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South East Coast

South East Coast Strategic Health Authority

Annual Report 2008/09

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Introduction from the Chairman and Chief Executive

Welcome to our annual report for 2008/09.

Significant steps have been taken this year to ensure quality is placed at the heart of our activities and that this is embedded in both the focus and delivery of health services in the region.

We would like to take this opportunity to thank Graham Eccles, the Chairman of NHS South East Coast Strategic Health Authority (SHA) for most of the last year. During his two and a half year tenure leading the authority he set firm foundations on which the local NHS will continue to build as it works to deliver high quality care for patients in Kent, Surrey and Sussex.

Organisations across the region have worked incredibly well together in developing our shared vision for improving health and care for the people of Kent, Surrey and Sussex, *Healthier people, excellent care* (HPEC). More than 100,000 people were involved in developing this vision. The resulting 50 pledges that we have all agreed are challenging. As we go forward together we all need to share, both in the responsibility and hopefully the sense of achievement, in meeting those pledges.

The improvements to the financial position across the region have continued this year. Every organisation is reporting a break even or better position for the second year in a row. Importantly a regional surplus of £111m has been achieved at the same time as patient services and public health improvements. Our strong financial position will enable patients and communities to benefit from further investment in new, improved, sustainable services.

Last year the SHA set out key priorities in meeting its three objectives; strategic leadership, developing NHS organisations and effective delivery of seamless patient care. This annual report provides some headlines on the good progress made, as well as setting out our focus for the coming year.

Successes this year include:

- Significant reductions in healthcare associated infections. MRSA is down by 59.3%.
- C.difficile infections have fallen by 39%
- significant improvements to 18 weeks to treatment performance, to well within the national target levels
- we were the first SHA to meet the 50% target of GP practices offering extended opening hours. The number of practices across the region offering this service is now 73%
- the South East Coast Ambulance Service achieved the category A “Call Connect” operating response time standard
- extra primary care capacity across the region has been developed. Eleven new procurements had been signed by mid February and seven of the schemes are already up and running seeing patients

- establishment of the Quality Observatory, the first in the country, to help our organisations develop metrics that allow local NHS organisations and clinicians to measure what matters to patients, benchmark their performance and ensure that findings are acted upon and drive the commissioning of services.

But we have set some very challenging targets so progress must be maintained or stepped up (<http://www.southeastcoast.nhs.uk/hpec/Report.asp>).

NHS South East Coast was relaunched on 1 April 2009 following restructuring and realignment of roles, functions and structures, to enable the SHA to support the delivery of *Healthier people, excellent care*. These changes also reflect the amendments to the roles of SHAs and primary care trusts in commissioning and service delivery.

Significant changes have been made by both NHS South East Coast and the local NHS over the last year. The objective we are all striving so hard to achieve is to develop a 21st century NHS which is clinically-driven, patient-centred and responsive to local communities.

We thank all our partners for your hard work to-date and look forward to working with you over the next year as we drive together to make this vision a reality.



Kate Lampard
Chair



Candy Morris
Chief Executive

1. Who we are

South East Coast Strategic Health Authority, known as NHS South East Coast, is the regional headquarters for the NHS in Kent, Surrey and Sussex and works in partnership with regional and local organisations, particularly the Government Office for the South East and local government.

NHS South East Coast was established on 1 July 2006 as one of 10 Strategic Health Authorities in England. It is the successor body to Kent and Medway SHA and Surrey and Sussex SHA.

Most SHAs are coterminous with the Regional Government Offices, but in the South East there are two SHAs within the Government Office for the South East (GOSE) region – South East Coast and South Central.

2. The local NHS in the south east coast region

The SHA works with the local NHS on the strategic direction for healthcare in the region. There are 98,000 NHS staff in Kent, Surrey and Sussex working in local NHS organisations, such as PCTs, NHS trusts (which provide hospital, mental health and learning disability services) an ambulance trust, GP surgeries, dental practices and optician services.

Primary care trusts (PCTs)

There are eight PCTs in Kent, Surrey and Sussex:

- Brighton and Hove City
- Eastern and Coastal Kent
- East Sussex Downs and Weald
- Hastings and Rother
- Medway
- Surrey
- West Kent
- West Sussex

The PCTs have three key functions:

- engaging with the local population to identify health needs and improve health and well-being;
- commissioning a comprehensive and equitable range of high quality, responsive and efficient services, within the resources allocated;
- directly providing high quality responsive and efficient services where this gives best value.

The PCTs work with local people to improve equality, the quality of services, responsiveness, innovation, efficiency and affordability. They are responsible for leading local health systems and developing effective partnerships with practice-based commissioners, local authorities and with the various types of service providers.

They also hold organisations that provide health and social care services to account through commissioning and contracting, and are accountable to their local population through the local authority overview and scrutiny committees and to the SHA.

NHS trusts

There are 17 Trusts in South East Coast: 12 acute (hospital) trusts, 3 mental health and learning disability trusts, 1 trust that provides community rehabilitation services and the ambulance trust.

Two acute trusts in West Sussex – Worthing and Southlands and Royal West Sussex – have merged into a new centrally managed organisation from April 2009 – Western Sussex Hospitals NHS Trust.

The SHA is working closely with all its trusts to prepare them for foundation trust status, which gives greater freedom and flexibility in how they operate.

Prior to 2008/09, there were two local NHS foundation trusts - Queen Victoria Hospital NHS Trust, East Grinstead, and Frimley Park Hospital NHS Trust. During 2008/09, four further Trusts were licensed to operate as Foundation Trusts: Medway NHS Foundation Trust (from 1 April 2008), Surrey and Borders Partnership NHS Foundation Trust (from 1 May 2008), Sussex Partnership NHS Foundation Trust (from 1 August 2008), and East Kent Hospitals University NHS Foundation Trust (from 1 March 2009).

The SHA oversees the assurance process for aspirant foundation trusts and the remaining 11 trusts are currently in the pipeline with trajectories to achieve FT status by 2010.

Each NHS trust produces its own annual report in September each year, and these can be accessed via the local NHS website www.southeastcoast.nhs.uk.

A snapshot of the south east coast region

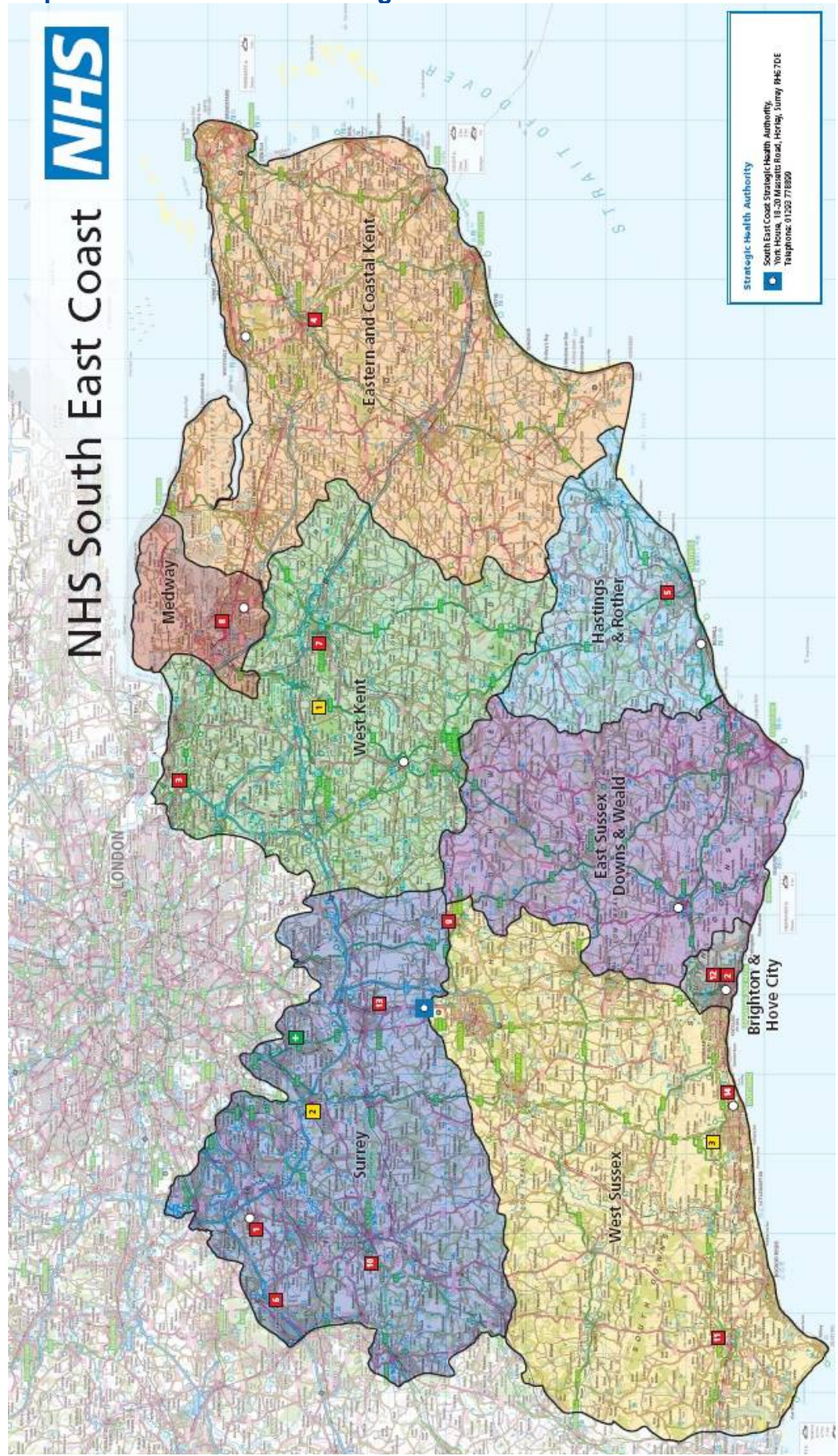
4.2 million people live in the region and their life expectancy is the second highest in England - 78.5 years for men and 82.4 years for women (ONS).

NHS South East Coast has 26 local NHS organisations, 2,500 GPs in 700 surgeries, 2,000 consultant specialists and an NHS workforce of 98,000.

The health of people in the South East and NHS South East Coast area is generally better than the average for England. Levels of deprivation are low and life expectancy for both men and women is higher than average. But there are inequalities in health within the region. For example, the health of people in Hastings, Thanet and Brighton and Hove is generally worse than the national average. In contrast, the health of those from more affluent areas such as Epsom and Ewell, Wealden and Sevenoaks appears better than average. Across Kent, Surrey and Sussex early deaths from cancer, heart disease and stroke are below the national average.

Regional priorities are: improving health and well-being, addressing the underlying causes of ill health in a sustainable way and reducing health inequalities.

Map of the south east coast region



Acute trusts

1. **Ashford and St Peter's Hospitals NHS Trust**, St Peter's Hospital, Guildford Road, Chertsey, Surrey KT16 0PZ. Telephone: 01932 872000
2. **Brighton and Sussex University Hospitals NHS Trust**, Royal Sussex County Hospital, Eastern Road, Brighton, East Sussex, BN2 5BE. Telephone: 01273 696955
3. **Dartford and Gravesham NHS Trust**, Darent Valley Hospital, Darent Wood Road, Dartford, Kent, DA2 8DA. Telephone: 01322 428100
4. **East Kent Hospitals University NHS Foundation Trust**, Kent and Canterbury Hospital, Ethelbert Road, Canterbury, Kent CT1 3NG. Telephone: 01227 766 877
5. **East Sussex Hospitals NHS Trust**, St. Anne's House, 729 The Ridge, St Leonards-on-sea, East Sussex TN37 7PT. Telephone: 01424 755 255
6. **Frimley Park Hospital NHS Foundation Trust**, Portsmouth Road, Frimley, Camberley, Surrey GU16 7UJ. Telephone: 01276 604604
7. **Maidstone and Tunbridge Wells NHS Trust**, Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ. Telephone: 01892 823 535
8. **Medway NHS Foundation Trust**, Medway Maritime Hospital, Windmill Road, Gillingham, Kent ME7 5NY. Telephone: 01632 830000
9. **Queen Victoria Hospital NHS Foundation Trust**, Holtye Road, East Grinstead, West Sussex RH19 3DZ. Telephone: 01342 414000
10. **Royal Surrey County Hospital NHS Trust**, Egerton Road, Guildford, Surrey GU2 7XX. Telephone: 01483 571 122
11. **Western Sussex Hospitals NHS Trust**, St Richard's Hospital, Spitalfield Lane, Chichester, West Sussex PO19 6SE. Telephone: 01243 788122
12. **South Downs Health NHS Trust**, Brighton General Hospital, Elm Grove, Brighton, East Sussex BN2 3EW. Telephone: 01273 696 011
13. **Surrey and Sussex Healthcare NHS Trust**, East Surrey Hospital, Canada Avenue, Redhill, Surrey RH1 5RH. Telephone: 01737 768511
14. **Western Sussex Hospitals NHS Trust**, Worthing Hospital, Lyndhurst Road, Worthing, West Sussex BN11 2DH. Telephone: 01903 205111

Mental health and social care trusts

1. **Kent and Medway NHS and Social Care Partnership Trust**, 35 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4AX. Telephone: 01732 520400
2. **Surrey and Borders Partnership NHS Foundation Trust**, 18 Mole Business Park, Randalls Road, Leatherhead, Surrey KT22 7BA. Telephone: 01883 383838
3. **Sussex Partnership NHS Foundation Trust**, Swandean, Arundel Road, Worthing, West Sussex BN13 3EP. Telephone: 01903 843000

Ambulance service

South East Coast Ambulance Service NHS Trust, The Horseshoe, Bolters Lane, Banstead, Surrey SM7 2AS. Telephone: 01737 353333

Primary care trusts

NHS Brighton and Hove, Prestamax House, 171-173 Preston Road, Brighton, East Sussex BN1 6AG. Telephone: 01273 295490

NHS East Sussex Downs and Weald, 36-38 Lewes, East Sussex BN7 2PB, Telephone: 01273 485000

NHS Eastern and Coastal Kent, Brooke House, Block C, John Wilson Business Park, Whitstable, Kent CT5 3QT. Telephone: 01227 795050

NHS Hastings and Rother, Bexhill Hospital, Holliers Hill, Bexhill-on-Sea, East Sussex TN40 2DZ. Telephone: 01424 7356000

NHS Medway, 7-8 Ambley Green, Bailey Drive, Gillingham Business Park, Gillingham, Kent ME8 0NJ. Telephone: 01634 382777

NHS Surrey, Cedar Court, Guildford Road, Leatherhead, Surrey KT22 9RX. Telephone: 01372 227300

NHS West Kent, Wharf House, Medway Wharf Road, Tonbridge, Kent TN9 1RE. Telephone: 01732 375200

NHS West Sussex, The Causeway, Goring-by-Sea, Worthing, West Sussex BN12 6BT. Telephone: 01903 708400

3. Our objectives and our priorities

The SHA has developed strategic objectives to support its purpose. These are:

Strategic leadership that ensures:

- local people and organisations work together to tackle the causes of ill health
- strategic frameworks are developed to support NHS organisations when turning policy into actions and benefits for local populations

Developing NHS organisations so that:

- all organisations, including the SHA, have the necessary people, processes and systems in place to ensure delivery
- leading edge thinking and evidence of best clinical practice are promoted through robust clinical leadership for the benefit of local people

Effective delivery of seamless care for patients by ensuring that:

- performance and delivery processes and systems are developed with NHS organisations to ensure that improvements are made in the planning and delivery of health and health services
- patients and the public experience seamless services and improvement in access, choice and health care outcomes

In addition to the strategic objectives, the SHA Board agreed that its key priorities for 2008/09 would be to:

1. Deliver improvement in health inequalities as captured by PCT operational plans and regional health strategy
2. development and implementation of clinical pathways (Fit for the Future, Our NHS Our Future)
3. develop commissioning capability across the south east coast including:
 - development and delivery of World Class Commissioning competencies
 - delivery of assurance framework
 - development and delivery of national pilot for strategic commissioning plans
4. improve patient safety
5. ensure south east coast organisations, including foundation trusts are fit for purpose including:
 - appropriate leadership
 - workforce – numbers
 - training and development
 - meeting Healthcare Commission standards
6. ensure the SHA is fit for purpose

7. create financially sustainable organisations which overall deliver a surplus
8. develop and deliver a proactive communications strategy based on insight and research
9. improve the patient experience
10. deliver 18 weeks

Progress during the year on the strategic objectives and the Board priorities is reported on the following pages.

Our vision for the next ten years: *Healthier people, excellent care*

Healthier people, excellent care (HPEC) is the local NHS ten-year vision for health and care across the region. It builds on the region's progress made in delivering *The NHS Plan* over the last few years and the Government's reform agenda, as set out in *High Quality Care for All* (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825).

The objective is to develop a 21st century NHS which is clinically-driven, patient-centred and responsive to local communities.

The region's vision is focussed on a series of clinical pathways: maternity and newborn care; children's health; staying healthy; planned care; acute care; mental health; long-term conditions; and end of life care.

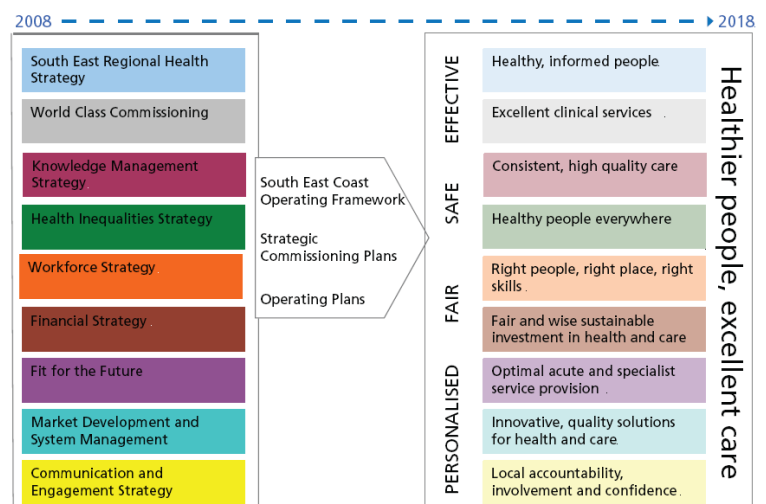
HPEC pledges and recommendations were developed in collaboration with patients, carers and staff, clinicians and local NHS leaders. This should ensure that they reflect the needs and priorities of local people, and that the local NHS can make them happen.

The pledges have been signed off by the NHS South East Coast Board, and our *Operating Framework 2009/2010* outlines how we are going to work to implement them. Our PCTs

strategic commissioning plans show how they are going to make the pledges and recommendations a reality in their local areas.

The full list of pledges for each service area and further information on the development and implementation of HPEC is available on the SHA's website (www.southeastcoast.nhs.uk/hpec).

The SHA was relaunched on 1 April 2009, following restructuring and realignment of roles, functions and structures, to enable the organisation to play its part in the



delivery of HPEC. These changes also reflect the amendments to the roles of the SHA and PCTs in commissioning and service delivery.

There are three key SHA areas of focus for the coming months; quality, innovation and leadership. A Quality Board, chaired by the SHA chief executive and including key clinical and managerial leaders in the region, has been established to support quality improvement in the region by promoting wide clinical and multi-disciplinary engagement, developing best practice and promoting innovation in services. This will include setting the quality framework.

A Quality Observatory will help our organisations develop metrics to measure what matters to patients, benchmark their performance and ensure that findings are acted upon and driving the commissioning of services.

Our new Directorate of Innovation will encourage innovation to flourish and support the spread of innovative practice.

The third key area is leadership, where our leadership programmes will continue to develop leadership talent across the diverse range of people in the region.

4. Progress on improving NHS performance

4.1 National Priorities

During 2008/09 access to unscheduled and planned health care has continued to be a priority. Across the region as a whole, the accident and emergency service operating standard - that 95% of people attending A&E departments should wait no longer than four hours - was achieved. However performance at individual hospital level was not consistent and four of our 13 hospital-based A&E departments did not achieve the standard.

The South East Coast Ambulance Service achieved the category A “Call Connect” operating standard. This measures the time taken to arrive at the scene from the time the original call is connected to the ambulance control centre. The national operating standard is that 75% of category A (ie immediately life threatening incidents) calls should arrive within eight minutes.

The proportion of patients requiring admission to hospital who received treatment within 18 weeks rose from 85.02% by the end of March 2008 to 91.65% in January 2009 – the national milestone is 90%. For patients whose treatment did not require admission to hospital, the proportion treated within 18 weeks rose from 91.31% in March 2008 to 97.22% in January 2009 – the national milestone is 95%. 2008 - 09 continued to see an increase in the choice available to patients, with a small increase in the use of the Choose and Book system with use reaching 50% by March 2009.

NHS South East Coast was the first SHA to meet the 50% target of GP practices offering extended opening hours with 67% of all practices offering this service by July 2008. The region is consistently improving on this, with March 2009 figures reporting that 73% of all GP practices are now offering extended opening hours across Kent, Surrey and Sussex.

The exercise to bring extra primary care capacity across the region has been extremely successful. Of the eleven procurements, eight contracts were signed before 31 December 2008, with all eleven being signed by mid February 2009. Seven of the schemes are already up and running seeing patients. Contracts have been awarded to a range of GP Consortia, Social Enterprises and the independent sector.

4.2 Healthcare associated infection

Reducing healthcare associated infections (HCAIs) and improving cleanliness is one of the five national priorities for the NHS. During the last year there was a significant reduction in infection rates across the region:

MRSA

The national requirement for MRSA bacteraemia was to ensure a 50% reduction in infection. In 2008/09 organisations in south east coast were required to reduce their infections rates by 50%. This was achieved with a 59.3% reduction exceeding the national limit.

From April 2009, all elective admissions must be screened for MRSA in line with Department of Health guidance. This will be extended to cover emergency admissions as soon as possible and definitely no later than 2011. In line with national guidance, all healthcare organisations across the region have published on their websites their MRSA screening policies, statements of compliance and have established systems to monitor the number of patients screened.

Clostridium Difficile

The national requirement for Clostridium Difficile is to ensure a 30% reduction in infections by 2011. During 2008/09 organisations in south east coast reduced the number of Clostridium Difficile infections by 39% thus exceeding the national limit for this year.

In *Healthier people, excellent care* we have pledged to our patients that by 2011:

- there will be no avoidable cases of hospital acquired MRSA
- there will be fewer than 2,000 cases of clostridium difficile per annum across the south east coast.

Working together

NHS South East Coast has worked closely with others to improve practice and further reduce hospital and community acquired infection. Partners include primary care trusts, the Health Protection Agency and the Department of Health Improvement Team.

Increasing specialist knowledge and skills

Organisations across the region have increased the workforce in the following areas:

- Infection control specialist nurses and doctors
- pharmacy advisors
- dedicated nurses and doctors for isolation wards
- microbiologists

Improving practice

We are improving practice and patients' experience through rigorous review of all infections to identify the learning and where we need to change and improve the way clinicians work. Through regular audit of practice, organisations across south east coast have significantly improved compliance against key standards. These include hand hygiene rates, the general cleanliness of hospitals and health care environments and care of intravenous lines and urinary catheters.

Sharing best practice

In order to share best practice, recognise and celebrate innovation a successful matron's event was held earlier this year which focussed on learning and sharing practice on wound management, the role of the matron in cleaning and the environment.

4.3 Commissioning capability and development

In 2008/09 the SHA published its second annual Operating Framework (www.southeastcoast.nhs.uk/operatingframework), a companion piece to the *National Operating Framework*, outlining the local priorities for action. The current operating framework focuses on ensuring the delivery of the pledges outlined in the regional vision *Healthier people, excellent care*.

The SHA has successfully completed the first year of the World Class Commissioning assurance programme, assessing PCTs' commissioning capabilities across a range of competencies and testing their governance arrangements. The results of the assurance programme have been published by each PCT and provide a highly useful analysis of where to focus our development for future years.

5. Looking forward

5.1 National priorities

In April 2008 the Department of Health introduced *Vital Signs* - a new approach to planning and managing national and local priorities. Of the twelve tier 1 vital signs for 2009, ten remain unchanged from the previous year and cover cleanliness, hospital associated infection, access to personalised and effective care, improving health, and reducing health inequalities.

The SHA incorporated the national priorities into the planning and delivery requirements specified in the *South East Coast Operating Framework 09-10*. Work on delivering sustainable improvements in access to services will continue into 2009/10. This will include ensuring consistent performance by all service providers, for example in delivering and improving upon the accident and emergency operating standard referred to above.

5.2 Commissioning and development

During 2008/09 the SHA published *Developing World Class Commissioning* in south east coast, a guide to what the SHA could offer PCTs in developing their commissioning function. Following collaborative pieces of work with the PCTs on market analysis and knowledge management, the SHA will be realigning its support and development in line with the results from the first year of the World Class Commissioning assurance programme.

Our Vision for Primary and Community Care (Department of Health, July 2008) sets out a clear commitment to enabling modern, consistently high quality, sustainable community services that are responsive to patients and communities whilst offering value for money for taxpayers. The *Transforming Community Services Programme* has been established to support the delivery of this commitment. The SHA will continue to work with PCTs to empower staff to improve patient care and to transform their practice; to improve the commissioning of community services; and to reshape provider organisations for community services to ensure they can meet future patient care needs.

6. Strategic leadership

6.1 Strategic partnerships

The public health directorate continues to lead the development of strategic partnerships in the region to support the SHA objectives of reducing health inequalities and improving the health of the population. We have a good relationship with the South East England Development Agency (SEEDA) to ensure that economic objectives and health priorities are aligned. The SHA has also played a lead role, with other regional partners within the Regional Assembly and with the Department of Health in the South East, in overseeing the implementation of *The Regional Health Strategy* and the *South East Coast Health Inequalities Strategy*. Together with SEEDA we will be ensuring a health focus in the new single regional strategy for the region.

The directorate has also led on the health input into *Workwise South East*, which is now chaired by our Regional Director of Public Health, Dr Yvonne Doyle. This is a regional initiative developed in partnership with SEEDA and the private sector which aims to improve flexible and healthy working practices across the South East.

The SHA represents the NHS in the South East on the South East Partnership for the 2012 Olympic Games. The SHA has developed a strategic planning framework to ensure that the NHS in the region develops a health legacy from the Games. In November, in partnership with SEEDA and LOCOG (the London Organising Committee for the Games), we hosted a successful awareness raising event for NHS senior managers.

Over the past year we have also consolidated our partnership with the third sector, working closely with RAISE (Regional Action for inclusion South East) and have contributed to the development of Regional Compact, which sets out principles for working with voluntary and community sector groups. We have also joined the South East Rural Board so that the progress of a rural strategy in the region is informed by our health priorities.

6.2 Regional Health Strategy

The *South East England Health Strategy* was published in February 2008. Through the year the Department of Health South East, which includes the regional public health and adult social care teams, and the SHA's public health directorate, have been working with regional and local partners, to deliver the central health strategy aim of improving the health and well-being of the population of the South East.

Delivery of the strategy is an on-going process but key achievements in 2008 include:

- **Supporting Local Area Agreements**
LAAs are a key mechanism for delivering improved health and well-being, and the Department of Health South East and SHA public health directorate have successfully negotiated the health targets for the six NHS South East Coast LAAs.
- **Supporting people to live healthy lives**
The *Get Active South East* framework for physical activity has been published, the *Well-Being South East* website (www.wellbeingsoutheast.org.uk) launched and £5.6 million secured from the Big Lottery Fund, for the regional 'chances4 change' programme (which is supporting 62 projects aimed at promoting healthy eating, active lifestyles and weight management programmes across the South East).
- **Reducing alcohol-related harms**
The Department of Health South East and Government Office for the South East have rolled-out an initiative to improve the sharing of anonymised information between A&E departments in the region and local Crime & Disorder Reduction Partnerships, to help reduce alcohol-related harm.
- **Improving social care**
The Department of Health South East team has been expanded to include a new Deputy Regional Director for Adult Social Care and Partnerships, and currently a team is being put in place. They will deliver a number of programmes (including social care transformation, offender health and improving access to psychological therapies), which will improve the support provided to social care agencies across Kent, Surrey and Sussex.
- **Workwise South East**
Part of a national programme, is chaired by NHS South East Coast's Director of Public Health and is working with the public and private sectors to promote smarter working practices, such as flexible working and working from home, to help improve the health and well-being of the workforce.

These and other key achievements are detailed in the 2008 Annual Report of the South East England Regional Directors of Public Health, which was published in March 2009 (available from <http://bit.ly/report1>). The annual report serves as a progress update and data compendium on the six themes of the South East Health Strategy; health inequalities, a sustainable region, safer communities, employment and health, children and young people, and later life.

6.3 Health Inequalities Strategy

During the last year the SHA has taken forward its *Health Inequalities Strategy* that was developed in 2008. The strategy is being delivered through the collective commitment of the Public Health Leadership Group (all the Directors of Public Health, Department of Health South East and the SHA Public Health Directorate).

The group is overseeing the delivery of the strategy which aims to improve life expectancy and reduce the gap in health outcomes between the most deprived and the affluent parts of the region.

The SHA, through the public health performance programme manager, plays a strong role in supporting PCTs and local authorities deliver a reduction in health inequalities through the commitments they have made in strategic commissioning plans, operational plans and local area agreements.

Progress has been made over the last year in supporting PCTs and local authorities to improve the key interventions that will contribute to reducing health inequalities in their communities, for example, smoking cessation services where the success rate in south east coast remains above the national average. During the year additional resources have been provided to develop greater access to contraception to reduce teenage pregnancy and to develop a sexual health strategy for the region. The SHA has also worked with the national support teams (NST) across our patch to ensure that PCTs have the best available support and evidence to improve these interventions.

In the coming months the SHA and the national support teams for health inequalities are working together to increase momentum in reducing the life expectancy gap by importing the very best knowledge about what works from across the country.

Furthermore, each PCT will be rolling out a programme of work to assess vascular risk in its population and provide evidenced based interventions that will help tackle cardio-vascular mortality. Working with the regional tobacco control co-ordinator, the SHA will be supporting PCTs in developing robust partnership based tobacco control strategies that will contribute to a reduction in smoking prevalence in the most at risk populations.

6.4 chances4change

chances4change is a £5.6m portfolio funded by the Big Lottery Funded Well Being programme. NHS South East Coast is the lead organisation, legally accountable to the Big Lottery Fund, and works in partnership with NHS South Central, Department of Health South East, SEEDA, RAISE and Portsmouth City Council to oversee this four year project.

The 62 projects across the region address healthy eating, physical activity and mental well being. These projects are being delivered by PCTs, local authorities, voluntary organisations and social enterprises. Over four years to 2011, the *chances4change* programme will benefit over 113,000 people from the South East's most socially, economically and geographically excluded groups. The programme is innovative in its approach – developing partnerships and shared agendas to help communities help themselves to bring about health improvements.

chances4change is building evidence of what works in engaging hard to reach groups and evaluating whether projects have made a difference to peoples' lives. By

December 2008, *chances4change* had worked with over 20,000 people, helping them achieve their ambitions of leading more healthy and active lifestyles and focussing on activities that create a sense of wellbeing in their lives.

More specifically, 13,966 people have taken part in a range of physical activity programmes – just over a quarter of the number targeted. The programmes include; walks, cycling, dance and sports. Another 3,493 people have taken part in healthy eating programmes that include *Grow and Eat*, *Cook and Eat* and *Community Cafes*. A further 2,872 people have benefited from the mental health programmes, run by *chances4change*, which include workshops that address challenging stigma, helping employers to support the wellbeing of employees, developing coping skills and supporting mental health users to participate in activities.

Several projects have been recognised – *Silver Song Clubs* achieved a special commendation award from the Royal Society for Public Health. Matt Laird, the *Active and Healthy Crawley* project officer was awarded a GEM (Going an Extra Mile) award and *Naturally Active* has been chosen as a social marketing beacon site in the South East Coast region. A number of learning events such as a Partnerships 2 event, Project Management master classes and social marketing workshops have been organised.

chances4change have also joined forces with the Healthy Weight team in Department of Health South East to develop an integrated Well Being South East website www.wellbeingsoutheast.org.uk. The website has attracted 463 registered users to date.

A number of challenges have been identified, including the reorganisation of partner agencies and changes of staff at project level. Providing evaluation support for a diverse range of projects is complex with varying levels of evaluation skills among those projects. Smaller organisations have to balance delivering their activities and work such as networking, learning and promoting their work, which may have impact on their future sustainability.

We will be looking to build an evidence base and case studies, continue to link up with other agendas - such as *Change4Life* and Health Trainers work. Support will also be given in the development of skills in the wider public health workforce, including skills development such as sustainability planning.

6.5 Sustainable development in the NHS

The Regional Sustainability Framework was published last year. The NHS as the largest local employer and a major consumer of resources has a vital role to play in ensuring the sustainability of future development in the region.

A sustainable development programme board has been established in the SHA and includes a 'champion' from each directorate. The programme board will develop a strategic framework to ensure that the SHA, in its strategic leadership and performance management role, leads on sustainable development for the NHS across the region. The programme board will also be supported by Dr Jackie Spiby, the Regional Health Strategy Lead for Sustainable Development, who is undertaking a mapping exercise to assess the current take up of the corporate citizen assessment checklist and NHS delivery on sustainable development across the south east coast.

6.6 Creating an NHS Fit for the Future

Through the *Creating an NHS Fit for the Future* programme, we have sought to ensure that local plans developed by primary care trusts within the region will result in sustainable local health services that are accessible and fit for the 21st Century.

The SHA board has quality assured the *Fit for the Future* process during the year and work will now continue at a local PCT level to ensure that service development and reconfiguration keep pace with requirements, subject to formal statutory obligations.

Programme developments include:

East Sussex

East Sussex Downs and Weald and Hastings and Rother PCTs have convened a new engagement process with the local NHS, public and local campaigners to review reconfiguration of maternity services following the Secretary of State for Health's agreement with the independent reconfiguration panel's recommendations that: "Consultant-led maternity, special care baby, inpatient gynaecology and related services must be retained on both sites. The PCTs must continue to work with stakeholders to develop a local model offering choice to service users, which will improve and ensure the safety, sustainability and quality of services."

In September 2008, the Independent Reconfiguration Panel (IRP) recommended that consultant-led maternity units should be maintained at the Eastbourne District General Hospital and the Conquest Hospital in Hastings. The Secretary of State accepted the recommendations and both PCTs have made a commitment to establish two new committees to look at the future of local maternity services – the Maternity Services Clinicians' Forum and the Maternity Services Development Panel.

The two PCTs have been working with local doctors and other clinicians, as well as interested local people and groups, to come up with a new strategy and proposals for safe and sustainable services for local women and babies for years to come. These are based on having two consultant-led maternity units, one at the Conquest Hospital in Hastings, the other at the District General Hospital in Eastbourne, and have been agreed by everyone who has helped put the strategy together.

West Sussex

The SHA Board approved West Sussex PCT's proposals to create a specialist centre in Worthing for maternity and specialist surgery through the quality assurance process at its Extraordinary Board of 13 May and meeting of 24 July 2008. The West Sussex Joint Health Overview and Scrutiny Committee (JHOSC) referred the PCT's decision to the Secretary of State on 1 September 2008.

Subsequently the Worthing and Southlands NHS Trust and Royal West Sussex NHS Trust began to consider merging their organisations. The PCT recognised that this merger might make new options possible to meet the clinical challenges and opportunities identified by the local *Fit for the Future* process. The PCT therefore placed its original decision 'on hold'.

The Secretary of State therefore, having initially passed the referral to the IRP, wrote to the JHOSC in October 2008, stating that he had asked the IRP not to undertake a review at this juncture.

The proposed merger between the Royal West Sussex and Worthing and Southlands Trusts was supported by the SHA Board and the Department of Health. The two organisations merged to become Western Sussex Hospitals NHS Trust on 1 April 2009.

The West Sussex PCT has now announced how they propose to review their original Decision, in respect of three services: maternity; inpatient paediatrics; and emergency surgery. The PCT has established a clinical reference panel to oversee the process, chaired by Dr Andrew Foulkes, and consisting of senior clinicians from the PCT's four main acute providers. The panel will be supported by three commissioning advisory groups, comprising a range of appropriate, specialist clinicians from all key providers.

The north east review

West Sussex PCT recently conducted a review of health services in the north east of West Sussex. Public engagement was carried out in the form of eleven public information meetings, thirteen focus group meetings, an MP briefing and four stakeholder meetings – together with a secondary care workshop, held on the 4 September 2008 that was attended by Sir Graeme Catto, who chaired the review.

The north east review panel's report was published on 29 January 2009. West Sussex PCT's Board is now to determine the best way forward. If, as a result of this report, any substantial changes in health services in the north east of the county are proposed, this would then be the subject of formal public consultation.

The PCT Board decided to:

- Support in principle the recommendations of the north east review panel
- develop a detailed response and proposed action plan
- make a final determination on the recommendations at its meeting in March 2009, in the light of views expressed at a meeting of the West Sussex Health Overview and Scrutiny Committee on the 24 February.

At the March Board meeting the PCT's Board received a progress report and noted progress against the north east review recommendations. Some further pieces of work remained to be commissioned and work is taking place with colleagues in West Sussex County Council and others to address this. The Board asked for a further report at its July meeting to monitor progress on these important recommendations.

Kent and Medway

A conference in July 2007 brought together the initial clinical and public engagement work in Kent and Medway. The conference reviewed evidence and agreed that significant reconfiguration was unnecessary. Reviews of five care pathways were agreed – trauma, cardiac, stroke, vascular and urology – and the recommendations from this work have been included in the mainstream work in Kent and Medway and are monitored by the SHA.

Surrey

The Surrey *Fit for the Future* Programme Board considered the general clinical sustainability of its main acute providers. The Board concluded that the objectives could be achieved without instituting a major reconfiguration. In line with other local health communities, Surrey PCT has agreed commissioning strategies designed to

shift care from acute to community settings to improve access and effectiveness of care. The PCT is also working on initiatives to target the provision of care on 'hard to reach' groups in order to reduce health inequalities, including developing 'high impact' partnerships with local partners targeting specific issues of inequality.

Associated with the *Fit for the Future* review, Surrey PCT is leading strategic planning initiatives into:

Surrey community hospitals

Surrey has over 400 community hospital beds, equivalent to a District General Hospital. It is leading work to ensure they are working effectively. Currently this work is focusing on Cranleigh and Milford Hospitals.

Renal services

Surrey does not have a renal centre within the county. Patients currently use St Helier Hospital. The PCT is considering the development of a renal hub in one of its own main providers. A formal consultation on renal services was launched as this annual report was being prepared. The outcome will be known later this spring.

Assuring access Epsom

Epsom hospital provides a limited range of district general hospital services. Although it is physically located in Surrey and the great majority of patients are from Surrey, it is part of the Epsom and St Helier NHS Trust, which falls under NHS London. NHS London and the trust are leading a review of the sustainability of the whole trust in which the Surrey PCT and NHS South East Coast are active participants. In parallel with this work Surrey PCT is working with local clinicians and the public to define its purchasing intentions for the Epsom hospital site.

6.7 Our NHS, our future

Healthier people, excellent care (HPEC) is the south east coast vision for health and health care for the next ten years. It is our regional response to the *Our NHS, our future* review, led nationally by Lord Darzi.

Following engagement with patients, public, staff, stakeholders, and driven by clinicians in the eight clinical pathway groups (CPGs), a draft report for consultation was launched at the Brighton Dome in June 2008. The report set out pledges based on the recommendations for the eight pathways of care covering all aspects of health from birth through to death.

During the course of the year the SHA:

- Launched the vision with more than 250 people attending from throughout Surrey, Sussex and Kent, including service users and members of the public, voluntary groups, local authorities the independent sector, senior NHS management and frontline teams
- undertook an informal 15 week consultation (between June and September 2008) to share the proposed vision widely and make sure the priorities outlined are supported by local people. Specifically the SHA:

- distributed consultation documents, summaries, fact sheets and other written material at GP surgeries, libraries, community centres, hospitals and other venues
 - participated in and held over 50 road shows and meetings throughout Kent, Surrey and Sussex
 - engaged with more than 2,000 people and organisations, including around 1,400 people at road shows and meetings.
- held an implementation event in September bringing together David Nicholson, the NHS Chief Executive, and Lord Darzi with over 100 senior leaders and clinicians from the local NHS and partners in the commissioning and delivery of care
 - held a workshop in December to test the consultation responses and any revisions to *Healthier people, excellent care* with the south east coast leaders, clinicians and other stakeholders.

Healthier people, excellent care was signed off by the SHA Board on the 25 February 2009.

We are now moving to mainstream *Healthier people, excellent care* into the core business of the NHS in the region. The primary tool for implementation is PCT strategic commissioning plans, the south east coast operating framework and pct operational plans for 2009/10.

7. Communications and engagement

The communications and engagement directorate has continued to manage the profile of NHS South East Coast and support the NHS across the region throughout the year. The team provides professional communications advice to local NHS organisations as well as responding to queries as they come directly to the strategic health authority.

In June 2008 the SHA commissioned a media evaluation service that uses a bespoke evaluation tool to track trends in media coverage using a range of indicators including reach of coverage, favourability, themes arising, stakeholder views etc. The most recent quarterly comparison shows favourability of press coverage in NHS South East Coast has improved 8.9% from quarter 2 to quarter 3 and a 45% increase in the reach of coverage, from 118 million readers/viewers to 172 million.

7.1 Best of Health awards

In 2008 NHS South East Coast held its Best of Health/Health and Social Care Awards at the Brighton Dome on 16 April. More than 200 nominations were received from across the region for the regional/national award categories. Chief Nurse Christine Beasley gave the opening address to the day's conference on improving infection control in the NHS. The awards generated considerable media interest and positive coverage of the work of the local NHS and offered opportunities for NHS staff to share best practice.

7.2 Internal communications

In 2008 the communications team developed the SHA's internal communications programme, and introduced:

- a weekly communication by Candy Morris to all NHS South East Coast executives and SHA staff entitled *Start the Week*
- a new, improved internal newsletter, *Headlines*, launched in May 2008
- a series of monthly staff briefings and visits across the region by Candy Morris.

An internal staff survey in 2008 showed staff briefings, *Start the Week* and *Headlines* were well received by staff. A further survey is planned in May/June 2009 and a new version of *Start the Week* for stakeholders, including MPs, local authorities, HOSCs, academics/universities is also planned for the spring of 2009.

The communications and engagement directorate holds regular quarterly meetings to share best practice and develop communications capability across the region. Network meeting topics included: board level communications; reputation management; delivering difficult messages.

7.3 Public affairs

The SHA provides briefing to ministers, the Department of Health and MPs on issues raised and also assists with ministerial and official visits. With 44 MPs representing the region, this is one of the busiest briefing units in the country handling over 500 enquiries a year. During 2008/09 the chairman and chief executive of NHS South East Coast met the region's MPs at the House of Commons on a quarterly basis and briefed them on regional issues.

7.4 Freedom of Information

The Freedom of Information Act gives members of the public the right to access all types of information held by public authorities. The act aims to promote a culture of openness and accountability amongst public sector bodies and for the NHS, it can help people to understand more clearly how the health service works.

Between April 2008 and March 2009, 98 freedom of information act requests were received and responded to. Details of FOI requests received, and responses to them, can also be found on our website www.southeastcoast.nhs.uk. Last spring the SHA held a seminar for FOI and communications leads across the region to discuss the key themes and issues arising in FOI requests and how the NHS can and should respond.

The SHA's *Publication Scheme* was updated in January 2009 and is available on our website at www.southeastcoast.nhs.uk

7.5 Patient and public engagement

Healthier people, excellent care

Engagement with patients, the public and staff on the development of our ten-year vision *Healthier people, excellent care*, was the main focus of engagement activity across 2008/09. More than 100,000 people were involved in developing and reviewing the vision and over 2,000 people and organisations took part in a subsequent consultation on the draft proposals.

The NHS Constitution

Local consultation on the draft NHS Constitution was led by the SHA, who gathered feedback from staff, patients and the public to pass back to the Department of Health to inform the final version that was published in January.

The SHA's chief executive and chairman provided strong leadership on the consultation, and local stakeholder events - including events for mental health service users, the community and voluntary sector, regional patient advice and liaison service teams, and the SHA's people's engagement and development network - were held across the region. Information about the Constitution is believed to have reached in excess of 35,000 patients, public, staff and stakeholders, including around 2,800 who took part in consultative events or meetings.

The People's Engagement and Development Network

NHS South East Coast's patient and public engagement group, the People's Engagement and Development Network (PEDN), has now been running for over 18 months. The group aims to provide direct patient and public feedback on and input into NHS South East Coast's activities, and to hold the SHA to account on engagement with patients and the public.

Activities undertaken in 2008/09 include: assisting in judging for the Best of Health awards 2008; taking part as patient speakers at regional long-term conditions events; working with SHA colleagues on the *Single Equality Scheme*; taking part in consultation road shows, and helping to test the ten-year vision pledges; sitting on the SHA's Quality Board; providing views on *Quality Accounts* and other issues; taking part in discussions on the allocation of funding to help improve the provision of single-sex accommodation; and providing a patient view on draft public advisory leaflets on pandemic flu.

The group has also raised issues of concern, such as use of expensive telephone lines (084 numbers) by the NHS, and implementation of the hospital/healthcare travel costs scheme.

The group is currently developing its work programme for 2009/10, with topics expected to include infection control, non-emergency patient transport services, ambulance turn-around times, patient and public engagement in the NHS, drug wastage, and practice-based commissioning.

Training and development (PPE and PALS staff)

Patient and public engagement (PPE) and the patient advice and liaison service (PALS) across the region are often provided by small teams within larger organisations. As such NHS South East Coast arranged a series of training and development courses throughout 2008 for PALS and PPE staff. These courses covered a range of subjects, and were designed to help PALS staff in particular

improve their skills in areas such as leadership and management, bereavement care, social marketing, coaching and mentoring.

Stakeholder liaison (HOSCs and LINKs)

Regular meetings with Chairs and officers from the region's Health and Overview Scrutiny Committees (HOSCs) continued through 2008/09, giving HOSC Chairs the opportunity to discuss issues with NHS South East Coast's chief executive Candy Morris, and colleagues. HOSCs were also regularly consulted on national and regional issues, such as NHS South East Coast's ten-year vision, *Healthier people, excellent care*, and the local consultation on the NHS Constitution. Both regular and ad-hoc meetings are expected to continue into 2009/10.

Local Involvement Networks (LINKs) are a new forum for patients and the public to engage with health and social care in their local area, following on from the work of patient and public involvement forums. The six LINKs in the south east coast region were at different stages across 2008/09, but host organisations were appointed for all our LINKs, which then spent much of the year establishing themselves, recruiting members, and setting up governance structures.

LINKs members were invited to consultative events on the ten-year vision *Healthier people, excellent care*. NHS South East Coast engagement staff attended a number of LINKs events in 2008, and we have been actively seeking to build relationships with LINKs hosts and steering groups. This work is expected to continue into 2009/10, and we hope that strong relationships with LINKs will develop over time.

Patient experience

Following the publication of Lord Darzi's report, *High Quality Care for All*, patient experience has been highlighted as one of the key measures of high quality care. NHS South East Coast has therefore undertaken an examination of the measurement and recording of patient experience across the region, gathering case studies and examples of good, innovative practice. This work is expected to continue into 2009/10. Local PCTs are collaborating to determine a standard questionnaire to be used by all providers and so offer a means to compare the patients' experience of healthcare services across the region.

8. Developing NHS organisations

8.1 Clinical service development (stroke)

Attention over the last year has focused on implementing the national stroke strategy, published in December 2007.

The Kent and Medway stroke network, formally established in August 2007, has led a programme of service change supported by £3 million of new investment from the PCTs, over and above recent funding from the Department of Health. In October a new model of out-of-hours service delivery was introduced in East Kent. People experiencing symptoms of a stroke can present to any of the acute hospitals where they undergo a clinical assessment, using telemetry to link up with a consultant physician who may be at home or out and about carrying a laptop. This enables a very rapid decision to be made about thrombolysis, which should result in better outcomes. In West Kent a slightly different out-of-hours model is being introduced, strengthened by the establishment of a new stroke unit at Maidstone Hospital.

Surrey PCT has led the development of a local stroke strategy. As in the rest of the South East Coast area, their plans include a 24/7 thrombolytic service. However, of note in Surrey is the work they have done on early supported discharge. Building on pioneering work led from the Royal Surrey County Hospital in Guildford this exciting initiative is attracting interest from Sussex and Kent.

A new stroke network has now also been established across Sussex. As well as developing options for a 24/7 thrombolysis service a lot of work has gone into strengthening or developing TIA services in Surrey and Sussex Hospitals NHS Trust, Royal Sussex County Hospital, in Brighton, and both hospital sites managed by East Sussex Hospitals NHS Trust.

In July 2008 the South East Coast Ambulance Service was runner up in the *NHS Live Awards* with their ground breaking work on a pre-hospital stroke/TIA care pathway. Recently the ambulance service has evaluated a pilot of a new training programme for its front-line staff, based on an initiative that has run very successfully in Miami for over 10 years.

Throughout the year the SHA has supported all the stroke groups across the region with the deputy regional director of public health attending local meetings and arranging administrative support.

8.2 Research and development

Over the last year the two new Comprehensive Local Research Networks (CLRNs) established in the region, one in Kent and Medway and the other in Surrey and Sussex, have published their work programmes. These set out ambitious plans for encouraging research in the local NHS.

The Research for Patient Benefit programme continues to support research proposals with the SHA, represented by the deputy regional director of public health, sitting on the committee that makes the awards. The new medical director at the SHA will join the committee this year.

NHS South East Coast continues to use existing channels of communication to encourage researchers to develop bids in addition to the CLRNs, making effective links with local leaders of national research networks, such as; the National Stroke Research Network, hosted jointly by Brighton and Sussex University Hospitals NHS Trust and St George's, and the Research Design Service South East (formerly the South East Research and Development Support Unit), hosted by the University of Kent at Canterbury.

8.3 Progress in cancer groups

NHS South East Coast would like to acknowledge the extensive achievements of Kent and Medway, Sussex and the Surrey, West Sussex and Hampshire (SWSH) cancer networks and their constituent organisations, in striving for continued improvement in the quality of cancer services. The role of service providers within the region who contribute to cancer networks outside of the SHA boundaries is also recognised.

Kent and Medway Cancer Network is one of the few networks in England to have an agreed plan for implementation of haematological malignancy diagnostic service (HMDS) which, includes a single lymphoma testing panel, that is already in place and operational between Kent and King's College Hospital, London.

Sussex Cancer Network has successfully implemented improving outcomes guidance for urological cancers and is making significant headway in implementation of national guidance for head and neck cancers.

The Sussex Cancer Network director undertook a review of the fitness for purpose of the managed clinical networks in Sussex which helped provide clarity on the role and function of the Sussex Cancer Network. The network is well placed to support the World Class Commissioning agenda.

The swsh cancer network policy board and commissioners agreed an improving outcomes guidance compliant configuration for prostate and bladder surgery, in December 2008. This should be in place by July 2009. A scoping exercise was undertaken for supportive and palliative care services. This will determine current provision and gaps in terms of psychological support services across the network, and will confirm the required future investment. Holistic assessment and bereavement services are being developed.

8.4 Privacy and dignity

NHS South East Coast has sought to improve patients' experience of care with particular focus on privacy and dignity. A programme of work in which all south east coast organisations collaborated was commissioned by the directors of nursing under the *Safer Smarter Nursing Strategy*. All local health economies attended the *Sharing Advances in Privacy and Dignity across south east coast conference* in October 08. The conference was opened by Alan Hall, Director of Performance at the Department of Health, and the day encouraged commissioners and providers to identify how they would work together in the coming year to improve patients experience with particular attention on the elimination of mixed sex accommodation.

A web based tool has been developed to support NHS organisations in a peer review process of privacy and dignity. This allowed trusts to see how the whole of south east coast fared in the audit and also to benchmark themselves on each standard. Directors of nursing took an action plan to their boards based on the findings of the peer to peer review.

In the later part of the year the Department of Health and NHS South East Coast increased the focus on eliminating mixed sex accommodation. This work brings primary care trusts and provider organisations together to deliver improvements in ensuring that patients do not have to share sleeping or bathroom facilities with members of the opposite sex, where there is no sound clinical reason. NHS South East Coast was successful in receiving £7.8 million from the Department of Health privacy and dignity fund to accelerate changes to buildings and systems to support this programme of work.

8.5 Safer smarter nursing metrics

Directors of nursing in south east coast commissioned work to identify and agree a dashboard of metrics that would enable trusts to track quality of nursing care. Individual trusts have created their own quality dashboards with a focus on local quality issues, such as uniform compliance and patient identification. Five indicators of safety and nursing care were agreed: drug errors; pressure damage; complaints; falls; and, healthcare acquired infections.

Organisations use these metrics to see how they rank against others and then use that information to drive improvement in their own organisations. Where trusts have shown improvement over time, the metrics also promote learning by organisations sharing how improvements were made. In addition, the metrics support primary care trusts in holding organisations to account for the quality of the care they deliver.

8.6 Management and leadership development

To secure the vision we aspire to for the people in the south east coast region we must continue to invest in our current and future leadership. However, NHS organisations in the south east coast and nationally have in recent times, often found it difficult to attract short-lists for some senior leadership posts of sufficient calibre and depth. There are also real concerns about the lack of clinicians (particularly doctors) and others such as black and minority ethnic candidates being sufficiently represented on short-lists for board level positions.

In order to continue to support our current and future talent, the south east coast Academy is embarking on a series of development programmes which include:

1. **The Aspirant Director Development Programme** has attracted over fifty aspiring directors who have completed, or are going through a 12-month programme designed to equip participants with the skills necessary to become effective leaders. The programme will be underpinned by the new meta-competencies which will be woven throughout the different elements. All participants will have the opportunity to complete a post graduate Certificate in Strategic Leadership.
2. **The Executive Director Development Programme** demonstrates our commitment in developing our current leaders. To date over thirty executive directors have attended a three day residential event that has provided executive directors with an innovative approach to the enhancement of leadership performance.
3. **The BAMM fit to lead programme** was launched in April 2009. Over 52 clinicians including allied health professionals, nurses, paramedics and consultants are currently embarking on a 12 month leadership and management development programme.
4. **Development and networking events** - since the transfer to SHAs of the ongoing training and development of chairs and non-executives from the Appointments Commission in April 2008, we have run ten development and networking events. These were designed for non-executive directors to engage with a series of south east coast focussed scenarios and thereby test their capability and development needs against a defined set of bespoke non-executive director competencies. To date nearly eighty

non-executive directors have gone through this programme and we are now looking at the findings to develop a comprehensive development programme for 2009/10.

Many NHS organisations across south east coast already have, or are in the process of developing, systematic talent management and leadership development systems and plans that apply to all levels of their organisations. In 2009 the SHA will develop a system to attract, retain, develop and support leaders from all backgrounds and disciplines to ensure that we always have the 'right people in the right place at the right time'¹ and to ensure that we are 'spoilt for choice'² when filling leadership posts.

8.7 Service improvement

Releasing Time to Care: Productive Ward Programme Progress

Last year each PCT/trust received a financial allocation as part of the SHA's £3.5 million investment across the region to support the implementation of the Productive Ward Programme, which is sponsored and monitored by the south east coast directors of nursing forum.

'Releasing Time to Care – the Productive Ward' initiative is a national programme of work supported by the NHS Institute of Innovation and Improvement (NHSI) which aims to empower ward teams by working through modules and toolkits, to reduce inefficiencies and waste, thereby releasing nursing time to be reinvested into direct patient care. To release the anticipated benefits across the region, trusts produced aggressive programme implementation plans. An audit carried out in March 2009 confirmed that the programme is currently being rolled out across 124 wards. It is anticipated it will be implemented across all wards in trusts throughout the region by 2011.

As part of spreading good practice, locality based action learning sets have been established in Surrey, Sussex and Kent and Medway. One of most challenging aspects for the future is to ensure sustainable service improvement and a number of further network and sharing events addressing this and other key work streams areas are due to take place over the next year.

8.8 Strategic workforce framework

The new south east coast workforce framework "*Tomorrow's workforce: a strategic framework for the future*" was developed during 2008/09 working with a range of stakeholders. The framework was approved by the SHA Board on 31 March 2009 and can be found at www.southeastcoast.nhs.uk/workforce.

8.9 Workforce planning

Local health communities continued to develop the workforce plans aligned to PCT strategic commissioning plans during 2008/09. The SHA has assured that national

¹ Inspiring Leaders: Leadership for Quality DH 2009

² ditto

priorities were considered and that there is read across with financial and service planning.

A programme of development took place to enhance capability in workforce planning skills at a number of levels across all organisations.

8.10 Patient care portfolio

As part of the Safer Smarter Nursing strategy the Directors of Nursing Forum commissioned a work stream to build on the Association of UK University Hospitals tool, the Patient Care Portfolio. The goal of this work is to support organisations in measuring patient acuity and dependency to inform evidence-based decision making on nursing staffing and workforce. The second part of the tool is the development of Nurse Sensitive Indicators to show quality of care with specific sensitivity to nursing interventions.

Work is underway to gather the data and the results will allow organisations and NHS South East Coast to benchmark the numbers of nurses in post across the region against national best practice and agree the Nurse Sensitive Indicators.

8.11 Modern matrons

As part of improving patients' experience of clinical care, the NHS listened to patients' desire to see a strong clinical leader with responsibility for cleanliness, hospital food, controlling infections and improving fundamental aspects of care. NHS South East Coast successfully recruited to the target of 369 modern matrons to work in NHS organisations across the region.

8.12 Midwifery

The *Operating Framework 2008/09* requires PCTs and trusts to ensure sufficient numbers of maternity staff are in place to deliver Maternity Matters (DH 2007). The Office of National Statistics confirms a rising trend in births and within south east coast it has been calculated that there is a requirement to increase the midwifery workforce by an additional 500 midwives by 2012 to ensure safe maternity services. Additional education commission placements have been secured. We are working with the universities regarding the recruitment of student midwives and monitoring attrition rates. The SHA is working with the national workforce review team, commissioners, acute trusts, and heads of midwifery to evaluate increases in staffing. All options are being reviewed including return to practice programmes, european midwives training requirements, robust preceptorship programmes for newly qualified midwives, flexible retirement and recruitment incentives. There will be a further update on the midwifery staffing in the Local Supervising Authority (LSA) annual report due in September 2009. The current LSA Report for 2007/2008 is available on our website: www.southeastcoast.nhs.uk/lisa.

8.13 Workforce development

2008/09 was the first full year of the Local Education Partnership groups whose remit includes the creation of bottom up education commissioning plans for 2009/10

working closely with all stakeholders. The SHA worked with the national Workforce Review Team in compiling a region wide education commissioning plan which was approved by the Education Development Commissioning Board on 16 December 2008.

A review of the ambulance education and workforce needs was undertaken to ensure the development of a skilled workforce within the ambulance service to meet the changing needs of this service.

Other work improved flexibility within the BSc in Community Nursing and the tendering and delivery of education programmes to support the Improving Access to Psychological Therapy (IAPT) national agenda. Early discussion took place on the implications of the move to an all graduate nursing workforce to inform a statement of readiness submitted to Department of Health.

The SHA continued to ensure robust contractual monitoring arrangements with higher education providers and has also begun to develop performance metrics, such as attrition and recruitment to target measures

The SHA appointed a widening participation partnership manager, funded by the LSC, to focus on trusts' development of their staff in bands 1-4. A health sector skills alliance was set up across south east coast and south central SHAs. All organisations signed the skills pledge and are working towards completion of skills surveys for bands 1 – 4. We undertook a scoping exercise on the utilisation of foundation degrees which we commissioned and, as a result, increased the number of foundation degrees for 2009/10. Work began on the development of an apprenticeship action plan to implement and embed this agenda. A very successful event was organised in November at the University of Surrey, in partnership with the SHA and Kent, Surrey and Sussex Deanery, to consider how to take forward the creation of new roles.

A Community of Partnership has been established to ensure communication about e-learning and provide a platform for its development across south east coast.

8.14 Community Specialist Programme

It is recognised that our community nursing workforce will be challenged by changes to models of healthcare delivery with a more community focus and an ageing workforce. This has led the NHS to focus on planning better career frameworks and development for community nursing roles

The community specialist programme has developed a career framework as a working tool for the development of community staff. As services develop within the community the career framework has the flexibility to be adapted and amended, and, being web-based the tool can be used by all community organisations.

In addition, the community specialist forum has been developed this body offers the opportunity for good partnership working at an operational level that enables more practice outcome-based evaluation of the higher education Institute provision. The forum provides clinical and operational level knowledge to enhance existing commissioning processes.

8.15 Medical and dental education

Our Kent, Surrey and Sussex Deanery successfully implemented the new modernising medical careers framework for doctors in training. Over 85% of locally trained medical students achieved their first choice of foundation school. Speciality schools in the main medical specialities were set up with the royal colleges. In addition, all GP trainee places were filled and we increased our number of training programmes in line with national policy. Our deanery education programmes were underpinned by the implementation of a new quality management system. Nine of our dental trainers complete the second year of their part-time masters this year, our vocational training places have increased by 25% and all of our dental nurses now have courses available leading to GDC registration.

8.16 Electronic Staff Record (ESR) implementation

ESR sits at the centre of HR systems in the NHS, supporting effective and efficient HR policy, strategy, and delivery. But ESR is much more than an HR management system. Learning and talent management and e-learning capability enable organisations to manage delivery of training and to record competences all on one system, so managers can be confident that staff are adequately trained, qualified and competent. Self-service will empower managers through the availability on-line of real-time critical information to support service delivery.

During 2008/09 all south east coast organisations met the national standard demonstrating competent use of the 'core' system (RA5), subject to final confirmation in the case of one organisation. This universal adoption of ESR and interfaces between ESR and other systems within south east coast has altered radically the information capabilities and practices across the region.

The majority of organisations have demonstrated marked enthusiasm to continue to realise benefits and a commitment to getting the most from this major investment. Use of ESR for effective establishment control is now common practice and all but four organisations have deployed or are in the process of deploying the Oracle Learning Management component of ESR. The majority of provider organisations have either implemented or selected e-rostering systems to interface to ESR.

The 2009/10 agenda includes widespread deployment of the national e-learning system (known as NLMS), implementation of manager and employee self service, and implementation of the interface between ESR and 'spine compliant' clinical and care records systems. With this in place staff access to crucial care systems will be controlled through ESR. This means that the correct level of access will be restricted to the right staff from the day they come to work in an organisation and will cease when they leave. It will no longer be necessary to authenticate staff access person-by-person as the access will become automated, based on organisational role.

8.17 National Programme for IT and health informatics development

2008/09 was a year of accelerated planning for IT and informatics developments. We continue to see the National Programme for IT as the key enabler to ensure that delivery of care is underpinned by modern integrated systems that help clinicians

work effectively. The goal is clinicians delivering safe care based on accurate and full information without the discontinuities at the borders of organisations currently experienced. However the national programme has delivered less quickly than envisaged, with particular issues in the three SHAs in the south of England.

In June 2008, the south's contract with Fujitsu was terminated, and the communities within the SHA, working under countywide governance arrangements, were able to replan the best way forward to accelerate the benefits required. Coherent plans have been developed, and as the first stage of these the intention is to replace community systems across all organisations during 2009/10.

The other key system focus has been on bringing forward the implementation of the summary care record – to improve the quality of unscheduled care (for example out of hours services and accident and emergency) by making a patient's medication and allergies available, where needed. The SHA programme is making strong progress, with projects live in the first two PCTs (Medway and Brighton and Hove City). These PCTs will be among the first ten in England to go live. The summary care record is supported by a strong patient consent policy, and the information can only be accessed with the explicit consent of the patient.

At the same time we have taken advantage of the replanning year to strengthen capability and capacity. The SHA informatics programme has sponsored a clinical leaders network, giving 100 clinicians the opportunity to join a year long programme developing their ability to innovate and lead change. We have taken this forward because of the importance of this leadership for successful delivery of the clinical improvements that informatics developments bring. However, this leadership development also creates much wider benefits.

9. SHA organisation and staff

There are currently 382 full and part-time employees (246.19 whole time equivalent) working for the SHA, which includes Kent, Surrey and Sussex Deanery staff who joined the SHA in March 2008.

Following the launch of Lord Darzi's report *High Quality Care for All* and the South East Coast vision, *Healthier people, excellent care* in June 2008, we undertook a review of the SHA's functions, structures and ways of working to ensure we are fit for purpose to support our collective ambition to focus on quality, innovation and leadership and how we as an SHA empower the local NHS to drive change through clinicians. This internal reorganisation is part of a continual process of growth and change and we continue to develop the culture and organisational values of the SHA and our collective and individual behaviours through an ongoing programme of organisational change.

9.1 Sickness absence

Average sickness absence during the year reported by Directorate was as follows:

Commissioning and delivery – 2.46%

Clinical and workforce – 2.07%

Finance – 1.49%

Public health – 1.99%
Corporate services – 2.36%
Communications and engagement – 1.28%

Overall absence for 2008/2009 – 1.94%
Average number of days absent - 1.37

9.2 Staff Consultative Committee

During 2008 the Staff Consultative Committee continued to provide a valuable forum for staff involvement, communication and consultation. We continue to develop our partnership working and to support this members of the committee have recently trained as agenda for change job evaluators and in undertaking equality impact assessments.

9.3 Equality, diversity and human rights

NHS South East Coast is committed to promoting equality and human rights regardless of race, gender, disability, age, faith/belief or sexual orientation, in the delivery of its services and employment of staff.

During 2008/09 a significant investment in training was made in relation to equality impact assessments and achieving compliance with its race equality duty. A single equality scheme is now out for consultation. A champions group has been established to provide leadership across all aspects of this agenda and the SHA as a Wave 1 Pacesetters site continues to work on the equality and diversity change programmes.

9.4 Risk management

The SHA has continued to develop its risk management approach, and the Audit and Risk Management Committee has overseen the revision of the *Risk Management Framework and Strategy* and the on-going development of the risk assurance framework, including assurance that mitigation strategies are embedded in the SHA's business management. The high level risks for the SHA were also considered by the Board in its agreement of its key priorities for 2009/10.

The regional director of public health is responsible for implementing processes for identifying and managing clinical risk, and works with the director of clinical and workforce development on clinical risks relating to infection control. The Clinical Quality and Patient Safety Committee reviews clinical risks with any additions to the assurance framework reported to the Audit and Risk Management Committee, and the Capital Investment Committee reviews capital business cases that are outside the delegated limits of local organisations.

The interim director of commissioning and system development, supported by the head of corporate services, advises the SHA's Audit and Risk Management Committee on the risks facing the organisation and the actions being taken to address those risks. The assurance framework is reviewed on a monthly basis by the executive team and the Audit and Risk Management Committee reviews the

assurance framework on a quarterly basis. The Board is kept informed of any significant risks and mitigation plans.

9.5 Information governance

Information governance is a broad term used to describe the processes and procedures that the NHS must have in place to ensure that patient records and organisational information is kept confidential, secure and recorded clearly and accurately. It currently encompasses the following legislation and operations:

- Data Protection Act 1998
- Freedom of Information Act 2000
- the Confidentiality Code of Practice
- information security management
- records management
- information quality assurance
- information governance management.

SHAs are required to submit an annual information governance toolkit return to the Department of Health under the Connecting for Health initiative. Although not as far reaching as an acute trust or PCT, the range of activities that SHAs are required to report on includes management, systems, processes and people. The SHA has established an information governance steering group which meets quarterly to ensure that the toolkit is properly developed and actioned.

In 2008, the SHA submitted the toolkit to the Department of Health with a self-assessed amber rating (65 per cent compliance). The steering group undertook to work towards a green rating (75 per cent or more) for 2009. Following work by individual staff and the group as a whole over the last year, the group was satisfied that the self-assessment of a green rating (75 per cent or greater) was reasonable and the SHA's head of information governance has submitted the return to the Department of Health on that basis.

10. Effective delivery of NHS services

10.1 Emergency planning and preparedness

NHS South East Coast continued throughout 2008/09 to build effective mechanisms to ensure it is prepared and ready to respond appropriately in the event of a major emergency. It achieved this by working closely with the multi-agency partners within the Regional and Local Resilience Fora and the Health Protection Agency at both regional and local level.

The SHA Board received an annual report in March 2009 which highlights details of its compliance in meeting its statutory obligations set out within the Civil Contingencies Act 2004 and the Department of Health Guidance of 2005 and 2007.

The main focus of planning activities during 2008/09 related to meeting the national priority target for emergency preparedness as set out in the national *Operating Framework for the NHS in England 2008/2009*:

“... to ensure that plans are in place locally, so that they are in a position to respond effectively to any emergency, including a pandemic flu outbreak or dangerous incident such as a chemical, biological, radiological, nuclear or terrorist attack. All NHS organisations must have robust plans in place to respond to a flu pandemic by December 2008.”

The NHS South East Coast's Pandemic Influenza Preparedness Programme, established in October 2007, successfully drove forward preparedness for all the south east coast NHS organisations. Its achievements were demonstrated in the Department of Health's national Pandemic Influenza Assurance Audit in January 2009, when all our NHS organisations achieved good results.

In relation to preparedness for possible chemical, biological, radiological or nuclear (CBRN) attacks, we continued to work with our multi-agency partners via the regional CBRN planning forum. In addition we ensured that all our NHS organisations have rolling programmes of training and exercising in place which expose relevant staff to scenarios where they will need to respond to this kind of emergency.

During 2008/09 the SHA took part in a number of exercises to test *preparedness* both for major incidents and pandemic influenza. The major series of exercises that the SHA sponsored were entitled 'Exercise Polygon'. These were designed to test the planning assumptions of NHS pandemic influenza plans. The learning from these served to revise these 'flu' plans and inform and improve our preparedness for a possible pandemic.

Further more detailed information on emergency planning activities can be found at: <http://www.southeastcoast.nhs.uk/whatwedo/index.asp>

10.2 Clinical indicators

A clinical quality dashboard has recently been developed which contains indicators on the five domains of quality: effectiveness, efficiency, safety, patient experience and timeliness. This will be further refined as a key element of work for the Quality Observatory. Metrics currently being produced at a regional level are as follows: -

- Rate of MRSA bacteraemia reported per 10,000 admissions;
- rate of C. Diff cases (aged 2+) reported per 1,000 admissions;
- risk-adjusted mortality - all admissions;
- unplanned readmissions within 28 days;
- rate of complications of medical & surgical care per 10,000 episodes;
- rate of drugs, medicaments & biological substances causing adverse effects in therapeutic use per 10,000 episodes;
- incidence of catheter associated urinary tract infections per 10,000 bed days;
- incidence of pressure ulcers per 10,000 bed days;
- hip Fracture repaired within 48 hours;

- patient satisfaction overall (HCC Patient Survey 2007).

Good progress has also been made in agreeing clinically meaningful metrics for stroke and dementia and dashboards are now being finalised for each condition. The Department of Health are keen to provide the locally developed measures on a national basis as part of the support package for the *National Dementia Strategy* implementation. Further work will take place over the coming months with local organisations to agree additional measures and benchmarking to be provided by the Quality Observatory at a regional level. A key priority will be the provision of information and measures to support the eight clinical health and care groups called *Healthier people, excellent care*.

10.3 Transfer of the management of Serious Untoward Incidents (SUIs) to PCTs

As part of the national shift in strategic responsibility to PCTs, we commenced a pilot with three PCTs to transfer the operational management of the SUIs to them and to form a working group to review and adapt the SUI policy. We planned to complete the roll out of the transition to all PCTs by September 2008, a target achieved with all but two organisations who were not in a position to assume the responsibility. These two organisations took responsibility from 01.11.08 and 01.04.09. The SHA will remain the central repository for information on SUIs and carry out trend analysis across the region.

10.4 Patient Safety Action Teams

In response to a national recommendation in the Department of Health publication *Safety First*, a south east coast patient safety action team (PSAT) has been established consisting of existing SHA staff together with a patient safety manager transferred from the National Patient Safety Agency (NPSA).

The NPSA has set the agenda for the teams nationally. The PSAT will lead action at a health economy level to support and improve the quality and safety skills and capacity of organisations providing and commissioning NHS funded care. The action teams will identify patient safety problems, set clear priorities for action for improving patient safety and support the implementation of safer practices.

Looking ahead the transfer of some members of the PSAT from public health team to the clinical workforce development team will further strengthen the support the team is able to offer organisations where areas of concerns have been identified and the team will continue to support PCTs in developing their systems for monitoring the quality and safety of services provided to the populations they serve as a component of world class commissioning.

10.5 Screening

NHS South East Coast has worked very closely with partner organisations, including PCTs and programme providers to ensure that there is continuous quality improvement in all national screening programmes and that national standards and targets are consistently achieved. This has involved development of improved performance monitoring of activity to ensure that as much of the population is

covered as is possible and uptake rates, by relevant populations, is as high as possible and that health inequalities are identified and addressed.

10.6 NHS continuing healthcare

NHS South East Coast hosts the statutory Independent Review Panel for NHS continuing healthcare which reviews decisions by primary care trusts on individuals' ineligibility for fully-funded NHS healthcare. In all, 79 requests for review were received by NHS South East Coast in the last financial year and of these 40 have so far been considered by the independent review panel.

The SHA has organised training and development sessions with PCT leads for continuing healthcare and further sessions will be arranged throughout 2009. The SHA also leads a steering group for continuing care leads in the NHS and social services at which policy implementation issues are agreed.

In September, an event was held for health and social services leads as part of the review of the national continuing healthcare framework and feedback from this event was given to the Department of Health.

10.7 Complaints

The SHA has a number of roles with regard to complaints management within the system:

1. **Complaints against the SHA**

As the SHA is not a front-line organisation, these primarily relate to complaints about the continuing care review process, or the outcome of a review, and 13 complaints were made to the Healthcare Commission or Ombudsman during the year.

2. **a source of advice for the public.**

The SHA is not a formal part of the complaints resolution process for complaints about local organisations or services but, where possible, we endeavour to facilitate further resolution between the complainant and the local organisation.

3. **a source of advice and facilitation for complaints networks across the region**

The complaints networks – for both health and social care - are set up on a county basis and each county network has now developed good working relationships and protocols for joint working.

4. **developing metrics from local complaints and risk systems**

Complaints trends and benchmarking

The SHA has been reporting on patient experience broadly using the national patient experience survey, which provides patients with an opportunity to comment on a range of issues around their care and this information is included in the SHA quality dashboards for trusts.

The SHA has work in progress to access complaints and other risk and quality information on a more regular basis. The directors of nursing forum commissioned a work stream to benchmark indicators of nursing quality and complaints from part of a suite of metrics that include; pressure damage, drug administration errors, HCAs and falls. The source data for nursing quality metrics comes from local trust risk and complaints systems and will enable the SHA to view risk and complaints data and feed back to directors of nursing with benchmarked information.

New complaints system

From 1 April 2009 a comprehensive complaints system has been introduced that will cover all health and adult social care services in England. This is a two-stage system and will have an increased focus on local resolution. The new system is aimed at achieving arrangements focused on outcomes, putting the user at the centre and organisational learning.

There has been ongoing consultation about the reform of the complaints process since the publication of *Making Experiences Count* in June 2007. Kent and Medway was chosen as one of several national early adopter sites to test new ways of handling complaints and all NHS organisations and Kent County Council and Medway Council were part of this pilot in 2008. All the early adopter pilot sites fed back to the Department of Health on their experience of running the new system and this informed the final framework.

11. Financial position of NHS South East Coast

In 2008/09 NHS South East Coast has continued to build on the improvement in the financial health of the local economy delivered over recent financial periods. The audited accounts outturn position from all south east coast organisations is a surplus of £111m. Last year the overall position following finalisation of audit was a surplus of £85.4m.

Every organisation is reporting a position of break even or better, the second year in a row that this has been the case. The SHA's role continues to be one of provision of local leadership with the finance department focusing on financial sustainability with focus on investment for the future.

For the purpose of performance management, the SHA recognises that NHS South East Coast operates as three local health economies – the counties of Kent, Surrey and Sussex. The SHA undertakes continuous review of overall performance including financial, by each PCT and NHS trust across these health economies, providing advice, support and guidance as necessary.

Four NHS trusts successfully achieved foundation trust status during 2008/09. Medway NHS Trust was licensed from 1 April 2008, followed by Surrey and Borders Partnership Trust on 1 May 2008, Sussex Partnership Trust on 1 August 2008 and East Kent University Hospitals NHS Trust on 1 March 2009. The SHA looks forward to more success in 2009/2010.

There were no exceptional reports under the Audit Commission Act 1998 issued by auditors to NHS organisations in the region during 2008/09. In 2007/08 two trusts within NHS South East Coast, Royal West Sussex NHS Trust and Surrey and Sussex Healthcare NHS Trust, were designated as financially challenged trusts. During 2008/09, the SHA worked with these trusts and their local PCTs to develop

solutions to remove them from financially challenged status. Solutions for both trusts were agreed with the Department of Health, removing financially challenged status. At the end of 2008/09, NHS South East Coast has working capital loans of £63m in six organisations. Repayment of the principal loan amounts is made from surpluses generated by the Trusts over the life of the loan.

The statutory breakeven duty requires NHS trusts to balance income and expenditure, taking one year with another, which is interpreted to mean a three year period. In exceptional cases this can be extended to five years. At the end of 2008/09 six trusts are in breach of their statutory breakeven duty with a total accumulated deficit of £88m.

Revenue Performance

At the start of the financial year 2008/09, NHS South East Coast was allocated £6.14bn to spend on health services, the majority of which was passed directly to PCTs by the Department of Health.

The following analysis shows financial performance split by health system and organisation type:

Financial Performance

Health System	£m
Kent*	34
Surrey	15
Sussex	22
SHA	40
Aggregate Surplus	111
<p><i>* The result of South East Coast Ambulance NHS Trust is included in the Kent health system results because of lead commissioning arrangements</i></p>	
Organisation Type	£m
Primary Care Trusts	22
NHS Trusts	49
SHA	40
Aggregate Surplus	111

The audited financial position of the SHA at 31 March 2009 is a surplus of £40m which has been delivered in order to support the overall financial position across Kent, Surrey and Sussex.

PCT lodgements

During 2008/09 PCTs had the ability to voluntary lodge allocations with the SHA to support the local health economy's financial position. During the year PCTs had the majority of lodgements returned and their medium term financial plans incorporate future receipts of the remaining balance

Capital Performance

The SHA has, during 2008/09, continued to support implementation of the new NHS capital regimes for trusts and PCTs across NHS South East Coast. There has been an increasing focus of work directed at supporting the development of capital investment programme management and development capacity within PCTs, aligned to the World Class Commissioning and Transforming Community Services programmes.

The outturn position for 2008/09 (see Tables 1 & 2, below) was an underspend of 9% or £14.3m against a capital resource limit of £154.1m. This was a marked improvement on the 20% underspend at the close of 2007/08, and indicative of strengthened capital programme management, reflecting the emphasis that has been placed on this by the SHA over the past year.

Table 1 describes capital programme performance 2008/09 by health system, whilst table 2 describes performance by organisation type.

Capital Programme Performance 2008/09 by Health System	CRL £000s	Charge against CRL £000s	Over / (Under) spend £000s	Var. %age
Kent*	50,988	49,088	(1,900)	-4%
Surrey	30,243	23,176	(7,067)	-23%
Sussex	71,459	67,565	(3,894)	-5%
SHA	1,456	10	(1,446)	-99%
South East Coast - Total	154,146	139,839	(14,307)	-9%

**SE Coast Ambulance covers South East Coast, but is included in Kent, above, as a reflection of lead commissioning arrangements*

Capital Programme Performance 2008/09 by Organisation Type	CRL £000s	Charge against CRL £000s	Over / (Under) spend £000s	Var. %age
Primary care trusts	33,252	30,867	(2,385)	-7%
NHS trusts	119,438	108,962	(10,476)	-9%
SHA	1,456	10	(1,446)	-99%
South East Coast - Total	154,146	139,839	(14,307)	-9%

It should be noted that the tables above do not include figures for Surrey and Borders, Sussex Partnership and East Kent Hospitals NHS Trusts, who became Foundation Trusts part way through 2008/09.

These tables also do not reflect a number of transactions of learning disability (LD) properties between NHS trusts, NHS foundation trusts and primary care trusts during 2008/09. These LD transactions do not materially alter the overall CRL or the charge against CRL at outturn, but have varying technical impacts on under/overspend and % variance by organisation. For this reason the LD transactions are not included in order to provide a more accurate assessment of the position for performance assessment purposes.

It will be noted that tables 1 and 2 show an SHA capital outturn position that is 99% underspent. This position is a technical adjustment relating to a PCT sector capital underspend of £1.45m, which was declared by the SHA earlier in the year, and agreed with the Department of Health.

The working paper set out overleaf shows the capital outturn position by individual organisations in the region, and these correlate with the summary positions set out at tables 1 & 2, above.

Good progress has been made with key capital investment schemes to improve patient experience and develop clinical capacity – aligned to the longer term commissioning plans of the PCTs and the service delivery plans of the provider organisations.

Examples of capital programme progress across NHS South East Coast during 2008/09 include:

- In July 2008 the SHA approved the strategic outline case for a proposed £395 million teaching, trauma & tertiary centre development at Royal Sussex County Hospital in Brighton. The outline business case is expected to be submitted to the SHA during the summer of 2009.
- In September 2008 a £15 million new mental health hospital for Crawley, Horsham and Mid Sussex opened at Langley Green, Crawley in West Sussex. Crawley is the biggest town in West Sussex but had no inpatient mental health services for adults - patients had to go to Horsham or further afield. This development provides a modern, fit for purpose facility that will greatly improve patient experience for the residents of North West Sussex.
- Worthing Hospital in West Sussex saw investment of £3.6m during 2008/09 to develop spare capacity into additional inpatient accommodation in order to create additional capacity and a number of patient benefits including reducing the wait for admission of patients from A&E, improving infection control measures, and improving patient privacy and dignity.
- The major capital investment scheme, approved in 2007/08, to provide a new 512 bed hospital at Pembury in SW Kent commenced in April 2008. Construction of the new £227 million hospital is now well underway, making good progress and is expected to go fully operational in 2011/12.
- At the Royal Sussex County Hospital in Brighton, a £6.9m capital investment project was approved in December 2008 to facilitate the reconfiguration of key services currently provided from the level 5 pathology and the level 5 Millennium Wing buildings of the Royal Sussex County Hospital. The scheme involves a physical reconfiguration of high dependency, medical and surgical assessment and day surgery services in order to improve patient care by creating additional capacity, and to provide an improved patient environment for these services

- The full business case for a new £15.9m primary care health centre development at Station Plaza, Hastings was approved in the summer of 2008, and the construction programme commenced in March 2009. The new facility is expected to go operational in 2010/11.

12. NHS South East Coast Board

Chairman	Graham Eccles (until 31 January 2009)
Interim Chairman	Colin Tomson (February to April 2009)
Audit Committee Chairman	Steve Tinton (on secondment to Maidstone and Tunbridge Wells Trust until July 2008)
Non-executive director	Chris Brooks (appointment ended June 2009)
Non-executive director	Leslie Brissett
Non-executive director	Jennifer Seeley
Non-executive director	Nick Ziebland

Kate Lampard was appointed as Chairman from 1 April 2009.

Executive directors

Chief Executive	Candy Morris
Director of Commissioning and Delivery and Deputy CE	Marianne Griffiths (to 31.12.08)
Interim Director of Commissioning And System Development	Dave Morgan (from 01.01.09)
Interim Director of Finance and Investment	Ian Miller (to 31.01.09)
Director of Finance and Investment	Vanessa Harris (from 12.01.09)
Regional Director of Public Health and Medical Director	Dr Yvonne Doyle
Director of Clinical and Workforce Development (and Deputy CE from 1.01.09)	Sue Webb
Director of Communications and Engagement	Stephanie Hood

Register of Board members' interests

A Register of Board Members' Interests is maintained to record formally declarations of interests of Board members, including details of all directorships and other relevant

and material interests. The Register is regularly updated and reported to the Board and is available to the public on request from the Head of Corporate Services.

Board meetings

The authority board holds at least four meetings a year which are open to the public. Details of the meetings and board papers are published on the SHA website (www.southeastcoast.nhs.uk) a few days in advance of the meeting. Information about board meetings and other board issues can be obtained from the head of corporate services (01293 778801).

Board committees

There are four board committees chaired by non-executive directors. Membership of the committees is given below and minutes of committee meetings are included in the public Board papers.

Audit and Risk Management

Chair: Steve Tinton. Other committee members are Chris Brooks and Jennifer Seeley. The Committee was chaired by Chris Brooks until July 2008 during Steve Tinton's secondment

Capital Investment

Chair: Graham Eccles to June 2008, and Chris Brooks from July 2008. Non-executive director Nick Ziebland is also a member of this committee. The Director of Finance and the Head of Performance Management are also members of this committee, and other professional advisers are in attendance.

Clinical Quality and Patient Safety

Chair: Leslie Brissett. Jennifer Seeley is a member of the committee.

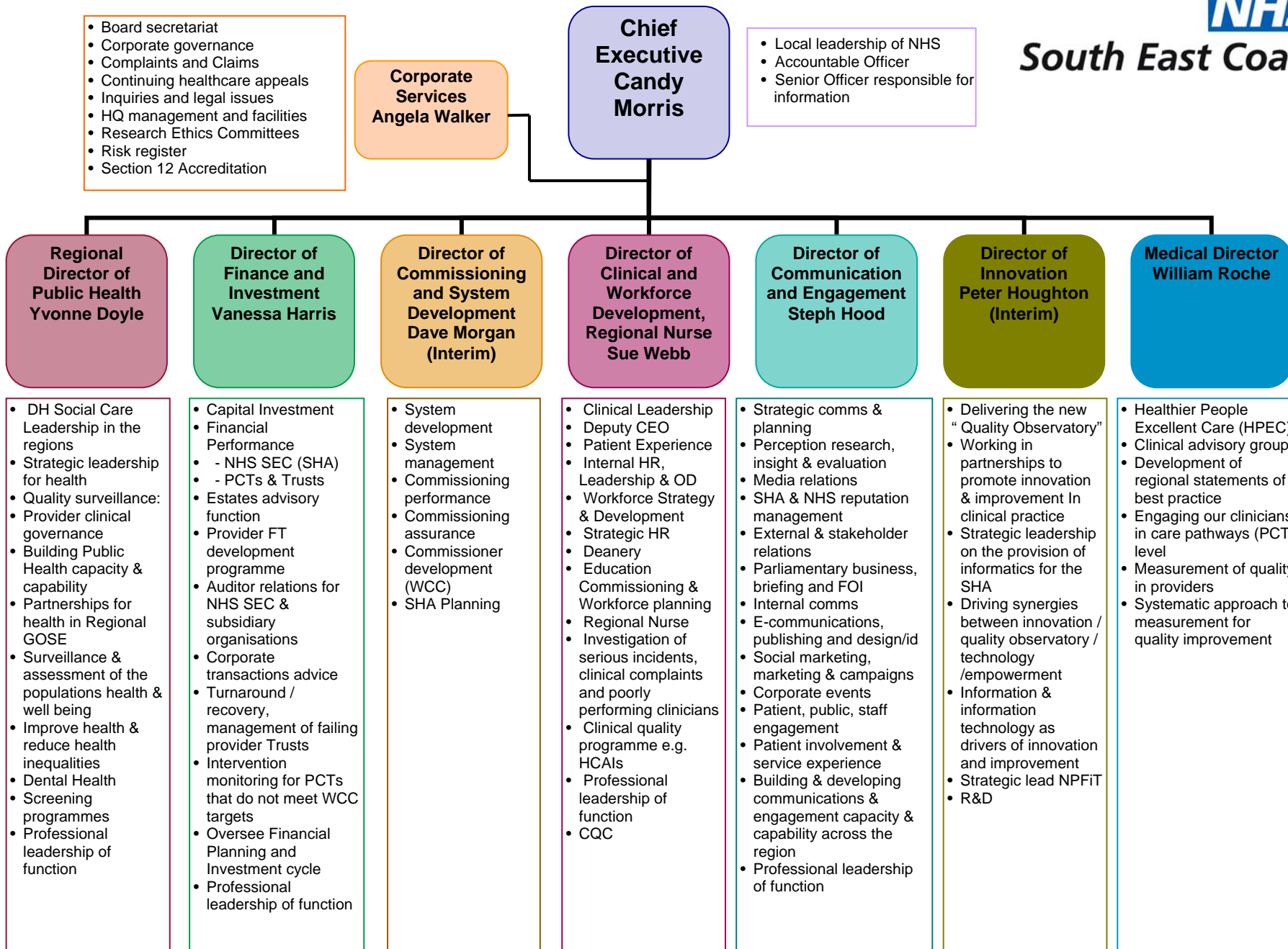
Remuneration and Terms of Service

Chair: Jennifer Seeley. All non-executive directors are members of this committee.

13. SHA directorate structure



South East Coast



14. Finance performance 2008/09

14.1 Overview of SHA revenue expenditure

NHS South East Coast

In 2008/09 the South East Coast Strategic Health Authority received a total revenue resource allocation of £313m against which total expenditure was £273m resulting in a net underspend of £40m.

Approximately £243.3m of the SHA's expenditure was incurred on Clinical and Workforce development programmes funded from Multi Professional and Training (MPET) resources.

The programme areas are:

- Postgraduate medical and dental education that is managed through the Kent, Surrey & Sussex Deanery. Expenditure was £112.2m with an underspend for the year of £0.6m.
- Undergraduate medical education where NHS Trusts within the South East Coast NHS are funded for the additional costs incurred by supporting the clinical education components of the curriculum for undergraduate education at the Brighton and Sussex Medical School. Expenditure was £20.9m.
- Non-medical education that predominately represents expenditure on the training and development of nursery and allied health professional students and staff. Expenditure was £110.2m. These budgets overspent by 0.4m.

The balance of the expenditure incurred by the SHA related to:

- SHA Management and programmes – This is expenditure on SHA management and agreed programmes of SHA work. Expenditure for the year was £16.8m. with underspends of £1.3m which are available for carry forward to 2009/2010.
- SHA Central Initiatives - This is expenditure against specific funding allocations held by the SHA on behalf of the wider NHS. Expenditure was £9.4m with underspends of £11.4m that arose from slippage on these programmes but where the funds need to be protected and carried forward to the following financial year.
- SHA Sponsored Services - This is expenditure relating to specific services or projects that the SHA has sponsored and managed on behalf of the South East Coast NHS and wider NHS. Expenditure was £3.5m with underspends of £5.6m that will be carried forward to the following year.
- SHA Reserve – The SHA retained £21.4m in reserve which represents the balance of available revenue resource after agreed budgets, and includes PCT lodgements totalling £18.6m.

There are no significant post balance sheet events that will impact on the performance of the SHA during 2008/09.

In line with the Confederation of British Industries (CBI) Better Payment Practice Code the SHA aims to pay its non-NHS creditors within 30 days of receipt of goods or a valid invoice unless other payment terms have been agreed with the supplier.

Details of compliance with the code for 2008/09 are given on page xxv

15. NHS South East Coast summary financial statements for the twelve months ended 31 March 2009

Operating Cost Statement		
	2008/09	2007/08
	£000	£000
Programme costs	282,714	287,258
Operating income	(9,665)	(9,224)
Net operating costs	273,049	278,034
Revenue resource limit	313,025	314,176
Underspend against revenue resource limit	39,976	36,142

Statement of Recognised Gains and Losses		
	2008/09	2007/08
	£000	£000
Unrealised surplus on the revaluation of fixed assets	0	1,182
Transfers to NHS bodies and Department of Health	0	0
Fixed asset impairment losses	(3,053)	0
Recognised gain / (loss) for the year	(3,053)	1,182

Balance Sheet at 31 March 2009		
	2008/09	2007/08
	£000	£000
Fixed assets		
Intangible assets	2	4
Tangible assets	14,958	18,473
	<u>14,960</u>	<u>18,477</u>
Current assets		
Debtors	2,720	6,544
Cash at bank and in hand	1	1
	<u>2,721</u>	<u>6,545</u>
Creditors: amounts falling due within one year	(9,845)	(16,618)
Net current assets / (liabilities)	(7,124)	(10,073)
Total assets less current liabilities	7,836	8,404
Creditors: amounts falling due after more than one year	0	0
Provisions for liabilities and charges	(1,457)	(852)
Total	6,379	7,552
Taxpayers' Equity		
General fund	1,122	(759)
Revaluation reserve	5,257	8,311
Total	6,379	7,552

Cash Flow Statement		
	2008/09	2007/08
	£000	£000
Net operating costs	(273,049)	(278,034)
Adjustment for non-cash transactions	1,491	702
Movements in working capital other than cash	(2,949)	10,884
Cash movement on provisions	(168)	(821)
Net cash outflow from operating activities	(274,675)	(267,269)
Capital expenditure and financial investment		
Payments to acquire fixed assets	(10)	(470)
Receipts from the sale of fixed assets	0	0
Net cash outflow from investing activities	(10)	(470)
Net cash outflow from all activities	(274,685)	(267,739)
Analysis of financing:		
From Dept of Health (Parliamentary Funding)	274,685	247,260
Increase / (decrease) in cash	0	(20,479)

Segmental Analysis		
	2008/09	2007/08
	£000	£000
<u>SHA Activities</u>		
This covers SHA running costs and the management of funding/implementation of SHA wide programmes such as the National Programme for IT.		
Net operating costs	20,333	25,982
Revenue resource limit	48,723	45,889
Underspend	28,390	19,907
Segment net assets	9,274	316
<u>Workforce Development</u>		
This covers Medical and Dental training (MADEL), undergraduate medical education (SIFT) and non-medical education and training (NMET)		
Net operating costs	243,308	226,167
Revenue resource limit	243,508	226,405
Underspend	200	238
Segment net assets	(2,677)	5,430
<u>Other Activities</u>		
This covers the management and coordination of devolved funding relating to Department of Health central initiatives such as Burns monies		
Net operating costs	9,408	25,885
Revenue resource limit	20,794	41,882
Underspend	11,386	15,997
Segment net assets	(218)	1,806
Total		
Net operating costs	273,049	278,034
Revenue resource limit	313,025	314,176
Underspend	39,976	36,142
Segment net assets	6,379	7,552

16. Remuneration report – 2008/09

Remuneration committee

The membership of the remuneration and terms of service committee, which reviews the salaries of the Executive Team of the SHA, consists of the chairman and non-executive directors. It oversees both the appointment and remuneration of the Chief Executive and executive directors. The performance of executive directors is assessed against their achievement of a range of personal objectives that jointly set out to achieve the strategic goals of the SHA. An individual performance review (IPR) is held each year between the chief executive and executive directors. The chairman carries out the performance review of the chief executive.

The remuneration and terms of service committee receives reports in respect of the performance of the executive team and the outcome of IPRs each year, and considers recommendations linked to these outcomes in respect of proposed salary advancement. Recommendations for performance bonuses for executive directors are subject to “grand-parenting” approval by the Department of Health under the very senior managers pay framework.

Board employment terms

The chair and non-executive directors of the SHA were appointed by the Appointments Commission on behalf of the Secretary of State for Health with a term of office of up to four years. This can be renewed for a second term of up to four years with the agreement of both parties. They are not employees of the SHA but their remuneration is funded by the SHA in accordance with national guidelines.

The chief executive and other executive directors’ contracts and remuneration are in accordance with the national very senior managers pay framework.

2008/09 remuneration and pensions

The following tables give details of the remuneration and benefits-in-kind paid to executive and non-executive directors during 2008/09 and also the figures for comparison. Below that is a table showing the pension benefits of executive directors. Non-executive directors do not receive pensionable remuneration and are therefore excluded. Detail as to how pension costs are treated in the NHS can be found in the accounting policies note of the full annual accounts (available on request).

Salary and pension benefits of Senior Managers

Salaries are shown in bands of £5,000. Benefits in kind (BIK), which relate to the provision of leased cars, are shown in £000s. Pension information is as provided by the NHS Pensions Agency.

<u>Non Executive Directors</u>		2008/09		2007-08	
Name	Position	Salary	BIK	Salary	BIK
G Eccles	Chair (until 29.01.09)	45-50	0	40-45	0
C Tomson	Interim Chair (from 25.02.09)	0-5	0	-	-
S Tinton	Non Executive Director and Deputy Chair (seconded out between 26.11.07 and 30.06.08)	10-15	0	0-5	0

C Brooks	Non Executive Director	5-10	0	0-5	0
J Seeley	Non Executive Director	5-10	0	0-5	0
L Brissett	Non Executive Director	5-10	0	0-5	0
N Ziebland	Non Executive Director	5-10	0	0-5	0

<u>Executive Directors and other senior managers</u>		2008/09		2007-08	
Name	Position	Salary	BIK	Salary	BIK
C Morris	Chief Executive	195-200*	2	175-180	7
M Griffiths	Director of Commissioning and Delivery (until 31.12.08)	105-110*	-	135-140	-
D Morgan	Interim Director of Commissioning and System Development (from 01.01.09)	25-30	-	-	-
S Webb	Director of Clinical Quality and Workforce Development	125-130*	-	115-120	-
V Harris	Director of Finance and Investment (from 12.01.09)	25-30	-	-	-
I Miller	Interim Director of Finance and Investment (from 06.08.07 until 09.01.09)	305-310	-	180-185	-
R Alexander	Director of Finance and Investment (until 31.08.07)	-	-	55-60	2
Y Doyle	Regional Director of Public Health and Medical Director	165-170	-	150-155	-
S Hood	Director of Communications and Engagement	125-130*	1	95-100	1
A Walker	Head of Corporate Services	80-85	-	75-80	-
A Bull	Interim Director of SHA Development (09.09.08 – 14.12.08)	35-40	-	-	-
S Colclough	Interim Director of Quality Programme Development (01.01.09 – 31.3.09)	10-15	-	-	-

* includes arrears of pay relating to previous financial periods

Salary and pension benefits of Senior Managers							
	Real increase in pension at age 60	Real increase in lump sum at age 60	Total accrued pension at age 60	Lump sum at age 60 related to accrued pension	CETV* 31/3/09	CETV* 31/3/08	Real increase in CETV**
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(£000)	(£000)	(£000)
C Morris	2.5-5.0	12.5-15.0	70-75	210-215	1455	1045	269
M Griffiths	0.0-2.5	5.0-7.5	10-15	30-35	182	118	43

D Morgan	0.0-2.5	0.0-2.5	35-40	105-110	707	526	117
S Webb	2.5-5.0	7.5-10	25-30	85-90	684	450	156
V Harris	5.0-7.5	15.0-17.5	20-25	70-75	516	318	133
Y Doyle	0.0-2.5	5.0-7.5	25-30	80-85	552	393	104
S Hood	0.0-2.5	5.0-7.5	00-05	05-10	41	14	19
A Walker	0.0-2.5	5.0-7.5	15-20	50-55	0	0	0
A Bull	10-12.5	35-37.5	10-15	35-40	238	0	166

* Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's/civil partner's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

** Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Management costs

The SHA management costs totalled £16,771K for 2008/09 (2007-08 £12,921k). The increase in management costs includes SHA programme costs which are separately funded by resource allocation from the Department of Health. This expenditure represents some 6.1% of net operating costs (2007-08 4.6%).

Better payment practice code

The authority is required to pay its non-NHS trade creditors in accordance with the Confederation of British Industry's Better Payment Practice Code. The target is to pay non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed with the supplier. Of total relevant bills 91.7% (2007-08 86.9%), representing 94.7% by value (2007-08 91.2%), were paid within the target.

Amounts included within interest payable arising from claims made by small businesses under the Late Payment of Commercial Debts (Interest) Act 1998 are nil (2007-08 nil).

Related party transactions

NHS bodies

South East Coast SHA was a body corporate established by order of the Secretary of State for Health. The Department of Health is regarded as a related party. During the year the SHA had a significant number of material transactions with DH and other entities for which DH is regarded as the parent. Details can be found in the full Annual Accounts.

External audit

The cost of audit work provided by the Audit Commission in 2008/09 was £240K. Other amounts paid to the Commission for non-statutory audit work amounted to £15K.

Adoption of IFRS reporting

In common with NHS bodies nationally, the SHA has made preparations for introduction of International Financial Reporting Standards (IFRS) in the next financial year. This work has included a restatement of the 1 April 2008 Balance Sheet for comparative purposes, and a readiness review has been completed by the Audit Commission, the interim results of which assess the SHA as fully prepared for IFRS implementation.

Audited accounts

The information provided here in the summary financial statements is an extract from the detailed financial reports contained within the SHA's annual accounts. The accounts have been verified without qualification by the SHA's external auditors, Audit Commission (www.audit-commission.gov.uk). The audit opinion is contained in the full accounts.

The summary financial statements may not contain sufficient information for a full understanding of the SHA's financial position and performance. The full annual accounts and the statement of internal control are available on request from the head of corporate services (01293 778899).

17. Contact information

If you would like a copy of this in another language, or if you would like a copy in Braille, Easy Read or large text please contact us on 01293 778858 or write to us at the address below:

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