

Meeting of the Board of Directors

10.00 to 13.00 on Thursday 03 December 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 01 October 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	Presentation	Marianne Griffiths
<u>INTEGRATED PERFORMANCE REPORT including REFRESH, RESTORE, RECOVERY UPDATE</u>				
6.	10.30	Quality Improvement To receive and agree any necessary actions	Enclosure	Tim Taylor Maggie Davies
7.	10.50	Systems and Partnerships To receive and agree any necessary actions	Enclosure	Gethin Hughes
8.	11.10	Sustainability To receive and agree any necessary actions	Enclosure	Karen Geoghegan
<i>After these two sections the Chair of Finance and Performance Committee will be invited to provide their report included at item 11</i> To receive assurance from Committee and recommendations from the Committee				
9.	11.30	Our People To receive and agree any necessary actions	Enclosure	Jennie Shore
<i>At this point the Chairs of the Committees will be invited to provide any additional assurance from the work of their committees.</i>				
<u>ASSURANCE REPORTS FROM COMMITTEES</u>				
10.	-	Report from Finance and Performance Chair - from the meetings on the 29 October & 26 November 2020 To receive assurance from Committee and recommendations	Enclosure	Lizzie Peers

from the Committee

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| 11. | - | Report from Audit Committee
- from the meeting on the 08 October 2020:
To receive assurance from Committee and recommendations from the Committee | Enclosure | Jon Furmston |
| 12. | 11.45 | Board Assurance Framework
To approve | Enclosure | Glen Palethorpe |
| <u>SERVICE PRESENTATION</u> | | | | |
| 13. | 11.55 | Adults Annual Safeguarding Report 2019/20**
Children's Annual Safeguarding Report 2019/20**
To approve | Presentation | Maggie Davies
Cathy Coppard |
| <u>QUALITY</u> | | | | |
| 14. | 12.20 | Infection Prevention & Control Board Assurance Tool
To note | Enclosure | Maggie Davies |
| <u>WELL LED & COMPLIANCE</u> | | | | |
| 15. | 12.35 | Company Secretary Report
To note | Enclosure | Glen Palethorpe |
| <u>OTHER</u> | | | | |
| 16. | 12.45 | Any Other Business
To receive and action | Verbal | Chair |
| 17. | 12.50 | Questions from the public
To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting. | Verbal | Chair |
| 18. | 13.00 | Date and time of next meeting:
The next meeting in public of the Board of Directors is scheduled to take place at 10:00 on 04 February 2021 . | Verbal | Chair |

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

Trust Board of Directors Quoracy

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

Quoracy is defined as meaning that at least half of the Board must be present, including one Non-Executive Director and one Executive Director. This means that at least 6 voting members must be present. A Director shall be deemed as present if he joins the meeting by telephone or other means, provided that he can hear and be heard by all other Directors present at the meeting

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 01 October 2020, held virtually via Microsoft Teams Broadcast.

Present:	Alan McCarthy	Chairman
	Patrick Boyle	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Joanna Crane	Non-Executive Director
	Lillian Philip	Associate Non-Executive Director
	Dame Marianne Griffiths	Chief Executive
	George Findlay	Deputy Chief Executive & Chief Medical Officer
	Karen Geoghegan	Chief Financial Officer
	Pete Landstrom	Chief Strategy and Delivery Officer
	Maggie Davies	Chief Nurse
In Attendance:	Jo Fanning	Assistant HR Director
	Gethin Hughes	Deputy Chief Operating Officer
	Luke Hodgson	Co-Clinical Lead for Organ Donation (item 16)
	Susie Jerwood	Consultant Microbiologist (item 15)
	Sharon Reed	Lead Infection Prevention & Control Nurse (item 15)
	Glen Palethorpe	Group Company Secretary
	Tanya Humphrys	Board and Committee Administrator

Minutes

TB/10/20/01 Welcome and Apologies

- 1.1 The Chair welcomed all those present to the meeting.
- 1.2 Apologies were received from Fiona Ashworth, Tim Taylor, Jennie Shore, Jon Furnston and Kirstin Baker; the meeting was confirmed as quorate.

TB/10/20/02 Declarations of Interests

- 2.1 There were no declarations of interest.

TB/10/20/03 Minutes of Board Meeting held on 06 August 2020

- 3.1 The Board received the minutes of the meeting held on 06 August 2020.
- 3.2 **The Board NOTED the approved Minutes of Board Meeting held on 06 August 2020.**

TB/10/20/04 Matters arising from Minutes

- 4.1 The Matters Arising from the 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/10/20/05 Chief Executive Report

- 5.1 Dame Marianne Griffiths introduced the Chief Executive's report and highlighted the following key areas.
- 5.2 Marianne began by saying a huge thank you to all our staff. 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. Marianne said that she wanted to thank each and every one of our staff for the way in which they had pulled together in these exceptional times. Marianne went on to explain how proud of all the Trust had achieved so far and continue to achieve together.

- 5.3 Marianne went on to explain that the Trust was currently caring for 17 patients with Covid across its hospitals and had cared for 415 Covid-19 patients to date and that work was underway to restore services with priority areas already seeing and treating patients. It was noted that WSHFT shows good general improvements in activity volumes however this currently remains below the phase 3 targets for restoration. At week ending 13 September, activity compared to pre-COVID levels was:
- Referrals: 82%
 - Outpatients: 83%
 - Day case: 70%
 - Inpatient elective: 45%
 - A&E: 108%
 - Inpatient non-elective: 87%
- 5.4 Marianne explained to the Board that despite the challenges presented by Covid the Trust had tried to carry on as normally as possible and have had some wonderful stories including Employee of the Month Louisa Green whose 'magical care' has made such a difference to patients during the pandemic.
- 5.5 It was noted that there had been a lot of innovation, with one of the really fantastic innovations in the discharge hub which saw collaboration with partners, the Local Authority and Community Trust and significantly reduced the waiting times for medically fit for discharge patients.
- 5.6 Marianne advised the Board about the fabulous Project Wingman which has seen pilots and cabin crew coming together to give staff at Western a morale boost by opening first class Project Wingman lounges at Worthing and St Richard's over the summer months. The airline specialists volunteering in the lounges are trained to communicate in stressful situations and have been available to support staff at Worthing and St. Richard's.
- 5.7 It was noted that the Trust's Flu Campaign had been launched with Marianne commenting that she didn't think a flu vaccination had ever been more important than this year with the Trust hoping to achieve the stretch target of 90% uptake.
- 5.8 The Board was advised of some key diary highlights and meetings that the Executive Team had been involved in during the months of August and September. Including the launch of the Trusts new BAME staff network Marianne noted that there was a passion in the organisation for these staff and their needs.
- 5.9 Finally Marianne provided the Board with an update on the Merger through acquisition with BSUH, Marianne explained that there was a lot of work going on behind the scenes, including that the strategic outline case had now approved by NHSE/I which is what the Trust will now build its FBC on. The plan is to have the FBC submitted by the start of December. It was noted that the process and consultations had begun around the new name, Marianne explained that it may feel like a strange order to do things but one of the first things we need to do it come up with a name for the new organisation.

- 5.10 Alan McCarthy thanked Marianne for her update and commented that what is so important is that there is so much positive support for the merger to proceed in what could be seen as challenging times for the NHS.

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

TB/10/20/06 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/10/20/07 Quality Improvement

- 7.1 George Findlay updated the Board on the key messages from the Quality section of the report with a particular focus on mortality, the Board was advised that the data being presented was a rolling 12 month figure up to and including May with the Trust mortality reducing to 102 putting WHST at the 40th percentile which was highlighted as an improvement when compared to earlier in the year, however George noted that there remained ongoing work to further improve the position.
- 7.2 It was noted that 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%.
- 7.3 In relation to Covid mortality the Board was advised that in August one inpatient died with a current positive Covid-19 test result.
- 7.4 George updated the Board in relation to the Medical Examiner (ME) Role that was being rolled out across the Trust noting that the team of 7 ME's had 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.
- 7.5 Maggie Davies advised the Board that 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. In addition, during August 2020 the Trust 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.
- 7.6 In relation to falls and pressure ulcers, in August the Trust saw a further reduction in the number of reported falls and pressure ulcers, Maggie noted that there was ongoing learning in both areas.
- 7.7 Maggie advised the Board that the Friends and Family Test had been paused during Covid but noted that the Trust had just restarted collecting information from 'Green' wards.
- 7.8 Dame Marianne Griffiths commented that the current HSMR figures up to the end of June had been published after the report was written and for the month of June these were at 85.1 which would put WSHT in the 17th percentile to give further assurance to the Board. Of the actions taken by the Trust.

- 7.9 The Chairman invited the Chair of the Quality Assurance Committee (QAC), Joanna Crane, to update the Board on their recent meeting and the assurances received in relation to Quality.
- 7.10 Joanna advised the Board that QAC had a number of Covid focused reports at its recent meeting which highlighted staff going above and beyond, Joanna commented that the Committee was profoundly assured across a whole host of areas. It was noted that discharges were particularly impressive and assuring, the Committee also had a really good discussion about falls and the impact of delirium.
- 7.11 The Board was advised that the Committee had a long discussion on vulnerable patients and was assured regarding the governance and pathway to the Mental Health Oversight Group for the most vulnerable patients.

TB/10/20/08 Systems & Partnership

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

8.2 A&E

The Board was advised that 4-hour performance was 91.49% for August 2020 compared to 89.25% National Average. There was a -1.2% decrease in A&E attendances for August in comparison to the last year.

8.3 RTT

Performance was 47.5% for all specialties. 742 patients were waiting more than 52 weeks up to the end of August 2020. The overall waiting list size increased by 2344 compared to the prior month to 40,747, whilst the backlog reduced by 733 patients to 21,410.

8.4 Cancer

The Trust was compliant against 2 of 7 cancer metrics (provisionally as data validation continues) in August 2020. The Trust was non-compliant against 62-day referral to treatment following urgent referral, with provisional performance of 71.8% against the National target of 85%. The Trust was compliant for 2 week waits with performance of 95.4% against a target of 93%.

8.5 Diagnostics

The Board was advised that the Trust was non-compliant in August 2020 at 54.54% for diagnostic waits over 6 weeks. The Board was informed that the waiting list decreased by 217 from July, and the backlog fell by 127 patients.

- 8.6 Gethin advised the Board that additional beds were opened in August and that there were 8 patients that had to wait longer than 12hrs, it was noted that these patients were Mental Health patients that were awaiting onward admission. It was noted that the Trust was working closely with SPFT to create a Mental Health ward for patients, the discharge lounge at Worthing would soon be converted for this use.

- 8.7 Ambulance handovers saw WSHT as the best performing Trust in the area, it was noted that the Trust had increased the footprint of both Emergency Departments with further expansion of the Urgent Treatment Centers.

- 8.8 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, to update the Board on their recent meeting and the assurances received in relation to Systems & Partnerships
- 8.9 Lizzie advised the Board that the Committee had looked at performance against the constitutional targets and the Trust's restoration plans in line with the phase 3 letter and would see performance tracked against these restore and recover trajectories going forward.
- 8.10 It was noted that the Committee had an interesting discussion in September in relation to A&E performance acknowledging that the Trust's performance levels were not where the Trust wanted them to be and requested that further actions in relation to improving performance would be presented to the Committee in October.
- 8.11 Lizzie explained that given the focus on discharges and the additional pressure on capacity the Committee had asked for a review of readmission rates, and the Committee has received a really good presentation that was very assuring that the vast majority of readmissions were medically appropriate.

TB/10/20/09 Sustainability

- 9.1 Karen Geoghegan advised the Board that the Trust was continuing to operate under the interim financial framework that had been in place since April designed to remove the transactional burden of PbR on providers.
- 9.2 Karen explained that 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.
- 9.3 It was noted that additional income of £10.1m had 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.
- 9.4 Karen explained that a new Funding Framework came into place on 1st October 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.
- 9.5 The Board was advised that in terms of the Trust cash position it was remarkably healthy at £46.5m ahead of plan due to a timing issue of the top up payments received from NHSE/I. It was noted that the Capital forecast was £6.8m above the plan reflecting the notified capital funding for the new Urgent and Emergency Care programme.
- 9.6 Karen updated the Board in relation to the new funding arrangements for Month 7 – Month 12:
- On the 16th September, revised guidance and Funding envelopes were 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

- 9.7 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, to update the Board on their recent meeting and the assurances received in relation to Sustainability.
- 9.8 Lizzie advised the Board that the main focus of the Committee had been gaining assurances around the current financial framework and looking ahead to the risks and uncertainty of the second half of the year. It was noted that the Committee was supportive of the increased BAF risks in this area.
- 9.9 The Committee received an update on the Efficiency plan which was a well progressed plan with multiple tactical schemes which were delivering well. The Committee was also assured over the support being provided to the divisions in order for them to deliver some really exciting schemes.

TB/10/20/10 Our People

- 10.1 Jo Fanning provided the Board with a summary of the Workforce Performance and drew out the following key points.
- 10.2 The Board was advised that the programme for Refresh, Restore, Recover (3R's) for workforce had been developed and was being rolled out in line with that at BSUH. The Board were informed of the plan to progress the work of the six workstreams that would then feed into the newly established workforce steering group which would oversee the delivery of the workforce 3R's plan across WSHFT.
- 10.3 Jo drew out some recent highlights with a focus on the Health & Wellbeing (H&WB) of staff and the development of a H&WB session included in the Trust Induction. The Trust has also launched some additional mental health training for managers and emotional support sessions for staff.
- 10.4 It was noted that the Trust was working with BSUH on a new appraisal process which is much more focused on staff welfare, Jo went on to advise that, as already been mentioned by Marianne, the Trust had launched their Flu campaign which has started and the staff involved are really enthusiastic about achieving 90%.
- 10.5 Jo explained that the Staff Survey had launched on 28 September and for the first time, due to Covid, this would be completely online, it was noted that the core questionnaire had changed to include a section about staff experience during the pandemic with first cut of results is anticipated by end of December.
- 10.6 Jo highlighted some of the core workforce KPIs noting that appraisal rates had dipped significantly in the last few months, Statutory and mandatory training had continued with the position against the target starting to improve, in relation to sickness absences the Trust was seeing lower levels when compared to the same time the previous year.
- 10.7 Joanna Crane advised the Board that the Quality Assurance Committee had received a deeper dive into Mental Health staff sickness in particular

and had a really good discussion about staff being redeployed outside of their comfort zone and with their routine ceasing due to Covid, in addition to the enormous pressure outside of work and the changes in practice. Joanna noted though that the strength of Trust's culture came through so strongly, in how staff who were being redeployed were welcomed and the project wingman offer complemented the focus on their wellbeing. Joanna commented that this made her incredibly proud of the Trust and its culture.

10.8 The Board NOTED the Integrated Performance Report.

**TB/10/20/11 Report from Quality Assurance Committee
From the meeting on 24 September 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/10/20/12 Report from Finance and Performance Chair
From the meeting on 27 August and 24 September 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/10/20/14 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.
- 14.2 Glen highlighted to the Board whilst both Committees confirmed that they considered the current scores were 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 also that for risk 1.1 that during Quarter 3 the risk score is considered against the emerging pressures relating to patient and family engagement.
- 14.3 **The Board AGREED the revisions to the Board Assurance Framework recognising 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 currently.**

TB/10/20/15 Infection Prevention and Control Annual Report 2019/20

- 15.1 Maggie Davies welcomed Dr Susie Jerwood and Sharon Reed to the meeting to present the 2019/2020 Annual Infection Prevention and Control Report.
- 15.2 Sharon Reed started by explaining that Covid is really high on everyone's agenda at the moment but highlighted that the majority of the detail in the report is pre-Covid, however Sharon did explain that in the latter part of the year Covid had a significant impact on the team whilst they tried to provide a seven-day service.
- 15.3 Susie advised the Board that the Trust hadn't had any post 48hr MRSA cases and in relation to MSSA the Trust had 19 cases compared to 25 the previous year. It was noted that of the RCAs carried out it had been

highlighted that 10 cases had been avoidable, learning from those cases was being shared amongst teams across the Trust.

- 15.4 Sharon explained that the IPC team were passionate about driving cases of C-Diff infections down, highlighting that during 2019/20 the way in which samples were counted, positively the increase had been modest to 35 from 32. It was noted that there 22 of those cases had been classed as lapses which Sharon highlighted was a national term, the 22 cases all received an Executive led RCA.
- 15.5 Sharon drew the Board's attention to the Gram-negative slides and provided an update on the number of cases at the Trust in the previous year noting that there had been an increase in the number of e-coli cases but following investigation there was nothing problematic that had caused the increase.
- 15.6 The Board was advised that in April/May of 2020 the Trust had a long outbreak of Norovirus with over 100 cases in its entirety. Flu numbers had been comparatively small. It was highlighted that there had been a national Listeria outbreak two patients who had stayed at the hospital contracted Listeria the Board was assured that the Trust had taken on learning which had been rolled out across the Trust with food coming out of the cold cabinet having a strict time it can be out then it is discarded if not consumed.
- 15.7 The Board was advised that the team had carried out 306 spot checks at St Richard's Hospital and 298 in Worthing in the last year and managed a significant amount of teaching and training.
- 15.8 Finally, in relation to Covid-19 Sharon explained that a lot of preparation had taken place from late January to early February acknowledging that it had been a challenging time and pressurised for the team. It was noted that next year's Annual Report would look very different.
- 15.9 Dame Marianne Griffiths took the opportunity to commend Sharon, Susie and the IP&C Team on the fabulous job they did during the peak of the pandemic and that the Trust couldn't have done it without them. Marianne went on to explain that the Team was in 7 days a week and the Board really recognises that the Trust mortality rates are significantly better to the national rate as a result of the support the IP&C provided.
- 15.10 The Chairman added his thanks and those on behalf of the whole Board for the hard work.
- 15.11 **The Board APPROVED the Annual Infection Prevention and Control Report 2019/2020 for publication on the Trust Website.**

TB/10/20/16 Annual Organ Donation Report

- 16.1 George Findlay introduced Luke Hodgson, Co-Clinical Lead for Organ Donation to present the Annual Report for 2019/20.
- 16.2 Luke advised the Board that there continued to be demand for donors that continues to this day. It was noted that the NHS was the world leader for DCD (Donation after Circulatory Death) and has been pushing for a new opt out law which will lead, overtime, to an increase in the number of donations. Luke explained to the Board that Opt out is something that nationally has been publicised widely and as much as possible.

- 16.3 It was noted that nationally there was just under 5000 people on the transplant waiting list and that there had been a dramatic increase in the number of transplantations with a record number in August 2020 despite the challenges of Covid-19 with the NHS and transplant teams pulling out all the stops.
- 16.4 Luke explained that the number of living transplant donors has been steady at WSH for 2019/20 with DBD (Donation after Brainstem Death) and DCD donors increasingly significantly over the last few years. After medical exclusions and speaking with family there is then a very small number of donors a year left, so for the Trust to have continued to increase the number of donations year on year is a testament to the Team.
- 16.5 The Board was advised that the Team have a number of national KPIs to achieve and try to ensure they are performing as best as possible, it was noted that every time a potential donor is recognised a referral is made to the Specialist Nurse for Organ Donation (SNOD) and as a result WSH is performing excellently well, the SNOD involvement means that Organ Donation is far higher.
- 16.6 Luke finally provided the Board with a summary of the work that has been ongoing despite the pandemic and the innovation to allow fundraising and meetings to continue.
- 16.7 **The Board RECEIVED the Organ Donation Annual Report 2019/20 and thanked Luke for his presentation.**

TB/10/20/17 Company Secretary Report

- 17.1 Glen Palethorpe asked the Board to note the agreement to the Chief Nurse becoming the executive sponsor for the Love Your Hospital Charity. The Committee's terms of reference have been adjusted to reflect this change.
- 17.2 Glen updated the Board on a decision it had taken in-between the last Board meeting and this and sought ratification of the decision to in relation to the proposed Worthing Hospital Serenity Garden, the donation for which was being made solely by one donor. It was noted that the Board, via email, had approved 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.
- 17.3 The Board was asked to note that the Annual General Meeting had taken place the previous day on the 30 September 2020 and had formally received the Annual Report and Accounts for 2019/20.
- 17.4 **The Board APPROVED the change to the Charitable Funds Committee terms of reference and RATIFIED its decision to cover the remaining balance for the Worthing Hospital Serenity Garden in the even the remaining pledge was not received.**

TB/10/20/18 Other Business

- 18.1 Joanna Crane informed the Board that QAC had approved the Annual Freedom to Speak Up Report and that number of concerns raised through that process was very low and those that were raised were in relation to staff interactions rather than patient safety concerns. Joanna went on to advise that during the pandemic other Trusts had staff raising concerns in relation to Covid, however WSH didn't see the same pattern of concerns.

- 18.2 **The Board thanked Joanna for the update and NOTED that the Quality Assurance Committee had Approved the Annual Freedom to Speak up Report.**

TB/10/20/19 Questions from Members of the Public

- 19.1 An opportunity had been given, but there were no questions from the public lodged for the meeting.

TB/10/20/20 Resolution into Board Committee

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

TB/10/20/21 The Chair formally closed the meeting

TB/10/20/22 Date of Next Meeting

- 22.1 It was noted that the next Board Meeting would take place at 10.00 on **Thursday 03 December 2020** via **Microsoft Teams Broadcast**.

Tanya Humphrys
Board and Committee Administrator
October 2020

Signed as a correct record of the meeting

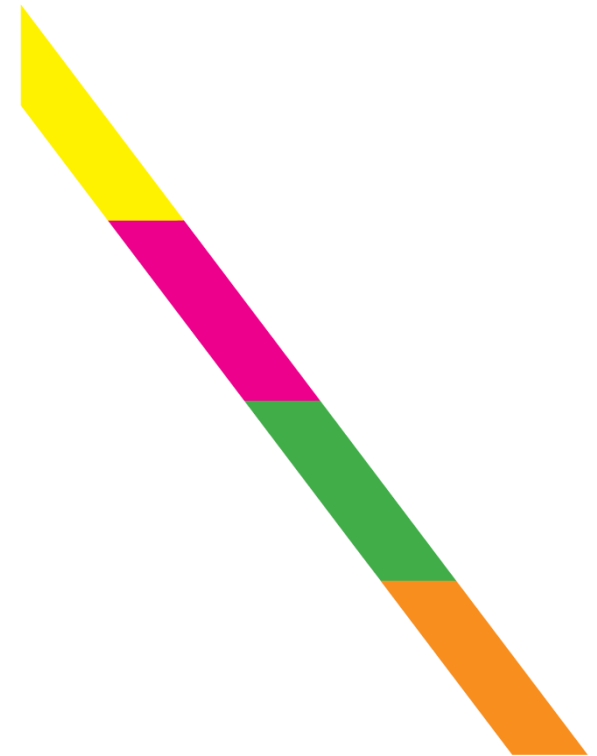
Chair.....

Date.....

Chief executive's report

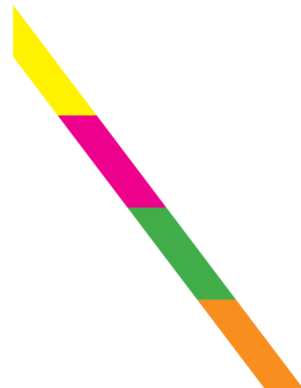
Dame Marianne Griffiths

December 2020



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Thank you to all our staff

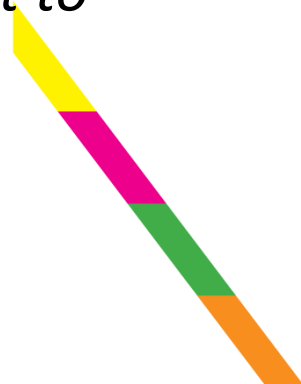


"It's been an unprecedented year.

"I'm incredibly proud of the work everyone has done to restore services across the trust and we are encouraging patients to continue to attend appointments.

"Thank you again for all your ongoing hard work and commitment to outstanding patient care."

Dame Marianne Griffiths, Chief Executive



Headlines: Covid-19 update

- We are currently caring for 25 patients across our hospitals
- We have cared for 516 Covid patients this year
- As part of our planning response, we have reintroduced the bronze workforce meetings, silver situation meetings and gold decision making meetings that worked so effectively in the early weeks and months of the pandemic.

**figures from 22/11/2020*



Headlines: Restoration

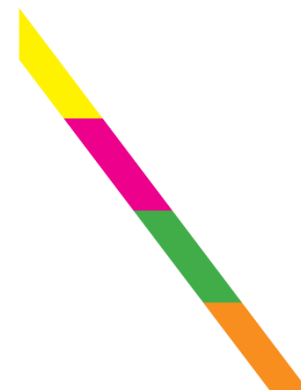
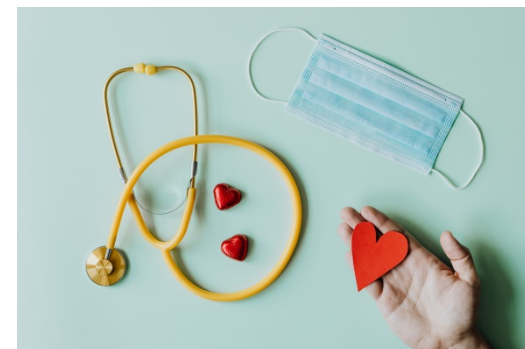
Our goal was to restore activity to more than 90% of last year's activity by October.

The Trust is marginally behind that aim.

At the end of last month, activity compared to pre-COVID levels* was:

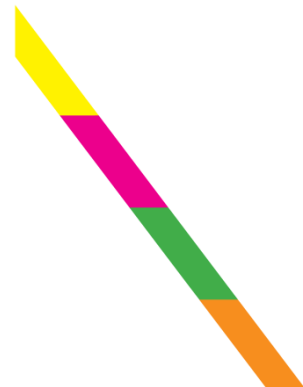
- Referrals: 87% (up from 86% last month)
- Outpatients: 88% (up from 81% last month)
- Inpatient elective and DC : 85% (up from 70% last month)
- A&E: 99% (compared to 106% last month)
- Inpatient non-elective: 90% same as Sep-20

* pre covid 12th Jan – to 22nd Mar 2020



Keeping staff and patients safe

- Encouraging colleagues to work from home when appropriate
- Supporting clinically extremely vulnerable staff to stay at home
- Introduced mandatory mask wearing by everyone in our hospitals
- Providing regular updates to our PPE guidance for colleagues
- All colleagues regularly reminded to stay at home and tell their manager if they develop COVID symptoms
- Limited visiting to reduce the number of people in our hospitals. Families encouraged to use digital means to keep in touch with patients.



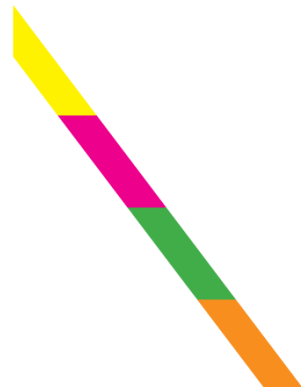
Headlines: Workforce Planning

Testing

At home rapid Covid staff testing rolled out across WSHT
Staff will test themselves twice a week for 12 weeks

Winter planning

Learning & listening from first wave
Maintaining elective services
Ensuring critical care capacity
Minimise delays in discharges



Headlines: UTC

Urgent Treatment Centres

This winter patients can access the right care in the right place at the right time via one of our newly opened Urgent Treatment Centres (UTCs) in Worthing and Chichester

Urgent
Treatment
Centre (UTC)

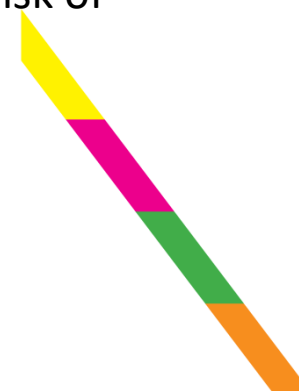


The centres are:

- GP-led
- Open from 10.00am till 10.00pm daily
- Offer appointments made following a 111 telephone consultation
- Accommodate patients streamed directly from A&E for minor illnesses or minor injuries.

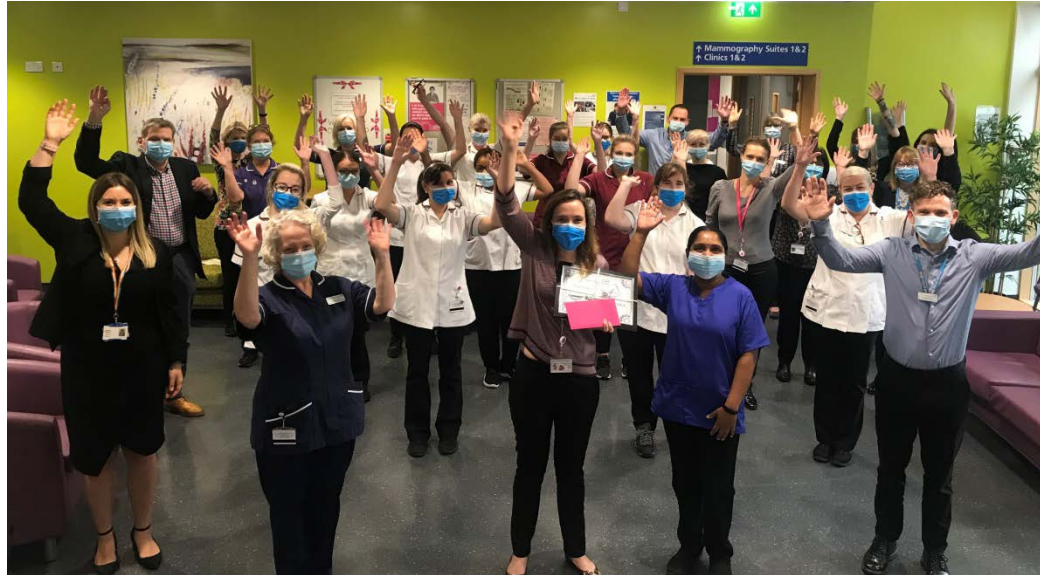
This will help reduce crowding in our Emergency Departments and reduce risk of COVID-19 transmission in our hospitals.

We are working on plans to upgrade both Emergency Departments.



Headlines: Covid-19 update

Employee of the Month award for Covid recovery plans



The breast care team in Worthing acted together to bring about new, and long-lasting solutions during the pandemic to put their patients first.

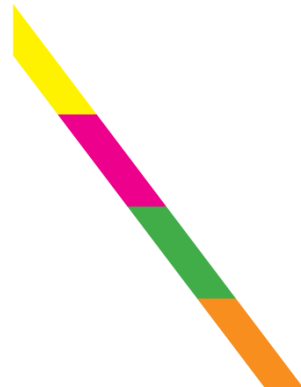
During October's Breast Cancer Awareness Month the team's excellent work featured on the BBC South Today news programme.

Headlines: Flu

Flu ready



Worthing intensive care team along with more than 20 other departments have all had their flu jab and are 100% ready.

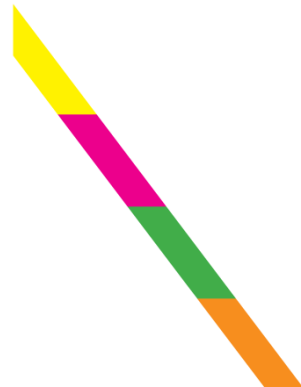


Headlines: Flu

Latest flu figures show a 13% increase in staff members having their flu jab compared to last year.

So far more than 4,600 have had their jab.

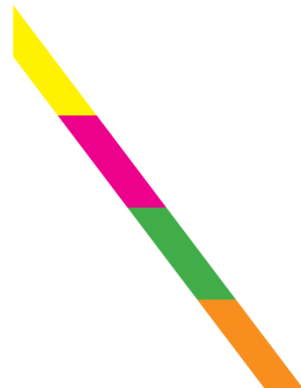
**figures from 22 November*



Headlines: BAME

We have a number of work streams underway to improve racial equality within our organisation including:

- Workforce Race Equality Standard (WRES) work
- Celebrating Cultures BAME Network
- BAME COVID-19 volunteers support programme
- Collaboration with ICS partners through the Sussex People Plan



Headlines: Congratulations



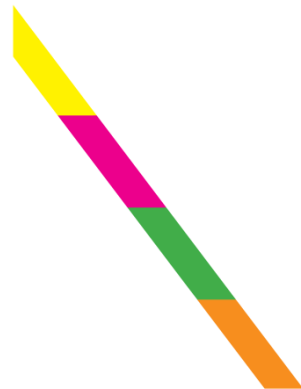
Chief nurse, Dr Maggie Davies has been appointed as a visiting professor in the Faculty of Health and Medical Science at the University of Surrey



Chair, Alan McCarthy has been awarded an MBE for his services to the NHS



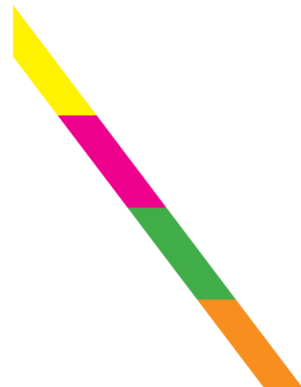
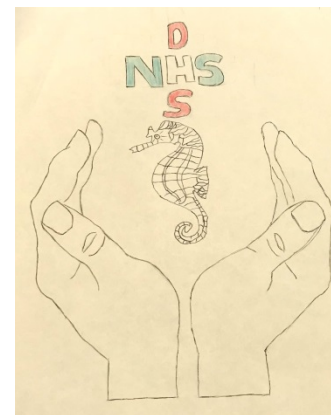
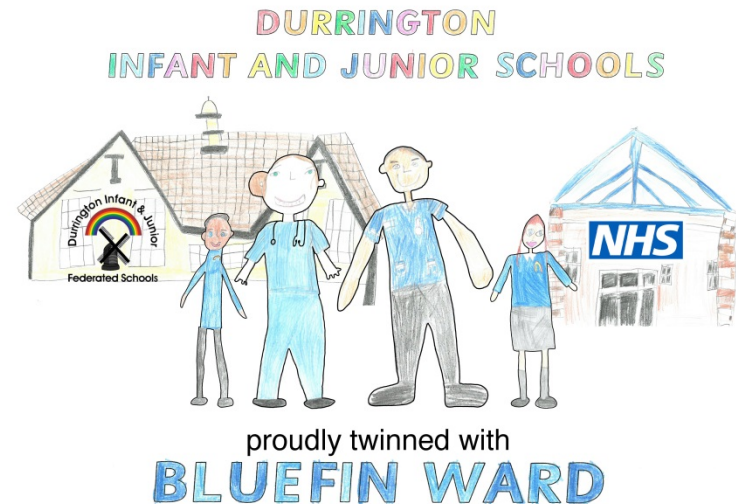
John Thompson, deputy lead governor has also been recognised with an MBE for his services to his local community.



Headlines: Twinning

Schools and communities in West Sussex have been designing posters to mark the start of their twinning partnership with wards in Western Sussex Hospitals, seeding a legacy of lasting support for the hospitals.

The wards at Worthing and St Richard's Hospitals are named after communities in Sussex and in many cases are being twinned with those who share their name.



Headlines: AHP Day



“I want to thank the contribution of all the allied health professionals, all the AHP support staff and their admin, as well as the AHP students who all enable delivery of the excellent care provided to patients in this organisation and in our communities.

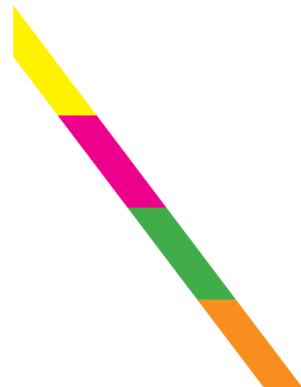
Louise Mayer | Head of Therapies

Headlines: Staff Survey

The NHS staff survey closed on 27 November.

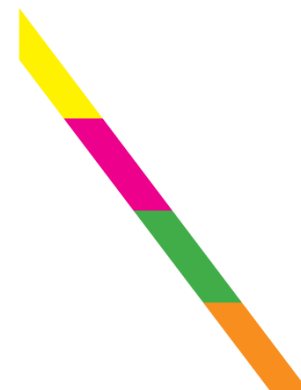
More than 3,800 staff participated.

The feedback from this survey goes a long way in helping us to make improvements to ensure Western is an inclusive and supportive organisation for all.



Diary highlights

- Public Board
- AGM
- QVH Programme Board
- Leaders Mergers Briefing
- Sussex BAME Health & Care Staff Conference
- Staff Briefings
- Sussex Acute Collaborative Network
- MPs Briefing – Covid, Restoration & Merger
- Sussex Health and Care Partnership Executive meeting
- BAME Event
- Chairs & CEO Workshop with Good Governance Institute
- South East Leaders Calls

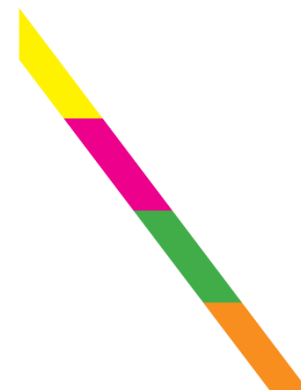


Looking ahead: Merger

Our Full Business Case sets out the rationale for Western Sussex Hospitals and Brighton and Sussex University Hospitals becoming one trust in 2021

Our ambition is to:

- Bring together the best of both Trusts to deliver outstanding, compassionate care
- Invest in innovation and the expertise to make Sussex a leader in healthcare excellence
- Strengthen Patient First and empower all staff to make improvements
- Support all teams to provide excellent care, every time



Looking ahead: Merger

The FBC addresses the case for change, benefits of merger, scope and scale of the new organisation and the merger process.

Our merger survey, completed by more than 3,000 members of staff and 750 members of the public, informed much of this work.

This includes the new trust's vision and values, Patient First strategy, organisational priorities and name.

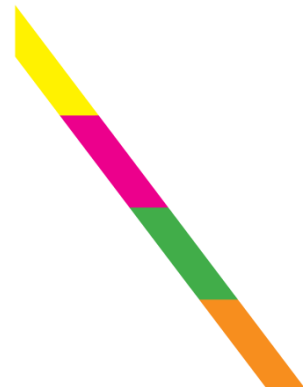
Thank you to everyone who took the time to share your feedback and help shape our new organisation.

We look forward to sharing much more about the new trust's vision and values, priorities and Patient First approach in due course.



Merger

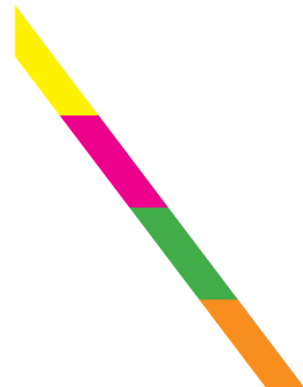
What do you think?



Looking ahead: Merger

Next steps include:

- FBC to Department of Health and Social Care (DHSC) for approval
- NHSEI stage 2, stage 3 and Board-to-Board process
- DHSC approval and amendment order for new name
- Development of new Clinical Strategy
- Continuing staff and stakeholder engagement
- Go-live preparedness
- Post-transaction integration plan



Thank you – any questions?



Agenda Item:	6-10	Meeting:	Trust Board	Meeting Date:	03 Dec 2020
Report Title:	Integrated Performance Report – Month 7				
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	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
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

December 2020



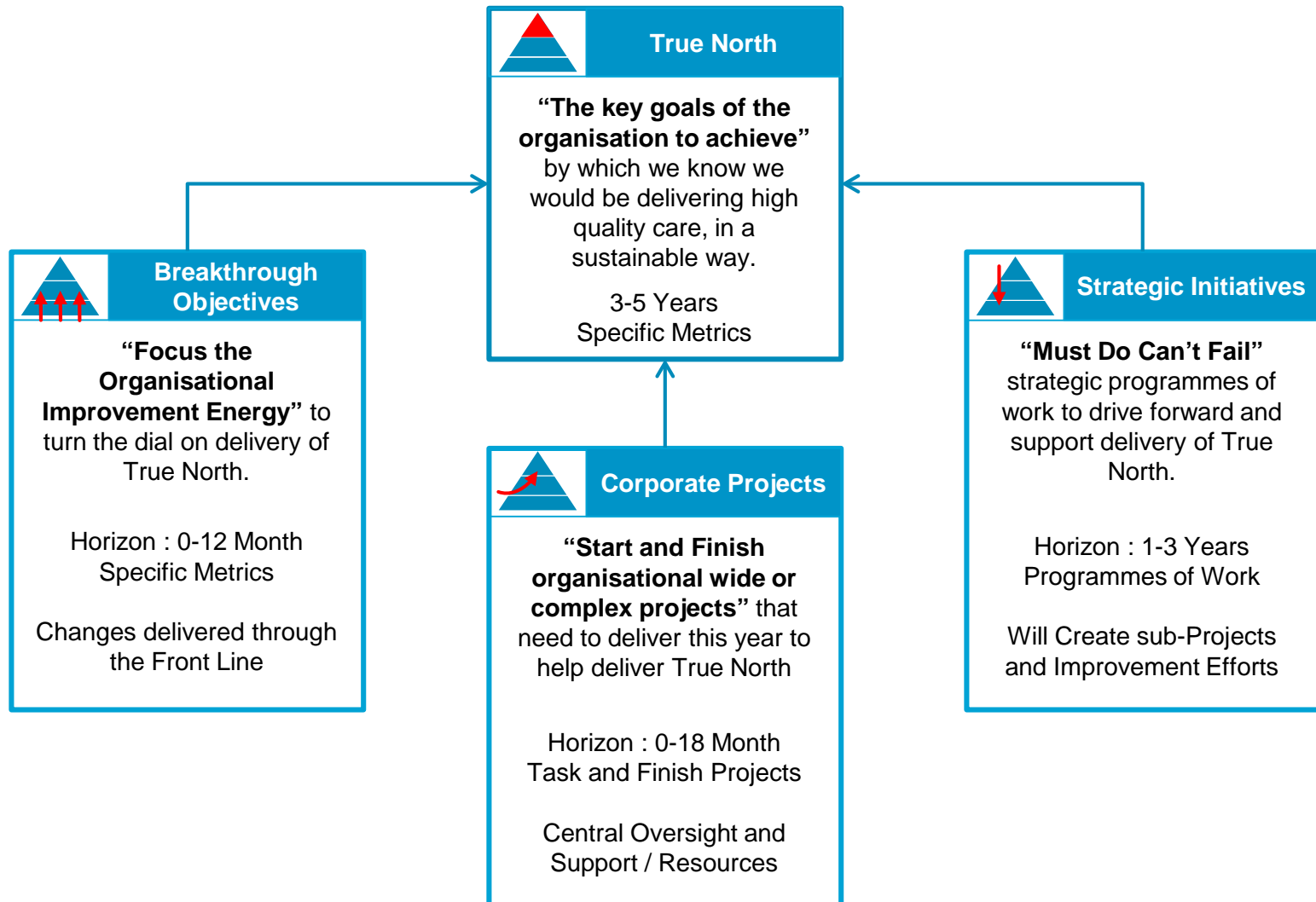
Western Sussex Hospitals
NHS Foundation Trust

Contents

Structure of the report

Introduction - Patient First
Quality Improvement
Systems and Partnership
Sustainability
People

Patient First Strategy Deployment Framework



Patient First True North

Key Goals for the Organisation to achieve sustainably

Patient

Patient Satisfaction

Target: Family & Friends Recommend Rate >96%

Sustainability

Financial Management

Target: Break Even

People

Staff Engagement

Target: Engagement Score Top 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

Mortality

The HSMR up to and including July 2020 has reduced to 95.5 (31st percentile) and the in month HSMR for July is 85.6. The monthly value shows a slight rise and lies on the 38th percentile. The 12 month rolling site specific HSMR for St.Richard's Hospital (91.3) remains below Worthing (98.9) although Worthing has had an improving trend for the last 4 months data.

The crude mortality (non-elective) in October was 2.73% reflecting 154 deaths of 5646 discharges and the 12 month rolling crude (non-elective) mortality rate including October 2020 is 2.97% against a target of 3.11%.

Quality

Preventable Mortality

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

Avoidable Harm

**Target: Patient Safety
Thermometer 99%
Harm Free Care**

Quality Performance - Effectiveness

Mortality

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

COVID-19 Mortality

In October, 5 inpatients died with a current COVID-19 positive test result (3 at Worthing and 2 at Chichester)

Quality

Preventable Mortality

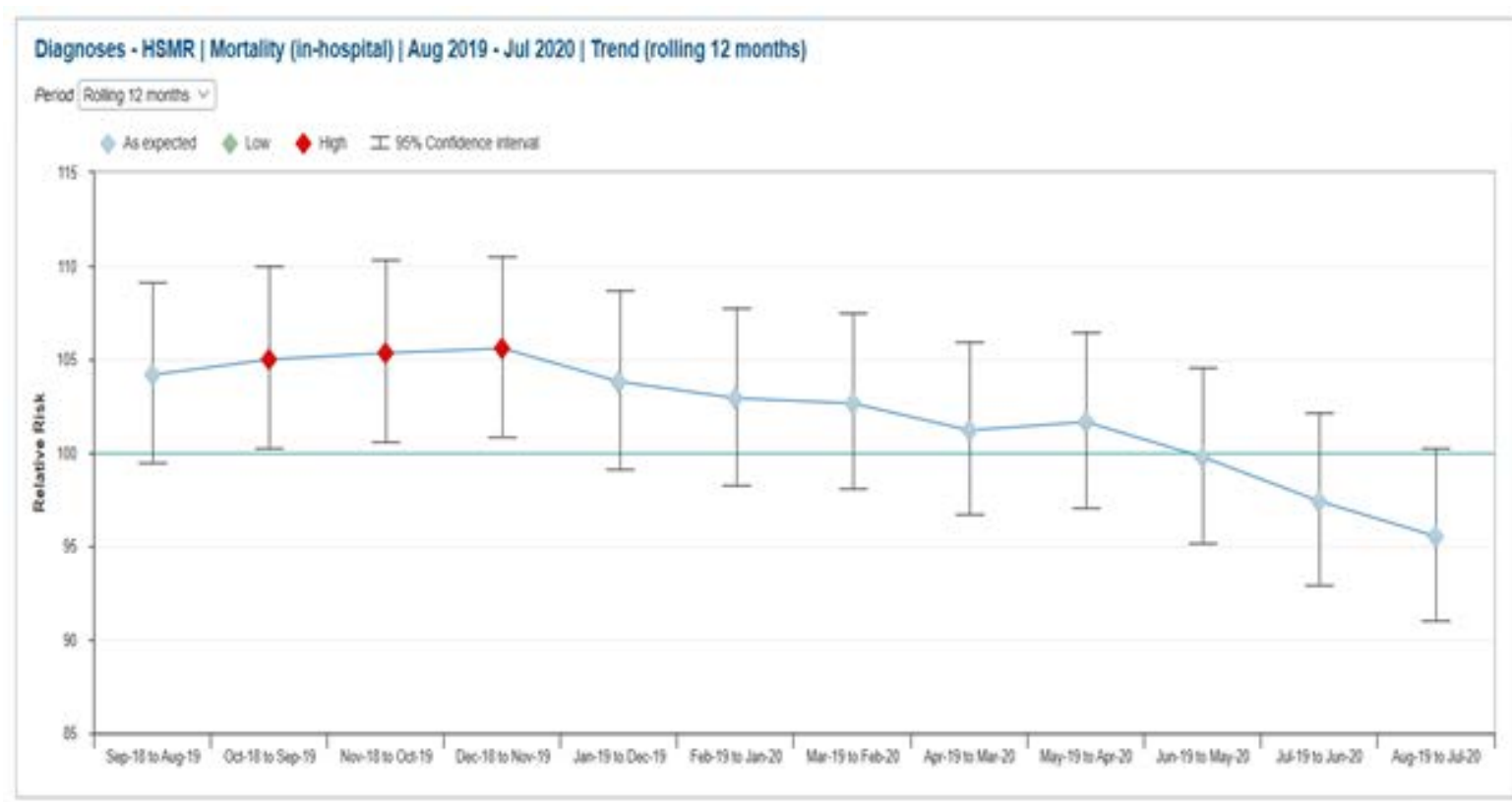
**Target: HSMR Top
20% in the Country**

Avoidable Harm

**Target: Patient Safety
Thermometer 99%
Harm Free Care**

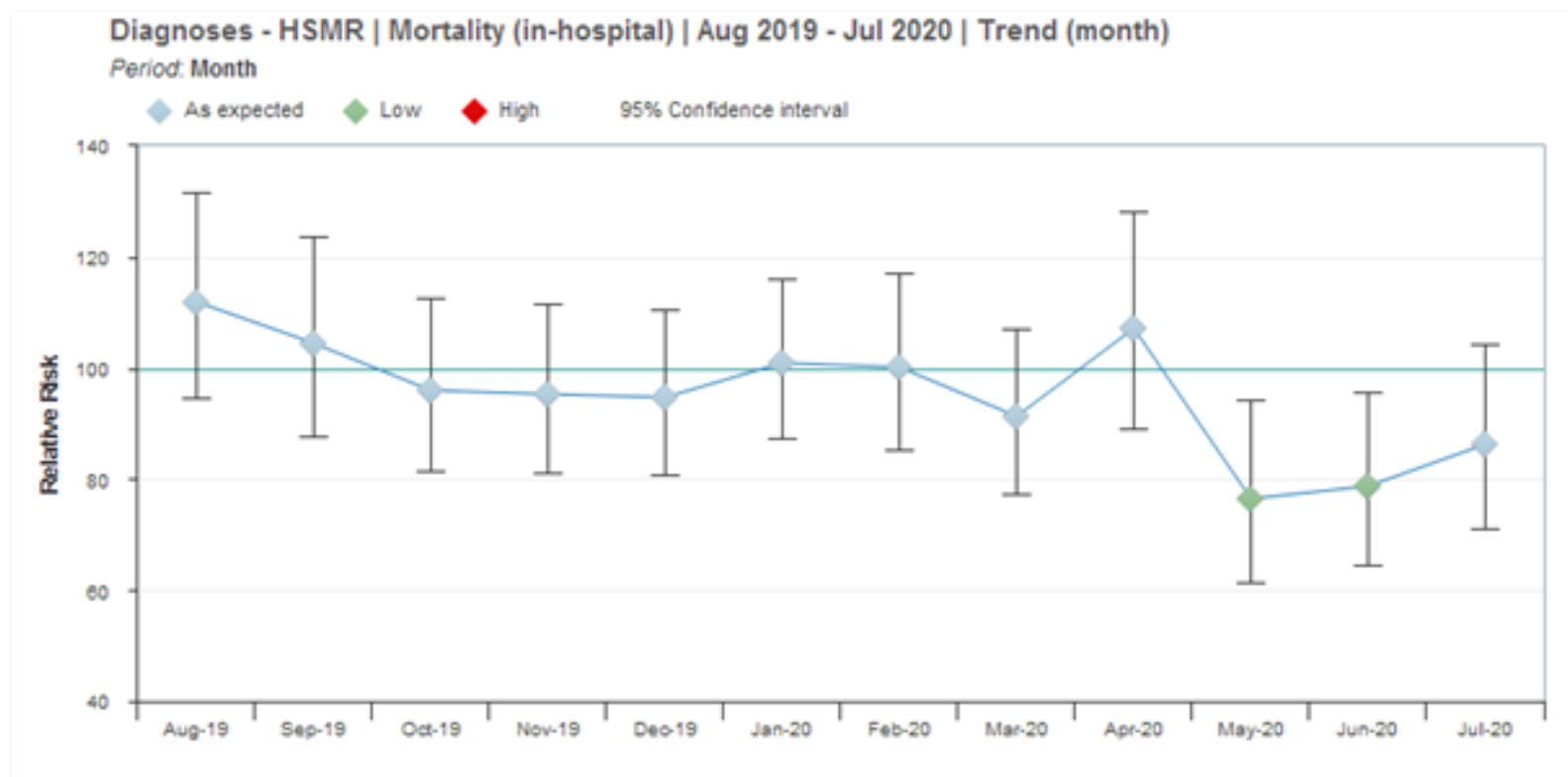
Quality Performance - Effectiveness

WSHT - 12 month rolling HSMR



Quality Performance - Effectiveness

WSHT – In Month HSMR



Quality Performance - Effectiveness

Stroke Services

The SSNAP assessment of stroke services has seen an improvement in the rating for the Chichester site with an improved score of 81. This is the first time the site has achieved an A rating since the metric was introduced in 2013 and reflects improvements in scanning, stroke specialist and OT assessment timeframes. Worthing has been rated A for the 4th consecutive quarter and a score of 84 reflecting the trust's first class stroke services.

Quality Performance: Infection Prevention and Control



The Trust has observed an increase of patients with COVID-19 admitted to both hospitals towards the later part of October 2020. This was in line with the national rise of the '*Second Wave*'.

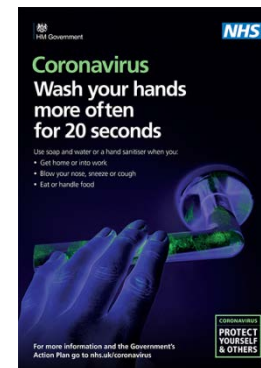
Consequently, October observed an increase in the numbers of COVID-19 tests for patients, an increase in reported positive cases was noted at SRH, with a decrease at Worthing Hospital. Daily 'Bronze' level IPC senior team update/action meetings continued. The prevalence highlighted in the following table highlights the tests completed for October 2020 and the numbers of COVID-19 positive results received. Inhibitory results equated to retesting as a result could not be obtained.

Patient testing:

October 2020	No. tested	Positives	Inhibitory
SRH	↑ 2116 (1923)	↑ 17 (9)	0
Worthing	↑ 1949 (1846)	↓ 14 (41)	0

Quality Performance - Safety

Infection Prevention and Control



Staff Testing: in addition in October 2020 the Trust 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.

If a staff member remained unwell following a negative result they were advised to remain off work until asymptomatic for a minimum of 48 hours. The below numbers are approximate staff symptomatic tests completed within October, again with the positive ratio and inhibitory results requiring retests. The increase in testing elsewhere may be aligned to cold/flu symptoms.

October 2020	No. staff tests	Positives	Inhibitory
SRH	↓ 80 (189)	3 (3)	0
Worthing	↓ 137 (319)	6 (11)	0
Tested Elsewhere	↑ 137 (94)	1 (1)	0

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

Quality Performance - Safety IPC BAF

NHSE Infection Prevention and Control: Key Lines of Enquiry (KLoE) October update on compliance from July 20

WSHFT re-assessed the assurance process in October and the findings are demonstrated below:

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users: **Updated assurance level : COMPLIANT**
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections: **Updated assurance level: COMPLIANT**
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance: **Updated assurance level: COMPLIANT**
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion: **Updated assurance level: COMPLIANT**
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people: **Updated assurance level : COMPLIANT**
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection: **Updated assurance level : COMPLIANT**
7. Provide or secure adequate isolation facilities: **Updated assurance level : COMPLIANT**
8. Secure adequate access to laboratory support as appropriate: **Updated assurance level: COMPLIANT**
9. Have and adhere to policies designed for the individual's care and provider organisations that will help prevent and control infections: **Updated assurance level: COMPLIANT**
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection: **Updated assurance level: COMPLIANT**

Quality Performance: Board Assurance

Health Safety Investigation Branch (HSIB) investigation

“COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation” October 2020.

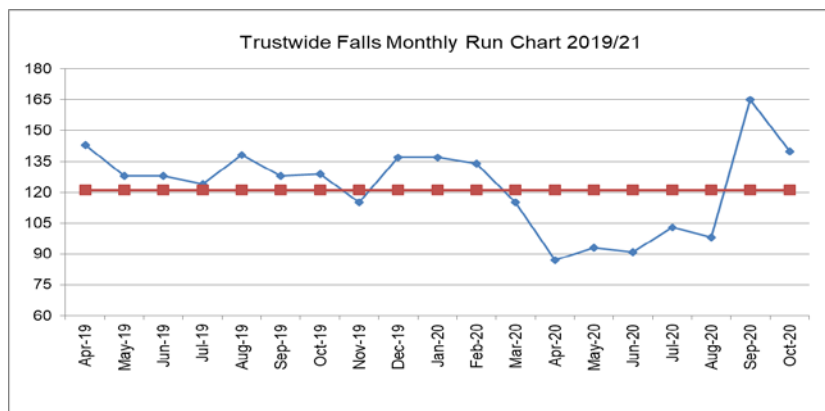
In October 2020 the HSIB published a national retrospective investigation review/report which sought to understand how NHS guidance, structures and processes are currently designed to reduce the risk of nosocomial transmission of COVID-19.

The national learning points and recommendations identified within the report have formed the foundations for a Trust gap analysis, quality improvement plan and infection prevention and control addition to the NHSE IPC Board Assurance Framework completed in July 2020.



Avoidable Harm– Key Metrics

Falls

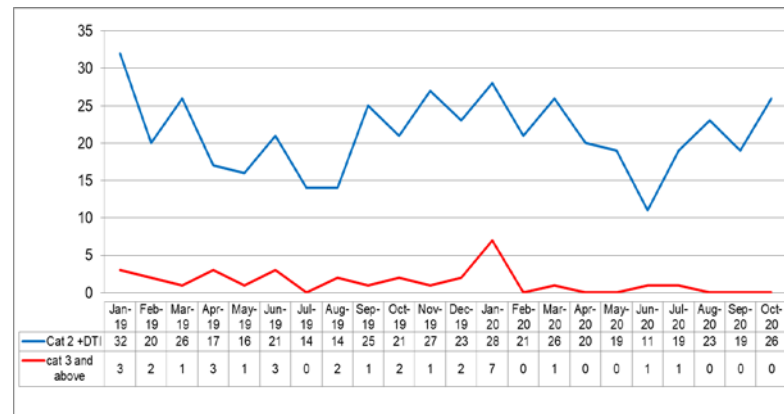


Trust Goal: no more than 120 falls each month

Current Performance and Actions:

- September and October has seen a significant rise in inpatients falls
- Deep dive review of falls has been conducted with Heads of Nursing and Matrons with plans in place to support those wards with the greatest challenge to put in place remedial actions
- 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 with a high number of complex patients presenting a significant challenge to maintain their safety.

Pressure Ulcers



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

Current Performance and Actions:

- We have set an ambitious goal of 30% reduction during 2020/21
- Currently on target with no patients in September and October developing category 3 or above pressure ulcers in our care.
- Medicine have had no patients develop cat 3 ulcer for the last 7 months.
- Key to this success is the proactive recognition and reporting of cat 1 & 2 ulcers.

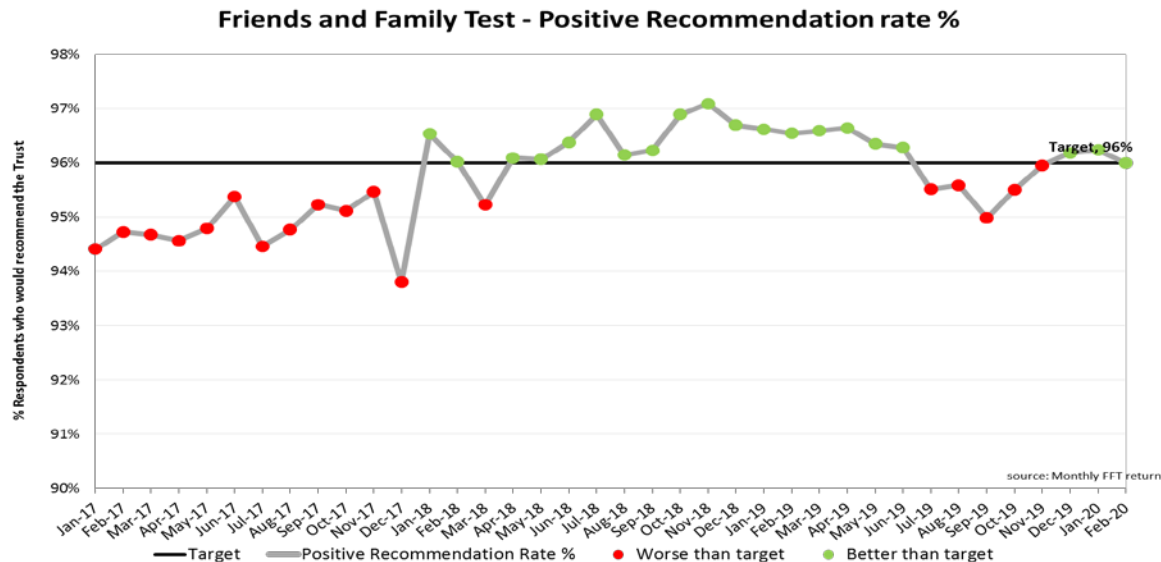
Quality Performance – Experience

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

- Due to Covid-19, NHS England (NHSE) have suspended the national reporting of FFT data.
- New national FFT process commenced in green areas across the Trust in July 2020 (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).



Performance Summary

- A&E 4 Hour performance was 91.42% for October 2020, 23rd Nationally for footprint performance. There was a 10.1% decrease in A&E footprint attendances for October in comparison to last year.
- Oct-20 RTT performance was 60.41%, an improvement of 5.5% since Sep-20. There were 999 x 52 Week Waiters on the incomplete PTL end Oct-20. The RTT Waiting List increased by +2323 waiters Oct-20 compared to Sep-20, whilst the RTT 18 week Backlog reduced by 1470 patients , 502 of which related to ophthalmology.
- The Trust was compliant against 1 of the 7 cancer metrics (provisionally) in Oct-20. The Trust was non-compliant against 62 day referral to treatment following urgent referral with provisional performance of 72.43% against National target of 85%, and for 2 week waits (80.2% against 93% target)
- The Trust remains non-compliant in October 2020 for 6 week diagnostics with 39.44%, but reduced by 10% compared to September 2020. The 6 week backlog reduced by 1389, predominantly in non-obstetric ultrasound following a step up in activity Oct-20. Activity for diagnostic Tests in September has restored to 100% relative to Oct-19

Systems & Partnerships

Non Elective Care

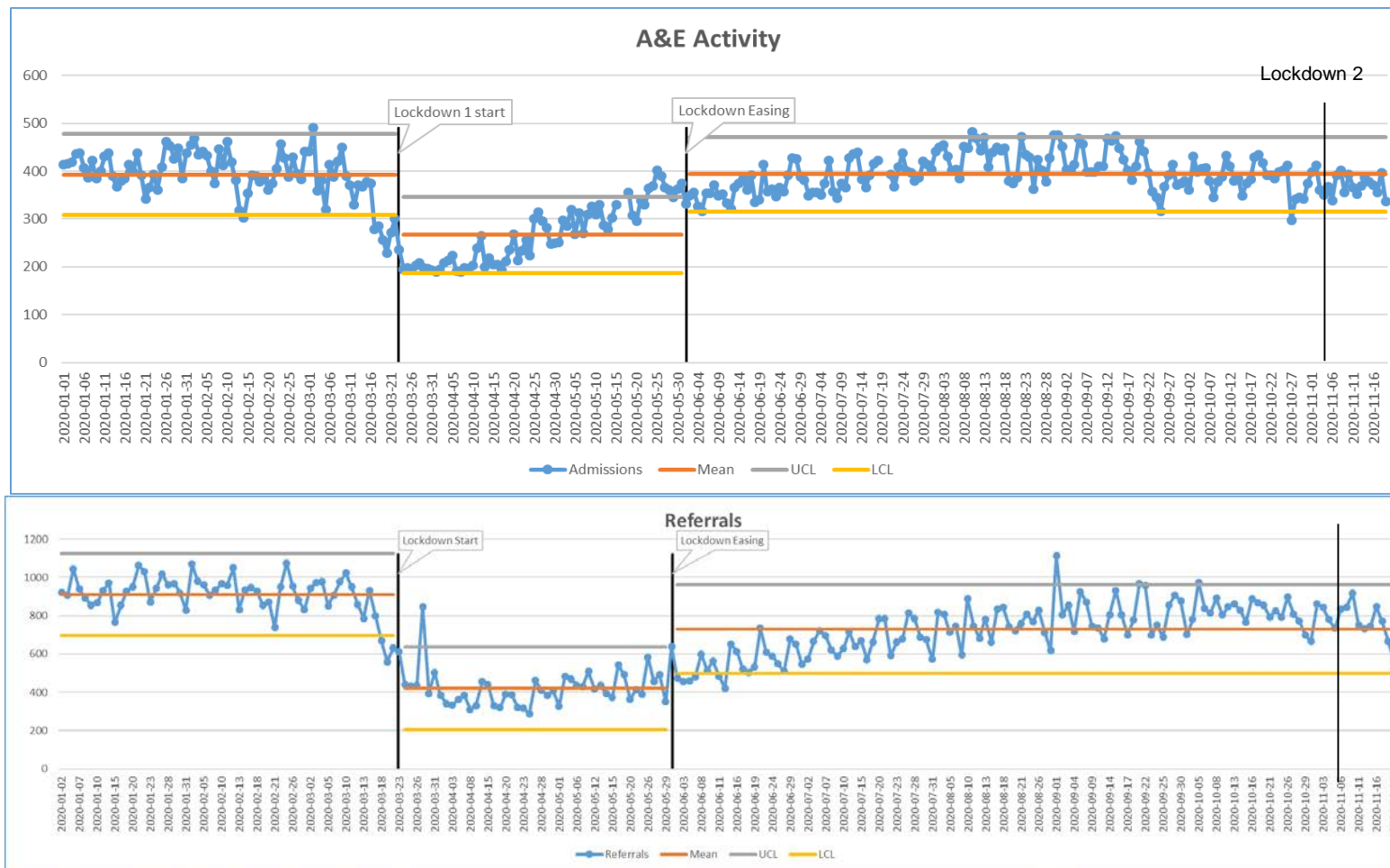
Target: A&E 95%
<4hrs

Elective Care

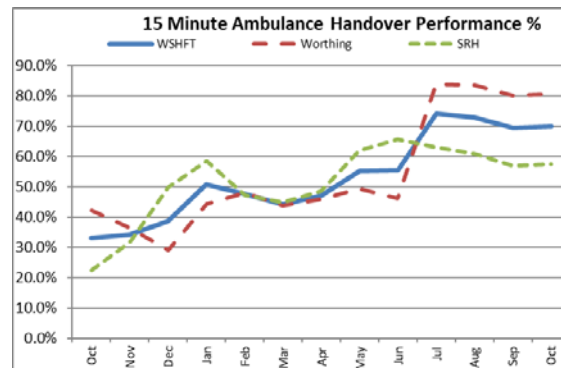
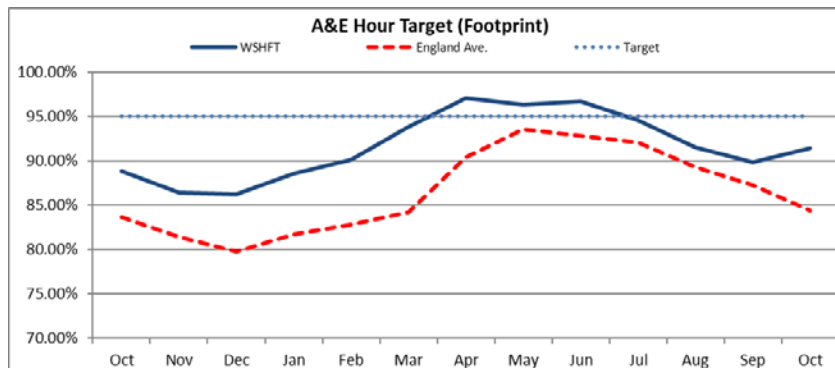
Target: RTT 92%
<18wks

Performance Summary – Demand

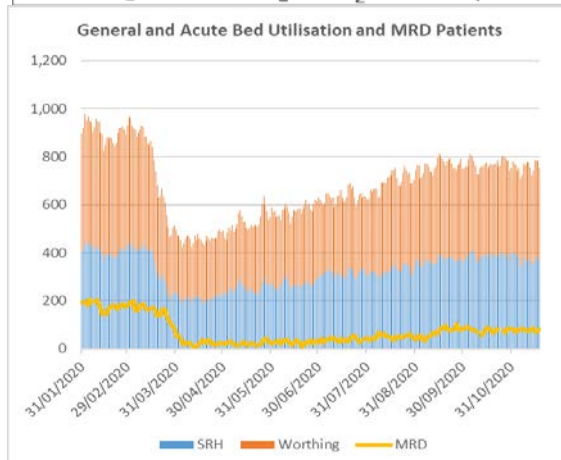
- Coronavirus National lockdown 2 commenced on Thursday 5th November.
- The Trust has continued restoration of elective services by clinical priority post lockdown 1 and during lockdown 2.
- A&E Demand October was 10.1% decrease compared to Oct-19
- Elective Referral Demand was 86% restored Oct-20 compared to Oct-19



Systems & Partnerships – A&E



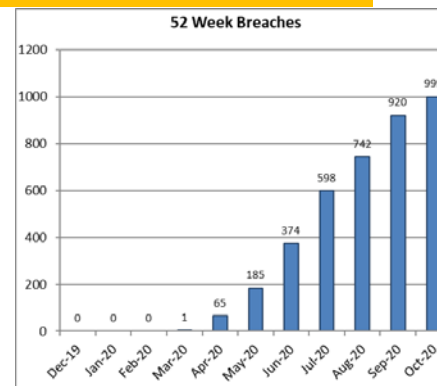
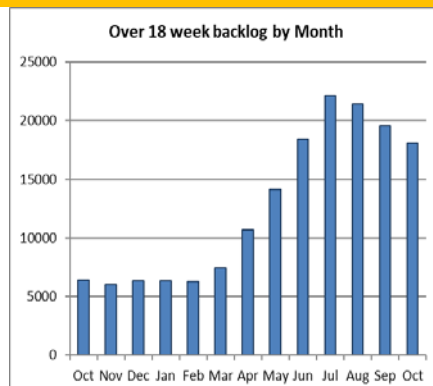
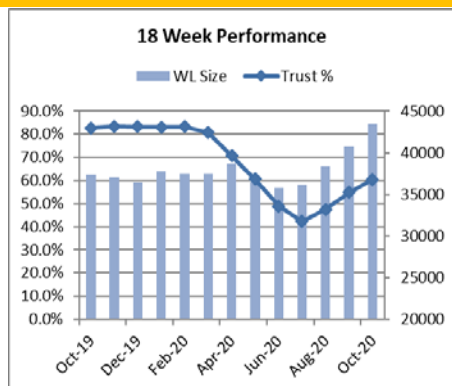
- Trust performance (footprint) was 91.42% for October 2020 compared to 88.8% Oct-19, 23rd Nationally for footprint performance (from 38th September).
- There was a 10.1% decrease in A&E footprint attendances for October in comparison to last year
- Emergency admissions also decreased by -11.2% from last October.
- Super stranded (LLOS) patients (>21 days) increased to 102 (+3%) from last month but -33% since Oct-19.
- MRD numbers rose to 77 per day from 70 in Sep-20 (+10%).
- Bed occupancy reduced to 88.1% by -3.8% from September
- Ambulance handovers within 15 minutes were 69.9% Oct-20, best in SECAMB region.
- There were 10 12 hour A&E delays in October.



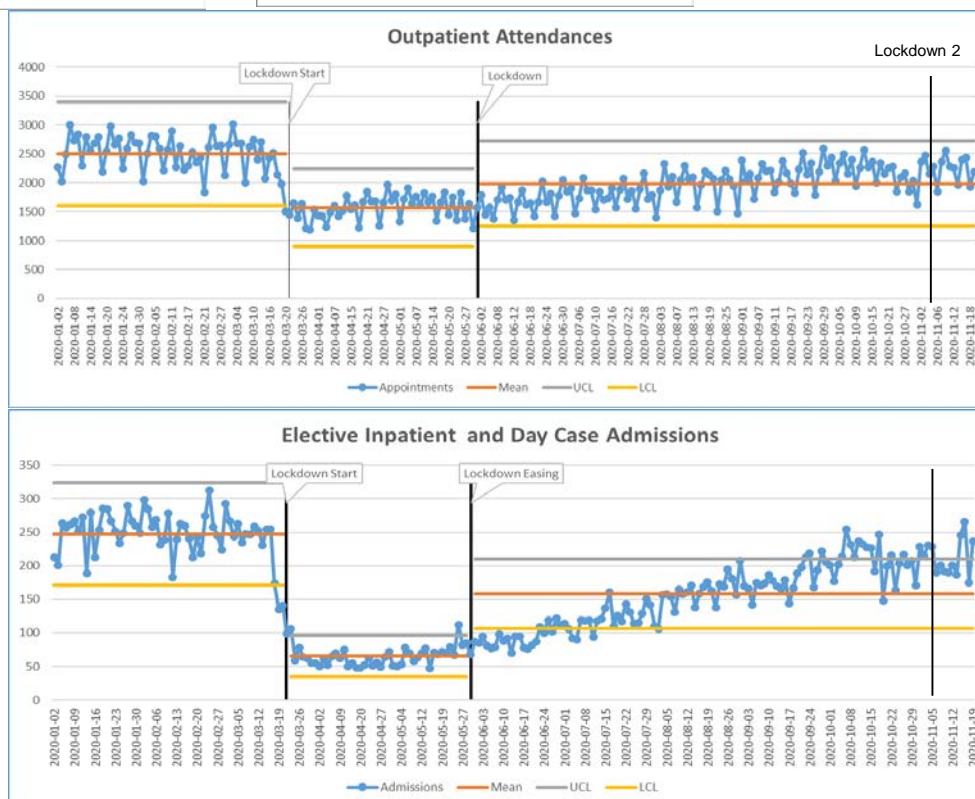
Emergency Flow Improvement Actions

- Opened escalation beds above planned levels
- Development of MH unit on track for end Dec-20 with sponsorship of CEO
- CDU SRH partially freed up/partitioned for non-covid activity which increases capacity in context of covid risk
- Emergency Care Improvement plan developed
- Urgent Treatment Centre – increasing alternatives to attendances/admissions: 10-4 to begin with planned further expansion
- 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
- New matron recruited to SRH

Systems & Partnerships – RTT

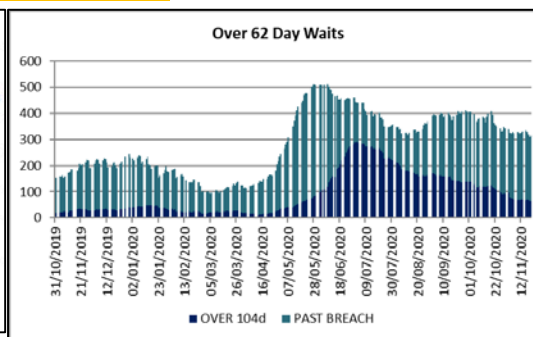
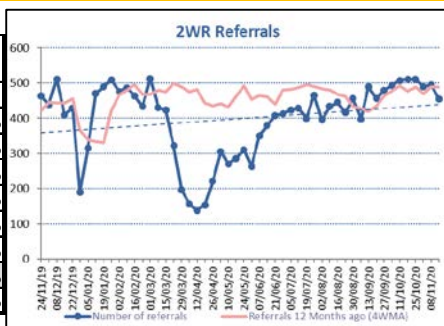


- Oct-20 RTT performance was 60.41%, an improvement of 5.5% since Sep-20. This is 22.3% lower than Sep-19
- There were 999 x 52 Week Waiters on the incomplete PTL end Oct-20, 354 orthopaedic, 196 general surgery, 141 oral surgery and 107 ophthalmology, this an increase of 79 since Sep-20
- The RTT incomplete Waiting List increased by +2323 waiters Oct-20 compared to Sep-20. This is 8723 more than Oct-19.
- RTT 18 week Backlog reduced by 1470 patients, 502 of which related to ophthalmology.
- Clock Starts were 15.6% lower in Oct-20 than Oct-19 (restored to 84.6%), whilst the trust stopped 8585 RTT clocks in Oct-20, -4331 (-39.4%) fewer than Oct-19.
- Continued Focus to restore services, progress patient elective pathways in clinical priority and mitigate longest waits is supported by enhanced governance arrangements for booking, waiting list management, and theatre and outpatient restoration programmes.

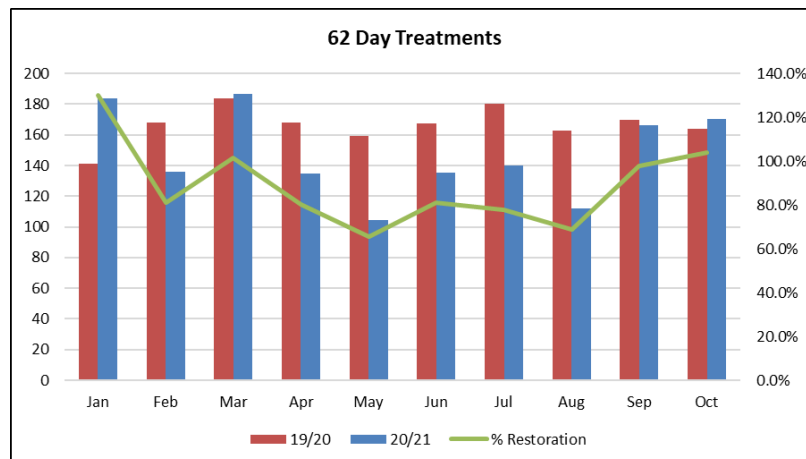
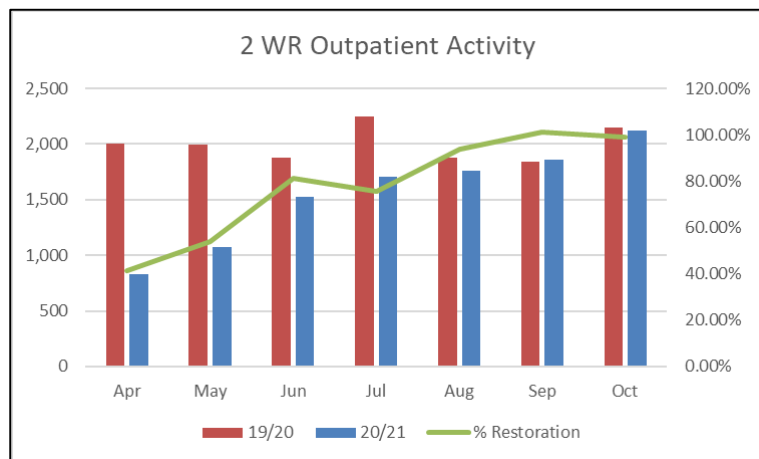


Systems & Partnerships – Cancer

	2020/21			Target
	Sep-20	Oct-20	YTD	
2 week GP ref to 1st OP	83.9%	80.2%	90.8%	93.0%
2 week GP ref to 1st OP - breast symptoms	92.3%	66.0%	87.6%	93.0%
31 day 2nd or subs trtmnt - surgery	73.3%	64.7%	83.2%	94.0%
31 day 2nd or subs trtmnt - drug	100.0%	100.0%	100.0%	98.0%
31 day diag to trtmnt all cancers	83.9%	84.0%	88.7%	96.0%
62 day ref to trtmnt: screening	87.5%	71.9%	71.2%	90.0%
62 day ref to trtmnt: upgrade	79.3%	80.9%	85.8%	85.0%
62 days urgent GP ref to trtmnt: all cancers	65.5%	72.4%	72.7%	85.0%

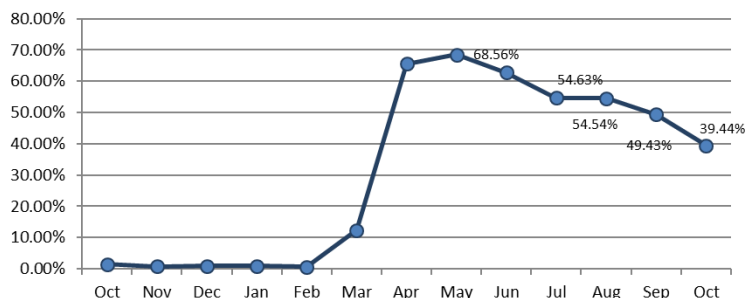


- The Trust was compliant against 1 of the 7 cancer metrics (provisionally) in Oct-20.
- The Trust was non-compliant against 62 day referral to treatment following urgent referral with provisional performance of 72.43% against National target of 85%, and for 2 week waits (80.2% against 93% target).
- Demand has now returned to the levels we saw prior to March. October 2020 was -4.4% less than the previous October (95.6% restored)
- 62 day prospective waiters grew significantly from May 2020 as a direct result of covid-19. This peaked just over 500 end May. This dipped to 350 mid August as demand reduced in lockdown. After an increase to over 400 last month, the number of 62 day waiters has reduced to 342 end October.
- 104 day breaches continue to drop from around 350 in July to the current level of 92 end October.
- Colorectal cancer is the main contributor to backlog numbers, but actions to increase activity and manage demand with FIT process are reducing delays. The Trust is carefully restoring and recovering services with support from the independent sector and increasing theatre and outpatient capacity.



Systems & Partnerships – Diagnostics

Diagnostic >6 week Performance

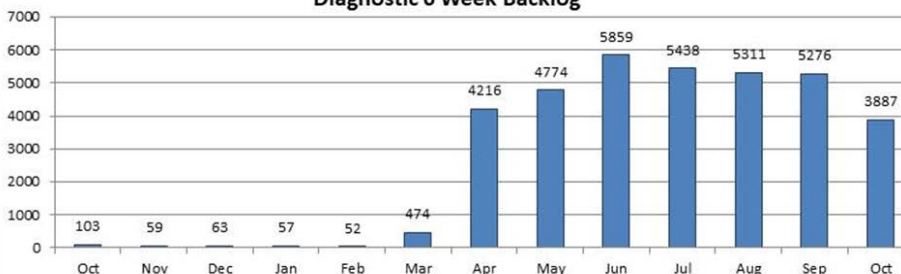


Diagnostic Waiting List Size Month End Snapshot

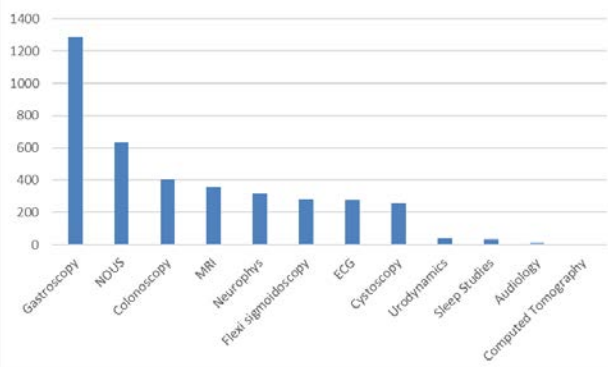


- The Trust remains non-compliant in October 2020 at 39.44%, but reduced by 10% from 49.43% September 2020.
- The 6 week backlog reduced by 1389, predominantly in NOUS following a step up in activity Oct-20. Activity for diagnostic Tests in October has restored to 100% relative to Oct-19 when allowing for 1 less working day Oct-20.
- Continued focussed restoration ongoing with largest challenge in endoscopy.

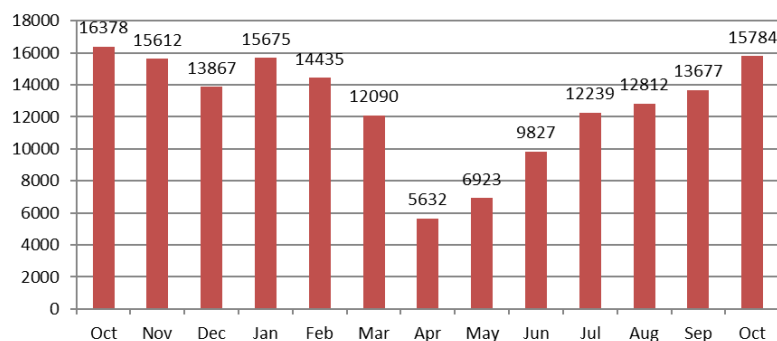
Diagnostic 6 Week Backlog



6 Week backlog Oct-20



Diagnostic Activity



Sustainability - Summary

Sustainability

Financial Management

Target: Break Even

- At the end of Quarter Two, the Trust reported a breakeven position consistent with the requirement of the interim financial framework (Phase 2); supported by £13.3m additional income to address the financial impact of COVID-19.
- For October 2020 to March 2021, the NHS is operating under a new financial framework (Phase 3); the purpose of which is to support the overarching priority to accelerate non-COVID activity, alongside continuing readiness for winter and a potential increase in COVID-19 cases.
- Each Integrated Care System (ICS) has been provided with a fixed funding envelope; including resources to meet the additional costs of COVID-19 response and recovery. Systems are expected to breakeven; subject to mutual agreement, organisations within the ICS may deliver surplus and deficit positions.
- At the end of October, the Trust delivered a deficit of £0.35m against a plan deficit of £0.8m, resulting in a favourable variance of £0.45m.

Sustainability - Key Metrics

Control Total Surplus £k		G
	Plan	Actual/Forecast
Year to Date	(800)	(348)
Year End Forecast	(2,978)	(2,978)
<p>In October the interim financial framework was replaced and the Trust began operating under a revised financial framework aligned with Phase 3 goals, which forecasts a £2.98m deficit by year end. At the end of October the Trust has delivered a deficit of £0.435m against plan deficit of £0.8m. Income for Private Patient activity and injury cost recovery were above plan, and COVID pay costs were favourable.</p>		

COVID-19 £k		G
	COVID-19 response	Top Up Income
Year to Date	(9,395)	(14,862)
Year End Forecast	(16,506)	(21,962)
<p>Total income of £14.9m has been included in the year to date position. This comprises top up income of £13.3m, reflected in Q1 & Q2 in relation to the shortfalls in commercial and non-contract income and the marginal costs of the Trusts COVID-19 response. For the remainder of the year, the Trust will receive a funding allocation to cover marginal expenditure incurred for the Trusts COVID-19 response, this was £1.5m in M7.</p>		

Cash £k		G
	Plan	Actual/Forecast
Year to Date	19,894	70,189
Year End Forecast	12,244	12,245
<p>Cash is £50.3m ahead of plan at the end of October. Since the implementation of the interim financial framework in April 2020, cash has been paid a month in advance. The block and top-up payments for November, amounting to £41.3m, were received in October, which has accounted for the continued strong cash balance position.</p>		

Capital £k		A
	Plan	Actual/Forecast
Year to Date	8,202	9,443
Year End Forecast	27,190	35,576
<p>The forecast position remains £8.4m above plan in reflection of the additional National Capital awards for Urgent and Emergency Care Programme (£3.7m), Adopt & Adapt (£1.6m) as well as (£3.1m) expenditure on capital equipment to support the COVID-19 surge and resilience plans (£1.3m of this equipment has been received YTD). Further information from NHSE/I regarding the outstanding funding for the COVID-19 capital equipment is expected to be received in Q3.</p>		

Sustainability – Plan

- The Trust submitted a draft financial plan to NHSE/I on 20th October 2020 forecasting a deficit of £2.98m for the period October 2020 to March 2021.
- This plan includes:
 - Expenditure to deliver Restore and Recovery plans which have been subject to an Executive led internal review.
 - Income relating to growth and funding to support the Trust's continued response to Covid-19
 - £2.3m tactical and rollover efficiency schemes to be delivered in the second half of this year.
- It is expected, but not yet agreed, that the loss of non-NHS income, £2.1m included within the above position, will be treated as an allowable overspend. Once this is factored in the forecast the position would be a c.£0.8m deficit.

Sustainability - Action & Recommendations

There are no actions required of the Board.

The Board is asked to note the following:

- The Trust is operating under a revised financial framework for October 2020 to March 2021, where the Trust is expected to deliver the activity plan and meet the additional cost of COVID-19 within an agreed financial envelope.
- Changes to the financial framework, and the impact thereof, have been 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

People

Staff Engagement

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

- The recently established People Steering Group now oversees the delivery of the programme to Refresh, Restore and Recover workforce priorities across six workstreams (Health, Safety and Wellbeing; Capacity, Capability and Deployment, Support and Development; Leadership and Culture; Equality and Inclusion and Integration)
- Key highlights include:
 - Roll out of 2 day mental health first aid training for managers with high uptake
 - Health MOT's for staff who are clinically vulnerable to Covid 19 established
 - Appraisal process that strengthens focus on staff welfare developed and launched
 - Management and leadership plan developed and programmes to commence from January 2021
 - Freedom to Speak Up arrangements reviewed and strengthened
 - Stocktake of voluntary services completed
 - Roll out of flu vaccination (with ambition of 90% uptake)
- Staff Survey 2020 launched via online platform on 28 September. This closed on 27 November. At 23 November, the response rates was 52% and 2% higher than at the same time last year. Uptake from medical and dental staff has increased by 5%. Access issues have resulted in a drop of 7% for estates and ancillary staff, despite a telephone service and the use of i-Pads being offered. Initial results are anticipated at the end of December with publication of national results in February/March 2021
- In readiness for the merger, there has been significant engagement with staff to understand their hopes, fears and aspirations for the new organisation. This work will inform the vision and values for the new trust and help to shape the development of the People Plan
- Regular virtual staff briefings continue to take place with very high levels of engagement between Executive colleagues and staff. Joint briefings with colleagues from BSUH have commenced and are popular and well received

Workforce Capacity

In month 7, there were marginal increases in the budgeted establishment (6,945 WTE) to reflect the winter bed plan capacity

Pay spend was £28.18m in month 7 (a reduction of £419k from last month) and £0.28m within budget

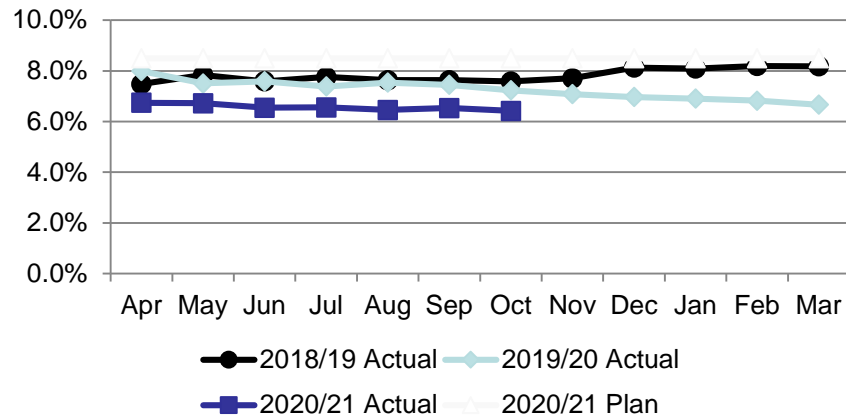
Year to date there has been an overspend on medical workforce of £4m

An additional 224 WTE is being deployed to manage the impact of Covid and the recovery and restoration of services.

		Last Month M6	This Month M7	Variance
Budgeted Establishment	wte	6,908	6,945	↑
Worked to Budget (wte)	%	98.9	98.5	↓
Temporary Workforce (wte)	%	8.8	8.8	→
Agency	%	1.2	1.3	↑
Bank	%	7.6	7.5	↓

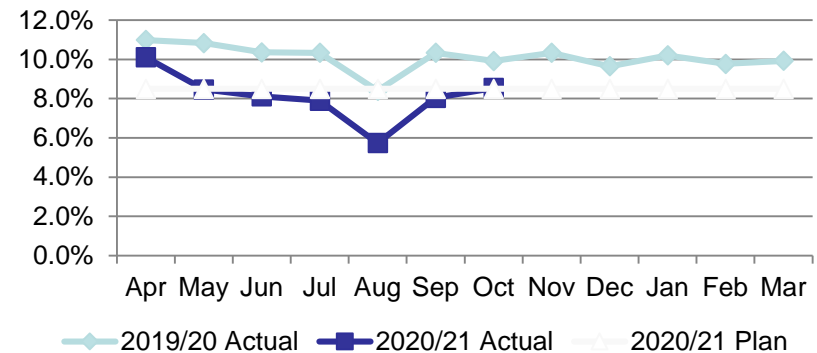
Operational Performance – Turnover and Vacancies

Rolling 12 Month Turnover



- Turnover continues to remain low at 6.4%
- This compares to 7.2% in October 2019
- Variation across the Trust ranges from 4.9% in the Medicine Division to 8.2% with Estates and Facilities
- Retention of staff (ie. the number of staff who remain in post for 12 months or more) also remains higher than 2019. 87.2% v 86.4%

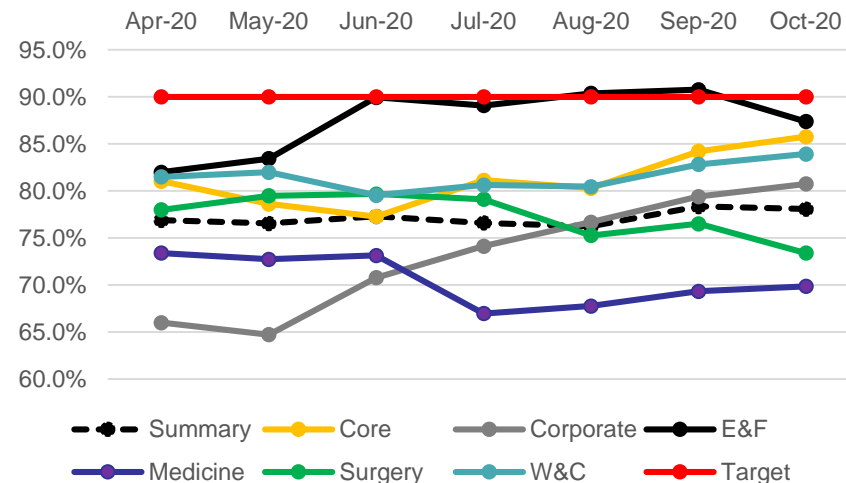
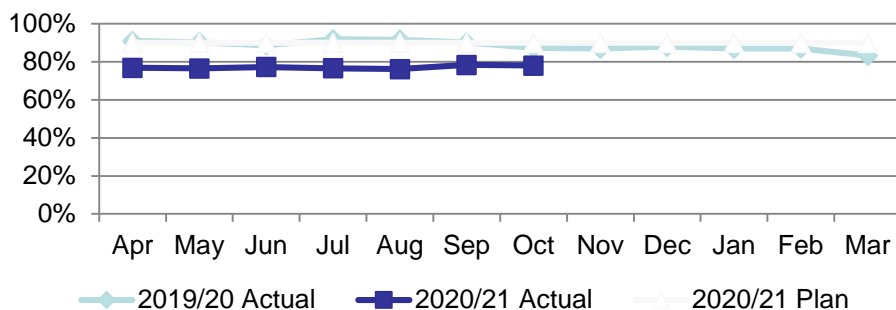
Vacancy Rate



- The number of vacancies this month reflects the increases in capacity required to staff the winter plan
- Vacancy rates for HCA's and RN's remains higher than target
- Over 30 HCAs are due to commence in January 2021
- Vacancy rates are 8.5% compared to 9.9% in October 2019

Operational Performance – Appraisals

All Staff Appraisal Rate



- Appraisal compliance is 78.1% against a target of 90%
- Significant improvement is required in the Medicine and Surgery divisions
- 90% compliance by 31 January 2021 is achievable for core, corporate, estates and facilities and women and children
- The Medicine and Surgery divisions are developing plans for 90% compliance by 31 March 2021

Key enablers

- A refreshed appraisal process to reflect current context and focus on staff welfare
- A temporary suspension of the link between appraisal and pay progression (with exemptions)
- The appraisal record (paperwork) has been significantly reduced
- Recording has been simplified and captured via an e-form accessed from StaffNet
- Guidance for managers has been updated and includes signposting staff to access other resources
- Encouragement of team appraisals where appropriate followed by short individual welfare discussions

Operational Performance – Statutory and Mandatory Training

% In Date - Fire	92.3%	91.3%	92.2%	92.1%	92.3%	86.4%	82.9%	82.1%	82.0%	81.6%	81.1%	80.4%	81.2%
% In Date - Infection Control (Role Specific)	91.4%	91.0%	91.1%	91.1%	91.3%	85.4%	81.9%	78.0%	79.2%	79.5%	79.0%	78.1%	78.2%
% In Date - Back Training (Role Specific)	93.8%	92.9%	93.2%	93.1%	93.7%	90.4%	87.5%	85.5%	84.9%	86.4%	87.4%	87.6%	87.6%
% In Date - Child Protection (Role Specific)	95.7%	95.2%	95.6%	95.8%	96.0%	95.5%	94.9%	95.2%	95.1%	94.0%	94.3%	93.9%	93.6%
% In Date - Information Governance	90.6%	90.2%	90.7%	90.2%	90.3%	84.7%	81.6%	80.1%	80.2%	79.4%	79.5%	79.0%	79.7%
% In Date - Adult Protection	92.7%	92.1%	92.5%	91.4%	90.3%	88.7%	87.8%	87.6%	88.0%	87.4%	87.9%	87.3%	71.4%
% in Date - Equality & Diversity	96.5%	95.8%	96.2%	95.9%	96.0%	95.6%	95.3%	95.3%	95.6%	94.6%	94.9%	94.2%	93.9%
% in Date - Health & Safety	95.3%	94.9%	93.6%	92.9%	92.9%	92.3%	91.8%	91.7%	91.6%	91.1%	91.5%	91.3%	91.6%
% in Date - Resus	87.9%	86.9%	87.3%	88.1%	88.3%	80.9%	76.5%	71.8%	68.2%	65.7%	64.4%	63.1%	67.4%

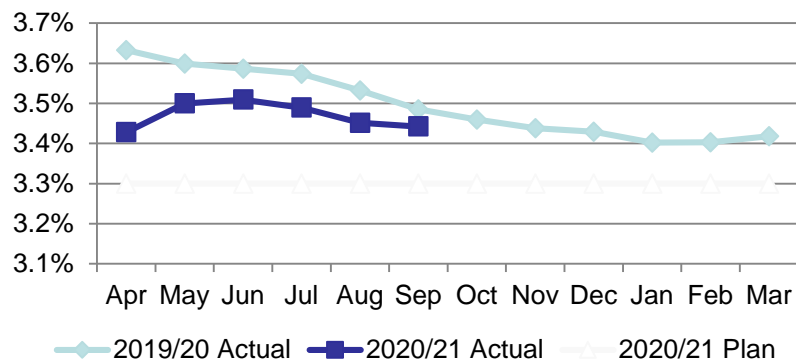
- All face-to-face Statutory and Mandatory training except Patient Handling and Resuscitation was cancelled in October due to Covid-19 social distancing guidelines.
- All Statutory and Mandatory topics, except Patient Handling and Resuscitation, also continue to be available as e-learning and via the 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.
- Attendance rates for 6 out of the 9 STAM modules remain below the Trust's attendance rates.
- The development of the new workforce results has resulted in more accurate data now being produced for the various levels of Safeguarding Adults training. Whilst it appears that training attendance has decreased by 16% in the last month, this is not the case.
- The high number of DNAs on Resuscitation and Patient Handling Update has resulted in lost capacity and an analysis is currently underway to understand this better. This will inform a revised trajectory for compliance

Improvement Focus:

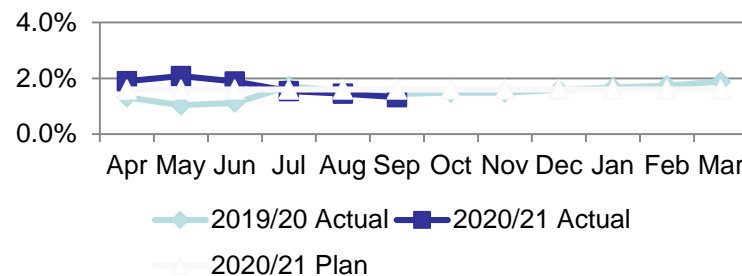
- Divisions to continue to encourage staff to undertake STAM via e-learning, or film via the new WSHFT Mandatory Training platform for all modules except Resus and Patient Handling
- Develop an alternative solution to the delivery of Patient Handling update training to increase training capacity
- Support Divisions to continue to encourage staff to book onto Resus and Patient Handling update training and to ensure that the high level of DNAs is reduced

Operational Performance – Sickness Absence

12 Month Sickness Absence Rate

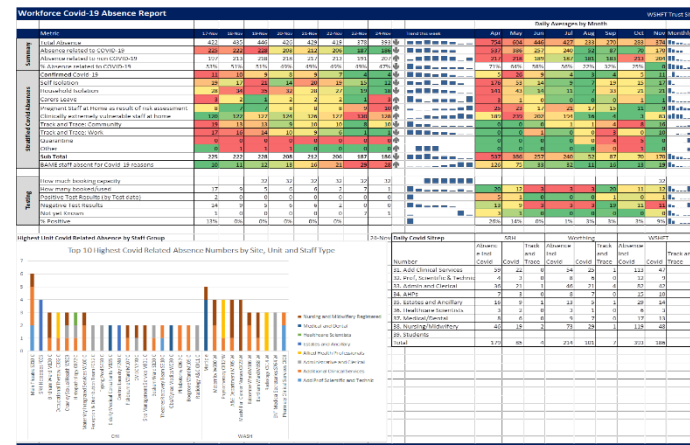
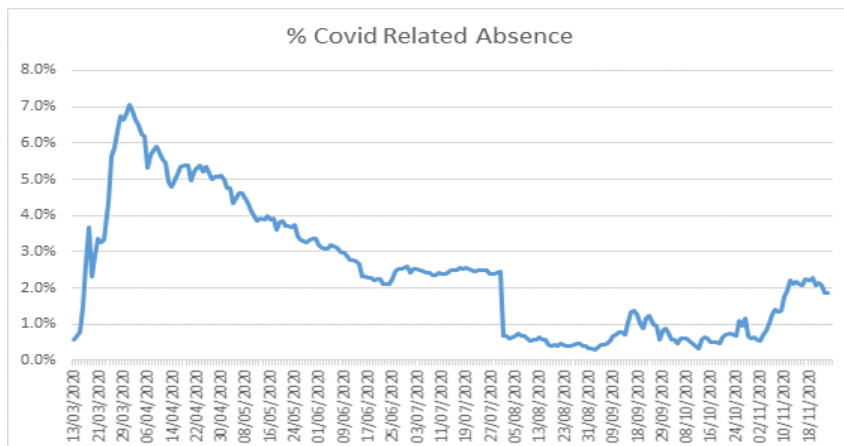


Sickness Absence Rate - Long Term



- Monthly sickness absence rates for non COVID absence has continued to fall and follows a similar trend to 2019
- The level of long term absence continues to fall and the prevalence of staff absent by way of mental health is also decreasing
- Short term absence fluctuates month on month but is lower than September 2019 (1.8% v. 2.1%)
- Supporting improvement in staff mental health continue to be a key objective of our health and wellbeing plans

Operational Performance – COVID



- The impact of Covid on workforce capacity and capability continues to be monitored and assessed on a daily basis. The workforce KPI report has been strengthened to inform the response, escalation and decisions required to mitigate risks to clinical service delivery
- At the outset of the second lockdown, 152 staff were identified as clinically extremely vulnerable, with a further 19 staff on long term sickness or maternity leave. This compares to the previous 300 staff
- The number of staff with covid-related absence (eg covid-positive, self or household isolation, quarantine, contact tracing) is significantly lower than during the first lockdown, noting that shielding ended at the end of July
- Currently 69% of this absence relates to those who are clinically extremely vulnerable
- Guidance on the return to work for staff who are clinically extremely vulnerable post 2 December is awaited
- Roll out of staff testing commenced in the last week of November, enabling staff to use the home testing kits twice a week. The onsite testing pods will continue to be used for any staff with a positive result and this will be managed through the workforce hub.
- Preparations for the administration of the Covid vaccination programme for staff are underway

Working across the Sussex Health and Care Partnership

- SHCP People Committee established with representation from health and social care partners to ensure delivery of the national People Plan but reflecting local priorities
- Weekly HRD network in place
 - Awareness of emerging workforce risks and issues
 - Development of appropriate mitigations
 - Agree common approach and/or response to national and regional requirements
 - Information sharing
 - Share good practice
 - Professional support to HRD's in health
- Supporting mutual aid arrangements in a timely and responsive way

Agenda Item:	10	Meeting:	Trust Board	Meeting Date:	3 Dec 2020
Report Title:	Report from Finance and Performance Committee Meeting Chair				
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	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input type="checkbox"/>	Quality	<input type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
Any implications for:					
Quality	The Committee did not refer any matters to the Quality Assurance Committee.				
Financial	The Committee's focus was on supporting the flow of assurance on financial and performance systems of internal control to the Board.				
Workforce	Under the revised Committee governance processes workforce matters and assurance would be taken directly at the Board				
Link to CQC Domains:					
Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>There have been two Finance and Performance Committee meetings since the last Board these being on the 29 October and the 26 November. The attached document provides an update to the Board on these two meetings.</p> <p>The Finance and Performance Committee met on the 29 October 2020 was quorate and was attended by two Non-Executive Directors and the Trust Chair along with the following Executives, the Chief Executive, Chief Medical Officer and Deputy Chief Executive, the Chief Financial Officer, Chief Operating Officer along with the attendance from the Finance Director and HR Director.</p> <p>The Finance and Performance Committee met on the 24 November 2020 was quorate and was attended by two Non-Executive Directors and the Trust Chair along with the following Executives, the Chief Executive, the Chief Financial Officer, Chief Operating Officer and Chief Nurse along with the attendance from the Finance Director, and HR Director along with the Director of Efficiency, Director of IM&T, Director of Capital and Core Divisional Director for their items.</p> <p>At both meetings the Committee meeting, received information on key performance and financial matters along with that relating to the Trust's Efficiency programme and information on the Trust's</p>					

workforce capacity and performance metrics. At the November meeting the Committee also received an update from IM&T on their activity linked to the Trust's IT Strategy.

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 financial framework for September and October 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, this being that the current scores are a fair reflection of these risks.

To: Trust Board

Date: December 2020

From: Finance and Performance Committee Chair

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Finance and Performance Committee	29 October 2020	Lizzie Peers	✓	<input type="checkbox"/>
	26 November 2020	Lizzie Peers	✓	<input type="checkbox"/>
Declarations of Interest Made				
None				
Actions taken by the Committee				
<ul style="list-style-type: none"> The Committee RECEIVED at both meetings a report from the Chief Operating Officer on the Trust's performance against the constitutional standards and the Trust's developed restoration and recovery plans. At the October meeting the Committee received an update on the actions taken within unscheduled care to enhance performance and the data including GIRFT that supported these actions. At the November meeting the Committee received an update on the delivery of the established recovery plan which had increased in November. In the November meeting the Committee was informed of the process to focus on A&E time to triage including the use of a e-consult tool as part of the triage processes and the impact of the second lock down on attendances. The Committee was updated on the processes applied to review the patients with long waiting times over 52 weeks and was ASSURED over the actions being taken to reduce this further than the level within our original plan. The Committee was ASSURED over the actions being taken by the Trust and those planned to further restore activity levels. The Committee discussed the risks to Trust's performance delivery and managing the winter demands and recognised these challenges and AGREED these were reflected within the Trust's BAF with risks 5.1, 5.2 and 5.3 with risk 5.3 being the highest scored risk within the BAF. The Committee at its November meeting received a presentation on the cancer performance which provided information to the Committee on current performance against the submitted recovery plan and the actions being taken to improve Trust performance further. The Committee was informed of system improvements relating to FIT and the improvements this pathway will bring for patients. The Committee was ASSURED over the action plan and the outcome of the work seeing a reduction in those waiting over 62 days albeit below our plan at this stage and that those waiting over 104 days is significantly better than the Trust plan. The Committee was ASSURED over the patient reviews being undertaken to ensure treatment is matched to patient need. The Committee RECEIVED a report on the Trust's financial performance and noted the position for month six at the October meeting under the revised national financial regime and month seven at the November meeting. The Committee in the October meeting was ASSURED over the Trust's submission of its stage three plan based on the Trust's activity projections and that this plan had formed part of the ICS expenditure forecasts. The Committee in the November meeting RECEIVED information in relation to the Trust's latest position within the phase 3 guidance and the actions being taken to secure a balanced year end position against a deficit forecast. The Committee was also updated on the national discussions underway on the treatment of non NHS income and expenditure and the phase 3 incentive and penalty guidance recognising that this supports the AGREED elevated risks for BAF risks 2.1 and 2.2. 				

- The Committee at its November meeting **RECEIVED** an update on the very positive work within procurement on their efficiency programme. The report also provided information on the extensive work procurement undertook during the first covid period in supporting the Trust to always have sufficient PPE.
- The Committee at both meetings **RECEIVED** a report on the Trust's efficiency programme, its delivery and the work being undertaken deliver and further develop 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 Trust on delivery of the identified benefits. The Committee was **ASSURED** over the efficiency programme development and the work being undertaken to support the divisions in determining the scheme benefits and ensuring alignment with restoration plans.
- The Committee at both meetings **RECEIVED** a report on the Trust workforce capacity and key performance indicators. At the October meeting the Committee received an update on the actions being taken in respect of staff training and welfare appraisal performance. In the November meeting the Committee received information on the support being provided to the Trust by agency staff during the covid period. The Committee in November was provided information by the HR Director on the improved training and sickness performance since the last meeting, information on the programme in place to support recruitment especially within the area of Health Care Assistants and actions being taken in respect of staff appraisals to support staff wellbeing. The Committee noted the importance of increasing flu vaccination rates.
- The Committee at its November meeting **RECEIVED** an update from the Director of IM&T on the implementation of the clinical IT projects within the IT strategy. The Committee requested that information be provided to demonstrate that the lessons learnt from BSUHT PAS implementation are considered as part of the WSHT PAS replacement workstream and included in the business case at the appropriate time. The Committee was **ASSURED** over the degree of system working and close working with BSUH supporting this work along with the degree of clinical leadership within the projects.
- The Committee **APPROVED** two business cases within its delegated limit and recommended one case to the Board for approval
- The Committee reviewed the BAF risks for which it has oversight for and **AGREED** these were fairly represented.

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

The Committee sought further information on actions to deliver the 52 week improvement plan to come to a future meeting, alongside refreshed trajectories.

The Committee asked that information on the adopt and adapt programme in relation to outpatients be brought to Committee in the new year.

The Committee sought further information on the cancer improvement trajectories as enhanced recovery plans are enacted and embedded.

The Committee will receive information in relation to the plan in respect of registered nursing recruitment.

The Committee asked that information be added to the workforce report on Appraisal and Training improvement actions as well as an update on rostering and job planning progress.

Item	Referred to
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented.	

Agenda Item:	11	Meeting :	Trust Board	Meeting Date:	03 Dec 2020
Report Title:	Audit Committee Report to Board				
Sponsoring Executive Director:	Jon Furstun, Non-Executive Director				
Author(s):	Jon Furstun, Non-Executive Director				
Report previously considered by and date:	N/A direct report to Board				
Purpose of the report:					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>The Audit Committee met on the 08 October 2020 and was quorate as it was attended by three Non-Executive Directors. Attending the meeting were also the Trust's External and Internal Auditors, the Trust's Local Counter Fraud Specialist, the Chief Financial Officer and Interim Chief Operating Officer.</p> <p>The Committee received its planned items and debated these reports in accordance with its cycle of business.</p>					
Key Recommendation(s):					
<p>The Board is asked to NOTE:</p> <ul style="list-style-type: none"> The assurances secured through the reports reviewed and that the Committee did not refer any matters to the Board for review. The Committee NOTED the Annual Review and Report to the Council of Governors on the External Auditors. 					

To: Trust Board

Date: 03 December 2020

From: Audit Committee

Agenda Item: 11

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
Audit Committee	08 October 2020	Jon Furmston	yes	no
			✓	<input type="checkbox"/>
Declarations of Interest Made				
No interests were declared.				
Assurance received at the Committee meeting				
<ul style="list-style-type: none">▪ The Committee RECEIVED the Internal Audit progress report incorporating the management action plans for the Covid-19 Governance Audit and Budgetary Controls Audit. It received positive ASSURANCE in relation to these reports and the progress made against recommendations from both these and previous audits despite the delays due to Covid-19.▪ The Committee received ASSURANCE from the Local Counter Fraud Specialist update, including Diagnosis and Single Tender Waiver benchmarking reports, which provided additional assurance to the Committee.▪ The Committee RECEIVED a progress update from the External Auditors and noted that a paper in relation to Lessons Learnt would be shared with the Committee at its next meeting.▪ The Committee RECEIVED the Annual Review and Report to the Council of Governors on the External Auditors and RECOMMENDED it be received by the Council of Governors for noting as it provides the Council with an understanding of the External Auditors work over the last year.▪ The Committee RECEIVED information over the processes applied over use of waivers and reflected that their use was reasonable.▪ The Committee RECEIVED a Post Project Evaluation on Green Travel. The Committee was ASSURED that as a result of the project the Trust had a robust basis to embed its Sustainability Strategy.▪ The Committee RECEIVED an update on Cyber Security following the recent Internal Audit and was ASSURED by the progress against the action plan.				
Actions taken by the Committee within its Terms of Reference				
<ul style="list-style-type: none">▪ The Committee APPROVED the Fraud, Bribery and Corruption Policy following its Annual Review.				
Items to come back to Committee / Group (Items Committee / Group keeping an eye on)				
<ul style="list-style-type: none">▪ The Committee requested information on the most common reasons for referral to the Local Counter Fraud Specialist to be presented to the Committee in January.▪ The outcome of the Trust annual accounts debrief meeting with the External Auditors will be presented at the January Committee meeting.				

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

Item

Referred to

- There were no matters the Committee needed to refer to the Board for action.

Agenda Item:	12	Meeting:	Board	Meeting Date:	3 Dec 2020
Report Title:	Board Assurance Framework – 2020/21 Quarter 3				
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 Finance and Performance Committee 26 November 2020				
Purpose of the report:					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input checked="" type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
Any implications for:					
Quality	Quality related strategic risks				
Financial	Finance related strategic risks				
Workforce	Workforce related strategic risks				
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
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:					
<p>Introduction</p> <p>The Trust has identified 13 strategic risks which have been assessed against the Trust's risk appetite when setting their target score. The Trust's risk appetite statements are under review and in setting the target risk scores reflect the Board's view in respect of patient treatment times being aligned to their clinical priority and need rather than solely being driven by the duration of the wait.</p> <p>The opening score for 2020/21, has taken into account the changing environment the Trust is operating within post Covid. There 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.</p>					

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 Q3 and that recorded for Q2. (\longleftrightarrow No change, \uparrow an increase in risk and \downarrow 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.

Quarter 3 summary

The highest current risk score remains risk 5.3 which is in relation to the Trust's consistent delivery of the NHS Constitutional targets, which like all providers, has been impacted by national requirements to cease certain activities during the pandemic. 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. The two risks that relate to the revised financial framework, risks 2.1 and 2.2, that saw an increase in quarter 2 to their current score remain at that increased level.

Risk 3.4 has seen an increase from its Q2 score. This increase reflects the impact on the pandemic and the wave 2 national lockdown on our staff. Whilst actions were put in place in Q2 these have needed to be strengthened to ensure they are sustainable. Mental Health First Aid training for managers has commenced but there is higher demand for this than was initially expected and thus provided, an evaluation of the first wave of this training is being undertaken to inform its further roll out.

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	\longleftrightarrow 9	3	3	\longleftrightarrow 9				3	2	6
2. Sustainability Finance and Performance Committee															
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients	4	3	12	4	4	\uparrow 16	4	4	\longleftrightarrow 16				4	2	8

2.2 We cannot deliver ongoing efficiencies and flex our resources in an agile way resulting in an increasing or unmanaged deficit and inefficient, unaffordable and unsustainable services	4	3	12	4	4	16 ↑	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 ↔				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	2	8 ↔	4	2	8 ↔				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 ↔				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 ↔	4	2	8 ↔				3	2	6
3.4 We are unable to consistently meet the health, safety and wellbeing needs of our staff as we recover and restore services in line with CV-19 restrictions	4	3	12	4	2	8 ↓	4	3	12 ↑				4	2	8

4. Quality Improvement Quality Assurance Committee															
4.1 We are unable to deliver and demonstrate compliance with regulatory requirements or clinical standards adversely impacting on patient safety and our registration and accreditation by regulatory and supervisory bodies	3	3	9	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	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	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	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	5	20 ↔				4	2	8

Committee review of the risks

The Finance and Performance Committees at its meetings on the 26 November reviewed the risks for which it has allocated lead oversight for and confirmed that they considered the current scores are fairly represented. The Quality Assurance Committee is scheduled to review the risks it has oversight for on 22 December 2020.

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

Trust Board Annual Safeguarding Children & Adults Reports

Cathy Coppard, Named Nurse for
Safeguarding Children

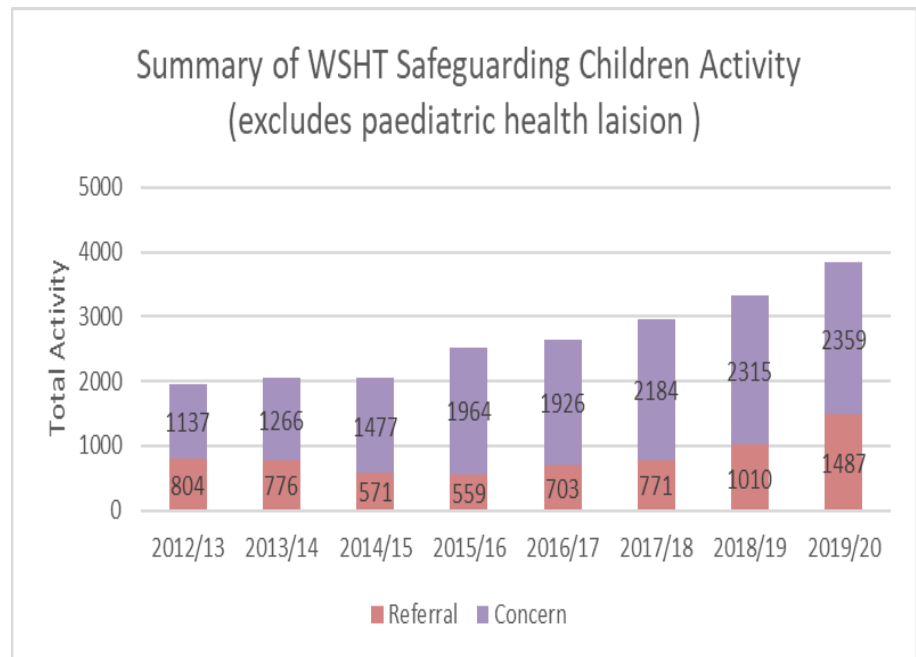
Lisa Ekinsmyth, Matron (Quality)



Western Sussex Hospitals
NHS Foundation Trust

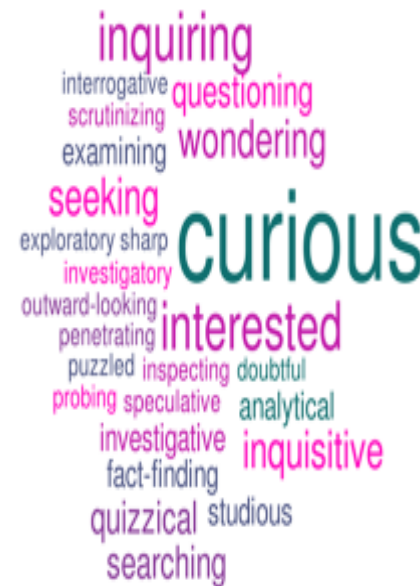
Children's Safeguarding Activity 2019/20

- 29,114 children's A&E attendances reviewed
- 1487 social care referrals
- 2359 safeguarding concerns
- Partnership working
- Information sharing
- Case reviews
- Quality Improvement work – embedding learning into practice
- 10 MHA detainments
- Activity higher at Worthing but increasing at St Richards
- Total staff training 95.7%
(medical staff 78.8%)




Themes of Learning from West Sussex case reviews

- Lack of, professional curiosity, difficult conversations or escalation
- Problems with Communication & Information sharing
- Child Exploitation (CE)
- Hidden fathers
- Parent previous looked after child
- Child under 1 year of age
- Coping with a crying baby/
- Abusive head trauma
- Concealed pregnancy/late booking
- Parental Domestic Abuse
- Parental Mental Health issues
- Parental Drug Misuse
- Neglect
- Perplexing case/Fabricated Illness
- Lack of understanding of the child's lived experience



“Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting them at face value” (Mason 1993)

Achievements

- Provided support for vulnerable young children and families throughout the pandemic
- Sharing the  message to new & families
- Introduced NEW Neglect assessment tools for the unborn baby and child as part of the WSSCP Neglect Strategy
- Provided professional curiosity training and additional safeguarding supervision
- Secured additional 1.65wte funding for the children's safeguarding nursing service

Challenges

- Rising demand and increasing activity
- Increasingly complex cases
- The availability of specialist mental health or therapeutic support placements in the system, for children with mental ill health, eating disorders or challenging behaviour
- The fragmented commissioning of children's services in particular for child protection medicals

Children's Safeguarding Priorities for 2019-20

- Continue to work with Children & Families introduce NEW Safeguarding Information leaflets
- Continue to develop the assessment of Neglect and professional curiosity
- Statutory Section 11 Audit
- Work with system partners to improve services for children in particular for; looked after children and those attending hospital with mental health issues, self-harm and challenging behaviour.
- Business case: to support the Child Protection Medical work at St Richards Hospital Site
- Improve the training compliance for medical staff to above 95%
- Domestic abuse specialist support in hospitals



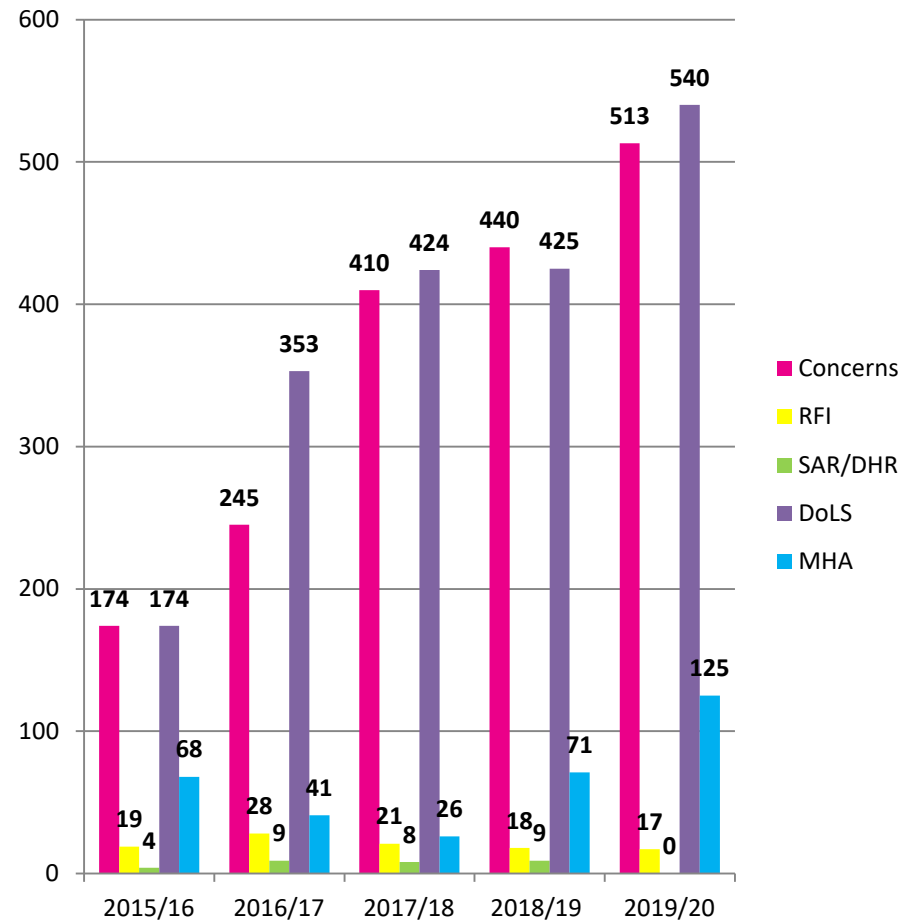
Safeguarding Adults



Safeguarding Adults Activity

- **In 2019/20**

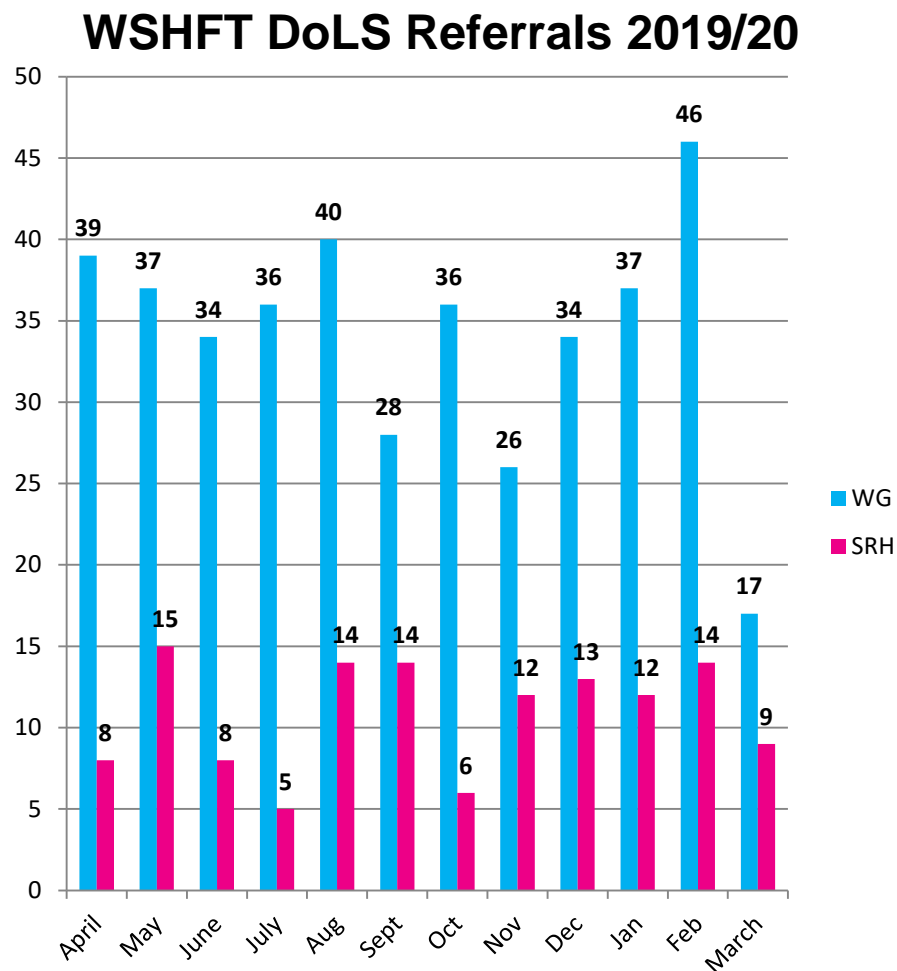
- 513 Safeguarding Concerns raised
- 18 Requests for Information (under Care Act)
- 540 DoLS authorisation requests
- 125 Detentions under the MHA



Deprivation of Liberty Safeguards (DoLS) Activity

- **In 2019/20**

- 540 requests compared with 425 for 2018/19
- 9 patients (2%) were assessed by the DoLS Team from the local authority



Challenges

- Small specialist team
- Rising demand and increasing activity
- Increasingly complex cases
- Increasing domestic violence cases – ICS bid for domestic violence worker for our Trust

Achievements

- Safeguarding Adults Strategy 2019 – 2021
- Hosted successful Learning from Deaths event attended by reps from across our system
- Relaunched Learning Disability Strategy Meeting with successful Peer Review
- Completed audits of the quality of safeguarding adults and DOLS referrals which will inform ongoing improvement and education plans
- Training Improvement plan developed – early progress with expectation for delivery of full compliance by March 2021

Priorities for 2019-20

- Implementation of new safeguarding concerns process with the WSCC safeguarding hub
- Achieve compliance with the Intercollegiate Requirements for Safeguarding Training levels.
- Implement Mental Capacity Act action plan developed in response to the 2019/20 DOLS audit and NICE standard gap analysis
- Review protocols and training for staff relating to domestic violence concerns (for adults without children) to ensure robust communication pathways
- Review MHA policies and procedures and complete assurance audit of section 5(2) and Section 132 reading of rights documentation

Thank You



Agenda Item:	13.2	Meeting:	Trust Board	Meeting Date:	03.12.2020
Report Title:	Safeguarding Adults Annual Report				
Sponsoring Executive Director:	Maggie Davies, Chief Nurse				
Author(s):	Lisa Ekinsmyth				
Report previously considered by and date:					
Purpose of the report:					
Information	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input checked="" type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>		
Our People	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>Safeguarding adults is fundamental to the care delivered within the Trust, and continues to be “everyone’s business”.</p> <p>The annual safeguarding adults report provides an update on safeguarding adults’ activity within Western Sussex Hospitals Foundation Trust from 1st April 2019 - 31st March 2020 and compares this with the available activity data from the local authority.</p> <p>This report defines the structures and processes of the safeguarding adults services within the Trust and how these relate to wider safeguarding arrangements.</p> <p>The report will also include an update on training provision and on activity in relation to the Mental Capacity Act (Deprivation of Liberty Safeguards requests) and Mental Health Act detentions.</p> <p>The Care Act 2014 delivered the legislation which governs safeguarding activity. Safeguarding duties apply to an adult aged 18 or over who:</p> <ul style="list-style-type: none"> • has needs for care and support (whether or not the local authority is meeting any of those needs) and; • is experiencing, or at risk of, abuse or neglect; and • as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. 					
Key Recommendation(s):					
The Board are asked to approve this report.					



Western Sussex Hospitals

NHS Foundation Trust



Annual Report

Safeguarding Adults

2019/20

Prepared By:

Lisa Ekinsmyth, Matron for Quality

Marianna Wilmott, Safeguarding Team Administrator

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1. Introduction and Executive Summary

Safeguarding adults is fundamental to the care delivered within the Trust, and continues to be “everyone’s business”.

The annual safeguarding adults report provides an update on safeguarding adults’ activity within Western Sussex Hospitals Foundation Trust from 1st April 2019 - 31st March 2020 and compares this with the available activity data from the local authority.

This report defines the structures and processes of the safeguarding adults services within the Trust and how these relate to wider safeguarding arrangements.

The report will also include an update on training provision and on activity in relation to the Mental Capacity Act (Deprivation of Liberty Safeguards requests) and Mental Health Act detentions.

The Care Act 2014 delivered the legislation which governs safeguarding activity. Safeguarding duties apply to an adult aged 18 or over who:

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

2. Governance and Accountability Arrangements

2.1 The Safeguarding Adults Team at WSHFT

The safeguarding adults team consists of an executive lead and team working to support clinical wards and departments across sites as follows:

Maggie Davies	Chief Nurse and Executive Lead
Annie Blackwell	Trust Senior Lead for Safeguarding Adults (1.0 WTE)
Monique Devlin	Safeguarding Nurse Specialist (0.8 WTE)
Carollyn Marskell	Mental Capacity Act Lead (0.9 WTE)
Marianna Wilmott	Team Administrator (0.57 WTE)

The wider remit for adult safeguarding also includes the delivery of the Trust Dementia and Learning Disability workstreams. The responsibility for the planning and delivery of the Dementia Strategy is held by the Matron for Dementia who reports to the Trust Senior Lead for Adult Safeguarding. Improving the care of patients with Learning Disability is currently led by the Matron for Quality through the Trust Learning Disability and Autism Strategy meeting (which reports into the Trust Safeguarding Operational Group).

2.2 Role & Responsibility of the West Sussex Safeguarding Adults Board (WSSAB)

The main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out in the Act.

The Care Act states that a Safeguarding Adults Board has three core duties:

- It must publish a strategic plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

In addition to the statutory requirements, the WSSAB has the following aims:

- The Board strives to make sure that the voices of adults with care and support needs, their families and their carers are heard
- The Board sets the strategic direction for safeguarding
- To have effective processes in place to prevent and respond to abuse and neglect
- To raise awareness of the importance of safeguarding through publicity campaigns

The WSSAB has a number of sub-groups. The safeguarding adults team attend the Learning and Policy (formerly called Learning and Development) sub-group and the Quality and Performance sub-group.

The West Sussex Safeguarding Adults Board (WSSAB) receives assurance of each organisations performance through an assurance document.

Western Sussex Hospitals Foundation Trust is represented on this Board by Nursing Director, Dr Maggie Davies and Annie Blackwell/Lisa Ekinsmyth Trust Senior Lead for Safeguarding Adults.

2.3 NHS Professionals Forum

This forum has been in operation since 2007 in a variety of formats. Currently this is a meeting open to all safeguarding adults professionals within the NHS across Sussex.

Meetings are quarterly and are informal in nature, enabling safeguarding professionals to recommend practice changes or improvements to the Safeguarding Adults Boards, discuss cases, issues and share knowledge and experience.

Western Sussex Hospitals Foundation Trust is represented at these meetings by the Trust Senior Lead for Safeguarding Adults, Annie Blackwell.

2.4 The Adult Safeguarding Operational Group (WSHFT)

The Adult Safeguarding Operational Group meets quarterly.

The purpose of the group is as follows:

- To ensure that safeguarding adults procedures are in place across the Trust and they are adhered to.
- To act as a link between WSHFT and the West Sussex Safeguarding Adults Board and its sub-groups, and to disseminate information between these groups.

- To recommend to the Quality Board those policy changes that are required as the result of local or national developments.
- To recommend to the Quality Board those policy & practice changes that are required as a result of learning from safeguarding enquiries.
- To monitor the implementation of the Care Act 2014 within WSHFT.

Attendance at this meeting has been low; and so the format has been reviewed with the aim to focus more on learning from safeguarding cases.

2.5 Adults & Children's Safeguarding Strategy Committee (WSHFT)

The Safeguarding Strategy Committee meets quarterly.

The purpose of the Committee is as follows:

- Ensure there are mechanisms in place to alert staff to safeguarding policies and procedures.
- Ensure relevant staff have appropriate training in relation to national safeguarding requirements for both adults and children (i.e. Intercollegiate Guidance 2018) and the clinical divisions are able to demonstrate compliance.
- Scrutiny of the training strategy in line with local and national learning opportunities available.
- To consider progression of annual report development.
- Ensure dissemination of information from local Safeguarding Children's Board and Safeguarding Adults Board.
- Review any new guidance and set the direction for safeguarding strategy.
- Identify, monitor and ratify guidelines and procedures, making recommendations on changes aligned to national best practice. These will then be deemed ready for ratification at the Quality and Risk Committee, and onward cascade into the organisation.
- To consider audit recommendations, taking forward any action points through relevant fora e.g. Patient Safety.

The Executive Lead is the Chief Nurse, Dr Maggie Davies. The meeting is attended by the Safeguarding Leads for Adults and Children and by the Adults and Children's safeguarding doctors. The safeguarding leads have been advised that sufficient assurance has been received regarding the governance of the committee and the escalation of any outstanding concerns.

3. Review of the Year

3.1 Safeguarding Adults Board Developments (2019-2020)

The Safeguarding Adults Board has recently published their annual report for the period 2019-20. This included the following local developments:

- Progression of Pan Sussex SAB learning and development strategy.
- The Quality and Performance sub-group led on a Pan Sussex self-assessment which required agencies to evidence their compliance with the Care Act.
- Safeguarding Pathway revised. Collaborative Working Agreement reached with the Health and Wellbeing Board, Safer West Sussex and West Sussex Safeguarding Children Partnership. Produced guidance on Safeguarding Thresholds for referring concerns.

- In September the conversion rate of concerns to enquiry increased. The guidance on Safeguarding Thresholds for referring concerns, and the implementation of the online concern form, were instrumental to this.
- Reviewed and updated the Safeguarding Adults Review (SAR) protocol and developed tools, including a new referral form, guidance note for referrers, and leaflet for families. Launched Collaborative Working Agreement
- Held a Safeguarding Conference for our partners on our three priorities: • Making Safeguarding Personal; • Transitional Safeguarding; and • Homelessness and Safeguarding.
- Developed an adult, family, friends and carers feedback form for SARs. Restructured the Board Support Team to reflect the progression required to support Board business.
- Reviewed the SAR Protocol in terms of Making Safeguarding Personal, General Data Protection Regulations (GDPR), and learning from previous SAR processes. Led on South East regional SAB meeting.
- The Learning and Policy subgroup launched a new Training Needs Analysis, to identify requirements and gaps for the health and social care sector.

3.2 CQC Regulation 13-Safeguarding Service Users from Abuse and Improper Treatment

The CQC regulations introduced the “Fundamental Standards of Care”. As part of the Fundamental Standards the CQC introduced Regulation 13-Safeguarding Service Users from Abuse and Improper Treatment. The regulation sets out the clear requirements for providers to ensure the safety of their service users by ensuring adherence to the following:

- Systems and processes must be established and operated effectively to prevent abuse of service users.
- Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of any allegation or evidence of such abuse.
- Care or treatment of the service users is provided in the way set out in the regulation.
- A service user is not deprived of their liberty for the purpose of receiving care or treatment without lawful authority.
- Restraint of the service user is only undertaken in accordance with the requirements of the regulations.

The safeguarding adults team have continued to provide evidence to the Compliance Team on a regular basis to demonstrate our compliance with these regulations. The data supplied includes policies, as well as data on safeguarding cases, the number of DoLs authorisation requests and numbers approved and the number of people detained under the Mental Health Act.

3.3 West Sussex Safeguarding Adults Policy and Procedures

A review of the Sussex Safeguarding Adults Policy and Procedures was finally completed and the new, electronic policy and procedures were published in June 2018. For the first time, this is only available electronically, to facilitate regular updates. The Trust's safeguarding policy has been updated to reflect the changes to the Sussex Safeguarding Adults Policy and Procedures.

As described above, WSCC adopted a significant change in approach to their referral processes during 2019 with the launch of a new hub, a single point of referral for adult safeguarding concerns. This hub receives direct online referrals from professionals and members of the public which the team then triages, making the decision regarding whether

the threshold for section 42 investigation is met. WSHFT has not adopted this direct referral approach in year 1, and has maintained our existing internal referral processes whilst concerns regarding communication safety are worked through. Adoption of this direct referral approach is a key objective for 2020/21.

3.4 West Sussex County Council Safeguarding Activity

West Sussex County Council is the lead agency for safeguarding and has a duty to record all safeguarding activity on behalf of the multi-agency partnership and the West Sussex Safeguarding Adults Board. Concerns from agencies are usually raised using the online form and are screened by West Sussex Adult's Care Point and decisions are made regarding action required. The local authority extracts data from the West Sussex County Council's 'Mosaic' system and this is included in the Department of Health returns.

Previous years have seen the Department of Health making amendments to the way data is recorded and reported in West Sussex. This change, together with the additional categories of abuse introduced by the Care Act (self-neglect, modern slavery and domestic abuse) has meant that it has been difficult to make direct year on year comparisons.

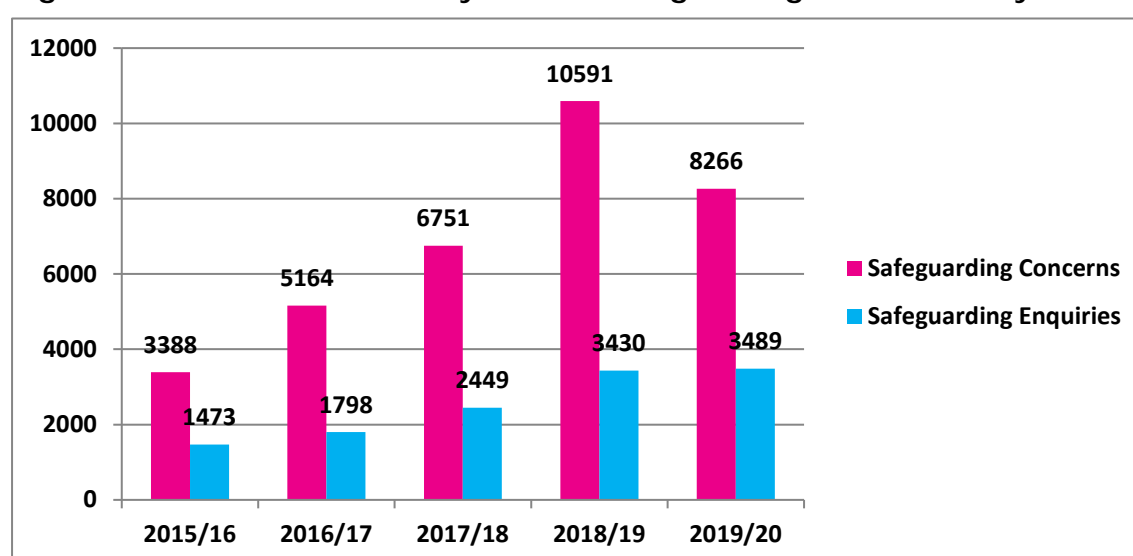
The data given below is taken from the West Sussex Safeguarding Adults Board's Annual Report 2019-20, which is the most recent data available currently.

The Safeguarding Adults Board annual report contains data on both the total number of safeguarding concerns and the number of concerns which become safeguarding enquiries (also known as Section 42 enquiries).

Figure 1 illustrates the total number of safeguarding concerns received by West Sussex County Council, and the number of concerns which became safeguarding enquiries in the last five years.

The figures in the graph illustrate that there has been a significant decrease in the number of safeguarding concerns received over the course of 2019/20. This is understood to be due to the implementation of the online safeguarding referral form and Threshold Guidance. This reflects more appropriate referrals being made.

Figure 1 – West Sussex County Council Safeguarding Adults Activity 2015-2019



The WSSAB also commissions Safeguarding Adults Reviews; details of these can be found in section 4.4 of this report.

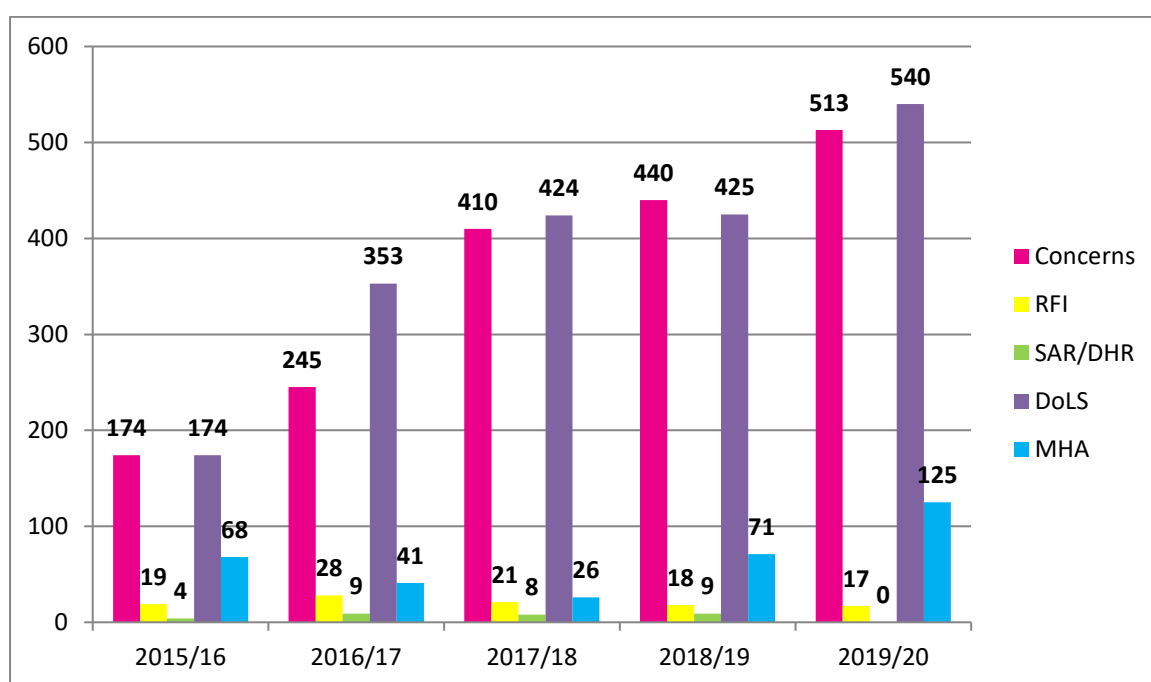
4. Trust Safeguarding Adults Activity

4.1 Trust Safeguarding Adults Team Activity

The Safeguarding Adults Team's activities include safeguarding casework, Safeguarding Adults Reviews (SARs), monitoring and logging all Deprivation of Liberty Safeguards (DoLS) and informing the Care Quality Commission (CQC) of the outcomes, as well as the recording of those patients detained to WSHFT under the Mental Health Act.

Figure 2 details the WSHFT Safeguarding Adults Team's main areas of activity over the last five years. This includes data on all safeguarding concerns: external (community-based) concerns raised by Trust staff; concerns raised about Trust care, Safeguarding Adults Reviews (SARs) and "Requests for Information" (RFI) to inform external safeguarding enquiries. Under the Care Act, the Trust is required to respond to such requests for information to inform safeguarding enquiries. Data on the non-safeguarding aspects of the team's work (the number of Deprivation of Liberty Safeguards (DoLS) authorisation requests and data on Mental Health Act detentions to WSHFT) is also included.

Figure 2: Comparison of all Safeguarding activity within WSHFT 2015-2019.



This table clearly demonstrates that year on year, activity has continued to increase, in particular the activity relating to Deprivation of Liberty Safeguards and the Mental Health Act.

Activity will be continually reviewed in order to determine any adjustments to the team structure that may be needed in order to support this increasing workload.

Making Safeguarding Personal - The team undertook an audit of safeguarding concern forms during July 2019 in order to understand the learning needs of Trust staff relating to

the referral process. The audit found that the forms were completed well with 100% showing that where possible the concern had been discussed with the person and support provided to help them to engage with the safeguarding process. The key area for improvement related to MCA, where only 56% of the adults who may require assessment had had this undertaken.

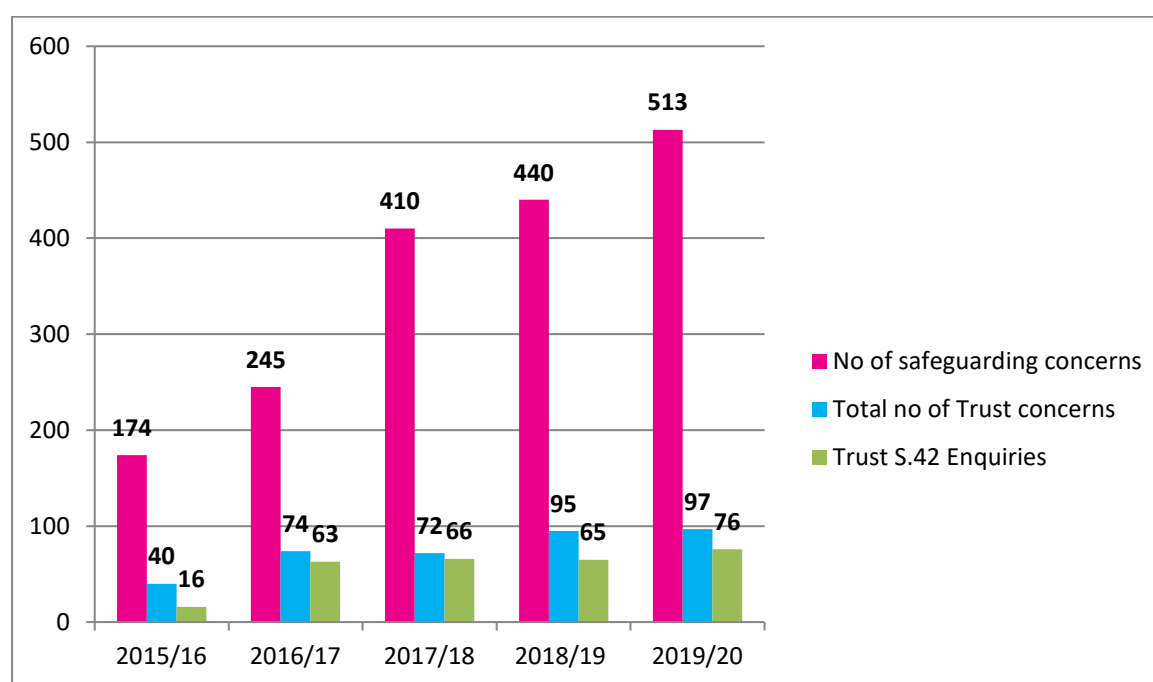
4.2 Trust Safeguarding S42 Enquiries

This year, the total number of concerns raised was 513. Of these, 97 were related to Trust care and 76 (15% of total concerns) became Section 42 enquiries. This figure is very similar to the data from the previous year. The remaining cases were either deemed for information gathering only and did not progress to full enquiries or were logged as quality issues and escalated via our internal incident review processes.

This follows a review by the local authority of the process by which the safeguarding concerns are managed. Those cases which relate to quality are now removed from the safeguarding process.

Figure 3 shows the data for the last 5 years for the number of safeguarding concerns received by WSHFT and includes both concerns about issues related to care in the community (external cases) and Trust care. In 2019-20, 78% of trust cases progressed to S42 enquiries.

Figure 3: Trust safeguarding concerns progressing to S42 enquiries

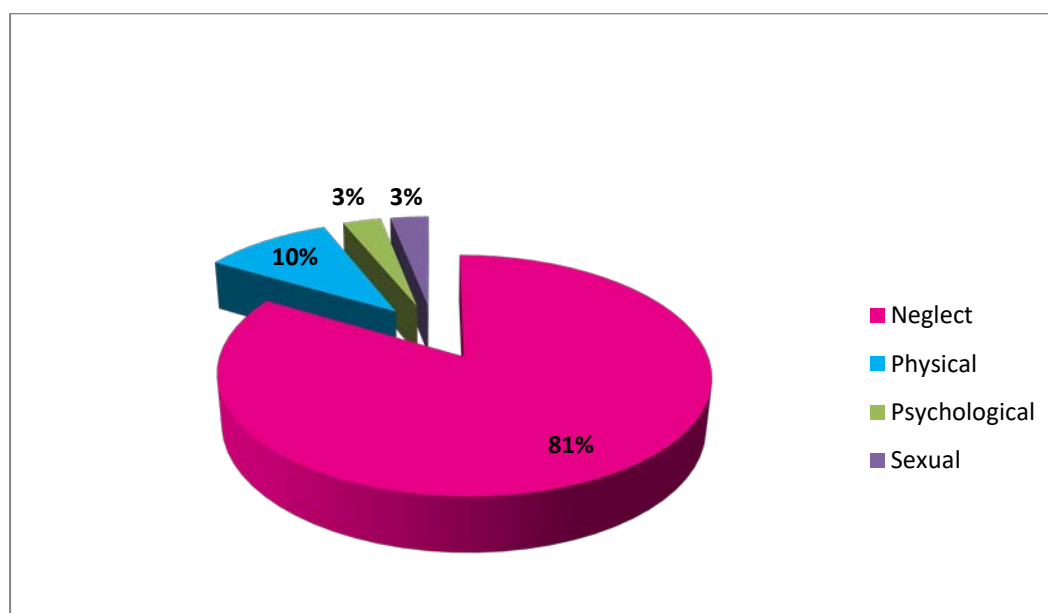


4.3 Types of harm in Trust cases

The Care Act cites 10 categories of abuse or harm, and all Trust concerns are logged as being one of these categories. Analysis of the detail for Trust safeguarding concerns indicates that the top two concerns were the same as last year: Neglect was the largest category, with Physical the second largest. Psychological harm and sexual abuse were equal third.

Figure 4 illustrates top 4 categories of harm.

Figure 4: Trust concerns by category of abuse 2019/20



The “neglect” category covers a wide range of concerns, from pressure damage to problems with discharges and issues with medication.

73% of neglect cases were linked to discharge. The common themes being lack of information, packages of care not being arranged and medication errors. The underlying thread most commonly being communication. This aligns itself with our patient experience feedback theme from surveys and complaints. It is expected that the Trust plans for a breakthrough discharge improvement programme will deliver a positive reduction in concerns raised.

The physical cases include 3 concerns regarding restraint, 2 regarding physical assault by staff, 1 related to inappropriate security restraint, 1 related to family member care input and 1 concern regarding under sedation during a procedure. The concerns relating to restraint have led to a review of our policies by a working group with plan for audit of practice in the coming year.

The psychological cases included 2 concerns where staff members were observed speaking aggressively to patients

The sexual abuse cases included 2 concerns of sexual abuse by staff. All such cases are thoroughly investigated with full involvement of the police. No further action has been taken in either case.

4.4 Safeguarding Adults Reviews

The Safeguarding Adults Team has not received any requests in relation to Safeguarding Adults Reviews (SARs) and Domestic Homicide reviews during 2019/20. One “Summary of Information”(SOI) request was received and full contact information has been provided by WSHFT to inform consideration for a SAR undertaken by WSCC.

One preliminary SAR report was received by the Trust in Quarter 3 relating to Adult P, with the learning presented at Triangulation meeting in December. The Trust has developed an action plan in response to the learning from the SAR with progress to be monitored at the

Trust operational group. Learning from future SARs will be shared with the Heads of Nursing via the monthly updates and then shared within the divisions.

The Trust undertook a learning review in May 2019, led by the Head of Clinical Governance and Patient Safety following the publication of the Gosport War Memorial Report. The review summarised the Trust actions related to development of the learning from deaths programme to provide assurance for the recommendations.

The learning from deaths programme continues to evolve with the introduction of the medical examiner role and full learning from deaths team expected to be in place in September 2020.

4.5 Domestic Violence Referrals

The change in the delivery of domestic violence support within West Sussex continues to be a challenge, and there continues to be no domestic violence advisor on site.

There was a short pilot at Worthing A/E of a domestic violence worker from WORTH services based in the department, however this was discontinued at the start of the COVID outbreak and has not recommenced.

Work has continued to develop a business case for a Harm Reduction Worker, who would work with those experiencing domestic abuse, but also frequent users of A&E services and the homeless, for example. However, to date, this case has not been successful. The concerns in relation to a lack of access to specialist support on site have been added to the Risk Register this year. The safeguarding adults team are unable to attend the MARAC (Multi-Agency Risk Assessment Conference) meetings, and have previously supported the work of MARAC by supplying related health information on specific individuals to the meetings in each area. However, there has been no capacity to be able to continue with this due to increased activity. The child protection team administrator continues to support the provision of information on behalf of the Trust. A full review of the domestic violence workload is required as part of the review of the team structure to ensure that this important and increasing work stream is appropriately supported.

4.6 Prevent Agenda

Prevent is the government's anti-radicalisation strategy, and Prevent continues to sit within safeguarding. Although WSHFT is deemed to be a low risk area, in the last year we have been required to submit data on Prevent referrals and training to NHS England.

There remains a requirement for Prevent Level 3 training (previously referred to as WRAP -Workshop Raising Awareness of Prevent) to be completed by specific staff groups, with the data being reported to NHS England on a quarterly basis.

This year, the Level 3 training has been available online as e-learning, and this has been encouraged as WSHFT does not have an accredited WRAP trainer. There have been no Prevent referrals this year.

5. Safeguarding Adults Training

There was a significant change in safeguarding adults training requirements in August 2018 with the publication of the intercollegiate document on Adult Safeguarding: Roles and Competencies for Health Care Staff. This sets out 5 levels of safeguarding training; the required level is determined by the job role.

All WSHFT job roles and safeguarding adults training requirements have been reviewed and the new levels identified. Work continues to ensure that the workforce reports accurately reflect the training level required for each staff member. The intercollegiate

document confirms that the expectation is that all staff will have met their required training level by 2021. The last year has seen an increasing use of the E-learning for Health safeguarding adults modules available to staff via ESR. The staffing issues in the safeguarding adults team has meant that delivering face to face training more than twice a week has not been possible. However, a booklet has been developed for Level 1, safeguarding training e-learning is now available for levels 1 and 2, and staff have been encouraged to make use of this resource. Following the appointment of a part-time Bank staff member, face to face training was re-launched in March 2019.

The need for remote teaching opportunities caused by COVID has led to a full review of the training challenge. During 2020/21, the achievement of the requirement for compliance with the Intercollegiate document will be a key objective.

6. Mental Capacity Act Activity

Work continues to deliver training on assessing mental capacity and best interest decision making to support all staff groups to feel more confident; numerous bespoke sessions in different departments and disciplines have been delivered and these have been well received. Training sessions for FY2 and FY2 medics are booked for the coming year with discussions with Practice Development to include specific Mental Capacity Act training for new Health Care Assistance is taking place and it is anticipated that this will be included in the programme for by the end of 2020.

Complex situations continue to require a more individualised approach and there remains a constant stream of cases brought to the Mental Capacity Act Leads attention. Advice and support in these cases are provided directly to practitioners to navigate them through the process and ensure that patients' rights are upheld and that the legal framework is followed.

6.1 Deprivation of Liberty Safeguards (DoLS)

As seen in Figure 2, there has been a steady increase in the number of Deprivation of Liberty Safeguards (DoLS) authorisation requests being made over the last 5 years.

In 2019/20, there was a 27% increase in the number of DoLS applications from 2018/19.

The actual number of patients being assessed by the DoLS team to determine whether the detention is lawful and the least restrictive remains low. Of the 540 authorisation requests, only 9 patients (2%) were seen and assessed by the WSCC team and 4 standard authorisations were granted. This is due to the large number of DoLS authorisation requests being received by the DoLS team from across the county. The DoLS team have reviewed their processes but acute hospitals are not seen as a priority area.

The low rate of assessments by the DoLS Team has been raised at the NHS Safeguarding Professionals meeting as an area of risk and is also on the Trust's Risk Register.

In order to mitigate the risk of patients being detained unlawfully, the MCA Lead has developed a "Weekly DoLS Review" sticker. This is a coloured sticker which documents whether the patient still lacks capacity to consent to care and treatment, whether the patient is still being treated in their best interests and in the least restrictive way and whether the DoLS team have been updated. The stickers are used as evidence that the need for a DoLS has been reviewed, even though the DoLS team have not been out to assess. Figure 4 illustrates the DoLS referrals by site in 2019/20.

Figure 4: WSHFT DoLS Referrals 2019/20

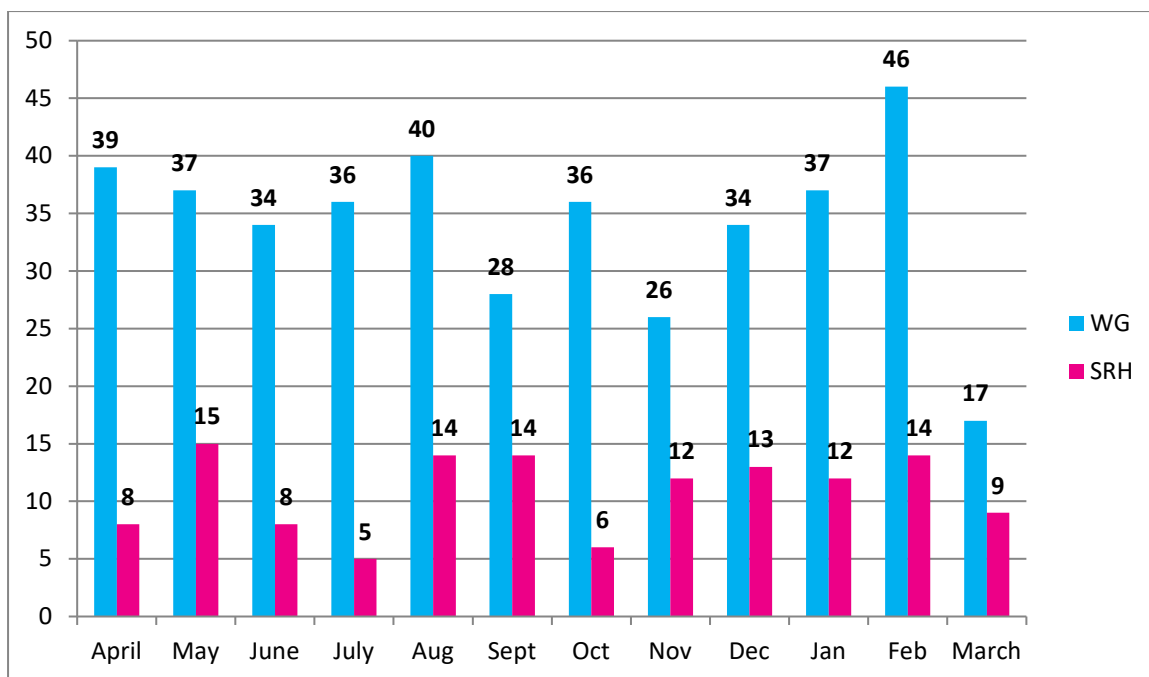
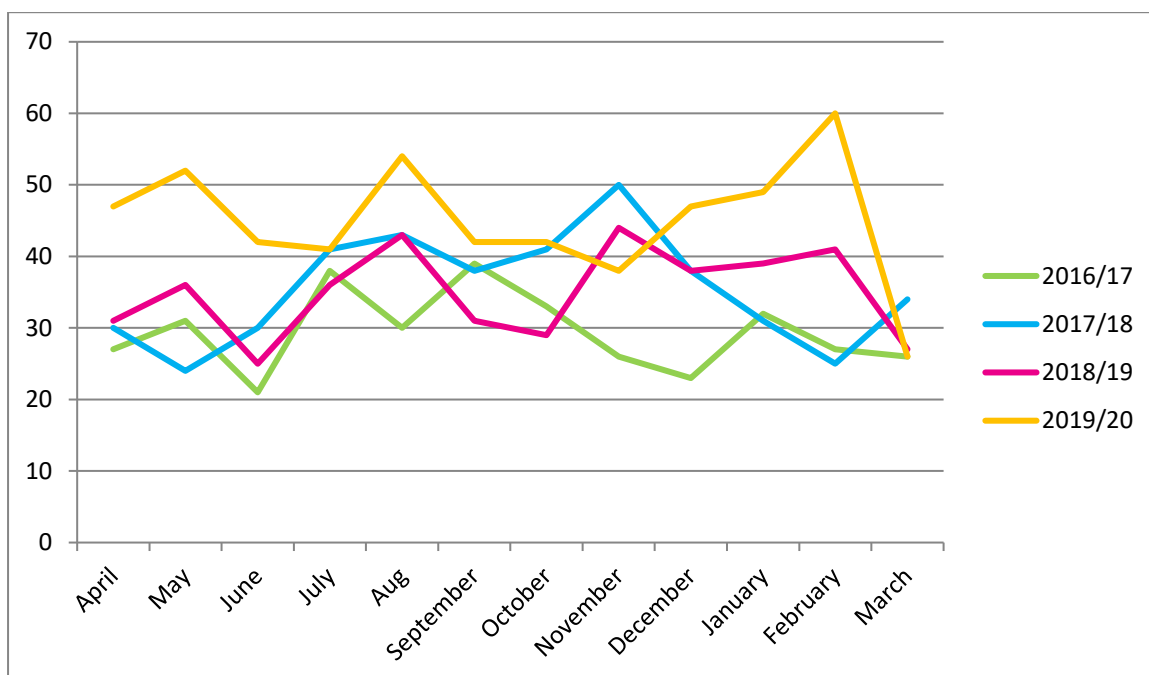


Figure 5: WSHFT DoLS Referrals 2016-19



As seen in figure 5, the referrals continue an upward trend with the exception of March 2019 where the exceptional circumstance of COVID led to a large reduction in hospital bed use and the rapid discharge of those patients who would normally generate need for DOLS. There remains a large discrepancy in DOLS numbers between the sites as shown in figure 4. A key objective for the coming year is to undertake work to more fully understand the reasons for this difference and put in place any required remedial actions

The MCA lead undertook an audit of DOLS authorisation forms this year in order to inform the education requirements of teams. The results of this audit will be shared at the operational group and across the divisions and used to develop the MCA work plan.

6.2 The future of DoLS

The Mental Capacity (Amendment) Bill was passed in law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as Liberty Protection Safeguards (LPS). Implementation had been due in October 2020, but has now been delayed for implementation until April 2022.

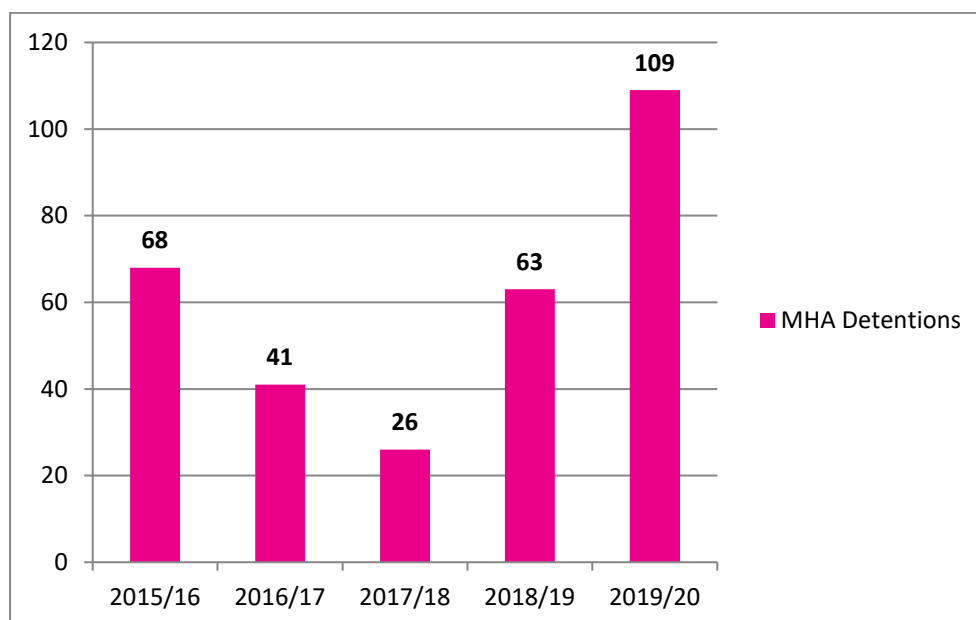
Under the LPS scheme the responsibilities placed upon the “responsible body” (the trust) have changed significantly. The changes will impact upon process and will undoubtedly require additional training and resources in order to meet the requirements. The revised Code of Practice for both the Mental Capacity Act and Deprivations of Liberty are anticipated for early 2022 and this will hopefully give further clarity regarding the expectations being placed upon the responsible bodies. In the interim, all providers are being urged to continue to improve upon staff knowledge and application of the Mental Capacity Act and Deprivation of Liberty Safeguards.

7. Mental Health Activity

WSHFT has a contract with Sussex Partnership Foundation Trust for the administration of the Mental Health Act (MHA) process. This includes the management of the legal papers associated with those patients detained to the Trust under the MHA, as well as admin support when patients appeal to a Tribunal against their detention. In addition, the contract includes the delivery of training to staff on the mental health act.

The below chart shows the increase in the number of patients detained to WSHFT between 2015-2019.

Figure 6 – MHA Activity 2015-2019



7.1 MHA Section 5(2) Audit

In the summer of 2019, a re-audit of compliance of MHA Section 5(2) detentions was undertaken by three junior doctors employed by SPFT (they carried out the initial audit in the autumn of 2018). The results from this audit highlight a consistent lack of

documentation across the two sites throughout the sectioning process. Areas for improvement remain the same as identified in the initial audit; documentation and awareness of roles and responsibilities. A repeat audit is due take place in July 2020.

We continue to work with our SPFT colleagues to try to improve the process by which detentions are reported and to facilitate the correct completion of the section papers. There are further plans for training to our key teams, including the site team and children's wards due to the continued increase in under 18's being detained to the Trust under a section. The increasing challenge in providing the appropriate care for patients across our wards held under section remains a significant concern for the Trust.

8. Learning Disability Activity

The Learning Disability Peer Reviews took place in February 2020. This was the seventh year that the Peer Review had been undertaken and was the first time the review was conducted across all 3 sites.

The feedback from the reviewers was very positive, with recognition of a positive culture, with staff receptive to learn and to do everything that they could to provide the required reasonable adjustments for patients.

The findings are summarised below:

Positive Findings:

- Patients with a learning disability were found to be being treated with dignity and respect
- A wide range of tools are available to support patients with a learning disability (e.g. This is Me: My Care Passport, hospital communication book, pictorial menus)
- Positive examples of involvement of carers
- Positive awareness of the importance of supporting patients to make choices
- Awareness of the Mental Capacity Act, but some staff still reported lacking confidence in undertaking assessments of capacity
- Good admission and discharge processes
- Adult changing area available at Southlands

Areas for improvement:

- Patchy awareness of the learning disability nurse service and referral opportunities
- Poor awareness of the mental capacity act lead and the support available
- Inconsistent awareness of the available resources(dependant on location) Although many resources have been provided over the years, the use of these resources and access to these resources remains a challenge
- An adult changing area is still not available at Worthing and St Richards sites
- Lack of consistent approach around the use of LD magnets
- No consistent process to gathering patient feedback
- Low numbers of staff who have received training in the care of patients with learning disability and autism.

The report's main recommendation was to embed the use of the available tools and resources across wards and departments and to put in place an action plan for delivery of training to all Trust staff. The requirement for training will be nationally mandatory by April 2021. The Action plan for delivery of improvements will be monitored through the learning Disability steering group.

8.1 Learning Disability Meetings

The Learning Disability Improvement Standards have been reviewed by the Matron for Quality, and this work will guide developments over the coming year.

From April 2019, a refreshed LD Strategy Group was set up, co-chaired with SCFT with the following purpose:

- To monitor the implementation of the Learning Disability Improvement Standards from NHSI.
- To monitor the action plan developed following the Learning Disability Peer Reviews.
- To receive updates and recommendations from the Learning Disability reviews undertaken as part of the LeDeR programme.
- To recommend areas for service development to the Safeguarding Strategy Committee by exception reporting.
- To plan and monitor actions to deliver NICE guidelines relevant to LD

A co-production group with volunteers and service users has also commenced with the first main project being the design and delivery of the communication support toolkit for use across wards.

8.2 Learning Disability Reviews (LeDeR)

The Trust is actively supporting the nation-wide LeDeR review programme. Although WSHFT does not have any LeDeR reviewers, the learning from death manager works closely with external reviewers providing assistance in their review of cases. Under this programme, the death of anyone with a learning disability is referred for a possible review. The CCG lead for LeDeR programme attends both the LD strategy meeting and the End of Life and Mortality Board to ensure communication of learning from the reviews and to receive assurance of the Trust's improvement work in response.

Of positive note is the Learning from Deaths event organised by WSHFT and attended by representatives across the system held in December 2019. The key note speaker was Paula McGowan who shared the powerful story of her son, Oliver McGowan. This campaign has led to the decision for a national requirement for training for health and social care staff across all providers to embed the Ask – DO – Listen approach to care:

- **ASK** people with a learning disability, autism or both, their families and carers for their opinion and concerns about treatment
- **LISTEN** to all involved and show respect to those opinions and concerns
- **DO** something about it and work in partnership with us

9. Review of this year's priorities

The priorities set for this year were as follows:

PRIORITY 1: To develop a safeguarding adults strategy, in line with the Safeguarding Adults Board Strategy.

OUTCOME:

- Delivered: the strategy for 2019/21 is shown in appendix 1 and describes the key objectives for the Trust with timescales for delivery. The progress is reviewed at the adult safeguarding operational group and the Trust safeguarding strategy committee.

PRIORITY 2: To develop a safeguarding dashboard in line with the dashboards produced by the Safeguarding Adults Board.

OUTCOME:

- Delivered: the dashboards available enable monitoring of themes relating to safeguarding concerns, MHA and DOLS activity

PRIORITY 3: To undertake an audit of quality of the safeguarding adults concern forms and the DoLS authorisation request forms.

OUTCOME:

- Delivered: Audits completed with outcomes feedback to the Adult Safeguarding Operational Group and used to develop training and improvement plans.

PRIORITY 4: To repeat the audit of the Section 5(2) documentation and detention process

OUTCOME:

- Delivered: Audit reported in August 2019 with repeat audit planned for July 2020.

PRIORITY 5: To undertake an audit of the completion of Section 132 reading of rights documentation

OUTCOME:

- This has not been completed as planned, this audit is now planned to be completed during 2020.

10. Conclusions and Priorities for 2020-21

Conclusions

This has been another busy year for the Safeguarding Adults Team. This culminated in the necessity to completely change the ways of working in March in response to COVID. The team provided support to the operational matrons by taking over their section 42 workload.

The year has seen an increase in reporting, both of safeguarding concerns and requests for DoLS authorisations, which is positive evidence of increased awareness by teams.

The priority in the coming year will be to continue to support the Trust COVID recovery plans and to deliver a complete change in working in relation to direct referrals to the WSCC safeguarding hub.

The focus of our improvement work will be on the quality of the safeguarding concern referrals and the DoLS requests and ensuring staff are trained to the appropriate level for their role. The audits conducted in 2019 will guide the development of future training programmes.

Additionally, the priorities below respond to the identified and growing challenge of care for patients with complex mental health needs and also the increasing incidence of domestic violence concerns.

Priorities for 2020-21

The priorities for the Safeguarding Adults team for the coming year are:

PRIORITY 1: Deliver successful Trust wide transition of new safeguarding concerns process with the WSCC safeguarding hub

PRIORITY 2: Deliver training plan to achieve compliance with the Intercollegiate Requirements for Safeguarding Training levels.

PRIORITY 3: Deliver the Mental Capacity Act action plan developed in response to the 2019/20 DOLS audit and NICE standard gap analysis

PRIORITY 4: To review and update the MHA policies and procedures and complete assurance audit of section 5(2) and Section 132 reading of rights documentation

PRIORITY 5: To review protocols and training for staff relating to domestic violence concerns (for adults without children) to ensure robust communication pathways

11. Appendix A-Link to West Sussex Safeguarding Board Annual Report 2019/20

<https://www.westsussexsab.org.uk/media/3lseuwu5/2019-20-annual-report.pdf>

Agenda Item:	13.3	Meeting:	WSHFT Board Agenda Public	Meeting Date:	03.12.2020
Report Title:	Children's Annual; Safeguarding Report				
Sponsoring Executive Director:	Maggie Davies, Chief Nurse				
Author(s):	Catherine Coppard				
Report previously considered by and date:					
Purpose of the report:					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
Any implications for:					
Quality	<ol style="list-style-type: none"> 1. Negative Patient experience. 2. Loss of public confidence in the Trust. 3. In compliance with The Children Act 2004 (section 11) WSHFT has statutory responsibilities to co-ordinate and ensure the effectiveness of what is done for the purposes of safeguarding and promoting the welfare of children. It remains the responsibility of organisations to develop and maintain quality standards and assurance, to ensure appropriate systems and processes are in place and to embed a safeguarding culture within the organisation. 				
Financial	<ol style="list-style-type: none"> 1. Subsequent patient litigation claims may occur 2. Loss of Commissioner Confidence may result in loss of Trust business 				
Workforce	<ol style="list-style-type: none"> 1. Professional performance management issues for individuals 2. Learning and development requirements 3. Organisational behavioural and cultural issues 				
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
Communication and Consultation:					
Shared with the WSHFT Safeguarding Strategy Committee and with the will be shared with the CCG and WSSCP					
Executive Summary:					
<p><i>The welfare of children is paramount</i> as defined by The Children Act 1989 and 2004 and guided by the following principles, safeguarding children should be;</p> <ul style="list-style-type: none"> • a child centred approach • a coordinated approach; safeguarding children is everyone's responsibility; • early help is beneficial and it is better to offer early help to children and families as early as possible, before issues escalate and become more damaging • effective information sharing between practitioners and local organisations and agencies enables the safeguarding of children <p style="text-align: right;">(Working Together 2018)</p> <p>This report defines the structures and processes for safeguarding children and how these relate to wider safeguarding children arrangements within the Western Sussex Hospitals NHS Foundation Trust (WSHT). The report also reviews WSHT children's safeguarding activity and improvement plans</p>					

and outlines relevant safeguarding children guidance and policy.

As required by Section 11 of The Children Act 2004, WSHT fulfils its statutory duty by promoting a culture where safeguarding is everyone's business and ensuring poor practice is identified and tackled by having effective safeguarding arrangements in place to safeguard vulnerable children. These arrangements include:

- Senior management commitment to safeguarding children
- Identification of a Named Doctor, Named Nurse & Named midwife for Safeguarding Children.
- Sound governance & accountability
- Safe recruitment,
- Effective training for staff & learning from serious case reviews and research,
- Supervision arrangements,
- Listening to the '*voice of the children*' when considering developments
- Working in partnership with other agencies

The Department for Education (DfE) is responsible for child protection and safeguarding children, and sets out policy, legislation and statutory guidance on how the children's safeguarding system should work. It is also important to be aware of the role of external regulators such as CQC, Ofsted and JTAI (Joint Targeted area inspections) in monitoring safeguarding systems within organisations. Also the role of the West Sussex Safeguarding Children Partnership (WSSCP) in coordinating improvements locally.

WSHT safeguarding team, continue to lead and support the trust in the continuous improvement of children's safeguarding.

Key Recommendation(s):

The Board is asked to APPROVE this Report



Annual Report

Safeguarding Children

April 2019 - March 2020

Prepared by:

Catherine Coppard
Named Nurse for
Safeguarding Children

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1. INTRODUCTION AND EXECUTIVE SUMMARY

The welfare of children is paramount as defined by The Children Act 1989 and 2004 and guided by the following principles, safeguarding children should be;

- a child centred approach
- a coordinated approach; safeguarding children is everyone's responsibility;
- early help is beneficial and it is better to offer early help to children and families as early as possible, before issues escalate and become more damaging
- effective information sharing between practitioners and local organisations and agencies enables the safeguarding of children

(Working Together 2018)

This report defines the structures and processes for safeguarding children and how these relate to wider safeguarding children arrangements within the Western Sussex Hospitals NHS Foundation Trust (WSHT). The report also reviews WSHT children's safeguarding activity and improvement plans and outlines relevant safeguarding children guidance and policy.

As required by Section 11 of The Children Act 2004, WSHT fulfils its statutory duty by promoting a culture where safeguarding is everyone's business and ensuring poor practice is identified and tackled by having effective safeguarding arrangements in place to safeguard vulnerable children. These arrangements include:

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The Department for Education (DfE) is responsible for child protection and safeguarding children, and sets out policy, legislation and statutory guidance on how the children's safeguarding system should work. It is also important to be aware of the role of external regulators such as CQC, Ofsted and JTAI (Joint Targeted area inspections) in monitoring safeguarding systems within organisations. Also the role of the West Sussex Safeguarding Children Partnership (WSSCP) in coordinating improvements locally.

WSHT safeguarding team, continue to lead and support the trust in the continuous improvement of children's safeguarding.

Key messages for the Board:

This report demonstrates that:

- Activity continues to increase and is higher on the Worthing site compared to the St Richards site. Referrals to children's social care have increased over the year. Overall, since 2012 there has been an increase in safeguarding children activity of 88%.
- The impact of the COVID 19 pandemic for children is only starting to become apparent but there are national concerns there will be a surge post lockdown and increased disclosures of abuse. During the COVID 19 lockdown vulnerable children were at a heightened risk of abuse and neglect. Increased domestic abuse, mental ill health, alcohol misuse and poverty and poor housing within families will have an adverse effect on children and families.
- There are significant local and national challenges which need to be considered within the system for safeguarding children especially in relation to mental health issues and emotional support. Children presenting to hospital with self-harm and suicidal ideation and detainments under the Mental Health Act children have all increased.
- Case review activity has increased; including serious case reviews and learning reviews.
- There is a significant volume of information sharing involved when safeguarding children. The safeguarding team continue to focus on improving the process and quality of information sharing and supporting and encouraging practitioners to use their professional curiosity.
- WSH target of 95% safeguarding children training has been achieved overall, however continues to be lower compliance for medical staff therefore additional measures continue in order to ensure medical staff receive training.
- WSH have invested in the children's safeguarding nursing team and increased the establishment by 1.65 wte in September 2020
- Learning from serious case reviews, professional curiosity, neglect and preventing abusive head trauma have all been the key training themes delivered, during the year.
- This report also identifies improvement work and the wider challenges faced within the system.

2. GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

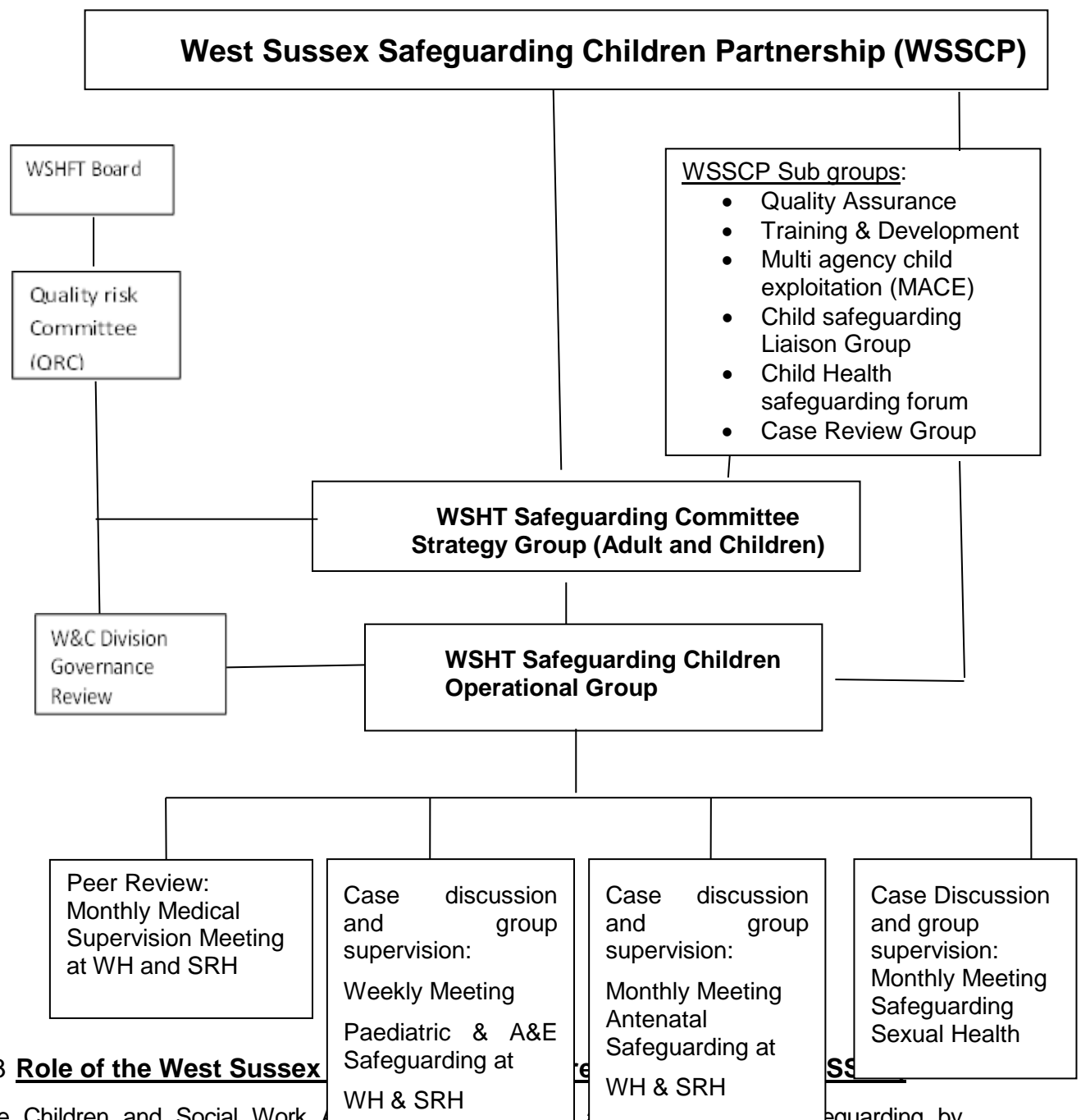
In compliance with The Children Act 2004 (section 11) WSHT has statutory responsibilities to co-ordinate and ensure the effectiveness of what is done for the purposes of safeguarding and promoting the welfare of children. It remains the responsibility of organisations to develop and maintain quality standards and assurance, to ensure appropriate systems and processes are in place and to embed a safeguarding culture within the organisation through mechanisms such as safe recruitment processes including use of vetting and barring, staff induction, effective training and education, patient experience and feedback, critical incident analysis, risk assessments and risk registers, cyclical and other reviews and audits, annual staff appraisal and revalidation of professional staff. It is also important to be aware of the role of external regulators such as CQC, Ofsted in monitoring safeguarding systems within organisations. WSHT safeguarding team continue to lead and support the trust in the continuous improvement of children's safeguarding processes; training, guidelines, information sharing, auditing and performance. Quarterly reports are provided to the safeguarding strategic committee, W&C Division, sussex commissioners and WSSCP. The updated section 11 audit, which outlines WSHT compliance to our statutory obligations is due to be completed June 2020.

2.1 WSHT Safeguarding Children

The Children's Act 2004 placed 'a requirement on each health provider to appoint named professionals to take the professional lead for safeguarding children within the organisation and to advise all staff employees, on awareness and processes related to child protection and safeguarding children.'

Maggie Davies	Chief Nurse & Executive Lead for safeguarding and looked after children and (<i>Prevent Lead</i>)
Catherine Coppard	Lead Nurse & Named nurse Safeguarding Children
Rowena Remorino/Emily Charkin (SRH)	Named Doctors for Safeguarding Children
Pauline Shute/Lucy Killian (WH):	
Janetta Milea	Acting Named Doctor for Looked after children
Gail Addison	Named Midwife and (<i>FGM lead</i>)
Joan Davidson/Vicki White	Specialist Safeguarding Nurses
Clare Hosking & Sarah Barwick	Specialist Safeguarding Midwives
Kathy Walker/Sarah Hulse	Safeguarding and liaison nurse
Helen McCutchan	Sexual Health Matron & (<i>CSE Lead</i>)
Rachel Lee	Sexual Health Lead Safeguarding Doctor
Helen Milne	ED Consultant (WH)
Katie Manning/Liz Cheshire	ED Consultant (SRH)

2.2 WSHT Safeguarding Children Structure



2.3 Role of the West Sussex

The Children and Social Work Act 2017 introduced changes to safeguarding by strengthening the Children Act 2004 and removing the statutory requirement for local authority areas to have a Local Safeguarding Children Board. In June 2019, West Sussex Safeguarding Children Partnership (WSSCP) was formed and places a duty on three lead partners: Police, Clinical Commissioning Groups and the local authority to agree local arrangements to work together to safeguard children. The changes were introduced to enable local authority areas to work more flexibly and innovatively when developing the delivery of their local safeguarding children partnership work. (Working Together to Safeguard Children, 2018)

WSSCP Shared principles:

- **Child Centred Practice** - the partnership will ensure that children and young people have opportunities to participate and collaborate in the work of the Partnership and that the voice of children is embedded in multi-agency practice.
- **High support high challenge** - the partnership will promote a culture of high support and high challenge to develop working environments where growth and learning is accelerated.
- **Promoting Practice leadership** - the partnership will involve practitioners in the continuous learning process of quality assurance and scrutiny in a supportive and challenging way, in order to build practice leadership capacity across the partnership.
- **Restorative approach** - the partnership will take the approach of 'working with' rather than 'doing to' with key stakeholders including children and families.
- **Promoting a culture of continuous learning** - the partnership will create the environment for learning, recognising the way systems influence each other and the benefits of working together rather than in individual agencies. We will ensure that we learn from best practice, case reviews and multi-agency audits, including the monitoring of the implementation of recommendations.

WSSCP Business Plan Priorities for 2019/20 focused on the following priorities:

1. Neglect
2. Child exploitation
3. Ensure effective multi-agency safeguarding practice
4. Lead and consolidate effective partnership arrangements
5. Revise and embed a learning and Improvement Framework

The named professionals and safeguarding team are active members of the WSSCP and subgroups and continue to ensure the focus is on quality and embedding learning into practice.

2.5 WSHS Safeguarding Children Meetings

2.5.1 Safeguarding children case discussion meetings;

- Weekly Meeting Paediatric & A&E Safeguarding at WH & SRH

- Monthly maternity meeting
- Monthly sexual health meeting

These well attended weekly multi-disciplinary meetings provide an invaluable forum for case discussion, information sharing, decision making, resolution, group supervision and learning. Furthermore, partnership working and relationships are positively developed through the attendance of Child and Adolescent Mental Health Service (CAMHS) A&E liaison and for the antenatal meetings; perinatal mental health practitioners, health visitors, are also invited. In order to strengthen safeguarding arrangements pre- birth, the pre-birth assessment social workers within West Sussex, are also invited.

2.5.2 Peer Review: Monthly Medical Supervision Meeting at WH &SRH

Chaired by the named doctor on each site, these are well attended by consultant pediatricians and named nurse. The purpose of these meetings, are to;

- Promote a culture of learning and professional support, drawing on the existing evidence base relevant to child abuse.
- Provide assurance that practitioners meet a measure of standard and are therefore more reliable in their practice.
- To reduce professional isolation and improve sharing of best practice with discussion of complex patients in a challenging but supportive way.
- To provide a regular documented review of practice as expected by the judiciary, GMC and RCPCH; evidence of involvement should be provided for consultant appraisal and revalidation.

2.5.3 Safeguarding Children's Operational Group

The Group meet quarterly and are responsible for the effective operational implementation and performance of the safeguarding children framework within the Trust. More specifically the group;

- Ensure there are mechanisms in place to alert staff to safeguarding policies and procedures.
- Ensure there is sufficient safeguarding training to enable staff to carry out their duties to safeguard children.
- Communicate and disseminate WSSCP and sub group information and guidance, including relevant serious case reviews through existing divisional structures.
- Ensure dissemination of relevant national information and guidance
- Monitor and identify when guidelines require updating, making recommendations on changes aligned to national best practice. These will then be deemed ready for divisional ratification at the divisional governance meeting and onward cascade through divisions and the WSHS safeguarding strategic group
- To consider the annual audit plan and recommendations, taking forward any actions through relevant forums.
- Track progress on any serious case reviews or action plans.
- Monitor additional actions and learning needs identifying learning events as required.

2.5.4 Safeguarding Committee (Strategic Group)

This integrated adults and children's safeguarding group meet quarterly and is responsible for assuring the effective implementation and performance monitoring of the safeguarding

framework within the Trust, adhering to statutory requirements; Section 11 of the Children Act 2004 and 2010 and The Care Act 2014 and national frameworks; Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (NHS England, July 2015).

More specifically the purpose is to;

- Report mechanisms are in place and to provide assurance to the CCG through the annual assurance and quarterly exception reports.
- Ensure there are mechanisms in place to alert staff to Safeguarding policies and local procedures.
- Monitor training compliance, ensuring relevant staff have appropriate training in accordance with the Intercollegiate guidance (RCN 2019)
- Monitor the quality of training and safeguarding practice
- Scrutiny of safeguarding processes; including training and information sharing
- Oversee the provision and development of the annual safeguarding report.
- Monitor the dissemination of information from the WSSCP and subgroups, including relevant serious case reviews.
- Review any new guidance and set the direction for the safeguarding strategy.
- Identify, monitor and ratify safeguarding policy, making recommendations on changes aligned to national best practice. These will then be deemed ready for ratification at the Quality and Risk Committee, and onward cascade into the organisation.
- To consider audit recommendations, taking forward any actions through relevant forum e.g. Patient Safety.
- Review of safeguarding team structures and ability to discharge statutory responsibilities

Quarterly reports are provided to the Sussex commissioners, safeguarding strategic committee, W&C Division, West Sussex Safeguarding Children Board Partnership (WSSCP).

3 REVIEW OF THE YEAR:

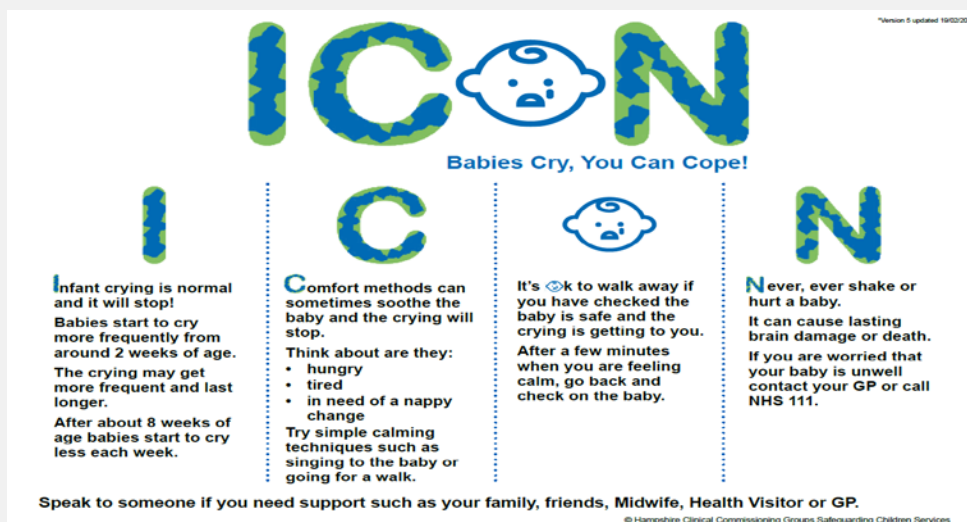
3.1 Quality improvements and evaluation of progress against priorities set in the annual report 2019:

1. Neglect- recognition and response

Neglect champions have actively participated with the WSSCP improvement work for Neglect and have developed toolkits for use by hospital practitioners and midwives, to aid recognition and response to neglect of children and also for the unborn baby. All can be found on StaffNet. Neglect has also been a key theme within the 2019/20 training programme.

2. Implementing; ICON- caring for 'crying babies'

The ICON message continues to be shared by practitioners at key points with parents, in particular the male care giver, along the course of the unborn baby's life and new born period up to 6 months of age.



3. Safeguarding children training compliance for all staff to be greater than 95%

WSHT Children's Safeguarding Training Data as of the end of March 2020

Level Required	ALL WSHT STAFF (Excluding Bank)			MEDICS ONLY			NON MEDICS		
	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date
Level 1	2100	2089	99.5%	0	0	-	2100	2089	99.5%
Level 2	4238	3960	93.4%	663	507	76.5%	3575	3453	96.6%
Level 3	952	924	97.1%	188	164	87.2%	764	760	99.5%
Level 4	6	6	100%	4	4		4	4	100%
Total	7290	6973	95.7%	851	671	78.8%	6439	6302	97.9%

Ongoing work is in place to support safeguarding training compliance, in particular for medical staff via webinar, e-learning and speciality specific focused training sessions.

4. Improving the quality and processes for Information sharing across the system;

Information sharing is crucial to safeguarding children and the improvement to processes within systems continues to be key focus.

Information was shared with relevant practitioners and partner agencies for over 3,846 children and families where safeguarding concerns and referrals were made during the year.

The focus remains on improving the quality of information and sharing processes and also ensuring children and families are appropriately included in the discussions regarding information sharing. Safeguarding Information sharing leaflets have been developed for children and families as a response to complaints through PALS.

MARAC (multi agency risk assessment conference) notifications are recoded on pregnant mothers and children's records and managed by the safeguarding teams. A standard operating procedure for managing information from the MARAC meetings is being developed in partnership with the lead agencies for domestic abuse in West Sussex.

A manual process for accessing the Child Protection –Information System remains challenging, and would benefit from an integrated solution between the patient administration system and the national summary care record application. This therefore remains on the risk register.

A centralised system for information sharing with the healthy child programme is being reviewed by Sussex community foundation trust, and WSHT children's safeguarding and liaison team are involved in these discussions.

Guidance has been provided to staff regarding information sharing for children attending with mental ill health and self-harm and challenging behaviour within the local system and for escalating concerns.

5. Implementing, the newly commissioned child death and child protection medical arrangements.

Child death arrangements are developing and a new administrator appointed to commence in September to support these arrangements. Lead paediatric clinicians for the child death review meetings have also been identified for each hospital site.

Discussions are ongoing with commissioners regarding the delivery and resourcing of child protection medicals in West Sussex, in particular in the West of the County. It is anticipated that the forthcoming 'Good practice service delivery standards for the management of children referred for child protection medical assessments'. (RCPCH 2020) will help inform decision making. A business case is also in progress for the medical resource of child protection medicals at St Richards Hospital to support this important work.

6. Improving the quality of medical photography

The trust does not have a medical photography service therefore paediatricians, as part of their child protection medical work are required to undertake the photography work, which can be challenging in view of the situation and the nature of the photography required. An audit was undertaken during the year which evidenced the need for improvement. The quality of the photography for child protection therefore remains part of our improvement work and is currently on the risk register.

7. Domestic abuse support within WSHT

There is a need for transformation of healthcare's response to domestic abuse through a whole health care model such as that offered through the pathfinder project. The trust has had ongoing discussions with the Sussex integrated care system with regards to resourcing a specialist hospital based independent domestic abuse advisor (IDVA). Unfortunately, we have so far been unsuccessful in securing this specialist support for the trust, therefore this issue remains on our trust risk register.

As an interim measure a pilot was undertaken with Worth services IDVA based on the Worthing hospital site in A&E from October 2019, however this was unfortunately ended due to the COVID Pandemic in March 2020.

8. Completed Audits

- Retrospective audits were completed of non-attendance of appointments as part of our Neglect action plan.
- Safeguarding standards for children in emergency care processes at the start of 2020.
- The trust also participated in the WSSCP multi-agency under 2 year olds audit

For further information, refer to section 3.8

3.1 National and Local including; context; guidance, reviews and policy change.

3.2.1 National Context

Safeguarding and child protection are as important now as they ever have been as many of the risk factors of abuse and neglect have been exacerbated by the coronavirus pandemic whilst the support services which would usually identify and respond to these concerns, have been unable to see many of the children and families in person.

The damaging impact of the Covid pandemic on children, especially vulnerable children is therefore of great concern. There were 2.2 million children in England living in households affected by one or more of the following family issues: domestic abuse, parental drug and/or alcohol dependency, and severe parental mental health issues, before the crisis struck. (Children's Commissioner, 2020) Services therefore need to monitor and be prepared for a surge of safeguarding concerns related to the pandemic.

Safeguarding has evolved and its scope has expanded significantly over the last five years from a mainly intra-familial abuse model to a more complex model. New forms of safeguarding such as extra-familial abuse comprising; complex abuse, child exploitation and online abuse need to be considered. The consideration of extra familial abuse has created new challenges, requiring new ways of working and a whole system approach through partnership working with a variety of agencies involved within the system. The specific needs of adolescents and their vulnerabilities are also increasingly recognised as outlined in the following which compares adolescent rates to younger children;

Fig 1 How safe are our children? 2020-an overview on abuse of adolescents (NSPCC p9)



3.2.2 Local Context

Local safeguarding needs to be understood in the context of the national environment. In West Sussex there are 191,300 children and young people aged 0-19 years (22%) of the population, which is lower compared with England (24%). Crawley has a much younger population, with 26% of residents aged 0-19 years.

Table 1

<p>Children in Need (CiN)</p> <p>The Children in Need rate, as at 31 March 2019, was 269.0 per 10,000. This is lower than England but broadly in line with comparable authorities. As at March 2019, there were 4,699 children in need.</p> <p>5.4% of Children in Need had a recorded disability. This is much lower than the England rate of 12.4%.</p> <p>The rate (per 10,000) of referrals to social services increased year on year between 2014 and 2018, although it declined slightly in 2019 to 543.3. This rate is similar to England but higher than comparable local authorities. In total there were 8,872 referrals.</p> <p>Section 47 enquires [2] (started within year) remain fairly steady, at 165.7 per 10,000. This was similar to England and higher than comparable authorities.</p> <p>Children subject to a Child Protection Plan (CPP)</p> <p>In 2019, the rate of children subject to a CPP was 35.6 per 10,000, lower than England and broadly similar to comparable authorities.</p> <p>The percentage of children who became subject to a CPP held steady at approximately 22.5%. This is in line with comparable authorities but slightly higher than England.</p>

West Sussex Joint Strategic needs analysis (JSNA) (2019 p 29)

“Overall measures of infant and maternal health in West Sussex are good, however inequalities are apparent across the county. Children living in poverty and from deprived areas are more likely to be overweight or obese; less likely to attain the expected level of attainment across educational key stages; more likely to be admitted to hospital for self-harm; more likely to become pregnant as a teenager; and more likely to grow up in a household where someone smokes. In West Sussex, almost 17,000 children live in poverty. Children in poverty are more likely to come from single parent/carer families, be disabled or live in a household with an adult who is disabled. Poverty can transmit across generations and there are specific concerns about low social mobility in some parts of the county. It is also important to recognise that, on average, children who are in care or are care leavers have significantly poorer health and educational outcomes than their peers. Emotional and mental health are intrinsically linked to physical wellbeing and longer term outcomes. Children who are happier and more emotionally resilient tend to have better physical health.”

West Sussex Joint Strategic Needs Assessment: Summary (2019) –p 16

West Sussex Children's services were inspected by Ofsted and the report published May 2019 found services to be 'inadequate'. The report stated there were 'Critical weaknesses in how agencies identify and respond to neglect across the service' and 'accumulating concerns about the neglect children have experienced are not always recognised or understood, resulting in a lack of assertive action and to some children experiencing profound and potentially long-term consequences'.

The trust have been actively engaging with children's social care and relevant partners in particular with the Neglect improvement work and with information sharing related to contextual safeguarding.

3.2.3 Local Reviews: Child Safeguarding Practice and Serious case reviews

When a child dies, or is seriously harmed, the practice of all agencies involved with the child and family and of working together is reviewed to reflect on what protection and support was offered. The reviews in England are now known as child safeguarding practice reviews (formerly known as serious case reviews) and are divided into 2 types of reviews:

Local reviews – where safeguarding partners consider that a case raise issues of importance in relation to their area.

National reviews – where the Child Safeguarding Practice Review Panel considers that a case raises issues which are complex or of national importance. The Panel may also commission reviews on any incident(s) or theme they think relevant.

Working Together to Safeguard Children (2018)

All child safeguarding practice reviews should:

- reflect the child's perspective and the family context
- be proportionate to the circumstances of the case
- focus on potential learning
- establish and explain the reasons why the events occurred as they did.

(Child Safeguarding Practice Review Panel, DfE 2019)

There has been a significant increase in the number of serious case reviews and associated activity over the last few years which WSHT have contributed and participated in as outlined in Table 2 below. At times this increase in activity and related increase in requests for information and associated enquiries has been challenging to manage, during the year. These challenges were escalated to the WSSCP and as a result lead to a more manageable work flow.

Table 2 West Sussex Case reviews which have involved WSHT (2019/20)

https://www.westsussexscp.org.uk/reviews/west-sussex (excludes scoping requests, which do not progress to review)				
Child/ref	Date TOR agreed	Review Type	Summary	Status
Avocet	12/19	LCSPR		In progress
C	08/18	NCSPR		In progress
K	09/18	NCSPR		In progress
SR	03/20	LCSPR		In progress
SCR N	07.09.16	SCR		Publication still awaited
SCR T	17.10.17	SCR	Abusive Head Trauma	Published 2020
SCR U	20.04.18	SCR	NAHI	Published 2020
SCR V	07.03.18	SCR	Neglect and Perplexing illness/Fabricated and Induced illness	Published 2020
SCR W	24.04.19	SCR	Neglect	Published 2020

Key themes from the serious case reviews include; Neglect, concealed pregnancies, 'Crying babies', Abusive head trauma, Non accidental injuries in under 1 year olds, perplexing and fabricated illness (FII), parents as care leavers, maternal mental health issues, domestic abuse and maternal prescribed painkiller dependency, child exploitation, hidden fathers, professional curiosity and escalation between agencies.

Actions are monitored by WSSCP and WSHT Safeguarding committee. The publication of some of these reviews are delayed due to court proceedings; however, improvement plans and shared learning, related to these serious case reviews are in progress or have been completed. Some of these cases also required some staff to attend court hearings in the family and in some cases criminal courts. The children's safeguarding team and trust legal team have supported staff through this process.

WSHT Improvement work from the reviews outlined in table 2 has included; updating the maternity guidance for women who fail to attend maternity care (November 2019); developing child neglect and an unborn baby neglect assessment tools which provide a tool for hospital health practitioners and midwives to use for the recognition and assessment of neglect.

3.3 Safeguarding Children Activity:

There continues to be an annual rise in safeguarding activity as outlined in fig 2 and 3 the summary of principle concerns table 3;

- 29,114 A&E attendances were reviewed by the safeguarding & liaison team and there continues to be an increase year on year
- 1487 referrals were made to children's social care, an increase of almost 500 referrals compared to last year. The increased referral rate is attributed to increase referrals as a child in need for children who attend hospital with self-harm in accordance with Sussex safeguarding procedures
- 2359 safeguarding concerns raised which is a small increase of 40 compared to last year
- Activity remains significantly higher on the Worthing Hospital site.
- Where there are safeguarding concerns relating to a looked after child they will be discussed through our safeguarding processes and structures.
- An increase in detainments for children under the Mental Health Act have increased from 6 in 2018/19 to 10 detentions 2019/20.

Fig 2 Summary of WSH Children's Safeguarding Activity 2012-2020

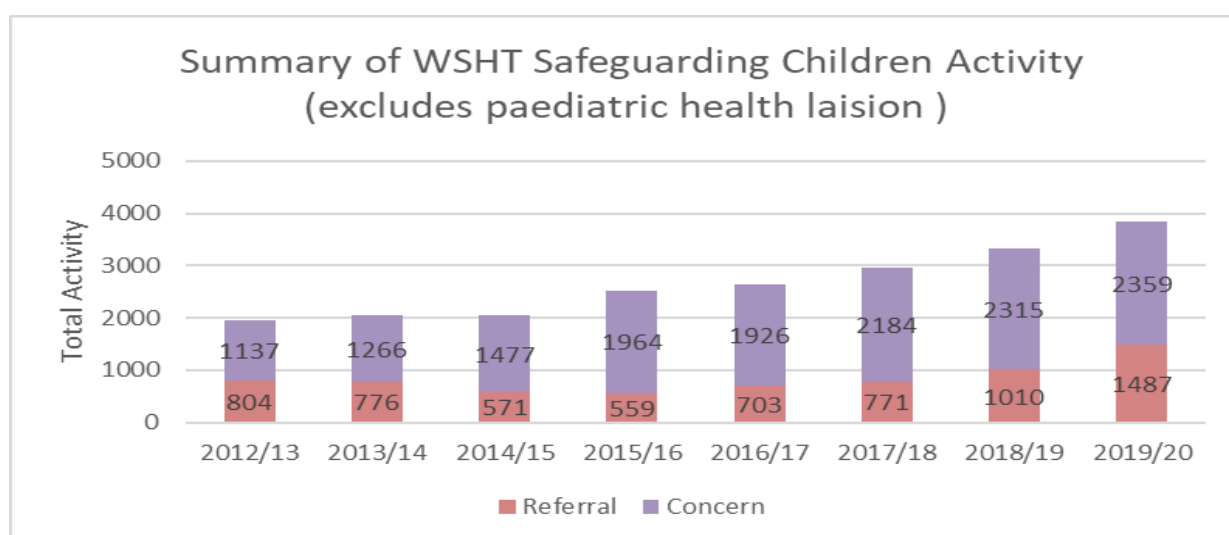
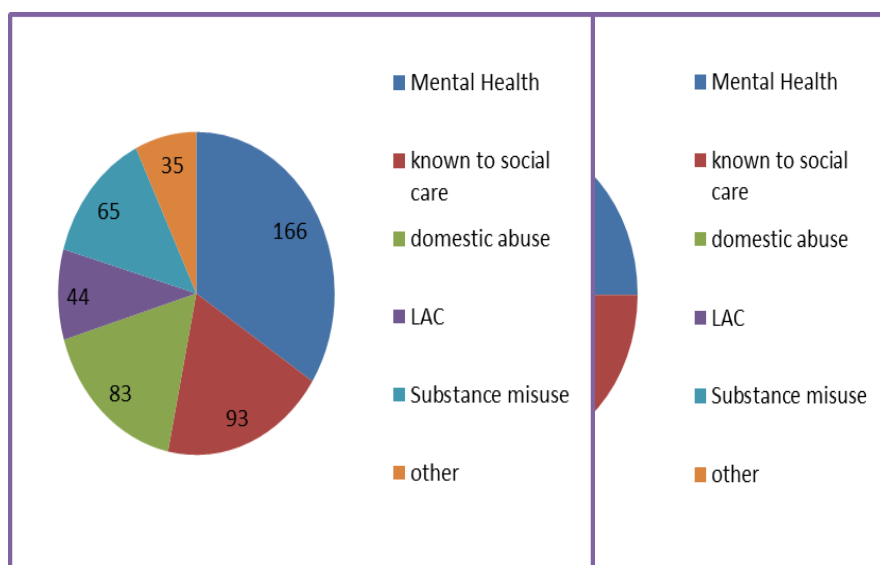


Fig 3 Maternity-Safeguarding Children Annual Activity (2019/20) by Principle Concern

Worthing

St Richards



n, learning difficulties, disability,
or the alert being generated,
erral. Age alone would not be an

indication for referral unless under 16 years of age.

Maternity Safeguarding team have worked with children's social care to develop the pre-birth assessment and young person's pathway, particularly focusing on engagement.

Maternity Safeguarding midwives have also supported the following activity;

Worthing:

10 Removals

41 Child Protection Plans

29 Child in Need Plans

52 Early Help

St Richards:

5 Removals

32 Child Protection Plans

31 Child in Need Plans

41 Early Help

Table 3 Children's Safeguarding Annual Activity (2019/20) by Principle Concern (excludes maternity data)

Principal Concern	Year	SRH	WH	Crawley (sexual health)
THINK FAMILY Household Dysfunction & Adult Issues: drug/alcohol misuse/ domestic/poverty /mental health/ housing/ young carer/teenage pregnancy	2019/20	195	328	<5
	2018/19	174	358	<5
Child Mental Health & Emotional Health; anxiety, challenging behaviour, anger management, bullying, self-harm, mental health, eating disorders	2019/20	330	639	<5
	2018/19	261	533	<5
Child Physical: including perplexing cases, FII, unexplained bruise, injuries, assault	2019/20	145	169	
	2018/19	117	218	
Child Sexual Abuse; CSA, CSE, FGM	2019/20	9	9	<5
	2018/19	10	23	<5
Risky Behaviour; including drug/alcohol problems, vulnerable, exploitation	2019/20	155	271	46
	2018/19	118	341	59
Neglect Concerns; including; parenting concerns/ DNA /attachment/supervision/preventable accident/NEET	2019/20	428	347	
	2018/19	207	362	
Child Protection Medical (Worthing CP medicals include acute and community CDC)	2019/20	44	96	
	2018/19	24	86	

- More referrals have been made to children's social care this year.
- The recognition of neglect has increased with increasing reporting of concerns, particularly on the Chichester site.
- Overall there has been increase of safeguarding reporting on the Chichester site.
- There is increased recognition of children in need as per increased referrals for children attending with significant mental health issues and self-harm.
- There has been an increase in Child Protection Medical Activity. A business case is in progress for increase resources on the SRH site for CP medicals. to ensure adequately resourced

3.4 Child Deaths

There were sadly there were 6 unexpected child deaths between April 19 and the end of March 2020. The unexpected child death process was followed and are being reviewed by the West Sussex Child death overview panel (CDOP).

Within the trust the statutory child death review process arrangements have been reviewed in accordance with national guidance and new arrangements are now in place from April 2020 with the support from an administrator from September 2020. A memorandum of understanding has been agreed for working together and information sharing.

The sharing of learning from these deaths will be managed through the WSSCP child death arrangements and feedback will be provided to WSHT.

3.5 Staff Training

3.5.1 Training Compliance

Table 4 WSHT Children's Safeguarding Training Data as of the end of March 2020

Child Protection Training by Division

Division	ALL WSHT STAFF (Excluding Bank)			MEDICS ONLY			NON MEDICS		
	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date
Core Services	1568	1519	96.9%	60	53	88.3%	1508	1466	97.2%
Corporate	775	754	97.3%	70	51	72.9%	705	703	99.7%
Facilities & Estates	639	635	99.4%	0	0	-	639	635	99.4%
Medicine	2092	1960	93.7%	305	233	76.4%	1787	1727	96.6%
Surgery	1384	1295	93.6%	283	215	76.0%	1101	1080	98.1%
Women & Children	836	814	97.4%	133	119	89.5%	703	695	98.9%
Total	7294	6977	95.7%	851	671	78.8%	6443	6306	97.9%

Child Protection Training by Level Required

Level Required	ALL WSHT STAFF (Excluding Bank)			MEDICS ONLY			NON MEDICS		
	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date	Heads	Total Up To Date	% Up To Date
Level 1	2100	2089	99.5%	0	0	-	2100	2089	99.5%
Level 2	4238	3960	93.4%	663	507	76.5%	3575	3453	96.6%
Level 3	952	924	97.1%	188	164	87.2%	764	760	99.5%
Total	7290	6973	95.7%	851	671	78.8%	6439	6302	97.9%

RAG Rating

95%+
90%-94%
<90%

Child Protection By Staff Group

Staff Group	Heads	Total Up To Date	% Up To Date
Add Prof Scientific and Technic	264	257	97.3%
Additional Clinical Services	1437	1369	95.3%
Administrative and Clerical	1409	1393	98.9%
Allied Health Professionals	443	439	99.1%
Estates and Ancillary	615	611	99.3%
Healthcare Scientists	166	165	99.4%
Medical and Dental	851	671	78.8%
Nursing and Midwifery Registered	2109	2072	98.2%
Total	7294	6977	95.7%

The Performance for safeguarding training compliance for medical staff remains below the WSHT target of 95% for staff.

Safeguarding training is defined in accordance with the Intercollegiate Guidance (RCN 2019). A summary of the notable changes outlined in this guidance is as follows;

- Annual appraisal is crucial in determining an individual's attainment and maintenance of required knowledge, skills and competence. (Currently compliance assurance is provided by training figures through L&D)
- Employers need to be assured that appraisers have the necessary knowledge, skills and competence to undertake appraisals and for medical and nursing staff to oversee revalidation. (RCN 2019)
- The guidance emphasises a blended approach to learning which maximises learning opportunities and includes multiagency training for staff requiring level 3 training
- All levels have explicit learning outcomes and a recommended length of time
- Safeguarding specialist staff, excluding named professionals who, require a more detailed specialist level 3 training programme.
- Named professionals require level 4 training and are currently compliant against standards.

Medical staff, are being directed to e-learning and face to face training. Additional sessions have been offered on a monthly basis throughout the year, however poor attendance due to the clinical staffing challenges.

Adjustments were made during the pandemic for the delivery of non-face to face training. Level 1 (induction) and 2 pre-recorded films were developed for the delivery of training, with the help of learning and development.

3.6 Supervision

Supervision is provided in accordance with the framework outlined in the Safeguarding policy. Group supervision is available for practitioners at the weekly and monthly safeguarding case discussion meetings or monthly peer review. Supervision is also available on a 1:1 basis. Supervision is now also offered on a more regular basis to specialist nurses, virtual fracture clinic and the multidisciplinary children's chronic pain team.

Named professionals receive supervision quarterly by designated safeguarding professionals. Safeguarding nurses and midwives receive supervision from the named professionals.

3.7 Information Sharing and Communication

The **Child Protection Information Sharing (CP-IS)** supports the sharing of information between health and social care for children that are subject to Child Protection Plan (CPP) and for Looked after Children (LAC). It makes available, to health professionals working in unscheduled healthcare, CPP/ LAC information, held in social care systems in order to support child protection decision making and support more collaborative working. Unfortunately access to this information is a manual process and due to the current patient administrative systems is not linked with hospital patient records. The children's safeguarding team monitor use of this system and data quality issues.

Information sharing process between WSHT and the healthy child programme (HCP) and the quality of discharge summaries to the GP remains ongoing improvement work.

Safeguarding Information leaflets for children and families are being developed to explain the safeguarding process for children attending for a child protection medical or an, unexplained bruise or injury.

3.8 Audit

An initial audit of children and maternity non-attendance of hospital appointments as part of the neglect work was undertaken and due to findings, will be repeated, after further staff training in Neglect and relaunch of the 'Was not brought/Did not attend (DNA)' guidelines for the respective areas.

A retrospective audit of the Safeguarding Children processes in A&E was undertaken early 2020 and will be repeated. The following findings were made;

Key Successes – Summarised

- Most children were seen using the specific children's 'CAS card'
- Most children were checked on the national spine to see if they were vulnerable and had a child care alert (CCA)
- It was documented who the child was accompanied by for most Children when attending A&E

Key Concerns – Summarised

- The child protection pathway on the A&E documentation was not completed for all A&E attendances for children (56-69%)
- Locum and agency staff may not always know of local processes
- Children on a child protection plan are not always identified
- Not all children are asked if they have a SW
- The voice of child (where applicable) not always documented or obtained
- The quality of the discharge summaries was inconsistent

Key Actions – Summarised

- Share audit findings and gain A&E staff feedback
- Compare the audit findings and current processes to other organisations
- Develop agreed safeguarding processes with A&E
- Include in training delivery to A&E staff; specific guidance for safeguarding children who have experienced assault
- Re-audit

WSSCP multi-agency audit for under 2 year olds which can be found on the WSSCP website. The areas highlighted as needing strengthening within the partnership but also relevant to the trust include information sharing and oversight of the cumulative concerns and not just focusing on each incident in isolation.

4. CONCLUSIONS AND PRIORITIES FOR THE FORTHCOMING YEAR

In summary the local and national challenges and the expansion in the scope of safeguarding children practice in particular in reference to; assessment of need for early help support, the new child death arrangements, increased requirements for increased demand around safeguarding practice reviews and contextual safeguarding and extra-familial abuse make for a challenging environment.

Safeguarding practice at WSHT continues to be challenged due to the increasing safeguarding activity, each year and the effects of the local and national context we are working within. The resourcing of this activity, particularly in relation to the delivery of safeguarding training, child protection medicals needs to be closely monitored and reviewed. The business case for additional nursing resource was successful in September 2020. A business case for additional medical resource for child protection medicals is currently being progressed.

Other areas of challenge and concern highlighted in the report include; meeting the needs of the increasing numbers of children and young people frequently attending hospital seeking help and support, in particular for those who attend with mental health issues and self-harm. Also, maintaining effective communication and information sharing across the safeguarding system when there are multiple agencies and IT systems involved, in an environment which is complex and dynamic, remains challenging. Effective partnership working with children, families and partner agencies in addition to prevention and early help support are essential and continue to be the focus of improvement.

Overall, improving processes, effective partnership working and a supportive culture, with staff clear of their safeguarding responsibilities, supports the safeguarding of children. Progress continues in the development of training, communication and information sharing processes within WSHT and between partner agencies. Furthermore, the safeguarding team continue to share learning and endeavour to embed effective safeguarding practice throughout the whole Trust. The team also actively contributes and participates to the collaborative work of the WSSCP in order to find new ways of working and continually improve the quality of the safeguarding service.

4.1 Priorities

The child safeguarding priorities for Western Sussex Hospitals NHS Foundation Trust for the following year are shown as follows;

1. Children and family Safeguarding information leaflets
2. Re-audit non-attendance of hospital appointments
3. Re -audit safeguarding processes in A&E
4. Section 11 Audit
5. Audit the use of ICON to ensure it is embedded into practice
6. Work with system partners to improve services for children in particular for looked after children and those attending hospital with mental health issues, self-harm and challenging behaviour
7. Ensure CP Medicals are adequately resourced on the St Richards Hospital Site
8. Improve the training compliance for medical staff to above 95%

5. GLOSSARY OF TERMS

CCG	Clinical Commissioning Group
CP-IS	Child Protection information sharing system
CQC	Care Quality Commission
CPP	Child Protection Plan
CIN	Child in Need Plan
CSE	Child Sexual Exploitation
DFE	Department for Education
EPR (EVOLVE)	Electronic Patient Records
FGM	Female Genital Mutilation
FGM-IS	Female Genital Information Sharing System
HCP	Healthy Child Programme (health visitors & school nurses)
ICS	Integrated care system
IDVA	Independent domestic violence advisor
JTAI	Joint targeted area inspection
LAC	Looked after child
LCSPR	Local Child Safeguarding Practice Review
LSCB	Local Safeguarding Children's Board
MACSE	Multi agency Child sexual exploitation
MARAC	Multi-agency risk assessment conference
NAHI	Non-accidental head injury
NCSPR	National Child Safeguarding Practice Review
NICE	National institute of clinical effectiveness
SCR	Serious case review
WSHT	Western Sussex Hospitals NHS Foundation Trust
WSSCP	West Sussex Safeguarding Children Partnership

Appendix 1 Safeguarding Children Activity 2019-2020

The following data details safeguarding activity per area within WSHT and is based on the number of safeguarding concerns raised and referrals to children's social care.

Table 5

St Richards Hospital (SRH) Children’s Social Care Referral: 2019/20						
Department	Total Referrals 2018/19	Q1 Apr - Jun	Q2 Jul - Sept	Q3 Oct - Dec	Q4 Jan - Mar	Total Referrals 2019/20
Maternity	161	42	57	31	38	168
Paediatrics	55	14	22	15	16	74
A & E	197	86	79	109	114	388
Sexual Health	7	0	1	0	0	1
Children’s Safeguarding Team	n/a	1	12	4	1	18
Other	15	0	4	7	5	16
	435	TOTAL Referrals				665
St Richards Hospital (SRH) Safeguarding Concern: 2019/20						
Department	Total Concerns 2018/19	Q1Apr - Jun	Q2 Jul - Sept	Q3 Oct - Dec	Q4 Jan - Mar	Total Concerns 2019/20
Maternity	76	20	35	33	31	119
Paediatrics	141	22	24	20	18	84
A & E	437	150	148	187	129	614
Sexual Health	6	4	5	3	1	13
Children’s Safeguarding Team	n/a	2	2	5	10	19
Other	27	8	3	18	7	36
	687	TOTAL Concerns				885
SRH Total Safeguarding Activity 2019/20: 1550						

Worthing Hospital (WH) Social Services Referral: 2019/20						
Department	Total Referrals 2018/19	Q1Apr - Jun	Q2 Jul - Sept	Q3 Oct - Dec	Q4 Jan - Mar	Total Referrals 2019/20
Maternity	185	52	59	47	49	207
Paediatrics	100	9	10	12	20	51
A & E	198	60	124	95	150	429
Sexual Health	58	14	7	25	12	58

Children's Safeguarding Team	n/a	13	7	14	20	54
Other	25	2	4	1	6	13
	566	TOTAL Referrals				812

Worthing Hospital (WH) Safeguarding Concern: 2019/20

Department	Total Concern 2018/19	Q1 Apr - Jun	Q2 Jul - Sept	Q3 Oct - Dec	Q4 Jan - Mar	Total Concerns 2019/20
Maternity	278	69	73	59	98	299
Paediatrics	475	26	31	38	22	117
A & E	672	288	222	208	168	886
Sexual Health	77	22	16	9	10	57
Children's Safeguarding Team	n/a	0	1	16	9	26
Other	73	18	14	14	3	49
	1,575	TOTAL Concerns				1434

Worthing Total Safeguarding Activity 2019/20: 2246

Crawley Safeguarding Forms Completed: 2019/20

Dept. Crawley Sexual Health	Total 2018/19	Q1Apr - Jun	Q2 Jul - Sept	Q3 Oct - Dec	Q4 Jan - Mar	Total 2019/20
Referrals	9	5	1	3	1	10
Concerns	53	15	14	7	4	40

Crawley Total safeguarding activity 2019/20: 50

Table 6 Summary of WSHT Safeguarding Yearly Activity 2012-2020

Referral	Maternity		Paediatrics		A&E		Sexual health			SG Team		Other		Total
	SRH	WH	SRH	WH	SRH	WH	SRH	WH	Crawley	SRH	WH	SRH	WH	
2012/13	96	78	25	216	59	328	0	2	0					804
2013/14	101	73	36	198	51	297	1	17	2					776
2014/15	98	123	33	69	93	123	5	25	2					571
2015/16	85	84	35	75	60	167	8	31	5			3	6	559
2016/17	128	152	23	61	99	166	6	35	5			7	21	703
2017/18	129	152	36	60	79	207	12	38	8			14	36	771
2018/19	161	185	55	100	197	198	7	58	9			15	25	1010
2019/20	168	207	74	51	388	429	1	58	10	18	54	16	13	1487
Concern	Maternity		Paediatrics		A & E		Sexual Health			SG Team		Other		Total
	SRH	WH	SRH	WH	SRH	WH	SRH	WH	Crawley	SRH	WH	SRH	WH	
2012/13	134	298	37	185	80	403	0	0	0					1137
2013/14	147	175	73	302	89	437	6	26	11					1266
2014/15	114	287	89	304	271	364	5	38	5					1477
2015/16	106	358	204	218	393	486	42	83	37			8	29	1964
2016/17	68	265	101	339	466	513	14	68	26			0	66	1926
2017/18	66	280	149	468	411	571	6	110	27			30	66	2184
2018/19	76	278	141	475	437	672	6	77	53			27	73	2315
2019/20	119	299	84	117	614	886	13	57	40	19	26	36	49	2359

Agenda Item:	14	Meeting:	Trust Board	Meeting Date:	03/12/2020
Report Title:	WSHFT review of IPC Board Assurance Framework				
Sponsoring Executive Director:	Maggie Davies, Chief Nurse				
Author(s):	Amanda Feest, CQC Registration and Compliance Manager				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	✓	Assurance	✓		
Review and Discussion	✓	Approval / Agreement	✓		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	✓	Sustainability	✓		
Our People	✓	Quality	✓		
Systems and Partnerships	✓				
Any implications for:					
Quality	Potential risk of harm to patients				
Financial	Potential financial risk linked to financial penalties (claims)				
Workforce	Staff health and wellbeing				
Link to CQC Domains:					
Safe	✓	Effective	✓		
Caring	✓	Responsive	✓		
Well-led	✓	Use of Resources	✓		
Communication and Consultation:					
Evidence submitted in the IPC Board Assurance Framework had been provided by the Lead Infection Prevention Nurse, Facilities and Estates, Procurement and Workforce, with oversight from the Head of Clinical Governance and Patient Safety.					
Executive Summary:					
<p>This briefing paper has been developed to provide assurance to the Board that WSHFT IPC BAF completed in June 2020 remains compliant with national quality standards.</p> <p>Two further documents have been published since the IPC BAF and will be reviewed in line:</p> <ol style="list-style-type: none"> 1. HSIB COVID-19 transmission in hospitals: management of the risk (published October 2020) 2. NHSE Covid-19 Guidance (published November 2020) 					
Key Recommendation(s):					
The Board are asked to note the content of the briefing report.					

NHSE Infection Prevention and Control Board Assurance Framework

Quality Standard	Compliance status June 2020	Compliance Status November 2020
1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users.	Compliant	Compliant
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Compliant	Compliant
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	Compliant	Compliant
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.	Compliant	Compliant
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.	Compliant	Compliant
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	Compliant	Compliant
7. Provide or secure adequate isolation facilities.	Compliant	Compliant

8. Secure adequate access to laboratory support as appropriate.	Compliant	Compliant
9. Have and adhere to policies designed for the individual's care and provider organisations that will help prevent and control infections:	Compliant	Compliant
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	Compliant	Compliant

Agenda Item:	15	Meeting:	Board of Directors	Meeting Date:	3 Dec 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	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
Communication and Consultation:					
Executive Summary:					
<p>This report provides the Board with an update, including matters for which the Trust has complied with a NHS I or other regularly requirements. This report does not seek to duplicate matters that are subject to separate agenda items at today's board meeting.</p> <p>Learning from Deaths report – Appendix 1</p> <p>The Trust is required to receive reports on learning from deaths. The Board is reminded that the detail of this report is scrutinised by the Quality Board who report to the Quality Assurance Committee especially in respect of the Trust's processes for learning from the review of deaths. The focus for learning is to improve the Trust's processes. The outcome of this learning manifests itself in the Trust's mortality indices; these are tracked within the routine report to the Board as part of the Integrated Performance Report.</p> <p>Annual General Meeting</p> <p>The Annual General Meeting took place on the 30 September and below for information are the links as to where the slides and video extracts used in the meeting can be found. The documents have been placed on both the Trust Board page and one on the Governors page.</p> <p>https://www.westernsussexhospitals.nhs.uk/your-trust/council-of-governors/</p> <p>https://www.westernsussexhospitals.nhs.uk/your-trust/board/</p>					

Key Recommendation(s):

The Board is recommended to

NOTE the Trust's learning from deaths report and note the learning identified from the structured judgement review process, recognising the detail of this work is subject to scrutiny and oversight at the Quality Assurance Committee.

NOTE the publication of the AGM video and slides.

Agenda Item:	15.1	Meeting:	Trust Public Board	Meeting Date:	November 20
Report Title:	Learning from Deaths Q2 20/21				
Sponsoring Executive Director:	George Finlay Chief Medical Officer				
Author(s):	Tim Taylor Medical Director, Alison Young Head of Quality Improvement, Mary Evans Learning from Deaths Manager				
Report previously considered by and date:	Trust Quality Board 25/11/20				
Purpose of the report:					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
Link to Trust Strategic Themes:					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>		
Our People	<input type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
Any implications for:					
Quality	Learning and quality improvement from the review of deaths				
Financial	Nil				
Workforce	Training requirements and time for individuals to undertake and respond to learning				
Link to CQC Domains:					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
Communication and Consultation:					
A plan for communication is being developed					
Executive Summary:					
The purpose of the briefing is to update the Board of progress in the implementation of the structured approach for reviewing the deaths of patients to provide assurance on care and identify areas where it could have been improved.					
Key Recommendation(s):					
The Board is asked to: Receive and note the progress toward implementation of the 'Learning from Deaths' policy and the learning identified from structured mortality reviews.					

Learning from Deaths Mortality Report Quarter 2 2020/2021 as at 1st November 2020

1. Background:

The Trust wide mortality process reverted back to the electronic consultant level screening system at the beginning of June 2020. This is in line with the expected process and previous outcome reports to the Quality Board with exception of the last report submitted July 2020. That report covered mid quarter four 2019/20 to the end of quarter one 20/21 reporting period following Corona virus business continuity screening of all trust adult deaths in April and May 2020.

2. Screening quarter two reporting period:

2.1 Seven Medical Examiners (ME) were appointed in July 2020 in line with the recently launched Medical Examiners system mandated for all Trusts within England and Wales.

2.2 Phased Medical Examiner activity commenced from the beginning of August 2020. Electronic consultant screening has continued to operate until the Medical Examiner's office has been fully implemented across the Trust.

2.3 Two Medical Examiner Officers (MEO) have been recruited to support the Medical Examiners and commenced their posts in September and October respectively.

3. Activity and outcomes from screening during quarter two 20/21:

Table 1:

Details the total number of adult deaths during Q2 2020 against the number screened electronically according to each site. A total of 456 adult deaths of which 221 (48.46%) have been screened to date.

Table 1: Total Deaths	St Richards			Worthing		
	Number	Screened	% Screened	Number	Screened	% Screened
July	59	34	58	66	38	58
August	75	38	51	90	44	49
September	75	30	40	91	37	41
Total	209	102	49	247	119	48

Table 2: Details the total number of adult deaths during Q2 2020 against the number of deaths scrutinised by the Medical Examiners, according to each site. A total of 456 deaths of which 124 (27%) have been scrutinised to date.

Table 2: Total Deaths	St Richards			Worthing		
	Number	Scrutinised	% Scrutinised	Number	Scrutinised	% Scrutinised
July	59	0	0	66	0	0
August	75	11	15	90	40	44

September	75	16	21	91	57	63
Total	209	27	13	247	97	39

N.B Until such a date that the electronic screening is switched off, there will be some deaths that will have been electronically screened and been scrutinised by the ME.

4. Structured judgement reviews (SJR) during quarter 2 2020

Table 3: Details the number of deaths escalated to SJR process.

Table 3	St Richards		Worthing	
	Referrals from Electronic Screening	Referrals from MEs	Referrals from Electronic Screening	Referrals from MEs
July	5	0	8	0
August	5	1	8	10
September	8	1	14	14
TOTAL	18	2	30	24

NB: A percentage of deaths escalated to SJR may have come from multiple sources e.g. electronic screening, ME's, patient safety team etc.

A total of 76 (17%) of the total adult deaths (456) were escalated to an SJR. A total of 42 (55%) of these SJRs have been completed to date.

Table 4: Details the final overall outcome scores of SJR that were completed from quarter 2 (n=42):

Overall outcome score	St Richards (n=12)	Worthing (n=30)
1 – Very poor	0	0
2 – Poor	1	7
3 – Satisfactory	3	10
4 – Good	7	11
5 – Very good	1	2

4.1 To note: A total of 34 cases were outstanding at the time of writing this report as the learning from deaths review process was incomplete.

4.2 Zero deaths during this period have been identified as more likely than not caused by deficits in care.

5. Learning disabilities (LD) mortality reviews

5.1 During Q2, no patients with a LD patients were identified as having died within WSHFT, thus none were screened or completed the SJR process.

5.2 The learning disabilities mortality review (LeDeR) programme introduced a rapid review form in the event of COVID 19. Completion of these was to help identify any learning or practise that would improve: local support, escalating of concerns or prevent further deaths. These reviews were not part of the NHS England/Improvement LeDeR programme and a full review for each case is still

required. Information from WSHFT was submitted via the Sussex LeDeR programme lead, to aid the rapid reviews at that time. Rapid reviews were halted in August with the push for completion of the backlog of full reviews. The North of England Commissioning Support (NECS) are completing LeDeR reviews on behalf of local clinical commissioning groups and NHS England, and working with the University of Bristol (UoB) who manage the LeDeR programme nationally.

5.3 In the last quarter two rapid reviews were shared with WSHFT via the Sussex LeDeR programme lead, one which commended the excellent care of the ward team at WSHFT. One full review was completed for which there were no recommendations for the Trust.

6. Covid-19 mortality reviews

6.1 During Q2 there were eleven inpatient deaths for patients with a COVID-19 positive test result (ten at Worthing and one at St Richard's). Mortality screens were completed for ten of the deaths (with one pending). Four cases were referred into the SJR process to inform ongoing Trust wide learning.

Of the four cases reviewed where the patient had a Covid positive swab result;

One case was deemed category 2 as defined by NHSI/E. Category 2 = Hospital onset probable healthcare –associated – first positive specimen date 8-14 days after admission to Trust.

For two of the cases reviewed, the conclusion was the patients had received 'adequate' and 'good' care.

The fourth case referred remains under review at the time of writing this report.

7. Learning from deaths themes

7.1 In some of the cases where elements of care were judged to be poor this was associated with insufficient clinical review at the weekend.

7.2 Missed/ delayed diagnosis of the causes of chest pain specifically STEMI and Pulmonary Embolus.

7.3 Communications from community and primary care regarding existing DNACPR arrangements not being effective at the time of transfer to acute care and subsequent admission.

7.4 All patients who die as inpatients following #NOF surgery are routinely reviewed using the SJR method. In this quarter, the number of patients with a #NOF who subsequently died, differed between the two sites with more patients dying at Worthing. Some patients had problems identified with the quality of their care especially at weekends. It should be noted that while the overall SMR for #NOF for WSHFT is below 100 with a specific value of 98.6 in June, there is a significant difference in standardised mortality ratio (SMR) between the two sites with a higher SMR on the Worthing site.

7.5 The timeliness of response with regard to learning from mortality panel feedback/actions from the divisions is varied.

8. Current capacity and future sustainability of robust mortality review processes

8.1 The activity of the mortality reviewers undertaking SJRs can be constrained by their clinical commitments, especially as we now enter the second wave of the Corona virus pandemic. A recovery plan to recruit trainee SJR reviewers and some consultants that are shielding to boost capacity is underway.

8.2 Medical examiners are now fully recruited and have the necessary support from the two MEOs. The implementation on the Chichester site has been slower due to the later appointment of the MEO's.

9. Update on progress against prior learning themes

9.1 Below is a summary of the progress against previously identified learning.

Table 5: Details update of planned action in response to learning themes from Q4 19/20 & Q1 20/21 report

THEME	ACTION	Update	RAG rating
Increased use of palliative care teams, with seven day a week support has significantly improved end of life care for inpatients, with earlier recognition of end of life care needs	Share learning themes and support a business case for palliative care resources	Completed	
The use of record of contact with family, and treatment escalation plans	Share learning Under current review	Ongoing	
Nosocomial cases of COVID 19	Share learning themes from investigations and change processes and procedures according to findings	Completed	
Patients with advanced care plans being admitted to hospital and dying soon after admission	Advanced care plans to be raised at Mortality and End of Life Care Board	Completed	
Poor care associated with patient pathway reviews and weekends	Communicate issues to the HSMR group to inform 7DS project and Hospital at Night work.	Ongoing	
Non standardisation of pathways for use of NIV and CPAP across sites	Review of NIV and CPAP pathways at the clinical advisory group	Ongoing	
Medical input for frail, elderly who have been admitted under trauma and orthopaedics.	To be raised with Medical and Surgical Division	Completed	

Table 6: Details planned action in response to learning themes from Q2 20/21 report

THEME	ACTION	LEAD	Target due date
Missed/ delayed diagnosis of chest pains	Communicate with the Medical Division (urgent care) and Thrombosis Committee	TT	Quality Board Next meeting
Communications regarding DNACPR not being effective especially when patients are first admitted to hospital	Raise at Mortality and End of Life Care Board and primary & secondary care interface group with CCG	TT	Quality Board Next meeting
Raised SMR for #NOF at Worthing with increased numbers of deaths for this patient group and elements of poor care identified at mortality review panel	Working group established with surgery and medicine to review #NOF pathway and outcomes chaired by the Medical Director	TT	Quality Board Next meeting
Varied response from divisions with regards learning from mortality panel feedback/actions	Internal audit Datix RL [®] Mortality Module	TT/ME	Quality Board Next meeting

10. Recommendations

- **NOTE** All mortality screening to be undertaken by Medical Examiner's office in place of the existing electronic screening from January 2021.
- **NOTE** Joint working between ME office, Learning from Deaths Manager and Bereavement team to develop the RL Datix IQ Mortality Module to continue – project launched 12th October 2020.
- **NOTE** the progress against the actions from previous reports

Mary Evans – Learning from Deaths Manager