

## Meeting of the Board of Directors

09:00am to 11:00am on Wednesday 28 March 2018  
Boardroom, St Mary's Hall, Royal Sussex County Hospital

### AGENDA – MEETING IN PUBLIC

- |    |       |  |           |       |
|----|-------|--|-----------|-------|
| 1. | 09:00 | <b>Welcome and Apologies for Absence</b>   |           | Chair |
| 2. | 09:00 | <b>Declarations of Interests</b>   |           | All   |
| 3. | 09:00 | <b>Minutes of Board Meeting held on 31<sup>st</sup> January 2018</b><br>To approve | Enclosure | Chair |
| 4. | 09:05 | <b>Matters Arising from the Minutes</b><br>To note                                 | Enclosure | Chair |
| 5. | 09:05 | <b>Chief Executive's Report</b><br>To receive and agree any necessary actions      | Enclosure | MG    |

#### PERFORMANCE

- |    |       |  |           |       |
|----|-------|--|-----------|-------|
| 6. | 09:20 | <b>Quality Report</b><br>To note and agree any necessary actions                           | Enclosure | GF/NR |
| 7. | 09:35 | <b>Organisational Development and Workforce</b><br>To note and agree any necessary actions | Enclosure | DFa   |
| 8. | 09:50 | <b>Performance Report</b><br>To note and agree any necessary actions                       | Enclosure | PL    |
| 9. | 10:05 | <b>Financial Performance Report</b><br>To note and agree any necessary actions             | Enclosure | KG    |

#### PATIENT SAFETY/EXPERIENCE ITEMS

- |     |       |  |           |    |
|-----|-------|--|-----------|----|
| 10. | 10:20 | <b>Learning from Deaths</b><br>To note and agree any necessary actions | Enclosure | GF |
|-----|-------|--|-----------|----|

#### OTHER ITEMS

- |     |       |  |                             |       |
|-----|-------|--|-----------------------------|-------|
| 11. | 10:30 | <b>'Freedom to Speak Up' – Policy Approval and Update</b><br>To approve                    | Enclosure /<br>Presentation | MG    |
| 12. | 10:40 | <b>Gender Pay Gap Report</b><br>To note and agree any necessary actions                    | Enclosure                   | DFa   |
| 13. | 10:50 | <b>Board Declaration of Interest Disclosure</b><br>To note and agree any necessary actions | Enclosure                   | AG    |
| 14. | 10:55 | <b>Other Business</b>  | Verbal                      | Chair |

- |     |       |  |        |       |
|-----|-------|--|--------|-------|
| 15. | 10:55 | <b>Resolution into Board in Private:</b><br>To pass the following resolution “that the Board now meets in private due to the confidential nature of the business to be transacted”                           | Verbal | Chair |
| 16. | 10:55 | <b>Date of Next Meeting</b><br>The next meeting in public of the Board of Directors is scheduled to take place on 30 <sup>th</sup> May 2018 in the Boardroom, St. Mary’s Hall, Royal Sussex County Hospital. | Verbal | Chair |
| 17. | 10:55 | <b>Close of Meeting</b>  | Verbal | Chair |
| 18. | 10:55 | <b>Questions from members of the public</b><br>Following the close of the meeting there will be an opportunity for members of the public to ask questions about the business considered by the Board.        | Verbal | Chair |

**Andy Gray**  
**Director of Corporate Governance**

**Minutes of the Board of Directors (Public) meeting held on 31st January 2018 at 9.00 in the Boardroom, St Mary's Hall, Royal Sussex County Hospital**

<b>Present:</b>	Mike Viggers	Chairman and Non-Executive Director
	Kirstin Baker	Non-Executive Director
	Joanna Crane	Non-Executive Director
	Prof Malcolm Reed	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Martin Sinclair	Non-Executive Director
	Marianne Griffiths	Chief Executive
	George Findlay	Chief Medical Officer
	Denise Farmer	Chief Organisational Development and Workforce Officer
	Pete Landstrom	Chief Delivery and Strategy Officer
	Nicola Ranger	Chief Nursing and Patient Safety Officer
<b>In attendance:</b>	Patrick Boyle	Non-Executive Director Advisor
	Jon Furmston	Non-Executive Director Advisor
	Lizzie Peers	Non-Executive Director Advisor
	Andy Gray	Director of Corporate Governance
	Sally Reeves	Assistant Board Secretary
	Clare Stafford	Finance Director

**GENERAL BUSINESS**

**ACTION**

**PB01/18/1 Welcome and Apologies**

- 1.1 The Chair welcomed those present to the meeting.
- 1.2 Apologies were received from Karen Geoghegan, Chief Financial Officer.

**PB01/18/2 Declarations of interest**

- 2.1 There were no declarations of interest.

**PB01/18/3 Minutes of Previous Meeting**

- 3.1 The minutes of the meeting held on 29<sup>th</sup> November 2017 were approved as a correct record, subject to an amendment to the wording in Section 14 for clarity.

**PB01/18/4 Matters Arising**

- 4.1 The matters arising were noted.

**PB01/18/5 Chief Executive's Report**

- 5.1 Marianne Griffiths introduced her report and highlighted key points.
- 5.2 **Winter pressures**  
There were significant and sustained demands on the Trust in the toughest winter that Marianne said she has experienced in her ten years as a Chief Executive. This appears to have been partly due to the effects of the 'flu

epidemic, but staffing has also had an impact due to ongoing problems with recruiting to substantive posts.

- 5.3 More than 5,700 patients were seen by emergency teams in Brighton and Haywards Heath in the two weeks from 18<sup>th</sup> to 31<sup>st</sup> December and ward teams admitted and cared for over 1,800 new people, up 4% on last year.
- 5.4 Bed occupancies have been in excess of 98% and it has taken an extraordinary effort from our partners to ensure patient safety. Marianne conveyed the Board's and her own personal thanks to all the staff because without them and the additional hours they worked it would not have been possible to keep patients safe. This has not been the case nationally.
- 5.5 During the busy winter period the Trust received huge support from patients and the public, with the emphasis on the care and kindness shown by staff. 'Thank you' posters are being developed for staff and will help to inform them of the work being done around recruitment and retention. Every clinical area will be visited during the next month by a member of the Executive team who will attend team huddles and chat with staff to say a personal thank you.
- 5.6 On the subject of staff morale, the staff survey numbers were much improved with 56% of our colleagues taking part in the annual staff survey, compared to 39% in 2016. The formal results will be published in March.
- 5.7 **Flu campaign**  
Marianne reiterated the effectiveness of the 'flu vaccine. The very young and middle aged groups do not appear to have been affected; it is mainly the elderly. Work is still ongoing with the staff to improve vaccination numbers with the aim of reaching 60%, the national target being 70%.
- 5.8 **Patient First update**  
One of the Trust's biggest cultural change initiatives is Patient First, a framework for driving continuous improvement in the staff system. Wave 1 has proved to be very positive. There have been significant improvements in A&E targets, even though this year has been busier, and a reduction in the waiting time for blood results which is a key factor in helping to speed up patient decision making and help us meet our 4 hour A&E wait target.
- 5.9 A stream of Patient First engagement events has been set up with up to 50 people attending each one. Each of the Executives has committed to leading three of these events per month.
- 5.10 The Chair thanked Marianne for her report and agreed that the Trust is currently in a period of unprecedented demand, hence the requirement to invest in 70 additional beds. He added his thanks to all staff, not just in A&E but across the whole Trust.
- 5.11 The Board **NOTED** the Chief Executive's Report.

## **PERFORMANCE**

### **PB01/18/6 Quality Report**

- 6.1 George Findlay introduced the Quality Report, which had been previously circulated, and highlighted the Key Performance Indicators.
- 6.2 **Trust mortality**
- The Crude mortality rate (non-elective) for the rolling 12 months was

3.31% and has been gradually coming down throughout the year.

- The In-month Hospital Standardised Mortality Ratio (HSMR) has come down to 71.22.
- The Summary Hospital Level Mortality Indicator (SHMI), which measures deaths within 30 days of discharge from hospital, is overall less than 100, though higher than 100 out of hospital. These figures are being explored with the local Clinical Commissioning Group (CCG).
- The components of SHMI appear to be trending downwards which shows that our actions are taking a positive effect.

### 6.3 Learning from Deaths

- A quarterly report is due to come back to the Board in March.
- All deaths in the Trust have been first stage reviewed and family members consulted around any concerns.
- Doctors are currently being trained to take Structured Judgement Reviews (SJRs).
- Patient Track is an electronic patient escalation tool, currently only in place at BSUH in paper form, and is being piloted at the Royal Sussex County Hospital and Princess Royal (one ward each). The aim is to roll this out more widely to improve patient care.

- 6.4 George advised that a governance review has been undertaken at the Trust, looking at how new divisions are being set up to manage good quality governance throughout the organisation, and this is on the agenda for Private Board.

### 6.5 Safety and Patient Experience

Nicola Ranger reported that there have been five suspected outbreaks of norovirus during December 2017. A nurse consultant visited the cleaning team and infection control team who changed some of their procedures as a result. The site team meet regularly to determine which patients need to be in the side rooms, then these patients are reviewed first thing in the morning.

- 6.6 There is renewed focus nationally on mixed sex breaches. A lot of organisations have exemptions with their local CCG and BSUH is working closely with Brighton & Hove CCG to establish whether there are any exemptions. There is some work to do on reporting on high acute areas and some cultural work to do to drive out mixed sex breaches.

- 6.7 Jon Furmston raised a query regarding the quality scorecard and the HSMR on Fractured Neck of Femur patients. George reported some concerns around the care of these patients, mainly ensuring that the right staff were looking after them, and suggested producing a more detailed report for Board in the next month or two.

**ACTION** – Deep dive on Fractured Neck of Femur patients to come back to Board.

GF

- 6.8 Lizzie Peers asked whether there was any comparative data that could be made available around pressure damage and Clostridium difficile.

**ACTION** – C-diff comparative data to be included in March quality report.

NR

**ACTION** – MUST (Malnutrition Universal Screening Tool) data to be included in the quality scorecard.

NR

- 6.9 George responded to a query around potential implications of the Electronic Discharge Summary level being at 42%, advising that BSUH is not advanced as a paper free system and this topic was raised under IM&T at the Finance and Investment Committee. George acknowledged that there are some issues

to fix, although they appear to be around infrastructure rather than reluctance from the consultants. There has been no negative feedback from the CCG around communication issues and, having surveyed Primary Care for feedback on how the hospital is servicing their needs, there was no report of patients being at risk due to discharge information.

- 6.10 Patrick Boyle highlighted the reduction in falls and asked where the Trust stood in comparison to others. George responded that the benchmark from the Royal College of Physicians report (2015) was 6.33 falls per 1000 bed days. BSUH is 50% below the national average, which is testament to the impressive and sustained falls reduction work as well as the way the wards are set up with a direct line of sight between staff and patients.
- 6.11 Patrick also noted a slight improvement in response rates for the Friends and Family Test (FFT) and wondered whether there was an opportunity to increase these numbers from 11.5%. George reported that Clare Stafford and Nicola Ranger are working on funding for a system on outpatients in the Emergency Department with the aim of rolling out the same system across all wards. This should help to increase the response rate as currently the test is completed on paper which is laborious.
- 6.12 Mike Rymer referred to the SHMI data, highlighting the 'out of hospital' deaths which were not being included, and asked whether this group were receiving scrutiny. George believes there is scope to review these patients and once the new Learning From Deaths policy is embedded for 'in hospital', it should be rolled out to 'out of hospital' deaths.
- 6.13 Joanna Crane asked for assurance that patients were not being discharged too soon. George advised that there is a lot of work ongoing to ensure timely discharge and to manage patients through the pathway. The counter measure that the Trust focuses on is readmission rates, rather than outcomes, and this is currently green on the quality scorecard. Pete Landstrom added that as a benchmark the Trust's Length of Stay figures are fairly good. The discharge timing has been a factor and planned discharges are being brought forward as much as possible to help free up capacity.
- 6.14 Joanna highlighted the challenges regarding data quality and integrity, noting that there are still some gaps, and asked whether there had been progress with initiatives and projects. George advised that this is still a work in progress as the infrastructure and teams are not yet in place.
- 6.15 Regarding the discharge figures, Malcolm Reed asked for clarification that readmission after discharge is to any NHS facility, not just to BSUH. George confirmed that was the case, adding that patients are counted if they return to hospital within 30 days even if with an unrelated condition.
- 6.16 The Chair asked George to keep the Board informed regarding deteriorating patients and the patient tracker, as at WSHT. He acknowledged Patrick's point about the reduction in falls and recognised the amount of positive work going on in the Trust. The infection control meeting yesterday was also positive and the change of structure for use of the side rooms has proved very effective. The Chair conveyed his thanks to the team.
- 6.17 Regarding FFT data capture, the Chair emphasised the need for this to be addressed quickly and offered his support in discussions regarding funding.
- 6.18 The Board **NOTED** the Quality Report.

- 7.1 Denise Farmer presented the report, which was previously circulated, and highlighted key points.
- **Workforce Capacity:** securing an affordable sustainable workforce is key. The removal of the high cost agency, Thornbury, is being pursued and the cost of covering some of the gaps in medical agency is moving forward.
  - **Appraisals and Statutory and Mandatory Training (STAM):** work is ongoing and improvement trajectories required. The welcome day of the Trust has been redesigned to include Patient First, vision and values. A review of what is considered to be mandatory is underway.
  - **Culture:** structure in the clinical divisions is being approached proactively with interviews for divisional directors due to be held in February. Corporate structures are progressing and are gradually being populated.
  - **Leadership Development Programme:** the first phase is being held with a selection process in February. A paper will be going to Private Board.
  - **National Workforce Strategy:** the strategy is out for consultation and Denise welcomed feedback around any specific points.
- 7.2 In response to the Chair's request, Denise updated the Board on the retention and recruitment work, which is progressing and building on some of the Clever Together approach work. There is also some collective work ongoing at STP level around the reasons people leave the Trust. The agreed focus is on nursing this year, due to the particular concerns in this area, and working in the medium term around development opportunities.
- 7.3 Nicola Ranger added that she is working on a structured monthly programme of recruitment days, which will include employment checks etc., and the advertising will be improved in a more targeted and professional way. Approval has been given for newly qualified staff to go straight into a preceptorship programme, and therefore guided through their first year of working with BSUH, as most nurses appear to be leaving the Trust within the first two years. The aim is to put together a career structure for the first five years. The highest number of vacancies is at the Princess Royal Hospital and the next group of nurses from the Philippines is due to arrive in April.
- 7.4 **ACTION:** Retention and Recruitment Strategy to be brought back to the Board in March.
- 7.5 Mike Rymer highlighted the 18.6% ancillary staff and questioned whether retention in that particular group was being reviewed. Denise confirmed that BSUH is being proactive around recruitment in this area and a marked change would be expected with the new Director of Estates and Facilities joining next week. He especially wants to focus on the reasons people are leaving as well as the quality of service provided by the department which is obviously impacted by this.
- 7.6 Kirstin Baker asked Denise about the senior role interviews and whether the pay factor was reviewed, taking into account Agenda for Change. Denise acknowledged that the Trust receives a lot of feedback about pay, being in a high cost area, and agreed that the wording in the adverts needs revision. However, although we need to be aware of the competition, we are unable to increase the rates of pay.
- 7.7 Malcolm Reed highlighted those who have not completed mandatory training, particularly contract holders who are not compliant. He also asked whether there was a strategy in place around apprenticeship training for nurses.

DF

Denise confirmed that this would be included in a seminar which is under development. The Board would need to be sighted on different opportunities and this is scheduled to be discussed at the end of February.

- 7.8 On the subject of pay, Patrick Boyle suggested working with Local Authorities or Housing Associations for help and to encourage people to join, due to the issue of paying Brighton salaries alongside London-style rents. Marianne agreed with Patrick's suggestion and that it was worth looking into schemes for essential workers similar to those running in London, for example.

**ACTION:** Follow up required on local housing options for essential workers.

DF

- 7.9 In summary, the Chair emphasised the importance of meeting the tough targets we have set ourselves for March around appraisal rates and training. He acknowledged that further work with the Board was needed around recruitment, including exploring the housing options.

- 7.10 Denise introduced the Annual Equality Report, which was circulated with the papers and details the progress made to date. A launch event was held in December to mark the second stage of the cultural transformation work.

- 7.11 Kirstin highlighted that the LGBT figures appear low in the report compared to the population, which seems unusual given that BSUH is leading on this. Denise agreed that much progress has been made in this area, but visibility and engagement of this particular group is difficult.

- 7.12 Martin Sinclair referred to the broader quality issues and the ongoing national pay debate between top and bottom, and male and female staff. He asked whether the Trust has picked up pay equality in the structure. Denise confirmed that this has been discussed with HR directors. The NHS has carried out a pay equality assessment, although no details are available at present to determine where BSUH is in comparison to others.

**ACTION:** Equality and Diversity national benchmark data, when available, to be brought back to Board.

DF

- 7.13 The Board **NOTED** the report.

## **PB01/18/8 Performance Report**

- 8.1 Pete Landstrom gave an update on Month 9 performance and echoed Marianne's earlier comments that this Winter had been the busiest he had experienced.

### **8.2 A&E**

December saw deterioration in Trust performance following a challenging pre-Christmas period with 50 x 12-hour breaches incurred at the County; this was linked to capacity issues. Other key December figures to note:

- There were 13,460 A&E attendances (an increase of 1.7% on 2016).
- There were 4,568 non-elective spells (a reduction in activity of 2.8% compared to December 2016).
- Delayed Transfers of Care (DTOCs) reduced to 4.8% from 5.3% in November 2017, and from 8.7% in December 2016.
- Average length of stay for patients reduced to 4.69 days for non-elective medicine in December 2017, compared to 4.93 days in November 2017, and 4.85 days in December 2016.
- The Trust was non-compliant against the national 4-hour standard, at 82.8% in December. This is a reduction of 3.5% from November (86.3%), but an increase compared to December 2016 (80.4%).



- Performance peaked at 87% the week ending 3<sup>rd</sup> December, then dipped to 81% w/e 10<sup>th</sup> and 17<sup>th</sup> December, but improved to 83.8% w/e 31<sup>st</sup> December.
- 8.3 The first phase of redesign of the Emergency Department has been completed and has been operational as an Ambulatory Care Unit for 2 weeks. Initial feedback from clinicians and various teams on the ground has been very positive, as well as patient experience. The Princess Royal redesign work has improved the way the unit works and has improved pathways.
- 8.4 Overall the Trust fared better than a number of regions, mainly due to the amazing work of the staff. An important statistic that demonstrates this is the Delays to Ambulances where we are the best performing Trust in the region. We are reporting a significant improvement compared to last year despite all the pressures.
- 8.5 **62 day cancer treatment**  
November's performance was disappointing at 67% against the trajectory requirement of 85%. In December there was a 20% increase in the number of treatments and a 40% reduction in breaches. This area needs continued focus.
- 8.6 **RTT**  
The overall 18 week position decreased in December to 84.5%. The national directive around elective pacing has led to twice weekly pacing meetings being held and bookings being reduced in a planned way, minimising same day cancellations. There have been only 12 same day cancellations in this period due to bed availability.
- 8.7 **52 week waits**  
The position was stable at the end of December with 49 patients waiting more than 52 weeks, which is positive given the challenges over December. There are currently 40 patients waiting over 52 weeks in January, with only 25 of those breaches being in Digestive Diseases, which is a vast improvement. The aim is to eliminate all waiting patients by the end of March. There is a plan in place for every patient and commissioners and system partners have been very supportive.
- 8.8 **Diagnostic waiting times**  
There have been a number of operational difficulties in recent months, in particular the breaking down of CT equipment. However, the division has responded positively and an action plan has been produced. The majority of the affected areas will stabilise in January and improve in February and an improvement trajectory on our diagnostics is expected.
- 8.9 Mike Rymer congratulated the team on the improvement in the Digestive Diseases long waits. He also mentioned the 62 day waits and stressed that we have a responsibility from screening to get these patients treated.
- 8.10 Jon Furmston queried whether the figures from the Walk In Centre were taken into account when comparing Trust year-on-year performance. Pete clarified that the various sites were separated out for reporting purposes.
- 8.11 Jon added that the number of 12-hour breaches is unprecedented and asked for assurance that the figures were not being 'massaged'. Pete confirmed that patients are prioritised by clinical priority as well as length of wait, for example a patient would be prioritised into the right bed ahead of someone who is likely to breach the 12-hour target; there is a strong ethos around this. George

added that there are times where the decision has been made to keep patients in the Emergency Department for longer than 12 hours rather than move them into an inappropriate outlying bed. A 12-hour breach will always be supported if that is the right thing for the patient.

- 8.12 Lizzie Peers enquired about the 50 patients who had breached the 12-hour target, asking how long they were waiting and for assurance that they were cared for safely. Pete responded, but could not be specific about times. He confirmed that these patients are managed on beds (trolley-beds, not trolleys, which can sometimes confuse) and they are nursed with dignity. Nicola added that there has been significant cultural improvement around caring in A&E and she is confident that the patients are cared for safely.
- 8.13 Patrick Boyle commended the team on their impressive sense of grip on all the issues discussed, and asked Pete for an update regarding the new units. Pete responded that doing this work during the busiest period of the year is not without its challenges, but that the results are extremely encouraging. Capacity has been created and a number of pathways changed due to the purpose built unit and it is possible to see the opportunity longer term to maximise this facility.
- 8.14 Kirstin highlighted the positive reduction in (DTOCs) and asked whether this is sustainable. Pete confirmed that commitment to reducing the DTOCs is ongoing and BSUH continues to work with system partners as the numbers are still above target and there are a number of Medically Ready for discharge (MRFD) patients requiring focus.
- 8.15 Joanna Crane echoed the praise given to reducing DTOCs and Length of Stay and suggested that these 'good news' stories, as well as the positive ambulance turnaround times, could be shared with the Press to celebrate the things we are doing well. She added that, picking up on Jon Furmston's earlier point, it would be useful to know the difference the Walk In Centre is making.
- 8.16 The Chair agreed with Joanna's suggestion that we need to recognise and take pride in our fantastic achievements including those in Cancer, RTT and 52 week waits. The national picture is not good, but the local picture is really positive.
- 8.17 The Board **NOTED** the Performance report.

#### **PB01/18/9 Financial Performance Report**

- 9.1 Clare Stafford detailed the Trust's financial position year to date, highlighting key points from her report:
- 9.2 **Income and expenditure:** at Month 9 the Trust is reporting an actual year-to-date deficit of £48.77m against the planned deficit of £49.05m; achieving the Q3 Control Total with a favourable variance of £0.29m. This was an important milestone to have achieved. Income was £750k lower than expected in Month 9. The pay run rate has increased by £600k going by the year-to-date trend.
- 9.3 **Significant financial risks:**
- NHS England Specialised Commissioning – activity is below plan, particularly in relation to Radiotherapy and Cardiac. The Trust is working through the outstanding contract challenges with NHSE. The historic CQUIN remains subject to local escalation.
  - Sussex MSK partnership contract activity – £1.4m below plan year to date, a deterioration of £0.4m in the last two months. Additional physiotherapy

support has been sourced to support delivery of that element of the contract and sourcing orthopaedic activity from other providers is being investigated.

- Pay expenditure – whilst below plan in month and YTD, expenditure has increased significantly in comparison to trend and expectation. Divisions are identifying and delivering forecast reductions to mitigate.

9.4 **Expenditure:** Operating Expenditure is underspent YTD by £4.43m. A pay underspend of £6.11m, which includes all staff categories with the exception of Medical, is partly offset by a non-pay overspend of £1.68m.

9.5 In summary, the focus remains on NHSE's position and their engagement with the Trust, which has improved since January and work is ongoing on a weekly basis to minimise the financial impact. Work is also continuing with divisions to focus on reducing the spend in delegated budgets. The Cash position of £8.1m is better than expected. Funding applications for backlog maintenance schemes have been approved in the form of loans to be paid back over a period of time. Capital is behind plan and Karen Geoghegan is in discussions with NHSi to secure that funding going forward.

9.6 The Chair thanked Clare for her report and for the positive news that the control total has been achieved at Q3. The Cost Improvement Programme is much improved and a culture is developing in the organisation to manage these budgets. The Chair also recognised the Trust's improved relationship with the local CCG, who have been really supportive. With the £30m funding approved for the emergency floor and £19m for emergency capital, this is positive progress made by the organisation.

9.7 The Board **NOTED** the financial performance of the Trust as at Month 9 and the actions required to secure delivery of the agreed Control Total.

## **PATIENT SAFETY / EXPERIENCE ITEMS**

### **PB01/18/10 Patient Experience Report**

- 10.1 Nicola Ranger summarised her report which was previously circulated.
- 10.2 Nicola acknowledged that Patient Experience is not yet where it needs to be. There is a significant backlog of patients with unresolved issues and it is difficult to focus on improving the response rates until these longstanding patient issues are resolved. Rob Haigh has been providing support with regard to key complaints in Digestive Diseases.
- 10.3 BSUH has engaged a theatre group, AFTA Thought, using the money made available via Special Measures funding. The group will be meeting with staff at PRH and RSCH, writing scripts based on complaints received and using forum theatre in March 2018 to help educate staff in responding to patients' complaints. Non-Executive Directors are welcome to attend and should contact Nicola for further information.
- 10.4 Joanna Crane cited a question that was raised at a previous meeting around the Mental Health Act and the Friends & Family Test as to whether there is information for people who are unable to speak for themselves. Nicola responded and agreed that this could be improved. Joanna is confident that the Patient Experience forum does have representation from these groups, but the data needs to be incorporated in the report.
- ACTION:** Nicola Ranger to consider a more creative way of obtaining feedback from those who cannot represent themselves.

**NR**

- 10.5 Nicola responded to Jon Furmston's question about next steps and whether a Patient Experience strategy was available. WSH is further ahead in the process and discussions have been held at BSUH as part of the governance review where the focus has been on staff attitude primarily and looking after the patients awaiting a response. By March 2018 there should be a robust system in place and the new Patient Experience Matron will support this.
- 10.6 Mike Rymer was keen to recognise the work of the Patient Advice and Liaison Service (PALS) with regard to the proportion of concerns raised.
- 10.7 The Board **NOTED** the report.

#### **OTHER ITEMS**

##### **PB01/18/11 Use of Trust Seal**

- 11.1 It is a requirement of the Trust Standing Orders (Section 8.3) that a register of sealing is maintained and use of the Common Seal is reported to the Trust Board at least annually.
- 11.2 The report circulated with the papers covers the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> December 2017. Andy Gray advised that future use of the Trust Seal would be reported to the Board on a quarterly basis.

##### **PB01/18/12 Board Assurance Framework (Draft Q3)**

- 12.1 Andy Gray presented the first draft of the BAF, previously circulated, which is now aligned to True North and includes Six Facet Survey.
- 12.2 Joanna Crane pointed out that there is still a piece missing around the quality assurance steering group which links into a larger piece of work, though acknowledged that there would be further discussion on the BAF later today.
- 12.3 Martin Sinclair advised that at the last Audit Committee there was a discussion around linkage to the BAF, 3Ts and the risk register, which Andy is following up.
- 12.4 The Board **NOTED** the BAF and **APPROVED** the format in principle.

##### **PB01/18/13 Any Other Business**

- 13.1 The Chair reiterated the pressures the Trust has been under over the winter period and thanked all staff for their continued hard work.

##### **PB01/18/14 Resolution into Board in Private**

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

##### **PB01/18/15 Date of the next meeting**

- 15.1 The next meeting will be held on Wednesday 28<sup>th</sup> March 2018 in the Boardroom, St Mary's Hall, Royal Sussex County Hospital, Brighton.

##### **PB01/18/16** The Chair formally closed the meeting.

**PB01/18/17 Questions from members of the public**

- 17.1 The first question was around Radiotherapy activity commissioned by NHSE, which is below plan, and the issue of patients having to go to Havant for treatment. The member of the public asked about the availability of the Alliance report and pointed out that travel times, discussed at last month's meeting, are over 45 minutes from Bognor and Billingshurst to Brighton.
- 17.2 Pete Landstrom responded and advised that the Cancer Alliance report on radiotherapy capacity had not yet been received. However, having been in contact with the Alliance, work is on track and the report will be published when complete. With regard to travel times, Bognor is not within the Brighton catchment area so patients would attend Chichester (approximately 35-45 minutes away). If the Sussex Cancer website mentions that the service extends to Bognor it will need to be amended and Pete will look into this. Referring to the underactivity against plan for Radiotherapy, Clare Stafford responded that the growth forecast has not been as high as expected and the Finance team has been investigating the reason for the difference. There has also been a delay in recruiting medical physicists, which has impacted.
- 17.3 The second question was around race equality which is mentioned in the Annual Equality Report, although there appeared to be nothing on the website about this. Also noted was the huge disparity in the number of black applicants accepted for jobs compared to any other category.
- 17.4 The Chair thanked the member of the public for the question, which he said was a point well made, and gave assurance that the Board is working on this subject and how the Workforce Race Equality Standard (WRES) links in with the Quality Report. Marianne Griffiths added that the Trust recently launched its first equal opportunities group which was well attended. Staff members have been asked to come up with their top three priorities. A workshop is planned with the staff, using Patient First, where the aim will be to do things differently, work with people effectively and ask them to frame what it is that needs fixing. This topic will be brought back to Board and there is a real commitment to address these issues permanently.

**PL**

**Sally Reeves**  
**Assistant Board Secretary**  
**January 2018**

Signed as an accurate record of the meeting

.....

Chair

.....

Date

**MATTERS ARISING**  
**BSUH Board of Directors (in Public)**

**AGENDA ITEM: 4**

Meeting	Minute Ref	Action	Person Responsible	Deadline	Status
29 <sup>th</sup> November 2017	PB11/17/6	Additional data around pressure ulcers and lower grade occurrences to be included in the Quality Report from March onwards.	Nicola Ranger	March 2018	Agenda item March 2018 – data within Quality Report
29 <sup>th</sup> November 2017	PB11/17/6	A quarterly Learning From Deaths report to be received by the Board.	George Findlay	March 2018	Agenda item March 2018
31 <sup>st</sup> January 2018	PB01/18/6.7	<b>Quality Report:</b> deep dive on Fractured Neck of Femur patients to be provided.	George Findlay	March 2018	To be included in the March 2018 Quality Report
31 <sup>st</sup> January 2018	PB01/18/6.8	<b>Quality Report:</b> C-diff comparative data to be provided.	Nicola Ranger	March 2018	To be included in the March 2018 Quality Report
31 <sup>st</sup> January 2018	PB01/18/6.8	<b>Quality Report:</b> MUST (Malnutrition Universal Screening Tool) data to be provided.	Nicola Ranger	March 2018	To be included in the Quality scorecard from March 2018
31 <sup>st</sup> January 2018	PB01/18/7.4	<b>Organisational Development and Workforce:</b> Retention and Recruitment Strategy to be brought back to the Board.	Denise Farmer	March 2018	To be included in the March Organisational Development and Workforce Report
31 <sup>st</sup> January 2018	PB01/18/7.8	<b>Organisational Development and Workforce:</b> Follow up required on local housing options for essential workers.	Denise Farmer	May 2018	Agenda item May 2018 – within OD and Workforce Report
31 <sup>st</sup> January 2018	PB01/18/7.12	<b>Organisational Development and Workforce:</b> Equality and Diversity national benchmark data, when available, to be brought back to Board.	Denise Farmer	tbc	Data to be included when available
31 <sup>st</sup> January 2018	PB01/18/10.4	<b>Patient Experience Report:</b> Consider a creative way of obtaining feedback from those who cannot represent themselves.	Nicola Ranger	May 2018	Agenda item May 2018

To: Trust Board

Date of Meeting: 28<sup>th</sup> March 2018

Agenda Item: 5

Title
<b>Chief Executive's Report</b>
Responsible Executive Director
Marianne Griffiths, CEO
Prepared by
CEO
Status
Public
Summary of Proposal
Update for Board Members
Implications for Quality of Care
None applicable to this report
Link to Strategic Objectives/Board Assurance Framework
None applicable to this report
Financial Implications
None applicable to this report
Human Resource Implications
None applicable to this report
<b>Recommendation</b>
<b>The Board is asked to: NOTE this report</b>
Communication and Consultation
N/A
Appendices
Report

## **Report to the Board of Directors, 28 March 2018**

### **Chief Executive's report**

**20 March 2018**

#### **1. Winter pressures and declaring a 'critical incident'**

Along with the rest of the NHS, we have had an incredibly busy period across the Trust and I would like to put on record my gratitude for the extraordinary efforts that our staff have made to ensure that we have continued to provide safe care and treatment for our patients.

On Monday 5<sup>th</sup> March we declared a 'critical incident' across the Trust to respond to the record numbers of patients coming into our emergency departments, following the severe cold weather the previous week.

On that day alone, 553 patients sought emergency help from our hospitals – a record high for at least five years.

This exceptional step enabled us to redirect staff to support discharging patients who were well enough to leave and to assess and treat new patients as quickly as possible as they arrived in A&E.

This prompt action meant that we were able to stand down from 'critical incident' status within three days.

The increase in new patients followed the busiest three month period I have witnessed in ten years as an NHS chief executive.

#### **2. Secretary of State visit to County Hospital**

We hosted a visit by Health and Social Care Secretary Jeremy Hunt MP at the start of February. The visit was part of a series of visits to Trusts across Sussex. He came and spoke to a group of around 50 staff about why patient safety is his priority and how improving patient safety shows that every patient matters – one of the founding values of the NHS.

He said he wanted to make the NHS a learning organisation and wants it to be more open and transparent. He cited the change in culture in the airline industry, which moved from a blame culture to a learning culture with dramatic improvements in the safety of air travel – something he wants repeated in the NHS.

He also made a point of saying that our Brighton emergency department was "blazing a trail" with its around the clock consultant cover and he gave his personal thanks to all NHS staff who have worked so hard through the busiest winter in years.



### **3. National interest in our A&E**

The changes introduced by our A&E team – around consultant self-rostering and single-clerking process – have attracted interest from other parts of the NHS and national media.

Colleagues from Sheffield Teaching Hospitals visited the County hospital's emergency department last month to find out more about how these changes have improved the care of our patients.

Dr Jennifer Hill, their Deputy Medical Director, told us that "The team is clearly very committed to improving patient experience. The team has re-designed the system so that patients are seen quickly and have an early senior decision maker review. I have been searching for a team that has solved the unnecessary duplication of clerking done in so many hospitals, and finally found one who has done it!"

Our A&E consultant Dr Martin Duff was interviewed by BBC Radio 4's [The World Tonight](#) (starts 20 mins 30 seconds in) about waiting times and explained how patients in A&E are seen by a senior specialty doctor and that their treatment starts straight away.

BSUH's single clerking initiative has been also shortlisted for a national HSJ Value Award for acute service redesign and a BMJ award for innovation.

### **4. Award Nominations**

Our staff have been nominated for four national awards.

We have two teams in the running for best Innovation at the British Medical Journal awards. The HIV team for its ingenious and unique hi-tech vending machine that dispenses HIV testing kits alongside the A&E team for 'transforming the A&E workforce '. The A&E Team received a further nomination for an HSJ Value Award - best Acute Service Redesign for submitting a single-clerking system - which has cut the time it takes our emergency patients to be seen by a specialist doctor. We also have Streamlining the Unilateral Tinnitus Patient Pathway on the shortlist in the Specialist Services category.

Well done to everyone involved in these brilliant changes.

### **5. STARS Awards**

We are seeking nominations from staff, patients and the public for our staff achievement and recognition awards (STARS). The awards are designed to ensure we celebrate staff, volunteers and teams who have gone that extra mile and who have demonstrated their commitment to patient care and the trust's values.

We will be convening a special judging panel to consider all the nominations and the winners will be announced at a special awards ceremony in June.

Nominations can be made online by going to [www.bsuh.nhs.uk/awards](http://www.bsuh.nhs.uk/awards) if you would like to put any individual or team up for an award.

The awards will also be part of our celebration of the NHS's 70<sup>th</sup> Anniversary and are supported by the BSUH Charity.

## **6. Emergency Ambulatory Care facility completed**

The new Emergency Ambulatory Care (EAC) facility at the Royal Sussex County Hospital has opened.

Treating both surgical and medical patients, it will be one of the first such combined units in the country. This joined up approach should allow us to treat many patients who would previously need to have been admitted or referred on to other services within the trust and also speed up the pace of that treatment.

A smaller version of the unit, with nine treatment rooms, has been running since January. The full unit has added an extra six treatment spaces, three procedure rooms, two side rooms and an intravenous therapy area that can accommodate 14 patients to the existing capacity. This much improved environment will be better for our patients and our staff.

The opening of EAC completes the first of the planned three-phase reconfiguration of the Emergency Department, which has been one of our top priorities since we came to BSUH. The next two phases will improve and expand majors and resuscitation within the existing ED space and see the construction of a new 70 bed short stay unit above the current A&E entrance.

We are currently finalising the plans for how we will implement these phases whilst also maintaining a fully operational Emergency Department.

The Emergency Ambulatory Care facility is due to be officially “opened” on 27<sup>th</sup> March with the support of players from Brighton and Hove Albion FC.

## **7. NHS Staff Survey results**

The results of the 2017 NHS Staff Survey have been published. The survey is the most comprehensive tool we have for exploring the experiences of working at BSUH.

This year more than 4,000 staff took the time to respond to the survey – a significant increase on the previous year.

The results show that there was an increase in the percentage of staff who agreed that care of our patients is our organisations top priority (up 4%) and who would recommend BSUH to friends and family as a place to work (up 5%) or receive treatment (up 3%). These are key engagement metrics which form part of the Trust’s True North objectives relating to our people.

One of the main areas identified by the survey as needing critical improvement is a familiar theme; namely violence and harassment by patients, carers and the public.

As part of our Patient First Improvement System roll-out we are already working with particular wards where this is a significant problem, using new problem solving methods to help us to understand the root causes and make action plans for how we can tackle this. We will also be talking to other staff groups to see how we can target those most affected by particular issues.

Other areas where our scores have deteriorated since the last survey or where we rank least favourably with other acute trusts include: staff motivation at work; the quality of our non-mandatory training and learning; effective team working; staff satisfaction with resourcing and support and an organisation interest in and action on health and wellbeing. These are all key themes that we will be looking at over the coming year, working with service leads and our HR colleagues to develop plans that can really make a difference.

## **8. Patient First – latest news**

The roll-out of Patient First has continued at BSUH.

While winter pressures have clearly had an impact on our performance figures for 4 hour A&E waits, we have continued to make progress.

The radiographer discharge trial – where post-graduate qualified reporting radiographers follow a protocol to discharge patients from the Urgent Care Centre without going back to an A&E doctor – has had promising results. While they need to be properly evaluated, the provisional results suggest this innovation saved each patient they discharged an average of over 45 minutes.

The Blood Sciences team has increased the number of blood test results requested by A&E within 60 minutes and has trialled new blood sampling kit to reduce the amount of wastage and the demand for repeat tests.

As the first wave of wards at the County have had their Patient First Information System (PFIS) training, improvement boards are starting to go up and teams have started to hold their regular improvement huddles.

We have also announced the wards at Princess Royal who we have chosen to form the PFIS Wave 2. They are the Emergency department, ICU, Pyecombe, Twineham, Newick, Horsted Keynes and Hurstpierpoint wards. They all start their PFIS training this month.

The executive team also took to the road earlier this month to meet with around 250 staff in various different teams ‘in situ’ – where we could talk to teams about our ambitions for Patient First and listen to their concerns.

## **9. Eastbourne Radiotherapy Centre ‘opened’**

Our radiotherapy centre at Eastbourne District Hospital was officially opened in March by Keane front-man Tom Chaplin and our chairman Mike Viggers.

The centre provides local cancer patients with state-of-the art treatment and has already helped hundreds of East Sussex cancer patients since opening its doors in July.

After his father David Chaplin spoke about his excellent experience at the centre as a radiotherapy patient, Keane frontman Tom Chaplin cut the ribbon to declare the centre ‘open’. Tom Chaplin then entertained the crowd with some familiar songs, while guests were shown around the centre which includes two linear accelerators (Linacs) and a CT scanner.

The centre’s opening means patients can receive all their care in the local hospital, instead of having to travel to Brighton or Maidstone every day for treatment. The new machines provide faster, more precise treatment, which allows more patients to receive better cancer treatment.

## **10. Rachel Riley celebrates BSUH's National Numeracy Challenge success**

We were delighted to have Rachel Riley, star of Countdown and a keen supporter of numeracy and maths education, join us to celebrate the success of the more than 300 NHS staff who have taken the National Numeracy Challenge.

Brighton and Sussex University Hospitals NHS Trust (BSUH) and the National Numeracy charity have been working together for the last 12 months to promote the benefits of continuing numeracy learning and to support staff in taking the National Numeracy Challenge – as numeracy is an essential tool to providing good patient care.

Rachel talked enthusiastically about the importance of numeracy, handed out prizes and signed certificates for staff who had completed the challenge.

Speaking at the event Mike Ellicock, Chief Executive of National Numeracy, also commended BSUH as one of the organisations leading the way on numeracy education in the NHS.

To: Board of Directors

Date of Meeting: 28 March 2018

Agenda Item: **6**

Title
<b>Quality Report Month 11</b>
Responsible Executive Director
Dr George Findlay (Chief Medical Officer), Nicola Ranger (Chief Nursing and Patient Safety Officer)
Prepared by
Mark Renshaw, Deputy Chief of Safety
Status
Public
Summary of Proposal
The report describes performance against safety and quality key performance indicators in Month 11, in the domains of safety, effectiveness and patient experience.
Implications for Quality of Care
The report includes exceptions in respect of pressure damage which is at its highest since 2012-13 and implementation of the alert - Restricted use of open systems for injectable medications.
Link to Strategic Objectives/Board Assurance Framework
This report incorporates key national, regional and local quality indicators relating to quality and safety providing assurance for the Board and highlighting issues of concern. <b>A safety and quality scorecard is appended.</b>
Financial Implications
Future reports will include KPIs that have potential financial impact (e.g. CQUIN)
Human Resource Implications
Safer staffing levels are incorporated in the safety and quality scorecard
Recommendation
<b>The Board is asked to NOTE the report</b>
Communication and Consultation
Not applicable
Appendices
None

## 1 INTRODUCTION

- 1.1 This report brings together key national, regional and local indicators relating to quality and safety. The purpose of the report is to bring to the attention of the Trust Board quality performance within Brighton and Sussex University Hospitals NHS Trust (BSUH).

## 2 KEY QUALITY OBJECTIVES

### 2.1 Dashboard Definitions

- 2.1.1 A Safety and Quality Scorecard is appended to the Board report. Key indicators are detailed in table 1. Figures are in-month figures (e.g. the number of falls reported in September) unless otherwise stated.
- 2.1.2 Exception reports are included under the relevant section of this report (i.e. under the broad headings Effectiveness, Safety and Experience).
- 2.1.3 Only the current financial year and year to date values are RAG rated, with the exception of those metrics reported in arrears with no data in the current financial year where the most recent data-point of last year is RAG rated.

### 2.2 Overview of Key Quality Objectives

- 2.2.1 The following table shows performance against key, top level quality indicators.

**Table 1: key performance indicators**

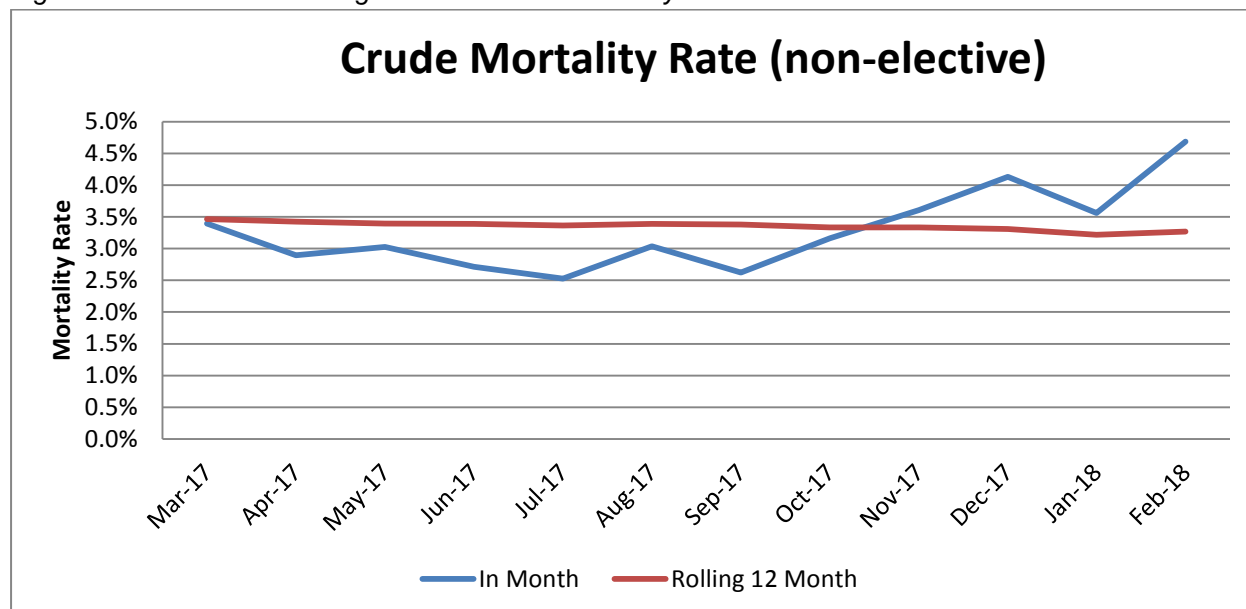
Indicator	December	January	February
Trust crude mortality rate (non-elective)	4.13	3.56	4.68
Hospital Standardised Mortality Ratio (Rolling)	98.47		
Safety Thermometer (Harm-Free Care)	95.7	94.5	95.9
Number of Serious Incidents Requiring Investigation	6	5	8
Never Events	1	0	0
Grade 3 and 4 Pressure Ulcers	0	1	0
Falls resulting severe harm or death	2	5	2
Numbers of hospital attributable MRSA	0	0	0
Numbers of hospital C. diff cases	3	7	3
The Friends and Family Test: Percentage Recommending Inpatients	93.6%	95.6%	97.1%
The Friends and Family Test: Percentage Recommending A&E	88.8%	90.0%	88.1%
Mixed Sex Accommodation breaches (number of breaches)	59	87	84
Number of formal complaints	40	57	59

### 3 EFFECTIVENESS

#### 3.1 Crude Trust Mortality – Non-Elective

3.1.1 Figure 1 below illustrates the Trusts in-month and 12 month crude mortality rate for non-elective admissions was. At the end of February the 2017/18 mortality rate was 3.27%. As discussed in the recent paper on Mortality crude mortality rates are susceptible to seasonal variation.

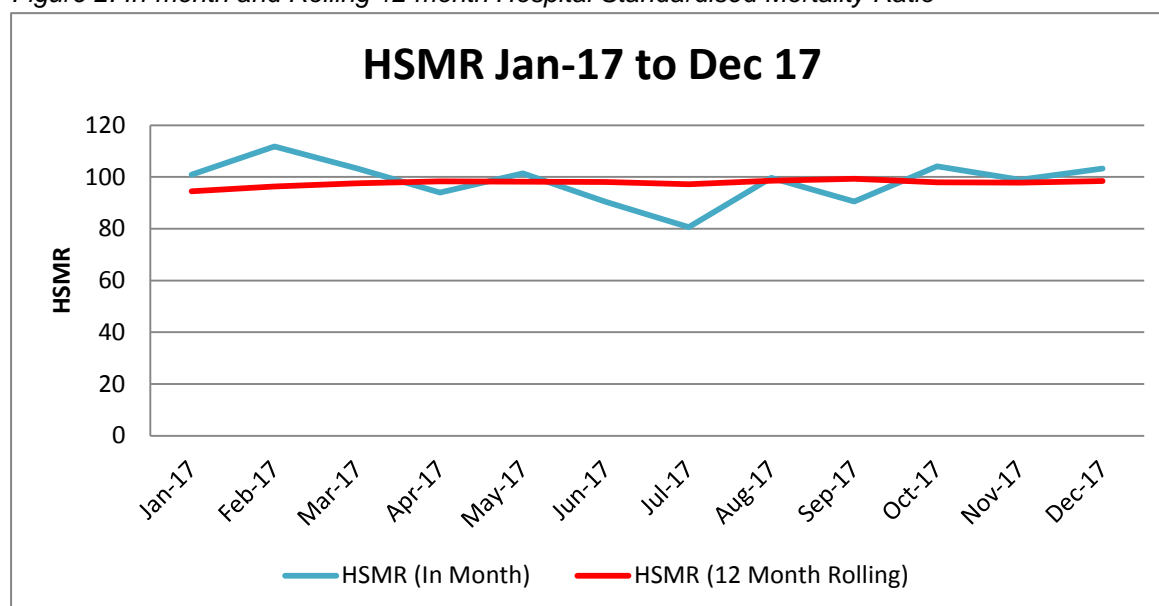
Figure 1: In-month and Rolling 12 month Crude Mortality Rate for non-elective admissions



#### 3.2 Hospital Standardised Mortality Ratio (HSMR)

3.2.1 HSMR is only available for the month of December when 86 patients died against an expected number of 83.29 (HSMR 103.25). In the 12 months to December the HSMR was 97.66<sup>1</sup> (LCI 96.19, UCI 99.16). Figure 2 below illustrates that the rolling HSMR has gradually risen during 2017.

Figure 2: In-month and Rolling 12 month Hospital Standardised Mortality Ratio



Twelve months ago the annual HSMR was 94.17 (LCI 89.3, UCI 99.24).

<sup>1</sup> A value greater than 100 means that the patient group being studied has a higher mortality level than NHS average performance

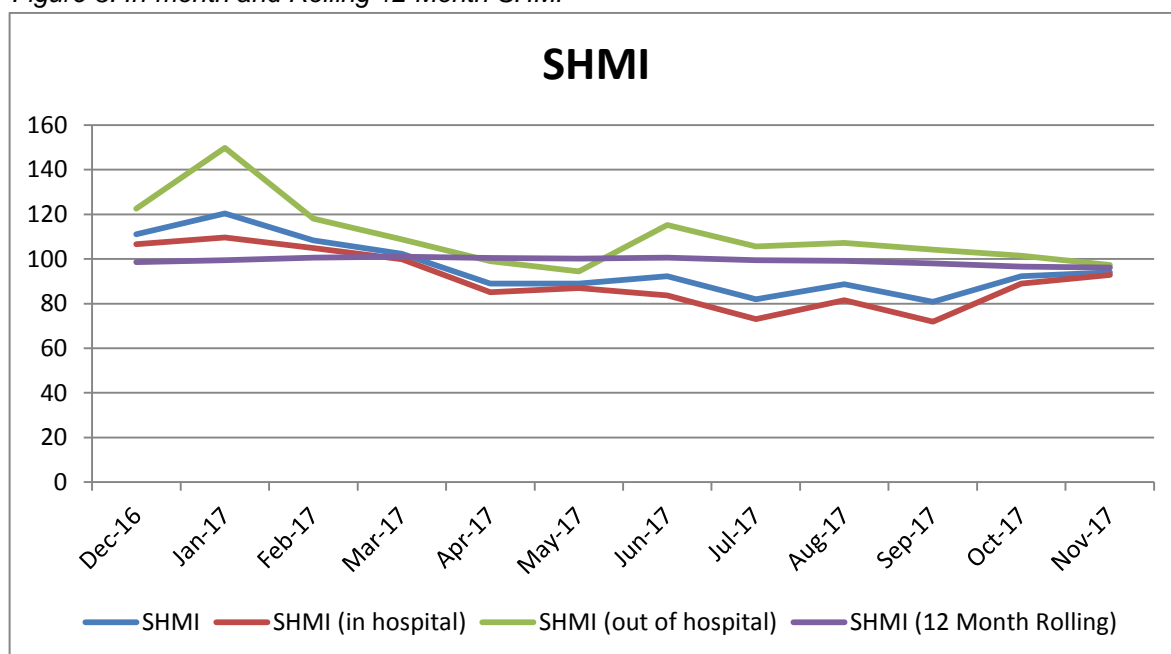
### 3.3 Summary Hospital-Level Mortality Indicator (SHMI)

3.3.1 The latest SHMI for the 12 months up to November 2017 reports a SHMI of 96.18, i.e. mortality is 3.82% below the expected value. The Table below details the in and out of hospital SHMI since December 2016, during this period 2380 patients died against an expected number of 2475. In hospital deaths make up 69% of the total number of deaths.

The Table below illustrates that in hospital deaths are 9.2% below the expected number, whilst out of hospitals deaths are 10.6% above the expected rate. The trend lines for SHMI, SHMI in hospital, SHMI out of hospital are all coming down.

Discharge Month	SHMI	SHMI (in-hospital)	SHMI (out of hospital)	Rolling 12 Month SHMI
Dec-16	111.05	106.63	122.46	98.6
Jan-17	120.4	109.55	149.83	99.39
Feb-17	108.38	104.84	118.03	100.52
Mar-17	102.28	99.88	108.7	100.97
Apr-17	88.91	85.11	98.97	100.51
May-17	88.96	87.03	94.41	100.14
Jun-17	92.21	83.72	115.16	100.65
Jul-17	81.96	73.09	105.58	99.42
Aug-17	88.63	81.51	107.23	99.21
Sep-17	80.78	71.85	104.24	98.03
Oct-17	92.29	88.9	101.49	96.64
Nov-17	94.03	92.9	97.32	96.18
Total	111.05	90.8	110.59	99.18

Figure 3: In-month and Rolling 12 Month SHMI



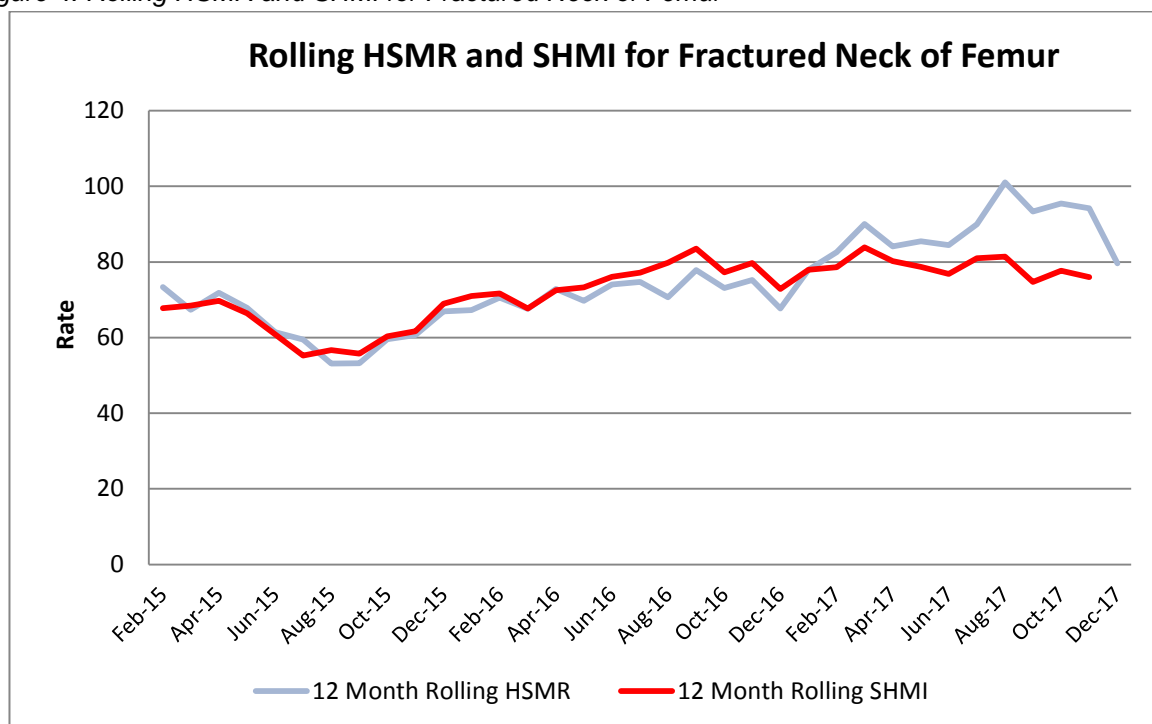


### 3.4 Fractured Neck of Femur

- 3.4.1 As Figure 4 illustrates mortality rates for fractured neck of femur have historically always been very low. Since April 14 116 patients have died against an expected number of deaths of 152, giving a HSMR of 76.4. However, the trend for HSMR is up and the rate for 2017 is 94.2.

SHMI is also low at 72.6 for the period April 14 to November with 145 deaths against an expected number of 200.

Figure 4: Rolling HSMR and SHMI for Fractured Neck of Femur



## 4 SAFETY

### 4.1 Patient Safety Alerts

One patient safety alert is currently open - Confirming removal or flushing of lines and cannulae after procedures – closure of this alert is on schedule to meet the August deadline.

### 4.2 Serious Incidents Requiring Investigation (SIRIs)

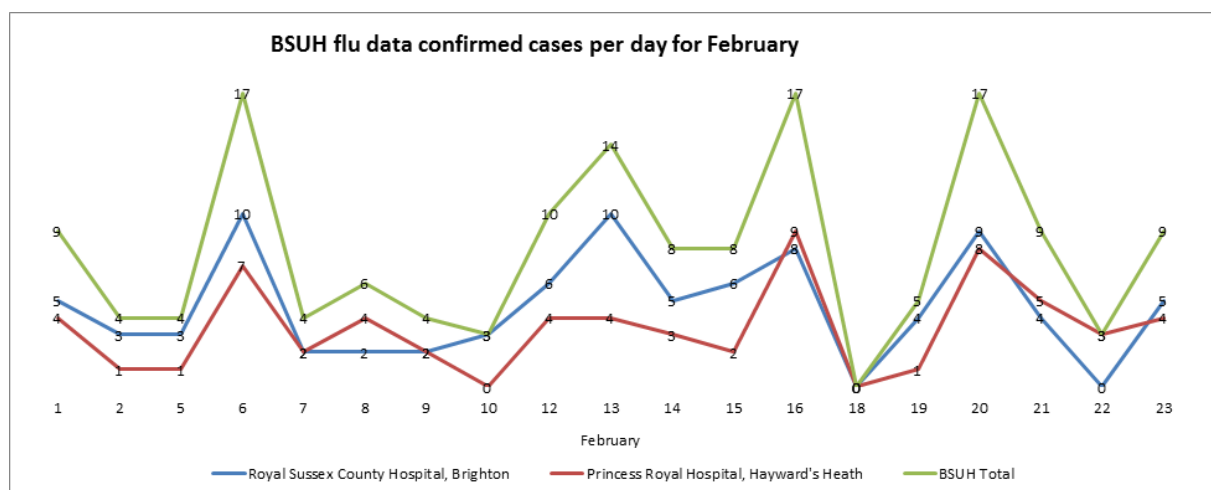
- 4.2.1 There were nineteen Serious Incidents declared during the period December 2017 to February 2018. The outcome for two of these incidents is currently graded as death, a further two are graded as severe, whilst six are classified as moderate
- 4.2.2 Eleven of the incidents involved 12 hour breaches.
- 4.2.3 Four were patient falls.
- 4.2.4 Below is a list of all nineteen SI's:

Title of investigation	Harm Caused
AAA Wait	Death
Missed PE	Death
Fall on Poynings	Severe
Maternal Cardiac Arrest	Severe
Fall on AMU	Moderate
Fall in Level 8a East	Moderate
Fall on Renal	Moderate

Title of investigation	Harm Caused
Never Event - wrong site surgery - spinal	Moderate
12 hour breach (2 pts)	No Harm: Impact not Prevented
12 hour breach (6 pts)	No Harm: Impact not Prevented
12 hour breach	No Harm: Impact not Prevented
12 hour breach	No Harm: Impact not Prevented
12 hour breach	No Harm: Impact not Prevented
12 hour breach	No Harm: Impact not Prevented
12 hour breach (3 pts)	No Harm: Impact not Prevented
12 hour breach (7 pts)	No Harm: Impact not Prevented
12 hour breaches (13 pts)	No Harm: Impact not Prevented
12 hour breaches (2pts)	No Harm: Impact not Prevented
12 hour breaches (3 pts)	No Harm: Impact not Prevented

### 4.3 Infection prevention

- 4.3.1 There have been 4 suspected or confirmed norovirus outbreaks during February 2018, which required either Bays or the Ward to be closed to admission and transfers.
- 4.3.2 The Infection Prevention Team has been notified of a confirmed measles case. The Index case had contact with other patients whilst waiting in the Emergency Department waiting area, and while receiving care. Contact tracing has been undertaken, which was agreed with Public Health England (PHE), a notification letter has been sent to patients exposed, staff were reviewed by Occupational Health. Surveillance for further cases in place for 21 days since exposure.
- 4.3.3 The Infection Prevention Team has been notified of a suspected case of Chickenpox on Donald Hall a risk assessment has been undertaken.
- 4.3.4 Influenza surveillance continues, spikes are not true spikes, they are reflecting the testing pattern in the laboratory, as the service is not a 7 day service. These confirmed cases are managed on the ward without the requirement to close Bays or Wards.



- 4.3.5 There have been 52 cases of hospital-attributable *Clostridium difficile* infection YTD (14th March 2018). With 3 cases being reported in February 2018: The target for 2017/18 was set at 46.
- 4.3.6 Root cause analysis' (RCA) identified that there had been lapses in care, primarily in relation to cleaning standards; and not isolating patient at the time of taking a sample.

4.3.7 The target set for 2018/19 is less than 45 cases of Clostridium difficile infection and zero cases for MRSA bacteraemia.

4.3.8 There have been no hospital acquired MRSA bacteraemias reported in February 2018, the last case was reported May 2017.

#### 4.4 Inpatient Falls

4.4.1 The adult inpatients falls rate for the period December to February was 3.60 falls per 1000 bed stay days.

4.4.2 The rate of falls for this financial year is 3.40 falls per 1000 bed stay days, this is currently 3% lower than last year's rate

#### 4.5 Tissue Viability

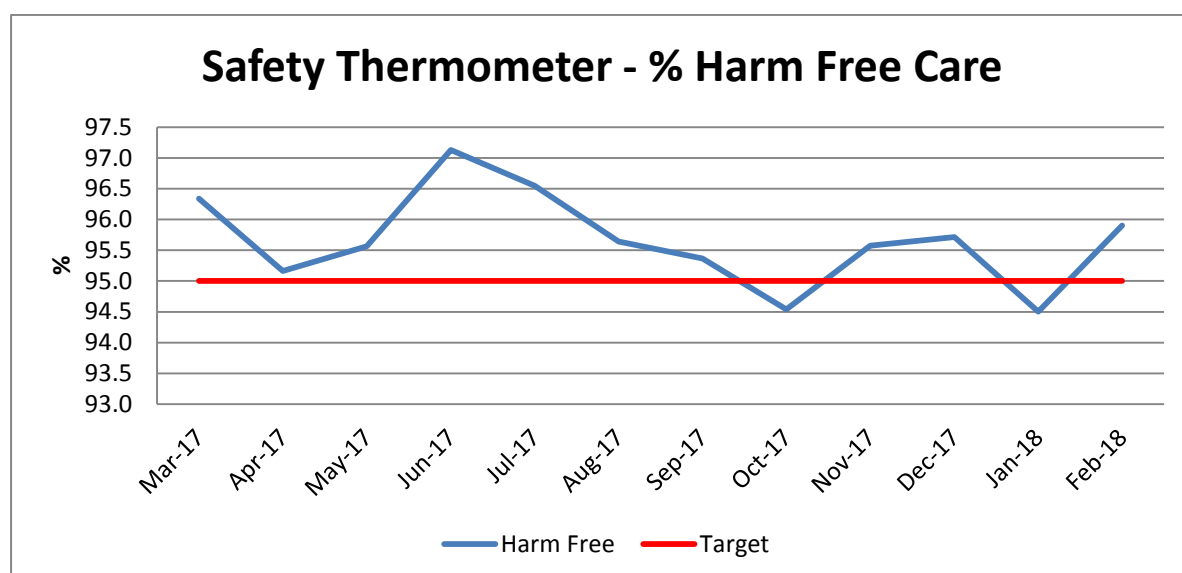
4.5.1 There was one grade 3 pressure damage incident during the period December to February.

4.5.2 In the same period 47 incidences of grade 2 hospital acquired pressure ulcers were reported. Damage to the sacrum, buttocks and heels remains the most common form of pressure damage. Inadequate documentation of skin assessment and changes of position is a recurring theme.

4.5.3 The rate of pressure damage per 1000 bed stays days during the period December to February was 0.70. The pressure damage rate for this financial year is currently 0.66 this is 14% higher than 2016/17. This rate of 0.66 does not represent a higher than average rate when using the safety thermometer. However, the tissue viability nurses and patient safety team are currently doing a deep dive into the data and will produce a paper for Patient Safety Committee in May 2018.

#### 4.6 NHS Patient Safety Thermometer

4.6.1 The NHS Patient Safety Thermometer is used across all adult and neonatal wards. This tool looks at point prevalence of four key harms - falls, pressure ulcers, urinary tract infections and deep vein thrombosis (DVT) and pulmonary embolism (PE) in all patients on a specific day in the month. A dashboard is available to each ward showing Trust-wide and ward-level data for each individual harm as well as the harm-free care score. These numbers are also shared via the new ward screens.



4.6.2 Over the past 12 months the rate of harm free care has increased. The harm-free care score for the past 12 months was 95.7 against the target of 95%. The national average is 94.2%.

4.6.3 National data relating to the NHS safety thermometer is available below:

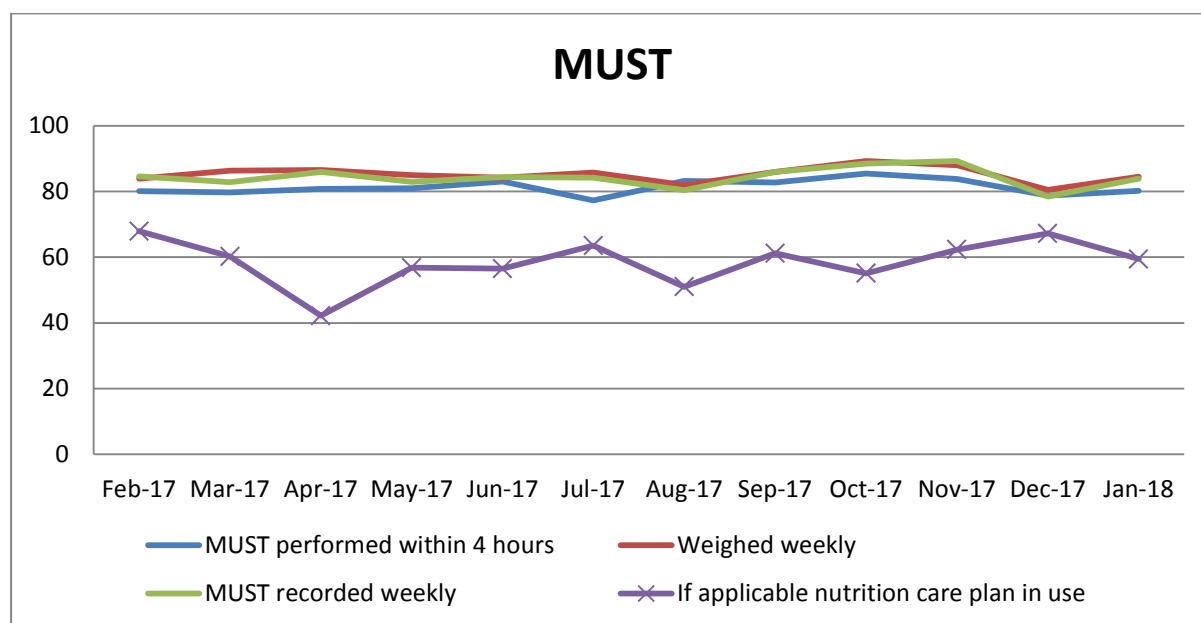
<http://www.safetythermometer.nhs.uk/>

#### 4.7 Malnutrition Universal Screening Tool MUST

The Malnutrition Universal Screening Tool (MUST) is a screening tool used to identify and treat adults at risk of malnutrition.

Data on MUST is captured via the Nursing Metrics database that involves every adult wards screening 10 sets of notes each month. The analysis below is based on the review of 3797 sets of notes.

Month	Full Nutritional Assessment and MUST scoring within four hours of admission / transfer to ward	Has the patient been weighed at least weekly	MUST recorded weekly as per NICE guidelines	If patient at risk of malnutrition is a nutrition care plan in use
Mar-17	79.7	77.8	82.8	60.2
Apr-17	80.8	80.0	85.9	42.2
May-17	81.0	85.7	82.9	56.8
Jun-17	83.0	71.4	84.4	56.5
Jul-17	77.3	90.0	84.2	63.5
Aug-17	83.2	75.0	80.4	51.0
Sep-17	82.7	71.4	85.9	61.2
Oct-17	85.5	50.0	88.5	55.1
Nov-17	83.8	71.4	89.3	62.3
Dec-17	78.7	100.0	78.4	67.2
Jan-18	80.1	80.0	84.1	60.6
Feb-18	80.6	100.0	83.9	60.9
<b>Total</b>	<b>81.4</b>	<b>79.8</b>	<b>84.3</b>	<b>58.7</b>



## 5. PATIENT EXPERIENCE

### 5.1 PALS and Complaints

5.1.1 To date the Trust has received on average 39 formal complaints a month in 2017/18

5.1.2 1144 concerns were received by the Trust from December 2017 and February 2018.

5.1.3 Of these, 988 concerns were resolved via local resolution and 156 required a written response. Year to date 95% of Early Resolutions have been resolved within 25 working days and 48% of formal complaints have been closed within 40 working days.

5.1.4 Currently the Trust has seven formal complaints remaining open over six months.

5.1.5 The Trust currently has seven complaints at second stage review by the Parliamentary and Health Service Ombudsman.

5.1.6 52 formal complaints citing the poor attitude of staff have been reported between December and February.

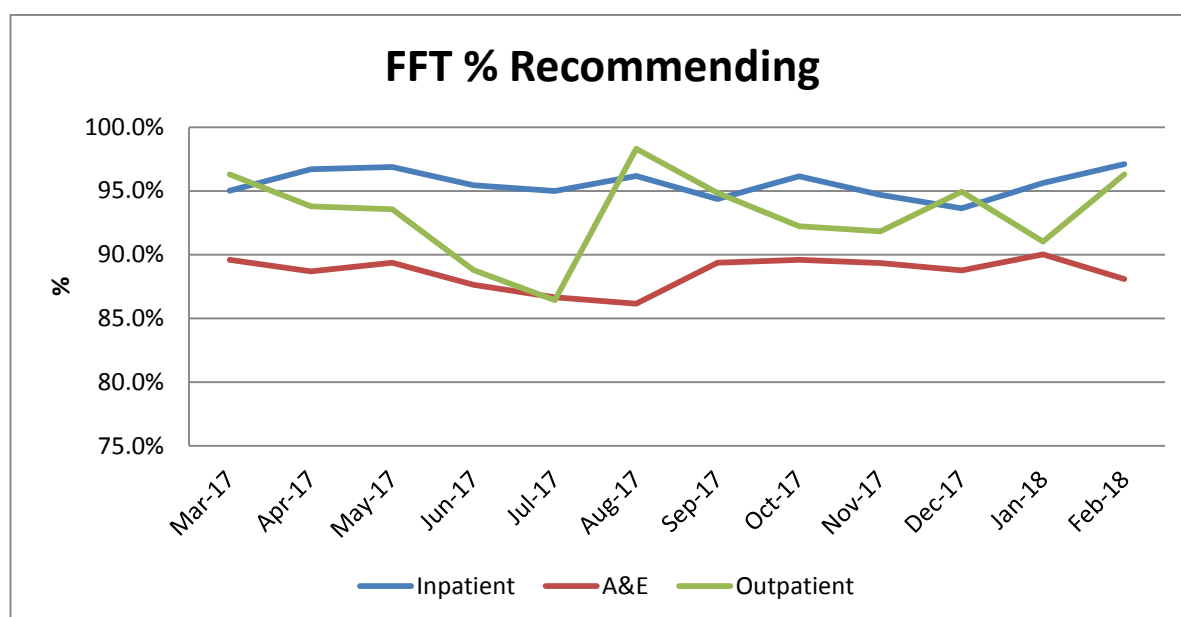
### 5.2 Friends and Family Test (FFT)

Patients who access hospital services are asked whether they would recommend the Trust to their friends or family if they needed similar treatment. Patients who access inpatient, outpatient, day-case, A&E and maternity are all offered the opportunity to respond to the question.

**Table 4: Friends and Family Test**

	Percentage recommending BSUH in December to February
Inpatient care	95.4%
A&E	88.9%
Maternity	94.7%
Outpatient	94.1%

The graph over plots the percentage of patients recommending the care they received. Over the past 12 months the percent recommending A&E and outpatients has risen whilst inpatients has dropped.



#### Friends and Family Test Response Rates:

5.2.1 Response rates for in-patients was 8.9% in February.

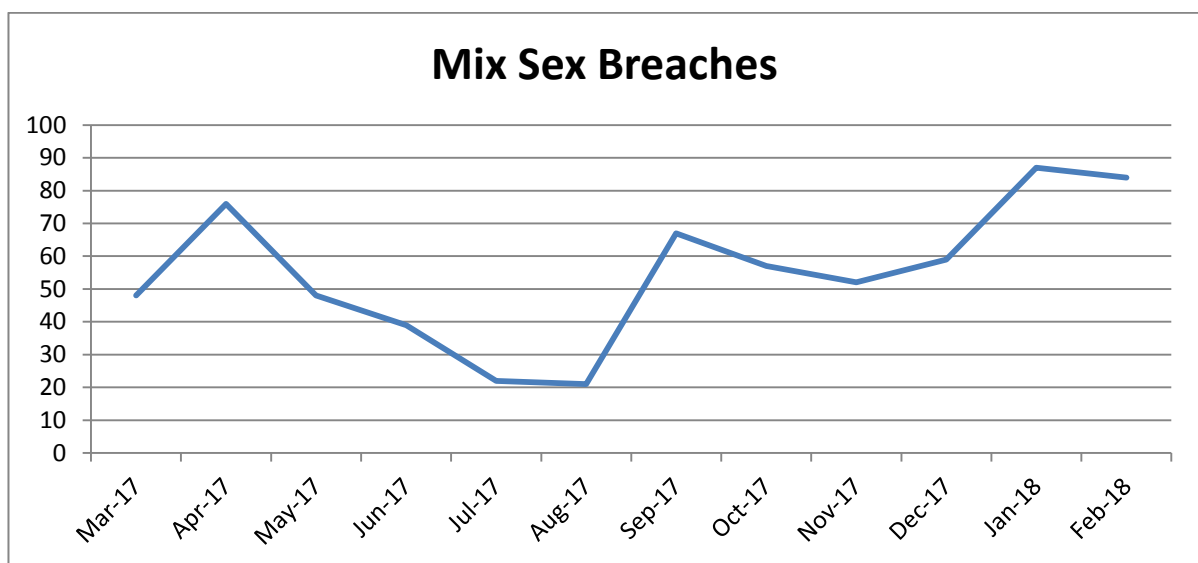
#### Patient Voice

5.3.1 The Patient Voice survey is offered on all adult wards. In the past 12 months 8493 questionnaires have been returned.

#### Exception Reports Relating to Patient Experience

5.4.1 Response rates for the Friends and Family Test are low and require improvement in inpatient and outpatient areas. The funding has been agreed to provide a managed Friends and Family Test, by Healthcare communications and this will commence in April 2018, this will mean that the inpatient and outpatient returns will improve in number and therefore a broader range of patients will give their feedback. The paper based patient voice questionnaires' will stop at the end of April 2018.

5.4.2 Mixed sex accommodation breaches were high in January with 84 reported, which is similar to January (87) and is reflective of the operational pressures faced by the Trust.



#### **6. CARE QUALITY COMMISSION (CQC)**

6.1.1 The CQC feedback and Trust response are discussed in a separate Board agenda item.

#### **7. RECOMMENDATION**

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

# QUALITY SCORECARD

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 YTD Actual	YTD Target	Target
<b>EFFECTIVENESS</b>																				
Effectiveness domain score																				
Trust-wide mortality																				
E01	Trust crude mortality rate (non-elective)	3.57%	4.39%	4.75%	3.98%	3.39%	2.89%	3.03%	2.71%	2.52%	3.04%	2.62%	3.16%	3.61%	4.13%	3.56%	4.68%	3.37%	tbc	tbc
E02	Crude mortality rate (non-elective): 12 month rolling	3.30%	3.42%	3.46%	3.49%	3.46%	3.43%	3.40%	3.39%	3.36%	3.39%	3.38%	3.33%	3.33%	3.31%	3.22%	3.27%	3.27%	tbc	tbc
E03	Trust Hospital Standardised Mortality Ratio (HSMR) (rolling 12m)	101.09	94.92	100.99	111.86	97.61	98.24	98.04	97.86	96.91	98.32	99.26	97.98	97.80	98.47				<100	<100
E04	Summary Hospital-level Mortality Indicator (SHMI) (rolling 12m)	94.37	97.59	98.31	98.86	99.81	99.19	98.57	98.71	97.51	97.38	97.99	96.59	96.18					<100	<100
Improve mortality in specific conditions																				
E07	Crude non-elective mortality for Renal failure	8.57%	9.52%	12.50%	17.95%	6.98%	6.67%	15.00%	4.76%	15.15%	8.16%	3.45%	10.81%	15.15%	9.09%			9.85%	18.60%	18.60%
Reduce mortality following hip fracture																				
E09	SMR for hip fracture (all diagnoses/procedures) (rolling 12M)	73.1	75.3	67.7	78.0	82.6	90.1	84.2	85.5	84.5	89.9	101.0	93.8	95.4	92.7				100	100
E10	30 day mortality rate following hip fracture (rolling 12M)	11.9%	1.7%	1.7%	4.0%	1.9%	8.3%	5.9%	0.0%	4.9%	11.6%	1.6%	7.4%	0.0%	0.0%				5.70%	5.70%
Reduce the rate of readmission following discharge from the Trust																				
E11	Emergency readmissions within 30 days %	8.3%	9.0%	8.6%	8.7%	8.9%	9.8%	8.4%	8.2%	8.2%	7.8%	8.7%	8.2%	8.6%				8.5%	10.50%	
To improve maternity care by encouraging natural childbirth																				
E13	C-Section Rate	25.9%	29.9%	30.9%	25.1%	30.3%	33.3%	32.5%	30.1%	29.8%	29.1%	28.9%	29.8%	27.1%	28.2%	32.9%	30.7%	30.2%	26%	26%
E14	% Mothers requiring forceps for delivery	5.8%	6.7%	5.8%	6.6%	5.0%	4.6%	6.7%	5.6%	7.6%	6.2%	5.9%	8.8%	6.6%	5.9%	5.3%	8.4%	6.5%	<15%	<15%
E15	% Deliveries complicated by post-partum haemorrhage	0.7%	0.4%	0.7%	0.3%	0.8%	0.5%	0.6%	1.2%	1.0%	0.6%	1.1%	0.2%	0.5%	0.5%	0.0%	0.0%	0.6%	1%	1%
E16	Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E17	Admission of term babies to neonatal care	3.9%	1.9%	4.8%	5.5%	5.1%	5.2%	3.0%	4.0%	5.3%	4.0%	5.2%	4.7%	4.9%	3.0%	4.4%	7.6%	4.6%	< 10%	< 10%
Caring for the elderly patient																				
E18	% Emergency admissions staying over 72h screened for dementia	87.4%	83.6%	94.7%	94.4%	92.2%	91.9%	93.8%	90.0%	92.6%	96.3%	95.3%	90.4%	93.1%	94.8%	91.1%			90%	90%
E19	% Patients identified as at risk of dementia for whom further investigations are carried out	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			90%	90%
E20	% Patients with identified dementia referred to specialist services	91.3%	86.8%	93.5%	96.6%	96.6%	93.3%	86.7%	95.0%	91.7%	82.6%	92.9%	90.9%	88.2%	89.7%	100.0%			90%	90%

# QUALITY SCORECARD

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 YTD Actual	YTD Target	Target
<b>Stroke care</b>																				
E26	% CT scans undertaken within 12 hours	96.2%	98.0%	97.8%	97.9%	97.9%	98.2%	98.1%	98.4%	98.3%	97.9%	96.2%	100.0%	96.6%	95.9%	100.0%		97.9%	95%	95%
E29	% of stroke patients admitted to stroke unit within 4 hours of admission	65.4%	57.7%	65.2%	64.0%	60.0%	56.7%	70.2%	72.3%	68.3%	60.0%	67.2%	64.3%	61.7%	53.7%	59.4%		63.7%	90%	90%
E30	% high risk TIA patients seen within 24 hours	75.0%	88.2%	88.5%	83.3%	81.3%	85.0%	75.0%	94.4%	73.3%	71.4%	90.6%	69.2%	75.9%	73.7%	80.0%	71.4%	78.6%	60%	60%
<b>Ensure active engagement with research</b>																				
E21	Patients recruited to interventional studies within CRN portfolio						175	136	172	172	165	120	172	172	151	104	98	1637	tbc	tbc
E22	Patients recruited to observational studies within CRN portfolio						287	115	203	161	149	140	176	214	239	135	106	1925	tbc	tbc
E23	Local Clinical Research Network (LCRN) Score						462	251	375	333	314	260	348	386	390	239	204		1410	1410
<b>Data Quality</b>																				
E24	NHS IC Data validity summary (YTD)						98.0	98.0	98.1	98.1	98.1	98.1	98.1	98.2	98.2	98.2		98.2	96.6	96.6
E37	% inpatients with electronic discharge summaries produced	54.5%	51.8%	53.3%	47.5%	55.2%	49.0%												tbc	tbc



# QUALITY SCORECARD

Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 17/18 YTD Actual YTD Target Target

## SAFETY

Safety domain score (Patient Aggregate Safety Score - PASS)																				
Safer staffing																				
S36	Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	93.7%	91.5%	93.6%	91.7%	92.0%	92.1%	92.4%	91.7%	90.4%	90.5%	90.2%	91.1%	91.5%	90.1%	89.9%	89.4%		95%	95%
S37	Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	95.1%	93.6%	95.4%	95.8%	94.8%	93.2%	92.6%	92.5%	91.8%	92.0%	92.3%	93.6%	93.3%	93.1%	93.2%	90.3%		95%	95%
S38	Safer Staffing: Average fill rate - care staff (day shifts)	96.6%	95.1%	99.0%	96.4%	93.6%	96.6%	95.5%	95.5%	95.1%	94.4%	95.3%	94.6%	96.1%	96.1%	96.7%	99.8%		95%	95%
S39	Safer Staffing: Average fill rate - care staff (night shifts)	113.9%	114.1%	118.9%	116.6%	114.1%	110.6%	112.9%	111.7%	112.1%	113.5%	112.0%	114.4%	116.0%	113.0%	114.7%	113.6%		95%	95%
S41	Care Hours Per Patient Day (CHPPD)	9.50	9.50	9.40	9.30	9.50	9.70	9.70	9.70	9.30	9.50	9.40	9.20	9.60	9.50	9.50			tbc	tbc
NHS safety thermometer																				
S02	Safety Thermometer: % of patients harm-free	94.7%	94.7%	95.2%	93.9%	96.3%	95.2%	95.7%	97.1%	96.6%	95.6%	95.4%	94.5%	95.6%	95.7%	94.5%	95.9%	95.6%	95.70%	95.70%
S03	Safety Thermometer: % of patients with no new harms	98.3%	99.2%	99.1%	97.7%	98.6%	98.43%	98.80%	99.16%	98.96%	99.27%	98.29%	98.46%	98.56%	98.57%	98.51%	99.06%	98.7%	99%	99%
Monitoring of clinical incidents																				
S04	Total incidents	866	837	936	805	856	796	894	914	891	890	919	922	910	920	986	811	9042	8122 - 10988	8122 - 10988
S05	Total moderate, severe or death incidents	8	4	11	8	7	8	5	6	11	4	13	10	7	9	16	12	89	153	153
S06	Total serious incidents (SIRIs)	6	5	4	10	5	4	4	2	2	4	3	5	5	6	5	9	49	60	60
S07	Number of outstanding CAS alerts	20	20	10	12	3	0	0	1	1	1	1	1	0	0	0	0	1	0	0
Improve safety of prescribing																				
S08	Total incidents involving drug/prescribing errors	127	122	135	107	135	135	112	123	98	114	126	113	125	130	129	104	1205	1056-1428	1056 - 1428
S09	Moderate/severe incidents involving drug/prescribing errors	0	0	2	0	1	1	1	1	1	0	1	0	0	1	0	0	6	5	5
Reduce incidence of healthcare acquired infections																				
S14	Number of hospital attributable MRSA cases	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0
S15	Number of hospital C.diff cases	4	4	4	4	3	1	3	3	9	4	5	4	9	3	7	3	51		
S16	Number of reportable MSSA bacteraemia cases											2	4	2	3	5	1		tbc	tbc
S17	Number of reportable E.coli cases											5	2	7	4	6	6		tbc	tbc

# QUALITY SCORECARD

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 YTD Actual	YTD Target	Target
<b>Improve theatre safety for patients</b>																				
S18	Full compliance with WHO Surgical Safety Checklist	93.3	96.9	97.2	97.1	98.6	94.7	98.0	95.8	97.6	97.0	96.8	97.2	98.0	98.1	95.9	90.5	96.5	100%	100%
S19	NEVER events	3	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	3	0	0
<b>Reduce number of falls in hospital</b>																				
S21	Falls resulting in harm	103	86	96	97	76	85	76	93	75	80	87	80	106	83	103	76	944	456	456
S22	Falls resulting in severe harm or death	1	0	0	2	3	1	1	0	0	1	3	2	3	2	5	2	20	1	1
S40	Repeat falls	6	4	12	4	3	4	6	7	6	7	7	4	8	5	4	2	41	113	113
S23	Falls assessment within 24hrs of admission	98.0	98.3	98.2	98.6	98.6	98.7	98.3	98.7	98.7	98.7	98.4	99.4	98.5	99.0	99.4	99.3	98.7	80%	80%
S24	Avoidable falls identified on the Safety Thermometer	0.35	0.25	0.11	0.23	0.00	0.00	0.12	0.36	0.35	0.24	0.61	0.12	0.24	0.48	0.46	0.23	0.26	0.76%	0.76%
<b>Pressure ulcers</b>																				
S25	Grade 2 pressure ulcers	11	9	17	11	11	18	12	16	10	17	13	17	12	18	13	15	161	156	156
S26	Grade 3 & 4 pressure ulcers	1	0	2	1	0	0	0	0	1	0	2	0	0	0	2	0	5	11	23
<b>Other safety metrics</b>																				
S11	VTE Assessment Compliance	92.6%	91.8%	92.0%	92.4%	92.0%	92.8%	92.8%	92.8%	92.0%	92.0%	91.8%	93.2%	92.9%	93.0%				95%	95%

# QUALITY SCORECARD

		Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	17/18 YTD Actual	YTD Target	Target
<b>EXPERIENCE</b>																				
Experience domain score																				
Friends and Family Test																				
X38	Trust Friends and Family Recommend %: Inpatient	93.8%	94.0%	95.9%	92.9%	95.0%	96.7%	96.9%	95.4%	95.0%	96.2%	94.4%	96.2%	94.7%	93.6%	95.6%	97.1%	95.5%	95%	95%
X39	Trust Friends and Family Recommend %: A&E	88.1%	87.5%	88.2%	89.4%	89.6%	88.7%	89.4%	87.6%	86.7%	86.2%	89.4%	89.6%	89.3%	88.8%	90.0%	88.1%	88.6%	93%	93%
X40	Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	80.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%	95%	95%
X41	Maternity Friends and Family Recommend %: Delivery care	92.9%	97.0%	93.5%	98.5%	92.9%	96.8%	98.2%	97.1%	96.5%	98.8%	98.8%	97.8%	97.6%	98.5%	98.7%	98.7%	97.4%	95%	95%
X42	Maternity Friends and Family Recommend %: Postnatal ward	98.8%	91.7%	97.1%	94.2%	88.2%	90.4%	94.9%	89.7%	94.9%	90.8%	96.5%	96.9%	93.9%	93.2%	92.2%	90.5%	93.1%	95%	95%
X43	Maternity Friends and Family Recommend %: Postnatal community care	91.4%	92.3%	93.7%	92.1%	83.9%	80.0%	96.5%	96.6%	91.3%	94.0%	85.7%	96.0%	90.3%	92.3%	96.9%	89.7%	93.4%	95%	95%
X44	Trust Friends and Family Recommend %: Outpatient	96.7%	92.1%	82.0%	100.0%	96.3%	93.8%	93.6%	88.8%	86.4%	98.3%	94.8%	92.2%	91.8%	94.9%	91.0%	96.3%	92.7%	95%	95%
Friends and Family Test response rates																				
X24	Trust Friends and Family Response Rate: Inpatient	11.6%	10.5%	13.1%	8.4%	10.0%	7.9%	12.1%	13.4%	11.1%	11.6%	13.4%	10.9%	14.8%	11.5%	12.6%	8.9%	11.7%	40%	40%
X25	Trust Friends and Family Response Rate: A&E	17.1%	16.9%	18.3%	15.9%	17.8%	18.1%	19.1%	19.6%	16.2%	16.9%	17.7%	16.3%	21.5%	20.2%	18.5%	17.3%	18.3%	23%	23%
X33	Maternity Friends and Family Response Rate: Delivery care	22.9%	21.7%	21.6%	17.4%	17.7%	22.3%	24.0%	25.1%	17.3%	17.6%	18.0%	20.0%	19.6%	15.3%	16.0%	22.8%	20.3%	40%	40%
Reduction in patients suffering a bad experience dealing with the Trust																				
X09	Clinics cancelled with less than 6 weeks notice for annual/study leave						48	41	49	38	43	32	62	57	40	37	85	532	281	281
X13	Breaches of mixed sex accommodation arrangements	137	72	61	92	48	76	48	39	22	21	67	57	52	59	87	84	612	0	0

# QUALITY SCORECARD

Nov-16 Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 17/18 YTD Actual YTD Target Target

## Cleanliness / PLACE Survey

### Improve our customer service and become a more caring organisation

X18	Number of complaints	28	37	48	36	43	26	24	30	31	49	39	39	36	40	57	59	430	tbc	tbc
X19	Complaints where staff attitude or behaviour is an issue	7	10	10	5	9	15	10	17	33	18	21	31	24	14	18	20	221	tbc	tbc

To: Meeting of the BSUH Trust Board

Date of Meeting: 28<sup>th</sup> March 2018

Agenda Item: 7

Title
<b>Organisational Development and Workforce Performance Board Report</b>
Responsible Executive Director
Denise Farmer, Chief Workforce and OD Officer
Prepared by
Helen Weatherill, Director of HR
Status
Public
Summary of Proposal
This report details the Trust's performance in relation to workforce supply, development and engagement of its workforce to improve the organisations culture.
Implications for Quality of Care
There is a direct correlation between a highly engaged, performing workforce and quality of care.
Link to Strategic Objectives/Board Assurance Framework
Supports the delivery of the Trust's current corporate objectives: excellent outcomes; great experience; empowered skilled staff; high productivity
Financial Implications
Supports effective and efficient financial performance
Human Resource Implications
As above
<b>Recommendation</b>
<b>The Board is asked to: NOTE this report</b>
Communication and Consultation
n/a
Appendices
Workforce Score Card

## **ORGANISATIONAL DEVELOPMENT AND WORKFORCE REPORT**

### **Month 11 2017/18 (February 2018 data)**

#### **1. INTRODUCTION**

- 1.1 This paper sets out the key headlines relating to the Trust's workforce at 28 February 2018.

#### **2. Workforce Capacity**

- 2.1 The Trust Establishment stands at 8,214 WTE and there are 7,360 WTE of staff in post. The vacancy rate reduced slightly in the month, and now stands at 10.4%, which equates to 854 WTE of vacancies. 37% of vacancies are Nursing posts, 21% are Admin & Clerical posts, 18% are Scientific, Therapeutic and Technical posts, 14% Ancillary Support posts and 10% Medical Staff posts. The monthly recruitment days for Health Care Assistants, Housekeepers and Qualified Nurses continue to be successful. This month we have recruited an extra 38 health care assistants and since October 2017 we have recruited a total of 161 Health Care Assistants. A further two Health Care Assistant recruitment events are planned on 27<sup>th</sup> and 28<sup>th</sup> March. By June we expect to have filled all of our Health Care Assistant vacancies. The latest qualified nurse recruitment day resulted in 23 new nurses being appointed. From April we will be holding monthly recruitment events for qualified nurses on a Saturday. The Soft FM recruitment day resulted in 32 new Housekeepers being appointed and we expect all our vacancies to be filled by the end of May.
- 2.2 Agency spend held at £1.2m during February 2018, with a decrease in spend seen within Admin & Clerical, but increases seen within Scientific, Therapeutic & Technical and Ancillary Support. On a Divisional basis, 50% of Agency spend fell within the Divisions of Medicine and Specialist Services. Two new framework agencies are now "live" and filling shifts only for PRH to support the staffing shortages onsite.
- 2.3 In-depth departmental rostering analysis has continued to support and encourage best practice in nursing and further work is planned around Soft FM rostering.

#### **3. Staff Turnover**

- 3.1 The Trust's 12 month Turnover rate (external leavers) was 14.3% in February 2018, which is the same level seen in February 2017, and remains lower than the recent high of 14.6% (May 2017). Nursing has seen a reduction in rate of 1.9% in the past 12 months (to 13.4%), but Scientific, Therapeutic and Technical has seen an increase in rate of 2.9% year on year, and now stands at 17.9%. This is the highest rate of all the staff groups. A new workstream within the Workforce Efficiencies Programme is being established in March to specifically focus on Scientific, Therapeutic and Technical staff. This will include clear trajectories for reducing vacancies and turnover over the next six months.
- 3.2 Looking at the difference between February 2018 substantive starters and leavers, shows a net gain of 3.8 WTE in the month.

#### **4. Workforce Efficiency**

- 4.1 The Trust's 12 month sickness absence rate continues to hold firm at 4.3% (January 2018), and remains at similar levels to January 2017 for both the one month and 12

month rate. The split between short term and long term (28 days +) absence rates are 2.0% short term and 2.3% long term, again on a par with the rates seen a year ago. Looking at movements in absence rates over the past 12 months by staff type shows a fall in rate for Nursing and Ancillary Support, but an increase in rate for Admin & Clerical and Medical staff.

- 4.2 The average absence rate for January 2018 is 4.26% which is 0.96% higher than the Trust absence target of 3.3%. 2.27% is attributable to long term absence whilst 1.98% is due to short term absence.

4.2.1 Notable actions this month:

- A3 has been completed for the sickness absence efficiency work stream with an action plan produced.
- Focused work has been undertaken with Critical Care whose absence rate in December 2017 was 5%. An action plan has been produced which includes training, review of reporting and recording processes, reasons for absence and reviewing the span of control to manage absence.
- Focused work in Facilities and Estates, specifically in Housekeeping and Portering at RSCH which are the main areas of concern has been undertaken. There has been a complete review by HR of reporting processes and policy implementation; a suite of documentation for managers has also been produced to assist with the management of absence. This has resulted in 84 meetings taking place for these areas in March. To achieve a reduction of 0.24% to the total sickness absence rate, three staff members per month would need to be enabled to return to work.
- A recent review of absence management practices in areas has highlighted that there appears to be a lack of understanding by some managers of the process, and expectations, of their role in supporting staff attendance. The Employee Relations team will therefore be auditing absence management practices in selected areas.

5. **Appraisals**

- 5.1 The Trust appraisal rate decreased further to 71.7% in February a decrease of 2.6% from January (at 74.3%). Each Division has received a full report detailing staff who have not had an appraisal within the last 12 months and those staff due an appraisal in March and April.

Of the 337 ward and departments only 87 (25.8%) are at, or above 90% compliance.

- 5.2 As part of the Leadership, Culture and Workforce programme a high level project plan for appraisal is being developed and progress monitored on a weekly basis. Monthly reporting will be made to the Leadership, Culture and Workforce steering group chaired by the Chief Executive. Divisions will also be asked to produce a Counter Measure Summary as part of their SDR (performance management) process.

6. **Workforce Skills and Development**

- 6.1 Statutory and Mandatory Training.

The Trusts statutory and mandatory compliance rate for February remains the same as January at 83%.

6.2 The number of staff who have never attended any mandatory training (and started in the Trust more than 3 months ago) is currently 20, a decrease of 17 from January (at 37) of which:

- 16 are locum/bank staff – and the manager is working closely with the 16 individuals to support them to complete online or face to face training.
- The remaining 4 are working in 3 wards/departments and the managers have been notified so that they can ensure these staff are supported to complete their training.

## **7. Staff Survey**

7.1 The full Staff Survey feedback reports for all Trusts in England and Wales were published in early March 2018 and detail a full description of 32 Key Findings (KF) and overall staff engagement scores. A separate Trust Board Report has been prepared on the Trust's Survey results.

7.2 The Trust's survey provider was Picker and the average mean response rate for the 49 Acute Trusts that used Picker was 45.5%. In comparison, the Trust's response rate for 2017 was 56.3% which has significantly improved on the 39.9% rate from the 2016 survey, and was the fifth highest score out of the 49 Acute Trusts using Picker.

7.3 The Trust's overall staff engagement score for 2017 remained at 3.62, and therefore despite improvement in the Trust's breakthrough objective 'Care of patients/service users is my organisation's top priority of 4%', the Trust remains in the lowest 20% when compared with trusts of a similar type.

7.4 The HR team are working with divisional leads to communicate the Staff Survey results to managers and staff and to identify the top 3 improvement areas for each division by early April.

7.5 Three key corporate priorities have been identified :

- Q8b – "Communication between senior management and staff is effective".
- Q9a - "Organisation definitely takes positive action on health and well-being".
- Q14a - "Not experienced physical violence from patients/services users, their relatives or other members of the public.

## **8. Equality & Diversity**

8.1 Workforce Disability Equality Standard (WDES).

The WDES is very similar to the WRES, in that it is a specific set of measures (metrics) that will enable all NHS organisations to compare the experiences of their disabled and non-disabled staff. This information will enable organisations to see if there are any differences between the two groups and produce local action plans, which will enable organisations to demonstrate the progress against each of the indicators on disability equality.



There is a timetable as follows:

March 2018	Online Survey
March 2018	Regional Consultation Events
Autumn 2018	Publication of the WDES
Autumn/Winter 2018	NHS Trusts and Foundation Trusts review their data and reporting against the metrics
June 2019	Reporting sheet with pre-populated data sent to NHS Trusts and Foundation Trusts
August 2019	First WDES reports to be published in August 2019, based on data from 2018/19 financial year
April/May 2020	First National WDES annual report published by NHS England

Currently the information we have on the disability status of our workforce is as follows:-

- 6.3% have a disability
- 75.5% do not have a disability
- 18.2% we have no data (4.8% prefer not to say and 13.4% is unknown).

## 9. COMMUNICATIONS AND ENGAGEMENT

### 9.1 Patient First

The communications team has continued to work with the trust's leadership team to support awareness and involvement in Patient First. The aim is to ensure colleagues are aware of Patient First, believe it will support improvement and can see how they are involved. The effectiveness of the campaigns is measured by a survey on the trust's online statutory and mandatory training portal.

By March 19, 716 staff had taken part in the survey, with the results as follows:

	Month 1 (230 respondents)	Month 2 (716 respondents)
<b>Have you heard of Patient First</b>	Yes 85% No 15%	Yes 83% No 17%
<b>Do you believe Patient First will help the Trust improve?</b>	Yes 90% No 10%	Yes 93% No 7%
<b>Can you see how you can contribute to improvement through Patient First?</b>	Yes 86% No 14%	Yes 86% No 14%

Patient First continues to be promoted in a number of ways including in *Buzz*, facilitating open staff sessions and video. In addition, on March 14, executive team members visited teams across the trust for a series of informal discussions, reaching more than 250 members of staff.

## 9.2 Celebrating staff and volunteers – Patient First STAR awards

An annual trust awards scheme was launched at the end of February, supported by BSUH charity, designed to recognise the achievements of staff and volunteers. With ten categories including Leader of the Year, innovator of the Year as well as Education and Team of the Year, the awards are open to nominations from staff and members of the public. Winners of the trust's employee of the month are automatically entered into the awards, which culminates in a celebration event on June 21. Nominations can be made online here, [bsuh.nhs.uk/awards](https://bsuh.nhs.uk/awards) or in print with a deadline of April 2.

The communications team has continued to promote Patient First to colleagues across the trust, including content in *Buzz*, facilitating open staff sessions and creating video content. The aim is to ensure staff are aware of Patient First, believe it will support improvement and can see how they are involved. This campaign will continue over throughout the rest of the year with measurement of progress began this month with the introduction of key questions to the trust's Health and Safety updates. This will create a baseline which will be shared in next month's report. Updates will then be provided monthly.

## 9.3 Internal communications: Trust Brief

Plans for a trust-wide briefing cascade have been agreed at the Trust's Executive Committee, with a pilot taking place in Specialist Services throughout March and April. The brief, designed to be delivered in team meetings includes updates against the organisation's key objectives at both a trust-wide and divisional level.

The brief will be rolled out across the organisation in May, following improvements based on the pilot.

## 9.4 Winter pressures

Working closely with the operational teams, regular updates have continued to be provided to staff relating to the increase in demand for urgent care and designed to support improvements in the flow of patients through our hospitals. This has included email and updates as well as information shared in the weekly staff newsletter, *Buzz*, available online and in print.

The team has continued to promote the appropriate use of emergency services via our social media channels.

## 9.5 Flu vaccination campaign

The communications team continued to support the flu vaccination campaign which resulted in the trust meeting its targets.

In total, 50% of all staff and 60% of frontline staff were vaccinated and 70% of frontline staff were offered the vaccination.

The positive response by BSUH staff to the flu vaccination campaign helped manage the spread of infection throughout our hospitals and kept our colleagues and patient safe from the virus that killed 283 people across the country this winter.

As well as the flu vaccination campaign being a great success for the Trust, it will also help save lives around the world thanks to our Jab4Jab scheme. At the very beginning of the campaign, BSUH promised to donate one tetanus vaccine through Unicef. Having vaccinated 3964 members of staff against flu, we will now be arranging to donate £340 to Unicef to help fund its vital vaccination programme.

Almost one third of deaths among children under five are preventable by vaccine. Unicef and its partners are working to change these numbers and ensure that all children are successfully protected with vaccines. Since 2000, Unicef has helped to avert over six million child deaths by bringing new vaccines to approximately 440 million children in over 70 countries.

# BSUH Workforce Scorecard

February 2018

Key Performance Indicators		Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	12mth position	Target	Amber	Trend
<b>1 Workforce Capacity</b>		<i>NB</i>																
FTE - Budgeted		8,107.1	8,107.1	8,142.1	8,147.3	8,223.2	8,195.3	8,194.4	8,218.4	8,198.1	8,208.2	8,210.6	8,213.7	8,214.3	8,189.4			
FTE - Substantive contracted		7,315.5	7,320.5	7,285.0	7,259.1	7,250.7	7,251.8	7,279.4	7,285.2	7,306.7	7,356.3	7,332.8	7,352.4	7,358.9	7,303.2			
FTE - Substantive contracted variance from Budget		791.6	786.6	857.1	888.2	972.5	943.5	915.0	933.2	891.4	851.9	877.8	861.3	855.4	886.2			
Vacancy Factor (Substantive contracted FTE)		9.8%	9.7%	10.5%	10.9%	11.8%	11.5%	11.2%	11.4%	10.9%	10.4%	10.7%	10.5%	10.4%	10.8%			
Spend - Bank as a % of total staffing		5.2%	5.0%	4.5%	4.1%	5.2%	5.2%	5.3%	5.8%	4.8%	5.0%	5.9%	4.9%	6.3%	5.2%			
Spend - Agency as a % of total staffing		3.1%	4.5%	2.4%	3.1%	3.3%	3.2%	3.9%	4.3%	2.8%	3.2%	3.2%	4.0%	4.0%	3.5%			
<b>2 Workforce Efficiency</b>		<i>NB</i>																
Absence - Sickness (12 month)	1	4.3%	4.3%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%	4.2%	4.2%	4.2%	4.3%			3.3%		
Absence - Sickness in month		4.7%	4.2%	3.7%	3.9%	3.9%	4.0%	4.1%	4.2%	4.3%	4.5%	4.7%	4.8%		4.3%			
Absence - Maternity in month		2.4%	2.4%	2.4%	2.5%	2.5%	2.4%	2.4%	2.5%	2.5%	2.4%	2.3%	2.3%		2.4%			
Absence - Annual Leave in month		6.7%	7.8%	7.9%	7.4%	6.8%	6.9%	9.3%	7.0%	5.7%	4.7%	8.1%	5.9%		7.0%			
Absence - Special, Study & Other Leave in month		2.7%	2.8%	2.7%	2.8%	2.8%	2.8%	3.0%	2.9%	3.0%	3.0%	3.1%	3.1%		2.9%			
Absence - Total in month		16.5%	17.1%	16.8%	16.6%	16.0%	16.2%	18.7%	16.6%	15.4%	14.6%	18.2%	16.1%		16.6%			
Sickness - Short Term (< 28 days)		2.2%	1.9%	1.7%	1.9%	1.9%	1.9%	1.9%	2.0%	2.0%	2.1%	2.2%	2.3%		2.0%			
Sickness - Long Term (> 27 days)		2.5%	2.2%	1.9%	2.1%	2.1%	2.1%	2.2%	2.3%	2.3%	2.4%	2.5%	2.6%		2.3%			
Sickness - Stress in month		0.8%	0.9%	0.8%	0.9%	0.9%	0.9%	0.9%	0.9%	1.0%	0.9%	0.9%	0.8%		0.9%			
Sickness - Gastro Intestinal in month		0.4%	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.3%		0.3%			
Sickness - Other Musculoskeletal in month		0.3%	0.3%	0.3%	0.3%	0.4%	0.5%	0.4%	0.4%	0.3%	0.4%	0.2%	0.3%		0.3%			
Sickness - Cough, Cold & Flu in month		0.6%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.3%	0.5%	0.5%	0.7%	1.1%		0.4%			
Sickness - Back in month		0.3%	0.3%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.2%		0.2%			
Episodes - New sickness episodes in month		1,238	1,362	1,087	1,235	1,215	1,147	1,265	1,187	1,343	1,422	1,603	1,569		1,306			
Episodes - On-going sickness episodes in month		341	391	360	329	348	351	349	334	289	322	345	305		339			
Episodes - Total sickness episodes in month		1,579	1,753	1,447	1,564	1,563	1,498	1,614	1,521	1,632	1,744	1,948	1,874		1,645			
Triggers - 3 sickness episodes in 6 months breaches		897	915	818	771	687	558	561	535	564	611	676	736		694			
Triggers - 5 sickness episodes in 12 months breaches		715	691	680	682	672	661	638	652	615	618	593	550		647			
Triggers - Long term sickness breaches		126	131	95	133	125	133	158	139	143	136	102	131		129			
Triggers - Total sickness management breaches		1,738	1,737	1,593	1,586	1,484	1,352	1,357	1,326	1,322	1,365	1,371	1,417		1,471			
Triggers - Number of staff breaching one (or multiple) triggers		1,153	1,145	1,078	1,080	1,013	947	949	920	925	967	962	1,001		1,012			
Maternity - Number of staff on maternity leave		210	204	201	203	207	196	199	204	205	190	190	188		200			
Turnover - Trust (12 month)		14.3%	14.4%	14.5%	14.6%	14.5%	14.3%	14.3%	14.1%	14.2%	13.9%	13.9%	14.1%	14.3%	14.2%	8.5%		
Turnover - Medical & Dental		8.5%	8.4%	8.5%	8.7%	8.6%	8.1%	9.0%	9.3%	10.0%	10.0%	10.0%	10.7%	10.3%	9.3%			
Turnover - Nursing & Midwifery		15.3%	14.9%	15.2%	15.8%	15.6%	15.5%	14.8%	14.3%	14.2%	13.6%	13.3%	13.3%	13.4%	14.5%			
Turnover - Scientific, Therapeutic & Technical		15.0%	16.3%	16.2%	15.8%	16.1%	15.3%	16.0%	15.9%	16.2%	15.8%	16.9%	17.4%	17.9%	16.3%			
Turnover - Admin, Clerical & Estates		14.4%	14.4%	14.3%	13.8%	14.1%	14.3%	14.8%	14.9%	15.1%	14.9%	14.6%	14.5%	14.8%	14.5%			
Turnover - Support Staffing		12.7%	12.7%	13.1%	12.9%	11.8%	11.4%	12.4%	12.4%	12.4%	12.3%	13.1%	13.9%	13.8%	12.7%			
<b>3 Training &amp; Personal Development</b>		<i>NB</i>																
% of appraisals up to date (excl Medical staff)		81.0%	85.0%	82.8%	81.3%	80.9%	80.2%	77.7%	76.2%	76.1%	75.9%	77.0%	74.3%	71.7%	78.3%	90%		

Notes: 1 Absence data is available one month in arrears.

To: Board of Directors

Date of Meeting: 28<sup>th</sup> March 2018

Agenda Item: 8

Title
<b>Month 11, 2017-18 Performance Report</b>
Responsible Executive Director
Pete Landstrom, Chief Delivery & Strategy Officer
Prepared by
Giles Frost, Interim Director of Performance and Information
Status
<b>Disclosable</b>
Summary of Proposal
The paper sets out organisational compliance against national and local key performance metrics. The report summarises in year performance for Brighton & Sussex University Hospitals Trust, as detailed in the dedicated performance scorecard relating the NHSI Single Oversight Framework, National Constitutional Targets, and when relevant other operational indicators.
Implications for Quality of Care
Describes Quality Outcome KPIs
Link to Strategic Objectives/Board Assurance Framework
Compliance with National NHS Constitutional Standards
Financial Implications
Describes Operational KPIs which impact on Financial Sustainability and Efficiency
Human Resource Implications
Describes Operational KPIs which impact on Workforce
<b>Recommendation</b>
<b>The Board is asked to: NOTE the Trust position against the NHS National Constitutional Standards</b>
Communication and Consultation
Not applicable
Appendices
(1) Operational Performance Scorecard

To: Trust Board	<b>Date: 28<sup>th</sup> March 2018</b>
From: Pete Landstrom, Chief Delivery & Strategy Officer	<b>Agenda Item: 8</b>
<b>FOR INFORMATION</b>	

## **PERFORMANCE REPORT: MONTH 11, 2017/18**

### **1 INTRODUCTION**

- 1.1 This report summarises both current in year and projected performance for Brighton & Sussex University Hospitals NHS Trust, with further detail provided in the appendix relating to the Operational Performance Scorecard.
- 1.2 This paper provides the Board with an update on performance on a specific basis against the NHS National Constitutional Standards.

### **2 SUMMARY PERFORMANCE**

- 2.1 Brighton and Sussex University Hospitals NHS Trust continued to experience significant and sustained emergency pressures in February in line with the National and Regional position. From mid-February onwards constrained flow, increased Flu, and the significant cold weather periods led to very high emergency demand periods and acuity. For two periods in February and early March the entire Kent Surrey and Sussex Region (including BSUH) were on the highest levels of escalation.
- 2.2 Key operational indicators during February to note:
  - 12,656 A&E attendances compared to 12,209 in February 2017 (an increase of 3.7%).
  - 4,120 non-elective spells compared to 4,201 in February 2017 (representing a small decrease in activity). However, the small reduction in non-elective spells was offset by an increase in the 65+ and 85+ year old admissions and resultant longer non-elective length of stay for these patients in both surgery and medicine.
  - Formally reportable Delayed Transfers of Care also increased to 5.3% from 4.9% Jan-17.

- Average length of stay for patients increased to 4.8 days for non-elective medicine in February 2017, compared to 4.7 days in January 2017, but was the same as in February 2017. Non-elective surgery length of stay increased to 6.13 days February 2018, compared with 5.22 days January 2018 and 5.44 days February 2017.
- Average Inpatient Bed Occupancy Trust wide was 98.0% February which peaked at 98.8% week ending 25<sup>th</sup> February. Occupancy each morning at 9am at the Royal Sussex County was on average 99.5% in February. Occupancy at the level hampers the ability to establish effective flow early in the day.

### **3 KEY AREAS OF PERFORMANCE**

#### **3.1 A&E Compliance**

- 3.1.1 The Trust was non-compliant against the National four hour standard in February, with 82.0% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge. This is a reduction of 0.6% from January, but an improvement compared to February 2017 (80.3%).
- 3.1.2 The Trust began the month with performance of 83.5% from 1<sup>st</sup> to 14<sup>th</sup> February, but following a stepped change in pressures from mid-month, this deteriorated for the remainder of the month with 80.6% on average for the period 15<sup>th</sup> – 28<sup>th</sup> February.
- 3.1.3 There were 18 patients who waited longer than 12 hours in the A&E department from the decision to admit in February. Of the 18 12 hour breaches 16 occurred in the week ending 25<sup>th</sup> February. This week saw a 6% increase in emergency admissions compared to the rest of February.
- 3.1.4 The Trust A&E performance is an aggregate of the Royal Sussex County Hospital Emergency Department, the Princess Royal Hospital Emergency Department, the Children's Emergency Department at the Royal Alexandra Children's Hospital, and the Emergency Eye Department at the Sussex Eye Hospital. The Trust has, in accordance with NHSI guidance, also included attendances at the Brighton Station Walk in Centre. This is to ensure greater consistency with A&E performance reporting for the catchment population in line with other health systems.
- 3.1.5 Within the overall 82.0% performance, there remains variation by A&E site. Performance by site in February 2018 is outlined overleaf:

<b>Site</b>	<b>Total Patient Attendances</b>	<b>Total Patients Waiting &gt; 4 Hours</b>	<b>% Patients &lt;4 Hour</b>
Royal Sussex County Hospital	6441	2146	66.7%
Princess Royal Hospital	2881	367	87.3%
Royal Alexandra Children's Hospital	2006	5	99.8%
%Sussex Eye Hospital	929	17	98.2%
Brighton Station Walk in Centre	1826	2	99.9%
<b>Total Trust</b>	<b>14083</b>	<b>2537</b>	<b>82.0%</b>

- 3.1.6 Performance at RSCH remained very challenging with a marginal reduction in performance -0.5% compared to January 2018, and -1.3% compared to February 2017.
- 3.1.7 Performance at PRH was 87.3% which was static compared to January 2017 and the same period last year.
- 3.1.8 The Royal Alex Children's Hospital and Sussex Eye Hospital continued to exceed the National Target.
- 3.1.9 Waiting for admission to an inpatient ward remained the highest single reason for patients waiting longer than 4 hours in A&E. Difficulties in access to beds due to formal delayed transfers of care (DTC) patients increased marginally to 5.3% and the wider system and CCG continued to actively support the Trust to achieve a significant reduction and then to maintain lower levels of DTCs.
- 3.1.10 Progress on the redesign of the Emergency Floor continued with the new Acute Assessment Unit (AAU), and the full Level 4&5 emergency ambulatory care unit due to become fully operational in the third in March 2018.
- 3.1.11 The Trust is continuing with its iterative process improvement programme. The Trust has maintained a reduction in non-admitted breaches throughout winter, and although still lower than previously, the increased A&E department volumes, and surges in activity have resulted in an increase in breaches in these areas. As the emergency pressures and impact from the cold weather decrease it is imperative the initial gains are remade, and maximised through the new EAC unit coming on line.
- 3.1.12 In terms of the specific quality and process improvement measures as part of the improvement programme, there has been an increase to 55% of emergency department attendances having consultant/senior medical review within 15 minutes. Pathology



response times have improved to 93% within 1 hour and there has been a reduction of haemolysed samples from 15% to 2%.

- 3.1.13 For admitted patients there has been a small reduction in time to see specialty referrals, and a 3% increase in the percentage of patients discharged before 12pm (to mitigate the bottleneck in flow from the emergency department into the afternoon and early evening). The principle of a “Golden Patient” has also been introduced whereby a patient is prepared for discharge by 8am to similarly enhance flow.
- 3.1.14 Nationally the emergency pressures have continued into March and performance has remained challenging, with continued high occupancy. At the time of writing, March performance (for BSUH) was 82%.
- 3.1.15 Nationally and regionally A&E delivery has also proven challenging. National performance was the lowest reported ever in February 2018 at 85%. Only 3 Trusts in England achieved the 95% standard. Board members should note these figures also include type 3 A&E attendances (such as minor injuries units) for non-acute providers. Regionally, compliance for the South of England remained at 86%.

## 3.2 Cancer

- 3.2.1 The Trust was compliant against 7 out of 9 metrics in January, which was an increase on previous months, but remained below the for 62 day treatment target for GP referrals (85.0%). Actual performance for January against this metric was 74.5%.
- 3.2.2 Total patients breaching the 62 day GP referral standard was improved with 27.5 breaches against a forecast trajectory of 34.0. However, total treated patients against the 62 day GP referral standard for January was below forecast at 108.0 against a forecast plan of 129.0 with a number of patients electing to delay treatment until after the holiday period despite treatment and diagnostic appointments being offered.
- 3.2.3 Shadow monitoring of the 38 day ‘Shared Breach Reallocation’ policy, due to be fully implemented in July 2018 shows that BSUH performance was impacted by late tertiary referrals from outside referrers, which caused an increased breach weighting of 1.5 compared to when the policy is implemented. This would have improved the 62 day GP referral performance by circa 1%.

3.2.4 For context, the latest national performance data for January 2018 shows 81.1% for treatment within 62 days from GP referral. In January 2018, approximately 54% of Trusts in England were non-compliant against this standard.

3.2.5 Regional context of the 62 day performance standard for January 2018 shows BSUH being the highest performing tertiary cancer centre and sixth overall regionally:

Regional Ranking	Trust	Cancer Centre	62 Day Performance
<b>Surrey &amp; Sussex Cancer Alliance</b>			
1	Frimley Health NHS FT	No	89.27%
2	Western Sussex Hospitals NHS FT	No	88.14%
3	Surrey and Sussex Healthcare NHS Trust	No	86.39%
4	Ashford & St Peters Hospitals NHS FT	No	86.18%
5	Brighton and Sussex University Hospitals NHS Trust	Yes	75.23%
6	Royal Surrey County Hospital NHS FT	Yes	75.18%
7	Queen Victoria Hospital NHS FT	No	69.23%
8	East Sussex Healthcare NHS Trust	No	65.79%
<b>Kent &amp; Medway Cancer Alliance</b>			
1	Medway NHS Foundation Trust	No	91.44%
2	Dartford and Gravesham NHS Trust	No	86.05%
3	East Kent Hospitals University NHS FT	No	75.00%
4	Maidstone and Tunbridge Wells NHS Trust	Yes	67.89%

3.2.6 The work undertaken to better manage the Cancer PTL from the start of March 2017 has led to a reduction in total patients being tracked from approx. 1,600 to around 700-850. This has remained relatively stable over the past 6 months.

3.2.7 A dedicated Cancer Board has been set up to deliver robust oversight and assurance of the cancer pathway and performance. The first meeting is scheduled for April 2018 and will be clinically chaired by Rob Haigh, Trust Medical Director, with all Divisions represented, and supported by the Chief Delivery and Strategy Officer.

### 3.3 Referral to Treatment (RTT/18 Weeks)

3.3.1 The Trust continues to be non-compliant against the National Constitutional Target of 92%, the Trust's reported position in February is 83.6%. This represents a 1% drop from January performance (84.6%)

3.3.2 The drop in performance is as a result of a shorter month of activity, with circa 1300 less clock stops in February, and the inclement weather and high emergency numbers which caused patients to cancel/be cancelled, or not attend. The combined impact of these issues caused a higher number of patients to tip from 17 weeks to 18 in month (371 additional from previous months).

- 3.3.3 In line with the Trust Breakthrough Objective for elective flow, there were 28 patients waiting more than 52 weeks for treatment as of the end of February. This is a reduction from 152 patients waiting longer than 52 weeks February 2017.
- 3.3.4 As at 19<sup>th</sup> March only 32 patients remaining in the total cohort to be treated by the end of March. Importantly (and for the first time) capacity has been secured for all of these patients and all patients who could potentially breach 52 weeks have now been offered treatment dates before the end of the month. The risks to completely clearing all 52 week breaches are materially around patient choice, and ensuring no cancellations as a result of ITU/HDU capacity.
- 3.3.5 The aggregate performance comprises several clinical specialties where waiting times are below the standard. Directorates with the biggest challenges and backlog are Neurosurgery, Head and Neck and the Abdominal Division. ENT is a challenge within Head and Neck. Initial Demand and Capacity Plans are showing a shortfall between demand and capacity to meet this demand which will need to be considered as part of the 2018/19 capacity planning.
- 3.3.6 Latest published national data relates to January 2018 and shows national compliance remained at 88.2%. This figure is exclusive of independent sector providers and does not reflect a number of large acute NHS providers that currently are not reporting RTT positions as part of agreed 'special measure' arrangements. Half of all Trusts were non-compliant in January 2018.

#### 3.4 Diagnostic Test Waiting Times

- 3.4.1 The Trust compliance for February was 3.5% over 6 week waiters across all diagnostic modes, which is non-compliant against the <1% national target, but is an improvement from the January position. This represents 270 out of a total of 7752 patients, a decrease of 36 patients waiting over 6 weeks.
- 3.4.2 CT breaches continue to increase with a reported 132 diagnostic 6 week breaches in February. Reducing this backlog is the focus whilst the department also manages the reappointment of cancelled sessions due to on-going equipment failures. The programme to replace one CT scanner at PRH is underway. Although a mobile scanner is in place at PRH there is a net reduction in capacity during this period which has also been impacted by equipment failures of the Hurstwood Park scanner.

- 3.4.3 Sleep studies recorded 60 breaches at the end of February directly linked to short term consultant vacancies. A review of the service has been undertaken which identified improvement opportunity in the patient pathway. Patients now referred to the sleep service have a first appointment with the nurse specialist thus reducing the waiting time for this element of the pathway. The service is re-engineering the pathway further so as to re-balance the current constraint. Recovery actions and progress are underway and being reviewed on a weekly basis with service and administrative leads, with sustainable recovery anticipated to be May 2018.
- 3.4.4 The Trust has discussed demand and capacity concerns with CCG colleagues as part of a system wide elective working group, with work commencing with primary care to support referral/demand management where appropriate to do so.
- 3.4.5 BSUH was below national and regional performance in January (the latest comparable national data); with South of England Region aggregate compliance of 3.6% and National compliance at 2.3%. Nearly 40% of Trusts were non-compliant in January 2018.

#### **4 RECOMMENDATION**



- 4.1 The Board is asked to **NOTE** the Trust position against the National Constitutional Standards.

**Pete Landstrom**




















Chief Delivery & Strategy Officer

26<sup>th</sup> March 2018

FEBRUARY 2018

OPERATIONAL PERFORMANCE SCORECARD		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	2017/18 YTD	2017/18 Target	Trend
NATIONAL AND OPERATIONAL PERFORMANCE TARGETS																											
O01	A&E : Four-hour maximum wait from arrival to admission, transfer or discharge	83.9%	86.3%	85.1%	84.1%	81.2%	83.7%	82.6%	82.1%	80.4%	77.2%	80.3%	84.4%	85.3%	86.0%	86.5%	81.9%	83.6%	84.3%	87.0%	86.3%	82.8%	82.6%	82.0%	84.1%	95%	
O01A	A&E : 12 hour maximum wait from arrival to admission, transfer or discharge	9	2	2	0	1	1	2	0	5	28	0	0	0	0	0	0	7	6	0	1	50	27	19	110	0	
O02	Cancer: 2 week GP referral to 1st outpatient	88.6%	93.8%	95.1%	94.7%	94.1%	94.5%	95.1%	94.1%	93.9%	90.7%	93.3%	93.4%	93.4%	94.1%	94.7%	94.8%	93.8%	95.1%	93.8%	94.1%	94.8%	94.0%		94.2%	93%	
O03	Cancer: 2 week GP referral to 1st outpatient - breast symptoms	97.8%	94.8%	98.8%	98.4%	96.6%	97.4%	99.4%	98.9%	97.7%	96.9%	95.9%	93.7%	96.4%	98.2%	95.0%	94.4%	96.1%	96.2%	97.7%	96.0%	94.0%	95.2%		96.0%	93%	
O04	Cancer: 31 day second or subsequent treatment - surgery	95.7%	95.5%	100.0%	91.3%	97.8%	97.8%	92.1%	89.7%	96.6%	95.7%	94.4%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	97.3%	100.0%	97.1%		98.9%	94%	
O05	Cancer: 31 day second or subsequent treatment - drug	97.9%	97.6%	99.0%	100.0%	100.0%	98.7%	100.0%	98.2%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	98.0%		99.4%	98%	
	Cancer: 31 day second or subsequent treatment - radiotherapy	94.4%	100.0%	98.4%	97.7%	97.8%	96.3%	97.3%	97.8%	99.3%	98.2%	99.4%	100.0%	100.0%	99.4%	99.3%	100.0%	98.6%	100.0%	98.5%	99.5%	100.0%	99.5%		99.4%	94%	
O06	Cancer: 31 day diagnosis to treatment for all cancers	100.0%	97.3%	99.1%	98.4%	98.6%	98.2%	98.6%	97.3%	97.2%	98.0%	97.1%	98.3%	99.1%	99.5%	100.0%	98.6%	99.2%	98.3%	99.6%	100.0%	98.3%	97.9%		99.0%	96%	
O07	Cancer: 62 day referral to treatment from screening	75.0%	66.0%	62.0%	73.0%	87.5%	74.2%	75.0%	96.6%	84.2%	87.2%	76.0%	73.3%	87.2%	76.7%	71.8%	80.0%	77.8%	78.4%	75.0%	78.4%	75.0%	75.8%		77.6%	90%	
O08	Cancer: 62 day referral to treatment from hospital specialist	100.0%	100.0%	100.0%	50.0%		50.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	88.9%	75.0%	100.0%	94.7%	85.7%	60.0%	72.7%	77.8%	76.9%	90.9%		84.0%	90%	
O09	Cancer: 62 days urgent GP referral to treatment of all cancers	78.1%	77.2%	81.1%	74.5%	74.7%	85.9%	77.9%	76.5%	66.7%	78.1%	68.5%	76.5%	86.1%	81.1%	74.3%	68.8%	81.4%	78.3%	80.3%	68.2%	80.3%	74.5%		77.5%	85%	
O14	RTT - Incomplete - 92% in 18 weeks	73.5%	74.8%	75.3%	75.3%	75.1%	76.8%	77.8%	80.1%	79.6%	81.4%	82.1%	84.2%	85.2%	86.1%	86.9%	87.0%	86.8%	86.0%	86.1%	86.3%	84.5%	84.6%	83.6%	83.6%	92%	
	RTT - Incomplete - 52Week Waiters	100	87	92	211	226	184	185	161	150	152	143	95	94	102	96	80	84	71	59	47	49	28	28	28	0	
O15	RTT delivery in all specialties (Incomplete pathways)	14	14	14	16	16	15	16	12	12	13	13	9	10	10	13	13	12	12	13	13	14	12	13	13	0	
O16	Maximum 6-week wait for diagnostic procedures	6.6%	2.6%	1.6%	2.1%	2.8%	1.0%	1.9%	1.1%	1.4%	0.8%	0.6%	0.4%	0.5%	0.9%	0.7%	0.6%	1.0%	0.7%	0.9%	1.3%	3.4%	4.3%	3.5%	3.5%	<1%	
O17	Cancelled operations not re-booked within 28 days	7	2	3	2	8	2	8	2	5	8	4	3	3	1	4	5	7	9	5	4	11	15	14	78	0	
O18	Urgent operations cancelled for the second time	0	0	0	0	0	0	0	0	0	8	3	0	0	0	2	1	2	5	3	0	1	0	0	14	0	
O19	Clinics cancelled with less than 6 weeks notice for annual/study leave	65	86	77	67	50	52	32	44	32	30	41	49	48	41	49	38	43	32	62	57	40	37	85	532	-	
O20	Mixed Sex Accommodation breaches	57	69	76	77	113	80	41	137	72	61	92	48	76	48	39	22	21	67	57	52	59	87	84	612	0	
O33	Delayed transfers of care	5.9%	6.7%	6.9%	6.8%	7.4%	9.6%	8.9%	9.5%	8.7%	9.8%	9.7%	9.9%	8.1%	7.4%	7.2%	8.3%	7.9%	8.1%	6.5%	5.1%	4.6%	4.9%	5.3%	7.5%	3%	
IMPROVING CLINICAL PROCESSES																											
O23	% hip fracture repair within 36 hours	79.00%	81.00%	77.00%	75.00%	67.00%	90.00%	88.00%	81.00%	87.00%	90.00%	73.00%	77.00%	76.90%	74.40%	67.00%	83.34%	57.50%	58.10%	81.12%	80.00%	65.72%	75.50%	85.00%		90%	
O24	Patients that have spent more than 90% of their stay in hospital on a stroke unit*	81.63%	84.48%	86.79%	83.58%	84.75%	92.16%	81.67%	92.31%	80.39%	93.48%	89.58%	84.85%	75.00%	80.70%	83.08%	85.00%	77.78%	82.76%	87.50%	85.00%	83.33%	84.38%		82.23%	80%	

FEBRUARY 2018

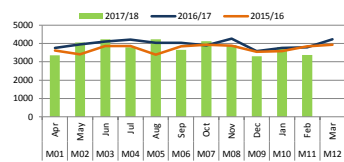
OPERATIONAL PERFORMANCE SCORECARD																									FEBRUARY 2018				
		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	2017/18 YTD	2017/18 Target	Trend		
OPERATIONAL EFFICIENCY																													
O36	Average length of stay - Elective	2.36	2.33	2.37	2.22	2.49	2.06	2.57	2.16	2.45	2.44	2.36	2.31	2.43	2.12	2.51	2.22	2.35	2.53	2.61	2.21	2.43	2.23	2.59	2.38				
O37	Average length of stay - Non-elective Surgery	5.35	5.37	4.74	4.92	5.32	4.97	5.13	5.21	5.03	5.34	5.44	5.17	4.52	5.03	5.01	4.87	5.38	5.36	4.80	4.90	5.10	5.22	6.13	5.10				
O38	Average length of stay - Non-elective Medicine	4.90	4.38	4.26	3.97	4.17	4.85	4.70	4.98	4.85	5.46	4.84	4.87	4.85	4.16	4.42	4.50	4.61	4.56	4.65	4.94	4.71	4.67	4.80	4.62				
O39	Day case rate (CQC day case basket of procedures) source: HED (reported 2-3 months in arrears)	87.4%	89.3%	89.3%	85.6%	85.8%	86.0%	81.0%	85.5%	84.5%	87.6%	85.7%	87.0%	82.7%	87.7%	84.6%	87.2%	87.5%	86.9%	87.1%	85.0%				86.3%	75.0%			
O40	Elective day of surgery rate (DOSR)	94.7%	93.1%	94.4%	94.2%	93.9%	94.9%	95.1%	93.8%	94.6%	94.0%	94.9%	94.8%	94.8%	95.5%	94.9%	95.3%	95.1%	94.2%	95.5%	95.3%	95.2%	95.4%	93.4%	95.0%	90.0%			
O41	Did not attend rate (outpatients)	8.2%	8.7%	8.8%	8.8%	8.5%	8.7%	8.0%	7.7%	8.0%	8.0%	7.5%	7.0%	6.1%	6.6%	6.6%	6.9%	7.4%	7.3%	7.2%	7.8%	8.0%	8.2%	7.7%	7.2%	6.00%			
SUSTAINABILITY																													
O43	Bank staff - % of all staff pay	4.2%	4.3%	4.5%	3.5%	3.8%	4.5%	5.7%	4.0%	4.3%	4.7%	5.2%	5.0%	4.5%	4.1%	5.2%	5.2%	5.3%	5.8%	4.8%	5.0%	5.9%	4.9%	6.3%	5.2%	7%			
O44	Agency staff - % of all staff pay	3.0%	3.1%	1.8%	2.6%	2.0%	2.5%	3.5%	3.3%	3.0%	3.4%	3.1%	4.5%	2.4%	3.1%	3.3%	3.2%	3.9%	4.3%	2.8%	3.2%	3.2%	4.0%	4.0%	3.4%	2%			
O46	% nurses who are registered	73.9%	73.6%	73.0%	73.3%	73.5%	73.7%	73.6%	73.6%	73.7%	73.5%	73.5%	73.4%	73.0%	72.4%	72.1%	72.0%	71.8%	71.5%	71.8%	71.4%	71.1%	70.4%	70.5%		74%			
O47	% Staff appraised	69.8%	70.6%	70.2%	70.4%	66.9%	71.9%	73.4%	75.7%	77.2%	79.2%	81.0%	85.0%	82.8%	81.3%	80.9%	80.2%	77.7%	76.2%	76.1%	75.9%	77.0%	74.3%	71.7%		85%			
O48	Sickness Absence: % Sickness (reported one month in arrears)	4.3%	4.3%	4.3%	4.3%	4.3%	4.2%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%	4.2%	4.2%	4.2%	4.3%			3.5%			
O49	Staff Turnover: Turnover rate (YTD position)	12.8%	12.8%	13.2%	13.6%	12.9%	13.3%	13.4%	13.6%	14.0%	14.2%	14.3%	14.4%	14.5%	14.6%	14.5%	14.3%	14.3%	14.1%	14.2%	13.9%	13.9%	14.1%	14.3%	14.3%	12%			
ACTIVITY																													
A01	Day Cases	3759	3951	4096	4206	4031	4038	3895	4263	3575	3749	3790	4232	3355	4050	4232	3790	4228	3652	4122	3906	3302	3809	3373	41819				
A02	Elective Inpatients	1191	1207	1216	1284	1189	1266	1268	1288	1129	1207	1209	1444	1192	1259	1388	1299	1290	1240	1243	1305	1070	1192	1140	13618				
A03	Non-elective inpatients	4429	4629	4813	4672	4468	4388	4764	4630	4701	4427	4201	4921	4637	4890	4499	4680	4547	4579	4653	4674	4506	4727	4120	50512				
A04	Outpatient First attendances	10498	10612	11826	9928	10914	10811	10962	11779	9325	10315	10328	12344	8620	11132	10935	10169	10496	9950	10409	11282	8192	10982	9082	111249				
A05	Outpatient Follow-up attendances	23633	24089	25211	23974	25719	25335	25025	27606	22352	26786	24337	28242	21604	26190	25085	23710	24294	24133	25029	26341	19722	25891	21467	263466				
A06	Outpatients with procedure	6468	6355	6999	6579	7081	7175	7033	7497	5927	6874	6622	7591	7143	8096	8111	7362	7946	7826	7886	8580	6665	8422	6620	84657				
A07	A&E Attendances	13168	14407	13670	14707	13888	13599	14093	13599	13231	12794	12209	13955	13258	14089	13810	14037	13201	13055	13484	13698	13460	13485	12656	148233				

Notes:

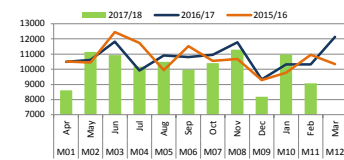
- 1 National reporting for these performance measures is on a quarterly basis. Data are subject to change up to the final submission deadline due to ongoing data validation and verification.
- 2 Data are provisional best estimates and will be amended to reflect the position signed-off in the relevant statutory returns in due course.
- 3 Staff sickness is reported one month in arrears.

## Activity Trends

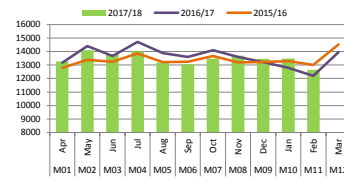
Day Cases



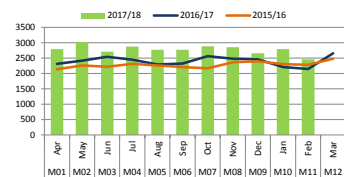
First Outpatients



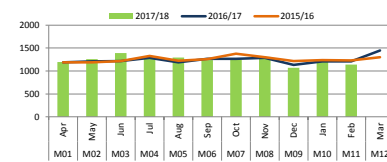
A&amp;E Attendances



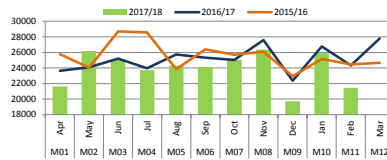
Emergency Admissions (age 0-64)



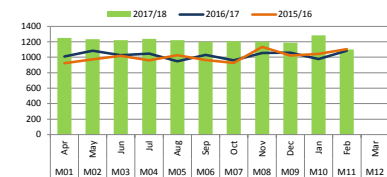
Elective Inpatients



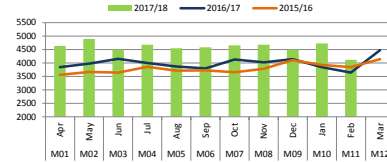
Follow-up Outpatients



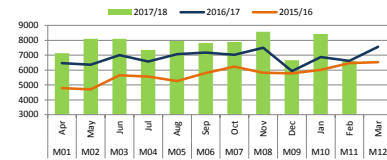
Emergency Admissions (age 65-84)



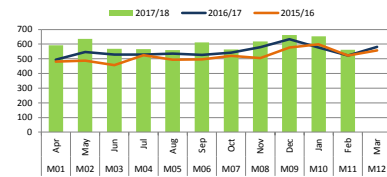
Non-elective Inpatients



Outpatients with Procedure



Emergency Admissions (age &gt;85)



To: Trust Board

Date of Meeting: 28<sup>th</sup> March 2018

Agenda Item: 9

Title
<b>Finance Report on Month 11 2017/18 Position</b>
Responsible Executive Director
Karen Geoghegan, Chief Financial Officer
Prepared by
Daniel Harvey, Assistant Director of Finance – Financial Management
Status
Public
Summary of Proposal
At Month 11 the Trust is reporting a deficit of £60.00m against the deficit plan of £60.31m, a favourable year-to-date variance of £0.31m.
The Finance Report on Month 11 2017/18 Position provides further detail on the Trust's financial position.
The Finance Report on Month 11 2017/18 Position is prepared as part of a suite of reports including:
<ul style="list-style-type: none"> <li>• Contract, Activity and Income Report</li> <li>• Cash Report</li> <li>• Efficiency Programme Report</li> </ul>
Implications for Quality of Care
Financial planning principles have been established to ensure that expenditure budgets reflect anticipated activity levels and that agreed staffing levels are maintained.
Link to Strategic Objectives/Board Assurance Framework
Financial Implications
These are noted within the Finance Report on Month 11 2017/18 Position.
Human Resource Implications
N/A
Recommendation
<b>The Board is asked to NOTE the financial performance of the Trust as at Month 9 and the actions necessary to secure delivery of the Control Total.</b>
Communication and Consultation
N/A
Appendices
<ol style="list-style-type: none"> <li>1. Month 11 I&amp;E position – subjective</li> <li>2. Month 11 I&amp;E position – objective</li> <li>3. Finance Report Month 11 2017/18</li> </ol>



---

Report to:	Trust Board
Meeting date:	28 <sup>th</sup> March 2018
Report from:	Karen Geoghegan, Chief Financial Officer
Author:	Daniel Harvey, Assistant Director of Finance – Financial Management
Title:	Finance Report Month 11 2017/18

---

## **Purpose**

1. This report details the financial performance of the Trust to February 2018 and highlights income and expenditure (I&E), capital, cash management, key risks and remedial actions.

## **Executive Summary**

2. At Month 11 the Trust is reporting an actual deficit of £60.00m against the deficit plan of £60.31m, a favourable variance of £0.31m after adjusting for the impact of the winter funding.
3. Month 11 income was below plan by £0.40m, £0.24m from patient related activities and £0.12m from Education and Training Income.
4. Month 11 pay was above plan by £0.34m, as a result of higher than planned expenditure within Medical Staffing (£0.41m).
5. The position has been supported by benefits within non-operating expenditure (£0.76m); resulting from slippage to the capital programme and capitalisation of some costs.
6. The forecast outturn, excluding the impact of winter funding, remains in line with the agreed control total of a £65.4m deficit; albeit there are a number of known risks that require further focus and engagement to secure delivery.
7. The most significant risks at this time relate to;
  - NHS England Specialised Commissioning - activity, challenges and historic CQUIN. Activity is below plan, particularly in relation to Radiotherapy and Cardiac; further focus is required to address. The outstanding contract challenges for which local agreement could not be reached have been escalated to CFO level to expedite resolution and an agreed year end position. The 16/17 & 17/18 CUR CQUIN also remains subject to escalation.
  - Pay expenditure – whilst below plan year to date is higher than plan for the first month this year; expenditure having increased significantly in comparison to trend and forecast expectation. Divisions have been charged with identifying and delivering forecast reductions to mitigate.
8. The forecast delivery roadmap is the subject of a separate paper.

**Table 1: I&E Summary and Key Financial Metrics**

£000s	In-Month (£m)			Year-to-Date (£m)		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	(44.66)	(44.25)	0.40	(510.28)	(504.67)	5.61
Pay	30.36	30.69	0.34	335.12	329.23	(5.89)
Non-pay	18.25	18.28	0.02	199.57	201.28	1.70
EBITDA	3.95	4.72	0.77	24.41	25.84	1.43
Non-operating costs	3.40	2.64	(0.76)	36.38	32.93	(3.45)
Total	7.35	7.36	0.00	60.79	58.77	(2.02)
Technical adjustments	▼ (0.04) ▼	▼ (0.05) ▼	▼ (0.01)	▼ (0.48) ▼	▼ 0.48 ▼	▼ 0.96
Adjusted Total	7.31	7.31	(0.00)	60.31	59.25	(1.06)
Winter Funding	0.00	0.00	0.00	0.00	0.75	0.75
Total Adjusted for Winter Funding	7.31	7.31	(0.00)	60.31	60.00	(0.31)
CIPs (per PMO plan)	2.43	2.79	0.24	18.28	17.39	(0.89)
Capital	11.38	7.00	(4.38)	90.32	50.00	(40.32)
Cash	5.34	6.66	1.31			

*NB In-month and Year-to-Date "Plan" reflect the Trust's agreed Control Total deficit of £65.4m*

9. The year-to-date position at Month 11 is a favourable variance to budget of £0.31m; with an actual deficit of £60.00m against a deficit plan of £60.31m. This excludes the impact of the receipt of winter funding (£0.75m) intended to improve the forecast outturn position by the equivalent amount.
10. The in-month delivery of the plan is supported by lower than planned non-operating costs of £0.76m. Income delivery was £0.40m below plan in month 11. There has been an overspend on pay £0.34m. There continues to be an upward trend in the pay expenditure run rate.
11. A detailed analysis of the Trust's I&E performance by subjective category is shown in Appendix 1 and by organisational unit in Appendix 2.
12. The Trust's cash position is supported by monthly revenue deficit funding from the Department of Health and capital investment loans and Public Dividend Capital (PDC) for the capital programme. The February revenue funding was £7.8m and the March revenue funding is £3.5m.

## Income

13. Total income was £44.25m in-month; £0.40m less than plan and £0.46m less than forecast.
14. Income is £6.26m below the year to date plan, after adjusting for the impact of winter funding. Having removed the impact of PbR exclusions and Cancer Drugs Fund (CDF) income, analysis of the year-to-date income position shows net underperformance across all categories totalling £7.1m. The most significant adverse variances are on

NHSE contract income and Sussex MSK Partnership (SMSKP) contract income – see Table 2 overleaf.

15. Contract income underperformance across commissioners as a whole is primarily driven by lower than planned day case and elective activity. Failure to deliver the increased level of radiotherapy activity as planned is a key factor contributing to the NHSE income underperformance.
16. The SMSKP income was below plan in Month 11 by £0.13m. Additional physiotherapy staffing has been sourced to support delivery of the direct access element of the contract.
17. Further detail on contract income performance by commissioner and point of delivery is included in the separate Contract, Activity and Income paper.
18. Private Patient Income was below plan (£0.15m) this was mostly attributable to Cardiology (£0.12m). This is predominantly as a result of the Cardiac unit being used to accommodate medical outliers and in particular the individual rooms usually reserved for private patients being used for infection control purposes.
19. Other Operating Income was below plan in month 11 (£0.17m) predominantly due to lower levels of deanery funding for junior doctors (£0.07m) and R&D below planned levels of income (£0.08m).
20. The table overleaf shows a summary of the income position to date.

**Table 2: Income Performance Against Plan Month 11 and Year-To-Date**

	Month 11			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m's	£m's	£m's	£m's	£m's	£m's
NHS Trusts Income	(0.71)	(0.70)	0.01	(7.77)	(7.37)	0.41
CCG Income	(21.94)	(21.71)	0.23	(252.75)	(252.92)	(0.17)
NHSE Income	(14.78)	(14.59)	0.19	(168.57)	(163.59)	4.97
NCA Income	(0.36)	(0.37)	(0.02)	(4.19)	(5.07)	(0.88)
SMSKP Income	(2.05)	(1.92)	0.13	(23.67)	(22.21)	1.46
Commissioning Income - Non Activity	(0.35)	(0.80)	(0.46)	(3.96)	(5.21)	(1.26)
Department Of Health Income	(0.00)	0.00	0.00	(0.03)	(0.04)	(0.00)
Private Patients Income	(0.44)	(0.29)	0.15	(4.71)	(4.17)	0.54
Injury Cost Recovery	(0.21)	(0.18)	0.03	(2.29)	(1.39)	0.90
Local Authority Income	(0.14)	(0.13)	0.01	(1.49)	(1.30)	0.19
Overseas Visitors Income	(0.35)	(0.38)	(0.03)	(4.08)	(4.22)	(0.14)
Other Patient Related Income	(0.02)	(0.03)	(0.01)	(0.20)	(0.24)	(0.04)
<b>Income from Activities</b>	<b>(41.34)</b>	<b>(41.10)</b>	<b>0.24</b>	<b>(473.71)</b>	<b>(467.74)</b>	<b>5.97</b>
Education & Training Income	(2.26)	(2.15)	0.11	(24.92)	(24.83)	0.09
Research & Development Income	(0.36)	(0.28)	0.08	(4.07)	(3.49)	0.58
Income Generation	(0.21)	(0.18)	0.03	(2.33)	(2.25)	0.08
Other Income	(0.47)	(0.53)	(0.06)	(5.24)	(6.36)	(1.12)
<b>Other Operating Income</b>	<b>(3.32)</b>	<b>(3.15)</b>	<b>0.17</b>	<b>(36.57)</b>	<b>(36.93)</b>	<b>(0.36)</b>
<b>TOTAL INCOME</b>	<b>(44.66)</b>	<b>(44.25)</b>	<b>0.40</b>	<b>(510.28)</b>	<b>(504.67)</b>	<b>5.61</b>
<b>Winter Funding</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.75</b>	<b>0.75</b>
<b>TOTAL INCOME PRE WINTER FUNDING</b>	<b>(44.66)</b>	<b>(44.25)</b>	<b>0.40</b>	<b>(510.28)</b>	<b>(503.92)</b>	<b>6.36</b>

*NB Figures in brackets reflect overachievement of income against plan*

## Expenditure Year-To-Date

21. Operating Expenditure is underspent year-to date by £4.18m; a pay underspend of £5.89m is partly offset by a non-pay overspend of £1.70m.

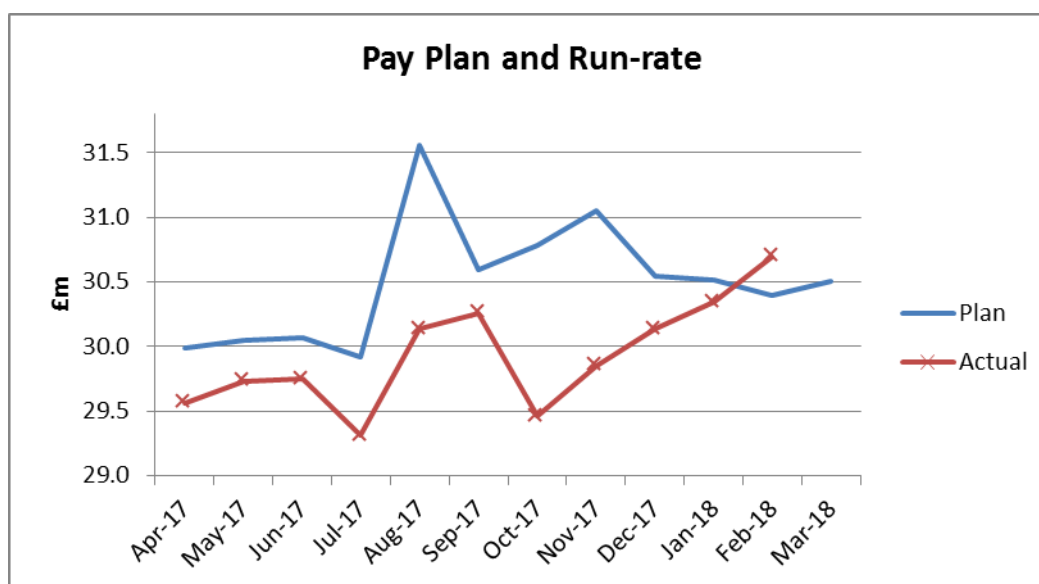
## Pay

22. The pay underspend comprises underspends in all staff categories with the exceptions of Medical & Dental Staff, Other Healthcare and Ancillary Staff, as shown in Table 3.

**Table 3: Pay Variances to Plan**

£ms	Month 11			Year-to-Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Medical & Dental Staff	8.96	9.42	0.46	98.29	100.35	2.05
Nursing & Midwifery	11.38	11.49	0.11	125.54	123.11	(2.43)
Other Healthcare Staff	4.36	4.10	(0.26)	47.46	44.80	(2.67)
Management	1.47	1.33	(0.14)	15.82	14.56	(1.26)
Administrative & Clerical	2.93	2.77	(0.15)	32.18	30.16	(2.03)
Ancillary Staff	1.18	1.37	0.19	13.10	13.40	0.30
Maintenance & Works	0.26	0.20	(0.07)	2.91	2.24	(0.67)
Other Staff	(0.19)	0.01	0.19	(0.18)	0.62	0.81
<b>Total pay</b>	<b>30.36</b>	<b>30.69</b>	<b>0.34</b>	<b>335.12</b>	<b>329.23</b>	<b>(5.89)</b>

23. The pay expenditure run rate has continued to increase; with month 11 expenditure being the highest level year to date. The increase in run rate is within temporary staffing; £325k increased expenditure on bank compared with the previous 3 month average and £128k increase on the previous 3 months average agency usage. The increase in run rate is predominantly due to the additional capacity open within the trust related to winter pressures.

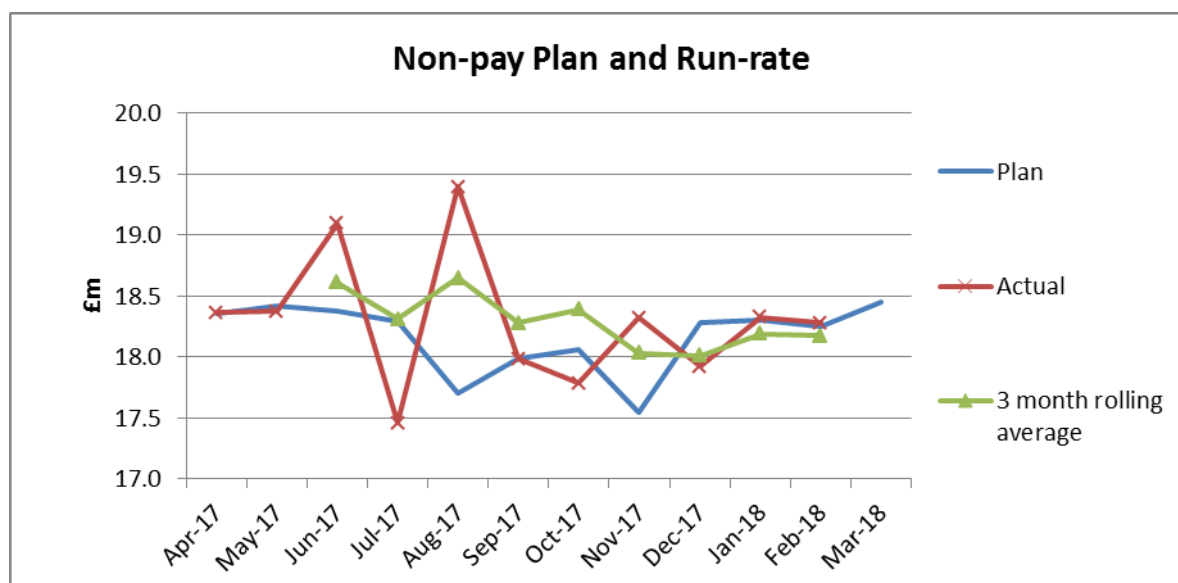


*NB The plan spikes in August and November reflect adjustment of the plan*

24. Month 11 agency expenditure increased by £0.18m compared to Month 10 after removing last month's impact for re-categorisation of expenditure. The in month agency usage can be attributed to the additional capacity being staffed due to winter pressures. A schedule of these costs is being submitted to commissioners to support the Trust's claim for Tranche 2 Winter Funding.
25. The Trust's overall agency expenditure ceiling for 2017/18 is £12.8m; in line with 2016/17. Agency expenditure is £11.42m as at Month 11; £0.31m lower than the phased agency ceiling of £11.73m. The agency expenditure represents 3.5% of total pay expenditure.

## Non-pay

26. Year-to-date non-pay is £1.70m above plan, of which £0.95m relates to “PbR exclusions and CDF drugs” which is offset by income. There is also £0.92m of higher than planned expenditure on clinical supplies within tariff.
27. The non-pay run-rate decreased by £0.02m in Month 11, overspends on PbR exclusions have been offset by a reduction to supplies and services within tariff.



## Non-operating costs

28. Non-operating costs are underspent by £3.45m year-to-date, primarily due to depreciation and interest payments being lower than planned. This is due to slippage on the capital programme.

## Performance Against Delegated Budgets

29. Year-to-date the Clinical Divisions are collectively overspending against delegated budgets by £7.00m; an in-month increase of £1.48m; £1.17m on Pay and £0.58m on Non Pay in month. Clinical supplies and services as well as drugs contribute £3.85m to the year to date position, of which Specialist services have contributed £3.15m. £2.14m of the variance to budget relates to pay and in particular Medical and Dental staffing (£2.31m). Details are in Appendix 2.
30. Corporate Divisions are overspent against planned delegated budgets by £0.28m; in-month the overspend has increased by £0.43m. £0.22m relates to reduced levels of Education and R&D income. £0.14m relates to Premises which has increased due to an increase to reactive maintenance.

## Efficiency Programme

31. The PMO has been working with Directorates to develop cost improvement and efficiency plans that deliver £20m of savings. Schemes are now all reflected in delegated budgets with the exception of a portion of the corporate CIP pending finalisation of the corporate sub-structures; work continues to identify actions to convert non-recurrent into recurrent savings in this area.
32. The Month 11 CIPs position is £0.2m above the internal plan; the forecast is to deliver the full £20m targeted savings – see Table 4. Development of the schemes identified as higher risk will continue and progress will be monitored by the Efficiency and Workforce Combined Steering Group. A separate detailed report on the efficiency programme is presented to the Finance and Investment Committee.

**Table 4: CIPS Performance**

£m					
YTD			Full Year Forecast		
Plan	Actual	Variance	Plan	Actual	Variance
18.28	17.39	(0.89)	20	20	0

*NB Brackets indicate adverse variances in this table*

## Next Steps

### 33. Income

- Securing the level of contract income included in the forecast. On-going negotiations with NHSE have been escalated in order to expedite reconciliation of the organisations differing positions on the current contract challenges and agree a forecast outturn position.
- Securing CQUIN payments in-full; against a c£9m plan, £1.8m of risk has been identified. This figure reflects the worst case scenario; further detail can be found in the Trust Contract, Activity and Income Report for Month 11. The CUR CQUIN remains subject to escalation as agreement on delivery has been reached to date.
- Resubmitting the Trust's winter pressure related expenditure to commissioners in order to secure sufficient Tranche 2 funding to cover the additional costs borne in order to open additional capacity and ensure more effective patient flows.

### 34. Expenditure

- The under performance against delegated budgets is being addressed, the divisions have produced month 11 roadmaps to incorporate further identified opportunities/mitigations as well as taking actions to enable delivery of the best case opportunities. These will continue to be reviewed and refined on an on-going basis.

## **Cash**

35. The Trust received £7.8m of revenue deficit funding in February and a further £3.5m has been paid in March.
36. Capital funding is mainly as Public Dividend Capital (PDC). The Trust has drawn down £27.4m. The drawdown for March is £14m. This final drawdown is material because earlier PDC drawdowns were limited by the underspend on operational capital which is the first call on capital funding. Following the approval by DH of the Emergency Department and Emergency Estates schemes the first drawdown of £4.5m is expected in March.

## **Capital**

37. The strategic capital forecast for 17/18 is £52.1m, which comprises £46m for 3Ts, £4.5m for the Emergency Floor scheme and £1.5m for the Radiotherapy East scheme. The Operational programme shows a cumulative spend to the end of February of £7m which leaves a further £13.9m forecast for March based on orders placed and expected delivery dates. Oversight of all aspects of the capital programme is through the executive led Capital Investment Group and the Group is monitoring lead times on schemes and order and delivery dates of individual schemes.

## **Conclusions and Recommendations**

38. The Trust has delivered the year to date control total assisted by bringing forward technical adjustments and through lower than planned levels of non-operating expenditure.
39. Clinical Divisions need to identify and implement expenditure run rate reductions to support the Trust's financial position. These will be captured and quantified using the Divisional Roadmaps and fed into the Trust overall Roadmap.



NHS Trusts Income
CCG Income
NHSE Income
NCA Income
SMSKP Income
Commissioning Income - Non Activity
Department Of Health Income
Private Patients Income
Injury Cost Recovery
Local Authority Income
Overseas Visitors Income
Other Patient Related Income
Income from Activities
Education & Training Income
Research & Development Income
Income Generation
Other Income
Other Operating Income
TOTAL INCOME
Pay - Management
Medical and Dental Staff
Nursing & Midwifery - Registered
Nursing & Midwifery - Unregistered
Pay Other Healthcare
Ancillary Staff
Administrative & Clerical
Maintenance & Works
Pay - Other Staff
TOTAL PAY
Drugs - in tariff
Drugs - PbR exclusion and CDF
Supplies and Services - Clinical - in tariff
Supplies and Services - Clinical - PbR exclusion
Supplies and Services General
Establishment Expenses
Transport Expenses
Premises
Purchase of Healthcare from Non NHS provider
Consultancy
Other Non Pay
CNST Premium
Education and Training
Services from Other NHS Bodies
Audit Fees
Trust Chair & Non-Executive Directors
TOTAL NON-PAY
TOTAL EXPENDITURE
Depreciation & Impairments
Interest Payable
Interest Receivable
Profit / Loss on Disposal of Fixed Assets
PDC Dividend Payable
TOTAL NON OPERATING INC & EXP
TOTAL INCOME & EXPENDITURE
Donations Inc Charitable Funds
Depn. On Donated Assets
Fixed Asset Impairments
NET REPORTED POSITION

Month 11		
Plan	Actual	Variance
£000's	£000's	£000's
(705)	(699)	6
(21,940)	(21,714)	226
(14,778)	(14,585)	193
(358)	(374)	(16)
(2,049)	(1,920)	129
(346)	(804)	(459)
(3)	0	3
(445)	(292)	153
(208)	(177)	31
(353)	(384)	(31)
(18)	(26)	(8)
(138)	(128)	10
(41,342)	(41,104)	239
(2,265)	(2,153)	112
(365)	(284)	80
(212)	(178)	34
(475)	(534)	(60)
(3,316)	(3,150)	166
(44,658)	(44,254)	405
1,467	1,329	(138)
8,962	9,422	460
9,212	9,122	(90)
2,166	2,364	198
4,358	4,100	(258)
1,185	1,375	190
2,926	2,774	(152)
265	198	(67)
(185)	9	195
30,355	30,693	338
1,156	1,044	(113)
5,614	5,046	(568)
4,291	4,313	22
710	1,468	758
589	643	54
495	544	49
145	219	74
1,683	1,659	(24)
483	487	4
101	579	478
96	(63)	(158)
1,794	1,793	(0)
317	371	55
752	140	(613)
21	25	4
5	8	3
18,253	18,277	24
48,608	48,970	362
1,884	1,368	(515)
995	921	(74)
(3)	(5)	(2)
528	358	(170)
3,404	2,642	(762)
7,353	7,358	4
(25)	0	25
69	50	(18)
0	0	0
7,310	7,308	(2)

Year to Date		
Plan	Actual	Variance
£000's	£000's	£000's
(7,775)	(7,366)	409
(252,755)	(252,924)	(169)
(168,568)	(163,595)	4,974
(4,189)	(5,072)	(883)
(23,669)	(22,214)	1,456
(3,955)	(5,215)	(1,260)
(34)	(38)	(4)
(4,708)	(4,169)	539
(2,292)	(1,387)	905
(4,079)	(4,220)	(140)
(199)	(242)	(44)
(1,490)	(1,302)	188
(473,713)	(467,743)	5,970
(24,924)	(24,830)	94
(4,068)	(3,486)	582
(2,333)	(2,248)	85
(5,243)	(6,363)	(1,120)
(36,568)	(36,927)	(359)
(510,281)	(504,670)	5,611
15,816	14,557	(1,259)
98,292	100,347	2,055
101,649	98,591	(3,058)
23,889	24,519	630
47,465	44,798	(2,667)
13,096	13,395	300
32,182	30,156	(2,026)
2,911	2,244	(667)
(181)	624	806
335,119	329,232	(5,888)
11,930	11,328	(602)
60,324	61,117	792
48,264	49,181	916
7,822	7,982	160
6,469	6,429	(39)
5,422	5,300	(123)
1,657	1,633	(24)
19,067	19,539	472
5,563	6,119	555
612	1,633	1,021
805	1,044	238
19,729	19,728	(1)
3,444	3,305	(139)
8,177	6,631	(1,546)
228	218	(11)
58	90	32
199,573	201,277	1,704
534,693	530,509	(4,184)
20,720	18,641	(2,079)
9,881	9,101	(780)
(32)	(32)	0
5,808	5,220	(588)
36,377	32,931	(3,446)
60,789	58,770	(2,019)
(275)	(1,033)	(758)
754	555	(198)
0	0	0
60,310	59,247	(1,063)

## Appendix 2 - I/E Report Month 11 2017/18

Children & Women Division
Central Clinical Services Division
Medicine Division
Specialist Services Division
Surgery Division
<b>Clinical Services Total</b>
Chief Financial Officer
Chief Executive
Chief Nursing & Patient Safety Officer
Chief Operating Officer
Chief Medical Officer
Chief Delivery & Strategy Officer
Chief Workforce & Organisation Development Officer
<b>Corporate Services Total</b>
Central Income
Capital Charges & Financing Costs
Central Reserves
Efficiency Programme
<b>Financial Central Services</b>
<b>Directorate Total</b>
<i>Below the line Adjustments</i>
<b>Total</b>

In-Month		
Plan	Actual	Variance
£000's	£000's	£000's
3,844	4,188	344
7,403	7,176	(227)
4,826	5,277	451
6,409	7,567	1,158
7,414	7,667	254
<b>29,896</b>	<b>31,875</b>	<b>1,979</b>
1,190	1,022	(168)
171	317	146
2,195	2,248	53
3,326	3,805	479
(953)	(860)	93
62	512	450
442	352	(90)
<b>6,432</b>	<b>7,396</b>	<b>964</b>
(33,501)	(33,227)	275
3,167	2,432	(735)
1,484	(1,119)	(2,603)
(125)	0	125
<b>(28,975)</b>	<b>(31,913)</b>	<b>(2,939)</b>
<b>7,353</b>	<b>7,358</b>	<b>4</b>
(43)	(50)	(7)
<b>7,310</b>	<b>7,308</b>	<b>(2)</b>

Year-to-Date		
Plan	Actual	Variance
£000's	£000's	£000's
42,885	43,937	1,052
81,649	80,837	(812)
53,678	55,696	2,018
71,184	74,926	3,743
82,487	83,482	995
<b>331,882</b>	<b>338,878</b>	<b>6,995</b>
12,559	11,723	(836)
1,880	2,761	880
24,695	24,567	(128)
36,929	37,544	614
(10,110)	(9,589)	521
647	1,004	357
4,868	4,267	(602)
<b>71,470</b>	<b>72,276</b>	<b>807</b>
(387,470)	(380,809)	6,660
33,773	30,064	(3,710)
11,259	(1,639)	(12,897)
(125)	0	125
<b>(342,563)</b>	<b>(352,385)</b>	<b>(9,821)</b>
<b>60,789</b>	<b>58,770</b>	<b>(2,019)</b>
(478)	478	956
<b>60,310</b>	<b>59,247</b>	<b>(1,063)</b>

Summary

A Control Total deficit of £65.4m has been set by the Trust in agreement with NHSI. The Trust is reporting a £60.00m deficit at Month 11 after adjusting for the receipt of winter funding, £0.31m better than plan. The capital programme is underspent and cash receipts are higher than planned. The Efficiency and Transformation Programme is delivering £0.39m behind the NHSI plan year-to-date. The Trust is forecasting to underspend compared to the Control Total deficit at the end of the year as a result of additional winter funding, where the costs were already reflected in the expenditure forecast.

Finance and Use of Resources Risk Rating <b>R</b>				Control Total (Surplus) / Deficit £k <b>G</b>				Agency Ceiling £k <b>G</b>			
YTD											
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance		Ceiling	Actual / Forecast	Variance
Year-to-date	4	4	0	Year-to-date	60,310	59,247	(1,063)	Year-to-date	11,731	11,420	(311)
Year-end Forecast	4	4	0	Year-end Forecast	65,349	63,841	(1,508)	Year-end Forecast	12,798	12,458	(340)
Whilst the overall rating below would be 3 based on the average of the components, because there are 3 ratings of 4 the score is overridden to 4.				Based on a deficit plan of £65.35m, the Trust is reporting a deficit of £59.24m compared to the YTD plan of £60.31m. The forecast is to deliver a deficit below the plan by £1.5m due to the receipt of winter funding to the same value.				Agency costs of £11.4m represent 3.5% of the total pay bill and are within the year-to-Month 11 agency cap of £11.7m. Agency expenditure was lower than M10, although there was an increase in substantive and bank costs. The total cost of agency, bank and substantive staff usage was below the Month 11 year to date target.			
Income £k <b>R</b>				Operating Costs £k <b>G</b>				Agency Expenditure <b>G</b>			
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance	Expenditure as % of total Pay bill (YTD)			
Year-to-date	(510,281)	(504,670)	5,611	Year-to-date	534,693	530,509	(4,184)	Medical	2015-16	2016-17	2017-18
Year-end Forecast	(557,539)	(552,313)	5,226	Year-end Forecast	583,609	579,883	(3,726)	Nursing	1.8%	0.9%	0.9%
For the year-to-January Income reports an underperformance of £5.21m, an increase of £0.1m on the previous month. Activity continues to be lower than plan in month particularly for Day Cases and Elective spells. The year-end projection is to secure less income than plan by £4.0m, principally due to CDF drug expenditure being lower than was included in the plan. Winter pressures funding of £1.5m has been included in the forecast. Private Patient and Injury Cost Recovery are also behind plan.				Operating costs to Month 10 are underspending against budgets, wholly due to pay costs, and the savings plans have now been fully allocated. At present the assumption is that the Trust will identify the required savings, manage the identified risks and reduce expenditure and therefore come in below budget, except for PbR excluded drugs which should be offset by additional income.				Other staff groups	2.1%	0.8%	1.2%
								All Agency	1.7%	1.2%	1.3%
									5.6%	2.9%	3.5%
								Agency costs have increased as a proportion of the total paybill compared to the same period last year, but are still below the ceiling to date.			
Cash £k <b>G</b>				Capital £k <b>A</b>				Efficiency and Transformation Programme £k <b>G</b>			
	Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance		Plan	Actual / Forecast	Variance
Year-to-date	5,344	6,656	1,312	Year-to-date	90,315	49,995	(40,320)	Year-to-date	17,720	17,327	(393)
Year-end Forecast	3,668	3,668	0	Year-end Forecast	107,182	72,991	(34,191)	Year-end Forecast	20,000	20,000	0
Revenue deficit funding is applied for and paid over monthly. The funding for February was £7.8m and the March funding is £3.5m. Cumulatively the Trust has received £60.3m to the end of February. The capital funding received to date as PDC for 3Ts is £27.4m. The next funding will be £14.0m in March. The first drawdown for the newly approved emergency scheme is expected to be made in March for £4.5m. There is a small favourable variance to date on the month end cash holding. The year-end level of cash holding is aligned to the year-end External Financing Limit (EFL) cash control total.				Year-to-date the capital programme is behind the NHSI plan (adjusted for the 3Ts plan changes) for both the Strategic Capital and Operational Capital. The strategic variance relates primarily to the Emergency schemes, which were planned to start much earlier in the year but have been delayed by funding approval; the forecast for the year is £4.5m. Expenditure on the operational capital programme to date amounts to £7m which leaves a further £13.9m to be spent in March. The forecast is based on orders placed and expected delivery dates in March however there is a significant risk to the Trust in meeting the programme target for the year. The Capital investment Group is monitoring the schemes delivery dates closely.				Whilst the majority of the efficiency plan schemes are on target, there is some project slippage at month 11. The savings reported year-to-date are below the original NHSI plan target by £0.393m, but below the internal plan by £0.956m. The forecast is to achieve the £20m target.			

Key risks include:

1. The contract income plan is significantly higher than the signed off contracts with commissioners. This reflects a higher baseline level of activity than was assumed at the time of contract sign-off. Agreement has been reached with CCGs for the level of activity that is expected for 17/18. Discussions have commenced with NHSE on the year-end income forecast.
2. The increasing pay run rate needs to be addressed and progress should be updated through the divisional roadmaps.
3. Not securing CQUIN income in full. A Programme Board has been established to manage this risk and securing an income agreement with CCG commissioners would mitigate risk on their CQUIN funding.

**Finance Report Month 11 2017/18**
**Finance and Use of Resources Risk Rating**
**R**

Whilst the overall rating below would be 3 based on the average of the components, because there are 3 ratings of 4 the score is overridden to 4.

Financial Rating YTD	Plan Metric	Plan Rating	Actual Metric	Actual Rating
Capital Service Capacity	(1.2)	4	(1.4)	4
Liquidity	(17.1)	4	(16.7)	4
I&E Margin	(11.92%)	4	(11.76%)	4
Distance from Financial Plan			0.16%	1
Agency Spend	(13.92%)	1	(2.65%)	1
<b>2017-18 Finance Rating after overrides</b>		4		4

Area	Metric	Construction	Rating				Weighting
			1 (Best)	2	3	4 (Worst)	
Financial Sustainability	Capital Service Capacity	$\frac{\text{Revenue available for capital service}}{\text{Annual debt service}}$	2.5x	1.75x	1.25x	<1.25x	20%
	Liquidity Days	$\frac{\text{Working capital balance x 30}}{\text{Annual operating expenses}}$	0	(7.00)	(14.00)	<(14.00)	20%
Financial Efficiency	I&E Margin	$\frac{\text{I\&E Surplus or deficit}}{\text{Total Operating and Non Op income}}$	5%	3%	0%	<0%	20%
Financial Controls	Distance from Financial Plan	$\frac{\text{YTD Actual I\&E Surplus/Deficit} - \text{YTD Planned I\&E Surplus/Deficit}}{\text{YTD Planned I\&E Surplus/Deficit}}$	0%	(1)%	(2)%	≤(2)%	20%
	Agency Ceiling	$\frac{\text{YTD Actual Agency Ceiling} - \text{YTD Planned Agency Ceiling}}{\text{YTD Planned Agency ceiling}}$	0%	25%	50%	≤50%	20%

# Finance Report Month 11 2017/18

# Surplus

G

Based on a deficit plan of £65.35m, the Trust is reporting a deficit of £59.24m compared to the YTD plan of £60.31m. The forecast is to deliver a deficit below the plan by £1.5m due to the receipt of winter funding to the

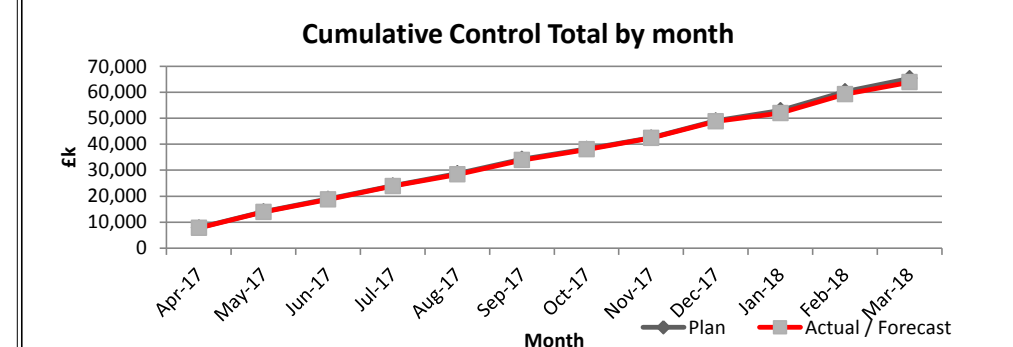
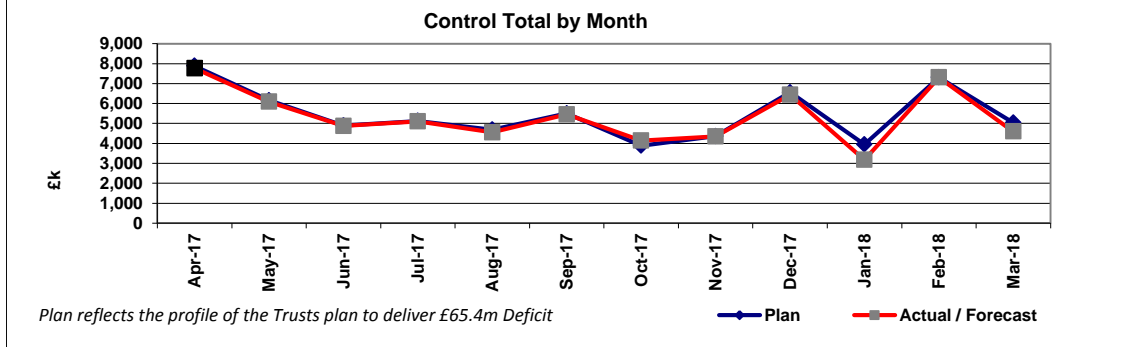
Year to Date				Year End Forecast			
	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
(Surplus)/Deficit	60,310	59,247	(1,063)	(Surplus)/Deficit	65,349	63,841	(1,508)

Income year-to-date is less than budget by £5.61m with a year-end forecast of underachievement of £5.95m. More detail is provided in the Income dashboard.

Expenditure compared to budget is underspent for the period to February 2018, mainly in the areas of pay costs. This is partly offset by overspends in PBRX drugs, clinical supplies and services and other non-pay areas.

Year to Date					Full year			
	PY Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k
Income	(501,418)	(510,281)	(504,670)	5,611	Income	(557,539)	(552,313)	5,226
Pay	318,156	335,119	329,232	(5,888)	Pay	365,589	359,635	(5,954)
Non-Pay - in tariff	143,791	131,426	132,178	751	Non-Pay - in tariff	143,467	144,540	1,072
Non-Pay - PBR exclusions and CDF	66,929	68,147	69,099	952	Non-Pay - PBR exclusions and CDF	74,553	75,708	1,155
<b>EBITDA *</b>	<b>27,459</b>	<b>24,412</b>	<b>25,839</b>	<b>1,427</b>	<b>EBITDA *</b>	<b>26,070</b>	<b>27,570</b>	<b>1,500</b>
<b>EBITDA %</b>	<b>-5.5</b>	<b>-4.8</b>	<b>-5.1</b>		<b>EBITDA %</b>	<b>-4.7</b>	<b>-5.0</b>	
Profit / Loss on Disposal of Fixed Assets	-	-	-	-	Profit / Loss on Disposal of Fixed Assets	-	-	-
Interest Payable	5,623	9,881	9,101	(780)	Interest Payable	10,896	10,064	(832)
Interest Receivable	(30)	(32)	(32)	0	Interest Receivable	(35)	(34)	1
Depreciation	19,435	20,720	18,641	(2,079)	Depreciation	22,604	20,169	(2,434)
Impairments		0	0	0	Impairments	15,500	10,500	(5,000)
Public Dividend Capital	6,227	5,808	5,220	(588)	Public Dividend Capital	6,336	5,578	(758)
<b>Net (Surplus) / Deficit</b>	<b>58,714</b>	<b>60,789</b>	<b>58,770</b>	<b>(2,020)</b>	<b>Net (Surplus) / Deficit</b>	<b>81,371</b>	<b>73,848</b>	<b>(7,523)</b>
Reverse Impairment	0	0	0	0	Reverse Impairment	(15,500)	(10,500)	5,000
Other Adjustments	(683)	(478)	478	956	Other Technical Adjustments	(522)	494	1,016
Reverse IFRS technical charge	0	0	0	0	Reverse IFRS technical charge	0	0	0
<b>Performance against Control Total</b>	<b>58,031</b>	<b>60,310</b>	<b>59,247</b>	<b>(1,063)</b>	<b>Performance against Control Total</b>	<b>65,349</b>	<b>63,841</b>	<b>(1,508)</b>
<b>Surplus %</b>	<b>-11.6</b>	<b>-11.8</b>	<b>-11.7</b>		<b>Surplus %</b>	<b>-11.7</b>	<b>-11.6</b>	

\* EBITDA Earnings before Interest Taxation Depreciation and Amortisation



Contract income is underperforming by £2.4m year-to-date. This is based on 9 months actual activity and an estimate for January. Measuring performance by commissioner is provisional whilst the Identification Rules, which determine which commissioner pays for activity, are finalised. It is anticipated that the values of all commissioner contracts will change once this is completed. There are also a number of outstanding contractual issues to be resolved with commissioners in the coming months. The Trust's income expectation is significantly higher than the signed contracts mainly due to these outstanding items. The Trust is working with commissioners to manage the system wide impact of competing pressures across the LHE.

## Contract Agreement 2017/18

Table 1. Total Financial Values By CCG, NHS England and Public Health

	Reported Values for January 2018			
	£'000			
	FYE Plan	YTD Plan	YTD Actual	YTD Var
Sussex CCG's	276,321	230,815	231,261	446
MSK	25,818	21,620	20,295	(1,325)
NHS England (Specialised)	169,549	141,568	139,828	(1,740)
NHS England (Dental & Screening)	9,581	8,017	7,472	(545)
Integrated Sexual Health Services	3,997	3,344	3,449	104
Non Contracted Activity	4,574	3,830	4,642	812
<b>TOTAL COMMISSIONING INCOME</b>	<b>489,840</b>	<b>409,194</b>	<b>406,947</b>	<b>(2,247)</b>

Table 3 - Reconciliation to Income Reporting

Contract Monitoring Performance -(unadjusted )	482,941	403,444	407,798	(4,354)
CQUIN 2.5%	9,125	7,604	6,488	1,115
Contract Penalties / Adjustments (Estimated)	(2,225)	(1,854)	(7,339)	5,485
	<b>489,840</b>	<b>409,194</b>	<b>406,947</b>	<b>2,247</b>
<b>Other Income from Activities</b>				
NHS Trust / FT Income	8,480	7,069	6,667	402
Commissioning Income - Non Activity	9,348	7,815	6,122	1,693
Department Of Health Income	37	31	38	(7)
Private Patients Income	5,153	4,263	3,877	386
Injury Cost Recovery	2,501	2,084	1,210	874
Other Patient Related (remove MSK included above)	1,628	1,352	1,174	178
Local Authority Income (remove value included above)	451	382	387	(5)
Overseas Visitors Income	217	181	216	(36)
<b>Income from Activities as reported in Income Section</b>	<b>517,654</b>	<b>432,371</b>	<b>426,639</b>	<b>5,732</b>

Table 2. Activity and Income by Point of Delivery

Point of Delivery	YTD Activity Volumes				YTD Income £'000			
	Plan	Actual	Var	%	Trust Plan	Actual	Var	%
Daycase	40,149	38,478	(1,671)	-4.2%	35,377	33,295	(2,082)	-5.9%
Elective Spells	12,766	12,456	(311)	-2.4%	32,576	31,420	(1,157)	-3.6%
Elective Excess beddays	35,079	35,025	(53)	-0.2%	503	680	177	35.1%
Non Elective Spells	3,756	3,924	168	4.5%	91,795	91,702	(93)	-0.1%
Non Elective Spells - Short Stay	8,003	7,363	(640)	-8.0%	2,723	2,957	235	8.6%
Ambulatory Care	1,901	2,501	599	31.5%	7,187	6,530	(657)	-9.1%
Non Elective excess beddays	14,041	15,087	1,046	7.5%	3,639	4,072	434	11.9%
A&E	142,646	135,787	(6,859)	-4.8%	17,145	17,421	276	1.6%
Outpatients - New	106,811	101,138	(5,673)	-5.3%	17,394	16,337	(1,058)	-6.1%
Outpatients - Follow Up	245,867	240,086	(5,781)	-2.4%	20,272	20,159	(113)	-0.6%
Outpatient Procedures	68,094	77,677	9,583	14.1%	9,321	10,311	991	10.6%
Outpatient Imaging	73,753	77,053	3,300	4.5%	4,295	4,328	33	0.8%
Direct Access	15,196	15,464	269	1.8%	11,399	11,644	245	2.1%
Critical Care	22,197	21,856	(342)	-1.5%	27,564	28,707	1,143	4.1%
Maternity Pathway	10,018	9,120	(898)	-9.0%	9,746	9,099	(648)	-6.6%
HIV	23,339	23,708	369	1.6%	4,282	4,261	(21)	-0.5%
Renal	10,018	9,120	(898)	-9.0%	12,615	12,185	(430)	-3.4%
Other	3,373,352	3,204,508	(168,844)	-5.0%	38,244	38,038	(205)	-0.5%
PbR Excluded Drugs / Devices					57,061	61,265	4,203	7.4%
CQUINS					7,604	7,604	0	0.0%
Provision for challenge and Risk					(1,854)	(7,336)	(5,482)	295.6%
CCG AIC adjustment					0	2,269	2,269	
Phasing correction					305		(305)	-100.0%
					<b>409,193</b>	<b>406,947</b>	<b>(2,246)</b>	<b>-0.5%</b>

Table 4 - Income from CCG's

	£'000		
	YTD Plan	YTD Actual	YTD Var
NHS BRIGHTON AND HOVE CCG	107,870	107,625	245
NHS COASTAL WEST SUSSEX CCG	12,545	13,175	(630)
NHS CRAWLEY CCG	2,759	2,437	321
NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	9,187	8,453	734
NHS HASTINGS AND ROTHER CCG	3,612	3,734	(122)
NHS HIGH WEALD LEWES HAVENS CCG	37,963	38,615	(652)
NHS HORSHAM AND MID SUSSEX CCG	54,275	54,537	(262)
NHS EAST SURREY	611	456	155
Dermatology SCDS	1,992	2,228	(236)
<b>Commissioning Income CCG's</b>	<b>230,815</b>	<b>231,261</b>	<b>(447)</b>

For the year-to-January, Income reports an underperformance of £5.21m, an increase of £0.1m on the previous month. As shown on the contract performance sheet activity is behind plan for day case and elective activity. Also the Trust is not paid 100% for all its non-elective activity for MRET and readmissions with £1.1m of income not received above plan; this is included in the provision for contract adjustments. The year-end forecast is for an adverse variance of £4.0m, although the impact of reduced activity in December & the January forecast are partially offset by the agreement with local Commissioners. The forecast position has improved by £0.6m. The deficit is principally due to CDF drug expenditure being lower than was included in the plan. Income from patient activity is based on 9 months actual activity and an estimate for January. A provision is held for contract adjustments and challenges.

## Year-to-Date

	Plan £k	Actual £k	Variance £k
<b>Total Income</b>	<b>(510,281)</b>	<b>(504,670)</b>	<b>5,611</b>

Clinical activity has been split by Commissioner to highlight the different performance in each group. Activity NHSE continues behind plan in particular the anticipated growth in radiotherapy has not taken place. The query as to where spinal activity should be coded has been resolved, and is charged against the MSK contract. Private Patient income is highly variable with an in-month deficit of £65k. The shortfall in research income is mainly due to commercial trials being lower than planned and is partly offset by reduced costs.

## Year-end Forecast

	Plan £k	Forecast £k	Variance £k
<b>Total Income</b>	<b>(557,539)</b>	<b>(552,313)</b>	<b>5,226</b>

The Trust has reached an agreement with local CCG's for patient activity for £276.5m. The forecast income shortfall has reduced by £0.6m, with slightly improved income recovery from NHS Trusts, Local Authorities and from Research. The CDF year-end forecast is a shortfall of £3.0m, which is offset by lower expenditure. Other income is ahead of plan due to donations from charitable funds (£1.0m) and lower capital charges (£0.6m).

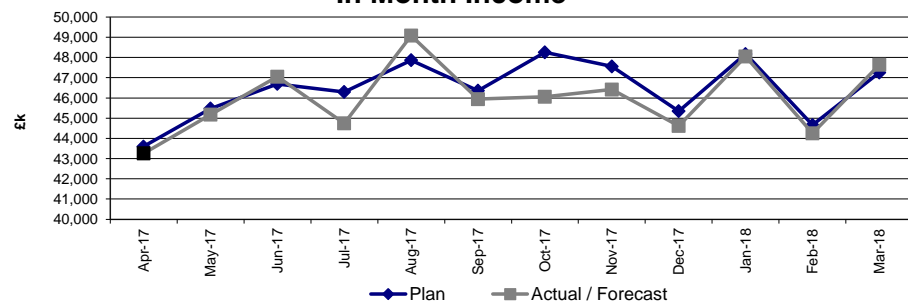
## Year-to-Date

	PY Actual £k	Plan £k	Actual £k	Variance £k
<b>Income</b>				
NHS Trusts	(7,301)	(7,775)	(7,366)	409
Clinical Commissioning Groups - Patient Activity	(432,174)	(252,755)	(252,924)	(169)
NHSE Income	(4,840)	(168,568)	(163,595)	4,974
NCA Income		(4,189)	(5,072)	(883)
SMSKP Income		(23,669)	(22,214)	1,456
Clinical Commissioning Groups - non Activity	(5,333)	(3,955)	(5,215)	(1,260)
Clinical Commissioning Groups	(442,347)	(453,136)	(449,019)	4,117
Other NHS	(32)	(34)	(38)	(4)
Private Patients	(4,171)	(4,708)	(4,169)	539
Other Non-NHS	(2,366)	(2,292)	(1,387)	905
Other Patient Related Income	(1,317)	(1,490)	(1,302)	188
Local Authority Income	(4,125)	(4,079)	(4,220)	(140)
Overseas Visitors Income	(335)	(199)	(242)	(44)
<b>Income From Activities</b>	<b>(461,994)</b>	<b>(473,713)</b>	<b>(467,743)</b>	<b>5,970</b>
Education & Training Income	(26,458)	(24,924)	(24,830)	94
Research & Development Income	(5,638)	(4,068)	(3,486)	582
Transfers from Donated Asset Reserve		0	0	0
Income Generation	(2,319)	(2,333)	(2,248)	85
Other Income	(5,009)	(5,243)	(6,363)	(1,120)
<b>Other Operating Income</b>	<b>(39,423)</b>	<b>(36,568)</b>	<b>(36,927)</b>	<b>(359)</b>
<b>Total Income</b>	<b>(501,418)</b>	<b>(510,281)</b>	<b>(504,670)</b>	<b>5,611</b>
Of Which PBRX Drugs/Devices	(35,244)	(63,358)	(66,646)	(3,288)

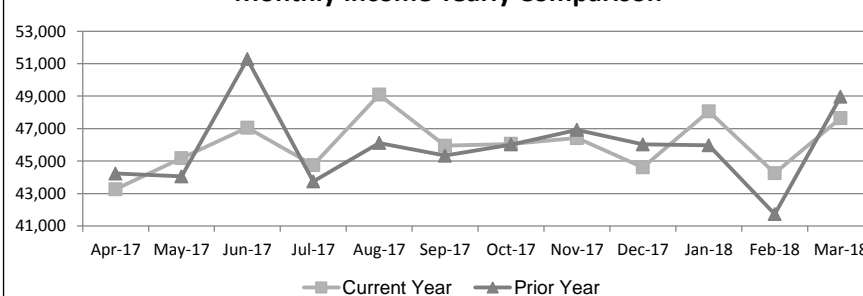
## Year-end Forecast

	Plan £k	Forecast £k	Variance £k
<b>Income</b>			
NHS Trusts	(8,480)	(8,053)	427
Clinical Commissioning Groups - Patient Activity	(276,321)	(276,469)	(149)
NHSE Income	(184,177)	(179,388)	4,788
NCA Income	(4,574)	(5,483)	(909)
SMSKP Income	(25,818)	(24,347)	1,472
Clinical Commissioning Groups - non Activity	(4,301)	(5,733)	(1,432)
Clinical Commissioning Groups	(495,190)	(491,421)	3,770
Other NHS	(37)	(41)	(4)
Private Patients	(5,153)	(4,530)	623
Other Non-NHS	(2,501)	(1,507)	993
Other Patient Related Income	(1,628)	(1,429)	199
Local Authority Income	(4,448)	(4,617)	(169)
Overseas Visitors Income	(217)	(254)	(37)
<b>Income From Activities</b>	<b>(517,655)</b>	<b>(511,853)</b>	<b>5,802</b>
Education & Training Income	(27,189)	(27,099)	90
Research & Development Income	(4,432)	(3,823)	610
Transfers from Donated Asset Reserve	0	0	0
Income Generation	(2,545)	(2,446)	99
Other Income	(5,718)	(7,092)	(1,374)
<b>Other Operating Income</b>	<b>(39,884)</b>	<b>(40,460)</b>	<b>(576)</b>
<b>Total Income</b>	<b>(557,539)</b>	<b>(552,313)</b>	<b>5,226</b>

In Month Income



Monthly Income Yearly Comparison



# Finance Report Month 11 2017/18

# Operating Costs

A

Operating costs to Month 10 are underspending against budgets, wholly due to pay costs, and the savings plans have now been fully allocated. At present the assumption is that the Trust will identify the required savings, manage the identified risks and reduce expenditure and therefore come in below budget, except for PbR excluded drugs which should be offset by additional income.

Year-to-date					Year-end Forecast			
	PY Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
Pay	318,156	335,119	329,232	(5,888)	Pay	365,589	359,635	(5,954)
Non-pay	210,720	199,573	201,277	1,704	Non-pay	218,020	220,248	2,228
Operational Costs	528,876	534,693	530,509	(4,184)	Operational Costs	583,609	579,883	(3,726)

Pay: costs in February were higher than in January, due partly to increased nursing capacity and partly due to back-dated Clinical excellence awards, WLI payments and junior doctor one off costs. The Trust has 903 WTE vacancies (substantive contracted staff vs funded establishment), of which 373 are nurse vacancies. Some of these are covered by overtime and use of bank and agency staff, but 56wte remain unfilled. This is lower than last month and reflects the increased capacity.

Non-pay: overspending compared to budget overall, but this includes overspends in PbR excluded and CDF drugs which is offset by additional income. The other big category of overspend is supplies and services clinical, which can mainly be attributed to increased activity, and consultancy, due to work being done on Patient First.

The forecast assumes expenditure will be under plan overall with the exception of overspends on Medical and Dental and Other staff, PRBX and CDF Drugs, and consultancy, along with a few other areas.

Year-to-date					Full-year			
	PY Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
<b>Pay</b>					<b>Pay</b>			
Management	13,468	15,816	14,557	(1,259)	Management	17,284	15,989	(1,296)
Medical and Dental Staff	95,293	98,292	100,347	2,055	Medical and Dental Staff	107,271	109,671	2,399
Nursing & Midwifery - Registered	96,947	101,649	98,591	(3,058)	Nursing & Midwifery - Registered	110,932	107,585	(3,347)
Nursing & Midwifery - Unregistered	23,689	23,889	24,519	630	Nursing & Midwifery - Unregistered	26,078	26,823	745
Other Healthcare Staff	43,009	47,465	44,798	(2,667)	Other Healthcare Staff	51,826	48,936	(2,890)
Ancillary Staff	13,229	13,096	13,395	300	Ancillary Staff	14,282	14,567	285
Administrative & Clerical	29,377	32,182	30,156	(2,026)	Administrative & Clerical	35,110	32,909	(2,202)
Maintenance Staff	2,453	2,911	2,244	(667)	Maintenance Staff	3,176	2,473	(702)
Other Staff	691	(181)	624	806	Other Staff	(370)	684	1,054
<b>Total Pay</b>	<b>318,156</b>	<b>335,119</b>	<b>329,232</b>	<b>(5,888)</b>	<b>Total Pay</b>	<b>365,589</b>	<b>359,635</b>	<b>(5,954)</b>
<b>Non-pay</b>					<b>Non-pay</b>			
Drugs & Medical Gases - in tariff	9,978	11,930	11,328	(602)	Drugs & Medical Gases - in tariff	13,100	12,336	(764)
Drugs & Medical Gases - PbR exclusion and CDF	59,653	60,324	61,117	792	Drugs & Medical Gases - PbR exclusion and CDF	66,020	67,090	1,069
Supplies and Services - Clinical - in tariff	48,830	48,264	49,181	916	Supplies and Services - Clinical - in tariff	52,336	53,699	1,364
Supplies and Services - Clinical - PbR exclusion	7,277	7,822	7,982	160	Supplies and Services - Clinical - PbR exclusion	8,533	8,619	86
Supplies and Services General	7,374	6,469	6,429	(39)	Supplies and Services General	7,002	6,990	(13)
Establishment Expenses	5,113	5,422	5,300	(123)	Establishment Expenses	5,927	5,900	(27)
Transport Expenses	2,162	1,657	1,633	(24)	Transport Expenses	1,802	1,787	(15)
Premises	19,063	19,067	19,539	472	Premises	20,820	21,312	491
Purchase of Healthcare from Non NHS provider	6,407	5,563	6,119	555	Purchase of Healthcare from Non NHS provider	6,047	6,635	588
Consultancy	3,879	612	1,633	1,021	Consultancy	714	1,816	1,103
Other Non Pay/Reserves	12,345	805	1,044	238	Other Non Pay/Reserves	1,177	1,113	(64)
CNST Premium	17,669	19,729	19,728	(1)	CNST Premium	21,523	21,522	(1)
Education and Training	2,978	3,444	3,305	(139)	Education and Training	3,761	3,716	(45)
Services from Other NHS Bodies	7,678	8,177	6,631	(1,546)	Services from Other NHS Bodies	8,946	7,378	(1,569)
Audit Fees	253	228	218	(11)	Audit Fees	249	238	(11)
Trust Chair & Non-Executive Directors	61	58	90	32	Trust Chair & Non-Executive Directors	63	99	35
<b>Total Non-Pay</b>	<b>210,720</b>	<b>199,573</b>	<b>201,277</b>	<b>1,704</b>	<b>Total Non-Pay</b>	<b>218,020</b>	<b>220,248</b>	<b>2,228</b>
<b>Total Expenditure</b>	<b>528,876</b>	<b>534,693</b>	<b>530,509</b>	<b>(4,184)</b>	<b>Total Expenditure</b>	<b>583,609</b>	<b>579,883</b>	<b>(3,726)</b>



## Finance Report Month 11 2017/18

## Payroll and Agency costs

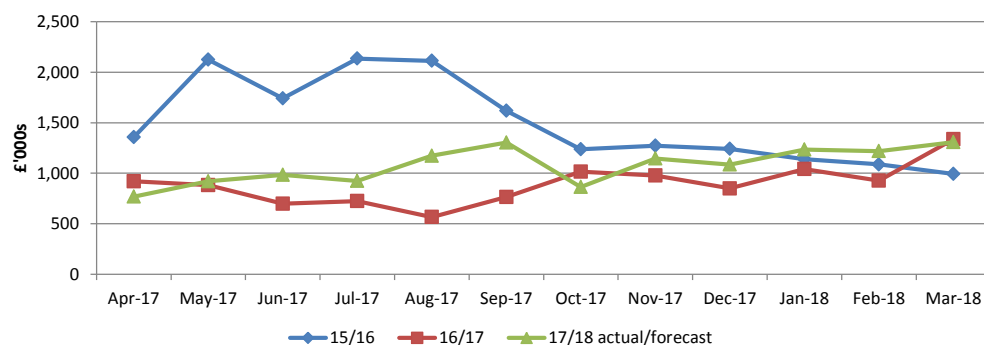
G

Agency costs of £11.4m represent 3.5% of the total pay bill and are within the year-to-Month 11 agency cap of £11.7m. Agency expenditure was lower than M10, although there was an increase in substantive and bank costs. The total cost of agency, bank and substantive staff usage was below the Month 11 year to date target.

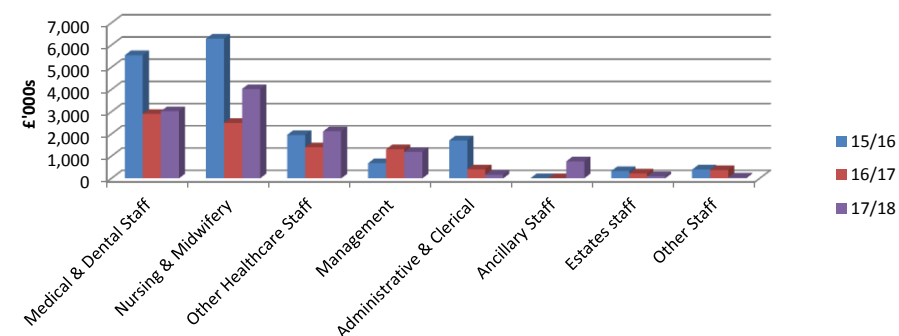
### Year-to-date Agency

	15/16 £k	16/17 £k	Ceiling £k	Actual £k	Variance £k
Medical & Dental Staff	5,548	2,907	3,515	3,028	(487)
Nursing & Midwifery	6,286	2,496	4,447	4,026	(421)
Other Healthcare Staff	1,958	1,393	1,588	2,119	531
Management	691	1,317	495	1,193	698
Administrative & Clerical	1,711	415	1,084	163	(921)
Ancillary Staff	0	0	485	767	281
Estates staff	328	220	91	91	0
Other Staff	397	377	27	34	7
<b>Trust</b>	<b>16,918</b>	<b>9,125</b>	<b>11,731</b>	<b>11,420</b>	<b>(311)</b>

### Year on year agency expenditure comparison



### YTD Agency cost by staff group and year



### Payroll

(Excludes non executive directors)

	Prior year actual £k	Plan £k	Actual £k	Variance £k
Medical & Dental Staff	92,385	96,608	97,320	713
Nursing & Midwifery	118,139	124,923	119,084	(5,839)
Other Healthcare Staff	41,616	46,911	42,679	(4,232)
Management	12,151	15,388	13,365	(2,024)
Administrative & Clerical	28,963	32,070	29,993	(2,077)
Ancillary Staff	12,992	12,871	12,629	(242)
Maintenance Staff	2,233	2,842	2,153	(690)
Other Staff	315	(315)	590	905
<b>Trust</b>	<b>308,793</b>	<b>331,297</b>	<b>317,812</b>	<b>(13,485)</b>

### Staff in post including bank staff

	Prior year actual WTE*	Plan WTE	Actual WTE	Variance WTE
Medical & Dental Staff	1,085	1,190	1,128	(63)
Nursing & Midwifery	3,092	3,579	3,522	(56)
Other Healthcare Staff	1,089	1,289	1,134	(155)
Management	205	247	201	(46)
Administrative & Clerical	1,109	1,288	1,205	(83)
Ancillary staff	530	613	582	(31)
Maintenance Staff	68	85	63	(22)
Other Staff	13	12	17	5
<b>Trust</b>	<b>7,191</b>	<b>8,303</b>	<b>7,852</b>	<b>(451)</b>

\* Before 17/18 Bank staff WTEs were only reported for Nursing & Midwifery

# Finance Report Month 11 2017/18

# Statement of Financial Position

The Trust Statement of Financial position is produced on a monthly basis and reflects changes in asset values as well as movement in liabilities. The plan is the updated NHSI plan submitted in June 2017 adjusted for the revised 3Ts and Emergency capital forecast submitted to NHSI in the June return.

	1 April 17	Year-to-Date				Notes		Full-Year				Notes
	Actual	Plan	Actual	Variance	Plan			Forecast	Variance			
	£k	£k	£k	£k	£k			£k	£k			
Property, Plant and Equipment	386,263	455,113	417,652	(37,461)	1		Property, Plant and Equipment	450,037	425,032	(25,005)		
Intangible Assets	681	648	648	0			Intangible Assets	645	645	0		
Other Assets	4,149	4,628	2,814	(1,814)			Other Assets	3,878	2,064	(1,814)		
Non Current Assets	391,093	460,389	421,114	(39,275)			Non Current Assets	454,560	427,741	(26,819)		
Inventories	8,109	8,441	8,734	293			Inventories	8,241	8,534	293		
Trade and Other Receivables	50,477	46,917	51,184	4,267	2		Trade and Other Receivables	46,065	49,173	3,108		
Cash and Cash Equivalents	7,407	5,344	6,656	1,312			Cash and Cash Equivalents	3,668	3,668	0		
Non Current Assets Held for Sale	0	0	0	0			Non Current Assets Held for Sale	0	0	0		
Current Assets	65,993	60,702	66,574	5,872			Current Assets	57,974	61,375	3,401		
Trade and Other Payables	(69,574)	(73,195)	(75,377)	(2,182)	2		Trade and Other Payables	(69,103)	(70,715)	(1,612)		
Borrowings	(7,377)	(7,377)	(7,600)	(223)	3		Borrowings	(8,201)	(7,524)	677		
Other Financial Liabilities	0	0	0	0			Other Financial Liabilities	0	0	0		
Provisions	(4,136)	(1,071)	(1,392)	(321)			Provisions	(1,071)	(1,392)	(321)		
Other Liabilities	0	0	0	0			Other Liabilities	0	0	0		
Current Liabilities	(81,087)	(81,643)	(84,369)	(2,726)			Current Liabilities	(78,375)	(79,631)	(1,256)		
Borrowings	(195,264)	(282,762)	(252,166)	30,596	3		Borrowings	(291,166)	(259,415)	31,751		
Trade and Other Payables	0	(200)	(22)	178			Trade and Other Payables	(200)	(22)	178		
Provisions	(1,937)	(1,967)	(1,899)	68			Provisions	(1,970)	(1,902)	68		
TOTAL ASSETS EMPLOYED	178,798	154,519	149,232	(5,287)			TOTAL ASSETS EMPLOYED	140,823	148,146	7,323		
Financed by:							Financed by:					
Public Dividend Capital	(294,776)	(331,286)	(323,980)	7,306	3		Public Dividend Capital	(338,172)	(337,972)	200		
Retained Earnings	167,206	167,206	167,206	0			Retained Earnings	167,206	167,206	0		
(Surplus)/Deficit for Year	0	60,789	58,770	(2,019)			(Surplus)/Deficit for Year	81,371	73,848	(7,523)		
Revaluation Reserve	(51,228)	(51,228)	(51,228)	0			Revaluation Reserve	(51,228)	(51,228)	0		
TOTAL TAXPAYERS EQUITY	(178,798)	(154,519)	(149,232)	5,287			TOTAL TAXPAYERS EQUITY	(140,823)	(148,146)	(7,323)		

1. Both Strategic and Operational Capital expenditure year to date are behind the June phased plan; the full-year forecast assumes that the plan is achieved with the exception of the Emergency schemes where expenditure will be £4.5m compared to the planned expenditure of £30m because of the delayed DH approval (January 18). The adverse variance in the full outturn includes a movement on impairments.

2. Trade and other receivables have deteriorated by £4.3m compared to plan with some legacy debts remaining outstanding; trade and other payables are worse than plan by £2.3m. Both debtors and creditors include significant balances due to and from other NHS organisations.

3. The planned PDC drawdown is based on phased 3Ts expenditure, and this is less than planned for the year to date because of slippage in the Operational Capital expenditure. The variance on borrowings relates to the Emergency schemes which are being funded as loans. Both the year to date and the full-year forecast are significantly behind plan because of the extended delays to the approval of the funding from DH.

The plan reflects the June NHSI return and is based on achievement of the control total for the year. Capital funding for 3Ts, the Radiotherapy East and the Emergency schemes are all approved. The 3Ts funding is drawn down to match capital expenditure, subject to utilisation of internal funding sources first. The Trust has drawn down PDC of £27.4m to the end of February and the March drawdown is for £14.0m. The Emergency loan funding has been approved by DH but because of the delays only £4.5m will be spent and drawdown in year. The material variances from plan in the year to date and forecast outturn relate to capital expenditure and drawdown on debt. Capital expenditure is behind plan for the year to date; the full year forecast assumes that operational and 3Ts expenditure will be in line with plan but that the Emergency expenditure will be less than plan. Loan draws are based on the Emergency expenditure incurred so the variance in debt drawdown is similar to the capital expenditure variance.

The revenue deficit funding is in line with the control total deficit of £65.4m for the year, phased according to the monthly deficit. The drawdown is based on the actual revenue results and revised forecast for the year. The Trust has received £50.3m to date; the March drawdown will be £3.5m. The year-to-date cash holding is slightly above plan. The year-end level of cash holding is aligned to the year-end EFL cash control total, which is slightly above the DH maximum cash holding assumed for an organisation with revenue support.

Year-to-date				Year-End Forecast			
	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
Cash Balance	5,344	6,656	1,312	Cash Balance	3,668	3,668	0

Year-to-Date				Year-End Forecast			
	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
EBITDA	(24,412)	(25,839)	(1,427)	EBITDA	(26,070)	(27,570)	(1,500)
Non Cash I&E Items	0	0	0	Non Cash I&E Items	0	0	0
Movement in Working Capital	(1,513)	(5,613)	(4,100)	Movement in Working Capital	203	(3,932)	(4,135)
Provisions	(6,955)	(2,818)	4,137	Provisions	(6,955)	(2,818)	4,137
<b>Cashflow from Operations</b>	<b>(32,880)</b>	<b>(34,270)</b>	<b>(1,390)</b>	<b>Cashflow from Operations</b>	<b>(32,822)</b>	<b>(34,320)</b>	<b>(1,498)</b>
Capital Expenditure	(83,817)	(43,258)	40,559	Capital Expenditure	(94,270)	(62,710)	31,560
Cash receipt from asset sales	0	0	0	Cash receipt from asset sales	0	0	0
<b>Cashflow before financing</b>	<b>(116,697)</b>	<b>(77,528)</b>	<b>39,169</b>	<b>Cashflow before financing</b>	<b>(127,092)</b>	<b>(97,030)</b>	<b>30,062</b>
PDC Received	36,510	29,204	(7,306)	PDC Received	42,396	43,196	800
PDC Repaid	0	0	0	PDC Repaid	0	0	0
Dividends Paid	(3,168)	(2,079)	1,089	Dividends Paid	(6,336)	(4,986)	1,350
Interest on Loans and leases	(6,241)	(7,502)	(1,261)	Interest on Loans and leases	(9,471)	(9,248)	223
Interest received	35	29	(6)	Interest received	38	31	(7)
Drawdown on debt	91,891	62,322	(29,569)	Drawdown on debt	102,798	70,368	(32,430)
Repayment of debt	(4,393)	(5,197)	(804)	Repayment of debt	(6,072)	(6,070)	2
<b>Cashflow from financing</b>	<b>114,634</b>	<b>76,777</b>	<b>(37,857)</b>	<b>Cashflow from financing</b>	<b>123,353</b>	<b>93,291</b>	<b>(30,062)</b>
<b>Net Cash Inflow / (Outflow)</b>	<b>(2,063)</b>	<b>(751)</b>	<b>1,312</b>	<b>Net Cash Inflow / (Outflow)</b>	<b>(3,739)</b>	<b>(3,739)</b>	<b>0</b>
Opening Cash Balance	7,407	7,407	0	Opening Cash Balance	7,407	7,407	0
<b>Closing Cash Balance</b>	<b>5,344</b>	<b>6,656</b>	<b>1,312</b>	<b>Closing Cash Balance</b>	<b>3,668</b>	<b>3,668</b>	<b>0</b>

# Finance Report Month 11 2017/18

# Rolling Cashflow

A

The rolling cashflow spans two financial years and starts with the current month's actual results which are forecast forward for another eleven months, to provide a full forward year cashflow forecast.

Year-to-Date	Year-End Forecast											
	Plan	Actual	Variance									
	£k	£k	£k									
	5,344	6,656	1,312									
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
	Act	For	For	For	For	For	For	For	For	For	For	For
EBITDA	(4,716)	(1,731)	(3,267)	(3,470)	(478)	(43)	(1,787)	(1,269)	(1,837)	(1,443)	(2,436)	(1,905)
Non Cash I&E Items	0	0	0	0	0	0	0	0	0	0	0	0
Movement in Working Capital	342	1,681	11,272	(1,321)	(3,733)	(1,082)	(4,723)	3,928	3,298	4,490	(8,600)	1,480
Provisions	(995)	0	(5,013)	17	(18)	(3)	(16)	36	(1,002)	81	35	0
<b>Cashflow from Operations</b>	<b>(5,369)</b>	<b>(50)</b>	<b>2,992</b>	<b>(4,774)</b>	<b>(4,229)</b>	<b>(1,128)</b>	<b>(6,526)</b>	<b>2,695</b>	<b>459</b>	<b>3,128</b>	<b>(11,001)</b>	<b>(425)</b>
Capital Expenditure	(6,750)	(19,452)	(13,623)	(7,115)	(7,544)	(6,868)	(9,194)	(5,002)	(17,039)	(15,126)	(2,997)	(13,573)
Cash receipt from asset sales	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cashflow before financing</b>	<b>(12,119)</b>	<b>(19,502)</b>	<b>(10,631)</b>	<b>(11,889)</b>	<b>(11,773)</b>	<b>(7,996)</b>	<b>(15,720)</b>	<b>(2,307)</b>	<b>(16,580)</b>	<b>(11,998)</b>	<b>(13,998)</b>	<b>(13,998)</b>
PDC Received	4,015	13,992	6,008	7,279	7,336	7,054	7,710	8,298	8,405	9,069	9,231	8,620
PDC Repaid	0	0	0	0	0	0	0	0	0	0	0	0
Dividends Paid	0	(2,907)	0	0	0	0	0	(3,501)	0	0	0	0
Interest on Loans and leases	(714)	(1,746)	(215)	(428)	(215)	(215)	(215)	(2,350)	(215)	(429)	(215)	(215)
Interest received	5	2	4	4	4	4	4	4	4	4	4	4
Drawdown on debt	7,790	8,046	4,975	4,975	4,975	4,975	4,975	4,975	4,975	4,975	4,975	4,975
Repayment of debt	(1,242)	(873)	(124)	(548)	(125)	(124)	(436)	(1,598)	(124)	(548)	(125)	(124)
<b>Cashflow from financing</b>	<b>9,854</b>	<b>16,514</b>	<b>10,648</b>	<b>11,282</b>	<b>11,975</b>	<b>11,694</b>	<b>12,038</b>	<b>5,828</b>	<b>13,045</b>	<b>13,071</b>	<b>13,870</b>	<b>13,260</b>
<b>Net Cash Inflow / (Outflow)</b>	<b>(2,265)</b>	<b>(2,988)</b>	<b>17</b>	<b>(607)</b>	<b>202</b>	<b>3,698</b>	<b>(3,682)</b>	<b>3,521</b>	<b>(3,535)</b>	<b>1,073</b>	<b>(128)</b>	<b>(738)</b>
Opening Cash Balance	8,921	6,656	3,668	3,685	3,078	3,280	6,978	3,296	6,817	3,282	4,355	4,227
<b>Closing Cash Balance</b>	<b>6,656</b>	<b>3,668</b>	<b>3,685</b>	<b>3,078</b>	<b>3,280</b>	<b>6,978</b>	<b>3,296</b>	<b>6,817</b>	<b>3,282</b>	<b>4,355</b>	<b>4,227</b>	<b>3,489</b>

The Capital report shows Strategic and Operational Capital expenditure for the year-to-date and the full-year outturn compared to the plan.

Year-to-date	Plan £k	Actual £k	Variance £k	Year-end Forecast	Plan £k	Forecast £k	Variance £k
Strategic Capital	73,507	42,975	(30,532)	Strategic Capital	83,850	52,102	(31,748)
Operational Capital	16,808	7,020	(9,788)	Operational Capital	23,332	20,889	(2,443)
<b>Total</b>	<b>90,315</b>	<b>49,995</b>	<b>(40,320)</b>	<b>Total</b>	<b>107,182</b>	<b>72,991</b>	<b>(34,191)</b>

**Strategic Capital** Handover of the Clinical Administration Building is scheduled for March, with the electrical infrastructure work and completion of external works in May/ June. The Main Scheme excavation work is complete and the Helideck steel framework is progressing well. Work continues in the Hanbury building to rectify defects and enable the Radiopharmacy service to obtain a Medicines and the Healthcare products Regulatory Agency (MHRA) licence. The main buildings work and installation for the Radiotherapy East scheme is complete, but there remains some IT work to be completed to finalise the scheme. There is expected to be a small underspend of £926k on the scheme. The ED and Backlog Maintenance schemes have been approved in full by the DH as loans but because the approval has taken so long the expenditure possible in this financial year is limited to £4.5m on the ED Floor scheme. The Pathology scheme is subject to approval from NHSI and DH so the forecast includes a very small amount of in-year expenditure.

**Operational Capital** The expenditure to date is £7.0m with a further £13.9m forecast to be spent in March. This is based on a review of orders placed and supplier delivery dates. The Capital Investment Group is tracking order and delivery dates for all the schemes to ensure that the programme delivers within the required time line but there is still a risk because of the value of the expenditure to be completed in the final month of the year. The forecast includes an over-programming to a value of £3.6m so there is flexibility to manage the final outturn and this is being managed by the Capital Investment Group as part of the overall tracking of schemes and their progress to delivery.

	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
<b>Source of Funds - (CRL)</b>	<b>(75,512)</b>	<b>(42,994)</b>	<b>(32,518)</b>	<b>Source of Funds - (CRL)</b>	<b>(101,835)</b>	<b>(69,424)</b>	<b>(32,411)</b>
<b>Expenditure</b>				<b>Expenditure</b>			
<b>Strategic Capital</b>				<b>Strategic Capital</b>			
3Ts	41,588	39,160	2,428	3Ts	45,998	45,998	0
ED	12,500	2,963	9,537	ED	14,966	4,511	10,455
Backlog Maintenance	16,500	0	16,500	Backlog Maintenance	19,467	0	19,467
Pathology	500	0	500	Pathology	1,000	100	900
Radiotherapy East	2,419	852	1,567	Radiotherapy East	2,419	1,493	926
<b>Total Strategic Capital</b>	<b>73,507</b>	<b>42,975</b>	<b>30,532</b>	<b>Total Strategic Capital</b>	<b>83,850</b>	<b>52,102</b>	<b>31,748</b>
<b>Operational Capital</b>				<b>Operational Capital</b>			
<b>Major Projects</b>				<b>Major Projects</b>			
LINAC Replacement	1,038	335	703	LINAC Replacement	1,038	361	677
Acute Floor Reconfiguration	747	564	183	Acute Floor Reconfiguration	747	636	111
Electrical Substation - TKT Services	929	929	0	Electrical Substation - TKT Services	929	929	0
Replacement CT PRH	865	2	863	Replacement CT PRH	1,296	1,256	40
<b>Small Projects</b>				<b>Small Projects</b>			
Medical Equipment Replacement	2,342	711	1,631	Medical Equipment Replacement	3,299	3,001	298
IM&T Infrastructure	4,507	2,675	1,832	IM&T Infrastructure	6,382	6,206	176
Estates Infrastructure	4,586	236	4,350	Estates Infrastructure	6,153	5,975	178
Service Development	1,512	1,425	87	Service Development	3,186	2,291	895
Charitably Funded Schemes	282	143	139	Charitably Funded Schemes	302	234	68
<b>Total Operational Capital</b>	<b>16,808</b>	<b>7,020</b>	<b>9,788</b>	<b>Total Operational Capital</b>	<b>23,332</b>	<b>20,889</b>	<b>2,443</b>
<b>(Under)/Overspend against CRL</b>	<b>14,803</b>	<b>7,001</b>	<b>7,802</b>	<b>(Under)/Overspend against CRL</b>	<b>5,347</b>	<b>3,567</b>	<b>1,780</b>

## Finance Report Month 11 2017/18

## Aged Debtors

The Trust debtors are a mixture of invoiced debtors, accrued income and prepayments. The level of invoiced debtors has increased by £815k since the end of January and the value of overdue debts has also increased by £2m.

Invoiced Debtors	Within Terms 1-30 Days	1 Month Overdue 31-60 Days	2 Months Overdue 61-90 Days	3 Months Overdue Over 90 Days	Total	Current Month Over 30 Days	Prior Month Over 30 Days	Notes	Other Receivables	Current Month	Prior Month
	£k	£k	£k	£k		£k	£k			£k	£k
CCGs	446	766	113	1,913	3,238	2,792	2,359	1	Accrued Income		
Trusts	1,261	472	473	3,997	6,203	4,942	4,663	2	Work In Progress	3,978	3,978
Other NHS	258	589	15	677	1,539	1,281	695	3	CCG Service Level Agreements	14,187	13,116
Other Debtors	2,695	992	566	1,731	5,984	3,289	2,588	4	Injury Cost Recovery Fund	3,423	3,246
Private Patients	398	267	172	999	1,836	1,438	1,388	5	Other	7,416	5,250
Overseas	32	10	9	298	349	317	309		<b>Total Accrued Income</b>	<b>29,004</b>	<b>25,590</b>
<b>Total Invoiced Debtors</b>	<b>5,090</b>	<b>3,096</b>	<b>1,348</b>	<b>9,615</b>	<b>19,149</b>	<b>14,059</b>	<b>12,002</b>		<b>Prepayments</b>		
Provision for Bad Debts (including RTA Provision)					(4,196)				Maintenance & Other Contracts	3,648	4,670
Accrued Income					29,004				NHS Litigation	1,818	3,635
Prepayments					5,844				Other	378	423
Other Debtors					1,383				<b>Total Prepayments</b>	<b>5,844</b>	<b>8,728</b>
<b>Total Trade &amp; Other Receivables</b>					<b>51,184</b>						

1. CCGs. The CCGs overdue balance has worsened by £433k. The material overdue debts are : £903k 3T's transitional support, £972k resilience funding, £306k Dermatology and £62k courier services (in dispute). The NCA debtors over 30 days have decreased by £95k and the over 90 days have decreased by £36k.

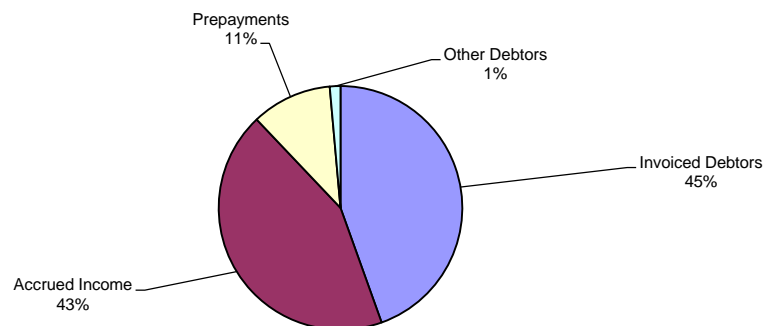
2. Trusts. Local organisations account for 96% (January 99%) of the total debt. The overall overdue balance has decreased by £436k and £433k of this relates to local organisations. The on account payments from the largest debtor are now expected in March (for ENT, Vascular and Nuclear Medicine), subject to the organisation's cashflow constraints. Work on the other local organisation's creditor balances continues.

3. Other NHS. The balance over 90 days has deteriorated by £701k, mainly due to the shortfall on one account for the January funding. The remaining balance over 90 days relates to the legacy EPR debt of £627k.

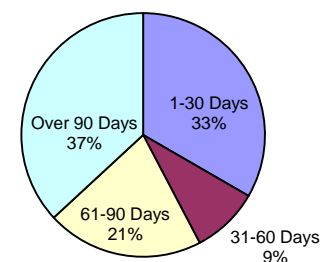
4. Other Debtors. The over 30 days balance has improved by £228k. The larger debts outstanding are: University of Sussex (£228k), BSMS (£310k), Kent Surrey and Sussex Ambulance (£83k) and Brighton Integrated Care (£482k).

5. Private Patient overdue debts have increased by £50k.

Trade and Other Receivables



Invoiced Debtors Ageing



**Finance Report Month 11 2017/18****Clinical Services Performance****Children & Women Division:**

**Income:** Children's have had fewer private patients than plan and the charges to other NHS organisations for staff time are lower

**Pay:** Children's continued overspend within M&D services (£620k YTD) caused by Consultants acting down, maternity and sickness cover. Nursing continues to underspend due to vacancies. Some are now being filled but the large underspend will continue. Current CIPs shortfall is also within Pay creating a pressure.

Women's continues to have a vacant medical director post due to acting across in 3T's. Consultant vacancies throughout the year, additional training grade expenditure to support. Nursing/Midwifery continues to underspend. Now reduced due to recruitment.

**Non-Pay:** Children's has increased expenditure on insulin pumps and prostheses. Gases are also a pressure. Women's underspend is primarily due to reduction in lease car expenditure and lower maternity pathway expenditure at other trusts.

	PY				
	Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Income	(69,512)	(2,710)	(2,514)	196	R
Pay	38,673	38,939	39,610	671	R
Non-Pay (tariff)	5,659	5,310	5,512	202	R
Non-Pay (PBR exc & CDF)	1,252	1,347	1,328	(19)	G
EBITDA *	(23,928)	42,886	43,936	1,050	R

**Central Clinical Services Division:**

**Income:** Underperformance in Cancer and Pathology. In Cancer this relates to more restrictive eligibility criteria for accessing the Cancer Drugs Fund, only partly offset by additional PBRX income. In addition reduced Radiotherapy private patient income is only partially offset by over-delivery on newly renegotiated SLA arrangements for the recharge of consultant time. In Pathology underperformance is due primarily to a substantially increased target, coupled with an actual reduction in tests ordered by other organisations, NHS and non-NHS, but PBRX income is over plan around Blood Products, due to several patients with specific requirements. In Cancer areas there are some offsetting reductions in the expenditure position.

**Pay:** The underspend is due to vacancies, primarily Allied Health Professionals but also A&C staff. Allied Health Professionals usage is below plan in Imaging, Pathology, and Cancer. A&C staff savings are largely in CAS, with some in Pharmacy, due to vacancies. Active recruitment is seeking to address these staffing shortages.

**Non-Pay (tariff):** Expenditure pressures on healthcare from non-NHS Suppliers, in Imaging (MRI, ultrasound and PET scans) and Cancer (outsourcing of radiotherapy, now ceased); these largely relate to a lack of AHP staff and are a key focus of 18/19 CIPs.

**Non-Pay (non-tariff):** Underspends in Cancer and relating to more restrictive eligibility criteria for accessing the Cancer Drugs Fund, but overspending in Pathology on Blood Products.

	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Income	(70,190)	(27,104)	(25,922)	1,182	R
Pay	64,344	68,064	66,756	(1,308)	G
Non-Pay (tariff)	21,984	22,325	22,550	225	R
Non-Pay (PBR exc & CDF)	18,169	18,364	17,454	(910)	G
EBITDA *	34,307	81,649	80,838	(811)	G

**Medicine Division:**

**Income:** PBR exc drug income has reduced in Respiratory and HIV due to switches to generic drugs, meaning the drugs have moved in-tariff.

**Pay:** Unfunded junior doctors in ED are offset by underspends due to consultant vacancies in ED and Acute Medicine. In HIV/GUM there is an overspend due to unfunded PAs being worked by some consultants. The Division is urgently reviewing the consultant job plans to address this. The total nursing overspend of £371k is from the agency spend in the EDs and Acute Medicine to cover vacancies and sickness. The ward staffing is £490k underspent ytd to offset. Newhaven Downs staffing is currently a pressure of £356k

**Non-Pay: Tariff** - There is high drug spend in all specialties, particularly Respiratory, HIV/GUM and Dermatology. This has largely been driven by the switch to generics from the more expensive and PbR excluded drugs. In addition there are archiving costs for HIV/GUM records, and pathology charges relating to tests for the community Dermatology service. Elderly activity is above plan so non pay costs have increased in line with this. Expenditure on cleaning materials is high across the Division.

**PBR exc** - The switch in Respiratory and HIV to the use of generic drugs is causing the underspend.

	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Income	(90,265)	(15,724)	(15,182)	542	R
Pay	47,484	48,118	49,521	1,403	R
Non-Pay (tariff)	8,145	7,399	8,310	911	R
Non-Pay (PBR exc & CDF)	13,852	13,886	13,047	(839)	G
EBITDA *	(20,784)	53,679	55,696	2,017	R

**Specialist Services Division:**

**Income:** Ahead of plan due to PBRX income of (£860k) however offset by PP income off target by £547K due to 11.65% reduction in activity in comparison to Q1 - Q3 in FY 16-17. NHS income behind plan by £87k, due to Neurophysiology income now being part of CCG contract.

**Pay:** This is mainly due to Medical Staff in Critical Care due to junior doctor vacancies during the year (£134K) off set by additional security costs for a increase in specials in Cardiac and Stroke £53k. Nursing in the division continues to breakeven despite use of L6 day case unit. A&C is also over by £55k.

**Non pay in tariff:** Overspend of £2m which primarily relates to consumables driven by Cardiovascular activity, including £346k of identified Private Patient expenditure on devices. Heart Valves overspent by £478k. Other areas of high overspend are: Dressings £362k; details analysed and action to bring exp back to budget instigated by the division using new A3 methodology; purchase of Healthcare non-NHS £226k (relates to a credit rebate from a supplier which is at risk of not being received, negotiations are continuing); Cath Lab maintenance contracts £213k.

**Non-Pay:** Neuro PBR drugs and Cardiac Devices are overspent by £965k, offset by income.

	PY				
	Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Income	(114,015)	(21,461)	(21,599)	(138)	G
Pay	55,191	57,754	57,943	189	R
Non-Pay (tariff)	19,372	18,614	20,690	2,076	R
Non-Pay (PBR exc & CDF)	16,284	16,277	17,892	1,615	R
EBITDA *	(23,168)	71,184	74,926	3,742	R

**Surgery Division:**

**Income:** A positive variance which continues to be attributed to higher PbR drug income than planned. This accounts for £1.4m of the £1.8m. The balance relates to ongoing increased private patient income over plan of £0.4m though there appears to be no real increase across the trust.

**Pay:** Pay costs exceed the plan by £1.2m mainly due to on-going medical staffing cost pressures particularly locum spend. Within pay there is also a level of unidentified CIP's that is contributing to the cost pressure. This continues to be partially offset by an underspend in Nursing due to ongoing recruitment difficulties.

**Non-Pay:** £1.4m of the overspend is linked to the increase in PbR exclusion in line with the income highlighted above. Excluding PbR exclusions higher than expected spend on Drugs - in Tariff and supplies and services has created a negative variance. The overspend in part is reduced through decreased outsourcing and Clincial in Tariff expenditure.

	PY Actual	Plan	Actual	Variance	RAG
	£k	£k	£k	£k	
Income	(108,755)	(19,536)	(21,357)	(1,821)	G
Pay	62,696	63,537	64,720	1,183	R
Non-Pay (tariff)	21,741	20,805	21,070	265	R
Non-Pay (PBR exc & CDF)	17,372	17,681	19,049	1,368	R
EBITDA *	(6,946)	82,487	83,482	995	R



## Finance Report Month 11 2017/18

## Corporate Services Performance

8

### Chief Financial Officer:

**Income:** Unplanned salary recharges for the Assistant Director of Finance currently on secondment to East Sussex Healthcare NHS Trust and, secondment income for a part-time FBP to NHS England are the main drivers behind the overachieved income.

**Pay:** The underspend is driven mainly by vacancies within Financial Management (£169k), Capital Development (£53k) and Procurement (£42k). An adverse variance of £127k within PMO due to FTI consultancy charges partially offsets an underspend arising from the vacancies

**Non-Pay:** The underspend is mainly in Financial Management in relation to reduced Consultancy spend this year (£257k)

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(1,218)	(1,155)	(1,260)	(105)	G
Pay	6,425	7,805	7,314	(491)	G
Non-Pay	7,902	5,941	5,700	(241)	G
<b>EBITDA *</b>	<b>13,109</b>	<b>12,591</b>	<b>11,754</b>	<b>(837)</b>	<b>G</b>

### Chief Medical Officer:

**Income:** Underachievement mainly attributed to Research & Development (£407k) and Education (£380k). Research's commercial trials income is less than anticipated but work continues with patient trackers to improve income recovery. Education's Non-Medical Placements and SIFT income is lower than expected, Apprenticeship income generation plans did not come to fruition, and CPD Cash income is being offset against expenditure and not as per budget.

**Pay:** Vacancies predominantly in Research and IT with YTD underspends of £415k and £394k respectively. This underspend is offset by Education's Medical Training Grades increased expenditure due to junior doctors new contracts as well as additional posts with no budgets resulting in YTD overspend of £236k

**Non-Pay:** Higher than anticipated IT contract cost is the main driver behind YTD overspend

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(30,630)	(27,840)	(27,055)	785	R
Pay	11,769	11,943	11,381	(562)	G
Non-Pay	8,792	5,788	6,086	298	R
<b>EBITDA *</b>	<b>(10,069)</b>	<b>(10,109)</b>	<b>(9,588)</b>	<b>521</b>	<b>R</b>

### Chief Executive's Office:

**Pay:** Recharges of the Western Executive Board (£1,061k) is the main driver behind the year date overspend which is partly mitigated by the vacancies (£434k for Management and £33k for Corporate Affairs) across the directorate.

**Non-Pay:** Adverse variance owing to WSHR recharges (£72k) for Senior Programme Nurse & HR Project Manager, fees (£85k) in relation to review & implementation of Clinical & Corporate Governance, costs of interim Corporate Governance consultant (£51k) and charges from Deloitte (£24k) for Professional services rendered in relation to Matthew Kershaw learning review.

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	0	0	0	0	A
Pay	1,732	1,614	2,197	583	R
Non-Pay	356	266	564	298	R
<b>EBITDA *</b>	<b>2,088</b>	<b>1,880</b>	<b>2,761</b>	<b>881</b>	<b>R</b>

### Chief Nursing & Patient Safety Officer:

**Income:** Smoking Cessation project Funding (£68k) received from B&H is the main driver behind overachieved income.

**Pay:** Plumpton ward has only been partly funded (£516k YTD overspend) but this is partly mitigated by vacancies across the division valued at £321k. Some of these posts are currently in the process of being recruited to.

**Non-Pay:** Underspent mainly due to Nursing International recruitment slippage (107k).

Other areas contributing to the underspend: NHSLA - lower spend on excess insurance claims (timings issues) by £30k and CQC investment spend is lower than planned spend by £117k

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(355)	(69)	(129)	(60)	G
Pay	3,581	3,317	3,513	196	R
Non-Pay	19,168	21,448	21,183	(265)	G
<b>EBITDA *</b>	<b>22,394</b>	<b>24,696</b>	<b>24,567</b>	<b>(129)</b>	<b>G</b>

### Chief Delivery & Strategy Officer:

**Income:** Under deliver of income within 3T's (£96k) arising as a result of disputed invoices. This is partially off set by unplanned funding (£54k) received from HEKSS in relation to Sussex Trauma Network Education Bid for 17/18.

**Pay:** Underspend is primarily due to vacancies in Planning & Strategy (£321k) pending restructure and 3T's (47k).

**Non Pay:** Unplanned consultancy charges (£799k YTD) from KPMG for support in developing the Patient First improvement Programme is the main driver behind year to date overspend

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(2,090)	(2,268)	(2,226)	42	R
Pay	1,420	1,771	1,392	(379)	G
Non-Pay	1,511	1,145	1,838	693	R
<b>EBITDA *</b>	<b>841</b>	<b>648</b>	<b>1,004</b>	<b>356</b>	<b>R</b>

### Facilities and Estates (Separated out from Chief Operating Officer)

**Income:** Car parking income at PRH is consistently falling short of the target by £24k/month approx. due to Parking ticketing machines issues and is the main driver behind year to date underachieved income contributing £280k YTD. There is also an underperformance in the various retail areas of the trust of £100k. This is partially being offset by Income in relation to Utilities (£26k) & EBME (£33k)

**Pay:** Underspend is mainly driven by vacancies in Soft FM (Avg. 101 WTE's) & Estates (Avg. 20 WTE's) which are not fully backfilled by Bank & Agency staff. The services are currently in the process of recruiting for these vacant post especially at Band 1 ancillary staff levels.

**Non-Pay:** Overspent primarily driven by Estates services (£1m). Reactive spends on the rental of Barry Building's boilers, Chiller at Sussex Cancer Centre, Load Bank Testing & Generator Maintenance, and increased road management and Bed watches charges all contributing towards the overspend. This overspend is partially offset by ytd underspent on Soft FM by £433k

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(3,198)	(3,176)	(2,846)	330	R
Pay	17,041	17,473	17,294	(179)	G
Non-Pay	16,994	16,981	17,685	704	R
<b>EBITDA *</b>	<b>30,837</b>	<b>31,278</b>	<b>32,133</b>	<b>855</b>	<b>R</b>

### Chief Operating Officer: (Clinical Operations)

**Income:** Overachieved income is attributed to unplanned 1.00 WTE Band 6 Care Home Liaison Discharge Coordinator recharges to NHS Brighton and Hove (£3.3k/month)

**Pay:** High levels of vacancies in the 18 Week Validation team (£202k) and Chief Operating Officer Management Structure (£124k) resulting in year to date underspend for the service. Vacancies in other area create a favourable variance of (£61k)

**Non-Pay:** Overspend is largely due to consultancy costs relating to RTT Validation (£25k) & Patient transport costs from Wealden Amb. Services (£81k). There is also a 25k spend this month in relation to stretcher hire related to winter pressures

	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(25)	(5)	(34)	(29)	G
Pay	3,459	3,304	2,917	(387)	G
Non-Pay	52	(14)	163	177	R
<b>EBITDA *</b>	<b>3,486</b>	<b>3,285</b>	<b>3,046</b>	<b>(239)</b>	<b>G</b>

### Chief Workforce & Organisation Development Officer:

**Income:** Underachievement largely related to loss of Occupational Health contract from the CCG and 16/17 salary recharges target not achieved in 17/18

**Pay:** Favourable variance mainly driven by vacancies with underspend of £108k for HR Admin, £103k for Transformation Team and £182k for Bank temp staffing

**Non-Pay:** Favourable variance owing to low spend on legal costs for employment disputes (volatile) by £103k. Education & Training spend remain low mainly under transformation (£83k) and pharmacy drugs spend low under OH by £14k due to Hepatitis b vaccine which has been unavailable for the past six months. The total underspend is reduced by redundancy pay-out of 66k made earlier in the year

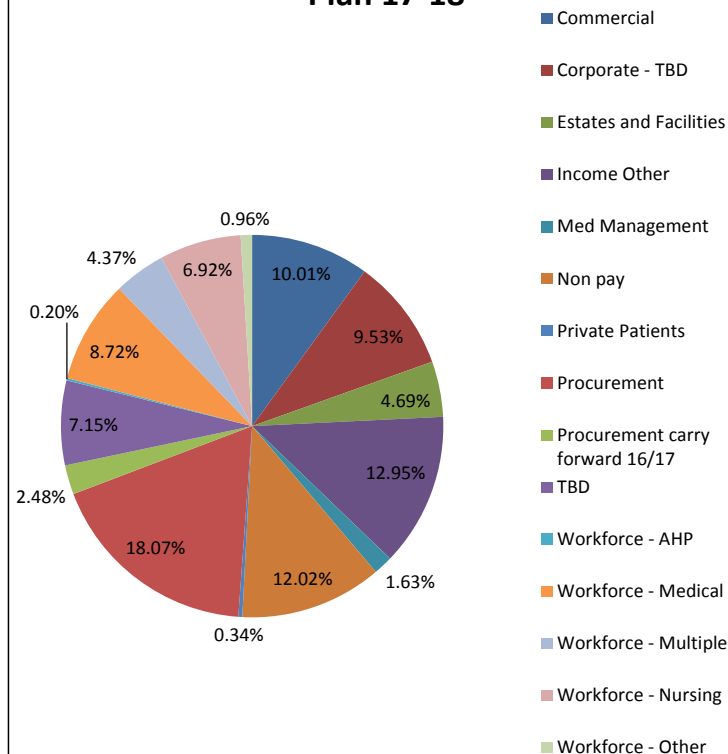
	PY Actual £k	Plan £k	Actual £k	Variance £k	RAG
Income	(1,202)	(1,235)	(1,220)	15	R
Pay	4,342	4,826	4,306	(520)	G
Non-Pay	1,319	1,277	1,181	(96)	G
<b>EBITDA *</b>	<b>4,459</b>	<b>4,868</b>	<b>4,267</b>	<b>(601)</b>	<b>G</b>



Whilst the majority of the efficiency plan schemes are on target, there is some project slippage at month 11. The savings reported year-to-date are below the original NHSI plan target by £0.393m, but below the internal plan by £0.956m. The forecast is to achieve the £20m target.

		Year to Date			Year End		
		Plan	Actual	Variance	Plan	Forecast	Variance
		£k	£k	£k	£k	£k	£k
<b>Themes</b>							
Commercial	Income (Patient Care Activities)	1,878	2,775	897	2,002	2,775	0
Corporate - TBD	Pay (Skill mix)	1,750	2,528	778	1,908	3,380	0
Estates and Facilities	Non pay	348	548	200	380	658	0
Estates and Facilities	Pay (Skill mix)	101	183	82	112	183	0
Income Other	Income (Patient Care Activities)	760	1,782	1,022	805	2,203	0
Income Other	Non pay	11	9	(2)	12	11	0
Med Management	Non pay	226	561	335	239	619	0
Non pay	Non pay	1,203	2,202	999	1,307	2,499	0
Private Patients	Income (Patient Care Activities)	139	62	(77)	150	67	0
Procurement	Non pay	3,078	2,335	(743)	3,254	2,820	0
Procurement carry forward	Non pay	545	496	(49)	528	496	0
Workforce - AHP	Pay (Skill mix)	37	36	(1)	40	40	0
Workforce - Medical	Non pay	101	0	(101)	98	0	0
Workforce - Medical	Pay (Skill mix)	1,030	1,311	281	1,112	1,461	0
Workforce - Medical	Pay (WTE reductions)	54	46	(8)	58	57	0
Workforce - Multiple	Pay (Skill mix)	969	1,043	74	1,040	1,118	0
Workforce - Nursing	Non pay	29	0	(29)	32	0	0
Workforce - Nursing	Pay (Skill mix)	983	1,202	219	1,041	1,395	0
Workforce - Nursing	Pay (WTE reductions)	408	37	(371)	438	42	0
Workforce - Other	Pay (Skill mix)	60	125	65	60	125	0
Workforce - Other	Pay (WTE reductions)	32	46	14	37	51	0
TBD	Pay (WTE reductions)	4,542	0	(4,542)	6,297	0	0
<b>Efficiency Plan Total</b>		<b>18,283</b>	<b>17,327</b>	<b>(956)</b>	<b>20,950</b>	<b>20,000</b>	<b>0</b>
Plan adjustment to NHSI return/Forecast Risk Adjustment		(563)	0	563	(950)		950
<b>Efficiency Requirement in NHSI Plan</b>		<b>17,720</b>	<b>17,327</b>	<b>(393)</b>	<b>20,000</b>	<b>20,000</b>	<b>950</b>

Plan 17-18



To: Board of Directors

Date of Meeting: 28<sup>th</sup> March 2018

Agenda Item: 11

Title
<b>Learning from Deaths</b>
Responsible Executive Director
Dr George Findlay (Chief Medical Officer) and Nicola Ranger (Chief Nursing and Patient Safety Officer)
Prepared by
Dr Stephen Drage - Deputy Medical Director: Safety and Quality, Della Morris - Safety & Quality Lead and Mark Renshaw - Deputy Chief of Safety
Status
Public
Summary of Proposal
This report has been produced to provide a quarterly update on the implementation of Learning From Deaths Policy.
Implications for Quality of Care
The findings from mortality review will provide learning to continuously improve care of patients and improve outcomes.
Link to Strategic Objectives/Board Assurance Framework
The Trust's True North Objective is for the mortality rates (HSMR) to be in the lowest 20% of Trusts.
Financial Implications
Human Resource Implications
Recommendation
<b>The Board is asked to NOTE the report.</b>
Communication and Consultation
Not applicable
Appendices
None

## 1. Learning from Deaths

- 1.1 The CQC report 'Learning, Candour and Accountability'<sup>1</sup> published in December 2016 in the wake of the Southern Health/Conor Sparrowhawk controversy outlines the importance of mortality review as a source of learning for improvement. Subsequent to this NHS Improvement published guidance /requirements for Trusts on mortality review processes and Learning from Deaths. This included:
- Trusts to publish updated policy on how it responds to and learns from deaths
  - Trusts to collect and publish specified data on deaths quarterly
  - All deaths to be scrutinised by a Medical Examiner or Coroner
  - Case record review (Structured Judgement Review) of cases:
    - Where bereaved families and carers or staff have raised a significant concern
    - All deaths of patients with learning disabilities
    - All deaths in a particular diagnosis or treatment group where an alarm has been raised
    - All deaths where patients were not expected to die
    - Death where learning will inform improvement work
    - A further sample of other deaths
- 1.2 The Trust's Learning from Deaths Policy was ratified in 2017.
- 1.3 The specified data has been collected on a quarterly basis using the National Learning from Deaths Dashboard (attached) since Q1 17/18. However, based on feedback from clinicians, the RCP have removed the question regarding 'avoidability' of death from the recommended Structured Judgement Review Tool, but this remains in the Dashboard which is provided by NHSE.
- 1.4 BSUH were part of a pilot to introduce Medical Examiners, this service is currently only established at the Royal Sussex County Hospital. The Trust Mortality Review Group (TMRG) is working with the Medical Director to appoint a Lead Medical Examiner post who would oversee the existing service and expansion into the Princess Royal Hospital site.
- 1.5 The Medical Examiners are an integral part of the Trust process for review of deaths, providing a first level review of the death with onwards referral for Structured Judgement Review (SJR) if concerns are identified or the death falls into any of the groups specified in the policy. Crucially, the Medical Examiners are the main point of contact for families or carers who wish to raise concerns.
- 1.6 The Serious Incident Review Meeting (SIRM) meets weekly to reviews all incident reports graded as moderate or above, i.e. cases where staff have raised a significant concern. The SIRM may conduct or commission SJRs as required.
- 1.7 Table 1 lists the recent mortality alerts reviewed by the Trust Mortality Review group

*Table 1: Alerts reviewed by the Trust Mortality Review group Dec 16 – Dec 17*

Meeting Date	Title of alert	Outcome
Ongoing alert since Oct 15	Ventilation support	Data reviewed from National Audit – BSUH Outlier for initiation of NIV in the A&E Local audit conducted NCEPOD report published NIV working group set up to progress NCEPOD action plan National audit to be repeated in 2019

<sup>1</sup> <<https://www.cqc.org.uk/sites/default/files/20161213-learning-candour-accountability-full-report.pdf>>.

Meeting Date	Title of alert	Outcome
5 Dec 17	Cardiac dysrhythmias	Noted that his broad group continues to alert. Passed to Cardiology Department to review. Review ongoing
4 Oct 17	Intrauterine hypoxia and birth asphyxia	All deaths already reviewed in the department. No concerns noted. It has previously been identified that benchmarking tools such as HEDs and Dr Foster do not adequately risk adjust for neonates.
4 Oct 17	Amputation of foot	Notes review with Consultant, identified that neither patient had a foot amputation. 1 <sup>st</sup> patient was planned, consent form, theatre pathway & anaesthetic note in the medical records. Operation was cancelled at the last minute. 2 <sup>nd</sup> patient has toe amputation miscoded as X10 when should have been X11. Notes reviewed by coding manager for learning.
4 Oct 17	Other open operations on larynx	This death had already been identified and reviewed via the Serious Incident Review Meeting (SIRM). Inquest noted that the patient died of natural causes.
4 July 17	Urethral catheterisation of bladder	Patient level data reviewed in TMRG. No trends were noted in this very broad group of patients. This is no longer alerting.
6 June 17	Other operations on ventricle of brain	Review ongoing by the Neurosurgery Department

- 1.8 Patients not expected to die: Elective Admissions - in line with Trust Policy on 'Learning from Deaths', the notes of all patients who die following an elective admission are reviewed using SJR. These are classified as unexpected deaths. Between June and Dec 2017, 36 patients have been identified. To date 12 cases have undergone review, the main themes identified have been; missed opportunities to have realistic discussions about expectations in seriously ill patients with chronic disease, inadequate breakthrough analgesia in patients on long acting opioids and failure to involve palliative medicine at an early stage in those with life limiting conditions. Some urgent admissions were incorrectly recorded as elective admissions.
- 1.9 The TMRG has representation from the Clinical Coding department in order to better understand the nature of mortality alerts and how these link to coded data. Whilst on some occasions, human error in coding has been noted, the task of clinical coding is strictly regulated and it is important to ensure that there is communication between the Clinical Coding department and Clinical Teams. The Clinical Coding department can only code conditions that are clearly documented in the notes, teams such as HIV have worked closely with the Clinical Coding department to improve coding of co-morbidities and there is ongoing work in the coding of Sepsis. Most specialties meet with coding on a regular basis to ensure continued improvement in coding.
- 1.10 On other occasions, particularly in the tertiary services, it has been noted that the coding architecture does not allow for the coding of new interventional techniques (such as TAVI) which are therefore coded to the closest match.

## Description:

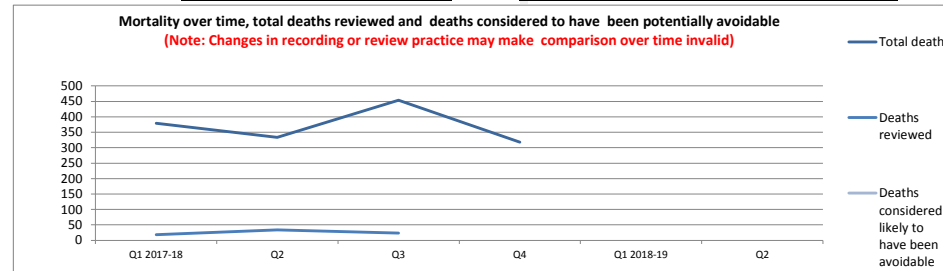
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

## Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

### Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
168	150	9	7	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
454	334	23	34	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1485	0	75	0	1	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q2



### Total Deaths Reviewed by RCP Methodology Score

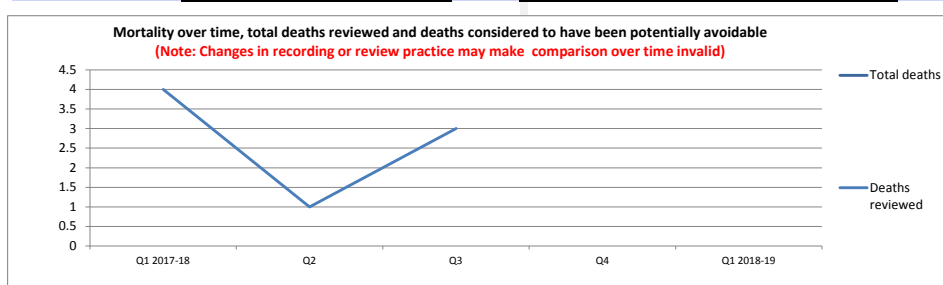
Score 1 Definitely avoidable	Score 2 Strong evidence of avoidability	Score 3 Probably avoidable (more than 50:50)	Score 4 Probably avoidable but not very likely	Score 5 Slight evidence of avoidability	Score 6 Definitely not avoidable
This Month 0 -	This Month 0 -	This Month 0 -	This Month 0 -	This Month 0 -	This Month 0 -
This Quarter (QTD) 0 -	This Quarter (QTD) 0 -	This Quarter (QTD) 0 -	This Quarter (QTD) 0 -	This Quarter (QTD) 0 -	This Quarter (QTD) 0 -
This Year (YTD) 0 -	This Year (YTD) 0 -	This Year (YTD) 0 -	This Year (YTD) 0 -	This Year (YTD) 0 -	This Year (YTD) 0 -

## Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

### Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	3	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
0	0	3	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
0	0	8	0	0	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q1



To: Trust Board

Date of Meeting: 28<sup>th</sup> March 2018

Agenda Item: 11

Title
<b>Freedom to speak up: raising concerns (whistleblowing) policy and procedure policy update and overview of Freedom to Speak Up Guardian role and activity</b>
Responsible Executive Director
Marianne Griffiths, Chief Executive Officer
Prepared by
Caroline Owens Freedom to Speak Up Guardian
Status
No restrictions
Summary of Proposal
To Approve the updated Freedom to Speak Up Policy HR007
Implications for Quality of Care
Improves quality of care through provision of process and support to enable staff to highlight concerns over safety and care.
Link to Strategic Objectives/Board Assurance Framework
True North – Quality Improvement, People Breakthrough Objectives – Patient, People, Quality Improvement
Financial Implications
N/A
Human Resource Implications
N/A
Recommendation
<b>The Committee is asked to: approve</b>
Communication and Consultation
The policy has been approved by TEC on 6 March 2018
Appendices
Draft Policy Presentation

## Brighton and Sussex University Hospitals

### Freedom to speak up: raising concerns (whistleblowing) policy and procedure

Version:	V4.1
Category and number:	HR007
Approved by:	Board of Directors
Date approved:	[insert date]
Name of author:	Freedom to Speak Up Guardian
Name of responsible committee/individual:	Quality and Risk Committee / Director of Nursing and Patient Safety
Date issued:	[insert date]
Review date:	[insert date]
Target audience:	Clinical and Corporate Directorates, and all staff
Accessibility	This document is available in electronic format only unless otherwise requested

## Contents

<b>Section</b>	<b>Page(s)</b>
1.0 <b>Introduction</b>	3
2.0 <b>What concerns can be raised</b>	3
3.0 <b>Staff confidence</b>	4
4.0 <b>Who can raise a concern?</b>	4
5.0 <b>How to raise a concern</b>	4 - 6
6.0 <b>How concerns will be handled</b>	6
7.0 <b>Responsibilities</b>	7 - 8
8.0 <b>Monitoring</b>	8 - 9
Appendix 1 <b>Raising concerns Flow Chart</b>	10
Appendix 2 <b>Sources of Support for Raising a Concern</b>	11
Appendix 3 <b>External bodies and their areas of responsibility</b>	12
Appendix 4 <b>Handling Raising Concerns – a practical tool for managers</b>	13 - 15
Appendix 5 <b>Template letter for managers</b>	16
Appendix 6 <b>Due Regard Assessment Tool</b>	17 - 18
Appendix 7 <b>Plan for Dissemination of Policies</b>	19 - 20



## 1 INTRODUCTION

- 1.1** All staff at one time or another have concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues or the Trust itself, it can be difficult to know what to do. Whilst Whistleblowing has been the subject of much adverse attention in the NHS, staff at Brighton and Sussex University Hospitals NHS Trust are actively encouraged to raise any concerns they have. Being honest and open is an intrinsic part of the Patient First programme at our Trust.
- 1.2** This 'standard integrated policy' was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS. It is aimed at improving the experience of whistleblowing in the NHS. The policy (which was produced by NHS Improvement and NHS England) has to be adopted by all NHS organisations in England as a minimum standard to help normalise the raising of concerns for the benefit of all patients.
- 1.3** Our local process has been integrated into the national policy. It adheres to the principles of the national policy and provides more details on how we will look into a concern at Brighton and Sussex University Hospitals NHS Trust.
- 1.4** The Board of Directors and the staff trade unions are committed to this policy. If staff raise a genuine concern under this policy, they will not be at risk of losing their job or suffering any detriment (such as a reprisal or victimisation). Provided individuals have a reasonable belief that they are acting in the public interest, it does not matter if they are mistaken or if there is an innocent explanation for their concerns. Staff will not be asked to "prove it".
- 1.5** This assurance does not extend to someone who maliciously raises a matter they know to be untrue; disciplinary action may be taken against someone who raises a matter maliciously.
- 1.6** The underlying message for staff is:

**“Seen Something – Say Something”**

## 2 WHAT CONCERNS CAN BE RAISED?

You can raise a concern about risk, malpractice or wrongdoing you think is harming the service we deliver. Just a few examples of this might include (but are no means restricted to):

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training of staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud
- A bullying culture including harassment and hate crime (across a team or whole organisation rather than individual instances)

- Anything to do with the BSUH Charity (i.e. poor fundraising practice)

### **3 STAFF CONFIDENCE**

**3.1** With these assurances, the Trust hopes that staff will raise their concern openly.

**3.2** It is recognised that there may be circumstances when staff would prefer to speak to someone in confidence first. If this is the case, staff are asked to say so at the outset. If staff ask to remain anonymous, the Trust will not reveal their identity without their consent unless required by law. Staff should understand that there may be times when the Trust is unable to resolve a concern without revealing their identity, for example where their personal evidence is essential. In such cases, this will be discussed with the individual to agree whether and how the matter can best proceed.

**3.3** Staff are asked to remember that if they do not tell the Trust their name, it will be much more difficult to look into the matter and harder for the Trust to assure protection and give feedback. Accordingly staff should not assume that the Trust can offer the assurances given in 1.4 in the same way if they report a concern anonymously.

### **4 WHO CAN RAISE A CONCERN?**

**4.1** Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, and volunteers.

### **5 HOW TO RAISE A CONCERN**

**5.1** If staff are unsure about how to raise a concern, or do not know who best to raise the concern with, they can seek advice from the Freedom to Speak Up Guardian. The Guardian's primary role is to support the raising of patient safety concerns but they can also advise staff and help identify the appropriate place to take other concerns to. There are a number of ways to contact the Freedom to Speak up Guardian:

By e-mail to [fts@bsuh.nhs.uk](mailto:fts@bsuh.nhs.uk)

By telephoning or texting 07387259307 or telephoning 01273 696955 ext 62870

All contacts will be treated confidentially and our Guardian will not share the information staff give them with anyone without the member of staff's permission unless the Guardian believe what they have been told may need to be disclosed for the safety of others or is potentially a criminal act.

The flow chart in Appendix 1 shows the process for raising a concern. Local advice and support is available from a number of sources detailed in Appendix 2 and on the Staff Info-net Freedom to Speak Up pages. Independent advice is also available from trade union representatives, NHS whistleblowing helpline or the charity Public Concern at Work for example.

**5.2** Individuals are asked to remember that they do not need to have firm evidence before raising a concern. However it is helpful to explain as fully as possible the information or circumstances that gave rise to their concern.

### **5.3 Step One**

**5.3.1** If staff have a concern about a risk, unsafe clinical practice or wrongdoing at work, it is expected that they will raise it with their line manager, lead clinician or educational supervisor. This can be done verbally or in writing.

**5.3.2** Staff should continue to use the Trust's risk reporting system (Datix) to record any patient safety incidents, near misses or clinical care concerns.

### **5.4 Step Two**

**5.4.1** If staff feel unable to raise the matter with their line manager or lead clinician, or are worried that the concern has not been addressed, they should raise the matter with a senior manager or Director within their division. Alternatively the issue can be raised with a member of the Human Resources department or a trade union representative.

**5.4.2** Staff who want to raise the matter in confidence should say so at the outset so that appropriate arrangements can be made.

### **5.5 Step Three**

**5.5.1** If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with anyone else, please contact either The Chief Executive, Executive Medical Director, Director of Nursing and Patient Safety, Joanna Crane, Nominated Non-Executive Director, or Caroline Owens Freedom to Speak Up Guardian.

### **5.6. RAISING CONCERNS EXTERNALLY**

**5.7** It is hoped that this policy gives staff the reassurance needed to raise any concerns internally within the Trust. It is also recognised that there may be circumstances where staff can properly report a concern to an outside body, such as:

- NHS Improvement for concerns about:
  - How NHS trusts and foundation trusts are being run
  - Other providers within an NHS provider licence
  - NHS procurement, choice and competition
  - The national tariff
- Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
  - Primary medical services (general practice)
  - Primary dental services
  - Primary ophthalmic services
  - Local pharmaceutical services
- Health Education England for education and training in the NHS

- NHS Protect for concerns about fraud and corruption.

**5.7.1** The Trust would prefer staff to raise a matter with the appropriate regulator rather than not at all. Staff considering this option can obtain independent advice if they wish.

**5.7.2** There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a list of 'prescribed persons', a member of staff can make a protected disclosure to. To help you consider whether you might meet these criteria please seek independent advice from the Whistleblowing Helpline for NHS and social care, Public Concern at Work (contact details in Appendix 2) or a Legal Representative.

## **6 HOW CONCERNS WILL BE HANDLED**

**6.1** Once an individual has reported their concern, the recipient of the concern (line manager, lead clinician, trade union representative, director, Local Counter Fraud Specialist etc.) will assess it and consider what action may be appropriate. This may involve an informal review, an internal enquiry or a more formal investigation. The member of staff will be told who will be handling the matter, how they can contact them and whether further information or assistance may be required. The member of staff will be contacted by the recipient of the concern with a summary of the concern, a proposal of how this will be handled and a timeframe for feedback. If there is a misunderstanding of the concern or there is any information missing, staff should let the recipient of the concern know.

**6.2** If staff need additional support when English is not their first language, an interpreter can be made available when raising their concern to ensure that it is fully understood. Where this would be helpful, staff are asked to inform the recipient of the concern.

**6.3** When staff raise a concern it will be helpful to know if they have any suggestions for how the matter might be best resolved. If the concern falls more properly within the Trust's Grievance, Dignity at Work or other relevant policy, the member of staff will be told.

**6.4** Whenever possible, staff will be given feedback on the outcome of any investigation. Staff should be aware that the Trust may not be able to tell them about the precise actions that have been taken where this would infringe a duty of confidence owed to another person. While the Trust cannot guarantee that it will respond to all matters in a way that the member of staff may wish, it will strive to handle the matter fairly and properly.

## **7 RESPONSIBILITIES**

### **7.1 All Staff**

- 7.1.1** All staff have a professional duty and responsibility to ensure that any concerns they have are reported. For staff who are licenced with a regulatory body (eg. GMC, NMC and HCPC) this is also a requirement of their professional codes of conduct.
- 7.1.2** This duty requires staff to be honest, open and truthful in all their dealings with patients, visitors and each other.

### **7.2 Managers and Clinical Leaders**

- 7.2.1** Managers and Clinical Leaders have a responsibility to bring this policy to the attention of their staff.
- 7.2.2** Managers and clinical leaders have a responsibility for promoting a culture of openness, transparency and candour.
- 7.2.3** They must treat any concern raised seriously and deal with it promptly and confidentially, giving the employee full support during the whole process. This may involve arranging for an interpreter to be present when meeting with the individual.
- 7.2.4** Managers must ensure that adequate time is allowed for trade union representatives to undertake their role, recognising the importance of professional representatives in helping to keep the organisation safe.
- 7.2.5** Managers may seek advice from the Freedom to Speak Up Guardian or access Top Tips and other support materials available on the Freedom to Speak Up Guardian pages of the Staff Info-net.

### **7.3 Board of Directors**

- 7.3.1** The Board of Directors is committed to this policy. In order to discharge its responsibilities this will include:
- Ensuring that high standards of patient centred care and behaviours are set and maintained across the organisation as identified through our commitment to Patient First.
  - Establishing an organisational culture where patients and staff are listened to.
  - Taking all concerns seriously, dealing with them thoroughly, expeditiously, confidentially and fairly
  - Training and providing guidance to its managers and clinical leaders in dealing with issues of concern.

- Developing and deploying reliable and transparent measures for the culture and health of the Trust's workplaces.
- Ensuring a responsive system of warning signs is in place to prevent danger, professional misconduct or financial malpractice.
- Ensuring organisational learning takes place at all levels when patient, visitor or staff safety is at risk of or has been compromised.
- Provide support to the Guardian in the form of 1-1 meetings with the CEO and Director of Nursing as the executive lead for Freedom to Speak Up together with the non-executive lead. Plus an annual meeting with the CEO and access within 24 hours should the Guardians need to raise concerns
- Training, resources and time for the role and meetings.

#### **7.4 Human Resources Department**

**7.4.1** The Human Resources (HR) department will be responsible for advising all parties on this policy and for providing specific management and staff guidance.

**7.4.2** It is recognised that raising a concern particularly when it is a serious one can be worrying and sometimes distressing for staff. It is therefore important that staff are supported to maintain good health and wellbeing during this time. Support is available to staff using this policy and HR can assist managers with referral to the Trust's professional counselling and or Occupational Health services for fitness to work advice.

#### **7.5 Elected Trade Union Representatives**

**7.5.1** The role of the elected trade union representatives is to act as an advocate for staff and to provide them with advice and support to help address concerns and problems in a constructive and timely way. This may include accompanying an employee to any formal meeting.

**7.5.2** Where a trade union is also a professional representative (for example, the Royal College of Nursing) their role will also be to ensure professional standards of service and conduct are upheld. They will therefore have a duty to pursue professional concerns about the standards independently of individual members of staff.

### **8 MONITORING COMPLIANCE & EFFECTIVENESS**

**8.1.1** The Quality and Risk Committee will receive reports from the Freedom to Speak up Guardian to provide assurance that the policy is working effectively i.e. that issues raised are being dealt with in an appropriate and timely

manner and that individuals raising concerns under this policy are being protected from detrimental treatment, dismissal or other disadvantage as a result of raising their concern

- 8.1.2 There will be liaison between the Freedom to Speak Up Guardian and other groups (for example, HR and Patient Safety) to triangulate any recurrent themes which might arise.

## **8.2 Monitoring Oversight**

- 8.2.1 The Chief Executive is responsible for this policy.
- 8.2.2 The Freedom to Speak Up Guardians will monitor the daily operation of the policy and if staff have any comments or questions these should be directed to the Director of Nursing in the first instance.

## **8.3 The National Guardian and the National Guardians Office**

- 8.3.1 The National Guardian can independently review how staff have been treated having raised concerns where NHS trusts and foundations trusts may have failed to follow good practice, working with some bodies listed in Appendix 3 to take action where needed.

## Appendix 1 Raising a Concern Flow chart

### Raising Concerns, Freedom to Speak Up Flowchart

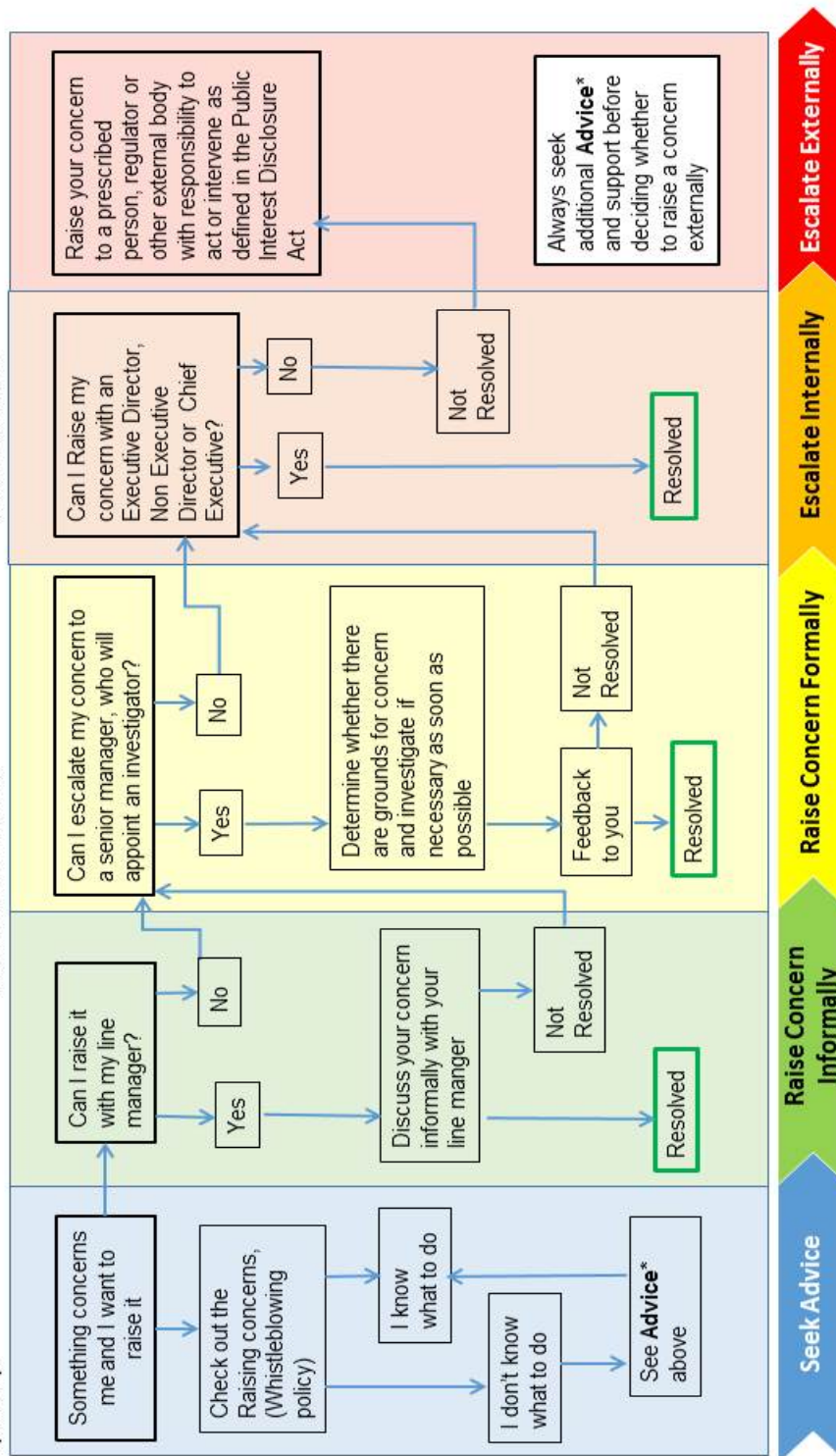
**Speaking Up** about any concern at work is really important, but not always easy to do. If you are worried about a risk, malpractice or wrongdoing that you think is harming the service we deliver please speak up

**Advice\*** on how to raise concerns, speak to:

**Professional Regulator**  
Trade Unions  
National Whistleblowing Helpline 0800 072 4725  
Public Concern at Work [www.pcaaw.co.uk](http://www.pcaaw.co.uk)  
0207 7404 6609

**Freedom to Speak Up Guardian**  
07387259307

**Counter Fraud Specialist** 01273 696955 x 5024  
Mobile 07979 503243





## Appendix 2 Sources of Support for Raising a Concern

### BSUH

- Line Manager, Lead Clinician, Educational Supervisor
- Freedom to Speak Up Guardian, Caroline Owens, [fts@bsuh.nhs.uk](mailto:fts@bsuh.nhs.uk) 07387259307
- Junior Doctors Guardian – Gemma Stockford, Guardian of Safe Working Hours [Guardian@bsuh.nhs.uk](mailto:Guardian@bsuh.nhs.uk) 07503 295911
- Connections [Connections@bsuh.nhs.uk](mailto:Connections@bsuh.nhs.uk) 07768 855 394 ext 7452
- Counter Fraud Specialist / Compliance Manager, Philip Major, [philip.major@bsuh.nhs.uk](mailto:philip.major@bsuh.nhs.uk) 01273 696955 ext 5024 or 07979 503243.
- Risk Management Team 01273 696955 (ext 8073)
- Member of the Patient Safety team 01273 696955 ext 63025
- Health and Safety Team 01273 696955 (ext 8073)
- Equality Diversity and Inclusion Team (ext 67251)
- Union Representative and Staff Side
- BME Network <https://nww.bsuh.nhs.uk/working-here/bme-black-and-minority-ethnic-network/> Caroline Browne Communication Officer BME Network Core Group 01444 441 881
- LGBT Forum [LGBT.ForumMailbox@bsuh.nhs.uk](mailto:LGBT.ForumMailbox@bsuh.nhs.uk)

See Staff Info-net

<https://nww.bsuh.nhs.uk/working-here/freedom-to-speak-up-whistleblowing/sources-of-support/>

NHS Whistleblowing Helpline 08000 724725

<http://wbhelpline.org.uk/wp-content/uploads/2014/04/Raising-Concerns-at-Work.pdf>

Public concern at Work – 02074046609

[www.pcaw.co.uk](http://www.pcaw.co.uk)

### **Appendix 3 External bodies and their areas of responsibility**

- NHS Improvement for concerns about:
  - How NHS trusts and foundation trusts are being run
  - Other providers within an NHS provider licence
  - NHS procurement, choice and competition
  - The national tariff
- Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
  - Primary medical services (general practice)
  - Primary dental services
  - Primary ophthalmic services
  - Local pharmaceutical services
- Health Education England for education and training in the NHS
- NHS Protect for concerns about fraud and corruption.
- The Charity Commission for concerns about Charity operations or finances
- Fundraising Regulator for concerns about Charity fundraising
- For a full list of prescribed people and bodies see:  
Whistleblowing: list of prescribed people and bodies  
<https://www.gov.uk/government/publications/blowing-the-whistle-list-of-prescribed-people-and-bodies--2/whistleblowing-list-of-prescribed-people-and-bodies>

## **Appendix 4 – Handling Raising concerns - practical tips for managers**

### **As a manager you can lead by example:**

- Be clear to staff what sort of behaviour is unacceptable and practise what you preach.
- Encourage staff to ask what is appropriate if they are unsure before – not after – the event.
- If you find wrongdoing or a potential risk to patient safety, take it seriously and deal with it immediately.

### **Responding to a concern:**

- Thank the staff member for telling you, even if they may appear to be mistaken.
- Respect and heed legitimate staff concerns about their own position or career.
- Manage expectations and respect confidentiality.
- Discuss reasonable timeframes for feedback with the member of staff.
- Remember there are different perspectives to every concern raised.
- Determine whether there are grounds for concern and investigate if necessary as soon as possible.
- If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. Raise the issue with your line manager or a senior manager or Human Resources as appropriate.
- If asked, put your response in writing.
- Always remember that you may have to explain how you have handled the concern.
- Feedback any outcome and/or remedial action you propose to take to the staff member but take care not to infringe any rights or duties you may owe to other parties.
- Consider with your senior manager, reporting to an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed.
- Record-keeping – it makes sense to keep a record of any serious concern raised with those designated under the policy, anonymising these where

necessary to provide an accurate reflection of events. Managers should retain and store confidential records of how they have dealt with the concern at departmental level for a minimum of 3 years.

### **Refresh, communicate and promote:**

- Once you have good arrangements in place – make sure people know about them. Consider how to include your night, bank and agency staff? (Remember to update any staff seconded to other departments or organisations when they return to your area, or those seconded from other organisations into the Trust). Consider how you will engage your team in feeling confident in raising any concerns?
- Getting the message across to staff can be done in a number of ways: face-to-face, in regular 121 meetings, at team meetings or briefings, as part of your departmental/ward induction, in writing, at other meetings.
- Once your team are briefed, you can engage them in rolling out the message by using case studies in team or staff meetings. The Independent Patient Safety Ombudsman can help you source some materials or help you develop your own.
- Consider using 'After Action Review' to encourage learning and improve your service.
- A well-run team should periodically review its raising concerns arrangements to ensure they work effectively and that your team still have confidence in them.
- Arrange regular feedback sessions with your senior managers to evaluate progress and collect and analyse data on the nature and number of concerns raised in your area.
- Check the process you are using is adequate to track the actions taken in relation to concerns made and to ensure appropriate follow-up action has been taken to resolve problems.

### **Points to consider when implementing and reviewing raising concerns arrangements in your own team**

- How many concerns have been raised and how have they been dealt with? ie openly, with staff supported and encouraged to raise their concerns?
- Have any events come to your attention that might indicate that a staff member has not been fairly treated as a result of raising a concern?

- Look at significant adverse incidents/incident management systems or regulatory intervention – could the issues have been picked up or resolved earlier? If so, why weren't they?
- Compare and correlate data with information from other departments/wards
- Find out what is happening on the ground – Be honest with yourself, do your staff feel that they can come to you with their concerns without any negative repercussions for them personally?
- Consider communication key findings from a review or investigation to your team. This will demonstrate that you are listening and willing to learn and show that are willing to put things right and improve the service.
- Refresh the raising concerns arrangements within your team at least once a year. Regular communication to staff about arrangements and outcomes is also recommended. For example this can be via 121's, team meetings, briefings, training or a newsletter.
- Think about the good news – share your success stories with your team and the rest of the organisation.

## Appendix 5 – Template Letter for Managers (to be adapted)

{Date}

Private & Confidential

{Name and Address}

Dear {Name}

Thank you for raising your concerns with the {Trust or Deanery} and I confirm that I have been asked to address those concerns using the “Raising Concerns” policy and procedures. I appreciate that it may have been difficult for you to come forward with your concerns and I would like to reassure that I will deal with this matter as sensitively and speedily as possible.

The concerns that you raised on {date} relate to {detail the concerns raised}

First of all, I would like to arrange to informally meet with you and have the following dates and times available.

{dates, time, venue}

Please let me know which of these dates may be convenient, or contact me to arrange an alternative date and time. Once we meet, I will be able to understand your concerns more fully, and identify any supporting documents or information that I need to source, and then what the next steps should be. After this initial step, I will then decide whether or not your concerns can be dealt with informally through discussion and education/awareness-raising, or whether a more formal investigation is appropriate.

I will of course inform you of my decision, identifying any timescales for the actions I need to take, and also a review date for us to meet so that I can feedback to the steps the Trust has taken. {Note: For minor issues, a telephone conversation may be sufficient}.

Once again, thank you for raising your concerns and I look forward to meeting with you as soon as possible.

Yours sincerely

{Name}

{Job Title}

{Contact phone numbers}

{Email address}

## Appendix 6 Due Regard Assessment Tool

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
<b>1.</b>	<b>Does the document/guidance affect one group less or more favourably than another on the basis of:</b>		
	Age	Yes	There is a potential for age differences to prevent staff raising concerns
	Disability	Yes	Need to ensure we have a variety of communication methods to ensure access to this policy information
	Gender	Yes	There is a potential for staff to not raise concerns to someone of a different gender to themselves
	Gender Identity	Yes	There is potential for staff who identify in this group not to raise concerns.
	Marriage and Civil Partnership Status	No	
	Pregnancy and Maternity status	No	
	Race	Yes	There is potential for staff who identify in this group not to raise concerns, eg perhaps fear of racist behaviour. Differing cultures would not highlight the inefficiencies of their line manager however serious.
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	Yes	There is potential for staff who identify in this group not to raise concerns.
<b>2.</b>	<b>Is there any evidence that some groups are affected differently and</b>	No	No evidence as yet however the reported

	<b>what is/are the evidence source(s)?</b>		data will be reviewed.
3.	<b>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the document/guidance likely to be negative?</b>	No, positive	
5.	<b>If so, can the impact be avoided?</b>	N/A	
6.	<b>What alternative is there to achieving the document/guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?</b>	Yes	Brief all staff and be aware of different groups within the Trust and within departments offering encouragement and support. This approach can also be reviewed following the data review.
8.	<b>Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDAs principles (fairness, respect, equity, dignity and autonomy)</b>	Yes	

If you have identified a potential discriminatory impact of this policy, please refer it to the Director of Human Resources Team, together with any suggestions as to the action required to avoid/reduce this impact.

For all other “Protected Characteristics” please contact the Head of Equality, Diversity and Human Rights



## Appendix 7 - Plan for Dissemination of Policies

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

<b>Title of document:</b>	<b>Freedom to speak up: raising concerns (whistleblowing) policy and procedure</b>		
<b>Date finalised:</b>	<b>TBC</b>	<b>Dissemination lead: Print name and contact details</b>	
<b>Previous document already being used?</b>	<b>Yes (Please delete as appropriate)</b>		
<b>If yes, in what format and where?</b>	On line to replace <b>V3</b> <b><u>HR007 Raising Concerns (Whistle Blowing) Policy and Procedure</u></b>		
<b>Proposed action to retrieve out of date copies of the document:</b>	<b>Suggest removal from info-net</b>		
<b>To be disseminated to:</b>	<b>How will it be disseminated, who will do it and when?</b>	<b>Format (i.e. paper or electronic)</b>	<b>Comments:</b>
<b>All Staff</b>	<b>FTSUG arrange to update info-net</b>	<b>electronic</b>	
	<b>Note policy update in presentations or meetings delivered/attended by FTSUG</b>	<b>Face to face</b>	
	<b>Article in Buzz</b>	<b>Paper and electronic</b>	

### Dissemination Record - to be used once document is approved

<b>Date put on register / library of policies:</b>		<b>Date due to be reviewed:</b>	
--	--	---------------------------------	--

<b>Disseminated to:</b>	<b>Format</b>	<b>Date</b>	<b>No. of</b>	<b>Contact details /</b>
-------------------------	---------------	-------------	---------------	--------------------------

<b>(either directly or via meetings, etc.)</b>	<b>(i.e. paper or electronic)</b>	<b>disseminated :</b>	<b>copies sent:</b>	<b>comments:</b>

# Freedom to Speak Up BSUH NHS Trust

BSUH Board Meeting  
28 March 2018

Caroline Owens Freedom to Speak up Guardian

Decorative wavy lines in shades of green and blue at the bottom of the slide.

# Overview

- Introduce role and Purpose of the Freedom to Speak UP Guardian
- Seek approval for the updated Freedom to Speak up Policy
- Update the Board on 2017 activity and share insights gained from speaking up to date
- Look to plans for 2018

# Role and Purpose

The Freedom to Speak Up (FTSU) Guardian will work alongside trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

- A culture of speaking up is instilled throughout the organisation
- Speaking up processes are effective and continuously improved
- All staff have the capability to speak up effectively and managers have the capability to support those who are speaking up
- All staff are supported appropriately when they speak up or support other people who are speaking up
- The Board is fully sighted on, and engaged in, all Freedom to Speak Up matters and issues that are raised by people who are speaking up
- Safety and quality are assured
- A culture of speaking up is instilled throughout the NHS

National Guardian's Office

# Policy Update

- Policy update - Speaking up processes are effective and continuously improved
- Compliant with the NHSI Model Policy April 2016
- Works alongside WSHT policy to ensure appropriate synergies and best practice
- Information, support sources, names and contact details updated
- Reference to Freedom to Speak Up Guardian introduced

Freedom to speak up: raising concerns (whistleblowing) policy and procedure

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

Brighton and Sussex University Hospitals

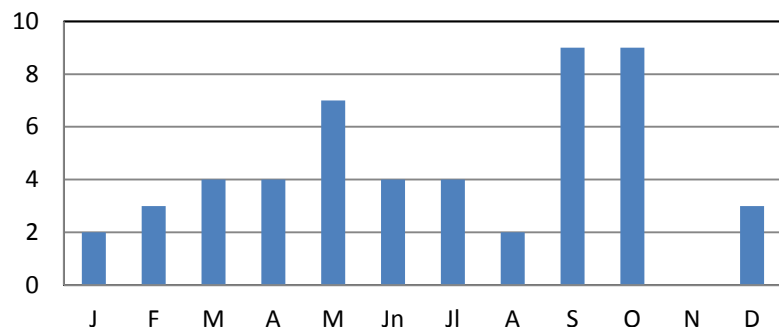
Freedom to speak up: raising concerns  
(whistleblowing) policy and procedure

Version:	V4.1
Category and number:	HR007
Approved by:	Board of Directors
Date approved:	[insert date]
Name of author:	Freedom to Speak Up Guardian
Name of responsible committee/individual:	Quality and Risk Committee / Director of Nursing and Patient Safety
Date issued:	[insert date]
Review date:	[insert date]
Target audience:	Clinical and Corporate Directorates, and all staff
Accessibility	This document is available in electronic format only unless otherwise requested

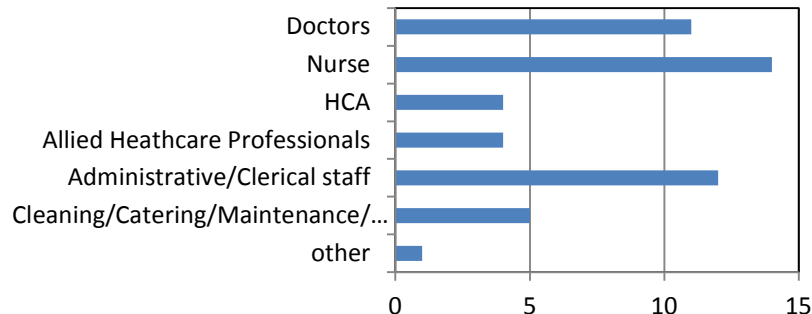
v4.0 Approved by BSUHHospital Management Board: Page 1 of 20

# 2017 Requests for Support

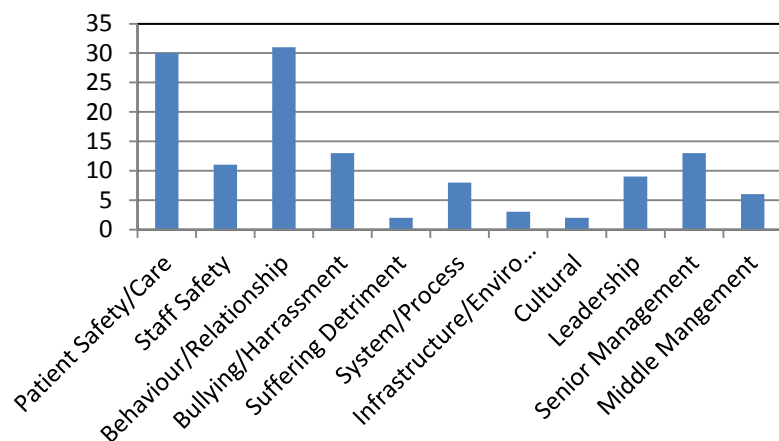
Number of Cases



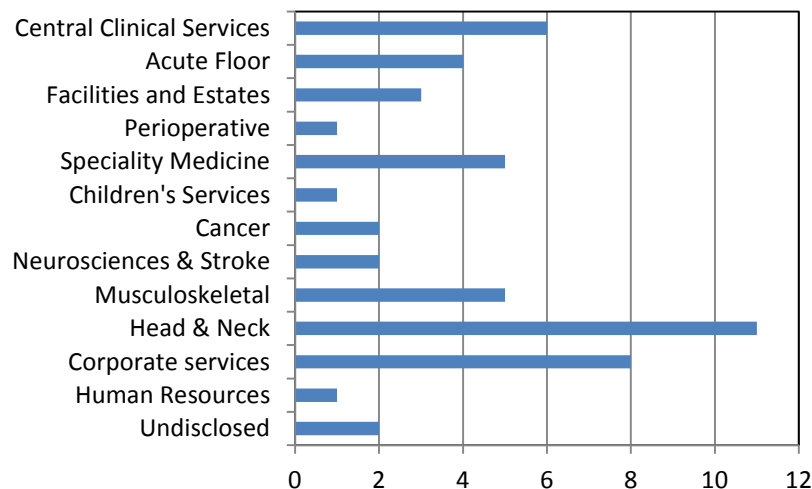
Professional Groups



Themes



Directorates



# Survey and Speaking Up in BSUH

Brighton and Sussex  
University Hospitals  
NHS Trust



Simon Stevens CEO NHS England identified the following questions as markers for speaking up at the National Guardian's Conference 6 March – the day the Survey results came out – here is how we score

Question	NHS Acute Hospitals	BSUH	White	BME
Q11c If they had witnessed an error/near miss or incident that could have hurt staff (Yes to Q11a or Q11b) % saying the last time this had happened, either they or a colleague had reported it	95	94	94.5	93.5
Q12a My organisation treats staff who are involved in an error, near miss or incident fairly	55	50	48.1	60.4
Q12b My organisation encourages us to report errors, near misses or incidents	88	83	82.0	86.1
Q13a % saying if they were concerned about unsafe clinical practice they would know how to report it	95	93	92.6	95.1
Q13b I would feel secure raising concerns about unsafe clinical practice	69	67	66.0	70.3



# Supporting and Growing Speaking Up in BSUH

## 2017 Activity

- Poster and leaflet campaign March
- Contributions to Talk Back and Buzz
- Info-net pages
- Iris training packages
- Drop in sessions – poorly attended plan to replace with lunch and learn
- Information Sessions – short introduction to role team huddles/meetings
- Workshops individually developed to meet team/group request for support in effective speaking up and or responding to raising concerns
- Feature on Nurse Education Programmes

## 2018 Plans and Ideas

- Inclusion in body of induction day
- Policy update
- Develop comms strategy to fit in with Patient First and other appropriate initiatives
- Posters and Leaflets need refresh
- Refresh and update Info-net pages
- Create anonymous contact and feedback methods
- Support Ambassadors with information for sign posting
- Continuation of individual support
- Continuation of skills development and support to enable effective speaking up (include lunch and learn)

# Beyond our Boundaries

## 2017 Activity

- New CQC Speak up element in well led domain trialled at BSUH
- 2 National Guardian Case Reviews on Speaking up published
  - Southport and Ormskirk Hospitals NHS Trust
  - North Lincolnshire and Goole NHS Foundation Trust
- NHSI Employment Support Scheme piloted
- BSUH FTSUG invited to be Member of the Pan Sector Speak Up Group hosted by the National Guardian
- BSUH Speaking up Practical Guide for Managers adopted by other Trusts
- BSUH FTSUG asked to deliver workshop at National Guardian's Conference

## 2018 On the Horizon

- 1 April additional requirements in the National Contract relating to FTSU
- BSUH FTSUG to lead local Regional FTSUG Group
- Seeking to build best practice from other Trusts and sectors to grow our approach to Speaking Up and working towards becoming best in class
- HSJ 'Creating a Supportive Staff Culture' award that will be launched in a few weeks' time.
- On going media interest in whistleblowing within and beyond NHS and opportunities to implement learning at BSUH from formal reviews and academic studies

To: Meeting of the BSUH Trust Board

Date of Meeting: 28<sup>th</sup> March 2018

Agenda Item: 12

Title
<b>Gender Pay Gap Report</b>
Responsible Executive Director
Denise Farmer, Chief Workforce and OD officer
Prepared by
Helen Weatherill, Director of HR
Status
Public
Summary of Proposal
A report outlining how this new legislation may affect our organisation. Information is a snapshot of the calculations correct as at 31st March 2017.
Implications for Quality of Care
There is a direct correlation between a highly engaged, performing workforce and quality of care.
Link to Strategic Objectives/Board Assurance Framework
Supports the delivery of the Trust's current corporate objectives: excellent outcomes; great experience; empowered skilled staff; high productivity
Financial Implications
Dependent on the size or even existence of a gender pay gap in our workforce.
Human Resource Implications
As above
Recommendation
<b>The Board is asked to: NOTE this report</b>
Communication and Consultation
As per legislation.
Appendices
nil

# Gender Pay Gap Report

(31 March 2017 snapshot)

---

## 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.

The pay period is a snapshot of the gross hourly pay rate of all employees, excluding bank workers on the 31 March 2017 and includes the following elements:

- Basic pay including other allowances
- Paid leave, including annual leave, sick leave, maternity, paternity, adoption or parental leave (except where an employee is paid less than usual because of being on leave)
- Bonus pay (if paid in the pay period) ie: VSM bonus or Clinical Excellence Award (CEA)

The report does not include:

- Overtime pay, waiting list initiatives (WLI), expenses, value of salary sacrifice schemes, benefits in kind, redundancy pay and tax credits

### 3) BSUH workforce context

The current gender split within the overall workforce is 71.3% female and 28.7% male. The breakdown of proportion of females and males in each banding

Band	Male	Female
Apprentice	-	-
Band 1	46.1%	53.9%
Band 2	31.9%	68.1%
Band 3	25.5%	74.5%
Band 4	22.6%	77.4%
Band 5	20.2%	79.8%
Band 6	19.3%	80.7%
Band 7	20.0%	80.0%
Band 8a	27.0%	73.0%
Band 8b	30.4%	69.6%
Band 8c	41.5%	58.5%
Band 8d	42.1%	57.9%
Band 9	53.3%	46.7%
Medical	53.2%	46.8%
Trust Board	64.3%	35.7%

#### 4) Results for BSUH – 31 March 2017 snapshot

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

###### Overall

	Male	Female	% Difference
Mean hourly rate	£19.13	£15.77	<b>17.6%</b>

###### *Staff on Agenda for Change Pay (AfC) and Medical Pay*

	Male (AfC)	Female (AfC)	% Difference
Mean hourly rate	£13.56	£14.39	<b>-6.1%</b>
	Male (Medical)	Female (Medical)	% Difference
	£36.04	£29.67	<b>17.7%</b>

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

###### Overall

	Male	Female	% Difference
Median hourly rate	£14.10	£14.25	<b>-1.0%</b>

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

	Male (AfC)	Female (AfC)	% Difference
Median hourly rate	£11.66	£13.49	<b>-15.6%</b>
	Male (Medical)	Female (Medical)	% Difference
	£34.49	£26.11	<b>-24.3%</b>

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

###### *Clinical Excellence Awards*

	Male (Medical)	Female (Medical)	% Difference
Mean bonus payment	£17,542	£10,314	<b>-41.2%</b>

###### *Long Service Awards*

	Male	Female	% Difference
Mean bonus payment	£31.00	£30.30	<b>-2.3%</b>

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

### ***Clinical Excellence Awards***

	Male (Medical)	Female (Medical)	% Difference
Median bonus payment	£14,023	£6,713	<b>-52.1%</b>

### ***Long Service Awards***

	Male	Female	% Difference
Median bonus payment	£31.00	£25.00	<b>-19.35%</b>

**Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment**

### ***Clinical Excellence Awards***

Male proportion receiving bonus	Male medical staff overall	% diff	Female proportion receiving bonus	Female medical staff overall	% diff
22.1%	53.2%	<b>-31.1%</b>	10.8%	46.8%	<b>-36.0%</b>

### ***Long Service Awards***

Male proportion receiving bonus	Male staff overall	% diff	Female proportion receiving bonus	Female staff overall	% diff
7.2%	28.7%	<b>-21.5%</b>	92.8%	71.3%	<b>+21.5%</b>

During this period, 37 men and 156 women were eligible for a long service award. Out of this 6 men (16.2% of those asked) and 77 women (49.4% of those asked) participated in the long service award programme.

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

	Male	Female
Lower (Q1)	32.0%	68.0%
Lower middle (Q2)	26.8%	73.2%
Upper middle (Q3)	20.1%	79.9%
Upper (Q4)	38.0%	62.0%

## 5) Summary of results and actions

Metric	Result	Action Taken
Average gender pay gap as a mean average	There is an overall difference in pay for men and women for agenda for change and medical staff.	A Gender Pay Working group will be established in April 2018 to carry out further investigations into data and advise on any proposed actions that may reduce the gap. The Gender Pay Group will report in to the Leadership, Culture and Workforce Programme Executive Steering Committee.
Average gender pay gap as median average	Female median pay is higher than males for agenda for change, but lower for medical	
Average bonus gender gap as a mean average	Female CEA pay less than the male CEA pay	
Average bonus gender pay gap as a median average	Female CEA pay less than the male CEA pay	
Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment	Higher proportion of males receiving CEA pay than females	
Proportion of males receiving Long Service Awards	Higher proportion of females receiving long service awards due to composition of eligible staff	
Proportion of males and females when divided into four groups ordered from lowest to highest pay	Higher proportion of males in the upper pay group than in the workforce overall.	



To: Trust Board

Date of Meeting: 28<sup>th</sup> March 2018

Agenda Item: **13**

Title
<b>Trust Board Register of Interests</b>
Responsible Executive Director
Marianne Griffiths, Chief Executive
Prepared by
Andy Gray, Company Secretary
Status
Disclosable
Summary of Proposal
<p>It is good corporate governance practice for Directors to declare any professional or personal interests which are relevant to their roles at the Trust. This ensures that any relevant interests are identified proactively and are managed to ensure that there is no actual or perceived improper influence over decisions taken by the Board. The Trust's policy on declaration of interests requires that Directors declare at meetings any interests which are directly relevant to matters being discussed at those meetings. Directors are also required to record their interests in the Register of Interests. It is good practice for this to be received by the Board annually in public.</p> <p>The Board has agreed an enhanced Fit and Proper person declaration to support the requirements of the CQC Fit and Proper Person test and these have been signed by all Directors.</p>
Implications for Quality of Care
None
Link to Strategic Objectives/Board Assurance Framework
Code of Governance and Audit Requirement
Financial Implications
None
Human Resource Implications
None
Recommendation
<b>The Board is asked to NOTE the Register of Interests</b>
Communication and Consultation
Chairman, Chief Executive, Executive Directors, Non-Executive Directors
Appendices
Register of Interests, March 2018

# **Brighton and Sussex University Hospitals NHS Trust**

## **REGISTER OF DIRECTORS' INTERESTS AND FIT AND PROPER PERSON DECLARATION: 28<sup>th</sup> March 2018**

All Board members have acknowledged and declared as an interest the Management Contract arrangement between Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospital NHS Trust.

Ref	Name	Job Title	Interests Declared	Enhanced Fit and Proper Person declaration completed
DOI 18-01	Mike Viggers	Chair	- Nil declaration	Yes
DOI 18-02	Joanna Crane	Non-Executive Director	- Nil declaration	Yes
DOI 18-03	Lizzie Peers	Board Advisor	<p>None related directly to NHS Organisations</p> <ul style="list-style-type: none"> <li>- Independent member of Quality Assurance Board, Ministry of Justice Witness Intermediary Scheme; Independent member of National Police Chiefs Council Audit and Assurance Board; Independent member of Audit and Risk Committee Local Government Boundary Commission ; Independent Board Director at SAAA Ltd audit procurement organisation for smaller local authorities.</li> <li>- Trustee of Emsworth Health Trust</li> <li>- Trustee and Treasurer of The Elizabeth Foundation</li> <li>- Partner is Programme Manager at West Sussex County Council</li> </ul>	Yes
DOI 18-04	Jonathan Furmston	Board Advisor	- Nil declaration	Yes
DOI 18-05	Michael Rymer	Non-Executive Director	- Trustee St Barnabas Hospice, Worthing.	Yes
DOI 18-06	Patrick Boyle	Board Advisor	- Director, Patrick Boyle Executive Coaching and Consulting Limited working with the following NHS Clients;	Yes

			Norfolk Surgical and Diagnostic Centres – Contract ended April 2017. Guys and St Thomas NHS Foundation Trust (Coaching Register) - approx. 50 hours. - NHS England (Coaching Register) – approx. 50 hours.	
DOI 18-07	Martin Sinclair	Non-Executive Director	- Trustee – Asthma Uk	yes
DOI 18-08	Kirstin Baker	Non-Executive Director	- Non-Executive Director of The Pensions Regulator (2 days a month) - Vice-chair of the University of Sussex	Yes
DOI 18-09	Malcolm Reed	Non-Executive Director	- Dean of Brighton and Sussex Medical School - Honary Consultant at Brighton and Sussex university Hospitals NHS Trust - Medico legal Expert	Yes
DOI 18-10	Marianne Griffiths	Chief Executive	- Co-owner of Eden Consulting but a sleeping partner with no activity undertaken. - Husband is co-owner of Eden Consulting and provides Social Services consultancy to Local Government. There is no work being undertaken in Sussex.	yes
DOI 18-11	Karen Geoghegan	Director of Finance	- Nil declaration	Yes
DOI 18-12	Denise Farmer	Director of Organisational Development and Leadership	- Nil declaration	Yes
DOI 18-13	Dr George Paxton Findlay	Chief Medical Officer / Deputy Chief Executive	- Nil declarations	Yes
DOI 18-14	Nicola Ranger	Chief Nurse	- Family members operate a company called ‘Range Care’ but no shares held or direct connection or involvement in the business.	Yes
DOI 18-15	Peter Landstrom	Chief Delivery and Strategy Officer and Chief Operating Officer (BSUH)	- Nil declarations	Yes