

Councillor Robert Smart, former NED and Audit Chairman, ESHT

Compare East Sussex Healthcare NHS Trust (“ESHT”) to Western Sussex Hospitals NHS Foundation Trust (“WSHFT”)

I was pleased to meet recently both the newly-appointed Chairman and Chief Executive of ESHT, when they met the Save the DGH Group. I certainly recognise the scale of the task that confronts them: ESHT has both a financial and a quality crisis to overcome, along with related low staff morale and low public esteem.

ESHT has predicted a deficit of £48 million (13% of income) for the last financial year, and following the CQC overall rating of “Inadequate” remains in Special Measures.

What a contrast this is to WSHFT! With a similar catchment population, demography and coastal location, also served predominantly by two acute hospitals (at Worthing and Chichester), uncannily sited the same distance and time apart as our Eastbourne DGH and Hastings Conquest, they have neither of these two crises. In fact they deserve congratulations for the very recent “Outstanding” CQC rating. So, high quality healthcare services can be provided whilst retaining close to financial balance. This is no compensation for the residents of East Sussex who have been provided with an inadequate service for far too long.

At our meetings I advised the new Chairman and Chief Executive of this huge contrast and suggested that a rigorous analysis of this is essential to understanding how to rectify the performance at ESHT.

I have also met with the Chairman of WSHFT and was somewhat surprised by his initial response: That the WSHFT board had deemed from the outset that the provision of core services, led by A&E and consultant-led maternity, at both hospitals was “non-negotiable”. In other words not only is it possible to provide “outstanding” services within financial constraints but to provide core services at both sites. This may be a revelation to those in East Sussex who have followed the convoluted arguments for the single-siting of consultant-led maternity, paediatrics, general surgery, orthopaedics etc.. I do not recall either HOSC or the CCG’s considering this extraordinary contrast in their deliberations.

Clearly there are some minor differences between East and West Sussex but the extreme dichotomy between healthcare provision in the two counties suggests that ESHT can learn from WSHFT, and that the comparison can be a useful yardstick to measure the progress of the new management team at ESHT.