University Hospitals Sussex
NHS Foundation Trust

Meeting of the Board of Directors

13.30 to 14.50 on Thursday 31 March 2022

Virtual MS Teams

AGENDA – MEETING IN PUBLIC

1.	13.30	**Welcome and Apologies for Absence** To note	Verbal	Alan McCarthy
		Confirmation of Quoracy To note *A meeting of the Board shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that at least half of the Board must be present, including two Non-executive Directors and two Executive Directors.*	Verbal	Alan McCarthy
2.	13.30	**Declarations of Interests** To note	Verbal	All
3.	13.30	**Minutes of the UHSussex Board Meeting of 03 February 2022** To approve		
4.	13.35	**Summary from Chief Executive** To receive and note overview of the Trust's activities	Verbal	Dame Marianne Griffiths
		QUALITY		
5.	13.50	**Maternity Service Assurance Report** To approve	Enclosure	Maggie Davies / Emma Chambers
6.	14.20	**Safer Staffing Report** To approve	Enclosure	Maggie Davies / Cathy Stone
		OTHER		
7.	14.35	**Use of Trust Seal** To note	Enclosure	Glen Palethorpe
8.	14.40	**Any Other Business** To receive and action	Verbal	Alan McCarthy
9.	14.45	**Questions from the public** To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Alan McCarthy
10.	14.50	**Date and time of next meeting:** The next meeting in public of the Board of Directors is scheduled to take place at 10.00 on Thursday 5 May 2022.	Verbal	Alan McCarthy

To resolve to move to into private session

The Board now needs to move to a private session due to the confidential nature of the business to be transacted

Minutes

University Hospitals Sussex
NHS Foundation Trust

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 03 February 2022, held virtually via Microsoft Teams Live Broadcast.

Present:

Alan McCarthy MBE DL	Chair
Dame Marianne Griffiths	Chief Executive
Joanna Crane	Non-Executive Director
Jon Furmston	Non-Executive Director
Lizzie Peers	Non-Executive Director
Patrick Boyle	Non-Executive Director
Jackie Cassell	Non-Executive Director
Dame Denise Holt	Non-Executive Director
Claire Keatinge	Non-Executive Director
Lucy Bloem	Non-Executive Director
Lillian Philip*	Associate Non-Executive Director
Karen Geoghegan	Chief Financial Officer
Pete Landstrom	Chief Delivery and Strategy Officer
Maggie Davies	Chief Nurse
David Grantham	Chief People Officer
Charlotte Hopkins	Chief Medical Officer
Andy Heeps	Managing Director and Deputy Chief Executive

*Non-voting member of the Board

In Attendance:

Pat Cattini	Associate Director of Infection Prevention & Control (For Item 12.1)
David McLaughlin	Director of Facilities and Estates (For Item 17)
Professor Mahmood Bhutta	Consultant ENT Surgeon and Clinical Lead for Environmental Sustainability (For Item 17)
Glen Palethorpe	Company Secretary
Tanya Humphrys	Board and Committee Administrator

TB/01/22/1 WELCOME AND APOLOGIES FOR ABSENCE **ACTION**

1.1 The Chairman welcomed all those present to the meeting and began by welcoming Dr Charlotte Hopkins who was attending her first meeting as Chief Medical Officer. Alan took the opportunity to extend the thanks of the Board to Kate Slemeck, Managing Director for the East of the Trust and Professor William Roche, Interim Chief Medical Officer who had both recently left the Trust.

1.2 Alan went on to explain that as part of the Clinical Operating Model a new single Chief Operating Officer role had been created, the role would also be the Deputy CEO for the Trust and Dr Andy Heeps has been appointed to the role

1.3 There were no apologies for absence received for the meeting.

TB/01/22/2 DECLARATIONS OF INTERESTS

2.1 There were no other interests declared.

TB/01/22/3 MINUTES OF THE MEETING HELD ON 04 NOVEMBER 2021

3.1 The Board received the minutes of the meeting held on 04 November 2021.

3.2 The minutes of the meeting held on 04 November 2021 were **APPROVED** as a correct record.

TB/01/22/4 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

4.1 There were no Matters Arising for the previous Board meetings to discuss.

TB/01/22/5 Chief Executive Report

5.1 Dame Marianne Griffiths introduced the Chief Executive's report.

5.2 Marianne began by extending a huge thank you to all the staff that have continued to work tirelessly through the third wave of the pandemic and continue to provide such a high level of care to our patients through such challenging times.

5.3 The Board was advised that the numbers of patients in critical care beds had significantly reduced which was positive, however prevalence within the younger population in the community was increasing which may impact the Trust in the coming weeks. Marianne explained that the Trust was still running red and green pathways in conjunction with significant numbers of staff off due to Covid continues to the see the Trust dealing with significant challenges. In addition to Covid it was noted that the Trust had continued to see high demands and continued challenges around delayed discharges with substantial numbers of patients that are medically ready for discharge (MRDs) impacting on the Trust's use of these beds. Marianne assured the Board that the Trust was working with the system to improve flow noting that the pandemic had affected the domiciliary care market in a significant way.

5.4 Marianne reminded the Board that the Trust continued to have some restrictions in place in respect of visiting its hospital sites, but that the messaging continued to be:

- Attend any planned outpatient appointments, alone if possible;
- Take a lateral flow test before attending to ensure they do not have Covid;
- Wear a surgical mask at all times and maintain a 1m social distance;
- Nominate just one person to be their visitor while they are in hospital.

5.5 The Board was advised that the Trust was working with the Sussex Health and Care Partnership (SHCP) to put on additional vaccination clinics including using vaccination buses, which had been extremely beneficial for both staff and members of the public.

5.6 In respect of mandatory vaccinations, Marianne explained that the Trust had taken a number of steps and written to all staff and was arranging a dedicated vaccinations briefing to answer any questions. Marianne acknowledged that it had been announced at the beginning of the week that the employment consequences of the mandate had been removed but that the Trust will continue to seek the highest possible vaccination rate within the organisation.

5.7 Following two years of the pandemic Marianne announced to the Board that the Trust had launched the Patient First STAR awards for 2022 which would be an opportunity for colleagues to come together to celebrate staff, with three new categories including, Clinical Team of the Year, Support Service Team of the Year and Environmental Sustainability Champion. The awards ceremony will take place on Wednesday 25 May 2022.

5.8 Marianne went on to provide the Board with a few of the highlights of the last quarter, which included a BBC South East feature on the Critical Care department, the first UHSussex Start of the Month for healthcare assistant Bronwyn Powell, the Green Surgery Team who have been recognised nationally for their sustainable healthcare project and the reopening of the chapel space at Princess Royal Hospital.

5.9 The Board was reminded that the Trust had received a CQC warning notice which identified four areas requiring significant improvements, Marianne advised that the Board would receive a further update from Maggie Davies later in the meeting but noted that the Trust was having weekly meetings with the CQC to demonstrate where progress has been made.

5.10 Marianne noted a number of investments in patient care over the quarter which included newly refurbished theatres at PRH, a Community Diagnostic Hub at Southlands, a new CT scanner at St Richard's which was being fitted later in the month, a new Urgent Treatment Centre at RSCH and a new Chemotherapy Medical Day Case Unit (MDCU) at Worthing Hospital.

5.11 Lizzie Peers commented that the high number of MRDs were currently having a significant impact on the Trust and asked what the system response was and was there a shared view in respect of a system wide risk. Marianne advised that there were daily escalations through the system silver and gold command in addition to a number of specific pieces of work underway that it is hoped will provide additionality of beds including the ICS funding a number of spot purchases directly with care homes and escalations have been raised where there have been care home closures due to the outcomes of CQC inspections.

5.12 Patrick Boyle commented that the current visiting policy is very difficult for the public and asked if there was a different policy in respect of end of life care. Maggie Davies advised that the Trust does have compassionate guidance in place and is following national guidance where there is flexibility for end of life and palliative care.

5.13 The Board **NOTED** the Chief Executive Report.

TB/01/22/6 Integrated Performance Report

6.1 The Chair introduced the Integrated Performance Report (IPR) explaining that Patient First was the Trust's methodology encapsulating the Trust's vision, values and goals.

6.2 Marianne explained that the Trust had aligned its governance to the patient first, it was noted that the Integrated Performance Report is aligned to the Trust Committees and that the Committee Chairs would be invited to provide their Chairs report after each section of the IPR.

TB/01/22/7 Patient

7.1 Maggie Davies presented the Patient section of the Integrated Performance Report and explained to the Board that the True North metric for the Patient Committee was to be in the top 20% of NHS Trusts in the country for recommendation by patients responding to the Friends and Family Test (FFT).

7.2 The Board was advised that UHSussex is currently above the national average in all areas where FFT data is captured with the significant majority

of patients satisfied that they received a good or better experience, Maggie explained that there was additional work underway to further improve the scores as the Trust wants to ensure that it meets this important metric.

7.3 Maggie explained that although there are increased levels of concerns being raised linked to increasing activity and frustrations with waiting there has been a steady reduction in the number of open complaints, including where the backlog was most significant, it was noted that the Complaints and Pals teams have worked incredibly hard to achieve this. Maggie explained that due to the increase I operational pressures there has been a slight decline in compliance against the target of 65% of complaints completed within 25 days.

7.4 It was highlighted that as well as looking at complaints it was also really important that the Trust takes note of the plaudits received from patients, Maggie explained that these themes included:

- Treatment by staff, characterised by kindness, dedication, efficiency
- Clarity of explanation and involvement, including of waits and in decision making
- Attention to basic needs such as refreshments and supplies

7.5 The Board was advised that all clinical teams were being encouraged to log all their plaudits. Maggie went on to advise that there are a number of areas where more work is required in respect of patient waits for appointment and then patients waiting once in our hospitals. It was noted that during quarter one 2022/2023 there will be improvement work in relation to the Trust complaints process to encourage all clinical leaders to work with families with early engagement and dialogue.

7.6 The Chairman invited the Chair of the Patient Committee, Jackie Cassell, to update the Board on their recent meeting and the assurances received in relation to Patients.

7.7 Jackie explained to the Board that the Committee had considered its True North and Breakthrough Objective as described by Maggie which were also incorporated within the quarterly patient experience report. It was noted that the Committee had also received an update in respect of its Strategic Initiative the Patient First Improvement Programme, Jackie explained that the Committee had been assured that following the considerable disruption from the pandemic that this was now being reinvigorated with the rhythm of the divisional strategy deployment meetings restarted in January.

7.8 It was noted that the Committee had received an update on the CQC improvement programme that has replaced what was the CQC readiness project as this is now being incorporated into business as usual activity.

7.9 Jackie advised that the Committee had received a very informative presentation in respect of health inequalities where the Committee had agreed it would be beneficial for the Board to hold a workshop on health inequalities and how as a Trust we can lessen the gap.

7.10 Lizzie Peers acknowledged the positive feedback around staff kindness. Lizzie asked if the Trust had a system of triaging complaints, Maggie explained that all complaints are triaged by the teams and their focus is very much on ensuring they are closed whilst making sure any learning is embedded for the future to prevent a backlog of complaints in the future.

TB/01/22/8 Quality

8.1 Charlotte Hopkins updated the Board on the key messages from the Quality

section of the report with a particular focus on mortality.

8.2 The Board was advised that crude mortality was currently representing the normal seasonal variation, the 12 month rolling HSMR for the whole of UHSussex was well within the normal expected range at 93.9, when disaggregated, HSMR in the East was just passed the 100 mark but remains within the expected normal range and puts UHSussex in the top quartile of Trusts in the country for having a very low HSMR.

8.3 Charlotte went on to explain that SHMI includes deaths in the cohort of patients who have died up to 30 days' post discharge and takes into consideration the complexity of other medical conditions. As a result of the merger there was a delay in the data and for 6 months the Trust did not have visibility of this information as NHS Digital worked to map both former Trust's data to UHSussex. It was noted that there has been a gradual rise in the East of the Trust and particularly in the out of hospital deaths these also remain within the expected ranges, however Charlotte assured the Board that the data would be interrogated through the Mortality Steering Group with clear actions set as required.

8.4 Maggie Davies reminded the Board that the second Quality True North for the Trust was zero harm occurring to patients in our care, it was noted that the Trust is making good progress against the target. Maggie added that the Trust aims to standardise the reporting across the organisation to remove a historic difference where within the East data, staff incidents were included. Maggie explained that work continues to enhance the reporting of a standard suite of quality metrics and this dashboard, as considered by the Quality Committee, will receive data from a variety of systems including Datix where incident data is logged, tracked and outcomes codified.

8.5 The Board was advised that the Trust continues to work reducing patient falls and it was noted that there had been an increase in the numbers of patient falls which is linked to the increased number of elderly frail patients waiting to be discharged home. Maggie explained that there was standard work in place including bay watch and additional work on blood pressure monitoring when mobilising as a sudden drop in blood pressure when standing can also cause patients to fall.

8.6 Maggie went on to update the Board in respect of the ongoing work in relation to the Trust improvement actions for harm reduction and the continuing infection, prevention and control (IP&C) work that has been taking place at the Trust throughout the last two years as a result of the pandemic and the impact that has had on staff and teams.

8.7 The Board's attention was drawn to the Safer Staffing slide within the presentation, it was noted that there had been an increased number of staff off sick related to Covid in December, this impacted staffing levels but this was monitored closely with daily staffing huddles held at least twice a day allowing for mitigations to be deployed. Maggie noted that the overall fill rate in the East is lower when compared to the West, however care hours per day overall is above the peer and national median scores. It was noted that recruitment is ongoing both domestically and internationally.

8.8 The Chairman invited the Chair of the Quality Committee, Joanna Crane, to update the Board on their recent meeting and the assurances received in relation to Quality.

8.9 Joanna began by saying that this would her last update as Quality chair as the chair role transitions to Lucy Bloem ahead of Joanna's retirement at the

end of June. Joanna reflected that Covid had presented real challenges in areas of the Quality Committee oversight over the previous two years, with the Committee's focus on ensuring we are safe as a Trust for patients and staff, alongside, was the Trust still providing good care to the patients due to the amount of suspended elective work. Joanna explained that as a result of these concerns, for the Committee many of the trends and data collation had to change, the Committee had received additional data and assurance in respect of these areas over the last two years, the Committee is well sighted on quality and safety within the Trust and is assured that progress is being made.

8.10 It was noted that the Committee had received a comprehensive update on harms which complemented the incident report for Quarter 2 which detailed the seriousness of the harms and all the themes and findings. In particular relation to Medically Ready for Discharge (MRDs) patients Joanna advised that this was being scrutinised by the Trust and is a very close area of focus.

8.11 Patrick Boyle asked if harm reviews were being undertaken for patients waiting in the system, Charlotte advised that there is work underway with the Divisions to understand how harm reviews can be undertaken, however proactive prioritisation of the waiting lists takes place regularly thus ensuring those with the greatest clinical need are prioritised.

8.12 Claire Keatinge asked in respect of safer staffing was the Trust coming up against any additional challenges in respect of recruiting nurses. Maggie explained that the Trust now has more Universities supplying it with nurses since the welcome addition of Chichester University nurse training and the Trust's international recruitment in the Philippines over the last four years means that the Trust has strong pipelines of staff seeking to join the Trust.

TB/01/22/9 People

9.1 David Grantham presented the People section of the integrated performance report and explained that the Trust's True North for Our People is to be the Top Acute Trust for Staff Engagement. Our Target is to be within the top quartile of acute Trusts for the National staff engagement score.

9.2 The Board was advised that the National Staff Survey results would soon be released but that the latest staff engagement score reflects the impact of the fourth wave of Covid during December as there is a correlation with this and the decline in staff recommending UHSussex as place to work. David explained that the Trust was working with teams to understand the root causes, noting that the People Committee is kept informed on this work with regular updates on staff wellbeing.

9.3 In respect of the Strategic Initiative, leadership, culture and development of the organisation there are three key workstreams, Health and Wellbeing (H&WB) as we move from pandemic to endemic and the measures that we can put in place, in addition to those implemented during the pandemic, to support staff. Leadership Skills, David explained that the Trust now had 117 staff who have been through leadership programmes and there is ongoing discussion in relation to a fourth Equality, Diversity and Inclusion (EDI) specific workstream, it was noted that there was work underway in respect of EDI objectives in particular relation to race.

9.4 David explained that in respect of Electronic Workforce Deployment (EWD) the Trust was harmonising its systems for the deployment of staff, this would provide greater visibility of monitor staffing levels against the acuity of patients in our care, the business case for which has just been signed off.

9.5 David then drew out some highlights of the quarters key performance indicators:

- The Trust currently has 16,054 whole time equivalent (WTE) posts, of those 14,683 WTE are filled leaving vacancies of 1,370 (8.5%)
- Sickness is currently 4% (4.5% in month)
- More people joined than left in last 12 months except in July 2021

9.6 The Chairman invited the Chair of the People Committee, Patrick Boyle, to update the Board on their recent meeting and the assurances received in relation to People.

9.7 Patrick explained to the Board that the Committee was overseeing a huge programme of work but that there is a tremendous energy and enthusiasm. Patrick reiterated the update provided by David in respect of the numbers of new staff that have joined the Trust, it was noted that the Committee had been updated in relation to a number of listening events and further ways the Trust is engaging with staff. The Committee also received an update on the significant amount of work being carried out in respect of H&WB and the addition of a new steering group to help the Trust understand what is needed to support staff.

9.9 Despite having more staff, staffing remains a major challenge as the hospitals are busier than ever. Patrick explained that the Committee had oversight of the workforce dashboard which enables the Committee to ensure that the Trust is appropriately assessing risks around capacity, the Committee had a high level of confidence that staffing capacity levels and that safer staffing is being adhered to.

9.10 The Committee also received updates in respect of the annual GMC Survey results and the quarterly Junior Doctors Guardian of Safe Working report.

TB/01/22/10 Sustainability

10.1 Karen Geoghegan presented the Sustainability section of the IPR advising the Board that the update centred around the Trusts' True North objectives to break-even.

10.2 The Board was advised that throughout 2021/22, the Trust has operated under two interim financial frameworks, with the last quarter's performance following the H2 financial framework. The H2 allocations differ from the H1 framework; an increased efficiency requirement, a reduction in some income flows and a significant change in income recovery for elective activity. Karen explained that at the end of Quarter 3 the Trust's financial performance met the target of breakeven. It was noted that one key change in the H2 framework was the creation of the £1bn Elective Recovery Fund (ERF) and a new Targeted Investment Fund (TIF). Due to operational pressures, the Trust is not expecting to earn additional ERF in H2 at the same level as it had in H1. The Trust has however, given the levels of Trust activity, been able to secure significant additional funding to support elective recovery activity. This equates to £17m revenue and £5m capital.

10.3 Karen advised the Board that as at the end of Quarter 3, Income and Expenditure performance remains on plan with sufficient cash balances to meet financial commitments to year end. The Capital programme is £13.6m behind plan, driven in part through late funding confirmation and supply chain challenges. Despite significant operational pressures, there was no further slippage in the value of efficiencies delivered to date, with performance remaining £4.6m less than target.

10.4 The Board was advised that the Trust had received draft planning guidance for 2022/2023, Karen highlighted that it was designed to return to more traditional contracting arrangements. It was noted that there will be additional funding via the ERF but it requires activity levels at 104% above the 2019/2020 value.

10.5 Karen drew the Board's attention to the Financial risks noting that due to the ongoing pandemic the Trust is continuing to operate in a challenging environment with high levels of uncertainty and thus the associated impact on the Trust's financial position.

10.6 The Chairman invited the Chair of the Sustainability Committee, Lizzie Peers, to update the Board on their recent meeting and the assurances received in relation to Sustainability.

10.7 Lizzie advised the Board that the Committee had noted the risks and challenges to the current position it was confirmed that a detailed roadmap to year end with an update on the risks would be brought to the next meeting. The Committee also received an update on the Breakthrough Objective of premium spend reduction, Lizzie explained that due to the changing environment in respect of workforce nationally and the Trusts revised operating model there would be a review of this strategy deployment.

10.8 In relation to the Strategic Initiative – Environmental Sustainability Lizzie highlighted that the Committee had been advised of the significant levels of organisational engagement which was hugely positive as was the carbon emission tracker included within the paper. In respect of the Corporate Project it was noted that the Committee had requested a deep dive that focusses around risks and mitigations to provide further assurance.

10.9 Lizzie explained that the Committee had also had a rich discussion around risk and specific risks that may impact the delivery of the Sustainability True North and mitigations in place both of which dove tailed into the risks that fall to the Sustainability Committee in respect of the BAF.

TB/01/22/11 Systems & Partnerships

11.1 Pete Landstrom presented the Systems and Partnerships (S&P) section of the Integrated Performance Report drew out the following key points.

11.2 **A&E**

Overall the Trust treated 69.3% of patients within 4 hours of attending all A&E departments. There was a deterioration in the quarter with UHSussex West achieving 70.7% and UHSussex East achieved 68.0% compared to national performance which had also deteriorated and was 73.3%. There was continued pressure on Trust emergency departments in particular with increases in long length of stay patients as a result of constrained flow, exacerbated by the Omicron Covid wave.

11.3 **RTT**

It was noted combined Trust had 55.8% of patients waiting longer than the target 18 weeks at the end of December. UHSussex West achieved 54.7% and UHSussex East achieved 56.7% whilst national performance was 65.5%. The total number of patients waiting for elective treatment at the Trust was 104,496, of whom 286 were waiting over 104 weeks at the end of December. Despite operational pressures the 104-week patient numbers have continued to decrease in line with the Trust's recovery trajectory to have no patients waiting at the end of March.

11.4 **Cancer**
Pete explained that overall 59.0% of patients who commenced cancer treatment were treated within 62 days. UHSussex West achieved 56.5% and UHSussex East achieved 62.7%, whilst national performance was 67.5%. It was noted that there had been an increase in over 62 and 104 day prospective waits in December, although those numbers had reduced over the January period as recovery plans had started to positively impact.

11.5 **Diagnostics**
Overall the combined Trust had 29.5% of patients waiting more than 6 weeks for a diagnostic test against a 1% target. UHSussex West achieved 35.1% and UHSussex East achieved 21.3%. Pete advised that this was a worsening of an increase of 4.8% since November 2021 as a result of Christmas, Covid related staff absences and emergency pressures.

11.6 Pete advised that workforce constraints were impacted in key specialist diagnostic areas, imaging, ECGs, and Neurophysiology have been most impacted by workforce constraints. High emergency pressures have also resulted in significantly higher demand for imaging services in particular, positively the Trust has been able to de-escalate in many areas.

11.7 It was noted that the Community Diagnostic Hub at Southlands was now in situ in addition to a number of other elements up and running the Trust now has a number of areas fully compliant for diagnostics. It was noted that the Trust had also been able to provide additional UTC capacity which it is hoped will have a further positive impact.

11.8 The Chairman invited the Chair of the Systems and Partnerships (S&P) Committee, Patrick Boyle, to update the Board on their recent meeting and the assurances received in relation to Systems and Partnerships.

11.9 Patrick advised the Board that the Committee had received an update on the Trust's adherence to the constitutional targets with a real focus on emergency and planned care, Patrick highlighted that the Trust continues to measure itself against the targets but recognises the pressure during Quarter 3 where there has been a Trust deterioration but that this was in line with national performance. It was noted that the Committee was assured that there are really robust improvement plans in place and the Committee and the Trust is not complacent.

11.10 It was noted that the Committee had discussed at length the current situation with the Medically Ready to Discharge patients (MRDs). Patrick acknowledged that the Committee had found it refreshing to hear the Executive team talk about the innovative solutions being discussed at a system level. Efforts are being made to make use of the Independent Sector capacity and the Trust will be doing everything it can to utilise discussed the available capacity.

11.11 Lucy Bloem asked what actions are being taken and what mitigations are in place in respect of the Cancer patients waiting longer than 62 and 104 days. Pete explained that the majority of these patients sat within the two specialities; lower GI and skin and although this was not without risk there is continual tracking of patients on an individual and case by case basis.

11.12 Dame Marianne Griffiths acknowledged that it has been a relentless time and incredibly challenging for both patients and staff. Marianne highlighted that the Trust had invested in facilities in the Emergency Departments for staff

including improving the changing rooms, toilets and the dining area so that they have suitable space to take their breaks, Marianne noted that the Trust had also invested in additional staff for ED.

11.13 Andy Heeps assured the Board that in respect of the patients on cancer pathways waiting longer than 104 days, both Chief Operating Officers have a detailed understanding of those patients and each patient has had a senior clinical review.

11.14 The Board **NOTED** the Integrated Performance Report.

TB/01/22/12 UHSussex Green Plan

12.1 Karen Geoghegan introduced the UHSussex Green Plan commenting that it was a privilege to be the Executive lead for Sustainability and welcomed David McLaughlin, Director of Facilities & Estates and Professor Mahmood Bhutta, Clinical Lead for Environmental Sustainability who would be presenting alongside her.

12.2 Karen explained to the Board that in October 2020, the NHS committed to deliver the world's first Net Zero Carbon health service. As a result, all Trusts are required to develop a plan to meet this ambition. Karen noted that UHSussex had engaged extensively with staff, our local partners and governors to work through how we reduce our carbon footprint, it was noted that the Trusts primary environmental target was to become Net Zero Carbon for direct emissions (NHS Carbon Footprint) by 2040 and indirect emissions (NHS Carbon Footprint Plus) by 2045.

12.3 David went to explain to the Board that the Trusts first target milestone is a reduction in its direct carbon footprint of 57% by 2025, with focus on three core areas:

- Minimising resource use
- Reusing wherever possible
- Switching to greener alternatives

12.4 David updated the Board with positive improvements that the Trust had made so far:

- 37% reduction in UHSussex footprint since 2009/2010;
- 100% renewable energy
- The Trust has over 300 Green Ambassadors
- Reduced anaesthetic emissions by 87% since 2014
- 15,000 remote consultations took place during 2020
- 500 staff have joined the EASIT travel benefits scheme since 2017.

12.5 In addition, the Board was reminded of the £3m investment in the Trusts state of the art kitchen at St Richard's which has seen changes to the way the Trust operates and has eliminated waste with an overall reduction in food waste of 10%.

12.6 Mahmood explained to the Board that another of the key initiatives was switching to reusable equipment from single use equipment where ever it is clinically appropriate including trialling reusable surgical instruments, which can be sterilised on-site, and are better quality instruments, with less than 10% of the carbon footprint. It was noted that other specialties have already switched to re-useable for example, ENT Outpatients and both the ophthalmology and sexual health departments are looking to do the same.

12.7 Finally, Karen advised that the Green Plan had been approved by the Board on 06 January 2022 and submitted to the ICS and the full plan was available

on the Trust website for colleagues and members of the public to view at their leisure.

12.8 Lillian Philip commented that the Green Plan was really comprehensive, very impressive and really well rounded in terms of the processes and embedding methodology.

12.9 The Board **NOTED** the UHSussex Green Plan.

TB/01/22/13 Report from Patient Committee Chair from the meeting on 25 January 2022

13.1 The Board **NOTED** the Report from the People Committee Chair, highlights of which had been received as part of the Integrated Performance Report.

TB/01/22/14 Report from Quality Committee Chair from the meeting on 25 January 2022

14.1 The Board **NOTED** the Report from the Quality Committee Chair, highlights of which had been received as part of the Integrated Performance Report.

14.2 Joanna Crane advised the Board that the Infection, Prevention and Control Annual Report for legacy BSUH and legacy WSHFT had been received by the Committee at its meeting in December, the Committee discussed them at length noting the in-depth reports, Joanna added that the key message was how the teams are coming together and the continued learning.

14.3 Maggie Davies introduced Pat Cattini, Associate Director of Infection, Prevention and Control. Pat began by highlighting that the year had been impacted severely by the pandemic which had posed a major challenge in managing safe patient care.

14.4 Pat took the Board through the highlights for the former BSUH and the former WSHFT drawing the Boards attention to the graphs and details in respect of C-Diff, MRSA and E-coli.

14.5 The Board was advised that the IP&C teams came together early on in the pandemic and have continued to work together to ensure that IP&C was managed collectively, Pat talked through the respective outbreaks, the actions taken and learning following outbreaks.

14.6 Pat also went on to confirm that the infection prevention and control team has also provided significant input into the 3Ts stage one construction design and have been involved in capital projects for new builds and refurbishments. Finally, Pat added that the structure of the report would be reviewed and would be a joint UHSussex report going forward.

14.7 Dame Marianne Griffiths commented that she would particularly like to thank the IP&C team who worked 7 days a week and were the most agile responders to the frequently changing guidance throughout the pandemic

14.8 The Board **APPROVED** the Infection, Prevention & Control 2020/2021 Annual Reports for the former BSUH and former WSHFT legacy Trusts.

14.9 Maggie advised the Board that the Annual Report for Safeguarding Adults 2020/2021 for the former BSUH and former WSHFT and the Annual Report for Safeguarding Children 2020/2021 for the former BSUH and the former WSHFT, had been received by the Quality Committee at its December meeting and were being presented to the Board to provide an overview of the

incredible work the teams had carried out during the year.

14.10 The Board was advised that there had been additional challenges some of the most vulnerable in our society during the pandemic with an increase at UHSussex in both children's and maternity safeguarding, Maggie highlighted that the key messages for the Trust were in relation to promoting safeguarding for children and sharing these messages with new parents and families. In addition, the number of young people presenting with complex mental health issues is rising and addition investment from the system will be needed in order to support these vulnerable patients.

14.11 Maggie then drew the Boards attention to slide 7 of the presentation in respect of adults safeguarding which for former WSHFT clearly demonstrated that year on year, activity has continued to increase, in particular the activity relating to Deprivation of Liberty Safeguards. Throughout 2020-2021, former BSUH raised 661 safeguarding concerns, a significant increase from the previous year's total of 418 safeguarding concerns raised. In respect of priorities for the year the team have implemented of full review of Safeguarding, MCA and Prevent Training in order to develop an aligned UHSussex training plan.

14.12 Joanna added that the Mental Health components of both adults and children's safeguarding have previously been discussed at great length at the Quality Committee and the Trust now has a Mental Health Board up and running which is key to supporting the work of the Trust and both safeguarding teams.

14.13 The Board **APPROVED** the Safeguarding Adults 2020/2021 Annual Reports for the former BSUH and former WSHFT legacy Trusts.

14.14 The Board **APPROVED** the Safeguarding Children's 2020/2021 Annual Reports for the former BSUH and former WSHFT legacy Trusts.

TB/01/22/15 Report from People Committee Chair from the meeting on 26 January 2022

15.1 The Board **NOTED** the Report from the People Committee Chair and accompanying reports, highlights of which had been received as part of the Integrated Performance Report.

15.2 Patrick Boyle advised the Board that the Annual Gender Pay Gap Report 2021 for former WSHFT and former BSUH, along with the Annual Equality Report 2021 for the former WSHFT and former BSUH were being presented to the Board for approval for publication and that the Committee had received a detailed and thorough review of both reports during its meeting.

15.3 David Grantham explained that both reports were legacy reports reflecting on the previous two organisations, noting that the annual gender pay gap was a very mathematical and statutory report and the annual equality report was very detailed. David highlighted that the Board would be having a seminar in the coming weeks in respect of race and equality and the Trusts vision and values in respect of Equality at UHSussex.

15.4 The Board **APPROVED** the Annual Gender Pay Gap Report 2021 for the former BSUH and the former WSHFT for publication on the Trust website.

15.5 The Board **APPROVED** the Annual Equality Report 2021 for the former BSUH and former WSHFT for publication on the Trust website.

TB/01/22/16 Report from Sustainability Committee Chair from the meeting on 27 January 2022

16.1 The Board **NOTED** the Report from the Sustainability Committee Chair, highlights of which had been received as part of the Integrated Performance Report.

TB/01/22/17 Report from Systems & Partnerships Committee Chair from the meeting on 27 January 2022

17.1 The Board **NOTED** the Report from the Systems and Partnerships Committee Chair, highlights of which had been received as part of the Integrated Performance Report.

17.2 The Board **RECEIVED** and **NOTED** the accompanying Emergency Planning, Resilience and Response Annual Report 2021/22 which had been received by the Committee, the substantially compliant rating and the activities underway to achieve full compliance over the next six months.

TB/01/22/18 Report from Audit Committee Chair from the meeting on 13 January 2022

18.1 Jon Furmston, Chair of the Audit Committee, presented the Chairs report from the meeting held on 13 January and drew out the following key points.

18.2 Jon advised the Board that the Committee had received a report on the Trusts Key Financial Systems and was assured by the findings of the internal audit report particularly following the merger of the former WSHFT and BSUH ledgers.

18.3 The Board was advised that the Committee had received a report in relation to end to end recruitment and was assured by the update provided by the Chief People Office over the improvement actions being taken in respect of the Trust's recruitment process.

18.4 Jon noted that the Committee had received an update from the external auditors Grant Thornton and the finance team in respect of the Trusts preparedness for year-end, the Committee also approved the annual accounting policies.

18.5 The Committee also received quarterly updates from Information Governance and the Caldicott Guardian Rob Haigh, the Health and Safety Committee and the annual interim report in respect of declarations of interest.

18.6 Finally, Jon advised the Board that the Committee had also received a presentation from the Chief Financial Officer on the planned review of the Trust's Committee Effectiveness and its scope including both a desk top review of the Committee documentation and specific Executive and NED engagement events.

18.7 The Board **NOTED** the Chairs Report from the Audit Committee.

TB/01/22/19 Board Assurance Framework

19.1 Glen Palethorpe drew the Board's attention to the summary of the key strategic risks within the Board Assurance Framework (BAF) and noted that the information received through the integrated performance report and assurance reports from Committee Chair's link to the details in the BAF.

19.2 Glen highlighted that following review by the Executives this has seen 6 risks increase their score for Quarter 3 / Quarter 4, this sees the Trust's highest risks scoring 20 being risk 5.3 relating to the delivery of consistent compliance with the constitutional standards, and risk 3.3 relating to workforce. It was noted that in both of these areas the Board had heard that there is work underway to further support staff and the ongoing measures within the Systems & Partnerships update in respect of risk 5.3

19.3 The Board **APPROVED** the Board Assurance Framework recognising that the respective Committees had reviewed and were recommending these risk scores as being a fair reflection of the risks facing the Trust.

TB/01/22/20 CQC Action Plan

20.1 Maggie Davies provided the Board with a presentation on the CQC action plan and began by reminding the Board that the CQC made an unannounced focussed inspection of Trust wide Maternity Services and Surgery at the Royal Sussex County Hospital on 28 September 2021.

20.2 The CQC identified a number of areas requiring significant improvement and issued a Warning notice on 03 December 2021.

20.3 Maggie explained that the Trust had provided a comprehensive response to the concerns included within the warning notice and noted that the Trust is also addressing a further two areas that were identified as requiring significant improvement these being:

- Lack of sufficient numbers of suitably qualified staff to deliver safe services;
- Good governance

20.4 It was noted that a UHSussex Improvement Steering Group has been set up to oversee the development and delivery of improvement plans from five work streams and meets monthly. In addition, an ICS led System Oversight Meeting including all key stakeholders meets monthly to track and assure delivery of UHSussex improvement plans.

20.5 Maggie then took the Board through the workstream structure of Quality Governance, CQC Must Do / Should Do Response, Workforce & Wellbeing, Well-Led and Operational Safety Compliance and in brief the scope of each workstream.

20.6 The Board was advised of the next steps with the Trust continuing to monitor developments and undertake further work in respect of Trust's culture and the Trust's vacancy improvement plan.

20.7 The Board thanked Maggie for the update and **NOTED** the improvement plans in place and actions being taken.

TB/01/22/21 Company Secretary Report

21.1 Glen Palethorpe introduced the Company Secretary Report and drew out the following highlights.

21.2 The Board was advised that the Trust is required to receive reports on learning from deaths. The Board was reminded that the detail of the report is scrutinised by the Quality Committee especially in respect of the Trust's processes for learning from the review of deaths. The focus for learning is to improve the Trust's processes. The outcome of this learning manifests itself in the Trust's mortality indices; these are tracked within the routine report to

the Board as part of the Integrated Performance Report. The Quality Committee received and reviewed the reports at its meeting on the 25 January 2022 it was noted that the one report covers Royal Sussex County, Princess Royal, St Richards and Worthing Hospitals.

21.3 Glen advised the Board of the schedule of Board meetings for the 2022/2023 year explaining that as with 2021/22 the Board meetings will be held quarterly on a Thursday, and these will continue to be a week behind the supporting Committee meetings, this is to allow for the efficient flow of assurance from these Committees to the Board. The dates and times of these meetings were shared with the Board which are all open to the Public, but the locations of these meetings has yet to be determined. We expect that we will be able to move back to in person meetings but we will continue to be guided by national and NHS social distancing requirements.

21.4 The Board **NOTED** the Company Secretary Report for Quarter 3.

TB/01/22/22 OTHER BUSINESS

22.1 There was no other business to discuss.

TB/01/22/23 Questions from Members of the Public

23.1 There were no questions received from members of the public in advance of the meeting.

TB/01/22/24 Resolution into Board Committee

24.1 The Board resolved to meet in private due to the confidential nature of the business to be transacted.

TB/01/22/25 The Chair formally closed the meeting

TB/01/22/26 DATE OF NEXT MEETING

26.1 It was noted that the next meeting in public of the Board of Directors would be a short Board meeting at **13:30** on **Thursday 31 March 2022** with the next full Board meeting scheduled to take place at **10.00** on **Thursday 05 May 2022**.

Tanya Humphrys
Board & Committee Administrator
03 February 2022

Signed as a correct record of the meeting

…….. Chair

..…… Date

NHS
University Hospitals Sussex
NHS Foundation Trust

CEO Board Report

Dame Marianne Griffiths

March 2022

News

University Hospitals Sussex
NHS Foundation Trust

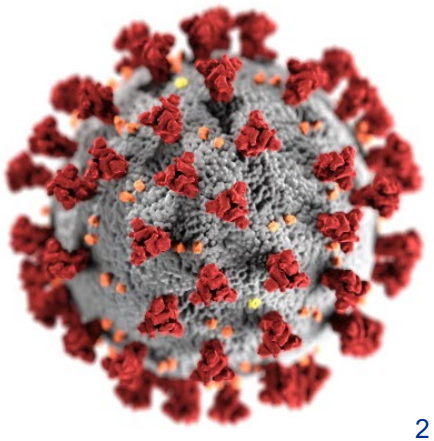
Our hospitals and covid

Sussex has seen a spike in covid numbers in recent weeks and this is reflected in our hospital numbers.

We are currently caring for 266 patients* with Covid-19 in our hospitals, with 4 critical care

- Royal Sussex County Hospital: **82** (including 3 in ITU)
- Princess Royal Hospital: **26** (including 0 in ITU)
- Worthing Hospital: **99** (including 0 in ITU)
- St Richard's Hospital: **59** (including 1 in ITU)

*correct as of 22/03/22



News

University Hospitals Sussex
NHS Foundation Trust

Our covid stories

- 23 March 2022 was National Day of Reflection, marking two years since the start of the first lockdown.

- While we are continuing to manage the effects of Covid, the occasion encouraged us to reflect on our experiences and remember those we lost.

Staff Reflections

Last year we asked colleagues to share their stories of working through the first year of the pandemic.

We had a great response - with almost 100 pieces sent through, from poems to drawings, music and essays.

These are now available to browse via our newly created Our Covid Stories website.

News

University Hospitals Sussex
NHS Foundation Trust

STARS

- Our Patient First Star Awards will be taking place in May.
- We received more than 1200 nominations this year covering all our sites and specialities.
- Thank you to everyone, staff, patients and members of the public who took the time to submit a nomination to recognise the efforts of our hard working staff.

Looking Ahead

University Hospitals Sussex
NHS Foundation Trust

Dr George Findlay will be returning to the Trust as Chief Executive in the coming months

- George is currently interim Chief Executive at Medway NHS Foundation Trust.
- George was at Western between 2014 and 2021 in roles including Medical Director, Chief Medical Officer and Deputy Chief Executive.
- He played a key role in providing the leadership support for BSUH that helped the Trust become the fastest improving in England.
- He was also central to our co-ordinated initial response to the Covid-19 pandemic and developing the case for merger.

Looking Ahead

Executive leadership changes

University Hospitals Sussex
NHS Foundation Trust

Dr Andy Heeps will be serving as interim Chief Executive

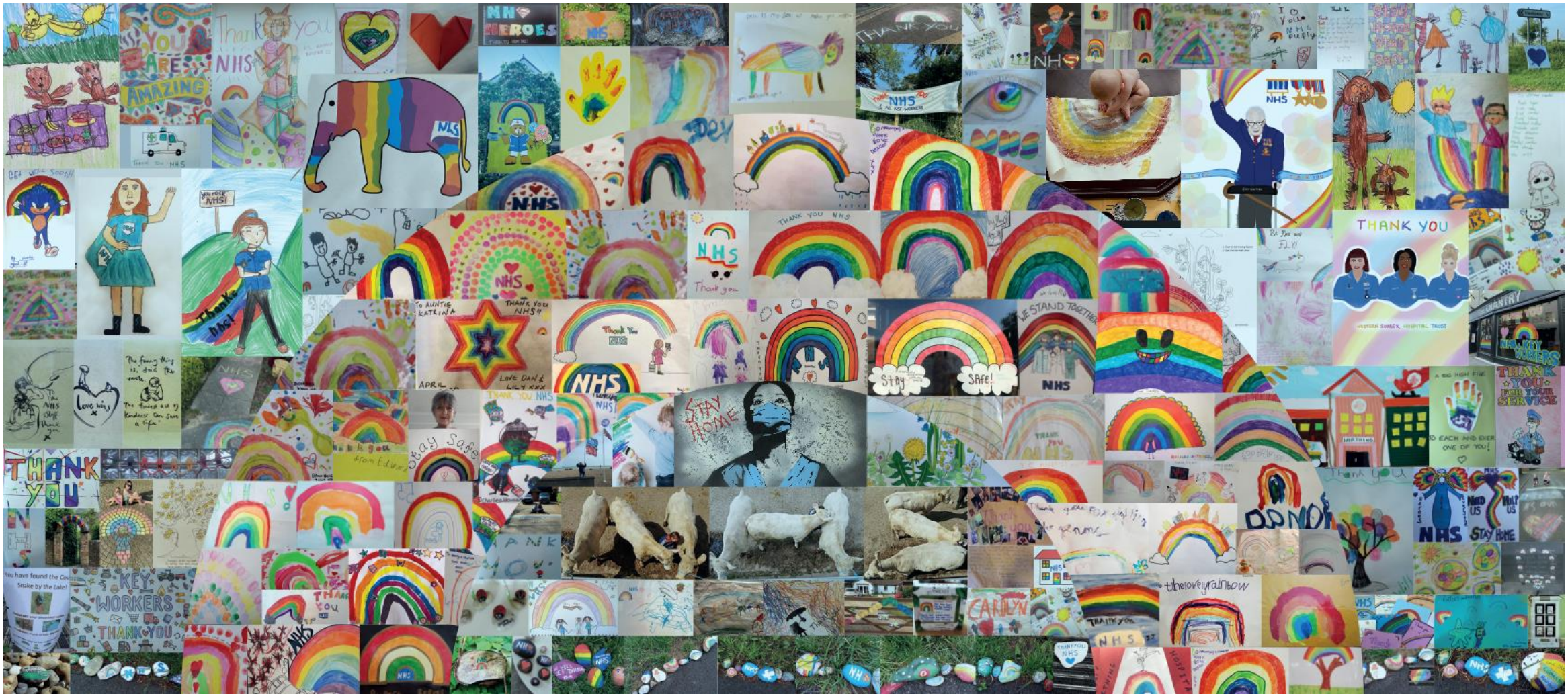
Ellis Pullinger will be joining us as interim Chief Operating Officer

Daren Grayson has been appointed as our new Chief Governance Officer

Thank you

Any questions?

University Hospitals Sussex
NHS Foundation Trust



University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	5	**Meeting:**	Public Trust Board	**Meeting Date:**	31 March 2022
Report Title:	Maternity Service Assurance				
Sponsoring Executive Director:	Maggie Davies Chief Nurse				
Author(s):	Emma Chambers, Director of Midwifery and Cathy Stone, Associate Director of Nursing				
Report previously considered by and date:	Quality Committee				
Purpose of the report:					
Information	✓		Assurance	✓	
Review and Discussion	☐		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Implications for Trust Strategic Themes and any link to BAF risks					
Patient	✓				
Sustainability	✓				
People	✓				
Quality	✓				
Systems and Partnerships	✓				
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	✓	

Communication and Consultation:

Report contents are regularly shared with the Quality Committee and the LMNS.

Executive Summary:

The purpose is to provide the Board with an updated position of the on-going progress required to achieve compliance with regard to the Ockenden and Morecambe Bay investigation recommendations, and progress with workforce improvement actions which were previously presented to the Board in May 2021.

Key Recommendation(s):

The Board is asked to note the contents of this report.

University Hospitals Sussex
NHS Foundation Trust

To: **Trust Board** Date: March 2022

From: Maggie Davies, Chief Nurse Agenda Item: 5.

Maternity Service Assurance

University Hospitals Sussex NHS Foundation Trust response to the Ockenden report, Morecambe Bay investigation and NHS England's workforce requirements for maternity services.

1. PURPOSE

The purpose is to provide the Board with an updated position of the on-going progress required to achieve compliance with regard to the Ockenden and Morecambe Bay investigation recommendations, and progress with workforce improvement actions which were presented to the Board in May 2021.

2. THE OCKENDEN REPORT

The Ockenden Report[1] was published in December 2020 following review of maternity service at Shrewsbury and Telford NHS Trust. Seven Immediate and Essential Actions (IEAs) were required which included 12 clinical priorities.

The paper presented to the Board in May 2021 demonstrated areas of partial and non-compliance against the 7 IEAs.

A process of on-going review has been established with the Local Maternity and Neonatal System (LMNS).

The most recent review presented to the LMNS, Regional Chief Midwife and National Maternity Improvement Advisor in March 2022, reflected significant improvement, the outcome being the Trust was either compliant or partially compliant with all 7 IEAs.

[1] OCKENDEN REPORT - MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST (ockendenmaternityreview.org.uk)

2.1 Improvements completed to achieve compliance

- LMNS agreement regarding the Perinatal Mortality Review Tool (PMRT) governance process
- Perinatal Clinical Quality Surveillance model now routinely presented to the Board
- Reporting of all maternity serious incidents to the Board
- Maternity Voices Partnership (MVP) Chairs appointed across the geographical area
- Non-Executive Director Maternity Safety Champion appointed
- Introduction of twice daily consultant present ward rounds on all four sites
- Multidisciplinary (MDT) training schedule in place
- Director of Finance confirmation of ring-fenced training budget for maternity
- Maternity annual audit schedule developed and shared with LMNS
- Maternal Medicine sub-hub established
- Allocated sessions for consultant fetal monitoring lead and recruitment of fetal monitoring midwives
- Co-production of maternity website and maternity information improvements with the MVP
- A Maternity Board is being established to ensure a process of internal assurance of improvement progress. The Inaugural meeting to be held in April 2022.

2.2 Immediate and Essential Actions progress March 2022

7 Ockenden IEAs (including 12 Clinical Priorities): **Trust University Hospitals Sussex** **Executive Sign off - Dr M. Davies**	**Compliant**	**Partially Compliant**	**Non-Compliant**	**Expected completion date**
1) Enhanced Safety				
A plan to implement the Perinatal Clinical Quality Surveillance Model	✓ Previous version presented to the Board monthly	✓ - new template awaiting ratification by Quality Committee prior to implementation		**29th March 2022**
All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB	✓			
2) Listening to Women and their Families				
Evidence that you have a robust mechanism for gathering service	✓			

user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services				
Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion	✓			
3) Staff Training and working together				
Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week	✓			
The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that a MDT training schedule is in place.	✓			
Confirmation that funding allocated for maternity staff training is ring fenced	✓			
4) Managing complex pregnancy				
All women with complex pregnancy must have a named consultant lead,		Action plan in progress to address IT issues regarding recording		**September 2022**
Mechanisms to regularly audit compliance must be in place	✓			
Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres				
5) Risk Assessment throughout pregnancy				
A risk assessment must be completed and recorded at every contact. This must also include on-going review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance		✓ - Maternity IT system (East) compliant. changes Business case for new system on West approved		**Robust audit possible when new IT system in place on West – estimated roll-out July 2023**

6) Monitoring Fetal Wellbeing				
Implement the Saving Babies Lives care bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.		✓ - 3 out of 4 sites have recruited to role, interviews on 21/3/22 at PRH		**End April 2022**
7) Informed Consent				
Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.		✓ - As a result of Trust merger work is currently underway to develop merged Trust website, The MVP have completed a Gap Analysis of current website on East and West. Communication team leading.		**August 2022**

2.3 Recommendations from the Ockenden report

In addition to the 7 IEAs 49 recommendations were made within the Ockenden report. NHSE/I developed a self-assessment tool to support.

The Trust has undertaken 2 formal reviews of compliance against the self-assessment tool led by the LMNS. The initial review undertaken during Quarter 3 2020 with the most recent review undertaken March 2022.

Both reviews have demonstrated a positive progression towards full compliance with a full scrutiny of all evidence undertaken.

The overview of the outcome of recommendations reflects a position of either full or partial compliance to date there remain no areas of non-compliance.

The most recent review will be presented in full to the Quality Committee in April 2022.

NHSE/I has planned 'Ockenden Insight' in person visits of all four sites are planned for 10th, 30th and 31st May and 23rd June 2022. These visits will include representatives the Regional

Maternity Team, Local Maternity and Neonatal System (LMNS), LMNS Buddy and Maternity Voice Partnership (MVP). During these visits progress with Ockenden actions will be further assessed.

3. MORECAMBE BAY REQUIREMENTS

The Morecambe Bay (Kirkup) report[2] was published in 2015. This independent Investigation was commissioned by the Secretary of State for Health to examine concerns raised by the occurrence of serious incidents, including the deaths of mothers and babies in maternity services, provided by what became the University Hospitals of Morecambe Bay NHS Foundation Trust. The investigation was completed by Dr Bill Kirkup.

There were 44 recommendations in total, 18 of which were for provider organisations to complete, the remaining actions were owned by the Department of Health, regulatory bodies and other national stakeholders.

Both legacy Boards presented compliance against the Kirkup standards prior to the merger. Following the merger a multidisciplinary gap analysis of the recommendations was undertaken involving the Divisional multidisciplinary teams and the Maternity Safety Support Programme team.

The organisation is compliant with 11 of the recommendations and the remaining 7 are under regular scrutiny within the CQC action plan monitoring.

The recent merger and the introduction of the unified organisation Clinical Operating Model will address the wider governance and leadership structure requirements. This is currently at the recruitment phase of the process.

Maternity Unit: University Hospitals Sussex Date: March 2022 Completed by: Chief Nurse				
Recommendations for the University Hospitals of Morecambe Bay NHS Foundation Trust for other Trusts to benchmark against.	**Linked to further reviews/ regulation**	**Examples of evidence (not limited to)**	**Embedded Compliance Red none Amber partially Green fully**	**Actions to be embed compliance fully and due date**
1. Is an apology given to those affected, for the avoidable damage caused and any previous failures to act. **Action: Trusts**	Duty of Candour legislation regulation 20 CQC Safe Domain	Duty of Candour Policy Q&S reports		
2. Review the skills,	CNST SA8	Refer to CQC		Ongoing

[2] The Report of the Morecambe Bay Investigation (publishing.service.gov.uk)

knowledge, competencies, and professional duties of care of all obstetric, paediatric, midwifery and neonatal staff, and agency, locums caring for the critically ill in anaesthetics and intensive and high dependency care, against all relevant guidance from professional and regulatory bodies. **Action: Trusts**	Ockenden IEA 3 CQC Effective Domain	action plans and evidence		CQC action plan monitoring >90% compliance by April 2022
3. Identify opportunities to broaden staff experience in other units, including by secondment and by supernumerary practice. **Action: Trusts**	CNST SA8 CQC Well Led Domain Ockenden IEA 3	Preceptorship Programme Number of staff currently on secondment Induction Programme Individual action plans in line with HR policy		X1 Midwife X1 Obstetrician LMNS Consultant Obstetrician - National Team
4. Continuing professional development of staff and link this explicitly with professional requirements including revalidation. **Action: Trusts**	CNST SA 8 Ockenden IEA 3 CQC Safe Domain	All staff met revalidation requirements Appraisals TNA PMA support	Green/ Amber	Ongoing CQC action plan monitoring
5. Promote effective MDT working, joint training sessions. **Action: Trusts**	CNST SA 8 Ockenden IEA 3 CQC Effective Domain	MDT Mandatory Training CTG training Live Skills & Drills		Ongoing CQC action plan monitoring 90% compliance by April 2022
6. Protocol for risk assessment in maternity services, setting out clearly: who should be offered the option of high or low risk care. **Action: Trusts**	Ockenden IEA 5 CQC Safe Domain	Clinical risk assessment guidelines in date Audits		
7. Audit the operation of maternity and paediatric services, to ensure that they follow risk assessment protocols. **Action: Trusts**	CNST SA 6 Ockenden IEA 5 CQC Effective Domain	Clinical risk assessment guidelines in date Audit of case notes		Refer to MOAT (Maternity Ockenden Assessment Tool)
8. Identify a recruitment	CNST SA 4 & 5	Internal policy		On-going

and retention strategy achieving a balanced and sustainable workforce with the requisite skills and experience. **Action: Trusts**	Ockenden IEA Workforce CQC Safe Domain	Regional task and finish groups BR+ assessments and evidence to agree funding Board reviews 6 monthly of midwifery and clinical work force On-going workforce challenges HR report including return to work policy and procedure		CQC action plan monitoring Fortnightly workforce meetings led by Director of workforce in place Awaiting the outcome of BR+July 2022
9. Joint working between its main hospital sites, including the development and operation of common policies, systems and standards. **Action: Trusts**	CNST SA 9 Ockenden IEA 1 & NICE CQC Effective Domain	Joint LMNS policies/guidelines/projects Perinatal Quality Surveillance Framework embedded June 2021 Evidence of cross site governance processes and procedures where applicable		To be aligned by Q4 2023
10. Forge links with a partner Trust, to benefit from opportunities for learning, mentoring, secondment, staff development and sharing. **Action: Trusts**	CNST SA 8 Ockenden IEA 1 & 4 CQC Well Led Domain	Regional PDM forum Regional PMA forum External review of SI's and PMRT Links with ESHT via LMNS		Refer to MOAT (Maternity Ockenden Assessment Tool)
11. Staff awareness of incident reporting, review its policy of openness and honesty. Duty of Candour compliance. **Action:**	CNST SA 8 Ockenden IEA 2 & 9 CQC Safe Domain	Mandatory training, Ward to Board round (NEDS)	Green/Amber	On-going CQC action plan monitoring Recent

Trusts		Safety Champions meetings ward to Board rounds		Board report highlighted improvements
12. Review the structures, processes and staff involved in investigating incidents, RCA, learning, training. Include arrangements for staff debriefing and support following a serious incident.	CNST SA 3 Ockenden IEA 1 CQC Safe Domain	Maternity Risk Management strategy in date Psychological support for staff – debriefs sessions TRiM practitioners Mental Heath First Aid PMA support RCA training After Action Reviews Lessons learnt shared at handovers, newsletter, notice boards, email, closed media forums		Actions in place and evidenced during walkabouts evidence to be further evaluated at forthcoming peer review
13. Review the structures, processes and staff involved in responding to complaints, and learning are the public involved. **Action: Trusts**	CNST SA 1 & 7 Ockenden IEA 2 CQC Effective Domain	Complaints policy in date PALS You said we did responses MVP involvement All PMRT cases, SI's and HSIB reports reflect the family's voice/feedback		Weekly review of outstanding complaints by CNO at the maternity huddle reflects Timely completion and no outstanding complaints
14. Review arrangements for clinical leadership in obstetrics, paediatrics and midwifery, to ensure that the right people are in place with appropriate skills and support. **Action: Trusts**	CNST SA 8 Ockenden IEA 3 & Workforce CQC Safe Domain	Mandatory Training compliance <90% Workforce Board Papers midwifery and clinical staff RCM		Implementation of clinical operating model underway supported by the maternity safety support team

		leadership requirements RCOG workforce issues/role-responsibilities guidance Evidence of Leadership development programme and succession planning for Clinicians		Q2 2022
15. Review of governance systems clinical governance, so that the Board has adequate assurance of the quality of safe care. **Action: Trusts**	Ockenden IEA 1 CQC Well Led Domain CNST 10 SA	Maternity Risk Management strategy in date Maternity Dashboard Risk Register Governance structure HOM/DOM presents directly to Board not sub-committees Highlight Reports	AMBER / GREEN	Governance structure review a priority Q3 2022
16. Ensure middle managers, senior managers and non-executives have the requisite clarity over roles and responsibilities in relation to quality, and provide appropriate guidance and training. **Action: Trusts**	CNST SA 4,5 & 8 Ockenden IEA Workforce CQC Well Led Domain	TNA Appraisals JD include roles and responsibilities NED walk rounds engagement Gemba walkabouts Safety Champions walk rounds engagement		Implementation of clinical operating model Q2 2022
17. Review access to theatres, and ability to observe and respond to all women in labour and ensuite facilities; arrangements for post-	CNST SA 9 Ockenden IEA 4 & 5 CQC Safe Domain	Immediate access to 2nd theatre Recovery staff are trained, and		

operative care of women. **Action: Trusts**		competency assessed in line with national guidance Staff providing level 2 HDU care are trained and competency assessed in line with national guidance LW coordinators supernumerary 1-1 care given in established labour Ensuite facilities available in some rooms		
18. All of above should involve CCG, and where necessary, the CQC and Monitor. **Action: Trusts**	CCG assurance visits CQC regulation visits	Outcomes of visits CQC ratings Action plans Actions plans monitored governance floor to Board Feedback to staff		Implementation of clinical operating model Ongoing CQC (improvement plan)

4. MATERNITY WORKFORCE

Maternity services at University Hospitals Sussex (UHSussex) have continued to maintain favourable outcomes for families using our services, these are in line with national expectations, and progress has continued to be made on quality improvement projects such as the Saving Babies Lives (v2) care bundle and other Quality Improvements.

As a consequence of the pandemic along with most other maternity services nationally, UHSussex maternity staffing has been significantly impacted by a variety of factors, these include:

- A significant increase in long and short term sickness rates.

- Extended maternity leave requirements (6-8 weeks longer than pre-pandemic due to shielding requirements).
- Increased retirements due to the NHS pension changes in April 2022 (3.7% in February 2022 compared to 1.4% in February 2020).
- An increase in staff requesting a reduction in hours due to adjustments to work life balance.
- A reduction in availability of bank staff.
- Covid related absence.

A verbal update on the current position will be provided to the Board.

4.1 BirthRate+

Birth-rate + is the nationally recognised workforce tool A Birth-rate+ (BR+) assessment of the midwifery and support worker workforce requirements is underway A previous assessment was completed in 2018 in the West – no shortfall was identified at that time. An assessment was completed in 2017 for East, a shortfall of 20.12wte Midwives was identified. The legacy Trust partially funded the deficit. There is a difference in headroom provision on the East (20.05%) and the West (23.16%). The service will be completing a bespoke piece of work looking at actual headroom requirements and reviewing national recommendations regarding headroom.

The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings, and have been endorsed by the RCM and RCOG. This assessment includes:

- An understanding of the total midwifery time required to care for women based on a minimum standard of providing one-to-one midwifery care throughout established labour.
- A classification for intrapartum care which uses clinical indicators to assess the level of need of both mother and baby.
- Collecting real time data on the length of time a woman required care during labour and delivery and an addition of extra midwife time for those with a high level of need/ intervention or emergency.

From these quantifiable needs of women and people, the assessment provides insights and intelligence to inform decision making about staffing numbers, staff deployment, models of care and skill mix. It takes account of the different workloads and working patterns of midwives based primarily in hospital settings and those based primarily in community settings and it takes account of the contribution to quality services of midwifery staff not involved in direct hands on care of women and people such as managers, and clinical governance midwives.

A previous assessment was completed in 2018 in the West – no shortfall was identified at that time. An assessment was completed in 2017 for East, a shortfall of 20.12wte Midwives was identified. The legacy Trust partially funded the deficit.

The assessment outcome is expected in the summer; at this time the service will present a paper to the Board for consideration.

4.2 Midwifery Clinical Advisor Review

It is recognised that there is considerable complexity with midwifery staffing due to the numerous working areas and specialist roles within the services. The service has engaged with a workforce review recommended by the NHSE/I regional midwifery team, by a Midwifery Clinical Advisor. This review includes management, specialist midwife and governance capacity. The report from the review will be shared on 22nd March 2022 and will be used to triangulate findings from internal workforce review activities and the BirthRate+ assessment.

4.3 National indicators relating to the Maternity workforce

Following the publication of the Ockenden review, as part of the system submission a bid was placed by the organisation equating Trust wide to 53.3wte midwives and 6.3wte obstetricians. Funding for 13.1wte midwives and 2.3wte obstetricians was awarded; the Integrated Care System (ICS) have agreed to fund the shortfall.

The Trust is expected to produce a trajectory for recruitment of additional staff to indicate the timeline to draw down the additional funding. It is recognised that BirthRate + assessment may result in the requirement for additional resources.

4.4 Current registered midwife vacancy position and trajectory

Current vacancy (including Ockenden funding)	Recruitment trajectory (September)
60.31wte (14.48%)	46.27 (11.11%)

4.5 Recruitment

With support from the Human Resources (HR) team, immediate deep dives have taken place across the service to ensure correct vacancy information is available and recruitment is timely to fill vacant posts. This information is reviewed with executive representation on a fortnightly basis.

9.37 wte midwives have started within the service since December; however, this has been offset by 6.31 wte leavers.

39 student midwives in training within the Trusts have expressed an interest in taking up posts as Newly Qualified Midwives (NQM) once they qualify in September/ October.

Clearly if all expressions of interest convert to appointments this will vastly improve the staffing of the service, however, this will add to the burden on the education team - additional preceptorship and mentoring staff are currently being employed.

Further recruitment and retention actions are:

- Provision of a Winter bonus (until March – extension being explored).
- 'Refer a friend' reintroduced specifically focusing on maternity.
- Golden Hello of £1,000 agreed to support attraction to fill Ockenden funded posts (weighted towards the East who have the higher vacancy factor and Ockenden funded uplift).
- Recruitment film with the aim of attracting candidates, showcasing the departments including career opportunities.
- Proactive approaches to student midwives to encourage them to join UHS, offers issued subject to graduation/registration.
- "Always Open" approach to recruitment with proactive support from the recruitment team, on-going advert and interviews within 5 days of application/prioritisation of pre-employment screening.
- Daily safe staffing huddles chaired by the Director of Midwifery or Associate Director of Nursing to ensure current safety of services and compliance with 1 to 1 care in labour and minimum safety standards. These huddles include weekly tracking of STAM and appraisal compliance.
- Fortnightly maternity workforce meetings with Heads of Midwifery, Director of Workforce Planning & Deployment, Director of Education, HRBPs and others to support workforce management, development and growth.
- Skill-mixing to include registered nurses working within the service.
- Exploration of International Recruitment of midwives.
- Exploration of midwifery apprenticeship and shortened midwifery course for registered nurses (long term solutions).

4.6 STAM and Appraisal current position

A verbal update on most recent position will be provided at the meeting.

4.7 Staff wellbeing

Some staff raised to CQC inspectors that they did not feel heard. They felt that there was a lack of visibility of management in some areas and they did not know what was being done to improve the issues being experienced. In response to this, Listening Events are now held on a weekly basis, chaired by the Chief Nurse and Director of Midwifery. These events are held via Microsoft Teams to allow for ease of access. They are held at a time requested by the majority of the staff groups. The sessions have been well attended with representation from all bands and all sites in the service. Staff have spoken in an open and candid way about their concerns, they have also contributed many ideas for resolution of the issues. Feedback received about the sessions has been very positive. These forums allow for updating of the team regarding improvement actions completed and planned.

The Executive team and Maternity Safety Champion team complete quality walks across the acute sites, providing visibility and support to teams, this has been well received.

The Director of Midwifery commenced in post on 7th March 2022, providing visible leadership with a focus on strategic development and alignment of the service across the four acute sites. A monthly video message will be shared with all staff to ensure they are up to date with developments, improvements and expectations within the service.

Along with the considerable offer of wellbeing support from the wider Trust, maternity staff are also able to access bespoke support from the Professional Midwifery Advocate team. This includes group restorative clinical supervision, on call support, After Action Review following clinical incidents. The service also provides TRiM debrief support (13 midwives trained) and Mental Health First Aid trained staff.

5. FORWARD PLAN

5.1 Maternity Improvement Plan

The service will amalgamate the action plans from Ockenden, Morecambe Bay, CNST and the CQC – evolving into a Maternity Improvement Plan. This plan will be scrutinised by the newly developed Maternity Board.

5.2 Maternity Board

The Maternity Board, commencing in April 2022, will be a service led improvement group with engagement from the Maternity Safety Champion team and service leaders.

5.3 Midwifery Continuity of Carer (MCoC)

The Board will be aware following the presentation of a paper in January 2022 that NHS Operational Planning Guidance for 2021/22 requires that MCoC is established as the default model of midwifery care and offered to all women by March 2023.

It is nationally recognised that without the correct workforce in place it will not be possible to achieve Continuity of Carer. Alternative timescales will be accepted by the national team on a case-by-case basis, where it is clear that full staffing cannot be achieved by March 2023 and there is a credible linked recruitment plan. These revised timescales will be assessed and agreed through regional assurance. The service will continue to plan for MCoC development while recruitment and retention improvements are on-going.

5.4 Maternity Self-Assessment Tool

The Safety Self-Assessment tool has been designed for maternity services to self-assess whether operational service delivery meets national standards, guidance, and regulatory requirements.

The tool has been developed in response to national review findings, and recommendations for good safety principles within maternity services and has been further influenced by the findings of the Ockenden review, 7 features of safety culture and the emerging themes from services on the Maternity Safety Support Programme and the areas CQC found to be outstanding in other maternity services across England.

The service has completed an initial multidisciplinary gap analysis against this tool. A significant number of the recommendations require actions to meet the requirements due to the need for alignment of processes following the recent reconfiguration of the Trust. This analysis is a work in progress and the service position will be presented to the Quality Committee once complete in Quarter 2.

6. RECOMMENDATIONS

The Board is asked to note the contents of this report and recognise the progression made with Ockenden, Morecambe Bay and CQC action plans. The Board is asked to acknowledge that the midwifery workforce position once finalised will be presented at a future Board meeting.

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	6	**Meeting:**	Trust Board	**Meeting Date:**	March 2022
Report Title:	University Hospitals Sussex Nursing and Midwifery Ward Establishment Review 2022				
Sponsoring Executive Director:	Dr Maggie Davies				
Author(s):	Cathy Stone, Associate Director of Nursing and Beverley Hales, Associate Director of Nursing				
Report previously considered by and date:					
Purpose of the report:					
Information	☐		Assurance	☐	
Review and Discussion	✓		Approval / Agreement	✓	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Implications for Trust Strategic Themes and any link to BAF risks					
Patient	✓				
Sustainability	☐				
People	✓				
Quality	✓				
Systems and Partnerships	☐				
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	✓	

Communication and Consultation:

The paper has been prepared with pan- UHSussex ward and Divisional leaders in response to the National Quality Board and has been triangulated against National indicators i.e. model Hospital.

Executive Summary:

The purpose of the Paper is to provide a review of ward staffing levels across UHSussex as required by the National Quality Board. This is the first report of its kind attributed to the merged organisation.

The outcome has identified that with the exception of 12 ward areas establishments were in line with National benchmarks. The report also identified clinical services outside the scope of the ward establishment review which may require future reviews.

In addition, the report identified differencing ward practices across the 2 legacy sites which would be addressed as part of the ongoing implementation of the Clinical Operating Model.

Key Recommendation(s):

The Board is asked to note the content of this report:

Acknowledge the variation from national benching in key acute areas.
Acknowledge that mitigations are in place to ensure patient safety remain paramount.
Support the on-going recruitment and workforce initiatives (with a focus on international recruitment).
Recognise the requirement to receive future business cases pending the outcome of the ongoing pandemic.

University Hospitals Sussex
NHS Foundation Trust

To: **Trust Board** Date: March 2022

From: Maggie Davies, Chief Nurse Agenda Item: 6

Nursing and Midwifery Establishment Review 2020

1. PURPOSE

The purpose of this report is to provide the Trust Board with a review of ward staffing levels across University Hospitals Sussex, as directed by the National Quality Board (NQB). The NQB has stipulated that; "*Boards must take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability*". This requirement is in response to the Mid Staffordshire NHS Foundation NHS Trust public enquiry and the NHS England *Hard Truths 'the journey to putting the patient first.* Within their recommendations it states that every six months, as required by the NHS England *Hard Truths* report (2013), the Board of Directors should receive and discuss at a public board meeting a report on staffing capacity and capability.

The report should include (as recommended by the National Inquiry):

- Methodology used to determine staffing levels.
- The allowance within the staffing model annually to provide time for annual leave, statutory and mandatory training (uplift).
- The skill mix review.
- The details of first supernumerary/supervisory allowances for ward sisters.
- The evidence triangulation of professional judgement and scrutiny.
- Details of workforce metrics.
- Information related to the quality and outcome measures.
- Environmental constraint i.e. large number of single rooms, visibility, size of wards and consideration for age of buildings, increased equipment needs of their speciality.

The paper will make recommendations to the Board in order to provide assurance that ward staffing levels remain safe and that robust mechanisms for mitigation and escalation are in place for times of reduced optimal staffing levels.

2. INTRODUCTION

This is the first review of ward staffing levels across the new organisation. The impact of the on-going COVID-19 pandemic remains with respect of activity and geographical location of clinical services. This has impacted on staff throughout the NHS and there has been absenteeism not seen before as a result of isolation due to exposure of the virus and shielding of those who are clinically vulnerable.

At the time of writing this report, the Clinical Operating Model was undergoing consultation and the outcome will allow for potential divisional specific reconciliation of clinical areas to ensure equity across all sites.

The review has assessed the current open clinical ward environments whilst acknowledging the lack of recurrent funding (on the west side of the organisation in 2019 financial year a cost reduction plan was to reduce 109 beds in line with projected increased flow and a lower number of medically ready patients for discharge).

The 2020 pandemic affected the way the NHS functioned. Across the NHS Service Provision for Care had to be reactive to the situation. This included flexing the use of wards to meet the demands of clinical specialties. Critical care had to expand beyond normal boundaries; staff were reallocated or redeployed from services that were suspended in line with national guidance. This had the impact on the numbers of staff available at times, with significant demand for wards and critical care services which at times resulted in a derogated position. Twice daily staffing huddles led by Senior Nursing teams reviewing dependency and acuity of all areas to appropriately deploy staff this ensured the level of derogation identified which was then cascaded to the Executive team this has been presented to the previous legacy Trust Boards.

3. NATIONAL CONTEXT

Patients have a right to be cared for by appropriately qualified and experienced staff in safe environments, and this is enshrined in the NHS Constitution.

There is growing evidence which shows that nurse staffing levels make a difference to patient outcomes, patient experience, quality of care and the efficiency of care delivery (RCN, 2011, Griffiths and Ball 2021).

Trusts must ensure that they have the right staff, with the right skills, in the right place (DOH, 2012, Nursing Quality Board).

Safe levels of staffing and an adequate skill mix are central to the delivery of high-quality care (Volume 2 of the Government response to the Mid-Staffordshire NHS Foundation Trust public enquiry 2013).

NICE guidelines (2014) provide recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals, based on the best available evidence. It does not cover intensive care, high dependency; maternity, mental health, acute admission or assessment units or wards, or inpatient wards in community hospitals safe staffing ratios cannot be simply defined in numbers it requires the support of professional judgement.

NICE guidance (2014) advises that there is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. However, there is much research to show that there is increased risk associated with a registered nurse caring for more than 8 patients during the day shifts.

The Board and the Trust must demonstrate safe staffing in order to comply with Care Quality Commission's (CQC) regulatory framework and standards. The CQC takes into account staffing levels in its current inspection regime and CQC well-led framework (2018).

The NMC Code (2018) makes it clear that all Registered Nurses and Midwives are professionally accountable for safe practice in their sphere of responsibility, ensuring that risk is managed and concerns are escalated without delay.

The Royal College of Nursing has recently released (May 2021) Nursing Workforce Standards comprising of 14 standards.

4. PROGRESS SINCE THE PREVIOUS LEGACY BOARD REPOARTS

Whilst the March 2020 ward establishment paper presented to the 2 legacy Boards did not identify any recommendations related to ward staffing the papers presented were against a background of forthcoming merger and wave 1 of the pandemic.

Significant non recurrent COVID-19 funding was received across the organisation
In addition from 2018-2022 to date additional recurrent funding was approved for both the East (6.14 million) and West (10.67 million).

5. REVIEW OF SCOPE

The scope of the review covered all 4 major sites (Worthing /St Richards/Brighton/Hayward's Heath). In addition the peripheral unit at Newhaven was also reviewed. In total 35 wards/clinical areas on the West and 47 wards/clinical areas on the East. The review took place during quarter 3 2021.

Appendix A - Identifies all clinical areas which participated with the reviews.

6. METHODOLOGY OF THE REVIEW

Nursing establishment reviews entail face to face meetings with ward / department leaders reconciling the current establishment against national recognised benchmarks and previously identified methodology indicators (page 1).

The information was then triangulated against the patient experience and safety outcomes (the metrics including Serious Incidents (SI), Never Events (NE), Tissue Viability (TV), outcomes falls and complaints and acknowledge national red flag data.

Appendix B – Red flag data

6.1 Care Hours per Patient Day (CHPDD)

In the Lord Carters' final report: '*Operational Productivity and Performance in English Acute Hospitals: Unwarranted Variations'*, better planning of staff resources is crucial to improving quality of care, staff productivity and financial control. The report recommended that all Trusts

start recording Care Hours per Patient Day (CHPPD) – a single, consistent metric of nursing and health care support workers deployment on inpatient wards and units.

This metric enables trusts to have the correct staff mixes in the right place at the right time, delivering the right care for patients. From 1st May 2016, all trusts were requested to submit monthly CHPPD data to NHSi in order that they can build a national picture of how nursing staff are deployed. From October 2019 the planned and actual hours by ward for Allied Health Professionals and Nursing Associates will also be reported.

In September 2021 Shelford Systems developed an Emergency Department and Emergency Admissions Area Module and this is about to be implemented across the organisation.

6.2 Care Hours per Patient Day – Model Hospital Context

Model Hospital provides details on the average number of actual nurse care hours spent with each patient per day. The data utilised in this paper is from August 2021, which reflects rolling data for the year.

The model hospital data was utilised to benchmark UHSussex CHPPD and is benchmarked against UHSussex with Shelford Group, Peers Spend, Peers Clinical output and Peers Trust.

This demonstrates in all groups UHSussex was place in quartile 2, indicating the organisation to be in the mid-range.

On reviewing clinical area data days and times when the care hours were reduced, this related directly to increased activity, opening of escalation areas and high vacancy rates with higher than average sickness rates.

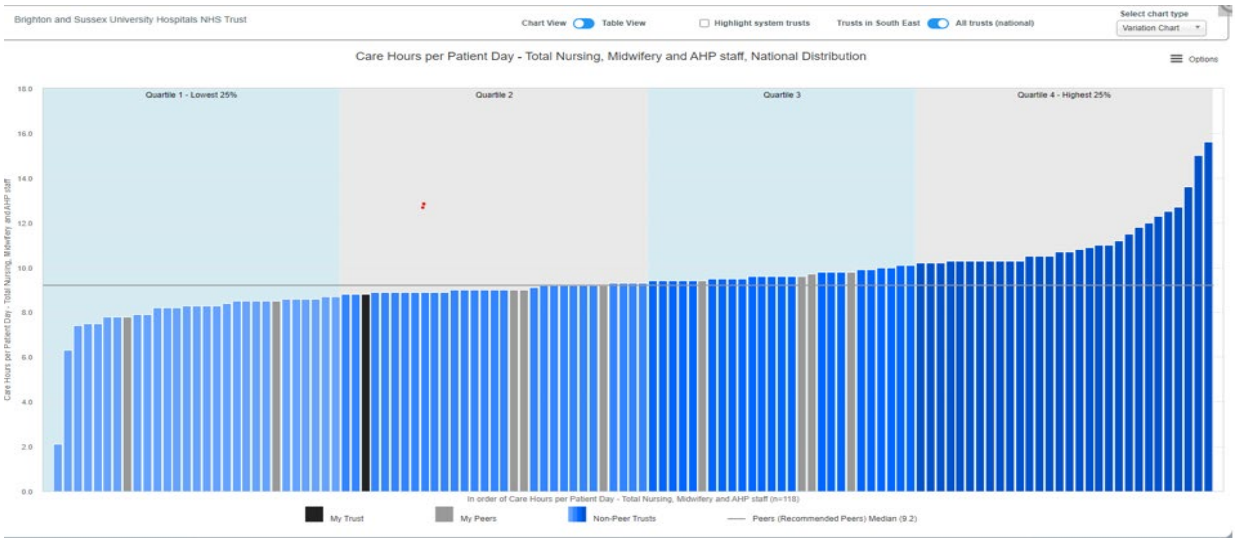
Future consideration - the two legacy Trusts collect the data in different ways. This will be addressed with the full rollout of Allocate (Rostering system) in the East.

6.3 Care Hours per Patient Day – Total Nursing, Midwifery and AHP Staff National Distribution

Historical data from legacy organisations

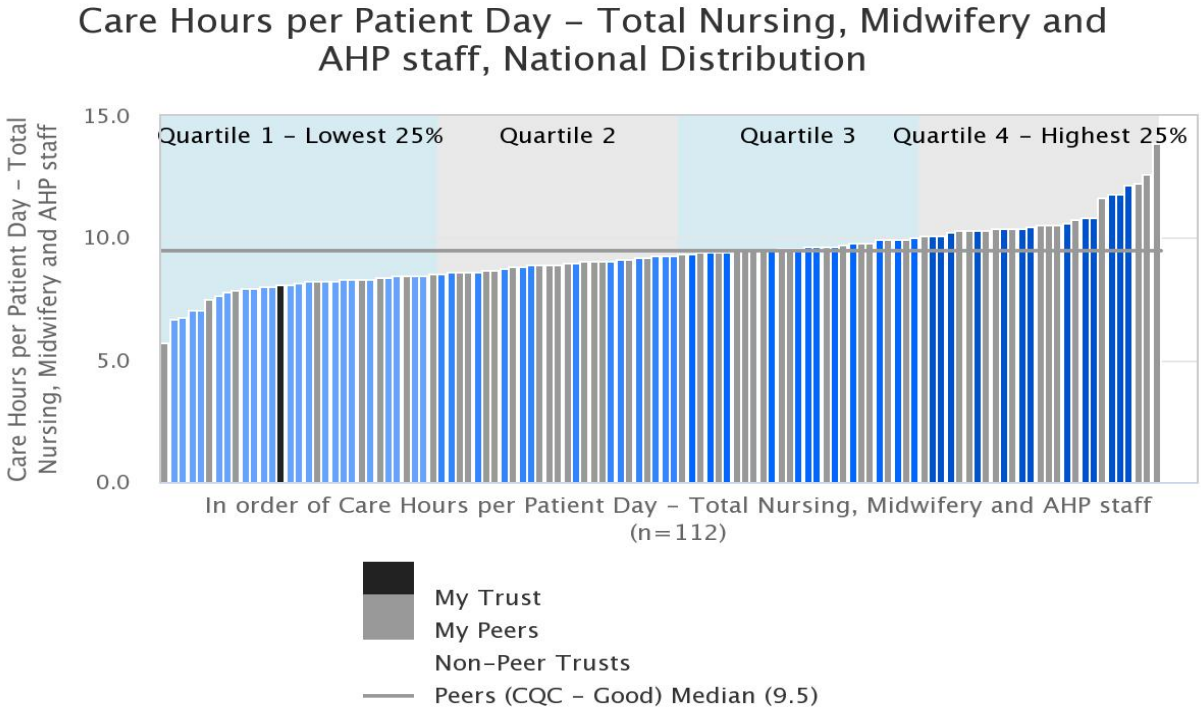
Brighton and Sussex University Hospitals NHS Trust – Legacy Data

Care Hours per Patient Day – Total Nursing, Midwifery and AHP staff, National Distribution.



The black line denotes the position in the lower end of quartile 2.

Western Sussex Hospitals NHS Foundation Trust – Legacy Data



The black line denotes WHSFT in quartile 1 within the lowest 25%

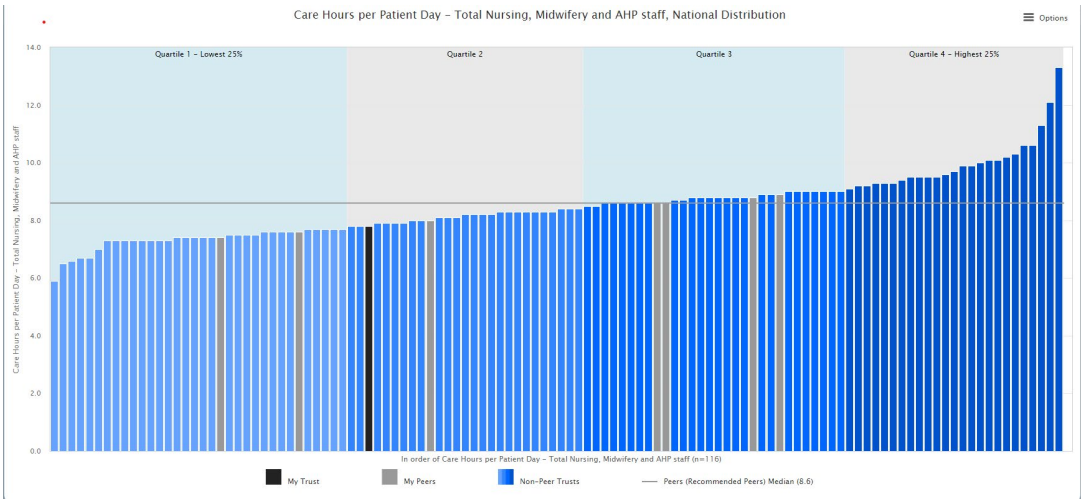
University Hospitals Sussex NHS Foundation Trust

Care Hours per Patient Day – Total Nursing, Midwifery and AHP staff, National Distribution.

In Figures 3 – 6 below, the bold line represents UHSussex - Aug 2021.

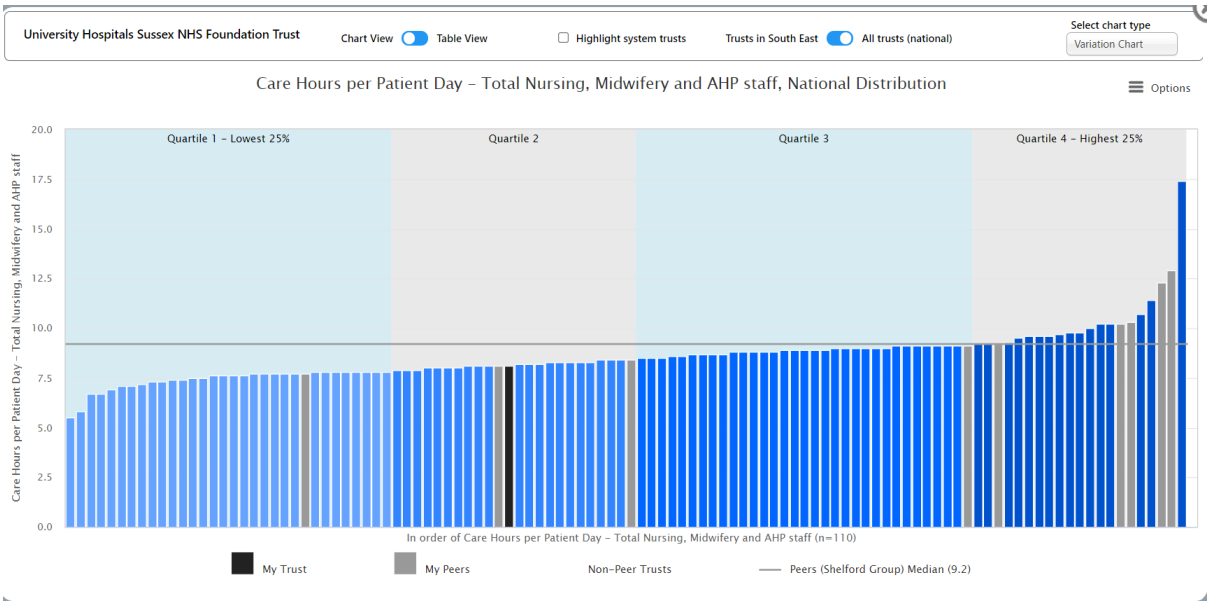
Trust Value 7.8, Peer Value, 8.6 National Value 8.4.

Figure 1 UHSussex Peers



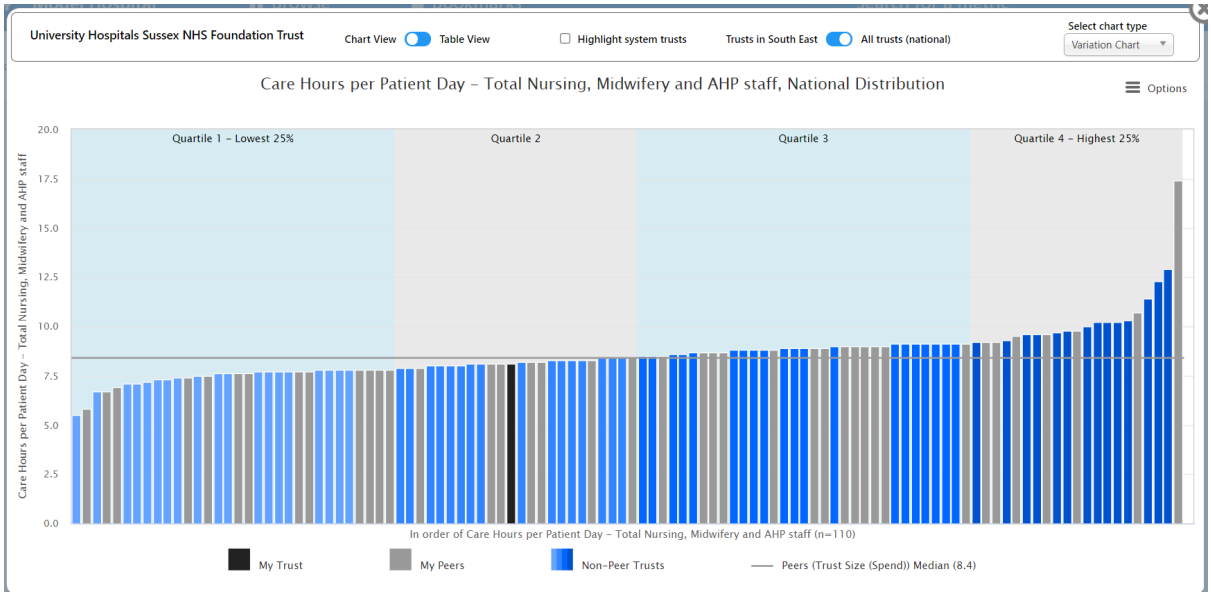
Against Shelford peers the trust is within the lower end of quartile 2, merging the two organisations did not change the position significantly.

Figure 2 UHSussex Peers Spend



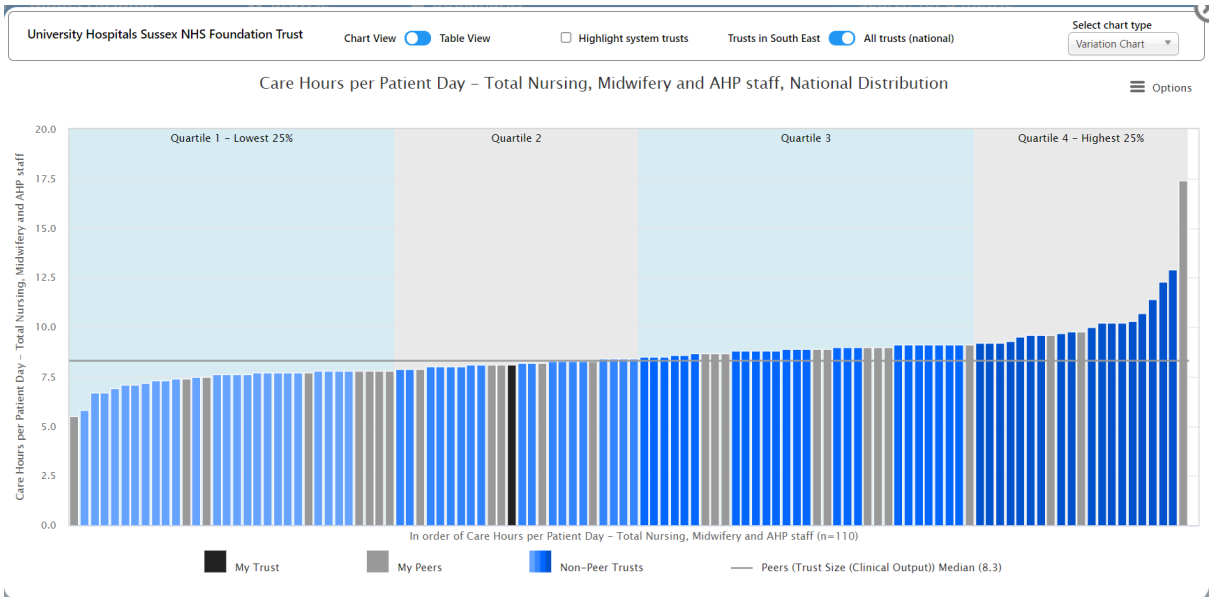
The trust is in the middle of quartile 2 for spend on nursing, midwifery and AHP spend against peers

Figure 3 UHSussex Peers Clinical Output



Against clinical peers the Trust is in the middle of quartile 2

Figure 4 Peers Trust



Against Trust peers care hours per patient day remains within the middle of quartile 2

Note: It has to be recognised that during the pandemic, reporting was not always consistent due to the many pressures of the pandemic, -The requirement to manage red and green pathways provided a challenge however as a baseline on all measures the organisation is neither a positive or negative outlier and therefore provides a method of assurance.

6.3 Vacancies and Recruitment

The NHS Five Year Forward View identified the importance of recruitment and retention (Department of Health 2017) and the NHS Long Term Plan incorporates a focus on workforce including plans for training and recruitment making the NHS a better place to work. This is also a focus of the People Plan Programme for the NHS.

It stated in the plan that there should be no more than 5% RN vacancies by October 2021. This has been compromised by the COVID-19 pandemic. At the time of writing the report the UHSussex vacancy rate for nursing and midwifery is 10.69%. An organisational workforce plan is underway to address the vacancy rate (an overview of the plan is detailed below).

The table below demonstrates the changes made to recruitment from April 2021 to December 2021

Registered Nurses / Midwifes	West		East		UHS		West	East	UHS
Payband	Apr 21 WTE	Dec 21 WTE	Apr 21 WTE	Dec 21 WTE	Apr 21 WTE	Dec 21 WTE	Change	Change	Change
Band 5	257.07	105.51	226	200.17	483.07	305.68	151.56	25.83	177.39
Total	**257.07**	**105.51**	**226**	**200.17**	**483.07**	**305.68**	**151.56**	**25.83**	**177.39**

Band 5 reduced vacancies by 36% with a significant improvement on the West.
Band 6 the vacancy rate has increased by 42% (please check my calculations).
HCA band 2 vacancies have doubled in the nine months fewer applications especially with experience – this has led to a change which commences in March to the induction programme, to complete the care certificate. Then move to the NVQ level 2 once the staff have settled into roles.

At University Sussex Hospitals NHS Foundation Trust the rolling 12 month turnover for registered nurses is 7.44% against a national average of 10.67%. HCA turnover has been higher this year with a high rate of leavers on the West from the apprenticeship programme, however additional support for this group of staff has been increased from July. Testing is in line with the National Skills for Health tests and the process is ensuring the appointment of high calibre HCAs who are able to step onto any of our development career pathways in the Trust, which in turn should positively influence the likelihood of us retaining these staff members. There has been a reduction in the number of apprentices to allow more support for the large number employed earlier in the year.

Nationally there has been a campaign to attract as many overseas nurses as possible. There has been a significant investment from NHSEi to support this programme, to date 420 have arrived.

6.5 Recruitment

RN vacancies remain at a high in line with the national position of 10% despite rigorous recruitment effort. Registered nurse workforce capacity across the local region and nationally remains a challenge to all health providers. Whilst there is a continued effort for both local, national and international recruitment, the Trust is also focussing on retaining staff and *'growing our own',* this recognises that the supply of RNs is currently challenged.

6.51 Recruitment Projects at UHSX Include:

- 12 month rolling standardised recruitment dates (including bank, with 2 dates each month booked covering both sites) ensuring streamlined on-boarding and good candidate experience. East testing one stop interview dates with plans to roll out.
- Nationally there is an increased reliance on bank staff (driven by NHSi requirements to reduce expenditure on agency and an increased demand for fully flexible working) so as a Trust we have a rolling Bank Nurse advert out to capture as many applicants as possible. HCA recruitment is currently open to all, either via the apprentice route or those with an NVQ 2 or above in healthcare being successful in a values based interview.
- The 12 month preceptorship programme for newly qualified nurses – consisting of 10 mandatory days of education, has been an excellent recruitment tool. Rotational programmes are established now across divisions including acute pathways for both sites, using high vacancy areas. This will enable nurses to gain a breadth of experience across specialties. Preceptees and other established staff can now further their knowledge and skills by attending in house clinically based modules accredited through our partner Universities Career. Career clinics are available to support staff in seeking opportunities and providing coaching for development.
- The Trust has a Health Education England (HEE) allocation of £1,000 per nurse, Midwife and AHP over a three year period for CPD. A new Trust process of yearly appraisal will ensure that information from staff members PDP is embedded into the training needs analysis making planning for SPD more efficient and responsive.
- Overseas Nurse Recruitment has continued in 2021 / 2022. – confirmed to support has been confirmed to support an additional 450 overseas nurses.
- Objective Structured Clinical Examination (OSCE) training has been provided to all overseas nurses on arrival with a pass rate to date of 100%.
- OSCE training is also offered to our internationally educated nurses currently working in Band 2-4 roles to help them to develop their skills in order to prepare for their OSCE.
- Improving pre-registration (pre-reg) student experience; continues to include in-house simulation and training dates, increased pastoral care to support health and wellbeing and

seamless transition into an RN post on qualification. This year saw the first in take of 48 adult BSc Nursing students from Chichester University in a programme which was created collaboratively between UHSussex and Chichester University.

- In line with the pledge in the NHS Long Term Plan, NHS England and NHS Improvement have confirmed that there will be 5,764 new clinical placements (a 25% increase) for pre-reg nursing students.
- The Trust now receives Nursing students from 7 universities which allows flexibility in placement allocation and opportunities for students to work alongside colleagues across the South East.
- Bespoke recruitment campaigns for areas with high vacancy factors have been running successfully through the use of social media promotion as well as open days/showcase events. The NHS workforce trends report state that staffing trends vary across work areas therefore, it is important that our recruitment drives are targeted and tailored appropriately to the bespoke needs of each service/department and focus on showcasing their unique selling points.
- Recruitment events focusing on Newly Qualified Nurses from other universities to showcase the preceptorship programme and Career opportunities.

Other actions that have been taken to support the nursing and midwifery workforce include:

- HCA recruitment revised to include one stop recruitment days, changes to the induction programme to prepare them for starting on the wards.
- Agency line bookings for areas most challenged, this also supports the withdrawal from the more expensive agencies.
- Internal transfer for nursing staff continues easing the movement of staff within the Trust and encourages retention whilst also reducing recruitment processes. This supports Band 5 Nurses in planning and forecasting their career pathway through sideways transfer(s), allowing them to develop a wealth of clinical skills and knowledge whilst enhancing their career pathway and professional goals. This internal process has reduced duplication for all parties involved in the recruitment streamlining the process.

- The introduction of new routes into nursing including Nursing Associates. The Trust has 49 qualified Nurse Associates across all sites with 76 currently in their two year trainee Nurse Associate apprenticeship. Of those that have qualified 10 are undertaking the new Registered Nurse Degree Apprenticeship through the Open University. The Trust now has

Nurse on every stage of the Nursing Apprenticeship pathway from Health care support worker to Advanced Clinical Practitioner.

- More Practice Development roles to support education, training and support for support members in practice have been introduction through income generation in education.

7. OVERALL FINDINGS

Across the general acute bed base the greater majority of the ward establishments were in line with national expectation when measured against previously mentioned criteria.

7.1 Exception Adult in Patient Areas

In the adult areas the nurse to patient ratio across a 24 hour period was less or equal to 1 RN to 8 patients, in all but the following ward areas. All of the wards were located on the west of the organisation.

This related to nights shifts only (mathematically if staff were levelled across the 24 hours the shortfall still provided a ratio greater than 1:8)

Ward	Night Time Ratio
1. Broadwater	1:11
2. Buckingham	1:11
3. Durrington	1:12
4. Eartham	1:11
5. Ashling	1:13
6. Boxgrove	1:13
7. Ford	1:13
8. Wittering	1:13
9. Chilgrove	1:11
10. Clapham	1:10
11. Bosham	1:11
12. Selsey	1:11

Of these wards there was no evidence of consistent deviation in quality metrics.

Senior ward leaders have delegated authority to request additional temporary staff if there is an increase in acuity at any time within clinical ward areas to ensure that patient safety remains paramount when observed in the context of the national benchmark.

All incidences are reviewed by the divisional team to ensure any themes are identified with appropriate escalations in place.

Theoretically in order to align the national staffing with the national requirement each ward will require additional 2.8wte registrant support. This shortfall could be provided either by band 4 or 5 registrants.

Total wte shortfall = 33.6wte.

7.2 Clinical Areas Reviewed Outside the Remit of Ward Establishment Review

7.2.1 Maternity Services

Birth-rate plus is the nationally recognised midwifery workforce tool. The Trust has commissioned a Birth-rate plus review which at the time of writing this report was underway. The NICE guidance relating to safe staffing in maternity units has been utilised as part of the tool.

Birthrate plus are due to report their findings during the summer 2022. In addition the Trust has commissioned a staffing review supported by the Regional Chief Midwife.

In response to the Ockenden report funding has been agreed to support 53 wte additional midwives across the organisation. The organisation is currently in the process of recruiting the shortfall and has planned to deliver 75% of the maternity shortfall by the end of Q4 2022.

A plan to recruit registered nurses to support the post-natal wards and release Midwives to the labour ward has been established in order to maintain a safe effective service.

Further workforce requirements are envisaged in order to comply with the Continuity of Carer service provision which is required later in the financial year 2022 / 2023 presented to previous Trust Board.

The workforce challenges related to maternity services form part of the regular Board reporting cycle.

7.2,2 Neonatal Unit

The overview of current establishment was undertaken in all three special care baby units and there were no cause for concerns identified.

The TMBU at Brighton which is currently a level 1 unit (providing care for highly complex neonates) unit is part of the national Operational Delivery Network (ODN) review of neonatal cots.

A business case has been submitted to the Trust Executive committee for consideration, the organisation is waiting for the ODN to visit in November 2021, to determine the final neonatal requirements.

The National tariff realignment may have a financial impact on the bid. However failure to provide staffing level in line with National recommendations may have a financial impact upon the organisation CNST contribution.

7.2.3 West Paediatric Wards

The paediatric wards on the west currently provide a nurse to patient ratio across 24 hours of less than 1 RN to 4 patients (National benchmark for paediatric wards). This is also triangulated by an increase in activity and acuity (the national shortage of CAMHS services impact directly on the children's wards).

Senior ward leaders have delegated authority to request additional temporary staff if there is an increase in acuity at any time within clinical ward areas to ensure that patient safety remains paramount when observed in the context of the national benchmark. All incidences are reviewed by the divisional team to ensure any themes are identified with appropriate escalations in place.

Theoretically in order to align the national staffing with the national requirement each ward will require additional 5.5wte registrant support. This shortfall could be provided either by band 4 or 5 registrants.

Total wte shortfall = 11wte.

7.2.4 Emergency Departments

The West has recently undergone a full workforce review. The consequence has been a significant uplift in the ED staffing supported by additional funding (2.7 million). These vacant posts are now undergoing active recruitment.

The organisation has invested significantly in the current emergency departments A decision will be required by the Board to support the adoption of the RCEM standards.

7.2.5 Children's Emergency Department Royal Alex Children's Hospital

There has been a sustained increase in the activity within the Children's emergency department the department currently covers 3 distinct areas and the current establishment does not support the ongoing activity.

A business case is currently being developed by the division in response to the sustained increased activity.

The additional activity could potentially equate to 13 wte.

7.2.6 Theatres

An overview was undertaken against - The Association for Perioperative Practitioners (AfPP) standards for nursing and theatre staff. Whilst the established templates were in line with the AfPP standards issues relating vacancies and sickness levels leading to service shortfalls have been highlighted.

7.2.7 Critical Care Units

The Clinical Operating Model (COM) and the move into the 3Ts environment over the next few years may provide opportunities for both reconciliation and expansion for the organization (a future business will be presented following the transfer of services into the 3Ts environment).

Currently the units are staffed in line with national bench marks however the impact of COVID requirements regarding separate units for infective and non-infective patients has impacted directly on staffing requirements and therefore may require further review as the outcome of the pandemic evolves.

8. THEMES IDENTIFIED AT THE TIME OF INTERVIEW HIGHLIGHTED LEGACY TRUST DIFFERENCES

8.1 Uplift

A 20.5% uplift is included in ward staffing budgets on the East and 23.16 % on the West. National best Uplift recommendations vary from 25%-27%

8.2 Supervisory Time

Allocated to the ward leaders, this varied across the two legacy organisations; East- 33% Clinical 67% supervisory, West -67% clinical 33% Supervisory (although it is recognised that during Covid all leaders have been clinically deployed).

8.3 Nursing Structures - are being addressed through the COM.

8.4 Practice education - this is addressed through the Director of Integrated Education.

85. Patient flow coordinator - These roles are present on the East but not on the West and will be reviewed with the implementation of the COM.

9. Overview of potential workforce shortfalls

Clinical area	wte
Inpatient wards	33.6wte
Children's ward	11wte
Paediatric ED	13 wte
Total Ward establishment shortfall	57.6wte

10. CONCLUSION

The baseline ward establishments are currently in line with national best practice (with the exception of the previously identified wards). There are no consistent themes relating to the quality metrics of concern.

The implementation of the COM may provide the opportunity to address the deviation from the national benchmark. As a result of dis-economies of scale.

However the national recruitment challenge and subsequent high vacancy rate combined with the additional challenges of Covid sickness are resulting in clinical areas working at reduced staffing levels despite being supported by an effective establishment.

11. RECOMMENDATIONS

The Board is asked to note the content of this report:

- Acknowledge the variation from national benching in key acute areas
- Acknowledge that mitigations are in place to ensure patient safety remain paramount
- Support the on-going recruitment and workforce initiatives (with a focus on international recruitment)
- Recognise the requirement to receive future business cases pending the outcome of the ongoing pandemic

12. Appendix A – Wards and Areas Reviewed Including Nurse to Patient Ratio

West

Ward/Area	Site	Beds	Day Ratio	Night Ratio
Middleton	SRH	27	1:6	1:9
Boxgrove	SRH	27	1:6	1:13.5
Apuldrum	SRH	16	1;%	1:8
Ford	SRH	26	1:6	1:13.5
Ashling	SRH	27	1:7	1:13
Lavant	SRH	26	1:5	1:9
Birdham	SRH	19	1:6	1:9
Fishbourne	SRH	26	1:7	1:9
Petworth	SRH	20	1:5	1:7
ACU	SRH	27 (7CCU)	1:7	1:9
Beacon	WGH	38	1:5	1:7
Broadwater	WGH	33	1:5	1:8
Buckingham	WGH	33	1:5	1:8
Beckett	WGH	21	1:5	1:7
Botolphs	WGH	28	1:6	1:7
Balcombe	WGH	12	1:5	1:9
Eartham	WGH	21	1:5	1:11
Erringham	WGH	23	1:6	1:7
Byworth	WGH	20	1:4	1:5
Burlington	WGH	16	1:4	1:8
Ditchling	WGH	24	1:6	1:8
Durrington	WGH	23	1:6	1:12
EF SRH	SRH	55	1:6	1:6
EF WGH	WGH	67	1:4	1:5
DWH	SRH	12	1:6	1:6
Chilterton +ESCW	WGH	21	1:5	1:10
Clapham	WGH	27	1:6	1:13.5
Coombes	WGH	27	1:5	1:9
Chilgrove	SRH	27	1:5	1:11
Wittering	SRH	26	1:5	1:13
Bosham	SRH	26	1:6	1:13
Selsey	SRH	26	1:6	1:13
Chi Suite	SRH	16	1:4	1:8
ITU -SRH	SRH	10	9	8
ITU - WGH	WGH	12	10	10

East

Ward/Area	Site	Beds	Nurse to Patient Ratio Day Time	Nurse to Patient Ratio Night Time
AAU / EACU RSCH	RSCH	36	**1 to 6 & 1 to 3**	**1 to 6 & 1 to 3**
Level 8A East (now MTC)	RSCH	24	**1 to 8**	**1 to 8**
Level 6A	RSCH	14	**1 to 2 & 1 to 4**	**1 to 2 & 1 to 4**
Level 9A	RSCH	58	**1 to 5**	**1 to 6**
Level 11 West	RSCH	18	**1 to 6**	**1 to 6**
Level 6/7 Courtyard	RSCH	22	**1 to 5.25**	**1 to 5.25**
Emerald Ward	RSCH	16	**1 to 5.3**	**1 to 5.3**
Newick (SOTC)	PRH	31	**1 to 6**	**1 to 6**
Pyecombe Ward	PRH	27	**1 to 5.4**	**1 to 6.7**
Jowers ward	RSCH	11	**1 to 5.5.**	**1 to 5.5**
Level 8A West	RSCH	32	**1 to 4**	**1 to 4.5**
Balcome	PRH	27 (21 open Oct 19)	**1 to 7**	**1 to 7**
L11 Gynae	RSCH	9	**1 to 4.5**	**1 to 4.5**
Ardingly	PRH	22 (28 open Oct 19)	**1 to 7**	**1 to 5.6**
Horsted Keynes	PRH	12	**1 to 6**	**1 to 6**
Plumpton Ward	PRH	18	**1 to 6**	**1 to 6**
HPP	PRH	23	**1 to 5.8**	**1 to 6**
Acute Respiratory Unit	RSCH	31	**1 to 4.5**	**1 to 6**
Albourne	PRH	15	**1 to 5**	**1 to 7.5**
Twineham	PRH	37	**1 to 6**	**1 to 8**
Courtyard level 8 Oncology (Howard 1)	RSCH	9	**1 to 3**	**1 to 4.5**
Ansty	PRH	26	**1 to 5**	**1 to 6**
Lindfield	PRH	21	**1 to 4.2**	**1 to 7**
Vallance ward	RSCH	17	**1 to 5.6**	**1 to 8.5**
Newhaven	NEWHAVEN	23	**1 to 7.6**	**1 to 7.6**
Baily	RSCH	14	**1 to 4.6**	**1 to 7**
Clayton	PRH	15	**1 to 5**	**1 to 5**
L7a Cardiac Surgical Stepdown Unit	RSCH	10	**1 to 4**	**1 to 5.5**
Albion and Lewes Ward (Level 10 Cardiac)	RSCH	31	**1 to 5**	**1 to 7**
Renal ward (Trafford)	RSCH	26	**1 to 5.2**	**1 to 6.5**
Bristol	RSCH	17	**1 to 5.66**	**1 to 5.66**
HASU	RSCH	23	**1 to 4.6**	**1 to 4.6**
Chichester	RSCH	20	**1 to 5**	**1 to 7**
Newtimber	PRH	18	**1 to 4.5 (early)**	**1 to 6**
Level 8 Tower	RSCH	37	**1 to 5.3**	**1 to 7.4**
Cardiac intensive care unit	RSCH	8	**1 to3.3**	**1 to 5**
Haematology	RSCH	10	**3 to 3.1**	**1 to 5**
RSCH Critical Care	RSCH	31	**NA**	**NA**
PRH Critical Care	PRH	8	**NA**	**NA**
ED RSCH	RSCH	NA	**NA**	**NA**
ED PRH	PRH	NA	**NA**	**NA**
Childrens ED	RSCH	NA(4 Short Stay Beds)	**NA**	**NA**
RACH Surgical Ward	RSCH	12	**1 to 4**	**1 to 4**
RACH Medical Ward	RSCH	22 / 26	**1 to 4**	**1 to 4**
RACH HDU	RSCH	10	**1 to 2**	**1 to 2**
RACH Day Case Unit	RSCH	NA	**1 to 4**	**NA**
Trevor Mann Baby Unit	RSCH	27	**1 to 1; 1 to 2; 1 to 4**	**1 to 1; 1 to 2; 1 to 4**

13.

Appendix B - Red Flags

14.

15. The Safer Staffing Alliance states there is evidence that care is compromised when there are more than 8 patients (beds) to 1 registered nurse. In order to be compliant with NHS Improvement's Workforce Safeguards, WSHFT have a Red Flag procedure for nursing within the Trust. The purpose of a Red Flag being raised is to identify those times where either essential nursing care has not been delivered, or where there is a risk that the quality of patient care may be impacted. If departments do not have enough nurses on duty with the right skills to safely meet the needs of the unit they raise a Red Flag via the Datix risk management system.

16.

Top Scoring Red Flags = >10	Previous reporting period April 2020- September 2020	Current reporting period April 2021 – September 2021
1 – Shortfall of registered nurse establishment (>8hrs or 25%)	22	49 ↑
2 – Unplanned omission in providing patient needs	16	40 ↑
3 – Delayed recognition of and action on abnormal vital signs	12	7 ↓
4 – Delay or omission of intentional rounding	8	18 ↑
5 – Vital signs not assessed / recorded as per care plan	8	17 ↑
6 – Delay of more than 30 minutes in providing pain relief	8	15 ↑

	Previous reporting period April 2020 – September 2020	Current reporting period April 2021 – September 2021
Total Red Flags Reported	92	196 ↑

The East legacy organisation did not have a process for red flag data collection.

In increase in red flag directly correlated with wave 2 of the pandemic and cannot be directly attributed to a shortfall in establishment. However, it is recognised that the impact of COVID-19 on ward capacity and staffing availability was significant. With the introduction of the new Datix incident reporting system an organisation wide system will be established.

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	7	**Meeting:**	Board of Directors	**Meeting Date:**	31 March 2022
Report Title:	**Use of Trust Seal 2021/2022**				
Sponsoring Executive Director:		Glen Palethorpe, Company Secretary			
Author(s):		Tanya Humphrys, Board and Committee Administrator			
Report previously considered by and date:					

Purpose of the report:			
Information	☐	Assurance	✓
Review and Discussion	☐	Approval / Agreement	☐

Reason for submission to Trust Board in Private only (where relevant):			
Commercial confidentiality	☐	Staff confidentiality	☐
Patient confidentiality	☐	Other exceptional circumstances	☐

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	✓	
Sustainability	✓	
People	✓	
Quality	✓	
Systems and Partnerships	✓	

Link to CQC Domains:			
Safe	☐	Effective	☐
Caring	☐	Responsive	☐
Well-led	✓	Use of Resources	☐

Communication and Consultation:

Executive Summary:

It is a requirement of the Trust Standing Orders that a register of sealing is maintained, its use is affixed in the presence of two senior employees duly authorised by the Chief Executive and that the use of the Common Seal is reported to the Trust Board.

The Board will note that a number of the seals used during the year were 're-seals' of contracts following the merger of the two former legacy Trusts WSHFT and BSUH to the new merged UHSussex Trust seal. In addition, the Board will note that seal number 6 was cancelled due to a resubmission of the document by Birch Sites Limited. The resubmitted document was then sealed under seal number 10 as detailed in the table below.

Below is the detail of the use of the Seal for the period April 2021 to March 2022.

No.	Date of Sealing	Details	Signatories
1	16/06/2021	BSUH Seal 295 (3 copies) B&H City Council & Sussex Community FT, Children's Centre, Morley St, Lease & BSUH Seal 297 (1 copy) B&H City Council & Sussex Community FT, Children's Centre, Morley St, Lease - updated to reflect UHSussex	Chief Financial Officer Chief Delivery & Strategy Officer

2	17/08/2021	UH Sussex and Shoreham Port Authority - Renewal lease by reference to an existing lease, Unit 1 quayside Basin Road South Hove Bn41 1WF. 1 x Copy	Chief Financial Officer Chief Delivery & Strategy Officer
3	20/08/2021	UH Sussex and Rocking horse Children's Charity and WH Smith Hospitals Limited - Licence to underlet relating to retail premises forming part of the Royal Alexandra Children's Hospital, Royal Sussex County Hospital, Eastern Road, Brighton. (3 copies)	Chief Financial Officer Chief Nurse
4	14/09/2021	UHSussex Deed of Variation - Contract provision for Mortuary & Post mortem facilities & technical staff (2 copies)	Director of Finance Company Secretary
5	21/09/2021	Tender request for the provision, implementation, hosting, maintenance and support of a knowledge services management system for the HSE National Health Library & Knowledge Service	Commercial Director Company Secretary
6	23/09/2021	Lease for 92 marked car parking spaces at Park Road Worthing (between Birch Sites Limited and the Trust) - **CANCELLED**	Chief Financial Officer Chief Delivery & Strategy Officer
7	07/12/2021	Lease for PRH League of Friends Coffee Shop	Chief Financial Officer Chief Delivery & Strategy Officer
8	07/12/2021	Deed of Surrender relating to Eagle House, West Sussex, BN11 1DJ / NHS West Sussex Clinical Commissioning Group	Chief Financial Officer Chief Delivery & Strategy Officer
9	07/12/2021	Brighton Hove City Council, Permissive Path Agreement relating to Eastern Road, Brighton	Chief Financial Officer Chief Delivery & Strategy Officer
10	26/01/2022	Lease for 92 marked car parking spaces at Park Road Worthing (between Birch Sites Limited and the Trust) - **resealed**	Chief Financial Officer Chief Delivery & Strategy Officer
11	08/03/2022	Section 106 Town and County Planning Act 1990 undertaking pursuant to the redevelopment of RSCH on Eastern Road, Brighton, between UHSussex and B&HCC	Chief Financial Officer Chief Delivery & Strategy Officer
12	23/03/2022	Retail Premises, Office & Event Store Lease (between Rocking horse Children's Charity and the Trust)	Chief Financial Officer Chief People Officer
13	23/03/2022	Section 278 Highways Act 1980 minor works relating to land at Eastern Road Brighton (between B&HCC and the Trust)	Chief Financial Officer Chief People Officer

Key Recommendation(s):

The Board is asked to **NOTE** this report.