Chairman and Chief Executive’s Report

Last year was a remarkable year for our Trust. Our consistently high performance against the national clinical standards has cemented our position as one of the best performing district general hospital trusts in the country. We are now recognised not only as a trust that has turned itself around, but as a trust that has proven it can consistently deliver to the national standards.

2013/14 was a significant year for the NHS as well as for the Trust. A lot has changed in the health system and we have played a significant part. Nationally the NHS focused on compassion and a duty of candour following the recommendations in the Francis reports. Also nationally, the spotlight was on the newly established GP-led clinical commissioning groups (CCGs) that became responsible for deciding how most of the NHS budget is spent in their areas. For us, this meant having a closer working relationship with our GP colleagues. We also developed our links with our catchment population through our public consultation as part of our NHS foundation trust application. Our focus is always patient safety, quality, clinical effectiveness and ensuring our patients have an excellent experience when they are in our care. This focus has, and will continue to remain our priority as we prepare to become a NHS foundation trust next year.

It has been a challenging year, with the NHS facing increasing numbers of patients visiting A&E departments across the country and the whole health economy having to work together to meet rising demands and expectations. Our year ended on a high though, with a visit from the Health Secretary, Jeremy Hunt.

“I have been really impressed by what I have seen. It feels to me like an absolutely excellent trust with a really good atmosphere and fantastically patient-centred. This hospital is a great example, the people I have spoken to all say they are very proud to work here.”

Health Secretary, Jeremy Hunt

“Every day when I walk into East Surrey Hospital I feel very proud, but there have been many times this year when I have felt exceptionally proud.”

Michael Wilson, CEO
There have been too many highlights from 2013/14 to mention, but a few things that stand out are:

The Care Quality Commission (CQC) ranked us in Band 6 (lowest risk) in its ‘Intelligent Monitoring’ ratings. This means our patients can expect the safest care, and places us among the top 25 per cent of trusts.

Our Endoscopy Unit achieved full and unconditional accreditation by the Joint Advisory Group (JAG), which defines the education, training and quality standards for endoscopy in the UK.

Our SHMI (standardised hospital mortality rate) is 0.95 placing us 40th nationally, which is in the top 30% of all trusts - this is one of the most widely accepted quality measures.

The Trust delivered to the national standard on ‘referral to treatment within 18 weeks’ for the first time since the waiting time target was introduced in 2000.

In June, 90 per cent of inpatients and 87 per cent of Emergency Department patients were likely or extremely likely to recommend our trust to their friends and family, and by December our Trust was in the top 20 per cent of Trusts for being most likely to be recommended.

During the heat wave in the summer we had the best performing Emergency Department (ED) for three consecutive weeks out of all of the NHS trusts in England. In quarter three, our ED was again the best; this time compared to the region and was tenth best in the country. This was a remarkable achievement given that we had been the worst performing a few years ago.

Caring for patients with heart failure and patients with community acquired pneumonia was the focus of the Enhancing Quality (EQ) programme this year. In March we out-performed all other trusts in the Kent, Surrey and Sussex in both of these pathways.

The results from the 2013 inpatient survey showed improvement over the year before with us being on par with the majority (60 per cent) of trusts – reflecting the continuous improvement of our services.

The results from the 2013 national staff survey also showed improvement with us being in the top 20 per cent of trusts in the country for 10 out of the 28 positive indicators. A record breaking 68 per cent of staff responded, which is one of the highest response rates in the country.

Our urology consultant Professor Abhay Rane became an OBE in recognition of his pioneering work here at East Surrey Hospital in developing laparoscopic (keyhole) surgery. Abhay performed keyhole surgery through the belly button for the very first time in Europe here in 2007 – and his patient was one of our nurses.

Other significant moments that have had a huge impact on improving our patient’s experience in 2013/14 include: the opening of our new birthing unit; our brand new Comet day unit at Crawley Hospital; a new state-of-the-art CT scanner; and more recently the opening of our four brand new theatres, which have an ultra-clean air system.

We have won many awards over the year: Our Infection Control team were the winners of the 2013 Schulfle Hand Hygiene Champion Award; our breast cancer service was runner-up for its partnership with MediHome in the Health Service Journal (HSJ) Care Integration Awards; our Respiratory team was short listed for a Nursing Times Award for their joint work with Esydoc (19 GP Practices in east Surrey) to help asthma sufferers; our After Breast Cancer (ABC) support group was awarded a Partnership Special Award at the Surrey Mirror Heart of the Community Awards; our Acute Stroke team won the Compassion award and Matron Denise Newman won runner-up in the Public’s Choice category at the regional Proud to Care Awards.

Within six months of the second Francis report being published we had launched our Nursing and Midwifery strategy. Most of our patients tell us they feel cared for and cared about, but the strategy gives a clear direction of travel for developing our nursing staff and to ensure we always put patients at the centre of all that we do. Strong leadership is a key recommendation in the Francis report. We have focussed on how we develop our clinical leadership to take our Trust forward. As well as developing our clinical leads, we have also launched our bespoke Ward Managers Leadership programme and the Nursing Assistants (previously called Health Care Assistants) development scheme. We are proud to be a learning organisation with a well-equipped Post Graduate Education Centre to help staff fill in their own personal goals and ambitions. It is through learning and sharing that we will continue on our journey of improvement.

It was clearly a year to be proud of, but we are not complacent. Population growth, increasing age profile, technological advances and rising expectations coupled with constraints in public sector finances combine to present a huge challenge to the health and care system. This will place huge pressure on the Trust to maintain, and where possible, improve our current performance. To do this we must play our full part in helping to develop whole health system solutions.

2013/14 was a fantastic year for our Trust and we made significant improvements in every aspect of the organisation. In order to become a NHS foundation trust, organisations must prove they are both clinically and financially stable. In April 2013 our trust was granted permission to start the application process to become a stand-alone NHS foundation trust and we haven’t looked back. Being a NHS foundation trust is a mark of quality and based on our performance over this past year, it is a badge we deserve.

As part of an anonymous staff survey we asked what three words came to mind when thinking about the Trust – top answers were caring, improvement, and patient-centred.”
Surrey and Sussex Healthcare NHS Trust was formed on 1st April 1998 following the merger of Crawley, Horsham and East Surrey NHS Trusts. We sit at the heart of our community of over half a million people, providing a comprehensive range of emergency and non-emergency services to the residents of east Surrey, north-east West Sussex, and south Croydon, including the major towns of Crawley, Horsham, Reigate and Redhill.

We own East Surrey Hospital in Redhill, where we provide the more acute and complex services. East Surrey Hospital is a Trauma Unit and the designated hospital for Gatwick Airport and sections of the M25 and M23 motorways.

We also reach out into the community to provide a range of outpatient, diagnostic and less complex planned services closer to home. We provide services at Caterham Dene Hospital and Oxted Health Centre, in Surrey, and at Crawley and Horsham Hospitals in West Sussex.

The Trust is an associated university hospital of Brighton and Sussex Medical School.

East Surrey Hospital has 642 beds, 10 operating theatres, four of which are brand new and six that are currently being refurbished to the same high standard. We have four additional theatres at Crawley Hospital in our recently refurbished Day Surgery Unit.

The Trust employs 3,500 substantive staff who are supported by the in-house Temporary Staffing Bureau and Agency staff.

In 2013/14 we received £231m in income. Most of our activity has increased year on year, as shown below:

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E Attendances (All)</td>
<td>74128</td>
<td>80745</td>
<td>82338</td>
<td>2.0%</td>
</tr>
<tr>
<td>Non Elective (Emergencies)</td>
<td>32773</td>
<td>35883</td>
<td>35722</td>
<td>-0.4%</td>
</tr>
<tr>
<td>Births</td>
<td>4485</td>
<td>4258</td>
<td>4444</td>
<td>4.4%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>251782</td>
<td>252247</td>
<td>294779</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Elective (planned) care:

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daycases</td>
<td>24338</td>
<td>26412</td>
<td>27955</td>
<td>5.8%</td>
</tr>
<tr>
<td>Elective Inpatients</td>
<td>5522</td>
<td>5031</td>
<td>5028</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Regular Day Attenders</td>
<td>4543</td>
<td>4752</td>
<td>5127</td>
<td>7.9%</td>
</tr>
<tr>
<td>Total elective activity</td>
<td>34403</td>
<td>36195</td>
<td>38110</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

The total population served by Surrey and Sussex Healthcare NHS Trust is around 535,000 people arriving at our emergency department from Gatwick Airport.

The catchment population is sprawling and covers many geographical miles. As well as the major towns, there are a lot of rural communities too. The area is split over two counties and covers a variety of demographics.
Working with our clinical commissioning groups

The Trust’s services are commissioned from five main CCGs:

<table>
<thead>
<tr>
<th>CCG Name</th>
<th>GP Practices</th>
<th>Population</th>
<th>Practices Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Surrey CCG</td>
<td>20</td>
<td>170,000</td>
<td>20 GP practices in south East Surrey covering Caterham, Horley, Reigate, Redhill and Oxted</td>
</tr>
<tr>
<td>NHS Surrey Downs CCG</td>
<td>33</td>
<td>288,907</td>
<td>a partnership of 33 GP practices serving a population of nearly 288,907</td>
</tr>
<tr>
<td>Crawley CCG - North West Sussex Commissioning Association</td>
<td>13</td>
<td>123,900</td>
<td>a partnership of 13 GP practices and a population of 123,900</td>
</tr>
<tr>
<td>Horsham and Mid Sussex CCG</td>
<td>23</td>
<td>223,200</td>
<td>a partnership of 23 GP practices and a population of 223,200</td>
</tr>
<tr>
<td>Croydon CCG</td>
<td>61</td>
<td>350,000</td>
<td>a partnership of 61 GP practices serving a population of 350,000</td>
</tr>
</tbody>
</table>

Working with other healthcare providers

The Trust has developed partnerships with many other healthcare providers.

The Trust has worked with Royal Surrey County NHS Foundation Trust to build a new Radiotherapy Unit on the East Surrey Hospital site.

British Oxygen Company (BOC) and Guys and St Thomas’s NHS Foundation Trust are building a new facility at East Surrey Hospital, this building will be a step-down respiratory facility as part of their Lanes Fox Respiratory Unit.

Working with local commissioners and providers, for the winter months (Nov to March) an additional 58 community beds were commissioned to support winter pressures.

Surrey and Sussex Healthcare

NHS Trust’s objectives for 2013/14 were to:

- To deliver safe, high quality, co-ordinated care
- To ensure patients are cared for and cared about
- To work in partnership with our community
- To become a sustainable, effective organisation

55% aged 25 to 64  
12% over 65
## Our Vision

**Safe, high quality healthcare that puts its community first**

### Our Values

- **Dignity & Respect:** we value each person as an individual and will challenge disrespectful and inappropriate behaviour
- **One Team:** we work together and have a ‘can do’ approach to all that we do recognising that we all add value with equal worth
- **Compassion:** we respond with humanity and kindness and search for things we can do, however small; we do not wait to be asked, because we care
- **Safety & Quality:** we take responsibility for our actions, decisions and behaviours in delivering safe, high quality care

### 2013/14 - THE YEAR IN FOCUS

Surrey and Sussex Healthcare NHS Trust is not only one of the most improved, now it is also one of the best performing trusts in England. In the past 12 months the quality of our services has gone from being compliant to consistently being excellent.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E 4 hour wait (Type 1)</td>
<td>1st</td>
</tr>
<tr>
<td>Mortality</td>
<td>0.95</td>
</tr>
<tr>
<td>Elective Length of Stay</td>
<td>8th</td>
</tr>
<tr>
<td>Outpatient follow up rates</td>
<td>5th</td>
</tr>
<tr>
<td>Friends and Family Test</td>
<td>5th</td>
</tr>
</tbody>
</table>

### Patient Opinion

- A respected online forum - rates us as one of the most improved trusts for patient satisfaction and commends our ‘making things right’ responses
- The Trust SHMI (standardised hospital mortality rate) is 0.95 placing it 40th nationally which is in the top 30% of all trusts
- We are rated Band 6, which means we are low risk and rated as one of the safest hospitals in the country
- We consistently achieve this target and rank top of the local acute hospitals and 19th nationally (w/c 12 January 2014)
- We rank 8th out of 22 acute trusts in southern England and have performance better than both the peer group and national average.
- We rank 5th out of 22 acute trusts in southern England and have performance better than both the peer group and national average.
- Friends and Family Test score has been the best in the region and with the 5th best response rate in England

### Staff survey

- 68% of staff responded to the 2013 staff survey (data published March 2014), which is one of the highest response rates in England, with staff saying they felt that what they do makes a real difference to patients

### Staff motivation

- For the second year running our staff are among the most motivated NHS staff in the country and they said they are proud to recommend our trust as a place to work and be treated

### 2013 inpatient survey

- The 2013 inpatient survey shows us ‘as expected’ for all of the categories, and shows an overall shift from red (bottom 20% of trusts) two years ago to amber (national average) for all measures

### Awards

- Over the year, staff at our Trust won six prestigious national and regional awards.
A Focus on Safety and Quality

This year we have continued to make significant improvements in the quality of our services. We have achieved all the required clinical standards – regularly exceeding the standard in several indicators, but also needing to further improve in a couple of areas of performance.

The Care Quality Commission (CQC) introduced its ‘Intelligent Monitoring’ system in October 2013. The CQC take the results of their ‘Intelligent Monitoring’ and group the 161 acute NHS trusts into six bands based on the risk that people might not be receiving safe, effective, high quality care - with band 1 being the highest risk and band 6 the lowest risk. CQC’s judgments take the results of their ‘Intelligent monitoring’ and reports from other organisations into account. ‘Intelligent monitoring’ is based on 150 indicators that look at a range of information including patient experience, staff experience and statistical measures of performance.

There are times when the emergency department is absolutely the right place to be, but for some people it might not be the best place, particularly the very sick elderly patients who might prefer to spend their last days in the familiar surroundings of their home or care home. A national survey suggests that 70 per cent of patients die in hospital but more than half would prefer to die at home. We are working with GPs in both Surrey and Sussex to develop new ways of supporting the elderly who are looked after in nursing and care homes and supporting their out of hospital care for often very complex and challenging health needs. We have part funded 58 additional beds in the community. Our newly appointed Community Geriatricians are taking their expertise from the department and out into the community to support GPs. Care planning helps relatives and doctors make decisions based on the wishes of the patient, and if patients are admitted to our care, we try to give them an estimated date of discharge to help them and their family prepare for their on-going care and support.

One of the biggest challenges we’ve faced over the past few years has been balancing bed capacity and demand. While this had obvious knock on effects for a number of access standards, it also resulted in patients not being in the most appropriate bed for their condition and, therefore, not receiving the level of care we aspire to deliver.

The CQC reviews these ratings every three months and Surrey and Sussex Healthcare NHS Trust's level of risk is detailed below:

| CQC Risk rating October to December (Quarter 3) | Band 6 lowest risk/safest hospitals |
| CQC Risk rating January to March (Quarter 4) | Band 6 lowest risk/safest hospitals |

You can see the reports for each trust here: www.cqc.org.uk/media/hospital-imonitoring

“Patients and their relatives today expect a good experience when they are admitted to hospital and they rightly demand a smooth transition through the healthcare system. We have more to do, but more than ever before we have a workforce excited by the ask of delivering care they would want for themselves.”

Fiona Allsop, Chief Nurse
A Focus on Care

Never before has patient experience carried as much importance. In a world of instant messaging and sharing, we recognise the importance of ensuring our patients and visitors have a great experience from their very first contact with the Trust, and right through to their discharge. Now that our services are performing well, we have been able to concentrate on improving our patient’s experiences and this is starting to show through the positive feedback we have received.

In the past 12 months, the number of consultants within our Care of the Elderly team has increased to 13—all of whom are on the specialist register for geriatric medicine. This means that a specialist consultant is on hand seven days a week at East Surrey Hospital. There have also been changes in the number of junior doctors available on our Care of the Elderly wards (Abinger, Capel, Meadvale and Nutfield) during the twilight shifts. Now there are nine junior doctors at the hospital until 9pm and seven until midnight, with consultants on call. Specialist staff are also taking their services out into Surrey and Sussex, with Community Geriatricians appointed to offer outreach care and support GPs.

The Secretary of State for Health visited the Trust in March 2014 to see for himself the improvements that we’ve made. He was full of praise for the Trust after his visit, saying: “I have been really impressed by what I have seen. It feels to me like an absolutely excellent Trust with a really good atmosphere and fantastically patient centred.”

We’ve received more than 10,000 responses since the “Your care matters” initiative was launched last spring and many of these have already triggered changes to improve our patients’ experiences. Comments from patients about noise levels on wards at night have led to a number of changes including revising evening staff rosters and clinical and cleaning work patterns, moving staff closer but noisy staff desks away from patient beds at night time and installing new soft close bins. Feedback in the Endoscopy Department has led to extra seating and the introduction of staggered appointment times. In Cardiology the staff are providing more information about medications and their side effects as well as more detailed contact information for patients to take home with them. At Crawley Hospital the Trust’s Day Surgery Unit has introduced a “focused checking” initiative so patients are not asked the same questions by different members of staff.

A Focus on Partnerships

Through our NHS foundation trust application we have built a membership of over a 1,000 members and we continue to encourage our patients and their relatives to become members. The members come from all communities and represent our catchment population. The membership forms a channel for talking with, listening and hearing from our current and potential patients about how they would like us to deliver our health services.

“...the nurse who dealt with my son in the Emergency Department was wonderful! She was quick and efficient as well as being extremely kind and caring and her manner was very reassuring.”

This year we introduced the “Hello my name is...” campaign across the Trust. This campaign was started by a doctor called Kate Granger at another trust who found that when she became the patient, she didn’t know the names of the people caring for her and that it made a huge difference to her experience when one of the staff took a few seconds to introduce themselves. We are always looking for ways to improve our patients’ experience, and we’re happy to support this campaign. Dr Andrew Allard, Junior Doctor, is regularly praised for his excellent bedside manner and therefore he became the face of our campaign. All staff are encouraged to introduce themselves by their name and job title with every patient interaction and the feedback we’ve had from patients tells us it makes a difference to them. We have also redesigned our name badges making them easier to read the name and job title – this has been particularly useful for patients on our elderly care wards.
A Focus on Sustainability

2013/14 was a difficult year to manage financially, but the end result was good. We continued last year’s balanced spend and ended the year with a small surplus of £0.3m. We delivered our £11.1m savings programme and delivered our capital programme within the resource limit.

During the year we officially opened the Main Entrance at East Surrey Hospital. The entrance has a host of facilities and shops that helps set the standard for our patients and visitors journey through the hospital. Staff have welcomed the new shops too. We also opened our Birthing Unit. The new unit has private rooms all with a pool, ensuite bathroom, mood lighting, plenty of space and a pull down double bed. We were honored when the first baby born (and her mum) at East Surrey Hospital came back to officially open the unit. Our four brand new theatres were built and opened in 2013/14. These new theatres form part of the £14million theatres project, and the next phase can start now the new theatres are in operation. The next phase is to refurbish our existing six theatres to the same standard. We also developed an updated travel plan and achieved planning permission to build more parking spaces for visitors.

In 2013/14 the Trust strengthened the operational management of its services to help meet the 18 week referral to treatment target for elective patients. We did this by allowing elective beds to be “ring-fenced” for elective use and using a better “bed-model” (introduced during 2012/13) to plan ahead and manage peaks and troughs in emergency activity (the issue being that emergency admissions, being emergencies, take up the beds that would otherwise be used for elective patients). However, models and action plans only do part of the work, and other key changes are needed to deliver the performance in real life. The Trust continues to make practical changes building on those implemented in 2012/13 so that it can reduce its length of stay and further improve the productivity of our elective work.

We offer a range of staff development programs to help staff fulfill their own ambition. Our Postgraduate Education Centre provides excellent facilities to our increasing number of medical students as a result of becoming An Associated University Hospital of Brighton and Sussex Medical School. The simulation suite and brand new simulation dental lab make our hospital one of the most desirable places to train.

We are well on the way to becoming a NHS foundation trust. We have spent much of the year preparing and progressing along the application process.

We held our public and staff consultation on the membership and governance arrangements from November through to February. By March we had recruited over 1,000 members. We have prepared all the necessary documentation, plans and strategies and our Board have taken part in a ‘Readiness review’ with the Trust Development Authority – the organisation tasked with getting all non-foundation trusts through to the assessment stage with Monitor. Monitor is the regulator of NHS foundation trusts and is the organisation that makes the final assessment and grants NHS foundation trust status.

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Valuing our staff

Surrey and Sussex Healthcare NHS Trust employed around 3,500 (excluding bank staff) full time equivalents.

Just under a quarter of our workforce are from black and minority ethnic backgrounds.

Of course not all of our workforce are paid members of staff and we have a loyal band of volunteers who provide a great service to our patients and the organisation as a whole. We hold a yearly awards ceremony to pay tribute to the hard work and commitment of our volunteers.

National staff survey

We achieved a record response to the 2013 staff survey, with 68% of Trust staff completing the survey. The Trust was listed above the national average for the number of staff who returned their questionnaires.

Results show that our staff are not only some of the most motivated NHS staff in England, but staff are also proud to recommend the Trust as a place to work and be treated. 92% of staff feel that they make a difference to patients, whilst 87% of staff have received relevant job training and development in the last year. Overall, there has been improvement in the quality of staff appraisals and in the support and communication from managers.

31% nurses and midwives
30% administration, estates and facilities staff
5% allied health professionals
3% healthcare scientists and technicians (including pharmacists)
17% other clinical services
13% doctors or dentists

“Valuing patient feedback

Patient Opinion is an independent website that allows patients to tell their story about their experiences of UK health services, good or bad. We actively encourage patients to tell their stories and have a live-feed from Patient Opinion to the homepage of our website. In the past 12 months 324 patients have told their story and these were viewed more than 83,770 times. 38% of stories were positive, 22% were mildly critical (typically detailing satisfaction with much of their care but wishing to draw attention to an often quite small area for improvement), 5% moderately critical and 2 people rated their experience strongly critical. 35% of the stories posted on Patient Opinion were pulled from the NHS Choices website.

The National Inpatient survey took place between September 2013 and January 2014. A questionnaire was sent to 850 inpatients and 388 responses were received. Based on the responses, we receive a score out of 10 for each aspect of care (the higher the score the better). We scored ‘about the same’ for every measure. This means our Trust is performing about the same for that particular question as most other trusts that took part in the survey.

Over the last 12 months we have continued to develop and promote our bespoke Your Care Matters patient feedback programme. Patients are asked to complete a short questionnaire shortly after they have been discharged. As well as asking about a range of key measures, patients are also given the opportunity to commend staff for things they feel they did that went ‘above and beyond’ their expectations. We also ask them for any additional comments or suggestions about their experience. Both these types of comments are sent directly to the ward or departmental manager and relevant senior managers. This allows them to both share positive comments and also learn from patients who tell us their experience could have been better. We ended the year with a Friends and Family Net Promoter Score of +80 for our Inpatient wards and +76 for the Emergency Department.

“The staff I met were exemplary. With their care my stay in hospital was made as good as it could be. From the nurse in charge down to the tea lady, they were all great.”
### OUR PLANS FOR 2014/15 AND BEYOND

#### Strategic Objectives Delivery Plan 2014-19

**SO1: Safe** – Deliver safe services and be in the top 20% against our peers

<table>
<thead>
<tr>
<th>Priority</th>
<th>High level actions</th>
<th>High Level Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently meet national patient safety standards in all specialities and across divisions</td>
<td>The safety of patients comes first in all we do</td>
<td><strong>Year 1 - 5:</strong> 100% compliance patient safety performance standards benchmark Trust in the top 20% against peers</td>
</tr>
<tr>
<td><strong>Outcome of Chief Inspector of Hospitals Inspection to be rated as “Good” or better</strong></td>
<td>Regular mock CQC Inspections and speciality deep dives</td>
<td><strong>Years 1-4:</strong> Achieve a rating of Good or better with ongoing improvements to ratings from mock inspections and deep dives <strong>Year 5:</strong> Be in top rated category</td>
</tr>
</tbody>
</table>

Avoid preventable harm

<table>
<thead>
<tr>
<th>Priority</th>
<th>High level actions</th>
<th>High Level Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every member of staff has relevant patient safety goals included in their annual objectives and can demonstrate how they achieve organisational quality goals</td>
<td>Work in partnership with community partners to deliver a “safety first” and personalising care culture</td>
<td><strong>Year 1-5:</strong> Compliance with safety thermometer and as few as possible Never Events</td>
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<tr>
<td>Actively participate in national Patient Safety Collaborative in Kent Surrey &amp; Sussex area</td>
<td></td>
<td><strong>Year 1:</strong> 100% of clinical staff appraisals include safety goals <strong>Year 2:</strong> 75% of non-clinical staff appraisals records include safety goals <strong>Year 3:</strong> 100% of all staff appraisals include safety goals <strong>Year 4 &amp; 5:</strong> 100% of all staff appraisals include safety goals</td>
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We are open and transparent

<table>
<thead>
<tr>
<th>Priority</th>
<th>High level actions</th>
<th>High Level Measures</th>
</tr>
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<tbody>
<tr>
<td><strong>We share good practice; learn from incidents, complaints and poor practice. Triangulate themes. Develop a culture of openness and candour in handling &amp; responding to complaints, serious incidents including communication with patients and their families in harmony with the principles of the NHS Constitution</strong></td>
<td>Share good practice; learn from incidents, complaints and poor practice. Triangulate themes. Develop a culture of openness and candour in handling &amp; responding to complaints, serious incidents including communication with patients and their families in harmony with the principles of the NHS Constitution</td>
<td><strong>Year 1:</strong> Baseline established using audit test approach and realistic improvement levels targets agreed for complaints and SlIs <strong>Years 2-5:</strong> Deliver agreed year on year incremental improvements which are sustained</td>
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**SO2: Effective** – Deliver effective and sustainable clinical services within the local health economy

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<tr>
<th>Priority</th>
<th>High level actions</th>
<th>High Level Measures</th>
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<tbody>
<tr>
<td><strong>Achieve the best possible clinical outcomes for our patients</strong></td>
<td>Use monitoring and benchmarking of outcomes, by specialty, to maintain a quality focus across relevant services with progress reflected in the Quality Account Right patient, right place, right time through ring fenced beds, fast tracking and ambulatory care programmes</td>
<td><strong>Year 1:</strong> Baseline against CQC indicators established and incremental improvement plan agreed <strong>Years 2 – 5:</strong> Deliver incremental improvement plan</td>
</tr>
<tr>
<td><strong>Deliver services differently to meet need of patients, the local health economy and the Trust</strong></td>
<td>In partnership with other organisations identify new ways of working e.g. integrated care pathways</td>
<td><strong>Years 1 – 5:</strong> One new service per year in line with the Clinical Strategy</td>
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<td><strong>Years 1:</strong> Establish process for review, assessment and implementation <strong>Years 2 - 5:</strong> Process embedded</td>
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<td><strong>Years 1 -5:</strong> Year on year improvement in partnership development and relationships across the local health economy</td>
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<td><strong>Years 1:</strong> Baseline established and incremental improvement plan agreed <strong>Years 2-5:</strong> Deliver incremental improvement plan</td>
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SO3: Caring – Ensure patients are cared for and feel cared about

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<tr>
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<tbody>
<tr>
<td>Deliver high quality care around the individual needs of each patient</td>
<td>Regularly review and audit working practices to ensure patients feel cared about</td>
<td>Year 1: Audit programme and process developed. Build on information from IP survey, Your Care Matters and FFT&lt;br&gt;Years 2-5: Implement programme with evidence of year on year improvements</td>
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<td></td>
<td>Effective and competent multidisciplinary working in all areas</td>
<td>Year 1: Nursing and Midwifery (N&amp;M) Strategy embedded within Trust. Baseline established for each specialty and incremental improvement agreed&lt;br&gt;Year 2-5: Nursing review and assessment reflects individual needs. Deliver incremental improvement in all specialties</td>
</tr>
<tr>
<td></td>
<td>Explore and establish new methods of gaining patient and carer input into care delivery</td>
<td>Year 1: Develop and implement a scheme based on the concept of “You said… We did…” to demonstrate responsiveness to patients’ views</td>
</tr>
<tr>
<td>Treat patients and their families with dignity, respect and compassion</td>
<td>Implementation of the SaSH Plus values and behaviours across the whole organisation delivering the Trust’s ambition to deliver excellent and compassionate patient care.</td>
<td>Year 1: Embed N&amp;M strategy within Trust and customer care training developed and begin implementation, Implement Workforce Strategy&lt;br&gt;Years 2-5: Develop and embed values based recruitment</td>
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<td></td>
<td>Engender a culture that expresses commitment and pride in the quality of care provided, whilst monitoring and assessing performance to provide supportive challenge and to learn from successes and when things go wrong</td>
<td>Year 2: Establish and undertake programme of patient listening events&lt;br&gt;Years 2-5: Develop and embed values based recruitment</td>
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<tr>
<td>Listen to patients and their families</td>
<td>Continually work with patient and Carers representatives or champions as part of the ongoing Patient Experience Strategy. Involve families in the care and planning of patients where appropriate</td>
<td>Year 1: Develop and implement a scheme based on the concept of “You said… We did…”&lt;br&gt;Years 2-5: Use scheme to listen to and respond to patients’ views 50% reduction in complaints around communications, diagnosis &amp; treatment through greater understanding on both sides</td>
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SO4: Responsive to people’s needs – Become the secondary care provider and employer of choice for the catchment populations of Surrey & Sussex

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<tbody>
<tr>
<td>Deliver access standards</td>
<td>Work in partnership with CCGs and ambulance services to ensure referrals are appropriate through education workshops, patient profiling etc</td>
<td>Years 1-5: Compliance with Annual Plan objectives and standards and NHSE standards&lt;br&gt;Alternative providers for frail elderly step-up and step-down facilities</td>
</tr>
<tr>
<td>Use feedback to shape and improve the services patients receive</td>
<td>Take steps to ensure meaningful engagement with the local community including minority groups ensuring that through its membership and the Council of Governors, the communities we serve are able to influence the future development of services.</td>
<td>Years 1-5: Demonstrate that services are shaped through patient and member feedback&lt;br&gt;Year 2: Macmillan cancer Information centre</td>
</tr>
<tr>
<td>Develop local services as appropriate at East Surrey Hospital, other Trust sites and in the community</td>
<td>Support CCGs to repatriate activity from out of area providers With local partners increase community beds and capacity of Hospital at Home</td>
<td>Years 1-5: Repatriated services / activity to SaSH e.g. 80% of catchment area (on campus and/community) Achieve bed occupancy of 95%&lt;br&gt;Planned service developments&lt;br&gt;Deliver planned service developments</td>
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<td>Years 1-5: Become the employer of choice for the people of Surrey &amp; Sussex with achievement of incremental targets year on year</td>
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<tr>
<td>Value staff</td>
<td>Ensure staff are motivated and rewarded to innovate, shape and deliver high standards of care and professionalism</td>
<td>Years 1-5: Quality assured appraisals 90% of staff have a PDP&lt;br&gt;Turnover rate 12%&lt;br&gt;Staff engagement in the top 20% of trusts</td>
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### SO 5: Well-led

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<tr>
<td><strong>Live within our means to remain financially sustainable</strong></td>
<td>Deliver Non-elective/elective balance, increase productivity, prepare 2 year CIP plan including efficiency gains. Outline longer term areas for productivity gains for year 5; 3-5 for inclusion in next 2 year CIP, and repatriation/local referrals.</td>
<td><strong>Years 1–3:</strong> 100% compliance with Annual Plan targets. Minimal cancellation or delays to timing of planned operations in theatre due to lack of beds/recovery space. <strong>Years 4-5:</strong> Reduction in waste e.g., opened theatre packs etc. Standardisation of processes across trust. Agency bill reduced by 50%.</td>
</tr>
<tr>
<td><strong>We are an organisation that is clinically led and managerially enabled</strong></td>
<td>Embed a clinically led divisional/service structure and develop an appropriate framework of decision making and accountability. Implement an effective pro-active management and appraisal process.</td>
<td><strong>Year 1:</strong> Establish Clinical lead roles, recruit to them and establish talent management and accountability process. <strong>Year 2:</strong> Decision rights around specified areas allocated to clinical areas and agree implementation plan over next 3 years. <strong>Years 3-5:</strong> Implement devolvement of decision rights.</td>
</tr>
<tr>
<td><strong>Appraisals of all staff to demonstrate compliance with Trust values</strong></td>
<td></td>
<td><strong>Year 1:</strong> Establish periodic (twice every 5 years) programme of 360/ multisource feedback for doctors. <strong>Year 2:</strong> Establish multisource feedback programme for all other staff. <strong>Years 2-5:</strong> Multisource feedback for all staff used in staff appraisals.</td>
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### Have appropriately qualified and competent staff always working to the highest standards of professionalism and ethics

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<tr>
<td><strong>Embed Leadership development by implementation of the SaSH Plus values and behaviours across the whole organisation delivering the Trusts ambition to deliver compassionate excellence</strong></td>
<td></td>
<td><strong>Implementation of National Quality Board guidance on nursing, midwifery and care staffing capacity and capability along with similar guidance for medical staff.</strong></td>
</tr>
<tr>
<td><strong>We are a well governed organisation working in partnership with others</strong></td>
<td></td>
<td><strong>Ensure IT and estate support/optimise patient experience by improving patient interface, sharing and capture of patient information and patient communication.</strong></td>
</tr>
<tr>
<td><strong>We will have a visible leadership team who are engaged and play a valuable part in the local health and social care system to ensure the development and delivery of safe and sustainable services</strong></td>
<td></td>
<td><strong>In partnership with key stakeholders in health, social care and others, respond positively and pro-actively to challenges and opportunities posed by the economic environment, allowing rapid adoption of new ways of working.</strong></td>
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### We are an organisation that is clinically led and managerially enabled

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<tr>
<td><strong>Implement an effective pro-active management and appraisal process.</strong></td>
<td></td>
<td><strong>Ensure the right governance systems and internal control mechanisms are in place and working effectively at all levels.</strong></td>
</tr>
<tr>
<td><strong>Appraisals of all staff to demonstrate compliance with Trust values</strong></td>
<td></td>
<td><strong>In partnership with other stakeholders in the health and social care system develop and deliver flexible and sustainable models of care.</strong></td>
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</table>

**Year 1:** Ongoing implementation of GE clinical leadership programme and Foresight Board development Programme Staffing review cycle and elements agreed and undertaken. Ensure staff work to professional codes of conduct. Promote and undertake staff listening events. **Years 2–5:** Deliver incremental improvement plan.

**Years 1–5:** Ward refurbishment programmes. New outpatients facility. Smart terminals in outpatients, ED and corridors. Develop an East Surrey Hospital app and where appropriate patient tracking system.

**Years 1–5:** Achieve planned Partnership Programme.

**Year 1:** Audit review of governance provides strong assurance. **Year 2:** Governance processes adapted to support clinical leadership model and remain effective. **Years 3-5:** Steady state, and agile enough to adapt.

**Year 1-5:** Year on year improvements to feedback from key stakeholders which is positive and in-line with principles of good partnership working. Evidence of joint working to achieve safe and sustainable services.
**Acute trust**
A trust is an NHS organisation responsible for providing a group of healthcare services. An acute trust provides hospital services (but not mental health hospital services, which are provided by a mental health trust). For example, Surrey and Sussex Healthcare NHS Trust.

**Board (of trust)**
The role of the trust’s Board is to take corporate responsibility for the organisation’s strategies and actions. The chair and non-executive directors are lay people drawn from the local community. The chief executive is responsible for ensuring that the Board is empowered to govern the organisation and to deliver its objectives.

**Care Quality Commission**
The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

Visit: [www.cqc.org.uk](http://www.cqc.org.uk)

**Clinical Commissioning Group**
Clinical commissioning groups are predominantly GP-led groups of local healthcare professionals that commission the local health services for their catchment population, based on patient population’s needs.

**Commissioners**
Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning Groups are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population’s health.

**Community services**
Health services provided in the community, for example health visiting and podiatry (footcare).

**Department of Health**
The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.

**Foundation Trust**
A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public and staff, and are governed by a board of governors comprising people elected from and by the membership base.

**NHS Choices**
The first port of call for the public for all information on the NHS.

**Providers**
Providers are the organisations that provide NHS services, for example, Surrey and Sussex Healthcare NHS Trust.

**Glossary**

**Surrey and Sussex Healthcare NHS Trust**
Surrey and Sussex Healthcare NHS Trust provides emergency and non-emergency services at:

- **East Surrey Hospital**
  - Redhill
  - Surrey
  - RH1 5RH
  - Telephone: 01737 768511

- **Caterham Dene Hospital**
  - Church Road
  - Caterham
  - Surrey
  - CR3 5RA
  - Telephone: 01883 837500

- **Horsham Hospital**
  - Hurst Road
  - Horsham
  - West Sussex
  - RH12 2DR
  - Telephone: 01403 227000

- **Oxted Health Centre**
  - 10 Gresham Road
  - Oxted
  - RH8 0BQ
  - Telephone: 01883 734000

We also provide a number of services at four community sites:

- **Caterham Dene Hospital**
- **Horsham Hospital**
- **Oxted Health Centre**

“Throughout my time at East Surrey I was impressed by the professional attention which I received and by the cheerful care provided by all the nursing staff, day and night. Thank you!”
The Patient Advice and Liaison Service (PALS) focuses on improving services for NHS patients. It aims to:

- advise and support patients, their families and carers
- provide information on NHS services
- listen to your concerns, suggestions or queries
- help sort out problems quickly on your behalf.

You can contact PALS by:

- telephone: 01737 768511 Ext 6831 (for all sites) or 01737 231958.
- e-mail: pals@sash.nhs.uk
- writing to: PALS, c/o East Surrey Hospital Redhill, Surrey, RH1 5RH
- You can ask a member of staff to contact PALS on your behalf.

This information is available in other languages and formats including audio tape, large print and Braille. For further information please contact PALS (Patient Advisory Liaison Service) on 01737 231958 or email: enquiries@sash.nhs.uk

我们有提供这些资料的中文和其它版本，包括大字体版。请致电01737231958要求协助。

CHINESE

आ जस्तूको मोटा लम्बाइया सहित, अन्य लागावियों र अन्य फ़ॉर्म मा उपलब्ध वहुँ लग्ने।
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PORTUGUESE

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