Brighton and Sussex University Hospitals NHS Trust

Meeting of the Board of Directors

10:00 – 13:00 on Tuesday 4 August 2020

Virtual Meeting via Microsoft Teams

AGENDA – MEETING IN PUBLIC

1.	10.00	**Welcome and Apologies for Absence** To note	Verbal	Chair
2.	10.00	**Declarations of Interests** To note	Verbal	All
3.	10.00	**Minutes of Board Meeting held on 29 January 2020** For information	Enclosure	Chair
4.	10.00	**Matters Arising from the Minutes** None	Enclosure	Chair
5.	10.05	**Report from Chief Executive** To receive and note overview of the Trust's activities	Presentation	Marianne Griffiths
		INTEGRATED PERFORMANCE REPORT including REFRESH, RESTORE, RECOVERY UPDATE		
6.	10.10	**Introduction from Chief Executive** To receive and note overview of the Trust's activities	Enclosure	Marianne Griffiths
7.	10.15	**Quality Improvement** To receive and agree any necessary actions	Enclosure	Carolyn Morrice Rob Haigh
		After this section the Chair of Quality Assurance Committee will be invited to provide their report included at item 11. To receive assurance from Committee and recommendations from the Committee		
8.	10.35	**Systems and Partnerships** To receive and agree any necessary actions	Enclosure	Jayne Black
9.	10.50	**Sustainability** To receive and agree any necessary actions	Enclosure	Karen Geoghegan
		After these two sections the Chair of Finance and Performance Committee will be invited to provide their report included at item 12. To receive assurance from Committee and recommendations from the Committee.		
10.	11.05	**Our People** To receive and agree any necessary actions	Enclosure	Denise Farmer

		At this point the Chairs of the Committees will be invited to provide any additional assurance from the work of their committee.		
		ASSURANCE REPORTS FROM COMMITTEES		
11.	-	**Report from Quality Assurance Committee** - **from the meetings on the 23 June & 28 July 2020*:*** To receive assurance from Committee and recommendations from the Committee **Reports recommended for information only:** - ***Annual Patient Experience Report*** - ***Annual Adult & Children's Safeguarding Report***	Enclosure	Mike Rymer
12.	-	**Report from Finance and Performance Chair** - **from the meetings on the 23 June & 28 July 2020** To receive assurance from Committee and recommendations from the Committee	Enclosure	Patrick Boyle
13.	11.25	**Report from Audit Chair *including the Annual Audit Committee report to Board*** - **from the meeting on the 07 July 2020** To receive assurance from Committee and recommendations from the Committee	Enclosure	Kirstin Baker
14.	11.35	**Board Assurance Framework** To approve	Enclosure	Glen Palethorpe
		OUR PEOPLE		
15.	11.45	**Annual Workforce Race Equality Survey** To approve for publication on Trust website by 31 August 2020	Enclosure	Denise Farmer
16.	12.00	**Annual Workforce Disability Equality Survey** To approve for publication on Trust website by 31 August 2020	Enclosure	Denise Farmer
17.	12.15	**Freedom to Speak Up Annual Report** To approve	Enclosure	Caroline Owens
		WELL LED & COMPLIANCE		
18.	12.25	**Annual Medical Appraisal and Revalidation Report 2019/20** To approve	Enclosure	Rob Haigh
19.	12.35	**Company Secretary Report** To note	Enclosure	Glen Palethorpe
		OTHER		
20.	12.45	**Any Other Business** To receive and action	Verbal	Chair

21.	12.50	**Questions from the public** To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Chair
22.	13.00	**Date and time of next meeting:** The next meeting in public of the Board of Directors is scheduled to take place at **10:00** on **29 September 2020**.	Verbal	Chair

Trust Board of Directors Quoracy

A meeting of the Board shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that at least half of the Board must be present, including one Non-Executive Director and one Executive Director. This means that at least 6 voting members must be present. A Director shall be deemed as present if he joins the meeting by telephone or other means, provided that he can hear and be heard by all other Directors present at the meeting

Brighton and Sussex University Hospitals NHS Trust

Minutes

Minutes of the Board of Directors (Public) meeting held at 10:30 on Wednesday 29 January 2020 in the Lecture Theatre 1, Euan Keats Education Centre, Princess Royal Hospital, Haywards Heath

Present:	Alan McCarthy	Non- Executive Director (Chair)
	Mike Rymer	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Patrick Boyle	Non-Executive Director
	Joanna Crane	Non-Executive Director
	Jackie Cassell	Non-Executive Director
	George Findlay	Chief Medical Officer
	Karen Geoghegan	Chief Financial officer
	Pete Landstrom	Chief Delivery & Strategy Officer
	Jayne Black	Chief Operating Officer
In attendance:	Glen Palethorpe	Group Company Secretary
	Tamsin James	Board and Committee Administrator
	Helen Weatherill	HR Director
	Rob Haigh	Medical Director
	Ian Arbuthnot	IT Director (Item 14 only)
	Susan Harman	Head of Programme & Projects (Item 14)
	Johanna Kelly	Sepsis Clinical Nurse Specialist (Item 14)
	Simon Darrington	Order Comms Strategy & Solutions Lead (Item 14)
	Barbara Harris	Head of Inclusion (Item 16)

B/01/20/1 WELCOME AND APOLOGIES **Action**

1.1 The Chair welcomed those present to the meeting.

1.2 Apologies of absence were received from Dame Marianne Griffiths.

1.3 The Board was confirmed as quorate.

B/01/20/2 DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

B/01/20/3 MINUTES FROM THE PREVIOUS MEETING HELD ON 25 September 2019

3.1 The minutes of the meeting held on 27 November 2019 were **APPROVED** as a correct record.

B/01/20/4 MATTERS ARISING

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

B/01/20/5 CHIEF EXECUTIVE'S REPORT

5.1 George Findlay presented the Chief Executive's report, drawing out the key events and activities that occurred in December & January.

5.2 George recognised that December and January had been extraordinarily busy months and praised all the staff for being amazingly resilient and providing excellent care throughout this busy period.

Headlines

5.3 January saw eight teams and over 50 people attend their Patient First Improvement System (PFIS) graduation, an opportunity to celebrate and reflect achievements during their training. They were joined by the new entrants on wave 8 who were able to ask questions and hear about the many improvements made by wave 7 colleagues. Carolyn Morrice presented the certificates and congratulated the teams.

5.4 The 24 bed Major Trauma ward is now open at the Royal Sussex County Hospital. The Millennium Wing ward will care for some of the hospital's most severely injured patients. It creates a dedicated facility for the treatment of these patients, who would previously have been cared for on other specialist or surgical wards.

5.5 George praised midwives Ash Riddington and Helen Green who both received silver Chief Midwifery Officer Awards for their outstanding work in supporting members of the transgender and non-binary community in pregnancy.

5.6 George highlighted that Karen Geoghegan, the Trust's Chief Financial Officer, was announced Finance Director of the Year at the Healthcare Financial Management Association (HFMA) Awards. Karen was awarded the prestigious top prize for her work and leadership at both Brighton and Sussex University Hospitals and Western Sussex Hospitals.

5.7 George thanked all those involved in the launch of the Live Beds management system which launched this month. The system provides a real-time view of which beds are available or about to become available across the trust and will help ensure patients access inpatient care in a timely way.

5.8 Just before Christmas, Children and Families in the Royal Alex Children's Hospital were visited and presented with gifts by Brighton & Hove Albion Football Club and Sussex Cricket Foundation.

5.9 George highlighted that more than 65% of frontline staff have now been vaccinated against Flu with the campaign still in full force.

5.10 A delegation coordinated by the Beijing Huatong Guokang Foundation (BHGF) visited the Trust to hear about some of the fantastic innovations and education available at BSUH. Part of an ongoing relationship between the Trust and BHGF. Over 150 doctors from China have come to BSUH in the past five years for three-month placements and earlier this year over 20 of our consultants visited China on a fact-finding and teaching programme.

5.13 **Diary Highlights**

The Board was advised of some key meetings that the Executive team have attended in December and January.

5.14 **Looking ahead**

George thanked all those who had taken part in the Annual Staff Survey and confirmed over 5000 colleagues had responded.

5.15 George confirmed work continued in the development of the relationship between BSUH and Western Sussex Hospitals NHS FT with a continuation of the current leadership arrangements allowing this closer working over the longer term.

5.16 George announced that final preparations were underway for the launch of this

year's Patient First STAR awards, designed to recognise and celebrate the contribution of staff and volunteers. Nominations are due to open on February 14 and George wanted to encourage all staff, volunteers, patients and their relatives to consider putting a colleague or team forward.

5.17 The Board **NOTED** the report.

B/01/20/6 INTEGRATED PERFORMANCE REPORT

6.1 George Findlay presented the Board with an introduction to the report, which provided the structure for the integrated performance report and provided information on the activity that is being undertaken by the Trust and how this links to the Trust's True North Objectives.

B/01/20/7 QUALITY IMPROVEMENT

7.1 Rob Haigh introduced the quality report, highlighting the key benchmarked indicators relating to Quality & Safety aligned to the organisational True North objectives.

7.2 The current Hospital Standardised Mortality Ratio (HSMR) for the Trust to August 19 has reduced for a further period. In the 12 months to August 2019 the HSMR was 87.87, BSUH is currently ranked 18/132 and stands in the 18th percentile.

7.3 The rate of inpatient falls for the past 12 months is 3.64 falls per 1000 bed stay days; equating to 982 falls in the past year compared to 838 in the previous year. The National Falls rate is 6.63 falls per 1000 bed days.

7.4 Carolyn Morrice, Chief Nurse, informed the Board that the rate of harm free care was 94.98% in December, just below the Trust target of 95%. The harm-free care score for the past 12 months was 94.2% against the target of 95%.

7.5 The pressure ulcer rate for the past 12 is months 1.05 incidents per 1000 bed stay days. Carolyn assured the Board on the arrangements over the ongoing monitoring in this area.

7.6 The current rate of Friends & Family recommended rates for December were reported for Inpatients as 93.3%, in A&E this recorded a recommended rate of 88.8% and for Outpatients the rate was recorded as 94.7%.

7.7 Mike Rymer confirmed the Quality Assurance Committee had met the day before and through its work it was able to assure the Board over the Trust's delivery of these objectives. The Committee also received information and reports in respect of learning from incidents, Patient Experience, Safeguarding and External Visits reporting. Mike confirmed that at the conclusion of the meeting the Committee was assured over the quality of care being provided to the Trust's patients.

7.8 Carolyn Morrice assured the Board that the Trust was following guidelines put in place by the CCG and the Department of Health.

7.9 Alan McCarthy stated the Trust was performing well against the range of quality metrics and had strong plans to continue to improve against a backdrop of significant pressure from activity.

7.10 The Board **NOTED** the report.

B/01/20/8 SYSTEMS AND PARTNERSHIPS

8.1 Jayne Black updated the Board in respect of a range of performance indicators.

8.2 Jayne informed the Board that for December the A&E performance was 78.8%, compared to a national average of 79.8%. Jayne confirmed while December had proved challenging the average time to triage was 13 minutes.

8.3 The Trust's 62 day cancer performance for GP referral to remained at 73.1% in November 2019. The National average performance (November-19) was 77.4%.

8.4 The Trust's RTT Performance improved by 0.03% in December-19 to 68.05%, with the waiting list reduced by 1317 patients to November-19. There were thirty-five 52 week breaches in the month, a reduction of 13 on the prior month. National average performance (September 19) was 84.8%. The Board was assured over the reduction in the waiting list since the date of this report with the aim that all remaining 52-week breaches would be eliminated by March 2020.

8.5 The Trust's Diagnostics 6-week performance adversely increased by 1.8% to 15.7% in December 19 compared to its performance in November 19. Significant improvements have been made in imaging however there are delays in the recovery of Endoscopy. National average performance (November 19) was 2.9%.

8.6 Jayne drew the section to a close by confirming that there whilst there have been challenges a number of extra measures have been implemented to reduce the wait times for patients and confirmed that Cancer, Endoscopy and Diagnostics are still working hard to deliver their trajectory.

8.7 Mike Rymer confirmed that whilst some delays can be seen within the Cancer pathway, all patients are subject to a harm review and it has been concluded that there has been no evidence of harm in this area.

8.8 Jayne confirmed the Acute Medical Model went live on the 4 December which has seen positive results in some areas during a challenging period.

8.9 The Chair asked Patrick Boyle, as Chair of the Finance & Performance Committee, to provide the Board with an update from that Committee's meetings. Patrick confirmed the Committee was able to assure the Board that the Trust is performing well despite the issues highlighted within the report just presented.

8.10 The Board **NOTED** the report.

B/01/20/9 SUSTAINABILITY

9.1 Karen Geoghegan reported to the Board the Trust's financial performance, reporting that for August, the Trust is reporting a deficit of £4.5m which is in line with plan.

9.2 At the end of M9, the Trust has delivered a deficit of £42.5m, in line with the plan, so has earned £16.5m of Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) income. In addition the Trust has also

received confirmation of a further £0.6m of 2018/19 PSF as a national post accounts reallocation of PSF was undertaken.

9.3 The Trust is on trajectory to deliver an underlying deficit of £53m; which will earn an additional £25.4m of PSF and FRF funding. This will achieve the year-end deficit control total of £25.7m.

9.4 Karen informed the Board that the delivery of the control total is challenging given impact of operational pressures, further increased into Winter.

9.5 The Trust's Finance and Use of Resources Risk Rating for December is 3, with the individual rating components are in line with plan.

9.6 The Efficiency and Transformation Programme although challenging, is forecasting delivery of the £27m requirement.

9.7 The Chair asked Patrick Boyle, as Chair of the Finance & Performance Committee, to provide the Board with an update from that Committee's meeting in respect of Finance. Patrick confirmed the Committee was able to assure the Board that the Trust has robust plans to track the delivery of its year end control total.

9.8 The Board **NOTED** the report.

B/01/20/10 OUR PEOPLE

10.1 Helen Weatherill presented the Board with an update on workforce developments and emphasised the positive outcomes for the annual staff survey and the more frequent Pulse surveys and how these results are used to drive improvements based on the captured feedback from staff.

10.2 Helen updated the Board on the monthly pulse survey results which provides a "snap shot" of how staff are feeling in relation to the 9 key engagement questions. These questions determine the overall engagement score. The overall score this month 6.8 out of 10. The best Acute Trust scored 7.6 out of 10.

10.3 The percentage of staff recommending BSUH as a place to work in December was 69% compared to 73.6% in November. This was against a target of 62%, noting that November was the Trust's highest score year to date

10.4 Regarding the Staff Survey results, the Trust has seen a year on year improvement in participation results from under 40% in 2016 to 59.1% in 2018 to our highest participation score of 61.5% in 2019. Helen confirmed the staff survey results would be presented to Board in March 2020.

10.5 Helen provided an update on Workplace, an online communications and collaboration platform which was launched in October 2019. With over 40% of staff using the platform and more than 210 groups created covering a wide range of wards, teams and interest groups. Workplace is now being used to deliver key operational messages around winter planning, including Reset weeks and the roll out of Live Beds.

10.6 Helen Weatherill drew the Board's attention that in December the Trust's Turnover rate reduced to 12.3%, and remains favourable to the 12.5% target for the 2019/20 plan.

10.7 The Trust's 12 month sickness absence rate continues an upwards trend; now

standing at 4.36%. A refreshed focus to support long term sickness is underway with revised return to work action plans. Meetings with the nursing teams are now in place including reviews of KPIs.

10.8 The Chair recognised actions were in place to address the increasing levels of sickness and its associated pressures within the Trust.

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

B/01/20/11 REPORT FROM QUALITY ASSURANCE COMMITTEE

11.1 Mike Rymer, Quality Assurance Committee Chair asked the Board to note the update from the meeting the previous day given earlier in the meeting.

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

B/01/20/12 REPORT FROM FINANCE AND PERFORMANCE COMMITTEE

12.1 Patrick Boyle, Chair of the Finance and Performance Committee asked the Board to note the update from the meeting the previous day given earlier in the meeting and to note the report from the January meeting within the board papers which provided useful background.

12.2 The Board **NOTED** the update.

B/01/20/13 BOARD ASSURANCE FRAMEWORK

13.1 Glen Palethorpe drew the Board's attention to the summary of the key strategic risks within the Board Assurance Framework (BAF) and noted that the information received through the integrated performance report and assurance reports from Committee Chair's link to the details in the BAF. The Board agreed that the increase to risk 2.2 was appropriate and linked to the report presented by Karen Geoghegan.

13.2 The Board was informed that the Finance and Performance Committee recommended that elevated risks relating to 5.1 and 5.2 remain until further assurance is received over the actions taken across the system. The Board agreed with this recommendation.

13.3 The Board **APPROVED** the Board Assurance Framework.

B/11/19/14 CLINICALLY LED IT SERVICE PRESENTATION

14.1 The Board welcomed Ian Arbuthnot, Susan Harman, Johanna Kelly and Simon Darrington to deliver the Clinically Led IT presentation.

14.2 Ian gave an overview of the developing strategy which has seen the active engagement of over 850 of clinical, operational, and support staff through interviews, joint workshops and online surveys; supplemented by conversations with local partners and stakeholders.

14.3 Ian updated the Committee the following projects which had been received positively throughout the Trust:

- E-Obs (Patient Track
- Order Comms
- Windows 10
- Cyber Security

- IT Infrastructure
- Fresh – Self Service Portal
- Governance
- Ward Digital Maturity
- Medway PAS
- Evolving Panda

14.4 Ian confirmed that the work which is being actioned in IT has enabled differences to be made to many operational and clinical processes whereby priority handovers are now in place.

14.5 The Board discussed risks related to cyber security and emergency planning, and were assured from Ian that significant IT failure systems were in place to ensure business continuity ensuring patient care remained first and foremost.

14.6 The Chair expressed thoughts on increasing the ability of virtual meetings beyond that of conference phones and microphones, given the Trust's aim for increased environmental sustainability. Ian confirmed there are tools in place from video conferencing and Skype for business and the Trust is encouraged to progress change.

14.7 The Board expressed their thanks to Ian and the wider team for their excellent work supporting what is an ambitious strategy.

14.8 The Board **NOTED** the update.

B/01/20/15 ANNUAL EQUALITY REPORT

15.1 Helen Weatherill introduced Barbara Harris (Babs), the Trust's Head of Equality, Diversity and Inclusion, who presented the Annual Equality Report 2019.

15.2 Babs highlighted that the purpose of this report is to demonstrate the Trust's understanding of its staff and patients, fulfilling regulatory requirements and to enable staff, patients and service users to see the Trusts commitment to the Inclusion agenda, including focusing on internal projects and activities within BSUH through Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), Stonewall Workplace Equality Index and Diversity Matters.

15.3 Babs highlighted that Accessibility was a key factor from Recite Me aiding use of the Trusts website to translation of the website into 15 languages. BSUH also offers telephone interpreting, supporting over 62 languages.

15.4 Babs confirmed the themes for 2020/21 are:
- Continue the support of the Trust's staff networks;
- Continued encouragement of the rainbow pin and lanyard scheme
- ESR monitoring data
- WRES, WDES and LGBTQ+ network – issues to be further addressed.
- Inclusion agenda focus with Western Sussex Hospitals.

15.5 The Board thanked Babs for the huge amount of effort put in to the Annual Equality work and emphasised the importance of prioritising the Trust's profile in this area.

15.6 The Board **NOTED** the update.

B/01/20/16 COMPANY SECRETARIAL REPORT

16.1 Glen Palethorpe asked the Board to note Trust's learning from deaths report and the learning identified from the structured judgement review process, the dates of the public Board meetings and the proposed date for the AGM. The agreed changes to the Board Committees quoracy made in December 2019.

16.2 The Board **NOTED** the reports.

B/01/20/17 ANY OTHER BUSINESS

17.1 There was no other business discussed.

B/01/20/18 QUESTIONS FROM THE PUBLIC

18.1 There were no questions from the Public received for this month.

B/01/20/19 DATE AND TIME OF NEXT MEETING

The next meeting in **PUBLIC** of the Board of Directors is scheduled to take place on **Wednesday 25 March 2020** in the **Level 6 Boardroom, Trust Headquarters, Royal Sussex County Hospital, Brighton.**

Tamsin James
Board and Committee Administrator
January 2020

Signed as a correct record of the meeting

……Chair

……Date

Brighton and Sussex University Hospitals NHS Trust

Chief Executive's Report

Dame Marianne Griffiths

August 2020

Content

- Headlines
- Diary highlights
- Looking ahead

Headlines: COVID-19 response

Our preparation for COVID-19 started in January before the first positive case (a Brighton man) was announced on the 31st. We admitted our first COVID patient on 9 March, just four days after the first death was announced in the UK. BSUH rapidly:

- stopped all non-emergency elective surgery
- followed national guidance to discharge patients when ready
- increased virtual appointments to keep people at home
- increased critical care capacity after advice to “double and then double again”
- secure 24/7 mental health provision to keep people out of A&E
- divided our hospitals into “red” and “green” areas to treat COVID and non-COVID patients separately
- redeployed staff from halted services to support where needed and created the workforce hub to find and fill gaps.

At its peak in April we were caring for 114 patients with COVID-19, and we are now caring for just 3 *(as at 29 July).* 165 patients have died from the virus.

Showcasing the work of our Critical Care team

The RSCH Critical Care team featured on BBC South East evening news and nationally on BBC Breakfast, showing what it’s really like to care for some of the most seriously ill COVID-19 patients. A patient featured in the programme, who couldn’t speak at the time, has since been discharged after 109 days in our care. The full film can be seen here: https://vimeo.com/418825158.

Headlines: Leadership and innovation

Leadership, teamwork and innovation have triumphed during this difficult time. Here are just a few examples.

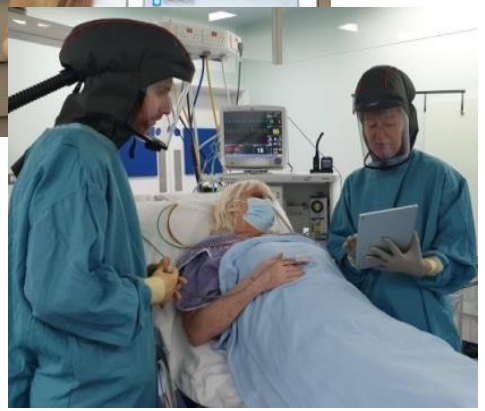
Research leadership

We run multiple research projects each year and have rightfully gained a reputation as a major site for clinical research in the South East of England. We are currently running a COPCOV study to investigate whether hydroxychloroquine could protect people from contracting COVID-19. The research has garnered international interest as well as press interest from the BBC. We're proud to be one of the first hospitals taking part.

Clean hands save lives

Brighton pharmacists Anja St. Clair Jones, Fiona Rees and Sam Lippett, as well as Dr Jasmin Islam, IPC registrar at BSUH, are working alongside pharmacy colleagues in Lusaka, Zambia, to share the skills needed to make an alcohol-based hand rub to enhance infection prevention and help reduce the spread of COVID-19. The group have since received an additional THET grant to expand the project to the three remaining university hospitals in Zambia and have produced an education video with the CPA as a tool to share knowledge across the Commonwealth. Pharmacists at the University of Brighton are also being supported to produce the same hand rub for use in BSUH hospitals.

Headlines: Leadership and innovation



Cardmedic – making a difference in 120 countries

The launch of Cardmedic, a tool designed by senior anaesthetic registrar Dr Rachael Grimaldi to help communicate with COVID-19 patients, now has 35,000 users and 11,500 app downloads.

In its first month, the scheme expanded to 50 countries, a figure that has since more than doubled. Work is now under way to convert Cardmedic to British and Irish sign language and an easy-read format. Read the full story on BBC news online.

Mannequins to help deliver safe handling training

Our manual handling training colleagues have welcomed two mannequins to their team, paid for by donations to the BSUH Charity. The dummies, which will be based at PRH and RSCH, are designed to allow safe handling training in line with current COVID-19 restrictions and will feature in training videos for staff.

Headlines: Supporting staff and communities

The welfare and wellbeing of our staff is always a priority but has been under the spotlight even more so during this pandemic. Our staff have risen to the challenges and made extraordinary sacrifices to ensure we can care for patients. The local community helped to boost morale and help us to provide care to staff through donations and gifts and we have worked hard to ensure the safety of our colleagues – particularly those identified as being more vulnerable.

Fostering conversation and collaboration for BAME communities

A number of colleagues took part in a 'COVID-19: Protecting BAME Communities in Sussex' event, run by health and care organisations across the region. A plan is being developed collaboratively to address the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities in Sussex.

As part of the response at BSUH, we have launched a BAME Volunteers scheme. Volunteers will be working with the Inclusion team and Freedom to Speak Up Guardian, to provide confidential guidance for BAME staff helping to resolve any COVID-19 related issues or concerns. We have been working hard to ensure that risk assessments are undertaken for our BAME colleagues, as well as those at a higher risk to COVID-19.

Celebrating our staff

BSUH celebrated International Nurses Day in May, which also marked the 200th birthday of Florence Nightingale. Reusable water bottles filled with tea bags, biscuits and hand creams were delivered to each ward to say thank you and celebrate the vital role nursing and midwifery staff play. The goodies were supplied by the BSUH Charity using funds raised by donations from local supporters.

Following on from Nurses Day was ODP (Operating Department Practitioners) Day. Staff enjoyed a socially distanced tea party in theatres.

Headlines: Supporting staff and communities

Charity support for wellbeing

At the end of March, we launched a staff wellbeing campaign, allowing the community to show their support for BSUH staff. Nearly £250,000 has been raised locally in addition to £65,000 contributed in goods. Donations have already been spent on equipment for our Cardiac, Palliative care and Eye Hospital teams to help them adapt to new ways of working during the pandemic. We have also been able to provide little things that make a big difference such as kettles, microwaves, hand creams and more..

In addition to charitable donations, the support shown to our staff during the pandemic has been extraordinary and we wish to thank everyone who has taken the time to think of our hospital teams since COVID began.

- Public support – rainbow pictures and gifts flooded in
- Business support – fresh food, supplies and services
- Volunteers – so many people gave up their time to help

There are too many to mention without doing some an injustice, but everyone's kindness, generosity and goodwill has been incredible and has meant so for our staff working in such difficult circumstances.

Thank you

Headlines: WSHT and BSUH merger

Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals (WSHT) have announced plans to pursue a merger between the two trusts. The Trust Boards believe a new, single organisation will create exciting opportunities for the hospitals to grow and develop services and continue to deliver outstanding care to communities across Sussex. BSUH and WSHT have worked closely together and shared an executive team since April 2017. The next steps are the development of a full business case with staff, partners, governors, members and local communities involved in creating the new organisation.

> *"To achieve together what we cannot achieve alone*

Diary highlights

- NHS BAME staff network seminar
- COVID-19 briefing calls with MPs
- QVH Boards
- Sussex Acute Collaborative Network
- Staff briefings at Royal Sussex County and Princess Royal
- Sussex Integrated Care development

Looking ahead

Restoring our services

Work is underway to restore all services, with priority areas already seeing and treating patients. COVID-19 has created an inevitable backlog but those patients most in need will be prioritised as services resume. The virtual appointment capability put in place during the pandemic will also continue and is being expanded across more services to ensure we can provide care to more patients. We are also working to reassure patients that it is safe to attend our hospitals and that if they are invited to attend, it's important they do so.

Planning for the future

We announced earlier this month that the two Trusts would be merging. Work is underway on the development of the new structure to ensure we can do what is best for our patients and people. The aim is to have the new merged Trust in place by April 2021.

A virtual fly around the 3Ts Redevelopment at the RSCH is now available, allowing patients and staff to see the work that has been completed and is still underway on the first new building.

Digital innovation

We are continuing to invest in technology to improve efficiencies and enhance the patient experience, from the launch of Patients Knows Best (PKB), a safe and secure online port that can be accessed on mobile devices to view hospital appointment records, to virtual appointments. Work is also in progress to prepare for rolling-out electronic prescribing across the Trust from early next year.

Patient First STARS 2020

Sadly our annual STARS event had to be postponed due to COVID-19. We are working on a plan for an event to take place as soon as possible – potentially held virtually – to ensure our staff get the recognition they so richly deserve and have an opportunity to celebrate their achievements.

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	6-10	**Meeting:**	Board	**Meeting Date:**	04/08/20
Report Title:	**Integrated Performance Report**				
Sponsoring Executive Director:	Dame Marianne Griffiths, Carolyn Morrice, Jayne Black, Karen Geoghegan, & Denise Farmer				
Author(s):	Dame Marianne Griffiths, Carolyn Morrice, Jayne Black, Karen Geoghegan, & Denise Farmer				
Report previously considered by and date:	Individual elements considered by relevant Board Committee				
Purpose of the report:					
Information		☐	Assurance		✓
Review and Discussion		✓	Approval / Agreement		☐
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		☐	Staff confidentiality		☐
Patient confidentiality		☐	Other exceptional circumstances		☐
Link to Trust Strategic Themes:					
Patient Care		✓	Sustainability		✓
Our People		✓	Quality		✓
Systems and Partnerships		✓			
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe		✓	Effective		✓
Caring		✓	Responsive		✓
Well-led		✓	Use of Resources		✓
Communication and Consultation:					
Executive Summary:					
Attached is the Trust's integrated performance report for August 2020.					
Key Recommendation(s):					
To note the content and following receipt of the Committee assurance reports consider if there are areas for referral back to the Committees where enhanced assurance is required.					

Integrated Performance Report

August 2020

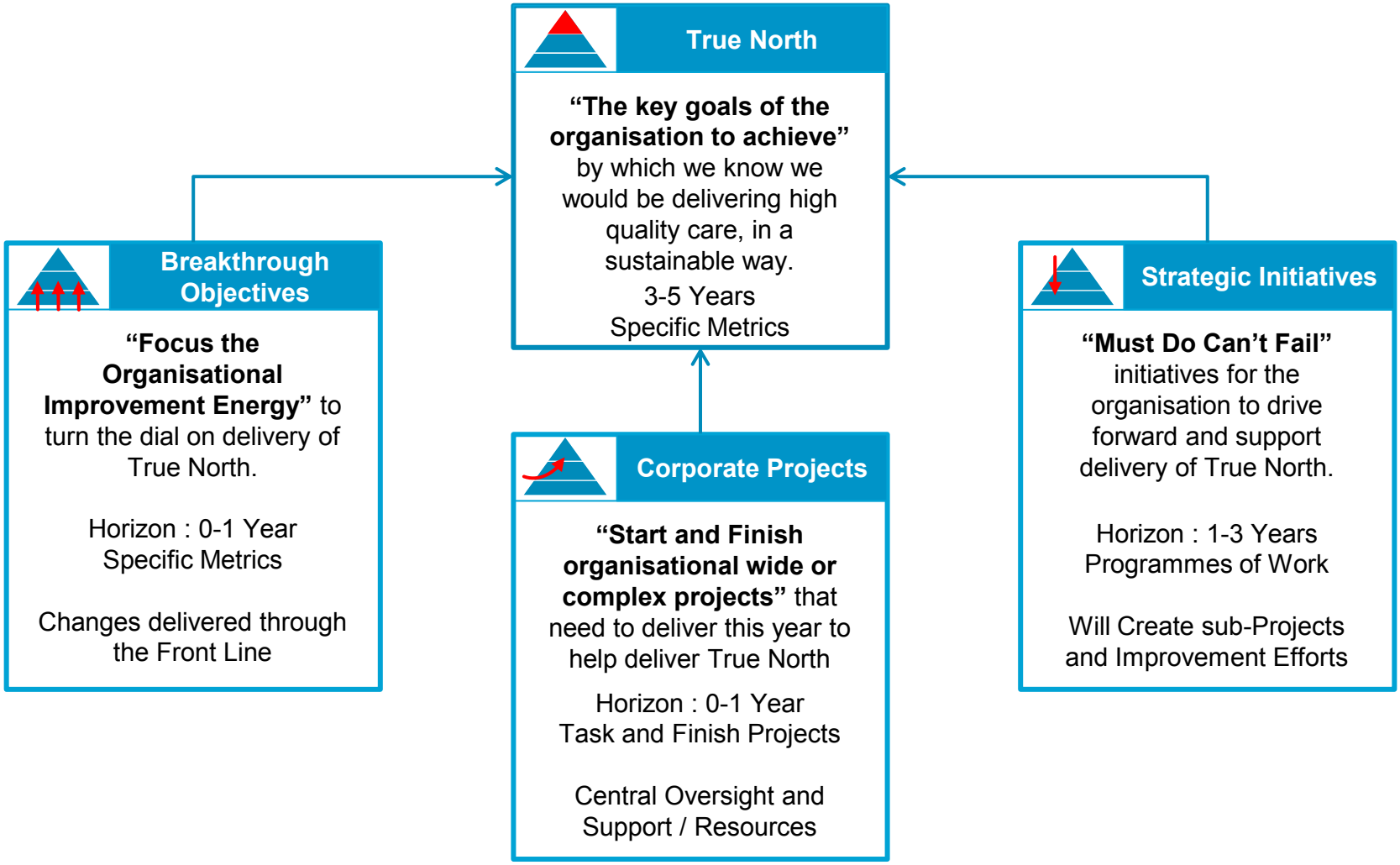
Brighton and Sussex University Hospitals NHS Trust

Contents

Structure of the report

Introduction - Patient First
Quality Improvement
Systems and Partnership
Sustainability
People

Patient First Strategy Deployment Framework



Patient First True North

Key Goals for the Organisation to achieve sustainably

Patient

Patient Satisfaction

Target: Family & Friends Recommend Rate >96%

Sustainability

Financial Management

Target: Break Even

People

Staff Engagement

Target: Engagement Score Top 20% in the Country

Quality

Preventable Mortality

Target: HSMR Top 20% in the Country

Avoidable Harm

Target: Patient Safety Thermometer 95% Harm Free Care

Systems & Partnerships

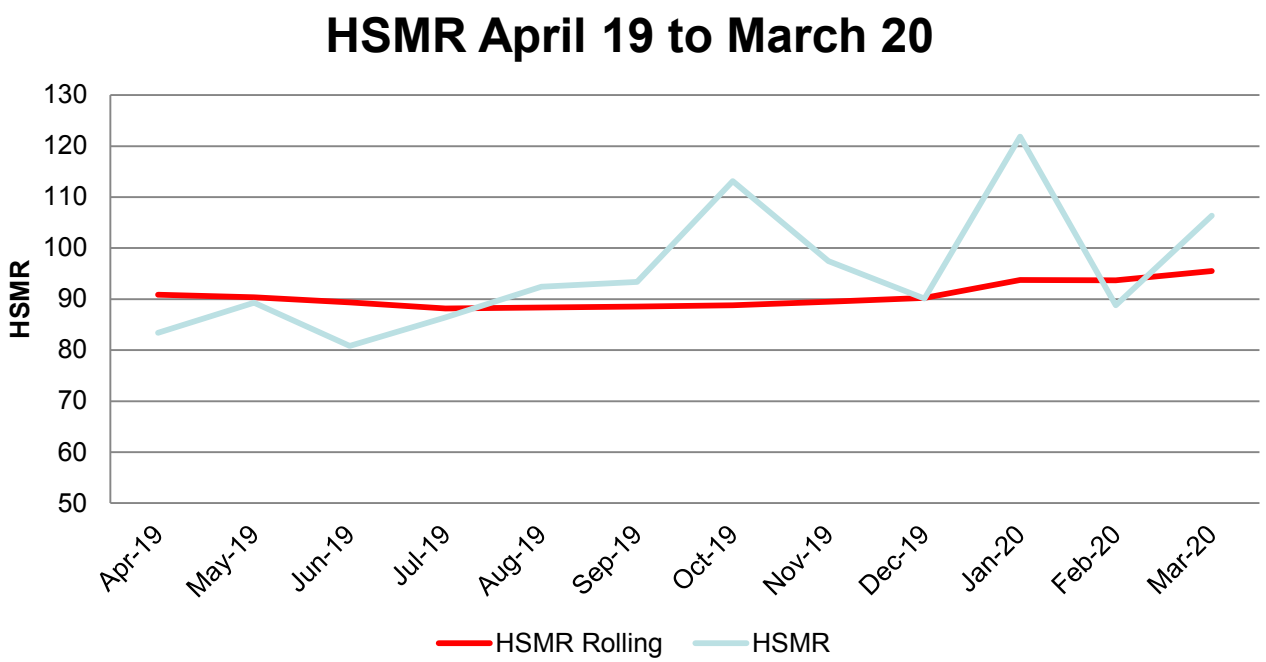
Non Elective Care

Target: A&E 95% <4hrs

Elective Care

Target: RTT 92% <18wks

Quality Performance



Quality

Preventable Mortality

Target: HSMR Top 20% in the Country

Avoidable Harm

Target: Patient Safety Thermometer 95% Harm Free Care

HSMR is available up until Mar-20 when 123 patients died against an expected number of 116. The in-month HSMR was 106.33. In the 12 months to Mar-20 the HSMR was 95.54. In the twelve months to Mar-19 HSMR was 92.77.

A HSMR of 95.54 means that BSUH remains in the top 30% of Trusts for HSMR.

The rate of harm free care was 94% in March, 1% below the Trust target of 95%.

Quality Performance

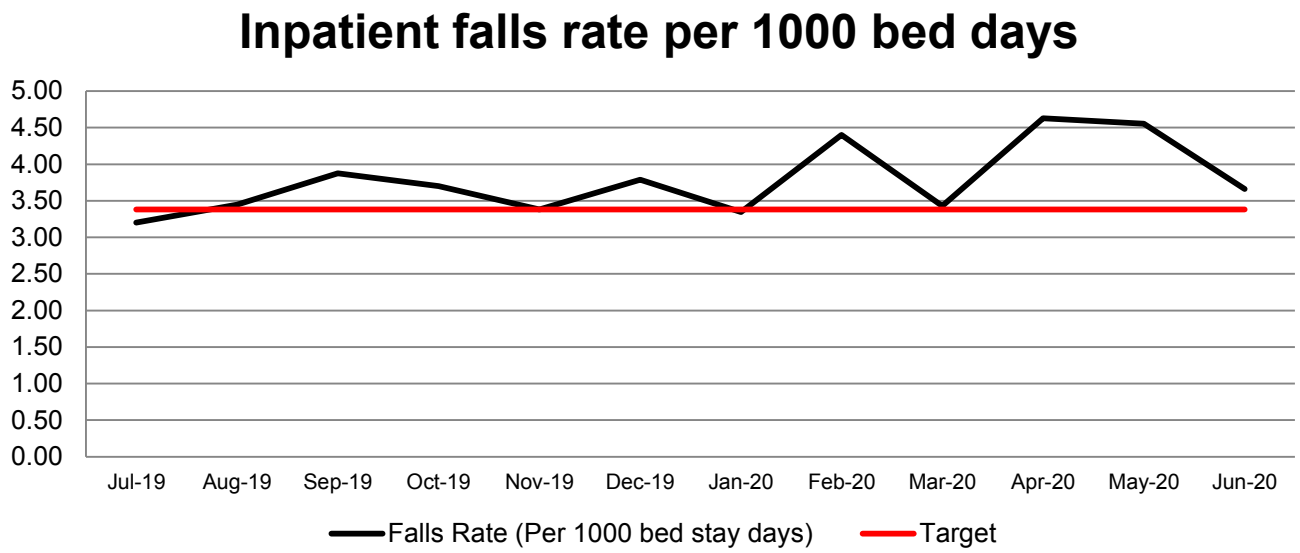
Quality

Inpatient Falls

Target: 3.38 falls per 1000 bed stay days

Pressure Ulcers

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



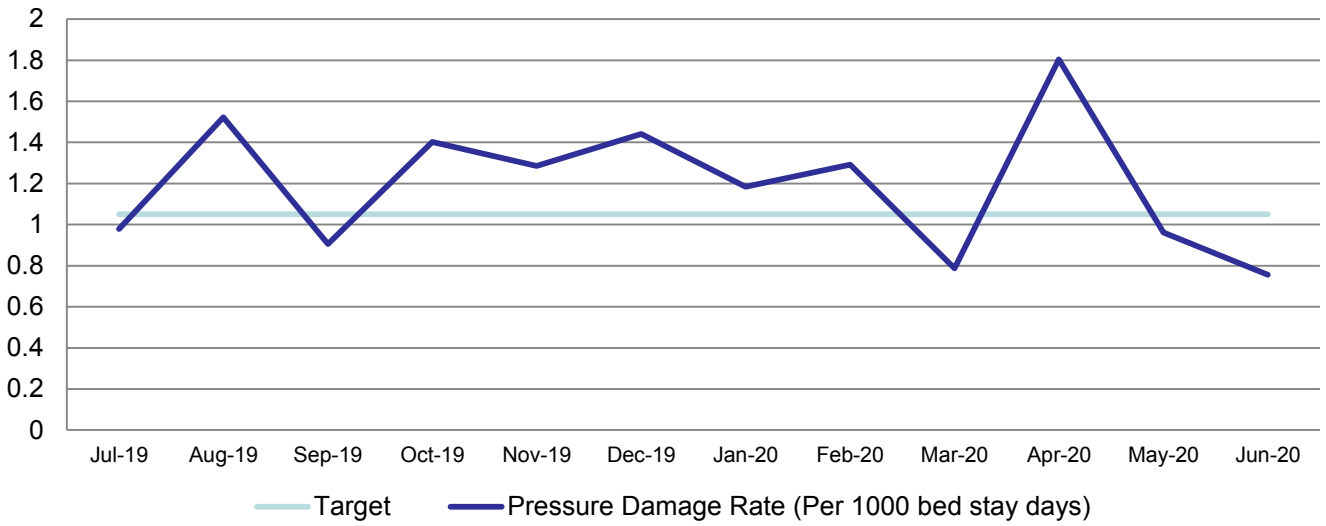
The rate of inpatient falls for the past 12 months is 3.73 falls per 1000 bed stay days; this equates to 931 falls in the past year compared to 909 in the previous 12 months. The National Falls rate is 6.62 falls per 1000 bed days.

The Patient Safety Team sends a monthly report to all inpatient areas detailing the falls on their ward for the past 12 months; this includes information to reinforce learning from past investigations.

The Head of Nursing in Quality Improvement is currently reviewing the data. A task and finish group is being setup and review and implement a programme of actions and SOP.

Quality Performance

Pressure Ulcer rate per 1000 bed days



Quality

Inpatient Falls

Target: 3.38 falls per 1000 bed stay days

Pressure Ulcers

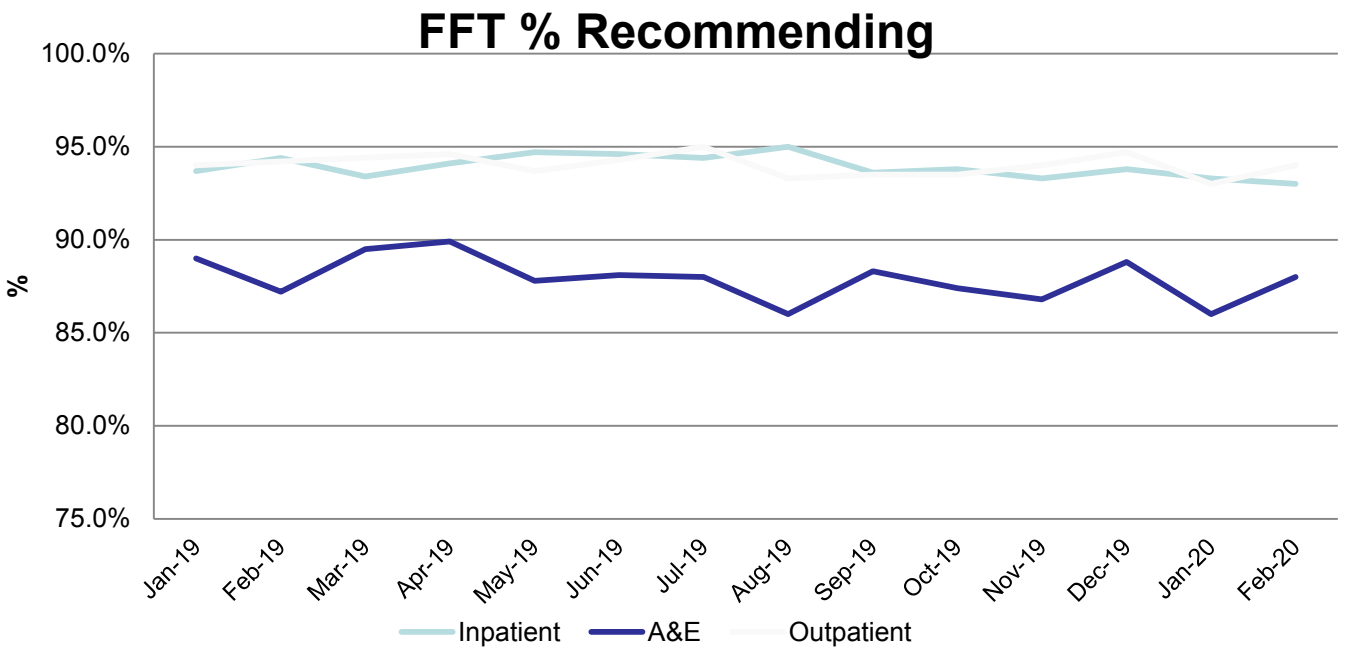
Target: 1.05 rate of acquired pressure ulcers per 1000 bed stay days

In March over 160 datix incidents were submitted in relation to pressure ulcers. The 163 datix reports were generated by 142 patients. Over the past 12 months the number of patients generating a pressure ulcer report has decreased. The majority (67%) of these patients presented at A&E with a pressure ulcer.

Between January and March, six acquired pressure ulcers have been treated as Duty of Candour incidents.

The Head of Nursing in Quality Improvement is currently reviewing the data. A task and finish group is being setup and review and implement a programme of improvement actions to reduce harm.

Quality Performance



Our current recommended rates for Feb are:

Inpatient	93.3%
A&E	88.8%
Outpatient	94.7%

Breakthrough objective for 19/20 is improvement at discharge

Quality

Friends and Family Test

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

Quality Performance – Infection Prevention

MRSA bacteraemia (No formal target set)

April 2020 = 0

May 2020 =0

June 2020 = 1 unavoidable

July 2020 = 0

***C. Difficile* Infection** (No formal target set).

No lapses in care (5 pending root cause analysis)

April 2020 = 5 (3 HOHA and 2 COHA)

May 2020 = 1 (HOHA)

June= 4 (1 HOHA and 1 COHA)

July = 4 (HOHA)

HOHA = Hospital onset, Hospital Acquired

COHA = Community onset, Hospital Acquired

Quality Performance – Infection Prevention

COVID-19

:NHS England and NHS Improvement issued guidance on 19th May 2020 regarding interim data collection for hospital onset COVID-19, this includes definitions to confirm if COVID-19 is acquired in hospital.

	Community	Indeterminate	Probable	Definite
June 2020	29	3	6	3
July 2020	5	0	2	3

COVID deaths total for 2020 to date = 166

COVID positive patients currently in Trust = 3

Data correct as at 28th July 2020

Quality Performance- Safeguarding Adults

Quality

Safeguarding Adults

Protecting an adults right to live safely, free from abuse and neglect

Key messages:

- Training for all staff remains a priority & the impact of Covid had led the team to deliver the training remotely

- There were 88 Section 42 requests in the 12 months to March 2020 “Causing others to undertake enquiry” received by the Safeguarding team whereby concerns were raised regarding the care provided by BSUH. This is an increase on 2018/19 when 60 S42 enquiries were received

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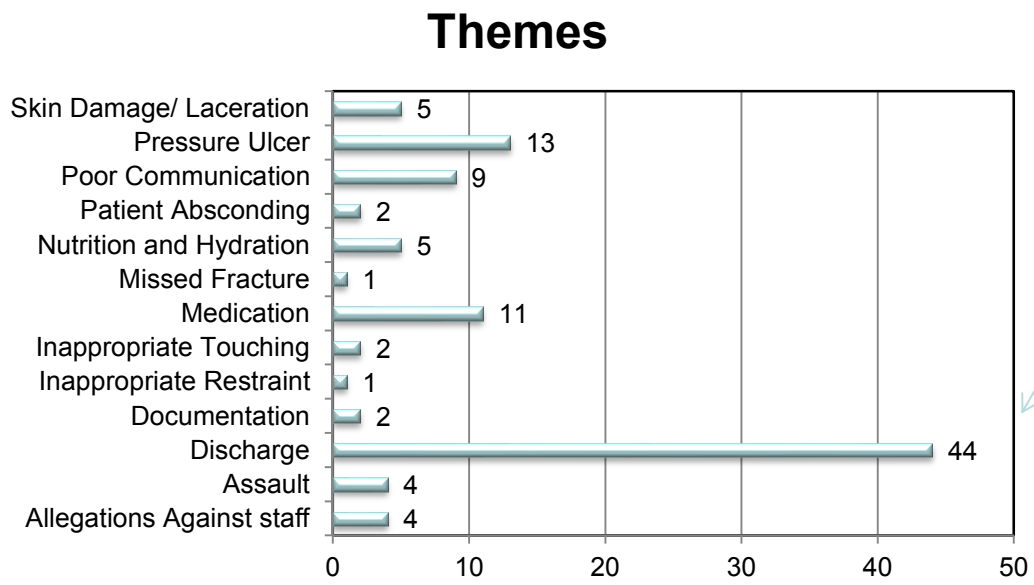


A review of underlying themes highlight discharge as an area that requires improvement – The Safeguarding and dementia lead nurses are working closely with the Discharge hubs to address these issues

Quality Performance- Safeguarding Children

Key Messages:

- Section 11 of the Children's act 2004 currently meets requirements and re-audit submitted July 2020
- CQC Action plan 2019 is progressing & monitored through the safeguarding committee
- Training figures for all eligible staff were improving but have been affected by Covid which is being addressed
- The impact of Covid 19 is still to be assessed but the network is preparing for a surge in activity when the schools return in September 2020
- BSUH is adopting to the new pan Sussex child death process (CDOP) – putting more emphasis on the hospital reviewing all deaths in detail
- 331 Looked after Children (LAC) were seen in March. BSUH was given permission to flag all on symphony & Medway to improve information sharing & clinical decision making

Quality

Safeguarding Children

Prevent the impairment of health and development and ensure they are provided safe and effective care in order to fulfil their potential.

Performance Summary

Systems & Partnerships

Non Elective Care

Target: A&E 95% <4hrs

Elective Care

Target: RTT 92% <18wks

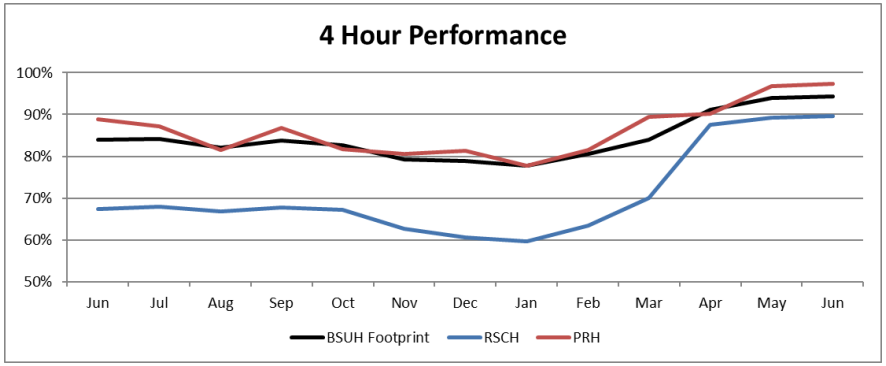
- The Trust achieved 94.4% in June 2020, 10.5% higher than June 2019 and above National 92.8%
- This was in the context of a 21.6% drop in A&E attendances compared to the same month last year and a 18.7% drop in non-elective admissions.

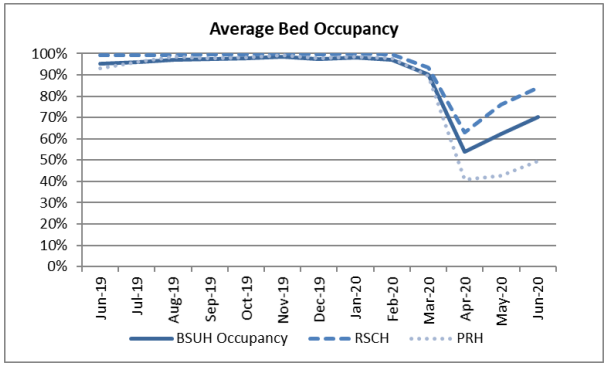
- The Trust was compliant against 6 of 8 reportable cancer metrics in May-20. The Trust was non compliant for 62 day treatment following urgent GP Referral at 84.6%
- The prospective Backlog for Patients diagnosed has materially increased as a result of covid-19. Work to recover this is underway, with particular focus for colorectal anatomical sites via FIT programme and scaling up restoration activities internally, augmented by IS support.

- Jun-20 RTT performance 48% all specialties, a decrease of 20.8% since Jun-19. Performance has fallen by -12% from 59.4% Apr-20 There were 1039 52 week waiters at end Jun-20.
- Demand has returned to 65% of Covid levels Jun-20 compared to Jun-19 whilst clock stops were 64.4% restored in June. The waiting list size grew marginally between months as demand has caught up with supply, but over 18 week cohort continued to grow (+2108 patients) as focus was mainly on cancer and urgent patients in June.

- Trust over 6 week diagnostic performance Jun-20 was 52.3%. This is 13.0% percentage points improvement on the previous month's performance (May-20, 65.3%), but remains significantly challenged against a 1% operational target.

A&E





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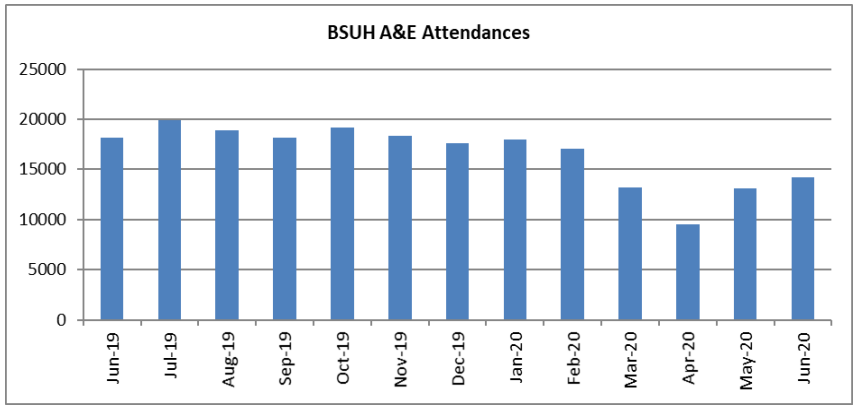
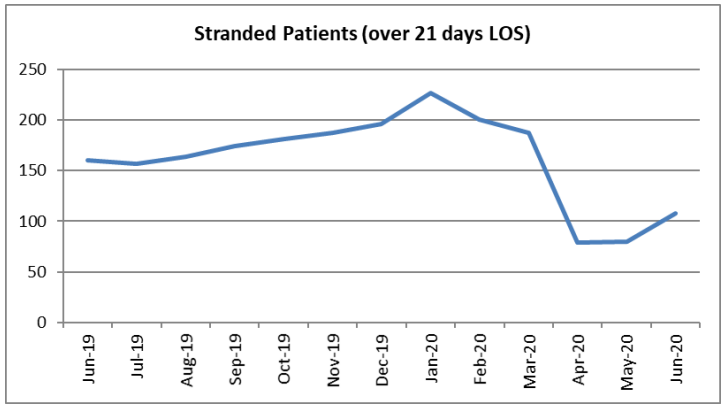
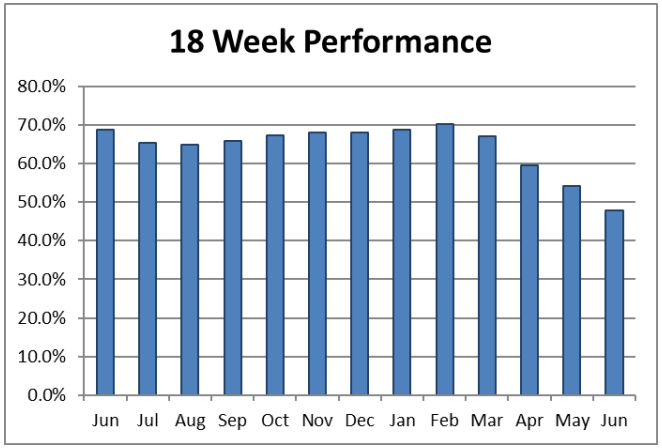
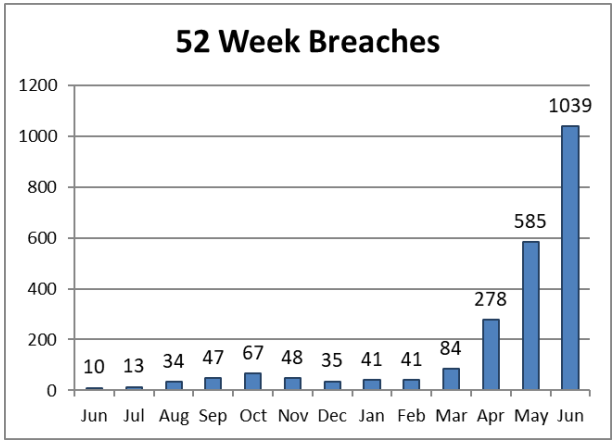
- This was in the context of a 21.6% drop in A&E attendances compared to the same month last year and an 18.7% drop in non-elective admissions.
- Bed occupancy at both RSCH and PRH has decreased substantially. The number of patients with a long length of stay has dropped dramatically at both sites. The current impact of Covid-19 has been a decrease in pressure on A&E and flow measures in the Trust, but demand and bed occupancy are increasing to pre-covid-19 levels.





RTT





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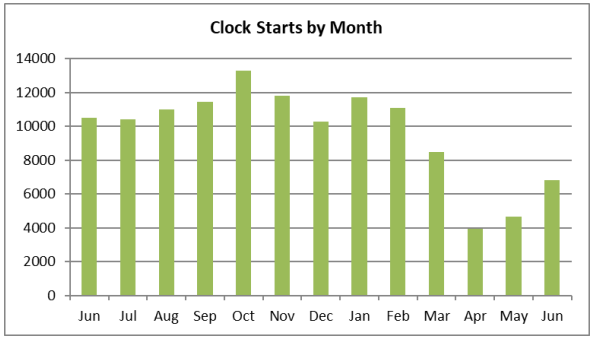
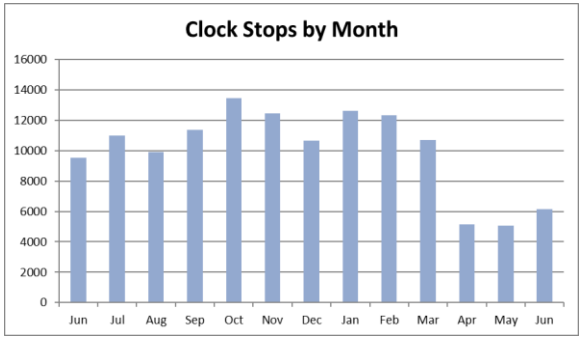
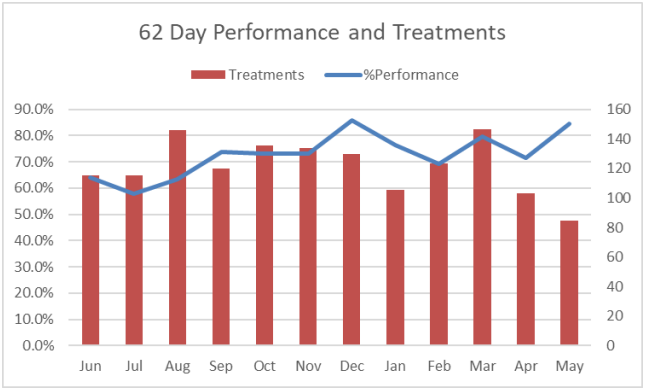
- Demand has returned to 65% of Covid levels Jun-20 compared to Jun-19 whilst clock stops were 64.4% restored in June. The waiting list size grew marginally between months as demand has caught up with supply, but over 18 week cohort continued to grow (+2108 patients) as focus was mainly on cancer and urgent patients in June.
- The Trust continues to restore both outpatient, diagnostic and theatre capacity alongside support from the IS to bolster capacity to target clinical priorities including longest waiting patients.
- The Trust weekly PTL meeting focuses on development of robust plans for the >52s and the >40s to drive forward pathways where OP and diagnostics is the next step - 80% of this cohort of patients are waiting in that category with <20% awaiting a TCI.
- There continue to be monthly harm panel reviews but also weekly reviews of >52s to see if any patients have moved priority.



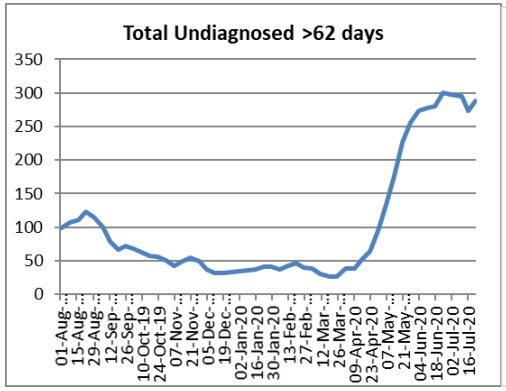


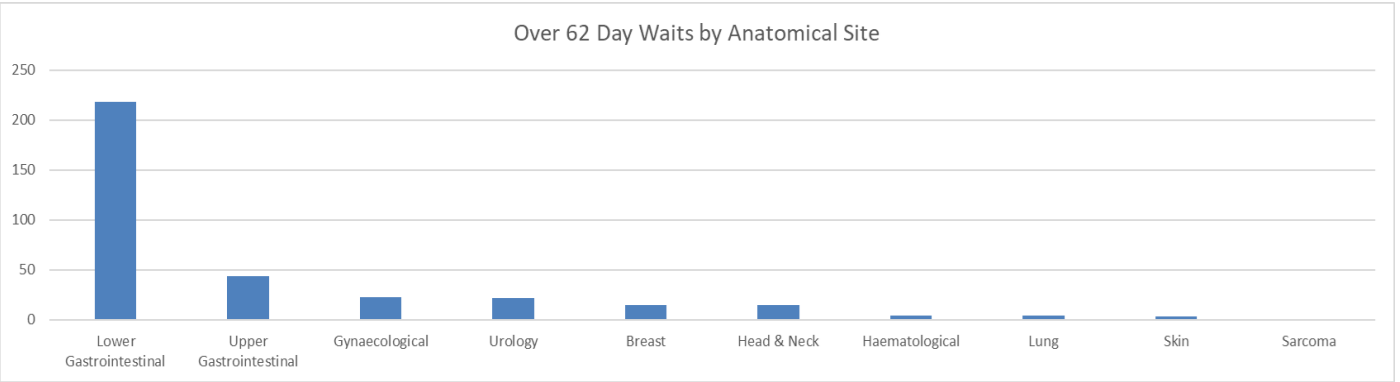
Cancer

	2020/21	
	May	YTD
2 week GP ref to 1st OP	95.8%	88.9%
2 week GP ref to 1st OP - breast symptoms	95.8%	90.6%
31 day 2nd or subs trtmnt - surgery	100.0%	97.5%
31 day 2nd or subs trtmnt - drug	98.5%	99.3%
Cancer: 31 day 2nd or subs trtmnt - radiotherapy	97.6%	96.4%
31 day diag to trtmnt all cancers	100.0%	99.5%
62 day ref to trtmnt: screening	71.4%	67.3%
62 day ref to trtmnt : upgrade	66.7%	76.9%
62 days urgent GP ref to trtmnt : all cancers	84.6%	77.3%

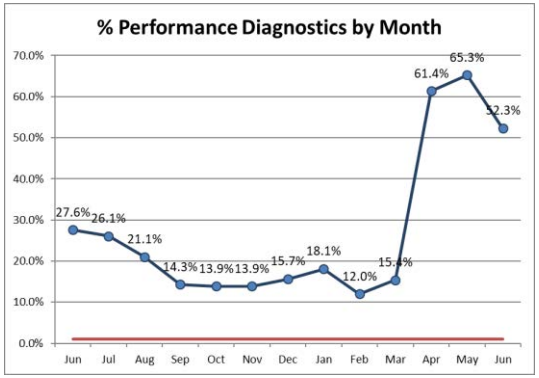


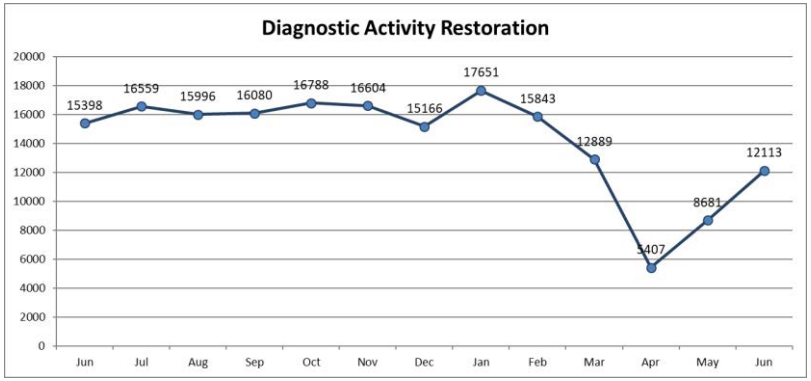
- The Trust was compliant against 6 of 8 reportable cancer metrics in May-20. The Trust was non compliant for 62 day treatment following urgent GP Referral at 84.6%
- There are a significant amount of patients over 62 and 104 days which require focused harm review panels and plans to be established.
- The prospective Backlog for Patients diagnose has materially increased as a result of covid-19. Work to recover this is underway, with particular focus for colorectal anatomical sites via FIT programme and scaling up restoration activities internally, augmented by IS support.



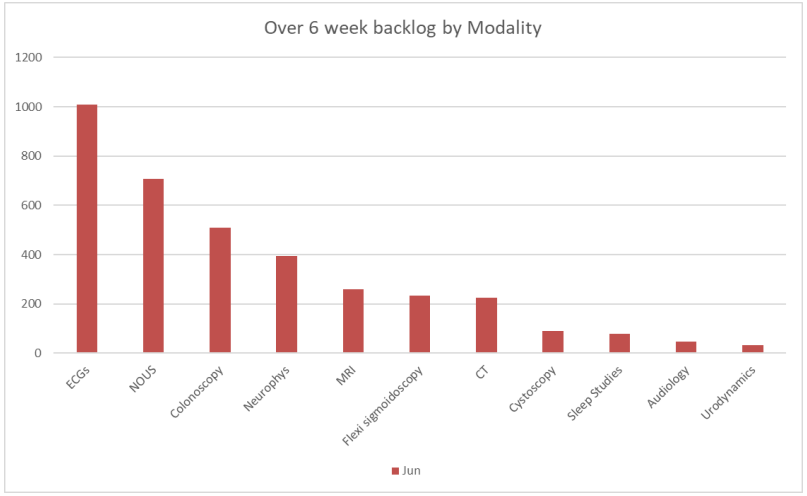


Diagnostics

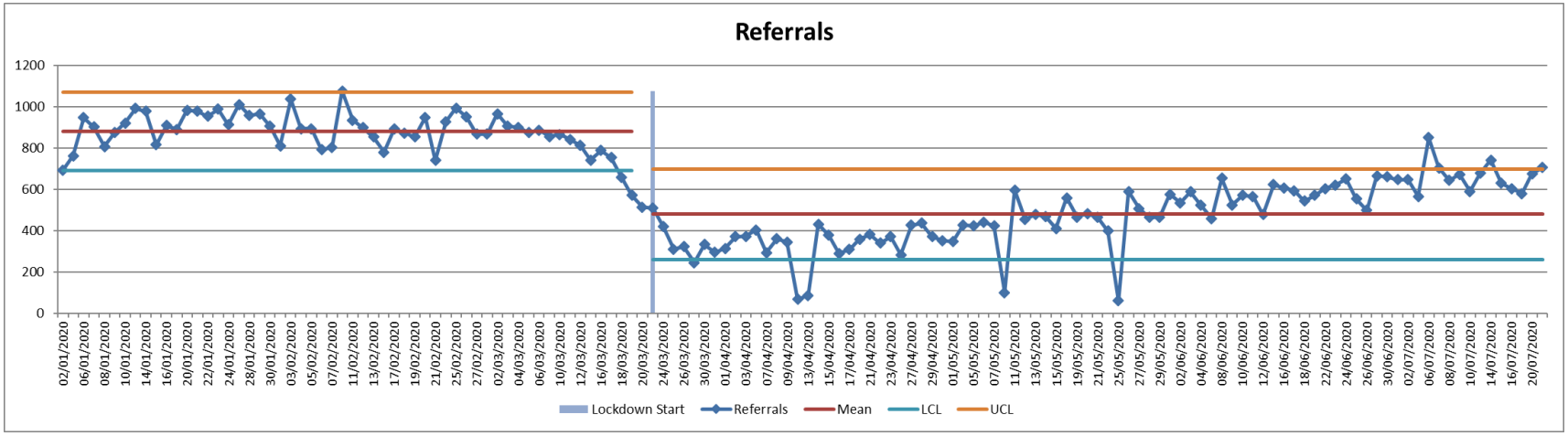


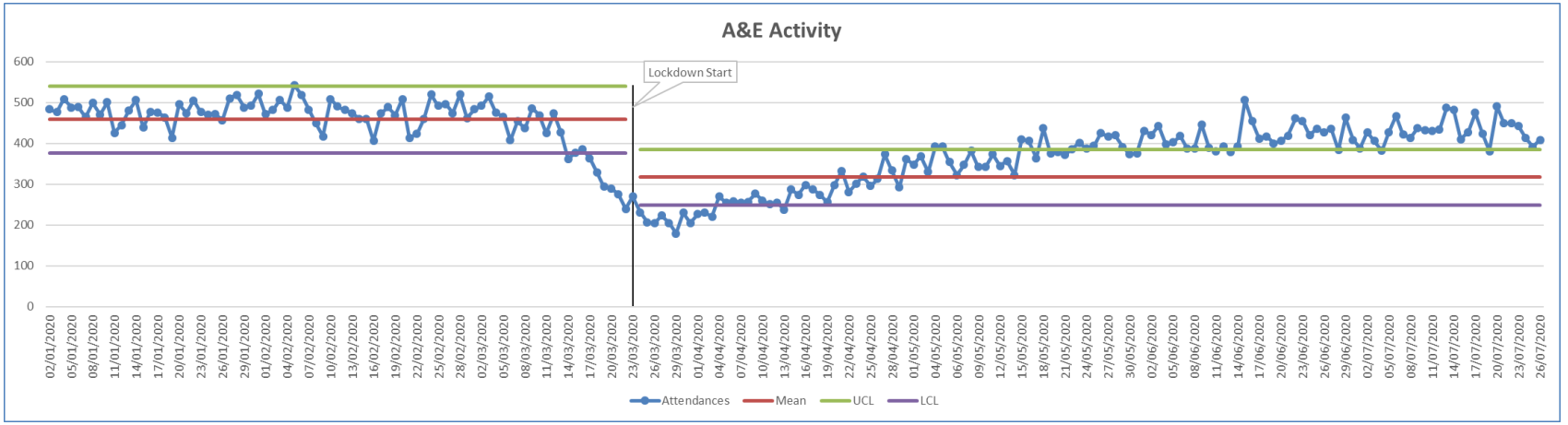


- Trust DM01 performance Jun-20 was 52.3%. This is 13.0% percentage points improvement on the previous month's performance (May-20, 65.3%), and remains significantly challenged against a 1% operational target. Respiratory Physiology - Sleep Studies was the most challenged modality, with performance of 87.8%, although the Endoscopic modalities also remain challenged (73.2% for Colonoscopy, 65.9% for Flexi-sigmoidoscopy and for Gastroscopy 68.4%).
- The sleep study service has closed and a robust IS agreement with Nuffield HH is in place to enable offering those patients waiting access to a study. The IS capacity is challenged due to lack of available staff. Additional solutions and capacity required on top for MRI and endoscopy. There is a Sussex wide endoscopy working group also being established.

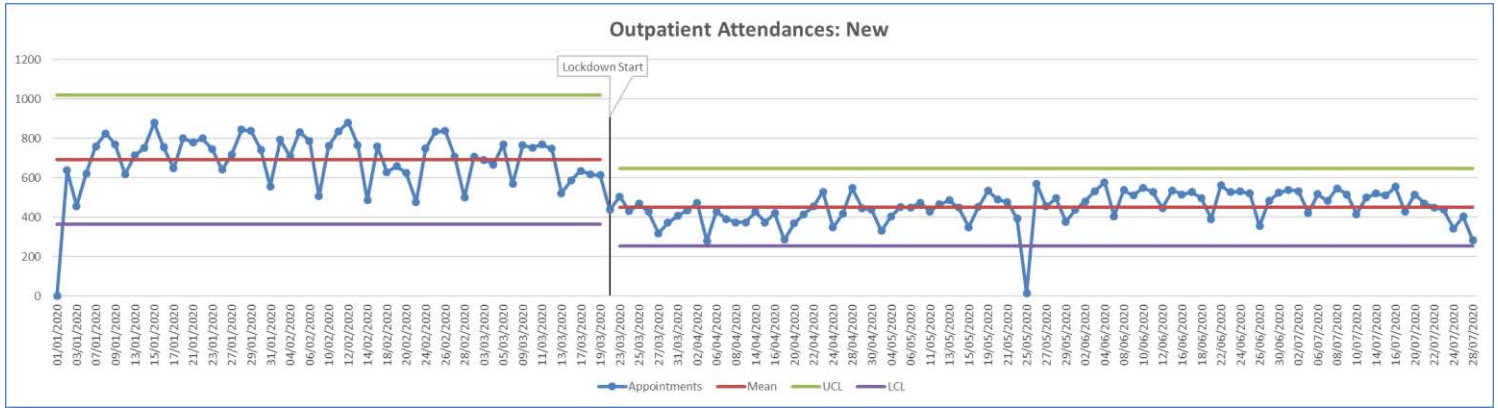


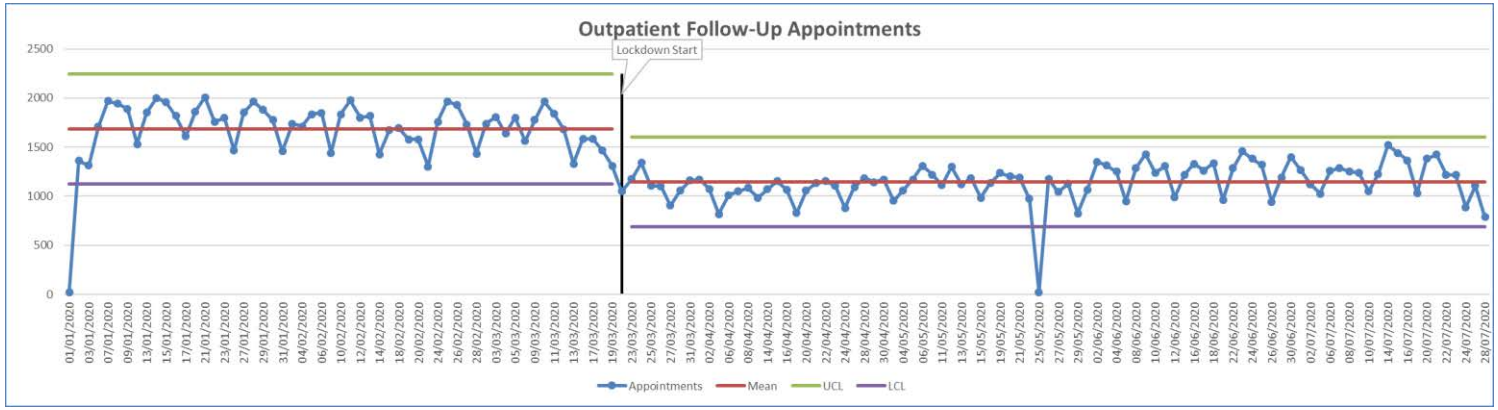
COVID-19 Annex : Elective Referrals and A&E Demand



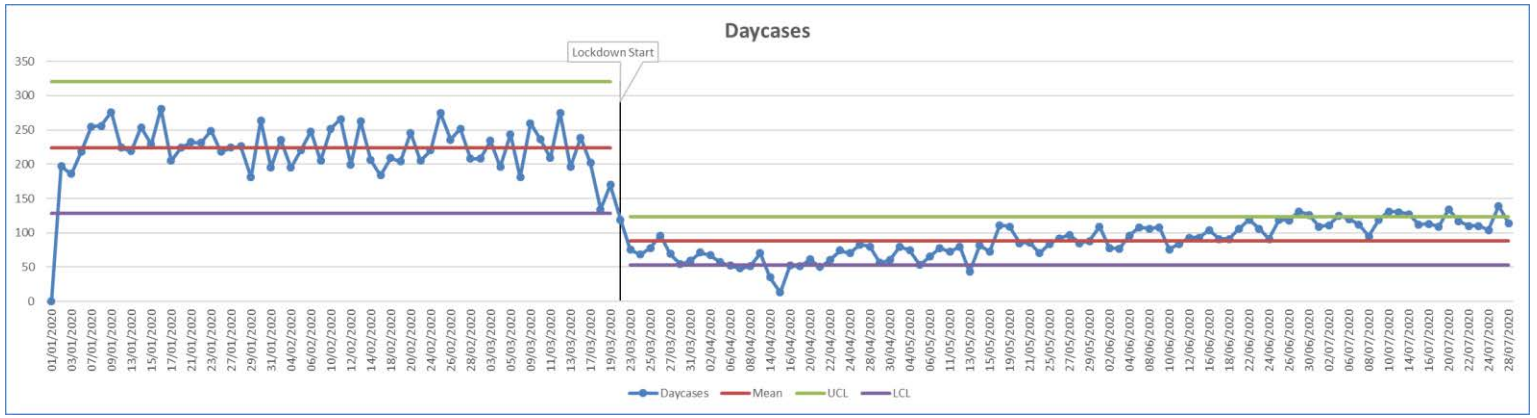


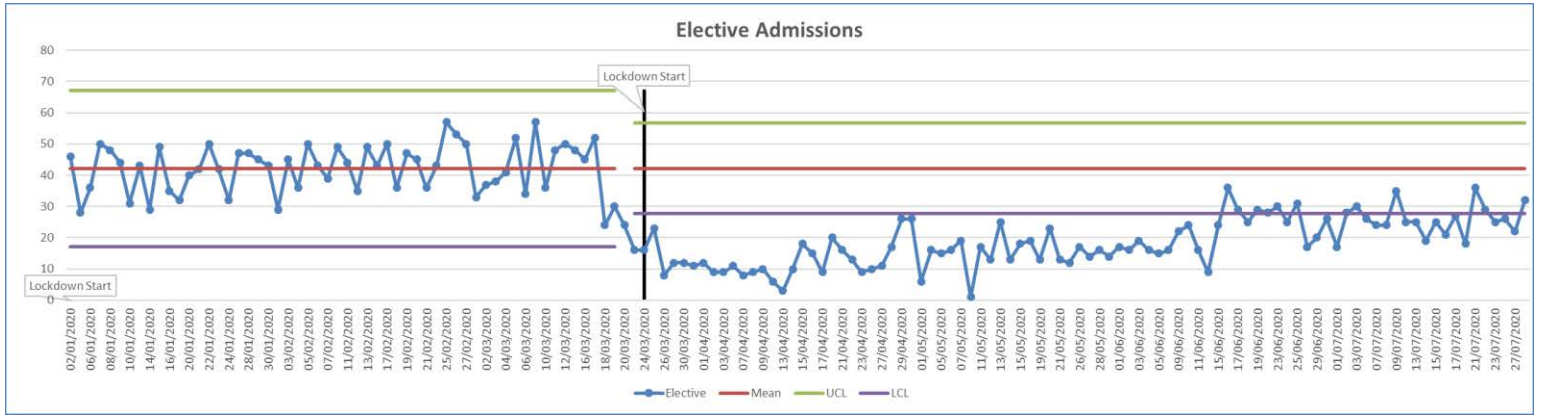
COVID-19 Outpatient Attendances



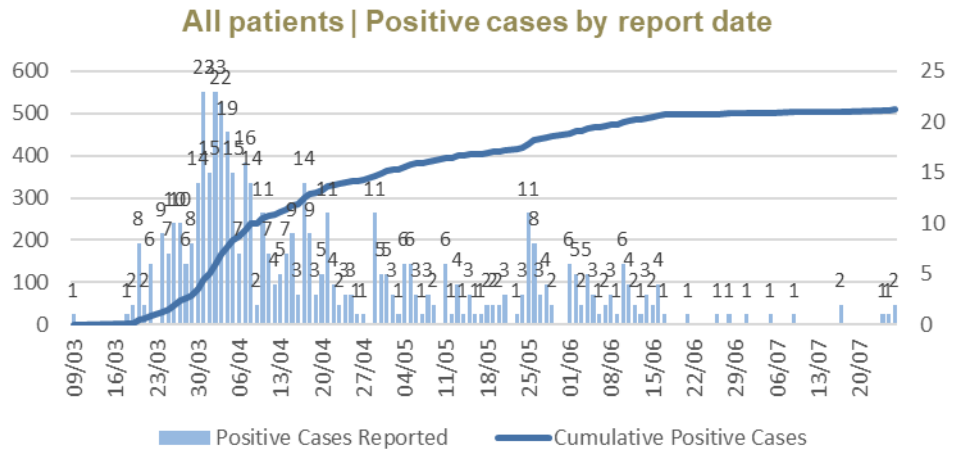


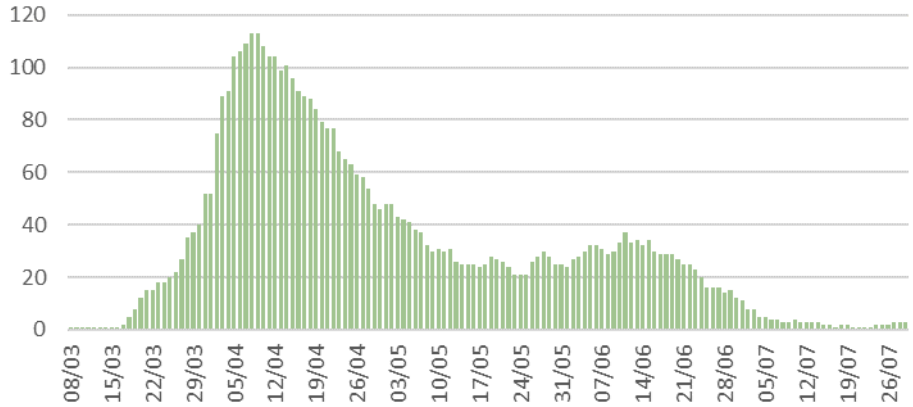
COVID-19 Elective Admissions





COVID-19 Occupancy and Positive Testing





All confirmed Covid-19 patients					
509	5	365	139	18.5	17.7
Admissions for lab-confirmed Covid19	1% patients remain in hospital	72% Discharged	27% Patients Died	Average length of stay for discharges	Average length of stay for deceased

Patients admitted to Critical Care					
54	2	37	15	22.6	24.3
11% Patients go to ITU/HDU	3.7% patients remain in hospital	68.5% Discharged	27.8% Died	Average length of stay for discharges	Average length of stay for deceased

Patients staying on general wards only					
455	3	328	124	18.0	16.9
89% Patients stay in other wards	0.7% patients remain in hospital	72.1% Discharged	27.3% Died	Average length of stay for discharges	Average length of stay for deceased

Sustainability - Summary

Sustainability

Financial Management

Target: Break Even

- On 17th March 2020, NHSE/I announced that operational planning for 2020/21 would be suspended and that interim financial arrangements would be put in place for April 2020 - July 2020.

- The purpose of the interim financial framework is to remove routine burdens and allow NHS organisations to devote maximum operational effort to COVID readiness and response. This has been achieved through simplifying contracting for the duration of the pandemic and ensuring that sufficient funding is available to respond.

- All Trusts are being provided with a guaranteed minimum level of income, to underpin a breakeven position; received in the form of block payments.

- Providers can also claim for additional costs where the block payments do not equal actual costs to reflect genuine and reasonable additional marginal costs due to COVID-19.

- The Trust is reporting a breakeven position at the end of June, in line with the financial framework guidance issued from NHSE/I. Additional income of £3.6m has been included within the position to reflect both the additional marginal costs incurred as a result of COVID-19 and to recompense for any associated reduction in other income streams.

Sustainability - Key Metrics

Control Total (Surplus) / Deficit £k — G

	Plan	Variance
YTD position excluding top-up income	0	3,583
YTD position including top-up income	0	0

Consistent with the interim financial framework and guidance as issued by NHSEI, the Trust is reporting a breakeven position as at the end of Quarter 1. In order to achieve the target of breakeven the financial position of includes additional top-up income of £3,583k. Key drivers underpinng this position are shown in the COVID-19 section.

COVID-19 £k — G

	Marginal Impact
COVID-19 Response	5,740
Shortfall on other income	4,600

For the year-to-date, the Trust has incurred £5,740k of incremental costs in relation to the COVID-19 response and other income streams have reduced by £4,600k over the same period. The financial impact has been partially mitigated through underspends on operating expenditure, as a result of lower levels of activity.

Capital £k — A

	Plan	Actual / Forecast	Variance
Year-to-date	23,562	23,455	(107)
Year-end Forecast	103,951	103,951	0

Expenditure to Month 3 of £23.46m - majorty of this spend is on the 3Ts new hospital development (£19.7m), estates backlog maintenance and medical equipment replacement.
Guidance confirms that capital requirements agreed as part of COVID-19 costs will be funded on top of agreed capital allocations. The actual position includes £730k of equipment, necessary to support the Trust's COVID-19 response plans, that was delivered in Q1. The forecast assumes that this expenditure will be reimbursed once the national approvals process has been completed.

Cash £k — G

	Actual
Year-to-date	56,060

The consolidated cash balance as at 30 June 2020 is £56.06m. The cash balance is mainly due to the Trust receiving the July 2020 block income payments in June 2020.

The Trust has not drawn down any PDC in 2020/21.

Reforms to NHS Cash and Capital Regime (20/21)

With effect from 01/04/20, the following changes have been confirmed:

- New Public Dividend Capital (PDC) issued to repay over £13 billion of the NHS' historic debt, in effect writing it off.
- A move away from interest-bearing loans for future interim capital and revenue support, which instead will be provided as PDC.
- Providing a capital spending envelope for the year to every local area, within which each STP/ICS will be expected to work together to manage their spending.

Sustainability - Action & Recommendations

There are no actions required of the Board.

The Board is asked to note the following:

- The financial framework is still evolving in relation to the financial arrangements for September 2020 and beyond. NHSE/I have held a series of webinars and regional meetings to brief on progress and developments.

- Any changes to the financial framework, and the impact thereof, will be shared with the Finance and Performance Committee; who will continue to provide oversight on behalf of the Board.

- Plans to restore and recover elective activity have been developed and are reviewed by the Group Executive at both the Refresh, Restore and Recovery Delivery Board and at individual Divisional meetings.

Our People - Improving Staff Engagement

People

Staff Engagement
Target: Top 20% Engagement Score

Health & Wellbeing (HWB)

- The Health and Wellbeing programme to support COVID-19 has been in place since March 2020. The programme is made up of 8 work streams to support our Staff Health and wellbeing, including psychological support, food and hydration, staff rest areas and physical wellbeing.
- The programme is run jointly with the BSUH Charity Team to align the allocation of donations on projects to support staff welfare. The programme has developed a governance structure which includes a reference group made up of representatives from our staff groups and an approval group lead by the Trust's Chief Nurse.
- Views and staff opinion have been gathered through ward audits, surveys and through the staff representatives. These have shaped the programme to ensure the focus and charity spend is directed appropriately. Results were as follows:
  - 77% of 450 staff surveyed felt we had the focus right to support them.
  - The top 3 asks for the charity spend were, refurbishment and creation of staff rest areas, funding for team training and psychological support.

- To date the programme has achieved the following:
  - Provided additional psychological support for staff, including an internal and an external telephone helpline providing counselling services, in person team debriefs run by the HELP service, 4 HELP Service podcasts from sleep to good mental health, publicised support available from the NHS – helplines, free apps, online staff rooms.
  - Coordinated 2 rounds of treat boxes (April and June) for staff containing tea, coffee, savoury and sweet snacks and hand creams.
  - Provided equipment to support our onsite nurseries to enable social distancing whilst being able to provide emergency key worker childcare as well as support regular nursery clients.
  - Funded water bottles, hand creams and other essential items for our nurses to recognise international nurses day.
  - Committed to refurbish 28 on-call rooms at Sussex House.
  - Create 4 calm rooms at RSCH and 2 at PRH during the peak COVID period during April and May for staff to decompress and take time away from the wards.
  - Accommodated an average of 25 - 30 staff per week who were unable to return to home due to shielding.
  - Provided IPad's and telephones for patients to contact their families.
  - Written to 320 Shielding staff to outline the Health and Wellbeing support available to them.

- Work in progress is to scope out costs for creating and refurbishing staff rest areas and to deliver a programme of psychological support post COVID.

Our People

People

Staff Engagement
Target: Top 20% Engagement Score

- **Equality & Diversity**

The Diversity Matters Steering Group (DMSG) met for the first time since February 2020, the issues that were discussed were as follows:

- Draft Workforce Disability Equality Standard (WDES)
- Draft Workforce Race Equality Standard (WRES)
- Staff Health Passport - this will be used to support our staff who have underlying disabilities, may have had reasonable adjustments etc - to have relevant sensitive conversations with line managers, very helpful for staff who have multiple managers
- Accessibility of our websites for patients, staff and service users - to meet the following issues, auditory, cognitive, neurological, physical, speech and visual
- New staff network to meet the needs of our Black, Asian and Minority Ethnic (BAME) workforce

The WDES and WRES Reports will be discussed in greater detail at a future Board meeting.

During June/July 2020 we launched our BAME Covid-19 Support Volunteers, this group will support BAME colleagues throughout the organisation with issues that directly relate to their ethnicity and Covid-19.

Finally we have a Risk Assessment Advisory Panel which supports managers by looking at those Risk Assessments carried out for BAME staff where managers may need some additional guidance to ensure that whilst keeping our workforce safe, we can continue to provide our services.

Our People

People

Staff Engagement
Target: Top 20% Engagement Score

- **Recruitment**

The HR Employment Services (HRES) Team has seen an increase in volume for roles considered 'business usual'. As at 10 July 2020, figures show:

227 vacancies are in the pipeline which equates to 345.58 WTE.

204 candidates are in process. Of these, 14 are COVID workers and 179 are considered business as usual.

1193 candidates have been moved through the on boarding process, of which 400 candidates are to support COVID-19 work. The remaining 793 candidates are for roles considered business as usual.

Out of the 400 COVID workers 85 are qualified nurses, 82 are student nurses, 17 are student midwives and 74 are health care assistants.

HRES are supporting the Nursing Workforce with targeted recruitment within the Emergency Department services.

- **Voluntary Services**

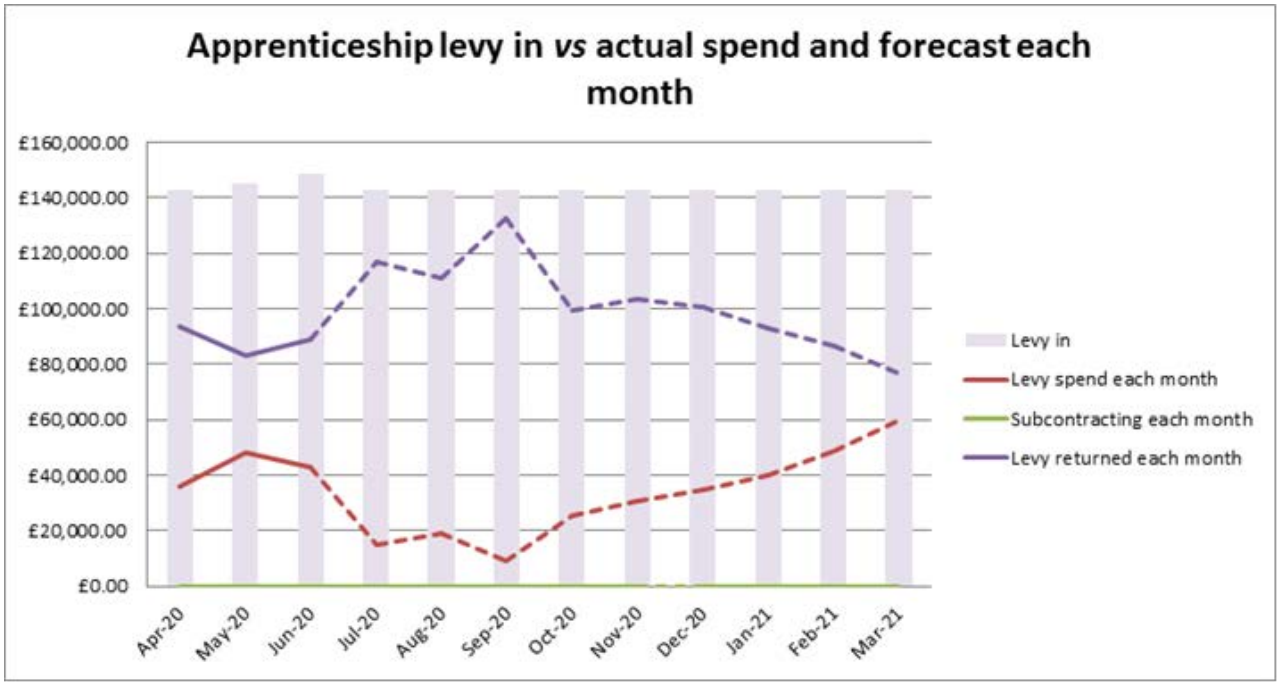
A new Volunteers Database, Assemble, is being configured to streamline volunteer recruitment, engagement, and reporting. Procurement and Information governance complete.

The Trust Restoration plan includes individual risk assessments from every volunteer (currently underway), departmental risk assessments, new roles, COVID volunteers training and Assemble registration.

Volunteers have been surveyed about their experience at BSUH. Out of approximately 450 volunteers, 180 responses were received. Early analysis shows 70% of volunteers rate their satisfaction at 90% or above. Areas identified for improvement are volunteer contact with other volunteers, and regular updates from Voluntary Services (both of which are to be covered by Assemble).

Our People

- **Apprenticeships**



Our People

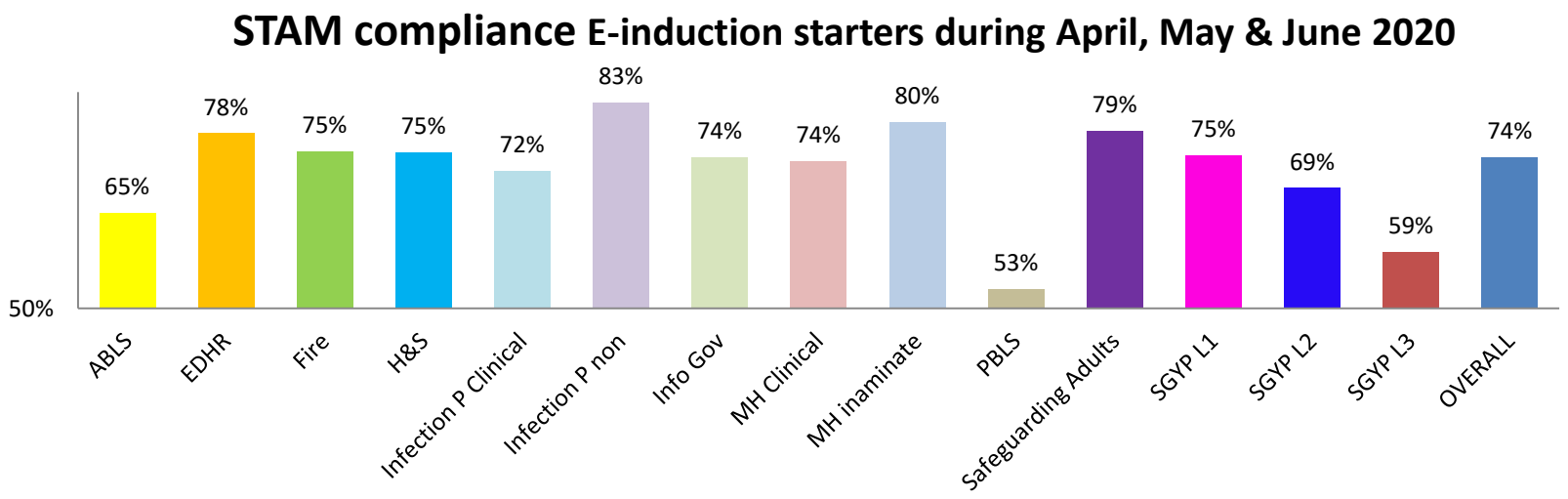
People

Staff Engagement
Target: Top 20% Engagement Score

- **STAM Compliance / Training Update**

The 9 subject report below highlights the STAM compliance position in May 2020. Overall compliance has reduced to 85% during the pause in face-to-face STAM training in April 2020 to date.
Some STAM training face-to-face has resumed with Risk Assessments in place.
Induction continue to run by e-learning with an overall compliance 74% during the period April, May & June 2020 for new starters.

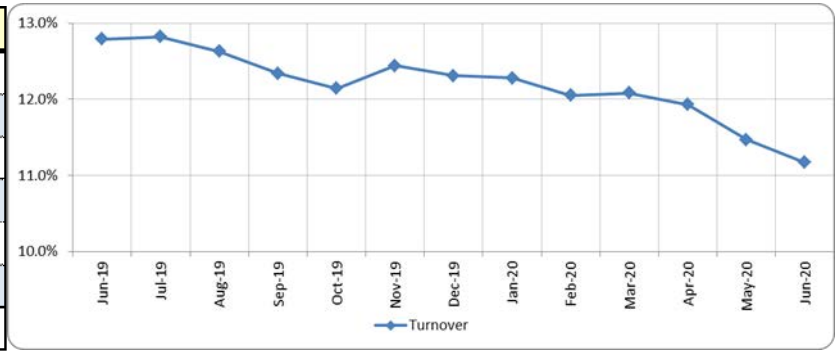
	Fire Safety Training	Infection - both	Moving & Handling - both	SGYP - all	IG	SG Adults	EDHR	H&S	Resus - both	Totals
January	87%	88%	94%	88%	86%	92%	93%	86%	70%	88%
February	86%	88%	93%	88%	86%	90%	92%	86%	71%	87%
March	80%	81%	88%	82%	79%	83%	87%	79%	63%	81%
April	86%	88%	92%	85%	85%	89%	90%	85%	67%	86%
May	86%	88%	88%	87%	86%	89%	91%	86%	66%	86%
June	85%	89%	91%	81%	85%	89%	91%	85%	62%	85%



Our People – Key Metrics

- **Turnover**

	Vacancy %	Sickness %	Turnover %	Appraisal %
Trust	8.0%	4.87%	11.2%	71.3%
Central Clinical Services	8.9%	5.03%	13.7%	69.5%
Children & Women	2.7%	4.51%	9.6%	79.5%
Medicine	6.2%	5.02%	12.8%	64.3%
Specialised Services	8.8%	4.37%	9.5%	64.2%
Surgery	9.4%	4.55%	9.8%	79.8%
Target - 2020/21 Y/E	10.0%	4.20%	12.0%	90.0%



In June the Trust's Turnover (external leavers) rate reduced to 11.2%, the lowest level seen since October 2014. Turnover is also favourable to the 12.0% target set within the 2020/21 Operational Plan. The downwards movement in Turnover will be due to two main factors, the first of which will be growth in staffing levels. BSUH has seen a 242 WTE increase in staffing numbers across the past quarter, compared to an increase of 89 WTE in the full year before that. The second reason for reducing Turnover will be a significant fall in the number of staff leaving, which is 35% down in the last quarter, compared to the same three months of 2019. This is likely to be as a direct result of COVID-19, and the more uncertain employment situation it has left within the UK. It is likely that Turnover will continue to fall across the rest of 2020.

Looking at staff groups shows extremely low levels of Turnover within both Medical staffing (currently 5.0% compared to 8.0% in June 19) and Ancillary Support (7.6% from 12.1% this time last year). Rates remain similar to overall Trust levels within Admin & Clerical (11.8%) and Nursing (11.6%), but the Scientific, Therapeutic & Technical group remains an outlier at 13.8%. However, even S,T&T rates are substantially down when compared to June 19 (13.8% versus 14.7%).

Our People – Key Metrics

- **Vacancies**

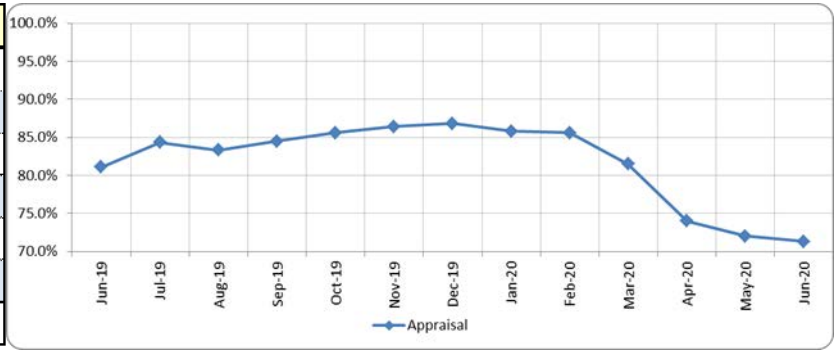
	Vacancy %	Sickness %	Turnover %	Appraisal %
Trust	8.0%	4.87%	11.2%	71.3%
Central Clinical Services	8.9%	5.03%	13.7%	69.5%
Children & Women	2.7%	4.51%	9.6%	79.5%
Medicine	6.2%	5.02%	12.8%	64.3%
Specialised Services	8.8%	4.37%	9.5%	64.2%
Surgery	9.4%	4.55%	9.8%	79.8%
Target - 2020/21 Y/E	10.0%	4.20%	12.0%	90.0%

In June the Trust's overall Vacancy Rate stood at 8.0%, a third successive significant monthly reduction from a rate of 10.9% in March 20. There have been two main reasons for the reduction in Vacancy Rate, firstly the lack of significant growth in the Trust's Establishment FTE between the 2019/20 Financial Year and 2020/21. Over the past three years, the move from one Financial Year to the next has coincided with average Establishment FTE growth of 129 FTE, whereas this year Establishments have largely remained flat with growth of only 4 FTE. Secondly, although Establishments have remained static, Staff in Post numbers have grown by 242 FTE in the past quarter, mostly due to a combination of the large number of new starters within Nursing (particularly auxiliaries and student nurses) and Medical staff (especially at Foundation House Officer 1 level). Static Establishment movement alongside substantial Staff in Post growth, has led to a 238 FTE reduction in vacancies numbers, and a corresponding reduction in Vacancy Rate.

Our People – Key Metrics

- **Appraisal**

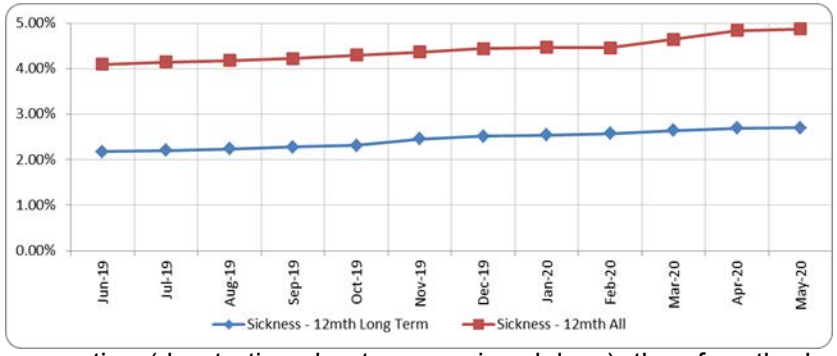
	Vacancy %	Sickness %	Turnover %	Appraisal %
Trust	8.0%	4.87%	11.2%	71.3%
Central Clinical Services	8.9%	5.03%	13.7%	69.5%
Children & Women	2.7%	4.51%	9.6%	79.5%
Medicine	6.2%	5.02%	12.8%	64.3%
Specialised Services	8.8%	4.37%	9.5%	64.2%
Surgery	9.4%	4.55%	9.8%	79.8%
Target - 2020/21 Y/E	10.0%	4.20%	12.0%	90.0%



In June the Trust's Appraisal Rate reduced to 71.3% from 72.0% in May. COVID-19 continues to have an understandable impact upon appraisal levels, and this was the third month in a row where the rate has been in the seventies range rather than eighties. However, it does seem that a reasonable amount of appraisal activity is still taking place across the Trust, and therefore rates are holding (albeit at a lower level than recent norms) rather than significant month on month reductions taking place.

Our People – Key Metrics

• Sickness	Sickness %	Long Term %	Short Term %
Trust	4.87%	2.70%	2.17%
Central Clinical Services	5.03%	2.89%	2.14%
Children & Women	4.51%	2.72%	1.79%
Medicine	5.02%	2.60%	2.41%
Specialised Services	4.37%	2.16%	2.21%
Surgery	4.55%	2.37%	2.18%



ESR sickness absence reporting runs one month behind other KPI measure reporting (due to timesheet processing delays), therefore the below reflects sickness until the end of May 20.

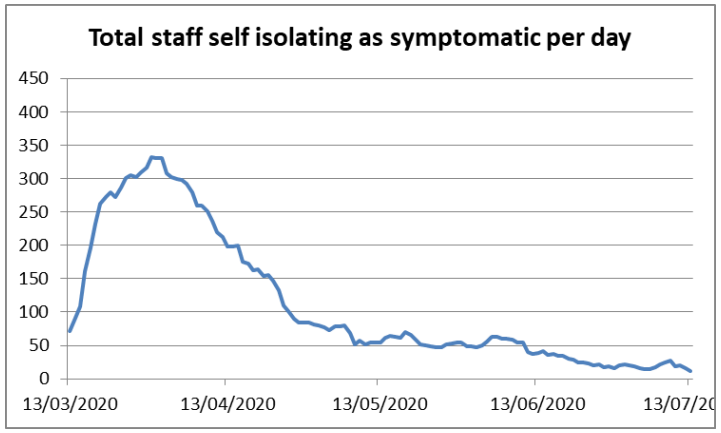
Unsurprisingly the Trust's sickness absence rates were impacted by COVID-19 in May, although much less so than in March and April. The one month rate stood at 4.63%, compared to 4.16% in April 19 and 6.12% in April 20. Of the rate of 4.63%, 0.71% was directly related to COVID-19 and 3.92% was for other sickness absence. Therefore without the impact of COVID-19, the one month rate would actually have reduced on 2019 (3.92% versus 4.16%). The Trust now has a 12 month Sickness Absence rate of 4.87%, compared to 4.05% in May 19 and up from 4.46% just three months ago.

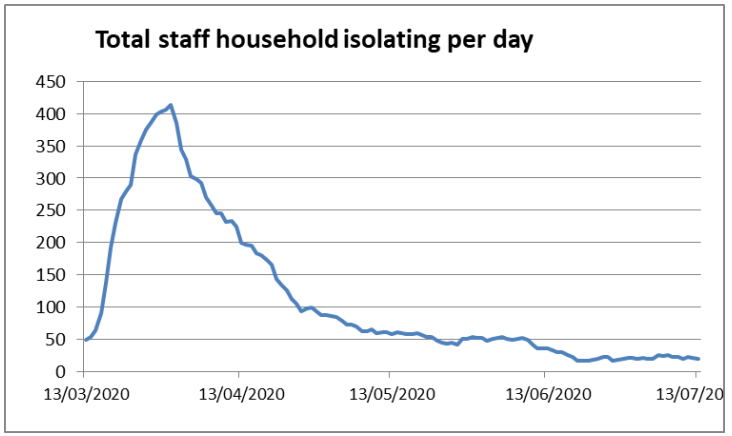
Under NHS guidance, staff either Self-Isolating or Shielding due to COVID-19, are recorded as Special Leave rather than Sickness Absence. In May 20 the Absence rate of these staff was 2.72%, putting total COVID-19 related absence at 3.43% (0.71% Sickness + 2.72% Special Leave), and the total of all Sickness Absence plus COVID-19 related Special Leave at 7.35% (4.63% Sickness + 2.72% Special Leave). In May, there was almost four times as much COVID-19 related absence for staff Self-Isolating or Shielding, than was lost due to actual COVID-19 related sickness absence.

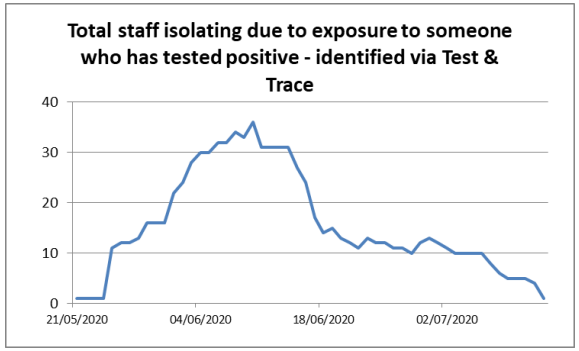
If changes in 12 month Sickness Absence rate is looked at by staff group between February 20 and May 20 (to assess possible COVID-19 impacts), it shows modest growth in Admin & Clerical (up 0.2% to 4.8%), reasonable growth for Medical staff (up 0.3% to 1.5%) and Scientific, Therapeutic & Technical (up 0.3% to 4.6%) and more substantial growth within both Nursing (up 0.6% to 5.6%) and Ancillary support staff (up 0.7% to 8.4%).

With regard to sickness absence, Hot Spot areas are being reviewed across the Trust in order to have the most impact on reducing absence. Tailored support is being provided by the Employee Relations Team in recognition of the pressures managers are currently experiencing. Additional health and wellbeing initiatives focusing on the mental health of staff have been implemented during this period and continue to be available, including the creation of Calm Rooms and an Employee Assistance Helpline available 24 hours every day.

Our People – COVID-19 related absence

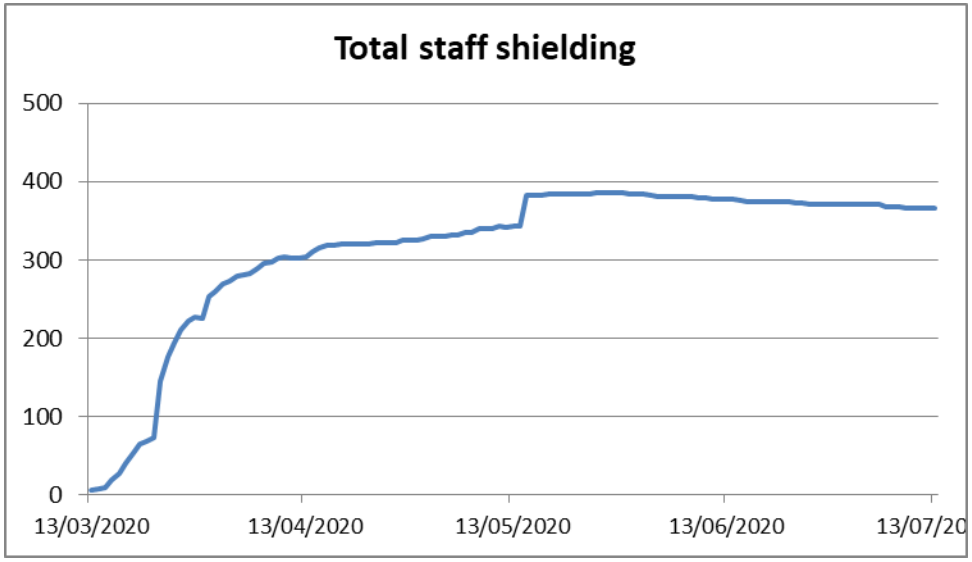






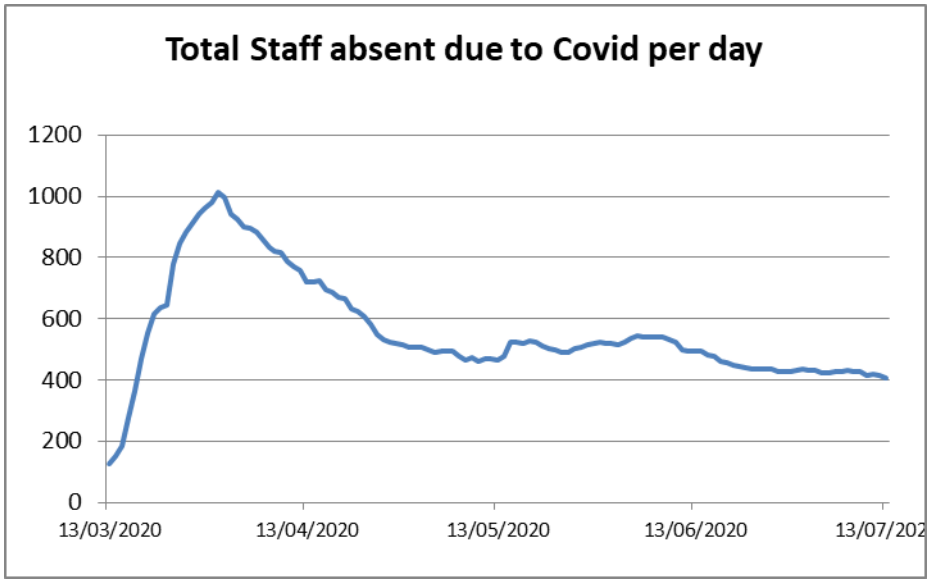
- Real time data has been collected on absence related to COVID 19 since the middle of March.
- Absence related to self isolation and household isolation have decreased over this period as a combined result of a decrease in the prevalence of COVID 19 since the peak and the impact of staff testing releasing staff to return to work following a negative test.
- A new categories of absence has arisen since the beginning of June:
    - Staff isolating due to exposure to a colleague or someone in the community testing positive – identified through Test & Trace - 14 days

Our People – COVID-19 related absence



- The number of staff shielding due to being in one of the most vulnerable categories has remained stable.
- Absence reviews and data clean up activity as a result has resulted in further staff identified as shielding.

Our People – COVID-19 related absence



- COVID-19 related absence has reduced since the peak at the end of March but a significant proportion of this absence relates to shielding where there are more limited opportunities to reduce this number.
- Ongoing reviews of risk assessments and data quality has lead to a further increase in numbers of staff shielding.

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	11	Meeting:	Trust Board	Meeting Date:	4 August 2020
Report Title:	Report from Quality Assurance Committee Meeting Chair				
Sponsoring Executive Director:	Mike Rymer, Non-Executive Director				
Author(s):	Mike Rymer, Non-Executive Director				
Report previously considered by and date:	N/A direct report to Board				

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

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

Link to Trust Strategic Themes:			
Patient Care	✓	Sustainability	✓
Our People	✓	Quality	✓
Systems and Partnerships	✓		

Any implications for:	
Quality	The Committee's focus was on supporting the flow of assurance on quality, safety and patient experience to the Board.
Financial	The Committee did not refer any matters to the Finance and Performance Committee.
Workforce	Under the revised Committee governance processes workforce matters and assurance would be taken directly at the Board

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

Communication and Consultation:

Executive Summary:

The attached report provides the Board with information from the Quality Assurance Committee meeting on the 23 June and 28 July 2020.

The Quality Assurance Committee met on 23 June 2020 was quorate and was attended by five Non-Executive Directors and the following Executives, the Chief Operating Officer, the Chief Nurse along with the attendance from the Finance Director, the Trust's Medical Director.

The Committee meeting, under the revised Committee governance arrangements, focused on key quality matters, including Mortality, Serious Incidents, Patient delay reviews and Infection Prevention and Control.

The Quality Assurance Committee met on 28 July 2020 was quorate and was attended by five Non-Executive Directors including the Trust Chair and the following Executives, the Chief Operating Officer and the Chief Medical Officer & BSUH Managing Director along with the attendance from the Finance Director, the Trust's Medical Director and the Associate Director of Quality.

The Committee meeting, working towards its normal cycle of business, received reports covering quality performance, the patient experience annual report, the annual adults and children's

safeguarding reports, an update from ITU, the Guardian of Safeworking Annual report and a report on the outcome and actions being taken in respect of a Invited Service Review into Neurosurgery. The Committee also received the Annual Workforce Race Equality Standard report and the Annual Workforce Disability Equality Standard report. The Committee also considered the risks within the BAF for which it has oversight for and agreed their current scores fairly represented these risks.

Key Recommendation(s):

The Board is asked to:

- **NOTE** the assurance provided in respect of the patient safety where treatment has been delayed and the learning and action taken as a result of incident investigations and the review of patient deaths, including those of Covid-19 within the month of April to June 2020.

- **NOTE** the assurance provided in relation to the reviews over 52 week elective and 64 day cancer delays.

- The Committee **RECIEVED** and was **ASSURED** over the delivery of the work in respect of IG and the caldicott guardian.

- **NOTE** that the Committee recommends to the Board for their information the Annual Patient Experience Report for 2019/20, the 2019/20 Annual Adult and Children's Safeguarding Reports, the 2019/20 Annual Workforce Race Equality Standard report and the 2019/20 Annual Workforce Disability Equality Standard Report.

- **NOTE** the view of the Committee in respect of the BAF risks it has oversight for, in that the current scores are a fair reflection of these risks.

To: Trust Board Date: 04 August 2020

From: Quality Assurance Committee Chair

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Dates	Chair	Quorate	
Quality Assurance Committee	**23 June 2020**	**Mike Rymer**	yes	no
			✓	☐
	28 July 2020	**Mike Rymer**	✓	

Declarations of Interest Made

None

Actions taken by the Committee

23 June 2020 meeting

- The Committee **RECEIVED** a report from the Chief Nurse and Trust Medical Director in respect of the Patient Safety and the learning and action taken as a result of incident investigations and the review of patient deaths within the month of April and May 2020. The Committee was **ASSURED** over the processes applied and that the number of cases reviewed had increased making their outcome more meaningful.

- The Committee **RECEIVED** an update which focused on Mortality (the Crude mortality rate, HMSR and SHMI) and readmission data relating to Covid-19 and our actions being taken in respect of assessing their risk and was **ASSURED** over the actions taken supporting mortality performance and the actions taken in respect of the safety alerts.

- The Committee **RECEIVED** the NHSI Infection Prevention and Control board assurance tool and was **ASSURED** that there were no significant gaps.

- The Committee **RECEIVED** an update from the Quality Governance Steering Group chair informing the Committee that whist this Group had not met an update in respect of the Ophthalmology Serious Incidents report was provided. The Committee was informed of the work of that review and that the Ophthalmology improvement work continues.

- The Committee **RECEIVED** an update from the Trust Medical Director on the outcomes of patient reviews where the cancer treatment had been delayed by more than 64 days and the patient reviews where there had been a delay in excess of 52 weeks. The Committee was **ASSURED** over the outcome of the patient reviews where delays in treatment for cancer of over 64 days and where there had been a delay of over 52 weeks which had shown no issues.

- The Committee **RECIEVED** and was **ASSURED** over the delivery of the work in respect of IG and the caldicott guardian and **NOTED** there had been no incidents reported to the Information Commissioners Office between February and April 2020.

- The Chief Nurse provided a report on Patient Safety focusing on the learning from reported Serious and was **ASSURED** over the actions being taken from the learning identified across these areas.

28 July 2020 meeting

- The Committee **RECEIVED** an update from the Trust Medical Director focused on Mortality providing an analysis of crude mortality. The Committee also discussed the discharge processes which are applied to ensure readmissions are not occurring as a result of discharge pathway changes. The Committee received information on the actions being taken in respect of assessing Covid risk factors and was **ASSURED** over the actions taken in respect of the Trust's mortality performance.

- The Committee **RECEIVED** an update from the Trust Medical Director on the outcomes of patient reviews where the cancer treatment had been delayed by more than 64 days and the patient reviews where there had been a delay in excess of 52 weeks. The Committee was **ASSURED** over the outcome of the patient reviews where delays in treatment for cancer of over 64 days and where there had been a delay of over 52 weeks which had shown no issues. The Committee recognised the level of these delays increased during the height of the Covid-19 pandemic and the action being taken as the Trust increases its capacity to undertake more elective activity linked to the clinical priority of the patient.

- The Committee **RECEIVED** a report from the Chief Nurse and Trust Medical Director in respect of Patient Safety and the learning and action taken as a result of incident investigations and the review of patient deaths within the month of April and May 2020. The Committee was **ASSURED** over the processes applied and that the number of cases reviewed had increased making their outcome more meaningful.

- The Committee **RECEIVED** a report from the Trust Medical Director in respect of quality performance which included the outcome where treatment had been delayed within the month June 2020. The Committee was **ASSURED** over the processes applied but recognised the level of these delays increased during the height of the Covid-19 pandemic and the action being taken as the Trust increases its capacity to undertake more elective activity.

- The Committee **RECEIVED** the Trust's 2019/20 Patient Experience Annual report and was informed over the actions being taken by the Trust to enhance its processes to further enhance the patent's experience of Trust services. As a result of the Committee **APPROVED** this report for receipt at the Board.

- The Committee **RECEIVED** the Trust's 2019/20 Annual Children's Safeguarding report and **APPROVED** this report for receipt at Board. The Committee **RECIEVED** a verbal update covering the 2019/20 Annual Adults Safeguarding report, the formal report was circulated after the meeting which enabled the Committee to **APPROVE** this report for receipt at the Board.

- The Committee **RECEIVED** a presentation from the Trust's Director for Intensive Care in respect of the planning and mobilisation undertaken in preparation for patients with Covid-19 and the learning applied for future service delivery. The volumes of work undertaken by the ICU teams and the positive outcomes for patients treated were presented. The Committee noted that the survival rates for those admitted with Covid-19 to ICU were significantly above the national average. The Committee was **ASSURED** on the positive outcome measures obtained by the unit and the planning and deployment that underpinned these. The Committee noted that the CQC are doing a system wide review which will allow learning for to be shared with other health systems.

- The Committee **RECEIVED** a brief update on the high level outcome and intended actions being taken as a result of the Invited Service Review covering Neurosurgery Service Review. The Committee **AGREED** to receive a more detailed report at a subsequent meeting.

- The Committee **RECEIVED** the Trust's 2019/20 Annual Workforce Race Equality Standard report and the Committee was updated on the actions being taken across each area to improve the Trust's positon in relation to each indicator. Following discussion of the report the Committee

RECOMMENDED this for receipt at the Board.

- The Committee **RECEIVED** the Trust's 2019/20 Annual Workforce Disability Equality Standard report and the Committee was updated on the actions being taken across each area to improve the Trust's positon in relation to each metrics across the relevant staff clusters. Following discussion of the report the Committee **RECOMMENDED** this for receipt at the Board.

- The Committee **APPROVED** the Trust's 2019/20 Annual Guardian of Safeworking report.

- The Committee reviewed the BAF risks for which it has oversight and **AGREED** these were fairly represented.

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

The Committee at its June meeting sought the enhanced quality dashboard be brought back to the Committee in July. The report was brought back to the July meeting and the Committee asked this continues to be brought back to subsequent Committee meetings.

The detailed action plan from the invited service review will come back to a subsequent meeting.

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

Item	Referred to
There were no specific matters were referred to the Finance & Performance Committee.	No matters were required referral to the Finance and Performance Committee
The Committee recommended to the Board for their information the Trust's • 2019/20 Annual Patient Experience Report • 2019/20 Annual Adult and Children's Safeguarding Reports • 2019/20 Annual Workforce Race Equality Standard Report • 2019/20 Annual Workforce Disability Equality Standard Report	Board for information
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented.	Board as part its approval of the BAF

Brighton and Sussex University Hospitals NHS Trust

	11.1	**Meeting:**	Trust Board	**Meeting Date:**	4 August 2020
Report Title:	**Patient Experience and Engagement Annual Report 2019-20**				
Sponsoring Executive Director:	Carolyn Morrice, Chief Nurse				
Author(s):	Anne Middleton, Associate Director of Quality, Jane Carmody, Head of Patient Safety, Experience and Engagement and Hannah Pacifico, Patient Experience and Engagement Manager				
Report previously considered by and date:	n/a				

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

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

Link to Trust Strategic Themes:			
Patient Care	✓	Sustainability	☐
Our People	☐	Quality	✓
Systems and Partnerships	☐		

Any implications for:	
Quality	To note
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:
The purpose of this report is to provide an update and analysis of Patient Experience, PALS, Complaints and Engagement work in the Trust in 2019/20

Key Recommendation(s):
The Quality Assurance Committee recommends this report to the Board for information.

Patient Experience, PALS and Complaints Annual Report 2019/20

1. Introduction

1.1. The purpose of this report is to bring to the attention of the Board patient experience data collected from patient and public engagement, the Friends and Family Test (FFT), local and national patient surveys (NPS) and informal and formal concerns received by Brighton and Sussex University Hospitals NHS Trust (BSUH) in 2019/20.

1.2. The Patient First improvement methodology continues to underpin our True North of keeping 'The patient first and foremost' in everything we do.

1.3. The Patient Experience, Patient Advice and Liaison (PALS) and Complaints team, together with all Divisions, provide a monthly report to the Patient Experience and Engagement quality management group. This enables Trust-wide triangulation of issues, clear accountability and greater visibility of patient experience from ward to Board. Improved Friends and Family Test data collection and enhanced staff engagement in accessing the collected data should enable changes drive by patient experience.

1.4. The Patient Experience PALS and Complaints functions have now been devolved to Divisions following the Safety and Quality team restructure.

1.5. The divisional complaint managers work closely with the Divisional Quality and Safety Managers (DQSM) to ensure triangulation of quality and safety events and embed the learning across all specialties. Both feed into the corporate Quality & Safety team

2. Friends and Family Test (FFT)

2.1. The Trust aims to give every patient the opportunity to respond to the FFT question 'Overall how was your experience' within 48 hours of discharge.

2.2. **Trust goal:** to achieve a greater than the national average of 22% response rate with a satisfaction score of more than 96% for all inpatient, outpatient and maternity services and 90% for Emergency Departments.

2.3. From 1 April 2018 an external company has been contracted to collect FFT data electronically, using text (SMS) and interactive voice messaging (IVM) across all areas of the trust. Since this time the number of inpatients (including children's services) responding to the FFT has increased from an average of 11% to 26%.

2.4. In total, 80,166 patients responded to the FFT question in 2019/20. FFT data collection halted on 1 April 2020 following national guidance in response to the Covid-19 pandemic.

2.5. The BSUH Inpatient FFT average recommended rate in 2019/20 was 93.83%. This is 0.5% higher than the 2018/19 average.

2.6. Whilst this is below the target of 96% it is important to note that, due to the method of electronic collection, the average rate is commonly lower than other methods of collection i.e. paper surveys. When compared with other Trusts using the same collection method, BSUH has a recommend rate of 2.8% above the average.

2.7. The national Inpatient FFT average response rate for February 2020 (latest available data) was 23.7%. In the same period, BSUH had a response rate of 25.2%.

2.8. Although BSUH FFT Inpatient data was collected in March 2020 it was not submitted, due to the Covid-19 pandemic. The average BSUH Inpatient response rate for 2019/20 was 24%. Whilst this is lower than the 2018/19 average (29%) it was an expected reduction related to changes in data collection.

2.9. During 2019/20 data collection changes were implemented to prevent survey fatigue amongst frequent attenders. This resulted in an increase in the Inpatient FFT response rate as patients were not contacted following every outpatient attendance.

Following changes to the Acute Floor model in 2019/20 the Acute Admission Unit (AAU), Emergency Acute Care Unit (EACU), Rapid Access Medical Unit (RAMU) and Clinical Decision Unit (CDU) was aligned to the Emergency Care submission to better reflect the Acute Floor Care.

2.10. Table 1: 2019/20 Inpatient FFT results

	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
National Response	24%	25%	25%	26%	25%	26%	25%	25%	23%	24%	24%	n/a
BSUH Response	20%	24%	23%	24%	22%	22%	22%	23%	24%	27%	25%	28%
National Recommend	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	n/a
BSUH Recommend	95%	95%	93%	95%	94%	93%	93%	94%	93%	93%	93%	94%

2.11. The 2019/20 BSUH Emergency Department FFT results show an average recommend rate of 88.4%, which is 3.4% higher than the national average.

2.12. The national average response rate for the Emergency Department FFT in February 2020 (latest available data) was 12.1%. In 2019/20 BSUH had an average 17.8%, with a response rate of 17.5% in February 2020.

2.13. The Trust's response rate in 2019/20 was marginally lower than expected due to the implementation of Medway, the new Patient Administration System (PAS). This led to a number of patients being incorrectly identified as having opted out of BSUH surveys which was corrected within a two-month period from October 2019.

2.14. Table 2: 2019/20 Emergency Department FFT results:

	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
National Response	12%	12%	12%	12%	13%	12%	13%	12%	12%	12%	12%	n/a
BSUH Response	17%	16%	19%	20%	18%	19%	17%	18%	17%	19%	18%	n/a
National Recommend	85%	86%	86%	85%	86%	85%	85%	84%	84%	85%	85%	n/a
BSUH Recommend	90%	88%	88%	88%	88%	88%	87%	87%	89%	87%	88%	n/a

2.15. BSUH maternity FFT in 2019/20 had an average recommend rate of 95.9% in line with the national average.

2.16. The national average response rate for the Maternity (birth) FFT in February 2020 (latest available data) was 19.9%. In 2019/20 BSUH had an average 15.4%, with a response rate of 14% in February 2020.

2.17. The response rate for the Maternity FFT was lower than the national average in 2019/20 and an action plan will be developed in 2020/21 in line with new FFT guidance from NHS England.

2.18. Table 3: 2019/20 Maternity FFT results:

	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
National Response	21%	20%	21%	21%	21%	20%	20%	20%	18%	19%	20%	n/a
BSUH Response	20%	17%	19%	15%	12%	13%	14%	11%	15%	15%	14%	n/a
National Recommend	96%	97%	97%	97%	96%	97%	97%	96%	97%	97%	97%	n/a
BSUH Recommend	96%	94%	96%	98%	97%	97%	94%	97%	94%	96%	98%	n/a

2.19. BSUH Outpatient FFT in 2019/20 showed an average recommend rate of 94% in line with the national average.

2.20. BSUH currently surveys 30% of all outpatients. In 2020/21 all patients will be given the opportunity to respond to the FFT survey via the BSUH website.

2.21. Table 4: 2019/20 Outpatient FFT results (response rate not recorded nationally):

	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
National	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	n/a
BSUH	95%	94%	94%	95%	93%	94%	94%	94%	95%	93%	94%	95%

2.22. Following BSUH's involvement with the FFT Development Project in 2018/19, which included the trial of a new FFT question, NHS England implemented revised guidance on 1 March 2020:

- The use of a new FFT mandatory question and six new response options
- The removal of mandatory timescales where some services are currently required to seek feedback from users within a specific period to allow more flexibility and enable people to give feedback at any time
- A greater emphasis on use of the FFT feedback to drive improvement

2.23. FFT Feedback: Top words and themes 2019/20

3. National Patient Surveys 2019/20

3.1. The Inpatient and Maternity National Patient Surveys were undertaken in 2019/20.

3.2. Inpatient Survey

BSUH ranked 33 out of the 74 acute Trust's undertaking the Picker survey for 'overall positive score' which is a positive increase from the previous year (ranked 40).

3.3. The 2018/19 national inpatient survey identified 15 key improvement areas:

- AE Department: given enough privacy when being examined or treated
- Hospital: room or ward very of fairly clean
- Hospital: got enough to drink

- Doctors: got clear answers to questions
- Doctors: had confidence and trust
- Care: enough emotional support from hospital staff
- Care: enough privacy when being examined
- Discharge: felt involved in decisions about discharge from hospital
- Discharge: given enough notice about when discharge would be
- Discharge: told purpose of medications
- Discharge: told side-effects of medications
- Discharge: told of danger signals to look for
- Discharge: told who to contact if worried
- Discharge: staff discussed need for further health or social care
- Discharge: expected care and support were available

3.4. The 2019/20 survey shows improvement in 14 of the 15 areas and BSUH achieved the Picker average for 9 out of 15 questions.

3.5. The Trust scored significantly better than Picker average on the following questions:

- Hospital: received sufficient help from staff to wash or keep clean
- Discharge: Discharge was not delayed

3.6. The Trust scored significantly worse than the Picker average on the following questions:

- Hospital: did not share sleeping area with opposite sex
- Hospital: food was very good or good (although a 4% increase on the 2018/19 score)
- Overall: asked to give views on quality of care

3.7. Key areas for improvement in 2020/21

- Emergency Department: right amount of information about treatment or condition
- Doctors: given clear answers to questions
- Nurses: given clear answers to questions
- Nurses: had confidence and trust
- Other clinical staff: had confidence and trust
- Care: was involved as much as wanted in decisions
- Care: had confidence in the decisions made
- Care: right amount of information given on condition or treatment
- Care: enough emotional support from hospital staff
- Care: enough privacy when being examined or treated
- Care: staff helped control pain
- Procedure: questions beforehand answered
- Discharge: given enough notice about when discharge would be
- Discharge: expected care and support were available when needed
- Overall: treated with respect or dignity

3.8. National Patient Surveys are presented at the Patient Experience and Engagement Group to ensure trust wide improvement work in these areas.

3.9. National Maternity Survey

The Trust achieved a 49% response rate compared to the Picker average of 36%.

3.10. The Trust scored significantly better than Picker average on the following questions:

- Antenatal: Offered a choice of where to have the baby
- Antenatal: Provided with relevant information about feeding their baby
- Postnatal: Found partner was able to stay with them as long as they wanted
- Care at home: Saw the midwife as much as they wanted

3.11. The Trust scored significantly worse than Picker average on the following question:

- Antenatal: Had a contact telephone number for midwives (antenatal)

3.12. Key areas for improvement in 2020/21

- Had enough time to ask questions during antenatal check-ups
- Felt midwives listened (antenatal)
- Involved enough in decisions about their care (antenatal)

3.13. 2020/21 National Patient Surveys

	Patients receiving care	**Sampling**	**Fieldwork period**
The Urgent and Emergency Care Survey	September 2020	October 2020	October 2020 – March 2021
The Adult Inpatient Survey	November 2020	December 2020	January 2021 – May 2021
The Children and Young People's Patient Experience Survey	November /December 2020	January 2021	February 2021 – June 2021

4. Patient Experience and Engagement activity

4.1. The Patient Experience team quickly responded to the emerging Covid-19 pandemic and introduced a number of initiatives ensuring that patients were able to maintain contact their loved ones. Plans are in place to continue these initiatives post covid.

4.2. **Bringing families together** – the patient safety team supplied wards with mobile telephones for those patients who do not have access to a mobile device and tablets to enable patients to facetime/skype their family and friends.

4.3. **Hearts for the dying and the bereaved** – the patient experience team has worked with the critical care and palliative care teams in this project which ensures that a handmade heart is placed with a dying patient and, once they have died, a matching heart is sent to the next of kin along with a condolence card.

4.4. **Letters to loved ones** – Relatives and friends unable to visit our hospitals are able to write to their loved ones via bsuh.letterstolovedones@nhs.net or call the PALS team who will write up the message and ensure that it is safely delivered.

4.5. In 2019/20 BSUH continued to extend its community network to ensure that the voices of all of our patients are routinely sought, listened to and used to inform future service planning. BSUH now has formal engagement with:

4.6. Posability People – supporting and involving disabled people including:

- Facilitation of focus groups with the 3T's Wayfinding Project to ensure improved accessibility and communication with differently abled patients.
- A Top Tip list of things to bring for an unplanned hospital admission
- A clear point of contact for information relating to hospital services including pharmacy, 3T's, specialist services provided at BSUH.

4.7. Switchboard – community, support and information for LGBTQ+ people. Engagement initiated to encourage greater involvement of the LGBTQ+ community in service planning.

4.8. YMCA – Right Here
Engagement initiated to encourage greater involvement of young people in service planning.

4.9. Trans and Disability Pride
BSUH was visible at both events encouraging better communication and feedback from these groups.

4.10. Maternity Voice Partnership, Brighton and Hove and West Sussex
The patient experience team attends the quarterly meeting to provide real time data to help explore individual concerns raised. In May 2019 feedback about a lack of pain relief during labour was discussed, and FFT data confirmed and reassured local women that no other concerns had been raised about this matter.

4.11. MENCAP Treat Me Well Campaign
The Patient experience team held the first Brighton and Hove Treat Me Well campaign, attended by patients and their representatives with colleagues from the social and voluntary sector. The focus of this group is to improve the experience of patients with a learning disability by utilising the 'my care passport'.

4.12. Healthwatch
Brighton and Hove, West Sussex and East Sussex Healthwatch are independent charities forming part of a national network of 152 local Healthwatch organisations in England. The network is overseen and supported by Healthwatch England, which provides a formal link to the Department of Health and Secretary of State for Health. Their role is to ensure that local decision makers and health and social care services put the quality of experiences of people at the heart of their work. BSUH has a number of joint initiatives with Brighton and Hove Healthwatch including:

4.13. Hospital Care Environmental and PLACE Audits
Healthwatch (HW) undertake planned environmental inspections each month using the the NHS 15-step challenge. HW representatives also attend the trust's formal monthly PLACE meeting and are represented on the BSUH Food Improvement Group. These initiatives give patients and their representatives an opportunity to be involved in decision making and conversations about our hospitals to help ensure that our services are always considered and viewed from a patient's perspective. Improvements made following visits include: the upgrading of the public toilets within the main outpatients building; refurbishment of Bristol ward; providing adequate and compliant storage for linen and cleaning equipment; an increase in clinical storage space and a dedicated room

for the multi-disciplinary team to base themselves in. Further work is currently ongoing, including new signage across the sites.

4.14. End of Life Care

The patient experience and End of Life Care Team invited Healthwatch to review the End of Life Care provided to our patients and their families. Whilst this review is on-going, initial feedback provided by Healthwatch has enabled us to support changes to information provided to patients and their families to improve the communication for our patients who are approaching the end of their life.

4.15. Quality visits

As part of our culture of continuous improvement, clinical and non-clinical reviewers of all grades are invited to assess our services against CQC standards and what we know is important to service users and staff. This provides an opportunity to assess the quality of care through observation of the clinical environment and listening to the views of patients, visitors and staff. This is not intended to be a checklist, but more an opportunity to assess the quality of care through observation of the clinical environment and listening to the views of patients, visitors and staff. Reviewers are asked to consider: is the area welcoming and does it feel safe, is care effective and of a high quality, is the ward responsive and well led. The reviews are documented and shared with the ward leadership team for learning.

4.16. Dementia

The patient experience team supported the Dementia team in the planning and publication of their strategy. This allows the Trust to embed principles of engagement and focus on the importance of patient experience from an early stage. In 2020/21 work will continue with the dementia team to support patient engagement events.

4.17. Patient Knows Best

Launched in response to feedback from patients, this offers a more flexible way to access details about appointments. The patient experience team held an engagement event to ensure that patients were made aware of the service which was attended by members of the public, Healthwatch, Clinical Commissioning Groups (CCG) and Possabilty People. Further events will be held in 2020/21 to support the wider launch of the system.

4.18. Sussex Health and Care Partnerships

Sussex Health and Care Partnerships, including BSUH, began reviewing patient engagement across Sussex to improve learning across the Healthcare System. Through this partnership we hope to engage with more patient groups in 2020/21 to gain further insight into the experience of our patients.

4.19. Patient Entertainment

Following feedback from patients regarding the current bedside entertainment system the patient experience team began working with Facilities and Estates to support the procurement of a new system which will enhance the patients' experience.

4.20. 3Ts Wayfinding

In 2019/20 the patient experience team held its first 3Ts wayfinding group with patients to ensure their input is involved throughout the process. In 2020/21 there will be further groups.

4.21. Patient Breakthrough Objective

The BSUH Patient Breakthrough Objective for 2019/20 aimed to improve communication for patients discharged from our hospitals. This was identified as part of the Patient First Improvement System (PFIS) through analysis of patient experience data including:

- The 2018 National Inpatient Survey identified communication at discharge as an area of most importance to our patients affecting patient experience, flow and health outcomes
- key improvement areas identified by the 2018 national inpatient survey included:
  Discharge: felt involved in decisions about discharge from hospital
  Discharge: given enough notice about when discharge would be
  Discharge: told purpose of medications
  Discharge: told side-effects of medications
  Discharge: told of danger signals to look for
  Discharge: told who to contact if worried
  Discharge: staff discussed need for further health or social care
  Discharge: expected care and support were available
- In 2018/19 communication was raised as a factor in 46% of all concerns raised. Miscommunication from staff and a lack of information were identified.
- The Healthwatch 'Let's get you home' report in 2018 cited "discharge planning to start within 24 hours after admission; written and verbal communication with every patient, consistent use of one document covering hospital to home patient advice", as a key recommendation for improving the experience of patients.

4.22. Table 8: Counter-measure summary for Patient Breakthrough Objective

Contributor	Counter-measure
1. Inconsistent verbal communication with patients about their discharge	A discharge training program to be introduced for all ward staff
2. Patient Information	Produce a standardised discharge information pack to be given to all inpatients

4.23. The target was to reduce the number of concerns raised citing communication and discharge by 25% and this has been consistently achieved during January – June 2020.

4.24. Following last year's National IP Survey, the Trust scored higher or in line with the Picker average for 14 of 17 discharge questions (82%).

5. Plaudits

5.1. Many patients, their families and visitors to the Trust take the time to give thanks for the care they or their loved one has received. These are received either directly to staff teams or via the Trust website and NHS Choices. It is just as important for our staff to know when they have done things well and there is valuable learning from the positive feedback received.

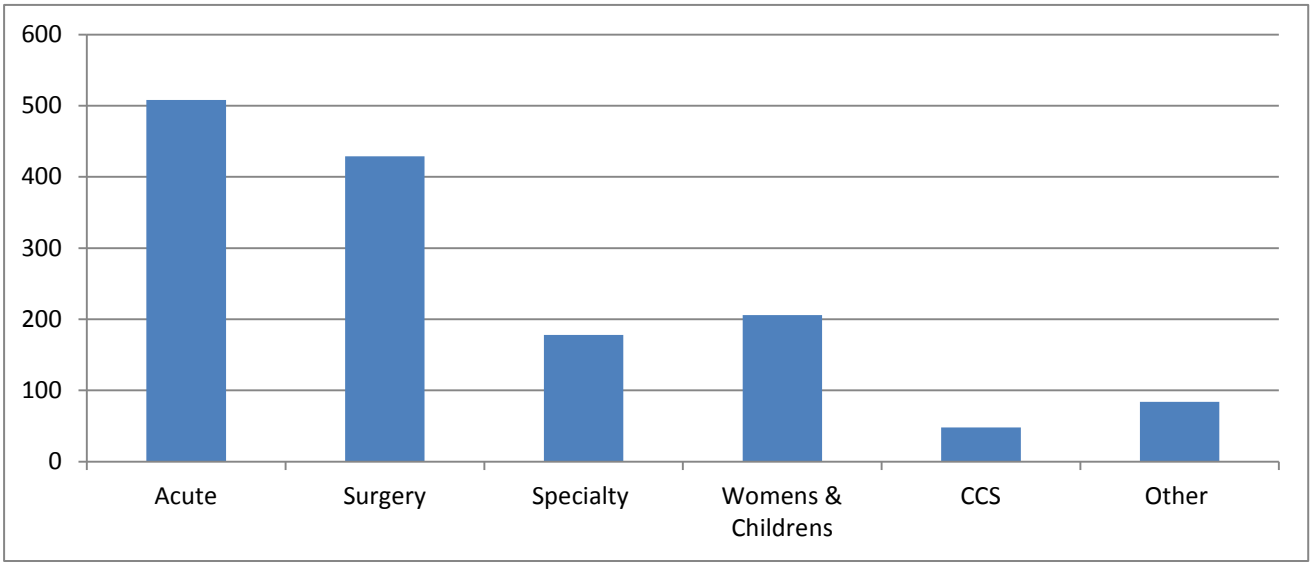
5.2. All plaudits are recorded and shared with the senior nursing and clinical teams and with the individual staff and teams involved. All letters of thanks and commendation are responded to in writing by the patient experience team or by the Chief Executive or her deputy.

5.3. 1,453 plaudits about BSUH services were received in 2019/20.

5.4. Table 10: Plaudits received by Method 2019/20

Method	Number received
E-mail	621
Greetings Card	574
Letter	136
NHS Choices Website	76
Telephone call	35
Other	11
Total:	1453

Chart 1: Plaudits received by Division



5.5. Examples of plaudits received in 2019/20

Just a note to say a heartfelt thank you for all the care and love shown to our lovely Dad in his last days. Thank you also for all the love and support you gave to us. You made a very sad time a little easier for us. You are wonderful people!

I would like to say how fantastic all the staff of the Sussex Kidney Unit are. The dedication and skill of the nurses on the main unit and the home dialysis unit is amazing, and they are always pleasant and friendly however stressful the situation

Please would you kindly let your Trust's Chief Executive, Dame Marian Griffiths, know how impressed I was with the service I received yesterday from a team led by Mr Simon Watts in your Ear Nose and Throat Department. Their courteous, kind and skilled professionalism made me feel extra special and I left the Barry Building feeling on top of the world.

I just wanted to take the time to say a very big thank you to all the staff in the day surgery unit. My mother came in suffering from server mental health issues I was rather anxious how my mother would deal with the whole situation today but the staff who were unaware that she was silently dealing with these issues, were just amazing from start to finish. They made what could have been a nightmare a pleasure today. All The staff were so friendly and defiantly need to be

recognised.

I would like to say a huge heartfelt thanks to all staff Brighton A+E and PRH day surgery unit. I broke my wrist, properly mangled it and had op. Throughout this whole painful ordeal, staff were so supportive, efficient, dedicated, kind and hugely caring. The doctor who first saw me in A+E stayed with me even though her shift had finished ages ago. I am humbled. Resting and healing now.

You are all second to none in your professional care and sensitivity. We had nine days where every single one of you showed how dedicated you are. How you really cared for the patients and families with kindness and tenderness. From the consultants to the nurses and orderlies. I have lived abroad in several countries and the care we received from the NHS and in particular from this amazing Solomon ward is unique and very special. At a time when people are so vulnerable you showed compassion and a degree of care that we will never forget. Thank you from all our family.

6. Complaints and PALS

6.1. The complaints monthly scorecard is accessible to all Divisions and Directorates via a shared drive. This means that all specialties have easy access to their complaints and plaudit data, including a specific report highlighting complaints about staff attitude.

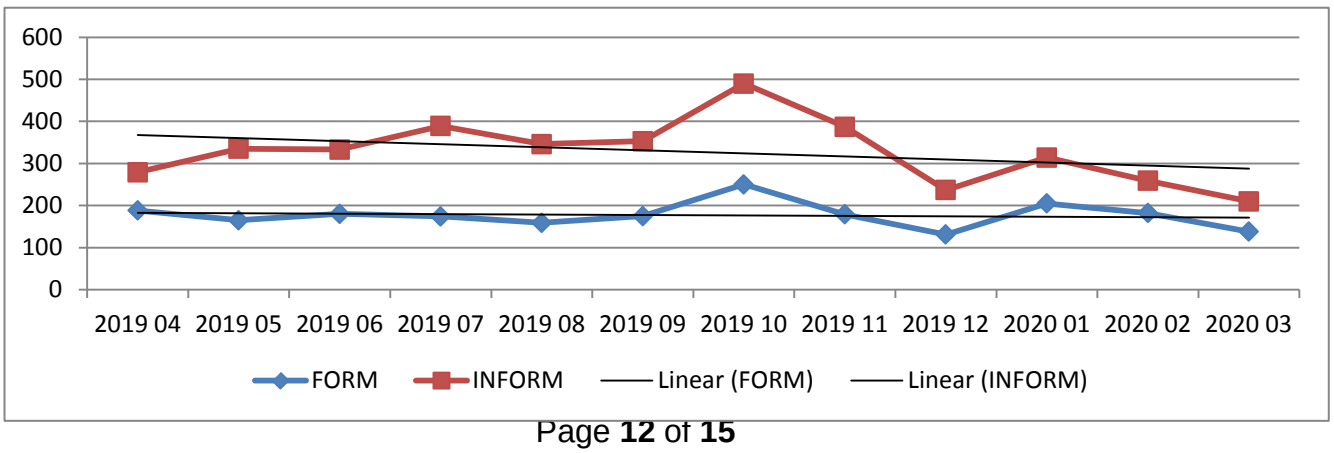
6.2. Since April 2018 all concerns received by the Trust are categorised and managed as either an informal or formal concern. All concerns raised about the Trust are triaged by the PALS team and, wherever possible, quickly resolved without the need for a formal written response from the Medical Director or Chief Nurse.

6.3. In 2019/20 the Trust received 3932 informal and 2126 formal concerns.

6.4. Table 11: Formal and Informal Concerns received in 2019/20

	Formal Concern	Informal Concern	No of Informal Concerns Closed Within 25 WD	% of Informal Concerns Closed within 25WD	No of Formal Complaints Closed Within 25 WD	% of Formal Complaints Closed within 25 WD
15/16	1805	2968	2742	92.38%	1154	63.93%
16/17	1792	3089	2929	94.82%	1119	62.44%
17/18	1716	3099	2989	96.45%	1209	70.45%
18/19	1920	4152	4056	97.68%	1447	75.36%
19/20	2126	3932	3845	97.78%	1579	74.27%

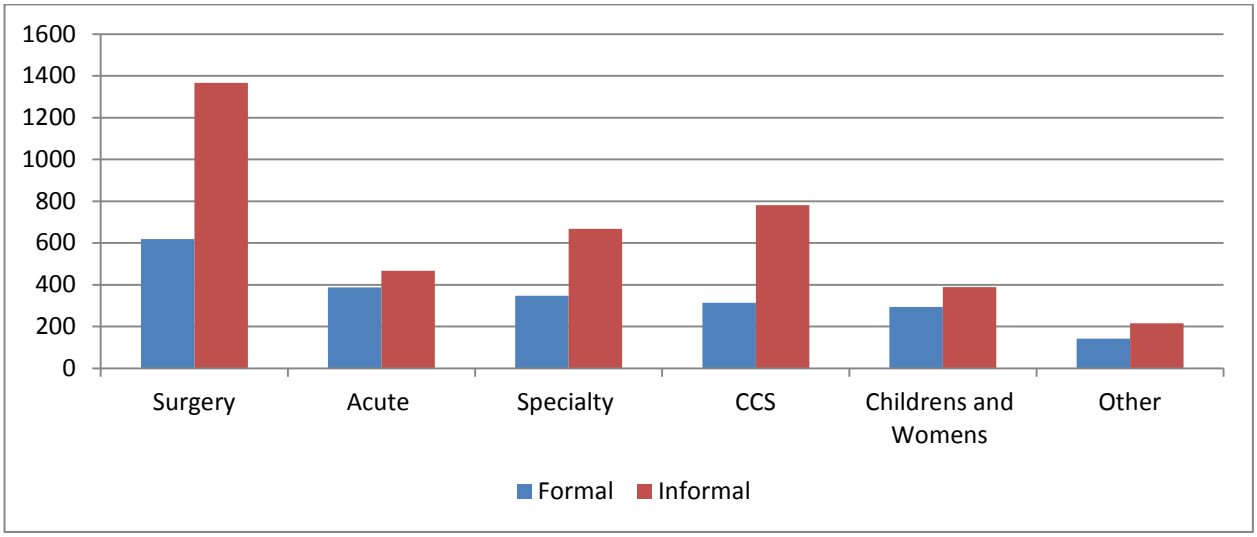
6.5. Chart 2: Informal and formal concerns received April 2019 March 2020



6.6. BSUH aims to respond to 95% of informal concerns and 80% of formal concerns within 25 working days. In 2019/20 the trust responded to 97.78% of informal concerns and 74.27% of formal concerns within this timeframe.

6.7. In 2019/20 67.95% of informal concerns were responded to within three working days.

6.8. Chart 3: 2019/20 Informal and formal concerns received by Division



7. Categorisation of Formal and Informal Concerns

7.1. Each concern received by the Trust is assigned a trigger according to the issues raised in the complaint to ensure that themes and trends are easily identified, reported and acted upon.

7.2. All complaints received are also categorised as either being upheld or not upheld against the triggers ascribed to them which provides additional, valuable information regarding where service improvement is required.

7.3. Table 12: Formal and Informal Concerns with top triggers

	Formal	Informal	Total
Wait for outpatient appointment	400	1174	1574
Communication	571	835	1406
Clinical care/treatment	358	193	551
Delays in results - bloods, scans etc.	112	324	436
Wait for surgery date	101	276	377
Administrative error/failings	118	171	289
Elderly care - over 65	144	8	152
Discharge	88	34	122
Cancelled	52	69	121
Diagnosis	101	11	112

8. Examples of learning from complaints in 2019/20 "You Said, We Did"

Newborn baby's difficulty in feeding and weight loss	Following a complaint about this issue BSUH policy for postnatal ward care now contains specific advice regarding frenulotomy that highlights specific examination for the condition and referral if there are significant feeding difficulties in the presence of tongue-tie.
Lack of Macmillan support and advice at the Princess Royal Hospital	Introduction of a week day Macmillan service providing support to patients at PRH. There is also room is now available in the urology outpatient department for patients receiving a likely cancer diagnosis.
Unwitnessed fall on care of the elderly ward	Implementation of 'Baywatch' - medical, nursing and therapy teams now work together to ensure that a bay is never left unattended and a member of staff will always remain in the bay to observe patients. This message is reinforced regularly at the safety huddles and is monitored by the Ward Manager and Matron. A nurse's station has also been introduced to each of the bays so that nurses do not have to leave unnecessarily. New stock trolleys have also been introduced to ensure each bay has stock items needed for personal care again, reducing the need for staff to leave. At the beginning of every shift, as part of the daily safety briefing at handover, all patients at risk of falling are highlighted to ensure every member of staff knows which patients are most at risk of falling.
Delay in patient with renal colic being taken to theatre at PRH	Although PRH does not have a CEPOD list a new referral form has been designed to help identify urgent urological patients who need to progress from the ED to theatres more quickly.
Delay in diagnosing ectopic pregnancy	Gynaecology patients discharged from the ED are advised to call Level 11 if their symptoms worsen. All such calls are now formally recorded in a log book, with the advice given, to ensure that junior staff escalate such calls to senior staff for advice.
Clinic letter sent to deceased patient in error	Bookings will now only be accepted with complete demographic information including their full name, date of birth, NHS number, address, telephone number and GP surgery details.
Incorrect information on cross site standard cardiac ECG appointment letters	A new letter for ECG tests at Lewes Victoria Hospital has been provided to all bookers. The letter details the correct contact numbers and states what the appointment is for and that the person fitting the device will give the patient instructions of when to return it.
Paediatric urodynamic procedure	This procedure is now only booked once discussed with the senior paediatric radiographer or superintendant radiographer to ensure the correct skill mix and competency is available. All of the paediatric imaging team are now being trained on how to set up the machinery.

9. Second stage review of the NHS Complaints Process – the Parliamentary and Health Service Ombudsman

9.1. The Parliamentary and Health Service Ombudsman (PHSO) represents the second and final stage of the NHS complaints process. The Trust continues to work directly with PHSO to resolve complaints.

9.2. The PHSO's Principles for Remedy are central to the Trust's management of complaints. We always try to speak directly with anyone who is unhappy with the care either they or their family members have received and hope to agree with them how best to resolve their concerns. Once the issues of the complaint have been thoroughly investigated patients and/or their representatives will receive a verbal or written response from the CEO or, if they prefer, will be invited to meet with senior medical and nursing staff to discuss their experiences in person. If, despite all our efforts, complainants remain unhappy with our response to their concerns they can request an independent review of their complaint by the Ombudsman.

9.3. In 2019/20 five complaints were accepted for second stage review by the PHSO. This represents 0.23% of all formal concerns received by the Trust in year. Of these, no complaints were fully upheld and two complaints were partially upheld (one remaining open from the previous year), requiring additional work to be undertaken to ensure that lessons have been learnt and that the PHSO Principles of Remedy have been applied as appropriate. Four Complaints remain under review.

9.4. All partially upheld and upheld PHSO investigations are reported in the Patient Experience Quarterly Board Report and are detailed in the Divisional monthly reports for action.

10. Future Developments

The Trust are developing a Patient Experience and Engagement Strategy over the next year that will provide a forward view around patient experience and engagement for the next three years. A number of stakeholder events will be happening over the coming months to support the development of the strategy.

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	11.2	**Meeting:**	Trust Board	**Meeting Date:**	04/08/20
Report Title:	Safeguarding Adults Annual Report				
Sponsoring Executive Director:	Carolyn Morrice				
Author(s):	Jo Henderson				
Report previously considered by and date:	Trust Safeguarding committee				
Purpose of the report:					
Information	✓		Assurance	✓	
Review and Discussion	✓		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	✓	
Our People	✓		Quality	✓	
Systems and Partnerships	✓				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	☐	
Communication and Consultation:					
Safeguarding committee,					

Executive Summary:

BSUH Trust Board has overarching leadership of Safeguarding Adults within its hospitals. It has a duty to ensure the systems and processes are in place to embed a culture whereby safeguarding is everyone's business. This report provides an overview of the multifaceted scope of safeguarding adults and the wide range of activity taking place within BSUH to safeguard its most vulnerable patients.

This report illustrates how BSUH continues to work closely with its partners across the local community to ensure the principles of safeguarding underpin core practice alongside the values and beliefs of the organisation.

In comparison to previous years, BSUH received an increased number of safeguarding concerns requiring investigation, regarding the standard of care provided to many of its vulnerable patients. This may in part be due to increased public awareness. Nonetheless, one of the key purposes of safeguarding is to improve not only the care of the individual involved but also to learn from our mistakes to improve practice and the care of other patients. Equally it is important to recognise and share where good practice has taken place. This report highlights the key themes identified in the concerns raised in order to identify areas for improvement.

Training for staff remains a priority to ensure they have the necessary skills and knowledge to recognise and respond to safeguarding concerns. By the end of Q4 COVID-19 has begun to impact on training and this is an area the team will be looking to address moving forward.

Implementing the principles of the Mental Capacity Act (2005) is core to safeguarding the voice of our

vulnerable patients. An increasingly high number of patients are subject to Deprivation of Liberty Safeguards. BSUH works closely with the relevant local authorities to ensure these are proportionate and in accordance with legislation. The Mental Capacity Amendment Act (2019) introduces revisions to DoLS and the Board will need to review the implications of the new Liberty Protection Safeguards (LPS) and make provision for the implementation of these. (Note: the initial date of Oct 2020 has now been delayed to April 2022)

A review of discharge processes and ways of working to improve the discharge experience for vulnerable patients and reduce the number of Section 42 enquires relating to discharge

Design and implementation of template to support improved quality and documentation of decision specific mental capacity assessments

Review of training and development of a blended approach to improve compliance in line with intercollegiate document

Key Recommendation(s):

The Quality Assurance Committee recommends this report to the Board for information.

Brighton and Sussex University Hospitals NHS Trust

Annual Report to the Board of Directors
July 2020
Safeguarding Adults, Mental Capacity Act and DoLS and Learning Disabilities

1. Introduction

The Care Act (2014) provides the statutory framework for safeguarding adults. Sections 42 – 47 of the Act set out the legal duties and responsibilities in relation to safeguarding. Key responsibilities lie with Local Authorities, working in partnership with the Police and NHS.

The Care Act safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs),
- Is experiencing, or at risk of, abuse or neglect,
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those decisions.

Making Safeguarding Personal (MSP) is the national approach to safeguarding adults with the aim of ensuring the response to safeguarding is person led and outcome focused. The key principle is to engage with the adult in a way which supports and empowers them to make choices and have control about how they live their lives.

2. Safeguarding Adults in BSUH

The Safeguarding Adults agenda is a key component of Patient Safety in BSUH. The Lead Nurse for Safeguarding Adults reports directly to the Deputy Chief Nurse. In addition to the Lead Nurse, the team consists of a 0.54 wte Safeguarding Nurse , a Mental Capacity Act and Safeguarding Adults Lead Educator and a 0.67 wte Safeguarding Adults Team Administrator.
Affiliated to the team are a Health Independent Domestic Violence Advocate (IDVA), who works at RSCH and is employed by RISE (a domestic violence charity) and 2.8 wte Learning Disability Liaison Nurses, who work in BSUH and are employed by Sussex Partnership Foundation Trust and Sussex Community Foundation Trust.

The BSUH Safeguarding Steering Group meets on a quarterly basis, bringing together Safeguarding Children, Adults, MCA and DoLS, Domestic Violence, Learning Disabilities, Dementia and Mental Health. The steering group is

chaired by the Chief Nurse and there is attendance from all the clinical divisions. In line with the clinical governance structure, this steering group reports to the Patient Safety Group. The Lead Nurse Safeguarding Adults participates in both the Patient Experience Group and Patient Safety Group which provides improved escalation of safeguarding

The Chief Nurse is a member of both the West Sussex and Brighton and Hove Safeguarding Adults Boards (SAB) and the Safeguarding Team members actively participate in sub committees of both Safeguarding boards. The Chief Nurse is also a member of the Brighton and Hove Prevent Board.

The Lead Nurse Safeguarding Adults attends the monthly Nursing and Midwifery Board. Safeguarding updates provided to NMB concentrate on the learning from safeguarding incidents and changes to practice and procedures. Safeguarding Adults also forms part of the standard agenda for the clinical division's clinical governance meetings.

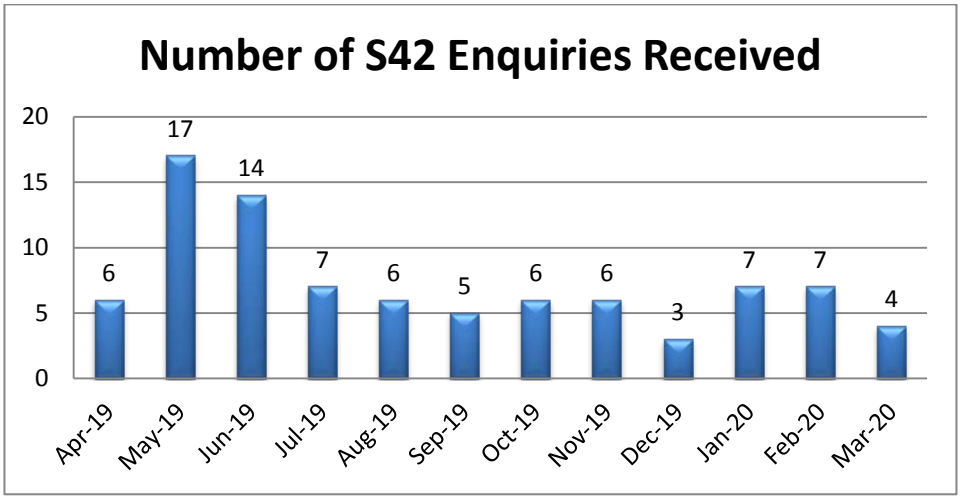
Safeguarding Activity April 2019 to March 2020

Section 42 Enquiries

As part of their statutory duties, The Care Act requires Local Authorities to make enquiries, or ensure others do so, when they believe that an adult is subject to, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.

There were 88 Section 42 "Causing others to undertake enquiry" received by the Safeguarding team whereby concerns were raised regarding the care provided by BSUH. This is an increase on last year when 60 S42 enquiries were received. Poster information for patients and families/carers is visible throughout the hospital, raising awareness on the different ways concerns regarding care may be raised. The increased public awareness may have contributed to the higher number of concerns received

Each Section 42 enquiry relates to an individual adult although may include more than one category of harm or abuse.

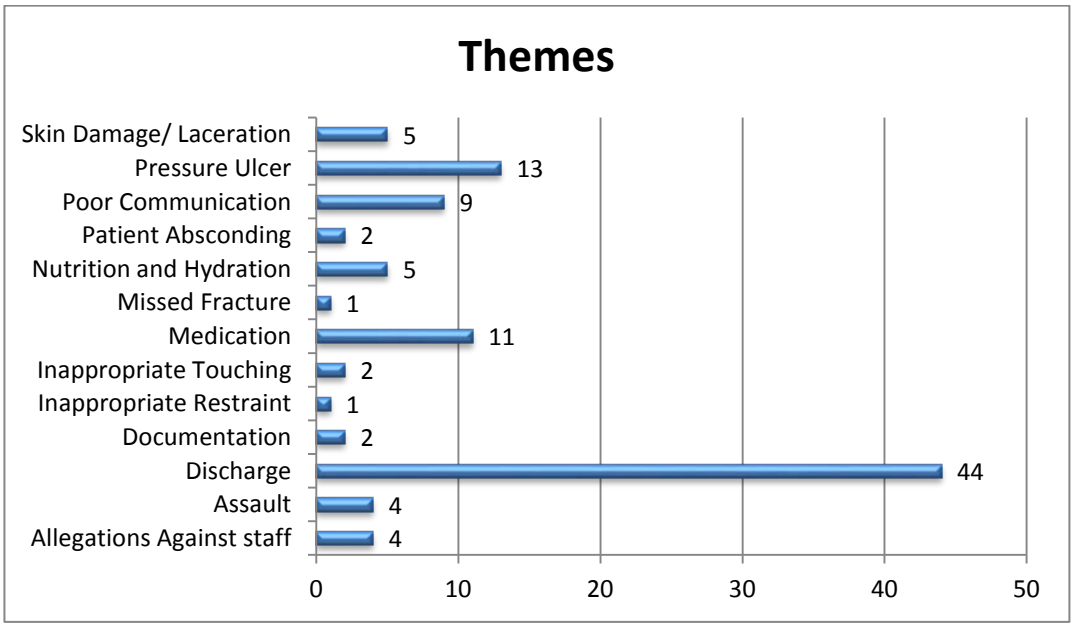


In line with The Care Act, allegations of harm or abuse are raised as one of more of the following categories:

- Neglect or acts of omission
- Physical

- Sexual
- Emotional/Psychological
- Domestic
- Financial
- Discriminatory
- Modern Slavery
- Organisational
- Self-neglect

The majority of allegations received regarding the care provided by BSUH fall into the category of Neglect or acts of omission.



A review of underlying themes within the safeguarding concerns raised continues to highlight patient discharge as an area that requires improvement. Areas of concern regarding discharge include insufficient packages of care; poor communication with care providers and / or families and issues relating to discharge medication. In addition to these there has been poor communication with adult social care when safeguarding concerns have been raised regarding the patient's place of discharge, which in some cases resulted in a poorly coordinated discharge which could have caused harm .

A small number of safeguarding enquiries received raised allegations of sexual or physical assault against individual members of staff. BSUH worked in partnership with Sussex Police and Adult Social Care to investigate these. None have resulted in any further action to be taken by Sussex Police, although one currently remains an on-going investigation.

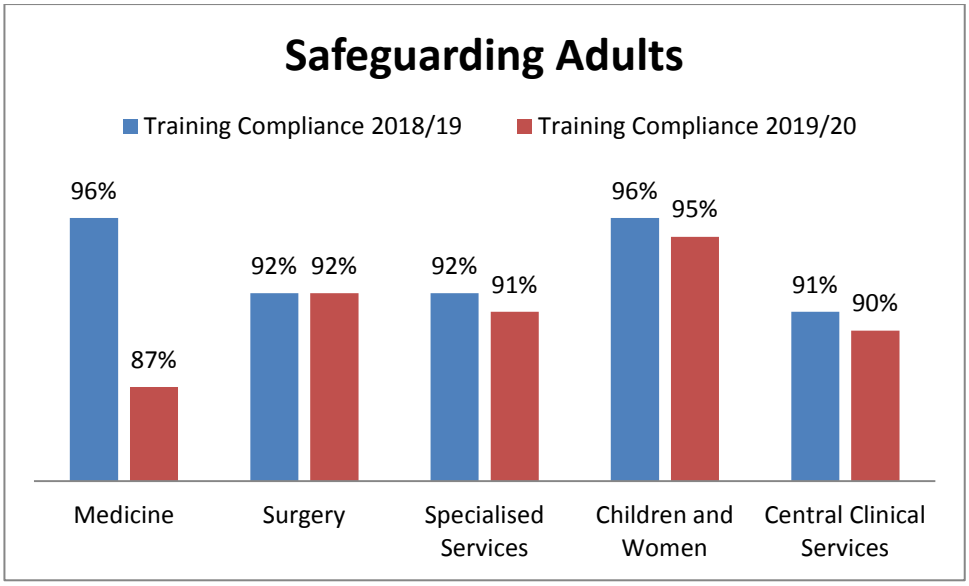
Learning from Safeguarding Adult Reviews

In accordance with Section 44 of The Care Act (2014), local Safeguarding Adults Board (SAB) have a statutory duty to conduct a Safeguarding Adults Review (SAR) if

- An adult has died as a result of abuse or neglect and there is concern that partner agencies could have worked together more effectively, or
- An adult has not died but the SAB suspects they have experienced serious abuse or neglect. For the purpose of the SAR, something may be considered serious abuse or neglect where the adult would likely have died but for an intervention, or, the adult has suffered permanent harm or reduced capacity or quality of life (whether physical or psychological effects).

BSUH has a duty to share relevant information with the SAB when requested to do so as part of a SAR or Learning Review; and to support the development and implementation of action plans to prevent future deaths or serious harm occurring again as appropriate.

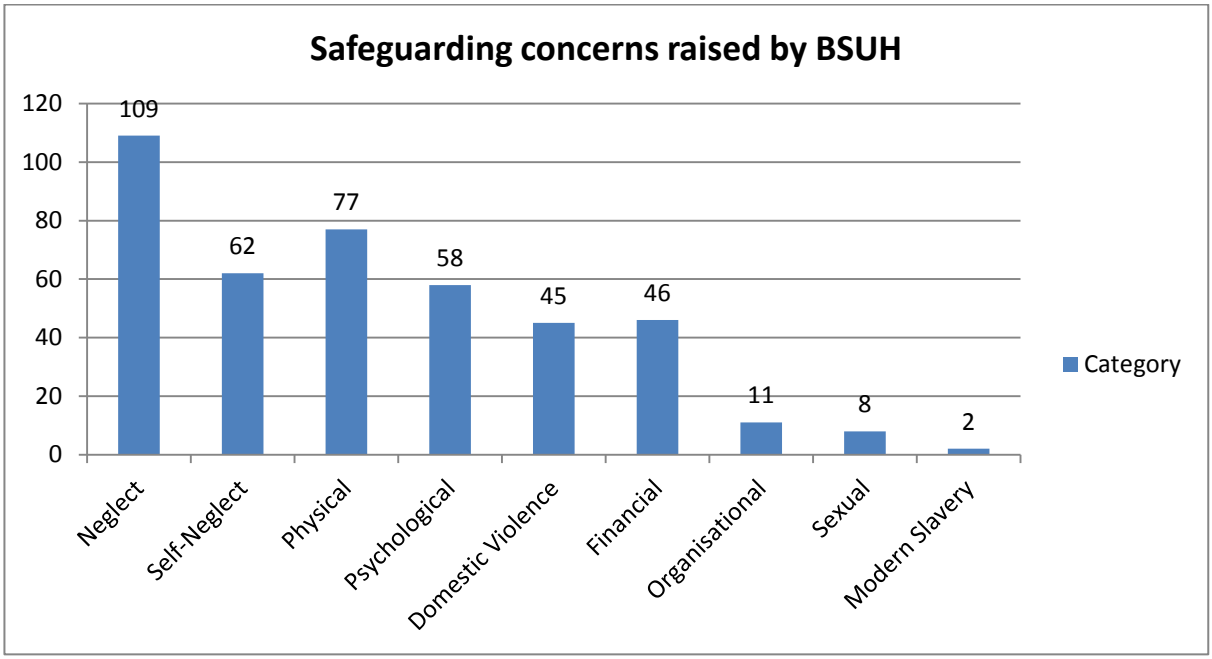
Safeguarding Adults Training



The Trust STAM compliance target is 90% and the safeguarding adult's team work hard with limited resources to maintain the compliance. A range of face to face training and also e-learning is available to support staff to meet their requirements in line with the intercollegiate document.

By the end of Q4 COVID-19 has already begun to impact on training due to the cessation of all face to face training, and as a result, a new programme for the implementation of Level 3 Safeguarding Adults training has also been cancelled

Safeguarding is everyone's responsibility. The purpose of training is to share learning from safeguarding to improve patient care and also to give staff the knowledge and skills to recognise concerns and report these appropriately. Staff have a duty to safeguard patients in the wider community as well as within our hospital. Due to changes in systems and process the Safeguarding Adults team can now monitor the wider safeguarding activity within BSUH.



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3. Prevent

Prevent is one of four strands in the Government's counter terrorism strategy, CONTEST. The revised strategy was launched by the Home Secretary in June 2018 and reinforces safeguarding at the heart of Prevent; to ensure children or adults vulnerable to any form of radicalisation are supported as they would be if at risk from exploitation from a range of other harms such as criminal exploitation, gangs and sexual exploitation.

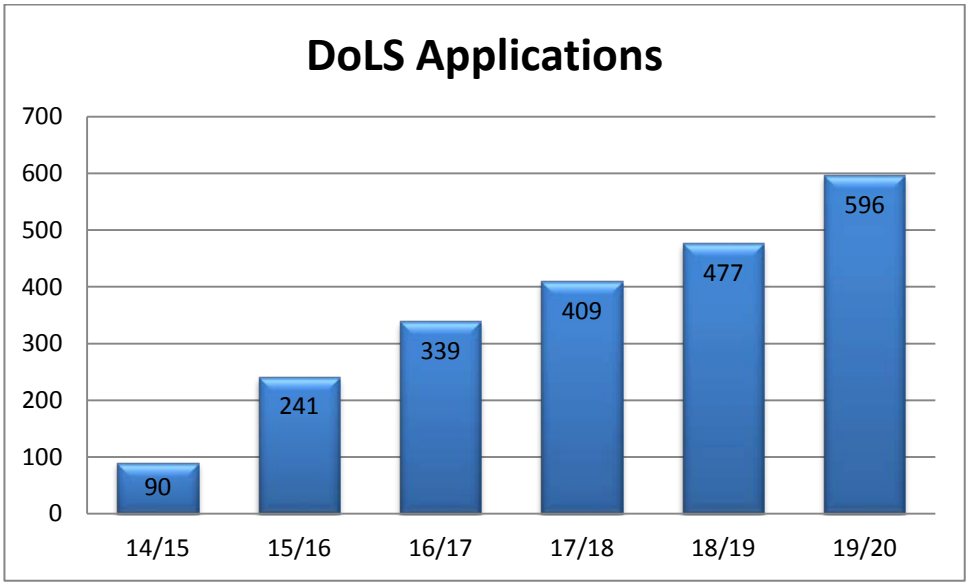
Brighton and Hove remains a priority city in accordance with the Home Office classification of risk. The Deputy Chief Nurse is the Trust Prevent lead and BSUH is represented at the Brighton and Hove Prevent Board by the Lead Nurse Safeguarding Adults.

Prevent Training and Competencies Framework identifies the minimum training standards for staff working in healthcare and is supported by the Intercollegiate Document for Adult Safeguarding. The Level 1 and 2 basic Prevent awareness are included as part of core Safeguarding Adults training as well as referenced in Safeguarding Children training. More in-depth stand-alone Level 3 Prevent training has previously been provided by delivery of the Home Office approved workshop. Level 3 e-learning for NHS trusts has been developed and will need to be made available via IRIS moving forward.

4. Mental Capacity and DoLS

Deprivation of Liberty Safeguards (DOLS) activity 2019 - 2020

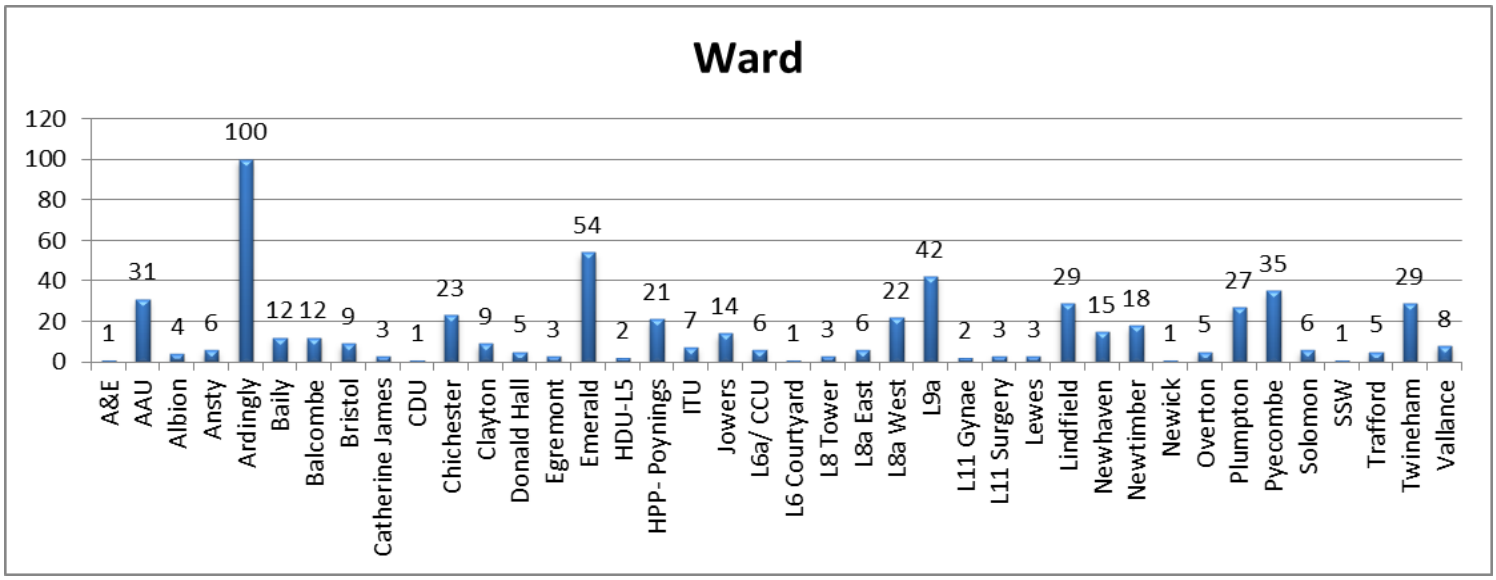
In line with the national trend BSUH continues to see a year on year increase in the number of DoLS applications submitted to the Local Authorities for authorisation.



The Mental Capacity (Amendment) Bill was introduced to the House of Lords in July 2018. The Bill seeks to replace DoLS with a new scheme called **Liberty Protection Safeguards (LPS)**. The new scheme was expected to be implemented from October 2020. It was already thought likely to be delayed prior to COVID-19 and there have been no further updates re this since Government focus on COVID-19. Publication of the LPS Code of Practice which will underpin the implementation remains overdue.

Nonetheless, the trust needs to consider the implications of the new roles within LPS and the responsibilities for assessing/authorising and monitoring which will fall to BSUH particularly in light of the above figures.

DoLS applications by clinical area April 2019 - March 2020



5. **Learning Disabilities**

There is Learning Disability Liaison Team support in RSCH and PRH. This consists of 1.7 wte liaison nurses and a 0.6 wte support worker based at RSCH employed by Sussex Partnership Foundation Trust. A. 0.5 wte is based at PRH and employed by Sussex Community Foundation Trust.

All patients accessing RSCH are supported by the Brighton and Hove LD Liaison Nurse team regardless of home locality.

The West Sussex LDLT based at PRH is commissioned to provide support to West Sussex patients only. Where possible they will provide some ward support for patients from outside West Sussex. If they are unable to do this, the B&H LD Liaison Nurse Team will endeavour to provide support for patients at PRH.

Improvements to service

In line with Accessible Information Standards, the Booking Hub can now send Easy Read appointment letters to patients with a learning disability who are flagged on Medway

The Lead Learning Disability Liaison Nurse continues to complete notification of death in line with LeDeR – Learning Disability Mortality Review Programme, and attends the trust mortality review group to share learning from this to work in partnership with BSUH to improve patient care.

Training

Currently, training for staff to support people with a learning disability is provided as part of the HCA Care Certificate Programme and bespoke sessions can be provided if requested.
The Lead Learning Disability Liaison Nurse has been working with the Head of Nursing for Education to review training for staff regarding supporting people with a learning disability. A gap analysis has been completed and training will need to be developed moving forward post COVID-19

6. Safeguarding Adults Priorities for 2020 – 21

The Safeguarding priorities for 2020-21 need to be considered against the background of COVID-19 with associated amendments to legislation and policy, and changes to ways of working.

- To improve patient discharge resulting in reduction of Section 42 safeguarding enquiries relating to discharge
- Implementation of Level 3 Safeguarding training
- Improve quality and documentation of Mental Capacity assessments
- Implementation of LPS in line with legislative requirements

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Brighton and Sussex NHS
University Hospitals
NHS Trust

Agenda Item:	11.3	**Meeting:**	Trust Board	**Meeting Date:**	4 August 2020
Report Title:	Safeguarding Children Annual Report				
Sponsoring Executive Director:	Carolyn Morrice				
Author(s):	Debi Fillery				
Report previously considered by and date:	Trust Safeguarding committee				
Purpose of the report:					
Information	✓		Assurance	✓	
Review and Discussion	✓		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	✓	
Our People	✓		Quality	✓	
Systems and Partnerships	✓				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	☐	
Communication and Consultation:					
Safeguarding committee,					

Executive Summary:

The BSUH Trust Board has the overarching leadership with respect to safeguarding children and child protection & this report ensures that they are aware of the range of activities which have taken place within the Trust and their external partners and to understand how BSUH fulfils its statutory duties.

The report highlights any areas of potential risk related to safeguarding children.
Failure to comply with the legal requirements of safeguarding children could risk the Trust's registration with the Care Quality Commission.

Summary: Key messages for the Board: This paper demonstrates that:

1. BSUH continues to address the issues about safeguarding children and promoting their welfare but the diversity of work has widened.

2. The internal governance arrangements and statutory requirements for safeguarding children and child protection are met & monitored, further IT support is required.

3. The Trust Section 11 of the Children Act 2004 (HMSO 2004) currently meets the requirements, demonstrating a safe service, acknowledging and addressing the challenges relating to safeguarding children. A re-audit is due in Summer 2020.

4. The CQC action plan from 2019 is progressing well.

5. Systems, processes and policies are constantly under review to ensure that they comply with local and national guidance including learning from serious case reviews.

6. The training figures for all eligible staff were improving, but have been affected by covid 19

7. Partnership Working continues to be strong as BSUH is represented by the Named nurse & Doctor at key strategic groups both internally and externally.

8. Shaping the future of safeguarding with WHSST is a high priority within the new merger arrangements.

9. Safeguarding activity across the organisation is increasing, demonstrated by a significant increase in the information being shared, referrals, concerns and daily contact through the safeguarding office & team.

10. The new Child death overview process (CDOP) needs refining.

11. There are new Looked after children standards to be met.

12. The impact of Covid 19 is still to be assessed but the network feel September 2020 when the schools return will be challenging. BSUH Named Professionals are working across the network to plan for this possibility & will need to be supported to cope with any surge in activity.

Key Recommendation(s):

The Quality Assurance Committee recommends this report to the Board for information.

Child Protection and Safeguarding Children
Annual Report to the Board

March 2019- 2020. + Covid update.

Introduction

The Safeguarding Annual Report provides details of how BSUH responds to the statutory requirements, national guidance and events and outlines the safeguarding achievements from 2019 – 2020 and the priorities for 2020 - 2021.

The overarching principles of safeguarding children are defined as:-

- *the welfare of the child is paramount and that all practitioners are required to protect children, prevent the impairment of health and development and ensure they are provided safe and effective care in order to fulfil their potential*.(The Children Act 1989 and 2004)

- "*Safeguarding and promoting the welfare of children and young people is defined as protection from maltreatment and abuse, preventing impairment of health or development and ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care*".(Working Together 2018)

Safeguarding of children and young people remains a priority within BSUH through a continued commitment to promoting safeguarding as an integral component of practice and keeping the child or young person at the centre of safeguarding decision making.

The BSUH governance arrangements address the requirements of Section 11 of The Children Act 2004 & support safe recruitment, undertake audit, staff training & to give supervision to staff.

BSUH continues to work in a multi-disciplinary and multi-agency way following the national guidance and Pan Sussex child protection procedures. In addition BSUH is involved with the new Safeguarding Partnerships which replaced the Local Safeguarding Children Board in Sept 2019.

The Trust recognises that safeguarding children extends much further than paediatric services and also includes 16 –18 year olds being seen in adult services, siblings of paediatric patients and unborn babies. Importantly the dependent children of adult patients are considered by encouraging all the Divisions to listen to the '*voice of the child'* and to '*think family'* when considering developments.

This is vitally important as the Children's commissioner report indicates that 45,000 0-1 year olds live in houses where domestic violence has taken place in the last year. These babies are being harmed, even if they are not the target of the abuse. There are also other well-known parental risk factors to babies including living in a family with severe poor mental health, and where parents or carers abuse drugs and alcohol. Overall, 106,000 babies (aged 0-1) & 560,000 children under 5 years in England are exposed to at least one of these issues.
Lockdown babies: children born during the coronavirus crisis (PDF)

"Teenagers falling through the gaps" reports that one in 25 of all teens – who were already slipping out of sight before coronavirus. are at risk of being joined by many more who struggle to adapt to a return to 'normal' after 6 months out of school. Unless these children are re-engaged in society, a whole generation of vulnerable teens could stay at risk of educational failure and unemployment, or crime or exploitation.

The '*Hidden in plain sight'* report suggests that over one million young people face risks from any of the so-called 'toxic trio' of living in households with addiction, poor mental health and domestic abuse **https://nya.org.uk/2020/06/hidden-in-plain-sight/**. The pandemic has amplified vulnerabilities and exposed more young people to gang-associated activities and exploitation.

The full effect of Covid 19 is still to be assessed. Due to lock down the children are hidden and are not being seen in person which will affect recognition and disclosure of abuse. Locally it is anticipated that the impact of potentially stressful family situations may cause a surge of safeguarding issues once the regulations are relaxed and children are reviewed at school and other settings. BSUH Named Professionals are working across the network to plan for this possibility & will need to be supported to cope with any surge in activity.

Contextual summary of issues and relevant documents published in 2019/20 with BSUH actions

BSUH provides hospital services for the local geographical area and have some tertiary services for patients across the South east. There are 4 A&E departments. The 'Royal Alexandra Children's Hospital (RACH) cares for 45,000 children every year and the Care Quality Commission rated it as '*outstanding*'.

The 'Working in partnership across Sussex report' (2019) suggests Brighton & Hove ranks within the most deprived areas in England. With higher rates of hospital admissions for self-harm of children aged 10-24, and alcohol misuse compared with the rest of England. The magnificent support from the paediatric mental health liaison team is invaluable as 435 were assessed from April 2019-march 2020.

Quarter	Sept 2010	Sept 2011	Sept 2012	June 2013	June 2014	June 2015	June 2016	June 2017	June 2018	June 2019	Feb 2020
Total children with a CP Plan for B&H	411	395	340	300	328	385	381	380	**370**	**326**	**331**
B&H per 10,000	88	85	N/A	59.9	59.9	57.1	74.7	74.2	**72.1**	**63.5**	**64.5**
National average per 10,000	N/A	36	N/A	37.8	37.9	42.1	42.9	43.1	**43.3**	**43.7**	**43.7**
Statistical neighbour						44.4	42.1	45.3	**49.8**	**40.4**	**40.4**
League table (n=152)			8th	15th	24th	33rd	25th	10th	**17th**	**25th**	**24th**

The number of child protection medicals remains stable

	2016/17	2017/18	2018/19	2019/20
CP medicals	109	112	112	111

The number of women disclosing FGM remains small, all were over 18 yrs of age.

BSUH	2014	2015	2016	2017	2018	2019
Disclosures	22	26	22	13	13	14

The National & Local context

BSUH is now part of the new Safeguarding Partnership arrangements which replaced the LSCB in Sept 2019. This is in response to the recommendations of the Children and Social Work Act 2017. The partnership priorities are ;-

1. Partnership Engagement and Accountability
2. Violence and Exploitation
3. Reducing neglect
4. Mental Health and Emotional Health/Wellbeing

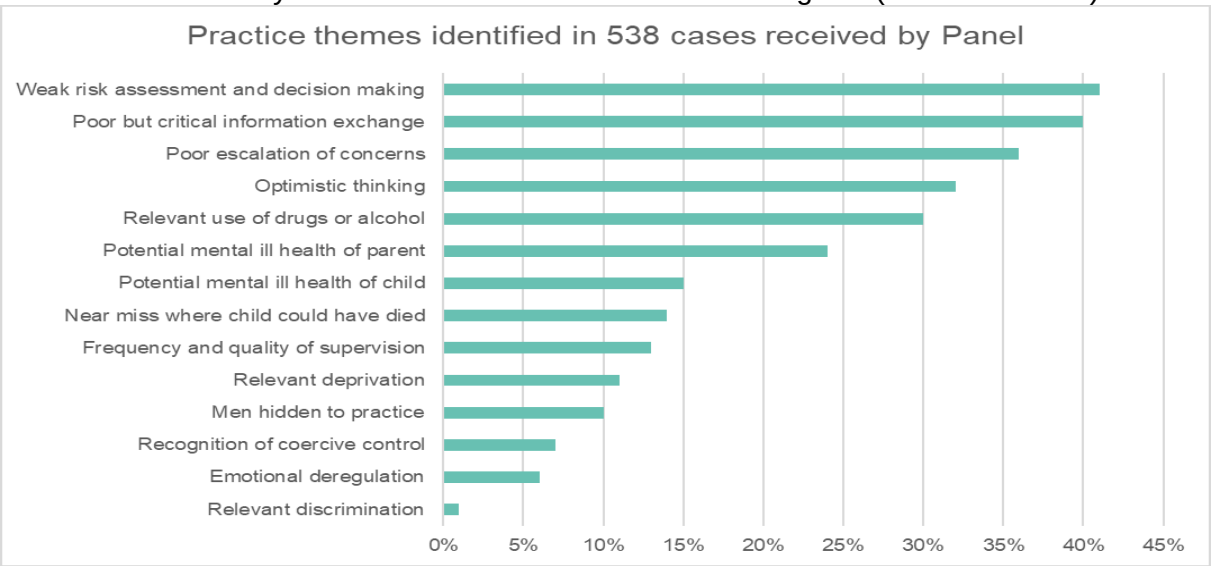
In July 2020 BSUH will take part in the Partnership 2020 bi annual section 11 audit and challenge event producing an action plan which will be monitored via the safeguarding committee.

BSUH is also adapting to the new pan Sussex child death processes (CDOP) which changed during 2019. The CCG has funded a new CDOP team and BSUH will have one of the new CDOP nurses based in the RACH supported with an honorary contract. There is a lead Consultant for Paediaitrics, Neonates and Maternity who help co-ordinate the child deaths in their area. The arrangements are not fully embedded and there are some refinements required within the new Sussex service. The process puts more emphasis on hospitals to review all deaths in detail.

Serious case reviews are now overseen by the Child Safeguarding Practice Review Panel (the Panel).The first report was published in Feb 2020 & states that it has received rapid reviews relating to notifications for over 500 serious child safeguarding incidents.

- Almost a third of the serious incident notifications received were for children under the age of 1.
- Over 20% of the notifications related to 11- to 15-year-olds.
- Over 18% of the notifications were for 16- to 17-year-olds.
- Children aged 6 to 10 made up 7% of the notifications.

This is a significant and troubling number of cases where children under 18 years have either died or been seriously harmed in the context of abuse and neglect. (see chart below).



At BSUH the current use of assessment tools such as CP-IS, emergency department screening tools, ward admission questions, bruise pathway, neglect and CSE tools and using domestic abuse questions combined with having an on-site Health independent domestic abuse advisor (HIDVA) & mental health teams help ensure clinicians decision making is informed and robust. The safeguarding teams are on hand to give advice, support and monitor compliance.

Looked after children (LAC) recommendations

In 80/538 rapid reviews, children were looked after at the time of their death or at the point they were seriously harmed. These children are 4 times more likely than other children to have poor health, poor well-being and poor outcomes (NHSE 2018).

BSUH treats all children as individuals to ensure they are in line with the statutory recommendations in the 'Promoting the health and wellbeing of looked after children' report (2015 DfE DOH) to address these health inequalities. The current BSUH Named Nurse takes on responsibility for issues regarding LAC however this needs to be clarified & strengthened as part of the team review. The Named Nurse is working with the 5 new designated nurse in the CCG to ensure policies and procedures specifically refer to helping this group of vulnerable children. The section 11 audit has also emphasised the need to embed practices for.LAC & there will be actions for BSUH.

In March 2020 there were 331 Looked after children in B&H. During 2019, BSUH was given permission to flag all LAC on Symphony & Medway to add a further layer of information sharing to inform clinician decision making.

Home schooled There is a long-standing concern, particularly amongst child protection professionals and schools, about how to respond to situations where children who are home educated are suspected of being abused. BSUH is part of an initiative whereby health information is shared about children & YP who are known to be home schooled with the B&H 'home schooled nurse.'

Modern slavery, Criminal exploitation & County lines

- Modern slavery is the fastest growing criminal industry in the world and is as lucrative as drug smuggling and arms dealing, affecting 45 Million people globally.
- Unlike drugs which can only be consumed once, victims are a reusable commodity that can be exploited over and over again.
- Police in England and Wales in the year ending March 2019, an increase of 51% from the previous year
- There has been an increase in homicide, knife crime and gun crime with a strong link between drugs and serious violence and the related harm and exploitation from county lines operations. (Ref :A whole-system multi-agency approach to serious violence prevention 2019)
- BSUH continues to be involved with initiatives such as the Brighton & Hove exploitation group (AVRM) which help prevent children and young people from becoming perpetrators or victims of violence is a key consideration to avoid escalating levels of harm to both children and wider society.
- The sexual health and contraceptive team have representatives at the AVRM & a specific vulnerability assessment tool.
- A&E standards include reporting assaults and knife crime to the police.
- The BSUH 2019/20 training highlights what factors make children and young people vulnerable. The level 3 sessions use a quiz and case studies to emphasise thresholds for referral, responses to situations including helpful tools & services.

Mental Health issues

Adult mental health problems do not, in themselves, make poor parenting inevitable and most parents with mental health problems are able parents. However National research and evidence shows that if not dealt with, such issues and risks can significantly reduce the life chances for children and even lead to children being directly harmed.

It is therefore important that adult clinicians '*think family*' and consider the impact on any children in the family enabling them to access support which can help them parent effectively, reducing the stress to both the child and them. This is particularly so, where a child might be providing support to a parent who is too sick or disabled to look after themselves or their family.

BSUH has close links with the Sussex Partnership Foundation Trust (SPFT) with adult and child mental health liaison teams working closely with BSUH adult and child A&E departments.

The paediatric mental health liaison team review all children/YP who attend with self-harming behaviour in A&E. They also undertake assessments on the children's ward & liaise with inpatient and community services to ensure a streamline service.

CP-IS (Child Protection Information service) (https://systems.hscic.gov.uk/cpis).

CP-IS is the national flagging system for children & YP who have a CP Plan or are Looked after. At BSUH the system is supplemented by a local flagging system in the emergency departments and a quality initiative for all other areas linked to Medway.

- In 2019 the cost of the IT support required for CP-IS was revisited and remains £79,000. EMIS Health Quote 70605 - 18 December 2019 10_22.pdf The monitoring continues to be undertaken manually which is inefficient, however alternative IT processes are being explored.

PREVENT has continued to be high on the agenda during the last year. NHS Trusts are now obliged to 'have due regard to the need to prevent people from being drawn into terrorism', in accordance with the 'Prevent duty' outlined in Section 26 of the Act. WRAP (Workshop to Raise Awareness of Prevent) training has continued over the last year with sessions delivered during the mandatory training and ad hoc sessions. It should be noted that Brighton is a high priority area and the recent serious case review W&X indicates the need to be vigilant and assess children who may be traumatised as well as abused.

Training for trainers has recently been undertaken in BSUH to increase opportunities for training in individual/key areas.

The safeguarding professionals went to a training session on how the Far Right can affect the Prevent agenda as a reminder that it is not confined to stereotypical groups.

Corporate responsibilities & statutory Leads during 2019/20
Child Protection / Safeguarding Children workload

In addition to the Chief Executive and Lead Director each Trust has a statutory duty to provide a Named Nurse and Doctor and a Named Midwife if providing midwifery care. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively (Working together 2018). The number of professionals is currently under discussion to adhere to the recommendations of the competency document.

BSUH Safeguarding Named Professionals		WTE
Corporate Responsibility	The Chief Executive	
Lead Director	Chief Nurse	
Named Doctor	Consultant paediatrician	4pa
Named Nurse	Nurse Consultant Safeguarding Children & Young People	1.0
Safeguarding nurse	Job share currently (0.6+0.4WTE)	1.0
Liaison nurse		0.72
Named Midwife	Community midwifery matron	0.2
Safeguarding Midwife	Midwife	0.8
HR Lead	HR Director	

The Named Nurse and safeguarding team.

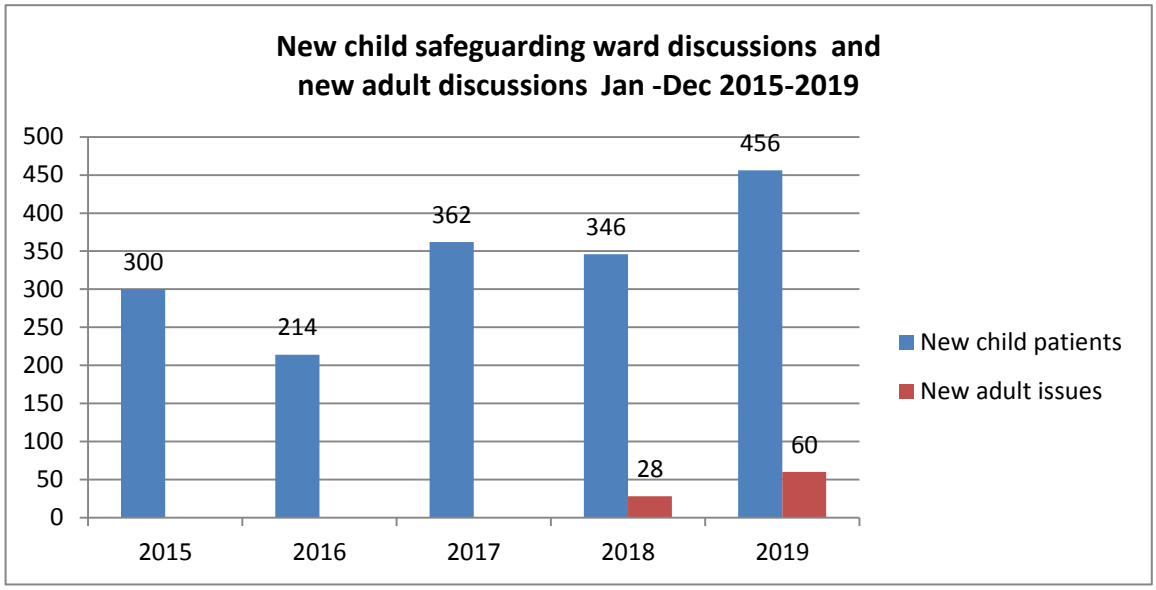
The Named Nurse is a statutory role and she is supported by a safeguarding nurse and the liaison nurse. They provide the organisation with operational advice, support and input. The professionals are committed to supporting the workforce in understanding safeguarding, embedding it into 'everyday business' and improving outcomes.

The expected outcomes of the service are to:

- Facilitate the development of a confident, informed workforce in relation to their role and responsibility to children, young people and adult welfare and safeguarding matters
- Improve outcomes for children, young people and adults
- Reduce risk to children, young people, adults, visitors and staff

The RACH daily ward round continues to ensure advice and co-ordination of care is available. As can be seen from the chart below the number of children with new safeguarding issues is rising.

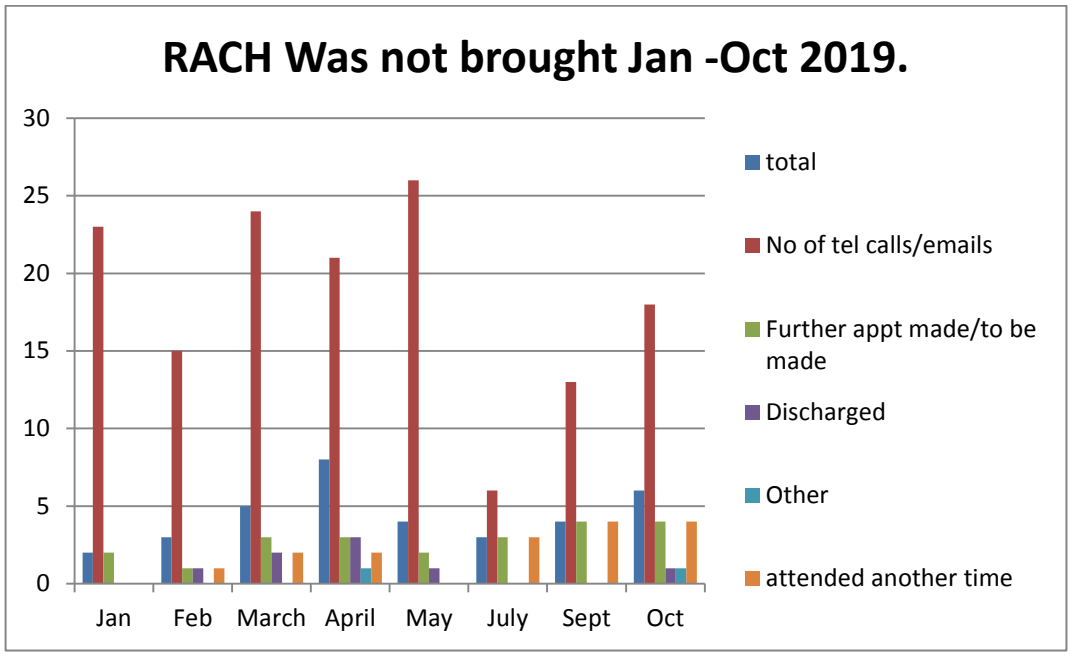
Discussions relating to adults where there are safeguarding children issues is also increasing as the '*Think family'* initiative embeds.

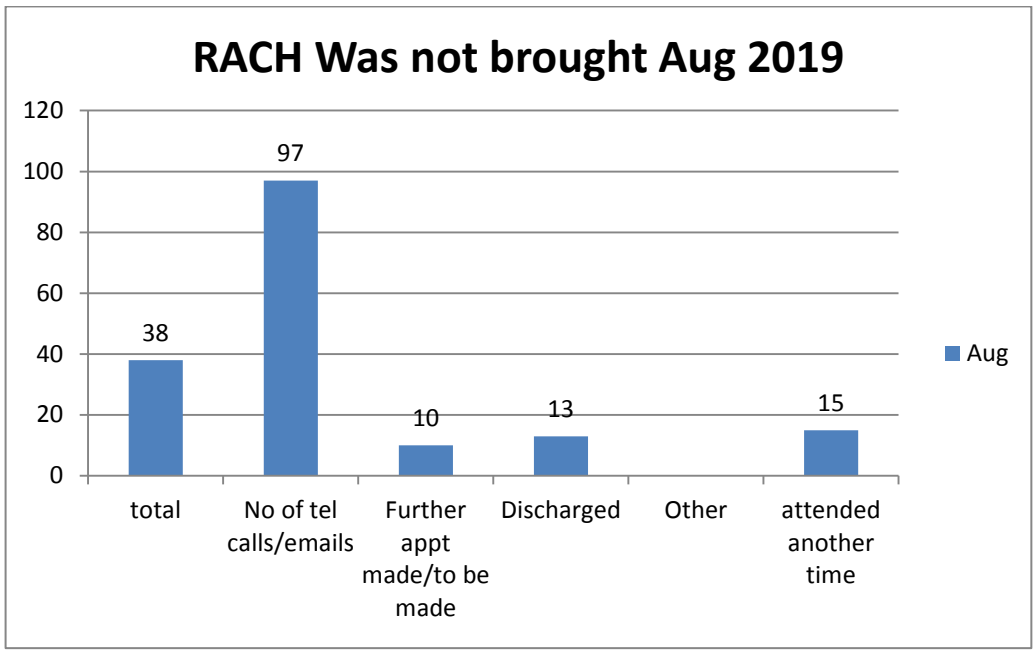


Children who are not brought to appointments are mentioned in serious case reviews and as such there is a BSUH process for follow up.
https://www.youtube.com/watch?v= dAdNL6d4lpk

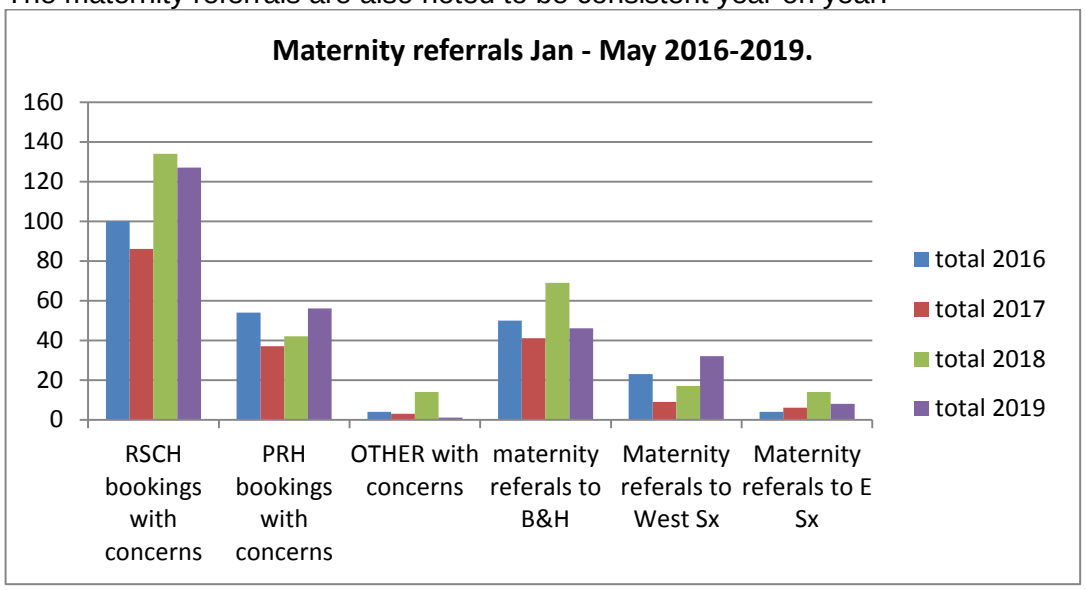
Paediatric guidelines
- DNA or WNB RACH

Giving advice and follow up of children who are not brought for appointments is an increasing workload for the safeguarding team role. On average 4 calls/emails are required to resolve the issue. August figures have been separated due to the increased lack of attendance (38) presumably due to summer holidays.

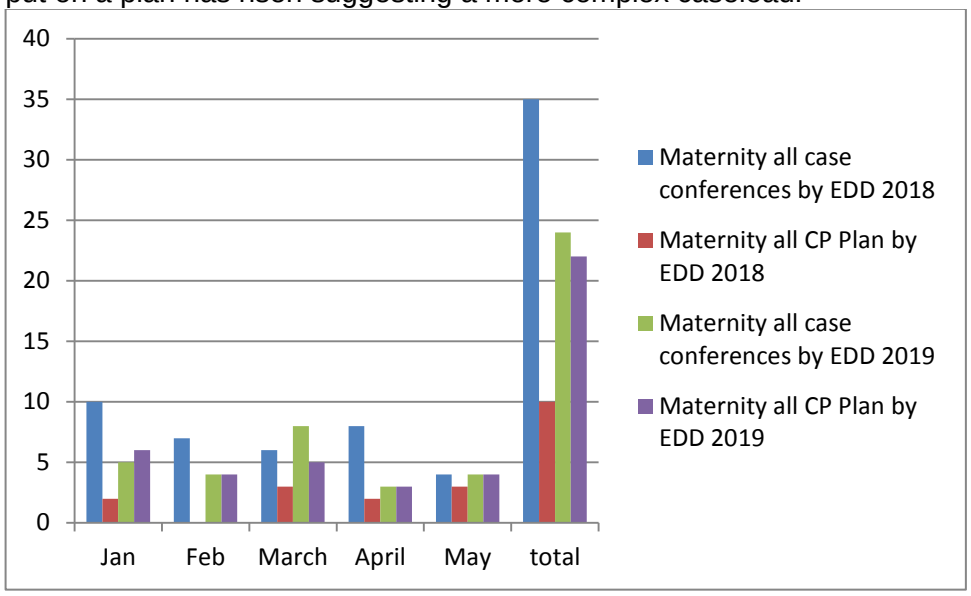




The maternity referrals are also noted to be consistent year on year.



Although the number of case conferences has fallen in 2019 the number of children being put on a plan has risen suggesting a more complex caseload.



Governance & multiagency working during 2019-2020

The BSUH Safeguarding Children Steering Group

Meets quarterly Chair: Lead Director the Chief Nurse

1. Ensures internal governance arrangements are in place and effective and reports to the Board once a year. There are reports to the quality & assurance committee & the CCG assurance group quarterly.
2. Works towards completing the BSUH safeguarding action plan.
3. Maintains and monitors the Section 11 audit with evidence available electronically and updated as required
4. Addresses & disseminates learning from Government strategic documents, SCR & audit.

Policies & guidance introduced or updated

1) The domestic abuse policy and supervision strategy has been ratified.
2) The allegations against staff guidance has been updated and ratified.
3) The safeguarding learning and development strategy is due for update in 2020.
4) Paediatric on line clinical guidance is available
5) The safeguarding children web page is up to date with links to various resources.

Audits undertaken

Overview of CP medicals	Ward discussion overview
LSCB notes audit x 2	Training evaluation
The maternity documentation audit x 3.	Child referral form quality audit
Self harm	CP-IS documentation x 2

Safeguarding Supervision

- There have been no changes to the process of Supervision due to lack of capacity.
- There has been 1 serious incident in this timeframe (a data breach).
- The Named Doctor, Nurse & safeguarding Midwife continue to fulfil their statutory role by offering supervision on a case by case basis & to those with complex caseloads.
- The Named professionals receive supervision from the designated professionals.

The monthly written feedback to the Nursing and Midwifery Board has altered and is now quarterly. This information should be disseminated to the Directorate teams via their quality and safety meetings

Serious Case Review & themed reviews

The Serious Case Review system has changed and been replaced with a system of local and national reviews with oversight from a national panel. The learning from SCR is still expected to be cascaded to local areas.

BSUH includes these learning points within the annual training.

Within B&H SCR Baby Alex actions are completed**,** SCR Gray, SCR V reports have not been circulated yet.

West Sussex SCR have not been listed but can be seen on the LSCB website. However some of the learning has related to injuries in children under 1 or child sexual exploitation.

Training

The Trust learning and development strategy reflects the requirements in the Intercollegiate guidance. This needs updating in 2020.

All levels have learning outcomes and a recommended length of time.

The content is based on learning from serious case reviews, LSCB/Partnership outcomes, National and local topics of concern. Specifically in 2019 the subjects covered have been Looked after children, Contextual safeguarding, update on County lines & domestic abuse.

All staff need some level of statutory safeguarding children training.

1. Level 1 (At induction & All non clinical staff) requires 3 yearly update.
2. Level 2 (All clinical staff who see adults) requires 3 yearly update
3. Level 3 (All clinical staff who see children **and unscheduled care - PRH A+E**) require annual update

The Named Nurse has reviewed each level and confirmed which individuals should attend to ensure accurate reporting. Some specialities have had challenges reaching the required levels and new ways of working have been introduced to address the shortfall.

In 2019 The safeguarding team facilitated 188 sessions equating to approx. 300 hours of face to face training.

The compliance levels are consistent.

Level 1 March 2019 94% March 2020 92%

Level 2 March 2019 88% March 2020 88%

Level 3 March 2019 80% March 2020 77%

The sessions continue to be well evaluated.

An additional safeguarding morning was held to highlight adverse child hood events, the vulnerability of LAC, the SARC follow up.

In response to COVID 19 when all training has had to stop, an on line level 3 temporary quiz has been designed as a temporary measure. Over 400 quiz have been manually marked since April 2020.

Levels 1 & 2 already have e learning facilities

- Staff in children's emergency dept have started an online teaching session called 11 at 11 (ie 11 minutes of teaching at 11 o'clock) which is well received. Some safeguarding topics have been given eg sexual abuse, ICON, importance of liaison & info sharing.
- The safeguarding midwife has made 2 short video's on documentation and FGM.
- An online Dv session has been uploaded to IRIS (designed by the HIDVA)

Projects undertaken in 2019/20

CDOP process

Introduction of the Pan Sussex initiative to prevent abusive head trauma(ICON)

Updated the transfer of care process

Updated was not brought, multiple attendance & leaving before assessment processes.

Pan Sussex Maternity safeguarding birth plan introduced.

CED notes updated to include CP-IS & initial screening tool for neglect & CSE.

A request for a central safeguarding page on Panda is being developed as a central point for safeguarding documentation.

Increased the local B&H flagging to include MARAC (25 each week), LAC (400 children)

Communication & IT

- Information sharing related to safeguarding has not be affected by the new General Data Protection Regulations (GDPR).
- Information sharing between the Trust and the community heath visitors and school nurse will be moving to an electronic solution in May 2020.
- East Sussex local authority have agreed to key staff within the safeguarding children team to have access to the 'singleview' system to help information sharing about which social work contact are linked to children who have a CP plan.
- A request for a central safeguarding page on Panda is being developed as a central point for safeguarding documentation.
- The need to ensure safeguarding instructions regarding specific information sharing has been considered in the light of a data breach. This was thoroughly investigated. Action taken has been to ensure staff get written confirmation from social workers when dealing with complex cases.
- Work is ongoing with the PANDA development team to have a safeguarding children section where specific read only action plans can be stored to ensure these are available for clinical staff. (to go live in July 2020)
- An electronic safeguarding children referral form is being developed on PANDA. (to go live in July 2020)

Child death overview

From 29 September 2019 the responsibility for reviewing child deaths has moved to be a function of the local child death review partners, the local clinical commissioning groups and local authority. As part of this: -

- a new Child Death Case Management System (eCDOP) was purchased.& went live in April 2019.
- Child Death Review (CDR) partners agreed to establish a pan Sussex CDOP service from October 2019 and developed operational guidance for joint working.
- The new process is taking time to embed

External regulation and inspection by LSCB, Care Quality Commission (CQC), commissioners (CCG) & JTAI (Joint targeted area inspections).

External monitoring of safeguarding arrangements is based on the Section 11 (s11) of the Children Act (2004)

The bi-annual S11 audit & actions were completed. It is due to be repeated in May 2020

The CQC undertook a safeguarding inspection in July 2019. The resulting report highlighted good practice and some areas which required work to improve documentation and use of tools. The named Midwife role needed review to ensure ring fenced time. The safeguarding committee has oversight of the action plan.

The CCG quarterly exception reports continue to be discussed at the safety and quality meeting. The main issues have related to training figures, the internal safeguarding review action plan, the new Looked after children (LAC) standards. & team review.

The JTAI themed inspections may occur at any time. There are a range of topics which may be chosen for a deep dive including about children who have been sexually abused within the family & those coping with mental health issues. The monitoring information has been given to the Designated Nurse for quick dissemination should a visit occur.

Partnership working

- Safeguarding is a shared responsibility dependant on excellent interagency and joint professional working. Strategic work is often set by local LSCB (Local Safeguarding

Children's Board) in B&H and West Sussex which allows constructive challenge and the continual improvement of care.

- The Named Nurse and Named Doctor represent the Trust at the B&H LSCB/Partnership Board meetings and various sub groups.
- The Named Nurse links to West Sussex and East Sussex Local Safeguarding Children Boards via the Designated Nurses and Designated Doctors for Child Protection.
- The Named Nurse attends the health sub group of the West Sussex LSCB.
- The BSUH Named professionals set up a local network of acute hospital safeguarding professionals.
- The BSUH Nurse Consultant represents the Trust at the various domestic abuse fora and the VAWG (Violence against women and girls) strategic meetings.

Reports written by the Named Nurse & contribution include:-

1. A report for B&H LSCB on the safeguarding children audits undertaken by BSUH
2. Contribution to 2 B&H audits
3. Contribution to serious case review x 3
4. A BSUH safeguarding update to contribute to the LSCB annual report.

Safeguarding Children Human Resources Report

Safer recruitment

All staff at the Trust are employed in accordance with the NHS pre-employment check standards. All relevant staff employed at the Trust undergo a DBS check prior to employment change or role or promotion and those working with children have an enhanced level of assessment.

Allegations against staff

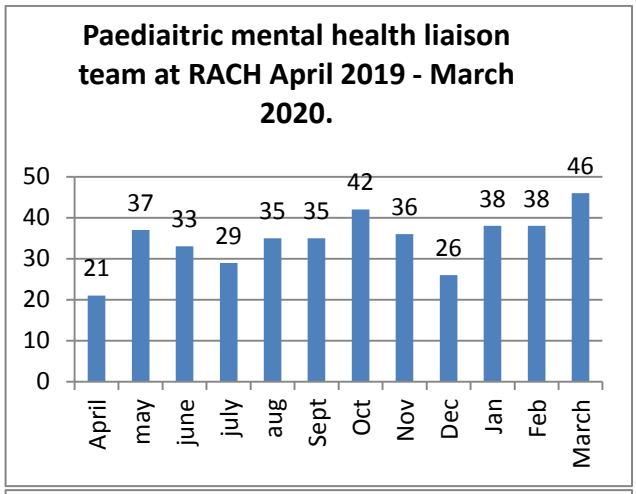
The guidance on managing allegations against staff has been updated.

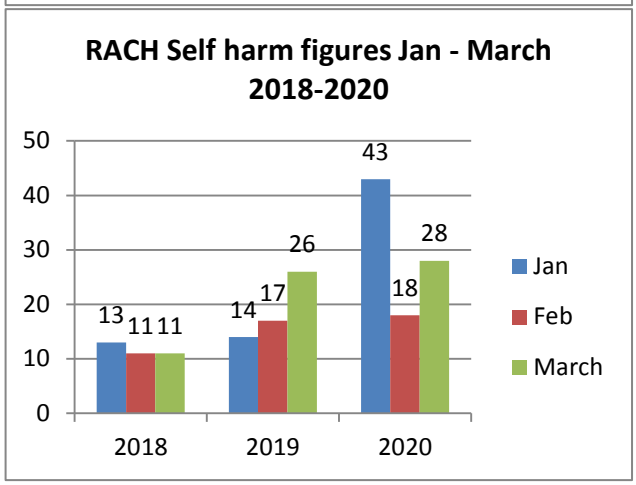
During the period 2019/20 there have been 5 incidents which have been discussed with the Local Authority Designated Officer (LADO) team. After exploration none reached child protection thresholds.

Paediatric Mental Health

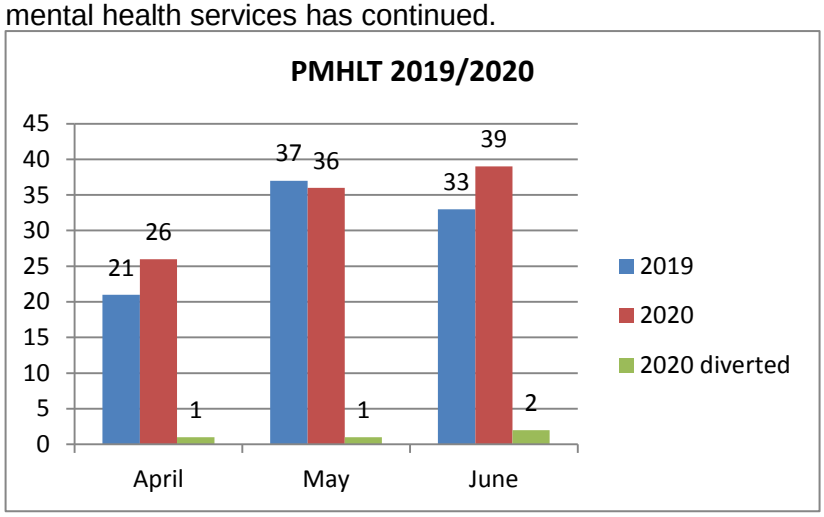
The Paediatric mental health liaison team (MHLT) is a vital team (nursing, psychiatry) which was established at Royal Alexandra Children's Hospital in Nov 2016.

Over this year they have seen a total of 426 children and YP with self-harming behaviour, mental health, suicidal thoughts and eating issues who are often admitted to the wards.





Since April 2020 the numbers have remained fairly similar to 2019. Various alternative services have been set up during Covid so some YP have been diverted. Close links with the Sussex mental health services has continued.



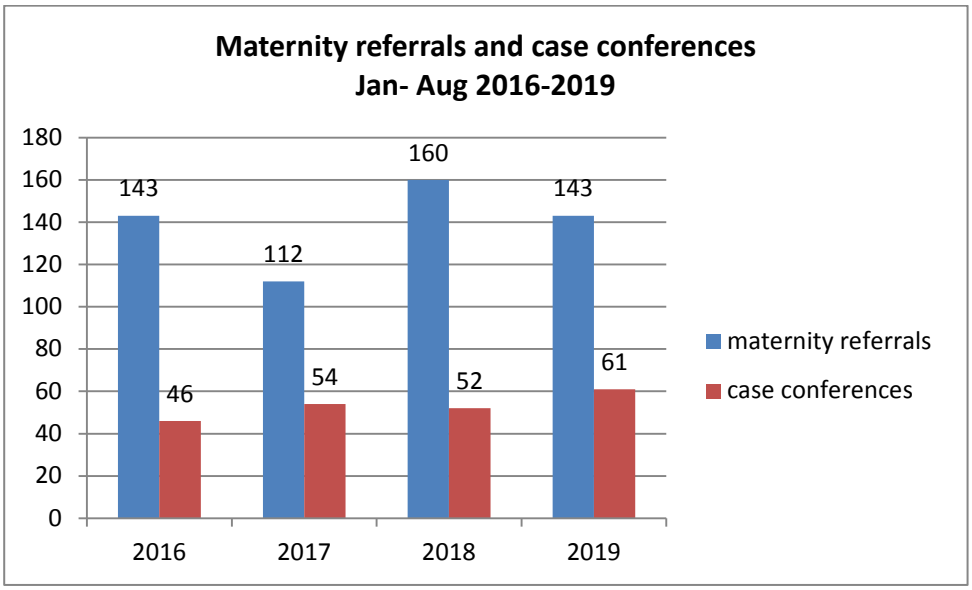
The **We Can Talk** training has been introduced to RACH staff & is developed directly in response to the views, experiences and needs of young people and those working in acute hospital settings.

The BSUH safeguarding children newsletter highlights issues relating to children and mental health.

Maternity Report

Achievements and Progress in relation to Maternity 2019/20

- At BSUH the Named Midwife role is combined with the community midwifery manager's post. 0.2WTE is allocated to the Named MW role a deficit of 0.2WTE. The safeguarding midwife maintains clinical oversight or all the maternity cases.it is proposed that a band 6 post will be introduced in 2020 to support the service due to increasing complexity of cases.
- The pre-birth safeguarding workload is rising as demonstrated below & the increase in safeguarding midwife time in response to the risk involved is welcomed..



- A 0.6 WTE Mental Health midwife has been in post for 1 year and this individual supports the safeguarding agenda for this caseload of women linking with the perinatal MH service.

- Safeguarding supervision is given on a one to one basis with case oversight by the safeguarding midwife who also gives specific safeguarding supervision to the community midwifery teams and the specialist midwives.
- The community midwives have all received laptops which should improve the level of documentation for the midwifery booking process and sending referrals.
- The new maternity notes have improved information gathering about social issues & to review the risks at 28 & 36 weeks gestation. The documentation has been audited and the results will be fed back to the maternity team. Improvements need to be made in continuity & documentation.
- A shared drive has been implemented to ensure child protection plans are available to key senior staff ensuring good transfer of information minimising error.
- Midwives continue to ask routinely about FGM but the figures continue to suggest that this geographical area does not have a large population of women who are victims of FGM.
- The Level 3 safeguarding and domestic abuse training compliance has improved to stand at over 84%.
- The SCR baby Alex recommendations have been implemented

- BSUH safeguarding midwife helped design and implement the introduction of a pan sussex safeguarding birth plan.
- The safeguarding MW has updated the Maternity/GP liaison form to ensure good communication.

Maternity Action plan 2020-2021

- The statutory named midwife role & support network to be monitored to ensure it is fulfils its statutory purpose.
- A review of safeguarding supervision is required to ensure staff are supported and a quality service is maintained.
- To continue to monitor and audit the pre-birth safeguarding workload and make recommendations as required (ongoing).
- To ensure the safeguarding aspect of care is embedded in the new Badgernet IT system.
- To ensure the ICON programme is embedded in maternity care.
- To ensure the CQC actions related to midwifery are completed.

Domestic Violence and Abuse Report (DVA)

Domestic abuse is a recognised feature of life for 35% of the children who were notified to the child safeguarding practice panel.
Domestic abuse usually affects 1:4 women and 1:6-7 men however the statistics are rising during the Covid pandemic.

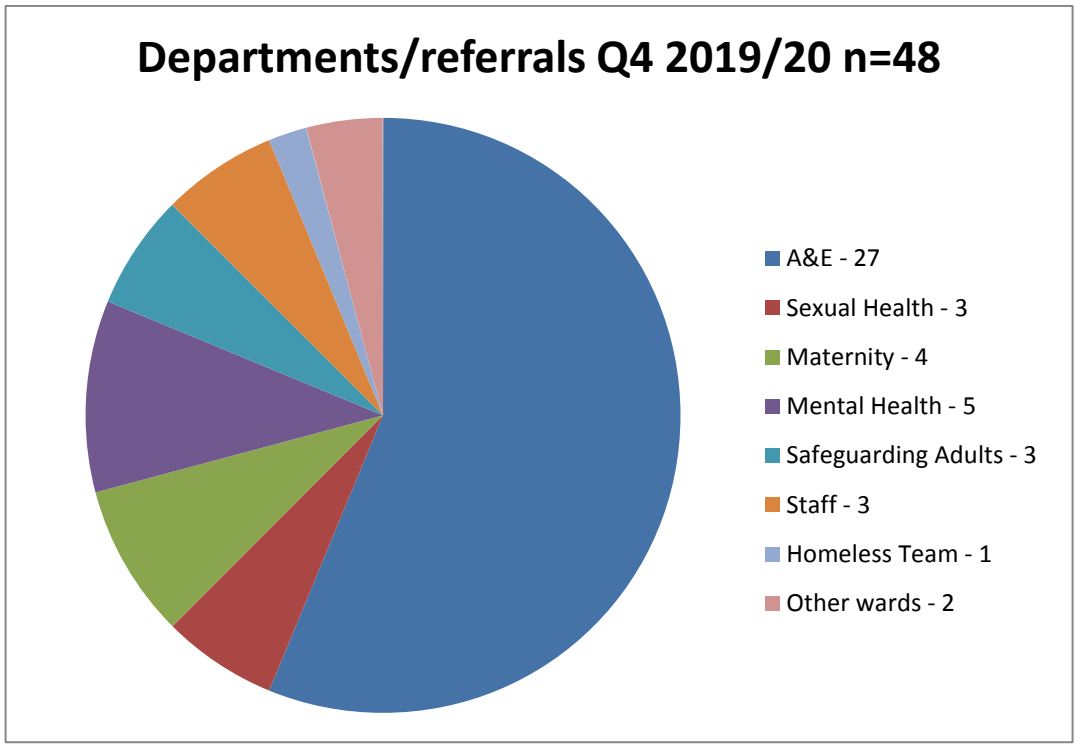
The UK's largest domestic abuse charity, Refuge, has reported a 700% increase in calls to its helpline in a single day, while a separate helpline for perpetrators of domestic abuse seeking help to change their behaviour received 25% more calls after the start of the Covid-19 lockdown.

At least 16 suspected domestic abuse killings in the UK have been identified by campaigners since the Covid-19 lockdown restrictions were imposed, far higher than the average rate for the time of year,

COVID 19 has deprived victims of domestic abuse attending A&E of a safe space to engage with HIDVA and leave the hospital with a safety plan and knowledge of support and options available. It is vital that BSUH staff use attendances at hospital to screen for domestic abuse as the impact of the covid pandemic means that some victims may not be accessing services

The health independent domestic violence advisor (HIDVA) is available to specifically support staff from A&E, Maternity and sexual health. Those working outside those departments can get support for the safeguarding teams.

The HIDVA has worked tirelessly to undertake specific training and respond to referrals within a short period of time. Quarterly referrals range from 44-59 with additional one off discussions . Due to the success of this initiative other A&E departments along the coast have commenced business cases to acquire a HIDVA



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Staff can access information about screening questions from the domestic abuse policy and the various department screening tools. The safeguarding team are still incorporating domestic abuse within the adult and children safeguarding training. There is information on the BSUH web site.

Staff may also be victims of domestic abuse & should feel confident to seek help from the safeguarding team, their managers, occupational health dept, and the HELP service.

There is a BSUH top 10 tips about domestic abuse to help staff. (see BSUH web page)

Achievements and Progress in relation to Domestic Abuse 2019/20

1. The BSUH domestic abuse policy has been ratified.
2. The B&H CCG are continuing funding Health independent domestic abuse advocate/advisor.
3. The Domestic abuse training continues with the help of the HIDVA as part of the level 2 training and other specific areas such as A&E & maternity & SHAC.
4. The HIDVA has designed a new on line level 2 training package which is being uploaded to IRIS.
5. There was an increase in the number of referral to the HIDVA, (over 200 in comparison with 158 in 2017/18)
6. Flagging of victims of domestic abuse by using a blue teardrop (replacing the red triangle) has been introduced.
7. The use of a rag rated pathway for domestic abuse in A&E has supported a consistent response.
8. Posters and the use of ‘amber cards’ and ‘bar code tissues’ continues.
9. BSUH is linked to the various strategic groups relating to Domestic abuse and to Violence against Women and Girls (VAWG).

10. BSUH shows commitment to the MARAC (Multi-agency Riask assessment committee) which co-ordinates planning for high-risk cases of domestic abuse, stalking and 'honour'- based violence. Information is shared with permission on a weekly basis. This has increased from every 2 weeks due to the number of victims being discussed.

Domestic Abuse Action plan 2020-2021

- To continue to support the domestic abuse strategic agenda.
- To review and continue the BSUH commitment to the B&H MARAC.
- To continue to link with the B&H VAWG strategy
- To continue to support the current domestic abuse training available within BSUH
- To work with the CCG to provide evidence of the success of the HIDVA project so that funding will continue.
- To monitor the flagging system for those people who are discussed at MARAC.

Key issues & Action plan for 2020 – 2021

Safeguarding is everyone's business irrespective of role or position & BSUH will continue to promote the welfare of children & young people seen within the Trust and by working in the multi-agency arena. Children will continue to be a high priority.

In 2020/21 the impact of Covid 19 will require specific attention to ensure a positive and cohesive response to any increase in safeguarding activity. The named professionals are already well linked to local and national networks to help facilitate this work.

The merger with Western (WSHFT) will also provide opportunities and these will be explore during the year. The existing close working relationships will be useful as a basis for further developments.

The Safeguarding children committee action plan will obviously respond to additional issues which arise through out the year.

1. To ensure safeguarding children is a high priority within the new merger arrangements with WSHFT
2. To respond to safeguarding issues raised by the Covid pandemic
3. To participate in the 2020 section 11 review.
4. To complete the review of the safeguarding children team and ensure that it is fit for purpose as was suggested in the internal review & previous annual reports.
5. The LAC Named Nurse role in BSUH needs to be clarified & strengthened.
6. To continue to have Directorate assurance & evidence that 'safeguarding children' is discussed and that staff are aware of their role and responsibilities.
7. To update any safeguarding policies which become out of date in 2020.
8. To continue to raise awareness and embed the skills and knowledge around learning relating to safeguarding children, based on evidence from the Child Safeguarding Practice Review Panel.
9. To monitor the CP-IS process and work toward making logging the information mandatory on symphony (the A&E IT system).
10. Continue & complete the work itemised in the Safeguarding Children & Young People Committee action plan.

11. To ensure the maternity action plan is addressed and the named midwife role is embedded.
12. To ensure the domestic abuse action plan is addressed & that the IDVA service is supported.

Debi Fillery
Nurse Consultant Safeguarding Children and Young People
July 2020

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	12	Meeting:	Trust Board	Meeting Date:	04 August 2020
Report Title:	Report from Finance and Performance Committee Meeting Chair				
Sponsoring Executive Director:	Patrick Boyle, Non-Executive Director				
Author(s):	Patrick Boyle, Non-Executive Director				
Report previously considered by and date:	N/A direct report to Board				

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

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

Link to Trust Strategic Themes:			
Patient Care	✓	Sustainability	✓
Our People	☐	Quality	☐
Systems and Partnerships	✓		

Any implications for:	
Quality	The Committee did not refer any matters to the Quality Assurance Committee.
Financial	The Committee's focus was on supporting the flow of assurance on financial and performance systems of internal control to the Board.
Workforce	Under the revised Committee governance processes workforce matters and assurance would be taken directly at the Board

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

Communication and Consultation:

Executive Summary:

The Finance and Performance Committee met on 23 June 2020 was quorate and was attended by five Non-Executive Directors including the Trust Chair and the following Executives, the Chief Executive Officer, the Chief Financial Officer, the Chief Operating Officer and the Chief Nurse along with the attendance from the Finance Director and Trust Medical Director.

The Committee meeting, under the revised Committee governance arrangements, focused on key performance and financial matters, including the approval of the Trust's revised capital plan and the approval of a number of schemes from the Trust's capital programme.

The Finance and Performance Committee met on 28 July 2020 was quorate and was attended by six Non-Executive Directors including the Trust Chair and the following Executives, the Chief Executive Officer, the Chief Financial Officer, Chief Medical Officer & BSUH Managing Director and the Chief Operating Officer along with the attendance from the Finance Director and Trust Medical Director.

The Committee meeting, working towards its normal cycle of business received reports covering performance and financial matters, a review of the Trust's 2019/20 efficiency programme delivery and

any lessons for the 2020/21 programme.

Key Recommendation(s):

The Board is asked to

NOTE the assurance provided in respect of the Trust's performance plans and the established Covid-19 improvement plans.

NOTE the assurance provided in relation to the delivery against the revised financial framework between April – June 2020.

NOTE the approval for five areas of spend from the Trust's capital programme totalling £775k which is within the Committee's delegated limits.

NOTE the view of the Committee in respect of the BAF risks it has oversight for in that the current scores are a fair reflection of these risks.

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board

Date: 04 August 2020

From: Finance and Performance Committee Chair

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Finance and Performance Committee	**23 June 2020**	**Patrick Boyle**	✓	☐
	28 July 2020	**Patrick Boyle**	✓	

Declarations of Interest Made

None

Actions taken by the Committee

- The Committee **RECEIVED** a report from the Chief Operating Officer on the Trust's performance and the impact of Covid-19 on the established improvement plans at both the June and July meetings. The Committee was updated on the work being undertaken in respect of the development of the performance plans, within the national refresh, restore and recover framework and the Committee noted the challenges and constraints the Trust was seeking to work through within the developing plan. The Committee had a detailed discussion on these plans and the challenges facing the Trust and the wider system and was **ASSURED** over the level of detail being applied to the performance planning. The Committee recognised these challenges are reflected within the Trust BAF risk 5.3 and BAF risk 5.2 both of these risks being the highest scored risks within the BAF.

- The Committee **RECEIVED** a report on the Trust's financial performance and noted the position for month two at the June and month three at the July meeting under the revised national financial regime. The Committee was **ASSURED** over the processes applied in support of the claim for incremental Covid-19 cost top up income, recognising the returns from April and May 2020 had been approved by NHSE/I, with June's claim with NHSE/I to allow them to undertake their scheduled review. The Committee was informed that the Covid-19 capital request approval process is protracted by the central review of all requests. The Committee discussed the financial regime and the risks that many occur in the second half of the year should the regime change. The Committee recognised that whilst the Trust has achieved its financial duties to break even the future risks do mean that risks 2.1 and 2.2 were fairly reflected.

- The Committee **APPROVED** at its June meeting a series of capital programme schemes within IM&T each scheme being within the Committee delegated authority limit.

- The Committee **RECEIVED** a report on the delivery of 2019/20 efficiency programme and the lessons from the review of that programme's successful delivery that are to be applied to the developing 2020/21 programme.

- The Committee **AGREED** at its July meeting that the Trust should pursue further options in relation to the use of renewables and wider technological solutions in relation to the pursuit of carbon reduction and associated benefits through the Trust's Green Sustainability Group.

- The Committee reviewed the BAF risks for which it has oversight for and **AGREED** these were fairly represented.

Actions to come back to Committee (Items Committee is keeping an eye on)	
The Committee asked that the ambition in relation to the Trust's green agenda be brought back to a subsequent committee meeting.	
Items referred to the Board or another Committee for decision or action	
Item	**Referred to**
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented.	Board as part its approval of the BAF
No specific matters were referred to Quality Assurance Committee recognising that QAC will continue to review the quality impact of the continued performance demands on the Trust.	

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	13.	**Meeting:**	Trust Board	**Meeting Date:**	4 August 2020
Report Title:	Audit Committee Report to Board				
Sponsoring Executive Director:	Kirstin Baker, Non-Executive Director				
Author(s):	Kirstin Baker, Non-Executive Director				
Report previously considered by and date:	N/A direct report to Board				

Purpose of the report:			
Information	☐	Assurance	✓
Review and Discussion	☐	Approval / Agreement	☐
Reason for submission to Trust Board in Private only (where relevant):			
Commercial confidentiality	☐	Staff confidentiality	☐
Patient confidentiality	☐	Other exceptional circumstances	☐
Link to Trust Strategic Themes:			
Patient Care	✓	Sustainability	✓
Our People	✓	Quality	✓
Systems and Partnerships	✓		

Any implications for:	
Quality	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

The Audit Committee met on the 7 July 2020 and was quorate as it was attended by two Non-Executive Directors. Attending the meeting were also the Trust's External and Internal Auditors, the Trust's Local Counter Fraud Specialist, the Trust Director of Finance and the Group Company Secretary.

The Committee received its planned items and debated these reports in accordance with its cycle of business.

Key Recommendation(s):

The Board is asked to **NOTE:**

- The assurances secured through the reports reviewed and that the Committee did not refer any matters to the Board for review.
- The Committee **APPROVED** LCFS 2019/20 annual report.
- The Committee **NOTED** the revised plan from Internal Audit and noted that it would incorporate a link to the Refresh, Restore, Recover processes and this revised plan would come back to the Committee in October 2020.

- The Committee **NOTED** the External Audit Letter and there were no changes to the opinions presented to the Board when approving the annual report and accounts. The Committee NOTED that the scheduled review of the external audit for 2019/20 would be reported to the next meeting. To assist the process the Non-Executive Directors agreed to be part of the meeting prior to the learning being presented to the Committee in October 2020.

- To NOTE the Audit Committee Annual Report (appendix a) which summarised the work of the Audit Committee over the last year.

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board

Date: August 2020

From: Audit Committee

Agenda Item: 13

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
Audit Committee	**7 July 2020**	**Kirstin Baker**	yes	no
			✓	☐

Declarations of Interest Made

No interests were declared.

Assurance received at the Committee meeting

- The Committee **RECEIVED** the progress reports incorporating the management action plans for Medical Device Management, Risk Maturity, Patient Experience, Appraisals and Data Quality from the Internal Auditors and was ASSURED given the Internal Audit Opinions and the management action plans developed to further enhance the control environment within these areas.
- The Committee **RECEIVED** the Internal Audit Recommendations Follow Up Report and was **ASSURED** that the Trust actions due will be completed by October 2020 meeting.
- The Committee **RECEIVED** the Internal Audit Updated Annual Plan for 2020/21 and was **ASSURED** that it was aligned with the Trust's strategic objectives and risks.
- The Committee received **ASSURANCE** from the Local Counter Fraud Specialist progress report update and the revised work plan for 2020/21.
- The Committee **APPROVED** the Local Counter Fraud Annual report for 2019/20 and were **ASSURED** that following a visit by the national team which confirmed the green rating within self-assessment.
- The Committee **RECEIVED** the External Audit Letter and noted there were no changes to the opinions presented to the Board when approving the annual report and accounts. The Committee **NOTED** that the scheduled review of the external audit for 2019/20 would be reported to the next meeting. To assist the process the Non-Executive Directors agreed to be part of the meeting prior to the learning being presented to the Committee in October 2020.
- The Committee **RECEIVED** the Annual Audit Committee Report and **RECOMMENDED** it to Trust Board for noting as it provides the Board with an understanding of the Committee's work over the last year.
- The Committee **RECEIVED** information over the processes applied over use of waivers and reflected that there use was reasonable.

Actions taken by the Committee within its Terms of Reference

- The Committee **ENDORSED** the Annual Audit Committee Report to be presented to Trust Board for noting.
- The Committee **APPROVED** LCFS 2019/20 annual report.

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

- The Committee agreed that the IM&T cyber security action plan should be presented at the October Committee meeting.
- The revised plan from Internal Audit should show the linkages to the Trust's Refresh, Restore, Recover processes and be presented back to the Committee in October 2020.
- The outcome of the Trust annual accounts debrief meeting with the External Auditors will be presented at the October Committee meeting.

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

Item	Referred to
▪ There were no matters the Committee needed to refer to the Board for action. However the Committee asked the Board take particular note of the Committee's annual report which provides a useful summary of their work over the previous year.	**Board to note.**

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board Date: August 2020

From: Chair of the Audit Committee Agenda Item: 13.1

FOR ENDORSEMENT

ANNUAL REPORT FROM THE AUDIT COMMITTEE TO THE BOARD 2019/20

1.00 INTRODUCTION

1.01 The purpose of this report is to formally report to the Board on the work of the Audit Committee during the period 1 April 2019 to 31 March 2020 and to set out how the Committee has met its terms of reference and key priorities.

1.02 The Audit Committee's Terms of Reference require it to report annually to the Board outlining the work it has undertaken during the year and where necessary, highlighting any areas of concern.

2.00 EXECUTIVE SUMMARY

2.01 The Audit Committee has the delegated authority to act on behalf of the Board in accordance with the Constitution, Standing Orders, Standing Financial Instructions and Scheme of Delegation. It follows best practice guidance as set out in the NHS Audit Committee Handbook providing a form of independent check upon the management of the Trust.

2.02 The Committee is responsible for providing assurance to the Board that appropriate systems of internal control and risk management are in place covering all corporate and clinical areas of the Trust. In carrying out this work the Audit Committee obtains assurance from the work of the Internal Audit, External Audit and Counter Fraud Services.

2.03 The Committee independently reviews, monitors and reports to the Board on the attainment of effective control systems and financial reporting processes.

2.04 The Committee reviews the financial year-end Annual Report, Annual Accounts and Annual Governance Statement prior to Board approval and sign off.

2.05 The Committee was pleased to see the use of the Trust's Board Assurance Framework within each Board Committee meeting shaping their assurance reporting to the Board. The Audit Committee undertook a focused review of the people risks and was able to report positively to the Board on the processes for their oversight.

2.06 Following a successful Internal Audit tender the Audit Committee was presented with a clear Internal Audit plan that was aligned to the Trust's Board Assurance Framework.

3.00 COMMITTEE MEMBERSHIP AND MEETINGS

3.01 The Committee comprises solely of independent Non-Executive Directors in line with the Code of Governance for NHS Trusts. There are three Non-Executive Directors who are allocated to the Committee although all Non-Executive Directors, except the Chair, can attend the meeting.

Following the implementation of the management contract with Western Sussex Hospitals NHS Foundation Trust in 2017/18 two Non-Executive Director advisers also regularly attend the Audit Committee, which strengthens the oversight that the Committee is able to provide.

3.02 The Chief Financial Officer, Finance Director, Company Secretary, Local Counter Fraud Specialist, Internal and External Auditors are regular attendees at meetings of the Committee. Trust Executives and other senior Trust officers also attend Committee meetings for specific items at the Committee's request.

3.03 The table below details the membership and attendance of Committee members in respect of the period 1 April 2019 to 31March 2020.

Name	Apr	May	Jul	Oct	Feb	Total
Martin Sinclair (Non-Executive Director and Committee Chair to 30/06/2019)	✓	✓	---Retired---			2/5
Lizzie Peers (Non-Executive Director and Committee Chair from 30/06/2019 to 31/01/2020)	X	✓	✓	✓	✓	4/5
Kirstin Baker (Non-Executive Director and Committee Chair from 31/01/2020)	n/a	n/a	n/a	✓	✓	2/2
Jon Furmston* (Non-Executive Director Advisor to 31/12/2019)	✓	✓	✓	✓	n/a	4/5
Patrick Boyle (Non-Executive Director)	✓	X	✓	✓	✓	4/5
Mike Rymer (Non-Executive Director)	✓	✓	✓	✓	✓	5/5

3.04 In order to share learning and to ensure linkages are made across Trust Committees the membership of the Audit Committee includes both the Chair of the Quality Assurance Committee (Mike Rymer) and the Chair of the Finance and Performance Committee (Patrick Boyle).

4.00 CYCLE OF BUSINESS

4.01 The Audit Committee agenda is based upon an agreed forward work plan which is reviewed and approved at the start of the financial year.

4.02 Audits are agreed jointly by both the Executive and the Non-Executive Committee members at the start of the year and are focused on areas of perceived highest risk alongside those required by the Head of Internal Audit to formulate his opinion.The Audit Committee receives the reports of those audits and tracks the implementation of recommendations at each of its meetings.

4.03 In order to maintain independent channels of communication, the members of the Audit Committee hold a private meeting collectively with External Audit, Internal Audit and Counter Fraud ahead of each Audit Committee. This provides all parties the opportunity to raise any issues without the presence of management.

4.04 The Committee followed its agreed annual work plan throughout the year and received a series of post project reviews and executive presentations around internal audit, external audit and Local Counter Fraud Services.

5.00 INTERNAL AUDIT

5.01 Internal audit provide an independent and objective opinion on the degree to which risk management, control and governance support the achievement of the Trust's objectives.

5.02 The Trust's Internal Auditor for the year was BDO.

5.03 The Internal Audit plan for 2019/20 was approved by the Audit Committee in May 2019. Progress against the approved plan is attached as **Appendix A**. The plan was based upon discussions held with management and the Audit Committee and was constructed in such a way as to gain a level of assurance on the main financial and management systems reviewed and those of perceived risk.

5.04 The Head of Internal Audit presents a progress report to each of the Committee's meetings. The report sets out progress against the agreed audit plan, and the principal outcomes from audits completed in the period since the previous meeting. The Committee also receives a summary of all reports together with the full report of any audit with a Limited Assurance rating.

5.05 During the year the Audit Committee received 9 finalised Internal Audit reports, with those in draft and in progress being carried forward to 2020/21. Internal Audit Reports receive two Assurance ratings; one relates to the Design of the system being reviewed while the other relates to the Effectiveness of the system being reviewed. Internal Audit can provide Assurance Levels of: 'substantial', 'moderate', 'limited' or 'no' assurance. Of the audits relevant to this period all received assurance levels of either moderate or limited and action plans are in place, and monitored, to ensure recommendations are addressed.

5.06 The Head of Internal Audit stated in his Head of Internal Audit Opinion that Overall, we are able to provide moderate assurance that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently.

5.07 The Trust has improved its record in closing off / implementing audit recommendations. We have closed nearly all prior year recommendations and management are proactive in discussing plans to address the risks identified in the 2019/20 audits. There are currently 5 remaining audits at draft report stage; their outcomes have been taken into consideration for the overall audit opinion. These have not yet been finalised due to the operational impact of Covid-19 on the Trust.

5.08 The Committee received regular reports on the progress made by management in implementing Internal Audit recommendations and was pleased to see the significant improvement in the adoption and implementation of audit recommendations across the year, but recognised there continues work to do to complete all recommendations in a timely manner. The Committee reflected that the change in Internal Audit provider allowed Internal Audit to ensure the importance of internal audit is well understood at all levels of management. Internal Audit provided a short presentation to the Trust Executive Committee on their role and their planed work.

6.00 LOCAL COUNTER FRAUD SERVICE (LCFS)

6.01 The Counter Fraud service is provided by a directly employed Counter Fraud Specialist and reports quarterly to the Committee. The reports describe proactive work to prevent or deter fraud and also set out the results of reactive work undertaken in response to referrals about suspected fraud.

6.02 A work plan for 2018/19 was agreed with the Finance Director and approved at the Audit Committee in April 2018. The work plan outlined the core Local Counter Fraud Specialist (LCFS) activities to be undertaken during the financial year within the agreed resources. Key activities undertaken during the financial year include areas of strategic governance, inform and involve, prevent and deter and hold to account.

6.03 In addition the update report from LCFS included an organisational risk profile, updated each meeting, which helps to provide a 'tracker' of where the Trust sits in relation to key fraud risks.

6.04 During the year the LCFS participated in a number of proactive projects to prevent or detect fraud. The LCFS also advised on improvements to policies and procedures, to reduce the risk of fraud.

6.05 The Local Counter Fraud Specialist reports annually on behalf of the Trust to the Counter Fraud Authority in relation to compliance against the Standard for Providers. The Trust has again achieved an overall status of GREEN for the year 2019/20 as shown below:

Area of Activity	**SRT Rating**
Strategic governance	Green
Inform and involve	Green
Prevent and deter	Green
Hold to account	Green
Overall rating	Green

6.06 During the year the Audit Committee asked that the Specialist work closely with the appointed Counter Fraud provider RSM at Western Sussex Hospitals NHS Foundation Trust.

7.00 BOARD ASSURANCE FRAMEWORK

7.01 The Committee was pleased to see the use of the Trust's Board Assurance Framework within each Board Committee meeting shaping their assurance reporting to the Board. The Audit Committee undertook a focused review of the people risks and was able to report positively to the Board on the processes for their oversight.

8.00 YEAR END REPORTING

8.01 The Committee reviewed and approved the Annual Report and Accounts and the Annual Governance Statement allowing the Audit Committee members to be appropriately engaged in the preparation of the Annual Report and Accounts.

8.02 The Committee also received the assurance report to External Audit from the Chief Financial Officer and Audit Committee chair and endorsed its content that there were no matters that had not been disclosed to the Auditors.

8.03 The Committee received a report on the Trust's processes for registering declarations of interest, the receipt of gifts, hospitality and sponsorship along with the compliance with the fit and proper persons regime. The Committee was pleased to see the level of compliance move from 50% to 90.4%.

9.00 EXTERNAL AUDIT

9.01 External Audit report to the Trust on the findings from their audit work, in particular their review of the financial statements and the Trust's economy, efficiency and effectiveness in its use of resources.

9.02 The Trust's external auditors are Ernst and Young LLP (EY).

9.03 EY reported quarterly to the Committee. These reports included approval of the approach to the audit of the financial statements. The table below summarises the key elements of external audit work undertaken during the year:

Area of Work	**Conclusion**
Opinion on the Trust's:	
Financial statements	Unqualified opinion - the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended.
Parts of the remuneration and staff report to be audited	There were no matters to report.
Consistency of the information in the performance report and accountability report with the financial statements	Financial information in the performance report and accountability report and published with the financial statements was consistent with the Annual Accounts.
Reports by exception:	
Consistency of Annual Governance Statement	The Governance Statement was consistent with External Audit's understanding of the Trust.
Consistency of the Annual Report within knowledge we have acquired during the course of our audit	There were no matters to report.
Referrals to NHS Improvement (formerly Monitor)	A report was referred to NHSI referencing the Trust deficit.
Public interest report	There were no matters to report in the public interest.
Value for money conclusion	The auditors issued an opinion referencing the Trust was in deficit but their opinion referenced that the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.
Reporting to NHS Improvement (formerly Monitor) on the Trust's consolidation schedules	There were no matters to report.

Area of Work	Conclusion
Reporting to the National Audit Office (NAO) in line with group instructions	There were no matters to report.

10.00 REPORTING TO THE TRUST BOARD

10.01 The Committee reported to the Trust Board after each meeting. A summary of the key points of discussion at each meeting, for example highlights of the internal audit reports or any formal recommendations were provided to the Board.

11.00 CONCLUSION

11.01 The Audit Committee of Brighton & Sussex University Hospitals NHST Trust is of the view that it has taken appropriate steps to perform its duties as delegated by the Board and it has no cause to raise any issues of significant concern with the Board arising from its work during 2019/20.

11.02 In making this statement, the Committee members acknowledge the support given to it by management, in particular the Chief Financial Officer, the Trust Finance Director and the Company Secretary, and by the internal and external auditors along with the local counter fraud specialist.

11.03 The Audit Committee supported the work undertaken by the Board as it recognised the challenges facing the Trust in managing the Covid-19 issues and the decision of the Board to proactively adjust its Board and Committee Governance processes to ensure there were appropriately focused. This was supported by an increased frequency of Quality Assurance Committee meetings to maintain a focus on quality in line with the Board's risk appetite. The Audit Committee like the Board and other Committees embraced the use of technology to enable it to function effectively and continue to meet and deliver against its terms of reference.

11.04 During 2019/20, the Committee will keep under review its working arrangements and ensure it continues to develop its own practice to improve its own effectiveness.

12.00 RECOMMENDATIONS

12.01 The Committee is asked to:

- **Endorse** this Annual Report to be provided to the Board

Kirstin Baker
Chair of the Audit Committee
July 2020

APPENDIX A: INTERNAL AUDIT OPERATIONAL PLAN 2019/20

- **The review of the Operational Plan 19/20 was completed and an appropriate action plan was taken and approved at Audit Committee.**

INTERNAL AUDIT OPERATIONAL PLAN 2019/20

Area	Days	Timing	Description of the Review	Reason for Inclusion
Corporate Objective 1: Patient Care				
Learning from Patient Experience	20	Q4	To consider the design and effectiveness of controls regarding complaints, incidents and PALS feedback, the lessons learnt, as well as how these are then disseminated across the Trust.	The numbers of reported formal and informal concerns have been increasing in recent months. Reduction in complaints where staff attitude is cited is a Trust Breakthrough Objective, We will ensure there are effective governance processes in place for identifying and triangulating key patient experience data and taking action where required.
Learning from Serious Incidents & Deaths	20	Q3	The purpose of this audit is to ensure there is a robust process in place to enable clinicians, managers and operational staff at all levels in the Trust to share lessons learnt and implement action plans arising from SI's and deaths.	The National Quality Board (NQB) introduced National Guidance on Learning from Deaths, A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, reporting, Investigating and Learning from Deaths in Care. We will ensure that the Trust has implemented a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage, from notification of the SI's and death to an investigation report and its lessons learned and actions taken.
Medical Device Management	15	Q3	This audit will determine if the Trust have effective governance processes in place for the management of medical devices including security, repair and maintenance and risk assessment as lives reach the end of the useful economic lives. Procurement of devices will also be reviewed.	With limited capital funding, we have found many of our clients have been extending the useful economic life on a number of medical devices. Often these are without formalised risk assessments to identify the impact on patient care. As such we raise this as a key area of potential risk to the Trust.
Total	**55**			

Area	Days	Timing	Description of the Review	Reason for Inclusion
Corporate Objective 2: Sustainability				
Key Financial Systems	20	Q3	Cyclical review of key systems and controls to provide assurance on the core financial controls in place. Suggested first year review includes core controls surrounding financial management (general ledger, payroll, accounts payable and receivable).	This is a core component required to deliver the Head of Internal Audit opinion and provides a core foundation for the Annual Governance Statement pertaining to the functionality of the Trust's internal controls.
Total	**20**			

Area	Days	Timing	Description of the Review	Reason for Inclusion
Corporate Objective 3: People				
Appraisals	20	Q4	This review will assess the quality of appraisal completion and identify how effectively the process is used to identify and address areas for improvement / training.	An increase in appraisal rates completion is an improvement focus area with the Divisions. In the 2018 national staff survey, 86.6% of respondents indicated they had an appraisal in the last 12 months. However only 22.4% felt it helped them to improve.
Total	**20**			

Area	Days	Timing	Description of the Review	Reason for Inclusion
Corporate Objective 4: Quality				
Data Security & Protection Toolkit	15	Q4	The purpose of this audit is to provide an independent high level review of the assertions and evidence items in the DSP Toolkit self-assessment and to identify how compliance could be improved for the 2019/20 year-end return.	Area mandated for independent review by NHS Digital. Core area of assurance required for the Head of Internal Audit Opinion.
Cyber Security	20	Q4	This review will verify whether adequate procedures are in place to classify/secure the Trust's data security assets. It will also review whether threats to the Trust are adequately identified and procedures are in place to prevent vulnerabilities being exploited	Despite the impact of WannaCry we have still noted a number of significant control weaknesses in relation to fundamental cyber security controls across our NHS client base. We would use a cyber-security specialist to undertake this review.
Total	**35**			

Area	Days	Timing	Description of the Review	Reason for Inclusion
Corporate Objective 5: Systems and Partnerships				
Risk Maturity	20	Q3	The purpose of the BDO Risk Maturity Assessment is to help ensure an effective risk management culture becomes embedded across the Trust, by highlighting areas where processes could be improved.	A failure to effectively manage risk and define the Trust's risk appetite can lead to significant weaknesses in governance and decision making. This has found to be the root cause in a number of NHS Trust failings.
Data Quality	15	Q3	These reviews will consider the timeliness and accuracy of performance data at an operational level and will include benchmarking the Trust's performance data against other organisations. We will review diagnostic wait indicators (DM01) against the dimensions of data quality.	A lack of confidence in Trust can undermine management decision making. We would propose to choose indicators that are not frequently analysed but still bear significance to Trust operations.
Total	**35**			

Area	Days	Description of the Review
Planning, Reporting, and Follow-up		
Planning/ liaison/ management	10	Creation of audit plan, meeting with Executive Directors
Recommendation follow up	15	Assessment and reporting of recommendations raised
Audit Committee	10	Attendance at all Audit Committee meetings
Total	**35**	

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	14	**Meeting:**	Board	**Meeting Date:**	4/8/20
Report Title:	**Board Assurance Framework – 2020/21**				
Sponsoring Executive Director:	Glen Palethorpe, Group Company Secretary				
Author(s):	Glen Palethorpe, Group Company Secretary				
Report previously considered by and date:	The relevant risks have been considered by Quality Assurance Committee 28 July 2020 Finance and Performance Committee 28 July 2020				
Purpose of the report:					
Information		☐	Assurance		✓
Review and Discussion		☐	Approval / Agreement		✓
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		☐	Staff confidentiality		☐
Patient confidentiality		☐	Other exceptional circumstances		☐
Link to Trust Strategic Themes:					
Patient Care		✓	Sustainability		✓
Our People		✓	Quality		✓
Systems and Partnerships		✓			
Any implications for:					
Quality	Quality related strategic risks				
Financial	Finance related strategic risks				
Workforce	Workforce related strategic risks				
Link to CQC Domains:					
Safe		✓	Effective		✓
Caring		✓	Responsive		✓
Well-led		✓	Use of Resources		✓

Communication and Consultation:

The Board Assurance Framework has been prepared in conjunction with each of the five Chief Officers, focussing on respective strategic objectives and determining their associated strategic risks.

Executive Summary:

Introduction

The Trust has identified 13 strategic risks which have been assessed against the Trust's risk appetite when setting their target score. The Trust's risk appetite statements are under review and in setting the target risk scores reflect the Board's view in respect of patient treatment times being aligned to their clinical priority and need rather than solely being driven by the duration of the wait.

The scoring of the strategic risks for Quarter 1 (the opening score for 2020/21) has taken into account the changing environment the Trust is operating within post Covid. There has been one risk added to the BAF for 2020/21, this is within the people section of the BAF. Risk 3.4 relates to the risk to staff wellbeing resulting from increased demands brought about by the pandemic and whilst many actions have been taken further work is being undertaken through the Trust's Refresh, Restoration and Recovery plans

Risks 5.1, 5.2 and 5.3 remain the Trust's highest scores with risks 5.2 and 5.3 both scoring 20.

Risk 5.1 which remains at the Q4 score with actions still to deliver; this is mainly related to the ongoing capacity and flow pressures within the B&H system relating to social care, and an emerging Mental Health increase in demand. Delivery of these actions will be reported to Finance and Performance Committee.

Risk 5.2 which remains at the score of Q4 last year reflecting the known delay to Stage 1 of 3Ts construction coupled with the potential further impact of COVID. This has the potential to impact the Trust's medium term strategic intentions. For this risk there are a series of actions in place which are being monitored by the 3Ts Oversight and Assurance Committee of the Board.

Risk 5.3 is in relation to the Trust's consistent delivery of the NHS Constitutional targets, which like all NHS providers; have been impacted following implementation of the national requirements to cease certain activities during the pandemic. As with a number of the BAF risks, the plans to mitigate this risk will be delivered through Trust's Refresh, Recovery and Restoration plans.

BAF SUMMARY

BAF: Strategic Objectives and Strategic Risks (Key: I = Impact L = Likelihood T = Total)	Opening risk			Risk Scores											
				Q2			Q3			Q4			Target		
	I	L	T	I	L	T	I	L	T	I	L	T	I	L	T
1. Patient ***Quality Assurance Committee***															
1.1 we are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in adverse reputational impact and loss of market share	3	3	**9**										3	2	**6**
2. Sustainability ***Finance and Performance Committee***															
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients	4	3	**12**										4	2	**8**
2.2 We cannot deliver ongoing efficiencies and flex our resources in an agile way resulting in an increasing or unmanaged deficit and inefficient, unaffordable and unsustainable services	4	3	**12**										4	2	**8**
2.3 We are unable to meet high standards of financial stewardship meaning we cannot sustain compliance with our statutory financial duties	4	2	**8**										4	2	**8**

3. People ***Quality Assurance Committee and Board***															
3.1 We are unable to appropriately develop and sustain the leadership and organisational capability and capacity to lead on going performance improvement and build a high performing organisation.	4	3	**12**										4	2	**8**
3.2 We are unable to effect cultural change and involve and engage staff in a way that leads to continuous improvements in patient experience, patient outcomes, and staff morale and wellbeing	4	3	**12**										4	2	**8**
3.3 We are unable to meet our workforce requirements through the effective recruitment, development, training and retention of staff adversely impacting on patient experience and the safety, quality and sustainability of our services	4	3	**12**										4	2	**8**
3.4 We are unable to consistently meet the health, safety and wellbeing needs of our staff as we recover and restore services in line with CV-19 restrictions	4	3	**12**										4	2	**8**
4. Quality Improvement ***Quality Assurance Committee***															
4.1 We are unable to deliver and demonstrate compliance with regulatory requirements or clinical standards adversely impacting on patient safety and our registration and accreditation by regulatory and supervisory bodies	3	4	**12**										3	3	**9**
4.2 We are unable to deliver service improvements and improve safety, care quality and outcomes for our patients or demonstrate that our services are clinically effective	3	3	**9**										3	2	**6**

5. Systems and Partnerships ***Finance and Performance Committee***															
5.1 We are unable to develop and maintain collaborative relationships with partner organisations based on shared aims, objectives, and timescales leading to an adverse impact on our ability to operate efficiently and effectively within our health economy	4	4	**16**										4	2	**9**
5.2 We are unable to define and deliver the strategic intentions, plans and optimal configuration that will enable our services to be sustainable, leading to an adverse impact on their future viability.	4	5	**20**										4	2	**8**
5.3 We are unable to deliver and demonstrate consistent compliance with operational and NHS constitutional standards resulting in an adverse impact on patient care, financial penalties and the Trust's reputation.	4	5	**20**										4	2	**8**

Committee review of the risks

The Quality Assurance and Finance and Performance Committees at their respective meetings on the 28 July reviewed the risks for which they have allocated lead oversight for. Both Committees confirmed that they considered the current scores are fairly represented.

Key Recommendation(s):

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

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	15	**Meeting:**	Trust Board	**Meeting Date:**	04/08/20
Report Title:	**Workforce Race Equality Standard (WRES)**				
Sponsoring Executive Director:			Denise Farmer, Chief Workforce & OD Director		
Author(s):			Equality, Diversity and Inclusion Team.		
Report previously considered by and date:					
Purpose of the report:					
Information			✓	Assurance	✓
Review and Discussion			✓	Approval / Agreement	✓
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality			☐	Staff confidentiality	☐
Patient confidentiality			☐	Other exceptional circumstances	☐
Link to Trust Strategic Themes:					
Patient Care			☐	Sustainability	☐
Our People			✓	Quality	✓
Systems and Partnerships			☐		
Any implications for:					
Quality					
Financial					
Workforce	Areas for improvement have been highlighted in the report relating to the experiences of Black and Minority Ethnic (BME) staff at BSUH. Projects will need to be put in place to ensure that any areas for improvement can be met.				
Link to CQC Domains:					
Safe			☐	Effective	☐
Caring			☐	Responsive	☐
Well-led			✓	Use of Resources	☐

Communication and Consultation:

This report has been shared with the WRES Working Group and the Diversity Matters Steering Group (with a recommendation for the report to be approved by the Board).

Executive Summary:

The WRES is mandated into the NHS Standard Contract. The WRES shares similar metrics as the Workforce Disability Equality Standard.

The standard was introduced in 2015 to provide a framework to consistently measure and compare the experiences of BME NHS staff and White staff at the Trust. Historically, BME staff in England have reported poor experiences relating to bullying and harassment, career opportunities and appraisals. The standard will enable the Trust to demonstrate progress over time and to benchmark itself against other NHS organisations.

The report shows areas for improvement including: bullying and harassment, and representation throughout all levels within the Trust.

There are areas where the Trust has improved and these are staff believing the trust provides equal opportunities for career progression or promotion, also we have seen improvement in the number of staff who feel they have experienced discrimination at work from their line manager or team leader.

Key Recommendation(s):

This report has been submitted to the Board for approval – submission of BSUH WRES stats must be uploaded onto our web-site by end of August 2020.

Brighton and Sussex University Hospitals NHS Trust

Brighton and Sussex University Hospitals NHS Trust

Workforce Race Equality Standard 2020

Introduction

“It can’t be right that ten years after the launch of the NHS race-equality plan, while 41% of NHS staff in London are from Black and ethnic minority backgrounds, similar in proportion to the Londoners they serve, only 8% of trust board directors are, with two-fifths of London trust boards having no BME directors at all.

Similar patterns apply elsewhere, and have actually been going backwards”.

Simon Stevens, Chief Executive – NHS England. May 2014

The NHS has a workforce of 1.4 million people, of which 20% are from a BME background. Whilst there is good representation of BME people in GP, hospital doctor and nursing and midwifery roles – this does not always translate to career progression. This can be seen by the levels of BME staff in senior management roles in the NHS in England, there are:

- 8 BME CEOs (236 Trusts) as of March 2019
- 9 BME Chairs as of March 2018
- 11 BME Executive Directors of Nursing as of March 2019
- 37 BME Medical Directors as of March 2018
- Less than 6% of very senior managers are from BME backgrounds

The Workforce Race Equality Standard (WRES) helps to shine a light where NHS organisations are doing well and where there is need for improvement. The WRES uses statistical data to demonstrate the experience and outcomes of BME staff compared to white staff through many stages of the employment journey. A requirement of the standard is to develop action plans to address any areas of inequity that has been highlighted by the data.

The WRES is an annual process, and helps NHS organisation demonstrate that they are making progress year-on-year by improving working conditions for BME staff in the NHS.

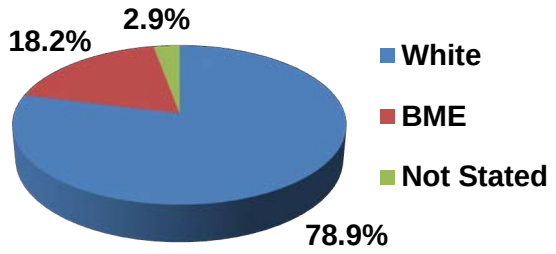
Background Information

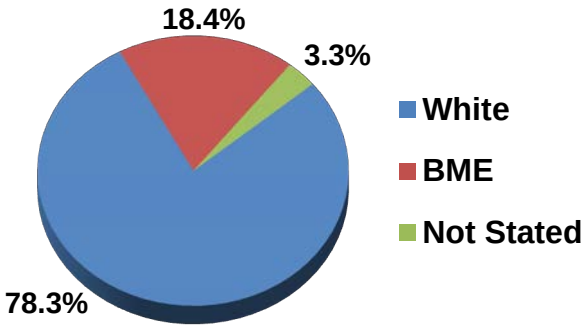
1) Total number of staff:

2019	2020
8528 headcount	8598 headcount

Proportion of BME staff employed within this organisation at the date of this report:

	2019		2020	
	Headcount	% of Staff	Headcount	% of Staff
White	6729	78.9%	6731	78.3%
BME	1552	18.2%	1585	18.4%
Not Stated	247	2.9%	282	3.3%
Total	8528	100.0%	8598	100.0%





2019 2020

2) Self-reporting

a) The proportion of total staff who have self-reported their ethnicity:

	2019		2020	
	Headcount	% of Staff	Headcount	% of Staff
Ethnicity Declared	8281	97.1%	8316	96.7%
Ethnicity Not Declared	247	2.9%	282	3.3%
Total	8528	100.0%	8598	100.0%

b) Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?

We collect information relating to staff ethnicity as part of the recruitment

process. Staff that have access to Electronic Staff Records self-service are also able to update that ethnicity at any time.

c) Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?
Whilst we appreciate that knowing 96.7% of the workforce's ethnicity is very positive, we recognise there are ways we can improve on this. We will continue to collect information relating to staff ethnicity as part of the recruitment process. In addition to contacting staff where their ethnicity is unknown and encourage them to declare their ethnicity.

3) Workforce Data

a) What period does the organisation's workforce data refer to?
1st April 2019 to 31st March 2020.

4) How is BME defined under the WRES?

In line with the categories taken from the 2001 Census:

BME Categories	Unknown	White Categories
D – Mixed white and black Caribbean	Z – not stated	A – White – British
E – Mixed white and black African	NULL	B – White – Irish
F – Mixed white and Asian	Unknown	C – Any other white background
G – Any other mixed background		
H – Asian or Asian British – Indian		
J – Asian or Asian British – Pakistani		
K – Asian or Asian British – Bangladeshi		
L – Any other Asian background		
M – Black or black British – Caribbean		
N – Black or black British – African		
P – Any other black background		
R – Chinese		
S – Any other ethnic group		

5) Population Demographic 2011 Census (Southeast England)

	Census 2011
BME	9%
White	91%
Unknown	0%

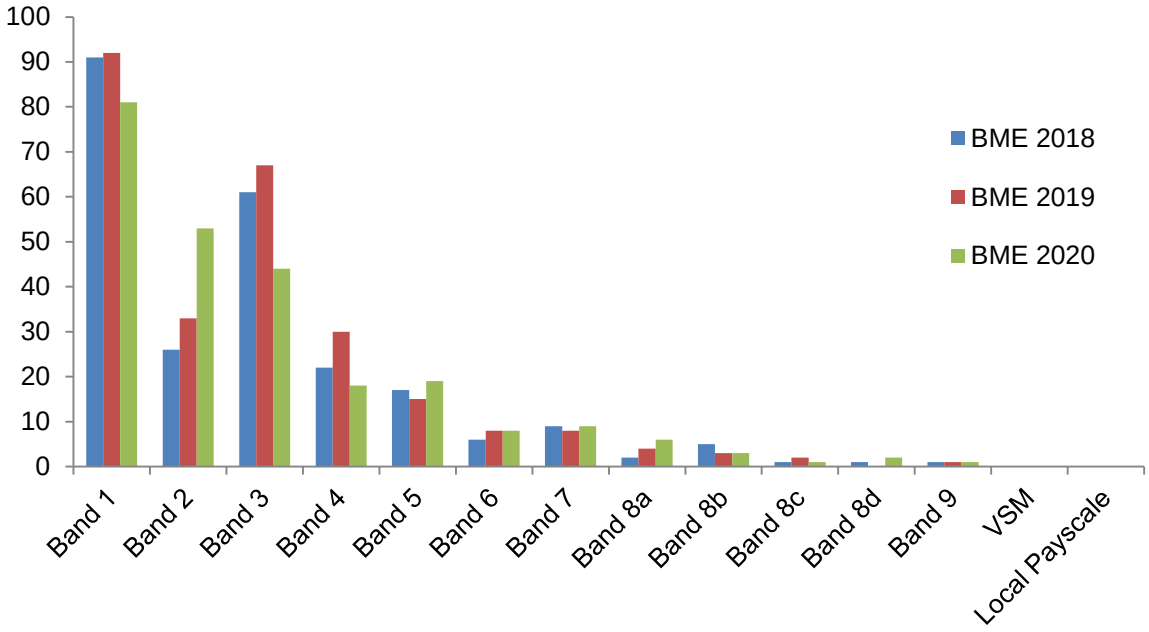
Workforce Race Equality Indicators

For each of the indicators, the standard compares the metrics for white and BME staff.

Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.

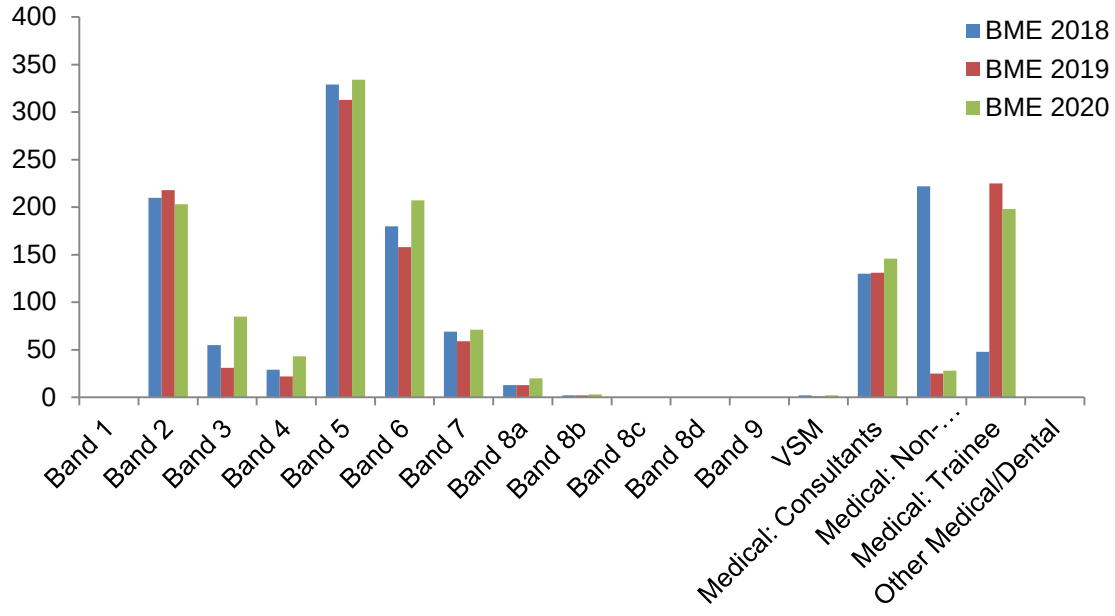
	Non-Clinical					
	White	BME	Unknown	Total	White %	BME %
Band 1	237	81	19	337	70.3%	24.0%
Band 2	470	53	13	536	87.7%	9.9%
Band 3	495	44	12	551	89.8%	8.0%
Band 4	377	18	10	405	93.1%	4.4%
Band 5	160	19	5	184	87.0%	10.3%
Band 6	124	8	7	139	89.2%	5.8%
Band 7	92	9	2	103	89.3%	8.7%
Band 8a	58	6	3	67	86.6%	9.0%
Band 8b	50	3	0	53	94.3%	5.7%
Band 8c	20	1	0	21	95.2%	4.8%
Band 8d	8	2	0	10	80.0%	20.0%
Band 9	11	1	1	13	84.6%	7.7%
VSM	6	0	0	6	100.0%	0.0%
Local Pay Scale	1	0	3	4	25.0%	0.0%
Total	**2109**	**245**	**75**	**2429**	**86.8%**	**10.1%**

Historical comparison from previous WRES reports



	Clinical					
	White	BME	Unknown	Total	White %	BME %
Band 1						
Band 2	573	203	18	794	72.2%	25.6%
Band 3	251	85	4	340	73.8%	25.0%
Band 4	161	43	8	212	75.9%	20.3%
Band 5	890	334	39	1263	70.5%	26.4%
Band 6	1067	207	38	1312	81.3%	15.8%
Band 7	622	71	19	712	87.4%	10.0%
Band 8a	165	20	4	189	87.3%	10.6%
Band 8b	52	3	2	57	91.2%	5.3%
Band 8c	17	0	0	17	100.0%	0.0%
Band 8d	8	0	1	9	88.9%	0.0%
Band 9						
VSM	2	2	1	5	40.0%	40.0%
Medical: Consultants	320	146	10	476	67.2%	30.7%
Medical: Non-consultant career grade	28	28	1	57	49.1%	49.1%
Medical: Trainee	466	198	62	726	64.2%	27.3%
Other Medical/Dental						
Total	**4622**	**1340**	**207**	**6169**	**74.9%**	**21.7%**

Historical Comparison from previous WRES reports



Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

	Applicants		Shortlisted		Appointed		Relative Likelihood of being appointed
	Number	%	Number	%	Number	%	
BME applicants	7889	37.9	5670	46.6	113	17.4	**0.020**
White applicants	12184	58.6	6164	50.7	460	70.9	**0.075**
Not Stated / Unknown	723	3.5	332	2.7	76	11.7	**0.229**
Total	20796	100.0	12166	100.0	649	100.0	

The relative likelihood of white candidates being appointed from shortlisting:
460 / 6164 = 0.075

The likelihood of BME candidates being appointed from shortlisting:
113 / 5670 = 0.020

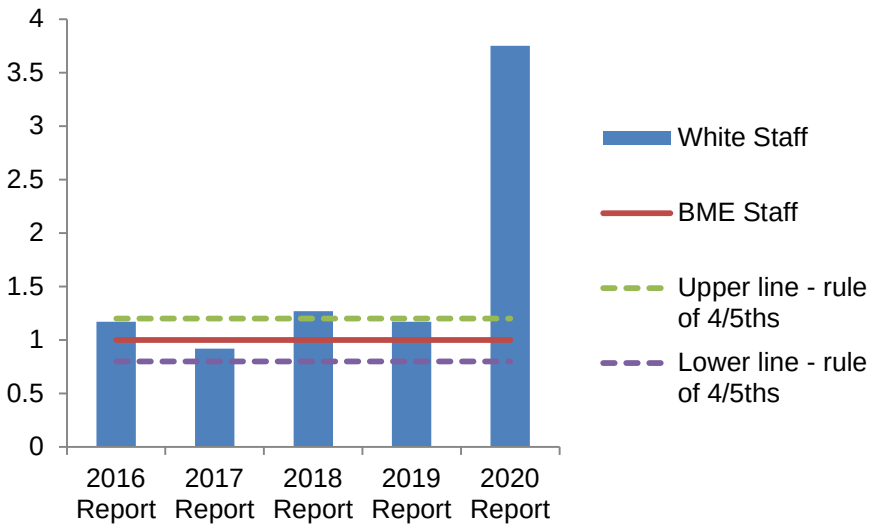
The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is: 0.075 (white candidates) / 0.020 (BME candidates) = **3.8 times.**

BME Staff 1.0

White Staff 3.8

In this instance the data suggests white candidates are more likely than BME candidates to be appointed from shortlisting.

Historical comparison with previous WRES reports



In the above chart BME applicants have a constant measure of 1.0. For white applicants if there bar is below the BME line it would suggest; that white applicants are less likely to be recruited from shortlisting than BME applicants. Naturally, if the white applicant bar is above it would suggest that they have a greater chance of being appointed.

Using the rule of four fifths, if the likelihood of white applicants is below 0.8 or above 1.2, it would suggest there is a statistical adverse impact.

Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year

	Number of Disciplinary Procedures	Number in Workforce	Relative Likelihood of entering procedure
White	30.5	6731	0.0045
BME	8	1585	0.0050
Unknown	2	282	0.0071

The likelihood of white staff entering the formal disciplinary process:
30.5 / 6731 = 0.0045

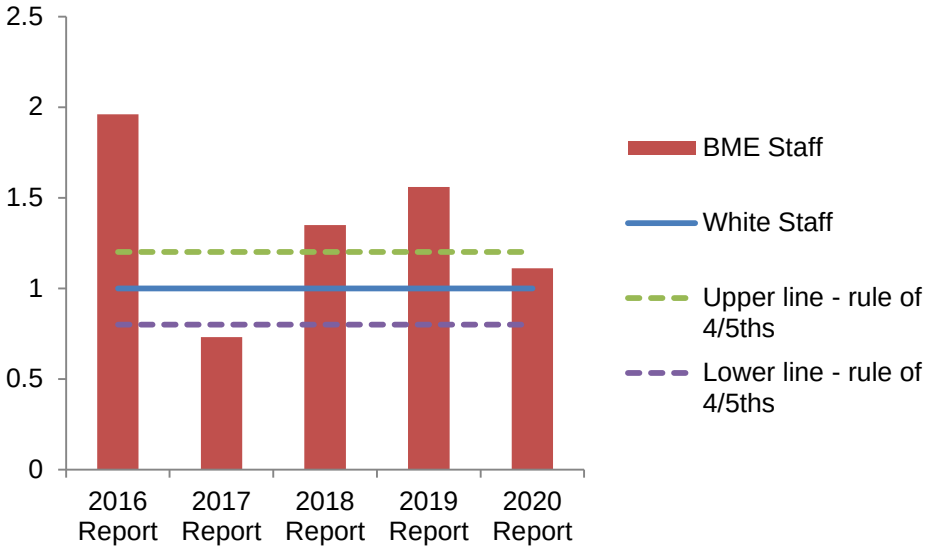
The likelihood of BME staff entering the formal disciplinary process:
7.5 / 1585 = 0.0050

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff is: 0.0050 (BME Staff) / 0.0046 (White Staff) = **1.11 times.**

White Staff	**1.00**
BME Staff	**1.11**

*In this instance the data suggests that BME staff members are slightly more likely than white staff to enter into a formal disciplinary process***.**

Historical comparison with previous WRES reports



In the above chart white staff have a constant measure of 1.0. For BME staff, if the bar is below the white staff line it would suggest; that BME staff are less likely to enter the formal disciplinary process than white staff. Naturally, if the BME staff bar is above it would suggest that they have a great chance of entering formal disciplinary procedures.

Using the rule of four fifths, if the likelihood of BME staff is below 0.8 or above 1.2, it would suggest there is a statistical adverse impact.

Indicator 4 - Relative likelihood of staff accessing non-mandatory training and CPD.

	Number in workforce	No. of staff accessing non-mandatory/CPD training	Relative likelihood of accessing non-mandatory/CPD training
White	6731	105	0.0156
BME	1585	18	0.0114
Unknown	282	402	1.4255
Total	8598	525	

The data supplied for 2018-19 related to applications for education funding submitted by allied health professionals, nursing, midwifery, administrative and clerical staff.

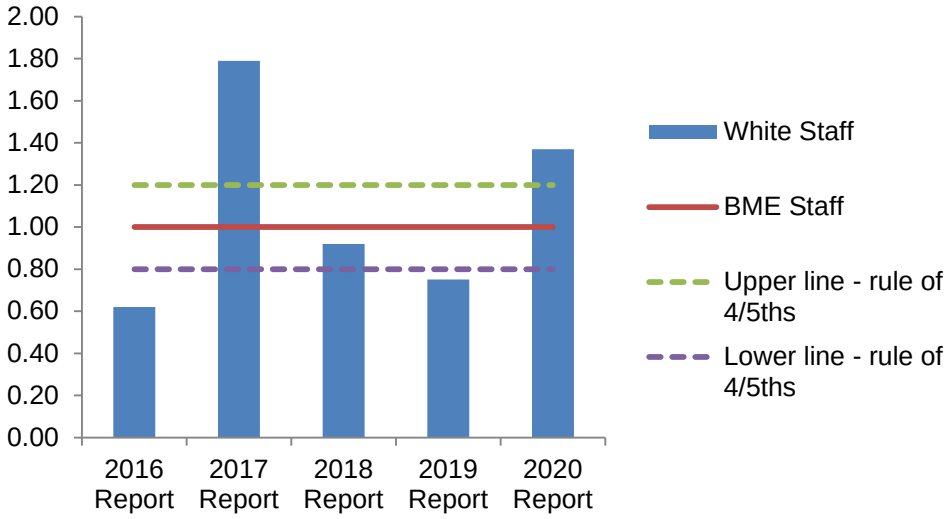
Likelihood of white staff accessing non-mandatory/CPD training:
105 / 6731 = 0.0156

Likelihood of BME staff accessing non-mandatory/CPD training:
18 / 1585 = 0.0114

Relative likelihood of white staff accessing non-mandatory/CPD training compared to BME staff: 0.0156 (White Staff) / 0.0114 (BME Staff) = **1.37 times.**

In this instance the data suggests white staff are more likely to have non-mandatory/CPD training than BME staff.

Historical comparison with previous WRES reports

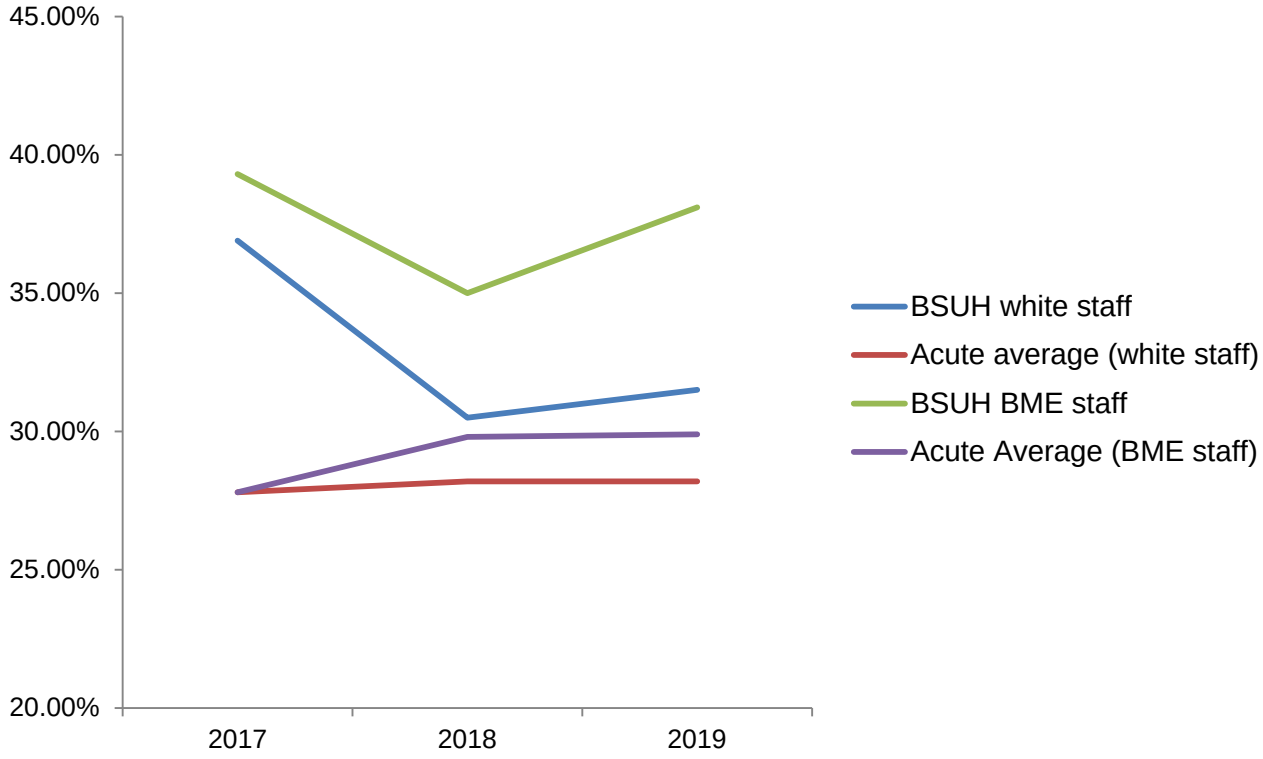


In the above chart BME staff have a constant measure of 1.0. For white staff if there bar is below the BME line it would suggest; that white staff are less likely to access non-mandatory/CPD than BME staff. Naturally, if the white applicant bar is above it would suggest that they have a greater chance of accessing non-mandatory/CPD.

Using the rule of four fifths, if the likelihood of white staff is below 0.8 or above 1.2, it would suggest there is a statistical adverse impact.

Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months – KF25 from NHS Staff Survey

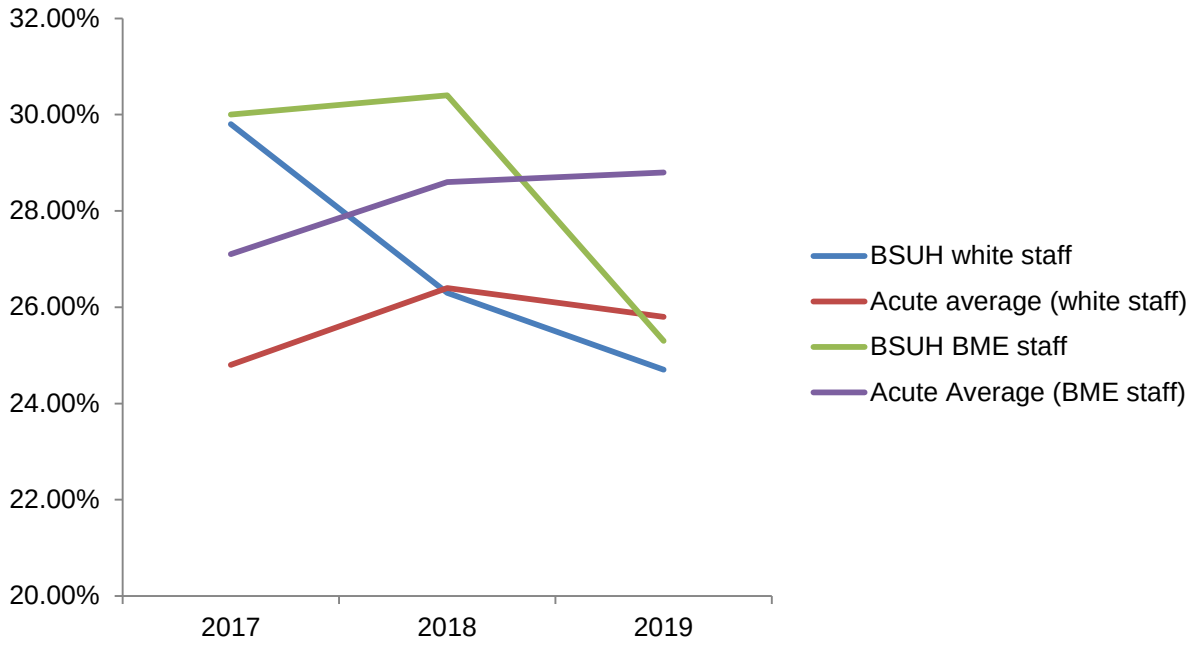
Staff Survey	White Staff		BME Staff	
	BSUH staff	Acute Average	BSUH staff	Acute Average
2017	36.9%	27.7%	39.3%	27.7%
2018	30.5%	28.4%	35.0%	29.8%
2019	31.5%	28.2%	38.1%	29.9%



There has been an overall increase for BME staff experiencing harassment, bullying and abuse from patients, relatives or the public, from the 2018 NHS Staff Survey to the 2019 Staff Survey. The overall level of experience is higher than the national acute average for BME staff. The same can be said of the experiences of white staff in the trust.

Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months – KF26 from NHS Staff Survey

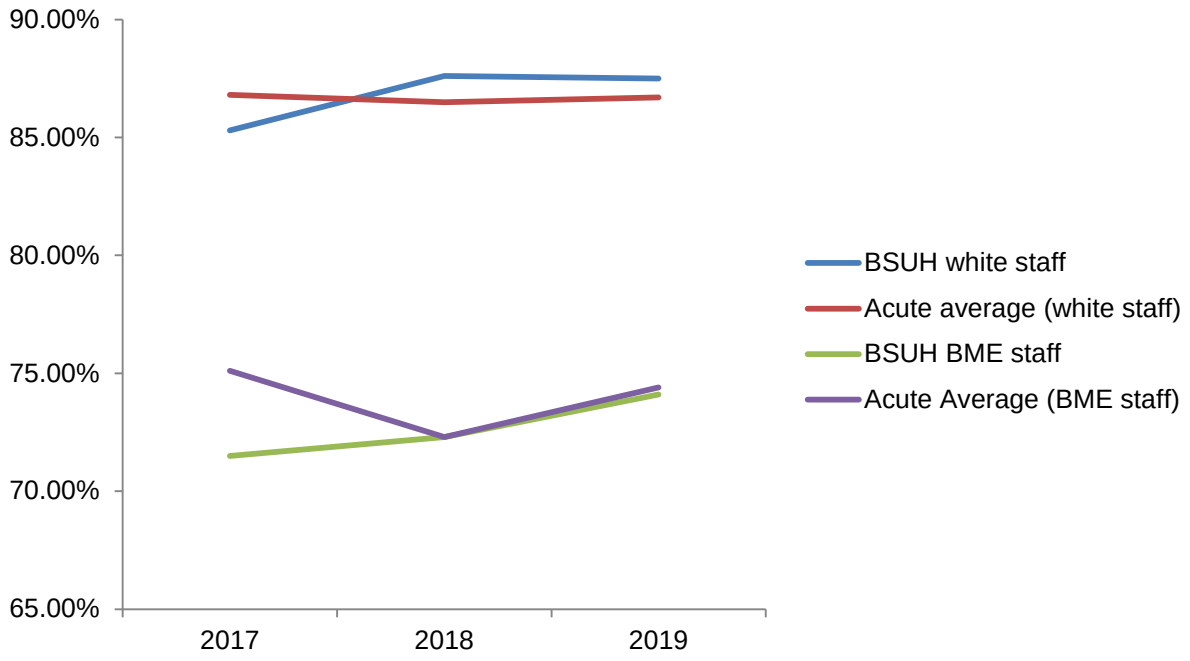
Staff Survey	White Staff		BME Staff	
	BSUH staff	Acute Average	BSUH staff	Acute Average
2017	29.8%	24.8%	30.0%	27.1%
2018	26.4%	26.4%	30.4%	28.6%
2019	24.7%	25.8%	25.3%	28.8%



There has been a decrease BME Staff experiencing harassment, bullying or abuse from staff, from the 2018 NHS Staff Survey to the 2019. The overall level of experience is lower than the national average for BME staff in acute trusts. However, for white staff there has also been a decrease in experience from 2018 to 2019 NHS Staff Surveys which is below the national average for white staff in acute trusts.

Indicator 7 - Percentage believing that trust provides equal opportunities for career progression or promotion – KF21 from NHS Staff Survey

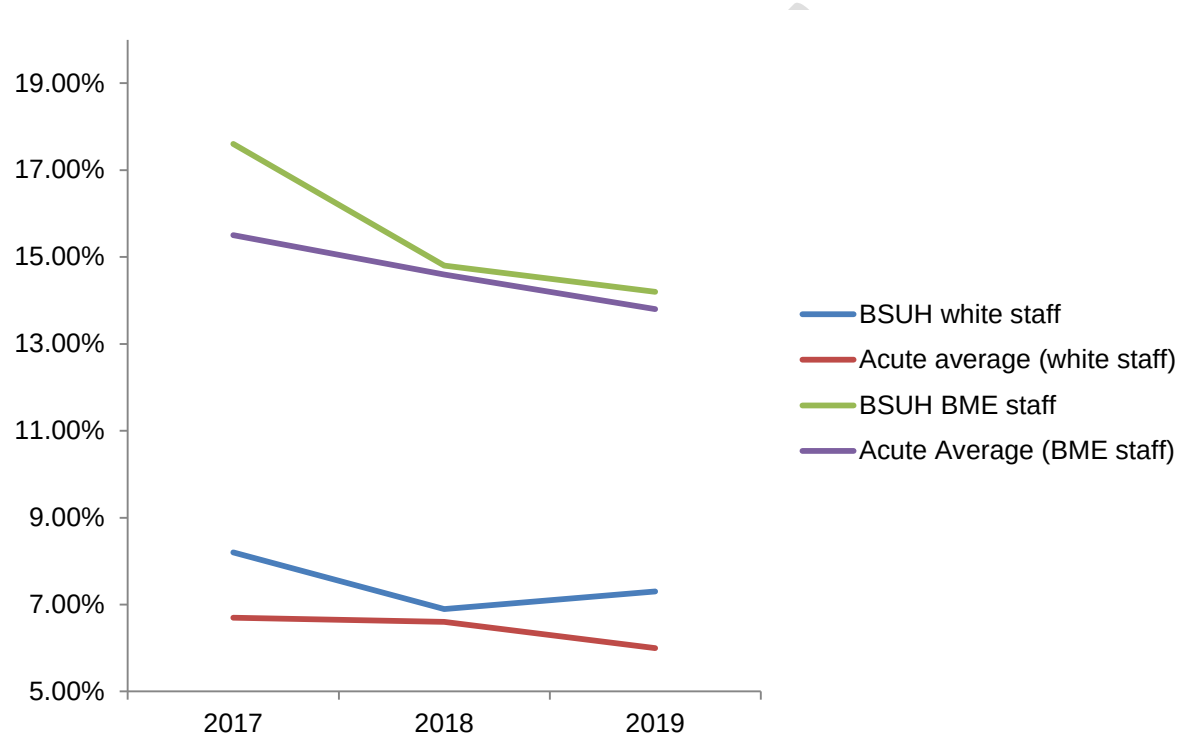
Staff Survey	White Staff		BME Staff	
	BSUH staff	Acute Average	BSUH staff	Acute Average
2017	85.3%	86.8%	71.5%	75.1%
2018	87.6%	86.5%	72.3%	72.3%
2019	87.5%	86.7%	74.1%	74.4%



There has been an increase of BME staff believing that the trust provides equal opportunities for career progression or promotion from the 2018 to the 2019 NHS Staff Survey. This is now in line for the national average for this group in acute trusts. For white staff at the Trust, their experiences are in line with the average for acute Trusts.

Indicator 8 - In the last 12 months have you personally experienced discrimination at work from your Manager/team leader or other colleagues? Q15(b) from the Staff Survey

Staff Survey	White Staff		BME Staff	
	BSUH staff	Acute Average	BSUH staff	Acute Average
2017	8.2%	6.7%	17.6%	15.0%
2018	6.9%	6.6%	14.8%	14.6%
2019	7.3%	6.0%	14.2%	13.8%



For BME staff, we can see that there has been a reduction in staff which have experienced discrimination at work from their managers, team leader or other colleagues from the 2018 and 2019 NHS Staff Surveys. Conversely, for white staff there has been a slight increase. For BME staff, their experience is largely in line with the national acute average, but for white staff Trust staff experiences are greater than the average.

Indicator 9 - compare the difference for white and BME staff: Percentage difference between:

(i) The organisation's Board executive membership and its overall workforce

	Overall Workforce		Executive Board Membership		
	Number in workforce	% in workforce	Number on board	% of board	% Difference
White Staff	6731	78.3%	12	85.7%	**+7.4%**
BME Staff	1585	18.4%	0	0.0%	**-18.4%**
Unknown	282	3.3%	2	14.3%	**+11.0%**
Total	8598	100.0%	14	100.0%	

6) Are there any other factors or data which should be taken into consideration in assessing progress?

In 2016 the NHS Staff Survey was open to all BSUH Trust staff to participate in which a potential sample of circa 8,000 were permitted to participate, as opposed to a restricted sample of circa 800 in previous years.

The Trust's Annual Equality Report is also produced and the workforce data is analysed for trends across recruitment, employee relations, training and development and demographics. The report is scrutinised and approved by the Trust's Senior Management Team, and the actions feed into the Trust's Equality Objectives.

a. Any issues of completeness of data

This report is based on information presented to the Trust's Board in 2020.

b. Any matters relating to the reliability of comparisons with previous years

None .

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	16	**Meeting:**	Trust Board	**Meeting Date:**	04/08/20
Report Title:	**Workforce Disability Equality Standard (WDES)**				
Sponsoring Executive Director:			Denise Farmer, Chief Workforce & OD Director		
Author(s):			Equality, Diversity and Inclusion Team.		
Report previously considered by and date:					
Purpose of the report:					
Information			✓	Assurance	✓
Review and Discussion			✓	Approval / Agreement	✓
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality			☐	Staff confidentiality	☐
Patient confidentiality			☐	Other exceptional circumstances	☐
Link to Trust Strategic Themes:					
Patient Care			☐	Sustainability	☐
Our People			✓	Quality	✓
Systems and Partnerships			☐		
Any implications for:					
Quality					
Financial					
Workforce	Areas for improvement have been highlighted in the report relating to the experiences of disabled staff at BSUH. Projects will need to be put in place to ensure that any areas for improvement can be met.				
Link to CQC Domains:					
Safe			☐	Effective	☐
Caring			☐	Responsive	☐
Well-led			✓	Use of Resources	☐

Communication and Consultation:

This report has been shared with the WDES Working Group and the Diversity Matters Steering Group (with a recommendation for the report to be approved by the Board).

Executive Summary:

The WDES was mandated into the NHS Standard Contract in 2019. The WDES shares similar metrics as the Workforce Race Equality Standard.

The standard has been introduced to provide a framework to consistently measure and compare the experiences of disabled NHS staff and non-disabled staff at the Trust. Historically, disabled staff in England have reported poor experiences relating to bullying and harassment, career opportunities and appraisals. The standard will enable the Trust to demonstrate progress over time and to benchmark itself against other NHS organisations.

The report shows areas for improvement including: bullying and harassment, disabled staff feeling that the organisation values their work and representation of disabled staff throughout most levels in the Trust.

There are a number of areas where the Trust is markedly better than the average acute trust including: disabled staff believing that the Trust provides equal opportunities (Trust 83.5% / Acute Ave 77.4%) and staff feeling that they are under pressure to attend work despite not feeling well enough to perform their duties (Trust 30.1% / Acute Ave 34.1%). The Trust also has a 1:1 ratio for disabled candidates and non-disabled staff being appointed from shortlisting in its recruitment processes.

A working group for the WDES has been established and is in the process of developing an action plan in response to the data.

Key Recommendation(s):

This report has been submitted to the Board for approval – submission of BSUH WDES stats must be completed by end August 2020.

Brighton and Sussex University Hospitals NHS Trust

Brighton and Sussex University Hospitals NHS Trust

Workforce Disability Equality Standard 2020

Introduction

There has been legal protection for workers with disabilities for many years, making it unlawful to treat a worker with a disability less equally than workers without a disability. The most recent legislation that offers this protection is the Equality Act 2010.

The act goes further than just banning unfair behaviour to workers with disabilities, it also places public sector organisations under duty to seek opportunities to proactively address areas of equality of opportunity and promoting good relations between workers with disabilities and those without.

Whilst there have been improvements with societal attitudes towards people with disabilities, they have not necessarily moved as quickly as the act (and its predecessors) had intended. This being the case, there are still many inequalities surrounding the employment of workers with disabilities. The employment rate of people with disabilities is 51.3%, versus those without 81.4%, this means a difference of 30.1%. This difference is often referred to as the disability employment gap. Given that 22% of adults of working age have a disability, more needs to be done to close this gap. (Briefing Paper 7540, People with Disabilities in Employment, 30 November 2018, Andrew Powell: House of Commons Library).

Breaking down disability further the picture for people with mental ill health and learning disabilities is far worse. 1 in 4 adults and 1 in 10 children experience mental health illnesses in their lifetime (NHS England) however, the stigma around mental health is still rife within the UK. In the 2016 green paper Improving Lives: The Work, Health and Disability Green Paper, states that only 32% of people with mental illness were in work. There are approximately 1.5 million people in the UK with some form of Learning Disability, of which 17% of people of working age are in paid employment. It is estimated that 28% of adults of working age with mild or moderate learning disabilities, 10% of adults of working age with severe learning disabilities and 0% of adults of working adults with profound learning disabilities are in employment (Emerson and Hatton, 2008).

The inequalities can be vast, and may include inflexible recruitment practices that do not take the needs of the candidate's disability, providing adequate reasonable adjustments in the workplace, progression into more senior roles, overrepresentation in employee relations procedures, poor attitudes to those with a disability and poor access to development opportunities. These inequalities help to build a picture of poor employment/retention rates and experiences of employment.

The Workforce Disability Standard was introduced in April 2019 by NHS England, it was developed to demonstrate compliance with:

- UK Government's pledge to increase the number of disabled people in employment – this was made in November 2017
- The NHS Constitution – relating to the rights of staff
- The 'social model of disability' - recognising that it is the societal barriers that people with disabilities face which is the disabling factor, not an individual's medical condition or impairment
- The Equality Act 2010 – specific requirements not to discriminate against workers with a disability, advancing equality and fostering good relations
- 'Nothing about us without us' - a phrase used by the disability movement to denote a central principle of inclusion: that actions and decisions that affect or are about people with disabilities should be taken with Disabled people.

The standard allows NHS organisations to review the experiences and outcomes of both staff with and without disabilities. The standard provides a framework for NHS organisations to review their key employment cycle policies, practices and processes to identify if inequalities (listed above) exist, and gives them an opportunity to engage with disabled workers to put actions in place to address areas of inequality.

There are some specific issues that impact workers with disabilities and NHS organisations, these include:

- Significant under reporting of the numbers of staff who declare themselves as having a disability
- 15% difference between Electronic Staff Records (ESR) and Staff Survey declaration rates. ESR is the integrated Human Resources and Payroll system.
- Lack of representation of Disabled staff at senior levels
- Disabled staff consistently report:
    - higher levels of bullying and harassment
    - less satisfaction with appraisals and career
    - lack of development opportunities.

Through this programme and with annual reporting it is hoped that NHS Organisations will see many benefits including, continuous improvement for workers with a disability, better understanding of the needs of workers with a disability, improved data (declaration rates), improvements to the culture, improved employment and retention.

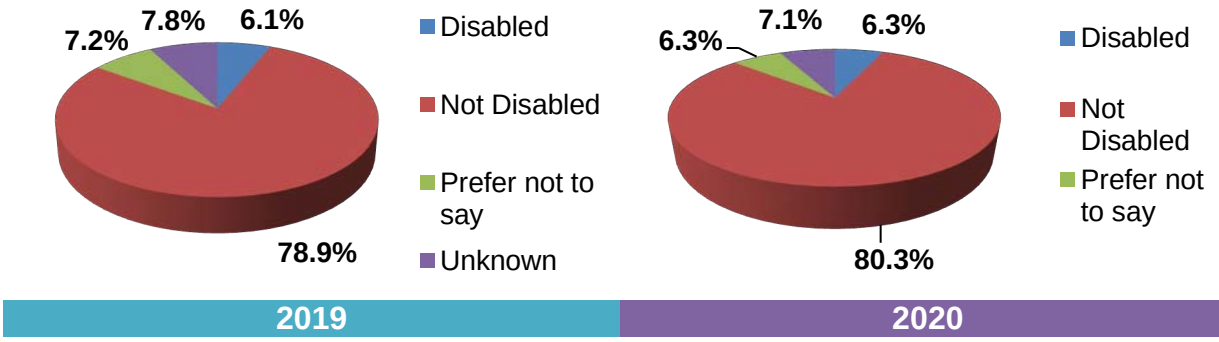
Background Information

1) Total number of staff:

2019	2020
8487	8598

Proportion of staff with a disability employed within this organisation at the date of this report:

	2019		2020	
	Headcount	% of Staff	Headcount	% of Staff
Disabled	514	6.1%	541	6.3%
Not Disabled	6700	78.9%	6902	80.3%
Prefer not to say	608	7.2%	543	6.3%
Unknown	665	7.8%	612	7.1%
Total	8487	100.0%	8598	100.0%



2) Self-reporting

a) The proportion of total staff who have self-reported their disability status:

	2019		2020	
	Headcount	% of Staff	Headcount	% of Staff
Disability Status Declared	7214	85.0%	7443	86.6%
Disability Status Not Declared	1273	15.0%	1155	13.4%
Total	8487	100.0%	8598	100.0%

b) Have any steps been taken in the last reporting period to improve the level of self-reporting by disability?

We collect information relating to disability as part of the recruitment process.

The Trust has also taken steps to give staff more options and opportunities to declare their equality information. This includes setting up a new online declaration form, promoting Self-Service ESR and producing new information for staff to inform them about updating their equality information.

c) Are any steps planned during the current reporting period to improve the level of self-reporting by disability?
The Trust is planning to undertake an advertising campaign to encourage all staff to declare their equality information and promote the different methods they can use. There is work also underway that Occupational Health services can promote both support and improving declaration of staff that are disabled.

3) Workforce Data

a) What period does the organisation's workforce data refer to?
1st April 2019 to 31st March 2020.

4) How is disability defined under the standard?

The standard uses the definition of disability that can be found in the Equality Act 2010. Under the act a person is considered as having a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.

5) Population Demographic 2011 Census (Southeast England)

	Census 2011
Activity limited a lot	6.9%
Activity limited a little*	8.8%

* Within this section there will be some (not all) people who would meet the test under the Equality Act 2010 as being disabled, but it is impossible to say what proportion.

Workforce Disability Equality Indicators

For each of the indicators, the standard compares the metrics for staff with a disability and staff without a disability.

Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce.

Cluster 1: AfC Band 1, 2, 3 and 4
Cluster 2: AfC Band 5, 6 and 7
Cluster 3: AfC Band 8a and 8b
Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)
Cluster 5: Medical and Dental staff, Consultants
Cluster 6: Medical and Dental staff, Non consultant career grade
Cluster 7: Medical and Dental staff, Medical and dental trainee grades

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.

	Non-Clinical					
	Disabled	**Not Disabled**	**Not Known**	**Total**	**Disabled %**	**Not Disabled %**
Cluster 1	193	1492	144	1829	**10.6%**	81.6%
Cluster 2	32	353	41	426	**7.5%**	82.9%
Cluster 3	10	102	8	120	**8.3%**	85.0%
Cluster 4	3	43	7	53	**5.7%**	81.1%
Total	**238**	**1990**	**200**	**2428**	**9.8%**	**82.0%**

In the table above in the column labelled ‘Disabled %’ the green cells demonstrates representation that is either equal or more than the general representation of disabled staff in the workforce (6.3%). The red cell shows an underrepresentation when compared to the general representation of disabled staff in the workforce.

Please note in the non-clinical group there is one person that is paid on a local agreement which falls outside of Agenda for Change. For the purposes of this comparison, this has been excluded from the above figures.

What the data tells us:

- **Non-clinical staff as a group generally have a good representation of disabled staff (9.8% representation compared to 6.3% of the overall workforce).**
- **Clusters 1-3 have a higher than expected representation of disabled staff when comparing to the overall workforce.**
- **Cluster 4 has a lower than expected representation of disabled staff when comparing to the overall workforce**

	Clinical					
	Disabled	**Not Disabled**	**Not Known**	**Total**	**Disabled %**	**Not Disabled %**
Cluster 1	78	1109	159	1346	5.8%	82.4%
Cluster 2	166	2661	460	3287	5.1%	81.0%
Cluster 3	18	200	28	246	7.3%	81.3%
Cluster 4	0	20	11	31	0.0%	64.5%
Cluster 5	6	343	127	476	1.3%	72.1%
Cluster 6	1	34	22	57	1.8%	59.6%
Cluster 7	34	544	148	726	4.7%	74.9%
Total	**303**	**4911**	**955**	**6169**	**4.9%**	**79.6%**

In the table above in the column labelled 'Disabled %' the green cells demonstrates representation that is either equal or more than the general representation of disabled staff in the workforce (6.3%). The red cell shows an underrepresentation when compared to the general representation of disabled staff in the workforce.

What the data tells us:

- **Clinical staff as a group have a lower than expected representation of disabled staff (4.9%) when compared to the overall workforce (6.3%).**
- **There is a higher than expected representation of disabled staff in cluster 3 when compared to the overall workforce.**
- **There are no very senior managers (cluster 4) that have declared that they are disabled.**
- **In all other non-medical roles there is a lower than expected representation of disabled staff when compared to the overall workforce.**
- **In all medical roles there is a lower than expected representation of disabled staff than compared to the overall workforce.**
    - **The representation of disabled decreases with increased seniority of role.**
    - **A high proportion of medical staff have not declared their disability status.**

Metric 2 - Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

	Applicants		Shortlisted		Appointed		Relative Likelihood of being appointed
	Number	%	Number	%	Number	%	
Disabled applicants	1106	5.3	583	4.8	33	5.1	0.057
Non-disabled applicants	19093	91.8	11389	93.6	534	82.3	0.047
Not Stated / Unknown	597	2.9	194	1.6	82	12.6	0.423
Total	**20796**	**100.0**	**12166**	**100.0**	**649**	**100.0**	

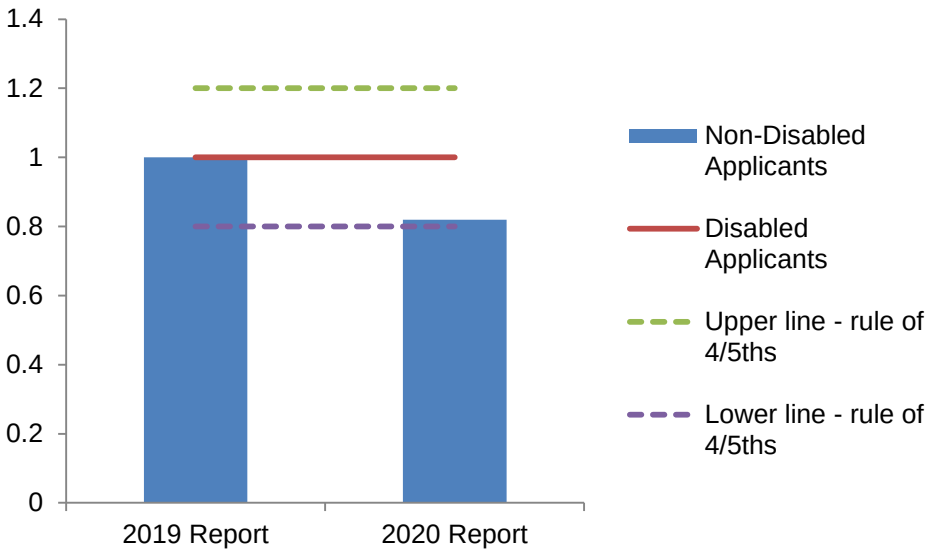
The likelihood of non-disabled candidates being appointed from shortlisting:
534 / 11389 = 0.047

The likelihood of disabled candidates being appointed from shortlisting:
33 / 583 = 0.057

The relative likelihood of non-disabled candidates being appointed from shortlisting compared to disabled staff is: 0.047 (non-disabled candidates) / 0.057 (disabled candidates) = **0.82 times lower.**

In this instance the data suggests disabled candidates are more likely to be appointed than non-disabled candidates.

Historical comparison



The above chart shows data from the 2019 and 2020 reports. The disabled applicants (red line) are at a constant of 1.00. In the 2019 report the relatively likelihood for non-disabled applicants was 1.00 which means that there was an equal chance of being appointed when compared to disabled applicants. In 2020 the likelihood is 0.82, which demonstrates that disabled applicants are more likely to be appointed that non-disabled applicants.

When applying the rule of 4/5ths, if the likelihood of non-disabled applicants is below 0.8 or above 1.2 it would indicate that there is a likely statistical adverse impact.

Metric 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year

	Number of Capability Procedures	Number in Workforce	Relative Likelihood of entering procedure
Disabled staff	2	541	0.0037
Non-disabled staff	10	6902	0.0014
Not known / unspecified	1	1155	0.0004

The likelihood of non-disabled staff entering the formal capability process:
10 / 6902 = 0.0014

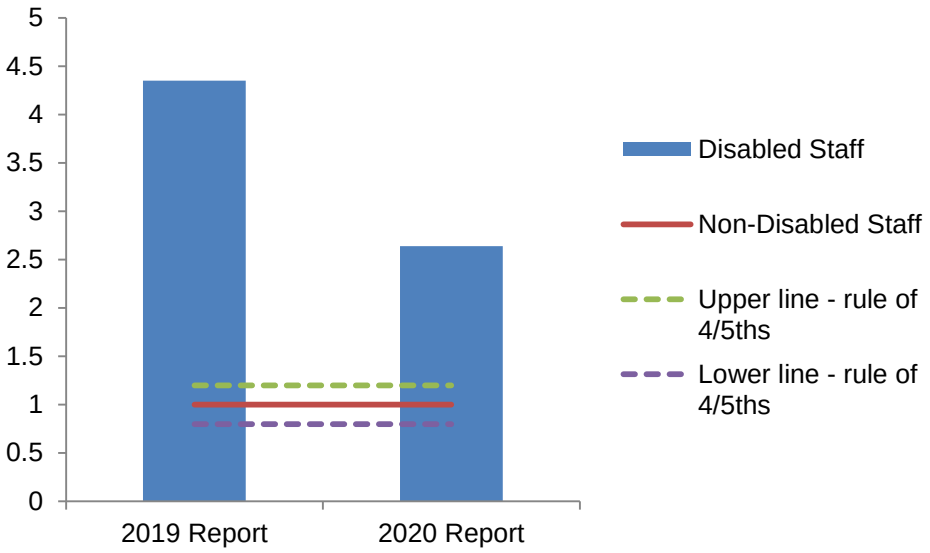
The likelihood of disabled staff entering the formal capability process:
2 / 541 = 0.0037

The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff is: 0.0037 (Disabled Staff) / 0.0014 (non-disabled Staff) = **2.64 times greater.**

Disabled Staff	**2.64**
Non-Disabled Staff	**1.00**

*In this instance the data suggests that disabled staff members are more likely than non-disabled staff to enter into a formal capability process***.**

Historical Comparison



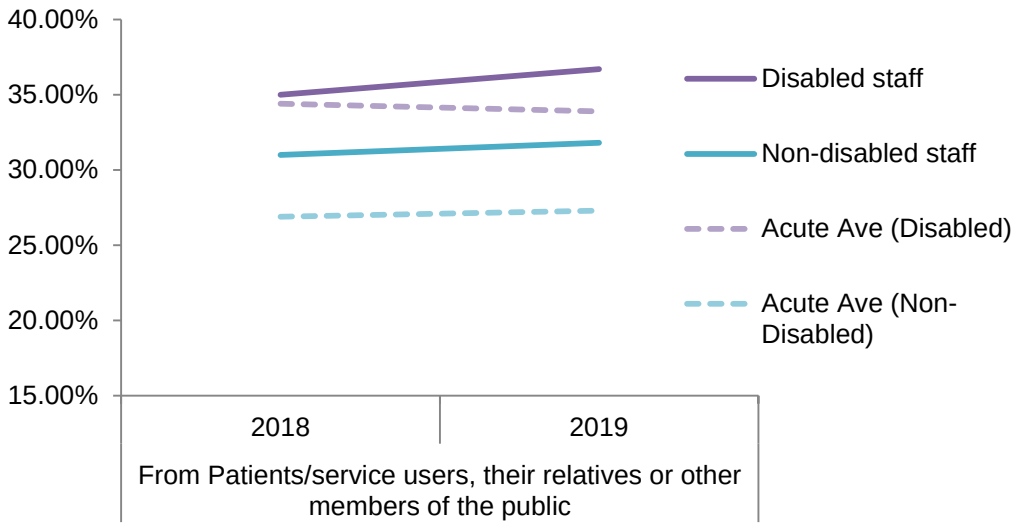
The above chart shows data from the 2019 and 2020 reports. The non-disabled staff (red line) are at a constant of 1.00. In the 2019 report the relatively likelihood for disabled applicants was 4.35 which means that there was a greater likelihood of entering the formal capability process when compared to non-disabled applicants. In 2020 the likelihood is 2.64, which demonstrates that disabled staff are more likely to enter into formal capability processes than non-disabled staff.

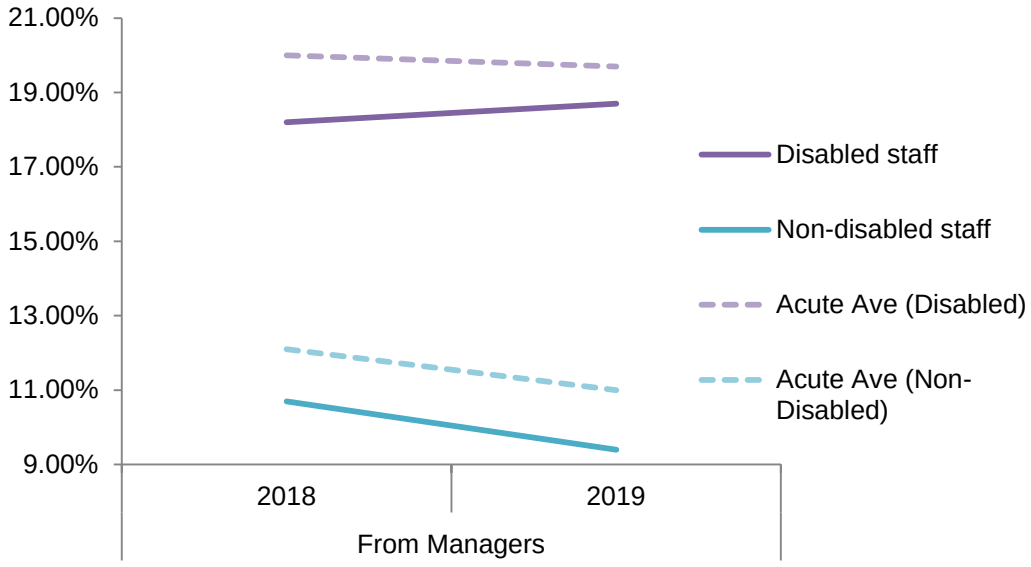
When applying the rule of 4/5ths, if the likelihood of disabled staff is below 0.8 or above 1.2 it would indicate that there is a likely statistical adverse impact.

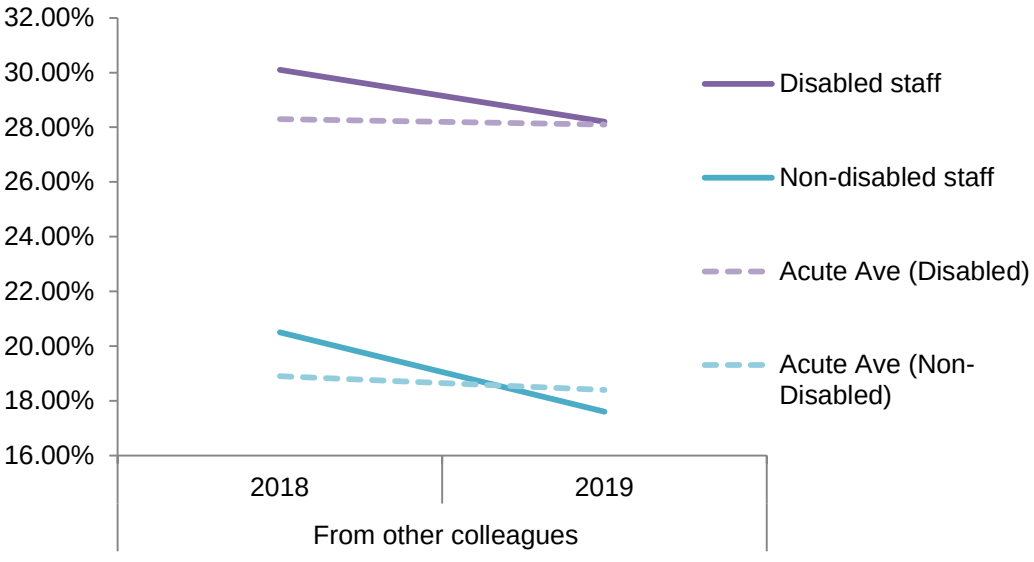
Metric 4a - Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

- **Patients/service users, their relatives or other members of the public**
- **Managers**
- **Other colleagues**

	Patients/service users, their relatives or other members of the public		Managers		Other colleagues	
	2018	2019	2018	2019	2018	2019
Disabled staff	35.0%	36.7%	18.2%	18.7%	30.1%	28.2%
Non-disabled staff	31.0%	31.8%	10.7%	9.4%	20.5%	17.6%
Acute Average (Disabled)	34.4%	33.9%	20.0%	19.7%	28.3%	28.1%
Acute Average (Non-Disabled)	26.9%	27.3%	12.1%	11.0%	18.9%	18.4%


40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
2018
2019
From Patients/service users, their relatives or other members of the public
Disabled staff
Non-disabled staff
Acute Ave (Disabled)
Acute Ave (Non-Disabled)


21.00%
19.00%
17.00%
15.00%
13.00%
11.00%
9.00%
2018
2019
From Managers
Disabled staff
Non-disabled staff
Acute Ave (Disabled)
Acute Ave (Non-Disabled)

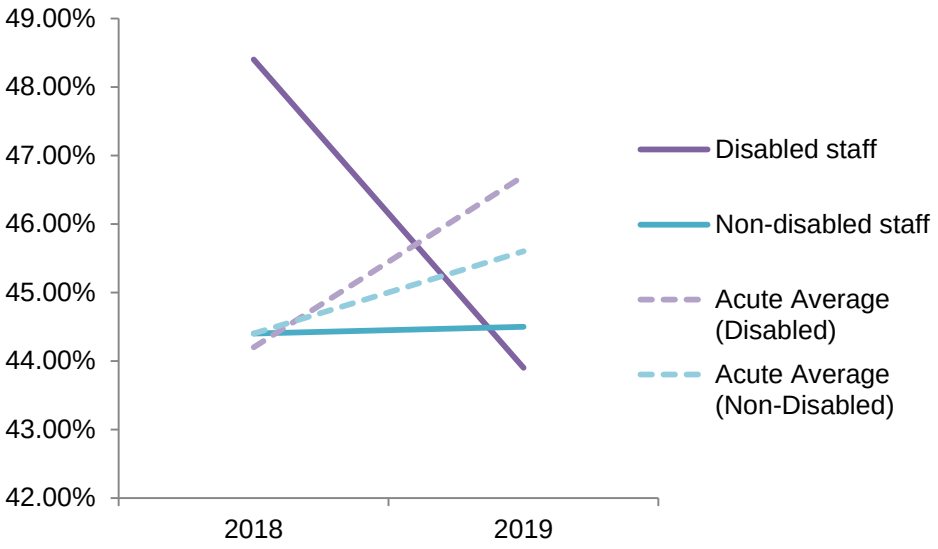

32.00%
30.00%
28.00%
26.00%
24.00%
22.00%
20.00%
18.00%
16.00%
2018
2019
From other colleagues
Disabled staff
Non-disabled staff
Acute Ave (Disabled)
Acute Ave (Non-Disabled)

What the data tells us:

- In all cases, disabled staff experienced more harassment, bulling and abuse from all groups than non-disabled staff.
- Since 2018, there has been an increase (+1.7%) in the number of disabled staff experiencing from harassment, bulling and abuse from patients, service users, etc. This is above the national average for acute trusts (33.9%). Disabled staff are 1.2 times more likely than non-disabled staff to experience this type of behaviour from this group.
- Since 2018, there has been a small increase (+0.5%) in the number of disabled staff experiencing from harassment, bulling and abuse from their manager. This is below the national average for acute trusts (19.7%). Disabled staff are 2.0 times more likely than non-disabled staff to experience this type of behaviour from this group.
- Since 2018, there has been a decrease (-1.9%) in the number of disabled staff experiencing from harassment, bulling and abuse from other colleagues. This is in line the national average for acute trusts (28.1%). Disabled staff are 1.6 times more likely than non-disabled staff to experience this type of behaviour from this group.

Metric 4b - Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	2018	2019
Disabled staff	48.4%	43.9%
Non-disabled staff	44.4%	44.5%
Acute Average (Disabled)	44.2%	46.7%
Acute Average (Non-Disabled)	44.4%	45.6%

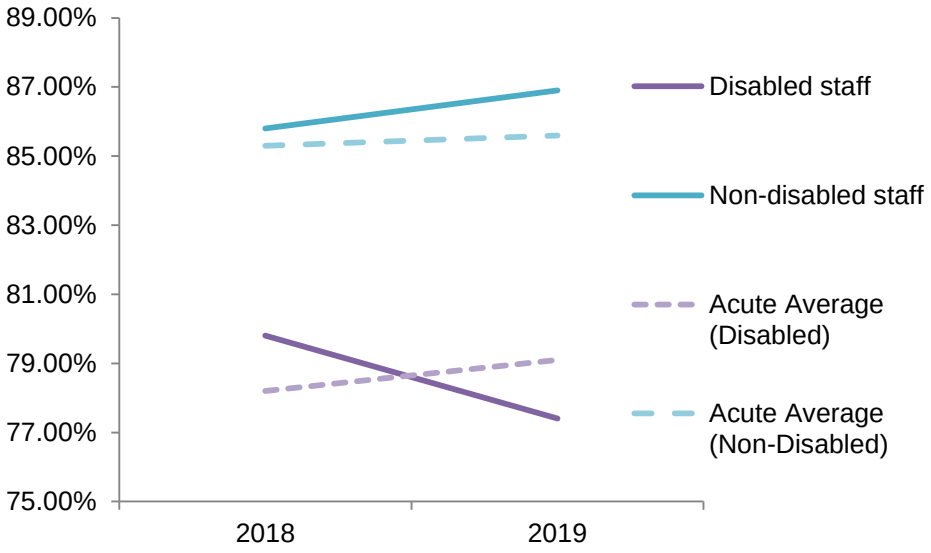


What the data tells us:

- Disabled staff are slightly less likely to report incidents of harassment, bullying or abuse at work, than non-disabled staff
- Fewer disabled staff (-4.5%) stated that they would report incidents compared to the previous year. The percentage of disabled staff is lower than the national average (46.7%).
- Statistically, the difference between disabled and non-disabled staff is not significantly – they have a likelihood of 1.0 when comparing both groups in the recent staff survey.

Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

	2018	2019
Disabled staff	79.8%	77.4%
Non-disabled staff	85.8%	86.9%
Acute Average (Disabled)	78.2%	79.1%
Acute Average (Non-Disabled)	85.3%	85.6%

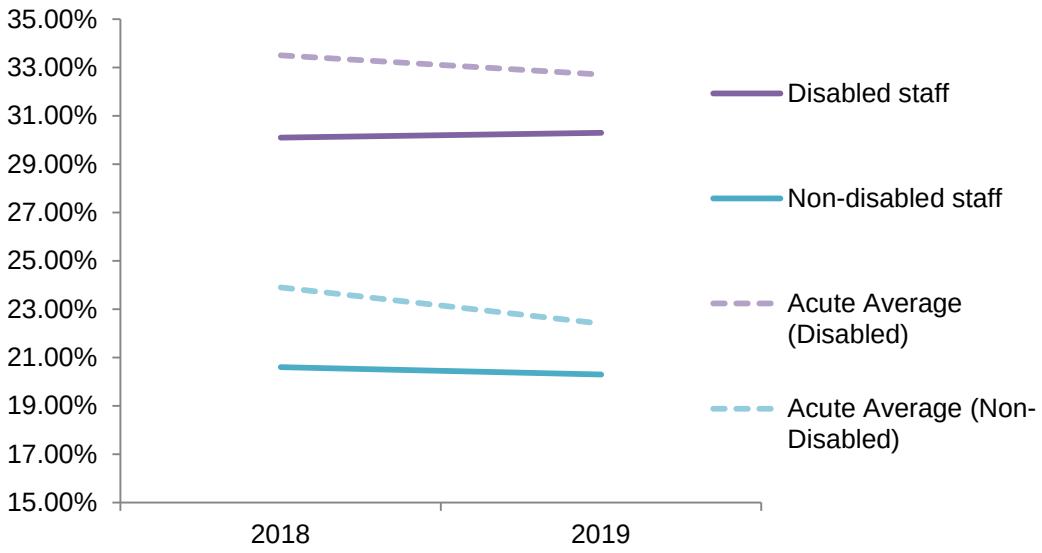


What the data tells us:

- Fewer disabled staff feel that the Trust provides equal opportunities for career progression or promotion than non-disabled staff.
- Compared to last year there was a decrease (-2.4%) in the number of disabled staff that felt the Trust provides equal opportunities for career progression or promotion, this is slightly lower than the national average for acute trusts (79.1%).
- As a likelihood, disabled staff are 0.90 times as likely as non-disabled staff to feel that the Trust provides equal opportunities for career progression or promotion.

Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2018	2019
Disabled staff	30.1%	30.3%
Non-disabled staff	20.6%	20.3%
Acute Average (Disabled)	33.5%	32.7%
Acute Average (Non-Disabled)	23.9%	22.4%

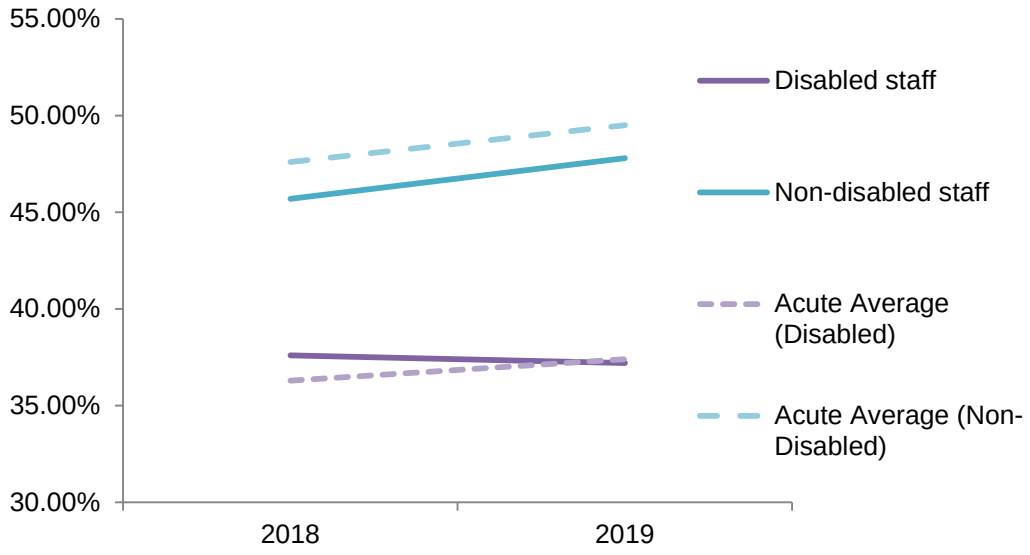


What the data tells us:

- More disabled staff generally have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, when compared to non-disabled staff.
- Compared to last year there has been a marginal increase (+0.2%) of disabled that have felt pressure to attend work when not well enough. This is below the national average for acute trusts (32.7%).
- As a likelihood, disabled staff are 1.5 times more likely to feel pressure to attend work when not well enough, when compared to non-disabled staff.

Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

	2018	2019
Disabled staff	37.6%	37.2%
Non-disabled staff	45.7%	47.8%
Acute Average (Disabled)	36.3%	37.4%
Acute Average (Non-Disabled)	47.6%	49.5%

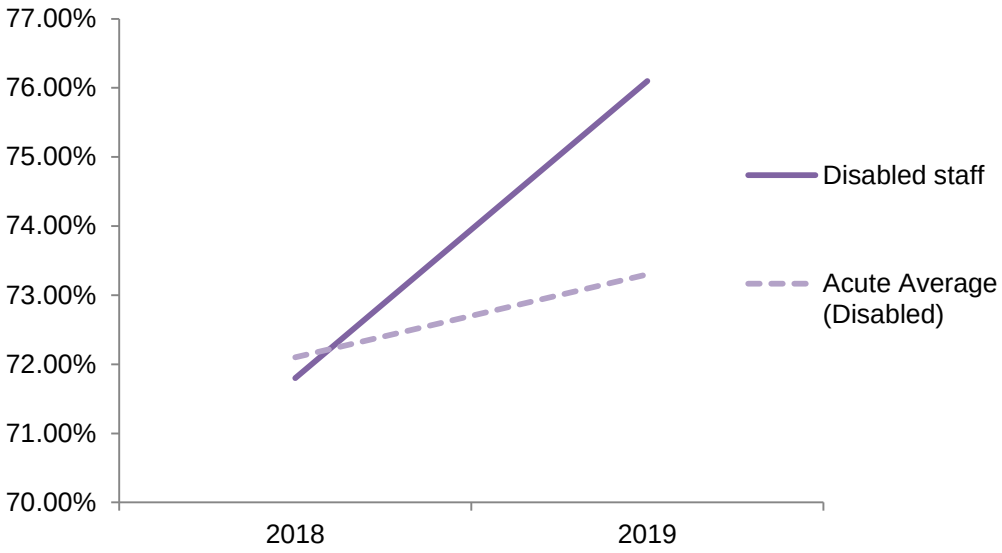


What the data tells us:

- Fewer disabled staff feel that they are satisfied with the extent to which their organisation values their work than non-disabled staff.
- Compared to last year there has been a marginal decrease (-0.4%) of disabled that have felt satisfied with the extent to which their organisation values their work. This is in line the national average for acute trusts (37.4%).
- As a ratio, disabled staff are 0.8 times likely to have felt satisfied with the extent to which their organisation values their work, when compared to non-disabled staff.

Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

	2018	2019
Disabled staff	71.8%	76.1%
Acute Average (Disabled)	72.1%	73.3%

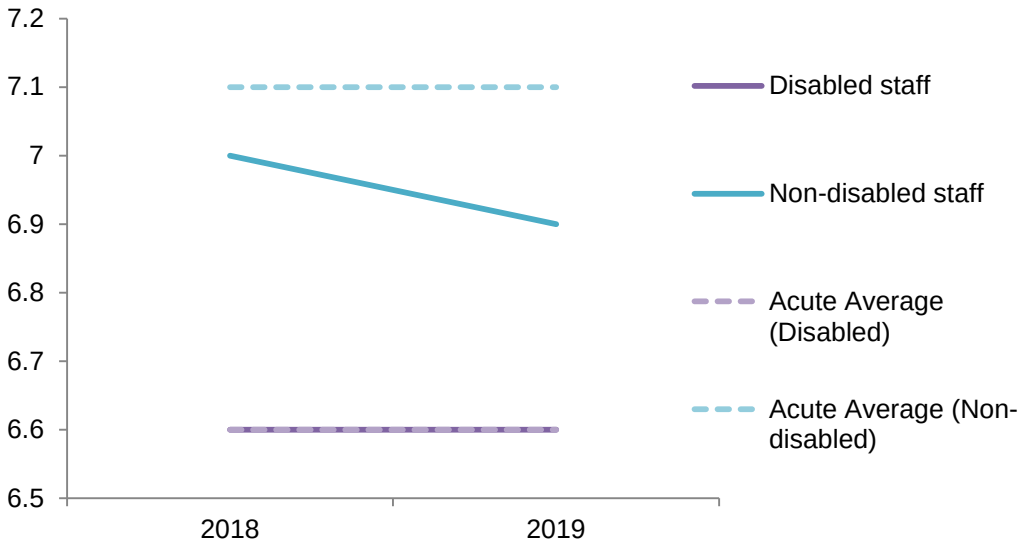


What does the data tell us:

- There has been an increase in staff (+4.3%) from last year that feel they have been provided with adequate reasonable adjustments
- The Trust score is above (+2.8%) the national average for acute Trusts.

Metric 9a - The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

	2018	2019
Disabled staff	6.6	6.6
Non-disabled staff	7.0	6.9
Acute Average (Disabled)	6.6	6.6
Acute Average (Non-disabled)	7.1	7.1



Metric 9b - Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Yes – In February 2019 the Trust signed of a Terms of Reference for the Disability Staff Network, from that point forward the network was formally recognised by the Trust. The aim of the network is to provide an avenue for staff to discuss disability related issues. The network reports to the Diversity Matters Steering Group, which is chaired by the Chief Executive and the Chief Workforce and Organisational Development Officer.

Metric 10 - Percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated:

(i) The organisation's Board executive membership and its overall workforce

	Overall Workforce		Executive Board Membership		
	Number in workforce	**% in workforce**	**Number on board**	**% of board**	**% Difference**
Disabled	541	6.3%	0	0.0%	**-6.3%**
Non-disabled	6902	80.3%	9	64.3%	**-16.0%**
Not known	1155	13.4%	5	35.7%	**+22.3%**
Total	8598	100.0%	14	100.0%	

Are there any other factors or data which should be taken into consideration in assessing progress?

This is the launch report for the Workforce Disability Equality Standard, which sets a benchmark to measuring progress.

a. **Any issues of completeness of data**
   None

b. **Any matters relating to the reliability of comparisons with previous years**
   None

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	17	**Meeting:**	Board Meeting	**Meeting Date:**	04.08.2020
Report Title:	**Freedom to Speak Annual Report**				
Sponsoring Executive Director:	George Findlay Managing Director				
Author(s):	Caroline Owens Freedom to Speak Up Guardian				
Report previously considered by and date:	-				

Purpose of the report:			
Information	✓	Assurance	✓
Review and Discussion	☐	Approval / Agreement	☐
Reason for submission to Trust Board in Private only (where relevant):			
Commercial confidentiality	☐	Staff confidentiality	✓
Patient confidentiality	☐	Other exceptional circumstances	☐
Link to Trust Strategic Themes:			
Patient Care	✓	Sustainability	☐
Our People	✓	Quality	☐
Systems and Partnerships	☐		

Any implications for:	
Quality	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

This report provides insight into Freedom to Speak activity in BSUH during 2019. It is opportunity for the board to reflect on issues and determine if further action is required

Staff approach and use the FTSU service in similar numbers to previous years, and for the most part during 2019 the conversations were around behaviour of staff towards one another and the impact that has on individuals, teams, and the ability to discharge roles to the highest standard. The numbers are low roughly 0.6% assuming 8500 headcount in the trust.

The review of Speaking up in the Trust by the National Guardian's office in 2019 found that broadly the Trust was working hard to improve the Speaking Up culture and improvements to that end were acknowledged. There were six recommended actions for the Trust. Five of the six have been completed. The remaining action to update the Speaking Up Policy is on hold until the updated National Policy is released in Spring 2020.

Based on the feedback from staff the trust relationships, management capability, behaviour and performance management and civility are still ongoing reasons for raising concerns.

Key Recommendation(s):

For the Board to approve the report in order to continue to pursue activity in the Trust that builds management capability and tackles civility and relationship issues.

Brighton and Sussex University Hospitals NHS Trust

FREEDOM TO SPEAK UP Board Report March 2020

PURPOSE

This report provides insight into Freedom to Speak activity in BSUH during 2019. It is opportunity for the board to reflect on issues and determine if further action is required.

BACKGROUND

The importance of speaking up was highlighted in Sir Robert Francis' review and subsequent report into the failings in Mid-Staffordshire. The role of the Freedom to Speak Up Guardian (FTSUG) in NHS Trusts was recommended as one of the ways to help normalise the raising of concerns by staff for the benefit of all patients. The term 'Freedom to Speak Up' was chosen consciously as part of a drive to move to an open culture where staff can speak up without fear of reprisal.

Since its inception the role has grown and developed and recommendations have become requirements. Freedom to Speak forms part of the Well Led element in CQC inspections and it is now covered by the National Contract, which stipulates that

"5.9 The Provider must

5.9.1 appoint one or more Freedom To Speak Up Guardians to fulfil the role set out in and otherwise comply with the requirements of National Guardian's Office Guidance."[1]

This report is part of that compliance. Additionally following on from Gosport the National Guardian is now required to annually lay a paper before Parliament on the health of speaking up, and our Trust is required to include specific information about speaking up at BSUH in the Quality Accounts.

INTRODUCTION

The FTSU Guardian service for BSUH is delivered by one Guardian on 18.75 hours a week. This report covers activity in 2019 including data analysis where available.

Staff approach and use the FTSU service in similar numbers to previous years, and for the most part during 2019 the conversations were around behaviour of staff towards one another and the impact that has on individuals, teams, and the ability to discharge roles to the highest standard. The numbers are low roughly 0.6% assuming 8500 headcount in the trust, so conclusions have to be drawn with care.

[1] https://www.england.nhs.uk/wp-content/uploads/2019/03/4-FL-GCs-1920-sepsis.pdf

FREEDOM TO SPEAK UP GUARDIAN ACTIVITY 2019

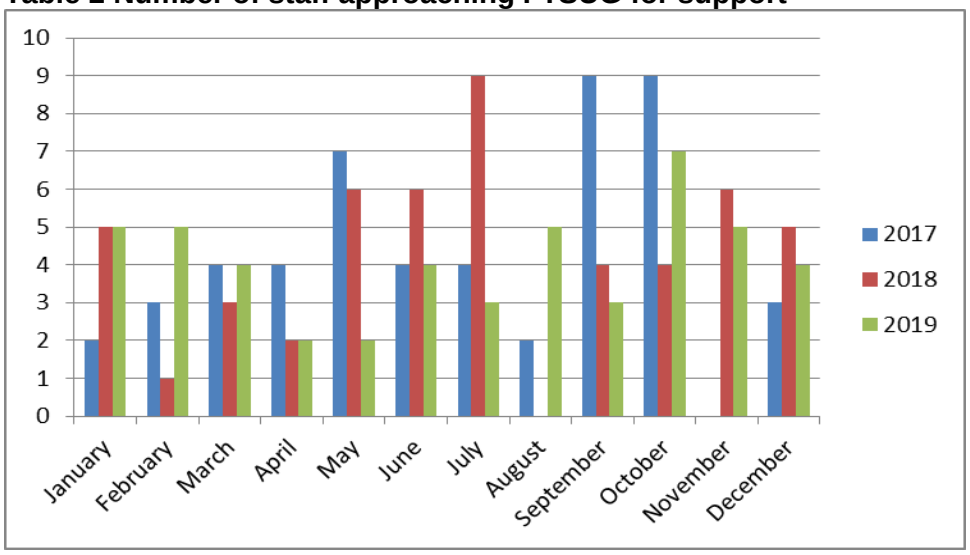
Cases in BSUH

Table 1 Case Levels

Cases end of year	2017	2018	2019
Opened	51	51	50
Closed	29	44	58

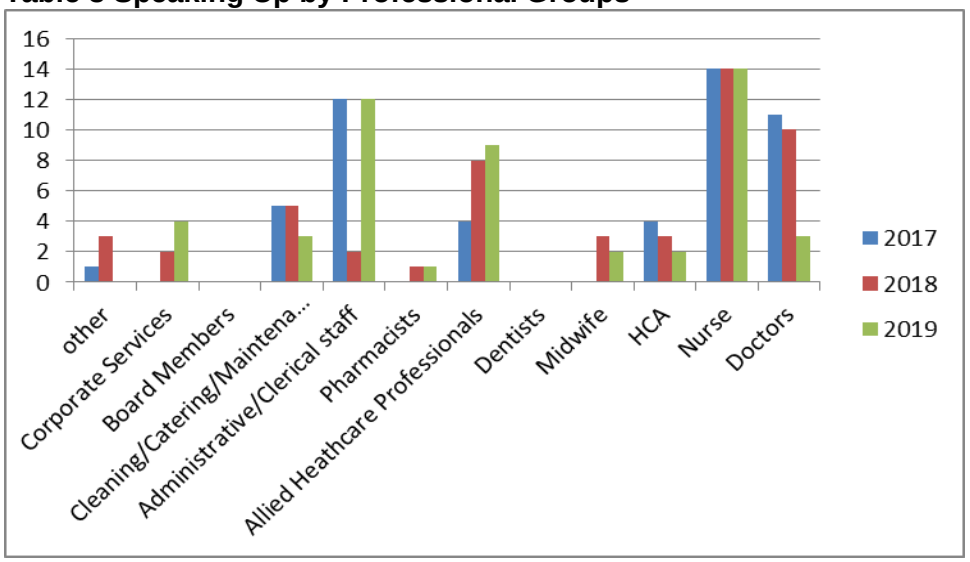
Case levels have remained at a consistent level since the introduction of the role. The annual average number of cases in medium sized Acute trusts in the South East Region is 53.6[2] cases meaning we are in line with similar trusts.

Table 2 Number of staff approaching FTSUG for support



The spread of cases has evened out in 2019 compared with previous years. October 2019 saw the second year of October speak up month; the peak could perhaps reflect speak activity but that is debateable.

Table 3 Speaking Up by Professional Groups*

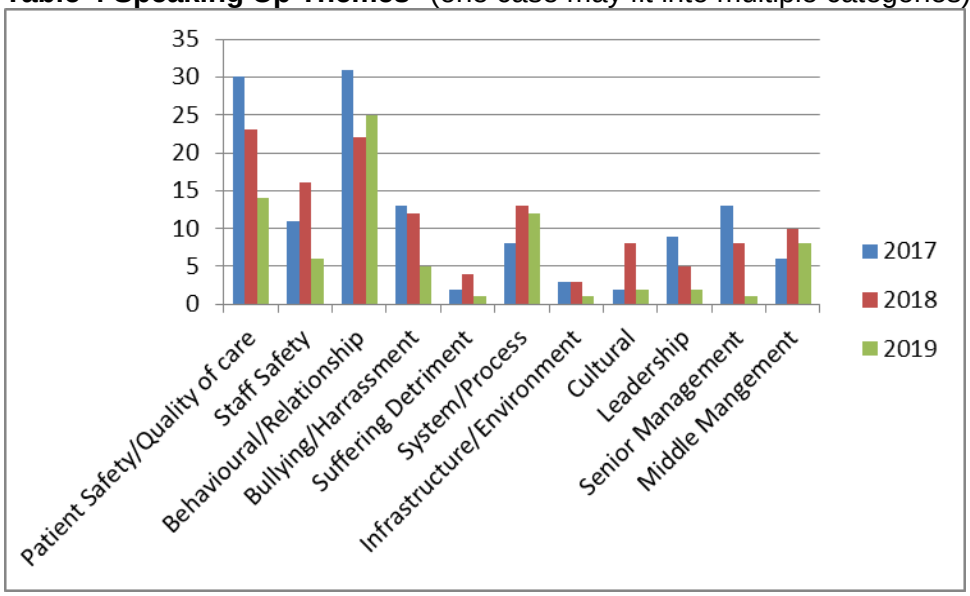


*Categories recommended by National Guardian

[2] https://www.nationalguardian.org.uk/speaking-up-data/

The majority of cases come from clinical staff, however as the data in table 4 shows the issues raised are not neccesarily clinical patient safety or care issues

Table 4 Speaking Up Themes* (one case may fit into multiple categories)



* Categories recommended by National Guardian

Commonly discussed with the FTSUG at BSUH is the way different staff groups speak to one another e.g. consultants and nursing staff, senior staff to junior staff etc. 2019 saw the delivery of the first tranche of planned training on Crucial Conversations to help all staff to have better conversations in general. Specifically for managers is the intent that they will be better skilled and more confident to have early preventative conversations to help 'nip things in the bud'. In addition to the planned training, the persistence of comments about rudeness in 2019 led the FTSUG to include information about the impact of incivility in the workplace in talks to groups and teams.

Comparison against other Trusts in the South East

Data is available through the National Guardian's quarterly data survey to draw comparisons with other trusts. Appendix 1 of this document shows the quarterly data for 2019 for all Trusts in Table A and specifically for Acute medium sized Trusts (the BSUH category) in Table B. The arrows in table 2 indicate how BSUH is performing against the averages for all medium acute hospitals for the category of data. The data is interesting and provides an insight into activity and trends beyond BSUH. For example, compared with other trusts anonymous cases are raised less frequently at BSUH. However whilst bullying and harassment are cited less frequently than other trusts (5 times in 2019), 25 staff members raised concerns which included behavioural and relationship problems, often a precursor to bullying and harassment, and bullying and harassment is referred to frequently in group settings and meetings. The data is of interest but direct comparisons are problematic, however when the FTSU Guardian's meet regionally they share best practice which informs understanding of the FTSU experience across trusts. In summary those conversations suggest that the majority of approaches made to FTSUGs are about staff behaviour towards one another and difficulties in gaining resolution through either formal or informal processes.

Speaking Up and Staff Survey

Table 5 Standard Questions used as measures of speaking up - Staff Survey Respondents selecting Agree or Strongly Agree

Question	2017 BSUH %	2018 BSUH %	BSUH %change in 2018	2019 BSUH %	BSUH %change in 2019	2019 National Average
The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	93.8	95.0	+1.3	94.5	-0.5	95
My organisation treats staff who are involved in an error, near miss or incident fairly	49.4	60.7	+ 22.9	61.7	+1.6	59.6
My organisation encourages us to report errors, near misses or incidents	81.8	86	+5.6	84.7	-1.5	88.2
If you were concerned about unsafe clinical practice, would you know how to report it?	92.4	93.5	+1.2	94	+0.5	96.4
I would feel secure raising concerns about unsafe clinical practice	65.4	69.4	+6.1	70.1	+0.9	70.4

NHS staff survey data http://www.nhsstaffsurveyresults.com/

BSUH score better than last year or better than national average

BSUH score lower than last year or lower than national average

At the National Guardian's Conference 2018 the 5 questions in Table 5 were identified as markers for speaking up. During the review of speaking up in BSUH the NGO also reviewed activity on additional questions as shown in Table 6 as additional markers for the health of speaking up.

The results for the 2019 survey show that in 10 of the measures staff at BSUH are feeling less positive than they were in 2018. The two questions with the most significant positive increase in 2018: My organisation treats staff who are involved in an error, near miss or incident fairly +22.95% and Senior managers act on staff feedback + 46.5% have held on to those improvements and managed the highest percentage increases in 2019 of 1.6% and 1.2% respectively, suggesting that the trust continues to build on the significant shift brought about in 2018. There is plenty of headroom for further improvement and to close the gap on best performing trusts at 71.1% and 48.8% respectively.

Table 6 Additional Questions used as measures of speaking up by National Guardian's Office Review of BSUH in 2019 - Staff Survey Respondents selecting Agree or Strongly Agree

Question	2017 BSUH %	2018 BSUH %	BSUH %change in 2018	2019 BSUH %	BSUH %change in 2019	2019 National Average
Speaking up and responding to views about improvement and change						
I am able to make suggestions to improve the work of my team/department	72.1	75.3	+4.4	73.9	-1.8	73.6

I am involved in deciding on changes introduced that affect my area/team/department	49	53.5	+9.2	52.3	-2.2	52.2
The team I work in often meets to discuss the team's effectiveness	51.5	57.2	+11.1	56.4	-1.4	60.3
Senior managers act on staff feedback	22.6	33.1	+46.5	33.5	+1.2	33.9
My immediate manager asks for my opinion before making decisions that affect my work	52.1	55.8	+7.1	55.5	-0.5	55.4
Speaking up about and responding to unsafe practices, errors and incidents.						
I am confident my organisation would address my concern	46.2	54.4	+17.7	54.3	-0.2	57.7
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	59.6	67.7	+13.6	65.3	-3.5	70.2
We are given feedback about changes made in response to reported errors, near misses and incidents	51.5	59.5	+16.3	57.1	-4	60.1
The last time you experienced bullying or abuse at work did you or a colleague report it?	42.7	45.1	+5.6	43.3	-4	46

NHS staff survey data http://www.nhsstaffsurveyresults.com/

BSUH score better than last year or better than national average

BSUH score lower than last year or lower than national average

The trust is currently performing below the National average on 10 of the measures which compares against below average on 5 measures in 2018. During the course of 2019 particularly through the LCW work stream and the ongoing Patient First Program, there has been investment in planning and delivering leadership training and upskilling teams and individuals in problem identification and solving, all ingredients that one would expect to improve staff responses to the speak up measures. Staff approaching the FTSU Guardian are in most cases doing so as a last resort or out of frustration because they feel 'nothing is happening' in spite of speaking up through the line. Combined with the data this would suggest that communication about activity locally or more widely in the trust is not reaching all who would benefit, feedback to individuals raising concerns is not as effective as it needs to be. Additionally Patient first has seen local quick wins in its early days, what remain as time progresses are more complex knotty issues for which there is no easy answer, no quick win, which perhaps require cross functional working and may need business cases and investment to achieve. In these cases staff know the matter has been raised but do not necessarily comprehend how far the tentacles of their 'issue' extend through the organisation, or the processes required to reach a decision and action for resolution. Unless you know and understand, or are given feedback and updates you see a problem raised, and nothing done. The score decreases on last year are small but a reminder to continue to promote listening, share information, give feedback and acknowledge and celebrate where staff speaking up makes a positive difference for our trust.

Table 7 Freedom to Speak Feedback Survey

Closed cases request for feedback	2017	2018	2019
Forms sent	22	42	51
Responses	9	17	17
	41%	40%	

Would you use the service again?	2017	2018	2019
yes	11	14	13
no	1	0	2
maybe	0	2	2
don't know	0	1	0

Feedback survey was made available through SurveyMonkey™ to enable anonymous completion in 2018. It was hoped that offering this option would increase take up. However as the numbers show responses remain low. However staff continue to comment that they have been taken seriously, dealt with in confidence and feel heard.

Speaking up Messaging

The FTSU Guardian has an online presence in Workplace and Staff Info-net, has posters and leaflets up and available across the trust. In addition the FTSU Guardian actively engages and delivers information and training in the following areas

Induction Corporate Doctors Student Nurses
Presentations on request Department Meetings Team Presentations Governance Sessions
Formal Training Band 1 to 4 / Care Certificate / Apprentices Preceptorship
Speaker BAPIO Conference, Sussex University - Speaking Up component for student nurses
Conference Presence LGBTQ Conference WRES Conference
Membership Diversity Matters Disability Network WRES Steering Group LGBTQ Allies Ambassador.
Visit all BSUH sites as part of Wellbeing and Speak Up Roadshow in April handing out Keep Cups. Visit all sites in October Speak Up Month Roadshow

The introduction of the “Do you know who your Freedom to Speak up Guardian is?” question into the on-going Pulse Survey attached to Statutory and Mandatory Training in October 2019 is helping measure the reach of the role.

Case Review of Speaking up in BSUH

In early 2019 the National Guardian's Office completed a case review. The review was based on information received by the National Guardian that suggested there was not a positive speaking up culture in the trust, particularly in relation to issues raised by black, Asian and minority ethnic (BME) members of staff. The request to review the trust came at a time when the trust was undergoing significant change with the introduction of new leadership and Patient First initiatives and there was an agreement for a delay to allow this work to commence. Thus the review also looked for evidence of positive impact of the initiatives on the speaking up culture. In summary

"The review found evidence that the trust was in the process of making improvements to its speaking up culture and that its leaders were focussed on the importance of positive working cultures in the delivery of high-quality patient care.
Examples of actions to improve the organisation's culture included the use of weekly 'improvement huddles', where all staff in a service were encouraged to speak up about issues where they worked and actions to address them were then agreed by the team members.
Many of the workers we spoke to commented that there had been an improvement in the working culture of the trust since a new leadership team, which also runs a neighbouring NHS trust, started work in April 2017. The staff survey for 2018, published during our review, reflected significant improvements from the previous year's survey in how trust workers viewed the organisation's working culture.
Care Quality Commission (CQC) inspectors also found considerable improvements in the working culture of the organisation when they inspected the trust in 2018.
Our review has commended good speaking up practice, where this was identified and has made 6 recommendations on how the trust can build on the improvements it has begun. The review also makes one recommendation for the National Guardian's Office"[3]

Table 8 NGO Recommendations and Actions

Deliverables	Target dates	Action	Complete
As soon as is practicable, following the decision regarding the future leadership of the organisation, the trust should inform its workforce of that decision.	March 2020	Communicated October 2019	✔
Within 12 months the trust should revise its speaking up policy, to ensure it is in line with the amendments required by NHS Improvement quoted in this report.	May 2020	Contact details and NED lead change updated August 2019 Further update when new policy update published by NHSI due Spring 2020	
Within 3 months the trust should take all appropriate steps to implement the actions identified in its gap analysis of National Guardian Office case review recommendations.	Sept 2019	Historical Gap analysis checked by HR – outstanding actions have been integrated into other areas as required NGO review gap analysis is a standing item for quarterly meetings with FTSUG Started in April 2019 – means future actions can be captured and monitored.	✔
Within 6 months of the completion of its roadshow to promote the existence and purpose of its Freedom to Speak Up Guardian	Dec 2019	Question incorporated in pulse survey attached to Stat/Man Training, data collection begun Oct 2019, first detailed data share with Divisions February 2020.	✔

[3] https://www.nationalguardian.org.uk/wp-content/uploads/2019/11/20190619-brighton-and-sussex-university-hospitals-nhs-trust-a-case-review-of-speaking-up-processes-policies-and-culture.pdf

across its workforce, the trust takes appropriate steps to measure the effectiveness of its communications strategy relating to the role.		Data included in LCW reporting and reviewed as part of LCW Program ongoing	
Within 12 months the trust completes the work it identifies as necessary to help ensure that workers, in particular those responsible for responding to speaking up matters, have the appropriate skills to handle difficult conversations	May 2020	Conversations Skills training commissioned first tranche of delivery completed November 2019 Further sessions and train the trainer planned	✔
Within 6 months the trust should take reasonable steps to ensure that its network of cultural ambassadors reflects the diversity of the workforce that it supports.	Nov 2019	Analysis of Ambassadors reviewed at LCW Program Board October 2019 Levels of representation equal or exceed the BME make up of BSUH – with the exception of Asian staff. Agreement for on-going monitoring of the make up to ensure representative spread	✔

OBSERVATIONS AND LEARNING

The Good CQC rating at the beginning of the year buoyed the trust; however a concern was being expressed that the Executive Team would move on at the end of their initial three year contract, and that the early shoots of positive progress would suffer. The announcement of the continuation of leadership had a stabilising effect. As the year has progressed the persistent challenges around staffing, pressure on the hospital and finances appears to add to feeling of latent exhaustion in many FTSU conversations. On the positive side, it is fantastic to see the positivity in staff who, after coaching, have had the conversation they needed and found resolution to the issues concerning them.

Last year's message were about:

- Getting better at
    - listening well
    - nipping things in the bud
    - not allowing poor behaviours to go unchecked
    - setting clear expectations
    - honestly evaluating individual's contribution
    - saying no
    - building robust action/feedback loops – so staff understand what actions are being taken on matters raised.
    - sharing knowledge to promote understanding

This year's messages are very similar. The provision of skills training is very welcome but given it has only recently commenced the impact will hopefully be seen in the coming year. As before, the numbers are small, we need to continue to develop and build on last year's message and additionally for 2020 concentrate on civility amongst staff.

Author Caroline Owens, Freedom to Speak Up Guardian

Report date 11 March 2020

Appendix 1

Table A FTSU Returns To NGO for SE Region

Organisation Name	Size of Org*	Number of cases brought to FTSUGs/Champions per quarter				Number of cases raised anonymously				Number of cases with an element of patient safety/quality				Number of cases with an element of bullying or harassment				Number of cases where people indicate they are suffering detriment due of speaking up			
		18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
Ashford and St. Peter's Hospitals NHS Foundation Trust	Small	39	27	45	35	5	14	25	20	26	9	12	3	13	12	27	17	0	0	0	0
Berkshire Healthcare NHS Foundation Trust	Small	7	6	11	7	0	6	9	1	2	0	1	2	3	4	8	4	0	4	10	0
Brighton and Sussex University Hospitals NHS Trust	Medium	14	8	12	16	0	0	0	0	7	3		3	1	0	2	2	0	0	1	0
Buckinghamshire Healthcare NHS Trust	Medium	24	30	22	42	0	0	0	0	7	10	8	14	9	16	17	14	0	0	0	0
Dartford and Gravesham NHS Trust	Small	20	17	21	33	1	1	0	3	2	4	11	6	2	6	2	1	0	0	0	0
East Kent Hospitals University NHS Foundation Trust	Medium	5	17	15	20	1	0	0	0	3	9	5	7	3	7	5	8	0	0	0	0
East Sussex Healthcare NHS Trust	Medium	51	ND	ND	46	0	ND	ND	0	6	ND	ND	3	3	ND	ND	8	0	ND	ND	0
Frimley Health NHS Foundation Trust	Medium	26	14	24	27	1	1	4	2	9	3	5	6	3	8	8	8	0	0	0	0
Hampshire Hospitals NHS Foundation Trust	Medium	12	7	15	17	0	0	0	1	1	3	1	0	4	1	2	5	0	0	1	0
Isle of Wight NHS Trust	Small	41	44	28	62	0	0	0	0	2	2	2	1	35	42	25	39	1	0	0	0
Kent and Medway NHS and Social Care Partnership Trust	Small	1	52	67	ND	1	35	37	ND	1	4	2	ND	0	11	8	ND	0	0	0	ND
Kent Community Health NHS Foundation Trust	Medium	13	1	3	4	9	1	3	1	1	0	1	2	12	1	2	0	0	0	1	2
Maidstone and Tunbridge Wells NHS Trust	Medium	8	15	16	ND	4	5	6	ND	3	0	4	ND	1	8	4	ND	0	4	1	ND
Medway NHS Foundation Trust	Medium	22	22	24	18	12	7	16	8	9	4	7	11	5	4	9	8	0	0	0	0
Oxford Health NHS Foundation Trust	Medium	10	20	4	14	0	0	0	0	2	11	4	1	7	9	4	13	1	0	0	0
Oxford University Hospitals NHS Foundation Trust	Large	31	33	53	30	2	0	0	3	5	10	17	9	17	14	22	10	6	4	2	1
Portsmouth Hospitals NHS Trust	Medium	19	41	14	20	3	6	2	2	4	4	2	1	7	10	3	5	0	0	0	0

Appendix 1

Organisation Name	Size of Org	Number of cases brought to FTSUGs/Champions per quarter				Number of cases raised anonymously				Number of cases with an element of patient safety/quality				Number of cases with an element of bullying or harassment				Number of cases where people indicate they are suffering detriment due of speaking up			
		18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
Queen Victoria Hospital NHS Foundation Trust	Small	ND	1	2	2	ND	0	0	0	ND	1	1	0	ND	0	1	2	ND	0	0	0
Royal Berkshire NHS Foundation Trust**	Small	14	7	7	17	0	0	0	1	1	2	0	3	3	6	3	7	0	0	1	0
Royal Surrey County Hospital NHS Foundation Trust	Small	15	11	11	39	1	0	0	0	3	4	2	15	6	1	1	14	1	0	1	0
Solent NHS Trust	Small	15	16	14	12	15	1	0	4	0	1	0	0	7	9	6	7	0	0	0	0
South Central Ambulance Service NHS Foundation Trust	Small	12	29	23	21	0	1	3	0	2	1	1	2	1	5	2	7	0	0	0	0
South East Coast Ambulance Service NHS Foundation Trust	Small	38	20	21	19	7	1	3	2	1			1	18	10	9	10	1		1	0
Southern Health NHS Foundation Trust	Medium	37	56	73	152	0	3	3	2	5	10	44	32	10	9	13	29	0	0	0	0
Surrey and Borders Partnership NHS Foundation Trust	Small	18	15	29	17	0	0	1	0	13	8	6	15	5	6	5	4	1	0	0	1
Surrey and Sussex Healthcare NHS Trust	Small	26	16	14	22	0	0	0	0	9	4	3	10	16	10	11	16	0	0	0	0
Sussex Community NHS Foundation Trust	Small	12	25	50	44	0	1	0	0	3	2	4	4	4	13	10	12	0	1	0	0
Sussex Partnership NHS Foundation Trust	Small	11	10	12	12	0	0	0	0	4	5	6	8	6	6	4	6	1	0	2	1
University Hospital Southampton NHS Foundation Trust	Large	13	8	14	ND	1	0	0	ND	1	1	2	ND	12	7	11	ND	0	0	1	ND
Western Sussex Hospitals NHS Foundation Trust	Medium	7	4	13	10	0	1	1	10	0	0	1	0	7	3	11	2	0	2	0	0

Data Source https://www.nationalguardian.org.uk/speaking-up-data/

*Size of Org Small up to 5,000 staff
Medium between 5,000 and 10,000 staff
Large more than 10,000 staff

ND – no data returned

**Royal Berkshire NHS Foundation Trust showing as South West Group for Q4 18/19 and South East for 2019/2020

Acute medium sized trust

Appendix 1

Table B 2019 Returns To NGO for Medium sized acute trusts

Organisation Name	Size of Org	Number of cases brought to FTSUGs/Champions per quarter				Number of cases raised anonymously				Number of cases with an element of patient safety/quality				Number of cases with an element of bullying or harassment				Number of cases where people indicate they are suffering detriment due of speaking up			
		18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
Brighton and Sussex University Hospitals NHS Trust	Medium	14 ⬆	8 ⬇	12 ⬇	16 ⬆	0 ⬇	0 ⬇	0 ⬇	0 ⬇	7 ⬆	3 ⬇	1 ⬇	3 ⬆	1 ⬇	0 ⬇	2 ⬇	2 ⬇	0 ⬅	0 ⬇	1 ⬆	0 ⬅
East Kent Hospitals University NHS Foundation Trust	Medium	5	17	15	20	1	0	0	0	3	9	5	7		7	5	8	0	0	0	0
Maidstone and Tunbridge Wells NHS Trust	Medium	8	15	16	ND	4	5	6	ND	3	0	4	ND	1	8	4	ND	0	4	1	ND
Portsmouth Hospitals NHS Trust	Medium	19	41	14	20	3	6	2	2	4	4	2	1	7	10	3	5	0	0	0	0
Western Sussex Hospitals NHS Foundation Trust	Medium	7	4	13	10	0	1	1	10	0	0	1	0	7	3	11	2	0	2	0	0
Total		53	85	70	66	8	12	9	12	17	16	13	11	19	28	25	17	0	6	2	0
Mean Average (rounded to nearest whole number)		10.6	17	14	16.5	1.6	2.4	1.8	3.0	3.4	3.2	2.6	2.75	3.8	5.6	5.0	4.25	0	1.2	0.5	0

⬆ arrow indicates BSUH performance against the mean average for similar trusts in the South East Region

NHS
Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	18	**Meeting:**	Trust Board	**Meeting Date:**	04/08/20
Report Title:	Medical Appraisal and Revalidation Annual Update				
Sponsoring Executive Director:	Dr Rob Haigh, BSUH Medical Director				
Author(s):	Dr Rachael James Deputy Medical (Standards)/Lead for Appraisal and Revalidation Caroline Wiggs, Medical Appraisal and Revalidation Manager				
Report previously considered by and date:					

Purpose of the report:			
Information	✓	Assurance	✓
Review and Discussion	✓	Approval / Agreement	☐
Reason for submission to Trust Board in Private only (where relevant):			
Commercial confidentiality	☐	Staff confidentiality	☐
Patient confidentiality	☐	Other exceptional circumstances	☐
Link to Trust Strategic Themes:			
Patient Care	✓	Sustainability	☐
Our People	✓	Quality	✓
Systems and Partnerships	☐		

Any implications for:	
Quality	Appraisal revalidation to ensure the medical practitioners are up to date and accredited to provide safe and effective patient care
Financial	None
Workforce	Plans in place to increase numbers of appraisers

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

Communication and Consultation:

Executive Summary:

This paper updates the Board on the end of year position with regard to medical appraisal and revalidation and seeks Board sign off of the NHS England statement of compliance.

NHS England has cancelled the Annual Organisation Audit for 2019-20.

The previous improvement in appraisal rate has been sustained throughout 2019-20.

- 2019-20 end of year appraisal rate for all doctors with a prescribed connection for revalidation **93%** (vs 93% in 2018-19.)
- For substantive medical and dental staff only, end of year appraisal rate was **93%** (vs 93% in 2018-19.)

2020-21 medical appraisal cycle

In line with NHS England guidance medical appraisal has been suspended since 1st April due to Covid-19 – and will resume at BSUH from 15th September.

Doctors with annual due dates between 1st April and 14th September will have an 'approved missed' appraisal recorded in line with NHS England recommendations.

A new appraisal platform was required this year and went 'live' 20th July.

Key Recommendation(s):
The Board is asked to: APPROVE the Board Report and APPROVE the Statement of Compliance

Section 7 – Statement of Compliance:

The Board of **Brighton & Sussex University Hospitals NHS Trust** has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: **Brighton & Sussex University Hospitals NHS Trust**

Name: Marianne Griffiths

Role: Chief Executive

Brighton & Sussex University Hospitals NHS Trust

Signed:

Date:

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	19.	**Meeting:**	Board of Directors	**Meeting Date:**	4 August 2020
Report Title:	**Company Secretary Report**				
Sponsoring Executive Director:			Glen Palethorpe, Group Company Secretary		
Author(s):			Glen Palethorpe, Group Company Secretary		
Report previously considered by and date:					
Purpose of the report:					
Information		✓	Assurance		✓
Review and Discussion		☐	Approval / Agreement		☐
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		☐	Staff confidentiality		☐
Patient confidentiality		☐	Other exceptional circumstances		☐
Link to Trust Strategic Themes:					
Patient Care		✓	Sustainability		✓
Our People		✓	Quality		✓
Systems and Partnerships		✓			
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe		☐	Effective		☐
Caring		☐	Responsive		☐
Well-led		✓	Use of Resources		☐
Communication and Consultation:					
Executive Summary:					

2019/20 year end NHS I Licence self-declarations

The Board approved its required NHS I Licence self declarations and these have been published on the Trust's website at https://www.bsuh.nhs.uk/about-us/our-performance/self-certification/

2019/20 Annual Report and Accounts

Following the Board's approval of the Trust Annual Report and Accounts these were presented to Parliament. Following these being accepted by Parliament these have been placed on the Trust's website at https://www.bsuh.nhs.uk/about-us/our-performance/annual-reports-and-plans/

2019/20 Quality Account

The Trust's Quality Account has been completed and post its approval by the Board has been placed on the Trust's website at https://www.bsuh.nhs.uk/about-us/our-performance/annual-reports-and-plans/

Annual General Meeting

Given the change in the Annual Reporting timescales the date for the Annual General Meeting has

now been set for the 29 September after the next Public Board. The plan is that this meeting is to take place via MS Teams and details of how the public can join that meeting will be placed on our website nearer the time.

Key Recommendation(s):

The Board is asked to **NOTE** that the Trust's Annual Report and Accounts and the Quality Account have been placed on our website.

The Board is asked to **NOTE** that the Annual General Meeting has been set for the 29 September 2020.