Western Sussex Hospitals
NHS Foundation Trust

Meeting of the Board of Directors

10.00 to 13.00 on Thursday 30 January 2020

Bateman Room, Chichester Medical Education Centre, St Richard's Hospital, Chichester, Spitalfield Lane, Chichester, PO19 6SE

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 28 November 2019** To approve	Enclosure	Chair
4.	10.00	**Matters Arising from the Minutes** To note progress and agree any further actions	Enclosure	Chair
5.	10.05	**Report from Chief Executive** To receive and note overview of the Trust's activities	Presentation	Marianne Griffiths
		<u>INTEGRATED PERFORMANCE REPORT</u>		
6.	10.10	**Introduction from Chief Executive** To receive and note overview of the Trust's activities	Enclosure	Marianne Griffiths
7.	10.15	**Quality Improvement** To receive and agree any necessary actions *After this section the Chair of Quality Assurance Committee will be invited to provide their report included at item 11* To receive assurance from Committee and recommendations from the Committee	Enclosure	Tim Taylor Maggie Davies
8.	10.30	**Systems and Partnerships** To receive and agree any necessary actions	Enclosure	Fiona Ashworth
9.	10.40	**Sustainability** To receive and agree any necessary actions *After these two sections the Chair of Finance and Performance Committee will be invited to provide their report included at item 12* To receive assurance from Committee and recommendations from the Committee	Enclosure	Karen Geoghegan
10.	10.55	**Our People** To receive and agree any necessary actions *At this point the Chairs of the Committees will be invited to provide any additional assurance from the work of their*	Enclosure	Jo Fanning

committees.

ASSURANCE REPORTS FROM COMMITTEES

11.	-	**Report from Quality Assurance Committee** - **from the meeting on the 05 December 2019** To receive assurance from Committee and recommendations from the Committee	Enclosure	Joanna Crane
12.	-	**Report from Finance and Performance Chair** - **from the meeting on the 27 January 2020** To receive assurance from Committee and recommendations from the Committee	Verbal	Patrick Boyle
13.	11.05	**Report from Charitable Funds Chair** - **from the meeting on the 10 January 2020** To receive assurance from Committee and recommendations from the Committee	Enclosure	Joanna Crane
14.	11.10	**Report from Audit Chair** - **from the meeting on the 10 January 2020** To receive assurance from Committee and recommendations from the Committee	Enclosure	Joanna Crane
15.	11.15	**Board Assurance Framework** To approve for publication on the web site	Enclosure	Glen Palethorpe

SERVICE PRESENTATION

16.	11.25	**Information Management and Technology Service Presentation** To receive assurance over application of patient first processes	Presentation	IM&T Division

OUR PEOPLE

17.	11.45	**Annual Equality Report** To approve for publication on Trust website by 31 March 2020	Enclosure	Jo Fanning
18.	12.00	**Annual Gender Pay Gap Report** To approve for publication on Trust website by 31 March 2020	Enclosure	Jo Fanning

SUSTAINABILITY

19.	12.15	**Emergency Preparedness and Resilience and Response Assurance (EPRR) Report** To note	Enclosure	Fiona Ashworth
20.	12.25	**Annual Emergency Planning and Business Continuity Report** To approve	Enclosure	Fiona Ashworth

WELL LED & COMPLIANCE

21.	12.35	**Company Secretary Report** To note	Enclosure	Glen Palethorpe

		OTHER		
22.	12.45	**Any Other Business** To receive and action	Verbal	Chair
23.	12.50	**Questions from the public** To receive and respond to questions submitted by the public	Verbal	Chair
24.	13.00	**Date and time of next meeting:** The next meeting in public of the Board of Directors is scheduled to take place at **10:30** on **26 March 2020** in the Bateman Room, CMEC, St Richard's Hospital, Chichester, Spitalfield Lane, Chichester. **To resolve to move to into private session** *The Board now needs to move to a private session due to the confidential nature of the business to be transacted*	Verbal	Chair

Trust Board of Directors Quoracy

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

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

Minutes

Minutes of the Board of Directors meeting held in Public at 09.30am on Thursday 28 November 2019, Bateman Room, Chichester Medical Education Centre, St Richard's Hospital, Chichester.

Present:	Alan McCarthy	Chairman
	Patrick Boyle	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Joanna Crane	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Kirstin Baker	Non-Executive Director Advisor
	Dame Marianne Griffiths	Chief Executive
	George Findlay	Chief Medical Officer & Deputy Chief Executive
	Denise Farmer	Chief Workforce and OD Officer
	Pete Landstrom	Chief Strategy and Delivery Officer
	Karen Geoghegan	Chief Financial Officer
	Maggie Davies	Chief Nurse
In Attendance:	Jennie Shore	HR Director
	David McClaughlin	Head of Estates and Facilities (For Item 15)
	Frances Usher-Smith	Dementia Matron (For Item 19)
	Glen Palethorpe	Group Company Secretary
	Tanya Humphrys	Board Administrator

TB/11/19/01 Welcome and Apologies

1.1 The Chair welcomed all those present to the meeting.

1.2 Apologies were received from Jon Furmston.

TB/11/19/02 Declarations of Interests

2.1 There were no declarations of interest.

TB/11/19/03 Minutes of Board Meeting held on 26 September 2019

3.1 The Board received the minutes of the meeting held on 26 September 2019.

3.2 **The Board resolved that the minutes of the Board meeting held on 26 September 2019, would be approved as a correct record of the meeting and signed by the Chairman.**

TB/11/19/04 Matters arising from Minutes

4.1 The Matters Arising from previous meetings were received.

4.2 All Matters Arising related to items on the agenda or were on a forward agenda plan and the Board agreed to close all items.

TB/11/19/05 Chief Executive's Report

5.1 Dame Marianne Griffiths introducted the Chief Executives report and highlighted the following key areas

5.2 **Outstanding CQC Rating** – Marianne advised the Board that the headline news was the excitement following the outcome of the CQC inspection. Marianne explained that the Trust was thrilled to have 6 out of 6 domains rated as Outstanding with the absolute accolade that the Trust received Outstanding for Use of Resource. Marianne noted that the result was a

testament to the staff, with WSHT being the first acute hospital in the country to receive outsanding for safety explaining that she was incredibly proud highlighting the fantastic outcome for Surgery Division and the Critical Care teams, when the Trust was last inspected in 2016 the Division was rated as requiring improvement the Division has made the incredible leap to Outstanding.

5.3 Marianne went on to highlight that on the day the results were announced the Trust was delighted to welcome the Chief Inspector for hospitals for CQC Professor Ted Baker who was in attendance. Marianne then introduced a short video of the announcments made including comments from staff and patients.

5.4 **10th Annual Patient First Star Awards** – Marianne noted that every year the awards keep getting better and better, this year they were held in Worthing following a decision to alternate these events between sites. Marianne highlighted that the biggest award went to the Trust domestic teams who are the unsung heros of the organisation.

5.6 In month the Trust celebrated the first ever World Patient Safety day on 17 September. The Trust also welcomed a new cohort of Filipino nurses, with more than 30 new nurses joining the Trust over the last few months. Marianne paid special thanks to our Fililpino community who welcome new nurses and help them settle once they arrive in the local area.

5.7 Marianne highlighted that at the meeting in September the Board was asked about the Trust's work within the area of sustainability and it was noted that the Trust was launching a new steering group. The first meeting of this Group is due to take place next week [week commencing 2 December] and the Board will be updated on progress on a quarterly basis.

5.8 Marianne welcomed new Lead Governor Lyn Camps noting that this was a very important role for the interface between the Trust members and the Board, Marianne also paid thanks to John Thompson for his support in this role.

5.9 Finally Marianne drew the Board's attention to Diary highlights for the previous month and noted in the coming months the Trust was likely to experience an increase in demand, assuring the Board that there was a robust Winter plan in place to support staff and patients. In addition Marianne highlighted that after 3 years of the management contract with Brighton and Sussex University Hospitals the Trust had decided to further develop the relationship between the Trusts under the leadership of a single Board and Executive Team.

5.10 The Chairman thanked Marianne for her report commenting that the Board would like to congratulate the organisation on a tremendous CQC inspection.

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

TB/11/19/06 Integrated Performance Report

6.1 Dame Marianne Griffiths introduced the Integrated Performance Report explaining that Patient First is the Trust's methodology encapsulating the Trust's vison, values and goals and how it aligns its processes and governance, highlighting that there are three key streams of work that feed into the Trust's Patient First True North; Breakthrough Objectives, Corporate Projects and Strategic Initiatives.

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Quality

6.2 George Findlay updated the Board on the key messages from the Quality section of the report with a particular focus on mortality. George explained that the Trust has a comprehensive Learning from Deaths briefing which is reported to Board but has not identified any new emerging themes salient to the changes in Trust HSMR.

6.3 It was noted that the number of non-elective patients (crude mortality rate) who died in October was 175 (2.71%) from 6457 discharges compared with 2.7% in September and in line with October 2018 (2.64%). The Board was reminded that the data the Trust receives runs 3 months behind therefore it is reported on a 12 month rolling basis.

6.4 George advised the Board that the Trust was just above 100 where 100 is the predicted outcome placing WSHT at the 60th percentile for HSMR, it was highlighted that the Trust ambition was to be in the top 20.

6.5 George explained the key contributing factors leading to the current increasing HSMR are:

- A low and decreasing comorbidity rate being recorded at St Richards
- A reducing palliative care crude & observed rate within the HSMR case mix
- A changing coded case-mix at St Richards following the implementation of the Septicemia coding changes appearing to have resulted in a deteriorating SMR position. This is due to a greater change within the denominator than has been seen nationally. This adversely effects the calculated HSMR. This internal coding change has also impacted on a further range of diagnoses at St Richards and to date Pneumonia and UTIs have been identified as having materially changed in terms of coded activity and observed mortality.

6.6 George drew the Board's attention to slides 11 and 12 of the presentation which detailed the HSMR 24-month trend and the HSMR Observed Mortality 24-month trend graphs and assured the Board that there was ongoing work to ensure the consistency of coding across both Worthing and St Richard's sites.

6.7 Maggie Davies drew the Board's attention to the Incident Reporting slide of the presentation highlighting that previously the Trust was an outlier in respect of the numbers of incidents reporting onto the National Learning and Reporting System (NRLS). In October 2019 the Trust reported 962 patient safety incidents, which was both an increase in overall incident numbers but the level of increase was within the no harm and low harm incidents. The increase in incident reporting should therefore be viewed as a positive step in demonstrating staff openness and willingness to both report those incidents where learning can be found in relation to patient safety where little or no harm occurred.

6.8 The Board was updated in relation to the Patient Safety Thermometer indicator outcome, that the actual number of patients who suffered no new harm during their inpatient stay was 98.1% against the Trust target of 99%. Maggie explained that this compares with national performance of 97.7%.

6.9 In relation to Patient Experience both inpatients and outpatients met their recommended goals despite the inpatient response rate being below target. Maggie highlighted that there were still improvements required regarding noise at night although there had been a slight reduction in poor feedback being provided in this area when compared to the last 3 months was noted.

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6.10 Dame Marianne Griffiths commented that in relation to the disparities in coding for HMSR it would be beneficial for Dr Tim Taylor bring further information from the task and finish group to ensure that the Board has oversight of any actions.
ACTION: Deep Dive into HSMR following the Task and Finish group to be brought back to Board for information.

GF/TT

6.11 **Systems & Partnerships**
Pete Landstrom drew out the following key points in respect of the Trust's operational performance in October 2019 highlighting that it had been an extremely busy couple of months for both non-elective and elective admissions.

6.12 The Trust saw continued significant increases in numbers of emergency patients attending both A&Es, with an increase of 16.7% in October 2019 compared to October 2018. With a 13.9% increase in patients aged over 85 years. The Year to Date activity has increased by 8.5% compared to the same period in 2018/19, with a 15.2% increase in over 85s.

6.13 The Board was advised that overall bed occupancy at the Trust had increased to 94.6% in October which is 1.7% higher than the prior month. A&E 4-hour performance for October was 88.8%, compared to the national performance of 83.6%.

6.14 It was noted that in Elective RTT the position was improved from September 2019, the Board was informed that the one patient who waited longer than 52 weeks for treatment in October 2019 was offered a number of appointment prior to breach but these were not acceptable and has been treated in early November.

6.15 Cancer performance for October was compliant against 5 of 7 reportable cancer targets with provisional 62-day performance of 84.5%. Against a national average performance of 76.9%.

6.16 Diagnostic performance was marginally non-compliant at 1.4%. The waiting list increased by 608 in October compared to the prior month with the biggest increase being in non-obstetric ultrasound.

6.17 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.

6.18 Lizzie advised the Board that at both the October and November Finance and Performance Committee meetings the Committee had received the usual suite of performance reports and highlighted that in October the Committee had received a deep dive in RTT and earlier that week [25 November 2019] a deep dive in to A&E performance.

6.19 Lizzie explained that both deep dives had provided evidence based analysis and linked in the detailed plans the Trust has in place and the challenges the Trust is facing to mitigate the issues both externally and internally. It was noted that the Committee had discussed at some length the increase in the long length of stay patients in addition to the increase in Mental Health patients presenting at A&E, Lizzie advised the Board that the Committee had been assured by the measures in place with the Trust having the right processes to best mitigate the demand.

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Sustainability

6.20 Karen Geoghegan advised the Board that at the end of Quarter 2, the Trust reported a surplus of £2.3m which was in line with the plan for the same period. Delivery of the quarterly control total means that the Trust has now earned £2.9m of PSF income. It was noted that the underlying financial position remains challenging and in Month 7 the Trust is reporting a deficit of £0.5m which has reduced the year to date position to a surplus of £1.8m.

6.21 Karen explained that the Trust is forecasting delivery of the year-end control total of £2.5m and the actions required to achieve the control total have been discussed at Trust Executive Committee and at Finance and Performance Committee.

6.22 It was noted that the actions required are challenging and will require whole Trust ownership with close monitoring. There is limited head-room both in the Trust and within the local health economy to manage financial risks during the remainder of year. Karen highlighted that emerging risks will need to be closely managed and fully mitigated.

6.23 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.

6.24 Lizzie explained that the Committee had been through a very detailed roadmap for year-end noting that within both efficiency and financial reports the message of reduced headroom was clear. Lizzie advised the Board that there was added focus on internal productivity.

6.25 Lizzie highlighted that the Executive had reviewed the BAF and as a result there was a slight increase in Sustainability Risks 2.1 and 2.2 due to the increased underlying risk.

Our People

6.26 Denise Farmer noted the key areas from the staff engagement section of the report and drew the Board's attention to the following highlights. The Trust engagement is currently 8.0 which is above the target of 7.6. Overall performance in relation to Workforce management is favourable with the exception of appraisal and statutory and mandatory training.

6.27 It was noted that staff turnover was holding its good position, staff appraisal rates had struggled slightly in month 7 however Denise assured the Board that measures were in place to ensure that these figures improved.

6.28 Denise advised the Board that in relation to Trust's Corporate project of reducing abusive behaviours the Above and Below the line standards have now been agreed and there is a structured programme of planned activities to launch and embed these, including training for staff.

6.29 Alan McCarthy commented that there was a continuing theme around appraisals. Denise explained that the Trust has recognised the pressures across A&E and HR are in the process of supporting the divisions to improve their compliance against the target whilst recognising they need to support them in a different way.

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

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TB/11/19/07 Report from the Finance and Performance Committee Chair

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

TB/11/19/08 Charitable Funds Committee Report to Board

8.1 Joanna Crane presented the report from the Charitable Funds Committee and advised that the Committee had received the 2018/19 Annual Report which was being presented to the Corporate Trustees later that day for approval, Joanna urged the Board to read the Annual Report following publication commenting on how positive it is.

8.2 Joanna highlighted that she had recently attended a corporate event for Love Your Hospital at Rolls Royce, where the company proudly spoke about their involvement with the hospital.

8.3 **The Board NOTED the Charitable Funds Committee Report to Board.**

TB/11/19/09 Audit Committee Report to Board

9.1 Lizzie Peers presented the report from the Audit Committee highlighting that the Committee had received an excellent deep dive into the people risks on the BAF, Lizzie explained that the Committee wanted to ensure the Workforce risks are being scrutinised and were assured over the processes applied and the quarter 2 risk scoring.

9.2 **The Board NOTED the Audit Committee Report to Board**

TB/11/19/10 Board Assurance Framework

10.1 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.

10.2 The Board was advised that the information that it had received from the Information Performance Report and assurances from the Committee chair's supported the current position, with the adjustment in relation to sustainability risks 2.1 and 2.2.

10.3 **The Board NOTED and APPROVED the change to risks 2.1 and 2.2 and AGREED the Board Assurance Framework.**

TB/11/19/11 Estates & Facilities presentation

11.1 David McLaughlin introduced the Estates and Facilities Service Presentation and drew the Board's attention to the following key areas.

11.2 David explained to the Board that the Estates and Facilities Division is made up of two streams of work 'soft facilities management' and 'hard facilities management'.

11.3 David noted that the Division was particularly proud of the cleaning services noting that costs are marginally above benchmark but this was a result as a conscious decision taken by the Trust as it wanted to maintain high standards of cleanliness and low infection control rates as a result:

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- Hospital onset C Diff was 10.3 cases/100k bed days (national average 13.7)
- National Standards of Cleanliness 97% (benchmark 90%)
- PLACE score 99.7% (best quartile 99.4)

11.4 The Board was advised that last year the department delivered 100% of their efficiency savings and are forecasting to the same this year within all schemes.

11.5 David noted that one of the highlights of 2018/19 was the Porters winning the Chairman's award at the 2018 STAR Awards.

11.6 The Board's attention was drawn to slide 5 of the presentation, David explained that in relation to 'hard services' the Trusts costs are below the benchmark and continue to remain on target for delivery. It was noted that energy was an outlier however there has been ongoing work with the STP to implement service improvements.

11.7 David highlighted that the Division had very strong staff engagement and the introduction of the Estates and Facilities 'Academy' for training and upskilling staff had been very well received with 36 graduated in year one. In addition, the division has 25 staff trained as Kaizen facilitators as a result they have bene able to implement 132 efficiency changes.

11.8 The Board's attention was drawn to the compliance Dashboard on slide 7 which showed all areas as green and compliant with the Division's key operational metrics. Finally, David commended the Domestics team who were awarded a patient first STAR award at this year's ceremony.

11.9 Dame Marianne Griffiths commented on how proud the Board was of David, Sue [Fisher] and their team noting that they lead with authenticity and skill, really engaging with staff, Marianne also congratulated David on his now permanent position as the Director of Estates and Facilities.

11.10 Patrick Boyle commented that Estates and Facilities had been on an improvement journey and to see the engagement scores so high was commendable. Patrick went on to ask about the progress of the catering project. David reminded the Board that this project was as a result of Food and Hydration PLACE scores which whilst acceptable, were not where the Trust wanted them to be and as a result the Trust has invested c£3m in updating facilities which is now complete and the team are thrilled to have the new catering facility.

11.11 Alan McCarthy asked David if the next stage of the Green Travel Plan would be addressing Staff Parking following conversations he had recently had with a number of potential nursing staff. David explained that the next stage captured all elements of the transport plan, David noted however that the Trust needed to ensure that all systems were in place prior to full implementation.

11.12 Pete Landstrom, Marianne and Karen Geoghegan all paid tribute to David and the team, noting that they have been absolutely key to the Trust receiving its Outstanding rating providing really outstanding cleaning services which is business as usual but absolutely integral to the running of the hospital.

11.13 **The Board thanked David for his presentation and NOTED the highlights.**

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TB/11/19/12 National Approach to Flu Vaccinations

12.1 Maggie Davies presented the Seasonal Flu Vaccination Campaign update and drew out the key actions.

12.2 The Board was advised that the Trust undertakes an annual vaccination programme which was launched on the 03 October 2019 and will run until the 28 February 2020.

12.3 It was noted that the Trust vaccinated 65.8% of frontline staff by the end of the vaccination campaign in February 2019. This was a 0.9% reduction on the final position for 2017/18 and was below the nationally mandated CQUIN vaccination target of 75%. The target for 2019/20 has increased to 80% of frontline staff.

12.4 Maggie explained that the Trust has approached the campaign with some more targeted work this year, in particular with replicating the model of dedicated workplace vaccinators for Facilities and Estates, including information sessions and support to communicate effectively to a range of nationalities. In addition, medical staff uptake had been identified as an area for improvement.

12.5 Maggie highlighted that there was a clear communications strategy to maximise awareness and encourage staff to take advantage of the opportunity to have a flu jab.

12.6 The Board was advised that one of the key differences this year is that the Trust will also be vaccinating all admitted inpatients that are over 65 and any patients under the age of 65 with a chronic long term condition.

12.7 To date the Trust is ahead of its trajectory for achievement of the 2019/20 target which is a stronger position when compared to this period last year.

12.8 **The Board NOTED the Seasonal Flu Vaccination Campaign update.**

TB/11/19/13 7 Day Services Board Assurance Framework.

13.1 George Findlay presented the 7 Day Services Board Assurance Framework and drew out the salient points.

13.2 George explained that the Board Assurance Framework (BAF) for 7 Day Services (7DS) is an NHSI&E requirement and appraises progress against the 10 7DS standards with a focus on the priority standards 2,5,6 & 8. Currently the Trust does not consistently meet standard 2, consultant review within 14 hours of admission and standard 8, once and twice daily consultant review, it was noted that the Trust does meet the two other priority standards.

13.3 The Board was advised that when assessed earlier this year there had been deterioration in compliance against Standard 8, this had previously been met. With regard to the resources available to deliver Standard 8 George highlighted that these were described under Standard 2 in relation to Consultant Job planning.

13.4 George advised the Board that implementation of the 4 priority 7 Day standards is a corporate project that is monitored through the Trust Executive Committee.

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13.5 **The Board APPROVED the 7 Day Services Board Assurance Framework for submission to NHSI & E**.

TB/11/19/14 Dementia Strategy

14.1 Maggie Davies introduced Frances Usher-Smith, Dementia Matron and Paul Morris Lead Dementia Nurse and explained that WSHFT had the second frailest population in the country.

14.2 Frances advised the Board that as part of the production of the Dementia Strategy the team had held engagement focus groups, the completed Strategy had also been received by Patient Experience Engagement Committee, Quality Board, Trust Executive Committee with final approval required from the Board.

14.3 Frances explained that the previous strategy was written in 2014 over the last the 5 years the Trust had done very well in its aspiration to become a Dementia friendly hospital, with the refresh of the Carers Policy which introduced 10am – 10pm visiting and Carers passports. Frances highlighted that the Dementia team was a small team that it works in conjunction with every department within the Trust to support the messages on Dementia care.

14.4 Frances drew out the following key areas of the of the 2019 – 2022 Dementia Strategy:

- To continue to work collaboratively with Estates, Facilities and Capital to follow the dementia friendly approach for any environmental changes and ensure continued compliance.
- To have a completed sensory garden at both St. Richards and Worthing Hospitals.
- To improve the signage and way finding within the hospitals.
- To promote and encourage the introduction of the new finger food menus across the hospitals.
- To promote and encourage the use of communal dining tables.
- To promote and continue to introduce new therapeutic activities for inpatients.

14.5 It was noted that there was work taking place to improve the Trust website to support the families of patients so that they know what to expect prior to attending hospital.

14.6 Finally, Frances drew the Board's attention to the summary of priorities slide of the presentation detailing the focus for team over the next 3 years.

14.7 Lizzie Peers thanked Frances and her small team for the amazing work, improvements and changes they have made over the last 5 years commenting that they had produced a very holistic strategy.

14.8 **The Board APPROVED the 2019-2022 Dementia Strategy.**

TB/11/19/15 Company Secretary Report

15.1 Glen Palethorpe presented the Company Secretary Report and explained that the report provided the Board with an update on matters for which the Trust has complied with NHSi or other regularly requirements.

15.2 **Learning from Deaths Report Quarter 2**
The Board was advised that the Trust is required to receive reports on learning from deaths. The Board is reminded that the detail of this report is

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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.

15.3 **Constitution Review**
Glen explained that the Trust had undertaken an Annual Review of its constitution highlighting the amendments set out within the report to the Board. The Board was advised that the updated Constitution would be presented to the Council of Governors in February for final approval.

15.4 **The Board APPROVED the changes and AGREED to recommended these to the Council of Governors for their approval.**

TB/11/19/16 Other Business

16.1 There was no other business to discuss.

TB/11/19/17 The Chair formally closed the meeting

TB/11/19/18 Questions from Members of the Public

18.1 Lyn Camps, Lead Governor offered congratulations on behalf of the Governors on an absolutely fantastic CQC result.

18.2 Anita McKenzie asked the Board what the level of sustainability of services was given all the growth of population in the local area. Pete Landstrom explained that the increase in demand was in excess of the forecast growth of population. Pete then explained that every year the Trust goes through a planning exercise with the CCG where considerations are taken into account regarding the local demographic and any significant changes in the population.

TB/11/19/19 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/11/19/20 Date of Next Meeting

20.1 It was noted that the next Board Meeting would take place on **Thursday 30 January 2020** in the **John Bull Conference Room, Worthing Health Education Centre, Worthing Hospital, Lyndhurst Road, Worthing.**

Tanya Humphrys
Board Administrator
November 2019

Signed as a correct record of the meeting

Chair……

Date……

MATTERS ARISING
Trust Board

Agenda Item: 4

Meeting	Minute Ref	Action	Responsible Person	Deadline	Status
26 September 2019	**TB/09/19/5.4**	**CEO Report** – IM&T to attend a future Board to give a service presentation.	Ian Arbuthnot	**Completed**	Item 16 on the agenda.
28 November 2019	**TB/11/19/6.10**	**Integrated Performance Report: Quality** - Deep Dive into HSMR following the Task and Finish group to be brought back to Board for information.	Tim Taylor	**March 2020**	The Board agreed that this action would be delegated to the Quality Assurance Committee to take forward, therefore it is on their forward agenda plan for March 2020. The committee will escalate back to the Board any areas that it feels the Board needs to be made aware of.

Chief Executive’s Report

January 2020

Western Sussex Hospitals
NHS Foundation Trust

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Headlines

Triple win for Western

It was win, win, win for Western Sussex on 5 December, as chief financial officer Karen Geoghegan, chief nurse Maggie Davies and the trust all won top awards.

Karen was named ***Finance Director of the Year*** and Maggie won ***Clinician of the Year*** at the National Healthcare Finance Awards, in London; meanwhile the trust also won the ***NHS Finance Award*** at the Health Business Awards, also in London, on the same day!

Karen was awarded the prestigious top prize for her excellent leadership as the chief financial officer at both Western Sussex Hospitals and Brighton and Sussex University Hospitals.

Maggie was praised for her partnership-working with finance and others to reduce agency expenditure. Right are some of our finance team celebrating with the trust's new *NHS Finance Award* and certificate.

Headlines

Thank you to all our staff and volunteers

Staff have made extraordinary efforts to maintain the highest standards of care during an exceptionally busy Christmas, New Year and January. As ever, we have seen demand for urgent care continue to grow, year-on-year. This is hugely challenging, especially when the numbers alone do not reflect the additional difficulties we face in caring for growing numbers of increasingly elderly and frail patients with more complex needs. I wish to express my thanks and admiration for all our staff and volunteers: their skill, ingenuity and dedication enables us to provide outstanding care to patients when they need us most.

Inspected and rated
Outstanding
Care Quality Commission

Flu protected

I'm delighted to report that more than 72% of all frontline staff have now received their flu vaccination. That is an important milestone in protecting our patients, our families and each other, because the higher we can get that figure the safer our hospitals will be. We continue to host regular vaccination sessions to provide the free NHS flu jab to all staff.

Respecting Our People week

Sadly, despite our staff doing their very best for people, an unacceptable proportion experience abuse and even physical harm while at work. This is an issue we take extremely seriously and over the past year we have increased support and guidance for staff. This month, we have hosted a *Respecting Our People* week, to enable staff to provide feedback as well as learn about initiatives put in place to protect and care for them at work.

Headlines

Congratulations to graduating student nurses and midwives

Our nursing and midwifery students from Surrey, Brighton, the Open and Overseas universities celebrated their graduation at a joint-ceremony held at Worthing Hospital in November. This is the second year our we have put on a special Western Sussex Hospitals celebratory for nurses who have qualified after doing their training placements in our hospitals. Many of those who train with us go on to start their first jobs with our trust.

Headlines

World Prematurity Day

On 17 November, World Prematurity Day was marked with purple floodlighting at St Richard's Hospital, organised by the Neonatal Unit. The aim was to help raise awareness of the challenges premature babies and their families face. One in ten babies are born prematurely and we were lucky to be joined by some of the families that have spent time on our neonatal unit. Thank you to Keiran Stanley and Mass Media team for their support.

Meal times matter | new menu launch

Patients can choose from 50 main meal options at lunch and supper every day, following the introduction of a new menu and patient catering service in December. At the same time, a new Mealtimes Matter policy started to ensure all non-essential activities, interruptions and distractions on the wards stop during food service, so our patients eat and drink as well as possible.

Rainbow warriors

Hundreds of staff have signed up to be Rainbow Warriors at Western Sussex, reinforcing the trust's commitment to diversity. Anyone wearing the rainbow badge is someone who pledges to be non-judgemental and supportive when it comes to issues of sexuality and gender identity. The rainbow pin badge and lanyard signal to LGBT+ people they are in an inclusive environment.

Headlines: Employee of the Month

Laundry team, scoop gold at St Richard's

The Laundry team at St Richard's Hospital won Employee of the Month in recognition of the critical role they play behind-the-scenes supporting outstanding patient care. They often go above and beyond for patients too. Recently, the family of a patient who had died realised their loved one's signet ring was missing. The ward contacted laundry, in case it had been mistakenly put in a laundry bag, and they searched many bags, found the ring and personally delivered it to the family who were incredibly grateful.

James Walker, Emergency Floor Manager

Chief nurse Maggie Davies nominated James, who manages the Worthing Emergency Floor, for his "commitment to patient connections" after discovering that he tries to work at Christmas every year so he can be here when an ex-patient comes in to thank for saving his life 18 years ago. James was part of the team then, and if he is not working he always telephones the patient.

Neil Hopwood, pharmacy technician

Neil was nominated by pharmacist Meesha Patel for going "above and beyond" to ensure a patient was able to be discharged in time to attend a party for blind armed forces veterans. Meesha said: "This is one isolated incident I felt deserved a nomination, but Neil always shows this attitude towards his patients. He embodies the trust values and is definitely a vital member of our team."

Headlines

Going green

One of the most exciting agendas in our hospitals at the moment is our approach to environmental sustainability. I chair the new Green Steering Group, looking at procurement, waste, energy and utilities, as well as green travel and our sustainable development management plan. Through our Green Travel Plan we have introduced new cycle storage, modernised and improved changing facilities for staff, introduced a scheme to give staff public transport concessions and provided a cross-site minibus services. As a result, we have taken the equivalent of 2,000 car journeys off the road, saving 60 tons of CO2 every year.

Estates & Facilities building improvements

Estates and Facilities colleagues are benefitting from using our Patient First methodology. They have introduced improvement boards and 25 members of the team have been trained as facilitators by the Kaizen team.
Already in year one, the team has implemented 132 changes, from introducing knee pads to reduce MSK injuries and reducing food waste through improvements to patient meal service provision on the delivery suite.
I am pleased to announce David McLaughlin and Sue Fisher have also been confirmed as director and deputy director of Estates & Facilities.

Learning from deaths conference

The Patient Safety team hosted a *Learning from deaths* special event at on 6 December attended by more than 90 healthcare professionals.
Campaigner Paula Gowan talked about the social movement she has started to improve awareness of people with learning disabilities and autism following the death of her 18-year-old son Oliver.

Diary highlights

- Acute Network Meetings
- NHSI/E site visit
- HFMA Awards
- National Director of Patient Safety visit (Aidan Fowler)
- Volunteers Christmas Thank you event
- Green Steering Group
- Reducing Abusive Behaviours steering group
- Staff briefings – St Richard’s, Worthing, Southlands
- Meetings with partner organisations

Looking ahead

NHS Staff Survey 2019 findings

Thank you to all those colleagues who took part in the 2019 staff survey, which closed in December.

We expect the findings to be published next month, along with those of all other NHS trusts. As is our normal approach, the results will be used to inform changes and improvements to the working lives of staff at Western Sussex as we strive to make the trust the best place to work in the NHS.

Official launch of new inpatient catering

The Secretary of State for Health and Social Care, Matt Hancock MP, is visiting the trust soon to congratulate staff on our second “Outstanding” CQC report. The Health Secretary will observe and improvement huddle and talk to colleagues about these and other Patient First initiatives which support continuous quality improvement in our hospitals.

The party will also include the Government’s new hospital food tsar and celebrity chef Pru Leith. In December, we launched a new inpatient catering service and we are delighted Pru has agreed to officially open our brand new kitchen at St Richard’s Hospital.

Planning for the future

Work continues on the development of the new group structure , following the decision to further develop the relationship between BSUH and WSHT. This new group structure is a strategic alliance which will ensure we can do what is best for our patients and people.

In practical terms, it is effectively a continuation of the current leadership arrangements but will also allow us to work more closely together over the longer term. The trusts and their assets will remain separate, operating as equal partners and the benefits of our current relationship will be maintained and extended. Work to determine the best group structure is ongoing and further details will be provided in due course as decisions are made.

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	6-10	Meeting:	Trust Board	Meeting Date:	30 Jan 2020
Report Title:	**Integrated Performance Report**				
Sponsoring Executive Director:	Marianne Griffiths, Tim Taylor, Maggie Davies, Fiona Ashworth, Karen Geoghegan				
Author(s):	Marianne Griffiths, Tim Taylor, Maggie Davies, Fiona Ashworth, Karen Geoghegan and Jo Fanning				
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

January 2020

NHS
Western Sussex Hospitals
NHS Foundation Trust

Contents

Structure of the report

Introduction - Patient First
Quality Improvement
Systems and Partnership
Sustainability
People

Patient First Strategy Deployment Framework

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

Key Goals for the Organisation to achieve sustainably

Patient

Patient Satisfaction

Target: Family & Friends Recommend Rate >96%

Sustainability

Financial Management

Target: Break Even

People

Staff Engagement

Target: Engagement Score Top in the Country

Quality

Preventable Mortality

Target: HSMR Top 20% in the Country

Avoidable Harm

Target: Patient Safety Thermometer 99% Harm Free Care

Systems & Partnerships

Non Elective Care

Target: A&E 95% <4hrs

Elective Care

Target: RTT 92% <18wks

Quality Performance - Effectiveness

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

Key messages for Board

Effectiveness:.

The latest Trust HSMR including data for the 12 months up to and including September 2019 rose to 104.9 driven by the rising HSMR at St.Richard's. The Trust is now on the 65th percentile nationally. However the 12 month rolling crude mortality rate for the Trust is 2.78% for December 2019 (down from 2.88% in Dec 2018) while the Summary Hospital Mortality Indicator (SHMI) has risen slightly to 0.99 for the 12 month up to and including June 2019.

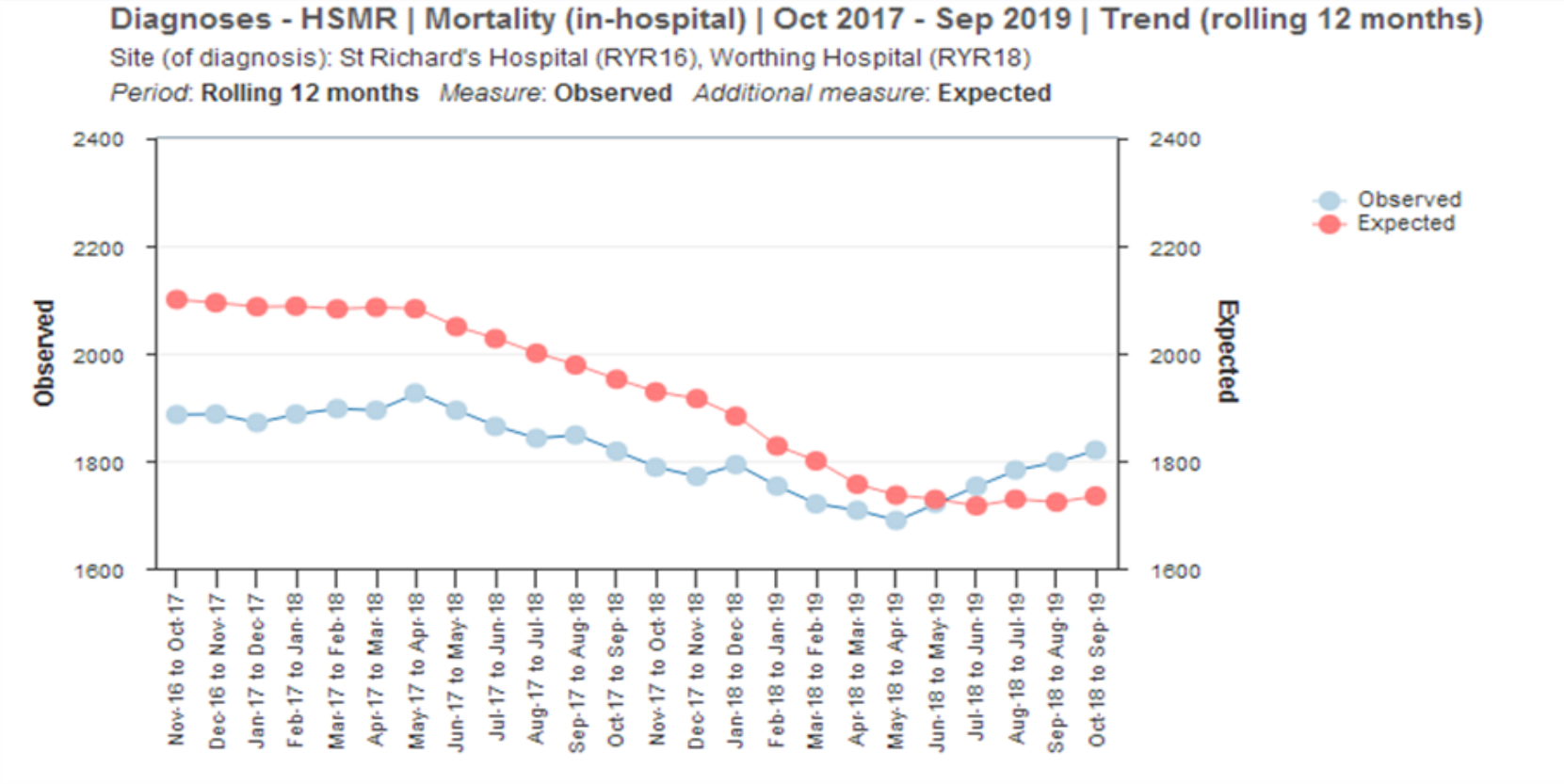
The Trust investigation with Dr Foster into the rising HSMR show causes include a reduction in sepsis coding with less co-morbidities and palliative care activity captured on the Chichester site alongside an increase in HSMR for patients admitted at weekends.

The HSMR and coding working group chaired by the medical director has introduced an HSMR dashboard monitoring key parameters including up to date levels of sepsis and palliative care coding. This monitors changes in key factors promptly well before they are reflected in the HSMR.

Monthly sepsis coding reconciliation meetings are now held with the medicine division, a HSMR/coding workshop for clinical leaders has taken place and top 10 tips for coding are displayed in the workplace. Sepsis coding guidance has been reissued. Palliative care coding is now cross referenced with the Somerset registry and measures are underway to address issues with multi-consultant non-elective admissions that can reduce the capture of co-morbidities.

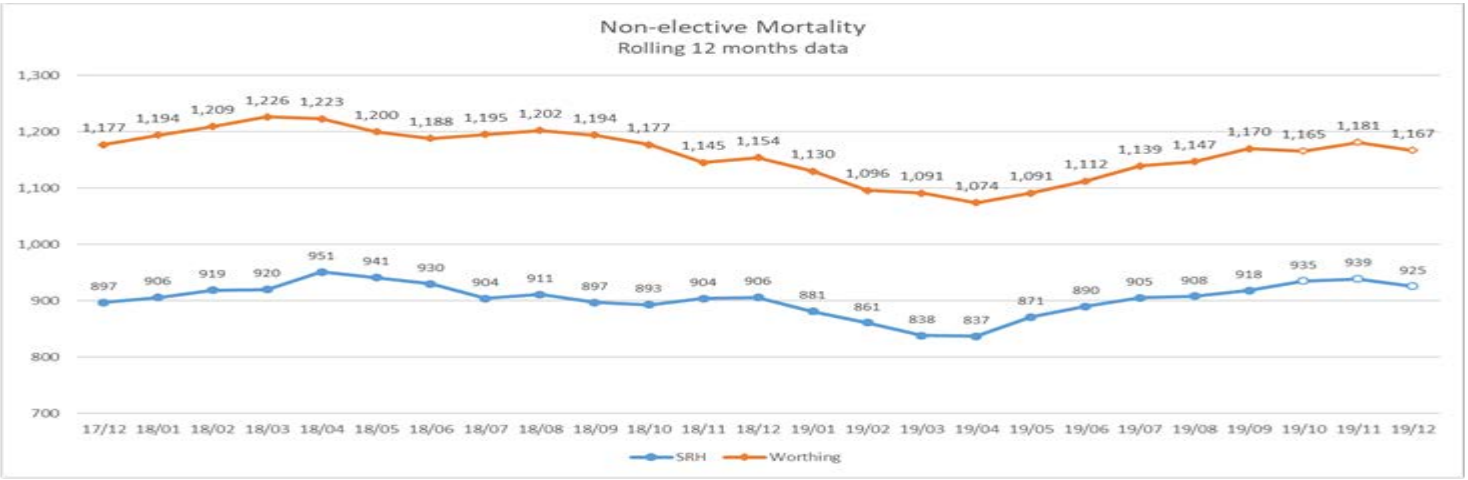
Quality Performance - Effectiveness

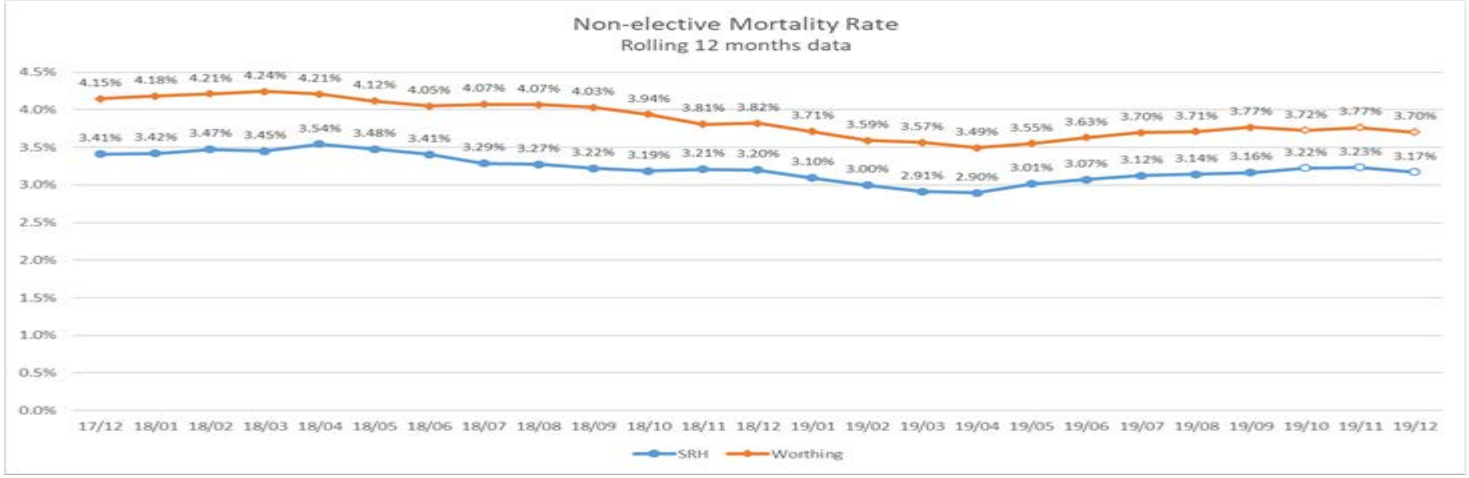
HSMR – Observed v Expected Deaths



Quality Performance - Effectiveness

Crude Mortality Rates

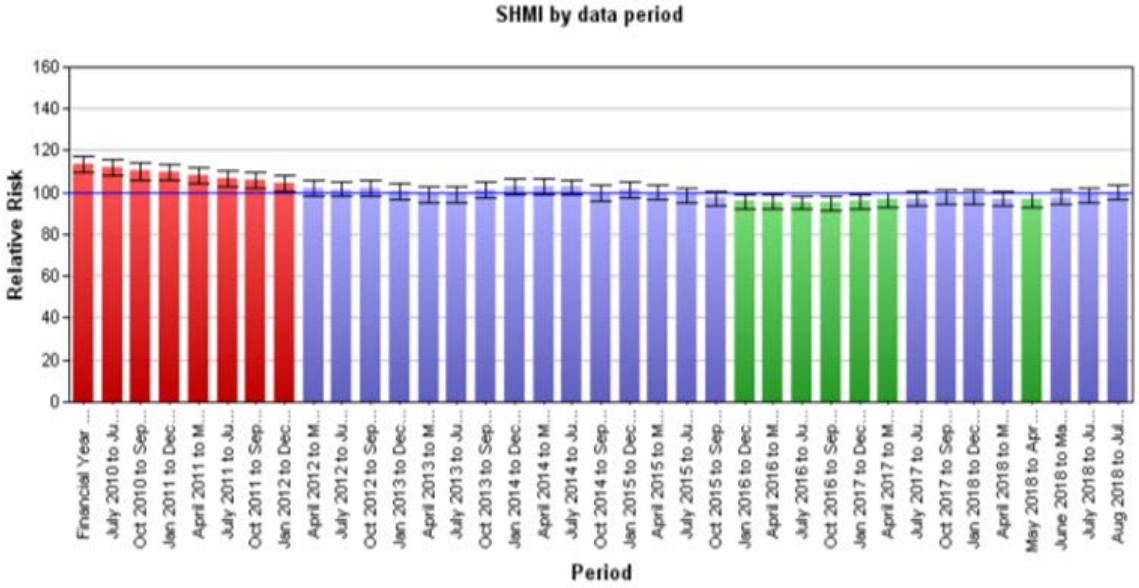




Quality Performance - Effectiveness

Summary Hospital Mortality Indicator

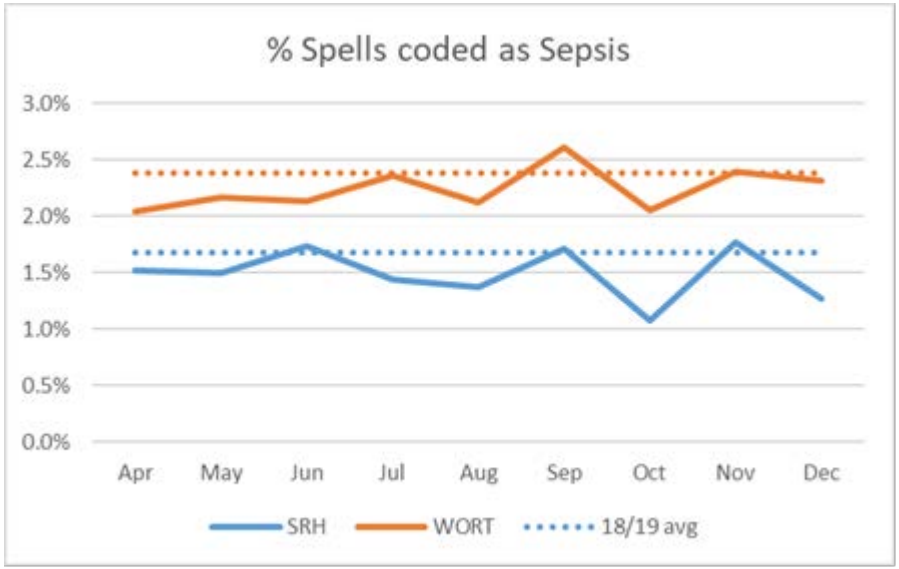
SHMI by data period

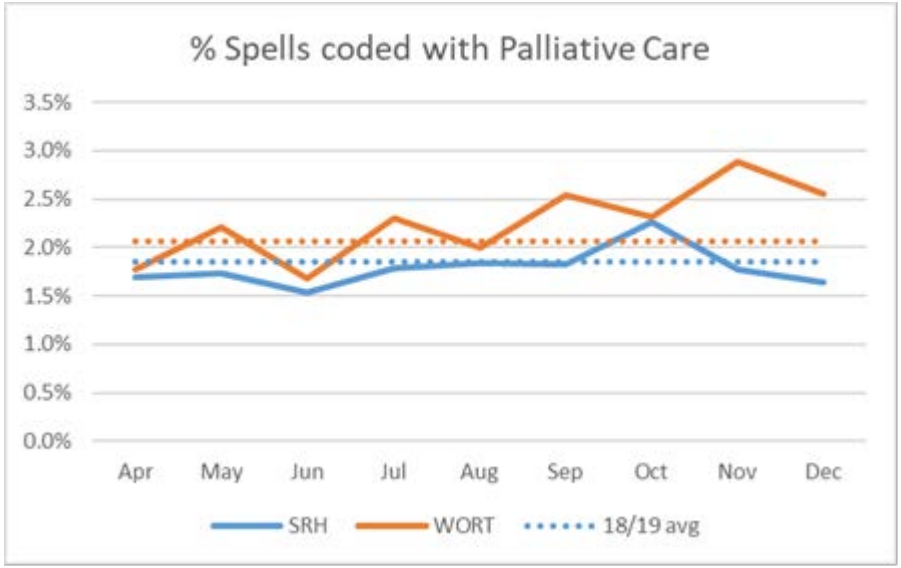


The Trust has seen a consistent SHMI in terms of point value over the past 24 month with a worsening point value over the last 4 data periods.

Quality Performance - Effectiveness

Excerpts from HSMR/Coding Dashboard





Quality Performance - Effectiveness

Stroke Service Performance

The latest SSNAP performance was published in December 2019. Worthing Hospital achieved a grade A with a score of 88, which is the highest score the unit has achieved to date improving from a B in the previous reporting period. St Richards achieved a grade C with a score of 62, a deterioration from a grade B in the last reporting period. St Richards was a stable grade B for the calendar year.

The specific areas of performance which deteriorated at St Richards relate to the front-door phase of the stroke pathway including a deterioration of time to CT scan, time to Stroke Unit and thrombolysis within 60 minutes.

Trust TIA performance is also below the target of >60% of high risk patients seen within 24 hours.

An recovery plan for stroke and TIA has been developed by the chief of medicine and in implementation.

Quality Performance - Safety

Infection Prevention and Control: Flu

Flu A outbreak at Worthing Hospital identified on 05.12.19

ACTION:

1. Immediate identification of increase incidence on the ward.
2. Source isolation measure initiated at earliest point (incorporating lessons learnt from previous outbreak (white board in reception).
3. Infection prevention team visual on the ward to support patients and clinical teams.
4. In house flu testing ensured fast turnaround of results.
5. Outbreak control team convened immediately.
6. Prompt declaration of outbreak.
7. Internal/external communications including CCG and PHE.
8. Flu Vaccinations: Castle Ward clinical staff 100% approached, 94% vaccinated.

Quality Performance - Safety

Infection Prevention and Control:

Flu National Picture

Public Health England

PHE Weekly Local Influenza Report
London
Field Service, National Infection Service
27 December 2019

Figure 3. Hospital admissions with confirmed influenza – USISS sentinel scheme

Quality Performance - Safety

Safer Staffing

SAFER STAFFING M9 (December)	FILL RATE % Day (Target 95%)	Night % (Target 95%)
SRH		
RN/MIDWIVES	79.4%	84.2%
HCA	88.5%	98.3%
WORTHING		
RN/MIDWIVES	91.6%	92.1%
HCA	89.9%	101.9%
TRUST (OVERALL)		
RN/MIDWIVES	85.6%	88.4%
HCA	89.3%	100.4%

The data is taken from the Healthroster electronic system.

Quality Performance - Avoidable Harm

Quality

Preventable Mortality

Target: HSMR Top 20% in the Country

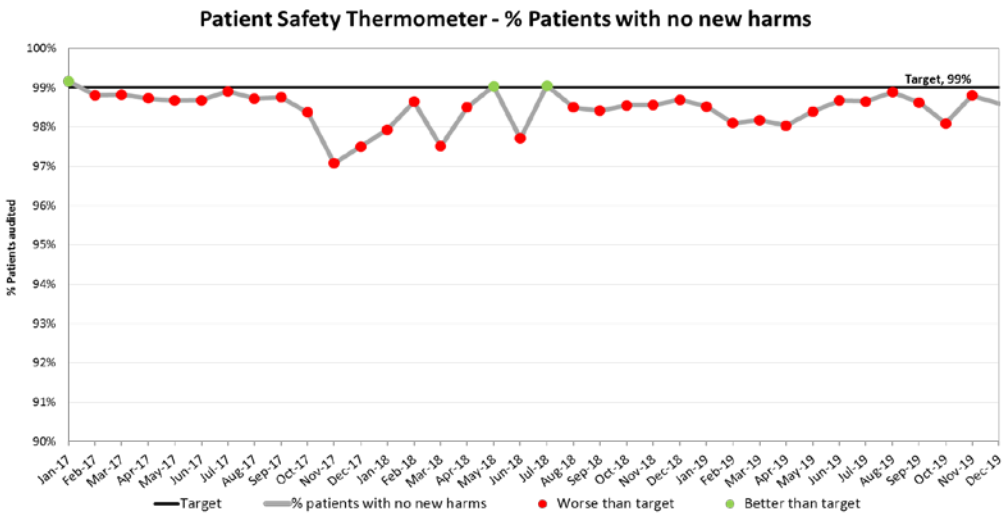
Avoidable Harm

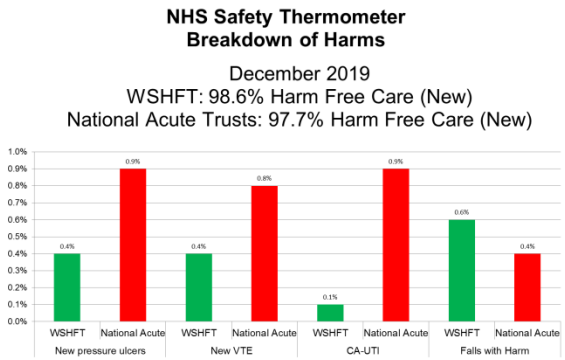
Target: Patient Safety Thermometer 99% Harm Free Care

Key messages for Board

True North Metrics: Patient Safety Thermometer:

The patient safety thermometer data is gathered on one day each month. This tool looks at point prevalence of four key harms: Falls, Pressure Ulcers, Urinary Tract infections and VTE (venous thromboembolism). In December, data was collected for 969 patients. The proportion of patients who suffered no new harm during their inpatient stay at WSHFT was 98.6% against the Trust target of 99%. This compares to national performance of 97.7%



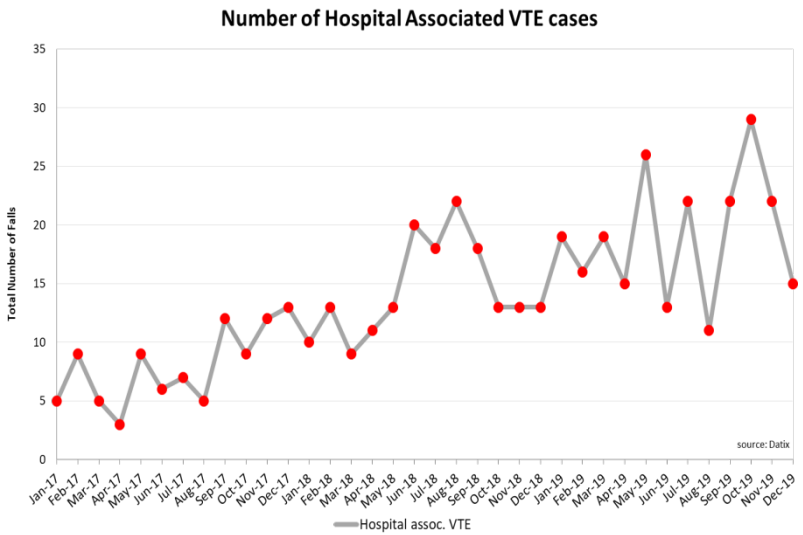


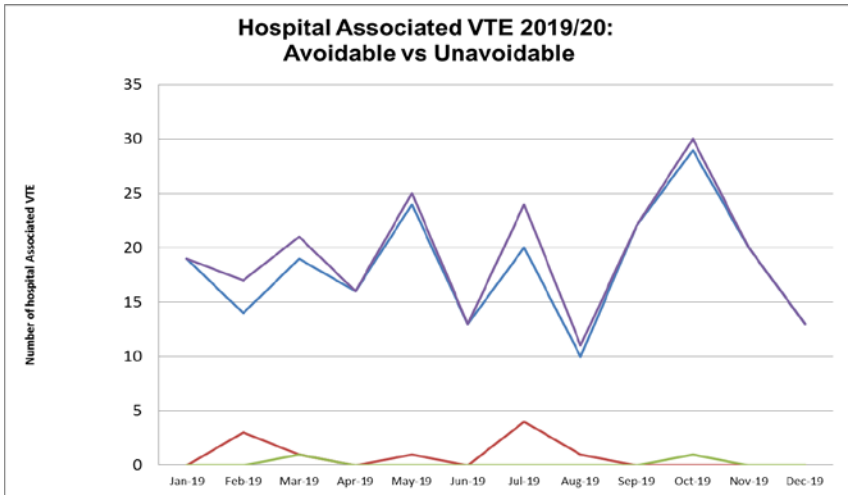
Category 2 pressure ulcers and VTE are the usual top contributors and have key improvement programmes in place aiming to deliver reduction. To note, the Trust performance is consistently better the national picture for acute trusts.

In December falls was the top contributor, this is an unusual occurrence and shall be monitored closely over coming months. Falls remains a driver metric for high reporting wards.

Avoidable Harm– Breakthrough Objective

Reducing Hospital Associated VTE: goal to reduce avoidable VTE by 50% by end March 2020





	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Unavoidable	19	14	19	16	24	13	20	10	22	29	20	13
Avoidable	0	3	1	0	1	0	4	1	0	0	0	0
Under Review	0	0	1	0	0	0	0	0	0	1	0	0
Total	19	17	21	16	25	13	24	11	22	30	20	13

Current Performance

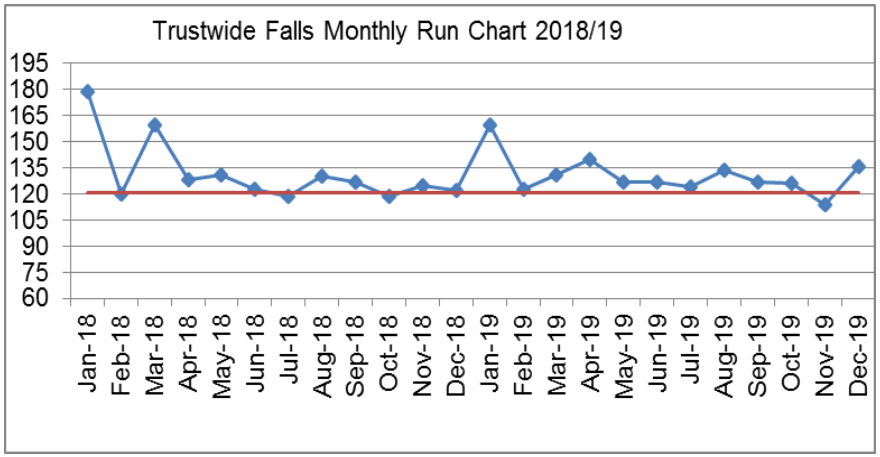
- Overall cases of Hospital Associated VTE decreased with 13 cases in December compared the peak in October of 30
- One case remains under review.
- The increase in overall numbers may reflect improved case finding as the number of avoidable cases year to date = 6, representing a reduction of 50% compared to same period last year.

Actions Underway:

- Process mapping of fracture clinic pathway for patients with lower limb immobilisation – review workshop planned for January.
- Review of support required for participation in national GIRFT programme is underway in conjunction with Trust GIRFT lead
- Driver wards focus on the consistent flagging of patients where anticoagulation is paused and use of flowtrons in stroke patients

Avoidable Harm– Key Metrics

Falls

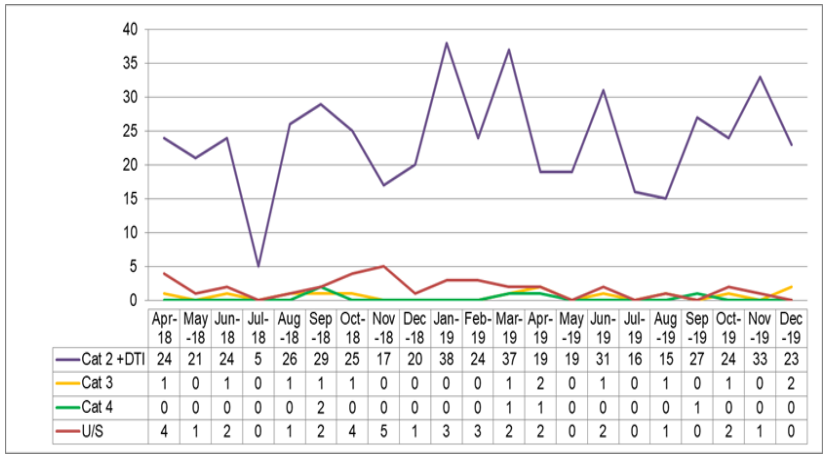


Trust Goal: no more than 120 falls each month

Current Performance and Actions

- 136 falls in month, above the monthly goal following a very successful month in November which had seen the lowest number of falls in 2 years
- Work continues for the national falls CQUIN which focusses on compliance with recording of lying and standing blood pressure, provision of mobility aids and avoidance of psychotropic medication.
- Observational audits for Q3 showing positive performance in all metrics.
- Delirium work underway, initial focus are wards undertaking noise at night improvement work.

Pressure Ulcers



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Cat 2 +DTI	24	21	24	5	26	29	25	17	20	38	24	37	19	19	31	16	15	27	24	33	23
Cat 3	1	0	1	0	1	1	1	0	0	0	0	1	2	0	1	0	1	0	1	0	2
Cat 4	0	0	0	0	0	2	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0
U/S	4	1	2	0	1	2	4	5	1	3	3	2	2	0	2	0	1	0	2	1	0

Trust goal: 10% reduction i.e. no more than 2 patients develop category 3 and above ulcer in hospital

Current Performance and Actions:

- 2 patients developed a cat 3 or above ulcer , meeting the monthly goal
- Year to date this represents a 30% reduction
- The overall number of less serious(cat 2) ulcers remains higher than desired.
- Stop the Pressure Ulcer day celebrated with trolley dashes and stalls across both sites
- 3rd cohort (30 nurses)completed the joint(with SCFT) pressure ulcer module in November.

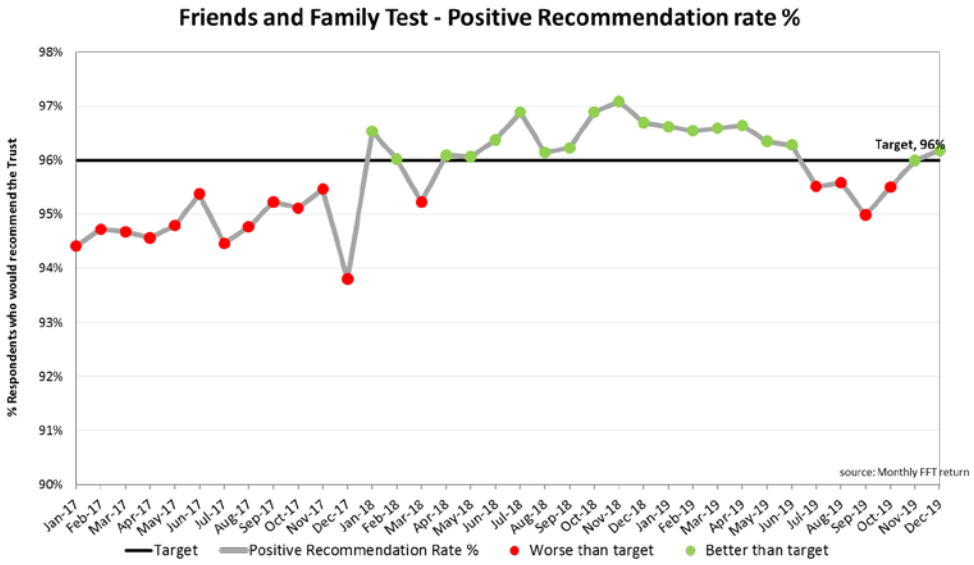
Quality Performance – Experience

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 Recommend Rate >96%

- Trust goal delivered in December with overall 96% satisfaction
- Inpatient, A/E, outpatient and Maternity have all met the recommendation goals
- Inpatient response rate still requires improvement; driver wards are working on approaches to provide consistent and sustainable rates of feedback
- A/E Worthing saw 95% recommendation rate despite high activity; A/E improvement work at SRH has also seen very positive impact on patient feedback



Current Performance:

Inpatients: 97.9% recommendation (goal = 97%)
Response rate: 24.1% (goal = 40%)

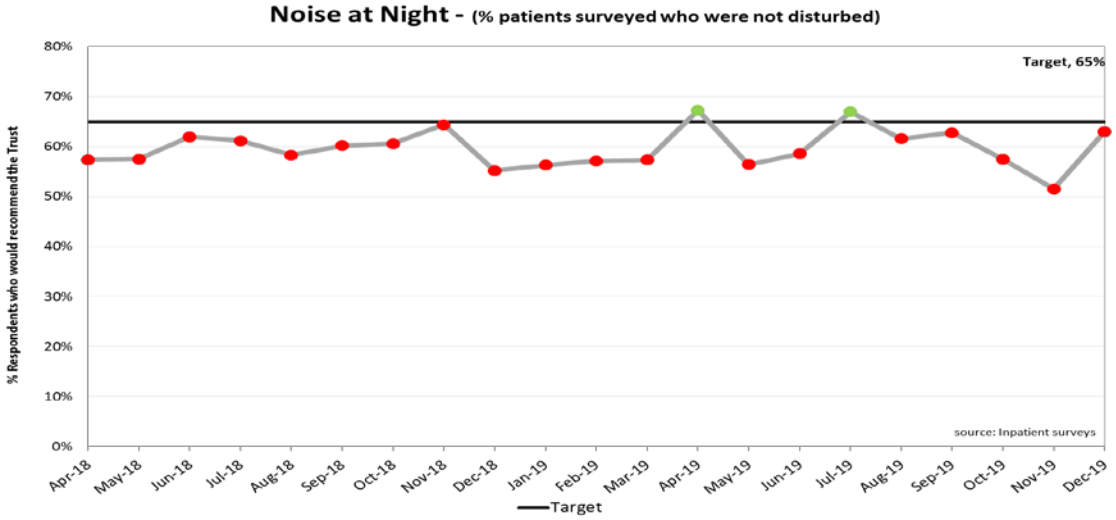
A/E : 93.7% recommendation (goal = 93%)
Response rate: 26.5% (goal = 20%)

Outpatients: 98% recommendation(goal = 97%)
Response Rate: N/A

Maternity: 98.5% recommendation(goal = 97%)
Response rate: 55.1% (goal = 40%)

Quality Performance – Experience – Breakthrough Objective

Improving Satisfaction With Noise at Night: Goal = 65% satisfaction by end March 2020



Current Performance :

- 63% satisfaction in December represents an improvement compared to downward trend of previous months.
- 10 driver wards are developing improvement plans using data gathered from staff and patient surveys
- Weekly huddles in place attended by divisional leads to monitor and direct improvement work in real- time

Current Improvement work includes:

- Reducing number and impact of night time arrivals
- Supporting patients with confusion to reduce their distress, including early recognition of delirium
- Reviewing appropriateness of night time observations
- Standardising use of ward welcome packs which contain ear plugs and eye masks
- Communication campaign in development to support awareness work with teams and patients

Systems & Partnerships – Summary

Systems & Partnerships

Non Elective Care

Target: A&E 95% <4hrs

Elective Care

Target: RTT 92% <18wks

- The Trust saw continued high levels of emergency patients attending both A&Es, with +7% December-19 compared to December-18, with a 14% increase in patients aged over 65 years. The YTD activity is +8.4% compared to the same period in 18/19, with +13.9% increase in over 65s.

- Overall bed occupancy at the Trust has increased to 95.0% in December-19 which is a marginal increase from the prior month. The Trust had 22 more 7 day LOS patients in hospital on average each day in December-19 compared with December-18.

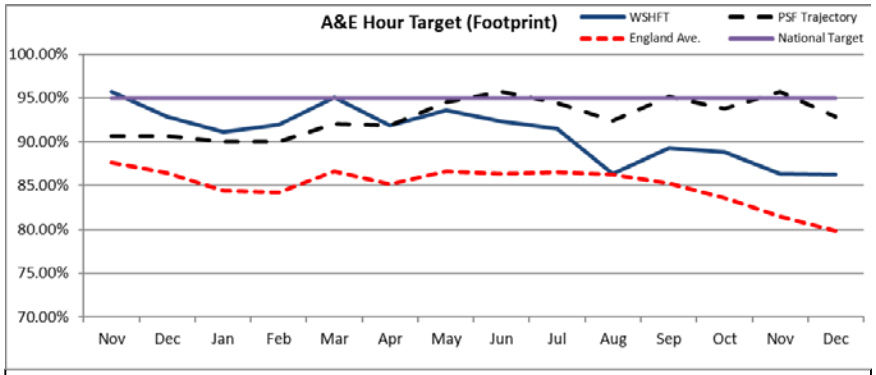
- A&E 4hr performance for December-19 was 86.24%, compared to the national performance of 79.8%. There have been zero 12 hr breaches.

- RTT compliance in December-19 was 83.26%. Zero patients waited longer than 52 weeks for treatment in December-19. The Trust is refocussing efforts to increase activity with support from alternative providers, increased productivity and additional internal WLIs and locum support. The overall waiting list size increased by 1289 compared to the prior month, with 13% more clock starting events Dec-19 than Dec-18.

- Cancer performance for December-19 is compliant against 2 of 7 reportable cancer targets with provisional 62 day performance of 73.1%. National average performance was 77.4% (November-19). Cancer demand Dec-19 was 11% higher than Dec-18.

- Diagnostic performance was compliant at 0.94%. National performance (November-19) was 2.9%.

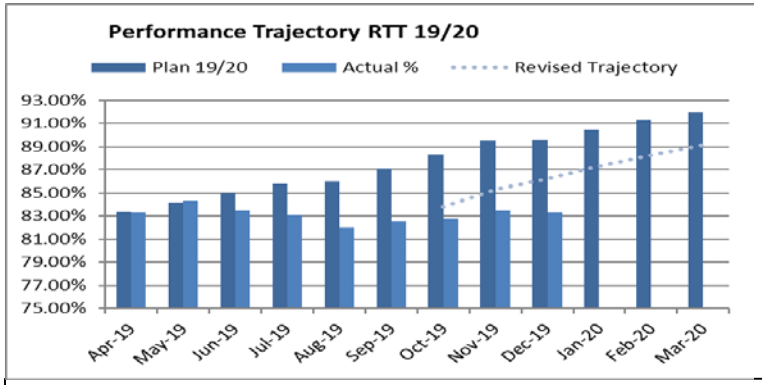
Systems & Partnerships – True North Metrics



- Dec-19 A&E performance was 88.8%
- Dec-19 saw a 3.9% increase in ambulance conveyances, a 6.8% increase in A&E attendances and a 6.6% increase in subsequent emergency admissions compared to Dec-18
- Over 65 admissions up 14% compared to Dec-18
- There has been a 7.7% increase in the time in the dept for Mental Health patients as a proportion of all patient time in the department Dec-19 compared to Dec-18

Actions Underway:

- Early Morning discharge and Long LOS improvement programme
- Additional bed capacity opened at SRH
- Additional medical staff within A&E at key pressure periods
- Partnership programme of care with Mental Health
- New models of care, across #NOF pathway, enhanced GP streaming, Same Day Emergency Care/Ambulatory Care including FRACA, Cardiology
- Embedded Emergency Department Initial triage(EDIT) process where ambulance conveyances are initially assessed on arrival, reducing ambulance handover delays
- Expansion of CDU chair capacity with 24-7 access at SRH



- Dec-19 RTT performance was 83.26% for all specialties
- Zero patients waited longer than 52 weeks for treatment.
- The overall size of the waiting list increased by 1289 waiters from November to December, with a 13% increase in clock starts Dec-19 compared to Dec-18.
- Key areas of pressure remain Orthopaedics, Ophthalmology, OMFS services and Gastroenterology – plans in place for all specialties

Actions Underway:

- Continued improvement theatre and outpatient efficiency programmes
- Additional capacity both internally and from external partners to mitigate loss of activity through WLI and pension concerns
- Substantive recruitment plans to fill vacancies in context of national shortages in some areas
- Enhanced weekly speciality PTL reviews in place and daily task and finish group ophthalmology.

Systems & Partnerships – Key Metrics

Cancer Metrics

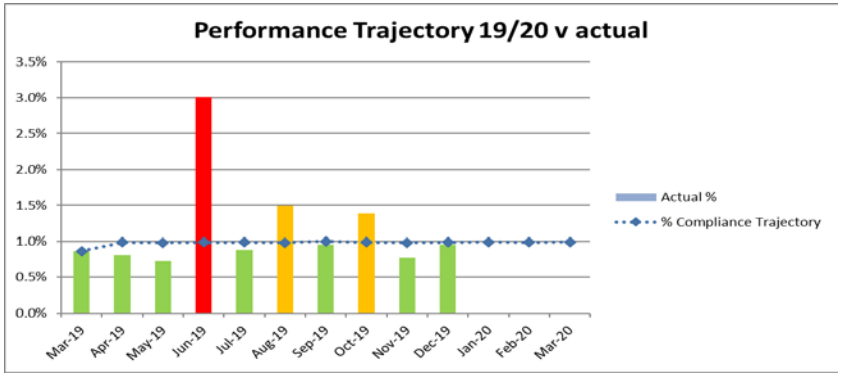
	2019/20	
	Dec	YTD
2 week GP ref to 1st OP	89.2%	89.9%
2 week GP ref to 1st OP - breast symptoms	93.6%	95.0%
31 day 2nd or subs trtmnt - surgery	91.0%	96.6%
31 day 2nd or subs trtmnt - drug	100.0%	97.9%
31 day diag to trtmnt all cancers	91.0%	96.7%
62 day ref to trtmnt: screening	81.4%	89.0%
62 day ref to trtmnt : upgrade	77.5%	81.1%
62 days urgent GP ref to trtmnt : all cancers	73.1%	80.9%

- The Trust was compliant against 2 of 7 reportable cancer metrics in Dec-19.
- 73.1% of patients were treated within the 62 day target in Dec-19 provisionally.
- Significant continued growth in cancer referrals - up a further 11% Dec-19, above the increased 18.2% in 18/19

Actions Underway:

- Implementation of Optimal Pathway project (for colorectal patients) plus equivalent streamlined processes for prostate cancers
- Additional specialist nursing for prostate cancers
- Additional diagnostic capacity (imaging and histopathology).
- Enhanced daily tracking for over 62 day waiters with clear escalation rules , to expedite next steps for each patient.
- Review of MDT processes to ensure timely decision making.
- Focus on reduction to 7 day for first outpatient appointment.
- Additional capacity from community to support skin.
- LLP for endoscopy Jan-20 will improve capacity and performance for colorectal and upper-GI anatomical sites

Diagnostic 6 Weeks



- Diagnostic performance was compliant with the national target in Dec-19 at 0.94% (compared to National of 2.9%)
- NOUS has seen the biggest increase in waiting list size overall

Actions Underway:

- Additional locums were engaged in September to clear the backlog
- Trust Nurse Endoscopists backfilled additional sessions in July to clear the backlog
- Washers at SRH came back in service Mid-September
- Medium term innovations in pathways adopting FIT testing proposed to support increases in recurrent capacity

Sustainability - Summary

Sustainability
Financial Management Target: Break Even

- The Trust is reporting a surplus of £1.96m at the end of Q3 and has delivered the quarterly control total.
- The Trust will earn £2.5m of provider sustainability (PSF) income for Q3, bringing the total PSF earned in 2019/20 to £5.4m.
- The year-end control total is a surplus of £2.46m. A further £2.9m of PSF is available to the Trust if it delivers its control total in full.
- The Trust is currently forecasting delivery of the year-end control total, however, delivery will be extremely challenging.
- During Q3, the Trust bed base remained above planned levels due to increased occupancy from patients with a long length of stay and delayed transfers of care. This will be further challenged during the winter period and will need close operational management alongside engagement and support from community and social care partners.
- Medical workforce expenditure reduced slightly during Q3, as actions to realise the benefits from earlier investment in new workforce models begin to deliver. However, the full benefits are yet to be fully realised and there are emerging pressures in a number of specialties which will require action during Q4.

Sustainability - Key Metrics

SOF Finance Rating — G

	Plan	Actual/ Forecast
Year to Date	1	1
Year End Forecast	1	1

At the end of December the aggregate finance rating is a '1'.

Control Total (exc PSF) Surplus £k — G

	Plan	Actual/ Forecast
Year to Date (exc PSF*) £k	1,935	1,955
Year End Forecast (exc PSF) £k	2,459	2,459
Year to Date (inc PSF) £k	9,804	10,594
Year End Forecast (inc PSF) £k	14,062	14,832

The Trust is reporting a surplus of £1.96m, delivering the plan at the end of Q3. The position including PSF and MRET includes the £0.77m bonus PSF relating to 2018/19's performance.

Efficiency Programme £k — A

	Plan	Actual/ Forecast
Year to Date £k	9,142	8,536
Year End Forecast £k	11,728	11,728

The Efficiency programme is delivering £8.5m of efficiencies at the end of December, resulting in a shortfall of £0.6m against plan. The year end forecast remains on plan.

Capital £k — A

	Plan	Actual/ Forecast
Year to Date £k	8,109	10,229
Year End Forecast £k	20,304	20,304

Capital expenditure remains above plan due to earlier purchase of replacement medical equipment and the completion of schemes deferred from the previous year. The year-end forecast is on plan.

*PSF includes two funding streams - provider sustainability funds and MRET funding.

Sustainability - Key Metrics

Income £k — G

	Plan	Actual/ Forecast
Year to Date £k	346,209	354,173
Year End Forecast	464,582	468,889

Income is £8.0m above plan at the end of December. Income from patient care activities is above plan due to continuing high levels of Accident and Emergency attendances and Non-elective admissions. Private patient income and income from the injury cost recovery scheme continue to be below planned levels.

Operating Costs £k — R

	Plan	Actual/ Forecast
Year to Date £k	(326,200)	(334,550)
Year End Forecast £k	(437,915)	(442,687)

Operating costs are £8.4m adverse to plan at the end of December. Pay expenditure accounts for £4.3m of this position with Medical expenditure remaining the key contributor, £4.7m above plan. Non pay expenditure is £4m above plan, of which £1.26m relates to high cost drugs and devices.

Agency Ceiling £k — G

	Plan	Actual/ Forecast
Year to Date £k	10,612	9,076
Year End Forecast £k	14,969	9,076

Agency spend reduced this month by £0.2m in comparison to November and expenditure is favourable against the YTD agency ceiling by £1.5m.

Cash £k — A

	Plan	Actual/ Forecast
Year to Date £k	33,399	25,746
Year End Forecast £k	28,620	28,620

At the end of December cash is below plan by £7.7m. As agreed, as part of the Cash Strategy, creditor days have been reduced to 30 days for approved supplier invoices.

Sustainability - Action & Recommendations

There are no actions required of the Board.

The Board is asked to note the following:

- The Trust is continuing to forecast delivery of the year-end control total. This will be challenging and will require close management.
- The actions required to deliver the year-end position have been reviewed at Finance and Performance Committee.
- Finance and Performance Committee will provide oversight of the delivery plan on behalf of the Board.
- The Chief Financial Officer, Chief Operating Officer and Finance Director will be meeting regularly with operational divisions during Q4 to assure delivery of actions and support the identification and mitigation of emerging risks.

Workforce Performance – Summary

People
Staff Engagement
Target: Engagement Score Top in the Country

1.0 INTRODUCTION

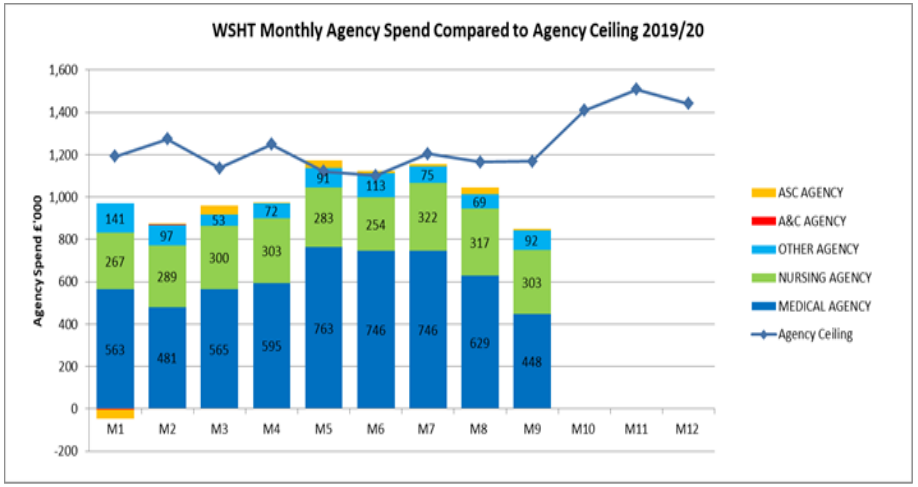
- Engagement score – at 7.6 is a slight reduction but remains at target level
- Breakthrough objective – 71% staff able to make improvements happen in their area of work
- Pay – overall £498k adverse position , medical pay £356k adverse. YTD £4.5m adverse

Operational Performance – Capacity and Capability

PAY	Annual Budget £000s	In Month Budget £000s	In Month Actual £000s	In Month Variance £000s	Year to Date Budget £000s	Year to Date Actual £000s	Year to Date Variance £000s
Medical Staff	(86,900)	(7,255)	(7,611)	(356)	(65,610)	(70,333)	(4,723)
Nursing Staff	(116,794)	(9,897)	(10,196)	(299)	(87,155)	(88,686)	(1,531)
Professional Staff	(42,193)	(3,556)	(3,532)	24	(31,678)	(30,946)	732
Admin & Management Staff	(45,161)	(3,761)	(3,585)	176	(33,935)	(32,768)	1,167
Estates Staff	(16,740)	(1,390)	(1,434)	(44)	(12,546)	(12,706)	(160)
Total	(307,788)	(25,859)	(26,357)	(498)	(230,924)	(235,439)	(4,515)

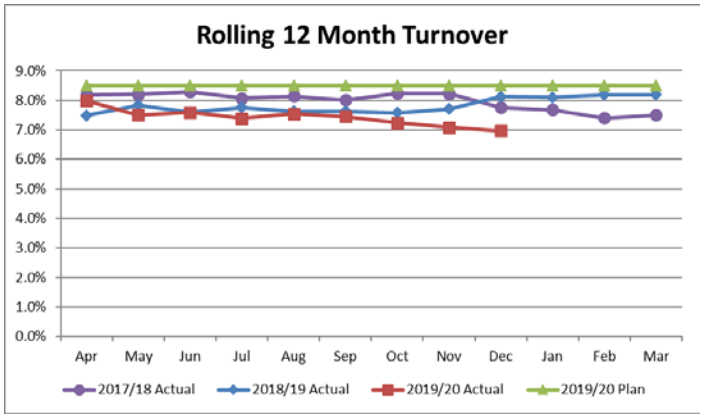
This month the Trust spent £26.4m on workforce – £498k above budget. The majority of overspend continues to be in medical staffing, although the variance has improved significantly from £636k above budget in M8 to just £356k in M9. Nursing spend in-month is now £300k above budget. Total workforce is now £4.5m ytd adverse to budget. The majority of the overspend remains within the Medicine division, who are £2.7m overspent in medical workforce and £1.8m in nursing. Recovery actions continue and show improved run-rate following refreshed controls.

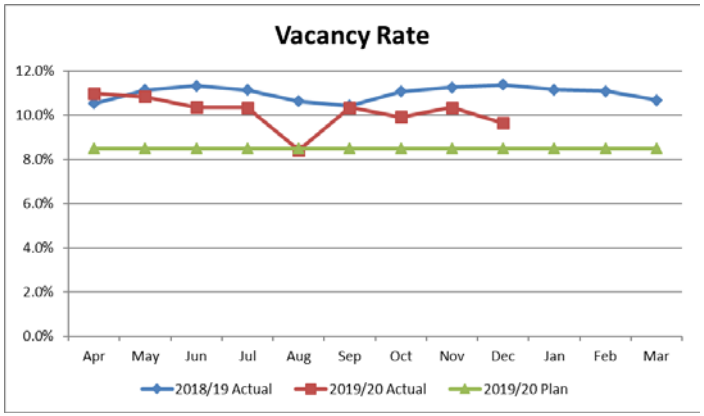
In December 2019, budgeted establishments remained flat; winter pressures have required additional temporary staffing usage to care for patients in escalation areas. Since November, nearly 50 WTE more substantive staff have been employed, with increases across both medics and nursing staff groups.



December has seen a strong reduction in agency spend – particularly in Medical - and is driven by benefits of Medicine's recruitment and temporary workforce controls. Nursing vacancies are the lowest level this year at only 11.5% following 6 months of increasing substantive wte.

Operational Performance – Key Metrics





- Turnover decreased again in December to 7% and remains at it's lowest rate since September 2014
- Core have seen a significant reduction in turnover and have now reached the ceiling level of 8.5% (down from 12.3% in Dec 2018)
- All other Divisions have turnover below the ceiling rate of 8.5%, with Medicine and Surgery particularly low at 5.6% and 6.1% respectively
- Retention rates for the Trust improved marginally to 86.6% in December and remain higher than the national average of 85.6%.

Improvement Focus:

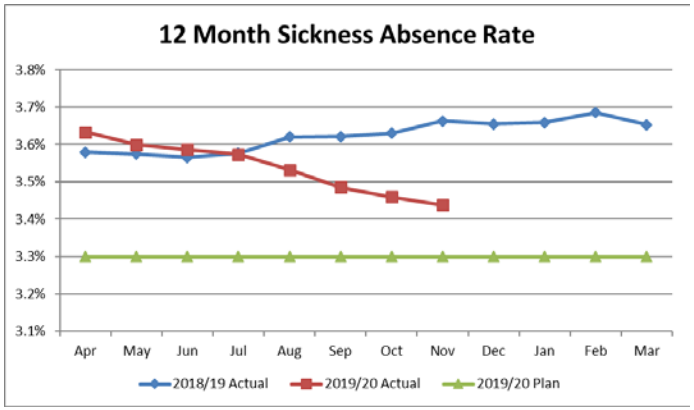
- Review staff survey data on intention to leave and identify hotspots where preventative action can be taken to retain staff

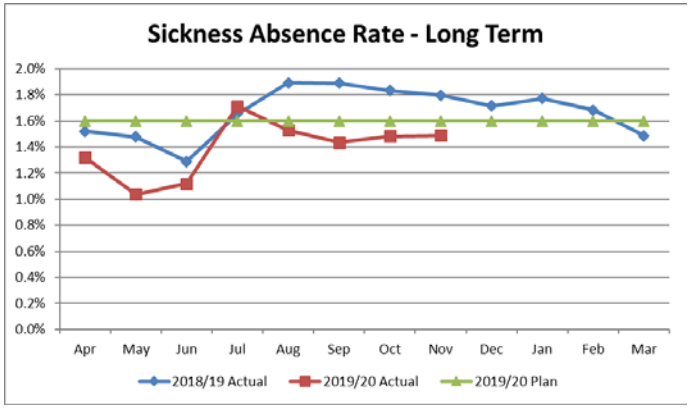
- Vacancy rate has decreased again in December down to 9.6%
- Vacancy rates in medical staff, nursing staff and HCA's have all decreased in month
- However, vacancy rates in Medicine and Estates and Facilities remain high
- Focused work is underway on a review of recruitment methods and materials to ensure we are reaching all potential candidates
- All Divisions are considering alternative roles and ways of working as part of operational planning.

Improvement Focus:

- Continued focus on recruitment initiatives

Operational Performance – Key Metrics





- Monthly sickness absence rates have increased in November and December, in line with the usual seasonal trend
- However, as the rates remained lower than the same period in 2018, the 12 month sickness absence rate continues to fall
- 12 month sickness rate is now at its lowest level since 2011
- All Divisions (other than Corporate) saw a decrease in 12 month absence rate in December
- Core, Corporate and Surgery remain below the Trust ceiling level of 3.3%

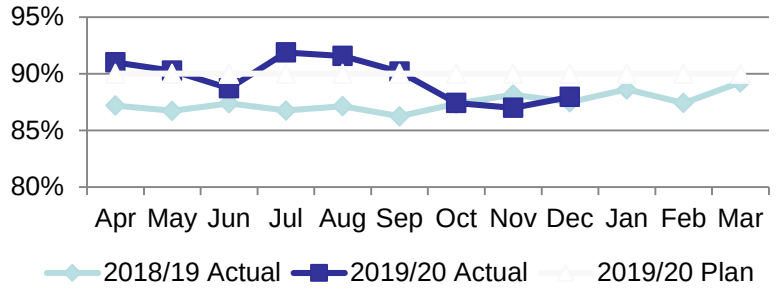
- Long term absence rates in particular have remained lower than last year and below ceiling rate of 1.6%
- Mental health related absence has been the highest reason for absence over last 12 month
- This has been the case for all Divisions other than Facilities and Estates (where MSK absence is higher)
- Divisional projects to reduce absence and improve health and wellbeing are ongoing.

Improvement Focus:

- To continue Divisionally led projects to improve sickness absence rates

Operational Performance – Key Metrics

All Staff Appraisal Rate

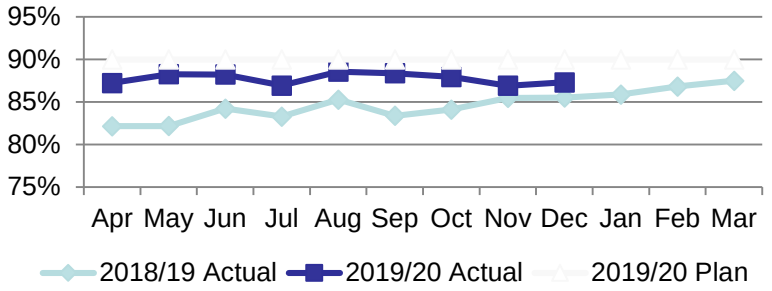


- Appraisal compliance increased by 1% to 88%
- Medical appraisal remains compliant at 91%
- Core and Facilities & Estates remain above the 90% compliance rate
- 20% of appraisals are out of date by less than 1 month

Improvement Focus:

- Divisional focus on continuing to increase appraisal compliance rates

Resus Training Rate



- 8 out of 9 STAM modules remain above the Trust target of 90%.
- Resus training is slightly below the Trust target at 87.3% but is continuing to show a gradual improvement, and the Resus teams are actively targeting out of date staff, particularly medical staff.
- Whilst the overall rate for Safeguarding Adults is 92.5%, the attendance rates for L2 (clinical staff) is currently at 66.02%. The Safeguarding adults team are working hard to deliver more face to face training and promote e-learning.

Improvement Focus:

- Continue to work with the Medical Director and medical leaders to improve the attendance rates for medical staff
- Continue to work with divisions to improve clinical staff's attendance on Safeguarding Adults training through e-learning or standalone sessions

Improving Staff Engagement

Staff Engagement Score (Pulse Survey)

- 7.61 in December with 121 participants, this remains just above the target score of 7.6
- Rates of advocacy remain high with 85% of staff recommending the Trust as a place to work and 90% as a place to be treated

Breakthrough Objective (Pulse Survey)

- 71% of staff were able to make improvements happen in their area of work
- The rate continues to be significantly higher than the Trust target of 63%

Health and Wellbeing

- Mental health training pilot underway with 3 courses run during November and December. Further courses running during February. One and three month follow up evaluation being undertaken to inform a proposal for ongoing future training provision.
- Time to Change pledge development in progress
- Ongoing programme of activities including Emotional Resilience courses, Gym4Staff, yoga and Wellbeing Wednesdays
- Flu campaign progressing well with 72% uptake for frontline staff

Equalities and Inclusion

- Trust Equality report prepared identifying examples of good practice and areas for further work and action
- Gender Pay Gap report prepared showing small reduction in gender pay gap from 21.6% to 20%
- WDES action plan approved by Quality Assurance Committee and published
- Celebrating Cultures event taking place in February
- Four WSHFT BAME staff have been accepted into the Sussex Stepping Up Programme

Staff Survey and Best Place to Work

- Staff survey closed with a 55% response rate, compared to 64% response rate in 2018
- Initial results have been received, with detailed results available at the end of January, enabling further analysis
- National results available in February, at which point Trust results can also be shared
- Best Place to work feedback to be incorporated into staff engagement plans

Improving Staff Engagement

Reducing Abusive Behaviours

- Above and Below the Lines and Support and Care Flowchart published and promoted across the Trust
- Session on Above and Below the Lines being delivered as part of mandatory training programme from January 2020
- Respecting our People roadshows taking place during January, promoting and sharing the work undertaken so far

Leadership Development

- The final session for the pilot Level 3 Leadership programme, delivered by NHS Elect, was held in January 2020. KSS have been commissioned to undertake an evaluation of this programme
- The leadership development opportunities, in collaboration with the Sussex Leadership and Talent STP, continue to progress. Seven staff from WSHFT have attended a two day Coaching Foundation Skills course and an additional 6 courses will be advertised shortly. A number of additional programmes are in development and will launched in early 2020. These include a Systems Leadership programme for 200 managers (band 7 -8a)

Widening Participation

- The Trust Apprentice Levy digital account balance at end December was £2.6m
- Work experience placements in December included placements with Dieticians, Medical wards and Physiotherapy

Workforce Systems

- SafeCare entry compliance has increased to 87% in December
- The Temporary Staffing team are commencing a programme of improvements aligned with NHSi Good Rostering Guidance and the contract terms with Payroll.

Communications and Engagement

Employee of the Month

- The communications team organises Employee of the Month to recognise staff going above and beyond.
- A lean improvement project launched in October has seen nominations each month double.
- To nominate an individual or team please visit: www.westernsussexhospitals.nhs.uk/employee-month

Respecting Our People

- The communications team has developed the Respecting Our People campaign.
- The campaign shares initiatives stemming from the Reducing Abusive Behaviours corporate project.
- It coordinates and promotes engagement with staff, patients and visitors.
- 19-24 January was Respecting Our People week with stands, special events and promotion across the trust:
    - Raising awareness
    - Feedback/ideas
    - Meet the Security Team
    - Meet the Freedom to Speak Up Guardians
    - Resource distribution

Staff briefing / Q&A sessions with executive team

- The communications team organises staff briefings and Q&A sessions with the executive team in each of the trust's hospitals.
- In 2019 more than 1,500 members of staff have attended meetings.
- Further staff briefings are arranged in February, March and April

Communications and Engagement

Social Media

- The communications team uses social media to communicate directly with thousands of people living locally, as well as our staff and interested parties further afield. The number of *followers* our main social media channels attract continues to grow:

  - Facebook (@westernsussexhospitals) 5,307 followers (+1.5% since 22 November)
  - Twitter (@westernsussex) 4,390 followers (+2.6% since 22 November)
  - Instagram (@westernsussexhospitals) 1,910 followers (+3.1% since 22 November)
  - Social media reach for most popular stories 50,000 to 100,000+

External website & intranet

- The communications team manages the trust's external and internal websites, regularly publishing new information.

  - www.westernsussexhospitals.nhs.uk = 68,248 users + 280,957 unique page views / since 22 November (+7% year-on year)
  - StaffNet (trust intranet) = 471,240 page views / since 22 November (+16% year-on-year)

Media / press releases

- The Communications team manages a number of media enquiries every week, issuing statements as appropriate.
- The team also drafts news releases which are published on the trust website, promoted via social media and issued to news organisations.

- Recent news releases picked up by the media include:
  - Triple win for Western Sussex Hospitals at Awards
  - Managing Major Trauma conference

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	11	Meeting:	Trust Board	Meeting Date:	30 Jan 20
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 5 December 2019 and was quorate as it was attended by three Non-Executive Directors and the Chief Nurse, Chief Medical Officer, the Trust Medical Director, Trust HR Director along with the Chief of Women and Children Division and the Head of Nursing for Medicine Division.

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

Key Recommendation(s):

The Board is asked to **NOTE:**

The approval of the Workforce Race Equality Survey and the Workforce Disability Equality action plans.

The assurances received through the reports received and that the Committee through its review of the BAF did not refer any matters to the executive for review

Western Sussex Hospitals
NHS Foundation Trust

To: Trust Board

Date: 30 January 2020

From: Quality Assurance Committee

Agenda Item: 11

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Quality Assurance Committee	**Thursday 5 December 2019**	**Joanna Crane**	✓	☐

Declarations of Interest Made

None

Assurance received at the Committee meeting

- The Committee **RECEIVED** the quarterly Incident Report including Duty of Candour Audit noting that the Trust had maintained 100% within the duty of candour audit for the last year, with the Medicine Division managing candour particularly well leaving the Committee **ASSURED** that Candour is well embedded at the Trust.
- The Committee **RECEIVED** a quarterly updated from the Junior Doctors Guardian of Safe Working, it was noted that following a contract refresh the Trust was in the process of implementing changes as a result. The Committee took **ASSURANCE** from the report but noted there remained some challenges.
- The Committee **RECEIVED** a six monthly update from the Freedom to Speak Up Guardian and was **ASSURED** by the collaborative work taking place with the HR department in relation to the Abusive Behaviours Corporate Project.
- The Committee **RECEIVED** the Annual GMC Survey Results for 2019. The Committee noted that there had been a slight deterioration in the number of green flags, however was **ASSURED** that overall the Trust continued to perform positively when compared to other Trusts.
  The Committee **RECEIVED** the Board Assurance Framework and was assured through the reports at the Committee meeting that there were no risks that were under-scored that needed referring back to the Executive. The Committee did note the increase in Sustainability Risks 2.1 and 2.2 and were informed that F&P through their work will receive assurance over these risks

Actions taken by the Committee within its Terms of Reference

- Through its delegated authority from the Board the Quality Assurance Committee **APPROVED** both the Workforce Race Equality Survey and the Workforce Disability Equality action plans for 2018-2021 and 2019-2022 respectively.

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

- The Committee requested a Deep Dive into the ongoing GMC work across the Trust to provide it with further assurance following the 2019 Survey.
- The Committee confirmed that it would receive a Deep Dive into Looked After Children's Services at its meeting in March.

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

Item	Referred to
There were no items to be referred to the Board or another Committee of the Board.	

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	13	Meeting:	Trust Board-Public	Meeting Date:	30 Jan 20
Report Title:	Charitable Funds Committee Highlights Report to Board				
Sponsoring Executive Director:	Joanna Crane, Non-Executive Director				
Author(s):	Joanna Crane, Non-Executive Director				
Report previously considered by and date:	Not applicable as direct report				
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 Charitable Funds Committee met on the 10 January 2020 and was quorate as it was attended by two Non-Executive Directors and the Trust Finance Director. In attendance was the Group Company Secretary along with the Director of Communications and Engagement.

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

Key Recommendation(s):

The Board is asked to **NOTE:**

That the Committee approved one Charitable Funds request and received papers in line with its cycle of business.

Western Sussex Hospitals
NHS Foundation Trust

To: Trust Board

Date: 30 January 2020

From: Charitable Funds Committee

Agenda Item: 13

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Charitable Funds Committee	**10 January 2020**	**Joanna Crane**	✓	☐

Declarations of Interest Made

None

Assurance received at the Committee meeting

- The Committee **RECEIVED** the Investment Report for the period up to the 30 November 2019 noting the value of the LYH investment portfolio and was **ASSURED** that the return made by the investment manager was in line with benchmarks.
- The Committee **RECEIVED** the Strategic and Operational Report for September to November 2019 which detailed the events hosted by the Charity during the three-month period, and was **ASSURED** as to their value in particular the success of the First Fifty Club hosted by Rolls Royce, which had already seen a significant donation to Love Your Hospital.
- The Committee **NOTED** the departure of Love Your Hospital Charity Manager Amanda Tucker and thanked her for her hard work, vision and the progression of the Charity under her leadership.

Actions taken by the Committee within its Terms of Reference

- The Committee **APPROVED** one Charitable Funds bid request.

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

There were no specific items that the Committee requested to return to a future meeting.

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

Item	Referred to
There were no items to be referred to the Board or another Committee of the Board	

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	14	Meeting:	Trust Board	Meeting Date:	30 Jan 20
Report Title:	Audit Committee Report to Board				
Sponsoring Executive Director:	Jon Furmston, Non-Executive Director				
Author(s):	Jon Furmston, Non-Executive Director				
Report previously considered by and date:	N/A direct report to Board				

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

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

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

Any implications for:	
Quality	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

The Audit Committee met on the 10 January 2020 and was quorate as it was attended by two Non-Executive Directors. Attending the meeting were also the Trust's External and Internal Auditors, the Trust's Local Counter Fraud Specialist, the Chief Operating Officer, Director of Finance and the Group Company Secretary.

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

Key Recommendation(s):

The Board is asked to **NOTE:**

The assurances secured through the reports reviewed and that the Committee did not refer any matters to the executive for review following its review of the BAF.

The receipt of the Internal Audit annual plan and approval of the Quarter 1 Audits.

The Audit Committee's approval of the Trust's Accounting Policies and the decision to continue to not consolidate the Charity Accounts into those of the Trust given their relative size.

The Audit Committee's referral of the follow up of actions being taken in respect to Pharmacy and Medicines Management to the Trust's Quality Assurance Committee.

Western Sussex Hospitals
NHS Foundation Trust

To: Trust Board

Date: 30 January 2020

From: Audit Committee

Agenda Item: 14

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Audit Committee	**10 January 2020**	**Jon Furmston**	✓	☐

Declarations of Interest Made

No interests were declared.

Assurance received at the Committee meeting

-
- The Committee **RECEIVED** the BAF and information on the supporting high scoring risks and agreed that the BAF encapsulated the key strategic risks, that the assigned oversight committees for each risk were appropriate and that the expected assurances were reasonable.
- The Committee **RECEIVED** final reports from the Internal Auditors in relation to four recently completed audits; Falls Pathway, Medicines Management and Key Financial Systems It received positive **ASSURANCE** in relation to these reports and the progress made against recommendations from both these and previous audits.
- The Committee **RECEIVED** the Internal Audit Draft Annual Plan for 2020/21 and was **ASSURED** that it was aligned with the Trust's strategic objectives.
- The Committee **RECEIVED** the Annual Audit Plan from the External Auditors and were **ASSURED** that work and planning was underway to ensure a seamless year-end.
- The Committee received **ASSURANCE** from the Local Counter Fraud Specialist update, in particular that RSM had completed the first element of the Fraud Risk Assessment.
- The Committee **RECEIVED** the Declaration of Interest update and was **ASSURED** by the high number of returns received to date.
- The Committee **RECEIVED** a Post Project Evaluation on Continuous Renal Replacement Therapy (CRRT). The Committee was **ASSURED** by the Benefits Realisation and that as a result the project had released additional direct patient contact time for nursing staff whilst also providing the gold standard of anticoagulation treatment.

Actions taken by the Committee within its Terms of Reference

- The Committee **APPROVED** in principle the Internal Audit Quarter 1 Audits from the Annual Plan to enable BDO to commence work.
- The Committee **APPROVED** the Accounting Policies and **APPROVED** the continued non-consolidation of the Charitable Funds for 2019/20 within the Trust's main accounts due to the relative small size of the charity.

Items to come back to Committee (Items Committee keeping an eye on)	
▪ The Committee requested that the PMO post project evaluation annual programme be brought back to the Committee and added to the cycle of business as an annual item. ▪ Counter Fraud would look at three cases within the Losses and Special Payment Report to see if there is any further common learning that could be applied across the Trust. ▪ The final Internal Audit and Counter Fraud Annual Plans would be brought back to the Committee for approval in April.	
Items referred to the Board or another Committee for decision or action	
Item	**Referred to**
▪ The Quality Assurance Committee would receive a deep dive into Pharmacy and Medicines Management.	Quality Assurance Committee

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	15	Meeting:	Board	Meeting Date:	30 Jan 2020
Report Title:	**Q3 Board Assurance Framework – 2019/20**				
Sponsoring Executive Director:	Glen Palethorpe, Group Company Secretary				
Author(s):	Glen Palethorpe, Group Company Secretary				
Report previously considered by and date:	QAC – 5 December 2019 TEC – 19 January 2020 F&P – 27 January 2020				

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

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

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

Communication and Consultation:

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

Executive Summary:

Introduction

The Trust has identified 11 strategic risks to the delivery of its objectives. The oversight of the management of these strategic risks is documented within the Board Assurance Framework. Each risk has an assigned oversight committee who review the detail of the listed assurances and their impact on the current score along with the delivery of the actions to reduce to or maintain the risk at its target score.

For quarter 3 there have been TWO changes from the Q2 assessed risk scores. These changes are in relation to sustainability risks 2.1 and 2.2 which have increased; these were agreed at the last Board meeting.

BAF Summary

The table overleaf shows by risk, their current score and their target risk score. Noting that for one risk (3.2) this continues to be scored at its target score and thus the BAF process for this risk is about securing assurance that this acceptable (target) level of risk is maintained. The target score is set having regard to the Trust's risk appetite as summarised at Appendix A.

The table also shows pictorially the movement in risk between the current score for Q3 and that recorded for Q1. (⟷ No change, ↑ an increase in risk and ↓ a decrease in risk)

BAF: Strategic Objectives and Strategic Risks (Key: I = Impact L = Likelihood T = Total)	Risk Scores											
	Opening risk			Q2			Q3			Target		
	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	2	3	**6**	2	3	**6** ⟷	2	3	**6** ⟷	2	2	**4**
2. Sustainability ***Finance and Performance Committee***												
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients	3	4	**12**	3	4	**12** ⟷	4	4	16 ↑	3	3	**9**
2.2 We cannot continue to deliver ongoing efficiencies and flex our resources in an agile way resulting in the Trust not being able to live within its resources given the rising demands on our services	3	4	**12**	3	4	**12** ⟷	4	4	16 ↑	3	3	**9**
2.3 We are unable to meet high standards of financial stewardship meaning we cannot sustain compliance with our statutory financial duties	3	3	**9**	3	3	**9** ⟷	3	3	9 ⟷	3	3	**9**
3. People ***Quality Assurance Committee***												
3.1 We are unable to appropriately develop 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	3	3	**9**	3	3	**9** ⟷	3	3	**9** ⟷	3	2	**6**
3,2 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	3	**9**
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	2	3	**6**	2	3	**6** ⟷	2	3	**6** ⟷	2	2	**4**
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	2	3	**6**	2	3	**6** ⟷	2	3	**6** ⟷	2	2	**4**

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 in line with the NHS Long Term Plan	3	3	**9**	3	3	**9** ↔	3	3	**9** ↔	3	2	**6**
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 the reputation of the Trust	4	3	**12**	4	3	**12** ↔	4	3	**12** ↔	4	2	**8**

Committee Review

Each BAF risk has an allocated lead oversight Committee, however, it is recognised that for some risks other Committees will also receive assurance against elements of control with respect to that risk.

Quality Assurance Committee

The Committee's review of the risks to which they have allocated oversight and their receipt of assurance at their meetings across Quarter 1, Quarter 2 and the start of Quarter 3 did not identify any negative assurance that required any risk to be referred back to the Executive for review for being under stated.

Finance and Performance Committee

The Committee's review of the risks to which they have allocated oversight and their receipt of assurance at their meetings across Quarter 1 and the start of Quarter 2 did not identify any negative assurance that required any risk to be referred back to the Executive for review for being under stated. However at the end of Quarter 2 the Committee recognised the reports from the Executive showed increased risk in relation to the financial position of the Trust and the increase in demand as a pressure on risk 5.3 in relation to the delivery of the Trust's operational targets.

At the start of Quarter 3 the Committee agreed and recommended to the Board that the BAF risks 2.1 and 2.2 be increased to a current score of 16 for each risk. Countermeasure reports in the form of the Trust's road map to deliver the Trust's control total have been presented to Finance and Performance Committee which include information on planned mitigations and the delivery of which will be tracked within the routine reports to Finance and Performance Committee.

The Committee continues to recognise the pressure within the wider system which could increase the risk in relation to strategic risk 5.1.

Audit Committee

The Audit Committee considered the BAF along with the key highly scoring risks that underpin the BAF and felt there was no need to refer any risk to the Executive for review for being under stated.

The Committee did undertake a more detailed review at its October Committee meeting of risks 3.1 and 3.2 to complement the reviews undertaken by the Quality Assurance and Finance and Performance Committees and confirmed that the reported assurance did support the stated current risk scores for Q2.

Trust Executive Committee

The Trust Executive Committee considers the BAF alongside the highly scored divisional / corporate risks. The Committee within its meeting has not identified any increasing divisional risks that have required a reassessment of the scored strategic risks.

Key Recommendation(s):

The Board is recommended to consider the level of current risk recorded within the BAF against reported assurances via the various Committees and assurances provided direct to the Board over the period covered by this report and agree that the BAF represents a balanced view of the key risks to the achievement of the Trust's stated objectives.

Appendix A

Risk Appetite Statement

The Boards of NHS Trusts are accountable for ensuring the quality, safety and sustainability of the services they provide to patients. Western Sussex Hospitals NHS Foundation Trust sets clear expectations for the Trust through strategic objectives.

The Trust operates in a high risk environment and the day to day management of risk is an expected and integral part of the business of any healthcare provider. Overall, the Board has a **moderate** appetite for risk in relation to the achievement of its objectives and takes active and ongoing actions as part of our daily operational management and strategic planning to reinforce our risk controls in order to minimise risk to a tolerable level.

Our Board Assurance Framework and risk registers will continue to reflect material risks that may prevent the Trust from fulfilling its role in delivering clinical services which meet regulatory and NHS Constitutional standards and the expectations of our stakeholders and patients. We have defined our appetite for risk in relation to our strategic objectives as follows:

Patient Care: We make delivering an excellent care experience for our patients our highest priority. However, we will accept **moderate** risks to patient experience if this is required to achieve patient safety and quality improvements.

> We have a **low** risk appetite for actions and decisions that, whilst taken in the interests of ensuring quality, safety and sustainability, may affect the reputation of the Trust or of the wider NHS. Such actions and decisions would be subject to a rigorous risk assessment and be signed off by the Board.

Safety: We will deliver safe, high quality clinical services and demonstrate they achieve optimal clinical outcomes and deliver best practice for our patients whilst ensuring we meet regulatory standards. Overall, our risk appetite for safety is **low**. Specifically:

> We have a **low** appetite for risks that could result in poor quality care or unacceptable clinical risk, non-compliance with standards or poor clinical or professional practice.
>
> We have a **low** appetite for risks that may jeopardise patient safety.
>
> We recognise that it can be in the best interests of patients to have a **moderate** appetite for some individual patient care and treatment risks in order to achieve the best outcomes. Therefore we support our staff to work in collaboration with the people who use our services to develop appropriate and safe care and treatment plans based on assessment of need and clinical risk.
>
> We will apply strict safety protocols for all of clinical and non-clinical activity, when and wherever possible. We will report, record and investigate our incidents and ensure that we continue to learn lessons to improve the safety and quality of our services.

Sustainability: We strive to use our resources efficiently and effectively for the benefit of our patients and their care and ensure our services are clinically, operationally, and financially sustainable. We will always aim to achieve this objective; however, overall we have a **moderate** appetite for risk in this area. Specifically:

We have a **moderate** appetite for some financial risks where this is required to mitigate risks to patient safety or quality of care. We will ensure that all such financial responses deliver optimal value for money.

We are committed to providing patient care in a therapeutic environment and providing staff with an environment and supporting infrastructure in which to perform their duties. However, we have a **moderate** appetite for some risks related to our infrastructure and estate except where these adversely impact on patient safety, care quality and regulatory compliance

We will increase our appetite for financial risk to **significant** in some instances and consider all potential delivery options to ensure the delivery of our objectives. Our appetite for risk in this area recognises the financial environment in which NHS trusts are operating, and the requirement to maintain regulatory and constitutional standards. A decision to take this level of risk would be based on a rigorous risk assessment and a review of the robustness of the controls and would require sign off by the Board.

We are prepared to support investments for return and minimise the possibility of financial loss by managing associated risks to a tolerable level. Value and benefits will be considered and resources allocated in order to capitalise on opportunities.

People: We value and respect all our staff equitably, involve them in decisions about the services they provide and offer the training and development they need to fulfil their roles. We will rarely accept risks that would limit our ability to achieve this objective and the Trust's overall risk appetite for workforce related risks is **low**. Specifically:

We have a **low** appetite for risks related to the recruitment, retention and training of staff to deliver safe, high quality services and good patient experience.

We have **no** appetite for risks associated with unprofessional conduct, bullying, or an individual's competence to perform roles or tasks safely nor any incidents or circumstances which may compromise the safety of any staff members and patients or contradict our values.

We have a **moderate** appetite for risks associated with the implementation of non-NHS standard terms and conditions of employment, innovative resourcing, and staff development models where these enhance or improve patient safety, care quality, service delivery or financial sustainability.

We have **no** appetite for any risk that could result in staff being non-compliant with legislation, or any frameworks provided by professional bodies.

We have **no** appetite for any risk that could result in us being in breach of our contractual or statutory responsibilities in relation to our staff or in a breach of our staff's employment rights.

Systems and Partnerships: We will collaborate with commissioners, local authorities, our other partners and other care providers to prevent ill health, plan and deliver services that meet the needs of our local population and deliver operational and NHS constitutional standards. Overall we have a **moderate** appetite for risks to the achievement of this objective. Specifically:

We have a **moderate** appetite for risk where this results in improvements in the design or delivery of healthcare services for our patients or the population we serve. Our appetite for risk in this area recognises that the Trust operates in a complex environment and is subject to very challenging economic conditions and changing demographics with intense scrutiny. We consider the risks associated with innovation, creativity and clinical research to be an essential part of the Trust's risk profile. We increase our appetite for risk in this area to **significant** in order to maximise the opportunities to improve patient outcomes and the Trust's sustainability. . A decision to take this level of risk would be based on a rigorous risk assessment and a review of the robustness of the controls and would require support of the Board.

We will collaborate with commissioners, local authorities, our other partners and other care providers to prevent ill health, plan and deliver services that meet the needs of our local population and deliver operational and NHS constitutional standards.

Clinically Led IT

Ian Arbuthnot	Director of IT
Grant Harris	Head of IT Operations & Medical Records
Susan Harman	Head of IT Programmes and Projects
Andy Banks	Head of IT Applications Management

WSHT IM&T- January 2020

IT Strategy

As a key facilitator in the provision of services across the entire organisation, we knew our strategy should:

- Reflect the needs of our stakeholders and patients.
- Provide a clear framework to deliver solutions to address the gaps in our current architecture.
- Define a clear direction for integrated Healthcare, not just within our organisation but in collaboration with our local Healthcare economy.
- Provide Governance and Operational structures to support the delivery of the strategy.

To ensure our strategy meets the demands of our staff and patients we engaged with key stakeholders and we are now assessing our strategy against the new NHS Long Term Plan.

Governance

- CCIO engagement, clinical leadership
- CCIO led Clinical Advisory Group (CAG)
- Taking IT projects beyond implementation to include uptake; partnership and shared ownership
- Sussex Health & Care Partnership

Group Role

Effectively one IT function across BSUH & WSHT under the Group Director role:

- Group IG Function
- Group Projects and Programs
- Group Capital and PMO leads
- Group Application Lead

Standardised on:

- Electronic Observations
- Order Communication System
- Service desk system
- IT management and Deployment system
- Windows 10
- Single Sign on
- Integration layer
- NHS Mail

In 2020/21 we intend to move even further together

Cyber Security

- We are now Cyber Essentials Certified and are working towards Cyber Essentials +
- We have engaged fully with NHS Digital's CareCERT, and have enrolled all of our Client Devices in the Microsoft Advanced Threat Protection system.
- We also have continued to improve and develop our other security protection systems Rapid7 SIEM, Sophos EndPoint Protection and our border Next Generation Firewalls.
- Expedite removal of legacy software, databases and operating systems (Windows XP, Windows server 2003/2008, SQL 2003/2008)
- We are currently at 59% migrated to Windows 10
- Fleet of fax machines decreased – we have removed over three quarters of the machines and have less than 50 left.

IT Infrastructure

- Hyperconverged (Nutanix) virtualisation strategy
  - Significant Communications Room Power Savings
  - Reduced multiple racks of Servers to 2
  - Fast provisioning of new Servers
  - Cyber risk reduction
  - 315 servers
  - 65% migration complete
  - 15% to decommission
- Increased WiFi Coverage trust-wide for both Patients and Staff
- Fast, secure, robust, reliable, performant

IT Service

- Free up analyst time to improve phone response
- Call logging and tracking; calls automatically assigned to the right IT specialist to enable a faster service
- Automated workflow for repeat tasks such as requesting application accounts

We opened our own Helpdesk in November 2016 and since then:

- 2017 – 21,372 calls were answered
- 2018 – 28,746 calls were answered
- 2019 – 37,032 calls were answered

Our Technical Operations teams have resolved:

- 2017 = 17,820 tickets resolved
- 2018 = 18,777 tickets resolved
- 2019 = 19,393 tickets resolved

98%

This breaks down to approximately 1,616 tickets per engineer per year, or 76 tickets per engineer per month.

Green IT

In October, we worked with Canon to bring in a new Green Initiative. Now, all of our Canon printer consumable and toners are recycled, rather than sending them to landfill. We are currently recycling 10 large bags of printer consumables a month thanks to this new incentive.

This includes :

- Waste\Empty Toners
- Replaced Drums
- Replaced Parts

By using the Canon printers and enforcing duplex printing the Trust saved the equivalent of 798K trees and 1.6M litres of water

We also work with a company that repurposes our old waste PC's and Server equipment – ensuring that these are recycled and reused where appropriate.

EPMA

- The Trust has been using an electronic prescribing and administration system (EPMA) since 2015. The current web based version has been in use since late 2018.
- 90% of medicines prescribing completed on EPMA. Our aim is for all prescribing to be completed electronically by the end of 2020 well ahead of NHS Digital's target of being paperless by 2024.
- 30,000 In-patient, discharge and out-patient prescriptions are completed every month.
- GPs receive a copy of the discharge summary the instant a patient is discharged from hospital.

Order Comms

Electronic Requesting of Pathology and Radiology Tests

The Past

- 1m+ handwritten request forms
- 1m+ forms to be manually entered

The Present

- GP Pathology electronically requestable
- No more data entry for electronic requests
- Pathology request history and status updates viewable
- Electronic radiology requesting pilot due March 2020 (outpatients)

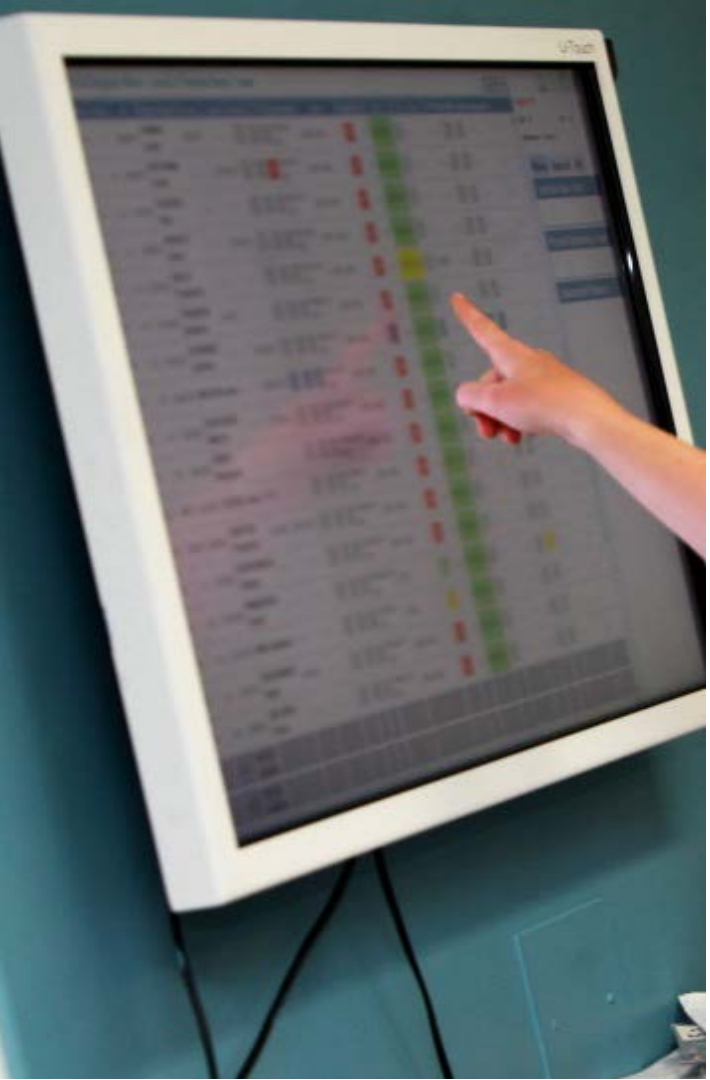
Order Comms

The Future

- Paperless radiology requesting
- Real-time results on mobile devices
- Pathology and Radiology requesting on mobile devices as well as PCs
- Sample labelling at the bedside

Benefits

- Faster outpatient radiology referrals
- Clinicians have access to results in the right place at the right time.
- Rules-base and intelligent phlebotomy = improved patient experience
- Integrated with Trust clinical portal
- Elimination of 1m+ handwritten forms
- Full audit trail



eObs (Patientrack)

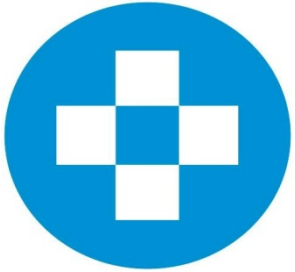
Patientrack interactions 2019/20

- Total number of Observations taken in 2019 = 1, 087, 407
- Total number of Assessments taken in 2019 = 2, 211, 814
- Total number of Alerts sent to Mobile phones: 36,455
- Active users monthly = 2, 209

Developments 2020-21

- Paediatric Assessments
- Feeding Tube changes
- Therapies
- Comfort Obs

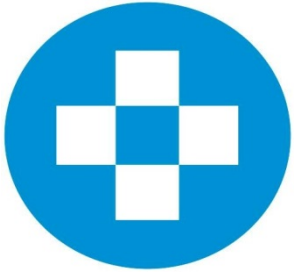
Document Management



The Trust's Document Management System storing the scanned paper notes.

- Clinicians can enter directly into Evolve (on an eform), or can write in episodic folders which are scanned into Evolve.
- Clinical information is available at any time, from any hospital location
- Less paper, less money on printing,
- Less preparatory work for Medical Records, less scanning costs, less transport costs.

Evolve



- Completed Outpatient roll-out in July 2019 (46 specialties).
- Over 200 paper-less clinics. (cost avoidance of c£100k p/a)
- 441,000 eforms completed.
- Digital pre-assessment pathway is live, eConsent forms in test with Orthopaedic Surgeons.
- We have Bulk Scanned all of Worthing and Southlands libraries and are starting to scan the St Richards Library.
- 10% outpatient services paperless

PATIENTS KNOW BEST®
MANAGE YOUR HEALTH

Patient Portal

Provides patients with instant access to their information and the ability to share and manage that information with Friends/Family and Health Professionals.

An STP-wide, ETTF-funded Patient Held Record project following the WSHT model for implementation.

Outpatient Letters:

- Hybrid Mail and Patient Portal implemented for appointment letters (OPD booking team WSHT)
- ESHT Hybrid Mail and Patient Portal implemented for appointment letters
- BSUH have procured Hybrid Mail and Patient Portal and are in the delivery process

PATIENTS KNOW BEST®
MANAGE YOUR HEALTH

Patient Portal

Provides the patient with instant access to their information and the ability to share and manage that information with Friends/Family and Health Professionals if they choose to.

Portal Content:

- Developments underway to include Clinic letters and results reporting

Virtual Clinics:

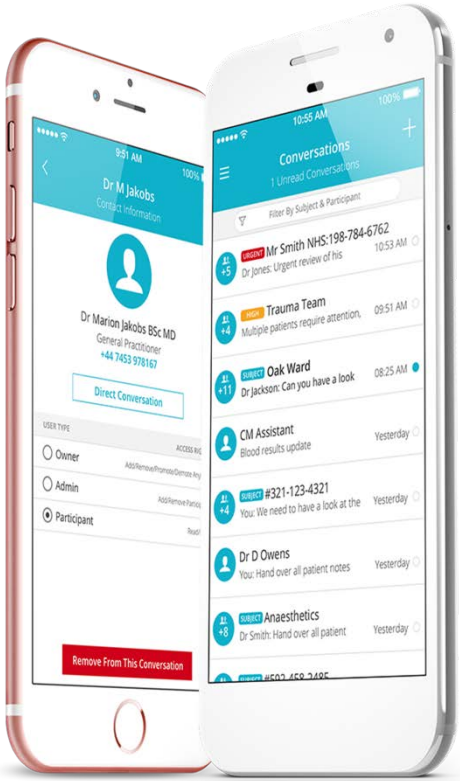
- Piloting Virtual clinics in Gastro IBD
- Direct access/advice for patients
- Optimised access for urgent patients
- Support and education for improved self-management

Self Service Check In

In house self service check in solution to support Patients and staff.

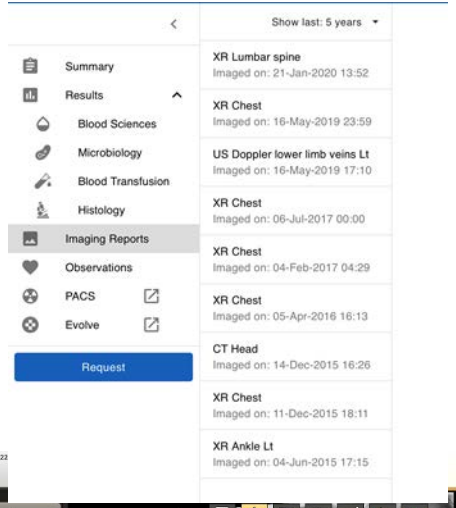
Deliverables:

- Patients can check into OPD appointments to reduce queueing
- Available in Main OPD at Chichester, Worthing and Southlands
- Potential to free up Receptionists time to attend to Patients needs
- Stand alone kiosks that could be rolled out across the Trust



Clinical Messaging

- Replaces outdated bleeps/pagers
- Secure and efficient method of clinical comms.
- Benefits non clinical teams by connecting them to clinical staff as well as their own teams
- Ability to share multimedia and integration features to aid in the direct giving of care
- Reduced time lost waiting for call backs and overcoming limitations such as: lack of 2-way conversation
- Aim is for joined up WSHT & BSUH procurement which will allow both Trusts to deploy the same system, tailored to meet the nuances of each Trust to achieve a number of benefits.



Clinical Portal

A “single pane of glass”

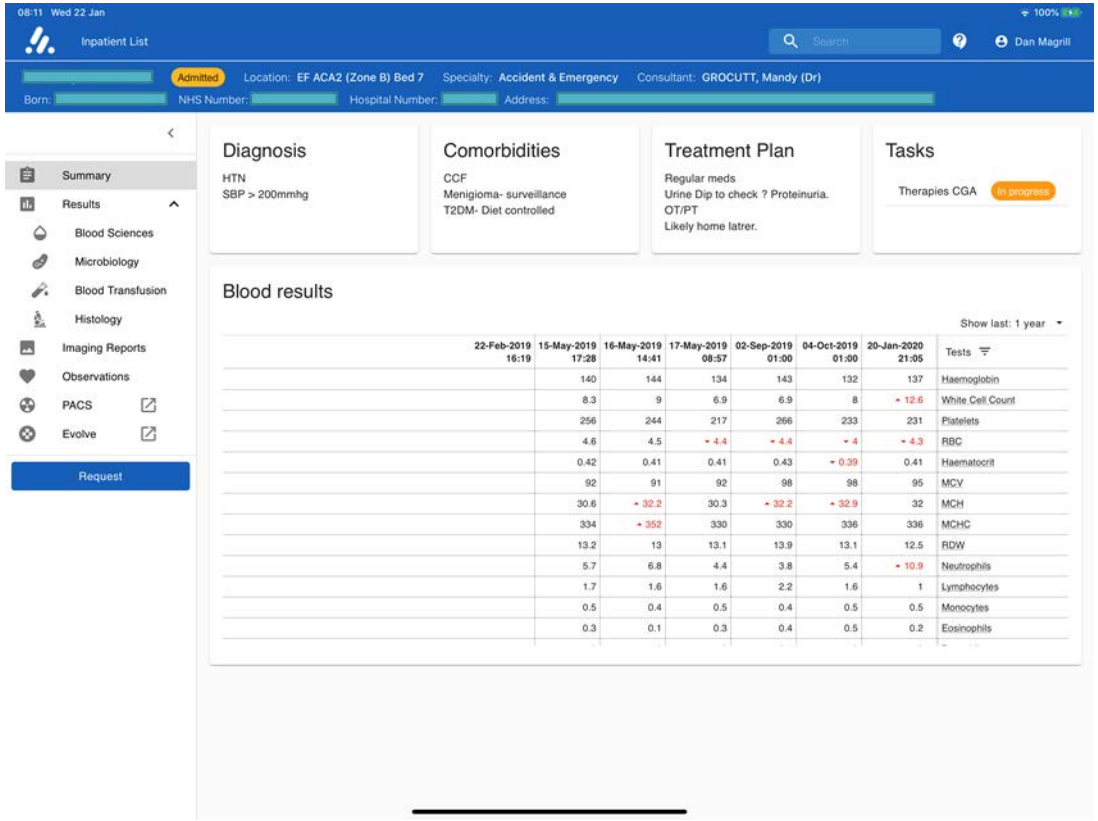
Allows clinicians to see all relevant information on one screen including

- Patient Summary
- Core information from other systems including PAS and eObs
- Direct patient context access to test results, images and notes

Clinical Portal

Improving Patient Safety

- Reducing the number of applications clinicians access
- Provide an intelligence layer to deliver alerts & warnings to highlight actions
- Ensuring the developments meet the clinical need – clinical advisory group led



22-Feb-2019 16:19	15-May-2019 17:28	16-May-2019 14:41	17-May-2019 08:57	02-Sep-2019 01:00	04-Oct-2019 01:00	20-Jan-2020 21:05	Tests
	140	144	134	143	132	137	Haemoglobin
	8.3	9	6.9	6.9	8	↑ 12.6	White Cell Count
	256	244	217	266	233	231	Platelets
	4.6	4.5	↓ 4.4	↓ 4.4	↓ 4	↓ 4.3	RBC
	0.42	0.41	0.41	0.43	↓ 0.39	0.41	Haematocrit
	92	91	92	98	98	95	MCV
	30.6	↓ 32.2	30.3	↓ 32.2	↓ 32.9	32	MCH
	334	↓ 352	330	330	336	336	MCHC
	13.2	13	13.1	13.9	13.1	12.5	RDW
	5.7	6.8	4.4	3.8	5.4	↑ 10.9	Neutrophils
	1.7	1.6	1.6	2.2	1.6	1	Lymphocytes
	0.5	0.4	0.5	0.4	0.5	0.5	Monocytes
	0.3	0.1	0.3	0.4	0.5	0.2	Eosinophils

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	17	Meeting:	Trust Board - Public	Meeting Date:	30/1/2020
Report Title:	**Annual Equality Report 2019**				
Sponsoring Executive Director:	Marianne Griffiths, Chief Executive				
Author(s):	David Clayton-Evans, Customer Care Programme Coordinator and Improvement Practitioner Nikki Kriel, Organisational Development Manager				
Report previously considered by and date:	Diversity Matters Group - 20 January 2020				
Purpose of the report:					
Information	☐		Assurance	☐	
Review and Discussion	✓		Approval / Agreement	✓	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	☐	
Our People	✓		Quality	✓	
Systems and Partnerships	☐				
Any implications for:					
Quality	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 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 2018 - 31 March 2019 has been analysed with actions to be taken as a result.					
Key Recommendation(s):					
The Trust Board is asked to approve the annual report for publication.					

Western Sussex Hospitals
NHS Foundation Trust

Annual Equality Report 2019

Published January 2020

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Introduction

Western Sussex Hospitals NHS Foundation Trust (WSHFT) recognises its workforce and patients are core to achieving its business and social responsibilities. The aim of this report is 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.

WSHFT was rated by its regulator, the Care Quality Commission (CQC) as outstanding in April 2016 and again in October 2019. A number of 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 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 the protected characteristics.

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

- WSHFT 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
- WSHFT's Patient First Programme - a programme that aims to deliver changes to improve the quality of care for patients

The NHS Interim Plan also sets out the commitment to Equality, Diversity and Inclusion stating that:

"It is not enough for the NHS merely to continue to champion the idea of inclusion and diversity. We must recognise our shortcomings in this area and listen to the experience of those who face exclusion and marginalisation to understand how to advance equality and diversity better. We need to develop leaders who have the knowledge, skills and behaviours to create and sustain cultures of compassion and inclusion. We must also urgently intensify our efforts to ensure our teams and organisations, particularly the senior leadership of the NHS, demonstrably reflect the diversity of the communities that they serve, including making progress against the 10-year leadership equality ambition that reflects the Prime Minister's pledge around race equality."

This report provides a summary of activity and a snapshot of demographical data covering 1st April 2018 to 31st March 2019 aligning to the Trusts financial year.

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 and 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.

WSHFT 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 the population of West Sussex is 806,900 people. The Trust currently employs approximately 7,000 members of staff, representing over 89 nationalities.

Facts and figures about the Trust during 2018/19 (financial year):

- **Treated 133,042 inpatients and day cases**
- **Held 614,794 outpatient appointments**
- **Saw 144,155 people in the two Accident and Emergency departments**
- **4,888 babies born**
- **Administered more than 4 million doses of medicine**
- **Took 400,000 imaging exams (x-rays/scans)**

NHS Improvement (NHSI) asked 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 exited Special Measures on both finance and quality, seen its CQC rating jump from 'Inadequate' to 'Good' and achieved the biggest improvement in organisational culture of any acute trust in the NHS (as measured through the national staff survey).

This contract comes to an end in March 2020 and the Executive Team have decided that the interests of patients and staff at BSUH and WSHT are best served by the creation of a new permanent group structure. Within this, the two organisations will operate alongside each other but remain under the leadership of a single Executive Team.

This new strategic alliance will ensure both organisations can do what is best for patients and staff. In practical terms, it is effectively a continuation of the current leadership arrangements but will also allow the trusts to work more closely together over the longer term.

The trusts and their assets will remain separate, operating as equal partners, and the benefits of the current relationship will be maintained and extended.

The Executive Team aim to have the new model in place by the beginning of April 2020 and will use the next six months to agree how best the new group should operate and how benefits for both trusts are maximised.

As a result of the interim arrangements and planned group 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 in a safe and effective way 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 are 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 patient experience. (Why Organisational and Community Diversity Matter: Representativeness and the Emergence of Inclusivity and Organisational Performance, King *et al*., 2011).

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 2018/2019:

Diversity Matters Group (DMG)

The steering group is co-chaired by the Chief Executive and Chief Workforce and Organisational Development Officer and 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, LGBTQ+ and Disability forums. There is also representation from the Trust's 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 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 from the report. To view WSHFT 2018 GPG report and action plan to reduce the gap further, please go to: https://gender-pay-gap.service.gov.uk/Employer/KVkQecZX/2018

NHS England Equality Standard

Workforce Race Equality Standard (WRES) - 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. As a result a number of improvements were identified; the celebrating cultures network supported the development of a 3 year action plan to address issues of inequity.

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

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

The Workforce Disability Equality Standard (WDES) was mandated in the NHS Standard contract in April 2018 with implementation in April 2019. 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 to review issues raised within the standard and in developing a local action plan.

To view WSHFT 2018-2019 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 and 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 2018/2019 the Equality, Diversity & Inclusion function and HR Advisors presented 30 face-to-face training sessions to help ensure the workforce is aware of their responsibilities under equality legislation. The update included general equality awareness, educating the terminology of a 'hate crime' which can constitute as a criminal offence and reiterating to staff that any kind of discrimination is unacceptable.

As at March 2019, 96.6% compliance was attained for 6,811 staff receiving Equality & Diversity training.

Throughout 2018/2019, Equality & Diversity training was delivered face-to-face to 175 volunteers on the Worthing and Southlands site, with standalone sessions and an e-learning facility made available for staff requiring training. Offering this approach made sure a wide range of learning styles and working patterns could be accommodated.

A programme of Equality & Diversity training is also being delivered to the volunteers on the St Richard's site throughout 2020.

The three yearly update will be scheduled into the annual Health and Safety training programme as of January 2021.

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 function have 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
- Purchasing the 'Recite Me' system to improve accessibility of the Trust's website, internal StaffNet and outpatients booking service.

In partnership with the Patient Experience Team, the Equality & Diversity lead has continued to provide information and support during 2018/2019 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 any opportunity to promote equality is taken.

Freedom to Speak Up Guardians

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.

Service Improvements

In partnership with BSUH the Trust has purchased a 3 year contract for the 'Recite Me' system to improve 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

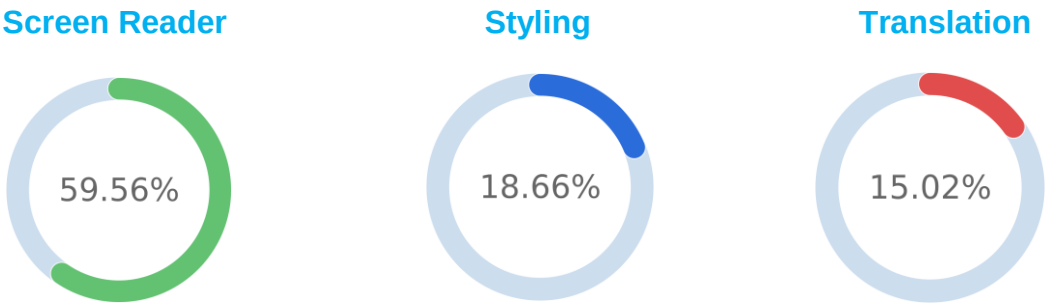
individuals with sensory impairments, but also benefit those with learning disabilities / difficulties and overseas language speakers.

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 new initiative has been taking place at Trust induction, Health & Safety training and awareness briefing packs shared at ward/department level.

In the 6 months since its launch the Recite Me toolbar has been used on our public facing website 2,625 times.

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.



In addition the Recite Me toolbar has been used 483 times on our internal StaffNet pages to benefit and raise awareness among staff and volunteers.

Further information is now being made available through our PALS team as well as promoting through wards and departments.

Staff Conference 2019

The theme for WSHFT 2019 Staff Conference was 'Inclusion'. This followed on from the last four years staff conference themes of launching the Trust's Patient First Programme - Where Better Never Stops, Making Improvements, Staff Experience and Patient Experience and the 'Inclusion' theme

demonstrates a clear link to The Patient, Our People and Trust Values.

The objective of the staff conference was to further integrate and increase awareness of diversity throughout the workforce. By working in collaboration and understanding the different needs of patients and staff, WSHFT will improve patient services and establish stronger links in the local community.

The highly successful conference saw 400 of the Trusts colleagues taking part in awareness raising workshops and highlighted key themes around:

- Disability Awareness
- Transgender Awareness
- Hate Crime
- Celebrating Cultures

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.

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 2018/2019 the Trust has supported:

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. Members of the Network were involved in the design and delivery of Workshops at the staff conference.

Disability Forum - has been active throughout 2019 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 have been active in supporting the development of the Workforce Disability Equality Standard (WDES) action plan for the

Trust.

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. The programme is administered by Job Centre Plus. The Disability Forum have expressed a desire to be involved in supporting the Trust in achieving Level Three of Disability Confident.

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.

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.

In July 2019 Worthing hosted their second Pride event represented again by WSHFT staff and LGBTQ+ network. The town event was an even greater success and plans are in place to participate again in the 2020 event and to be part of Chichester's first pride event in 2020.

Rainbow Warriors Initiative

The Rainbow Warrior initiative originated at the Evelina London Children's Hospital and is now spreading across the NHS as other organisations borrow the idea 'with pride'!

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 this 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 326 colleagues signed up to be Rainbow Warriors across the Trust.

Changing Places

The Trust opened its first Changing Places venue at Southlands Hospital in September 2019. Changing Places in a national initiative to provide accessible changing facilities in public spaces across the UK for young people and adults who need support from carers when they are in their local communities.

The facilities typically consist of an accessible environment with toilet and washing facilities along with the addition of a changing bench and a hoist to support transfer.

The Changing Place facility at Southlands is listed on the Changing Places website and can be accessed whenever the hospital at Southlands is open.

Plans are currently underway to review the provision at both Worthing and St Richard's.

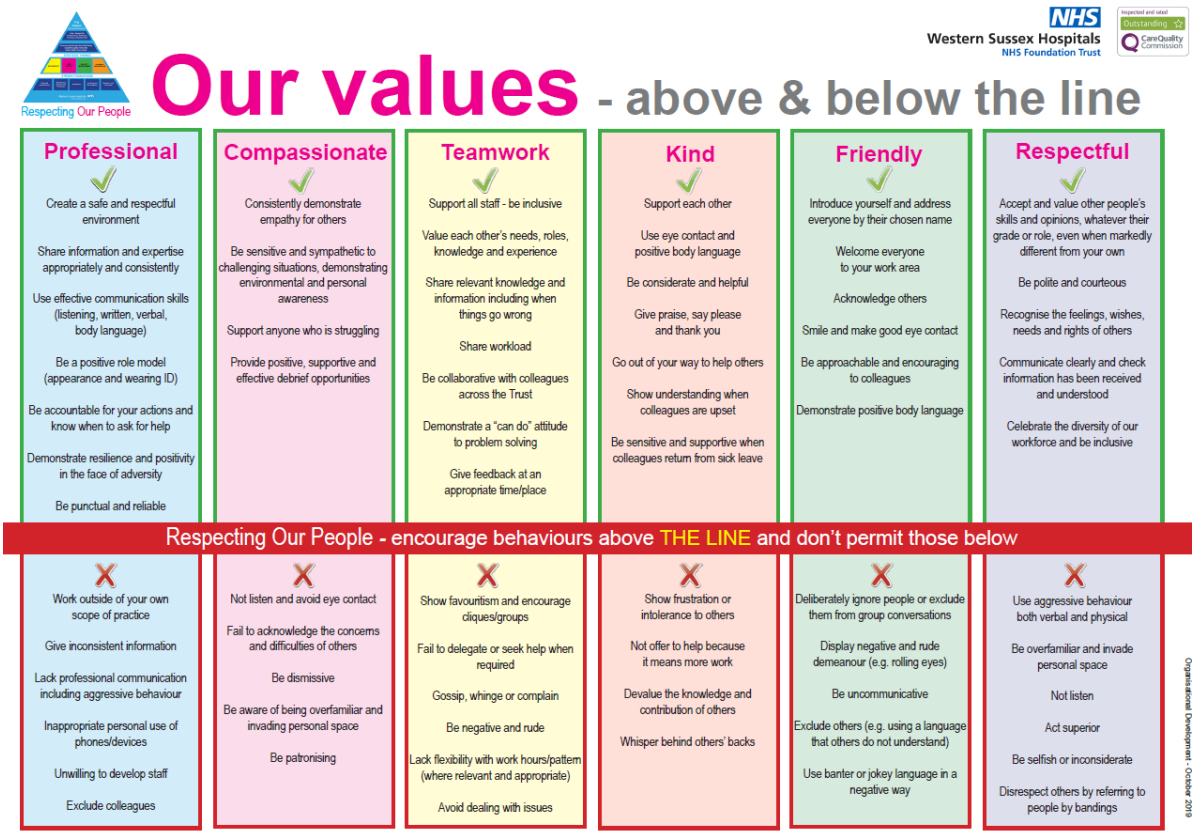
Reducing Abusive Behaviours

The Trust recognises the experience of violence, aggression, bullying and harassment and discrimination in the workplace is concern. To address the levels of poor behaviours evidenced in the National NHS Staff Survey a corporate project has been commissioned. The 'Reducing Abusive Behaviours' steering group meet monthly to drive improvements through four work streams: Violence & Aggression, Bullying & Harassment, Support and Care, WRES (Workforce Race Equality Standard).

We know that disproportionately a poor experience is higher for our BAME colleagues and colleagues with a disability and as a result used our annual staff

conference to support and input into this work. The Trust held two Staff Conferences in 2019 on the theme of 'Inclusion' to raise awareness and engage with staff to develop a number of support tools that contribute to the Reducing Abusive Behaviours project.

One of the tools introduced as a result of the staff conference is the 'Above and Below' the Line framework which supports colleagues and managers address poor behaviours that fall below the Trust's value and behaviours. This framework will compliment a training programme being delivered throughout 2020 to up skill staff on how to have a challenging conversation whilst understanding the escalation routes if inappropriate behaviours continue.



STP Improvements to Violence and Aggression

Working in collaboration with all NHS organisations throughout Sussex a working group has been established to explore how to reduce violence towards NHS staff by patients and the public. The group have identified a number of areas for which joint working may be beneficial such as:

- Common standards for training and education.
- Sharing information on incidences of violence, reporting process and sanctions.
- Sharing approaches to communicate with patients and the public.

Sussex Workforce Race Equality Conference

Colleagues from Western Sussex Hospitals joined other organisations across the region along with the National WRES (Workforce Race Equality Standard) team at a one day conference to work together around developing an action plan to improve the experiences of BAME colleagues across our region.

The Conference shared data from across our region as well as examples of good practice and learning from organisations. Through the involvement of colleagues from Western Sussex and the other organisations we looked together at our priorities across our region.

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 satisfies 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
- 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
- Physiotherapy
- Ergonomic assessments
- Manual handling training and advice

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.

This applies to all workers, including trainees, apprentices, contract workers and business partners.

Reasonable adjustments include:

- changing the recruitment process so a candidate can be considered for a job.
- doing things in another way, such as allowing someone with social anxiety disorder to have their own desk instead of hot-desking
- making physical changes to the workplace, like installing a ramp for a wheelchair user or an audio-visual fire alarm for a deaf person
- letting a disabled person work somewhere else, such as on the ground floor for a wheelchair user
- changing their equipment, for instance providing a special keyboard if they have arthritis
- allowing employees who become disabled to make a phased return to work, including flexible hours or part-time working
- offering employees training opportunities, recreation and refreshment facilities

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.

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 2019 the current rates of declared monitoring information is: Age (100%), Disability (69.8%), Gender (100%), Marriage and Civil Partnership (97.4%), Race and Ethnicity (94.4%), Religion or Belief (77.8%, did not wish to disclose 20.8%) and Sexual Orientation (77.0%, did not wish to disclose 21.5%).

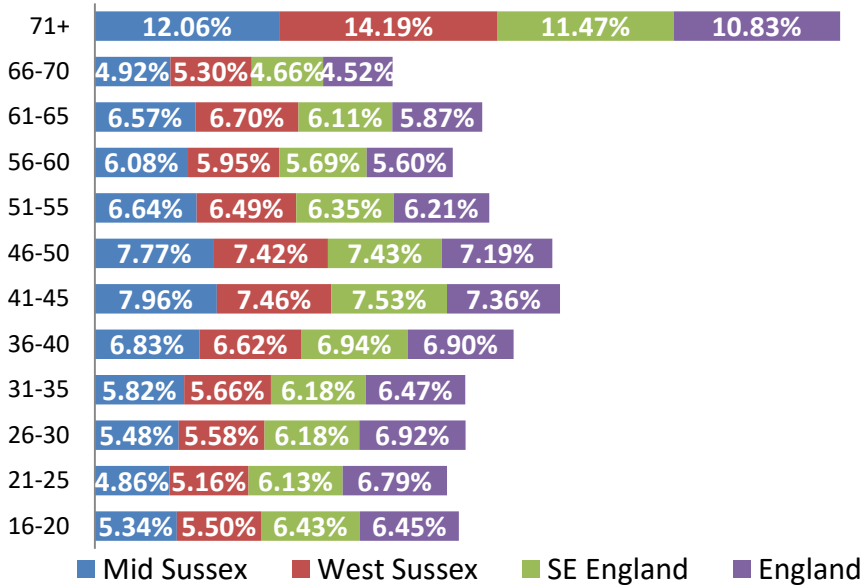
2. Analyse, review and reduce variation of staff experiences in the workplace across all protected characteristics in the National NHS Staff Survey.
   - This is being undertaken by the 'Reducing Abusive Behaviours' corporate project delivered through the 'Respecting our People' campaign, work is also being undertaken as part of the WRES and WDES (see page 8) 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?

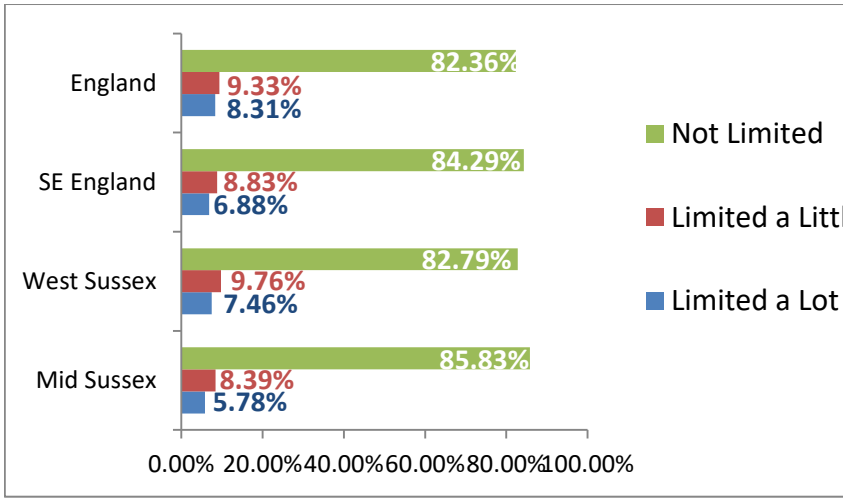
Age



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

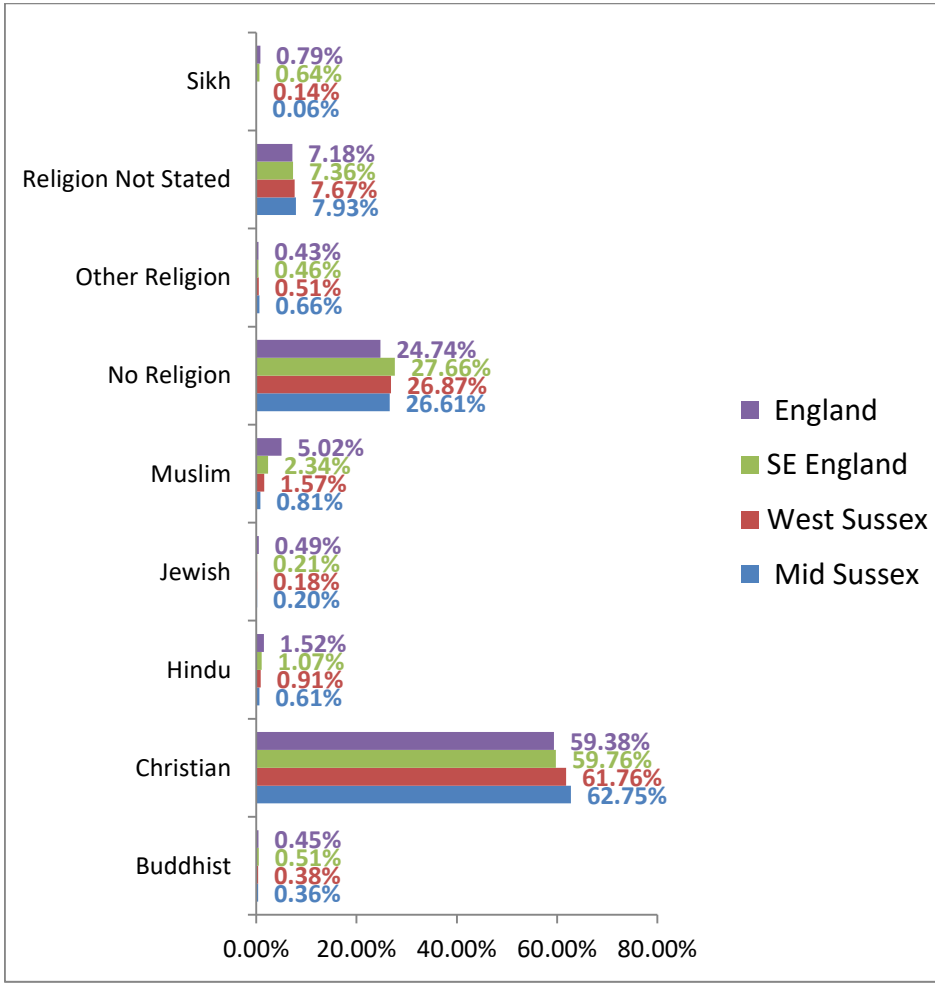
- 139,860 people in Mid Sussex
- 806,892 people in West Sussex
- 8,634,750 people in South East England
- 53,012,456 people in England

Disability

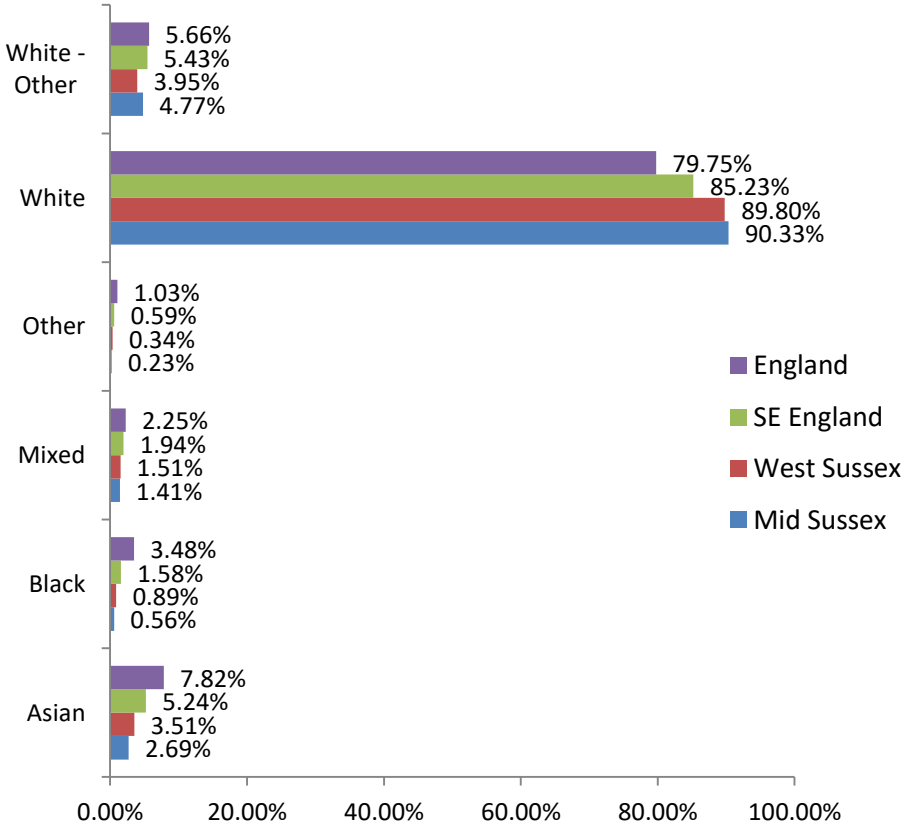


The 2011 Census asks 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?'

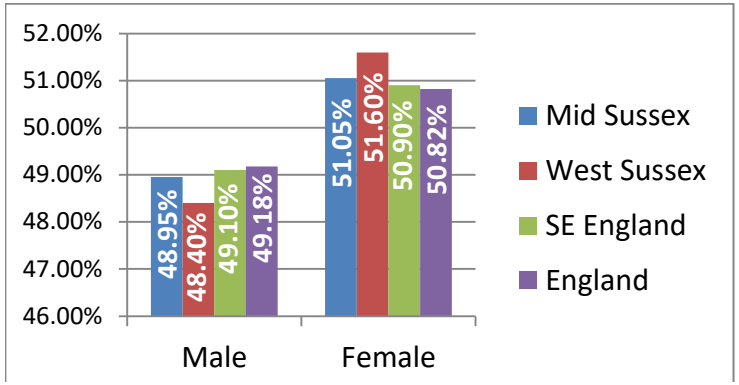
Religion or Belief Profile



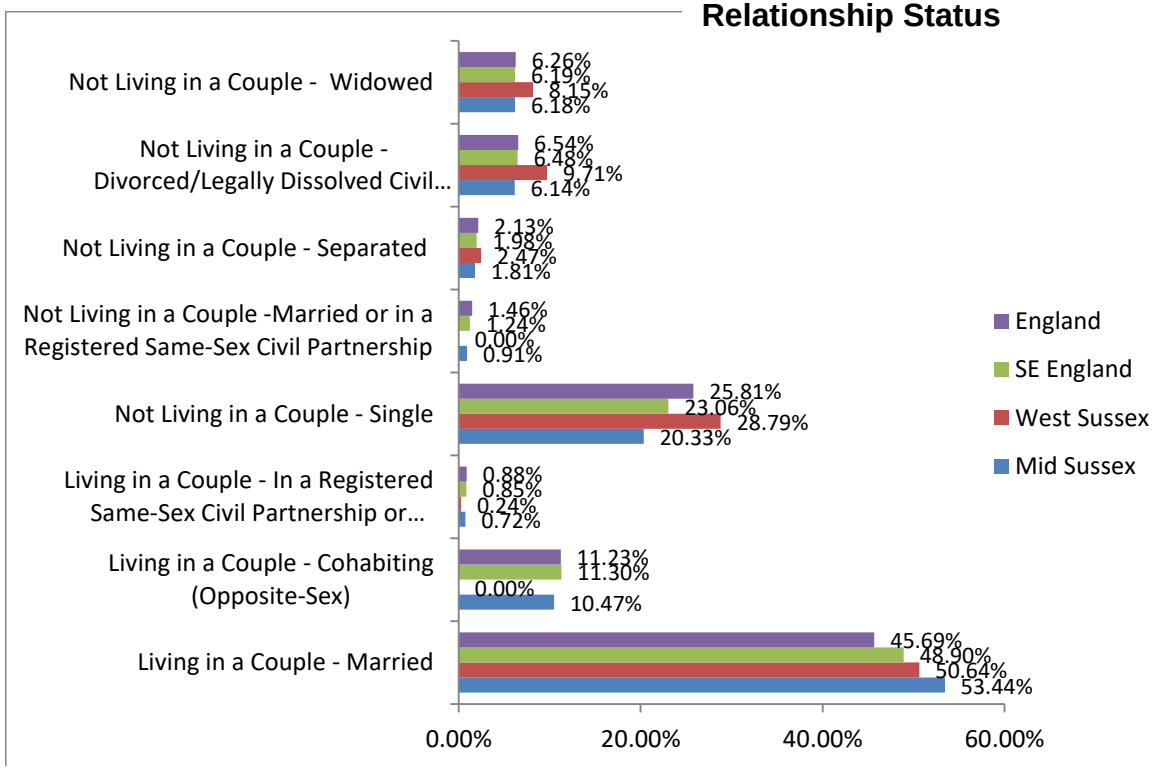
Race Profile



Gender



Relationship Status



Gender Identity

At present there are no national statistics that accurately demonstrate gender identity

Pregnancy and Maternity

At present there are no national statistics that accurately demonstrate pregnancy and maternity

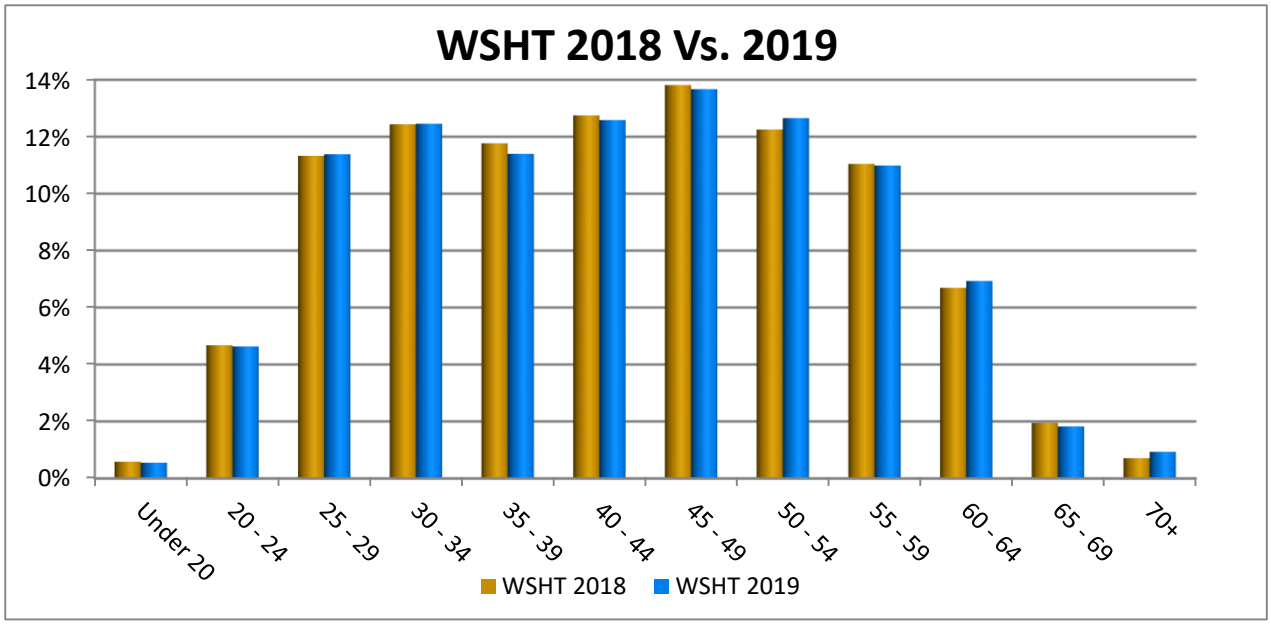
Sexual Orientation

At present there are no national statistics that accurately demonstrate sexual orientation

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.

Age



Gender Identity

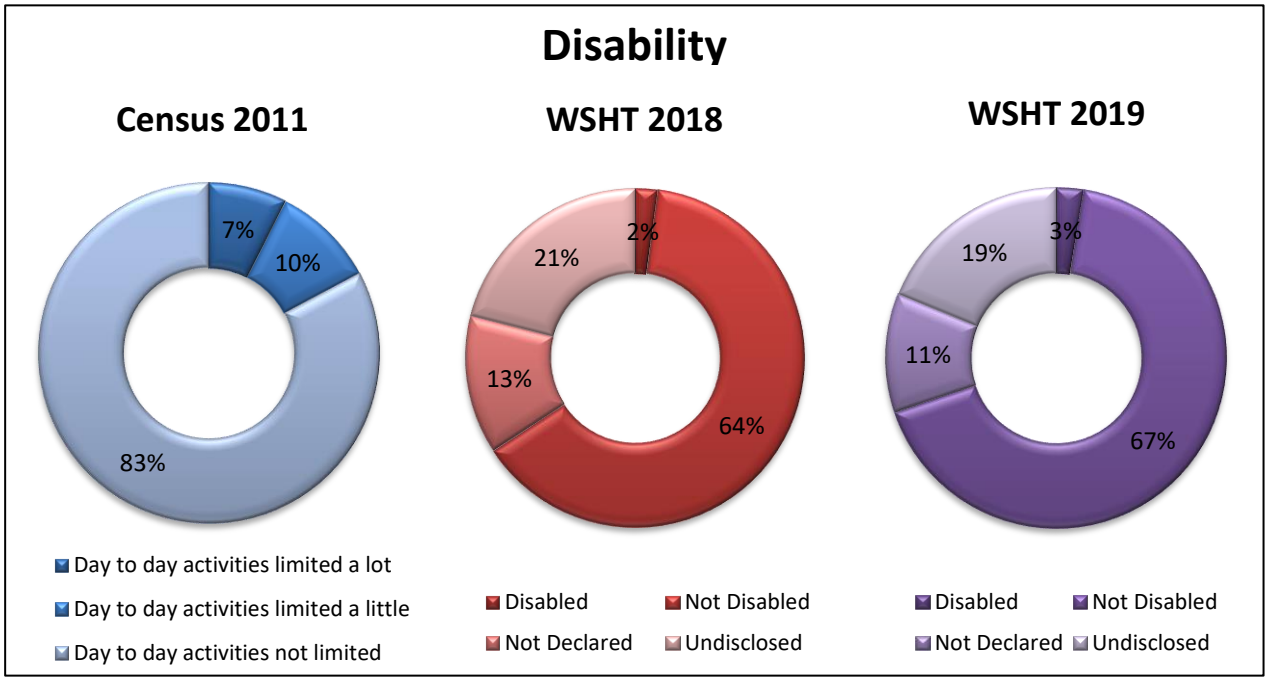
At present the Electronic Staff Records system does not support collecting data that would allow monitoring of gender identity, this is a national issue.

Maternity and Pregnancy

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.

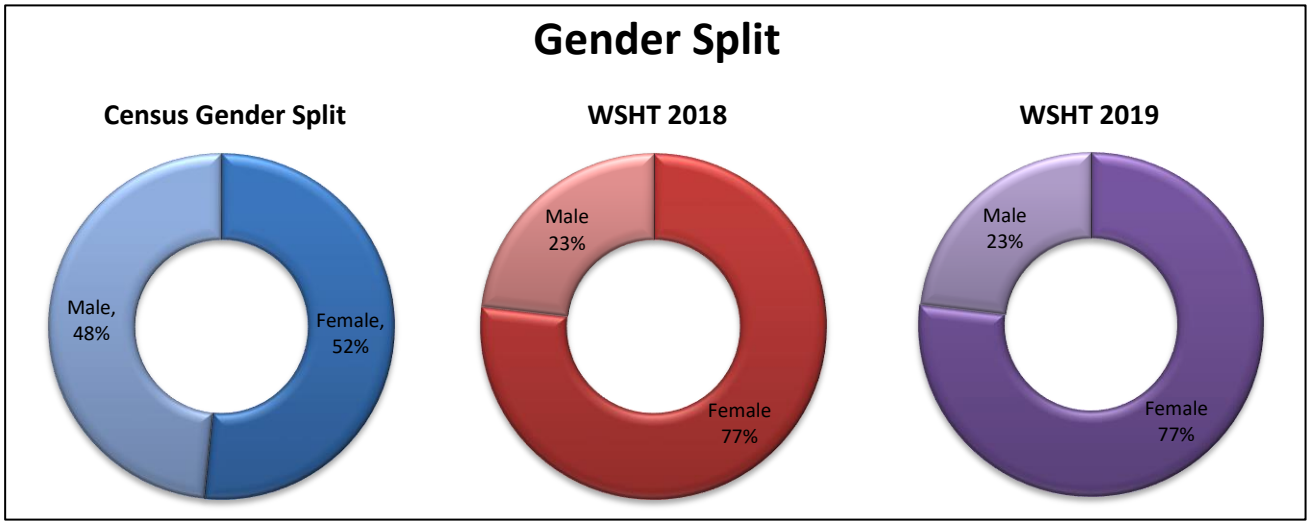
Disability

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.

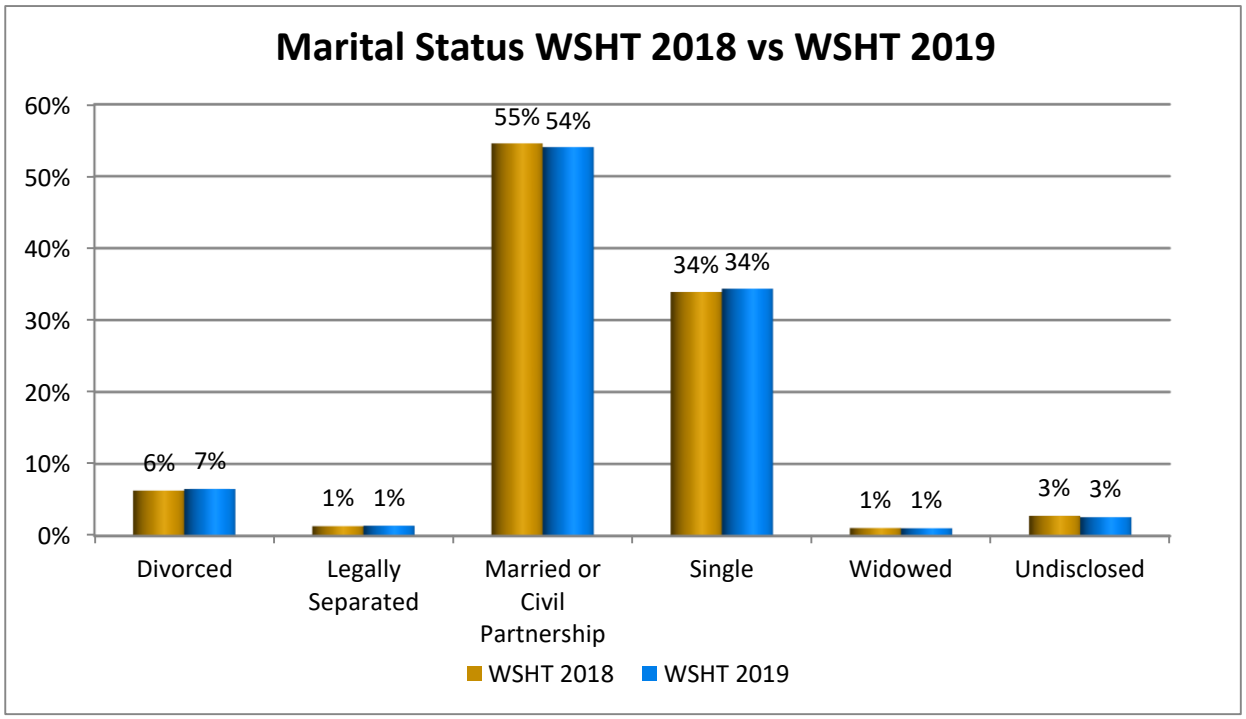


Gender

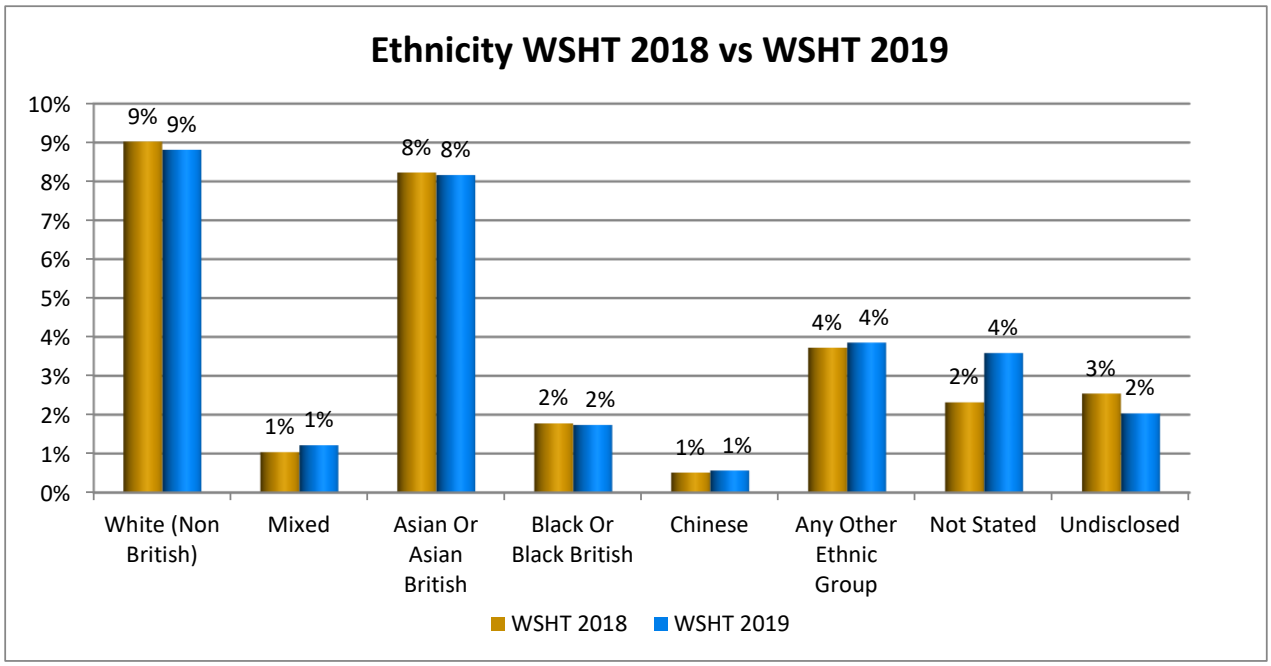
The Trust does not currently collect information relating to staff gender identity. The NHS National Electronic Staff Records (ESR) does not provide a method to collect this information at present.



Marriage and Civil Partnership

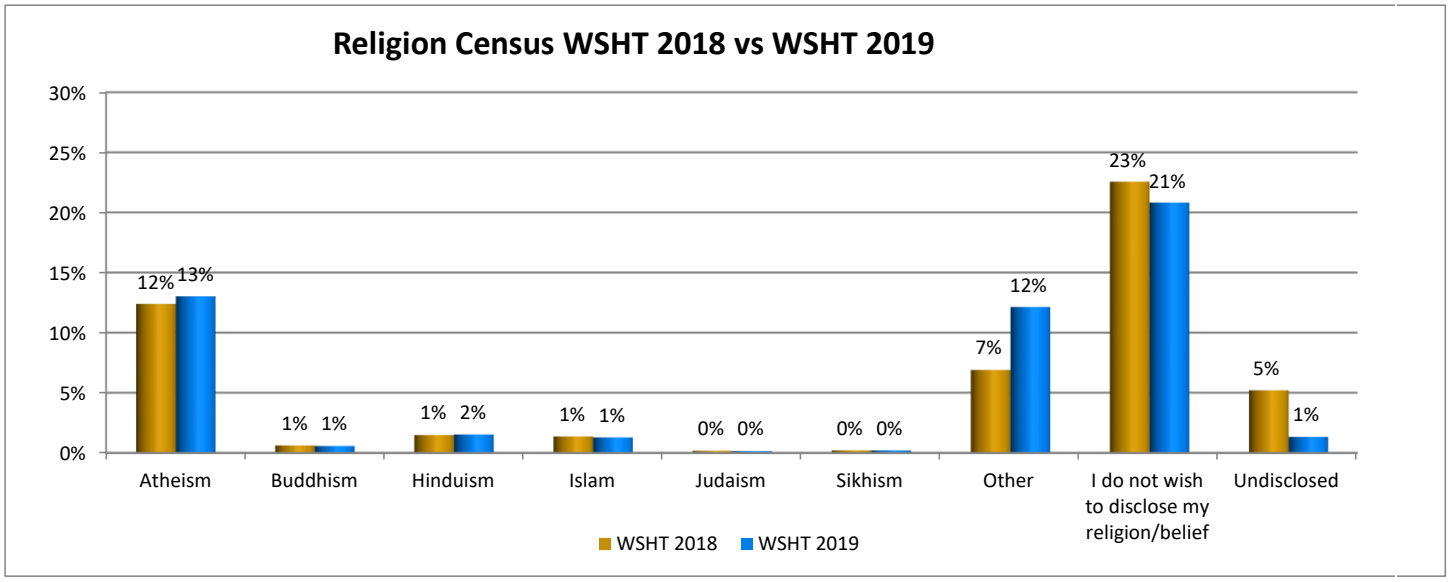


Race and Ethnicity



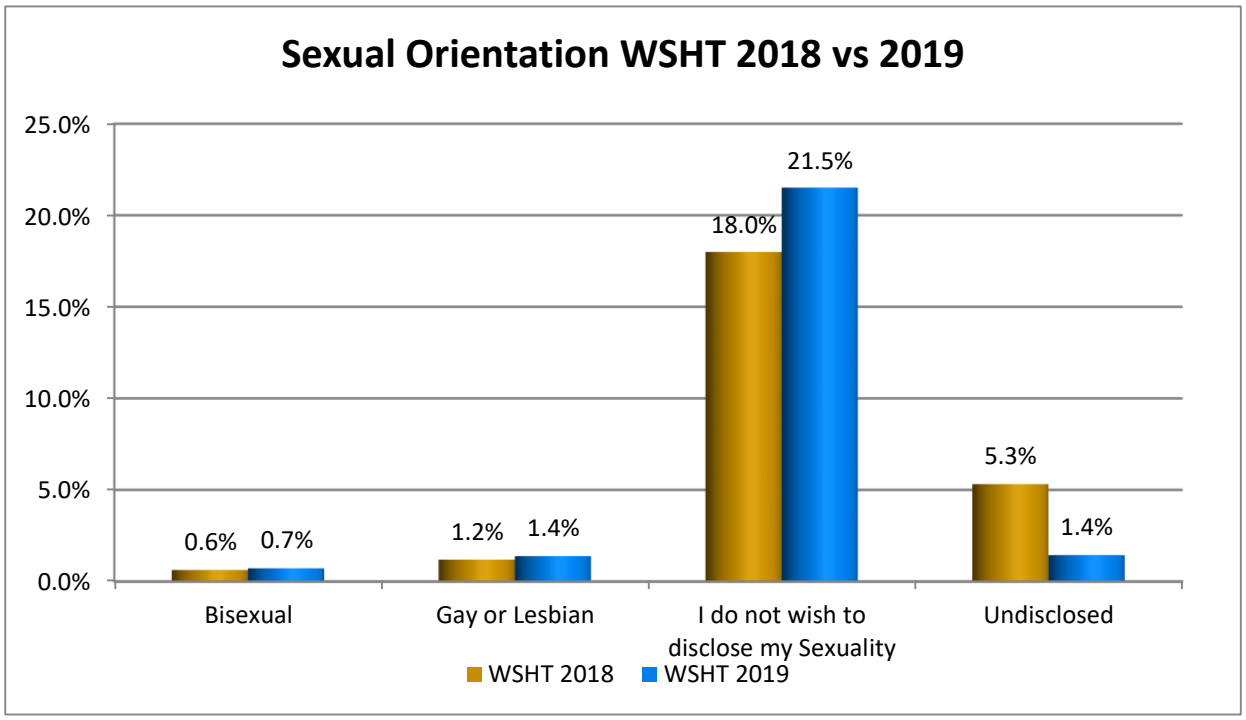
Religion and Belief

48.99% of WSHFT staff are from a Christian faith (not displayed on the below chart). Christianity has been excluded from this chart to aid viewing of smaller groups.



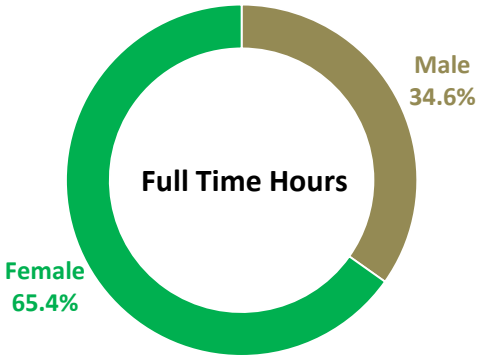
Sexual Orientation

74.95% of WSHFT identify as heterosexual (not displayed on the below chart). heterosexual has been excluded from this chart to aid viewing.

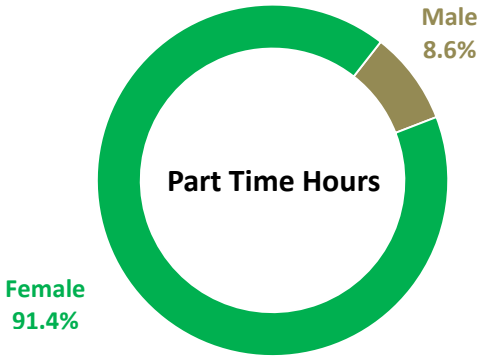


It is not possible to provide a direct comparison with the Census 2011 data.

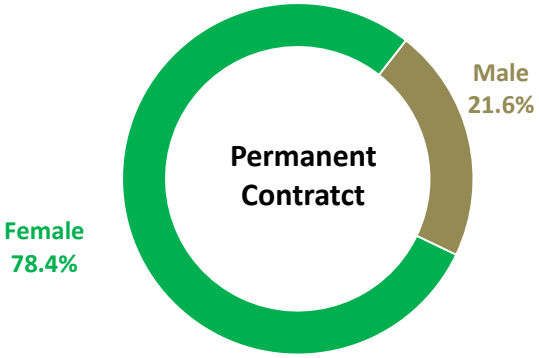
Workforce Breakdown:



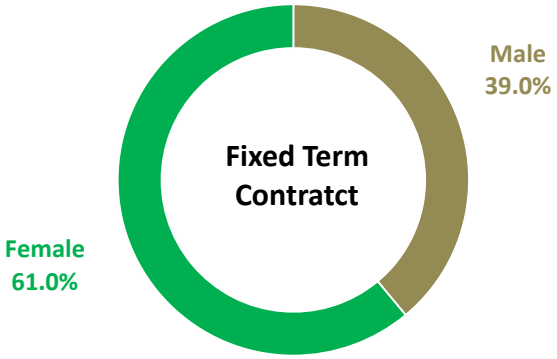
3934 substantive staff work full time



3147 substantive staff work part time



6478 staff have permanent contracts



557 staff have fixed term contracts

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 0.6% of the WSHFT workforce on agenda for change (AfC) pay scales, they constitute 1.5% of the total staff on pay bands 1-3.

Characteristic Category	% AfC staff in Category	% in Category for Paygroup			%Medical Staff in category	% in Category for Paygroup				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Under 20	0.6%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
20 - 24	5.0%	7.3%	4.4%	0.3%	2.0%	0.0%	4.9%	0.0%	0.0%	0.0%
25 - 29	10.3%	9.4%	13.4%	3.4%	19.9%	0.0%	46.3%	6.8%	0.0%	0.0%
30 - 34	11.9%	10.6%	14.7%	7.0%	17.1%	11.8%	25.3%	36.1%	0.0%	0.4%
35 - 39	11.2%	10.6%	11.1%	13.1%	13.5%	5.9%	10.5%	28.6%	16.4%	8.4%
40 - 44	12.4%	10.4%	12.7%	17.3%	14.4%	5.9%	7.1%	14.3%	26.9%	21.1%
45 - 49	13.7%	12.6%	13.3%	18.5%	12.9%	29.4%	3.1%	6.1%	20.9%	26.3%
50 - 54	12.9%	11.1%	12.5%	19.8%	9.8%	29.4%	0.9%	2.7%	13.4%	23.1%
55 - 59	11.6%	12.7%	9.9%	13.4%	6.2%	11.8%	0.6%	1.4%	9.0%	15.1%
60 - 64	7.4%	9.7%	5.7%	6.5%	2.7%	5.9%	0.6%	1.4%	9.0%	4.4%
65 - 69	1.9%	2.5%	1.8%	0.7%	1.2%	0.0%	0.6%	1.4%	4.5%	1.2%
70+	1.0%	1.8%	0.6%	0.1%	0.2%	0.0%	0.0%	1.4%	0.0%	0.0%

Characteristic Category	% AfC staff in Category	% in Category for Paygroup			%Medical Staff in category	% in Category for Paygroup				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Female	80.9%	76.6%	85.2%	79.7%	46.7%	82.4%	58.0%	46.3%	38.8%	31.9%
Male	19.1%	23.4%	14.8%	20.3%	53.3%	17.6%	42.0%	53.7%	61.2%	68.1%

Characteristic Category	% AfC staff in Category	% in Category for Paygroup			%Medical Staff in category	% in Category for Paygroup				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Divorced	7.2%	8.4%	6.1%	7.4%	1.4%	0.0%	0.3%	1.4%	3.0%	2.4%
Legally Seperated	1.5%	1.4%	1.5%	1.9%	0.5%	0.0%	0.6%	0.7%	0.0%	0.4%
Married or Civil Partnership	54.1%	50.9%	53.7%	64.6%	53.0%	82.4%	26.2%	48.3%	83.6%	80.1%
Single	33.5%	34.9%	35.8%	22.0%	41.8%	11.8%	69.1%	46.9%	7.5%	14.7%
Widowed	1.2%	1.8%	0.9%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Undisclosed	2.5%	2.7%	2.0%	3.5%	3.3%	5.9%	3.7%	2.7%	6.0%	2.4%

Characteristic Category	% AfC staff in Category	% in Category for Paygroup			%Medical Staff in category	% in Category for Paygroup				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
White British	72.4%	71.8%	69.4%	83.8%	51.5%	76.5%	52.2%	42.9%	49.3%	54.6%
White (Non British)	8.5%	11.1%	7.1%	5.6%	11.2%	5.9%	8.0%	12.2%	13.4%	14.3%
Mixed	1.0%	0.9%	1.2%	0.8%	2.6%	0.0%	3.1%	2.0%	3.0%	2.4%
Asian Or Asian British	7.1%	7.3%	8.4%	2.5%	16.6%	5.9%	15.7%	17.7%	19.4%	17.1%
Black Or Black British	1.5%	1.2%	1.8%	1.4%	3.8%	0.0%	4.3%	4.1%	6.0%	2.8%
Chinese	0.4%	0.2%	0.5%	0.3%	2.0%	0.0%	1.9%	3.4%	3.0%	1.2%
Any Other Ethnic Group	3.9%	2.9%	5.7%	1.2%	3.5%	5.9%	3.1%	6.1%	3.0%	2.4%
Not Stated	3.3%	3.2%	3.6%	2.6%	5.8%	0.0%	9.3%	8.8%	1.5%	1.2%
Undisclosed	1.9%	1.5%	2.3%	1.8%	3.0%	5.9%	2.5%	2.7%	1.5%	4.0%

Characteristic Category	% AfC staff in Category	% in Category for Paygroup			%Medical Staff in category	% in Category for Paygroup				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Christianity	50.9%	49.5%	51.8%	52.2%	34.0%	47.1%	26.9%	33.3%	43.3%	40.2%
Atheism	12.2%	10.9%	12.9%	13.6%	19.9%	11.8%	29.3%	12.9%	4.5%	16.3%
Buddhism	0.4%	0.7%	0.3%	0.1%	1.6%	0.0%	0.6%	2.7%	6.0%	1.2%
Hinduism	0.8%	1.1%	0.6%	0.8%	6.9%	0.0%	4.9%	8.8%	10.4%	8.0%
Islam	0.6%	0.9%	0.5%	0.5%	6.3%	5.9%	6.5%	10.2%	4.5%	4.4%
Judaism	0.1%	0.1%	0.1%	0.1%	0.5%	0.0%	0.3%	0.7%	0.0%	0.8%
Sikhism	0.1%	0.2%	0.1%	0.0%	0.7%	0.0%	0.9%	0.0%	0.0%	1.2%
Other	12.5%	13.9%	12.2%	9.4%	8.9%	11.8%	11.7%	12.2%	4.5%	4.4%
I do not wish to disclose my religion/belief	21.0%	21.0%	20.5%	22.8%	19.4%	23.5%	16.7%	16.3%	25.4%	22.7%
Undisclosed	1.3%	1.8%	1.1%	0.5%	1.7%	0.0%	2.2%	2.7%	1.5%	0.8%

Characteristic Category	% AfC staff in Category	% in Category for Paygroup			%Medical Staff in category	% in Category for Paygroup				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Heterosexual	75.0%	75.0%	74.4%	76.8%	75.1%	76.5%	75.9%	72.1%	70.1%	76.9%
Bisexual	0.7%	0.8%	0.8%	0.5%	0.7%	0.0%	1.2%	0.7%	0.0%	0.4%
Gay or Lesbian	1.3%	1.1%	1.5%	1.4%	2.0%	0.0%	1.5%	6.1%	0.0%	0.8%
I do not wish to disclose my Sexuality	21.6%	21.2%	22.2%	20.9%	20.2%	23.5%	18.5%	18.4%	28.4%	21.1%
Undisclosed	1.4%	1.9%	1.2%	0.5%	2.0%	0.0%	2.8%	2.7%	1.5%	0.8%

Characteristic Category	% AfC staff in Category	% in Category for Paygroup			%Medical Staff in category	% in Category for Paygroup				
		Band 1-3	Band 4-6	Band 7+		Medical Less than 20k	Medical 20K-40K	Medical 40K-60K	Medical 60K - 80K	Medical 80K+
Disabled	2.7%	2.8%	2.7%	2.3%	1.6%	0.0%	0.9%	2.7%	3.0%	1.6%
Not Disabled	68.2%	68.9%	66.9%	70.0%	60.5%	58.8%	57.7%	69.4%	62.7%	58.6%
Not Declared	11.7%	11.2%	11.5%	13.6%	8.6%	17.6%	0.6%	1.4%	10.4%	21.9%
Undisclosed	17.4%	17.0%	18.9%	14.1%	29.3%	23.5%	40.7%	26.5%	23.9%	17.9%

Quick facts about management staff B7 and above (excluding medical staff)

89.4% are White

83.8% - White, British

5.6% - White (non British)

2.3% have a disability

70.0% do not have a disability

11.7% not declared

13.6% is unknown

79.3% Female

20.3% Male

6.2% are Black, Asian and Minority Ethnic

2.5% - Asian or Asian British

1.4% - Black or Black British

1.2% - Any Other Ethnic Group

0.3% - Chinese

0.8% - Mixed

1.4% Gay or Lesbian

76.8% Heterosexual

20.9% Prefer not to say

0.5% Bisexual

0.5% Unknown Orientation

Results from the National NHS 2018 Staff Survey

4,363 staff completed the annual National NHS Staff Survey from Western Sussex Hospitals NHS Foundation Trust - this gives the Trust an overall response rate of 64%. This compares to the average Trust response rate of 45%.

Staff gave the Trust a **81.3** rating (out of 100) for **recommending** the organisation as a **place to receive treatment**. The **average** for **acute trusts** is **71.3**

Staff gave the Trust a **72.4** rating (out of 100) for **recommending** the organisation as a **place to work**. The **average** for **acute trusts** is **62.6**

88.1% of staff believe the Trust provides **equal opportunities** for career **progression or promotion**. The **average** for **acute trusts** is **83.9%**

28.9% of **staff** experienced **harassment, bullying or abuse** from **patients, relatives or public** in the last 12 months. The **average** for **acute trusts** is **28.4%**

17.8% of **staff** experienced **harassment, bullying** or **abuse from** other **staff** in the last 12 months. The **average** for **acute trusts** is **20.0%**

11.5% of **staff** experienced **harassment, bullying** or **abuse from** other **managers** in the last 12 months. The **average** for **acute trusts** is **13.7%**

8.2% of staff **experienced discrimination** at work in the last 12 months from patients, relatives or public. The **average** for **acute trusts** is **6.1%**

7.6% of staff **experienced discrimination** at work in the last 12 months from managers / team leaders or other colleagues. The **average** for **acute trusts** is **7.7%**

As a result of listening to staff concerns a sponsored corporate project commissioned by the executives to 'Reduce Abusive Behaviours' throughout the workforce commenced in February 2019

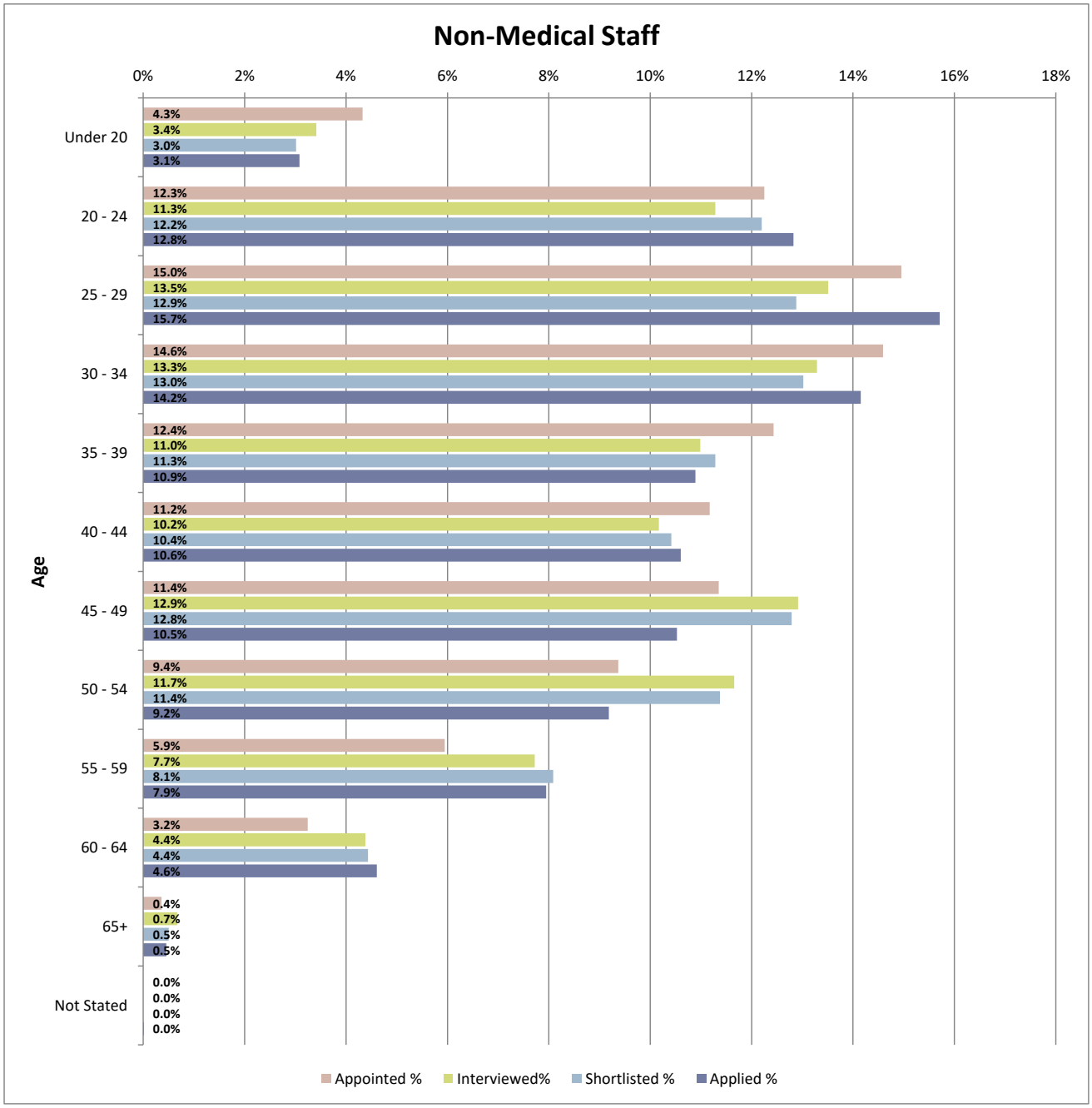
How fair are the Trust's recruitment processes?

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 are when comparing the demographic profile of all candidates throughout the different processes (or stages) in recruitment.

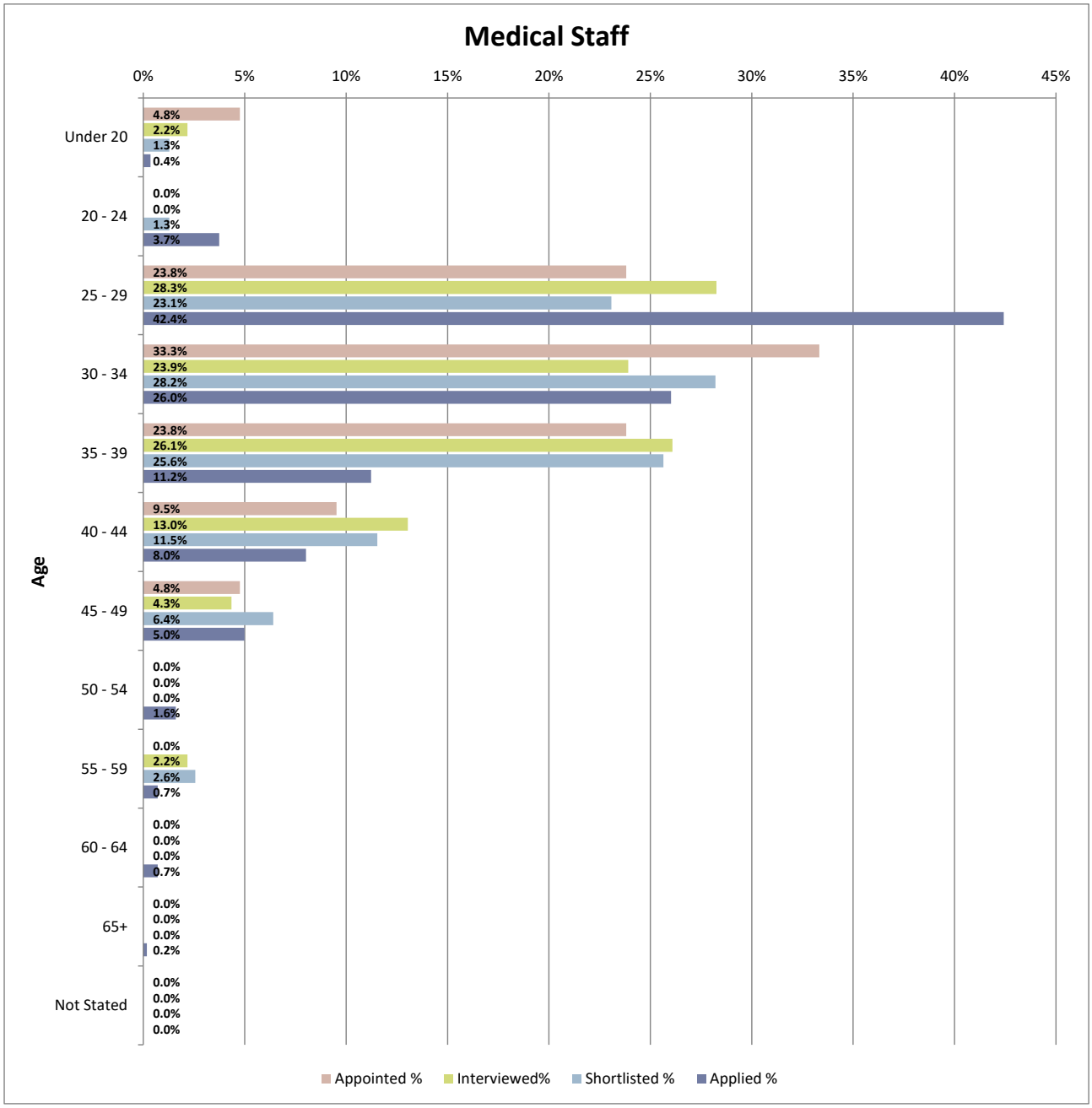
From October 2018 to March 2019 there were a total of: Non-Medical (including bank) - 6,620 applications, 2,189 shortlisted candidates, 1,347 interviewed and 555 appointments made. Medical recruitment (excluding locums) - 561 applications, 78 shortlisted candidates, 46 interviewed and 21 appointments made.

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

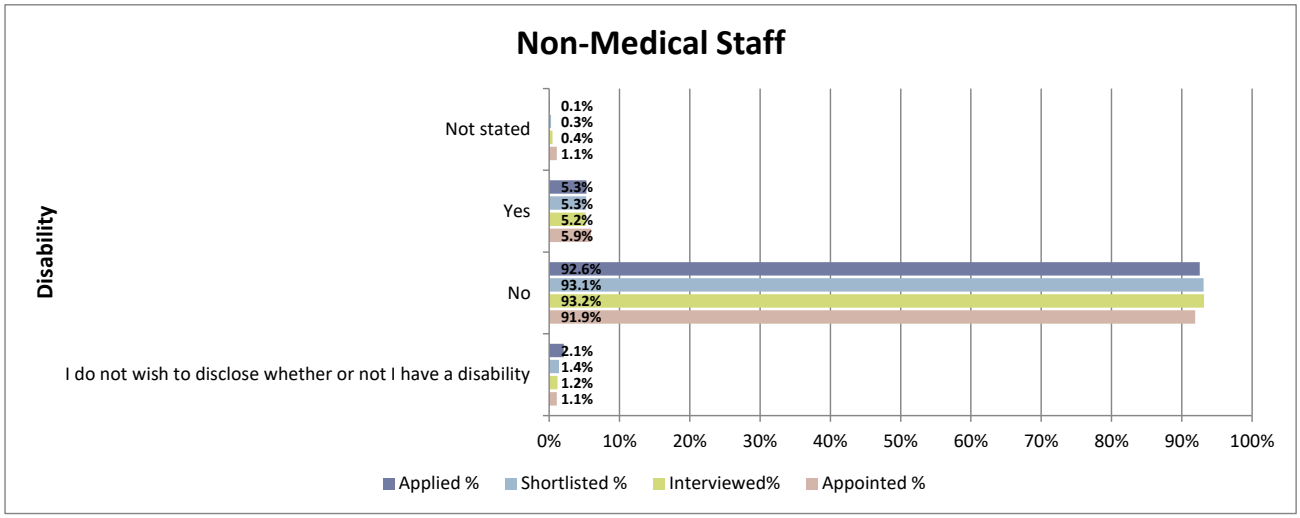
Age (Non-Medical)

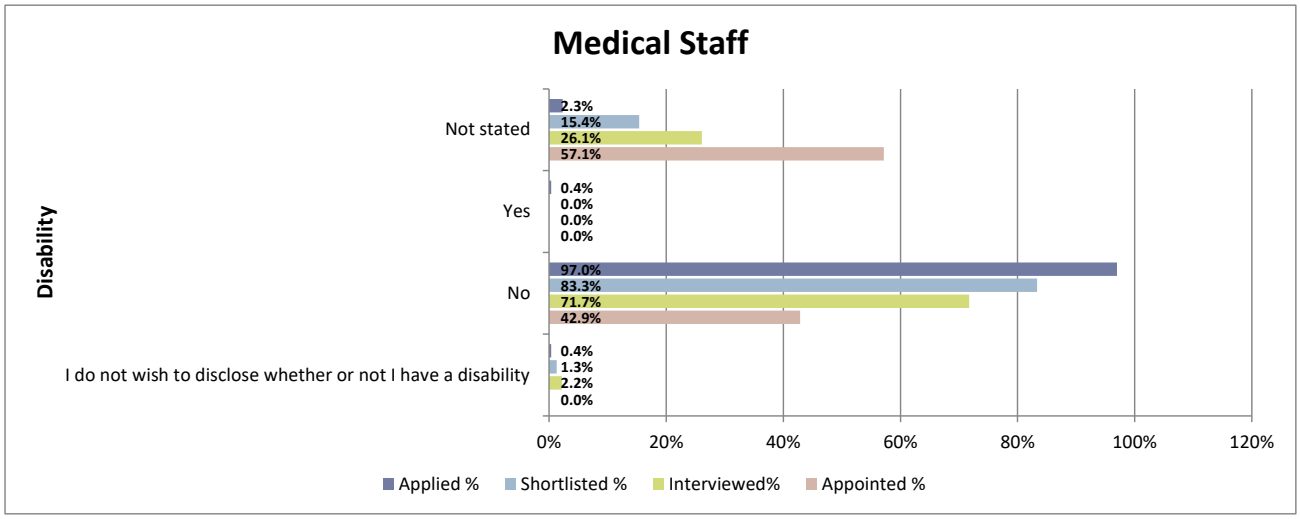


Age (Medical)


Medical Staff
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
Age
Under 20
4.8%
2.2%
1.3%
0.4%
20 - 24
0.0%
0.0%
1.3%
3.7%
25 - 29
23.8%
28.3%
23.1%
42.4%
30 - 34
33.3%
23.9%
28.2%
26.0%
35 - 39
23.8%
26.1%
25.6%
11.2%
40 - 44
9.5%
13.0%
11.5%
8.0%
45 - 49
4.8%
4.3%
6.4%
5.0%
50 - 54
0.0%
0.0%
0.0%
1.6%
55 - 59
0.0%
2.2%
2.6%
0.7%
60 - 64
0.0%
0.0%
0.0%
0.7%
65+
0.0%
0.0%
0.0%
0.2%
Not Stated
0.0%
0.0%
0.0%
0.0%
Appointed %
Interviewed%
Shortlisted %
Applied %

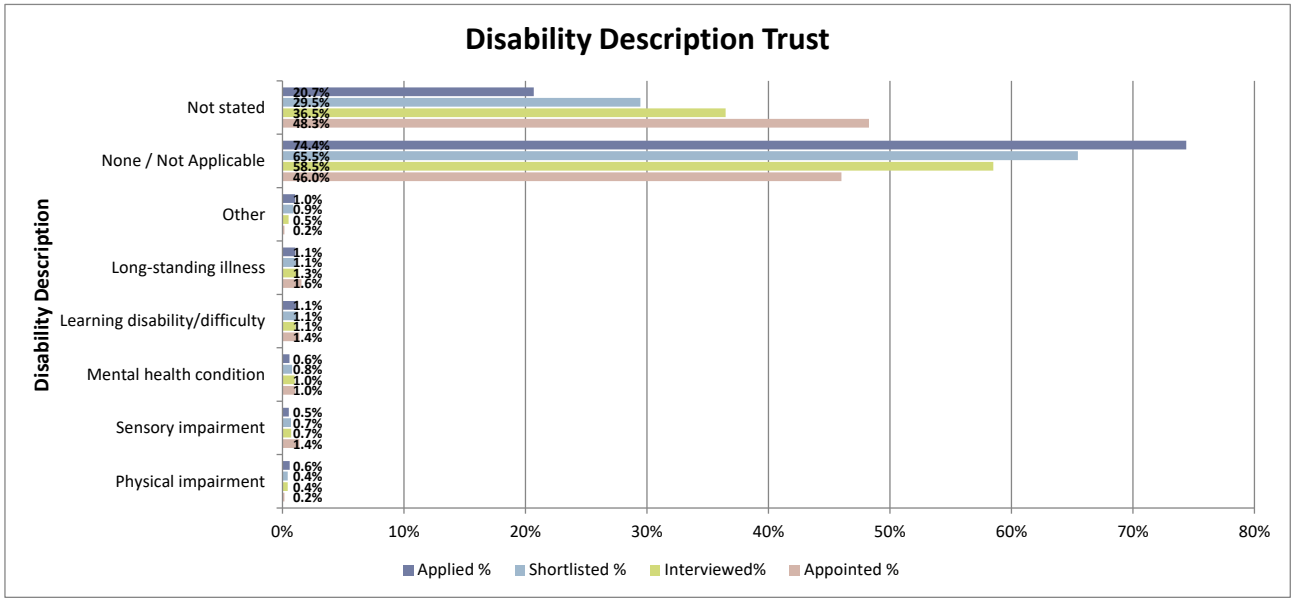
Disability


Non-Medical Staff
Disability
Not stated
Yes
No
I do not wish to disclose whether or not I have a disability
0.1%
0.3%
0.4%
1.1%
5.3%
5.3%
5.2%
5.9%
92.6%
93.1%
93.2%
91.9%
2.1%
1.4%
1.2%
1.1%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Applied %
Shortlisted %
Interviewed%
Appointed %

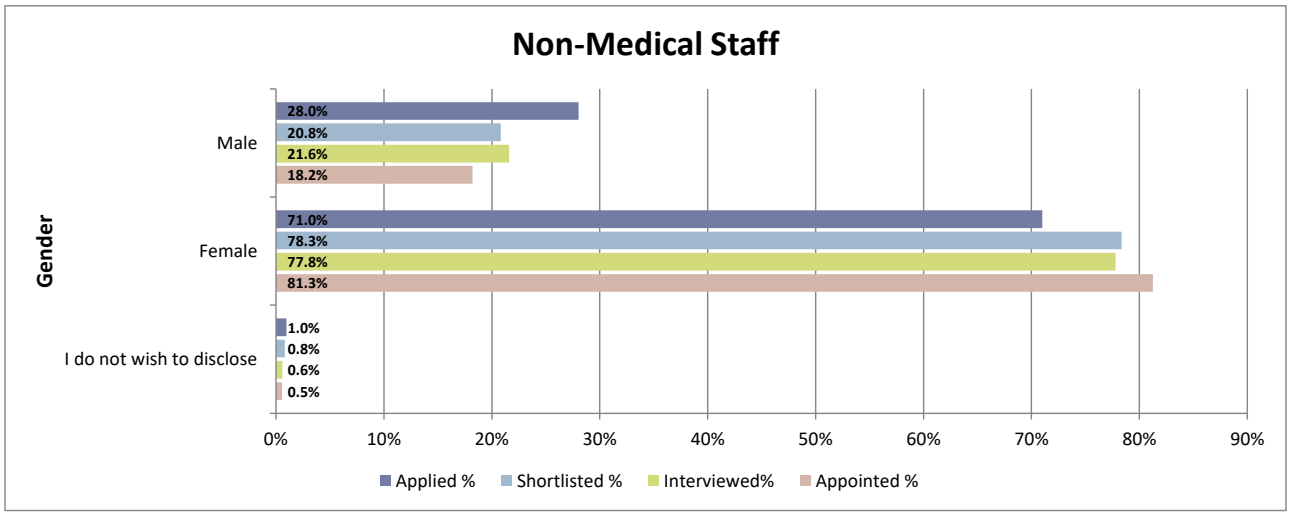

Medical Staff
Disability
Not stated
Yes
No
I do not wish to disclose whether or not I have a disability
2.3%
15.4%
26.1%
57.1%
0.4%
0.0%
0.0%
0.0%
97.0%
83.3%
71.7%
42.9%
0.4%
1.3%
2.2%
0.0%
0%
20%
40%
60%
80%
100%
120%
Applied %
Shortlisted %
Interviewed%
Appointed %

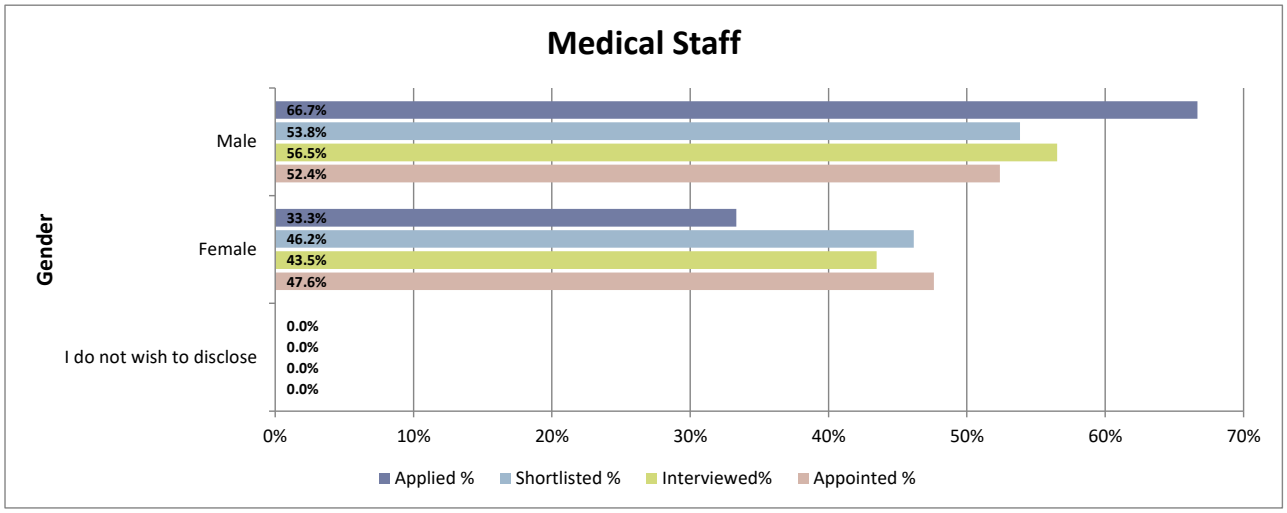
Types of disability:

The following chart provides a breakdown of Non-Medical and Medical recruitment activity by type of disability and will be used to support the Workforce Disability Equality Standard (WDES).

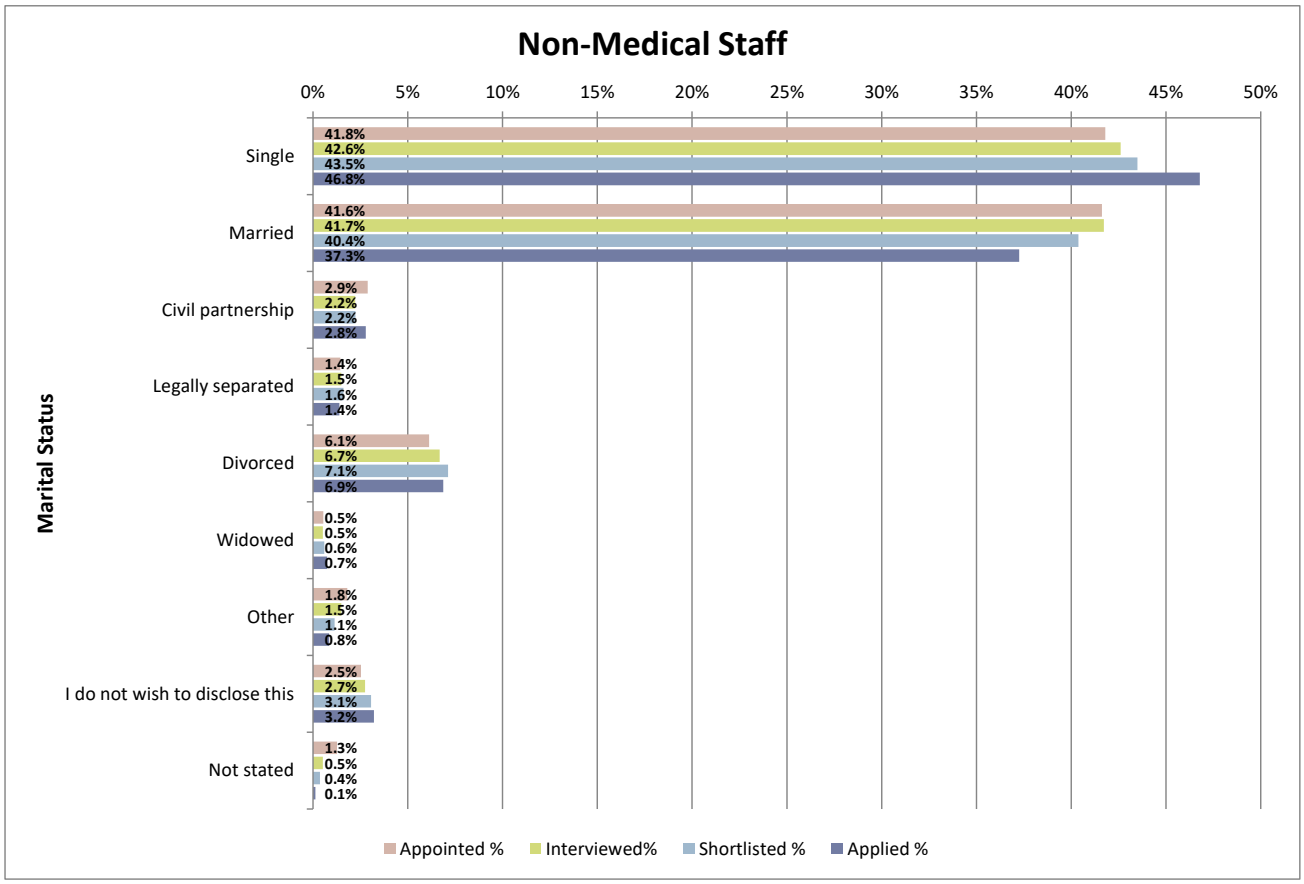


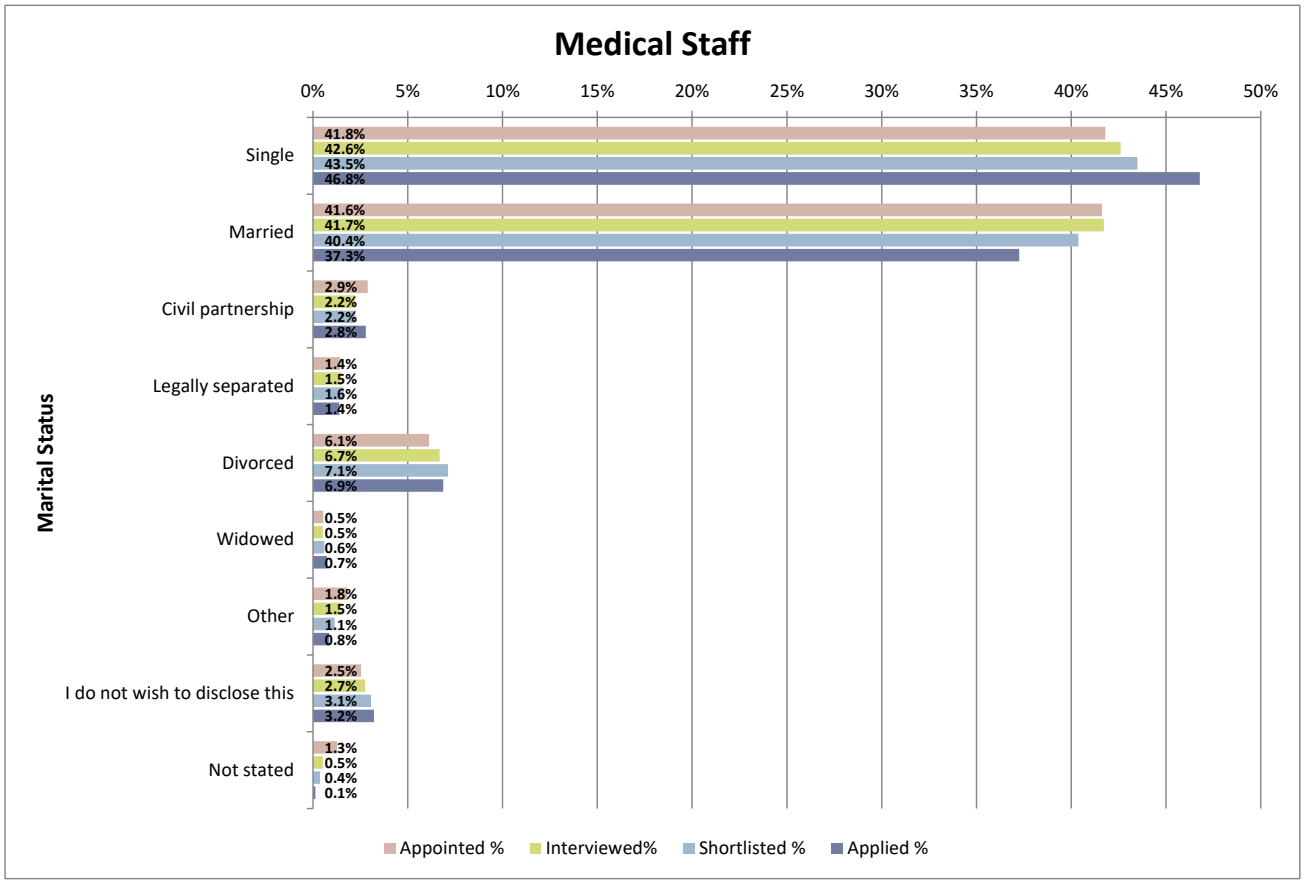
Gender


Non-Medical Staff
Gender
Male
Female
I do not wish to disclose
28.0%
20.8%
21.6%
18.2%
71.0%
78.3%
77.8%
81.3%
1.0%
0.8%
0.6%
0.5%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
Applied %
Shortlisted %
Interviewed%
Appointed %

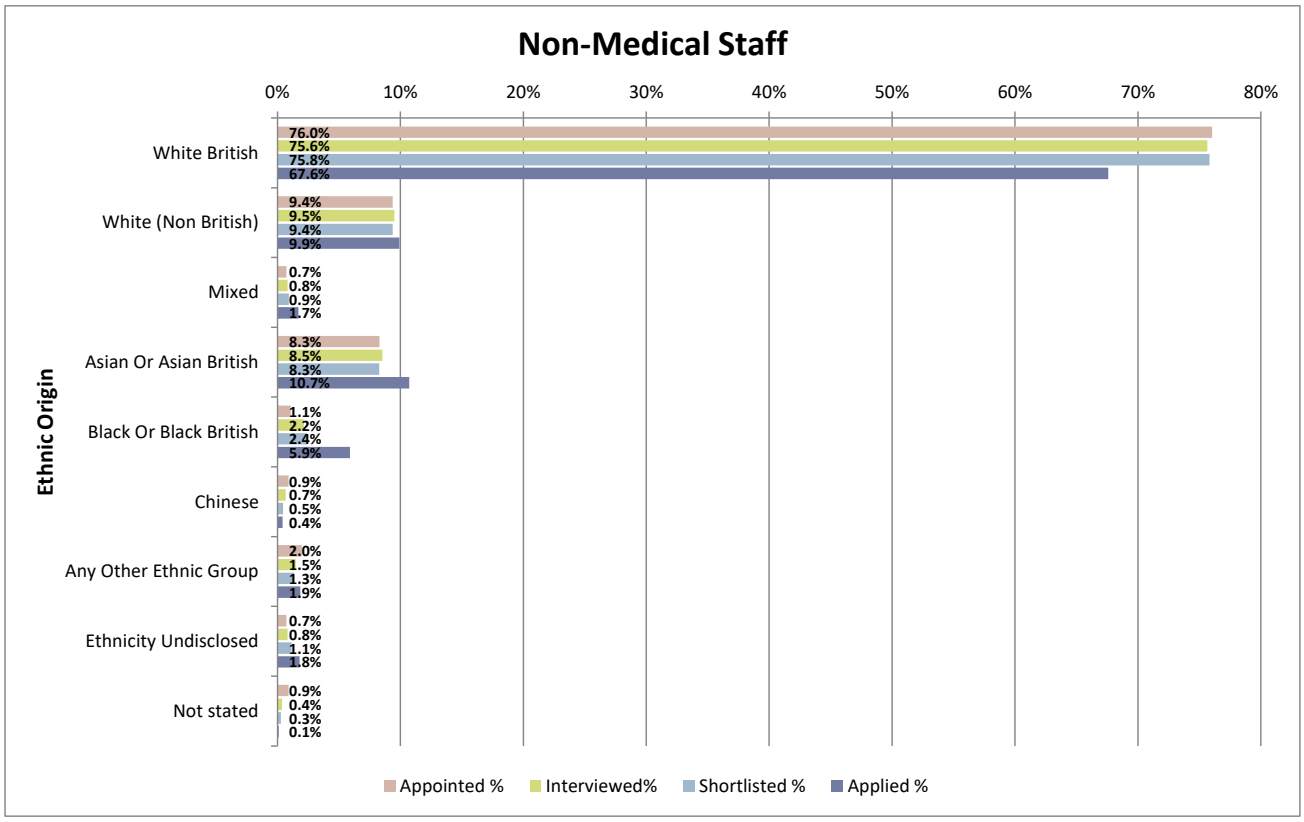

Medical Staff
Gender
Male
Female
I do not wish to disclose
66.7%
53.8%
56.5%
52.4%
33.3%
46.2%
43.5%
47.6%
0.0%
0.0%
0.0%
0.0%
0%
10%
20%
30%
40%
50%
60%
70%
Applied %
Shortlisted %
Interviewed%
Appointed %

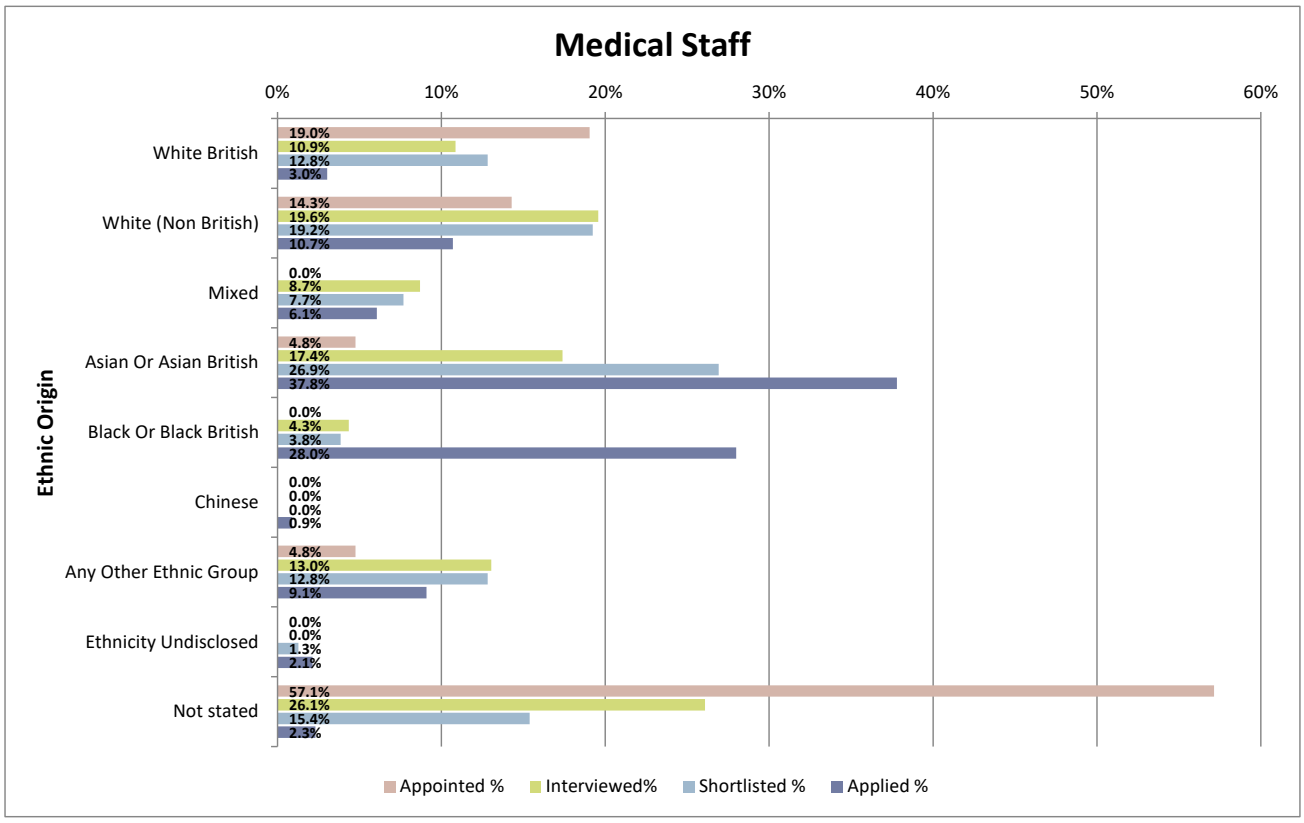
Marriage and Civil Partnership



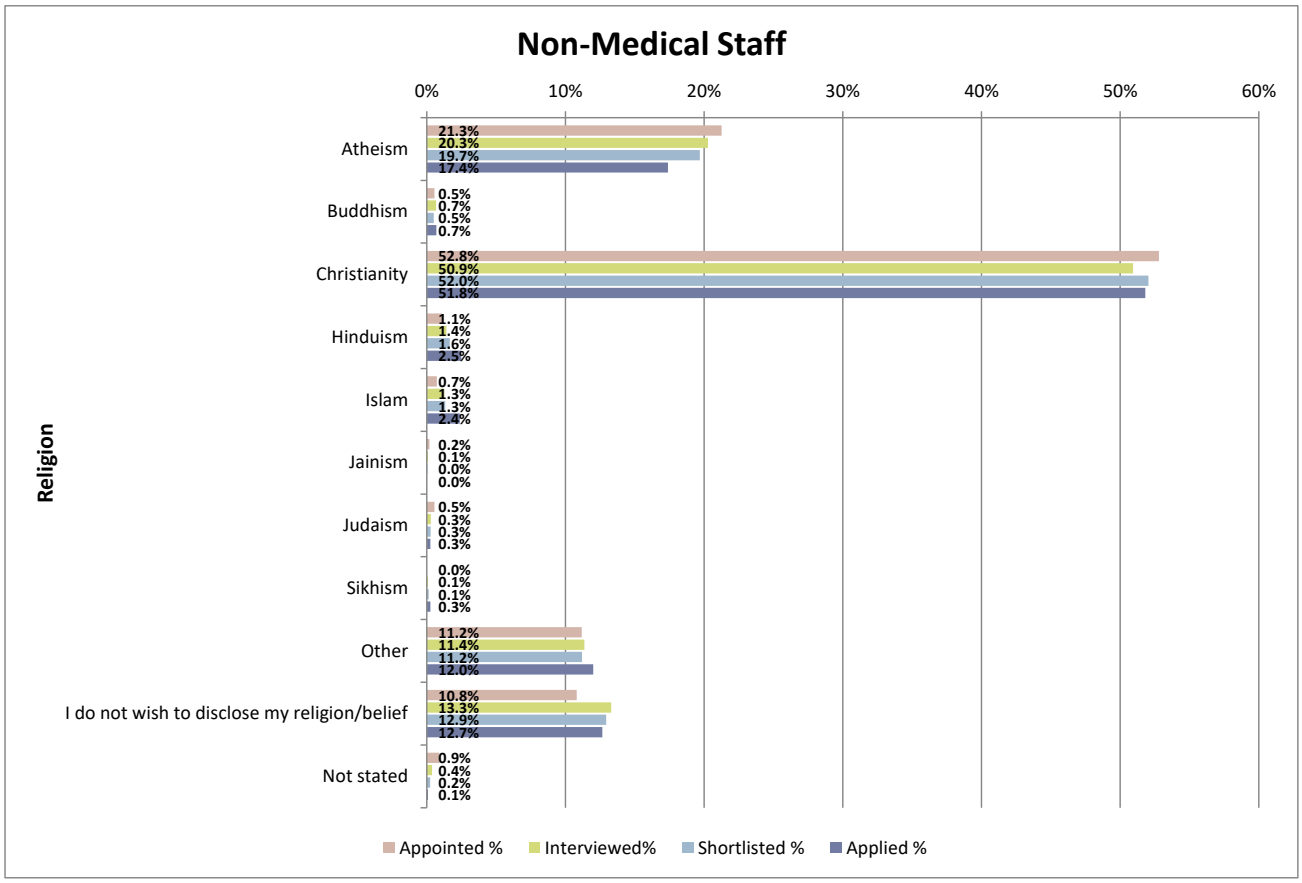


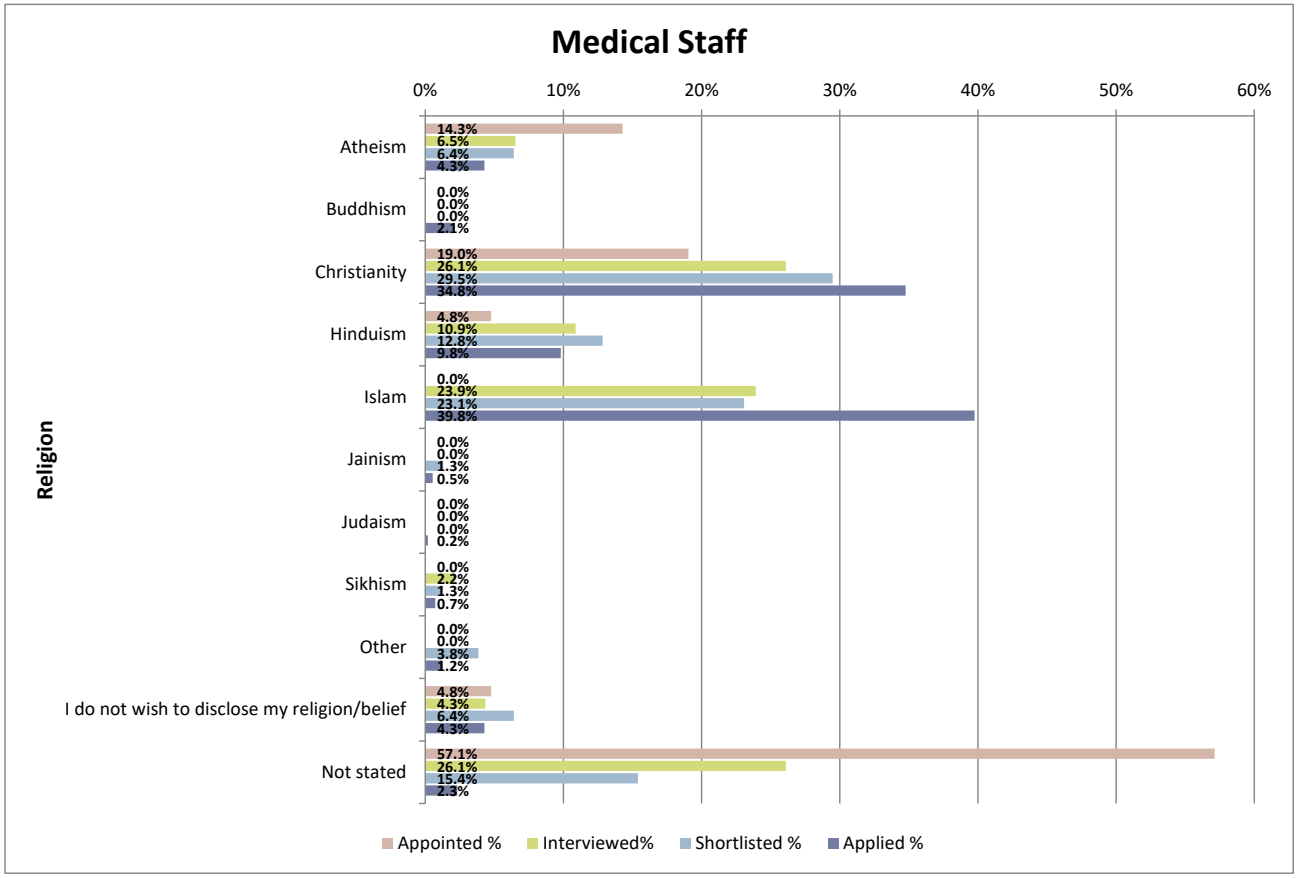
Race and Ethnicity



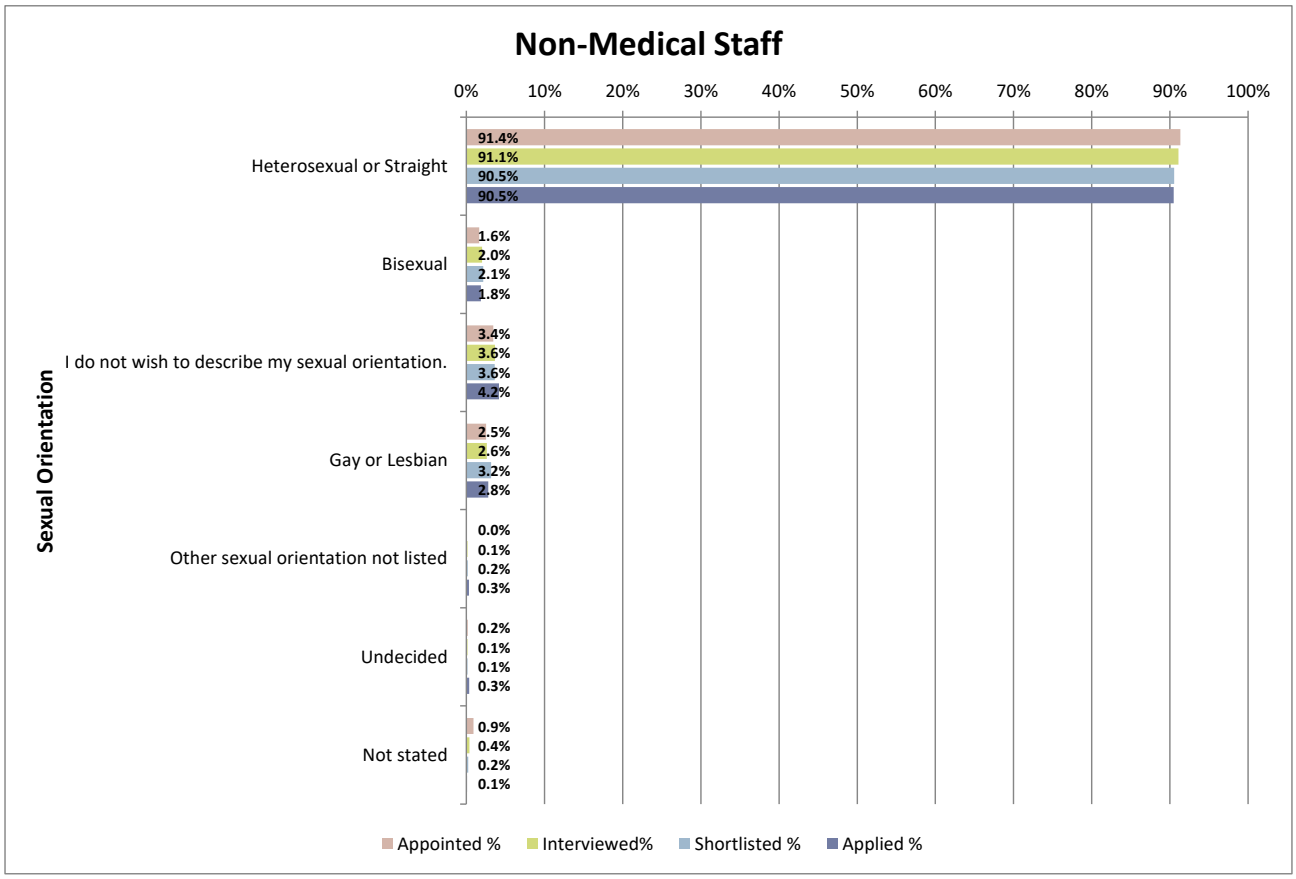


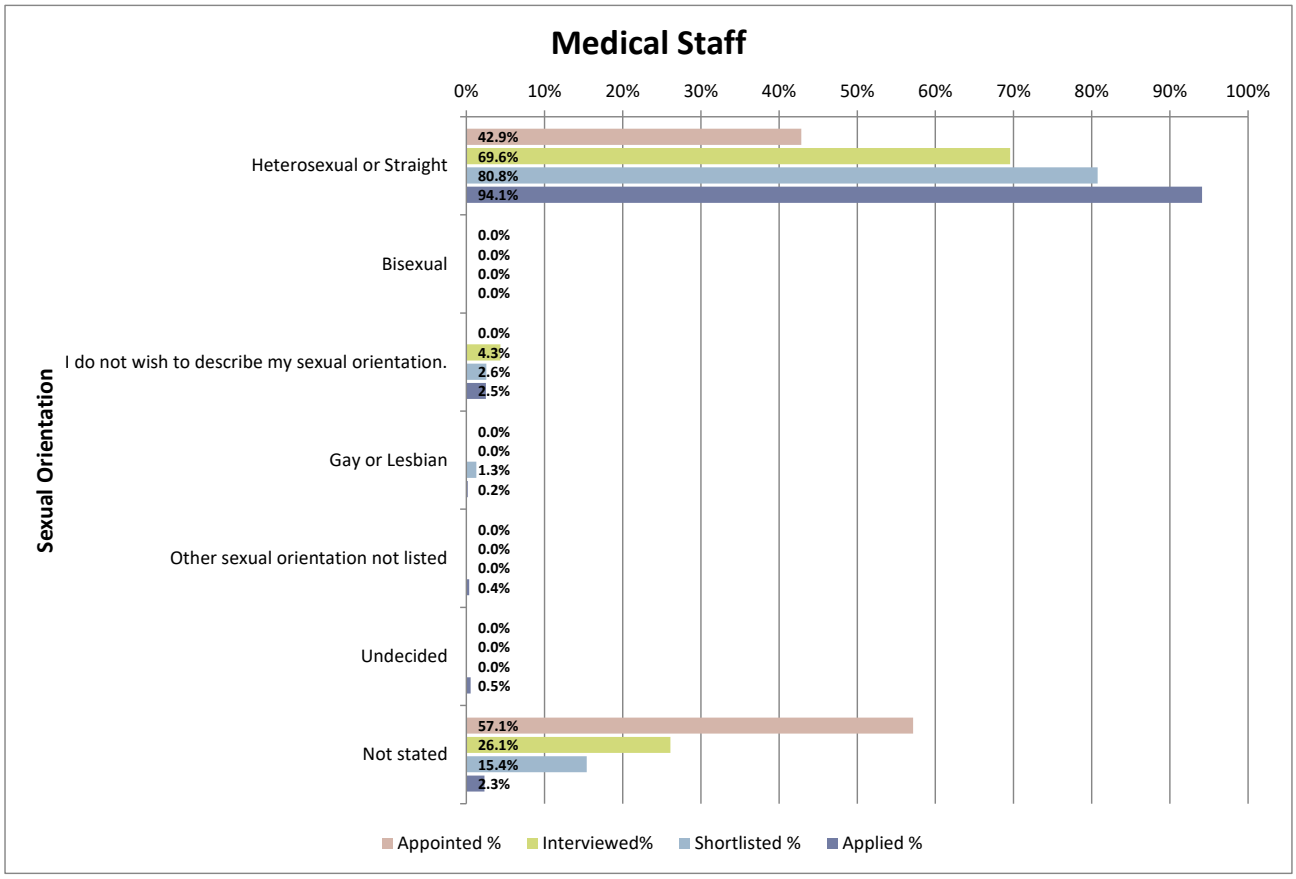
Religion or Belief





Sexual Orientation





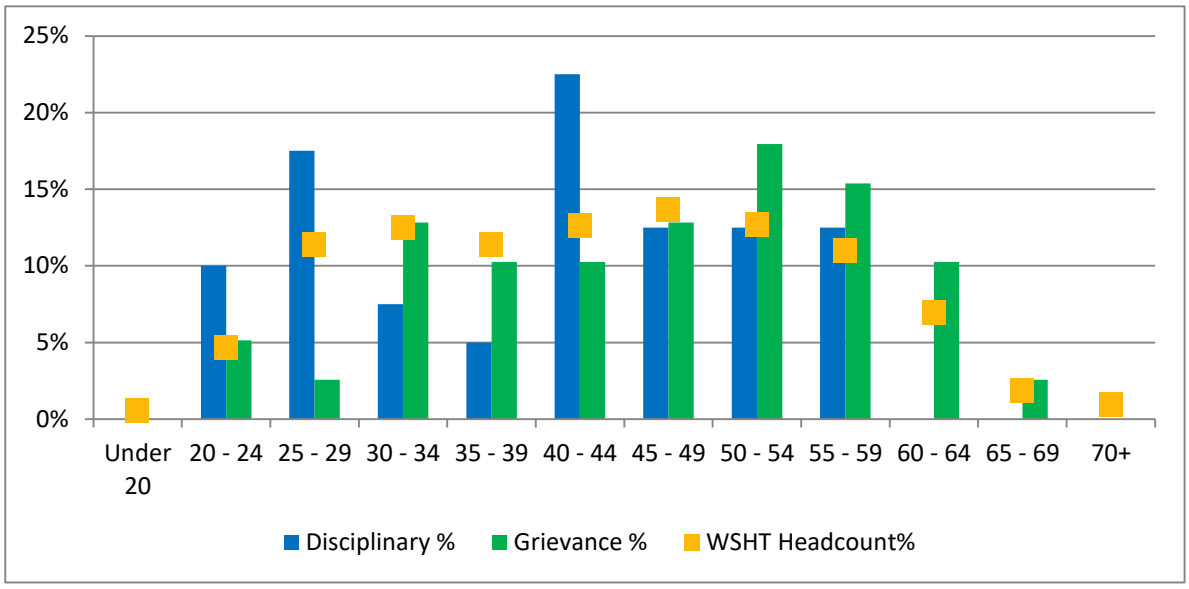
How fair are the Trust's employment policies and practices?

One way of demonstrating how fair employment practices and policies are is to see if there are any groups who 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.

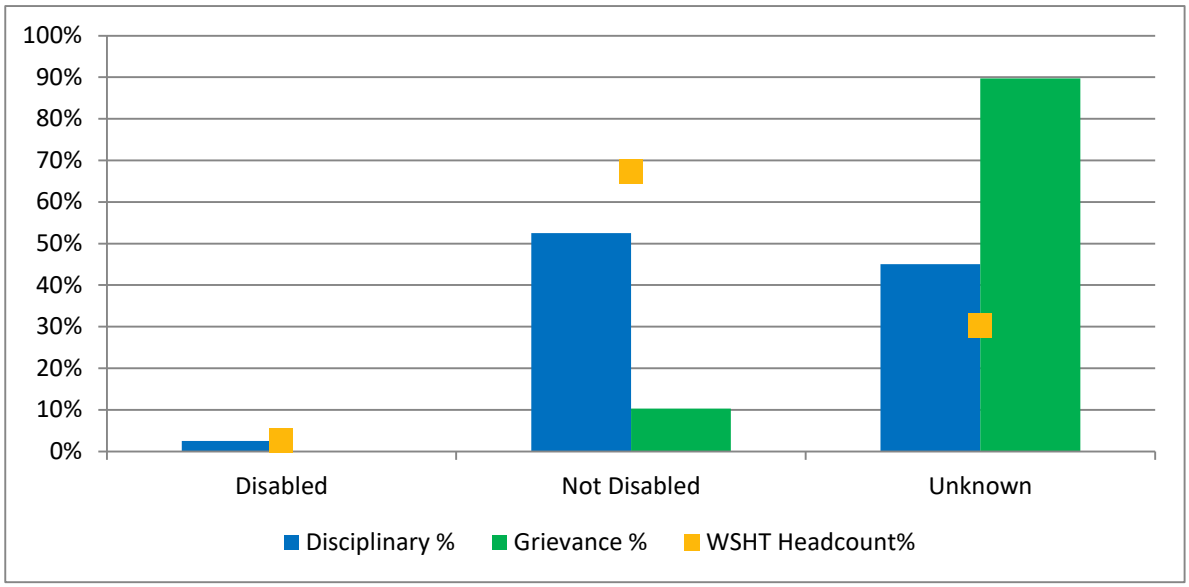
During 2018/2019 there were:

- 39 Grievances (2 collective)
- 40 Disciplinary cases

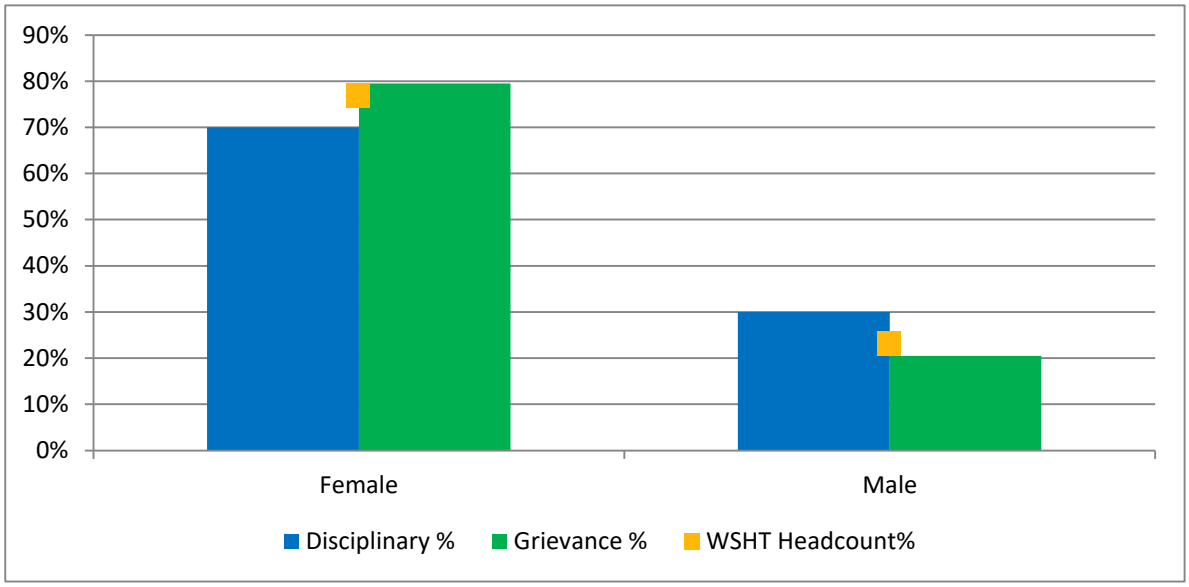
Age



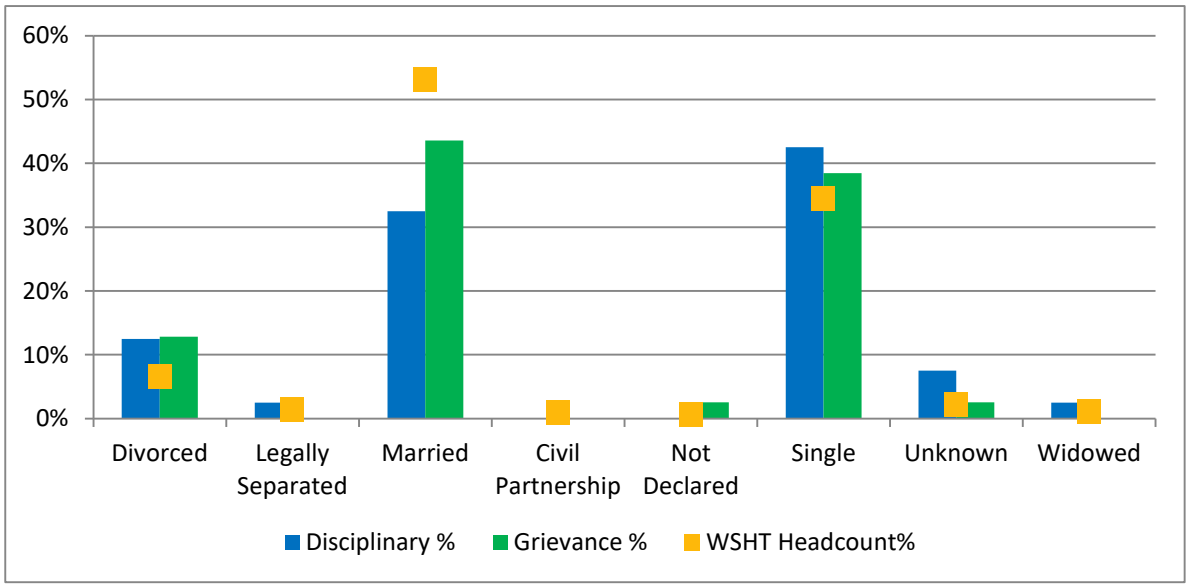
Disability



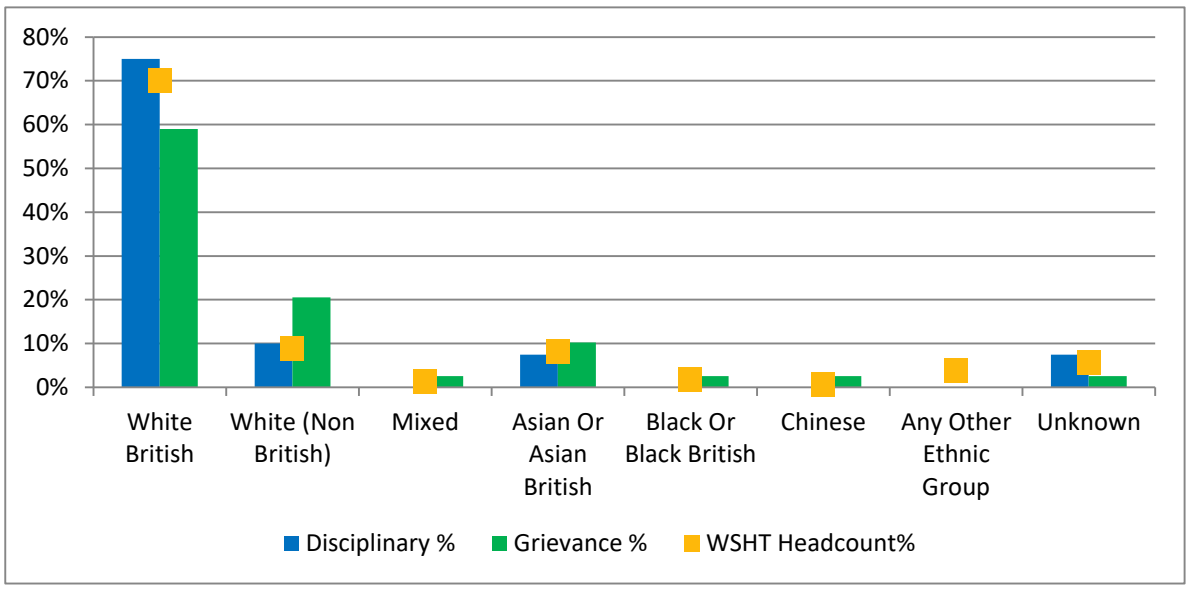
Gender



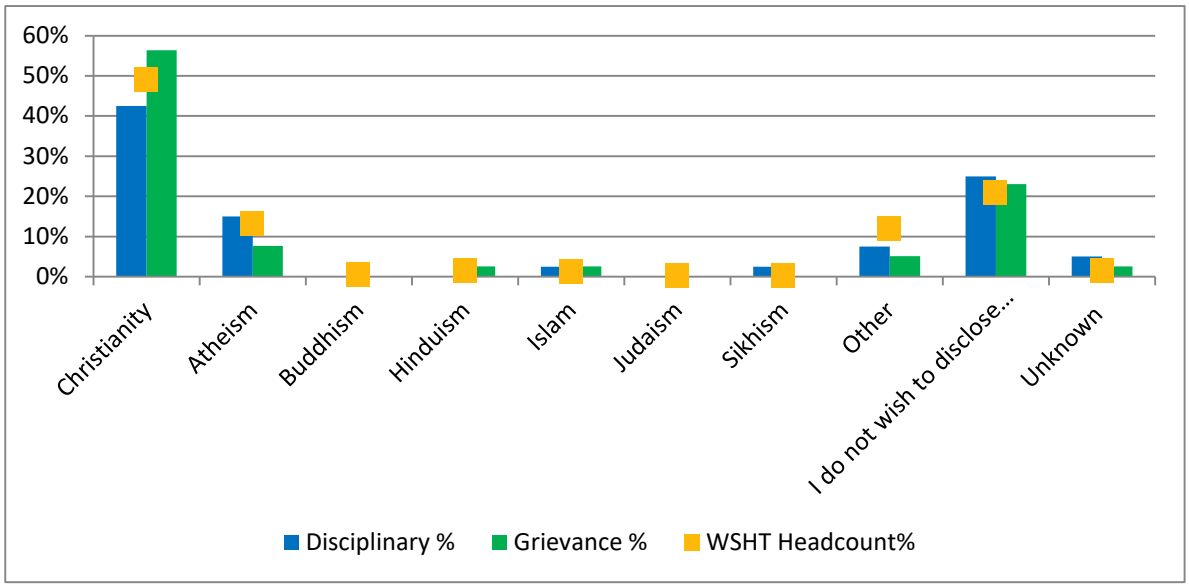
Marriage and Civil Partnership



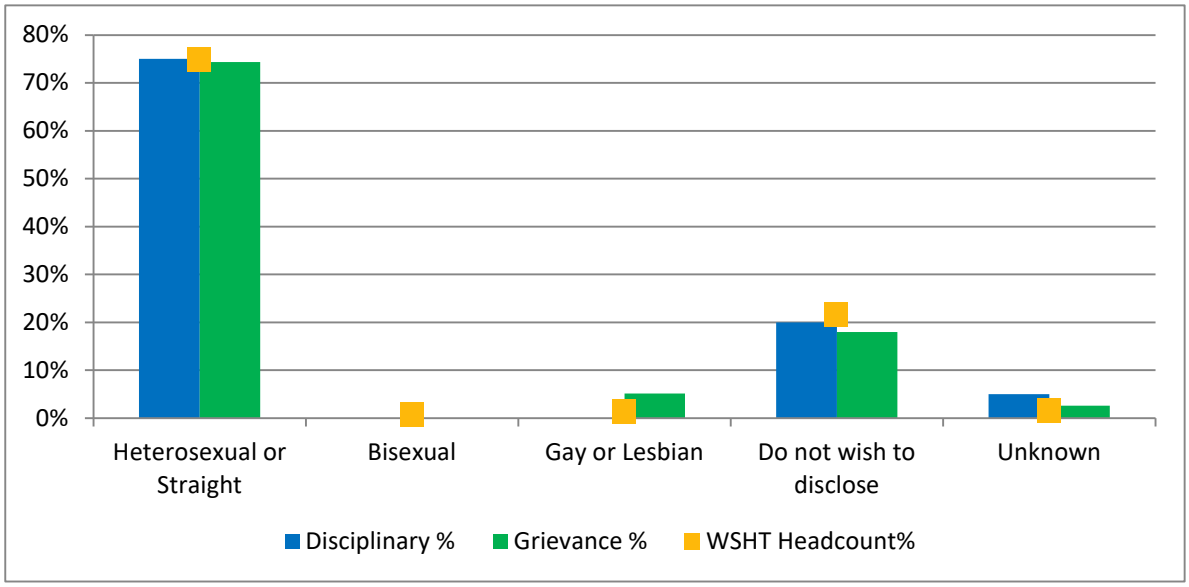
Race and Ethnicity



Religion or Belief

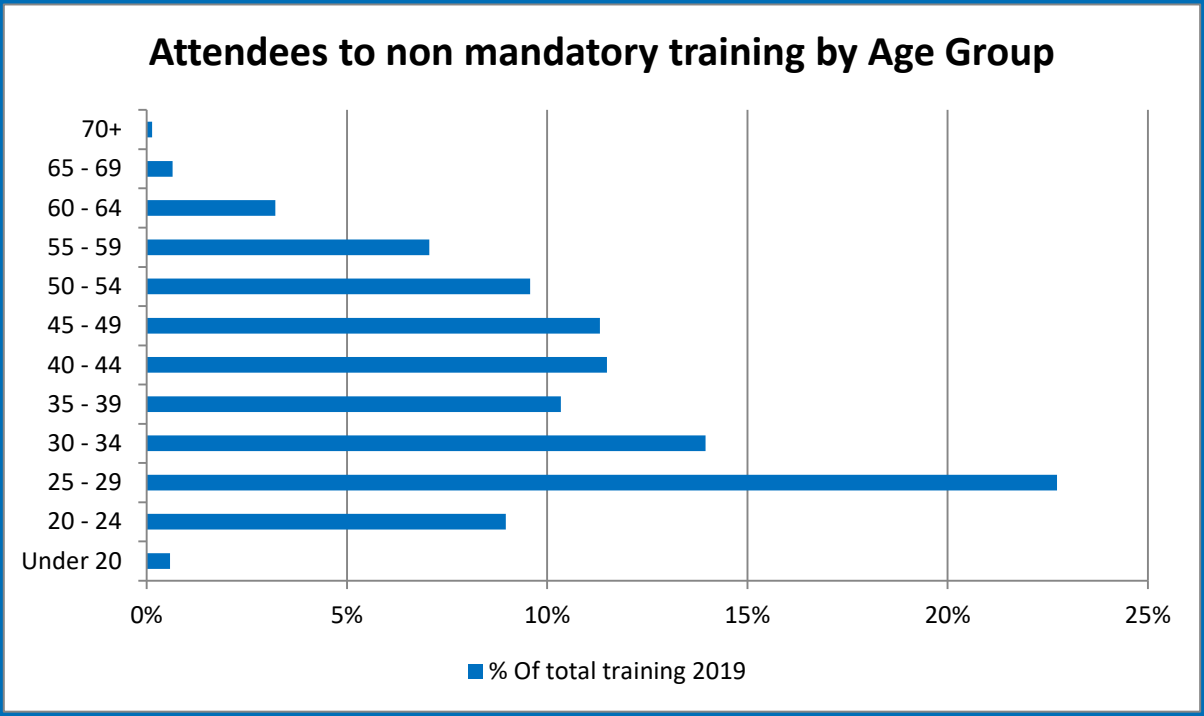


Sexual Orientation



Training & Development opportunities

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



	% of Attendees
White British	64.9%
White (Non British)	7.0%
Mixed	1.2%
Asian Or Asian British	11.3%
Black Or Black British	2.3%
Chinese	0.9%
Any Other Ethnic Group	4.7%
Unknown	7.6%

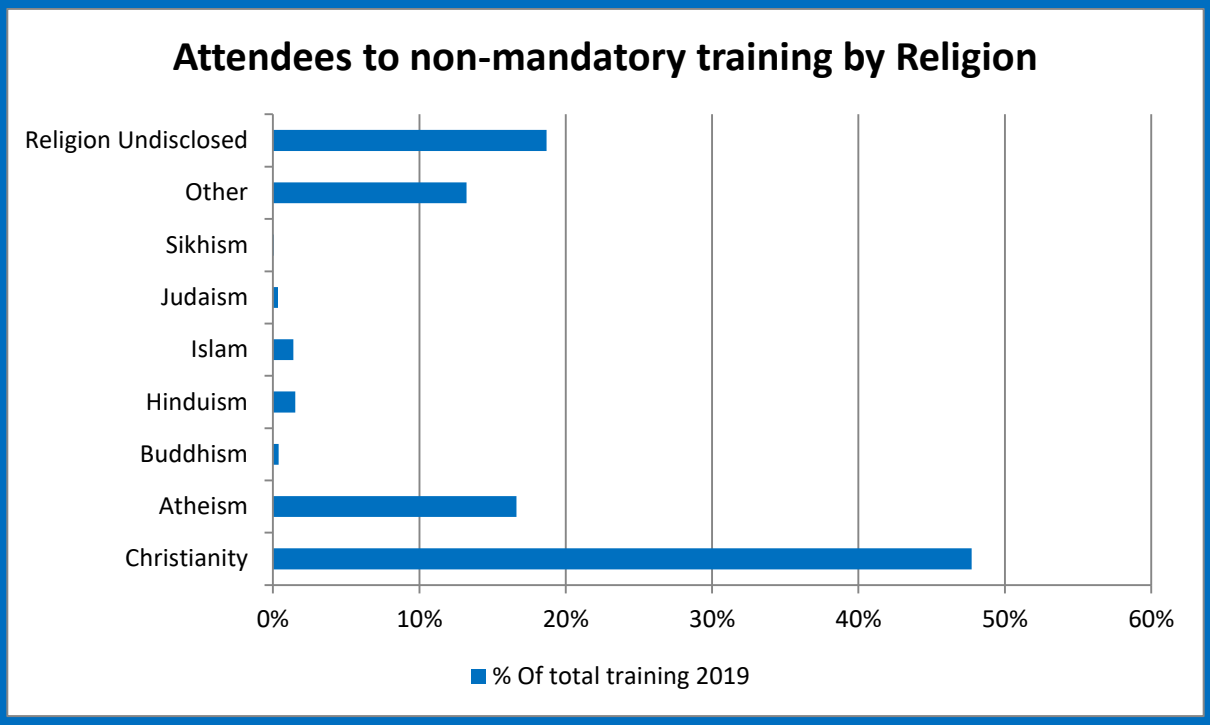
61.7% of attendees were not disabled

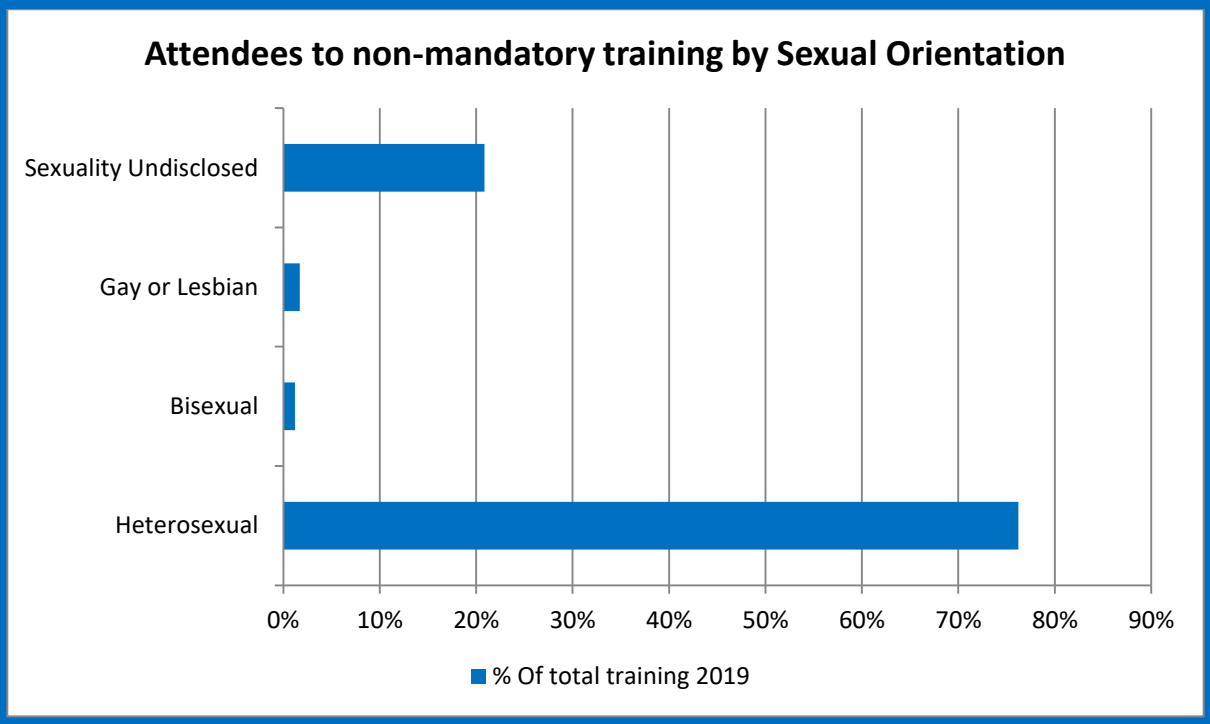
36.3% of attendee's disability status was unknown

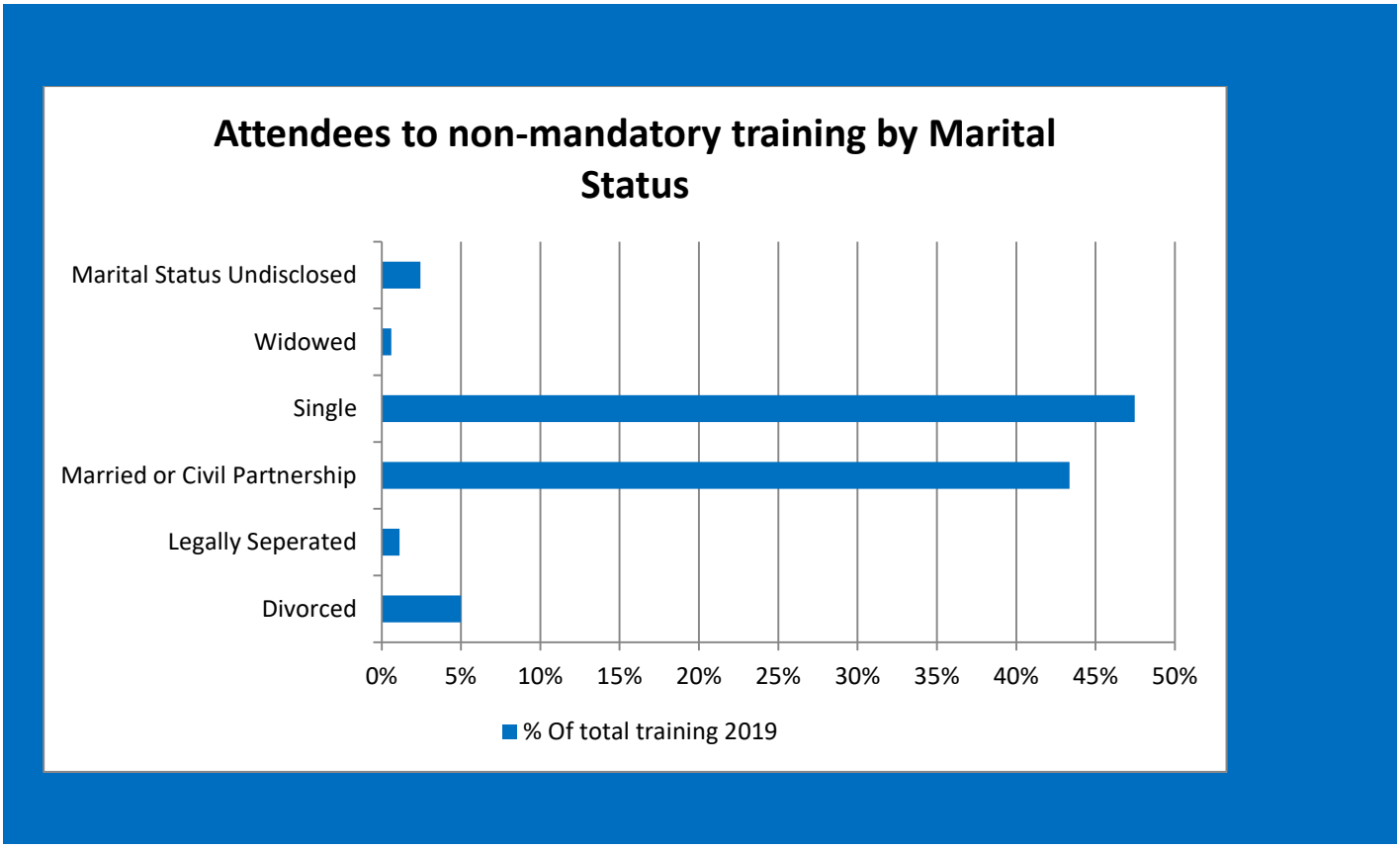
2.0% of attendees were disabled

78.4% of attendees were female

21.6% of attendees were male

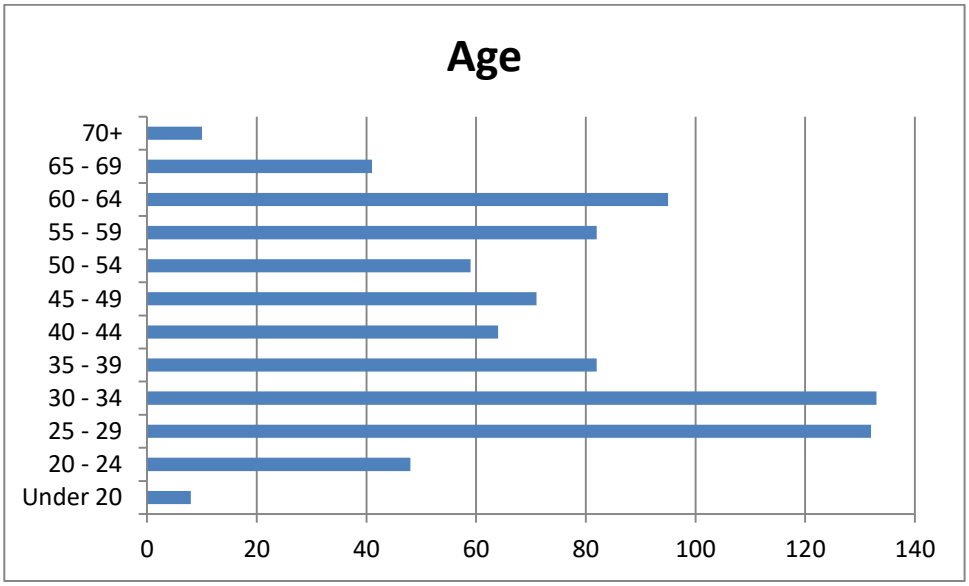

Attendees to non-mandatory training by Religion
Religion Undisclosed
Other
Sikhism
Judaism
Islam
Hinduism
Buddhism
Atheism
Christianity
0%
10%
20%
30%
40%
50%
60%
% Of total training 2019

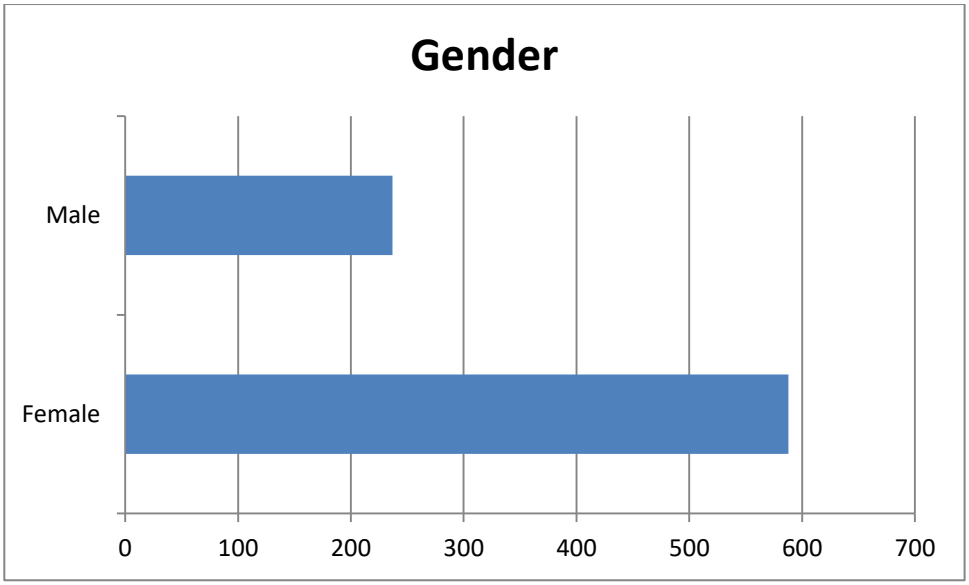

Attendees to non-mandatory training by Sexual Orientation
Sexuality Undisclosed
Gay or Lesbian
Bisexual
Heterosexual
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
% Of total training 2019

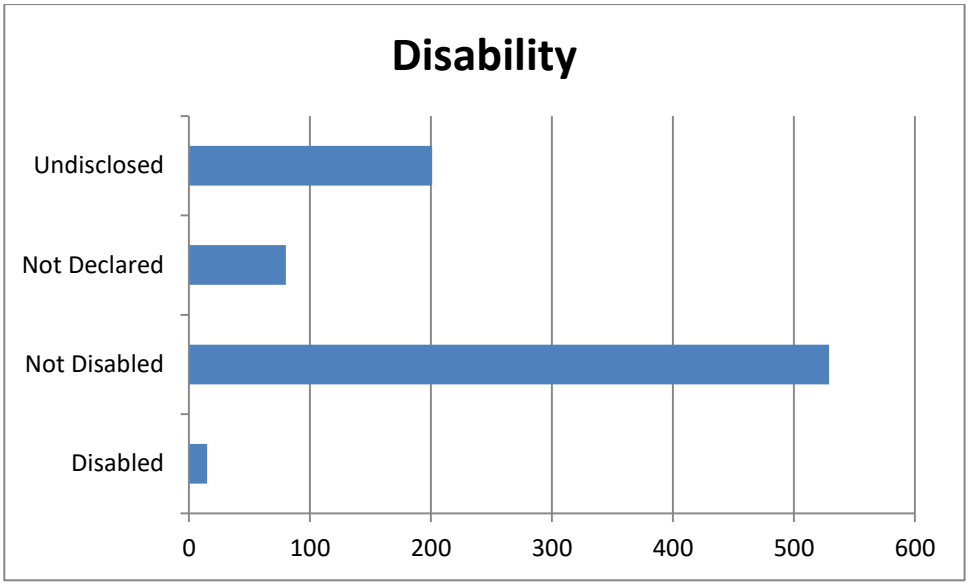

Attendees to non-mandatory training by Marital Status
Marital Status Undisclosed
Widowed
Single
Married or Civil Partnership
Legally Seperated
Divorced
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
50%
% Of total training 2019

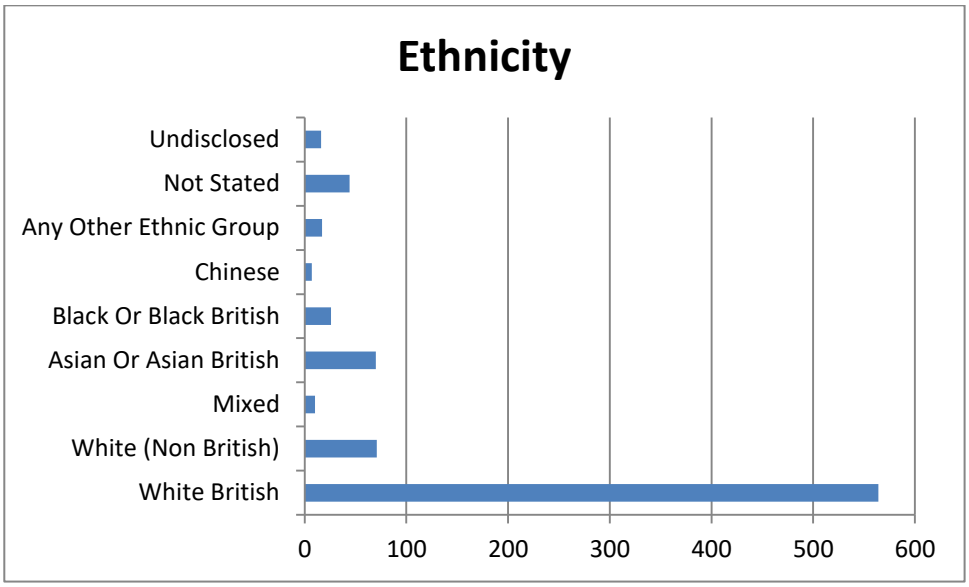
Information about staff that have left the Trust during 2018/19

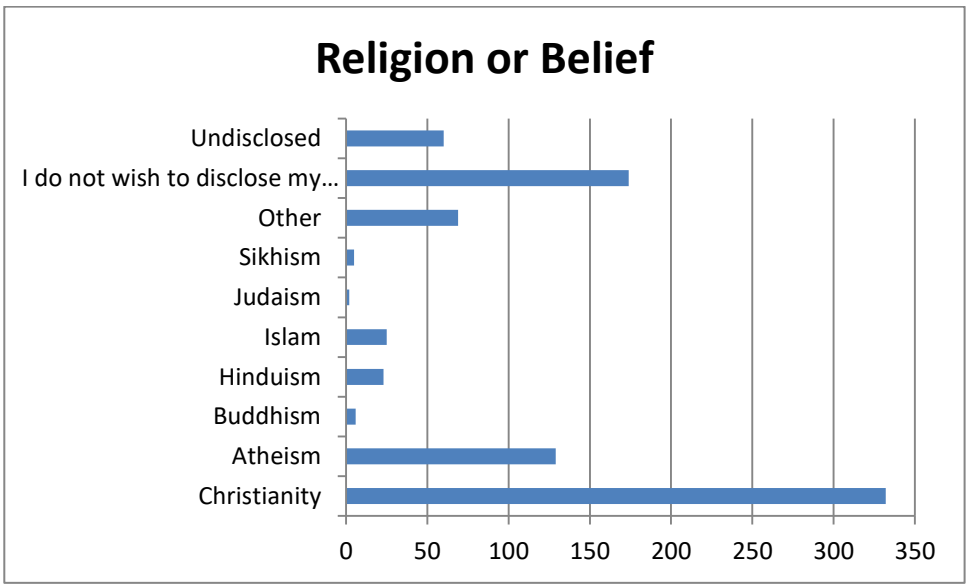
Between April 2018 and March 2019 825 colleagues left our organisation. The graphs below show those who have left by their protected characteristic.

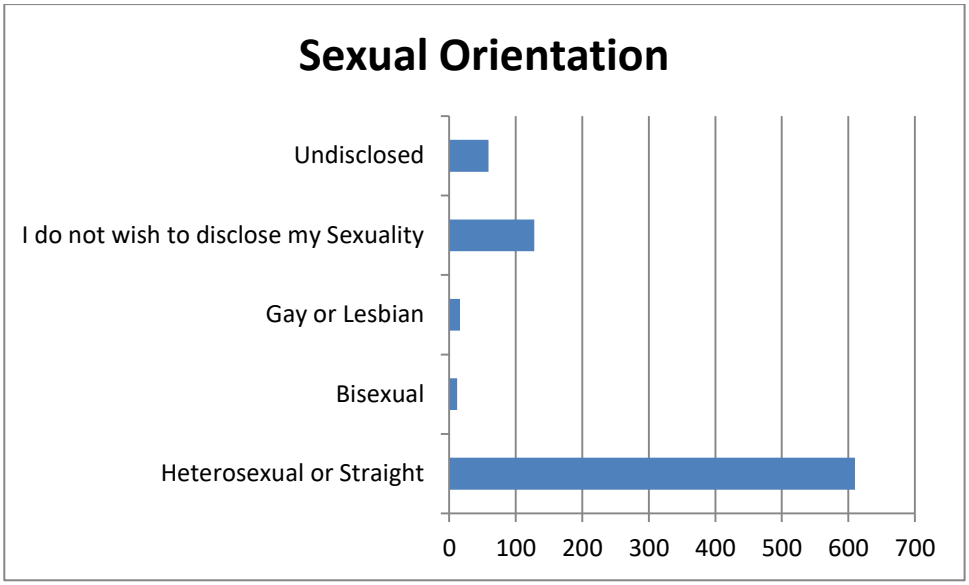


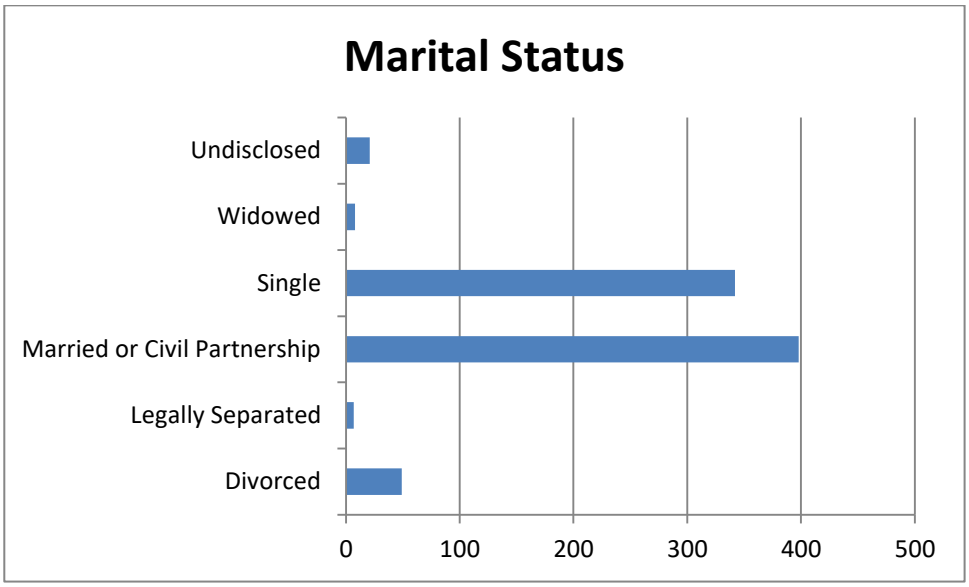



Disability
Undisclosed
Not Declared
Not Disabled
Disabled
0
100
200
300
400
500
600


Ethnicity
Undisclosed
Not Stated
Any Other Ethnic Group
Chinese
Black Or Black British
Asian Or Asian British
Mixed
White (Non British)
White British
0
100
200
300
400
500
600


Religion or Belief
Undisclosed
I do not wish to disclose my...
Other
Sikhism
Judaism
Islam
Hinduism
Buddhism
Atheism
Christianity
0
50
100
150
200
250
300
350


Sexual Orientation
Undisclosed
I do not wish to disclose my Sexuality
Gay or Lesbian
Bisexual
Heterosexual or Straight
0
100
200
300
400
500
600
700


Marital Status
Undisclosed
Widowed
Single
Married or Civil Partnership
Legally Separated
Divorced
0
100
200
300
400
500

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

Protected Characteristic	Observation
Age	• Representation - There is a slight increase in staff aged 50-54, 60-64 and 70+ and reduction in staff aged 35-39. • Our highest age group continues to remain those aged between 45-49. • Pay band - For Non-Medical, in bands 1-3 the largest % is aged 30-59, bands 4-6 its ages 25-54, band 7+ its ages 35-59. • For Medical, in less than 20k the largest % is aged 30-59, 20-40k its ages 25-39, 40-60k its ages 30-44, 60-80k its ages 35-54 and for 80k+ its ages 40-59. • Recruitment process - The highest number of Non-Medical applications and appointments continues to come from those aged 25-29. • The highest number of Medical applying come from those aged 25-29 but the highest number of successful appointments into a medical role is those aged 30-34. • Employee Relations - The largest number of disciplinary cases involved colleagues aged 40-44 with a greater percentage of cases than the Trust headcount. Disciplinary cases in age groups 20-24 and 25-29 were also significantly higher than the Trust headcount. • Grievances were higher for age group 50-54 with again higher than the Trust headcount. Age groups 55-59 and 60-64 also experienced higher grievances than the Trust headcount. • Training and development - For non-mandatory Training the highest group of attendees are those aged between 25-29. • Leavers - For those colleagues who have left the Trust, the largest % is those aged 30-34 followed closely by those aged 25-29.
Disability	• Representation - Those who have not undisclosed has reduced from 21% to 19%, whilst the number of colleagues who have identified as having a disability has increased from 2% to 3%. It is unclear as to whether this is as a result of more colleagues entering the organisation who have a disability or whether existing colleagues updated their disability status. • The representation of disabled staff is lower than the census 2011 data. • Pay band - Disabled staff are underrepresented in Medical areas, less than 20k, 20-40k, 80+k. For Non-Medical band 7+ and above. However in Medical 40-60k and 60-80k there is a higher % of staff who identified as having a disability. • Recruitment process - Of those colleagues who applied to the Trust identifying as having a disability, the largest description of disability was a

	long standing illness or learning disability/difficulty and other. • Non-Medical recruitment is broadly in line with each stage of the recruitment process. For Medical recruitment all stages of the recruitment process is under represented. • Employee Relations - In regards to Grievance and Disciplinary, there is still a large % where disability status is unknown. Increased declaration will help to better identify how this affects colleagues. • Training and development - For non-mandatory Training 36.3% of attendee's disability status was unknown. However of those that attended training only 2% declared they had a disability. • Leavers - There is a large group of colleagues who left the Trust where their disability status remains unknown.
Gender	• Representation - Whilst the gender split of the workforce does not correlate with the 2011 census data, it follows the national NHS workforce trends. • With regard to those with a higher than expected representation, male full time hours and fixed term contracts and female working part time hours. Those with less than expected representation are male with part time hours. • Pay bands - Across Non-Medical bands 1-3 there is a higher than average number of male colleagues. This is reversed in bands 4-6 whilst bands 7+ reflect the makeup of the organisation. • Across Medical pay grades those earning less than 20k there is a significantly higher than average % of female colleagues, between 20-40k there is again a higher than average % of female colleagues, between 40-60k which reflects the makeup of the organisation. In pay grade 60-80k the picture is reversed with a higher % of male colleagues and this is also the case for pay band 80k+ where there is a higher % of male colleagues. • Recruitment process - In applications and appointments for Non-Medical staff the largest % remains from female applicants. Female applicants are also more likely to be appointed than male applicants. • In Medical roles this is reversed with more male applicants applying for posts however again the likelihood for successful appointment is higher for female applicants. • Employee Relations - In disciplinary cases whilst the actual % of cases involves more female colleagues, compared to the Trust headcount there are a higher percentage of male colleagues being involved in disciplinary cases. • For grievances there are a higher % of female colleagues. • Training and development - For non-mandatory Training 78.4% of attendees were female and 21.6% were male. This is in line with the gender split of the organisation. • Leavers - For those colleagues who have left the Trust, the largest % is female by almost twice as much as male colleagues. This is in line with the gender split of the organisation.

Marriage and Civil Partnership	• Representation - The % of colleagues declaring they are married or in a civil partnership has decreased by 1% whilst the number of colleagues declaring they are divorced has risen by 1%. • The representation of staff who are either married, in a civil partnership or divorced is in line the 2011 census data. • Pay band - The number of Non-Medical colleagues who are married or in a civil partnership is higher than the average for those in Band 7+ roles, this is the opposite for single staff. • There are a slightly higher than Trust average number of colleagues in Medical roles in paygrades 60-80k and 80+ who are divorced, whilst colleagues who are married or in a civil partnership are more strongly represented in pay bands less than 20k, 60-80k and 80k+. • Recruitment process - The largest % of applications to the Trust are from single applicants whilst the likelihood of being appointed is greater for those who are married. • Employee Relations - Single and divorced colleagues both have higher than the Trust headcount for both grievance and disciplinary cases. However, those from married and civil partnership are underrepresented. • Training and development - For non-mandatory Training the highest group of attendees are those who identified as single, just slightly more than those who are married or in a civil partnership. • There is greater than expected attendance to training by single colleagues and a less than expected attendance at training from those who are married or in a civil partnership. • Leavers - For those colleagues who have left the Trust, the largest % is from those who are married or in a civil partnership followed by those who are single. There are also a relatively high number of colleagues identifying as divorced.
Race and Ethnicity	• Representation - Colleagues who have not stated their ethnicity has risen by 2% whilst the number of colleagues who have chosen to disclose has reduced by 1%. • When comparing to the 2011 census data we have a greater representation of White Non-British, Asian and any Other ethnic group. • Pay bands - For colleagues in Non-Medical roles there is a higher than average number of White British colleagues in Bands 7+. • There is a lower % of colleagues from other ethnicities with significantly lower representation from White Non-British as well as Asian and Asian British colleagues. • For colleagues in Medical roles White British are largely over represented in the under 20k category and within all Ethnic minorities they are general well representative in Medical pay bands. • Recruitment process - In applications for Non-Medical roles the largest applications continue to be from White British applicants. The next highest % of applicants are from White Non-British and Asian or Asian British applicants. • In Medical roles the largest % of applicants are from Asian or Asian

	British applicants with Black or Black British colleagues also applying. For both of these applicant groups the level of successful appointment is low. There is a low success rate of those from Mixed and Chinese being appointed. • Employee Relations - In disciplinary cases there is a higher than Trust headcount for White British colleagues. • In Grievance cases there is a higher than Trust headcount for White Non-British colleagues of almost twice the head count. • Training and development - For non-mandatory Training the highest group of attendees are those identifying as White British with Asian or Asian British being the next highest %. • Leavers - For those colleagues who have left the Trust, the largest % is those who are White British. This is followed by colleagues who are White Non-British and Asian or Asian British.
Religion or Belief	• Representation - Colleagues who have declared they are Atheist has risen by 1% with the largest % increase being Other. Those who did not wish to disclose is down by 2% and the number of undisclosed has reduced by 4%. • Christians and Atheists are underrepresented and Other is over when compared to the 2011 census data. • Pay bands - For colleagues in Medical pay grade 60-80k there is a higher representation of colleagues who are Buddhist. Other is under representative in 60-80k and 80k+. • In Non-Medical Buddhist, Sikhism and Other are under representative in 7+. All other areas are in line with workforce representation. • Recruitment process - In applications from Non-Medical colleagues the largest % is from those applicants identifying as Christian the next largest % are those applicants who identify as Atheist. • In applications from Medical the largest % is from those applicants identifying as Islam, the next largest % is from those applicants identifying as Christian, however there were no successful appointments from those who identified as Islam. This is an area to be reviewed. • Those who apply and are unsuccessful in being appointment are individuals who identify as Buddhist, Jain, Judaism, Sikh and Other. • Employee relations - For grievance cases there is a higher than Trust headcount for colleagues identifying as Christian. Other is below the workforce headcount. • Training and development - For non-mandatory Training the highest group of attendees are those identified as Christian with the next highest % being those who identified as Religion Undisclosed, then Atheist. • Leavers - For those colleagues who have left the Trust, the largest % is for those who identify as Christian followed by those who identify as Atheist. There continues to be a significant % where colleagues have chosen not to disclose their religion or belief.

Sexual Orientation	• Representation - The number of colleagues who chose not to disclose their sexual orientation has increased by 3.5% which should be explored in more detail as it may indicate that people do not feel as comfortable or able to disclose. • The number of people who are undisclosed is down by 3.9%. There is a nominal increase in bisexual, gay or lesbian. • Pay bands - In Medical pay grade 40-60k there is a higher than Trust average of colleagues who identify as gay or lesbian. All other bandings there is a lower than expected represented gay or lesbian and a lower than expected bisexual in 60-80k and 80k+. • For Non-Medical there is a fair representation for all groups. • Recruitment process - The number of appointed Medical colleagues who chose not to disclose their sexual orientation is higher than those in Non-Medical roles. • Non-Medical, bisexual and gay or lesbian have fair outcomes throughout the recruitment process. • Medical there are no bisexual applications. The overall outcome for gay or lesbian and Other is in general not favourable. • Employee Relations - For grievance cases there is a higher than Trust headcount for colleagues identifying as gay or lesbian. • Training and development - For non-mandatory Training the highest group of attendees are those identified as being heterosexual. 20% of attendee's sexual orientation is unknown. • Leavers - For those colleagues who have left the Trust, the largest % is for those who identify as Heterosexual. There continues to be a significant % where colleagues have chosen not to disclose their sexual orientation.

Who are the Trust's patients?

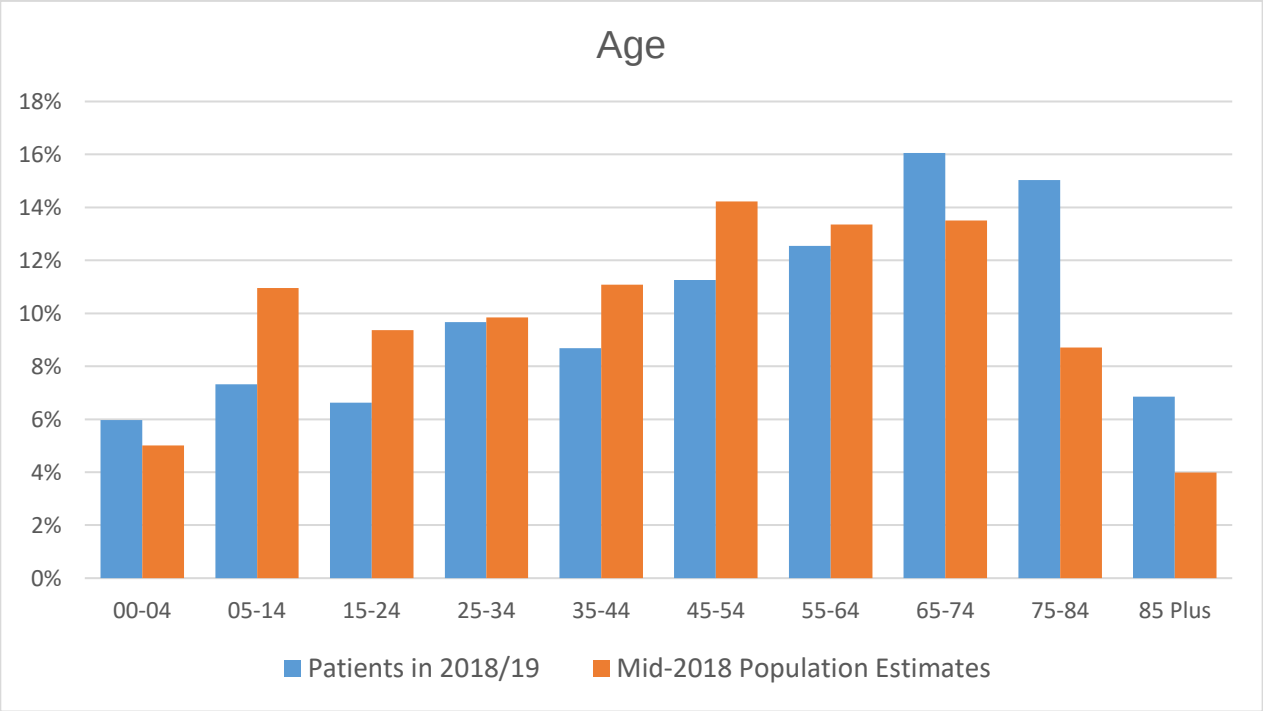
During 2018/2019 the Trust saw over 747,000 patients, which included:

- 133,042 inpatients and day cases
- 614,794 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 correlates with local population data.

Age



Disability

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

Patients Registered as disabled	0.06%

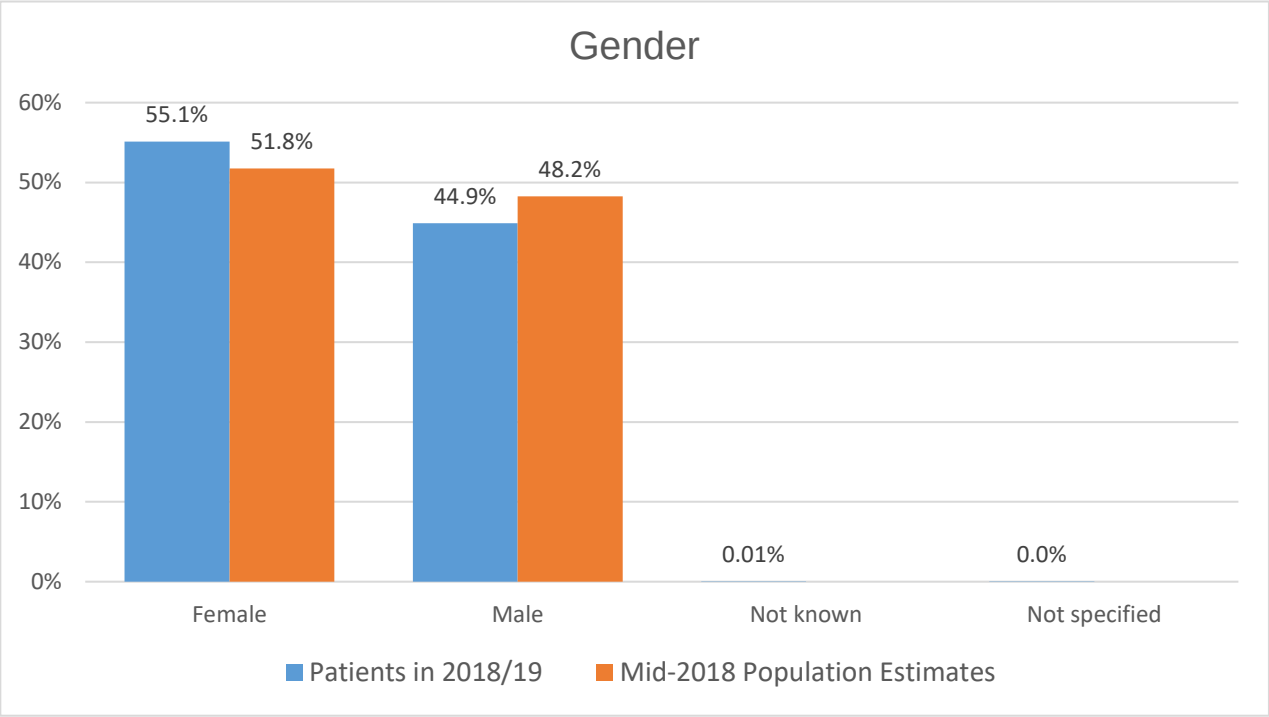
This figure consists of the data held on Sema-Helix which records patients who have identified as:

- Blind
- Deaf
- Or have a learning disability

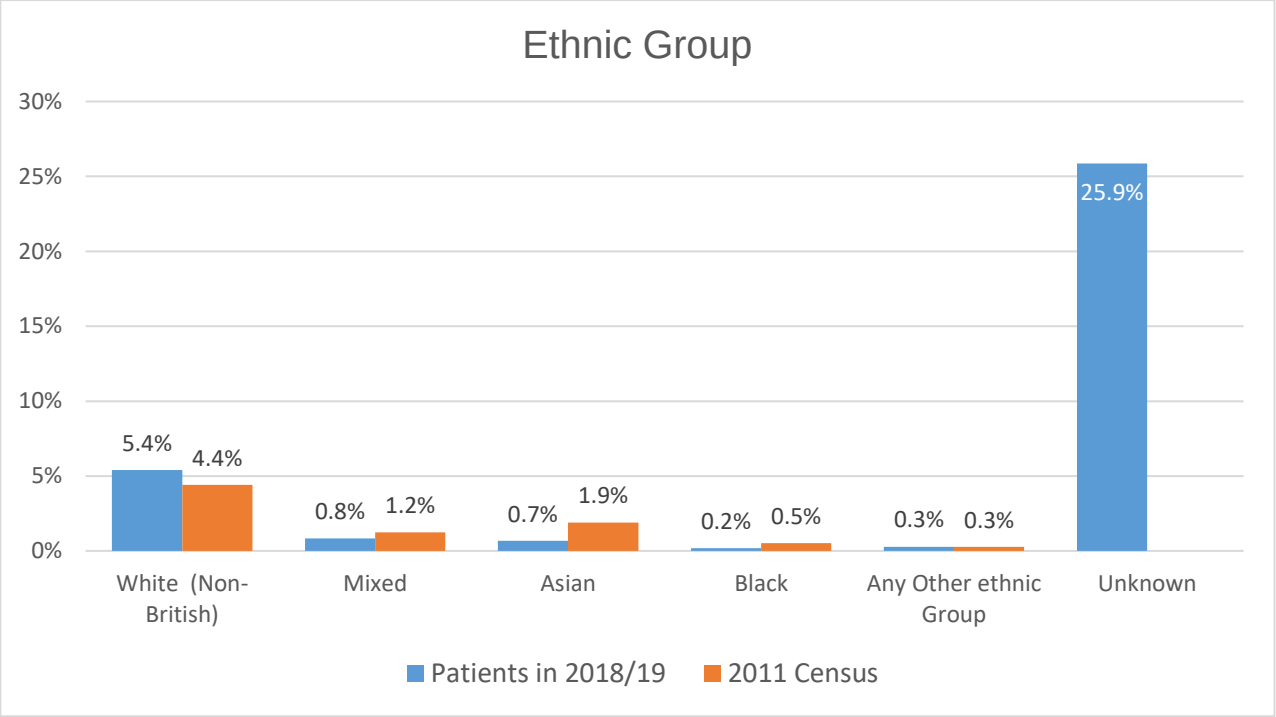
Census 2011 disability data

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%

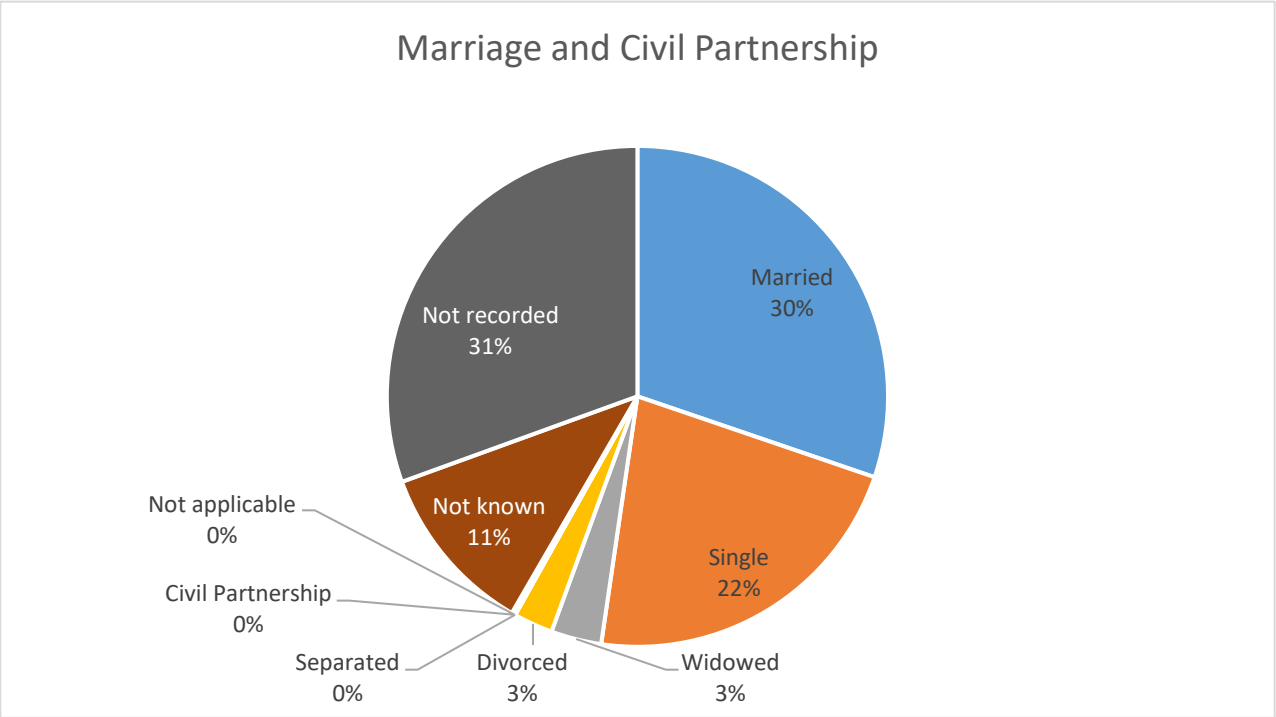
Gender



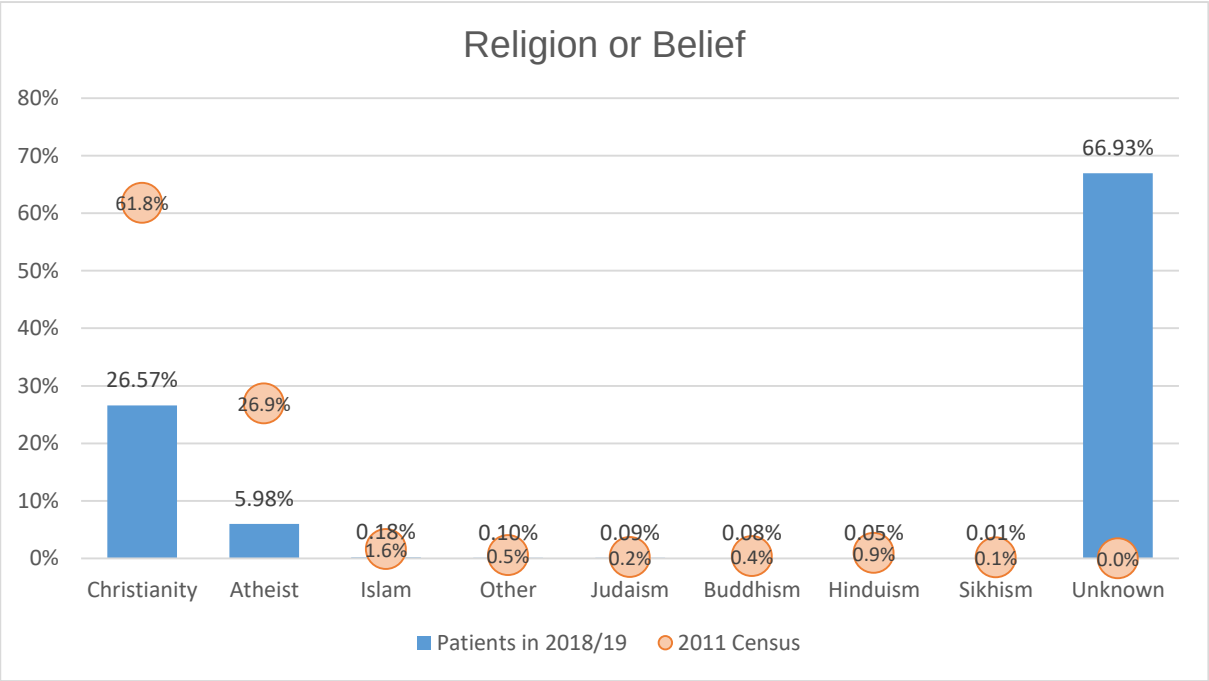
Race and Ethnicity



Marriage and Civil Partnership



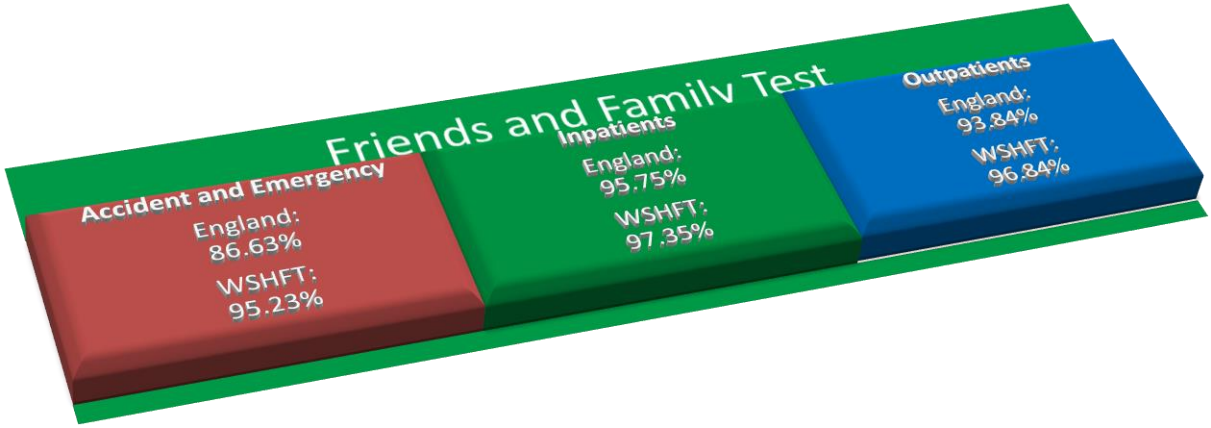
Religion or Belief



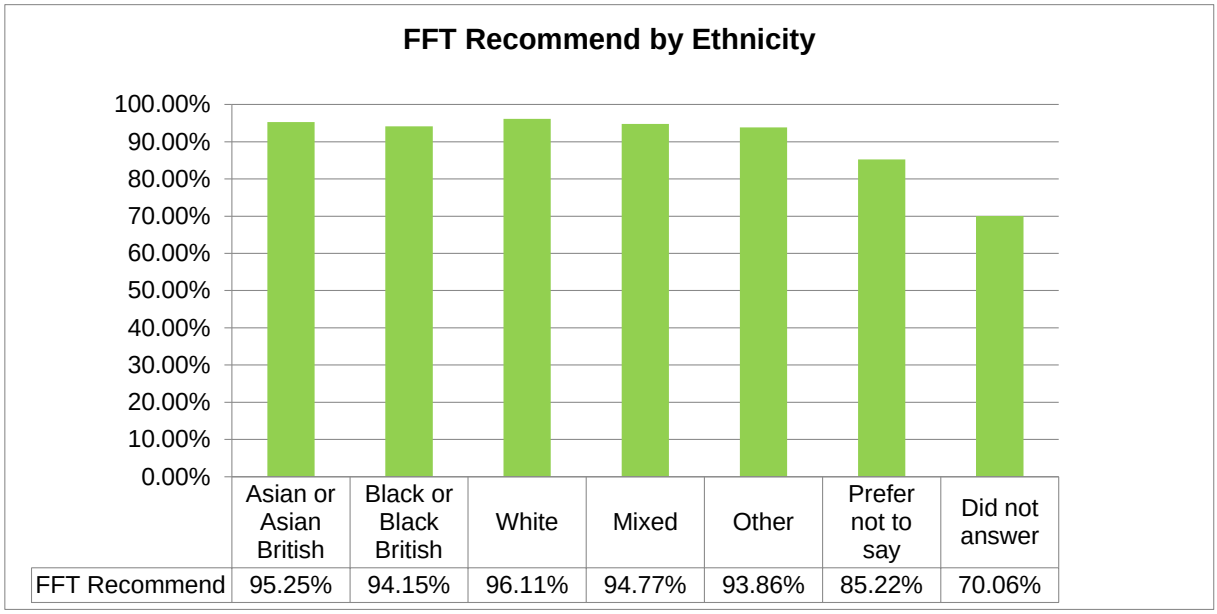
What do patients think about the services and treatment they receive from the Trust?

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.

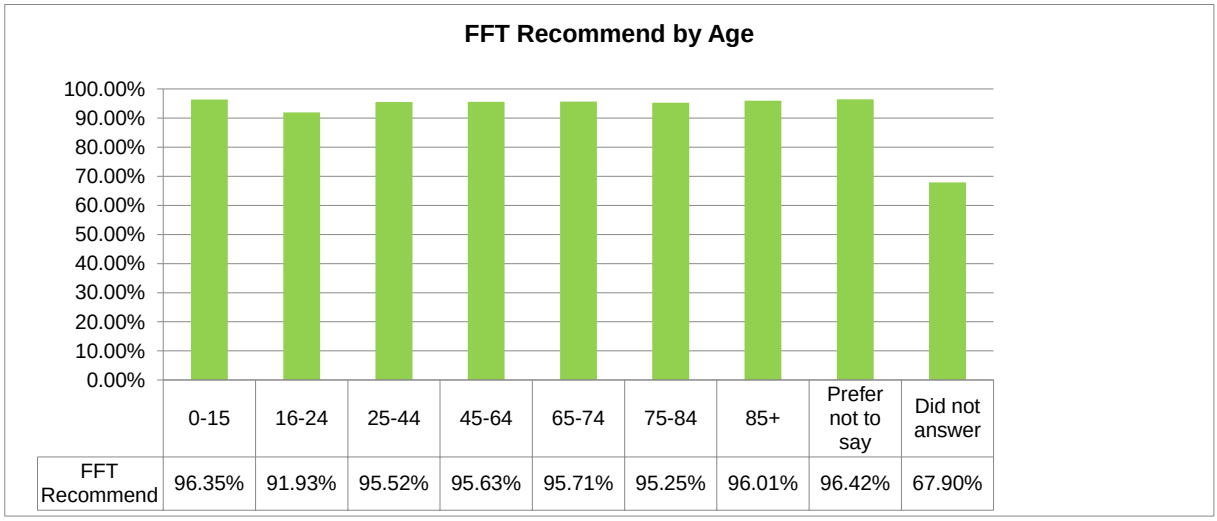
The graphic below looks at aggregated data from April 2018 to March 2019 and reflects over 63,000 responses to the questionnaire. The results of the FFT below looks at patients who would recommend services using accident and emergency department, inpatients and outpatients, the average scores for England and WSHFT are shown. The data is taken from NHS England.



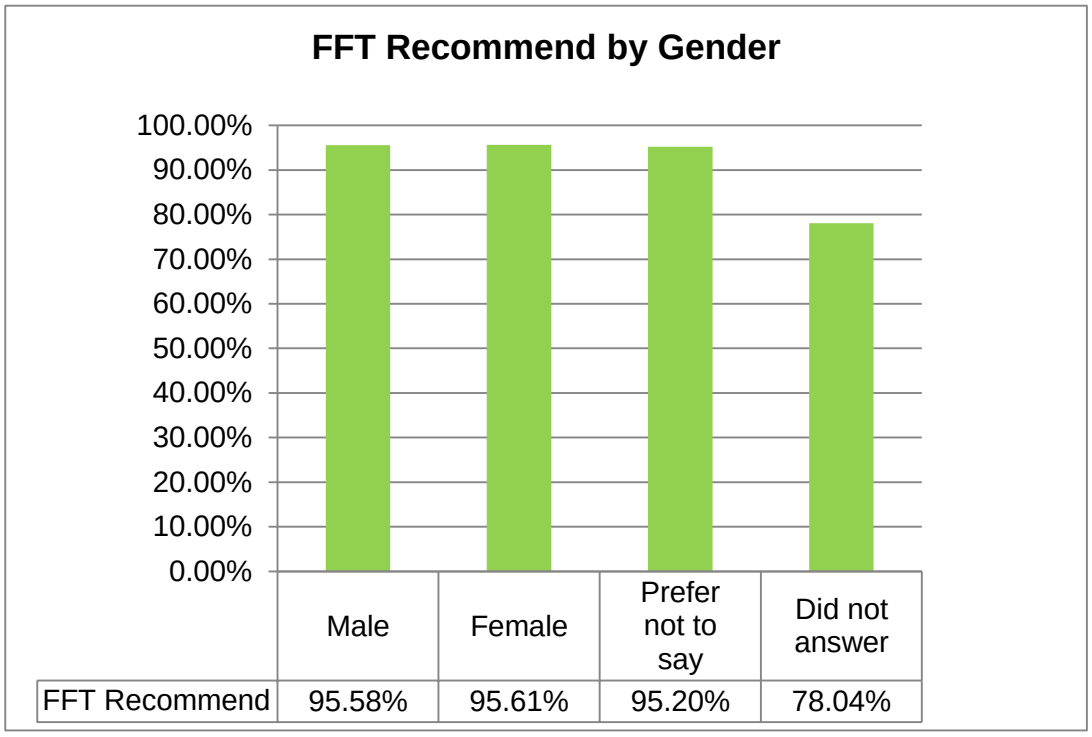
Detailed data by protected characteristics became available for the first time in 2017 where the Trust collates its own FFT score information. Due to the complexity surrounding collection of data, we are unable to break data down into different patient types (i.e. accident and emergency, inpatients and outpatients). However, we can see how many people of a particlar minority group would recommend the Trust's services.



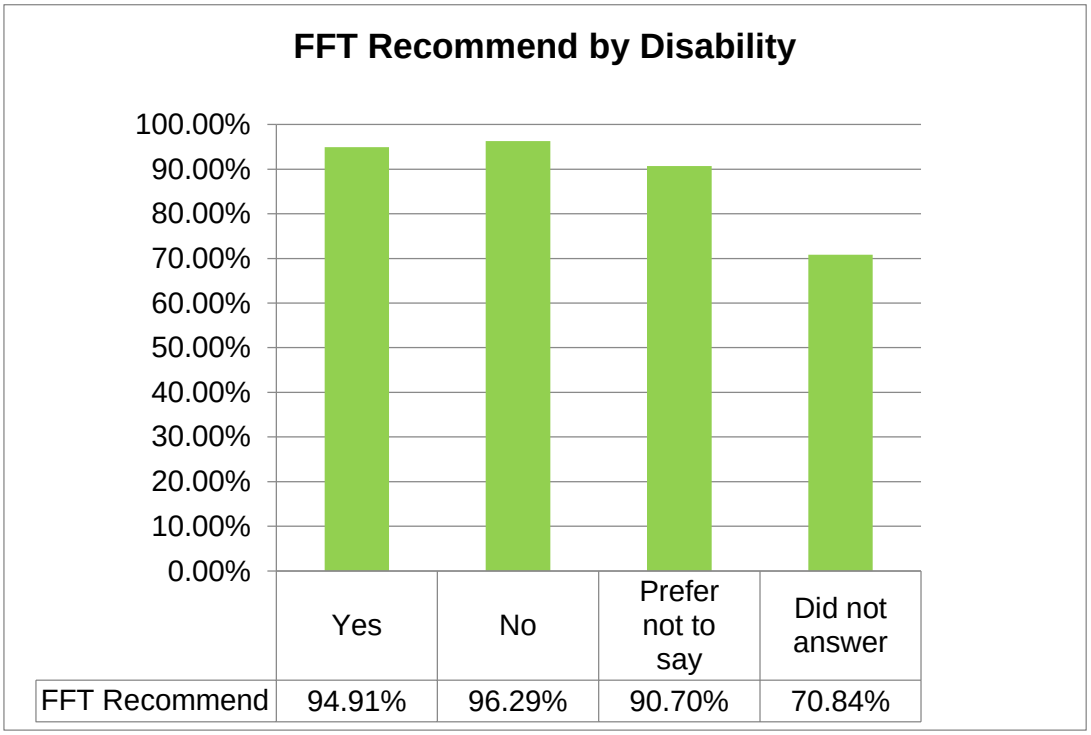
	Asian or Asian British	Black or Black British	White	Mixed	Other	Prefer not to say	Did not answer
FFT Recommend	95.25%	94.15%	96.11%	94.77%	93.86%	85.22%	70.06%



	0-15	16-24	25-44	45-64	65-74	75-84	85+	Prefer not to say	Did not answer
FFT Recommend	96.35%	91.93%	95.52%	95.63%	95.71%	95.25%	96.01%	96.42%	67.90%



	Male	Female	Prefer not to say	Did not answer
FFT Recommend	95.58%	95.61%	95.20%	78.04%



	Yes	No	Prefer not to say	Did not answer
FFT Recommend	94.91%	96.29%	90.70%	70.84%

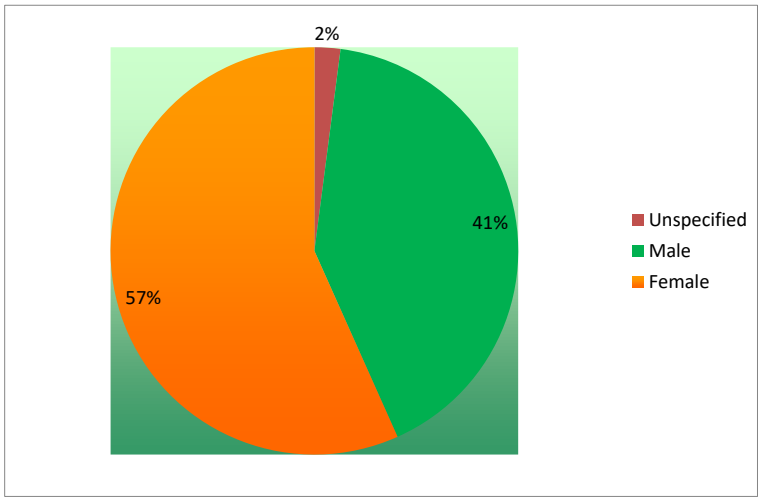
What do we know about our Foundation Trust membership base?

As a Foundation Trust we are accountable to our local community, patients and staff, who all have the right to become members. Our members contribute to the organisation on a voluntary basis. 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 7,547 members

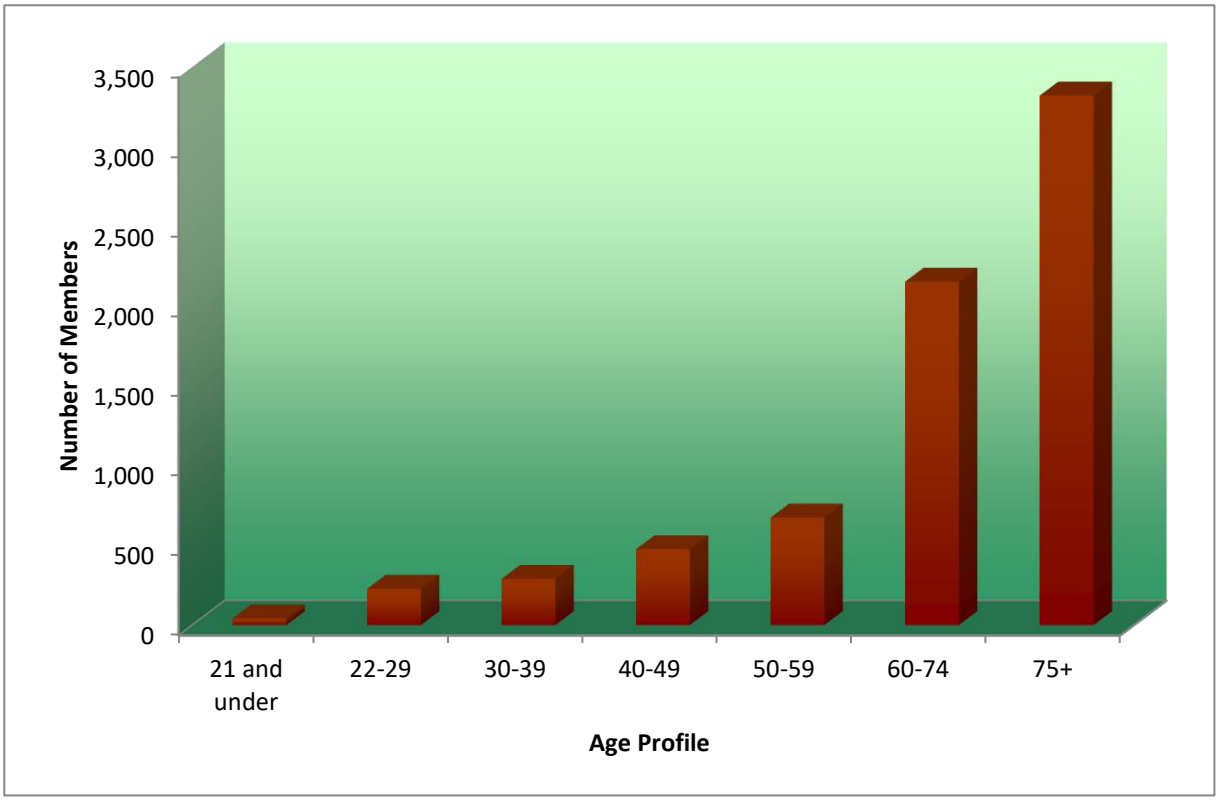
Members by Gender



Members by Ethnicity

Asian	1.03%
Black	0.36%
Mixed	0.49%
Not stated	4.44%
Other Ethnic Group	0.16%
White - British	89.02%
White - Other	4.53%
Grand Total	100.00%

Members by Age Range



Quick facts about services to support patients during 2018/2019

The Trust provided 47 patients requiring communication support with Assisted Listening Devices

The Trust funded an interpreter for 1,474 patients who have an overseas language need

The Trust funded 55 translations of documents

Top 5 Languages used by patients:

- Polish - 25.4% of all interpreting sessions
- British Sign Language - 8.6% of all interpreting sessions
- Bulgarian - 8.1% of all interpreting sessions
- Romanian - 7.9% of all interpreting sessions
- Arabic - 7.7% of all interpreting sessions

There are 1000+ volunteers that support patients and services

The Chaplaincy Team made 3,859 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 a number of 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 in fact complement and focus the work streams 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 does not appear to favour a number of groups	• 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	Provide reassurance that recruitment processes are transparent, fair and free from discrimination
4) Address levels of discrimination, bullying and harassment highlighted within the national Staff Survey.	• Provide monthly progress to Trust Executives on the sponsored corporate project to 'Reduce Abusive Behaviours' throughout the workforce • 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 high proportion of 'unknown' categories reported • Engage with communities and users to understand why there is disparity between Trust use and 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	• Encourage ethnic minority communities and those	To help ensure decisions that are being discussed are

not reflective of the local community the trust serves.	under the age of 60 to become members	based on the widest demographic of the local communities the Trust serves

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	18	Meeting:	Trust Board - Public	Meeting Date:	30/1/2020
Report Title:	**Gender Pay Gap Report (31 March 2019 snapshot)**				
Sponsoring Executive Director:	Marianne Griffiths, Chief Executive				
Author(s):	Nikki Kriel, Organisational Development Manager Andy Hughes, HR Business Partner - Core Division and Trust Pay & Reward Lead				
Report previously considered by and date:	Diversity Matters Steering Group, 20 January 2020				
Purpose of the report:					
Information	✓		Assurance	✓	
Review and Discussion	✓		Approval / Agreement	✓	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	☐	
Our People	✓		Quality	✓	
Systems and Partnerships	☐				
Any implications for:					
Quality	Gender Pay Gap reporting will result in improved levels of gender equality.				
Financial	Supports good financial performance - the balance of male and female employers in each of the four salary range quartiles and how effectively talent is being maximised and rewarded.				
Workforce	Building a reputation for being known as a fair and progressive employer, attracting a wider pool of recruits, enhancing productivity and creating a culture committed to tackling inequality.				
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	☐	
Communication and Consultation:					
The Gender Pay Gap data is obtained through the Trust's Electronic Staff Records (ESR). Once approved by the Trust Executive Committee the report will be published on the Trust's website and shared internally to support improvements over the following 12 months.					
Executive Summary:					
This report summarises the Trust's Gender Pay Gap (GPG) as at the 31 March 2019 snapshot demonstrating the difference in average hourly pay and bonus payments between men and women. The Trust is mandated to report and publish six calculations on the government website with a written statement confirming the calculations are accurate. The information is then published on the Trust's website.					
Key Recommendation(s):					
The Trust Board is asked to **APPROVE** the report for publication.					

Western Sussex Hospitals
NHS Foundation Trust

Gender Pay Gap Report (31 March 2019 snapshot)

1) Introduction

Gender Pay Gap (GPG) reporting shows the difference in average hourly pay and bonus payments between men and women.

This is the third Gender Pay Gap (GPG) report Western Sussex Hospitals NHS Foundation Trust (WSHFT) has produced following the introduction of the requirement in March 2017.

All Public Sector organisations listed in Schedule 2 of The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 are subject to the mandatory GPG reporting requirements, if they have more than 250 employees under a contract of employment. This includes all staff under Agenda for Change, Medical & Dental and Very Senior Managers (VSM).

Data relating to the pay period in which the snapshot date of 31 March 2019 is required, with full publication on 31 March 2020 and annually thereafter. Organisations are required to maintain data on their websites for three years in order to show progress made.

The legislation requires the Trust to report and publish six basic calculations:

- Mean gender hourly pay gap
- Median gender hourly pay gap
- Mean bonus gender pay gap
- Median bonus gender pay gap
- Proportion of male and female staff receiving a bonus payment
- Proportion of male and female staff in each of the four equal quartiles

The pay period is a snapshot of the gross hourly pay rate of all employees, excluding bank workers on the 31 March 2019 and includes the following elements:

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

All posts are banded through the Agenda for Change (AfC) job evaluation process which determines the banding of the role, therefore this should ensure consistency in terms of equality. Job evaluation evaluates the content and specifics of the job and not the actual post holder. AfC makes no reference to gender or any other personal characteristic of existing or potential job holders.

The report does not include:

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

2) Purpose

GPG reporting shows the difference in average hourly pay and bonus payments between men and women.

WSHFT are required to analyse the information to identify any underlying root causes for GPG and put in place remedial actions to address and mitigate this. The results will be used to assess:

- the level of gender equality
- the balance of male and female employees in each of the four salary range quartiles
- how effectively talent is being maximised and rewarded

The benefits of reporting GPG include building a reputation for being known as a fair and progressive employer, attracting a wider pool of recruits, enhancing productivity and creating a culture committed to tackling inequality.

3) Analysis

Gender mean and median - hourly pay gap

The table below shows the mean and median hourly rates for male and female employees in the Trust and the actual gap in monetary and percentage terms in 2019. The 2018 figures are shown in brackets.

There is a 20% (21.16% in 2018) difference in favour of male employees when using the mean hourly rate; this is a decrease of 1.16% on the 2018 figures and is seen as a positive step in direction.

This however, moves to 2.78% in favour of male employees when the median hourly rate is used. This was 0.98% in favour of female employees in 2018. The mean figure is more indicative measure.

Table 1:

Gender	Mean Hourly Rate		Median Hourly Rate	
Male	£ 19.31	(£ 19.28)	£ 14.02	(£ 13.30)
Female	£ 15.44	(£ 15.20)	£ 13.63	(£ 13.55)
Difference	£ 3.87	(£ 4.08)	£ 0.39	(£-0.25)
Pay Gap %	20.0%	(21.16%)	2.78%	(-0.98%)

Gender mean and median – bonus pay gap

The table below includes Medical and Dental employees who received a Clinical Excellence Award (CEA) and Very Senior Managers (VSM) who received a bonus. There is a general reduction in the gap in both the mean and median, which is a positive decrease.

Table 2:

Gender	Mean Bonus		Median Bonus	
Male	£12,913.65	(£13,230.18)	£ 9,048	(£ 9,040.50)
Female	£ 7,558.75	(£ 6,636.09)	£ 5,428.80	(£ 3,917.52)
Difference	£ 5,354.90	(£ 6,594.09)	£ 3,619.20	(£ 5,122.98)
Pay Gap %	41.47%	(49.84%)	40.00%	(56.67%)

Proportion of male and female receiving a bonus payment

A total of 128 (132) employees in the Trust received a bonus payment; this is shown as a percentage of the overall workforce. The reported data is comparable to that in 2018.

Table 3:

Gender	Employees Paid Bonus (% of this group)	VSM Staff Paid Bonus	Medical & Dental Staff Paid Bonus	%WSHFT Workforce
Female	41 32% (42) (31.8%)	3 (3)	38 (39)	0.73% (0.68%)
Male	87 68% (90) (68.2%)	1 (1)	86 (89)	5.0% (4.78%)

Proportion of male and female staff in each quartile band

The Trust is required to rank every employee by rate of pay on the 31 March 2019 (not by pay banding). The data has been presented in 4 equal quartiles in the table below. The reported data is comparable to that in 2018 and is also in line with the national NHS scene.

Table 4:

Quartile	Bracket/Band	Female%	Male%
Top	£18.76 - £85.92ph (£18.20 - £82.65ph)	69.3 (70.7) ↓ 1.4	30.7 (29.3) ↑ 1.4
Upper Middle	£13.73 - £18.74ph (£13.50 - £18.20ph)	81.9 (83.4) ↓ 1.5	18.1(16.6) ↑ 1.5
Lower Middle	£10.34 - £13.72ph (£10.00 - £13.49ph)	78.3 (80.0) ↓ 1.7	21.7 (20.0) ↑ 1.7
Lower	£5.68 - £10.33ph (£5.60 - £9.97ph)	75.8 (74.0) ↑ 1.8	24.2 (26.0) ↓ 1.8
WSHFT Total		76.3 (76.5)	23.7 (23.5)

4) Publication of data

This report will be submitted to the Diversity Matters Group and approved at the Trust Executive Committee. The Trust is required to publish information and make it accessible on the Trusts website. The published information is uploaded to the government website with a written statement confirming the calculations are accurate. This must be signed by an appropriate senior person, such as a Director or Chief Executive.

Organisations are required to provide written narrative with their calculations to support understanding of why a gender pay gap is present. This should explain what the organisation intends to do to reduce or eliminate the gender pay gap.

5) Actions to take forward

The Trust is committed to ensuring an equitable workforce and this paper highlights the gender pay gap data as of 31 March 2019 and the proposed actions that need to be taken in response to the requirement of the GPG. The focus in the next 12 months will be to:

- Undertake a further review of the 2019 CEA applications to ensure both female and male employees feel able, are encouraged and confident to apply and outcomes treated fairly.
- Monitor applications of Trust policies such as flexible working. Record the number of applications and outcomes on ESR, produce an annual report for sharing with the wider organisation.
- Develop improved career pathways for all lower paid staff, linked to the annual appraisal process.
- Ensure all staff have fair and equitable access to all leadership & management development opportunities.
- Stratify the GPG data by staff group in the 2020 snapshot.
- Review how well the Trust manages women's career progression after an employment break such as maternity.

Authors:
Nikki Kriel, Organisational Development Manager
Andy Hughes, HR Business Partner - Core Division and Trust Pay & Reward Lead

January 2020

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	19	Meeting:	Trust Board (Public)	Meeting Date:	30th Jan 20
Report Title:	WSHFT Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance Report 2019				
Sponsoring Executive Director:	Fiona Ashworth - Chief Operating Officer (Accountable Emergency Officer)				
Author(s):	Mark Stevens - Emergency Planning and Business Continuity Manager				
Report previously considered by and date:	TEC 23rd Jan 2020				

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

Any implications for:	
Quality	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 EPRR Core Standards Assurance self-assessment template was submitted to the Central Sussex and East Surrey Commissioning Alliance on the 23rd July 2019 and on the 8th October 2019, the Emergency Planning and Business Continuity Manager met with the Senior Manager for Legal and Assurance and the Senior Governance Officer to review the self-assessment and associated evidence.

The Central Sussex and East Surrey Commissioning Alliance then reviewed this assessment and evidence with NHS England South (South East) prior to the Local Health Resilience Partnership meeting on the 13th November 2019.

Executive Summary:

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.

This report summarises WSHFT's assessment against the EPRR Core Standards for the 2019 Assurance which cites the WSHFT current rating as 'FULLY Compliant'.

The assurance process details the evidence provided to verify the current assessment and any required actions and specified delivery time frame to address any actions to ensure that the Trust is fully compliant with the EPRR Assurance Framework.

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 results of this EPRR Assurance process for this year in the Trust Annual Report for 2019/20 and on the Trust Public Website.

Western Sussex Hospitals
NHS Foundation Trust

To: **Trust Board** Date: 30th January 2020

From: **Mark Stevens** – Emergency Planning & Business Continuity Manager Agenda Item: 19

Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance Process 2019

Date of Report: **10th December 2019**

1. INTRODUCTION

1.1 The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients.

1.2 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.

1.3 Western Sussex Hospitals NHS Foundation Trust (WSHFT), which is a designated Category 1 Responder under the Civil Contingencies Act (2004) and as a 'provider organisation' is required to undertake an annual self-assessment against the relevant EPRR individual core standards and rate the current compliance with each core standard.

1.4 The purpose of this report is to give the Trust Executive and Board a position statement on the Trust's compliance with the EPRR core standards and outline any actions required to be taken to ensure full compliance.

2. SUMMARY

2.1 This report summarises the 'WSHFT EPRR Core Standards Assurance Process for 2019 and sets out the WSHFT current compliance against the EPRR Core Standards.

2.2 This year the EPRR Core Standards cite 64 individual standards for Acute Trusts to RAG rate against cover the following areas:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- CBRN (Chemical, Biological, Radiological, Nuclear).

2.3 In addition to the above core standards, NHS England also develop an annual 'deep dive' topic and for 2019/20 this focusing on 'Severe Weather' with an additional 20 standards, these do not form part of the overall assessment.

2.4 Also, as part of the EPRR Assurance the Trust is required to hold and maintain specific Hazardous Material or Chemical, Biological, Radiological, Nuclear or explosion (HAZMAT/CBRN (e)) equipment and this is assessed against 32 equipment standards. These are also peered reviewed by South East Coastal Ambulance service each year. The HAZMAT/CBRN (e) standards are not included in the overall compliance assessment.

2.5 The Emergency Planning and Business Continuity Manager in liaison with the Divisional Director of Resilience has completed the 2019 EPRR Core Standards Assurance process, self-assessing each core standard and Deep Dive standard against clarifying information and citing evidence of assurance and specific action to be taken where required.

2.6 Having completed the assurance process, the trust is required to state an overall compliance level as to whether we are ***fully, substantially, partially*** or ***non-compliant*** with the NHS EPRR Core Standards.

2.7 This overall compliance level is based on compliance with the designated EPRR Core Standards.

3. REPORT

3.1 In reviewing all of the required core standards, the Emergency Planning and Business Continuity manager based on work undertaken during 2018/19 and cited evidence assessed the Trust as being **FULLY COMPLIANT** with all core standards as detailed in the the EPRR Core Standards Assurance spreadsheet and copies of this can be made available if required.

3.2 NHS England 'deep dive' topic and for 2019 which cites an additional 20 standards focused on Severe Weather covering Severe Weather Response and Long Term Adaption Planning, were also assessed as being **FULLY COMPLIANT,** and as previously stated, these do not form part of the overall assessment.

3.3 Also, part of the EPRR Assurance covers Hazardous Material and Chemical, Biological, Radiological, Nuclear or explosion (HAZMAT/CBRN (e)) with a specific equipment checklist detailing an additional 32 equipment standards.

The HAZMAT/CBRN (e) standards and equipment are peered reviewed by South East Coast Ambulance service each year although these HAZMAT/CBRN (e) standards are not included in the overall compliance assessment.

HazMat/CBRN peer review for the EPRR Assurance 2019 was carried out by the South East Coast Ambulance service on the 23rd September 2019 and a draft report was provided by South East Coast Ambulance for review and comment and a copy of the final report has yet to be provided to the Trust.

Since the 'peer review' carried out in Feb 2019 the trust has carried out a complete review of the HazMat/CBRN(e) operational plan and this has been completely rewritten and updated to comply with current guidance. Additional staff have been trained in decontamination techniques and a 'live' exercise was held in July 2018 at St Richards Hospital and September 2019 at Worthing Hospital to test the plan, procedures and equipment.

Additional equipment has been obtained to ensure sufficient stock is held at both sites as required and a business case was submitted and approved in March 2019 which has identified budget for the next 10 years to ensure that the required HazMat/CBRN(e) equipment can be maintained and replaced as necessary.

Base on this, the current core standards for HazMat/CBRN (e) and equipment checklist have been assessed as **FULLY COMPLIANT.**

3.4 The Emergency Planning and Business Continuity Manager met with the Senior Manager for Legal and Assurance and the Senior Governance Officer for the Central Sussex and East Surrey Commissioning Alliance on the 23rd July 2019 to review the self-assessment and associated evidence.

3.5 Following this meeting, the Assurance template was updated where necessary in line with the recommendations of the Central Sussex and East Surrey Commissioning Alliance which will be further reviewed on the 8th October 2019 prior to submission to NHS England South (South East) and the Local Health Resilience Partnership meeting on the 13th November 2019.

3.6 Prior to the Local Health Resilience Partnership meeting on the 13th November 2019. A Statement of Compliance was submitted to the Central Sussex and East Surrey Commissioning Alliance (copy attached as **Appendix A** for information) and each service provider was required to submit an organisational report identifying key areas of improvement/challenges (copy attached as **Appendix B** for information).

4. CONCLUSION / RECOMMENDATIONS:

The overall WSHFT self-assessment assurance rating based on the current NHS England's core standards for 2019 has been assessed as **FULLY COMPLIANT**.

A detailed work stream identifying key actions to ensure that the overall rating of fully compliant are carried out as necessary to ensure that the compliant rating is maintained. This work stream is detailed in the Emergency Planning and Business Continuity work flow for 2020 with specific key dates identified for completion.

The EPRR Assurance Work Programme will be 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.

An EPRR Annual Report will be presented to the Trust Executive Committee in December 2019 following the December meeting of the Emergency Planning and Business Continuity Integrated Performance Group.

The Committee is asked to 'APPROVE' the findings of this report and agree the overall compliance rating.

This report is then required to be submitted to the Trust Board and forwarded to the Central Sussex and East Surrey Commissioning Alliance and NHS England as part of the EPRR Assurance Process.

Consideration should be given to publishing the results of this EPRR Assurance process for this year in the Trust Annual Report for 2019/20 and on the Trust Public Website.

Mark Stevens
Emergency Planning and Business Continuity Manager
Western Sussex Hospitals NHS Foundation Trust

Appendix A

Western Sussex Hospitals
NHS Foundation Trust

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) ASSURANCE PROCESS 2019

STATEMENT OF COMPLIANCE

Mark Stevens – Emergency Planning & Business Continuity Manager

Date of Report: **14th October 2019**

5. INTRODUCTION

1.5 The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and sub-contractors must show that they can deal with these incidents while maintaining services to patients.

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.

1.7 Western Sussex Hospitals NHS Foundation Trust (WSHFT), which is a designated Category 1 Responder under the Civil Contingencies Act (2004) and as a 'provider organisation' is required to undertake an annual **self-assessment** against the relevant EPRR individual core standards and rate the current compliance with each core standard.

6. SUMMARY

2.1 This year the EPRR Core Standards cite 64 individual standards for Acute Trusts to RAG rate against cover the following areas:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing

- Cooperation
- Business Continuity
- CBRN (Chemical, Biological, Radiological, Nuclear).

2.3 In addition to the above core standards, the annual 'deep dive' topic and for 2019/20 focused on 'Severe Weather' with an additional 20 standards, although these do not form part of the overall assessment.

2.4 The Trust is also required to hold and maintain specific Hazardous Material and Chemical, Biological, Radiological, Nuclear or explosion (HAZMAT/CBRN(e)) equipment and this is assessed against 32 HAZMAT/CBRN(e)) equipment standards. These are also peered reviewed by South East Coastal Ambulance service each year. As with the Deep Dive standards, the HAZMAT/CBRN (e) standards are not included in the overall compliance assessment.

7. REPORT

3.1 In reviewing all of the required core standards, the Emergency Planning and Business Continuity manager based on work undertaken during 2018/19 and cited evidence assessed the Trust as being **FULLY COMPLIANT** with all core standards as detailed in the the EPRR Core Standards Assurance Template.

3.2 NHS England 'deep dive' topic additional 20 standards focusing on Severe Weather covering Severe Weather Response and Long Term Adaption Planning, has been assessed as being **FULLY COMPLIANT.**

3.3 The Hazardous Material and Chemical, Biological, Radiological, Nuclear or explosion (HAZMAT/CBRN (e) equipment checklist detailing an additional 32 equipment standards.

The HAZMAT/CBRN (e) standards and equipment are peered reviewed by South East Coast Ambulance service each year and this was carried out on the 23rd September 2019 and their report has yet to be submitted.

Since the 'peer review' carried out in Feb 2019 the trust has carried about a complete review of the HazMat/CBRN(e) operational plan and this has been completely rewritten and updated to comply with current guidance. Additional staff have been trained in decontamination techniques and a 'live' exercise was held in July 2018 at St Richards Hospital and 5th September 2019 at Worthing Hospital to test the plan, procedures and equipment.

Additional equipment has been obtained to ensure sufficient stock is held at both sites as required and a business case was submitted and approved in March 2019 which has identified budget for the next 10 years to ensure that the required HazMat/CBRN(e) equipment can be maintained and replaced as necessary.

Base on this, the current core standards for HazMat/CBRN (e) and equipment checklist have been assessed as **FULLY COMPLIANT.**

3.4 Neither the Deep Dive standards or the HAZMAT/CBRN (e) standards are included in the overall compliance assessment.

3.5 Following a review of the WSHFT EPRR Assurance self-assessment on the 23rd July with the Senior Manager for Legal and Assurance at the Brighton and Hove Clinical Commissioning Group and Central Sussex Commissioning Alliance queries were raised with the following core standards and the following clarification was provided and further reviewed at a subsequent meeting with the CCG on the 8th October:

Core Standard	Description	Action	WSHFT Update
CS19	Patient Tracking	We discussed your patient tracking system and how it met the requirements of the Core standard. You system seems strong and you have a secondary identifier (Butterfly names) which is beyond the requirement set out in the CAS report. However the CAS alert sets out quite specifically that patient should have a randomly assigned NHS number for the purpose of patient tracking. Having spoken to NHSE on this matter they referred me to the CAS alert and suggested we consider if the trust has reported compliance with the CAS alert. I think this may need a little more discussion to understand if we can agree compliance or not in this area	• WSHFT have had extensive meetings following the CAS Alert with both A&E departments and IT (Sema Helix) with regards to non-sequential assigned patient tracking numbers in the event of a Mass Casualty incident • IT have allocated a specific batch of numbers for use in the event of a Mass Casualty Incident to separate out from regular hospital patient numbers, however it is not possible for Sema Helix to generate non-sequential numbers. • The WSHFT measures to ensure patient identification and safety meet the requirements and the mass casualty patient numbers have been allocated an additional individual identifier to mitigate as much as is reasonably possible the risk identified in the CAS alert without having to replace the current patient tracking system in the Trust. • All 5 Actions in the CAS Alert have been reviewed and addressed.
CS20	Shelter and Evac Plans	We needed a little more clarity in around how patient transport would be contacted and the process for identifying locations that patients would be evacuated to. I will review the plans submitted and perhaps we can discuss further when we meet.	• Shelter and Evacuation - Following our discussion where I expressed some concern over the transport arrangements for the movement of patients from site to other suitable temporary accommodation, you expressed an opinion that this standard could not be green if we had concerns over transport. As I intimated at the meeting, I disagreed as the actual plan was sound and the transport arrangements were dependent on outside agencies. I have now liaised further with the following agencies: ▪ SECAmb with relation to their assistance with patient transport in an MI and their response together with reference to their MI Plan Appendix 5 which deals with this is evidenced on RD

			▪ Local CCG with regards to the services that the PTS contract will provide in a MI – this is still being investigated by the CCG with the commissioning CCG – this was raised by myself over 18 months ago at the LHRP and still has not been resolved as far as I am aware. (Email added to RD as evidence) ▪ WSCC Resilience and Emergencies Team with regards to WSCC transport services – copy of email and their Transport and Evacuation Plan on RD ▪ Also we have our own staff minibus transport services between sites and this would also be available to be used. The Shelter and Evacuation Plan has been updated accordingly and I am confident that this Core Standard can remain as Green
CS25	Training	We discussed the internal training that you deliver and how that meets the National Occupational Standards. We agreed that to evidence this it would be helpful to have a view on how your training is aligned to the standards – I.e. a spreadsheet linking your training slides to the NOS.	• you requested a copy of the Training Needs Analysis for the training of on call staff, the following have been uploaded on to RD as evidence: ▪ Example of a Training Definition document which is completed for the design of all training courses available on RD ▪ Director On Call Course Construct ▪ Director On Call Course construct by high level outcomes ▪ Director On Call Anticipated Knowledge of Learning Outcomes
CS26	TNA	You agreed to upload an updated TNA when complete	• See above
CS30	ICC	We agreed that I would consult with NHSE and confirm if it was necessary to have a fall back ICC at each site. It was confirmed that it was acceptable to fall back from one site to another and it is not necessary to have fall back locations at each site.	It was confirmed that it was not necessary to have a fallback ICC at each site and that WSHFT arrangements of a HICC at both SRH and WH meet the requirements

CS33	Loggist	As discussed the trust has access to only a small number of loggists and there has been quite limited training provided to those staffing the HICC on how they should work with a loggist. No member so staff have been identified for mandatory loggist training. Accordingly I felt that this CS should be marked as Amber at this time.	• Additional loggists have been trained and further courses scheduled with further recruitment for the role planned • Those trained are detailed on the EPRR Training Course CPD Spreadsheet. • Training and exercising provided internally by EP & BC department and course designed specifically for WSHFT • Director on Call and HICC Managers courses cover 'working with your
CS40	LHRP Attendance	It has been agreed with NHSE that as we now have only 3 LHRP meetings a year we cannot hold members to the 75% standard. Accordingly we need members to prove attendance at 2 of the 3 meeting each year.	• Having reviewed the minutes of all LHRP meetings during 2018 WSHFT was represented at 3 of the 4 meetings although due to operational reasons the AEO of deputy were unable to attend all meetings and following discussion with Director of Operations Resilience if was felt that this should remain green – and as per subsequent email to you of 10/08, it was felt that the following points required further discussion: ▪ The Assurance is for 2018/19....When was the actual requirement of 75% attendance stipulated and agreed. Surely this should be going forward from date of agreement and not retrospectively? ▪ There is more to consider than just attendance as being in attendance doesn't mean actions are completed. ▪ Actions can be completed through reading minutes/agendas/outstanding actions and even though exec may not be able to attend a meeting.... the exec is aware of the actions and ensures these are completed and reported back. ▪ Outstanding actions are always reviewed and brought to attention of appropriate exec. ▪ If AEO/Deputy AEO unable to make meeting then suitable representation from Trust to attend rather than none attendance.
CS41	LRF Attendance	Representation is not uniform across the patch. Although we have agreed to look at this appropriately at the SHRG we feel that WSHT could have been better represented at the LRF.	• Suggested that WSHFT is not adequately represented at LRF/Subgroups. • WSHFT has active involvement /liaison with the SRF either through direct liaison with the SRF or through representation by NHSE at the appropriate level and on a number of subgroups by representative CCG/Acute representation.

			• Representation at LRF Subgroups has previously been reviewed agreed at the LHRP Responders Group and WSHFT attends the Training and Exercising subgroup. • WSHFT EPRR liaises directly with the SRF on key matters and with health representatives on subgroups as necessary. • Any further adjustment to the Health representation on LRF Subgroups needs further discussion at the LHRP responders group and an adjustment made to which CCG/Acute attends which Subgroup. WSHFT will support any future changes in the allocated representation.
CS49	BIAs	You monitor BIAs centrally and believe that 91% are currently up to date. Has this changed since we last spoke?	• WSHFT BCMP TEMPLATE - COMBINED Business Impact Assessment - Service Level Plan – covers both the BIA and BC plan for individual departments. • Section 3.3 of the WSHFT Business Continuity Management Policy covers Business Impact Assessments • Also the 'introduction' on page 3 of the WSHFT BCMP TEMPLATE - COMBINED Business Impact Assessment - Service Level Plan - V2 contains further detail and guidance on Business Impact Assessments. • ALL BIA's/SLP's are reviewed and updated as necessary in line with individual review dates detailed in individual plans. • ALL departments required to support critical services have current BC SLP's and current overall compliance is for all departments is having reviewed current SLP's is 91% (13 departments still to review their current plan)
CS 50	Data Protection Security Toolkit	You agreed to produce a confirmatory email from your IG manager confirming that the trust is in line to meet this objective at 31st March.	• Completed with E-mail form IG manager confirming current compliance
CS55	BC of Providers	Can you please provide a blank copy of your Trust's Invitation to Tender Document demonstrating how BC is monitored in procurement?	• Completed with email form procurement manager and copies of blank ITT as requested.

3.6 All relevant EPRR, BC plans and documents together with cited evidence and the current EPRR Assurance Template HazMat/CBRN(e) checklist has been uploaded onto the WSHFT pages on Resilience Direct at the following link:

https://collaborate.resilience.gov.uk/RDService/home/13109/Emergency-Planning-and-Business-Continuity.

8. CONCLUSION / RECOMMENDATIONS:

The overall WSHFT self-assessment assurance rating based on the current NHS England's core standards for 2019 has been assessed as **FULLY COMPLIANT**.

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 is maintained with specific actions and key dates identified for completion during 2019/20.

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.

Mark Stevens
Emergency Planning and Business Continuity Manager
Western Sussex Hospitals NHS Foundation Trust

Approved – 15/10/19
Peter Landstrom
Chief Delivery and Strategy Officer

Appendix B

Sussex Local Health Resilience Partnership
EPRR Assurance 2019/20

Organisation :	Western Sussex Hospitals NHS Foundation Trust		
AEO:	Peter Landstrom / Jeannie Bauman		
Compliance rating 2018/19		Compliance rating 2019/20	
FULLY COMPLIANT		FULLY COMPLIANT	
Ref	Core Standard	Assessment 2018/19	Assessment 2019/20
25	Trained On Call Staff	Fully Compliant	Fully Compliant
27	Training and Exercising	Fully Compliant	Fully Compliant
47	Business Continuity	Fully Compliant	Fully Compliant
Top three reasons for change e.g. challenges, enablers, support, involvement			
1	Senior Management Resilience Protocol and On Call Managers training course developed – total of 7 courses held/scheduled during 2019 – 67% OCM's attended.		
2	Emergo Train System has been purchased by the Trust with a number of exercises held/planned during 2019.		
3	Business Continuity Management Policy in place and updated March 2019. Staff awareness of BCM continues to improve.		

Sussex LHRP Executive Group meeting: 13 November 2019

1. Having identified a training and awareness concern for the On Call Managers in last year's EPRR Assurance, and following the approval of the WSHFT Senior Management Resilience Protocol where the roles and responsibilities senior on call roles being identified and agreed, an ON Call Managers Course was designed and implemented with all nominated On Call Managers either having attended or scheduled to attend a course during 2019. Continued emphasis on training of all senior on call roles resulting in an increase in staff attending training.

2. Following completion of the Emergo Senior Instructors Course, the Trust purchased an Emergo Train System and a number of exercises have been held with positive feedback and additional exercises being scheduled – next one is scheduled for the 9th December which will focus on the management of a high number of emergency surgical patients and their flow through the hospital - theatres, critical care and transfer beyond.

3. 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.

   All areas detailed as Critical Activities in the BCM policy have reviewed and updated their BC Service Level Plans and annual reviews of individual BC Service Level Plans are being carried out where necessary.

   Business Continuity staff awareness increased through use of planned service/IT upgrades and review of BC processes.

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	20	Meeting:	Trust Board (Public)	Meeting Date:	30th Jan 20
Report Title:	**Emergency Planning and Business Continuity Annual Report 2019**				
Sponsoring Executive Director:	Fiona Ashworth - Chief Operating Officer (Accountable Emergency Officer)				
Author(s):	Mark Stevens - Emergency Planning and Business Continuity Manager				
Report previously considered by and date:	TEC 23rd Jan 2020				

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

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

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

Any implications for:	
Quality	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 2015. This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR). The Trust has a statutory responsibility as a Category 1 responding organisation to have appropriate and robust Emergency Planning and Business Continuity processes and capability. The ability to provide emergency care and respond to a Major Incident, and/or provide Business Continuity functions in the event ensures the continuation of safe and effective care to our patients.
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.

This paper provides an overview of the Western Sussex Hospitals NHS Foundation Trust (WSHFT) current position with regards to the NHS England Emergency Preparedness Resilience and Response (EPRR) Framework and focuses on the following key areas:

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

Throughout 2019, the Emergency Planning and Business Continuity Team developed, improved and updated Trust wide EPRR policies and plans following learning from incidents, events and exercises and these are clearly shown in the Emergency Planning and Business Continuity Workflows for 2019 and 2020.

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.

This report summarises WSHFT's assessment against the EPRR Core Standards for the 2019 Assurance which cites the WSHFT current rating as 'FULLY Compliant'.

The assurance process details the evidence provided to verify the current assessment and any required actions and specified delivery time frame to address any actions to ensure that the Trust is fully compliant with the EPRR Assurance Framework.

Key Recommendation(s):

The Board/Committee is asked to:

Approve the Emergency Planning and Business Continuity Annual Report for 2019.

Western Sussex Hospitals
NHS Foundation Trust

To: **Trust Board** Date: 30th January 2020

From: **Mark Stevens -** Emergency Planning & Business Continuity Manager Agenda Item: 20

Date of Report: 18th December 2019

EMERGENCY PLANNING AND BUSINESS CONTINUITY - ANNUAL REPORT 2019

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 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. This programme of work is referred to as Emergency Preparedness, Resilience and Response (EPRR).

1.3 Western Sussex Hospitals NHS Foundation Trust (WSHFT) is classed as a Category One responder under the Civil Contingencies Act 2004 and is obliged to respond in the event of a civil emergency, which threatens serious damage to human welfare in a place in the United Kingdom and 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.

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 Framework and NHS England Business Continuity Management Framework.

1.5 The NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2015 provides national guidance for emergency preparedness which enables the Trust to ensure effective arrangements are in place to deliver appropriate care to patients affected 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 in order to comply with the statutory requirements of a Category 1 responder under the Civil Contingencies Act 2004 and the EPRR Framework 2015.

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 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.

2.4 All the EPRR policies and plans are 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

2.5 All plans have been developed in consultation with local and regional stakeholders where appropriate to ensure that the principles of integrated emergency management are adhered to.

2.6 Throughout 2019, the Emergency Planning and Business Continuity Team has developed, improved and updated Trust wide EPRR policies and plans following learning from incidents, events and exercises as detailed in the Emergency Planning and Business Continuity Workflow for 2019.

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 The National Risk Register for Civil Emergencies provides a national picture of the risks of emergencies occurring. These are taken into consideration in line with the risks identified on the Local Community Risk Register to ensure that there is an appropriate level of preparedness to enable an effective response to emergency incidents.

3.3 NHS funded organisations have responsibility in the context of multi-agency planning to contribute to the Community Risk Register and therefore need to undertake risk assessments appropriate to individual facilities and services.

3.4 The Local Health Resilience Partnership (LHRP) has also considered all risks identified in the National and Community Risk Registers and has developed an agreed risk register that all local NHS Organisations should align to.

3.5 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.

3.6 Specific Emergency Planning and Business Continuity risks for the Trusts listed on DATIX are:

DATIX Risk ID	Risk	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	6	Business Continuity Management Policy Business Continuity Plan Individual Service Level Plans
1248	Lockdown	9	Lockdown Policy Lockdown Plan Lockdown Group
1482	EU Exit	12	EU Exit Planning Group EU Exit Business Continuity Appendix

3.7 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 annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Process requires NHS Organisations and providers of NHS funded care to undertake a self-assessment of their Emergency Planning & Business Continuity position and rate their compliance against a set of specified core standards detailed in the NHS England EPRR Framework. These individual ratings are then used to inform an overall organisational rating of compliance and preparedness.

4.2 This year the EPRR Core Standards cite 64 individual standards for Acute Trusts to RAG rate against cover the following areas:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- CBRN (Chemical, Biological, Radiological, Nuclear).

4.3 The overall organisational assurance rating for WSHFT based on the amended NHS England's core standards for 2019 was assessed as **'FULLY' compliant**.

4.4 NHS England 'deep dive' topic and for 2019 which cites an additional 20 standards focused on Severe Weather covering Severe Weather Response and Long Term Adaption Planning, were also assessed as being **FULLY COMPLIANT,** and as previously stated, these do not form part of the overall assessment

4.5 Also, part of the EPRR Assurance covers Hazardous Material and Chemical, Biological, Radiological, Nuclear or explosion (HAZMAT/CBRN (e)) with a specific equipment checklist detailing an additional 32 equipment standards and the current core standards for HazMat/CBRN (e) and equipment checklist have been assessed as **FULLY COMPLIANT.**

4.6 Full details of all the core standards with current compliance, cited evidence and actions are detailed in the EPRR Core Standards Assurance spreadsheet which was submitted to the Coastal West Sussex Clinical Commissioning Group and NHS England and a copy of this can be made available if required

4.7 Further to this, a report summarising the results of the EPRR Core Standards Assurance has been drafted and will also be submitted to the Trust Executive Committee on the 30 January 2020.

5. Policies and Plans

5.1 All Emergency and Business Continuity polices and plans are reviewed in line with recommendations in the current Emergency Preparedness, Resilience and Response (EPRR) policy and Business Continuity Management Policy and updated as necessary.

5.2 Over the past few years the Emergency Planning and Business Continuity team have reviewed and updated all EPRR policies and plans and as previously stated there is now a mature suite of policies and plans to assist the Trust should there be a need 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.

5.3 The Emergency Planning and Business Continuity Workflow for 2019 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 2019.

5.4 The following policies and plans have been reviewed and updated during 2019:

- Emergency Preparedness, Resilience and Response Policy
- Business Continuity Management Policy
- Casualty Response Plan
- Trust Business Continuity Plan
- Heatwave Plan
- Incident Command and Control Plan
- Bomb and Suspect Package Procedure
- Cold Weather Plan
- Guidance for the Management of Operational Delivery during Severe Weather
- Communications Systems Strategy (new draft policy)
- Fuel Plan
- Pandemic Influenza Plan

6. Resilient Communication

6.1 NHS organisations and providers of NHS funded care need to establish and maintain procedures for effective and resilient communications between staff, departments and partner organisations and other interested parties

6.2 Good communications are at the heart of an effective response to, and recovery from, an emergency. Experience from recent emergencies in the UK and overseas has shown that responders should plan for disruption to their communications.

6.3 Following the publication of the *'Resilient Telecommunications Guidance for NHS England and the NHS in England'* it was identified by the Emergency Planning and Business Continuity department that the further work was required to ensure:

- That the Trust develops and maintains prepared and resilient communication systems that meet the statutory and mandatory duties as set out in the Civil Contingencies Act 2004, the NHS Act 2006 as amended by the Health and Social Care Act 2012, the NHS England Emergency Preparedness Framework and the Resilient Telecommunications Guidance for NHS England and the NHS in England.

- That any communication systems both present and future are compatible with all communications systems in use by the trust and are, where necessary interoperable with other partner organisations and interested parties.

6.4 Having raised the above as a concern, a Communications Systems Strategy Group was formed with representation from key areas within the Trust. This group has formulated specific Terms of Reference and has designated the following subgroups to look at key communication issues:

- Radio Communications
- Bleeps/Pagers/DECT Phones/Mobiles
- Desk Alerts and Everbridge
- Clinical Messaging
- Helpdesk/PorterTrac

6.5 As part of the initial responsibility of the Communications Systems Strategy Group, the Emergency Planning and Business Continuity Manager produced a *'Communications Systems Strategy'* which provides assurance that the Trust has a strategy in place that supports the necessary level of preparedness and the implementation of suitable arrangements to ensure that communications are fundamental to the effective response to any incident and are resilient.

This strategy has been approved by the Communications Systems Strategy Group and is currently waiting to be submitted to the Trust Executive Committee for final approval.

6.6 Everbridge

6.6.1 Critical events can happen every day and can impact on the safety of individuals and organisational reputation, interrupts supply chains, and disrupt critical services.

6.6.2 For the past couple of years the Trust has been using a digital, pop-up notification message system that appears directly onto computer screens, but the current software is due to be replaced and the Emergency Planning and Information Management and Technology (IM&T) have been working together in an effort to identify a more robust, reliable and extensive system to replace the current software.

6.6.3 Various options were considered, and enquiries were undertaken by the Emergency Planning and Business Continuity Department with several key NHS Acute Trusts and visits were arranged with Maidstone and Tunbridge Wells NHS Trust and Guy's & St Thomas' NHS Foundation Trust to review their usage and set up with the Everbridge Critical Event Management system.

6.6.4 In an emergency, Everbridge enables users to send time critical messages/notifications to individuals or groups via telephone, text message and email, this comprehensive notification system keeps everyone informed before, during and after all events whether emergency or non-emergency.

6.6.5 As a result of these visits and further presentations from Everbridge, IM&T have purchased Everbridge and Alertus and is in the process of configuring the system ready for roll out next year.

6.6.6 Alertus is a replacement Desktop notification system that is fully integrated with Everbridge and will replace the current Desk Alert system used by the trust.

7. Business Continuity Management

7.1 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.

7.2 All areas/departments detailed as Critical Activities in the Business Continuity Management policy have reviewed and updated their Business Continuity Service Level Plans and annual reviews of all departmental individual Business Continuity Service Level Plans are currently being carried out where necessary.

7.3 Current progress on the individual Service Level Plans annual reviews is mapped in the Business Continuity Compliance Chart, and current compliance stand at 70% with all key departments having a Business Continuity Service Level Plan.

7.4 Business Continuity staff awareness has increased as individual departmental business continuity service level plans have been reviewed in preparation for planned service/IT upgrades and in some incidence's planned activation of specific business continuity processes.

7.5 <u>EU Exit</u>

7.5.1 The Department of Health and Social Care (DHSC) is leading the response to EU Exit across the health and care sector and NHS England and Improvement is working closely with DHSC to ensure that the NHS is prepared.

7.5.2 The DHSC published EU Exit Operational Guidance document in Dec 2018 which outlines the actions that providers and commissioners of health and social care services should take to prepare for, and manage, the risks of an EU Exit - no-deal scenario.

7.5.3 The EU Exit Operational Guidance covers seven areas of activity in the health and care system all preparations by the Department of Health and Social Care has been focusing on these areas.

7.5.4 Western Sussex Hospitals NHS Foundation Trust (WSHFT) has in line with the EU Exit Operational Guidance document and further guidance and t maintained focus on planning for a 'no deal' scenario with the following in place:

- Dedicated EU Exit Senior Responsible Officer (SRO) and deputy in place – currently WSHFT Managing Director and DDO Resilience
- Emergency Planning and Business Continuity Manager is the dedicated EU Exit Practitioner for the Trust
- EU Exit Planning Team in place with relevant subject matter experts available for critical areas
- EU Exit Planning Team scheduled regular meetings
- All issues identified in the previous assurance processes assessed and mitigation in place through current planning
- WSHFT EU Exit Risk Assessment in place and currently will be refreshed in line revised risk assessments issued by NHS England and the Sussex Resilience Forum.
- WSHFT BC Appendix and escalation triggers in place and these will be reviewed and recirculated as necessary
- WSHFT EU Exit Business Continuity Exercise(s) to be scheduled
- Single Point of Contact (SPOC) identified for each Division and key critical areas.
- Generic Email account in place for EU exit communications.

7.5.5 The WSHFT EU Exit Planning Team is scheduled to meet again on the 19th October and the 14th January 2020 following two national EU Exit webinars prior to the revised deadline of the 31st January 2020.

8. Training

8.1 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.

8.2 Training should be focussed on the specific roles and requirements assigned to the individual, in addition to covering all aspects of the response role, training should also highlight wider organisational and multi-agency response structures, as appropriate to the role.

8.3 Having identified a training and awareness concern for the On Call Managers in last year's EPRR Assurance, and following the approval of the WSHFT Senior Management Resilience Protocol where the roles and responsibilities senior on call roles being identified and agreed, an 'On Call Managers' course was designed and implemented with all nominated On Call Managers either having attended or scheduled to attend a course during 2019.

8.4 Continued emphasis on training of all senior on call roles resulted in an increase in staff attending training.

8.5 The following courses and where necessary 1:2:1 training have been run during the year:

- HazMat / CBRN and Powered Respirator Protective Suit Courses.
- Decontamination Tent Training.
- Hospital Incident Coordination Centre (HICC) Managers
- Loggist
- Director on Call
- On Call Managers training

8.6 Ove the past few years, the trust has had two E-learning Modules covering Emergency Planning and Business Continuity, however as of November, the Trust reverted back to the one NLMS (ESR) platform e-Learning system, which resulted in the two Trust EPRR modules no longer being available to staff.

8.7 As a result of this, the Emergency Planning and Business Continuity department is currently working with the trusts Communications Officer (StaffNet) on ways to incorporate the EPRR e-learning modules onto the StaffNet Emergency Planning pages.

9. Exercising

9.1 The formal exercising of plans and staff are essential and mandatory to ensuring a robust and effective response to any emergency or business continuity incident. The EPRR Framework also places a requirement on the Trust to hold a number of different exercises over a specified period of time.

9.2 Exercise frequency and type is stipulated within the NHS England Emergency Preparedness, Resilience and Response Framework and the Trust has either held or had staff participating in the following exercises during the past 12 months:

- Hospital Incident Coordination Centre (HICC) Exercises (Command Post)
- Regional Paediatric Critical Care (PCC) Operational Delivery Network Major Incident exercise
- Communications Exercise
- SRF Communications Cascade Exercise
- Fire Evacuation (EMERGO) Exercise
- WSHFT LIVE HazMat/CBRN exercise
- Cyber Resilience Exercise
- Chemical, Biological, Radiological and Nuclear Multi Agency Tactical Training Course (MATTE)
- Theatres Mass Casualty (EMERGO) Exercise

9.3 All exercise reports, debrief comments and lessons learnt have been reviewed and where appropriate WSHFT emergency plans and procedures have been or will be reviewed to ensure that where necessary relevant points have been incorporated into existing plans.

10. Partnership Working

10.1 The Trust works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements.

10.2 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
- Sussex Trauma Network – Clinical Advisory Group

10.3 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.

10.4 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

11. Incidents

11.1 During the year the Trust experienced a number of 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:

- SRH Power Outage
- Telephone and IT failure
- SRH Bleep Failure
- Westhamptnett Fire
- Bleep Failure
- Listeria
- NoroVirus outbreak
- Sema Helix Outage
- SRH West Block Power Outage
- Radiology – Excessive Heat
- Major Incident Standby - SRH
- Heat Wave – Level 3
- Business Continuity – Patient Flow
- Worthing Beach Respiratory irritation

11.2 In addition to the above, operational plans were implemented and where necessary departmental business continuity plans activated as contingency planning for the following planned work/IT upgrades:

- Analogue Phone
- COiN
- IT Virtual Server
- IT Core Switch
- Pathology LIMS
- Phone System
- Sema Helix
- SGN Gas Mains replacement
- A&E Flooring replacement

12. Debriefing

11.1 Following live events and exercises, where necessary debriefs are undertaken in order to capture learning points and lessons identified from incidents and exercises are subsequently incorporated into appropriate EPRR polices, plans and training.

11.2 Where appropriate these are shared with relevant departments and partner organisations as necessary.

13. Summary

13.1 The past year has seen continued development in the Trust's Emergency Planning and Business Continuity arrangements and resilience with the annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Process showing the Trust as fully compliant with all EPRR Core Standards for the third year in a row.

13.2 However, more work is required at some service level areas to achieve full resilience and the necessary work streams have been identified in the Emergency Planning and Business Continuity Work programme for 2020.

13.3 A detailed and comprehensive training and exercising programme for 2020 and the Emergency Planning and Business Continuity Training and Exercising calendar has been designed to reflect this.

13.4 However, identifying resources for the exercises and attendance on training courses continued to prove difficult due to operational requirements despite managers and staff being encouraged to attend.

13.5 Staff with emergency planning and business continuity responsibilities continue to be encouraged to enrol on the required courses and attend scheduled exercises as required by current guidelines and legislation, and consideration should be given to making this a mandatory requirement.

14 RECOMMENDATIONS

14.1 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

Western Sussex Hospitals
NHS Foundation Trust

Agenda Item:	21	Meeting:	Board	Meeting Date:	30 Jan 2020
Report Title:	**Company Secretary Report**				
Sponsoring Executive Director:	Glen Palethorpe, Group Company Secretary				
Author(s):	Glen Palethorpe, Group Company Secretary				
Report previously considered by and date:	Learning from Deaths reporting is considered by QAC				

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 requirements. This report does not seek to duplicate matters that are subject to separate agenda items at today's board meeting.

Learning from Deaths report Q3– 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.

Schedule of meetings for 2020/21

We have continued to have Public Board and Public Council of Governors meetings taking place across both the Trust's two principal sites in Chichester and Worthing.

Board meetings

The Board meetings remain bi monthly on a Thursday, but with them moving to be a week behind the supporting Committee meetings they now fall in the first few days of the next month.

	Jun-20	Aug-20	Oct-20	Dec-20	Feb-21	April-21
Board of Directors	**Thur 4th Jun 10.00-13.30 Worthing**	**Thur 6th Aug 10.00-13.30 St Richards**	**Thur 1st Oct 10.00-13.30 Worthing**	**Thur 3rd Dec 10.00-13.30 St Richards**	**Thur 4th Feb 10.00-13.30 Worthing**	**Thur 1st Apr 10.00-13.30 St Richards**

Council of Governors meetings

The Council meetings have moved to three times a year. This is based on feedback from our Governors who through the revised integrated performance report presented to Board feel they could reduce slightly the frequency of meetings to three from the previous four.

	Apr-20	Aug-20	Dec-20
Council of Governors	**Thur 16th 15.30 - 17.30 St Richards**	**Mon 24th 15.30 - 17.30 Worthing**	**Mon 14th 15.30 - 17.30 St Richards**

Annual General Members Meeting

The Trust is provisionally targeting the Thursday 30th July 2020 for its AGM with it being held in Worthing this year.

Committee Quoracy Update

The Trust has looked at the quoracy of its Board Sub Committees and the Committees have made the following changes. These changes were made to ensure the Committees continue to function effectively. The Board members **agreed** these changes in between the Board meeting in November and this meeting.

Finance and Performance Committee. Changes to the quoracy of this Committee have been made to reflect that from January the Trust will have a substantive COO.

Revised quoracy is t*wo NEDs plus two executives (one of the executives will be drawn from CEO, Chief Financial Officer and COO)*

Quality Assurance Committee. The quoracy has been amended to reflect the enhanced role of the Trust's Medical Director.

Revised quoracy is *two NEDs plus one executive and if this executive is NOT the Chief Nurse then the Trust Medical Director must be in attendance.*

Charitable Funds Committee. With the retirement of the Chief Workforce & OD Officer who was named for quoracy of the Committee this specific named Executive has been removed.

Revised quoracy is *one NED and either one Executive or the Trust Finance Director*

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 dates of the public Board meetings, the public Council of Governors meetings and the proposed date for the AGM. The Board and Council meeting dates will be publicised on our web site as will the AGM date once agreed. **NOTE** the agreed changes to the Board Committees quoracy made in December 2019.

Learning from Deaths – Q2

1. Screening of Deaths

1.1 The Trust currently screens deaths at consultant level using a set of prompts designed to cover areas where problems in care may occur and this is a route for referral for in depth Structured Judgement Review.

1.2 In Quarter 2, 71 % of deaths were screened through this process at the time of this report.

1.3 In addition deaths occurring in categories as defined in the 'Learning from Deaths Policy' are automatically identified for SJR

1.4 It is recognised that the current process for screening has limitations and can lead to delays in identifying cases for full review. The Trust aspires to move toward a daily review process. A pilot of a new Daily Mortality Review Panel process was held at the end of Q2 (WASH) and beginning Q3 (SRH) which was very successful.

2. **Outcomes from Structured Judgement Reviews** (LD refers to patients with learning difficulties)

Table 1 - Q2 Deaths

	Total Deaths (not LD)	**Total Deaths Reviewed (not LD)**	**Avoidable Deaths* (not LD)**	**LD Deaths**	**LD Deaths Reviewed internally**	**LD Deaths Completed Reviews by LeDeR process**	**Avoidable LD Deaths**	**Total % of deaths reviewed**
July 19	178	39	0	1	1	0	0	22%
Aug 19	171	34	0	0	0	0	0	19.8%
Sept 19	161	25	0	2	2	0	0	16.6%
Total (Q2 19/20)	510	102	0	3	3	0	0	20'5%

*Death more likely than not due to problems in the care of the patients

At the time of writing this report, no deaths identified in the SJR process in Q2 were considered more likely than not due to problems in the care of the patient. It should be noted that at the time of publication of this report, three cases are under investigation by the Division concerned and 10 cases are awaiting discussion at the mortality panel at the end of January 2020. Q2 will therefore be updated in the Q3 report 2019-20. It should also be noted that at the time of publication of this report there are 3 cases from Q1 that are still awaiting further investigation by the Division.

2.1 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 1. All deaths, bar 1, occurring in Quarter 2 referred for SJR have been reviewed.

2.2 The table above shows the Q2 19/20 data for WSHFT. LD refers to deaths in patients with learning disabilities. All Q2 LD deaths have been reviewed both internally but not yet by the LeDeR process.

2.3 The SJRs review 6 discreet areas of care. Table 3 shows the level of care that the patients have been recorded as receiving across the reviews of deaths in Quarter 2.

2.4 The SJRs also categorises problems into broad themes where issues identified. Table 4 shows these for deaths in Quarter 2, from first reviews.

Table 2: Data labels show the number of responses for the criteria

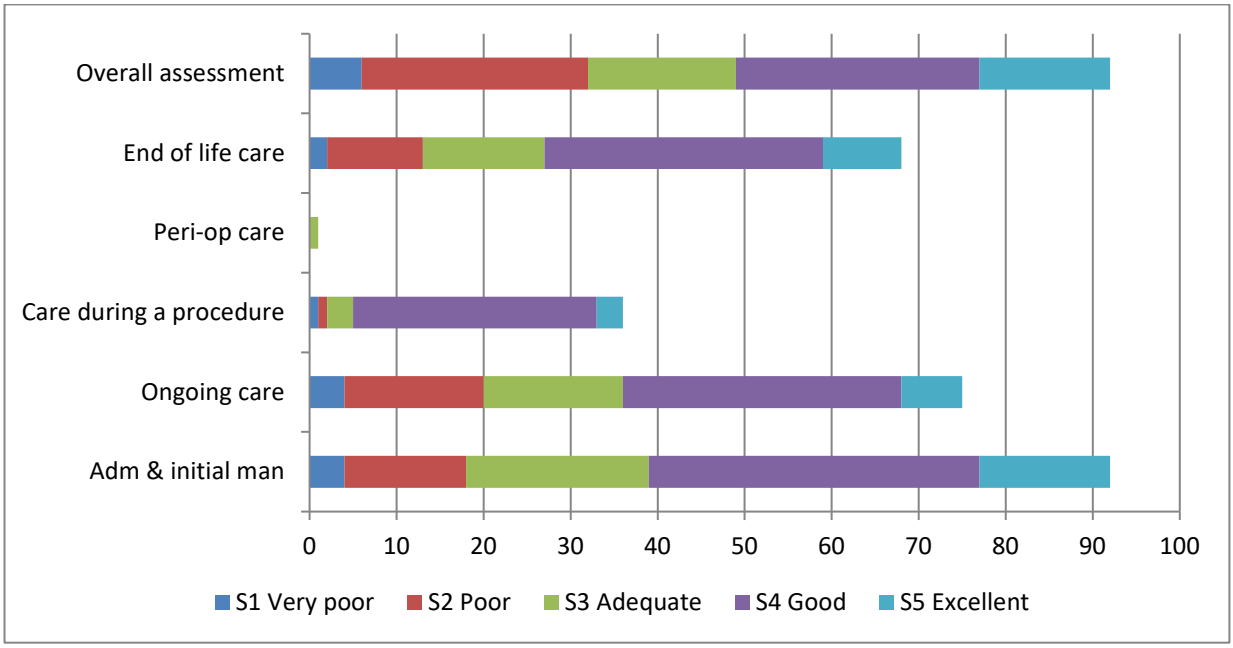
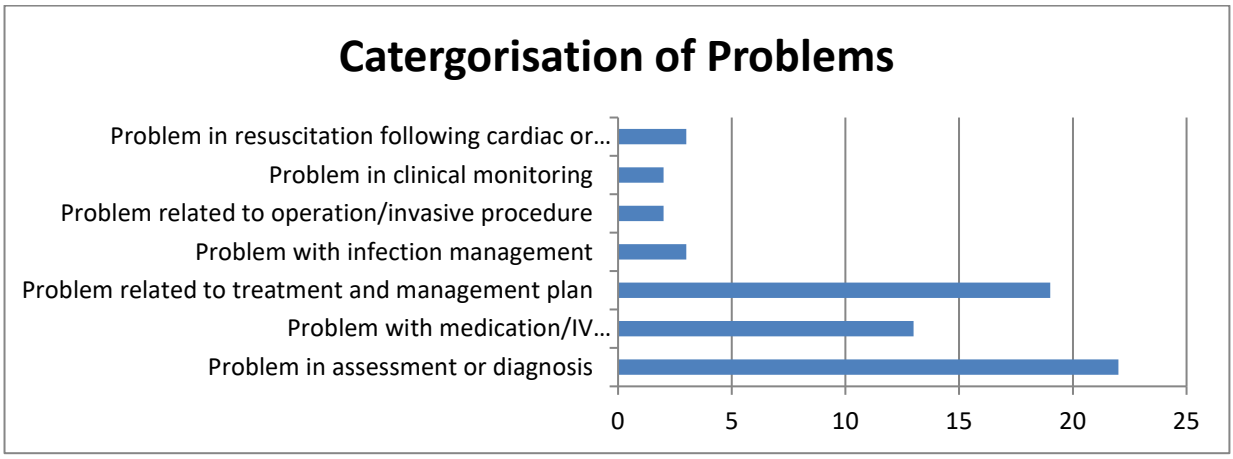


Table 3: Data labels show the number of responses for the criteria from all first reviews



Structured Judgement Reviews Q2 - Learning

Overall Care Score	Learning Themes	Actions
Excellent Care	Several examples of very well documented discussions re ceilings of care and decisions to palliate. Lots of evidence of excellent communications and support given to patients and families by the medical and palliative care teams, when patient on EOLC.	Feedback to relevant clinical teams. Use as examples in training and to triangulation committee
Good Care	Examples of very well documented best interest discussions and treatment decisions with families. Also examples of significant attempts to communicate with patient's next of kin who were not in the country. All attempts and communications well documented. Several well documented examples of discussions with family re ceilings of treatment. Mental capacity considered and assessed. Focus on symptom control at end of life	Feedback to relevant clinical teams
Adequate Care	A number of cases where a lack of/failure to discuss resuscitation status and escalation with both the patient and their families were noted.	Use to inform work programme of the EOLC board and resuscitation training. The Learning from reviews has been informing the Trust quality improvement priorities for 2020/21 and end of life care is included in the draft proposals
Poor Care	Examples of late recognition and escalation in the deteriorating patient with vulnerability of staffing at the weekend being a factor	Use to inform work programme of the deteriorating patient group Feedback to clinical teams. The Learning from reviews has been informing the Trust quality improvement priorities for 2020/21 and deteriorating patients is included in the draft proposals. It is also likely that this will be subject to a national CQUIN in 2020/21
Very Poor Care	Difficulties in several cases as to which specialty were the most appropriate to care for the patient needs, particularly in respect of patients on EOLC.	Feed back to individual clinicians and Divisional M and M leads As above. In addition used to inform the 7

Overall Care Score	Learning Themes	Actions
		day services work programme and reducing HSMR programmes both of which are identified as corporate projects in 2020/21

3. Capacity and Risk

3.1 For reviews of deaths occurring in Q2 capacity has remained an issue as a slightly revised way of working is established and new reviewers gain experience.

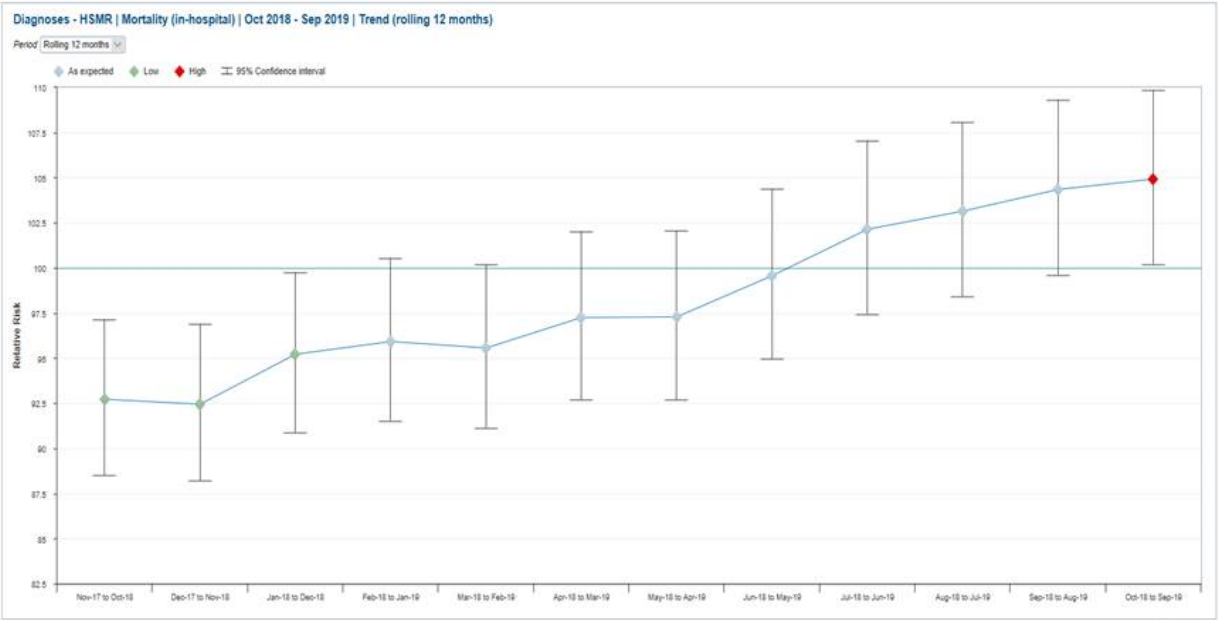
3.2 Missing/partially scanned and chronologically misfiled patient records on Evolve have become more frequent and affect the ability to undertake reviews. This is being escalated on a case by case basis.

4. Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR)

4.1 For the 12 months to September 2019 performance using HSMR is 104.9 (with 100 being the expected). There have been no mortality outliers reported for WSHFT from the CQC or the Dr Foster Unit at Imperial College. Work understanding and responding to the recent rise in HSMR has been taking place as part of the Trusts reducing preventable mortality True North objective. This has now been agreed as a corporate priority programme. This includes:

- the accuracy of diagnostic and co-morbidity coding with particular reference to the first episode of care, the coding of sepsis and palliative care

- Weekend and out of core hours working as part of the 7 day service work programme



5. Progress and Next Steps

5.1 A change in the current screening process to a 'daily' review process has been successfully piloted on both sites, end of Quarter 2, beginning of Quarter 3 2019 with view to rolling out across the organisation from Q1 20/21, once the medical examiners and medical examiner officers are in post.

5.2 Despite a rising HSMR the review process has not raised any additional associated concerns and the number of reviews identifying poor or very poor care remains low.

5.3 A business case has been submitted to establish the medical examiner and medical examiner officer role by the end of March 2020. The aim will be to integrate these roles into the daily review process.

5.4 Learning from review activity continues to be presented in a number of internal and external forums, including a hugely successful health economy wide event organised by WSHFT, which took place in December 2019.

5.5 The development of divisional and speciality reporting based on 'Learning from Deaths' activity and learning feedback from clinical speciality meetings has progressed significantly. This is seen as an ongoing priority in order to maximise the benefits of the programme

5.6 Improvements in the LeDeR process should be noted with regards communications between the trust and external agencies, although there remains a backlog of the external LeDeR reviews. All deaths of patients with learning difficulties in Q2 were reviewed by the Trust but the independent LeDeR reviews are still pending.

6. Recommendation

6.1 The Board is asked to receive and note the implementation of the 'Learning from Deaths' policy and the learning identified from structured mortality reviews.

Simon Higgs – Head of Clinical Effectiveness

Mary Evans – Learning from Deaths Manager