Meeting of the Board of Directors

10.00 to 13.35 on Thursday 04 February 2021

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 03 December 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

INTEGRATED PERFORMANCE REPORT including REFRESH, RESTORE, RECOVERY UPDATE

6.	10.30	**Quality Improvement** To receive and agree any necessary actions *After this section the Chair of Quality Assurance Committee will be invited to provide their report included at item 10* To receive assurance from Committee and recommendations from the Committee	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 *After these two sections the Chair of Finance and Performance Committee will be invited to provide their report included at item 11* To receive assurance from Committee and recommendations from the Committee	Enclosure	Karen Geoghegan
9.	11.30	**Our People** To receive and agree any necessary actions *At this point the Chairs of the Committees will be invited to provide any additional assurance from the work of their committees.*	Enclosure	Jennie Shore

ASSURANCE REPORTS FROM COMMITTEES

10.	-	**Report from Quality Assurance Committee** - **from the meeting on the 21 December 2020** To receive assurance from Committee and recommendations from the Committee	Enclosure	Joanna Crane
11.	-	**Report from Finance and Performance Chair** - **from the meeting 28 January 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Lizzie Peers
12.	12.05	**Board Assurance Framework** To approve	Enclosure	Glen Palethorpe

OUR PEOPLE

13.	12.15	**Annual Equality Report** To ratify approval	Enclosure	Jennie Shore

SUSTAINABILITY

14.	12.35	**Emergency Preparedness and Resilience and Response Assurance (EPRR) Report** To note	Enclosure	Gethin Hughes
15.	12.45	**Annual Emergency Planning and Business Continuity Report** To approve	Enclosure	Gethin Hughes

QUALITY

16.	12.55	**Flu Vaccination Campaign Update** To note	Enclosure	Maggie Davies

WELL LED & COMPLIANCE

17.	13.10	**Company Secretary Report** To note	Enclosure	Glen Palethorpe

OTHER

18.	13.20	**Any Other Business** To receive and action	Verbal	Chair
19.	13.25	**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
20.	13.35	**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 **01 April 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 03 December 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
	Jon Furmston	Non-Executive Director
	Kirstin Baker	Non-Executive Director Advisor
	Lillian Philip	Associate Non-Executive Director
	Dame Marianne Griffiths	Chief Executive
	Karen Geoghegan	Chief Financial Officer
	Pete Landstrom	Chief Strategy and Delivery Officer
	Maggie Davies	Chief Nurse
	Gethin Hughes	Interim Chief Operating Officer

In Attendance:	Jennie Shore	HR Director
	Tim Taylor	Medical Director
	Lisa Ekinsmyth	Matron for Quality (For Item 13)
	Cathy Coppard	Lead Children's Safeguarding Nurse (For Item 13)
	Glen Palethorpe	Group Company Secretary
	Tanya Humphrys	Board and Committee Administrator

TB/12/20/01   Welcome and Apologies

1.1   The Chair welcomed all those present to the meeting.

1.2   Apologies were received from George Findlay and the meeting was confirmed as quorate.

TB/12/20/02   Declarations of Interests

2.1   There were no declarations of interest.

TB/12/20/03   Minutes of Board Meeting held on 01 October 2020

3.1   The Board received the minutes of the meeting held on 01 October 2020.

3.2   **The Board NOTED the approved Minutes of Board Meeting held on 01 October 2020.**

TB/12/20/04   Matters arising from Minutes

4.1   There were no Matters Arising from the previous meetings.

TB/12/20/05   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 of our staff who continue to be magnificent and demonstrate huge commitment working hard to continue to deliver services and restore services whilst rolling out the Trust's

annual flu vaccination programme and preparing for the potential Covid vaccination also. Marianne commented that the Board wanted to recognise that people are feeling tired and remain committed and hugely positive.

5.3   Marianne advised the Board that Covid has been dominating services since February and explained that the Trust had seen an increase over the last 6 weeks in line with the national second surge, she provided the Board with the most current figures explaining that at the time of the meeting the Trust had 22 inpatients that had tested positive for Covid, 18 in St Richard's and 4 in Worthing it was noted that numbers have been stable and are just beginning to come down.

5.4   It was noted that the Trust wanted to restore activity to more than 90% of last year's activity by October. Marianne explained that the Trust was continuing to see improvements for referrals, outpatients and inpatient elective services. A&E and inpatient non-elective performance have dropped slightly but remain ahead of target.

5.5   The Board was advised that during the second lockdown the Trust had been keeping staff and patients safe by encouraging working from home when appropriate and introduced mandatory mask wearing in hospitals, there are regular updates to any changing guidance and the Trust has managed its PPE supply extremley well. Marianne highlighted that the Trust had now rolled out rapid Covid testing for staff.

5.6   Marianne drew out a number of key headlines including:
The new Urgent Treatment Centre which has now opened and been operational since 01 October 2020 the UTC is working effectively to divert minor illnesses and injuries from A&E and make sure patients can get the right care in the right place at the right time.

5.7   The Trust's Breast Care team won Employee of the month for their innovative and long lasting solutions during the pandemic to put their patients first, they also featured on BBC South Today during breast cancer awareness month.

5.8   Marianne took the opportunity to congratulate 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 who has been awarded an MBE for his services to the NHS and John Thompson, deputy lead governor has also been recognised with an MBE for his services to his local community.

5.9   Marianne commented on the positive news received yesterday [02 December 2020] that the MHRA had approved a Covid-19 vaccination for use and explained the Trust would now be working towards a mass vaccination programme, but was awating further details of how it would be prioritised.

5.10   Finally, the Board was updated on the Merger through aquistion with BSUH, it was noted that a Full Business Case had now been developed for the rationale and benefits of the two Trust's coming together, Marianne explained that the FBC had been approved at a Board meeting earlier the same morning and would now be submitted to the Department of Health and Social Care for approval. Marianne extended her thanks to Pete Landstrom for his work on pulling together the document.

        Alan McCarthy thanked Marianne for her report and also extended his
5.11   thanks to Pete and his team on the work in relation to the Merger, Alan also

echoed Marianne's thanks to staff acknowledging their continued hard work and dedication during a very challenging time.

The Board NOTED the Chief Executive Report.

5.12

TB/12/20/06   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/12/20/07   Quality Improvement

7.1   Tim Taylor updated the Board on the key messages from the Quality section of the report with a particular focus on mortality, the Board was advised that the data being presented was a rolling 12 month figure up to and including July 2020. Tim explained that there was a continuing improvement picture for HSMR which improved to 95.5 in July putting WSHT at the 31st percentile and the in-month figure for July was 85.6, it was noted that this was thanks to the work carried out in relation to the expected number of deaths with the 12 month rolling crude mortality rate at 2.97% against a target of 3.11%.

7.2   The Board was advised that the Trust Stroke Services saw an improvement in the SSNAP rating and for the first time saw a SSNAP rating of A for St Richard's Hospital since the rating was introduced in 2013, Tim noted that it was a substantial cause for celebration, Worthing continued to be rated A for the fourth consecutive quarter.

7.3   Maggie Davies advised the Board that at the latter part of October the Trust saw increasing numbers of patients coming into hospital and increased the volume of testing for patients, it was noted that there had been more positive cases at St Richard's than Worthing for the first time during the pandemic and this was in relation to the prevalence of the virus in the around community.

7.4   It was noted that the Trust has continued with daily bronze meetings with the Infection Prevention and Control senior team to assess the Trust wide situation for the safety of staff and patients. Maggie explained that the Trust continues to offer staff testing and noted that there have been a number of pop-up testing sites in the County which has been beneficial.

7.5   In July all providers were asked by CQC to complete the Infection Prevention and Control Board Assurance Framework, which details 10 standards that the Trust has to meet Maggie explained that the team had re-assessed the Trust position and was pleased to advise the Board that the Trust was compliant against all 10 standards.

7.6   Maggie updated the Board in relation to avoidable harm noting that there has been a rise in inpatient falls, some due in part to patients that have delirium and there is some correlation between Covid and delirium. Maggie assured the Board the work in relation to bay watch was providing oversight of patients.

7.7   Patient experience was restarted and the Trust expects to see the first report in January, it was noted that from the work the Trust has continued to undertake both A&E departments have rated very positively.

7.8

Alan McCarthy thanked Tim and Maggie commenting that it was a very positive picture in relation to quality.

7.9

Joanna Crane asked how many staff had been redeployed during the second wave of Covid in comparison to the first. Maggie advised that it had been reasonably low, there had been some rostering manoeuvers due to shielding but explained that redeployment hadn't been needed in the same way during wave 2.

TB/12/20/08   Systems & Partnership

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

8.2   **A&E**
The Board was advised that 4-hour performance was 91.42% for October 2020, putting the Trust 23rd Nationally for footprint performance. There was a 10.1% decrease in A&E footprint attendances for October in comparison to the previous year.

8.3   **RTT**
Performance was 60.41% for October, an improvement of 5.5% since September 2020. There were 999 52-Week Waiters at the end of October. The RTT waiting list increased by 2323 in October 2020 compared to September 3020, whilst the RTT 18-week backlog reduced by 1470 patients, 502 of which related to ophthalmology.

8.4   **Cancer**
The Trust was compliant against 1 of the 7 cancer metrics (provisionally) in October 2020. The Trust was non-compliant against 62-day referral to treatment following urgent referral, with provisional performance of 72.43% against a National target of 85%, and for 2 week waits 80.2% against 93% target.

8.5   **Diagnostics**
The Board was advised that the Trust remains non-compliant in October 2020 for 6 week diagnostics with 39.44%, but this reduced by 10% when compared to September 2020. The 6-week backlog reduced by 1389, predominantly in non-obstetric ultrasound following a step up in activity during October 2020. Activity for diagnostic tests in September was restored to 100% relative to October 2019.

8.6   Gethin advised the Board that WSHT ambulance handovers in 15 minutes remained the best in Kent, Surrey and Sussex. It was noted that 10 patients waited more than 12 hours to be seen, all of which required acute Mental Health beds, Gethin explained that the Trust was seeing an increase in attendances of Mental Health patients with around 50% not known previously to Mental Health services, the Trust is working very closely with Sussex Partnership Foundation NHS Trust and is on course to open the Mental Health lounge by the end of the calendar year.

8.7   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 Systems & Partnerships

8.8   Lizzie advised the Board that the Committee had received refreshed recovery plans and had received dual assurance plans and performance against constitutional targets but also looked at the trajectories against the

internal plans. It was noted that the Committee had received two deep dives, one in relation to the urgent care plans to improve and sustain improvement in A&E and the other on Cancer to provide the Committee with an understanding and overview of Trust performance. Lizzie explained that both deep dives had provided assurance over the systems and processes operating within the Trust and that the Committee had requested a refreshed trajectory on 52-week waits in January.

8.9 Mike Rymer asked about the Trusts ability to staff the Mental Health lounge, Gethin explained that there has been good interest for substantive recruitment to the lounge, to enable it to go live from January the registered mental health nurses employed in A&E would be used to mitigate any issues in staffing.

8.10 Patrick Boyle asked how the Trust was communicating with patients in relation to waiting times, Gethin explained that the Trust was remaining in contact with all patients and updating them regularly via their Clinical Nurse Specialist and through the patient tracking process. It was noted that following a national clinical validation exercise many of the patients wish to remain on the waiting list and clinical conversations are taking place with patients.

TB/12/20/09   Sustainability

9.1 Karen Geoghegan advised the Board that 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.

9.2 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.

9.3 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 planned deficit of £0.8m, resulting in a favourable variance of £0.45m.

9.4 The Board was advised that the cash position was showing a very significant balance £50m higher than plan, Karen explained that this was purely down to the timing of receiving payments a month in advance. In relation to Capital it was noted that the forecast position was ahead of plan and the Trust was forecasting to spend £8.4m more than at the beginning of the year following funding secured for A&E of £3.7m and further funding to support Covid in early part of the year.

9.5 It was noted that the Trust had submitted a revised financial plan to NHSE/I forecasting a deficit of £2.98m for the period October 2020 to March 2021 recognising that the Trust won't be able to secure non NHS income as has been the case in previous years.

9.6 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, to update the Board on their recent meeting and the assurances received in relation to Sustainability.

9.7 Lizzie advised the Board that the Committee remain assured on the plans and delivery to date. The focus is on gaining assurance over the mitigations to these risks in the subsequent meetings up to year end. The Committee reflected on the elevated risks of 2.1 and 2.2 of the BAF and given the current uncertainties it was felt appropriate to remain at that level.

9.8 Lizzie explained that the Committee looked at opportunities in relation to the Efficiency programme and received an update on the tactical programme noting good levels of engagement across the Divisions.

TB/12/20/10   Our People

10.1 Jennie Shore provided the Board with a summary of the Workforce Performance and drew out the following key points.

10.2 Jennie advised the Board that the people steering group was now well established and oversees the delivery of the programme for the refresh, restore and recover programme for workforce priorities.

10.3 The following key highlights were noted:
- The Trust 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 have been established;
- The Trust has developed and launched a new appraisal process that strengthens focus on staff welfare;
- A Trust management and leadership plan has been developed and programmes are due to commence from January 2021;
- Trust Freedom to Speak Up arrangements have been reviewed and strengthened;
- The roll out of the Trust flu vaccination programme (with ambition of 90% uptake) commenced and to date just under 73% of staff have been vaccinated and 805 have been approached for a flu jab.

10.4 It was noted that the staff briefings have been very welcome and highly attended by staff via Teams.

10.5 Jennie explained that Workforce capacity was broadly static from the previous month, 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 with an additional 224 WTE being deployed to manage the impact of Covid and the recovery and restoration of services.

10.6 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, to update the Board on their recent meeting and the assurances received in relation to People.

10.7 Lizzie advised the Board that the Committee was assured to see sickness and turnover rates stable and noted that the Committee had asked for details of improvement plans in relation to appraisals and training performance. In addition, the Committee had requested further information in relation to rostering and job planning so that the Committee could better understand of the processes supporting the deployment of staff. Finally, Lizzie advised the Board that the Committee would be receiving information in relation to reducing vacancy rates for nursing following a directive to reduce vacancies to no more than 5% by October 2021.

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

TB/12/20/11   **Report from Finance and Performance Chair**
                            From the meeting on 29 October and 26 November 2020

11.1   Lizzie Peers advised the Board that in addition to the highlights received as part of the Integrated Performance Report the Committee had received a brilliant update from Ian Arbuthnot on the IM&T programme, he also talked about the future PAS replacement and that all lessons learnt from the implementation of the system at BSUH would be considered and mitigations put in place for the WSHT roll out.

11.2   Lizzie advised the Board that Committee had also received business cases in relation to the Replacement Cath Lab for Worthing Hospital, a new MRI Scanner for St Richard's and Trust wide investments for both emergency departments.

11.3   **The Board NOTED the Report from the Finance and Performance Committee Chair.**

TB/12/20/12   **Report from Audit Committee**
                            From the meeting on 08 October 2020

12.1   Jon Furmston presented the report from the Audit Committee drawing out the key points and highlighting that the Committee had received two final reports from internal audit in Covid-19 Governance and Budgetary Controls.

12.2   It was noted that the Committee had received an update from Counter Fraud and looked at the level of fraud experienced by various different Trusts which highlighted common areas the Committee also received a benchmarking report in relation to tender waivers positively the Trust came back as one of the best Trusts in the country.

12.3   External Audit provided the Committee with an update with the main points around the challenging year in relation to finalising year-end financial audit. Finally, Jon advised the Board that Ian Arbuthnot attend to provide the Committee with an update on cyber security following the audit earlier in the year to take the Committee through the plans and advised that all areas of work were now completed aside from a small number of actions which were in train.

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

TB/12/20/13   **Board Assurance Framework**

13.1   Glen Palethorpe drew the Board's attention to the summary of the key strategic risks within the Board Assurance Framework (BAF) and noted that the information received through the integrated performance report and assurance reports from Committee Chair's link to the details in the BAF.

13.2   Glen highlighted to the Board that the review by the Finance and Performance Committee confirmed that they considered the current scores were fairly represented and whilst work had been done in relation to the financial regime the risk score had not been reduced.

13.3   It was noted that one risk at 3.4 had been increased from Quarter 2 to Quarter 3 in relation to the staff wellbeing. This increase was in part linked to the second lockdown but also linked to the need to ensure consistent delivery of the actions being taken within this area.

13.4 **The Board APPROVED the Board Assurance Framework recognising that the Finance and Performance Committee had recommended the risk scores as being a fair reflection of the risks facing the Trust.**

TB/12/20/14   **Adult and Children's Annual Safeguarding Reports 2019/2020**

14.1   Maggie Davies introduced Cathy Coppard and Lisa Ekinsmyth to present the Annual Adults and Children's 2019/2020 Safeguarding Reports and thanked both teams for their dedication and hard work throughout the year.

14.2   **Children's Annual Safeguarding Report 2019/20**
Cathy began by drawing out some of the key highlights of the Children's Safeguarding activity for 2019/20 explaining that the data doesn't give insight to the complexity of the cases, it was noted that attendances are increasing annually and that there has also been an increase in referrals to social care. In addition, Cathy highlighted that there had been more detainments under the Mental Health Act over the last financial year and that this was expected that to increase in the next year.

14.3   The Board was advised that activity always remains higher at Worthing however the Team have noticed that there is a steady increase of cases at St Richard's.

14.4   Cathy highlighted that the team had managed to deliver training to 95.7% of staff, 78.8% of whom were medical staff, it was noted all learning is put into practice and drew the Board's attention to slide 3 of the presentation which detailed some of the learning themes from West Sussex case reviews.

14.5   Cathy drew her presentation to a close highlighting the achievements of the team over the year in particular providing a service through the pandemic and noted some of the priorities going forward in particular supporting a business case for specialist domestic abuse support in both hospitals.

14.6   **Adults Annual Safeguarding Report 2019/20**
Lisa highlighted the key points from the 2019/20 Safeguarding Adults activity noting that as with Children's Safeguarding the team had seen an increase in activity continuing the trend of increasing cases with 513 safeguarding concerns raised, 540 Deprivation of Liberty (DoLs) authorisation requests and 125 detentions under the Mental Health Act.

14.7   It was noted that there had been 540 DoLs in this period compared to 425 last year. Lisa went on to explain that there was a significant difference between Worthing and St Richard's in the number of DoLs referrals and the team were looking at the data to understand the differences.

14.8   Lisa highlighted a number of challenges including that the rising demand and increasing activity and the workload challenges this presents to the very small Safeguarding Adults team. Lisa drew the presentation to a close emphasising some of the achievements of the team, including a learning from deaths event that was very well attended and received.

14.9   Alan McCarthy thanked Cathy and Lisa for their presentations commenting that some of the less well known consequences of Covid is the impact on safeguarding for both Children and Adults.

14.10 Joanna Crane commended the quality of the work of both teams and thanked them for their continued dedication and hard work. Maggie

concurred commenting that the passion the team have for their work is incredible adding that it is very hard emotional work.

| 14.11 | **The Board APPROVED the Annual Adult's and Children's Safeguarding Reports for 2019/2020.** |

TB/12/20/15   Infection Prevention and Control Board Assurance Tool

15.1   Maggie Davies advised the Board that the Infection Prevention & Control (IPC) Board Assurance Framework Tool provided assurance to the Board on the Trust's IPC processes.   Maggie reminded the Board that this toolkit was reported previously to the Board and this update confirms that the Trust remains compliant with national quality standards in this area and is consistent with the information also provided within the Integrated Performance Report and to the Quality Assurance Committee.

15.2   **The Board NOTED the IPC Board Assurance Framework.**

TB/12/20/16   Company Secretary Report

16.1   Glen Palethorpe presented the Company Secretary Report highlighting to the Board the Quarter 2 Learning from Deaths Report that was included, the detail of which was taken in the Quality section of the Integrated Performance Report.

16.2   Glen confirmed that the Annual General Meeting took place on the 30 September and provided the link as to where the slides and video extracts used in the meeting could be found.

16.3   **The Board NOTED the Company Secretary Report**

TB/12/20/17   Other Business

17.1   There was no other business to discuss.

TB/12/20/18   Questions from Members of the Public

18.1   Glen Palethorpe advised the Board that two questions had been submitted which had been interpreted as follows; firstly, what is process for investigating deaths and what is our current level of mortality against the nationally expected positon and secondly what is the Trust process to the complaints.

18.2   Tim Taylor explained that as outlined in the Quarter 2 learning from Deaths report the Trust screens all death, the Trust is currently in a period of transition where by newly appointed Medical Examiners (ME) review each death on an individual basis, from January the ME's will be reviewing 100% deaths then from early January a proportion will move on to a structured judgment review carried out by the Trust mortality reviewers where any concerns about care will go onto to a learning from deaths panel where identified learning themes will be fed back through the quarterly Learning from Deaths report

18.3   Tim added that at the moment the number of predicted expected deaths, as predicted by Dr Foster, is greater than the number of observed deaths which accounts for around 85% of the deaths the Trust sees, therefore currently WSHT has less deaths than we would be predicted to have at the moment.

18.4

Maggie Davies advised the Board that there are two different ways that members of the public can raise a complaint; the first is to raise a concern through the PALs team which is for informal complaints or formal complaints that are made in writing to the Trust. Maggie explained that the Trust had done a lot of work over recent years in relation to complaints and each week look at the high grade complaints received, a local resolution meeting is offered with the complainant and the relevant Divisional team and a response letter is prepared from the CEO which is reviewed and sent within 25 days. All complaints are tracked to completion to ensure that no complaint is lost and each receives an answer.

TB/12/20/19   Resolution into Board Committee

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

TB/12/20/20   The Chair formally closed the meeting

TB/12/20/21   Date of Next Meeting

21.1   It was noted that the next Board Meeting would take place at 10.00 on **Thursday 04 February 2021** via **Microsoft Teams Broadcast.**

Tanya Humphrys
Board and Committee Administrator
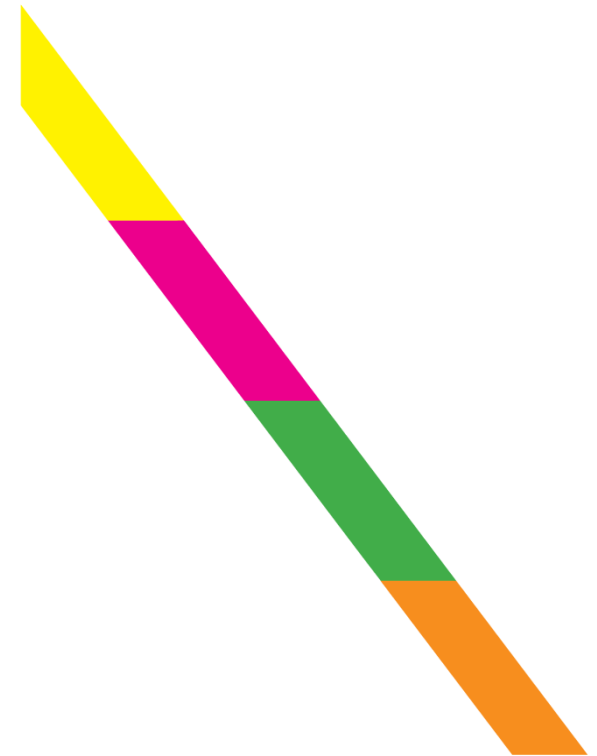December 2020

Signed as a correct record of the meeting

Chair…………………………………………….

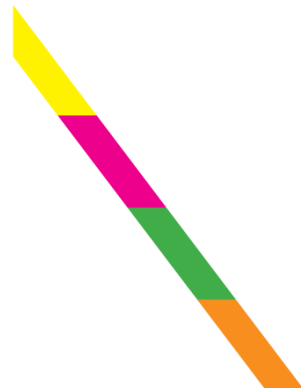Date………………………………………………..

Chief executive's report

Dame Marianne Griffiths

February 2020

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- Merger update

Thank you to all our staff

*"Thank you for all you have done throughout this extraordinary year.

You are the very best of the NHS - always putting our patients first and continually supporting and caring for one another.

I am confident that working together we will overcome all the challenges this pandemic poses."*

Dame Marianne Griffiths, Chief Executive
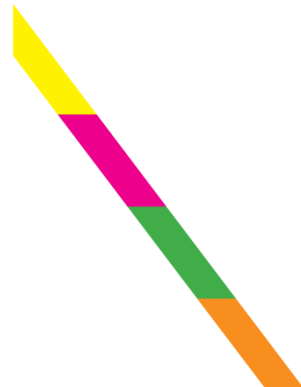
Headlines: Covid-19 update

- We are currently caring for 235 Covid patients across our hospitals

- The number of new cases in the local community has steadily fallen for the last week and is now declining in all areas of West Sussex.

- With 4,791 new cases across West Sussex in the seven days to 12 January (554.4/100,000), the new infection rate is currently at its lowest so far this year

figures from 26/01/2021

Headlines: Vaccination Launch

To date we have vaccinated 85% of staff including 80% in high risk groups.
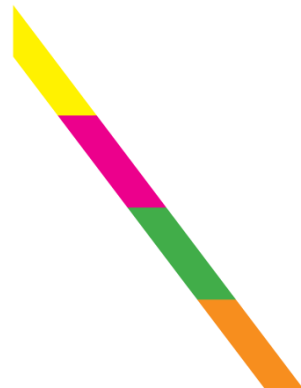
The vaccination hub in Worthing Hospital launched in late December and in St Richard's at the beginning of January.

Our vaccinators have been working tirelessly to make sure our outpatients, staff and other health care providers have their vaccine.

Thank you to our wonderful vaccination hub volunteers.

figures from 26/01/2021

Headlines: Lockdown

Keeping patients and staff safe

Following the second national lockdown announced after Christmas, we have continued to:

- Encourage colleagues to work from home when appropriate

- Support clinically extremely vulnerable staff to stay at home

- Introduce mandatory mask wearing by everyone in our hospitals

- Limit visiting to reduce the number of people in our hospitals. Families have been encouraged to use digital means to keep in touch with patients. Our ward managers are doing their best to make compassionate decisions regarding visiting to meet the needs of our patients and their loved ones.
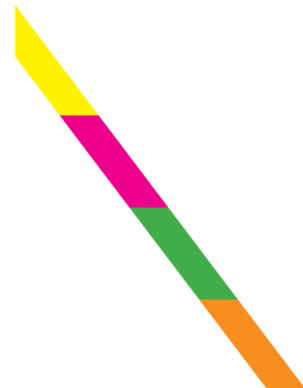
Headlines: Workforce Planning

Testing

We are continuing to encourage our staff to use their lateral-flow at home testing kits to regularly test for asymptomatic Covid. We will have a further delivery of these kits as staff start to run out of their initial 12 week supply.
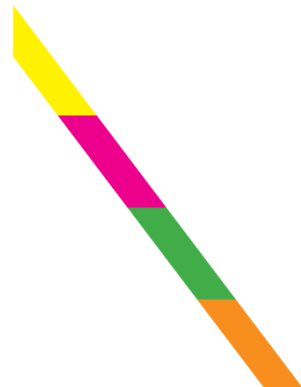
Headlines: Mental Health

Staff in Mind
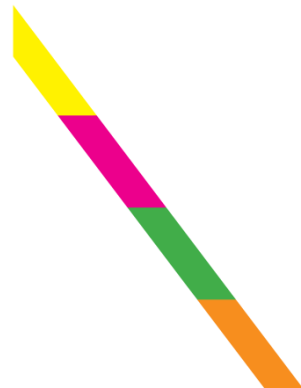
A new confidential service for staff in Sussex provided by Sussex Partnership.

Counselling service / HELP

Vivup employee assistance programme

NHS apps

Chaplains and spiritual care team

Headlines: Awards

Well done to finance

Financial Reporting and Compliance and Financial Services teams won the regional Healthcare Financial Management Association's 'Overcoming Adversity Award'.

Headlines: TCAM

Transfer of Care around Medicines

A patient's medication often changes while they are in hospital. For some patients these changes can be difficult to remember and keep track of.

TCAM helps ensure that when a patient leaves hospital, they have access to the support they need to in order to gain a better understanding of the medicines that they have been prescribed during their hospital stay.
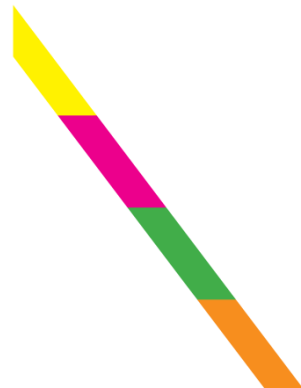
Headlines: Investment

Multimillion pound refresh of St Richard's Hospital laundry

A £5.9 million three-year improvement programmed to refresh the laundry and linen department at St Richard's Hospital in Chichester will boost productivity, create 25 new jobs and reduce carbon emissions.

New MRI Scanner

A £1.79 million investment has been approved to replace the 16 year old MRI scanner at St Richard's with a new state of-the-art model from Siemens called the Magnetom Sola.

Diary highlights

- Sussex Acute Collaborative Network – held on a monthly basis
- Staff briefings
- Sussex Health & Care Partnership Executive Meeting
- South East Leadership Summit
- Covid Briefing calls with MPs
- Amanda Pritchard visit to Worthing & RSCH
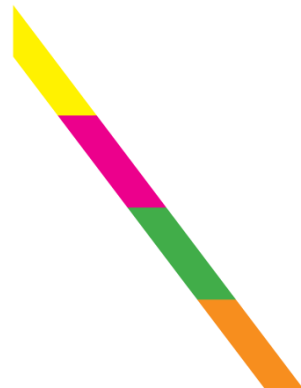
Merger

WSHT and BSUH merger - better for everyone

The Trust Boards believe a new, single organisation will create exciting opportunities for the hospitals to grow and develop services and continue to deliver outstanding care to communities across Sussex.

BSUH and WSHT have worked closely together and shared an executive team since April 2017.

" To achieve together what we cannot achieve alone

Merger – our commitments

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

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

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

- This includes maintaining 24/7 A&E, emergency care, maternity services, tertiary, specialist and trauma services at all current locations

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

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

Merger progress

Subject to approvals, the new trust will exist from 1 April 2021.
Prior to this date, we have agreed to only change what <u>needs</u> to be changed to support the creation of the new trust. This includes:

- New regulatory registrations
- Revised Council of Governors and new membership recruitment
- Transfer and protection of staff employment terms and conditions
- New board and committee arrangements from 1 April 2021
- Executive structure in place in shadow form before April 2021

As well as:

- Financial system changes, including new single ledger
- Refresh and integration of performance and quality reporting
- Refreshed IM&T infrastructure, to enable some day one interoperability
- Integration of essential processes and policies, e.g. emergency preparedness

New organisation

Clinical operating model

- The size and scope of the new trust means a simple merger of the current divisions at WSHT with the divisions at BSUH, into a similar (but bigger) structure will not work
- An engagement and design process will run from March 2021 through to June 2021, ahead of any formal consultation and changes

Corporate operating model to be in place by April 2022

- The spine of the organisation will be the clinical operating model with services integrated, and led at appropriate divisional level
- Work is ongoing to develop the best corporate operating model and substructures that will align to new executive team portfolios
- Changes to be fully implemented by April 2022 where appropriate and possible
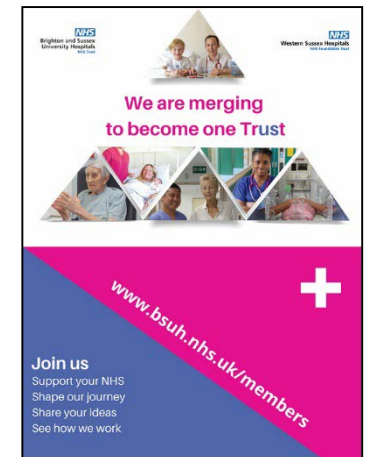
New organisation

Developing a new clinical strategy

- Our ambition is to embed clinical excellence and innovation at the heart of the new organisation
- The strategy will identify clinical benefits of merger and tackle long-standing issues that historically have proved too big for either trust to overcome
- The strategy will be Informed by the knowledge and expertise of our people; staff and patient feedback; and data on our services and our population
- Phase 1 of this work starts in March - creating a strategic framework to identify services with best opportunity for improvement, taking into account existing priority improvement projects and programmes.
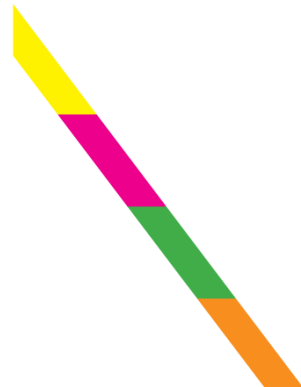
Membership recruitment

The new organisation will be a Foundation Trust supported by members and a Council of Governors. BSUH and WSHT staff, as well as existing WSHT public members, will become members of the new organisation in April.

We are now recruiting new members who represent the communities BSUH serves, i.e. Brighton and Hove, Mid Sussex and East Sussex.

Thank you

NHS
Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	6-9	Meeting:	Trust Board	Meeting Date:	04 Feb 2021
Report Title:	**Integrated Performance Report – Month 9**				
Sponsoring Executive Director:		Marianne Griffiths, Tim Taylor, Maggie Davies, Gethin Hughes, Karen Geoghegan			
Author(s):		Marianne Griffiths, Tim Taylor, Maggie Davies, Gethin Hughes, Karen Geoghegan and Jennie Shore			
Report previously considered by and date:		Individual elements considered by relevant Board Committee			

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

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

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

Any implications for:	
Quality	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:
Attached is the Trust's integrated performance report.

Key Recommendation(s):
To note the content and following receipt of the Committee assurance reports, consider if there are areas for referral back to the Committees where enhanced assurance is required.

Integrated Performance Report

February 2021

Contents

Structure of the report

Introduction - Patient First
Quality Improvement
Systems and Partnership
Sustainability
People

Patient First Strategy Deployment Framework

True North

"The key goals of the organisation to achieve" by which we know we would be delivering high quality care, in a sustainable way.

3-5 Years
Specific Metrics

Breakthrough Objectives

"Focus the Organisational Improvement Energy" to turn the dial on delivery of True North.

Horizon : 0-12 Month
Specific Metrics

Changes delivered through the Front Line

Corporate Projects

"Start and Finish organisational wide or complex projects" that need to deliver this year to help deliver True North

Horizon : 0-18 Month
Task and Finish Projects

Central Oversight and Support / Resources

Strategic Initiatives

"Must Do Can't Fail" strategic programmes of work to drive forward and support delivery of True North.

Horizon : 1-3 Years
Programmes of Work

Will Create sub-Projects and Improvement Efforts

Patient First True North

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

Key messages for Board

Effectiveness:

Mortality

The HSMR up to and including September 2020 has reduced to 94.4 (27th percentile) and the in month HSMR for September has risen to 104.5. The 12 month rolling site specific HSMR for St.Richard's Hospital (90.3) remains below Worthing (97.8) although Worthing has had an improving trend for the last 5 months data.

The crude mortality (non-elective) in December was 3.24% reflecting 175 deaths of 5393 discharges and the 12 month rolling crude (non-elective) mortality rate including December 2020 is 2.98% against a target of 3.11%.

Quality Performance - Effectiveness

Mortality indicators

The latest SHMI for the 12 months up to
and including June 2020 is 1.01. This falls
within the statistically 'as expected range'
and is a slight improvement on the
previous quarter.

Covid 19 Mortality

In December, 33 inpatients died with a
current COVID-19 positive test result (9 at
Worthing and 24 at Chichester). The trust
has had more deaths in wave 2 of the
pandemic than wave 1. The age
distribution of deaths has been similar
between waves.

Quality Performance - Effectiveness
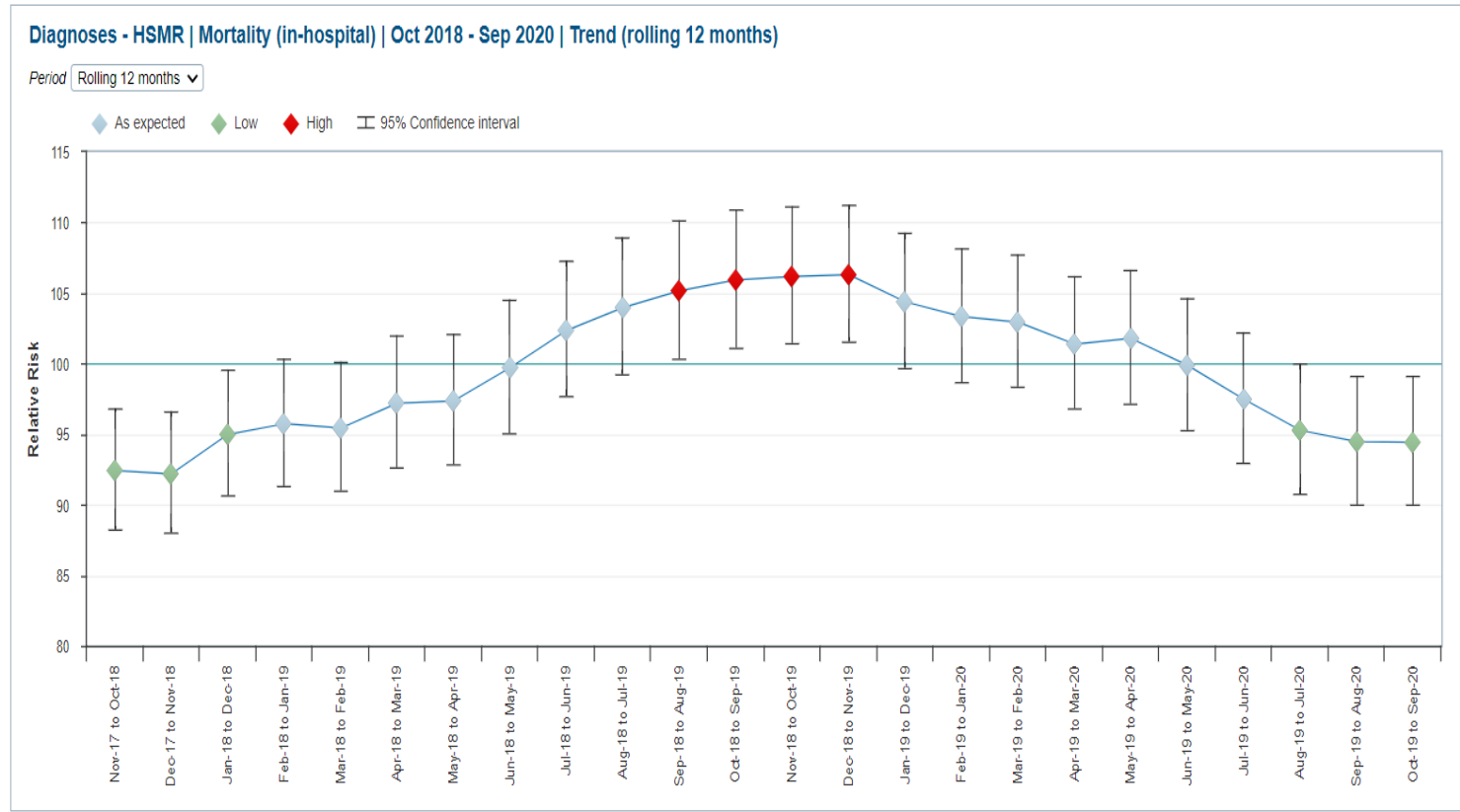
Diagnoses - HSMR | Mortality (in-hospital) | Oct 2018 - Sep 2020 | Trend (rolling 12 months)

Quality Performance - Effectiveness

Deaths in hospital by age band - Covid positive patients

Quality Performance - Effectiveness

% Deaths in hospital by age band - Covid positive patients
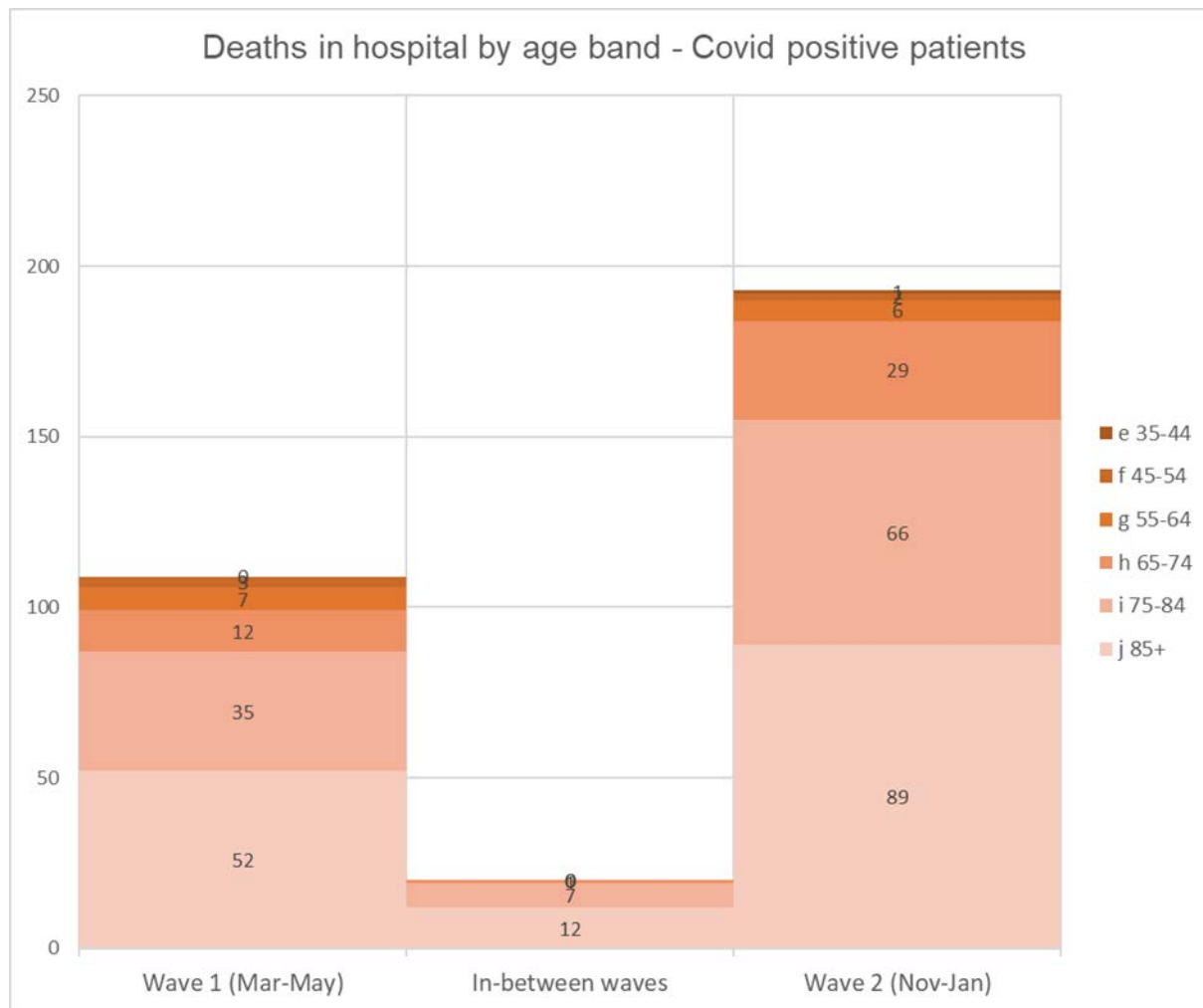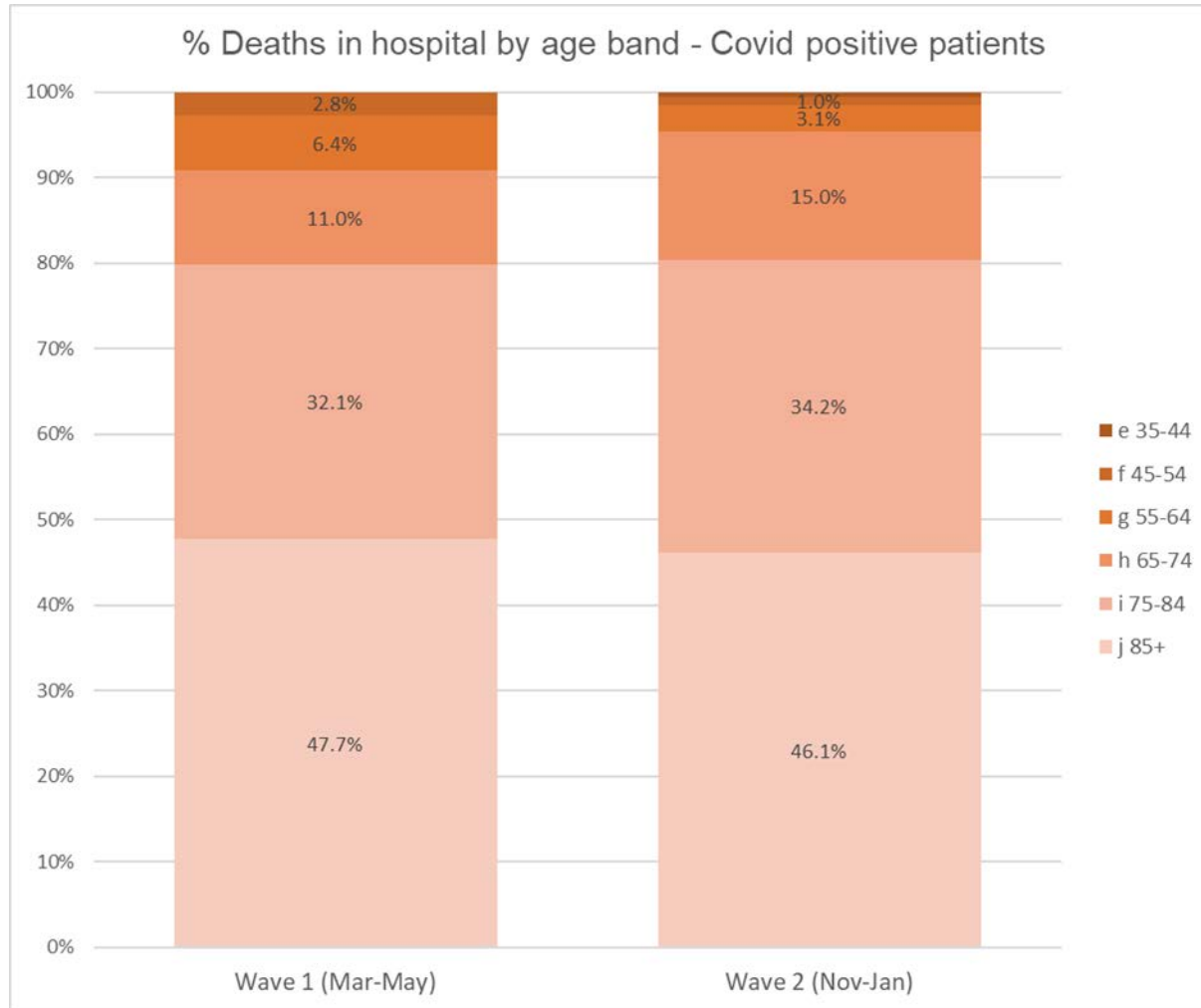
Quality Performance - Effectiveness

Stroke Services

The latest quarterly SSNAP performance released in December 2020 for July-September 2020 has rated St. Richard's and Worthing Hospitals as Grade B. Their scores were 76 and 80 respectively. Both sites achieved a grade A in the previous quarter.
Key issues for SRH are thrombolysis, SALT and specialist assessments. For Worthing, specialist assessments and discharge.

Quality Performance - Safety

Infection Prevention and Control

The COVID-19 (Pfizer) vaccination campaign commenced on 22.12.2020 with the successful opening of the Worthing Hospital vaccinating hub at the education centre. This was a very positive boost for staff morale and wellbeing; initially offering the first dose of the vaccine to the most vulnerable groups of healthcare key workers.

On 04.01.2021 the St Richards vaccinating hub opened.

This has been an immensely successful and popular work programme, with multiple clinicians from all specialities volunteering their services to support and assist with either vaccinating or supporting the administration of the programme. The training/competency for the COVID-19 vaccinators has been completed with the expert oversight of the Trust chief pharmacist and pharmacy team.

As of January 27th 86% of the workforce had received the 1st dose of the Pfizer vaccine with over 15,000 vaccines being given to date.

Quality Performance: Infection Prevention and Control
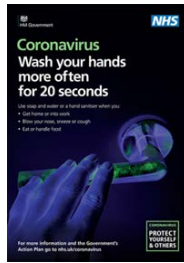
December 2020 evidenced a continued focus and vigilance for all teams across the Trust.

In line with the national picture of the second wave peaking, the variant strain of COVID-19 and the mutual aid afforded to the Kent region, the Trust has observed a significant increase in COVID-19 cases admitted to both sites.

December 2020 observed an increase in the numbers of COVID-19 tests for patients, with a significant increase in reported positive cases on both sites, higher at SRH triangulating with the increase in outbreaks.

The total number of tests completed in December was 4025; with 132 recorded as positive at SRH and 121 recorded as positive at Worthing.

Quality Performance - Safety

Infection Prevention and Control

In addition in December 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.

The total number of symptomatic staff tests recorded in December was 341 with 207 being tested elsewhere. Of the 341 staff tested at WSHFT; 147 tested positive to COVID-19 (51 at SRH and 96 at Worthing).

The increase in testing elsewhere may be aligned to cold/flu symptoms and the roll-out of the twice weekly lateral flow testing for all WSHFT staff has now been implemented which has also influenced the increase in testing.

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.

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 August 2020. The final approved HSIB gap analysis will be presented to the Quality Board in February 2021.

In addition NHSE have recently produced two further assurance documents:
➢ *Key Actions: Infection Prevention and Control Testing*: 10 point gap analysis. Presentation to February Quality Board.
➢ *Infection Prevention and Control Board assurance Framework* (BAF) revised October 2020. Presentation to the Trust Board January 2021.

Quality Performance: Board Assurance

IPC Board Assurance Framework v1.4, October 2020

| Key Lines of Enquiry	Compliancy Status	Continuous improvement / Actions
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.	Partially Compliant (90%)	• Covid-19 specific training to be incorporated into annual mandatory training. • Clarification required of cleaning high touch points within non-clinical areas.
Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Compliant	N/A
Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	Compliant	N/A
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	N/A
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	N/A
Provide or secure adequate isolation facilities.	Compliant	N/A
Secure adequate access to laboratory support as appropriate.	Compliant	N/A
Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.	Compliant	N/A
Have a system in place to manage the occupational health needs and obligations of staff in relation to infection	Partially Compliant (90%)	• Further work ongoing to ensure all staff have up to date and refreshed risk assessments in place. • HR to determine access to the National Algorithm associated to FFP3 and staff redeployment.

Avoidable Harm– Key Metrics

Falls

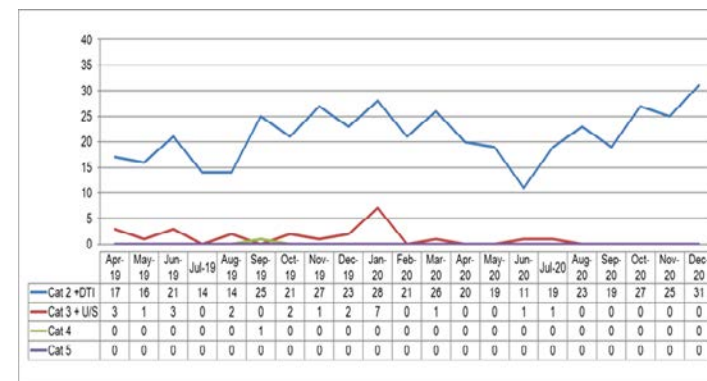Trustwide Falls Monthly Run Chart 2019/21
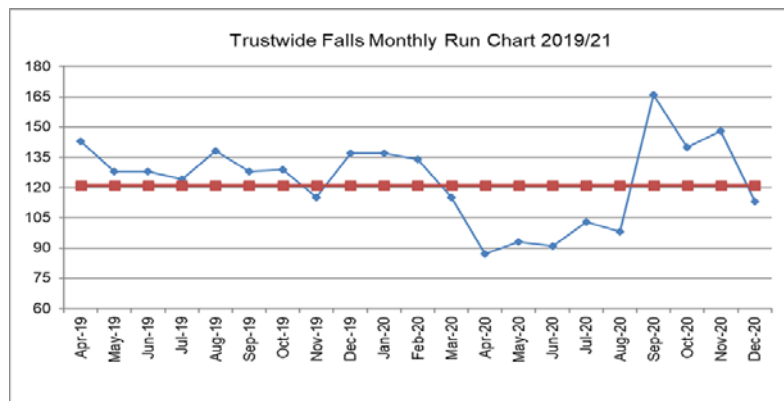
Trust Goal: no more than 120 falls each month

Current Performance and Actions:
- December showed improved performance
- Covid pressure and precautions continue to present a challenge for teams
- Delirium, Baywatch lapses and post fall care have been highlighted as key areas of learning.
- Dementia team continue to support teams with complex patients
- New safer care improvement nurse in post late December and is working with teams experiencing greatest challenge to refresh their falls prevention approach

Pressure Ulcers

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Cat 2 +DTI	17	16	21	14	14	25	21	27	23	28	21	26	20	19	11	19	23	19	27	25	31
Cat 3 + U/S	3	1	3	0	2	0	2	1	2	7	0	1	0	0	1	1	0	0	0	0	0
Cat 4	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cat 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Current Performance and Actions:
- We have set an ambitious goal of 30% reduction during 2020/21
- Currently on target with no patients since July developing cat 3 or above in our care
- Key to this success is the proactive recognition and reporting of cat 1 & 2 ulcers.
- Levels of cat 2 and DTI increasing - the TV team follow up patients through their admission to ensure appropriate care is in place to prevent deterioration.
- Discharge communication remains a theme - improvement work continues.

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
- Central reporting of FFT rates to NHS England commenced in January 2021 (December 2020 data) with submission at the end of this month.
- The PALS team and Patient Experience volunteers are supporting the collection of data to assist the wards by carrying out virtual surveys with inpatients following discharge where possible.

Friends and Family Test - Positive Recommendation rate %

Performance Summary

Non Elective Care

Target: A&E 95% <4hrs

Elective Care

Target: RTT 92% <18wks
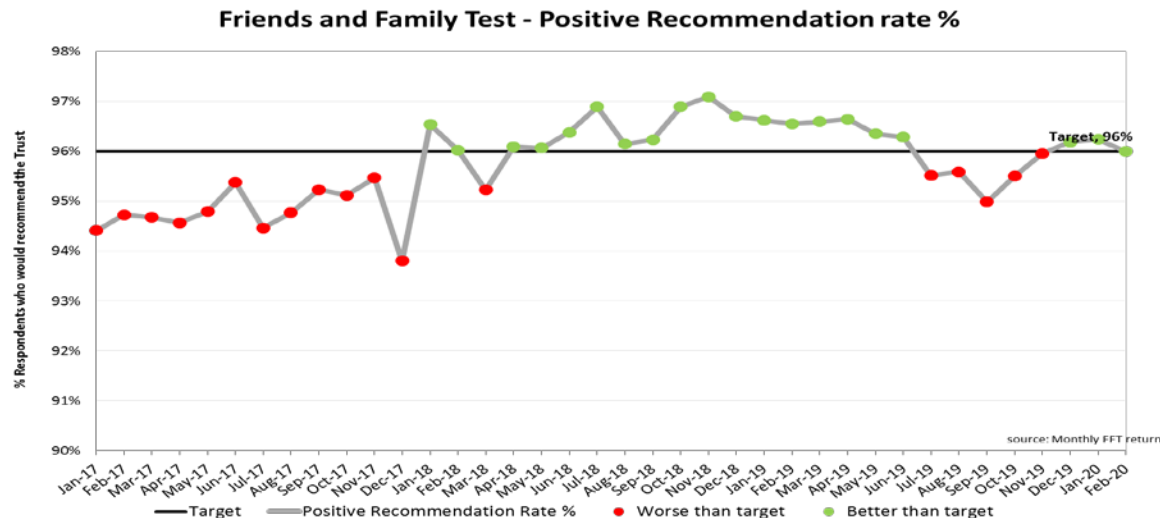
- A&E 4 Hour performance was 89.92% December 2020, 10th Nationally for footprint performance. There was a 16.3% decrease in A&E footprint attendances for December in comparison to last year.

- Dec-20 RTT performance was 64.26%, a marginal reduction from 64.59% Nov-20. There were 1607 x 52 Week Waiters on the incomplete PTL end Oct-20. The RTT Waiting List increased by +1827 waiters Dec-20 compared to Nov-20, whilst the RTT 18 week Backlog increased by 807 patients , 265 of which related to gastroenterology.

- The Trust was non-compliant against 62 day referral to treatment following urgent referral with provisional performance of 63.1% against National target of 85%, and for 2 week waits (77.4% against 93% target)

- The Trust remains non-compliant in December 2020 at 38.94%, a deterioration from 34.36% in November 2020. The backlog has grown by 436 (12.8%). Activity for diagnostic Tests in December was restored to 109% relative to Dec-19.

Performance Summary – Demand

- The Trust continued restoration of elective services by clinical priority post lockdown 1 and during lockdown 2.Demand has been suppressed in late December and early January as a result of National Lockdown 3
- A&E Demand October was 16.3% decrease compared to Dec-19
- Elective Referral Demand was 96% restored Dec-20 compared to Dec-19

Systems & Partnerships – A&E

A&E Hour Target (Footprint)
WSHFT — England Ave. ••••• Target

15 Minute Ambulance Handover Performance %
WSHFT — Worthing — SRH
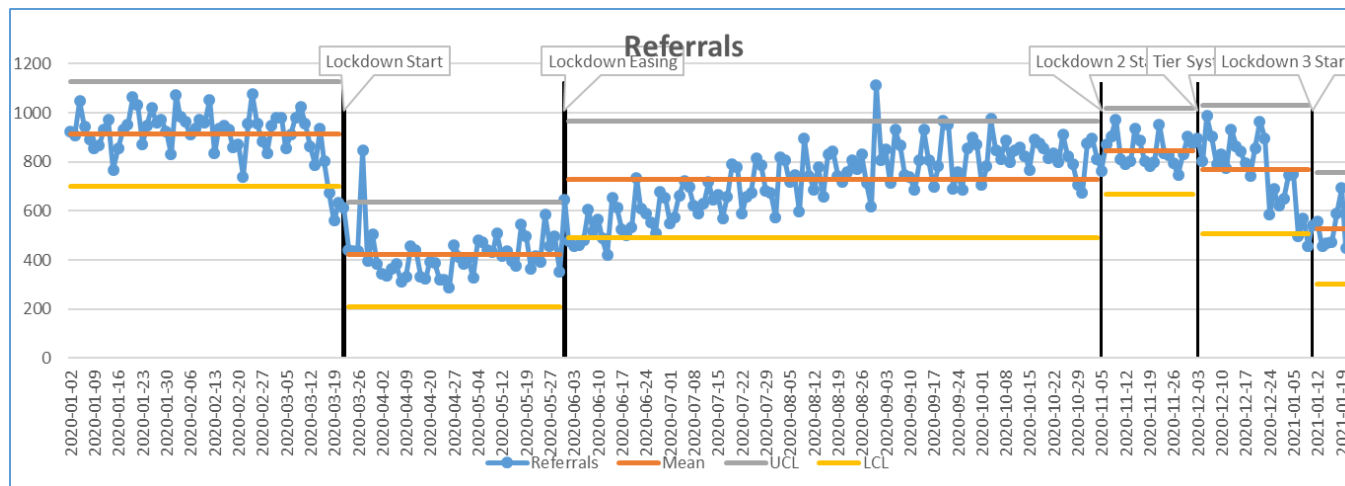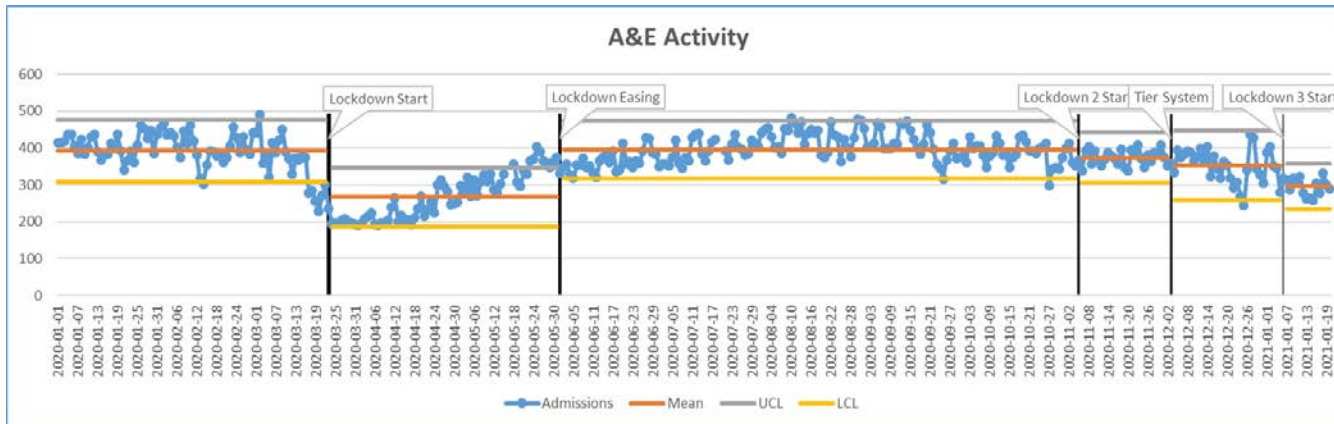
- Trust performance (footprint) was 89.92% Dec-20. There was a 16.3% decrease in A&E attendances December compared to Dec-19 (83.7% restored)
- Emergency admissions decreased by -16.7% relative to Dec-19
- Super stranded (LLOS) patients (>21 days) decreased to 84 patients Dec-20 (-9.7%) from Nov-20.
- MRD numbers reduced to 75 per day Dec-20.
- Bed occupancy reduced on average to 86.5% (-1% relative to Nov 20).
- There were 10 12 hour delays relating to mental health patients.
- Covid-19 has impacted materially on emergency performance January.

General and Acute Bed Utilisation and MRD Patients
SRH   Wor   MRDs
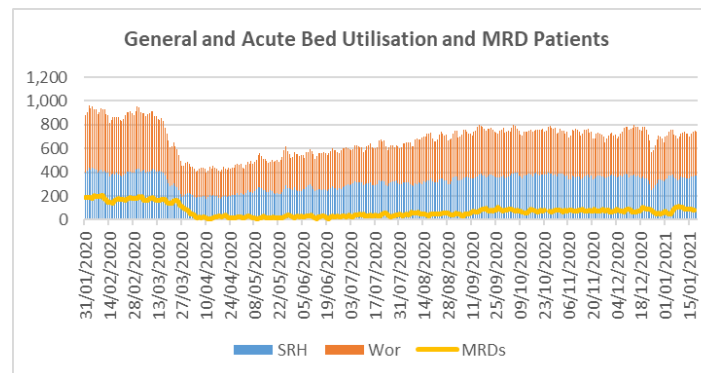
Emergency Flow Improvement Actions
- Opened escalation beds above planned levels
- Emergency Care Improvement plan developed
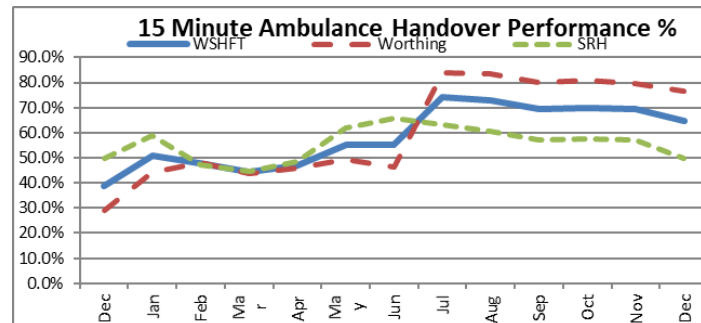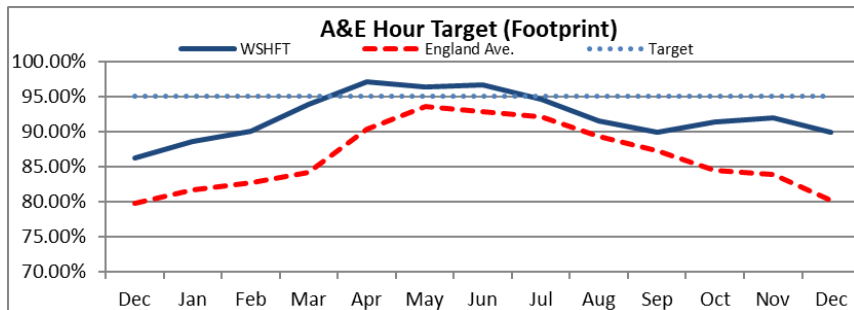- Urgent Treatment Centre – increasing alternatives to attendances/admissions: 10-4 to begin with planned further expansion
- December 111 First – where patients will need to book via 111 clinical advisory service, with associated hear and treat
- Continuation of MRD colloaborative work, focus on integrated discharge coordinated with community and social care to expedite complex discharges
- New matron recruited to SRH

Systems & Partnerships – RTT

18 Week Performance

Over 18 week backlog by Month

52 Week Breaches
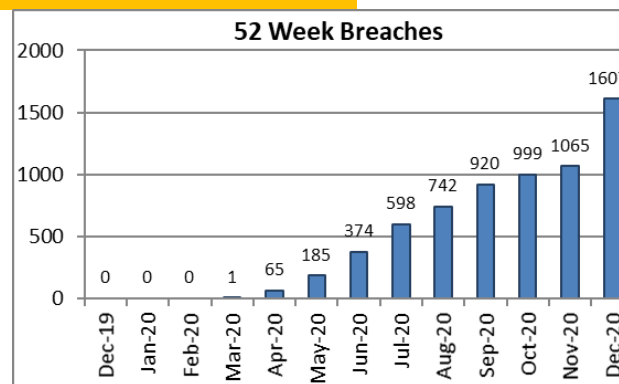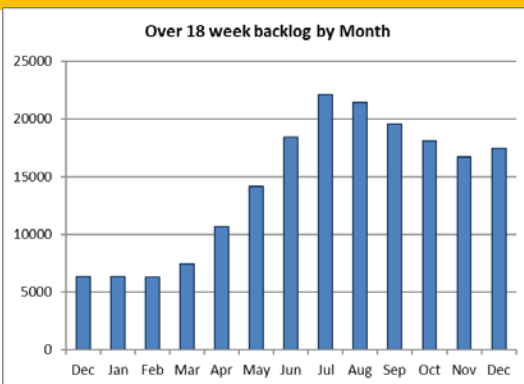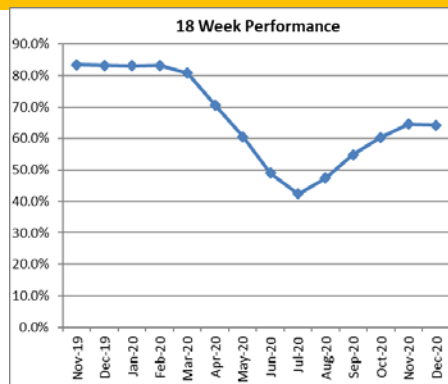
- Dec-20 RTT performance was 64.26%, a marginal reduction -0.3% from Nov-20. This is 19% lower than Dec-19.
- There were 1607 x 52 Week Waiters on the incomplete PTL end Dec-20, 595 orthopaedic, 335 general surgery, 169 oral surgery and 162 ENT.
- The RTT waiting list increased by +1827 waiters Dec-20 compared to Nov-20. This is 11,161 more than Dec-19. Largest increase observed in general surgery with an increase of 2620 patients between years
- Clock Starts were 2% lower in Dec-20 than Dec-19 (restored to 98%), whilst the trust stopped 8617 RTT clocks in Dec-20, -1234 (-12.5%) fewer than Dec-19(87.5% restored).
- Covid response has led to reduced elective treatments January 2021 to focus on clinically urgent covid and most clinically urgent elective patients. This will materially impact on 52 week recovery and waiting times for routine elective care. This is supported by enhanced collaboration from IS to help maintain treatment for the most urgent patients.

Outpatient Attendances

Elective Inpatient and Day Case Admissions
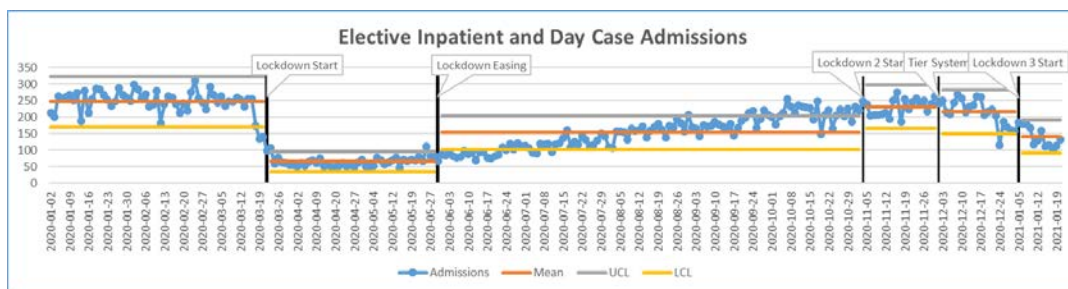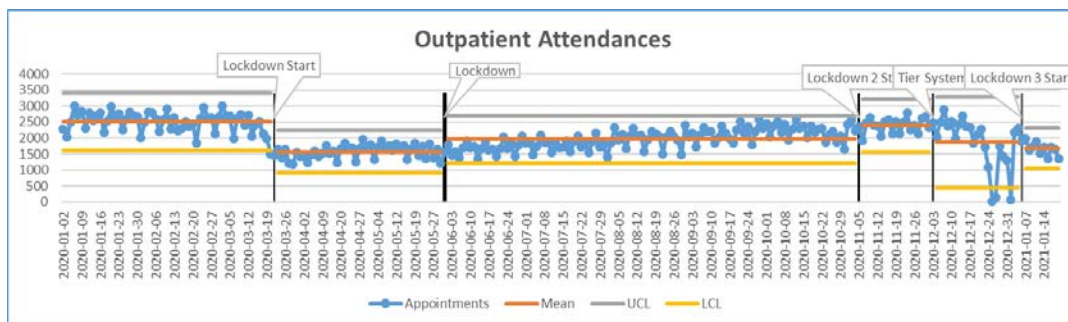
Systems & Partnerships – Cancer

	2020/21			
	Nov-20	Dec-20	YTD	Target
2 week GP ref to 1st OP	81.2%	77.4%	87.7%	93.0%
2 week GP ref to 1st OP - breast symptoms	13.6%	7.6%	61.1%	93.0%
31 day 2nd or subs trtmnt - surgery		-	84.1%	94.0%
31 day 2nd or subs trtmnt - drug	100.0%	95.5%	99.4%	98.0%
31 day diag to trtmnt all cancers	82.0%	88.4%	87.2%	96.0%
62 day ref to trtmnt: screening	77.8%	80.7%	73.8%	90.0%
62 day ref to trtmnt : upgrade	85.9%	80.9%	85.8%	85.0%
62 days urgent GP ref to trtmnt : all cancers	69.7%	63.1%	71.5%	85.0%
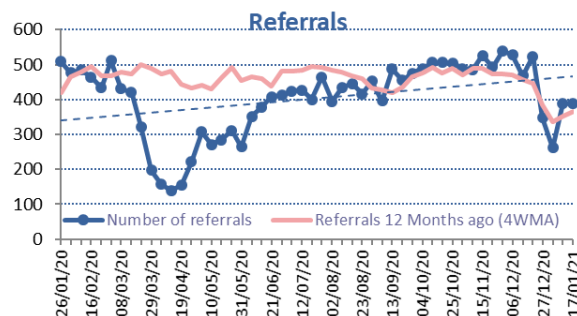
Referrals

- The Trust was non-compliant against 62 day referral to treatment following urgent referral with provisional performance of 63.1% against National target of 85%, and for 2 week waits (77.4% against 93% target).
- 62 day prospective breaches rose to the end of December which coincides with the re-emergence of high levels of COVID and a material increase in demand in September and October impacting 62 days later in December. Colorectal cancer is the main contributor to backlog numbers. Patients are risk stratified for clinical priority with additional support being provided in January by IS providers as part of system response to aid cancer care.
- 62 Day and Outpatient Activity had restored to 114% Dec-20 relative to Dec-19

Outpatient and 62 Day Treatments

Over 62 Day Prospective Waits
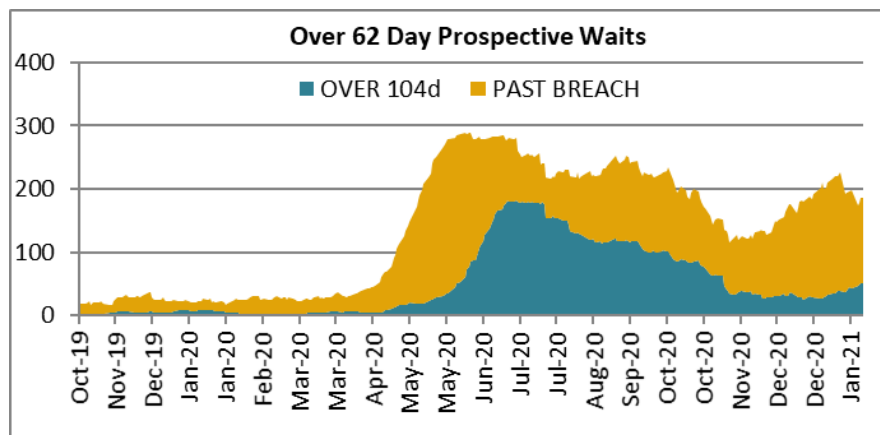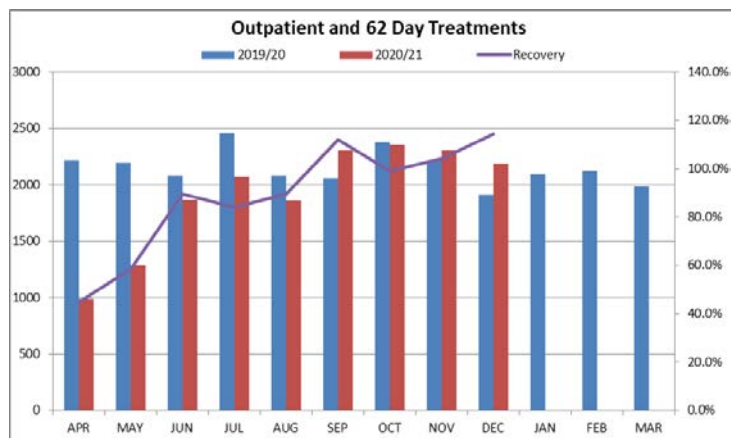
Systems & Partnerships – Diagnostics

Diagnostic >6 week Performance
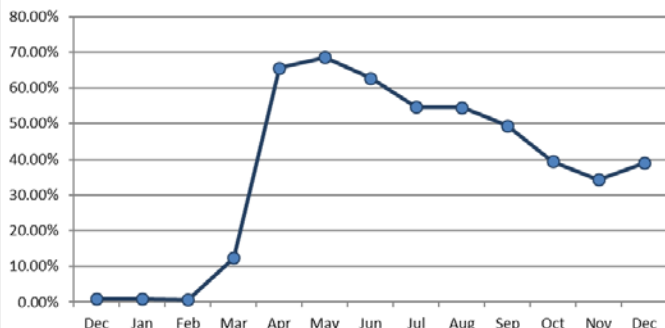
Diagnostic Waiting List Size Month End Snapshot
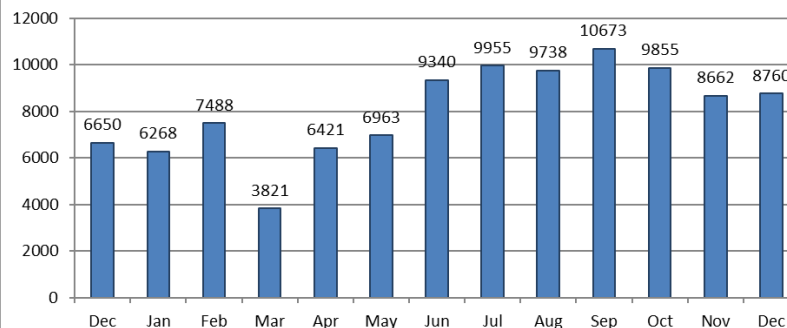
- The Trust remains non-compliant Dec-20 at 38.94% waiting over 6 weeks for diagnostic tests, a deterioration from 34.36% Nov-20.
- The backlog has grown by 436 (12.8%). The modalities with highest number of breaches in Dec-20 were Gastroscopy with 1,363 breaches, MRI with 423 breaches, and Colonoscopy with 443 breaches.
- Activity for diagnostic Tests in December had restored to 109% relative to Dec-19.
- Performance will be materially impacted by the second wave of Covid-19. Work is being clinically prioritised and supported by IS to maintain most urgent cases in January-21.

Diagnostic 6 Week Backlog
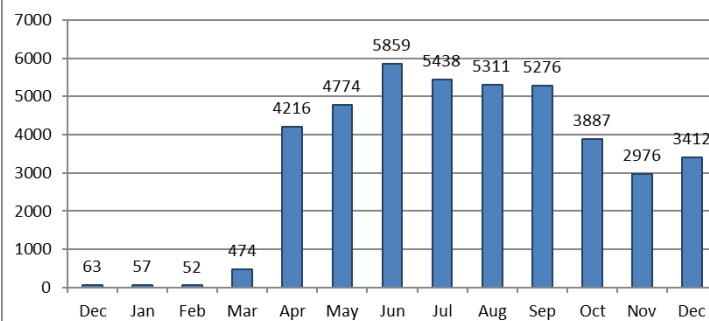
6 Week backlog Dec-20
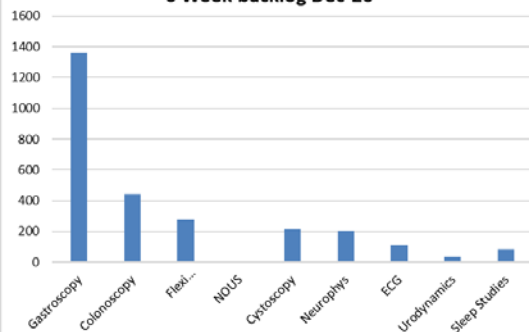
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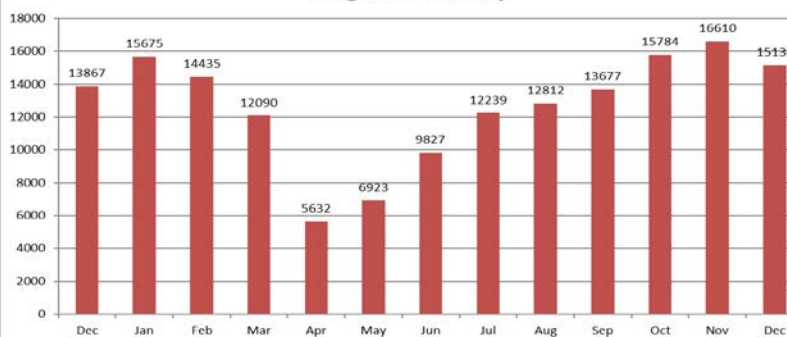
Sustainability - Summary

- The Trust has continued to operate within the interim (Phase 3) financial framework that has been in place since October; 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. The Trust submitted a financial plan to NHSE/I with a deficit of (£2.98m). After allowable adjustments, the planned performance surplus was £1.55m.

- At the end of Q3 the Trust delivered a cumulative deficit of (£0.52m) against a planned deficit of (£1.96m), resulting in a favourable variance of £1.44m. This is due to less cost incurred for elective activity partially offset by COVID-19 costs. The Trust is continuing to forecast a performance surplus of £1.55m at year end

Sustainability - Key Metrics

Control Total Surplus £k   G

	Plan	Actual/Forecast
Year to Date	(1,963)	(524)
Year End Forecast	(2,978)	(6,233)
Year End Forecast (after allowable items)	1,553	1,553

The trust continued to operate under the revised financial framework in December and is currently forecasting a £2.98m deficit by year end. At the end of quarter 3 the Trust has delivered a deficit of £0.5m against a plan deficit of £1.96m. The key factors of the position were, Income for Private Patient activity and Education and training being above plan, and Restore and Recovery costs were favourable to plan.

COVID-19 £k   G

	COVID-19 response	Top Up Income
Year to Date	(11,995)	(17,900)
Year End Forecast	(16,056)	(22,669)

Total income of £17.9m 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. The Trust is receiving funding to cover marginal expenditure incurred for the Trusts COVID-19 response from Sussex CCGs, based on system plans with only a few specific items being funded directly by NHSE/I.

Cash £k   G

	Plan	Actual/Forecast
Year to Date	15,815	68,000
Year End Forecast	12,244	26,709

Cash is £52m ahead of plan at the end of December. 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 December, amounting to £41.3m, were received in November, which has accounted for the continued strong cash balance position.

Capital £k   A

	Plan	Actual/Forecast
Year to Date	12,633	15,210
Year End Forecast	27,190	36,028

The forecast position remains £8.8m above the plan that was resubmitted to NHSI as a reflection of the National capital awards for Urgent and Emergency Care (£3.7m), Adopt & Adapt (£1.6m), (£2.8m) expenditure on capital equipment to support the COVID-19 surge and resilience plans.

Sustainability – Plan

- NHSE/I have confirmed in principle that both the in-year movement in untaken annual leave and the loss of Non-NHS income are allowable deficits, when assessing the Trust's financial performance.

- The submitted deficit plan of (£2.98m) included £4.53m of allowable deficits, so the surplus plan for assessing the Trust's financial performance was £1.55m.

- The Trust year-end forecast deficit, as at Month 9, has increased by (£3.26m); from (£2.98m) to (£6.32m).

- The increase in the forecast out turn is solely related to the cost of the anticipated increase in untaken annual leave, which is an allowable deficit; as such the forecast Trust financial performance surplus remains at £1.55m.

- Forecast system funded COVID expenditure, is expected to increase to above plan levels, as a result of the second wave response; the financial impact of which is offset by a forecast reduction in restore and recover elective expenditure, due to a reduction in elective activity levels.

Sustainability - Action & Recommendations

There are no actions required of the Board.

The Board is asked to note the following:

- In December 2020, the Trust reported a surplus of £0.3m, which was £0.65m better than the plan. Year-to-date the Trust is reporting a deficit of (£0.52m) which was £1.44m better than plan.

- The Trust is forecasting to deliver the planned Trust's financial performance surplus of £1.55m; after adjusting for allowable items.

- Forecast system funded COVID expenditure has increased and is being offset by a forecast reduction in restore and recover elective expenditure.

- Detailed financial performance information has been shared with Finance and Performance Committee; who continue to provide oversight on behalf of the Board.

OUR PEOPLE

- Over 3,800 staff participated in the national Staff Survey 2020 that closed at the end of November. This represents a response rate of 53% (compared to 55% in 2019). Initial results indicate that staff advocacy in the organisation has increased further and in the context of the pandemic this is very encouraging. Publication of the national results are anticipated in late February 2021 and in the meantime results are embargoed for external release.

- Roll out of the Covid vaccination for staff has been a priority. There have been high levels of engagement with staff and particularly those with higher risk factors if exposed to Covid. To date 87% of staff have received their first vaccine with administration of the second dose due to follow 12 weeks later.

- The workforce hub has been re-established with cell leads for each staffing group who assess workforce capacity and manage rapid deployment on a daily basis. There is strong engagement at divisional and staffing group level. Escalation of key issues and risks is managed through the Strategic Workforce Bronze Group and to Gold.

- Virtual joint staff briefings between Executive colleagues and staff have increased to update colleagues on the ongoing incident and the trusts' response and to engage further on the progress of the merger. Significant volumes of staff are attending these events.

- Preparation for the merger is now well advanced and a number of workforce-related workstreams are in place to support the transfer of staff from Brighton and Sussex University Hospitals and ensure day 1 readiness. Formal consultation with staff and their representatives is due to commence imminently. This will be followed by a series of events to further engage colleagues.

Workforce Capacity

In month 9, there was a small decrease in the budgeted establishment with a marginal change in the amount of temporary workforce deployed.

There were 46 new starters to the Trust in M9, including 5 RN's and 21 HCA's. It is anticipated that 80 RN's from overseas will arrive by the end of February, although the supply of available accommodation and quarantine periods limits the number of arrivals per intake. In January, 22 new HCA apprentices will commence with a further 30 in the recruitment pipeline due to start in February. M11 will also see the arrival of 17 newly qualified nurses.

Pay spend in M9 was £28.2m with a significant overspend on medical pay. This continues to be driven by additional agency usage, primarily within the Medical division and as a result of junior grade recruitment difficulties and the staffing requirements in response to the surge in demand.

		Last Month M8	This Month M9	Variance
Budgeted Establishment	wte	6,990	6,985	↓
Worked to Budget (wte)	%	99	99	→
Temporary Workforce (wte)	%	9.1	9.2	↑
Agency	%	1.2	1.2	→
Bank	%	7.9	8.0	↑

Operational Performance – KPIs

KPI	Target	2019/20 position	Current position	Comments
Appraisal compliance	90%	87.0%	78.8%	Marginal improvement with plans in place for compliance across all divisions by 31 March
Statutory and mandatory training compliance	90%	92.2%	84.0%	Further improvement achieved in month. Compliance anticipated by 31 March
Sickness rate (non-covid) Rolling 12 month In month	3.3%	3.4% 3.8%	3.4% 3.1%	No change since M7 but significant improvement in month position from 2019/20 LTS – 1.4% STS – 1.7%
Staff Turnover	8.5%	7.0%	6.2%	Continuing low turnover
Vacancy Rates (substantive FTEs)	5.0%	9.6%	8.7%	Process in place to fast track onboarding RN's and HCA's
Staff Retention	90%	86.4%	87.6%	Continued high retention

Since mid-December, surging demand and significant workforce constraints have impacted severely on appraisal and statutory and mandatory training compliance. Performance is anticipated to deteriorate in Months 10 and 11.

Operational Performance – COVID

Covid-related staff absence
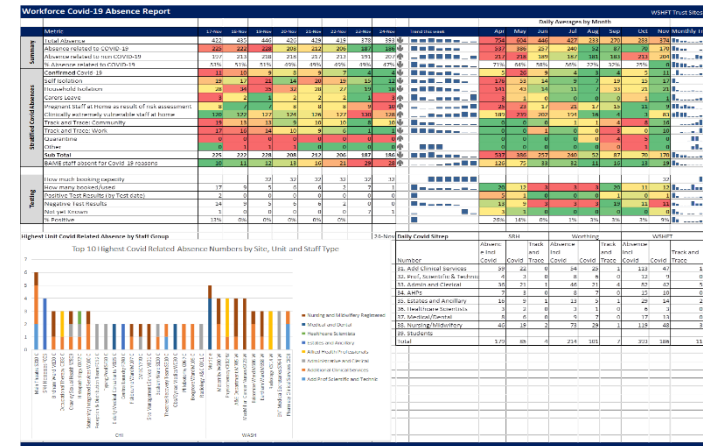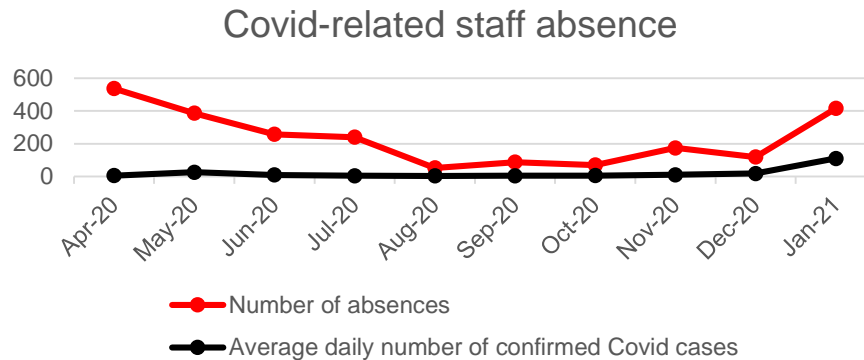
In month 9, staff absence related to Covid 19 improved from the previous month as lockdown 2 was lifted and clinically extremely vulnerable staff returned to work.

Tier 4 restrictions in place until 26 December had a marginal impact on overall workforce capacity. However since lockdown 3, staff absence has grown exponentially with a substantial number of staff testing positive (Daily average of 101 compared to 5 in April) and a rising number of staff on household isolation.

Whilst absence levels have not quite peaked the number in April 2020, the surges in demand have had a significant impact on workforce capacity and particularly nursing.

Staff Health and Wellbeing

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

- Risk assessments are in place for individuals with high risk factors if exposed to Covid 19 and are subject to regular reviews.

- A covid vaccination programme is in place for staff across both sites with priority access to first dose appointments until 31 January. Staff in high risk groups have been contacted directly and groups with low uptake have been identified to encourage uptake. This also includes a specific event for BAME staff with Dr George Findlay, Chief Medical Officer.

- Carry over of annual leave into 2021/22 has been extended to 10 days' in exceptional circumstances with an option to sell up to 5 days' as an alternative. This has been welcomed by staff, particularly from those who have been unable to return home during the pandemic.

- Staff continue to be signposted to the range of health and wellbeing programmes and interventions available including **Staff in Mind**. This is a new confidential NHS service for specifically for health and care staff working across Sussex. It offers staff the opportunity to take a quick, easy and discreet online self-assessment; a referral for a full follow-up clinical assessment with a mental health practitioner; followed by priority access to appropriate treatment services.

Agenda Item:	10	Meeting:	Trust Board		Meeting Date:	04 Feb 2021
Report Title:		Quality Assurance Committee Report to Board				
Sponsoring Executive Director:		Joanna Crane, Non-Executive Director				
Author(s):		Joanna Crane, Non-Executive Director				
Report previously considered by and date:		N/A direct report to Board				

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

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

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

Any implications for:	
Quality	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

The Quality Assurance Committee met on the 21 December 2020 and was quorate as it was attended by 3 Non-Executive Directors, the Trust Chairman and the Chief Nurse, Chief Medical Officer, Trust Medical Director and the Trust HR Director, along with the Chief of Women and Children Division.

The Committee had a shortened meeting due to Operational pressures brought on by the national pandemic and the work the Trust needed to undertake in respect of the imminent arrival of the Covid-19 Vaccine on site. All papers that required the Committee's specific approval and oversight were considered, including an update on the Trust's CNST submission which included a briefing on the Trust's response to the Ockenden Report; the Trust Workforce update; and update on the Trust's Flu Campaign and self-assessment and the Month 6 and Month 7 Quality Performance Reports, whilst the remaining papers for information were received and noted by the Committee without debate.

The Committee also considered the risks within the BAF for which it has oversight for and agreed their current scores fairly represented these risks.

Key Recommendation(s):

The Board is asked to**:**

▪ **NOTE** the assurance provided in respect of the current Covid plans in place for the Trust.

- **NOTE** the report received in regards to the CNST maternity standards submission and note the assurance received in relation to the Trust's response to the Ockenden report.

- **NOTE** the report received in regards to the Trust Flu Campaign and self-assessment.

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

To: Trust Board   Date: 04 February 2021

From: Quality Assurance Committee   Agenda Item: 11

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Quality Assurance Committee	**21 December 2020**	**Joanna Crane**	✔	☐
Declarations of Interest Made				
No interests were declared.				
Assurance received at the Committee meeting				

- The Committee **RECEIVED** the reports for month 6 and month 7 on the Trust's quality metrics, covering the domains of Clinical Effectiveness, Safety, and Patient Experience. The Medical Director took the Committee through the elements of effectiveness including Mortality covering the Crude mortality rate, HSMR and SHMI and was **ASSURED** the actions taken had improved performance. The Chief Nurse took the Committee through the elements of Patient Safety and Experience covering incidents, falls, pressure care and infection control and was **ASSURED** over the actions being taken from the learning identified across these areas.

- The Committee **RECEIVED** a report in respect of the Trust's CNST Maternity Standards and agreed to receive the final submission for approval in June 2021. The Committee **NOTED** the Trust's response to the Ockenden report and the submission made indicating compliance with the key actions required of all Trusts and that the progress against all the actions will be linked to the Trust's CNST compliance submission in June 2021.

- The Committee **RECEIVED** a people report and was **ASSURED** by the comprehensive update and the health and wellbeing measures in place to support staff during the ongoing pandemic.

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

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

- The Committee **RECEIVED** an update on the Trust's current Covid position and **RECEIVED** assurance over the plans in place throughout the Christmas and New Year period.

- The Committee **RECEIVED** a quarterly update on Patient Experience recognising that the impact Covid had on patients and supporting their engagement with their families and was **ASSURED** over the actions taken to support patients.

- The Committee reviewed the BAF risks for which it has oversight and **AGREED** their scores were fairly represented but noted the elevated pressure on staff and the potential need to review the BAF risk rating for risk 3.3.

- The Committee agreed that following papers would be taken without debate as they required no specific action of the Committee therefore the Committee **NOTED**:
  - Guardian of Safe-Working Report Q3
  - Report from the Quality Board which contained no escalations to the Committee
  - Divisional Clinical Governance Report Q2 including Risk Register
  - Incident Report including Duty of Candour Audit
  - Clinical Audit and NICE Compliance progress report
  - Caldicott Guardian update
  - Quality Impact Assessments undertaken
  - Report from the Health and Safety Committee which contained no escalations to the Committee

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

The Committee agreed that the presentation in relation to the National Fractured Neck of Femur data would be received at the meeting in March.

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

Item	Referred to
There were no specific matters were referred to the Finance & Performance Committee or Board.	

Agenda Item:	11	Meeting:	Trust Board		Meeting Date:	4 Feb 2021
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	☐	Assurance		✓
Review and Discussion	☐	Approval / Agreement		☐

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

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

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

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

Communication and Consultation:

Executive Summary:

There has been one Finance and Performance Committee meeting since the last Board this being on the 28 January 2021. The attached document provides an update to the Board on this meeting.

The Finance and Performance Committee was quorate and was attended by two Non-Executive Directors along with the following Executives, the Chief Executive, the Chief Financial Officer, Chief Operating Officer and Chief Nurse along with the attendance from the Trust Finance Director and the Trust HR Director.

The Committee received information on key performance and financial matters along with that relating to the Trust's Efficiency programme and information on the Trust's workforce capacity and performance metrics. The Committee also considered the BAF risks for which it has allocated oversight.

Key Recommendation(s):

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

To: Trust Board   Date: 4 February 2021

From: Finance and Performance Committee Chair

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
Finance and Performance Committee	**28 January 2021**	**Lizzie Peers**	**yes**	**no**
			✓	☐
Declarations of Interest Made				
None				
Actions taken by the Committee				

- The Committee **RECEIVED** a report from the Chief Operating Officer on the Trust's performance against the constitutional standards and the Trust's developed restoration and recovery plans across each of these. The Committee received information on the delivery of the established restoration plan and the Trust's delivery against the trajectory through November and into December which was then impacted by the second lock down and impact of covid patients. The Committee was updated on the work undertaken to enable the Trust to focus on managing the impact of the pandemic in December which continues into January. The Committee was updated on the work being undertaken with the independent sector to maintain activity, but with resources focusing on covid patients it is impacting on the original restoration plan, and this will see a revised plan being developed as the system and Trust moves from covid management back to restoration. The Committee discussed the risks to Trust's performance delivery whist managing the pandemic demands and **AGREED** that these challenges were reflected within the Trust's BAF with risks 5.1, 5.2 and 5.3 with risk 5.3 being the highest scored risk within the BAF.

- The Committee **RECEIVED** a report on the Trust workforce capacity and performance indicators and recognised the linkage between this report and extra workforce costs through increased use of bank and agency staff due to Covid and other pressures. The Committee was **ASSURED** over the work of the workforce hub in ensuring staff deployment is as best matched as it can be to the hospital needs. The Committee was updated on the key workforce KPIs noting the extreme pressure staff are under. The update included, as requested by the Committee, trajectories for improved appraisal compliance noting that again these plans will need to be revisited post surge as appraisal performance is expected to dip again due to current Covid pressures. Assurance was sought and provided that in the absence of appraisals wellbeing discussions and other mechanisms were in place to support staff. The Committee **RECEIVED** further information on the wide range of other wellbeing activities in place to support staff during this second wave and noted there would be a need to develop a longer term approach to supporting staff as there will be longer term impacts on staff well-being. The Committee **RECEIVED** an update on nurse and HCA recruitment activities being undertaken, as requested by a previous meeting, and the number of new starters in the pipeline to join the Trust over the forthcoming months. The Committee **RECEIVED** information in respect of Consultant Job Planning and recognised the job planning process has been impacted by the second wave covid demands on the workforce, but this work will be weaved into the overall restoration work once wave 2 subsides.

- The Committee **RECEIVED** a report on the Trust's financial performance and noted the position for month nine under the revised national financial regime seeing the Trust slightly ahead of its month 9 positon. The Committee **RECEIVED** information on forecast to year end and the risks to that and was **ASSURED** that these were being managed. The Committee received information that there remain a

number of factors that still need to be worked through within tolerable allowances and this supports the BAF risk scores for risks 2.1 and 2.2 not changing.

- The Committee **RECEIVED** an update on the Trust's ledger upgrade and was **ASSURED** that the delivery for a combined ledger (version 11) is materially complete. The Committee **RECEIVED** an update on the progress to migrate to version 12, noting a further update on progress would be provided to the next meeting. The risks were discussed but the Committee received good assurance that these are understood and well managed. The Committee was comfortable that given version 11 is materially complete there was no need to change BAF risk 2.3 at this time.

- The Committee **RECEIVED** a report on the Trust's efficiency programme. The Committee was updated on the work that is progressing in respect of its delivery the identified tactical schemes.

- The Committee **APPROVED** a business case in relation to the endoscopy service, in line with the Committees delegated authority, against the Trust's secured adapt and adopt capital funding. The business case had been subject to review and endorsement by the Trust's Capital Investment Group.

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

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

The Committee would receive an update on refreshed trajectories for the constitutional targets and associated refreshed actions

The Committee would receive an update on the Nurse / HCA recruitment trajectory mapped against forecast / average leavers against the national vacancy ambition.

The Committee would continue to receive information on the recovery trajectories established in relation to the workforce KPIs.

The Committee sought a report on the actions to deliver the sustainability breakthrough objective in relation to reducing premium medical spend.

The Committee is to receive a further update on the ledger upgrade to version 12 at its meeting in February.

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

Item	Referred to
There were no items referred to other Committees from the meeting. The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented, recognising that the quarter four update was in progress.	

NHS
Western Sussex Hospitals
NHS Foundation Trust

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 Quality Assurance Committee 21 December 2021 Finance and Performance Committee 28 January 2021 TEC 21 January 2021					

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

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

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

Any implications for:		
Quality	Quality related strategic risks	
Financial	Finance related strategic risks	
Workforce	Workforce related strategic risks	

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

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

Executive Summary:

Introduction

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

The opening score for 2020/21, has taken into account the changing environment the Trust is operating within post Covid. There have been two risks added to the BAF for 2020/21, both are these are within the people section of the BAF. The first 3.2 relates to the cultural risk that may occur through the merger, but this risk score is being mitigated to its target score and the second 3.4 relates to the risk to staff wellbeing resulting from increased demands brought about by the pandemic and whilst many actions have been taken further work is being undertaken through the Trust's Refresh, Restoration and Recovery plans.

BAF Summary

The table overleaf shows by risk, their current score and their target risk score The table shows pictorially the movement in risk between the current score for Q3 and that recorded for Q2. (⟷ No change, ↑ an increase in risk and ↓ a decrease in risk)

Noting that there are two risks 2.3 and 3.2 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.

The update for quarter 4 is currently taking place and through the review of all risks will consider the comments made by the Finance and Performance Committee in relation to the activity demands on the Trust and their potential to impact on the people risks, especially those linked to BAF risk 3.4, should be considered.

BAF: Strategic Objectives and Strategic Risks (Key: I = Impact L = Likelihood T = Total)	Opening risk			Risk Scores											
				Q2			Q3			Q4			Target		
	I	L	T	I	L	T	I	L	T	I	L	T	I	L	T
1. Patient *Quality Assurance Committee*															
1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in adverse reputational impact, and loss of market share in the period of recovery and restoration post the covid-19 pandemic.	3	3	9	3	3	9 ⟷	3	3	9 ⟷				3	2	6
2. Sustainability *Finance and Performance Committee*															
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T	4	3	12	4	4	16 ↑	4	4	16 ⟷				4	2	8

Risk														
infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients														
2.2 We cannot deliver ongoing efficiencies and flex our resources in an agile way resulting in an increasing or unmanaged deficit and inefficient, unaffordable and unsustainable services	4	3	12	4	4	16 ↑	4	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

Risk														
3.1 We are unable to develop and sustain the leadership and organisational capability and capacity to lead on-going performance improvement and build a high performing organisation.	4	3	12	4	3	12 ↔	4	3	12 ↔				4	2	8
3.2 We are unable to effect cultural change and involve and engage staff in a way that leads to continuous improvements in patient experience, patient outcomes, and staff morale and wellbeing	4	2	8	4	2	8 ↔	4	2	8 ↔				4	2	8
3.3 We are unable to meet our workforce requirements through the effective recruitment, development, training and retention of staff adversely impacting on patient experience and the safety, quality and sustainability of our services	3	3	9	3	3	9 ↔	3	3	9 ↔				3	2	6
3.4 We are unable to consistently meet the health, safety and	4	3	12	4	2	8 ↓	4	3	12 ↑				4	2	8

wellbeing needs of our staff as we recover and restore services in line with CV-19 restrictions															

4. Quality Improvement
Quality Assurance Committee

4.1 We are unable to deliver and demonstrate compliance with regulatory requirements or clinical standards adversely impacting on patient safety and our registration and accreditation by regulatory and supervisory bodies	3	3	**9**	3	3	**9** ⟷	3	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

Both the Quality Assurance Committee that met on the 21 December and the Finance and Performance Committee at its meeting on the 28 January reviewed the risks for which they have allocated lead oversight for and confirmed that they considered the current scores are fairly represented.   The Finance and Performance Committee commented that given the activity demands on the Trust then the people risks especially those linked to BAF risk 3.4 should be considered as part of the quarter 4 update which is currently being undertaken.

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.

Agenda Item:	13	Meeting:	Trust Board	Meeting Date:	4/2/2021
Report Title:	**Annual Equality Report 2020**				
Sponsoring Executive Director:		Marianne Griffiths, Chief Executive			
Author(s):		Simon Anjoyeb, Deputy Head of Inclusion (BSUH & WSHT) David Clayton-Evans, Interim Head of Charity Nikki Kriel, Organisational Development Manager Patience Mugawazi, Inclusion Manager			
Report previously considered by and date:		Trust Executive Committee - 21 January 2021 Diversity Matters Group - virtually 7 January 2021			

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

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

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

Any implications for:		
Quality		To have a greater understanding of the needs and cultures of all patients, particularly those from protected groups and the potential health inequalities related to this. Excellent care is far more likely to meet the needs of all patients when the workforce is drawn from diverse communities which is reflective of the population served, and when all our staff are themselves free from discrimination.
Financial		Increase in staff satisfaction and therefore less time and finance spent on employee relations issues. In addition, better understanding of health inequalities and therefore targeting the right patient audience.
Workforce		As described above, also meets the requirements to publish annual data as part of the Equality Act 2010.

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

Communication and Consultation:
Engagement has taken place throughout the organisation when obtaining data and analysis. Members of the Diversity Matters Group and Trust Executive Committee have provided input into the development of the annual report.

Executive Summary:
The report helps demonstrate how the Trust is progressing in delivering fair, equitable and inclusive services, as both a healthcare provider and an employer. Data gathered from 1 April 2019 - 31 March 2020 has been analysed with actions to be taken as a result.

Key Recommendation(s):
The Trust Board is asked to **APPROVE** for publication.

Annual Equality Report 2020

Published January 2021

The Equality, Diversity & Inclusion Team

Contents

We are committed to making our publications as accessible as possible. If you need this document in an alternative format, for example, large print, Braille or a language other than English, please contact the Communications Office
by email: Communications@WSHT.nhs.uk
or by calling 01903 205111 ext. 84038

Introduction

Western Sussex Hospitals NHS Foundation Trust (WSHT) recognises its workforce and patients are core to achieving its business and social responsibilities. This report aims to help demonstrate progress in delivering the best possible inclusive healthcare services, and a workforce which is valued and reflective of the communities the Trust serves.

WSHT was rated by its regulator, the Care Quality Commission (CQC) as outstanding in April 2016 and again in October 2019. Several factors within the CQC's well-led inspection regime are linked to equality, diversity and inclusion.

This report also helps to demonstrate compliance with the Equality Act 2010, specifically the Public Sector Equality Duty contained within it. The Act states that people interacting with public services should be treated fairly, have equitable access to services and not experience discrimination or harassment because of:

- their age
- any disabilities they may have
- their gender
- their gender identity
- being in a marriage or civil partnership
- pregnancy or recently had a baby
- their race
- their religion or belief system
- their sexual orientation

These nine attributes are known as protected characteristics.

The contents of this report are also driven by several national, legislative and regulatory drivers which include:

- WSHT Equality Objectives (detailed in this report) - a requirement set by the Equality Act 2010, Public Sector Equality Duty
- CQC - The Fundamental Standards (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)
- Equality and Human Rights Commission - codes of practice
- Human Rights Act 1998
- Equality Act 2010 - including the Public Sector Equality Duties
- NHS Constitution
- NHS Standard Contract - Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

- Gender Pay Gap Reporting
- WSHT's [Patient First Programme] - a programme that aims to deliver changes to improve the quality of care for patients

The NHS People Plan 2020/21 'We are the NHS' publication July 2020 [www.england.nhs.uk/ournhspeople] sets out the commitment to Equality, Diversity and Inclusion, stating that: Belonging in the NHS will be open and inclusive. The NHS was established on the principles of social justice and equity. In many ways, it is the nation's social conscience, but treatment from monitory groups falls short far too often. Not addressing this limits our collective potential. It prevents the NHS from achieving excellence in healthcare, from identifying and using the best talent, from closing the gap on health inequalities, and from achieving the service changes that are needed to improve the population health.

Given the recent national and international events, it has never been more urgent for our leaders to take action and create an organisational culture where everyone feels they belong - in particular to improve the experience of our people from black, Asian and minority ethnic (BAME) backgrounds.

This report provides a summary of activity and a snapshot of demographical data covering 1st April 2019 to 31st March 2020. As a public sector organisation extra care is taken to monitor decisions that could unfairly affect any particular protected characteristic of staff, carers, volunteers, patients and their families.

Towards the end of 2019/20 - the COVID-19 pandemic hit the world and presented all organisations with unprecedented circumstances. As a result, there will be an impact on the delivery of some of the objectives covered within this and the next reporting period.

Who are we?

The Trust has three main sites. 24-hour emergency care, acute medical care, maternity and children services operate from [St. Richard's Hospital] in Chichester and [Worthing Hospital] in the centre of Worthing. [Southlands Hospital] in Shoreham-by-Sea specialises in day-case procedures and diagnostics, outpatient appointments. It is home to our purpose-built ophthalmology centre for eye patients. The Trust also provides a wide range of satellite services across West Sussex in community settings.

WSHT serves a population of around 450,000 people who live in a catchment area covering most of West Sussex. The last Census, conducted in 2011 highlighted that the population of West Sussex is 806,900 people. The Trust currently employs approximately 9,000 members of staff, representing over 79 nationalities.

Facts and figures about the Trust during 2019/20 (financial year):

109,700 inpatients **514,100** outpatients	**177,900** A&E attendances **80% of patients** spent four hours or less in A&E	**40,000** Radiotherapy treatments were delivered	nearly **9000** members of staff

5000 babies delivered **255** homebirths	**44,000** paediatric outpatients **10,500** paediatric inpatients	**25,000** Childrens A&E attendances	**193** research projects **3445** patient participants

NHS Improvement (NHSI) approached the Western Sussex Hospital's Executive Team to provide leadership support to Brighton and Sussex University Hospitals (BSUH) for a three year period.

Under this management contract, BSUH has seen its CQC rating jump from 'Inadequate' to 'Good' and achieved the most significant improvement in the organisational culture of any acute trust in the NHS (as measured through the national staff survey).

This contract came to an end in March 2020, and the Executive Team decided that the interests of patients and staff at BSUH and WSHT are best served by the creation of a new Trust, with the proposal of WSHT acquiring BSUH on 1st April 2021.

As a result of Western Sussex Hospitals acquiring BSUH the interim arrangements and planned merged structure, Western Sussex Hospitals will continue to benefit from the shared expertise, knowledge, advice and guidance provided by the Equality, Diversity and Inclusion team at BSUH.

This ongoing collaboration and shared learning will continue to provide opportunities to develop, promote and strengthen the Equality and Inclusion agenda across our organisations.

Who benefits from this report?

Those with an interest in our services

Collecting and analysing data allows the Trust to see if it is meeting both corporate and equality objectives. The data helps demonstrate if services are being delivered safely and effectively and are of high quality. The data can also highlight areas where the Trust needs to improve and opens the door to inclusive engagement with relevant stakeholders.

This report can be used by those who interact with our services, local charities and commissioners to review any barriers to access or outcomes. Publishing this report is an important part of demonstrating transparency and acts as an enabler to communicate how we are tackling inequity as a lever to improve quality.

Those who work within the Trust

Attracting, developing and retaining a diverse and reflective workforce is essential to delivering responsive and inclusive services. Having such a workforce encourages the Trust to develop and deliver services that understand the complex needs of the diverse communities it serves. National research suggests that the degree to which organisational demography is representative of community demography drives positive effects in terms of the patient experience. (Why Organisational and Community Diversity Matter: Representativeness and the Emergence of Inclusivity and Organisational Performance, King *et al.*, 2011).

Response to COVID-19/Coronavirus Pandemic

Towards the end of March 2020, the impact of the global pandemic was visible and felt across the world. Within

healthcare in the UK, major changes were made to the way services were both delivered and how they were accessed.

To meet the demands from the pandemic, the Trust implemented a number of changes across the board. Some of the changes made during this period included:

- Improving risk assessment process, for both departments and individuals to enable effective judgements on the best ways to protect both our staff and services.
- Introducing a risk assessment advisory panel - an independent panel reviewing complex individual risk assessment and providing advice and solutions to issues highlighted.
- Obtained access to the National 'Interpreter Now' software to improve communication for deaf British Sign Language users utilising hospital services.
- Widespread use of 'virtual clinics' both telephone and video conferencing.
- Widespread use of working from home practices.
- Promotion and expansion of staff health and wellbeing services.
- Installed a bronze, silver and gold COVID-19 command centre - to take trustwide decisions on issues affecting capacity and flow in services.
- Installed a COVID-19 Workforce taskforce - to help address questions and resourcing of departments.
- In accordance with individual risk assessment the Trust's Chaplains shall continue to visit patients in all areas wearing the appropriate PPE. This includes referrals from staff, family, faith communities and patients and attendance at end of life calls.

As national guidance and guidelines changed throughout the pandemic, the Trust worked hard to ensure that it was compliant in delivering effective services for both patients and staff.

Vision statement

Equality, Diversity and Inclusion at Western Sussex Hospitals NHS Foundation Trust in 2022

Our vision is for equality, diversity and inclusion to be a 'golden thread' running through, and central to, how we work together to provide sustainable, high-quality patient-centred care for all people we serve.

Our vision is intended to provide a focus and vision for the delivery and development of all our services.

Our patients and service users:

- Have confidence their individual needs and beliefs are taken seriously, and they are treated with dignity and respect.
- Know their individual life chances and wellbeing are enhanced by the Trust's commitment to Equality, Diversity and Inclusion.
- Are happy to choose, to use and recommend the organisation.

Our staff:

- Feel valued and fairly treated in an organisation that really cares.
- Know the Trust as an organisation that people want to come and work for, stay with and thrive in, because of its' commitment to Equality, Diversity and Inclusion.
- Are proud to work in an open and inclusive organisation.

Our communities:

- Are assured that the Trust engages with the diverse communities based on mutual interest and respect.
- Have confidence that the Trust is active in tackling inequality, making services accessible, solving problems, delivering solutions and willing to learn.
- Know that the Trust is responsive to the challenges faced by people in relation to diverse needs and communicates appropriately.

Our organisation:

- Lives its values consistently across all sites.
- Demonstrates long-term, consistent commitment to Equality, Diversity and Inclusion for the people it serves.
- Is a positive, innovative and 'can do' place to be.

What the Trust is doing to further the equality agenda

The Trust undertakes a wide range of work and projects to support the equality agenda to benefit both patients and staff to ensure that as many people as possible have a voice into the way services are delivered. Below is a summary of some of the key initiatives that occurred during 2019/2020:

Diversity Matters Group (DMG)

The steering group is co-chaired by the Chief Executive and Human Resources Director. It is supported by one of the Trust's Non-Executive Directors. The group provides a valuable forum to discuss issues that impact equality and inclusion in the Trust. The overall purpose of the group is to:

- Ensure equality, diversity and human rights are at the heart of the Trust's strategic plans.
- Lead and monitor progress on the Trust's Annual Performance Report, Equality objectives and Action Plan.
- Ensure equality and diversity is at the heart of the patient experience.
- Promote Equality, Diversity and Inclusion at every opportunity and support the elimination of discrimination.

DMG also provides governance for action plans (such as the NHS Equality Standards) and relevant policies and guidelines. The steering group reports to the Trust Executive Committee and the Trust Board.

Membership of the Diversity Matters Group is made up of representatives from across the Trust's divisions as well as colleagues who represent the Trust's forums including the Celebrating Cultures BAME Network, LGBTQ+ and Disability forums. There is also representation from the Trust's Spiritual Care and Chaplaincy team, Patient Experience team, Volunteer's team as well as other parties involved in the Trust's Equality, Diversity and Inclusion work.

Gender Pay Gap Reporting (GPG)

All large employers with more than 250 employees are required to publish the gender pay gap comparison of differences in pay for men and women. This report helps to demonstrate on an organisational level if there are disparities or inequalities in respect to pay.

As a result, there were some disparities highlighted in the report. To view WSHT 2019 GPG report and action plan to reduce the gap further, please go to: https://gender-pay-gap.service.gov.uk/Employer/KVkQecZX/2018

Due to the difficulties presented by COVID-19 during this financial year, there is no requirement to centrally report to the national reporting service during this reporting period. In the interests of ongoing transparency, the Trust decided to declare gender pay gap data for this reporting period.

NHS England Standard Contract

Workforce Race Equality Standards (WRES)

The Trust has participated in the Workforce Race Equality Standard (WRES) since 2015. Data is taken from the annual National Staff Survey and Electronic Staff Records (ESR) system, which is reflected in nine key metric indicators. WRES looks at a number of factors that help demonstrate race equality within Trust processes and services for staff. The areas that are looked at in the standard include:

- Representation in the general workforce
- Recruitment
- Entry into the disciplinary process
- Access to non-mandatory and CPD training
- Experiencing bullying, harassment or abuse
- Provision of equal opportunities and career progression and development
- Representation in the Board

As a result, a number of improvements were identified; the BAME Celebrating Cultures network supported the development of a three-year action plan to address issues of inequity.

To view WSHT 2019-2020 WRES report and 2018-2021 WRES action plan and priorities, please go to:

https://www.westernsussexhospitals.nhs.uk/your-trust/about/equality-diversity/

WRES Action Working Group

Members of the relaunched BAME Celebrating Cultures network, including Allies and HR partners were invited to join the WRES Action Working Group. By having a separate group working alongside the Equality, Diversity and Inclusion team this enables more detailed work including a deep dive analysis into indicator 2 and 5 by staff group and directorate level. This has identified targeted actions and identified good practice for shared learning.

The Workforce Disability Equality Standard (WDES)

The aim of the standard is demonstrating fairness within services using standardised data available to all NHS Trusts; the standard will also highlight areas for improvement. This standardisation of data allows NHS Trust to compare the experiences of disabled and non-disabled staff in a range of areas that impact staff. A specific working group has been formed to look at issues raised within the standard.

The areas the standard looks at include:

- Workforce representation

- Recruitment
- Entrance into formal capability processes
- Experiences of discrimination, harassment and abuse
- Provision of equal opportunities and career progression and development
- Feeling pressured to come into work when not feeling well enough to perform duties
- Satisfaction for staff in terms of valuing work and contribution
- Reasonable adjustments
- Engagement of disabled staff
- Representation of disabled staff in the Board.

The Disability Forum have been actively involved in reviewing issues raised within the standard and in developing a local action plan.

To view WSHT 2019-2020 WDES report and 2019-2021 WDES action plan and priorities, please go to:

https://www.westernsussexhospitals.nhs.uk/your-trust/about/equality-diversity/

NHS England has released the Sexual Orientation Monitoring Standard that looks at the sexual orientation monitoring for patients. This standard has been implemented within the Trust. It ensures there are appropriate standardised ways of recording the sexual orientation of patients/service users (over 16 year of age) in NHS services and some elements of social care.

Further information about the standard can be found by going to:

https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/

Future editions of this annual report will highlight progress within these standards.

Training

In 2019/2020, the Equality, Diversity & Inclusion function and HR Advisors presented 30 face-to-face training sessions up to January 2020 and then following Covid-19 restrictions these then became virtual learning to help ensure the workforce is aware of their responsibilities under equality legislation.

As of March 2020, 95.6% compliance was attained for 6,811 staff receiving Equality & Diversity training.

The three-yearly update will be scheduled into the annual Health and Safety training programme as of April 2021 and will consist of virtual e-learning and video resources.

NHS Accessible Information Standard

The standard was launched in August 2016 and sets out a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment and sensory loss.

The workforce has access to a range of interpretation and translation services, hospital communication books and a Learning Disabilities Liaison Team. The Equality, Diversity and Inclusion function has also provided support by:

- Providing Assistive Listening Devices to the Patient Advice and Liaison Service. (This is where patients and staff can request to book out a device)
- Providing hospital pictorial communication books to wards/departments
- The 'Recite Me' system to improve the accessibility of the Trust's website, internal StaffNet and outpatients booking service.

In partnership with the Patient Experience Team, the Equality, Diversity and Inclusion Team has continued to provide information and support during 2019/2020 to the Accessible Information Standard Steering group as the standard is established throughout the Trust.

For more information about the standard, please visit:

https://www.england.nhs.uk/ourwork/accessibleinfo/

Equality Impact Assessments

This is a process where policies and practices (and anything else that would affect our workforce, patients or service delivery) are reviewed. The review makes sure they will not unfairly impact on groups protected by the Equality Act 2010. The assessments also ensure that any opportunity to promote equality is taken.

Freedom to Speak Up Guardians

The Freedom of Information Act 2000 was introduced to promote transparency within public services. The Equality, Diversity and Inclusion team assists in the completion of a number of requests, mainly dealing with the use of interpretation and translation within the Trust.

Delia Reed and Shelton Bates, the Trust's Freedom to Speak Up

Guardians are here to give support and advice to staff if they are worried about something they think may affect the quality or safety of patient care or is a risk to our Trust. Delia and Shelton provide advice on how to raise concerns effectively and guidance on how the Raising Concerns Policy and process works.

Delia and Shelton work alongside trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

Continuous Equality Service Improvements

Following the adoption by Western Sussex Hospitals and BSUH of the Recite Me tool in 2018, the use of this resource is now widely in use and is up for renewal in April 2021.

The 'Recite Me' system is designed to improve the accessibility of the Trust's website, internal StaffNet and outpatients booking service. 'Recite Me' is a web-based tool that allows patients and staff to customise the Trusts website in a way individuals need it to work for them personally. The easy to use facility includes large font, text to speech functionality, dyslexia software, an interactive dictionary, a translation tool with over 100 languages and many other features. These functions not only benefit individuals with sensory impairments but also benefit those with learning disabilities/difficulties and overseas language speakers.

To activate the 'Recite Me' toolbar, individuals are required to click on the icon located at the top right of the website page.

Promotion of the Recite Me tool has taken place during 2019/20 at Trust induction, Health & Safety training and awareness briefing packs shared at ward/department level.

During the reported period, the Recite Me toolbar has been accessed on our public facing website 26,154 times.

All functions support a wide range of disabilities to aid website usability. The largest uses of the functions available have been in screen reader technology with the ability to change the style and translation capability being the next highest use of the system.

13

| Screen Reader | Styling | Translation |
| 60.55% | 19.48% | 14.49% |
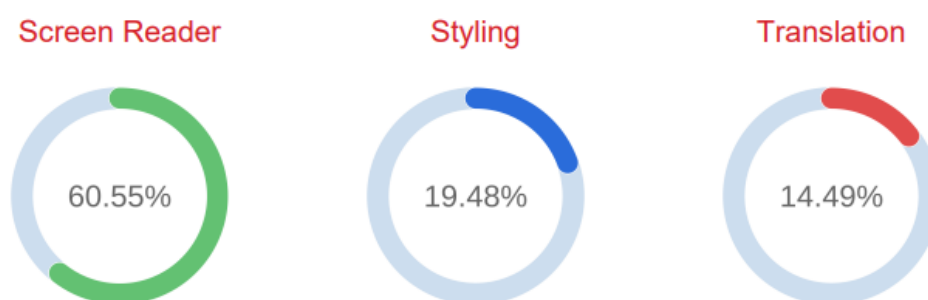
The top Recite Me features used by visitors using the public facing website feature the breakdown below:

Feature	Clicks
Screen Reader	15,837
Styling	5,096
Translation	3,790
ScreenMask	318
Ruler	279
Dictionary	247

In addition, the Recite Me toolbar has been used 10,323 times on our internal StaffNet pages to benefit and raise awareness among staff and volunteers.

Further information for patients and visitors is available through our PALS team as well as promoting the accessability tool through wards and departments.

Equality, Diversity and Inclusion Staff Conference

The Trusts Annual Staff Conference in 2019 was themed on Equality, Diversity and Inclusion with four workshops focusing on:

- Disability Awareness - Put Yourself in my Shoes
  The café offered the opportunity to explore life through the lens of those with differing impairments. A volunteer shared the experience of conditions associated with age and physical limitations of wearing an Age Simulation Suit. A newly developed resource was promoted with delegates consisting of the Directory of Impairments and Reasonable Adjustments and Access to Work guidance.

- Transgender Awareness - From Steve to Sophie
  Dr Sophie Cook shared her life story as she became the first transgender woman to work in football's premier league as club photographer for AFC Bournemouth following her transition in 2015. As part of the workshop a newly developed resource was promoted to support patients and staff deliver its legal and contractual obligation which highlighted best practice for fair and safe services for trans, non-binary and/or gender non-conforming people.

- Hate Crime - What should I do if I am targeted for being who I am?
  Police Prevention Sergeant and Equality Advocate for Gender Identity and Expression, Peter Allen shared examples of real life hate crimes that took place in the local community. The session provided definitions of hate crimes along with powerful video images of unacceptable anti-social behaviour and how to report these.

- Celebrating Cultures - Culture Club Inclusion Cafe
  The workshop included real life examples from colleagues who had experienced discrimination. The purpose of the cafe was to upskill those attending to become change agents and challenge situations when inappropriate behaviours are exhibited.

Opportunity to view all sessions of the conference was made available via video to those that could not attend and advertised to all staff across the Trust.

Above and Below the Line

The staff conference also supported the development of the Trust's 'Above and Below the Line' commitment to recognising and giving the tools to support colleagues in identifying behaviours that valued others and recognising those behaviours that do not.

Importantly the tool which over 400 conference participants help to develop provides guidance to colleagues in how to challenge negative and disrespectful behaviour in a supportive and positive way.

The Above and Below the Line tool formed part of the Trust's wider work on Reducing Abusive Behaviours.

The Above and Below the Line Tool along with interactive video examples have been shared with staff attending the Western Sussex Way session on the Annual Health and Safety Update Day throughout 2020.

Western Sussex Hospitals
NHS Foundation Trust

NHS

Inspected and rated
Outstanding
CareQuality Commission

Our values - above & below the line

Respecting Our People

Professional ✓

Create a safe and respectful environment

Share information and expertise appropriately and consistently

Use effective communication skills (listening, written, verbal, body language)

Be a positive role model (appearance and wearing ID)

Be accountable for your actions and know when to ask for help

Demonstrate resilience and positivity in the face of adversity

Be punctual and reliable

Compassionate ✓

Consistently demonstrate empathy for others

Be sensitive and sympathetic to challenging situations, demonstrating environmental and personal awareness

Support anyone who is struggling

Provide positive, supportive and effective debrief opportunities

Teamwork ✓

Support all staff - be inclusive

Value each other's needs, roles, knowledge and experience

Share relevant knowledge and information including when things go wrong

Share workload

Be collaborative with colleagues across the Trust

Demonstrate a "can do" attitude to problem solving

Give feedback at an appropriate time/place

Kind ✓

Support each other

Use eye contact and positive body language

Be considerate and helpful

Give praise, say please and thank you

Go out of your way to help others

Show understanding when colleagues are upset

Be sensitive and supportive when colleagues return from sick leave

Friendly ✓

Introduce yourself and address everyone by their chosen name

Welcome everyone to your work area

Acknowledge others

Smile and make good eye contact

Be approachable and encouraging to colleagues

Demonstrate positive body language

Respectful ✓

Accept and value other people's skills and opinions, whatever their grade or role, even when markedly different from your own

Be polite and courteous

Recognise the feelings, wishes, needs and rights of others

Communicate clearly and check information has been received and understood

Celebrate the diversity of our workforce and be inclusive

Respecting Our People - encourage behaviours above THE LINE and don't permit those below

✗
Work outside of your own scope of practice

Give inconsistent information

Lack professional communication including aggressive behaviour

Inappropriate personal use of phones/devices

Unwilling to develop staff

Exclude colleagues

✗
Not listen and avoid eye contact

Fail to acknowledge the concerns and difficulties of others

Be dismissive

Be aware of being overfamiliar and invading personal space

Be patronising

✗
Show favouritism and encourage cliques/groups

Fail to delegate or seek help when required

Gossip, whinge or complain

Be negative and rude

Lack flexibility with work hours/pattern (where relevant and appropriate)

Avoid dealing with issues

✗
Show frustration or intolerance to others

Not offer to help because it means more work

Devalue the knowledge and contribution of others

Whisper behind others' backs

✗
Deliberately ignore people or exclude them from group conversations

Display negative and rude demeanour (e.g. rolling eyes)

Be uncommunicative

Exclude others (e.g. using a language that others do not understand)

Use banter or jokey language in a negative way

✗
Use aggressive behaviour both verbal and physical

Be overfamiliar and invade personal space

Not listen

Act superior

Be selfish or inconsiderate

Disrespect others by referring to people by bandings

Organisational Development - October 2019

Supporting Equality

The Trust undertakes a wide range of work and projects to support the equality agenda to benefit patients, the workforce and ensure as many people have a voice into the way services are delivered.

During 2019/2020 the Trust has continued to support:

BAME Celebrating Cultures Network - that work towards improving patient care and working conditions for all staff from BAME (Black, Asian, Minority, Ethnic) and non-British backgrounds. This group is also involved in our policy development, to ensure issues relating to culture are taken into account.

The BAME Celebrating Cultures network was relaunched with the support of the organisation Chief Executive who is also the executive sponsor to the network.

The objective of the refreshed BAME Celebrating Cultures Network was first and foremost to be a support network for the BAME staff during this challenging time and beyond. The network would also act as a reference group for the trust on issues to do with race equality under the umbrella of equality, diversity and inclusion.

The network looks to increase representation from across the Trust's staff groups and to provide a safe space for members to share stories and learning and through coaching, training and mentorship to help support race equality within the organisation.

The BAME Celebrating Cultures network will contribute and report to the Trust's Diversity Matters Steering Group to ensure the organisation is able to make any organisational changes required as a result of issues being highlighted.

Disability Forum - has been active throughout 2019/20, providing a mechanism to ensure disabled people have a voice within the Trust. One of the key objectives is to ensure that monitoring systems and processes are put in place to support disabled people, are fit for purpose.

This group is also involved in our policy development, to ensure issues relating to disability are taken into account. The Forum has been active in supporting the development of the Workforce Disability Equality Standard (WDES) action plan for the Trust along with developing resources including the Trust's Health Passport.

Disability Confident - replaces the 'Two Ticks - Positive about Disabled People' scheme. The aim of this national programme is to ensure that the Trust has mechanisms, systems and processes to support existing and newly disabled employees throughout their employment journey. JobCentre Plus administers the programme.

The Disability Forum has expressed a desire to be involved in supporting the Trust in achieving Level Three of Disability Confident. The Trust has had its Disability Confident status at level 2 extended to April 2021.

Diversity Matters Group - this key steering committee helps to ensure that equality, diversity and human rights are at the heart of the Trust's strategic plans. All of the staff and patient networks and forums feed into this committee.

The Head and Deputy Head of Inclusion from BSUH are key participants and attend the quarterly DMG meetings.

LGBTQ+ Forum - the network helps to raise the profiles of Lesbian, Gay, Bisexual and Trans issues within the Trust. The network provides support to LGBTQ+ staff, patients and visitors.

This group is also involved in our policy development, to ensure issues relating to sexual orientation and gender identity are taken into account.

The impact of Covid 19 sadly resulted in the Worthing Pride and Chichester's first ever Pride being cancelled for 2020.

Religion or Belief Forum - established in 2019/20 in partnership with BSUH the forum leads on Religion or Belief issues in the Trust and local health community and works in collaboration with faith groups and various local organisations. The forum provides a framework in which to support and monitor the religious needs of patients, relatives and staff and influence cultural change in attitudes and behaviour.

Rainbow Warriors Initiative

We continue to support the Evelina London Children's Hospital initiative by wearing the lanyards and pins. This has spread across the NHS as other organisations borrow the idea 'with pride'. 64% of NHS Trusts in England have already launched the project, with a further 8% planning to launch the project over the next few months - 72% of all Trusts in England. The aim is to make a positive difference by promoting a message of inclusion to the LGBTQ+ community, with Rainbow Warriors prominently wearing their rainbow lanyards or pin badges.

The idea was first introduced to Western Sussex Hospitals at last year's staff conference, after the Trust's Executive Team, Diversity Matters Group, and LGBTQ+ forum enthusiastically supported it.

Wearing the rainbow symbol is a voluntary way for staff of any sexual orientation and gender identity to indicate they are a 'safe listening ear' for LGBTQ+ patients, colleagues, volunteers and students.

Sadly, LGBTQ+ patients face inequalities in their experience of NHS healthcare. Visual symbols, however, such as the rainbow pin badge and lanyard, are a clear and effective way to signal to LGBTQ+ people they are in a positive, inclusive and safe environment.

Currently, there are 379 colleagues signed up to be Rainbow Warriors across the Trust.

International Pronouns Day

The Trust is committed to creating and sustaining inclusive and supportive communities for everyone. In support of this, Western Sussex Hospital Trust promoted International Pronouns Day on the 21 October 2020 to raise awareness. The aim is to challenge the assumptions that we make about others peoples' pronouns and understand pronouns are a form of gender expression.

Risk Assessments and Risk Assessment Panel - BAME and COVID-19 Vulnerable Staff

As the impact of the COVID-19 pandemic grew across the world, it became increasing apparent from research including that of Public Health England that Black, Asian and Minority Ethnic (BAME) communities and those with other health and risk factors were being disproportionally affected.

In response Western Sussex Hospitals along with NHS Trusts across the country took active steps to raise awareness of the risks and to put active measures into place to assess, reduce and mitigate those risks wherever possible. It was also important to ensure that staff knew their concerns were understood and listened to and to give them the confidence to know they could come to work safely.

WSHT working with BSUH developed a risk assessment tool along with guidance, information and advice to support managers to undertake risk assessments with their BAME team members and those who had specific health needs.

These risk assessments engaged with colleagues right across our organisation and included clinical and non-clinical colleagues including bank staff.

The risk assessments were designed to be supportive conversations and video resources featuring members of the Trust along with an interactive risk assessment platform 'Bamboo' were developed to provide tools to support the process.

To ensure support was in place for the risk assessment decisions and as a place to offer advice and guidance, the COVID-19 Risk Assessment Advisory panel was established comprising of Senior Clinical colleagues and with representation from Occupational Health, Human Resources and members of the Equality, Diversity and Inclusion Team.

Processes and learning were continually shared to update the roll out of the risk assessments and to provide ongoing support to colleagues and the Trust.

Risk Assessment Advisory Panel:

At the beginning of May 2020 to support our Managers to undertake risk assessments for staff in the following groups:

- Black, Asian and Minority Ethnic (BAME)
- Pregnant Women
- Over 70's
- Certain underlying health conditions and clinically vulnerable

This was to ensure there was a proper Trustwide undertaking of Risk Assessments and that both managers and staff understood what was required of them.

To help address the queries that inevitably came to light regarding Green - Non-COVID areas and Red - COVID Areas, the Risk Assessment Advisory Panel was established and comprised of the following expertise:-

- HR Representatives
- Chief of Service
- Medical Director
- Occupational Health
- Senior Nurse representation
- Chief Nurse / Deputy Chief Nurse
- Representative from Equality, Diversity and Inclusion

Expertise from other areas was called upon as required. Representatives from the group have met every week since commencement to advise on the more complex issues that arise as a result of staff undertaking risk assessments and to discuss advice around mitigations. The panel's recommendations are reviewed by senior clinicians.

The value to the organisation is this is a relatively consistent group that meet - thus ensuring fairness to the process for our managers and staff.

Changing Places

Following the success of the first Changing Places facility at Southlands Hospital we have identified a location for our Worthing Hospital which will be just inside our main entrance. Plans have been designed and we expect completion in the early half of 2021.

Changing places is a national scheme of organisations providing accessible changing facilities in public spaces and venues which can be accessed by adults, young people and their carers to provide support when out in the local community.

The venues at Western Sussex Hospitals are fitted with height adjustable changing facilities including a changing bench and shower facilities as well as accessible toilet and washing facilities.

Our hospital sites are listed on the Changing Places website and app so that these can be easily located and accessed in the local community or on visits to other locations across the UK.

We are also in the process of locating a suitable Changing Places venue for our St Richard's Hospital site.

Improvements to Violence and Aggression

Working in collaboration with all NHS organisations throughout Sussex, the Sussex Health Care Partnership (SHCP) held a number of working groups to explore how to reduce violence towards staff by patients and the public. Outcomes of this group have been complimented by an external provider undertaking a violence and aggression audit throughout the Trust.

The audit provides levels of assurance of key findings to the Trust Executive Board and provides a summary of recommedations which are being incorporated into the Leadership, Culture and Engagement workstream across both WSHT and BSUH.

Sussex BAME Disparity Response Programme

In May 2020 the Sussex Health and Care Partnership (SHCP) established The Sussex Black, Asian and Minority Ethnic Disparity Programme in response to the evidence emerging evidence of the disproportionate impact of COVID-19 on BAME communities. Western Sussex has been part of this initiative focussed on safeguarding staff, patients and communities across Sussex. The Trust's EDI team is working alongside the SHCP on addressing key priority areas and examining the factors which have an impact on health outcomes, experience and wellbeing for people from ethnically diverse backgrounds including structural, institutional and interpersonal racism. SHCP has set up the; Turning the Tide Transformation Oversight Board and the Trust has representation and in progressing actions that are measurable and long lasting across the health and care system. The work of this programme is reported to the Trust's DMSG for assurance to enable any organisational changes.

Ally-ship

The allies group was set up for White staff in the organisation who are driven towards race equality and would like to help the organisation. The Allies group was launched in December 2020 and a clear vision on how allies can help advance the organisation's race equality agenda working alongside the BAME staff network.

BAME volunteers

The BAME Volunteers Programme was set up to enable nominated BAME staff with lived experience to be a first point of contact regarding COVID-19 issues and the related anxieties, stress and mental health issues.

The volunteers work alongside the Health and Wellbeing, EDI team and the Freedom to Speak Up Guardian (FTSUG) to provide support and guidance

These volunteers where offered the opportunity for additional training and support including Mental Health First Aid training in order to gain some practical skills and awareness to in turn support their colleagues.

Occupational Health Services

The Trust has a contracted Occupational Health (OH) service with Team Prevent, who provide advice and support to WSHFT NHS Trust employees and volunteers.

OH is concerned with the effect of work on health and ensuring employees are fit for the work they do. One aim of the service is to provide a quality professional OH service and promote the provision of a safe and healthy working environment.

Team Prevent has Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation which means those using the service have assurance, through independent validation, that the services provided satisfy the SEQOHS standards for safety, effectiveness and quality as a minimum.

OH offers a wide range of services that include:

- Advice on fitness to work
- Health clearance and screening for employment
- Advice on workplace adjustments due to injury, illness or disability
- Advice on the applicability of the Equality Act 2010 in relation to disability
- Vaccination and blood testing
- Assessment and advice following sharps and splash incidents
- Health surveillance

In addition to Team Prevents Occupational Health Service, the Trust also has in-house teams that provide advice and guidance around:

- Staff Counselling / Emotional Support Groups
- Staff Physiotherapy
- Ergonomic assessments
- Manual handling training and advice

Health Checks for BAME staff and Covid-19 vulnerable staff

The organisation was successful in applying for a bid to NHS Charities Together, the purpose of which was to provide Health Checks for those at higher risk of COVID-19 including BAME staff and those with pre-existing health conditions. The service provides a combination of both mental health conversations along with physical health check and support and advice on lifestyle changes.

This service will provide health promotion which gives access to those who may be at risk but who may not already be seen by primary care services. The service also signposts staff to existing Health and Wellbeing services in the organisation. This support is further to the COVID-19 Risk Assessments for at risk staff which are completed by their managers and action taken to mitigate risk where possible.

Health Passport

The health passport is designed by NHS Health Education England and primarily aimed at staff that have a disability (long term health condition (physical or mental) which has a substantial impact on their day-to-day activities). However, the health passport is designed to be a flexible tool and could be used in a range of circumstances; for example recording workplace adjustments for those with temporary debilitating injuries or illnesses.

The health passport is supported by the Trust's Work Life Balance policy and Access to Work guidance for employee's and manager's available on StaffNet.

A health passport is a supportive tool that provides both staff and managers with a number of benefits.

The passport has been structured in a way to encourage a thorough and open conversation about health issues, impacts at work and reasonable/workplace adjustments that can be made to either overcome or mitigate any issues experienced.

For staff that have multiple managers (e.g. they work in multiple teams etc.), it can help the member of staff clearly communicate their individual issues and needs to those they report to. The passport can prevent the member of staff having conversations about their health multiple times with different managers.

The health passport can provide a timeline for both staff and managers about the types of reasonable/workplace adjustments that have been made.

The health passport can act as a prompt to review health conditions and the effectiveness of reasonable/workplace adjustments.

The design of the Health Passports has involved the Trust's Disability Forum working in conjunction with colleagues from the Disability Staff Network at Brighton and Sussex University Hospitals NHS Trust and has taken good practice from national examples.

Information about the Health Passport is included on the Trust's website along with frequently asked questions and a link to the Trust Disability Forum and Human Resources Team for advice and support.

Mental Health First Aid training

In the wake of Covid-19 never more has the impact of mental health been prevalent to the nation. In response to the need to support managers, Mental Health First Aid teaches those how to spot signs and symptoms of common mental health issues, provide non-judgemental support ad reassures, and guide a person to seek professional support they may need to recover.

We are acutely aware that the impact on mental and psychological support is likely to be ongoing for the next 12 to 18 months and this is being factored into the Trust health and wellbeing project plan.

The programme of work to upskill managers is in conjunction with the psychological support for traumatic events video and presentation and managers guide to mental health.

UK Disability History Month

The 18th November to the 18th December marked the UK Disability History Month and the Trust marked the month with awareness raising articles and information shared across the Trust in partnership with our Communications Team and the Trust's Disability Forum.

Included in the month were articles linked to the National Campaign along with biographies from members of the Disability Forum who chose to share their experiences of working in the Trust, their passion for equality, diversity and inclusion issues and their thoughts on the benefits and opportunities of working for the Trust and being part of the Disability Forum.

As a result of the month and the biographies, more new prospective members were attracted to beomce part of the forum.

Reasonable Adjustments and Access to Work

As an organisation we have developed guidance for our staff and managers around how to make reasonable adjustments in our workplaces. This includes both practical guidance and examples along with the legal responsibilities we have as an employer.

Under the Equality Act 2010 employers must make reasonable adjustments to make sure workers with disabilities, or physical or mental health conditions, aren't substantially disadvantaged when undertaking their jobs.

As part of the practical guidance we have also developed guidance about Access to Work which is a publicly funded employment support programme that aims to help more disabled people start or stay in work. It provides practical and financial support if individuals have a disability or long term physical or mental health condition.

Disability Monitoring Information

In the year we have seen an increase of 2.4% of people declaring their disability status and this has reflected the Trust's work around raising awareness of the importance of monitoring and how it supports staff and the organisation and this was in conjunction with the shared biographies of colleagues from the Trust's Disability Forum.

Staff Carer's Passport

As an organisation we have developed a Staff Carer passport in partnership with the disability network and the passport has now been adopted and is starting to come into use across the organisation.

The purpose of the staff carer's passport is to enable a carer and line manager to hold a supportive and open conversation to discuss and document the flexibilities needed to support the carer in combining caring and work. The passport is aimed at staff who provide unpaid care and support to a partner, family member or friend due to their disability, health condition, frailty, mental health concern, addiction or other health and care need.

The passport can be completed by any staff member who has caring responsibilities which they believe could have an impact on their ability to work currently or at some point in the future.

Guidance on completing the passport along with advice and information is shared across our Trust intranet.

The Trust is proud to be working with Carers Support West Sussex, a registered charity to help colleagues who are a carer working in the Trust. As part of our commitment to

help colleagues who are caring for someone, the Trust host's virtual information and support sessions specifically for colleagues as Carers all of which take place on Wellbeing Wednesday.

Carers Support West Sussex
for family and friend carers

These virtual drop-in sessions offer staff the chance to share information, experiences and get practical advice and support as well as recognition of the impact of working and caring. Practical resources and information are also available free by visiting the Carers Support West Sussex website at www.carerssupport.org.uk

Engagement with Patient Experience

The Trust has taken a number of steps to engage with patients and their experience through the Patient Experience and Engagement Committee.

Acitivity during 2019/20 includes:

- The Patient Experience team responded to the emerging COVID-19 pandemic and introduced several initiatives ensuring that patients were able to maintain contact with their loved ones. Plans are in place to continue these initiatives post-COVID-19.
- Bringing families together - the patient safety team supplied wards with mobile telephones for those patients who do not have access to a mobile device and tablets to enable patients to facetime/skype their family and friends.
- Hearts for the dying and the bereaved - the patient experience team worked with the critical care and palliative care teams in this project which ensures that a handmade heart is placed with a dying patient and, once they have died, a matching heart is sent to the next of kin along with a condolence card.
- Letters to loved ones - Relatives and friends unable to visit our hospitals can write to their loved ones vis the PALS team who will write up the message and ensure it is safely delivered.

The Trust also works in partnership with members of our local community and users of our service who have a learning disability in our Learning Disability Steering Group. The focus of this group is to improve the experience of patients with a learning disability by utilising the 'my care passport'.

The Learning Disability Liaison Team (LDLT):

The LDLT provide specialist nursing guidance and advice to people with learning disabilities, as well as their families and staff. The team help with planned and emergency admissions, outpatient appointments and hospital discharge.

The teamwork with hospital staff ensure the healthcare they deliver is person-centred by:

- aiding and teaching communication skills using specialist techniques or tools
- help staff understand the patient's needs and preferences
- look at reasonable adjustments that can be made to the environment, treatment plans or timing of appointments
- for patients that have capacity, the team ensure the patient understands planned treatment, expectations of them for their treatment/care plan and consent
- advocate for patients and their family or carers
- help coordinate treatment and ongoing care
- provide reassurance to the patient and their family or carers
- promote the use of the 'Hospital Passport' and 'Hospital Communication Book' where appropriate.

In addition to ward-based work, the LDLT also provide education for staff to help raise the standards for patients with learning disabilities.

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

Maternity Voice Partnership - The chair for WSHT attends the quarterly meeting to ensure the voices from those including the more vulnerable and less heard service users feel safe and supported to explore concerns raised.

During 2019/29 the group held focus groups to review the discharge process and created a service user 'going home with your baby checklist'. This managed expectations and empowered the service user in understanding the steps were involved before discharged.

Religious and Spiritual Care during COVID-19

Patient Care

In accordance with individual risk assessments and standard operating procedures the Chaplains continue to visit patients in person in all areas wearing the appropriate PPE. Visits to "red" areas have been on the basis of referrals from staff, family, faith communities and the patients themselves along with attendance to end of life calls in all areas.

When a Chaplain is unable to visit in person a remote visit may be carried out by phone or by a portable device.

Staff Care

The Chaplaincy team recognise spiritual care is a vital part of staff wellbeing. During the pandemic the Chapels and Sanctuary areas have become designated "calm rooms" as required for staff to use for recovery, refreshment and a place to signpost support materials.

Whilst offering an "on the ground" source of support for staff who wish to talk either individually or in group emotional debriefing sessions, the Chaplaincy department provide religious and non-religious resources for staff to use for their own spiritual care. This includes support for staff who have experienced the loss of a loved one, patient or colleague as a result of the pandemic.

Within the NHS environment close relationships are formed as staff care for the intimate needs of the patient and their family. The Chaplaincy team are available to offer support to staff when a member of their team is ill or dies. This may include, pastoral support for individuals, a 'Time to Remember', where staff gather to remember their colleague. The Chaplaincy team work closely with all those involved with providing support: for example the staff member's manager, HR representative, the Wellbeing team and colleagues

Western Sussex Hospitals NHS Foundation Trust's Equality Objectives

The Equality Act 2010 places specific duties on public sector organisations. Part of the specific duties is to set measurable objectives and goals which demonstrate how the organisation is meeting needs or taking steps to improve equality.

In recognition of the successful collaborative working arrangements the shared Executive Team have achieved at WSHFT and BSUH; it is recognised the vision of

delivering comparable inclusive healthcare services and a workforce reflective of the communities it serves is replicated in the overarching strategic equalities plan.

Working together with the BSUH Equality, Diversity and Inclusion Team, the following cross trust joint equality objectives and goals have been agreed for WSHFT and will be effective until 2021:

1. Aim to have the workforce's declared equality monitoring data as a minimum of 90% across the board.
    - As of March 2020, the current rates of declared monitoring information is: Age (100%), Disability (72.2%), Gender (100%), Marriage and Civil Partnership (97.3%), Race and Ethnicity (93.9%), Religion or Belief (80.4%, did not wish to disclose 18.9%) and Sexual Orientation (77.7%, did not wish to disclose 21.5%).

2. Analyse, review and reduce the variation of staff experiences in the workplace across all protected characteristics in the National NHS Staff Survey.
    - This is being undertaken through a joint workstream with BSUH under the Leadership, Culture and Engagement Workstream and through the WRES and WDES with respective action plans that will address the issues highlighted.

3. Analyse and review recruitment and selection processes and training to improve fairness and equity in the processes. The aim would be to improve representation across different staff groups and pay bands. This work is included in the WRES and WDES action plans.

4. Better engage with patients to encourage greater Trust with patient monitoring exercises.

Who are the local communities the Trust serves?

Data is taken from the 2011 Census - during this period there were:

- 139,860 people in Mid Sussex
- 806,892 people in West Sussex
- 8,634,750 people in South East England
- 53,012,456 people in England

Age:
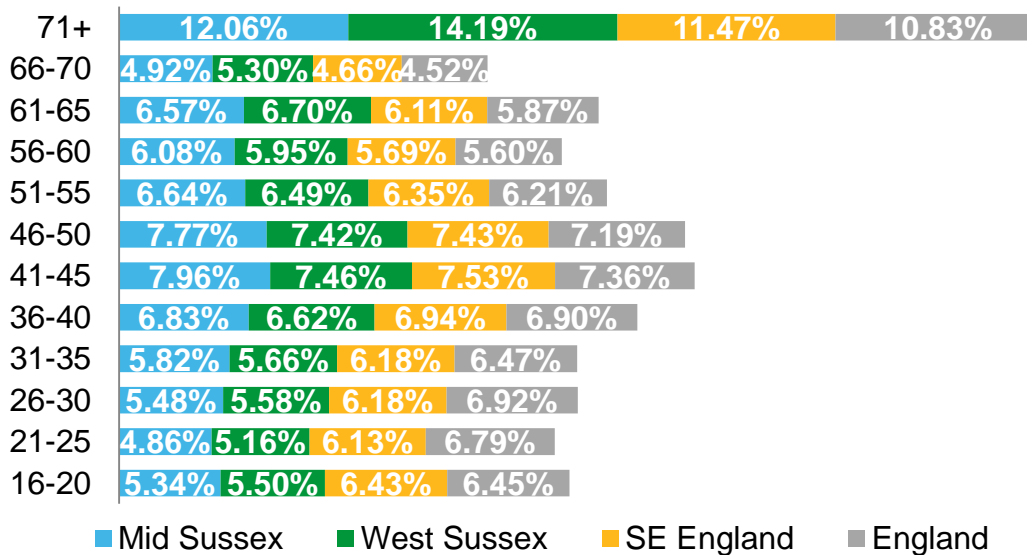
Age Range	Mid Sussex	West Sussex	SE England	England
16-20	5.34%	5.50%	6.43%	6.45%
21-25	4.86%	5.16%	6.13%	6.79%
26-30	5.48%	5.58%	6.18%	6.92%
31-35	5.82%	5.66%	6.18%	6.47%
36-40	6.83%	6.62%	6.94%	6.90%
41-45	7.96%	7.46%	7.53%	7.36%
46-50	7.77%	7.42%	7.43%	7.19%
51-55	6.64%	6.49%	6.35%	6.21%
56-60	6.08%	5.95%	5.69%	5.60%
61-65	6.57%	6.70%	6.11%	5.87%
66-70	4.92%	5.30%	4.66%	4.52%
71+	12.06%	14.19%	11.47%	10.83%

Disability:

The 2011 Census asks 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last at least 12 months?'

England — 82.36%, 9.33%, 8.31%
SE England — 84.29%, 8.83%, 6.88%
West Sussex — 82.79%, 9.76%, 7.46%
Mid Sussex — 85.83%, 8.39%, 5.78%

Legend: Not Limited, Limited a Little, Limited a Lot
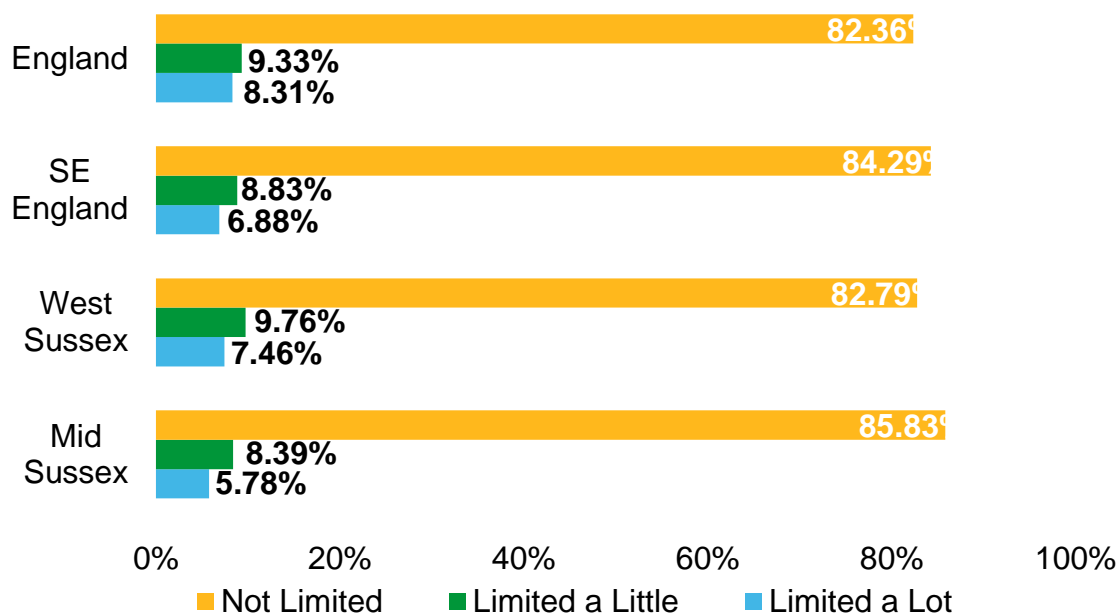
Disability Status	Limited a Lot	Limited a Little	Not Limited
Mid Sussex	5.78%	8.39%	85.83%
West Sussex	7.46%	9.76%	82.79%
SE England	6.88%	8.83%	84.29%
England	8.31%	9.33%	82.36%

Gender:

Male: Mid Sussex 48.95%, West Sussex 48.40%, SE England 49.10%, England 49.18%
Female: Mid Sussex 51.05%, West Sussex 51.60%, SE England 50.90%, England 50.82%

Legend: Mid Sussex, West Sussex, SE England, England
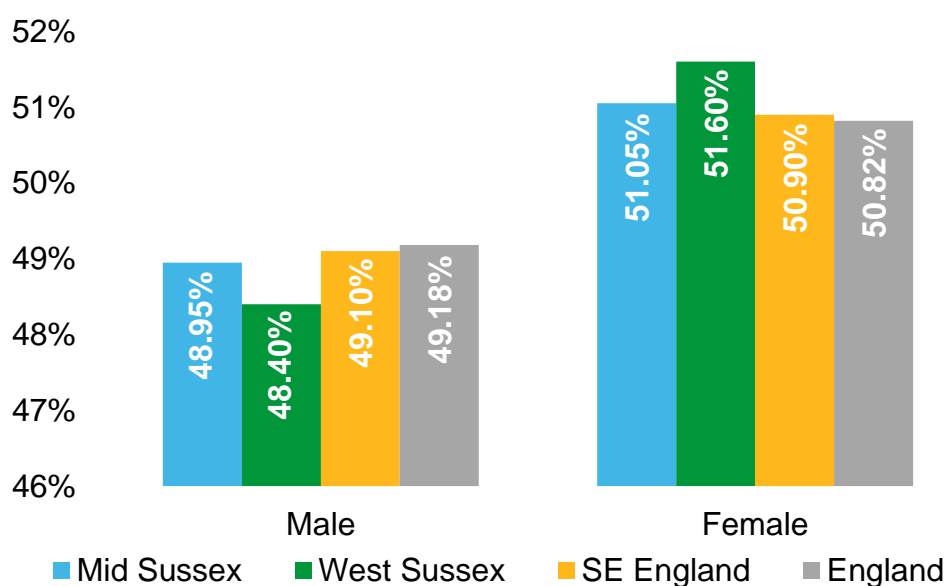
Gender	Male	Female
Mid Sussex	48.95%	51.05%
West Sussex	48.40%	51.60%
SE England	49.10%	50.90%
England	49.18%	50.82%

Marriage and Civil Partnership:

Not Living in a Couple - Widowed
- 6.26%
- 6.19%
- 8.15%
- 6.18%

Not Living in a Couple - Divorced/Legally Dissolved Civil Partnership
- 6.54%
- 6.48%
- 9.71%
- 6.14%

Not Living in a Couple - Separated
- 2.13%
- 1.98%
- 2.47%
- 1.81%

Not Living in a Couple -Married or in a Registered Same-Sex Civil Partnership
- 1.46%
- 1.24%
- 0.00%
- 0.91%

Not Living in a Couple - Single
- 25.81%
- 23.06%
- 28.79%
- 20.33%

Living in a Couple - In a Registered Same-Sex Civil Partnership or Cohabiting (Same-Sex)
- 0.88%
- 0.85%
- 0.74%
- 0.72%

Living in a Couple - Cohabiting (Opposite-Sex)
- 11.23%
- 11.30%
- 0.00%
- 10.47%

Living in a Couple - Married
- 45.69%
- 48.90%
- 50.14%
- 53.44%

Legend:
- England
- SE England
- West Sussex
- Mid Sussex

0.00% 10.00% 20.00% 30.00% 40.00% 50.00% 60.00%

Marriage and Civil Partnership	Mid Sussex	West Sussex	SE England	England
Living in a Couple - Married	53.44%	50.14%	48.90%	45.69%
Living in a Couple - Cohabiting (Opposite-Sex)	10.47%	0.00%	11.30%	11.23%
Living in a Couple - In a Registered Same-Sex Civil Partnership or Cohabiting (Same-Sex)	0.72%	0.74%	0.85%	0.88%
Not Living in a Couple - Single	20.33%	28.79%	23.06%	25.81%
Not Living in a Couple -Married or in a Registered Same-Sex Civil Partnership	0.91%	0.00%	1.24%	1.46%
Not Living in a Couple - Separated	1.81%	2.47%	1.98%	2.13%
Not Living in a Couple - Divorced/Legally Dissolved Civil Partnership	6.14%	9.71%	6.48%	6.54%
Not Living in a Couple - Widowed	6.18%	8.15%	6.19%	6.26%

Race and Ethnicity

White - Other
- 5.66%
- 5.43%
- 3.95%
- 4.77%

White
- 79.75%
- 85.23%
- 89.80%
- 90.33%

Other
- 1.03%
- 0.59%
- 0.34%
- 0.23%

Mixed
- 2.25%
- 1.94%
- 1.51%
- 1.41%

Black
- 3.48%
- 1.58%
- 0.89%
- 0.56%

Asian
- 7.82%
- 5.24%
- 3.51%
- 2.69%

Legend:
- England
- SE England
- West Sussex
- Mid Sussex
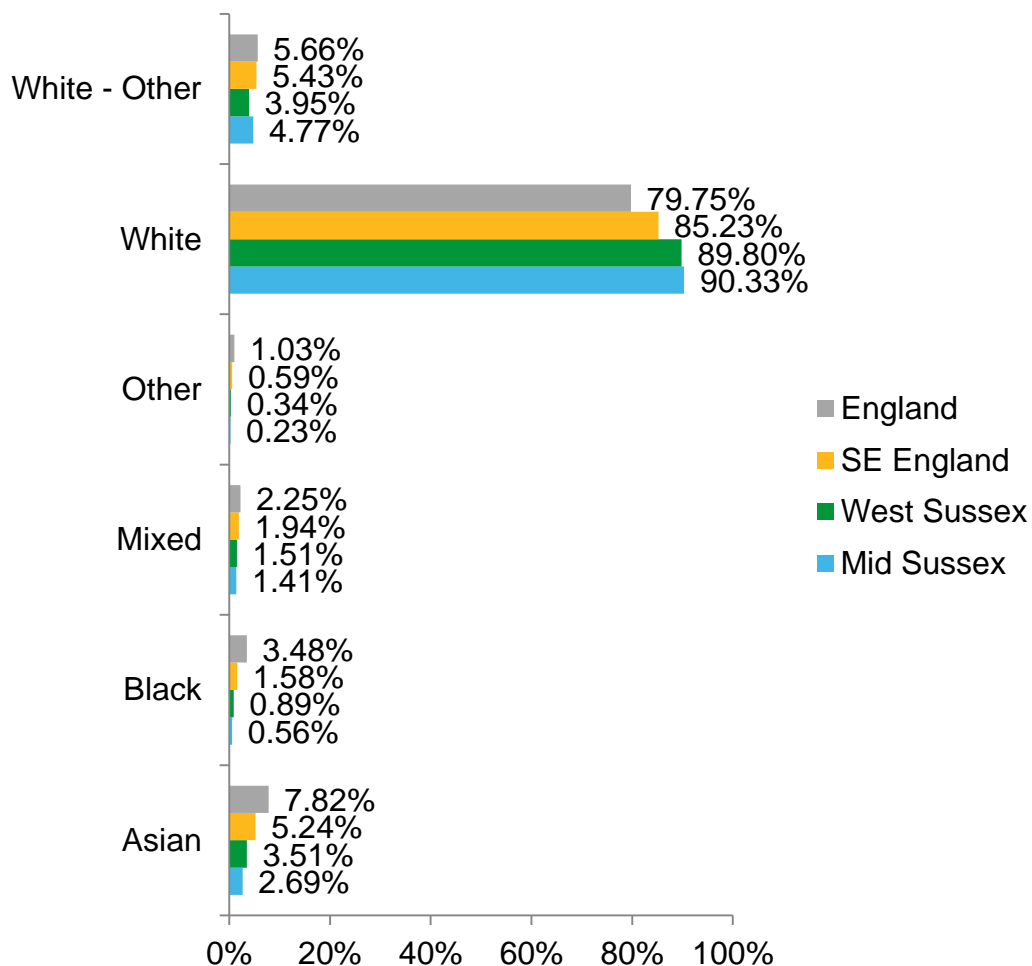
Race and Ethnicity	Mid Sussex	West Sussex	SE England	England
Asian	2.69%	3.51%	5.24%	7.82%
Black	0.56%	0.89%	1.58%	3.48%
Mixed	1.41%	1.51%	1.94%	2.25%
Other	0.23%	0.34%	0.59%	1.03%
White	90.33%	89.80%	85.23%	79.75%
White - Other	4.77%	3.95%	5.43%	5.66%

Religion or Belief:

Religion or Belief	Mid Sussex	West Sussex	SE England	England
Buddhist	0.36%	0.38%	0.51%	0.45%
Christian	62.75%	61.76%	59.76%	59.38%
Hindu	0.61%	0.91%	1.07%	1.52%
Jewish	0.20%	0.18%	0.21%	0.49%
Muslim	0.81%	1.57%	2.34%	5.02%
No Religion	26.61%	26.87%	27.66%	24.74%
Other Religion	0.66%	0.51%	0.46%	0.43%
Religion Not Stated	7.93%	7.67%	7.36%	7.18%
Sikh	0.06%	0.14%	0.64%	0.79%
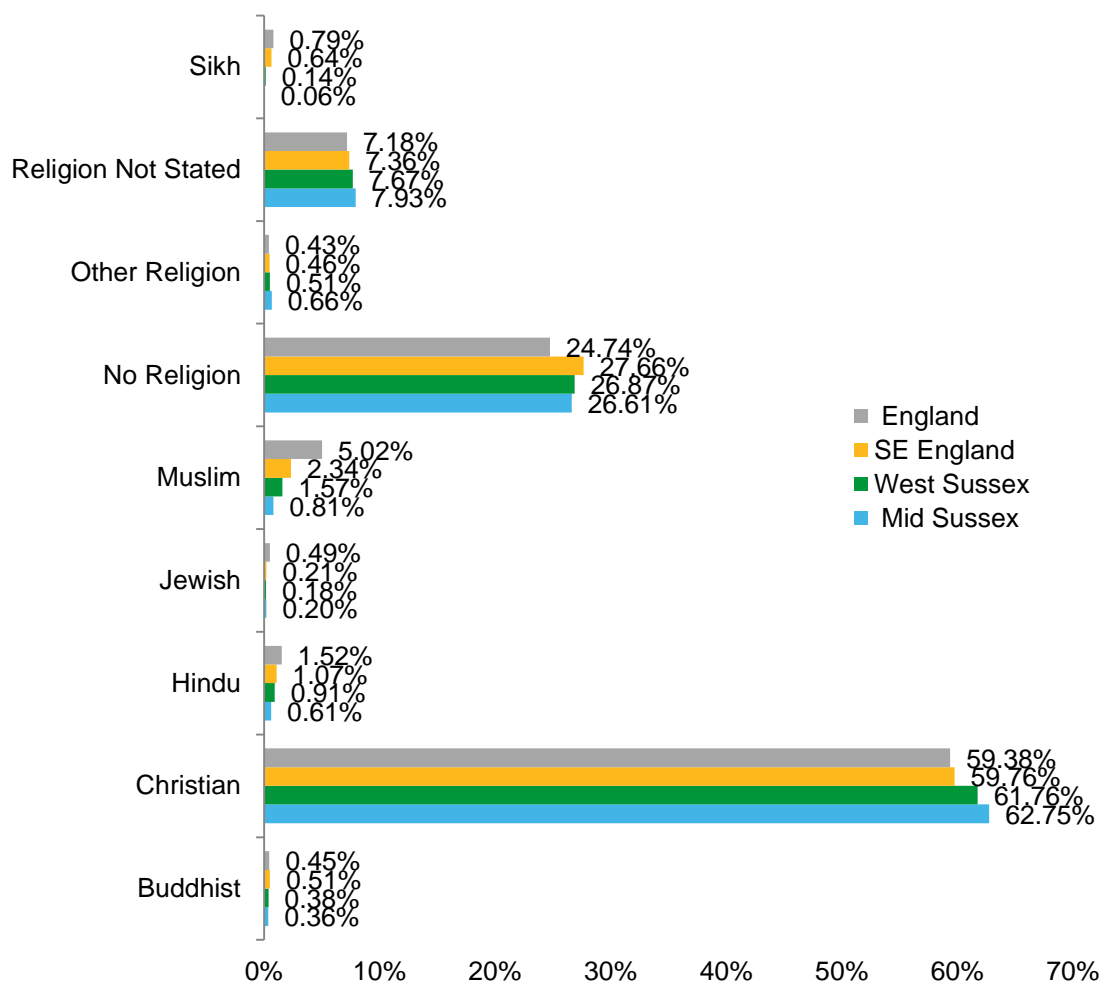
Who are the Trust's workforce?

The information is taken from the Trust's Electronic Staff (ESR) Records system and provides a wide range of demographical data.

In the data tables, the workforce data in red indicate where the representation in the workforce is lower than the 2011 Census data.

It should be noted due to system limitations:

- At present, the Electronic Staff Records system does not support collecting data that would allow monitoring of gender identity; this is a national issue.
- At present, the Electronic Staff Records system does not support collecting data that would allow monitoring of maternity and pregnancy; this is a national issue.

Age

WSHT 2019 Vs. 2020

WSHT 2019   WSHT 2020
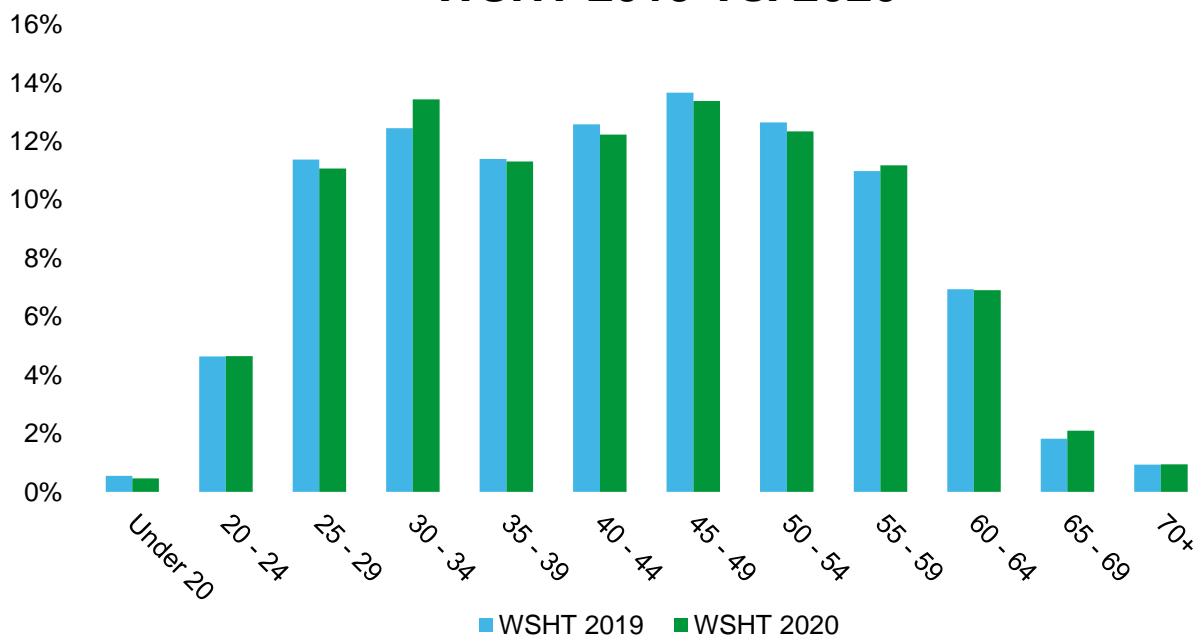
Age Range	Census 2011	Workforce 2018/19	Workforce 2019/20
Under 20	4.5%	0.6%	0.5%
20 - 24	5.1%	4.6%	4.7%
25 - 29	5.5%	11.4%	11.1%
30 - 34	5.7%	12.5%	13.4%
35 - 39	6.3%	11.4%	11.3%
40 - 44	7.4%	12.6%	12.2%
45 - 49	7.5%	13.7%	13.4%
50 - 54	6.7%	12.7%	12.3%
55 - 59	6.0%	11.0%	11.2%
60 - 64	6.7%	6.9%	6.9%
65 - 69	5.6%	1.8%	2.1%
70+	8.6%	0.9%	0.9%

Disability

It is not possible to provide a direct comparison with the Census 2011 data. Whilst it is safe to say that those who identify as having their day-to-day activities' limited a lot' will be counted as disabled, those who identify as 'limited a little' only some will be considered disabled.

Census 2011
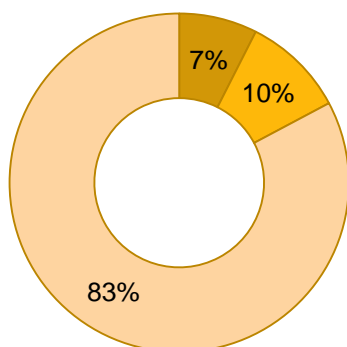
- Day to day activities limited a lot
- Day to day activities limited a little
- Day to day activities not limited

WSHT 2019
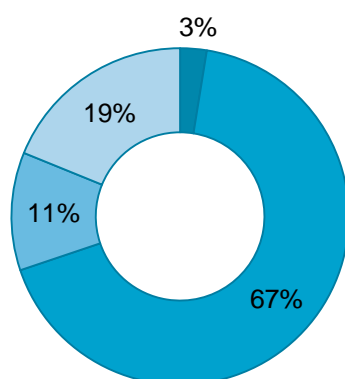
- Disabled
- Not Disabled
- Not Declared
- Undisclosed

WSHT 2020
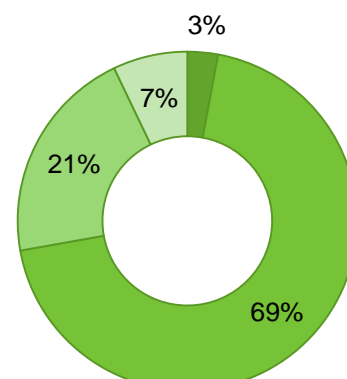
- Disabled
- Not Disabled
- Not Declared
- Undisclosed

Census 2011 – Disability

Day-to-day activity	Population %
Activity not limited	83%
Activity limited a little	10%
Activity limited a lot	7%

Trust's Workforce Data for Disability Status

Disability Status	2018/19	2019/20
Disabled	2.5%	2.9%
Not Disabled	67.3%	69.3%
Unknown	30.2%	27.8%

Gender

Gender Split
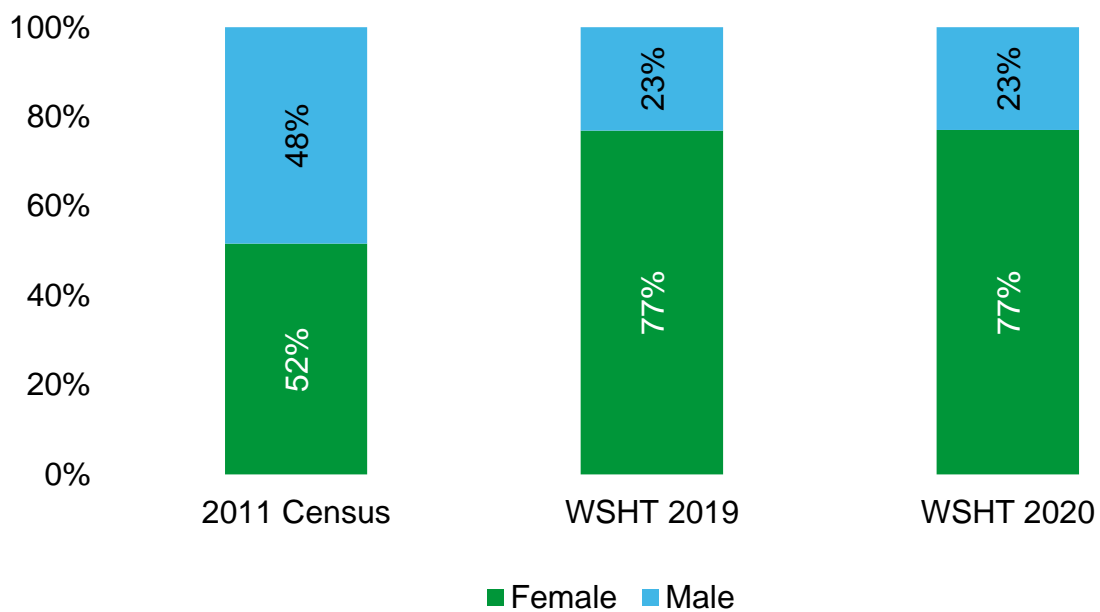
Gender	Census 2011	Workforce 2018/19	Workforce 2019/20
Male	48.4%	23.1%	23.0%
Female	51.6%	76.9%	77.0%

Marriage and Civil Partnership

Marriage and Civil PartnershipWSHT 2019 vs WSHT 2020
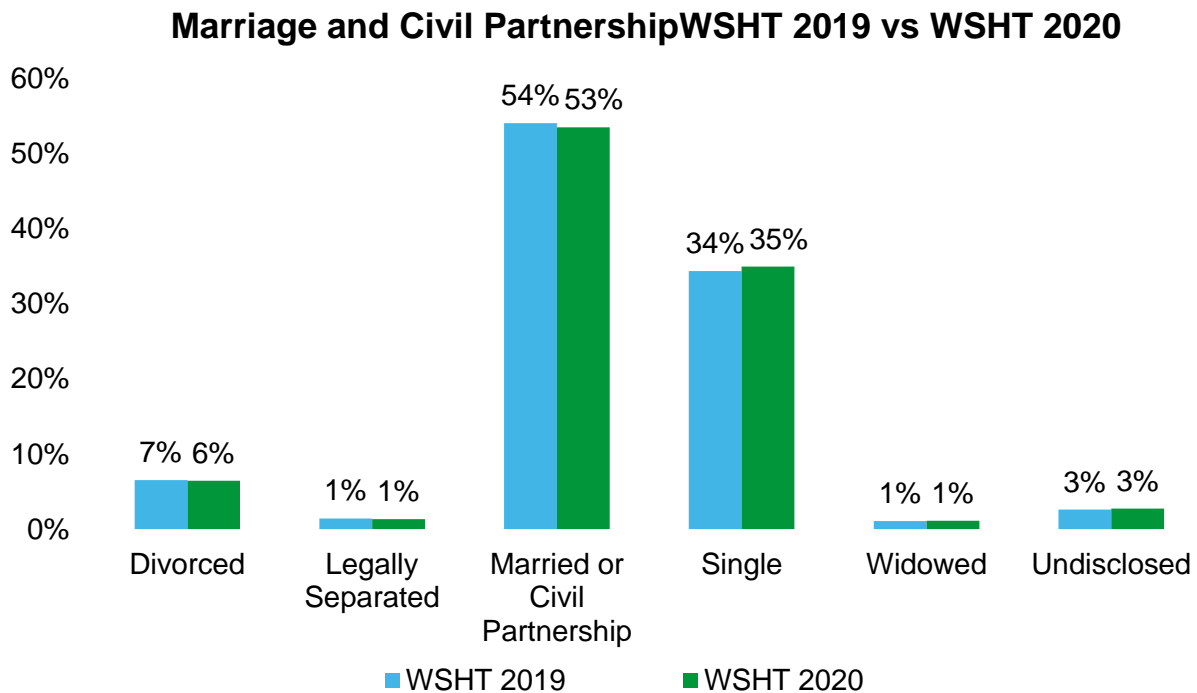
Marriage and Civil Partnership	Census 2011	Workforce 2018/19	Workforce 2019/20
Divorced	6.9%	6.5%	6.4%
Legally Separated	1.9%	1.4%	1.3%
Married or Civil Partnership	52.1%	54.0%	53.5%
Single	31.8%	34.4%	35.0%
Widowed	7.2%	1.1%	1.1%
Unknown		2.6%	2.7%

Race and Ethnicity

Ethnicity WSHT 2019 vs WSHT 2020
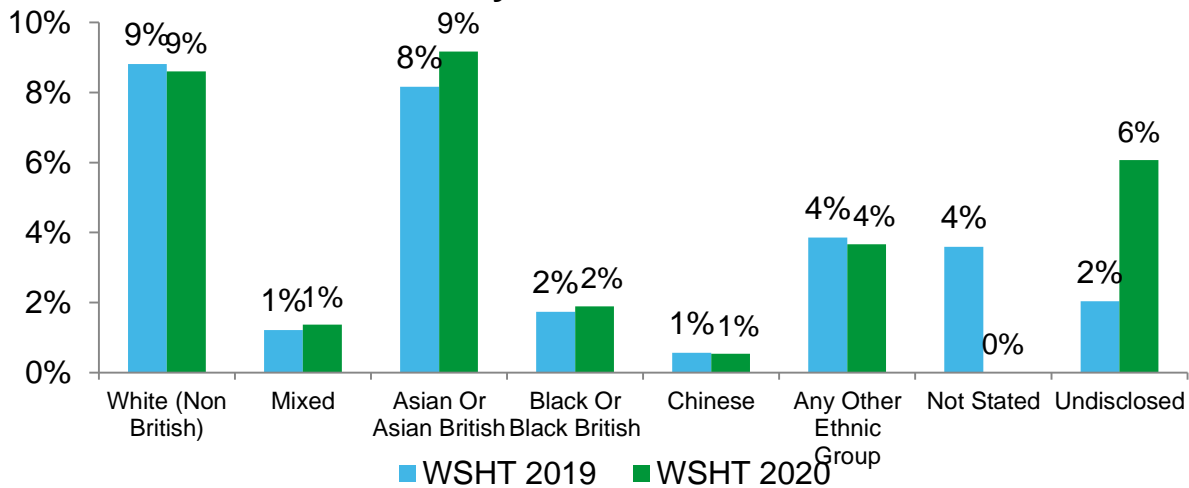
Ethnicity	Census 2011	Workforce 2018/19	Workforce 2019/20
White British	88.9%	70.0%	68.7%
White (Non British)	4.8%	8.8%	8.6%
Mixed	1.5%	1.2%	1.4%
Asian Or Asian British	3.1%	8.2%	9.2%
Black Or Black British	0.9%	1.7%	1.9%
Chinese	0.4%	0.6%	0.5%
Any Other Ethnic Group	0.3%	3.9%	3.7%
Unknown		5.6%	6.1%

Religion and Belief

Religion or Belief WSHT 2019 vs WSHT 2020
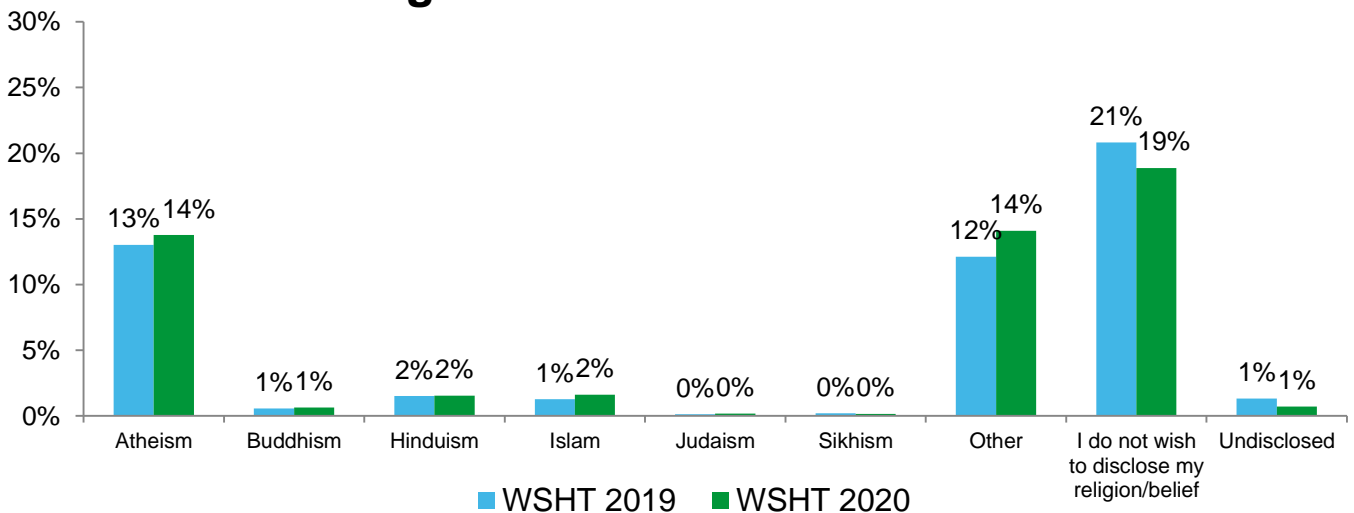
Religion or Belief	Census 2011	Workforce 2018/19	Workforce 2019/20
Christianity	61.8%	49.0%	48.4%
Atheism	26.9%	13.0%	13.8%

Buddhism	0.4%	0.6%	0.7%
Hinduism	0.9%	1.5%	1.5%
Islam	1.6%	1.3%	1.6%
Judaism	0.2%	0.1%	0.2%
Sikhism	0.1%	0.2%	0.2%
Other	0.5%	12.1%	14.1%
Not Known		22.1%	19.6%

Sexual Orientation

It is not possible to provide a direct comparison with the Census 2011 data.

Sexual Orientation WSHT 2019 vs 2020
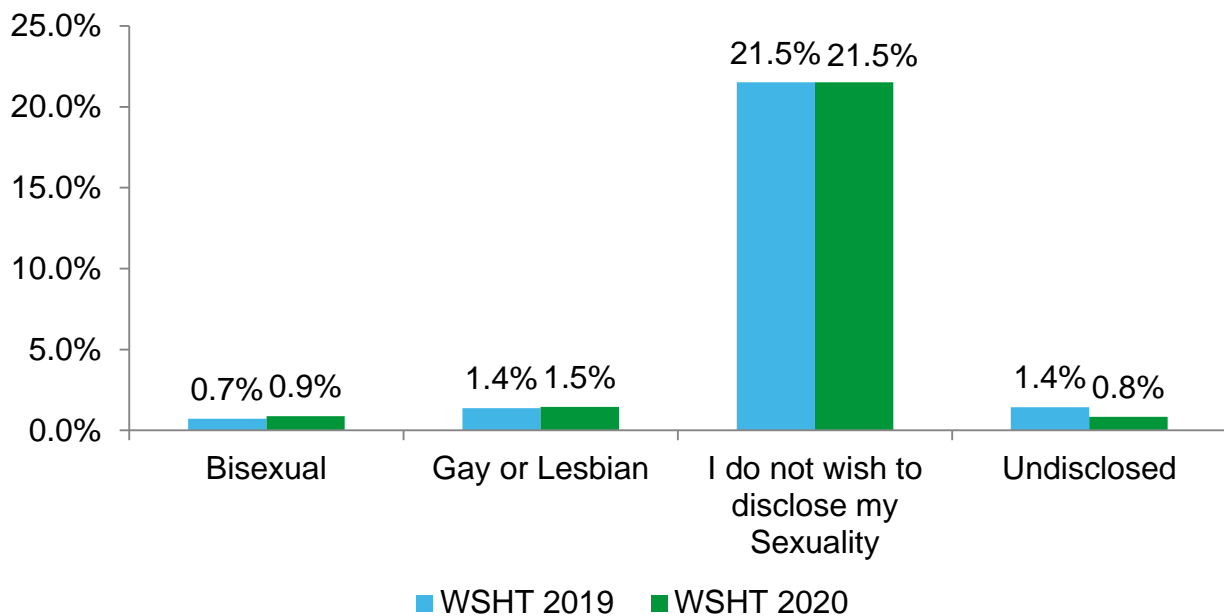
Sexual Orientation	Workforce 2018/19	Workforce 2019/20
Heterosexual	74.9%	75.3%
Bisexual	0.7%	0.9%
Gay or Lesbian	1.4%	1.5%
Not Known	22.9%	22.3%

Workforce Breakdown:

Female Full Time/Part Time Split
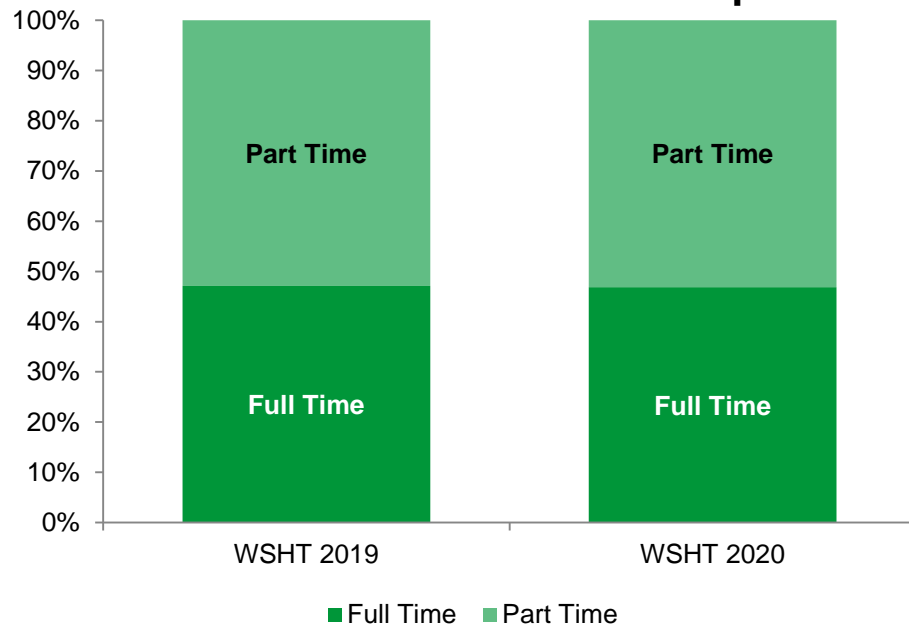
Male Full Time/Part Time Split
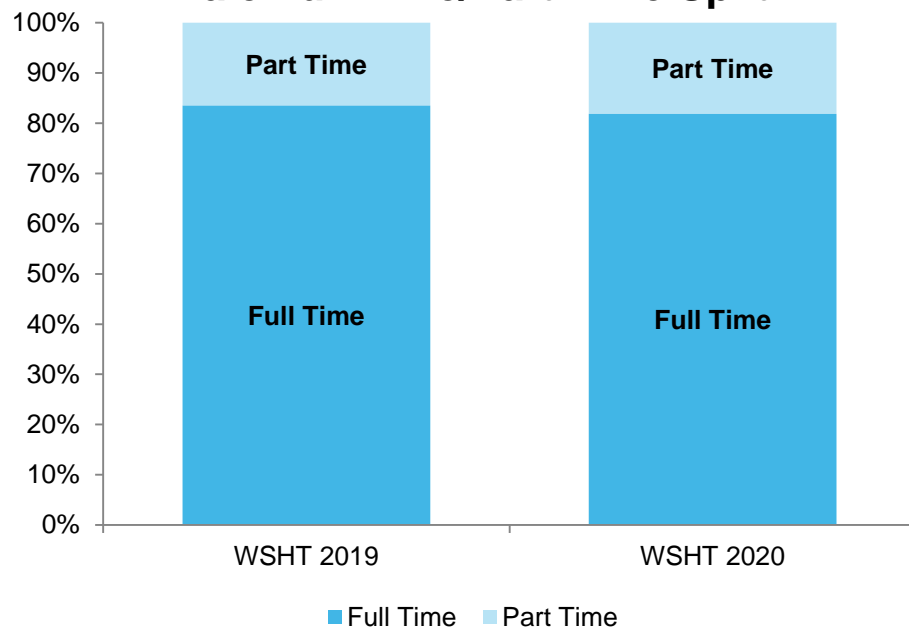
Gender & Hours Worked	Workforce 2018/19	Workforce 2019/20
Female - Full Time	36.2%	36.1%
Female - Part Time	40.6%	40.9%
Male - Full Time	19.3%	18.8%
Male - Part Time	3.8%	4.2%

Representation in Pay Banding

In this section, the data and information will show the composition of the pay band by the protected characteristic

The following tables show how the total numbers of staff at a given pay band are distributed by protected characteristic categories. For example, the table below, we can see that whilst the under 20s make up 0.5% of the WSHFT workforce on the agenda for change (AfC) pay scales, they constitute 1.3% of the total staff on pay bands 1-3. Items that are in bold show areas of representation in the pay band or grade, which is greater than the representation for that group in the entire workforce.

Age:

Age Range	% AfC staff in Category	Band 1-3	Band 4-6	Band 7+	%Medical Staff in category	Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K -80K	Medical 80K+
Under 20	0.5%	**1.3%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20 - 24	5.0%	**7.1%**	4.6%	0.1%	2.2%	0.0%	**6.1%**	0.0%	0.0%	0.0%
25 - 29	10.1%	8.7%	**13.7%**	3.1%	18.4%	0.0%	**48.4%**	**4.6%**	0.0%	0.0%
30 - 34	12.7%	11.2%	**15.7%**	7.8%	19.0%	0.0%	**24.5%**	**47.4%**	3.5%	0.4%
35 - 39	10.8%	10.4%	**11.1%**	**11.3%**	15.3%	0.0%	11.0%	**25.1%**	**27.9%**	10.7%
40 - 44	12.2%	10.5%	12.2%	**17.0%**	12.7%	**17.6%**	5.8%	12.0%	**25.6%**	**16.6%**
45 - 49	13.6%	11.7%	13.3%	**19.7%**	11.9%	**17.6%**	1.6%	6.9%	**17.4%**	**24.7%**
50 - 54	12.6%	11.9%	11.4%	**18.5%**	10.0%	**29.4%**	0.6%	0.6%	**10.5%**	**25.5%**
55 - 59	11.9%	**12.9%**	10.0%	**14.7%**	5.6%	**11.8%**	0.6%	1.1%	4.7%	**14.0%**
60 - 64	7.4%	**9.4%**	5.8%	6.7%	3.3%	**11.8%**	0.3%	0.6%	**5.8%**	**7.0%**
65 - 69	2.2%	**3.4%**	1.5%	0.8%	1.3%	**11.8%**	0.6%	1.1%	**2.3%**	1.1%
70+	1.0%	**1.6%**	0.6%	0.4%	0.5%	0.0%	0.3%	**0.6%**	**2.3%**	0.0%

Gender:

Gender	% AfC staff in Category	Band 1-3	Band 4-6	Band 7+	%Medical Staff in category	Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K -80K	Medical 80K+
Female	81.0%	76.4%	**85.3%**	80.5%	48.3%	**64.7%**	**63.2%**	45.7%	44.2%	33.2%
Male	19.0%	**23.6%**	14.7%	**19.5%**	51.7%	35.3%	36.8%	**54.3%**	**55.8%**	**66.8%**

Disability:

Disability Status	% AfC staff in Category	Band 1-3	Band 4-6	Band 7+	%Medical Staff in category	Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Disabled	2.9%	**3.3%**	2.8%	2.5%	2.8%	0.0%	**4.2%**	3.4%	0.0%	1.8%
Not Disabled	70.4%	**71.0%**	69.6%	**71.3%**	60.8%	**82.4%**	56.5%	60.6%	**75.6%**	59.8%
Not Declared	19.2%	17.5%	**21.0%**	18.8%	31.4%	17.6%	**39.4%**	**33.7%**	14.0%	27.3%
Undisclosed	7.4%	**8.2%**	6.7%	7.3%	5.0%	0.0%	0.0%	**2.3%**	10.5%	11.1%

Ethnicity:

Ethnicity	% AfC staff in Category	Band 1-3	Band 4-6	Band 7+	%Medical Staff in category	Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
White British	71.2%	70.6%	67.9%	**83.5%**	49.6%	**76.5%**	**51.3%**	39.4%	46.5%	**53.5%**
White (Non British)	8.4%	**11.1%**	6.9%	5.1%	10.5%	5.9%	8.7%	6.9%	**12.8%**	**14.4%**
Mixed	1.2%	0.9%	**1.6%**	0.8%	2.9%	0.0%	**3.9%**	2.3%	2.3%	2.6%
Asian Or Asian British	7.9%	7.7%	**9.9%**	2.5%	18.6%	5.9%	17.1%	**21.7%**	**22.1%**	18.1%
Black Or Black British	1.4%	1.3%	**1.5%**	**1.6%**	5.4%	0.0%	**5.5%**	**9.7%**	3.5%	3.3%
Chinese	0.4%	0.3%	0.4%	0.4%	1.9%	0.0%	1.0%	**3.4%**	**3.5%**	1.5%
Any Other Ethnic Group	3.7%	2.8%	**5.4%**	1.3%	3.3%	**5.9%**	3.5%	**4.6%**	2.3%	2.2%
Not Stated	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Undisclosed	5.8%	5.4%	**6.5%**	4.7%	7.9%	5.9%	**9.0%**	**12.0%**	7.0%	4.4%

Marriage and Civil Partnership:

Marriage and Civil Partnership	% AfC staff in Category	Band 1-3	Band 4-6	Band 7+	%Medical Staff in category	Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Divorced	7.2%	**8.2%**	6.0%	**8.1%**	0.8%	0.0%	0.0%	0.0%	0.0%	**2.6%**
Legally Separated	1.4%	**1.5%**	1.3%	1.4%	0.3%	0.0%	**0.6%**	0.0%	0.0%	**0.4%**
Married or Civil Partnership	53.3%	50.8%	52.5%	**63.5%**	54.1%	**100.0%**	24.8%	44.6%	**87.2%**	**80.4%**
Single	34.3%	**35.2%**	**37.0%**	22.9%	40.6%	0.0%	**71.0%**	**48.0%**	9.3%	13.7%
Widowed	1.3%	**1.7%**	1.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Undisclosed	2.5%	**2.6%**	2.2%	**3.3%**	4.1%	0.0%	3.5%	**7.4%**	3.5%	3.0%

Religion or Belief:

Religion or belief	% AfC staff in Category	Band 1-3	Band 4-6	Band 7+	%Medical Staff in category	Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Christianity	50.5%	49.5%	**51.1%**	**51.4%**	32.6%	**47.1%**	26.5%	26.9%	**37.2%**	**41.0%**
Atheism	12.8%	10.9%	**14.0%**	**14.2%**	21.7%	5.9%	**31.3%**	21.1%	11.6%	15.1%
Buddhism	0.5%	**0.7%**	0.4%	0.2%	2.0%	0.0%	0.6%	**3.4%**	**7.0%**	1.1%
Hinduism	0.9%	**1.1%**	0.6%	0.9%	6.8%	0.0%	4.2%	**8.0%**	**10.5%**	**8.1%**
Islam	0.6%	0.6%	0.6%	**0.7%**	9.2%	0.0%	**11.3%**	**12.6%**	7.0%	5.9%
Judaism	0.1%	0.1%	0.1%	0.1%	0.7%	0.0%	**1.0%**	0.0%	**1.2%**	0.7%
Sikhism	0.1%	**0.2%**	0.1%	0.0%	0.3%	0.0%	0.3%	0.0%	0.0%	**0.7%**
Other	14.7%	**16.3%**	14.7%	9.9%	9.4%	**23.5%**	**11.9%**	**13.1%**	8.1%	3.7%
I do not wish to disclose my religion/belief	19.1%	**19.4%**	17.8%	**22.3%**	17.0%	**23.5%**	12.9%	14.9%	16.3%	**22.9%**
Undisclosed	0.8%	**1.1%**	0.6%	0.3%	0.3%	0.0%	0.0%	0.0%	**1.2%**	**0.7%**

Sexual Orientation:

Sexual Orientation	% AfC staff in Category	Band 1-3	Band 4-6	Band 7+	%Medical Staff in category	Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Heterosexual	75.1%	**75.4%**	74.2%	**77.1%**	77.5%	76.5%	75.2%	**81.7%**	**79.1%**	77.1%
Bisexual	0.9%	0.9%	0.9%	0.7%	1.0%	0.0%	**2.3%**	0.6%	0.0%	0.4%
Gay or Lesbian	1.4%	1.2%	**1.5%**	**1.8%**	1.7%	0.0%	**3.2%**	1.7%	0.0%	0.7%
I do not wish to disclose my Sexuality	21.8%	21.2%	**22.8%**	20.2%	19.2%	**23.5%**	19.0%	16.0%	**19.8%**	21.0%
Undisclosed	0.9%	**1.3%**	0.7%	0.3%	0.5%	0.0%	0.3%	0.0%	**1.2%**	**0.7%**

Quick facts about management staff Band 7 and above (excluding medical staff)

19.5% of management staff identify as **male**

80.5% of management staff identify as **female**

2.5% of management staff are **disabled**

71.3% of management staff **do not have a disability**

18.8% of management staff have **chosen not to provide information** about their disability

We **do not know** the disability status of **7.3%** of management staff

0.7% of management staff are **bisexual**

1.8% of management staff are **gay or lesbian**

20.2% of management staff have **chosen not to provide information** about their sexual orientation

We **do not know** the sexual orientation of **0.3%** of management staff

88.6% of management staff are **white**, **6.7%** are **BAME**

5.1% of management staff are **white (non-British)**, **83.5%** of management staff are **white (British)**

2.5% of management staff are Asian, **1.6%** of management staff are Black, **0.8%** of management staff are mixed, **1.7%** of management staff are from 'other' ethnic group and **4.7%** of management staff ethnicity is unknown

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Results from the National NHS 2019 Staff Survey

3,864 staff completed the annual National NHS Staff Survey from Western Sussex Hospitals NHS Foundation Trust - this gives the Trust an overall response rate of 55%. This compares to the average Trust response rate of 47%.

Staff gave the Trust a **82.2** rating (out of 100) for **recommending** the organisation as a **place to receive treatment**. The **average** for **acute trusts** is **70.5**

Staff gave the Trust a **74.8** rating (out of 100) for **recommending** the organisation as a **place to work**. The **average** for **acute trusts** is **62.5**

87.1% of staff believe the Trust provides **equal opportunities** for career **progression or promotion**. The **average** for **acute trusts** is **84.4%**

29.5% of **staff** experienced **harassment, bullying or abuse** from **patients, relatives or public** in the last 12 months. The **average** for **acute trusts** is **28.7%**
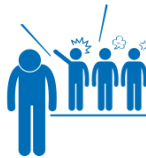
18.9% of **staff** experienced **harassment, bullying** or **abuse from** other **staff** in the last 12 months. The **average** for **acute trusts** is **20.3%**

11.6% of **staff** experienced **harassment, bullying** or **abuse from** their **managers** in the last 12 months. The **average** for **acute trusts** is **13.1%**

8.2% of staff **experienced discrimination** at work in the last 12 months from **patients, relatives or public**. The **average** for **acute trusts** is **6.8%**

7.4% of staff experienced **discrimination** at work in the last 12 months from **managers / team leaders or other colleagues**. The **average** for **acute trusts** is **7.5%**

Throughout 2019 the Reducing Abusive Behaviours Corporate Project saw embedded practice and this is now being intergrated as part of a joint workstream with BSUH under the Leadership, Culture and Engagement Workstream and through the WRES and WDES with respective action plans that will address the issues highlighted.

How fair are the Trust's recruitment processes?

The following pages look at the demographics of people going through WSHFT's recruitment processes. It is possible to gauge a level of how fair the process is when comparing the demographic profile of all candidates throughout the different processes (or stages) in recruitment.

From April 2019 to March 2020 there were a total of Non-Medical (including bank) – 12,167 applications, 467 shortlisted candidates and 161 appointments made. Medical recruitment (excluding locums) - 1282 applications, 500 shortlisted candidates and 17 appointments made.

Visual breakdowns have been broken down by Non-Medical and Medical:

Age (Non-Medical)
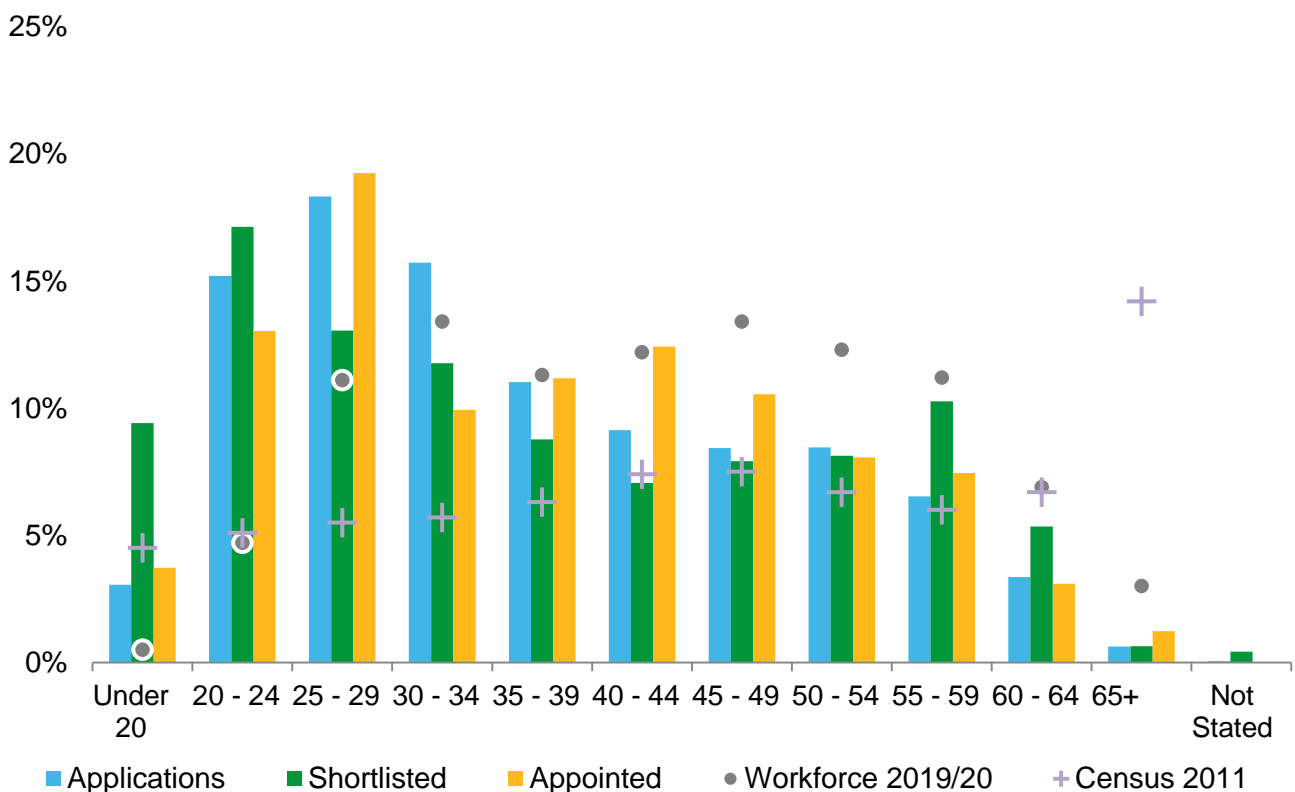
Age Group	Applications	Shortlisted	Appointed	Workforce 2019/20	Census 2011
Under 20	3.1%	9.4%	3.7%	0.5%	4.5%
20 - 24	15.2%	17.1%	13.0%	4.7%	5.1%
25 - 29	18.3%	13.1%	19.3%	11.1%	5.5%
30 - 34	15.7%	11.8%	9.9%	13.4%	5.7%
35 - 39	11.0%	8.8%	11.2%	11.3%	6.3%
40 - 44	9.1%	7.1%	12.4%	12.2%	7.4%
45 - 49	8.4%	7.9%	10.6%	13.4%	7.5%
50 - 54	8.5%	8.1%	8.1%	12.3%	6.7%
55 - 59	6.5%	10.3%	7.5%	11.2%	6.0%
60 - 64	3.4%	5.4%	3.1%	6.9%	6.7%
65+	0.6%	0.6%	1.2%	3.0%	14.2%
Not Stated	0.1%	0.4%	0.0%		

Age (Medical)
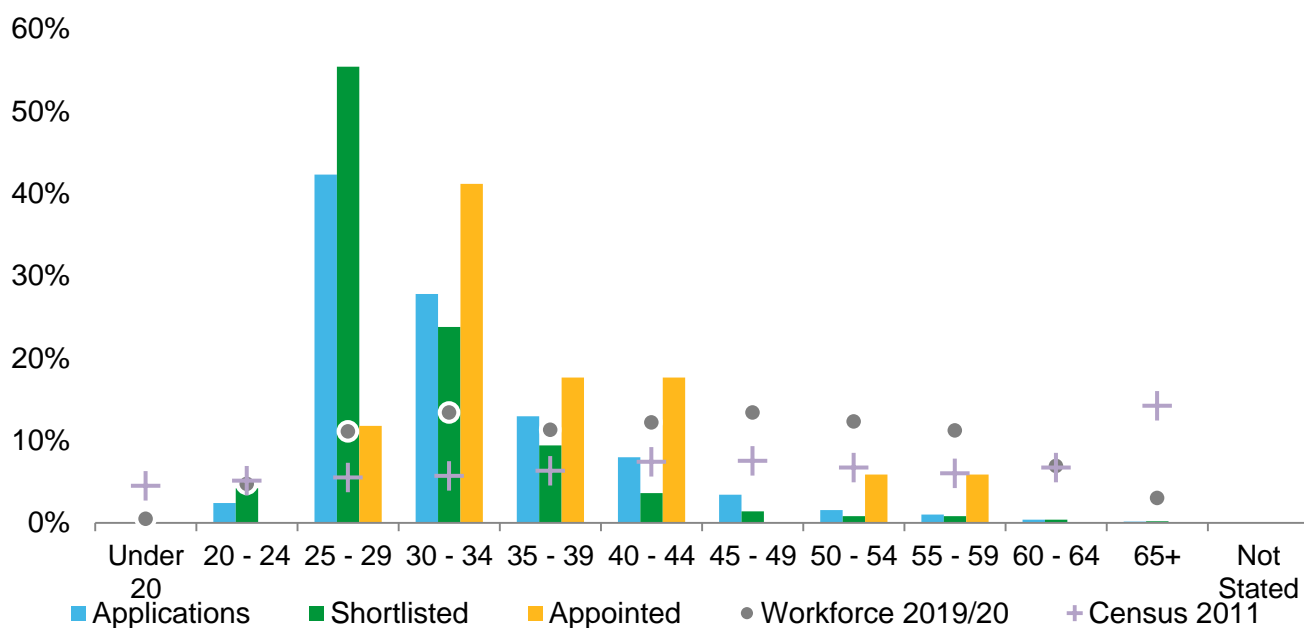
Age Group	Applications	Shortlisted	Appointed	Workforce 2019/20	Census 2011
Under 20	0.0%	0.0%	0.0%	0.5%	4.5%
20 - 24	2.4%	4.2%	0.0%	4.7%	5.1%
25 - 29	42.3%	55.4%	11.8%	11.1%	5.5%
30 - 34	27.8%	23.8%	41.2%	13.4%	5.7%
35 - 39	12.9%	9.4%	17.6%	11.3%	6.3%
40 - 44	8.0%	3.6%	17.6%	12.2%	7.4%
45 - 49	3.4%	1.4%	0.0%	13.4%	7.5%
50 - 54	1.6%	0.8%	5.9%	12.3%	6.7%
55 - 59	1.0%	0.8%	5.9%	11.2%	6.0%
60 - 64	0.4%	0.4%	0.0%	6.9%	6.7%
65+	0.2%	0.2%	0.0%	3.0%	14.2%
Not Stated	0.1%	0.0%	0.0%		

Disability (Non-Medical)
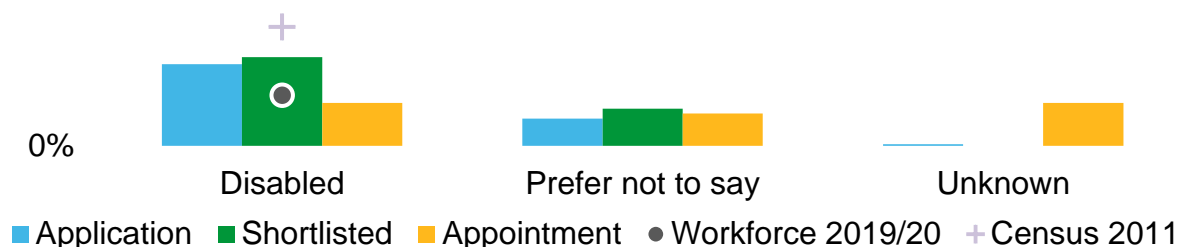
Disability Status	Application	Shortlisted	Appointment	Workforce 2019/20	Census 2011
Not disabled	93.6%	92.7%	93.2%	69.3%	84.3%
Disabled	4.7%	5.1%	2.5%	2.9%	6.9%
Prefer not to say	1.6%	2.1%	1.9%		
Unknown	0.1%	0.0%	2.5%	27.8%	

Disability (Non-Medical) – Guaranteed Interview Scheme

In this section, there is data which highlight the progression for those who qualified under the guaranteed interview scheme for disabled candidates.
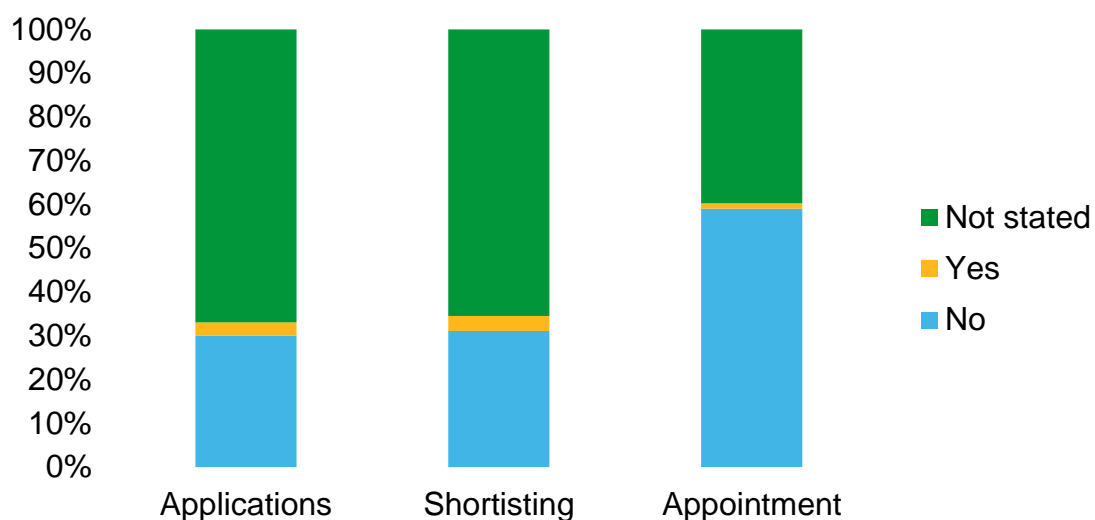
Guaranteed interview scheme?	Applications	Shortlisting	Appointment
No	29.9%	31.0%	59.0%
Yes	3.1%	3.4%	1.2%
Not stated	67.0%	65.5%	39.8%

Types of disability/long-term health conditions of disabled candidates in non-medical recruitment

Those without a disability//long-term health condition or where the information is unknown have been excluded from the chart.
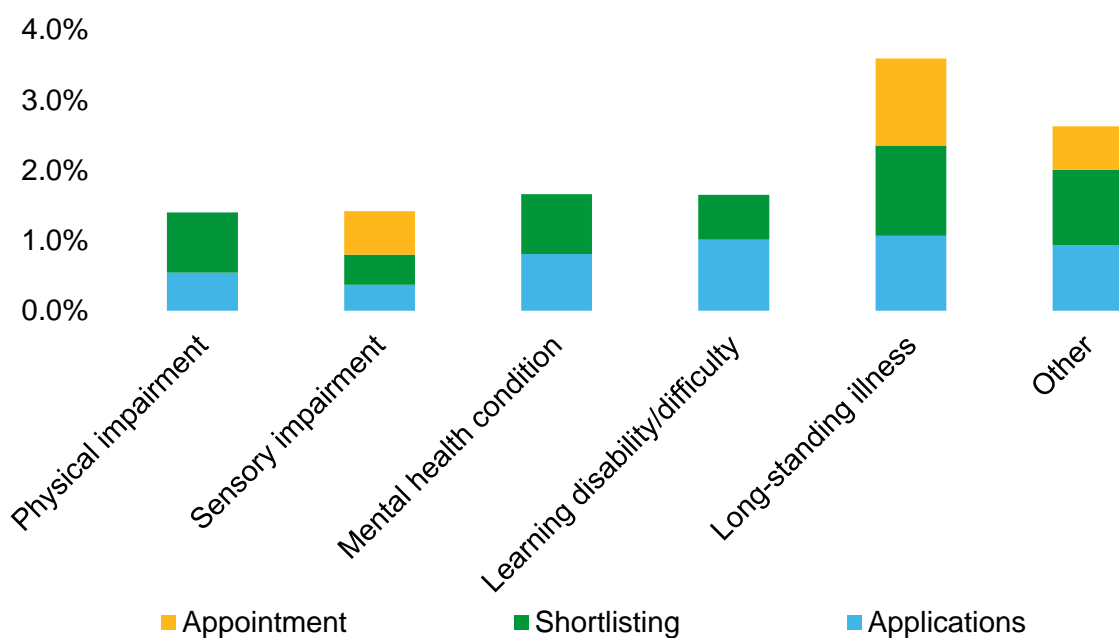
Type of disability	Applications	Shortlisting	Appointment
None / Not Applicable	66.7%	65.5%	33.5%
Physical impairment	0.5%	0.9%	0.0%
Sensory impairment	0.4%	0.4%	0.6%
Mental health condition	0.8%	0.9%	0.0%
Learning disability/difficulty	1.0%	0.6%	0.0%
Long-standing illness	1.1%	1.3%	1.2%
Other	0.9%	1.1%	0.6%
Not stated	28.6%	29.3%	64.0%

Disability (Medical)
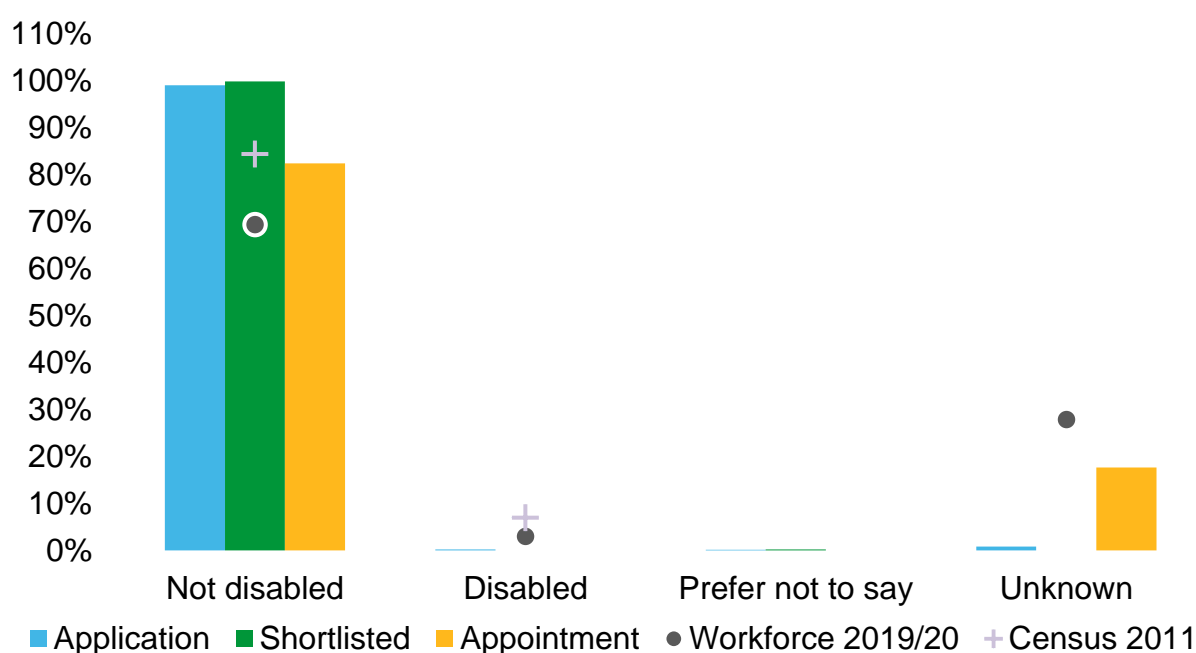
Disability Status	Application	Shortlisted	Appointment	Workforce 2019/20	Census 2011
Not disabled	99.0%	99.8%	82.4%	69.3%	84.3%
Disabled	0.2%	0.0%	0.0%	2.9%	6.9%
Prefer not to say	0.1%	0.2%	0.0%		
Unknown	0.8%	0.0%	17.6%	27.8%	

Disability (Medical) – Guaranteed Interview Scheme

In this section, there is data which highlight the progression for those who qualified under the guaranteed interview scheme for disabled candidates.

Guaranteed interview scheme?	Applications	Shortlisting	Appointment
No	0.0%	0.0%	0.0%
Yes	0.2%	0.0%	0.0%
Not stated	99.8%	100.0%	100.0%

Types of disability/long-term health conditions of disabled candidates in medical recruitment

Type of disability	Applications	Shortlisting	Appointment
None / Not Applicable	99.1%	100.0%	82.4%
Physical impairment	0.0%	0.0%	0.0%
Sensory impairment	0.0%	0.0%	0.0%
Mental health condition	0.0%	0.0%	0.0%
Learning disability/difficulty	0.0%	0.0%	0.0%
Long-standing illness	0.2%	0.0%	0.0%
Other	0.0%	0.0%	0.0%
Not stated	0.8%	0.0%	17.6%

* % rounded to 1 decimal place

Gender (Non-Medical)

■ Applications ■ Shortlisted ■ Appointed ● Workforce 2019/20 ✚ Census 2011
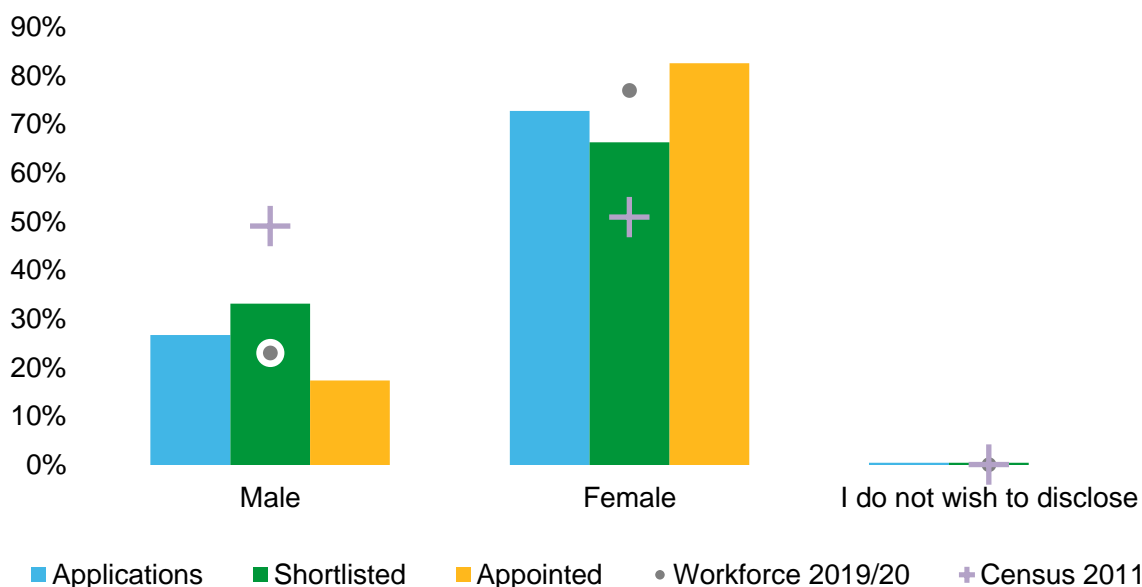
Gender	Applications	Shortlisted	Appointed	Workforce 2019/20	Census 2011
Male	26.7%	33.2%	17.4%	23.00%	49.1%
Female	72.8%	66.4%	82.6%	77.00%	50.9%
I do not wish to disclose	0.5%	0.4%	0.0%	0.0%	0.0%

Gender (Medical)

Legend: ■ Applications ■ Shortlisted ■ Appointed ● Workforce 2019/20 ✚ Census 2011
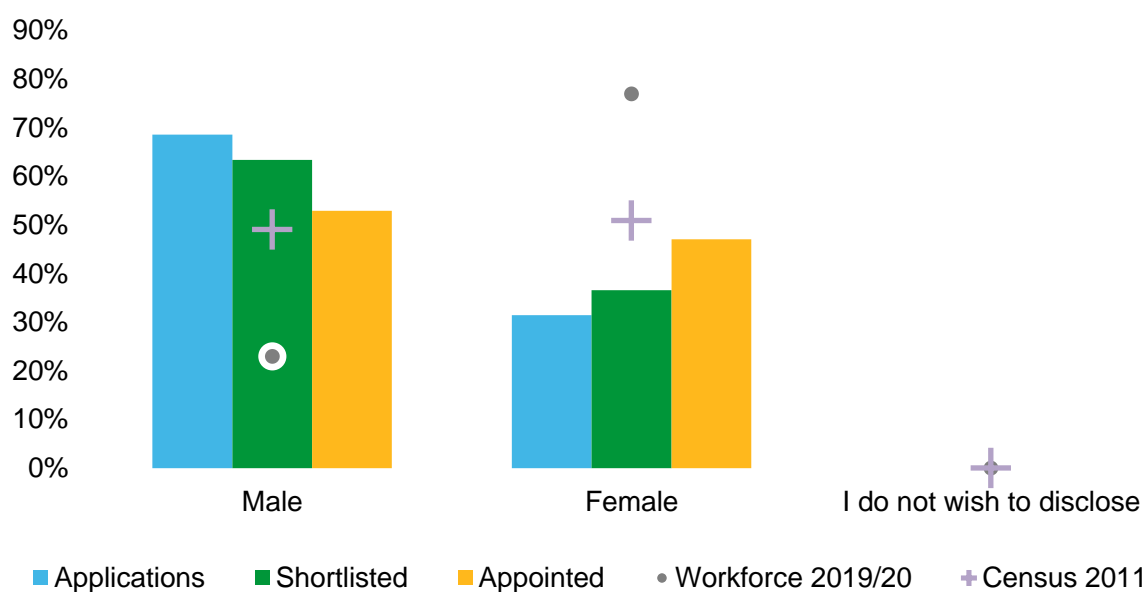
Gender	Applications	Shortlisted	Appointed	Workforce 2019/20	Census 2011
Male	68.6%	63.4%	52.9%	23.00%	49.1%
Female	31.4%	36.6%	47.1%	77.00%	50.9%
I do not wish to disclose	0.0%	0.0%	0.0%	0.0%	0.0%

Gender Identity

No candidates completed their gender information in non-medical recruitment status, so there is no data to report.

In medical recruitment, only two candidates at application stage highlighted they were transgender; there were no transgender applicant in shortlisting or appointment stages.

Marriage and Civil Partnership (Non-Medical)
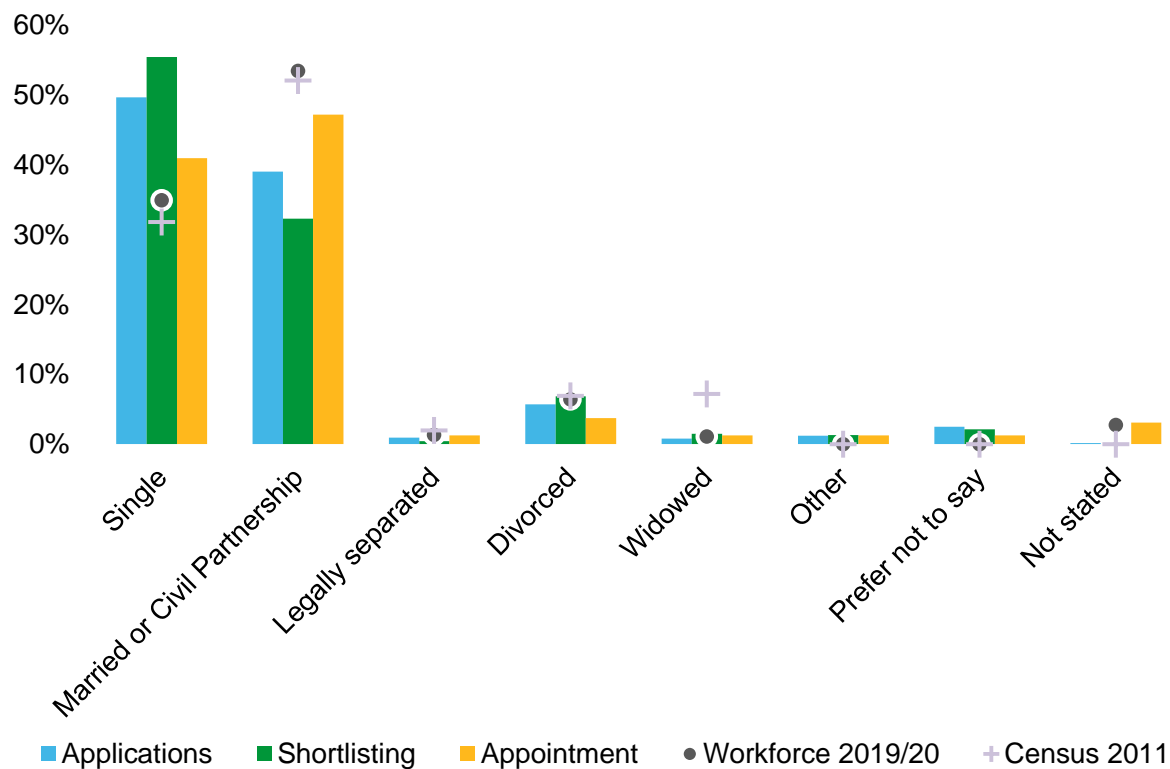
Marriage and Civil Partnership	Applications	Shortlisting	Appointment	Workforce 2019/20	Census 2011
Single	49.7%	55.5%	41.0%	35.0%	31.8%
Married or Civil Partnership	39.1%	32.3%	47.2%	53.5%	52.1%
Legally separated	0.9%	0.4%	1.2%	1.3%	1.9%
Divorced	5.7%	6.9%	3.7%	6.4%	6.9%
Widowed	0.8%	1.5%	1.2%	1.1%	7.2%
Other	1.2%	1.3%	1.2%	0.0%	0.0%
Prefer not to say	2.5%	2.1%	1.2%	0.0%	0.0%
Not stated	0.1%	0.0%	3.1%	2.7%	0.0%

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Marriage and Civil Partnership (Medical)
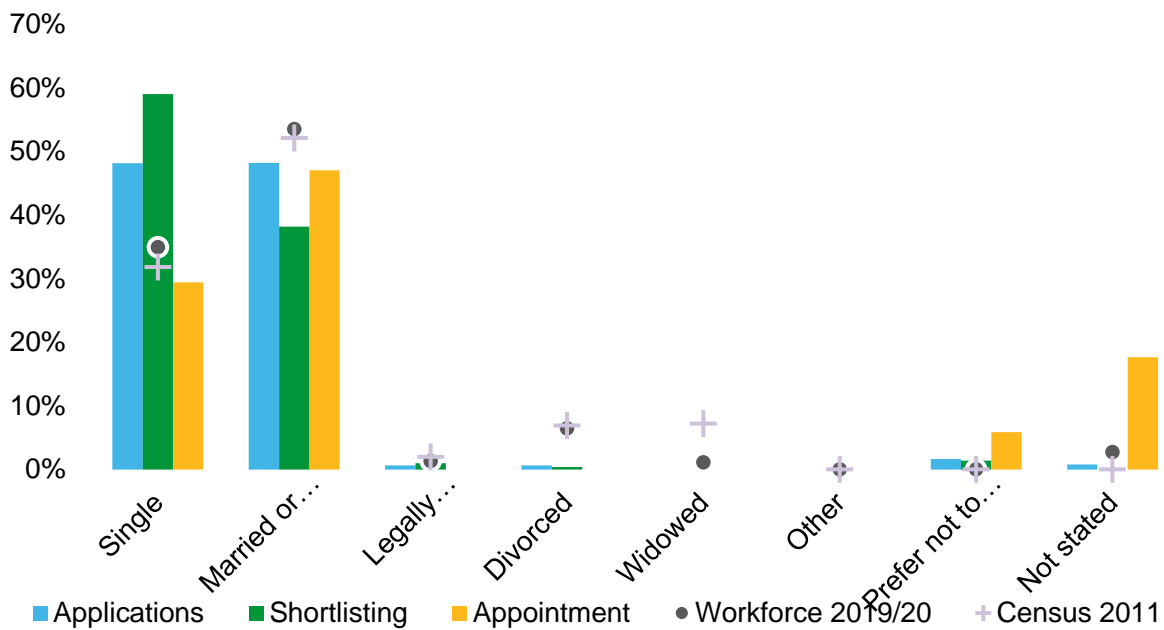
Marriage and Civil Partnership	Applications	Shortlisting	Appointment	Workforce 2019/20	Census 2011
Single	48.1%	59.0%	29.4%	35.0%	31.8%
Married or Civil Partnership	48.2%	38.2%	47.1%	53.5%	52.1%
Legally separated	0.6%	1.0%	0.0%	1.3%	1.9%
Divorced	0.6%	0.4%	0.0%	6.4%	6.9%
Widowed	0.0%	0.0%	0.0%	1.1%	7.2%
Other	0.0%	0.0%	0.0%	0.0%	0.0%
Prefer not to say	1.6%	1.4%	5.9%	0.0%	0.0%
Not stated	0.8%	0.0%	17.6%	2.7%	0.0%

Race and Ethnicity (Non-Medical)

■ Applications ■ Shortlisting ■ Appointment ● Workforce 2019/20 ✛ Census 2011
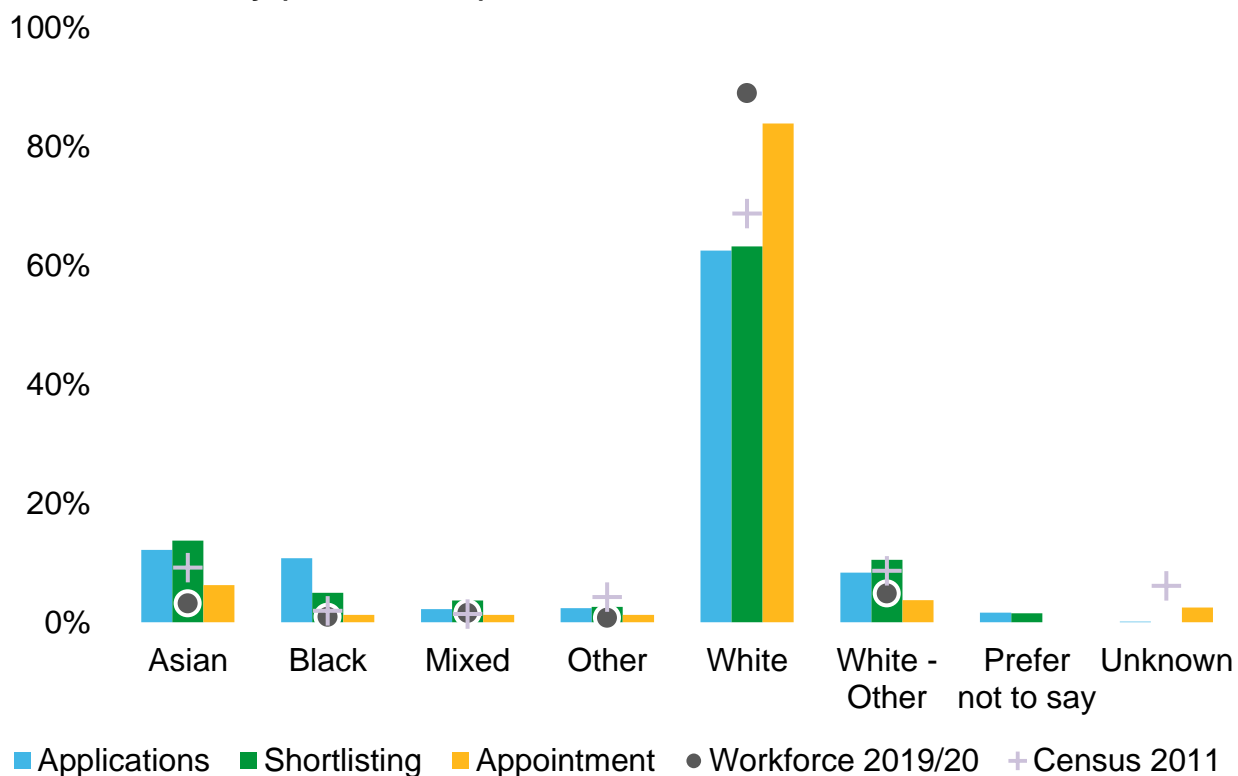
Race and Ethnicity	Applications	Shortlisting	Appointment	Workforce 2019/20	Census 2011
Asian	12.2%	13.7%	6.2%	3.1%	9.2%
Black	10.7%	4.9%	1.2%	0.9%	1.9%
Mixed	2.2%	3.6%	1.2%	1.5%	1.4%
Other	2.4%	2.6%	1.2%	0.7%	4.2%
White	62.5%	63.2%	83.9%	88.9%	68.7%
White - Other	8.3%	10.5%	3.7%	4.8%	8.6%
Prefer not to say	1.6%	1.5%	0.0%		
Unknown	0.1%	0.0%	2.5%		6.1%

Race and Ethnicity (Medical)

| | Applications | Shortlisting | Appointment | Workforce 2019/20 | Census 2011 |
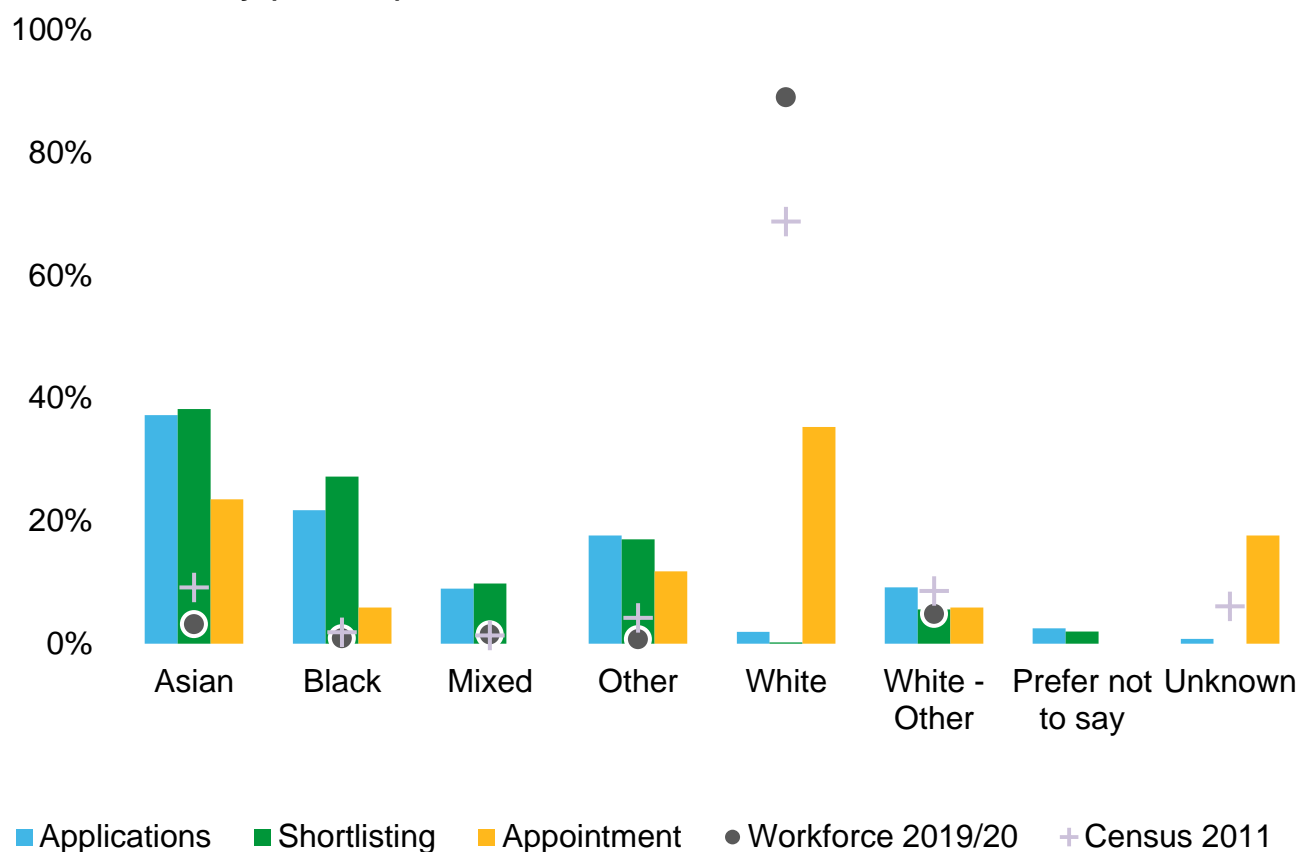
Race & Ethnicity	Applications	Shortlisting	Appointment	Workforce 2019/20	Census 2011
Asian	37.2%	38.2%	23.5%	3.1%	9.2%
Black	21.8%	27.2%	5.9%	0.9%	1.9%
Mixed	9.0%	9.8%	0.0%	1.5%	1.4%
Other	17.6%	17.0%	11.8%	0.7%	4.2%
White	2.0%	0.2%	35.3%	88.9%	68.7%
White - Other	9.2%	5.6%	5.9%	4.8%	8.6%
Prefer not to say	2.5%	2.0%	0.0%		
Unknown	0.8%	0.0%	17.6%		6.1%

Religion or Belief (Non-Medical)
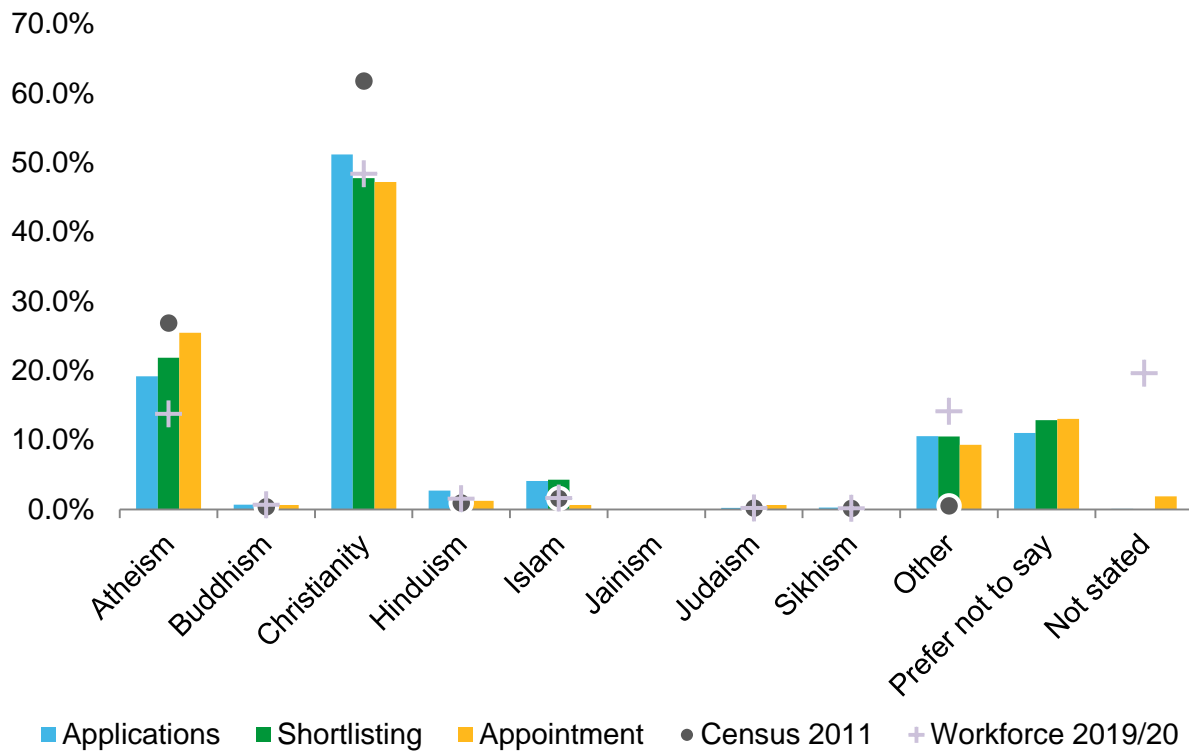
Religion or Belief	Applications	Shortlisting	Appointment	Workforce 2019/20	Census 2011
Atheism	19.2%	21.8%	25.5%	13.8%	26.9%
Buddhism	0.7%	1.1%	0.6%	0.7%	0.4%
Christianity	51.2%	47.8%	47.2%	48.4%	61.8%
Hinduism	2.7%	1.5%	1.2%	1.5%	0.9%
Islam	4.1%	4.3%	0.6%	1.6%	1.6%
Jainism	0.0%	0.0%	0.0%		
Judaism	0.2%	0.0%	0.6%	0.2%	0.2%
Sikhism	0.3%	0.2%	0.0%	0.2%	0.1%
Other	10.6%	10.5%	9.3%	14.1%	0.5%
Prefer not to say	11.0%	12.8%	13.0%		
Not stated	0.1%	0.0%	1.9%	19.6%	

Religion or Belief (Medical)
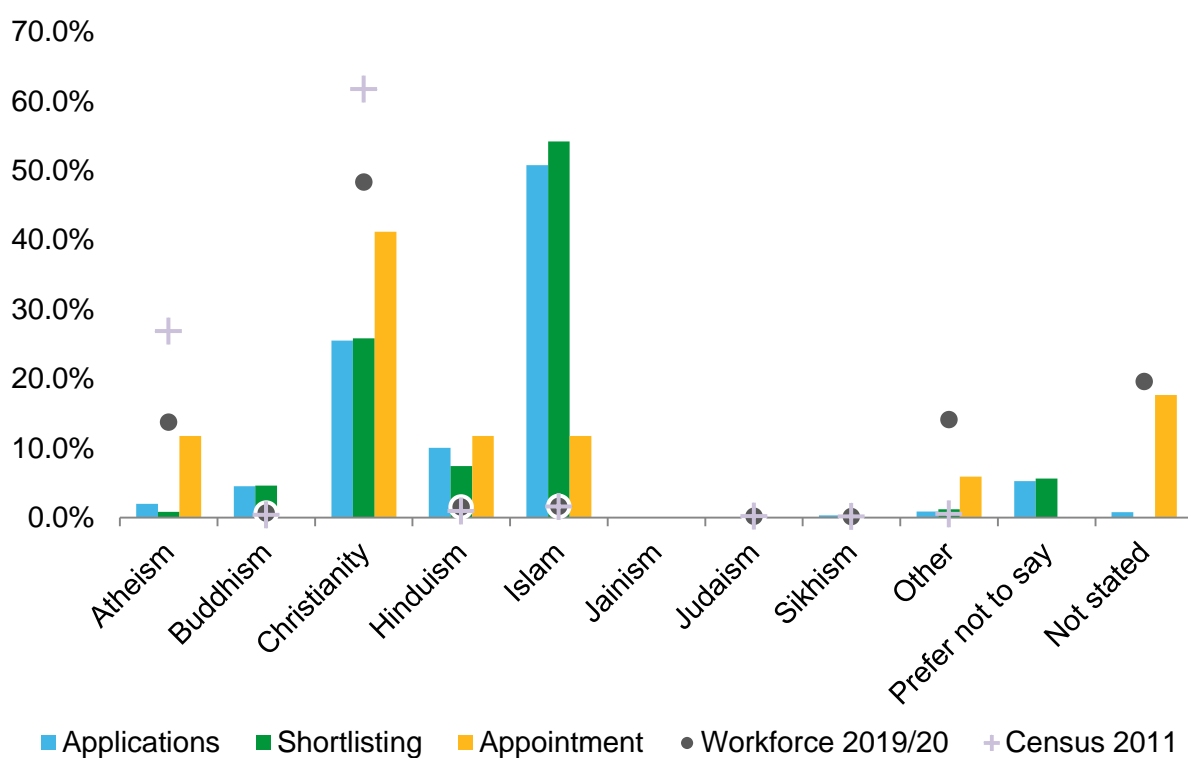
Religion or Belief	Applications	Shortlisting	Appointment	Workforce 2019/20	Census 2011
Atheism	2.0%	0.8%	11.8%	13.8%	26.9%
Buddhism	4.5%	4.6%	0.0%	0.7%	0.4%
Christianity	25.5%	25.8%	41.2%	48.4%	61.8%
Hinduism	10.1%	7.4%	11.8%	1.5%	0.9%
Islam	50.8%	54.2%	11.8%	1.6%	1.6%
Jainism	0.0%	0.0%	0.0%		
Judaism	0.0%	0.0%	0.0%	0.2%	0.2%
Sikhism	0.3%	0.4%	0.0%	0.2%	0.1%
Other	0.9%	1.2%	5.9%	14.1%	0.5%
Prefer not to say	5.2%	5.6%	0.0%		
Not stated	0.8%	0.0%	17.6%	19.6%	

Sexual Orientation (Non-Medical)
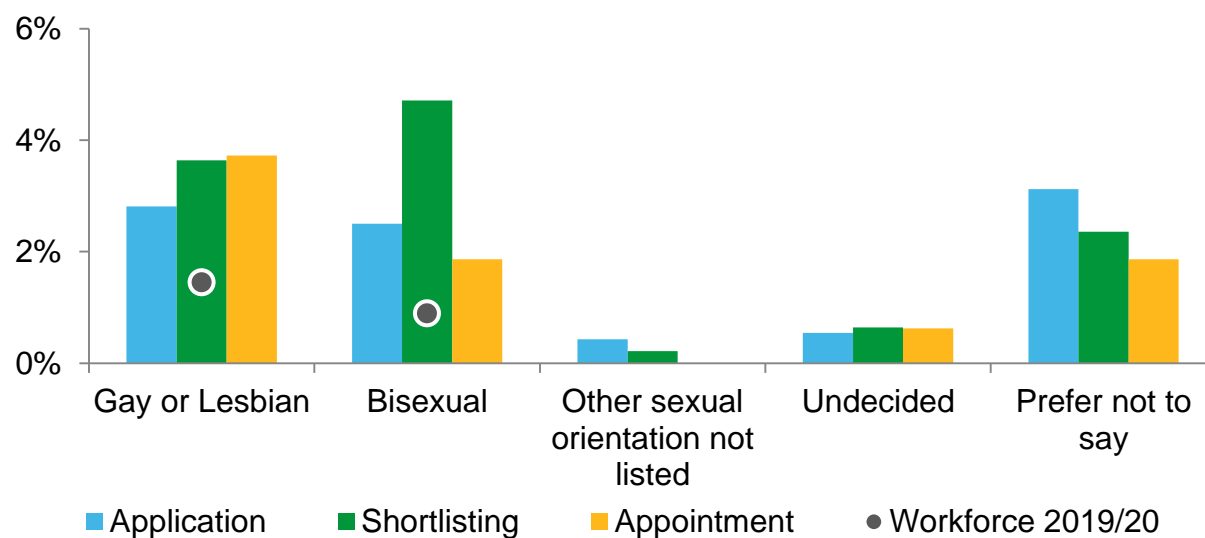
Sexual Orientation	Application	Shortlisting	Appointment	Workforce 2019/20
Heterosexual or Straight	90.5%	88.4%	90.1%	75.3%
Gay or Lesbian	2.8%	3.6%	3.7%	1.5%
Bisexual	2.5%	4.7%	1.9%	0.9%
Other sexual orientation not listed	0.4%	0.2%	0.0%	
Undecided	0.5%	0.6%	0.6%	
Prefer not to say	3.1%	2.4%	1.9%	
Not stated	0.1%	0.0%	1.9%	22.3%

Sexual Orientation (Medical)

Sexual Orientation	Application	Shortlisting	Appointment	Workforce 2019/20
Heterosexual or Straight	96.7%	97.4%	76.5%	75.3%
Gay or Lesbian	0.3%	0.2%	5.9%	1.5%
Bisexual	0.1%	0.2%	0.0%	0.9%
Other sexual orientation not listed	0.0%	0.0%	0.0%	
Undecided	0.2%	0.4%	0.0%	
Prefer not to say	1.9%	1.8%	0.0%	
Not stated	0.8%	0.0%	17.6%	22.3%

How fair are the Trust's employment policies and practices?

One way of demonstrating how fair employment practices and policies are is to see if any groups have been disproportionately impacted. In this section, the data will demonstrate which groups have been affected by or raised concerns under specific policies and practices. The workforce demographic data is represented as a square marker on the charts; anything above the marker could be interpreted as an overrepresentation.

During 2019/2020 there were:

- 29 Grievances (3 collective)
- 53 Disciplinary cases

Age
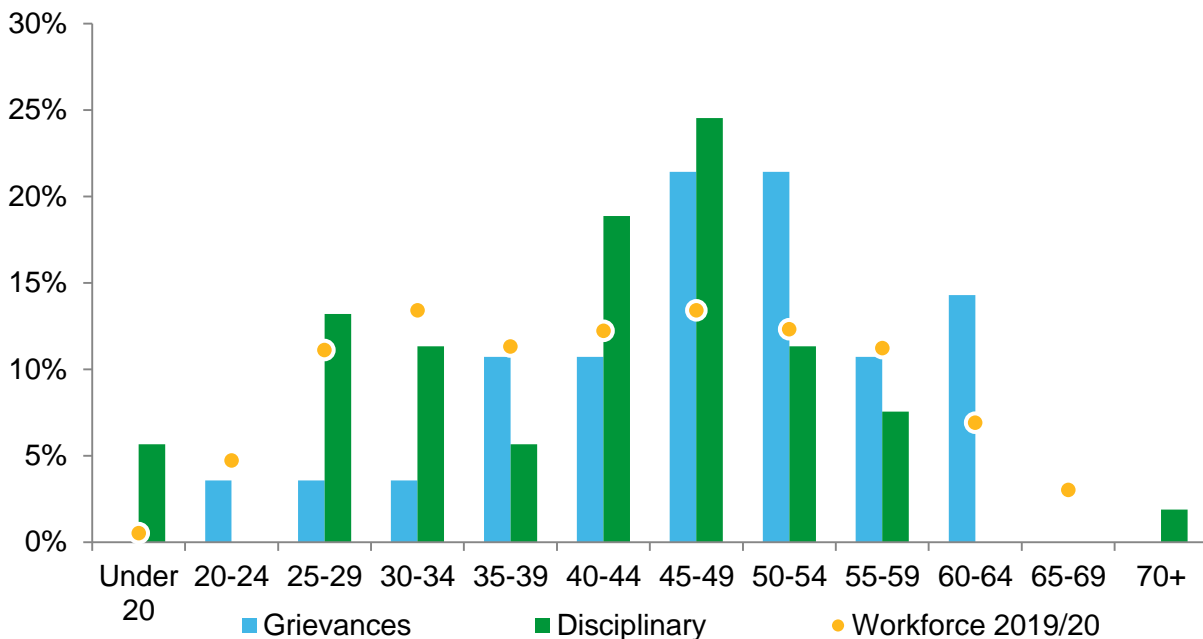
Age Range	Grievances	Disciplinary	Workforce 2019/20
Under 20	0.0%	5.7%	0.5%
20-24	3.6%	0.0%	4.7%
25-29	3.6%	13.2%	11.1%
30-34	3.6%	11.3%	13.4%
35-39	10.7%	5.7%	11.3%
40-44	10.7%	18.9%	12.2%

45-49	21.4%	24.5%	13.4%
50-54	21.4%	11.3%	12.3%
55-59	10.7%	7.5%	11.2%
60-64	14.3%	0.0%	6.9%
65-69	0.0%	0.0%	3.0%
70+	0.0%	1.9%	

Disability
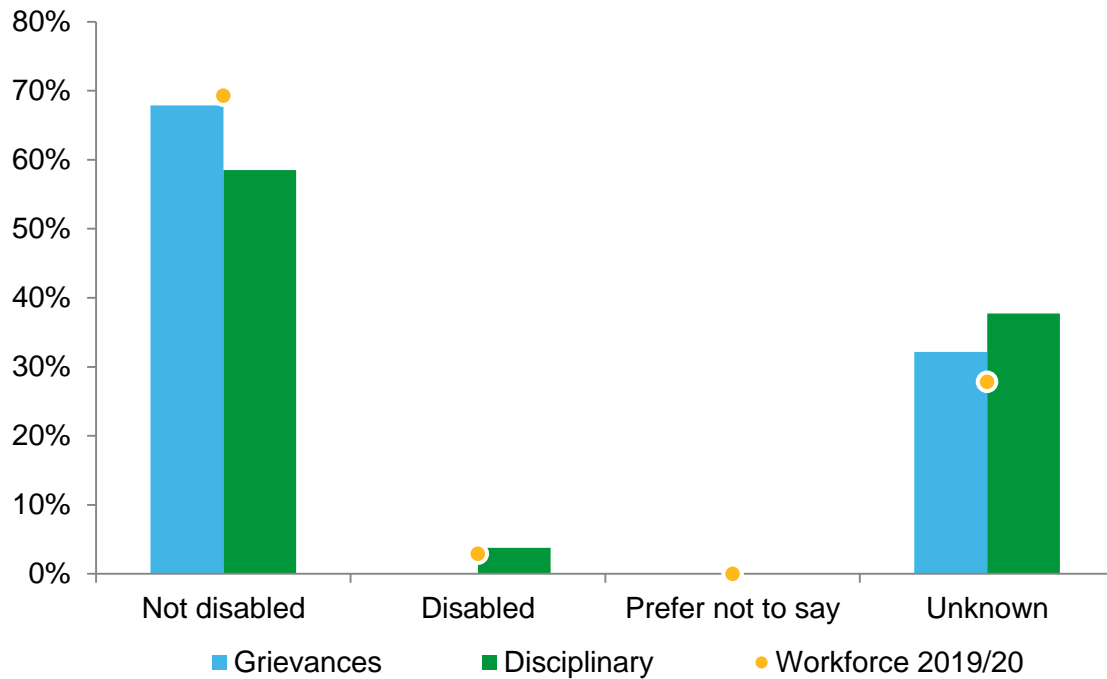
Disability Status	Grievances	Disciplinary	Workforce 2019/20
Not disabled	67.9%	58.5%	69.3%
Disabled	0.0%	3.8%	2.9%
Prefer not to say	0.0%	0.0%	0.0%
Unknown	32.1%	37.7%	27.8%

Gender
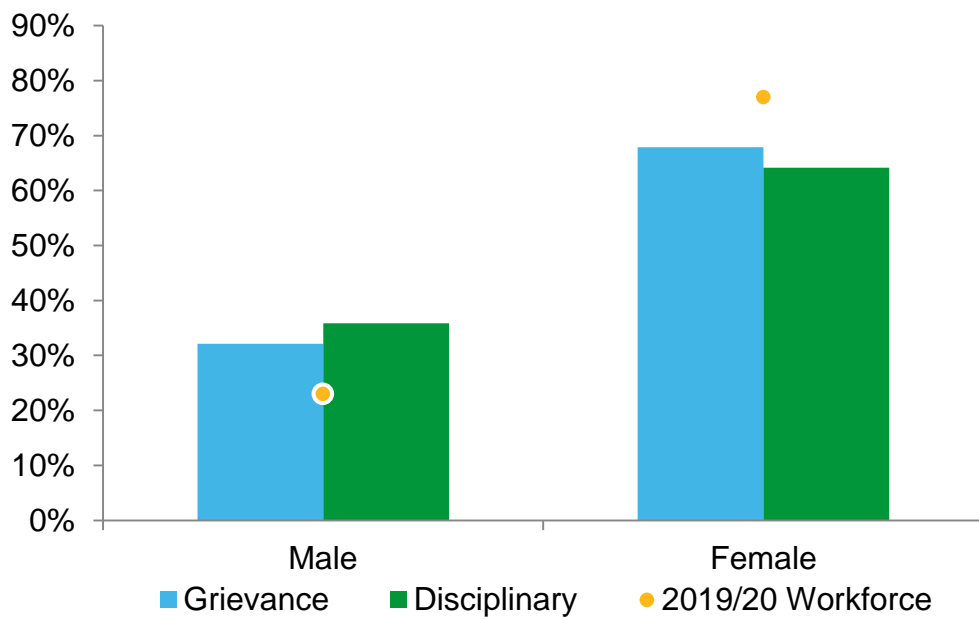
Gender	Grievance	Disciplinary	2019/20 Workforce
Male	32.1%	35.8%	23.0%
Female	67.9%	64.2%	77.0%

Marriage and Civil Partnership
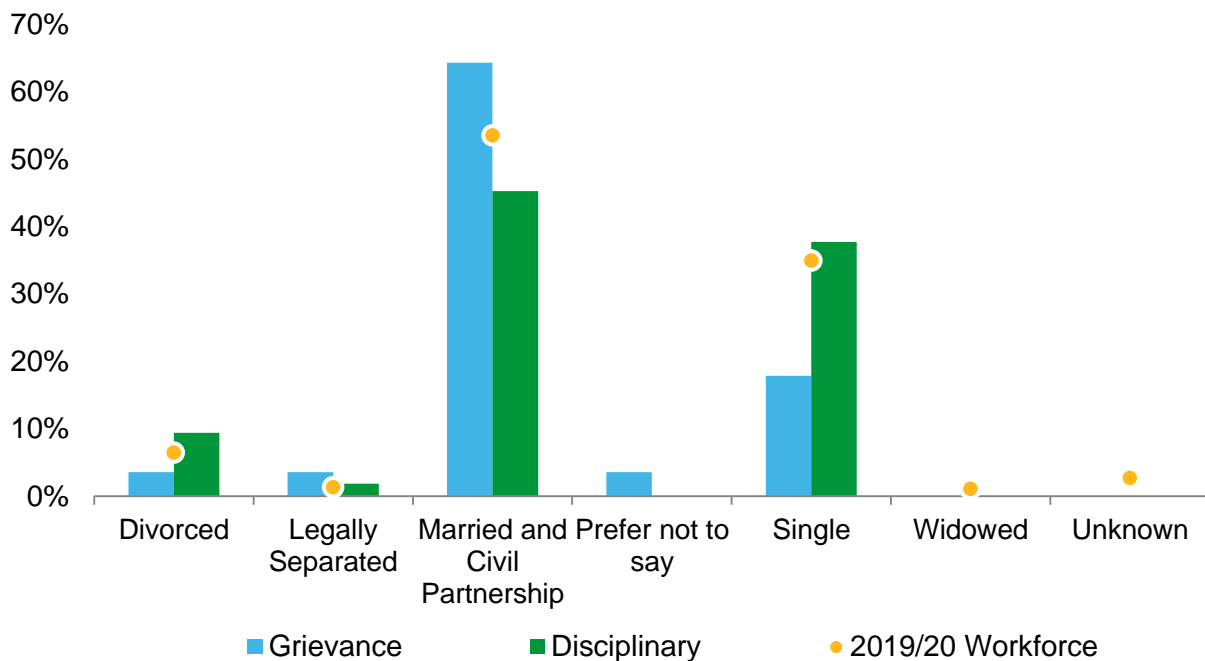
Marriage and Civil Partnership	Grievance	Disciplinary	2019/20 Workforce
Divorced	3.6%	9.4%	6.4%
Legally Separated	3.6%	1.9%	1.3%
Married and Civil Partnership	64.3%	45.3%	53.5%
Prefer not to say	3.6%	0.0%	
Single	17.9%	37.7%	35.0%
Widowed	0.0%	0.0%	1.1%
Unknown	0.0%	0.0%	2.7%

Race and Ethnicity
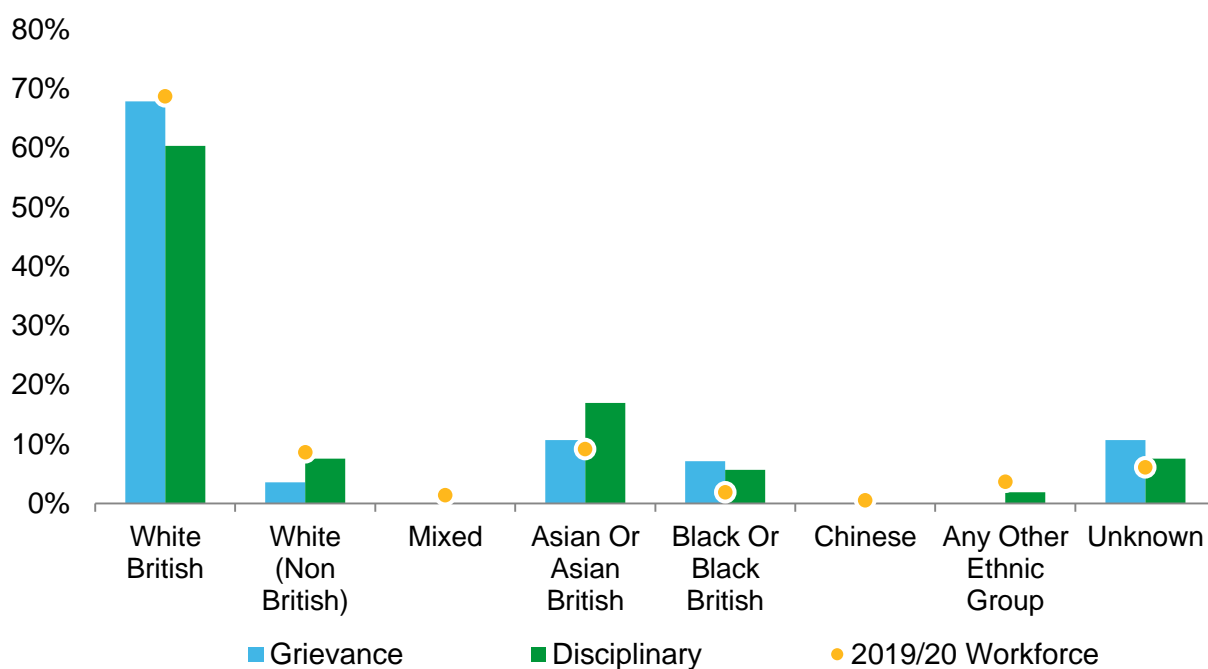
Race and Ethnicity	Grievance	Disciplinary	2019/20 Workforce
White British	67.9%	60.4%	68.7%
White (Non British)	3.6%	7.5%	8.6%
Mixed	0.0%	0.0%	1.4%
Asian Or Asian British	10.7%	17.0%	9.2%
Black Or Black British	7.1%	5.7%	1.9%
Chinese	0.0%	0.0%	0.5%
Any Other Ethnic Group	0.0%	1.9%	3.7%
Unknown	10.7%	7.5%	6.1%

Religion or Belief
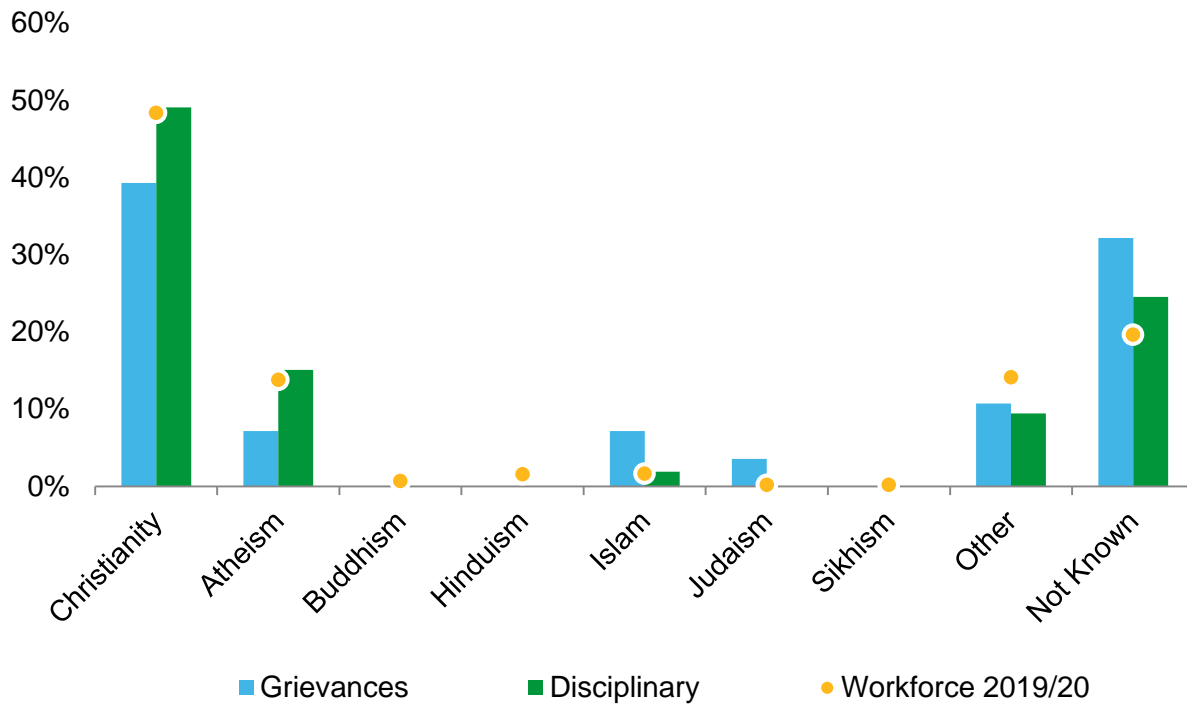
Religion or Belief	Grievances	Disciplinary	Workforce 2019/20
Christianity	39%	49%	48%
Atheism	7%	15%	14%
Buddhism	0%	0%	1%
Hinduism	0%	0%	2%
Islam	7%	2%	2%
Judaism	4%	0%	0%
Sikhism	0%	0%	0%
Other	11%	9%	14%
Not Known	32%	25%	20%

Sexual Orientation
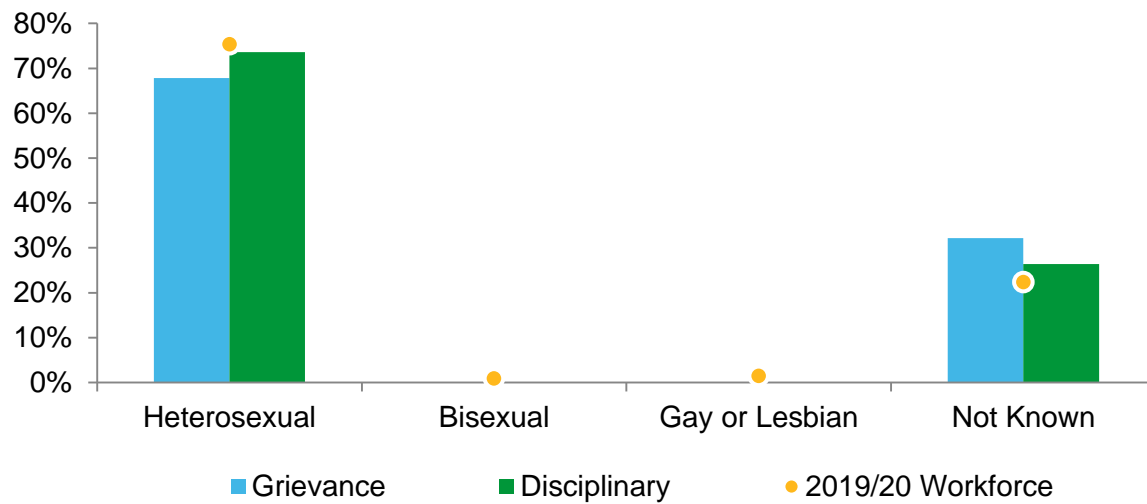
Sexual Orientation	Grievance	Disciplinary	2019/20 Workforce
Heterosexual	67.9%	73.6%	75.3%
Bisexual	0.0%	0.0%	0.9%
Gay or Lesbian	0.0%	0.0%	1.5%
Not Known	32.1%	26.4%	22.3%

Training & Development opportunities

This section looks at attendance for all non-mandatory training offered by the Trust broken down by protected characteristics

Age

■ % Of total training 2020   ■ % Of Workforce 2020
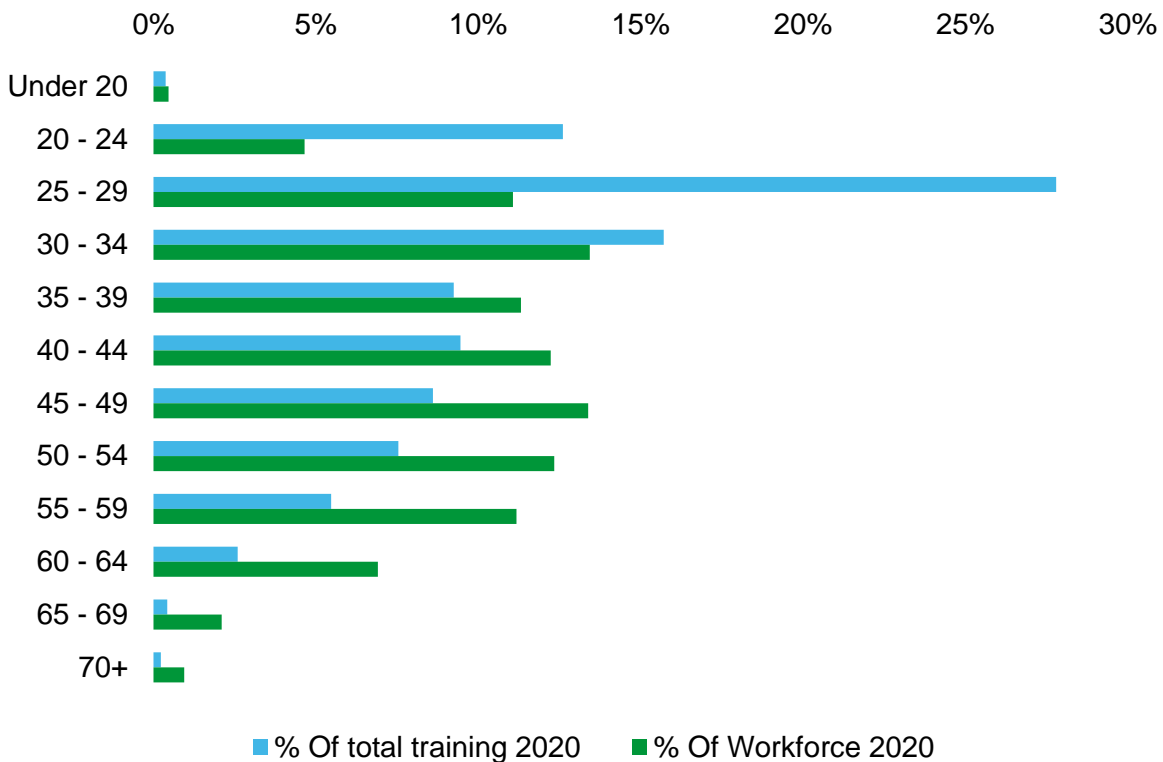
Age Group	% Of Workforce 2020	% Of total training 2020
Under 20	0.5%	0.4%
20 - 24	4.7%	12.6%
25 - 29	11.1%	27.8%
30 - 34	13.4%	15.7%
35 - 39	11.3%	9.2%
40 - 44	12.2%	9.5%
45 - 49	13.4%	8.6%
50 - 54	12.3%	7.5%
55 - 59	11.2%	5.5%
60 - 64	6.9%	2.6%
65 - 69	2.1%	0.4%
70+	0.9%	0.2%

Disability

| | 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% |

■ % Of Workforce 2020   ■ % Of total training 2020
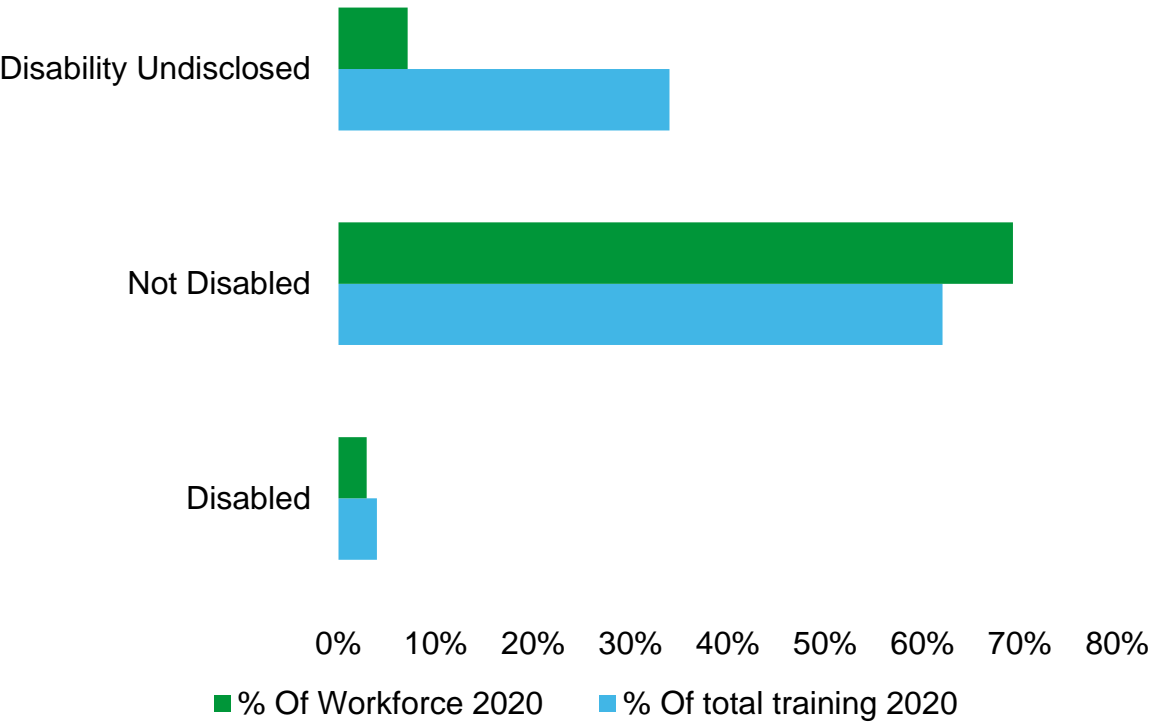
Disability Status	% Of Workforce 2020	% Of total training 2020
Disabled	2.9%	3.9%
Not Disabled	69.3%	62.0%
Disability Undisclosed	7.1%	34.0%

Gender

| | 0% | 20% | 40% | 60% | 80% | 100% |

■ % Of Workforce 2020   ■ % Of total training 2020
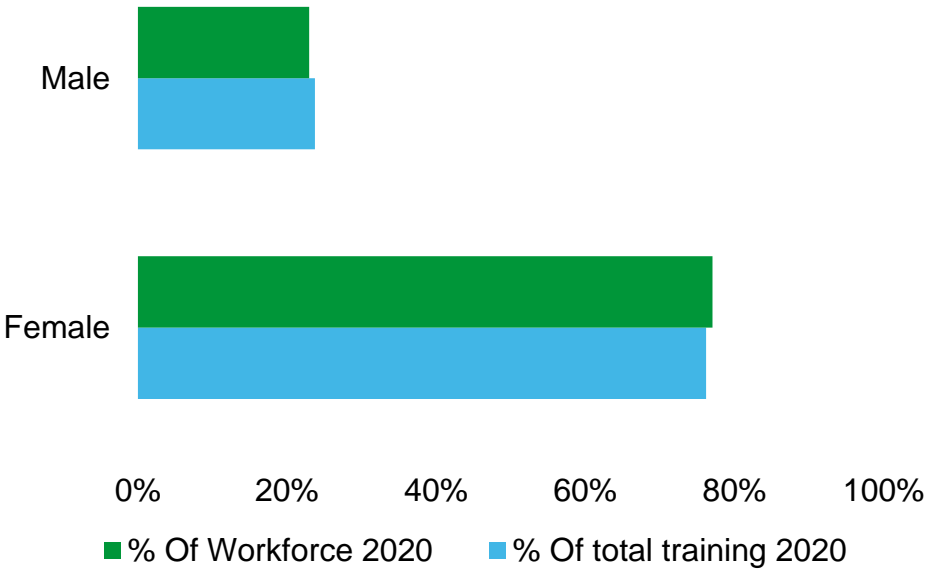
Gender	% Of Workforce 2020	% Of total training 2020
Female	77.0%	76.2%
Male	23.0%	23.7%

Marriage and Civil Partnership
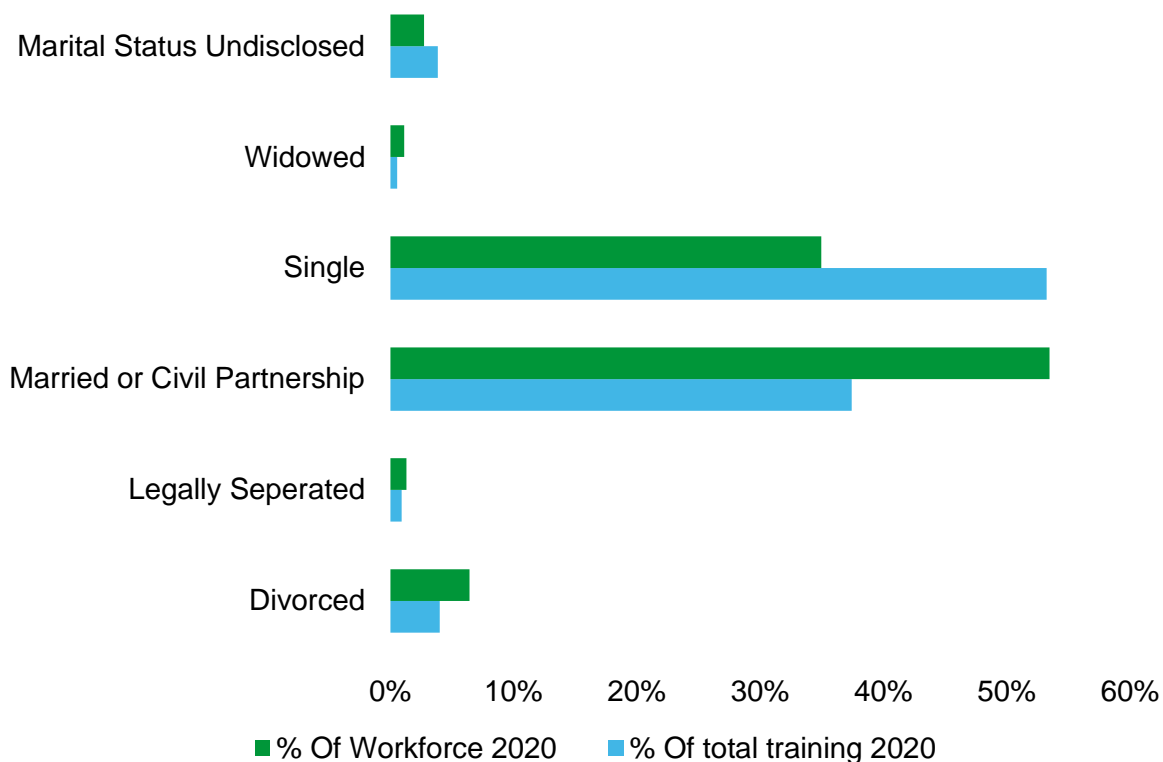
Marriage & Civil Partnership	% Of Workforce 2020	% Of total training 2020
Divorced	6.4%	4.0%
Legally Separated	1.3%	0.9%
Married or Civil Partnership	53.5%	37.4%
Single	35.0%	53.2%
Widowed	1.1%	0.5%
Marital Status Undisclosed	2.7%	3.8%

Race and Ethnicity
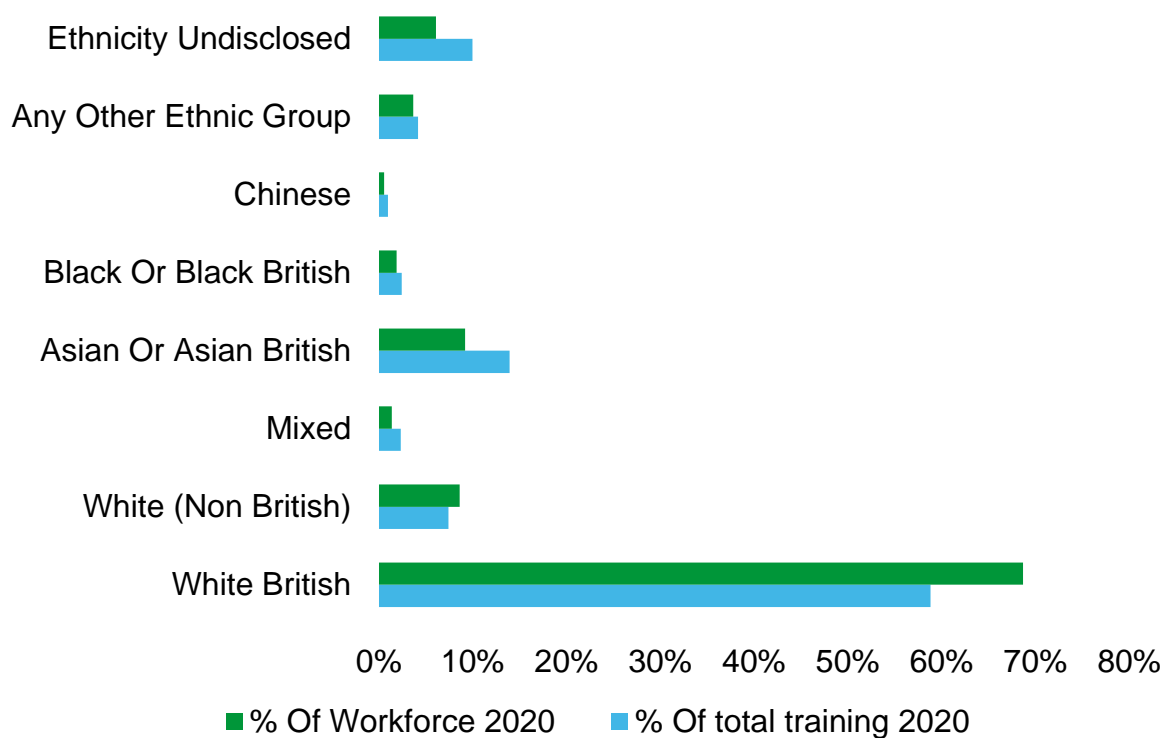
Race & Ethnicity	% Of Workforce 2020	% Of total training 2020
White British	68.7%	58.8%
White (Non-British)	8.6%	7.4%
Mixed	1.4%	2.3%
Asian Or Asian British	9.2%	13.9%
Black Or Black British	1.9%	2.4%
Chinese	0.5%	1.0%
Any Other Ethnic Group	3.7%	4.2%
Ethnicity Undisclosed	6.1%	10.0%

Religion or Belief

■ % Of Workforce 2020 ■ % Of total training 2020
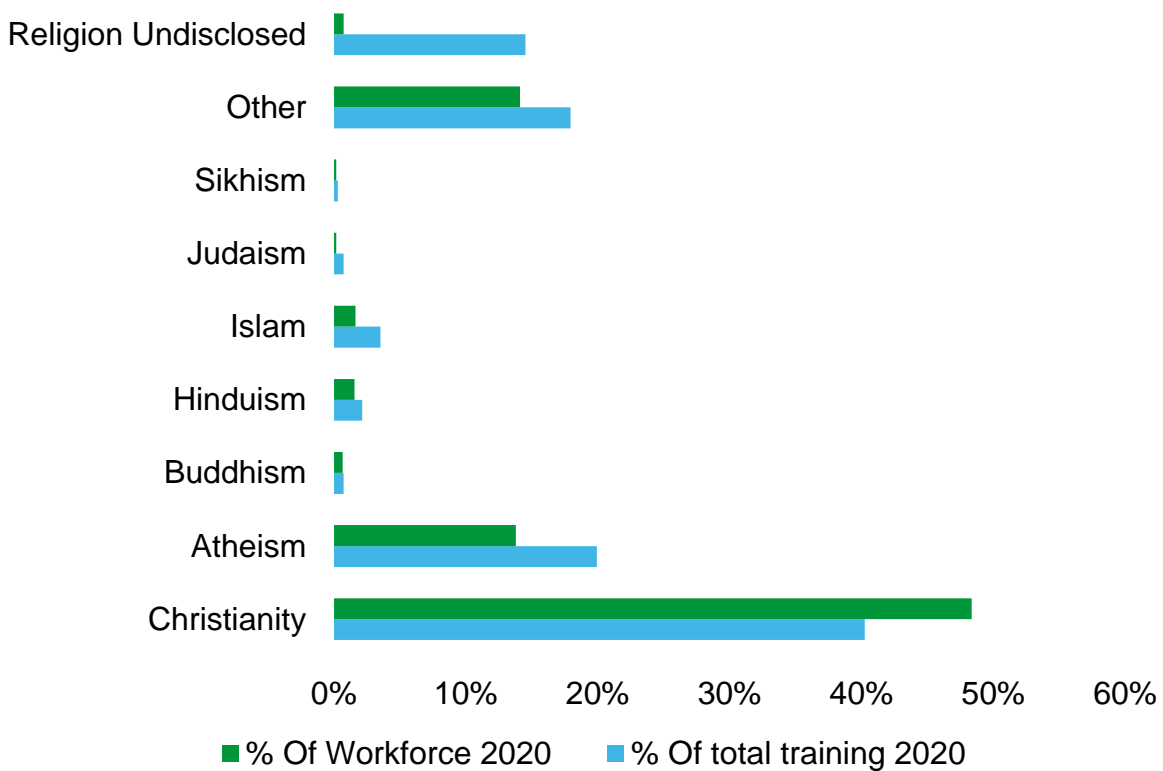
Religion or Belief	% Of Workforce 2020	% Of total training 2020
Christianity	48.4%	40.2%
Atheism	13.8%	19.9%
Buddhism	0.7%	0.7%
Hinduism	1.5%	2.1%
Islam	1.6%	3.5%
Judaism	0.2%	0.7%
Sikhism	0.2%	0.3%
Other	14.1%	17.9%
Religion Undisclosed	0.7%	14.5%

Sexual Orientation
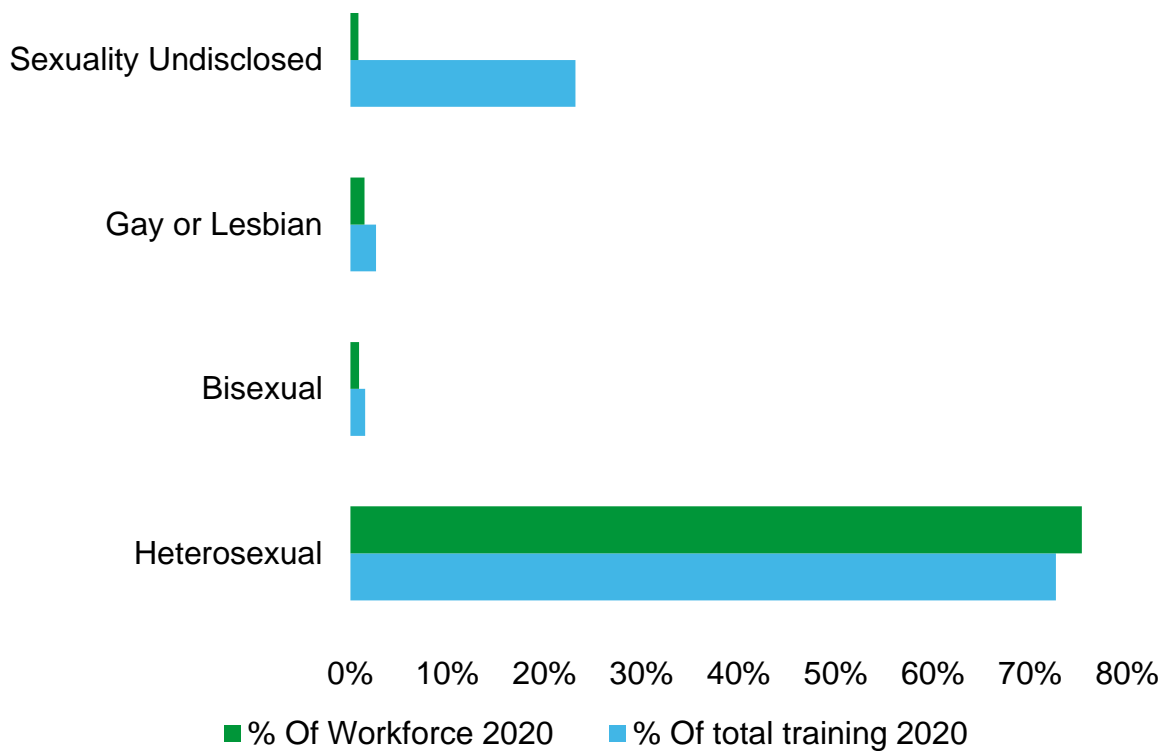
Sexual Orientation	% Of Workforce 2020	% Of total training 2020
Heterosexual	75.3%	72.6%
Bisexual	0.9%	1.5%
Gay or Lesbian	1.5%	2.6%
Sexuality Undisclosed	0.8%	23.2%

Information about the staff that have left the Trust during 2019/20

Between April 2019 and March 2020, 739 colleagues left our organisation. The information below shows those who have left by their protected characteristic.

Age

■ Leavers: 2019/20   ■ Workforce 2019/20
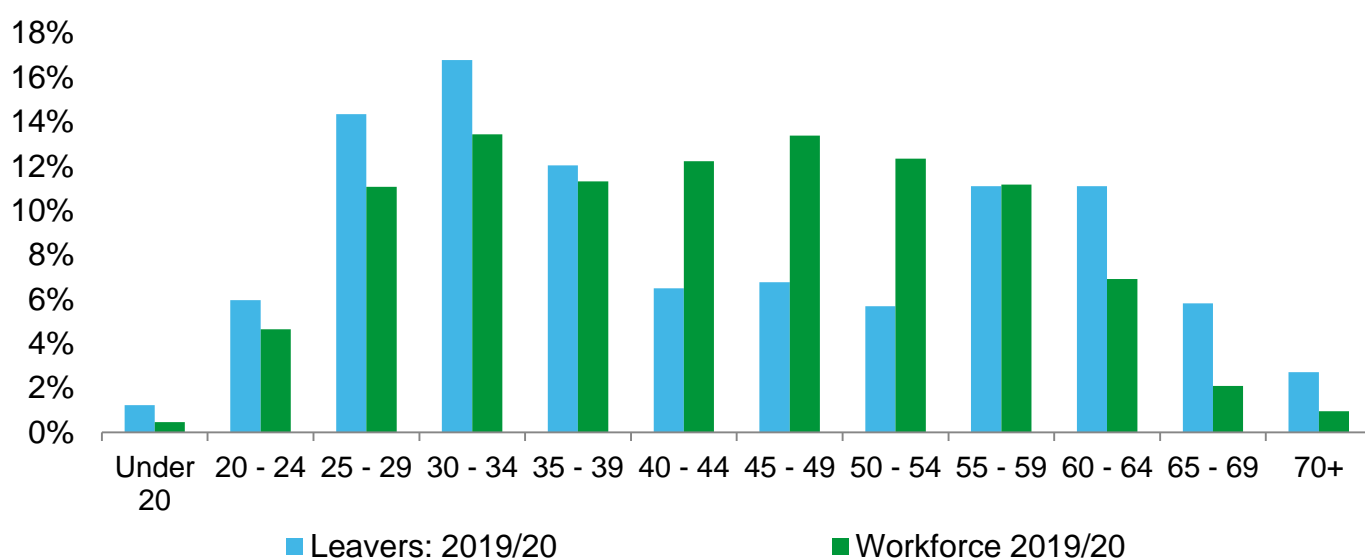
Age Band	Leavers: 2019/20	Workforce 2019/20
Under 20	1.2%	0.5%
20 - 24	6.0%	4.7%
25 - 29	14.3%	11.1%
30 - 34	16.8%	13.4%
35 - 39	12.0%	11.3%
40 - 44	6.5%	12.2%
45 - 49	6.8%	13.4%
50 - 54	5.7%	12.3%
55 - 59	11.1%	11.2%
60 - 64	11.1%	6.9%
65 - 69	5.8%	2.1%
70+	2.7%	0.9%

Disability
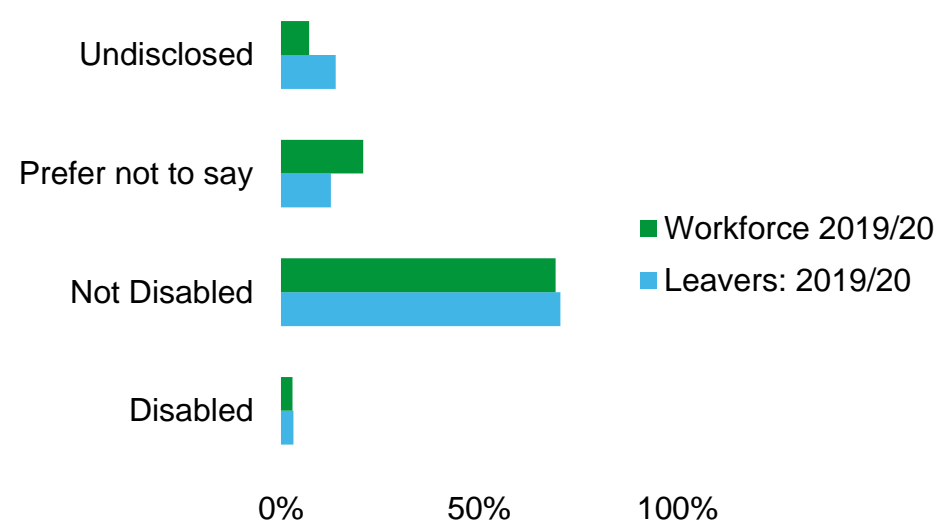
Disability Status	Leavers: 2019/20	Workforce 2019/20
Disabled	3.1%	2.9%
Not Disabled	70.5%	69.3%
Prefer not to say	12.6%	20.7%
Undisclosed	13.8%	7.1%

Ethnicity
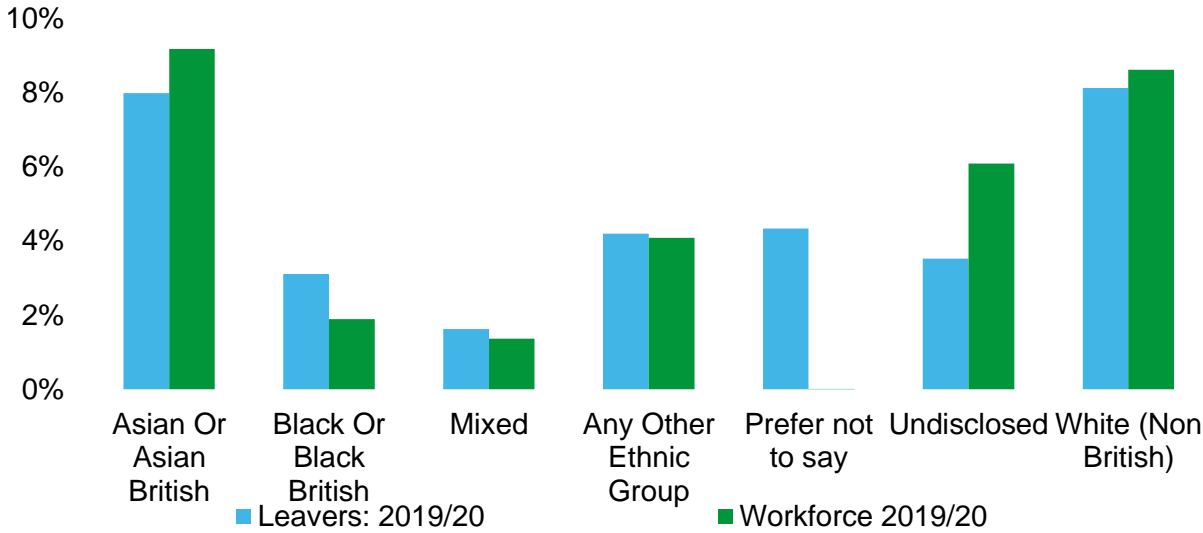
Ethnicity	Leavers: 2019/20	Workforce 2019/20
Asian Or Asian British	8.0%	9.2%
Black Or Black British	3.1%	1.9%
Mixed	1.6%	1.4%
Any Other Ethnic Group	4.2%	4.1%
Prefer not to say	4.3%	0.0%
Undisclosed	3.5%	6.1%
White (Non-British)	8.1%	8.6%
White British	67.1%	68.8%

Gender
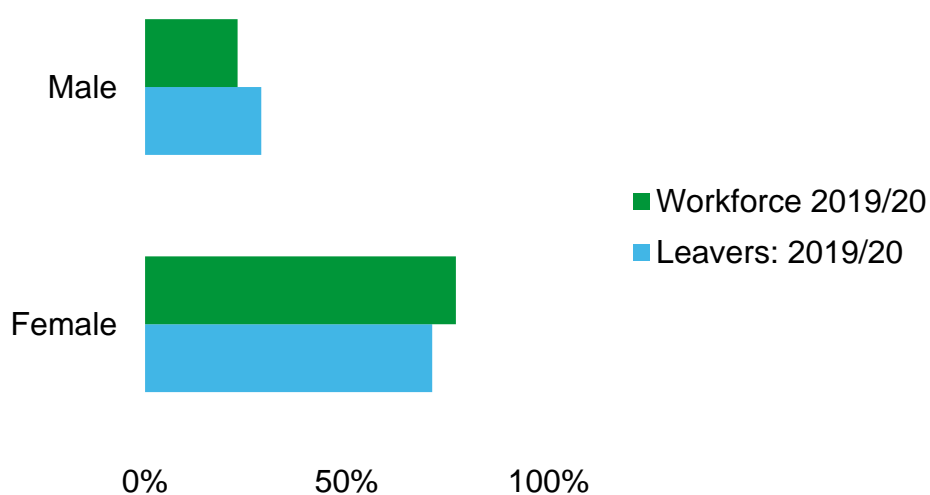
Gender	Leavers: 2019/20	Workforce 2019/20
Female	71.2%	77.0%
Male	28.8%	23.0%

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Marriage and Civil Partnership
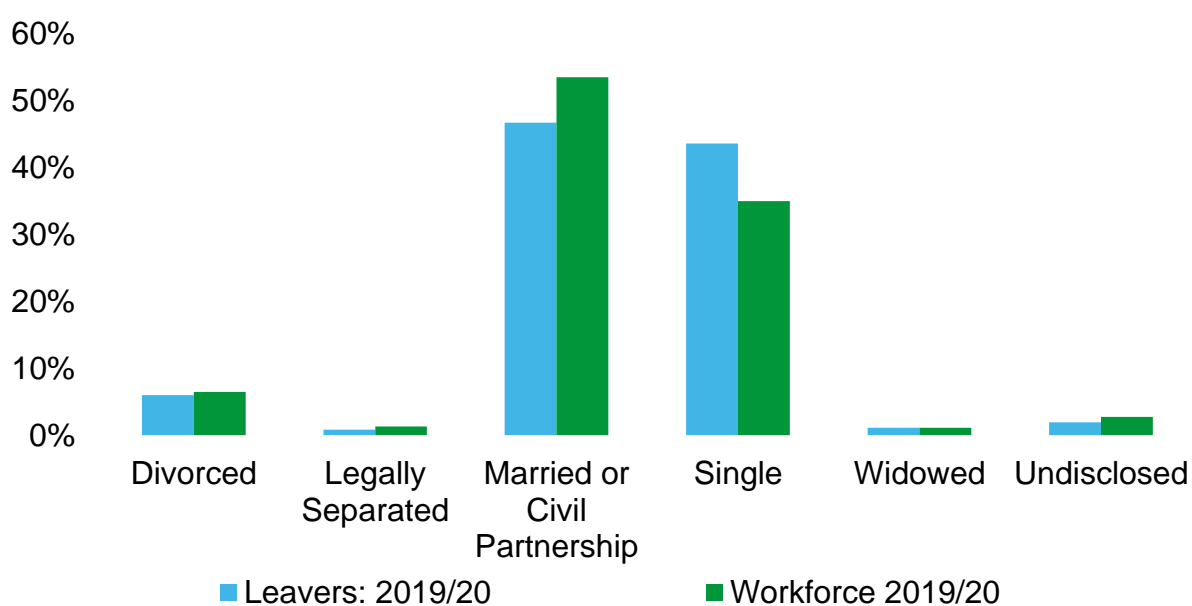
Marriage and Civil Partnership	Leavers: 2019/20	Workforce 2019/20
Divorced	6.0%	6.4%
Legally Separated	0.8%	1.3%
Married or Civil Partnership	46.7%	53.5%
Single	43.6%	35.0%
Widowed	1.1%	1.1%
Undisclosed	1.9%	2.7%

Religion or belief
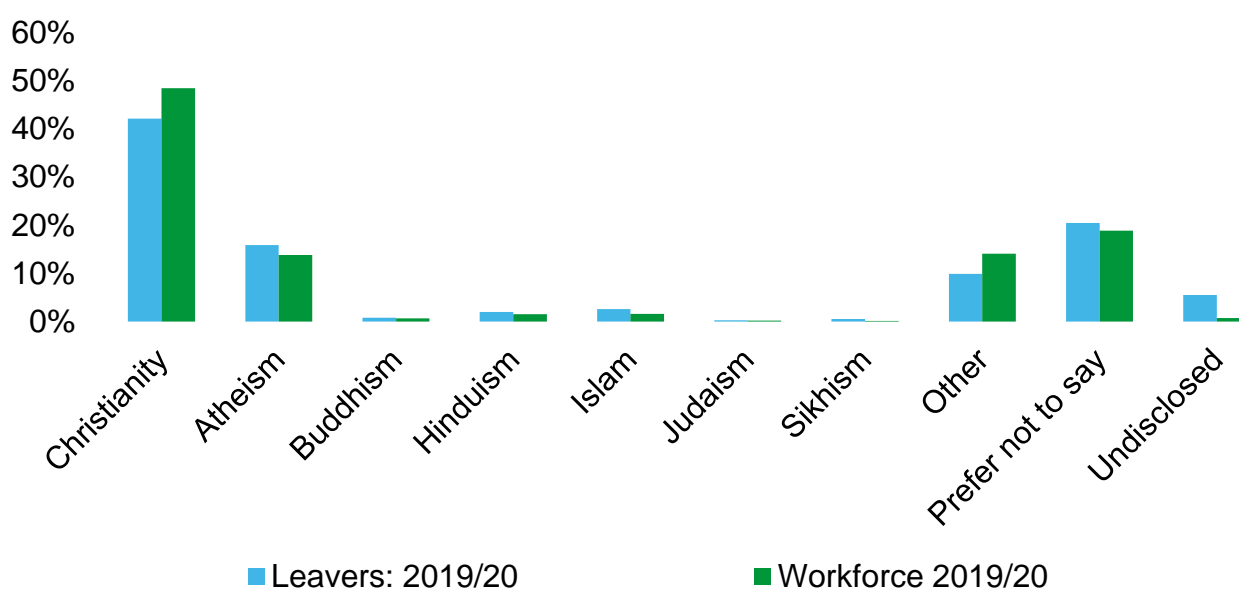
Religion or Belief	Leavers: 2019/20	Workforce 2019/20
Christianity	42.1%	48.4%
Atheism	15.8%	13.8%
Buddhism	0.8%	0.7%
Hinduism	2.0%	1.5%
Islam	2.6%	1.6%
Judaism	0.3%	0.2%
Sikhism	0.5%	0.2%
Other	9.9%	14.1%
Prefer not to say	20.4%	18.9%
Undisclosed	5.5%	0.7%

Sexual orientation
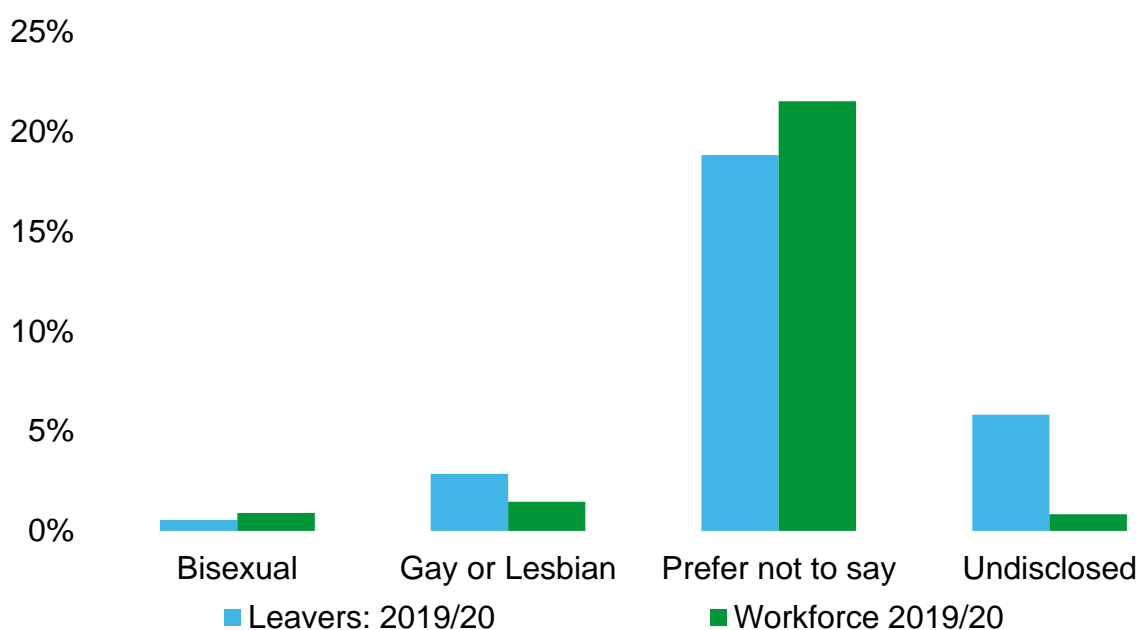
Sexual Orientation	Leavers: 2019/20	Workforce 2019/20
Heterosexual or Straight	72.0%	75.3%
Bisexual	0.5%	0.9%
Gay or Lesbian	2.8%	1.5%
Prefer not to say	18.8%	21.5%
Undisclosed	5.8%	0.8%

What does the data tell us about the workforce, Trust policies and practices?

Age

Representation in the workforce (comparing to the Census data):

- Staff aged <20-24 and 65+ have a lower than expected representation in the workforce.
- Staff aged 25-64, have a higher than expected representation in the workforce; these groups represent the majority of the workforce.

Pay and Reward (Non-Medical):

- Bands 1-3 – mainly represented with staff aged 30-59. When looking at separate age groups, there is a higher proportion of staff aged <20-24 and 55+ when comparing to the workforce representation for these age groups.
- Bands 4-6 – mainly represented with staff aged 25-59. When looking at separate age groups, there is a higher proportion of staff aged 25-39 when comparing to the workforce representation for these age groups.
- Bands 7+ - mainly represented with staff aged 40-59. When looking at separate age groups, there is a higher proportion of staff aged 35-59 compared to the workforce representation for these ages groups.

Pay and Reward (Medical):

- Grades at <20K per year - only populated with staff aged 40-69, the same age groups have a higher representation when comparing to workforce representation for these age groups.
- Grades £20-40K per year – mainly populated with staff aged 25-34, when looking at age groups, those aged 20-34 have a higher representation when comparing to the workforce representation for these ages groups.
- Grades £40-60K – mainly populated with staff aged 30-39, when looking at age groups, those aged 25-39 have a higher representation when comparing to the workforce representation for these ages groups.
- Grades £60-80K – mainly populated with staff aged 35-49, when looking at age groups, those aged 35-54 and 60+ have a higher representation when comparing to the workforce representation for these ages groups.
- Grades £80K+ - mainly populated with staff aged 35-69, when looking at age groups, those aged 40-64 have a higher representation when comparing to the workforce representation for these ages groups.

Recruitment (Non-Medical):

- There is no noticeable correlation between the recruitment data compared to either Census or workforce representation data.
- When looking at the progression from application to shortlisting stages; candidates aged <20-24 and 55-64 appear to benefit, a proportional amount of candidates aged 45-54 and 65+ progress and it would appear that candidates aged 25-44 potentially experience a detriment.
- When looking at the progression from shortlisting to appointment stages; candidates aged <20, 25-29, 35-49 and 65+ appear to benefit, a proportional amount of candidates aged 50-54 progress and it would appear that candidates aged 20-24, 30-34 and 55-64 potentially experience a detriment.

Recruitment (Medical):

- There is no noticeable correlation between the recruitment data compared to either Census or workforce representation data.
- When looking at the progression from application to shortlisting stages; candidates aged 20-29 appear to benefit, a proportional amount of candidates aged 60+ progress and it would appear that candidates aged 35-59 potentially experience a detriment.
- When looking at the progression from shortlisting to appointment stages; candidates aged 30-40 and 50-59 appear to benefit, and it would appear that candidates aged 20-29, 45-49 and 60+ potentially experience a detriment.

Employee Relations (comparing to workforce representation)**:**

- Staff aged 45-54 and 60-64 are overrepresented in grievance procedures.
- Staff aged <20, 25-29 and 40-49 are overrepresented in disciplinary procedures.

Access to non-mandatory training:

- Staff aged 20-34 have a higher representation in training data compared to the workforce representation. Staff <20 and 45-59 have a moderate representation, and staff aged 60+ have a lower representation compared to their representation in the workforce.

Leavers:

- Proportionally more staff aged <20-39 and 60+ left the Trust than their representation in the workforce. All other groups either left at a lower or equal proportion compared to the representation of that age group in the workforce.
- It appears according to the ethnicity data that higher proportion of staff who ideitnify as Balck/Black Asian and Mixes left the Trust than their representation in the workforce.

Disability

Representation in the workforce (comparing to the Census data):

- Due to the way disability is recorded in the Census, it is not possible to draw an accurate conclusion. However, when comparing to the workforce representation to those (in the Census) that stated their day-to-day activity was limited a lot; it would appear that there is a lower representation of disabled staff that have declared their disability.
- It should be noted that nearly 28% of the workforce's disability status is unknown; this has decreased from the previous report.

Pay and Reward (Non-Medical):

- Disabled staff are generally well represented across all Agenda for Change pay bands. However, disabled staff appear to have a slightly higher than expected representation in bands 1-3 and lower representation in bands 7+.

Pay and Reward (Medical):

- Disabled staff have a higher than expected representation in £20-40K and £40-60K grades. However, there is a lower than expected representation in all other medical grades.

Recruitment (Non-Medical):

- Overall there is a greater representation of disabled candidates in the recruitment process than present in the workforce. Due to the recording of disability in the Census, it is not possible to draw an accurate picture; however, from the data available, there is no correlation.
- Disabled applicants have a relative constant representation when progressing from application to shortlisting stages; however, the representation drops from shortlisting to appointment stages. Candidates that are not disabled have a constant representation throughout the recruitment processes.
- The above pattern can be seen by the applicants that have highlighted they are eligible under the guaranteed interview scheme, also while looking at the different types of disabilities.

Recruitment (Medical):

- Data showing the representation of disabled applicants does not correlate with either Census or workforce representation data.
- There is an exceptionally low disability declaration rate in medical recruitment; however, from the limited data we have, it appears that disabled applicants

may experience a detriment moving through the recruitment stages.
- There is a very low declaration rate of applicants highlighting they would be eligible for the guaranteed interview scheme; no applicants highlighted that they had a particular type of disability.

Employee Relations (comparing to workforce representation)**:**

- Disabled staff are not overrepresented in grievance procedures.
- Disabled staff have a slight overrepresentation in disciplinary procedures.
- There is a high percentage of staff entering employee relations procedures where their disability status is not known.

Access to non-mandatory training:

- Disabled staff have a higher representation in training data than compared to workforce representation. Approximately one-third of trainees disability status is not known.

Leavers:

- Proportionally more disabled staff left the Trust compared to the overall workforce representation; however, a proportionate amount of leavers were non-disabled. We did not hold the disability status of over a quarter of all leavers.

Gender

Representation in the workforce (comparing to the Census data):

- There is no correlation with the workforce representation data; however, the pattern does correlate with nation NHS gender data.

Pay and Reward (Non-Medical):

- Female staff are well represented across all pay bands in the workforce.
- Male staff are well represented in bands 1-3 and 7+ but have a lower representation in bands 4-6.

Pay and Reward (Medical):

- Female staff are well represented in the majority of medical grades, except for £80K+ where there is a lower than expected representation. There is a higher than expected representation in <£20K and £20-40K grades.
- Male staff have a lower than expected representation in <£20K and £20-40K grades; there is a good representation in £40-60K and £60-80K grades and a

higher than expected representation in £80K+ grades.

Recruitment (Non-Medical):

- There is a correlation in terms of representation, with the recruitment data and Census data. There is also a fair correlation between recruitment and workforce data.
- Female applicants appear to experience a disadvantage when progressing from application to shortlisting stages, but benefit when progressing from shortlisting to appointment stages.
- Male applicants appear to benefit when progressing from application to shortlisting stages; however, they appear to experience a disadvantage when progressing from shortlisting to appointment stages.

Recruitment (Medical):

- There is not much correlation in the application and shortlisting stages in either Census or workforce data. At the appointment stage, there is a closer correlation with Census data.
- For both male and female applicants, there is generally parity in the progression from application to shortlisting stages. At shortlisting to appointment stages, male applicants appear to experience a disadvantage whilst female applicants appear to benefit.

Employee Relations (comparing to workforce representation)**:**

- Male staff have a higher than expected representation in both grievance and disciplinary procedures.
- Female staff have a lower representation in both grievance and disciplinary procedures.

Access to non-mandatory training:

- When compared to workforce representation, there is a proportion number of male and female staff that undertook non-mandatory training.

Leavers:

- Compared to workforce representation, there are proportionally less female and more male staff that left the organisation.

Marriage and Civil Partnership Status:

Representation in the workforce (comparing to the Census data):

- There is a correlation between the demographic data for staff that are either married or in a civil partnership and the Census data.

Pay and Reward (Non-Medical):

- Staff that are either married or in a civil partnership are well represented across all AfC bands. However, this group has a higher than expected representation in bands 7+

Pay and Reward (Medical):

- Staff in that are married or in a civil partnership have a higher representation in <£20K, £60-80K and £80K+ grades, however, appear to have a lower than expected representation in £20-40K and £40-60K groups.

Recruitment (Non-Medical):

- At application and shortlisting stages, there is not any correlation with the Census or workforce data for applicants that are married or in a civil partnership. However, at the appointment stage, there is a closer correlation with both Census and workforce data.
- From application to shortlisting stages, applicants that are married or in a civil partnership appear to experience a disadvantage, whilst from shortlisting to appointment stages, applicants appear to benefit.

Recruitment (Medical):

- At application and appointment stages, there is a correlation with the Census and workforce data for applicants that are married or in a civil partnership. However, at the shortlisting stage, there does not appear to be a correlation in either Census or workforce data for this group.
- At application to shortlisting stages, applicants that are married or in a civil partnership appear to experience a disadvantage, whilst at shortlisting to appointment stage, this group appears to benefit.

Employee Relations (comparing to workforce representation)**:**

- Staff in a marriage or civil partnership appear to be overrepresented in grievance procedures.

Access to non-mandatory training:

- There is a lower proportion of staff that are married or in a civil partnership that undertook non-mandatory training; compared to the representation of this group in the workforce.

Leavers:

- Compared to workforce representation, there are proportionally less staff that are either married or in a civil partnership that left the organisation.

Race and Ethnicity

Representation in the workforce (comparing to the Census data):

- There is a higher representation of almost all minority groups in the workforce; however, for staff that are mixed-race, both the Census and workforce data are in line with each other. There is a lower representation of White-British staff in the workforce compared to the Census.
- The proportion of staff where their race and ethnicity is no known has slightly increased since 2018/19.

Pay and Reward (Non-Medical):

- The majority of minority groups are in AfC bands 4-6 (they display a higher than expected representation compared to workforce representation data). However, minority groups are generally underrepresented in bands 7+ (except for staff that are Black or Chinese).
- There is general parity of pay band representation and workforce representation for minority groups in bands 1-3.
- White (Non-British) staff have a fair representation in all pay bands; however, they appear to have a higher than expected representation in bands 1-3.
- White (British) staff are well represented across all pay bands; however, they appear to have a higher than expected representation in bands 7+.

Pay and Reward (Medical):

- <£20K grades - staff are mainly White (British) when looking at the age groups that compose these grades, both White (British) and staff of 'other' race and ethnicity appear to be overrepresented when comparing to workforce representation data for these groups.
- £20-40K grades - staff are mainly White (British) and Asian, when looking at age groups that compose these grades, White (British), mixed race, Black and other ethnicity have a higher representation than the overall representation of these groups in the medical workforce.
- £40-60K grades - staff are mainly White (British) and Asian, when looking at age groups that compose these grades, Asian, Black, Chinese and other ethnicities have a higher representation than the overall representation of these groups in the medical workforce.
- £60-80K grades - staff are mainly White (British) and Asian, when looking at age groups that compose these grades, White (Non-British), Asian and Chinese have a higher representation than the overall representation of these groups in the medical workforce.

- £80K+ grades - staff are mainly White (British), White (Non-British) and Asian, when looking at age groups that compose these grades, White (British), White (Non-British) and other ethnicities have a higher representation than the overall representation of these groups in the medical workforce. Most BME groups in these grades are generally in line with the representation in the medical workforce.

Recruitment (Non-Medical):

- At application and shortlisting stages, there is generally equivalent or higher representation compared to the Census, the exceptions to this are White-British and other ethnicity candidates, where it is lower. At the appointment stage, all minority groups there is a lower representation (compared to the Census) and a higher representation of White-British applicants.
- When comparing to workforce representation for race and ethnicity, at all stages of recruitment, there is a greater representation of minority groups but lower for White-British. At the appointment stage, the majority of groups are either equal or greater representation than the workforce representation, except for White-Other group where there is less.
- Progression from application to shortlist stages: groups that appear to benefit are Asian, Mixed race White-British, White (non-British) and other ethnicity. It would appear that Black candidates appear to experience a disadvantage.
- Progression from shortlisting to appointment stages: all minority groups appear to experience disadvantage, conversely White-British applicants appear to benefit.

Recruitment (Medical):

- Overall for the majority of groups, there is a greater representation in recruitment processes when compared to workforce and Census data. The main exception to this is for applicants that are White-British, White-Other and mixed ethnicity where there appears to be less.
- Progression from application to shortlist stages: groups that appear to benefit are Black and mixed race. It would appear that White-British and White-Other candidates appear to experience a disadvantage.
- Progression from shortlisting to appointment stages: Asian, Black, mixed-race and other ethnicity appear to experience disadvantage. Conversely, White-British, and White-Other applicants appear to benefit.

Employee Relations (comparing to workforce representation)**:**

- Asian and Black staff appear to be overrepresented in both grievance and disciplinary procedures.

Access to non-mandatory training:

- Proportionally more BME staff undertake training compared to the workforce representation data. White-British and White (Non-British) appear to have a lower representation.

Leavers:

- Compared to workforce representation, there are proportionally less staff that are Asian left the organisation, while for Black and mixed-race, there is proportionally more.

Religion or Belief

Representation in the workforce (comparing to the Census data):

- There is a lower there expected representation of Christian and Atheists in the workforce.
- For all minority groups, the representation of staff is either inline or greater than the Census data.
- For staff where their religion or belief is not known has decreased since 2018/19.

Pay and Reward (Non-Medical):

- Christians and Atheists are well represented across all AfC bands. In bands 4-6 and 7+, these groups have a higher than expected representation.
- Minority groups are generally well represented in bands 1-6, only staff that are Hindu, Muslim and Jewish are well represented in bands 7+.

Pay and Reward (Medical):

- <£20K grades - staff are mainly Christian and other religion, the same groups appear to be overrepresented when comparing to workforce representation data.
- £20-40K grades - staff are mainly Christian and Atheist, when looking at religion and belief groups that compose these grades, Atheist, Muslims, Jewish and other religion have a higher representation than the overall representation of these groups in the medical workforce.
- £40-60K grades - staff are mainly Christian and Atheists, when looking at religion and belief groups that compose these grades, staff that are Buddhist, Hindu, Muslim and other religion have a higher representation than the overall representation of these groups in the medical workforce.
- £60-80K grades - staff are mainly Christian, Atheist and Hindu when looking at religion or belief groups that compose these grades, Christian, Buddhist, Hind and Jewish staff have a higher representation than the overall representation of these groups in the medical workforce.
- £80K+ grades - staff are mainly Christian and Atheist, when looking at religion

or belief groups that compose these grades, Christian, Hindu and Sikhs have a higher representation than the overall representation of these groups in the medical workforce.

Recruitment (Non-Medical):

- Generally, most groups have a higher representation in recruitment than the Census except Atheist and Christian. When comparing to workforce data, almost all groups have a greater representation in recruitment, except for other religion.
- Progression from application to shortlist stages: groups that appear to benefit are Atheist and Buddhist. It would appear that candidates that are Hindu, Jewish and Sikh appear to experience a disadvantage.
- Progression from shortlisting to appointment stages: the majority or minority groups appear to experience disadvantage, conversely Atheist and Jewish applicants appear to benefit.

Recruitment (Medical):

- When comparing to Census data, generally Atheist, Christian and Jewish applicant have a lower representation. In comparison, all other groups have a higher representation. When comparing to workforce representation data, generally Atheist, Christian, Jewish and other religion have a lower representation (all other groups have a higher)
- Progression from application to shortlist stages: groups that appear to benefit are Muslim, Sikh and other religion. It would appear that Atheist and Hindu candidates appear to experience a disadvantage.
- Progression from shortlisting to appointment stages: Atheist, Christian, Hindu and other religion appear to experience advantage, conversely Buddhist, Muslim and Sikh applicants appear to experience disadvantage.

Employee Relations (comparing to workforce representation)**:**

- Muslim staff appear to be overrepresented in grievance procedures; Christian and Atheist staff appear to be slightly overrepresented in disciplinary procedures.
- There is a large proportion of staff who have been through an employee relations process where their religion or belief is not known.

Access to non-mandatory training:

- Most groups (except Christians, where there is less) have a higher representation (compared to workforce representation data) that undertook non-mandatory training. Just under 15% of those that undertook training have not declared what their religion or belief is.

Leavers:

- Compared to workforce representation, there are proportionally less staff that are Christian, and other religion left the organisation, for staff that are Atheist, Hindu, Muslim, Jewish and Sikh there is proportionally more.
- More than 25% of leaver's religion or belief was not known.

Sexual Orientation

Representation in the workforce (comparing to the Census data):

- Sexual orientation is not recorded on the Census, so it is not possible to draw a comparison.
- National NHS data suggests that 3% of all NHS staff is either lesbian, gay or bisexual. The Trust's representation of these groups is slightly lower than the national figures.
- The Office for National Statistics estimates that 1.3% of the population in the UK are either lesbian, gay or bisexual. The Trust's representation of the same group is higher.
- The level of staff where their sexual orientation is not known has decreased slightly since 2018/19 but remains over 20% of the workforce.

Pay and Reward (Non-Medical):

- Heterosexual staff are well represented across the board – however, they have a higher than expected representation in bands 1-3 and 7+.
- Bisexual staff are overall well represented across the Agenda for Change pay bands; however, they have a lower than expected representation in bands 7+.
- Gay or Lesbian staff are well represented in Agenda for Change bands, they appear to have a slightly higher representation than expected in bands 4-6 and 7+.

Pay and Reward (Medical):

- Heterosexual staff are well represented across all medical grades, however, appear to have a higher than expected representation in £40-60K and £60-80K grades.
- Bisexual staff have a higher than expected representation in £20-40K grades. However, in all other grades, there is a lower than expected representation.
- Lesbian and gay staff have a higher than expected representation in £20-40K grades, have a proportional representation in £40-60K, however, appear to have a lower representation in all other grades.

Recruitment (Non-Medical):

- There is no Census data to compare to. However, there is a higher

representation in recruitment data than workforce data for heterosexual, lesbian, gay and bisexual applicants.

- Progression from application to shortlisting stages; it would appear that gay, lesbian and bisexual applicants benefit, whilst a proportional amount of heterosexual applicants progress to shortlisting stage.
- Progression from shortlisting to appointment stages; it would appear that a proportionate amount of heterosexual, gay and lesbian applicants are appointed. In contrast, bisexual applicants appear to experience a disadvantage.

Recruitment (Medical):

- There is no Census data to compare to. However, when comparing recruitment with workforce representation data it is apparent that heterosexual applicants have a well to higher representation, bisexual applicants have a lower representation, and gay and lesbian applicants have a mixed representation through the different recruitment stages.
- Progression from application to shortlisting stages; it would appear that bisexual applicants benefit, whilst a proportional amount of heterosexual applicants progress to shortlisting stage. It would appear that gay and lesbian applicant appear to be disadvantaged.
- Progression from shortlisting to appointment stages; it would appear that heterosexual and bisexual applicants appear to experience a disadvantage, while gay and lesbian applicants appear to benefit.

Employee Relations (comparing to workforce representation):

- There are no groups that are overrepresented in either grievance or disciplinary procedures.

Access to non-mandatory training:

- Proportionally, more lesbian, gay and bisexual staff attends non-mandatory training compared to the workforce representation for this group. While a proportional amount of heterosexual staff attends non-mandatory training.

Leavers:

- Compared to workforce representation, there are proportionally less bisexual and heterosexual staff left the Trust. While a proportional amount of gay and lesbian staff left the Trust.
- Just under 25% of leaver's sexual orientation was not known.

Who are the Trust's patients?

During 2019/2020 the Trust saw over 780,000 patients, which included:

- 138,400 inpatients and day cases
- 647,386 outpatient appointments

A crucial part of delivering person-centred care is in understanding the communities that are served. The following data helps the Trust to recognise the different people accessing services, which gives an idea of the types of additional support that should be offered to ensure the Trust, is accessible.

In this section, the patient demographic will be compared against the 2011 Census data or Mid 2018 Population estimates data (where available), this will demonstrate if patients accessing hospital services correlate with local population data.

Age

■ Patients in 2019/20   ■ Mid-2018 Population Estimates
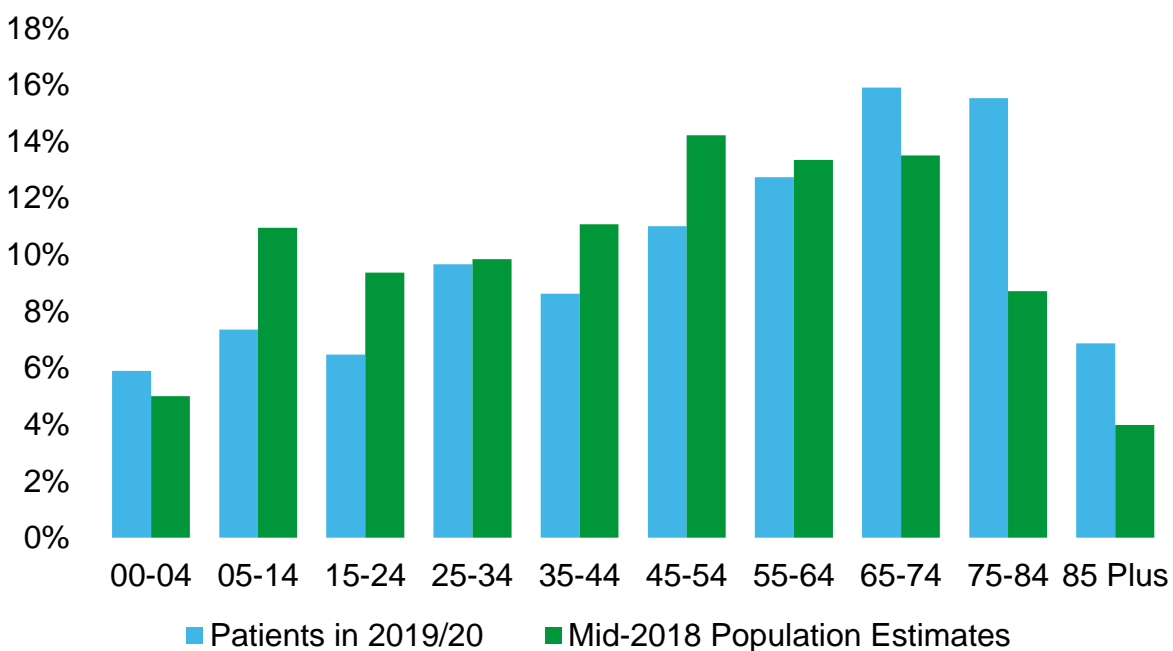
Age band	Patients in 2019/20	Mid-2018 Population Estimates
00-04	5.9%	5.0%
05-14	7.3%	10.9%
15-24	6.5%	9.4%
25-34	9.7%	9.8%
35-44	8.6%	11.1%
45-54	11.0%	14.2%
55-64	12.7%	13.3%
65-74	15.9%	13.5%
75-84	15.5%	8.7%
85 Plus	6.9%	4.0%

Disability

Patients that attended the Trust for treatment that are registered disabled:

Patients Registered as disabled	0.07%

This figure consists of the data held on Sema-Helix, which records patients who have identified as:

- Blind
- Deaf
- Or have a learning disability

Census 2011 disability data

Population who described their daily activity	
Day-to-day activities limited a little	9.76%
Day-to-day activities limited a lot	7.46%
Day-to-day activities not limited	82.79%
Grand Total	100.00%

Gender
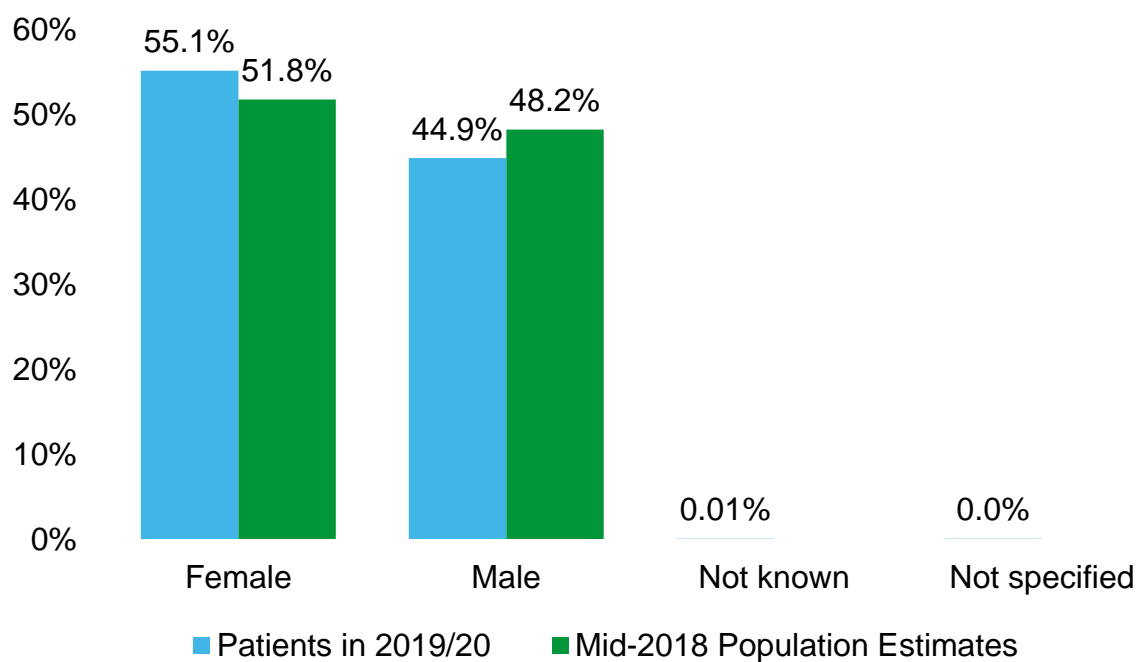
Gender	Patients in 2019/20	Mid-2018 Population Estimates
Female	55.1%	51.8%
Male	44.9%	48.2%
Not known	0.0%	
Not specified	0.0%	

Marriage and Civil Partnership
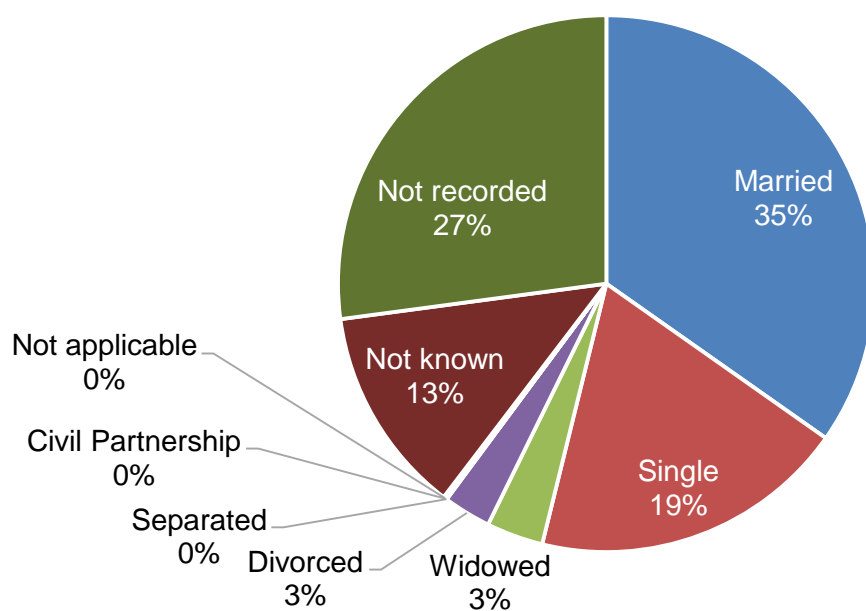
Marriage & Civil Partnership	Patients in 2019/20	% of patients
Married	106,545	34.8%
Single	58,505	19.1%
Widowed	10,485	3.4%
Divorced	8,822	2.9%
Separated	112	0.0%
Civil Partnership	94	0.0%
Not applicable	482	0.2%
Not known	38,370	12.5%
Not recorded	83,105	27.1%

Race and Ethnicity
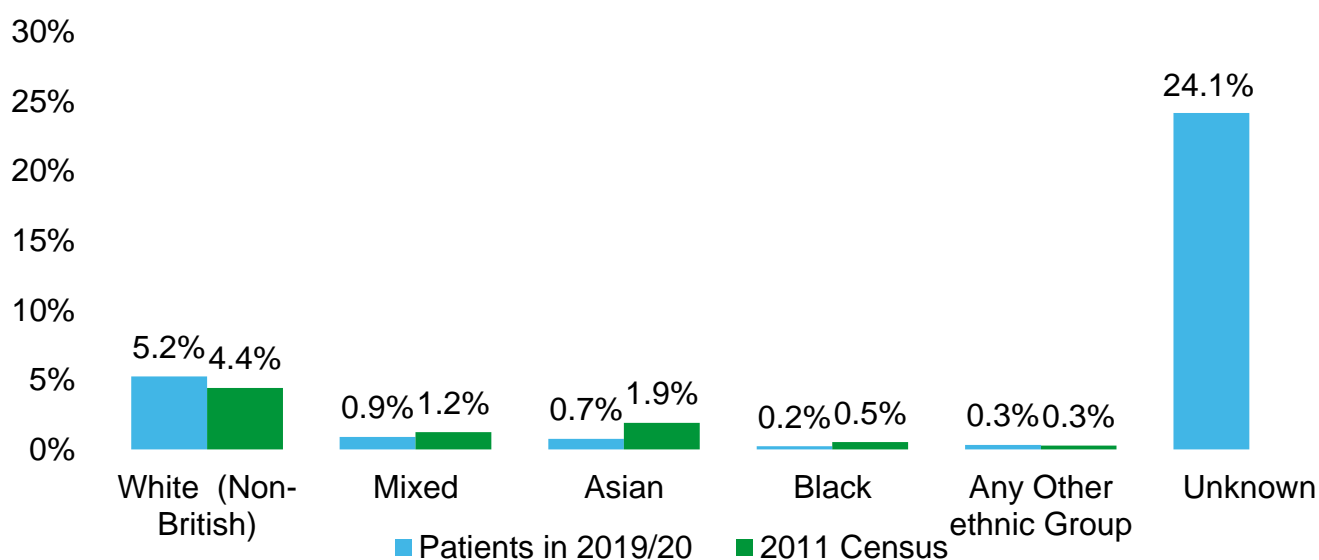
Ethnic Group	Patients in 2019/20	2011 Census
White (Non-British)	5.2%	4.4%
Mixed	0.9%	1.2%
Asian	0.7%	1.9%
Black	0.2%	0.5%
Any Other ethnic Group	0.3%	0.3%
Unknown	24.1%	

Religion or Belief

Chart legend: ■ Patients in 2019/20 ● 2011 Census
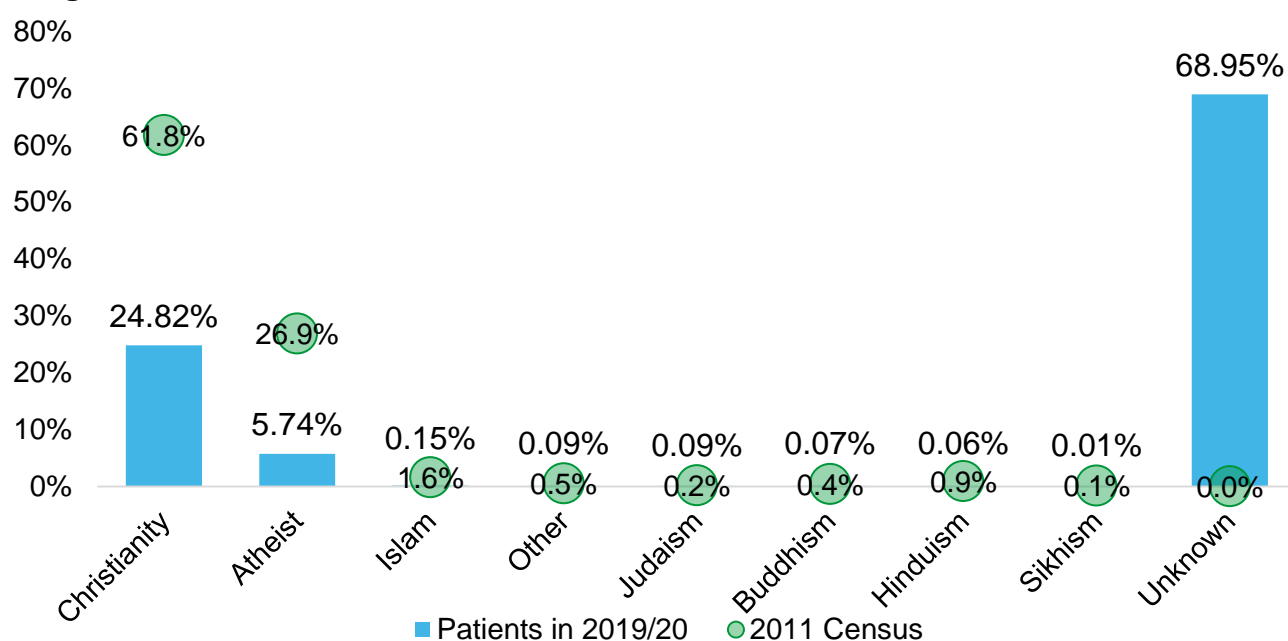
Religion or belief	Patients in 2019/20	2011 Census
Christianity	24.82%	61.8%
Atheist	5.74%	26.9%
Islam	0.15%	1.6%
Other	0.09%	0.5%
Judaism	0.09%	0.2%
Buddhism	0.07%	0.4%
Hinduism	0.06%	0.9%
Sikhism	0.01%	0.1%
Unknown	68.95%	-

What do patients think about the services and treatment they receive from the Trust?

Each NHS organisation takes part in the 'Friends and Family Test' (FFT). The test asks patients if they would recommend the hospital (and services) to their friends and family. The outcome measurement provides a method of judging patient satisfaction; the higher the rating, the more people who would recommend the Trust's services.

The graphic below looks at aggregated data from April 2019 to March 2020 and reflects received responses to the questionnaire. The results of the FFT below looks at patients who would recommend services using accident and emergency department, inpatients and outpatients, the average scores for England and WSHFT are shown. The data is taken from NHS England.

Friends and Family Test

	A & E WSHT 2019/ 20	A & E National average 2019/20	Inpatient WSHT 2019/ 20	Inpatient National average 2019/20	Outpatient WSHT 2019/ 20	Outpatient National average 2019/20
Series1	93.30%	85.00%	97.30%	95.90%	97.30%	93.80%
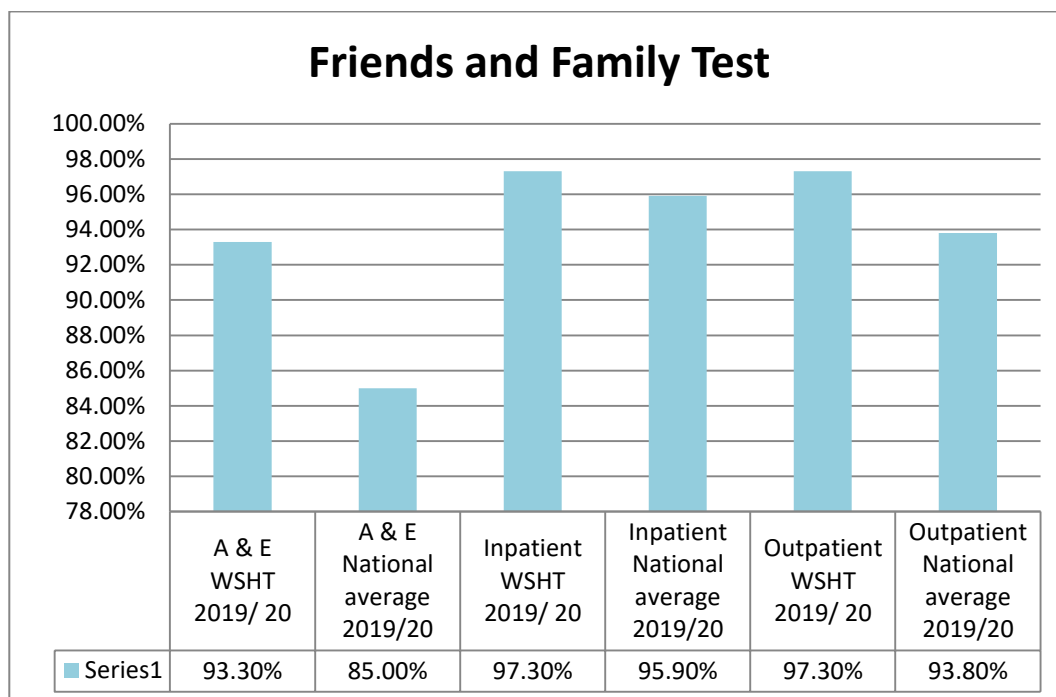
Detailed data by protected characteristics became available for the first time in 2017 where the Trust collates its own FFT score information. Due to the complexity surrounding the collection of data, we are unable to break data down into different patient types (i.e. accident and emergency, inpatients and outpatients). However, we can see how many people of a particular minority group would recommend the Trust's services.

FFT Recommend % by Ethnicity

	Asian or Asian British	Black or Black British	Did not answer	Mixed	Other	Prefer not to say	White
Recommend %	94.60%	92.94%	85.50%	95.58%	93.15%	86.35%	96.20%

FFT Recommend % by Age

	0-15	16-24	25-44	45-64	65-74	75-84	85+	Did not answer	Prefer not to say
Recommend%	95.59%	95.02%	96.10%	96.23%	96.60%	96.60%	95.20%	84.77%	81.04%

FFT Recommend % by Gender

	Male	Female	Prefer not to say	Did not answer
Series1	96.12%	96.19%	86.02%	86.11%
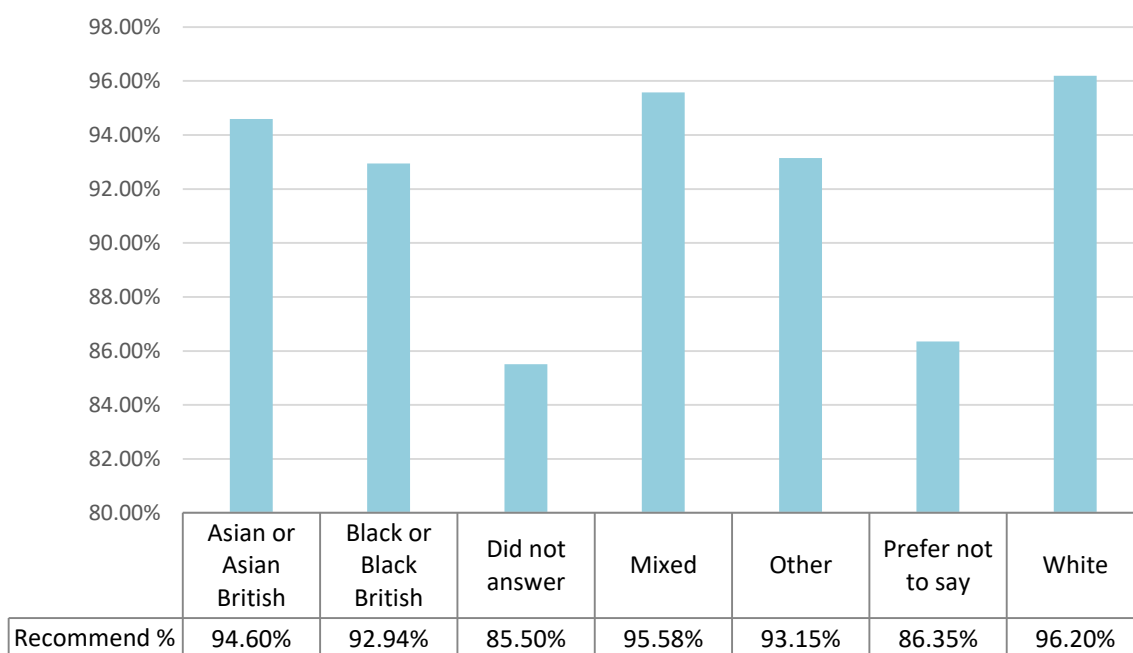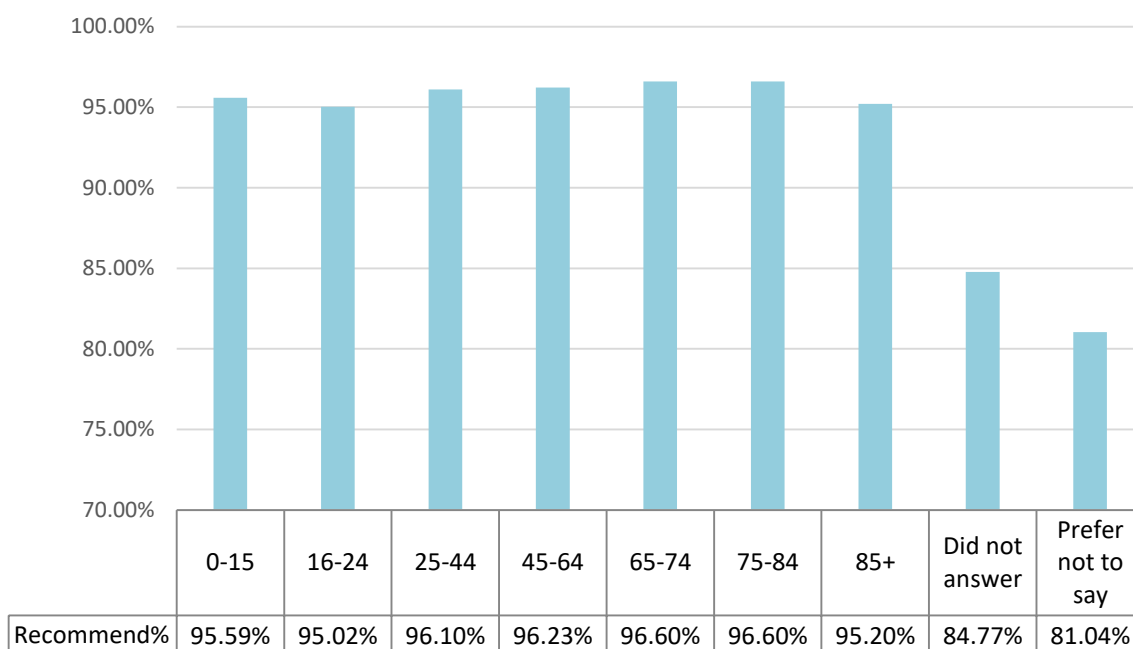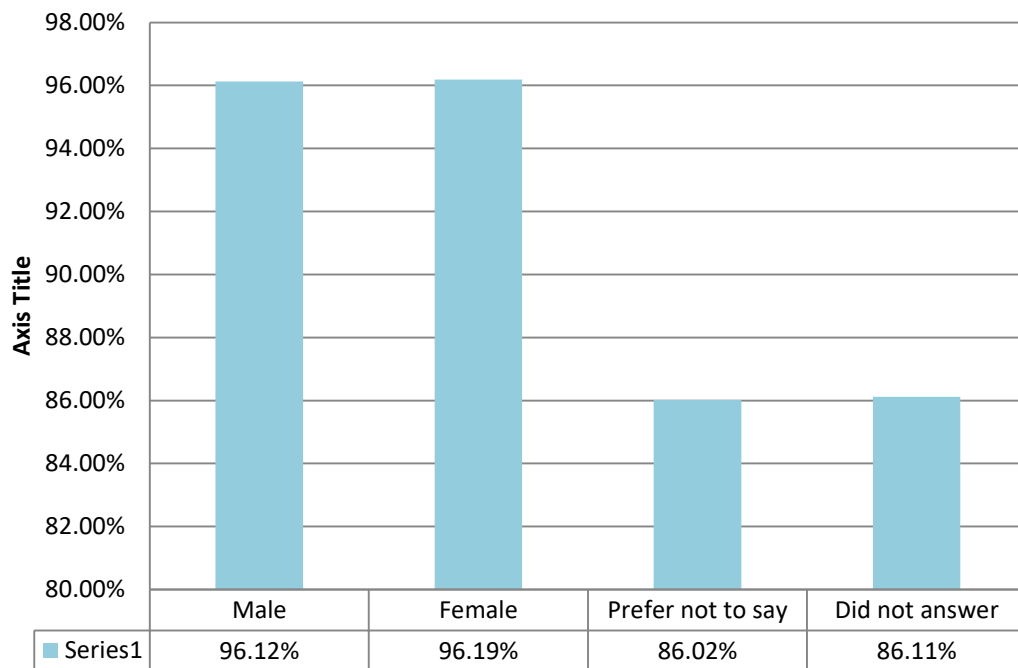
FFT Recommend % by Disability

	Yes	No	Prefer not to say
Recommend %	94.36%	96.45%	86.36%
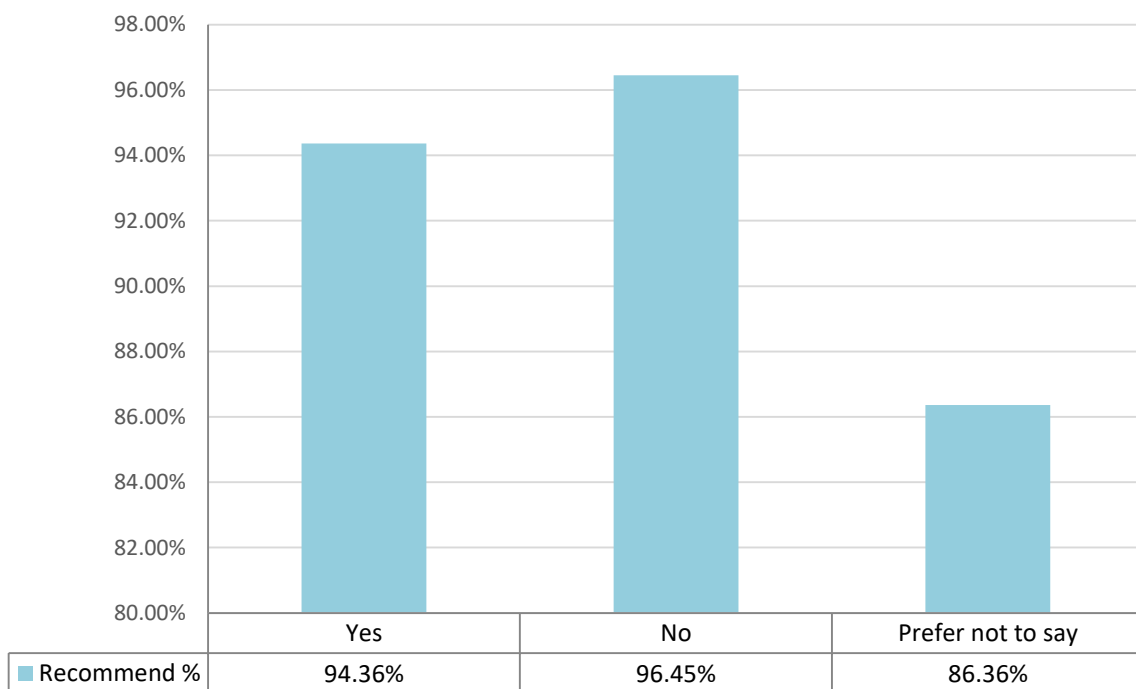
What do we know about our Foundation Trust membership base?

As a Foundation Trust, we are accountable to our local community, patients and staff, whom all have the right to become members. Our members contribute to the organisation voluntarily. We count on them for feedback, local knowledge and support.

Staff joining WSHFT automatically become a member unless they choose to opt-out. Staff members have already been accounted for in earlier sections of this report and therefore are not included within this section.

We have **7,538** members

Members by Gender

Members by Gender

■ Unspecified ■ Male ■ Female

2%

41%

57%
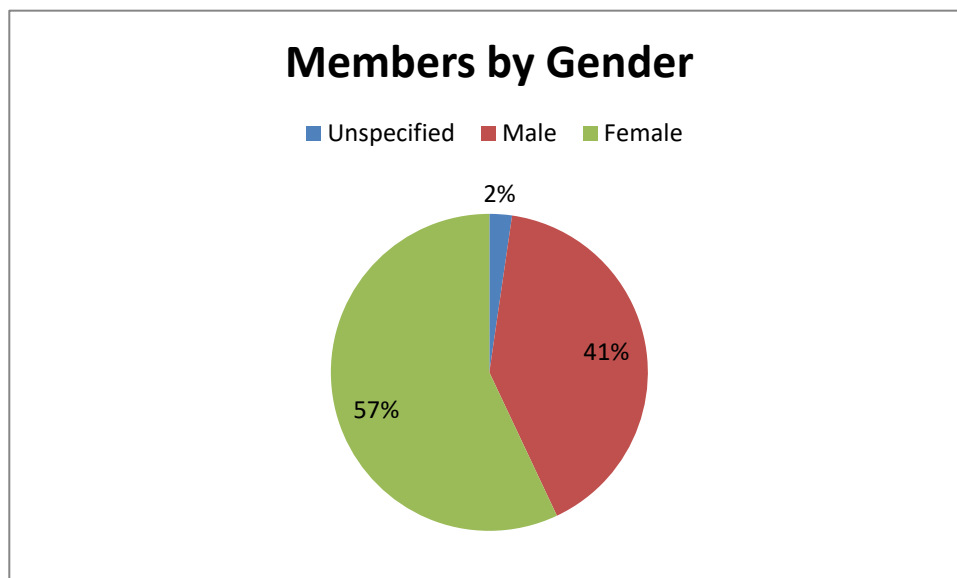
Members by Ethnicity

Ethnicity	%
White - English, Welsh, Scottish, Northern Irish, British	88.6%
White - Irish	2.5%
White - Gypsy or Irish Traveller	0%
White - Other	2.1%
Mixed - White and Black Caribbean	0.1%
Mixed - White and Black African	0.1%
Mixed - White and Asian	0.2%
Mixed - Other Mixed	0.2%
Asian or Asian British - Indian	0.4%
Asian or Asian British - Pakistani	0.1%
Asian or Asian British - Bangladeshi	0.2%
Asian or Asian British - Chinese	0.1%
Asian or Asian British - Other Asian	0.4%
Black or Black British - African	0.2%
Black or Black British - Caribbean	0.1%
Black or Black British - Other Black	0.1%
Other Ethnic Group - Arab	0.0%
Other Ethnic Group - Any Other Ethnic Group	0.2%
Not stated	4.6%

* % are rounded to 1 decimal place

Members by Age Range

Members by Age

3% 4% 6% 10% 29% 48%

- 22-29
- 30-39
- 40-49
- 50-59
- 60-74
- 75+
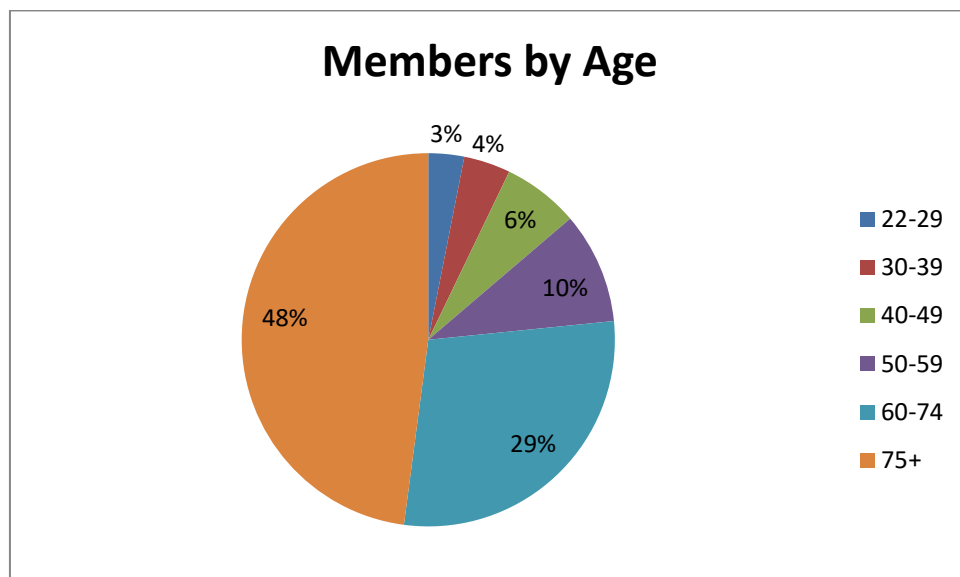
Quick facts about services to support patients during 2019/2020

The Trust funded an interpreter for 449 patients who have an overseas language need.

* The Trust has evidenced a reduction in access of services during the pandemic

The Trust provides communication support through a range of methods including the translation of information and provides Assisted Listening Devices and other communication aid to patients and staff

Top 5 overseas languages used by patients:

- **Polish**
- **Romanian**
- **French**
- **Bulgarian**
- **Portugeuse**

There are approximately 944 volunteers that support patients and services

The Spiritual care and Chaplaincy Team made 3,604 visit requests with patients and their families

Conclusions

Throughout the year, there has been a wide range of work and projects which demonstrates the Trust's commitment to driving the equality agenda forward. The service improvements detailed in this report, help to show the Trust is utilising experience and evidence to deliver changes to improve the quality of care patients receive.

There are several areas where the Trust is doing particularly well:

- From the known demographic data - there is a fair representation of most protected characteristics across the board.
- Accessibility to training, on the whole, is equal across the board.
- Patient satisfaction for the Trust's services is good and in several areas is above the average scores for England.

However, the data shows there are areas which require further investigation. The following items do not replace the joint equality objectives with BSUH but complement and focus the workstreams under the objectives.

What is the problem?	How could this be addressed?	Why is this important?
1) In some protected characteristics there are a number of staff where their equality monitoring information is 'undisclosed	• Review declaration process during the recruitment process to ensure it meets the needs of staff • Ensure the process explains how monitoring information is used and why • Launch a rolling programme of workforce data declaration directly with staff members as part of the Trusts self-service rollout	Not having a full picture of the demographic of the workforce masks issues such as underrepresentation, fairness within the operation of policies, etc. Ultimately it makes it very difficult to make a meaningful analysis
2) The declaration of equality monitoring data is poor for non-medical recruitment. This suggests mistrust for the process	• Review declaration process to ensure it meets the needs of candidates • Ensure the process explains how monitoring information is used and why	Having poor data relating to the recruitment process makes it very difficult to identify if the process is fair and if the Trust is attracting talent from a range of demographics

What is the problem?	How could this be addressed?	Why is this important?
3) Recruitment and selection within non-medical / medical processes do not appear to favour a number of groups. Alongside recruitment to consider the leavers data which shows a higher proportion of staff leaving the Trust.	• Review recruitment and selection training and processes to ensure areas of discrimination and unconscious bias are minimised • Ensure managers with recruitment responsibilities attend training • Review interview panel membership to include BAME representation • Have a systematic process for capturing exit interviews and formulate actions plans • Actions to inform stay interviews / appraisals that link with opportunities for training and career progression	Provide reassurance that recruitment processes are transparent, fair and free from discrimination Focussing on both recruitment and retention will help in addressing staffing issues and ensuring that when a diverse workforce has been recruited they are supported and choose to stay with in employment in the Trust longer.
4) Address levels of discrimination, bullying and harassment highlighted within the national Staff Survey.	• Provide annual staff survey data to Trust Executives on experience of levels of discrimination, bullying and harrassment throughout the workforce • Continue to promote Above and Below the line framework to give confidence and tools to call out poor behaviour	To improve the working conditions and health and wellbeing of staff and maintain a good reputation with prospective employees
5) Current Trust training activity records are combined at present and unable to reflect continuous professional development (CPD) opportunity	• Ensure training which is recorded as continued professional development /non-statutory or mandatory activity is monitored by protected characteristic. This includes staff on an apprenticeship qualification, bursary applications and external training providers	Statutory and mandatory training is basic training that all staff should undertake as part of their role. Continuous Professional Development, Non-statutory or non-mandatory training would demonstrate a real development opportunity

6) There is poor correlation between census data and usage of Trust patient services for race and ethnicity and religion or belief categories	• Review process to capture patient services data for race and ethnicity and religion and belief • Review completed fields on Trust Sema-Helix system as a high proportion of 'unknown' categories reported • Engage with communities and users to understand why there is a disparity between Trust use and the local population	Provide reassurance that the Trust's services are inclusive and meeting the needs and expectations of patients from a diverse background
7) Foundation Trust membership base is not reflective of the local community the Trust serves.	• Encourage ethnic minority communities and those under the age of 60 to become members	To help ensure decisions that are being discussed are based on the broadest demographic of the local communities the Trust serves

Agenda Item:	14	Meeting:	Board		Meeting Date:	04/02/2021
Report Title:		WSHFT Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance Report 2020				
Sponsoring Executive Director:		Gethin Hughes Chief Operating Officer (Accountable Emergency Officer)				
Author(s):		Mark Stevens Emergency Planning and Business Continuity Manager				
Report previously considered by and date:						

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

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

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

Any implications for:	
Quality	This report summarises the WSHFT annual assurance with reference to the NHS England Emergency Preparedness, Resilience and Response (EPRR) and current compliance with each core standard, cited evidence and any required actions. Full details are viewable in the EPRR Core Standards Assurance spreadsheet which was submitted to the CWS CCG and NHS England and copies of this can be made available if required.
Financial	None
Workforce	The delivery of an annual EP&BC work plan, including appropriate training and exercising, ensures that key emergency plans, business continuity plans and guidance documents are reviewed and updated as required and that relevant staff are competent and equipped to provide the formal management and coordination roles during either a Business Continuity, Critical or Major Incident.

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

Communication and Consultation:
The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the NHS England core standards for EPRR. The accountable emergency officer in each organisation is responsible for ensuring these standards are met.

Due to the impact of the Coronavirus (Covid-19) Pandemic, the 2020 EPRR assurance process was reviewed and set out by the national director of EPRR, NHS England and NHS Improvement as follows: |

- an updated assurance position of any organisation rated partially compliant or non-compliant in the 2019/20 assurance process

- assurance that a thorough and systematic review of the response to the first wave of the COVID-19 pandemic has been undertaken and the learning embedded

- confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system

Executive Summary:

Due to the impact of the Coronavirus Pandemic, there was no requirement to submit a full Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance spreadsheet for 2020, and a full statement of assurance stating that the trust remained fully compliant with all core standards as detailed in the 2019 assurance return with additional details covering the above areas was submitted to the Sussex NHS Commissioners on the 22nd October 2020.

Due to the fact that there was no requirement to submit a full Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance spreadsheet for 2020 the Emergency Planning and Business Continuity Department has not completed a separate Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance Report for 2020, as the Assurance return is covered with in the Emergency Preparedness, Resilience and Response Annual Report for 2020 and a copy of the Assurance Statement is attached to this summary sheet as Appendix A

Key Recommendation(s):

The Board is asked to: 'NOTE' the findings of this report and agree the overall compliance rating of FULLY Compliant.

Consideration should be given to publishing the assurance statement for this year in the Trust Annual Report for 2020/21 and on the Trust Public Website.

Appendix A – EPRR Assurance Statement

EPRR Assurance Statement 2020	
Organisation:	**Western Sussex Hospitals NHS Foundation Trust**
2019 Level of Compliance	**FULLY COMPLIANT**
2019 Core Standards Non - Compliant	N/A
2019 Core Standards Partially Compliant	N/A
Date of Assurance Meeting	Not required
1. Progress of partially or non-compliant organisation	

Fully Compliant Organisational statement:

During the 2019 EPRR assurance process Western Sussex Hospitals NHS Foundation Trust was found to be fully compliant with the EPRR core standards.

Having reviewed the trust's position this year I am satisfied that the trust has maintained this standard throughout the year and remains Fully Compliant with the Core Standards as listed for 2019.

The Emergency Planning and Business Continuity team manage a detailed Emergency Preparedness, Resilience and Response (EPRR) work stream to ensure that the overall EPRR Assurance rating of FULLY COMPLIANT was maintained during 2019/20 with specific actions and key dates identified for completion of any actions.

The annual Emergency Preparedness, Resilience and Response (EPRR) work stream is constantly reviewed and updated and will be reviewed for 2020/21 as in previous years to ensure that the Trust maintains compliance with the EPRR Core Standards.

The EPRR work stream is monitored through the Emergency Planning and Business Continuity Integrated Performance Group which meets twice a year and reports to the Trust Executive Committee on an annual basis or as required.

I undertake to keep the Trust's EPRR position under review and ensure that we continue to give due consideration National Core Standards for EPRR with a view that to being able to maintain this standard throughout the coming year.

2. The identification and application of learning from the first wave of the COVID-19 pandemic

- Formal debrief of initial response to Covid-19 was conducted in June 2020 with Exec, Divisional Directors of Operations and leads of key departments.

- Areas of concern/good practice and lessons learnt identified and circulated as necessary and incorporated in future planning.

- Additional elements have been gathered through the Recovery process and these have been structured and fed into key departments through Bronze Work Streams

- What worked well:

  - Enhanced discharge process implemented with dedicated discharge hub staffed by all key partners which has reduced delays and created additional bed capacity.

  - Gold, Silver, Bronze command structure implemented and worked well with clear work streams.
    - Clear decision making
    - Good governance
    - Key work streams identified

  - Clinical Pathways identified and reviewed/updated as required

  - Engagement of Clinicians in planning and patient flow

  - Clinical Advisory Group (CAG) formed – good governance of clinical procedures requiring any updates/changes to be reviewed and 'signed off' by CAG

  - Infection Prevention and Control
    - processes constantly reviewed and updated in line with national guidance,
    - IPC team expanded to cover 7/7 working,
    - IPC provided clarify over PPE and training
    - Increased internal swabbing

3. Incorporating progress and learning into winter planning arrangements

- Winter 2020/21 Preparedness has and continues to be carried out with the lessons learnt from the response to the first wave of COVID-19 and ongoing response/planning for Covid-19

- As in previous years, winter planning has taken into account the effects of winter and seasonal flu and lessons learnt from previous years and additionally for this winter the possible impacts from a second wave of COVID-19.

- As detailed in section 2, relevant areas of good practice identified during the response to the first wave of COVID-19 have been incorporated into winter preparedness.

- Winter 2020/21 Preparedness planning has involved all key partners across the Local Health Economy.

2020 EPRR Assurance Statement submitted by:

Gethin Hughes COO
Accountable Emergency Officer Western Sussex
Hospitals NHS Trust

To: **Trust Board**   Date: 04 February 2021

From: **Mark Stevens -** Emergency Planning & Business Continuity Manager   Agenda Item: 14

Date of Report: **18^(TH) January 2021**

EMERGENCY PREPARADNESS, RESILIENCE and RESPONSE ANNUAL REPORT 2020

1   Background

1.1.   The Civil Contingencies Act 2004 outlines a single framework for civil protection in the United
        Kingdom. The Act establishes a clear set of roles and responsibilities for those involved in emergency
        preparedness, resilience and response at a local level.

1.2.   Under the Civil Contingencies Act 2004, NHS organisations and providers of NHS funded care must
        show that they can plan for and deal with a wide range of incidents and emergencies that could affect
        health or patient care.

1.3   The Civil Contingencies Act 2004 classifies Western Sussex Hospitals NHS Foundation Trust
        (WSHFT) as a Category One responder and as such, the Trust is subject to the following civil
        protection duties:

- Assess the risk of emergencies occurring and use this knowledge to inform contingency
  planning.
- Ensure emergency plans and business continuity management arrangements are in place.
- Communicate with the public to ensure they are warned, informed and advised in the event of
  an emergency.
- Share information and cooperate with other local responders to enhance coordination and
  efficiency.
- cooperate with other local responders to enhance coordination and efficiency.

1.4   These duties are accompanied by other legislation and national guidance such as the Health and
        Social Care Act (2012), NHS standard contract, NHS England Core Standards for EPRR, NHS
        England Emergency Preparedness, Resilience and Response Framework and NHS England Business
        Continuity Management Framework.

1.5   The NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2015
        provides national guidance to providers of NHS funded care for emergency preparedness which
        enables the Trust to ensure effective arrangements are in place to deliver appropriate care to patients
        during an emergency.

1.6   The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
        are the minimum standards which NHS organisations and providers of NHS funded care must meet to
        ensure they are able to respond to a wide range of incident and emergencies that could affect health
        or patient care.

2   Introduction

2.1   This report provides an overview of the Trust's emergency preparedness, resilience and response in order to comply with the statutory requirements of a Category 1 responder under the Civil Contingencies Act 2004 and the NHS Emergency Preparedness, Resilience and Response (EPRR) Framework.

2.2   The report details work undertaken over the last year to ensure the Trusts readiness and resilience in response to any type of disruption or emergency event which may impact upon service delivery and covers the following key areas:

- Risk Assessment
- EPRR Assurance
- Policies and Plans
- Business Continuity
- Training and Exercising

2.3   In addition to the above areas of focus, the Emergency Planning and Business Continuity team have, as have other departments in the trust focused on additional areas which has impacted on the ability of the Emergency Planning and Business Continuity team to allocate adequate time to the 'business as usual' EPRR work stream:

2.3.1   Covid-19 pandemic

During 2020, the Covid-19 Pandemic has been exceptionally challenging and has had a massive impact on all areas of the Trust with the Emergency Planning and Business Continuity Team supporting the Trust's response to the Covid-19 Pandemic.

It was agreed by the NHS Strategic Incident Director that all communication for the response to the Covid-19 pandemic would be via the established NHS England and Improvement EPRR communication routes. In line with national guidance each NHS provider has been required to operate an incident coordination centre 7 days a week covering set periods.

Since March 2020 the Emergency Planning and Business Continuity Team with the help of a limited number of 'admin staff' have managed the incident coordination centre as well as where possible maintaining 'normal' EPRR work load as detailed in the Emergency Planning and Business Continuity Workflow for 2020.

2.3.2   EU Exit

EU Exit planning was stood down on the 9th January 2020 with acknowledgement by the government that as a result of all the work and preparations carried out to date that the NHS was very well prepared should there be a 'no deal' at the end of the transition period.

However, in November 2020 EU exit planning was 'stood up' again and work has continued with health and multi-agency partners to ensure appropriate preparedness for the potential impacts of the end of the EU Exit transition period. This built on work completed previously and has taken into account the implications of the Covid-19 pandemic, including the impact on staff well-being of managing these events concurrently. The EU Exit Senior Responsible Officer (SRO) role is assigned at Executive level and is supported by the Emergency Planning and Business Continuity Manager and the EU Exit Planning Group.

As a result of the request to 'stand up' our EU Exit planning there was a requirement for the following local actions to be reviewed and completed:

- Put in place and test business continuity and emergency preparedness, resilience and response (EPRR) plans.
- Ensure an EU exit senior responsible officer (SRO) and associated subject matter expert (SME) team are in place.
- Keep your board aware up to date with progress and highlight issues.
- Finalise communication plans and key messages to frontline colleagues.
- Revisit operational guidance and current information to ensure plans are up to date.
- Revisit assurance exercises and address outstanding actions.
- Test and communicate escalation routes.
- Engage across the system and walk the floor to identify any further concerns, interdependencies, and vulnerabilities around supply chain.
- With partners, ensure an integrated system-based approach to plans and ensure local risk assessments are up to date.
- Consider the conditions, such as the implications of winter, port access assumptions and vulnerable populations.

Confirmation that the above local actions were in place/completed was required by an EU Exit Assurance Checklist which was completed and returned on the 3rd December 2020. The checklist covered the following areas which the Trust was compliant (green) except for the two areas which were graded as amber as detailed below:

- **Operational communications:** Green – organisation fully assured and prepared
- **Organisational readiness:** Green – organisation fully assured and prepared
- **Supply and procurement:** Green – organisation fully assured and prepared
- **Clinical trials:** Green – organisation fully assured and prepared
- **Estates and facilities:** Green – organisation fully assured and prepared
- **Workforce:** Amber – preparation commenced, but some risks outstanding
  HR Workforce has actively engaged with all EU staff offering advice and assistance with completing EU settlement scheme - initial letter sent to all staff in October 2019, further letter to be sent Dec 2020 encouraging those who have yet to complete the EU settlement scheme before the deadline of 30 June 2021. Compliance as of Dec 2020 was 75%
- **Data:** Green – organisation fully assured and prepared
- **Finance:** No specific financial risks identified. Question raised over possible staff attrition over number of staff who may not have right to remain. Liaised with HR who stated that this is not currently known due to 25% of EU staff still required to register on EU Settlement
- **Wider health and care system:** Amber – preparation commenced, but some risks outstanding. Although not directly EU Exit End of transition related - Covid-19 outbreaks impacting on community beds availability and therefore impacts on hospital flow and discharges. Need to review assurance that any non-NHS provided services commissioned or subcontracted are ready for the end of transition period.
- **Health and justice: N**ot applicable

The Trust Emergency Planning and Business Continuity Manager as the EU Exit EPRR Practitioner continues to monitor/review any EU Exit communications as they are received through the EPRR communications and escalates/disseminates these as necessary.

An update on EU Exit – End of Transition period was presented to the Trust Board in December 2020

2.3.3   WSHFT & BSUH Merger

In October 2020 a EPRR Post Merger Operational Readiness group was formed with BSUH to review EPRR polices and Plans and delivering a single approach to the management of major, critical and business continuity incidents.

As a result of this group, the following work stream deliverables were identified:

- A single Emergency Preparedness Resilience and Response (EPRR) Policy that reflects the make-up and response expectations of the new organisation.
- Continued unified response to Covid-19
- Aligned on call structure.

Further to this an initial scoping was undertaken with a comparison of current BSUH and WSHFT EPRR Policies and Plans in preparation for combining these when appropriate and a risk assessment was carried out of current EPRR risks and merger operational readiness risks.

Due to the fact that all NHS provider organisations are required to be compliant with the NHS England Emergency Preparedness, Resilience and Response Framework, NHS England Business Continuity Management Framework and the NHS England Core Standards for EPRR there is not a great deal of difference between the main EPRR policies and Plans and it should not be difficult to align these at the appropriate time.

Work on this is ongoing with continued liaison between the trust Emergency Planning and Business Continuity Manger and BSUH's Head of Resilience.

3.   Risk Assessment

3.1.   Risk management is covered within the Civil Contingencies Act 2004 and is the first step in the emergency planning and business continuity process. It ensures that local responders make plans that are sound and proportionate to risks.

3.2   Emergency Planning and Business Continuity risks currently listed for WSHFT are linked to the Sussex Local Resilience Forum Community Risk Register (CRR) and the Local Health Resilience Partnership (LHRP) risk register; all have been reviewed and updated on a regular basis during the year and in response to any specific events or changes.

3.3   Specific Emergency Planning and Business Continuity risks for the Trusts listed on DATIX are:

DATIX Risk ID	Risk	Current Risk Grading	Mitigation/Plans in place
56	Severe Weather – Storms, Gales, Flooding	6	Severe Weather Alerts
57	Severe Cold Weather	9	Cold Weather Plan
58	Severe Weather – Heat Wave	6	Heat Wave Plan
114	Malicious Attacks - on crowded places	8	Lockdown Plan
116	CBRN(e) Malicious Attacks - Non Conventional	8	
183	Pandemic Influenza	9	Pandemic Plan

1091	Business Continuity Management	9	Business Continuity Management Policy Business Continuity Plan Individual Service Level Plans
1248	Lockdown	9	Lockdown Policy Lockdown Plan Lockdown Group
1482	EU Exit	9	EU Exit Planning Group EU Exit Business Continuity Appendix

3.4   All risks are monitored, reviewed and ratified through the Emergency Planning and Business Continuity Integrated Performance Group and Divisional Governance Reviews as necessary.

4.   Emergency Preparedness, Resilience and Response (EPRR) Assurance

4.1   The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the NHS England core standards for EPRR. The accountable emergency officer in each organisation is responsible for ensuring these standards are met.

4.2   Due to the impact of the Coronavirus (Covid-19) Pandemic, the 2020 EPRR assurance process was reviewed and set out by the national director of EPRR, NHS England and NHS Improvement as follows:

- an updated assurance position of any organisation rated partially compliant or non-compliant in the 2019/20 assurance process

- assurance that a thorough and systematic review of the response to the first wave of the COVID-19 pandemic has been undertaken and the learning embedded

- confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system

4.3   A full statement of assurance stating that the trust remained fully compliant with all core standards as detailed in the 2019 assurance return with additional details covering the above areas was submitted to the Sussex NHS Commissioners on the 22nd October 2020.

4.4   A copy of the Assurance Statement is attached as Appendix A

5.   Policies and Plans

5.1   The Trust has a mature suite of policies and plans to deal with EPRR Issues and specifically Critical, Business Continuity and Major Incidents as defined by the NHS England Emergency Preparedness Resilience and Response (EPRR) Framework.

5.2   The following policies and plans have been developed, reviewed and updated by Emergency Planning and Business Continuity during 2020:

Business Continuity Management Policy	Emergency Preparedness, Resilience and Response Policy	Lockdown Policy
Trust Level Critical Activities	Incident Command and Control Plan	Incident Communications Guidance
Trust Business Continuity Plan		Casualty Response Plan
Guidelines for Dealing with the Media		Pandemic Influenza Plan
Departmental Business Continuity Service Level Plans		Trust Fuel Shortages Plan
		Heatwave Plan
EU Exit Plans		Cold Weather Plan
Trust Business Continuity Plan 'No Deal EU Exit' Appendix		Hospital Shelter and Evacuation Plan
EU Exit Escalation Process Levels of Disruption (Triggers - Actions)		HazMat & CBRNe Incident Decontamination Plan
EU Exit Escalation Process flow chart		Lockdown Plan
		Mass Countermeasures Plan
EU Exit Escalation Process Communications		Bomb & Suspect Package Procedure
		PROTOCOL for the Management of VIP or High Profile Patients

5.3   All the EPRR policies and plans have been reviewed and updated to ensure that they are current and conform to guidance and legislation detailed in, but not limited to the:

- Civil Contingencies Act (2004)
- NHS England EPRR Framework (2015)
- NHS England Business Continuity Management Framework
- NHS England Core Standards for Emergency Preparedness Resilience and Response (EPRR)
- NHS England Operating Framework – Response to Pandemic Influenza;
- ISO 22301 – Societal Security – Business Continuity Management Systems - Requirements

5.3   The Emergency Planning and Business Continuity Team has reviewed and updated Trust wide EPRR policies and plans as necessary following learning from incidents, events and exercises as detailed in the Emergency Planning and Business Continuity Workflow for 2020.

5.4   The Emergency Planning and Business Continuity Workflow for 2020 listed all the existing polices, plans and guidance documents identifying the date the documents were published and any review dates in the projected work stream for the year. (see Appendix B)

6.   Business Continuity Management

6.1   Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity procedures continue to be embedded in the Trust with clear and comprehensive separate EPRR and Business Continuity Management policies which provide a clear division between policy and operational plans.

6.2   All areas/departments detailed as Critical Activities in the Business Continuity Management policy were required to review and update their Business Continuity Service Level Plans in line with annual reviews and any lessons learnt or change in processes due to the response to Coronavirus Pandemic.

6.3   Business Continuity compliance for the trust is mapped in the Business Continuity Compliance Chart maintained by Emergency Planning and Business Continuity, and the current compliance is detailed in the below chart for information:

Division	Core Areas	Compliant	Partially Compliant	Non-Compliant	Compliance
Core	30	16	11	3	53%
Medicine	52	13	29	10	25%
Surgical	15	3	8	4	20%
Women & Children	8	3	5	0	38%
Estates & Facilities	28	14	11	3	50%
Corporate	28	20	4	4	71%
Total areas	161	69	68	24	**43%**
Compliance %		43%	42%	15%	
Total Compliant/Partially compliant (Plan reviewed in previous 18 months)					**85%**

- *Compliant – plan reviewed/updated in last 12 months,*
- *Partially Compliant –plan reviewed in last 18 months*
- *Non-compliant – plan over 18 months without review or no plan*

6.4 Progress on the annual reviews of individual Service Level Plans has been hindered due to the impact of the Coronavirus Pandemic on staff and the Emergency Planning and Business Continuity team are working with individual departments to ensure that outstanding plans are reviewed and updated.

7. Training and Exercising

7.1 NHS guidance sets out the need for all staff to be aware of their role during an emergency, training staff that have a response role for incidents is of fundamental importance. As a Trust, staff are familiar to responding to routine everyday challenges by following usual business practices, yet very few respond to incidents on a frequent basis. If staff are to respond to an incident in a safe and effective manner they require the tools and skills to do so in line with their assigned role.

7.2 The Trust has a rolling training programme along with a programme of live, table-top, command post and communications exercises. The exercises are designed to test and develop our plans and the Trust is required to hold the following exercises:

- Communications exercise – minimum frequency – every six months
- Table-top exercise – minimum frequency – every 12 months
- Live play exercise – minimum frequency – every three years
- Command post exercise – minimum frequency – every three years

7.3 If an organisation activates their Incident Coordination Centre in response to a live incident, this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

7.4 It should be noted that a number of training events and exercises had to be cancelled due to the Covid-19 response and these will be will be rescheduled at an appropriate time. Any essential training has been completed with reduced numbers or on a 1:2:1 in a Covid secure environment or via MS Teams as necessary.

7.5 The need for continued improvement in the level of service-level training and exercising is recognised, and an annual programme to achieve this is reviewed at the end of each year with a revised training and exercise calendar in place for the beginning of each year. Currently this review and revised calendar has been paused due to the Covid-19 response.

7.6 As required by the EPRR Core Standards, all corporate-level training and exercising is based on and referenced to the National Occupation Standards for Civil Contingencies. Training is focussed on the specific roles and requirements assigned to the individual, in addition to covering all aspects of the response role; training also highlights the wider organisational and multi-agency response structures, as appropriate to the role.

7.7 In an effort to improve and increase current EPRR training, the Emergency Planning and Business Continuity team have undertaken a scoping exercise with regards to developing all EPRR training as e-learning modules hosted on StaffNet supported by scenario based training/exercises.

7.8 Having liaised with Learning and Development, Information and Technology, Communications and BSUH, the Emergency Planning and Business Continuity team have purchased suitable software to enable the development and transfer of current training courses into interactive e-learning courses that will work on every device. It was hoped to have a number of current courses moved onto e-learning and hosted on StaffNet by Jan 2021 but this has been delayed due to the Covid-19 response.

7.9   Exercise reports, debrief comments and lessons learnt are reviewed and where appropriate emergency plans and procedures are reviewed and updated to ensure that any relevant points are incorporated into existing plans.

9.   Partnership Working

9.1   The Trust works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements. The purpose of these groups is to ensure that effective and coordinated arrangements are in place for NHS emergency preparedness and response in accordance with national policy and direction from NHS England. Formal committees of which the Trust is a member include the following:

- Local Health Resilience Partnership
- Sussex Health Responders Group
- Local Authorities Safety Advisory Groups
- Sussex Local Resilience Forum
    - Learning and Development Group
    - Weather and Environment Group
    - Death Management Cell
- Sussex Trauma Network – Clinical Advisory Group

9.3   In addition to the above external committees, the Emergency Planning and Business Continuity Department attends the following internal committees/groups:

- Emergency Planning and Business Continuity Integrated Performance Group
- Fire Safety Group
- Health and Safety Committee
- Trust Infection Control Committee
- Security Operational Group
- Divisional Board meetings as required
- EU Exit Planning Group

10.   Incidents

10.1   The year 2019/2020 has been dominated by the response to the Covid-19 pandemic and the Trust is currently still responding to this pandemic. However, the Trust has experienced a number of other incidents which had an impact or the potential to impact on service delivery and required the activation of some of the trust's emergency and business continuity procedures/plans:

- TIE failure
- Bleep / IT outages
- CMEC COSHH spill
- Firewall / Network slowness
- ROCHE supply issues
- Southern Water – increase in demand
- Southern Water – Major Incident

10.2   In addition to the above, Emergency Planning and Business Continuity liaised with Information and Technology and other key departments to ensure that suitable operational plans were implemented and where necessary departmental business continuity plans activated as contingency planning for the following planned work/IT upgrades:

- Analogue Phones Controller upgrade
- Bleep upgrade
- Evolve upgrade
- Fire share upgrade
- Medway upgrade
- IT systems update
- Pathology Electrical testing
- Patient track upgrade
- Southlands switch upgrade
- SRH analogue phone upgrade
- TIE upgrade
- Voice mail and Auto upgrade
- Wireless network reboot

11. Debriefing

11.1   Following live events and exercises, where necessary debriefs have been undertaken in order to capture learning points and lessons identified from incidents and exercises and these are subsequently incorporated into appropriate EPRR polices, plans and training.

11.2   In June 2020 NHS England and NHS Improvement required each Acute Hospital Trust to complete an interim debrief for the initial response for the first wave of the Coronavirus Pandemic, this was completed by the Trust and submitted to the Sussex Clinical Commissioning Group on the 10th June 2020.

11.2   Where appropriate debrief reports are shared with relevant departments and partner organisations as necessary.
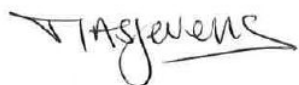
12. Summary

12.1   In line with the Civil Contingencies Act 2004, and the NHS England Emergency Preparedness, Resilience and Response Framework emergency planning and business continuity continue to be a core function of the NHS. This report provides assurance that the Western Sussex Hospitals NHS Foundation Trust complies with these requirements.

12.2   The past year has seen unprecedented pressure on all areas of the Trust due to the Coronavirus Pandemic, but despite this, the Emergency Planning and Business Continuity team have continued to ensure that the Trust's Emergency Planning and Business Continuity arrangements are compliant with the Emergency Preparedness, Resilience and Response (EPRR) Assurance Process all EPRR Core Standards for a fourth year in a row.

12.3   However, more work is still required at some service level areas to achieve full resilience and the necessary work streams will be identified in the Emergency Planning and Business Continuity Work programme for 2021.

12.4   A detailed and comprehensive training and exercising programme for 2021 and the Emergency Planning and Business Continuity Training and Exercising calendar will be updated to reflect these requirements.

12.5   However, in previous years, identifying resources for the exercises and attendance on training courses has continued to prove difficult due to operational requirements despite managers and staff being encouraged to attend.

12.6   Staff with emergency planning and business continuity responsibilities will be encouraged to enrol on the required courses and attend scheduled exercises as required by current guidelines and legislation, and again I would recommend that consideration should be given to making this a mandatory requirement.

13   RECOMMENDATIONS

13.1   The Trust Executive Committee/Board are asked to **NOTE** the contents of and endorse this Emergency Planning and Business Continuity annual report.

Mark Stevens
Emergency Planning and Business Continuity Manager
Western Sussex Hospitals NHS Foundation Trust

Appendix A – EPRR Assurance Statement

<table>
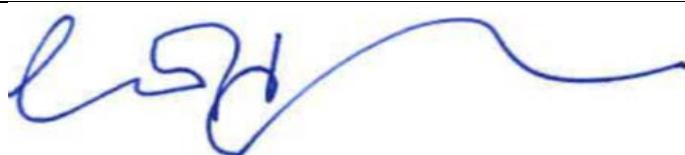<tr>
<td colspan="2" style="text-align:center">EPRR Assurance Statement 2020</td>
</tr>
<tr>
<td>Organisation:</td>
<td><u>Western Sussex Hospitals NHS Foundation Trust</u></td>
</tr>
<tr>
<td>2019 Level of Compliance</td>
<td><u>FULLY COMPLIANT</u></td>
</tr>
<tr>
<td>2019 Core Standards Non - Compliant</td>
<td>N/A</td>
</tr>
<tr>
<td>2019 Core Standards Partially Compliant</td>
<td>N/A</td>
</tr>
<tr>
<td>Date of Assurance Meeting</td>
<td>Not required</td>
</tr>
<tr>
<td colspan="2">1. Progress of partially or non-compliant organisation</td>
</tr>
</table>

Fully Compliant Organisational statement:

During the 2019 EPRR assurance process Western Sussex Hospitals NHS Foundation Trust was found to be fully compliant with the EPRR core standards.

Having reviewed the trust's position this year I am satisfied that the trust has maintained this standard throughout the year and remains Fully Compliant with the Core Standards as listed for 2019.

The Emergency Planning and Business Continuity team manage a detailed Emergency Preparedness, Resilience and Response (EPRR) work stream to ensure that the overall EPRR Assurance rating of FULLY COMPLIANT was maintained during 2019/20 with specific actions and key dates identified for completion of any actions.

The annual Emergency Preparedness, Resilience and Response (EPRR) work stream is constantly reviewed and updated and will be reviewed for 2020/21 as in previous years to ensure that the Trust maintains compliance with the EPRR Core Standards.

The EPRR work stream is monitored through the Emergency Planning and Business Continuity Integrated Performance Group which meets twice a year and reports to the Trust Executive Committee on an annual basis or as required.

I undertake to keep the Trust's EPRR position under review and ensure that we continue to give due consideration National Core Standards for EPRR with a view that to being able to maintain this standard throughout the coming year.

2. The identification and application of learning from the first wave of the COVID-19 pandemic

- Formal debrief of initial response to Covid-19 was conducted in June 2020 with Exec, Divisional Directors of Operations and leads of key departments.

- Areas of concern/good practice and lessons learnt identified and circulated as necessary and incorporated in future planning.

- Additional elements have been gathered through the Recovery process and these have been structured and fed into key departments through Bronze Work Streams

- What worked well:

    - Enhanced discharge process implemented with dedicated discharge hub staffed by all key partners which has reduced delays and created additional bed capacity.

    - Gold, Silver, Bronze command structure implemented and worked well with clear work streams.
        - Clear decision making
        - Good governance
        - Key work streams identified

    - Clinical Pathways identified and reviewed/updated as required

    - Engagement of Clinicians in planning and patient flow

    - Clinical Advisory Group (CAG) formed – good governance of clinical procedures requiring any updates/changes to be reviewed and 'signed off' by CAG

    - Infection Prevention and Control
        - processes constantly reviewed and updated in line with national guidance,
        - IPC team expanded to cover 7/7 working,
        - IPC provided clarify over PPE and training
        - Increased internal swabbing

3.   Incorporating progress and learning into winter planning arrangements

- Winter 2020/21 Preparedness has and continues to be carried out with the lessons learnt from the response to the first wave of COVID-19 and ongoing response/planning for Covid-19

- As in previous years, winter planning has taken into account the effects of winter and seasonal flu and lessons learnt from previous years and additionally for this winter the possible impacts from a second wave of COVID-19.

- As detailed in section 2, relevant areas of good practice identified during the response to the first wave of COVID-19 have been incorporated into winter preparedness.

- Winter 2020/21 Preparedness planning has involved all key partners across the Local Health Economy.

2020 EPRR Assurance Statement submitted by:	**Gethin Hughes COO** **Accountable Emergency Officer Western Sussex** **Hospitals NHS Trust**

Appendix B – EPRR Work Stream 2020

Emergency Planning & Business Continuity Work Stream 2020	RAG rating	Date reviewed	Current Review/ Expiry Date	StaffNet Updated	RD Updated	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Policies / Protocols																	
Emergency Preparedness, Resilience and Response Policy		Sep-19	Oct-22	Y	Y											2022	
Business Continuity Management Policy		Mar-19	Apr-22	y	Y			2022									
Lockdown Policy		Apr-20	Jul-23	Y	Y							2023					
WSHFT Senior Management Resilience Protocol		Nov-18	Nov-21	Y	Y											2021	
PROTOCOL for the Management of VIP or High Profile Patients		May-20	Aug-23	Y	Y								*				
Surge, Capacity & Escalation Plans				y		Policies & Plans owned and managed by System Resilience Operations Group - procedures have been reviewed and table top exercise completed in Sept 2018. **EP & BC attend Extended Resilience Operations Group**											
Business Continuity Plans																	
Trust Business Continuity Plan		May-19	May-21	Y	Y					2021							
Business Continuity Service Level Plans (Departments)				Y	Y	Individual departments to complete annual reviews - monitored and managed by EP & BC											
Business Continuity Compliance Chart				Y	Y	Spreadsheet current date of all Service Level Plans - updated by EP & BC											
Emergency Plans / Procedures																	
Incident Command and Control Plan		May-19	May-22	Y	Y												
Hospital Incident Coordination Centres						*	annual review of documentation and call out sheets										
Casualty Response Plan		Mar-19	Mar-21	Y	Y			2021									
Lockdown Plan (Perimeter Lockdown)		Apr-20	Apr-21	y	Y				2021								
Lockdown Plan (progressive Lockdown Plans)				Y	Y	Lockdown Planning Group to progress this											
Bomb and Suspect Package Procedure		May-20	May-21	Y	Y					2021							
Hospital Shelter and Evacuation Plan		Sep-20	Sep-22	y	Y								*				
Hazardous Materials HazMat/CBRNe Plan		May-20	Jun-21	Y	Y						2021						
CBRN Decontamination (PRPS Replacement & Servicing & Equip Maintenance)						Annual service and maintenance plan managed by EP & BC											
Mass Countermeasures Plan		Apr-20	Mar-22	Y	Y			2022									
Pandemic Influenza Plan		Jan-20	Apr-21	Y	Y	Additional review/update scheduled for April 2021									*	Oct-21	
Cold Weather Plan		Sep-20	Oct-21	Y	Y										*	Oct-21	
Guidance for the Management of Operational Delivery during Severe Weather		Sep-20	Oct-21	Y	Y										*	Oct-21	
Heatwave Plan		Jun-20	May-21	Y	Y								*				
Helicopter Landing Procedures				N	N	General principles to be reviewed - no HLZ's on Trust sites											
Estates and Facilities Plans																	
Fire Policy, Strategy & procedure plans				Y	N	Fire Safety Officer to review and update as required - **EP & BC attend Fire Safety Group**											
Security				Y	N	Security Manager to review and update as required - **EP & BC attend Security Operational Group**											
Risks																	
EP & BC Risk register						on DATIX - reviewed and updated monthly as necessary and at EP & BC Integrated Performance Group											

Emergency Planning & Business Continuity Work Stream 2019/20	RAG rating	Date	Current Review/ Expiry Date	StaffNet Updated	RD Updated	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Training & Exercising																	
Training - Training Courses Calendar				Y	Y	Reviewed and scheduled annually - published on StaffNet January											
PRPS Training								*	*	*	*			*	*	*	
Loggist Training								*		*				*		*	
Incident Response Training								*	*					*	*		
HICC Manager Training								*		*						*	*
On Call Manager Training								*	*		*			*			
Business Continuity Training - courses scheduled as required																	
Training - EP & BC CPD Portfolio Framework				Y	Y	Maintained and updated by EP & BC											
Communication Exercise (every 6 months)						*				*							
Business Continuity Exercise								*	*		*			*			
HICC Managers Exercise														*	*		
EMERGO Exercises - to be scheduled with individual depatments																	
Live Exercise											*			*			
EPRR Assurance																	
Annual Assurance Process - 2020											* 2020 process commences						
TEC /Trust Board report						2019 completed											
Annual EPRR report																	
2020 Annual report																*	
Meetings																	
Emergency Planning & Business Continuity Integrated Performance Group								*			*			*			*
Sussex Health Responders Group						*		*		*		*		*			
Operational Resilience Group	meetings held weekly																
Fire Safety Group							*										
Health and Safety Committee									*				*		*		
Security Operational Group								*			*						
Sussex Trauma Network								*		*							
Trust Infection Control Committee						*			*								
Resilience Operational Group	meetings held monthly																
Strategic Communications Group						*											
Lockdown Planning Group							*										
Safety Advisory Groups	Attend as SAG's convened																

Agenda Item:	15	Meeting:	Trust Executive Committee	Meeting Date:	04 Feb 2021
Report Title:	**Emergency Planning and Business Continuity Annual Report 2020**				
Sponsoring Executive Director:	Gethin Hughes Chief Operating Officer (Accountable Emergency Officer)				
Author(s):	Mark Stevens Emergency Planning and Business Continuity Manager				
Report previously considered by and date:					

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

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

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

Any implications for:	
Quality	This paper provides a report on the Trust's preparedness to respond to emergencies in order to meet the requirements of the Civil Contingencies Act (2004) and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework. The report details work undertaken over the last year to ensure the Trusts readiness and resilience in response to any type of disruption or emergency event which may impact upon service delivery and covers the following key areas: • Risk Assessment • EPRR Assurance • Policies and Plans • Business Continuity • Training and Exercising
Financial	None
Workforce	The delivery of an annual EP&BC work plan, including appropriate training and exercising, ensures that key emergency plans, business continuity plans and guidance documents are reviewed and updated as required and that relevant staff are competent and equipped to provide the formal management and coordination roles during either a Business Continuity, Critical or Major Incident.

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

Communication and Consultation:

The Trust has a mature suite of policies and plans to deal with EPRR Issues and specifically Critical, Business Continuity and Major Incidents as defined by the NHS England Emergency Preparedness Resilience and Response (EPRR) Framework.

All the EPRR policies and plans have been reviewed and updated to ensure that they are current and conform to guidance and legislation

In addition to the key areas of focus, the Emergency Planning and Business Continuity team have, as have other departments in the trust focused on additional areas detailed below, which has impacted on the ability of the Emergency Planning and Business Continuity team to allocate adequate time to the 'business as usual' EPRR work stream:

- Coronavirus pandemic
- EU Exit – End of Transition
- EPRR Post Merger Operational Readiness

Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity procedures continue to be embedded in the Trust with clear and comprehensive separate EPRR and Business Continuity Management policies which provide a clear division between policy and operational plans.

Business Continuity compliance for the trust is mapped in the Business Continuity Compliance Chart maintained by Emergency Planning and Business Continuity. Progress on the annual reviews of individual Service Level Plans has been hindered due to the impact of the Coronavirus Pandemic on staff and the Emergency Planning and Business Continuity team are working with individual departments to ensure that outstanding plans are reviewed and updated

Executive Summary:

As a Category 1 responding organisation, the Trust must meet the statutory Emergency Planning and Business Continuity requirements as part of the Civil Contingencies Act 2004, the NHS Act 2006 as amended by the Health and Social Care Act 2012 and the guidance provided in the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework.

The past year has seen unprecedented pressure on all areas of the Trust due to the Coronavirus Pandemic, but despite this, the Emergency Planning and Business Continuity team have continued to ensure that the Trust's Emergency Planning and Business Continuity arrangements are compliant with the Emergency Preparedness, Resilience and Response (EPRR) Assurance Process all EPRR Core Standards for a fourth year in a row.

However, more work is still required at some service level areas to achieve full resilience and the necessary work streams will be identified in the Emergency Planning and Business Continuity Work programme for 2021.

A detailed and comprehensive training and exercising programme for 2021 and the Emergency Planning and Business Continuity Training and Exercising calendar will be updated to reflect these requirements.

Key Recommendation(s):

The Board/Committee is asked to:

Approve the Emergency Planning and Business Continuity Annual Report for 2020.

Agenda Item:	16	Meeting:	Trust Board		Meeting Date:	January 2021
Report Title:	Flu Vaccination Campaign Update					
Sponsoring Executive Director:	Maggie Davies, Chief Nurse					
Author(s):	Jo Fanning, Assistant Director HR					
Report previously considered by and date:						

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

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

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

Any implications for:	
Quality	Nothing to note
Financial	Nothing to note
Workforce	Nothing to note

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

Communication and Consultation:
Communication Team actively involved in the flu Vaccination Campaign

Executive Summary:
The report provides the Trust Board with an update of the current Flu Vaccination campaign for 20/21 and an evaluation of the Flu Vaccination campaign for 19/20.

Key Recommendation(s):
The Committee is asked to note the contents of the report.

FOR INFORMATION

Flu vaccination campaign 2020/21 – update January 2021

1.   Introduction

The Trust undertakes an annual staff flu vaccination programme and the 2020 flu vaccination programme launched on 21 September 2020 and will run until 28 February 2021.

Last year the Trust achieved 78% vaccination of frontline staff. This was a 12.2% increase on the position form 2018/19, however remained below the nationally mandated CQUIN vaccination target of 80%. The Trust vaccinated 76.2% of all staff, which was an increase of 12.5% on the previous year.

In order to achieve the increased vaccination rate this year's campaign required actions learning from the lessons from the 2019/20 campaign. In addition to this significant changes to the campaign were required to allow for social distancing.

2.   Actions for 2020/21 Campaign

Based on the requirement for systems that allowed for social distancing and built on the improved percentage from 2019/20 the following actions were agreed:

- Development of an online booking system for all Occupational health clinics and unbooked workplace vaccinations. This links with ESR to capture live reporting which is updated each week
- 250+ Trust Workplace Vaccinators
- Key staff having their vaccination and being photographed for the launch (we used medical staff – a consultant vaccinating a junior doctor. This was released for social media as well as internal comms.
- A series of internal articles around the benefits of having the vaccination for staff and patients
- FAQ for vaccinators to address those same concerns and provide pertinent information about the benefits of vaccination
- Increased use of Social media updates – announcing drop in clinics and showing staff receiving their jab
- Updated local clinic dates and times – using the Intranet banner and desk pop ups when able

- Incentive drive – first eight weeks of campaign a draw was made where a member of staff who had received their jab could win a £25 Amazon voucher
- Reward for workplace vaccinators - £25 Amazon voucher for top vaccinators

The Flu Vaccinator campaign 2020/21 has been overseen by the Flu Strategy Group membership of which includes, Chief Nurse, Heads of Nursing, Divisional Matrons, HR, Communications, Pharmacy, IT Performance and Infection Control. The group meet fortnightly to review progress and identify issues for escalation. In addition the Flu Operational Group meet weekly to review areas of focus and escalate issues to the Chief Nurse as required.

3. Current Performance

As at 27 December 2020 our data shows:

Frontline staff:

Occupation (HCWs that have left the Trust should be excluded)	No. of HCWs involved with direct patient care	No. of HCWs vaccinated since 21st September 2020	Vaccine Uptake (%)
All Doctors (excluding GPs)	835	640	76.65%
Qualified Nurses, midwives and health visitors (excluding GP Practice Nurses)	2,045	1546	75.60%
All other professionally qualified clinical staff, which comprises of:-	815	672	82.45%
Support to Clinical Staff, which comprises of:-	2,395	1,702	71.06%
Support to doctors (excluding GPs) & nurses			
Total Number of HCWs involved with Direct Patient Care	6,090	4,560	74.88%

Non frontline:

ESR Staff Group	Headcount	Vaccinated in Trust	Received outside of Trust	% Of all staff vaccinated
Administrative and Clerical	627	433	76	74.32%
Estates and Ancillary	520	291	67	68.27%
Nursing and Midwifery Registered	1	1	0	100.00%
Total	1,148	725	143	75.61%

Trajectory for all staff
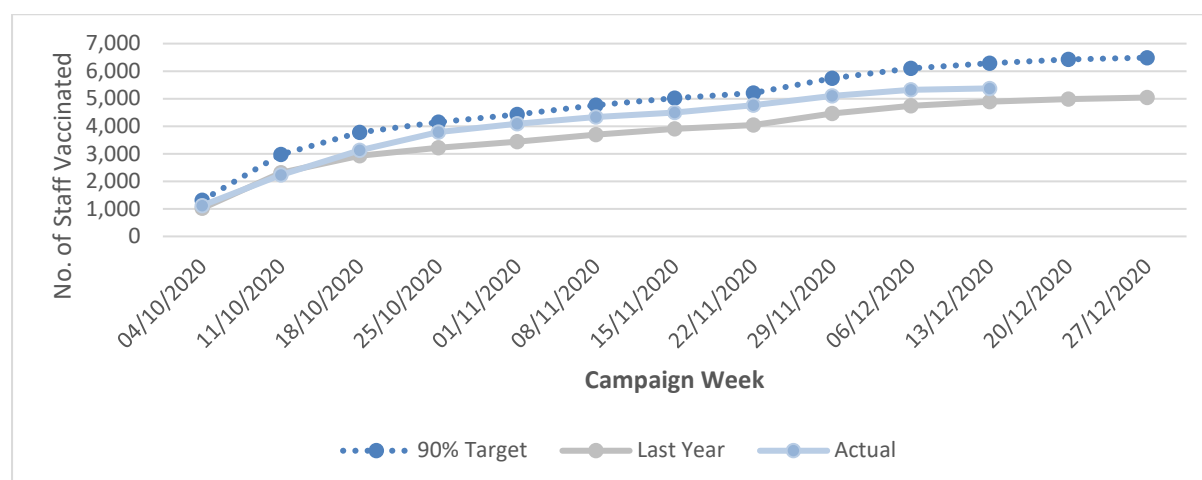
4. Impact of Covid Vaccination Programme

All Trusts were asked to complete their flu vaccination programmes by the end of December to allow for delivery of the Covid vaccination. The Covid vaccination programme impacted flu vaccination in 2 ways:

1) Redeployment of our workplace vaccinators into the Covid vaccination programme, providing reduced capacity for flu vaccination
2) Advice on the timing between flu vaccination and Covid vaccination may have led staff to choose prioritising the Covid vaccine

The Trust has mitigated for these impacts by running additional Occupational Health clinics to supplement decreased workplace vaccinator capacity and by communicating to staff on Covid vaccination and flu.

5. The Board is asked to NOTE the contents of the report.

Appendix 1 – Self – assessment

A	Committed Leadership	Compliance	Comments
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.		Full communication campaign sharing Trust commitment to offering the flu vaccine to all staff. Process in place for collection of 'declines' data
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers.		Stocks of quadrivalent ordered and arrived.
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt.		Included in Trust Board paper and previously reported to Quality Assurance Committee
A4	Agree on a board champion for flu campaign.		Chief Nurse.
A5	All board members receive flu vaccination and publicise this		Completed and publicised in social media during launch.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives.		Flu team set up chaired by the Interim Chief Nurse (Nurse Director) consists of nursing, doctors, AHP, Communications and S&Q representatives. Vaccinator team covers all divisions and receive regular communication.
A7	Flu team to meet regularly from August 2020		Strategic and operational groups established.
B	Communications Plan	Compliance	Comments
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions		Mythbusting used in all communications including social media, intranet and posters.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper		Drop in clinics are electronically published
B3	Board and senior managers having their vaccinations to be publicised		Completed and publicised in social media, including photos
B4	Flu vaccination programme and access to vaccination on induction programmes		Due to change to Trust induction programmes to mainly on-line it was not appropriate to vaccinate at induction
B5	Programme to be publicised on screensavers, posters and social media		Communication campaign includes posters and social media and front page of intranet
B6	Weekly feedback on % uptake for directorates, teams and professional groups		Weekly update provided at staff group level to Exec/NHS E and CCG
C	Flexible accessibility	Compliance	Notes
C1	Peer Vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered.		200 workplace vaccinators in place, covering all clinical areas.
C2	Schedule for easy access drop in clinics agreed		All publicised on the intranet and social media and departmental facebook pages
C3	Schedule for 24 hour mobile vaccinators to be agreed		Workplace vaccinators available across different shift patterns
D	Incentives	Compliance	Notes
D1	Incentive / reward programme		8 x £25 Amazon vouchers as a thank you for early uptake.

D2	Incentive / reward programme		8 x £25 Amazon vouchers as a thank you for top workplace vaccinators.
D3	Success to be celebrated weekly		Regular updates in Headlines and on social media.

Agenda Item:	17	Meeting:	Board of Directors	Meeting Date:	4 Feb 2021
Report Title:		**Company Secretary Report**			
Sponsoring Executive Director:		Glen Palethorpe, Group Company Secretary			
Author(s):		Glen Palethorpe, Group Company Secretary			
Report previously considered by and date:					

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

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

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

Any implications for:	
Quality	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

This report provides the Board with an update, including matters for which the Trust has complied with a NHS I or other regularly requirement. This report does not seek to duplicate matters that are subject to separate agenda items at today's board meeting.

Learning from Deaths Annual Report 2019_20– Appendix 1

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 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.

Membership Recruitment

As part of the merger, work is being undertaken to promote that the enlarged Trust will be a Foundation Trust, and therefore there is an opportunity for members of the public outside of Western Susses to become members of the Trust. The Trust is specifically looking for members who live in Brighton and Hove, Mid and East Sussex linked to the area of our enlarged Trust.

There is an array of membership benefits, these include receiving information about the Trust, its plans and its achievements, engagement through periodic surveys on shaping services, the opportunity to stand for election to our Council of Governors and members also qualify for the NHS

discount scheme. We have also found that the public consider becoming members as a way to show their support for the NHS.

We have promoted our simple on line membership application form on our website, social media, through neighbouring FT newsletters (as you can be a member of more than one Foundation Trust), through the local friends of our Brighton Hospitals and through the Brighton Chamber of Commerce. We will be placing local newspaper adverts shortly to extend the message.

Becoming a member is simple and free and anyone over the age of 16 can join. Our on line application form can be found at https://secure.membra.co.uk/WesternSussexApplicationForm/.

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 membership recruitment activity.

Agenda Item:	17	**Meeting:**	Trust Board		**Meeting Date:**	Feb 2021
Report Title:						
		**ANNUAL ADULT LEARNING FROM DEATHS SUMMARY (2019-2020)**				
Sponsoring Executive Director:		Dr George Findlay (Chief Medical Officer) and Dr Tim Taylor (Medical Director)				
Author(s):		Tim Taylor Medical Director, Alison Young Head of Quality Improvement, Mary Evans Learning from Deaths Manager				
Report previously considered by and date:		N/A				

Purpose of the report:

Information	✓	Assurance	✓
Review and Discussion	✓	Approval / Agreement	✓

Reason for submission to Trust Board in Private only (where relevant):

Commercial confidentiality		Staff confidentiality	
Patient confidentiality		Other exceptional circumstances	

Link to Trust Strategic Themes:

Patient Care	✓	Sustainability	✓
Our People	✓	Quality	✓
Systems and Partnerships	✓		

Any implications for:

Quality	✓
Financial	✓
Workforce	✓

Link to CQC Domains:

Safe	✓	Effective	✓
Caring	✓	Responsive	✓
Well-led	✓	Use of Resources	✓

Communication and Consultation:

Executive Summary:

The purpose of this report is to provide an annual overview of key themes, and outcomes arising from the Learning from Deaths process at Western Sussex Hospitals NHS Foundation Trust (the Trust) from the period of time beginning 01/04/19 until 31/03/20 (Q1-Q4 19/20).

Key Recommendation(s):

The Board is asked to note the contents of this report

Contents

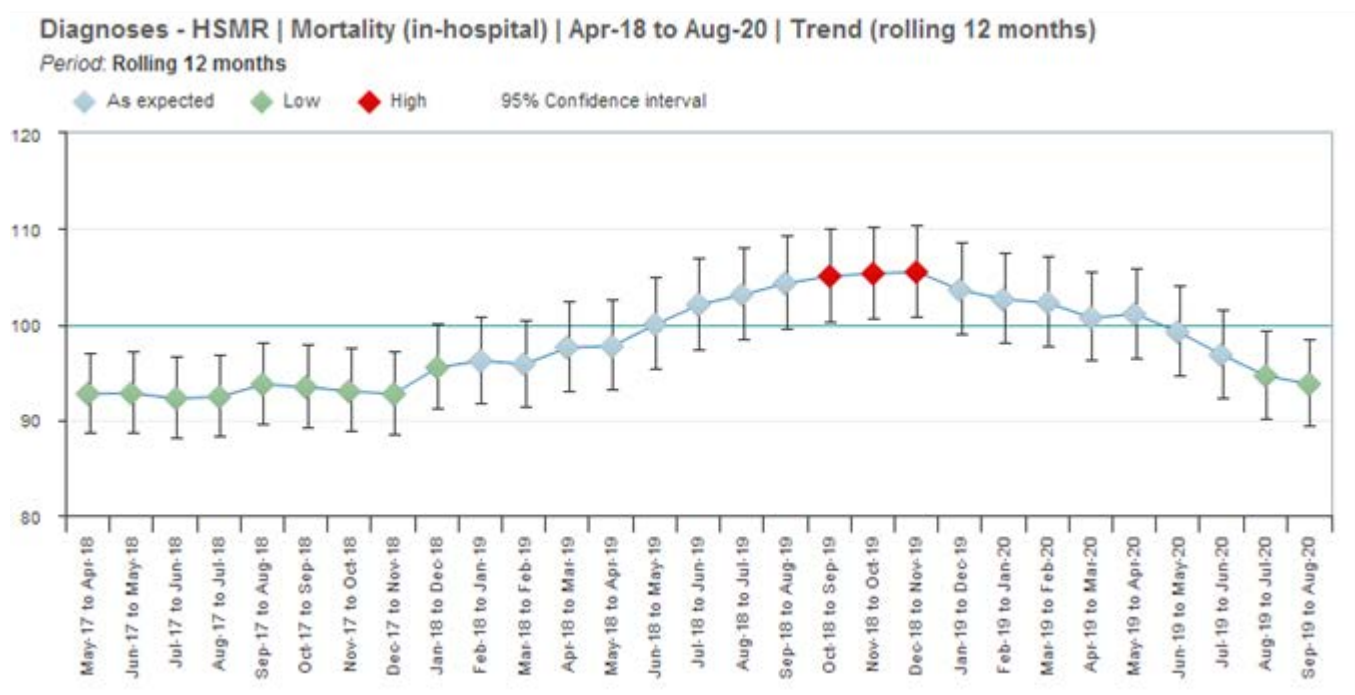# ANNUAL LEARNING FROM DEATHS SUMMARY REPORT 2019-20

1.0 INTRODUCTION

1.1 In December 2016, the Care Quality Commission report: Learning, candour and accountability[1] detailed concerns about the way NHS trusts investigate and learn from the deaths of people in their care, and the extent to which families and carers are involved in the investigations process.

1.2 Following the publication of the report, the Department of Health and Social Care established the Learning from Deaths Programme Board, overseen by the National Quality Board, to implement the report's recommendations. In March 2017, the National Quality Board issued national guidance for NHS trusts on learning from deaths[2]. The purpose of the national guidance was to initiate a standardised approach on learning from deaths in NHS trusts providing acute, mental health and community health services. It included:

- the need to ensure governance arrangements and processes facilitate and give due focus to the review, investigation and reporting of deaths, including those deaths that are determined more likely than not to have resulted from problems in care
- the appointment of an executive director and non-executive director to take responsibility for oversight of progress
- to have a clear policy in place for engaging with bereaved families and carers

1.3 Western Sussex Hospitals NHS Foundation Trust (the Trust) is required to demonstrate accountability for effective governance and learning from deaths of patients not only whilst in their care but, in collaboration with other healthcare providers where actions or omissions may have contributed to death. The Trust is committed to making learning from deaths central to the learning culture and governance processes.

1.4 Learning from deaths is closely linked to patient safety and the duty of candour process - this report should therefore be considered with both the trusts patient safety strategy and the annual serious incident report 2019-20.

1.5 In June 2018 the government announced its intention to introduce a medical examiner system into the NHS to:
- provide bereaved families with greater transparency and opportunities to raise concerns
- improve the quality/accuracy of medical certification of cause of death
- ensure referrals to coroners are appropriate
- support local learning/improvement: patient safety/end of life care
- Improve public confidence/greater safeguards via consistent scrutiny of all non-coronial deaths
- Support all healthcare providers to improve care via increased learning opportunities.

From April 2020 every NHS Trust was given a statutory responsibility to set up and host a medical examiner service for all hospital deaths.

1.6 The purpose of this report is to provide an annual overview of the activity, key themes and outcomes arising from the adult learning from deaths process from April 2019 – March 2020.

1.7   This report provides a summary of progress; providing assurance that appropriate clinical governance arrangements are in place and acknowledging that improvements are required in order to maximise the benefits of this learning process and imbed it, central to our learning and quality improvement processes.

2.0   SUMMARY HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

2.1   For the 12 months to March 2020 performance using HSMR is 101.1 (with 100 being the expected).

Diagnoses - HSMR | Mortality (in-hospital) | Apr-18 to Aug-20 | Trend (rolling 12 months)
Period: Rolling 12 months

◆ As expected   ◆ Low   ◆ High   95% Confidence interval

3.0   INCLUSION/METHODOLOGY

3.1   SCREENING OF DEATHS

3.1.1   The Trust currently reviews adult inpatient deaths via a well-established consultant screening process using a set of prompts that were developed to cover broad areas where problems in care could be highlighted and where referral for structured judgement review (SJR) could be required.

3.1.2   Between April 2019 and March 2020 a total of 1525 of the 2164 **(70%)** adult inpatient deaths were screened by consultants using the electronic screening system.

3.1.3   However, from mid-quarter four there was significant process disruptions associated with the implementation of business continuity plans in response to the Corona virus pandemic. This was compounded by technical issues within the Trust wide electronic consultant screening system and has limited the availability of complete and validated outcome data to report for the whole of quarter four.

3.1.4   The delays inherent in the current screening methodology are widely acknowledged within the Trust. Following a successful pilot of a daily mortality review panel on both sites (September and October 2019) the Trust made plans to develop a daily review process in

conjunction with the implementation of the medical examiner office during 2020-21.This will ensure that the mortality review process will be completed within a shorter timeframe.
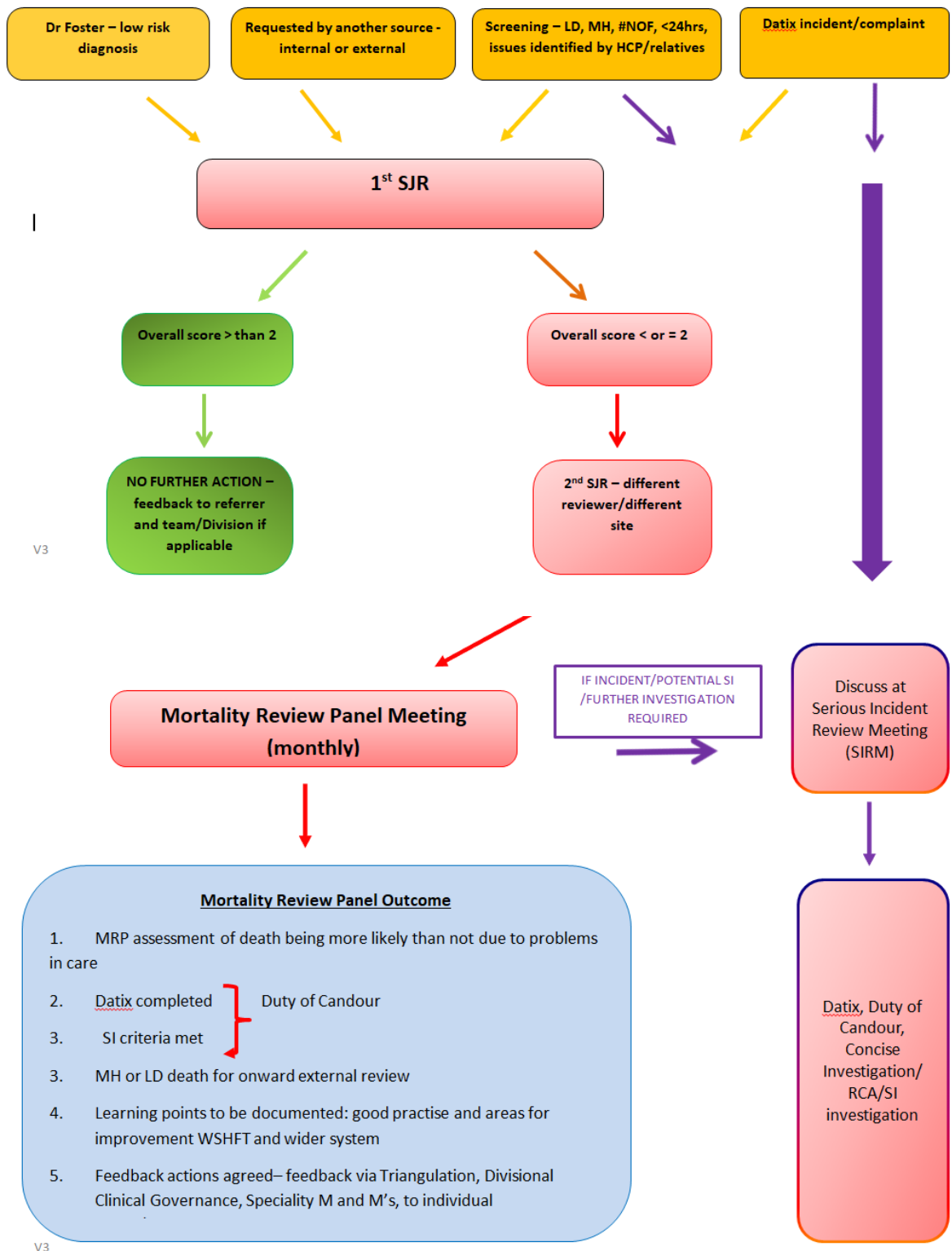
3.2 STRUCTURED JUDGEMENT REVIEW

3.2.1 Inpatient structured judgement review (SJR) is undertaken for:

- any adult death where independent review has been requested as a result of consultant screening
- all adult deaths where bereaved families, carers or staff, have raised a significant concern about the quality of care provision that has not been addressed
- all deaths of those adults with significant mental illness or learning disability. To note: a modified SJR is being developed nationally for severe mental illness deaths which the Trust will adopt for appropriate cases once available
- all adult deaths in a speciality, particular diagnosis or treatment group where an 'alarm' has been raised either internally or via Dr Foster, CQC or any other external source
- any adult death within 24 hours of surgery
- any adult death where death was unexpected e.g. following elective surgery or in low risk diagnostic groups
- any adult death where any member of staff has raised a concern about care.

3.2.2 The SJRs review five defined areas of care and then produce an overall score rating for the care episode.

3.3 LEARNING FROM DEATHS METHODOLOGY (ADULTS) FLOWCHART

Dr Foster – low risk diagnosis

Requested by another source - internal or external

Screening – LD, MH, #NOF, <24hrs, issues identified by HCP/relatives

Datix incident/complaint

1st SJR

Overall score > than 2

Overall score < or = 2

NO FURTHER ACTION – feedback to referrer and team/Division if applicable

V3

2nd SJR – different reviewer/different site

Mortality Review Panel Meeting (monthly)

IF INCIDENT/POTENTIAL SI /FURTHER INVESTIGATION REQUIRED

Discuss at Serious Incident Review Meeting (SIRM)

Mortality Review Panel Outcome

1. MRP assessment of death being more likely than not due to problems in care

2. Datix completed   Duty of Candour

3. SI criteria met

3. MH or LD death for onward external review

4. Learning points to be documented: good practise and areas for improvement WSHFT and wider system

5. Feedback actions agreed– feedback via Triangulation, Divisional Clinical Governance, Speciality M and M's, to individual

V3

Datix, Duty of Candour, Concise Investigation/ RCA/SI investigation

4.0 STRUCTURED JUDGEMENT REVIEW ACTIVITY AND OUTCOMES

4.1 The Department of Health provides a dashboard for Trusts to use to publish data on the number of deaths that have been reviewed in their organisations. **See Table 2**

4.2 From mid-quarter four there were significant process and activity disruptions associated with the implementation of business continuity plans in response to the Corona virus pandemic. This has limited the availability of complete and validated outcome data to report for quarter four.

Table 2: Details the total number of inpatient adult deaths, the number reviewed via SJR and the number where the deaths were deemed more likely that not due to problems in care and the percentages of total deaths reviewed per quarter.
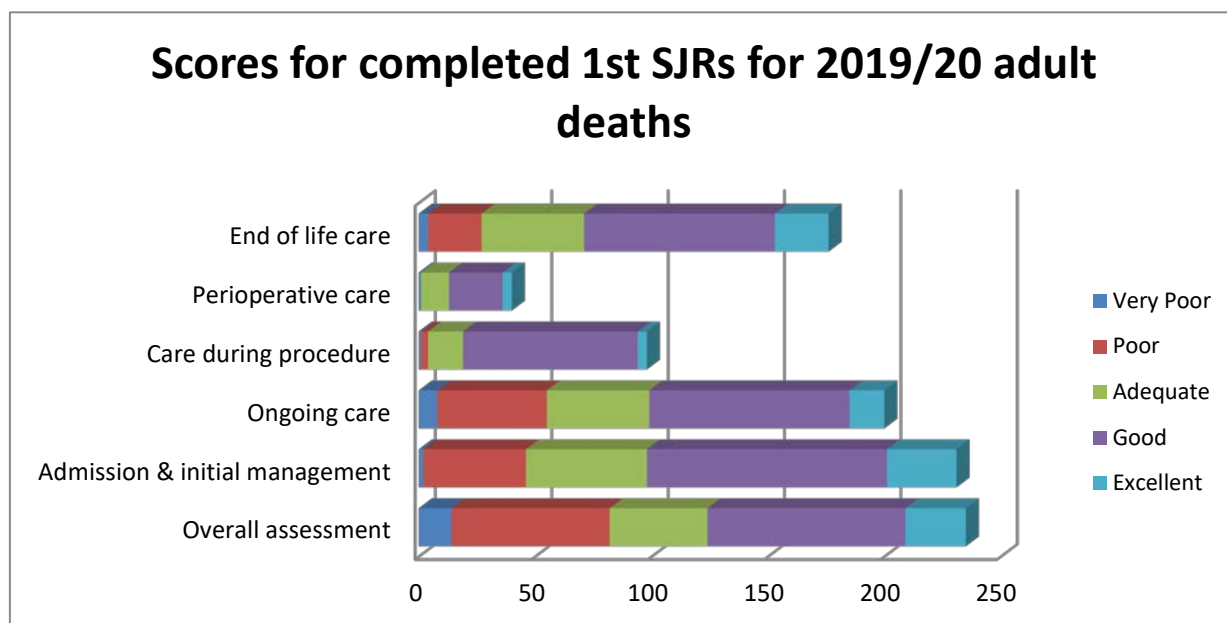
Table 2

	Total Adult Deaths	Total Adult Deaths Reviewed	Avoidable Adult Deaths*	Total % of Adult Deaths Reviewed
Quarter 1 2019-20	515	86	2	17%
Quarter 2 2019-20	513	100	0	19%
Quarter 3 2019-20	528	42	0	8%
Quarter 4 2019-20	608	11**	0	2%
Total 2019/20	**2164**	**239**	**2**	**11%**

* Death more likely than not due to problems in the care of the patient

** Due to the process disruptions associated with the implementation of business continuity plans in response to the Corona virus pandemic, a modified, streamlined mortality review process was established. This focused on more detailed screening of all deaths. Screening outcomes and referral to structure judgement reviews were overseen by the Trust's Medical Director during newly established weekly mortality panels. Rapid, valuable learning regarding the management of patients with Covid-19 was identified at this time. The process for referral on to full SJR or patient safety incident investigation remained the focus of the adapted mortality review process.

4.3.   **Table 3:** Details the scores for each area of care and the overall score rating for all 1st SJR's completed for 2019/20 deaths.

Table 3

4.4   During Q3 2019/20 whilst receiving care in a closed source isolation bay/ward, eight inpatients died (included in the figures in Table 2 and Table 3). All of the patients were referred for SJR. None of the overall outcome scores for these patients triggered a second review, meaning no concerns/problems in their care were identified.

4.5   In addition to the cases electronically screened all inpatient deaths occurring in March 2020 relating to patients with a positive COVID 19 result were reviewed by an independent consultant (n=12). The process for referral on to full SJR or a patient safety incident investigation remained the focus of this adapted screening process. No problems in care were identified for any of the 12 deaths reviewed.

4.6   Learning disability (LD)

4.6.1 All deaths relating to individuals with learning disabilities are subject to a Structured Judgement Review. Additionally the Trust supports the external Learning Disabilities Mortality Review (LeDeR) programme and actively participates as a member of the Sussex LeDeR Steering Group.

Table 4: Details the number of inpatients deaths for patents with a learning disability. Note that 'LD deaths external reviews' refers to those who have had a completed LeDeR review. All LD deaths for 2019/2020 have been reviewed internally. During 2019/2020 three LeDeR reviews were shared with the Trust and then learning shared internally via the LD Strategy meeting.

Table 4

	Total LD Deaths	LD Deaths Reviewed Internally	LD Avoidable Deaths*	Total % of Deaths Reviewed Internally	LD Deaths Reviewed Externally
Quarter 1 2019-20	1	1	0	100%	0
Quarter 2 2019-20	3	3	0	100%	2
Quarter 3 2019-20	4	4	0	100%	1
Quarter 4 2019-20	2	2	0	100%	0
Total 2019/20	**10**	**10**	**0**	**100%**	**3**

*Death more likely than not due to problems in the care of the patient

5.0 MORTALITY REVIEWS AND PATIENT SAFETY

5.1 The Learning from Deaths Manager works alongside the patient safety team to ensure that the SJR process aligns fully with the requirement to report a Serious Incident (SI) when poor care and shared learning is identified. A summary report is produced on a weekly basis detailing all SJR's linked to patient safety incidents already recorded on the RLDatix® (electronic risk and incident reporting system). This is reviewed at a weekly Serious Incident Review Meeting (SIRM). Any cases where the SJR and mortality panel outcomes may meet SI criteria are also discussed and the decision made to raise the incident formally on the Strategic Executive Information System (StEIS) - the national database for reporting Serious Incident is made.

5.2 From 01/04/19-31/03/20: a total of 5 SI's have been raised following the SJR process under the category: "Suboptimal care of the deteriorating patient".

6.0 LEARNING THEMES FROM ADULT MORTALITY REVIEWS

6.1 Whilst the thematic learning highlighted in this report is focused on cases where poor care has been identified it is important to note that the review process also demonstrates that good and excellent care is also identified as part of this process. It is important that this good and excellent care is also acknowledged and the Trust is in the process of developing better ways of communicating this to staff and patients as part of the learning from deaths process.

6.2 Below are the main learning themes from review activity together with the broad areas of action.

6.3 **End of Life Care**
- Late recognition of end of life
- Over intervention, lack of consideration of ceilings of treatment and unclear ceilings of treatment plans at end of life
- Increased requirements for end of life care provision identified from March 2020, as a result of Corona virus pandemic

Actions:

- Merging of the mortality steering group and end of life board to support the end of life strategy
- The Trust organised a collaborative end of life summit which agreed health economy wide priorities for improvement. These include the implementation of the national RESPECT tool
- Working with commissioners, primary care and academic partners to establish a research programme focused on over intervention at the end of life
- A temporary increased provision of palliative care support, leading to a business case for substantive increased support

6.4 Deteriorating Patients

- Late recognition of deterioration and delayed escalation.
- Recognition and treatment of acute kidney injury (AKI) and sepsis.

Actions:

- Escalation prompts built into the Trusts track and trigger system (Patientrack)
- Alerting using mobile technology has been successfully piloted and will be rolled out on both sites
- A programme of education has continued, led by the Trusts outreach teams which has included study days, themed weeks, simulation and the use of sepsis and AKI champions (AKI angels)
- Refresh of sepsis programme with a focus on emergency floors ongoing)
- Refresh of AKI programme – WSHFT are taking part in a national AKI audit that will help to inform our practice with a plan for further QI work following review of results
- To better recognise and highlight the deteriorating patient we are in the process of interfacing our blood gas analysers into the network to enable lactate results to be visible remotely

6.5 Senior Review

- Issues related to a lack of senior review

Actions:

- Part of a broader action plan as part of the work on 7 day services strategy

6.6 Learning Disabilities

The Trust has proactively supported the LeDeR review process both through regular attendance at the LD steering group hosted by Brighton and Hove CCG, sharing SJR's and supporting reviewers should information be required related to our contact with the individual.

- Best interest and capacity assessments
- Communication

Actions:

- Establishment of a learning disability strategy group and lead
- Learning from reviews is informing the development of strategy

7.0   SHARING LEARNING

7.1   Following cases being discussed at the mortality panels, feedback is given to teams and mortality speciality leads for ; the sharing of learning, reflections and further action if required.

7.2   Divisional quarterly reports are produced for the sharing of learning in Divisional Governance reports.

7.3   There is close liaison between the clinical effectiveness team who manage the learning from deaths process and the patient safety team. Broader sharing of learning follows the process outlined in the serious incident annual report highlighted in figure 1 below, via the Triangulation Committee. The overarching aim of the committee being to provide a transparent and open multi-disciplinary forum in order to both triangulate and share the learning from; Serious Incident, complaints, inquests, clinical incidents, mortality and safeguarding reviews. The overall objective and purpose of the monthly committee is to both focus on, and ensure that all trends, themes and human factors are identified and actioned, with a primary focus on the organisational sharing of the lessons learned.

Figure 1: Process for shared learning:
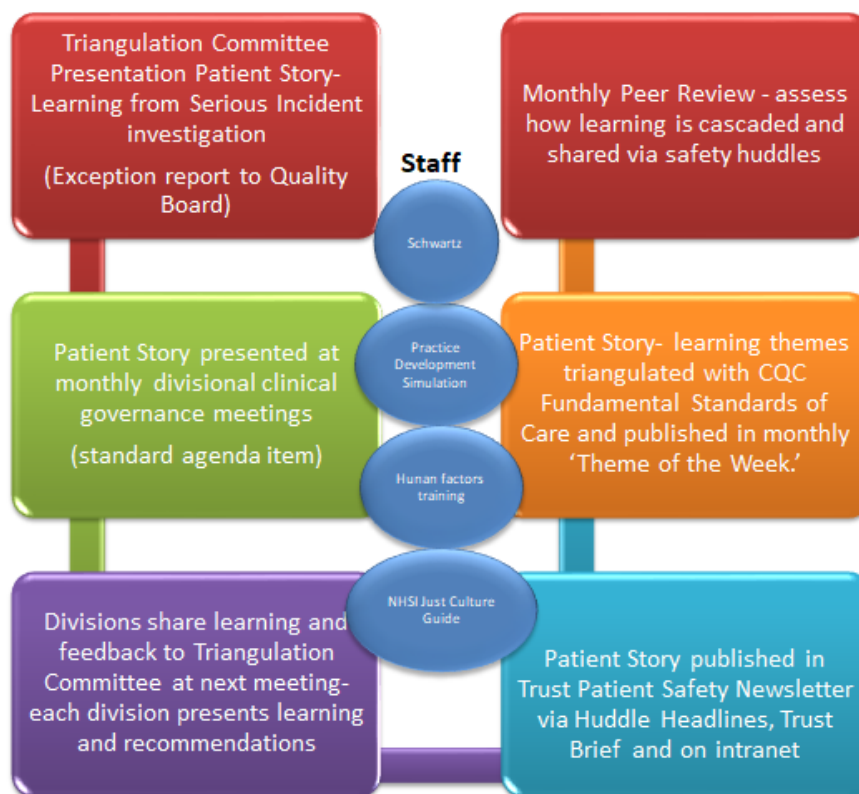
7.4   The Trust has proactively shared learning from both the process and reviews across a wider number of forums including:
- Commissioners as part of routine performance monitoring forum
- Primary care through GP education forum
- Kent, Surrey and Sussex AHSN through various networking events

7.5   In December 2019 a regional "Sharing the learning from Deaths/SI" conference was hosted by WSHFT. Sussex providers from acute, community, mental health Trusts and adult social care along with the clinical commissioning groups were invited. A particular focus was centred on The Learning Disabilities Mortality Review (LeDeR) Programme with a presentation from international speaker Paula McGowan. The event was attended by 200 delegates.

7.6   It is recognised that there have been some limitations in sharing the learning from mortality reviews and closer liaison with speciality mortality and morbidity processes is a priority area for development in 2020-21.

8.0   PRIORITIES FOR LEARNING FROM DEATHS 2020-21

- Staged implementation of a daily mortality review process in conjunction with the medical examiner's office in order to:
  o Reduce time between death and identification of problems in care
  o Better target structured judgement review activity
  o Provide greater support for junior doctors
  o Support the bereavement team process
  o Improve accuracy of Medical Cause of Death Certificates (MCCD)
  o Ensure correct cases are referred to the coroner's office
  o Improve communications and support for the bereaved

- Implementation of RLDatix® mortality module in order to:
  o Improve efficiency and effectiveness of the learning from deaths process
  o Prevent time consuming duplication
  o Evidence that the divisions have responded to feedback and learning
  o Triangulate learning/outcomes from speciality Mortality and Morbidity reviews
  o Improved accuracy and timeliness of the mortality review process and provide assurances.

- Continue to develop better ways of sharing learning with staff at all levels across the Trust, including the learning from child and neonatal deaths

9.0   RECOMMENDATION
The Trust Board is asked to NOTE the contents of this report.

10.0   REFERENCES

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

[2]https://www.england.nhs.uk/wp-content/uploads/2017/03/ngb-national-guidance-learning-from-deaths.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

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Dec 2020