University Hospitals Sussex
NHS Foundation Trust

Meeting of the Board of Directors

10.00 to 13:45 on Thursday 06 May 2021

Virtual MS Teams

AGENDA – MEETING IN PUBLIC

1.	10.00	**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.	10.00	**Declarations of Interests** To note	Verbal	All
3.	10.00	**Minutes of UHSussex Board Meeting held on 01 April 2021** To approve	Enclosure	Alan McCarthy
3.1	10.05	**Minutes of BSUH Board Meeting held on 30 March 2021** To approve	Enclosure	Alan McCarthy
4.	10.05	**Matters Arising from the Minutes** NONE	Enclosure	Alan McCarthy
5.	10.10	**Report from Chief Executive** To receive and note overview of the Trust's activities **<u>INTEGRATED PERFORMANCE REPORT including REFRESH, RESTORE, RECOVERY UPDATE</u>**	Presentation	Dame Marianne Griffiths
6.	10.35	**Patient** To receive and agree any necessary actions *After this section the Chair of the Patient Committee will be invited to provide their reports included at item 10* *To receive assurance from Committee and recommendations from the Committee*	Enclosure	Carolyn Morrice
7.	10.50	**Quality** To receive and agree any necessary actions *After this section the Chair of the Quality Committee will be invited to provide their reports included at item 13 and 10* *To receive assurance from Committee and recommendations from the Committee*	Enclosure	Maggie Davies Rob Haigh

8.	11.10	**People** To receive and agree any necessary actions *At this point the Chair of the People Committee will be invited to provide their report included at item 12* *To receive assurance from Committee and recommendations from the Committee*	Enclosure	Denise Farmer
9.	11.25	**Sustainability** To receive and agree any necessary actions *After this section the Chair of the Sustainability Committee will be invited to provide their report included at item 11* *To receive assurance from Committee and recommendations from the Committee*	Enclosure	Karen Geoghegan
10.	11.45	**Systems and Partnerships** To receive and agree any necessary actions *After this section the Chair of the Systems and Partnerships Committee will be invited to provide their report included at item 14* To receive assurance from Committee and recommendations from the Committee	Enclosure	Pete Landstrom
		ASSURANCE REPORTS FROM COMMITTEES		
11.	12.00	**Report from Patient Committee** - **from the meeting held on the 27 April 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Jackie Cassell
12.	-	**Report from Quality Committee** - **from the meeting held on the 27 April 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Joanna Crane
13.	-	**Report from People Committee** - **from the meeting held on the 28 April 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Patrick Boyle
14.	-	**Report from Sustainability Committee** - **from the meeting held on the 29 April 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Lizzie Peers
15.	-	**Report from Systems and Partnerships Committee** - **from the meeting held on the 29 April 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Patrick Boyle

16.	12.10	**Report from Audit Committee** - **from the meeting held on the 23 April 2021** - To receive assurance from Committee and recommendations from the Committee	Enclosure	Jon Furmston
17.	12.20	**Report from Charitable Funds Committee** - **from the meeting held on the 20 April 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Kirstin Baker
18.	12.30	**Board Assurance Framework** To approve	Enclosure	Glen Palethorpe
		QUALITY		
19.	12.40	**CNST Submission UHSFT (BSUH & WSHFT)** To approve	Enclosure	Carolyn Morrice Maggie Davies
20.	12.55	**Maternity update including Ockenden Assurance** To note	Presentation	Maggie Davies Amanda Clifton
21.	13.10	**Clinical Strategy** To agree	Enclosure	Marianne Griffiths
		OTHER		
22.	13.25	**Any Other Business** To receive and action	Verbal	Alan McCarthy
23.	13.30	**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
24.	13.45	**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 05 August 2021. **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*	Verbal	Alan McCarthy

Minutes

University Hospitals Sussex
NHS Foundation Trust

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 01 April 2021, held virtually via Microsoft Teams Live Broadcast.

Present:

Alan McCarthy MBE	Chair
Dame Marianne Griffiths	Chief Executive
Joanna Crane	Non-Executive Director
Jon Furmston	Non-Executive Director
Kirstin Baker	Non-Executive Director
Lizzie Peers	Non-Executive Director
Mike Rymer	Non-Executive Director
Patrick Boyle	Non-Executive Director
Gethin Hughes*	Interim Chief Operating Officer
George Findlay	Chief Medical Officer & Deputy CEO
Karen Geoghegan	Chief Financial Officer
Maggie Davies	Chief Nurse

*Non-voting member of the Board

In Attendance:

Tim Taylor	Medical Director
Jennie Shore	HR Director
Glen Palethorpe	Company Secretary
Tanya Humphrys	Board and Committee Administrator

TB/04/21/1 WELCOME AND APOLOGIES FOR ABSENCE **ACTION**

1.1 The Chairman welcomed all those present to the meeting.

1.2 The Chairman advised that today was a momentous day with the very first Public Board meeting of the new University Hospitals Sussex NHS Foundation Trust (UHSussex), it was noted that the business being transacted during the meeting would relate to Western Sussex Hospitals NHS Foundation Trust. The Board reflected on the last 11 years of Western Sussex Hospitals NHS Foundation Trust recognising that WSHFT was a hugely successful Trust and this had been recognised as Outstanding by the CQC. The Board thanked the committed and talented staff and Executive Team who have together enabled
1.3 the merger of BSUH and WSHFT to be achieved.

There were apologies of absence from Pete Landstrom, Carolyn Morrice,
1.4 Jackie Cassell, Denise Farmer, Ben Stevens and Lillian Philip.

TB/04/21/2 DECLARATIONS OF INTERESTS

2.1 There were no interests to declare.

TB/04/21/3 MINUTES OF THE MEETING HELD ON 04 FEBRUARY 2021

3.1 The minutes of the meeting held on 4 February 2021 were **APPROVED** as a correct record.

TB/04/21/3.1 MINUTES FROM THE EXTRAORDINARY PUBLIC BOARD MEETING HELD ON 18 MARCH 2021

3.1.1 The minutes of the meeting held on 18 March 2021 were **APPROVED** as a correct record.

TB04/21/4 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

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

TB/04/21/5 Chief Executive Report

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

5.2 Marianne began by echoing the sentiments of the Chairman sharing a huge thank you to everyone in the Trust, all the staff and volunteers who have been incredible noting that looking back over the last 13 years on what a privilege it has been to be associated with the Trust and the huge positivity there is for going into the new era. Marianne also thanked staff for all that they have done throughout the extraordinary year during the pandemic adding that UHSussex staff are the very best of the NHS - always putting our patients first and continually supporting and caring for one another.

5.3 The Board was advised that the capital development work in both St Richard's and Worthing A&E Departments was underway, the work would see £3.7m spent on improvements to support and improve patient flow and increase capacity in both departments.

5.4 Marianne took the opportunity to thank the Trust Microbiology department who have processed more than 100,000 Covid tests during the pandemic and have been utterly brilliant and supportive. Marianne thanked the staff for their flexibility and the innovation shown in learning new ways of working to support their teams and patients.

5.5 The Board was advised that the number of Covid positive patients had significantly reduced with their being just 12 across all 3 hospitals and there are currently none in Critical Care. Marianne explained that there had been a steady reduction in cases and the Trust would now begin its transition from operating as a Covid red hospital to Covid Green, with the number of red Covid beds reducing discussions of the Trusts restoration and recovery was underway.

5.6 Marianne again extended a huge thank you to all the staff who had and continued to support the Trusts vaccination programme noting it had been a brilliant achievement for all involved. The Board was advised that the process was continually improving with up to 96% of staff having received their first vaccine and 85% of the Trust BAME staff have also had a vaccine. At the time of the meeting Marianne was able to advise that 77.5% of staff had received their second dose. Marianne stated that it was noted that some workforce had chosen not to have a vaccine and the Trust had worked hard to understand the reasons behind this choice and as part of that had identified that some of these staff had indeed had their vaccination at another venue.

5.7 Marianne went on to comment on the WSHFT and BSUH merger and highlighted that both Trust Boards and the WSHFT Council of Governors approved the merger, following that the Trusts submitted an application to NHSEI to merge. This had been approved and the merger had taken effect on the 1 April 2021, the Trust would use the abbreviation UHSussex for University Hospitals Sussex NHS Foundation Trust.

5.8 The application followed a rigorous assessment undertaken by NHSEI who concluded that the strategic reasons given in support of the merger were both 'clear' and 'strongly supported' by stakeholders, and this supported their issuance of a positive risk rating which was as follows:

- Strategic Rationale – Green
- Transaction Execution – Green/Amber
- Quality – Green/Amber
- Finance – Green/Amber

5.9 Marianne highlighted the commitments made as part of the merger with Trust's focus remaining on the delivery of safe and effective care and continued investment in all services and specialities delivered by BSUH and WSHFT. Marianne reminded the Board that there are no plans to change and the merged Trust will therefore be maintaining A&E, emergency care, maternity services, tertiary services at all locations along with the commitment to the Trust's specialist and trauma services. The Trust is committed to Patient First, staff empowerment and the continuous improvement for all its patient services.

5.10 Finally, Marianne took a moment to reflect on the last few years from the creation of Western Sussex Hospitals NHS Trust in 2009, the achievement of Foundation Trust status in 2013 to the launch of the Patient First Programme in 2014. WSHFT becoming the first multi-site Trust to be rated 'Outstanding' by CQC in 2016, the start of joint management of BSUH in 2017, WSHFT becoming the first acute Trust to be rated 'Outstanding' by CQC in all key areas of assessment in 2019 to today the first Board meeting of UHSussex Marianne highlighted that there was so much to be proud of.

5.11 The Chair thanked Marianne for the update and shared his thanks on behalf of all the Board to all the Trust workforce for what they have done and continue to do for the Trust, its patients and its community.

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

TB/04/21/6 Integrated Performance Report

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

TB/04/21/7 Quality Improvement

7.1 George Findlay updated the Board on the key messages from the Quality section of the report with a particular focus on mortality, the Board was advised that the HSMR up to and including November 2020 had reduced to 93.0 (21th percentile) which was very positive and the in month HSMR for November had reduced to 75.5. The 12 month rolling site specific HSMR for St Richard's Hospital remains below Worthing although Worthing has an improving trend.
The crude mortality in February was 4.29% reflecting the 216 deaths of 5030 discharges and the 12 month rolling crude mortality rate including February 2021 was 3.37% against a target of 3.11%. the Board was advised that this rise is accounted for by the impact of Covid on crude mortality in January and February.

7.2 In February there were 93 deaths for inpatients with a current Covid-19 positive test result. All of these deaths have received medical examiner scrutiny and 15 cases were assessed as probable or definite hospital acquired infections triggering further Trust review.

7.3 George explained that the latest quarterly SSNAP performance for October to December 2020, released to NHS organisations in March 2021, demonstrates a divergence in performance between the Trust's acute sites. Worthing has improved performance to regain a grade A, however, St Richard's has seen a performance deterioration for the second quarter and now scores a grade C. St Richard's has seen a deterioration against all metrics except scanning and occupational therapy with a more marked deterioration in 'stroke unit' (the timely admission to the stroke unit and length of stay on the unit).

7.4 Maggie Davies advised the Board that the during February and March the Trust had continued focus on Covid through the second wave with a different pattern to during the first wave where Worthing experienced more cases, however during the second wave the impact had been seen at St Richards with a longer more prolonger impact from Covid.

7.5 The Board's attention was drawn to slide 13 of the IPR report showing the Trust within the top 20% of Trusts in relation to the prevention of hospital acquired spread of Covid. Maggie highlighted that this was a testament to the multidisciplinary team working and the standards being applied by our staff.

7.6 Maggie advised the Board that there has been a number of sources of assurance supporting the overarching IP&C Board Assurance Framework. A summary of the assurances applied during the pandemic had been included for the Board's information, aligned against the NHSE Infection Prevention Control Board Assurance Framework where the Trust was compliant against all 10 domains.

7.7 It was noted that maintaining Safer Staffing had been particularly challenging during January due to the Trust needing to maintain red and green pathways across both sites. Maggie noted that there was a more detailed report later on the agenda that would provide further insight.

7.8 In relation to Patient Experience new metrics had recently been introduced which would be brought to the next Board. The Board noted a slight deterioration in A&E recommended rates, however, this reflected the national picture as A&E Departments are getting busier.

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

7.10 Joanna advised the Board that the areas the Committee had focussed on were primarily in relation to Covid reviews and patient safety data. Joanna explained that the Committee had been very focussed on whether patients were experiencing harm, the standout feedback was the significant impact on staff in particular it was noted that the bereavement team had at one point been talking to 42 families in one day. The Committee received a deep dive into fractured neck of femur mortality which provided details in relation to some of the challenges and actions that will be undertaken under UHSussex.

TB/04/21/8 Systems & Partnerships

8.1 Gethin Hughes provided the Board with a summary of the Trust's operational performance for February 2021 and drew out the following salient points.

8.2 **A&E**

The Board was advised that A&E 4-hour performance was 90.42% for February 2021, an improvement of 7.5% compared to January 2020. There was a 21.7% decrease in A&E attendances for February in comparison to last year.

8.3 **RTT**

Performance was 57.6% at the end of February 2021. It was noted that there were 4259 52-Week Waiters. The RTT incomplete Waiting List increased by 1789 waiters during February 2021 when compared to January 2021. As the Trust reduced routine elective care as part of Covid surge plans, there has been a rise in waiting times for non-urgent patients. Work to optimise use of the Independent Service to maintain the most clinically urgent patients has helped mitigate clinical risk. Restoration and recovery has recommenced, with focus on most clinically urgent and longest waits.

8.4 **Cancer**

The Trust was non-compliant against the Cancer 62-day target, with 57.9% achieved as part of planned recovery actions to reduce prospective 62-day waiters. These halved between mid-February and March. 2-week performance returned to compliance with 94% in February 2021.

8.5 **Diagnostics**

The Trust remains non-compliant in February 2021 for diagnostic waiters seen within 6 weeks, with 45.32%, a deterioration of 4.4% since December 2020. The backlog reduced by 192 in February however, and the waiting list size fell by 1340. The Trust undertook 702 more tests during February 2021 compared to January 2021, and saw significant increases in endoscopic tests as part of planned recovery actions.

8.6 Gethin advised the Board that the Sycamore Unit the new mental health facility provided by Sussex Partnership NHS Foundation Trust was now open with increased use which has a significant positive impact on the Trusts 12 hour breaches, whilst also providing a more appropriate environment for patients waiting for discharge or onwards transfer. It was noted that a similar facility was being planned for Meadow Field which would support patients presenting at St Richard's.

8.7 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, to update the Board on their recent meeting and the assurances received in relation to Systems & Partnerships.

8.8 Lizzie advised the Board that the Committee had noted performance against the constitutional targets and reviewed current performance in detail whilst recognising the increase in demand in conjunction with fatigued staff, despite these challenges the Committee was assured that significant activity has been restored. It was noted that the new UHSussex Sustainability Committee would be looking at future plans to further step up activity. the Committee reviewed, discussed and received assurance in relation to the management of long waiters. Lizzie highlighted that Cancer has been an area of worry and the Committee was encouraged to see the very focussed work being undertaken to recover those services.

TB/04/21/9 Sustainability

9.1 Karen Geoghegan advised the Board that the Trust has continued to operate within the interim (Phase 3) financial framework, in which each Integrated Care System (ICS) has been provided with a fixed funding envelope; including resources to meet the additional costs of COVID-19 response and recovery.

9.2 A collective commitment has been made between Chief Financial Officers and the National NHSE/I team to deliver the ICS forecast within the funding envelope available for the local system. In addition, it was agreed that through

collective system working, individual organisations within the ICS would aim to deliver a break-even position.

9.3 At the end of February 2021 the Trust delivered a cumulative deficit of (£0.03m) against a planned deficit of (£2.86m), resulting in a favourable variance of £2.83m. This is due to less cost incurred for elective activity partially offset by COVID-19 costs. The Trust has received £3.8m income, in recompense for lost non-NHS income in M7-12.

9.4 The Trust is forecast to deliver a breakeven position at the end of the year.

9.5 Karen explained to the Board that the Trust had received funding to reimburse its additional marginal expenditure in relation to Covid-19 recovery creating a cash position £15m ahead of its plan. With these payments made in advance, in February the cash positon will normalise during March.

9.6 It was noted that the Trust had been successful in securing extra Capital funding which has allowed the Trust to invest significantly in services across all sites. The year-end total spend is expected to be approximately £36m.

9.7 NHSEI have confirmed the current Phase 3 framework will be extended in to Q1 and into Q2 of 2021/22. The Trust will be operating under an interim financial framework for the first half of the year. This funding allocation for Q1 will comprise block funding, plus ICS allocations for marginal Covid expenditure and Growth.

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

9.9 Lizzie advised the Board that the Committee had been assured by the progress for year-end to achieve a breakeven position and the risks and mitigations in relation to this. The Committee discussed the proposed process for how Capital would be managed at an ICS level. The Committee also received an update on the Trust Efficiency programme noting that it was on target for delivering its 2020/2021 programme and that the development if the programme was underway with the determination of new schemes for 2021/2022.

9.10 On the recommendation of F&P Committee the Board **APPROVED** the basis upon which Q1 2021/22 budgets have been set; on a roll forward basis, created from the interim financial framework principles as approved for the M7-12 2020/21 budgets.

TB/04/21/10 Our People

10.1 Jennie Shore provided the Board with a summary of the Workforce Performance and drew out the following key points.

10.2 Jennie advised the Board that the national staff survey results had now been published and showed very slight dip for WSHFT, it was noted that they now covered a new bench mark group to include all Acute and Acute Community Trusts.

10.3 A series of One Trust engagement workshops have been planned which are aimed specifically at individual staff groups in conjunction with a survey that staff are being encourage to complete to provide feedback on the merger. In addition, letters have been sent to all staff welcoming them to UHSussex and the Executive Team have continued to lead briefings with attendance

remaining high. A leadership programme aligned to the hopes of staff and the Trust ambition to be the employer of choice was launched in March.

10.4 In relation to the Staff Survey, Jennie explained that the context of when the survey was undertaken that being during the second wave of pandemic should be taken into consideration. Jennie added that whilst staff motivation had a detrimental impact on overall staff engagement, staff advocacy about the organisation increased again with:

- Recommendation as a place to work up by 1% to 76%
- Recommendation to family and friends as a place to receive treatment up by 2% to 84%

10.5 There has been a deterioration in the Team Working domain and a decline in the percentage of staff who have felt unwell as a result of work-related stress. The Board was advised that this issue is reflected nationally, however there would be further work carried out to support staff which would be considered at the new People Committee.

10.6 Improvement in non-Covid related absences continues, with shielding now ended the Trust has this morning welcomed 170 members of staff back to work. Jennie explained that returning shielding staff would be welcomed back on a phased return basis with each member of staff having a risk assessment to ensure a safe return.

10.7 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, and the Chair of the Quality Assurance Committee, Joanna Crane, to update the Board on their recent meetings and the assurances received in relation to People.

10.8 Lizzie noted that the Committee has been pleased to see the really positive KPIs in relation to turnover and the gradual reduction in sickness rates. The Committee discussed improving appraisal rates and the need for refreshed trajectories to return to the new People Committee.

10.9 Joanna advised the Board that the Quality Assurance Committee saw an in depth look into Health and Wellbeing and leadership across the Trust throughout the pandemic, with the focus being on staff Health and Wellbeing support and the support provided by our community support and NHS Charities Together Funding that has been used to support staff wellbeing projects.

10.10 The Board took the opportunity to thank Jennie for all her hard work and support over the years and wished her a very happy retirement.

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

TB/04/21/11 Report from Quality Assurance Chair from the meeting on 25 March 2021

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

TB/04/21/12 Report from Finance and Performance Chair from the meeting on 25 March 2021

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

TB/04/21/13 Board Assurance Framework

13.1 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.

13.2 Glen informed the Board that the Quality Assurance Committee had looked in some detail at the assurances received over the quality risks as requested by the Finance and Performance Committee given the length of patient waits.

13.3 The Board **APPROVED** the Board Assurance Framework recognising that the Committee had recommended the risk scores as being a fair reflection of the risks facing the Trust.

TB/04/21/14 Nursing and Midwifery Staffing Capacity Report

14.1 Maggie Davies presented the Quarter 1 to Quarter 3 Nursing and Midwifery Staffing Capacity Report and began by highlighting that it has been a year like no other for staff, most notably for nursing with many staff being redeployed and the dual running of red and green wards, the Trust has used staff in a way that it has never had a need to do previously. The Board was advised that during wave 2 of the pandemic in acknowledging and supporting the increase in critical care capacity the Critical Care network supported the Trust in moving from the standard 1:1 nursing care ratio to 1:2, this was closely monitored and reported daily to the Executive Team through the Silver and Bronze Command structures.

14.2 Maggie explained that in relation to the adult inpatient wards the Trust reviews the staffing ratios having regard to the acuity on the wards. Currently the Trust runs at 12% vacancy, operationally the Trust continues to use agency, bank and the Trust's own staff to ensure that the correct number of nurses are on duty to provide patients with safe and high quality care. Maggie highlighted that staffing is reviewed multiple times during the day at bed meetings.

14.3 The Board was advised that international recruitment at WSHFT has been a success story and continues at pace, with 12 ITU nurses arriving from India and 81 from the Philippines. A further business case is being developed for consideration for future international recruitment. Additional funds to support the additional recruitment have been secured from NHSEI. Maggie also highlighted that the Trust was currently offering enhanced bank rates for those that wanted to do additional bank shifts.

14.4 Maggie advised the Board that both in adults and children's mental health areas the Trust was hoping to recruit 4 Registered Mental Health Nurses (RMNs) to the bank who would provide expert support to our nurses and support with upskilling nurses.

14.5 It was noted that in Children's neonates the previous staffing models differed for winter and summer with higher staffing during winter. A review of this model was undertaken last year and as a result the department has moved to a more evenly established staffing model. Maggie explained that many less children were admitted to hospital for respiratory conditions however the Trust saw an increase in young adults presenting with complex mental health issues.

14.6 Maggie highlighted the very positive band 4 Nurse Associate programme which had produced 14 Nurse Associates over the last few years and continued to be developed.

14.7 Alan McCarthy thanked Maggie for the report and acknowledged the incredible staff and all that they have done throughout the last year during the pandemic.

14.8 The Board **NOTED** the Nursing and Midwifery Staffing Capacity Report.

TB/04/21/15 Annual Gender Pay Gap

15.1 Jennie Shore presented the fourth Annual Gender Pay Gap Report which summarises the Trust's Gender Pay Gap (GPG) as at the 31 March 2020. This report demonstrates the difference in average hourly pay and bonus payments between men and women. The Board was advised that the Trust is mandated to report and publish six calculations on the government website with a written statement confirming the calculations are accurate. The information is then published on the Trust's website.

15.2 Jennie explained that the figures did not include Waiting List Initiatives (WLIs) or overtime and that all posts are evaluated against a national framework rather than on an individual Trust basis.

15.3 The Board noted there is a 19.17% (20% in 2019) difference in favour of male employees when using the mean hourly rate; this is a decrease of 0.83% on the 2019 figures and is seen as a positive step in direction. This however, moves to 1.18% in favour of male employees when the median hourly rate is used. This was 2.78% in favour of female employees in 2019. The Board was informed that the mean figure is more indicative measure.

15.4 Jennie explained that when drilling down by staff group Medical and Dental are outliers in favour of male employees, however Administration and Clerical is an outlier for female employees.

15.5 It was noted that the Trust has seen an impact following the transition of Band 1 to Band 2 following the Agenda for Change contract refresh on the overall pay median as there is a higher proportion of women in Band 2. Jennie advised that the Trust had established a working group to look at career progression in these areas.

15.6 The Board acknowledged that Local Clinical Excellence Award bonuses tended to favour male employees, however, positively there has been a general reduction in the gap between both the mean and median.

15.7 Finally, Jennie advised the Board that as part of the Trust Equality Group there would be a workstream that would look at career progression for women that return from Maternity leave.

15.8 The Board thanked Babs for the report and noted that a review of the 2021 local and national Clinical Excellence Award applications to ensure both female and male employees feel able, and are encouraged and confident to apply with the outcomes treated fairly.

15.9 The Board **APPROVED** that the report be placed on the Trust's website in line with national requirements.

TB/04/21/16 Company Secretary Report

16.1 Glen Palethorpe asked the Board to note the report which included four elements.

16.2 The first being the reporting on the use of the Trust Company Seal. It is a requirement of the Trust's 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.

16.3 The second part of the report provided an update on the Schedule of meetings going forward as University Hospitals Sussex NHS Foundation Trust.

16.4 The third part of the report provided an update on the Council of Governors meetings within the remit of the University Hospitals Sussex NHS Foundation Trust.

16.5 The final narrative highlighted the provisional date of the Annual General Meeting of Thursday 29 July 2021 for University Hospitals Sussex NHS Foundation Trust.

16.6 The Board **NOTED** the Company Secretary Report.

TB/04/21/17 OTHER BUSINESS

17.1 Jon Furmston extended his thanks as Chair of the Audit Committee to the other Non-Executive Directors, Auditors and Finance Teams for their support of the Audit Committee and its work, Jon added that when reflecting on the last 10 years the Trust has gone from strength to strength.

TB/04/21/18 Questions from Members of the Public

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

TB/04/21/19 Resolution into Board Committee

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

TB/04/21/20 The Chair formally closed the meeting

TB/04/21/21 DATE OF NEXT MEETING

21.1 It was noted that the next Board Meeting would take place at 10.00 on Thursday 06 May 2021 via Microsoft Teams Broadcast.

Tanya Humphrys
Board & Committee Administrator
01 April 2021

Signed as an accurate record of the meeting

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Chair

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Date

Brighton and Sussex University Hospitals NHS Trust

Minutes

Minutes of the Board of Directors (Public) meeting held at 10:00 on Tuesday 30 March 2021 via Microsoft Teams Live.

Present:	Alan McCarthy	Non- Executive Director (Chair)
	Patrick Boyle	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Joanna Crane	Non-Executive Director
	Kirstin Baker	Non-Executive Director
	Jackie Cassell	Non-Executive Director
	Dame Marianne Griffiths	Chief Executive Officer
	Karen Geoghegan	Chief Financial Officer
	George Findlay	Deputy CEO, Chief Medical Officer
	Carolyn Morrice	Chief Nurse
	Ben Stevens	Director of Performance
	Julie Bacon	Strategic HR Advisor
	Rob Haigh	Trust Medical Director
In attendance:	Glen Palethorpe	Group Company Secretary
	Tamsin James	Board and Committee Administrator
	Barbara Harris	Head of Equality, Diversity and Inclusion (for item 16)

B/03/21/1 WELCOME AND APOLOGIES **Action**

1.1 The Chair welcomed those present to the meeting.

1.2 The Chair advised that today's meeting was the last Board meeting in Public of Brighton & Sussex University Hospitals NHS Trust. The Board reflected on the last 20 years of BSUH and looked forward to the merger on the 1 April 2021 which will see the Trust become part of University Hospitals Sussex NHS Foundation Trust.

1.3 Apologies for absence were received from Pete Landstrom and Katy Jackson.

1.4 The Board was confirmed as quorate.

B/03/21/2 DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

B/03/21/3 MINUTES FROM THE PREVIOUS MEETING HELD ON 2 FEBRUARY 2021

3.1 The minutes of the meeting held on 2nd February 2021 were **APPROVED** as a correct record.

B/03/21/3.1 MINUTES FROM THE EXTRAORDINARY PUBLIC BOARD MEETING HELD ON 18 MARCH 2021

3.1.1 The minutes of the meeting held on 18th March 2021 were **APPROVED** as a correct record.

B/03/21/4 MATTERS ARISING

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

B/03/21/5 CHIEF EXECUTIVE'S REPORT

5.1 Dame Marianne Griffiths presented the Chief Executive's report, drawing out the key events and activities that have occurred in the last month.

5.2 Marianne began the update by sharing a huge thank you to all the Trust staff for their extraordinary support throughout the pandemic and particularly during the second surge as they continue to put patients at the centre of all they do and ensuring they are all as safe and cared for as well as is possible. Marianne shared that she was proud of each and every member of staff and everything that has been achieved so far and for what the Trust and its staff continues to achieve together.

5.3 Marianne shared that within Brighton & Hove, Covid cases have fallen significantly since the peak in early January 2021. The Trust is currently caring for 23 patients with Covid-19 across both RSCH and PRH. The Trust is seeing a significant decrease in numbers of patients requiring Covid treatment. This has enabled the Trust to revise its Gold and Silver incident response structures whilst maintaining its Bronze meetings. Should it be required the Trust will reinstate both Silver and Gold structures immediately, however with the successful vaccination programme in place it was hoped this would not be required.

5.4 The Trust is now starting to focus on its restoration and recovery of patient services and continue with its Health & Wellbeing Programme for its workforce. Areas used previously for critical care escalation are being returned to general use, and similarly the Trust is able to de-escalate some of its red pathways. The returning of redeployed workforce is allowing the Trust to restore its theatre activity and the continued use of the Independent Sector supports capacity availability.

5.5 The Trust's vaccination hubs have administered more than 37,000 Covid vaccinations, which is a magnificent example of the NHS at its best. The vaccination programme team have worked to deliver a truly outstanding service. Marianne advised that 92% of the Trust's workforce have received their first dose, with 82% of the Trust's BAME workforce receiving their first dose. The Board shared their thanks to the Trust's BAME network for all their assistance with communications in order to reduce anxiety across the network. Marianne stated that it was noted that some workforce had chosen not to have a vaccine and the Trust had worked hard to understand the reasons behind this choice and as part of that had identified that some of these staff had indeed had their vaccination at another venue.

5.6 Marianne went on to comment on the WSHFT and BSUH merger and highlighted that both Trust Boards and the WSHFT Council of Governors approved the merger, following that the Trusts submitted an application to NHSEI to merge. This had been approved and the merger will take effect on the 1 April 2021 and the Trust will become part of University Hospitals Sussex NHS Foundation Trust.

5.7 The application followed a rigorous assessment undertaken by NHSEI who concluded that the strategic reasons given in support of the merger are both 'clear' and 'strongly supported' by stakeholders, and this supported their

issuance of a positive risk rating which was as follows:

- Strategic Rationale – Green
- Transaction Execution – Green/Amber
- Quality – Green/Amber
- Finance – Green/Amber

5.8 The Board shared their thanks to the Trust's merger and acquisitions programme team for their outstanding work in progressing the merger, particularly during the difficulties of the pandemic.

5.9 The Trust's focus remains on the delivery of safe and effective care and it will only change what is required prior to the merger. After merger, the Trust will continue to invest in all services and specialties currently delivered by both BSUH and WSHFT Trusts. Marianne reminded the Board that there are no plans to change and the merged Trust will therefore be maintaining A&E, emergency care, maternity services, tertiary services at all locations along with the commitment to the Trust's specialist and trauma services. The Trust is committed to Patient First, staff empowerment and the continuous improvement of all its patient services.

5.10 The Trust's full business case, available on the UHSussex website, outlines the compelling case for change, from opportunities to improve clinical models of care, governance complexities, collaborative working and system leadership, workforce fragility, financial opportunities and the focus on restoring services as we move forward from the pandemic.

5.11 Marianne summed up that she was delighted the Trust was moving forward to merge and outlined that BSUH was formed from a merger in 2002; in 2012 the 3Ts hospital redevelopment programme was approved; in 2016 that work began. In 2017 the joint management contract began seeing in 2018 BSUH being taken out of quality special measures by the CQC and in 2019 the Trust received an outstanding rating for caring, with a Good overall CQC rating.

5.12 The Chair thanked Marianne for the update and shared his thanks on behalf of all the Board to all the Trust workforce for what they have done and continue to do for the Trust, its patients and its community.

5.13 The Board **NOTED** the report.

B/03/21/6 Integrated Performance Report

6.1 Alan McCarthy introduced the integrated performance report and asked that George Findlay start at the Quality Section.

QUALITY IMPROVEMENT

6.2 George Findlay introduced the Quality report, highlighting the key benchmarked indicators relating to Quality & Safety aligned to the organisational True North objectives.

6.3 The Hospital Standardised Mortality Ratio data is available up to December 2020 whereby 75 patients died in hospital against the expected number of 69 giving an in-month HSMR of 108.42. The rolling 12 month HSMR to December 2020 was 96.29. The Trust is currently ranked 32/131, just outside of the 20th percentile.

6.4 As previously noted that as a result of the pandemic, and guidance received from NHS Digital, the Board was reminded that standardised mortality tools

such as HSMR and SHMI mortality models, should not be used to monitor or compare Covid-19 mortality rate and risk. A separate detailed Covid mortality report was provided to the Quality Assurance Committee for assurance purposes.

6.5 The Trust Mortality Review Group provide strengthened emphasis on multi-disciplinary clinician led structured judgement reviews, which focus on learning and the identification of both best practice and areas for improvement.

6.6 Carolyn Morrice, Chief Nurse, informed the Board that the rate of inpatient falls for the past 12 months is 3.75 falls per 1000 bed stay days; equating to 819 falls in the past year. All falls remains a continued focus for the Trust, and are reviewed at the Harm Free Care Panel and the use of Falls Preventative measures will be audited via the Perfect Ward App and triangulated with the use of the risk assessments currently being incorporated into the electronic observation system, "Patientrack".

6.7 In relation to hospital acquired pressure ulcers at the Trust, in January 2021 there were 45 incidents and in February 2021 there were 34 incidents at the Trust. A deep dive analysis was submitted to the Quality Assurance Committee, and in summary, 69% of patients were admitted with pre-existing pressure damage. A refreshed pressure ulcer care campaign with system partners will take place across the Trust throughout 2021.

6.8 The collection of data of Friends & Family recommended rates was paused due to the pandemic, this recommenced in December 2020 and despite the pressures of the pandemic the Trust's Emergency Department received a recommended rate of 90.3%, against a True North ambition of 96% of inpatients who would recommend the Trust to their family and friends.

6.9 The Chair thanked both Carolyn and George for their update.

6.10 The Chair invited Mike Rymer to deliver an update on Quality matters that were presented to the Quality Assurance Committee.

6.11 Mike confirmed that the Committee received an update from the Trust Medical Director which focused on Mortality. The report recognised the impact Covid deaths have on these metrics, with HSMR excluding these to allow comparison for non-Covid patients deaths with those prior to the Covid pandemic. The Committee was assured over the processes being developed to link the structured judgemental reviews to the Trust's Serious Incidents processes.

6.12 The Committee were updated in respect of the Patient Safety metrics, which included pressure care, falls and incidents with the reporting including actions taken in respect of national safety alerts.

6.13 The Committee also received an in depth report on the work being undertaken to learn from and prevent pressure damage.

6.14 The Committee received a report on the Trust's vaccination programme and the work undertaken to reach BAME and clinically vulnerable colleagues. The Committee was assured over the work undertaken to deliver the high percentage of first dose vaccinations.

6.15 The Committee received an in-depth update relating to the Trust's review of its risks relating to nosocomial infections and that outbreaks are consolidated into a single point of learning monitored through the Infection Prevention and Control Group.

6.16 The Committee received the Trust's response to the national Ockenden report and the Trust's submission made indicating compliance with the key actions required of all Trusts and that the progress against all the recommended actions that will be linked to the Trust's CNST compliance submission in June 2021.

6.17 The Committee received and noted the reports from the Trust's Freedom to Speak up Guardian and the Junior Doctor Guardian of Safeworking. The Committee noted neither Guardian raised any matters requiring the Committee's action. The Committee noted that positively during the period to December 2020 there had been a lower level of exception reports raised that in the prior year, this was attributed to the electronic rota process and the investment made in the junior doctor workforce.

6.18 The Committee reviewed the BAF risks for which it has oversight and agreed their scores were fairly represented.

6.19 Mike went on to state that the Quality Assurance Committee shared their thanks to all the Trust workforce for all their work during this difficult time.

6.20 Mike went on to thank the Trust workforce on behalf of the Quality Assurance Committee for the continual delivery of high quality of care and keeping patients safe throughout the pandemic.

6.21 The Chair thanked Mike for the update from the Quality Assurance Committee.

6.22 Joanna Crane raised a question relating to the Trust falls data and whether there were additional preventative measures in place. Carolyn Morrice confirmed that the Trust has seen a reduction in falls resulting in serious incidents and confirmed that an action would be taken to review comparable three-year data and present the outcome to the Quality and Patient Committees in April 2021.

6.23 George Findlay added that the Trust is focusing on its harm free care breakthrough objective and whilst the target is not quite where it needs to be the Trust has seen a 50% reduction compared to its peers. George also added that for comparative purposes the Trust is doing very well in terms of falls per 1000 bed days but as had been stated there is always more the Trust will do to strive to be better.

6.24 The Board **NOTED** the report.

B/03/21/7 SYSTEMS AND PARTNERSHIPS

7.1 Ben Stevens, Director of Performance updated the Board in respect of a range of performance indicators.

7.2 The Board was reminded that all elective constitutional standards have been adversely impacted by the most recent wave of the pandemic. Both red and green pathway bed demand within the Trust has been impacted further than wave one which has resulted in the need to curtail some elective activity.

7.3 The Trust continues to work with the pandemic discharge hub system partners in relation to Long Length of Stay (LLOS), ensuring patients are able to be cared for at home or in the community once medically fit to leave our hospitals.

A&E

7.4 Ben informed the Board that the Trust achieved performance of 82.5% for February 2021, 2% higher than February 2020 and slightly below the national performance of 83.9%; but this was against a drop in A&E attendances compared to last year and a drop in non-elective admissions.

7.5 The Trust bed occupancy is increasing at both RSCH and PRH sites, however the RSCH site has seen a particular increase to 93.4% occupancy which is reflective of Covid pressures at this time.

RTT

7.6 The Trust's RTT Performance position in February 2021 was at 52.3% across all specialties, a decrease of 12.8% compared to February 2020, and this level of performance has decreased by 1.1% compared to January 2021.

7.7 In relation to 52-week breaches, the total volume of patients waiting more than 52 weeks has increased to 4,356. The Board noted this is due to the increased pressures on the Trust due to the pandemic and remains an absolute focus for recovery both regionally and nationally. The Trust follows a robust process in undertaking a waiting list validation exercise to ensure no patient physical harm is attributed to the delays, the outcomes of which are overseen by Rob Haigh are reported to the Quality Assurance Committee.

7.8 Referral demand in February 2021 fell to 88%, however the Patient Tracking List increased to 38,567, largely due to Elective activity being impacted by the second wave of the pandemic and the need to redeploy Trust front line workforce to focus on Covid demand across the Trust.

CANCER

7.9 The Trust was compliant with 5 of the 8 cancer metrics in January 2021. The Trust's 2 week wait performance standard was compliant at 93.2%, which has been achieved in each of the last four consecutive months. The January performance for the 62 day GP referrals was non-compliant at 69.5%.

7.10 The backlog of patients diagnosed with cancer has increased sharply as a result of the pandemic. Whilst the Trust has maintained its delivery of very urgent treatments, there have been constraints in the overall level of treatment provision possible, particularly within diagnostic services which has contributed to this rise in waits. The Board was informed that this service area remains a high priority for restoration.

DIAGNOSTICS

7.11 The Trust's performance for February 2021 was 31.9%, a 5.7% improvement on January 2021.

7.12 All Imaging modalities sustained a positive restoration despite the second wave. However, Endoscopy activity has seen a reduction as a result of the pandemic with capacity focused on cancer pathways and urgent patients. The areas with the highest backlogs are Endoscopy and Echocardiography although both modalities have reduced.

7.13 Ben went on to provide the Board with an overview of restoration activity across the Trust for February 2021, and asked the Board to note that this data has been impacted by the current operational pressures at the Trust.

- Elective referral demand had been restored to 108% of pre-Covid levels
- Outpatient activity has been impacted by the pandemic
- New outpatient activity restoration has reduced to 70% of pre-Covid

levels
- Follow-up outpatient activity had been reduced to 85% of pre-Covid levels
- Day case and Elective activity had been impacted by the pandemic.
- Day Case activity restoration reduced to 71% of pre-Covid levels.
- Elective Inpatient activity restoration reduced to 58% of pre-Covid levels.
- A&E attendance activity is 72% of pre-Covid levels
- Non elective admission activity is 86% of pre-Covid levels
- A&E attendance activity returned to 80% of pre-Covid levels.

7.14 The Chair thanked Ben for the update.

7.15 The Chair asked Patrick Boyle as Chair of the Finance & Performance Committee to provide the Board with assurance from the previous Committee meetings.

7.16 Patrick stated the Committee had met on the 23 February and the 23 March.

7.17 The Committee held discussions on the Trust's restoration and recovery plan and the Committee was provided with detailed performance against its constitutional targets and a more detailed dashboard against restoration plans which have been impacted by the second wave and its impact on Covid patients.

7.18 The Committee received information on the delivery of the established restoration plans throughout and how the Trust is managing the impact of the ongoing pandemic. The Committee was updated on the work being undertaken with the independent sector and in respect of insourcing actions to restore activity.

7.19 The Committee heard that it had been necessary to redeploy its workforce to other critical areas within the Trust during the second wave and the Committee were assured over how this had happened to manage its capacity and how Communications to both workforce and patients demonstrated the Trust's response during this operationally difficult time.

7.20 The Chair thanked Patrick for the update and maintained that Restoration and Recovery, and ensuring patients are kept informed remains a priority for the Trust.

7.21 The Chair asked what were the key messages that can be taken from Covid occupancy and testing data during wave 2; George Findlay added that Covid patients being treated in ITU is higher in the second surge than the previous wave largely due to the new variants of Covid which has been more transmissible. The data is showing a transmission decrease which is as a result of the effective lockdown measures, social distancing and hospitalisation as a result of Covid is reducing due to the successful vaccination programme. It was noted that access to Covid treatments are more effective in the second wave which has resulted in improved outcomes for patients.

7.22 The Board **NOTED** the report.

B/03/21/8 SUSTAINABILITY

8.1 Karen Geoghegan reported to the Board that the Trust is continuing to operate under the Phase 3 financial framework, the purpose of which is to prioritise non-Covid activity, alongside continuing its winter surge planning and

increased Covid cases.

8.2 Karen stated that the Trust has continued to operate within the interim (Phase 3) financial framework, in which each Integrated Care System (ICS) has been provided with a fixed funding envelope; including resources to meet the additional costs of the pandemic response and recovery.

8.3 A collective commitment has been made between Chief Financial Officers and the National NHSEI team to deliver the ICS forecast within the funding envelope available for the local system. In addition, it was agreed that through system working, individual organisations within the ICS would aim to deliver a break-even position.

8.4 At the end of February 2021 the Trust delivered a cumulative surplus of £830k against a planned deficit of £4m, resulting in a favourable variance of £4.8m. This is due to less cost incurred for elective activity partially offset by the pandemic costs. The Trust has also received £3m income to recompense against lost non-NHS as a result of the pandemic.

8.5 The Trust is forecasting to deliver a break-even financial performance at the end of the 2020/21 financial year.

8.6 In terms of the overall costs of Covid, year to date, the Trust has secured £25m for costs for the pandemic, most of that is due to the cost of the Trust's Covid response, but this funding also recognises not receiving non-NHS income recovery projections due to prolonged Covid activity.

8.7 Karen confirmed the Trust currently had a healthy cash position due to the advance receipt of the M12 block payments in Febraury.

8.8 In relation to the Capital programme, the Trust was fortunate to secure additional capital plan funds to develop its Emergency Department provision at both BSUH and PRH. The Trust has also secured additional funding to support it with its critical care, endoscopy, and Digital Histopathology capacities.

8.9 NHSEI have confirmed the current Phase 3 framework will be extended in to Q1 and into Q2 of 2021/22. The Trust will be operating under an interim financial framework for the first half of the year. This funding allocation for Q1 will comprise block funding, plus ICS allocations for marginal COVID expenditure and Growth.

8.10 The Board **APPROVED** the basis upon which Q1 2021/22 budgets have been set; on a roll forward basis, created from the interim financial framework principles as approved for the M7-12 2020/21 budgets.

8.11 The Chair asked Patrick Boyle, to provide an update on finance matters from the Finance & Performance Committee from February and March 2021, to provide the Board with assurance from the previous Committee meeting.

8.12 Patrick confirmed the Committee received assurance regarding the M11 performance operating against the revised national framework, and that the Trust is on target in terms of its position. The Trust financial ledger migration continues to progress well and the Committee will continue to be provided with updates at the Sustainability Committee.

8.13 The Committee was updated on the work undertaken over the development of the 2021/22 programme and was assured over the robustness of the process

applied and the engagement of the respective Divisions in the development of both tactical quarter one schemes and the more transformational schemes for delivery across the remaining part of 2021/22.

8.14 The Committee received the Radiology Information System Business Case and approved the recommended option to contract directly with the RIS suppler within the Committee's delegated authority. The Committee received the Home Haemodialysis Equipment and Consumables contract award, and approved the contract award based on a 4-year contract within the Committees delegated authority.

8.15 The Committee reviewed the BAF risks for which it has oversight for and agreed these were fairly represented.

8.16 The Chair thanked Karen for the update and shared his thanks to all during these challenging times.

8.17 The Board **NOTED** the report.

B/03/21/9 OUR PEOPLE

9.1 Julie Bacon presented an update on workforce developments.

9.2 Julie shared with the Board the Key highlights from the report.

9.3 Julie stated that the annual NHS staff engagement survey 2020 and the Annual Gender Pay Gap report would be shared with the Board later in the meeting.

9.4 Regarding Equality, Diversity and Inclusion, Julie confirmed:
- Disability Staff Survey has been undertaken which closed in March 2021.
- The Trust's WRES and WDES reports are currently being aligned.
- The Trusts are involved in external activity including the Sussex BAME Disparity Group and Sussex Health & Care Partnership Turning the Tide programme which specifically focusses on health inequalities for BAME patients.

9.5 In preparation for the merger, the Trust and WSHFT conducted the legally required TUPE consultation with staff side representatives. Eight events were held via MS Teams for all Trust staff to attend in order to provide further information about the merger and the TUPE transfer of BSUH employees.

9.6 In recognition of the impact on staff of the pandemic, a Thank You Day has been provided to all substantive staff to be used by 31 March 2022. Staff have been encouraged to use this day to undertake continuous professional development including programmes that improve their health and wellbeing.

9.7 In February, the Trust's Turnover rate reduced slightly to 10.4% which remains favourable to the 12% target. It is at its lowest since August 2012.

9.8 The Trust's Sickness Absence rate was 6.18% in January, of which 0.80% was specifically Covid-19 related and 5.38% other Sickness Absence. The 12-month Sickness Absence rate is now 5.08%, compared to 4.47% a year ago.

9.9 The Trust's Appraisal rate was 69.9% in February. The impact of Covid has challenged appraisal levels and the Trust has now introduced the Wellbeing appraisal for its workforce and the initial feedback received has been positive.

9.10 Statutory and Mandatory Training compliance has dropped from 85% to 81% in February 2021.

9.11 Recruitment and vacancies remains a focus for the Trust with action being taken to improve and expedite the recruitment process particularly vacancies across the Trust.

9.12 The Chair invited Patrick Boyle to deliver an update on workforce matters that were presented to the Finance & Performance Committee; Patrick confirmed the workforce update to the Committee focused on the Trust workforce capacity and performance indicators and recognised the additional workforce costs through the use of bank and agency staff. It also received an update on the improved appraisal compliance.

9.13 The Board **NOTED** the information received from the Integrated Performance Report.

B/03/21/10 REPORT FROM FINANCE AND PERFORMANCE CHAIR

10.1 Patrick Boyle as Chair of the Finance and Performance Committee asked the Board to note the update from the February and March 2021 meetings he had provided earlier in the meeting.

10.2 The Board confirmed they were **ASSURED** following the update of the report.

B/03/21/11 REPORT FROM QUALITY ASSURANCE CHAIR

11.1 Mike Rymer as Chair of the Quality Assurance Committee asked the Board to note the update from the March 2021 meeting he had provided earlier in the meeting.

11.2 The Board confirmed they were **ASSURED** following the update of the report.

B/03/21/12 BOARD ASSURANCE FRAMEWORK

12.1 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. Glen informed the Board that the Quality Assurance Committee had looked in some detail art the assurances received over the quality risks as requested by the Finance and Performance Committee given the length of patient waits.

12.2 The Board **APPROVED** the Board Assurance Framework recognising that the Committee had recommended the risk scores as being a fair reflection of the risks facing the Trust.

B/03/21/13 NURSE STAFFING CAPACITY REPORT

13.1 Carolyn Morrice presented the report to the Board, highlighting that the purpose of the report is to present the challenges and assurance that wards and departments are facing and managing around staffing as the Trust emerges from the second wave of the pandemic. The report also provides oversight over the continuing challenges that remain in the recruitment and retention of the Trust's nursing workforce. It also outlines the nursing & resilience strategy, as well as giving oversight to the plans for establishment reviews in the future.

13.2 Due to the significant challenges across the Trust during the second wave of the pandemic, the nursing workforce hub was stepped up in December 2020 and workforce redeployments recommenced. In total over 270 nursing staff were redeployed during the second wave, 250 redeployed during the first wave, to support the Trust's pandemic response. As a result of this the Trust has undertaken a survey in order to take learning in how the Trust redeployed and flexed its nursing teams throughout the pandemic. Carolyn confirmed daily huddles remained in place, whilst noting that the challenges within the red and green pathways continue.

13.3 In relation to challenges Carolyn confirmed that the Trust has a 10.6% nursing vacancy factor, in line with national performance comparators. There are currently 267 RN vacancies and 73 healthcare assistant vacancies, with 52 within the recruitment pipeline. Workforce Health & Wellbeing remains at the forefront for the Trust.

13.4 The nursing resilience programme is a key component of improving nursing engagement, transforming our workforce from within and ultimately attracting & retaining more nurses, midwives, HCA's and AHP's. Each of these work streams has an Executive lead key to delivering the Trust's workforce transformation programme.

13.5 Lizzie Peers raised the following questions:

- Referencing the retirement eligibility of registered nurses within the Trust's workforce and whether this would impact the Trust.
- Is the Trust able to retain its newly qualified Band 5 nursing workforce?
- Regarding derogated staffing levels, are the risks monitored

13.6 Carolyn confirmed that from national guidance it shows that Nurses retire around the age of 55/60 years of age. However, the Trust has yet to review the impact of the pandemic over the last year. The Trust continues to monitor its retention levels and it was noted that there is often an uptake of the Trust's flexible working options.

13.7 Regarding derogated staffing levels, Carolyn confirmed that the Trust receives excellent national guidance and this has returned to normal levels.

13.8 Regarding retention of newly qualified nurses, Carolyn confirmed this is a national challenge relating to Band 5 nurses, however the Trust has been successful in maintaining levels. There is a process of reshaping the Band 5 and Band 6 nursing model and the Trust is developing its retention focus based on that strategy.

13.9 Lizzie went on to praise all the front line staff who had been redeployed for their courage and hard work throughout the pandemic. Carolyn thanked Lizzie for the positive feedback and shared that the Trust continues to work with all its workforce offering support through the Health & Wellbeing programme.

13.10 Julie Bacon went on to add that areas of demographics would be highlighted within the staff survey results later in the meeting.

13.11 The Chair questioned how the Trust is supporting its newly integrated International Nursing workforce. Carolyn confirmed that the Trust has helped its international team in many ways and continues to do so through the Trust's Health and Wellbeing programme.

13.12 The Board **NOTED** the update

B/03/21/14 INFECTION PREVENTION & CONTROL BOARD ASSURANCE TOOL

14.1 Carolyn Morrice presented the Infection Prevention and Control Board Assurance Tool to the Board.

14.2 Carolyn reminded the Board that this report is a national tool that all NHS organisations are using. The Trust report highlights 65 key lines of enquiry that have been RAG rated green and amber. The prompts recorded as green and amber all have a full set of embedded actions against them which are in progress, with a number of amber rated enquiries due to move to green in within the next few weeks.

14.3 Carolyn highlighted the expectation for the senior leadership team as part of the Patient First GEMBA to reinforce and evidence best practice to support this engaging workstream.

14.4 Carolyn highlighted that one of the live actions focuses on the nosocomial cross infection risk for the Trust and confirmed that reinforced communications to all Trust staff and patients ensuring the wearing of face masks, and minimising the movement of staff and patients in order to protect patients and staff.

14.5 The Board noted the NHSEI Peer Review visit to the Trust RSCH and PRH sites, detailed within the paper. Carolyn stated how proud she was of all involved for their positivity and enthusiastic feedback. There were areas of focus received following the visit but overall the feedback from NHSEI was positive.

14.6 The Board **NOTED** the report.

B/03/21/15 ANNUAL EQUALITY REPORT

15.1 Julie Bacon provided the Board with an update on the Trust's Staff Survey Results and drew out the following:

15.2 Julie advised that the results focused on three elements, comparison data between the Trust and WHSFT, along with comparable benchmarked Acute and Acute Community Trusts data.

15.3 The overall response rate for the Trust was highlighted as 55%; 10% lower than 2019, however it was noted that due to the pandemic only an online survey had been made available to the workforce, therefore restricting the deliverables.

15.4 Julie shared the detail within each of the following slides:

- The comparable data on the theme results
- Historical comparison Trust data
- Historical comparison with WSHFT data
- Trust Divisional level themes
- WSHFT Divisional themes
- Staff Engagement Results
- Trust questions summary highlights
- WSHFT questions summary highlights
- Trust & WSHFT significant declines
- WRES and WDES benchmarked data
- Covid related questions and results themes

15.5 Julie advised that the next steps would be:

- Providing additional reports without Covid related themes by April 2021
- Combining a themed Trust and WSHFT comparable report
- Data stratification linked to the Trust's breakthrough objectives
- Feedback from the Trust's "One Trust" workshops
- Key stakeholder action and priorities plan for UHSussex by June 2021

15.6 Joanna Crane reflected that the Trust has come a long way in a short period of time and the survey results show improved positivity given the pandemic, and that she felt assured around the patient themes, and wondered whether there was any data that stood out.

15.7 Julie advised that in the context of the pandemic there were no particular surprises, however the responses showed where the Trust needed to understand the data around diversity and inclusivity more to formulate our improvement plan.

15.8 Lizzie Peers stated that the data showing the bullying and harassment of BAME and disabled workforce is hard to note and emphasised the importance of reporting this kind of behaviour. It was noted that the Trust is working hard to address the barriers in this area and that it was hoped improvements would be seen following the merger to University Hospitals Sussex NHS Foundation Trust.

15.9 Mike Rymer, as Chair of the Quality Assurance Committee, commented that the Committee had received a report from the Freedom to Speak Up Guardian which had noted an improvement in the confidence of the workforce to speak up and this should remain a focus for the Trust. Julie confirmed that the team would work closely with the Guardian in this regard.

15.10 The Chair agreed there were areas of encouragement within the report and they were not surprised by some of the less positive data highlighted given the challenges the Trust has faced during the pandemic.

15.11 The Board thanked Julie for the update and **NOTED** the report.

B/03/21/16 ANNUAL GENDER PAY GAP

16.1 Barbara Harris (Babs), the Trust's Head of Equality, Diversity and Inclusion, presented the Annual Gender Pay Gap Report for 2020, advising that it summarised the Trust's Gender Pay Gap (GPG) as at the 31 March 2020 snapshot, demonstrating the difference in average hourly pay and bonus payments between men and women. The Trust is mandated to report and publish its calculations on the Trust and Government websites with a written statement confirming the calculations were accurate.

16.2 The Gender Pay Gap (GPG) reporting showed the difference in average hourly pay and bonus payments between men and women and it was noted there has been a significant increase in the payments to female staff from the previous year. The benefits of reporting GPG included building a reputation for being known as a fair and progressive employer, attracting a wider pool of recruits, enhancing productivity and creating a culture committed to tackling inequality.

16.3 The Board noted the average gender pay gap as a mean average of £20.26 for its male workforce, and £16.96 for its female workforce. Average gender pay gap as a median average for a female has reduced to 11p adverse to that of the male workforce.

16.4 Evidence would suggest that the pay gap within the Trust is due to the choices our workforce make with regards to reduced hours, term time working still predominately being undertaken by our female employees rather than gender biased pay structures.

16.5 Babs noted that the Trust is committed to ensuring an equitable workforce, however as a result of the pandemic and the operational difficulties this posed on the workforce, the delivery of the proposed actions agreed in 2019 are to be continued to the next reporting period. Following the merger, this will enable the continued collaboration, shared expertise, advice and guidance provided by the Inclusion Team to become further imbedded within the new merged organisation.

16.6 The Board thanked Babs for the report and noted that a review of the 2021 local and national Clinical Excellence Award applications to ensure both female and male employees feel able, and are encouraged and confident to apply with the outcomes treated fairly.

16.7 The Board **APPROVED** that the report be placed on the Trust's website in line with national requirements.

B/03/21/17 COMPANY SECRETARY REPORT

17.1 Glen Palethorpe asked the Board to note the report which included four elements.

17.2 The first being the reporting on the use of the Trust Company Seal. It is a requirement of the Trust's 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.

17.3 The second part of the report provided an update on the Schedule of meetings going forward as University Hospitals Sussex NHS Foundation Trust.

17.4 The third part of the report provided an update on the Council of Governors meetings within the remit of the University Hospitals Sussex NHS Foundation Trust.

17.5 The final narrative highlighted the provisional date of the Annual General Meeting of Thursday 29 July 2021 for University Hospitals Sussex NHS Foundation Trust.

17.6 The Board **NOTED** the report.

B/03/21/18 ANY OTHER BUSINESS

18.1 No items were discussed.

B/03/21/19 QUESTIONS FROM THE PUBLIC

19.1 The Board received a question in advance of the Board meeting from a Mr John Gooderham who asked, "Given that BSUH made clear in March 2019 that a scoping exercise and feasibility study would be conducted on the provision of radiotherapy services for the whole of Sussex; given that the Surrey and Sussex Cancer Alliance had previously recommended that a 2 linac satellite radiotherapy unit should be created at St Richard's Hospital but

that NHS England had rejected that recommendation; and given that the chairman of the Radiotherapy Network (which comprises the North West London and the South West London Cancer Alliances, as well as Surrey and Sussex Cancer Alliance) has said recently that it is up to BSUH as the proposed provider to be pro-active about radiotherapy development and infrastructure, and that the Radiotherapy Network is supportive, what plans for radiotherapy will BSUH's successor inherit on the 1 April 2021?

19.2 George Findlay provided a response stating that the Trust is committed to Cancer services and delivering great care for its Patients during the pandemic. As we come out of the current wave, the Trust is focusing on restoring and recovering the whole range of services it provides, ensuring that patients who require urgent treatment are seen in a timely way, and that a reduction in the numbers of patients who have been waiting over a year for their treatment pathway.

19.3 The Trust is also working on its Clinical Services strategy as University Hospitals Sussex. This is being undertaken with a wide range of stakeholders, the ICS and Sussex Surrey Cancer alliances. The Clinical Strategy will include an opportunity to review how the Trust provides cancer services (including Radiotherapy) across the new organisation. This will include a review of our cancer pathways to ensure that the Trust can access the best, most accessible cancer services possible for its patients.

B/03/21/20 DATE AND TIME OF NEXT MEETING

19.1 The next meeting in **PUBLIC** of the Board of Directors is scheduled to take place on **Thursday 6 May 2021, at 10:00,** virtually via **Microsoft Teams Live**.

Tamsin James
Board and Committee Administrator
March 2021

Signed as a correct record of the meeting

……Chair

……Date

University Hospitals Sussex
NHS Foundation Trust

CEO Board Report

Marianne Griffiths

May 2021

"Our staff at Western and BSUH have been nothing short of incredible over the past twelve plus months. Now we have become UHSussex, this is a really exciting time for us to get to work on all the goals we have set ourselves by working together as one trust."

Dame Marianne Griffiths

Chief Executive

Content

University Hospitals Sussex
NHS Foundation Trust

- News
- Diary Highlights
- Looking Ahead

News

University Hospitals Sussex
NHS Foundation Trust

UHSussex celebrations

To celebrate the new organisation, my executive colleagues and I have been visiting wards and departments with cake.

We're also looking forward to planting commemorative trees to mark our new trust taking root in the coming months.

A thousand new members

University Hospitals Sussex
NHS Foundation Trust

Foundation Trust membership is growing

We are actively looking for new members who represent the communities we serve across West Sussex, Brighton and Hove, Mid Sussex and East Sussex. Since announcing our plans to merge and extend our membership, we have recruited almost 1,000 new members.

Please go to www.uhsussex.nhs.uk/join-us to support your local hospital and lend your voice to shaping the way it serves the local community

We are also looking to elect new public and staff governors to the Council of Governors of the University Hospitals Sussex NHS Foundation Trust, representing Brighton and Hove, Mid Sussex and Horsham.

All nominations have now been submitted. Voting will commence later this month and results declared on 15 June.

A thousand new followers

University Hospitals Sussex
NHS Foundation Trust

We've launched new social media channels

We've also recruited thousands of new followers to our new social media channels.

If you haven't already, please look up **UHSussex** on:

- Twitter
- Facebook
- Instagram

News

University Hospitals Sussex
NHS Foundation Trust

New members of the executive team

Interim Chief Medical Officer

- Professor Roche will work 2-3 days a week to provide interim cover while we recruit a full-time replacement for our former Deputy Chief Executive and Chief Medical Officer, Dr George Findlay
- Please join me in thanking George and wishing him all the best in his future endeavour.
- George leaves to take up his new position as CEO of Medway NHS Foundation Trust

Managing Director

- We have appointed Kate Slemeck will as one of our new managing directors
- Kate joins us from the Royal Free in London, where she is currently chief executive of the hospital, having previously been chief operating officer for the Royal Free London Group
- The recruitment process continues for the second managing director position

News

University Hospitals Sussex
NHS Foundation Trust

COVID-19 continues to remain low

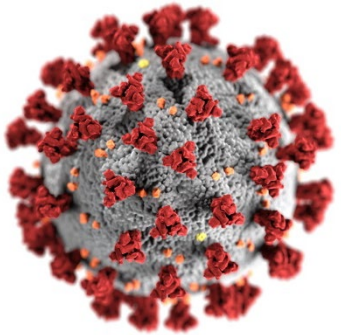
We are currently caring for 4 patients with COVID-19 across our hospitals, with none in critical care.

- Royal Sussex County Hospital: 0
- Princess Royal Hospital: 0
- Worthing Hospital: 3
- St Richard's Hospital: 1

In Brighton & Hove there were **49** new cases in the seven days to 21 April. This is **16.9** per 100,000.

In West Sussex there were **131** new cases in the seven days to 21 April. This is **15.2** per 100,000.

*correct as of 27 April 2021



News

University Hospitals Sussex
NHS Foundation Trust

Vaccination

Congratulations to our hubs, which have administered more than 100,000 doses of the COVID vaccines.

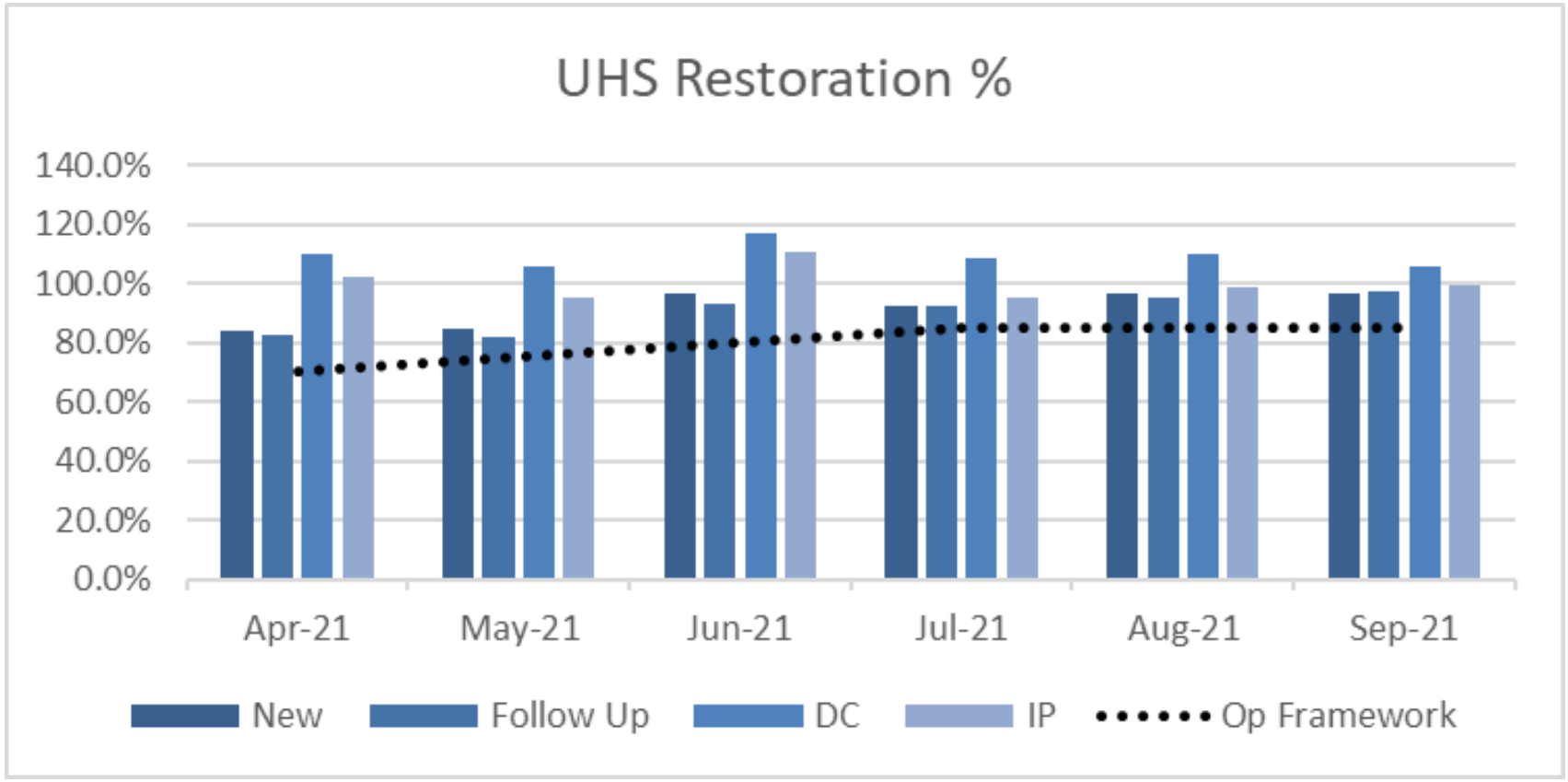
Our second dose programme is almost complete.

News

University Hospitals Sussex
NHS Foundation Trust

Restoration

Our focus is now on the restoration and recovery of patient services, balanced with staff health and wellbeing.



Diary Highlights

University Hospitals Sussex
NHS Foundation Trust

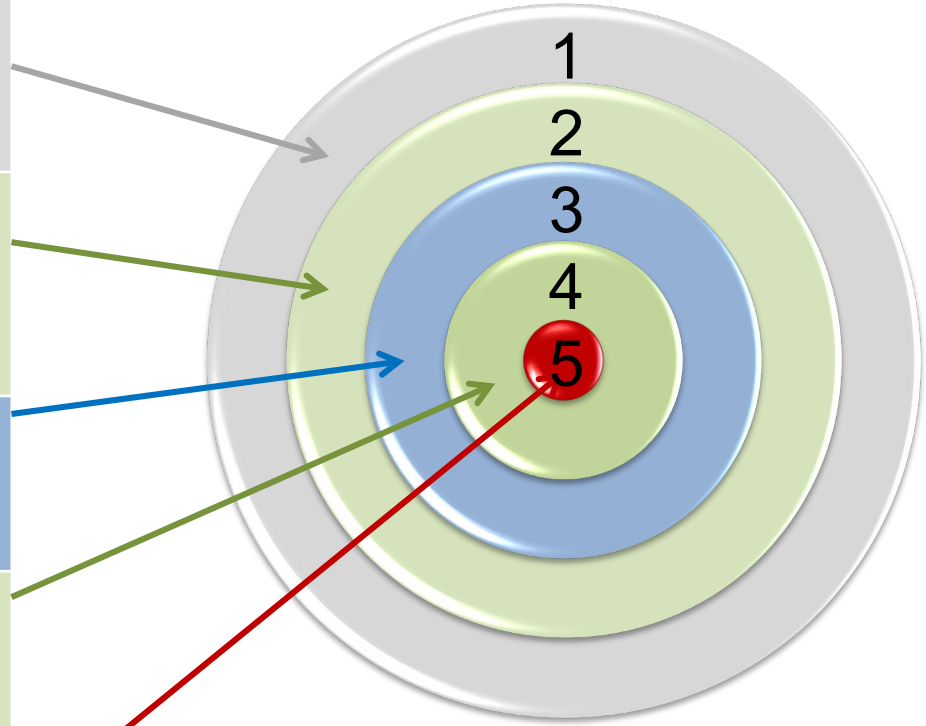
- Visiting wards to deliver cake to staff
- MTW PFA Workshops (x2)
- North Mids PFA Workshop
- Sussex Acute Collaborative Network
- Medical Student Job Shadowing
- Accepting 200 donated Worthing Pride tickets for our staff

Looking Ahead

University Hospitals Sussex NHS Foundation Trust

The next step for our new organisation is developing our clinical operating model.

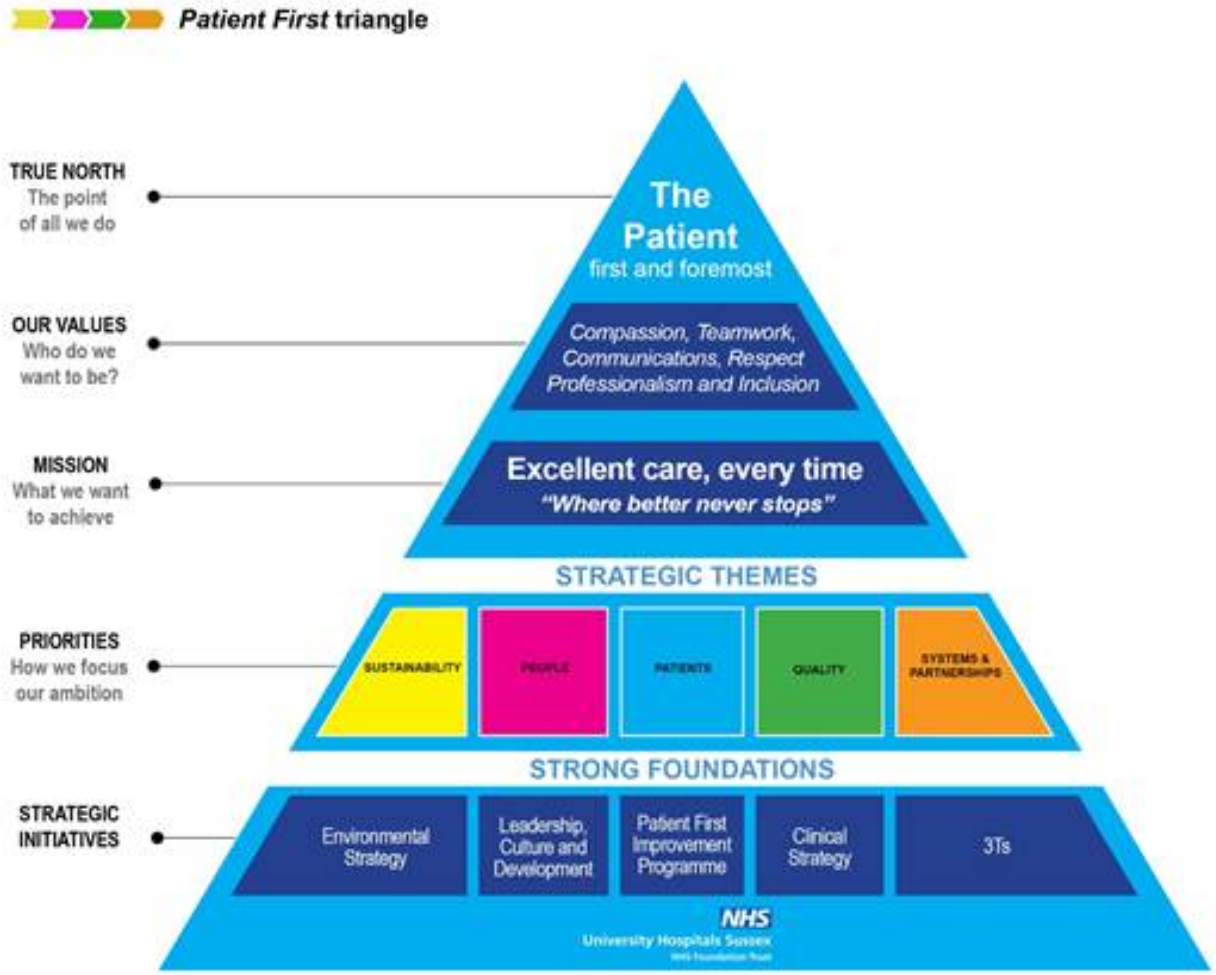
	Integration Stage	Date
1	Integration Principles and Corporate Target Operating Model Agreed	Dec 20
2	CORPORATE: Design & implement structures to Director Level	Jan 21- Mar 21
3	CLINICAL: Design & implement Clinical Operating Structures	Apr 21- Sep 21
4	CORPORATE: Complete Alignment of Corporate Functions	Oct 21- Mar 22
5	Full Integration	April 22



Looking Ahead

We also have our five new strategic initiatives including our environmental strategy as we work towards Care Without Carbon to become a net zero carbon emitter.

We are encouraging staff to sign up to become a green ambassador to support up on our ambitious environmental targets.



Any questions?

University Hospitals Sussex
NHS Foundation Trust

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	6-10	**Meeting:**	Trust Board	**Meeting Date:**	06 May 2021
Report Title:	**Integrated Performance Report – Month 12**				
Sponsoring Executive Directors:	Marianne Griffiths, Rob Haigh, Maggie Davies, Carolyn Morrice Pete Landstrom, Karen Geoghegan and Denise Farmer				
Author(s):	Marianne Griffiths, Rob Haigh, Maggie Davies, Carolyn Morrice Pete Landstrom, Karen Geoghegan and Denise Farmer				
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:

Attached is the Trust's integrated performance report, it should be noted that this covers the period to 31 March 2021 and therefore contains data at a BSUH and WSHFT.

Within the Board's governance processes each patient first domain has an oversight committee and after each segment of the integrated performance report the respective Committee Chair will be asked to provide their feedback. (Note these reports are contained within the Board papers immediately after this report).

Key Recommendation(s):

To note the content and following receipt of the Committee assurance reports, consider if there are areas for referral back to the respective Committees where enhanced assurance is required.

University Hospitals Sussex
NHS Foundation Trust

Integrated Performance Report

May 2021

Contents

University Hospitals Sussex NHS Foundation Trust

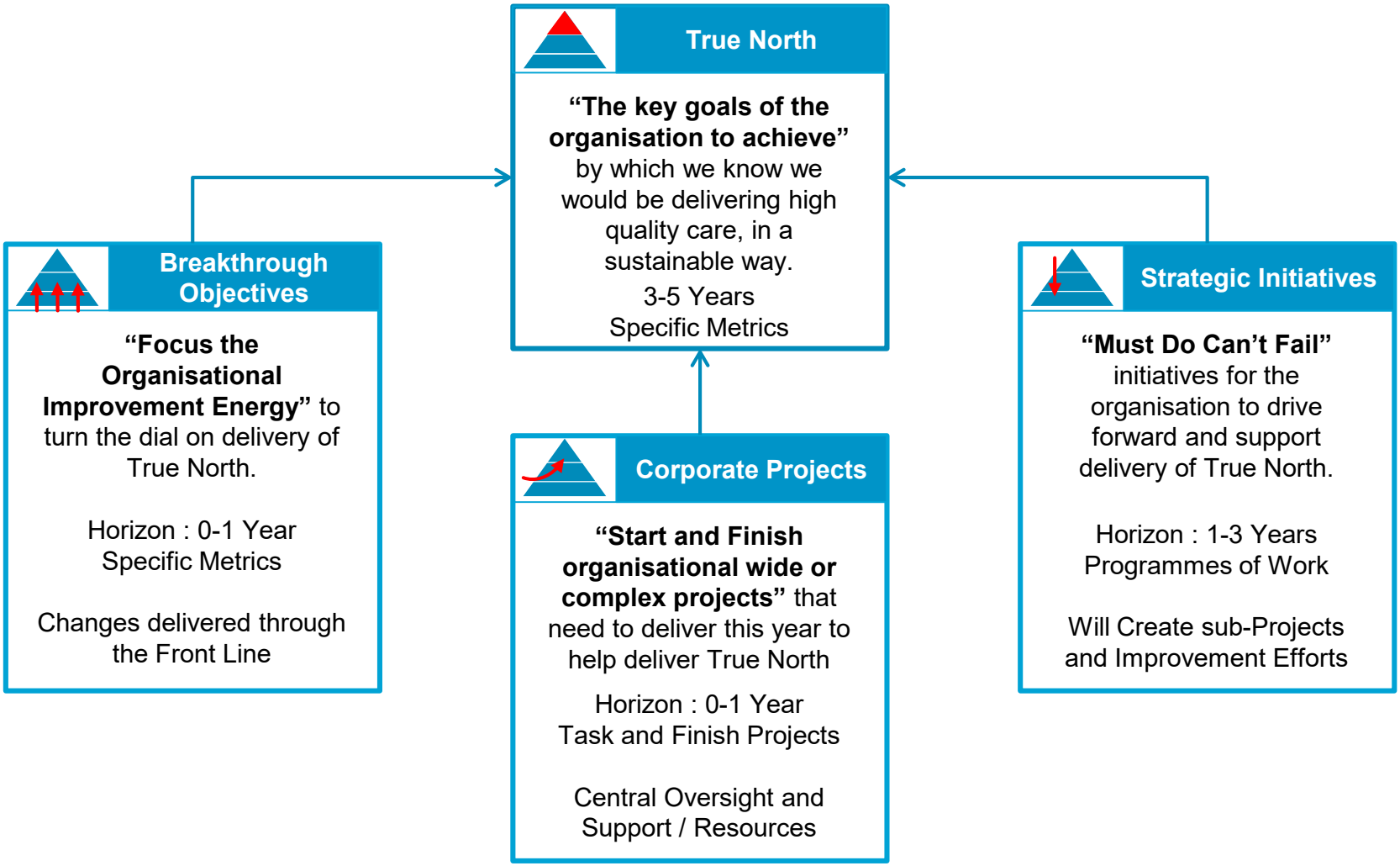
Structure of the report

Patient First Strategy Deployment Framework
Patient First True Norths (for BSUH and WSHFT)
Patient First Reports

- Patient
- Quality
- People
- Systems and Partnership
- Sustainability

Patient First Strategy Deployment Framework

University Hospitals Sussex NHS Foundation Trust



Patient First True North
BSUH & WSHFT

University Hospitals Sussex
NHS Foundation Trust

True North

The key goals of the organisation to achieve by which we know we would be delivering high quality care, in a sustainable way

BSUH

Patient
Patient Satisfaction Target: Family & Friends Recommend Rate >96%

Sustainability	People	Quality	Systems & Partnerships
Financial Management Target: Break Even	Staff Engagement Target: Engagement Score Top 20% in the Country	Preventable Mortality Target: HSMR Top 20% in the Country Avoidable Harm Target: Patient Safety Thermometer 95% Harm Free Care	Non Elective Care Target: A&E 95% <4hrs Elective Care Target: RTT 92% <18wks

WSHFT

Patient
Patient Satisfaction Target: Family & Friends Recommend Rate >96%

Sustainability	People	Quality	Systems & Partnerships
Financial Management Target: Break Even	Staff Engagement Target: Engagement Score Top in the Country	Preventable Mortality Target: HSMR Top 20% in the Country Avoidable Harm Target: Patient Safety Thermometer 99% Harm Free Care	Non Elective Care Target: A&E 95% <4hrs Elective Care Target: RTT 92% <18wks

University Hospitals Sussex
NHS Foundation Trust

Patient

Integrated Performance Report Section

Quality Performance: Experience: former BSUH

University Hospitals Sussex NHS Foundation Trust

True North Metric: to be a top 20% of NHS Trusts in the country for recommendation by patients responding to the Friends and Family Test.

Family & Friends Test Current Position

NHSE&I have not yet released the national FFT data for 2021. Overall patient experience summarised below is based on the Trust submission to NHSE&I for March 2021, by FFT touchpoint:

- Table 11: FFT recommend rates February and March 2021:

	Recommend rate	
FFT Area	February 2021	March 2021
Inpatient	92.7%	95.3%
Outpatient	93.4%	94.2%
Emergency Department	89.0%	88.3%
Maternity (birth)	95.1%	94.1%

An FFT refresh is planned in May 2021 to reinvigorate staff engagement. This will include staff training on the real data analysis Envoy system and targeted summary reports to divisional and ward level.

FFT feedback continues to be triangulated with complaints. PALS and plaudit data to inform continuous service improvement.

Quality Performance: Experience: former WSHFT

University Hospitals Sussex NHS Foundation Trust

True North Metric: to be a top 20% of NHS Trusts in the country for recommendation by patients responding to the Friends and Family Test.

Family & Friends Test Current Position

NHSE&I have not yet released the national FFT data for 2021. Overall patient experience summarised below is based on the Trust submission to NHSE&I for March 2021, by FFT touchpoint:

Overview	Patient Experience						Performance Data				
FFT Touchpoint	Very Good	Good	Neither Good nor Poor	Poor	Very Poor	Don't Know	Total Responses	Eligible Cohort	% Response	% Satisfied	% Dissatisfied
A&E	806	203	53	23	42	29	1,156	9,387	12%	87%	6%
Inpatient (including Day Case)	495	45	7	2	2	2	553	9,982	6%	98%	1%
Birth	18	6	0	0	0	0	24	390	6%	100%	0%
Outpatient	364	24	0	0	2	0	390			99%	1%
Trustwide	**1,683**	**278**	**60**	**25**	**46**	**31**	**2,123**	**19,759**	**11%**	**92%**	**3%**

- 92% (1,961 responses) of patients who have provided feedback had a very good or good experience;
- 3% (71 responses) identified that patients had an unsatisfactory experience.
- Unsatisfactory experience continues to be within A&E's on both sites, where most feedback is received in line with previous months.

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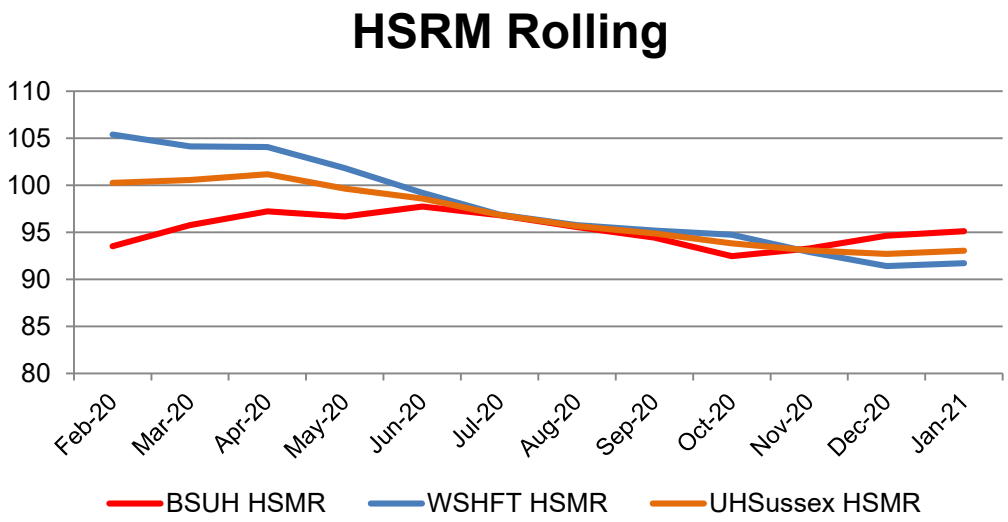
Quality

Integrated Performance Report Section

HSMR

University Hospitals Sussex
NHS Foundation Trust



True North

HSMR Top 20% in the Country

HSMR is available until January 2021.

HSMR in BSUH for the previous 12 months was 95.1, with 1034 observed deaths against an expected 1087 deaths.

HSMR in WSHFT for the previous 12 months was 91.7, with 1526 observed deaths against an expected 1663 deaths.

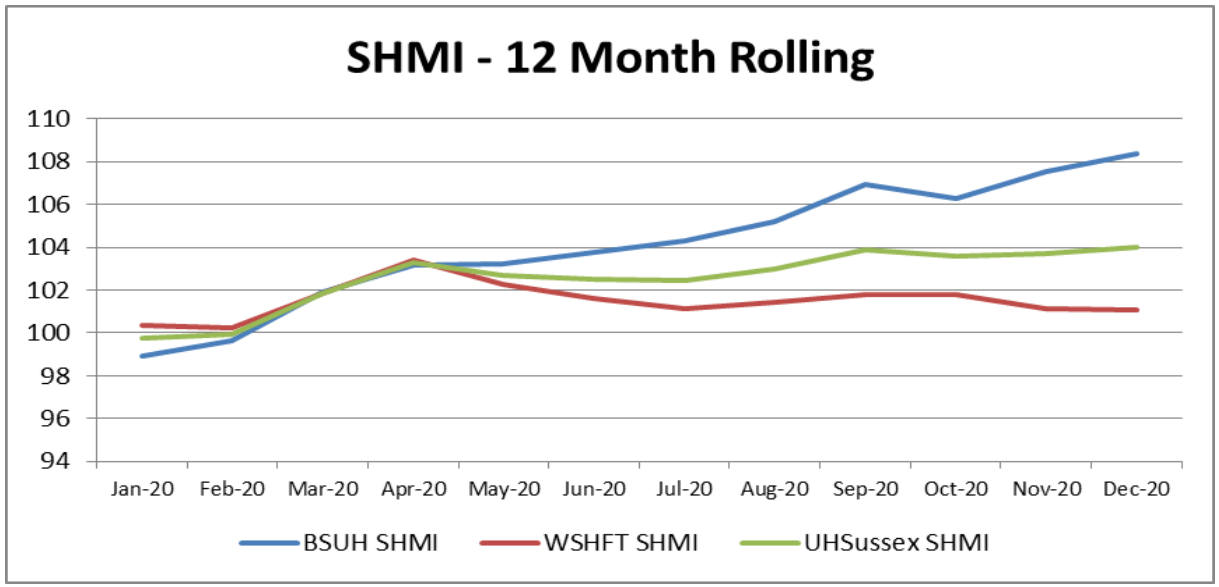
Combining BSUH and WSHFT mortality data would result in a HSMR of 93.1.

BSUH is currently ranked 31st out of 131 Trusts for HSMR.

WSHFT is currently ranked 25th out of 131 Trusts for HSMR.

Using the number of observed deaths for both Trusts and dividing this number by the number of expected deaths has enabled us to calculate a HSMR of 93.1 for UHSussex this would be in the top 20% for HSMR

SHMI



SHMI is available until December 2020.

SHMI in BSUH for previous 12 months was 108.3, with 1940 observed deaths against an expected 1790 deaths.

SHMI in WSHFT for previous 12 months was 101.1, with 2753 observed deaths against an expected 2723 deaths.

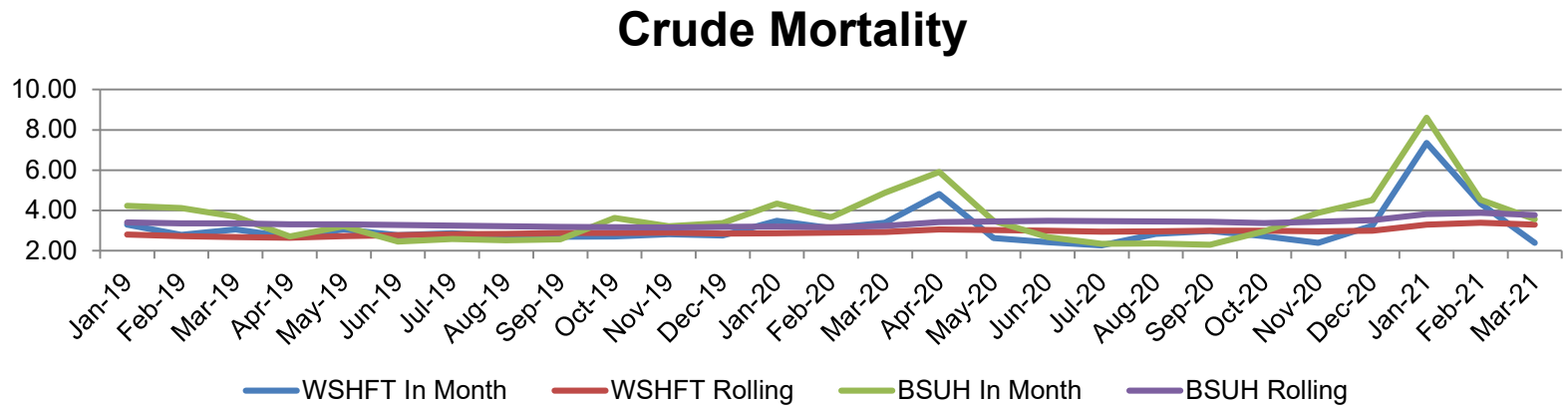
Combining BSUH and WSHFT mortality data would result in a SHMI of 103.98.

In BSUH deaths in hospital make up 68% of the total number of deaths, in WSHFT the figure is 65%.

For both Trusts the out of hospital SHMI was higher than the in-hospital SHMI being 117.2 for BSUH and 107.6 for WSHFT.

Crude Mortality

University Hospitals Sussex NHS Foundation Trust



Crude Mortality exceeded the Upper Control Limit for both Trusts in January 2021.

In BSUH the crude mortality in January rate was 8.6% against a seasonally predicated rate of 3.6%.

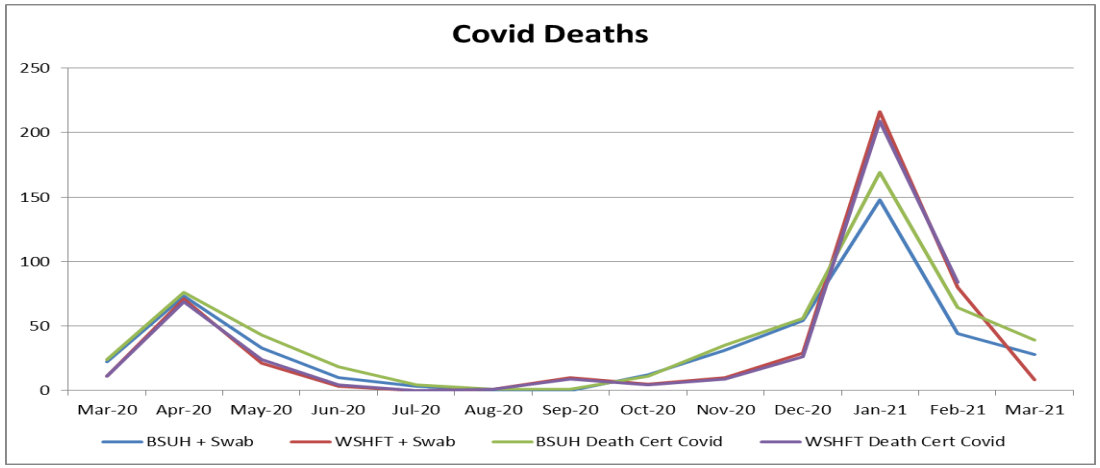
In WHSFT the crude mortality rate was 7.35% against a seasonally predicated rate of 3.1%.

The higher than expected rates in January 2021 was due to the large number of inpatient deaths with 262 in BSUH and 377 in WSHFT.

University Hospitals Sussex
NHS Foundation Trust

Covid Mortality

True North



Covid Mortality

Between March 2020 and March 2021 BSUH recorded 458 deaths for patient who had tested positive for covid-19.

In WSHFT the number of deaths was 465.

During the first wave deaths peaked in April with 73 deaths in BSUH and 71 in WSHFT.

In the second wave January 2021 saw the highest number of deaths 148 in BSUH and 216 in WSHFT

Infection Prevention and Control –Covid-19 summary

University Hospitals Sussex NHS Foundation Trust

In **March 2021** across University Hospital Sussex we observed a **significant** decrease in reported positive cases on both Trusts in patients and staff as the wave 2 of the Covid-19 pandemic subsides

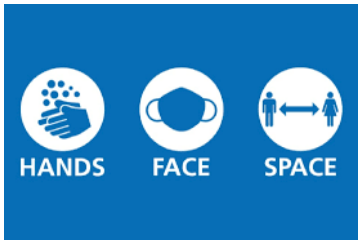
At **WSHFT** - There were 55 new cases confirmed in March 2021 of these 9 were hospital acquired

There was one outbreak in March on Ford ward – declared 4/3/21 and closed 26/3/21

At **BSUH** There were 52 new cases confirmed in March 2021 of these 17 were hospital acquired

There were 2 outbreaks in March at Princess Royal Hospital both on Twineham ward – 10/3/21- 26.3.21/ 29.3.21- 16.04.21- full panel RCA is underway

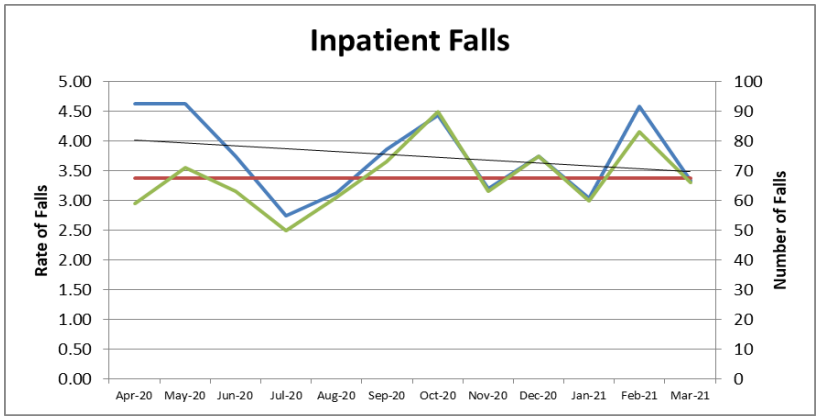
Current community & hospital prevalence is low across UH Sussex



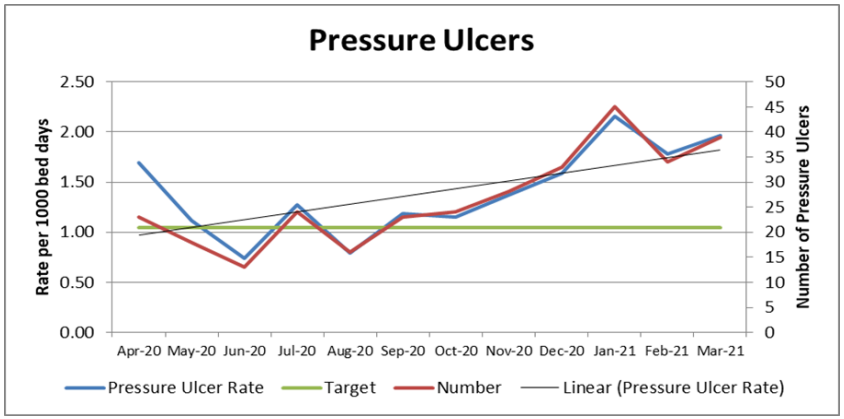
Avoidable Harm– Key Metrics: former BSUH

University Hospitals Sussex NHS Foundation Trust

Falls



Pressure Ulcers



- The rate of inpatient falls for the past 12 months is 3.71 falls per 1000 bed stay days which equates to 814 falls in the past year.

- Falls data continues to be collected via the Perfect ward audit tool. This is reported, together with SI falls and DoC investigation reports, on a monthly basis to the Harm Free Care Group to ensure learning regarding identified risk areas and improvement opportunities.

- There were 34 incidents of hospital acquired pressure ulcers in March 2021 with a rate of 1.78 per 1000 bed stay days.

- Over the past 12 months there have been 320 acquired pressure ulcers at a rate of 1.05.

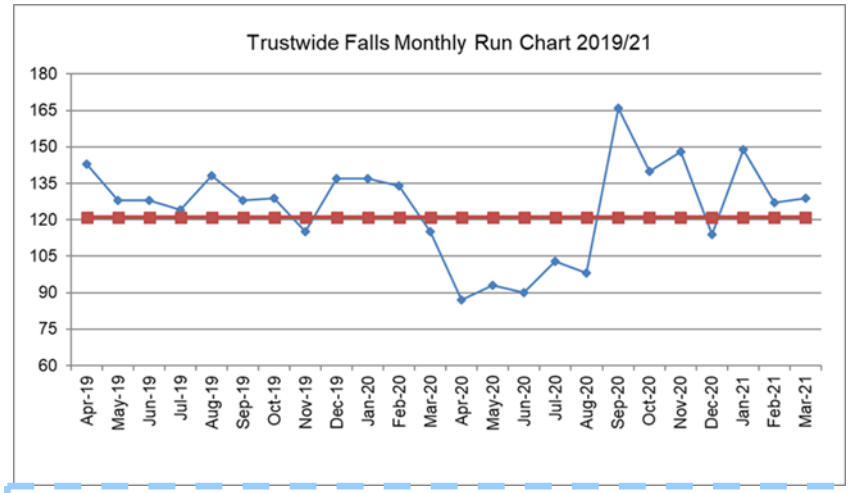
- In an average month the Trust's Wound Care Team review 187 reports. The trend over the past two years has been for the number of reports to increase. In the 12 months to March 21 a total of 2242 pressure ulcer incidents were submitted via the Datix Incident reporting system, these reports involved 1989 admissions or presentation to the ED. 1372 of these admissions involved a patient who presented with a pressure ulcer.

- A deep dive analysis of hospital acquired pressure damage was submitted to the March Quality and safety Committee.

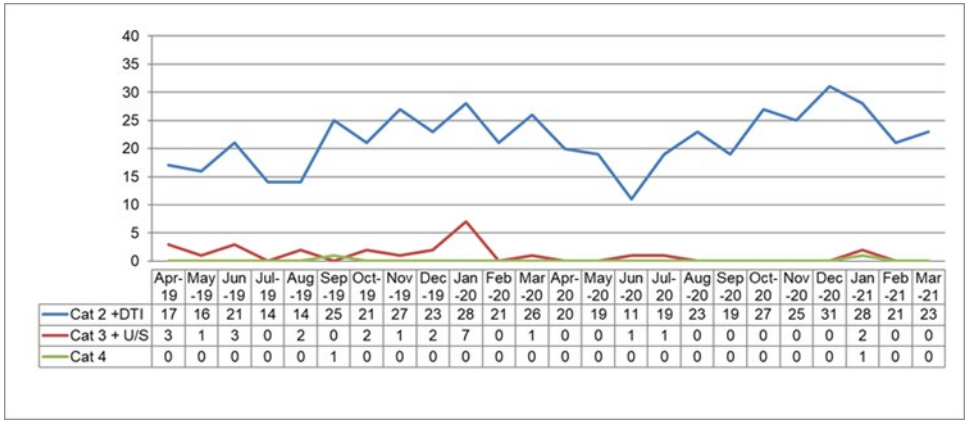
Avoidable Harm– Key Metrics: former WSHT

University Hospitals Sussex NHS Foundation Trust

Falls



Pressure Ulcers



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Cat 2 +DTI	17	16	21	14	14	25	21	27	23	28	21	26	20	19	11	19	23	19	27	25	31	28	21	23
Cat 3 + U/S	3	1	3	0	2	0	2	1	2	7	0	1	0	0	1	1	0	0	0	0	0	2	0	0
Cat 4	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Trust goal: 30% reduction i.e. no more than 2 patients develop category 3 and above ulcer in hospital

Current Performance and Actions (March 2021 data):

- Unwitnessed falls continue to be of concern, however, falls rate remains steady since previous month.
- Surgery division achieved reduction target for March 2021.
- Continue to work with therapy teams continues to revive Baywatch support across all wards.
- Harm-free improvement nurse continues to provide support to teams experiencing greatest challenges and working on improving use of falls sensor mats.
- Birdham, Lavant and Burlington wards and EF Worthing are areas of focus.
- Trial of red walking frames for confused patients commenced on Emergency Floor Worthing.

Current Performance and Actions (March 2021 data):

- We have set an ambitious goal of 30% reduction during 2020/21.
- There were 0 patients with Cat 3 or above reported ulcers, which has reached the target for this month.
- Heel pressure damage is a theme this month.
- Safer care Improvement nurse and TV team continue to provide close support to wards experiencing particular challenges with pressure ulcer prevention activities.
- Socially distanced face-to-face training commenced on wards teaching pressure ulcer categorisation and pressure ulcer prevention.
- TV team to focus teaching on heel skin checks and promote early implementation of Heel Pro advanced offloading boots to reduce risk and prevent occurrence of heel pressure ulcers.

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People

Integrated Performance Report Section

Focus of this seciton

University Hospitals Sussex NHS Foundation Trust

- True North - Performance against Staff Engagement Target
- Breakthrough Objective – Becoming the best place to work
- People Strategic Initiative – Leadership, Culture, Development
- People Key Performance Indicators

Staff Engagement Results 2020

University Hospitals Sussex NHS Foundation Trust

		Q	Staff Engagement Questions	WSHT 2019 (%)	WSHT 2020 (%)	WSHT Variance 19/20 (%)	BSUH 2019 (%)	BSUH 2020 (%)	BSUH Variance 19/20 (%)	2019 Acute National Average (89 Acute Trust)	2020 Acute National Average (128 Acute, Acute and Comm Trust)
Staff Engagement Theme	Staff Advocacy	18c	I would recommend WSHFT to friends and family as a place to work?	75%	76%	1%	59%	60%	1%	62%	67%
		18d	If a friend or relative needed treatment I would recommend WSHFT if they needed care or treatment?	82%	84%	2%	66%	68%	2%	69%	74%
		18a	Care of patients / service users is my organisations top priority	85%	85%	Same	75%	75%	Same	76%	79%
	Motivation	2a	I look forward to going to work	62%	60%	-2%	56%	55%	-1%	60%	59%
		2b	I am enthusiastic about my job	76%	75%	-1%	71%	69%	-2%	75%	73%
		2c	Time passes quickly when I am working	78%	77%	-1%	74%	74%	Same	77%	76%
	Improvement	4a	There are frequent opportunities for me to show initiative in my role	73%	73%	Same	72%	71%	-1%	73%	72%
		4b	I am able to make suggestions to improve the work of my team / department	77%	76%	-1%	74%	74%	Same	74%	73%
		4d	I am able to make improvements happen in my work area	59%	58%	-1%	56%	57%	1%	56%	55%
			Staff Engagement Score	7.3	7.2		6.9	6.8		7.0	7.0

Additional Feedback

University Hospitals Sussex
NHS Foundation Trust

- Hopes and Fears Survey (Oct 2020)
- One Trust Workshops (March 2021)
- One Trust Survey (March – April 2021)

Key Themes

NHS
University Hospitals Sussex
NHS Foundation Trust

Health and Wellbeing

- Mental wellbeing and resilience
- Basic needs – rest space, food and parking
- Flexible working opportunities
- Increased awareness and promotion

Working Together

- Collaborative working and sharing best practice
- Staff involvement, engagement and being heard
- Visible, engaged and compassionate leaders
- Reward & Recognition (pay, incentives, celebrate achievements)

Career Development

- Career progression
- Training and Development opportunities
- Coaching, mentoring and shadowing opportunities
- Management/Leadership Development

Mapping against Staff Survey

University Hospitals Sussex NHS Foundation Trust

Health and Wellbeing
- Mental wellbeing and resilience
- Basic needs – rest space, food and parking
- Flexible working opportunities
- Increased awareness and promotion

Working Together
- Collaborative working and sharing best practice
- Staff involvement, engagement and being heard
- Visible, engaged and compassionate leaders
- Reward & Recognition (pay, incentives, celebrate achievements)

Career Development
- Career progression
- Training and Development opportunities
- Coaching, mentoring and shadowing opportunities
- Management/Leadership Development

		Negative/Neutral score			
	Staff Survey Question	**WSHT**	**BSUH**	**UHSussex Avg**	**Best Trust**
11a	**11a. Does your organisation take positive action on health and well-being?**	63%	70%	68%	49%
5f	**5f. The extent to which my organisation values my work.**	50%	55%	53%	39.5%
9b	**9b. Communication between senior management and staff is effective.**	50%	58%	55%	46%
4c	**4c. I am involved in deciding on changes introduced that affect my work area/team/department.**	49%	47%	48%	43%

= Increase score for Q18c I would recommend my Trust as a place to work

Next Steps

University Hospitals Sussex
NHS Foundation Trust

Breakthrough Objective Actions:

Based on emerging themes which have been stratified from staff survey data and workshops the following actions are underway to shape the Trust wide actions:

- Counter measure Summary for Health and Wellbeing mapping to overall Strategy.
- Further analysis of Team Working questions (My Team has shared objectives and My Team meets to discuss effectiveness) to understand the driver of the significant decrease for the Theme and the correlation to the Breakthrough Objective.
- Career Development/Development is a strong theme from the workshops but is unsupported by staff survey data as it was omitted for 2020. This requires further stratification.

Actions for Divisions are:

- Further data stratification at Divisional level for 'Our People' Breakthrough Objective in progress – due to be completed end of April. This will include stratification by Protected Characteristic where applicable.
- We will then work with key stakeholders and Divisions to agree priorities for each of them in line with the Breakthrough Objective.

Further reports:

- Additional reporting and COVID Pandemic free text comments due end of April 2021.
- Combined Theme report for WSHT and BSUH expected end of April to allow first look at combined results.

SI **Project Charter:** **Strategic Initiative: Leadership, Culture and Development (WSHT & BSUH)** | **Date Charter Agreed** | March 2021

Vision Statement

The Trusts aims to have the most highly engaged staff within the NHS and increase the numbers of staff who would recommend the Trust as a place to work. The creation of University Hospitals Sussex NHS Foundation Trust during the Covid Pandemic provides a unique context and set of opportunities for catalysing the delivery of this vision, in line with the NHS People Plan and the NHS People Promise. The Leadership, Culture and Development Strategic Initiative will drive the Trust's response and ensure it is fully aligned to support Patient First. The early focus of improvement and delivery will enable completion of Post Transaction Integration Plan so that merger benefits are realised, and will include a focus on staff well-being.

Scope

In scope

- Leadership: Establishment and and population of People structures from Board to Head of function level in corporate and clinical services
- Culture: All substantive and bank staff
- Development: All substantive staff

Out of scope

All other PTIP activity captured in the M&A Corporate Project.

Other aspects of Capability Pillar of PFIP Strategic Initiative

Year 1 Goal

1. A high performing Board of Directors
2. People structures in place to enable delivery of the Corporate and Clinical Operating Models
3. Leaders equipped with leadership skills and Patient First capability
4. Achieve the UHSussex Branding Plan objectives
5. Increase in staff engagement scores
6. Cohesive H&W offer & improved staff well-being
7. Integrated and improved L&D offer

Exit Criteria – Year 1

1. People structures recruited from Board to Head Of / Care Group level
2. Divisional Governance maturing including minimum graduate level SDR and PFIS
3. Leadership Development Programme delivered including PFIP for Leaders
4. Complete the UHS Branding Discovery Phase and Branding Plan delivery on track
5. Health and Well Being Programme delivery on track
6. L&D offer in place

Sponsor & Project Team

- Exec Sponsor – Denise Farmer
- SRO – Jennie Shore / Julie Bacon
- Corporate and Specialty Champions – tbc
- PMO Support - tbc
- Core Project Team – tbc
- Exit Process Owners – Jennie Shore / Julie Bacon

Governance Structure

- Exec huddle: Chair DF (weekly)
- Workstream huddle: (weekly) Leads to be confirmed

Project Roadmap & Timescales

Planned Gateways / Milestones

Define (Mar21) -Finalise scope, governance, project and resource planning, Stakeholder Impact Assessment, communication plans.

Measure (May21) - Baseline Profiles, Benchmarking, KPI definitions, Voice of staff survey data to inform branding.

Analyse (June21) - Recruitment, Skills gap assessment, development of role based development plans, Business case submission (if required).

Improve (Dec21) - Implementation of all approved improvement plans against workstream KPI's.

Control (Mar22) - Evidence of improvement impact and sustainability.

Critical Success Factors & Key Risks

Critical Success Factors

- Merger approval.
- Return to business as usual activity.
- Recruitment to key posts and completion of Board and Leadership Development Programme.
- Delivery of Patient First capability programmes.

Risks

- Subsequent Covid surge.

Project KPI's (Target)

KPI's to be confirmed as part of the Define phase gateway e.g.

1. True North. – Staff engagement scores
2. Culture: staff survey results and local surveys.
3. Development: Training needs & gap assessment metrics.
4. Inclusion metrics.

Benefit Realisation

Direct

- Staff engagement

Economic

- Patient experience
- Recruitment
- Retention

People Strategic Initiative Progress Update

University Hospitals Sussex NHS Foundation Trust

Leadership:

Executive structures agreed - External recruitment in train for vacancies.
- Chief People Officer starts 14th June, Managing Director starts 1st September.

Corporate Director Structures agreed – Internal recruitment largely complete.
– External recruitment commences 10th May.
– Process for sub structures being developed.

Clinical Operating Model – Process & timeline agreed for development of model and subsequent leadership structure.

Development – Initial plans enacted including individual support to Directors.
– PFIP for leaders programme in place.
– Leadership Development Programme – initial elements in place.

People Strategic Initiative Progress Update

University Hospitals Sussex NHS Foundation Trust

Culture:

Priorities:

Health & Wellbeing – Appropriate, sustainable support offer plus appropriate cultural change e.g. Rostering, appraisal.

Equality & Inclusion – Delivery of priorities plus challenging all policies & procedures to include inclusivity e.g. external recruitment processes for Directors.

Development – Review and refresh of standards & delivery of statutory & mandatory training and Learning Management systems.

- Recruitment to Interim Director of Integrated Education post commenced.

Workforce Efficiency

University Hospitals Sussex NHS Foundation Trust

Pay – Sustainability work programme includes BO & Corporate Project to reduce premium spend.

Vacancies – Key priorities linked to national priorities.
HCSWs – reduce to zero by 31st March 2021
RNs – reduce to no more than 5% vacancies by October 2021.

Nursing workforce sustainability project in place.

Appraisal – Improvement plan in place to improve performance, including use of welfare appraisal process to support Health & Wellbeing.

Sickness/Absence – CV-19 Absence now reduced.
– Supporting Clinical Extremely Vulnerable staff back into work.
– Vaccination of new/returning staff continuing.

Workforce Efficiency

University Hospitals Sussex NHS Foundation Trust

Data Reports:

Work being done on refining data definitions and reviewing robustness of data sources and feeds. A data set, and targets, will be developed for review by People Committee for Q2.

Workforce KPIs (former WSHT)

University Hospitals Sussex NHS Foundation Trust

KPI	Target	2019/20 position	Current position	Comments
Appraisal compliance	90%	83.2%	79.0%	Position improved by 3% in month. Trajectories in place for restoration to 90% by M3 across all clinical divisions.
Statutory and mandatory training compliance	90%	92.3%	84.2%	F2F training re-established in M12 and restoration to 90% expected by M3. In month position also improved by 3%.
Sickness rate (non-covid) Rolling 12 month In month	3.3%	 3.4% 3.5%	 3.1% 2.6%	Further improvement in non-covid related absence, noting significant shift in rolling 12 month position compared to 2019/20 and below target of 3.3%. LTS – 1.1% STS – 1.5%
Staff Turnover	8.5%	6.7%	5.8%	Low turnover continues to be sustained and best position to date.
Vacancy Rates (substantive FTEs)	5.0%	9.9%	8.1%	Further improvement in month, noting net gain of 30 wte starters. Additional 215.10 wte in post compared to March 2020. Zero HCA vacancies at 30 April.
Staff Retention	90%	86.7%	87.9%	Continued high retention linked to staff turnover and improved position from 2019/20. Retention rates for all staff groups except medics circa 90%

Workforce KPIs (former BSUH)

University Hospitals Sussex NHS Foundation Trust

KPI	Target	2019/20 position	Current position	Comments
Appraisal compliance	90%	82%	72.8%	The Trust's (non medical) Appraisal rate rose nearly three percentage points from last month (69.9%) and is above the average rate seen over the past 12 months (72.0%). However, Appraisal rate remains down on the same month last year (81.5% in March 20).
Statutory and mandatory training compliance	90%	81%	85%	All but one Clinical Division (incl. Staff Bank) have increased compliance this month by 2-7%. CCS is noteworthy: it increased compliance from 87% last month to 89% in March, and has the highest compliance rate of the five Clinical Services Divisions.
Sickness rate Rolling 12 month In month	4.20%	4.46% 4.44% LT 2.55% ST 1.91%	5.08% 5.14% 3.08% 2.0%	The Trust's one month Sickness Absence rate was 5.14% in February, significantly up on 4.44% recorded in February 20. Of this rate, 0.31% was specifically Covid-19 and 4.83% other Sickness Absence, meaning the rate was still substantially up on last year even with Covid-19 excluded.

Workforce KPIs (former BSUH)

University Hospitals Sussex NHS Foundation Trust

KPI	Target	2019/20 position	Current position	Comments
Staff Turnover	12.0%	12.1%	10.2%	The March Trust's Turnover (external leavers) rate reduced to 10.2%, stayed favourable to the 12.0% Target set within the 2020/21 Operational Plan, and has remained so for the past 12 months. Turnover is at its lowest level since 2012.
Vacancy Rates (substantive FTEs)	10.0%	10.9%	8.2%	
Staff Retention National median Peer median	90%	85.4%	86.3% 86.3% 85.9%	Latest benchmarking data (Dec 20) identifies the top performing Trust at 94.1%.

University Hospitals Sussex
NHS Foundation Trust

Sustainability

Integrated Performance Report Section

Sustainability Summary

University Hospitals Sussex NHS Foundation Trust

- BSUH and WSHFT have operated within the interim (Phase 3) financial framework for Q3 & Q4 2020/21, in which each Integrated Care System (ICS) was provided with a fixed funding allocation; including resources to meet the additional costs of COVID-19 response and recovery.

- The collective intent was for individual organisations within the Sussex ICS to deliver a breakeven position. Both legacy Trusts delivered financial year end positions which met the target of breakeven.

- At the end of March 2021 the BSUH Trust delivered a cumulative surplus of £4k against a planned deficit of (£5.64m), resulting in a favourable variance of £5.64m. The WSHFT delivered a cumulative surplus of £5k against a planned deficit of (£2.98m), resulting in a favourable variance of £2.98m.

Sustainability – BSUH Key Metrics

University Hospitals Sussex NHS Foundation Trust

Control Total Surplus £k — G

	Plan	Actual
Year to Date	5,634	(4)

The Trust delivered a year-end surplus of £4k against a planned deficit of £5.63m.

The position includes the cost of leave not taken in 2020/21.

Performance was underpinned by receipt of additional funding to off-set the loss of non-NHS income, the operational deployment of R&R plans and COVID-19 wave 2.

COVID-19 £k — G

COVID-19 Response	(25,715)
Income Shortfall (not mitigated by under spends)	(464)
Top-Up and System Income	(26,179)

Total COVID-19 top-up and system income of £26.18m has been included in the year to date position, which covers the additional costs of COVID-19 and lost income, which has not been mitigated by under spends due to reduced levels of activity during April to March 2021.

Cash £k — G

	Plan	Actual
Year-to-date	7,000	48,512

The higher than planned cash balance of £48.51m is due to the Trust making payments in April 2021 which were originally planned to be made in March 2021 and additional payments from NHSE/I for lost NHS income and the annual leave accrual movement.

Capital £k — G

	Plan	Actual
Year-to-date	103,951	131,706

Expenditure for 2021/22 was £27.75m higher than the original plan due to the additional spend approved on 3Ts and additional national funds awarded after the plan was submitted including: £3.70m towards Winter A&E investments, £0.77m for Diagnostic Imaging, £0.75m for Critical Care Beds, £1.73m for Endoscopy capacity, £0.82m for Digital Histopathology and £2.34m for Covid-19 capital.

Sustainability – WSHFT Key Metrics

University Hospitals Sussex NHS Foundation Trust

Control Total Surplus £k — G

	Plan	Actual
Year to Date	(2,978)	5

The Trust has delivered a year end surplus of £5k against a planned deficit of £2.98m. This movement is due to receipt of funding for the lost non-NHS income of £3.8m. The position reflects the costs of leave which staff have not been able to take in 2020/21. Restore and Recovery costs ended the year favourable to plan, largely due to the impact of the second COVID-19 surge.

COVID-19 £k — G

	COVID-19 response marginal costs	COVID-19 response marginal costs and top up income.
Year to Date	(16,740)	(21,150)

During the second half of the year additional marginal expenditure incurred for the Trusts COVID-19 response was in line with the Trust's allocation from Sussex ICS , with only a few specific items, relating to vaccinations and testing, being funded directly by NHSE/I outside of system envelopes.

Cash £k — G

	Plan	Actual
Year to Date	12,244	43,877

The cash balance at the end of March is £43.9m The cash variance has reduced in comparison to prior months, as expected with the advanced monthly cash payments having ceased. The cash position also reflects the £3.8m in relation to lost non-NHS income and £3.2m received as part payment for the annual leave provision, with the balance expected to be paid in May.

Capital £k — A

	Plan	Actual
Year to Date	27,190	35,812

The Trust has delivered £35.5m of Capital plans in the financial year. This includes investment in urgent and Emergency Care £2.9m, Adopt & Adapt £1.6m, £2.6m expenditure on capital equipment to support the COVID-19 surge and resilience plans, £0.4m for the Mental Health Haven and £0.7m PDC for Digital Histopathology.

Sustainability - Financial Framework H1 2021/22

University Hospitals Sussex NHS Foundation Trust

- The NHS Operational Planning Guidance has been received and advises that Integrated Care Systems (ICSs) and their constituent organisations should develop and agree operational plans to summarise how, as systems, the priorities set out for the 2021/22 year will be delivered, with a focus on the six months to the end of September 2021.

- The guidance confirms that income allocations for Q1 & Q2 (H1), have been based on Q3 2020/21 actual expenditure, including allocations for marginal Covid expenditure, Growth, CNST, junior doctor pay agreement and some provision for inflation.

- NHSE/I recognise it is not clear what the trajectory of COVID-19 transmission will look, therefore the focus is restoring services in a sustainable way, meeting new care demands and reducing the care back logs that are a direct consequence of the pandemic, and recognition of the toll it has taken on staff.

Sustainability – Financial Framework H1 2021/22

University Hospitals Sussex NHS Foundation Trust

- The pandemic has also identified health inequalities. With a focus on developing population health management approaches that address inequalities in access, experience and outcomes, working with local partners across health, social care, and beyond.

- To deliver these aims the Government has agreed an overall financial settlement for the NHS for the first half of the year which provides an additional £6.6bn + £1.5bn for COVID-19 costs above the original mandate.

- The financial settlement for M7-12 will be agreed once there is greater certainty around the circumstances facing the NHS going into the second half of the year.

- In addition, £1.5bn funding has been allocated for elective recovery, mental health and workforce development.

Sustainability - Trust Draft Financial Plan H1 (Q1 & Q2)

University Hospitals Sussex NHS Foundation Trust

- Systems are being asked to develop fully triangulated plans across activity, workforce and money for the first half of the year (H1).

- The H1 financial framework states that organisational plans, being generated based on Q3 2020/21 actuals, creates affordable positions for most systems and minimises the extent of local planning required in setting affordable organisational-level budgets.

- This methodology should support organisational plans which will implicitly assume the continuation of the Q3 distribution of system funding (comprising fixed allocations, for system top-up, COVID-19 allocation and national Service Development Funding) and will not include the distribution of new funding.

- All systems will be expected to report a balanced position and in an agreement reached with the Chief Financial Officers (CFO's) in the Sussex ICS, each individual organisation will be delivering a breakeven position. UHSussex is developing plans with the intention of delivering the agreed position.

Sustainability - Actions & Recommendations

University Hospitals Sussex NHS Foundation Trust

The Board is asked to **NOTE** the following:

- The BSUH Trust delivered a £4k surplus for the 2020/21 financial year; exceeding the breakeven target;
- The WSHFT delivered a £5k surplus for the 2020/21 financial year; exceeding the breakeven target;
- NOTE the interim financial framework for April - September 2021; and the further work that is in progress in relation to 2021/22 Operational Planning.
- Detailed financial performance information has been shared with Sustainability Committee; who continue to provide oversight on behalf of the Board.

University Hospitals Sussex
NHS Foundation Trust

Systems & Partnerships

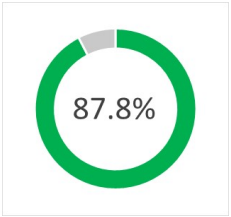
Integrated Performance Report Section

Performance Summary

University Hospitals Sussex NHS Foundation Trust

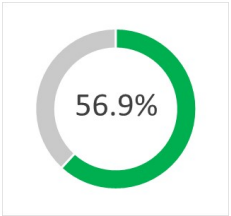
True North

A&E



- Overall the combined Trust treated 87.8% of patients within 4 hours of attending A&E departments. WSHFT achieved 92.0% and BSUH achieved 84.9%.
- There have been continued increases in the numbers of patients attending A&Es with both ambulance and self attending patient numbers back to pre-pandemic levels.

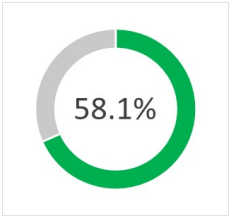
RTT



- Overall the combined Trust has 56.9% of patients waiting longer than the target 18 weeks at the end of March. WSHFT achieved 56.6% and BSUH achieved 57.2%.
- Overall the total number of patients waiting for elective treatment are 92,590 with elective activity levels increasing in both Trusts as the pandemic numbers reduce.

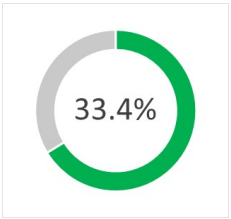
Other Constitutional Standards

CANCER



- Overall 58.1% of patients who commenced cancer treatment were treated within 62 days as a combined Trust. WSHFT achieved 58.3% and BSUH achieved 57.7%.
- Both Trusts have seen continued reductions in the overall numbers of patients waiting longer than 62 and 104 days for treatment, and have recovery plans implemented to ensure a return to compliance with the standards as part of the restoration of services.

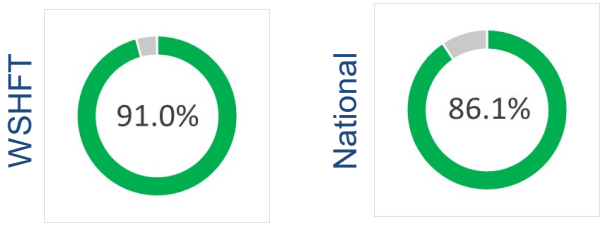
DIAGNOSITCS

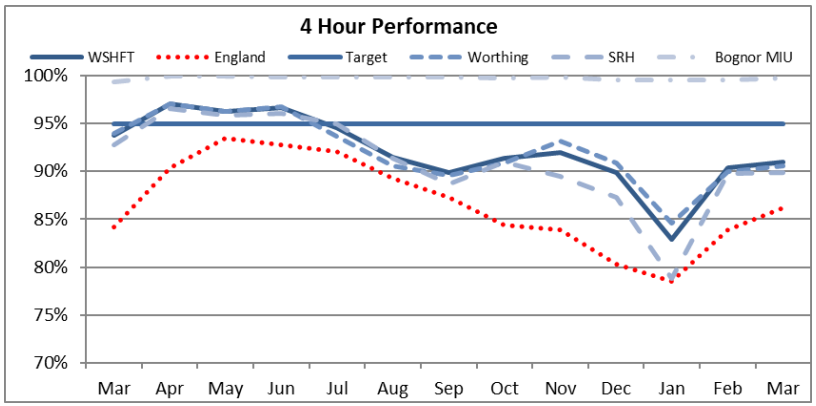


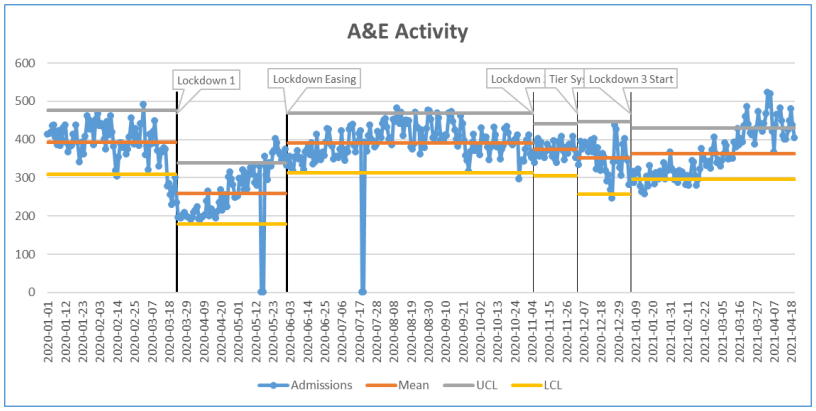
- Overall the combined Trust had 33.4% of patients waiting more than 6 weeks for a diagnostic against a 1% target. WSHFT achieved 39.8% and BSUH achieved 26.4%.
- This is an improvement in both Trusts compared to previous months and in part reflects the commencement of restoration plans, particularly in Endoscopy.

True North - A&E WSHFT

University Hospitals Sussex NHS Foundation Trust



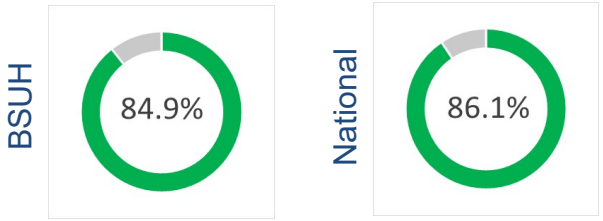


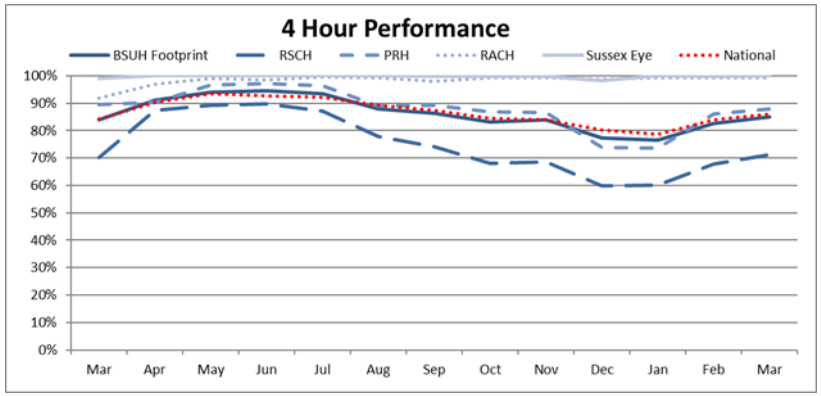


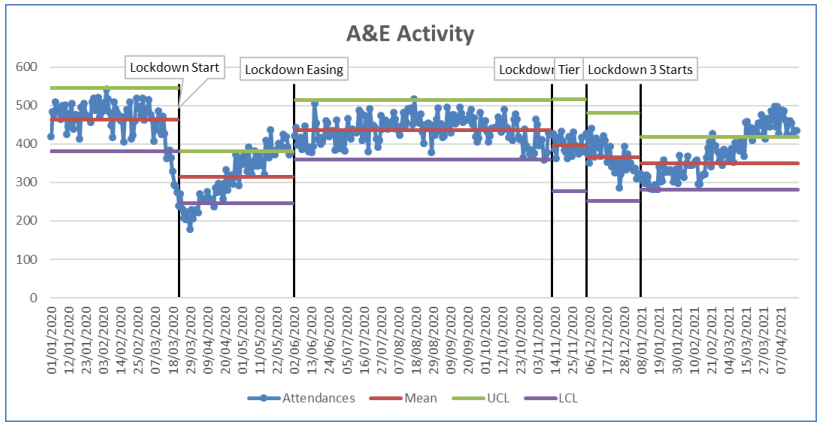
- A&E 4hr performance was 91.0% March 2021, which was an improvement of +0.6% from the previous month.
- There was a +26.5% increase in A&E footprint attendances in comparison to the same month last year and back to pre-pandemic levels. Emergency admissions also increased by +21.4%.
- Performance was +4.9% above the National 4hr performance of 86.1% in March 2021.
- On average patients in hospital for more than +21 days decreased to an average of 90 patients a day this month, with far fewer longer stay COVID patients than in previous months.
- Medically Ready for Discharge (MRD) patients numbers decreased to an average of 71 per day. Bed occupancy decreased by -2.0% to 87.9%.
- As the numbers of COVID patients have reduced the hospitals have de-escalated the emergency COVID capacity/configuration. The focus is now on maintaining high levels of flow in A&E and the hospitals as general activity increases.

True North - A&E BSUH

University Hospitals Sussex NHS Foundation Trust



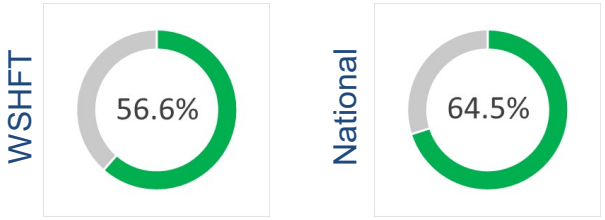




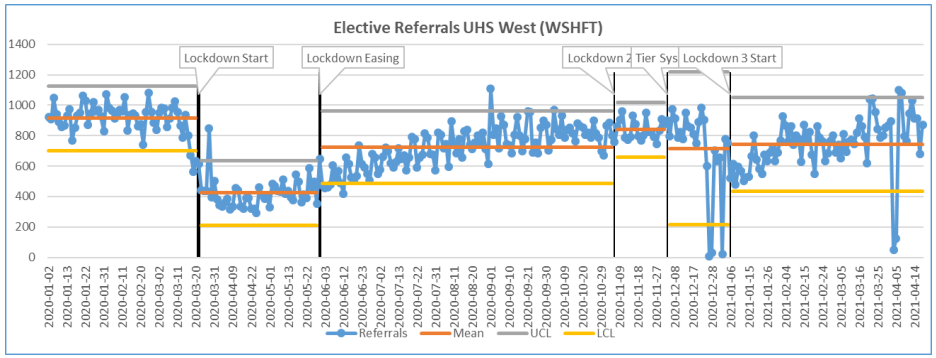
- A&E 4hr performance was 84.9% March 2021, which was an improvement of +0.8% from the previous month.
- There was a +12.9% increase in A&E footprint attendances in comparison to the same month last year and back to pre-pandemic levels. Emergency admissions also increased by +9.3%.
- Performance was -1.2% below the National 4hr performance of 86.1% in March 2021.
- On average patients in hospital for more than +21 days decreased to an average of 140 patients a day this month a decrease of 21 from the previous month, with far fewer longer stay COVID patients than in previous months and a continued impact from the B&H system agreed out of hospital flow improvement plan.
- As the numbers of COVID patients have reduced the hospitals have slowly de-escalated the emergency COVID capacity/configuration.
- A Rapid Improvement Event (RIE) process is underway currently at the RSCH site with support from system partners with implementation in May.

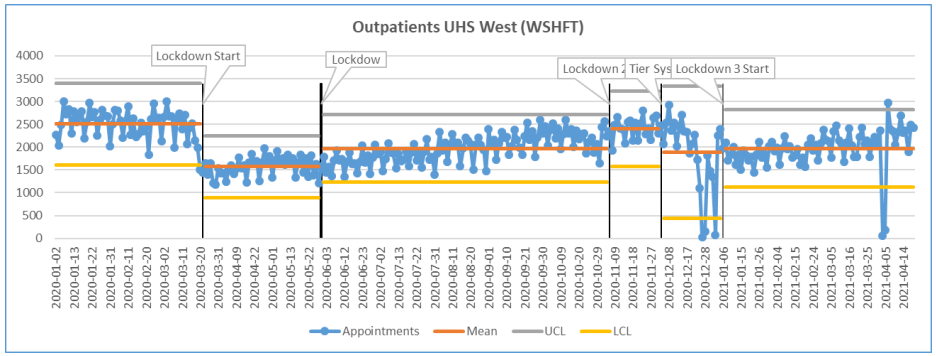
True North - RTT WSHFT

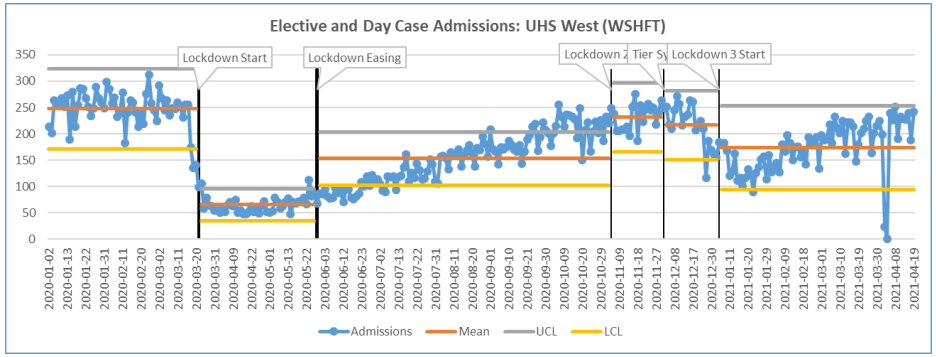
University Hospitals Sussex NHS Foundation Trust



- RTT 18 weeks performance was 56.6% which was a deterioration of -1.0% from the last month.
- The total RTT Incomplete waiting list was 52,516 of which 5,217 patients were waiting longer than 52 weeks as patients delayed over the last 12 months of the pandemic start to exceed 52 weeks
- There has been an increasing number of elective referrals over the month as primary care services start to be restored.
- This meant there were 13,533 patients who had RTT 'clock starts' this month which is an increase of 2,121 more than last month, whereas the Trust treated 9,259 patients, which is 2,045 more than last month, but did not fully meet new demand.
- Activity restoration plans have been developed and services are increasing activity over the coming weeks and months exceeding National planning requirements.

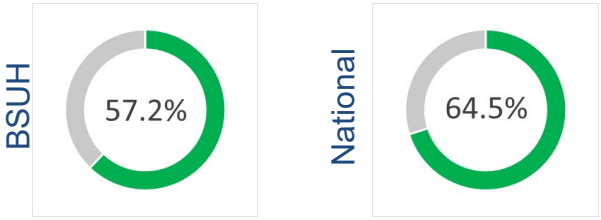




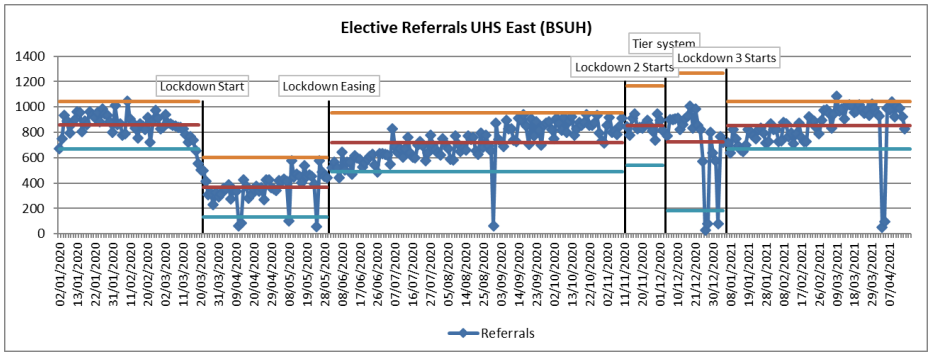


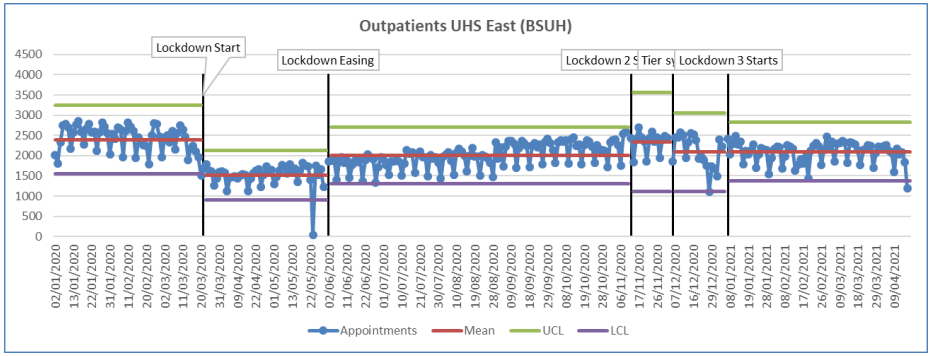
True North - RTT BSUH

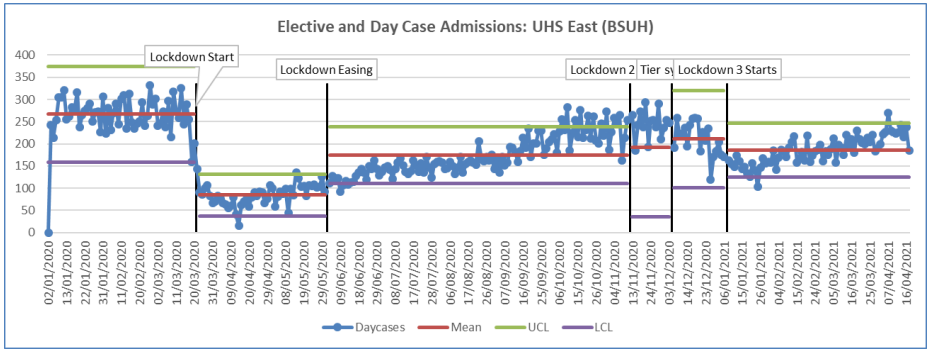
University Hospitals Sussex NHS Foundation Trust



- RTT 18 weeks performance was 57.2% which was a deterioration of 0.1% from the last month.
- The total RTT Incomplete waiting list was 40,080 of which 4,813 patients were waiting longer than 52 weeks as patients delayed over the last 12 months of the pandemic start to exceed 52 weeks
- There has been an increasing number of elective referrals over the month as primary care services start to be restored.
- This meant there were 11,217 patients who had RTT 'clock starts' this month which is an increase of 2,486 more than last month, whereas the Trust treated 9,615 patients, which is 2,021 more than last month, but did not fully meet new demand.
- Activity restoration plans have been developed and services are increasing activity over the coming weeks and months exceeding National planning requirements.







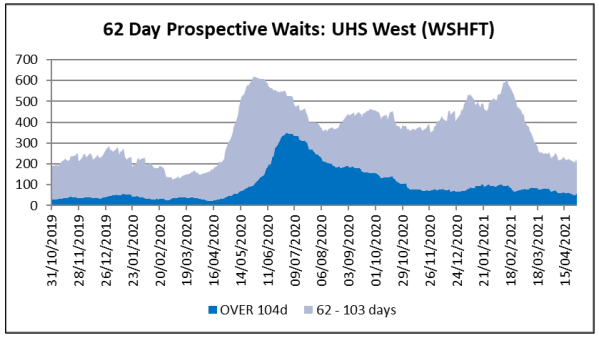
Cancer Performance

University Hospitals Sussex NHS Foundation Trust

- Both Trusts were compliant with the target for seeing urgent suspected cancer patients referred by their GPs within 2 weeks, and the majority of patients commenced treatment within the 31 day diagnosis to treatment targets.
- 62 day referral to treatment targets were not met in Feb-21 with 58.3% starting treatment in under 62 days in WSHFT and 57.7% in BSUH against the 85% National target. National performance was 69.75%.
- Cancer referrals have increased significantly compared to last year WSHFT (+29%) and BSUH (+10%)

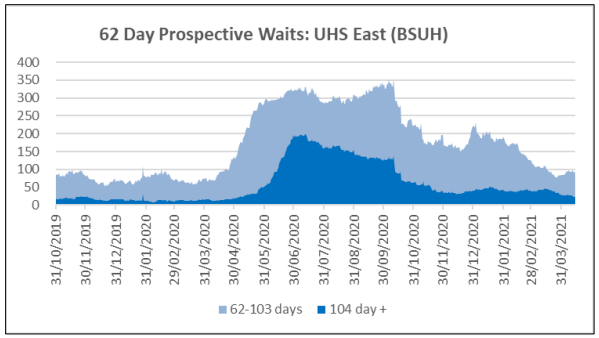
WSHFT

	Feb-21
2 week GP ref - All Cancers	94.1%
2 week GP ref - Breast	86.8%
31 day tmt - Surgery	100.0%
31 day tmt - Drug	100.0%
31 day tmt - Radiotherapy	-
31 day tmt - All Cancers	83.7%
62 day tmt - All Cancers	58.3%
62 day tmt - Screening	27.9%
62 day tmt - Upgrade	76.3%



BSUH

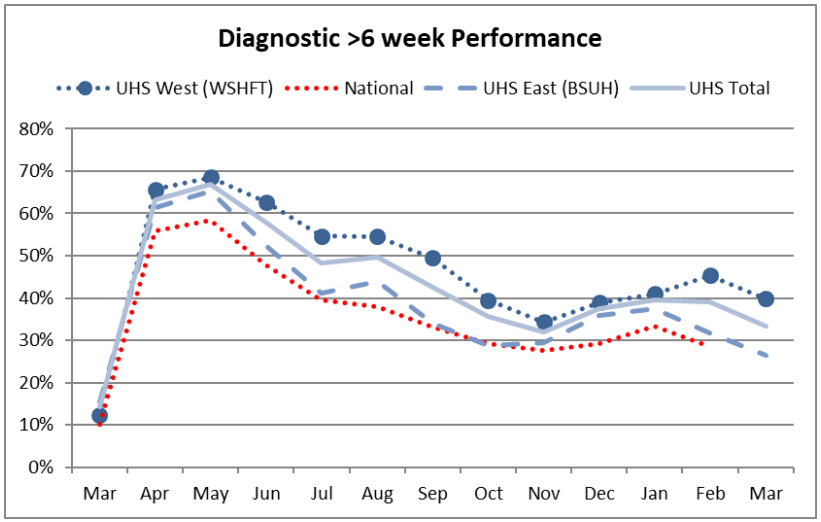
	Feb-21
2 week GP ref - All Cancers	99.0%
2 week GP ref - Breast	98.1%
31 day tmt - Surgery	84.2%
31 day tmt - Drug	100.0%
31 day tmt - Radiotherapy	99.4%
31 day tmt - All Cancers	89.6%
62 day tmt - All Cancers	57.7%
62 day tmt - Screening	53.5%
62 day tmt - Upgrade	84.8%

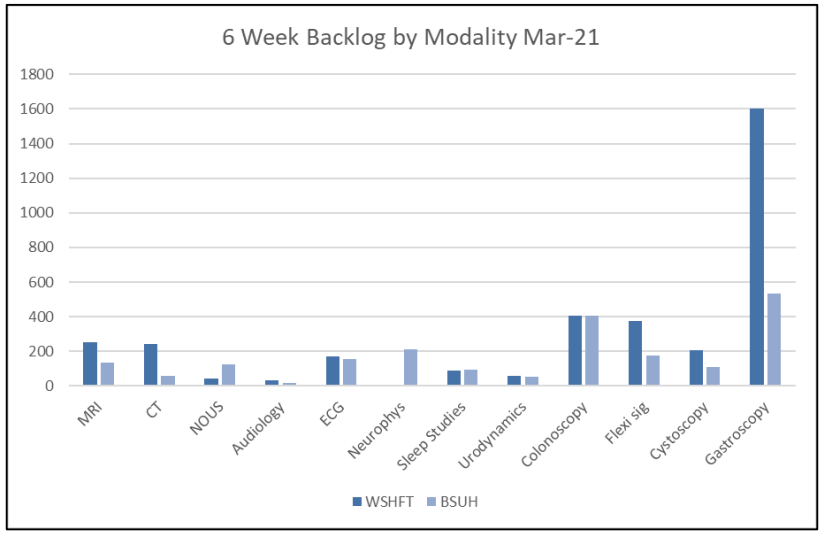


- Both WSHFT and BSUH have developed Cancer Recovery plans which are focused on increasing earlier diagnosis in the pathway (linked to the new National target of 28 day faster diagnosis) and treating the backlog of patients waiting over 62 and 104 days
- As a result the numbers of patients still waiting longer than 62 days have continued to reduce, with 218 at WSHFT and 84 at BSUH at the end of March which is positive.

Diagnostic Performance

University Hospitals Sussex NHS Foundation Trust





- UHS Combined performance was 33.4% of patients waiting longer than 6 weeks for a diagnostic at the end March, a 5.7% improvement from February.
- WSHFT performance was 39.8% of patients waiting longer than 6 weeks for a diagnostic at the end of March, a +5.5% improvement from the previous month.
- BSUH performance has recovered faster and was 25.8%, which was an improvement of +6.1% compared to the previous month.
- National performance was 28.5% (February-21).
- The most impacted area of diagnostics in both Trusts as a result of the COVID pandemic was Endoscopy where activity was largely focused on emergency activity only, given the risks of the procedure and the redeployment of staff to critical care and other COVID responses.
- As staff have now largely returned to their core services both Trust have developed and implemented significant recovery plans for Endoscopy, which will also address those patients waiting for a planned follow up Endoscopy that were delayed in the pandemic.

Restoration Planning

University Hospitals Sussex NHS Foundation Trust

UHSussex

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
New	84%	85%	97%	93%	96%	97%
Follow Up	83%	85%	93%	93%	95%	97%
Daycase	85%	106%	117%	108%	110%	106%
Inpatient	85%	95%	112%	95%	99%	99%
Planning Framework	70%	75%	80%	85%	85%	85%

WSHFT

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
New	81%	85%	92%	90%	98%	93%
Follow Up	87%	88%	94%	94%	99%	96%
Daycase	85%	107%	115%	112%	117%	117%
Inpatient	85%	106%	117%	103%	120%	110%
Planning Framework	70%	75%	80%	85%	85%	85%

BSUH

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
New	88%	84%	103%	96%	94%	101%
Follow Up	78%	75%	92%	91%	91%	98%
Daycase	85%	104%	118%	105%	103%	95%
Inpatient	85%	88%	107%	90%	87%	93%
Planning Framework	70%	75%	80%	85%	85%	85%

- National Planning Guidance was issued on the 23rd March, requiring Trusts to plan to deliver a minimum level of activity for the first 6 months of 2021/22.
- Both WSHFT and BSUH have developed and mobilised plans that significantly exceed that National expectation, which is essential given the size and backlogs of patients waiting for elective treatment.
- These plans include increases in core capacity, through productivity measures and restoration of pre-COVID services, combined with additional insourcing and outsourcing capacity.
- The Trusts are also coordinating the flow of patients to Independent Sector providers, to maximise capacity for the longest waiters, and working with other Trusts to coordinate care where appropriate.

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	11	**Meeting:**	Board	**Meeting Date:**	6 May 2021
Report Title:	Patient Committee Chair report to Board				
Committee Chair:			Jackie Cassell		
Author(s):			Jackie Cassell		
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	✓	Assurances in relation to risk 1.1			
Sustainability	☐				
People	☐				
Quality	☐				
Systems and Partnerships	☐				
Link to CQC Domains:					
Safe		☐	Effective		☐
Caring		✓	Responsive		✓
Well-led		✓	Use of Resources		☐
Communication and Consultation:					

Executive Summary:

The Patient Funds Committee met on the 27 April 2021 and was quorate as it was attended by three Non-Executive Directors, the Trust Chair, the Chief Nurse, the Chief Delivery and Strategy Officer and Chief Financial Officer. In attendance were the two Chief Operating Officers, Trust medical Director, Director of Improvement and Delivery along with members of the patient experience and quality teams.

The Committee received its planned items including the reports on the respective Patient First Trust North, Breakthrough and Strategic Initiatives, two patient stories, patient experience reports, an update on the future operation of the Committee and the BAF. The Committee also recognised that within a number of the reports received at the meeting was data relating to both BSUH and WSHFT.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** the Committee recommendation in respect of the BAF risk 1.1, for which it has oversight, is fairly represented.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
Patient Committee	**27 April 2021**	**Jackie Cassell**	yes	no
			✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective and Strategic Initiative

The Committee received the respective patient charters underpinning the patient breakthrough objective and strategic initiative. The Committee was **ASSURED** over the process applied in the engagement and construction of the two charters. The Committee **NOTED** that the reporting framework against these charters is being worked in in conjunction the Trust's PMO team to ensure there is standard work supporting the reporting of the Trust's strategy deployment to each Committee. The **NOTED** that for both projects they were within the Measure phase, having completed and documented within the charters the Define phase.

Patient Stories

The Committee **RECEIVED** two patient stories both relating to experiences within two of the Trust's A&E departments. The Committee **NOTED** the improvements resulting from the feedback from these patients and how these improvements in process had been fed back to the respective families.

Committee Activity

The Committee **RECEIVED** reports on the on patient experience feedback and actions taken as a result, for the period to the 31 March 2021, for services delivery across BSUH and WSHFT. The Committee was **ASSURED** that the Trust uses this feedback to drive improvement.

The Committee **NOTED** the update from the Quality Governance Steering Group chair and the work of that Group in relation to securing the voice of the patient within improvements. The Committee **NOTED** there were no matters on which the group was seeking Committee support or action.

The Committee held a discussion about its purpose having reference to its Terms of Reference and discussed how it would seek to use its time to receive reports and information in support of hearing and acting on the patient voice. The Committee **NOTED** that the Committee Chair and Exec Lead would meet to discuss the structure of future agendas.

ICS Update

The Committee **RECEIVED** an update on the current planning framework and how dealing with health inequalities was a key component of this guidance. The Committee **NOTED** that at both a Trust and system level there would be programmes of work to address health inequalities and the Committee **NOTED** it would play a role within the oversight of work on determining and measuring both health inequalities and the plans to address these.

RISK

The Committee **RECEIVED** an update on key patient risks focusing on those relating to post covid access. The Committee **NOTED** the mitigations being taken and their linkages to other reports taken at the Committee.

The Committee reviewed the BAF risk it has oversight for, and **AGREED** the quarter one score for risk 1.1 as stated in the BAF.

Actions taken by the Committee within its Terms of Reference

The Committee **AGREED** the respective project charters for the breakthrough and strategic initiative linked to the patient domain.

Items to come back to Committee / Group (Items Committee / Group keeping an eye on)

The Committee asked that a plan be developed for how the Committee would engage with and monitor processes to ensure improvements are driven by patient feedback and engagement, recognising that the Trust strategy deployment methodology incorporates such gateways.

Items referred to the Board or another Committee for decision or action

Item	Date
The Committee recommended to the Board that the risk within the BAF for which it has oversight is fairly represented.	To Board 6 May 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	12	**Meeting:**	Board	**Meeting Date:**	6 May 2021
Report Title:	Quality Committee Chair report to Board				
Committee Chair:		Joanna Crane			
Author(s):		Joanna Crane			
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	✓	Assurances in relation to risk 4.1 and 4.2			
Systems and Partnerships	☐				
Link to CQC Domains:					
Safe		✓	Effective	✓	
Caring		✓	Responsive	✓	
Well-led		✓	Use of Resources	☐	
Communication and Consultation:					

Executive Summary:

The Quality Committee met on the 27 April 2021 and was quorate as it was attended by three Non-Executive Directors, the Trust Chair, the Chief Nurses and the Chief Financial Officer. In attendance were the two Chief Operating Officers, Trust Medical Directors along with members of the patient experience and quality teams.

The Committee received its planned items including the reports on the respective Patient First Trust North, Breakthrough, Strategic Initiatives and Corporate Projects, quality performance reports, the national Ockenden report metrics, reports covering SIs and duty of candour audit outcomes. The Committee also recognised that within a number of the reports received at the meeting was data relating to both BSUH and WSHFT.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** the Committee recommendation that the BAF risks 4.1 and 4.2, for which it has oversight, are fairly represented.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Quality Committee	**27 April 2021**	**Joanna Crane**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective and Strategic Initiative

The Committee received the respective patient charters underpinning the quality breakthrough objectives, corporate project and strategic initiative. The Committee was **ASSURED** over the process applied in the engagement and construction of the four charters. The Committee **NOTED** that the reporting framework against these charters is being worked on in conjunction with the Trust's PMO team to ensure there is standard work supporting the reporting of the Trust's strategy deployment to each Committee. The Committee **NOTED** that for these projects they are each were within the Measure phase, having completed and documented within the charters the Define phase.

The Committee **RECEIVED** an update on Mortality, with a focus on the Trust's Crude mortality rates for WSHFT and BSUH, along with reports on the Trust's HSMR, but noting that for HSMR comparisons Covid deaths are excluded.

The Committee **RECEIVED** the developed clinical strategy as referenced in the respective charter, **NOTED** the level of clinical engagement and support for the Strategy and **AGREED** to recommend this to the Board.

Committee Activity

The Committee **RECEIVED** reports and the developed dashboards reflecting the national Ockendon report recommendations. The Committee reviewed the performance metrics and was **ASSURED** over the data and **AGREED** when considered against the Trust's previous performance and national benchmarks there were no actions the Committee needed to take or report to the Board.

The Committee **RECEIVED** an update from the two Trust medical directors confirming that there had not been any external visit since the last Quality Assurance Committee meetings in March in BSUH or WSHFT. The Committee **NOTED** that it would be taking part in an ophthalmology service desk top review shortly, with the outcome reported back to this Committee under this standing agenda item.

The Committee **RECEIVED** reports on the Trust's quality performance metrics in relation to BSUH and WSHFT activity to 31 March 2021. The Committee was **ASSURED** over actions being taken where improvements could be made and noted the response status in respect of notified coroners cases, SI reports, and high level of compliance with Duty of Candour.

The Committee **DISCUSSED** possible areas where the Committee may undertake a deep dive. The Committee **AGREED** that these areas needed to be considered in light of the agreed way the Board

committees were to maintain a focus on the Trust's key quality areas. The Committee AGREED that the Committee Chair and Committee Executive Lead would meet to further discuss this.
The Committee **NOTED** the update from the Quality Governance Steering Group chair and the Quality Board chair on the work of these groups. The QGSG escalated an increase in the number of complex falls and that a Harms Deep Dive was being undertaken. The Quality Board had nothing in addition to the items already covered within the agenda that needed escalating to the Committee for action.

The Committee held a discussion about its purpose and **AGREED** to review the committee work plan against its terms of reference at it next main quarterly meeting in July. The Committee also **NOTED** that the Committee Chair and Exec Lead would meet to discuss the structure of future agendas.

ICS Update

The Committee **RECEIVED** an update on work the Trust is undertaking within the ICS acute collaborative.

RISK

The Committee **RECEIVED** an update on process for the oversight of key quality risks and **NOTED** that these would be reported within one report to the next meeting.

The Committee reviewed the BAF risk it has oversight for, and **AGREED** the quarter one score for risk 4.1 and 4.2 as stated in the BAF.

Actions taken by the Committee within its Terms of Reference

The Committee **AGREED** the respective project charters for the breakthrough and strategic initiative linked to the quality domain.

Items to come back to Committee (Items the Committee is seeking to keep an eye on)

The Committee asked that their Terms of Reference would be considered at their July meeting along with feedback from the first quarter's meetings.

Items referred to the Board or another Committee for decision or action

Item	Date
The Committee recommended to the Board the Trust's clinical strategy.	To Board 6 May 2021
The Committee recommended to the Board that the risk within the BAF for which it has oversight is fairly represented.	To Board 6 May 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	13	**Meeting:**	Board	**Meeting Date:**	6 May 2021
Report Title:	People Committee Chair report to Board				
Committee Chair:			Patrick Boyle		
Author(s):			Patrick Boyle		
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	✓	Assurances in relation to risks 3.1 – 3.4
Quality	☐	
Systems and Partnerships	☐	

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

Communication and Consultation:

Executive Summary:

The People Committee met on the 28 April 2021 and was quorate as it was attended by two Non-Executive Directors, the Trust Chair, the Chief Culture and Organisational Development Officer, the Chief Nurses, the Chief Delivery and Strategy Officer and the Chief Financial Officer. In attendance was the Chief Operating Officer and members of the HR and Wellbeing teams.

The Committee received its planned items including the reports on the respective Patient First Trust North, Breakthrough, Strategic Initiatives and Corporate Projects, Staff Survey analysis, workforce performance reports. The Committee also recognised that within a number of the reports received at the meeting was data relating to both BSUH and WSHFT.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **AGREE** with the Committee recommendation that the Trust would not have a specified NED Wellbeing Guardian but rather this role would be discharged through the Committee with the Committee chair acting as a link if required

The Board is asked to **NOTE** the Committee recommendation that the BAF risks 3.1, 3.2, 3.3 and 3.4, for which it has oversight, are fairly represented.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
People Committee	**28 April 2021**	**Patrick Boyle**	yes	no
			✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective and Strategic Initiative

The Committee received within a presentation on the operation of the Committee and its focus the respective patient charter underpinning the people strategic initiative. The Committee was **ASSURED** over the process applied in respect of the engagement and construction of the charter. The Committee was **ASSURED** over the process applied over the development of the people True North and Breakthrough Objective. The Committee **NOTED** that work being undertaken on the people Corporate Project. The Committee **NOTED** that for the Strategic Initiative and Corporate Project were each within the Measure phase, having completed and documented within the charters the outcome of the Define phase.

The Committee **RECEIVED** an update on Staff Survey with a focus on the analysis of the results and their link to the Trust's people breakthrough objective.

Committee Activity

The Committee **RECEIVED** the developing health and wellbeing strategy and **APPROVED** its continuing development noting that the development and delivery will be reported to this Committee. The Committee discussed the position of a Wellbeing Guardian and recognised that the focus of this position aligns strongly with work flowing to this Committee.

The Committee **RECEIVED** the workforce KPIs for March covering what was BSUH and WSHFT. The Committee **NOTED** that work is being undertaken to align data definitions. The Committee was also informed of the work being undertaken to review the breadth of KPIs that would support the work of this Committee.

The Committee **RECEIVED** reports from its reporting groups on two matters. The first related to the implementation of revised national contracts for SAS (Speciality Doctors). The Committee **NOTED** these national changes were to support such doctors to develop their career. The Committee also **NOTED** that the Trust has developed the required processes to allow current staff to elect or not to transition to these revised national contracts. The second related to work undertaken by both BSUH and WSHFT in respect of a national report sent to every Trust requiring them to look at their processes in relation to employee relations. The Committee **NOTED** that the resultant action plan had been consolidated for UHSussex and that lessons were being applied from the national report.

The Committee **DISCUSSED** possible areas where the Committee may undertake a deep dive. The Committee **AGREED** that these areas needed to be considered in light of the agreed way the Board committees were to maintain a focus on the Trust's key people matters.

ICS Update

The Committee **RECEIVED** an update on work of the ICS in the area of equality and inclusion and **NOTED** that the Trust is undertaking an active role in this area within the ICS.

RISK

The Committee **NOTED** the wider people risks, the actions being taken to address these and the context these provide to the BAF people risks. The Committee reviewed the BAF risks it has oversight for, and **AGREED** the quarter one score for risks 3.1 to 3.4 as stated in the BAF.

Actions taken by the Committee within its Terms of Reference

The Committee **AGREED** the respective Strategic Initiative project charter along with the breakthrough objective and corporate project linked to the people domain.

The Committee **AGREED** the health and wellbeing strategy development and next steps.

Items to come back to Committee (Items the Committee is seeking to keep an eye on)

The Committee asked that the data definition work underpinning the wider KPI reporting to the Committee come back to the next quarterly meeting.

The Committee asked that their Terms of Reference would be considered at their July meeting along with feedback from the first quarter's meetings.

Items referred to the Board or another Committee for decision or action

Item	Date
The Committee recommended to the Board that the Trust would not have a specified NED Wellbeing Guardian but rather this role would be discharged through the Committee with the Committee chair acting as a link if required.	To Board 6 May 2021
The Committee recommended to the Board that the risks within the BAF for which it has oversight of are fairly represented.	To Board 6 May 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	14	**Meeting:**	Board	**Meeting Date:**	6 May 2021
Report Title:	Sustainability Committee Chair report to Board				
Committee Chair:		Lizzie Peers			
Author(s):		Lizzie Peers			
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	✓	Assurances in relation to risks 2.1, 2.2 and 2.3
People	☐	
Quality	☐	
Systems and Partnerships	☐	

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

Communication and Consultation:

Executive Summary:

The Sustainability Committee met on the 29 April 2021 and was quorate as it was attended by three Non-Executive Directors, the Trust Chair, the Chief Financial Officer, the Chief Delivery and Strategy Officer, the Chief Culture and Organisational Development Officer and the Chief Nurse. In attendance were the two the Chief Operating Officers, the Trust Finance Director, the Director of Capital and Planning, the Director of Estates and Engineering, the Director of Efficiency and Delivery and the Director of IM&T

The Committee received its planned items including the reports on the respective the Sustainability True North, Breakthrough Objective, Strategic Initiatives and Corporate Project, along with updates on the Trust's efficiency programme, workforce performance and capital programme. The Committee recognised that within a number of the reports received at this meeting was data relating to both BSUH and WSHFT, given the performance reporting period under review was to the 31 March 2021.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** the Committee recommendation that the BAF risks 2.1, 2.2 and 2.3, for which it has oversight, are fairly represented.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Sustainability Committee	**29 April 2021**	**Lizzie Peers**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective and Strategic Initiative

The Committee **RECEIVED** the respective project charters underpinning the Sustainability Breakthrough Objective, Strategic Initiative and Corporate Project. These charters covered a range of opportunity to deploy and use our resources sustainably covering those to reduce our agency premia spend, new ways of working and environmental sustainability. The Committee was **ASSURED** over the process applied in the engagement and construction of the three charters.

The Committee **NOTED** the interlinkage of these charters with work stream work that flows to the Board's other committees and was **ASSURED** though the attendance at the Committee of other committee members and the designed reporting framework that appropriate oversight would be given across the various dimensions of the project work streams. The Committee **RECEIVED** information on the respective reporting framework against the metrics included within the charters and **NOTED** that work is well progressed to ensure there is standard work supporting the reporting of the Trust's strategy deployment to this and the other committees.

The Committee **RECEIVED** an update on financial performance for both WSHFT and BSUH aligned to the Trust's sustainability true north. The Committee **NOTED** the performance of both WSHFT and BSUH for the period to 31 March 2021 and that despite the both the exceptional year in responding to covid and the increasing activity demands both Trust's achieved their planned breakeven positons.

The Committee **RECEIVED** an update on the development of the Trust's environmental sustainability strategy development and **NOTED** the level of engagement obtained within the development group. The Committee also **NOTED** the level of ambition within the Trust to better the national targets and that the developed strategy to 2025 will articulate that ambition.

Committee Activity

The Committee **RECEIVED** a report on the BSUH and WSHFT efficiency programme delivery and **NOTED** its successful delivery at month 12. The Committee was updated on the work undertaken to develop the 2021/22 programme and was **ASSURED** over the robustness of the process applied in respect of the development of both tactical quarter one schemes and the more transformational schemes for delivery across the remaining part of 2021/22. The Committee **NOTED** the good level of engagement in the development of schemes overall and the work being done to engage across the whole Trust, with a focus on alignment to the restoration programme.

The Committee **RECEIVED** an update from the Trust's Finance Director on the Trust's ledger successful upgrade and **NOTED** the combined version 12 ledger is now live and operational. There are a small number of remaining actions to complete and the Committee was ASSURED over the plans to complete these, recognising that as this work concludes then BAF risk 2.3 would reduce.

The Committee **RECEIVED** the workforce KPIs for March covering what was BSUH and WSHFT. The Committee **NOTED** that work is being undertaken to align data definitions across the organisation and on the work being undertaken to review the breadth of KPIs and that this work will be overseen by the People Committee.

The Committee **RECEIVED** a report on the Trust's wide-reaching IM&T programmes of work. The Committee as **ASSURED** over the work being done to integrate systems where this is appropriate and the work to develop the UHSussex clinically led IT Strategy.

The Committee **RECEIVED** a report on the Trust's process for developing its capital plan for 2021/22. The Committee was **ASSURED** over the robustness of the application of the Trust's capital prioritisation processes that support the development of a robust programme that will come to Board for approval.

ICS

The Committee **RECEIVED** a report on the Trust's process for developing its H1 (first half year) financial plan for 2021/22 in line with the NHS national planning guidance. The Committee was **ASSURED** that the process being applied included a robust linkage to the Trust's developing activity plan.

The Committee **RECEIVED** an update on work the Trust is undertaking within the ICS and **NOTED** the role the Trust is playing through the ICS Finance Leadership Group.

RISK

The Committee reviewed the BAF risks it has oversight for, and **AGREED,** the quarter one score for risks 2.1, 2.2 and 2.3 were fairly stated.

Actions taken by the Committee within its Terms of Reference

The Committee **AGREED** the respective project charters for the breakthrough objective, strategic initiative and corporate project linked to the sustainability domain.

The Committee **ENDORSED** the approach being taken by the Trust in respect of the development of its H1 2021/22 financial plan.

Items to come back to Committee (Items the Committee is seeking to keep an eye on)

The Committee asked the Trust's Charitable Funds Committee to continue to pursue their drive for robust service driven spending plans for their donated funds and that the Committee encourage these plans to be aligned to the Trust's developing capital plan.

Items referred to the Board or another Committee for decision or action

Item	Date
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented.	To Board 6 May 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	15	**Meeting:**	Board	**Meeting Date:**	6 May 2021
Report Title:	Systems and Partnerships Committee Chair report to Board				
Committee Chair:			Patrick Boyle		
Author(s):			Patrick Boyle		
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	✓	Assurances in relation to risks 5.1, 5.2 and 5.3

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

Communication and Consultation:

Executive Summary:

The Systems and Partnerships Committee met on the 29 April 2021 and was quorate as it was attended by three Non-Executive Directors, the Trust Chair, the Chief Delivery and Strategy Officer, the Chief Financial Officer, the Chief Nurse and the Chief Culture and Organisational Development Officer. In attendance were the two the Chief Operating Officers, the Director of Efficiency and Delivery and the Director of Strategy and Planning.

The Committee received its planned items including the reports on the respective the Systems and Partnerships Trust North, Breakthrough Objectives, Strategic Initiatives and Corporate Projects, along with updates on the Trust's work within the ICS, the development of the Trust's H1 plans and the Board Assurance Framework. The Committee recognised that within a number of the reports received at this meeting was data relating to both BSUH and WSHFT, given the performance reporting period under review was to the 31 March 2021.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** the Committee recommendation that the BAF risks 5.1, 5.2 and 5.3, for which it has oversight, are fairly represented.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Systems and Partnerships Committee	**29 April 2021**	**Patrick Boyle**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective and Strategic Initiative

The Committee **RECEIVED** a presentation on the operation and focus of this newly formed Committee. The Committee was **ASSURED** that the construction of the agendas and Committee work plan will provide it with sufficient capacity to focus on the respective Systems and Partnerships True Norths, Breakthrough Objectives, Strategic Initiative and Corporate Projects alongside the Trust engagement and role within the ICS.

The Committee **RECEIVED** the respective project charters underpinning the Systems and Partnerships Breakthrough Objectives, Strategic Initiative and Corporate Projects. The Committee was **ASSURED** over the process applied in the engagement and construction of the five charters. The Committee **NOTED** this interlinkage of these charters with work stream work that flows to the Board's other committees and was **ASSURED** though the attendance at the Committee of other committee members and the designed reporting framework that appropriate oversight would be given across the various dimensions of the project work streams. The Committee **RECEIVED** information on the respective reporting framework against the metrics included within the charters and **NOTED** that work is well progressed to ensure there is standard work supporting the reporting of the Trust's strategy deployment to this and the other committees.

The Committee **RECEIVED** an update on constitutional performance for both WSHFT and BSUH aligned to the Trust's systems and partnership true norths for emergency and planned care. The Committee **NOTED** the performance of both WSHFT and BSUH for the period to 31 March 2021 and the development of further restoration plans aligned to the revised national planning framework.

The Committee discussed and supported the changing focus in the National Planning guidance relating to constitutional targets and in particular the addition of the 'new' A&E metrics that have been under consultation nationally over the last year, the change in focus in Cancer to 28day faster diagnosis and patients waiting longer than 62 day and 104 days. The Committee also discussed the wider focus on clinical priority waiting times as well as long waiting patients for RTT, although noted there was no specific targets set within the National guidance on these aspects. The Committee were **NOTED** the changes in focus, and were **ASSURED** that the new reporting and information flows would reflect the changes in emphasis.

The Committee discussed the risks to the Trust's performance delivery whist managing the pandemic demands and **AGREED** that these challenges were reflected within the Trust's BAF especially risk 5.3 noting that this risk is the highest scored risk within the BAF at quarter 1.

ICS and Systems Collaborations

The Committee **RECEIVED** an update on work the Trust is undertaking within the Sussex Acute Collaborative Network especially in relation to the ICS acute services review and work of the Planned Care Board for the system. The Committee was **ASSURED** that the Trust was playing an active role in the development and delivery of actions to enhance acute collaboration for the benefit of the patients of Sussex and **NOTED** the specific priority workstreams that had been agreed.

Committee Activity

The Committee **RECEIVED** a report on the Trust's process for developing its H1 (first half year) plan for 2021/22 in line with the NHS national planning guidance. The Committee was **ASSURED** that the process being applied including securing strong levels of engagement in respect of the service level activity levels and the linkage to the Trust's developed financial plan. The Committee also **NOTED** the wider planning responses being developed by the Trust and system with regards to Workforce, Health Inequalities, Mental Health, Emergency Care, and Maternity.

RISK

The Committee reviewed the BAF risks it has oversight for, and **AGREED,** the quarter one score for risks 5.1, 5.2 and 5.3 were fairly stated and were **ASSURED** by the actions and controls in place.

Actions taken by the Committee within its Terms of Reference

The Committee **AGREED** the respective project charters for the breakthrough objectives, strategic initiative and corporate projects linked to the systems and partnerships domain.

The Committee **ENDORSED** the approach being taken by the Trust in respect of the development of its H1 2021/22 operating plan.

Items to come back to Committee (Items the Committee is seeking to keep an eye on)

The Committee did not identify any specific matters over its planned business that needed to come to the next meeting.

Items referred to the Board or another Committee for decision or action

Item	Date
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented.	To Board 6 May 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	16	**Meeting:**	Board	**Meeting Date:**	6 May 2021
Report Title:	Audit Committee Chair report to Board				
Committee Chair:		Jon Furmston			
Author(s):		Jon Furmston			
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	✓	The work of Internal Audit and Counter Fraud provided assurance in respect of various elements of the Trusts' the systems of internal control relied upon in managing a number of BAF risks. The 2021/22 Internal Audit plan was aligned to the BAF and the strategic risks facing the Trust. Also the draft AGS for both BSUH and WSHFT referenced the respective significant BAF risks.			
Sustainability	✓				
People	✓				
Quality	✓				
Systems and Partnerships	✓				
Link to CQC Domains:					
Safe		☐	Effective		✓
Caring		☐	Responsive		☐
Well-led		✓	Use of Resources		✓
Communication and Consultation:					

Executive Summary:

The Audit Committee met on the 23 April 2021 and was quorate as it was attended by four Non-Executive Directors. In attendance were the Chief Financial Officer, the Trust Finance Director, Deputy Director of Finance, the Chief Operating Officers, the Company Secretary along with the Trust's Internal and External Auditors and Local Counter Fraud team members.

The Committee received its planned items with the focus being on receiving the reports in relation to work undertaken by Internal Audit, Counter Fraud and External Audit across BSUH and WSHFT to the 31 March 2021 and the respective disclosures and reporting requirements for 2020/21. The Committee also received the plans for Internal Audit and Counter Fraud activity for University Hospitals Sussex for 2021/22.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken by the Committee in accordance with its terms of reference.

The Board is also asked to **NOTE** that there were no matters referred to either the Board for action.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Audit Committee	**23 April 2021**	**Jon Furmston**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

The Committee **RECEIVED** the Internal Audit progress report incorporating the management action plans for the work undertaken since the last meeting for both BSUH and WSHFT. Internal Audit provided overall positive **ASSURANCE** in relation to these reports with the exception of one area within BSUH. For this specific report the Committee **NOTED** in this area whilst there were identified specific risks, complementary controls were in place to reduce the risk until the agree actions could be concluded.

The Committee **RECEIVED** the Head of Internal Audit opinions for both BSUH and WSHFT and NOTED these both provided an overall positive level of **ASSURNACE** for on each Trust's systems of Internal Control.

The Committee received **ASSURANCE** from the Local Counter Fraud Specialists that there were no significant fraud risks, for either BSUH and WSHFT that needed to be actioned urgently within the enlarged Trust. The Committee **NOTED** the LCFS work plan for 2021/22 was aligned to the mandated areas of counter fraud activity.

The Committee **RECEIVED** an update from the External Auditors on their interim work for both BSUH and WSHFT and was **ASSURED** over the level of work undertaken that a year-end opinion would be able to be provided within the timescales planed. The Committee was **ASSURED** by external audit that within their VFM work undertaken so far they have not found any significant issues within the Trust's arrangements for securing value for money.

The Committee **RECEIVED** the Losses and Special payments registers and Tender Waiver Reports for both BSUH and WSHFT for quarter four of 2020/21. The Committee through these reports was **ASSURED** over the underlying processes applied to manage Trust resources.

The Committee **RECEIVED** the Annual reports on the registers of Interest, Gifts, Hospitality and Sponsorship for both BSUH and WSHFT. The Committee recognised the high return rate for the required declarations of interest at both Trusts and noted the work continuing to secure the small number of outstanding declarations, recognising that the number not returned would form a disclosure the respective Trusts' annual reports.

The Committee **RECEIEVED** and reviewed the Trust's Annual Governance statements for both BSUH and WSHFT, agreed these were both, a fair and balanced view, of the Trust's governance, risk management and internal control processes.

Actions taken by the Committee within its Terms of Reference

The Committee approved the Internal Audit and Counter Fraud Plans for 2021/22.

The Committee agreed for the draft Annual Governance Statements to be included within the respective draft annual reports and for these to be submitted to External Audit for review.

Items to come back to Committee (Items Committee keeping an eye on)	
There were no specific items requested to come back to the Committee over and above the routine reporting on action tracking and progress. The Committee did ask that the format of the reporting provided by Internal Audit, Counter Fraud and Management allows the Committee to understand if the matter relates to the whole Trust or specific sites.	
Items referred to the Board or another Committee for decision or action	
Item	**Date**
There was one matter referred to the Quality Committee in respect of Safeguarding training performance and one matter referred to the People Committee in respect of the process for assessing NICE guidance when applicable to staff. There were no matters referred to the Board for their action.	To be considered at their next meetings

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	17	**Meeting:**	Board	**Meeting Date:**	06 May 2021
Report Title:	Charitable Funds Committee Chair report to Board				
Sponsoring Executive Director:	Kirstin Baker				
Author(s):	Kirstin Baker				
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	☐	
Our People	✓	
Quality Improvement	☐	
Systems and Partnerships	☐	

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

Communication and Consultation:

Executive Summary:

The Charitable Funds Committee met on the 20 April 2021 and was quorate as it was attended by four Non-Executive Directors, the Chief Nurse and the Trust Finance Director. In attendance were other members of the Trust's finance team along with the Charity Director for BSUH Charity and Head of Charities for LYH Charity and the Chief Operating Officer for Brighton.

The Committee received its planned items in respect of the two Charities, BSUH and LYH.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken by the Committee in accordance with its terms of reference.

The Board is also asked to **NOTE** that there were no matters referred to either the Board or another Committee for action.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Charitable Funds Committee	**20 April 2021**	**Kirstin Baker**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

The Committee received updates on the activity of the BSUH Charity and LYH Charity for the period to the end of March and was **ASSURED** that both charities were focused on activities that supported both patient benefits and staff wellbeing. The Committee recognised the support of our communities in making donations to both Charities or to the central NHS Charities together which has enabled such remarkable schemes to be delivered across the Trust's hospitals.

The Committee was **ASSURED** that both Charities were operating within their respective objectives.

The Committee **RECEIVED** reports on the risks each charity was facing and recognised that both faced the risk of donor fatigue but were assured over the actions being taken to keep donors informed and engaged in the activities of the respective charities. The Committee asked the BSUH Charity to consider their current risk scoring for two risks noting given the reports received they were marginally under scored but agreed there were no significant risks facing either BSUH or LYH Charities.

The Committee was **ASSURED** over the oversight of the funds and work being undertaken to secure their spending but recognised that the current work to look to streamline process would bring benefit to the speed of which funds can be spent.

Actions taken by the Committee within its Terms of Reference

The Committee ratified the approval given by the Committee members in between the last meeting in respect of three BSUH Charity bids, these were in respect of:

- A Cerebral Function Monitor supported through a donation made by the Early Birth Association;
- An OSRIM simulator; and
- The funding application made to the national charities together for staff health and wellbeing matters

The Committee approved three LYH Charity bids, these were:

- The purchase of 25 ipads to support enhanced patient communications, noting that original approval for these had been given to project.
- Enhanced counselling support for cancer patients
- Stroke patient portable monitors

The Committee approved the operating budgets for both the BSUH Charity and LYH Charity for 2021/22.

Items to come back to Committee / Group (Items Committee / Group keeping an eye on)	
The Committee asked that an update on the work on fund consolidation and the development of fund spending plans come back to the future meetings. The Committee recognised that a small number of bids may require approval before the next scheduled meeting and agreed that they would meet to consider these virtually as the bids become available.	
Items referred to the Board or another Committee for decision or action	
Item	**Date**
There were no matters referred to either the Board or another Committee	

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	18	**Meeting:**	Board	**Meeting Date:**	6 May 2021
Report Title:	2021/22 Quarter 1 BAF				
Sponsoring Executive Director:	Chief Executive				
Author(s):	Company Secretary				
Report previously considered by and date:	Respective elements of the BAF considered by each Board Committee in April 2021				
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	✓	The report covers each BAF risk			
Sustainability	✓				
Our People	✓				
Quality	✓				
Systems and Partnerships	✓				
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	✓	
Communication and Consultation:					

Executive Summary:

Introduction

The Trust has identified 13 strategic risks which have been assessed against the Trust's risk appetite when setting their target score. The Board in April confirmed these risks and that their opening quarter 1 scores were reasonably stated.

The opening score for 2021/21 recognises that some of the current scores would be impacted by the merger as agreed within the Board workshop on risk in 2020/21 and sees an increase in some of the quarter 1 opening score, but the BAF also recognises that others would not be impacted by the merger itself, but by the environment the Trust is operating within.

Each segment of the BAF continues to have a lead executive and oversight committee. There also remains the process whereby one Committee, can refer matters to another Committee, if they believe they have received information that may impact on a risk for which they are not the principle oversight committee.

BAF Summary

The table below shows by risk, their current score and their target risk score and also records the assessed strength of control, from Green – operating as intended, Amber – some weaknesses (for which improvement actions are recorded) and Red – ineffective.

BAF: Strategic Objectives and Strategic Risks (Key: I = Impact L = Likelihood T = Total)	**Risk Scores**														
	Q1			**Q2**			**Q3**			**Q4**			**Target**		
	I	**L**	**T**	**I**	**L**	**T**	**I**	**L**	**T**	**I**	**L**	**T**	**I**	**L**	**T**
1. Patient															
1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in adverse reputational impact, and loss of market share.	3	4	**12**										3	2	**6**
2. Sustainability															
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients	4	4	**16**										4	2	**8**
2.2 We cannot deliver ongoing efficiencies and flex our resources in an agile way resulting in an increasing or unmanaged deficit and inefficient, unaffordable and unsustainable services.	4	4	**16**										4	2	**8**
2.3 We are unable to meet high standards of financial stewardship meaning we cannot sustain compliance with our statutory financial duties	4	4	**16**												**8**
3. People															
3.1 We are unable to develop and sustain the leadership and organisational capability and	4	3	**12**										4	2	**8**

capacity to lead on-going performance improvement and build a high performing organisation															
3.2 We are unable to effect cultural change and involve and engage staff in a way that leads to continuous improvements in patient experience, patient outcomes, and staff morale and wellbeing	4	3	**12**									4	2	**8**
3.3 We are unable to meet our workforce requirements through the effective recruitment, development, training and retention of staff adversely impacting on patient experience and the safety, quality and sustainability of our services	3	4	**12**									3	2	**6**
3.4 We are unable to consistently meet the health, safety and wellbeing needs of our staff as we recover and restore services in line with CV-19 restrictions	4	4	**16**									4	2	**8**
4. Quality															
4.1 We are unable to deliver and demonstrate compliance with regulatory requirements or clinical standards adversely impacting on patient safety and our registration and accreditation by regulatory and supervisory bodies	3	4	**12**									3	2	**6**
4.2 We are unable to deliver service improvements and improve safety, care quality and outcomes for our patients or demonstrate that our services are clinically effective	3	3	**9**									3	2	**6**
5. Systems and Partnerships															
5.1 We are unable to develop and maintain collaborative relationships with partner organisations based on shared aims, objectives, and timescales leading to an	4	3	**12**									4	2	**8**

adverse impact on our ability to operate efficiently and effectively within our health economy															
5.2 We are unable to define and deliver the strategic intentions, plans and optimal configuration that will enable our services to be sustainable, leading to an adverse impact on their future viability.	4	4	**16**									4	2	**8**
5.3 We are unable to deliver and demonstrate consistent compliance with operational and NHS constitutional standards resulting in an adverse impact on patient care and financial penalties and the Trust's reputation.	4	5	**20**									4	2	**8**

Quarter 1 summary of highest scored risks

The highest current risk score is risk 5.3 which is in relation to the Trust's consistent delivery of the NHS Constitutional targets. This risk is the highest scored risk for the Trust at 20, which is at the same level as scored for quarter 4 for both BSUH and WSHFT. This risk likelihood score reflects the current significantly increased numbers of backlog patients waiting longer than constitutional access target times in all areas, however recovery plans and improvements already being seen in diagnostics and cancer. All gaps in control or assurance have work underway on addressing the new delivery requirements, with clear monitoring and Executive responsibility established. Quarter 1 detailed Recovery and Restoration plans are in development, and it may be that likelihood score will reduce in quarter 2 as these plans are agreed and commissioned and activity continues to be restored.

Risks 2.1, 2.2, 2.3, 3.4 and 5.2 are all scored at 16. Risks 2.1 to 2.2 are linked to the risk posed by the revised national financial framework. Risk 3.4 relating to staff wellbeing and risk 5.2 relating to the delivery of our strategic intentions remain at the same score as quarter 4 for 2020/21.

Respective Committee review of risks

Each of the five Board Committees with oversight for specific BAF risks met in April, and their respective reviews over their allocated risks, confirmed that they considered the current scores for each are fairly represented.

Key Recommendation(s):
The Board is asked to consider the current risk scores in light of the assurances provided by the respective oversight committees and the assurances received directly at the Board and agree the current scores are fairly represented.

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	19	**Meeting:**	UHS Board Meeting	**Meeting Date:**	06/05/2021
Report Title:	CNST Maternity Incentive Scheme Year 3				
Sponsoring Executive Director:	Carolyn Morrice & Maggie Davies -Joint Chief Nurses				
Author(s):	Amanda Clifton & Gail Addison -Heads of Midwifery				
Report previously considered by and date:	Legacy BSUH - Quality Assurance Committee on 22/12/2020. Legacy WSHT - Monthly Maternity and Neonatal Safety Champions Meeting on 26/04/2021				

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	✓	Quality of patient care
Sustainability	✓	CNST Premium partial repayment
People	✓	Safe staffing levels
Quality	✓	Mandatory training & Education
Systems and Partnerships	✓	Collaborative working with CCGs & LMS

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

Communication and Consultation:

Legacy BSUH - working group across multiple specialties like Midwifery, Neonatology, Obstetrics & Anaesthetics in place to gather evidence and present it to the Board. In addition communications with LMS & CCG lead are in place. Legacy WSHT - the report has been prepared by Obstetrics & Gynaecology and Paediatric clinical leads in the Women and Children's Division. It has included liaison with the Maternity Voices Partnership (MVP) and discussion with the LMS and CCG.

Executive Summary:

For the third year, NHS Resolution is running the Maternity Incentive Scheme. Trusts that can demonstrate they have achieved all ten maternity safety actions will recover an element of their contribution to the Clinical Negligence Scheme for Trusts (CNST) and will receive a share of any additional unallocated funds. The BSUH contribution for 2020/21 is £858,411, for legacy WSHT it is £752,957.

The purpose of this paper is to provide assurance to the board on UHS compliance with the 10 maternity safety actions. (All ten must be achieved to achieve the rebate). Achievement is based on a comprehensive, documented evidence base approved by the Chief Nurses's. The 10 safety actions are: 1) reporting perinatal deaths, 2) data standards (Maternity Services Data Set), 3) Avoiding Term Admissions (ATAIN), 4) clinical workforce planning, 5) midwifery workforce planning, 6) Saving Babies Lives care bundle, 7) service user feedback, 8) multi-professional training, 9) Trust Safety Champion and 10) Healthcare Safety Investigation Branch (HSIB) reporting. Both legacy BSUH and legacy WSHT can report that they are compliant with all ten Safety Actions. (WSHT Note and approve the action plans to support compliance with Safety Actions 4 & 8 (see Appendices for legacy WSHT)

Key Recommendation(s):

The Board is now requested to:
1) Self-certify the Trust is compliant with the ten safety actions based on the Safer Standards for Maternity Care. (WSHT & BSUH)

2) Note and approve the action plans to support compliance with Safety Actions 4 & 8 (see Appendices for legacy WSHT)

Legacy BSUH

University Hospitals Sussex
NHS Foundation Trust

Maternity Incentive Scheme CNST

1. INTRODUCTION

1.1 NHS Resolution is operating a third year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.

1.2 The BSUH percentage element of the contribution for 2020/21 is anticipated to be £858,411.
1.3 As in year two, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. In order to mitigate the financial impact of Covid-19, CNST MIS contributions were not taken in April 2020 as would otherwise have occurred.

1.4 BSUH has successfully met all ten safety actions in Years 1 and 2 of the scheme. In year 1 we secured a total of just under £1.5million. Our rebate in year 2 was £865,022 plus additional funds of £37,970.

1.5 A working group has met regularly to collate evidence and commentary for the Board to evidence BSUH compliance with the ten maternity safety actions

2. FORMAL VALIDATION PROCESS

2.1 Trusts are expected to provide a report to their Board (this Report) demonstrating achievement, with evidence, of each of the ten actions. The Board must consider the evidence and complete the Board declaration form for submission.
2.2 The Board must give their permission to the chief executive to sign the Board declaration form prior to submission to NHS Resolution. Trust Board declaration form must be signed by the Trust's Chief Executive. If the form is signed by another Trust member this will not be considered.
2.3 It should be noted that Trusts do need to submit the report or any evidence to NHS Resolution. NHS Resolution will use external data sources to validate some of the trust's responses.
2.4 Completed Board declaration forms must be discussed with the commissioner(s) of the trust's maternity services, signed off by the Board and then submitted to NHS Resolution by 12 noon on Thursday 15 July 2021.

3. ACTION REQUIRED

3.1 The evidence to meet the Safer Standards for Maternity Care has been put forward, reviewed and approved by the Divisional Director of Operations, Chief Nurse and Chief Medical Officer. The Board of Directors is now asked to self-certify the Trust is compliant to the ten standards based on the Safer Standards for Maternity Care.
3.2 The same evidence and report has been shared with and approved by Sussex NHS Commissioners.
3.3 Confirmation of Trust's commitment to facilitate multi professional training as required by NHS Resolution "there is a commitment by the trust board to facilitate multi-professional training sessions, including fetal monitoring training once when this is permitted."
3.4 Board to note the risk associated with lack of elective caesarean section lists and the plan to address the issue as part of 3Ts development plans. Having an action plan (ratified by the Trust Board) stating how they are working to meet the standard is adequate to say that this safety standard has been met.

4 MAIN REPORT – EVIDENCE OF ACHIEVING THE 10 SAFETY ACTIONS

Board Report on Brighton & Sussex University Hospitals Trust progress against the Clinical Negligence Scheme for Trusts (CNST) initiative scheme maternity safety actions

Date: May 2021

Further information about the CNST scheme, including the technical guidance, can be found at www.resolution.nhs.uk

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Met Y/N
Required Standard: a) i. All perinatal deaths eligible to be notified to MBRRACE-UK from Monday 11 January 2021 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death. ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 to 15 March 2021 b) At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Friday 20 December 2019 to Monday 15 March 2021 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool c) For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion. d) i. Quarterly reports will have been submitted to the Trust Board from Thursday 1 October 2020 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety champion.	
Trust's Commentary and Evidence The Trust is using the National Perinatal Mortality Review Tool (PMRT) which became available from the Department of Health in February 2018. The tool is used to review all perinatal deaths from 22+0 gestation to 28 days after birth as well as babies who die after 28 days following neonatal care. The tool was developed to ensure a national standardized approach and high quality reviews across England, Scotland and Wales. All eligible perinatal deaths since 11.01.21 have been notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death. A review using the Perinatal Mortality Review Tool (PMRT) of 100% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 to 15 March 2021. The meeting always is MDT and over 50% of cases have a minimum of draft reports. Monthly PMRT meetings are booked for the year ahead alternately at PRH and at RSCH. Additional resource has been secured to ensure that all reviews take place within 4 months. During Covid these have been held via MST with great success. For all cases the dedicated Bereavement Midwife will contact parents and incorporate their views to the review. Parents are always made aware of the review.	**Yes**

Additionally, a leaflet developed for parents, which explains the review process, is currently going through the approval process. PMRT is discussed at Directorate Level Safety & Quality Meetings with local action plans created for each case. If required, cases are escalated to the Quality Governance Steering Group chaired by the Medical Director. The Board receives a monthly quality report from the steering group which is used to escalate business, no PMRT cases have been escalated over the last 12 months.	

Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Met Y/N
Required Standard: This relates to the quality, completeness of the submission to the Maternity Services Data Set (MSDS) and ongoing plans to make improvements.	
Trust's Commentary and Evidence The Maternity Services Data Set (MSDS) is a patient-level data set that captures key information at each stage of the maternity care pathway including mother's demographics, booking appointments, maternity care plan, care activity, screening tests, labour and delivery along with baby's demographics, admissions, diagnoses and screening tests. The MSDS at BSUH has been submitted in line with required standards and deadlines for December 2020. Item 2.2 is evidence from NHS Digital that MSDS to December 2020 meets all standards and the confirmation from NHS Resolution is item 2.3. Site specific data is not available.	YES

Safety action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	Met Y/N
Required Standard: A) B) C) – standards were removed because of the COVID pandemic. D) Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC. E) A review of term admissions to the neonatal unit and to TC during the Covid-19 period (Sunday 1 March 2020 – Monday 31 August 2020) is undertaken to identify the impact of: □ closures or reduced capacity of TC □ changes to parental access □ staff redeployment □ changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding. F) An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, including those identified through the Covid-19 period as in point e) above has been agreed with the maternity and neonatal safety champions and Board level champion. G) Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions.	

Trust's Commentary and Evidence D) The commissioners extract required information from Badgernet straight and have confirmed it meets their requirements. Confirmation email embedded. E) An audit trail is available which provides evidence that a review of term admissions during the period Sunday 1 March 2020 – Monday 31 August 2020 has been undertaken F) An audit trail is available which provides evidence and rationale for developing the agreed action plan to address local findings from ATAIN reviews • Retrospective audit currently in progress for Oct 2020 – March 2021 (delayed due to Covid 19) • Cross site RSCH/ PRH Multidisciplinary meetings every Friday at 1130am via Microsoft Teams. Attendance of neonatal safety champion at meetings • NHS England ATAIN proforma used to look at whether the admission was avoidable or not avoidable. • Team drive for ATAIN that includes database of all reviews and outcomes. • Data for all term readmissions less than 28 days to the RACH collected monthly by postnatal leads. Infants readmitted with feeding issues, weight loss and jaundice to be reviewed by infant feeding team and community. G) Demonstrate that the action plan has been revised in the light of learning from term admissions during Covid-19. Where no changes have been made, the rationale should be clearly stated. • Weekly, documented ATAIN reviews taking place • Skin to Skin on labour ward and education regarding thermoregulation (to include obstetricians and anaesthetists) in progress. • Quarterly reviews of infants that could have been cared for within transitional care if changes to transitional care provision, next meeting June 2021 • Neonatal sepsis calculator audit after 6 months of implementation	YES

Safety action 4: Can you demonstrate an effective system of clinical* workforce planning to the required standard?	Met Y/N
Required Standard: **Obstetric Medical workforce:** Taken out because of COVID pandemic. **Anaesthetic medical workforce:** An action plan is in place and agreed at Trust Board level to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6 **Neonatal medical workforce:** The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing. If this is not met, an action plan to address deficiencies is in place and agreed at board level **Neonatal nursing workforce:** The neonatal unit meets the service specification for neonatal nursing standards. If these are not met, an action plan is in place and agreed at board level to meet these recommendations	
Trust's Commentary and Evidence **Anaesthetic Medical workforce:** 1.7.2.5: Our Trust does not run any dedicated elective CS lists, elective cases are undertaken in-between emergency cases. Elective cases are undertaken in our sole obstetric operating theatre; therefore have potential to be significantly delayed by emergency cases.	YES

It is a recommendation in GPAS that delivery units should have a dedicated elective CS lists. There are insufficient obstetric and theatre/recovery staff to run a separate elective caesarean list, therefore anaesthetic staff are not allocated. The lack of elective CS lists is on Trust's risk register and we anticipate progression with this during 3Ts programme. 1.7.2.1: Compliant – our rota system (CLW) can demonstrate this. The GPAS recommendation upon which this is based clearly states that the immediately available duty anaesthetist should not undertake any elective work during the duty period, but in-hours it is usually the same anaesthetist; out of hours there is no elective activity. 1.7.2.6: as above. The rostered duty anaesthetist is rarely available to attend the labour ward round, in hours when there are elective cases scheduled. **Neonatal Medical Workforce:** RSCH - the current BAPM (2014) standards for junior medical staffing are met with dedicated 24/7 tier 1 and tier 2 support. Tier 1 and tier 2 are supported by ANNPs. PRH - the current BAPM standards are met for tier 1 with a 24/7 ANNP service. Given the size and configuration of the service, we don't have a tier 2 junior medical staffing rota. We do have a consultant neonatologist on call 24/7.We therefore have a 2-tier model. **Neonatal Nursing Workforce:** We acknowledge that we do not currently meet the service specification using the Dinning tool for the neonatal nursing establishment. We have developed a business case for a phased programme to meet these standards for projected activity. Currently we are refusing admissions to cope with the demand and losing income for those admissions.	

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Met Y/N
Required Standard: a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed. b) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service c) All women in active labour receive one-to-one midwifery care d) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board at least once a year, during the maternity incentive scheme year three reporting period (December 2019 – July 2021)	
Trust's Commentary and Evidence The National Maternity Review, Better Births, a five year forward view (2016) called for care to become safer and more personalised, focusing on workforce as a core factor in achieving this. Birthrate Plus® is the only national tool available for calculating midwifery staffing levels. By working with individual trusts to understand their activity, case mix, demographics and skill mix Birthrate Plus® can calculate an individual ratio of clinical midwives to births for maternity services. The Trust has purchased the Birthrate+ Acuity Tool, which recommends a staffing ratio of 1:26. A subsequent business case had led to an increase in establishment of 14 WTE which along with a reduction in birthrate has improved the ratio to 1:27.	YES

Maternity Co-ordinations have supernumerary status; Workforce Templates are provided for maternity services at RSCH and PRH. The monthly Maternity Dashboard evidences 100% compliance with targets of 1:1 care in labour. The department has sustained 99-100% compliance with this standard since August 2017. A Nursing Workforce Report is regularly submitted to the Board.	

Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	Met Y/N
Required Standard: 1. Trust Board level consideration of how its organisation is complying with the Saving Babies' Lives care bundle version two (SBLCBv2), published in April 2019. Note: Full implementation of the SBLCBv2 is included in the 2019/20 standard contract. 2. Each element of the SBLCBv2 should have been implemented. Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been agreed with their commissioner (CCG). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network 3. The quarterly care bundle survey should be completed until the provider trust has fully implemented the SBLCBv2 including the data submission requirements. The corroborating evidence is the SBLCBv2 survey and MSDS data, availability of this depends on the COVID-19 status. The survey will be distributed by the Clinical Networks and should be completed and returned to the Clinical Network or directly to England.maternitytransformation@nhs.net.	
Trust's Commentary and Evidence At BSUH the criteria for all elements of Saving Babies' Lives v2 (SBLv2) have been followed since being introduced in 2019 and all standards are currently met. BSUH supports all women/people to stop or reduce smoking, this is currently run as an opt out service. All Women/People are screened at booking and at 36/40, with referral to smoking cessation services undertaken. New MIS in place to ensure the mandatory questions and screening is undertaken. Co monitoring is normally offered to all women and people but this is currently suspended due to COVID-19. Public Health midwife employed to support training and guidance for all staff to ensure every point of contact counts. Fetal movement is discussed at every appointment and the pathway for reduced fetal movement is followed for women with reduced episodes of fetal movement, leaflets and Mama Academy wallets are given to all booked pregnancies. New MIS will enable further consistent information to be delivered by an app directly to the woman/person phone. Antenatal CTG's are used on all episodes of monitoring for RFM's. We have a robust fetal monitoring guidance policy and use the fresh eyes approach for all women in labour. BSUH have employed fetal monitoring midwives to support teaching and offer clinical support and teaching within the working environment. BSUH have a full fetal monitoring study day to ensure all staff remain up to date and current in their practice. All women have symphysiofundal height measured at each antenatal appointment which can identify growth outside of normal range and where required women are referred to the day assessment unit for review and ongoing management. For those women/people that have had early identification of SGA at booking, growth scans are booked in line with SBLv2.	YES

Safety action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	Met Y/N
Required Standard: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	
Trust's Commentary and Evidence • As a maternity department we meet monthly with our MVP (Maternity Voices Partnership). The MVP is an NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. • During our monthly MVP meetings (sample of minutes provided) we review service user feedback -walk the patch, complaints, plaudits, actions from last meeting and BSUH involvement including improving prevention. The meeting is chaired by a parent demonstrating user engagement. • Walking the Patch report shows feedback collected from new mums and new parents at RSCH which provides both qualitative and quantitative feedback. • In March 2019, the Whose Shoes event at Brighton was held incorporating commissioners, service users and families, the MVPs and staff from all areas of the service. The event uses a thought-provoking board game as a catalyst to meaningful discussion and pledges to inform rapid and long-term improvement actions. Subsequently, the Whose Shoes game is also now used on education days and staff local inductions. Due to the pandemic, we were unable to hold another Whose Shoes Day, but this features high on our agenda as services are reintroduced. • Our MVP chair and co-chair are on our governance distribution list and review all protocols and leaflets as part of the ratification to review the language and terminology form a service users' perspective, their comments are valued and steer our work. • Throughout the pandemic, we have been agile and adaptive to the ever-changing national/local requirements to restrict spread of infection and to improve patient experience and outcomes. Furthermore, throughout the pandemic we increased our contact with the MVP to help to spread important information about service changes and to receive service user feedback to help steer our content for social media and virtual education sessions.	YES

Safety action 8: Can you evidence that the maternity unit staff groups have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	Met Y/N
Required Standard: Can you confirm that: a) Covid-19 specific e-learning training has been made available to the multi-professional team members?	

b) team required to be involved in immediate resuscitation of the newborn and management of the deteriorating new born infant have attended your in-house neonatal resuscitation training or Newborn Life Support (NLS) course since the launch of MIS year three in December 2019? c) there is a commitment by the trust board to facilitate multi-professional training sessions, including fetal monitoring training once when this is permitted.	
Trust's Commentary and Evidence a) The maternity education team produced a PowerPoint presentation based on the national PROMPT eLearning package adapted to local guidelines and practices. Please see the attached file labelled "COVID e learning for maternity". This would meet the requirement from CNST that: • All content should be based on current evidence, national guidelines and local systems and risk issues. • The content can be locally produced or using the national available resources including video simulations, on-line presentations, national resources and/or interactive video-conferencing. b) Our Midwifery, Anaesthetic and Obstetric NLS update is delivered on our MDT skills and drills day through scenario based teaching and discussion. The teaching is delivered in every session by Mitch Denny, a qualified NLS instructor. Between December 2019 and December 2020 all sessions were delivered in person in small groups allowing assessment of airway management and mask placement. Two sessions were cancelled in April and May 2020; these staff were given a virtual "catch up" session and offered 1:1 in situ training with the education team. **Action plan:** We are working towards attendance of all midwives at a one day NLS course. Currently we have not achieved this due to the numbers we are able to send on the training at any one time. We have secured further funding in 2020 which we paid for additional places and the LMS has funded further training in 2021. WE are prioritising attendance on these days to community home birth midwives and PRH based hospital staff. This is due to recognition of the access that these staff have to neonatal support and cover. c) **Maternity specific evidence**: There is a clear commitment from the Senior team in maternity to facilitate multi professional training. As a group we have re-purposed one of our training days to a fetal monitoring day which is co-produced and delivered by the midwifery and the obstetric team. This fetal monitoring session started running in a live taught on line format on the 30th of March 2021. **Anaesthetic medical workforce evidence**: The dates of relevant skills days are publicised to anaesthetic consultants and trainees to book onto for their CPD. A plan is being put in place to ensure that there is sufficient time for individuals to attend, not to the detriment of their own CPD requirements. The theatres' practice education team (covering ODPs/anaesthetic practitioners and recovery staff) have previously organised joint clinical governance sessions with maternity for clinical updates.	YES

Safety action 9: Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?	Met Y/N
Required Standard: a) A pathway has been developed that describes how frontline midwifery, neonatal, obstetric and Board safety champions share safety intelligence from floor to Board and through the local maternity system (LMS) and MatNeoSIP Patient Safety Networks. b) Board level safety champions are undertaking feedback sessions every other month, for maternity and neonatal staff to raise concerns relating to safety issues,	

including those relating to Covid-19 service changes and service user feedback and can demonstrate that progress with actioning named concerns are visible to staff. c) Board level safety champions have reviewed their continuity of carer action plan in the light of Covid-19. Taking into account the increased risk facing women from Black, Asian and minority ethnic backgrounds and the most deprived areas, a revised action plan describes how the maternity service will resume or continue working towards a minimum of 35% of women being placed onto a continuity of carer pathway, prioritising women from the most vulnerable groups they serve. d) Together with their frontline safety champions, the Board safety champion has reviewed local outcomes in relation to: I. Maternal and neonatal morbidity and mortality rates including a focus on women who delayed or did not access healthcare in the light of Covid-19, drawing on resources and guidance to understand and address factors which led to these outcomes. II. The UKOSS report on Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK. III. The MBRRACE-UK SARS-Covid-19 https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf IV. The letter regarding targeted perinatal support for Black, Asian and Minority Ethnic groups And considered the recommendations and requirements of II, III and IV on I. e)The Board Level Safety Champion is actively supporting capacity (and capability) building for all staff to be actively involved in the following areas: • Maternity and neonatal quality and safety improvement activity within the Trust, including that determined in response to Covid-19 safety concerns • Specific national improvement work and testing lead by MatNeoSIP that the Trust is directly involved with	
Trust's Commentary and Evidence Maternity safety champions at every level – trust, regional and national – work across regional, organisational and service boundaries to develop strong partnerships and promote the professional cultures needed to deliver better care. They play a central role in ensuring that mothers and babies continue to receive the safest care possible by adopting best practice. At BSUH the Board level safety champion is the Chief Nurse, who chairs the patient experience committee and attends the Quality assurance committee (QAC) which is chaired by the Maternity safety non exec director, the chief nurse actively sponsors maternity items at the trust Executive Committee (TEC) and the Trust Board. The Divisional level safety leads are the Head of Midwifery and Lead Obstetrician. There is also a neonatal safety champion. All divisional leads attend LMS events for safety and quality and feed back to the Chief Nurse. During the covid pandemic Maternity safety was highlighted at the clinical advisory group and escalated via bronze silver and gold command. A number of agendas and presentations are provided as examples of safety events, meetings and networks which the safety champions have recently attended. Local Learning System (LLS) meetings have been attended along with regional events. Regular one to ones are held between Board level and Divisional level safety champions, these include walkarounds to facilitate visibility and staff engagement. The service has been actively working with the Health Safety Investigation Branch (HSIB) since May 2018 and Divisional level safety champions regularly meet with HSIB to discuss findings following the conclusion of investigations into several referred cases, and further engagement sessions are scheduled on a quarterly basis . The Maternity Dashboard provides risk and safety performance measures and is available to all staff – specifically under the 'Clinical Indicators' category. Performance against safety metrics are reviewed as part of the Trust's Strategic Delivery Review (SDR) framework which reports to the Executive Team. At service level, Band Representative Meetings are held monthly, at RSCH and PRH, and provide a regular forum to raise and discuss issues including safety, where relevant concerns are escalated through the governance system. The Trust's Freedom to Speak up Guardian provides a way for staff to escalate concerns and risks that will affect staff and patients safety. The Guardian provides a quarterly report to the Board ensuring that they have oversight of concerns raised by staff.	YES

Safety action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme?	Met Y/N
Required Standard: a) Reporting of all outstanding qualifying cases for the year 2019/20 to NHS Resolution's EN scheme. b) Reporting of all qualifying cases to the Healthcare Safety Investigation Branch (HSIB) for 2020/21. c) For qualifying cases which have occurred during the period 1 October 2020 to 31 March 2021 the Trust Board are assured that: 1. the family have received information on the role of HSIB and the EN scheme; and 2. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.	
Trust's Commentary and Evidence From 1 April 2017 it was required to report within 30 days all maternity incidents of potentially severe brain injury, namely all babies born at term (≥37 completed weeks of gestation), following labour, that had a potentially severe brain injury diagnosed in the first seven days of life. These are any babies that fall into the categories: • Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) or • Was therapeutically cooled (active cooling only) or • Had decreased central tone AND was comatose AND had seizures of any kind Up until 1/4/2020, the legal services department were informed by the clinical teams within 14 days that a notifiable severe brain injury incident has occurred. The trust legal services department report the incident to NHS Resolution within 30 days of the incident.(see below) From 1/4/2020 the governance team reports all qualifying cases to the Healthcare Safety Investigation Branch (HSIB). (see below) There were a total of eight Early Notification Scheme (ENS) cases that qualified within the reporting period 2019/20. From 1/4/2020 – date (16/4/21) there were ten cases that met the HSIB criteria, with 9 of these progressed (one declined by the family). Of these 9, 4 meet the ENS criteria, 5 being losses which are not reportable. Cases are monitored by the Serious Incident Review Group. Since February 2021 all HSIB cases are now also reported as Serious Incidents, and will therefore also be submitted to the CCG.	YES

5. NEXT STEPS AND RECOMMENDATIONS

5.1 Confirmation from the Board they accept BSUH's compliance with the ten maternity safety actions (at Trust Board 06/05/2021)
5.2 Confirm who will act as signatory to the declaration on behalf of the Board (at Trust Board 06/05/2021)
5.3 Ensure signature and submit the signed declaration form by mid-day 15 July 2021

Action Plan: (Name) CNST Safety Action 4 - Where there are elective caesarean section lists there are dedicated obstetric, anaesthesia, theatre and midwifery staff						
		(Description) To move elective caesarean sections away from the delivery suite and ensure dedicated team to improve the patients experience and safety				
Item No	**Improvement Action**	**Lead Responsible**	**Expected date for completion**	**RAG rating**	**Progress/comments**	**Date completed**
1	To audit current elective caesarean section pathway on both sites from 1st May 2021 to 31st July 2021	C Harris & T Mudd	31st August 2021	Green		
2	Discuss with theatres on both sites to gain their thoughts and theatre availability	Gail Addison	30th April 2021	Green		
4	Discussion with the labour ward and anaesthetic leads	Bronwyn Middleton & Lavanya Buddha	30th April 2021	Green		
5	Working party to complete A3 and process the new pathway	Matrons, LW leads, theatre representative, anaesthetist, continuity midwife representative PFIS team member	31st August 2021	Green	Matrons and LW leads to determine working party members	
6	Obstetric, Anaesthetic and Midwifery draft rotas	LW leads and Matrons	31st August 2021	Green		
7	Feedback to team through clinical governance findings of audit and completed pathway	LW leads and Matrons	31st October 2021	Green		
8	Pilot study of pathway gaining patient and staff feedback	All	27th February 2022	Green		
9	Review pilot study	All	31st March 2022	Green		
10	Commence pathway	All	31st May 2022	Green		

Action Plan: CNST Safety Action 8 - Implementation of multi-professional training (MPT)						
		The provision of Multi-Professional Training (MPT) is included in CNST, Safety Action 8 and Immediate Essential Action 6 of the Ockenden report. Achieving this is mandated for all maternity units by NHSE and NHSI.				
Item No	**Improvement Action**	**Lead Responsible**	**Expected date for completion**	**RAG rating**	**Progress/comments**	**Date completed**
1	Weekly job planned Obstetrician session to lead on MPT	B. Middleton	31/05/2021	Green		
2	Weekly job planned anaesthetic session to lead on MPT	J. Nicholson	31/05/2021	Green		
4	Business case for fetal well-being/ simulation midwife	G. Addison	31/05/2021	Green		
5	Business case for W&C Simulation Lead	B. Middleton/ G. Addison	31/05/2021	Green		
6	Business case for and recruitment to junior doctor simulation fellow post (BSMS PGCert simulation)	B. Middleton	31/05/2021	Green		
7	Business case for administrative support for Divisional mandatory training	G. Addison	31/05/2021	Green		
8	Establish a database to capture evidence of attendance	A. Vecsei	31/05/2021	Green		
9	Finance for PROMPT annual update material 2021 £5000	B. Middleton	31/05/2021	Green		
10	Finance for Train the Trainers PROMPT update	B. Middleton	31/05/2021	Green		
11	Finance for upgrade to low fidelity simulation equipment on the delivery suites	LW leads	31/05/2021	Green		
12	Virtual platform for essential obstetric emergency/ neonatal/ fetal monitoring modules	A. Vecsei	31/05/2021	Green		

Legacy WSHT

CNST Maternity Safety Standards (Year 3)

1. INTRODUCTION

1.1 For the third year, NHS Resolution is running the Clinical Negligence Scheme for Trusts (CNST). Trusts that can demonstrate they have achieved all ten maternity safety actions will recover the element of their contribution to the CNST maternity incentive fund (£752,957 for legacy WSHT) and will receive a share of any additional unallocated funds.

1.2 In Year 2, legacy WSHT successfully met all ten criteria, securing a total rebate of just under £1,378,273.

1.3 W&C Top Team meets twice a month and has supported the collation of evidence and commentary for the Board, to evidence legacy WSHT compliance with the ten maternity safety actions.

2. FORMAL VALIDATION PROCESS

2.1. Trusts are expected to provide a report to their Board (this report) demonstrating achievement, with evidence, of each of the ten actions. The Board must consider the evidence and complete the Board declaration form for submission. Currently, the Board declaration form is not available, so it will be submitted once received from NHS Resolution (before the deadline of 15th July 2021). An alternative format is presented.

2.2. Completed Board declaration forms must be discussed with the commissioner(s) of the Trust's maternity services, signed off by the Board and then submitted to NHS Resolution by 15th July 2021. Legacy WSHT's submission was discussed with commissioners at the Monthly Maternity & Neonatal Safety Champions Meeting on 26th April 2021.

2.3. It should be noted that Trusts do not need to submit the report or any evidence to NHS Resolution. NHS Resolution will use external data sources to validate some of the Trust's responses.

2.4. Board declaration forms will be reviewed by NHS Resolution and discussed with the Collaborative Advisory Group. There is currently no indication of when NHS Resolution will provide a response.

3. ACTION REQUIRED

3.1. The evidence to meet the Safer Standards for Maternity Care has been put forward to Dr Maggie Davies, Joint Chief Nurse, University Hospitals Sussex. The Board of Directors is now asked to self-certify the Trust is compliant to the ten standards based on the Safer Standards for Maternity Care.

3.2. The Board is also asked to review and approve the following action plans:

3.2.1. Safety Action 4 – Anaesthetic Medical Workforce – provision of elective caesarean section lists.

3.2.2. Safety Action 8 – Multi-Provisional Training – facilitation of multiprofessional training sessions.

4. MAIN REPORT – EVIDENCE OF ACHIEVING THE 10 SAFETY ACTIONS

Board Report on legacy WSHT progress against the Clinical Negligence Scheme for Trusts (CNST) initiative scheme maternity safety actions

Date: 6th May 2021

Further information about the CNST scheme, including the technical guidance, can be found at www.resolution.nhs.uk

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	**Met Y/N**
Required Standard *a)i. All perinatal deaths eligible to be notified to MBRRACEUK from Monday 11 January 2021 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death.* *ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 to 15 March 2021 will have been started before 15 July 2021.* *b) At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Friday 20 December 2019 to Monday 15 March 2021 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool before 15 July 2021.* *c) For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, the parents will have been told that a review of*	

their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was *provided by your Trust staff and the baby died. If delays in completing reviews are anticipated parents should be* *advised that this is the case and be given a timetable for likely completion. Trust should ensure that contact with the* *families continues during any delay and make an early assessment of whether any questions they have can be* *addressed before a full review has been completed; this is especially important if there are any factors which may have* *a bearing on a future pregnancy. In the absence of a bereavement lead ensure that someone takes responsibility* *for maintaining contact and these actions.* *d) Quarterly reports will have been submitted to the Trust Board from Thursday 1 October 2020 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety champion.*	
Trust's Commentary and Evidence All perinatal deaths eligible to be notified to MBBRACE UK from Monday 11th January 2021 onwards must be reported within seven working days and surveillance information where required is completed within four months of the death. Evidence demonstrates there were 4 eligible cases from Jan 21 all of which were reported within 7 days. All deaths of babies eligible for reporting are reviewed using the Perinatal Mortality Review Tool and are reviewed by a Multidisciplinary Review Team at monthly PMRT meetings. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool – attached is the SOP for PMRT and the latest report (April 2021) where grading of care is now reported. For 95% of all deaths of babies who were born and died in your Trust from Friday 20th December 2019, the parents are told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby has been sort, attached in	**Yes**

PRMT DOC Tracker, Perinatal Quality Surveillance Dashboard and Exception Report which shows our Duty of Candour compliance as 100%. Quarterly reports are submitted to the Trust Board that include details of all deaths reviewed and consequent action plans and are discussed with the Trust Maternity Safety Champion. Evidence - Latest quarterly report Q3 (September to December 2020)	
Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	**Met Y/N**
Required Standard *This relates to the quality, completeness of the submission to the Maternity Services Data Set (MSDS) and ongoing plans to make improvements*	
Trust's Commentary and Evidence NHS Digital issues a monthly scorecard to Trusts that can be presented to the board. The scorecard will be used by NHS Digital to assess whether each MSDS data quality criteria has been met. The Final scorecard is attached and shows that we have met all criteria's of Safety Action 2 apart from criteria 3 which is: *'Trust Boards to confirm to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 And 10/2018, which was expected for April 2019 data, or that a locally funded plan is in place to do this, and agreed with the Maternity Safety Champion and the LMS. This should include submission of the relevant clinical coding in MSDSv2 in SNOMED-CT'* We have an email from our Maternity Information Provider where they have confirmed that Medway Maternity our Maternity Information System is	**Yes**

fully compliant with Criteria 3. We now need to establish whose responsibility it will be to confirm this to NHS Resolution. This question has been raised by Kevin Knight (see email below) and I have also highlighted our concerns at our Maternity Quality and Safety Meetings (please see latest report which is attached)	
Safety action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	**Met Y/N**
D) Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC. *E) A review of term admissions to the neonatal unit and to TC during the Covid-19 period (Sunday 1 March 2020 – Monday 31 August 2020) is undertaken to identify the impact of: • closures or reduced capacity of TC • changes to parental access • staff redeployment • changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding.* *F) An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, including those identified through the Covid-19 period as in point e) above has been agreed with the maternity and neonatal safety champions and Board level champion.* *G) Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions.*	
Trust's Commentary and Evidence D) At University Hospitals Sussex, the neonatal team collects data on every admission to the Neonatal units across the sites of Worthing and St Richards. This data is collected via Badgernet and provides information on the acuity and activity of the babies admitted to the unit. The attached report provides an example of the data collected and shared with the Commissioners. E) The neonatal and maternity governance and safety strategy provides a clear process of reviewing all term admissions to the neonatal unit and the TC. In particular, during COVID-19 pandemic, the additional review of the impact this pathway for the neonate. The multi-disciplinary team meet every 6-8 weeks to discuss each case and then disseminated the learning.	**Yes**

Attached you will see the pathway for the baby and family during the pandemic. Also http://nww.westernsussexhospitals.nhs.uk/assets/cg1102-guideline-for-admission-to-neonatal-or-transitional-care-version-v-6-0-march-2020-2.pdf is the admission guideline for the neonate to the TC unit and the neonatal units. Currently Transitional care on the postnatal wards is different on each site and more often than not these babies are cared for on the NNU's and so families are not kept together. An action plan has been completed to take forward a model requiring business case planning to have a designated bay on each site and dedicated maternity support workers to give 24/7 care to these babies and liaison with the NNU link nurse. Please see embedded action plan. F) The ATAIN action plan is shared at the Monthly Women and Children's Governance meetings with a dedicated agenda slot for this factor. Attached you will see the Action log for ATAIN and also an exemplar of the Neonatal Governance report. G) The ATAIN strategy group is attended by both the Neonatal and Maternity teams so the progress is shared across the specialty. Monthly Maternity and Neonatal Unit Meetings are attended by our Chief Nurse, Dr Maggie Davies, who is our Neonatal Safety Champion.	
Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	**Met Y/N**
Required Standard *Anaesthetic medical workforce • An action plan is in place and agreed at Trust Board level to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6* *Neonatal medical workforce • The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing. If this is not met, an action plan to address deficiencies is in place and agreed at board level* *Neonatal nursing workforce • The neonatal unit meets the service specification for neonatal nursing standards. If these are not met, an action plan is in place and agreed at board level to meet these recommendations*	
Trust's Commentary and Evidence **Anaesthetic Medical Workforce**	**Yes**

Currently whilst there is a dedicated team of staff rostered to the elective caesarean list including theatre staff, anaesthetists, obstetricians and midwifery staff should there be an emergency then elective caesareans can be delayed or cancelled.

In order to meet future CNST maternity safety standards we need to regroup on moving elective caesarean sections off of the delivery suites and staffed by a separate team.

We have written a short paper that will go to Trust Board to agree to commit to prioritising this work stream in order to be compliant with CNST year 3.

Next steps will be a focused stakeholder meeting to work on how we are able to implement this

Documents evidence anaesthetic rotas available for the obstetric unit 24 hours per day and grade

Neonatal Medical Workforce and BAPM Standards

St Richards's Hospital

BAPM Standard: Units designated as LNUs should have immediately available at least one resident Tier 1 practitioner dedicated to providing emergency care for the neonatal service 24/7; the provision of newborn infant physical examination should not be the sole responsibility of this individual and midwives should be trained to deliver this aspect of care

The Tier 1 rota (as evidenced by the departmental rota) provides a separate practitioner available for neonatal care between 9am and 7pm Monday-Friday. Outside these hours a single tier 1 practitioner is available to provide support to general paediatrics and neonatal care.

Medical staffing remains one of our unit's biggest challenges and we do not anticipate increasing the Tier 1 provision.

The unit's re-designation to a Level 1 SCU, as per the Thames Valley & Wessex Neonatal Operational Delivery Network, will result in adherence to BAPM standards for SCUs.

A dedicated Tier 2 practitioner (as evidenced by the departmental rota) is available to the neonatal service between 9-5 Monday- Friday. Outside these hours a single Tier 2 practitioner is available to cover the neonatal and general paediatric service. It is the expectation of the Tier 3 team, however, that they will respond immediately to a neonatal emergency if required but may be off site when called.
Medical staffing remains one of our unit's biggest challenges and we do not anticipate increasing the Tier 2 provision.

The unit's re-designation to a Level 1 SCU, as per the Thames Valley & Wessex Neonatal Operational Delivery Network, will result in adherence to BAPM standards for SCUs. No action plan is currently available. Once agreed with all parties and published, the Trust will ensure compliance. **Worthing Hospital** BAPM Standard: SCUs should provide a resident Tier 1 practitioner dedicated to the neonatal service in day-time hours on weekdays and a continuously immediately available resident Tier 1 practitioner to the unit 24/7. This person could be shared with a co-located Paediatric Unit out of hours if this does not reduce quality of care delivery and safety to the neonatal unit assessed BAPM Standard : SCUs should provide a resident Tier 2 to support the Tier 1 in SCUs admitting babies requiring respiratory support or of very low admission weight <1.5 kg. This Tier 2 would be expected to provide cover to co-located paediatric services but be immediately available to the neonatal unit **<u>Neonatal Nursing Workforce</u>** The Neonatal Safe Nursing Standards sets out the minimum standard of nurses who need to be available to care for the baby and their families. Information on the patient activity, acuity and the nurse workforce standards is collected every 12 hours and compared to the BAPM standards (2014). This data is collected in Badgernet and is shared monthly with the senior nursing team for review. Attached is the data for March 2021 as an exemplar. The area of greatest challenge in meeting the nursing standards has been the NNU at SRH, currently designated as a Level 2 unit. However, the unit's re-designation to a Level 1 SCU, as per the Thames Valley & Wessex Neonatal Operational Delivery Network, will result in adherence to BAPM nursing standards for SCUs. Every six months a review of the nursing staffing standards is undertaken and this information is shared with the Executive Board. The model of staffing on both sites is a flexible one: with nurses being moved between the Neonatal units and from Children's areas to meet any shortfalls. No action plan is currently available for the service re-designation. Once agreed with all parties and published, the Trust will ensure compliance.	
Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	**Met Y/N**
Required Standard	

a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed. *b) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service* *c) All women in active labour receive one-to-one midwifery care* *d) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board at least once a year, during the maternity incentive scheme year three reporting period (December 2019 – July 2021).*	
Trust's Commentary and Evidence Evidence includes birthrate plus report from November 2018 – current establishment has been calculated on ratio of 1:27 Current staffing levels demonstrate 6 WTE band 5/6 midwives and the trust is currently out to recruit these staff. Evidence also includes SOP completed during the first lockdown demonstrating staffing was compliant during these periods and not affected by covid-19. During this time we also had a fall in the birthrate so work load was reduced. The labour ward co-ordinators job description is held as evidence that the trust requires co-ordinators to be supernumerary. To evidence this we have requested from Birthrate + the co-ordinators status to be added as a red flag to the daily acuity tool – there is email evidence of this and it will be added to the escalation policy. To demonstrate 1:1 care we have embedded the Q1, Q2 & Q3 – each document evidences 100% compliance with 1:1 care in labour Also attached is the Adult, Children's and Maternity Staffing and Capacity levels Q 1- Q3 2020 There were 8 incidents reported via red flag within datix which identified staffing concerns. Escalation process was initiated.	**Yes**
Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	**Met Y/N**

Required Standard ***1. Trust Board level consideration of how its organisation is complying with the Saving Babies' Lives care bundle version two (SBLCBv2), published in April 2019. Note: Full implementation of the SBLCBv2 is included in the 2019/20 standard contract.*** ***2. Each element of the SBLCBv2 should have been implemented. Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been agreed with their commissioner (CCG). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network*** ***3. The quarterly care bundle survey should be completed until the provider trust has fully implemented the SBLCBv2 including the data submission requirements. The corroborating evidence is the SBLCBv2 survey and MSDS data, availability of this depends on the COVID-19 status. The survey will be distributed by the Clinical Networks and should be completed and returned to the Clinical Network or directly to England.maternitytransformation@nhs.net.***	
Trust's Commentary and Evidence At University Hospitals Sussex, Worthing and St Richards hospitals each element of the of Saving Babies' Lives v2 (SBLv2) published 2019 have been met. Element one - Reducing smoking in pregnancy – our smoking in pregnancy service started on March 2020, offering an opt out in house service which provides behavioral support and NRT. Very brief advice training has been encouraged and a smoking cessation session has been added to the mandatory training. Whilst CO monitoring has been paused due to the covid-19 pandemic we have achieved 100% documentation of smoking status at booking and at 36	**Yes**

weeks gestation. Element two - Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR). A new scan algorithm has been introduced to take into account risk factors for FGR, including those that are unsuitable for symphysis fundal height (SFH) measurements such as twins and raised BMI. Those that are considered low risk will continue to be monitored by SFH measurements and will be plotted on the GROW chart. The embedded presentations demonstrate percentage of pregnancies where FGR was identified and the audits completed demonstrating the percentages of babies born <3rd centile and >37+6 weeks gestation. The algorithm which identifies risk can be found within the Small for gestational age and fetal growth restriction guideline Element three - Raising awareness of reduced fetal movement Ongoing audit shows excellent compliance with the management of RFM with 100% of cases induced according to current guidelines. Computerised CTG usage has increased from 75% in May 2020 to 94% in October 2020, 100% of women received fetal movement advice during their pregnancy. Element four - Percentage of staff who have received training on intrapartum fetal monitoring in line with the requirements of safety action 8 Percentage of staff who have successfully completed mandatory annual competency assessment Element five - Reducing preterm births Preterm surveillance clinics were introduced on both sites in May 2020. The embedded audit demonstrates the percentage of singleton livebirths <34+0 weeks receiving a full course of antenatal steroids, the percentage of singleton live births <30 weeks receiving MGSO4 and assurance that babies were born in an appropriate setting. Clinical governance session in April2021 demonstrated the achievements at WSHT with regards to saving Babies lives	
Safety action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through	**Met Y/N**

your Maternity Voices Partnership (MVP) to coproduce local maternity services?	
Required Standard *Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?*	
Trust's Commentary and Evidence The Maternity Voices Partnership was set up in April 2019 a Chair and Vice Chair, were successful recruited. Leaflets (translated versions were available in our top 5 languages) and post cards were printed, and today these are distributed in every red book by the health visiting team. Engagement activities continued in the communities and the Chair and Vice Chair attended various local groups to continue to drive awareness, also starting to collect those voices and experiences. Evidence shows example of engagement spreadsheet. The first Maternity Voices Partnership Meeting in June 2019 was well attended with over 40 staff, service users and Commissioners in attendance, and meetings have continued bi-monthly on a formal basis). Agenda's with a standing order to hear that lessor heard groups are produced for each meeting, and minutes follow. We now have an MVP webpage off the Trust website where these can be accessed rather than only on request (as we do not collect email addresses whilst we are not holding face to face meetings where they can tick to give permission for us to hold their details). The Chair has set up, in line with GDPR, an engagement database to enable proactive emails and invites to MVP meetings, and to track attendance and record when service users join the MVP as representatives. The Chair has created an on-line form for service users to sign up by agreeing to the MVP Terms of Reference, Maintaining Independence and by the MVP Privacy and GDPR Policies hosted on the National MVP Website. This example is being used Nationally as an example of good practice. At the meeting in June 2019 the MVP Terms of Reference were adopted. Post covid these are due to be reviewed.	**Yes**

The MVP also has a page on the West Sussex Family Assist tool which has registered families including mothers, non-birthing partners and grandparents, and the Chair has worked with this team to ensure the MVP links are shared with anyone as they register for the tool. The Chair also reviews all service user facing information on Family Assist before they go through JOGG to give service user feedback. Between the formal bi monthly MVP meetings the MVP have had held smaller service user rep meetings and various working/focus groups on projects service users have highlighted as areas of concern, where complaints have been identified and where service providers also identify areas of frustration and concerns e.g. The 'Leaving Home with your Baby Process (Discharge), Non birthing partners saying on the ward, the Wellbeing and Exercise in Pregnancy working group. See example attached. The MVP did Walk the Patch Service User Experience Surveys, which has gone online during covid. The most recent results are attached here for November 2020 and cover both Worthing and St Richards Hospital. The MVP Chair is remuneration and can claim expenses. Please see attached how this works.	
Safety action 8: Can you evidence that the maternity unit staff groups have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	**Met Y/N**
Required Standard *Can you confirm that:* *a) Covid-19 specific e-learning training has been made available to the multi-professional team members?* *b) team required to be involved in immediate resuscitation of the newborn and management of the deteriorating new born infant have attended your in-house neonatal resuscitation training or Newborn Life Support (NLS) course since the launch of MIS year three in December 2019?* *c) there is a commitment by the trust board to facilitate multi-professional training sessions, including fetal monitoring training once when this is permitted.*	
Trust's Commentary and Evidence **8a**)To ensure that multi-professional training continued to be delivered during the pandemic, a half day Virtual PROMPT course was delivered to staff	**Yes**

groups in the guidance including Midwives, Obstetricians and Anaesthetists. This included COVID-19 specific content, as outlined below:

- Practical Obstetric Multi professional Training (PROMPT) PROMPT Maternity Foundation
- eLearning for health, access to the covid-19 resources https://portal.e-lfh.org.uk/

8b) Team required to be involved in immediate resuscitation of the newborn and management of the deteriorating new born infant have attended your in-house neonatal resuscitation training or Newborn Life Support (NLS) course since the launch of MIS year three in December 2019?

Midwives

At University Hospitals Sussex, Worthing and St Richard's Hospitals the criteria for element 8 of Saving Babies' Lives v2 (SBLv2) have been followed since being introduced in 2019 and all standards are currently met. See attached evidence

Newborn Life Support (NLS) for Neonatal Nurses:

NLS delivery has been negatively affected by Covid 19 restrictions to training, despite this, the Trust has continued to make appropriate training available to staff. Currently 36 neonatal nurses require training and of these 16 are out of date. Since December 2019, only 1 member of staff has successfully attended an NLS course. Multiple others have been booked on courses, but these have been cancelled due to the pandemic.

The Trust is committed to addressing this backlog and has in place actions to ensure that going forward the Trust is compliant with Safety Action 4 guidance. Brighton has made multiple courses available for the year ahead. Places on these courses have been requested for all staff who are out of date or due for NLS courses, prioritising those who take charge of the units and attend births. Brighton is allocating slots to (legacy Western Sussex) staff and will let us know what bookings they can accommodate in the near future. Some nurses have bookings for Southampton and Southampton will also be asked for availability if Brighton is unable to accommodate our training requests.

In date providers of NLS, working in educational roles within the Trust will provide 10 sessions over the next 2 months to provide NBLS updates for up to 40 staff. This will cover nurses from the neonatal services at both WGH and SRH. It will then become a yearly requirement for these nurses to receive this update. The updates will have the same content and use the same resources as our midwifery colleagues and staff will demonstrate key clinical skills required. We have also identified a further possible trainer for next year's sessions, who is booked onto NLS this summer and will be working in an educational role. Identification of medical staff who are NLS instructors can also be considered.

Annual Neonatal Resuscitation Training for the Paediatric Medical Team

Foundation doctors, GP trainees and Paediatric ST1 trainees have training in neonatal resuscitation as part of their induction to the department. These training sessions occur 3 times a year at the beginning of new GP, FY1 and FY2 rotations. This is evidenced I the induction programme and attendance list. Further to this, Paediatric trainees (with the exception of ST1 trainees who have joined paediatric rotations) are in date with the UK Resuscitation Council NLS (Newborn Life Support) course as part of their ARCP requirements. This is evidenced in the trainees' RCPCH e-portfolio. Paediatric Consultants will be signed off for attending a virtual annual refresher in neonatal resuscitation. The evidence will be held by the department. **8c) there is a commitment by the trust board to facilitate multi-professional training sessions, including fetal monitoring training once when this is permitted.** The provision of Multi-Professional Training (MPT) is included in CNST, Safety Action 8 and Immediate Essential Action 6 of the Ockenden report. Achieving this is mandated for all maternity units by NHSE and NHSI. The post graduate education centres (PGME) have previously supported the provision of PROMPT course training within the simulation centres for some staff. COVID interrupted the delivery of face to face training, so a Virtual PROMPT session was designed to ensure that MPT would continue. Since December 2019, 164 out of 515 staff received either face to face or virtual MPT. The number of virtual sessions are being increased in the short term, to ensure that as many staff as possible receive training whilst COVID rates are low. Going forward, a plan has been developed to deliver the training requirements and address compliance. This plan has been put forward to Trust Board, as part of the CNST Year 3 submission.	
Safety action 9: Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?	**Met Y/N**
Required Standard *a) A pathway has been developed that describes how frontline midwifery, neonatal, obstetric and Board safety champions share safety intelligence from floor to Board and through the local maternity system (LMS) and MatNeoSIP Patient Safety Networks.* *b) Board level safety champions are undertaking feedback sessions every other month, for maternity and neonatal staff to raise concerns relating to safety issues, including those relating to Covid-19 service changes and service user feedback and can demonstrate that progress with actioning named*	

concerns are visible to staff. *c) Board level safety champions have reviewed their continuity of carer action plan in the light of Covid-19. Taking into account the increased risk facing women from Black, Asian and minority ethnic backgrounds and the most deprived areas, a revised action plan describes how the maternity service will resume or continue working towards a minimum of 35% of women being placed onto a continuity of carer pathway, prioritising women from the most vulnerable groups they serve.* *d) Together with their frontline safety champions, the Board safety champion has reviewed local outcomes in relation to: I. Maternal and neonatal morbidity and mortality rates including a focus on women who delayed or did not access healthcare in the light of Covid-19, drawing on resources and guidance to understand and address factors which led to these outcomes.* *II. The UKOSS report on Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK.* *III. The MBRRACE-UK SARS-Covid-19* *https://www.npeu.ox.ac.uk/assets/downloads/mbrra ce-uk/reports/MBRRACEUK_Maternal_Report_2020_v10_FINAL.pdf* *IV. The letter regarding targeted perinatal support for Black, Asian and Minority Ethnic groups And considered the recommendations and requirements of II, III and IV on I* *e) The Board Level Safety Champion is actively supporting capacity (and capability) building for all staff to be actively involved in the following areas:* *Maternity and neonatal quality and safety improvement activity within the Trust, including that determined in response to Covid-19 safety concerns* *Specific national improvement work and testing lead by MatNeoSIP that the Trust is directly involved with*	
Trust's Commentary and Evidence A pathway has been written which describes how all staff can report from floor to board and share their concerns relating to safety issues. The pathway includes the names of the safety champions and will also be shared with the LMS. Monthly meeting have been organised and the agenda for these meetings is within the pathway. The findings within the monthly MatNeo safety champions exception report is discussed at the meetings and includes information required such as	**Yes**

datix's raised by staff, user feedback through complaints, friends and family feedback and plaudits. The safety champion should also have sight of the current and future action plans for continuity of carer. At Worthing & St Richards hospitals, we have been successful in implementing six continuity of carer teams; all follow a team model. Currently this equates to 35% of the women booked for care. Currently due to the small amount of women from a minority ethnic background booked at our trust we are unable to offer continuity of carer for all of these women. However, we do offer an enhanced pathway for these women which offer more antenatal appointments. The women who live in the postcode area of BN17 are all looked after within a continuity team – this area is deemed as one of the most deprived areas A number of agendas are provided as examples of safety events	
Safety action 10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme?	**Met Y/N**
Required Standard *a) Reporting of all outstanding qualifying cases for the year 2019/20 to NHS Resolution's EN scheme.* *b) Reporting of all qualifying cases to the Healthcare Safety Investigation Branch (HSIB) for 2020/21.* *c) For qualifying cases which have occurred during the period 1 October 2020 to 31 March 2021 the Trust Board are assured that:* *1. the family have received information on the role of HSIB and the EN scheme; and* *2. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.*	
Trust's Commentary and Evidence Report from HSIB demonstrates full compliance with reporting of qualifying cases to the HSIB for 2020/2021 Early Notification incidents:	**Yes**

The anonymized patient safety action tracker provides evidence of incidents reported to the NHS Resolution's Early Notification (EN) scheme and also includes duty of candour. Further evidence of 100% compliance with duty of candour can be seen within the surveillance document sent to the Board monthly for evidence of Ockenden recommendations.	

Action Plan: (Name) CNST Safety Action 4 - Where there are elective caesarean section lists there are dedicated obstetric, anaesthesia, theatre and midwifery staff						
		(Description) To move elective caesarean sections away from the delivery suite and ensure dedicated team to improve the patients experience and safety				
Item No	**Improvement Action**	**Lead Responsible**	**Expected date for completion**	**RAG rating**	**Progress/comments**	**Date completed**
1	To audit current elective caesarean section pathway on both sites from 1st May 2021 to 31st July 2021	C Harris & T Mudd	31st August 2021	Green		
2	Discuss with theatres on both sites to gain their thoughts and theatre availability	Gail Addison	30th April 2021	Green		
4	Discussion with the labour ward and anaesthetic leads	Bronwyn Middleton & Lavanya Buddha	30th April 2021	Green		
5	Working party to complete A3 and process the new pathway	Matrons, LW leads, theatre representative, anaesthetist, continuity midwife representative PFIS team member	31st August 2021	Green	Matrons and LW leads to determine working party members	
6	Obstetric, Anaesthetic and Midwifery draft rotas	LW leads and Matrons	31st August 2021	Green		
7	Feedback to team through clinical governance findings of audit and completed pathway	LW leads and Matrons	31st October 2021	Green		
8	Pilot study of pathway gaining patient and staff feedback	All	27th February 2022	Green		
9	Review pilot study	All	31st March 2022	Green		
10	Commence pathway	All	31st May 2022	Green		

Action Plan: CNST Safety Action 8 - Implementation of multi-professional training (MPT)						
		The provision of Multi-Professional Training (MPT) is included in CNST, Safety Action 8 and Immediate Essential Action 6 of the Ockenden report. Achieving this is mandated for all maternity units by NHSE and NHSI.				
Item No	**Improvement Action**	**Lead Responsible**	**Expected date for completion**	**RAG rating**	**Progress/comments**	**Date completed**
1	Weekly job planned Obstetrician session to lead on MPT	B. Middleton	31/05/2021	Green		
2	Weekly job planned anaesthetic session to lead on MPT	J. Nicholson	31/05/2021	Green		
4	Business case for fetal well-being/ simulation midwife	G. Addison	31/05/2021	Green		
5	Business case for W&C Simulation Lead	B. Middleton/ G. Addison	31/05/2021	Green		
6	Business case for and recruitment to junior doctor simulation fellow post (BSMS PGCert simulation)	B. Middleton	31/05/2021	Green		
7	Business case for administrative support for Divisional mandatory training	G. Addison	31/05/2021	Green		
8	Establish a database to capture evidence of attendance	A. Vecsei	31/05/2021	Green		
9	Finance for PROMPT annual update material 2021 £5000	B. Middleton	31/05/2021	Green		
10	Finance for Train the Trainers PROMPT update	B. Middleton	31/05/2021	Green		
11	Finance for upgrade to low fidelity simulation equipment on the delivery suites	LW leads	31/05/2021	Green		
12	Virtual platform for essential obstetric emergency/ neonatal/ fetal monitoring modules	A. Vecsei	31/05/2021	Green		

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	20	**Meeting:**	Trust Board	**Meeting Date:**	06 May 2021
Report Title:	Maternity update including Ockenden Assurance				
Sponsoring Executive Director:	Maggie Davies and Carolyn Morrice, Chief Nurses				
Author(s):	Maggie Davies Chief Nurse				
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:

Ockenden Report implications are regularly shared with the Quality Committee and the LMS.

Executive Summary:

This report provides a brief overview of current services at WSHT & BSUH during 2020/21. It describes the collaborative working of University Hospitals Sussex NHS FT and what we are proud of. In addition, the report will provide an update in relation to the National maternity reviews and Ockenden report assurance against key priorities.

Key Recommendation(s):

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

University Hospitals Sussex
NHS Foundation Trust

MATERNITY SERVICES- across University Hospitals Sussex

6th May 2021

Maternity Services

An overview of how maternity services in Sussex are developing following national changes .

“excellent care every time”-where better never stops

Contents

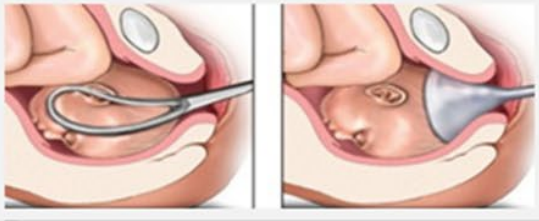
University Hospitals Sussex
NHS Foundation Trust

- Brief overview of current service WSHT & BSUH 20/21
- Collaborative working University Hospitals Sussex NHS FT–what we are proud of
- National maternity reviews and Ockenden report assurance against key priorities
- Conclusion

WSHFT — MATERNITY ACTIVITY— 20/21

18.6% EMCS rate & 14.9% ELCS rate

SVD rate: 55.5%



11% Instrumental delivery rate

242 Deliveries on Chichester Birth Centre
109 Homebirths
52 BBA's (Born Before Arrival of Midwife)

Breastfeeding rate: 80.9%

Hydrotherapy in Labour: 9.7%

Water births: 5.3%

36.8% IOL rate

Smoking at Delivery: 10.9%

woman diverted 60

SRH 22 & WH 38

4424 women gave birth

4470 babies born

sets of twins: 46

2264 Baby Boys & 2206 Baby Girls

Smallest Baby (term) 1.88kg
Biggest Baby (term) 5.35kg

2.1% of term babies admitted to NNU from Labour Ward

BSUH 2021

NHS
University Hospitals Sussex
NHS Foundation Trust

Total number of births
4756

Total number of babies born
4819

Birth in water 246

Svb
2845
breech
15

Sets of Twins
61

Induction of labour
28.9%

Instrumental Delivery Rate
12.9%

Caesarean Section Rate 32.2%

Born before arrival 9

Term babies admitted to NNU from Labour Ward
5.1%

Number of women and people diverted to another hospital
23

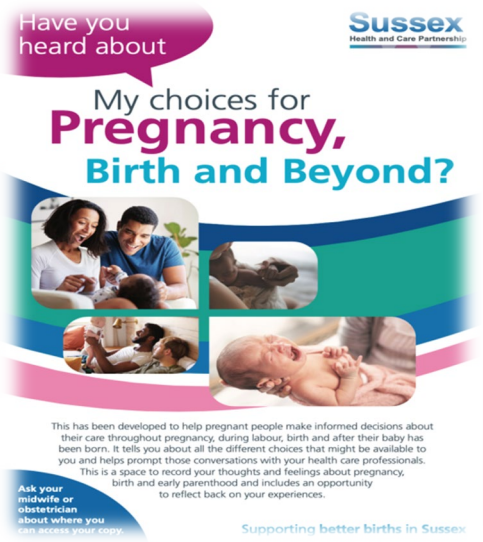
5.1%
Smoking at delivery

Total Homebirths
264

91% at birth
Breastfeeding Rates

Lightest Baby 385g
5580g Heaviest Baby

Examples of collaborative working between our Hospitals before the merger



OUR MIDWIVES

Maternity Voices partnerships

University Hospitals Sussex NHS Foundation Trust

WESTERN SUSSEX Maternity Voices

Working in partnership to improve maternity services

Western Sussex Maternity Voices Partnership are a team of parents, health professionals & commissioners all working together to shape and improve local maternity services across St Richards & Worthing Hospitals.
We want to hear about your maternity & neonatal experience before, during and after birth....

Brighton & Sussex University Hospitals Maternity Voices

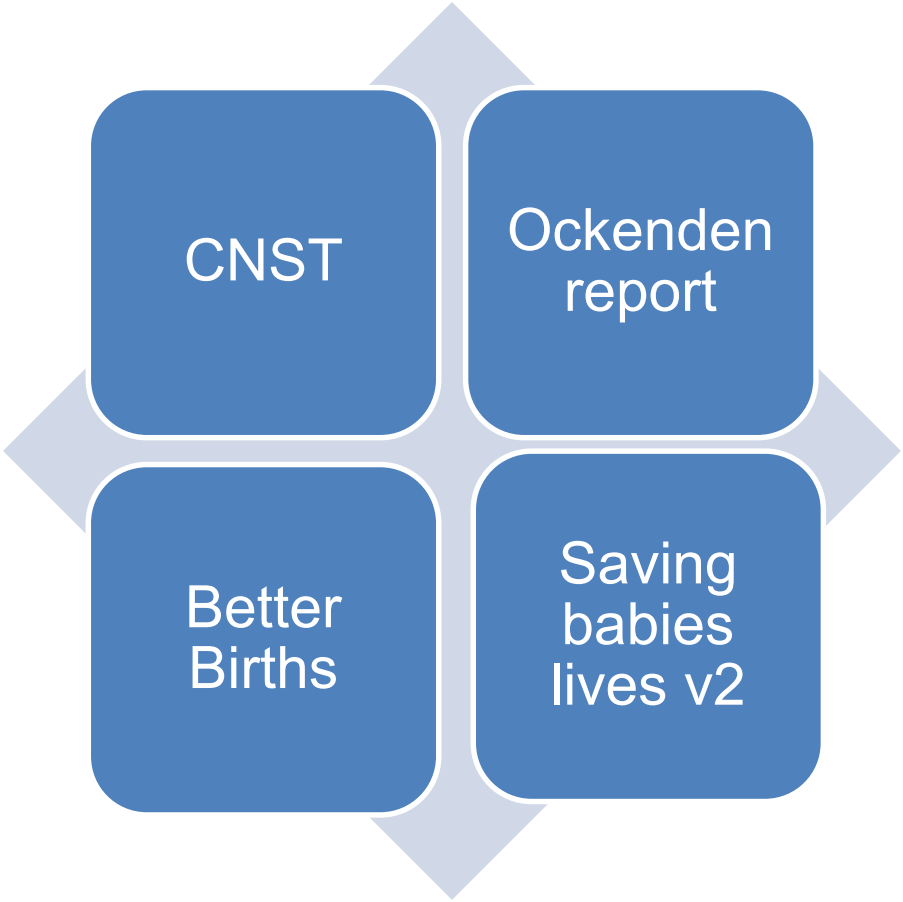
BSUH Maternity Voices Partnership

A Maternity Voices Partnership (MVP) is a NHS working group bringing together local families, commissioners and providers (midwives and doctors) who work together to review and contribute to the development of local maternity care. The Brighton and Sussex University Hospital Maternity Voices Partnership (BSUH MVP) was formed in September 2020 after the well-established Brighton and Hove and Mid Sussex MVPs were combined.


Each year approximately 1000 babies die or suffer brain damage
HSIB
MBRRACE-UK
Mothers and Babies: Reducing Risk throug
Audits and Confidential Enquiries across the U
NHS
BETTER BIRTHS
personal + safe
Maternity
PMR
Supporting high
local perinatal rev
NATIONAL
Maternity Voices
icef
KINGDOM
THE BABY FRIENDLY INITIATIVE
CareQualit
Commission
OCKENDEN REPORT
MATERNITY SERVICES
AT THE SHREWSBURY
AND TELFORD HOSPITAL
NHS TRUST
Saving Babies' Lives

Important maternity reviews & national requirements

University Hospitals Sussex NHS Foundation Trust



CNST submission

University Hospitals Sussex NHS Foundation Trust

- Third year of Clinical Negligence Scheme for Trusts (CNST) maternity incentive
- USHFT (BSUH & WSHFT) 2020-21- 100% compliant submissions in all 10 safety standards
- Plan combined submission for 2022

Better Births – Improving Outcomes for Maternity Services

Better Births -Key actions

University Hospitals Sussex NHS Foundation Trust

- Continuity of carer merged compliance 35% - meets current requirement UHSussex
- Personalised care plans – all women have access to digital version and some hand held copies
- Pathway development for minority ethnic groups and women from areas of deprivation
- Named consultant for some continuity teams- plans for all teams

Saving Babies' Lives

A resource designed to support maternity staff to implement all elements of the Saving Babies' Lives Care Bundle Version Two

- Element 1: Reducing smoking in pregnancy
- Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction
- Element 3: Raising awareness of reduced fetal movement
- Element 4: Fetal Monitoring
- Element 5: Reducing preterm births

Saving babies lives

University Hospitals Sussex
NHS Foundation Trust

- Growth restriction guidance –meet current benchmark –funding for midwife sonographers
- Fetal monitoring leads – requirement is for named consultant and lead midwife
- Preterm birth right place capacity
- County wide action on smoking cessation – development of service for pregnant women and their partners

Taking Action on Ockenden

The Ockenden Report was published in December 2020 and contained 7 Immediate and Essential Actions for Trusts.

We are proud of the safe and kind service we provide to women and their families but it's important to always strive for improvement. Every member of staff has a part to play.

1 Enhanced Safety

Incident Investigation

Standard Required

Trusts must work collaboratively to ensure serious incidents are investigated thoroughly and Trust Boards must have oversight of these.

Our Plan

We work closely with other Trusts through the LMNS. All serious incidents will be reviewed by the Trust Board on a monthly basis.

Listening to Women and Families 2

Standard Required

Women and Families must be listened to and their voices heard.

Our Plan

Continue our positive working relationship with the MVP. Implement the role of Independent Senior Advocate when national guidance is available.

Maternity Voices Partnership

3 Staff Training and Working Together

Multiprofessional Training

Standard Required

Staff who work together must train together. Consultants must carry out twice daily ward rounds.

Our Plan

Continue with Multidisciplinary Skills training. Agree resource required to increase both training and consultant presence.

Managing Complex Pregnancy 4

Standard Required

There must be robust pathways in place for managing women with complex pregnancies.

Our Plan

We have clear guidelines for women with complex pregnancies. We will carry out audits to assess compliance and ensure women know who their consultant lead is.

Named Consultants

5 Risk Assessment throughout Pregnancy

Antenatal Care Pathways

Standard Required

Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.

Our Plan

Midwives are excellent at considering women's risk factors throughout pregnancy. We will make these risk assessments explicit in MyCare to facilitate clear documentation and audit.

Monitoring Fetal Wellbeing 6

Standard Required

All maternity services must appoint a dedicated Lead Midwife and Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.

Our Plan

We have appointed fetal monitoring leads. They will support staff, review cases and facilitate learning.

Saving Babies' Lives

7 Informed Consent

Respecting Choices

Standard Required

All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth.

Our Plan

Information is available to women via our Online Video Library and Patient Information leaflets. We will develop MyChart to facilitate women's participation in their care.

If you have any ideas about how the Trust can achieve all the requirements of the Ockenden Report or improve our maternity services, please talk to your Line Manager or the Senior Leadership Team.

Ockenden Report-Dec 2020

University Hospitals Sussex NHS Foundation Trust

7 immediate actions

	Current position	Forecast position	Notes
Enhanced safety			Meeting cnst . Board reporting of SIs in place
Listened to women & families			Awaiting independent advocate national steer
Working together			Development of live emergency training
Managing complex pregnancy	Single gap in compliance - Lack of named consultant at WSHT- pathway under development under merger	Quarter 2 Gap addressed when funding approved	Complex pregnancy hubs. Pathway design post merger.
Risk assessment during pregnancy			
Moniotoring Fetal wellbeing	Single gap in compliance – across UHS named lead consultant Doing well on MDT training	Quarter 2	Awaiting named cons on WH site
Informed choices	Gap in seamless information- under development under merger	Quarter 2	Family Assist west Internet east – development of UHS website

Opportunities for the future

University Hospitals Sussex NHS Foundation Trust

- Combined birth rate plus
- Investment for workforce and MDT training- 20/21 planning round
- Investment for digitisation- NHS digital
- Review of specialist roles
- Improved service for people living on the boundaries
- Sharing of guidelines and good practice
- All women to be on continuity of care pathway by 2023
- Refresh FFT-national
- BFI accreditation –UH Sussex
- Reaching more families
- Pelvic health

ANY QUESTIONS?

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	21	**Meeting:**	Trust Board	**Meeting Date:**	06th May 2021
Report Title:	Clinical Strategy Phase 1 - Framework				
Sponsoring Executive Director:	Dame Marianne Griffiths (Chief Executive Officer)				
Author(s):	Amanda Harrison (Network Director) Rachel Potts (Head of Strategy and Planning)				
Report previously considered by and date:	Executive Huddle – 14/04/2021 TEC – 20/04/2021 – 22/04/21 Quality Committee - 27/04/21				

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	✓	Implementation of a robust Clinical Strategy will make a significant contribution to all five True North domains.
Sustainability	✓	
Our People	✓	
Quality Improvement	✓	
Systems and Partnerships	✓	

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

Communication and Consultation:

The Clinical Strategy has been co-developed with senior clinicians and leaders across the whole of our new Trust. Every Clinical Division has been represented, with oversight of a Clinical Strategy Programme Board, supported by wider engagement through workshops. It has also been built on feedback from our patients, staff and the public, taking account of FFT feedback, merger survey, staff surveys and ICS public engagement findings.

Executive Summary:

A new Clinical Strategy is being developed for our new Trust. The strategy will be central to our achievement of our True North objectives by ensuring we develop and improve our services in a way that satisfies the requirements of all our True North domains and enables us to deliver the benefits of merger.

The development and delivery of our Clinical Strategy is one of our strategic initiatives and as such is part of the overall strategic deployment approach the Trust is taking to achieve True North. It will contribute to and be enabled by the other strategic initiatives, corporate projects and breakthrough objectives. The wellbeing of our staff, our clinical leadership and the systems and processes that support the delivery of safe and high quality services are integral to enabling the success of our strategy.

The strategy is being developed in phases. This document sets out the outcome of phase 1 which provides

a framework for our strategy and our initial priorities. The systematic approach we set out is embedded in our Trust wide Patient First strategic deployment. It harnesses data, staff and patient input to inform our decisions so that we make informed choices about our priorities for improving clinical services.
In phase 1, we have:

- Articulated our method which is inclusive of all clinical specialties, drawing on our Patient First methodology to ensure that we start with a firm understanding of the problems we are trying to solve or the opportunities we are trying to realise;
- Reviewed the opportunities all of our clinical services have to make improvement, taking account of data along with insight from our staff and patients;
- Considered the improvement plans we already have in place through our strategy deployment and wider system working, and aligned these to our approach

All our clinical specialities will use our Patient First continuous improvement methodology to make improvements, some have the opportunity to take additional actions through other aspects of our strategic deployment such as our corporate projects and strategic initiatives or through delivering specialty strategies developed across the Sussex system, and a smaller number would benefit from a more transformative approach either within the Trust or at a system level. We have grouped specialties to reflect the way in which they will work to help achieve our overarching True North goal. The groups can be summarised as follows, improve our True North delivery through:

- Our Patient First improvement methodology;
- A Corporate Project, Strategic initiative or Breakthrough Objective, or system wide project;
- A specialty focused strategic project with a high impact scope or scale

Taking account of the Trust's transformation capacity, we have prioritised four specialties within the latter group for year one development. These include Ophthalmology, Trauma and Orthopaedics, Care of the Elderly/ DOME and Digestive Diseases/Gastroenterology.

This paper also sets out our approach to the further phases of development for the Clinical Strategy which are inclusive of all specialties. In phases 2 and 3, we will develop and assess the options for delivering further improvements and transformation in our clinical services. These will be based on really listening to the voice of our patients, working with our people and partners, reviewing best practice and assessing our opportunities to innovate and improve the way we use our resources. We will start to implement our initial recommendations as part of phase 4; measuring the impact this has on our overarching True North goal to continually improve standards of patient care. During phase 4 we will also further prioritise and evolve our proposals for the clinical strategy.

Key Recommendation(s):

The Trust Board are asked to:

- **Approve** the approach to the development of the Clinical Strategy;
- **Approve** the phase 1 priorities articulated

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NHS Foundation Trust

Clinical Strategy Phase 1 – Framework

Trust Board

06 May 2021

Introduction

University Hospitals Sussex NHS Foundation Trust

Our proposed new Clinical Strategy:

- Drives delivery of True North as an integral part of our strategic deployment and drawing on our Patient First improvement methodology:
- Takes account of the agreed strategic boundaries;
- Will contribute to the delivery of the benefits of our merger;
- Is being developed in four phases, with phase 1 now complete;
- Is inclusive of all our specialties;
- Integrates the voice of our patients and staff;
- Is being developed with our senior clinicians and leaders;
- Draws on comparative bench marked data and specialty SWOTs to understand and respond to risks and opportunities;
- Builds on the strategic deployment and wider system work we have already agreed e.g.: Corporate Projects, Strategic Initiatives, System wide projects and programmes;
- Supports our collaboration with the ICS, the delivery of the SACN programmes and the opportunities identified in the Acute Services Review

Strategic Boundaries

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A number of strategic boundaries have been set. These represent UHSussex's core clinical service provision and delineate the service elements that will not change as we develop and deliver the clinical strategy :

- Access to **emergency medical care and A&E services** 24 hours a day, 7 days a week on the Princess Royal Hospital, Royal Sussex County Hospital St. Richard's Hospital and Worthing Hospital sites
- **Maternity services** at the Princess Royal Hospital, Royal Sussex County Hospital, St. Richard's Hospital and Worthing Hospital sites
- A **teaching hospital** in conjunction with Brighton & Sussex Medical School
- **Outpatient, day case and rapid diagnostic services** across the Trust including on our non-acute sites
- **Tertiary service provision** as part of a network of tertiary care providers across the region and nationally
- Trauma services as part of a Trauma network that includes a **Major Trauma Centre** on the Royal Sussex County Hospital site along with all the supporting services this requires
- A wide range of **cancer services** across Sussex including the Sussex Cancer Centre on the Royal Sussex County Hospital site
- A specialist centre for **paediatric care**, combined with a neonatal intensive care service and paediatric cancer services from the Royal Alexandra Children's Hospital
- **Hyper-acute stroke units** and other stroke services as part of a Sussex wide stroke provision
- **Specialist renal care**, including dialysis and other services across East and West Sussex
- The system wide benefits of the **3Ts development** in line with Sussex Integrated Care System Long Term Plan

True North

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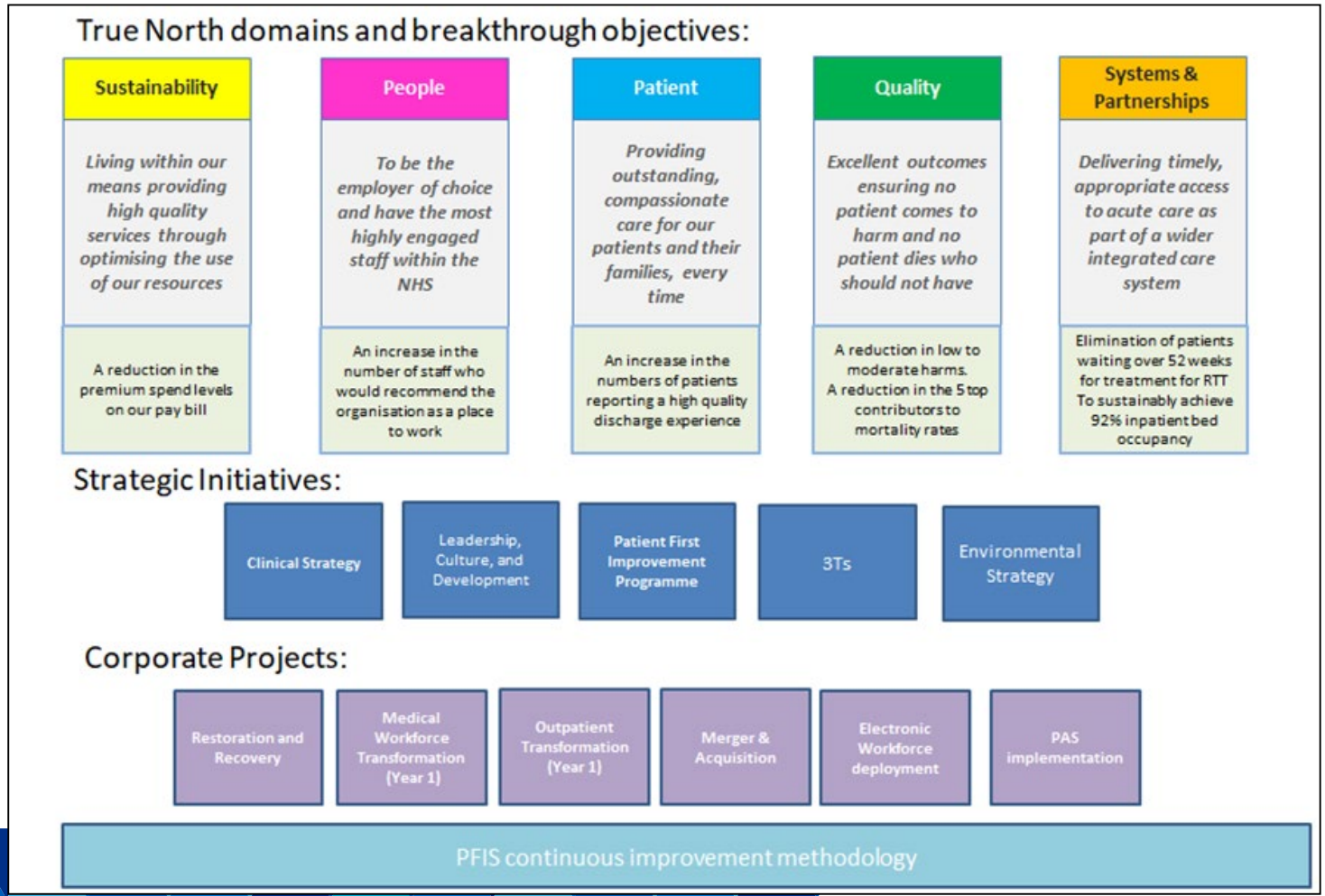
As one of the Strategic Initiatives, the delivery of our Clinical Strategy is fully integrated with this Patient First approach. Delivery will inform and be informed by the other corporate projects and strategic initiatives and will develop and use a consistent improvement methodology for all specialties.



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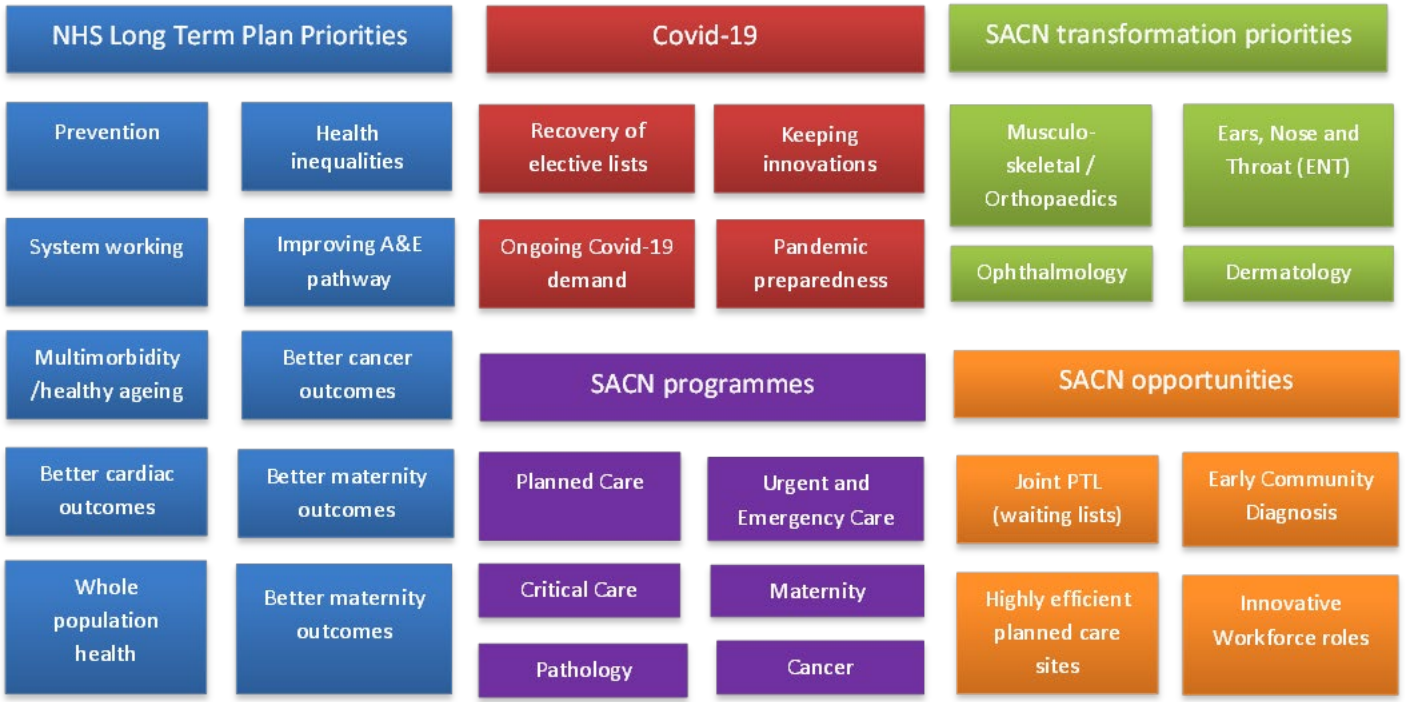
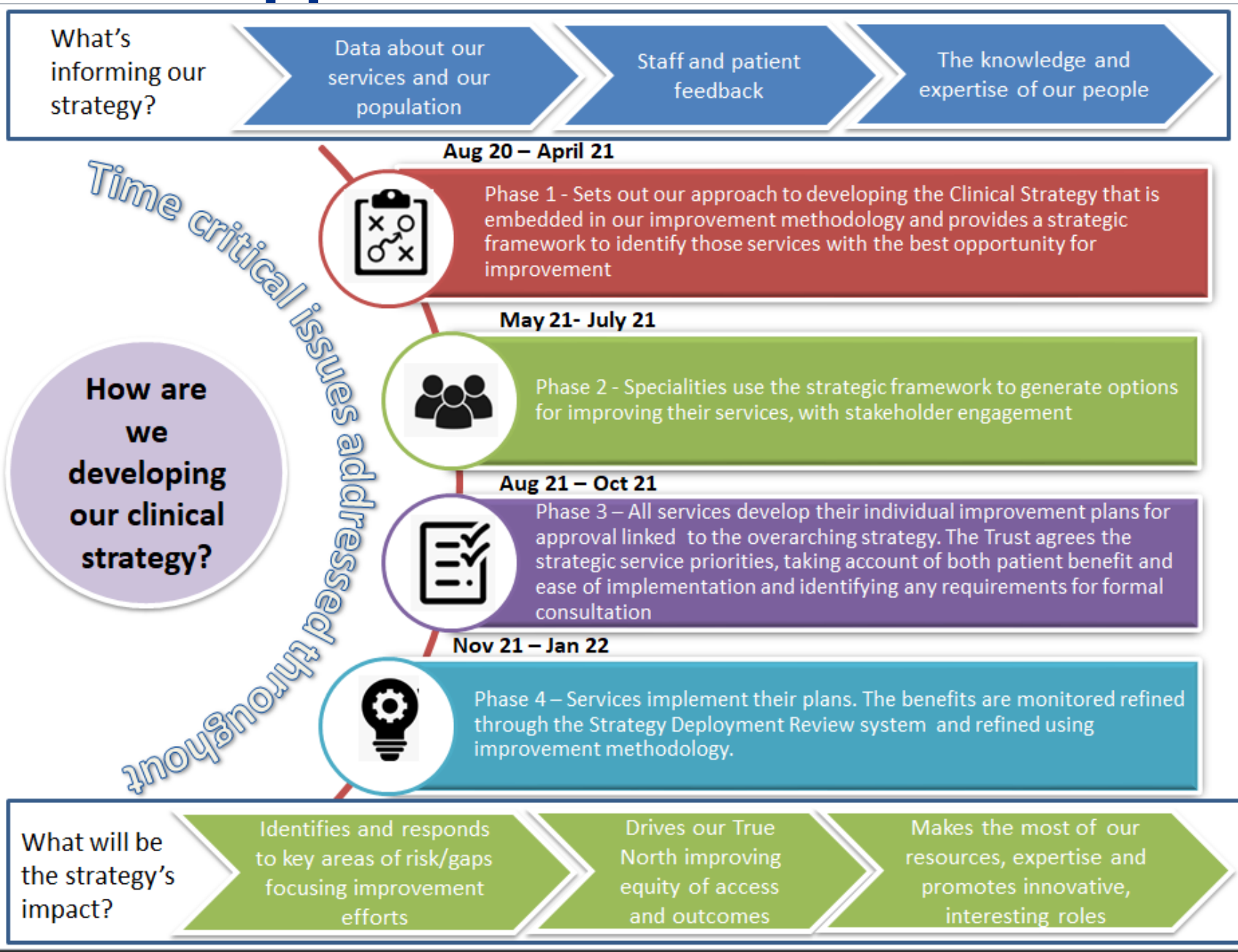
National and local context

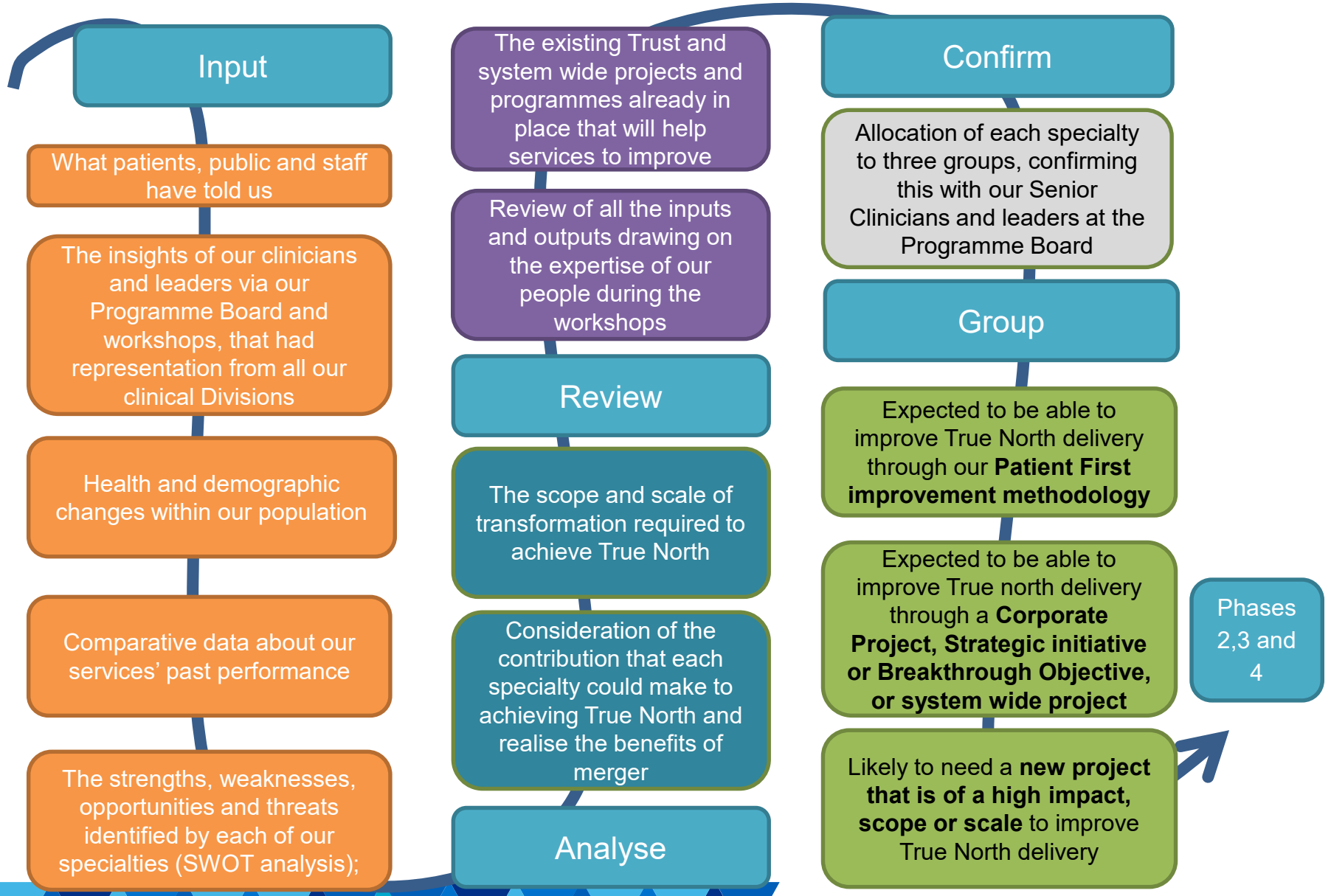
Takes account of the following :



Phased approach



Phase 1


Input
What patients, public and staff have told us
The insights of our clinicians and leaders via our Programme Board and workshops, that had representation from all our clinical Divisions
Health and demographic changes within our population
Comparative data about our services' past performance
The strengths, weaknesses, opportunities and threats identified by each of our specialties (SWOT analysis);
Analyse
The existing Trust and system wide projects and programmes already in place that will help services to improve
Review of all the inputs and outputs drawing on the expertise of our people during the workshops
Review
The scope and scale of transformation required to achieve True North
Consideration of the contribution that each specialty could make to achieving True North and realise the benefits of merger
Confirm
Allocation of each specialty to three groups, confirming this with our Senior Clinicians and leaders at the Programme Board
Group
Expected to be able to improve True North delivery through our **Patient First improvement methodology**
Expected to be able to improve True north delivery through a **Corporate Project, Strategic initiative or Breakthrough Objective, or system wide project**
Likely to need a **new project that is of a high impact, scope or scale** to improve True North delivery
Phases 2,3 and 4

Inclusive approach

University Hospitals Sussex
NHS Foundation Trust

A few specialties will need a focused strategic project with a high impact scope or scale

Many specialties will benefit from or contribute to existing programmes

All specialties to make use of Patient First improvement methodology

Allocation rationale

Group:	Rationale:
Expected to be able to improve True North delivery through our **Patient First improvement methodology**	Opportunity to contribute to True North is understood and easier to attain, involving improvement in effectiveness and efficiency of provision within existing clinical pathways and service models
Expected to be able to improve True north delivery through a **Corporate Project, Strategic initiative or Breakthrough Objective, or system wide project**	The opportunities will be more stretching. The scale of challenge is greater. This has already been recognised and reflected in our existing Trust strategic deployment and system wide projects and programmes
Likely to need a **new project that is of a high impact, scope or scale** to improve True North delivery	There are opportunities across a number of True North domains and the impact on the attainment of our True North goals is expected to be high whilst also enabling benefits of merger and restoration/recovery of services. Solutions may need to consider changes to clinical pathways and service models

Allocation of specialties to groups

University Hospitals Sussex NHS Foundation Trust

Continuous Improvement	Trust strategic deployment or system project or programme		Transformation Project
• Paediatric Surgery • Bariatrics • HIV / SHAC – Sexual Health and Contraception/ Sexual Health • Major Trauma • Endocrinology • Infectious Disease • Vascular • Renal	<u>Trust projects and programmes:</u> • Neurosurgery • Cardiac Surgery • Clinical Haematology • Urology	<u>System wide:</u> • Rheumatology • Chronic Pain • Pathology • Maternity • Neonatology • Radiotherapy • Breast • Palliative • Oncology • Diabetes • Endoscopy • Stroke • Emergency Department /A&E/Same Day Emergency Care • Acute Medicine	<u>System wide</u> • Ophthalmology • Trauma and Orthopaedics • Dermatology • Respiratory • Ear, Nose and Throat and Audiology • Cardiology <u>Trust wide:</u> • Neurology • Gynaecology • Paediatric Medicine • Digestive Diseases and Gastro • Oral and Maxillofacial • Care of the Elderly/ Department of Medicine for the Elderly (DOME)

Specialties that underpin the improvements of others, as well as making their own improvements and/or contributing to system wide improvements:

Theatres and Pre Assessment Clinic (PAC); Therapies ; Interventional Radiology; Imaging Pharmacy; Outpatients; Anaesthetics; Critical Care/ Intensive Care/ High Dependency Unit

Transformation Projects

University Hospitals Sussex NHS Foundation Trust

- For those specialties that would benefit from a Transformation Project, we need to match our year 1 plans for undertaking this work with our capacity to support this in depth.
- Thus, following analysis and consultation with our senior clinicians and leaders the following specialties have been prioritised for year 1:
  - Ophthalmology
  - Trauma and Orthopaedic
  - CotE/DOME
  - Digestive Diseases/ Gastroenterology

- This is in the context that:
  - All our clinical services are of good quality ;
  - All our clinical services will make continuous improvements using our Patient First methodology;
  - We can respond and reprioritise if any of our services become fragile;
  - Those specialities requiring a transformation approach that are not prioritised in year one, will be given additional support to develop their objectives aligned to True North and these will inform their transformation and improvement plans for future years.

Ophthalmology

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NHS Foundation Trust

Rationale
Ophthalmology provides care for a high volume of patients. There are significant volume waiting for treatment and follow up, many of whom have complex needs. Delays in treatment and review have the potential to impact adversely on the sight of patients. Undertaking a transformational project has the opportunity to have a positive impact on the experience and outcomes of a large volume of patients. The project can explore opportunities that relate to: • Estate, • IT and innovation, • Workforce training and diversification, • Transformation of pathways including moving some services closer to patients' homes and consideration of how to provide both high volume and emergency surgery, • Opportunities for change in clinical pathway and service configuration to be linked to Sussex wide work The transformation of ophthalmology maybe less complex than other services, since there are relatively fewer clinical interdependencies

Trauma and Orthopaedics

NHS
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NHS Foundation Trust

Rationale

Trauma and Orthopaedics provides elective and emergency provision for a high volume of patients. There are significant waits for elective care that have been exacerbated by the pandemic, as well as workforce pressures. The service also has higher costs for admissions and outpatients in comparison to some benchmarked peer Trusts. Transformation of these services provides an opportunity to:

- maximise our Estate,
- support recovery of services,
- improve patient pathways and outcomes,
- take account of GIRFT recommendations,
- improve job planning,
- consider how to provide high volume, highly specialised and emergency/trauma surgery,
- create alignment between our Trust provision and system wide services including those that are due for re-procurement

This service has significant interdependencies and would benefit from additional oversight and governance to support joined up solutions.

CotE/DOME

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University Hospitals Sussex

Rationale

This specialty provides care for a large volume of patients, often with complex health and social care needs. Demographic changes in our local population will result in increased demand for these services with increasing acuity of patient need. There are also significant workforce challenges across all roles. The pathways for older patients across the system can be problematic, and whilst the Same Day Emergency Services system work is likely to have positive impact, there is not a system wide programme to address the issues that this specialty faces.

A transformation project has the opportunity to:

- improve patient experience and outcomes for a large number of patients,
- improve the interface and pathways with partners across community, primary, social care and mental health services with the opportunity to influence this in a positive way and link to the system work on ageing well and frailty,
- consider innovative job roles,
- support patient flow throughout the hospitals as well as the recovery of other services,
- learn from the different models of care across the new Trust and optimise these,
- support the transformation of Trauma and Orthopaedic Services and Stroke reconfiguration

Digestive Diseases and Gastroenterology

University Hospitals Sussex
NHS Foundation Trust

Rationale

This specialty experiences recruitment issues of both medical and nursing staff, with rota gaps often filled by locum consultants. The service has significant waits for both routine and urgent treatment with the surgical waiting list often outstripping capacity. The specialty also frequently has to cancel appointments and sometimes struggles to meet cancer wait times. Whilst system wide work to improve endoscopy services is likely to deliver some benefits there remains a significant challenge which has been exacerbated by the pandemic.

Undertaking a transformative project would provide significant opportunities to:

- Improve the pathways from access to post treatment follow up,
- Share learning across our new merged Trust,
- Opportunity to organise services more effectively across the merged Trust,
- Opportunity to develop workforce innovation and also respond to the GIRFT recommendations for new nursing roles for the Liver service,
- Make best use of the resources available,
- Further support and derive benefit from system work on endoscopy and diagnostics

Overarching approach for phases 2 and 3 - Engagement

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Stakeholder	Approach
Voice of the patient	• Build on what people have already told us e.g.: FFT, Merger Survey; • Direct engagement as required; • Using improvement methodology to capture and act on what matters to patients, staff and other stakeholders
Engagement with our people	• Build on what our people have told us e.g.: staff survey, Merger Survey; • With the oversight of our clinical leaders, the development of options to improve our services as part of phases 2 and 3 will be devolved to our specialties; • bringing teams together across our new Trust to share best practice and develop innovative solutions
Engagement with our partners	• Make use of our ICS and SACN to work in a joined up when making improvements across the end to end pathway where required; • Work with HASC/HOSC to ensure that their insights shape our thinking and approach including to the criteria for assessing options to improve and transform services, identifying any requirements to consult.

Phase 2

University Hospitals Sussex NHS Foundation Trust

- All specialties will use the strategic framework to generate options for improving their service using continuous improvement methodology;
- This will take account of other Trust and system wide projects and programmes. These will gain greater definition, with specialities understanding of how they will contribute/benefit from those projects and programmes;
- Those specialties that have been prioritised for 2021/22 within the ‘transformation project’ group will generate options for improving their service using a DMAIC (Define, Measure, Analyse, Improve and Control) approach detailed in the next slide;
- This process will develop a clear understanding of operational challenges and opportunities for our clinical services, the changes required to clinical pathways, as well as the potential benefits and risks associated with existing and desired service models.
- Specialties in the ‘transformation group’, who have not been prioritised to develop their full transformation plans in 2021/22, will have additional support to develop their specific year one objectives that will align to True North and their longer term objectives.

High Level Service Review Methodology

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Define Phase (Apr21) Phase 2

How we ensure the alignment to True North and the outcomes of the programme is established

Measure Phase (Apr21) Phase 2

How we ensure we are measuring current state performance at the right level and against agreed targets

Analyse Phase (May21) Phase 3

Approval of a prioritised specialty level improvement pipeline

Improve Phase (tbc) Phase 4

Implementation of the prioritised improvement pipeline and enhanced specialty level scorecards

Control Phase (tbc) Phase 4

How we evidence improvement, sustainability & transition to business as usual pathway management and reporting

High Level Delivery Roadmap & Gateway

- Problem Statement
- Executive sponsorship
- Programme governance
- Stakeholder Engagement & requirements.
- What good looks like – success and outcome measures .
- National/Trust level targets in line with TN & BOs.
- Scope – identify priority clinical pathways and pathway start and end point
- Resource plan/roles and responsibilities
- Programme delivery plan.
- High level process Map (SIPOC)
- Charter

- Benchmarking and best practice
- Baseline profile
- Assess current performance against clinical/ operational service standards
- Assess patient experience
- Inequalities assessment
- Agreement of optimal clinical pathway
- Value stream map to identify operational waste
- Benefit opportunity
- Data collection plan
- Potential quick wins

- Data/process analysis.
- Identify key performance drivers
- Prioritised improvement pipeline
- Complete clinical strategy impact assessment.
- Confirm delivery roadmap and implementation plans.
- Confirm improvement KPIs
- Options I development including innovation opportunities
- Option appraisal
- Development of business cases for agreed option(s) including benefit realisation plans.

- Detail improvement plan
- Implementation of the improvement plan.
- Pilot
- Training
- Standard Work
- Implement additional process level performance drivers and targets
- Approval of control plans

- Alignment to SDR governance and reporting.
- Evidence of success.
- Monitoring of impact and sustainability
- Launch benefit realisation assessment

Phase 3

University Hospitals Sussex
NHS Foundation Trust

- All specialties will develop their individual improvement plans for approval linked to the overarching strategy, wider strategic deployment and business planning.
- The Trust will agree the strategic service priorities and the prioritised options for delivering improvement, taking account of both patient benefit and ease of implementation and identifying any requirements for formal consultation. When making decisions, particularly for those relating to our ‘transformation projects’, we will base this on a standard assessment criteria, that has been informed by patients and partners.
- When assessing and prioritising action, we will use our strategic filter and an assessment of the benefits across our True North domains alongside the ease of implementation.

Plan for each specialty

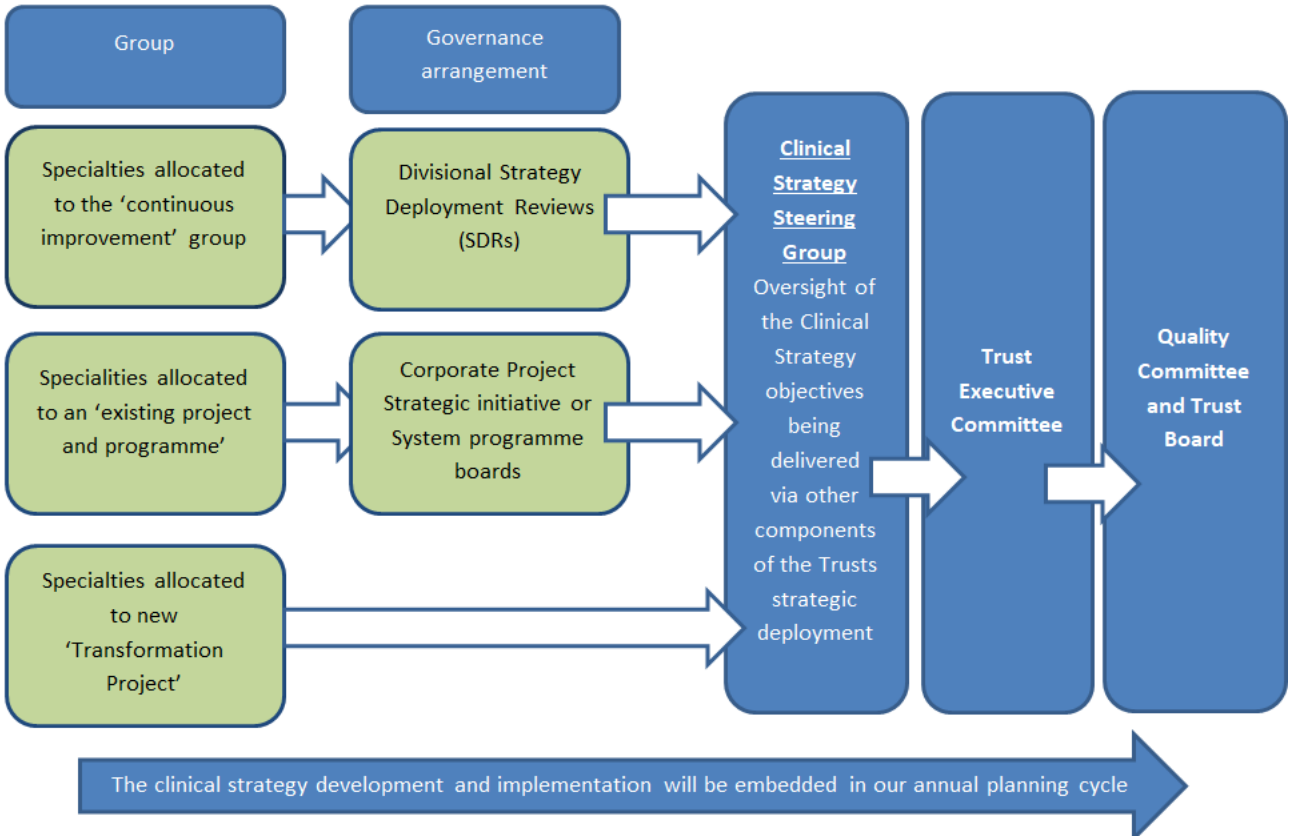
University Hospitals Sussex
NHS Foundation Trust

- Each specialty will develop a short year one plan as to how they will undertake their continuous improvements under the Clinical Strategy taking into account their contribution to our wider strategic deployment and system wide projects and programmes;
- This will compliment wider business planning and scorecards;
- This will be collated into an X matrix to show a single snapshot of our improvement efforts across the Trust;
- This will be overseen by the Clinical Strategy Steering Group within the context of wider Trust governance arrangements

Governance

University Hospitals Sussex NHS Foundation Trust

The development of the clinical strategy will be overseen and coordinated by the Clinical Strategy Steering Group; however, it will be fully integrated with the wider governance approach that we take within our Trust as set out in the diagram below:



Clinical Strategy Steering Group

University Hospitals Sussex NHS Foundation Trust

The Steering Group will oversee the:

- Capacity available to transform and improve services;
- Resources and funding available, and business cases required to support implementation;
- Programme milestones;
- Delivery of clinical strategy outcomes being provided by other projects and programmes;
- Recommendations for TEC and Trust Board;
- Options to be pursued for key transformational projects;
- Further prioritisation of transformation effort of clinical services;
- Review the learning as we progress through our strategy development, adapting the approach accordingly, embedding our methods into our annual planning cycle

Membership:

- CMO (Chair);Chief Clinical Transformation Officer (when appointed), Chiefs of Nursing; Medical Directors; Chiefs of Service; Director of Strategy and Planning; Director of Efficiency and Planning; Director of Communication and Engagement; Network Director; Head of Strategy and Planning; CCIO and LNC representative

Recommendations and Next steps

University Hospitals Sussex NHS Foundation Trust

The Trust Board are asked to:

- Approve the approach to the development of the Clinical Strategy;
- Approve the phase 1 priorities articulated

Next steps:

- Establishing steering group – 21st May
- Review allocations of specialties to groups in light of further project and programme definition
- Identify resourcing
- Commence phase 2
- On going communication and engagement

University Hospitals Sussex
NHS Foundation Trust

Clinical Strategy Phase 1 – Framework

Contents

1.0 Foreword

I am immensely proud of the outstanding clinical services that our newly formed Trust, University Hospitals Sussex delivers. Integral to this, is the hard work and dedication of our staff. Within the context of the global pandemic, the care and commitment of our teams to provide excellent clinical services have been particularly evident. The experience of the pandemic, far from dampening enthusiasm for improving our services, has only served to grow this further, with our teams repeatedly demonstrating their wish to learn from and embed the positive changes that were implemented at pace. This energy is also evident in the commitment of our staff to realise the benefits of our recent merger. There is a strong appetite to take the opportunities this brings to deliver patient benefits and enable our new organisation to best meet local need, as well as optimising the quality and sustainability of our clinical services.

The Clinical Strategy harnesses the enthusiasm of our people to ensure that clinical services are the best they can be, and provides a structured and well considered approach that will prioritise our improvement effort to deliver demonstrable patient benefits. The approach we are taking is integral to and will strengthen our delivery of 'True North'. This is the term we use to describe our overarching goal of constantly improving standards of patient care. We do this by utilising our Patient First improvement methodology.

As part of our structured and methodical approach we are developing our Clinical Strategy in four phases. This document sets out the outcome of phase 1 and creates a framework for our further Clinical Strategy development. In this phase we have confirmed that the strategy is inclusive of all specialties, agreed our methodology, explored the opportunities that all of our clinical services have to make improvement, and considered the improvement plans we already have in place. In phases 2 and 3 we will develop and assess the options for delivering further improvements and transformation in our clinical services.

These will be based on really listening to the voice of our patients, working with our people and partners, reviewing best practice and assessing our opportunities to innovate and improve the way we use our resources. We will start to implement our initial recommendations as part of phase 4; measuring the impact this has on all our True North goals including our overarching goal to continually improve standards of patient care. During phase 4 we will also further prioritise and evolve our proposals for the clinical strategy.

Dame Marianne Griffiths

2.0 Executive summary

Our Clinical Strategy will be central to both driving our True North improvements and enabling us to deliver the benefits of becoming a merged Trust. It supports our collaboration with the Sussex Health and Care Partnership (SHCP) which is our Integrated Care System (ICS) aligning with the delivery of the Sussex Acute Collaboration Network programmes and the opportunities identified in the Acute Services Review developed by the SHCP.

Our strategy is being developed in phases. This document sets out the outcome of phase 1 which provides a framework for determining the overall approach we are taking to developing our strategy and our initial priorities.

The systematic approach we set out is embedded in our Trust-wide Patient First strategic deployment. It harnesses data, staff and patient input to inform our decisions so that we make informed choices about our priorities for improving clinical services.

In phase 1, we have:

- Articulated our method which is inclusive of all clinical specialties, drawing on our Patient First methodology to ensure that we start with a firm understanding of the problems we are trying to solve or the opportunities we are trying to realise;
- Reviewed the opportunities all of our clinical services have to make improvement, taking account of data along with insight from our staff and patients;
- Considered the improvement plans we already have in place through our strategy deployment and wider system working, and aligned these to our approach

All our clinical specialities will use our Patient First continuous improvement methodology to make improvements; some will have the opportunity to take additional actions through other aspects of our strategic deployment such as our corporate projects and strategic initiatives or through delivering specialty strategies developed across the Sussex system. A smaller number will also benefit from a more transformative approach either within the Trust or at a system level. We have allocated specialties to three groups to reflect the way in which they will work to help achieve our True North goals. The groups can be summarised as follows. Improve our True North delivery through:

- Our Patient First improvement methodology;
- A Corporate Project, Strategic initiative or Breakthrough Objective, or system wide project;
- A specialty focused strategic project with a high impact scope or scale

Further work will be undertaken as part of phase 2 and 3 to develop and agree the specialty level options for delivering improvements that will contribute to attaining our True North objectives. For all specialties this will result in a plan setting out the actions we will take to deliver key improvements through our Patient First methodology. For some specialties, their plan will also include the actions required to deliver Trust wide programmes of improvement such as for outpatient provision or system led specialty improvement initiatives. For the strategic transformation projects this will include further detailed analysis, options appraisal and stakeholder engagement. The work will also take into account clinical and operational interdependencies and the impact on support services, estates, digital and workforce. It will look for opportunities to improve resource utilisation to maximise patient benefit and patient outcomes. This will result in prioritised actions that will address the key improvement opportunities identified. While we take time to develop the robust plans to deliver our Clinical Strategy, we will continue to respond to any critical service issues that arise.

The table below shows the allocation of specialties to the three groups. This Clinical Strategic Framework sets out the rationale for the allocation as well as providing greater detail about how we will take the improvement work forward for each of the three groups.

<table>
<tr><th>Continuous Improvement</th><th colspan="2">Existing/planned strategic deployment project or programme</th><th>Transformation Project</th></tr>
<tr>
<td>

Paediatric Surgery
Bariatrics
HIV / SHAC – Sexual Health and Contraception/ Sexual Health
Major Trauma
Endocrinology
Infectious Disease
Vascular
Renal

</td>
<td>
Trust projects and programmes:

Neurosurgery
Cardiac Surgery
Clinical Haematology
Urology

</td>
<td>
System wide:

Rheumatology
Chronic Pain
Pathology
Maternity
Neonatology
Radiotherapy
Breast
Palliative
Oncology
Diabetes
Endoscopy
Stroke
Emergency Department /A&E/ Same Day Emergency Care
Acute Medicine

</td>
<td>
System wide:

Ophthalmology
Trauma and Orthopaedics
Dermatology
Respiratory
Ear, Nose and Throat and Audiology
Cardiology

Trust wide:

Neurology
Gynaecology
Paediatric Medicine
Digestive Diseases and Gastro
Oral and Maxillofacial
Care of the Elderly/ Department of Medicine for the Elderly (DOME)

</td>
</tr>
<tr><td colspan="4">Specialties that underpin the improvements of others, as well as making their own improvements or contributing to system wide improvements:</td></tr>
<tr><td colspan="4">Theatres and Pre Assessment Clinic (PAC); Therapies ; Interventional Radiology; Imaging Pharmacy; Outpatients; Anaesthetics; Critical Care/ Intensive Care/ High Dependency Unit</td></tr>
</table>

3.0 Introduction

Our Trust is developing its Clinical Strategy to build on what patients and staff have told us about what matters to them and where we can improve our services. It will support us to deliver benefits from working together as a newly formed Trust, over a larger geography. The strategy will guide our approach to improving clinical services, helping to ensure the needs of all our patients are met, whilst optimising quality and sustainability. The strategy is designed to support delivery of all our True North goals and is firmly rooted in our continuous improvement approach of Patient First where we aspire to give *Excellent care, every time* and *"Where better never stops"*. All our clinical specialties will draw on our improvement methodology to ensure their services are the best they can be. The strategy will enable all our hospitals to thrive, whilst taking the opportunities that come from our recent merger. This will help us to tackle some of the long-standing issues that historically have proved too big or complex for either of the previous Trusts to overcome individually. It will also support collaboration with partners especially for those areas where we need joined up solutions to improve services for patients.

The strategy takes account of the work we are progressing through our True North strategic deployment, including our Corporate Projects and Strategic Initiatives alongside system-wide programmes. It will provide a roadmap for what we plan to do, that matches our improvement and transformational capacity.

It will build on the approach being taken across the Sussex Health and Care Partnership and in particular the plans of the Sussex Acute Collaborative Network (SACN).

The strategy is based on a steadfast commitment that we will continue to invest in:

1. Access to emergency medical care and A&E services 24 hours a day, 7 days a week on the Princess Royal Hospital, Royal Sussex County Hospital, St. Richard's Hospital and Worthing Hospital sites
2. Maternity services at the Princess Royal Hospital, Royal Sussex County Hospital, St. Richard's Hospital and Worthing Hospital sites
3. A teaching hospital in conjunction with Brighton & Sussex Medical School
4. Outpatient, day case and rapid diagnostic services across the Trust including on our non-acute sites
5. Tertiary service provision as part of a network of tertiary care providers across the region and nationally
6. Trauma services as part of a Trauma network that includes a Major Trauma Centre on the Royal Sussex County Hospital site along with all the supporting services this requires
7. A wide range of cancer services across Sussex including the Sussex Cancer Centre on the Royal Sussex County Hospital site
8. A specialist centre for paediatric care, combined with a neonatal intensive care service and paediatric cancer services from the Royal Alexandra Children's Hospital
9. Hyper-acute stroke units and other stroke services as part of a Sussex wide stroke provision
10. Specialist renal care, including dialysis and other services across East and West Sussex
11. The system wide benefits of the 3Ts development in line with Sussex Integrated Care System Long Term Plan

4.0 Our Population

We are developing our Clinical Strategy based on an understanding of the changing demographics and diverse needs of our local population including the inequalities in health outcomes they experience. Our older population is set to grow significantly over the next 5 years and our Clinical Strategy will help to ensure that we are best placed to meet the changing needs of the population we serve. Our Trust provides acute services for approximately a million people living within the district and borough areas of Chichester, Mid Sussex, Arun, Adur and Worthing, as well as residents of Brighton and Hove and the Lewes area. We provide specialised and tertiary services to an approximate additional 700,000 patients across a larger geographical footprint including Horsham, Crawley and East Sussex.

Our population spans both urban and rural communities and is highly diverse in terms of age, ethnicity, religion, deprivation and health. Appendix 1 provides more information about the population we serve.

5.0 Our Trust

Our Trust was formed in April 2021, bringing together Western Sussex Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals (BSUH). Prior to the merger, the Trusts had worked together within a Management Contract. Both Trusts were delivering quality services. In 2019, WSHFT was awarded the highest possible rating of outstanding across each of the Care Quality Commission's domains, while BSUH became the fastest improving acute hospitals trust in England, rated Good overall and Outstanding for caring. The merger will support our ambition to further improve services and ensure outcomes are better for everyone.

Our Trust operates five acute hospitals and delivers multiple services in other satellite and community settings, employing over 16,000 people. The Trust operates within the Sussex Health and Care Partnership Integrated Care System and works closely with partner health and social care organisations across Sussex and in each of the three localities or 'places' which are based on Local Authority boundaries: Brighton and Hove, East Sussex and West Sussex . The Trust is responsible for all district general acute services for Brighton and Hove, west and mid Sussex and parts of East Sussex. It is also responsible for specialised and tertiary services across Sussex and the South east including neurosciences, arterial vascular surgery, neonatology, paediatrics, cardiac, cancer, renal, infectious diseases and HIV medicine. Our Clinical Strategy encompasses all of our provision.

In 2020/21, our Trust has worked tirelessly to respond to the Covid-19 pandemic. This strategy provides an opportunity to build on learning from the new ways of working that were implemented at pace in response and will contribute to the sustainable recovery of services.

6.0 Formation of our new Trust

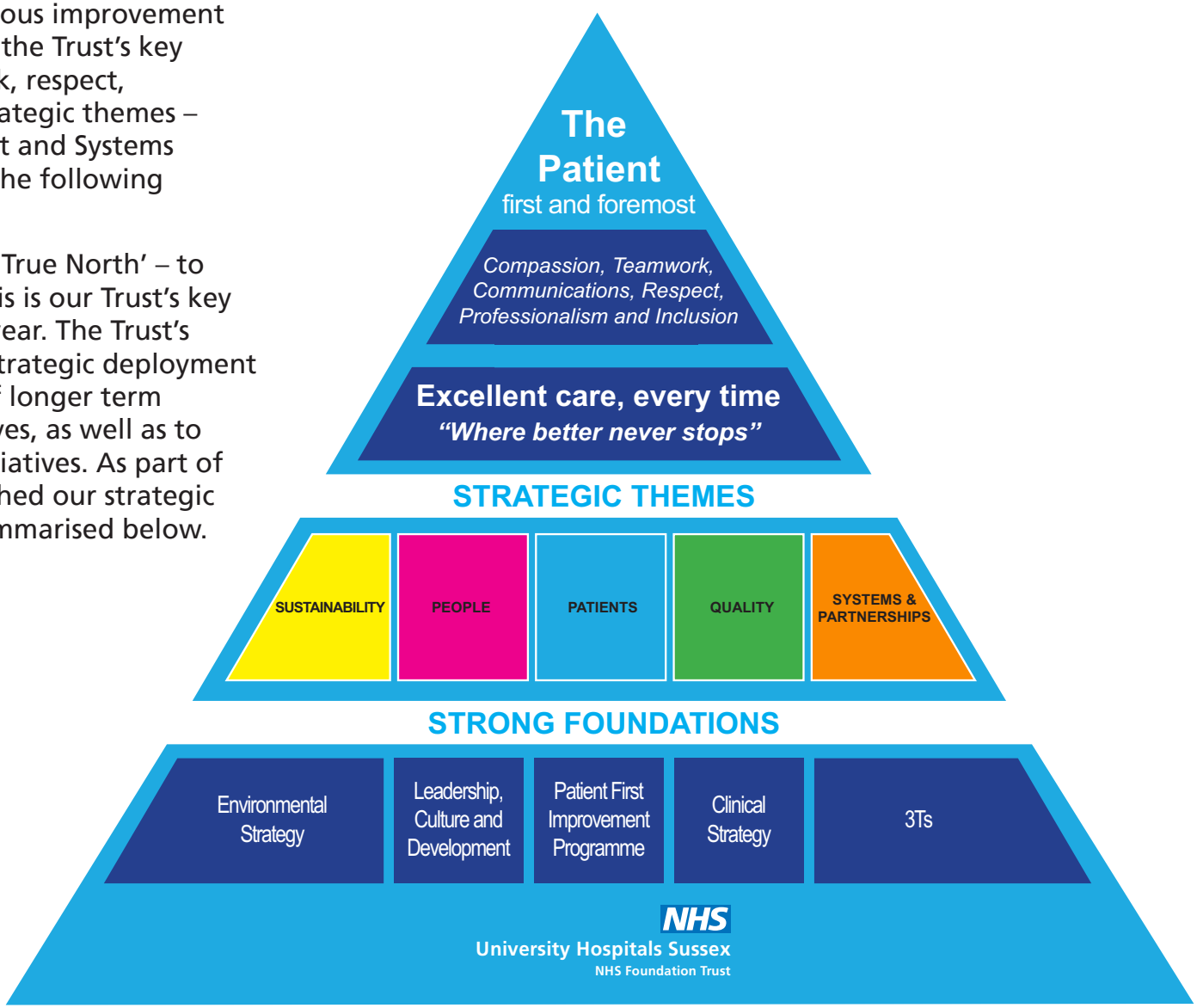
The Clinical Strategy is a cornerstone for delivering the benefits of our newly formed Trust. These include:

- Delivery of outstanding, compassionate care locally and increasing the opportunities for specialised services to flourish in Sussex;
- Growing our clinical expertise and making Sussex a leader in health excellence;
- Bringing together the very best of both organisations to innovate and improve the health of our communities;
- Continuing to equip and empower our people to improve services for patients through Patient First;
- Make the best use of our shared resources

7.0 Patient First/True North

Our Strategy is firmly embedded in our continuous improvement approach of 'Patient First'. This is supported by the Trust's key values – compassion, communication, teamwork, respect, professionalism and inclusion, as well as our strategic themes – Sustainability, Our People, Quality Improvement and Systems and Partnerships. This approach is captured in the following Patient First triangle.

As part of this vision, we have determined our 'True North' – to continually enhance the patient experience. This is our Trust's key long term aim and does not vary from year to year. The Trust's Strategic Themes align to this and we use our strategic deployment methodology to ensure we have a robust set of longer term metrics and shorter term breakthrough objectives, as well as to define our Corporate Projects and Strategic Initiatives. As part of the preparation for our merger, we have refreshed our strategic deployment to commence in 2021/22, this is summarised below.



True North domains and breakthrough objectives:

Sustainability	People	Patient	Quality	Systems & Partnerships
Living within our means providing high quality services through optimising the use of our resources	*To be the employer of choice and have the most highly engaged staff within the NHS*	*Providing outstanding, compassionate care for our patients and their families, every time*	*Excellent outcomes ensuring no patient comes to harm and no patient dies who should not have*	*Delivering timely, appropriate access to acute care as part of a wider integrated care system*
A reduction in the premium spend levels on our pay bill	An increase in the number of staff who would recommend the organisation as a place to work	An increase in the numbers of patients reporting a high quality discharge experience	A reduction in low to moderate harms. A reduction in the 5 top contributors to mortality rates	Elimination of patients waiting over 52 weeks for treatment for RTT To sustainably achieve 92% inpatient bed occupancy

Stategic Initiatives:

- Clinical Strategy
- Leadership, Culture and Development
- Patient First Improvement Programme
- 3Ts
- Environmental Strategy

Corporate Projects:

- Restoration and Recovery
- Medical Workforce Transformation (Year 1)
- Outpatient Transformation (Year 1)
- Merger & Acquistion
- Electronic Workforce Deployment
- PAS implementation

PFIS continuous improvment methodology

As one of the Strategic Initiatives, the delivery of our Clinical Strategy is fully integrated with this Patient First approach. The development of our approach to improving our clinical services through the Clinical Strategy will inform and be informed by the other corporate projects and strategic initiatives, using a consistent improvement methodology for all specialties.

8.0 National and Local Context

The Clinical Strategy is also informed by local and national priorities. The NHS Long Term Plan sets out a national path for transformation across health systems in England. It describes the reduction of traditional barriers between care and institutions to support improved services for patients.

Enshrined within the NHS Long Term Plan is the development of Integrated Care Systems (ICSs). The underpinning principle is that ICSs will make shared decisions about how to use resources, design services and improve population health, through driving increased collaboration between constituent provider and commissioner partners.

In April 2020, this resulted in the Sussex Health and Care Partnership (SHCP) transitioning to an authorised ICS. The ICS established the Sussex Acute Collaborative Network (SACN) as a key means of facilitating system-wide collaboration and transformation across Sussex with the aim of improving patient outcomes and experience.

The SHCP has recently undertaken a review of acute provision and has identified a number of collaboration opportunities that acute providers can explore to achieve a material improvement in patient access and quality of care in the short, medium and longer term. The SACN is ensuring that improvement actions to address these opportunities are embedded in programmes of work at a Trust or ICS level, including those overseen by the collaboration and enabling networks within the SHCP.

Nationally, regionally, and locally the impact of the COVID-19 pandemic has fundamentally increased the delivery and sustainability challenges facing all NHS organisations, creating an additional set of priorities.

The national, local and Covid-19 opportunities and priorities can be summarised below:

National and Local Context - takes account of the following:

NHS Long Term Priorities

- Prevention
- Health inequalities
- System working
- Improving A&E pathing
- Multimorbidity/ healthy ageing
- Improving A&E pathway
- Better cardiac outcomes
- Better maternity outcomes
- Whole population health
- Better maternity outcomes

Covid-19

- Recovery of elective lists
- Keeping innovations
- Ongoing Covid-19 demand
- Pandemic preparedness

SACN Programmes

- Planned Care
- Urgent and Emergency Care
- Critical Care
- Maternity
- Pathology
- Cancer

SACN Transformation Priorities

- Musculo-skeletal/ Orthopaedics
- Ear, Nose and Throat (ENT)
- Ophthalmology
- Dermatology

SACN Opportunities

- Joint PTL (waiting lists)
- Early Community Diagnosis
- Highly efficient planned care sites
- Innovative workforce roles

We recognise that the significant role we play in greater local collaboration and that this will be a cornerstone of the restoration, recovery and transformation of services that have been impacted by the pandemic. Therefore, ICS priorities along with national priorities have been a key consideration when developing our Clinical Strategy.

9.0 Development of the Clinical Strategy

The Trust is taking a phased approach to the development of the strategy, including:

Phase 1

Sets out our approach to developing the Clinical Strategy that is embedded in our improvement methodology and provides a strategic framework to identify those services with the best opportunity for improvement;

Phase 2

Specialities use the strategic framework to generate options for improving their services taking account of the need to satisfy all five of the True North domains and drawing on stakeholder engagement;

Phase 3

All specialities develop their individual plans for approval that is linked to wider strategic deployment and business planning. The Trust agrees the strategic service priorities;

Phase 4

Implements the plans, measures the benefits, reviews and refines the strategy, making the most of our expertise and resources to deliver excellent patient care with innovative and interesting roles.

The table on the next page summarises the approach.

Phased Approach

What's informing our strategy?

- Data about our services and our population
- Staff and patient feedback
- The knowlege and expertise of our people

How are we developing our clinical strategy?

Time critical issues addressed throughout

August 20 - April 21 - PHASE 1
Sets out our approach to developing the Clinical Strategy that is embedded in our improvement methodology and provides a strategic framework to identify those services with the best opportunity for improvement

May 21 - July 21 - PHASE 2
Specialities use the strategic framework to generate options for improving their services, with stakeholder engagement

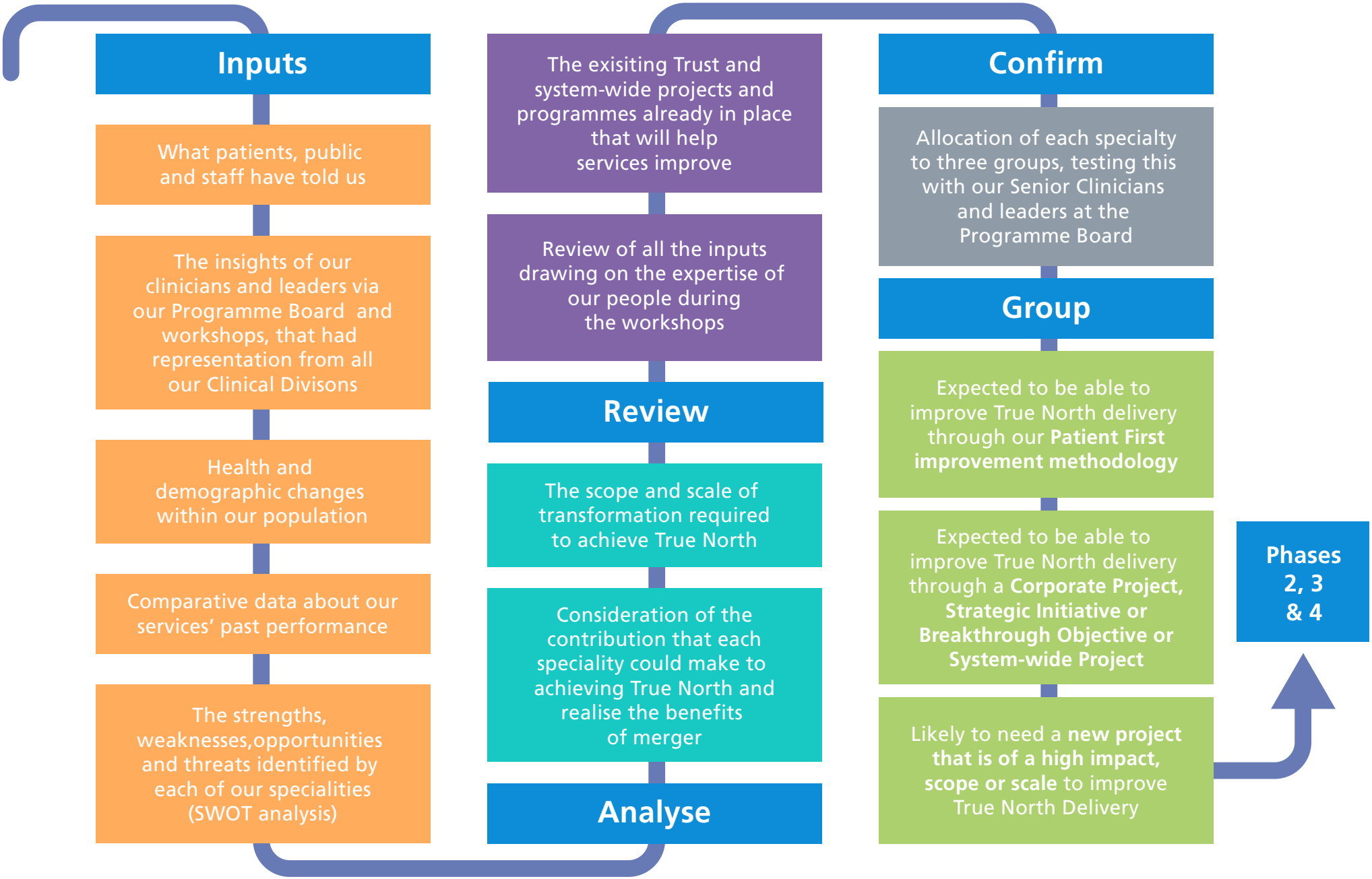
August 21 - October 21 - PHASE 3
All services develop their indvidual improvment plans for approval linked to the overarching strategy. The Trust agrees the strategic service priorities, taking account of both patient benefit and ease of implementation and identifying any requirements for formal consultation

Nov 21 - Jan 22 - PHASE 4
Services implement their plans. The benefits are monitored refined through the Strategy Deployment Review System and refined using improvement methodology.

What will be the strategy's impact?

- Identifies and responds to key areas of risk/gaps focusing improvement efforts
- Drives our True North improving equity of access and outcomes
- Makes the most of our resources, expertise and promotes innovative, interesting roles

10.0 Completion of Phase 1



10.1 What patients, the public and staff have told us:

Phase 1 started with a reflection of what patients, the public and staff have told us about our services and what is important to them when accessing health care. As part of this, we considered the staff and patient survey completed in October 2020 regarding our merger. This was completed by over 3,000 staff and 700 patients and public. The results of the survey contained a number of insights that were useful for the clinical strategy development including, values and vision for the new Trust; benefits and improvements that could be delivered by the merger, as well as concerns. It identified the following key drivers for improvement:

Patient	Caring staff, feeling safe, good communication
Sustainability	Resilient workforce, investing in people, innovation and better use of technology
Our People	Supportive colleagues and managers, professional development and education
Quality	Clinical excellence, learning culture, being able to speak up
Systems and Partnerships	Collaborative working, sharing best practice

The Clinical Strategy development has also taken into account what patients and staff have told us through the Friends and Family Test recommendation rate relating to Accident and Emergency care, inpatient, maternity and birth, and outpatients.

We also reflected on the findings from the stakeholder engagement carried out by our ICS which identified the following:

- The large number of services and organisations is confusing. This can delay people getting the care they need and mean some services are not used appropriately.
- Some services do not seem joined-up and people often have to tell their story a number of times to different people.
- Processes need to be made simpler and the communication around what services are available needs to be clearer and more accessible.
- People know there is support available in communities, but they are unclear on how to use or access it.
- People want to get GP appointments more easily and quickly and at times that are convenient for them.
- Many people are willing to use digital technology to get appointments and care if it is easy to use and effective.

(Our Health and Care, Our Future, Engaging with our people across Sussex and East Surrey 2019)

10.2 Performance data on our services

To develop the Clinical Strategy, we are drawing upon available data about our clinical services to gain a greater understanding of the risks and issues. As part of phase 1, we have reviewed data for clinical services across a wide range of comparable factors linked to our five True North domains. This included: cancelled appointments, length of hospital stay, staff vacancy rate, cost per unit of activity and adherence to performance targets for cancer waits and for Referral to Treatment Time (RTT). We compared our performance across our original two Trusts and where available, we also compared our performance across our ICS and nationally using bench marked data. This helped us to identify opportunities for improvement which have informed our phase 1 recommendations.

10.3 SWOT analysis

To complement our review of data, we have drawn on the insights and experience of our Clinicians through a SWOT analysis. We asked each of our specialties to consider the strengths, weaknesses, opportunities and threats that are or might impact on their ability to provide excellent clinical services, taking into account the need to restore or recover services following the pandemic. This was then shared through our workshops with senior clinicians and managers, to support the process of identifying opportunities for improvement and sharing learning, risks and issues, and approaches amongst specialties.

10.4 Existing projects and programmes

As part of our True North strategic deployment, The Trust has developed a set of projects and programmes that have been assessed as most likely to positively impact on our overarching goal of Patient First. The Trust will also contribute to and benefit from system wide programmes that have been developed as part of the SACN.

The following projects and programmes are being initiated and the Clinical Strategy builds on these to support improvements in our clinical services.

Strategic Initiatives

Leadership, Culture and Workforce	The goal of this strategic initiative is to ensure we have the most highly engaged staff within the NHS and increase the numbers of staff who would recommend the Trust as a place to work. The creation of our new Trust provides opportunities to deliver this vision, and drive our response to the NHS People Plan and the NHS People Promise.
Environmental Sustainability Strategy	We will develop a Green Plan that will set out our aims, objectives, and delivery plans for sustainable development. This will adhere to the NHS standard contract which states that as a minimum the plan should: • Reduce carbon, waste and water • Improve air quality • Reduce the use of avoidable single-use plastics
Patient First Improvement Programme (PFIP)	Patient First has been in place in WSHT and BSUH since 2015 and 2017 respectively and provides the unifying vision, strategy and way of working for both Trusts. The goals of the strategic initiative are: • Development and oversight of delivery of the 21/22 PFIP pillar roadmap • Delivery of the 21/22 Improvement Projects work plans • Creation of PFIP vision and strategy for 2021 -2024 to inform the future programme development • Establishment and oversight of the Patient First Academy
3Ts	3Ts is a multi-stage redevelopment of new acute hospital estate at the Royal Sussex County Hospital in Brighton. The goals of the programme are: • Delivery of the Helideck and operationalisation to deliver the final system wide Major Trauma benefits • Delivery of Stage 1 and successful service transition (including improvements and realisation of benefits) • Development of Stage 2 and 3 Full Business Case including a proposal for both the Cancer Centre, and fit for purpose Emergency and Urgent Care department(s) • Delivery of Stage 2 and 3 and successful service transition (including improvements, learning from COVID-19, and realisation of benefits)
Clinical Strategy	This programme

Corporate Projects

Restoration and Recovery	In the context of the pandemic, the Trust has seen significant increases in Referral to Treatment Time waits as well as backlogs in planned follow ups, cancer and diagnostics. The project aims to support the restoration of clinical activity to pre-COVID-19 levels through core capacity, increasing levels above that through productivity and other providers.
Medical Workforce Transformation	The project will address the higher costs that the Trust has for the delivery of services when compared to some of our peers. All specialties and all medical staff groups will be in scope. The goals will be to: • Reduce variation in use of resources to deliver pathways with the most significant variation • Increase patient facing direct consultant care activity • Provide more consistent service levels throughout 52 weeks of the year • Role diversification
Outpatient Transformation	The project will support the transition from a traditional outpatient service provision, to a modernised service which: • Embraces technology, in order to better serve our patients' needs • Develops workforce models to ensure better use of NHS resources to increase productivity • Improves patient experience overall. All specialties are in scope with a year one focus on top contributing specialties to backlog, wait times and clinical risk. The goals are to have: • An improved and sustainable model clinic experience for the patient • Digitally enabled appropriate patient / GP access to hospital services • New workforce models which optimise the role of Consultant as clinical decision maker

Corporate Projects

Merger and Acquisition	This project will ensure safe and effective operation as a single Trust is maintained from 1st April 2021, and integration takes place during 21/22 to bring together clinical and corporate processes and structures, enabling delivery of incremental benefits through business as usual strategy deployment methods.
Electronic Workforce Deployment	By supporting flexible working patterns including the effective use of e.rostering systems, this project will contribute to the delivery of: • The NHS People Plan commitments • Our True North People goal of highly engaged workforce • Our sustainability ambition of efficiency of our workforce utilisation A key element will be the modernisation of job planning and rostering in our Trust which currently uses a number of different platforms with a number of workforce groups reliant on non-automated job planning and rostering.
PAS Implementation	The current patient administration system that is used within WSHFT prior to merger is out of date. Implementing a new PAS based on a single combined Trust provides the opportunity to: • Have a shared electronic patient record and single patient identifier reduces the traceability of patient referrals when transferred between what was BSUH and WSHFT; • Have a single patient view; • Reduce avoidable delays and rework in the pathway; • Standardise processes to deliver outstanding care for our patients.

ICS Programmes

Pathway Focused Programmes:

- Maternity
- Cancer
- Planned Care
- Critical Care
- Urgent and Emergency Care
- Ageing Well
- Population Health Management

These programmes focus on Sussex wide delivery of Long Term Plan commitments and local priorities including Reset and Recovery and implementation of key programmes of nationally mandated Sussex level improvement work.

Transformation Programmes:

- Musculo-skeletal including Trauma and Orthopaedics
- Dermatology
- Ophthalmology
- Ear, Nose and Throat
- Endoscopy
- Diagnostics
- Pathology
- Diabetes
- Stroke
- Cardiology
- Respiratory

The transformation workstreams will take a focused approach to developing the options for improving services at a clinical pathway and service model level incorporating the opportunities and delivering the improvements identified in the Acute Services Review. The work streams will identify how improvement actions should be piloted and which services/Trusts should contribute to the development of a delivery methodology.

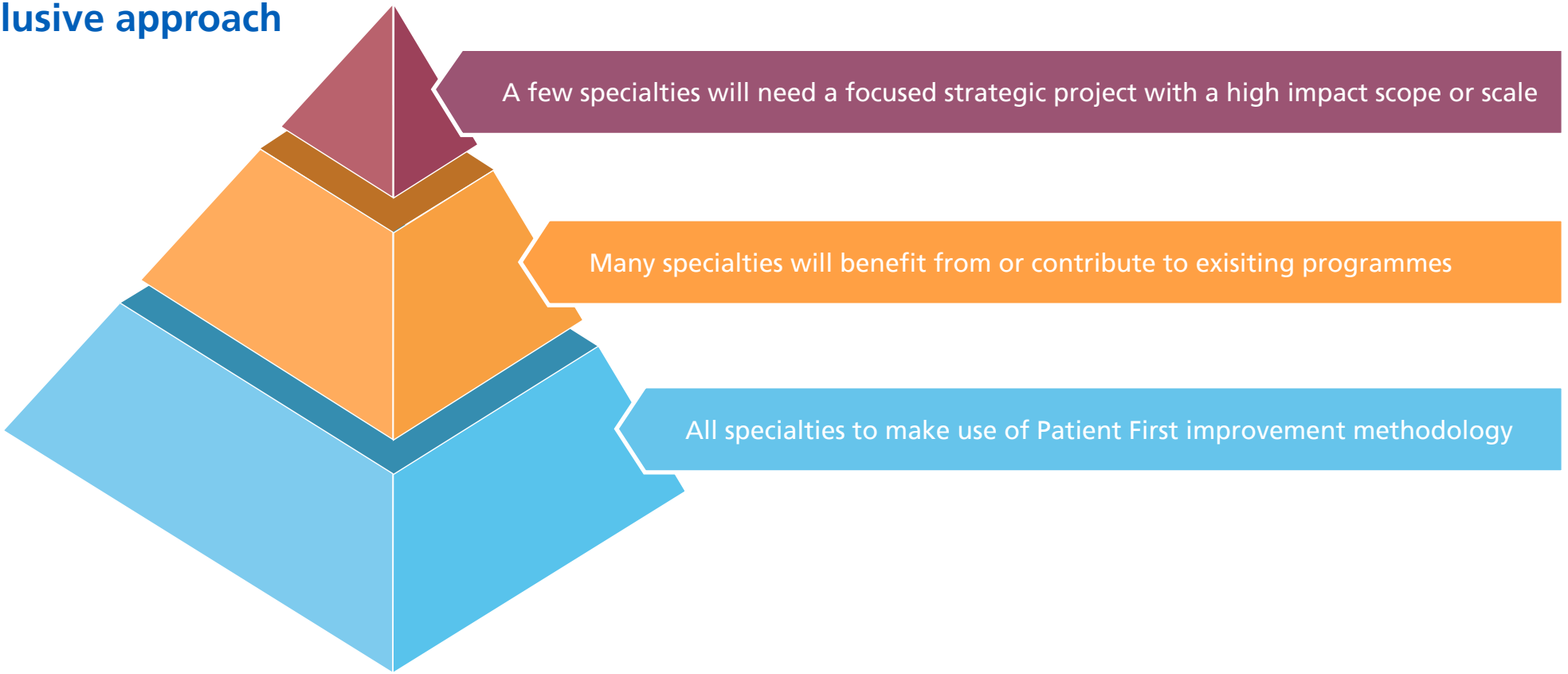
Pilots at Trust/service level will be designed to ensure rollout can be supported by all providers by establishing a 'proof of concept', assessing the improvement impact and informing business cases and implementation plans for roll out. The delivery of the UHS Clinical Strategy is aligned to these workstreams and will inform and be informed by their delivery.

10.5 Allocation of specialties to groups

During phase 1, we have used our analysis and discussion with senior clinicians and leaders across our new Trust to allocate each of our main specialties to one of three groups. It should be noted that all our clinical services currently deliver good quality services therefore these allocations represent our intention to deliver our ambition to make improvements across all our True North domains and continuously advance everything we do for patient experience and outcomes in line with our mantra 'where better never stops'.

It should also be noted that since our Patient First continuous improvement approach is integral to how we are developing our Clinical Strategy, whilst we have allocated each of our specialties to groups, all our specialties will use this continuous improvement methodology to help achieve our True North goals. Many of our clinical specialties will also be able to improve through contributing to and benefiting from the existing projects and programmes listed above. For some specialties, our analysis, alongside discussion with senior clinicians and managers, has highlighted the requirement for a more transformative approach in order that they are able to significantly contribute to our True North goals. This approach is represented below:

Inclusive approach



Taking this into account, the specialties have been allocated to the following groups This reflects our understanding of the underpinning need and opportunity for improvement or transformation, the optimal approach to delivery and critical interdependencies at a specialty level.

Expected to be able to improve True North delivery through our **Patient First improvement methodology**	Expected to be able to improve True North delivery through a **Corporate Project, Strategic initiative or Breakthrough Objective, or system wide project**	Likely to need a **new project that is of a high impact, scope or scale** to improve True North delivery

The high level allocation rationale is set out below:

Group:	Rationale:
Expected to be able to improve True North delivery through our **Patient First improvement methodology**	Opportunity to contribute to True North is understood and easier to attain, involving improvement in effectiveness and efficiency of provision within existing clinical pathways and service models.
Expected to be able to improve True North delivery through a **Corporate Project, Strategic initiative or Breakthrough Objective, or system wide project**	The opportunities will be more stretching. The scale of challenge is greater. This has already been recognised and reflected in our existing Trust strategic deployment and system wide projects and programmes.
Likely to need a **new project that is of a high impact, scope or scale** to improve True North delivery	There are opportunities across a number of True North domains and the impact on the attainment of our True North goals is expected to be high whilst also enabling benefits of merger and restoration/recovery of services. Solutions may need to consider changes to clinical pathways and service models.

This table sets out the allocation of specialties to groups. These allocations may be refined, as we progress through our Clinical Strategy development, and gain greater understanding of the problems we need to solve or the opportunities we can realise.

Continuous Improvement	Existing/planned strategic deployment project or programme		Transformation Project
• Paediatric Surgery • Bariatrics • HIV / SHAC – Sexual Health and Contraception/ Sexual Health • Major Trauma • Endocrinology • Infectious Disease • Vascular • Renal	**Trust projects and programmes:** • Neurosurgery • Cardiac Surgery • Clinical Haematology • Urology	**System wide:** • Rheumatology • Chronic Pain • Pathology • Maternity • Neonatology • Radiotherapy • Breast • Palliative • Oncology • Diabetes • Endoscopy • Stroke • Emergency Department /A&E/ Same Day Emergency Care • Acute Medicine	**System wide** • Ophthalmology • Trauma and Orthopaedics • Dermatology • Respiratory • Ear, Nose and Throat • and Audiology • Cardiology **Trust wide:** • Neurology • Gynaecology • Paediatric Medicine • Digestive Diseases and Gastro • Oral and Maxillofacial • Care of the Elderly/ Department of Medicine for the Elderly (DOME)

Specialties that underpin the improvements of others, as well as making their own improvements or contributing to system wide improvements:
Theatres and Pre Assessment Clinic (PAC); Therapies ; Interventional Radiology; Imaging Pharmacy; Outpatients; Anaesthetics; Critical Care/ Intensive Care/ High Dependency Unit

This table shows that system wide projects and programmes are distributed across two groups: 'existing/planned strategic deployment project or programme' and 'Transformation projects'. For those allocated in the former group, we anticipate that in addition to their continuous improvement efforts, Trust level improvement will come from implementing the strategy and approach developed through the system wide initiative. For the latter group however, we anticipate that our Trust services will benefit from system wide initiatives and will also need to invest effort in identifying and delivering Trust specific improvements to fully realise the opportunities. For those groupings linked to strategic deployment or system wide projects Appendix 2 shows the specific project and programme those individual specialties are expected to benefit from or contribute to.

10.6 Transformation Projects

As described above, in addition to their continuous improvement work, we have identified that a number of specialties may benefit from a more transformative approach. The conclusions have been reached based on:

- discussion with our senior clinicians and managers;
- our data and SWOT analysis;
- the scale of potential impact on the attainment of our True North goals;
- opportunities to realise the potential benefits that come from our merger;
- restoration and recovery of services;
- ease of implementation

When allocating specialties to this transformation group, we also took account of the likely scope and scale of the solution required to achieve our True North goals, for example these specialties might require a clinical pathway or service model redesign or reconfiguration of existing service provision. There could also be benefit in exploring an integrated approach with partners across the end to end patient pathway. Alternatively, we might want to consider whether there were any improvements to patient experience and outcomes from organising services across a wider geographical footprint or delivering services at a greater scale, for example through centres of excellence.

Plans for phase 2 and 3 are based upon our capacity to develop and deliver specific options for improvement and implementation proposals. We need to do this in a way that is rooted in a strong understanding of the problems we need to solve, the views of our stakeholders and the range of opportunities available to us, including those that are more innovative. This takes time, and to ensure we are able to do this robustly, we need to prioritise the order in which we undertake this work with each of the specialties in this transformation group.

The table below sets out the first four specialties that will be considered during 2021/22. This is based on the scale of opportunity and challenge, including restoration and recovery of services.

Where an opportunity for specialty transformation has been identified but is not to be prioritised in 2021/22, the specialty will be supported to develop their objectives aligned to True North. A framework will be developed to ensure that year one continuous improvement actions and participation in a Corporate Project, Strategic initiative or Breakthrough Objective, or system wide project are aligned to these longer term objectives. This will also help those specialties develop transformation plans for future years.

The priorities will also be regularly reviewed and should critical issues emerge from these or any of our other services, then we will reprioritise our transformation effort to ensure these are addressed.

10.7 Year one priorities for transformation:

Specialty	Rationale
Ophthalmology (Year 1)	Ophthalmology provides care for a high volume of patients. There are significant volume waiting for treatment and follow up, many of whom have complex needs. Delays in treatment and review have the potential to impact adversely on the sight of patients. Undertaking a transformational project has the opportunity to have a positive impact on the experience and outcomes of a large volume of patients. The project can explore opportunities that relate to: • Estate, • IT and innovation, • Workforce training and diversification, • Transformation of pathways including moving some services closer to patients' homes and consideration of how to provide both high volume and emergency surgery, • Opportunities for change in clinical pathway and service configuration linked to Sussex wide work The transformation of ophthalmology maybe less complex than other services, since there are relatively fewer interdependencies
Trauma and Orthopaedics (Year 1)	Trauma and Orthopaedics provides elective and emergency provision for a high volume of patients. There are significant waits for elective care that have been exacerbated by the pandemic, as well as workforce pressures. The service also has higher costs for admissions and outpatients in comparison to some benchmarked peer Trusts. Transformation of these services provides an opportunity to: • maximise our Estate, • support recovery of services, • improve patient pathways and outcomes, • take account of GIRFT recommendations, • improve job planning, • consider how to provide high volume, highly specialised and emergency/ trauma surgery, • create alignment between our Trust provision and system wide services including those that are due for re-procurement This service has significant interdependencies and would benefit from additional oversight and governance to support joined up solutions.

Care of the Elderly (CoTE)/ Department of Medicine for the Elderly (DOME) (Year 1)

This specialty provides care for a large volume of patients, often with complex health and social care needs. Demographic changes in our local population will result in increased demand for this provision with increasing acuity of patient need. There are also significant workforce challenges across all roles. The pathways for older patients across the system can be problematic, and whilst the Same Day Emergency Services system work is likely to have positive impact, there is not a system wide programme to address the issues that this specialty faces.

A transformation project has the opportunity to:

- improve patient experience and outcomes for a large number of patients,
- improve the interface and pathways with partners across community, primary, social care and mental health services with the opportunity to influence this in a positive way,
- consider innovative job roles,
- support patient flow throughout the hospitals as well as the recovery of other services,
- learn from the different models of care across the new Trust and optimise these,
- support the transformation of Trauma and Orthopaedic Services and Stroke reconfiguration

Digestive Diseases and Gastroenterology (Year 1)

This specialty experiences recruitment issues of both medical and nursing staff, with rota gaps often filled by locum consultants. The service has significant waits for both routine and urgent treatment with the surgical waiting list often outstripping capacity. The specialty also frequently has to cancel appointments and sometimes struggles to meet cancer wait times. Whilst system wide work to improve endoscopy services is likely to deliver some benefits there remains a significant challenge which has been exacerbated by the pandemic.

Undertaking a transformative project would provide significant opportunities to:

- Improve the pathways from access to post treatment follow up,
- Share learning across our new merged Trust,
- Opportunity to organise services more effectively across the merged Trust,
- Opportunity to develop workforce innovation and also respond to the GIRFT recommendations for new nursing roles for the Liver service,
- Make best use of the resources available,
- Further support and derive benefit from system work on endoscopy

11.0 Our overarching approach to phases 2 and 3

Throughout all of the development of our Clinical Strategy, the voice of the patient and wider stakeholder engagement will be of key importance. In phases 2 and 3 we will ensure that we use the views, needs and perspectives of our patients, their carers, our staff and our stakeholders including the wider population to inform our options for making improvements in our services. These voices will also inform how we appraise and prioritise the options for delivery

11.1 The Voice of the patient

Hearing and responding to the voice of our patients will be integral to how we further develop our Clinical Strategy. Patient feedback from a range of sources such as the Friends and Family Test, compliments and complaints provides a wealth of information that gives us insight into what is important to our patients. All our specialities will draw on this when undertaking their continuous improvement as well as engaging directly with key patient and stakeholders.

We will also take into account what our patients and the public have told us in our merger survey, where patients raised concerns for example about impact on travel times, difficulty accessing services locally and longer waiting times, as well as hopes, including better care, centres of excellence and equal care available on all sites.

Our lean improvement methodology provides a rigorous approach to capturing and acting on what matters to patients, staff and other stakeholders. It ensures that improvement starts from the customers' point of view and allows us to turn customer comments or feedback into measureable outcomes that we can then monitor to ensure that services are better for patients.

Where we need greater insight into the patient experience and views, particularly for those people with protective characteristics and for specialties that fall within the 'transformation group', we will use a range of approaches. This may include surveys, interviews and focus groups to help us understand what is most important to our patients, as well as what adds or detracts from effective patient pathways. We will also involve patients in the design and assessment of potential solutions and use their input to help us define our options appraisal criteria.

11.2 Engagement with our people

With the oversight of our clinical leaders, the development of options to improve our services as part of phases 2 and 3 will be devolved to our specialties. This will enable greater involvement of our people. Our Patient First improvement methodology along with Kaizen Team support, equips our people to complete this in a robust manner by helping us use lean methodology and affect any cultural change needed to deliver service transformation. We will also support cross Divisional engagement of staff to bring together expertise from a range of clinical and non-clinical staff, for example allied health professionals and our IT colleagues. This will support the development of innovative and imaginative solutions. This approach combined with our staff's expertise and knowledge will ensure we develop a credible range of options that are clinically safe and allow for optimal assessment.

It will also allow us to take account of the hopes and concerns that our people raised about our merger. This included concerns: that there might be an expectation that people work across all hospital sites; of job security; about reduced patient access to local services; falling standards, or that one hospital site might become a poor relation to the others. Hopes for the merger included: improved continuity of care; career development; more joined up thinking and use of resources; sharing best practice between hospitals and within our wider system; as well as stronger and more visible leadership.

The clinical strategy provides an excellent opportunity to address people's concerns and build on their hopes by bringing teams together across our new Trust to share best practice and develop innovative solutions.

11.3 Engagement with our partners

Our ICS, SACN and the other collaborative networks provide excellent opportunities to ensure that we are developing joined up solutions that make sense to our patients. These will also support us to develop a whole pathway approach to service transformation when this will bring benefits to patients. Working within our local place based systems will also play a pivotal role, particularly when ensuring that our Clinical Strategy contributes to reducing health inequalities. We know that such inequalities are caused by a complex mix of environmental and social factors. Working with system partners to develop solutions within the Clinical Strategy will support the joined-up, place-based approach required to address these.

We will also work with the Health and Social Care Scrutiny Committee (HASC) in West Sussex and the Health Overview and Scrutiny Committees (HOSCs) in Brighton and Hove and East Sussex at an early stage to ensure that their insights shape our thinking and approach including to the criteria for assessing options to improve and transform services. We will also work with them to ensure that we meet our responsibilities for involvement and if required public consultation for any elements of the strategy.

Taking a collaborative approach when developing our Clinical Strategy will strengthen our relationships with our partners, supporting place based and system working more broadly.

11.4 Phased approach to developing our Clinical Strategy

As previously stated, we are taking a phased approach to the development of our Clinical Strategy. This is to ensure that it is completed in a robust manner that takes into account the context of Covid-19 both in terms of restoration and recovery of services and clinicians capacity to engage in its development.

This document has detailed the outcomes of phase 1 creating a strategic framework. We are now in a strong position to undertake the next three phases of our clinical strategy development. These phases will be carried out as detailed below.

12.0 Looking forward

12.1 Phase 2 May – July 21

During phase 2 all specialties will use the strategic framework that has been developed in phase 1 to generate options for improving their service. Central to this will be our continuous improvement methodology which will:

- Give staff at all levels the tools, methods and autonomy to make improvements in their day to day work via a process of continuous improvement,
- Enable a data driven approach ensuring improvement is focussed on those areas that will have the biggest impact on our True North,
- Draw on different improvement approaches based on complexity of the problem to be solved.

During phase 2, as the Corporate Projects, Strategic Initiatives and system wide projects and programmes gain greater definition, specialities will also develop a fuller understanding of how they will contribute and benefit from those projects and programmes.

Those specialties that have been prioritised for 2021/22 within the 'transformation project' group will generate options for improving their service using a DMAIC (Define, Measure, Analyse, Improve and Control) approach:

- Undertaking root cause analysis to gain clarity on the problem to be solved or the opportunity to be realised based on data about our services as well as demographic information about the changing needs of our population;
- Undertake stakeholder engagement;

- Clearly articulate a set of specialty specific objectives shaped by our True North domains;
- Understand scale and scope of the project required;
- Develop and appraise options for improvement against an agreed set of appraisal criteria.

More detail about this approach is provided in Appendix 3.

This process will develop a clear understanding of operational challenges and opportunities for our clinical services, the changes required to clinical pathways, as well as the potential benefits and risks associated with existing and desired service models. When assessing the options we will take into account:

- the views of partners and patients,
- the opportunities for innovation,
- the application of technology,
- clinical interdependencies
- support for other priorities e.g. Environmental Strategy
- sustainability of provision, including how we can use our resources wisely to improve outcomes for our patients.

In the context of all specialties making their continuous improvements, the specialties in the 'transformation group', who have not been prioritised to develop their full transformation plans in 2021/22, will also be provided with additional support to develop their specialty specific objectives aligned to True North. This will enable their year one continuous improvement actions to align with their longer term objectives.

12.2 Phase 3 August to October 21

All specialties will develop their individual improvement plans for approval linked to the overarching strategy, wider strategic deployment and business planning. The Trust will agree the strategic service priorities, taking account of both patient benefit and ease of implementation, identifying any requirements for formal consultation. When making decisions, particularly for those relating to our 'transformation projects', we will base this on a standard assessment criteria, that has been informed by patients and partners. This will take account of a range of factors:

- Our True North domains of patient experience, quality, sustainability, systems and partnerships and our people;
- Realising the benefits of merger;
- How proposals support other Trust strategies such as our Environmental Strategy;
- How proposals will address health inequalities;
- Feedback we have received from patients and the public regarding their hopes and concerns expressed in our merger survey;
- Takes account of anticipated demographic changes;
- Reduces health inequalities;
- Enables clinical, financial and operational sustainability;
- Supports national and local priorities

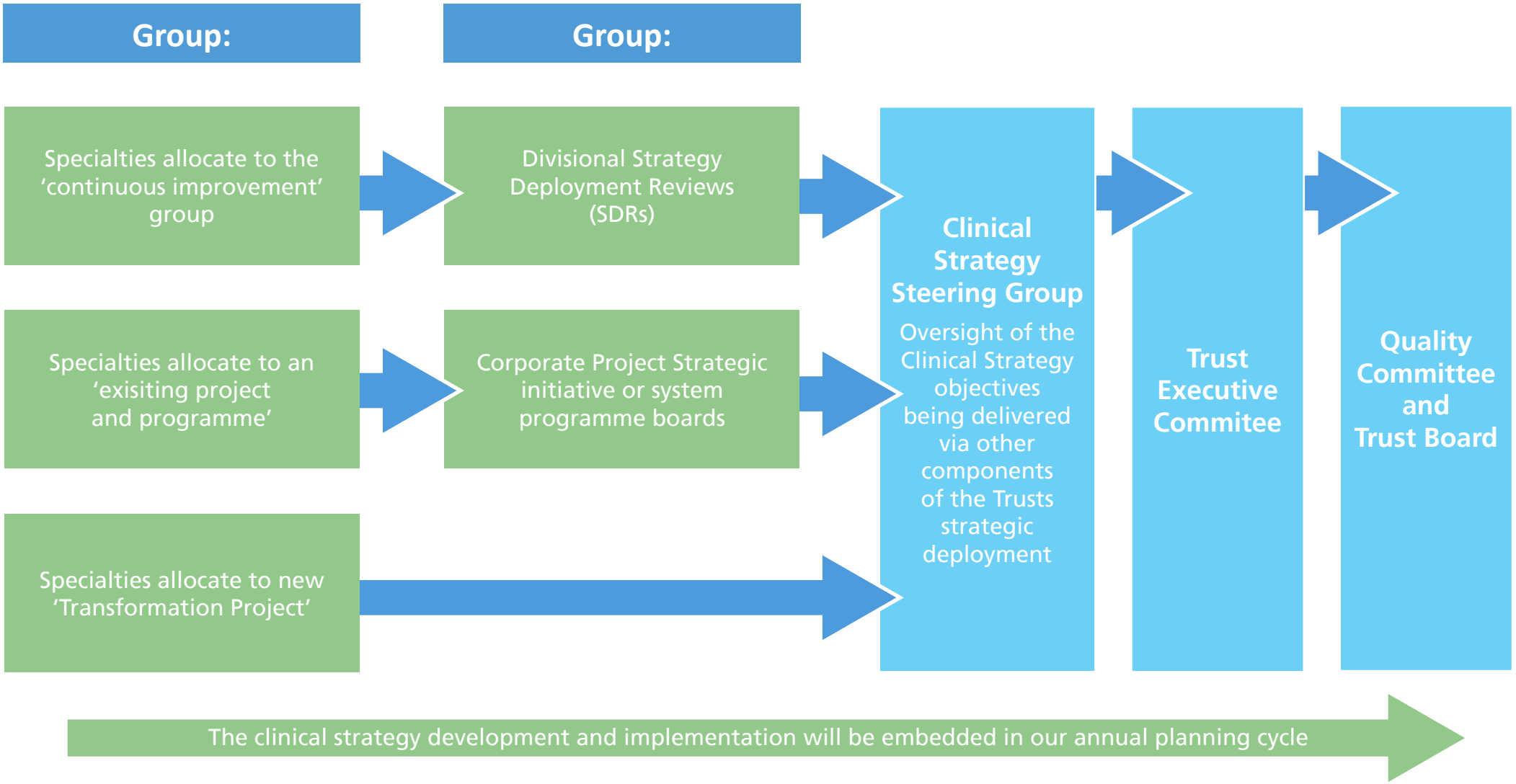
When assessing and prioritising action, we will use our strategic filter and an assessment of the benefits across our True North domains alongside the ease of implementation.

12.4 Phase 4 November 21 – January 22

In this phase services begin to implement their plans. The benefits are monitored and proposals and priorities refined through the Clinical Strategy Steering Group and our wider Strategy Deployment Review system, using improvement methodology.

13.0 Oversight of the Clinical Strategy Development

The development of the clinical strategy will be overseen and coordinated by the Clinical Strategy Steering Group; however, it will be fully integrated with the wider governance approach that we take within our Trust as set out in the diagram below:



The ongoing development of the clinical strategy will be overseen by a Clinical Strategy Steering Group that will report to our Trust Executive Committee, our Quality Committee and then to our Trust Board.

The steering group will ensure that the clinical strategy is:

- Inclusive of all specialties;
- Integral to our True North improvement methodology and aims;
- Developed based on a strong understanding of interdependencies including clinical and with enablers such as Therapies, IM&T, estate, Workforce and Capital investment plans;
- Developed using robust stakeholder and patient engagement;
- Based on strong partnership and system working;
- Enabling of sustainable Restoration and Recovery

The Steering Group will develop and test the methodology that will be applied consistently across the development of the strategy, this will take account of:

- Who and how will we define the problem we are trying to solve?
- What are the inputs, outputs and outcomes we will measure?
- How will we determine scope and scale?

The Steering Group will oversee the:

- Capacity available to transform and improve services;
- Resources and funding available, and business cases to support implementation;
- Programme milestones;
- Delivery of clinical strategy outcomes being provided by other projects and programmes;
- Recommendations for TEC and Trust Board;
- Options to be pursued for key transformational projects;
- Further prioritisation of transformation effort of clinical services

The Steering Group will review the learning as we progress through our strategy development and adapt the approach accordingly, embedding our methods into our annual planning cycle

14.0 Conclusion

The Clinical Strategy will drive further improvements in our clinical services, help us realise the benefits of becoming a merged Trust and our attainment of all our True North domains. We will use a phased approach based on Patient First continuous improvement to methodically analyse our services, understand the problems we need to solve and work with our staff and other partners to develop solutions. Throughout all of these phases the voice of our patients will be central to our approach.

Each clinical specialty will have a plan for how they will contribute to the Clinical Strategy that will be linked to our wider strategic deployment and business planning. We will ensure join up across our strategic deployment including our Corporate Projects and Strategic Initiatives so that we can make best use of our transformation and improvement capacity and drive the benefits for patients.

We intend to provide further updates at the end of Phase 2 and 3.

Appendix 1

St Richard's Hospital providing acute services to Chichester District and parts of Arun

The population has an older age structure than the rest of England with **26% of the population over 65*.** The **over 75s population is set to increase by 35%** between 2016 and 2026. The number of 0-4 year olds is set to fall by 2% but the number of **10-14 year olds is set to rise by 17% between 2016 and 2026**. Chichester District Council covers a large rural area. Whilst much of these areas in 2019 were ranked low on the index of multiple deprivation, areas within **Bognor Regis and Littlehampton are amongst the 10% most deprived** in the UK.

Princess Royal Hospital providing acute services communities within Mid Sussex

The population has an older age structure than the rest of England with **20.4% of the population over 65*. The over 65s population is set to increase by 13% between 2018 and 2028.** Most of these areas are ranked low on the index of multiple deprivation in 2019.

Worthing Hospital providing acute services to Worthing, Adur and parts of Arun

25% of the Worthing and Adur population are over 65*.
The over **65s population is set to increase by 17%** between 2018 and 2028, with significantly higher increases in the over 75s. The numbers of under 16 year olds is set to fall slight between 2018 – 28, but in Adur **the number of 10-14 year olds is set to rise by approx. 23%**. Whilst much of these areas in 2019 were ranked low on the index of multiple deprivation, **a number of wards are amongst the 10% most deprived** in the UK.

Royal Sussex Hospital providing acute services to Brighton and Hove and Lewes

The **over 65s population is set to increase from 13.3%* to 15% in Brighton and Hove,** and **25.5%* to 28.3% in Lewes** between 2018 and 2028. The population of **Brighton and Hove has a younger age structure** and Lewes has an older age structure. Brighton and Hove has key health challenges around mental health, alcohol and drug misuse, with one of the highest suicide rates in the country. There are an estimated 144 rough sleepers, which is the highest outside of London. These trends reflect Brighton's large areas of urban deprivation with some wards amongst the 10% most deprived in the UK. There are though also wards in Brighton and Lewes in 10% least deprived.
Men in the Brighton and Hove have a slightly lower life expectancy than nationally†.

*As compared to 18% in the UK | † in all other areas life expectancy for men and women exceed national averages

The 2011 census showed the ethnic diversity of our communities, with all areas becoming more ethnically diverse since the 2001 census

Ethnic Group	Adur	Arun	Chichester	Mid-Sussex	Worthing	Brighton and Hove
White: British	92.9%	91.6%	93%	90.3%	89.4%	88%
White: Non-British	3%	5.4%	4%	4.8%	4.4%	6.2%
Mixed	1.4%	1.0%	0.9%	1.5%	1.7%	1.9%
Asian	1.7%	1.4%	1.4%	2.7%	3.2%	1.8%
Black	0.5%	0.3%	0.5%	0.5%	0.9%	0.8%
Other	0.5%	0.1%	0.2%	0.3%	0.4%	1.18%

Appendix 2 - Existing/planned strategic deployment project or programme

All specialties will undertake their continuous improvements. Many specialties will benefit from the corporate projects, strategic initiatives and system wide projects and programmes. Below is a table of those specialties that we anticipate will benefit most from these projects and programmes. As specialty plans along with plans for projects and programmes are developed, this allocation will be reviewed and may change.

Specialty	Type of Project or Programme	Project or Programme
Neurosurgery	Strategic Initiative	3Ts
Cardiac Surgery	Strategic Initiative	3Ts
Clinical Haematology	Corporate Project	Restoration and Recovery
Rheumatology	System Project	Transformation Programmes: Musculo-skeletal including Trauma and Orthopaedics
Chronic Pain	System Project	Transformation Programmes: Musculo-skeletal including Trauma and Orthopaedics
Acute medicine	Corporate Project	Medical Workforce Transformation
Urology	Corporate Project	Restoration and Recovery
Pathology	System Project	Transformation Programme - Pathology
Maternity	System Project	Pathway Focused Programme - Maternity
Neonatology	System Project	Pathway Focused Programme - Maternity
Radiotherapy	System Project	Pathway Focused Programme - Cancer
Breast	System Project	Pathway Focused Programme - Cancer

Specialty	Type of Project or Programme	Project or Programme
Palliative	System Project	Pathway Focused Programme - Cancer
Oncology	System Project	Pathway Focused Programme - Cancer
Diabetes	System Project	Transformation Programme - Diabetes
Endoscopy	System Project	Transformation Programme - Endoscopy
Stroke	System Project	Transformation Programme – Stroke
Emergency Department /A&E/ Same Day Emergency Care	System Project	Pathway Focused Programme – Urgent and Emergency Care
Ophthalmology	System Project	Transformation Programme – Ophthalmology
Trauma and Orthopaedics	System Project	Transformation Programmes: Musculo-skeletal including Trauma and Orthopaedics
Dermatology	System Project	Transformation Programme - Dermatology
Respiratory	System Project	Transformation Programme - Respiratory
Ear, Nose and Throat and Audiology	System Project	Transformation Programme - ENT
Cardiology	System Project	Transformation Programme – Cardiology

Appendix 3 - High Level Service Review Methodology

Define Phase (Apr21) Phase 2	Measure Phase (Apr21) Phase 2	Analyse Phase (May21) Phase 3	Improve Phase (tbc) Phase 4	Control Phase (tbc) Phase 4
How we ensure the alignment to True North and the outcomes of the programme is established	How we ensure we are measuring current state performance at the right level and against agreed targets	Approval of a prioritised specialty level improvement pipeline	Implementation of the prioritised improvement pipeline and enhanced specialty level scorecards	How we evidence improvement, sustainability & transition to business as usual pathway management and reporting

High Level Delivery Roadmap & Gateway

- Problem Statement
- Executive sponsorship
- Programme governance
- Stakeholder Engagement and requirements
- What good looks like – success and outcome measures
- National/Trust level targets in line with TN & BOs
- Scope – identify priority clinical pathways and pathway start and end point
- Resource plan/roles and responsibilities
- Programme delivery plan.
- High level process Map (SIPOC)
- Charter

- Benchmarking and best practice
- Baseline profile
- Assess current performance against clinical/ operational service standards
- Assess patient experience
- Inequalities assessment
- Agreement of optimal clinical pathway
- Value stream map to identify operational waste
- Benefit opportunity
- Data collection plan
- Potential quick wins

- Data/process analysis
- Identify key performance drivers
- Prioritised improvement pipeline
- Complete clinical strategy impact assessment.
- Confirm delivery roadmap and implementation plans
- Confirm improvement KPIs
- Options l development including innovation opportunities
- Option appraisal
- Development of business cases for agreed option(s) including benefit realisation plans

- Detail improvement plan
- Implementation of the improvement plan
- Pilot
- Training
- Standard Work
- Implement additional process level performance drivers and targets
- Approval of control plans

- Alignment to SDR governance and reporting
- Evidence of success
- Monitoring of impact and sustainability
- Launch benefit realisation assessment

NHS

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