Western Sussex Hospitals
NHS Foundation Trust

Meeting of the Board of Directors

10.00 to 13.15 on Thursday 01 October 2020

Virtual Meeting via MS 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 06 August 2020** To approve	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 **<u>INTEGRATED PERFORMANCE REPORT including REFRESH, RESTORE, RECOVERY UPDATE</u>**	Presentation	Marianne Griffiths
6.	10.25	**Introduction from Chief Executive** To receive and note overview of the Trust's activities	Enclosure	Marianne Griffiths
7.	10.30	**Quality Improvement** To receive and agree any necessary actions *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	Enclosure	George Findlay Maggie Davies
8.	10.50	**Systems and Partnerships** To receive and agree any necessary actions	Enclosure	Gethin Hughes
9.	11.05	**Sustainability** To receive and agree any necessary actions *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	Enclosure	Karen Geoghegan
10.	11.20	**Our People** To receive and agree any necessary actions *At this point the Chairs of the Committees will be invited to provide any additional assurance from the work of their*	Enclosure	Jo Fanning

		committees.		
		ASSURANCE REPORTS FROM COMMITTEES		
11.	-	**Report from Quality Assurance Committee** - **from the meetings on the 24 September 2020*:*** To receive assurance from Committee and recommendations from the Committee	Enclosure	Joanna Crane
12.	-	**Report from Finance and Performance Chair** - **from the meetings on the 27 August & 24 September 2020** To receive assurance from Committee and recommendations from the Committee	Enclosure	Lizzie Peers
13.	11.45	**Board Assurance Framework** To approve	Enclosure	Glen Palethorpe
		QUALITY IMPROVEMENT		
14.	11.55	**Annual Infection Control and Prevention Report** To approve for publication on Trust website	Enclosure	Suzie Jerwood Sharon Reed
		SERVICE PRESENTATION		
15.	12.25	**Annual Organ Donation**** To receive assurance over application of patient first processes	Presentation	Luke Hodgson Andrew Hetreed
		WELL LED & COMPLIANCE		
16.	12.45	**Company Secretary Report** To approve	Enclosure	Glen Palethorpe
		OTHER		
17.	12.55	**Any Other Business** To receive and action	Verbal	Chair
18.	13.00	**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
19.	13.15	**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 **03 December 2020**. **To resolve to move to into private session** *The Board now needs to move to a private session due to the confidential nature of the business to be transacted*	Verbal	Chair

** Hard copies of these reports are available on request via email to t.humphrys@nhs.net

Trust Board of Directors Quoracy

A meeting of the Board shall be quorate and shall not commence until it is quorate.

Quoracy is defined as meaning that at least half of the Board must be present, including one Non-Executive Director and one Executive Director. This means that at least 6 voting members must be present. A Director shall

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

Minutes

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 06 August 2020, held virtually via Microsoft Teams Broadcast.

Present:	Alan McCarthy	Chairman
	Patrick Boyle	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Jon Furmston	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Joanna Crane	Non-Executive Director
	Lillian Philip	Associate Non-Executive Director
	Dame Marianne Griffiths	Chief Executive
	Pete Landstrom	Chief Strategy and Delivery Officer
	Fiona Ashworth	Chief Operating Officer
	Maggie Davies	Chief Nurse
In Attendance:	Jennie Shore	HR Director
	Tim Taylor	Medical Director
	Glen Palethorpe	Group Company Secretary
	Tanya Humphrys	Corporate Governance Officer

TB/08/20/01 Welcome and Apologies

1.1 The Chair welcomed all those present to the meeting.

1.2 Apologies were received from George Findlay, Karen Geoghegan and Kirstin Baker; the meeting was confirmed as quorate.

TB/08/20/02 Declarations of Interests

2.1 There were no declarations of interest.

TB/08/20/03 Minutes of Board Meeting held on 30 January 2020

3.1 The Board received the minutes of the meeting held on 30 January 2020, these had been approved by the Board at a Private meeting on 30 April 2020 but were included for information.

3.2 **The Board NOTED the approved Minutes of Board Meeting held on 30 January 2020.**

TB/08/20/04 Matters arising from Minutes

4.1 The Matters Arising from previous meetings were received and agreed that all the Matters Arising related either to items on the agenda or were on a forward agenda plan and therefore could be closed.

TB/08/20/05 Chief Executive Report

5.1 Dame Marianne Griffiths introducted the Chief Executive's report and highlighted the following key areas.

5.2 **Covid-19** – Marianne provided the Board with a summary of the previous 7 months explaining that so much had happened since January and highlighted some of the headlines which included the Trust having to send home 59 A&E staff following an A&E doctor in Worthing testing positive for

Covid at the very beginning of the pandemic. Marianne explained that it presented a enormous challenge, however with mutual aid from St Richard's and BSUH the Team managed this period well.

5.3 Marianne went on to advise that the Trust had opened its incident room on the 11 March the same day that the pandemic had been declared by the World Health Orghanisation.

5.4 The Board was advised that the Trust's cases of Covid had peaked in the middle of April and into May, however Marianne informed the Board that over the last 6 weeks numbers had significantly reduced and in the 2 weeks prior to the Board the Trust had no inpatients with Covid at either hospital, paying tribute to the staff and how they worked together during this period and took the opportuntiy to say a huge thank you to staff.

5.5 Marianne talked the Board through the actions and measures taken by the Trust to deal with the pandemic at WHSFT, including increased critical capacity, ensuring that there were enough ventilators available, re-working the hospital layout into Covid (red) and non-Covid (green) areas, redploying and retraining.

5.6 Marianne proudly explained that staff exhibited, when it was most needed, compassion and care for patients and drew to the Board's attention the story of Pat and Ron Wood.

5.7 The Board's attention was also drawn to the following areas of the report:

- The wonderful support from the Community and members of the Public, Love Your Hospital had so many donations and gifts, a huge thank you publicly to all who contributed;
- Staff gallery of portraits of staff by local artisits which was a lovely testimonial for staff;
- WSHFT research team who engaged in national research that will be key in finding a treatment for Covid.

5.8 **WSHFT and BSUH Merger** – Marianne explained that the Board had been looking at the best mechanism for sustainability moving forward with the ongoing relationship with BSUH. It was noted that reflecting on the challenges for both organisations following the pandemic it was the opinion of Executive Team and supported by the Board that the best option was to pursue a merger of the two Trusts. Marianne explained that it would allow WSHT to maintain its postion as a Foundation Trust but gain university hospital status. Marianne highlighted to the Board that it presented an exciting opportunity for all the hospitals to grow and develop services whilst continuing to deliver outstanding care.

5.9 **International year of the Nurse and Midwife** – the Board was advised that the Trust celebrated this date with cream teas which were delivered to everyone at work and thanked Love Your Hospital for arranging and supporting this.

5.10 **Trainee Doctors Awards** – Marianne commented that these awards were a lovely opportunity to see a showcase of the achievements of the junior doctors and all who to support them and culminated in Dr Tess Pepper winning the presitigous Sophie Spooner award with a phenomenal 27 nominations!

5.11 **Headlines** – Marianne talked the Board through a number of key headlines in particular the work that the Trust had been undertaking in supporting and safeguarding BAME communities in Sussex, including leaders of our

Filipino community engaging in a podcast with Chief Nurse Maggie Davies which was sent to their families in the Philippines and the work carried out to undertake risk assessments of all BAME employees at WSHFT.

5.12 Patrick Boyle thanked Marianne for her presentation commenting how heartwarming it was, he commented that the Country is beginning to see infection rates increase and asked about the Trust's preparedness. Marianne explained that the Trust is currently operating at low level incident and has surge plans which we would be able to implement straight away if needed for both critical care and the wards.

5.13 The Chair thanked Marianne for her presentation and took the opportunity, on behalf of the Board, to thank all the staff, many having been in some really challenging situations and their apporach and work has been magnificent.

5.14 **The Board NOTED the Chief Executive's Report.**

TB/08/20/06 Integrated Performance Report

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

TB/08/20/07 Quality Improvement

7.1 Tim Taylor updated the Board on the key messages from the Quality section of the report with a particular focus on mortality explaining that the Board had previously been advised of the strong focus the Trust was taking in relation to its HSMR performance, Tim went on to highlight that the HSMR up to and including March 2020 had reduced to 102.3 putting the Trust at the 56th percentile.

7.2 It was noted that crude mortality (non-elective) in June was 2.41% and the 12 month rolling crude (non-elective) mortality rate including June 2020 was 2.98% against a target of 3.11%.

7.3 Tim highlighted to the Board that in May, 27 inpatients died with a current Covid-19 positive test result. This was inaccurately reported as 34 in the last report due to a data filtering error. Five inpatients died with a current Covid-19 positive test result in June (4 at SRH and 1 at Worthing).

7.4 The Board was advised that Stroke services continued to improve, the latest published quarterly SSNAP performance (January to March 2020 & published in June 2020) demonstrates that St Richard's achieved a grade B with an attainment score of 74, maintaining the score and grade achieved in the previous quarter. Worthing maintained a grade A with an attainment score of 84, maintaining the grade achieved in the previous quarter.

7.5 Maggie Davies advised the Board that in June the CQC had published an Infection Prevention and Control (IPC) BAF to enable Trust's to assure their Boards in relation to Covid using 10 specific criteria, Maggie drew the Board's attention to slide 13 of the presentation which detailed the 10 key lines of enquiry highlighting that the Trust had scored green on all domains.

7.6 It was noted that patient testing had continued and has begun to drop with less cases presenting to the hospitals. Throughout the pandemic the Trust has seen slightly more cases in Worthing than SRH. Staff testing also

continues, as with patient testing the numbers of staff being tested has decreased, Maggie assured the Board that the Trust is continuing testing on a daily basis.

The Board was advised:

7.7
- 98.5% avoidable harm was delivered in June;
- There was a reduction in category 1 and 3 pressure ulcers, although a slight increase in category 2 pressure ulcers was seen in patients in ITU, which was an unintended consequence of patients lying prone;
- Family and Friends Test (FFT) recommend rate was 96% with inpatient, outpatient and maternity all meeting the recommendation goals. Noise at night also reached 65% satisfaction in March.

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

7.9 Joanna advised the Board that the Committee had received a huge amount of assurance that the Trust has had an enormous amount of focus on the normal quality domains during the pandemic and was very assured that the incredibly high standards were maintained through both Covid and non-Covid pathways.

7.10 The Board was advised that the Committee had continued to receive its normal suite of assurance reports in addition to a number of annual reports which had been provided for information alongside the Chairs report, these included the Annual Serious Incident Report, Annual Patient Experience Report and the quarterly Learning from Deaths report.

7.11 Joanna explained that the Committee had also received two deep dives in relation to Looked After Children's Services and Medicines Management, the latter which had been a following up request from the Audit Committee following the Medicines Management internal audit. Both deep dives provided assurance that agreed improvement actions had been delivered.

7.12 Lizzie Peers asked about the future sustainability of the Trust's PPE stock levels and was the Trust comfortable that it has good safe spaces for staff to take their rest. Maggie credited the materials management team explaining that the Trust had been in the very fortunate position of not running out of PPE, explaining that there is a daily stock control and at present the Trust has a good supply and is forward planning all the time.

7.13 Maggie explained that staggered breaks are really important to ensure that staff are not congregating in communal areas, Maggie explained that project wingman, a project supported by external volunteers, also provided a dedicated space for staff to have some down time, had been an enormous support and was ongoing at both Worthing and St Richard's.

TB/08/20/08 Systems & Partnership

8.1 Fiona Ashworth provided the Board with a summary of the Trust's performance in June, including the plans in place to restore services highlighting all the incredible work that staff are doing to restore services.

8.2 The Board was advised that Coronavirus has materially impacted on demand, activity and associated performance against the Constitutional Standards this financial year. It was noted that the Trust has commenced safe restoration of elective services by clinical priority as lockdown has eased.

8.3 A&E Demand fell to 229 average attendances per day April (58% of pre Covid level), but restored to 82.4% restored compared to June-19. Elective Referral Demand fell to 43% of pre Covid level during lockdown, it was noted that this is returning at a slower pace than emergency care, which was 69% of pre Covid level the week ending 26th July.

8.4 Fiona explained that the Trust was compliant against 4 of 7 reportable cancer metrics in June 2020, with provisional 62-day performance of 77.1%. The Trust was compliant for 2 week waits. 62-day screening was 0%, due to the time lag associated with the screening programme over the last three months and very low numbers of patients provisionally commencing treatment.

8.5 It was noted that RTT performance was 49% for all specialties. The overall waiting list size increased by 316 compared to the prior month. Fiona went on to explain that Diagnostic services were a key component part of Cancer and RTT and had moved from a complaint position to 62.7% for 6 week diagnostics.

8.6 The Board was advised that restoration plans were in place and that the ambition was to carry forward the positive innovations that have taken place during the pandemic, using the patient first approach and looking at every service and what support they need to continue to deliver the high standards of care whilst continuing to operate essentially two emergency departments, Covid and non-Covid pathways.

TB/08/20/09 Sustainability

9.1 Dame Marianne Griffiths advised the Board that in March it was announced that interim financial arrangements would be put in place for April 2020 to July 2020 and that all Trusts are being provided with a guaranteed minimum level of income, to underpin a breakeven position; received in the form of block payments. It was noted that the Trust could also claim additional costs where the block payments do not equal the actual costs.

9.2 The Board was advised that in line with the financial framework guidance issued from NHSE/I, the Trusty is reporting a breakeven position at the end of quarter 1. The position includes £6.1m of income from NHSE/I.

9.3 It was noted that in relation to Capital Expenditure the Trust has forecast £1.9m slightly above plan to support all the Covid capital requirements and Cash was also slightly ahead of plan at the end of month 3.

9.4 With effect from 01/04/20, the following changes to the national funding regime have been confirmed:

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

9.5 Marianne explained that there were no actions required of the Board, with the Board being asked to note the changing financial framework.

9.6 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, to update the Board on their recent meeting and

the assurances received in relation to Systems & Partnerships and Sustainability.

9.7 Lizzie began by thanking all the staff that have continued to deliver such excellent care and to the Executive Team and all those that support the Committee in providing the reports, ensuring that the non-executive directors have continued to receive everything in a timely way allowing governance to be agile during the pandemic.

9.8 Lizzie advised the Board that the Committee had sought assurances around delivery against the constitutional targets. It was noted that the Committee had heard a lot in relation to the current Refresh, Restoration, Recover (3Rs) process.

9.9 It was acknowledged that the pre-Covid targets are largely irrelevant given the circumstances at present and the Committee is working to understand and seek assurances in a different way, with a lot of discussion around the developing plans of reinstating elective work and the complex situation for the Trust.

9.10 Lizzie advised that the Committee had reviewed performance reports for the last quarter and was guided through the ongoing work to restore services in addition to ensuring that all Covid costs are tracked.

TB/08/20/10 Our People

10.1 Jennie Shore provided the Board with a summary of Workforce Performance but specifically around the Trust's Covid response since March 2020.

10.2 The Board was advised that a programme was established to provide quick and reactive structures to respond to workforce issues caused by the pandemic, across the following workstreams:

- Policy and Guidance
- Workforce Capacity and Deployment
- Skills development
- Health and Wellbeing
- Reporting and Monitoring

10.3 It was noted that the focus during Quarter 1 changed from capacity and deployment which began being managed through the workforce hub, to health and wellbeing including equality, diversity and inclusion.

10.4 Pay spend was £2.2M adverse in Quarter 1 with £2.5m spend on agency which was reflective of the additional resources required, Jennie explained that an unintended consequence was that the Trust was better able to manage the nurse agency market as a result.

10.5 There were a number of Health and Wellbeing initiatives set up to help and support staff through the pandemic crisis and the Board's attention was drawn to slide 3 of the People section of the Integrated Performance Report.

10.6 Jennie highlighted that in relation to operational performance there has been an improvement in the growth of the workforce, appraisal rates dropped and whilst improvement has been made in month 2, it is not anticipated that full recovery will be made until quarter 3.

10.7 In addition, face to face training has now been restored for manual handling and resuscitation and compliance is expected by January 2021 with reduced to capacity due to social distancing.

10.8 The Board was advised that a programme for the refresh, restore and recovery of workforce priorities in response to the impact of Covid-19 has been developed and is being finalised for Quarter 2

10.9 Lizzie Peers asked about the mental health aspect of Covid on staff and the support being offered, The Board was informed of the differing types of support available with the option of more informal support and this being tracked so that the Trust knows which cross-section of staff are using the range of interventions.

10.10 Joanna Crane commented that the Quality Assurance Committee had received an update from the junior doctors' guardian of safe working who had assured the Committee that there was an increased feeling of duty and kinship with a real team work culture and support of each other.

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

TB/08/20/11 Report from Quality Assurance Committee From the meeting on 25 June and 30 July 2020

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

TB/08/20/12 Report from Finance and Performance Chair From the meeting on 25 June and 30 July 2020

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

TB/08/20/13 Report from Audit Chair from the meeting on 09 July 2020 including Audit Committee Annual Report to Boards

13.1 Jon Furmston presented the report from the Audit Committee drawing out the key points and commenting that it was appropriate at this juncture to review the Trust as a whole and assess whether there are clear objectives, that the Trust is aware what the risks are using the BAF to support that process, is the Trust certain what is required to limit the risks to the organisation and that audit is used to best support that process.

13.2 Jon advised the Board that WSHFT was a well-run organisation and this triangulated well with the CQC feedback.

13.3 It was noted that the Trust's Internal Auditors BDO had looked at the Trust's Charity, Love Your Hospital and received good assurance in relation its governance processes and procedures. Jon explained that there had been a focus on cybersecurity and remains a concern across the NHS but particularly during Covid. The Board was advised that the head of IM&T Ian Arbuthnot, had presented an action plan following the Trust's Cybersecurity audit and was going to be coming back in October to provide further assurance to the Committee.

13.4

Jon drew to the Committee's attention to the following areas of the Audit Committee Annual Report, which provided a summary of the work of the Committee for the last year:

- The revised plan from Internal Audit incorporating the Refresh, Restore, Recover processes
- Self-assessment of the Trust by Counter Fraud of all fraud risks from a Covid-19 point of view.
- External Audit, Ernst Young signed off the Annual Report and Accounts for 2019/20, It was noted that it had been a challenging year-end but the

13.5 Committee has requested a deep dive.

Jon advised the Board that the Annual Report was being presented to the Board for information and to advise that the Audit Committee continue to be

13.6 assured by how well the organisation is run.

The Board NOTED the Report from the Audit Committee Chair and the Audit Committee Annual Report.

TB/08/20/14 Board Assurance Framework

14.1 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 was informed that the Trust's highest scoring risks were within

14.2 the area of Systems & Partnerships which corresponded to the updates received at Board within the Integrated Performance Report and the commentary provided by the Finance and Performance Committee Chair.

The Board was informed that a separate BAF risk had been added relating

14.3 to staff wellbeing to ensure focus on this area was maintained. The Board was reminded that again within the Integrated Performance Report and the update from the Chief Executive information on the actions being taken in relation to all the people risks had been provided.

The Board APPROVED the Board Assurance Framework recognising

14.4 **that the Quality Assurance and Finance and Performance Committees both had recommended the risk scores as being a fair reflection of the risks facing the Trust**.

TB/08/20/15 Annual Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) Surveys

15.1 Jennie Shore presented the Annual WRES and WDES Surveys and highlighted the following key points.

15.2 The Board was advised that the WRES Scheme was mandated as part of the NHS Standard Contract in 2015/2016, Jennie expressed the Trust's disappointment in falls in workforce indicators 2, 4 and 9 as detailed on slide 3 of the presentation, particularly that BME staff would be less likely to be appointed from shortlisting when compared to white staff across all posts.

Jennie advised the Board that that this was only the second mandated year

15.3 for the WDES and that the representative numbers for the Trust were very low, however as with the WDES the Trust was disappointed in relation to indicator 2 that disabled staff would be less likely to be appointed after shortlisting.

15.4 Joanna Crane commented that the Quality Assurance Committee had a lengthy discussion at their meeting and agreed that it was felt that there was some improvement in some areas of the WDES and concurred that in relation to the WRES the Trust has more to do and is not where it would like to be.

15.5 Dame Marianne Griffiths commented that it was disappointing and that there was more for the Trust to do with its celebrating cultures group and diversity matters group to ensure a new and fresh approach.

15.6 **The Board APPROVED the Annual Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) Surveys for publication on the Trust Website.**

TB/08/20/16 Annual Medical Appraisal and Revalidation Report

16.1 Tim Taylor, Trust Medical Director, updated the Board on the year-end position with regard to medical appraisal and revalidation and asked the Board to approve the NHS England statement of compliance for 2019/2020.

16.2 Tim advised the Board that it was a very comprehensive paper covering the period up to the end of March 2020 and includes the impact of Covid and revalidation as well as looking ahead to the coming year.

16.3 It was noted that the current Assistant Medical Director for Appraisal and Revalidation (AMD), Chris Smith is retiring and returning to work as a consultant, Tim took the opportunity to thank him for his work and input whilst in the role.

16.4 The Board was advised that the number of doctors with a link to the Trust increased by 20%, Tim highlighted that the number of bank doctor's appraisal rate has steadily risen with substantial progress having been made in the undertaking of their appraisals when compared to previous years.

16.5 In relation to the 2020-21 medical appraisal cycle and in line with NHSE guidance, medical appraisal was suspended on 1st April due to Covid-19 – this will resume for the Trust on 15th September.

16.6 Alan McCarthy commented that it was really positive to see a high percentage return in the number of appraisals.

16.7 **The Board NOTED the Report and APPROVED the signing of the Statement of Compliance for 2019/2020.**

TB/08/20/17 Company Secretary Report

17.1 Glen Palethorpe asked the Board to note that the Trust's 2019/20 Provider License Self-Declarations, the 2019/20 Annual Report and Accounts and the 2019/20 Quality Account have all been placed on the Trust's website.

17.2 The Board is asked to note that the Annual General Meeting has been set for the 30 September 2020.

17.3 The Board **NOTED** the reports.

TB/08/20/18 Other Business

18.1 There was no other business to discuss.

TB/08/20/19 The Chair formally closed the meeting

TB/08/20/20 Questions from Members of the Public

20.1 A member of the public submitted a question to the Board relating to a recent review of cancer services and in liaison with the Surrey and Sussex Cancer Alliance, and with neighbouring Trusts, what plans does the Trust have to develop Rapid Diagnostic Centers for the catchment population of both Trusts combined; where are these expected to be located; and when will these centers become fully operational.

20.2 Dame Marianne Griffiths explained that diagnostics are a key part of the Trusts' restoration and recovery plans, currently there are considerable backlogs in diagnostics which is a national issue. Marianne went on to explain that the Trust has already taken some steps to improve productivity and its approach to fit testing, in addition the Trust has submitted capital bids to expand capacity to mitigate the short term issues. It was noted that this is a very challenged workforce area for WSHT.

20.3 Another member of the public submitted a question to the Board relating to the planned merger between WSHT and BSUH and what public, patient and clinical consultation would take place prior to the closure or relocation of any patient services.

20.4 Marianne explained that this will be a technical merger of what currently exists, if there were to be any significant changes to any services then the Trust would absolutely consultant with the public. Marianne went on to explain that if and when a particular pathway needed some refinement, then the Trust would consult and any changes would only be carried out following discussion and with the support of clinicians, Marianne assured the Board and the Public that the decision to pursue a merger has not been driven by any financial motives but to make both parties more sustainable.

TB/08/20/21 Resolution into Board Committee

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

TB/08/20/20 Date of Next Meeting

20.1 It was noted that the next Board Meeting would take place at 10.00 on **Thursday 01 October 2020** via **Microsoft Teams Broadcast.**

Tanya Humphrys
Board and Committee Administrator
August 2020

Signed as a correct record of the meeting

Chair…….

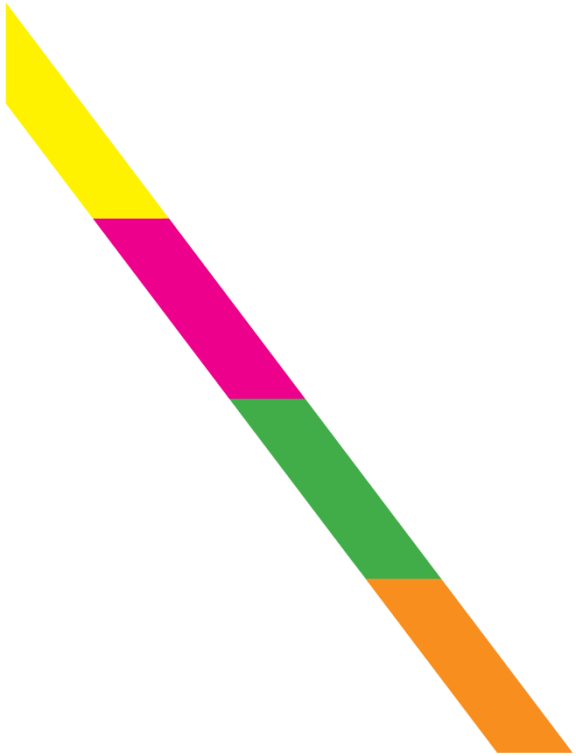
Date……..

NHS
Western Sussex Hospitals
NHS Foundation Trust

Chief executive's report

Dame Marianne Griffiths

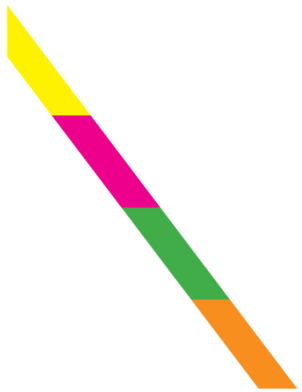
October 2020



Contents

NHS
Western Sussex Hospitals
NHS Foundation Trust

- Headlines
- Diary highlights
- Looking ahead



Thank you to all our staff

NHS
Western Sussex Hospitals
NHS Foundation Trust

"It's been an unprecedented year.

"Covid-19 dominates everything we do, influences every decision we make and has placed extraordinary demands on every area of our hospitals.

"I want to thank each and every one of our staff for the way in which they have pulled together in these exceptional times.

"I am proud of all we have achieved so far and continue to achieve together."

Dame Marianne Griffiths, Chief Executive

Headlines: Covid-19 update

Western Sussex Hospitals NHS Foundation Trust

Numbers are now increasing in local community and hospitals

- We are currently caring for 17 patients across our hospitals
- We have cared for 415 Covid patients this year
- Work is underway to restore all services

Headlines: Covid-19 update

NHS
Western Sussex Hospitals
NHS Foundation Trust

Our goal is to restore activity to more than 90% of last year's activity by October.

*Activity compared to pre-COVID levels:

- Referrals: 82%
- Outpatients: 83%
- Day case: 70%
- Inpatient elective: 45%
- A&E: 108%
- Inpatient non-elective: 87%

*correct from week ending 13 September 2020

Headlines: Covid-19 update

NHS
Western Sussex Hospitals
NHS Foundation Trust

The right thing to do is put those in most urgent need of treatment first

- If we ask to see patients it is both important and safe for them to come into hospital
- We have necessary infection prevention measures in place that unfortunately limit the number of people we can see and treat
- We are sorry people are waiting longer but we're doing everything we can to see as many as soon as possible

Headlines: Covid-19 update

Western Sussex Hospitals NHS Foundation Trust

Employee of the Month awards for exemplary Covid care

Louisa Green nominated by a relative and staff member for her “magical care”, bringing joy and laughter to patients with Covid-19. Well done Louisa.

Nadia Shuter & Caroline Bailey jointly won the award for their work setting up and running the St Richard’s Covid-19 assessment area at the start of the pandemic. Both ward sisters dedicated their award to their amazing teams. Congratulations!

Headlines: Covid-19 update

Western Sussex Hospitals NHS Foundation Trust

A new way of working

Following the Government's COVID-19 discharge guidance in March, an innovative and collaborative way of working with our partners was implemented that has significantly reduced waiting times for patients being discharged, and helped restoration by freeing up beds for patients who need them.

Last month, the trust reported an 86% reduction in the average number of people waiting to be discharged on any one day, compared to February 2020, and a 72% year-on-year reduction in the number of patients staying for more than 21 days.

Headlines: Covid-19 update

Western Sussex Hospitals NHS Foundation Trust

Community support: For the love of scrubs

More than 150 pairs of colourful rainbow scrubs for our staff on maternity and paediatrics wards have been produced by local seamstresses.

The stunning rainbow design was made as a *'thank you'* to 11-year-old Noah Evans, who camped out in his garden in Windsor for 28 days to help buy fabric for *Scrubs Glorious Scrubs* - a voluntary sewing collaborative making non-surgical scrubs for NHS workers.

Headlines: Covid-19 update

Western Sussex Hospitals NHS Foundation Trust

‘Smart’ rehabilitation for critically-ill Covid patients

Almost 60 Covid-19 patients discharged from critical care have been offered a personalised exercise plan and a wearable smartwatch (FitBit) to help their recovery as part of a pilot study led by ITU and respiratory consultant Dr Luke Hodgson.

Patients from **St. Richard’s, Worthing** and five other hospitals in the Kent, Surrey and Sussex area have enrolled in the study, which was the first of its kind to use wearable devices for Covid-19 rehabilitation.

Headlines: Covid-19 update

Western Sussex Hospitals NHS Foundation Trust

Project Wingman takes off

Pilots and cabin crew have come together to give staff at Western Sussex a morale boost by opening first class Project Wingman lounges at Worthing and St Richard's.

The airline specialists volunteering in the lounges are trained to communicate in stressful situations and have been available to support, listen and talk to staff in the hospitals during their breaks.

Headlines: Newly launched

HAVE YOUR SAY!

NHS Staff Survey 2020

28 September - 27 November

Don't miss the chance to share your experiences this year, including during COVID-19

Feedback will help to shape our journey ahead

Headlines: Newly launched

Western Sussex Hospitals NHS Foundation Trust

Most important year ever for flu jab

“I’ve had my flu jab!” campaign launched with vaccinators touring the hospitals. This year’s flu campaign is widely recognised as the most important ever.

Thank you to more than 100 workplace vaccinators signed up to help colleagues protect themselves and their families from the flu this winter. We have also launched new online booking service to enable staff to have their vaccination at a time that best suits them.

Headlines: World patient safety day

Western Sussex Hospitals NHS Foundation Trust

"Although every day at Western is a patient safety day, we celebrated by wearing an orange ribbon, cake in the Project Wingman Kaizen Suites, and a visit from the Trust Patient Safety Team to all three sites in the Trust, signposting staff to the initiatives to support their health and wellbeing.

"As I reflect on this year, I want to personally thank all staff on this important day for World Patient Safety and staff recognition."

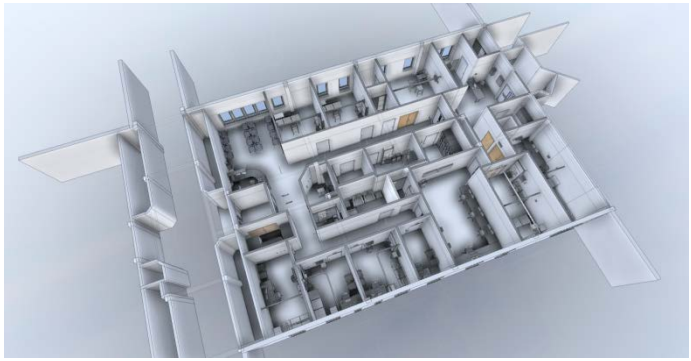
Maggie Davies, Chief Nurse

Headlines: New investments

Western Sussex Hospitals NHS Foundation Trust

New £2.1m urology investigation unit

A £2.1 million investment has been approved to develop a new specialist urology area in Worthing Hospital to improve patient experience, quality and safety. The Urology Investigation Unit (UIU) is the first phase of implementing a new strategy for the delivery of urology services, with a second UIU planned for St Richard's, subject to business case, following completion of the Worthing project.



Clinical director and consultant urologist, Mrs Suzie Venn, said: "A brand new UIU is excellent news for our patients and it is really exciting for the whole specialty team. As an outstanding trust we want to continue to lead the way in creating exemplar services for our patients and the UIU will enable us to deliver new treatments and improve care"

Headlines: Recognising excellence

Western Sussex Hospitals NHS Foundation Trust

‘Exceptional nurse’ shortlisted for prize

Deputy ward sister and clinical doctoral research fellow, Gemma Clay, has been shortlisted for the prestigious **Nursing Times Florence Nightingale Nurse of the Year 2020** award.

Through her ‘Let’s Talk About It’ campaign and information leaflets, Gemma has worked tirelessly to raise awareness of illness associated with mental health conditions

Headlines: A sight for sore eyes!

Western Sussex Hospitals NHS Foundation Trust

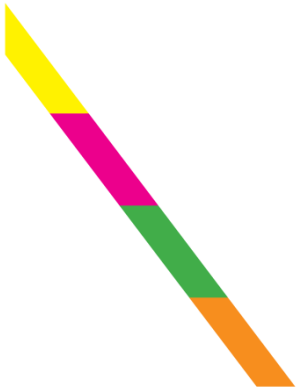
A spectacular collection of photographs now adorn the walls of Western Sussex Eye Care | Southlands as well as the ophthalmology department at St Richard's, providing patients with a unique gallery experience and a feast for their eyes to enjoy on every visit.

The photographs exhibited have been taken by consultant ophthalmologist Mr Masoud Teimory who has a passion for *all things vision* – from improving the eyesight and ophthalmic care for thousands of patients to an enthusiasm and appreciation of visual arts and photography.

Diary highlights

Western Sussex Hospitals NHS Foundation Trust

- MP virtual meeting re: merger and restoration of services
- Sussex Acute Collaborative Network
- WSHT & BSUH & Sussex CCG CEO & Chairs Meetings
- North Midlands meeting
- Sussex Health & Care Partnership Executive meetings
- QVH Programme Board
- Health Overview and Scrutiny Committee
- Staff Briefings
- Launch of new BAME Staff Network
- West Sussex H&SC Executive Workshop
- Nursing, Midwifery & Allied Health Professionals Board



Looking ahead: Merger

NHS
Western Sussex Hospitals
NHS Foundation Trust

NHS
Western Sussex Hospitals
NHS Foundation Trust

+

NHS
Brighton and Sussex
University Hospitals
NHS Trust

Aims:

- Deliver outstanding care
- Grow our clinical expertise
- Bring together the very best of both organisations

Looking ahead: Merger

NHS
Western Sussex Hospitals
NHS Foundation Trust

A new acute university hospitals NHS foundation trust in Sussex

Five hospitals | 1.8 million patients | 20,000 people| £1.2 billion budget

Catchment area of 3,800km² including all Sussex for trauma; Brighton and Hove, Mid and East Sussex for cancer and neuro-surgery; and district general acute services for Brighton and Hove, West and Mid Sussex, extending into East Sussex

Looking ahead: Merger

NHS
Western Sussex Hospitals
NHS Foundation Trust

- Strategic outline case now approved by NHSE/I
- Full business case to be submitted in November
  - Multiple workstreams contributing, including: clinical strategy, finance, managing transaction, governance and legal, management of change and organisational development, stakeholder engagement and communications, quality governance and information management and technology
- Conversations with key partners and stakeholder started
  - Including MPs, health scrutiny committees, medical school, universities
  - Broad support for merger and the rationale for our proposals
- Naming process underway

Looking ahead: Merger

Western Sussex Hospitals NHS Foundation Trust

The new, single organisation will provide us with many opportunities and ensure we can:

- Continue to improve the care and service to communities in Sussex
- Have clear leadership, governance and structures in place to ensure we can move forwards quickly
- Design services at the appropriate scale for our communities, supporting the delivery of the NHS Long-Term plan
- Create more career opportunities across our hospitals
- Continue our closer collaboration and sharing of resources

Thank you – any questions?

Western Sussex Hospitals
NHS Foundation Trust

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	6-10	**Meeting:**	Trust Board	**Meeting Date:**	01 Oct 2020
Report Title:	**Integrated Performance Report - Month 5**				
Sponsoring Executive Director:	Marianne Griffiths, Tim Taylor, Maggie Davies, Fiona Ashworth, Karen Geoghegan				
Author(s):	Marianne Griffiths, Tim Taylor, Maggie Davies, Fiona Ashworth, Karen Geoghegan and Jennie Shore				
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.					
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

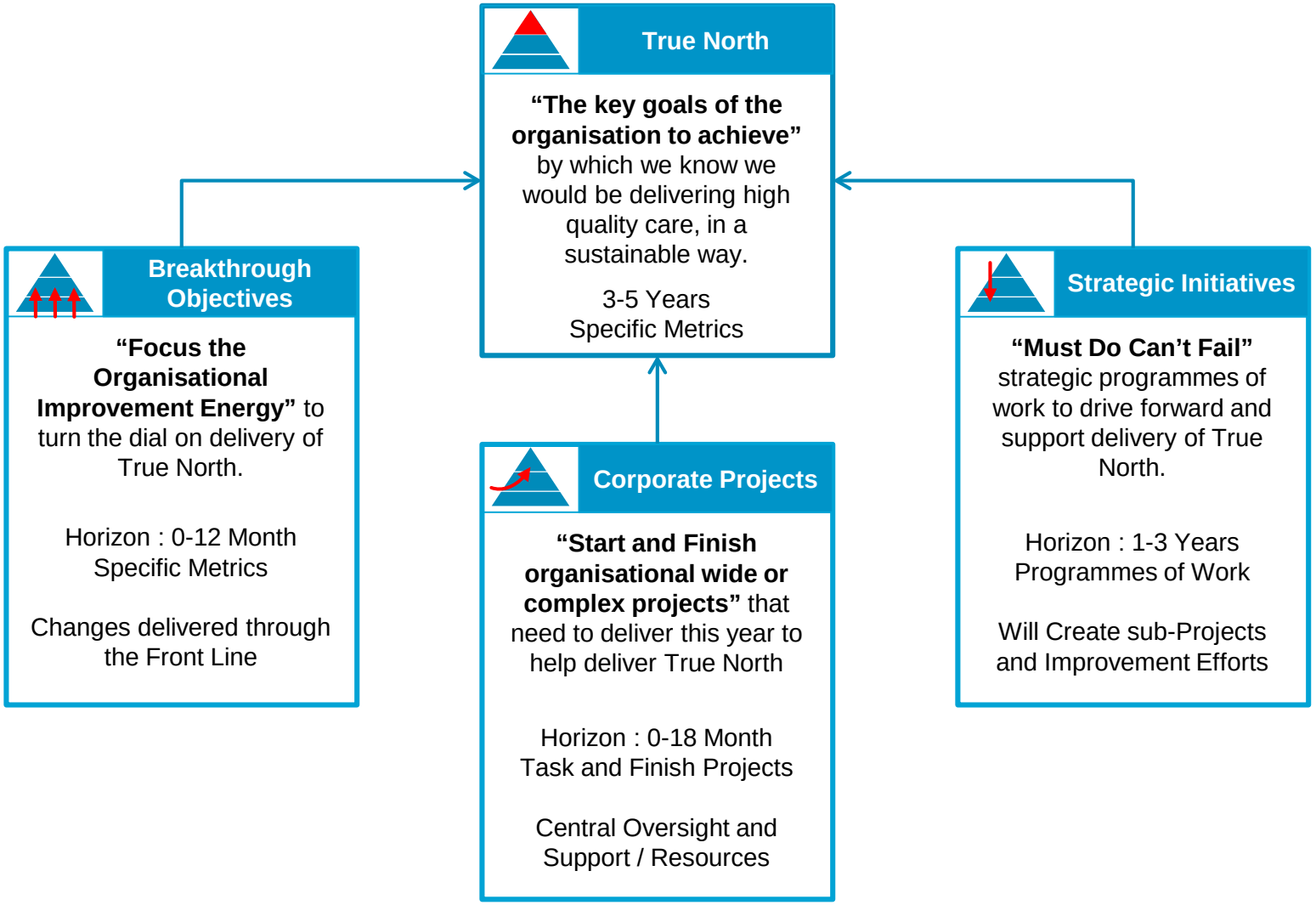
1 October 2020

Western Sussex Hospitals
NHS Foundation Trust

Contents

Structure of the report

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 in the Country

Quality

Preventable Mortality

Target: HSMR Top 20% in the Country

Avoidable Harm

Target: Patient Safety Thermometer 99% Harm Free Care

Systems & Partnerships

Non Elective Care

Target: A&E 95% <4hrs

Elective Care

Target: RTT 92% <18wks

Quality Performance - Effectiveness

Quality

Preventable Mortality

Target: HSMR Top 20% in the Country

Avoidable Harm

Target: Patient Safety Thermometer 99% Harm Free Care

Mortality

The HSMR up to and including May 2020 has reduced to 102.0 (40th percentile) and the in month HSMR for May has also reduced to 78.58 (10th percentile) and is now classed as low. The 12 month rolling site specific HSMR for St.Richard's Hospital (97) remains below Worthing (105.9).

The crude mortality (non-elective) in August was 2.81% and the 12 month rolling crude (non-elective) mortality rate including August 2020 is 2.94% against a target of 3.11%.

The latest SHMI for the 12 months up to and including February 2020 is 1.02. This falls within the statistically 'as expected range'.

Quality Performance - Effectiveness

Quality
Preventable Mortality
Target: HSMR Top 20% in the Country
Avoidable Harm
Target: Patient Safety Thermometer 99% Harm Free Care

COVID-19 Mortality

In August, 1 inpatient died with a current COVID-19 positive test result.

Medical Examiner (ME) Role

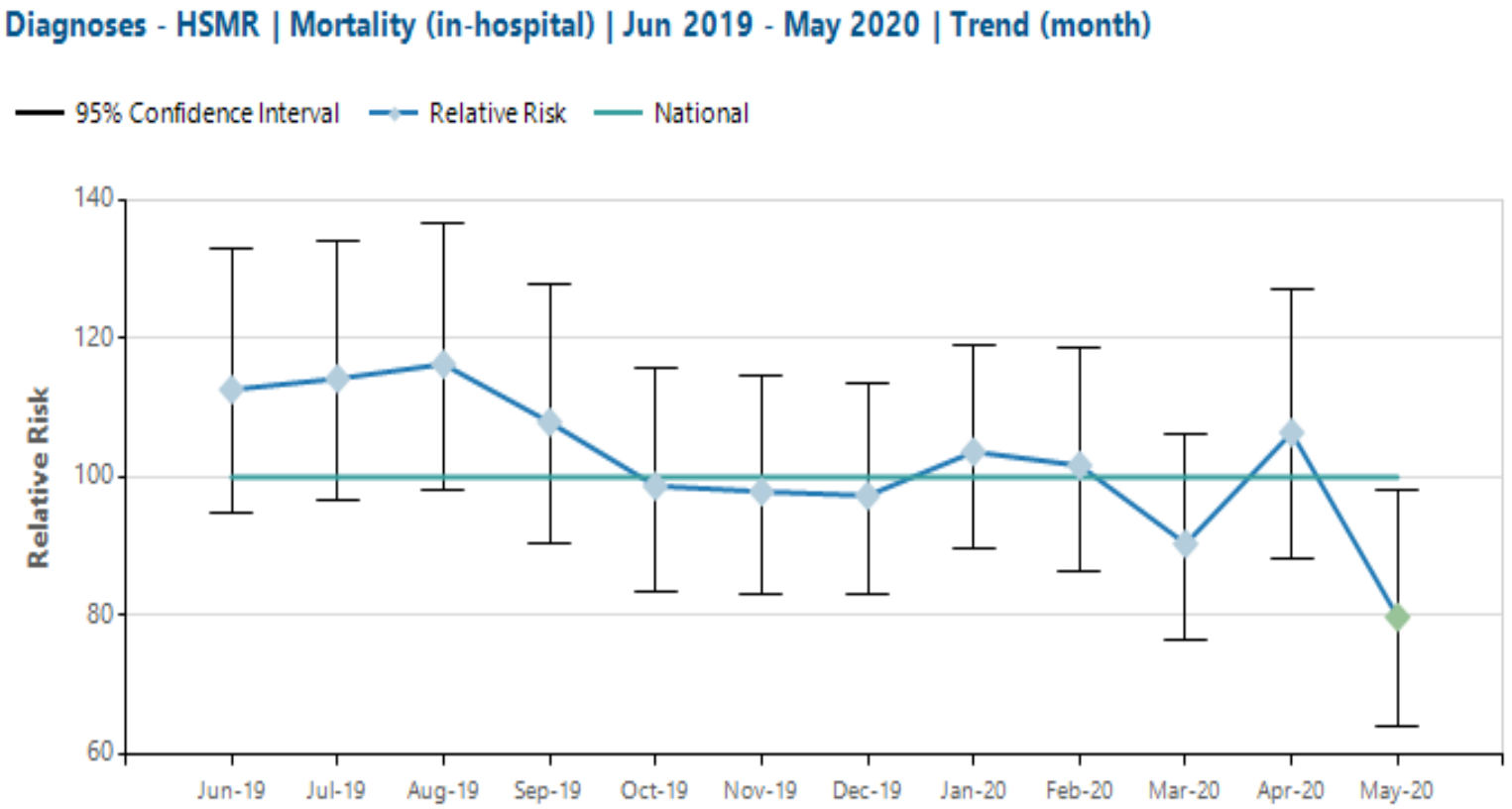
The team of 7 ME's have made a phased start to their work. Recruitment to the supporting Medical Examiner Officer (MEO) roles is progressing and when complete in the near future will enable the team to review all deaths.

Quality Performance - Effectiveness

WSHT - 12 month rolling HSMR

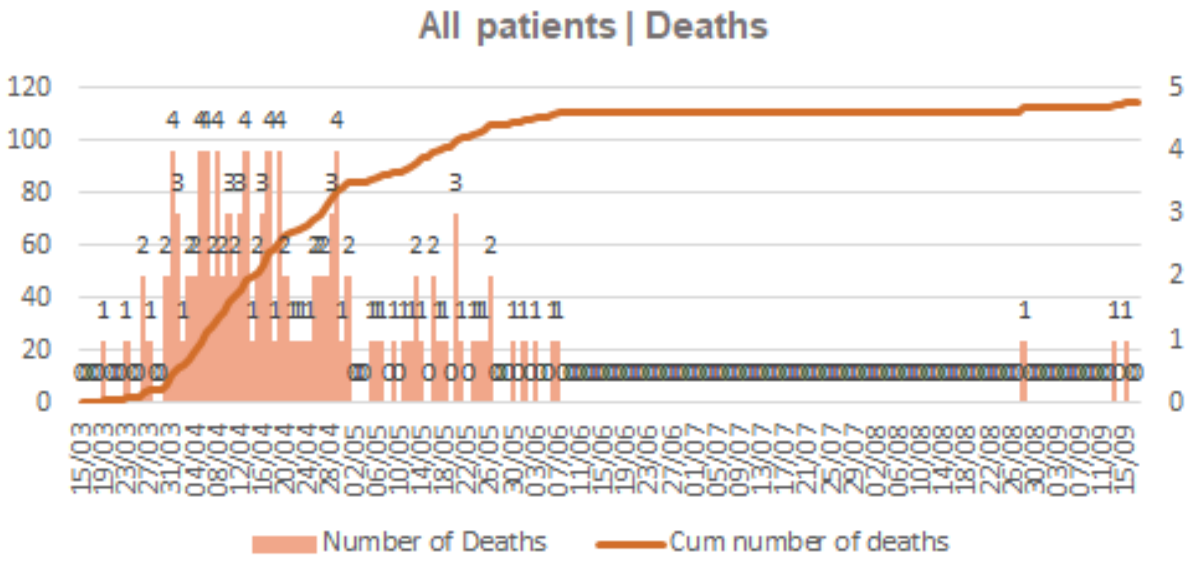
Quality Performance - Effectiveness

WSHT – In Month HSMR



Quality Performance - Effectiveness

Deaths due to COVID-19



Quality Performance - Safety

Infection Prevention and Control

COVID-19: in line with the restoration and recovery of elective services, August 2020 observed a significant rise of COVID-19 tests for patients, across both St Richards & Worthing sites. The following table highlights the tests completed for August 2020 and the numbers of COVID-19 positive results received.

Patient testing:

August 2020	No. tested	Positives	Inhibitory
SRH	↑ 1955 (1929)	↑ 2	0
Worthing	↑ 1883 (1790)	↑ 4	0

Staff Testing: in addition August 2020 continued to test symptomatic staff members, or household contacts of staff members within the COVID-19 hubs outside A&E departments. This continued to be a drive through service operated by the infection prevention team and the support teams over 6 days a week. This, with the support from the dedicated workforce hub, has assisted staff members to return to work as soon as is practicable following a negative COVID-19 test result.

August 2020	No. staff tests	Positives	Inhibitory
SRH	20	0	0
Worthing	69	2	0
Tested Elsewhere	54	2	0

**Inhibitory results equated to retesting as a result could not be obtained.*

Quality Performance - Avoidable Harm

Key messages for Board

True North Metrics: Patient Safety Thermometer:

- We delivered 98.5% harm free care(in-hospital harms) during 2019/20 as described by the NHS Patient Safety Thermometer
- NHS England announced in March that the collection of this data would discontinue from April 2020
- Plans are underway for nationally-produced replacement data to support improvement drawn from routinely collected sources.
- At WSHFT we continue to monitor and report our falls, pressure ulcers and VTE very closely using our datix incident reporting system.

Quality

Preventable Mortality

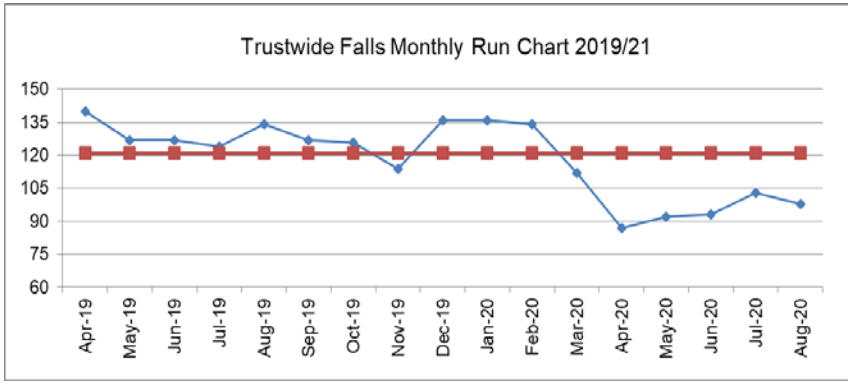
Target: HSMR Top 20% in the Country

Avoidable Harm

Target: Patient Safety Thermometer 99% Harm Free Care – replacement metric under review

Avoidable Harm– Key Metrics

Falls

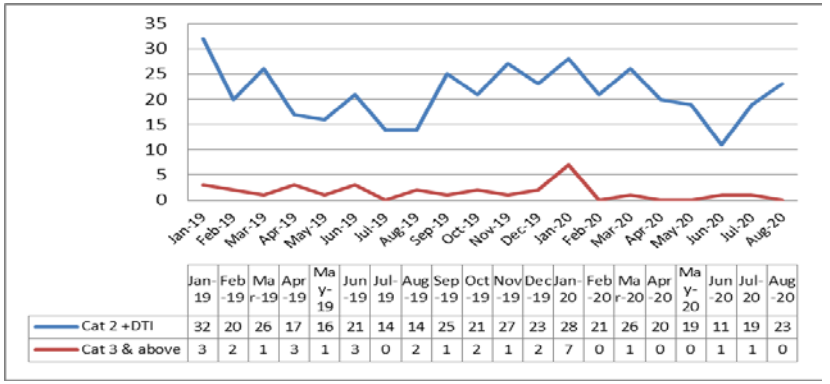


Trust Goal: no more than 120 falls each month

Current Performance and Actions:

- The number of falls continues to be below the Trust goal
- The rate for August has shown an improvement with 98 falls in month reflecting a rate of 4.49. (2019-20 falls rate average = 4.60)
- August has the lowest falls rate per 1000 bed days for year 2020-2021 Two key themes continue to be worked on:
    - PPE and adjusted safe working practices has proved a challenge to maintaining proactive Baywatching
    - Delirium is recognised as a key challenge for many areas.

Pressure Ulcers



	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Cat 2 +DTI	32	20	26	17	16	21	14	14	25	21	27	23	28	21	26	20	19	11	19	23
Cat 3 & above	3	2	1	3	1	3	0	2	1	2	1	2	7	0	1	0	0	1	1	0

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

Current Performance and Actions:

- We delivered the planned 10% reduction in cat 3 ulcers during 2019/20 and have set a further ambitious goal of 30% reduction during 2020/21
- Currently on target with 2 patients with cat 3 and above ulcer April - August
- There continues to be good levels of reporting low grade cat 1 & 2 ulcers.

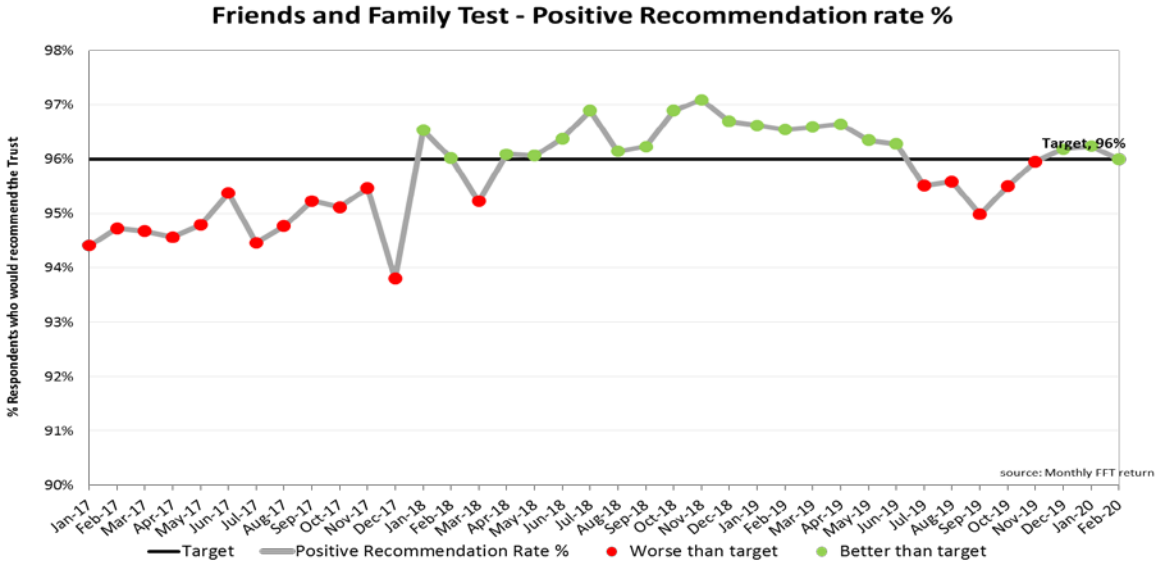
Quality Performance – Experience

Key Messages for the Board

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

Family & Friends Test Current Position

- FFT and survey collections were suspended by NHS England in March due to Covid 19
- New national FFT process commenced in green areas across the Trust in July (collection rates a quarter of the volume when compared to this time last year).
- A date for central reporting of FFT rates to NHS England has been confirmed in January 2021 (December 2020 data).

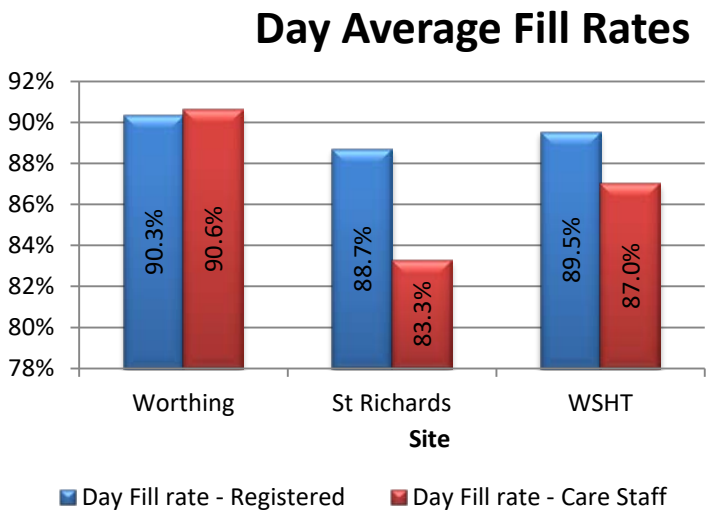


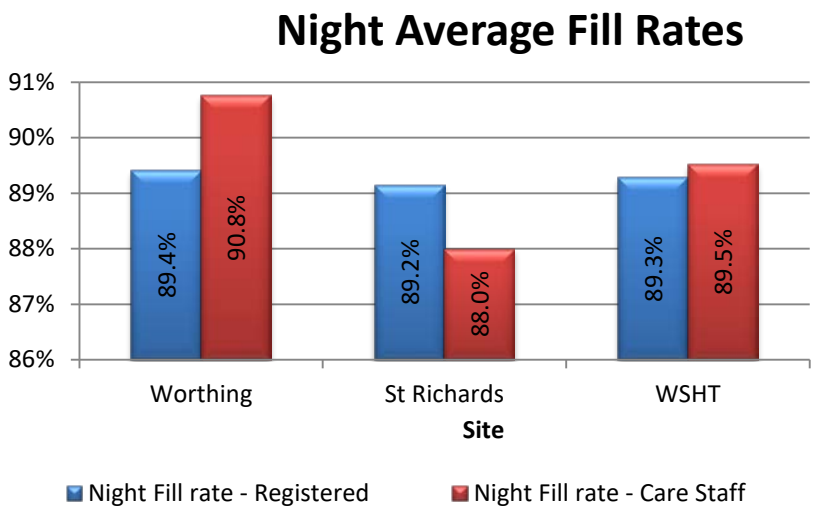
Quality Performance: Safer Staffing

There is an ongoing impact of the COVID-19 pandemic on activity in the hospital as the services maintain green and red COVID-19 pathways. The Trust have seen a return of some services in the recovery and restoration programme namely- returning elective work and increase in emergency care attendances at both the hospitals.

Nursing staffing within the wards continues to provide ‘red’ and ‘green’ pathways of care, which does cause some fluctuations in staffing levels which are in response to some lower occupancy on some of the wards. Many of the other wards are returning to normal staffing levels, seen pre-COVID-19 pandemic. Staff rostered are also re-deployed to other areas where the need for additional staffing is most required.

Safer Staffing





Site	Day		Night	
	Fill rate - Registered	Fill rate - Care Staff	Fill rate - Registered	Fill rate - Care Staff
Worthing	90.3%	90.6%	89.4%	90.8%
St Richards	88.7%	83.3%	89.2%	88.0%
WSHT	89.5%	87.0%	89.3%	89.5%

Performance Summary

Systems & Partnerships
Non Elective Care
Target: A&E 95% <4hrs
Elective Care
Target: RTT 92% <18wks

- A&E 4 Hour Performance was 91.49% for August 2020. There was a -1.2% decrease in A&E attendances for August in comparison to last year compared to 89.25% National Average.

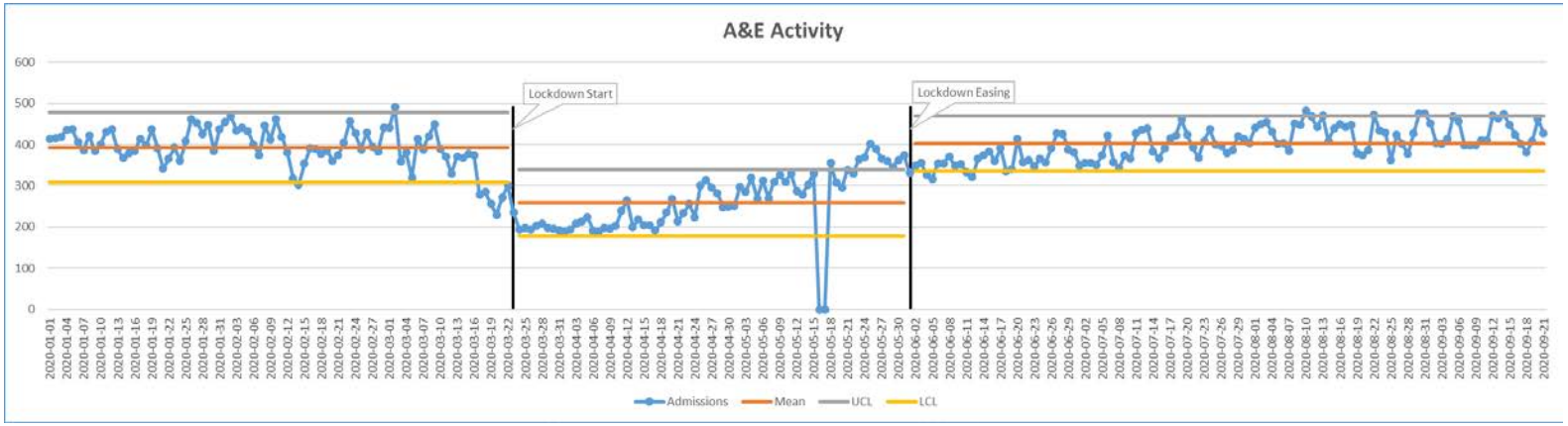
- RTT performance was 47.5% for all specialties. 742 patients were waiting >52 weeks end August-20. The overall waiting list size increased by 2344 compared to the prior month to 40,747 (+6.1%), whilst the backlog (routine patients) reduced by 733 patients to 21,410 (-3%)

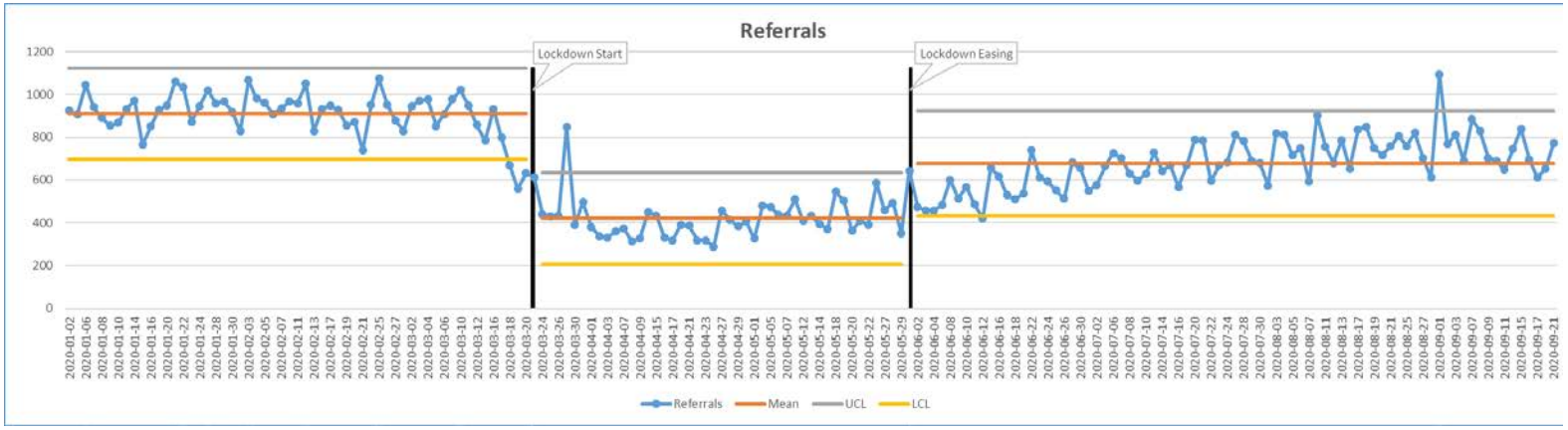
- The Trust was compliant against 2 of 7 cancer metrics (provisionally) in Aug-20. The Trust was non-compliant against 62 day referral to treatment following urgent referral with provisional performance of 71.8% against National target of 85%, whilst compliant for 2 week waits (95.4% against 93% target).

- Trust was non-compliant in August 2020 at 54.54% for diagnostic waiters over 6 weeks. The waiting list decreased by 217 or -2.2% from July, whilst the backlog fell by 127 patients (-2.3%)

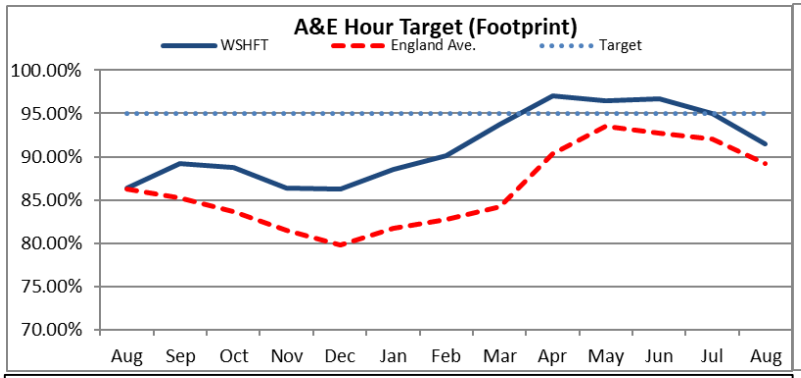
Performance Summary – Demand

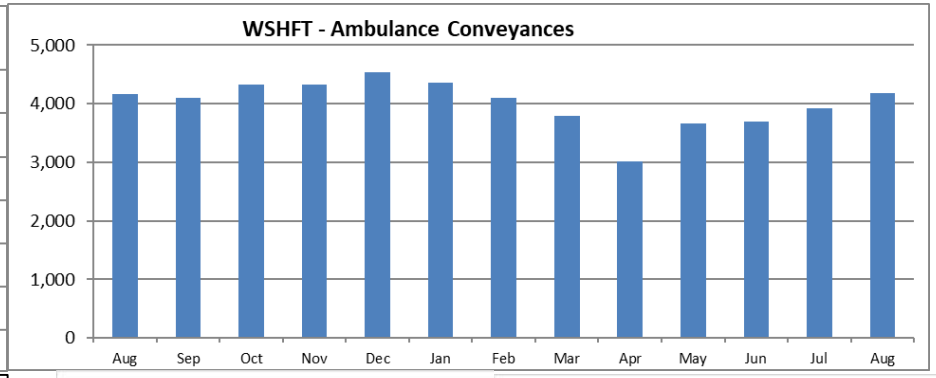
- Coronavirus continues to impact on demand, activity and associated performance against Constitutional Standards this financial year.
- The Trust has commenced safe restoration of elective services by clinical priority as lockdown has eased.
- A&E Demand fell to 229 average attendances per day April (58% of pre covid level), but restored to 99% restored compared to August-19.
- Elective Referral Demand fell to 43% of pre covid level during lockdown (23rd March to end June), this is returning at a slower pace than emergency care, 82% restored compared to August-19



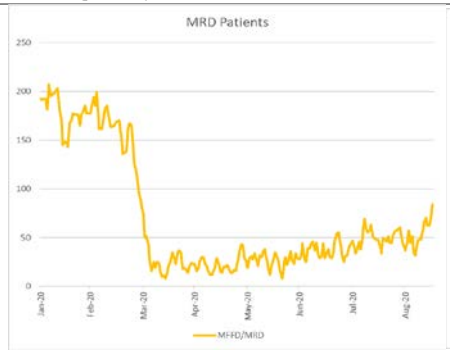


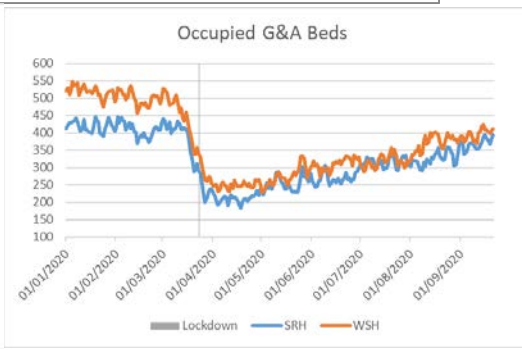
Systems & Partnerships – A&E





- A&E 4 Hour Performance was 91.49% for August 2020. There was a -1.2% decrease in A&E attendances for August in comparison to last year.
- Super stranded (LLOS) patients (>21 days) remained fairly static with 1 additional patient relative to last month, but -97 (-58.9%) compared to August 2019.
- MRD numbers rose to an average of 49 per day from 37 in Jul-20.
- Bed occupancy has risen, after the low occupancy during the COVID-19 lockdown with August figures of 84.81% from 71% in July 2020 continuing into September.
- There were 8 twelve hour trolley waits relating to patients awaiting transfer to mental health providers in August.
- Ambulance 15 minute handover performance was 72.9% in Aug-20, the best Trust in SECAMB region.

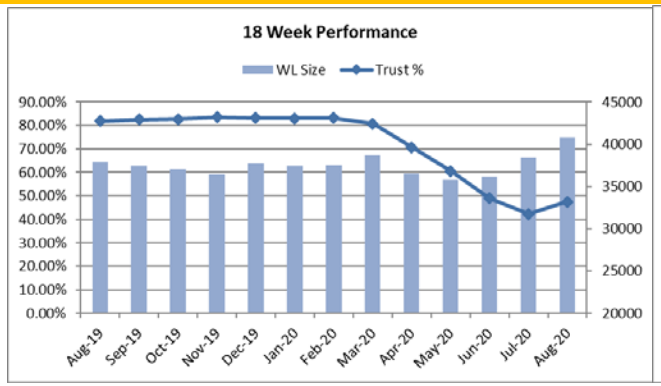


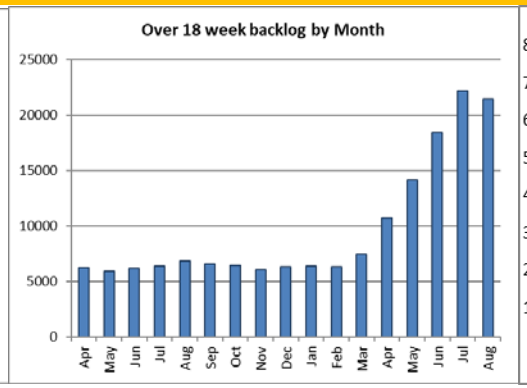


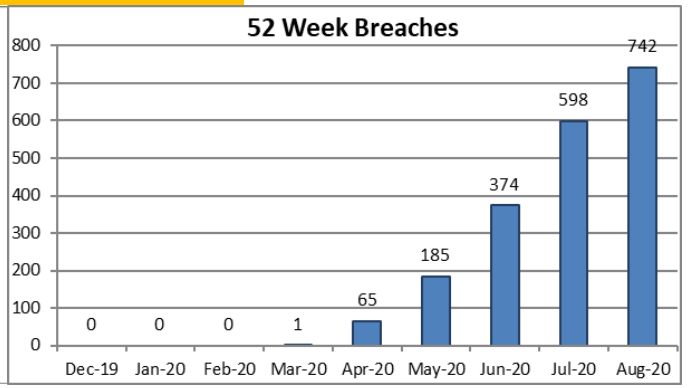
Emergency Flow Improvement Actions

- Opened escalation beds above planned levels
- Work with SPFT re MH assessment unit staffed by SPFT on Worthing site continuing
- CDU SRH partially freed up/partitioned for non-covid activity which will increase capacity for non-covid patients and aid flow
- New CGM and newly appointed A&E clinical leads
- Collaborative winter planning work with system to assess demand and bed capacity in context of covid risk
- urgent treatment centre – increasing alternatives to attendances/admissions : 10-4 to begin with expanding out
- December 111 First – where patients will need to book via 111 clinical advisory service, with associated hear and treat
- Continuation of MRD collaborative work, focus on integrated discharge coordinated with community and social care to expedite complex discharges

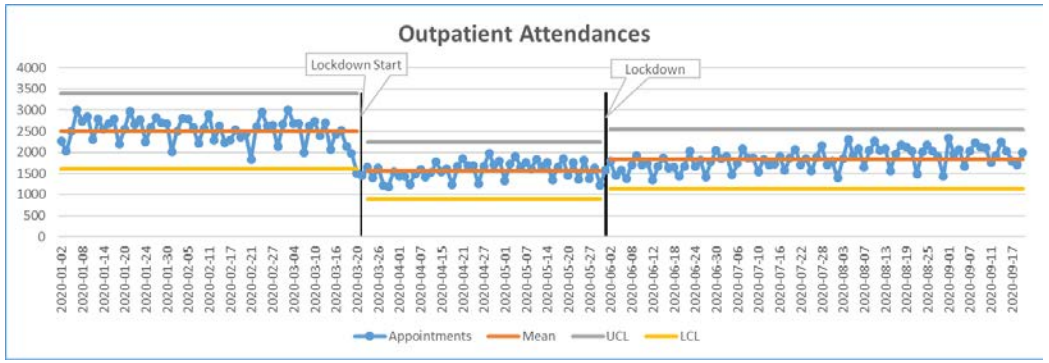
Systems & Partnerships – RTT

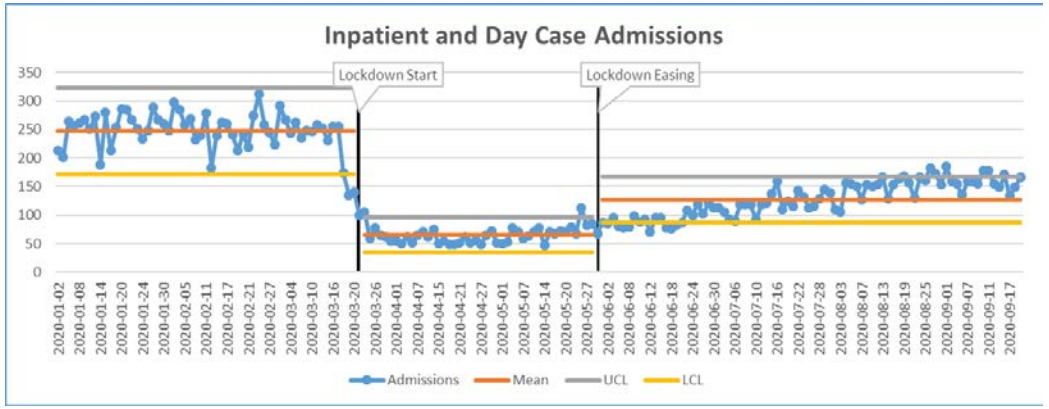






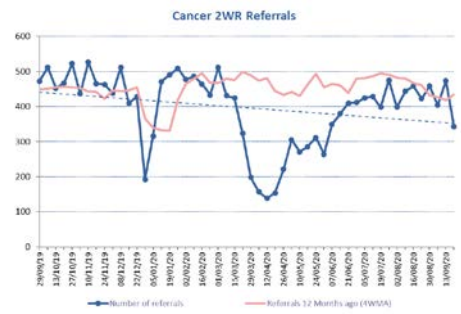
- Aug-20 RTT performance was 47.5%, an improvement of 5.1% since Jul-20.
- There were 742 52 Week Waiters on the incomplete PTL end Aug-20
- The RTT incomplete Waiting List increased by +2344 waiters Aug-20 compared to Jul-20.
- Aug-20 18 week backlog decreased by -733 patients (-3%) compared to Jul-19 with 516 reduction in ophthalmology
- Clock Starts were 23.6% lower in Aug-20 than Aug-19 (restored to 76.4%), whilst the trust stopped 6662 RTT clocks in Aug-20, -4033 (-37.7%) fewer than Aug-19 (62.3% restored). This was 507 more stopped clocks than Jul-20 (+8%)
- The Trust is continuing restoration plans to increase capacity, focussed on clinical priorities and longest waiters. These focus on increasing inpatient theatre and outpatient capacity safely. Utilisation of the IS is also continuing with a plan to deliver activity values in line with trust plans.

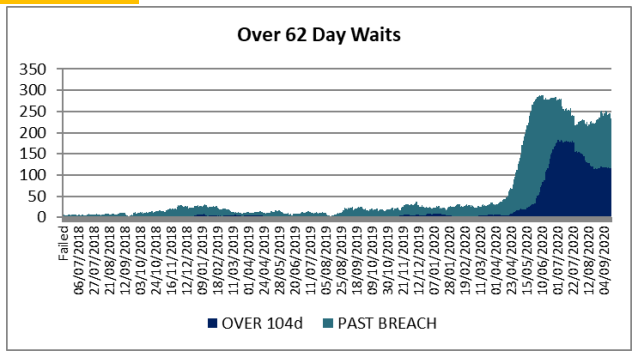




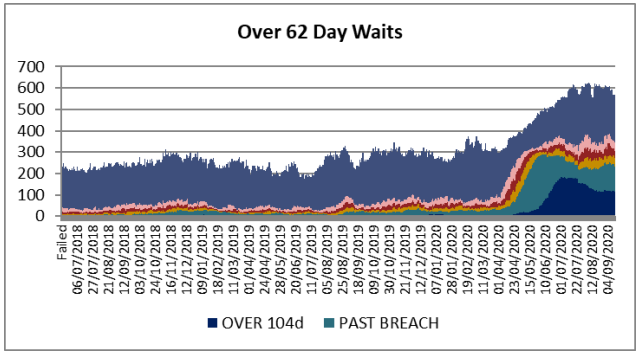
Systems & Partnerships – Cancer

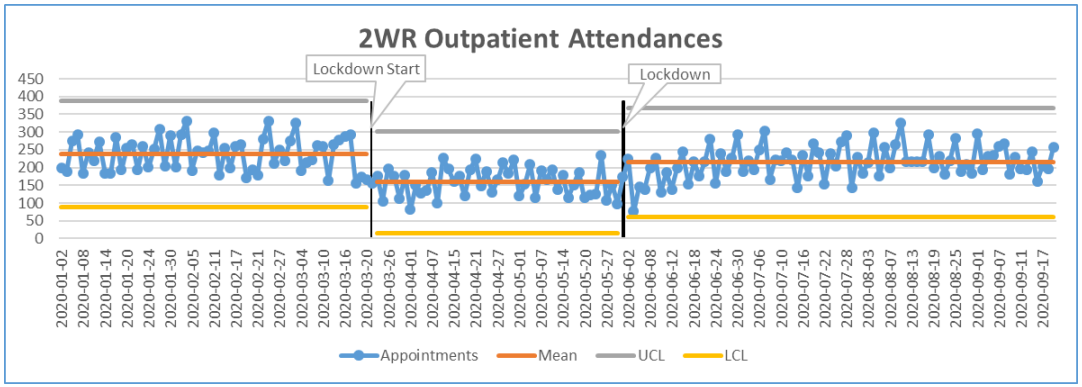
	2020/21			
	Jul-20	Aug-20	YTD	Target
2 week GP ref to 1st OP	95.7%	95.4%	95.9%	93.0%
2 week GP ref to 1st OP - breast symptoms	97.0%	92.8%	95.0%	93.0%
31 day 2nd or subs trtmnt - surgery	84.6%	28.6%	88.3%	94.0%
31 day 2nd or subs trtmnt - drug	100.0%	100.0%	100.0%	98.0%
31 day diag to trtmnt all cancers	94.5%	89.4%	91.7%	96.0%
62 day ref to trtmnt: screening	0.0%	81.8%	67.5%	90.0%
62 day ref to trtmnt : upgrade	94.0%	89.2%	87.8%	85.0%
62 days urgent GP ref to trtmnt : all cancers	82.7%	71.8%	75.8%	85.0%

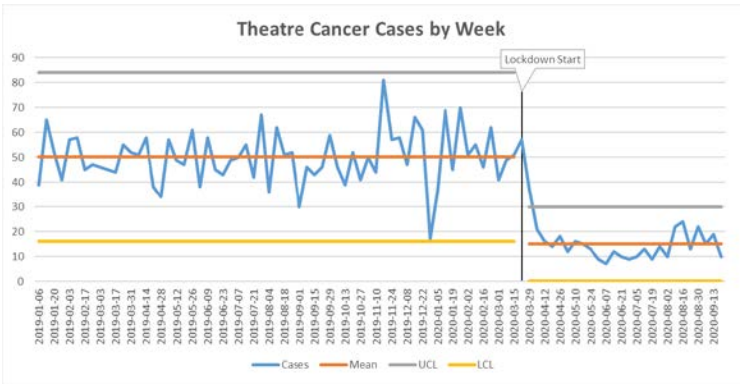




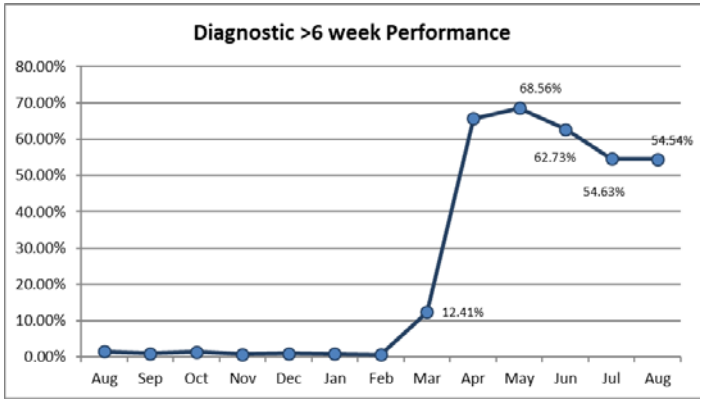
- The Trust was compliant against 2 of 7 cancer metrics (provisionally) in Aug-20.
- The Trust was non-compliant against 62 day referral to treatment following urgent referral with provisional performance of 71.8% against National target of 85%, whilst compliant for 2 week waits (95.4% against 93% target).
- Aug-20 62 day Demand figures are marginally down from July following exceptionally low numbers of 2 week referrals recorded during lockdown following the Covid-19 outbreak. Demand is now close to the levels we saw prior to March. August 2020 is -7.6% on the previous August. Year to date, we have seen a 26.3% reduction on 2 week referrals compared to last year.
- 62 day breaches grew significantly May 2020 as a direct result of covid-19. This peaked just over 500 end May. This has fallen to 350 by the end August as demand reduced in lockdown, and as activity restored. This has begun to increase at the end August into September. 104 day breaches continue to drop however. Colorectal cancer is the main contributor to backlog numbers.. Endoscopy has now been restored and there are active plans to move further patients to the IS where appropriate.
- The Trust is carefully restoring and recovering services with support from the independent sector and increasing theatre and outpatient capacity.

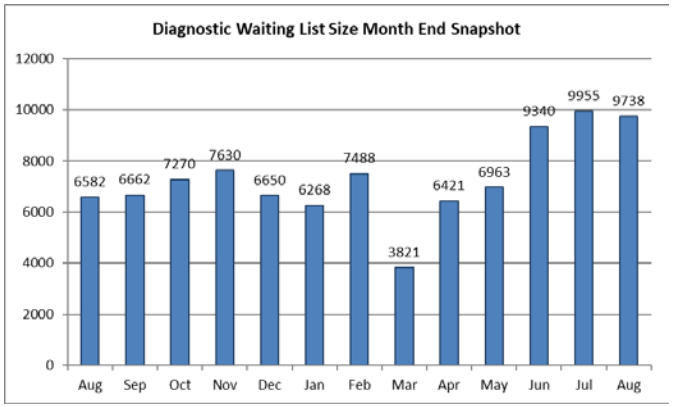




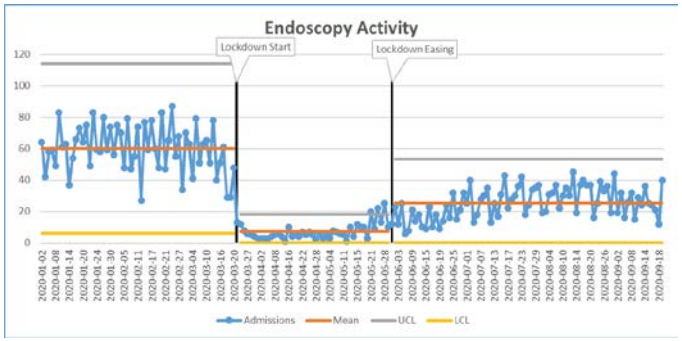


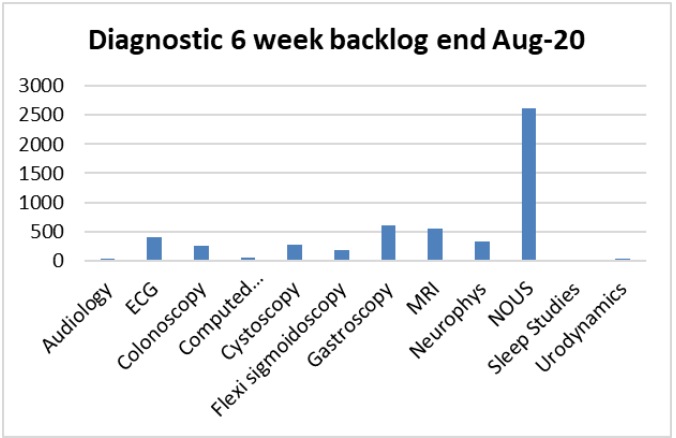
Systems & Partnerships – Diagnostics





- The Trust was non-compliant in August 2020 at 54.54% of waiters over 6 weeks. The waiting list decreased by 217 or -2.2% from July.
- Due to Covid-19 and associated constraints to capacity following National Clinical Guidelines, particular with regard to aerosol generating procedures, the wait times for diagnostic tests remain longer than before the pandemic. However, in August, more tests were restored (85%) building on the increases seen in July.
- The Trust is following revised guidance to gradually restore and recover care as much as is possible within safe capacity constraints.
- New governance arrangements have been established at the Trust to manage this recovery, and additional IS support and mobile vans are being used to increase capacity where possible.





Sustainability - Summary

Sustainability

Financial Management

Target: Break Even

- The Trust has continued to operate within an interim financial framework that has been in place since April. The purpose of the financial framework has been to remove routine burdens and allow NHS organisations to devote maximum operational effort to COVID readiness and response.

- The Trust continues to report a breakeven position, which remains in line with the financial framework guidance issued from NHSE/I for the interim period.

- Additional income of £10.1m has been included within the position to reflect the genuine and reasonable additional marginal costs incurred as a result of COVID-19 and to recompense for any associated reduction in other income streams.

- A new Funding Framework comes into place on 1st Oct 2020. The Trust will be operating within a funding envelope and additional costs relating to COVID-19 will become prospective and at an Integrated Care System (ICS) level rather than retrospective and organisational.

Sustainability - Key Metrics

Control Total Surplus £k — G

	Plan	Actual/Forecast
Year to Date	0	0
Year End Forecast	0	0

The Trust continues to report a breakeven position at the end of August in line with the financial framework guidance issued from NHSE/I. The position includes £10.1m of income from NHSE/I as part of the monthly true-up process to ensure that all organisations report a break-even position. Further analysis of the position is provided in the COVID-19 summary.

COVID-19 £k — G

	Full Cost	Marginal
COVID-19 Response	(6,830)	(5,134)
Shortfall Other Income		(5,014)
True-Up Income		(10,148)

Total True-up income of £10.1m has been included in the year to date position, of which £5m reflects the shortfall on planned commercial and non-contract income to the end of August. A further £5.1m of income has also been included to reflect the marginal costs of the Trusts COVID-19 response. The full COVID-19 response cost of £6.8m incurred to date continues to be partially offset by underlying expenditure budget underspends resulting from reduced elective activity.

Cash £k — G

	Plan	Actual/Forecast
Year to Date	24,343	70,866
Year End Forecast	12,244	12,245

Cash is £46.5m ahead of plan at the end of August. Under the interim financial framework, the block and top-up payments for September, amounting to £37.0m, were received in August which has accounted for the significant movement in the cash balance.

Capital £k — G

	Plan	Actual/Forecast
Year to Date	5,430	5,561
Year End Forecast	27,190	33,990

The forecast position is £6.8m above the plan reflecting the notified capital funding for the Urgent and Emergency Care Programme (£3.7m) and (£3.1m) COVID-19 surge and resilience plans. The Trust is still awaiting feedback from NHSE/I on the COVID-19 capital return that was submitted in August but would anticipate that this expenditure will be funded via an additional PDC allocation. The capital plan has been resubmitted as part of an ICS wide exercise with the inclusion of IT's Digital Aspirant programme (£3.1m) and E&F's Critical Infrastructure (£2.8m).

Sustainability – Funding Arrangements M7 -12 (20/21)

- On the 16th September, revised guidance and Funding envelopes were been made available to each Integrated Care System (ICS) for the period from October 2020 to March 2021

- The priority for each Trust and ICS is accelerating activity for non-COVID care in line with the Phase 3 goals, alongside continuing readiness for winter and a potential increase in COVID-19 cases.

- An elective incentive scheme is being introduced with levels of performance being set and planned performance below these targets will trigger a reduction in funding at a marginal rate. Performance in excess of these targets will trigger additional funding at a marginal & semi-fixed rate.

- System funding envelopes are based on the expectation, that organisations will return non-NHS income to the levels seen in 2019/20, and organisations should make all reasonable efforts to do so as quickly as possible.

Sustainability - Action & Recommendations

There are no actions required of the Board.

The Board is asked to note the following:

- The financial framework in relation to the financial arrangements from the 1st October has been published and will require further analysis and triangulation with submitted finance and activity plans.

- NHSE/I have held a series of national webinars and regional meetings to provide further clarity and receive feedback on the proposed funding mechanisms.

- 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 implemented and performance against activity trajectories are reviewed by the Group Executive at both the Refresh, Restore and Recovery Delivery Board and at individual Divisional meetings.

OUR PEOPLE

- The programme for the Refresh, Restore and Recover for workforce has now been developed. Key priorities and deliverables have been identified against six workstreams (Health, Safety and Wellbeing; Capacity, Capability and Deployment; Support and Development; Leadership and Culture; Equality and Inclusion and Integration).

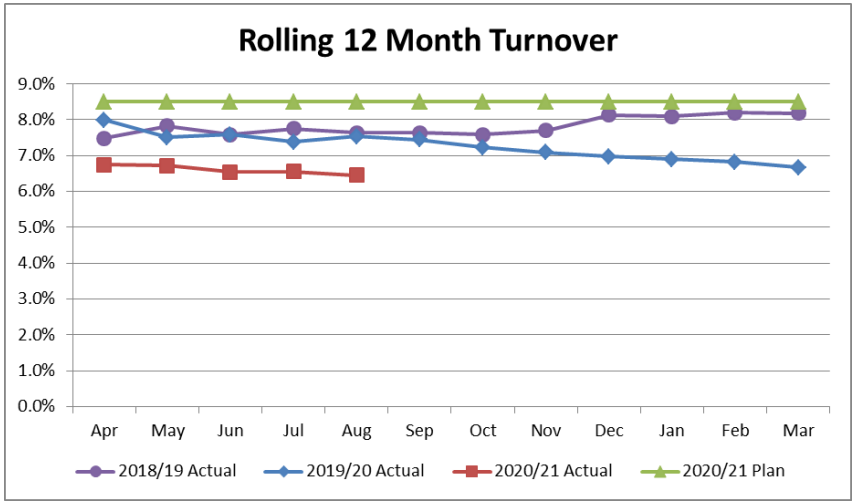
- A newly established People Steering Group (inaugural meeting on 2 October) will oversee delivery of workforce 3R's across WSHFT.

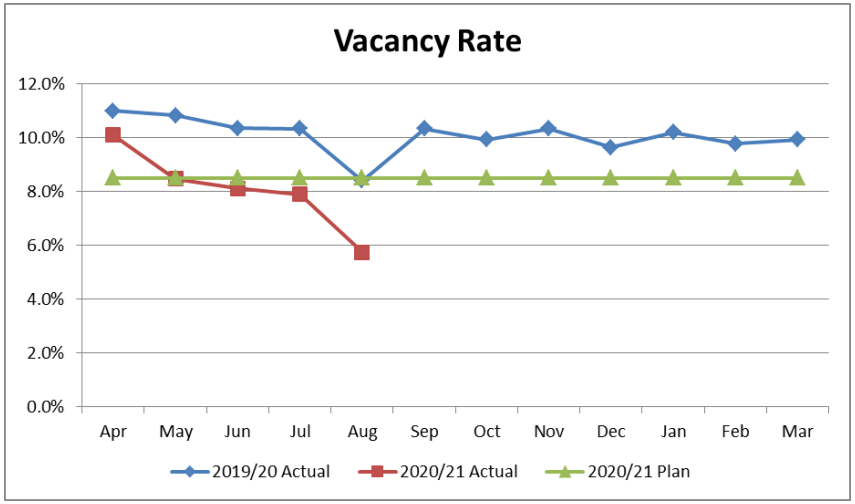
- Some key recent highlights from the programme include:

    - Further enhancement to psychological support for staff including emotional support sessions run by the Trust Counselling service and mental health training for managers
    - Development of new appraisal process
    - Development of health and wellbeing session for induction
    - Launch of flu vaccination campaign with target uptake of 90%

- Staff Survey 2020 will launch for all substantive staff from 28 September and run until 27 November. This year the Trust has opted for an online survey. The core questionnaire has changed to include a section about staff experience during the pandemic with first cut of results anticipated by end of December.

Operational Performance – Turnover and Vacancies

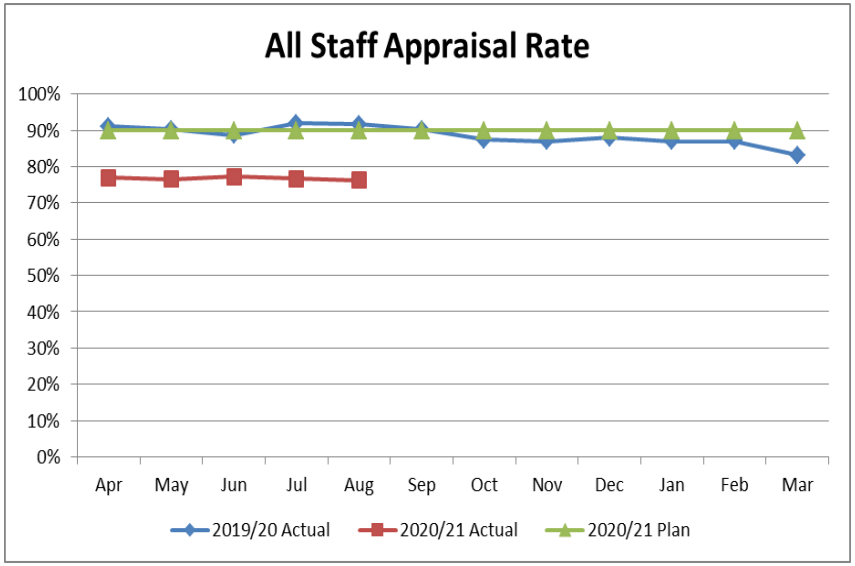




- Turnover has continued to fall in August
- At 6.5% this represents the lowest level of turnover within the organisation
- Will continue to be a watch metric against the Trust ceiling of 8.5%
- Retention of staff (ie. the number of staff who remain in post for 12 months or more) also remains higher than 2019. Retention is particularly higher for Allied Health Professionals, Nursing and Midwifery, Healthcare Scientists and Additional Clinical support staff

- The number of vacancies this month has reduced significantly as a result of the changeover of junior doctors in August
- The underlying vacancy rate remains at a similar level to July and below the position in 2019/20

Operational Performance – Appraisals and Statutory and Mandatory Training

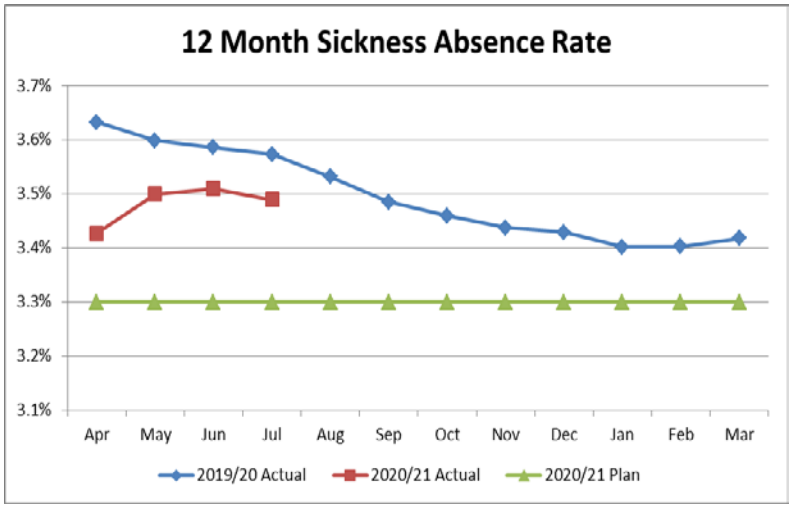


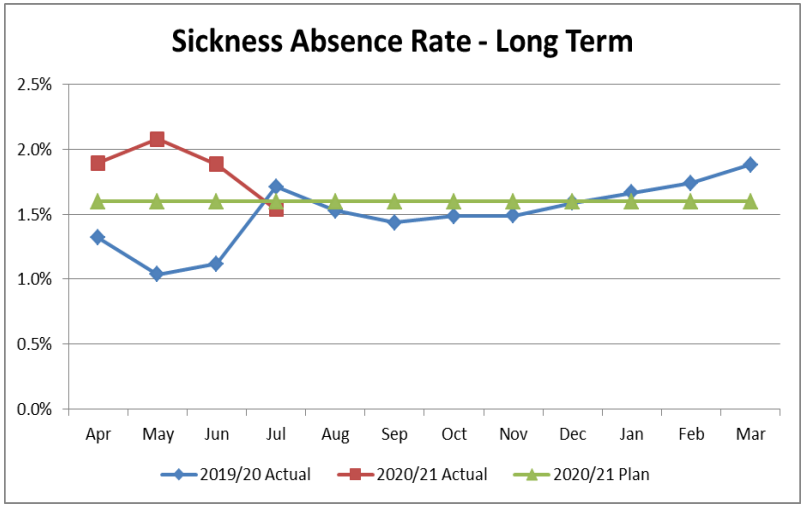
- Appraisal rates have remained at a similar level to July, below the Trust target of 90%
- Work is underway within the Divisions to recover the position
- A refresh of the appraisal process is being undertaken jointly with BSUH and is expected to support the improvement required

Statutory and Mandatory Training

- All face-to-face Statutory and Mandatory training except Patient Handling and Resuscitation was cancelled in August due to Covid-19 social distancing guidelines.
- All Statutory and Mandatory topics, except Patient Handling and Resuscitation, also continue to be available as e-learning and via the new WSHFT Mandatory Training platform.
- Trust Induction training continued to be delivered virtually, as well as some clinical face to face Induction sessions delivered in small groups of 4-6 delegates
- Training attendance has increased since July for 6 out of 9 STAM modules , and we expect training attendance to continue to increase over the next few months (subject to staff availability to attend training).
- Attendance rates for 6 out of the 9 STAM modules are below the Trust's attendance rates.

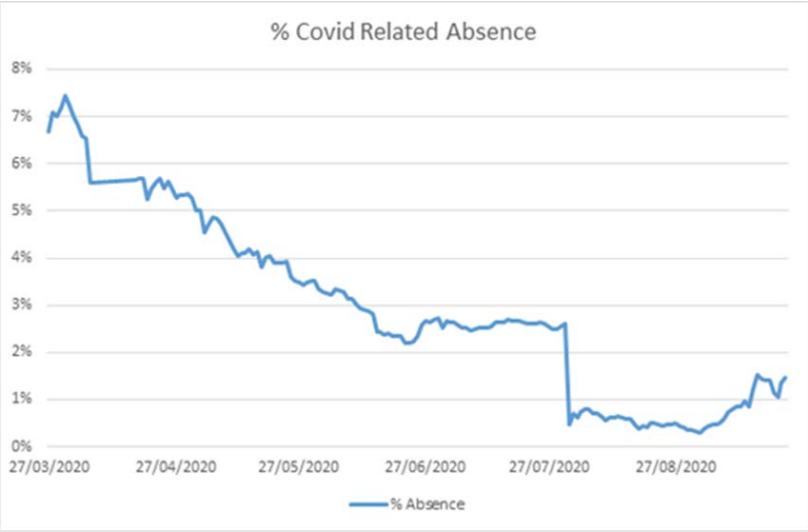
Operational Performance – Sickness Absence





- Monthly sickness absence rates for non COVID absence reduced slightly in July
- This has resulted in the 12 month sickness absence rate decreasing marginally
- The level of long term absence has significantly decreased since May and is now lower than the same period last year.
- There has been a decrease in July in both the prevalence (1.4% - 1.1%) and proportion (39% - 36%) of mental health absence in the Trust compared to the peak in May
- Supporting improvement in staff mental health is a key objective of our health and wellbeing plans

Operational Performance - COVID related absence



- Covid related absence has fallen consistently since the end of March until mid September.
- Following the pausing of shielding there was a significant reduction in covid related absence, with the majority of shielding staff being supported to return to work following risk assessments
- Absence due to isolation has increased significantly since mid-September as schools have reopened. The impact of this continues to be minimised through our staff testing programme. Capacity for staff testing has been increased to meet demand and is being kept under review

NHS People Plan

- **We are the NHS: action for us all** – published 28 July 2020
- Focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care
- The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change
- Includes ‘Our People Promise,’ which sets out ambitions for what people working in the NHS say about it by 2024
- Sets out commitments for NHSE/I, HEE and local employers that focus on:

  Looking after our people – with quality health and wellbeing support for everyone

  Belonging in the NHS – with a particular focus on the discrimination that some staff face

  New ways of working – capturing innovation, much of it led by our NHS people

  Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return

NHS People Plan

- Our NHS People Promise is central to the plan both in the next nine months and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise

- Each local system is asked to develop a local People Plan in response to the national plan, to be reviewed by regional and system level People Boards. Submission by 21 September.

- Employers are encouraged to devise their own local People Plan (Workforce 3Rs)

- Metrics will be developed by September 2020 with the intention to track progress using the NHS Oversight Framework

- Independent review of HR/OD capability and capacity to deliver NHS People Plan commissioned

- A second plan is expected later in the year

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	11	**Meeting:**	Trust Board	**Meeting Date:**	1 October 2020
Report Title:	Quality Assurance Committee Report to Board				
Sponsoring Executive Director:	Joanna Crane, Non-Executive Director				
Author(s):	Joanna Crane, 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 Quality Assurance Committee met on the 24 September 2020 and was quorate as it was attended by 2 Non-Executive Directors and the Chief Nurse, Deputy Chief Operational Officer and the Trust Assistant HR Director, along with the Chief of Women and Children Division.

The Committee received its planned suite of reports covering quality performance, divisional governance, incident report and learning, clinical audit, NICE guidance, patient experience and workforce metrics. The Committee also received the Annual Freedom to Speak Up report.

Key Recommendation(s):

The Board is asked to **NOTE**

The view of the Committee in respect of the BAF risks it has oversight for in that the current scores are a fair reflection of these risks as of this quarter. However, for risk 3.4 the Board is asked to note that the reduced score be reviewed during quarter 3 to ensure that the actions taken have had a sustained positive impact. In addition, that for risk 1.1 that during quarter 3 the risk score is considered against the emerging pressures relating to patient and family engagement.

The Committee approved the 2019/20 annual Freedom to Speak Up report.

Western Sussex Hospitals NHS Foundation Trust

To: Trust Board

Date: 06 August 2020

From: Quality Assurance Committee

Agenda Item: 11

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
Quality Assurance Committee	**24 September 2020**	**Joanna Crane**	yes	no
			✓	☐

Declarations of Interest Made

No interests were declared.

Assurance received at the Committee meeting

- The Committee **RECEIVED** the reports for month 4 and month 5 on the Trust's quality metrics, covering the domains of Clinical Effectiveness, Safety, and Patient Experience. The Chief Nurse took the Committee through the elements of effectiveness including Mortality covering the Crude mortality rate, HMSR and SHMI and was **ASSURED** the actions taken had improved performance. The Chief Nurse took the Committee through the elements of Patient Safety and Experience covering incidents, falls, central catheters, pressure care and infection control and was **ASSURED** over the actions being taken from the learning identified across these areas.

- The Committee **RECEIVED** the exception report form the Quality Board and **NOTED** there were no matters referred to the Committee for support or action.

- The Committee **RECEIVED** the quarterly divisional clinical governance report and **NOTED** the changes made to deal with Covid within quarter 1 and was **ASSURED** over the quality governance processes across the Trust's divisions. The Committee noted the links from this report to the other reports within the meeting across mortality, incidents and learning, alerts received and action taken, safeguarding and workforce.

- The Committee **RECEIVED** and **NOTED** the incident report and agreed this triangulated with several other reports in this meeting. The Committee **RECEIVED** and **NOTED** that duty of candour had been applied within 100% of the incidents subject to audit in quarter 1.

- The Committee **RECEIVED** a verbal update on the actions taken to understand the quality impact of the restoration plans and **AGREED** that the planed internal audit covering Covid restoration scope would be extended to provide assurance to this Committee on the Trust's processes for managing any quality impact of any waits.

- The Committee **RECEIVED** a report in respect of undertaking a maternity peer review with BSUH and agreed to receive the outcome of work linked to that being undertaken within the clinical strategy collaboration and provide information on the plans for the services to continue to enhance their closer working relationships.

- The Committee **RECEIVED** a report on the impact of Covid on Safeguarding and the work being done within the Trust including increasing the level of resources dedicated to this area to support our patients.

- The Committee **RECEIVED** the Clinical Audit progress report which incorporated the progress made by the Trust in responding to NICE guidance The Committee **NOTED** in respect of the national audit regarding lung cancer this had identified a data capture issue rather than clinical practice.

- The Committee **RECEIVED** a report on NICE guidance issued and was **ASSURED** over the processes put in place to deal with those issued relating to Covid which required and received rapid review and action.

- The Committee **RECEIVED** a quarterly update on Patient Experience recognising that the impact Covid had on patients and supporting their engagement with their families and was **ASSURED** over the actions taken to support patients. Whilst nationally Friends and Family results were suspended the Trust collected local data which showed a high level of satisfaction. The Committee **NOTED** that the Trust had focused attention on resolving both concerns and complaints and the Trust has successfully piloted the use of attend anywhere as a platform to allow resolution meetings to be undertaken remotely which has been welcomed by those who have raised complaints.

- The Committee **RECEIVED** a report on the Quality Impact Assessments and noted that the efficiency programme schemes developed to date received low QIA scores. The Committee **AGREED** with these scores and noted there were no schemes that required more direct oversight by the Committee.

- The Committee **RECEIVED** a people report and noted the development of a people steering group that will bring together the oversight and provision of assurance to the respective committees in respect of the people metrics. The Committee **NOTED** the work being undertaken to support the True North and Breakthrough objectives for our staff and the breadth of health and wellbeing activities being undertaken. The Committee reflected on the update on the staff health and wellbeing activities and the support being provided to support staff mental welfare.

- The Committee **APPROVED** the annual Freedom to Speak Up report for 2019/20 and **NOTED** the update for the first quarter of 2020/21 and the work planned to coincide with the national speak up month in October.

- The Committee **RECEIVED** a report from the Health and Safety (H&S) Committee informing the QAC that in their last meeting it had focused on the development and delivery of actions plans flowing from recent H&S reviews. The Committee **NOTED** that there were no items requiring escalation to the Committee but the matter of offering alternate training routes for staff has been referred to management and actions taken were reported within the workforce report to this meeting.

- The Committee reviewed the BAF risks for which it has oversight and **AGREED** their scores were fairly represented but that for risk 3.4 the reduced score be reviewed in Quarter 3 to ensure that the actions taken have had a sustained positive impact and that for risk 1.1 that during quarter 3 the risk score is considered against the emerging pressures relating to patient and family engagement.

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

The Committee asked that information be brought back in respect of diabetic eye screening.

The Committee will be provided with an update in respect of the work being undertaken with BSUH in respect of the maternity services.

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

Item	Referred to
There were no specific matters which were referred to the Finance & Performance Committee. However, the Committee would provide feedback to Finance and Performance on the result of their review of actions in respect of staff mental health wellbeing.	No matters required referral to the Finance and Performance Committee

The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented. However for risk 3.4 that the reduced score be reviewed during quarter 3 to ensure that the actions taken have had a sustained positive impact and that for risk 1.1 that during quarter 3 the risk score is considered against the emerging pressures relating to patient and family engagement.	Board as part its approval of the BAF

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	12	**Meeting:**	Trust Board	**Meeting Date:**	01 October 2020
Report Title:	Finance and Performance Committee Report to Board				
Sponsoring Executive Director:	Lizzie Peers, Non-Executive Director				
Author(s):	Lizzie Peers, 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 Finance and Performance Committee met on 27 August 2020 and was quorate as it was attended by four Non-Executive Directors, the Chair and the Chief Executive and Chief Financial Officer The Trust Deputy Director of Finance and Director of Efficiency and Delivery were also in attendance.

The Finance and Performance Committee also met on the 24 September 2020 and was quorate as it was attended by 2 Non-Executive Directors and the Chief Executive, the Chief Financial Officer and the Chief Nurse along with the Trust Deputy Director of Finance, Trust Assistant HR Director and Deputy Chief Operating Officer. The Director of Efficiency and Delivery, Director of Capital and Property and Director of Estates were also in attendance for their items.

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 assurance provided in respect of the Trust's performance plans and the established restoration plans and their supporting actions.

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

NOTE the assurance provided in respect of the Trust's Efficiency Programme.

NOTE the assurance provided in respect of the Trust's workforce capacity and performance metrics.

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 noting that two risks, risk 2.1 and 2.2 have increased in Quarter 2.

NOTE the Committee **APPROVED** within its delegated authority the planned replacement of the fire alarm at St Richards Hospital and the business case in respect of the Urgent Treatment Centres for both Worthing and St Richards Hospitals.

To: Trust Board Date: 01 October 2020

From: Finance and Performance Committee Agenda Item: 12

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Finance and Performance Committee	**27 August 2020**	**Lizzie Peers**	✓	☐
	24 September 2020	**Lizzie Peers**	✓	

Declarations of Interest Made

No interests were declared.

Assurance received at the Committee meeting

- The Committee **RECEIVED** at both meetings a report on the Trust's performance and the impact of Covid-19 on the established improvement plans. 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 at its August meeting had a detailed discussion on the Stage three restoration of services communication received from NHSEI, including NHSEI's ambition to restore activity by October 2020 and the challenges facing the Trust and the wider system. The Committee at its September meeting had a discussion over the A&E performance and the actions to be taken to improve the wait and the positive impact a reduction has on patients and the staff in the department. Within the meeting in September the Committee held further discussions about the Trust's developed restoration plans and was **ASSURED** over the level of detail that had been applied to the performance planning and the submission made on 21 September 2020. The Committee **RECEIVED** an update on the Trust's readmissions and was **ASSURED** through the audit outcome that the developed counter measure plan especially with improved frailty support will continue to help reduce the number of readmissions, recognising that readmissions are often medically appropriate. The Committee discussed the risks to performance and managing expected winter demands and recognised these challenges are reflected within the Trust's BAF with risks 5.1, 5.2 and 5.3 with risk 5.3 being the highest scored risk within the BAF.

- The Committee **RECEIVED** a report on the Trust's financial performance and noted the position for month four at the August meeting and month five at the September meeting under the revised national financial regime. The Committee in the August meeting was **ASSURED** over the processes underway in relation to the stage three planning guidance received from NSHEI, and the confirmation that the Trust/ICS has been asked to submit expenditure forecasts based on activity projections. The Committee in the September meeting **RECEIVED** information in relation to the revised financial framework guidance and discussed the risks this may bring noting that detailed work to understand the implications of the complex framework changes remains underway. The Committee was informed and **ASSURED** over the work being undertaken to support a draft system plan for the beginning of October. The Committee recognised that whilst the Trust has achieved its financial duties to break even the changes to the financial framework do represent an increase to risks 2.1 and 2.2 whilst the framework changes and the costs to deliver restoration plans are understood and challenged

- The Committee at both meetings **RECEIVED** a report on the Trust's efficiency programme, its delivery and the work being undertaken deliver the tactical schemes. The Committee received information on the processes being applied to develop the more complex schemes and the processes being applied to assure the identified benefits. The Committee was **ASSURED** over the efficiency programme delivery and discussed the work being undertaken to support the divisions in determining the scheme benefits within the transformation projects and to ensure alignment with restoration and recovery plans.

- The Committee at its September meeting **RECEIVED** a report on the Trust workforce capacity and performance indicators. The Committee **NOTED** the action being undertaken to focus appraisals on

supporting welfare conversations. The Committee **NOTED** the improved use of electronic training platforms to support the delivery of training within the revised social distancing regime. The Committee **NOTED** the Trust's retention rates remain good supported by lower vacancy rates. Workforce and agency overspends were discussed, with a request that updates on the effectiveness of staff deployment tools such as rostering and job planning be provided at a future meeting.

- The Committee **RECEIVED** at its September meeting a report on the Trust's capital programme. The Committee was **ASSURED** over the programme's performance noting however that the overall capital plan was behind its forecast at month 5 with an associated slippage risk to year end. The Committee was **ASSURED** over the action being taken to address the current over programming within the capital plans and to deal with the challenges of delivering both the planned and the extra funded work across the busy sites.

- The Committee **APPROVED** within its delegated authority the planned replacement of the fire alarm at St Richards Hospital and the business case in respect of the Urgent Treatment Centres for both Worthing and St Richards Hospitals

- The Committee reviewed the BAF risks for which it has oversight for and **AGREED** these were fairly represented with the increase in risks 2.1 and 2.2 and the others remain at their quarter 1 scores.

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

The Committee will be provided with actions being taken to improve the waiting time within the emergency departments.

The Committee sought information within the routine performance report on the delivery of actions to reduce non-admitted breaches in A&E.

The performance reports will incorporate delivery information against the restoration plan trajectories and track medically fit for discharge levels as this is key to sustaining delivery.

The Committee will receive more detail on the revised financial framework and the developed system financial plan.

The Committee will receive future updates on rostering and job planning

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
The Committee at its August meeting requested that the Quality Assurance Committee receive a deep dive in relation to mental health related staff sickness.	Quality Assurance Committee for September 2020
The Committee at its September meeting endorsed that the readmission information be also considered by the Quality Assurance Committee	Quality Assurance Committee

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	13	**Meeting:**	Board	**Meeting Date:**	1 Oct 2020
Report Title:	**Board Assurance Framework – 2020/21 Quarter 2**				
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 24 September 2020 Finance and Performance Committee 24 September 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 opening score for 2020/21, has taken into account the changing environment the Trust is operating within post Covid. There have been two risks added to the BAF for 2020/21, both are these are within the people section of the BAF. The first 3.2 relates to the cultural risk that may occur through the merger, but this risk score is being mitigated to its target score and the second 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.

BAF Summary

The table overleaf shows by risk, their current score and their target risk score The table shows pictorially the movement in risk between the current score for Q2 and that recorded for Q1. (⟷ No change, ↑ an increase in risk and ↓ a decrease in risk)

Noting that there are three risks 2.3, 3.2 and with it reducing in quarter 2 risk 3.4 that are currently at their target score and therefore the BAF process for this risk is about securing assurance that this acceptable (target) level of risk is maintained.

Within Quarter 2, two risks have seen an increase within their current score, these are risks 2.1 and 2.2 which have increased due to the financial regime for Q3 and Q4 changing but as this revised framework has only just been issued and its impact has yet to be confirmed it presents increasing uncertainty and financial risk for the remaining part of the year.

Within Quarter 2 risk 3.4 has seen a reduction in its current score to 8 which sees this risk at its target score. The reduction in the risk score was driven by the strengthening of key controls during the quarter relating to health and wellbeing plans and risk and workplace assessments. Mental Health First Aid training for managers is being rolled out during the autumn to help address the prevalence in Mental Health related absence and identify early resolution which will maintain this risk at its target score.

Along with the risks 2.1 and 2.2 risk 5.3 remains the Trust's highest scoring risks with risk 5.3 scoring 20.

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: Strategic Objectives and Strategic Risks (Key: I = Impact L = Likelihood T = Total)	Risk Scores														
	Opening risk			Q2			Q3			Q4			Target		
	I	L	T	I	L	T	I	L	T	I	L	T	I	L	T
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 in the period of recovery and restoration post the covid-19 pandemic.	3	3	**9**	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	4	3	**12**	4	4	**16** ↑							4	2	**8**

strategic and operational plans and improve care for patients															
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	4	**16** ↑							4	2	**8**
2.3 We are unable to meet high standards of financial stewardship meaning we cannot sustain compliance with our statutory financial duties	4	2	**8**	4	2	**8** ↔							4	2	**8**
3. People ***Quality Assurance Committee and Board***															
3.1 We are unable to develop and sustain the leadership and organisational capability and capacity to lead on-going performance improvement and build a high performing organisation.	4	3	**12**	4	3	**12** ↔							4	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	2	**8**	4	2	**8** ↔							4	2	**8**
3.3 We are unable to meet our workforce requirements through the effective recruitment, development, training and retention of staff adversely impacting on patient experience and the safety, quality and sustainability of our services	3	3	**9**	3	3	**9** ↔							3	2	**6**
3.4 We are unable to consistently meet the health, safety and wellbeing needs of our staff as we recover and restore	4	3	**12**	4	2	**8** ↓							4	2	**8**

services in line with CV-19 restrictions															
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	3	**9**	3	3	**9** ↔							3	2	**6**
4.2 We are unable to deliver service improvements and improve safety, care quality and outcomes for our patients or demonstrate that our services are clinically effective	3	3	**9**	3	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	3	**12**	4	3	**12** ↔							4	2	**8**
5.2 We are unable to define and deliver the strategic intentions, plans and optimal configuration that will enable our services to be sustainable, leading to an adverse impact on their future viability.	4	3	**12**	4	3	**12** ↔							4	2	**8**
5.3 We are unable to deliver and demonstrate consistent compliance with operational and NHS constitutional standards resulting in an adverse impact on patient care and financial penalties and the Trust's reputation.	4	5	**20**	4	5	**20** ↔							4	2	**8**

Committee review of the risks

The Quality Assurance and Finance and Performance Committees at their respective meetings on the 24 September reviewed the risks for which they have allocated lead oversight for. Whilst both Committees confirmed that they considered the current scores are fairly represented, the Quality Assurance Committee asked that for risk 3.4 the reduced score be reviewed during quarter 3 to ensure that the actions taken have had a sustained positive impact and that for risk 1.1 that during quarter 3 the risk score is considered against the emerging pressures relating to patient and family engagement.

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.

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	14	**Meeting:**	WSHT Public Board Meeting	**Meeting Date:**	01.10.2020
Report Title:	Infection Prevention & Control Annual Report 2019/20				
Sponsoring Executive Director:	Maggie Davies, Chief Nurse				
Author(s):	Dr S Jerwood, Consultant Microbiologist & Infection Prevention & Control Doctor Sharon Reed, Lead Infection Prevention & Control Nurse				
Report previously considered by and date:					
Purpose of the report:					
Information		✓	Assurance		✓
Review and Discussion		☐	Approval / Agreement		☐
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality		☐	Staff confidentiality		☐
Patient confidentiality		☐	Other exceptional circumstances		☐
Link to Trust Strategic Themes:					
Patient Care		✓	Sustainability		✓
Our People		✓	Quality		✓
Systems and Partnerships		✓			
Any implications for:					
Quality	1) In compliance with Health & Social Care Act (2008) 'good infection prevention (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care'. 2) Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. 3) Negative impact on patient, relatives, staff and Trust if quality assurance and standards are not upheld.				
Financial	1) Financial impact of on-call service/seven day provision. 2) Patient litigation claims can occur. 3) Loss of Commissioner confidence may result in loss of Trust business.				
Workforce	1) Learning and development requirements for all staff employed by the Trust, to include students and volunteers. 2) Organisational behaviour and cultural issues. 3) Workforce of small Infection Prevention Team and requirements of the service.				
Link to CQC Domains:					
Safe		✓	Effective		✓
Caring		✓	Responsive		☐
Well-led		✓	Use of Resources		☐
Communication and Consultation:					
Shared with the Trust Infection Control Committee whom include PHE representative, CCG quality lead and Westerns community partners.					
Executive Summary:					
The purpose of this report is to reassure the patients, public, staff, the Trust Board of Directors, Governors and Coastal West Sussex Clinical Commissioning Group (CCG) that the system of Health Care Associated Infection (HCAI) management meets its obligations with regard to patient safety and clinical governance. It is also to reassure that best practice is followed as identified in the Hygiene Code and Care Quality Commission underpinning national and local guidance and provide assurance that the Trust remains compliant with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health, 2015).					
Key Recommendation(s):					
The Board is asked to **APPROVE** this report for publication					

Western Sussex Hospitals
NHS Foundation Trust

- Annual Report - Infection Prevention & Control 2019-2020

Prepared By:

Susie Jerwood
Consultant Microbiologist
& Infection Prevention & Control Doctor

Sharon Reed
Lead Infection Prevention & Control Nurse

Western Sussex Hospitals NHS Foundation Trust

Infection Prevention and Control Annual report 2019/2020

1 Executive Summary

1.1.1 This is the report of the Western Sussex Hospitals NHS Foundation Trust Infection Prevention and Control Team for 1 April 2019-31st March 2020

1.1.2 There were 35 cases of hospital-onset or hospital-associated *Clostridioides difficile* in WSHFT against a maximum objective of 64. Of these 22 were deemed to have lapses in care by the executive-led RCA panel. The main issues were the environment, sampling and antibiotic stewardship.

1.1.3 *C. difficile* Trust action plan was formulated following a multi-disciplinary workshop in April 2018 and continues to be used.

1.1.4 There were 0 cases of post-48 hours MRSA bacteraemia.

1.1.5 There were 19 cases of post-48 hours MSSA bacteraemia.

1.1.6 Contaminated blood cultures are continuing to be monitored as we are seeing high rates, in particular from the Emergency Departments.

1.1.7 Gram-negative organisms including Carbapenemase-producing *Enterobacteriaceae* (CPE) are not increasing dramatically in this area but there is increased concern and vigilance due to outbreaks in other areas.

1.1.8 With the exception of 12 all clinical wards and departments have had an environmental audit performed at least once during 2019/2020 by the infection prevention and control team nurses. The audit report, written by the auditor, includes recommendations for changing practice and suggestions for ward/clinical improvements.

1.1.9 The Water Safety Group continues to be active with frequent meetings discussing testing and maintenance of water. There are a number of outlets being managed for Legionella and/or *Pseudomonas aeruginosa.* These outlets, that have tested positive, have had a point-of-use water filter applied and estates remedial action planned to identify and rectify the root cause.

1.1.10 Antimicrobial Stewardship is monitored by the antimicrobial pharmacists and consultant microbiologists. We achieved 3 of the 4 CQUINS despite the targets being very difficult due to our previously tight control making it more difficult to decrease use further.

2 Introduction

2.1.1 The purpose of this report is to reassure the patients, public, staff, the Trust Board of Directors, Governors and Coastal West Sussex Clinical Commissioning Group (CCG) that the system of Health Care Associated Infection (HCAI) management meets its obligations with regard to patient safety and clinical governance. It is also to reassure that best practice is followed as identified in the Hygiene Code and Care Quality Commission underpinning national and local guidance and provide assurance that the Trust remains compliant with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Department of Health, 2015).

2.1.2 Investment in infection prevention and control remains both necessary and cost effective.

2.2 IPCT

2.2.1 The Director of Infection Prevention and Control (DIPC) is the Executive Chief Nurse.

2.2.2 The WSHFT IPCT comprises:

- 1 WTE Band 8b
- 1.8 WTE Band 7
- 2.2 WTE Band 6
- 0.8 WTE Band 4 Secretarial support

Please see **Appendix 1** for further details on structure.

2.2.3 There is approximately 1PA of Infection Control Doctor (ICD) time. This is due to the inability to recruit to the vacant microbiology post. Previously (before 2015) there was 4PA of ICD time but this was reduced when the post-holder resigned and the post was withdrawn.

2.2.4 The IPCT covers 8.30am – 5pm daily with out-of-hours advice being given by the microbiology on-call service. IPCT have an on-call rota during the winter months (Jan – March) which was used during the Outbreaks.

2.2.5 A seven day service was started in response to the COVID-19 pandemic on 7th February.

2.3 Infection Prevention and Control Governance Structure

2.3.1 The Trust Infection Control Committee became the Trust Infection Prevention Committee (TIPC) and still meets quarterly. It is chaired by the DIPC.

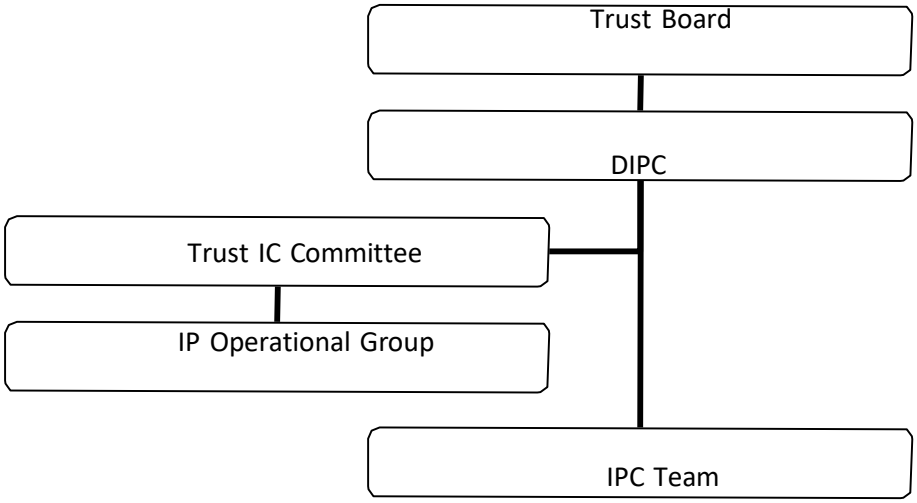
2.3.2 TIPC reports to the Trust Board as per Figure 1.

2.3.3 TIPC terms of reference are to be found in **Appendix 2**. The main purpose of TIPC is to provide strategic direction to the Trust's management of infection prevention and control activity.

2.3.4 TIPC provides assurance that the system of Health Care Associated Infection (HCAI) management is via a detailed framework to ensure the Board meets its obligations with regard to patient safety and clinical governance. It is also to ensure that best practice is followed as identified in the Hygiene Code and Care Quality Commission underpinning national and local guidance.

2.3.5 At TIPC there is representation from each division (Medicine, Surgery, Women & Children, Corporate, Facilities & Estates, Consultant in Communicable Disease Control; Public Health England and Community partners).

Figure 1 IPCT reporting lines



2.3.6 The Infection Control Operational Group also changed its name to Infection Prevention Operational Group (IPOG) and meets monthly. It is chaired by the Lead IP&C Nurse.

2.3.7 IPOG reports to TIPC as per Figure 1 above.

2.3.8 IPOG terms of reference are to be found on the intranet within Infection Prevention and Control Management Arrangements Policy Version 4.

2.3.9 The main purpose of IPOG is to provide a high level management forum to ensure senior managers keep abreast of pertinent issues relating to IP&C and participate in effecting necessary change throughout the organization in a timely manner.

2.3.10 In 2019/2020 both TIPC and IPOG were well attended and quorate until the COVID-19 pandemic when there was a drop in numbers.

2.3.11 Information from both IPOG and TIPC meetings are fed back via divisional leads. In addition the IP&C team feedback relevant information every month to the Sister meetings/team huddles.

3 Summary of performance 2019/20

3.1 *Clostridioides difficile* Infection(CDI)

3.1.1 There were 35 cases of CDI against a maximum allowed of 64 with 32 cases in 2018/19 and 35 cases in 2017/2018. All hospital-onset or hospital-associated cases undergo a rapid review and any with non-compliances are reviewed by an executive-led (or their representative) RCA panel to establish whether there was any potential lapse in care which could either have led to the case, or increase the risk of further cases (for example by delayed isolation of the patient).

3.1.2 We continued to use the CDI action plan from 2018/19.

3.2 Methicillin-resistant *Staphylococcus aureus* (MRSA)

3.2.1 There were 3 pre-48 hours MRSA bacteraemias and no trust-acquired MRSA bacteraemias. Due to the low incidence within the locality a full PIR was not required.

3.2.2 Whilst 0 post-48 hour MSRA bacteraemias WSHFT continue to be proactive by continuing methods to reduce blood culture contamination rate, specifically within A&Es

3.3 Methicillin-susceptible *Staphylococcus aureus* (MSSA)

3.3.1 Due to the increased work load with Gram-negative bacteraemias post-48 hour MSSA bacteraemias were only investigated with a brief RCA.

3.3.2 There were 19 cases of post-48 hours MSSA bacteraemia, compared to 25 in 2018/19.

3.3.3 Of these 13 had Root Causes Analysis carried out. This number is three lower than expected due to the COVID-19 pandemic preventing this work from being done in the last quarter. 10 of these were deemed to be avoidable for example from a line infection.

3.3.4 During this time period there were 64 non-Trust cases (pre-48 hours). The Trust IPCT no longer carries out RCAs on these cases.

3.3.5 The actions in the MRSA action plan are also relevant for MSSA bacteraemias in particular the decolonisation of patients, sterile blood culture packs and antimicrobial stewardship.

3.4 Contaminated blood cultures

3.4.1 There has been a high rate of contaminated blood cultures for many years. A new method of collating data has been instigated in the laboratory but due to the COVID-19 pandemic the results have not been analysed.

3.5 Gram-negative bacteraemias

3.5.1 There has been growing scrutiny over Gram-negative bacteraemias over the past few years. During the 17/18 year mandatory reporting of *Klebsiella spp.* and *Pseudomonas aeruginosa* came into effect, as well as the previously reported *E. coli* bacteraemia data.

3.5.2 The government launched an initiative in April 2017, to reduce Gram-negative infections by 50% by 2021. There was a 5% reduction from 16/17 to 17/18 (418vs398).

3.5.3 In 18/19 the total count of *E. coli* bacteraemias was 343 representing a reduction of 13.8% since 17/18 and 17.9% since the initiative begun. This is a significant achievement especially when results are compared with neighbouring Trusts. However this trend was reversed in 19/20 with 420 cases.

3.5.4 An apparent increase in hospital acquired cases of *E. coli* in October/November 2019 was investigated but no obvious cause found, and the total number of cases for the year remain stable – 61 cases in 18/19 and 60 cases in 19/20.

3.5.5 The number of hospital-acquired *Klebsiella spp.* bacteraemias fell from 24 in 2017/18 to 13 in 2018/19 and then 12 in 2019/20. During the same period the community onset cases went from 62 to 74.

3.5.6 The number of hospital-acquired *Pseudomonas aeruginosa* bacteraemias went from 12 in 2017/18 to 16 in 2018/19 and then to 15 in 2019/20. During the same period the community onset cases went from 45 to 57.

3.5.7 Multi-resistant Gram-negative organisms are also becoming an increasing problem. To date we have seen no bacteraemias caused by Carbapenemase-Producing Enterobacteriaceae (CPE) but have seen a few on clinical or screening specimens for example Gram-negative screen or urine samples.

3.5.8 All patients who have received in-patient care abroad or outside of our immediate region are required to be isolated on admission until they have a negative Gram-negative screen.

3.6 Surveillance, Auditing and Teaching

3.6.1 **Main IPC Audits**

- Similar to previous years, IPCT have strived to undertake at least one main audit in every clinical/operational area across all 3 sites. This has been exceptionally challenging during 2019/20 due to training of new staff members, winter pressures and a pandemic.

- In total 100 main audits were performed during 2019/20. Each audit takes approximately one hour to observe practice and review the environment. This does not include the Infection prevention team's time to collate findings, write the audit report, send and review the action plan. In total, each audit takes a minimum of 2 hours.

- There were 12 areas (11 SRH & 1 Worthing) that did not receive a main IPC audit within the year. The high number in SRH is due to long term sickness of one of the two IPCNs. These areas will be a priority for 2020/21.
- The two areas that did not have audits last year both had audits completed as a priority this year.

- Once again the return rate, for departments to send back completed action plans, has been poor and IPCT escalated this to IPOG to try to improve compliance. The audit cycle includes closing the audit loop and IPCT must be sent the completed action plans to provide evidence of noting the recommendations and resolving the non-compliances.
- With the pressures on the IPCT it is not going to be possible to put in extra measures to improve compliance until the workforce has increased to match the work demand.

3.6.2 **Main audit trends**

- Cleanliness of tables and lockers
- Laundry room floors contaminated (some cluttered with equipment).
- Contaminated bladed fans.
- Sharps temporary closure not in use, protruding sharps.
- Over full used laundry bags.
- Incorrect waste segregation.
- Ward kitchens not fit for purpose
- Cluttered bays/bedsides
- Condition of floors (bays/corridors). Floors need repair or replacement and in particular corridor and bay floors need scrubbing.

Whilst the audit non-compliances have been identified as trends, a detailed focused multi-disciplinary approach has reduced risk by implementing certain actions. IPOG discuss themes and work towards mitigating risks with clinical support. The IPC team attend Sister/Matron meetings to discuss/problem solve emerging trends and the matrons support these actions within each clinical area. Catering teams have been instrumental in implementing standards of cleanliness for lockers and tables and all team members have been retrained in how to perform this task effective and consistently. The estates team have supported the launch of a rolling fan cleaning programme which will reduce risk of infection to our patients, visitors and staff.

3.6.3 **Spot check audits**

Spot check audits are a quick 15 minute review of a clinical area that can help support or change practice within the clinical environment. These have been utilised to investigate any highlighted concerns and are a useful tool to re-audit an area after a poor audit outcome or observation. They are implemented as a multi-disciplinary team approach, with matrons and facilities team members, to ensure all aspects of clinical areas are reviewed. We have continued our robust programme to ensure all clinical areas had a monthly spot check completed and allowed for comparison and trend analysis. The pass benchmark has remained at 85% however if any bodily fluids were found then it was an instant fail, regardless of the score.

In 2019/20 604 spot checks were completed across the Trust, this was an impressive increase from the previous year (423). The number of failures remain disappointing with 336 (228 2018/19) spot checks failing to achieve 85% or above. All non-compliances were communicated to the wards/facilities/estates for immediate action. Non-compliances to best practice were discussed at monthly IPOG meetings by the division representatives. There are a variety of areas which contributed to the failed spot checks. Commodes, lockers and table and environmental dust all featured.

We have been working closely with Facilities and Estates as well as the wards to improve the cleaning. We have asked our colleagues to be extra vigilant and increased communications by using the 'Theme of the Week' for useful topics. Following the safety cross audit we have nominated commode champions who are tasked with reviewing commode 3 times a day on their ward.

(Previous year in brackets)	**SRH**	**Worthing & Southlands**
Main Audit Total	45 (54)	55 (72)
Action Plan completed by dept/area & returned to IPC	20 returned 44% return rate)	19 returned (34% return rate)
Spot check Total	306 (218)	298 (205)
Pass	117 passed	151 passed
Fail	189 failed	147 failed

3.6.4 **Safety Thermometer Audit**

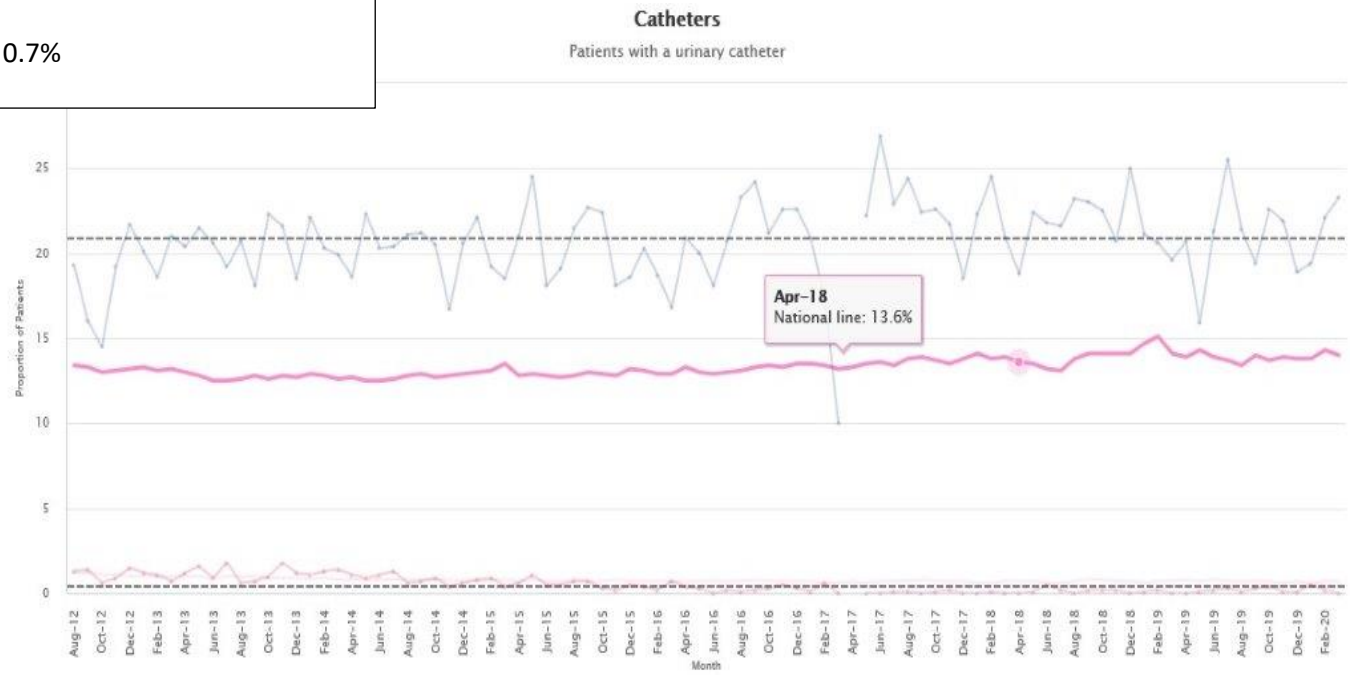
The main urinary catheter audits were undertaken as part of the monthly Safety Thermometer data collection and provide reassurance regarding documentation and standards of catheter care. Whilst this is no longer part of a CQUIN, IPCT validated the clinical CA-UTI data and feedback every month to WSHFT Harm free care team. Below are National CA-UTI results and a funnel graph comparing WSHFT to other NHS acute Trusts.

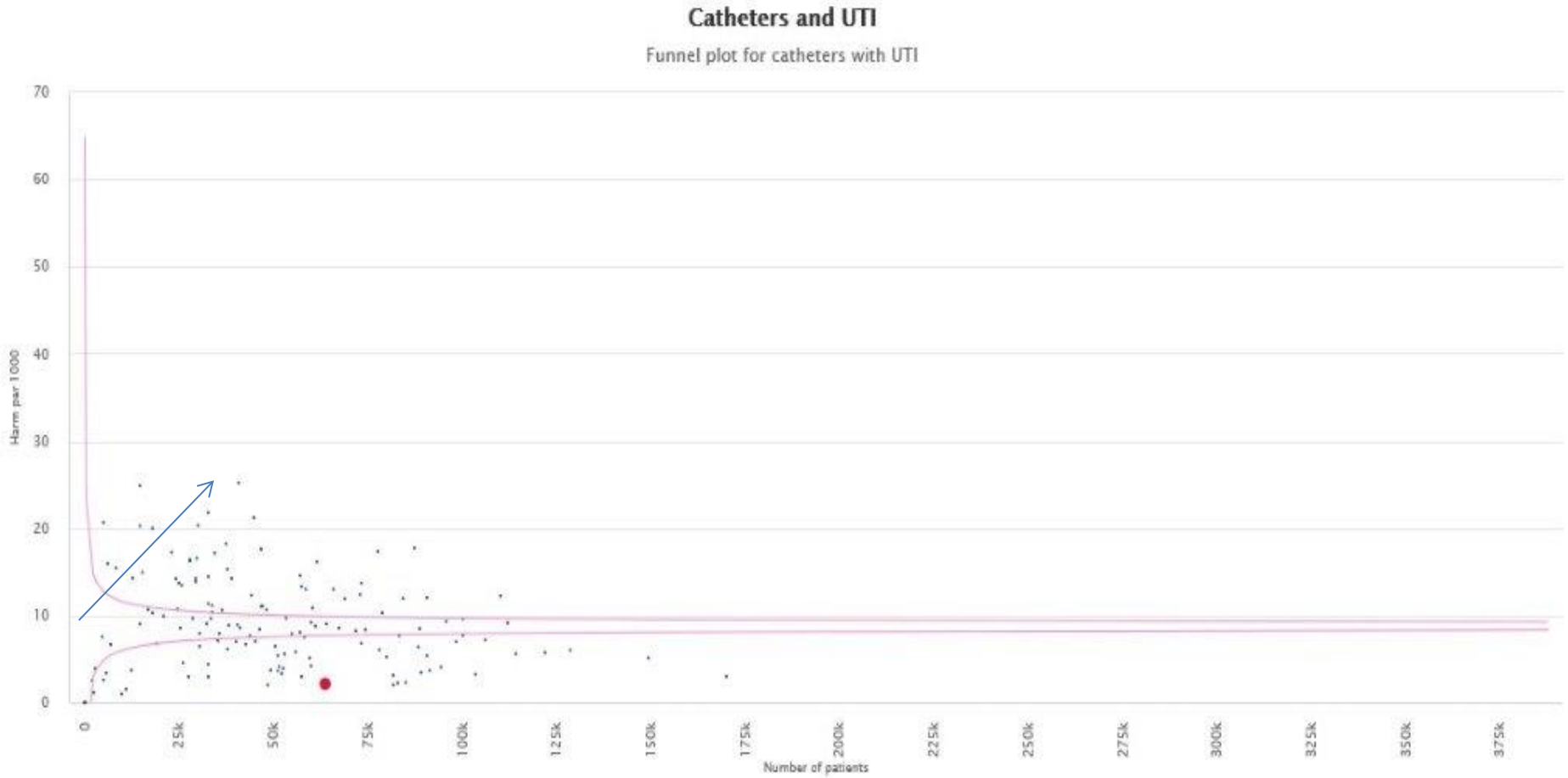
Catheters and CA-UTI's WSHFT 2019-2020

Point prevalence CA-UTI's 2019-2020

WSHFT 0.2%

National 0.7%




Catheters and UTI
Funnel plot for catheters with UTI
Harm per 1000
70
60
50
40
30
20
10
0
0
25k
50k
75k
100k
125k
150k
175k
200k
225k
250k
275k
300k
325k
350k
375k
Number of patients

WSHFT

3.6.5 Vascular Access Device Audit

Historically the team has struggled to perform these bi-monthly vascular access device audits. Restarting the audits was tasked to a Senior IPC nurse. Unfortunately due to ongoing sickness this was not achieved.

We are expecting the IV team to take on the majority of these audits going forwards.

3.6.6 **Commode Audit**

Each month a commode audit was undertaken by IPCT. This has expanded to include the assessment of all bedpans, shower chairs and raised toilets seats, as these were often found contaminated during spot check audits. These results are included in the IPC monthly report for IPOG and discussed at Sister Meetings. The commode audits were also reviewed at each *Clostridioides difficile* root cause analysis meeting throughout 2019/20.

Table 1 Monthly cleanliness audit of commodes, raised toilet seats, shower chairs and bed pans.

Clean √	**SRH**				**Worthing**			
Dirty X	**Commodes**	**RTS**	**S.Chairs**	**Bedpans**	**Commodes**	**RTS**	**S.Chairs**	**Bedpans**
April	47√ 3X	8√ 1X	5√ 0X	65√ 4X	75√ 10X	9√ 2X	25√ 3X	74√ 0X
May	37√ 2X	2√ 1X	6√ 0X	51√ 0X	62√ 15X	4√ 3X	12√ 0X	75√ 2X
June	53√ 11X	15√ 1X	9√ 0X	75√ 1X	70√ 8X	4√ 0X	19√ 1X	67√ 0X
July	54√ 3X	8√ 1X	5√ 1X	67√ 1X	59√ 4X	2√ 1X	14√ 0X	71√ 1X
August	57√ 1X	Not assessed	Not assessed	82√ 0X	75√ 10X	9√ 0X	18√ 1X	81√ 1X
September	62√ 1X	Not assessed	Not assessed	65√ 0X	69√ 7X	3√ 0X	12√ 0X	68√ 0X
October	56√ 1X	5√ 0X	5√ 0X	68√ 1X	63√ 1X	6√ 2X	9√ 0X	75√ 0X
November	56√ 6X	8√ 0X	4√ 0X	70√ 3X	64√ 5X	Not assessed	Not assessed	64√ 0X
December	61√ 2X	2√ 3X		65√ 2X	69√ 3X	Not assessed	7√ 1X	71√ 0X
January	62√ 6X	3√ 1X	Not assessed	81√ 2X	50√ 1X	2√ 2X	6√ 0X	50√ 1X
February	*	*	*	*	64√ 1X	Not assessed	1√ 1X	4√ 0X
March	*	*	*	*	*	*	*	*
TOTALS	545√ 36X	51√ 8X	34√ 1X	689√ 14X	711√ 57X	34√ 8X	123√ 7X	700√ 5X

* - No data available due to Staff sickness and the preparatory stages of the COVID-19 pandemic

Table 2 Monthly cleanliness annual scores 2019/20

SRH 2019/2020	**Clean**	**Dirty**	
Commodes	545	36	93%
Raised toilet seats	51	8	86%
Shower chairs	34	1	97%
Bedpans	689	14	98%
WG 2019/20			
Commodes	711	57	92%
Raised toilet seats	34	8	80%
Shower chairs	123	7	94%
Bedpans	700	5	99%

3.6.7 **Technical Cleaning Audits**

In addition to the routine cleaning schedule, ward side rooms and bays were deep "infectious cleaned". This was implemented when a patient who poses an Infectious risk has been moved from a bed space or discharged and prior to another patient being allocated that bed space. Infectious cleans are supplemented with vaporised hydrogen peroxide (VHP) (*Bioquell®*) for additional environmental disinfection as directed by IPCT. The annual deep clean programme was completed across both sites and this too involves the use of Bioquell VHP. Further Bioquell machines were purchased to support the deep clean programme delivery.

3.6.8 See **Appendix 3** - Technical cleaning scores for the three hospitals

3.6.9 **Patient Led Assessment of the Care Environment (PLACE**)

As per previous years weekly PLACE assessments were undertaken across Worthing and SRH sites and monthly in Southlands. IPCT attended the PLACE visits in conjunction with Patient-representatives, Governors, Matrons and facilities team members. The PLACE team reviewed the clinical areas from a patient's viewpoint and assessed cleanliness within the general environment, privacy and dignity and food. A bi-monthly PLACE strategy meeting enabled the PLACE results, actions and recommendations to be reviewed. The strategy meeting was a structured meeting that discussed each concern raised at PLACE and what actions were implemented to rectify and resolve the problem.

3.6.10 The external annual PLACE inspection, that all health care providers adhere to, was held at Western Sussex on 15th and 16th October 2019. All the areas passed but we have not received a formal report.

3.6.11 See Appendix 4 - PLACE audit compliance for the three hospitals

3.6.12 **Teaching**

The IPCT undertook several training sessions every week throughout the year. These included scheduled teaching (Health & Safety update, Paediatric, Midwifery, overseas), face to face opportunistic teaching, local department training (ward away days) and joining in staff huddles to discuss relevant IPC topics. On occasion the IPCT have had to cancel training sessions but this was only if there were no other options. This only occurred approximately 5 times and candidates were offered IPC e-learning module, information booklets and the opportunity to rebook to ensure they had up to date IPC refreshers.

The table below shows the Infection control training figures for 2019/20 taken from the monthly board report. Achieving above 91% for 11 consecutive months is down to the IPCT's dedication, commitment to imparting accurate and safe education and in true support of Getting It Right First Time. The decrease seen in March 2020 was due to the COVID-19 pandemic.

Table 3 IPC teaching figures April 2019 to March 2020

Apr-19	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar-20
93.2%	93.4%	93.1%	92.2%	92.5%	92.6%	91.4%	91.0%	91.1%	91.1%	91.3%	85.4%

3.7 SSI

Table 4 Surgical Site Infection (SSI) Rates for 19/20

Surgery	Inpatient/ readmission rate **2020**	Last 4 Periods	National Benchmark	Total Jan to March 20 incl. Superficial	National Benchmark
THR	1 % ↑ (1/100)	**0.4%** (4/560)	0.4%	1% (1/100)	0.9 %
TKR	0.9 % ↓ (1/109)	**1%** (5/522)	0.3%	1.8 % (2/109)	1.2 %
Large Bowel SRH	4.4% ↓ (3/68)	**6.8%** (19/280)	8.3 %	4.4 % (3/68)	10.5 %
Large Bowel Worthing	3.6 % ↓ (2/55)	**7.9 %** (17/214)	8.3 %	3.6 % (2/55)	10.5 %
Breast SRH	1.6 % ↑ (1/61)	**0.8%** (2/241)	0.6 %	3.3 % (2/61)	3.0%
Breast Worthing	1.7% ↑ (2/116)	**0.6 %** (3/494)	0.6 %	4.3% (5/116)	3.0%

3.7.1

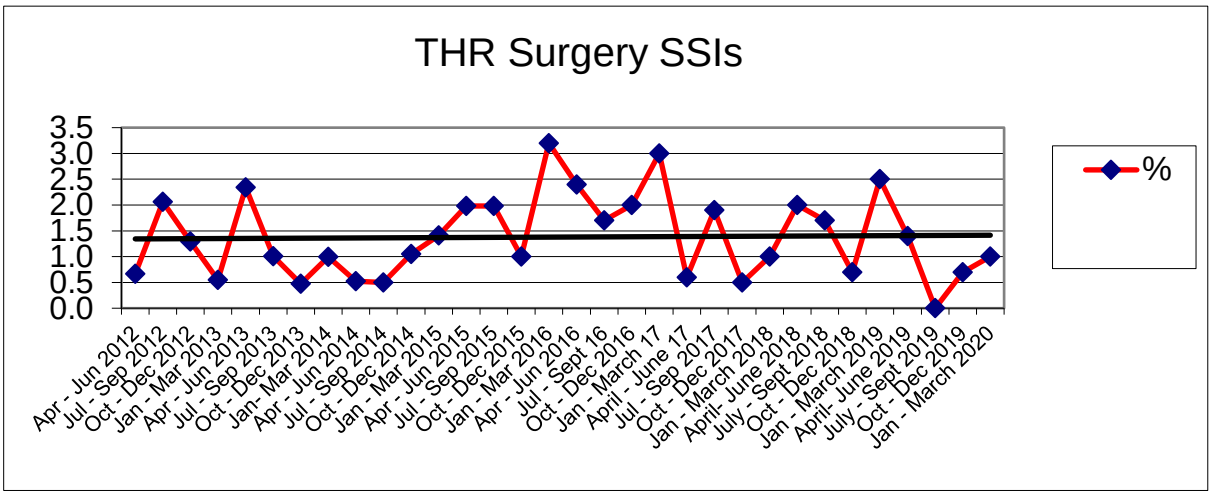
- The Surgical Site Infection Surveillance Team comprises:-
  0.4 WTE Band 8a
  1.0 WTE Band 7
  0.6 WTE Band 5

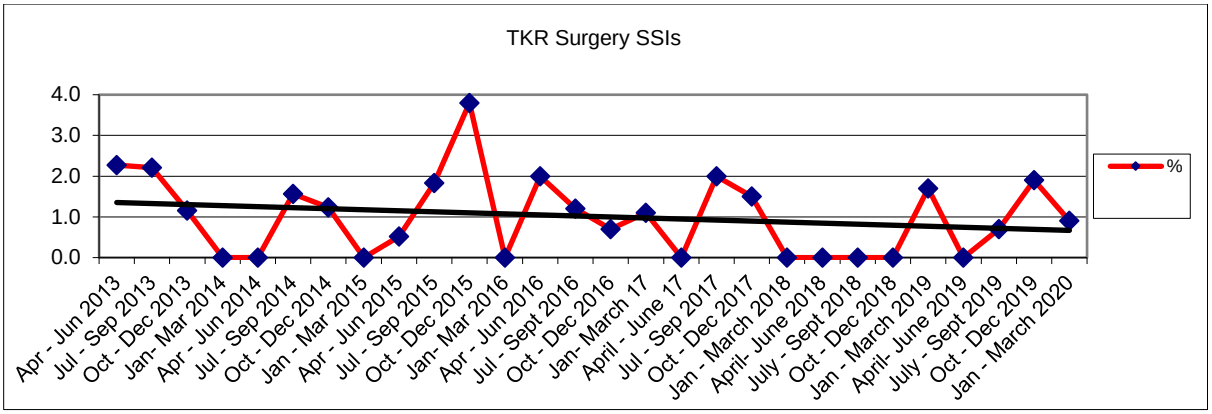
- Actions to reduce SSI rates are monitored through the Trust Infection Prevention Operational Group and Committee. SSI Team work within Surgical Division
- Surveillance is undertaken as part of PHE Surgical Site Infection Surveillance Service.
- Mandatory SSI surveillance involves 1 quarter per annum of an Orthopaedic category. However, WSHFT participates in continuous SSI surveillance of Total Hip replacement, Total Knee Replacement, Large Bowel and Breast surgery. Infection rates are compared with other participating hospitals.
- In-patient and readmission rates are reported in line with PHE reporting

- Post discharge surveillance is routinely undertaken by the SSISS nurses to ensure an accurate rate of infection
- All infections are discussed with the surgical teams involved and IP Consultant. Agreed before submitting the data to PHE
- Building on the 2017 GIRFT SSI survey, the 2nd iteration of the survey was launched in May 2019. The SSI participated in this survey. The report has been received but analysis of the data has been delayed locally and nationally due to COVID-19 pressures.
- Data has been collected until end of March 2020 (Q4). Unfortunately due to COVID-19 Pandemic and suspension of elective surgery the data for Q1 won't be collected.
- The SSI team were redeployed to assist the IPC team.
- Routine theatre maintenance and revalidation programme.

3.7.2 **Orthopaedics**

- Quality Standards agreed have been incorporated into the Chichester & Worthing Enhanced Recovery Pathway (CWERP) document. These are based on NICE Quality standard [QS49] October 2013 and include aspects of the patients' pathway pre, peri- and post-operatively including basic aspects of skin preparation, prophylactic antibiotic management, normothermia, asepsis, surgical environment and wound management. Going forward these will be monitored in the CWERP committee.
- As inpatient/readmission post-operative infections are identified a SWARM process is initiated to ensure a full RCA is completed and that the MDT is involved.
- RCA document has been updated to assist review panel in ascertaining whether the SSI was avoidable or unavoidable.
- The RCA's have been presented to an executive led panel and also discussed at the Trauma & Orthopaedic Clinical Governance meetings for more appropriate peer review
- CCG representation will be invited to attend review panel



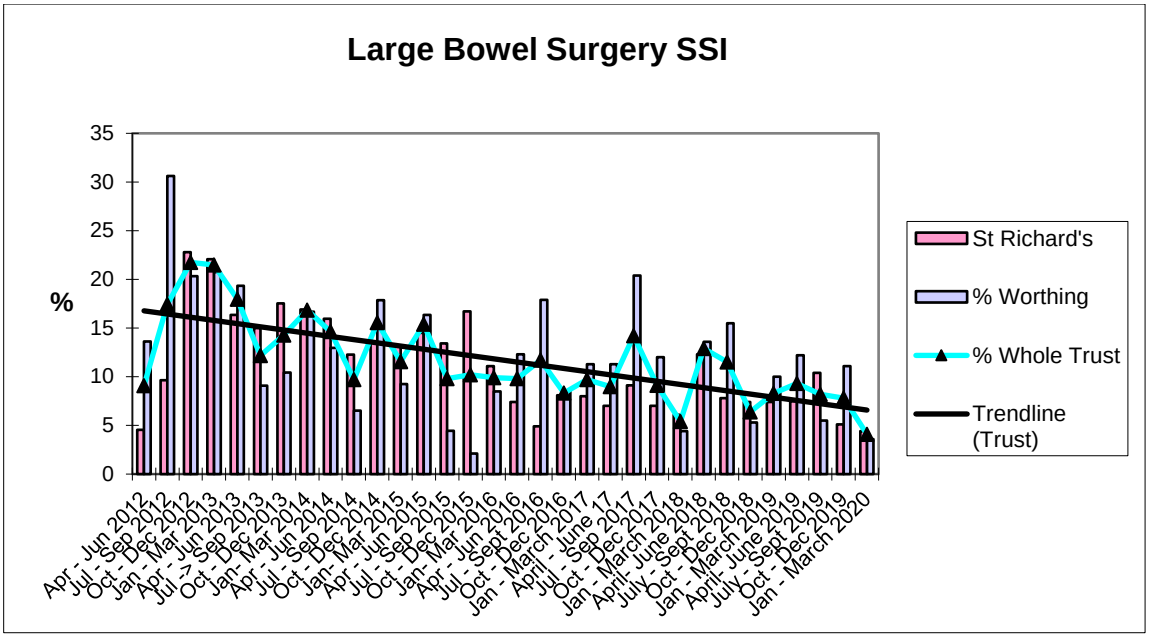


Actions post Reviews:-

- MDT for pts with BMI over 35
- SOP for CWERP pts for temporary staff working on Chilgrove Ward to include wound protocol has been developed
- Patients are attending wound clinic for review and early intervention
- Trauma pathway for pts requiring THR to improve standardisation
- Surgeon on call rota for #NOF's – Improves cover and consistency
- Cemented (antibiotic) THR training for surgeons and theatre team has been undertaken
- Focus on theatre environment, particularly cleanliness
- Weekly IPC spot check audits of Orthopaedic wards in SRH
- Recording patient peri-operative temperatures- agreement to record temperatures 3x during procedures. This is still not routinely undertaken and requires further reinforcement

3.7.3 **Colorectal**

- Organ space Infections include anastomotic leaks
- The use of pre-operative bowel preparation and oral neomycin for hemicolectomy cases is now standard across the Trust.
- Wound care pathway has been developed. Its inclusion on Patientrack is awaited
- PICO dressings on high risk wounds

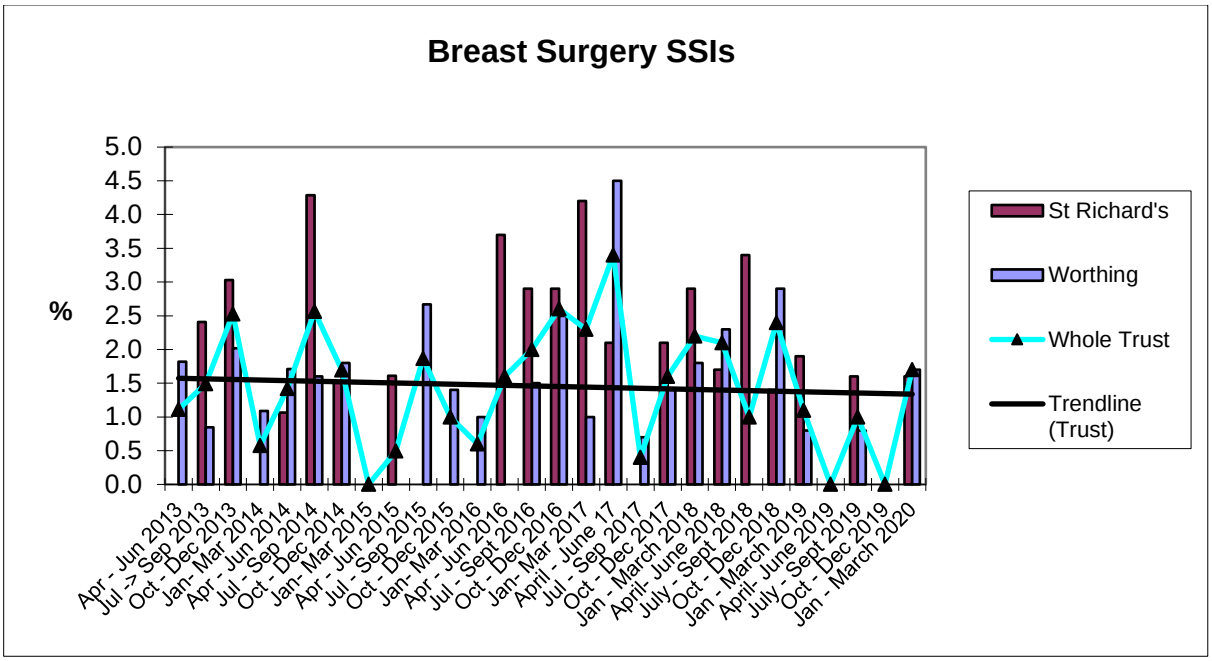


3.7.4 **Breast**

This is a low participation category

Review of each case at clinical governance meetings – learning focused on patient selection.

- RCA's for Worthing site, July to September 19 superficial infections have been undertaken by the surgeons
- Focus on post-operative wound care and seroma drainage in Worthing. Recommendations include :-
  Improved cleanliness of the department
  Review of aseptic technique training for Outpatient nurses / HCA's who assist with seroma drainage
  Change skin preparation to Chlorprep single use devices to standardise across Trust



3.8 Water Safety Group

3.8.1 The water safety group met monthly with a joint quarterly operational meeting with the appointed external Authorised Engineer attending. It is a multi-disciplinary, productive group which monitor, measure and action water within the Trust. All positive water sample results are discussed at the monthly meeting and estates discuss immediate actions and planned remedial work.
In addition the water safety group includes Worthing's Hydrotherapy pool and in 2017 a separate Hydrotherapy pool sub water safety group was initiated. This sub group generated a hydrotherapy pool policy and a separate pool procedure manual.

Both water safety group and hydrotherapy pool meetings are minuted with the addition of a comprehensive action plan that is revisited every month. For further WSHFT water information please see Facilities and Estates annual report.

3.8.2 In October 2019 the water temperatures in A&E at St Richard's hospital were found to be low during a water system assessment carried out by the Authorised Engineer (Water). An imminent danger notice was served and a request that the boiler room was inspected. This was not carried out immediately and a subsequent RCA has been performed to establish why this notice was not actioned. A risk assessment was carried out to establish whether there was a risk to patients or staff from Legionella or Pseudomonas. It was felt the risk to patients was low as their stay in the department was generally short. There was no increased incidence of sickness in staff and no subsequent infections with Legionella were found. Outlets were fitted with point of use filters. Water was regularly sent for testing until the water was a satisfactory temperature and the results were clear on 3 consecutive occasions.

3.9 Specialist Ventilation Group

3.9.1 The specialist ventilation group met frequently throughout 2019/20. It is a multi-disciplinary, productive group which monitor, measure and action air quality within the Trust. A theatre shut down plan, for all 3 sites, has ensured all theatre suites have been validated and returned to use with minimal disruption to hospital service. For further WSHFT specialist ventilation information please see Facilities and Estates annual report. There is currently no Authorised Engineer (ventilation).

3.9.2 Estates service and re validate 26 operating theatres, 2 endoscopy suites, 2 Aseptic suites, 3 Cath Labs and 8 isolation rooms every year.

3.9.3 There have been ongoing issues with the permit to work not always being available and on occasions the work has not been carried out fully prior to testing being requested. On these occasions testing has been delayed until all work has been carried out to a satisfactory level.

3.10 Antimicrobial Stewardship

3.10.1 Antibiotic consumption

Standard contract target for 2019/20 was a 1% reduction in total antimicrobial use, results in the below table (to be finalised June 2020). The 2020/21 target is a 2% reduction in use from the 2018 baseline. We will continue to monitor use but the big reduction in antibiotic use and patient numbers in 2020 will skew the data and make any comparisons with previous years difficult.

NHS Standard Contract	Target	Current performance	Comments
1% reduction	1% reduction in DDDs than calendar year total 2018	According to data we have reduced by 6.4% (pending final DDDs for March and bed day data).	Potential issue as 2018 data not reproducible from data source NHSEI uses from so our data may be underestimate. FP10 data delayed by up to 3/12.

3.10.2 **Influenza update**

Pharmacy collected consent forms to support the accurate recording of percentage of staff vaccinated and approached. Frontline staff 90% approached, 78% vaccinated. Around 45 inpatients prescribed 'flu vaccines. Influenza vaccines for 2020/21 have been ordered.

3.10.3 ASG meeting

Meeting set for 18th March 2020 postponed due to COVID-19 and sickness; new date to be confirmed.

3.10.4 AMS

Antimicrobial stewardship at WSHT is maintained via surveillance using electronic prescribing and medicines administration (EPMA) drug charts. An automated report of all patients on antibiotics is emailed to each antimicrobial pharmacist and microbiologist on a daily basis. This is filtered and interpreted to undertake targeted review of patients on the daily clinical ward round with the Microbiology consultants. Particular focus is made on patients commenced on protected antibiotics or prolonged courses of antibiotics whose regimen we feel can be stewarded.

3.10.5 CQUIN

We have participated in the National CQUIN requirements for antifungal use, supported the surgical prophylaxis CQUIN this year and helped feed into the feedback from lower UTI CQUIN audit interpretation. We had completed all the actions and targets up to quarter 3 and expected to meet all requirements by year end. However Quarter 4 requirements have been suspended but we continue to ensure we are keeping these in mind and reporting to the above groups. We are still monitoring on a monthly basis the antimicrobial total usage with regards to the 2% annual reduction target, whilst also monitoring carbapenem and AWaRe category use (as per previous AMS CQUINs) – these data are also being fed into the PHE Fingertips website. We remain outliers for performing very well for these categories too. We remain above 60% use when the average for KSS area and England is below 50% for the 'Access' group (target is > 55%). For carbapenem use we generally use around 20 DDDs per 1000 admissions, whereas the average for KSS area is 35-40 and England 65-70.

3.10.6 Antifungal CQUIN

All CQUINS are currently suspended nationally and we have not been requested to supply data for Q4 19/20 CQUINs or progress work on 20/21 CQUINS. We had met the targets for the antifungal CQUIN Q1-3 as below. Work is ongoing when possible on these audits for Q4 in any case.

Quarter	Status	Yes/No	Date
Quarter 1	Trust to submit Evidence based Antifungal Prescribing Guidance for 2019/20 to NHS England	Yes	7/19
	Trust to provide a summary of how diagnostics are currently used at the trust in the management of patients with antifungal disease (in advance of Q2 diagnostic Audit)	Yes	7/19
	Trust to provide confirmation and details of an antifungal Anti-Fungal Stewardship team that meets the standards as set out in the NHS England Antifungal Stewardship Implementation Pack	Yes	7/19
	Q2-Q4 Implementation plan formulated for improving antifungal stewardship in line with national recommendations submitted for further discussion with NHS England based upon baseline work undertaken in 2018/19	Yes	7/19
Quarter 2	Submission of Q2 audit of antifungal prescribing template with anonymised patient data on agreed audit template	Yes	10/19
	Summary of Q2 audit in line with agreed implementation plan for improving antifungal stewardship.	Yes	10/19
	Completed Diagnostics Gap Analysis audit (audit criteria to be released in Q1 or Q2 and will focus on which diagnostics are used or not available for the management of patients)	Yes	10/19
Quarter 3	Submission of Q3 audit of antifungal prescribing template with anonymised patient data	Yes	1/20
	Summary of Q3 audit attached	Yes	1/20
	Implementation plan for improving antifungal stewardship updated in view of the Q2 diagnostics audit and submitted for further discussion with NHS England	Yes	1/20
Quarter 4	Confirmation that that the above Q2-Q4 actions have been completed		
	Submission of Q4 audit of antifungal prescribing template with anonymised patient data		
	Brief review of the Impact of the AFS stewardship work in line with national recommendations at the trust & potential areas of improvement for 2020/21		
	If available all appropriate Blueteq forms relating to antifungal use have been completed as per contractual requirements		
	All quarterly audits to be submitted to fingertips, once available, in order to facilitate award		

3.10.7 Guideline updates

The paediatric and obstetric guidelines were all updated and completed as planned.

Figure 2 Progress against plans for 19/20 (Antimicrobial stewardship)

Objective	**Progress**
Standard contract	We have provisionally met the NHSEI targets for 19/20 pending data ratification.
Antifungal stewardship CQUIN	Antifungal treatment and prophylaxis guidelines developed and implemented. Q1-3 audits complete. To complete Q4 (deadline delayed due to COVID-19). Diagnostic gap analysis completed. Awaiting national progress on fungal marker testing times.
Audit programme	APASA audit pack trialled and audited by F2s. Awaiting write up/QIP presentations. Ironing out details on how best to ensure regular audit.
Guideline updates	19/20: Paediatric, obstetric guidelines updated and completed.
Progression of OPAT	OPAT PMS to be used after successful trial. To look into streamlining with electronic referrals once possible. Bronchiectasis pathway to be shared cross-site.

4 Outbreaks/Incidents

4.1.1 Norovirus/ D&V

St Richards Hospital declared a diarrhoea and vomiting outbreak on 23rd April 2019. Within 3 days and following Norovirus positive faecal sample results, the diarrhoea and vomiting outbreak was determined a Norovirus outbreak from Friday 26th April. This prolonged outbreak was declared over on 15th May 2019.

Worthing Hospital observed an increased incidence of gastroenteritis symptoms and a diarrhoea and vomiting outbreak was declared on 09th May 2019 to 20th May 2019. This remained a diarrhoea and vomiting outbreak due to the low numbers of positive Norovirus faecal laboratory results.

Up until the outbreaks were declared over, there had been a total of 100 patients with gastroenteritis symptoms at St Richards hospital, of which 17 tested Norovirus positive. And at Worthing hospital a total of 38 patients had displayed gastroenteritis symptoms, of which 2 tested Norovirus positive.

Full outbreak control measures were immediately actioned and clinical support given by IPCT.

4.1.2 Listeria May/June 2019

Two patients from Western Sussex Hospitals NHS Foundation Trust were part of the nationwide Listeria outbreak related to contaminated sandwiches. The first patient was an inpatient with multiple co-morbidities who gave a history of having eaten sandwiches during her inpatient stay. The second patient presented at another Trust about a month after having an endoscopy at the Trust. She did not remember having eaten the implicated sandwiches but the isolate matched the national outbreak isolate so it was felt likely that she had.

4.1.3 Scabies

A case of Norwegian scabies was discovered in a patient who had been an inpatient for several weeks. He had previously been treated in the community but the hospital was not aware. This led to an outbreak with 1 member of staff being confirmed and 4 other members of staff not being confirmed. There were further suspected cases but none were confirmed. However contact tracing was performed and treatment advised for contacts.

4.1.4 CPE November 2019

A CPE was picked up on a patient with previous travel to Bangladesh, Myanmar and Albania, including a hospital stay in Albania. The travel history was only noted after the Microbiologist was called for advice and hence a delay in diagnosis. This led to 42 contacts requiring risk assessment and 42 alerts placed against patients for CPE contact.

4.1.5 Influenza A

Four patients were diagnosed with Influenza A on Castle ward. An outbreak was declared. Further testing of symptomatic patients revealed a total of 6 patients were infected.

4.1.6 Influenza A and Norovirus

January 2020 two bays on Ford ward were closed with separate outbreaks.

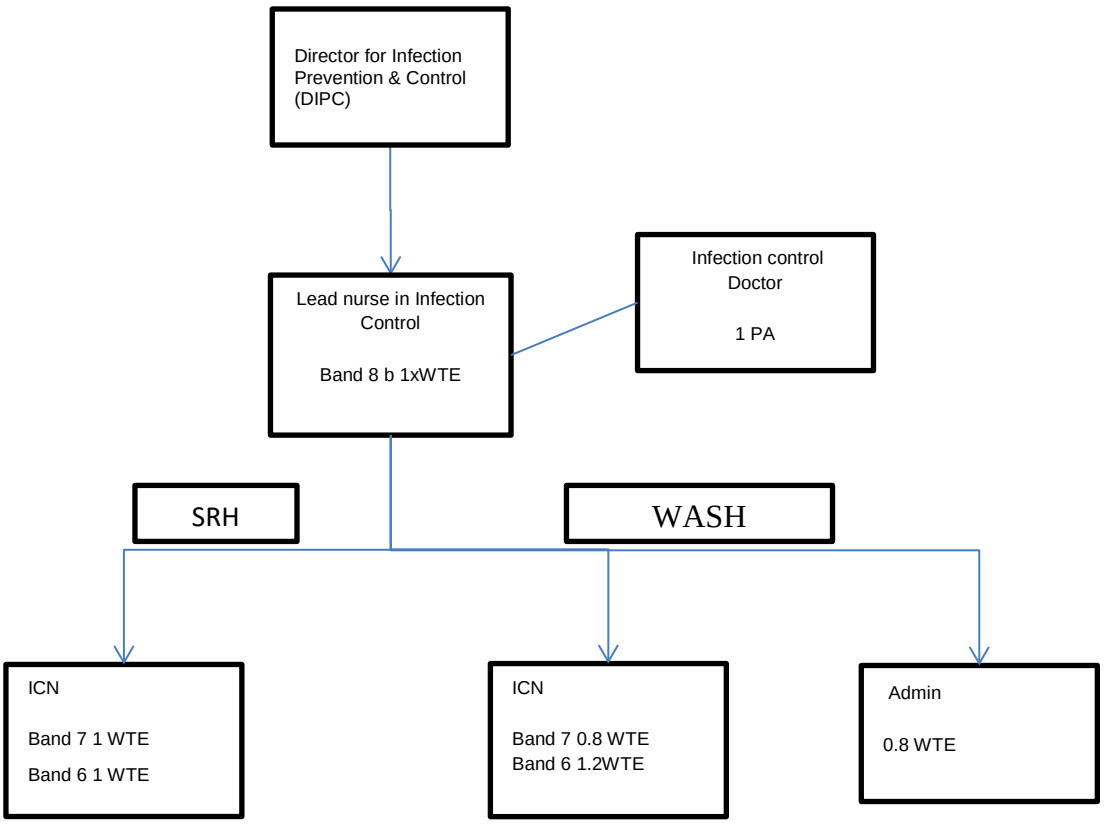
4.1.7 Norovirus Birdham

Birdham ward was closed due to an outbreak of Norovirus from 2/320 – 13/2/20.

4.1.8 COVID-19

A full report is not possible for 2019/20 as it was the preparedness and early stages that fell into this year. Quarter 4 was extremely busy with preparedness for both the hospitals and helping with community screening as there was no external provision at that stage. This was an extremely testing time as there was an expectation that IPCT could undertake a huge range of extended roles. With the cessation of elective work some other roles were seconded to IPC.

Appendix 1 The IPCT structure



Appendix 2 TERMS OF REFERENCE Trust Infection Prevention and Control Committee (TIPC)

Membership

WSHFT Chief Nurse / DIPC (Chair)

Deputy Chief Nurse (Deputy Chair)

Medical Director

Infection Prevention & Control Doctor / Consultant Microbiologist

Lead Infection Prevention & Control Nurse

Infection Prevention & Control Team

Surgical Surveillance Team

Antimicrobial Pharmacist

Decontamination Lead

Heads of Nursing - Medicine

Heads of Nursing - Surgery

Head of Nursing - Women & Children

Consultant in Communicable Disease Control

Occupational Health Manager

CCG Infection Prevention & Control Lead Nurse

SCFT Nurse representative

Associate Director of Facilities

Associate Director of Estates

Medical representation from each Division

Corporate DDO/Services Lead

Nominated Non-Executive Director

The group will be chaired by the Director of Infection Prevention and Control or deputy. Other members of staff may be invited if appropriate.

2. In attendance

2.1 Other members of Trust staff, including other Executive Directors, may be invited to attend to present and/or discuss particular items on the Agenda. The Trust Chair (if not the nominated Chair or member of the Committee) and Chief Executive have the right to attend any meeting of the Committee as desired.

3. Purpose

3.1 To provide strategic direction to the Trust's management of infection prevention and control activity.

3.2 To ensure that the system of Health Care Associated Infection (HCAI) management is via a detailed framework to ensure the Board meets its obligations with regard to patient safety and clinical governance. It is also to ensure that best practice is followed as identified in the Hygiene Code and Care Quality Commission underpinning national and local guidance.

4. Duties

To ensure the purpose is met, the group is responsible for the following:

4.1. To agree the annual Infection Prevention & Control programme, review the progress of the programme and assist in its effective implementation. Regular reports will be received on:

- Outbreaks of infection in any part of the Trust's premises
- Surgical wound site surveillance modules
- Audit results as part of national or local surveillance
- Relevant external and national reports

4.2 To advise on the most effective use of resources available for implementation of the programme.

4.3 To implement, audit and review policies on all aspects of infection prevention and control.

4.4 To monitor compliance with action plans and infection prevention and control standards as specified by the Department of Health and/or external bodies.

4.5 To draw the attention of the Chief Executive and Director of Infection Prevention and Control to any serious problems or potential hazards relating to infection prevention and control and patient safety.

4.6 To provide support, guidance and advice to the Infection Prevention and Control Team.

4.7 To inform itself on HCAI trends, improvements and areas of concern.

4.8 To provide a core of personnel to form an Outbreak Control Team (OCT) when directed by the Infection Control Doctor (ICD) or DIPC.

4.9 To ensure effective implementation of a plan for the management of outbreaks in the hospital and monitor its implementation.

4.10 To exchange minutes and information from the PHE and the CCG, ensuring that appropriate action is undertaken.

4.11 To ensure that risk assessments are undertaken with regard to the infection prevention and control team.

4.12 To promote and facilitate the education of all Trust staff in infection prevention and control practice and procedures.

4.13 To receive and agree an annual report and infection prevention and control programme, including plans for surveillance. This should be submitted for acknowledgement to the Trust Board.

4.14 To encourage communication among the different disciplines involved to share difficulties, successes and ideas in the management of infection prevention and control.

4.15 To receive and act upon reports from the Antimicrobial Stewardship Group

5. Quorum

5.1 The Quorum will consist of 10 members, of whom at least 4 must be the following (or their nominated representatives):

DIPC/Deputy Chief Nurse (Chair)

IP&C Doctor

Lead IP&C Nurse

Representative of each Division (Medicine, Surgery, Women & Children, Corporate)

Facilities & Estates

A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

6. Frequency of meetings

6.1 The group will meet quarterly. The formal meetings will meet the above objectives.

7. Minutes and Reporting

7.1 Agendas and briefing papers should be prepared and circulated in sufficient time for Committee Members to give them due consideration.

Distribution of minutes: TICC committee members and Trust Board.

7.2 Minutes of Committee meetings should be formally recorded and distributed to Committee Members within 1 month of the meetings. Subject to the approval of the Chair, the Minutes will be submitted to the Trust Board at its next meeting and may be presented by the Committee Chair.

7.3 An annual report from the Committee to the Trust Board will be produced to demonstrate the Committee's discharge of its duties. This report will be presented to the Trust Board within the second quarter of the financial year.

7.4 The Committee will report directly to the Trust Board.

8. Conduct of Business

8.1 The conduct of business will conform to guidance set out in the Trust Board Standing Orders, unless alternative arrangements are defined in these Terms of Reference.

Author: Maggie Davies Director of Infection Prevention & Control **Signed ……**

Date approved June 2019 **Date for review June 2022**

Appendix 3 - Technical cleaning scores for the three hospitals

SRH Technical Cleaning Scores - Year 2019-20											
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
98%	98%	98%	99%	98%	98%	99%	98%	98%	99%	99%	
96%	96%	95%	97%	97%	97%	99%	98%	97%	98%	98%	
94%	0%	95%	95%	0%	94%	0%	95%	97%	0%	99%	
76%	87%	83%	95%	0%	100%	90%	95%	0%	0%	100%	

Worthing Technical Cleaning Scores - Year 2019-20											
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	97%	
96%	96%	96%	95%	96%	95%	96%	95%	95%	97%	96%	
92%	91%	87%	88%	92%	0%	88%	91%	0%	85%	93%	
0%	0%	75%	0%	0%	0%	86%	0%	0%	0%	0%	

Southlands Technical Cleaning Scores - Year 2019-20											
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
99%	98%	98%	99%	98%	98%	99%	98%	98%	98%	98%	
92%	92%	0%	0%	92%	0%	0%	0%	0%	94%	0%	
86%	86%	0%	0%	91%	0%	0%	0%	0%	95%	0%	

Appendix 4 - PLACE audit compliance for the three hospitals

SRH Internal PLACE Audit Compliance -Year 2019-20											
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
98%	98%	96%	98%	98%	97%	97%	96%	96%	96%	96%	96%

Worthing Internal PLACE Audit Compliance - Year 2019-20											
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
98%	99%	98%	98%	98%	93%	98%	96%	97%	99%	97%	

Southlands Internal PLACE Audit Compliance - Year 2019-20											
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
93%	100%	0%	100%	0%	98%	93%	99%	0%	73%	97%	

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	15	**Meeting:**	Trust Board	**Meeting Date:**	01.10.2020
Report Title:	Organ Donation Annual Report 2018/19				
Sponsoring Executive Director:	George Findlay, Chief Medical Officer				
Author(s):	Dr Luke Hodgson, Clinical Lead for Organ Donation Dr Andrew Hetreed, Clinical Lead for Organ Donation				
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	Donor activity is associated with financial recompense to the trust				
Workforce					
Link to CQC Domains:					
Safe	☐		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	☐	
Communication and Consultation:					

Executive Summary:

The Annual Organ Donation report details the performance of Western Sussex Hospitals NHS Foundation Trust for 2018/19.

Key Recommendation(s):

The Board is asked to NOTE this report.

Western Sussex Hospitals NHS
NHS Foundation Trust

Annual Organ Donation Report
WSHFT 1 April 2019 – 31 March 2020
Presentation to Trust Board October 2020

Dr Luke Hodgson, Dr Andrew Hetreed Co-Clinical Leads for Organ Donation (CLODs)

Angela Fisher: non–clinical Lead Organ Donation

Tracey Thomas: Specialist Nurse Organ Donation (SNOD)

NHS
Blood and Transplant

Western Sussex Hospitals NHS
NHS Foundation Trust

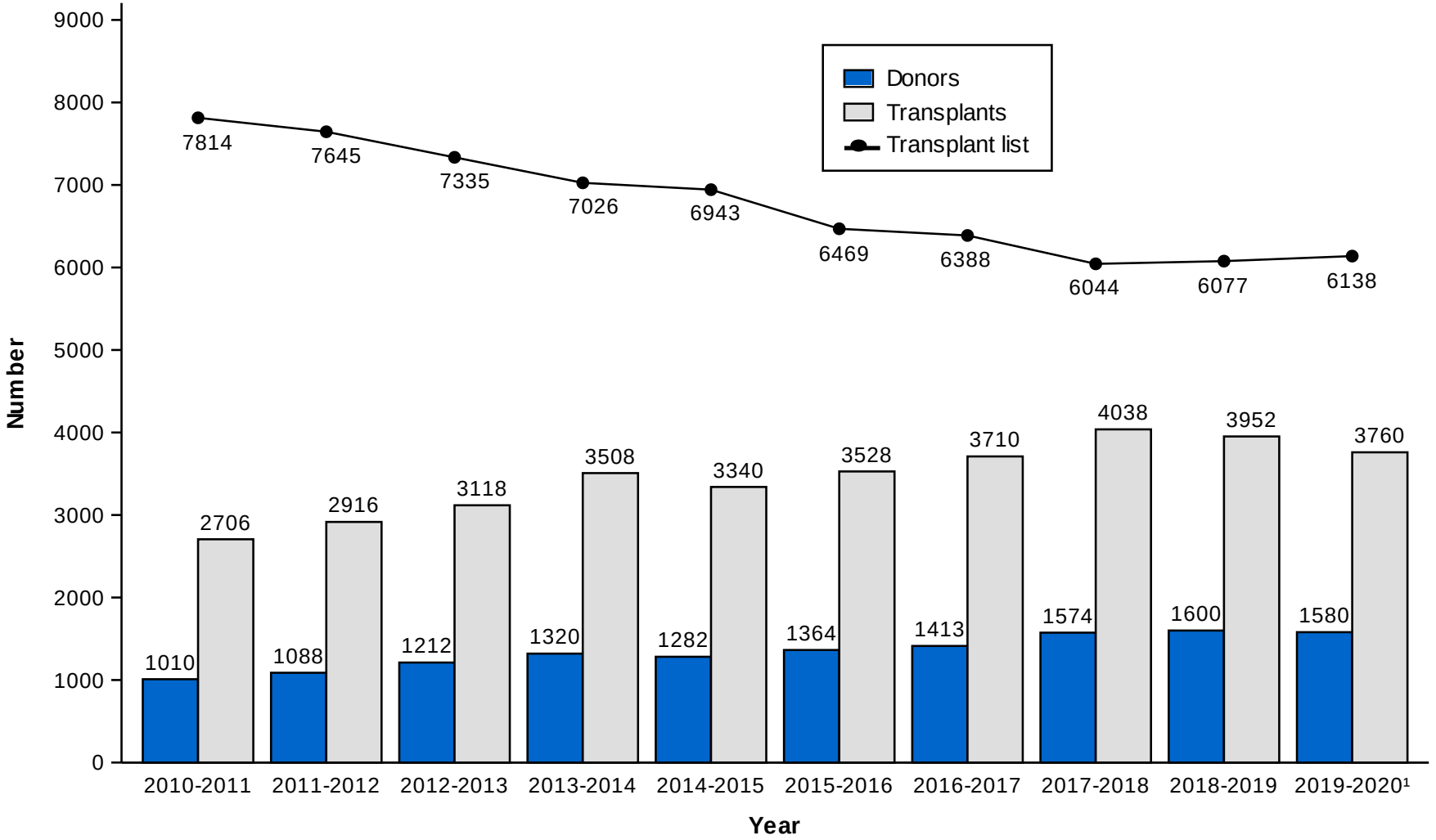
NHS
Blood and Transplant

Organ Donation and Transplantation

Activity Report 2019/20

NHS
Blood and Transplant

Number of deceased donors and transplants in the UK, 1 April 2010 - 31 March 2020, and patients on the active transplant list at 31 March



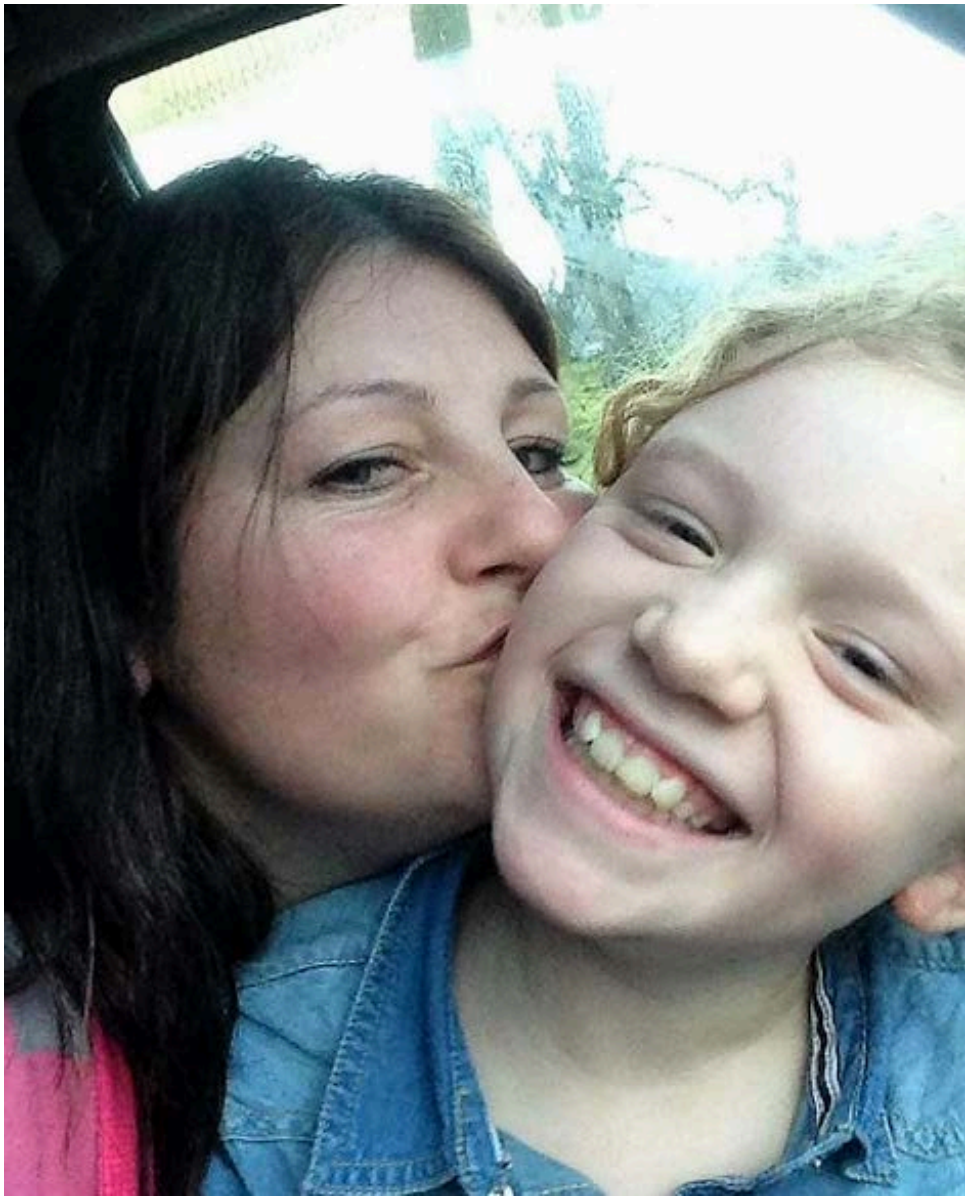
¹ Waiting list as at 29 February 2020

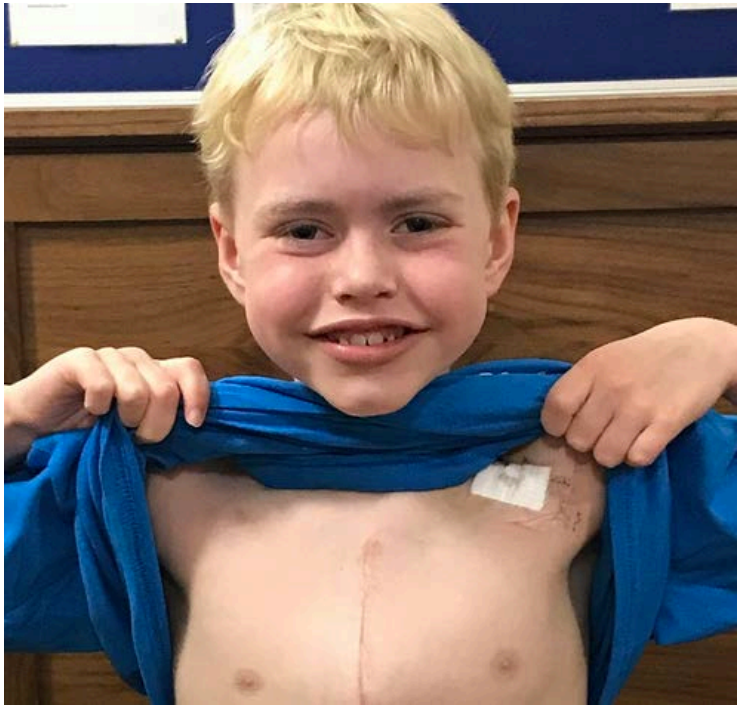
Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

Western Sussex Hospitals NHS
NHS Foundation Trust

NHS
Blood and Transplant

Max & Keira's Law





Register your decision

About your choices on the NHS Organ Donor Register

Cymraeg

The NHS Organ Donor Register keeps a record of your organ donation decision.

Below are all the choices you have available to you.

Did you know that organ donation law has changed in some parts of the UK? Find out more

Register to be a donor

Choose this option if you would like to be an organ donor in the event of your death. Please tell your family about your decision.

REGISTER

Take me to register to donate

Register not to be a donor

Choose this option to record a decision on the NHS Organ Donor Register NOT to donate your organs and tissue after your death. Please tell your family about your decision.

OPT OUT

Take me to opt out of organ donation

Amend your registration

Choose this option to update your existing record with changes to personal details such as a new address, name change or to change your preferences for organ and tissue donation. Please tell your family if your organ or tissue donation preferences have changed.

AMEND

Take me to amend my details

Withdraw from the register

Choose this option to remove an existing registration from the NHS Organ Donor Register. If you live in England, Wales or Jersey, are not in a group excluded from opt out legislation and have not registered an organ donation decision, it will be considered that you agree to be an organ donor. This is known as deemed consent. Please tell your family if you withdraw your registration and let them know whether or not you want to be an organ donor.

WITHDRAW

Take me to withdraw my registration

Western Sussex Hospitals NHS
NHS Foundation Trust

4487

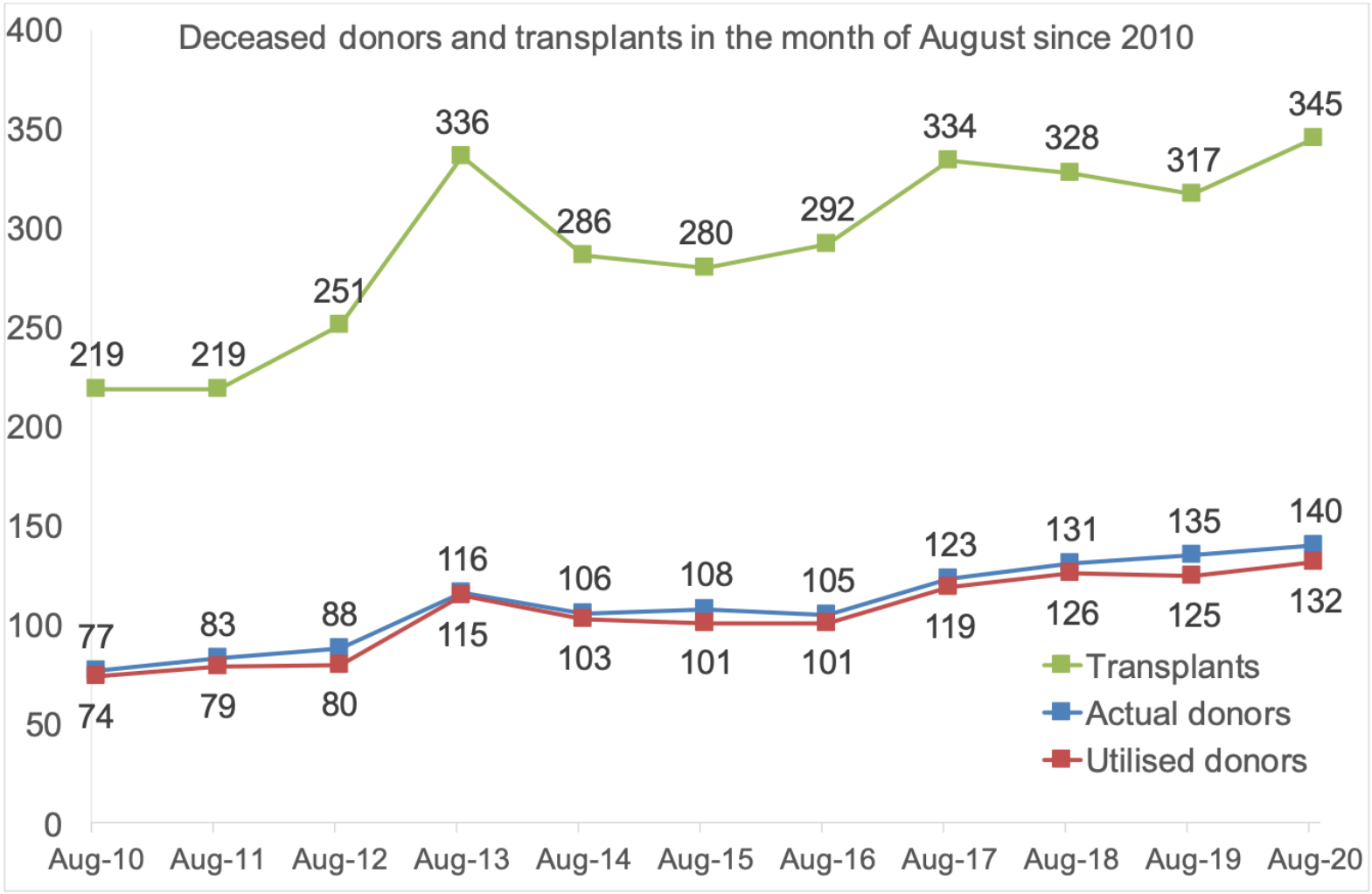
people are waiting for a transplant in the UK

1352

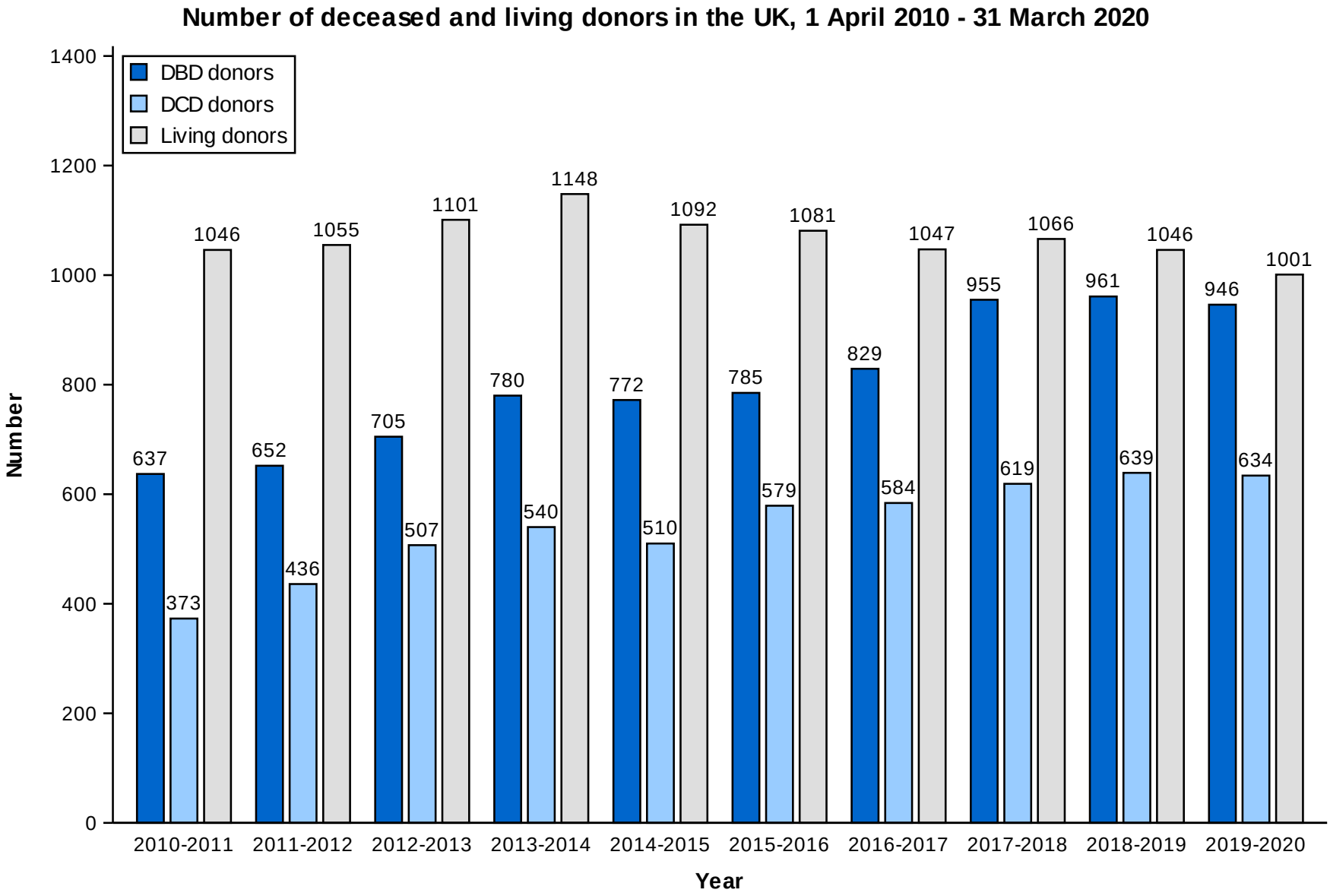
people have received a transplant since April 2020

NHS
Blood and Transplant

Western Sussex Hospitals NHS
NHS Foundation Trust

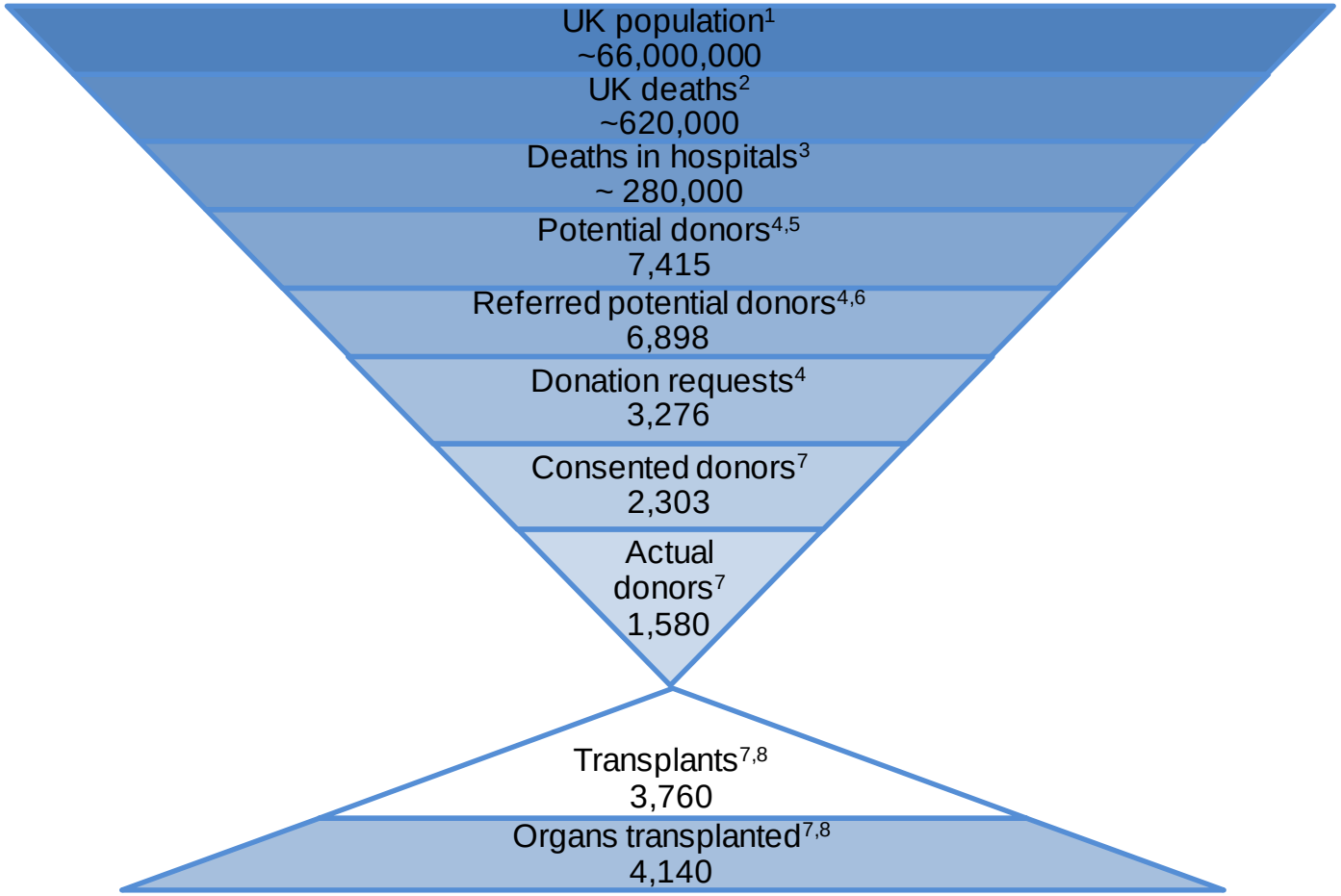


NHS
Blood and Transplant



Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

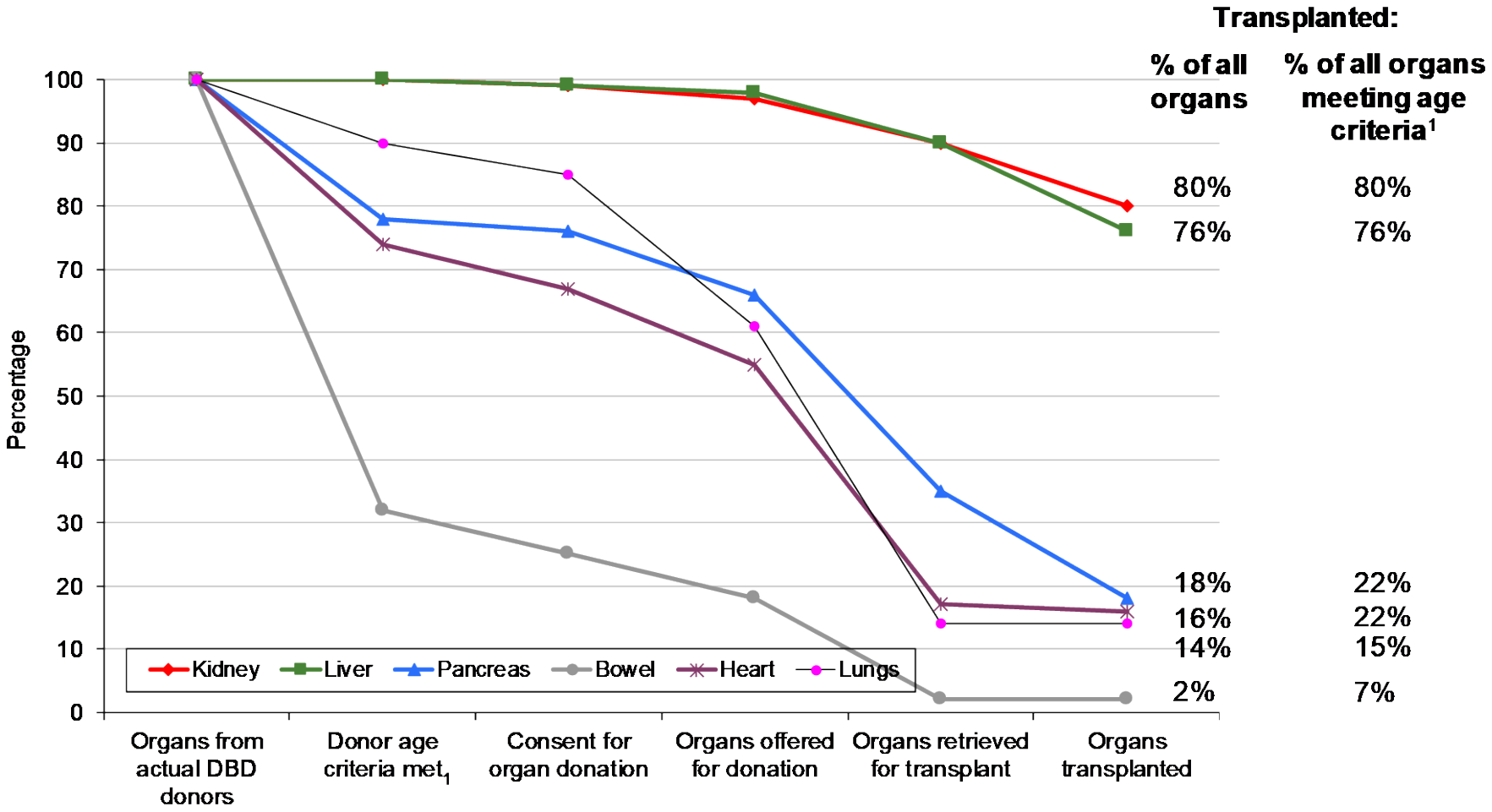
UK potential deceased organ donor population, 1 April 2019 – 31 March 2020



[1] Mid 2018 estimates: www.ons.gov.uk
[2] 2018 data: England & Wales www.ons.gov.uk; Scotland www.gro-scotland.gov.uk; Northern Ireland www.nisra.gov.uk
[3] 2018 data: England & Wales www.ons.gov.uk; Scotland www.isdscotland.org; Northern Ireland www.nisra.gov.uk
[4] 2019/2020 data: NHSBT, Potential Donor Audit as at 8 June 2020
[5] Potential donor - patients for whom death was confirmed following neurological tests or patients who had treatment withdrawn and death was anticipated within four hours
[6] Referred potential donor - Potential donor who was discussed with a Specialist Nurse – Organ Donation
[7] 2019/2020 deceased donor data: NHSBT, UK Transplant Registry
[8] Using organs from actual donors in the UK

Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

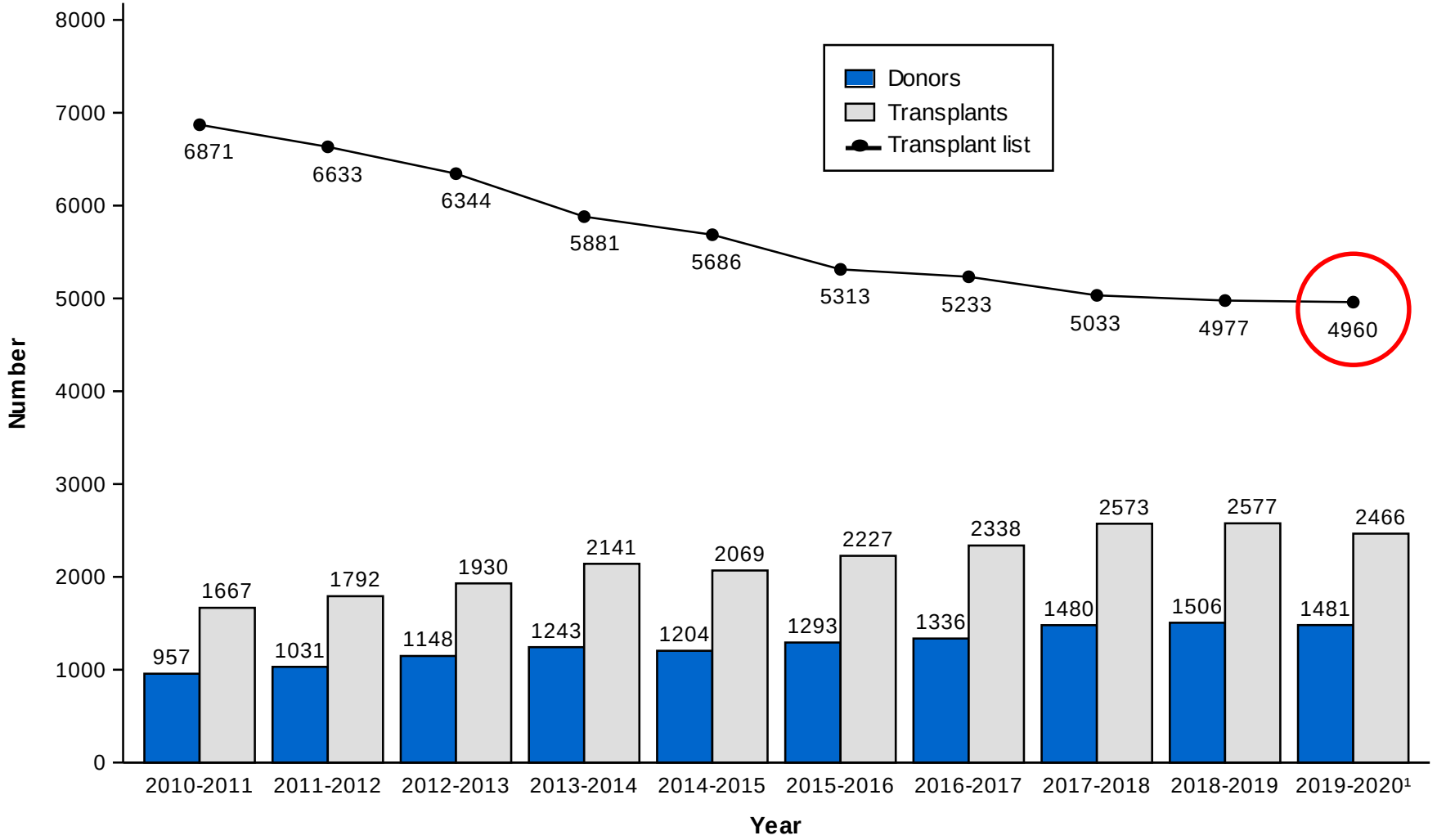
Donation and transplantation rates of organs from DBD organ donors in the UK, 1 April 2019 – 31 March 2020



[1] Hearts – in addition to age criteria, donors who died due to myocardial infarction are excluded
Bowels – in addition to age criteria, donors who weigh >=80kg are excluded

Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

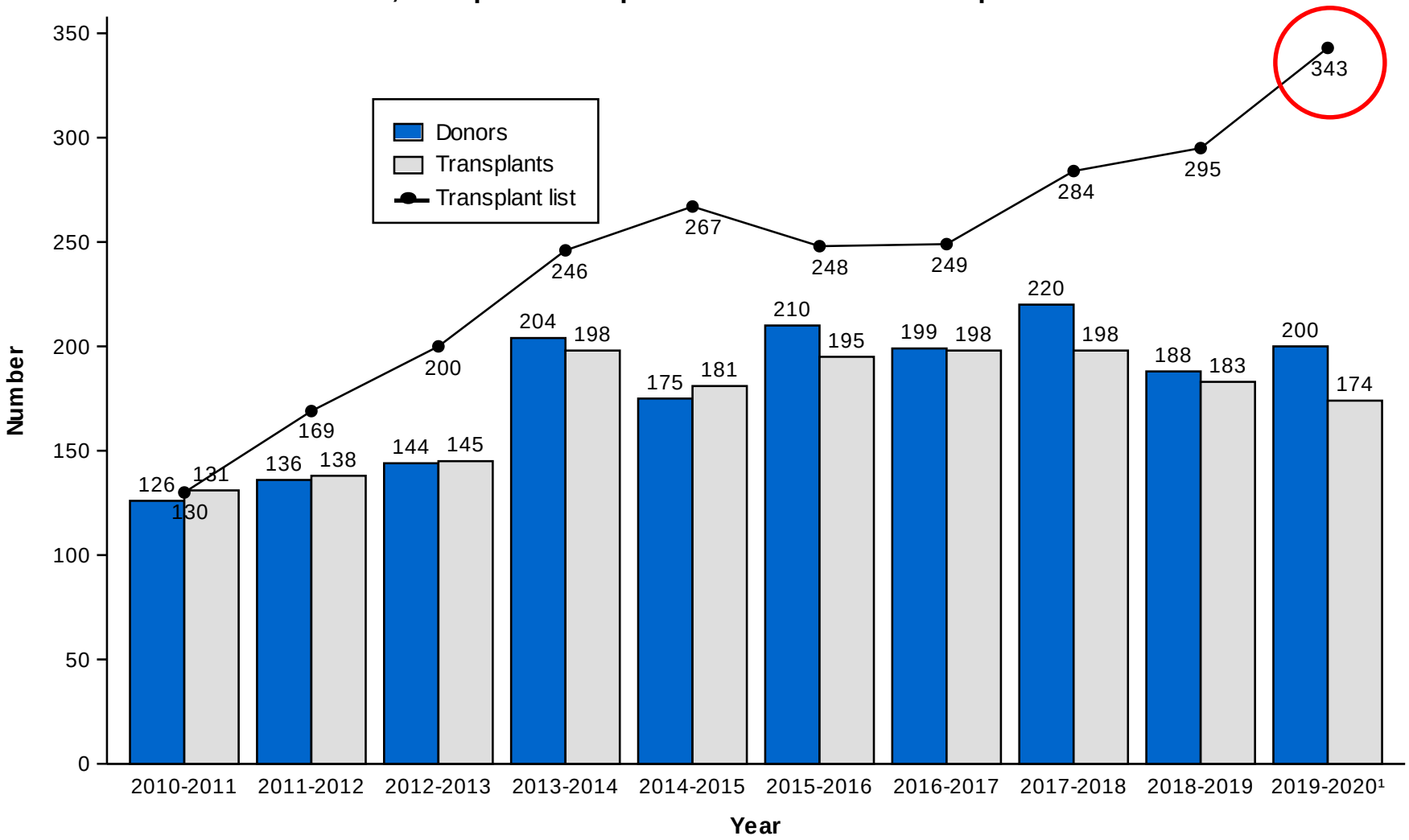
Deceased donor kidney programme in the UK, 1 April 2010 - 31 March 2020,
Number of donors, transplants and patients on the active transplant list at 31 March



[1] **Waiting list as at 29 February 2020**

Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

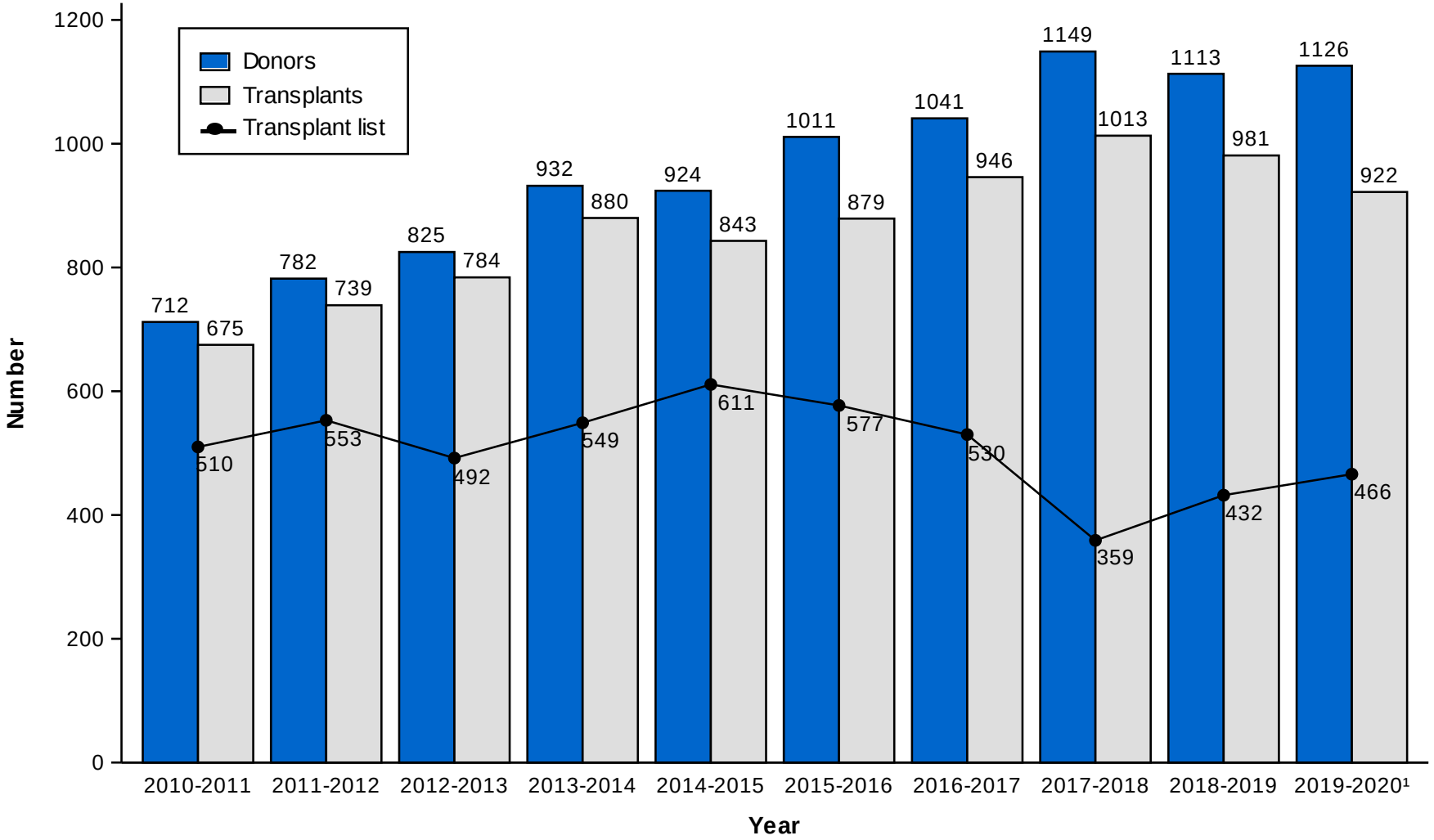
Deceased donor heart programme in the UK, 1 April 2010 - 31 March 2020,
Number of donors, transplants and patients on the active transplant list at 31 March



¹ **Waiting list as at 29 February 2020**

Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

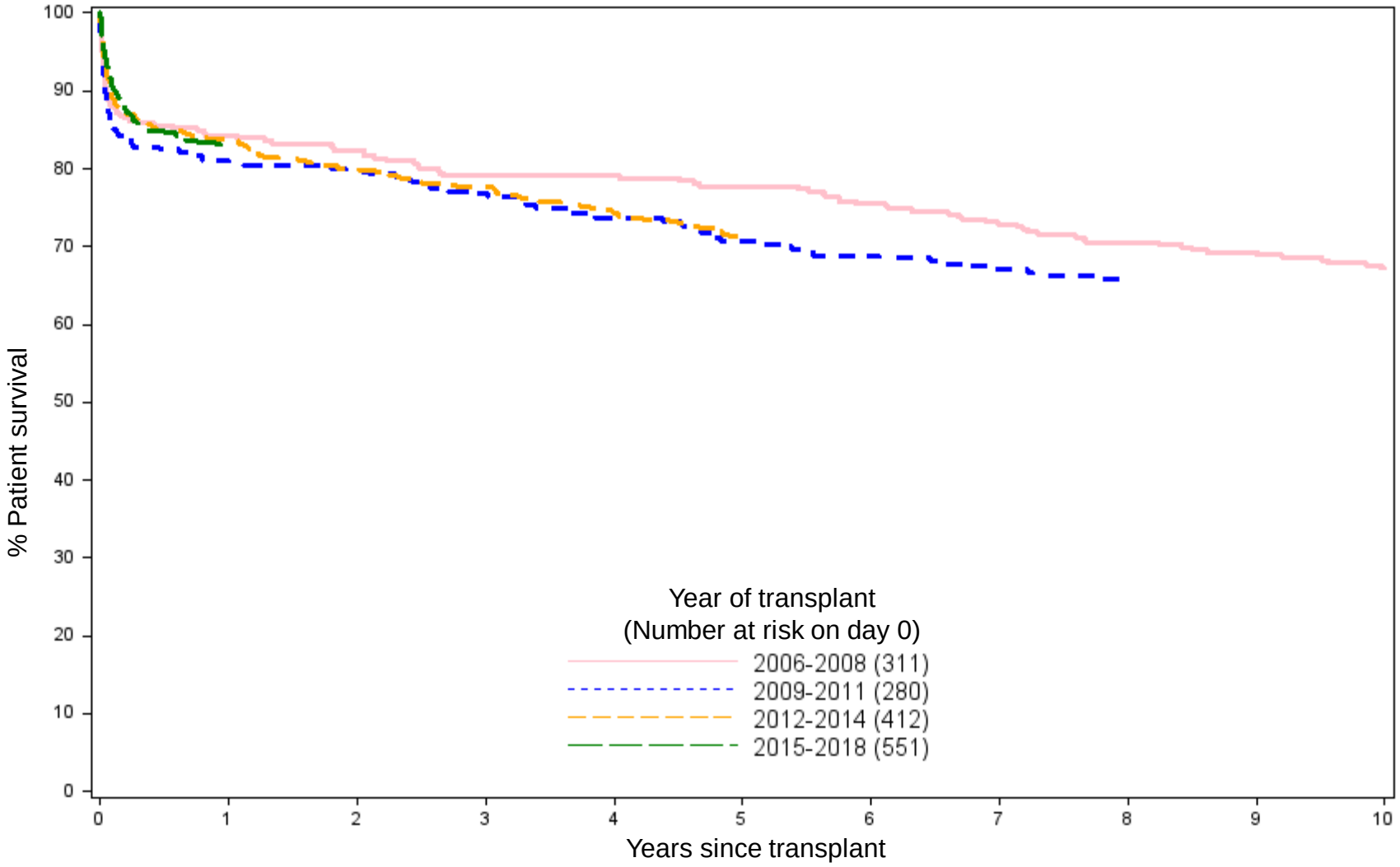
Deceased donor liver programme in the UK, 1 April 2010 - 31 March 2020,
Number of donors, transplants and patients on the active transplant list at 31 March



¹ **Waiting list as at 29 February 2020**

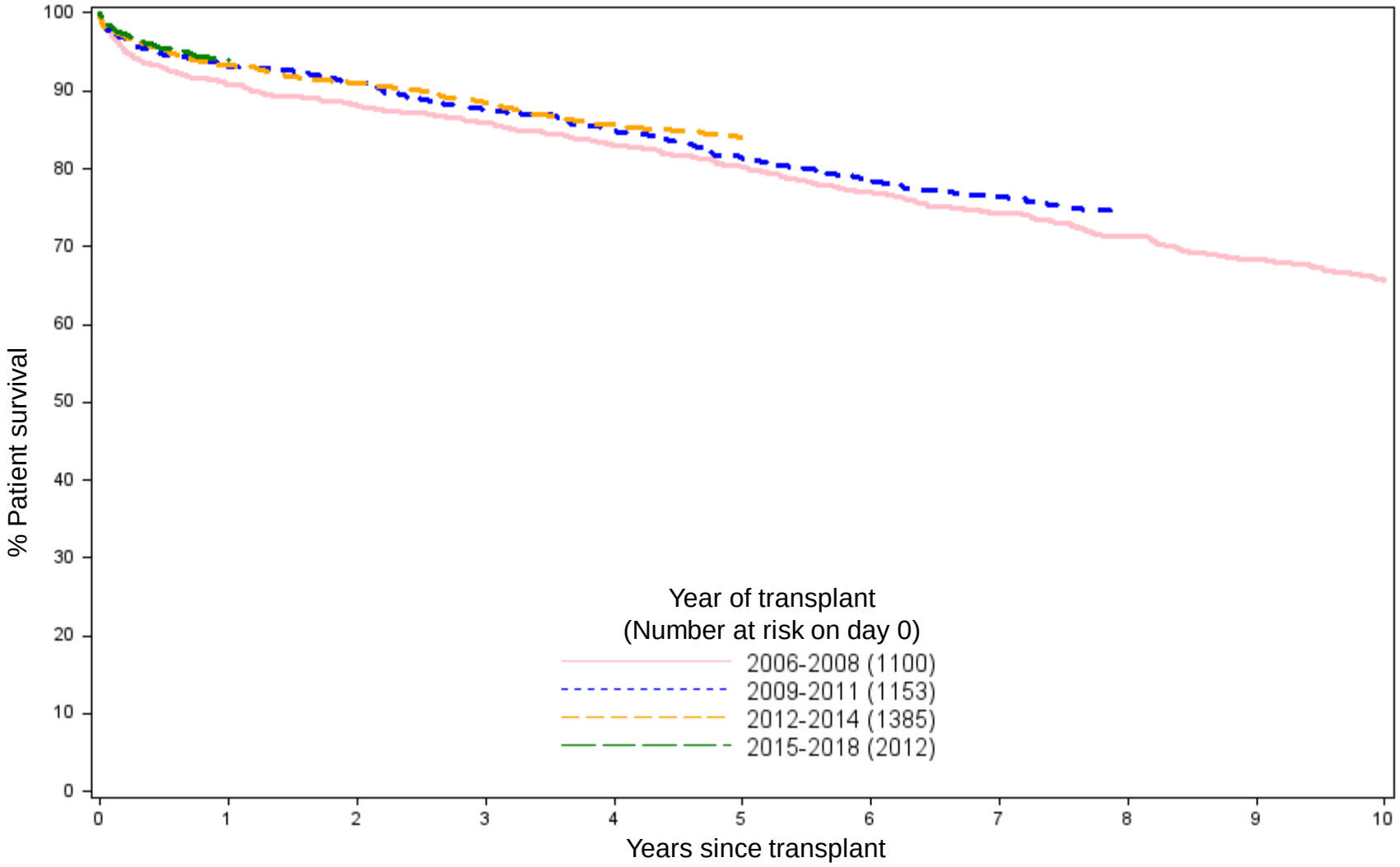
Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

Long-term patient survival after first adult heart only transplant from donors after brain death, 1 January 2006 – 31 December 2018



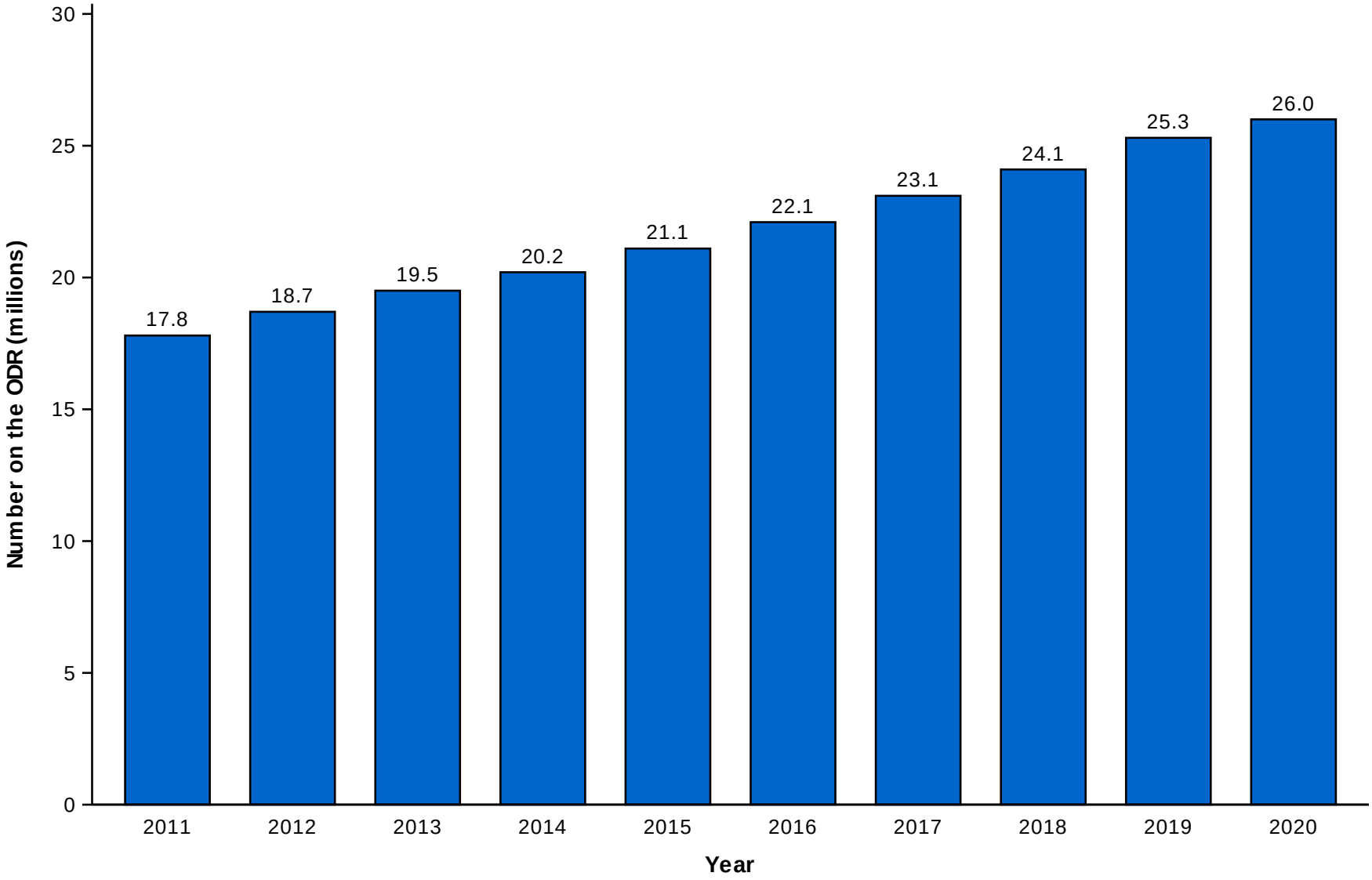
Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

Long-term patient survival after first elective adult liver only transplant from donors after brain death, 1 January 2006 – 31 December 2018



Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

Number opted-in on the NHS Organ Donor Register at 31 March



Source: Transplant activity in the UK, 2019-2020, NHS Blood and Transplant

Western Sussex Hospitals NHS
NHS Foundation Trust

Actual and Potential Deceased Organ Donation 1 April 2019 - 31 March 2020

NHS Blood and Transplant

Western Sussex Hospitals NHS Foundation Trust

Western Sussex Hospitals NHS
NHS Foundation Trust

Donations 2019/20

Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor Trust		UK	
DBD	6	(6)	16	(16)	3.8	(3.3)	3.5	(3.5)
DCD	2	(6)	2	(13)	2.0	(2.8)	2.7	(2.7)
DBD and DCD	8	(12)	18	(29)	3.4	(3.1)	3.2	(3.2)

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Organs transplanted

Donor type	Kidney		Pancreas		Liver		Heart		Lung	
DBD	9	(10)	2	(0)	5	(5)	1	(0)	2	(4)
DCD	2	(10)	0	(1)	0	(4)	0	(0)	0	(0)
DBD and DCD	11	(20)	2	(1)	5	(9)	1	(0)	2	(4)

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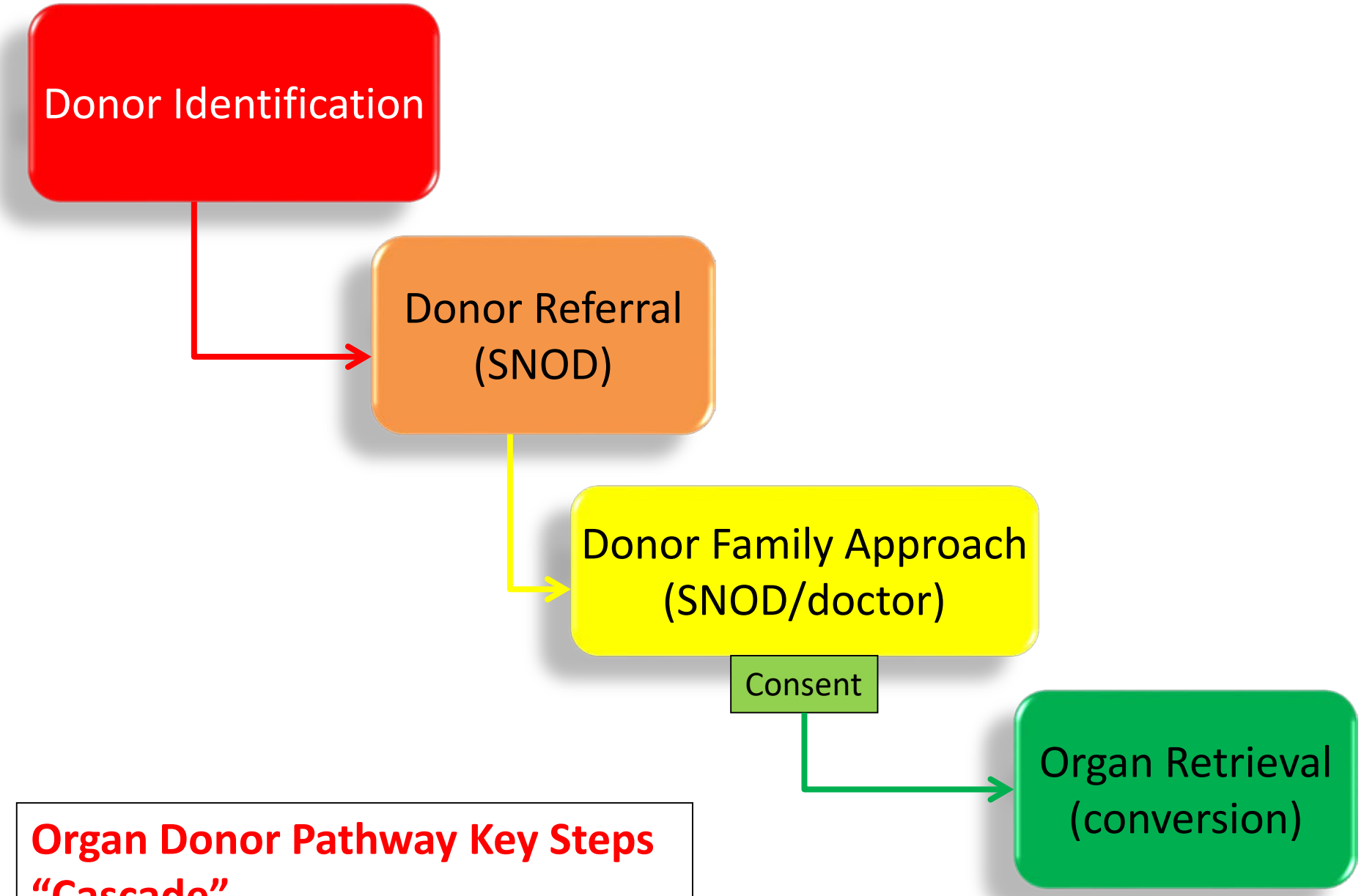


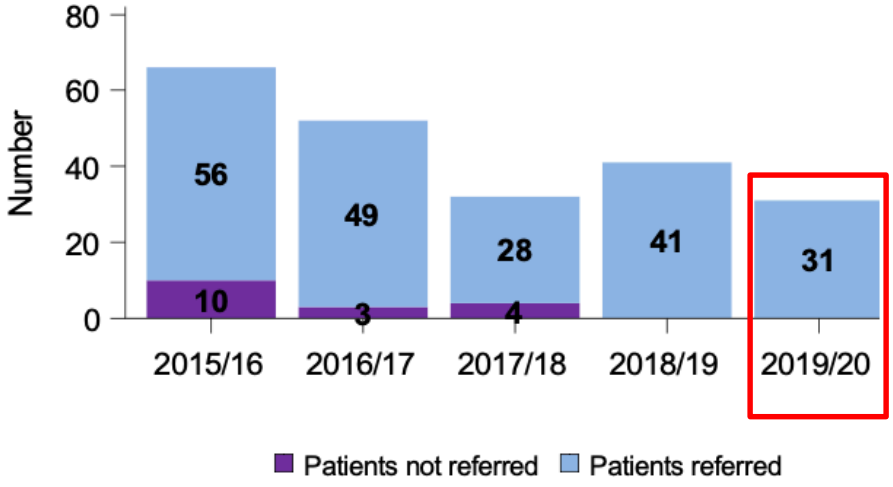
Organ Donor Pathway Key Steps "Cascade"

Western Sussex Hospitals NHS
NHS Foundation Trust

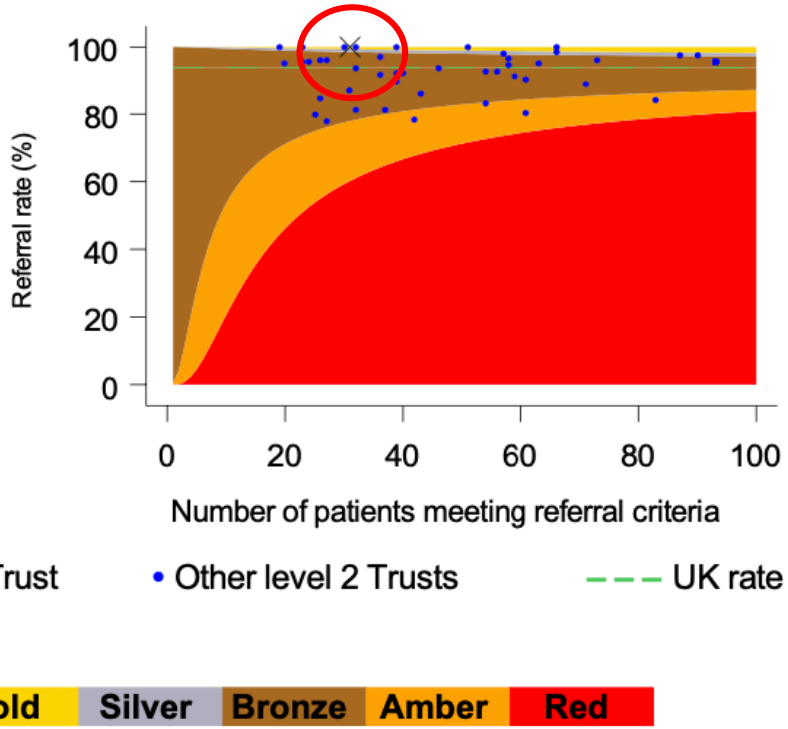
Referral of potential deceased organ donors

Goal: Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplant's Organ Donation Service

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold

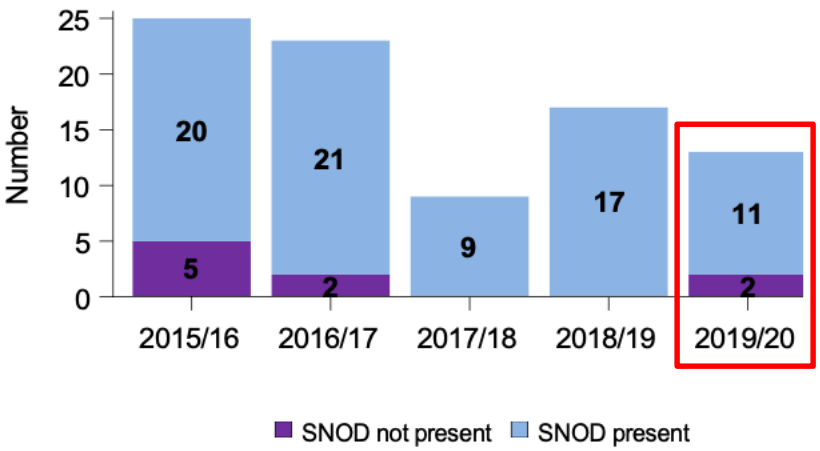


NHS
Blood and Transplant

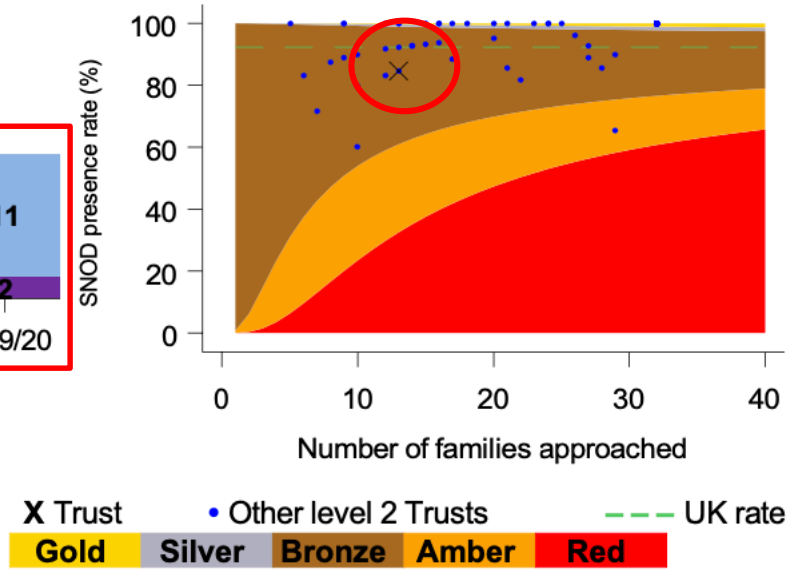
Presence of Specialist Nurse for Organ Donation

Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



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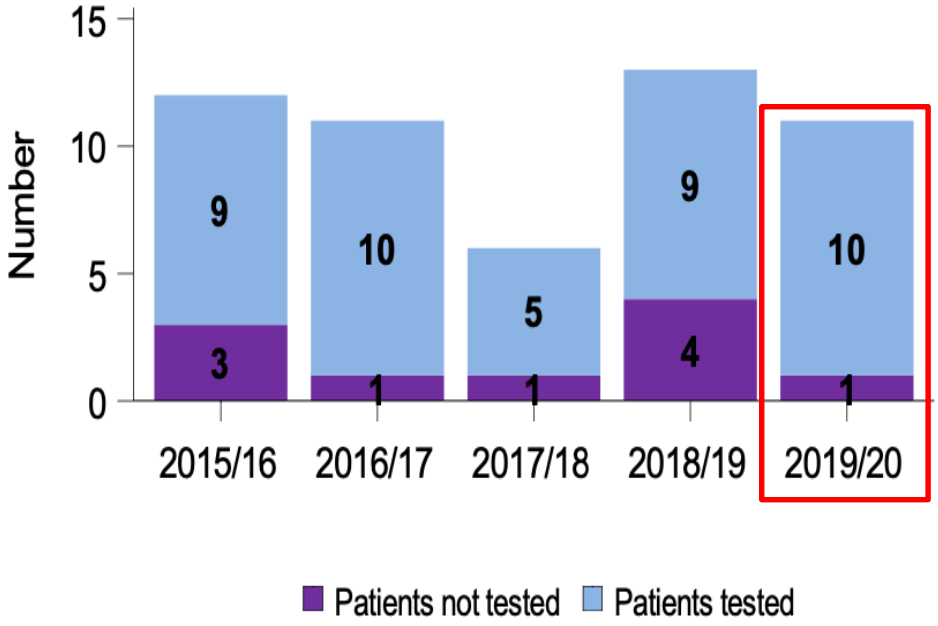
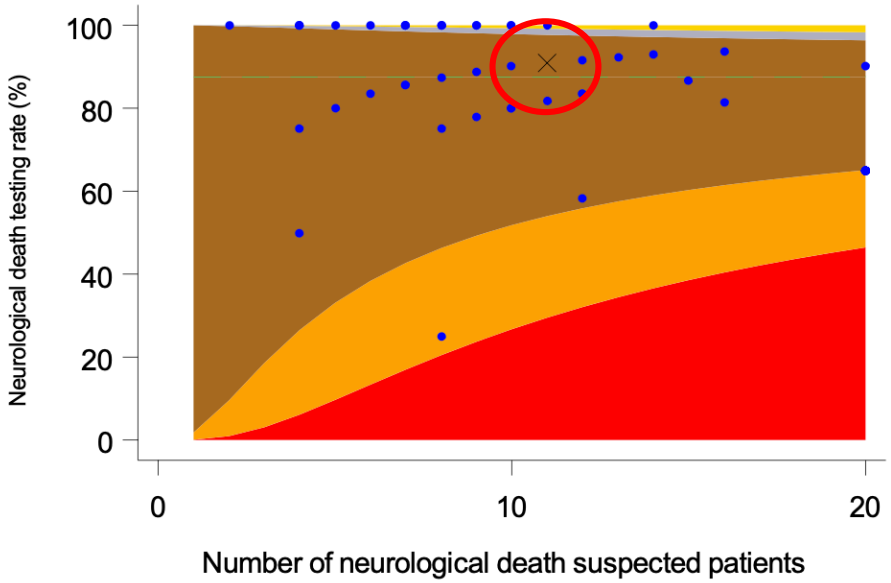
Neurological death testing





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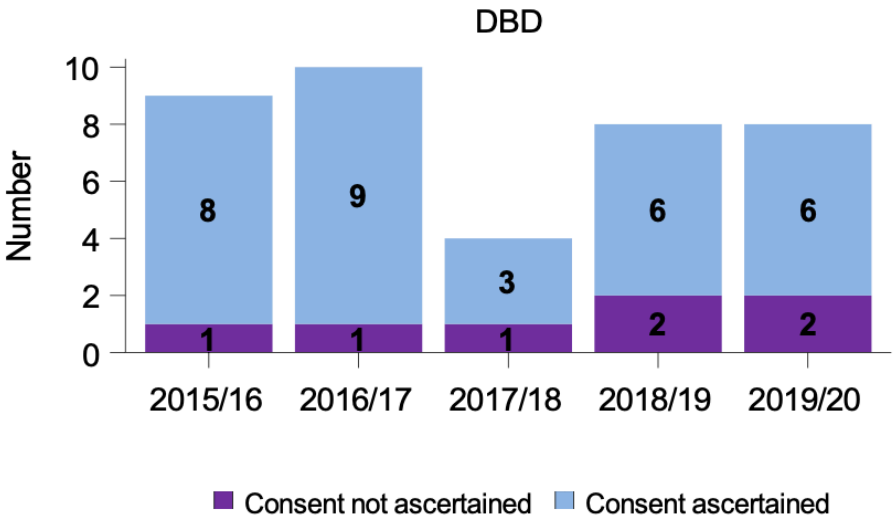
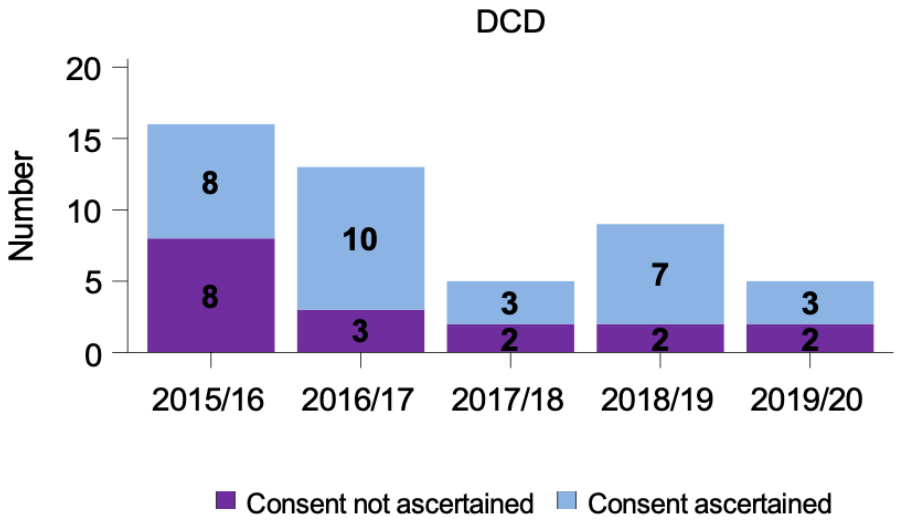
NHS Foundation Trust

Consent





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Reasons given why consent was not ascertained

	DBD		DCD	
	Trust	UK	Trust	UK
Families concerned about organ allocation	-	-	-	1
Family concerned donation may delay the funeral	-	-	-	2
Family concerned that organs may not be transplanted	-	-	-	7
Family concerned that other people may disapprove/be offended	-	-	-	1
Family did not believe in donation	-	15	-	12
Family did not want surgery to the body	-	40	-	59
Family felt it was against their religious/cultural beliefs	-	36	-	16
Family felt the body needs to be buried whole (unrelated to religious or cultural reasons)	-	22	-	13
Family felt the length of time for donation process was too long	-	20	-	109
Family felt the patient had suffered enough	-	24	-	66
Family had difficulty understanding/accepting neurological testing	-	3	-	-
Family wanted to stay with the patient after death	-	3	-	7
Family were divided over the decision	-	17	-	22
Family were not sure whether the patient would have agreed to donation	-	55	2	85
Other	-	28	-	54
Patient previously expressed a wish not to donate	2	111	-	143
Strong refusal - probing not appropriate	-	11	-	16
Total	**2**	**385**	**2**	**613**

NHS
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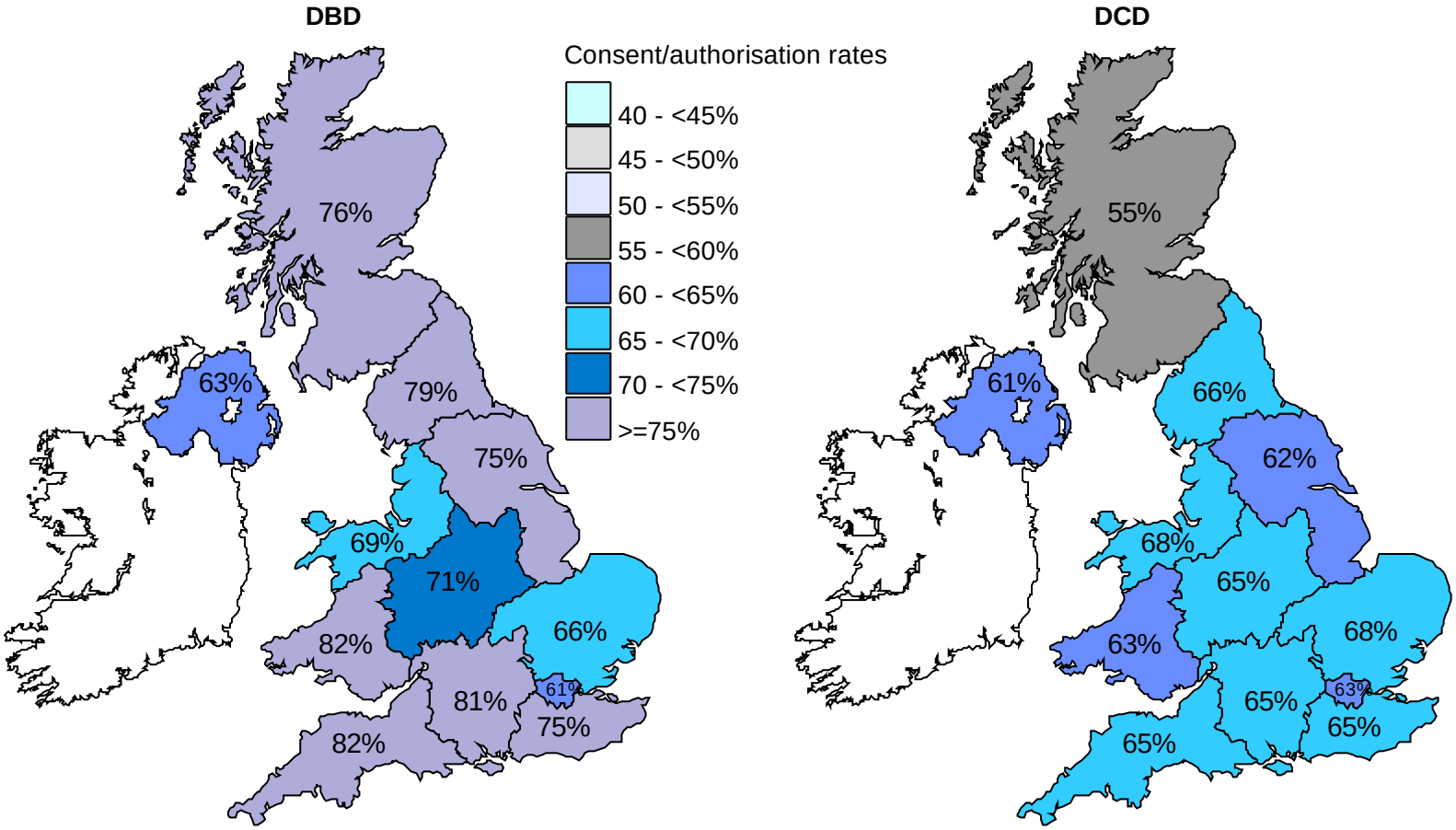
Consent/authorisation rates by Organ Donation Services Team, 1 April 2019 – 29 February 2020



Western Sussex Hospitals NHS
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	South East Coast*	UK
1 April 2019 - 31 March 2020		
Deceased donors	100	1,582
Transplants from deceased donors	208	3,749
Deaths on the transplant list	22	394
As at 29 February 2020		
Active transplant list	269	6,138
Number of NHS ODR opt-in registrations (% registered)**	2,061,474 (45%)	25,980,113 (40%)

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Western Sussex Hospitals NHS
NHS Foundation Trust

Income & Expenditure

Organ Donation Income for 2019/20	
Organ Donation Income and Expenditure as at 31st March 2020	
Income:	
NHS BLOOD TRANSPL EXPENSES 19/20	£500.00
Organ Donation 19/20 Funding	£14,771.14
Total Income - year to date	**(15,271.14)**
Less expenses:	
50% transfer to ITU	£7,385.57
Expenditure included: Knitters for Penguins, expenses of Chair, Transplant games donation, Organ Donation committee expenses, ITU Information Graphics panels, ITU training expenses for Theatre Nurses	£7,836.41
Total Expenditure - year to date	**£15,221.98**

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Western Sussex Hospitals NHS
NHS Foundation Trust

WSHFT Organ Donation Activities & Purchases

Attend NHSBT Regional & National collaboration events

Maintained and increased number of volunteers

Hospital visits to distribute and replace leaflets & banners.

Maintain display units & lift covers across trust sites

Support & training volunteers, garden afternoon tea party

Supporting maintenance of “The Gift” Statues in SRH & Worthing

Financial support of the final phase of refurbishment ITU relatives room; furniture, coffee making equipment, pictures for the SRH Family Room in ED.

Supporting SNOD during training sessions with local organisations

Nursing educational team building away days

Staff equipment

OD week – lift wraps, community engagement

Penguins

OD Transplant Games

Ipad used by SLT team cross site to aid communication with patients being rehabilitated with Tracheostomies.

Radios for patient use, Equipment for the Consultants office (Worthing) i.e. Chairs and fans

ITU Relatives infographics panels on both sites

Handmade blankets for neonatal deaths in A&E

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News › UK News › Change the Law for Life campaign

Organ transplants among BAME patients at record highs after Mirror campaign

SkyNews @SkyNews · Sep 9

Liz Phillips tells #KayBurley about her husband's organ donation after he suddenly passed away. Liz's daughter, Jade is waiting for a transplant herself.

Today's top stories: trib.al/HeqPSqg

People urged to share organ donation plans with family

This week is Organ Donation Week and, to mark the occasion, NHS Blood and Transplant is trying increase the number of people whose lives ...

Channel 5 News @5_News

Thousands of people waiting for an organ donation have been forced to wait even longer during the pandemic.

Waiting times are higher now than at any time in the past five years - which could be the difference between life and death.

@JessSavageTV | @NHSBT | #5News

Department of Health and Social Care @DHSCgovuk · Sep 10

"I know donating an organ is a really big decision to make ... but you could change somebody's life."

Watch Simran's story 👇 #OrganDonationWeek

Record your decision today ➡️ organdonation.nhs.uk

The Church could end the kidney waiting list

Running in heart-shaped maps for Organ Donation Week

The Wilson10 running in a heart shape for Organ Donation Week around Harrow Lodge Park. Picture: Lisa Wilson. Lisa Wilson ...

4 days ago

News › Health

Organ transplant waiting list jumps to five-year high due to pandemic, new NHS figures show

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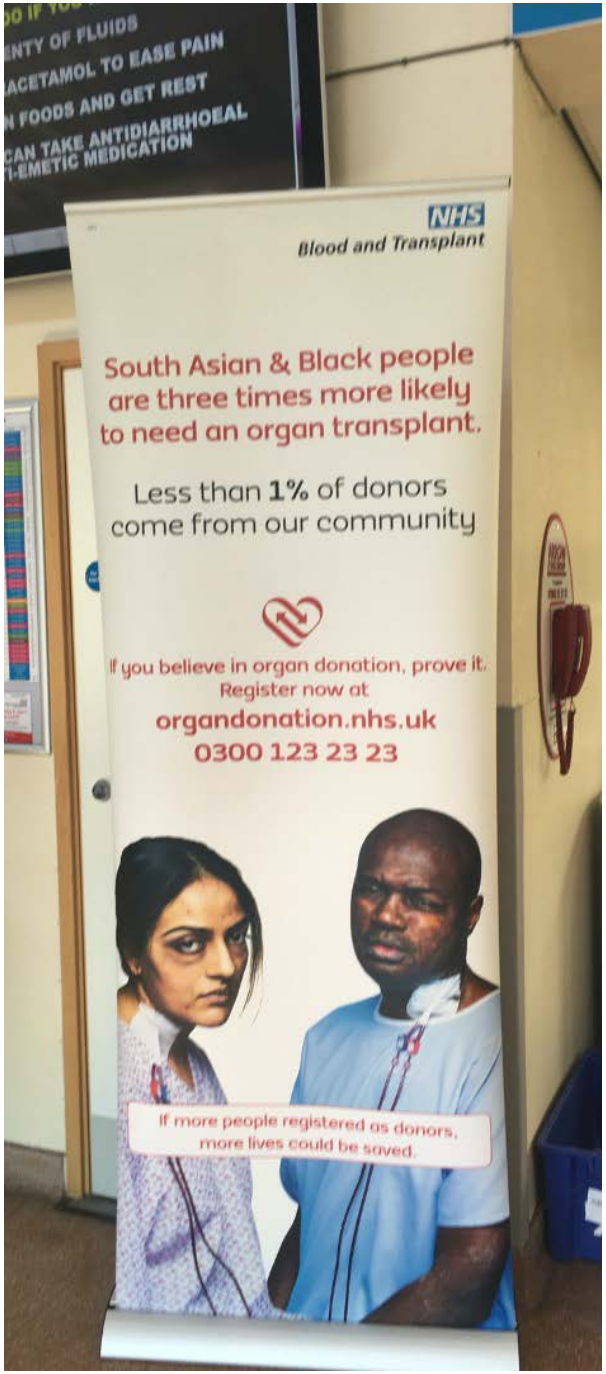

NTY OF FLUIDS
ACETAMOL TO EASE PAIN
N FOODS AND GET REST
AN TAKE ANTIDIARRHOEAL
I-EMETIC MEDICATION
NHS
Blood and Transplant
South Asian & Black people are three times more likely to need an organ transplant.
Less than 1% of donors come from our community
If you believe in organ donation, prove it.
Register now at
organdonation.nhs.uk
0300 123 23 23
If more people registered as donors, more lives could be saved.


Manchester Royal Infirmary
Join the NHS Organ Donor Register.

Western Sussex Hospitals NHS
NHS Foundation Trust

NHS
Blood and Transplant


Yes I donate
ORGAN DONATION


NHS
GP

NHS
Blood and Transplant

www.nhsbt.nhs.uk

June 2020

Dear Dame Griffiths and Dr Taylor,

The COVID-19 pandemic has had a significant impact on organ donation and transplantation across the UK. I would like to take this opportunity to thank you and your organisation for your ongoing support throughout the year and especially during these unprecedented times. Every donation is a reflection of the altruism of the patient and their family and a testament to the care and professionalism of colleagues across the NHS who facilitate this lifesaving process. During the COVID-19 pandemic we saw the number of potential donors decrease because people who die with, or suspected to have the infection cannot be considered as organ donors. Despite this, hospitals across the UK have continued to support organ donation and transplantation, and that support has ensured that between 11 March and 31 May, 153 organ donors were facilitated, resulting in 388 lifesaving organ transplants.

This letter explains how your Trust contributed to the UKs donation programme.

Organ donation and transplantation activity – 2019/20

From 9 consented donors, Western Sussex Hospitals NHS Foundation Trust facilitated 8 actual solid organ donors resulting in 18 patients receiving a transplant during the time period.

Quality of care in organ donation - Apr 2019 to Feb 2020

Quality of care data relating to organ donation, presented for your Trust, relates to the period 1 April 2019 to 29 February 2020 and therefore excludes the period most significantly impacted by COVID-19.

The referral of potential organ donors to NHS Blood and Transplant's Organ Donation Service and the presence of a Specialist Nurse for Organ Donation when approaching families to discuss organ donation are key steps in ensuring the success of organ donation.

- Your Trust referred 31 patients to NHSBT's Organ Donation Services Team; 31 met the referral criteria and were included in the UK Potential Donor Audit. There were no additional audited patients that were not referred.
- A Specialist Nurse was present for 11 organ donation discussions with families of eligible donors. There were 2 occasions when a Specialist Nurse was absent for the donation discussion.

What we would like you to do

- Ensure your Trust supports your Organ Donation Committee and Clinical Lead for Organ Donation in promoting best practice as they seek to minimise missed donation opportunities.
- Discuss activity and quality data at the Board with support from your Organ Donation Committee Chair and Clinical Lead for Organ Donation.
- Recognise any successes your Trust has had in facilitating donation or transplantation, especially during the COVID-19 pandemic.

Organ Donation (Deemed Consent) Act 2019 - England

On 20 May 2020 the Organ Donation (Deemed Consent) Act 2019, known as Max and Keira's Law, came into force in England. This means that all adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups. In an opt out system people still have a choice about whether or not to donate and can record their decision at any time. Where donation is a possibility, families are always consulted to ensure we know the views of the person who has died. Our hope is that the new law will help save and improve even more lives moving forward.

Thank you once again for your vital ongoing support for organ donation and transplantation.

Yours sincerely,

Anthony Clarkson
Director of Organ Donation and Transplantation
NHS Blood and Transplant

Business Disability Forum
Building disability-smart organisations

Positive About Disabled People

Actual and Potential Deceased Organ Donation 1 April 2019 - 31 March 2020

NHS Blood and Transplant

Western Sussex Hospitals NHS Foundation Trust

Taking Organ Transplantation to 2020, 1 April 2019 - 31 March 2020

In 2019/20, from 9 consented donors the Trust facilitated 8 actual solid organ donors resulting in 18 patients receiving a life-saving or life-changing transplant. Data obtained from the UK Transplant Registry.

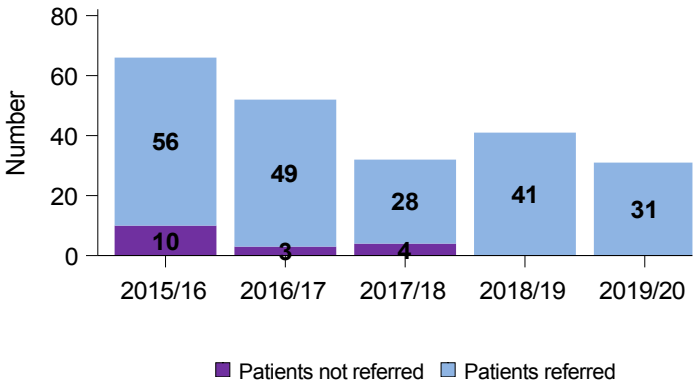
In addition to the 8 proceeding donors there was one consented donor that did not proceed.

Best quality of care in organ donation, 1 April 2019 - 29 February 2020*

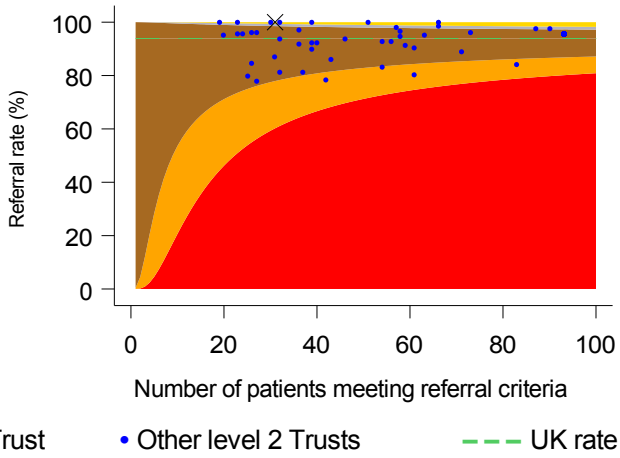
Referral of potential deceased organ donors

Goal: Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplant's Organ Donation Service

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



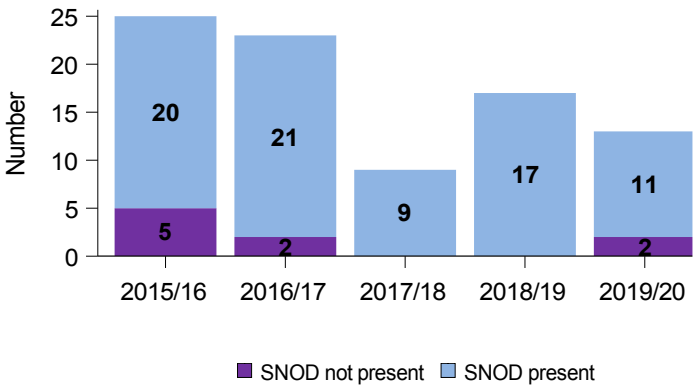
The Trust referred 31 potential organ donors during 2019/20. There were no occasions where potential organ donors were not referred.

When compared with UK performance, the Trust was exceptional (gold) for referral of potential organ donors to NHS Blood and Transplant.

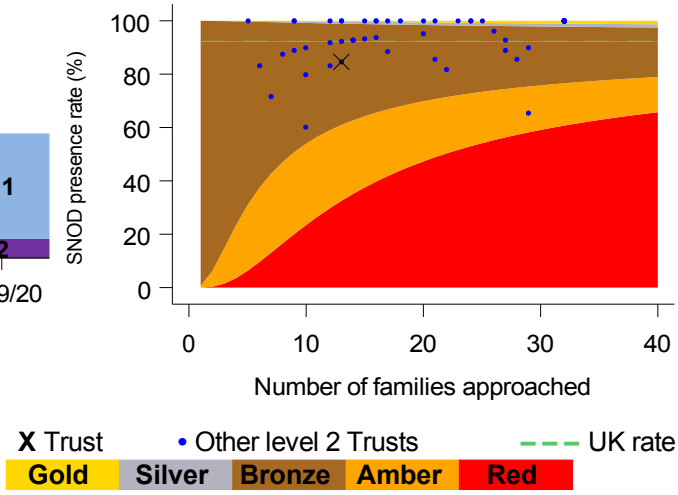
Presence of Specialist Nurse for Organ Donation

Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



A SNOD was present for 11 organ donation discussions with families during 2019/20. There were 2 occasions where a SNOD was not present.

When compared with UK performance, the Trust was average (bronze) for SNOD presence when approaching families to discuss organ donation.

Why it matters

- If suitable patients are not referred, the patient's decision to be an organ donor is not honoured or the family does not get the chance to support organ donation.
- The consent rate in the UK is much higher when a SNOD is present.
- The number of patients receiving a life-saving or life-changing solid organ transplant in the UK is increasing but patients are still dying while waiting.

Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	South East Coast*	UK
1 April 2019 - 31 March 2020		
Deceased donors	100	1,582
Transplants from deceased donors	208	3,749
Deaths on the transplant list	22	394
As at 29 February 2020		
Active transplant list	269	6,138
Number of NHS ODR opt-in registrations (% registered)**	2,061,474 (45%)	25,980,113 (40%)

*Regions have been defined as per former Strategic Health Authorities
** % registered based on population of 4.63 million, based on ONS 2011 census data

Further information

Further information on potential donors after brain death (DBD) and potential donors after circulatory death (DCD) at the Trust are shown below, including a UK comparison. Data obtained from the Potential Donor Audit (PDA).

Key numbers, rates and comparison with UK data, 1 April 2019 - 29 February 2020

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria[1]	11	1845	21	5676	31	7324
Referred to Organ Donation Service	11	1828	21	5235	31	6876
Referral rate %	G *100%*	*99%*	G *100%*	*92%*	G *100%*	*94%*
Neurological death tested	10	1615				
Testing rate %	B *91%*	*88%*				
Eligible donors[2]	10	1542	16	3985	26	5527
Family approached	8	1368	5	1712	13	3080
Family approached and SNOD present	8	1315	3	1528	11	2843
% of approaches where SNOD present	G *100%*	*96%*	B *60%*	*89%*	B *85%*	*92%*
Consent ascertained	6	983	3	1099	9	2082
Consent rate %	B *75%*	*72%*	B *60%*	*64%*	B *69%*	*68%*
Actual donors (PDA data)	6	876	3	598	9	1475
% of consented donors that became actual donors	*100%*	*89%*	*100%*	*54%*	*100%*	*71%*

[1] DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

[2] DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold | Silver | Bronze | Amber | Red

For further information, including definitions, see the latest Potential Donor Audit report at www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/

*Quality of care data relating to organ donation has been restricted to exclude the period most significantly impacted by the COVID-19 pandemic. Data presented include activity from 1 April 2019 to 29 February 2020.

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	16	**Meeting:**	Board of Directors	**Meeting Date:**	1 October 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:					

Charitable Funds Committee terms of reference

The Board of Trustees agreed to the Chief Nurse becoming the executive sponsor for the Charity. The Committee's terms of reference (included as an appendix to this report) have been adjusted to reflect this (highlighted changes in yellow). To assist with Quoracy an addition to the Terms of Reference has been added that the Trust Finance Director can send a nominated deputy (again highlighted in yellow).

Board Approval of use of Charitable Funds Donations

A paper was circulated to the Board acting as Trustees for the Trust's Charity, Love Your Hospital, in relation to the proposed Worthing Hospital Serenity Garden with a total cost of £71,230 inclusive of VAT. The donors for the project have already made an interim payment to the Trust of £40,000 and have indicated they will make the final payment when this is requested. The Board approval was provided by email to cover the remaining balance of the project (£31,230) in the event that the remaining pledge is not received, the Board of Trustees noted that there was no known risk and that the initial payment of £40,000 was made in a timely manner.

Annual General Meeting

The Annual General Meeting took place on the 30 September.

Key Recommendation(s):

The Board is asked to **APPROVE** the revised Terms of Reference for the Charitable Funds Committee

The Board is asked to **RATIFY** the decision taken by the Board members in September.

Western Sussex Hospitals
NHS Foundation Trust

WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST

LOVE YOUR HOSPITAL CHARITY

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

1.00 PURPOSE

1.01 The purpose of the Charitable Funds Committee is to monitor progress and performance against the strategic direction of the Charitable Trust's fundraising activity as approved by the Board of Trustees; to approve and monitor expenditure of charitable funds in line with specified priority requirements; and to monitor the management of the Charity's investment portfolio ensuring that the Charity at all times adheres to Charity Law and to best practice in governance and fundraising.

The Trustee of the Charity is the Board of Directors of the Trust acting as Corporate Trustee.

2.00 MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.01 The membership of the Committee shall be:

- Chair: a nominated non-executive Director
- Two further nominated non-executive Directors
- Chief Nurse – nominated executive sponsor for the Charity
- Trust Director of Finance or Nominee

2.02 The Trust Chair shall propose which non-executive Directors will be most suitable for nomination as Chair and members of the Committee. The Board of Trustees shall approve the appointment of the Committee Chair and members, based on the Chair's recommendations.

2.03 Those normally in attendance at the Committee meetings shall be (as appropriate):

- Director of Communications and Engagement
- Head of Charity Operations
- Assistant Director of Finance (with responsibility for the Charity)

Any member of the Board of Trustees shall have the right to be in attendance at any meeting of the Committee by prior agreement with the Chair.

2.04 The Chief Nurse may exceptionally send a deputy to the meeting but the deputy will not have voting rights at the meeting. Those who are in attendance may exceptionally send a deputy to the meeting.

2.05 Other Trust managers and clinicians may be invited to attend for particular items on the Agenda that relate to areas of risk or operation for which they are responsible.

2.06 The Group Company Secretary or their nominee shall act as Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

3.00 ROLE AND RESPONSIBILITIES

AUTHORITY

3.01 The Committee shall have the delegated authority to act on behalf of the Board of Trustees in accordance with the Constitution of the Charity and the Constitution, Standing Orders, Standing Financial Instructions, and Scheme of Delegation of the Trust. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.

3.02 The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its enquiries.

3.03 The Committee is authorised by the Board of Trustees to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice should be arranged in consultation with the Group Company Secretary

DUTIES

Governance, Legalities & Financial Statements

3.04 To ensure compliance by the Charity with Charity Law and NHS guidance on charitable funds.

3.05 To ensure that the Charity regularly benchmarks the governance arrangements and fundraising activity of its Charitable Funds against best practice and implements any lessons learned.

3.06 To advise the Board of Trustees, on any significant issues or variations from good practice, and to keep the Trustees informed of any developments.

3.07 To recommend to the Board of Trustees approval of the annual financial accounts and annual report, prior to their submission to the Charity Commission.

Fundraising Strategy and Activity

3.08 To propose the strategic direction of the Charitable Trust's fundraising activity to the Board of Trustees for approval.

3.09 To approve investment plans and programmes.

3.10 To monitor progress and performance against the strategic direction of the Charity's fundraising activity and to approve changes in strategy and any action to be taken in-year.

3.11 To receive regular reports on the fundraising activity carried out at the Trust and the income generated.

3.12 To keep under review all fundraising literature developed and circulated by the Trust and all information provided to the public through literature and websites.

Investments

3.13 To appoint investment managers and monitor their investment performance.

3.14 To inform the investment managers of the Trustees short and long-term financial goals for the charity.

3.15 To review details of the charitable funds investment portfolio quarterly and to take action where necessary to ensure that returns are maximised.

3.16 To ensure that charitable funds are invested to maximise return but on a secure and ethical basis as far as is possible.

3.17 To update investment policies every two years (or as required), for approval by the Board of Trustees, and by agreement the appropriate value of any reserves held by the Charity to ensure these are sufficient to support on-going operations of the Charity and deliver the approved strategy.

Expenditure

3.18 To monitor adherence to an expenditure policy for the management of the donated funds of the Charity, policy to be determined by the Trustees.

3.19 To review delegating spending authority for Charitable Funds and to recommend delegated limits to the Board of Trustees for approval.

3.20 To approve the expenditure of charitable funds in line with delegated financial limits

3.21 To prepare detailed guidance on the correct use of charitable funds, and the process for considering requests for funds, directly in relation to the NHS statutory duty.

3.22 To ensure gifted income is used in accordance with the Trust's Standing Financial Instructions and any purpose that may be specified by the donor.

3.23 To monitor income and expenditure against budgets and activity against funds.

3.24 To review expenditure projections, based on projected income together with bids approved but not yet spent.

3.25 To ensure that the Trust develops and maintains an up-to-date list of priority requirements, e.g. equipment, environmental requirements, that could be funded by charitable donations.

Risk Management

3.26 To ensure that the Charitable Trust has in place appropriate arrangements to manage the risks associated with its operations, particularly fundraising and expenditure.

3.27 To ensure that Trustees are advised at least annually, or as required, on any risk management issues associated with the operation of fundraising and to advise on any implications for the Trustee role.

REPORTING AND RELATIONSHIPS

3.28 The Committee shall be accountable to the Board of Trustees.

3.29 The Committee shall regularly report to the Board of Trustees to demonstrate the Committee's discharge of its duties and to confirm the fitness for purpose of the Charity's assurance framework, risk management, and governance processes.

3.30 The Committee shall make recommendations to the Board of Trustees concerning any issues that require decision or resolution by the Board of Trustees.

3.31 The Committee shall report to the Audit Committee as appropriate on any matters requiring action or decision-making by that Committee.

3.32 The Committee shall review its own performance, constitution and terms of reference at least every two years to ensure it is operating at maximum effectiveness. Any proposed changes to the terms of reference should be agreed by the Board of Trustees.

SUB COMMITTEES

3.33 The Committee may establish a sub-committee for a specific purpose. For example an Investment sub-committee or a Fundraising/ Appeal Committee for a particular project.

4.00 CONDUCT OF BUSINESS

4.01 The Committee shall conduct its business in accordance with the Standing Orders of the Trust.

4.02 The Committee shall be deemed quorate if there is at least one non-executive Director present together with either Executive Director or the Trust Director of Finance. A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

4.03 The Committee shall meet not less than four times in each financial year.

4.04 At the discretion of the Chair of the Committee business may exceptionally be transacted through a teleconference provided all parties are able to hear all other parties and where an agenda has been issued in advance, or through the signing by every member of a written resolution sent in advance to members and recorded in the minutes of the next formal meeting.

4.05 Agendas and briefing papers should be prepared and circulated in sufficient time for Committee Members to give them due consideration.

4.06 Minutes of Committee meetings should be formally recorded and distributed to Committee Members within 10 working days of the meetings. Subject to the approval of the Chair, the Minutes will be submitted to the Trust Board (noting that they will be received in the capacity of Corporate Trustee) at its next meeting and may be presented by the Committee Chair. The Committee Chair will draw to the attention of the Board of Trustees any issues that require disclosure to the full Board, or require executive action.

5.00 STATUS OF THESE TERMS OF REFERENCE

Approved by Trust Board: October 2020 *(reflecting change in executive sponsor for the Charity)*

Next Review: March 2021