

## Meeting of the Board of Directors

10:00 –13.30 on Tuesday 30 March 2021

Virtual Meeting via Microsoft Teams

### AGENDA – MEETING IN PUBLIC

1.	10.00	<b>Welcome and Apologies for Absence</b> To note	Verbal	Chair
2.	10.00	<b>Declarations of Interests</b> To note	Verbal	All
3.	10.00	<b>Minutes of Board Meeting held on 2 February 2021</b> To approve	Enclosure	Chair
3.1	10.00	<b>Minutes of the Extraordinary Joint Public Board meeting held on 18 March 2021</b> To approve	Enclosure	Chair
4.	10.00	<b>Matters Arising from the Minutes</b> None	Enclosure	Chair
5.	10.10	<b>Report from Chief Executive</b> To receive and note overview of the Trust's activities	Presentation	Marianne Griffiths
		<b><u>INTEGRATED PERFORMANCE REPORT</u></b>		
6.	10.35	<b>Quality Improvement</b> To receive and agree any necessary actions	Enclosure	Carolyn Morrice Rob Haigh
		<i>After this section the Chair of Quality Assurance Committee will be invited to provide their report included at item 10. To receive assurance from Committee and recommendations from the Committee.</i>		
7.	11.00	<b>Systems and Partnerships</b> To receive and agree any necessary actions	Enclosure	Ben Stevens
8.	11.20	<b>Sustainability</b> To receive and agree any necessary actions	Enclosure	Karen Geoghegan
		<i>After these two sections the Chair of Finance and Performance Committee will be invited to provide their report included at item 11. To receive assurance from Committee and recommendations from the Committee.</i>		
9.	11.40	<b>Our People</b> To receive and agree any necessary actions	Enclosure	Julie Bacon

		<i>At this point the Chairs of the Committees will be invited to provide any additional assurance from the work of their committee.</i>		
		<b><u>ASSURANCE REPORTS FROM COMMITTEES</u></b>		
10.	-	<b>Report from the Quality Assurance Chair from the meeting on the 23 March 2021</b> To receive assurance from Committee and recommendations from the Committee	Enclosure	Mike Rymer
11.	-	<b>Report from Finance and Performance Chair from the meetings on the 23 February and 23 March 2021</b> To receive assurance from Committee and recommendations from the Committee	Enclosure	Patrick Boyle
12.	12.05	<b>Board Assurance Framework</b> To approve	Enclosure	Glen Palethorpe
		<b><u>QUALITY</u></b>		
13.	12.15	<b>Nurse Staff Capacity Report</b> For noting and assurance	Enclosure	Carolyn Morrice
14.	12.30	<b>IPC Board Assurance Framework</b> To note	Enclosure	Carolyn Morrice
		<b><u>OUR PEOPLE</u></b>		
15.	12.40	<b>Annual Gender Pay Gap Report</b> To approve	Enclosure	Julie Bacon & Barbara Harris
16.	12.55	<b>Staff Survey Results</b> To note	Enclosure	Julie Bacon
		<b><u>WELL LED &amp; COMPLIANCE</u></b>		
17.	13.10	<b>Company Secretary Report</b> To note	Enclosure	Glen Palethorpe
		<b><u>OTHER</u></b>		
18.	13.20	<b>Any Other Business</b> To receive and action	Verbal	Chair
19.	13.30	<b>Questions from the public</b> To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Chair
20.	13.30	<b>Date and time of next meeting:</b> The next meeting in public of the Board of Directors is scheduled to take place at <b>10:00</b> on <b>6 May 2021</b> .	Verbal	Chair

### **Trust Board of Directors Quoracy**

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 one Non-Executive Director and one Executive Director. This means that at least 6 voting members must be present. A

Director shall be deemed as present if he joins the meeting by telephone or other means, provided that he can hear and be heard by all other Directors present at the meeting

**Minutes of the Board of Directors (Public) meeting held at 10:00 on Tuesday 2 February 2021 via Microsoft Teams Live.**

<b>Present:</b>	Alan McCarthy	Non- Executive Director (Chair)
	Patrick Boyle	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Jackie Cassell	Non-Executive Director (from item 14)
	Dame Marianne Griffiths	Chief Executive Officer
	Karen Geoghegan	Chief Financial Officer
	George Findlay	Deputy CEO, Chief Medical Officer
	Pete Landstrom	Chief Delivery & Strategy Officer
	Carolyn Morrice	Chief Nurse
	Katy Jackson	Chief Operating Officer
	Julie Bacon	Strategic HR Advisor

<b>In attendance:</b>	Glen Palethorpe	Group Company Secretary
	Tamsin James	Board and Committee Administrator
	Barbara Harris	Head of Equality, Diversity and Inclusion (for item 16)

**B/02/21/1 WELCOME AND APOLOGIES**

**Action**

- 1.1 The Chair welcomed those present to the meeting.
- 1.2 Apologies for absence were received from Rob Haigh, Joanna Crane and Kirstin Baker.
- 1.3 The Board was confirmed as quorate.

**B/02/21/2 DECLARATIONS OF INTEREST**

- 2.1 There were no declarations of interest.

**B/02/21/3 MINUTES FROM THE PREVIOUS MEETING HELD ON 1 DECEMBER 2020**

- 3.1 The minutes of the meeting held on 1 December 2020 were **APPROVED** as a correct record.

**B/02/21/4 MATTERS ARISING**

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

**B/02/21/5 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 as 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 the Trust is currently caring for 224 patients with Covid-19 across both RSCH and PRH. The Trust hospitals remain busy with Covid patients, but the number of patients has stabilised in the last few days. The Trust remains hopeful that this data suggests that the peak has passed and can look forward to numbers starting to decrease in the coming days and weeks.
- 5.4 The Trust was one of fifty Trusts across the country to receive the first batch of Pfizer vaccines in December 2020 and to date the Trust has vaccinated 85% of its workforce, including 75% in high risk groups. The first cohort to receive the vaccine at the Trust were patients over 80 years of age, priority groups of staff and colleagues in health and social care partner organisations. From January 2021, the Trust's PRH site became one of the first hospitals to start vaccinating using the Oxford AstraZeneca vaccine.
- 5.5 The Trust remains focused on keeping its patients and staff safe and continues to encourage staff to work from home when appropriate. It was noted that whilst this remains tricky for front line staff remote working still remains an important factor that is considered when supporting our staff.
- 5.6 In relation to clinically vulnerable staff the Trust remains compliant with national guidelines in that they must remain at home and the Trust continues to work with these staff constructively and there remains enhanced support in place for all staff through the Trust's health and wellbeing programme.
- 5.7 Marianne highlighted that the Trust continues with mandatory mask wearing by everyone in hospital and provides regular updates to colleagues on PPE guidance. All colleagues are regularly reminded, if they develop Covid symptoms, to stay at home and tell their manager.
- 5.8 Throughout the pandemic the Trust has limited patient visiting to reduce the number of people in its hospitals but the Trust continues to encourage families to use digital means to keep in touch with patients. However, the Trust's ward managers make compassionate decisions regarding visiting to meet the needs of our patients and their loved ones, especially for those patients who are nearing the end of the lives.
- 5.9 In relation to Covid testing, Marianne confirmed the Trust has rolled out lateral flow testing kits to its workforce in order for staff to test themselves at home twice a week, if that test provides a positive result then a subsequent PCR test at the one of the hospital based testing pods is arranged. This process offers reassurance to the staff and their colleagues as we work with this second surge.
- 5.10 Regarding Winter planning, it has been necessary for the Trust to stand down some routine planned procedures to avoid putting increased pressure on our hospitals. The Trust is working with the independent sector to ensure it can support essential and urgent services. The Trust workforce Hubs are continuing to redeploy staff where they are most needed which is working well.
- 5.11 Marianne stated that there is no doubt, that at the end of the pandemic, the Trust patient waiting times will have substantially increased and once the Trust is in a position to do so there will be new effort and focus to reduce the waiting list times.
- 5.12 The Trust is also focusing on prioritising the health and wellbeing of its

workforce and Marianne was delighted to share that the new communal staff room “Heroes Lounge” at the Princess Royal site opened to all staff in January 2021. The staff room was funded by generous donations from the Trust’s Charity Covid campaign and monies from the national Charities together funds. Work will now start on the new staff areas at The Royal Sussex County site including creating more outdoor seating facilities.

- 5.13 Marianne added that the Trust’s workforce continue to work incredibly hard and it is necessary for colleagues to take time to think about their own recovery needs and highlighted the Trust Health & Wellbeing facilities available to all staff who may require additional support during this difficult period.
- 5.14 Throughout November and December the Trust worked with the Disabled Staff Network (DSN) to celebrate Disability History Month and International Day of Persons with Disabilities.
- 5.15 Marianne highlighted that the Trust’s Pathology department performance was commended against the relevant ISO standards following a UKAS inspection by three external auditors, and after rigorous scrutiny of the Haematology and Transfusion laboratories at the Trust sites, its processes and professionalism were highly commended.
- 5.16 The Trust is in a unique position of having two qualified endos copists and recently became the second British hospital to run an in-house nurse training course. The training day at PRH provides nurses theoretical and practical training, using the latest technology to perform procedures that can save the need for an operation proving a real benefit to our patients.
- 5.17 Public Health England (PHE) recently published the data from its SIREN study, which aims to find out more about re-infection and lasting immunity to Covid-19 in healthcare workers. It has performed regular antibody and PCR testing on 20,787 participants from 102 NHS trusts which included 250 colleagues from the Trust and a further 250 from WSHFT. Marianne shared her thanks to those who are making this urgent public health priority study possible at the Trust.

#### **Diary Highlights**

- 5.18 The Board was advised of some of the key meetings that the Executive team have been involved with in December 2020 and January 2021.
- 5.19 Marianne was delighted to announce that Amanda Pritchard, the Chief Operating Officer of NHSEI visited both BSUH and WSHFT Trusts in January 2021, a particular highlight being a visit to the Trust’s vaccination hub which was welcomed.

#### **Looking Ahead**

- 5.20 Marianne went on to comment on the WSHFT and BSUH merger and highlighted that work continues and the Trust will be seeking to merge on the 1 April 2021.
- 5.21 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 will therefore be maintaining A&E, emergency care, maternity services, tertiary 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.

- 5.22 Subject to NHSEI's recommendation to approve the merger which will be influenced by the outcome of a shared Board meeting on the 9 February 2021, the new Trust will exist from 1 April 2021. Prior to this date, the Trust has agreed to only change what is required to support the creation of the new Trust, which includes: New regulatory registrations; the establishment of a revised Council of Governors and pursue new membership recruitment; transfer and protection of staff employment terms and conditions and the confirmation of the new board and committee arrangements and Executive structure from 1 April 2021.
- 5.23 The Chair thanked Marianne for the update and shared his thanks on behalf of all the Board to all the Trust staff for what they continue to do for the Trust during this difficult time.
- 5.24 The Board **NOTED** the report.

## **B/02/21/6 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 October 2020 whereby 69 patients died in hospital against the expected number of 81 giving an in-month HSMR of 85.37, against a standard of 100. The rolling 12 month HSMR to October was 94.08. As previously noted that as a result of the Covid-19 pandemic, 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. Separate reporting of Covid deaths is provided to the Quality Assurance Committee.
- 6.4 After pausing during the wave one of the pandemic, the Trust Mortality Review Group has recommenced with a 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.
- 6.5 The Trust is currently recruiting two Medical Examiner Officer (MEO) posts to support the Medical Examiners in improving the robust scrutiny of all deaths not directly referred to the coroner. The MEOs will ensure that all unexpected deaths are systematically reviewed at the Serious Incident Review Group and that Structured Judgement Reviews are allocated as appropriate.
- 6.6 Carolyn Morrice, Chief Nurse, informed the Board that the rate of inpatient falls for the past 12 months is 3.80 falls per 1000 bed stay days; equating to 855 falls in the past year. The National Falls rate is 6.62 falls per 1000 bed days. The pressure damage rate continues to be assessed and the focus remains on this work through the development of a breakthrough objective in 2020/21 to improve this area of care.
- 6.7 All falls 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, Patienttrack.

- 6.8 In December 2020 there were 34 incidents of hospital acquired pressure ulcers at the Trust. Over the past year the number of patients developing hospital acquired pressure ulcers has increased, and in the past 12 months 11 hospital acquired pressure ulcer incidents have met the threshold for being declared as a Duty of Candour incident. Carolyn stated that from the 2,241 reports of pressure damage, which begin with slight reddening of the skin, 1,434 patients were admitted to the Trust with the issue upon admission.
- 6.9 This has resulted in an action taken by the Quality Assurance Committee to undertake a deep dive into the systems for learning from pressure damage at the Trust.
- 6.10 The collection of data of Friends & Family recommended rates was paused due to the pandemic, this recommenced on the 1 October 2020 and the Trust has a True North ambition of 96% of inpatients who would recommend the Trust to their family and friends.
- 6.11 The Chair thanked both Carolyn and George for their update.
- 6.12 The Chair invited Mike Rymer to deliver an update on Quality matters that were presented to the Quality Assurance Committee.
- 6.13 Mike confirmed that the Committee received an update from the Trust Medical Director which focused on Mortality and recognised that the impact Covid deaths have on these metrics, with HSMR excluding these to allow comparison for non-Covid patients 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.
- 6.14 The Committee were updated in respect of the Patient Safety metrics, where these covered pressure care, falls and incidents with the reporting including actions taken in respect of national safety alerts.
- 6.15 The Committee was assured over the outcome of the robust processes reported which are in place to monitor harm and the prospect of any psychological harm to patients with extended waiting times.
- 6.16 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 through the Infection Prevention and Control methodology.
- 6.17 The Committee heard that the Trust has undertaken GIRFT (Getting It Right First Time) reviews which continues to perform well and that the GIRFT team has been commended nationally.
- 6.18 Mike also noted that the Committee received an update on Ophthalmology glaucoma services and the improvements being made to this service through workforce modernisation.
- 6.19 The Committee received the Trust's response to the Ockenden report and the submission made indicating compliance with the key actions required of all Trusts and that the progress against all the actions will be linked to the Trust's CNST compliance submission in June 2021.
- 6.20 The Committee reviewed the BAF risks for which it has oversight and agreed



their scores were fairly represented.

- 6.21 Mike went on to state that the Quality Assurance Committee shared their thanks to all the Trust workforce during this difficult time.
- 6.22 The Chair thanked Mike for the update from the Quality Assurance Committee.
- 6.23 Patrick Boyle raised a question relating to the increase in patient pressure sores and falls at the Trust. Carolyn Morrice stated that increases are being seen nationwide due to the increased use of face coverings and respiratory support and the Trust had also seen an increase in patients entering its sites from the community with related issues.
- 6.24 Lizzie Peers went on to question the increase in pressure data and whether the data relating to Covid could be separated against the benchmarked data; and also commented that with the common themes surrounding the duty of candour incidents is the Trust able to learn from this data and attribute any specific issues brought about by Covid.
- 6.25 Carolyn stated that the Trust continues to monitor its harm free care and benchmarking incidents but currently there is no national reporting available, however the Trust works closely with WSHFT in monitoring the data. In relation to the candour incidents the Trust has enabled additional early intervention and communication processes in order to mitigate any further risks.
- 6.26 The Board **NOTED** the report.

## **B/02/21/7      SYSTEMS AND PARTNERSHIPS**

- 7.1 Katy Jackson, Interim Chief Operating Officer, updated the Board in respect of a range of performance indicators.

### **A&E**

- 7.2 Katy informed the Board that the Trust achieved a performance of 77.2% for December 2020, 1.6% lower than December 2019 and slightly below the national performance of 80.3%; but this was against a 21.4% drop in A&E attendances compared to last year and a 17.5% drop in non-elective admissions.
- 7.3 The Trust bed occupancy is increasing at both RSCH and PRH sites, however the RSCH site has been a particular increase to 93.4% reflective of Covid pressures at this time.
- 7.4 The Trust continues to work with 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.

### **RTT**

- 7.5 The Trust's RTT Performance position in December was at 60.5% across all specialties, a decrease of 7.6% compared to December 2019, and this level of performance has decreased by 0.5% compared to November 2020.
- 7.6 In relation to 52-week breaches, the total volume of patients waiting more than 52 weeks has increased to 2,891 which is more than the trajectory within phase 3 restoration plans, which showed the impact of the Covid demand was having on the Trust's other work. The Board noted this was due to the increased pressures on the Trust due to the pandemic and this will be

continuously monitored in the coming weeks.

- 7.7 Katy confirmed that the Trust is 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 and so far have not identified any significant harm.

### **CANCER**

- 7.8 The Trust was compliant with 5 of the 8 cancer metrics in November 2020. The Trust was non-compliant against the 62-day urgent referral to treatment at 71.9%.
- 7.9 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**

- 7.10 The Trust's performance for December 2020 was 35.9%, a slight decline from November 2020.
- 7.11 Endoscopy restoration has improved by 20% compared to November 2020, and imaging modalities has restored to or above pre-Covid levels.
- 7.12 Katy went on to provide the Board with an overview of restoration activity across the Trust for December 2020, and asked the Board to note that this data would be impacted in January 2021 by the current operational pressures at the Trust.
- Elective referral demand had been restored to 108% of pre-Covid levels
  - Outpatient had been restored to 89% of pre-Covid levels
  - Follow-up outpatient activity had been restored to 103% of pre-Covid levels
  - Day case activity had been restored to 91% of pre-Covid levels
  - Inpatient activity had been restored to 82% of pre-Covid levels
  - A&E attendance activity returned to 80% of pre-Covid levels
  - Non elective admission activity returned to 83% of pre-Covid levels
  - A&E attendance activity returned to 80% of pre-Covid levels.
  - Non elective admission activity returned to 83% of pre-Covid levels.

- 7.13 The Chair thanked Katy for the update.

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

- 7.15 Patrick stated that in relation to performance 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 lock down and impact of Covid patients.

- 7.16 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 Trust learnings to manage its capacity and how Communications to both workforce and patients demonstrated the Trust's

- preparedness.
- 7.17 The Chair thanked Patrick for the update and commended the progress made with patient communications.
- 7.18 Lizzie Peers asked for assurance regarding the risks associated with the Trust's time to triage and treatment and the increase in bed occupancy and long length of stay patients and MRD levels, having seen in the media increasing pressure on community beds and utilising the nightingale facility.
- 7.19 Katy Jackson confirmed that the Trust is building upon its restoration plans in all specialties in order to improve patient flow and that there are increasing community units in the area providing additional support for Covid patients. The Trust continues to work on improving communications with nursing homes who are still insisting on negative PCR results prior to admission. Katy added that the time triage remained strong despite the demands on A&E.
- 7.20 George Findlay added that the length of stay for Covid patients being treated in ITU is higher in the second surge than the previous wave and the medical teams are working across multiple critical care areas which causes challenges. Comparative data between surge one and surge two will be provided in due course and George stated that January 2021 had been a very difficult month for all.
- 7.21 The Board **NOTED** the report.

## **B/02/21/8 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 each ICS has been provided with a fixed funding envelope; which includes additional costs relating to operational Restoration & Recovery. The Trust is expected to breakeven which is subject to mutual agreement of other organisations within the ICS that may deliver either surplus or deficit positions.
- 8.3 The Trust submitted its revised draft financial plan to NHSEI in November 2020 showing a deficit of £5.6m for the period October 2020 to March 2021, following allowable adjustments of untaken annual leave and the loss of non-NHS income agreed by NHSEI, the planned performance deficit is £1.9m.
- 8.4 At the end of quarter 3, the Trust reported a cumulative surplus of £1.6m, a favourable variance against the plan of £3.3m, this being due to less costs incurred for elective activity which is aiding the offset of Covid costs. The Trust continues to forecast a performance deficit of £1.9m at year end.
- 8.5 In terms of the overall costs of Covid, year to date, the Trust has secured £19.9m for costs of the pandemic, most of that is due to the costs of the Trust's Covid response, but this funding also recognises not receiving non-NHS income recovery projections due to prolonged Covid activity.
- 8.6 Karen confirmed the Trust currently had a healthy cash position due to the advance receipt of the M9 block payments.
- 8.7 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 and endoscopy capacity.

- 8.8 The Chair asked Patrick Boyle, to provide an update on finance matters from the Finance & Performance Committee from January 2021, to provide the Board with assurance from the previous Committee meeting.
- 8.9 Patrick confirmed the Committee received assurance regarding the M9 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 be provided with an update at the next meeting.
- 8.10 The Committee reviewed the BAF risks for which it has oversight for and agreed these were fairly represented.
- 8.11 The Chair thanked Karen for the update and shared his thanks to all during these challenging times.
- 8.12 The Board **NOTED** the report.

## **B/02/21/9      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 results are imminent and will be shared with the Board when they are available.
- 9.4 Regarding volunteers, Julie confirmed the Trust has 341 registered volunteers, with 80 actively being used. The interest remains high and the Trust has 118 people on the waiting list with 75 new volunteers in the recruitment process.
- 9.5 In December, the Trust's Turnover rate reduced slightly from 10.8% to 10.5% which remains favourable to the 12% target. It is at its fourth lowest since August 2012.
- 9.6 The Trust's Sickness Absence rate was 5.3% in December, of which 0.28% was specifically Covid-19 related and 5.02% other Sickness Absence.
- 9.7 The Trust's Appraisal rate was 74.5% in December. 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.
- 9.8 Statutory and Mandatory Training compliance has dropped from 85% to 84% in January 2021.
- 9.9 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.
- 9.10 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. Patrick shared his thanks to Julie and the HR team for all the work they are doing to support Trust staff on the frontline dealing with Covid. The Board echoed their thanks to the HR team.

- 9.11 Lizzie questioned Julie in regards to the BAME risk assessments being completed and asked if there are specific performance targets for this work. Julie confirmed these risk assessments are continuing across the Trust and have been incorporated as part of the on boarding process.
- 9.12 Lizzie commented that the nursing vacancy data looked high and asked about the plans in place to align to the national ambition of no more than 5% registered vacancy levels by October 2022. Julie confirmed that this remains a national challenge and the Trust recognises it must improve this gap considerably. Carolyn Morrice confirmed that the Trust had received £500k in order to support this programme and the Trust will endeavour to focus on its nurse to patient care ratio.
- 9.13 Julie went on to confirm that to date 88% of the Trust workforce have received their Covid vaccination and ensured the Trust was working hard to contact its shielding workforce in order for those to access their vaccination.
- 9.14 The Board shared their thanks to the volunteers who have joined the Trust.
- 9.15 The Board **NOTED** the information received from the Integrated Performance Report.

#### **B/02/21/10 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 January 2021 meeting he had provided earlier in the meeting.
- 10.2 The Board confirmed they were **ASSURED** following the update of the report.

#### **B/12/20/11 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 December 2020 meeting he had provided earlier in the meeting.
- 11.2 The Board confirmed they were **ASSURED** following the update of the report.

#### **B/02/21/12 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.
- 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 and that Quarter 4 data will be presented at the next Board meeting in March 2021.

#### **B/02/21/13 EMERGENCY PLANNING, RESILIENCE & RESPONSE ASSURANCE REPORT**

- 13.1 Katy Jackson presented the paper to the Board and asked for their approval in order to publish the report.
- 13.2 Katy stated that subsequent to the Trust's non-compliant rating in 2016 an action plan progressed and the Trust last year reported partial compliance, since then the Trust has committed to appropriately resourcing the Resilience Team by financing a Resilience Manager post to work with the Head of Resilience who are now onboard.
- 13.3 Despite the pandemic, the EPRR Team have managed to continue with their work plan, in doing so it has improved the Trust's overall assurance position. Therefore having reviewed the Trust's position this year it was highlighted that the Trust has reported improved compliance and is able to demonstrate substantial compliance against the assurance framework for October 2020.
- 13.4 There were some areas of improvement required which include: loggist training; on call manager and director training and FFP3 training. All of which are now compliant. The Trust has also implemented a new system to maintain plans for Mass Casualty which is also reported as compliant.
- 13.5 Corporate services and the Surgery Division will be updating and testing their business continuity plans as soon as Covid allows.
- 13.6 The Board noted that the Medical Director continues to oversee Clinical Lead/Major Incident Officer role in a major incident, which remains a very important role in a major incident at the Trust. It is the link and liaison between all the medical teams and the Strategic and tactical commands.
- 13.7 The Board noted that overall this has demonstrated that the Trust has made significant improvements with its business continuity planning and business impact analyses but due to the pandemic it was recognised that this had taken longer than planned and will therefore will remain amber.
- 13.8 The Board **APPROVED** the plan but recognised that it remains in draft due to gaps in relation to patient tracking and transport and due to the pandemic.

**B/02/21/14      VACCINATION CAMPAIGN UPDATE  
FLU**

- 14.1 Carolyn Morrice was pleased to share the positive news around the Trust's Flu campaign and highlighted that the Trust's Flu vaccination uptake position is 80%.
- 14.2 The Board noted the significant reduction in Flu cases at the Trust and regionally.
- 14.3 The Board noted that the Trust continues to communicate the requirement to leave at least one week between receiving the Flu and Covid vaccinations, however there was no evidence that having them at the same time would be harmful.

**COVID-19**

- 14.4 In relation to Covid vaccinations, Katy confirmed that the Trust has been vaccinating its staff since the beginning of December 2020 initially just at RSCH. There are now two hubs at RSCH and PRH sites. The Trust vaccination hub is now vaccinating care home staff and other health providers

in respect of Covid.

- 14.5 The Trust has delivered to date 26,646 Covid vaccinations, since the 8 December 2020, more than any other hub in the UK. A small proportion off the Trust workforce received their second doses just prior to the new guidance received on delaying the second round of the vaccine. The planned trajectory shows completion of first vaccinations for Trust staff across both sites by the end of February 2021.
- 14.6 The Board noted that 75% of the Trust's BAME workforce had received their first vaccination, which is positive compared to the national average. The Trust also continues to support BAME colleagues with any concerns they have regarding the vaccine.
- 14.7 The Trust's attention is focused on vaccinating all of its workforce and then attention will move to booking staff for their second appointments.
- 14.8 Patrick Boyle questioned whether the Trust was experiencing any vaccine wastage which had been heavily highlighted in the media. Katy confirmed that the Trust has a strategy in place regarding wastage to ensure the very minimum is wasted. George Findlay confirmed that out of 11,000 doses administered by the Trust, there were only a very small number of occurrences of wastage reported, which is a positive result for the Trust.
- 14.9 The Board noted that the vaccine is a preventative measure against symptomatic Covid infection and the public can still carry and transmit the virus, therefore it was necessary to continue to adhere to government guidelines. George confirmed that the Trust workforce lateral flow testing is continuing.
- 14.10 The Board shared their thanks to everyone involved in the excellent progress within the vaccination hub.
- 14.11 The Board **NOTED** the update.

#### **B/02/21/15      INFECTION PREVENTION & CONTROL BOARD ASSURANCE TOOL**

- 15.1 Carolyn Morrice presented the Infection Prevention and Control Board Assurance Tool to the Board.
- 15.2 Carolyn reminded the Board that this report is a national tool that all NHS organisations are using. The Trust report highlights ten key lines of enquiry that have been RAG rated green and amber. The prompts recorded as amber all have a full set of embedded actions against them which are in progress.
- 15.3 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 ensuring the wearing of the correct PPE for their situation in order to protect patients and staff.
- 15.4 To summarise Carolyn highlighted a few key areas within the report:
- 15.5 Item 1.13 monitors the flow rates of patients through the hospitals, and provides positive progress within the Trusts urgent care pathways. This area continues to be monitored closely in order to provide assurance.
- 15.6 Regarding items 1.3 and 4.4, Carolyn confirmed that the Trust has made good progress in strengthening its discharge pathways and the Trust is now

introducing oxygen therapy at home. The Trust's ambition is to ensure this rating is green within the next few weeks.

- 15.7 Items 2.2 and 2.4 relate to facilities and cleaning across the Trust and the Board shared their thanks to the incredible facilities teams who are mitigating this risk.
- 15.8 Regarding item 7.2 which relates to environment, Carolyn confirmed there were a number of challenges from bed spacing, ventilation and sheer patient capacity currently but actions are progressing well.
- 15.9 Carolyn added that further updates to the report would be monitored through the Quality Assurance Committee and through quarterly updates to the Trust Board.
- 15.10 The Board **NOTED** the report.

## **B/02/21/16 ANNUAL EQUALITY REPORT**

- 16.1 Barbara Harris (Babs), the Trust's Head of Equality, Diversity and Inclusion, who presented the Annual Equality Report 2020.
- 16.2 Babs highlighted that the purpose of this report is to demonstrate the Trust's understanding of its staff and patients, fulfilling regulatory requirements and to enable staff, patients and service users to see the Trusts commitment to the Inclusion agenda, including focusing on internal projects and activities within BSUH through Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), Stonewall Workplace Equality Index and Diversity Matters.
- 16.3 Babs confirmed the themes for 2020/21 are:
- Continue the support of the Trust's staff networks
  - Continued pandemic related support
  - Continuing to provide interpreting support for its patients
  - ESR monitoring data
  - Data quality training sessions
- 16.4 The Board thanked Babs and the team for the huge amount of effort put in to the Annual Equality work and emphasised the importance of this area.
- 16.5 The Board also offered their thanks to Fadzai Fadaro who has impressed the Trust with her energy, style and leadership of the Trusts SOAR group.
- 16.6 The Board **APPROVED** the report and that it be placed on the Trust's website.

## **B/02/21/17 COMPANY SECRETARY REPORT**

- 17.1 Glen Palethorpe asked the Board to note the report which included two elements.
- 17.2 The first being the reporting on learning from deaths. The Board was reminded that the detail of this report is scrutinised by the Quality Assurance Committee in respect of the Trust's processes for learning from the review of deaths. The outcome of this learning manifests itself in the Trust's mortality indices; these are tracked within the routine report to the Board as part of the Integrated Performance Report.



17.3 The second part of the report provided an update on Membership recruitment work being undertaken as part of the merger. This work is being undertaken to promote that the enlarged Trust will be a Foundation Trust, and the report highlighted opportunities for members of the public to become members of the Trust along with details of the on line recruitment form.

17.4 The Board **NOTED** the report.

**B/02/21/18 ANY OTHER BUSINESS**

18.1 No items were discussed.

**B/02/21/19 QUESTIONS FROM THE PUBLIC**

19.1 There were no questions received from the Public.

**B/02/21/20 DATE AND TIME OF NEXT MEETING**

18.1 The next meeting in **PUBLIC** of the Board of Directors is scheduled to take place on **Tuesday 30 March 2021, at 10:00**, virtually via **Microsoft Teams Live**.

**Tamsin James**  
**Board and Committee Administrator**  
**February 2021**

Signed as a correct record of the meeting

.....Chair

.....Date

# Minutes

Minutes of the meeting in common of the Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust Boards in Public. Meeting held at 14.00 on Thursday 18 March 2021 via MS Teams

	Brighton and Sussex University Hospitals NHS Trust		Western Sussex Hospitals NHS Foundation Trust	
<b>Present:</b>	Alan McCarthy	Chairman	Alan McCarthy	Chairman
	Mike Rymer	Non-Executive Director	Mike Rymer	Non-Executive Director
	Patrick Boyle	Non-Executive Director	Patrick Boyle	Non-Executive Director
	Joanna Crane	Non-Executive Director	Joanna Crane	Non-Executive Director
	Lizzie Peers	Non-Executive Director	Lizzie Peers	Non-Executive Director
	Jackie Cassell	Non-Executive Director	Jon Furmston	Non-Executive Director
	Dame Marianne Griffiths	Chief Executive	Dame Marianne Griffiths	Chief Executive
	George Findlay	Chief Medical Officer & Deputy Chief Executive	George Findlay	Chief Medical Officer & Deputy Chief Executive
	Karen Geoghegan	Chief Financial Officer	Karen Geoghegan	Chief Financial Officer
	Pete Landstrom	Chief Delivery and Strategy Officer	Pete Landstrom	Chief Delivery and Strategy Officer
	Denise Farmer	Chief Organisational Development Officer	Denise Farmer	Chief Organisational Development Officer
	Carolyn Morrice	Chief Nurse	Maggie Davies	Chief Nurse
	Katy Jackson	Interim Chief Operating Officer	Gethin Hughes	Interim Chief Operating Officer
<b>In Attendance:</b>	Glen Palethorpe	Group Company Secretary		
	Alison Ingoe	Financial Transaction Director		
	Tamsin James	Board & Committee Administrator		

**Apologies:** There were apologies noted for this meeting from Kirstin Baker, BSUH NED, and Lillian Philip, WSHFT Associate NED.

JB/03/21/01	CHAIR'S WELCOME	Action
1.1	The Chair welcomed the Boards to the virtual meeting via MS Teams.	
1.2	It was noted that this was a joint meeting in Public of the Brighton and Sussex University Hospitals NHS Trust (BSUH) and Western Sussex Hospitals NHS Foundation Trust (WSHFT) Boards.	
1.3	The two Boards were deemed quorate for both Trusts with at least six voting board members for each Trust in attendance. Glen Palethorpe informed the Board of BSUH that whilst Kirstin had given her apologies for the meeting she had asked that Glen provides her decision in respect of agenda items 4 and 5.	
1.4	The Chair and Board congratulated Marianne Griffiths who has been named as one of the top five Chief Executives of the year at the HSJ awards for 2021. The	

Chair noted that Marianne became the first woman to take the top spot in the 2018 rankings, and retained the number one spot in 2019.

#### **JB/03/21/02 DECLARATIONS OF INTEREST**

- 2.1 There were no other declarations of interest made above noting the joint nature of the meeting.

#### **JB/03/21/03 MERGER OF BSUH & WSHFT**

- 3.1 Dame Marianne Griffiths thanked the Board for their kind words. Marianne highlighted that today was a momentous occasion in terms of the merger of BSUH and WSHFT and that both Trust's had been able to reach this stage in six months, although it had to be recognised that the journey to this point began some four years earlier with the start of the management contract with BSUH. Marianne was pleased that the proposal to merge had been founded on the clear principles of Patient First along with service improvement and staff welfare.
- 3.2 Marianne formally thanked everyone who had been involved in the amazing amount of work undertaken to develop the merger plans; particularly Pete Landstrom as the SRO for the project along with Jen Procter and Jo Smith. Marianne added that the Trust's recognised this has been undertaken during an operationally difficult year and welcomed the extraordinary work the frontline teams have undertaken throughout the pandemic.
- 3.3 Pete Landstrom detailed to the Board the backstory of the merger and the recommendations for its approval.
- 3.4 Pete highlighted to the Boards in Public the work undertaken by the Trust to date and the process of the merger, providing assurances on what the merger entails and what the Trust will continue to focus on.
- 3.5 Pete shared the detail of the merger process, and stated that the Boards are aware of NHSEI's formal process in which the Trusts are have provided with a clear framework through a series of steps that NHSEI need to consider when being presented with requests for merger.
- 3.6 Pete asked the Board to note the three distinct stages of the merger process:
- 3.7 Stage 1 - The Strategic Case  
Focused on the drivers for change with a detailed evaluation of the options and identification of a preferred option to develop into a full proposal.
- 3.8 Stage 2 – The Full Business Case (FBC)  
In order to proceed to the Stage 2 full business case this process includes the receipt of assurances and the provision of technical detail against a standard assessment framework including both how the transaction will be managed and the benefits of the merger will be delivered. Once this had been completed, it generated an assessment against the framework to proceed forwards with the merger with NHSEI providing a risk rating on the transaction.
- 3.9 Stage 3 – Assurance & Approvals  
This stage includes the external testing by NHSEI of the Trusts' proposal.
- 3.10 Pete went on to detail the work undertaken within the strategic outline case development stage and stated that the management contract between WSHFT and

BSUH began in April 2017, which has since resulted in a significant and positive working relationship between the two Trusts, showing clear improvements in the performance, sustainability, quality, and culture at BSUH, and continued delivery at WSHFT which was highlighted as Outstanding in all domains recently awarded by the CQC.

- 3.11 In 2020, the Trusts considered options for the future management arrangements from a formal merger to separation and a range of options in between, which ultimately resulted in a preferred option to merge. A strategic outline case was then formed and submitted to NHSEI in August 2020, the feedback provided was positive and enabled the Trust to explore options through the Full Business Case.
- 3.12 The Trusts progressed with the development of the FBC against NHSEIs detailed and clear framework for FBC production which requires the case to include the case for change, the benefits of the merger, the new organisational description, financial and risk assessments, the execution of the process to merger and the programme timeline for the merger. The FBC also contained implementation plans and set out the integration plan for the next 12 months. The FBC was completed and submitted to NHSEI in December 2020, and whilst some commercially sensitive data has been removed, the paper has been made available on the two Trusts websites.
- 3.13 In developing the business case and preparing for merger, the Trusts established an Executive led, dedicated merger programme to ensure that the process was delivered effectively and any issues were identified and resolved. Dedicated resource was provided to the programme drawing from internal expertise, but has been supported by external experts when necessary. The key aim of the programme was to ensure that the merger process did not distract from the Trusts' main focus of patient care throughout the pandemic.
- 3.14 The Trusts reviewed and approved the FBC for submission to NHSEI which provided the basis for the Stage 3 assurance and approvals process. NHSEI went on to review the information, and undertook their own specific assurance reviews exploring technical and thematic areas of the proposed merger with a range of Trust staff and stakeholders.
- 3.15 To ensure the success of the merger the Trusts reviewed any potential risks that could arise, given the challenges facing the NHS as it emerges from the pandemic. A formal due diligence review was undertaken through a combination of external advisors and internal reviews which did not highlight any significant risks affecting the formal merger to a single organisation.
- 3.16 A detailed externally facilitated Board review of risks was undertaken, including a review of the Board Assurance Framework (BAF), learning from other merger cases, and a regular review of the merger risk register. This maintained that there is no specific, increased risks identified as a direct result of the WSHFT BSUH merger.
- 3.17 Pete stated that the Trusts undertook risk due diligence, which highlighted the most common risks associated with mergers in general within the NHS as, not identifying sufficient resources to develop the new clinical strategy or operating models for the merged single organisation; efficiency and savings targets as a result of financial challenges which were not achievable; assumptions around plans for transformation or changes to services which were not fully understood or engaged on; insufficient consideration of the cultural and integration effort required as part of a merger due to unfamiliarity of the organisations. Pete highlighted that the two Trusts have extensively planned the development of the clinical strategy post merger which was agreed will not be fast-tracked to meet the merger on the 1 April 2021, there would

be no service changes and both Trusts will continue to deliver the same as they each have continued to do so.

- 3.18 The integration plan following the merger on the 1 April and over the next 12 months is cognisant and thoughtful as to when the Trust might begin to make operational changes, such as organisational leadership. It will be undertaken in a sequential and timely way, to ensure limited change during peak seasons for the Trust.
- 3.19 Modelling of various scenarios, known as downside risk modelling, that might impact the Trust has also shown that all risks are well mitigated and can be managed effectively if they were to arise.
- 3.20 Detailed assessment of the Trusts assurance processes was undertaken throughout January, and a number of individual subject matter assurance reviews were undertaken looking at different aspects and providers such as the Integrated Care System, Care Quality Commission and NHSEI. Pete stated that PWC was the Trusts' independent reporting accountant throughout the process and their assurance over the Trust financial reporting procedures was positive.
- 3.21 A final Board to Board meeting between the Trusts and NHSEI took place on 9 February 2021 and Pete was pleased to announce that on the 9 March 2021 NHSEI Provider Oversight Committee issued a green/amber risk rating for the formal assessment of transaction, in order for the Trusts to merge successfully, these were outlined as follows:
  - 3.22 **Strategy**  
Strong strategic rationale and planning alignment – **Green**
  - 3.23 **Transaction Execution**  
Well planned and managed programme with risks mitigated – **Green/Amber**
  - 3.24 **Quality**  
Detailed benefits of merger with strong quality governance – **Green/Amber**
  - 3.25 **Finance**  
Detailed understanding and overall financial sustainability – **Green/Amber**
- 3.26 Pete added that the level of detail and robustness of the plans was testament to the amount of work the Trusts team had delivered in order for this rating to have been given.
- 3.27 Pete advised that the Boards meeting in Public today is the formal beginning of the approvals process in order for the Trusts' to merge. This stage involves the formal decision to merge taken by the Board and the completion of the merger transaction application following the positive transaction risk ratings received. The Board will later today make a recommendation to the Council of Governors in order for them to take a view of the processes applied and take a decision on the merger. Pete added that the Western Sussex has received a letter of support for the merger from the Secretary of State.
- 3.28 Pete went on to confirm that following those stages outlined, and once the approval to merge is granted by the Boards, a series of technical areas are then required to be completed resulting in a Grant of Acquisition, which will form a new single Trust on the 1 April 2021.

- 3.29 Pete outlined the significant benefits arising out of the management contract over the past four years including improvements in the financial stability and the quality of care; and during this period, WSHFT was reviewed by the CQC and was assessed as Outstanding across all CQC domains. The Trusts believed that a full merger of WSHFT and BSUH would enable further benefits to be achieved, in order to improve services for the population through joint working, sharing of expertise, and greater clinical collaboration, and the pandemic and through the Restoration and Recovery programmes has only emphasised this.
- 3.30 Pete confirmed the benefits were outlined within the FBC and they are aligned to the Trusts' five Patient First themes; Sustainability, People, Patient, Quality and Systems & Partnerships.
- 3.31 Pete confirmed the proposed new name of the merged Trust would be, University Hospitals Sussex NHS Foundation Trust, which will be one of the largest Acute Trusts in the country, with a wide range of specialist and district general services. The Trust will employ over 18,000 staff, providing significant volumes of care in a range of settings across Sussex.
- 3.32 Pete went on to state that the Trust has engaged with 3,000 of its workforce, stakeholders and with the wider public through various engagement sessions, in order to focus on the Trusts vision and values and this had been encapsulated within the level of detail within the patient first triangle shared with the Board. Both Trusts reconfirmed for the enlarged Trust its mission statement of Where Better Never Stops, and a refresh of the Trust's strategic programmes of work was undertaken in order to continue delivering the upmost care for patients.
- 3.33 The Patient First strategy outlined the drivers for the next three to five years including areas of corporate projects as detailed within the FBC. Following the proposed merger these will become the basis of the Trusts vision strategy from 1 April 2021.
- 3.34 Pete went on to detail the Trusts stated Strategic Clinical Boundaries and highlighted the importance of the enlarged Trust taking the opportunity to refresh its clinical strategy and service developments and how the Trust will continue to work with the system to deliver its strategy. Pete asked the Board to note the detail listed within the slide and Pete highlighted the importance of developing the clinical strategy as an area of work. The benefits realisation review has ensured the Trust has greater opportunities together particularly since the pandemic and the necessary restoration and recovery programme.
- 3.35 It was noted that University Hospitals Sussex will be a University Teaching Trust, and a Foundation Trust, with high levels of involvement and accountability from the local population. As part of the merger the Trust has been required to amend its constitution to reflect its expanded membership and Council of Governors. Pete asked the Board to note the amendments listed within the report.
- 3.36 In relation to the Constitution changes, Pete confirmed that in considering the changes required the Trust has been supported by a reference group drawn from the public, staff and appointed governors. Elements of the revised constitution particularly those relating to the composition of the Council of Governors has been discussed with each Governor either in group meetings, the public governors, staff governors, and the appointed governors or through individual discussions with those governors who could not make the relevant group meeting. The draft constitution was approved by the Council for inclusion in the Trusts' submission to NHSEI as part of the assurance process. The revised constitution will record the Trust's name as University Hospitals Sussex NHS Foundation Trust. Pete provided assurance to the

Board that there would be no loss to continuity of patient care and wider plans are in place to mitigate this across both Trusts.

- 3.37 The Trust's legal advisors, Capsticks, have provided the Board with assurances that the constitution is in line with the requirements of the NHS Act 2006.
- 3.38 Pete stated that as part of the commencement of the Stage 3 Approvals process and noting the satisfactory risk rating received from the NSHEI Provider Oversight Committee it is recommended that the Boards in common approve the decision to proceed with merger of WHSFT and BSUH.
- 3.39 Patrick Boyle shared that the work completed on the merger has been exemplary, and the Trust workforce, partners and patients having contributed to this from its inception to culminate in the approvals being sought today has been nothing short of fantastic.
- 3.40 Patrick questioned that given the new Trust will be a substantial player within the NHS and following the Government proposals relating to the ICS, what opportunities would this be able to create for the Trust within the system?
- 3.41 Marianne Griffiths thanked Patrick for the question, and stated that the ICS development white paper is still very new, which gives the Trust a unique position moving forward given the good relationship it has with the ICS. Marianne and the Trust Chairman, Alan McCarthy, have held conversations in relation to the paper and the Trust is looking to the CQC regarding consulting on their changes and focus with the ICS. The leadership team at the CQC are keen to work together to promote the benefits through restoration and recovery which will be led through the Sussex Acute Collaborative, and the Sussex Mental Health and Community collaborations which all support enabling workforce, finance, digital and estates workstreams. The Trust retains its unique influencing position through the Sussex Acute Collaborative and the delegation of the proposed £1bn of finances to the system will be undertaken through the appropriately led provider discussions, which will prove to be an opportunity for the Trust to support the system with its development of its own Patient First themes as Pete had previously outlined.
- 3.42 Patrick thanked Marianne and raised a further question on the merger and what opportunities it creates for patient involvement in the day-to-day running of the hospitals.
- 3.43 Pete Landstrom stated that patient involvement was an important factor in determining the Trust's new Committee structure and its alignment to the Patient First themes. The newly formed Patient Committee will provide the Trust with an increased focus and oversight of the engagement with patients on how the Trust shapes and delivered its services. A key factor will also be the Trust's work with its partners across the communities it serves, to provide acute services and play an effective role as local health providers. These challenges have been there for both organisations and there are real opportunities within the merger to build on this as we move forward from the pandemic and build on the restoration and recovery programmes.
- 3.44 Lizzie Peers added that the Non-Executive Directors have felt fully engaged throughout which has enabled all to challenge and question from the very beginning of the process. The NEDs have been struck by the large volume of work undertaken so professionally by Trust colleagues, and the level of quality of the work produced during an exceptionally difficult time and the restoration and recovery has been outstanding. It was noted that the NEDs are assured by the approach in managing

the risks and the focus on deliverables to ensure the smooth running of the transaction.

- 3.45 The Chair added that this feedback is all testament to how well informed the Board have been throughout the process and thanked the Executives for ensuring this engagement took place.
- 3.46 The Chair thanked Pete for the update and confirmed that the approvals to merge would be taken within the next item.

#### **JB/03/21/04 REVISED CONSTITUTION**

- 4.1 Glen Palethorpe reiterated what Pete Landstrom had previously outlined, in that there are two areas of approvals requested from the Joint Board in Public today the first being in relation to the revised constitution, this agenda item and the second on the application to merge the next agenda item.
- 4.2 The recommended revised constitution, which is due to be presented to the Council of Governors later today, and the summary paper provides detail of those changes to the current WSHFT constitution to enable the process to be concluded in order to change the name of the Trust to University Hospitals Sussex NHS Foundation Trust.
- 4.3 Engagement with the Council of Governors has been undertaken and following the draft constitution submission to the Council in December and to NHSEI membership recruitment has commenced and the minimum membership levels for the new constituencies of Brighton and Hove, East Sussex and Mid Sussex have been set at those recruited members as at 28 February 2021. As at the 14 March 2021 these were exceeded within Brighton & Hove at over 140 members and Mid and East Sussex over 40 members.
- 4.4 Glen stated that in considering the revised constitution, the reference group was keen to ensure there was a balance to the staff voice and that BSUH staff would be able to secure positions on the council without having to either wait for current staff governors to retire at the end of their terms or to force early elections. The revised constitution achieves this by moving to site specific staff elected governors rather than staff governors being elected from their professions.
- 4.5 For the composition of the Council there are a small number of matters that must be complied with, these being, the total number of staff and appointed governors together cannot exceed the number of publically elected governors and where an FT has a medical / dental school aligned to a university then one of the appointed governors must be drawn from that university.
- 4.6 The Trust has linked its vision and values by seeking to bring more diversity to the Council and an appointed governor position from the Trust's inclusion networks was seen as advantage. The revised Constitution also reflects the appointed governors being appointed to help bring a public health and social care perspective to the Trust's strategy development.
- 4.7 The Trust will begin its governor elections in early April 2021 for all those registered within constituencies.
- 4.8 The quoracy level for the Council has been retained and the wording within the constitution has been refined to clarify meeting requirements. The voting majority for significant matters, changes to the constitution, agreement of significant



transactions has been re-aligned and allows the Trust to take any transactions whilst recruitment continues.

- 4.9 Glen confirmed that the constitution records the change of the name to University Hospitals Sussex NHS Foundation Trust.
- 4.10 It was confirmed that the Trust's legal advisors, Capsticks, have provided the Board with assurances that the constitution is in line with the requirements of the NHS Act 2006.
- 4.11 The Board of WSHFT **NOTED** that subject to the minor change to page 4 on the definition to Monitor and the revision to the minimum membership numbers for Brighton and Hove, East Sussex and Mid Sussex the draft constitution remains the same as that approved by the Council in December 2021
- 4.12 The Boards **NOTED** that Kirstin Baker, whilst unable to attend the Board today, had provided the relevant approval of the constitution and for it to be recommended to the Council for approval
- 4.17 The Board of WSHFT (as the holders of the constitution):
- 4.18 **APPROVED** the revisions to the draft Constitution
- 4.19 **APPROVED** that the revised Constitution be **RECOMMENDED** to the Council of Governors the revised Constitution for their approval.

#### **JB/03/21/05 MERGER APPLICATION TO NHSEI**

- 5.1 Glen Palethorpe confirmed that as previously outlined by Pete Landstrom, today's meeting is for both Trusts to formally approve that they wish to apply to NHS Improvement for the grant of application for Western Sussex Hospitals NHS Foundation Trust to merge through the acquisition of Brighton and Sussex University Hospitals NHS Trust.
- 5.2 In support of the application both Trusts need to send to NHSEI a formal letter to acknowledge the overall transaction rating, of Amber, but recognising that the underpinning ratings were green and green amber, and include a copy of the WSHFT Council of Governors minutes from the meeting later today, outlining the approval of the revised Constitution; a copy of the letter from the Secretary of State supporting the application; and a copy of the proposed constitution of University Hospitals Sussex NHS Foundation Trust.
- 5.3 The Board **NOTED** that Kirstin Baker, whilst unable to attend the Board today, had provided the relevant approval to make the application to merge.
- 5.4 The Boards of both BSUH and WSHFT **APPROVED** the merger application to NHSEI.
- 5.5 It Boards **AGREED** that that the signatures of the Trust Chairman and Chief Executive would be appended to the formal letter.
- 5.6 The Chair shared that today was a historic one as the Trusts move to create University Hospitals Sussex NHS Foundation Trust to specifically improve patient care and provide wider opportunities for its workforce. The merger begins a new chapter in the Trusts' improvement journey and we all look forward to an exciting new future ahead. Whilst looking forward, the Chair also commented that it was

worth looking back to the last year and the phenomenal challenges that the NHS has faced and how both Trusts have risen to the pandemic and it has not been alone in that battle. The Trusts have achieved the merger process within the last six months which is an outstanding achievement and the Chair shared his thanks to all those involved and to the wider workforce during this difficult period.

#### **JB/03/21/06 QUESTION FROM THE PUBLIC**

- 6.1 The Board received a question in advance of the Board meeting from a Mr John Gooderham who asked, what are the Board's estimates of the merged Trusts' catchment populations for most secondary (general hospital) services and for tertiary services such as Arterial Vascular Services; Stroke Thrombectomy Services; Neurosurgical Services; Radiotherapy Services; and Major Trauma Services, and what plans do the Boards have for closer working with East Sussex Healthcare NHS Trust, especially in respect of tertiary services?
- 6.2 Pete Landstrom provided a response stating that overall the catchment areas for the merged Trust for most district general services will be circa one million (this essentially includes Chichester, Arun, Adur, Worthing, Brighton & Hove, Mid Sussex, and Lewes). This catchment generally extends by another 700,000 (including Horsham, Crawley, plus East Sussex without Lewes) for the majority of our specialist services.
- 6.3 Specialist service catchment population varies from service to service across different geographical areas depending on how they are commissioned by NHS England. An example of this is Renal patients in Chichester whom are normally referred to Portsmouth Hospitals for specialised care, whereas our trauma services cover the majority of East and West Sussex and extend into parts of Kent. In all of the examples you have given there are some flows of patients who are on the borders of the existing Trusts who access care in other tertiary providers. The specific interventional treatment you mentioned regarding Thrombectomy is slightly different again as this is a relatively newly commissioned service based out of Brighton as the Tertiary Neuro-radiological centre and has an agreed commissioning plan over the next few years to gradually increase numbers and catchment areas across Sussex.
- 6.4 With regards to East Sussex, the Trust works very closely with East Sussex Healthcare Trust on a number of general services, and have built good, long-term relationships for specialist services with them, for Cancer, Renal, Trauma, Vascular as well as Neurosurgical, Paediatric and also some Cardiac services. We fully anticipate to continue with this collaboration, as part of the wider ICS work in Sussex, through the Sussex Acute Collaborative Network.
- 6.5 Pete concluded by stating that this response would also be provided directly to Mr Gooderham should he not be able to have attended the meeting to hear the response.

#### **JB/03/21/07 ANY OTHER BUSINESS**

- 7.1 There were no other matters notified or raised at the meeting.

**Tamsin James**  
**Board & Committee Administrator**  
18 March 2021

Signed as a correct record of the meeting

.....Chair

Date.....

**ACTIONS ARISING**

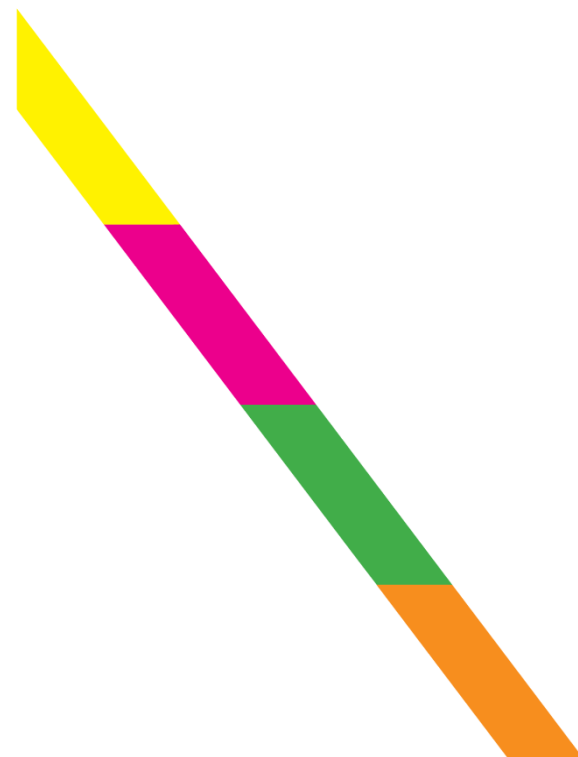
Board of Directors - Public

Date of meeting	Minute Reference	Minute Title	Action	Person Responsible	Deadline	Status
			There are no matters arising			

# *Chief executive's report*

Dame Marianne Griffiths

March 2021



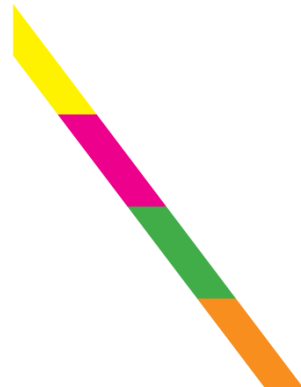
# Thank you to all our staff

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*“Thank you for all you have done throughout this extraordinary year. You are the very best of the NHS - always putting our patients first and continually supporting and caring for one another.”*

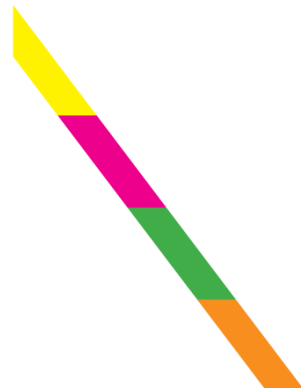
**Dame Marianne Griffiths | Chief Executive**



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# COVID-19

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**In Brighton and Hove, COVID-19 cases have fallen significantly since the peak when there were 2,284 new cases in the seven days to 5 Jan (785.5/100,000).**

In the seven days to 18 March, there were 103 new cases, a rate of 35.4/100,000). Community transmission has been falling steadily. That fall has plateaued in the last week.

Similarly, hospital numbers have fallen significantly since the peak on 15 January, when we were caring for 256 patients across our hospitals, including 45 in critical care.

We are currently caring for 23 patients across our hospitals, including one in critical care.\*

*\*figures from 24 March 2021.*



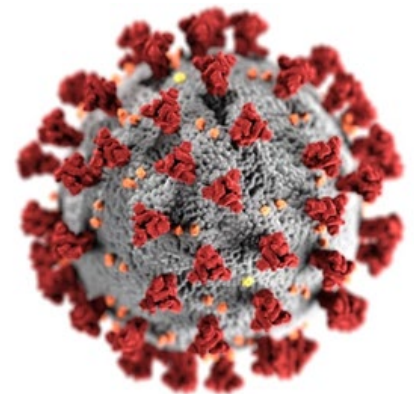


# COVID-19 and recovery

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## **Our focus has now shifted to restoration and recovery of patient services, balanced with staff health and wellbeing**

- Areas used for critical care escalation are being returned to general use following the reduction in critical care demand
- The reduction in Covid positive patients in beds has begun to allow redeployed staff to return to their usual place of work
- A planned increase in theatre activity is underway
- The clinical services are evaluating the capacity available to them
- Discussions are underway regarding the continued use of the Independent Sector to support capacity availability



# COVID-19 vaccinations

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## Our vaccine hubs have administered more than 37,000 COVID vaccinations at the RSCH and PRH:

- At the same time, the wider NHS in Sussex continues to make excellent progress, having administered more than 740,000 doses to the public
- In December, the RSCH was one of the first 50 hospitals in the country to receive and administer the Pfizer vaccine.
- The first cohort to receive the vaccine at RSCH were patients over 80, priority groups of staff and colleagues in health and social care partner organisations.
- On 8 March, we started administering second doses of the Pfizer vaccine to those who had received a first with us.
- In January, PRH became one of the first hospitals to start vaccinating using the Oxford/ AstraZeneca vaccine.
- On 22 March, we started administering second doses of the Oxford/ AstraZeneca vaccine to those who had received their first with us.
- We expect to complete our vaccination programme by early May.



# WSHT and BSUH agree to merge

**Our boards met on 18 March, as did our Council of Governors, and both approved the proposal to submit an application to merge trusts.**

At the time of writing (23 March), the application remains under consideration. If successful, our new trust will be founded on 1 April 2021.

**Our application follows supportive comments by NHSEI and a letter from Secretary of State for Health and Social Care giving his support.**

NHSEI described the strategic reasons given in support of the merger for as both 'clear' and 'strongly supported' by stakeholders.

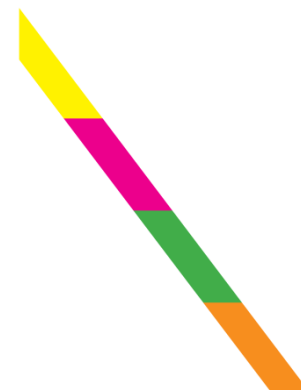


**By the time of this board meeting, it should have been confirmed if University Hospitals Sussex NHS Foundation Trust will be founded**

The looking ahead section of this presentation will focus on our anticipated future as one trust with five main sites in West Sussex and Brighton and Hove



(We will use **UHSussex** as an abbreviation)



# Merger – our commitments

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**Our focus is on the delivery of safe and effective care this winter and we will only change what we need to before the merger**

- For example, integrating some essential processes and policies and introducing new executive structure and board committees

**After merger, we will continue to invest in all services and specialties currently delivered by WSHT and BSUH**

- This includes maintaining 24/7 A&E, emergency care, maternity services, tertiary, specialist and trauma services that our populations value so highly

**We are committed to Patient First, staff empowerment and the continuous improvement of all our patient services**

- This is a merger of equals, bringing together the best of both trusts to achieve together what we cannot do alone

# One trust better for everyone

## Our full business case set out a compelling case for change

- Opportunities to improve clinical models of care
- Challenges with complexity of governance
- Increasing collaboration and system leadership
- Fragility of workforce
- Financial opportunities
- COVID-19 and restoring services

**University Hospitals Sussex**  
The case for change and benefits supporting the merger of Western Sussex Hospitals and Brighton and Sussex University Hospitals on 1 April 2021  
March 2021

**MERGER: Case for change and Patient First benefits**

After four years of shared leadership between Western Sussex Hospitals and Brighton and Sussex University Hospitals, the joint management contract expires on 31 March 2021. In preparation for this moment, last year the following information outlines the case for change and the many benefits that can be realised by becoming one trust.

**Case for change**  
In common with the rest of the NHS, both BSUH and WSHT have challenges in the sustainable delivery of services, linked to increasing demand, fragility of workforce, financial challenge and increasing need for mutual service support to ensure resilience. There are a number of primary drivers for change that demonstrate why the continuation of the existing management contract is not preferable compared to bringing together the best of both trusts to provide greater opportunities for improvement.

**Opportunities to improve clinical models of care**  
– the Quality domain of Patient First aims to achieve clinical excellence, avoid harm and reduce mortality. Both Trusts are committed to maximising benefits to patients. While the Management Contract has led to closer working, shared learning and mutual aid in some clinical services, this has not always been achieved in a systematic and structured way or at scale. The development of a strategic framework for clinical services and a coherent clinical strategy, aligned with national policy and the ICS, is much more difficult to achieve across two separate organisations than within one integrated trust.

**Challenges with complexity of governance**  
– the experience of the management contract and through COVID-19, has shown that the duplication, delay and inherent inefficiency of delivering a single strategy through two statutory organisations, using a traditional governance model, can distract from the capacity to focus on the delivery of key organisational objectives.

**Increasing collaboration and system leadership**  
– one of the identified strategic aims of the existing organisational ICS. The Sussex system is regarded as a 'Maturing ICS' and the WSHT and BSUH experience is that increasingly significant input and more development and influence is

both necessary and beneficial. Removing the duplication of leadership and further integrating services improve our combined ability to ensure decision making and processes are representative of the whole system.

**Fragility of workforce**  
– both organisations, in common with most of the NHS, share a number of workforce challenges. Both Trusts experience shortages of staff in key groups and specific services, and have different opportunities for resolving them. Working as one organisation, whilst benefiting from the experience and expertise of both, opportunities can be further improved by building and sharing capacity and capability, utilising more specialist resources and skills, and through a greater breadth of roles and development opportunities by working with partners to coordinate joint aims.

**Financial opportunities**  
– experience during the Management Contract has demonstrated that while it is possible to achieve some financial benefits through collaboration and closer working, the legally separate nature of the organisations and their distinct clinical strategies means that this is limited in nature. A larger, single organisation operating with a common strategic purpose and single legal framework will be more agile and better able to exploit opportunities for collaboration, leading to higher ambition for and confidence in delivery of benefits.

**COVID-19 and restoring services**  
– throughout the pandemic the trusts have had the real experience of testing ways of working more collaboratively across organisations for both the pandemic response and restoration and recovery of services. This experience has, in many ways, exemplified the factors outlined above in relation to complexity of governance (local autonomy versus central coordination), aligned decision-making, best use of resources (including meeting the workforce challenges the pandemic brought), and collaboration in service design and delivery.

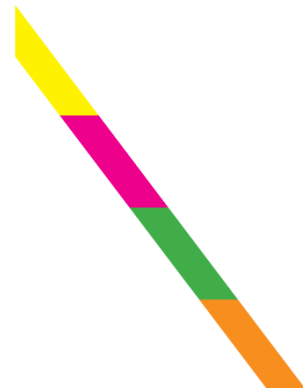
There is a compelling case for change that requires the organisations to take a new approach to meeting future challenges and building on shared opportunities. The optimal and preferred approach to achieving this is the merger of BSUH and WSHT to create University Hospitals Sussex NHS Foundation Trust on 1 April 2021.

**SEE OVERLEAF FOR BENEFITS OF MERGER**

# One trust better for everyone

## We have also identified a broad range of Patient First benefits

- ▶ **Patients** – better access and continuity of care, plus improved support for fragile services
- ▶ **People** – positive impact on recruitment and retention, as well as greater career options
- ▶ **Sustainability** – benefits of scale mean more money for frontline services and patient care
- ▶ **Quality** – improved clinical pathways, innovation and developing research and education
- ▶ **Systems & Partnerships** – increased support and engagement with local partners, as well as improve access times and IM&T



# Final BSUH board - if merger approved

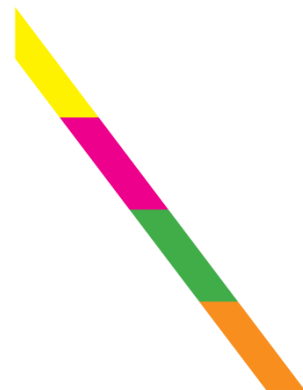
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**If the merger proceeds, as anticipated, this is of course the final BSUH board meeting and an appropriate time for reflection**

- 2002** BSUH was formed from a merger Brighton Healthcare Trust and Mid Sussex Healthcare Trust
- 2012** 3Ts £500 million hospital redevelopment plan is approved, with work beginning three years later in January 2016
- 2017** Joint management contract begins for an initial term of three years
- 2018** BSUH is taken out of financial special measures by CQC
- 2019** BSUH receives *Outstanding* rating for caring and *Good* overall
- 2019** NHS Staff Survey reveals BSUH as most improved trust in country



# Thank you – any questions?



<b>Agenda Item:</b>	6-9	<b>Meeting:</b>	Public Board	<b>Meeting Date:</b>	30/3/21
<b>Report Title:</b>	<b>Integrated Performance Report</b>				
<b>Sponsoring Executive Director:</b>	Carolyn Morrice, Katy Jackson, Karen Geoghegan, & Denise Farmer				
<b>Author(s):</b>	Carolyn Morrice, Katy Jackson, Karen Geoghegan, & Denise Farmer				
<b>Report previously considered by and date:</b>	Individual elements considered by relevant Board Committee				
<b>Purpose of the report:</b>					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality					
Financial					
Workforce					
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
Attached is the Trust's integrated performance report for March 2021.					
<b>Key Recommendation(s):</b>					
To note the content and following receipt of the Committee assurance reports consider if there are areas for referral back to the Committees where enhanced assurance is required.					



# Integrated Performance Report

## March 2021



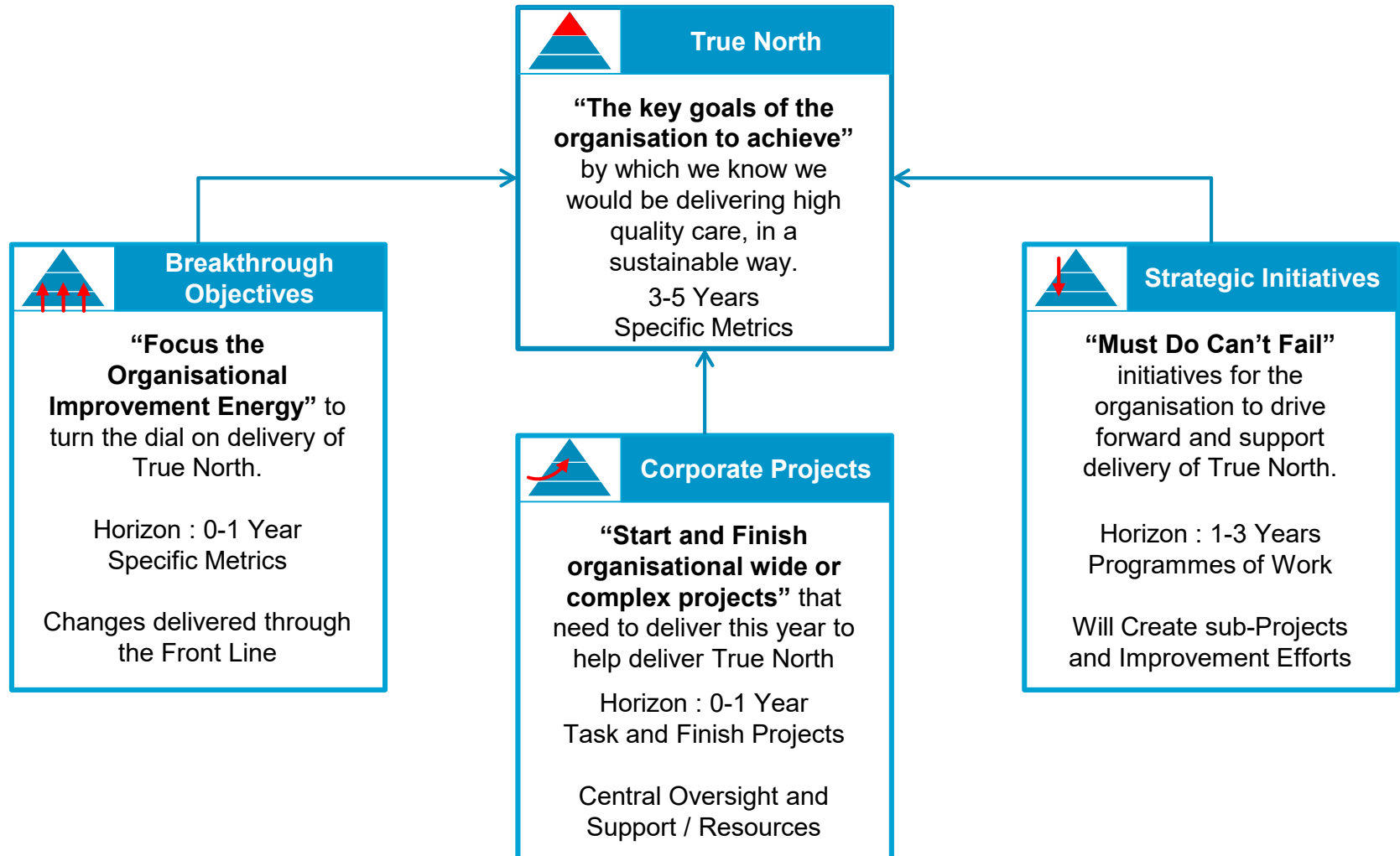
**Brighton and Sussex  
University Hospitals**  
NHS Trust

# Contents

Structure of the report

Introduction - Patient First  
Quality Improvement  
Systems and Partnership  
Sustainability  
People

# Patient First Strategy Deployment Framework



# Patient First True North

**Key Goals** for the Organisation to achieve sustainably

## Patient

### Patient Satisfaction

**Target: Family & Friends Recommend Rate >96%**

## Sustainability

### Financial Management

**Target: Break Even**

## People

### Staff Engagement

**Target: Engagement Score Top 20% in the Country**

## Quality

### Preventable Mortality

**Target: HSMR Top 20% in the Country**

### Avoidable Harm

**Target: Patient Safety Thermometer 95% Harm Free Care**

## Systems & Partnerships

### Non Elective Care

**Target: A&E 95% <4hrs**

### Elective Care

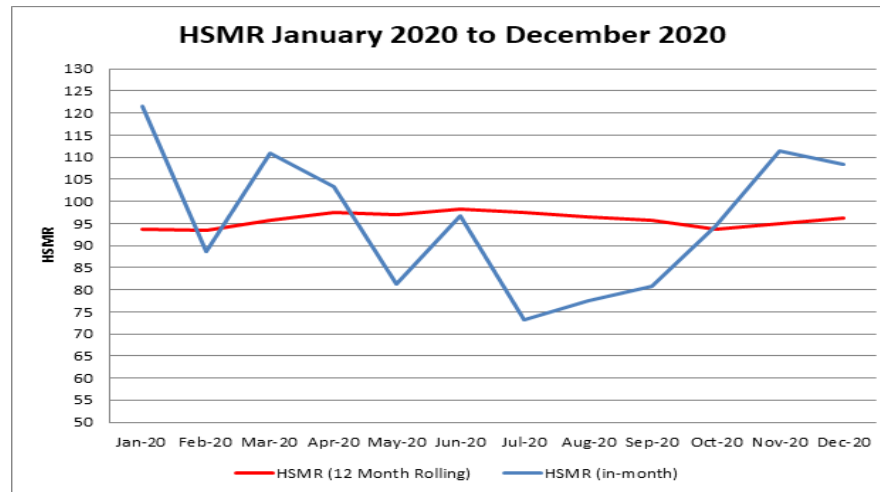
**Target: RTT 92% <18wks**

# Quality Performance

## Quality

### Preventable Mortality

**Target: HSMR Top 20% in the Country**



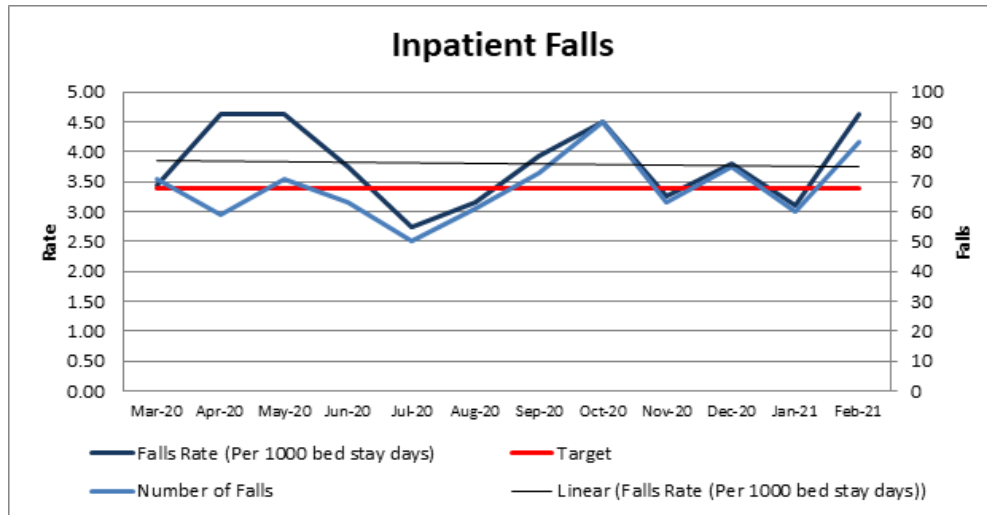
HSMR is available until December 2020 when 75 patients died against an expected number of 69.18. The in-month HSMR was 108.42. In the 12 months to December 2020 the HSMR was 96.29. The trend for the rolling 12 month rate is currently upwards.

Due to Covid 19, and the impact of the pandemic on hospital admissions, HSMR & SHM are not recommended as reliable methods of reviewing mortality, the use of Structured Judgement Review is recommended to enable learning from deaths.

BSUH is currently ranked 32nd out of 131 Trusts for HSMR.

A detailed 12 month mortality review was reviewed at the March Quality Assurance Committee which provided assurance over our processes for learning from deaths.

# Quality Performance



## Quality

### Inpatient Falls

**Target: 3.38 falls per 1000 bed stay days**

### Pressure Ulcers

**Target: 1.05 rate of acquired pressure ulcers per 1000 bed stay days**

The rate of inpatient falls for the past 12 months is 3.75 falls per 1000 bed stay days which equates to 819 falls in the past year.

Falls data is collected via the Perfect ward audit tool. Perfect ward documentation from audits in November 2020 to February 2021 evidence improvements in a number of areas, including:

- Bed rail assessments

- Falls risk assessments

- Comfort rounds

All of which scored 100% compliance in February 2021

Falls data, together with Serious Incident (SI) fall and Duty of Candour investigation reports, are discussed on a monthly basis at the Harm Free Care Group to enable learning and improvements in regard to identified risk areas and improvement opportunities



# Quality Performance

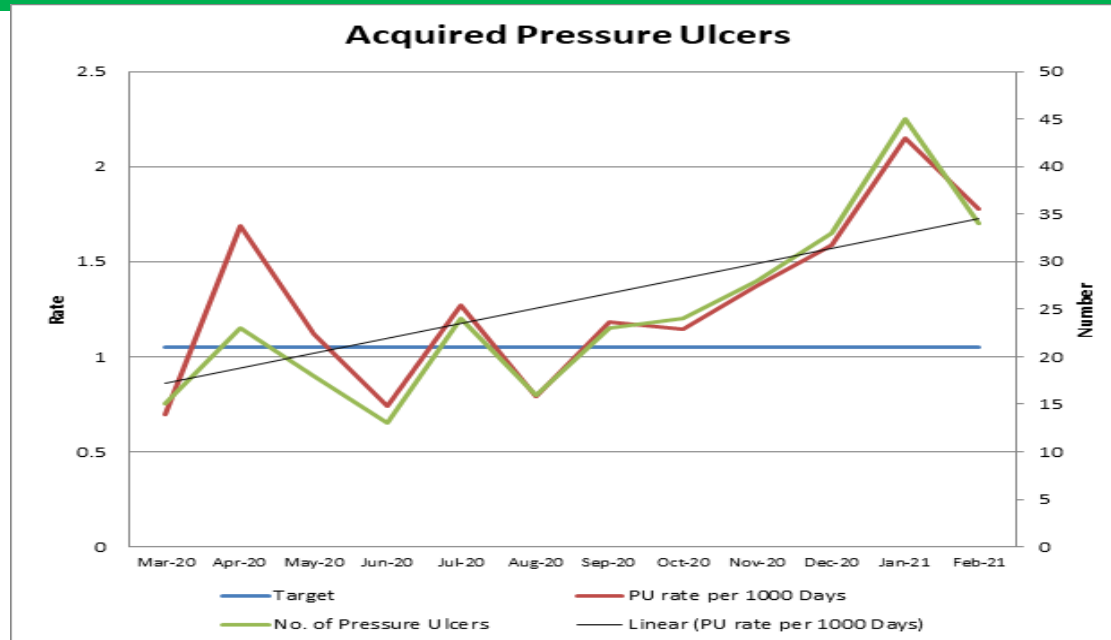
## Quality

### Inpatient Falls

**Target: 3.38 falls per 1000 bed stay days**

### Pressure Ulcers

**Target: 1.05 rate of acquired pressure ulcers per 1000 bed stay days**



There were 45 incidents of hospital acquired pressure ulcers in January 2021 with a rate of 2.15 per 1000 bed stay days and 34 incidents in February 2021 with a rate of 1.78 per 1000 bed stay days.

In an average month, the Trust's Wound Care Team review 185 reports. The trend over the past two years has been for the number of reports to increase. In the 12 months to February 21 a total of 2216 pressure ulcer incidents were submitted via the Datix Incident reporting system, these reports involved 1957 admissions or presentation to the ED.

A deep dive analysis was submitted to the March Quality & Safety Committee. In summary, 69% of pressure ulcers were for patients admitted with pre existing pressure damage. A refreshed pressure ulcer care campaign will take place across the trust in 2021

# Quality Performance

## Quality

### Friends and Family Test

**Target: 96% of inpatients who would recommend the trust to their family and friends**

### Friends and Family Test (FFT)

FFT data submission was suspended from March 2020 due to the COVID-19 pandemic. Data submission resumed from December 2020 for all acute Trusts and the first three months data will be published in April 2021.

Table 11: FFT recommend rates December 2020 and January 2021:

FFT Area	Recommend rate	
	December 2020	January 2021
Inpatient	93.3%	94.1%
Outpatient	94.0%	92.8%
Emergency Department	85.1%	90.3%
Maternity (birth)	94.6%	Awaiting validation at time of report

Of note, despite the pressures of COVID-19, our emergency departments received a recommend rate of 90.3% in January 2021.

The Trust continues to receive plaudits from patients and their relatives and the figure below illustrates the increase in plaudits when compared to the same time period last year.

# Performance Summary

## Systems & Partnerships

### Non Elective Care

Target: A&E 95%  
<4hrs

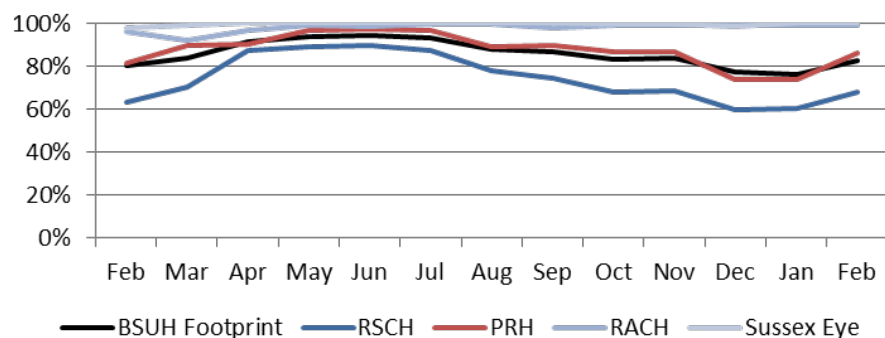
### Elective Care

Target: RTT 92%  
<18wks

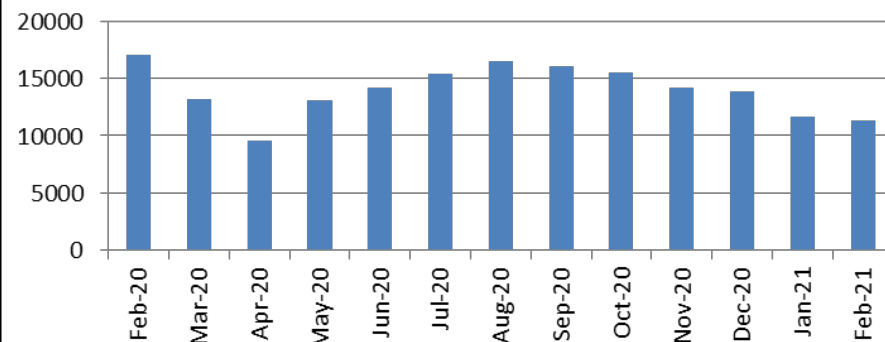
- The Trust achieved 82.5% in February 2021, 2.0% higher than February 2020. This is below the National performance of 83.9%. This was in the context of a drop in A&E attendances compared to the same month last year and a drop in non-elective admissions.
- All elective constitutional standards have been adversely impacted by the most recent wave of Covid-19 infections and hospital admissions. Bed demand for both general and critical care beds was in excess of that seen in wave 1 resulting in the need to curtail some elective activity.
- RTT performance for February 2021 is 57.3%, a decrease of 12.8% compared to February 2020. Performance has decreased by 1.1% compared to the prior month. The total volume of patients waiting more than 52 weeks increased to 4356 exceeding the original phase 3 plan. The total waiting list size grew to 38567 between months following a period of minimal change.
- The Trust was compliant against 5 of 8 reportable cancer metrics in January 2021. The Trust was compliant for 2 week wait referrals with performance of 93.2% The Trust was non compliant for 62 day treatment following urgent GP Referral with performance at 69.5%. The prospective backlog of patients waiting more than 62 days for decision and/or treatment has continued to reduce.
- Diagnostic performance for February 2021 is 31.9%, a 5.7% improvement on the prior month. The latest wave of Covid has adversely impacted endoscopy activity but activity levels have been sustained across the imaging modalities.

# Emergency Flow

4 Hour Performance

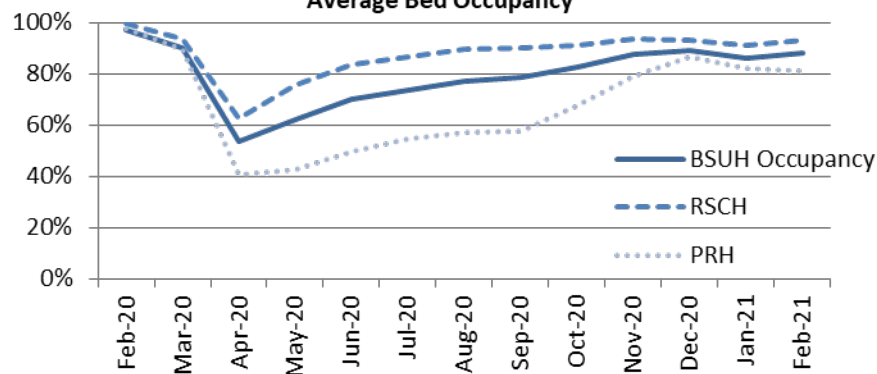


BSUH A&E Attendances

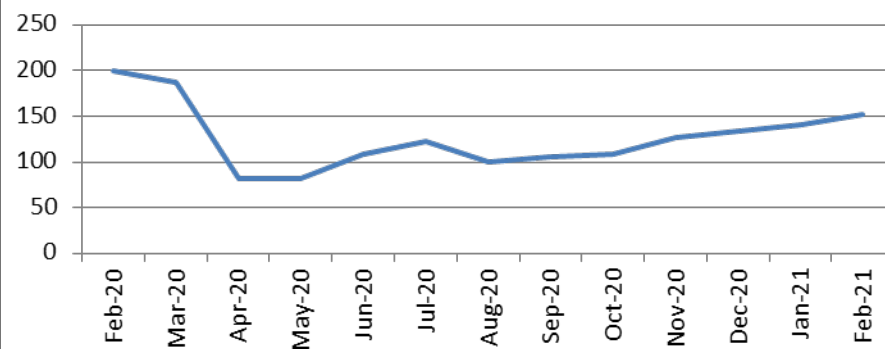


- The Trust achieved 82.5% in February 2021, 2.0% higher than February 2020 but below the National performance of 83.9%.
- A&E attendance and non elective admissions demand was reduced in February 2021 compared to February 2020. The demand suppression is linked to the Covid-19 pandemic.
- Bed occupancy at both RSCH and PRH has been increasing since the low observed in April and in February was circa 88% (93.4% at RSCH).
- The number of patients with a long length of stay increased on the prior month with an average of 152 patients in hospital for more than 21 days.

Average Bed Occupancy

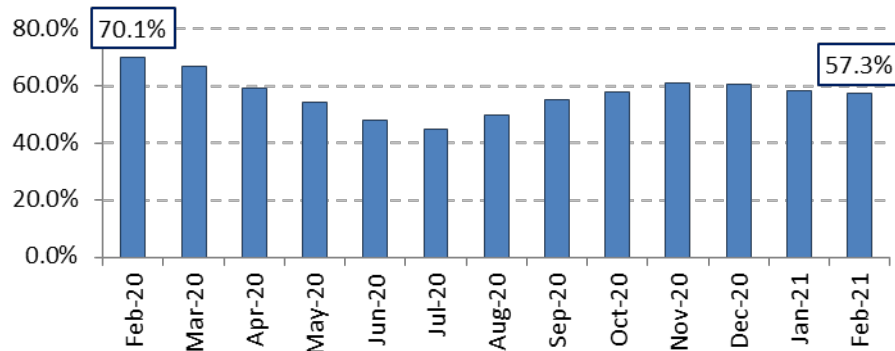


Length of Stay Over 21 Days

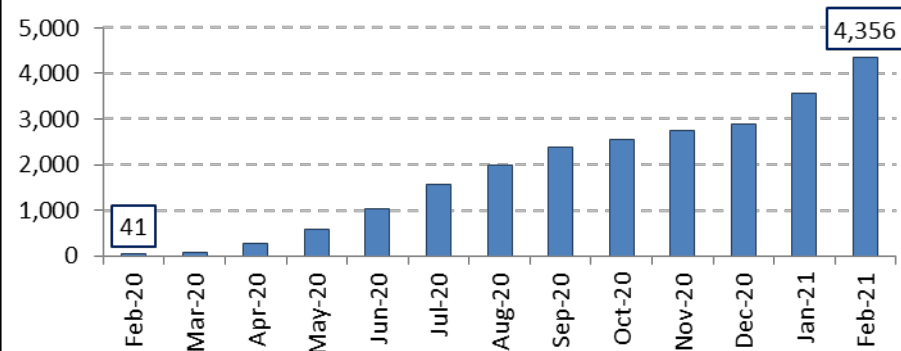


# Referral to Treatment

18 Week Performance

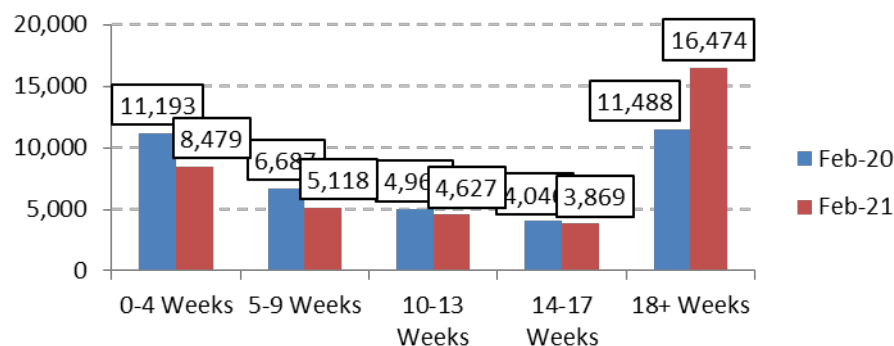


52 Week Breaches



- RTT performance for February 2021 is 57.3%, a decrease of 12.8% compared to February 2020. Performance has decreased by 1.1% compared to the prior month.
- The total number of patients waiting more than 52 weeks increased to 4356.
- February referral demand fell and was 88% of the demand in the same month in the prior year.
- The waiting list size grew to 38,567 as referral demand has exceeded restoration activity.
- Elective activity has been significantly impacted by the latest Covid wave with bed capacity and clinical staff resource being allocated to manage the increased Covid demand for general and critical care beds.

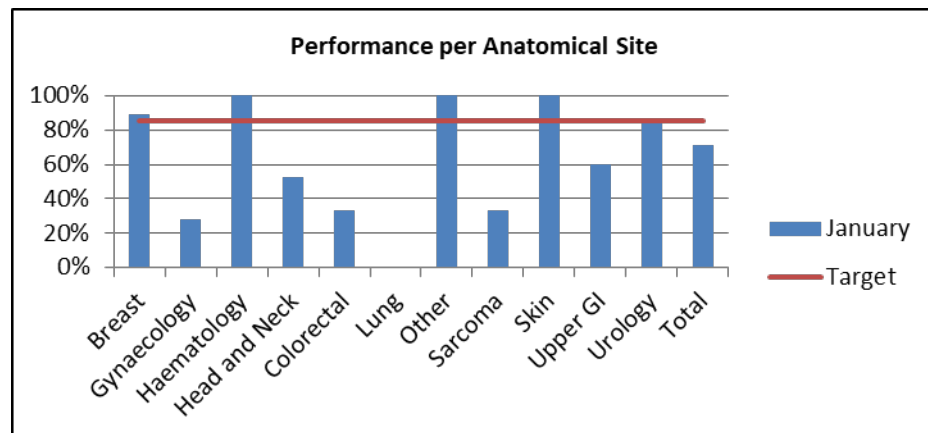
WL Shape



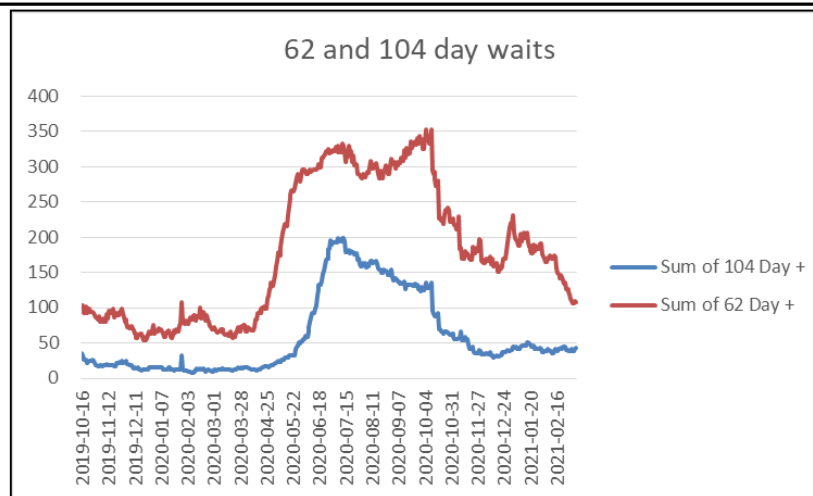
# Cancer

## (January Performance)

	2020/21		Target
	Jan-21	YTD	
2 week GP ref to 1st OP	93.2%	91.1%	93%
2 week GP ref to 1st OP - breast symptoms	95.0%	95.6%	93%
31 day 2nd or subs trtmnt - surgery	95.5%	95.0%	94%
31 day 2nd or subs trtmnt - drug	100.0%	99.4%	94%
31 day second or subsequent treatment - radiotherapy	94.4%	87.1%	94%
31 day diag to trtmnt all cancers	90.4%	96.8%	96%
62 day ref to trtmnt: screening	77.4%	71.8%	90%
62 day ref to trtmnt : upgrade	87.0%	85.6%	85%
62 days urgent GP ref to trtmnt : all cancers	69.5%	77.7%	85%
28 Day Faster Diagnosis	100.0%		75%

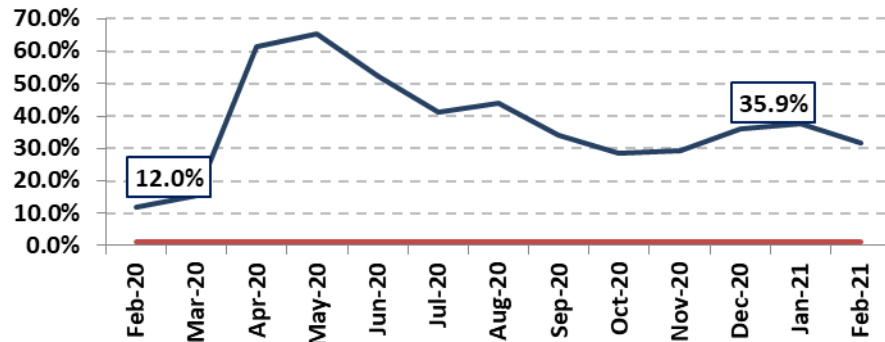


- The Trust was compliant against 5 of 8 reportable cancer metrics in January 2021.
- January performance for the 2ww standard was compliant at 93.2%. This standard has been achieved in each of the last four consecutive months.
- January performance for the 62 day GP referral was non compliant at 69.5%.
- The prospective 62 day backlog grew materially during lockdown, but continued reduction in January has been achieved.
- 104 day waits increased significantly as a result of the Covid impact but progress is being made to reduce this number.

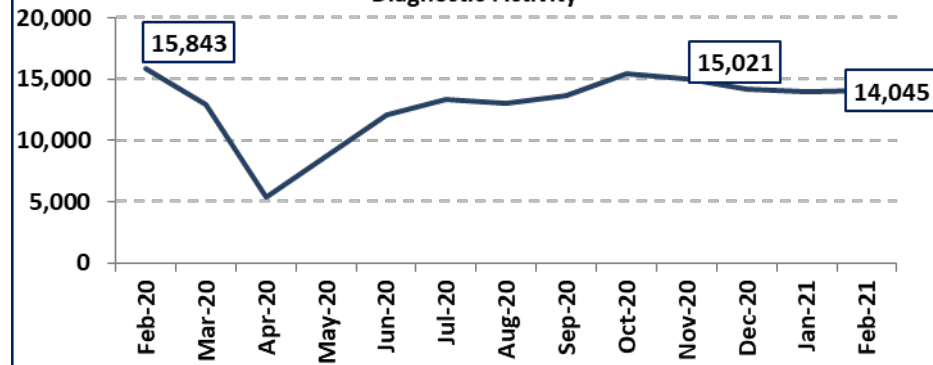


# Diagnostics

% Performance Diagnostics by Month

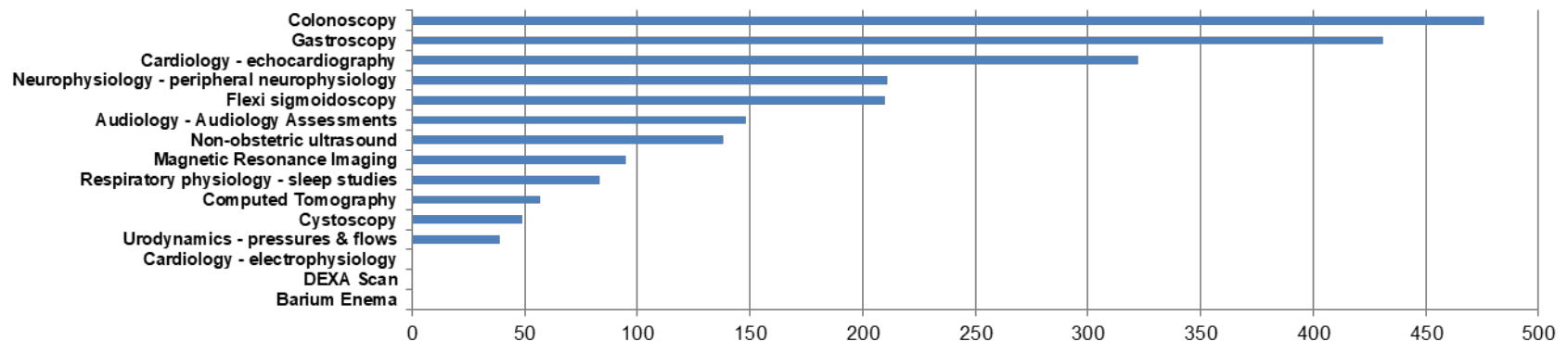


Diagnostic Activity

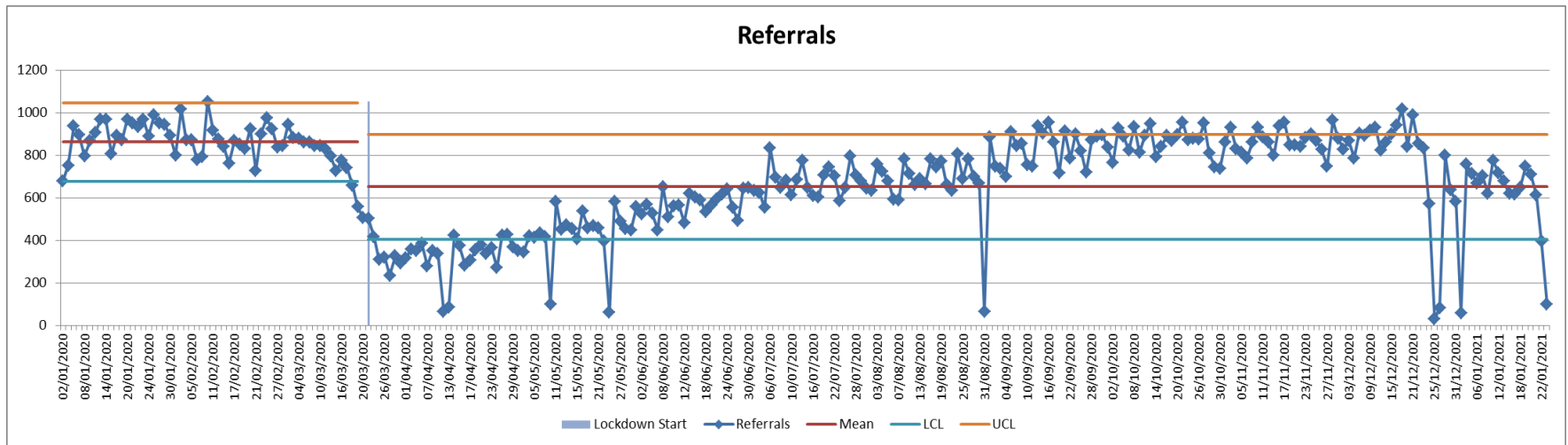


- Diagnostic performance for February 2021 is 31.9%, a 5.7% improvement on the prior month.
- All Imaging modalities sustained restoration of 90+% despite the latest wave of Covid.
- Endoscopy activity has seen a reduction as a result of the latest wave of Covid with capacity focused on cancer pathway and urgent patients
- The areas with the highest backlogs are Endoscopy and Echocardiography although both modalities have reduced.

Over 6 Week Backlog By Modality



# COVID-19 Annex : Elective Referrals

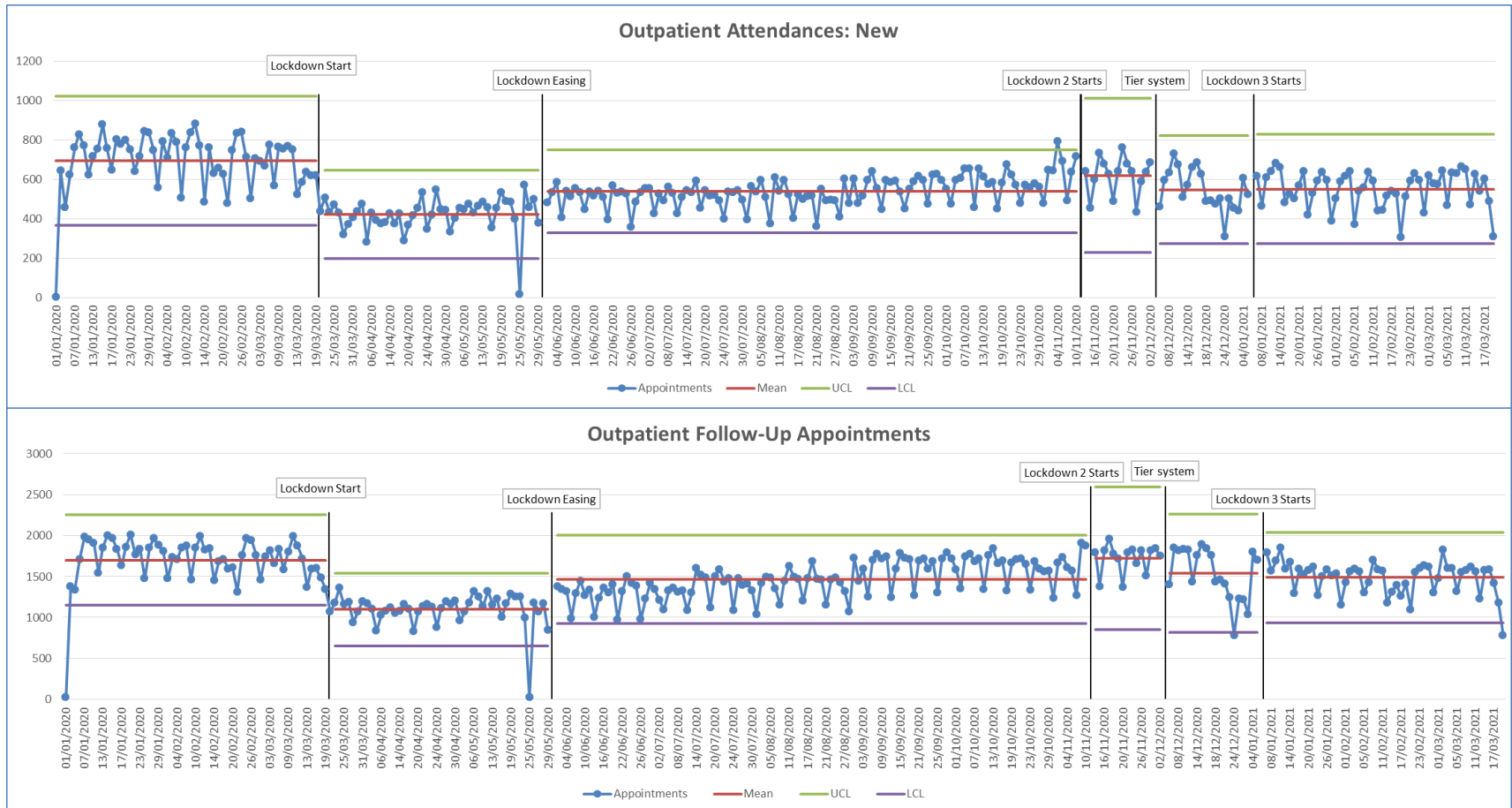


For December 2020:

- Elective referral demand has been restored to 108% of pre-Covid levels.



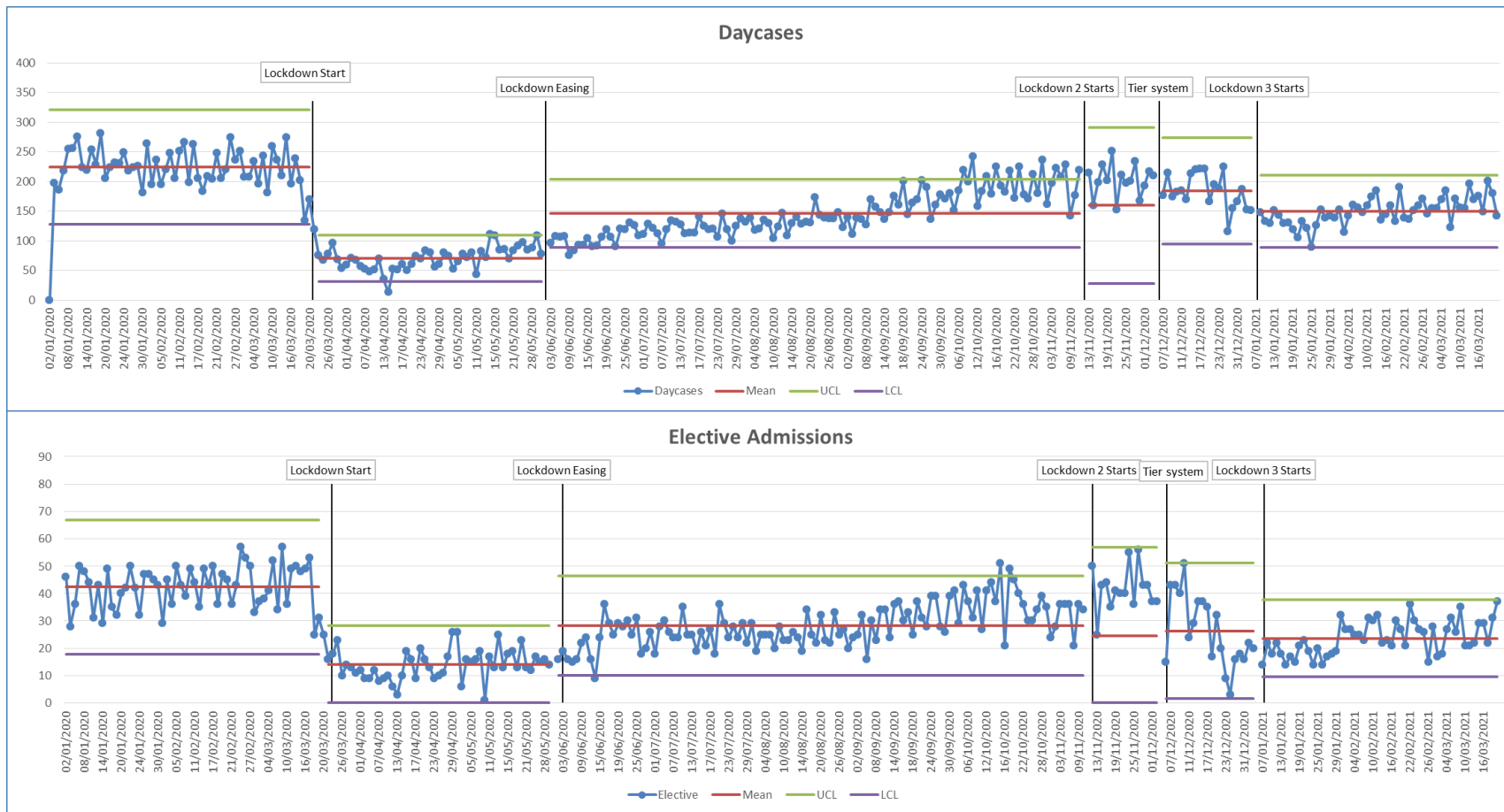
# COVID-19 Outpatient Attendances



For February 2021:

- OP Activity has been impacted by the recent Covid wave.
- New OP activity restoration reduced to 70% of pre-Covid levels.
- Follow Up OP activity restoration reduced to 85% of pre-Covid levels.

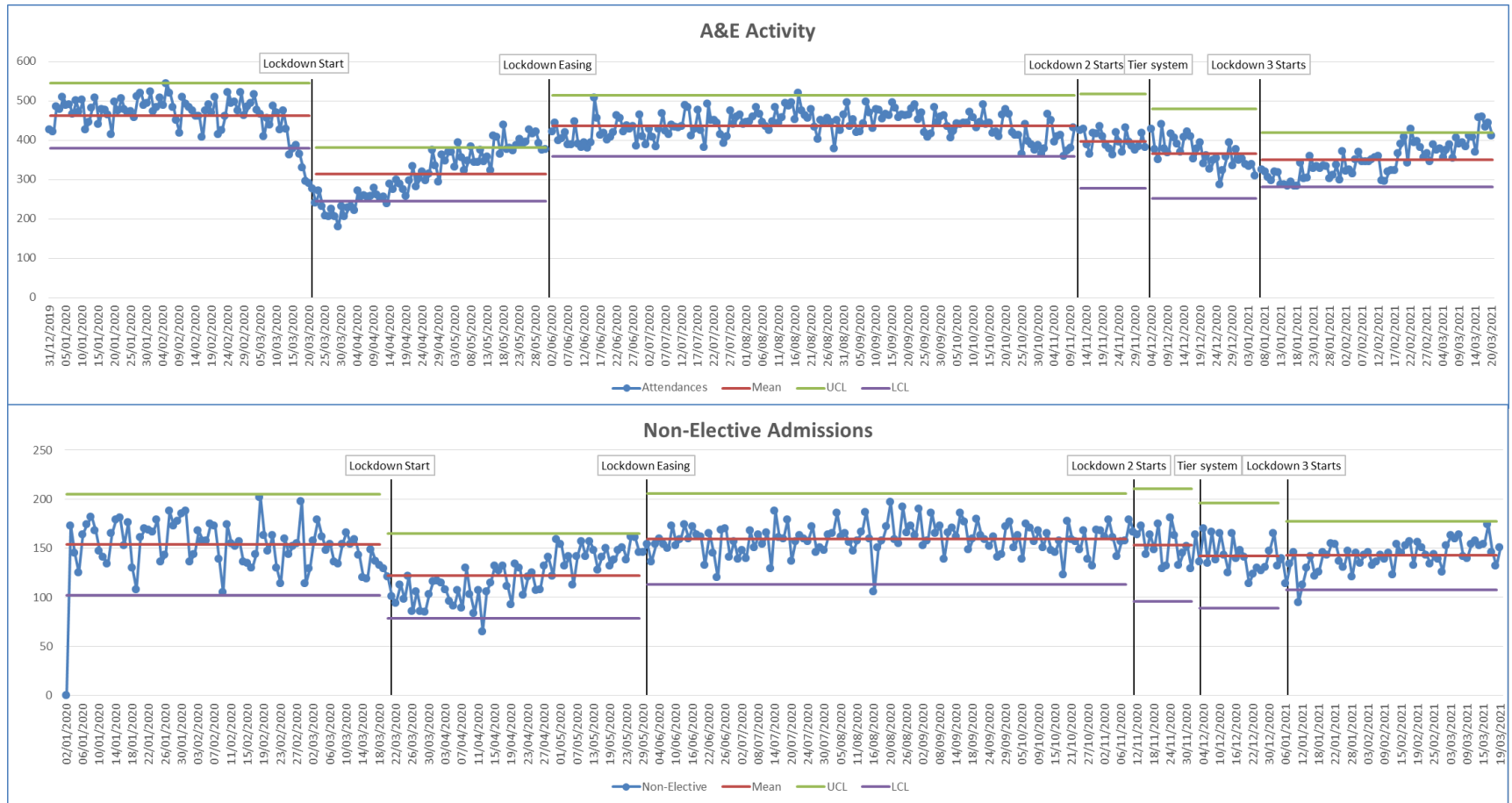
# COVID-19 Elective Admissions



For February 2021:

- Day Case and Elective activity has been impacted by the recent Covid wave.
- Day Case activity restoration reduced to 71% of pre-Covid levels.
- Elective Inpatient activity restoration reduced to 58% of pre-Covid levels.

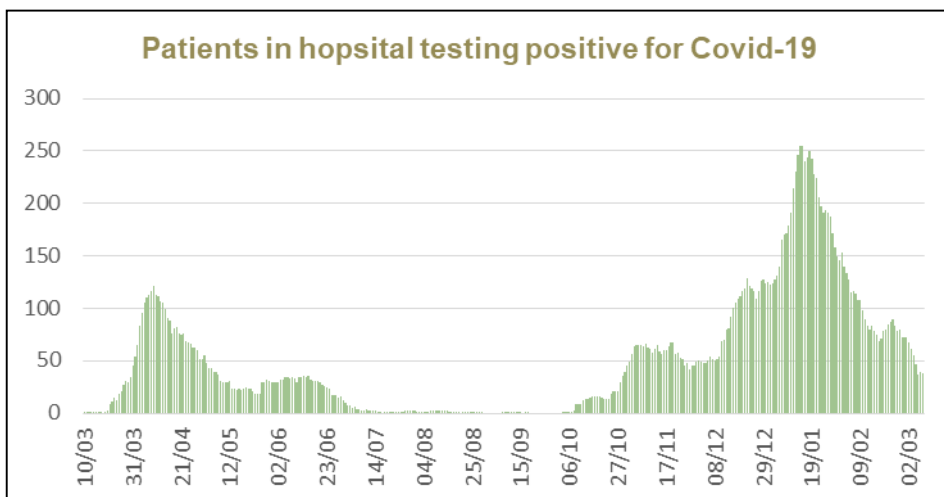
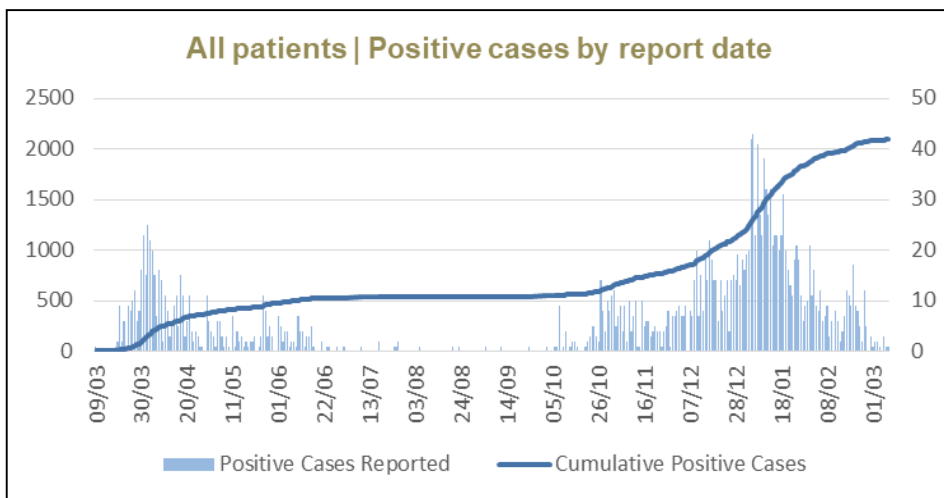
# COVID-19 Emergency Demand



For February 2021:

- A&E attendance activity is 72% of pre-Covid levels.
- Non elective admission activity is 86% of pre-Covid levels.

# COVID-19 Occupancy and Positive Testing



All confirmed Covid-19 patients					
2090	101	1526	463	17.9	18.9
Admissions for lab-confirmed Covid19	5% patients remain in hospital	73% Discharged	22% Patients Died	Average length of stay for discharges	Average length of stay for deceased

Patients admitted to Critical Care					
245	21	154	70	29.1	22.7
12% Patients go to ITU/HDU	8.6% patients remain in hospital	62.9% Discharged	28.6% Died	Average length of stay for discharges	Average length of stay for deceased

Patients staying on general wards only					
1845	80	1372	393	16.6	18.2
88% Patients stay in other wards	4.3% patients remain in hospital	74.4% Discharged	21.3% Died	Average length of stay for discharges	Average length of stay for deceased

As at 12<sup>th</sup> March 2021

# Sustainability - Summary

## Sustainability

### Financial Management

**Target: Break Even**

- 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.
- 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 system working, individual organisations within the ICS would aim to deliver a break-even position
- At the end of February 2021 the Trust delivered a cumulative surplus of £0.83m against a planned deficit of (£4.05m), resulting in a favourable variance of £4.88m. This is due to less cost incurred for elective activity partially offset by COVID-19 costs. The Trust has received £3.02m income, in recompense for lost non-NHS income in M7-12.
- The Trust is forecast to deliver a financial performance of breakeven at the end of the year.

# Sustainability - Key Metrics

Control Total Surplus £k		G
	Plan	Actual / Forecast
Year to Date	4,047	(832)
Year End Forecast	5,634	3,581
Year End Forecast (after allowable items)	1,915	0
<p>The Trust is forecasting a breakeven position, after adjusting for allowable items. The unadjusted forecast is a deficit of £3.581m which solely relates to the anticipated increase in outstanding annual leave at year-end; an allowable item.</p> <p>In Month 11, the Trust is reporting a £0.09m deficit position for February 2021 against a planned deficit of £0.96m. Further analysis of the position is provided in the COVID-19 summary.</p>		

Cash £k		G
	Plan	Actual / Forecast
Year-to-date	35,331	90,153
Year-end Forecast	7,000	12,659
<p>Under the interim financial framework, block and top-up payments have been paid a month in advance. This arrangement will cease in March 2021.</p> <p>In February 2021, the Trust received £51.12m relating to March 2021; underpinning the continued strong cash position.</p>		

COVID-19 £k		G
COVID-19 Response	(23,686)	
Income Shortfall (not mitigated by under spends)	(1,347)	
Top-Up and System Income	(25,033)	
<p>Total COVID-19 top-up and system income of £25.03m 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 February 2021.</p>		

Capital £k		A
	Plan	Actual / Forecast
Year-to-date	86,899	104,990
Year-end Forecast	103,951	131,512
<p>The M11 forecast outturn is £27.56m more than the plan. Key differences are due to the additional spend approved for 3Ts and national funding awarded as follows: £3.70m towards Winter A&amp;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.</p>		

# Sustainability – Financial Plan 2021/22

- NHSE/I have confirmed the annual NHS finance and operational planning round is delayed, and in order to support this, the current financial framework will continue into Q1 2021/22.
- Formal Guidance is yet to be issued for 2021/22 Financial Planning; this guidance and indicative system financial envelopes are expected from NHSE/I after their Board have met on 25th March.
- It is anticipated that alongside the guidance, a pre-populated organisational finance template will be issued by NHSE/I, on the basis of a rollover of the income allocation methodology provided in the phase 3 interim financial framework for M7–12, 2020/21.
- This funding allocation for Q1 will comprise block funding, plus ICS allocations for marginal COVID expenditure and Growth; which are expected to be aligned to the values “claimed” in Q3 & Q4 2020/21. In 2020/21 BSUH is forecast to utilise £5.64m COVID allocation in full as a minimum.
- ICS and Trust allocations are also expected to include the increasing costs of the Clinical Negligence Scheme for Trusts (CNST), the junior doctor pay agreement and some provision for inflation.

# Sustainability - Action & Recommendations

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

- 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.

The Board is asked to note the following:

- In February 2021, the Trust reported a deficit of £0.09m, which was £0.87m better than the plan. Year-to-date the Trust is reporting a surplus of £0.83m which was £4.88m better than plan.
- After adjusting for the impact of tolerable allowances for the year end annual leave provision, the Trust is forecasting a breakeven position. This is in alignment with discussions with the Sussex ICS regarding delivery of individual and aggregate breakeven positions as a system.
- Detailed financial performance information has been shared with Finance and Performance Committee; who continue to provide oversight on behalf of the Board.



# Our People - Staff Engagement

## People

Staff Engagement  
Target: Top 20% Engagement  
Score

### NHS Staff Survey 2020 Results

Reported as a separate item.

### Equality, Diversity and Inclusion

The Gender Pay Gap report has been completed and is on the agenda as a separate item.

A Disability Staff Survey has been undertaken which closed on 5th March 2021.

The BSUH and WSHT Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) reports are currently being aligned.

The Trusts are involved in external activity including the Sussex B.A.M.E. (Black, Asian, Minority, Ethnic) Disparity Group and Sussex Health & Care Partnership Turning the Tide programme – specifically focussing on health inequalities for BAME patients

### TUPE (Transfer of Undertakings Protection of Employment) Consultation

In preparation for the merger, through March, BSUH and WSHT conducted the legally required TUPE consultation with staff side representatives. Eight events were held on MS Teams for all staff of BSUH and WSHT in order to provide further information about the merger and the TUPE transfer of BSUH employees. These were presented jointly between BSUH and WSHT HR teams and Staff sides. Frequently asked questions from the events are now on the intranets of both Trusts.

### Thank You Day

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

# Our People – HR Key Metrics

	Sickness %	Turnover %	Appraisal %
Trust	5.08%	10.4%	69.9%
Central Clinical Services	5.05%	12.1%	72.3%
Children & Women	4.44%	10.7%	71.5%
Medicine	5.51%	11.1%	70.5%
Specialised Services	4.68%	9.4%	60.8%
Surgery	5.03%	10.6%	63.8%
Target - 2020/21 Y/E	4.20%	12.0%	90.0%

In **February**, the Trust's **Turnover** (external leavers) rate reduced slightly to 10.4% and stayed favourable to the 12.0% Target. Turnover is at its lowest level since August 2012.

The Trust's **one month Sickness Absence** rate was 6.18% in **January**, the highest on record. Of the 6.18%, 0.80% was specifically Covid-19 sickness absence and 5.38% was other Sickness Absence.

The **12 month Sickness Absence rate** is now 5.08%, compared to 4.47% twelve months ago.

The Trust's (non medical) **Appraisal rate** was 69.9% in **February**. It is lower than both February 2020 (85.6%) and the average across the 2020 calendar year (75%). A recovery plan is in place.

**Statutory and Mandatory Training (STAM)** compliance has fallen from 85% at end of January 2021 to 81% at end of February (vs Trust target of 90%). Face-to-face STAM update training was paused due to Covid-19 operational pressures and then reinstated in early March. As there is a 6 week rota lead-in period for time off for training, it is anticipated that March and April compliance may continue to fall.

# Our People – Recruitment and Vacancies

	Vacancy %
Trust	8.1%
Central Clinical Services	7.2%
Children & Women	1.8%
Medicine	9.9%
Specialised Services	6.6%
Surgery	8.5%
Target - 2020/21 Y/E	10.0%

	Vacancy %
Medical	1.1%
Nursing - Registered	10.6%
Nursing - Unregistered	11.1%
Nursing - All	10.7%
S,T&T	8.5%
Admin & Clerical	6.2%
Ancillary Support	11.8%

In **February** the Trust's overall Vacancy Rate reduced to 8.1% from 8.2%, remaining favourable to the Trust Target of 10.0%. There are currently 704 FTE of vacancies across the Trust:

- Medical: 15 FTE
- Nursing: 396 FTE
- Scientific, Therapeutic and Technical (ST&T): 112 FTE
- Admin & Clerical: 102 FTE
- Ancillary Support: 79 FTE.

## Recruitment

As at 3rd March 2021 there were: 235 vacancies in the pipeline which equates to 368.45 FTE.

365 candidates are being processed. (74 are COVID workers, 291 are business as usual). 123 External new starters joined the Trust in February 2021.

**91 International Nurses** are in the pipeline, with 22 joining BSUH during March 2021, 38 in April, 23 in May & 8 in June.

# Our People – Covid-19

**Overview:** The Trust closely manages its workforce situation relating to Covid-19 and continues a programme of risk assessments, staff testing and support.

**Age 60+ Risk Assessment:** 92% of staff aged 60 to 69 have been completed and 98% of over 70's.

**B.A.M.E.** – 94% of Black, Asian, Minority, Ethnic staff have been risk assessed.

**Clinically Vulnerable (CEV)** – 100% of these staff have been risk assessed. CEV staff are currently due to return to the workplace on 31 March subject to any further national guidance. Managers have been asked to have supportive conversations and review risk assessments with CEV staff .

**Surveillance Testing** – The Trust has received 22,840 kits of which 16,912 have been distributed to staff. As at 15<sup>th</sup> March 2021, there have been 343 positive lateral flow tests, 307 of which have given +ve PCR results, 35 have given –ve PCR results, 1 inconclusive (postal), this equates to 89.5% accuracy rate for Lateral Flow +ve tests.

**Vaccinations** – BSUH is continuing to offer staff their 1<sup>st</sup> vaccination, and has started 2<sup>nd</sup> vaccinations at both the Royal Sussex County Hospital and Princess Royal Hospital sites.

**Covid-19 Absence** - Under NHS guidance, staff either Self-Isolating or Shielding due to Covid-19 are recorded as Special Leave rather than Sickness Absence. In January the Absence rate of these staff was 0.15%, putting total Covid-19 related staffing absence at 0.95%, and the total of all Sickness Absence plus Covid-19 related Special Leave at 6.33%. The all absence rate of 6.33% compares to 5.45% last month, and 10.68% at the April 20 peak.

<b>Agenda Item:</b>		<b>Meeting:</b>	<b>Trust Board</b>	<b>Meeting Date:</b>	<b>30 March 2021</b>
<b>Report Title:</b>	Report from Quality Assurance Committee Meeting Chair				
<b>Sponsoring Executive Director:</b>	Mike Rymer, Non-Executive Director				
<b>Author(s):</b>	Mike Rymer, Non-Executive Director				
<b>Report previously considered by and date:</b>	N/A direct report to Board				
<b>Purpose of the report:</b>					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality	The Committee's focus was on supporting the flow of assurance on quality, safety and patient experience to the Board.				
Financial	The Committee did not refer any matters to the Finance and Performance Committee.				
Workforce	Under the revised Committee governance processes workforce matters and assurance would be taken directly at the Board				
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>The attached report provides the Board with information from the Quality Assurance Committee meeting on the 23 March 2021</p> <p>The Quality Assurance Committee was quorate and was attended by four Non-Executive Directors and the Trust Chair along with the following Executives, Chief Medical Officer, Chief Nurse and Chief Operating Officer. The Trust's Medical Director, the Trust's Quality Governance Director, the HR strategic advisor and Chief of Surgery.</p> <p>The Committee received reports covering the suite of quality performance metrics along with the Trust's Infection Prevention and Control Board Assurance Tool, the Trust's action in relation to national Ockenden report, Covid rapid guidance implementation, the Trust's Staff Survey and reports from Freedom to Speak up Guardian, the Guardian of safe Working and the chair of the Health and Safety Committee.</p> <p>The Committee also considered the risks within the BAF for which it has oversight for and gave careful consideration to any impact on the quality risks in relation to the number of patients waiting and based on the assurances received and discussion held agreed their current scores fairly represented these risks.</p>					

### Key Recommendation(s):

The Board is asked to **NOTE** the view of the Committee in respect of the BAF risks it has oversight for, in that the current scores are a fair reflection of these risks. In forming this view the Board is asked to note the assurance received at the Committee especially those in respect of the patient safety where treatment has been delayed and the learning and action taken as a result of incident investigations.

The Board is also asked to **NOTE** the positive assurance in respect of external inspections in relation to Fire Safety and Radiotherapy where the relevant inspector concluded the Trust had undertaken the actions they agreed flowing from their previous visits.

To: Trust Board

Date: 30 March 2021

From: Quality Assurance Committee Chair

### COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Dates	Chair	Quorate	
			yes	no
Quality Assurance Committee	23 March 2021	Mike Rymer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Declarations of Interest Made				
None				
Actions taken by the Committee				
<ul style="list-style-type: none"><li>The Committee <b>RECEIVED</b> an update which focused on Mortality (the Crude mortality rate, HMSR and SHMI) and noted the impact Covid deaths have on these metrics, with HMSR excluding these to allow comparison for none Covid patients with those prior to the covid pandemic. The Committee <b>RECEIVED</b> a report on the outcome of the mortality reviews undertaken across 2020 and was <b>ASSURED</b> over the process applied and the developing structured judgemental reviews and their link to the Trust's Serious Incidents processes to track learning. The Committee <b>NOTED</b> the work being undertaken to increase the number of cases being reviewed which will make their reported outcomes more meaningful.</li><li>The Committee <b>RECEIVED</b> a report from the Chief Nurse and Trust Quality Governance Director in respect of the Patient Safety metrics, these covered pressure care, falls and incidents with the reporting including actions taken in respect of national safety alerts. The Committee also <b>RECEIVED</b> a more in depth report on the work being undertaken to learn from and prevent pressure damage.</li><li>The Committee <b>RECEIVED</b> a report on the Trust's vaccination programme and the work undertaken to reach BAME and clinically vulnerable staff. The Committee was <b>ASSURED</b> of this work given the high percentage take up of first dose vaccinations.</li><li>The Committee <b>RECEIVED</b> the Trust's Infection Prevention &amp; Control Board Assurance Tool report, noted the changes within the national tool from the version seen in October. The report also included an update on the actions being taken across the Trust to enhance the Trust's overall performance in this area. The Committee <b>NOTED</b> that a summary of this would be shared with the Board for information and assurance.</li><li>The Committee <b>RECEIVED</b> an update from the Trust Medical Director on the outcomes of patient reviews where the cancer treatment had been delayed by more than 64 days and the patient reviews where there had been a delay in excess of 52 weeks. The Committee was <b>ASSURED</b> over the outcome of the patient reviews where delays in treatment for cancer of over 64 days and where there had been a delay of over 52 weeks.</li><li>The Committee <b>RECEIVED</b> an update from the Quality Governance Steering Group chair informing the Committee the work of this Group and that there was nothing in addition to the items already covered within the agenda that needed escalating for Committee action.</li><li>The Committee <b>RECEIVED</b> a report in respect of the Trust's delivery of the actions resulting from the national Ockendon report. The Committee <b>NOTED</b> that as required by the national report a specific agenda item would be placed on the Quality Committee for each meeting in respect of Maternity to receive the developed quality score card.</li></ul>				

- The Committee **RECEIVED** and **NOTED** the staff survey results for the Trust. The Committee was informed over the process for the development of specific improvement actions and that these would be reported into the People Committee. The Committee **NOTED** that a summary of this report would be provided to the Board.
- The Committee **RECEIVED** a report and was **ASSURED** over the Trust's processes for the implementation of the NICE rapid Covid guidance issued to the Trust.
- The Committee **RECEIVED** and **NOTED** the reports from the Freedom to Speak up Guardian and the Junior Doctor Guardian of Safeworking reports. 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.
- The Committee **RECEIVED** an update from the Trust's medical director on the outcome of the external visit in respect to Radiotherapy which confirmed that the Trust had taken appropriate action in respect of their recommendations from their previous visit.
- The Committee **RECEIVED** a report from the chair of the Trust's H&S committee which provided assurance over the actions taken in respect of the prior external visit by West Sussex Fire and Rescue confirming all recommended actions had been completed ahead of schedule.
- The Committee reviewed the BAF risks for which it has oversight and **AGREED** their scores were fairly represented. In forming this view the Board is asked to note the assurance received at the Committee especially those in respect of the patient safety where treatment has been delayed and the learning and action taken as a result of incident investigations.

#### **Actions to come back to Committee (Items Committee is keeping an eye on)**

There were no specific matters outside of the scheduled reports that were asked for by the Committee to come to future meetings of either the Quality, Patient or People Committees.

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

<b>Item</b>	<b>Referred to</b>
There were no specific matters were referred to the Finance & Performance Committee.	No matters required referral to the Finance and Performance Committee (or is successor Sustainability or Systems and Partnerships Committees).
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented. In forming this view the Board is asked to note the assurance received at the Committee especially those in respect of the patient safety where treatment has been delayed and the learning and action taken as a result of incident investigations.	Board as part its approval of the BAF.



<b>Agenda Item:</b>	11.	<b>Meeting:</b>	Trust Board	<b>Meeting Date:</b>	30 March 2021
<b>Report Title:</b>	Report from Finance and Performance Committee Meeting Chair				
<b>Sponsoring Executive Director:</b>	Patrick Boyle, Non-Executive Director				
<b>Author(s):</b>	Patrick Boyle, Non-Executive Director				
<b>Report previously considered by and date:</b>	N/A direct report to Board				
<b>Purpose of the report:</b>					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input type="checkbox"/>	Quality	<input type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality	The Committee did not refer any matters to the Quality Assurance Committee.				
Financial	The Committee's focus was on supporting the flow of assurance on financial and performance systems of internal control to the Board.				
Workforce	Under the revised Committee governance processes workforce matters and assurance would be taken directly at the Board				
<b>Link to CQC Domains:</b>					
Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>There have been two Finance and Performance Committee meetings since the last Board these being on the 23 February 2021 and 23 March 2021. The attached document provides an update to the Board on these two meetings.</p> <p>The Finance and Performance Committee met on the 23 February 2021 was quorate and was attended by four Non-Executive Directors and the Trust Chair along with the following Executives, the Deputy Chief Executive Officer, the Chief Financial Officer and the Chief Nurse, along with the attendance from the Finance Director, Director of Performance and the Strategic HR Advisor.</p> <p>The Finance and Performance Committee met on the 23 March 2021 was quorate and was attended by three Non-Executive Directors and the Trust Chair along with the following Executives, the Chief Financial Officer and Chief Operating Officer, along with the attendance from the Finance Director, Director of Performance, Director of Efficiency and Delivery and the Strategic HR Advisor.</p> <p>At both meetings the Committee meeting, received information on key performance and financial matters along with that relating to the Trust's efficiency programme and information on the Trust's workforce capacity and performance metrics.</p>					

### Key Recommendation(s):

The Board is asked to **NOTE** the assurance provided at these meetings and **NOTE** the view of the Committee in respect of the BAF risks it has oversight for, this being that the current scores are a fair reflection of these risks.

The Committee **RECOMMENDED** to the Board the Q1 Budget to the Board the principles for the setting of the Q1 budget principles.

To: Trust Board

Date: 30 March 2021

From: Finance and Performance Committee Chair

## COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Finance and Performance Committee	23 February 2021	Patrick Boyle	✓	<input type="checkbox"/>
	23 March 2021	Patrick Boyle	✓	<input type="checkbox"/>

### Declarations of Interest Made

None

### Actions taken by the Committee

The Committee at both meetings **RECEIVED** report from the Director of Performance on the Trust's performance against the constitutional standards and the Trust's developing restoration and recovery plans. 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. The Committee discussed the risks to Trust's performance delivery whilst managing the pandemic demands and **AGREED** that these challenges were reflected within the Trust's BAF with risks 5.1, 5.2 and 5.3 with risk 5.3 being the highest scored risk within the BAF.

The Committee **RECEIVED** a report on the Trust's financial performance and noted the position for month ten at its February meeting and month eleven at its March meeting. The Committee was informed over that under the revised national financial regime this will see the Trust achieve an equivalent break even position. The Committee **RECEIVED** information on the robust financial governance framework applied to the covid costs and was **ASSURED** over their application. The Committee **AGREED** that given the assurances received the reduction in BAF risk 2.1 was appropriate. The Committee **RECEIVED** the 2021/22 financial regime and **RECOMMENDED** to the Board the principles for the setting of the Q1 budget principles.

The Committee at both meetings **RECEIVED** an update from the Trust's Finance Director on the Trust's ledger upgrade and was **ASSURED** over the completion of the project plan for the delivery of the v11 combined ledger with WSHFT was completed. The Committee **RECEIVED** an update on the progress in respect of the plans to then migrate to version 12 of the ledger and was **ASSURED** over the robustness of this plan.

The Committee at both meetings **RECEIVED** a report on the Trust's efficiency programme and was **ASSURED** over the delivery of the 2020/21 programme. 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.

The Committee at both meetings **RECEIVED** a report on the Trust workforce capacity and performance indicators. The Committee was updated on the key workforce KPIs and the actions being taken to improve performance against staff appraisal delivery and that the corporate areas which has seen less covid driven demands were improving.

The Committee received the Radiology Information System Business Case and **APPROVED** the recommended option to contract directly with the RIS supplier 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.

The Committee reviewed the BAF risks for which it has oversight for and **AGREED** these were fairly represented, nothing that the quarter four update to the BAF is currently underway. The Committee was informed that the risks relating to workforce wellbeing are being actively considered given the activity pressure on the Trust.

#### **Actions to come back to Committee (Items Committee is keeping an eye on)**

The Committee sought more information on the action plans in respect of the Trust restoration plan delivery and the developed trajectories.

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

Item	Referred to
<p>There were no specific matters were referred to the Quality Assurance Committee although the Committee did ask that the Quality Assurance Committee reflect on the assurances received that the level of patients waiting is not impacting on the quality risk scores.</p> <p>The Committee <b>RECOMMENDED</b> to the Board that the risks within the BAF for which it has oversight are fairly represented.</p> <p>The Committee <b>RECOMMENDED</b> to the Board the Q1 Budget to the Board the principles for the setting of the Q1 budget principles.</p>	

<b>Agenda Item:</b>	12	<b>Meeting:</b>	Board	<b>Meeting Date:</b>	30 Mar 2021
<b>Report Title:</b>	<b>Board Assurance Framework – 2020/21 Quarter 4</b>				
<b>Sponsoring Executive Director:</b>	Glen Palethorpe, Group Company Secretary				
<b>Author(s):</b>	Glen Palethorpe, Group Company Secretary				
<b>Report previously considered by and date:</b>	The relevant risks have been considered by Finance and Performance Committee 23 March 2021 Quality Assurance Committee 23 March 2021 Finance and Performance Committee 16 March 2021				
<b>Purpose of the report:</b>					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input checked="" type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality	Quality related strategic risks				
Financial	Finance related strategic risks				
Workforce	Workforce related strategic risks				
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
<b>Communication and Consultation:</b>					
The Board Assurance Framework has been prepared in conjunction with each of the five Chief Officers, focussing on respective strategic objectives and determining their associated strategic risks.					
<b>Executive Summary:</b>					
<b>Introduction</b>					
<p>The Trust has identified 13 strategic risks which have been assessed against the Trust's risk appetite when setting their target score. The Trust's risk appetite statements are under review and in setting the target risk scores reflect the Board's view in respect of patient treatment times being aligned to their clinical priority and need rather than solely being driven by the duration of the wait.</p> <p>The opening score for 2020/21, has taken into account the changing environment the Trust is operating within post Covid. There has been one risk added to the BAF for 2020/21, this is within the people section of the BAF. Risk 3.4 relates to the risk to staff wellbeing resulting from increased demands brought about by the pandemic and whilst many actions have been taken further work is being undertaken through the Trust's Refresh, Restoration and Recovery plans.</p>					
<b>BAF Summary</b>					
<p>The table overleaf shows by risk, their current score and their target risk score The table shows pictorially the movement in risk between the current score for Q3 and that recorded for Q2. ( <math>\longleftrightarrow</math> No change, <math>\uparrow</math> an increase in risk and <math>\downarrow</math> a decrease in risk)</p>					

Noting that there is one risk, risk 2.3 which is currently at its target score and therefore the BAF process for this risk is about securing assurance that this acceptable (target) level of risk is maintained.

#### Quarter 4 summary

The highest current risk score remains risk 5.3 which is in relation to the Trust's consistent delivery of the NHS Constitutional targets, which like all providers, has been impacted by national requirements to cease certain activities during the pandemic.

Risk 3.4 has seen an increase from its Q3 score to 16. This increase reflects the prolonged pressure on staff though pressure on the services brought about by the pandemic Whilst actions are put in place these are being strengthened to ensure they are sustainable and enhanced assurance over their impact is being sought. This risk has been subject to review at Board and QAC and was expected to increase given the sustained pressure on staff.

Risk 2.1 has been reduced this quarter as the Trust is currently forecasting when adjusted for the tolerable allowances of non-NHS income and annual leave provision, delivery of its plan.

Risks 2.2, 5.1 and 5.2 remain at their previous quarter scoring 16.

<b>BAF: Strategic Objectives and Strategic Risks</b> (Key: I = Impact L = Likelihood T = Total)	Risk Scores														
	Opening risk			Q2			Q3			Q4			Target		
	I	L	T	I	L	T	I	L	T	I	L	T	I	L	T
<b>1. Patient Quality Assurance Committee</b>															
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	3	9	3	3	9	3	3	9	3	3	9	3	2	6
<b>2. Sustainability Finance and Performance Committee</b>															
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	3	12	4	4	16	4	4	16	4	3	12	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	4	3	12	4	4	16	4	4	16	4	4	16	4	2	8

and unsustainable services															
2.3 We are unable to meet high standards of financial stewardship meaning we cannot sustain compliance with our statutory financial duties	4	2	8	4	2	8	↔	4	2	8	↔	4	2	8	↔
<b>3. People</b>															
<b>Quality Assurance Committee and Board</b>															
3.1 We are unable to appropriately develop and sustain the leadership and organisational capability and capacity to lead on going performance improvement and build a high performing organisation.	4	3	12	4	3	12	↔	4	3	12	↔	4	3	12	↔
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	3	12	↔	4	3	12	↔	4	3	12	↔
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	4	3	12	4	3	12	↔	4	3	12	↔	4	3	12	↔
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	3	12	4	3	12	↔	4	3	12	↔	4	4	16	↑
<b>4. Quality Improvement</b>															
<b>Quality Assurance Committee</b>															
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	3	4	12	3	4	12	↔	3	4	12	↔	3	4	12	↔

regulatory and supervisory bodies															
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	3	↔ 9	3	3	↔ 9	3	3	↔ 9	3	2	6
<b>5. Systems and Partnerships</b> <b>Finance and Performance Committee</b>															
5.1 We are unable to develop and maintain collaborative relationships with partner organisations based on shared aims, objectives, and timescales leading to an adverse impact on our ability to operate efficiently and effectively within our health economy	4	4	16	4	4	↔ 16	4	4	↔ 16	4	4	↔ 16	4	2	8
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	5	20	4	5	↔ 20	4	4	↓ 16	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, financial penalties and the Trust's reputation.	4	5	20	4	5	↔ 20	4	5	↔ 20	4	5	↔ 20	4	2	8

### Board Committee review of the risks

Both the Quality Assurance and the Finance and Performance Committees met on the 23 March and each Committee reviewed the risks for which they have allocated lead oversight for. There review confirmed that they considered the current scores are fairly represented.

The Quality Assurance Committee having regard to the reports received at the Finance and Performance Committee on the increased activity demands on the Trust considered the assurances that patient quality risks were not escalating and that the appropriate actions are being taken to treat the clinically prioritised patients were working and reflected the risks were not increasing supported by evidence through the reviews of those patients waiting significant periods of time.



**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.

<b>Agenda Item:</b>	13.	<b>Meeting:</b>	Trust Board in Public	<b>Meeting Date:</b>	30.03.2021
<b>Report Title:</b>	BSUH Safe Staffing				
<b>Sponsoring Executive Director:</b>	Carolyn Morrice – Chief Nurse				
<b>Author(s):</b>	Kimberly O'Hara – Deputy Chief Nurse; Mark Roche – Lead Nurse Workforce				
<b>Report previously considered by and date:</b>					
<b>Purpose of the report:</b>					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality	Ensure minimum derogated levels				
Financial	Governance				
Workforce	Supporting our WF to meet needs of patients				
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>This report is designed to update the board on the challenges that wards and departments are facing around staffing as we emerge from the second wave of the pandemic, as well as ensuring there is Board oversight over the continuing challenges that remain in the recruitment and retention of our nursing &amp; AHP workforce. It also outlines our nursing &amp; resilience strategy, as well as giving oversight to the plans for establishment reviews in the future.</p> <p>Current position:</p> <ul style="list-style-type: none"> <li>• 267 WTE RN Vacancies (327 January 2020)</li> <li>• RN Turnover 11% (13.1% in May 2020)</li> <li>• 73.5 WTE Band 2 Vacancies plus active pipeline</li> <li>• Outline pandemic response for staffing</li> <li>• Impact of shielding / staff absence – currently 8%</li> </ul>					
<b>Key Recommendation(s):</b>					
For review and discussion					

## 1. Context

The purpose of this report is to present to board the challenges that wards and departments are facing around staffing as we emerge from the second wave of the pandemic, as well as ensuring there is Board oversight over the continuing challenges that remain in the recruitment and retention of our nursing & AHP workforce. It also outlines our nursing & resilience strategy, as well as giving oversight to the plans for establishment reviews in the future.

## 2. Background - National Picture

Nationally NHS registered nurse vacancies are at approx. 36,000 and with over a third of those concentrated in London and the South East in high cost areas, this represents significant challenges for our hospitals locally (RCN, 2020).

Whilst the vacancy rates differ by nursing speciality as well as by geographical area Health Education England (HEE) highlight, the biggest risk to nurse staffing is the projected numbers of nurses eligible to retire as well as newly qualified staff leaving within 2 years of qualifying (HEE, 2020)

However, there is reason for optimism. There are significant national programmes focusing on both International Recruitment of our registered workforce and HCA recruitment & retention. BSUH has been successful in achieving funding awards for both work streams and teams have been set up to support our international nurses as well as supporting our HCA recruitment & retention strategy.

### 2.1 Local staffing challenges:

- At Brighton and Sussex University Hospitals NHS Trust (BSUH) the rolling 12 month turnover (% FTE) of registered nurses is 11%. RN vacancies are showing an downward trend, currently at 10.6% (down from a high of 13.1% in May 2020). This is in line with national picture which of 2019 sits at 12% (Dec, 2019). In line with our WF transformation strategy there has been a small decrease in our budgeted establishment which currently sits at 2,555.2 WTE down from 2,565.4 WTE in March of last year. `
- As of Feb 2021 there are 267 WTE RN vacancies across the Trust, with 219 WTE in our Band 5 group alone. This is down from a peak of 327 WTE in January 2020. The commencement of international recruitment will begin to have an impact, with 15 new recruits now arrived and plans to bring in 150 WTE in total over the next 10 months.
- Our unregistered vacancies are 126.2 WTE, however a number of these posts are Band 3 & Band 4 development posts created as part of WF transformation strategy. Our actual Band 2 vacancies are 73.5 WTE (9.6%) and our budgeted establishments saw an increase in HCA posts from 1,108.8 WTE (Jan 2020) to 1,137.9WTE (Jan 2021.)

- There are currently 51 WTE Band 2's in our recruitment pipeline as of the beginning of March and with pooled recruitment continuing the organisation is on track to be as close to zero Band 2 vacancies by April '21.
- Wellbeing of our staff is a key driver as we emerge from the pandemic. Ensuring we stay well and recognition of achievement and putting the right support in place for our staff needs to be a key priority. BSUH has been successful in a funding award to put in house psychologist support in our critical care units as well as placing a number of nurses in training for the new role of nurse advocates which is national initiative similar to the midwifery advocate programme.
- Sickness, Shielding & COVID Absence - Despite a slight decrease in our registered nurse vacancies, overall absence in our N&M staff group remains high at 8% however this is total sickness, shielding & COVID Absence. There are currently 100 Nurses, HCA's and Midwives shielding as a result of government advice, this should improve as we see an impact from the vaccination programme, and as government guidelines are softened.

## **2.2 Care Hours Per Patient Per Day (CHPPD)**

Care Hours Per Patient Day (CHPPD) data is used traditionally to benchmark against peers and where appropriate is used to act as a sense check particularly on assumption and professional judgement when deciding templates and monitoring safe staffing levels.

CHPPD does not take into account the patients acuity, environment (layout and side rooms) movement of patients, or staff for short periods of time. It does not take into account chair occupancy or patient turnover.

In line with national guidance at the beginning of the pandemic and due to the significant restructuring of wards and services over the last 11 months, and given that the main purpose of the data is for benchmarking, this data was not submitted. This has now recommenced and the February 2021 return has been submitted as we begin to reduce the number of redeployed staff from their home wards and departments.

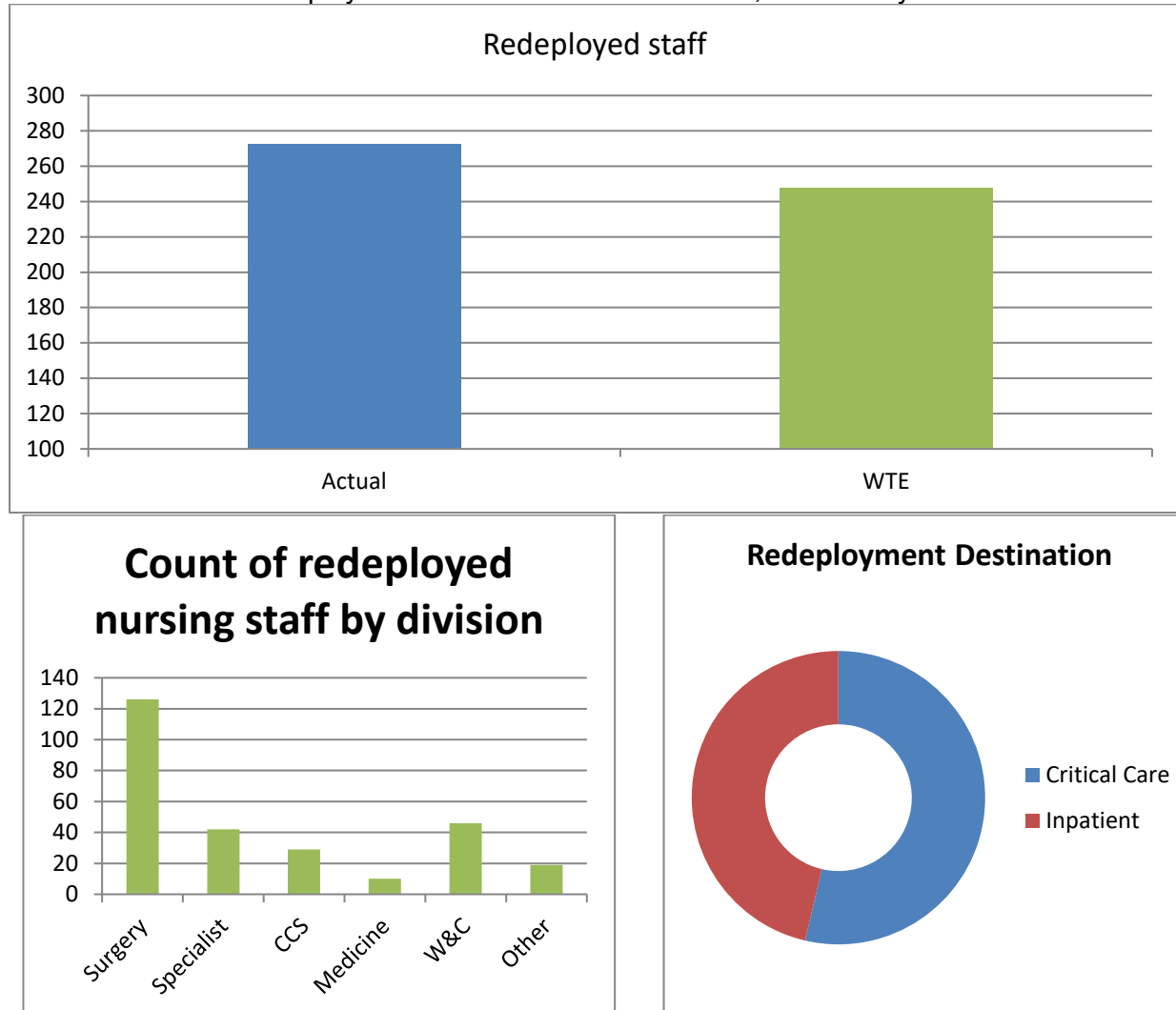
## **3 Pandemic Response – Redeployment**

During first wave of the COVID19 pandemic in March 2020 over 250 nurses were successfully and rapidly redeployed to critical care and to the wards.

Due to the significant challenges that faced us during the second wave of COVID 19, the nursing workforce hub was stepped up in December and our redeployments commenced again. In total over 270 nursing staff were redeployed, representing over 240 WTE, providing over 1,041 shifts to support our pandemic response. As a result of a survey undertaken after the first wave there was significant learning in how we redeployed and flexed our nursing teams across the organisation

- Staff are redeployed to areas at best suit their skills and where possible they have identified as an area that would be suitable.
- Matrons, Ward and Department Managers and will not be redeployed so leadership can continue of their staff and support for redeployed staff.

- Practice educators will not be redeployed and will form a team to support and educate on the wards during any future redeployment
- Involvement of managers and matrons at each step of the way.
- Staff will be redeployed for no more than two months, unless they wish to be.



### 3.1 Derogated Staffing Levels

Throughout the second wave of COVID 19 BSUH was responding to our reduced staffing levels by working to derogated staffing levels in most areas including its critical care units.

These derogated levels in conjunction with daily staffing huddles were a crucial tool in managing and mitigating risk across our organisation. Whilst derogated levels focused primarily on our nursing workforce, during this challenging time it was essential our response was based on an agile multi-professional response based on holistic person-centred need. For example, a number of our AHP colleagues were utilised in our critical care unit with great success.

#### 4 Strategic Priorities for Nursing WF group

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 the workforce stream has executive/director level sponsorship is key to delivering on our WF transformation programme.

<p><b>RN International Recruitment</b></p> <ul style="list-style-type: none"> <li>Assure delivery of the recently approved Business case and associated benefits: <ul style="list-style-type: none"> <li><i>Create an active pipeline of 150 WTE substantive international nurses over a 10-month period</i></li> <li><i>Reduce agency by 107 WTE by Nov'21 (now c.131)</i></li> <li><i>Reduce turnover to 9% by Oct'21 (now 11%)</i></li> </ul> </li> </ul>	<p><b>Agency Market Management</b></p> <ul style="list-style-type: none"> <li>Procure and grow tier 1 market supply and reduce down Tier 2 rates</li> <li>It is estimated that 90% of all agency shifts are paid at Tier 2 rates: <ul style="list-style-type: none"> <li><i>Based on current usage, a complete switch to Tier1 rates would save c.£1.5m per annum</i></li> </ul> </li> <li>-</li> </ul>
<p><b>HCA Recruitment &amp; Retention</b></p> <ul style="list-style-type: none"> <li>HCA recruitment at 95% and on-going recruitment plan agreed with Wards by Q1 21/22: <ul style="list-style-type: none"> <li><i>Current vacancies stand at 152 WTE/13.4%</i></li> </ul> </li> <li>Development of retention plan in Q4 20/21: <ul style="list-style-type: none"> <li><i>Rolling 12-month turnover rate is c.13%</i></li> </ul> </li> </ul>	<p><b>RN Domestic Recruitment &amp; Retention</b></p> <ul style="list-style-type: none"> <li><i>Reduce vacancies to 150 WTE by Nov'21 (now c270)</i></li> <li><i>Reduce turnover to 9% by Oct'21 (now 11.9%)</i></li> <li><i>Aim to Recruit 100% of our students in training</i></li> </ul>

#### 5 Next Steps – Establishment Reviews Post Merger

All Trusts are required to undertake a nursing skill mix review in line with safe staffing guidance as stipulated by the National Quality Board (NQB) January 2018. The updated guidance continues to support the need for a triangulated approach to staffing decisions by reviewing patient acuity; their need and risks alongside the professional judgement. Due to the need to understand establishments across the wider organisation post-merger both chief nurses have agreed to complete establishment reviews across each organisation by September 2021. The framework for the review will not only meet the NQB's triangulated approach to staffing decisions (see below) but will also ensure a cohesive approach is taken to staffing decisions soon after the merger.

Safe, Effective, Caring, Responsive and Well Led Care		
<b>Measure and Improve</b> -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback-		
-implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing		
Expectation 1	Expectation 2	Expectation 3
<b>Right Staff</b> 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	<b>Right Skills</b> 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	<b>Right Place and Time</b> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

## 5.1 Changing Models of Care – Transforming our Workforce from within.

Recruitment & retention of registered nurse continues to be a priority of the Trust. Despite this however with the exciting prospect of 3T's building ready in the next 18 months there is a significant challenge ahead. The challenges that this faces are very real but the opportunities are very substantial.

Growing our own workforce and retaining our current staff is an integral strategy for the NHS workforce strategy (NHS, Long-term Plan 2019) and supporting the Band 4 / 6 model would be an integral part of that strategy.

Increasing our Band 4 NA & TNA will supply gaps in our Band 5 workforce, but will also ensure that all staff are 'making the most of their skills and expertise will form a critical component of the NHS workforce implementation plan. (NHS, Long-term Plan, 2019, p87).

## 6 Conclusion

Work continues in areas of recruitment, retention and workforce transformation to ensure the Trust has a nursing workforce that is fit for purpose, efficient and delivers quality, compassionate care

To this end as we emerge from COVID with visible senior presence and leadership skills to safely align the right staff, with the right skills, to deliver safe and compassionate care to our patient, needs to be one of key priorities.

## 7 References

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<b>Agenda Item:</b>	14.	<b>Meeting:</b>	Public Board	<b>Meeting Date:</b>	30/03/21
<b>Report Title:</b>	BSUH IPC Board Assurance Framework				
<b>Sponsoring Executive Director:</b>	Carolyn Morrice – Chief Nurse				
<b>Author(s):</b>	Ann Gibbins – Interim HoN for IPC; Kimberly O'Hara – Deputy Chief Nurse; Lyn Allinson – Head of Risk Management				
<b>Report previously considered by and date:</b>					
<b>Purpose of the report:</b>					
Information	✓	Assurance	✓		
Review and Discussion	✓	Approval / Agreement	□		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	□	Staff confidentiality	□		
Patient confidentiality	□	Other exceptional circumstances	□		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	✓	Sustainability	✓		
Our People	✓	Quality	✓		
Systems and Partnerships	✓				
<b>Any implications for:</b>					
Quality	Reducing the risks of nosocomial infection				
Financial	Additional COVID costs captured through Trust governance routes				
Workforce	Protecting our people				
<b>Link to CQC Domains:</b>					
Safe	✓	Effective	✓		
Caring	✓	Responsive	✓		
Well-led	✓	Use of Resources	✓		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>To update the Board on progress against the IPC BAF for Brighton and Sussex University Hospitals NHS Trust (BSUH). This framework provides a clear roadmap to drive best practice, identify gaps and mitigation to provide safe and effective care to our patients and protect our staff as best we can. This is a dynamic framework to reflect the rapidly changing control measures required for the current Global Pandemic we are managing.</p> <p>Current position:</p> <ul style="list-style-type: none"> <li>• Trust BAF reviewed against NHS England BAF V1.6 released end February 2021</li> <li>• 65 actions (increased by 12 following V1.6 release)</li> <li>• 55 are currently rated green of which 9 are new additions</li> <li>• 10 are rated amber of which 5 are new, where work is underway and further assurance required that practice is fully embedded</li> <li>• No red ratings against progress</li> <li>• Continual focus on learning and adapting practice against national policy</li> <li>• Peer review with NHSEI IPC team on 25<sup>th</sup> February completed – working through recommendations via action plan</li> </ul>					
<b>Key Recommendation(s):</b>					
For review and discussion					

## Board Assurance Framework Report 22.03.21

Please find below an overview on progress against the Infection, Prevention and Control (IPC) BAF for Brighton and Sussex University Hospitals NHS Trust (BSUH). This framework provides a clear roadmap to drive best practice, identify gaps and mitigation to provide safe and effective care to our patients and protect our staff as best we can. This is a dynamic framework to reflect the rapidly changing control measures required for the current Global Pandemic we are managing. At the end of February 2021 NHS England released an updated BAF for IPC V1.6. The report below takes into account this updated release.

Current position:

- Trust BAF reviewed against NHS England BAF V1.6 released end February 2021
- 65 actions (increased by 12 following V1.6 release)
- 55 are currently rated green of which 9 are new additions
- 10 are rated amber of which 5 are new, where work is underway and further assurance required that practice is fully embedded
- No red ratings against progress
- Continual focus on learning and adapting practice against national policy
- Peer review with NHSEI IPC team on 25<sup>th</sup> February completed – working through recommendations via action plan

The BAF has been developed to support healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related IPC guidance and to identify risks. This framework is used to assure directors for IPC that measures are being taken in line with current guidance. Whilst the use of the framework is not compulsory, it is helpful as a source of internal assurance to demonstrate the maintenance of quality standards.

### **1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessment and consider the susceptibility of service users and any risks posed by their environment and other service users.**

There are 12 sections under this heading of which 10 are green. One 1.1.3 is amber against V1.6 as it requires the details from Facilities who are currently auditing compliance in public areas. Reception areas are managed by security – awaiting update from Facilities if there is an IPC audit they could carry out to provide assurance. Section 1.9 is new against V1.6 and asks if there are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas. This is for discussion at our Clinical Advisory Group and once an approach agreed, for approval at our Gold Meeting.

### **2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.**

There are 9 sections under this heading of which 5 are green. Four are amber; 2.2 and 2.4 relate to on-going capacity issues within facilities and the timeliness of cleaning donning and doffing areas and confirmation of detergents in use. Two are new against V1.6, 2.8 and 2.9. These relate to cleaning in **non-clinical areas** and **environmental decontamination**. We are currently working through our process for this Action with a completion date of April 30<sup>th</sup> 2021.

**3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events in antimicrobial resistance.**

There are 2 sections under this heading and both are green.

**4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support to nursing/medical care in a timely fashion.**

There are 5 sections under this heading 4 are green. One is amber, 4.5 and has been altered against V1.6 and relates to clearly displayed and written information available prompting patients' visitors and staff to comply with hands, face and space advice. This is amber as new posters are being agreed as part of the forthcoming merger with Western Sussex Hospitals. This should be in place by April 2021.

**5. Ensure prompt identification of people who are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.**

There are 5 sections under this heading 4 are green. One is amber and new against V1.6. Section 5.5 has more in-depth detail relating to the wearing of face coverings and masks. This should be in place by April 2021.

**6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.**

There are 12 sections under this heading 11 are green. Sections 6.10, 6.11 and 6.12 are new against V1.6 but are green as already covered in our existing Trust BAF. Section 6.6 is amber against V1.6 as we do not currently have an audit in place for checking compliance of PPE in non-clinical areas. Planned discussions in place with deputy chief nurse to enable working through a pragmatic audit approach

**7. Provide or secure adequate isolation facilities.**

There are 3 sections under this heading 2 are green. Section 7.2 is amber against the V1.6 due to the addition of a section to 'ensure the dilution of air with good ventilation e.g. open windows in admission and waiting areas'. The Trust is reviewing the need for additional 'Filtrex' ventilation units in addition to purchasing Carbon Dioxide testing machines for inpatient areas. The auditing of window opening will be picked up in the IPC weekly audit and clinical and non-clinical area safety huddles.

**8. Secure adequate access to laboratory support as appropriate.**

There are 4 sections under this heading and all are green. Section 8.2 has been altered to reflect the additional surveillance swabbing regime recently adopted by the Trust. Section 8.4 is new against V1.6 but is covered in sections within our existing Trust BAF.

**It is worth noting that although we have changed the frequency of patient surveillance swabbing there has been no instruction to increase staff testing if we see an increase in nosocomial infections. However, if an outbreak is declared, all staff involved are tested once as part of the outbreak**

**investigation procedure (in addition to twice weekly lateral flow testing) and also patients exposed tested daily.**

We do need to consider if we add a statement on laboratory testing times to section 8.2.

**9. Have and adhere to policies designed for the individual's care and provider organizations that will help to prevent and control infections.**

There are 4 sections under this heading and all are green.

**10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection.**

There are 7 sections under this heading 5 are green. Section 10.5 is new against V1.6 but is covered in sections 1.4 and 10.2 in our existing Trust BAF. Section 10.6 is new against V1.6 and requires further clarification with regard to reducing movement of staff and the crossover of care pathways between planned/elective pathways and urgent/emergency pathways as per national guidance. Section 10.7 is new against V1.6. and is compliant.

**NHSEI Post Visit Feedback – Niamh Whittome Head of IPC & Lisa Beaumont Director of Nursing**

Both RSCH and PRH were reviewed as part of this visit. Wards at RSCH included Jowers, Emerald, Level 8T, Level 11 and the Emergency Department. At PRH Ansty, Hurstpierpoint and Poynings wards and a general walk round of corridors and a visit to the Wingman Lounge.

Comment; 'We spoke to many of your colleagues during the visit and were impressed with the work they have done and are continuing to do for your patient population. It was a very positive visit and we observed systems and practices in place to support good infection prevention and control across the Trust'.

There were 9 recommendations made that are currently being progressed through an action plan:

1. Recommend putting doors on all bays where there are none
2. Review ventilation which may require investment in mechanical ventilation for some areas
3. Consider introducing day 10, 14 and twice weekly thereafter testing in addition to day 1, 3, 5, 7. Completed and in place
4. Consider utilizing the courtyard building for COVID patients when numbers low enough
5. Renew need for some new equipment
6. Consider management of COVID contacts following identification of a positive index case and co-horting up to 72 hours
7. Review cleaning schedules and compliance
8. Add surveillance swabbing to weekly IPC audit on perfect ward
9. Add review of swabbing techniques to weekly IPC audit on perfect ward

Action plan will be monitored through weekly Trust IPC meetings.

<b>Agenda Item:</b>	15	<b>Meeting:</b>	BSUH Public Board	<b>Meeting Date:</b>	30/3/2021
<b>Report Title:</b>	<b>Gender Pay Gap Report 2019</b>				
<b>Sponsoring Executive Director:</b>	Julie Bacon, Strategic Workforce Advisor				
<b>Author(s):</b>	Equality, Diversity and Inclusion Team.				
<b>Report previously considered by and date:</b>					
<b>Purpose of the report:</b>					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input checked="" type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
<b>Any implications for:</b>					
Quality					
Financial					
Workforce	Highlights the difference in hourly rates between our male and female workforce for both AfC and Medical staff groups..				
<b>Link to CQC Domains:</b>					
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
<b>Communication and Consultation:</b>					
This has yet to be shared with our Diversity Matters Steering Group – this will be shared electronically once approved by the Board.					
<b>Executive Summary:</b>					
<p>Gender Pay Gap reporting legislation requires all organisations with 250 or more employees to publish this information so show how large or small the pay gap is between its male and female employees.</p> <p>Results are to be published on individual organisations website and a government website (we are compliant with both aspects of this).</p> <p>Although there continues to be a gap between male and female median bonus payments for a medical staff, there has been a significant increase in the payments to female staff from the previous year.</p> <p>Evidence would suggest that the pay gap within BSUH is due to the choices our workforce make with regards to reduced hours, term time working etc still predominately being undertaken by our female employees rather than gender biased pay structures.</p>					
<b>Key Recommendation(s):</b>					
This report has been submitted to the Board for approval.					

# Gender pay gap report

(31 March 2020 snapshot)

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## 1) What is the gender pay gap report?

Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees. There are two sets of regulations. The first is mainly for the private and voluntary sectors (taking effect from 5 April 2017) and the second is mainly for the public sector (taking effect from 31 March 2017). Employers will have up to 12 months to publish their gender pay gaps.

The results must be published on the employer's website and a government website. They must, where applicable, be confirmed in a written statement by an appropriate person, such as a chief executive. While employers may already be taking steps to improve gender equality and reduce or eliminate their gender pay gap, this process will support and encourage action.

Gender pay reporting is different to equal pay - equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The NHS terms and conditions of service handbook contain the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

Job evaluation (JE) enables jobs to be matched to national job profiles or allows trusts to evaluate jobs locally, to determine in which Agenda for Change pay band a post should sit.

## 2) The gender pay gap indicators

An employer must publish six calculations showing their:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

### 3) BSUH workforce context – 31/03/20

The current gender split within the overall workforce is 71.5% female and 28.5% male (Headcount). The breakdown of proportion of females and males in each banding by Headcount:

Band	Male	Female
Apprentice	-	-
Band 1	44.8%	55.2%
Band 2	31.3%	68.7%
Band 3	25.8%	74.2%
Band 4	21.4%	78.6%
Band 5	21.8%	78.2%
Band 6	18.3%	81.7%
Band 7	21.5%	78.5%
Band 8a	30.5%	69.5%
Band 8b	34.5%	65.5%
Band 8c	34.2%	65.8%
Band 8d	63.2%	36.8%
Band 9	61.5%	38.5%
Medical	51.2%	48.8%
Ad-Hoc	35.7%	64.3%

### Results for BSUH – 31 March 2020 snapshot

#### a) Average gender pay gap as a mean average

##### Overall

	Male	Female	% Difference
Mean hourly rate	£20.26	£16.96	<b>16.3%</b>

##### *Agenda for Change and Medical*

	Male (AfC)	Female (AfC)	% Difference
Mean hourly rate	£14.79	£15.35	<b>-3.8%</b>
	Male (Medical)	Female (Medical)	% Difference
	£36.71	£32.48	<b>11.5%</b>

#### b) Average gender pay gap as a median average

##### Overall

	Male	Female	% Difference
Median hourly rate	£15.51	£15.40	<b>0.7%</b>

## ***Agenda for Change and Medical***

	Male (AfC)	Female (AfC)	% Difference
Median hourly rate	£12.38	£14.50	-17.1%
	Male (Medical)	Female (Medical)	% Difference
	£36.01	£28.48	20.9%

### **c) Average bonus gender pay gap as a mean average**

	Male (Medical)	Female (Medical)	% Difference
Mean bonus payment	£1,457	£899	38.3%

### **d) Average bonus gender pay gap as a median average**

	Male (Medical)	Female (Medical)	% Difference
Median bonus payment	£1,082	£490	54.7%

### **e) Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment**

Male proportion receiving bonus	Male medical staff overall	% diff	Female proportion receiving bonus	Female medical staff overall	% diff
17.1%	51.2%	-34.2%	8.6%	48.8%	-40.1%

### **f) Proportion of males and females when divided into four groups ordered from lowest to highest pay**

	Male	Female
Lower (Q1)	30.9%	69.1%
Lower middle (Q2)	26.9%	73.1%
Upper middle (Q3)	21.2%	78.8%
Upper (Q4)	38.5%	61.5%

## **4) Actions to take forward**

Brighton and Sussex University Hospitals is committed to ensuring an equitable workforce and this paper highlights the gender pay gap data as of 31 March 2020. Towards the end of 2019/20 the Covid-19 pandemic started to unfold and presented all organisations with unprecedented circumstances. As a result, the delivery of the proposed actions agreed in 2019 are to be continued to the next reporting period.

Brighton and Sussex University Hospitals are merging with Western Sussex Hospitals on 1<sup>st</sup> April 2021 and 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.

The main focus will be:

- Establish a joint gender pay working group lead by relevant stakeholders including Trust's Medical Directors and provide regular update/progress reports to the Diversity Matters Group.
- Undertake a review of the 2021 local and national CEA applications to ensure both female and male employees feel able, are encouraged and confident to apply and outcomes are treated fairly.
- Review how well the Trust manages women's career progression after an employment break, i.e. maternity leave
- Monitor applications of Trust policies such as flexible working. Record the number of applications and outcomes on ESR and produce quarterly report for the gender pay working group.

### Support and attract female talent

**Apprenticeships** - We continue to develop and expand our Apprenticeship programme to help colleagues shape their future career paths and achieve their aspirations at Brighton and Sussex University Hospitals.

**Gender target** - Over the past 12 months we have increased the number of women who occupy line manager roles plus we currently have 9 female board members including the CEO and 5 male board members reflecting how the NHS reflects at all levels that over 70% of the NHS as a whole identify as female.

**Maternity and Paternity support** - We've improved our maternity pay to help new parents manage those first months with their new baby, by extending the payments to colleagues on maternity leave. We have also have a shared parental leave policy which means that colleagues can be flexible about the way they care for their baby.

**Staff Networks** – BSUH currently have 3 staff networks Disability, LGBTQ+, BAME that are all focused on the protected characteristic they represent and focus on 3 main outcomes Communication, Recruitment and Support.

### Ensure we are being inclusive

**Building an inclusive culture** - Our aim is to build an inclusive working environment that values colleagues' needs. We are reviewing our approach to provisions for pay progression for colleagues and we already have a flexible work policy in place at the trust.

**Diversity Matters Steering Group** - We have created a Diversity Matter Steering Group made up of key figures within BSUH from the CEO, Head of HR, Head of EDI and Chairs of all the protected characteristic networks i.e. Disability, LGBTQ+, BAME and our Lead Chaplain the meetings are to support, challenge and provide insight to our Senior Leadership Teams.

The panel help us to understand how we can best support diverse patients and colleague groups and make real change at BSUH to build a truly inclusive culture.

<b>Agenda Item:</b>	16.	<b>Meeting:</b>	BSUH Public Board	<b>Meeting Date:</b>	30/3/2021
<b>Report Title:</b>	<b>Staff Survey Results Highlights Report 2020</b>				
<b>Sponsoring Executive Director:</b>	Denise Farmer, Chief Organisational Development Officer				
<b>Author(s):</b>	Julie Bacon, Strategic Workforce Advisor, Health and Wellbeing Team.				
<b>Report previously considered by and date:</b>					
<b>Purpose of the report:</b>					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
<b>Any implications for:</b>					
Quality					
Financial					
Workforce					
<b>Link to CQC Domains:</b>					
Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>Additional reporting and COVID Pandemic free text comments due March - April 2021</p> <p>Combined Theme report for WSHT and BSUH expected March to allow first look at combined results</p> <p>Data stratification for 'Our People' Breakthrough Objective in progress – due to be completed end of April.</p> <p>Additional staff feedback gathered through 'One Trust' workshops running through March - April</p> <p>Working with key stakeholders and Divisions to analyse and agree priorities for UHSussex completed by June 2021</p>					
<b>Key Recommendation(s):</b>					
This report has been submitted to the Board for information.					



**Brighton and Sussex University Hospitals NHS Trust  
Western Sussex Hospitals NHS Foundation Trust**

## **Staff Survey Results 2020**

# Participation Summary 2020



**Western Sussex Hospitals**  
NHS Foundation Trust

**2020 Response Rate** 53%

**Completed Questionnaires** 3,894

**2019 Response Rate** 55%



**Brighton and Sussex  
University Hospitals**  
NHS Trust

**2020 Response Rate** 55%

**Completed Questionnaires** 4,656

**2019 Response Rate** 65%

Sector Comparison:

**NEW Benchmark group  
for 2020**

Acute and Acute &  
Community Trusts



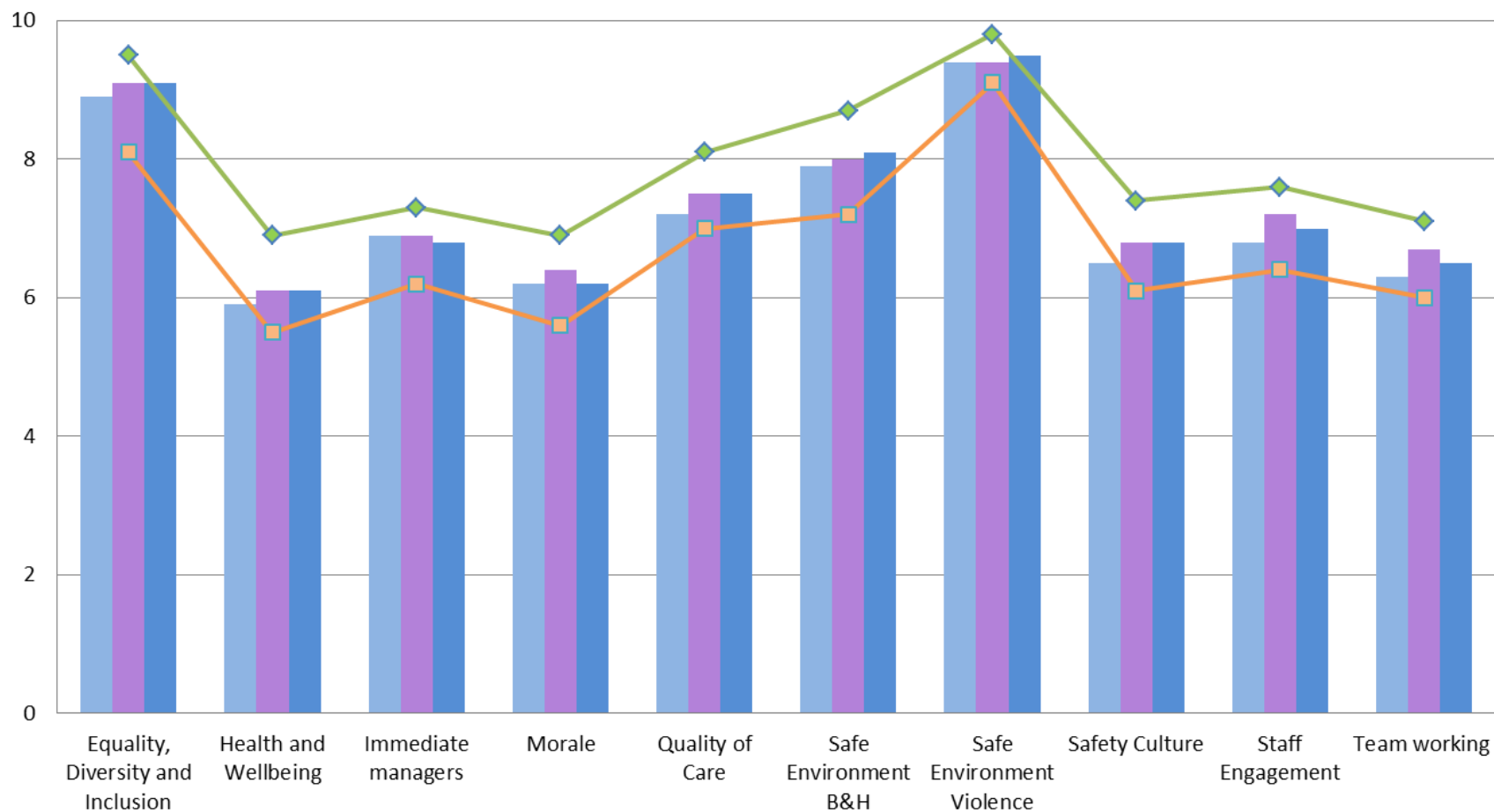
## 2020 benchmarking group details

Organisations in group: **128**

Median response rate: **45%**

No. of completed questionnaires:  
**402,201**

# Staff Survey Theme Results 2020



Sector Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
BSUH	8.9	5.9	6.9	6.2	7.2	7.9	9.4	6.5	6.8	6.3
WSHT	9.1	6.1	6.9	6.4	7.5	8	9.4	6.8	7.2	6.7
Sector Avg	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7	6.5
Sector Worst	8.1	5.5	6.2	5.6	7	7.2	9.1	6.1	6.4	6

# Themes: Summary Results

## Historical Comparison BSUH

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	8.9	4962	8.9	4616	Not significant
Health & wellbeing	5.7	4985	5.9	4635	↑
Immediate managers †	6.9	5000	6.9	4641	Not significant
Morale	6.1	4926	6.2	4631	Not significant
Quality of care	7.2	4544	7.2	4164	Not significant
Safe environment - Bullying & harassment	7.9	4952	7.9	4615	Not significant
Safe environment - Violence	9.3	4948	9.4	4619	↑
Safety culture	6.5	4971	6.5	4638	Not significant
Staff engagement	6.9	5017	6.8	4649	Not significant
Team working	6.5	4940	6.3	4570	↓

# Themes: Summary Results

## Historical Comparison WSHT

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	9.1	3803	9.1	3854	Not significant
Health & wellbeing	6.1	3818	6.1	3872	Not significant
Immediate managers †	7.0	3826	6.9	3879	Not significant
Morale	6.4	3768	6.4	3875	Not significant
Quality of care	7.5	3388	7.5	3433	Not significant
Safe environment - Bullying & harassment	8.0	3789	8.0	3855	Not significant
Safe environment - Violence	9.4	3787	9.4	3859	↑
Safety culture	6.7	3812	6.8	3875	Not significant
Staff engagement	7.3	3846	7.2	3879	↓
Team working	6.8	3807	6.7	3817	↓

# BSUH Divisional level Theme scores

	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Environment - Bullying & Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
<b>National Average</b>	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
<b>Best Acute Trust</b>	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
<b>WSHFT Overall</b>	9.1	6.1	6.9	6.4	7.5	8	9.4	6.8	7.2	6.7
<b>BSUH Overall</b>	8.9	5.9	6.9	6.2	7.2	7.9	9.4	6.5	6.8	6.3
Central Clinical Services	9.1	5.9	6.9	6.1	7.2	8.2	9.8	6.4	6.7	6.1
Surgery	8.7	5.5	6.7	5.9	7.1	7.4	9.2	6.5	6.6	6.3
Specialist Services	8.8	5.6	7.1	6.3	7.3	7.7	8.9	6.7	7	6.6
Medicine	8.4	5.6	6.9	5.9	6.9	6.9	8.4	6.5	6.7	6.2
Childrens and Womens	9.3	5.9	6.8	6.5	7.3	7.9	9.7	7	7.2	6.5
Chief Operating Officer	8.9	6.2	8.2	6.7	6.9	8.3	9.4	6.8	7.4	7.8
Facilities and Estates	8.9	6.3	6.5	6.3	7.3	8.3	9.4	6.5	6.9	6
Chief Delivery and Strategy	9.3	6.6	6.5	6.1	7.1	9.4	10	6.2	6.8	6.3
Chief Executive Division	8.5	6.3	7.2	6.5	N/A	7.9	10	6.7	7.7	6.2
Chief Financial Officer	8.9	6.5	6.7	5.8	6.8	8.6	9.9	6.4	6.7	6.1
Chief Medical Officer	9	6.3	7.2	6.6	7.3	8.7	9.8	6.3	7.1	6.8
Chief Nursing and Patient Safety Officer	8.7	6.3	7.2	6.6	7.2	7.8	9.7	6.5	7.3	7.5
Chief Workforce and Org Development	9	5.7	6.7	5.8	7	8.7	10	6.3	6.8	6.8



# WSHT Divisional level Theme scores

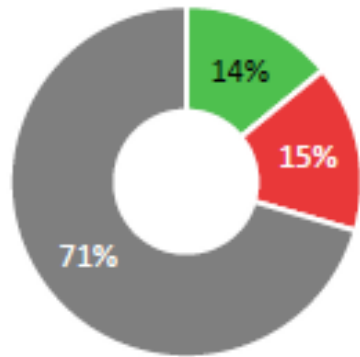
	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Environment - Bullying & Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
<b>National Average</b>	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
<b>Best Acute Trust</b>	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
<b>WSHFT Overall</b>	9.1	6.1	6.9	6.4	7.5	8.0	9.4	6.8	7.2	6.7
<b>BSUH Overall</b>	8.9	5.9	6.9	6.2	7.2	7.9	9.4	6.5	6.8	6.3
Core	9.3	6.2	6.9	6.4	7.4	8.3	9.7	6.7	7.2	6.6
Corporate	9.4	6.8	7.2	6.4	7.1	8.9	9.9	6.8	7.2	6.8
Facilities & Estates	8.9	6.4	6.3	6.3	7.6	8.6	9.7	6.7	7.1	6.2
Medicine	8.8	5.7	6.9	6.3	7.3	7.1	8.7	6.8	7.2	6.7
Surgery	8.8	5.8	6.6	6.3	7.7	7.6	9.3	6.6	7.1	6.7
Women & Children	9.6	6.4	7.0	6.8	7.7	8.2	9.7	7.2	7.5	7.0

# Staff Engagement Results 2020

				WSHT			BSUH				
Q		Staff Engagement Questions		2019 (%)	2020 (%)	Variance 19/20 (%)	2019 (%)	2020 (%)	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

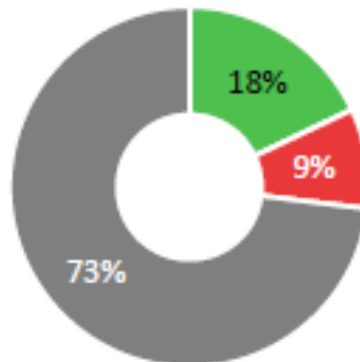
# Questions: Summary Results

## Historical Comparison WSHT



- 11 (14%) question(s) have shown significant improvements since
- 12 (15%) question(s) have shown significant declines since 2019
- 55 (71%) question(s) have shown no significant movements since 2019 or comparisons could not be drawn

## Historical Comparison BSUH



- 14 (18%) question(s) have shown significant improvements since
- 7 (9%) question(s) have shown significant declines since 2019
- 57 (73%) question(s) have shown no significant movements since 2019 or comparisons could not be drawn

# Questions summary: BSUH significantly improved from 2019

Question	2019	2020	Difference
4f I have adequate materials, supplies and equipment to do my work.	48%	52%	+3.72%
4g There are enough staff at this organisation for me to do my job properly.	25%	32%	+6.66%
6a I have unrealistic time pressures.	20%	24%	+3.08%
6c Relationships at work are strained.	43%	46%	+2.26%
8e My immediate manager is supportive in a personal crisis.	75%	77%	+1.82%
8f My immediate manager takes a positive interest in my health and well-being.	69%	72%	+2.27%
10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	40%	36%	-4.67%
11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?	58%	47%	-10.51%
12a Experienced physical violence at work from patients/service users, their relatives or other members of the public in the last 12 months.	18%	16%	-2.47%
12b Experienced physical violence at work from managers in the last 12 months.	1%	0%	-0.51%
12c Experienced physical violence at work from other colleagues in the last 12 months.	2%	1%	-1.00%
15a Experienced discrimination at work from patients/service users, their relatives or other members of the public in the last 12 months.	11%	9%	-1.58%
16c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	65%	68%	+2.77%
18d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	66%	68%	+2.14%

# Questions summary: WSHT significantly improved from 2019

Question	2019	2020	Difference
4f I have adequate materials, supplies and equipment to do my work.	58%	62%	+4.25%
4g There are enough staff at this organisation for me to do my job properly.	33%	39%	+5.95%
11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?	53%	46%	-6.79%
12a Experienced physical violence at work from patients/service users, their relatives or other members of the public in the last 12 months.	17%	15%	-1.65%
15a Experienced discrimination at work from patients/service users, their relatives or other members of the public in the last 12 months.	8%	7%	-1.37%
16a My organisation treats staff who are involved in an error, near miss or incident fairly.	61%	65%	+3.53%
16c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	70%	74%	+3.98%
16d We are given feedback about changes made in response to reported errors, near misses and incidents.	54%	58%	+4.01%
17a If you were concerned about unsafe clinical practice, would you know how to report it?	93%	94%	+1.38%
17b I would feel secure raising concerns about unsafe clinical practice.	69%	71%	+2.41%
18d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	82%	84%	+1.74%

## Questions summary: BSUH significant decline from 2019

Question	2019	2020	Difference
4i The team I work in often meets to discuss the team's effectiveness.	56%	54%	-2.07%
5c [How satisfied are you with] The support I get from my work colleagues.	82%	80%	-1.81%
5f [How satisfied are you with] The extent to which my organisation values my work.	45%	43%	-2.45%
5g [How satisfied are you with] My level of pay.	33%	31%	-2.20%
11c During the last 12 months have you felt unwell as a result of work related stress?	43%	48%	+5.23%
13d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	45%	41%	-3.73%
14 Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	85%	83%	-2.47%

# Questions summary: WSH T significant decline from 2019

Question	2019	2020	Difference
3a I always know what my work responsibilities are.	89%	87%	-2.30%
3b I am trusted to do my job.	92%	91%	-1.49%
4c I am involved in deciding on changes introduced that affect my work area/team/department.	56%	52%	-3.93%
4i The team I work in often meets to discuss the team's effectiveness.	64%	61%	-3.07%
4j I receive the respect I deserve from my colleagues at work.	75%	72%	-3.55%
5a [How satisfied are you with] The recognition I get for good work.	61%	58%	-2.31%
5b [How satisfied are you with] The support I get from my immediate manager.	73%	71%	-2.17%
5e [How satisfied are you with] The opportunities I have to use my skills.	75%	73%	-2.27%
5f [How satisfied are you with] The extent to which my organisation values my work.	53%	49%	-3.55%
8g My immediate manager values my work.	75%	73%	-2.11%
9d Senior managers act on staff feedback.	39%	37%	-2.59%
11c During the last 12 months have you felt unwell as a result of work related stress?	37%	43%	+5.98%

# WRES Data

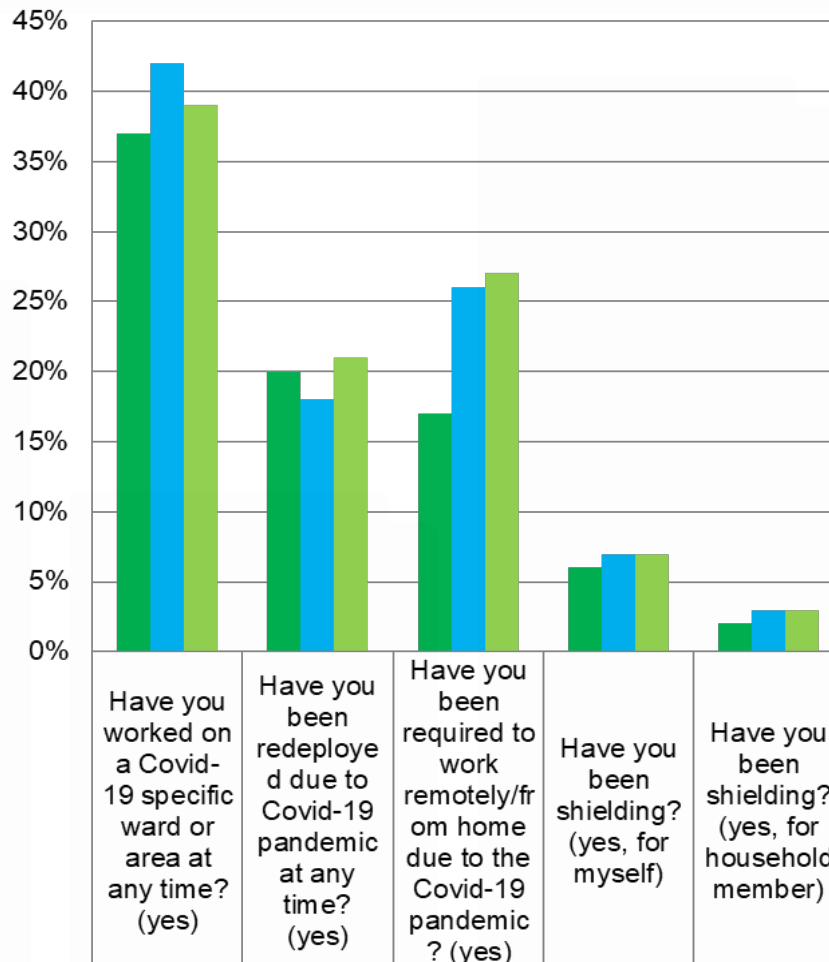
Question	Ethnicity	BSUH			WSHT			National Average 2020
		BSUH 2019	BSUH 2020	Variance	WSHT 2019	WSHT 2020	Variance	
Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	32%	31%	-1%	28%	28%	Same	25%
	BME	38%	34%	-4%	38%	34%	-4%	28%
Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from Staff in last 12 months	White	25%	25%	Same	24%	25%	+1%	24%
	BME	25%	27%	+2%	25%	24%	-1%	29%
Indicator 7 - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	88%	86%	-2%	89%	89%	Same	88%
	BME	74%	72%	-2%	81%	82%	+1%	73%
Indicator 8 – Percentage of staff experiencing discrimination at work from their manager, team leader or other colleagues in the last 12 months	White	7%	7%	Same	6%	6%	Same	6%
	BME	14%	16%	+2%	13%	16%	+3%	17%



# WDES Data

		BSUH			WSHT			
Question	Ethnicity	BSUH 2019	BSUH 2020	Variance	WSHT 2019	WSHT 2020	Variance	National Average 2020
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Disabled	37%	35%	-2%	37%	34%	-3%	31%
	Non-Disabled	32%	30%	-2%	28%	28%	Same	25%
Percentage of staff experiencing harassment, bullying or abuse from Manager in last 12 months	Disabled	19%	18%	-1%	18%	20%	+2%	19%
	Non-Disabled	9%	10%	+1%	10%	11%	+1%	11%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Disabled	28%	29%	+1%	30%	27%	-3%	27%
	Non-Disabled	18%	18%	Same	17%	17%	Same	18%
Percentage of staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Disabled	44%	46%	+2%	44%	45%	+1%	47%
	Non-Disabled	45%	40%	-5%	45%	45%	Same	46%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	Disabled	77%	76%	-1%	81%	83%	+2%	80%
	Non-Disabled	87%	85%	-2%	90%	89%	-1%	86%
Percentage of staff who have felt pressure from their Manager to come to work, despite not feeling well enough to perform their duties	Disabled	30%	29%	-1%	36%	34%	-2%	33%
	Non-Disabled	20%	21%	+1%	24%	24%	Same	23%
Percentage of staff satisfied with the extent to which their organisation values their work	Disabled	37%	36%	-1%	40%	38%	-2%	37%
	Non-Disabled	48%	45%	-3%	56%	51%	-5%	49%
Percentage of disabled staff saying their employer has made adequate adjustments(s) to enable them to carry out their work	Disabled	76%	75%	-1%	74%	74%	Same	76%
Staff Engagement score	Disabled	6.6	6.6	Same	6.9	6.9	Same	6.7
	Non-Disabled	6.9	6.9	Same	7.4	7.3	-0.1	7.1

# Additional COVID-19 Pandemic Question Results



■ WSH 2020  
 ■ BSUH 2020  
 ■ 2020 Acute National Average

■ WSH 2020	37%	20%	17%	6%	2%
■ BSUH 2020	42%	18%	26%	7%	3%
■ 2020 Acute National Average	39%	21%	27%	7%	3%

# Theme scores for COVID-19 Pandemic Question

	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Environment - Bullying & Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
<b>National Average</b>	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
<b>Best Acute Trust</b>	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
WSHT Overall	9.1	6.1	6.9	6.4	7.5	8	9.4	6.8	7.2	6.7
<b>BSUH Overall</b>	8.9	5.9	6.9	6.2	7.2	7.9	9.4	6.5	6.8	6.3
WSHT Covid-19 specific ward or area	8.8	5.6	6.8	6.3	7.4	7.5	9	6.7	7.2	6.7
BSUH Covid-19 specific ward or area	8.6	5.4	6.8	6	7.1	7.5	8.9	6.5	6.7	6.2
WSHT Redeployed	8.8	5.6	6.8	6.1	7.4	7.4	9.1	6.6	7	6.6
BSUH Redeployed	8.6	5.6	6.9	6	7.2	7.6	9.3	6.4	6.7	6.4
WSHT Required to work remotely / from home	9.3	6.4	7	6.5	7.3	8.5	9.8	6.8	7.3	6.9
BSUH Required to work remotely / from home	9	6.2	7	6.2	7.1	8.3	9.8	6.5	6.9	6.5
WSHT Shielding for self	8.8	6	6.8	6.5	7.7	7.8	9.4	7	7.2	6.8
BSUH Shielding for self	8.6	5.7	6.7	6.2	7.5	7.7	9.5	6.6	6.9	6.3
WSHT Shielding for household member	8.7	5.9	6.6	6.3	7.7	8.2	9.7	6.7	7.2	6.5
BSUH Shielding for household member	8.8	5.8	6.8	6.1	7.1	7.8	9.4	6.3	6.6	6

## Next steps

- Additional reporting and COVID Pandemic free text comments due March - April 2021
- Combined Theme report for WSHT and BSUH expected March to allow first look at combined results
- Data stratification for 'Our People' Breakthrough Objective in progress – due to be completed end of April.
- Additional staff feedback gathered through 'One Trust' workshops running through March - April
- Working with key stakeholders and Divisions to analyse and agree priorities for UHSussex completed by June 2021

<b>Agenda Item:</b>	17.	<b>Meeting:</b>	Board of Directors	<b>Meeting Date:</b>	30 March 2021																								
<b>Report Title:</b>	<b>Company Secretary Report</b>																												
<b>Sponsoring Executive Director:</b>	Glen Palethorpe, Group Company Secretary																												
<b>Author(s):</b>	Glen Palethorpe, Group Company Secretary																												
<b>Report previously considered by and date:</b>																													
<b>Purpose of the report:</b>																													
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>																										
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>																										
<b>Reason for submission to Trust Board in Private only (where relevant):</b>																													
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>																										
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>																										
<b>Link to Trust Strategic Themes:</b>																													
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>																										
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>																										
Systems and Partnerships	<input checked="" type="checkbox"/>																												
<b>Any implications for:</b>																													
Quality																													
Financial																													
Workforce																													
<b>Link to CQC Domains:</b>																													
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>																										
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>																										
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>																										
<b>Communication and Consultation:</b>																													
<b>Executive Summary:</b>																													
<p><b>Use of the Trust Seal</b></p> <p>It is a requirement of the Trust Standing Orders that a register of sealing is maintained, its use is affixed in the presence of two senior employees duly authorised by the Chief Executive and that the use of the Common Seal is reported to the Trust Board.</p> <p>Below is the detail of the use of the Seal or the period April 2020 – March 2021</p> <table border="1"> <thead> <tr> <th>Seal ref</th> <th>Date</th> <th>Document sealed</th> <th>Signatories</th> </tr> </thead> <tbody> <tr> <td>291</td> <td>15/07/2020</td> <td>Underlease relating to Friends cafe, 3rd Floor, The Park Centre, BN1 6AG</td> <td>Chief Financial Officer &amp; Chief Nurse</td> </tr> <tr> <td>292</td> <td>15/07/2020</td> <td>License to underlet part relating to Friends café, 3rd floor, the park centre, BN1 6AG</td> <td>Chief Financial Officer &amp; Chief Nurse</td> </tr> <tr> <td>293</td> <td>22/12/2020</td> <td>Settlement of variation agreement, BSUH and Children's Partnership</td> <td>Chief Financial Officer &amp; Chief Delivery and Strategy Officer</td> </tr> <tr> <td>294</td> <td>21/01/2021</td> <td>Shoreham Port Authority, unit lease</td> <td>Chief Financial Officer &amp; Chief Delivery and Strategy Officer</td> </tr> <tr> <td>295</td> <td>21/01/2021</td> <td>B&amp;H City Council &amp; Sussex Community FT, Children's Centre, Morley St, Lease</td> <td>Chief Financial Officer &amp; Chief Delivery and Strategy Officer</td> </tr> </tbody> </table>						Seal ref	Date	Document sealed	Signatories	291	15/07/2020	Underlease relating to Friends cafe, 3rd Floor, The Park Centre, BN1 6AG	Chief Financial Officer & Chief Nurse	292	15/07/2020	License to underlet part relating to Friends café, 3rd floor, the park centre, BN1 6AG	Chief Financial Officer & Chief Nurse	293	22/12/2020	Settlement of variation agreement, BSUH and Children's Partnership	Chief Financial Officer & Chief Delivery and Strategy Officer	294	21/01/2021	Shoreham Port Authority, unit lease	Chief Financial Officer & Chief Delivery and Strategy Officer	295	21/01/2021	B&H City Council & Sussex Community FT, Children's Centre, Morley St, Lease	Chief Financial Officer & Chief Delivery and Strategy Officer
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296	21/01/2021	Hargreaves Property, Kempton unit underlease	Chief Financial Officer & Chief Delivery and Strategy Officer
297	21/01/2021	B&H City Council & Sussex Community FT, Children's Centre, Morley St, Lease	Chief Financial Officer & Chief Delivery and Strategy Officer

### **Schedule of meetings for 2021/22**

This is the last meeting of BSUH, meetings going forward will be as University Hospitals Sussex NHS Foundation Trust. These meetings will be held quarterly on a Thursday, and as with the cycle for 2019/20 these will be a week behind the supporting Committee meetings to allow for the efficient flow of assurance from these Committees to the Board. The table below shows the dates and times of these meetings in Public, but the locations of these meetings has yet to be determined especially as the first meeting will be before the earliest date for the removal of all national social distancing restrictions.

	May 2021	Aug 2021	Nov 2021	Feb 2022
<b>Board of Directors</b>	<b>Thurs 6 May 10.00-13.30</b>	<b>Thurs 5 Aug 10.00-13.30</b>	<b>Thurs 4 Nov 10.00-13.30</b>	<b>Thurs 3 Feb 10.00-13.30</b>

### **Council of Governors meetings**

As University Hospitals Sussex NHS Foundation Trust is a foundation trust there will also be four Council of Governors meetings held in public. These are to be held a couple of weeks after each Board meeting ensuring reports to the Council reference the same data set used for the Board and as the Board papers are sent to each governor given the close proximity of the meetings then the provision of duplicate reporting can be removed.

As with the Board meetings table below shows the dates and times of these meetings in Public, but the locations of these meetings has yet to be determined.

	May 2021	Aug 2021	Nov 2021	Feb 2022
<b>Council of Governors</b>	<b>Thurs 20 May 13.00 – 15.00</b>	<b>Thurs 19 Aug 13.00 – 15.00</b>	<b>Thurs 18 Nov 13.00 – 15.00</b>	<b>Thurs 17 Feb 14.30 – 16.30</b>

### **Annual General Members Meeting**

The Trust is provisionally targeting the Thursday 29 July 2021 for its AGM again the location has to be determined.

### **Key Recommendation(s):**

The Board is asked to **NOTE** the use of the Trust seal, and that its use has been in compliance with the Trust's standing orders.

The Board is asked to **NOTE** the dates of the Board and Council meetings in public for University Hospitals Sussex NHS Foundation Trust.