research delivery staff including the core research governance team, this is funded by the NIHR delivery money therefore impacts higher recruitment performance.
- CRN funding supports research delivery staff only.
- Unable to carry commercial monies forward to next financial year which impacts the ability to increase the delivery team and capacity to safely deliver a higher number of trials.
- Studies are available, that would be appropriate to open for the ESHT patient population, but the Research Department has very limited remaining capacity to support new clinicians / teams.
- No funding is received from ESHT to support research governance and delivery of long term follow up function.

# Use of Trust Seal

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| **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 | | | | | |

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| **Strategic objectives** | Quality | People | Sustainability |
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| **Our values** | Kindness | Inclusivity | Integrity |
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| **Recommendation** | The Board is asked to note the use of the Trust Seal since the last Board meeting. |
| **Executive summary** | The Trust Seal was used to seal one document between 29th March 2024 and 30th May 2024:<br><br>**Sealing 110 – Rye, Winchelsea and District Memorial Trust Limited, 3rd April 2024**<br>Agreement for lease of Medical Wing at Rye Memorial Care Centre until 31st May 2030. |
| **Next steps** | Not applicable |