

ESNEFT Annual Report and Annual Accounts

Executive Summary

1 April 2019

–

31 March 2020

Welcome

Message from the Chair

Welcome to East Suffolk and North Essex NHS Foundation Trust's (ESNEFT) Annual Report for 2019/20. Next year's report will undoubtedly feature the Covid19 pandemic extensively, as the NHS and the wider health and care system are working more closely together than ever before.

We received our first inspection report from the Care Quality Commission (CQC) in January 2020 and were pleased that it highlighted some outstanding areas of care in the Trust. We are already using the recommendations made by the inspectors to help us further develop our services, and are confident the steps we are taking will be reflected in an improved rating following the CQC's next visit.



Throughout the year, our staff clocked up some fantastic achievements:

- The Collingwood Centre opened at Colchester Hospital
- Working with the East of England Ambulance Service we trialled a ground-breaking mobile stroke unit in the Ipswich area
- One of our patients became the first to receive the world's most advanced heart implant
- REACT (Reactive Emergency Assessment Community Team) was shortlisted for a prestigious Health Service Journal award
- We opened a dedicated induction of labour suite at Ipswich Hospital
- We opened a new community phlebotomy clinic in Landseer Road in Ipswich
- We introduced new state-of-the-art beds
- Work began on a state-of-the-art specialist centre for diagnostic cardiac and radiology procedures at Colchester Hospital
- We launched a portal which gives Ipswich Hospital patients the chance to view their appointment details online

A handwritten signature in black ink, which appears to read 'Helen Taylor'. The signature is written in a cursive style and is positioned above a horizontal line.

Helen Taylor
Chair

Chief Executive's overview and plans for the year ahead

During 2019/20, we began working even more closely with our health and care partners through the Suffolk and North East Essex Integrated Care System (ICS). It includes three clinical commissioning groups, 11 local councils, 102 GP practices and 10 NHS providers, who are all working together to meet the needs of local people. Its higher ambitions are to address wider determinants of health and improve services.

During 2020/21, we will continue to develop plans for our new £44m elective care centre, which will be built in the next few years at our Colchester site for all patients who need orthopaedic surgery, such as hip and knee replacements.

In Ipswich, work is due to start on our new £35m emergency department and urgent treatment centre in autumn 2020. A new breast care centre, a redevelopment of the children's department and relocation of dermatology, dietetics and neurophysiology are also planned.

We are currently leading the way in the NHS using robots to carry out tasks previously completed by staff. We will continue to focus on the way we use technology in the coming year as we look for additional ways to help us meet demand.

The coming year will inevitably bring challenges, but also exciting opportunities to do things differently to make our colleagues' lives easier while improving care and outcomes for the communities we serve. Let's work together to make the most of those opportunities so that we can deliver our ambition of offering the best care and experience to everyone in east Suffolk and north east Essex.



A handwritten signature in black ink, appearing to read 'Nick Hulme'.

Nick Hulme
Chief Executive

About us

History of the Trust

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) was established in July 2018 and brought together the two trusts, which previously ran Colchester and Ipswich hospitals and Ipswich East Suffolk Community Health Services.

The people we serve

We provide hospital and community health services to around 800,000 people and have an annual budget of more than £650 million.

We are also one of the biggest employers in East Anglia, and employed 10,160 people on 31 March 2020.

Time Matters

At ESNEFT, our philosophy is that time matters to everyone. We will concentrate on improving the things we do and removing those that do not work or cause time delays.

Performance Report

Our vision and strategy

Our new strategy was approved by our Board in April 2019 and runs until 2024.

Our ambition is to offer the best care and experience, and is supported by five strategic objectives, which will guide planning, and investment:

- Keep people in control of their health
- Lead the integration of care
- Develop our centres of excellence
- Support and develop our staff
- Drive technology enabled care

Our services

The Trust provides a range of patient services:

	2019/20
Outpatient attendances	917,394
Emergency Department (A&E) patients	183,425
Inpatient and day case admissions	199,749
Babies born	7,001
Community Hospital admissions	1,509
Community attendances	354,007

Data sources: Power BI as at 14/04/2020 and maternity dashboards for March 2020

Key issues and opportunities

As part of good governance, ESNEFT continues to identify issues, opportunities and risks that could affect the Trust in delivering our objectives to achieve future success and sustainability.

Key issues

- The population we serve is growing at one of the fastest rates in England
- It is difficult to recruit staff across a range of key disciplines
- Like many other Trusts we are in financial deficit
- National standards for clinical service quality continue to rise
- Responding to COVID-19 clinical pressures

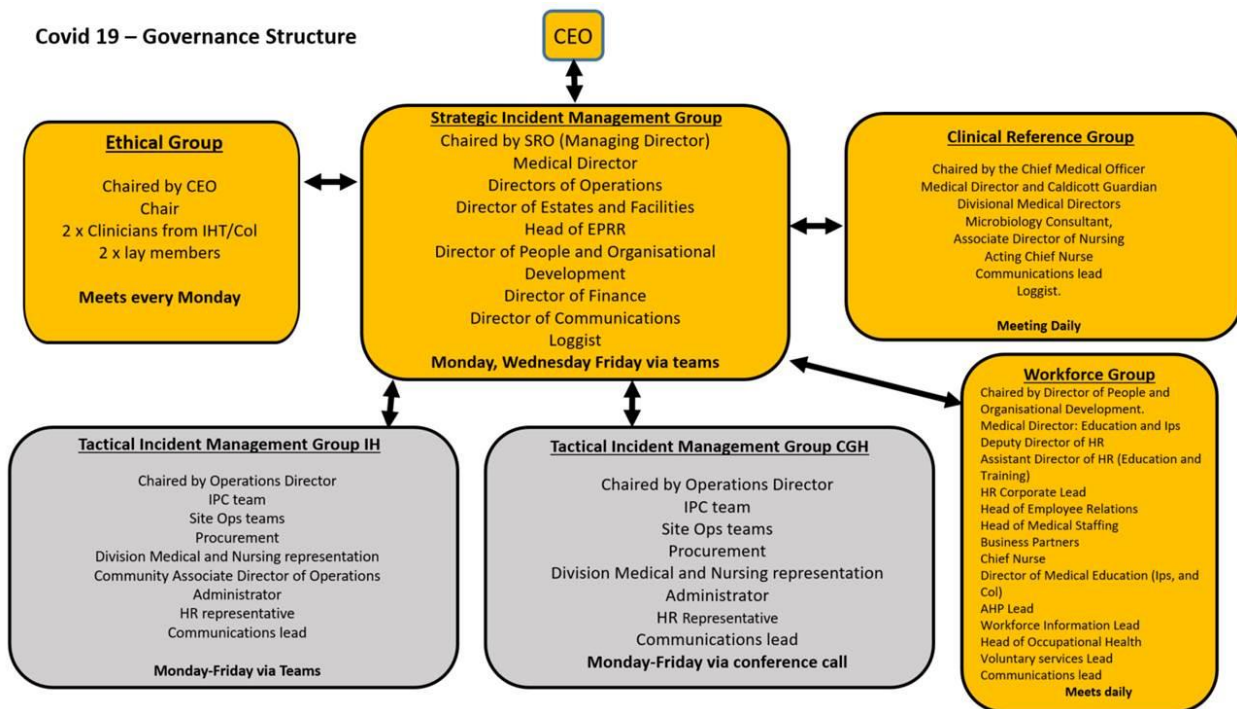
Opportunities

- We have a range of new skills and roles being introduced into our services
- We provide community services (in Ipswich and East Suffolk) offering good integration of services
- We operate in a system with a track record of strong partnership working with other health and care agencies
- We have been allocated £69.3m of capital investment to ensure the sustainability of emergency and elective (planned) care services
- We have strong education and research teams

COVID-19

In response to the developing situation, ESNEFT triggered its major incident plan:

- Trust wide leadership event held on the 6 March 2020 to brief and prepare the organisation (utilising our Pandemic Flu Plan)
- Undertook a review of service level business continuity in light of COVID-19
- Set up major incident command and control governance structure



- On 18 March 2020, ESNEFT cancelled all non-urgent planned care activities to facilitate PPE and redeployment training of staff
- A Trust-wide view of ‘personal circumstances’ and ‘risk assessment’ of our staff was undertaken in response to those identified with high risk health conditions and the closure of schools

- From 23 March 2020, all staff that were able to work from home were supported to do so
- A staff helpline for those reporting sickness absence and self-isolation was set up
- Patient and staff testing for COVID-19 was set up
- A communications and engagement plan was initiated (including to our Council of Governors)
- Trust-wide business as usual governance was revised to reduce time commitment whilst maintaining Board oversight
- Services for urgent and emergency care were maintained

Financial outlook

The Trust's accounts for 2019/20 have recorded a deficit of £1.3 million (excluding the consolidation of charitable funds). The Trust delivered a small surplus of £49k.

This includes £34.8m of support from the Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF).

The Trust has developed a plan for 2020/21 which has a forecast break-even position after receipt of planned Financial Recovery Funding of £34.1 million. This may change as a consequence of the temporary financial arrangements that are being implemented to deal with the outbreak of COVID-19.

In April operational planning was suspended until further notice. To simplify processes and reduce the number of transactions during the COVID-19 outbreak some temporary changes for April through to July 20 were introduced.

Innovation and excellence

Innovation team

The innovation team provide a service to help ESNEFT deliver the strategic objective to “drive technology-enabled care” and to support colleagues.

The team has been working on a number of strategic innovations which will boost one or more departments, such as:

- Commencing the roll-out of the online Patient Portal
- Develop tools using artificial intelligence
- Introducing robotics in surgery to improve services through enabling less invasive surgical procedures
- Managing the five-year SMARTcare programme
- Working with industry to develop the application of technology for use in the homes of frail and vulnerable people to reduce hospital admissions
- Working with industry on the use of assistive technology in theatres
- Bidding to be part of the Active Hospitals programme

The innovation team is also supporting teams in developing their services:

- Improving the capacity of specialist nurses in end of life care
- Supporting the development of diabetes nurse specialists
- Exploring the benefits and funding of the digitisation of Histopathology services
- Collaboration between general surgery and University of Essex on use of technology in theatres and wards

Financial performance

The financial performance of the Trust in 2019/20 was not materially impacted by the outbreak of COVID-19.

	2019/20 £m	2018/19 £m
Operating income	776.6	624.3
Operating costs	(771.4)	(627.6)
Operating deficit from continuing operations	5.2	(3.3)
Non-operating costs	(6.5)	(5.1)
Surplus/(deficit) for the year BEFORE gains arising from transfers by absorption	(1.3)	(8.4)
Gains arising from transfers by absorption	0.0	41.4
Surplus/(deficit) for the year	(1.3)	33.0

Operational service standards

Emergency department (A&E) four-hour standard

The Trust recorded a performance of 82.90% against the national standard of 95%.

National access standards

Our performance against the challenging national access standards between April 2019 and 31 March 2020 was:

	Standard	Performance
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals	93%	81.15%
Two-week wait for symptomatic breast patients (cancer not initially suspected)	93%	46.15%
All cancers: 62-day wait for the first treatment from national screening service referral	90%	80.85%
All cancers: 62-day wait for the first treatment from urgent GP referral to treatment	85%	74.19%
All cancers: 31-day wait from diagnosis to first treatment	96%	92.33%
All patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days	100%	92.76%
Percentage of patients on an incomplete pathway with a maximum of 18 weeks waiting time	92%	82.00%
MRSA	0	1
Incidence of Clostridium difficile infection	18	60

Capital estate development and infrastructure schemes

ESNEFT has been awarded £69.3m from the Department of Health's Strategic Transformation Fund to invest in and transform buildings at both Ipswich and Colchester hospitals. A new emergency department (ED) and urgent treatment centre will be constructed at Ipswich Hospital, while the ED at Colchester will be redesigned at a total cost of £35.8m.

The remaining £44m will be spent creating a new elective care centre where all ESNEFT patients will have planned orthopaedic surgery.

Research and development/ innovation

During 2019/20, ESNEFT was able to deliver relevant research benefits to 3,726 patients on 382 clinical trials, including trials to reduce symptoms, increase survival times and improve quality of life. Some of our patients were the first to be recruited in Europe.

Environmental sustainability

As a publicly-funded organisation and good corporate citizen, we have an obligation to work in a way that has a positive effect on the communities we serve.

ESNEFT has Sustainable Development Management Plans (SDMP) in place that identify the ways in which the Trust's activities impact on the environment and look to provide a framework for measuring improvement in each area.

ESNEFT contributes to the following sustainable development goals:



Energy used

Resource		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Gas	Use (kWh)	34,188,424	30,808,829	35,334,914	34,605,401	33,995,271	32,792,345
	tCO ₂ e	7,173	6,448	7,385	7,207	6,255	6,031
Oil	Use (kWh)	1,161,491	644,657	1,406,948	474,999	334,617	126,055
	tCO ₂ e	372	206	446	109	93	32
Electricity	Use (kWh)	14,707,497	22,006,469	29,353,175	27,598,731	28,549,523	28,248,752
	tCO ₂ e	9,109	12,652	15,170	12,301	8,770	7,833
Green Electricity	Use (kWh)	13,345,551	7,078,886	441,766	1,267,547	200,774	30,352
	tCO ₂ e	8,265	4,070	0	0	0	0
Total Energy CO ₂ e		24,919	23,375	23,000	19,618	15,118	13,896

Renewable energy

Colchester Hospital has two sets of solar photovoltaic (PV) panels, which generated a total of 29,061kWh during 2019/20, reducing the amount of grid-supplied electricity used by the Trust and generating income.

Clinical waste from both hospitals is incinerated on site at Ipswich Hospital, with the heat recovered used to provide heating and hot water, meaning much less gas is used than at other equivalent hospitals.

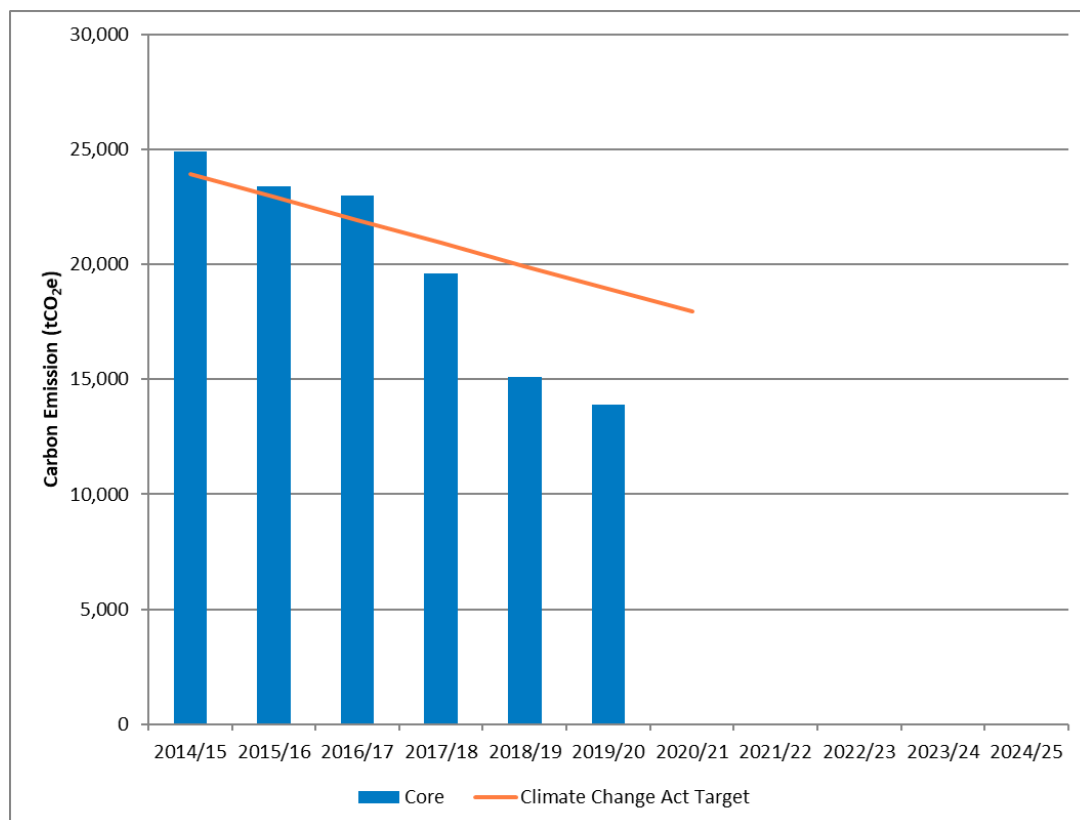
Finite resource use – water

Water consumption has decreased to its lowest level in 2019/20, however additional buildings at both Colchester and Ipswich and increased footfall have seen this figure rise again.

Water		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Mains	m ³	250,807	251,358	270,605	248,286	220,691	275,242
Water	tCO ₂ e	228	229	246	226	217	270

Carbon emissions progress

Through the various schemes implemented to date, ESNEFT has achieved the 2020 target of 28% carbon reductions in relation to our core activities. This is ahead of schedule and we will continue plans for achieving the 2025 target of 51% reduction.



Social, community and human rights issues

Information to, and consultation with, employees

The Trust consults with staff to implement organisational change, including mergers and where services have been redesigned or transferred either to or from an external service provider.

Throughout any period of consultation and change, staff are given the opportunity for both individual and group communication in a variety of forums with the aim of supporting harmonious change for the staff affected and, ultimately, the service provided to patients. This is supported by our recognised unions.

The intranet, email and our TEAM system are also used as rapid methods of communication.

There is an established regular briefing by the Chief Executive and members of the Executive team.

Equality, diversity and inclusion (EDI)

In September 2019 ESNEFT appointed its first full time EDI lead in recognition of the need to drive this agenda forward so we both meet, and exceed, our legal duties under the Equality Act 2010, Public Sector Equality Duty and national NHS equality requirements to ensure as organisation and employer we:

- eliminate unlawful discrimination, harassment and victimisation and any other conduct
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, and
- foster good relations.

This work has started and will be overseen by the Equality, Diversity and Inclusion Steering Group (EDIG), chaired by the Director of Human Resources and Organisational Development.

The group objectives have been set and will look to build on four key priority areas:

- Inclusive leadership and culture
- Compliance management
- Involvement and engagement
- Data collection and analysis

LGBT+ Staff and Friends Network

Our LGBTQ+ Staff and Friends Network successfully launched at both our acute hospital sites and, to date, has 201 members.

The network has developed a two-year plan focused on:

- establishing a single network for ESNEFT,
- having a clear and visible LGTQ+ identity,
- raising awareness through the development of a trans policy and participating in wider Trust activities
- develop training initiatives to help raise awareness of LGBTQ needs.



Workforce race equality standard

The Workforce Race Equality Standard (WRES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality objectives, and to ensure that employees from Black, Asian and Minority Ethnic (BAME) backgrounds receive fair treatment in the workplace and have equal access to career opportunities.

The overall performance of our WRES data comparing 2018 and 2019 is:

WRES indicators		2018	2019
1. Percentage of staff in each of the AFC bands 1-9 and VSM (including Board members) compared with the percentage of staff in the overall workforce. See chart below.	BAME	12.8%	14.7%
	Non-BAME	71.1%	70%
	Unknown	15.9%	15%
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants.		1.73	1.66
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff.		2.34	1.78
4. Relative likelihood of BME staff accessing non-mandatory training and CPD.		1.76	0.93
5. Percentage of staff experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months.	BAME	30%	26.1%
	White	27%	26.3%
6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	BAME	26%	24%
	White	27%	22.5%
7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.	BAME	73%	63.2%
	White	77%	86.6%
8. Percentage of staff who have personally experienced discrimination at work from a manager/team leader or other colleagues.	BAME	13%	10.7%
	White	7%	5.2%
9. Percentage difference between the organisation's Board voting membership and its overall workforce.	BAME	10%	16.7%

Accessible information standard (AIS)

We will continue to monitor implementation of the AIS by ensuring that it is included in our annual clinical records and making sure it improves the patient experience.

Medical staffing

In 2019, ESNEFT was the first choice for FY1 doctors commencing their careers as doctors in the east of England. Also in 2019, all FY1 doctors stayed with ESNEFT to complete their FY2 training to provide a better training experience.

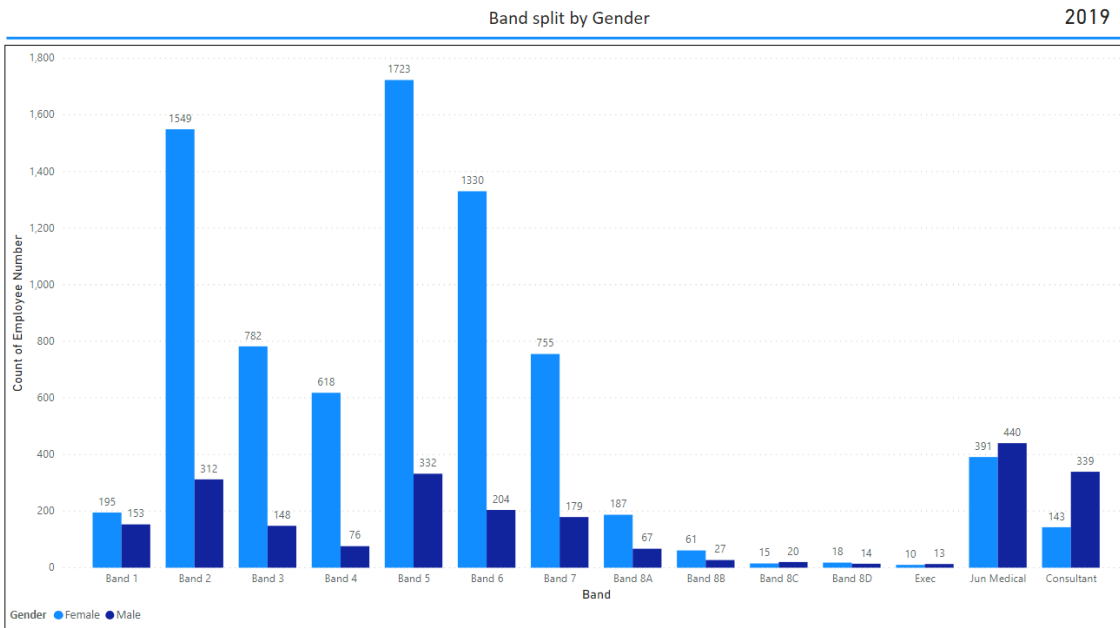
We have active Junior Doctor Forum meetings and safer working meetings on both sites.

Gender pay gap

The Trust fully complied with the regulation to publish a full gender pay gap data analysis, and the report is published on our website.

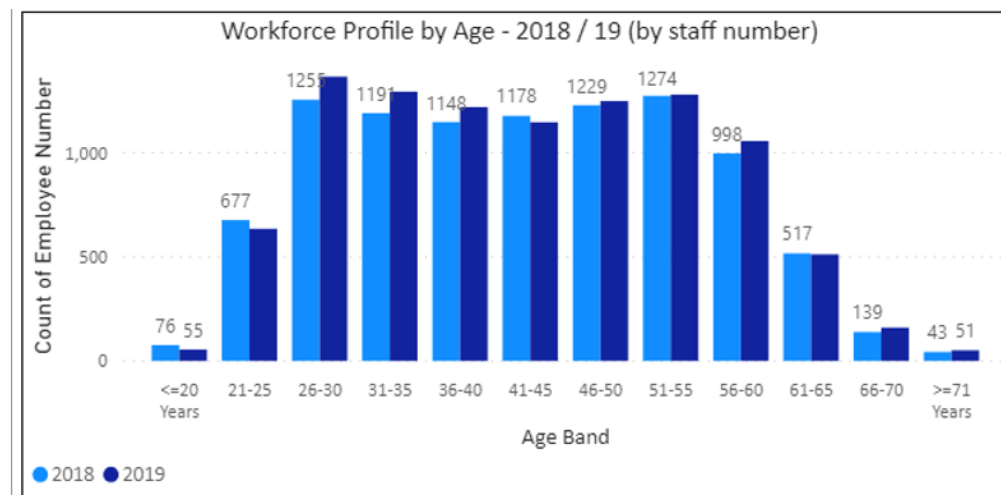
Gender profile

Female staff make up 77% of our workforce while 23% are male, which is consistent with the national gender profile of the NHS. However, the gender split of our local population is 51% female and 49% male.



Age profile

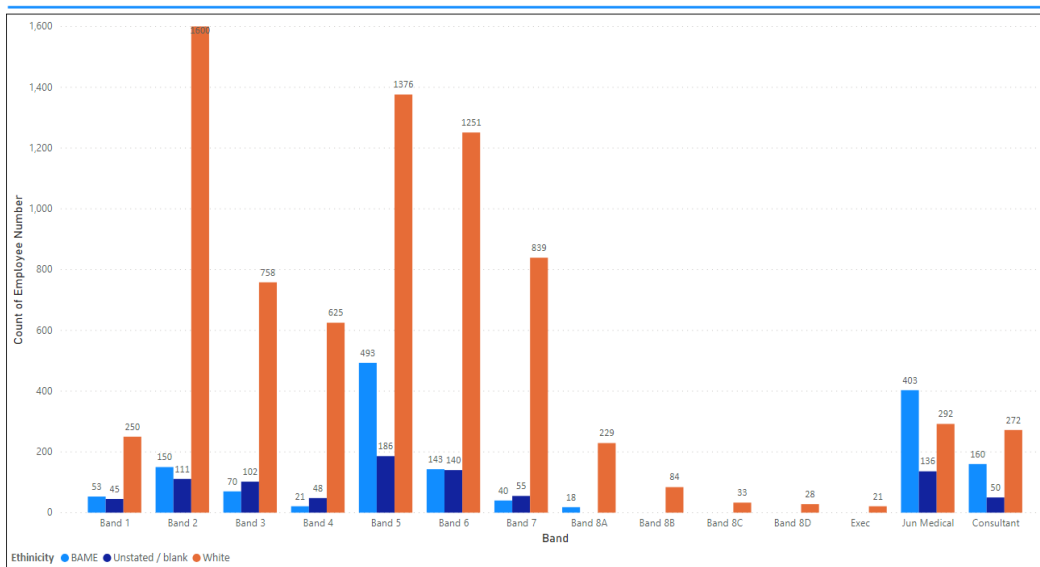
A relatively high proportion of our staff are in older age groups, with the majority aged 41+ (55%), which means we have an increasing ageing workforce. 37% of our workforce is aged 26 – 40 and our younger age group (20 to 25) make up 8%. The age group 26 – 30 is our largest group.



Ethnicity profile

Band split by Ethnicity

2019



Health and safety

The health and safety team have also continued to deliver induction presentations and health and safety mandatory training that is at 94% compliance.

Employee assistance

Staff continue to have access to an employee assistance programme for psychological support and a database for non-psychological problems. A helpline is available to support managers with work issues.

Trust business model

ESNEFT operates a devolved management structure comprising six clinical divisions within three groups and one corporate division.

Accountability Report

The Accountability Report pulls together all of the statutory disclosures relating to NHS foundation trusts and comprises the Directors' Report, Remuneration Report, Staff Report, FT Code of Governance Disclosures, regulatory ratings, Statement of Accounting Officer's Responsibilities and the Annual Governance Statement.

Directors' Report

The Directors' Report comprises the details of the individuals undertaking the role of Director during 2019/20 and the statutory disclosures required to be part of that report and information relating to quality governance. It is presented in the name of the following Directors who occupied Board positions during the year (it also incorporates the operating and financial review):

Name	Title
Eddie Bloomfield	Non-Executive Director
Laurence Collins	Non-Executive Director (until 4 April 2019)
Melissa Dowdeswell	Interim Chief Nurse (from 2 March 2020)
Shane Gordon	Director of Integration Director of Strategy, Research and Innovation
Nick Hulme	Chief Executive
Hussein Khatib	Non-Executive Director (from April 2019)
Adrian Marr	Director of Finance (from October 2019)
Mike Meers	Director of IM&T
Neill Moloney	Managing Director/Deputy Chief Executive

Catherine Morgan	Chief Nurse (until 1 March 2020)
Julie Parker	Non-Executive Director
Dawn Scrafield	Director of Finance (until August 2020)
Richard Spencer	Non-Executive Director
Carole Taylor-Brown	Non-Executive Director / Senior Independent Director / Deputy Chair
Helen Taylor	Interim Chair from June 2019 appointed substantive Chair as from January 2020
Dr Angela Tillett	Chief Medical Officer
David White	Chair (until June 2019)
Richard Youngs	Non-Executive Director

Quality Governance

Well-led Framework

As part of the merger to form ESNEFT in 2018/19, the Board reviewed the arrangements in place to deliver against the NHSI Well-led Framework, which included a review of risk management and Board to ward effectiveness.

In 2019/20 we have continued to build on these foundations in line with NHSI Well-led Framework:

- Established and embedded our leadership structure at both Board and divisional level
- Established leadership development programme which is unpinned by the ESNEFT values based appraisal system
- Set our ESNEFT five year strategy following extensive internal and external consultation; and a range of enabling strategies to drive the programme (ICT, Estates, and Communication & Engagement)
- The ESNEFT values (OAK: Optimistic, Appreciative and Kind) on which continue to develop the ESNEFT way
- Through divisional governance and our accountability framework (aligned to the Well-led Framework) there is a transparent view of performance throughout the organisation reflective of quality, operational performance and financial management
- Continue to mature the risk management culture across ESNEFT services, with positive assurance reviews in 2019/20
- Set our Quality Strategy, quality priorities and launched the Quality Improvement Faculty

In preparation for the CQC inspection, we undertook a self-assessment against the well-led framework. The CQC has rated Well-led as good, noting that:

- Leaders had the skills and abilities to run the trust and the services
- The trust had a clear vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders
- Staff felt respected and valued.
- The service collected reliable data and analysed it.
- Leaders and staff actively and openly engaged with patients, staff, and equality groups, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services

It was also noted that three of the core services inspected were rated as requires improvement for well-led to be improved.

Patient safety

Our ultimate aim is to deliver the highest quality healthcare services to every patient, every day. Assurance is provided to the Quality and Patient Safety Assurance Committee on a monthly basis.

Improvements in patient information

Our patient information strategy continued to ensure healthcare professionals were able to deliver accurate, up-to-date, easy-to-understand, informative and timely information to patients. More than 1,000 different leaflets were available, which were compliant with Department of Health guidelines.

Infection control

Hand hygiene monitoring

We monitor compliance with best practice for hand hygiene in all clinical areas every month. Compliance overall remained above 95%, with the March figure (encompassing data from Colchester, Ipswich and the East Suffolk Community sites), being 95.96%.

COVID-19

Up to the end of March 2020, ESNEFT screened 979 patients.

Improving our patients' experience

Your experience is our responsibility

We remain fully committed to improving patient experience and providing high quality, safe and effective services, while putting patients, relatives and carers at the heart of everything we do.

We continue to welcome complaints as a tool for learning and making improvements. Following the merger, our Patient Advice and Liaison Service (PALS) and the complaints team were aligned to ensure anyone contacting them would receive a consistent and high standard of support, although the teams continue to provide local support to each hospital as enquiries remain site-based.

Privacy and dignity

Maintaining patients' privacy and dignity is fundamental to providing a high standard of care. According to the 2019 national adult inpatient survey, 98% of Trust patients said they were treated with dignity and respect and 99% stated there was always enough privacy when being examined or treated.

Using online and social media to engage and communicate

As of the end of March 2020, our ESNEFT Twitter page had 3,583 followers and our Facebook page had 8,752. Facebook encourages people to recommend and review services based on personal experience. As of the end of March 2020, our Trust had been reviewed 141 times, scoring an average of 4.4 out of 5.

The communications team responds to all appropriate comments, reviews and messages on its social media pages, positive or negative, escalating any issues as appropriate.

NHS Choices

The NHS Choices website (www.nhs.uk) allows people to leave compliments or feedback about our hospitals and services.

ESNEFT has been reviewed 269 times so far, and has scored an overall rating of 4.5 out of 5 stars.

Our patient experience team responds to the reviews on NHS Choices, signposting patients to relevant services and departments as appropriate, along with escalating any issues as required.

Patient advice and liaison service (PALS)

Our Patient Advice and Liaison Service (PALS) aims to help patients, carers, relatives and families resolve problems as quickly and easily as possible by investigating their concerns or putting them in touch with the appropriate member of staff. A total of 6,649 PALS contacts were recorded in 2019/20.

Compliments

The Trust received 1,650 compliments in 2019/20.

Our wards also received more than 19,000 gratuities.

Complaints

A total of 1,266 complaints were received by the Trust in 2019/20. The Trust views the receipt of complaints positively, as each offers an opportunity to learn lessons and improve patient experience.

We responded to 71% of complaints within the agreed timeframe. We re-opened 75 complaints because the complainants were not satisfied by the first response they received.

Referrals to the Parliamentary and Health Service Ombudsman (PHSO)

A total of 25 complaints were referred to the PHSO, with nine investigated. During the reporting period, three cases were partially upheld and no cases were fully upheld.

Our Board of Directors

The Board of Directors functions as a corporate decision-making body. The duty of the Board and of each Director individually is to ensure the long-term success of the Trust in delivering high quality health care. As a Board, all Directors have the same status and as Non-Executive and Executives sitting on a single Board, operate on the principle of a “unitary board”.

All the powers of the Trust shall be exercised by the Board of Directors on behalf of the organisation. The rules and regulations within which the Board is expected to operate are captured in the Trust’s corporate governance documents, which include the organisation’s constitution (which contains the standing orders for the Board of Directors), its schedule of matters reserved for Board decision, standing financial instructions and scheme of delegation. These documents explain the respective roles and responsibilities of the Board of Directors and Council of Governors, the matters which require Board and/or Council approval and matters which are delegated to committees or executive management.

Collectively the Board of Directors have responsibility for:

- Providing leadership to the organisation within a framework of prudent and effective controls
- Supporting an appropriate culture, setting strategic direction, ensuring management capacity and capability and monitoring and managing performance
- Facilitating the understanding on the part of Governors of the role of the Board and the systems supporting its oversight of the organisation

Appointment and composition of the Board of Directors




The Board of Directors is made up of full-time Executive Directors and part-time Non-Executive Directors (NEDs), all of whom are appointed because of their experience, business acumen and/or links with the local community. The Trust considers all of its Non-Executive Directors to be independent.

The Board comprises a Chair, seven further NEDs positions and seven voting Executive Directors.

Register of interests


All Directors are asked to declare any interests on the register of Directors' interests at the time of their appointment.

About the Non-Executive Directors

	<p>Helen Taylor Appointed: 1 January 2020 as substantive Trust Chair Term of office: Expires 31 December 2022</p> <p>Chair of the Board of Directors, the Council of Governors, the Remuneration and Nomination Committee and Appointments and Performance Committee.</p>
	<p>Eddie Bloomfield Appointed: 1 November 2018 Term of office: Expires 31 October 2021</p> <p>Member of Finance and Performance Committee, Charitable Funds Committee, Remuneration and Nomination Committee</p>
	<p>Hussein Khatib Appointed: 1 April 2019 Term of office: Expires 31 March 2022</p> <p>Chair of the Quality and Patient Assurance Committee, member of People and Organisational Development and Remuneration and Nomination Committee.</p> <p>Organisational Lead for Equality, Diversity and Inclusion.</p>
	<p>Julie Parker Appointed: 1 April 2014 Term of office: Expires 31 March 2021</p> <p>Chair of the Finance and Performance Committee, member of Audit and Risk Committee and Remuneration and Nomination Committee.</p>

	<p>Richard Spencer Appointed: 1 November 2018 Term of office: Expires 31 October 2021</p> <p>Chair of Charitable Funds Committee, member of People and Organisational Development Committee and Remuneration and Nomination Committee.</p>
	<p>Carole Taylor-Brown Appointed: 1 November 2018 Term of office: Expires 31 October 2021</p> <p>Carole is Senior Independent Director and Deputy Chair.</p> <p>Chair of People and Organisational Development Committee, member of Quality Committee and Remuneration and Nomination Committee.</p>
	<p>Richard Youngs Appointed: 1 November 2018 Term of office: Expires 31 October 2021</p> <p>Chair of Audit and Risk Committee, member of People and OD Committee, Charitable Funds Committee and Remuneration and Nomination Committee.</p>

About the Executive Directors

	<p>Nick Hulme Chief Executive Appointed: 17 May 2016 Term of office: Permanent Notice period: Trust: six months; employee: three months Trust Accounting Officer. Responsible for corporate strategy, external relations, transformation plan, regulation and compliance, leadership. Twitter: @Nickhulme61</p>
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Shane Gordon
Director of Strategy, Research and Innovation
Appointed: 2 March 2015
Term of office: Permanent
Notice period: Trust: six months; employee: three months
Twitter: @DrShaneGordon



Mike Meers
Director of ICT
Appointed: 1 January 2018
Term of office: Permanent
Notice period: Trust: six months; employee: three months



Neill Moloney
Managing Director/Deputy CEO
Appointed: 1 January 2018
Term of office: Permanent
Notice period: Trust: six months; employee: three months
Twitter: @NeillMoloney



Melissa Dowdeswell
Interim Chief Nurse
Appointed: 2 March 2020 **Term of office:** Interim.
Notice period: Trust: six months; employee: three months
Twitter: @MelissaD_85

Melissa has been appointed as the Interim Chief Nurse until a substantive appointment can be made following a difficult period with COVID-19.



Adrian Marr
Director of Finance
Appointed: 7 October 2019
Term of office: Permanent
Notice period: Trust: six months; employee: three months



Dr Angela Tillett
Chief Medical Officer
Appointed: 3 March 2020
Term of office: Permanent
Notice period: Trust: six months; employee: three months **Twitter:**
@angela_tillett

Appraisal process for the Chair and Non-Executive Directors

The Chair and Head of Corporate Governance work with the Council of Governors to maintain the appraisal process for the Chair and Non-Executive Directors.

Annual Statement on Remuneration

Remuneration and performance conditions

The remuneration of the Chair and Non-Executive Directors is decided by the Council of Governors following advice from the Appointments and Performance Committee. To determine the remuneration, the committee uses the data from an annual survey undertaken by NHS Providers. The level of remuneration for Non-Executive Directors is based on an average expected workload of a minimum of four days a month and a minimum of three days a week for the Chair.

To determine Executive Directors' salary levels, the Remuneration and Nomination Committee uses mainly the data from the annual NHS Providers survey, NHSI guidance and along with the benchmarking information provided by external search organisations supporting Executive Director recruitment.

Fair Pay Multiple (subject to audit)

Salaries for senior managers are formally reviewed every three years with annual interim reviews.

Directors and Governors expenses

Information on the expenses of Directors and Governors is required by the Health and Social Care Act 2012.

There were 33 Directors eligible to claim expenses during 2019/20. Of these, 24 made claims totalling £27,639. (Compared to 23 Directors eligible to claim expenses during 2018/19. Of which, 18 made claims totalling £20,683).

A total of 35 Governors were eligible to claim expenses. Of these, 16 made claims totalling £3,127.46. (Compared to 38 Governors were eligible to claim expenses during 2018/19. Of which, 11 made claims totalling £2,020.69).

Signed



Nick Hulme
Chief Executive
24 June 2020

Salary and allowances of senior managers (subject to audit)

Name	Title	Salary (bands of £5,000) £000	Expenses payments (rounded to nearest £100) £00	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension- related benefits (bands of £2,500)	TOTAL (bands of £5,000)
Nick Hulme	Chief Executive	220 – 225	4	0 – 5	0 – 5	0	220 – 225
Neill Moloney	Managing Director	170 – 175	1	0 – 5	0 – 5	52.5 – 55	220 – 225
Michael Meers	Director of Information Communication and Technology	115 – 120	0	0 – 5	0 – 5	0	115 – 120
Catherine Morgan (left 01/03/2020)	Chief Nurse	125 – 130	1	0 – 5	0 – 5	10 – 12.5	135 – 140
Angela Tillett	Chief Medical Officer	150 – 155	0	0 – 5	10 – 15	17.5 – 20	180 – 185
Shane Gordon	Director of Strategy, Research and Innovation	195 – 200	4	0 – 5	0 – 5	0	195 – 200
Dawn Scrafield (left 01/09/2019)	Director of Finance	60 – 65	1	0 – 5	0 – 5	65 – 67.5	130 – 135
Adrian Marr (from 08/10/2019)	Director of Finance	70 – 75	0	0 – 5	0 – 5	0	70 – 75
Melissa Dowdeswell (from 02/03/2020)	Interim Chief Nurse	5 - 10	0	0 – 5	0 – 5	27.5 – 30	120 – 125
David White (left 07/06/2019)	Chair	10 – 15	0	0 – 5	0 – 5	0	10 – 15
Helen Taylor (Chair from 07/06/2019)	Chair/ Non-Executive Director	45 – 50	1	0 – 5	0 – 5	0	45 – 50
Edward Bloomfield	Non-Executive Director	10 – 15	1	0 – 5	0 – 5	0	10 – 15
Laurence Collins (left 04/04/2019)	Non-Executive Director	0 – 5	1	0 – 5	0 – 5	0	0 – 5
Hussein Khatib	Non-Executive Director	10 – 15	0	0 – 5	0 – 5	0	10 – 15

Richard Spencer	Non-Executive Director	10 – 15	0	0 – 5	0 – 5	0	10 – 15
Carole Taylor-Brown	Non-Executive Director	10 – 15	0	0 – 5	0 – 5	0	10 – 15
Richard Youngs	Non-Executive Director	10 – 15	0	0 – 5	0 – 5	0	10 – 15
Julie Parker	Non-Executive Director	10 – 15	3	0 – 5	0 – 5	0	10 – 15

Comparative table showing salary and allowances of senior managers in 2018/19

Name	Title	Salary (bands of £5,000) £000	Expenses payments (rounded to nearest £100) £00	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension- related benefits (bands of £2,500)	TOTAL (bands of £5,000)
Nick Hulme	Chief Executive	190 – 195	0	0	0	5 – 7.5	195 – 200
Neill Moloney	Chief Operating Officer/ Managing Director	150 – 155	1	0	0	127.5 – 130	280 – 285
Michael Meers	Director of Information Communication and Technology	90 – 95	0	0	0	87.5 – 90	180 – 185
David White	Chairman	50 – 55	6	0	0	0	50 – 55
Tony Thompson (Left 30/06/2018)	Non-Executive Director	0	0	0	0	0	0
Andrew George (Left 30/06/2018)	Non-Executive Director	0	1	0	0 – 5	0	0 – 5
Laurence Collins	Non-Executive Director	5 – 10	0	0	0	0	5 – 10
Elaine Noske (Left 31/10/2018)	Non-Executive Director	0 – 5	0	0	0	0	0 – 5
Helen Taylor	Non-Executive Director	5 – 10	5	0	0	0	5 – 10
Richard Kearton (Left 31/10/2018)	Non-Executive Director	0 – 5	2	0	0	0	0 – 5
Barbara Buckley	Chief Medical Officer	155 – 160	0	0	0 – 5	0	160 – 165

(Left 31/01/2019)							
Catherine Morgan	Chief Nurse	135 – 140	0	0	0	77.5 – 80	215 – 220
Angela Tillett	Medical Director (from 01/07/2019) Chief Medical Officer (from 01/02/2019)	25 – 30	0	0	10 – 15	67.5 – 70	105 – 110
Shane Gordon	Director of Integration	185 – 190	0	0	10 – 15	0	195 – 200
Dawn Scrafield	Director of Finance	150 – 155	0	0	0	115 – 117.5	265 – 270
Jude Chin (Left 30/06/2018)	Non-Executive Director	0 – 5	0	0	0	0	0 – 5
Tim Fenton (Left 31/10/2018)	Non-Executive Director	5 – 10	0	0	0	0	5 – 10
Diane Leacock (Left 30/11/2018)	Non-Executive Director	5 – 10	0	0	0	0	5 – 10
Julie Parker	Non-Executive Director	10 – 15	0	0	0	0	10 – 15
Jan Smith (Left 30/06/2018)	Non-Executive Director	0 – 5	0	0	0	0	0 – 5
Edward Bloomfield (From 01/11/2018)	Non-Executive Director	5 – 10	2	0	0	0	5 – 10
Richard Spencer (From 01/11/2018)	Non-Executive Director	5 – 10	2	0	0	0	5 – 10
Carole Taylor-Brown (From 01/11/2018)	Non-Executive Director	5 – 10	3	0	0	0	5 – 10
Richard Youngs (From 01/11/2018)	Non-Executive Director	5 – 10	5	0	0	0	5 – 10
Susan Aylen-Peacock (Left 01/11/2018)	Non-Executive Director	5 – 10	0	0	0	0	5 – 10

Pension benefits (subject to audit)

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Name	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2020 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at age 60 at 31 March 2020 (bands of £5,000) £000	Cash equivalent transfer value at 31 March 2020 £000	Cash equivalent transfer value at 31 March 2019 £000	Real increase in cash equivalent transfer value £000	Employers contributions to stakeholder pension £000
Nick Hulme	0 – 2.5	0 – 2.5	0 - 5	0 – 5	0	0	0	0
Neill Moloney	2.5 – 5	0 – 2.5	60 – 65	140 – 145	1111	1012	50	0
Michael Meers	2.5 – 5	0 – 2.5	45 – 50	110 – 115	839	818	0	0
Catherine Morgan (left 01/03/2020)	0 – 2.5	0 – 2.5	45 – 50	125 – 130	943	889	11	0
Angela Tillett	0 – 2.5	2.5 – 5	50 – 55	160 – 165	1242	1150	42	0
Shane Gordon	0 – 2.5	0 – 2.5	0 – 5	0 – 5	0	0	0	0
Dawn Scrafield (left 01/09/2019)	0 – 2.5	0 – 2.5	50 – 55	105 – 110	746	672	15	0
Adrian Marr (from 08/10/2019)	0 – 2.5	0 – 2.5	60 – 65	145 – 150	1244	1202	0	0
Melissa Dowdeswell (from 02/03/2020)	0 – 2.5	0 – 2.5	10 – 15	0 – 5	106	84	2	0

The financial information in the table above is derived from information provided to the Trust from the NHS Pensions Agency. Whilst the Trust accepts responsibility for the disclosed values, the Trust is reliant upon NHS Pensions Agency for the accuracy of the information provided to it, and has no way of auditing these figures. The figures are therefore shown in good faith as an accurate reflection of the senior managers' pensions' information. There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration.

Staff report

On 31 March 2020, the Trust directly employed 10,195 staff (8,773 full time equivalents (FTE)).

The Trust also reviewed its acuity staffing levels on the wards, resulting in an increase in the establishment required to meet patient need safely.

	Number of Trust staff		
	Headcount	Establishment (FTE)	Staff in post (FTE)
31 March 2020	10,160	9,676.93	8,739.17

Staff costs (subject to audit)

	2019/20		
	Permanent (£000)	Other (£000)	Total (£000)
Salaries and wages	316,168	931	317,099
Social security costs	31,340	0	31,340
Apprenticeship levy	1,598	0	1,598
Employer contributions to NHS Pension Scheme	55,290	0	55,290
NEST pension contributions	89	0	89
Termination benefits	0	0	0
Agency/ bank staff	0	54,928	54,928
Total	404,485	55,859	460,344

Average staff numbers (subject to audit)

The average staff numbers by staff group is shown below. This calculation is based on the whole time equivalent (FTE) number of employees in each week in the financial year, divided by the number of weeks in the financial year.

Average number of employees (FTE basis)	2019/20		
	Total	Permanent	Other
Medical and dental	1,162	1,071	91
Administration and estates	2,309	2,141	168
Healthcare assistants and other support staff	1,869	1,639	230
Nursing, midwifery and health visiting staff	2,907	2,593	314
Scientific, therapeutic and technical staff	728	689	39

Healthcare science staff	356	322	34
Total average numbers	9,331	8,455	876

Membership of the Trust

The data in the table below is sourced from the Trust's membership database and therefore analyses staff members, not just employees. "Staff" includes any qualifying Trust employee and hospital volunteers, so the number in the table below is greater than the number of staff employed by the Trust.

	Staff members 2019/20	Public members 2019/20
Age		
0 to 16 years	1	1
17 to 21 years	110	31
22+ years	10,193	9,416
Not specified	70	1,246
Total	10,374	10,694
Ethnicity		
Not specified	2,787	1,826
White	6,383	8,339
Mixed	125	99
Asian or Asian British	879	245
Black or Black British	143	128
Other ethnic group	0	0
Other	57	57
Total	10,374	10,694
Gender		
Male	2,326	4,065
Female	8,048	6,247
Transgender	0	0
Not specified/ prefer not to say	n/a	382
Total	10,374	10,694

Sickness absence

Staff sickness absence	2019/20
Total WTE calendar days lost	117,959
Total WTE days available	3,124,105
Total staff years lost (days lost/366)	322.29
Total staff years available	8,535.81
Total staff employed in period*	11,472
Total staff employed in period with absence*	7,003
Total staff employed in period with no absence*	4,469
Average working days lost per employee	10.28

* Headcount, including starters and leavers. Source: Electronic Staff Records

Gender equality

Role	Female	Male	Notes
Non-Executive Directors	3	4	Includes Chair
Executive Directors	2	5	Includes Chief Executive
Other senior managers	23	21	Bands 8d and above
Employees	7,914	2,188	
Total	7,942	2,218	

Further information on gender pay gap is available on the ESNEFT website and for national comparison the Cabinet Office website at <https://gender-pay-gap.service.gov.uk>. Readers are asked to note that on the Cabinet Office website the Trust remains under the name of Colchester Hospital University Foundation Trust.

Valuing our staff

During 2019/20, we continued to recognise staff and volunteers through our Trust commendation scheme, which gives colleagues, patients and the public the chance to nominate the people they feel have made outstanding contributions.

Freedom to Speak Up and raising concerns

Our 'speaking up' vision statement for the Trust is: **We encourage our staff to raise concerns openly, or anonymously if they prefer, safe in the knowledge they will be supported if they do, to make our trust a positive and trustworthy place to work and receive care.**

Tom Fleetwood, our Freedom to Speak Up Guardian regularly:

- talks to the Chief Executive and Chair
- works with other members of the executive team
- replies quarterly to the National Guardian's data collection
- reports quarterly to People and Organisational Development Committee
- reports annually to the Trust Board

National 2019 NHS Staff Survey

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give score in ten indicators. The indicator scores are based on a score out of 11 for certain questions with the indicator score being the average of those.

The response rate to the 2019/20 survey among trust staff was 49% and 2018/19: 39%. Scores for each indicator together with that of the survey benchmarking group (combined acute and community trusts) are presented below.

	2019/20		2018/19	
	Trust	Benchmarking group	Trust	Benchmarking group

Equality, diversity and inclusion	9.1	9.2	9.0	9.2
Health and wellbeing	5.7	6.0	5.7	5.9
Immediate managers	6.6	6.9	6.5	6.8
Morale	6.0	6.2	5.9	6.2
Quality of appraisals	4.9	5.5	4.9	5.4
Quality of care	7.3	7.5	7.2	7.4
Safe environment – bullying and harassment	7.8	8.2	7.8	8.1
Safe environment – violence	9.4	9.5	9.4	9.5
Safety culture	6.5	6.8	6.5	6.7
Staff engagement	6.8	7.1	6.9	7.0
Team working	6.3	6.7	-	-

The full reports of the annual NHS Staff Survey for ESNEFT are available at www.nhsstaffsurveys.com

The key headlines from the survey are:

- Our organisation was benchmarked against **48** combined acute and community trusts.
- **49%** of staff (**4,742**) responded compared to a 46% average response rate for similar trusts.
- Of the 90 questions asked across all 11 key themes, there was no statistically significant difference in nine of the themes. Two key themes improved in the areas of equality, diversity and inclusion and morale.
- **57.3%** of staff said they would recommend ESNEFT as a place to work.
- **66.9%** of staff said they would be happy with the standard of care provided if a friend or relative needed treatment.
- **72.4%** of staff agreed that care of service users is the organisation's top priority.

Expenditure on consultancy

Trust expenditure on consultancy in 2018/19 was £1.621m, down from £4.636m last year.

Consultancy is commissioned when the Trust does not have its own internal resource or expertise to undertake the work in-house or when specific additional resource is required for a project. The total was significantly less than during 2017/18, during which consultancy advice on the full business case for the proposed merger with the Ipswich Hospital NHS Trust and support for the new North Essex and East Suffolk Pathology Service was required.

Foundation Trust Code of Governance

Our membership

At March 2019, ESNEFT had 10,694 public members and 10,374 staff members.

The public members are spread across the geographical area as follows:

Public membership	Number
Colchester	2,531
Ipswich	2,253
Rest of Essex	2,640
Rest of Suffolk	3,269
Out of area (including Norfolk)	n/a

Council of Governors

The Council of Governors represents the interests of the public and employees through its elected Governors and appointed stakeholder Governors.

Directors and Governors working together

The Council of Governors continues to provide an effective local accountability role for the Trust, ensuring that patients, service users, staff and stakeholders are linked in to the Trust's strategic direction. It has proved to be an effective and highly-valued critical friend of the organisation, working with the Board of Directors to develop plans for the Trust.

Elected public Governors

Colchester	Ipswich
Chris Hall	Susan Hayes (resigned September 2019)
Joanna Kirchner	Ian Marsh
Michael Horley (Lead Governor April 2019 – January 2020)	Jenny Rivett
Paul Ellis	Ronald Llewellyn
Rest of Essex	Rest of Suffolk
Elizabeth Smith	Gillian Orves
Jane Young	David Welbourn (Lead Governor February 2020 onwards)
Janet Brazier	John Alborough
Michael Loveridge (resigned April 2019)	Gordon Scopes
John Price	David Miller (resigned February 2020)
David Gronland	

Elected staff Governors

Colchester and Essex	Ipswich and Suffolk
Isaac Ferneyhough	Tonia Evans
Donna Booton (retired December 2019)	Louise Palmer
Sharmila Gupta	Joanne Garnham

Appointed stakeholder governors

Under the ESNEFT constitution, appointed governors have a fixed term of three years and a maximum of nine consecutive years.

- Colchester Borough Council and Tendring District Council: Cllr Helen Chuah was appointed in July 2018 for a second term of office to represent both councils
- Essex County Council: Cllr Carlo Guglielmi was appointed in July 2018 for a second term of office
- Colchester Garrison: Major Royston Dove was appointed in June 2018
- University of Essex: Vikki-Jo Scott was appointed in July 2018
- Essex Healthwatch: David Sollis was appointed in October 2018, then stood down in June 2019 to be replaced by Deborah Potticary.
- Ipswich Borough Council and Suffolk Coastal District Council: Cllr Neil Macdonald was appointed in February 2019 to represent both councils
- Suffolk County Council: Cllr Gordon Jones was appointed in July 2018
- University of Suffolk: Paul Driscoll Evans was appointed June 2019
- Suffolk Healthwatch: Anthony Rollo was appointed in July 2018

Register of interests

All Governors are asked to declare any interests on the register of governors' interests at the time of their appointment or election.

Council of Governor Meetings

There were five meetings of the Council of Governors: 4 April 2019, 6 June 2019, 29 August 2019 (annual members' meeting), 5 December 2019 and 5 March 2020. The meetings were chaired by David White (2/2) and Helen Taylor (3/3).

Governor attendance at Council of Governors meetings

Name	Attended	Name	Attended
Chris Hall	3 / 5	Isaac Ferneyhough	5 / 5
Joanna Kirchner	2 / 5	Donna Booton	4 / 4
Michael Horley	4 / 5	Sharmila Gupta	4 / 5
Paul Ellis	2 / 5	Tonia Evans	0 / 5
Susan Hayes	0 / 3	Louise Palmer	3 / 5
Ian Marsh	4 / 5	Joanne Garnham	0 / 5
Jenny Rivett	4 / 5	Helen Chuah	2 / 5
Ronald Llewellyn	3 / 4	Neil MacDonald	3 / 5
Elizabeth Smith	5 / 5	Carlo Guglielmi	1 / 5
Jane Young	4 / 5	Gordon Jones	1 / 5
Janet Brazier	5 / 5	Vikki Jo Scott	3 / 5
Michael Loveridge	0 / 1	Paul Driscoll Evans	0 / 4
John Price	1 / 5	Roston Dove	0 / 5
David Gronland	4 / 4	Deborah Potticary	1 / 3
Gillian Orves	3 / 5	David Sollis	0 / 2

David Welbourn	4 / 5	Anthony Rollo	1 / 5
John Alborough	4 / 5		
Gordon Scopes	4 / 5		
David Miller	0 / 3		

The Council of Governors did not exercise its power under the Health and Social Care Act to require one or more of the Directors to attend a Governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the Directors' performance of their duties.

Regulatory ratings

NHSI Single Oversight Framework for NHS providers







NHS England and NHS Improvement's NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

The financial plan has been met by ESNEFT in both 2018/19 and 2019/20, and agency spend has continued to reduce and meet targets.

Care Quality Commission (CQC) registration

The ESNEFT overall rating from the inspection was 'requires improvement'.

Overall rating for this trust		Requires improvement 
Are services safe?		Requires improvement 
Are services effective?		Good 
Are services caring?		Good 
Are services responsive?		Requires improvement 
Are services well-led?		Good 

The Care Quality Commission issued the trust with requirement notices in respect of:

- Regulation 11 – Need for consent
- Regulation 12 – Safe care and treatment
- Regulation 14 – Meeting nutritional and hydration needs
- Regulation 17 – Good governance

These are described as '**actions we must do**' to comply with our legal obligations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full inspection report can be found at the CQC website:

www.cqc.org.uk/provider/RDE

Annual Governance Statement

Capacity to handle risk

Staff members are trained in risk management at a level relevant to their role and responsibilities. Staff also have access to additional support within their work environment. All newly-appointed staff receive training at induction, which includes their personal responsibilities as well as the necessary information and training to enable them to work safely and to recognise risk.

All policies relating to risk management are available on the intranet in the policy section, with support available from the Risk and Compliance Team.

East Suffolk and North Essex NHS Foundation Trust is fully compliant with the registration requirements of the CQC.

Never events

Never events are “serious, largely preventable patient safety incidents which should not occur if the available preventative measures have been implemented by the healthcare provider”.

The Trust reported eight serious incident never events in 2019/20. They were:

- wrong site surgery (three)
- wrong implant / prosthesis (two)
- wrong site local anaesthetic block
- wrong route administration of medication
- retained foreign object post-procedure

We continue to proactively report our never events and compliance against the WHO Safer Surgery Checklist.

Information governance

The Data Protection Officer has investigated 251 potential personal data breaches, three of which were reportable to the Information Commissioner's Office. One case was withdrawn as did not meet reporting criteria. No further action was taken in any of the cases.

Data Protection Act subject access requests are managed in accordance with GDPR.

Staff training is aligned with General Data Protection Act and Information Governance Freedom of Information Act.