Brighton and Sussex University Hospitals NHS Trust

Meeting of the Board of Directors in Public

10.00am to 1.00pm on Wednesday 30 January 2019

Lecture Theatre 1, Euan Keat Education Centre, Princess Royal Hospital, Lewes Road, Haywards Heath RH16 4EX

AGENDA

1.	10.00	**Welcome and Apologies for Absence** To note		Chair
2.	10.00	**Declarations of Interests** To note		All
3.	10.00	**Minutes of Board Meeting held on 24 October 2018** To approve	Enclosure	Chair
4.	10.05	**Matters Arising from the Minutes** To note	Enclosure	Chair
5.	10.10	**Chief Executive's Report** To note and agree any necessary actions	Enclosure	Marianne Griffiths
		PERFORMANCE REPORTS		
6.	10.20	**Quality Performance** To note and agree any necessary actions	Enclosure	George Findlay/ Nicola Ranger
6a.	10.30	**Report from Quality Committee to Board** To note and agree any necessary actions	Verbal	Mike Rymer
7.	10.35	**Financial Performance** To note and agree any necessary actions	Enclosure	Karen Geoghegan
7a.	10.45	**Report from Finance Committee to Board** To note and agree any necessary actions	Verbal	Alan McCarthy
8.	10.50	**Operational Performance** To note and agree any necessary actions	Enclosure	Pete Landstrom
9.	11.00	**Organisational Development and Workforce Performance** To note and agree any necessary actions	Enclosure	Denise Farmer
10.	11.10	**Report from 3Ts Committee to Board** To note and agree any necessary actions	Verbal	Kirstin Baker
		QUALITY REPORTS		
11.	11.15	**Children's Annual Safeguarding Report** To approve	Enclosure	Nicola Ranger

12.	11.25	**Learning from Deaths** To note and agree any necessary actions	Enclosure	George Findlay
13.	11.35	**Nursing Staffing and Capacity Levels Report** To note and agree any necessary actions	Enclosure	Nicola Ranger
14.	11.45	**Patient Experience Report** To note and agree any necessary actions	Enclosure	Nicola Ranger
		OPERATIONAL REPORTS		
15.	11.55	**Annual Equality and Diversity Performance Report 2018** To approve	Enclosure	Denise Farmer
		GOVERNANCE REPORTS		
16.	12.05	**Report from Audit Committee to Board** To receive and agree any necessary actions	Enclosure	Martin Sinclair
17.	12.10	**Board Assurance Framework** To note and agree any necessary actions	Enclosure	Glen Palethorpe
18.	12.20	**Committee Reporting/Calendar 2019/20** To approve	Enclosure	Glen Palethorpe
19.	12.25	**Any Other Business**	Verbal	Chair
20.	12.30	**Questions from members of the public** Following the close of the meeting there will be an opportunity for members of the public to ask questions about the business considered by the Board.	Verbal	Chair
		Resolution into Board in Private: To pass the following resolution "that the Board now meets in private due to the confidential nature of the business to be transacted".	Verbal	Chair
21.	12.40	**Date of Next Meeting** The next meeting in public of the Board of Directors is scheduled to take place on Wednesday 27th March 2019 in the Level 6 Meeting Room, Trust Headquarters, Royal Sussex County Hospital, Eastern Road, Brighton BN2 5BE.	Verbal	Chair
22.	12.45	**Close of Meeting**	Verbal	Chair

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/she joins the meeting by telephone or other means, provided that he/she can hear and be heard by all other Directors present at the meeting.

Brighton and Sussex University Hospitals NHS Trust

Minutes

Minutes of the Board of Directors (Public) meeting held at 9.30am on Wednesday 24th October 2018 in the Meeting Room, Level 6, Trust Headquarters, Royal Sussex County Hospital, Eastern Road, Brighton

Present:	Alan McCarthy	Chair
	Kirstin Baker	Non-Executive Director
	Joanna Crane	Non-Executive Director
	Malcolm Reed	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Martin Sinclair	Non-Executive Director
	Jon Furmston	Non-Executive Director Advisor
	Lizzie Peers	Non-Executive Director Advisor
	Marianne Griffiths	Chief Executive
	Denise Farmer	Chief Workforce and Organisational Development Officer
	George Findlay	Chief Medical Officer
	Karen Geoghegan	Chief Financial Officer
	Pete Landstrom	Chief Delivery and Strategy Officer
	Nicola Ranger	Chief Nursing and Patient Safety Officer
In attendance:	David Haycox	Interim Group Company Secretary
	Sally Reeves	Assistant Board Secretary

PB/10/18/1 Welcome and Apologies **Action**

1.1 The Chair welcomed those present to the meeting.

1.2 Apologies for absence were received from Patrick Boyle.

PB/10/18/2 Declarations of Interest

2.1 There were no declarations of interest.

PB/10/18/3 Minutes of Previous Meeting

3.1 The minutes of the meeting held on 25th July 2018 were approved as a correct record.

PB/10/18/4 Matters Arising

4.1 The matters arising were noted.

4.2 **PB05/18/12.7** (Adult Safeguarding) and **PB07/18/6.8** (Dementia Strategy): It was agreed that these two items would be deferred until respective reports are available. The remaining items would be closed as they are on the agenda for today's meeting.

PB/10/18/5 Chief Executive's Report

5.1 Marianne Griffiths highlighted key points from her report.

Care Quality Commission (CQC) Inspection

5.2 A comprehensive inspection by the CQC took place during September, which involved inspectors visiting six core services at the Royal Sussex County and

Princess Royal Hospitals, together with a Use of Resources assessment and a 'Well Led' inspection. Engagement events were run beforehand with the CQC so there has been a lot of contact between the two organisations over the last six months. The Trust will not be able to announce any results publicly until January 2019.

5.3 Marianne publicly thanked the staff who had done amazingly well to 'perform' in front of 50 people and whose engagement and enthusiasm for patient care shone through. She also thanked the leaders at every level and the back office staff who provided all the information and organised the logistics behind the inspection, which ran like clockwork and was praised by the CQC.

5.4 Some of the feedback received from the CQC has been genuinely positive and a source of pride for the Trust. No issues were raised on safety or quality during the inspection and the CQC emphasised the 'golden thread' throughout the organisation.

Improving Staff Engagement

5.5 The Trust is in the process of distributing the 2018 NHS staff survey with the aim of maintaining the high response rates of 2017.

Safety and wellbeing

5.6 The 2018/19 flu campaign has been launched. Already 1,500 members of staff have had their flu jab and the target is for 75% of staff to receive vaccinations this year.

Patient Feedback

5.7 Marianne highlighted one particular comment received from a patient who thanked "all staff for taking the time, humanity and kindness to help and provide reassurance, especially the gentleman and lady who served tea and coffee and took the time to ask whether I wanted it served in a cup or beaker", emphasising that it is often the small things that make such a difference to patients.

5.8 The Chair echoed Marianne's comments about the CQC inspection and added his thanks to the Executive Team and leaders who were involved.

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

PERFORMANCE

PB/10/18/6 Quality Report

6.1 George Findlay highlighted key points from the Quality Report.

6.2 The 12 month rolling mortality rate at the end of August was 3.35% and the Trust crude mortality rate in September was 2.80%, which is within the expected range for the Trust. Both the in-month and rolling Hospital Standardised Mortality Ratio (HSMR) has gradually risen during the past 12 months to just under 100.

6.3 The Summary Hospital-Level Mortality Indicator (SHMI) is relatively flat, although the Board has previously explored the in and out of hospital figures, which are now closer together and tracking in a much closer way. The trends are moving in the right direction and the Trust is focusing on managing deteriorating patients with additional effort at the front door by staff to recognise sepsis. An electronic tracking system is being introduced for patients needing early interventions to support them to receive the interventions they

require.

6.4 Nicola Ranger highlighted further points of note from the Quality Report:

- The Trust is currently dealing with an unusual strain of Tuberculosis (TB) and is working closely with Public Health England, who have commended the Trust on its actions.
- The improvement on reducing patient falls continues. The rate of inpatient falls for the past 12 months is 3.40 falls per 1000 bed stay days, which equates to 857 falls in the past year compared to 875 in the previous 12 months, and is well below the National Falls rate of 6.63.
- Work is being done on the Friends and Family Test (FFT) feedback and scores are improving. Good feedback has been received from patients on areas needing improvement which has helped to shape the actions.
- 1342 concerns were received by the Trust during July to September and 98% of these were responded to within 25 working days; The backlog of 130 awaiting a response is now down to 12 with each being worked on to deliver a full response.
- Improving mixed sex breaches has been a challenge and work has been focused on the orthopaedic ward where it was felt that things could have been done differently and thus removed their breaches. Reviews will continue any time there is a breach and the team is working in collaboration with NHS Improvement to drive through improvements to the Trust's processes.

6.5 Malcolm Reed asked about communication around the TB case, which he had not heard about at the time. He added that there may be a learning point as to how these issues are highlighted to the Medical School who could support with engagement with doctors and nurses. George acknowledged that the Trust had communicated with all the individuals involved, but no wider than that.

6.6 Mike Rymer referred to the out of hospital component of SHMI, which is 8%, and suggested reviewing this figure alongside the 30 day re-admissions to see if there is any learning this analysis flags up. It was agreed that the Quality Assurance Committee would be the most appropriate forum at which to do this.
ACTION: Out of Hospital SHMI figure to be reviewed against 30 day readmissions via QAC. **GF**

6.7 Lizzie Peers referred to the scorecard and queried the reason for the fairly volatile percentages of four hour admissions to stroke care. George responded that this is closely linked to Trust bed occupancy levels, and that there is a bed deficit at the Trust of approximately 70 beds, which can delay some stroke patients getting to the unit. George added that while the patients do not get access to the stroke unit, they do receive care from stroke specialists so the quality of their care is not affected.

6.8 Jon Furmston asked about mortality trends, knowing that Trust level data may not draw out specific specialty issues. He asked whether there were any plans and timescales to generate site specific data to check for any hidden outliers. George advised that there is a Mortality Steering Group which reviews this data on a monthly basis and he is satisfied that there are no outliers or concerns within the data that supports the Trust wider reported performance. The review by the Mortality Steering Group feeds into the Clinical Outcomes and Effectiveness Group, so the system is robust and subject to review. The requirement for site specific data throughout Sussex is a discussion being held at the Executive team. In the meantime, the Patient Administration System is being changed this weekend to allow a greater depth of information to be available.

6.9 With regard to the FFT, the Chair referred to the figure of 64% of responders who had cited "the poor attitude of staff" and expressed his surprise at seeing this being mindful of the recent shift in culture reported in other reports to the Board. Nicola advised that communication style is usually the key to this question and it is now possible to drill down into the data at a granular level to enable improvements to be made in all areas where such feedback is given.

6.10 The Board **NOTED** the Quality report.

PB/10/18/7 Performance Report

7.1 Pete Landstrom summarised key points from the report.

7.2 **Activity**

- Overall there was a 12.3% increase in A&E activity this September compared to the previous year. This is an 8% increase overall compared to this time last year, which equates to over 1,000 patients.
- Delayed Transfers of Care (DTOCs) are still challenging, though progress has been made. A summit meeting has been held resulting in an additional 20 beds being introduced into the system, mainly in the PRH area. There are 10 additional beds in the Brighton area, specifically focusing on non-weight bearing patients who can sometimes be difficult to place and thus be delayed in moving on from acute care.

7.3 **A&E**

- 85.6% of patients were seen within 4 hours.
- No patients waited longer than 12 hours.
- There has been an improvement of nearly 4% at the Royal Sussex County Hospital site, but a deterioration at Princess Royal Hospital, although performance at this hospital site has improved slightly this month.
- The Royal Alexandra Children's Hospital and Sussex Eye Hospital continued to exceed the national 95% target.
- National performance worsened by 0.8% to 88.9%. It was noted that these national figures also include type 3 A&E attendances (such as minor injuries units) whose performance is good given the less complex needs of these patients.

7.4 **Cancer**

- An improvement was seen within screening.
- Performance against the 62 day target achieved 72% in August, which is below the national target, and remains challenging. The main focus of work continues with certain specialties (for example lung and colorectal), on their prioritisation and on turnaround of CT reporting to reduce delays.
- An experienced cancer manager is now in post, focused on the areas for improvement.

7.5 **Referral to Treatment (RTT)**

- No patients waited longer than 52 weeks in September.
- Compliance was significantly impacted by continued workforce capacity constraints particularly within Head and Neck specialties which account for the largest volumes of patient waiting longer than 18 weeks.
- The Trust is working jointly with commissioners, NHS Improvement and NHS England around a regional recovery plan in terms of RTT performance overall.

7.6 **Diagnostic Test Waiting Times**

- Trust compliance for September worsened significantly since August, partly due to high levels of sickness in the booking team, which created challenges and difficulties in processing appointments. Steps have been taken to rectify this and to ensure that this situation does not recur.

7.7 Referring to the performance scorecard, Pete drew the Board's attention to the percentage of hip fracture repairs within 36 hours, which reached 98% in September; this has been a metric of which Surgery is particularly proud.
ACTION: a congratulatory note to be sent from the Board to the Surgery team for achieving 98% of all patients being treated within 36 hours last month. **PL**

7.8 Joanna Crane asked whether there had been any progress with the non-admitted pathway in A&E. Pete responded and advised that there have been a number of discussions and analyses undertaken with the Clinical Commissioning Group (CCG) on this subject due to the volume of patients coming through the Urgent Care Centre (UCC), particularly out of hours and late in the evening. A lot of work has been done to stabilise the unit with good clinical outcomes and positive feedback received via the Friends and Family Test (FFT). There is further work to do as a system around patients being referred to the UCC. It was noted during the analysis that some of the GP referrals were from practices staffed by locums whose natural behaviour is to steer them towards the UCC due to the excellent care given there.

7.9 Pete added that there has been a significant increase in the presentation at A&E of Brighton & Hove's transient population who are not registered with a GP. Martin Sinclair voiced his concern that if the hospital continues to absorb the increase in patients it will eventually be overwhelmed. Marianne Griffiths advised that the commissioners are considering a resolution. She added that it is a social care issue, not just a hospital issue and although some of the same problems are encountered in Western Sussex Hospitals, it is not to the same extent as in Brighton. Therefore, much of the problem is due to demographics. With regard to mental health, some of the changes around Section 136 care provision are likely to have an impact and safe spaces across the city are being explored. There are also challenges in Local Authority funding. A Board to Board meeting with the CCG is likely to be scheduled in the near future and this item should be on the agenda for discussion.

7.10 Jon Furmston referred to the percentage of hip fracture repairs within 36 hours and suggested reviewing the Trust's mortality figures in the new year to see if achieving 98% has had an impact on that area.
ACTION: Review mortality figures at the next Quality Assurance Committee to check the impact of the 98% 36 hour turnaround for hip fracture repairs. **GF**

7.11 The Board **NOTED** the report.

PB/10/18/8 Organisational Development And Workforce

8.1 Denise Farmer highlighted key points from the report.

- There has been a small reduction in vacancies and a small increase in stability and retention reported performance. There has also been a small reduction in sickness absence. All these figures demonstrate an overall stability of the workforce.
- There are still a number of groups where turnover is very high and this needs improvement.
- In respect of Statutory and Mandatory Training (STAM) and appraisal rates, the Trust appraisal rate is 90.2% and at target across all the Clinical

Divisions. Work is now being focused to improve the quality of the appraisals.

- With regards to the Staff survey, the Board was asked to encourage staff as much as possible to complete their survey.
- In the area of equality and inclusion, the Workplace Race Equality Standard (WRES) working group continues to refine and implement the agreed action plan, which is reported later in the meeting as a separate agenda item (13).
- Within the area of health and wellbeing, there has been lots of proactive work by staff with roadshows held at both the Princess Royal Hospital and the Royal Sussex County Hospital.

8.2 Lizzie Peers asked if the reasons for the high turnover are known and whether the Trust's retention strategy could be adapted accordingly. Denise responded that the data is being analysed, but that the cause is not yet known. Therefore, the focus of work is currently on those things that should have the biggest impact.

8.3 With regard to the staff survey, Lizzie asked whether the Trust is doing enough to include those staff who do not have English as a first language or staff with a learning disability. Denise confirmed that the Trust has tried to be more inclusive and that the numbers providing their feedback online have increased, although with mixed reviews on this particularly around a perception that anonymity may not be maintained using an on line process.

8.4 The Board **NOTED** the Organisational Development and Workforce report.

PB/10/18/9 Financial Performance Report

9.1 Karen Geoghegan highlighted key points from the report for Month 6; the report was covered in some depth at the Finance and Investment Committee the previous day.

9.2 In summary, in September the deficit was £34.1m, in line with the Trust plan that has been agreed with NHSI. As the plan was delivered, the Trust is eligible to access the Sustainability Transformation Fund, which equates to a further £2.5m.

9.3 Income remains the most significant challenge, particularly around Specialist Income. There are specialties contributing to this which have seen continuous low levels of occupancy this year; the income risk is offset in part by pay expenditure, which is £2.2m below plan. All staff groups are underspending, except for medical workforce, and this area is being subject to further focus.

9.4 Agency spend in September was £0.98m, which is low compared to previous months and in line with plan, and brings the year-to-date expenditure to £6.34m, just £0.4m above the Trust agency ceiling target.

9.5 The Efficiency Programme at the end of Q2 delivered £12.2m of efficiency savings and is on track to deliver this in full by the end of the year.

9.6 Strategic capital expenditure up to the end of September amounted to £30.9m compared to the plan of £55.3m. However, this variance is due to the rephrasing of Phase 1 which sees some spend move in to next year. There has been some slippage on spend for Phase 2 of the Emergency Department Development, but this is being managed.

9.7 The Cash position at end of September is higher than plan due to less capital

spend and the receipt of Sustainability Transformation Funding from 2017/18, which has been used to pay a legacy loan reducing the longer term interest debt burden on the Trust

9.8 Whilst financial risks remain, these are being managed and the Trust is planning to deliver the financial control total by year end.

9.9 It was noted that, due to exiting Financial Special Measures at the end of July, the Trust entered a three month probation period which is due to end on 1st November 2018. As a result, the Trust will pay a much lower interest rate on loans going forward. This was not built in to the plan, so is further positive news.

9.10 Kirstin Baker asked whether the replacement of the Patient Administration System (PAS) is a risk. Karen confirmed that no financial risk will be incurred if the switchover happens this weekend and the plan is on target for this to occur.

9.11 The Chair commended the achievement of the Efficiency Programme, adding that the Board is supportive of the report while recognising the current risks.

9.12 The Board **NOTED** the Financial Performance report.

QUALITY REPORTS

PB/10/18/10 Learning From Deaths

10.1 George Findlay summarised the report.

10.2 The Board's attention was drawn to the role of the Medical Examiner (ME). The Trust has been a pilot site for having MEs for a number of years and currently has 10 in post. Any patient who dies in the Trust will be reviewed by the ME, who will talk to all doctors involved in the patient's care, as well as the family, to see if they have any concerns. As the national guidance emerges, the Trust will need to be aware of any changes and amend if necessary its processes to match these.

10.3 There were 354 patients who died at the Trust as at Quarter 2. Structured Judgement Reviews (SJRs) were conducted on 21% of these patients, which is within the national guidance of 15-25% sample. George emphasised the importance of learning, and no deaths in Q2 were thought to be avoidable. It is essential that the SJRs also recognise good care and that this is fed back to the teams involved. Where there are any issues, they are discussed at Quality Governance Group. The Trust now has 51 staff trained to undertake SJRs and is using IT to automate the process, which will bring improvements and efficiencies to the process.

10.4 A programme was to be set up that patients with learning disabilities should be reviewed externally, although this has been delayed and in the meantime the decision has been made to bring this review back in-house. Therefore, these patients will go through a SJR in the same way and findings will be shared with the CCG, who have given their support.

10.5 George made reference to the presentation given by Steve Bass at the Quality Assurance Committee on End of Life Care and Palliative Care. Lizzie Peers asked if the Trust was making progress with ensuring that palliative care is everyone's responsibility, as per the presentation. George responded that progress is being made with regard to the 'Respect' programme, where at the

start of a patient's care a conversation is had with the patient and their family around expectations.

10.6 Following on from this discussion, Mike Rymer added that communication was a high priority on the agenda at the End of Life Steering Group the previous week. In the past there was funding from the Cancer Network for communications skills training to initiate discussions to get patients on the right pathway. However, the funding was stopped due to poor take-up and George agreed that other ways to support this work need to be established.

10.7 Joanna Crane highlighted the red rating on the Board Assurance Framework around mortality. George gave assurance that this would be updated on December's BAF as actions had been taken to reduce this risk.

10.8 Jon Furmston referred to the issue of the WHO checklist not always being recorded as completed. George added that there is work being undertaken to focus on the debrief, which is another check not well documented. Malcolm Reed echoed George's comments, advising that the gap in completion was partly due to the doctors not feeling the need for a debrief, but he confirmed that this is changing.

10.9 The Board **NOTED** the report.

PB/10/18/11 Infection Prevention and Control Annual Report

11.1 It was noted that the presentation which was due to be given today will be deferred to the next Public Board meeting.

OPERATIONAL REPORTS

PB/10/18/12 Emergency Planning, Resilience and Response

12.1 Pete Landstrom summarised the paper. As a requirement of the Contingencies Act, the Trust is required to complete various assessments of its emergency plans and readiness. There were significant shortfalls in this area at the previous CQC inspection, so there has been a great deal of input in this area to secure improvement.

12.2 This year's assessment is reporting partial compliance for 2018 with only three red ratings on which Pete provided further detail:

- Sussex wide access to trained loggists to support any business continuity or incident – it has been difficult to maintain the level of training due to staff changes, so this remains a challenge.
- Full site lockdown plans and capacity – it is difficult to lock down the entire Royal Sussex County Hospital site. However, lockdown of the Emergency Department has been tested successfully. As the old buildings are replaced, they will all be compliant in lockdown.
- Emergency incident training – not every single member of staff receives the awareness training. In Western Sussex Hospitals Trust as an example an e-learning module has been created and options are being explored to import that module to this Trust.

12.3 As a Category One responder, the Trust is required to undertake a simulated incident and an exercise was held in September involving 95 members of Trust staff. The response of South East Coast Ambulance (SECAmb), police and the Trust's Emergency Department were all tested and lessons learned from the incident were mainly around improving communications between agencies.

12.4 The Chair asked about lockdown and the Trust's vulnerability to a potential terrorist attack. Pete provided some assurance in that the areas tested and found to be compliant are the areas that health organisations have rated as the most vulnerable, for example Maternity and A&E. George provided assurance to the Board that an equally key risk is that relating to cyber security and the Trust has a separate work stream dealing with that.

12.5 The Board **NOTED** the report.

PB/10/18/13 Workplace Race Equality Standard (WRES) Action Plan

13.1 Denise Farmer presented the WRES Action Plan.

13.2 Staff engagement has been maintained since the WRES conference was held in May. The working group is very active and they have identified three key themes for improvement: *Communication*, *Education and Training*, and *Recruitment and Selection*.

13.3 Marianne Griffiths continues to champion this programme of work and the Board will receive regular updates. Contact has been made with North East London Foundation Trust, as they have been cited as making the most improvements around WRES, and their Chief Executive has agreed to mentor Marianne. The NELFT ambassadors are going to visit BSUH in January to work on the three priorities with the WRES team and to share their learning.

13.4 With regard to the WRES indicators, the Trust has improved in 5 and deteriorated in 3 indicators, but overall the Trust is still better than the national average. Marianne highlighted the indicator referring to abuse from staff and patients, which is high for all staff across the board and not acceptable. A significant piece of work is being done on this area to secure improvement. The figure representing bullying from other staff is the lowest it has been in the history of doing the WRES, which is great news and this needs to continue to improve.

13.5 A number of comments were made during the discussion:

- Kirstin Baker commented that it would be useful to have Key Performance Indicators around WRES if possible.
- Malcolm Reed suggested replacing the use of the phrase "appears to be" in the document with "is" as the statements are all factual.
- Malcolm added that with regard to medical students, approximately 40% are BME and 55% female. There is a need to be more open to people with a physical disability and declared mental health issues.
- Lizzie Peers made a reference to unconscious bias training which is mentioned in the document. Lizzie is aware of the availability of online training, which could prove to be a quick win.

13.6 The Chair echoed Marianne's comments that the Trust is heading in the right direction and that the WRES team are concentrating on the right issues, paying tribute to Babs Harris who has made a significant contribution in the Trust's improvement to date.
ACTION: updates to be presented to the Board on a quarterly basis. **DF**

13.7 The Board **NOTED** the Action Plan.

GOVERNANCE REPORTS

PB/10/18/14 Clinical Audit Annual Plan 2018-19

14.1 George Findlay presented an update on the Clinical Audit Annual Plan and highlighted the following key points:

14.2 The plan has been developed using the HQIP four-step model and focuses on Priority 1 audits, which are the external 'Must Do' audits, and the Priority 2 audits which are more self-governed. George advised that there are a number of audits which link back to previous Serious Incidents.

14.3 Appendix one of the plan outlines the process agreed to manage national audits and the responsibilities of the central team. George is confident that this process is now embedded in the system used.

14.4 The intention is to re-present this plan earlier in the year in the future so the Board is aware of planned assurance from this activity. Mike Rymer confirmed that the plan was presented at Quality Assurance Committee where the actions will be reviewed in more depth.

14.5 The Board **NOTED** the report.

PB/10/18/15 Board Assurance Framework

15.1 David Haycox presented the latest Board Assurance Framework (BAF), which was updated with the actions that were due for completion up to and including the start of October 2018. Having reviewed each of the actions, there are a few areas where additional actions have been added/inserted.

15.2 The updated report will be presented to Quality Assurance and Finance & Investment Committees in December. A report will also be presented to Audit Committee and Public Board in January 2019. This will involve a further review of actions completed or due in December, together with updated assurance levels and RAG ratings in the report reflecting progress made.

15.3 David advised that the final piece of work is to start linking the report back to the Trust's Risk Management Strategy and stated Risk Appetite levels.

15.4 The Board **APPROVED** the Board Assurance Framework and the process, and **NOTED** next steps.

PB/10/18/16 Use of Trust Seal

16.1 David Haycox presented the report for the Board to note.

16.2 It is a requirement of the Trust Standing Orders (Section 8.3) that a register of sealing is maintained. Use of the Common Seal is reported to the Trust Board on a quarterly basis and the report covers the use of the seal for the period 1st July 2018 to 30th September 2018, when it was used on six occasions.

16.3 The Board **NOTED** the use of the Trust seal.

PB/10/18/17 Any Other Business

17.1 There was no other business to report.

Resolution into Board in Private

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

PB/10/18/18 Date of Next Meeting

18.1 The next meeting in public of the Board of Directors is scheduled to take place on Wednesday 30th January 2019 in Lecture Theatre 1, Euan Keat Education Centre, Princess Royal Hospital, Lewes Road, Haywards Heath RH16 4EX.

PB/10/18/19 The Chair formally closed the meeting.

PB/10/18/20 Questions from members of the public

20.1 On the subject of radiotherapy, a member of the public asked that, following the meeting on 4th October convened by the Surrey and Sussex Cancer Alliance, chaired by the Trust's lead clinical oncologist, and attended by specialised commissioners and radiotherapy providers, what are the next steps for the Trust in the development of a satellite radiotherapy unit at St Richard's Hospital? And what has happened to the £17m for this development included at the Trust's request in the STP's capital programme?

20.2 Marianne Griffiths responded, having attended the meeting on 4th October. Marianne said that, although it was agreed that the Trust would provide the land in Chichester where the LINAC would be built, it would not provide the funding. The next stumbling block is that Chichester is included as part of Portsmouth cancer services and therefore not within Western Sussex. The CEO of the Portsmouth Trust was happy to provide the LINAC, but there has been no further input from others as to the issue of Western Sussex and the Cancer Alliance has said that the replacement can only be put in Brighton, not at a new site.

20.3 The alternative option, which Marianne proposed at the meeting, was the Trust were to take over the running of the cancer services for the whole of Western Sussex. The meeting agreed to this and a scoping document is going to be put together regarding a new cancer strategy for Sussex and the legitimacy of extending Brighton's cancer services. A feasibility study has been agreed. With regard to the £17m earmarked for this development, Marianne confirmed that this was not agreed in the capital programme, but that she would be happy for Oliver Phillips, Director of Strategy and Planning, to be contacted to discuss further.

20.4 The second question from the public was regarding the recent inquest into the death of Mrs Joan Blaber. The Board was asked if they had discussed the inquest and the fact that the coroner felt she had been misled, as well as the above average incidents of Regulation 28 letters being sent to the Trust.

20.5 Nicola Ranger advised that the inquest would be discussed at Private Board, together with the response to the coroner's Regulation 28 letter. George Findlay acknowledged that, although the Trust does receive a lot of Regulation 28 letters, it is less of a concern when the numbers received during a year are taken into consideration. Members of the Executive Team are attempting to meet with the coroner to discuss specific comments made during the inquest about her being misled as the Trust feels strongly that this was not the case.

20.6 The final question from the public was regarding the frequency of Public Board meetings and the possibility of these being more regular.

20.7 Marianne responded that when the Trust entered into a new management arrangement the frequency of meetings was reduced due to the ability of the Executive Team to cover and manage these meetings.

20.8 The Chair agreed that the Trust's business should be in the public domain as much as possible and he will endeavour to make things more publicly available from April 2019.

Sally Reeves
Assistant Board Secretary
October 2018

Signed as an accurate record of the meeting

……
Chair
……
Date

MATTERS ARISING
BSUH Board of Directors (in Public)

AGENDA ITEM: 4

Meeting	Minute Ref	Action	Person Responsible	Deadline	Status
30th May 2018	PB05/18/12.7	**Safeguarding:** Adult Safeguarding team to give a presentation to Board, as at WSHT.	Nicola Ranger	October 2018	The information will be incorporated within the 2018/19 Annual Report scheduled to come to Board in May 2019. Recommend to be closed.
25th July 2018	PB07/18/6.8	**Quality Report:** Dementia Strategy to be provided to Board in October.	Nicola Ranger	October 2018	Strategy is still in development and scheduled to come to Board in March after review by QAC.
24th October 2018	PB/10/18/7	**Performance Report:** Review mortality figures at next Quality Assurance Committee to see if 36 hour turnaround for Fractured Neck of Femur (#NOF) has had an impact.	George Findlay	December 2018	Awaiting publication of NOF annual report, then review at QAC. Completed – item added to QAC agenda plan
24th October 2018	PB/10/18/6	**Quality Report:** Out of Hospital SHMI figure to be reviewed against 30 day readmissions via Quality Assurance Committee.	George Findlay	December 2018	Completed – item added to QAC agenda plan
24th October 2018	PB/10/18/7	**Performance Report:** Congratulatory note to be sent from the Board to the Surgery team for achieving 98% of all patients being treated within 36 hours last month.	Pete Landstrom	November 2018	Completed
24th October 2018	PB/10/18/11	**Infection Prevention and Control Annual Report:** Deferred to next Public Board.	Nicola Ranger	January 2019	Completed – added to agenda plan for January 2019 for Public Board
24th October 2018	PB/10/18/13	**WRES:** Quarterly updates to be provided to the Board.	Denise Farmer	January 2019	Completed – added to agenda plan for Board
24th October 2018	PB/10/18/14	**Clinical Audit Annual Plan:** Updates against the Annual Plan to be provided to the Quality Assurance Committee.	George Findlay	December 2018	Completed: Added to agenda plan for QAC

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	5	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/19
Report Title:	**Chief Executive's Report**				
Sponsoring Executive Director:	Marianne Griffiths, Chief Executive				
Author(s):	Marianne Griffiths, Chief Executive				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	✓		Assurance	☐	
Review and Discussion	☐		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	☐		Sustainability	☐	
Our People	☐		Quality	☐	
Systems and Partnerships	☐				
Any implications for:					
Quality	N/A				
Financial	N/A				
Workforce	N/A				
Link to CQC Domains:					
Safe	☐		Effective	☐	
Caring	☐		Responsive	☐	
Well-led	☐		Use of Resources	☐	
Communication and Consultation:					
N/A					
Executive Summary:					
Update for Board members.					
Key Recommendation(s):					
The Board is asked to NOTE the report.					

Brighton and Sussex University Hospitals NHS Trust

Chief Executive's Report – January 2019 Board Report

CQC Report – 'Outstanding for Caring' and 'Good' overall
I couldn't have asked for a stronger start to 2019 than the release of the Care Quality Commission's report into our Trust's performance.

In less than two years, our Trust has moved up by two grades overall and, importantly, we are now rated as 'Outstanding for Caring'. This is a significant moment for our Trust and one of the fastest and most significant transformations achieved in the NHS.

The CQC report reflects how hard all of our staff worked to achieve these results. Our staff were repeatedly praised for their commitment to their patients and to continually improving services for them. The inspectors "saw a significant number of plaudits from patients, relatives and loved ones describing how exceptional the care provided by trust staff has been both for the physical wellbeing of the patient and the emotional wellbeing of the loved one."

Importantly, BSUH is now out of all forms of special measures. This is an important achievement for us, and means that we can have greater autonomy as we continue to embed Patient First, continue to drive forward improvements and continue to make patient care our top priority.

The NHS Long Term Plan
The NHS Long Term Plan was published earlier this month which sets out how we will support patients throughout their lives. We are working with the STP on a range of activities to ensure that staff, patients and the public have the opportunity to hear and learn more about the ambitions contained in the national plan.

Recruitment
We have launched the first nursing recruitment campaign of 2019 to help us attract the very best people to our Trust.

We currently have a vacancy rate of 11.45%, which is slightly better than the national average. Our campaign uses advertising at London Victoria Station and focuses on the elements which research tells us matter most to nurses when looking for their next role:

- Opportunities for career progression and development
- A culture of flexible working
- A great location

The campaign is also being supported online (www.NursingBrighton.org.uk) and through traditional and social media to ensure that our message reaches as many people as possible.

Our ambition for the continued delivery of outstanding patient care relies on having the best possible people working in our hospitals. The need to recruit nurses into our wards has been a consistent theme in the past year, and now that we have emerged from special measures, we can fully focus on this.

LGBTQ+ Conference
Preparations are underway for the Trust's first LGBTQ+ Conference which will be held on the 26th February.

Last year, we received a call to action when our LGBTQ+ Staff Survey was completed. While it's clear there is a lot we get right, we can see that there is more work to do to create a consistently inclusive environment.

The Conference will be an opportunity to explore the findings of the survey in depth, and for colleagues to be involved with the design of our Inclusion Plan for 2019/20.

We have timed the Conference to coincide with the release of our Stonewall Workplace Equality Index results for 2018/19, and LGBTQ+ History Month. Our Trust's goal is to be recognised as a Stonewall 'Top 100 Employer', and we have a unique opportunity locally to be an LGBTQ+ employer of choice. It's only by drawing on the widest pool of talent, in our staff and in who we recruit, that we provide the best patient care; our True North.

Winter Pressures
Each year, winter illnesses and the impact the cold weather has on chronic illnesses put the capacity of our hospitals under pressure.

Winter pressure plans are in place to ensure that we can continue to provide the best possible patient care. Working closely with our health system partners, we are focused on helping our patients move smoothly through our hospitals, receiving the treatment they need and being discharged promptly. As part of this have we have secured significant investment in out of hospital care to reduce the number of 'delayed transfers of care'.

We have continued to support national campaigns to remind local residents about the services available from their pharmacies, the wide ranging advice available from the 111 NHS phone line and the availability of local walk-in centres.

Patient Feedback
Amazing Treatment
"The treatment I received at the Royal Sussex Hospital gynaecological dept was amazing. I was under the team of one particular consultant and all of his team were wonderful. The nurses on the ward were excellent, very kind and caring. My stay there was very pleasant. They do a wonderful job each and every one of them should be praised very highly."

The right treatment, at the right time
"The overall atmosphere in the digestive diseases department, every time I have been in the last couple of months has been professional and warm and with good humour.

"I now have to wait perhaps 6 weeks [for results] but I was left feeling reassured and confident that I will get the right treatment in the right time and by a very professional team of rather remarkable people."

Excellent service in A&E
"I attended A and E this evening (deep cut to finger) and I was seen within 30 minutes and then sent to X-ray and then seen again within 10 minutes. The staff were excellent and the apprentice really explained and took the time to explain things even calling after I left to check some medication they had given me.

"I know that day it had been extremely busy but they were still very patient and understanding as I was in some pain.

"Every time I have been to A and E it's been excellent service; the staff really do deserve to be respected and appreciated."

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	6	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/01/19
Report Title:	**Quality Report Month 10**				
Sponsoring Executive Director:	Dr George Findlay, Chief Medical Officer Nicola Ranger, Chief Nursing and Patient Safety Officer				
Author(s):	Mark Renshaw, Deputy Chief of Safety Caroline Davies, Nurse Director				
Report previously considered by and date:					

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

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

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

Any implications for:	
Quality	The rate of pressure ulcers is at its highest since 2010-11. HSMR for the past 12 months is currently 2.14% above average.
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

This report incorporates key national, regional and local quality indicators relating to quality and safety providing assurance for the Board and highlighting issues of concern.

Key Recommendation(s):

The Board is asked to NOTE the report.

1 INTRODUCTION

1.1 This report brings together key national, regional and local indicators relating to quality and safety. The purpose of the report is to bring to the attention of the Trust Board quality performance within Brighton and Sussex University Hospitals NHS Trust (BSUH).

KEY QUALITY OBJECTIVES

2.1 Dashboard Definitions

2.1.1 A Safety and Quality Scorecard is appended to the Board report. Key indicators are detailed in Table 1. Figures are in-month figures (e.g. the number of falls reported in may) unless otherwise stated.

2.1.2 Exception reports are included under the relevant section of this report (i.e. under the broad headings Effectiveness, Safety and Experience).

2.2 Overview of Key Quality Objectives

2.2.1 The following table shows performance against key, top level quality indicators.

Table 1: key performance indicators

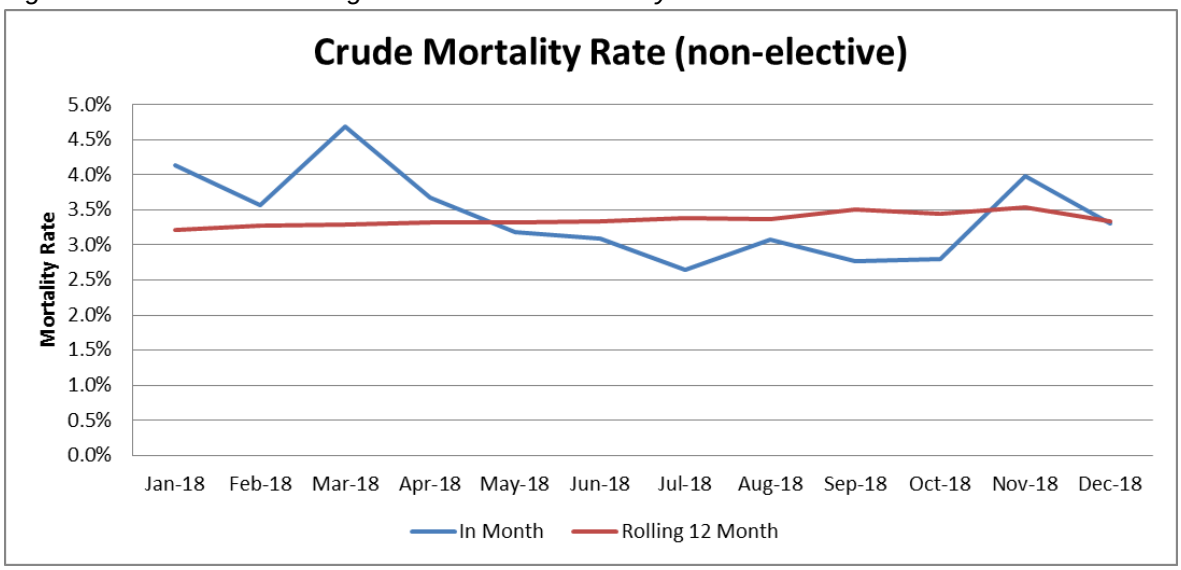
Indicator	October	November	December
Trust crude mortality rate (non-elective)	3.98	3.30	3.33
Summary Hospital-Level Mortality Indicator	*Data not available*		
Hospital Standardised Mortality Ratio (Rolling)	118.5	*Data not available*	
Safety Thermometer (Harm-Free Care)	95.05	95.75	95.13
Number of Serious Incidents Requiring Investigation	4	3	2
Never Events	0	0	1
Grade 3 and 4 Pressure Ulcers	0	0	5
Falls resulting moderate, severe harm or death	2	2	0
Numbers of hospital attributable MRSA	0	0	0
Numbers of hospital C. diff cases	4	9	2
The Friends and Family Test: Percentage Recommending Inpatients	93.3%	94.0%	94%
The Friends and Family Test: Percentage return rate	26.0%	26.0%	24%
The Friends and Family Test: Percentage Recommending A&E	89.7%	90.0%	90%
Mixed Sex Accommodation breaches (number of breaches)	88	41	53
Formal Concerns	161	124	126

3 EFFECTIVENESS

3.1 Crude Trust Mortality – Non-Elective

3.1.1 Figure 1 below illustrates the Trusts in-month and 12 month crude mortality rate for non-elective admissions. At the end of December the 12 month rolling mortality rate was 3.33% (crude mortality rates are influenced by seasonal variation).

Figure 1: In-month and Rolling 12 month Crude Mortality Rate for non-elective admissions

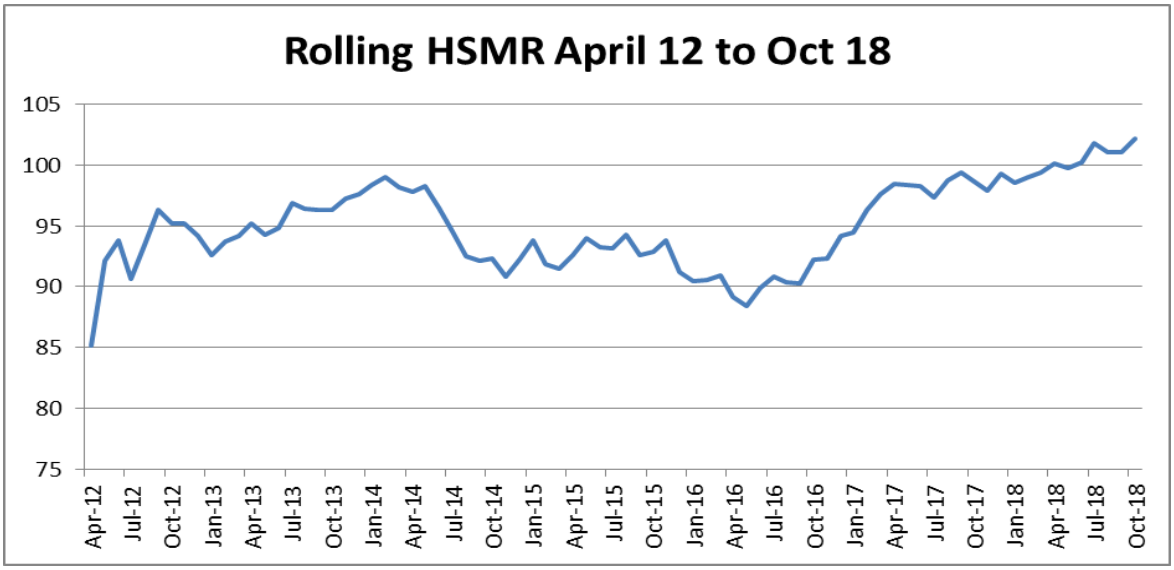


3.2 Hospital Standardised Mortality Ratio (HSMR)

3.2.1 HSMR is available up until October 18 when 120 patients died against an expected number of 101.6 (in month HSMR 118.15). In the 12 months to October 18 the HSMR was 102.14 (LCI 96.76, UCI 107.75).

3.2.2 Figure 2 plots the 12 month rolling HSMR from April 2012 to October 18, illustrating that since April 16 that rate has risen from 89.16 when there 161 fewer deaths than expected to 102.14 when there were 28 more deaths than expected.

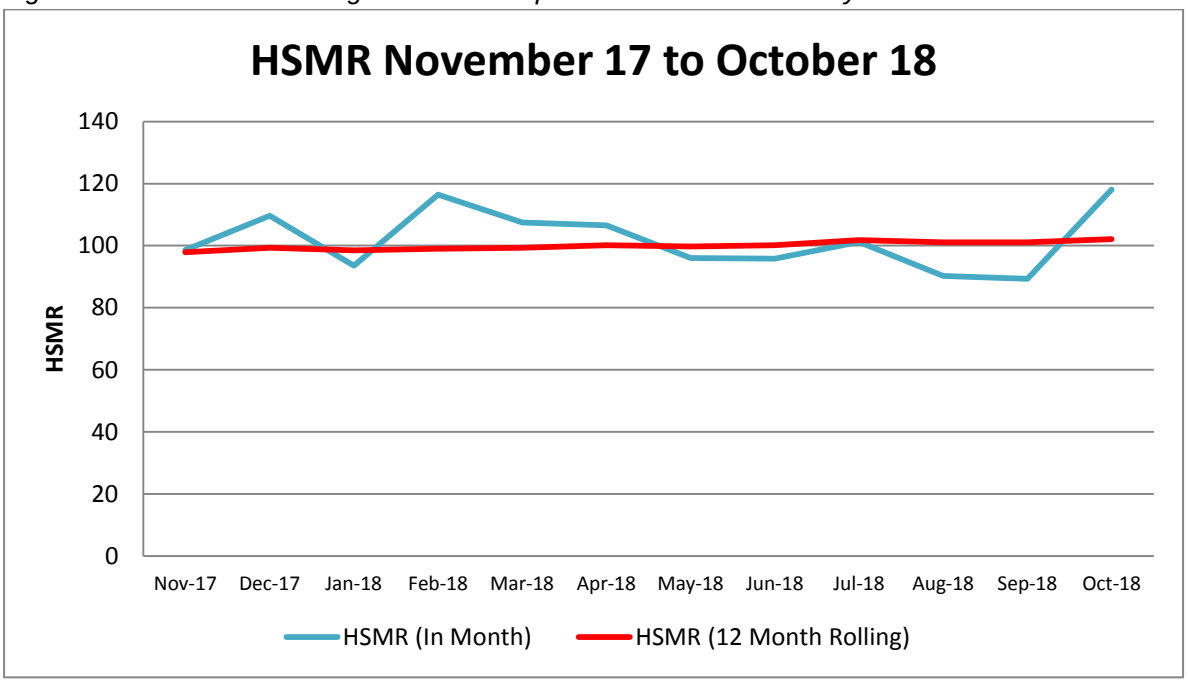
Figure 2: Rolling HSMR April 12 to October 18



3.2.3 Figure 3 plots the in-month HSMR has and the 12 month rolling HSMR has risen slightly.

3.2.4 Twelve months ago the annual HSMR was 98.65.

Figure 3: In-month and Rolling 12 month Hospital Standardised Mortality Ratio



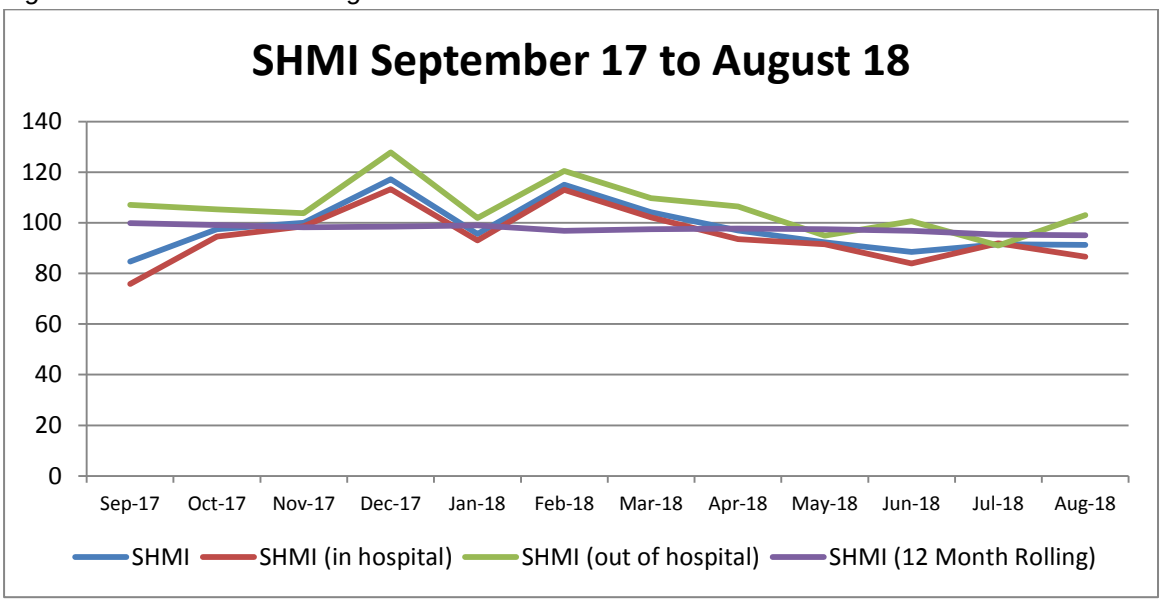
3.3 Summary Hospital-Level Mortality Indicator (SHMI)

3.3.1 The most recent data available is for the 12 months up to August 2018 when the SHMI) was 91.25, i.e. mortality is 8.75% below the expected value. Table 2 below shows the in and out of hospital SHMI for the period August 17 to July 2018. During this period 2277 patients died against an expected number of 2320. In hospital deaths made up 70% of the total number of deaths, and are 4.83% below the expected number. Out of hospitals deaths are 6.04% above the expected rate. The 12 month rolling SHMI, has been decreasing over the past 12 months.

Table 2: Summary Hospital-Level Mortality Indicator

Discharge Month	SHMI	SHMI (in-hospital)	SHMI (out of hospital)	Rolling 12 Month SHMI
Sep-17	84.63	75.85	107.05	99.04
Oct-17	97.45	94.51	105.28	98.07
Nov-17	99.96	98.57	103.84	98.14
Dec-17	117.22	113.29	127.78	98.54
Jan-18	95.52	93.1	101.91	96.23
Feb-18	115.01	113.04	120.42	96.81
Mar-18	104.17	102.11	109.69	97.05
Apr-18	97	93.5	106.42	97.75
May-18	92.34	91.46	94.89	98.15
Jun-18	88.52	83.9	100.57	97.91
Jul-18	91.55	91.85	91.05	98.29
Aug-18	91.25	86.62	102.98	98.15
Total	98.15	95.17	106.04	97.84

Figure 4: In-month and Rolling 12 Month SHMI



4 SAFETY

4.1 Patient Safety Alerts

One new patient safety alerts was issued in December:

Risk of harm from inappropriate placement of pulse oximeter probes

The following alerts are open and within the deadline

Resources to support safer bowel care for patients at risk of autonomic dysreflexia
Resources to support safe and timely management of hyperkalaemia
Management of life threatening bleeds from arteriovenous fistulae and grafts
Safer Temporary Identification Criteria for unknown or unidentified patients

4.2 Serious Incidents Requiring Investigation (SIRIs)

4.2.1 There were eight Serious Incidents declared during the period October to December.

4.3 Infection prevention

4.3.1 Two wards (see below) in December had closed areas due to an increase in incidence of diarrhoea and vomiting Norovirus was confirmed in each event.

Ward	Status	Date Ward/ Bay Closed	Date Ward/ Bay Opened
Ardingly	Bay 5 closed	14/12/18	21/12/18
Newhaven	Open – patient in Side Room	19/12/18	31/12/18

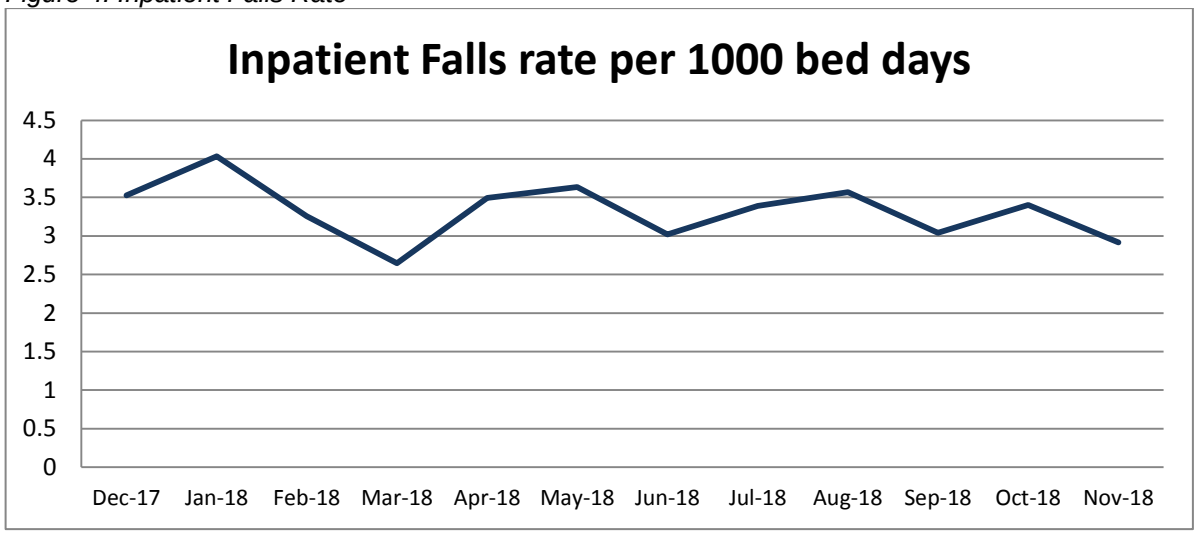
Table 3: Hospital Onset/ assigned mandatory surveillance:

Infection	Oct 18	Nov 18	Dec 18	Total Since April 18	Max. amount allowed/ Reduction target 18/19
Clostridium difficile associated diarrhoea	4	3	2	37	46
MRSA blood stream infections	0	0	0	2	Zero avoidable
Escherichia coli blood stream infections	6	3	1	29	50% reduction by 2020/2021
Pseudomonas aeruginosa blood stream infections	0	1	1	8	50% reduction by 2020/2021
Klebsiella spp. Blood stream infections	3	1	1	17	50% reduction by 2020/2021

4.4 Inpatient Falls

4.4.1 The rate of inpatient falls for the past 12 months is 3.33 falls per 1000 bed stay days; this equates to 840 falls in the past year compared to 850 in the previous 12 months. The National Falls rate is 6.63 falls per 1000 bed days.

Figure 4: Inpatient Falls Rate



4.5 Pressure Ulcers

4.5.1 During the period September to November there were two grade 3 hospital acquired pressure ulcers incidents reported. Damage to the sacrum, buttocks and heels remains the most common form of pressure ulcers. Inadequate documentation of skin assessment and changes of position are recurring themes.

4.5.2 The rate of pressure ulcers per 1000 bed stays days during the period September to November was 0.76. The pressure ulcer rate for 2017/18 was 0.68 incidents per 1000 bed stay days. .

4.5.3 A full gap analysis has been undertaken by the Tissue Viability Team and the Datix system has been modified to reflect the new reporting arrangements.

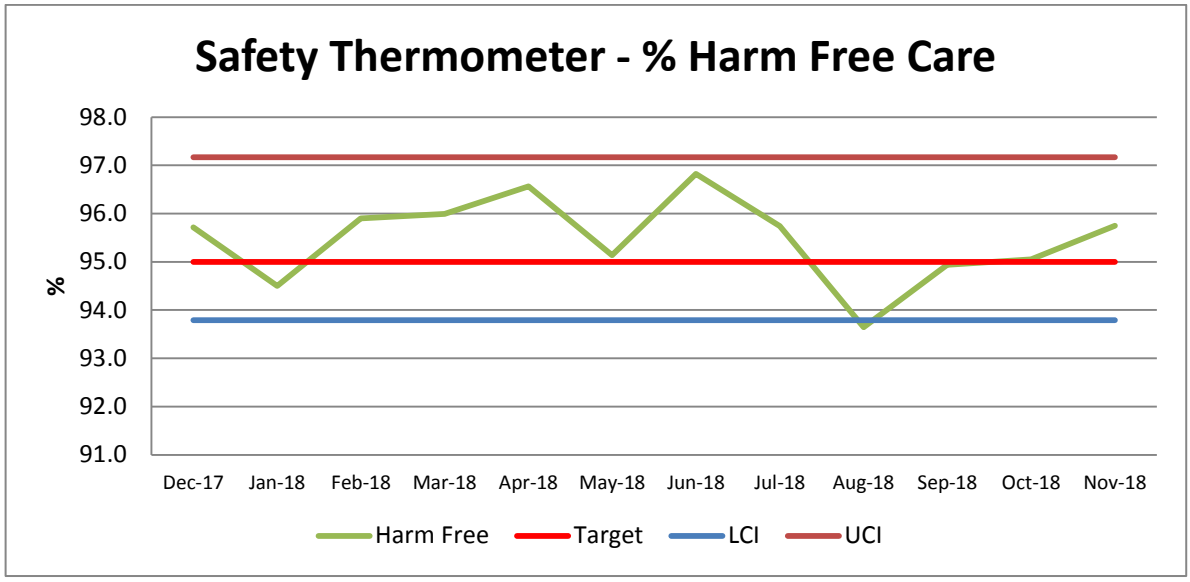
4.5.4 In addition to the recommendations NHSi have also distributed a “Pressure ulcer productivity calculator” this tool has been developed to help Trusts understand the productivity and cost elements

associated with treating patients who have pressure ulcers in order to assist in the long-term reduction of the incidence of pressure ulcers.

4.6 NHS Patient Safety Thermometer

4.6.1 The NHS Patient Safety Thermometer is used across all adult and neonatal wards. This tool looks at point prevalence of four key harms - falls, pressure ulcers, urinary tract infections and deep vein thrombosis (DVT) and pulmonary embolism (PE) in all patients on a specific day in the month. A dashboard is available to each ward showing Trust-wide and ward-level data for each individual harm as well as the harm-free care score. These numbers are also shared via the new ward screens. The rate of harm free care was 95.75 in November, 0.75% above the Trust target of 95%.

Figure 5: Harm free care



4.6.2 The harm-free care score for the past 12 months was 95.47 against the target of 95%. The national average is 94.2%.

4.6.3 National data relating to the NHS safety thermometer is available below:

http://www.safetythermometer.nhs.uk/

5. PATIENT EXPERIENCE

5.1 PALS and Complaints

5.1.1 The Trust received 126 formal concerns in December 2018, these have been received by letter or email, this is slightly higher than the average for the past 6 months (average = 123 per month). 252 informal concerns were received during December 2018.

5.1.2 During November 2018 98% of informal complaints were resolved within 25 working days and 83% of formal concerns were closed within 25 working days, achieving our target response rate of 80%.

5.1.3 Currently the Trust has 8 formal concerns remaining open over six months.

5.1.4 The Trust currently has 5 complaints at second stage review by the Parliamentary and Health Service Ombudsman.

5.1.5 5 formal concerns citing the poor attitude of staff were reported during November.

5.2 Friends and Family Test (FFT)

Patients who access hospital services are asked whether they would recommend the Trust to their friends or family if they needed similar treatment. Patients who access inpatient, outpatient, day-case, A&E and maternity are all offered the opportunity to respond to this question..

Table 4: Friends and Family Test

	Percentage recommending BSUH December 18	Response Rate December 18
Inpatient care	94%	24%
A&E	90%	14%
Maternity	96%	N/A
Outpatient	96%	N/A

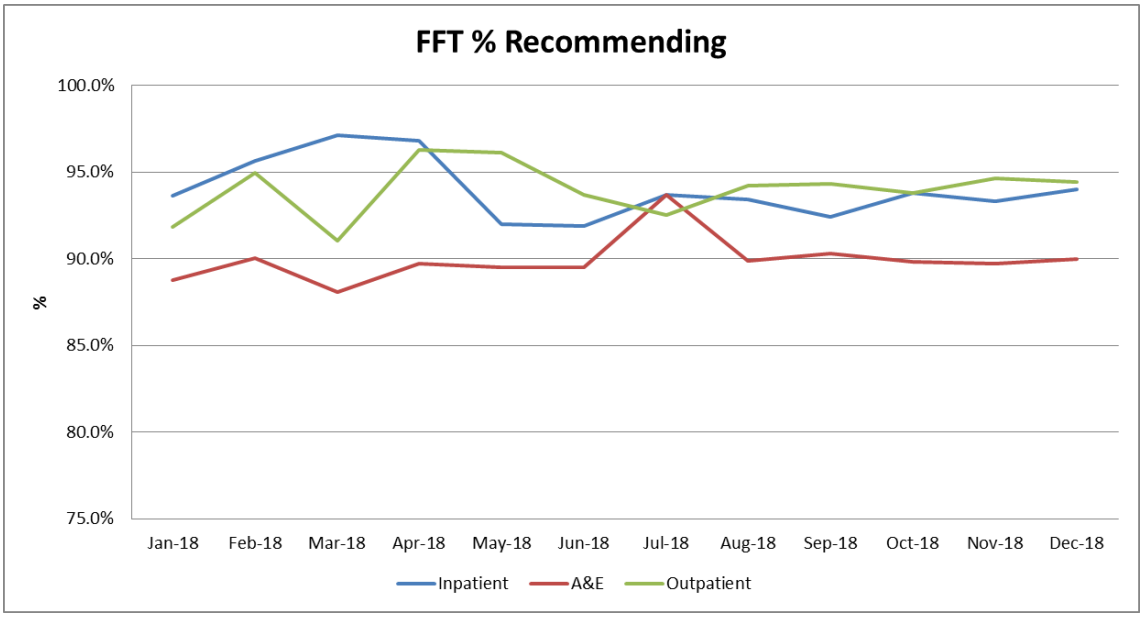
Friends and Family Test Response Rates:

5.2.1 Since April 2018 the collection of the Trusts Friends and Family data has been managed by Healthcare Communications. There has been a decrease in the percentage of inpatients recommending, however this is anticipated due to the increase in numbers of patients now being surveyed and the change in survey methods. In April 2018 we received just over 1000 responses (using the old methodology), in December 2018 we received over 5,352 from all services.

5.2.2 In December there was another slightly lower response rate in ED than in the months preceding November 2018, at 14% (national average 12%), on investigation the reason for this is a technical issue between the new Medway PAS system and Symphony, which is being resolved.

5.2.3 Some improvement work has started at the beginning of November with five wards that have high response rates and a high number of negative responses. The Nurse Director is SRO for this piece of work and there are weekly huddles to progress this.

Figure 6: Friends and Family Test % of Patients Recommending

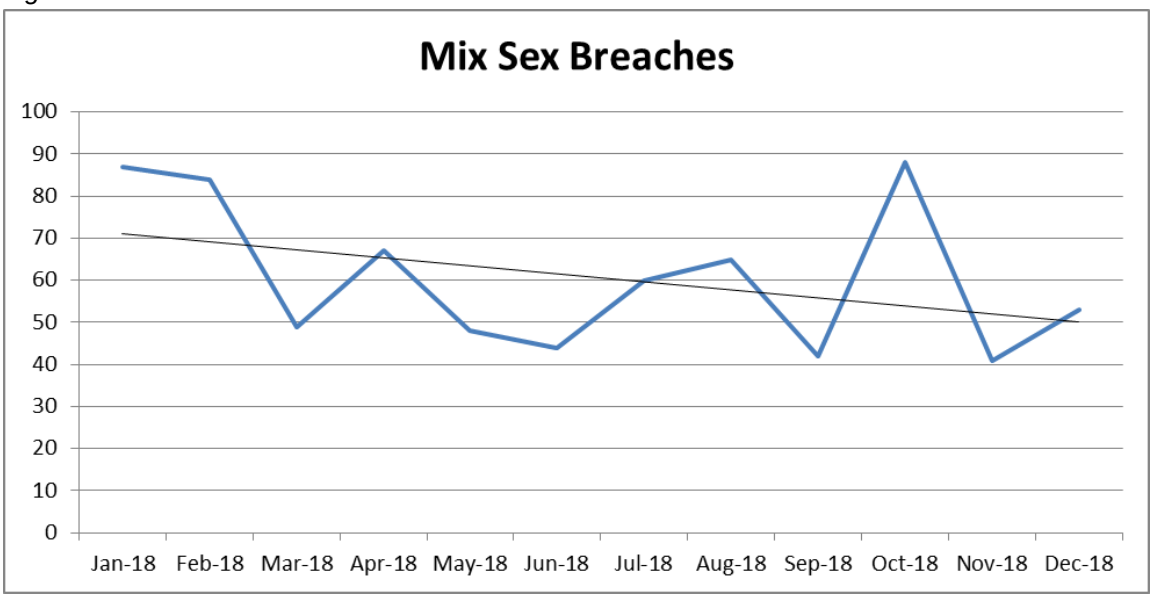


5.3 Mixed Sex

5.3.1 Following a particularly challenging month operationally there were 53 mixed sex accommodation breaches were reported in December, over the past 12 months the linear trend line has been decreasing.

5.3.2 Key areas that persistently mix are neurosurgery and cardiac surgery, in December the instances of 6 breaches were reported at PRH, which is only the second time this year and was as a result of capacity issues at PRH for medical patients requiring cardiac monitoring.

Figure 7: Mixed Sex Breaches



6. RECOMMENDATION

6.1 The Board is asked to note the contents of this report.

QUALITY SCORECARD

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018/19 YTD	2018/19 Target	Trend
MORTALITY																			
Crude Mortality - Non Elective	2.6%	3.2%	3.6%	4.1%	3.6%	4.7%	3.7%	3.2%	3.2%	2.6%	3.1%	2.8%	2.8%	4.0%	3.3%	3.1%	3.3%		
Crude Mortality - Non Elective - Rolling 12m	3.4%	3.3%	3.3%	3.3%	3.2%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.4%	3.4%	3.5%	3.5%	3.1%	3.3%		
HSMR	90.11	104.1	98.64	109.69	93.55	116.41	107.5	106.33	96.06	95.83	101.16	90.3	89.31	118.15				94	
SHMI	84.63	97.45	99.96	117.22	95.52	115.01	104.17	97	92.34	88.52	91.55	91.25						94	
MATERNITY CARE																			
C Section Rate	28.9%	29.8%	27.1%	28.2%	32.9%	30.7%	32.5%	31.9%	29.1%	31.6%	32.3%	30.4%	27.7%	28.7%	37.8%	32.5%		26%	
% Mothers requiring forceps for delivery	5.9%	8.8%	6.6%	5.9%	5.3%	8.4%	6.1%	6.2%	7.8%	7.7%	7.3%	7.9%	7.4%	7.4%	6.3%	6.8%		15%	
% Deliveries complicated by post-partum haemorrhage	1.1%	0.2%	0.5%	0.5%	0.0%	0.0%	0.4%	0.7%	1.2%	1.5%	0.2%	0.7%	0.5%	0.9%	0.5%	0.7%		1%	
Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	
Admission of term babies to neonatal care	5.2%	4.7%	4.9%	3.0%	4.4%	7.6%	3.1%	5.9%	6.2%	5.0%	3.9%	5.6%	4.9%	6.6%	5.7%	3.3%		4%	
CARE OF THE ELDERLY PATIENT																			
% Emergency admissions staying over 72h screened for dementia	95.3%	90.4%	93.1%	94.8%	91.1%	94.4%	81.4%	90.6%	88.8%	74.3%	91.7%	85.1%	79.1%	86.7%	79.4%			90.0%	
% Patients identified as at risk of dementia for whom further investigations ar	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			90.0%	
% Patients with identified dementia referred to specialist services	92.9%	90.9%	88.2%	89.7%	100.0%	88.9%	94.7%	97.1%	93.8%	92.0%	92.0%	88.4%	85.4%	77.5%	73.2%			90.0%	
STROKE CARE																			
% CT Scans undertaken within 24 hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
% of Stroke patients admitted to stroke unit within 4 hours of admission	67.2%	64.3%	61.7%	54.5%	56.6%	47.8%	56.7%	59.5%	68.0%	81.3%	63.9%	81.3%	60.4%	58.8%	47.1%	64.0%		90%	
% High risk TIA patients seen within 24 hours	90.6%	69.2%	75.9%	73.7%	80.0%	71.4%	63.2%	56.3%	89.5%	58.6%	62.5%	73.7%	84.2%	82.8%	93.8%	63.2%		60%	
PROMS																			
Hip Replacement - EQ5D								0.457											Data for 17/18 - Published August 2018
Hip Replacement - Oxford Hip Score								22.501											
Knee Replacement - EQ5D								0.334											
Knee Replacement - Oxford Knee Score								16.249											
SEVEN DAY SERVICE AUDIT																			
Clinical Standard 2 : Time to 1st Consultant Review				90%															Latest data available - collected Sept 17, published Dec 17
Clinical Standard 8 : Ongoing consultant review				100%															
Standard 5 : Access to Diagnostic Tests				100%															
Standard 6 : Access to Consultant directed interventions				100%															
DATA QUALITY																			
NHS IC Data validity summary	98.1	98.1	98.2	98.2	98.2	98.2	98.3	98.2	98.2	98.2	98.2	97.9	97.9	97.9	98				
SAFER STAFFING																			
Fill Rate - Day - RN/MW	90.2%	91.1%	91.5%	90.1%	89.9%	89.4%	87.4%	92.7%	92.5%	90.5%	90.6%	90.1%	90.1%	89.5%	90.5%	89.1%		95.0%	
Fill Rate - Night - RN/MW	92.3%	93.6%	93.3%	93.1%	93.2%	90.3%	92.5%	93.7%	95.2%	93.8%	92.8%	91.2%	91.2%	93.0%	94.4%	93.1%		95.0%	
Fill Rate - Day - Care Staff	95.3%	94.6%	96.1%	96.1%	96.7%	99.8%	97.1%	96.8%	97.6%	100.5%	101.9%	102.6%	102.6%	96.1%	98.1%	93.8%		95.0%	
Fill Rate - Night - Care Staff	112.0%	114.4%	116.0%	113.0%	114.7%	113.6%	117.1%	113.1%	112.8%	112.6%	117.0%	115.6%	115.6%	113.2%	118.1%	112.1%		95.0%	
Care Hours per Patient Day																			

% Statutory and Mandatory Training Compliance (STAM) (11 Subjects Only)					82.8%	82.3%	82.1%	83.4%	82.6%	83.3%	84.0%	90.6%	90.7%	90.3%	90.1%	90.5%	
INCIDENTS																	
Total Incidents																	
Total Serious Incidents	3	5	5	6	5	9	8	4	5	3	2	2	1	4	3	2	
Total Moderate / Severe Incidents																	
Never Events	0	1	0	1	0	0	1	0	0	0	1	0	0	0	0	1	
INFECTION CONTROL																	
MRSA	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
C-Diff	5	4	9	3	7	3	5	0	7	3	4	8	6	4	3	2	
C-Diff with lapse in Care																	
MSSA	2	4	2	3	5	1	4	2	1	2	2	3	2	4	0	2	
E-Coli	5	2	7	4	6	6	4	5	2	2	1	5	5	5	3	1	
THEATRE SAFETY																	
WHO Checklist compliance - sign in								98.2	98.5	97.3	100.0	97.3	96.6	98.5	97.1	95.7	
WHO Checklist compliance - time out								100.0	98.5	98.6	100.0	93.2	100.0	100.0	97.1	100.0	
WHO Checklist compliance - sign out								98.2	90.8	94.5	96.4	95.9	100.0	95.4	95.7	95.7	
FALLS																	
Total Falls resulting in Harm	3	2	3	2	5	2	1	2	3	3	2	0	0	2	2	0	
Falls assessment in 24hrs																	
PRESURE ULCERS																	
Grade 2	14	17	12	18	13	15	22	21	28	16	31	37	19	20	17	25	
Grade 3 &4	2	0	0	0	2	0	0	1	2	0	1	2	1	0	0	5	
FRIENDS AND FAMILY TEST																	
Recommend Rate - Inpatients	94.4%	96.2%	94.7%	93.6%	95.6%	97.1%	96.8%	92.0%	91.9%	93.7%	93.4%	92.3%	93.9%	93.4%	93.6%	93.7%	95%
Recommend Rate - A&E	89.4%	89.6%	89.3%	88.8%	90.0%	88.1%	87.9%	89.5%	89.0%	90.5%	89.9%	90.3%	89.8%	89.7%	89.5%	89.8%	93%
Recommend Rate - Maternity - Antenatal Care	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	N/A	95%
Recommend Rate - Maternity - Delivery Care	98.8%	97.8%	97.6%	98.5%	98.7%	98.7%	97.7%	96.9%	97.1%	93.8%	99.0%	97.3%	96.5%	98.9%	97.6%	98.9%	95%
Recommend Rate - Maternity - Post Natal Ward	96.5%	96.9%	93.9%	93.2%	92.2%	90.5%	93.8%	97.7%	96.5%	91.4%	95.3%	94.3%	93.7%	97.2%	98.6%	94.9%	95%
Recommend Rate - Maternity - Post Natal Community	85.7%	96.0%	90.3%	92.3%	96.9%	89.7%	93.5%	96.0%	92.3%	94.2%	91.2%	97.8%	88.6%	94.0%	94.7%	87.5%	95%
Recommend Rate - Outpatients	94.8%	92.2%	91.8%	94.9%	91.0%	96.3%	96.1%	93.7%	92.5%	94.2%	94.3%	93.8%	94.6%	94.2%	92.8%	95.6%	95%
FRIENDS AND FAMILY TEST RESPONSE RATES																	
Response Rate - Inpatients	13.4%	10.9%	14.8%	11.5%	12.6%	8.9%	11.1%	30.2%	51.6%	38.8%	25.8%	25.9%	27.8%	28.0%	25.5%	23.8%	22.0%
Response Rate - A&E	17.7%	16.3%	21.5%	20.2%	18.5%	17.3%	20.5%	21.5%	19.5%	18.3%	19.8%	19.7%	21.3%	20.6%	14.9%	14.0%	22.0%
Response Rate - Delivery Care	18.0%	20.0%	19.6%	15.3%	16.0%	22.8%	20.4%	21.9%	25.0%	20.5%	21.9%	18.6%	21.1%	20.9%	20.5%	21.0%	22.0%
ADVERSE EXPERIENCE																	
National Cleanliness Score																	
STAFF EXPERIENCE																	
Data from Pulse Survey - Total Responses							4204	4622	3800	4483	2815	1991	1636	2733	4047	3906	
% of Staff that believe Care is Top Priority of Organisation							70.0%	70.8%	69.3%	72.8%	72.9%	80.8%	78.2%	78.6%	70.8%	66.3%	

% of Staff that would recommend BSUH to friends and family as a place for treatment							71.2%	74.4%	69.4%	75.2%	71.9%	74.4%	67.9%	75.2%	74.7%	71.9%	
Appraisal Rate	76.2%	76.1%	75.9%	77.0%	74.3%	71.7%	72.3%	77.1%	80.6%	83.7%	85.4%	90.1%	90.2%	88.0%	86.2%	85.6%	90%
OTHER SAFETY METRICS																	
VTE Assessment Compliance	93.6%	93.2%	92.9%	93.0%	93.0%	92.5%	92.6%	92.7%	93.3%	93.1%	93.6%	93.0%	93.1%	91.6%	92.3%	90.6%	95%
MET Call Rate per 1000 Beddays	3.23	4.53	3.60	5.26	3.67	4.59	4.41	4.41	4.34	3.62	5.15	3.11	4.09	4.28	4.06	4.08	
30 Day Emergency Readmission Rate		8.24%	8.99%	8.86%	8.48%	8.83%	8.92%	8.90%	8.53%	8.44%	8.43%	8.43%	7.86%				

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	7	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/01/2019
Report Title:	**Finance Report on Month 9 2018/19 Position**				
Sponsoring Executive Director:	Karen Geoghegan, Chief Financial Officer				
Author(s):	Martin Botterill, Deputy Director – Financial Management				
Report previously considered by and date:					
Purpose of the report:					
Information	✓		Assurance	☐	
Review and Discussion	☐		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	☐		Sustainability	✓	
Our People	☐		Quality	☐	
Systems and Partnerships	☐				
Any implications for:					
Quality					
Financial	These are noted within the Finance Report on Month 9 2018/19 Position				
Workforce					
Link to CQC Domains:					
Safe	☐		Effective	☐	
Caring	☐		Responsive	☐	
Well-led	☐		Use of Resources	✓	
Communication and Consultation:					

Executive Summary:

The Finance Report Month 9 2018/19 provides further detail on the in-month and year-to-date performance, and highlights key risks to delivery of the control total and mitigations.
In December, the Trust incurred a deficit of £6.03m, excluding the impact of PSF; on plan. This brings the year to date deficit to £48.90m, excluding PSF; £0.09m better than plan.

Key Recommendation(s):

The Trust Board is asked to NOTE:

- The Trust has delivered the M9 financial control total.
- Month 9 cumulative reported financial performance, excluding PSF, is £0.09m ahead of plan;
- The Trust is assuming non delivery of both the Q3 and Q4 A&E PSF;
- The underlying performance and the key risks, and associated mitigations, to delivering the control total deficit of £65.4m (before PSF).

Brighton and Sussex University Hospitals NHS Trust

Report to:	Trust Board
Meeting date:	30th January 2019
Report from:	Karen Geoghegan, Chief Financial Officer
Author:	Martin Botterill, Deputy Director – Financial Management
Title:	Finance Report Month 9 2018/19

Purpose

1. The purpose of this paper is to detail the financial performance of the Trust to December 2018; highlighting income and expenditure (I&E), capital, cash management and key risks.

2. The committee is asked to note discussions are ongoing with NHSI regarding a clarification on the Provider Sustainability Fund (PSF) allocation for Quarter 1, associated conditions and potential financial impact.

Executive Summary

3. In December, the Trust is reporting a £6.03m deficit, excluding PSF, which is in line with plan. This brings the year-to-date deficit to £48.90m, excluding PSF; £0.09m better than plan.

4. The Trust delivered, and exceeded the agreed A&E trajectory for Q1 and has reported this component of PSF in the year-to-date position. This equates to £463k.

5. NHSI are unable to allocate the A&E component of the PSF allocation where system performance was below 90%. The Trust is challenging this position and discussions with regulators are ongoing. The year-to-date position assumes the Trust's challenge will be upheld; which is a risk.

6. The Trust position up to Month 9, including PSF, is £43.75m deficit; including £5.15m PSF earned to date. This includes the lost opportunity of £618k PSF for A&E Q2 and £926k PSF for A&E Q3. The Trust achieved the Month 9 financial element of the PSF and, based on Month 7 and 8 performance, has assumed non-achievement of the Q3 A&E element of the PSF. A summary of the Month 9 and year to date performance is shown in Table 1 overleaf.

Table 1: I&E Summary and Key Financial Metrics

Values in £m	In-Month			Year-to-Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Income (ex PSF)	(47.20)	(45.51)	1.69	(430.89)	(428.54)	2.35
Pay	31.71	31.43	(0.28)	285.29	282.79	(2.50)
Non-pay	17.99	16.60	(1.39)	163.49	165.45	1.96
Operating Expenditure	49.70	48.03	(1.67)	448.78	448.24	(0.54)
Non-operating costs	3.41	3.49	0.08	29.04	28.25	(0.79)
Total Income & Expenditure	**5.91**	**6.01**	**0.10**	**46.93**	**47.95**	**1.02**
Donated asset & impairment adj	0.12	0.02	(0.10)	2.06	0.95	(1.11)
Net Reported Position exc PSF	**6.03**	**6.03**	**0.00**	**48.99**	**48.90**	**(0.09)**
PSF Income	(1.03)	(0.72)	0.31	(6.69)	(5.15)	1.54
Net Reported Position inc PSF	5.00	5.31	0.31	42.30	43.75	1.45
EBITDA	1.63	1.85	0.22	13.65	15.89	2.24
CIPs (per PMO plan)	2.84	3.12	0.28	21.24	21.31	0.07
Capital	15.55	12.12	(3.43)	113.47	64.65	(48.82)
Cash				7.57	10.76	3.19

7. In-month income is behind plan by £1.69m. The year-to-date shortfall against the plan is £2.35m.

8. The Trust's cash position of £10.76m is supported by monthly revenue deficit funding from the Department of Health and Social Care (DHSC).

9. The cash balance is above plan due to settlement of outstanding invoices from Care Unbound Ltd trading as Here (formerly BICS).

Income

10. Table 2 shows a summary of the income position in Month 9 and the year to December.

Table 2: Income Position

Values in £m	In-Month			Year-to-Date		
	Plan	Actual	Variance	Plan	Actual	Variance
NHS Trusts Income	(0.81)	(0.98)	(0.17)	(6.55)	(6.86)	(0.31)
CCG Income	(24.32)	(22.75)	1.57	(220.58)	(221.72)	(1.14)
NHSE Income	(15.47)	(15.90)	(0.43)	(139.67)	(138.53)	1.14
SMSKP Income	(1.86)	(1.36)	0.50	(18.66)	(16.58)	2.08
Department Of Health Income	(0.47)	(0.48)	(0.01)	(4.23)	(4.33)	(0.10)
Private Patients Income	(0.43)	(0.57)	(0.14)	(3.85)	(3.95)	(0.10)
Injury Cost Recovery	(0.12)	(0.14)	(0.02)	(1.08)	(1.63)	(0.55)
Local Authority Income	(0.31)	(0.16)	0.15	(3.09)	(2.87)	0.22
Overseas Visitors Income	(0.02)	0.03	0.05	(0.15)	(0.34)	(0.19)
Other Patient Related Income	(0.14)	(0.12)	0.02	(1.55)	(1.10)	0.45
Income from Activities	**(43.95)**	**(42.43)**	**1.52**	**(399.41)**	**(397.91)**	**1.50**
Education & Training Income	(2.09)	(2.07)	0.02	(18.88)	(18.92)	(0.04)
Research & Development Income	(0.37)	(0.36)	0.01	(4.52)	(4.15)	0.37
Income Generation	(0.17)	(0.15)	0.02	(1.54)	(1.45)	0.09
Other Income	(0.62)	(0.50)	0.12	(6.54)	(6.11)	0.43
Other Operating Income	**(3.25)**	**(3.08)**	**0.17**	**(31.48)**	**(30.63)**	**0.85**
Income exc PSF	**(47.20)**	**(45.51)**	**1.69**	**(430.89)**	**(428.54)**	**2.35**
PSF Income	(1.03)	(0.72)	0.31	(6.69)	(5.15)	1.54
Total Income	**(48.23)**	**(46.23)**	**2.00**	**(437.58)**	**(433.69)**	**3.89**

NB Variances in brackets reflect overachievement of income against plan

11. In-month income is £1.69m behind plan excluding PSF.

12. CCG income is behind plan in-month by £1.57m. Non-contract activity was lower than planned.

13. NHSE income is £0.43m above plan in-month, including a contract activity income favourable variance of £0.43m. This incorporates a £0.2m year-to-date commissioner attribution correction for thrombectomy activity.

14. NHSE year-to-date income is behind plan by £1.14m in total. Commissioned activity underperformance totals £1.75m and is across a number of service lines including: Neonatal £0.95m, Paediatric ITU £0.52m, Renal £0.47m and Radiotherapy £0.37m. PbR exclusions income is £0.6m above plan year-to-date, offset by additional expenditure.

15. SMSKP income is behind plan in-month by £0.5m (£2.08m YTD), including a downward adjustment to CQUIN income to reflect activity income being lower than the contract value. The Trust has agreed a Memorandum of Understanding with Sussex MSK Partnership Central to increase activity volumes, but the increase in activity has not yet materialised. Additional orthopaedic activity from Western Sussex Hospitals NHS Foundation Trust continues to be delivered with £0.15m of income recognised in-month compared to a planned £0.1m.

16. Other Income is behind plan year-to-date by £0.43m. £1.1m of this relates to lower than planned donated asset income which is partly offset by income of £0.38m from expected Pharm@Sea dividends and £0.22m of quality special measures funding. The variance on donated asset income is excluded when calculating the performance of the Trust against its control total.

17. PSF income is £1.54m lower than plan year-to-date as result of not meeting the A&E performance target in Q2 and Q3.

Operating Expenditure

18. At the end of December operating expenditure is £0.55m below plan, comprising of £2.50m underspend on pay offset by a £1.96m overspend on non-pay.

Pay

19. The in-month position is showing a favourable variance of £0.28m. This is an improved position compared to Month 8, where the Trust exceeded the budget.

20. Medical pay is £0.49m overspent in-month, with an underlying monthly overspend of £0.46m. The year-to-date overspend of £3.21m on medical pay has benefited from £0.96m of budget funding for the medical pay award, which did not result in additional expenditure until October 2018, and the year to date underlying overspend is £4.17m. Medical trackers have been developed for all areas to provide granular detail on spend and to support the appropriate interventions required by divisions to manage medical pay expenditure in the final months of the financial year. Roadmap meetings are continuing but supplemented by additional meetings that have a specific purpose and have an additional suite of information to support.

21. Details of the variance to plan across all staff groups is shown in the table below;

Table 3: Pay Variances to Plan

£m	**In-Month**			**Year-to-Date**		
	Plan	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Medical & Dental Staff	9.05	9.54	0.49	82.15	85.36	3.21
Nursing & Midwifery	11.83	11.63	(0.20)	106.47	105.08	(1.39)
Other Healthcare Staff	4.29	4.22	(0.07)	38.36	38.04	(0.32)
Management	1.48	1.45	(0.03)	13.32	13.46	0.14
Administrative & Clerical	3.00	2.91	(0.09)	27.12	25.96	(1.16)
Ancillary Staff	1.31	1.36	0.05	12.01	12.19	0.18
Maintenance & Works	0.25	0.25	0.00	2.14	2.16	0.02
Other Staff	0.50	0.07	(0.43)	3.72	0.54	(3.18)
Total pay	**31.71**	**31.43**	**(0.28)**	**285.29**	**282.79**	**(2.50)**

22. Agency expenditure in December was £1.10m, exceeding the plan by £0.12m. Cumulative spend is £10.11m; £1.24m above the ceiling. The forecast outturn is now £12.50m, which exceeds the ceiling by £0.72m. Exit from use of high cost, non-framework agencies has been delivered but continued focus on recruitment and retention, in addition to ensuring the

application of rostering best practice, across the Trust is required and returning to lower agency rates.

Non-pay

23. The in-month position is showing a favourable variance of £1.39m, however £1.44m of this favourable variance relates to revenue to capital transfers, which are consistent with the Trust's accounting policy, and £0.69m relates to lower expenditure on excluded drugs, which is partly due to a price reduction for the drug Adalimumab with effect from 1st November 2018.

24. There were in-month adverse variances in both clinical supplies & services and purchase of healthcare from non-NHS providers. The divisions, as part of managing their expenditure to their recovery plans, will ensure that the necessary controls are in place.

Non-operating Costs

25. Non-operating costs are below plan at Month 9 with a combined favourable in-month variance of £0.24m reflecting lower costs of depreciation due to slippage on the capital programme, and also reduced interest payments due to the repayment of historic 6% loans.

Forecast outturn

26. The Trust is continuing to forecast delivery of the control total, excluding PSF. Non-recurrent benefits have contributed to delivery of the plan-to-date and further non-recurrent mitigation will be required to manage risk in the year end forecast.

Efficiency Programme

27. The total efficiency requirement for the year is £30m and plans equivalent to the target have been identified in full.

28. At Month 9, £21.31m of savings have been delivered against a target of £21.25m. The plan is forecast to deliver £30m in full by the end of the year. A separate more detailed Efficiency performance paper is presented to the Finance and Investment Committee.

Cash

29. The Trust has received £42.3m of revenue deficit support loans up to December to support the year to date deficit.

30. Capital funding is a combination of Public Dividend Capital (PDC) and Capital Investment Loans. The Trust carried forward unspent PDC and Loan funding from 2017/18 amounting to £8.1m. The year to date capital loans draw down remains at £2.6m and the PDC draw down to date is £41.5m.

31. The cash balance was £10.8m against a plan of £7.6m. The higher than planned balance was mainly due to cash payments received from Care Unbound Ltd trading as Here (formerly BICS).

Capital

32. The revised capital forecast for the year is £106.3m. This comprises strategic capital projects of £88.4m and operational capital of £17.9m. The strategic capital is funded from Public Dividend Capital and DHSC capital loans whereas the operational capital is funded from internally generated resources which include depreciation and charitable donations.

33. The strategic capital forecast for the year has reduced to £88.4m. This follows receipt of the updated cash flow forecast from the main contractor for 3Ts; which had reduced forecast spend by £34.1m against a plan of £101.9m. It is likely that this forecast will reduce further. The overall forecast also reflects updated forecast and the agreed timelines for the refresh of the Outline Business Case for the Pathology new build scheme and updated phasing of the ED-Emergency Floor project cash flow.

34. Strategic capital expenditure up to the end of December amounted to £52.0m; compared to the plan of £98.6m. For 3Ts, the revised cashflow from the main contractor defers some capital spend from 18/19 into 19/20 whilst ensuring the timescales for the completion of Stage 1 are not compromised. NHSI have been notified of the change.

35. The operational capital forecast for the year is £17.9m. Expenditure up to the end of December was lower than planned due to slippage on medical equipment purchases and an agreed change in the profiling of IM&T schemes. Expenditure up to December was £12.7m compared to the year-to-date plan of £14.9m

36. It is anticipated that the scheduling of capital work will accelerate as the year progresses to reduce the variance to the plan and the Trust will deliver the capital programme.

Key Risks

37. There are a number of key risks to delivery of the £65.4m control total deficit, excluding PSF, as described below, along with mitigating actions. These are in addition to the deterioration in underlying performance described above.

NHSE Specialised Commissioning Contract

38. The forecast outturn for NHSE Specialised Commissioning, excluding CQUIN, is £163.2m. This has increased by £3.5m since Month 6 due to increases in both activity and PbR exclusions. An unchanged NHSE forecast from Month 6 would mean a difference in expectation of £4.7m.

39. To address this, contract management meetings have been arranged with NHSE to ensure that there is a common, updated view of forecast outturns and to try to resolve any difference, with escalation to Director level if necessary.

40. The Trust is finalising arrangements with NHS England (NHSE) regarding the proposed replacement to the CUR CQUIN with 2 new CQUIN schemes relating to; critical care discharge delays and the at risk patient. Discussions have been very positive and Trusts proposals were submitted in January 2019. However, there remains a material income risk associated with the NHSE contract until this is finalised. The year to date income position assumes full CQUIN delivery of all schemes.

Provider Sustainability Funding

41. The Trust has agreed to a £10.29m PSF allocation in 2018/19. To access this funding the Trust has to deliver the underlying control total excluding PSF to earn 70% of the allocation; with the remaining 30% contingent on A&E performance.

42. The reported position as at Month 9 confirms delivery of the underlying control total, which the Trust met, and assumes non delivery of the Q3 A&E component. The position includes the Q1 A&E component £0.46m which is subject to a clarification with NHSI.

43. The forecast also assumes non delivery of the Q4 A&E component.

44. The Trust is having discussions with NHSI and NHSE regarding the A&E PSF earned in Q1, which is currently subject to challenge by the Trust. There is a risk this will not be upheld and therefore may not be recognised in future months.

MSK activity

45. The forecast is expecting MSK activity of 20 patients per month from Western Sussex Hospitals from January 2019. The actual activity was 13 patients for November 2018 and 30 patients for December 2018.

CCG Contract

46. An Aligned Incentive Contract has been agreed with the CCGs which manages financial risk for the Trust and the wider system. In addition there was wider agreement on partnership working opportunities that require further discussion. However, this will require the Trust to manage activity and cost within the framework of an agreed income quantum.

47. If the current expenditure trend on PbR excluded drugs and devices continues there is a risk that the income assumed for these items within the AIC contract will be exceeded which would result in an in-year cost pressure to the Trust.

PAS Replacement

48. Since the implementation of the new PAS, reported outpatient activity, particularly for procedures, has fallen by more than might be attributed to seasonal variation. This is being investigated and overseen by a newly formed group under the direction of the Trust executive.

Efficiency Programme

49. Delivery of the £30m CIP target in full; whilst the target is fully identified there are £6.2m of schemes that are rated as higher risk due to the complexity of delivery. These schemes will be subject to more development and like the rest of the programme monitored through the PMO and the executive led efficiency steering group will provide further support and challenge. Mitigations are being worked up to offset any under-delivery.

Capital

50. Both the operational and strategic capital programmes are behind plan as at the end of Month 9. Work is progressing to ensure schemes are delivered as planned; oversight and scrutiny to all aspects of planning, development and implementation being provided through the executive led Capital Investment Group and 3Ts Programme Board. NHSI have confirmed to the Trust that the Quarter 3 capital forecast will be fixed and that the Trust will be measured against this forecast for the remainder of the year.

Conclusions and Recommendations

51. The Trust Board is asked to note that:

- The Trust has delivered the M9 financial control total.
- Month 9 cumulative reported financial performance, excluding PSF, is £90k ahead of plan;
- The Trust is assuming non delivery of both the Q3 and Q4 A&E PSF;
- The underlying performance and the key risks, and associated mitigations, to delivering the control total deficit of £65.4m (before PSF).

Finance Report Month 09 2018/19

Summary

Brighton and Sussex University Hospitals NHS Trust

Summary

A control total deficit of £65.40m, excluding PSF, has been set by the Trust in agreement with NHSI, and the year to date position, excluding PSF, is £0.09m favourable compared to plan. The capital programme is underspent. The Efficiency and Transformation Programme has delivered £21.31m during the first 9 months of the financial year.

Finance and Use of Resources Risk Rating — A

YTD

	Plan	Actual / Forecast	Variance
Year-to-date	4	3	(1)
Year-end Forecast	4	3	(1)

When the plan was submitted to NHSI the Trust was in Financial Special Measures (FSM). This resulted in an overall 4 rating due to an override in the calculation for being in FSM. The risk ratings at an overall 3 are ahead of plan as result of the Trust exiting FSM and the override being no longer applicable.

Control Total (Surplus) / Deficit £k — G

	Plan	Actual / Forecast	Variance
Year-to-date exc PSF	48,990	48,898	(92)
Year-end Forecast exc PSF	65,400	65,400	0
Year-to-date	42,299	43,751	1,452
Year-end Forecast	55,106	57,731	2,625

The Trust has a £0.09m favourable variance to budget excluding PSF. The Trust is reporting an overspend including PSF of £1.45m compared to the YTD plan of £42.30m. The forecast is to meet the £65.40m control total, excluding PSF.

Agency Ceiling £k — A

	Ceiling	Actual / Forecast	Variance
Year-to-date	8,872	10,114	1,242
Year-end Forecast	11,783	12,498	715

Agency costs of £10.114m represent 3.6% of the total pay bill and are over the Month 9 agency cap of £8.872m. Agency expenditure in Month 9 was below the average of previous months, however pay costs of substantive, agency and bank costs are below the total pay budget. The forecast outturn is to exceed the ceiling by £0.7m, given the current levle of vacancies and demand forecasts.

Income £k — R

	Plan	Actual / Forecast	Variance
Year-to-date	(437,579)	(433,685)	3,894
Year-end Forecast	(582,358)	(578,240)	4,117

Income was below plan by £2.0m in-month increasing the YTD deficit to £3.9m. PSF income is under plan by £1.5m year-to-date due to not meeting A&E targets. Non-acheivement of Q4 A&E PSF is included in the forecast.

Operating Costs £k — G

	Plan	Actual / Forecast	Variance
Year-to-date	448,780	448,232	(548)
Year-end Forecast	595,868	595,966	98

Operating costs for the year are underspent compared to budget, with pay budgets being underspent as a whole, and non-pay budgets being overspent. The Forecast reflects the impact of Divisional assumptions for costs and CIPs which is being refined as part of the Trusts roadmap approach to managing the delivery of the control total.

Agency Expenditure — A

Expenditure as % of total Pay bill (YTD)	**2016-17**	**2017-18**	**2018-19**
Medical	0.9%	0.9%	0.8%
Nursing	0.7%	1.2%	1.3%
Other staff groups	1.2%	1.3%	1.4%
All Agency	**2.8%**	**3.3%**	**3.6%**

Agency costs are higher as a percentage of the total pay bill compared to the same period last year, with increases in nursing and other staff groups being offset by lower medical agency. Costs are £1.24m above the ceiling year to date.

Cash £k — G

	Plan	Actual	Variance
Year-to-date	7,573	10,761	3,188
Year-end Forecast	3,529	3,529	(0)

The YTD revenue deficit funding as at December is £42.3m. Further drawdowns year to date total £2.6m in capital loans and £41.5m of PDC. The year to date cash position is above plan as a result of additional receipts of £7.9m from Here (formerly BICS) to settle outstanding debts. £8.2m prior year STF funds received in July was ring-fenced, pending options for repayment of historical loans. In November £8.2m of 6% loans was repaid reducing the forecast interest charge by £167k. The year end forecast is aligned to the year end EFL cash control total, which is slightly above the DH maximum cash holding assumed for an organisation with revenue support.

Capital £k — A

	Plan	Actual	Variance
Year-to-date	113,471	64,645	(48,826)
Year-end Forecast	155,849	106,275	(49,574)

The revised strategic capital forecast for the year is reduced to £106.3m. This follows receipt of the updated cash flow forecast from the main contractor for 3Ts and reflects the agreed timelines for the refresh of the Outline Business case for the pathology new build scheme and ED- Floor Development . The operational capital forecast is to deliver the plan in line with the CRL.

Efficiency and Transformation Programme £k — G

	Plan	Actual / Forecast	Variance
Year-to-date	21,245	21,309	65
Year-end Forecast	30,000	30,000	0

The efficiency programme has delivered the £21.309m in the year to Month 9 which is £0.65m above the internal target and £0.360m below the NHSI target. The forecast is to achieve the full plan of £30m.

Key risks include:
To deliver the underlying control total and A&E trajectory to earn the full £10.29m Provider Sustainability Funding (PSF).
CCG contract income: the Trust will need to manage activity and cost within the framework of an agreed income quantum.
NHSE Specialised Commissioning Contract: being PbR based, the Trust will need to deliver the planned level of activity to secure the level of income assumed.
Delivery of the £30m efficiency requirement in full.
PAS replacement: issues with the new system may prevent submission of the required activity dataset to secure income from commissioners.

Finance Report Month 09 2018/19	Finance and Use of Resources Risk Rating	R

When the plan was submitted to NHSI the Trust was in Financial Special Measures (FSM). This resulted in an overall 4 rating due to an override in the calculation for being in FSM. The risk ratings at an overall 3 are ahead of plan as result of the Trust exiting FSM and the override being no longer applicable.

Financial Rating YTD	Plan Metric	Plan Rating	Actual Metric	Actual Rating
Capital Service Capacity	(0.9)	4	(0.6)	4
Liquidity	(19.3)	4	(30.5)	4
I&E Margin	(9.90%)	4	(10.00%)	4
Distance from Financial Plan	(0.20%)			2
Agency Spend	(0.10%)	1	14.18%	2
2018-19 Finance Rating after overrides		4		3

Area	Metric	Construction	Rating 1 (Best)	2	3	4 (Worst)	Weighting
Financial Sustainability	Capital Service Capacity	Revenue available for capital service / Annual debt service	2.5x	1.75x	1.25x	<1.25x	20%
	Liquidity Days	Working capital balance x 30 / Annual operating expenses	0	(7.00)	(14.00)	<(14.00)	20%
Financial Efficiency	I&E Margin	I&E Surplus or deficit / Total Operating and Non Op income	5%	3%	0%	<0%	20%
Financial Controls	Distance from Financial Plan	YTD Actual I&E Surplus/Deficit - YTD Planned I&E Surplus/Deficit / YTD Planned I&E Surplus/Deficit	0%	(1)%	(2)%	≤(2)%	20%
	Agency Ceiling	YTD Actual Agency Ceiling - YTD Planned Agency Ceiling / YTD Planned Agency ceiling	0%	25%	50%	≤50%	20%

Finance Report Month 09 2018/19 — Surplus — G

The Trust has a £0.09m favourable variance to budget excluding PSF. The Trust is reporting an overspend including PSF of £1.45m compared to the YTD plan of £42.30m. The forecast is to meet the £65.40m control total, excluding PSF.

Year to Date

	Plan £k	Actual £k	Variance £k
(Surplus)/Deficit excluding PSF	**48,990**	**48,898**	**(92)**
(Surplus)/Deficit	**42,299**	**43,751**	**1,452**

Year End Forecast

	Plan £k	Forecast £k	Variance £k
(Surplus)/Deficit excluding PSF	**65,400**	**65,400**	**0**
(Surplus)/Deficit	**55,106**	**57,731**	**2,625**

Income for the year to date is lower than budget by £3.89m. More detail is provided in the Income dashboard.

Expenditure compared to budget is underspent for the year to December 2018, mainly in the areas of pay costs. See the operating costs dashboard for more detail.

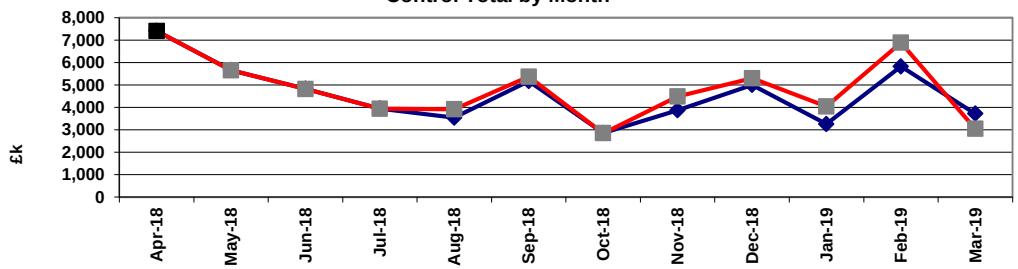
Year to Date

	PY Actual £k	Plan £k	Actual £k	Variance £k
Income	(412,359)	(437,579)	(433,685)	3,894
Pay	268,198	285,291	282,787	(2,503)
Non-Pay - in tariff	108,362	105,877	106,363	486
Non-Pay - PBR exclusions and CDF	56,315	57,612	59,081	1,469
EBITDA *	**20,515**	**11,201**	**14,547**	**3,346**
EBITDA %	**-5.0**	**-2.6**	**-3.4**	
Profit / Loss on Disposal of Fixed Assets	-	-	-	-
Interest Payable	7,284	8,856	8,770	(86)
Interest Receivable	(23)	(18)	(110)	(92)
Depreciation	15,922	16,142	15,532	(610)
Impairments	0	0	2	2
Public Dividend Capital	4,504	4,059	4,059	0
Net (Surplus) / Deficit	**48,203**	**40,240**	**42,800**	**2,559**
Reverse Impairment	0	0	(2)	(2)
Other Adjustments	565	2,059	953	(1,106)
Reverse IFRS technical charge	0	0	0	0
Performance against Control Total	**48,768**	**42,299**	**43,751**	**1,452**
PSF	0	(6,691)	(5,147)	1,544
Performance against Control Total ex PSF	**48,768**	**48,990**	**48,898**	(92)
Surplus %	**-11.8**	**-9.7**	**-10.1**	

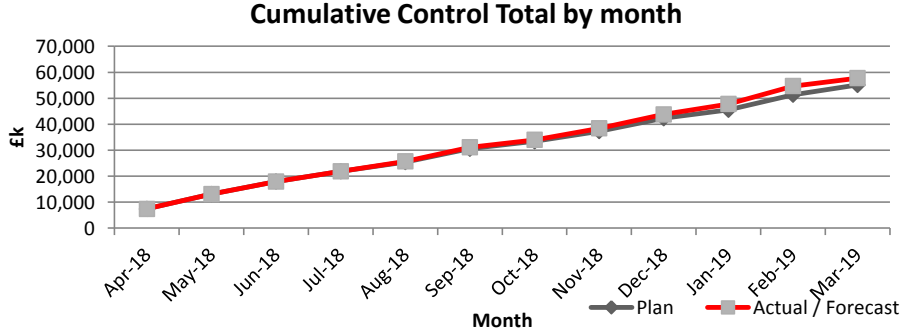
Full year

	Plan £k	Actual £k	Variance £k
Income	(582,358)	(578,240)	4,118
Pay	379,206	377,292	(1,914)
Non-Pay - in tariff	140,182	140,288	106
Non-Pay - PBR exclusions and CDF	76,480	78,386	1,906
EBITDA *	**13,510**	**17,725**	**4,215**
EBITDA %	**-2.3**	**-3.1**	
Profit / Loss on Disposal of Fixed Assets	-	-	-
Interest Payable	12,147	11,886	(261)
Interest Receivable	(24)	(143)	(119)
Depreciation	21,777	21,159	(618)
Impairments	10,000	10,000	0
Public Dividend Capital	5,592	5,592	0
Net (Surplus) / Deficit	**63,002**	**66,219**	**3,217**
Reverse Impairment	(10,000)	(10,000)	0
Other Technical Adjustments	2,104	1,512	(592)
Reverse IFRS technical charge	0	0	0
Performance against Control Total	**55,106**	**57,731**	**2,625**
PSF	(10,294)	(7,669)	2,625
Performance against Control Total ex PSF	**65,400**	**65,400**	**0**
Surplus %	**-9.5**	**-10.0**	

*** EBITDA** Earnings before Interest Taxation Depreciation and Amortisation



Plan reflects the profile of the Trusts plan to deliver £65.4m Deficit



Finance Report Month 09 2018/19 — Contract Performance — A

Contract income is underperforming by £3.6m year-to-date. The underperformance relates to NHSE Specialised Commissioning and Sussex MSK Partnership activity. The Trust has a £286m Aligned Incentive Contract with the Sussex CCGs.

Contract Agreement 2018/19

Table 1. Total Financial Values By CCG, NHS England and Public Health

	Reported Values for December 2018 £'000			
	FYE Plan	YTD Plan	YTD Actual	YTD Var
Sussex CCG's	286,000	215,235	215,234	1
MSK	24,818	18,661	16,575	2,086
NHS England (Specialised)	168,609	126,836	125,688	1,148
NHS England (Dental & Screening)	11,658	8,744	8,339	405
Integrated Sexual Health Services	3,655	2,748	2,584	164
Non Contracted Activity	5,666	4,269	4,501	(232)
TOTAL COMMISSIONING INCOME	**500,406**	**376,494**	**372,921**	**3,572**

Table 2. Activity and Income by Point of Delivery

	YTD Activity Volumes				YTD Income £'000			
Point of Delivery	**Plan**	**Actual**	**Var**	**%**	**Trust Plan**	**Actual**	**Var**	**%**
Daycase	35,652	31,168	(4,484)	-12.6%	31,282	27,187	(4,095)	-13.1%
Elective Spells	11,381	10,145	(1,236)	-10.9%	29,449	26,979	(2,470)	-8.4%
Non Elective Spells	42,139	40,579	(1,560)	-3.7%	93,596	95,026	1,430	1.5%
Non Elective Spells - Short Stay Ambulatory Care								
Elective Excess beddays	2,340	2,220	(120)	-5.1%	621	565	(56)	-9.0%
Non Elective excess beddays	14,342	13,657	(685)	-4.8%	3,840	3,065	(776)	-20.2%
A&E	118,820	133,655	14,835	12.5%	15,974	17,825	1,851	11.6%
Outpatients - New	208,458	211,643	3,185	1.5%	15,095	15,012	(83)	-0.5%
Outpatients - Follow Up	88,056	92,007	3,952	4.5%	17,998	17,312	(686)	-3.8%
Outpatient Procedures	61,027	65,990	4,963	8.1%	9,030	8,999	(31)	-0.3%
Outpatient Imaging	38,601	46,525	7,924	20.5%	4,179	3,589	(590)	-14.1%
Direct Access	2,699,105	2,722,851	23,746	0.9%	11,507	10,991	(516)	-4.5%
Bowel Screening	1,329	2,177	848	63.8%	1,569	1,856	288	18.4%
Breast Screening	0	0	0	0.0%	2,105	2,117	13	0.6%
Critical Care	13,641	14,101	459	3.4%	25,812	25,292	(520)	-2.0%
Maternity Pathway	8,024	7,858	(166)	-2.1%	8,209	8,101	(108)	-1.3%
HIV	21,364	21,229	(136)	-0.6%	3,844	3,833	(11)	-0.3%
Renal	71,820	45,421	(26,400)	-36.8%	10,436	9,969	(467)	-4.5%
Other	0	0	0	0.0%	29,870	29,166	(703)	-2.4%
PbR Excluded Drugs / Devices					56,122	57,109	986	1.8%
CQUIN					7,797	7,748	(49)	-0.6%
MRET / Readmission					(2,476)	(3,235)	(758)	30.6%
AIC Contribution					636	4,415	3,779	594.2%
					376,493	**372,921**	**(3,572)**	**-0.9%**

Table 3 - Reconciliation to Income Reporting

Contract Monitoring Performance -(unadjusted)	493,312	371,173	368,410	2,763
CQUIN 2.5%	10,396	7,797	7,746	51
Contract Penalties / Adjustments (Estimated)	(3,302)	(2,477)	(3,235)	758
	500,406	**376,494**	**372,921**	**3,572**
Other Income from Activities				
NHS Trust / FT Income	8,996	6,549	6,885	(336)
Commissioning Income - Non Activity	6,889	5,167	6,494	(1,328)
Department Of Health Income	5,636	4,226	4,331	(105)
Private Patients Income	5,135	3,848	3,946	(98)
Injury Cost Recovery	1,436	1,078	1,631	(553)
Other Patient Related (remove MSK included above)	1,966	1,553	1,102	451
Local Authority Income (remove value included above)	445	343	282	61
Overseas Visitors Income	200	150	335	(185)
				0
Income from Activities as reported in Income Section	**531,108**	**399,407**	**397,928**	**1,479**

Table 4 - Income from CCG's

	£'000		
	YTD Plan	YTD Actual	YTD Var
NHS BRIGHTON AND HOVE CCG	99,046	96,714	2,332
NHS COASTAL WEST SUSSEX CCG	11,868	12,210	(342)
NHS CRAWLEY CCG	2,403	2,546	(143)
NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	7,956	7,525	431
NHS HASTINGS AND ROTHER CCG	3,560	3,334	226
NHS HIGH WEALD LEWES HAVENS CCG	36,276	34,659	1,617
NHS HORSHAM AND MID SUSSEX CCG	50,987	50,904	83
NHS EAST SURREY	425	571	(146)
Dermatology SCDS	2,078	2,357	(279)
AIC Contribution	636	4,414	-3,778
Commissioning Income CCG's	**215,235**	**215,234**	**1**

Finance Report Month 09 2018/19 — Income — A

Income was below plan by £2.0m in-month increasing the YTD deficit to £3.9m. PSF income is under plan by £1.5m year-to-date due to not meeting A&E targets. Non-acheivement of Q4 A&E PSF is included in the forecast.

Year-to-Date

	Plan £k	Actual £k	Variance £k
Total Income	**(437,579)**	**(433,685)**	**3,894**

Year-end Forecast

	Plan £k	Forecast £k	Variance £k
Total Income	**(582,358)**	**(578,240)**	**4,117**

Activity below plan for NHSE Specialised Commissioning and the MSK partnerships account for the underperformance on income from activity. NHSE activity income is below plan in: neonatal (£1.0m), paediatric HDU/ICU (£0.5m), renal (£0.5m) and radiotherapy (£0.4m). Research and Development is behind its income target.

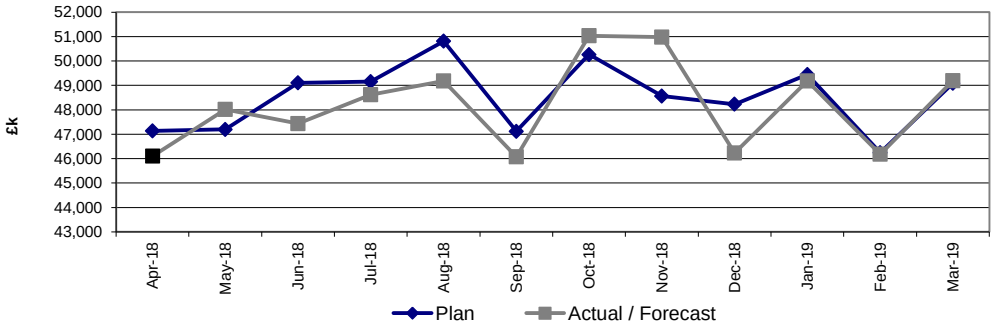
The income forecast reflects the on going activity underperformance on the NHSE and SMSKP contracts. NHS Trust income is over target due to additional T&O activity for Western Sussex FT. Private Patient, Research and Development and Donations income are all forecast to be below plan.

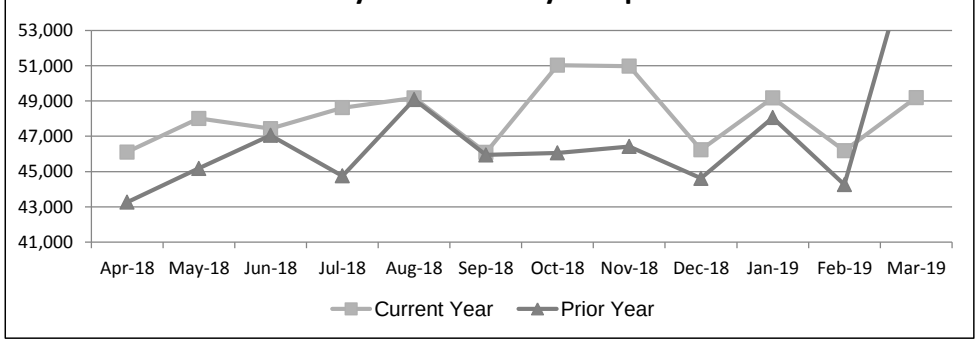
Year-to-Date

	PY Actual £k	Plan £k	Actual £k	Variance £k
Income				
NHS Trusts Income	(5,914)	(6,549)	(6,885)	(336)
CCG Income	(213,955)	(220,584)	(221,725)	(1,141)
NHSE Income	(135,170)	(139,667)	(138,531)	1,137
SMSKP Income	0	(18,661)	(16,576)	2,085
Department Of Health Income	(38)	(4,226)	(4,331)	(105)
Private Patients Income	(3,497)	(3,848)	(3,946)	(98)
Injury Cost Recovery	(1,079)	(1,078)	(1,631)	(553)
Local Authority Income	(3,413)	(3,091)	(2,866)	225
Overseas Visitors Income	(137)	(150)	(335)	(185)
Other Patient Related Income	(1,042)	(1,553)	(1,102)	451
Income From Activities	**(364,244)**	**(399,407)**	**(397,928)**	**1,479**
Education & Training Income	(20,355)	(18,875)	(18,920)	(45)
Research & Development Income	(2,782)	(4,524)	(4,149)	375
Income Generation	(1,876)	(1,539)	(1,454)	85
Other Income	(5,180)	(6,543)	(6,087)	456
Other Operating Income	**(30,193)**	**(31,482)**	**(30,611)**	**871**
TOTAL INCOME exc PSF	**(394,436)**	**(430,888)**	**(428,538)**	**2,350**
PSF	0	(6,691)	(5,147)	1,544
TOTAL INCOME	**(394,436)**	**(437,579)**	**(433,685)**	**3,894**

Year-end Forecast

	Plan £k	Forecast £k	Variance £k
Income			
NHS Trusts Income	(8,996)	(9,951)	(956)
CCG Income	(293,106)	(294,365)	(1,259)
NHSE Income	(185,716)	(184,789)	927
SMSKP Income	(24,818)	(22,139)	2,679
Department Of Health Income	(5,636)	(5,778)	(142)
Private Patients Income	(5,135)	(5,299)	(164)
Injury Cost Recovery	(1,436)	(2,172)	(736)
Local Authority Income	(4,099)	(3,916)	183
Overseas Visitors Income	(200)	(391)	(191)
Other Patient Related Income	(1,966)	(1,531)	435
Income From Activities	**(531,108)**	**(530,305)**	**803**
Education & Training Income	(25,150)	(24,921)	229
Research & Development Income	(5,636)	(5,057)	579
Income Generation	(2,052)	(1,933)	120
Other Income	(8,118)	(8,356)	(239)
Other Operating Income	**(40,956)**	**(40,266)**	**690**
Total Income	**(572,064)**	**(570,571)**	**1,492**
PSF	(10,294)	(7,669)	2,625
TOTAL INCOME	**(582,358)**	**(578,240)**	**4,117**





Finance Report Month 09 2018/19 — Operating Costs — G

Operating costs for the year are underspent compared to budget, with pay budgets being underspent as a whole, and non-pay budgets being overspent. The Forecast reflects the impact of Divisional assumptions for costs and CIPs which is being refined as part of the Trusts roadmap approach to managing the delivery of the control total.

Year-to-date

	PY Actual £k	Plan £k	Actual £k	Variance £k
Pay	**268,198**	**285,291**	**282,787**	**(2,503)**
Non-pay	**164,677**	**163,489**	**165,444**	**1,955**
Operational Costs	**432,875**	**448,780**	**448,232**	**(548)**

Year-end Forecast

	Plan £k	Forecast £k	Variance £k
Pay	**379,206**	**377,292**	**(1,914)**
Non-pay	**216,662**	**218,674**	**2,012**
Operational Costs	**595,868**	**595,966**	**98**

Pay: costs in December were lower than in November as a result of one-off costs in November a lower level of one-off costs and work within divisions to reduce agency, bank and premium costs. The Trust has 800 WTE vacancies (substantive contracted staff vs funded establishment), of which 435 are nurse vacancies. These were partly covered by bank, agency staff and non contracted hours, which meant the trust was under-establishment nursing by 23.7 WTEs in month.

Non-pay: overspent compared to budget overall, of which £1.27m relates to PBRX drugs and devices which are offset by income. There are also overspends on Purchase of Healthcare from non NHS bodies and Services from other NHS bodies due to increased activity in dialysis, outsourcing where there have been consultant vacancies, and back-dated payments for disputed prior periods.

Year-to-date

	PY Actual £k	Plan £k	Actual £k	Variance £k
Pay				
Management	11,722	13,317	13,459	142
Medical and Dental Staff	81,627	82,148	85,358	3,210
Nursing & Midwifery - Registered	80,504	84,827	82,877	(1,950)
Nursing & Midwifery - Unregistered	19,875	21,639	22,208	569
Other Healthcare Staff	36,693	38,359	38,039	(320)
Ancillary Staff	10,581	12,014	12,194	179
Administrative & Clerical	24,649	27,120	25,955	(1,165)
Maintenance Staff	1,988	2,138	2,157	20
Other Staff	558	3,729	540	(3,189)
Total Pay	**268,198**	**285,291**	**282,787**	**(2,503)**
Non-pay				
Drugs & Medical Gases - in tariff	9,181	8,879	8,628	(251)
Drugs & Medical Gases - PbR exclusion and CDF	50,453	51,625	51,828	203
Supplies and Services - Clinical - in tariff	40,888	39,085	39,890	805
Supplies and Services - Clinical - PbR exclusion	5,862	5,987	7,253	1,266
Supplies and Services General	5,146	5,240	5,296	56
Establishment Expenses	3,377	3,625	3,504	(121)
Transport Expenses	1,278	1,288	1,359	71
Premises	15,954	15,783	15,213	(570)
Purchase of Healthcare from Non NHS provider	5,029	4,266	5,368	1,102
Consultancy	694	802	1,473	672
Other Non Pay/Reserves	2,169	2,151	799	(1,351)
CNST Premium	16,141	17,444	16,910	(534)
Education and Training	2,437	1,458	1,474	16
Operating Lease Expenditure	0	2,224	2,341	118
Services from Other NHS Bodies	5,912	3,470	3,942	472
Audit Fees	81	90	95	4
Trust Chair & Non-Executive Directors	75	71	68	(2)
Total Non-Pay	**164,677**	**163,489**	**165,444**	**1,955**
Total Expenditure	**432,875**	**448,780**	**448,232**	**(548)**

Full-year

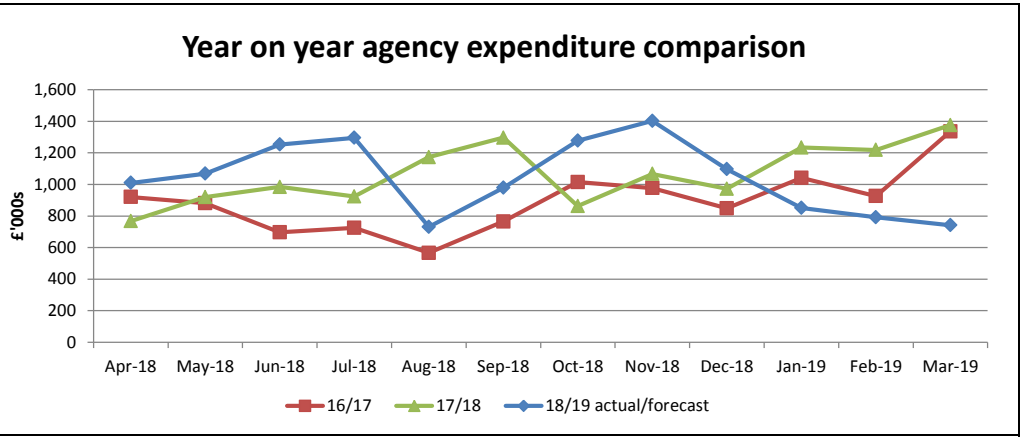
	Plan £k	Forecast £k	Variance £k
Pay			
Management	17,753	17,912	159
Medical and Dental Staff	109,318	113,848	4,530
Nursing & Midwifery - Registered	113,188	111,106	(2,082)
Nursing & Midwifery - Unregistered	28,340	29,253	913
Other Healthcare Staff	51,233	50,756	(477)
Ancillary Staff	15,826	16,135	309
Administrative & Clerical	36,131	34,758	(1,373)
Maintenance Staff	2,901	2,884	(17)
Other Staff	4,514	638	(3,876)
Total Pay	**379,206**	**377,292**	**(1,914)**
Non-pay			
Drugs & Medical Gases - in tariff	11,584	11,692	107
Drugs & Medical Gases - PbR exclusion and CDF	68,495	68,723	228
Supplies and Services - Clinical - in tariff	50,992	52,894	1,902
Supplies and Services - Clinical - PbR exclusion	7,985	9,663	1,678
Supplies and Services General	6,899	7,000	101
Establishment Expenses	4,836	4,752	(84)
Transport Expenses	1,689	1,796	106
Premises	20,972	18,801	(2,171)
Purchase of Healthcare from Non NHS provider	5,697	7,396	1,699
Consultancy	913	1,919	1,006
Other Non Pay/Reserves	3,590	1,192	(2,399)
CNST Premium	23,261	22,549	(712)
Education and Training	1,875	1,758	(118)
Operating Lease Expenditure	2,935	3,217	283
Services from Other NHS Bodies	4,725	5,112	386
Audit Fees	121	125	4
Trust Chair & Non-Executive Directors	92	86	(6)
Total Non-Pay	**216,662**	**218,674**	**2,012**
Total Expenditure	**595,868**	**595,966**	**98**

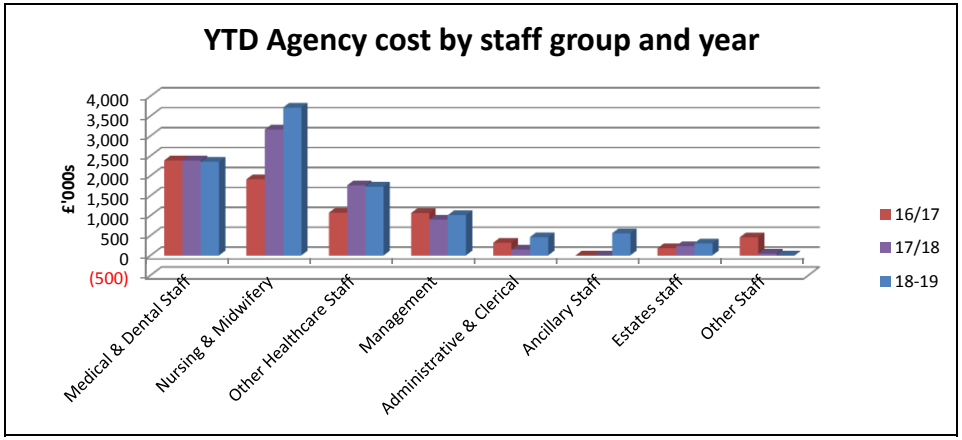
Finance Report Month 09 2018/19 — Payroll and Agency costs — G

Agency costs of £10.114m represent 3.6% of the total pay bill and are over the Month 9 agency cap of £8.872m. Agency expenditure in Month 9 was below the average of previous months, however pay costs of substantive, agency and bank costs are below the total pay budget. The forecast outturn is to exceed the ceiling by £0.7m, given the current levle of vacancies and demand forecasts.

Year-to-date Agency

	16/17 £k	17/18 £k	Ceiling £k	18-19 £k	Variance £k
Medical & Dental Staff	2,386	2,380	2,309	2,347	38
Nursing & Midwifery	1,912	3,160	3,025	3,713	688
Other Healthcare Staff	1,071	1,759	1,668	1,731	63
Management	1,064	900	561	1,008	447
Administrative & Clerical	322	142	748	459	(289)
Ancillary Staff	0	0	374	554	180
Estates staff	183	233	187	305	118
Other Staff	456	40		(3)	(3)
Trust	**7,394**	**8,614**	**8,872**	**10,114**	**1,242**





Payroll

(Excludes non executive directors)

	Prior year actual £k	Plan £k	Actual £k	Variance £k
Medical & Dental Staff	79,247	81,795	83,011	1,216
Nursing & Midwifery	97,219	106,454	101,372	(5,082)
Other Healthcare Staff	34,934	38,240	36,308	(1,932)
Management	10,823	13,317	12,451	(866)
Administrative & Clerical	24,507	27,120	25,496	(1,624)
Ancillary Staff	10,229	11,877	11,640	(237)
Maintenance Staff	1,755	2,138	1,852	(286)
Other Staff	518	3,707	543	(3,164)
Trust	**259,232**	**284,648**	**272,673**	**(11,975)**

Staff in post including bank staff

	Prior year actual WTE	Plan WTE	Actual WTE	Variance WTE
Medical & Dental Staff	1,134	1,198	1,178	(20)
Nursing & Midwifery	3,469	3,559	3,450	(109)
Other Healthcare Staff	1,149	1,267	1,165	(102)
Management	193	249	223	(27)
Administrative & Clerical	1,201	1,286	1,241	(45)
Ancillary staff	576	612	599	(13)
Maintenance Staff	67	83	69	(14)
Other Staff	18	17	15	(2)
Trust	**7,806**	**8,271**	**7,940**	**(331)**

Finance Report Month 09 2018/19 — Statement of Financial Position

The Trust Statement of Financial position is produced on a monthly basis and reflects changes in asset values as well as movement in liabilities. The plan is the NHSI plan submitted in July 2018.

	1 April 18	Year-to-Date				Full-Year			
	Actual	Plan	Actual	Variance	Notes	Plan	Forecast	Variance	Notes
	£k	£k	£k	£k		£k	£k	£k	
Property, Plant and Equipment (PPE)	422,387	506,199	471,632	(34,567)	1	547,137	497,309	(49,828)	
Intangible Assets	550	429	411	(18)		372	372	0	
Other Assets	4,784	4,482	3,762	(720)		4,487	4,487	0	
Non Current Assets	**427,721**	**511,110**	**475,805**	**(35,305)**		**551,996**	**502,168**	**(49,828)**	
Inventories	8,788	8,869	9,815	946		8,360	8,360	0	
Trade and Other Receivables	48,625	54,102	42,951	(11,151)	2	50,901	50,901	0	
Cash and Cash Equivalents	15,872	6,089	10,761	4,672		3,529	3,529	0	
Non Current Assets Held for Sale	0	0	0	0		0	0	0	
Current Assets	**73,285**	**69,060**	**63,527**	**(5,533)**		**62,790**	**62,790**	**0**	
Trade and Other Payables	(68,117)	(65,956)	(72,980)	(7,024)	2	(67,301)	(75,059)	(7,758)	
Borrowings	(24,583)	(24,583)	(42,761)	(18,178)	3	(7,379)	(25,557)	(18,178)	
Other Financial Liabilities	0	0	0	0		0	0	0	
Provisions	(1,725)	(1,096)	(717)	379		(807)	(807)	0	
Other Liabilities	0	0	0	0		0	0	0	
Current Liabilities	**(94,425)**	**(91,635)**	**(116,458)**	**(24,823)**		**(75,487)**	**(101,423)**	**(25,936)**	
Borrowings	(242,341)	(300,227)	(260,003)	40,224	3	(342,020)	(298,652)	43,368	
Trade and Other Payables	(10)	(25)	(12)	13		(33)	(33)	0	
Provisions	(2,030)	(2,030)	(2,007)	23		(2,062)	(2,062)	0	
TOTAL ASSETS EMPLOYED	**162,200**	**186,253**	**160,852**	**(25,401)**		**195,184**	**162,788**	**(32,396)**	
Financed by:									
Public Dividend Capital	337,972	397,389	379,423	(17,966)	4	433,958	402,061	(31,897)	
Retained Earnings	(229,577)	(229,577)	(229,577)	0		(229,577)	(229,577)	0	
Surplus/(Deficit) for Year	0	(35,364)	(42,799)	(7,435)		(63,002)	(63,501)	(499)	
Revaluation Reserve	53,805	53,805	53,805	0		53,805	53,805	0	
TOTAL TAXPAYERS EQUITY	**162,200**	**186,253**	**160,852**	**(25,401)**		**195,184**	**162,788**	**(32,396)**	

1. Strategic and Operational Capital expenditure to date is behind plan and the full year variance against PPE relates to updated cashflows from external cost consultants on strategic schemes lower than planned.
2. Trade and other receivables is ahead of plan although there are some historic balances and shortfall on SLA debts in the outstanding debtors. The trade and other payables variance against plan is a combination of a reallocation of balances from provisions to accruals and the delay to loan and PDC funding for capital which has been substituted by internal resources.
3. The borrowings variance relates to delays with the Emergency schemes and pathology works. To date £2.6m in emergency loans have been drawn down. The Trust continues to review forecast expenditure relating to the loan draw downs.
4. The YTD and full-year forecast PDC variances are due to the revised forecast provided by the main contractor for the 3Ts project. This changed the phasing of amounts required on a monthly basis.

Finance Report Month 09 2018/19 — Cash — G

The 3Ts funding is drawn down to match capital expenditure, subject to utilisation of internal funding sources first. PDC of £41.5m has been drawn down to date. The Trust will continue to assess the need for additional drawdowns relative to the phasing of the 3T's project. There was also £1.9m carried forward from 2017-18 on the Emergency Capital loan. The first drawdown was in June for £2.6m. Both Strategic and Operational capital expenditure has been lower than planned which accounts for the variance against plan in the capital expenditure line and the variances on the PDC and drawdown on debt lines. It is assumed that the revised drawdown of loan funding and PDC will be used by the end of the year and that capital outturn will be the same as the revised forecast.

Year-to-date

	Plan £k	Actual £k	Variance £k
Cash Balance	**7,573**	**10,761**	**3,188**

Year-End Forecast

	Plan £k	Forecast £k	Variance £k
Cash Balance	**3,529**	**3,529**	**0**

Year-to-Date

	Plan £k	Actual £k	Variance £k
Operating deficit	(27,343)	(30,081)	(2,738)
Non Cash I&E Items	13,697	14,187	490
Movement in Working Capital	(9,260)	10,112	19,372
Provisions	(1,629)	(1,103)	526
Cash outflow from Operations	**(24,535)**	**(6,885)**	**17,650**
Capital Expenditure	(111,376)	(63,653)	47,723
Cash receipt from asset sales	0	0	0
Cash outflow before financing	**(135,911)**	**(70,538)**	**65,373**
PDC Received	69,946	41,451	(28,495)
PDC Repaid	0	0	0
Dividends Paid	(2,399)	(2,489)	(90)
Interest on Loans, PFI and capital repayments on PFI	(8,336)	(7,593)	743
Interest received	19	110	91
Drawdown on debt	71,096	44,893	(26,203)
Repayment of debt	(2,714)	(10,945)	(8,231)
Cash inflow from financing	**127,612**	**65,427**	**(62,185)**
Net Cash Inflow / (Outflow)	**(8,299)**	**(5,111)**	**3,188**
Opening Cash Balance	15,872	15,872	0
Closing Cash Balance	**7,573**	**10,761**	**3,188**

Year-End Forecast

	Plan £k	Forecast £k	Variance £k
Operating deficit	(45,287)	(49,854)	(4,567)
Non Cash I&E Items	29,182	29,172	(10)
Movement in Working Capital	(1,224)	12,228	13,452
Provisions	(1,814)	(1,814)	0
Cash outflow from Operations	**(19,143)**	**(10,268)**	**8,875**
Capital Expenditure	(154,768)	(105,532)	49,236
Cash receipt from asset sales	0	0	0
Cash outflow before financing	**(173,911)**	**(115,800)**	**58,111**
PDC Received	95,986	64,089	(31,897)
PDC Repaid	0	0	0
Dividends Paid	(5,105)	(4,322)	783
Interest on Loans, PFI and capital repayments on PFI	(12,354)	(14,278)	(1,924)
Interest received	25	143	118
Drawdown on debt	87,596	70,636	(16,960)
Repayment of debt	(4,581)	(12,811)	(8,230)
Cash inflow from financing	**161,568**	**103,457**	**(58,111)**
Net Cash Outflow	**(12,344)**	**(12,343)**	**0**
Opening Cash Balance	15,872	15,872	0
Closing Cash Balance	**3,529**	**3,529**	**0**

Finance Report Month 09 2018/19 — Capital — A

The Capital report shows Strategic and Operational Capital expenditure for the year to date and the full-year outturn compared to the plan.

Year-to-date

	Plan £k	Actual £k	Variance £k
Strategic Capital	**98,618**	**51,951**	**(46,667)**
Operational Capital	**14,853**	**12,694**	**(2,159)**
Total	**113,471**	**64,645**	**(48,826)**

Year-end actual

	Plan £k	Forecast £k	Variance £k
Strategic Capital	**137,748**	**88,391**	**(49,357)**
Operational Capital	**18,101**	**17,884**	**(217)**
Total	**155,849**	**106,275**	**(49,574)**

Strategic Capital The strategic capital forecast for the year has reduced to £88.4m. Handover of L6 and L7 of the Clinical Administration Building took place in April. The electrical infrastructure work and external works will be completed by mid-March 2019 to take into account clinical and operational needs. Work on the Helideck steel framework is complete: 100 tonnes of scaffolding has been removed. The trauma lift will be available in March 2019. Work continues in the Hanbury building to rectify defects and to secure MHRA accreditation of the radiopharmacy in December. The main Stage 1 building is currently on programme and detailed work is being undertaken with Laing O'Rourke to improve cash forecasting.
The main buildings work and installation for the Radiotherapy East scheme is almost complete. There remains some IT work to be completed and agreement of the final account. Work on the Emergency floor and backlog continues and is expected to achieve the revised forecast.

Operational Capital There has been minimal operational capital expenditure to date, but the plan assumed low expenditure in the first months of the year. A full year expenditure plan of £27.2 was approved by the board. The cap on operational capital is £18.1m. The approved plan allows flexibility and prioritisation of schemes within the resources available. The underspend predominantly relates to IM&T schemes; however TEC has recently approved all IM&T schemes. It is expected that the expenditure will pick up significantly in the coming months. The full year forecast is £17.9m.

	Plan £k	Actual £k	Variance £k
Source of Funds - (CRL)	**(113,471)**	**(64,645)**	**(48,826)**
Expenditure			
Strategic Capital			
3Ts	75,878	46,871	29,007
ED - Floor Development	10,864	1,286	9,578
ED - Backlog Maintenance	5,943	3,327	2,616
Pathology	4,500	49	4,451
Radiotherapy East	1,433	418	1,015
Linac	0	0	0
Total Strategic Capital	**98,618**	**51,951**	**46,667**
Operational Capital			
Medical Equipment Replacement	2,993	1,085	1,908
IM&T Infrastructure	5,106	3,088	2,018
Estates Infrastructure	3,320	843	2,477
Service Development	2,139	3,231	(1,092)
RACH lifecycle replacement	0	3,751	(3,751)
Charitably Funded Schemes	1,295	696	599
Total Operational Capital	**14,853**	**12,694**	**2,159**
(Under)/Overspend against CRL	**0**	**0**	**0**

	Plan £k	Forecast £k	Variance £k
Source of Funds - (CRL)	**(155,849)**	**(106,275)**	**(49,574)**
Expenditure			
Strategic Capital			
3Ts	101,918	67,768	34,150
ED - Floor Development	13,907	8,333	5,574
ED - Backlog Maintenance	9,000	9,000	0
Pathology	11,490	104	11,386
Radiotherapy East	1,433	1,433	0
Linac	0	1,753	(1,753)
Total Strategic Capital	**137,748**	**88,391**	**49,357**
Operational Capital			
Medical Equipment Replacement	4,596	4,984	(388)
IM&T Infrastructure	5,106	2,796	2,310
Estates Infrastructure	3,583	1,389	2,194
Service Development	3,371	2,767	604
RACH lifecycle replacement	0	4,503	(4,503)
Charitably Funded Schemes	1,445	1,445	0
Total Operational Capital	**18,101**	**17,884**	**217**
(Under)/Overspend against CRL	**0**	**0**	**0**

Finance Report Month 09 2018/19 — Aged Debtors

The Trust debtors are a mixture of invoiced debtors, accrued income and prepayments. The level of invoiced debtors has reduced by £8.8m since the end of November and the value of overdue debts has reduced by £5m. £2.1m of overdue invoices relates to Here (formerly known as BICS).

Invoiced Debtors	Within Terms 1-30 Days £k	1 Month Overdue 31-60 Days £k	2 Months Overdue 61-90 Days £k	3 Months Overdue Over 90 Days £k	Total	Current Month Over 30 Days £k	Prior Month Over 30 Days £k	Notes
CCGs	899	286	(1,640)	1,461	1,006	107	(2,278)	1
Trusts	441	341	142	1,527	2,451	2,010	1,994	2
Other NHS	267	-	10	24	301	34	(316)	3
Other Debtors	2,460	2,126	433	2,099	7,118	4,658	12,619	4
Private Patients	517	440	85	1,537	2,579	2,062	1,825	5
Overseas	(4)	19	26	405	446	450	436	
Total Invoiced Debtors	**4,580**	**3,212**	**(944)**	**7,053**	**13,901**	9,321	14,280	
Provision for Bad Debts (including RTA Provision)					(3,783)			
Accrued Income					20,380			
Prepayments					9,397			
Other Debtors					3,630			
Total Trade & Other Receivables					**43,525**			

Other Receivables	Current Month £k	Prior Month £k
Accrued Income		
Work In Progress	3,978	3,978
CCG Service Level Agreements	11,662	10,717
Injury Cost Recovery Fund	3,083	2,939
Other	1,657	961
Total Accrued Income	**20,380**	**18,595**
Prepayments		
Maintenance & Other Contracts	5,743	6,245
NHS Litigation	3,654	3,248
Total Prepayments	**9,397**	**9,493**

1. CCGs : the CCGs overdue balance has increased by £2.4m compared to last month as a result of SLA's paid in advance. This is due to commissioners utilising SLA payments paid in advance. The trust continues to actively engage with commisioners to settle debts over 90 days.

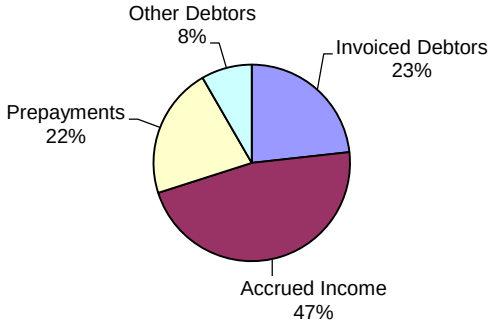
2. Trusts : there has been a marginal increase in the level of overdue debts. Reciprocal arrangements continue with local Trusts.

3. Other NHS : the movement in overdue debts is due to credit notes being utilised in period.

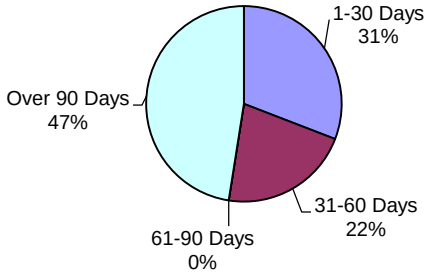
4. Other Debtors : the Trust is actively engaging with its main customer with regards to settlement of overdue balances. The significant reduction in overdue invoices is primarily due to Here (formerly known as BICS) settling outstanding invoices.

5. Private Patients : there has been £0.3m change to the overdue debts.

Trade and Other Receivables



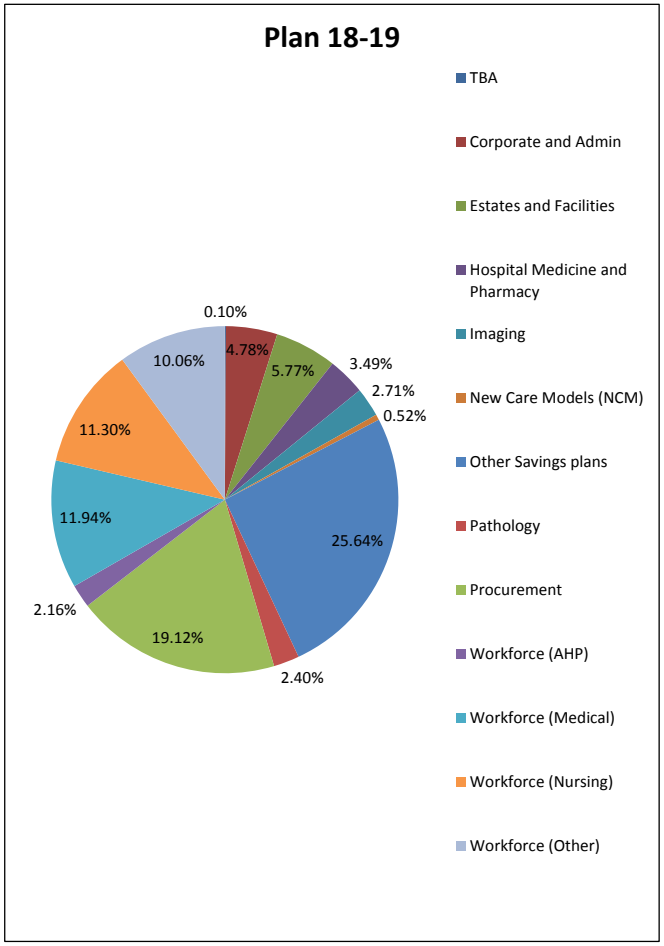
Invoiced Debtors Ageing



Finance Report Month 09 2018/19 — Efficiency and Transformation programme — G

The efficiency programme has delivered the £21.309m in the year to Month 9 which is £0.65m above the internal target and £0.360m below the NHSI target. The forecast is to achieve the full plan of £30m.

		Year to Date			Year End		
		Plan	Actual	Variance	Plan	Forecast	Variance
		£k	£k	£k	£k	£k	£k
Themes							
Corporate and Admin	Income (Patient Care Activities)	47	47	(0)	60	62	2
Corporate and Admin	Non pay	398	407	9	550	546	(4)
Corporate and Admin	Pay (Skill Mix)	597	597	0	825	820	(5)
Estates and Facilities	Non pay	791	670	(121)	1,102	1,099	(3)
Estates and Facilities	Pay (Skill Mix)	105	105	0	104	104	0
Estates and Facilities	Pay (WTE reductions)	216	0	(216)	283	284	1
Estates and Facilities	Income (Other operating income)	161	120	(41)	243	241	(2)
Hospital Medicine and Pha	Non pay	671	739	68	1,048	973	(75)
Imaging	Income (Patient Care Activities)	12	5	(6)	12	15	3
Imaging	Non pay	323	211	(113)	389	456	67
Imaging	Pay (Skill Mix)	227	274	47	412	334	(78)
New Care Models (NCM)	Income (Patient Care Activities)	13	13	(0)	12	12	0
New Care Models (NCM)	Pay (WTE reductions)	41	37	(4)	144	61	(83)
Other Savings plans	Income (Patient Care Activities)	1,140	792	(348)	2,313	1,852	(461)
Other Savings plans	Non pay	3,240	3,989	749	4,057	4,308	251
Other Savings plans	Pay (Skill Mix)	741	973	232	892	1,034	142
Other Savings plans	Pay (WTE reductions)	237	166	(71)	429	328	(101)
Other Savings plans	Income (Other operating income)	7	2	(5)	0	17	17
Pathology	Non pay	213	182	(31)	122	260	138
Pathology	Pay (Skill Mix)	206	160	(46)	599	388	(211)
Procurement	Non pay	4,302	5,101	799	5,736	6,052	316
Workforce (AHP)	Income (Patient Care Activities)	67	0	(67)	84	89	5
Workforce (AHP)	Pay (Skill Mix)	288	284	(5)	565	394	(171)
Workforce (Medical)	Pay (Skill Mix)	1,310	1,168	(142)	1,667	1,665	(2)
Workforce (Medical)	Pay (WTE reductions)	1,228	949	(279)	1,914	1,984	70
Workforce (Nursing)	Pay (Skill Mix)	1,847	1,756	(91)	2,413	2,559	146
Workforce (Nursing)	Pay (WTE reductions)	700	847	148	976	1,032	56
Workforce (Other)	Pay (Skill Mix)	1,139	617	(522)	1,688	1,758	70
Workforce (Other)	Pay (WTE reductions)	976	1,097	121	1,331	1,272	(59)
TBA	Pay (Skill Mix)	0	0	0	30	0	(30)
Efficiency Plan Total		**21,245**	**21,309**	**65**	**30,000**	**30,000**	**0**
Plan adjustment to NHSI return/Forecast Risk Adjustment		424	0	(424)			0
Efficiency Requirement in NHSI Plan		**21,669**	**21,309**	**(360)**	**30,000**	**30,000**	**0**



Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	7a	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/01/19
Report Title:	**Finance and Investment Committee Highlights to Board**				
Sponsoring Non Executive Director:	Alan McCarthy				
Author(s):	Alan McCarthy				
Report previously considered by and date:	Not applicable as direct report				
Purpose of the report:					
Information	ü		Assurance	ü	
Review and Discussion	ü		Approval / Agreement	ü	
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	ü				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	☐		Effective	ü	
Caring	☐		Responsive	☐	
Well-led	ü		Use of Resources	ü	
Communication and Consultation:					

Executive Summary:

The Finance and Investment Committee met on the 29 January 2018, the meeting was quorate and was able to discharge its planed items through the receipt and debate of the reports in accordance with its cycle of business.

Key Recommendation(s):

The Board should note the actions taken by the Committee, the matters referred to other Committees for further action in respect of closing assurance gaps and the noteworthy matters referred to the Board.

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board

Date: 30 January 2019

From: Finance and Investment Committee

Agenda Item: 7a

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Finance and Investment Committee	**29/1/2019**	**Alan McCarthy**	ü	☐

Declarations of Interest Made

None

Actions taken by the Committee

- The Committee **RECEIVED** reports in respect of the Trust's financial performance for Month 9 including the Trust's activity and income, cash flow and efficiency programme delivery. The Committee was pleased to note the Trust was slightly ahead of its deficit control total at the end of Quarter 3 and will therefore receive its financial element of the provider sustainability funding. The Committee discussed the risks and mitigating actions required to deliver the control total for Quarter 4. The Committee was assured streams of work are in place to address the risks to the delivery of the control total. The Committee was satisfied with the Trust's cash position and the processes applied to its monitoring. The Committee considered the 2018/19 efficiency programme and noted that on the basis of the month 9 position the Trust has delivered £21.3m against a plan of £21.25m and is forecasting full delivery of the £30m programme recognising the work being undertaken to mitigate the risks within a number of the individual schemes.
- The Committee **RECEIVED** a report in respect of the Trust's workforce transformation programme providing assurance over the delivery of a number of initiatives.
- The Committee **RECEIVED** a report in respect of the Trust's procurement function and were pleased to note the positive outcome of a recent assessment of the function.
- The Committee **RECEIVED** a report on the Trust's 2019/20 financial planning framework and noted the work on going in respect of the Trust's 2019/20 annual financial plan.
- The Committee **RECEIVED** a report on the work of the Trust's Capital Investment Group and were reassured that the programme should be substantively delivered by the year end.

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

There were no new items the Committee asked to return over and above the matters already planned for the next meeting.

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

Item	Referred to
The Trust's control total	The Committee recommended to the Board to accept the Trust's control total.

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	8	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/19
Report Title:	**Operational Performance Report – Month 9**				
Sponsoring Executive Director:	Pete Landstrom, Chief Delivery & Strategy Officer				
Author(s):	Giles Frost, Interim Director Performance and Information				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	☐		Assurance	☐	
Review and Discussion	✓		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	✓	
Our People	✓		Quality	✓	
Systems and Partnerships	✓				
Any implications for:					
Quality	Describes Quality Outcome KPIs				
Financial	Describes Operational KPIs which impact on Financial Sustainability and Efficiency				
Workforce	Describes Operational KPIs which impact on Workforce				
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	☐		Responsive	✓	
Well-led	☐		Use of Resources	✓	
Communication and Consultation:					
N/A					
Executive Summary:					
The paper sets out the organisational compliance against national and local key performance metrics. The report summarises in year performance for Brighton & Sussex University Hospitals Trust, as detailed in the dedicated performance scorecard relating the NHSI Single Oversight Framework, National Constitutional Targets, and other relevant operational indicators.					
Key Recommendation(s):					
The Board is asked to: NOTE the Trust position against the NHS National Constitutional Standards					

PERFORMANCE REPORT: MONTH 09, 2018/19

1. INTRODUCTION

1.1 This report summarises the current in year performance for Brighton & Sussex University Hospitals NHS Trust, with further detail provided in the Operational Performance Scorecard. This paper provides the Board with an update on performance on a specific basis against the NHS National Constitutional Standards.

2. SUMMARY PERFORMANCE

2.1. The Trust saw significant emergency demand pressure in December and a worsening of emergency performance. Flow was particularly challenged at the Royal Sussex County main site.

2.2. Key operational indicators during December to note:

- 14,639 A&E attendances compared to 13,460 in December 2017 (an increase of +8.8%). Excluding A&E planned attendances and ambulatory care activity, new A&E attendances were 13447 in December 2018 compared to 13,325 in December 2017 (an increase of +0.9%).
- 4,613 non-elective spells compared to 4,506 in December 2017 (+2.4% increase in activity).
- Formally reportable Delayed Transfers of Care increased marginally to 3.9% on average in December from 3.7% November 2018.
- Average length of stay for patients increased to 4.9 days for non-elective medicine in December 2018, compared to 4.7 days in December 2017. Non-elective surgery LOS increased to 6.5 days December 18 compared to 5.1 days December 2018, marginally lower than November 18 (6.8 days)
- Average Inpatient Bed Occupancy Trust wide was 95.7% December which peaked at 98.2% week ending 9th December. Occupancy each morning at 9am at the Royal Sussex County was on average 99.1% in December (excluding Christmas week where occupancy fell to 95.1%).

3. KEY AREAS OF PERFORMANCE

3.1. A&E Compliance

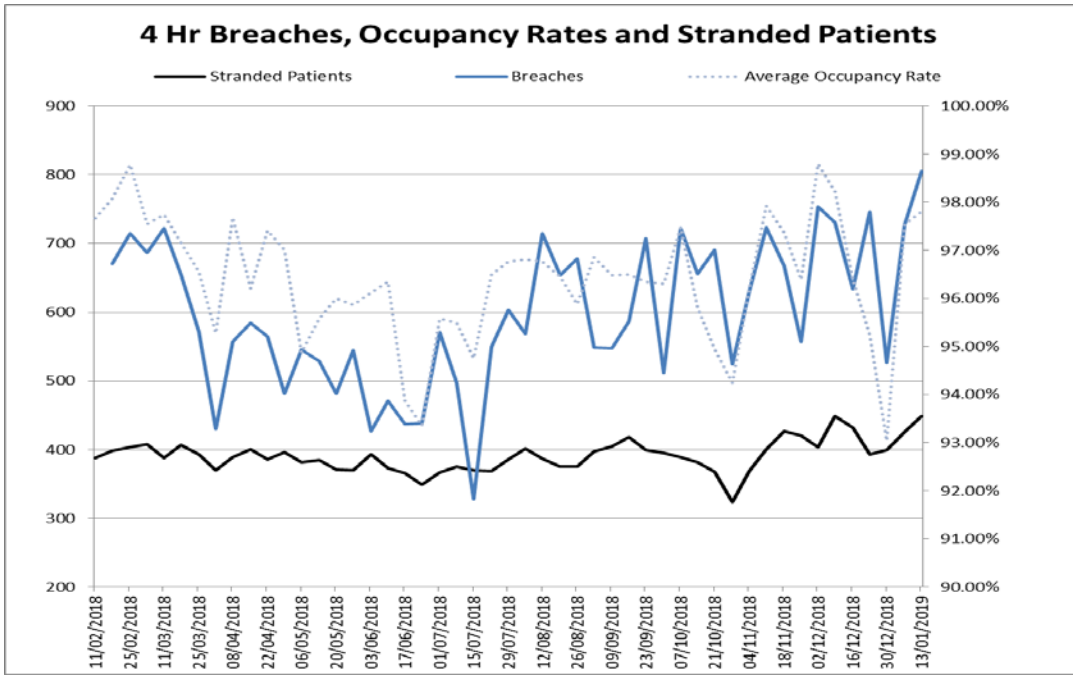
3.1.1. In December the BSUH system was non-compliant against the National four hour standard overall, with 82.5% of patients waiting less than four hours. This is a decrease of -1% from 83.5% the previous month.

3.1.2. There were 4 patients who waited longer than 12 hours in the ED departments from the decision to admit in December, all delays occurred on New Year's Eve.

3.1.3. The Trust performance is an aggregate of the Royal Sussex County Hospital Emergency Department, the Princess Royal Hospital Emergency Department, the Children's Emergency Department at the Royal Alexandra Children's Hospital, and the Emergency Eye Department at the Sussex Eye Hospital. The overall performance on a site by site basis in December 2018 is outlined below:

Site	Total Patient Attendances (excluding FUP patients)	Total Patients Waiting > 4 Hours	% Patients <4 Hour
Royal Sussex County Hospital	7314	2500	65.8%
Princess Royal Hospital	3408	454	86.7%
Royal Alexandra Children's Hospital	2339	20	99.1%
Sussex Eye Hospital	938	11	98.8%
BSUH Trust	13999	2985	78.7%
Brighton Station Walk in Centre	1785	0	100.0%
Lewes Victoria and Uckfield MIUs	1342	17	98.7%
Total Trust Catchment	17126	3002	82.5%

Performance at RSCH remained static in December 2018 compared to November 2018. Bed Occupancy was 99.1% of available beds on average throughout December at the Royal Sussex County site, excluding Christmas Week where occupancy dropped to 95.1%. Occupancy is a very good indicator of flow, and there is a strong correlation between A&E performance and Trust occupancy as illustrated in the chart below:



3.1.4. Performance at PRH was 86.7%, a deterioration of -5.4% from November 2018.

3.1.5. The Royal Alex Children's Hospital and Sussex Eye Hospital continued to exceed the National 95% target.

3.1.6. Waiting for admission to an inpatient ward remained the highest single reason for patients waiting longer than 4 hours in A&E.

3.1.7. 'Stranded' patients (all patients with a Length of Stay of greater than 7 days) have increased by approximately 14 patients on average compared to the preceding month whilst the patients formally reportable as a delayed transfer of care have remained relatively static.

3.1.8. National performance deteriorated by 1.2% to 86.43% in December 2018 for all attendances with only 7 acute trusts meeting the 95% target. Board members should note these figures also include type 3 A&E attendances (such as minor injuries units) and is comparable to the overall Trust Catchment of 82.5%.

3.2. Cancer

3.2.1. The Trust remained below the 62 day treatment target for GP referrals (85.0%). Actual performance for November against this metric was 75.2%, an improvement of 3.5% from the 71.6% delivered in October 2018.

3.2.2. The Trust was non-compliant against the 2 week wait standard with 85.8% against the 93% target, despite having undertaken 2022 first outpatient attendances, 17.4% more than the

preceding November. The trust undertook 408 outpatient attendances for colorectal patients compared to 257 in Nov-17, an increase of 59%. There were 369 breast outpatient attendances November 18 compared to 244 the previous November, an increase of 51%. Both services have significantly expanded their activity to react to increases in demand. Increases in demand to this scale exceed the flexibility the Trust has in terms of short term capacity. It also provides an early warning in terms of potential risks to 62 day pathway compliance.

3.2.3. The Trust treated 131 patients for 62 days in November, 21% more patients than in November 2017 and 4 more than the Trust planned trajectory, with a total of 32.5 patients breaching the 62 day GP referral standard against a forecast trajectory of 19.

3.2.4. Regional context of the 62 day performance standard for November 2018 shows BSUH being the highest performing tertiary cancer centre and sixth within our Cancer Alliance:

Regional Ranking	Trust	Cancer Centre	62 Day Performance
Surrey & Sussex Cancer Alliance			
1	Frimley Health NHS FT	No	97.93%
2	Surrey and Sussex Healthcare NHS Trust	No	87.91%
3	Queen Victoria Hospital NHS FT	No	85.96%
4	Western Sussex Hospitals NHS FT	No	81.19%
5	Ashford & St Peters Hospitals NHS FT	No	80.75%
6	Brighton and Sussex University Hospitals NHS Trust	Yes	75.19%
7	East Sussex Healthcare NHS Trust	No	69.79%
8	Royal Surrey County Hospital NHS FT	Yes	69.14%

Kent & Medway Cancer Alliance			
1	Dartford and Gravesham NHS Trust	No	92.00%
2	Medway NHS Foundation Trust	No	81.70%
3	East Kent Hospitals University NHS FT	No	70.95%
4	Maidstone and Tunbridge Wells NHS Trust	Yes	56.44%

3.2.5. There are three key tumour sites that are the focus of current improvement work, to support delivery of the 62 day target. These are Breast, Colorectal and Lung. Specific pathway improvements are underway in each service area to both improve compliance against treatment times, and deliver sustainable changes. However, as mentioned above this is within the context of increasing demand.

3.2.6. An external review was conducted in September by an experienced cancer senior manager within the NHS who identified several areas of improvement that have formed part of the cancer transformational programme to expedite successful delivery of timely patient care in adherence to the national cancer access policy in a sustainable way. The plan has been prioritized and is now in the process of implementation. A regional cancer alliance specialist has also begun work on assessing and supporting improvement in December, and is anticipated to help contribute to the improvement programme. Work to ensure the diagnostic phase of cancer pathway is expedited and right-sized in terms of its capacity forms a significant part of the work underway.

3.1.1 Latest comparative nationally published data relating to November 2018 shows national aggregate compliance for cancer attendance improved by 0.8% to 79.2% for treatment within 62 days from GP referral (target 85.0%). Trust performance for November was below the national average with 75.19%, and marginally below NHS South East trusts with an average of 77.3%. In November 2018, 40.6% of Trusts receiving GP referrals in England were compliant against this standard.

3.3. Referral to Treatment (RTT/18 Weeks)

3.3.1. There were zero patients waiting more than 52 weeks for treatment as of the end of December in accordance with the operating framework 2018/19, Trust breakthrough objective and agreed recovery trajectory with NHSI.

3.3.2. The Trust was non-compliant against the National Constitutional target with 78.35% patients waiting less than 18 weeks, which was a material deterioration from the preceding month.

3.3.3. Compliance was below the planned trajectory of 83.4% in December due to workforce capacity constraints particularly within Head and Neck specialties. However, as part of surgical recovery plans, the Trust has extended insourced additional capacity in Maxillo-facial surgery and Gastrointestinal services, and additional work is underway to support recover plans to increase work in endoscopy.

3.3.4. The Trust have undertaken two major IT related projects this year, the transition to the electronic referral system completed by August-18 and more recently, at the end of October, a new Patient Administration System. The latter development saw a planned reduction in activity to allow the migration to the new system to happen at the back end of October. The planned reduction in activity as part of the go-live led to an increase in the overall waiting list size. There has also been an impact on data entry and booking processes as a result of the

transition to a new system which are being resolved as a priority with continued targeted training and support from the new system supplier's technical leads.

3.3.5. Following review of the electronic referrals and associated waiting list processes the Trust has inputted referrals who were not registering on the Trust PAS system directly (patients via the electronic referral system referred to RAS clinics). This has meant additional work for the booking hub and generated a one-off increase in backlog, the impact of which detrimentally impacted performance by approximately -3%.

3.3.6. The residual reduction in performance (circa 1%) relates to reduced capacity and patient choice as noted above due to long standing workforce constraints, compounded during the Christmas week, whilst the RTT clock continues to tick.

3.3.7. The Trust continues to review recovery requirements both in year and for planning purposes 2019/20, with the aim of reducing the waiting list size and improving performance, particularly for non-admitted pathways. The operational teams have been working to model the capacity gap is by specialty and how this gap can be reduced. The Trust is also engaged with commissioners to ensure any opportunity to mitigate demand is also undertaken (to help reduce the scale of any gap) and that any additional activity requirement is supported.

3.3.8. Latest published national data relates to November 2018 and shows national compliance has increased to 87.3% from 87.1% in October. Trust performance was 9% below the national average. 57% of Trusts were non-compliant in November.

3.4. Diagnostic Test Waiting Times

3.4.1. The Trust compliance for December was 21.58% over 6 week waiters across all diagnostic modes, which is non-compliant against the national target, and a significant deterioration from the November position (16.6%). This represents 1925 over 6 week waiters (an increase of 592 relative to the preceding month) out of a total of 8919 patients (an increase of 873 compared to November-18).

3.4.2. The breakdown of performance by modality is presented below:

	Backlog			Performance		Activity	
Modality	Nov-18	Dec-18	Variance	Dec-18	Dec-17	Nov-18	Dec-18
Magnetic Resonance Imaging	70	109	39	7.8%	2728	3057	2762
Computed Tomography	260	446	186	23.7%	4245	4581	4188
Non-obstetric ultrasound	506	838	332	22.3%	3504	4223	3554
Audiology - Audiology Assessments	0	0	0	0.0%	1161	1292	1064
Cardiology - echocardiography	0	0	0	0.0%	591	919	648
Cardiology - electrophysiology	0	0	0		1	0	0
Neurophysiology - peripheral neurophysiology	0	0	0	0.0%	195	0	306
Respiratory physiology - sleep studies	0	0	0	0.0%	51	43	36
Urodynamics - pressures & flows	0	0	0	0.0%	26	41	4
Colonoscopy	224	262	38	50.9%	227	352	297
Flexi sigmoidoscopy	98	114	16	58.5%	214	460	311
Cystoscopy	0	0	0	0.0%	14	238	210
Gastroscopy	175	156	-19	43.0%	398	429	318
Total	1333	1925	592	21.6%	13355	15635	13698

3.4.3. Non-Obstetric ultra-sound remains the largest challenge both in terms of demand and capacity (workforce) constraints. The Central Clinical Services Division and Imaging department are continuing to work closely with Brighton and Hove CCG to manage the direct access demand given the constraints on workforce both locally and nationally.

3.4.4. As noted last month the overall Imaging service suffered significant short term sickness in September for the administrative booking team, compounded by long term vacancies which reduced the booking capacity to 50%. The short term sickness gradually abated into October, and recruitment has been successful to partially restore the administrative booking team (alongside support from clinical colleagues in booking patients). Additional activity is also being undertaken as part of recovery plans for NOUS. Regrettably however, the Trust lost two days of capacity at the Royal Sussex County Hospital due to a requirement to close the Barry Building at short notice in early December for heating repairs, and the Christmas week also reduced potential capacity at the same time as patients opting not to be seen. This led to an increase in the waiting list size of 422 within this modality, and an increase of 332 over 6 week waits month end.

3.4.5. Echocardiogram 6 week breaches reduced to zero in November and have been maintained into December.

3.4.6. Endoscopy modalities' performance remained broadly static in December (+35 waiters). Most of these patients require enhanced sedation which compounds delays as there are constraints in anesthetist capacity, and significant nurse endoscopist shortages.

3.4.7. The Surgery Division are developing and implementing recovery plans, alongside a planned increase in core nurse endoscopist capacity from December onwards. These actions are expected to return the endoscopic modalities to compliance by Q1 next year.

3.4.8. The Trust has shared modality level recovery plans with NHSI and CCGs. Demand, activity and recovery actions are being monitored closely on a daily and weekly basis to ensure achievement of the recovery as intended with particular focus for imaging and endoscopy.

3.4.9. The latest available National data for November 2018 shows aggregate compliance at 2.4%, an improvement of 0.1% on the October position. South East Region aggregate compliance for November improved to 1.9% with approximately 40% of Acute Trusts with waiting lists greater than 1000 patients non-compliant in November 2018.

4. RECOMMENDATION

4.1. The Board is asked to NOTE the Trust position against the National Constitutional Standards.

Pete Landstrom

Chief Delivery & Strategy Officer

25th January 2019

Brighton and Sussex University Hospitals NHS

OPERATIONAL PERFORMANCE SCORECARD

DECEMBER 2018

		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018/19 YTD	2018/19 Target	Trend
NATIONAL AND OPERATIONAL PERFORMANCE TARGETS																	
O01	A&E : Four-hour maximum wait from arrival to admission, transfer or discharge*	82.8%	82.6%	82.0%	83.2%	86.5%	87.7%	87.3%	88.0%	83.7%	85.6%	84.1%	83.5%	82.5%		95%	
O01A	A&E : 12 hour maximum wait from arrival to admission, transfer or discharge	50	27	19	36	5	0	0	3	0	1	1	0	4	10	0	
O02	Cancer: 2 week GP referral to 1st outpatient	94.8%	94.0%	94.1%	93.4%	91.1%	93.0%	92.4%	85.6%	84.7%	80.8%	80.7%	85.8%		86.7%	93%	
O03	Cancer: 2 week GP referral to 1st outpatient - breast symptoms	94.0%	95.2%	95.8%	94.3%	96.7%	96.0%	96.5%	96.8%	97.7%	94.4%	94.2%	88.5%		95.0%	93%	
O04	Cancer: 31 day second or subsequent treatment - surgery	100.0%	97.1%	100.0%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	96.2%	96.3%	97.0%		98.3%	94%	
O05	Cancer: 31 day second or subsequent treatment - drug	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	98%	
	Cancer: 31 day second or subsequent treatment - radiotherapy	100.0%	99.5%	100.0%	100.0%	100.0%	99.5%	96.8%	98.3%	99.4%	100.0%	99.1%	100.0%		99.2%	94%	
O06	Cancer: 31 day diagnosis to treatment for all cancers	98.3%	97.9%	100.0%	99.6%	100.0%	99.1%	98.3%	99.2%	98.7%	97.5%	96.8%	96.5%		98.2%	96%	
O07	Cancer: 62 day referral to treatment from screening	75.0%	74.3%	22.2%	38.7%	61.0%	37.0%	59.5%	68.4%	84.1%	75.8%	65.1%	85.4%		67.2%	90%	
O08	Cancer: 62 day referral to treatment from hospital specialist	76.9%	92.9%	72.7%	100.0%	88.9%	86.7%	91.7%	72.7%	83.3%	76.0%	94.7%	80.0%		83.6%	90%	
O09	Cancer: 62 days urgent GP referral to treatment of all cancers	80.3%	74.8%	73.0%	71.0%	78.7%	80.0%	70.9%	70.9%	71.4%	74.1%	71.6%	75.2%		74.0%	85%	
O14	RTT - Incomplete - 92% in 18 weeks	84.5%	84.6%	83.6%	83.1%	83.0%	83.4%	83.9%	83.8%	83.0%	81.7%	81.5%	82.3%	78.4%	78.4%	92%	
	RTT - Incomplete - 52Week Waiters	49	28	28	9	5	2	2	0	1	0	0	0	0	0	0	
O15	RTT delivery in all specialties (Incomplete pathways)	14	12	13	13	13	13	13	15	15	15	14	14	16	14	0	
O16	Maximum 6-week wait for diagnostic procedures	3.4%	4.3%	3.5%	6.1%	7.3%	6.4%	7.9%	7.6%	10.2%	17.9%	16.3%	16.6%	21.6%	21.6%	<1%	
O17	Cancelled operations not re-booked within 28 days	11	15	14	12	2	8	4	16	6	12	0	4	12	64	0	
O18	Urgent operations cancelled for the second time	1	0	0	2	0	0	1	4	0	0	1	1	0	7	0	
O19	Clinics cancelled with less than 6 weeks notice for annual/study leave	40	37	85	74	92	87	62	58	61	63	72	26	46	567	-	
O20	Mixed Sex Accommodation breaches	59	87	84	49	67	48	44	60	65	42	88	41	52	507	0	
O33	Delayed transfers of care	4.6%	4.9%	5.3%	4.8%	5.7%	5.2%	5.7%	5.3%	6.4%	5.7%	3.8%	3.7%	3.9%	5.5%	3%	
IMPROVING CLINICAL PROCESSES																	
O23	% hip fracture repair within 36 hours	65.72%	75.50%	85.46%	78.30%	87.00%	89.50%	88.60%	89.30%	84.40%	97.60%	87.10%	88.40%	76.00%		90%	
O24	Patients that have spent more than 90% of their stay in hospital on a stroke unit+	83.64%	84.91%	76.09%	80.00%	78.57%	85.00%	87.04%	88.57%	89.58%	90.48%	82.93%	76.32%	86.21%	84.38%	80%	

Brighton and Sussex NHS University Hospitals

OPERATIONAL PERFORMANCE SCORECARD

DECEMBER 2018

		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018/19 YTD	2018/19 Target	Trend
OPERATIONAL EFFICIENCY																	
O36	Average length of stay - Elective	2.43	2.23	2.54	2.14	2.29	2.22	2.45	2.33	2.11	2.42	2.17	3.43	3.95	2.31		
O37	Average length of stay - Non-elective Surgery	5.10	5.21	6.13	5.20	5.14	5.54	5.52	4.89	5.43	6.98	7.00	6.82	6.50	5.33		
O38	Average length of stay - Non-elective Medicine	4.71	4.67	4.82	5.05	4.80	5.02	4.52	4.59	4.88	4.89	5.11	4.75	4.94	4.85		
O39	Day case rate (CQC day case basket of procedures) source: HED (reported 2-3 months in arrears)	86.2%	85.3%	77.8%	81.6%	87.6%	87.4%	79.2%	91.8%	88.7%	85.4%				85.4%	75.0%	
O40	Elective day of surgery rate (DOSR)	95.2%	95.4%	93.2%	94.8%	94.9%	95.0%	94.5%	94.6%	96.3%	94.6%	95.3%	92.2%	88.9%	95.1%	90.0%	
O41	Did not attend rate (outpatients)	8.0%	8.2%	7.6%	8.1%	7.2%	7.4%	7.7%	7.7%	7.9%	7.7%	7.7%	8.7%	10.0%	7.9%	6.00%	
SUSTAINABILITY																	
O43	Bank staff - % of all staff pay	5.9%	4.9%	6.3%	5.5%	5.1%	5.5%	6.0%	5.4%	4.9%	5.3%	5.1%	6.0%	4.8%		7%	
O44	Agency staff - % of all staff pay	3.2%	4.0%	4.0%	4.4%	3.4%	3.5%	4.1%	4.1%	2.2%	3.1%	4.1%	4.4%	3.5%		2%	
O46	% nurses who are registered	71.1%	70.4%	70.5%	70.1%	69.4%	69.0%	69.1%	69.2%	69.1%	69.4%	69.3%	69.2%	69.5%		74%	
O47	% Staff appraised	77.0%	74.3%	71.7%	72.3%	77.1%	80.6%	83.7%	85.4%	90.1%	90.2%	88.0%	86.2%	85.6%		85%	
O48	Sickness Absence: % Sickness(reported one month in arrears)	4.2%	4.3%	4.2%	4.2%	4.1%	4.1%	4.1%	4.1%	4.0%	4.0%	4.0%	4.0%			3.5%	
O49	Staff Turnover: Turnover rate (YTD position)	13.9%	14.1%	14.3%	14.2%	14.2%	14.2%	14.1%	14.1%	14.1%	13.9%	13.7%	14.0%	14.0%	14.0%	12%	
ACTIVITY																	
A01	Day Cases	3302	3809	3385	3675	3221	3532	3612	3865	3625	3256	3629	3886	2870	31496		
A02	Elective Inpatients	1070	1192	1138	1268	1168	1310	1262	1221	1171	1141	1215	1011	829	10328		
A03	Non-elective inpatients	4506	4727	4082	4635	4433	4521	4474	4495	4536	4174	4582	4510	4613	40338		
A04	Outpatient First attendances	8192	10982	9779	10387	9814	10968	11260	10899	10330	9680	11449	11051	8640	94091		
A05	Outpatient Follow-up attendances	19722	25891	22795	23757	22857	24127	23661	24508	23262	22836	26443	26159	19877	213730		
A06	Outpatients with procedure	6665	8422	7257	7828	8023	8545	7929	8349	8184	7147	7505	5589	4562	65833		
A07	A&E Attendances	13460	13485	12656	14516	14287	15147	15054	15894	14841	14658	15630	15030	14639	135180		

107 0.023746

Notes:

1 National reporting for these performance measures is on a quarterly basis. Data are subject to change up to the final submission deadline due to ongoing data validation and verification.

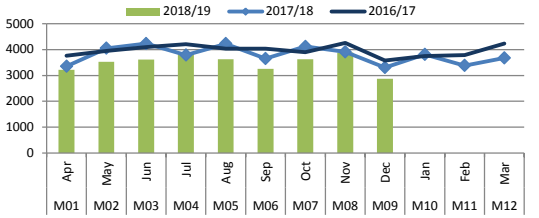
2 Data are provisional best estimates and will be amended to reflect the position signed-off in the relevant statutory returns in due course.

3 Staff sickness is reported one month in arrears.

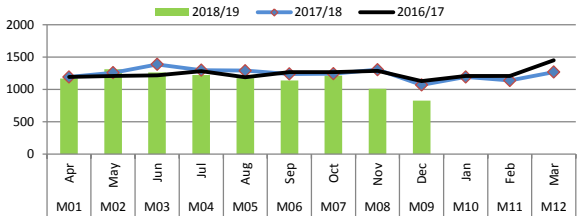
* The Trust has included STF Footprint performance for A&E retrospectively since April 2018. This includes performance internally at the Trust, plus Brighton Station Walk In Centre, and Lews and Uckfield MIUs.

Activity Trends

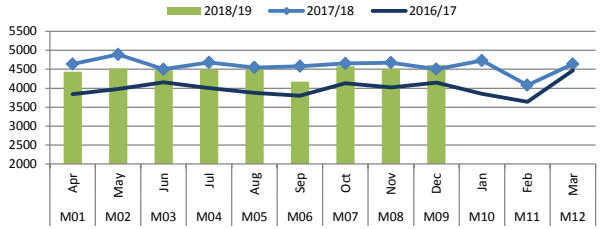
Day Cases



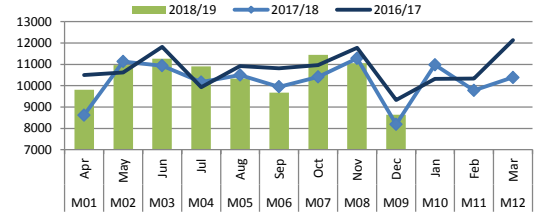
Elective Inpatients



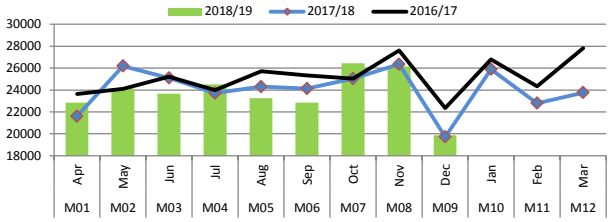
Non-elective Inpatients



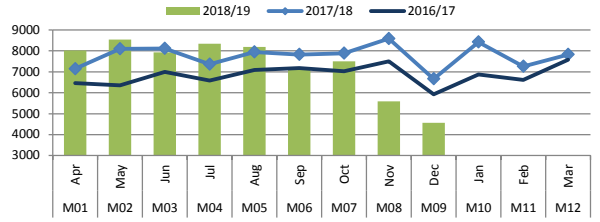
First Outpatients



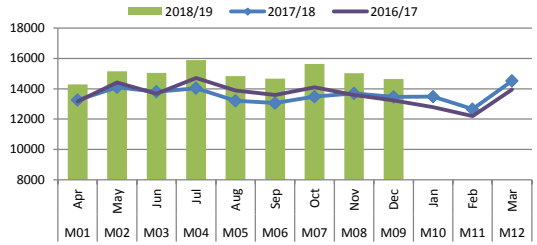
Follow-up Outpatients



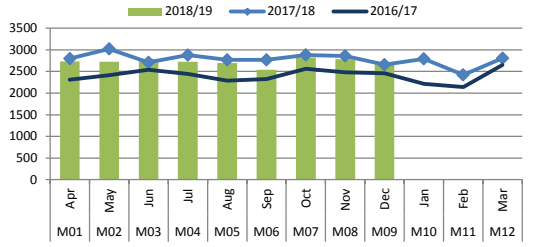
Outpatients with Procedure



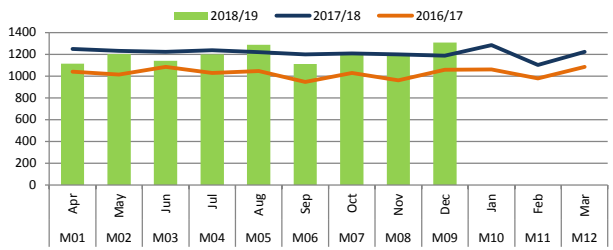
A&E Attendances



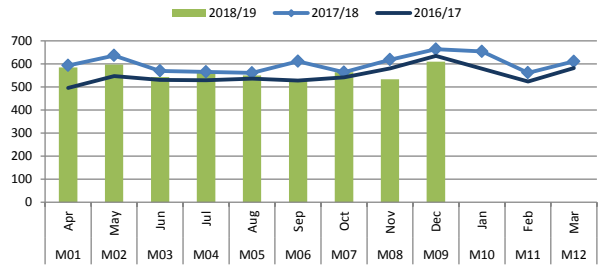
Emergency Admissions (age 0-64)



Emergency Admissions (age 65-84)



Emergency Admissions (age >85)



Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	9	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/19
Report Title:	**Organisational Development and Workforce Report Month 09 2018/19 (December 2018)**				
Sponsoring Executive Director:			Denise Farmer, Chief Workforce and Organisational Development Director		
Author(s):			Helen Weatherill, Director of Human Resources		
Report previously considered by and date:			N/A		
Purpose of the report:					
Information			✓	Assurance	☐
Review and Discussion			☐	Approval / Agreement	☐
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality			☐	Staff confidentiality	☐
Patient confidentiality			☐	Other exceptional circumstances	☐
Link to Trust Strategic Themes:					
Patient Care			☐	Sustainability	☐
Our People			✓	Quality	☐
Systems and Partnerships			☐		
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe			☐	Effective	☐
Caring			☐	Responsive	☐
Well-led			✓	Use of Resources	☐
Communication and Consultation:					
N/A					
Executive Summary:					
This paper sets out the key headlines relating to the Trust's workforce as at 31st December 2018.					
Key Recommendation(s):					
The Board is asked to NOTE this report.					

1. Introduction

This paper sets out the key headlines relating to the Trust's workforce as at 31st December 2018.

2. Workforce Spend and Vacancies

2.1 In December the Trust continues to report a year to date underspend on pay despite an underlying trend of increased substantive, bank and agency costs. This trend is most notable in the medical workforce which is £485k over budget in December. In addition Health Care Assistant (HCA) overspend continues and in December is £161k (in month) and £558k (year to date). The pattern of HCA spend remains consistent being principally driven by between 16% - 18% bank usage that is used to offset Registered Nurse vacancies.

2.2 In December the Trust budgeted establishment stood at 8262.6 WTE and staff in post at 7490.3 WTE. There are 772.3 WTE vacancies which equate to a vacancy rate of 9.3%.

2.3 The Trust vacancies are split as follows:

Medical – 58 WTE (a 5% vacancy rate for this group)
Nursing – 373 WTE (a 10% vacancy rate for this group)
Scientific, Technical & Therapeutic (ST&T) – 119 WTE (a 9% vacancy rate for this group)
Admin & Clerical - 141 WTE (a 9% vacancy rate for this group)
Ancillary Support – 81 WTE (a 12% vacancy rate for this group)

3. Staff Turnover

3.1 The Trust's 12 month Turnover rate (external leavers excluding Training Grade Doctors) is 14%. This figure is slightly below the 12 month average of 14.1% but remains comparable with the figure seen in January 2018 (also 14.1%).

3.2 The ST&T staffing groups sees the highest Turnover in December at 15.7%, although this group has seen a significant reduction since January 2018 when Turnover was 17.2%; this figure is now sitting below the 12 month average of 17%. The Children & Women's division has seen the greatest reduction in Turnover for this staff group over the period down from 13.36% in January to 8.71% in December 2018.

3.2.1 Across the same time period, the Medical staff group has seen the highest reduction in Turnover coming down from 10.8% in January 2018 to 9.1% in December 2018. Again, the Children & Women's division has seen the greatest reduction in Turnover for this particular staff group over the period down from 10.84% in January to 5.73% in December 2018.

3.3 A new Trust wide Recruitment and Retention Strategy and plan has been developed by the HR team and consultation with key stakeholders has commenced. Delivery of the strategy and plan will be through the Leadership, Culture and Workforce Programme.

4. Recruitment and Selection

4.1 As anticipated over the December period there was a reduction in the number of applicants attending the scheduled nursing events, however we are already seeing a significant spike in interest in events in the New Year. During December the Trust we recruited 11 HCAs and 13 Nurses over 2 events.

4.2 With the support of the Matron for Workforce, the Recruitment Team continue to support a variety of recruitment initiatives such as return to practice, preceptorship programmes, care certificate pathway alongside rotational programmes.

4.3 In January 2019 the Trust supported the launch of a new recruitment drive for nursing. The campaign is due to appear on the main concourse at London Victoria station during January and early February with the strap line "Next stop for nurses. A better career in Brighton". The visual utilises a variant of the London underground map, a colourway which makes reference to the PFIS colour scheme and allows for social media interaction via the hashtag #BetterinSussex.

4.4 The campaign is designed to target acutely trained Nurses commuting to London, with a view to persuading them to join our workforce. Our campaign offers these individuals a role closer to home, allowing them to forgo the commute and reclaim that time towards enabling a more rounded work/ life balance. With a Footfall 1.8 million per week and an average 20 minute dwell time at the advert location, the call to action directs applicant to www.nursingbrighton.org.uk to review available roles and apply.

4.5 The above is being supported by a focused social media campaign.

5. Workforce Efficiency

5.1 The Trust's 12 month sickness absence rate is currently 4% (November 2018). Although this figure sits above the Trust target of 3.5% the absence rate has continued to see a month on month reduction over the past 13 months (from 4.23% in November 2017).

5.2 The Ancillary Support staff group has the highest level of absence at 6.8% followed by Nursing at 4.5% and Admin & Clerical at 4.1%. When looking at staff group totals, this ranking pattern has remained the same for the previous 6 months back to June 2018. The only staff group to have seen a noticeable reduction in levels of absence over this period is Admin & Clerical which has come down 0.4% from 4.5% in June.

5.3 Across Clinical Divisions, the Medicine Division sees the highest level of 12 month sickness absence in November 2018 at 4.1%. This division has seen a gradual increase in absence over the previous 12 months having risen from 3.92% in December 2017.

5.3.1 Within the Corporate areas, the Chief Operating Officer Division (which includes F&E) has the highest rate of 12 month sickness absence at 6.4%. This division has also seen a gradual increase in absence over a shorter period of 9 months, from the position of 6.22% in March 2018.

5.4 The reason "Unknown" still accounts for the largest reason at 18%. We will be undertaking a more detailed analysis of the specific areas reporting this as a reason to target further training and advice to managers.

6. Appraisals

6.1 The Trust appraisal rate decreased for the third month running, to 85.6% to end December, a decrease of 0.6% on November. Clinical Divisions were 85.7% compliant (down 0.5%), with Corporate divisions 85.2% compliant (down 1.2%).

6.2 HRBPs continue to support the Divisions to improve compliance by encouraging focus on hotspot cost centres, particularly those where rates have fallen over the past 3 months. Reports continue to be provided twice monthly.

7. Workforce Skills and Development

7.1 The Statutory and Mandatory (STAM) compliance rate for December 2018 has increased to 91% (up 1%). 5 of the 11 subjects saw an increase in December, 1 a decrease and the remainder were unchanged. Of the 3 modules not yet achieving 90% compliance; Safeguarding Children Level 2 saw an increase of 1% to 88% and Safeguarding Children Level 3 saw an increase of 4% to 85%. Unfortunately Manual Handling – Patients was the only module to experience a decrease in compliance, down 2% to 83%. The remaining modules completion rates remain unchanged.

7.2 Divisional STAM compliance shows 10 Divisions with a completion rate greater than 90%. The only Divisions not to achieve this target are Medicine at 88% (no change) and Chief Financial Officer at 85% (up 2%).

7.3 Work with the Divisions continues to ensure the Trust STAM rate is sustained at above 90%, with plans in place to support those Divisions where 90% isn't currently being achieved and focus on any hotspot cost centres.

8. Health and Wellbeing

8.1 Raising Awareness / promoting Health and Wellbeing (H&W):

8.1.1 A three year Health and Wellbeing strategy has been drafted and will be presented to the Trust Executive Committee in February.

8.1.2 In conjunction with Communications a promotional plan has been devised for the year and will aim to be launched within the next month to coincide with the release of our new classes (Zumba, circuit training and tap dancing) as well as our existing classes of yoga, pilates, mindfulness and swimming sessions. Please note staff pay for these sessions and attend in their own time.

8.1.3 Our H&W hub website has had 2,372 hits since launch just over a year ago, this equates to 30% of staff . 20% of that number are return users. Part of our strategy is to raise the profile of the website and to encourage return users.

8.2 Other actions:

8.2.1 Long Service Awards were held 23rd January. Over 100 staff with service ranging from 20 to 46 years will be recognised.

8.2.2 Staff MOT held at RSCH in January with 6 staff attending.

9. Communications & Engagement (12)

9.1 Internal communications and OD support

"The trust is a fantastic place to work" – this is the message from the trust's first nursing recruitment advertising campaign which launched in mid-January, supported by the Communications Team. Focusing on four key elements, the campaign invites nurses commuting into the capital to find a career that's #BetterInSussex. The campaign promotes:

- the amazing Sussex location;
- outstanding opportunities for career development and progression;
- and a culture of flexible working.

Awareness of the recruitment drive is being driven by a billboard at London Victoria Station, press releases sent to local media and a social media campaign. With real life stories about life at BSUH and role vacancies available on a new dedicated website – www.NursingBrighton.org.uk – the campaign will run until the middle of February.

The Communications Team has also been supporting the development of the trust's first LGBTQ+ Conference, which is being held on 26 February at Brighton Racecourse. The conference is oversubscribed and has increased its delegate numbers from 180 to 250.

The team promoted the use of rainbow pins/lanyards (which demonstrate support for LGBTQ+ patients and colleagues). A series of stories went out through internal channels and externally to local media and on the trust's social media channels. The team have also worked on editorials in Pride Life and BAME magazines.

9.2 **Buzz readership:** 3,869 online for December (300 copies of each issue also distributed in print). Headlines for the month included BSUH wins Finance Award; Volunteers long service awards; Neonatal service receives Bliss Baby Charter Pledge of Improvement; Another prestigious award for our Emergency Department; Improving our response to violence and aggression; Star of the Month Awards round-up for 2018 and a review of the year.

9.3 **Infonet:** December users 35K (compared to 30K in Dec 17); 153K sessions with average session duration of 3m55s.

9.4 **Website:** 41K users (compared to 51K, Dec 17)

9.5 Media Coverage

Proactive media

In the run up to Christmas the team organised filming in the Trevor Mann Baby Unit at RSCH for a news story broadcast on ITV Meridian which featured staff working over the holidays. A press release on the variety of staff at the trust working over Christmas also appeared in The Argus as well as the seasonal round up of Christmas and New Year babies.

The dame hood awarded to trust chief executive Marianne Griffiths in the New Year Honours list was covered widely by local media in Sussex and newspapers in Limerick, Ireland.

9.6 **CQC coverage**

Publication of the trust's CQC report attracted blanket coverage from local TV, radio and print media across the county – featuring on the front page of a number of Sussex newspapers.

This also attracted national coverage in The Guardian and Health Service Journal (HSJ). BBC South East and ITV Meridian interviewed staff at RSCH and PRH and broadcast stories throughout the day.

Members of the executive team were interviewed by the HSJ, BBC Sussex Radio, Heart and Capital radio, The Argus, The Mid Sussex Times and Latest TV.

Content published on the trust's three main social media channels received the highest levels of engagement to date:

Twitter – the total reach of people for our tweets was **93,015** people with **5,744** engaging with it.

Facebook – our total reach of people was **50,590** with **7,110** engaging with it.

Linked In – viewed by **2,228** people.

BSUH Workforce Scorecard

December 2018

Key Performance Indicators		Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	12mth position	Target	Amber	Trend
1 Workforce Capacity	*NB*																	
FTE - Budgeted		8,210.6	8,213.7	8,214.3	8,214.3	8,273.0	8,315.6	8,304.6	8,299.7	8,252.7	8,258.5	8,266.0	8,266.7	8,262.6	8,261.8			
FTE - Substantive contracted		7,332.8	7,352.4	7,358.9	7,372.0	7,398.9	7,407.6	7,419.6	7,494.2	7,441.6	7,474.4	7,505.5	7,509.2	7,490.3	7,435.4			
FTE - Substantive contracted variance from Budget		877.8	861.3	855.4	842.3	874.1	908.0	885.0	805.5	811.1	784.1	760.5	757.5	772.3	826.4			
Vacancy Factor (Substantive contracted FTE)		10.7%	10.5%	10.4%	10.3%	10.6%	10.9%	10.7%	9.7%	9.8%	9.5%	9.2%	9.2%	9.3%	10.0%	**9.4%**		
Spend - Bank as a % of total staffing		5.9%	4.9%	6.3%	5.5%	5.1%	5.5%	6.0%	5.4%	4.9%	5.3%	5.1%	6.0%	4.8%	5.4%			
Spend - Agency as a % of total staffing		3.2%	4.0%	4.0%	4.4%	3.4%	3.5%	4.1%	4.1%	2.2%	3.1%	4.1%	4.4%	3.5%	3.7%			
2 Workforce Efficiency	*NB*																	
Absence - Sickness (12 month)	1	4.2%	4.2%	4.2%	4.1%	4.1%	4.1%	4.1%	4.0%	4.0%	4.0%	4.0%	4.0%			**3.7%**		
Absence - Sickness in month		4.6%	4.6%	4.1%	3.6%	3.5%	3.7%	3.6%	3.8%	3.8%	3.8%	4.2%	4.4%		4.0%			
Absence - Maternity in month		2.2%	2.2%	2.2%	2.3%	2.2%	2.2%	2.2%	2.1%	2.1%	2.1%	2.2%	2.2%		2.2%			
Absence - Annual Leave in month		7.9%	5.9%	6.6%	8.3%	6.1%	7.2%	5.9%	6.8%	9.3%	6.1%	5.8%	4.4%		6.7%			
Absence - Special, Study & Other Leave in month		2.9%	2.8%	2.9%	3.0%	2.9%	3.0%	3.0%	3.1%	3.2%	3.2%	3.3%	3.5%		3.1%			
Absence - Total in month		17.6%	15.5%	15.8%	17.1%	14.8%	16.0%	14.7%	15.9%	18.3%	15.3%	15.4%	14.5%		15.9%			
Sickness - Short Term (< 28 days)		2.1%	2.2%	1.9%	1.7%	1.7%	1.8%	1.7%	1.8%	1.8%	1.8%	2.0%	2.2%		1.9%			
Sickness - Long Term (> 27 days)		2.5%	2.5%	2.2%	1.9%	1.8%	1.9%	1.9%	2.0%	2.0%	2.0%	2.1%	2.3%		2.0%	**2.0%**		
Sickness - Stress in month		0.8%	0.6%	0.6%	0.6%	0.6%	0.6%	0.7%	0.8%	0.6%	0.7%	0.7%	0.8%		0.7%			
Sickness - Gastro Intestinal in month		0.4%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.4%	0.3%		0.3%			
Sickness - Other Musculoskeletal in month		0.2%	0.3%	0.3%	0.3%	0.3%	0.4%	0.3%	0.3%	0.3%	0.4%	0.3%	0.4%		0.3%			
Sickness - Cough, Cold & Flu in month		0.7%	1.0%	0.6%	0.4%	0.3%	0.2%	0.1%	0.1%	0.2%	0.3%	0.5%	0.5%		0.4%			
Sickness - Back in month		0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.2%		0.2%			
Episodes - New sickness episodes in month		1,603	1,569	1,247	1,158	1,230	1,086	1,092	1,123	1,134	1,264	1,518	1,477		1,292			
Episodes - On-going sickness episodes in month		345	305	299	288	224	277	262	260	282	280	256	324		284			
Episodes - Total sickness episodes in month		1,948	1,874	1,546	1,446	1,454	1,363	1,354	1,383	1,416	1,544	1,774	1,801		1,575			
Triggers - 3 sickness episodes in 6 months breaches		676	736	747	729	709	657	597	506	541	554	615			589			
Triggers - 5 sickness episodes in 12 months breaches		593	550	546	554	552	548	552	556	556	548	566			510			
Triggers - Long term sickness breaches		102	131	116	105	110	110	111	116	94	106	113			101			
Triggers - Total sickness management breaches		1,371	1,417	1,409	1,388	1,371	1,315	1,260	1,178	1,191	1,208	1,294			1,200			
Triggers - Number of staff breaching one (or multiple) triggers		962	1,001	998	959	960	923	870	811	811	844	899			837			
Maternity - Number of staff on maternity leave		190	188	197	201	197	195	175	181	181	182	196	196		190			
Turnover - Trust (12 month)		13.8%	14.1%	14.2%	14.2%	14.2%	14.2%	14.1%	14.1%	14.1%	13.9%	13.7%	14.0%	14.0%	14.1%	**11.8%**		
Turnover - Medical & Dental		9.8%	10.8%	10.4%	10.0%	10.4%	10.1%	9.6%	10.1%	10.4%	10.5%	10.3%	9.9%	9.1%	10.1%			
Turnover - Nursing & Midwifery		13.4%	13.5%	13.5%	13.5%	13.2%	13.0%	12.9%	13.0%	13.0%	13.3%	13.2%	13.6%	14.1%	13.3%			
Turnover - Scientific, Therapeutic & Technical		16.5%	17.2%	17.8%	17.2%	17.3%	17.8%	17.6%	17.4%	17.3%	16.2%	15.8%	16.4%	15.7%	17.0%			
Turnover - Admin, Clerical & Estates		14.4%	14.5%	14.7%	15.1%	15.4%	16.0%	15.7%	15.4%	15.4%	14.7%	14.4%	14.7%	14.4%	15.0%			
Turnover - Support Staffing		12.8%	13.1%	13.3%	13.9%	13.7%	13.2%	13.9%	14.1%	14.0%	13.7%	13.5%	13.1%	13.6%	13.6%			
3 Training & Personal Development	*NB*																	
% of appraisals up to date (excl Medical staff)		77.0%	74.3%	71.7%	72.3%	77.1%	80.6%	83.7%	85.4%	90.1%	90.2%	88.0%	86.2%	85.6%	82.1%	**87%**		

Notes: 1 Absence data is available one month in arrears.

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	11	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/19
Report Title:	**Safeguarding Children Annual Report – September 2017 to December 2018**				
Sponsoring Executive Director:	Nicola Ranger, Chief Nurse and Patient Safety Officer				
Author(s):	Debi Fillery, Nurse Consultant Safeguarding Children & Young People, Named Nurse				
Report previously considered by and date:					

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

Any implications for:	
Quality	BSUH must ensure a culture exists where safeguarding is everybody's business and ensure that there are robust systems in place & the best and safest care is given to safeguard our most vulnerable patients (children and adults, including those with learning disabilities). Failure to comply with the legal requirements of safeguarding children could risk the Trust's registration with the Care Quality Commission.
Financial	None
Workforce	None

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

Communication and Consultation:

N/A

Executive Summary:

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

The report highlights achievements and any areas of potential risk related to safeguarding children. This paper demonstrates that:

1. BSUH continues to address the issues about safeguarding children and promoting their welfare but the diversity of work has widened.
2. The internal governance arrangements and statutory requirements for safeguarding children and child protection are met & monitored, however IT support is required.
3. The Trust has undertaken an audit of the Section 11 of the Children Act 2004 (HMSO 2004) & meets the requirements, demonstrating a safe service, acknowledging and addressing the challenges relating to safeguarding children.
4. The CQC have verbally reported the service is well led.
5. Systems, processes and policies are constantly under review to ensure that they comply with local and national guidance including learning from serious case reviews.
6. The training figures for all eligible staff have improved.

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

However

- Safeguarding activity across the organisation is increasing, demonstrated by a significant increase in the information being shared, referrals, concerns and daily contact through the safeguarding office & team.
- As recommended by the internal report (in 2015) the safeguarding structure requires review to ensure it is fit for purpose, can respond to increased demand, minimises risk and addresses succession planning, additional staff were suggested.

Key Recommendation(s):

The Board/Committee is asked to: APPROVE the Annual Report.

Brighton and Sussex University Hospitals NHS Trust

Child Protection and Safeguarding Children
Annual Report to the Board

January 2019

Introduction

The Safeguarding Annual Report provides a clear outline of our Statutory requirements, and outlines the safeguarding achievements from 2018 and the priorities for 2019.

The overarching principles as defined by The Children Act 1989 and 2004 remain unchanged & state that:-

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

The Department for Education (DfE) has updated the statutory guidance '*Working Together to Safeguard Children*' (2018) setting out the safeguarding functions for organisation relating to children. The core requirements are broadly unchanged but include emerging safeguarding themes since the last revision in 2015 and add more detail to the assessment and information sharing processes.

BSUH responds to these statutory instructions by having robust governance arrangements in place. The BSUH Named professionals address the requirements of Section 11 of The Children Act 2004 & to support safe recruitment, undertake audit, staff training & to give supervision to staff while encouraging the Divisions to listen to the '*voice of the child*' and to '*think family*' when considering developments.

Significant improvements have been demonstrated in training compliance across all areas which are monitored through the Trust's Safeguarding Steering Group and reports to the Patient Safety Group.

BSUH continues to work in a multi-disciplinary, multi-agency way following the Sussex Child Protection and Safeguarding Procedures when required.

National and local safeguarding arrangements for partnership working are being revised in order to comply with the Children and Social Work Act 2017. Safeguarding Partnerships which include the Local Authority, Police and CCGs will replace Local Safeguarding Children's Boards from September 2019.

The Safeguarding Partners are working to develop plans for the future arrangements and how these will be implemented across the region. Any associated impact is yet to be quantified.

Contextual summary of issues and relevant documents published in 2017/2018 with BSUH actions

Recently events have shown us that the definition maybe straightforward but issues surrounding safeguarding are challenging and complex. In 2017/18 there has been a terror attack in Manchester involving children, the #MeToo social media campaign illuminating sexual exploitation, sexual harassment and abuse in the work place and there are reports of historical abuse in sport & religious institutions. The multi-agency reforms in response to The Children and Social Work Act 2017 will see some of the biggest changes to child safeguarding seen in the last 40 years and as such protecting those at risk requires constant vigilance, perseverance coupled with responsive and thoughtful action.

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

BSUH is situated in an area of high deprivation. In June 2018 Brighton & Hove had **370** children who were subject of a child protection plan making it the 17th highest out of 151 Local Authorities in England down from 10th in 2017.

Quarter	Sept 2010	Sept 2011	Sept 2012	June 2013	June 2014	June 2015	June 2016	June 2017	June 2018
Total No of children with a CP Plan for B&H	411	395	340	300	328	385	381	380	**370**
B&H per 10,000	88	85	N/A	59.9	59.9	57.1	74.7	74.2	**72.1**
National average per 10,000	N/A	36	N/A	37.8	37.9	42.1	42.9	43.1	**43.3**
Statistical neighbour						44.4	42.1	45.3	**49.8**
League table (n=152)			8th	15th	24th	33rd	25th	10th	**17th**

Statistics published by the National Society for the Prevention of Cruelty to Children (NSPCC) show that the numbers of children in the child protection system are increasing.

The B&H LSCB annual report documents that in March 2018:

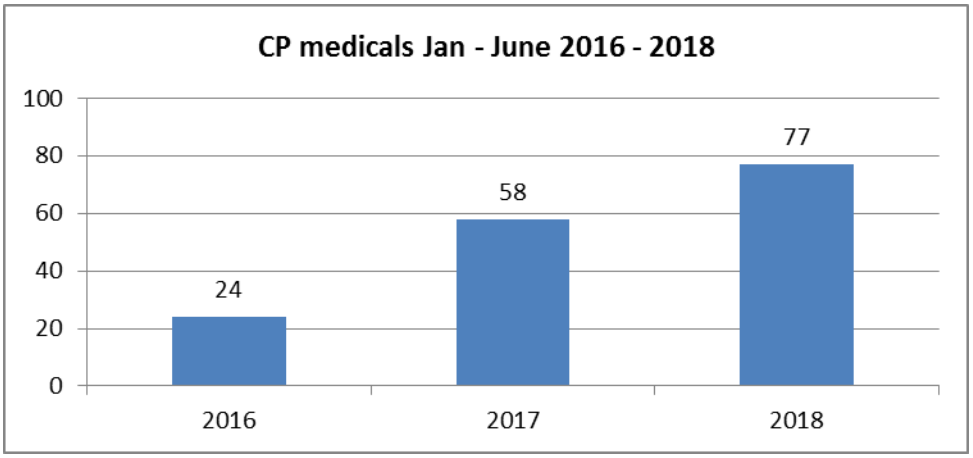
- 1,976 open Children in Need cases at 31st March 2018
- There were 418 children in care (CiC) at 31st March 2018.
- 4.9% of households have no household members who speak English as main language compared to England average of 4.4%.
- one in 12 residents (21,833 or 8.3 per cent) aged over three years English is not their main or preferred language.
- at 31 March 2018, 157 children are allocated to children's disability team.

Attendances to BSUH children's emergency dept/A&E

Of the 31,000 attendances, 322 children with a CP plan attended April 2017 to March 2018

April 2017 to March 2018	Children under 5	Children under 17	Children under 18	Total
RACH CED	12,021	13,623	0	25644
PRH A&E	1443	-	3862	5305
RSCH A&E	0	0	197	197
Total	13,464	13623	4059	**31,144**

The number of child protection medicals from Jan to June is increasing year on year.



The National context

There have been some fundamental changes to child safeguarding which are noted below and The Trust should ensure that the needs of the children are not lost during the transition to the new arrangements.

The Children and Social Work Act 2017 made 34 recommendations – 19 with regard to LSCBs, 10 regarding Serious case reviews & 5 in terms of Child death overview panel (CDOP). It removes the legal authority of Local Safeguarding Children Boards (LSCBs) which will in future reside with a new partnership made up of Clinical Commissioning Groups (CCG), Local Authorities and local police. They must, make decisions about the geographical footprint, funding and criteria for intervention and the scrutiny of the effectiveness of their arrangements by an independent person. Descriptions of the working arrangements will have to be published, as will regular reports on the work of the partnership.

BSUH Actions:

- BSUH is part of the current LSCB and the named professionals have been involved with discussions about the future arrangements.

Working together to safeguard children 2018 (replaces Working Together 2015)
The statutory guidance sets out what organisations and agencies that have functions relating to children must and should do to safeguard and promote the welfare of all children and young

people under the age of 18 in England. The guidance covers: the legislative requirements. The framework for the three local safeguarding partners; and child death review partners. Guidance is provided on: assessing need and providing help including early help; organisational responsibilities; multi-agency safeguarding arrangements; local and national child safeguarding practice reviews; and child death reviews.

BSUH Actions:

- The BSUH named professionals have undertaken the bi annual section 11 audit and challenge event producing an action plan which will be monitored via the safeguarding committee (see appendix).
- BSUH is part of the current LSCB and the named professionals have been involved with discussions about the future arrangements.
- The BSUH named professionals are part of a group reviewing the CDOP arrangements locally to ensure compliance.

Child sexual abuse & exploitation, Criminal exploitation, County lines & Modern Slavery

1. The Independent inquiry into sexual abuse (IICSA)

The IICSA was established in 2015 to explore whether institutions were taking seriously, their duty of care to protect children from sexual abuse in England and Wales. It was set within a background of high profile cases of systematic failures including hospital staff being implicated in the facilitation of abuse in the Saville scandal. Subsequent high profile cases have involved celebrities, politicians and doctors who were previously trusted individuals.

2. Criminal exploitation & County lines

Criminal exploitation includes County Lines which is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or deal line. It involves gangs using children and vulnerable people to move drugs and money. It is a major issue involving drugs, violence, gangs, criminals, sexual exploitation, modern slavery and missing persons. The county lines activity has a devastating impact on children and young people, vulnerable adults and local communities.

According to the Brighton & Hove LSCB annual report there are an estimated 720 lines across England and Wales. At least 283 lines originate in London (conservative estimate) and these predominantly impact forces in the south and east but some also affect forces further north. The Police and Brighton & Hove City Council have closed down over 20 premises in the past two years using Closure Orders under the 2014 Anti-Social Behaviour Policing and Crime Act. There have been incidents of violence associated with these addresses with knives and other weapons reportedly being used.

3. Modern Slavery Act 2015

Child trafficking is a crime against a person and child smuggling is a crime against the state. **Human trafficking victims** are tricked, forced, threatened or coerced into moving to a situation where they are exploited for labour, sexual acts, domestic service, identity abuse, removal of organs or other criminal acts. This movement can be between countries or within their own country. **People smuggling** is a business transaction between a person wishing to enter a country illegally & their facilitator & always involves illegal border crossing.

Nationally 215 referrals were made to the Child Trafficking advice centre (CTAC) service between February 2017 and January 2018; The most common primary types of exploitation for referrals into the service were criminal exploitation (65) sexual exploitation (72) and labour exploitation (43).

BSUH Actions

- The BSUH safeguarding newsletter updated staff on how they may be involved with the '*Truth Project'* in Brighton in Jan 2018.
- BSUH continues to store notes which may be required by the IICSA and this will continue to have a financial impact.
- 2018 safeguarding training at all levels includes information and scenarios about criminal exploitation, sexual abuse & child sexual exploitation & modern slavery & how to respond using the sexual abuse referral centres (SARC) & local initiatives such as the adolescent, vulnerable & risk meeting (AVRM).
- As a result of the LSCB CSE audit, listening to the '*voice of the child'* has been promoted.
- The 2018 training on adverse child hood experiences (ACE) highlights the need to be trauma informed and think holistically about assessments and support.
- A member of the sexual health team represents BSUH on the AVRM.
- The sexual health team have a specific vulnerability assessment tool.
- Children's emergency department have a safeguarding assessment system which considers vulnerability including CP-IS checks.
- Adult A&E has screening questions which ask if an adult has children and if they are safe.
- NHS England 'Child Sexual Exploitation advice for healthcare staff' A pocket guide to provide practical information to healthcare staff to safeguard children and young people was introduced in January 2017, and has been added to the BSUH safeguarding web page.
- The chaperone guidance has been updated.
- The BSUH safeguarding web page has links to various information and resources about these topics

The impact of Mental Health issues

Children and young people have their own mental health concerns which impact on their lives and they also may have to cope with parental mental health issues. Living in a household where parents or carers have mental health problems does not mean that a child will experience abuse or even be affected negatively in any way. With appropriate support, many parents with mental health problems are able to manage their condition and minimise its impact on their children. But sometimes it does affect their ability to cope with family life & this may affect children differently according to their age, development and personality.

Practitioners should assess whether a parent or carer's mental health problems pose a risk to the child's safety and wellbeing, and whether these risks can be mitigated with appropriate support.

BSUH Actions

- BSUH safeguarding training includes information on how parental mental health may affect children & young people.
- BSUH has included screening questions in A&E asking if adults have any children and if they are safe.
- The adult mental health liaison team is aware of assessing the impact of mental health issues on any children in the family.
- Staff are reminded of how to make safeguarding children referrals related to parental ill health.
- There is a paediatric mental health liaison team based at the children's hospital who support children and young people who attend with mental health issues. There are close links with CAMHS.

Female Genital Mutilation (FGM)

In England, Wales and Northern Ireland, the Female Genital Mutilation Act 2003 made the practice of FGM and failure to protect a girl from FGM illegal. The Act also introduced Civil FGM Protection Orders, allowing for those who are at risk, or know someone at risk of FGM, to make an application to the Family Court to have the breach dealt with as a contempt of court. The NHS England pocket guide highlights that FGM is child abuse. Mandatory reporting by NHS hospitals continues.

NHS England launched the FGM Information Sharing (FGM-IS) system in maternity units across England. FMG-IS is a national IT system that allows healthcare professionals across England to systematically share information about a family history of FGM.

BSUH Actions:

- The BSUH Trust FGM policy is in date and includes risk assessment documents and information relating to support of women affected by FGM. It is linked to the Pan Sussex child protection procedures and various professional documents.
- BSUH continues to report anonymously the Victims of FGM which are disclosed. None have been under 18.

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

- BSUH has completed the maternity FGM-IS project of adding information onto the national spine for girls who may be affected by FGM.
- There are links with the Brighton VAWG (Violence against women and girls) and Front Door for families to ensure a strategic approach.
- The FGM pocket guide (NHS England) is available
- The Safeguarding Team continue to provide support when required.

CP-IS (Child Protection Information service)

CP-IS is the national system connecting local authorities child social care IT systems with those used by the NHS in unscheduled care settings, to provide information on those children who are considered to be at risk and are subject to a Care plan or are 'Looked After'. (https://systems.hscic.gov.uk/cpis).

Actions

- CP-Is is in place in children's emergency department, adult A&E at PRH maternity and using smart cards. It is to be introduced shortly to adult A&E at RSCH
- The IT support required for CP-IS has been explored and would cost £79,000 plus £11,000 annual support costs. The monitoring continues to be undertaken manually which is inefficient. However recent audits show the smart card system is being used.
- As some areas (eg. outpatients dept) do not have access to CP-IS the original flagging system continues to be used.

The General Data Protection Regulation (GDPR) and child protection (NSPCC)

The General Data Protection Regulation (GDPR) came in to force on 25th May 2018. It is an EU law that sets out guidelines for the collection and processing of personal information and aims to give individuals more rights over how their data is used. GDPR is incorporated into the UK's domestic law under the powers in the European Union (Withdrawal) Act 2018, and will continue to apply to the UK after Brexit.

GDPR emphasises the importance of asking children for consent before sharing personal information.

If a child is mature enough you should give them the opportunity to decide whether they agree to their confidential information being shared. If a child doesn't have the capacity to make their own decisions, you should ask their parent or carer (unless this would put the child at risk).

However, if you have a child protection concern, you must share information with the relevant agencies, even if you have not been given consent. GDPR does not affect this principle.

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

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

Corporate responsibilities & statutory Leads during October 2017 – December 2018
Child Protection / Safeguarding Children workload

Corporate Responsibilities

The Chief Executive is the Accountable Officer of the Trust and as such has overall responsibility for ensuring it meets statutory and legal requirements and adheres to guidance issued by the Department of Health, Department for Education and Skills, Commissioners and local Safeguarding Children Boards.

The Safeguarding Children Lead Director is the Chief Nurse who is accountable to the Chief Executive and has delegated responsibility for safeguarding children and young people. The Chief Nurse oversees safeguarding children arrangements within the Trust and is the named person on its Local Safeguarding Children Board, supported by the Named professionals.

Each Trust has a statutory duty to provide a Named Nurse and Doctor and a Named Midwife if providing midwifery care. They are accountable to the Nurse Director & their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Named professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively (Working together 2018).

BSUH Safeguarding Named Professionals		WTE
Lead Director	Chief Nurse	
Named Doctor	Consultant paediatrician	4pa
Named Nurse	Nurse Consultant Safeguarding Children & Young People	1.0
Safeguarding nurse	Job share currently	1.0
Liaison nurse		0.72
Named Midwife	Community midwifery matron	no ring fenced time
Safeguarding Midwife	Midwife	0.8
HR Lead	HR Director	

The Named Doctor provides clinical advice and Level 3 training to medical colleagues. The training programme includes teaching for paediatricians and other professionals working with children ensuring local knowledge is evidence based with external speakers attending to discuss their services.. She also attends local multiagency meetings to ensure good multidisciplinary working and networking within the community.

The consultant-delivered child protection medical service continues but the number of CP medicals are rising year on year. **(132 in 2018, 26 more than in the whole of 2017).**

She is the primary chair at weekly peer review meetings, during these educational meetings complex cases are discussed providing peer support and education. This helps to maintain consistency and quality within the safeguarding process and report writing driving service improvement. Suggested amendments or clinical suggestions made by the quorate are communicated to the lead consultant.

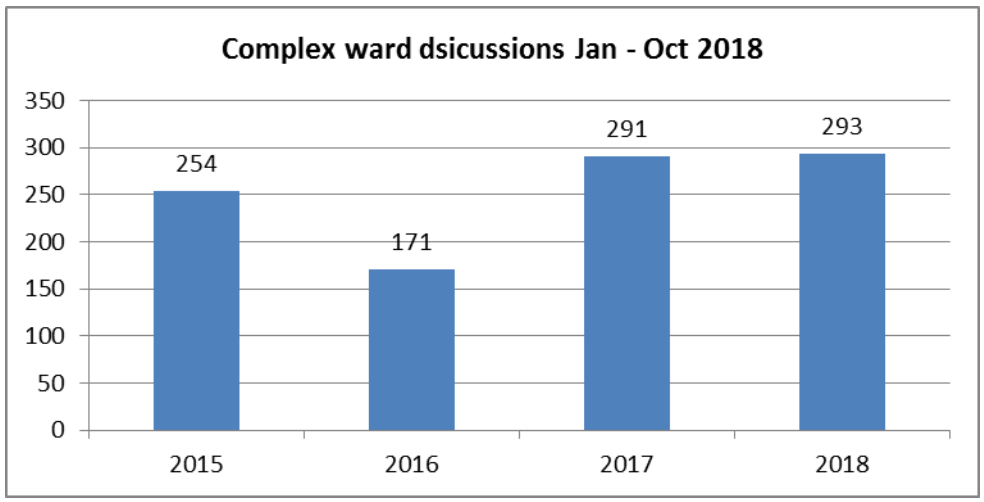
She has an overview of complex cases, attending strategy meetings to support colleagues, or occasionally as their proxy. She has written numerous paediatric child protection guidelines for the trust. There is also an audit of injuries presenting to A&E in under one year olds and the use

of consent forms for skeletal surveys in keeping with the most recent Royal College of Radiologists Guidelines - results being analysed.

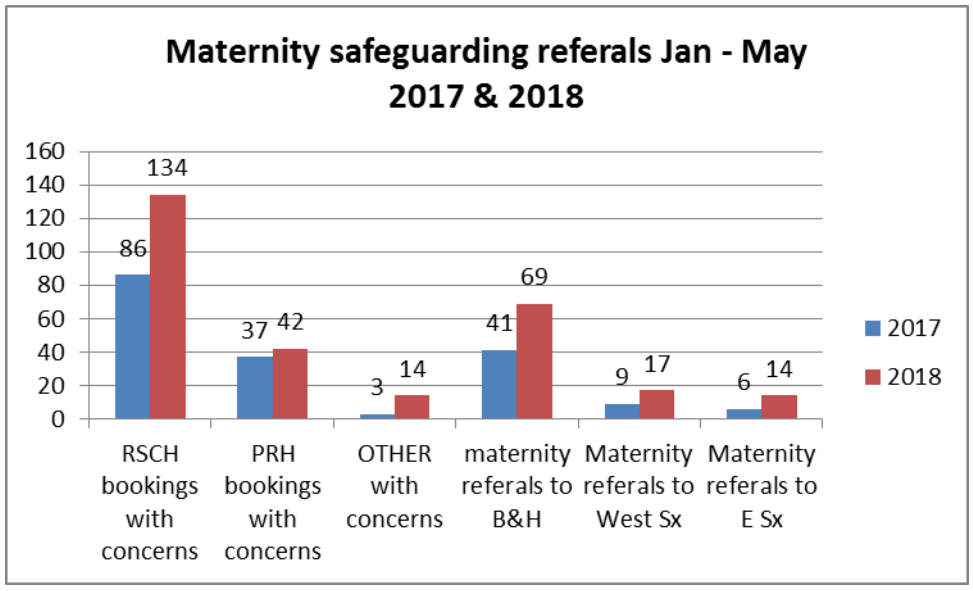
The Named Nurse and safeguarding team

The Named Nurse is a statutory role and she is supported by a safeguarding nurse and the liaison nurse.

The daily ward round continues to ensure advice and co-ordination of care is available.
In 2018 from Jan – Sept 1133 discussions were needed & 293 were complex.



The maternity referrals are also noted to be more complex and rising.



The information noted above illustrates the increasing workload.

Governance & multiagency working during 2017-2018

The BSUH Safeguarding Children Steering Group

Meets quarterly Chair Lead Director the Chief Nurse

1. Ensures internal governance arrangements are in place and effective and reports to the Board once a year. In 2017 has also been asked to report to the quality & performance committee twice a year & the CCG assurance group quarterly.
2. Works towards completing the BSUH safeguarding action plan.
3. Maintains and monitors the Section 11 audit with evidence available electronically and updated as required
4. Addresses & disseminates learning from SCR & audit.

Policies & guidance introduced or updated

1) All policies related to safeguarding children are currently up to date.
2) Paediatric on line clinical guidance is available
3) Information sharing posters have been renewed.
4) The safeguarding children web page is up to date with links to various resources.

Audits undertaken

Section 11 audit & challenge	Ward discussion overview
Overview of CP medicals	Training evaluation
LSCB notes audit x 2 (Neglect & children who have been sexually abused, How is the Voice of the Child heard by LSCB partner agencies?)	NICE questions
	Child referral form from adult area quality audit
FGM audit	CP-IS documentation

Training

The Trust learning and development strategy reflects the requirements in the Intercollegiate guidance. An updated version is due in 2019.

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

The content is based on learning from serious case reviews, LSCB outcomes, National and local topics of concern. Specifically in 2018 the subjects covered have been County lines, adverse child hood events, child sexual exploitation, assessment framework.

The total BSUH workforce requires some level of statutory safeguarding children training.

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

The safeguarding team facilitated 161 sessions equating to approx. 300 hours of training.

The compliance levels are much improved.

Level 1 Oct figures = 94%

Level 2 Oct figures = 88%

Level 3 Oct figures = 84%

The sessions continue to be well evaluated.

Training is monitored by Directorates and during personal appraisals.

Communication & IT

- Information sharing related to safeguarding should not be affected by the new General Data Protection Regulations (GDPR).
- Information sharing between the Trust and the community heath visitors and school nurse continues using the summary sheets (paragons).
- In B&H information relating to young people who self-harm is shared with key safeguarding leads in schools if the YP agrees.
- The BSUH staff safeguarding web site & monthly newsletter provides information.
- The CP-IS system and manual flagging system continues as a robust safeguarding checking system for all areas for those children/YP with a CP plan.
- A request for a central safeguarding page on Panda is being considered to ensure staff have a central point for safeguarding documentation.

Safeguarding Supervision

- There have been no additions to the process of Supervision in 2107/18 due to lack of capacity.
- There have been no serious incidents in this timeframe.
- The Named Doctor & Nurse continue to fulfil their statutory role by offering supervision on a case by case basis & to those with complex caseloads.
- The safeguarding midwife gives supervision to the maternity team, community midwives and those with high risk caseloads.
- The safeguarding paperwork is filed in the child's notes.
- The Named professionals receive supervision from the designated professionals.
- There is monthly feedback to the Nursing and Midwifery Board. This information should be disseminated to the Directorate teams via their quality and safety meetings

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

External monitoring of safeguarding arrangements based on the Section 11 (s11) of the Children Act (2004) is a responsibility of the LSCB (Local Safeguarding Children Board), Ofsted and the Care Quality Commission (CQC).

The bi-annual S11 audit was completed again combined with a peer challenge BSUH actions related to addressing the training figures, team staffing and the updating of the managing allegations policy.

The CQC interviewed the Named Nurse for children and the Lead Nurse for adults.

The CCG exception reports are provided on a quarterly basis and the main issues have related to training figures, the internal safeguarding review action plan & team review.

The JTAI themed inspections may occur at any time. The current topic for deep dive is about children who have been sexually abused within the family. The monitoring information has been given to the Designated Nurse for quick dissemination should a visit occur.

Partnership working

- Safeguarding is a shared responsibility dependant on excellent interagency and joint professional working. Strategic work is often set by local LSCB (Local Safeguarding Children's Board) in B&H and West Sussex which allows constructive challenge and the continual improvement of care.
- The Named Nurse and Named Doctor represent the Trust at the B&H LSCB Board meetings and various sub groups.
- The Named Nurse links to West Sussex and East Sussex Local Safeguarding Children Boards via the Designated Nurses and Designated Doctors for Child Protection, and the health sub group of the West Sussex LSCB..
- The BSUH Nurse Consultant represents the Trust at the various domestic abuse fora and the VAWG (Violence against women and girls) strategic meetings.

Reports written by the Named Nurse & contribution include:-

1. The section 11 audit completed for B&H LSCB & attended the challenge event
2. A report for B&H LSCB on the safeguarding children audits undertaken by BSUH
3. Contribution to 2 B&H audits
4. Contribution to serious case review x 3
5. A BSUH safeguarding update to contribute to the LSCB annual report.

Serious Case Review & themed reviews

Serious Case Reviews are held to investigate cases in order to learn from the event in a constructive way in order to improve services and multiagency working.

BSUH will include these learning points within the training for 2019.

Within B&H One serious case reviews have been published this year. One concerned the death of a 17 year old boy and led the LSCB to evaluate the safeguarding response to children as they approach adulthood.
There are currently 2 cases being reviewed & learning will be shared in 2019.

West Sussex SCR have not been listed but can be seen on the LSCB website. However

some of the learning has related to injuries in children under 1 or child sexual exploitation.

The 2017/18 SCR system has been replaced with a system of national and local reviews. A National Panel has been established. This will be responsible for commissioning and publishing national reviews and investigating cases which will lead to national learning.

Local partners will be required to carry out reviews into cases which are considered to lead (at least) to local learning. These should be published.

The planned '*What Works'* Centre for children's social care will analyse and share lessons from local and national reviews.

Safeguarding Children Human Resources Report

Safer recruitment

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

Allegations against staff

The guidance on managing allegations against staff is being updated.

During the period 2017/18 there have been 5 incidents which have been discussed with the Local Authority Designated Officer (LADO) team. After exploration none reached child protection thresholds, however as a result the chaperone policy was updated and re-launched.

Paediatric Mental Health

The B&H CCG fund the mental health support service for children in B&H with long term health issues linked with BSUH and the Paediatric mental health liaison team (MHLT) which is the multi-disciplinary team (occupational therapy, nursing, psychiatry) which was established at Royal Alexandra Children's Hospital in Nov 2016. The service has been invaluable and operates between 9am-8pm Mon – Fri and 10am-6pm Sat, Sun and bank holidays and offers a service to the Royal Alexandra Children's Hospital patients, families and staff.

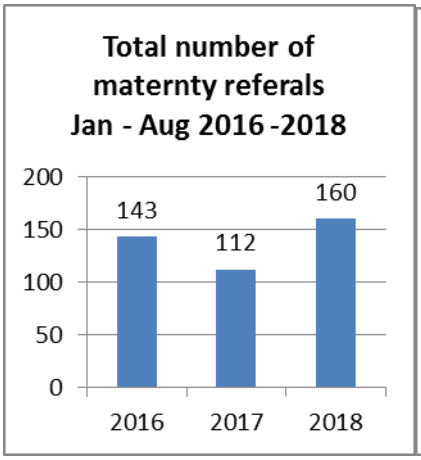
Improvements to the process for sharing information with schools in B&H has been introduced by gaining the YP consent to alert the safeguarding lead in the relevant school so support can be given.

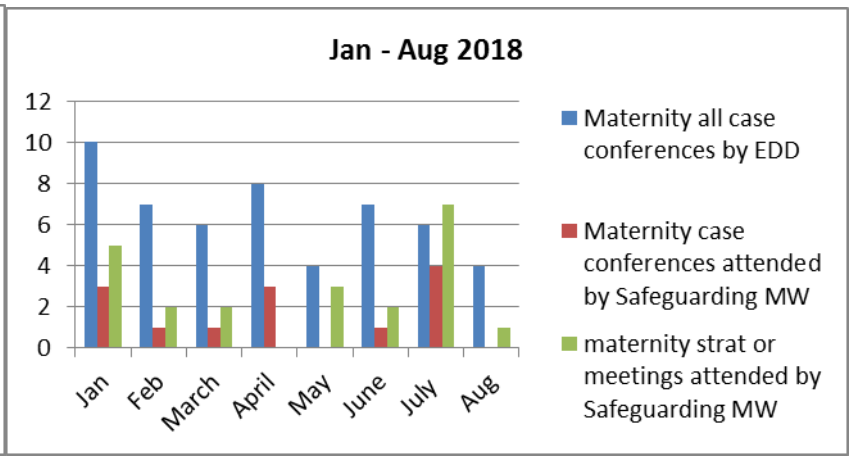
The RACH has recognised that staff feel apprehensive about caring for young people with mental health issues. Therefore, they have become involved with the **We Can Talk** project which has been developed directly in response to the views, experiences and needs of young people and those working in acute hospital settings. It has been co-produced with young people with lived experience of mental health difficulties, hospital staff and mental health professionals. For more information please visit www.wecantalk.online.

Maternity Report

Achievements and Progress in relation to Maternity October 2017 - October 2018

- At BSUH the Named Midwife role is combined with the community midwifery manager's post. Unfortunately the role requires more commitment and much of the strategic work is undertaken by the Named Nurse and the organisation and responses to situations falls to the safeguarding midwife.
- The pre-birth safeguarding workload is rising as demonstrated below & a business case is being developed to increase the safeguarding midwife time in response to the risk involved.





- A 0.6 WTE Mental Health midwife has been recruited and this individual will support the safeguarding agenda for this caseload of women.
- Safeguarding supervision is given on a one to one basis with case oversight by the safeguarding midwife who also gives specific safeguarding supervision to the community midwifery teams and the specialist midwives.
- The community midwives have all received laptops which improves the level of documentation for the midwifery booking process and sending referrals.
- The new maternity notes have improved information gathering about social issues & to review the risks at 28 & 36 weeks gestation. The documentation will be audited.
- A shared drive has been implemented to ensure child protection plans are available to key senior staff ensuring good transfer of information minimising error.
- Midwives continue to ask routinely about FGM but the figures continue to suggest that this area does not have a large population of women who are victims of FGM.
- The Level 3 safeguarding and domestic abuse training compliance has improved to stand at over 84%.

Maternity Action plan 2018-2019

- The statutory named midwife role is being reviewed and funding considered within the workforce planning
- To support the new Mental Health midwife in relation to safeguarding children for this caseload of women.
- A review of safeguarding supervision is required to ensure staff are supported and a quality service is maintained.
- To continue to monitor and audit the pre-birth safeguarding workload and make recommendations as required (ongoing).
- To implement any recommendations from any serious case reviews. (B&H Baby Alex)

Domestic Violence and Abuse Report (DVA)

Domestic abuse takes many forms, from physical and sexual abuse, to controlling and coercive behaviour that isolates victims from their families and has long-term, shattering impacts on their children. It affects those from all walks of life and victims can be young and old. The SafeLives' Impact Report 2017-18 documents that **'***People impacted by domestic abuse live behind any front door, work in any office, live on any street. They are our colleagues and our friends. They are the nurses who patch us up, the police officers who keep us safe, the teachers who support our kids. They are our colleagues and our friends.'*

Of all the babies born in the UK today - and every day – around 250 of the girls will go on to have an abusive relationship in later life, unless changes are made. In total, we know 1.5 million girls and 700,000 boys (0-15 years olds) in the UK today will grow up to have an abusive partner at some point in their adult life. (Safelives website Oct 2018)

Achievements and Progress in relation to Domestic Abuse October 2017 - October 2018

1. The BSUH domestic abuse policy is in place and next due for an update in 2019.
2. The NICE Quality Standard – Gap analysis action plan has been completed.
3. The Domestic abuse training continues with the help of the HIDVA as part of the level 2 training and other specific areas such as A&E & maternity. 891 people had specific training.
4. The B&H CCG are funding Health independent domestic abuse advocate/advisor until March 2019, currently proposals are being made for this funding to continue,
5. The IDVA info sharing agreement was updated in May 2018
6. Posters and the use of 'amber cards' and 'bar code tissues' help promote the service.
7. There were 158 referrals to HIDVA service Sept 2017 – Sept 2018
   - 85 short term pieces of work
   - 80% patients engaged with HIDVA service.
   - 19 (12%) have been identified as high risk of harm from DV.
8. BSUH is represented at the various strategic groups relating to Domestic abuse and to Violence against Women and Girls (VAWG).
9. MARAC (Multi-agency Riask assessment committee) co-ordinates planning for high-risk cases of domestic abuse, stalking and 'honour'- based violence. In 2018 the BSUH commitment is considered to total 3 -4 days pcm but the changing format of the MARAC & issue of increasing numbers has been escalated to the CCG.
10. The process of flagging of Victims discussed at MARAC has been implemented by the safeguarding children team.

Domestic Abuse Action plan 2018-2019

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

Key issues & Action plan for Sept 2018 – Sept 2019

As the safeguarding agenda is continuously developing, in both its complexity and scope, our priorities and processes must also evolve while still keeping sight of the fact that safeguarding is everyone's business irrespective of role or position

The new 'Working Together' 2018 document has been published and BSUH will need to respond to the changes to the LSCB's which are moving to become Safeguarding partnerships, and the transition from Serious Case Reviews to National and Local Reviews.

In addition to general statutory requirements which apply to the whole Trust, there are specific action plans for various specialities within the BSUH Trust itemised and monitored in the Safeguarding children committee action plan which will obviously respond to additional issues which arise through out the year.

1. To complete the review of the safeguarding children team and ensure that it is fit for purpose as was suggested in the internal review & previous annual reports.
2. To continue to have Directorate assurance & evidence that 'safeguarding children' is discussed and that staff are aware of their role and responsibilities.
3. To update any safeguarding policies which become out of date in 2019.
4. To address the 'Facing the future: standard for children in emergency care settings'. (RCPCH, 2018) and updated standards for safeguarding children and young people in emergency care settings in the UK.
5. To continue to raise awareness and embed the skills and knowledge around learning relating to safeguarding children.
6. To implement the CP-IS process in RSCH adult A&E setting and work toward making it an electronic system linked with symphony.
7. Continue & complete the work itemised in the Safeguarding Children & Young People Committee action plan.
8. To ensure the maternity action plan is addressed and the named midwife role is reviewed.
9. To ensure the domestic abuse action plan is addressed & that the IDVA service is supported.

Debi Fillery
Nurse Consultant Safeguarding Children and Young People
Dec 2018

Appendices (attached)

Action plan 2017/18 Trust action plan 2017 to 2018.docx	BSUH safeguarding declaration. BSUH declaration 2018-19.doc
Section 11 action plan 2018 BSUH Section 11 action plan 2018.doc	

BSUH safeguarding action plan 2017/2018 (generated by Board report)		
To continue to have a Non-executive Board member linked to paediatrics and safeguarding children.		Invited and minutes sent
To continue to have Directorate assurance & evidence that 'safeguarding children' is discussed and that staff are aware of their role and responsibilities.		New Governance review has safeguarding as a standing item for all Divisions. The safeguarding committee reports to the Trust patient safety committee.
To complete the action plan relating to the recommendations from the safeguarding review by Dec 2017.		2 outstanding topics. Allegations policy to update Team review
To complete the review of the safeguarding children team in the light of the safeguarding review comments about succession planning and ability to cope with the work load by Dec 2017.		Business case developed
To ratify the decision relating to the disclosure and barring processes and repeating the assessment every 3 years for those in high risk roles.		Ratified by the safeguarding committee. HR aware.
To continue to contribute to the B&H MASH funding. (approx. £25,000pa)		Continues
To complete the review of paediatrics at PRH A&E.		Ongoing The safeguarding training of nurse has reached 99%, the rotation of staff to CED is ongoing,
To review the information sharing processes and ensure efficient IT systems.		Ongoing Trust strategy
To continue to raise awareness and embed the skills and knowledge around learning from serious case reviews, CSE, FGM, modern slavery and continue to implement Govt and local initiatives relating to safeguarding children.		Training Symphony changes
To monitor the CP-IS process and work toward making it an electronic system linked with symphony.		CED, PRH & maternity completed & adult A&E starting soon. audit of compliance is good
Continue & complete the work itemised in the current Safeguarding Children & Young People Committee action plan.		
To ensure the maternity action plan is addressed and the named midwife role is reviewed.		Action plan with HOM & named MW
To ensure the domestic abuse action plan is addressed & that the IDVA service is supported.		Linked to team review. Liaison with CCG & DV commissioner

BSUH Safeguarding Children Declaration November 2018

Care Quality Commission Core Standards and Section 11 of the Children Act 2004

The Board of Directors of Brighton & Sussex University Hospitals Trust is accountable for and committed to ensuring the safeguarding of children in their care. The Trust also has a responsibility to liaise with other agencies and provide information to them where necessary, to ensure the ongoing safety of children once they leave hospital.

The Executive Director of Nursing and Midwifery, has Board level responsibility for safeguarding children. The Safeguarding Children's Team (SCT) acts on her behalf to ensure that the board is assured that all necessary measures are taken to safeguard children.

Systems and processes

The Trust complies with both NHS standards and current legislation and meets statutory requirements in relation to carrying out Disclosure & Barring (formerly Criminal Records Bureau) checks for staff.

Policies

The Trust works to the Sussex Child Protection Procedures. In addition the Trust's child protection policies and procedures are up to date, regularly reviewed, and are accessible by all staff via the Trust intranet on a dedicated safeguarding children page. The Safeguarding Children Policy is available on the intranet and is reviewed every three years or in line with the most up to date legislation. The policy is to be updated in 2019.

There is guidance on the management of children who fail to attend outpatient appointments. Children who fail to attend out-patients appointments are recognised and that informed decisions, (taking into account social and health issues) are made to ensure appropriate follow-up. Information about failed appointments is shared with the child's GP and other professionals, such as the health visitor or school nurse. The importance of following up DNA's is highlighted in all safeguarding children training.

All children seen in the Children's Emergency Department (CED) are assessed to identify potential safeguarding concerns. The Trust has a computer system for 'flagging' children with a child protection plan as well as the national CP-IS system. For a child who is deemed to be vulnerable, social services are contacted to establish whether there are known safeguarding concerns or whether the child is a 'child in need' or subject to a new child protection plan.

Training

A safeguarding children training strategy is in place which follows the Intercollegiate guidance on roles and competencies for healthcare staff (2014) and training is planned and delivered to suit the needs of the workforce. All staff new to the Trust have safeguarding children training level 1 as part of their induction. In addition there is mandatory level 2 training every 3 years for clinical staff who mainly care for adults and yearly level 3 training for staff who care for children or unborn children. A training database for all staff is maintained and monitored by the Trust Safeguarding Children Committee. Training needs are reviewed as part of individual performance reviews and more broadly throughout the organisation by audit.

RCPCH (2014) Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate document

Resources

The Trust has a dedicated safeguarding children's team who are employed with responsibilities for child safeguarding.
This team comprises
1 x WTE Named Nurse
1 x WTE Safeguarding children nurse (currently arranged as a job share)
1 x 0.72 liaison Nurse
1 x WTE Named Doctor with 4 PAs for safeguarding children
Named Midwife for safeguarding children (time not ring fenced)
1 x 0.8 WTE Safeguarding Midwife
1 x WTE Administrative support.

Each member of the team has specialised safeguarding training and receives support and ongoing training to support their roles. The named professionals receive support and supervision from the designated professionals. The team works closely with other health professionals within the Trust and with health professionals and other agencies outside the Trust to ensure the safety of children including the local LSCB.

Assurance

A clear line of accountability is in place as there is a Trust Safeguarding Children Committee which meets quarterly and in addition safeguarding issues are reported monthly to the patient safety group.

The Board of Directors takes the issue of safeguarding extremely seriously, and receives an annual report on safeguarding children. A programme of audits to ensure that processes and systems are working effectively is included in the annual safeguarding work plan which is reviewed by the Safeguarding Children Committee every 3 months. There is a quarterly exception meeting with the CCG.

Partnership working and information sharing

The lead director for safeguarding children (or allocated deputy) sits on the Local Safeguarding Children Board ensuring that the view of Health is clearly represented and that Health is actively involved in planning and decision making at all levels. The Trust is committed to interagency working and positively supports opportunities to work with other organisations and disciplines. The Trust is clear about the rational and mechanisms for sharing information.

BSUH Section 11 action plan 2018

5.1	Induction and training figures	**Sept 2018** Training figures improving due to Trust focus on STAM attendance. **Level 1** is for all non-clinicians. Sept figures= 94% **Level 2** is for clinicians who mainly care for adults Sept figures = 87% **Level 3** is for clinicians who mainly care for children. Sept figures = 81% **236 (352hours) training session in 2017** **188 (294.5hrs) in 2018**	G
5.4	Training related to cultural and religious issues	Trust commitment to diversity and individual treatment BME network, LGBTQ+ network, equality and diversity lead, Training is included in the 2019 on faith and cultural issues especially related to serious case reviews held in England.	G
6.7	Allegations	Sept 2018 Policy still being updated	A
9.29	Internet policy relating to protecting professional reputation on line	BSUH webpage BSUH safeguarding newsletter BSUH IT governance handbook (attached separately over the page)	G

Top tips for using social networking sites and Information Technology advice for Nurses and Healthcare workers

Introduction

Information technology (IT), and the internet in particular, is now an integral part of our daily lives, and almost every nurse or health care worker will have access to a computer at work, and very often at home as well. However, employers and professional bodies are becoming increasingly alert to the potential abuse of the internet. The growing popularity of social networking sites like MySpace, Facebook, Bebo and Twitter has raised the risks of a health care worker experiencing potentially serious legal and professional repercussions through the inappropriate use (if only inadvertently) of this recent technology.

Communicating online

Having finished a long and tiring day of work or in studies, sharing bits of gossip and other information over the internet with friends, in the comfort of your own home, is a common past-time for many people. But it is very tempting to forget that electronic communications are not as private as a telephone call or letter, and there are potentially some real dangers in describing incidents, people or situations that you have encountered at work, that struck you as funny, stressful or exciting. Never forget that the law, such as defamation and harassment, still applies irrespective of where you happen to be communicating. Obviously, it is recognised that everyone is entitled to a life outside of work, but that doesn't by any means preclude either your employer or professional body taking account of some of your actions occurring in your home or social environments. In other words, what you do outside of work may be relevant to your employment and professional status.

Social network sites make personal information publicly accessible, allowing people to upload a profile with personal details, photos, videos and notes and to then link with their friends' profiles. This raises immediate concerns about privacy. In response to some highly publicised cases of misuse by employees, some employers now ban social network sites being used by employees in the workplace, arguing that they place the organisation at risk because:

- It affects the performance of their organisation's IT systems
- It brings the employer into disrepute by the posting of damaging remarks whether about the employer, their clients or other employees
- It reduces the employees' productivity as they use part of the day to access the websites talking to friends
- It gives rise to risks of legal claims against the employer who is generally vicariously liable for the actions of its staff.

Through the inappropriate use of the internet you may:

- Breach your organisation's internet policy
- Breach your organisation's harassment policy
- Damage your employer's reputation in such a way as to constitute a breach of your employment contract, leading to disciplinary action and possible dismissal.

Not only are there risks to your employment if you misuse IT, but the NMC Code of Practice is also very explicit that registrants must uphold the reputation of the profession in their daily lives, and inappropriate behaviour outside of work may be considered potential misconduct.

So here are some top tips for social networking:

- Don't make disparaging remarks about your organisation, its clients or fellow employees on a social network site
- Avoid any identification of your employer on your profile page of a social network site

- Don’t make any remarks on a social network site that may embarrass your employing organisation. In particular, do not air your grievances where countless others might be able to read all about it
- Do not use any social networking sites or other non-work related sites when you are supposed to be working
- Under no circumstances identify patients in your care, or post information that may lead to the identification of a patient. If you do, you interfere with their privacy and breach the law on confidentiality, your employment contract and your professional Code of Practice
- Never post sexually explicit, racially offensive, homophobic or other unlawfully discriminatory remarks on your network site.

Top tips for using IT at work:

- Always read and comply with your employer’s policy on IT use in the workplace
- Never access or download inappropriate websites at work, such as those containing sexually explicit material, or gambling sites
- Observe your employer’s bullying, harassment
- and dignity policies when composing emails to colleagues at work
- Never take private film or photos, whether on phone cameras or otherwise, of patients in your care
- Observe your employer’s bullying, harassment and dignity policies when composing emails to colleagues at work
- Avoid responding in haste to emails which have made you angry or upset. Take time to compose a reply and even think about talking to a friend or colleague about the content if you intend to be very critical
- Avoid sending emails etc. to the ‘All Users’ address, or large numbers of other staff, when making criticisms of a work colleague’s behaviour or actions towards you. Remember that criticising someone in the presence of others may be considered in certain circumstances as bullying or harassment.

For more info please contact Claire Martin, Senior Nurse Practice Development and Clinical Education Nursing Delivery Unit via Trust email.

The Information Governance Staff handbook

The Information Governance (IG) Team is thrilled to be launching the Trust's Information Governance Staff Handbook for 2018-19. This is the fourth edition of the handbook for staff at WSHT and it is especially exciting that this is the first time that it has been available to colleagues across both organisations.

To compliment the annual mandatory IG training that all staff are required to undertake annually, ***The Handbook*** is full of guidance on many areas that may cause confusion:

- Staff Confidentiality Code of Conduct
- The Trust's Information Governance Staff
- Legislation, Regulations, Guidance and Trust Policies
- Caldicott Principles, Data Protection Law and Consent
- Guide to Confidentiality
- Social Media and the Use of Mobile Phone-based Messaging Apps
- Parental Responsibility
- Subject Access Requests
- Sharing Information with the Police
- Information Governance and Cyber Security Breaches
- Management of Clinician to Clinician Handover Sheets
- Decommissioning Work Areas: Checking for Confidential Information
- Monitoring Access to Personal Confidential Data
- Information and Cyber Security
- Use of Email
- Photography and Recordings
- Information Governance Mandatory Training
- Records Management
- Freedom of Information Requests
- Data Protection Impact Assessments
- Business Continuity
- Information Sharing
- Use of Information for Non-Care Purposes
- The National Data Opt-Out
- Smartcards
- Data Quality
- When Staff Become Patients
- Counter Fraud
- Current Affairs
- Contact Details

Staff Employment Records Privacy Notice

To make sure the information is as up-to-date as possible for all staff ***The Handbook*** has been written to take into account some very significant changes in legislation and guidance.

If you have any Information Governance queries, please do contact us for specific advice; we have highlighted on p.4 that, although *The Handbook* gives lots of support, the IG Team must be contacted for bespoke guidance on detailed and complex issues.

We are always keen to have comments and suggestions for future editions, so keep the suggestions coming!

I would be extremely grateful if you could please print it off (suggest that it is printed as a booklet) and cascade it to staff who do not have regular computer / email access, as well as ensuring there are copies in all staff areas.

Finally, I would like to thank all contributors to *The Handbook*, the IG Steering Group and Andrew Harvey, Tim Hunt and Denise Mahy from the IG Team in their unswerving support in getting it completed and signed off.

Martin Gibson – Operational Information Governance Lead

BSUH safeguarding children newsletter October 2018

Newcastle sexual exploitation Review

In February 2018 Newcastle LSCB and SAB published a joint review concerning the sexual exploitation of 700 victims, including children, in Newcastle between 2007-2015. Investigations led to successful prosecutions for sexual assaults, rapes, conspiracy and drug offences. Trials that concluded in September 2017 involved 25 defendants and 22 victims and resulted in substantial terms of imprisonment up to 28 years. The defendants included men aged between 34 and 47 years old.

The B&H LSCB published a short briefing for practitioners to help them understand what the review found and to support their practice.

Key learning included.....33 recommendations
The importance of interagency working
Disruption of perpetrator activity
Use of trauma informed approach

In B&H a working group, chaired by the Independent Chairperson of the SAB, will examine learning from this review to influence and shape local services

Think what it may mean for your service?

LSCB CSE Training

Preventing Exploitation of Children & Young People looks at different ways that children & young people may be exploited by those who have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Working with Young People at Risk of Exploitation, explores ways of working directly with young people, resources & police disruption techniques.

Children living in households with domestic abuse, parental substance misuse and parental mental health problems

The Children's Commissioner for England has published a report analysing the voices of children living in households with domestic abuse, parental substance misuse and parental mental health problems.

The report presents findings from interviews with 15 children and young people aged 6 to 19 who were supported in three projects in London, Doncaster and Herefordshire.

- **The interviews explored:**
- how experiences at home affected their emotional wellbeing, mental health,
- behaviour and relationships with family and friends;
- how they coped;
- what stopped them from speaking out about what was happening at home;
- their experience of support.

Further information: "Are they shouting because of me?" voices of children living in households with domestic abuse, parental substance misuse and mental health issues (PDF)

Worried about safeguarding children?

Call for support

BSUH safeguarding children team

01273 696 955 ext 62363

B&H social workers (front door)

day 01273 290 400

West Sussex social workers (MASH)

day 01403 22 99 00

East Sussex social workers 01323 747373

Child protection procedures are on the BSUH intranet key words 'safeguarding children'

Online sexual exploitation & General online safety advice for everyone.

New research by the Internet Watch Foundation (May 2018) has published a report & statistics on children being groomed, coerced and blackmailed into live streaming their own sexual abuse over webcams, tablets and mobile phones.

The study was undertaken over a 3 month period in 2017 and identified 2082 images and videos.

Key findings include

1. 98% of images were of children aged 13 or under
2. 28% of images found were aged 10 or under
3. the youngest victim was 3 yrs old.
4. 96% were girls
5. 96% showed a child in a home environment
6. 18% of the abuse was category A which includes rape
7. 40% was category Apr B which indicates serious sexual abuse
8. 100% of images were taken from their original upload locations & redistributed.
9. 4% was captured form mobile-only streaming apps
10. 73% of the imagery appeared on 16 dedicated forums.

Key recommendations are:

- Recognition of the need for awareness raising programs aimed at educating children and those in a parental role about the risks of live-streaming services;
- Wider implementation of tools to tackle online distribution of child sexual abuse imagery by service providers;
- Development of new services including video hashing technology to detect duplicate captures of live streamed child sexual abuse which have been redistributed online;
- Recognition of legal loopholes facilitating distribution of child sexual abuse imagery and elaboration of policy proposals that can influence positive change.

Get Safe Online offers unbiased, factual and easy-to-understand information on online safety, including advice for parents about safeguarding children online. Visit the Get Safe Online site

UK Safer Internet Centre provides e-safety tips, advice and resources to help children and young people stay safe on the internet. Visit the UK Safer Internet Centre website

General online safety advice... Please don't forget this can happen to adults as well so ensure your passwords are safe and your privacy settings are in place.

Your reputation may be affected by images shared online without your consent.

WWW.internetmatters.org

BSUH level 2 safeguarding training days 2018 book on IRIS

9th October	AEB	RSCH
9th November	AEB	RSCH
29th November	Euan Keats	PRH
17th December	AEB	RSCH

Training sessions

Links to Various course run in Brighton

Brighton & Hove CPD Online

Multi-Agency Training | Brighton & Hove Local Safeguarding Children Board (LSCB)

https://www.safeinthecity.info/training

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	12	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/19
Report Title:	**Learning from Deaths**				
Sponsoring Executive Director:	Dr George Findlay – Chief Medical Officer Nicola Ranger – Chief Nursing and Patient Safety Officer				
Author(s):	Dr Stephen Drage - Deputy Medical Director: Safety and Quality Della Morris - Safety & Quality Lead Rob Haigh – Medical Director				
Report previously considered by and date:	N/A				

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

Any implications for:	
Quality	Reviews of deaths identifies positive areas of practice and areas where improvements can be made to the quality of care provided to patients and to the experience of both patients and their family and friends.
Financial	Reviewers and coordination of activity
Workforce	There are training requirements and allocated protected time for individuals to undertaken the full review element of this process

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

Communication and Consultation:

N/A

Executive Summary:

This report has been produced in line with National Guidance on Learning from Deaths, to provide the Trust Board with information relating to the implementation of the guidance, the percentage of inpatient deaths that have been reviewed using a Structured Judgment Review and the themes and learning that are emerging from this work.

Key Recommendation(s):

The Board is asked to NOTE the report.

1. Purpose

1.1 There are approximately 1600 deaths occurring in BSUH every year. For many people death under the care of the NHS is an inevitable outcome and they experience excellent care. However, some patients experience poor care resulting from a variety of factors. The purpose of reviews of deaths which problems in care may have contributed to is to learn in order to prevent a recurrence.

1.2 This paper updates the board on the implementation of the Learning from Deaths Policy across BSUH. Including the key learning from reviews undertaken in Q1 to Q3 2018/19. Data is also included on rates of review and mortality statistics.

2. Background

2.1 Learning from Deaths National Guidance

2.1.1 The CQC report 'Learning, Candour and Accountability' published in December 2016 in the wake of the Southern Health/Conor Sparrowhawk controversy outlines the importance of mortality review as a source of learning for improvement. Subsequent to this, in March 2017, the National Quality Board published guidance /requirements for Trusts on mortality review processes and Learning from Deaths. This included:

- Trusts to publish updated policy on how it responds to and learns from deaths
- Trusts to collect and publish specified data on deaths quarterly
- All deaths to be scrutinised by a Medical Examiner or Coroner
- Case record review (Structured Judgement Review) of cases:
    - Where bereaved families and carers or staff have raised a significant concern
    - All deaths of patients with learning disabilities
    - All deaths in a particular diagnosis or treatment group where an alarm has been raised
    - All deaths where patients were not expected to die
    - Death where learning will inform improvement work
    - A further sample of other deaths

2.1.2 BSUH's Learning from Deaths Policy was ratified in 2017.

2.1.3 The specified data has been collected on a quarterly basis using the National Learning from Deaths Dashboard (attached) since Q1 17/18. However, based on feedback from clinicians, the RCP have removed the question regarding 'avoidability' of death from the recommended Structured Judgement Review Tool, but this remains in the Dashboard which is provided by NHSE. Data regarding 'avoidability' of death is now collected from the outcomes of Serious Incident investigations.

2.2 Medical Examiners

2.2.1 After 1st April 2019, a National Medical Examiner (ME) programme for in-hospital deaths will be implemented. In the first instance this will be a 'non-statutory' programme but the aspiration is that the role of the ME will be enacted into law within 2 years. The Royal College of Pathologists is leading on this programme. Funding details remain unconfirmed, but are initially likely to mirror current arrangements.

2.2.2 BSUH were part of a pilot to introduce Medical Examiners, this service is currently only established at the Royal Sussex County Hospital. 8 new Medical Examiners have recently been appointed bringing the total number to 10 at the RSCH.

3. Governance

3.1 The Medical Director is the Board Level lead with responsibility for providing executive leadership and overall responsibility for delivering the Learning from Deaths Agenda

3.2 The Deputy Medical Director: Safety & Quality chairs the Trust Mortality Review Group (TMRG) ensuring the committee discharges its functions including the implementation of the Learning from Deaths Policy.

3.3 The TMRG reports to the Patient Safety Committee, which in turns reports to the Quality Governance Steering Group.

4. Process

4.1 Deaths associated with the criteria detailed in 2.1.1 are identified through the Serious Incident Review Group, Complaints, Medical Examiners, Medico-legal Department, Learning Disabilities Team, mortality statistics.

4.2 Cases are allocated to a trained reviewer to complete the Structured Judgment Review and share the findings with the care team for the patient.

4.3 Any deaths identified as potentially being the result of failures in care are recorded on the DATIX incident reporting system and reviewed at the Serious Incident Review Group for consideration of a Serious Incident Investigation.

4.4 The SJR tool is embedded into the PANDA system using an electronic form which facilitates data collection and analysis. All Consultants have been given access to submit and review SJRS.

4.5 Deaths of patients with Learning Disabilities are all referred to the Leder Programme for independent review of the full care pathway. However, concerns have been raised that the LeDer Programme is struggling with capacity to undertake the volume of reviews required. This has resulted in delays to reports reaching BSUH; the TMRG have therefore made the decision, to undertake in-house SJRs for all LeDer deaths to ensure timely learning from these deaths

5. Training

5.1 SJR training

5.1.1 BSUH have rolled out an in house training programme to support initial training provided by the Royal College of Physicians. Nine training sessions have been delivered across both the RSCH and PRH to a variety of Clinicians, Nurses, CMTs and AHPs.

5.1.2 In total 62 staff have been trained to undertake SJRs, 37 of whom have been trained in BSUH.

5.1.3 The Royal College of Physicians have now released an online training package to undertake SJR and work is ongoing to embed this into the Trust IRIS training system.

5.2 Medical Examiner training

5.2.1 The Medical Examiners are required to complete an online training programme, the online ME training package is being updated and will in future include face to face sessions. It is not clear whether existing MEs will require re-training.

6. Involving Families and Carers

6.1 As part of the Medical Examiner review, the Medical Examiner speaks with the family/carers of the patient to ask if they have any concerns regarding the care that was received. If concerns are raised the Medical Examiner refers the case for SJR as detailed in 2.1.1.

7. Outcomes from Mortality Review

7.1 Structured Judgement Reviews

7.1.1 The DoH provides a dashboard for Trust's to publish data on the number of deaths that have been reviewed in their organisations. See attachment.

7.1.2 The table below shows the last 4 quarters data for BSUH. LD refers to deaths of patients with learning disabilities.

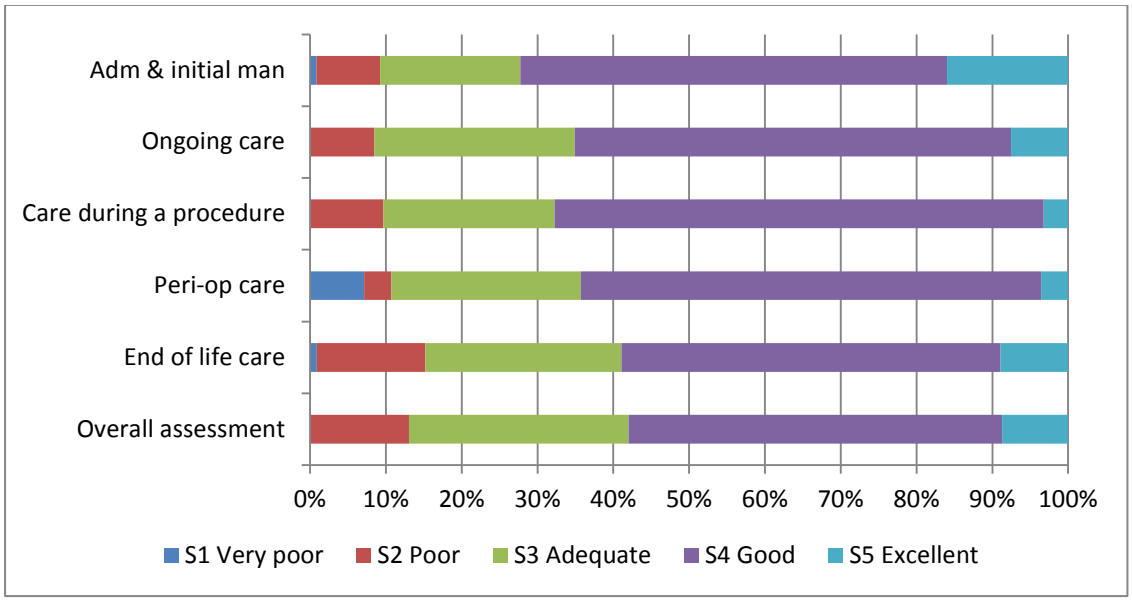
	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19
Total Deaths (adult inpatients not LD)	477	365	339	417
Total deaths reviewed using SJR (adult inpatients not LD)	21	50	51	15
Deaths avoidable >50% (adult inpatients not LD)	2	1	0	2
LD Deaths	2	1	3	5
LD deaths reviewed using SJR	0*	1	0*	1**
LD deaths avoidable >50%	0	0	0	0
Total % of deaths reviewed	**4.4%**	**13.7%**	**14.9%**	**3.6%**

*referred to LeDer programme

**4 awaiting SJR review

7.1.3 All deaths that have been recorded as avoidable >50% have been fully investigated in line with Trust policy.

7.1.4 The SJRs review 6 discreet areas of care. Table 1 shows the level of care the patients have been recorded as receiving in the last 4 quarters[1].



7.1.5 Themes arising from the Overall Assessment in Q3 18/19. It should be noted that whilst the Care Score may be graded as Excellent or Good overall, the reviewer may still identify areas within that episode of care that can be improved.

[1] Q4 17/18, Q1, Q2, Q3 18/19

7.1.6

Overall care score	No of patients with score	Learning Themes
Excellent	1	Good and well documented record of care patient received on admission. Patient regularly re-visited and re-assessed to make sure her needs were met
Good	9	Patients this complex need a continuity consultant and MDT decisions High risk redo surgery - consented for death / risk of death on consent form Complex LD patients should have advanced care planning in the community Consider anticipatory rather than reactive treatment escalation plans DNAR and escalation plan should have been discussed earlier MET call was for palliation and could have been avoided As patient had type 2 respiratory failure on ABG - patient should have been seen by senior most member Admission could have been avoided by advanced care planning in the community. Frail multi morbid patient, there were multiple opportunities to palliate prior to this admission Good multi professional care and end of life care after catastrophic bleed Multiple OOH junior reviews is very time consuming No palliative care team over the weekend Despite 12h breach this man received excellent care at the end of his life. However, with better community services his final days could have been managed at home
Adequate	2	Frail multi morbid patients need an escalation plan - before or on admission within 24 hours Decision making on TEP in patients with severe learning difficulties is challenging
Poor	3	Progressive lung disease is palliative - 5 admissions with 6th as EOLC, palliative care to be involved sooner Caution should be used when giving elderly patients iv morphine Difficulties in assessment of patients with learning difficulties, thorough HRDT review important before discharge, particularly in vulnerable patients
Very Poor	0	n/a

7.2 Mortality Alerts: 'Skin and subcutaneous tissue infections'

7.2.1 In Q3 18/19 the Trauma and Orthopaedics Department[2] reviewed deaths following a SHMI diagnosis group mortality alert for 'Skin and subcutaneous tissue infections' which reported 28 deaths in hospital or within 30 days of discharge, where the expected number of deaths was 18. 'Skin and subcutaneous tissue infections' also fell into the top 10 diagnostic groups having the highest number of excess deaths.

7.2.2 21 cases[3] were reviewed via interrogation of the notes and laboratory results. The average age of the patients was 84.5 years. The cases were predominantly lower limb (18/21) with 2 upper limb cases and 1 facial infection case. The average number of co-morbidities recorded on admission was 4.33, 90% (19/21) had CVS disease. Duration of symptoms for those admitted with sepsis (n=9) was 9.22 days compared to those without sepsis (n=12) was 8.42 days.

7.2.3 Key themes arising from the mortality review:

Key Themes	**Recommendations**
According to Trust/NICE/CREST guidelines all patients with an Eron's classification of greater than 1 should be referred to hospital for assessment and IV antibiotics. 62% had been treated in primary care with various antibiotic courses and treatments, and yet all patients were Eron's class 3 or 4 on admission.	Disseminate information to local GP's regarding lower threshold for referral/admission in high risk patients
Guidance states that well patients with no uncontrolled co-morbidities should be managed with PO antibiotics in the community. Unclear status of patients when seen by GP but arguably all patients had a degree of unstable co-morbidities so perhaps should have been referred for secondary care assessment earlier.	
Less than 80% of the septic patients had the Sepsis Six completed	Prospective audit of all soft tissue infections against Trust guidelines
Less than 77% of the patients were treated according to the antibiotic microguide	Education campaign for staff on Trust guidelines and emphasis on the need for early and aggressive treatment for those with CVS disease
Less than 34% had documented involvement from ID or microbiology despite their poor clinical condition	Present Skin Infections at Grand Round

8. Capacity and Risk

8.1 Whilst 62 staff have been trained to undertake SJR, there is no capacity in Consultant job plans to undertake the reviews which take approximately 60-90 mins per review. Several trained reviewers have indicated they have no capacity to take on SJRs. No clinicians have been allocated dedicated sessions to undertake the reviews.

8.2 There is a lack of administrative resources to identify patients, distribute case notes and monitor compliance which means that this process is currently working very slowly.

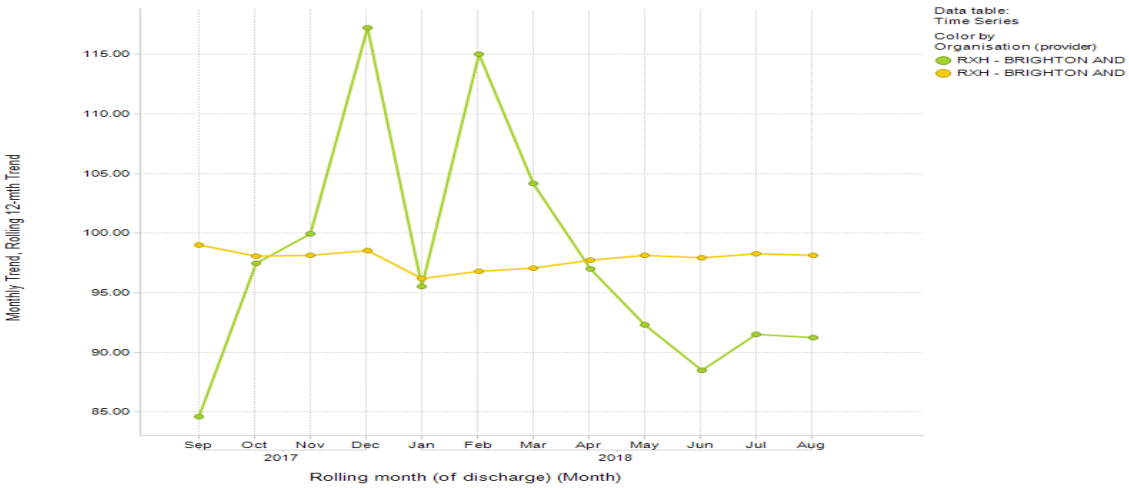
[2] Dr Peter Cay, Mr Tim Hardwick and Lt Col B Caesar

[3] Data on 4 cases was not available these patients have diagnosis codes that are legally restricted, meaning that no patient identifier could be provided

9. Summary Hospital Level Mortality Indicator (SHMI)[4] and Hospital Standardised Mortality Ratio (HSMR)[5]

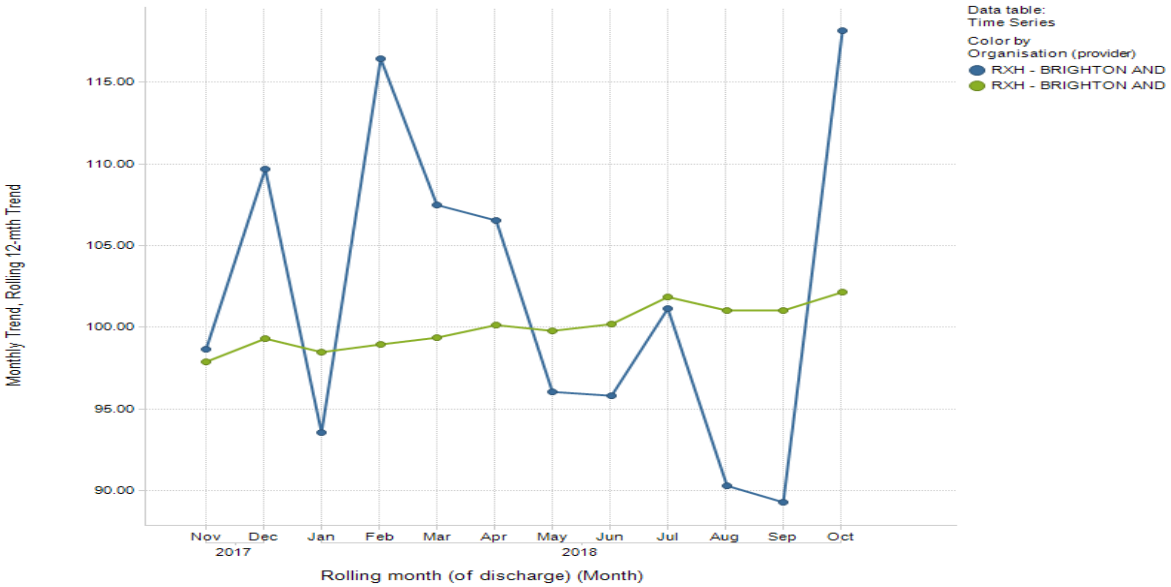
9.1 The latest SHMI data available is for the period to Aug 2018. The SHMI value for BSUH is 98.15.[6]

9.2 The trend in SHMI for in month and rolling data is shown below:



9.3 The latest HSMR data available is for the period to Oct 2018. The SHMI value for BSUH is 102.1.[7]

9.4 The trend in HSMR for in month and rolling data is shown below:



10. Summary

10.1 In accordance with the requirements from the National Guidance on Learning from Deaths, BSUH has; published a policy on how it responds to and learns from deaths, published the

[4] SHMI is the ratio of observed to expected in-hospital deaths and deaths within 30 days of discharge for all patient diagnosis groups with limited case mix adjustment

[5] HSMR is the ratio of observed to expected in-hospital deaths for a basket of 56 diagnosis groups. Data is adjusted for case mix

[6] National average is 100

[7] National average is 100

specified data on deaths quarterly and implemented a process for undertaking SJRs on the deaths specified in 2.1.1.

10.2 As an early adopter pilot site, BSUH have a Medical Examiner system in place at the RSCH and are actively looking as solutions to extend this service to the PRH site.

11. Progress

11.1 Recruitment of 8 additional Medical Examiners

11.2 Embedded the SJR tool into PANDA to facilitate data collection and analysis

11.3 Provided 9 in house SJR training sessions, training 37 multidisciplinary reviewers, bringing the total staff trained to 62.

11.4 Conducted an in-depth review of the mortality alert for 'Skin and subcutaneous tissue infections'.

11.5 Fully implemented the NEWS2 early warning system to support the early identification and treatment of deterioration.

11.6 Reviewed the current Bereavement Families/Carers questionnaire and developed a new shorter questionnaire to be introduced in Q4 18/19.

11.7 Monthly meetings of the Trust Mortality Review Group.

11.8 Weekly meetings of the Serious Incident Review Group.

11.9 Updates to the Trust Mortality Review Group of progress against the action plans resulting from Regulation 28 letters from the Coroner

12. Recommendation

12.1 The Board is asked to receive and discuss the implementation of the Learning from Deaths Policy and the learning from the outcomes of the mortality reviews.

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	13	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/2019
Report Title:	**Nursing Staffing and Capacity Levels Report**				
Sponsoring Executive Director:	Nicola Ranger, Chief Nursing and Patient Safety Officer				
Author(s):	Caroline Davies, Nurse Director Clare Williams, Nurse Director Education and Workforce				
Report previously considered by and date:					

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

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

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

Any implications for:	
Quality	Safe staffing level for nursing are evidenced as having an impact on quality and safety of patient care
Financial	Achieving workforce KPIs will support the financial plan
Workforce	Recruitment and retention of suitably qualified staff is an essential for sustaining high quality care

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

Communication and Consultation:

Executive Summary:

This report incorporates key national, regional and local staffing indicators providing assurance for the Board and highlighting issues of concern.

Key Recommendation(s):

The Board is asked to NOTE the report.

Report to the Board of Directors

Nurse Staffing and Capacity Levels

January 2019

1. Introduction

The purpose of this report is to present to the board a review of ward nurse staffing level as directed by the National Quality Board (NQB). The NQB has stipulated that; 'Boards must take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability'. Within their recommendations it states that every six months as required by the NHS England *Hard Truths* report (20130*,* which the board of directors should receive and discuss at a public board meeting a report on staffing capacity and capability. This was requirement came following a number of national reports, including; the Francis report (2013), the Keogh review (2013), the Cavendish report (2013), and *'How to ensure the right people, with the right skills, are in the place at the right time. A guide to nursing, midwifery and care staffing capacity and capability'* (NQB 2013).

As a result of the recommendations *'Safe staffing for Nursing in adult inpatient wards in acute hospitals'* (NICE 2014) was developed, this provides detail on the methodology for undertaking a staffing review.

In October 2018 NHSI published *Developing Workforce Safeguards; supporting provider to deliver high quality care through safe and effective staffing.* *https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf* This is in recognition that there are significant recruitment and retention challenges in most professional groups in the health service and that health systems and boards are having to make tough decisions to ensure that services deliver the best outcomes at financially challenged times. The document has a number of recommendations on workforce safeguards, from April 2019 every provider's compliance with these will be assessed by NHSI through the Annual Governance Statement and the Single Oversight Framework.

The recommendations are relevant to all staff groups and include;

- Consistency in approach to safer staffing
- Good practice guidance for
    - Effective workforce planning
    - Deployment of staff, governance and redesign of tools to assess staffing
    - How to respond to unplanned workforce changes

All Trusts must ensure NQBs 2016 guidance is formally embedded in their safe staffing guidance, which states

- That the workforce consists of sufficient, sustainably qualified, competent and experienced staff to meet care and treatment needs safely and effectively.
- That there is a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service to keep them safe at all times.
- In deciding on staffing Trusts must use an approach that reflects current legislation and guidance where it is available

The Nurse Director, Medical Director, Nurse Director for Workforce and Education and Director of HR are establishing a task and finish group to address the recommendations and from April 2019 the Safer Staffing Board reports will remain six monthly and include all other clinical professions.

2. Vacancies

Registered nurse workforce capacity across the local region and nationally remains a challenge to all health providers, with 41,772 nurse vacancies in England in September 2018, a rise of 6,000 from April 2018. Whilst there is a continued effort for both national and international recruitment, much of the activity in the Trust focusses on retention and *'grow your own',* this recognises that the supply of registered nurses is challenged. Key factors influencing this are; the removal of the NHS bursary for student nurses (500 fewer university places being filled in September 2018) and Brexit which is impacting on the profession's ability to attract nurses from Europe.

Vacancies remain at a high level in November 17 there were 284 registered nursing vacancies in BSUH and in 2018 279, which equates to 10.8% of the registered nursing workforce. This is despite rigorous recruitment effort, which is outlined below. The last four months of 2018 saw more nurses being recruited than leaving, which is promising and the significant change in culture and the CQC report will hopefully continue this positive trend.

Recruitment of Health Care Assistants (HCAs) has been more successful with the number of vacancies reducing from 130 in November 2017 to 63 in December 2018. The turnover for this staff group remains high at over 17% and work is underway to reduce, the introduction of a band 3 role is planned to start in February 2018.

HR is supporting sickness management with a focus on 8 wards and departments with a sickness rate of over 6%, this has proved successful in critical care at RSCH, where sickness has reduced from 6.9% in October 2017 to 1.6% in March 2018.

Any shortfalls in staffing are discussed three times daily at the operational meetings and where required staff will be moved to accommodate extra capacity staffing and areas that need additional support.

Bank and agency staff are used as required to ensure the nurse to patient ratio remains within acceptable levels. Heads of Nursing, Directorate Lead Nurses, Matrons and the Practice Educators have also worked on the wards as required.

In 2018, we are actively managing the withdrawal from non-framework, high- cost agencies, we ceased using these agencies at RSCH at the end of February 2018 and across the whole Trust in May 2018.

The Heads of Nursing monitor any overtime and sickness, following the *managing sickness absence policy* with HR support and in many areas there are driver metrics, with the support of HR to manage absences. Sickness amongst RNs has decreased slightly from 4.55 % in November 2017 to 4.2% in November 2018 however, the rate for HCAS remains unacceptably high at 5.9% although this is reduction from 7.2% in January 18.

In addition, a new rostering policy was agreed October 2018, which enables robust management of rotas and monitoring against agreed KPIs.

The table below shows the average staffing fill rates across the Trust. As the table below demonstrates challenges remain in filling registered nurse shifts. The shortfall in registered staffing is, partially, compensated for by an 'over- fill' in Healthcare assistants, to support care. In months with higher fill rates for registered nurses there is a decrease in the use of HCAs. However, the Safer Staffing Alliance states there is evidence that care is compromised where there are more than 8 patients (beds) to 1 registered nurse, when any area drops below this level it is escalated to the Heads of Nursing, Nurse Director and on Call Executive, as appropriate

Nurse Staffing Fill Rates April 2018 – December 2018

	April 18	May 18	June 18	July 18	Aug18	Sept 18	Oct 18	Nov 18	Dec 18
Day									
RN %	**94.4**	**96.7**	**90.6**	**91.6**	**90.1**	**89.3**	**90.6**	**91.3**	**88.2**
HCA %	**95.7**	**91**	**99.9**	**101**	**102**	**98**	**97.8**	**95.3**	**92.9**
Night									
RN %	**95.3**	**99**	**93.5**	**93.7**	**90.4**	**90**	**93.4**	**93.6**	**91.5**
HCA %	**112**	**97.8**	**102.5**	**106.5**	**117.5**	**103.2**	**114.4**	**116.5**	**109.4**

3. Care Hours per Patient Day (CHPPD)

In Lord Carter's final report, '*Operational Productivity and performance in English acute hospitals: Unwarranted variations'*, better planning of staff resources is crucial to improving quality of care, staff productivity and financial control. The Carter Team found there is not a consistent way to record and report staff deployment, meaning that trusts could not measure and then improve on staff productivity.

The report recommended that all trusts start recording Care Hours Per Patient Day (CHPPD) – a single, consistent metric of nursing and healthcare support workers deployment on inpatient wards and units. This metric enables trusts to have the right staff mix in the right place at the right time, delivering the right care for patients.

From 1 May 2016, all trusts were requested to report back monthly CHPPD data to NHS Improvement so that they can start to build a national picture of how nursing staff are deployed.

Also enabling trusts to see how their CHPPD relates to other trusts within a speciality and by ward in order to identify how they can improve their staffing.

Care Hours per Patient Day (CHPPD) April 2017 – December 2018

April	May	June	July	Aug	Sept	Oct	Nov	Dec
11.7	**10.8**	**10.3**	**10.6**	**10.5**	**10.4**	**10.4**	**10.1**	**10.9**

This table reflects that there is a consistently CHPPD.

BSUH hours will be higher than some other Trusts as there are two adult ICU, cardiac ICU, Children's HDU and neonatal Level 3 (ICU) all areas where staffing is one to one/ one to two care. The Trust has staffing levels that are comparable with other Major Trauma Centres.

The table below details the total number of filled and un-filled hours for trained and un-trained staff for the months, including the percentage.

We have areas where the CHPPD are higher as expected e.g. ITU, HDU. Our medical and surgical wards vary between 6.5 hours and 8.8 hours.

The detail below gives a fuller picture of the reasons for a red 'flag' (levels of 80% or below).

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
No of ward with less Than 80% fill	**1**	**1**	**2**	**3**	**2**	**4**	**4**	**3**	**4**

The numbers of wards that flagged rose in January and February (although remained lowered than the same period in 2017), and this is primarily driven by sickness and vacancies on critical care. Mitigations remain that staff are moved to other areas requiring assistance, to ensure all areas are kept safe. Shifts are escalated to bank and agency and, managers, practice educators; nurse specialists provide additional clinical support.

4. Nursing Templates

Calculating staffing requirements is not straight forward and is dependent upon a number of factors. These include; the dependency (acuity) of patients on nursing care and factors such as skill mix of staff available and others including the culture and leadership of the team. The last acuity staffing review was undertaken in October 2018 using the Shelford Model and whilst the review is complete further work is being undertaken to compare findings with previous audits.

5. Recruitment

Recruitment is becoming more challenging, the projects at BSUH include;

- 12 month rolling recruitment dates set for 2018 with separate dates for HCA and RN (including bank, with 5 dates each month booked in on both sites.
- HCA recruitment is be open to all, so that people recruited based on their aptitude rather than previous experience. The care certificate and focussed support will be given to those without experience.
- The introduction of the 12 month preceptorship programme for newly qualified nurses – consisting of 12 mandatory days of education, has been an excellent recruitment tool.
- Rotational programmes are developed including an acute pathway, using high vacancy areas. This will enable nurses to gain a breadth of experience across specialities.
- 40 Filipino nurses were recruited in the last overseas campaign, 32 have been deployed and a further 4 are due deployment in May 2019.A further business case is being developed for international recruitment.
- Improving pre-registration (pre-reg) student experience; continues to include in-house simulation and training dates, with a plan to recruit these students when they qualify, we have recruited 2 nurse clinical educators to support our adult pre-reg students and this has already see a constituent increase in our retention at 60-90% of our Brighton students being employed at BSUH post qualification.

- In 2018 we increased our University intake for taking pre-reg students by going into both formal and informal contract with 3 Universities University of Portsmouth, University of Southampton and University of Surrey.
- In 2019 to increase further and mitigating the diminishing numbers being recruited by our universities we are in conversation with University of West London and Kingston University.

Other actions that have been taken to support the nursing and midwifery workforce include;

- International recruitment in Europe, this market has reduced dramatically, although there continues to be a few new recruits monthly from the EU.
- Retire and return policy has been agreed – to encourage experienced nurses to extend their careers
- Agency line bookings for areas most challenged, this also supports the withdrawal from the more expensive agencies.

Clinical areas with vacancies over 30% have been reviewed with their quality metrics in conjunction with the Divisional leads and there is no evidence of harm to patients. These wards are listed below:

- Hurstpierpoint (PRH)
- Vallance (RSCH)
- Newick (PRH)
- Twineham (PRH)

6. Staffing data in each inpatient area

The Trust displays information about the number of nurses, midwifes and care staff present and the number planned, in each clinical area, on each shift. The format of the presentation has been reviewed by service users and some changes made to ensure it is useful for service users. This data is also published on the BSUH external website, in a visible, clear and accurate format for the public.

7. Summary

This report provides information on all wards and departments at BSUH. The Chief Nurse is satisfied that nurse and midwifery staffing in all areas meet safe staffing requirements.

Recruitment of nursing and midwifery staff is essential and will need to continue at pace, locally, nationally and internationally. However, the supply of nurses and midwives is limited

and focussed activity in the Trust will be on retaining staff, increasing our student numbers and how we develop our own people to become skilled registered practitioners. These measures particularly important as universities are reporting up to a 32% reduction of applicants following the removal of the bursary for student nurses / midwives.

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	14	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/2019
Report Title:	**Patient Experience Quarter 3 Report**				
Sponsoring Executive Director:	Nicola Ranger, Chief Nurse				
Author(s):	Jane Carmody Head of Patient Experience, PALS and Complaints Hannah Pacifico, Patient Experience Manager				
Report previously considered by and date:					
Purpose of the report:					
Information	✓		Assurance	☐	
Review and Discussion	☐		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	☐	
Our People	☐		Quality	✓	
Systems and Partnerships	☐				
Any implications for:					
Quality					
Financial					
Workforce					
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	☐	

Communication and Consultation:

Executive Summary:

The purpose of this report is to make the Board aware of patient experience reported at BSUH in Quarter 3 (October - December) 2018/19 and focusses on feedback received in Q3 via the Friends and Family Test (FFT) survey, informal and formal concerns received, local and national patient surveys and NHS Choices.

Headlines:

- In Q3 all inpatient, ED, maternity and outpatient areas either met or exceeded the 22% FFT response rate target.
- The BSUH recommend rate target is to achieve a 96% FFT recommend rate for all inpatient, outpatient and maternity services.
- In Q3 the inpatient recommend rate for our hospitals remained at 93%. It is important to note, when compared with similar acute Trusts using the same survey methodology, that BSUH was the highest performer with other Trusts reporting a 91% recommend rate.
- Emergency Departments services achieved the 90% FFT recommend rate for BSUH
- Maternity services achieved a 97% recommend rate
- 94% of all patients responded following an outpatient appointment recommended the service
- In Q3 the Trust received 934 informal and 414 formal concerns. Of these 98.7% of all informal and 77% of formal concerns were closed within 25 working days.
- In Q3 86% of cases dealt with by PALS closed within 3 working days.

Key Recommendation(s):

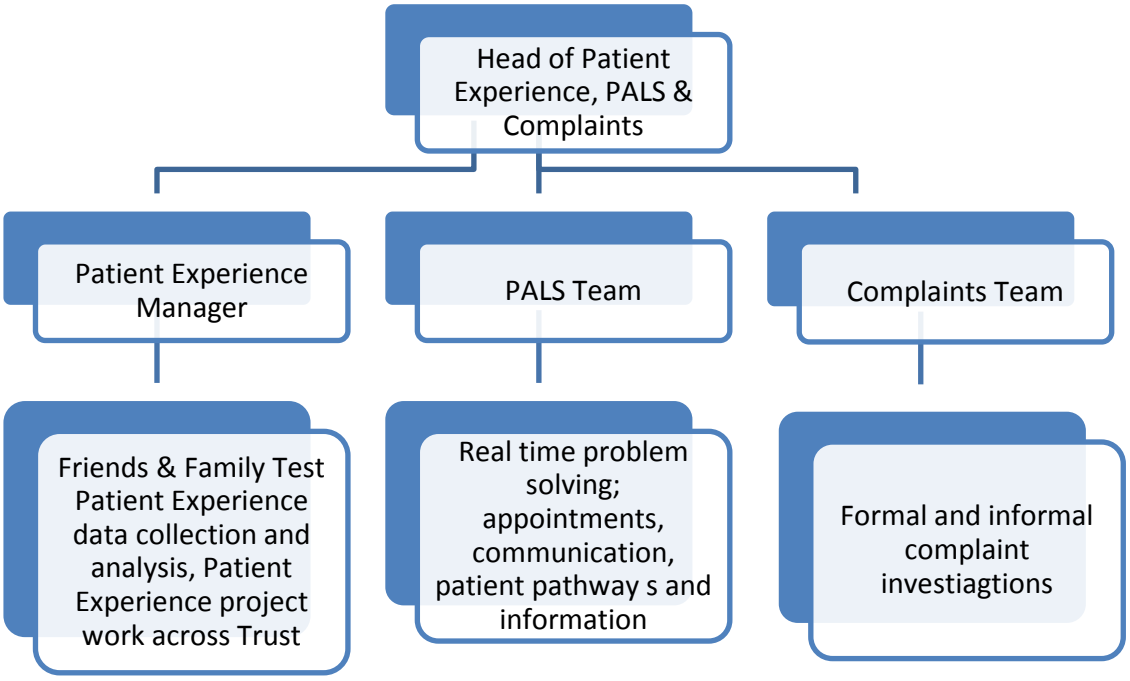
To note and agree any necessary actions

Patient Experience Quarter 3 Report

1. The Patient Experience Team

1.1. The purpose of this report is to inform the Board of patient experience activity reported at Brighton & Sussex University Hospitals NHS Trust (BSUH) in Quarter 3 (October - December) 2018/19. This report focuses on feedback received in Q3 via the Friends and Family Test (FFT) survey, informal and formal concerns, local and national patient surveys and NHS Choices.

1.2. Patient Experience Team Structure



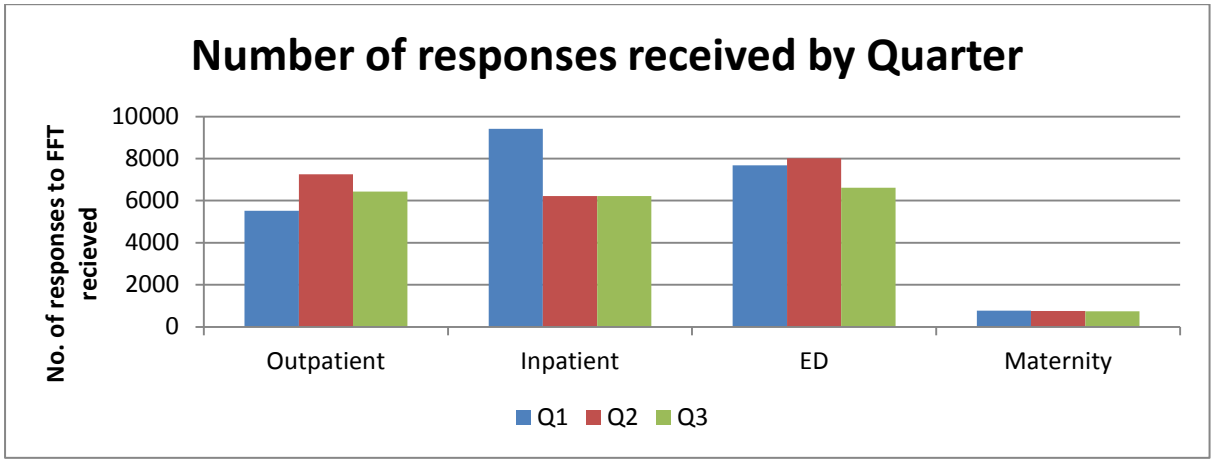
2. Friends and Family Test (FFT)

2.1. BSUH FFT response target: To achieve a 22% FFT response rate across all areas

2.2. On 1 April 2018 BSUH moved from a paper based inpatient FFT survey to an outsourced electronic system (Healthcare Communications) using text (SMS) and interactive voice messaging (IVM). Since this time the number of inpatients (including children's services) responding to the FFT has increased from an average of 11% to 32%.

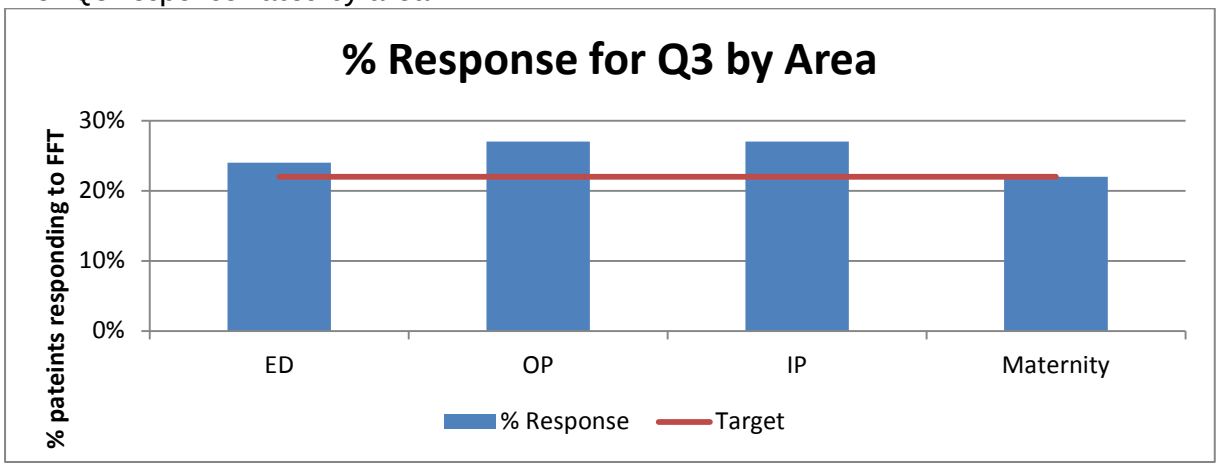
2.3. The SMS and IVM system allows patients to provide considered responses once they have left hospital premises and without the involvement of healthcare professionals. The increased response rate has resulted in a far wider range of themes being reported which can be analysed and quickly acted upon.

2.4. FFT response rate received by Quarter 2018/19



2.5. The high number of inpatient responses received in Q1 was, in part, due to glitches during the implementation of the system and included patients who had not had the opportunity to opt out of the survey and patients who were asked to respond multiple times. These issues were quickly resolved and in Q3 all areas have either met or exceeded the target.

2.6. Q3 response rates by area

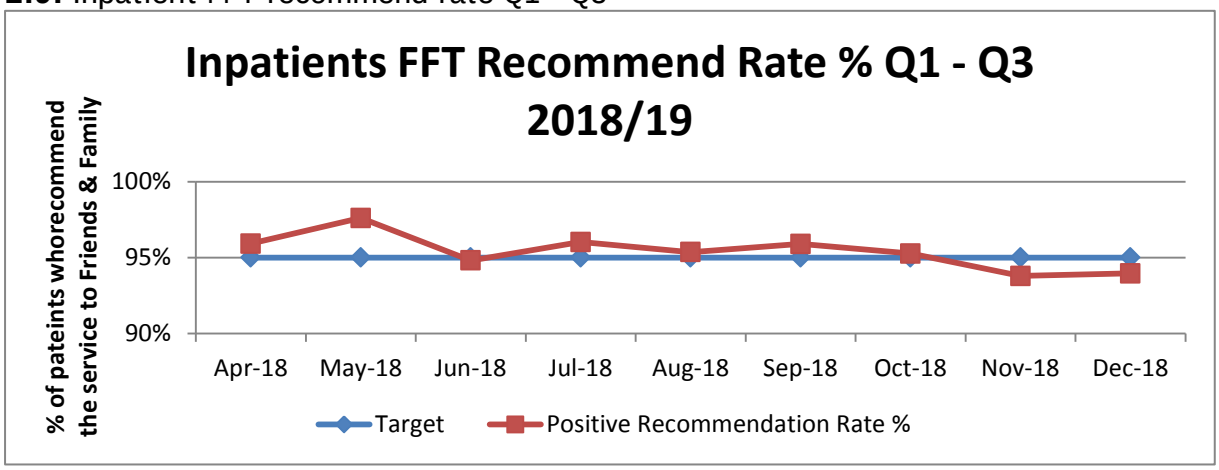


2.7. Recommend rate

2.8. BSUH recommend rate target: To achieve a 96% FFT recommend rate for all inpatient, outpatient and maternity services

To achieve a 90% FFT recommend rate for BSUH Emergency Departments

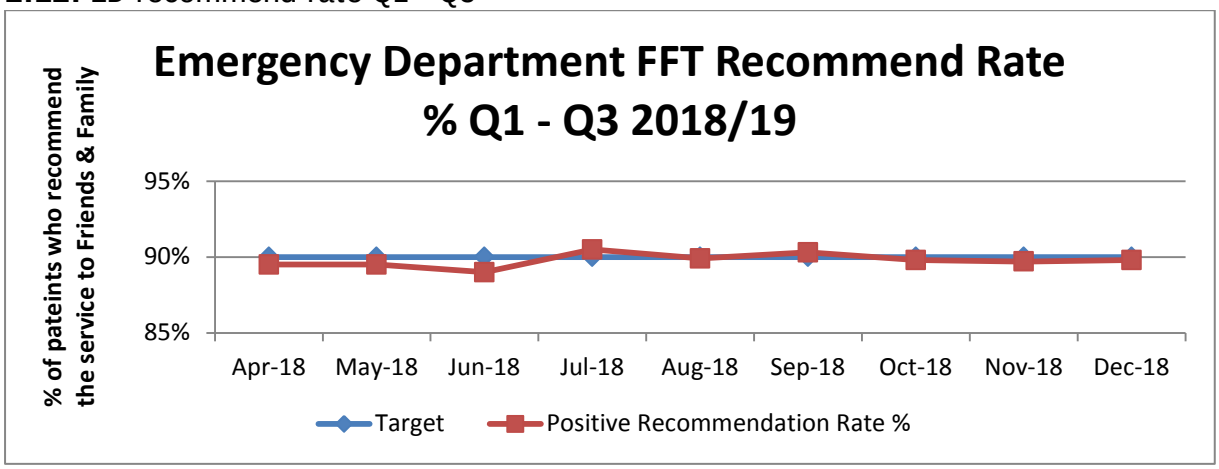
2.9. Inpatient FFT recommend rate Q1 - Q3



2.10. The BSUH recommend rate inpatient target is based upon the national average for all inpatient Trusts (acute, community and independent).

2.11. In Q3 the inpatient recommend rate for our hospitals remained at 93%. It is important to note, however, when compared with similar acute Trusts using the same survey methodology, that BSUH was the highest performer with other Trusts reporting a 91% recommend rate.

2.12. ED recommend rate Q1 - Q3

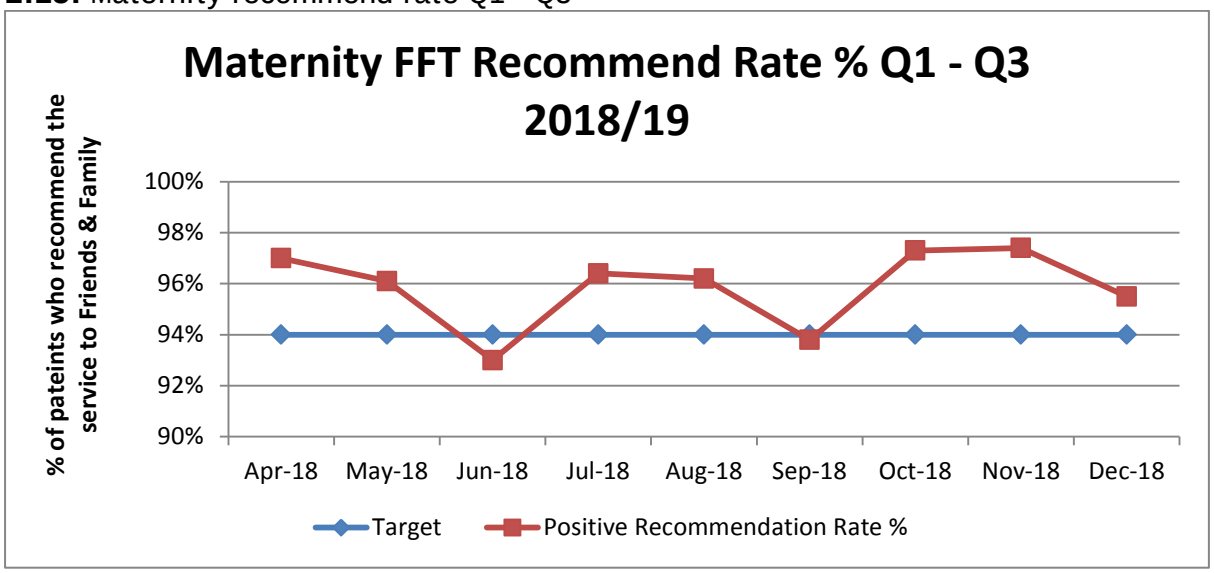


2.13. The NHS Improvement Patient Experience Headline Toolkit allows comparison between Trusts using a variety of metrics including FFT scores, national patient surveys, PLACE, Care Quality Commission inspection ratings and more. In Q3 the tool confirmed that, despite current pressures, both the recommend and response rates for BSUH ED's were above the national average and higher than comparable acute Trusts.

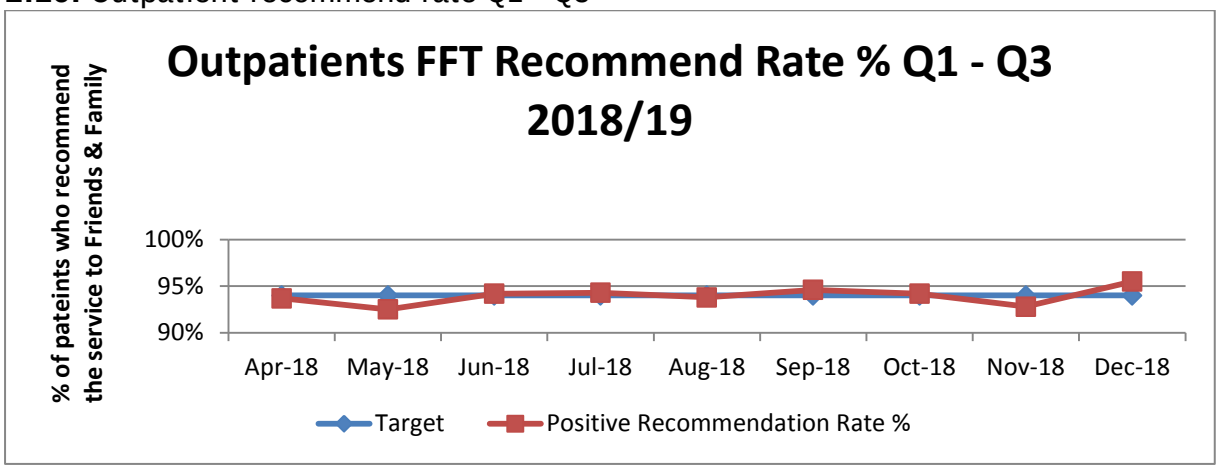
2.14. Comparison of ED recommend rate with similar Trusts in Q3 (November/December 2018)

	BSUH	Southampton University Hospitals Trust	Kings College Hospital Trust	Average all Trusts
Recommend	90%	85%	78%	85%
Not Recommend	6%	9%	12%	8%

2.15. Maternity recommend rate Q1 - Q3



2.16. Outpatient recommend rate Q1 - Q3



3. FFT Training

80 members of BSUH staff have been trained to access the new FFT Envoy reporting system in Q3. This allows frontline staff to analyse the data and produce patient and staff information posters and reports. The training included group, ward and one-to-one sessions. A staff guide to using the FFT Envoy system was introduced in Q3 and has been shared with another NHS Trust to support their own implementation of the system.

4. Patient Experience Huddles

4.1. In October 2018 five wards were identified as having a high FFT response rate but low recommend rate. The wards have subsequently attended a weekly Patient Experience Huddle with the Nurse Director and Patient Experience Manager and, using detailed information provided by the Envoy system, ward staff have been able to target specific issues highlighted by patients.

4.2. One of the wards, recognised as having a high rate of on the day surgical cancellations, has concentrated efforts on supporting patients whose procedures are unavoidably cancelled at short notice. This includes the introduction of a dedicated Healthcare Assistant (HCA), employed to care for patients whilst waiting for surgery.

Work has also been undertaken with the pre-operative nursing team to ensure that all patients are clearly advised of the risk of cancellation on the day of surgery and informed of the next steps should this be the case. The ward environment has also been improved by decorating the patient dayrooms and installing a fish tank in the waiting area.

4.3. There has since been a significant increase in the ward's FFT recommend rate and, in December 2018, no negative comments were received regarding cancelled surgery. However, a number of positive responses were received from patients who had been cancelled on the day of surgery due to the communication and care from ward staff.

4.4. Since the introduction of the Patient Experience Huddle, 80% of the wards involved have achieved above the 96% recommend rate.

5. FFT Patient Information cards

5.1. NHS England acknowledges that the FFT scoring system can be counterintuitive for many patients and in Q3 BSUH piloted alternative questions.

5.2. Since December 2018 all inpatients are issued with a wallet sized information card, providing a visual explanation and clarification of the NHS England scoring system and a reminder that they will be contacted for feedback once they are home.

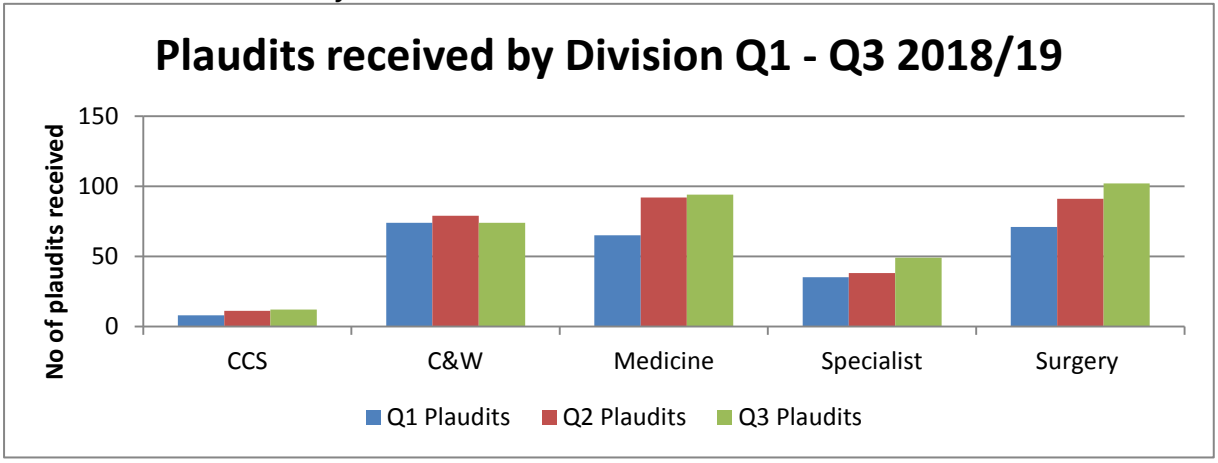
6. Plaudits

6.1. 458 plaudits about BSUH services were received in Q3 which is an increase on the previous Quarter.

Method of plaudit received	
greetings card	245
E-mail	132
letter	30
NHS Choices Website comments	30
In Person	8
Telephone call	13
Total	458

6.2. All plaudits are recorded and shared with the senior nursing and clinical teams and with the individual staff and teams involved. All letters of thanks and commendation are responded to in writing by the Patient Experience Team or by the Chief Executive or her deputy. Plaudits are also shared across the Trust via the CEO's weekly newsletter.

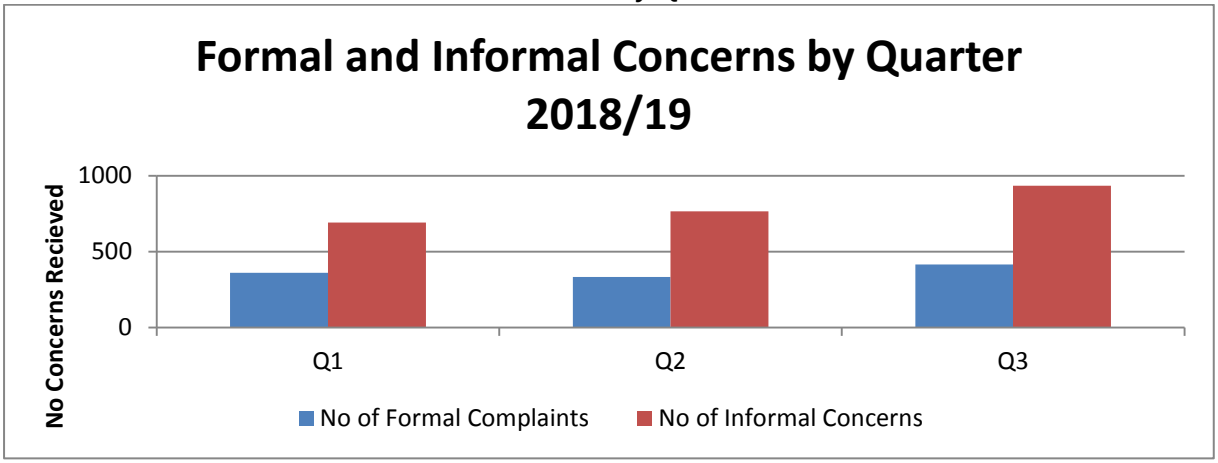
6.3. Plaudits received by Division



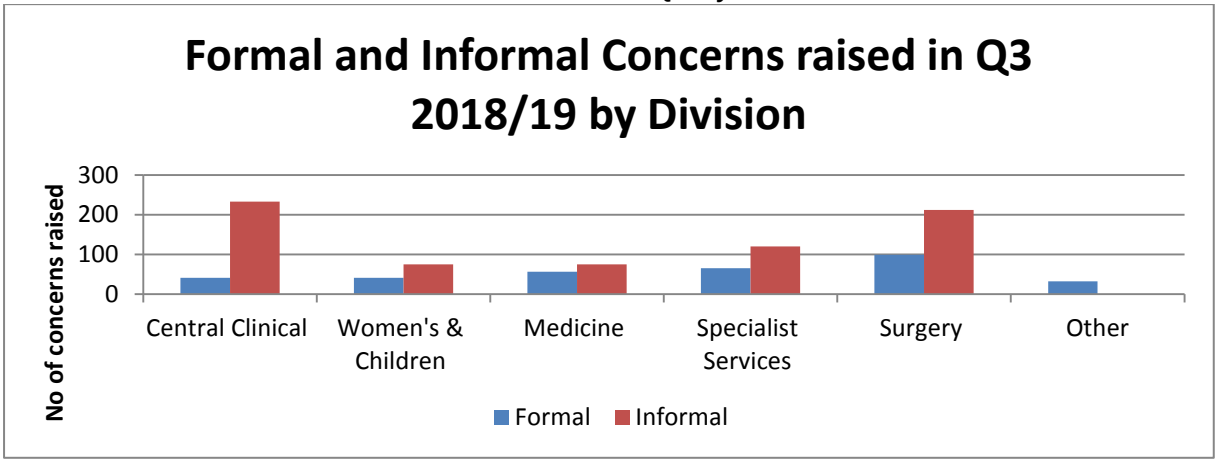
7. PALS and Complaints

7.1. In Q3 the Trust received 934 informal and 414 formal concerns.

7.2. Formal and informal concerns received by Quarter



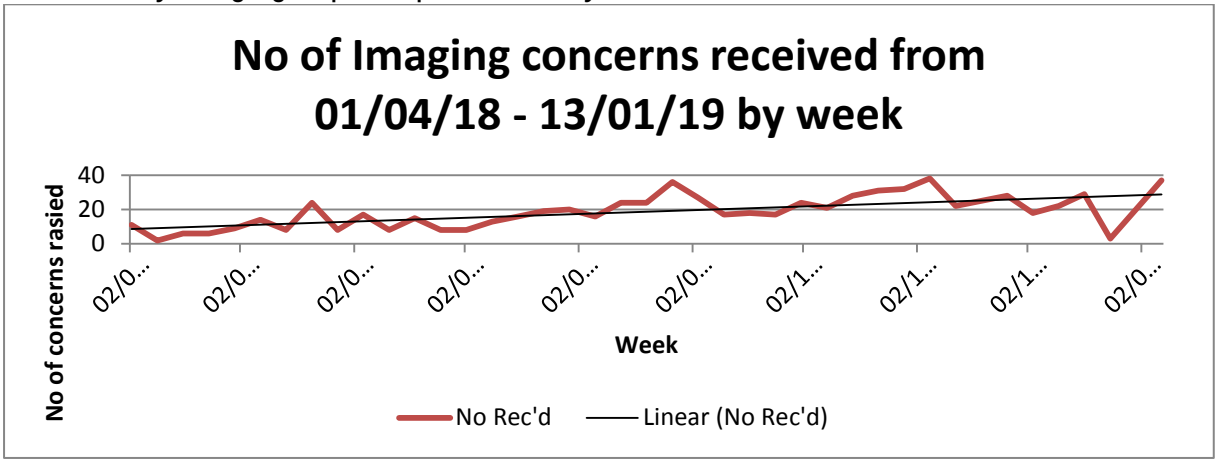
7.3. Formal and informal concerns received in Q3 by Division



7.4. An increased number of patients contacting the PALS service for assistance in arranging imaging appointments accounts for the increased number of informal concerns received in Q3.

7.5. The Central Clinical Services (CCS) Division has an action plan in place to address the current difficulties and a weekly PALS report helps to quickly identify improvements and problem areas.

7.6. Weekly Imaging Report April – January 2019



7.7. The Divisions and Directorates receive monthly complaint reports and are encouraged to attend regular meetings with the Complaints and PALS team to ensure that concerns are responded to thoroughly and within timescale.

7.8. Top themes by Division Q3

Central Clinical Services	
Communication	100%
Wait for outpatient appointment	50%
Administrative error/failings	9%

Women and Children	
Communication	63%
Wait for outpatient appointment	51%
Clinical care/treatment	23%

Medicine	
Communication	54%
Clinical care/treatment	27%
Wait for outpatient appointment	24%

Specialist	
Communication	56%
Wait for outpatient appointment	54%
Wait for surgery date	14%

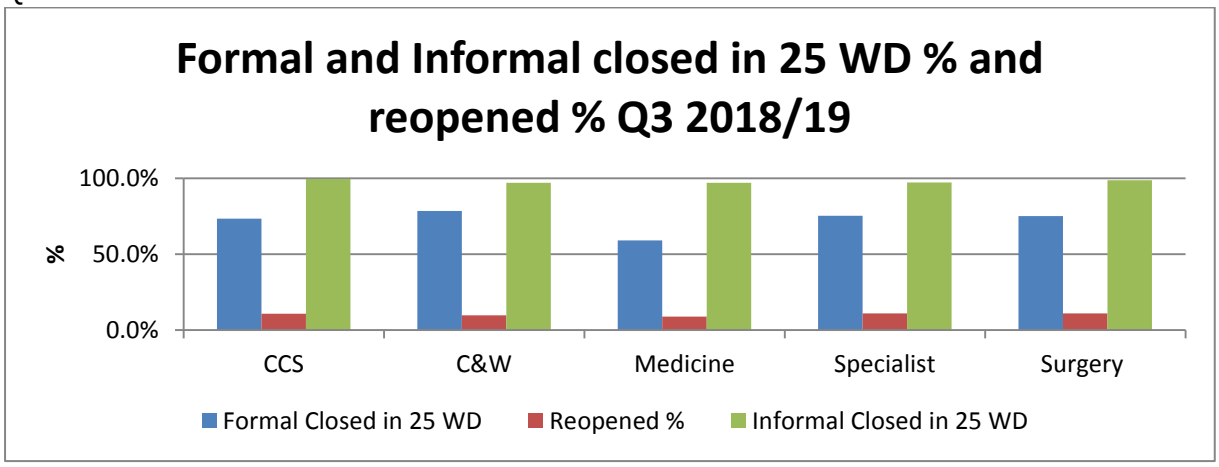
Surgery	
Communication	56%
Wait for outpatient appointment	51%
Wait for surgery date	18%

8. Performance

8.1. BSUH complaint response time target: to respond to all informal and formal (raised by letter, email or telephone) within 25 working days

8.2. In Q3 98.7% of all informal and 77% of formal concerns were closed within 25 working days.

8.3. Formal and informal concerns closed within timescale and number reopened by Quarter



8.4. The PALS team works closely with the booking teams to ensure that patient appointments are arranged quickly and effectively and in Q3 86% of cases dealt with by PALS closed within 3 working days.

9. Learning from complaints

9.1. The PALS and Complaints team utilise a variety of approaches to resolve concerns as quickly as possible. In November 2018, in response to a complaint about the care of an elderly patient recovering from surgery, the complaint manager worked with the family and ward manager to produce a patient story (appendix 1) to be shared with all ward staff. Following this the family were assured that they had been heard and that there was learning from their mother's experience.

9.2. The paediatric team responded immediately to a complaint about a delay in replacing a young person's gastro jejunal feeding tube and there is now a stock of GJ tubes held at the Royal Alexandra Children's Hospital for those patients requiring their tubes to be replaced.

9.3. Following concerns raised about patient transfers to Newhaven ward a new assessment criteria has been introduced to determine a patient's suitability for transfer.

9.4. Following a complaint about the management of postpartum haemorrhage the obstetric and midwifery team are undertaking a review of all national guidance and associated evidence supporting current practice not to scan for possible retained placental tissue in the first four weeks post-delivery.

10. Parliamentary and Health Service Ombudsman

10.1. The Parliamentary and Health Service Ombudsman (PHSO) is the second and final stage of the NHS complaints process. The Trust continues to work directly with PHSO to satisfactorily resolve complaints. The PHSO recognises BSUH as a key stakeholder and, based on the good level of interaction the complaints team has with their office, a visit has been planned in the early part of 2019 to share good practice and strengthen complaints handling approaches within the NHS.

10.2. To date, eight complaints have been accepted by the PHSO for independent investigation. Of these, one case has been upheld, two cases have been found not upheld and five remain under investigation.

11. National Patient Surveys

Sampling for the Urgent and Emergency Care survey 2018 commenced in Q3 for publication in March 2019.

12. Patient and Public Engagement

Healthwatch (HW) is the independent watchdog for people who use health and social care services to help ensure that the views of local people shape the services they need.

In Q3 local HW groups published two reports that included comment about our services.

12.1. Brighton and Hove HW Annual Report

Brighton and Hove HW reported its continued collaboration with the Patient Experience team at BSUH by providing an independent assessment of the way in which complaints are handled.

Their review incorporates nationally recognised standards including the Patients Association: Good Practice standards for NHS Complaints Handling (2014); My Expectations for raising concerns and complaints (2013); the revised NHS Complaints policy (2017), and Parliamentary and Health Service Ombudsman's Principles of Good Handling (2009).

HW's work focussed on smaller numbers of more detailed cases, on topics such as cancer care, mental health services at A&E, and elderly discharge. They also reviewed cases which have been investigated and reported by the Parliamentary Services Health Ombudsmen.

HW identified a number of ways in which the quality of response letters could be improved and which the Trust has since adopted including:

- Identifying learning points from complaints so that patients can be reassured that the Trust has taken action to prevent similar issues from arising again
- Explaining all acronyms in full and avoiding jargon
- Adopting a robust system to ensure that all of the points raised in a complaint are identified and addressed.

12.2. West Sussex Healthwatch: Burgess Hill Listening Tour

In October and November 2018 West Sussex Healthwatch obtained comment from local people in and around Burgess Hill regarding their experience of local health services. The report detailed individual patient's experiences of our hospitals including unhappiness with waiting times, a lack of privacy and dignity and individual care concerns. BSUH has responded to the issues raised, encouraging patients and their representatives to contact the PALS team directly to discuss any concerns.

12.3. Care Quality Commission (CQC) visit October 2018

The CQC assessors were pleased to note that BSUH staff encouraged patients to complete the family and friends test on their care and treatment and that social media mechanisms were for used to engage with patients and that complaints, concerns and compliments were routinely answered on the NHS choices website.

It was also positively reported that managers used specialty governance meetings to share essential information, such as learning from incidents and complaints, to then act as needed.

13. Next Steps

- Continue training staff with the electronic FFT system.
- Support areas with service improvements identifies from FFT and other patient experience data.
- Improve recommend rate for inpatient FFT
- Increase response rate of formal concerns to 80% by April 2019.

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	15	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/19
Report Title:	**Annual Equality Report 2018**				
Sponsoring Executive Director:	Denise Farmer, Chief Workforce and Organisational Development Director				
Author(s):	Helen Weatherill, Director of Human Resources				
Report previously considered by and date:	N/A				
Purpose of the report:					
Information	☐		Assurance	☐	
Review and Discussion	☐		Approval / Agreement	✓	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	☐	
Our People	✓		Quality	✓	
Systems and Partnerships	☐				
Any implications for:					
Quality	Improved Patient Experience				
Financial	n/a				
Workforce	Improved Staff Experience				
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	☐	
Well-led	✓		Use of Resources	✓	
Communication and Consultation:					
Shared with Stakeholders					

Executive Summary:

Brighton and Sussex University Hospitals NHS Trust recognises that 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 that the Trust serves.

As one of the largest employers in the area and a major public sector service provider, the Trust is duty bound by legislation to ensure everyone receives a fair and equitable service, in effect promote a culture of active inclusion.

This report provides a summary of activity and a snapshot of demographical data covering 1st April 2017 to 31st March 2018. As a public sector organisation extra care is taken to monitor any decision which could unfairly affect any particular protected characteristic of staff, carers, volunteers, patients and their families.

Key Recommendation(s):

The Board is asked to **REVIEW** and **APPROVE** the Annual Equality Report for 2018.

NHS
Brighton and Sussex University Hospitals NHS Trust

Annual Equality Report 2018

January 2019

Equality, Diversity and Inclusion Team

Contents

Introduction

Brighton and Sussex University Hospitals NHS Trust recognises that 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 that the Trust serves.

As one of the largest employers in the area and a major public sector service provider, the Trust is duty bound by legislation to ensure everyone receives a fair and equitable service, in effect promote a culture of active inclusion. The Equality Act 2010 specifically states that people should not be treated unfavourably 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 will help to demonstrate how compliant the Trust is with a number of national, legislative and regulatory drivers that include:

- BSUH Equality Objectives (in this report) – a requirement set by the Equality Act 2010, Public Sector Equality Duty
- Care Quality Commission – The Fundamental Standards (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)
- Equality Act 2010 – including the Public Sector Equality Duties
- Equality and Human Rights Commission – Codes of Practice
- Human Rights Act 1998
- NHS Constitution
- The Trust's Patient First Programme – This is a programme to deliver improvements for both patients and staff

Brighton and Sussex University Hospitals NHS Trust is an acute hospital based across two main sites: the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital. The Haywards Heath campus includes Hurstwood Park Regional Centre for Neurosciences and the Sussex Orthopaedic Centre. The Trust also provides services in: Brighton General Hospital, Lewes Victoria Hospital, Bexhill Renal Satellite Unit, Hove Polyclinic, Park Centre Breast Care and Worthing Hospital.

This report provides a summary of activity and a snapshot of demographical data covering 1st April 2017 to 31st March 2018. As a public sector organisation extra care is taken to monitor any decision which could unfairly affect any particular protected characteristic of staff, carers, volunteers, patients and their families.

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, effective and 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 also 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, acts as an enabler to communicate how we are tackling inequity and acts as a lever to improve quality.

Those who work within the Trust

Attracting, developing and retaining a diverse and reflective workforce is essential to delivering responsive and inclusive services. Having such a workforce encourages the Trust to develop and deliver services that understand the complex needs of the diverse communities it serves. National research suggests that the degree to which organisational demography is representative of community demography drives positive effects in terms of 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 the Brighton and Sussex University Hospitals NHS 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:

1) Have the confidence their individual needs and beliefs are taken seriously and they are treated with dignity and respect.
2) Know their individual life chances and well-being are enhanced by the Trust’s commitment to equality, diversity and inclusion.
3) Are happy to choose to use and recommend the organisation.

Our staff:

1) Feel valued and fairly treated in an organisation that really cares.
2) 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.
3) Are proud to work in an open and inclusive organisation.

Our communities:

1) Are assured the Trust engages with the diverse communities based on mutual interest and respect.
2) Are confident the Trust is active in tackling inequality, making services accessible, solving problems, delivering solutions and willing to learn.
3) The Trust is responsive to the challenges faced by people in relation to diverse needs and communicates appropriately.

Our organisation:

1) Lives its values consistently across all sites.
2) Demonstrates long-term, consistent commitment to equality, diversity and inclusion for the people we serve.
3) Is a positive, innovative and ‘can do’ place to be.

What is the Trust doing to further the equality agenda?

The Trust undertakes a wide range of work and projects to support the equality agenda to benefit patients and the workforce. Below is a summary of some of the key items that occurred during 2017/18.

Leadership, Culture and Workforce (LCW)

The Board demonstrating their commitment to address the longstanding equality issues with BSUH, created a LCW Programme, which has Executive ownership and leadership.

There are 13 work streams of which equalities and inclusion is one – this is led by our Chief Executive, Dame Marianne Griffiths.

Equality, Diversity and Inclusion Team (EDI)

We continue to have a dedicated EDI team, comprised of a Head of Inclusion, Deputy – Service Improvement, Manager-Workforce and Advisor. This enables the organisation to benefit from their expert advice for both staff and patients. Our Head of Inclusion also participated in the WRES Experts Programme and completed Cohort 1 in October 2018, thus ensuring that we are benefitting from her knowledge which will help to provide focus on the WRES agenda for both our staff and patients.

Information to support the workforce and patients

The Equality, Diversity and Inclusion team has produced or made available a wide range of information to assist staff and patients.

During 2017/18 the team engaged with critical care and the emergency floor, to review the overseas language provision of patient information. As a result of this engagement, a number of changes have been made to assist these areas to better meet the needs of their patients.

Examples of such information can be found on the Trust's website or by contacting the team on 01273 696955 ext. 64685.

Due Regard 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.

During 2017/18 the Equality, Diversity and Inclusion team supported more than 30 assessments.

Staff Conferences

The Trust plans to have three staff conferences in 2018/19.

The first conference will was held in May 2018, which reviewed the 2017 Workforce Race Equality Standard. Staff were asked to provide comment on the finding from the report, and to help suggest methods of addressing any inequality found.

The second conference was held in July 2018, this conference looked at equality issues in a wider context, and also was a follow up from the May 2018 conference.

The third conference was held in July 2018, this conference was aimed at senior managers and looked at intersecting issues affecting equality and leadership.

We were supported by the Yvonne Coghill OBE, CBE FRCN – Director of NHS Workforce Race Equality Standard and other colleagues from the National WRES Team. As well as providing support on the day for our Conference – work was also undertaken with our Board and is ongoing.

Training

The Equality, Diversity and Inclusion team has facilitated a number of general and specialised training sessions. This helps ensure the workforce to be aware of their responsibilities under equality legislation and to be able to meet a wide range of needs. General equality awareness training can be completed either by face-to-face, workbook or e-learning. This approach makes sure a wide range of learning styles and working patterns can be accommodated.

Nurses and Healthcare Assistants have been offered targeted training on issues relating to gender identity.

Human Resources have received general equality awareness, age specific, hate crime, disability specific and gender identity specific training.

The Audiology department run regular deafness and hearing impairment awareness workshops. The workshops provide staff a further insight into the issues faced by these communities. The workshop also looks at methods of communication.

Gender Pay Gap Reporting

All large employers are required to publish the pay a comparison of differences in pay for men and women. This helps to demonstrate on an organisation level if there are disparities or inequalities in respect of pay.

As a result, there were some disparities highlighted from the report, a gender working group was formed and an action plan produced to address this.

To see the 2017 report and action plan, please go to:

https://gender-pay-gap.service.gov.uk/viewing/employer-%2cUVFTkg3LWdbsqqrxz3sJwg!!/report-2017

NHS England Equality Standards

The Trust has participated in the Workforce Race Equality Standard (WRES), The 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 areas for improvement were found, a working group was formed which helped develop a 3 year action plan to address these issues. A specific working group (formed of Trust staff) has been formed to look at issues raised within the standard. For further information and to download the latest report and action plan please go to:

https://www.bsuh.nhs.uk/about-us/equality-diversity-and-human-rights/#2

The Trust will be participating in the Workforce Disability Equality Standard (WDES), the standard should be released in autumn 2018/19. The aim of the standard is demonstrating fairness within services using standardised information available to all NHS Trusts. A specific working group (formed of Trust staff) will be formed to look at issues raised within the standard. More information about the standard can be found on NHS England's website:

https://www.england.nhs.uk/about/equality/equality-hub/wdes

NHS England has announced that a standard will be introduced in the future, this standard will deal with sexual orientation monitoring for patients. Further information about the proposed 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.

Stonewall Workplace Equality Index

In 2018/19 the Trust will be entering the annual Stonewall Work Equality Index. This index allows Trusts to how fair and equitable policies are for LGBT staff. It is an ambition that the Trust works to be recognised as a 'Stonewall Top 100 Employer'.

Staff Networks

LGBTQ+ Network

BSUH has an active LGBTQ+ Staff and Allies Network. Members volunteer their time, expertise and experience to help the Trust:

- Support our LGBTQ+ staff and volunteers
- Be an inclusive 'employer of choice' for LGBTQ+ people
- Engage with local LGBTQ+ communities
- Provide excellent, non-discriminatory, inclusive care for our LGBTQ+ patients/service users.

Examples of the Network's work include:

- Providing confidential support to staff on LGBTQ+ issues.
- Organising social and networking events.
- Advising on Trust policies and training – so they are inclusive and supportive of LGBTQ+ staff.
- Celebrate LGBTQ+ history, lives and contributions (eg. LGBTQ+ History Month, Trans Awareness Week).
- Organise BSUH@Prides – Brighton Pride, Trans-Pride, Disability Pride.
- Run programmes relevant to LGBTQ+ staff (eg. health & wellbeing/mental health, LGBTQ+ Mentoring).
- Produce a regular newsletter.
- Work closely with the Equality, Diversity & Inclusion Team, and BSUH Charity.
- BSUH is also part of a University of York research study into NHS LGBTQ+ Staff Networks – the difference they make to health and wellbeing, and how this contributes to best patient care.

Disabled Staff Network

A new Disabled Staff Network is in the process of development.

Service Improvements

The Equality, Diversity and Inclusion team are also assisting the Clinical Director of Facilities and Estates to redesign the signage and way finding at the Brighton Site. Careful thought has been given to disability accessibility including physical way finding and the appearance of the signage. The signage has been designed to meet the widest range of accessible needs. Work is being planned to extend this project to the Haywards Heath site, in the future.

The Equality, Diversity and Inclusion team has undertaken some targeted engagement work with clinical divisions, to provide ward/department based solutions to meeting their patient's needs. This includes the production of patient information, graphical tools and equipment to aid clear communication.

The Trust had contracted the ‘Browsealoud’ web screen reading system to increase the accessibility of the external website. The contract came to an end during 2017/18, after evaluating all the options, the Trust has signed a new 2-year contract for the ‘Recite Me’ system. The new system has all the same functionality of the previous system, but also adds some important additional functions. These functions not only benefit people with sensory impairments, but also benefits people with learning disabilities/difficulties and overseas language speakers.

The Trust undertook a 9 month procurement process with other NHS partners in the local area. The NHS partners procured a range of overseas and communication support services that will meet the needs of the local population. Undertaking this process as a group, enable the Trust to secure high quality services and solutions whilst enjoying the benefits of economy of scale. The contract were awarded in 2017/18 and went live in July 2018, in the forthcoming years the Trust will be utilising technology to introduce new services which will help improve accessibility of services and patient experience.

NHS Accessible Information Standard

The standard was launched in July 2016, however in the lead up, the Equality, Diversity and Inclusion team provided information and support to the workforce to ensure they can consistently meet the standard. The standard was introduced to ensure patients who have additional communication needs (which have been caused by a disability) are consistently met by NHS Trusts. For more information about the standard please visit: https://www.england.nhs.uk/ourwork/accessibleinfo/ .

The workforce has access to a range of interpretation and translation services, hospital communication books and a Learning Disabilities Liaison Team. The Equality, Diversity and Inclusion team have also provided support by: providing Sonido Personal Listening Devices to a number of wards and departments, providing hospital communication books (this provides a pictorial way of communicating) to wards and departments, and purchasing the ‘Recite Me’ system which has helped to improve accessibility of the Trust’s website.

Engagement with Patient Experience

The Trust has taken a number of steps to engage with patients and their experience. The Trust has a Patient Experience and Engagement Group, a disabled patient and user group and many departments undertake their own engagement exercises e.g. maternity services undertook a survey at Trans Pride for trans and non-binary people.

3T’s (Teaching, Trauma and Tertiary Care) - hospital redevelopment programme

The Trust is undergoing a massive redevelopment programme to improve the facilities, environment and accessibility for its patients and workforce at the Brighton

site. The programme will see 45% of the buildings at the front of the site replaced with two new state of the art hospital buildings. Completion of the redevelopment will be in 2024.

The redevelopment team have reached the stage of specifying equipment for the new buildings, and have consulted with the Equality, Diversity and Inclusion team when required.

For more information about the programme please see the Trust's website or contact the 3T's team on 01273 523375.

Brighton and Sussex University Hospital NHS Trust Equality Objectives

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

The Trust's first set of objectives and goals which were live between 2019 to 2022. Below is a summary of the objectives and relevant actions.

The following objectives will be undertaken jointly with Western Sussex Hospitals Foundation NHS Trust:

1. Aim to have the workforce's declared equality monitoring data as a minimum of 90% across the board.
    - As of March 2018 the current rates of declared monitoring information is: Age (100%), Disability (82.6%), Gender (100%), Marriage and Civil Partnership (94.7%), Race and Ethnicity (97.2%), Religion or Belief (84.5%)
    - and Sexual Orientation (87.4%).

2. Analyse and review and reduce variation of staff experiences in the workplace across all protected characteristics in the NHS Staff Survey.
    - This is currently being reviewed under the Leadership, Culture and Workforce work stream (see page 5), work is also being undertaken as part of WRES and WDES (see page 7) 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.

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

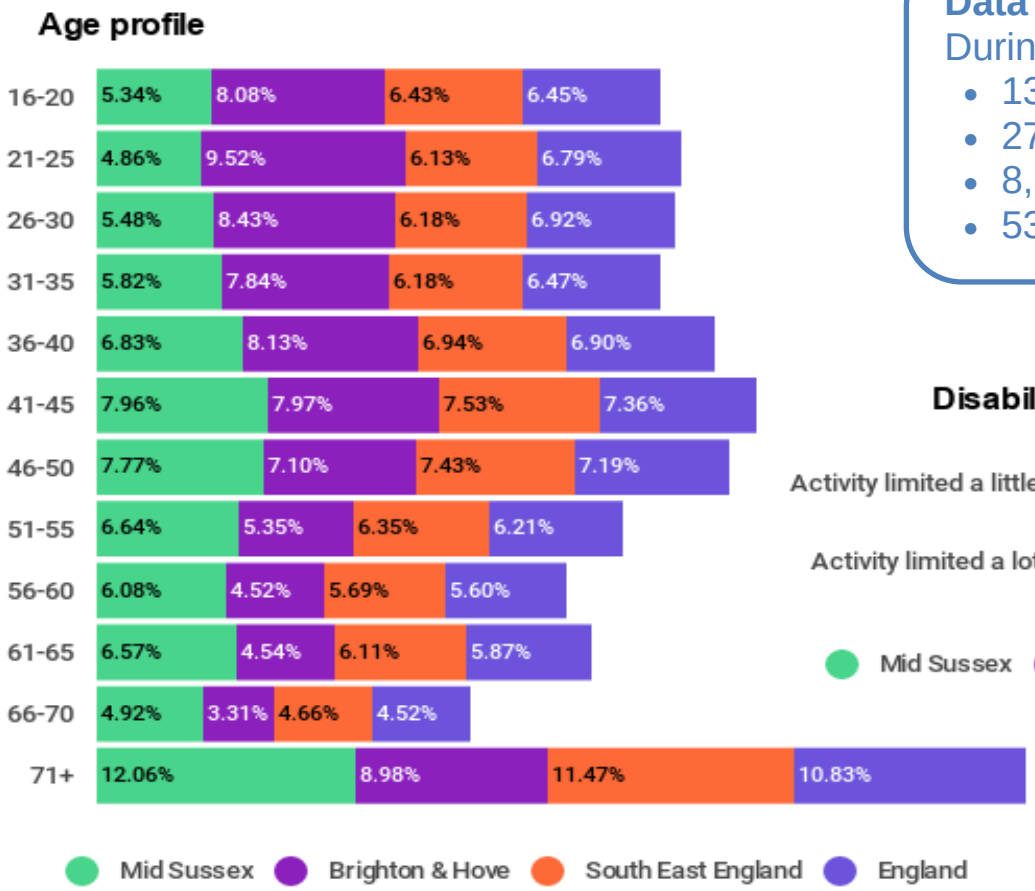
The following objectives are specific to Brighton & Sussex University Hospitals NHS Trust:

5. Engage with Trans communities to understand why they appear to have a less good experience to other patient groups (relating to the Friends and Family Test score) and take appropriate actions and training of staff.

6. Aim to be recognised as one of Stonewall’s Top 100 Employers.

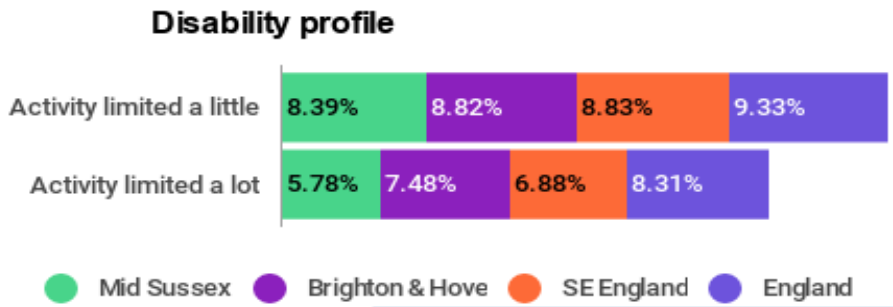
   Specific targets and improvement trajectories for the next three years will be set out in the action plan.

Who are the local communities the trust serves?



Data is taken from the 2011 Census.
During this period there were:

- 139,860 people in Mid Sussex
- 273,369 people in Brighton and Hove
- 8,634,750 people in South East England
- 53,012,456 people in England



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?'

Gender profile

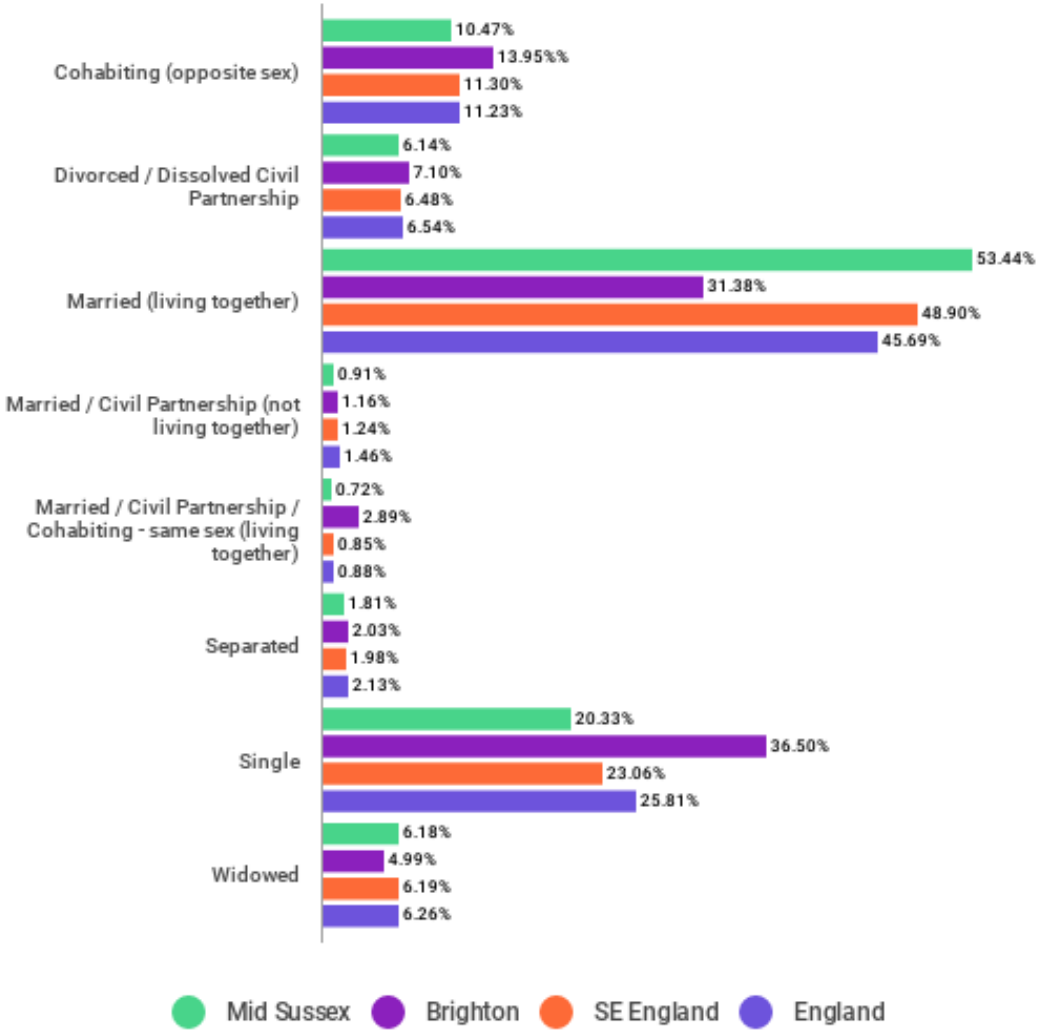
Race profile

	Mid Sussex	Brighton & Hove	SE England	England
Asian	2.69%	4.13%	5.24%	7.82%
Black	0.56%	1.53%	1.58%	3.48%
Mixed	1.41%	3.81%	1.94%	2.25%
Other	0.23%	1.46%	0.59%	1.03%
White	90.33%	80.48%	85.23%	79.75%
White - Other	4.77%	8.59%	5.43%	5.66%

Religion or belief profile

	Mid Sussex	Brighton	SE England	England
Buddhist	0.36%	1.00%	0.51%	0.45%
Christian	62.75%	42.90%	59.76%	59.38%
Hindu	0.61%	0.66%	1.07%	1.52%
Jewish	0.20%	0.98%	0.21%	0.49%
Muslim	0.81%	2.23%	2.34%	5.02%
No Religion	26.61%	42.42%	27.66%	24.74%
Not Stated	7.93%	8.81%	7.36%	7.18%
Other Religion	0.66%	0.88%	0.46%	0.43%
Sikh	0.06%	0.13%	0.64%	0.79%

Relationship status profile



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

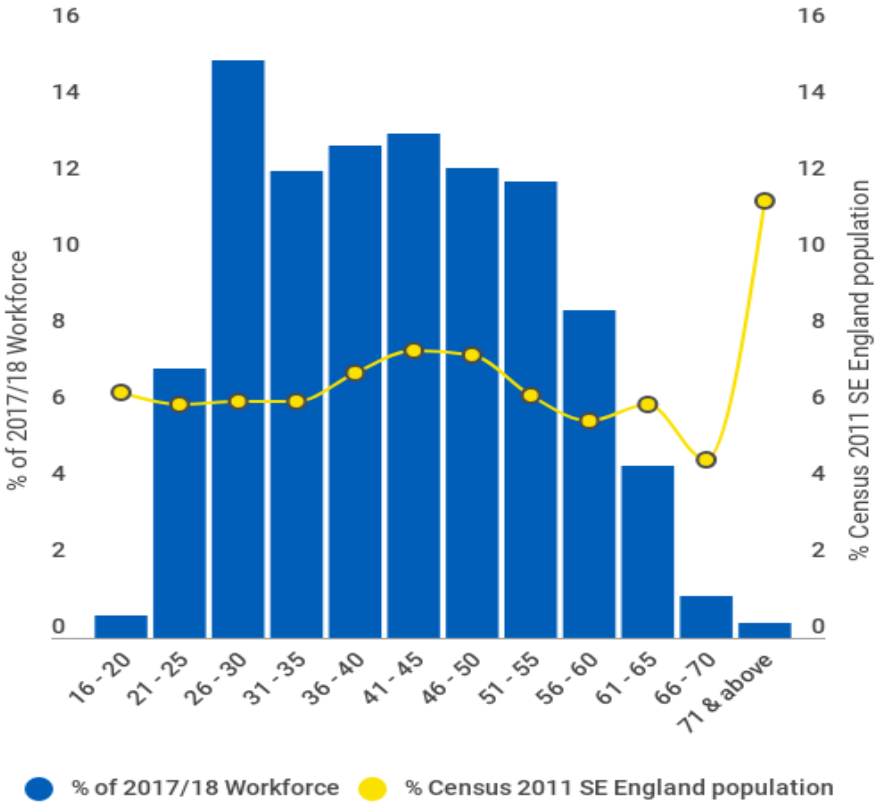
Sexual Orientation

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 Records system and provides a wide range of demographical data.

Age



16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
0.6%	7.0%	15.2%	12.3%	12.9%	13.2%	12.3%	12.0%	8.6%	4.5%	1.1%	0.4%
6.4%	6.1%	6.2%	6.2%	6.9%	7.5%	7.4%	6.4%	5.7%	6.1%	4.7%	11.5%

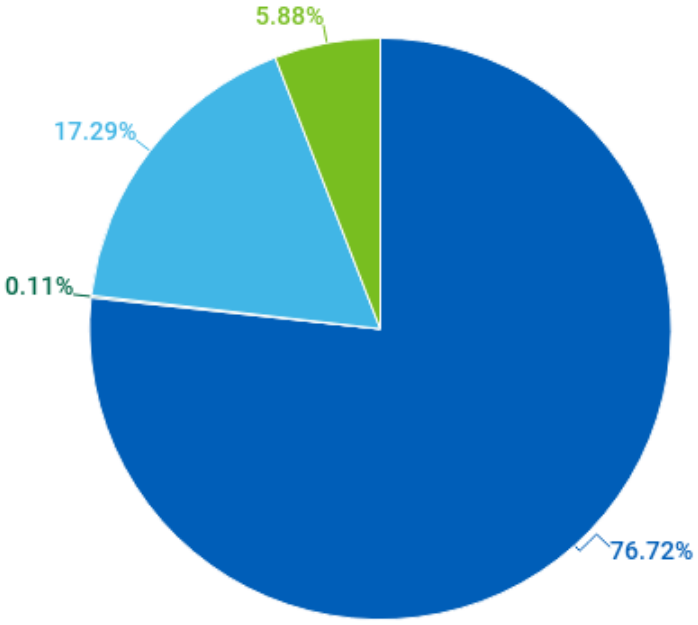
Gender Identity

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.

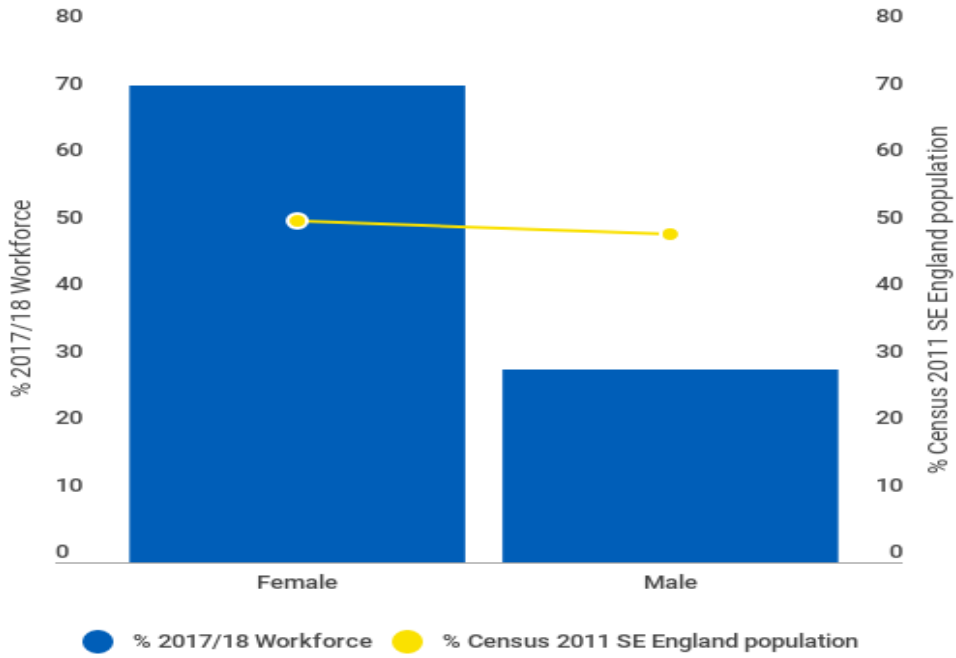
Disability



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.

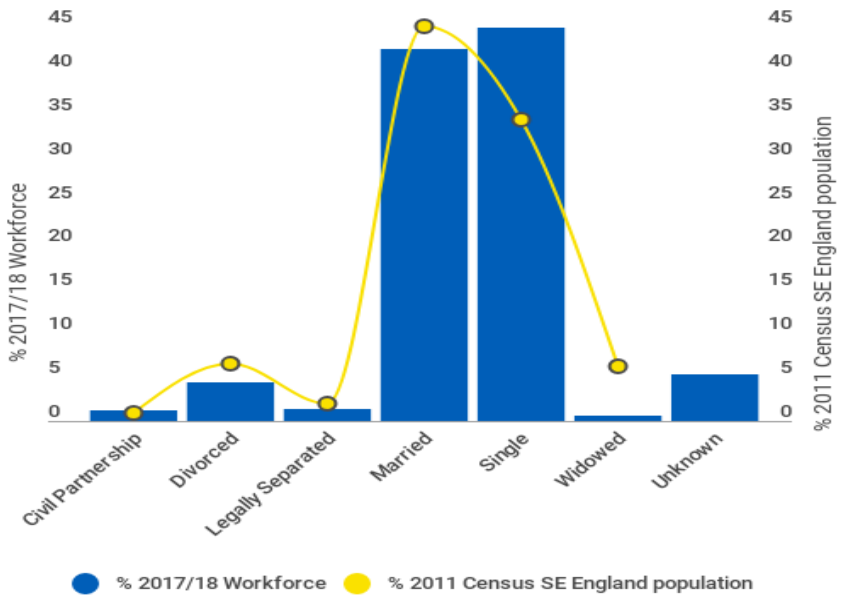
Not Disabled Prefer Not To Answer Undefined Disabled

Gender



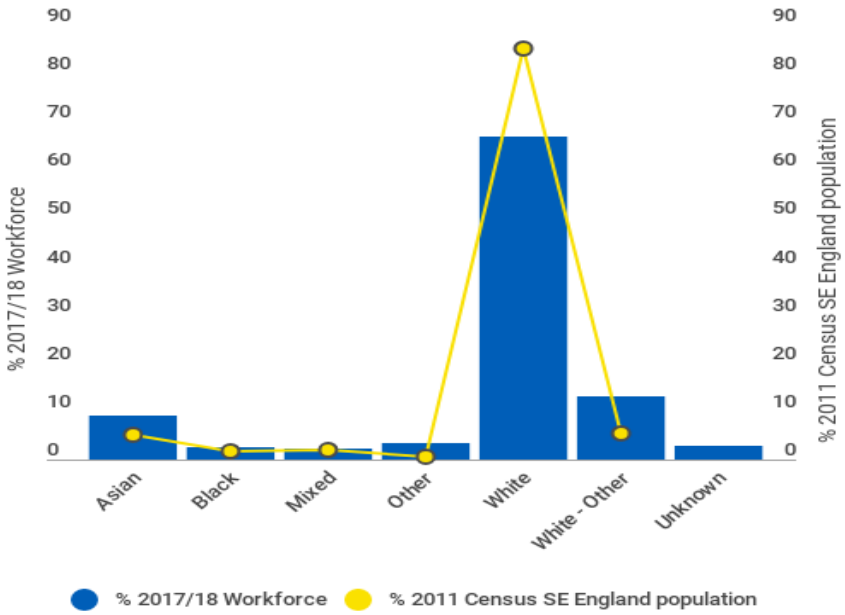
Female	Male
71.2%	28.8%
50.9%	49.1%

Marriage and Civil Partnership



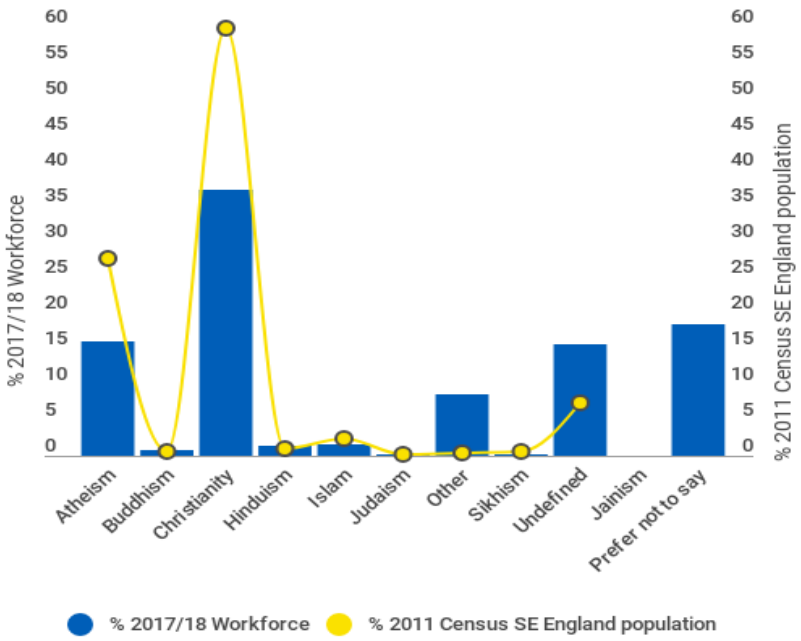
Civil partnership	Divorced	Legally Separated	Married	Single	Widowed	Unknown
1.2%	4.4%	1.3%	42.4%	44.8%	0.6%	5.3%
0.9%	6.5%	2.0%	48.9%	34.4%	6.2%	

Race and Ethnicity



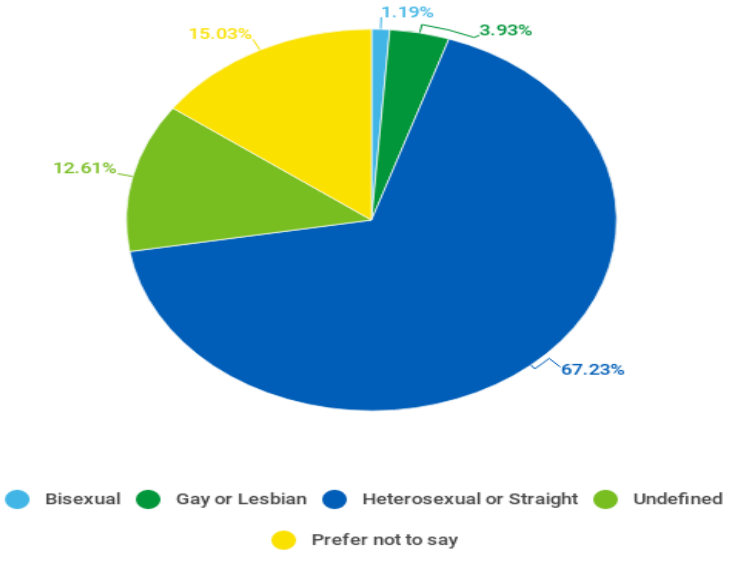
Asian	Black	Mixed	Other	White	White–Other	Unknown
9.1%	2.5%	2.4%	3.4%	66.8%	13.0%	2.8%
5.2%	1.6%	1.9%	0.6%	85.2%	5.4%	

Religion or Belief



Atheism	Buddhism	Christianity	Hinduism	Islam	Judaism	Other	Sikhism	Undefined	Jainism	Prefer not to say
16.0%	0.8%	37.2%	1.47%	1.6%	0.2%	8.6%	0.2%	15.5%	0.1%	18.5%
27.7%	0.5%	59.8%	1.2%	2.3%	0.2%	0.5%	0.64%	7.4%		

Sexual Orientation



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

5568 Staff work full time

2718 Staff work part time

7445 Staff have permanent contracts

841 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

	Age Range											
	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 & above
Band 1	**2.0%**	4.2%	8.8%	**13.0%**	**14.7%**	11.8%	**13.7%**	10.0%	**10.0%**	**8.3%**	**2.2%**	**1.2%**
Band 2	**2.4%**	**10.0%**	13.0%	11.4%	12.3%	11.8%	9.8%	10.7%	**10.1%**	**5.5%**	**2.1%**	**1.1%**
Band 3	**1.1%**	**8.2%**	11.1%	10.0%	9.2%	10.9%	11.8%	**13.8%**	**13.5%**	**7.9%**	**2.1%**	**0.5%**
Band 4	0.4%	5.0%	11.8%	9.3%	9.3%	10.5%	12.0%	**15.9%**	**13.6%**	**9.1%**	**2.1%**	**1.1%**
Band 5	0.0%	**14.2%**	**24.9%**	12.2%	11.0%	10.5%	8.8%	9.2%	6.1%	2.7%	0.3%	0.2%
Band 6	0.0%	3.7%	14.5%	**13.5%**	**14.8%**	**16.6%**	**14.1%**	**12.6%**	5.8%	3.4%	1.0%	0.0%
Band 7	0.0%	0.5%	6.9%	11.1%	**16.3%**	**17.2%**	**18.9%**	**14.9%**	**10.5%**	3.5%	0.1%	0.0%
Band 8a	0.0%	0.0%	2.4%	5.3%	**13.0%**	**19.2%**	**24.5%**	**21.2%**	**8.7%**	**5.3%**	0.5%	0.0%
Band 8b	0.0%	0.0%	0.0%	7.9%	11.9%	**18.8%**	**16.8%**	**29.7%**	**9.9%**	**5.0%**	0.0%	0.0%
Band 8c	0.0%	0.0%	0.0%	5.0%	12.5%	**15.0%**	7.5%	**40.0%**	**15.0%**	**5.0%**	0.0%	0.0%
Band 8d	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	**36.8%**	**26.3%**	**21.1%**	**5.3%**	0.0%	**5.3%**
Band 9	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	**22.2%**	**22.2%**	**44.4%**	0.0%	0.0%	0.0%
Local - Director	0.0%	0.0%	0.0%	0.0%	0.0%	**15.4%**	**46.2%**	**15.4%**	**23.1%**	0.0%	0.0%	0.0%
Medical - Consultant	0.0%	0.0%	0.0%	2.4%	**18.7%**	**27.8%**	**19.6%**	**16.5%**	**10.1%**	4.0%	0.7%	0.2%
Medical - Staff Grade	0.0%	0.0%	0.0%	8.9%	**21.4%**	**14.3%**	**14.3%**	**14.3%**	**17.9%**	**5.4%**	**3.6%**	0.0%
Medical - Training Grade	0.0%	1.3%	**19.9%**	**40.7%**	**22.6%**	7.4%	5.4%	1.3%	1.0%	0.3%	0.0%	0.0%
NULL	0.0%	**18.1%**	**52.8%**	**18.9%**	6.1%	1.9%	1.3%	0.3%	0.3%	0.3%	0.0%	0.0%
Overall age in workforce	**0.6%**	**7.0%**	**15.2%**	**12.3%**	**12.9%**	**13.2%**	**12.3%**	**12.0%**	**8.6%**	**4.5%**	**1.1%**	**0.4%**

	Disability Status			
	Disabled	Not Disabled	Prefer Not To Answer	Undefined
Band 1	**11.5%**	**85.5%**	0.0%	2.9%
Band 2	**7.0%**	**80.2%**	**0.2%**	12.6%
Band 3	**9.8%**	75.3%	0.0%	14.9%
Band 4	**6.1%**	**80.2%**	**0.2%**	13.6%
Band 5	5.1%	**81.5%**	0.1%	13.3%
Band 6	4.4%	74.8%	0.1%	**20.8%**
Band 7	4.4%	75.8%	0.0%	**19.8%**
Band 8a	**7.7%**	76.4%	0.0%	15.9%
Band 8b	**9.9%**	**77.2%**	0.0%	12.9%
Band 8c	5.0%	75.0%	0.0%	**20.0%**
Band 8d	0.0%	**78.9%**	0.0%	**21.1%**
Band 9	**11.1%**	**77.8%**	0.0%	11.1%
Local - Director	0.0%	69.2%	0.0%	**30.8%**
Medical - Consultant	1.5%	69.4%	0.0%	**29.1%**
Medical - Staff Grade	3.6%	58.9%	0.0%	**37.5%**
Medical - Training Grade	2.0%	70.4%	**0.3%**	**27.3%**
NULL	5.9%	59.5%	**0.5%**	**34.1%**
Overall disability status in workforce	**5.9%**	**76.7%**	**0.1%**	**17.3%**

	Gender	
	Female	Male
Band 1	56.4%	**43.6%**
Band 2	69.5%	**30.5%**
Band 3	**72.2%**	27.8%
Band 4	**78.9%**	21.1%
Band 5	**78.6%**	21.4%
Band 6	**81.4%**	18.6%
Band 7	**79.0%**	21.0%
Band 8a	**72.1%**	27.9%
Band 8b	66.3%	**33.7%**
Band 8c	60.0%	**40.0%**
Band 8d	42.1%	**57.9%**
Band 9	55.6%	**44.4%**
Local - Director	61.5%	**38.5%**
Medical - Consultant	39.0%	**61.0%**
Medical - Staff Grade	41.1%	**58.9%**
Medical - Training Grade	50.2%	**49.8%**
NULL	58.9%	**41.1%**
Grand Total	**71.2%**	**28.8%**

	Race category						
	Asian	Black	Mixed	Other	Unknown	White	White - Other
Band 1	7.6%	**6.9%**	**3.9%**	**4.7%**	**6.1%**	29.4%	**41.4%**
Band 2	**11.1%**	1.9%	2.4%	**4.5%**	2.7%	64.6%	12.9%
Band 3	5.4%	2.2%	1.8%	2.1%	2.2%	**77.4%**	8.8%
Band 4	3.9%	1.1%	1.4%	1.6%	1.8%	**83.8%**	6.4%
Band 5	**10.6%**	**3.3%**	2.0%	**5.0%**	**3.3%**	55.2%	**20.7%**
Band 6	5.3%	1.9%	1.9%	3.0%	**3.0%**	**75.9%**	8.9%
Band 7	3.7%	1.7%	2.2%	1.4%	**3.1%**	**82.8%**	5.1%
Band 8a	3.4%	1.4%	1.4%	1.0%	**4.8%**	**82.7%**	5.3%
Band 8b	2.0%	**4.0%**	1.0%	0.0%	2.0%	**87.1%**	4.0%
Band 8c	0.0%	0.0%	**2.5%**	0.0%	0.0%	**87.5%**	10.0%
Band 8d	0.0%	**5.3%**	0.0%	0.0%	0.0%	**94.7%**	0.0%
Band 9	0.0%	**11.1%**	0.0%	0.0%	0.0%	**88.9%**	0.0%
Local - Director	**15.4%**	0.0%	0.0%	0.0%	**7.7%**	**76.9%**	0.0%
Medical - Consultant	**20.0%**	2.4%	**3.1%**	3.3%	1.8%	58.6%	10.8%
Medical - Staff Grade	**26.8%**	**3.6%**	**7.1%**	**7.1%**	**3.6%**	33.9%	**17.9%**
Medical - Training Grade	**23.9%**	**5.1%**	**5.1%**	**7.1%**	1.7%	42.4%	**14.8%**
NULL	**17.9%**	1.9%	**5.1%**	2.7%	0.8%	63.2%	8.5%
Overall race category in workforce	**9.1%**	**2.5%**	**2.4%**	**3.4%**	**2.8%**	**66.8%**	**13.0%**

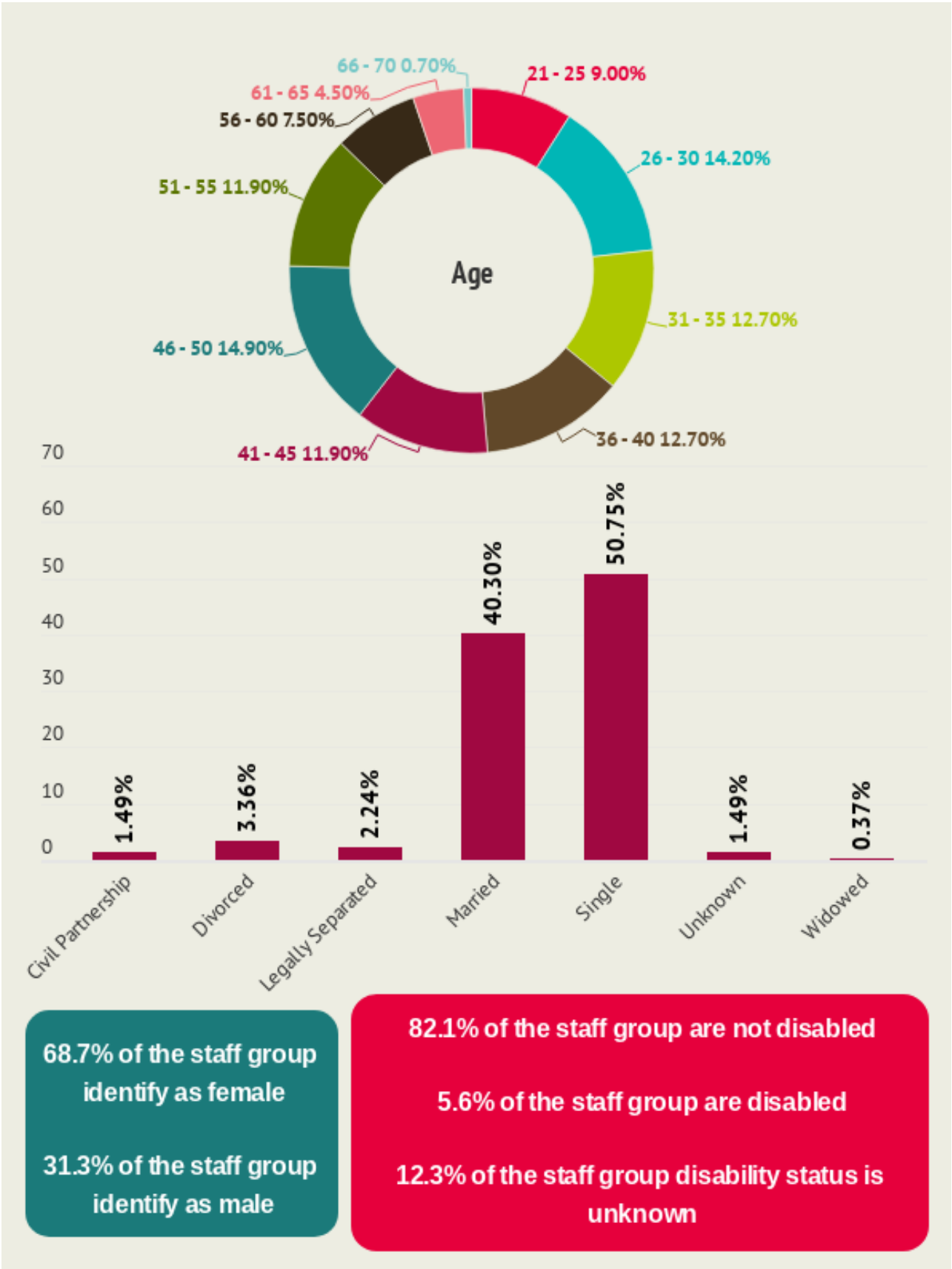
	Marriage / Civil Partnership Status						
	Civil Partnership	Divorced	Legally Separated	Married	Single	Unknown	Widowed
Band 1	**2.0%**	**6.4%**	**1.7%**	31.9%	40.2%	**15.9%**	**2.0%**
Band 2	**1.6%**	**5.3%**	**1.4%**	40.1%	43.3%	**7.1%**	**1.1%**
Band 3	**1.7%**	**6.6%**	**2.1%**	41.5%	41.9%	5.0%	**1.1%**
Band 4	1.1%	**9.8%**	**1.8%**	**42.9%**	40.0%	3.6%	**0.9%**
Band 5	0.7%	3.1%	**1.6%**	33.0%	**56.8%**	4.3%	0.4%
Band 6	0.9%	4.2%	**1.6%**	**45.0%**	43.8%	4.1%	0.4%
Band 7	**1.3%**	3.7%	0.8%	**52.6%**	38.7%	3.0%	0.0%
Band 8a	**1.4%**	**5.3%**	1.0%	**52.9%**	34.1%	3.4%	**1.9%**
Band 8b	1.0%	4.0%	1.0%	**57.4%**	28.7%	**7.9%**	0.0%
Band 8c	0.0%	**5.0%**	**2.5%**	**50.0%**	37.5%	5.0%	0.0%
Band 8d	**5.3%**	0.0%	0.0%	**68.4%**	15.8%	**10.5%**	0.0%
Band 9	0.0%	**11.1%**	0.0%	**66.7%**	11.1%	**11.1%**	0.0%
Local - Director	0.0%	0.0%	0.0%	**53.8%**	**46.2%**	0.0%	0.0%
Medical - Consultant	**1.8%**	1.8%	0.0%	**70.9%**	21.6%	4.0%	0.0%
Medical - Staff Grade	**1.8%**	3.6%	0.0%	**62.5%**	25.0%	**7.1%**	0.0%
Medical - Training Grade	0.3%	0.7%	0.7%	**47.5%**	44.1%	**6.7%**	0.0%
NULL	0.0%	0.5%	0.0%	16.8%	**79.5%**	3.2%	0.0%
Overall marriage / civil partnership status in workforce	**1.2%**	**4.4%**	**1.3%**	**42.4%**	**44.8%**	**5.3%**	**0.6%**

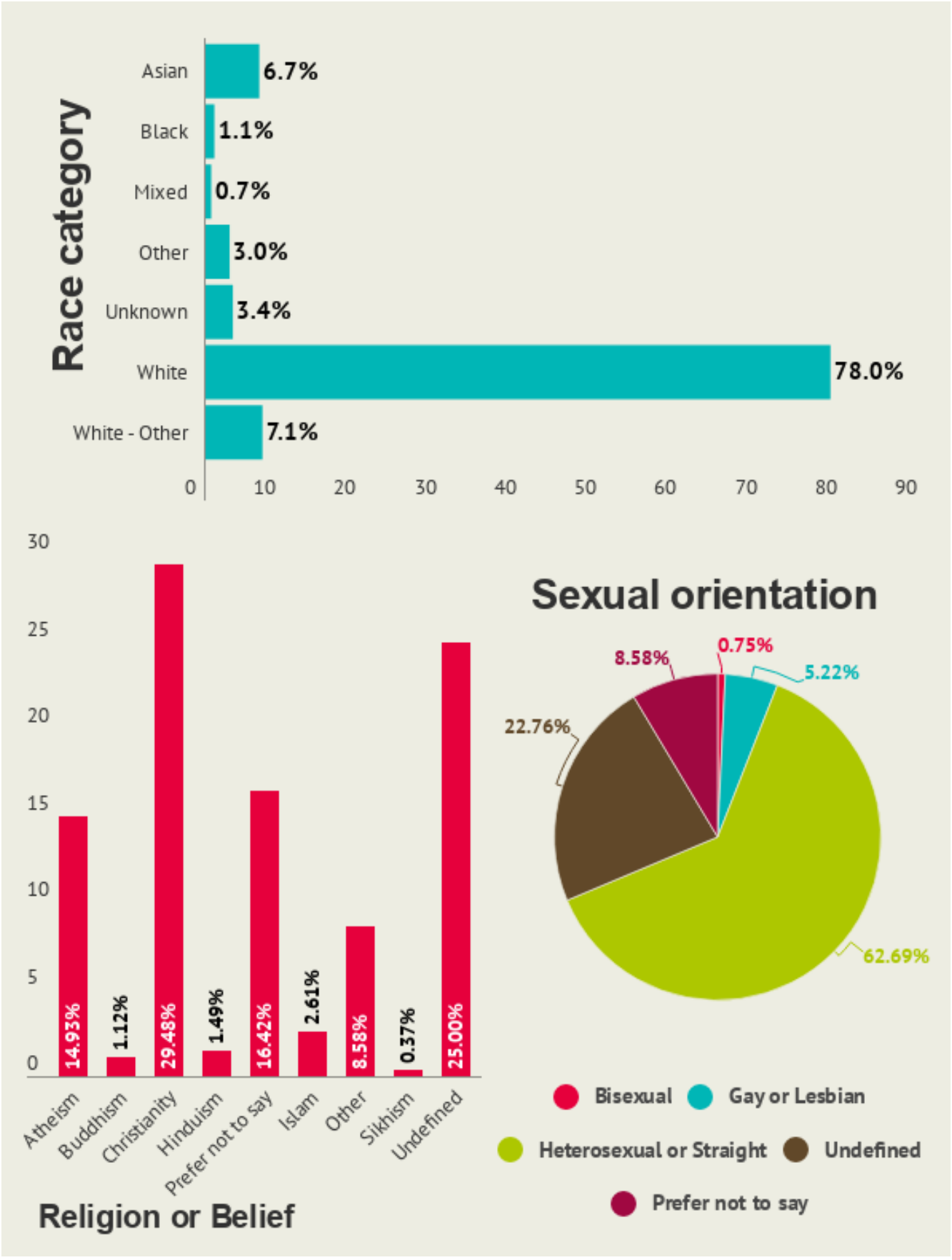
	Religion or Belief										
	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Other	Prefer not to say	Sikhism	Undefined
Band 1	6.9%	**2.0%**	**51.0%**	1.2%	**6.1%**	0.0%	0.0%	**13.2%**	**19.6%**	0.0%	0.0%
Band 2	14.6%	0.6%	**44.9%**	**1.6%**	**1.9%**	0.0%	**0.2%**	**12.0%**	13.6%	0.1%	10.4%
Band 3	12.4%	**0.9%**	**39.8%**	0.7%	0.9%	0.0%	0.1%	**9.7%**	12.4%	**0.2%**	**22.9%**
Band 4	**16.1%**	0.4%	32.9%	0.5%	0.9%	0.0%	**0.2%**	**10.5%**	12.9%	0.0%	**25.7%**
Band 5	**18.0%**	0.7%	**43.6%**	1.0%	1.0%	**0.1%**	0.1%	7.7%	14.7%	0.0%	13.3%
Band 6	**18.3%**	0.5%	36.0%	0.6%	0.4%	0.0%	0.1%	**8.7%**	13.1%	0.1%	**22.2%**
Band 7	**18.6%**	0.6%	33.0%	0.6%	0.4%	0.0%	0.0%	6.6%	14.4%	0.1%	**25.6%**
Band 8a	12.5%	0.0%	30.3%	**2.4%**	0.5%	0.0%	0.0%	5.8%	15.9%	0.0%	**32.7%**
Band 8b	**16.8%**	0.0%	25.7%	1.0%	1.0%	0.0%	0.0%	**11.9%**	15.8%	0.0%	**27.7%**
Band 8c	15.0%	0.0%	**37.5%**	0.0%	0.0%	0.0%	0.0%	2.5%	17.5%	0.0%	**27.5%**
Band 8d	**36.8%**	0.0%	26.3%	0.0%	0.0%	0.0%	0.0%	5.3%	5.3%	0.0%	**26.3%**
Band 9	0.0%	0.0%	**44.4%**	0.0%	0.0%	0.0%	0.0%	**11.1%**	11.1%	0.0%	**33.3%**
Local - Director	**23.1%**	0.0%	15.4%	0.0%	0.0%	0.0%	0.0%	7.7%	**53.8%**	0.0%	0.0%
Medical - Consultant	12.8%	0.4%	26.4%	**6.2%**	**2.6%**	**0.2%**	**0.4%**	4.6%	**45.4%**	**0.2%**	0.7%
Medical - Staff Grade	7.1%	0.0%	26.8%	0.0%	**1.8%**	**1.8%**	0.0%	1.8%	**58.9%**	0.0%	1.8%
Medical - Training Grade	**16.5%**	**3.4%**	24.9%	**5.1%**	**10.4%**	0.0%	**0.3%**	4.4%	**33.7%**	**1.3%**	0.0%
NULL	**21.3%**	**1.3%**	16.5%	**2.9%**	1.6%	**0.5%**	**0.5%**	4.8%	**49.6%**	**0.8%**	0.0%
Overall Religion or Belief in workforce	**16.0%**	**0.8%**	**37.2%**	**1.5%**	**1.6%**	**0.1%**	**0.2%**	**8.6%**	**18.5%**	**0.2%**	**15.5%**

	Sexual Orientation				
	Bisexual	Gay or Lesbian	Heterosexual	Prefer not to say	Undefined
Band 1	**2.0%**	2.9%	**72.1%**	**23.0%**	0.0%
Band 2	**1.6%**	3.8%	**74.4%**	10.6%	9.6%
Band 3	0.5%	**4.5%**	66.7%	9.0%	**19.3%**
Band 4	0.9%	3.0%	66.3%	10.4%	**19.5%**
Band 5	**1.8%**	3.8%	**72.3%**	10.6%	11.4%
Band 6	1.0%	**4.9%**	67.2%	9.3%	**17.5%**
Band 7	1.0%	**4.2%**	64.7%	10.4%	**19.7%**
Band 8a	0.5%	**5.3%**	59.6%	7.7%	**26.9%**
Band 8b	0.0%	**5.0%**	60.4%	**15.8%**	**18.8%**
Band 8c	0.0%	**7.5%**	62.5%	10.0%	**20.0%**
Band 8d	0.0%	**5.3%**	**73.7%**	5.3%	**15.8%**
Band 9	0.0%	**11.1%**	**77.8%**	0.0%	11.1%
Local - Director	0.0%	**7.7%**	46.2%	**46.2%**	0.0%
Medical - Consultant	0.9%	3.3%	54.8%	**40.3%**	0.7%
Medical - Staff Grade	**1.8%**	3.6%	42.9%	**50.0%**	1.8%
Medical - Training Grade	0.3%	3.0%	66.7%	**30.0%**	0.0%
NULL	1.1%	1.6%	51.5%	**45.9%**	0.0%
Overall sexual orientation in workforce	**1.2%**	**3.9%**	**67.2%**	**15.0%**	**12.6%**

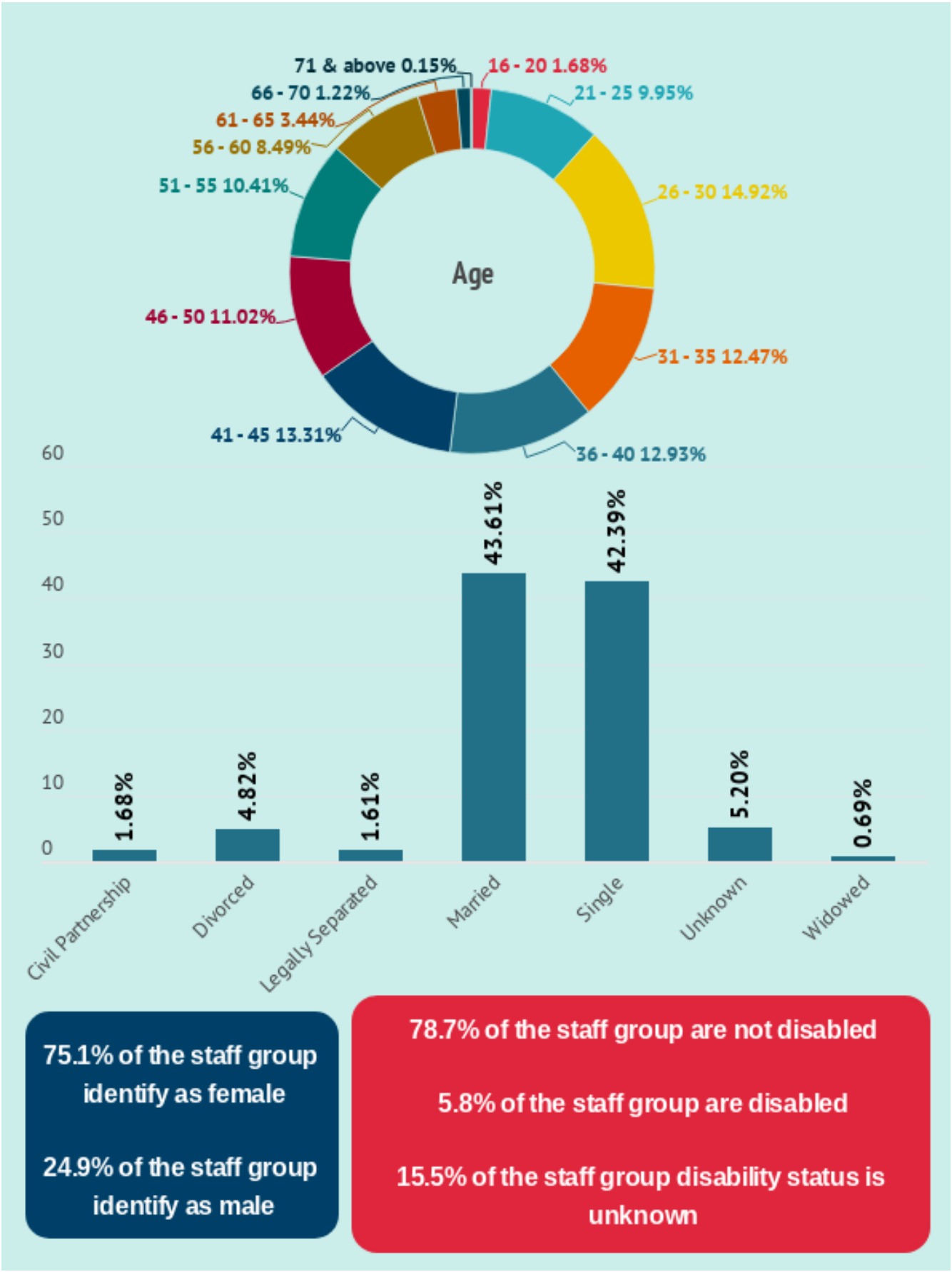
Profile of Staff Groups

Additional Professional Scientific and Technical Roles


66 - 70 0.70%
21 - 25 9.00%
61 - 65 4.50%
56 - 60 7.50%
26 - 30 14.20%
51 - 55 11.90%
Age
31 - 35 12.70%
46 - 50 14.90%
36 - 40 12.70%
41 - 45 11.90%
70
60
50
40
30
20
10
0
1.49%
3.36%
2.24%
40.30%
50.75%
1.49%
0.37%
Civil Partnership
Divorced
Legally Separated
Married
Single
Unknown
Widowed
68.7% of the staff group identify as female
31.3% of the staff group identify as male
82.1% of the staff group are not disabled
5.6% of the staff group are disabled
12.3% of the staff group disability status is unknown


Race category
Asian
Black
Mixed
Other
Unknown
White
White - Other
6.7%
1.1%
0.7%
3.0%
3.4%
78.0%
7.1%
0
10
20
30
40
50
60
70
80
90
Religion or Belief
Atheism
Buddhism
Christianity
Hinduism
Prefer not to say
Islam
Other
Sikhism
Undefined
14.93%
1.12%
29.48%
1.49%
16.42%
2.61%
8.58%
0.37%
25.00%
Sexual orientation
0.75%
8.58%
5.22%
22.76%
62.69%
Bisexual
Gay or Lesbian
Heterosexual or Straight
Undefined
Prefer not to say

Additional Clinical Services



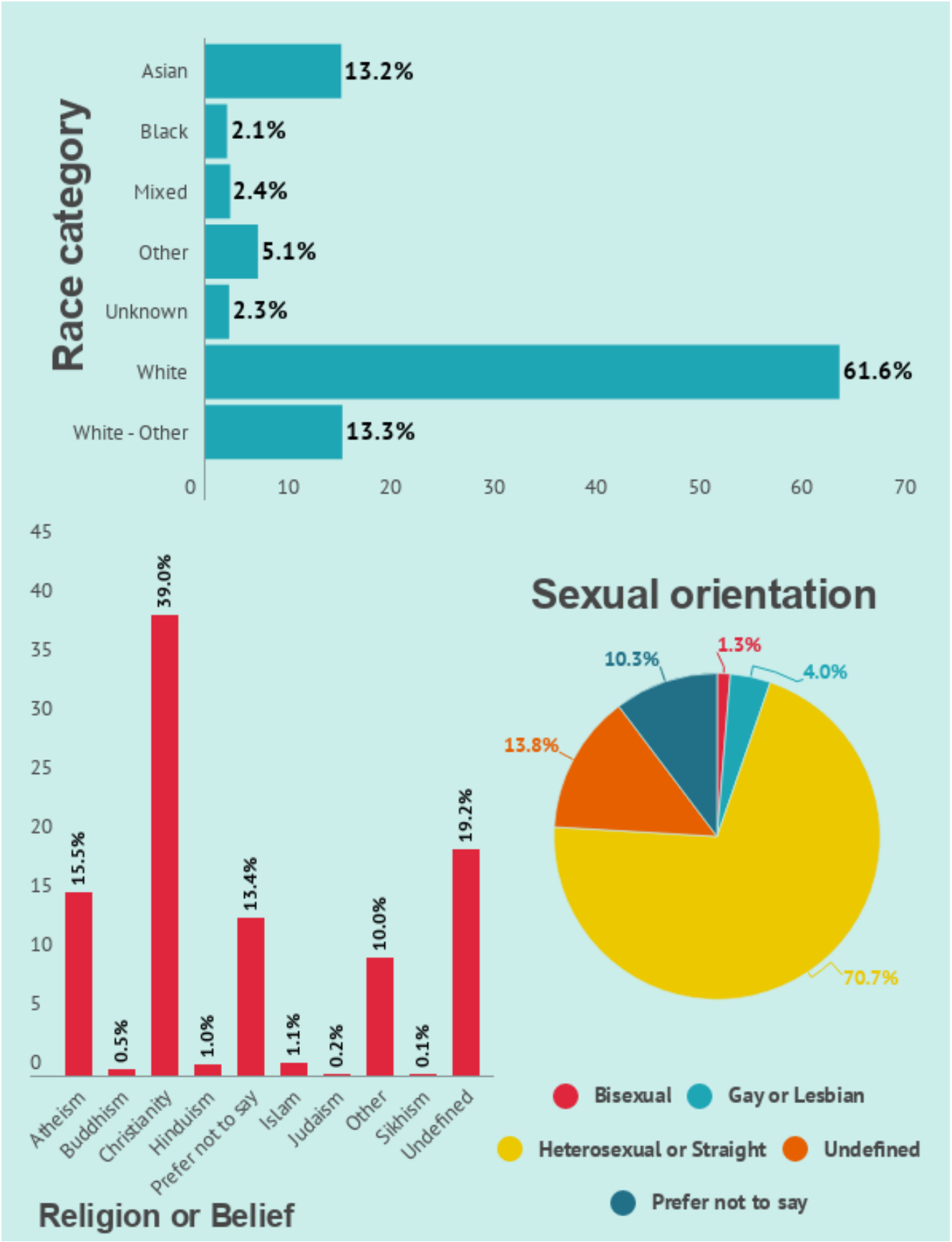
75.1% of the staff group identify as female

24.9% of the staff group identify as male

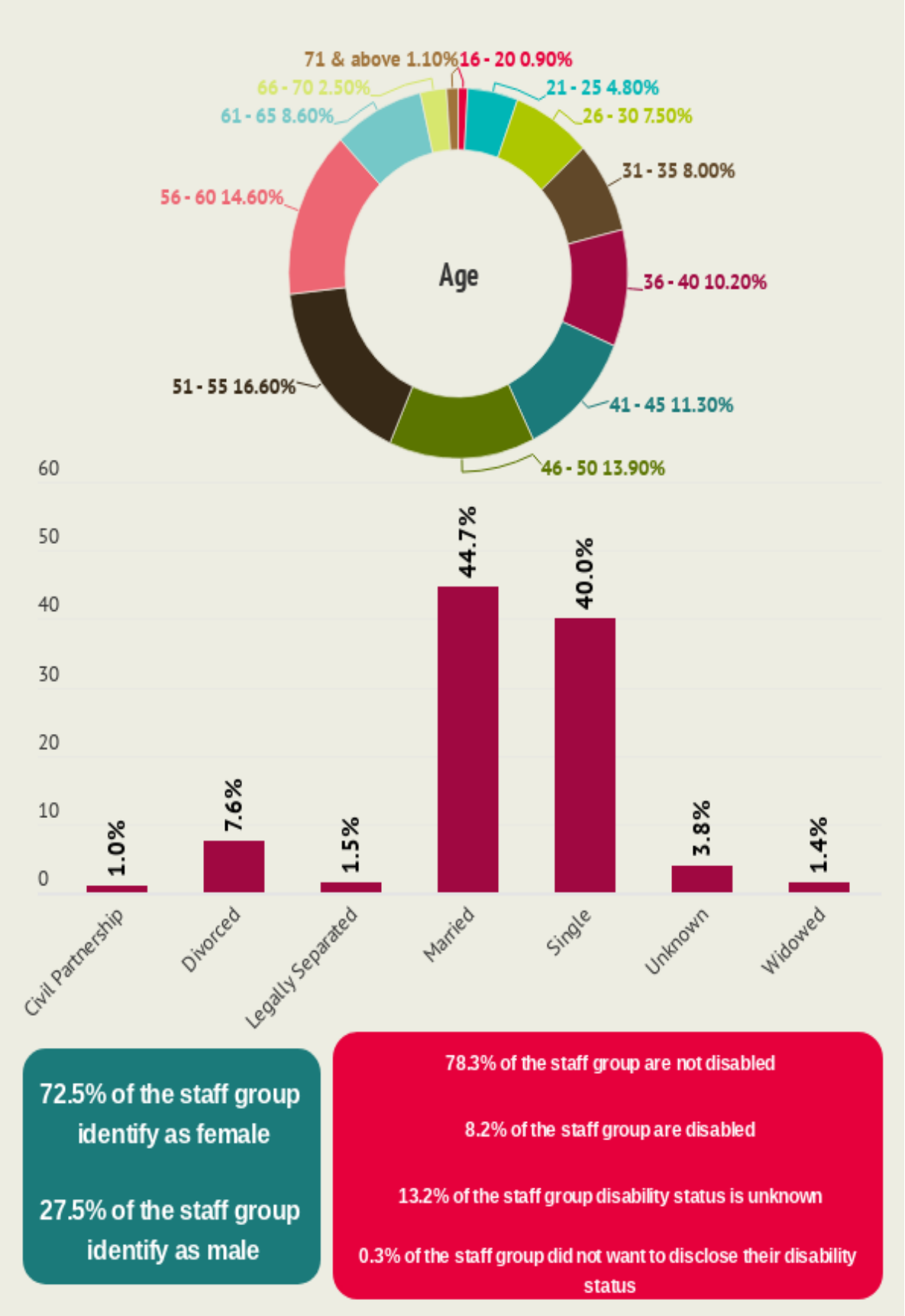
78.7% of the staff group are not disabled

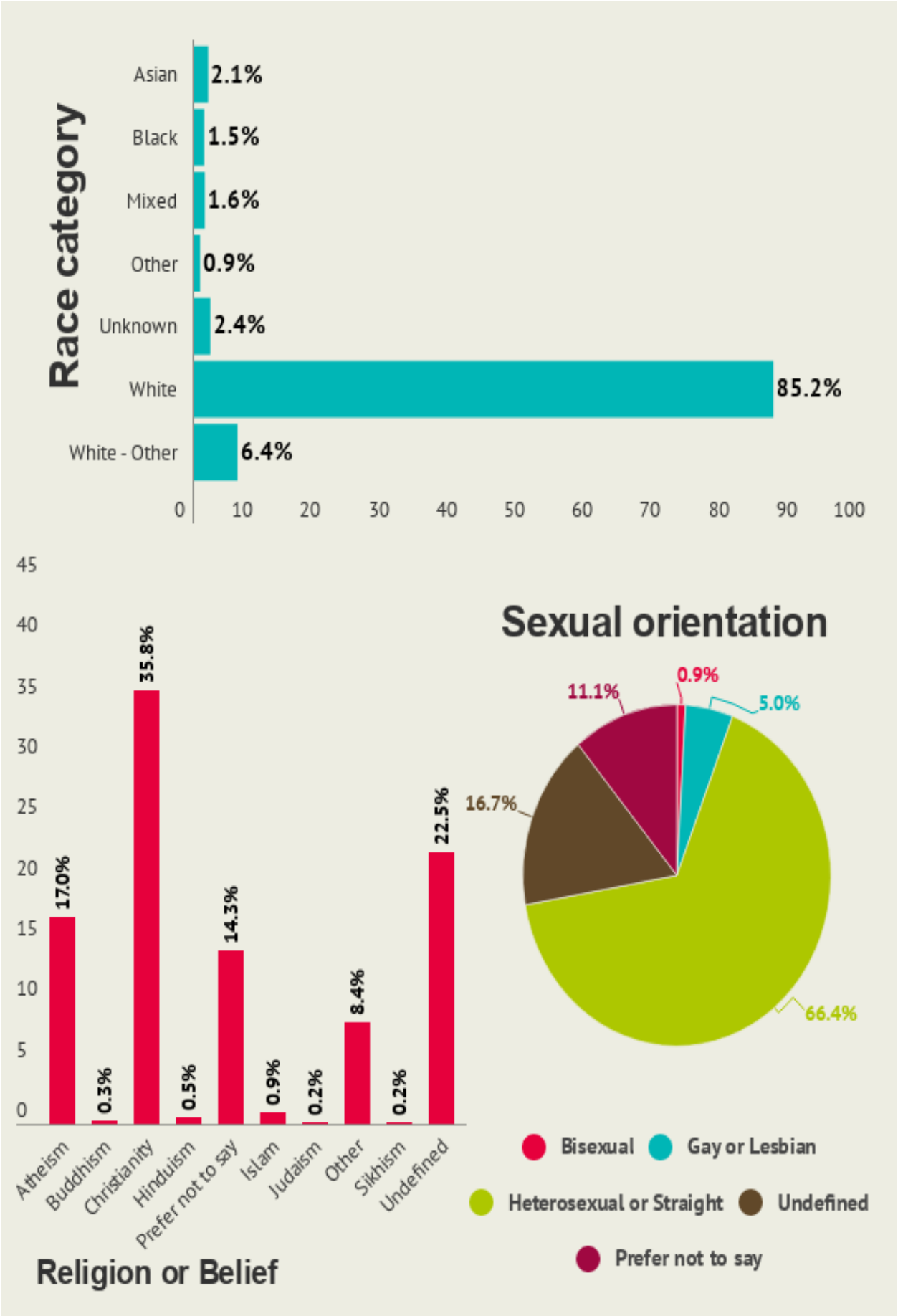
5.8% of the staff group are disabled

15.5% of the staff group disability status is unknown

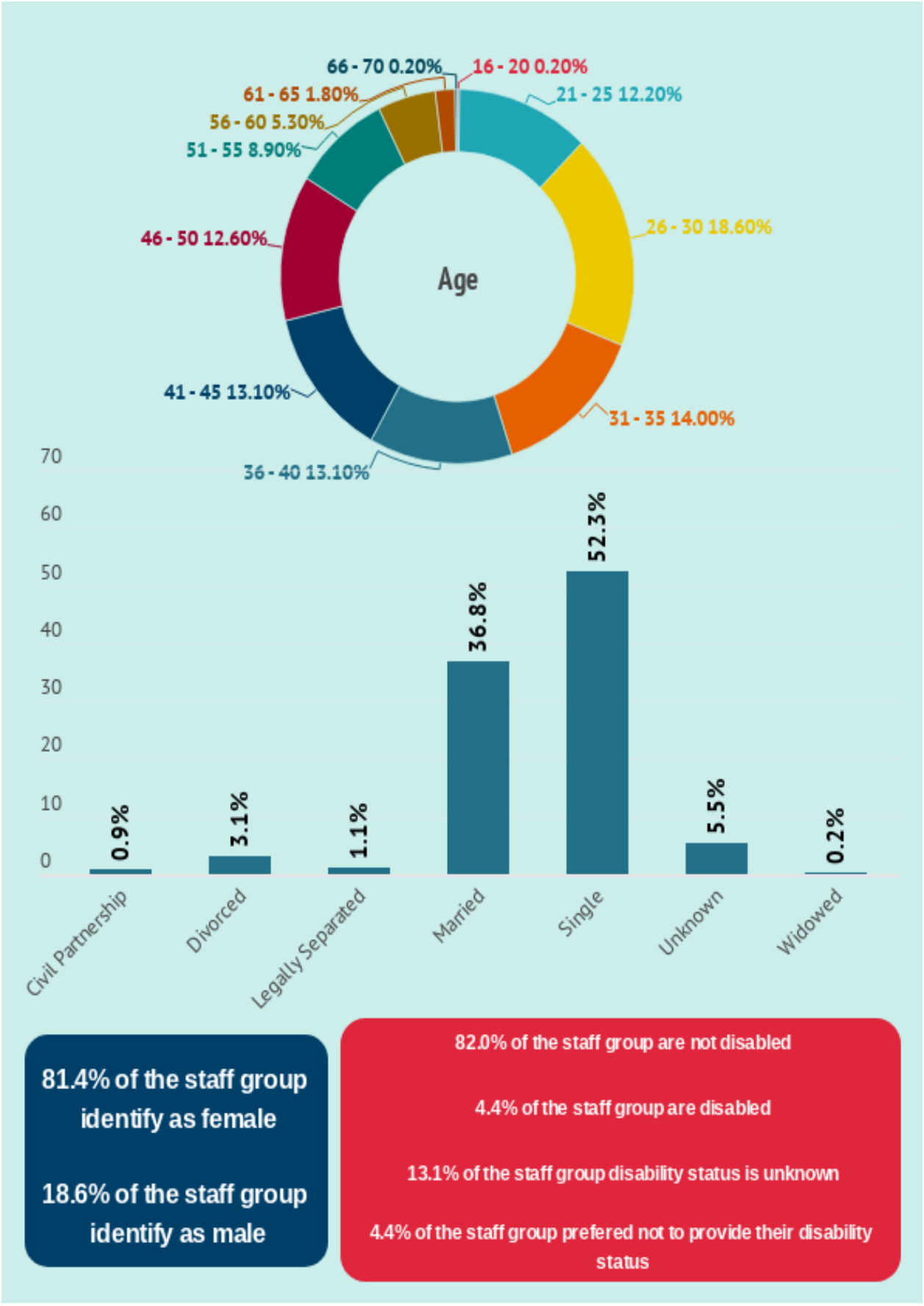

Race category
Asian
Black
Mixed
Other
Unknown
White
White - Other
13.2%
2.1%
2.4%
5.1%
2.3%
61.6%
13.3%
0
10
20
30
40
50
60
70
Religion or Belief
15.5%
0.5%
39.0%
1.0%
13.4%
1.1%
0.2%
10.0%
0.1%
19.2%
Atheism
Buddhism
Christianity
Hinduism
Prefer not to say
Islam
Judaism
Other
Sikhism
Undefined
Sexual orientation
1.3%
10.3%
4.0%
13.8%
70.7%
Bisexual
Gay or Lesbian
Heterosexual or Straight
Undefined
Prefer not to say

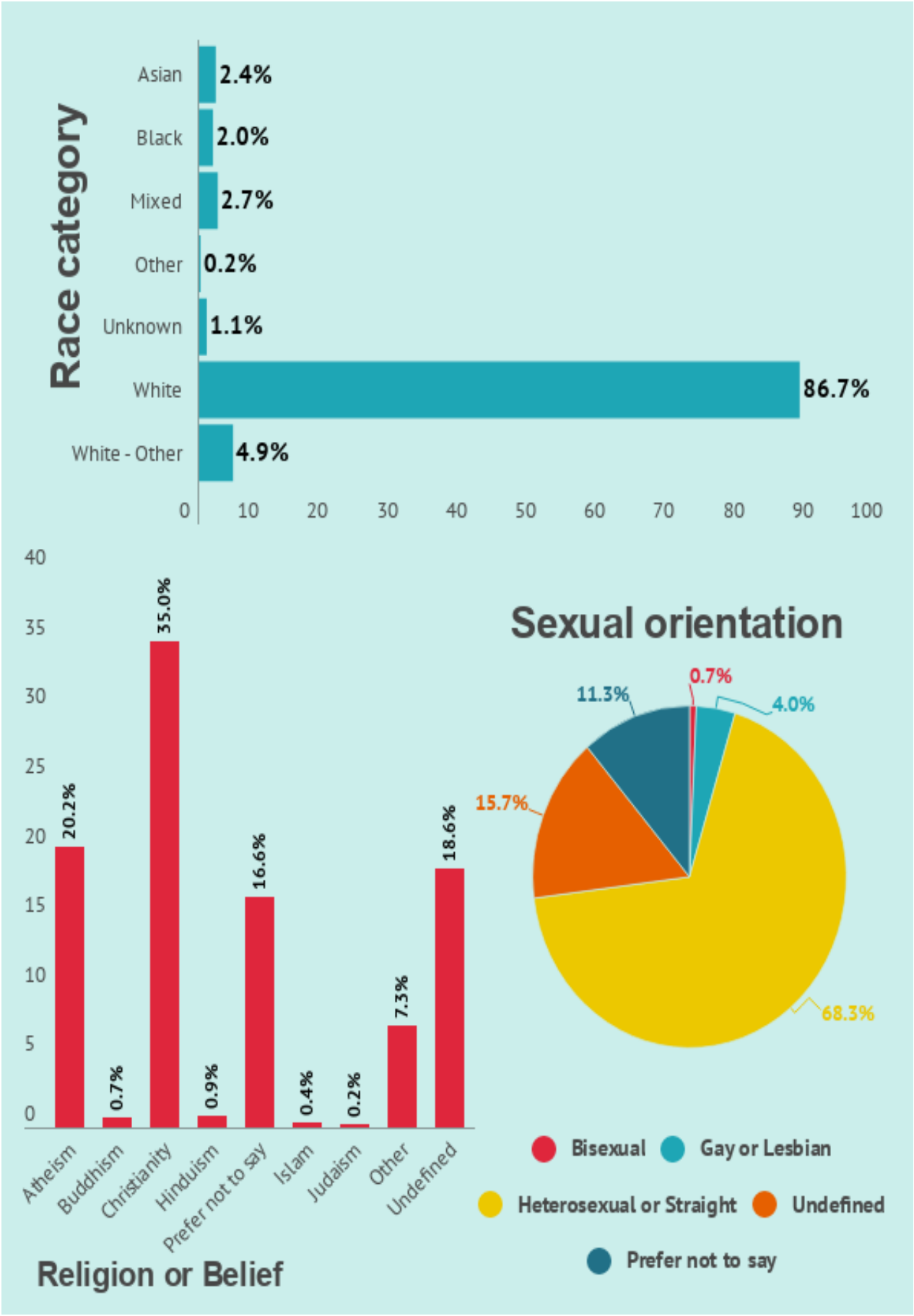
Administrative and Clerical



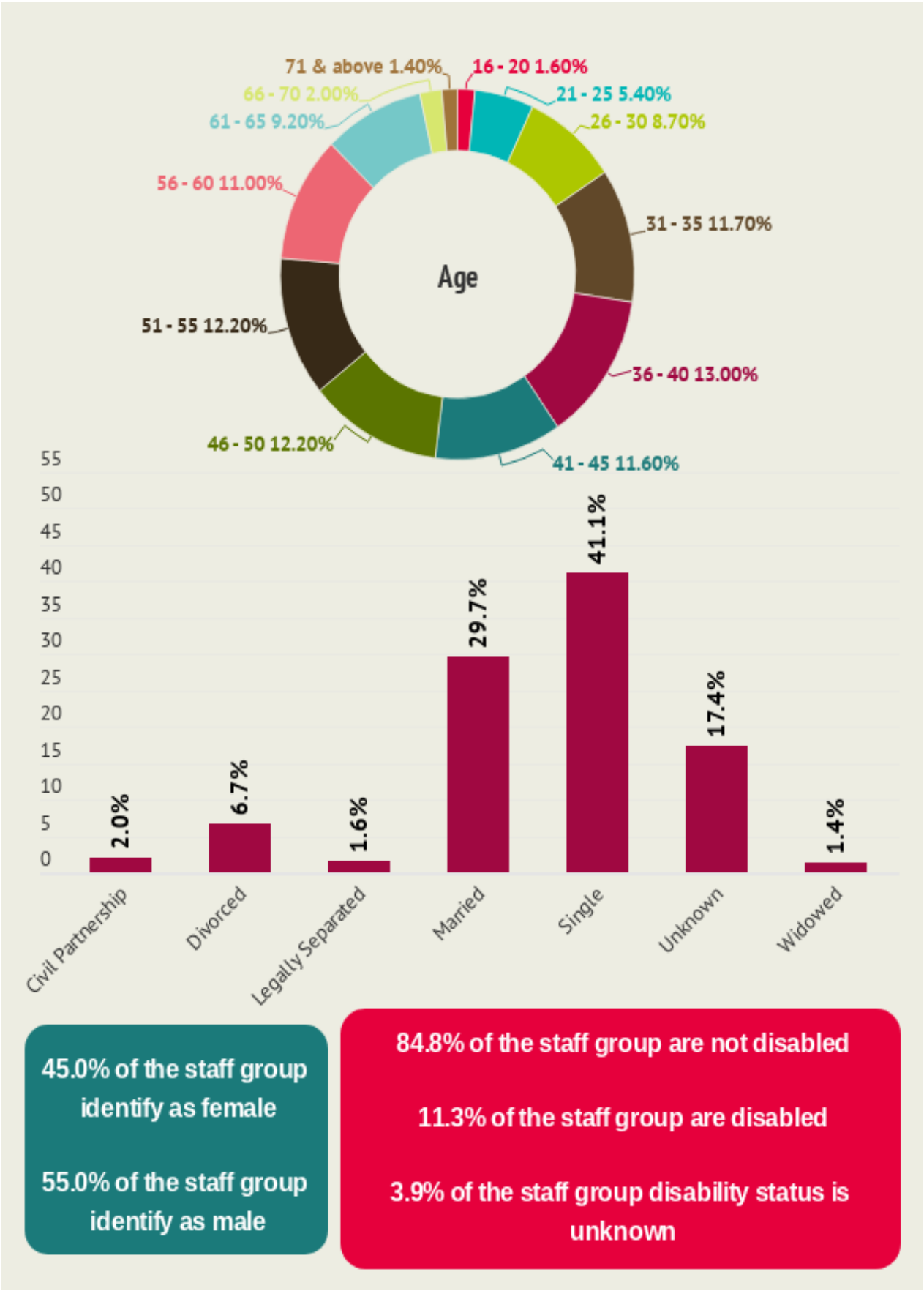

Race category
Asian
2.1%
Black
1.5%
Mixed
1.6%
Other
0.9%
Unknown
2.4%
White
85.2%
White - Other
6.4%
0
10
20
30
40
50
60
70
80
90
100
Religion or Belief
17.0%
0.3%
35.8%
0.5%
14.3%
0.9%
0.2%
8.4%
0.2%
22.5%
Atheism
Buddhism
Christianity
Hinduism
Prefer not to say
Islam
Judaism
Other
Sikhism
Undefined
Sexual orientation
11.1%
0.9%
5.0%
16.7%
66.4%
Bisexual
Gay or Lesbian
Heterosexual or Straight
Undefined
Prefer not to say

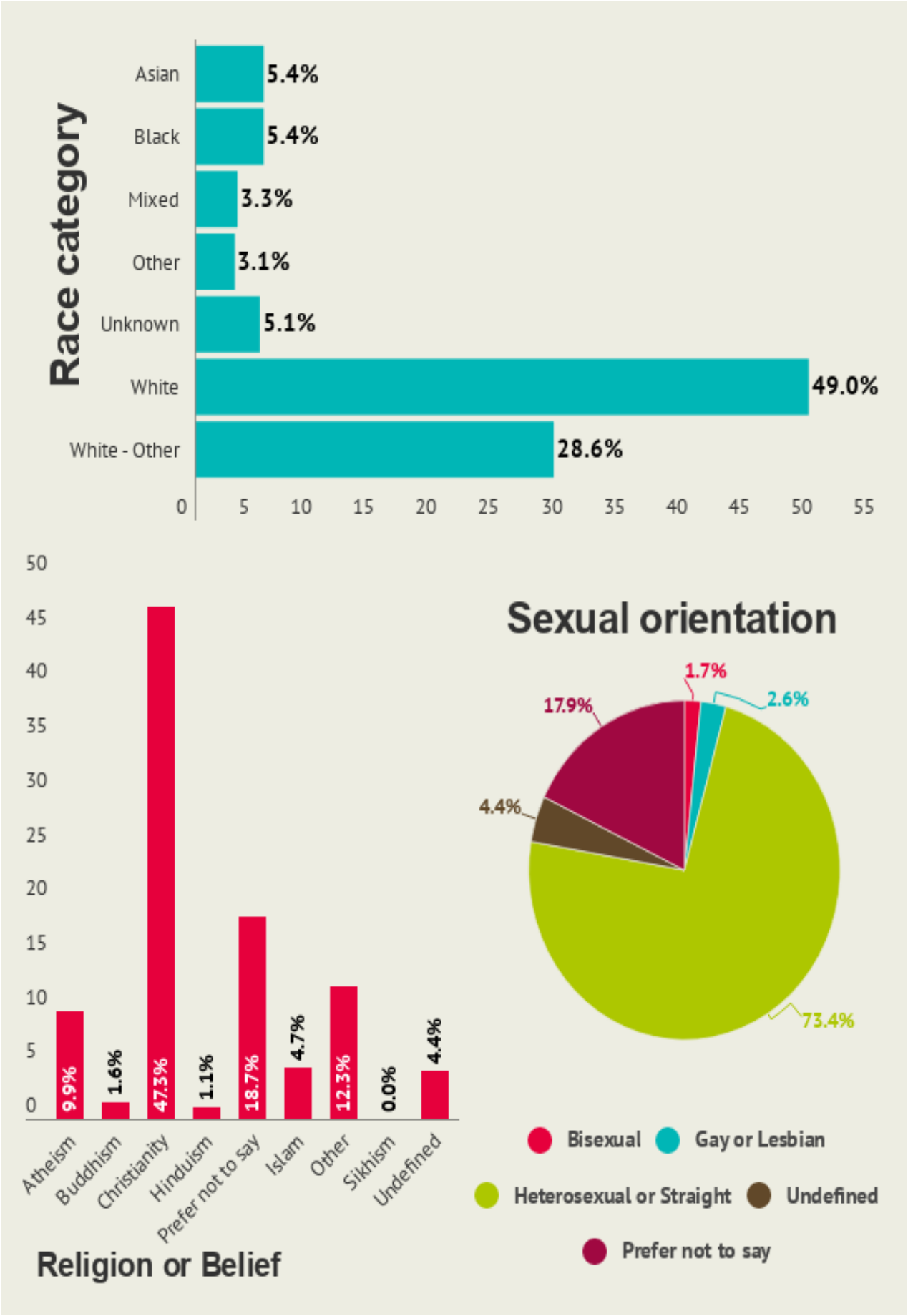
Allied Health Professionals



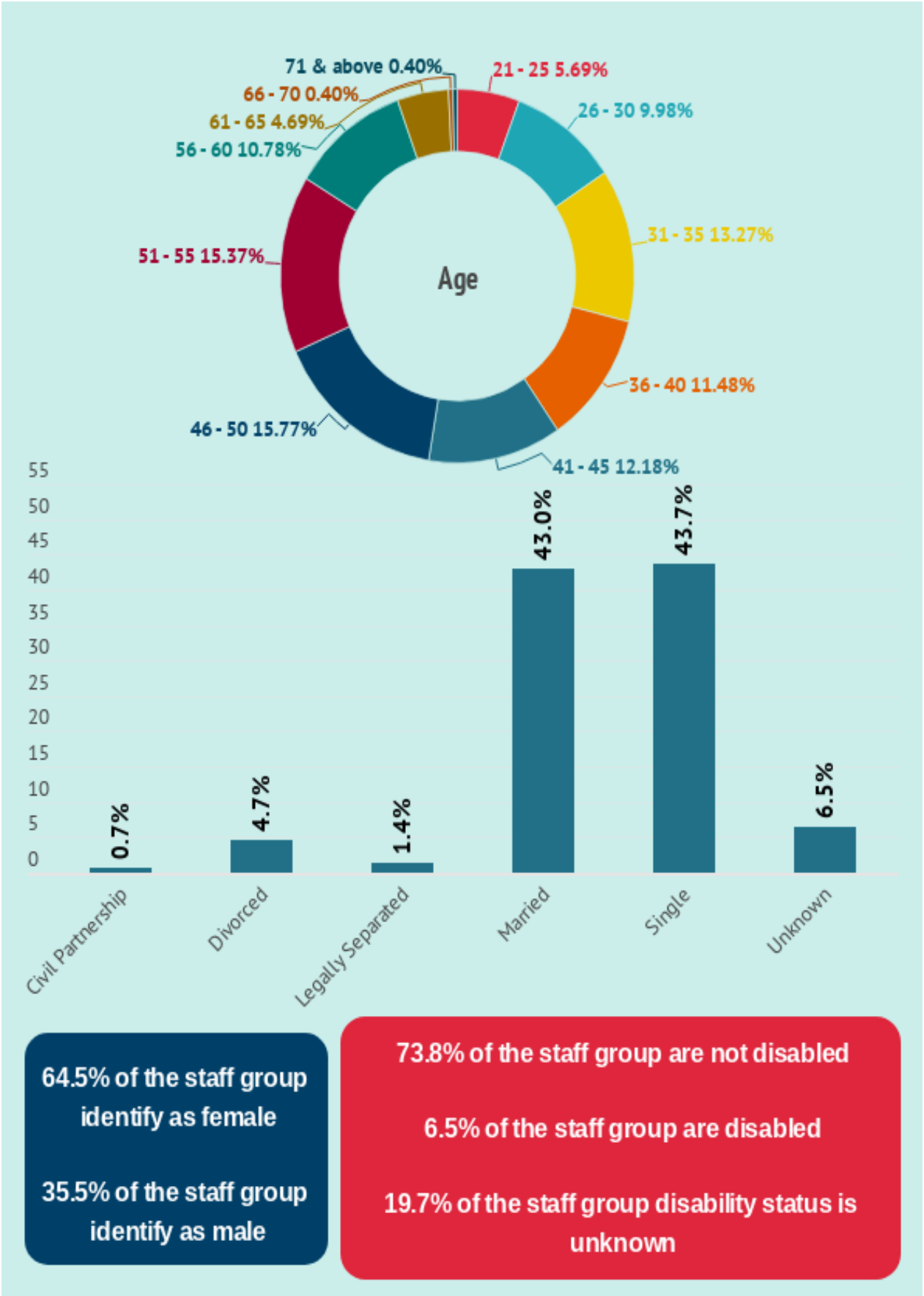

Race category
Asian
2.4%
Black
2.0%
Mixed
2.7%
Other
0.2%
Unknown
1.1%
White
86.7%
White - Other
4.9%
0
10
20
30
40
50
60
70
80
90
100
Religion or Belief
20.2%
0.7%
35.0%
0.9%
16.6%
0.4%
0.2%
7.3%
18.6%
Atheism
Buddhism
Christianity
Hinduism
Prefer not to say
Islam
Judaism
Other
Undefined
Sexual orientation
0.7%
11.3%
4.0%
15.7%
68.3%
Bisexual
Gay or Lesbian
Heterosexual or Straight
Undefined
Prefer not to say

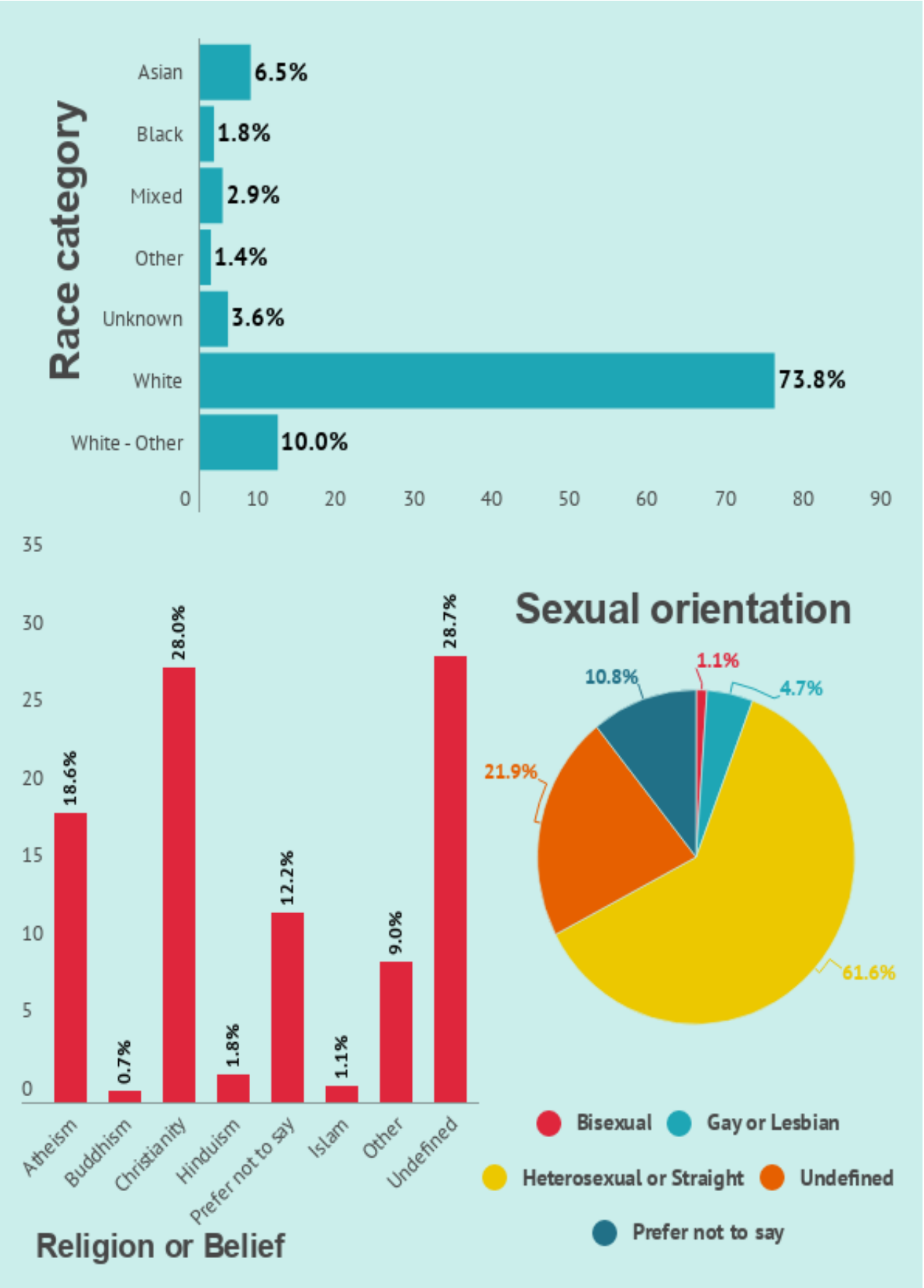
Estates and Ancillary



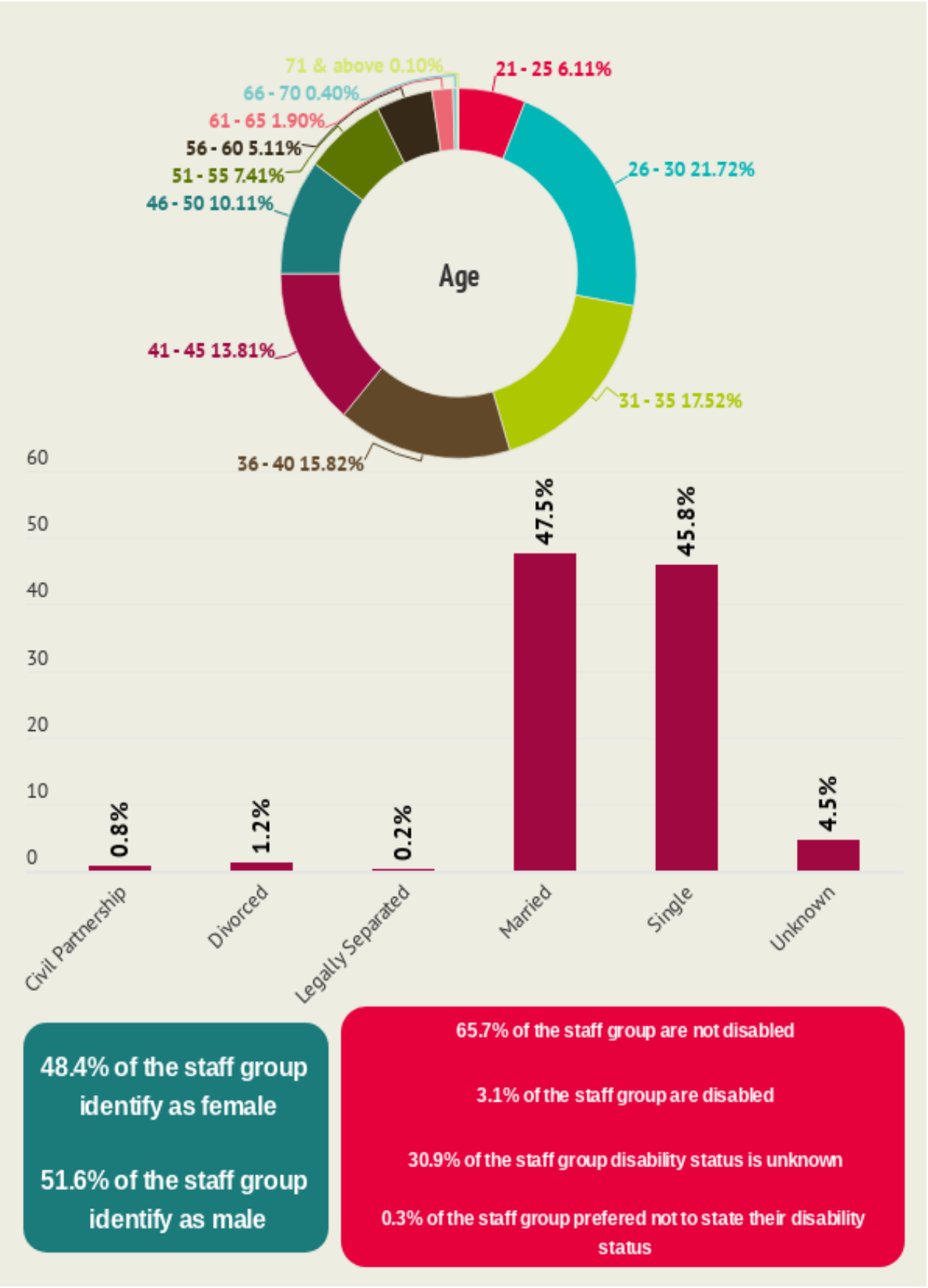

Race category
Asian
Black
Mixed
Other
Unknown
White
White - Other
5.4%
5.4%
3.3%
3.1%
5.1%
49.0%
28.6%
0
5
10
15
20
25
30
35
40
45
50
55
Religion or Belief
Atheism
Buddhism
Christianity
Hinduism
Prefer not to say
Islam
Other
Sikhism
Undefined
9.9%
1.6%
47.3%
1.1%
18.7%
4.7%
12.3%
0.0%
4.4%
Sexual orientation
1.7%
2.6%
17.9%
4.4%
73.4%
Bisexual
Gay or Lesbian
Heterosexual or Straight
Undefined
Prefer not to say

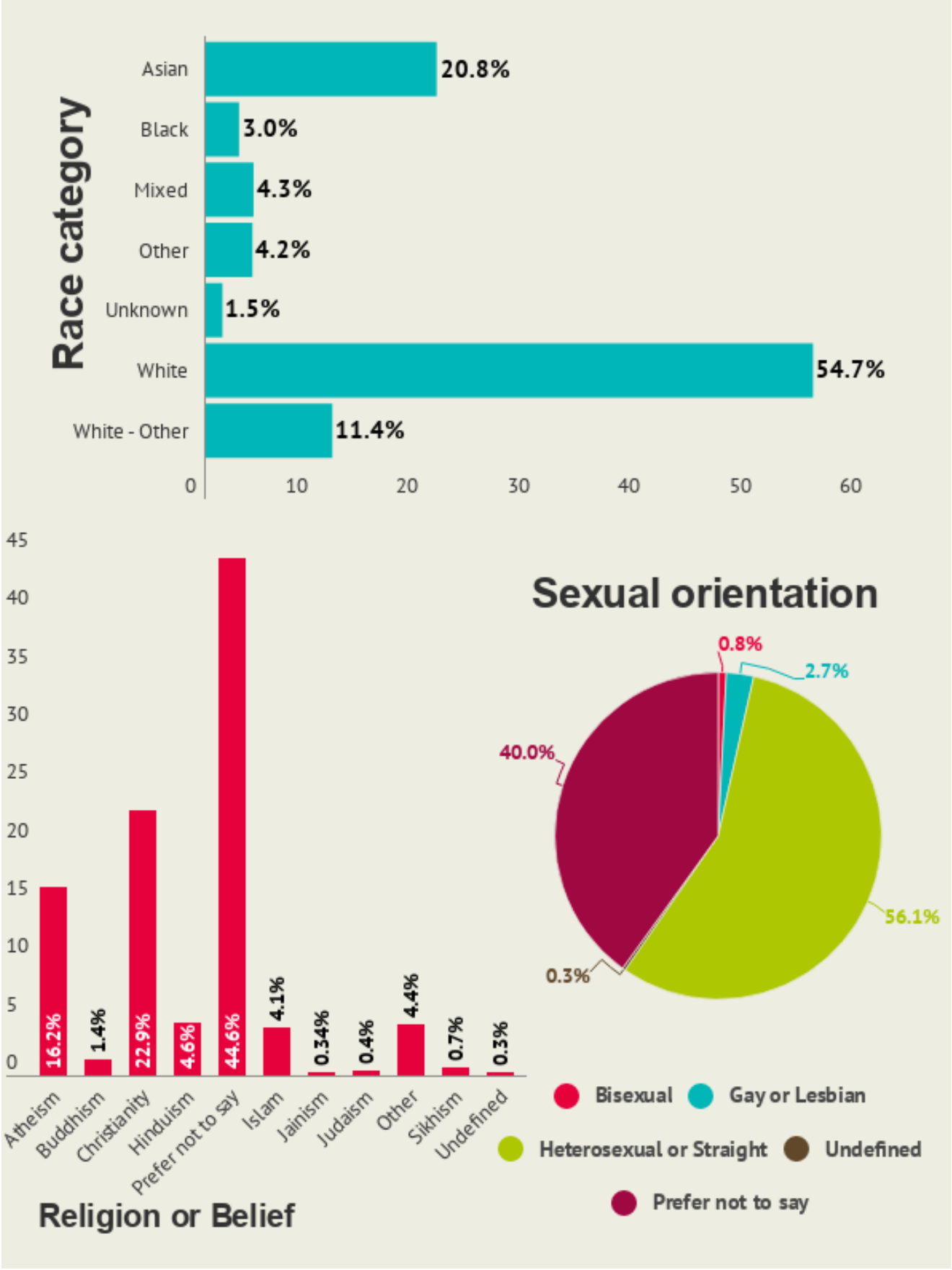
Healthcare Scientists

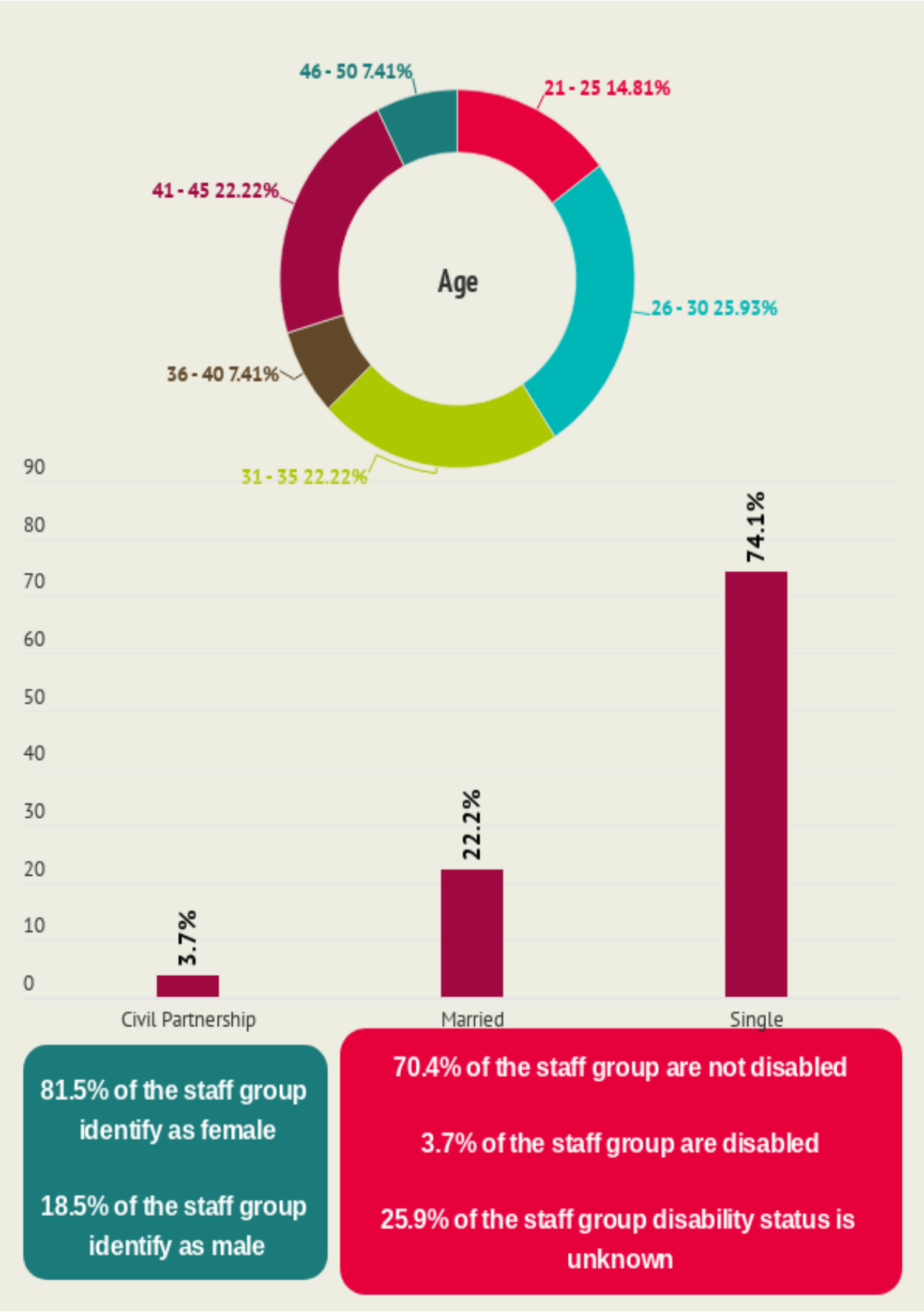


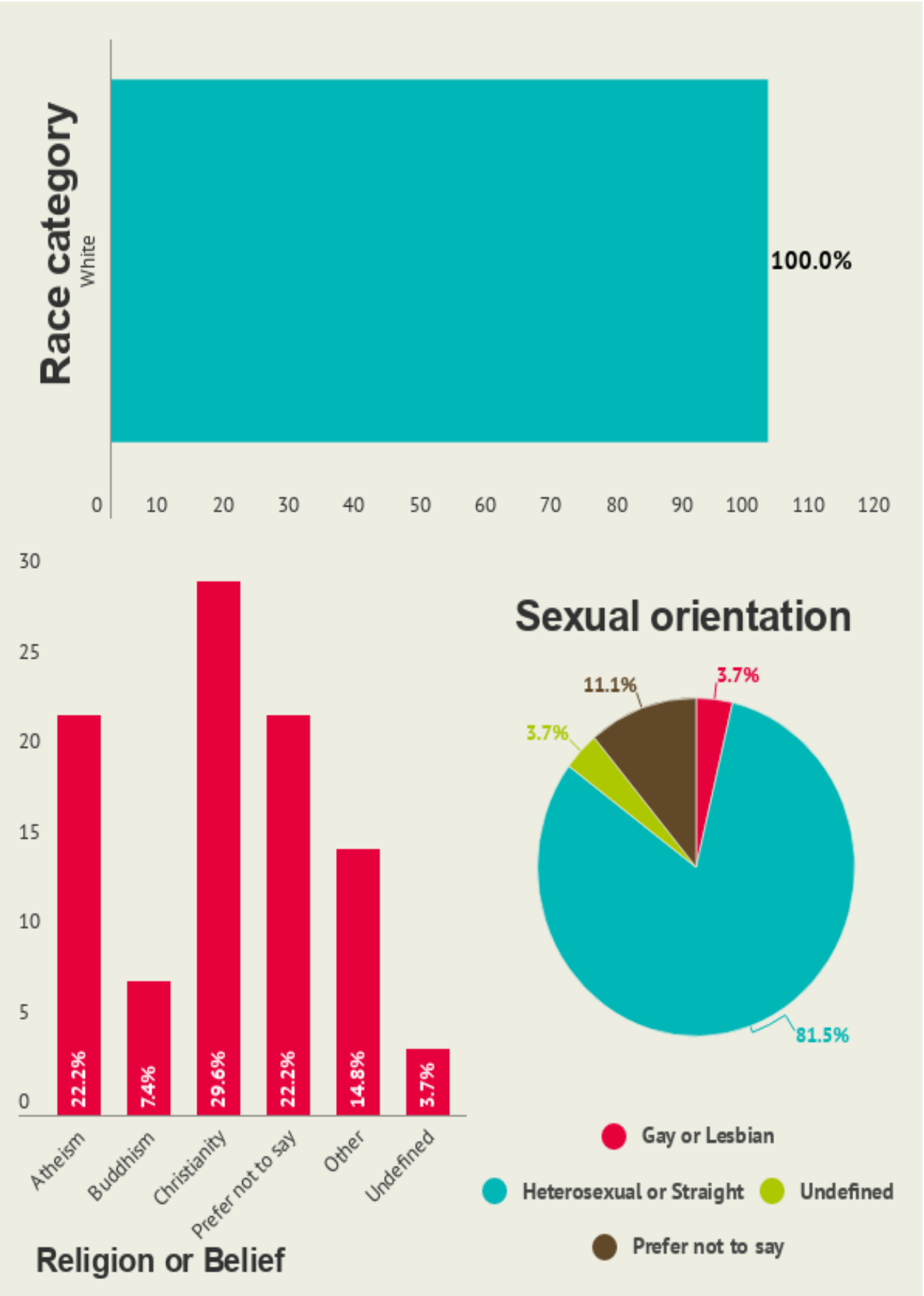

Race category
Asian
Black
Mixed
Other
Unknown
White
White - Other
6.5%
1.8%
2.9%
1.4%
3.6%
73.8%
10.0%
0
10
20
30
40
50
60
70
80
90
Religion or Belief
Atheism
Buddhism
Christianity
Hinduism
Prefer not to say
Islam
Other
Undefined
18.6%
0.7%
28.0%
1.8%
12.2%
1.1%
9.0%
28.7%
Sexual orientation
1.1%
4.7%
10.8%
21.9%
61.6%
Bisexual
Gay or Lesbian
Heterosexual or Straight
Undefined
Prefer not to say

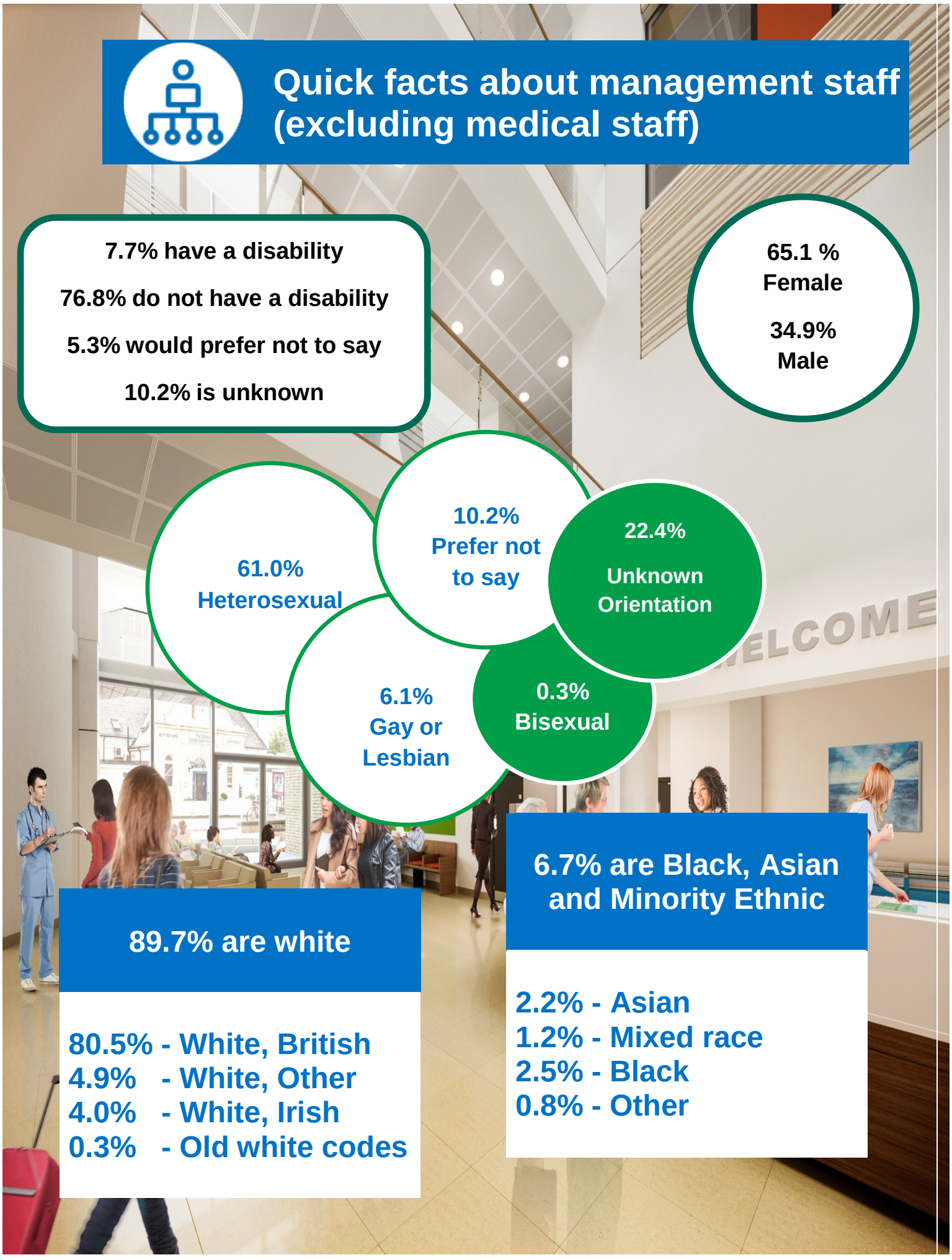
Medical and Dental




Race category
Asian
Black
Mixed
Other
Unknown
White
White - Other
20.8%
3.0%
4.3%
4.2%
1.5%
54.7%
11.4%
0
10
20
30
40
50
60
Religion or Belief
Atheism
Buddhism
Christianity
Hinduism
Prefer not to say
Islam
Jainism
Judaism
Other
Sikhism
Undefined
16.2%
1.4%
22.9%
4.6%
44.6%
4.1%
0.34%
0.4%
4.4%
0.7%
0.3%
Sexual orientation
0.8%
2.7%
40.0%
56.1%
0.3%
Bisexual
Gay or Lesbian
Heterosexual or Straight
Undefined
Prefer not to say


46 - 50 7.41%
21 - 25 14.81%
41 - 45 22.22%
Age
26 - 30 25.93%
36 - 40 7.41%
31 - 35 22.22%
90
80
70
60
50
40
30
20
10
0
3.7%
22.2%
74.1%
Civil Partnership
Married
Single
81.5% of the staff group identify as female
18.5% of the staff group identify as male
70.4% of the staff group are not disabled
3.7% of the staff group are disabled
25.9% of the staff group disability status is unknown


Race category
White
100.0%
0
10
20
30
40
50
60
70
80
90
100
110
120
30
25
20
15
10
5
0
22.2%
7.4%
29.6%
22.2%
14.8%
3.7%
Atheism
Buddhism
Christianity
Prefer not to say
Other
Undefined
Religion or Belief
Sexual orientation
11.1%
3.7%
3.7%
81.5%
Gay or Lesbian
Heterosexual or Straight
Undefined
Prefer not to say


Quick facts about management staff (excluding medical staff)
7.7% have a disability
76.8% do not have a disability
5.3% would prefer not to say
10.2% is unknown
65.1 % Female
34.9% Male
61.0% Heterosexual
10.2% Prefer not to say
22.4% Unknown Orientation
6.1% Gay or Lesbian
0.3% Bisexual
89.7% are white
80.5% - White, British
4.9% - White, Other
4.0% - White, Irish
0.3% - Old white codes
6.7% are Black, Asian and Minority Ethnic
2.2% - Asian
1.2% - Mixed race
2.5% - Black
0.8% - Other

Results from the NHS staff survey 2017

4,274 staff completed the annual NHS Staff Survey from Brighton and Sussex University Hospitals NHS Trust – this gives the Trust an overall response rate of 56%. This response rate places the Trust in the top 20% of acute trusts.

KF15: On average 50% of staff are satisfied with the opportunities for flexible working patterns (national average for acute trusts is 51%)

Groups with a lesser experience

- Age groups 16-30 (43%) and 51+ (48%)
- Men (47%)
- Disabled staff (45%)
- White staff (48%)

Groups with a better experience

- Age groups 31-40 (53%) and 41-50 (54%)
- Women (51%)
- Those who self-define their gender (59%)
- Non-disabled staff (51%)
- BME staff (58%)

KF25: On average 35% of staff experienced harassment, bullying or abuse from patients, relatives or the public (national average for acute trusts is 28%)

Groups with a lesser experience

- Age groups 16-30 (43%), 31-40 (38%) and 41-50 (36%)
- Women (40%)
- Those who prefer to self-define their gender (53%)
- Disabled (40%) and non-disabled staff (37%)
- White (37%) and BME (39%) staff

Groups with a better experience

- Women (30%)

KF26: On average 30% of staff experienced harassment, bullying or abuse from staff (national average for acute trust is 25%)

Groups with a lesser experience

- Age groups 51+ (34%)
- Disabled staff (40%)

Groups with a better experience

- Age groups 16-30 (25%) and 31-40 (28%)
- Men (29%)
- Those who prefer to self-define their gender (24%)
- Non-disabled staff (28%)

KF20: On average 15% of staff experienced discrimination at work in the last 12 months (national average for acute trust is 11%)

Groups with a lesser experience

- Age groups 16-30 (22%), 31-40 (19%) and 41-50 (16%)
- Men (18%), Women (16%) and those who self-define their gender (24%)
- Disabled staff (23%)
- BME staff (34%)

Groups with a better experience

- Age group 51+ (14%)
- White staff (13%)

KF21: On average 82% of staff believe the Trust provides equal opportunities for career progression (national average for acute trust is 85%)

Groups with a lesser experience

- Age groups 41-50 (80%) and 51+ (81%)
- Men (75%)
- Disabled staff (76%)
- BME staff (71%)

Groups with a better experience

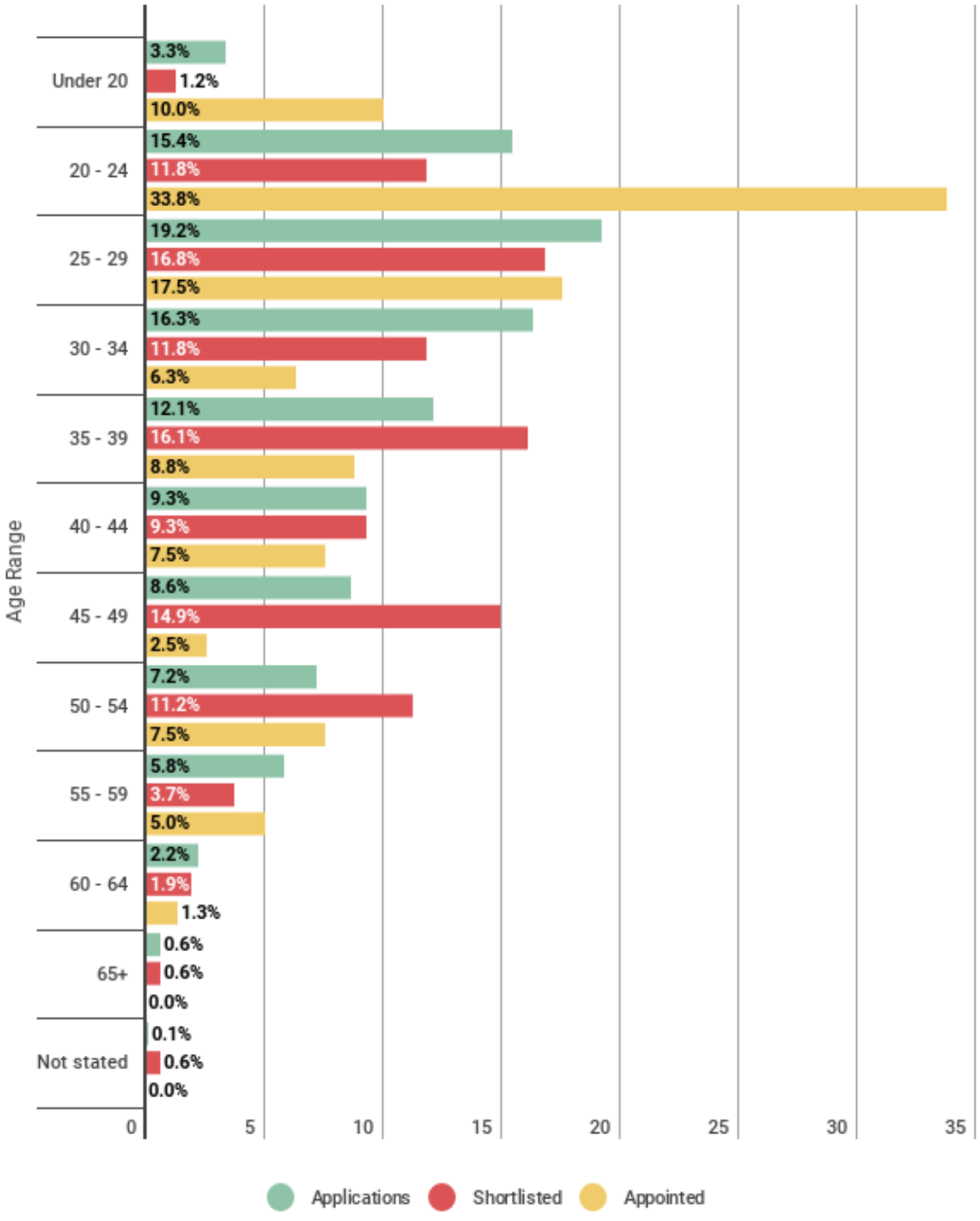
- Age groups 16-30 (89%) and 31-40 (84%)
- Women (85%)
- Non-disabled staff (84%)
- White staff (85%)

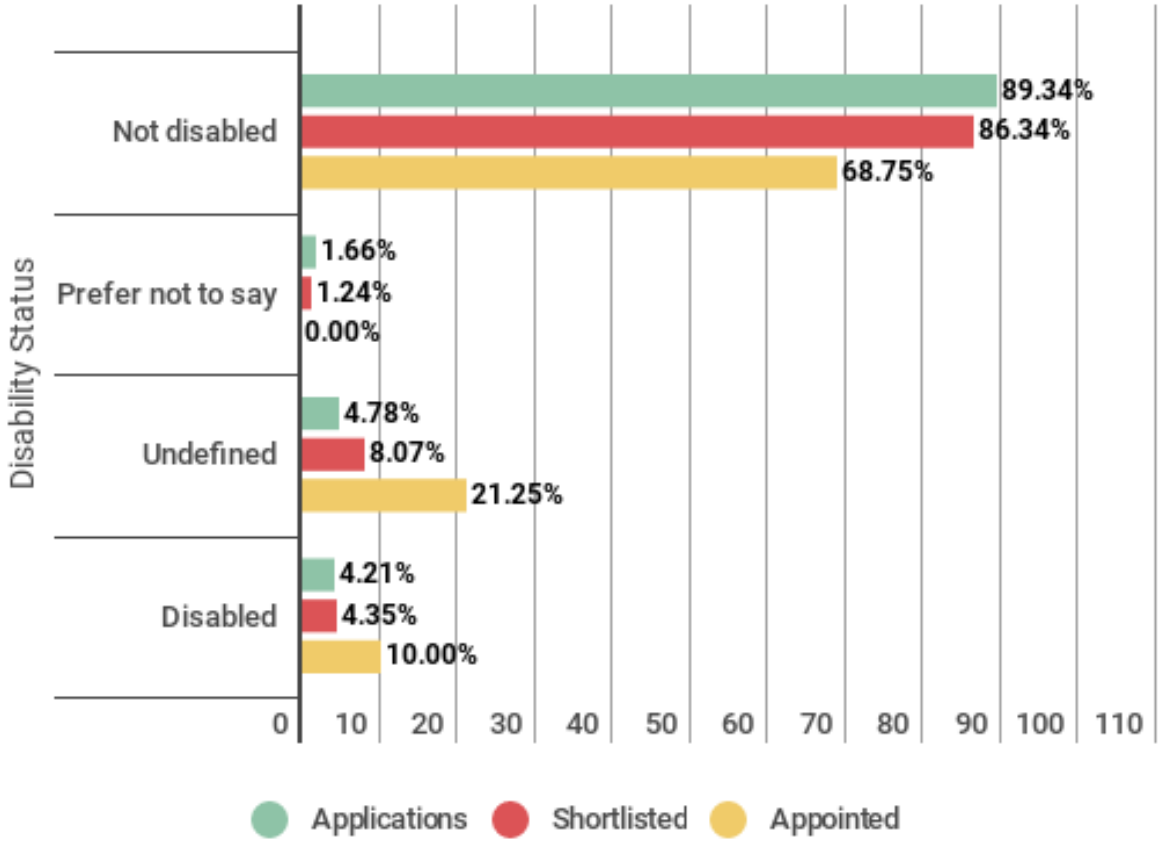
Key Factor	BSUH 2016 Staff Survey Result	BSUH 2017 Staff Survey Result
15	49%	**50% (Improvement)**
25	31%	**35% (Decline)**
26	32%	**30% (Improvement)**
20	15%	**16% (Decline)**
21	80%	**82% (Improvement)**

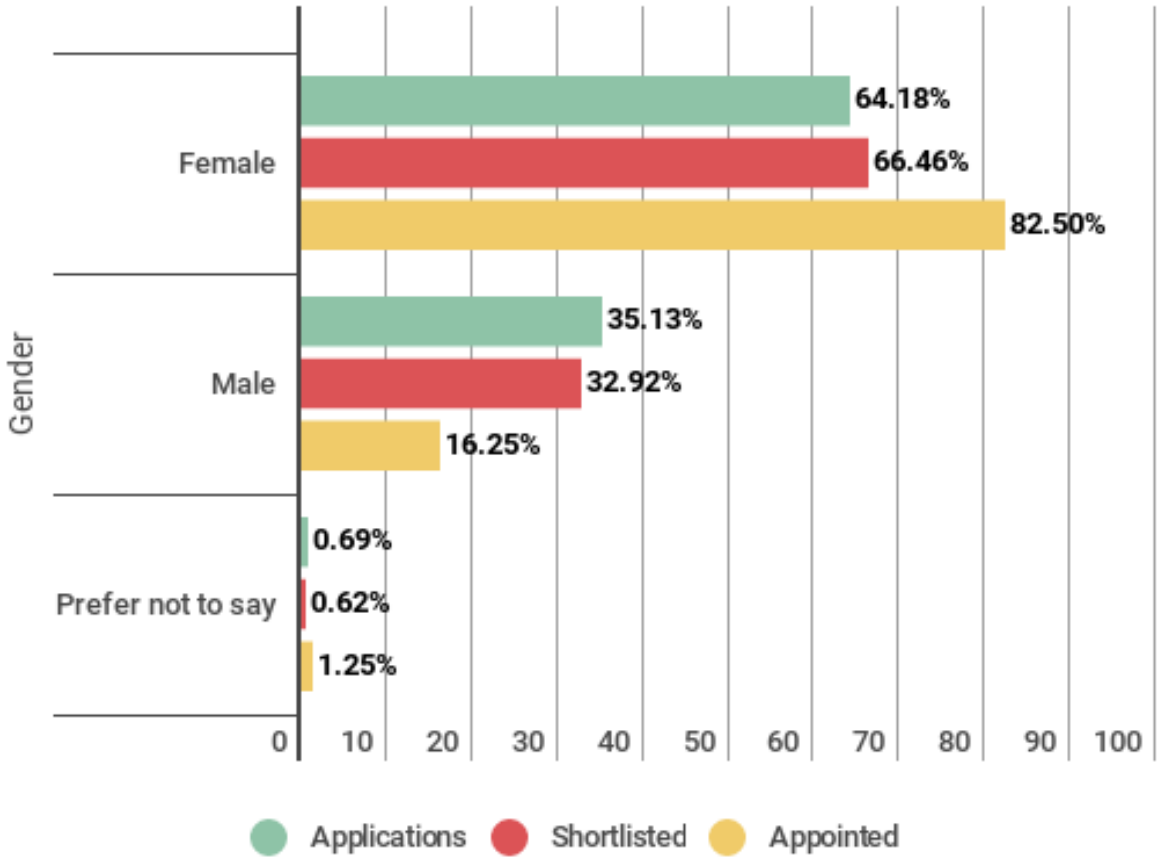
How fair are the Trust's recruitment processes?

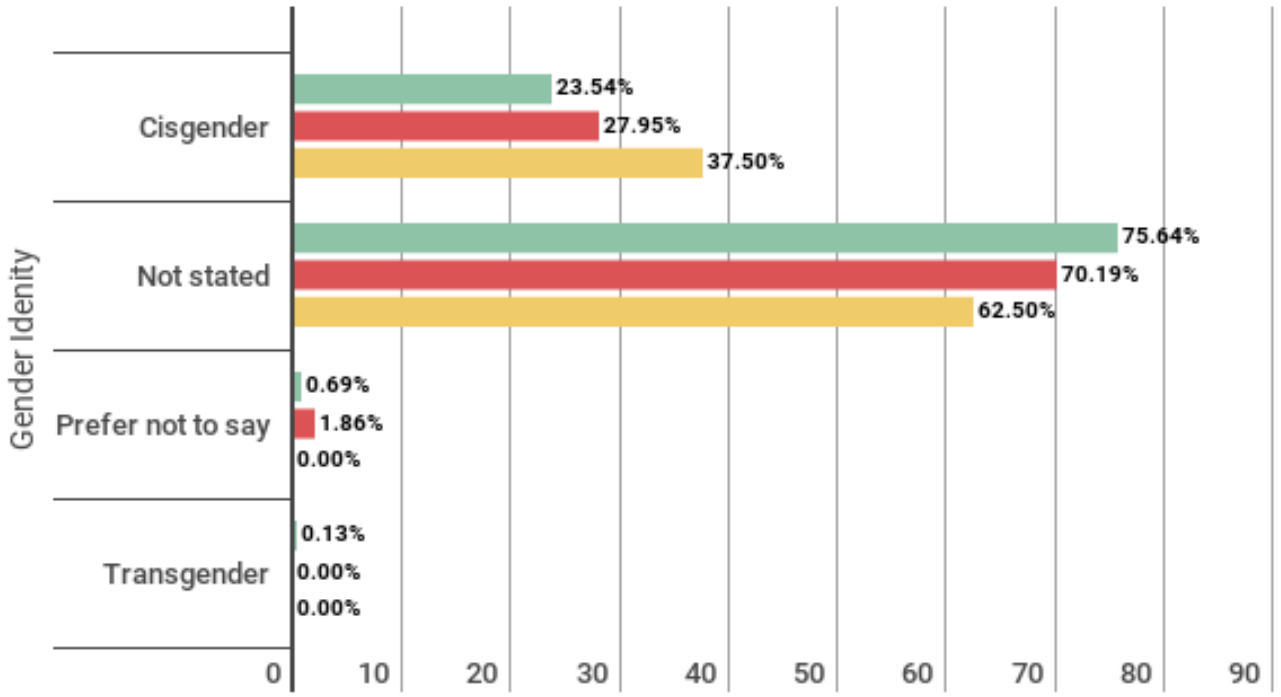
Analysis of what the data is telling us can be found on page 58.

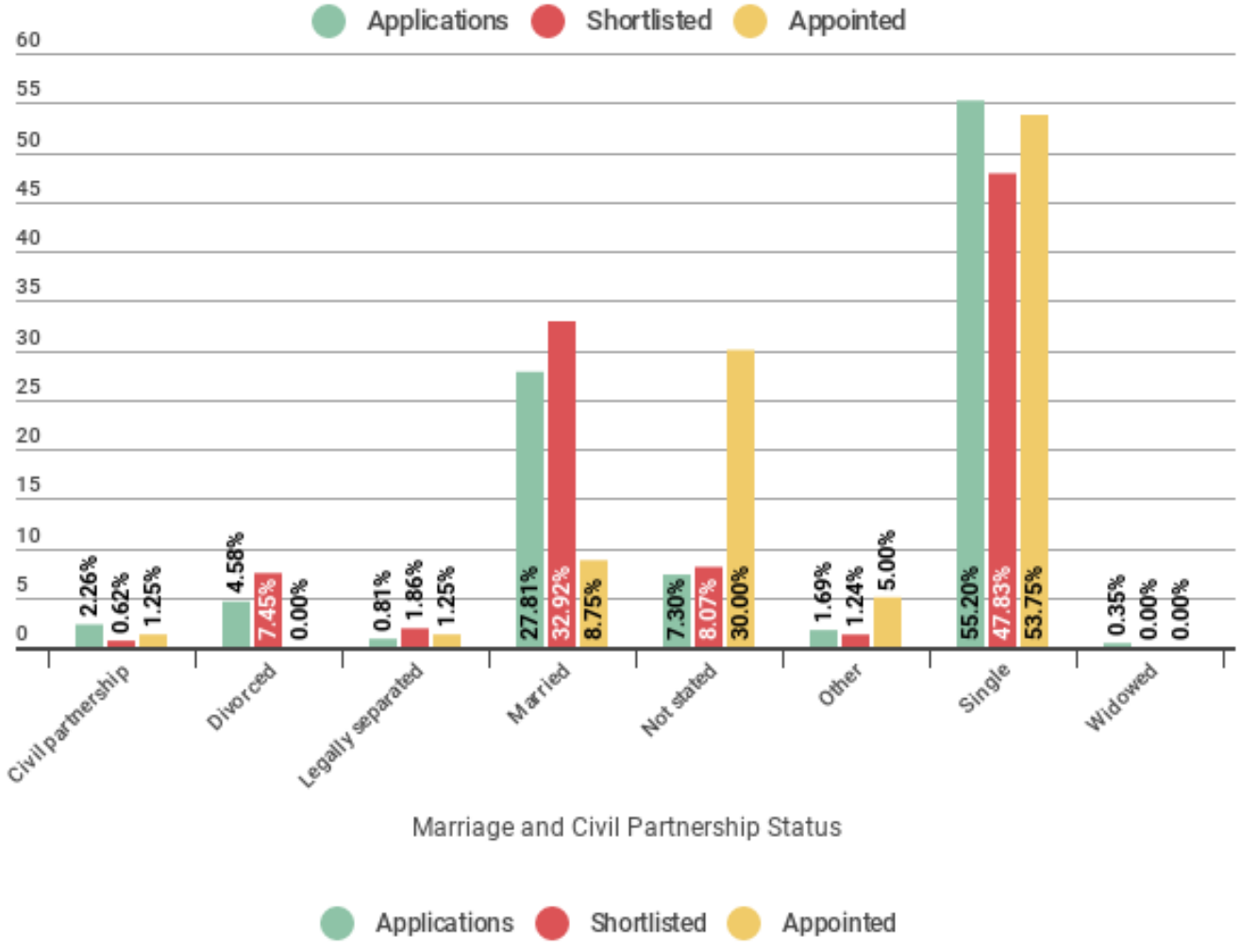
During 2017/19 there were 12,397 applications, 161 shortlisted candidates and 80 appointments

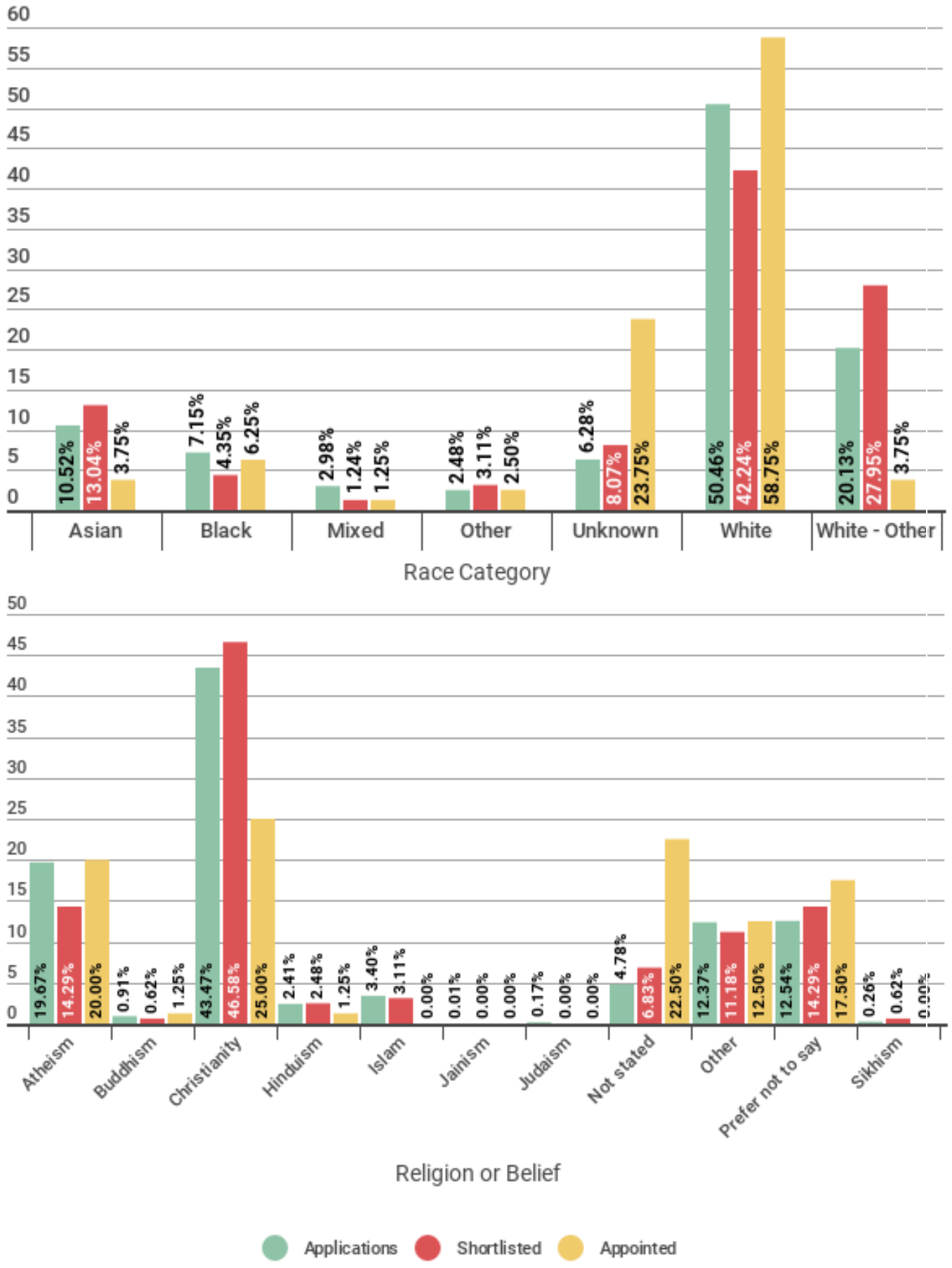


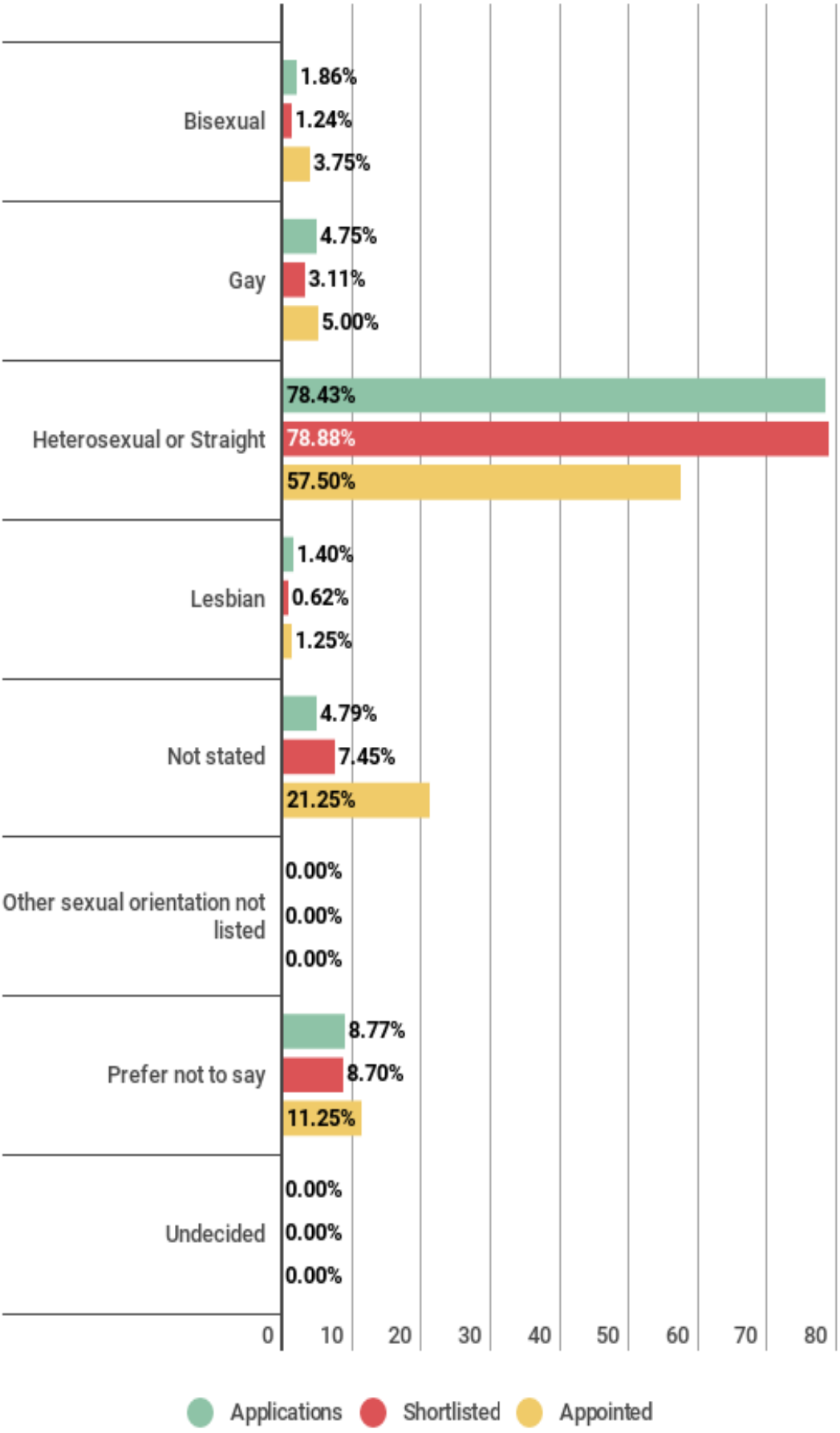

Disability Status
Not disabled
89.34%
86.34%
68.75%
Prefer not to say
1.66%
1.24%
0.00%
Undefined
4.78%
8.07%
21.25%
Disabled
4.21%
4.35%
10.00%
0
10
20
30
40
50
60
70
80
90
100
110
Applications
Shortlisted
Appointed


Gender
Female
64.18%
66.46%
82.50%
Male
35.13%
32.92%
16.25%
Prefer not to say
0.69%
0.62%
1.25%
0
10
20
30
40
50
60
70
80
90
100
Applications
Shortlisted
Appointed


Gender Identity
Cisgender
Not stated
Prefer not to say
Transgender
23.54%
27.95%
37.50%
75.64%
70.19%
62.50%
0.69%
1.86%
0.00%
0.13%
0.00%
0.00%
0
10
20
30
40
50
60
70
80
90


Applications
Shortlisted
Appointed
60
55
50
45
40
35
30
25
20
15
10
5
0
2.26%
0.62%
1.25%
4.58%
7.45%
0.00%
0.81%
1.86%
1.25%
27.81%
32.92%
8.75%
7.30%
8.07%
30.00%
1.69%
1.24%
5.00%
55.20%
47.83%
53.75%
0.35%
0.00%
0.00%
Civil partnership
Divorced
Legally separated
Married
Not stated
Other
Single
Widowed
Marriage and Civil Partnership Status
Applications
Shortlisted
Appointed


60
55
50
45
40
35
30
25
20
15
10
5
0
10.52%
13.04%
3.75%
7.15%
4.35%
6.25%
2.98%
1.24%
1.25%
2.48%
3.11%
2.50%
6.28%
8.07%
23.75%
50.46%
42.24%
58.75%
20.13%
27.95%
3.75%
Asian
Black
Mixed
Other
Unknown
White
White - Other
Race Category
50
45
40
35
30
25
20
15
10
5
0
19.67%
14.29%
20.00%
0.91%
0.62%
1.25%
43.47%
46.58%
25.00%
2.41%
2.48%
1.25%
3.40%
3.11%
0.00%
0.01%
0.00%
0.00%
0.17%
0.00%
0.00%
4.78%
6.83%
22.50%
12.37%
11.18%
12.50%
12.54%
14.29%
17.50%
0.26%
0.62%
0.00%
Atheism
Buddhism
Christianity
Hinduism
Islam
Jainism
Judaism
Not stated
Other
Prefer not to say
Sikhism
Religion or Belief
Applications
Shortlisted
Appointed

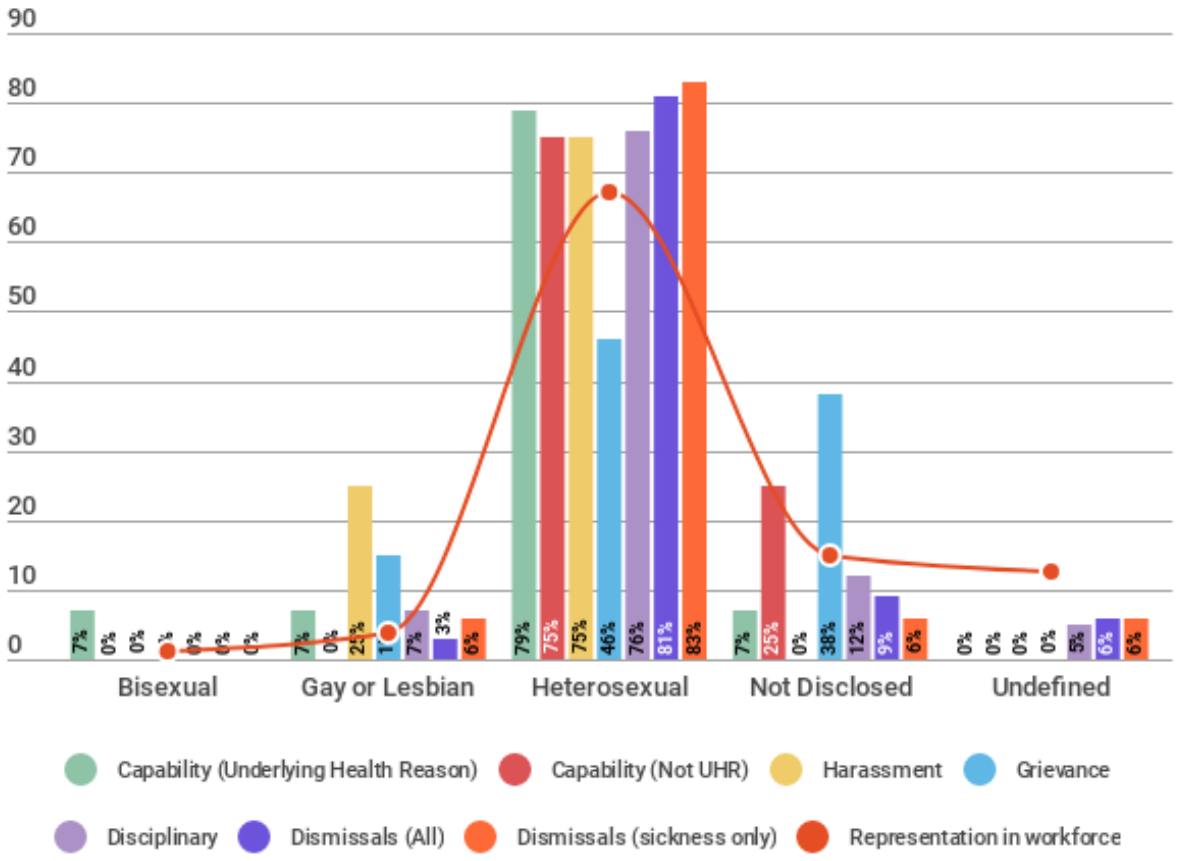

Bisexual
1.86%
1.24%
3.75%
Gay
4.75%
3.11%
5.00%
Heterosexual or Straight
78.43%
78.88%
57.50%
Lesbian
1.40%
0.62%
1.25%
Not stated
4.79%
7.45%
21.25%
Other sexual orientation not listed
0.00%
0.00%
0.00%
Prefer not to say
8.77%
8.70%
11.25%
Undecided
0.00%
0.00%
0.00%
0
10
20
30
40
50
60
70
80
Applications
Shortlisted
Appointed

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

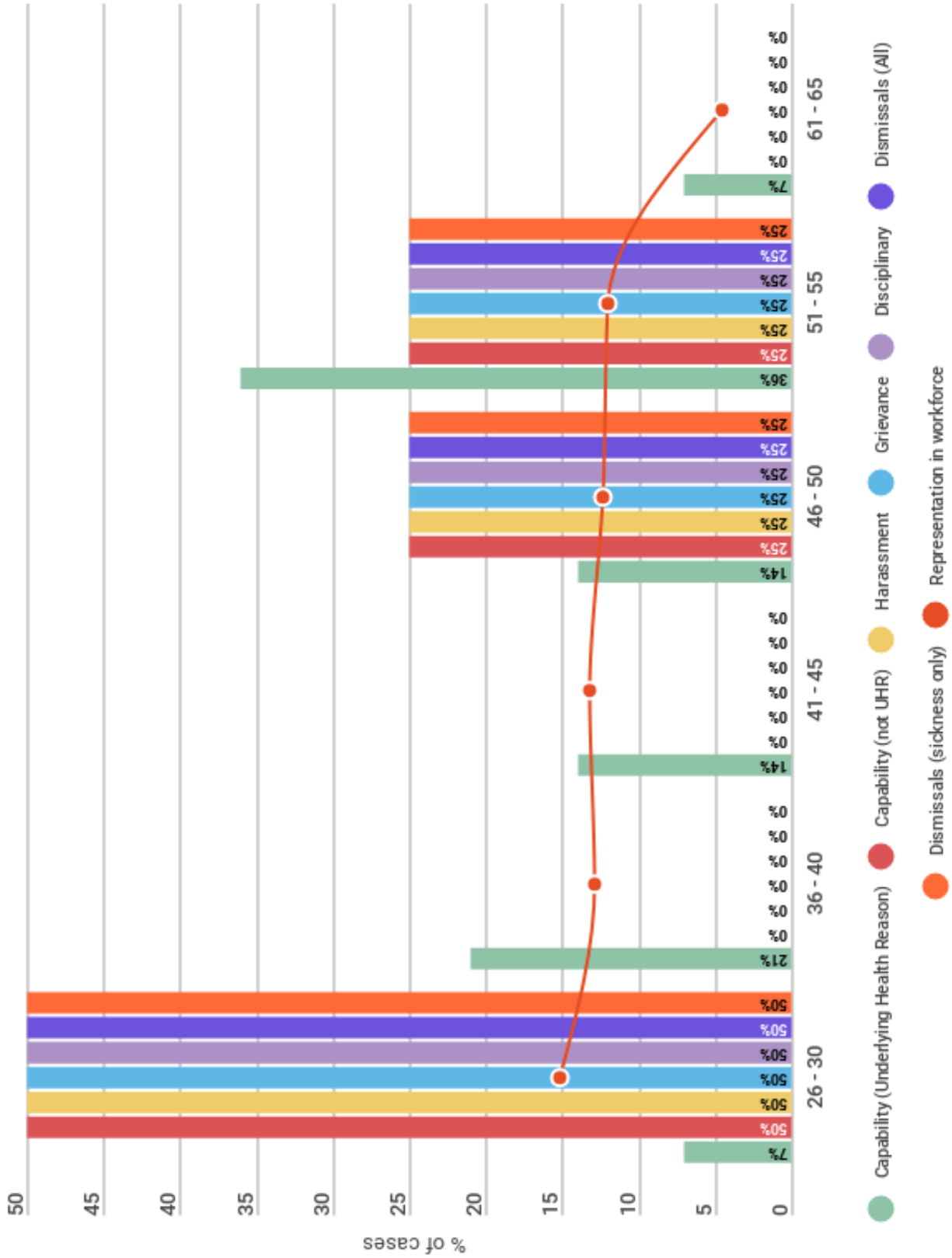
One way of demonstrating how fair employment practices and policies are is to see if there are any groups who have been disproportionately impacted. In this section the data will demonstrate which groups have been affected by or raised concerns under specific policies and practices.

During 2017/18 there were:

- 14 Capability cases (underlying health reason)
- 4 Capability cases (not underlying health reason)
- 4 Harassment cases
- 13 Grievances
- 42 Disciplinary cases
- 38 Dismissals
    - Of which 18 dismissals related to sickness

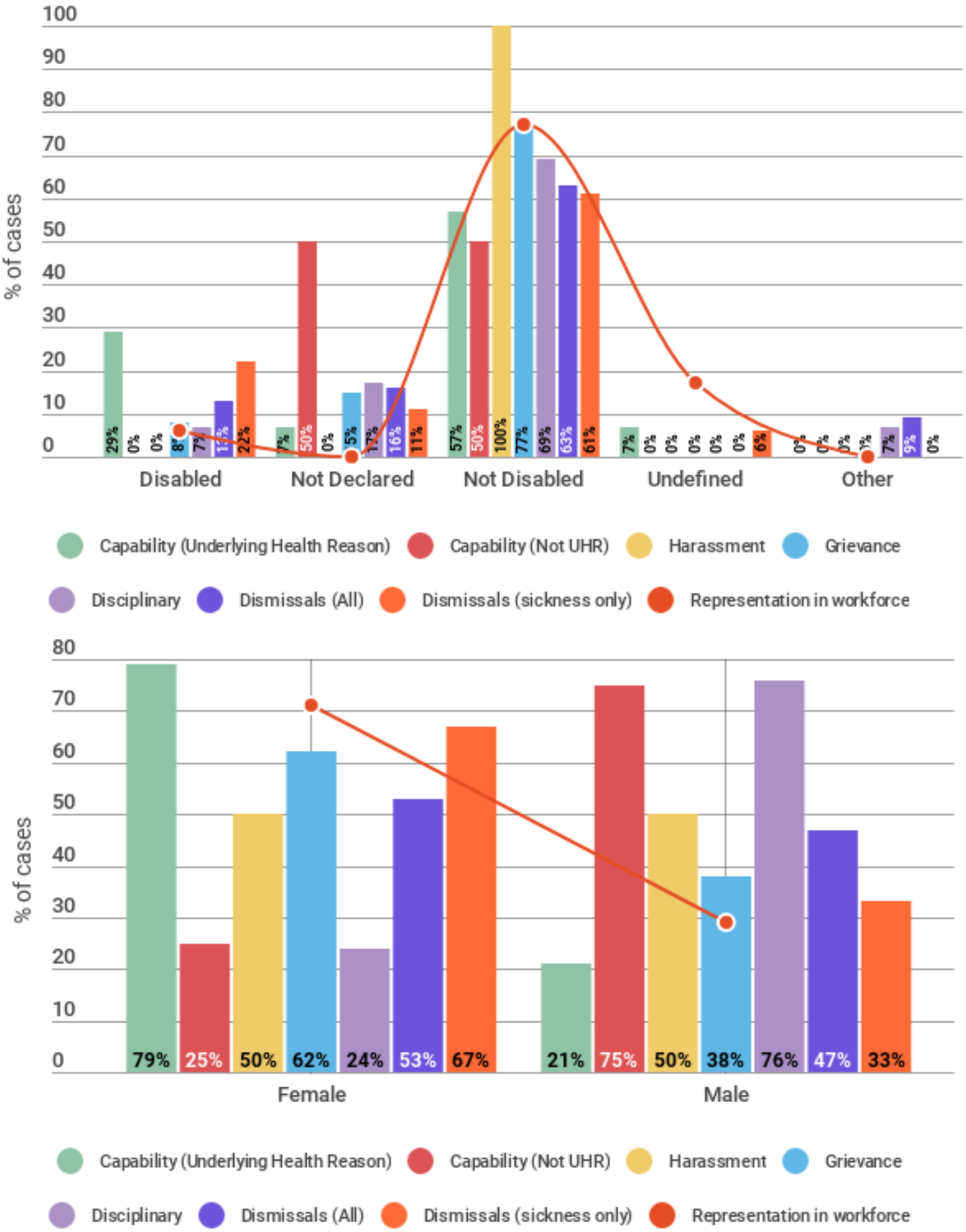


The red trend line is representative of the workforce.

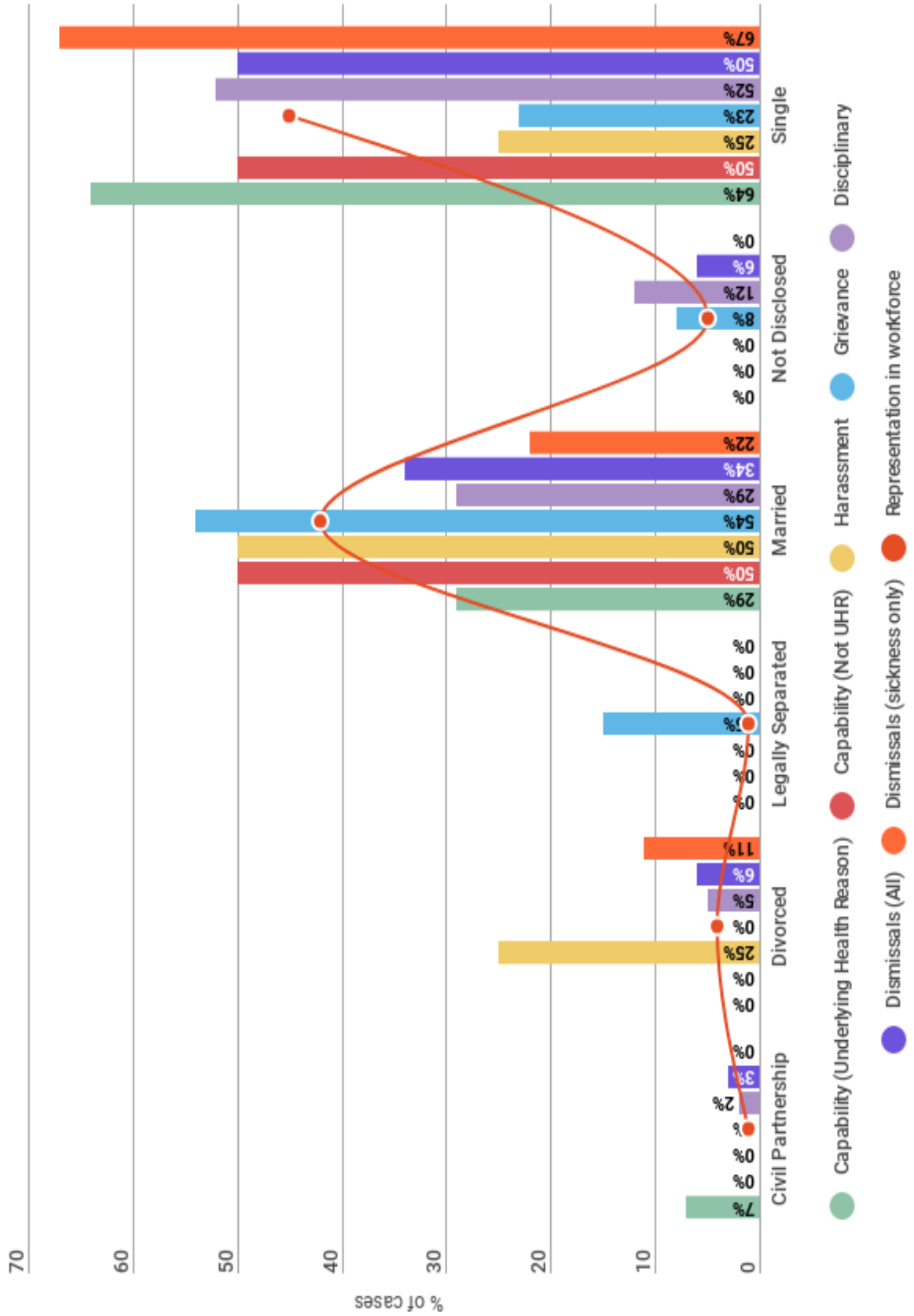


NB only age ranges where there has been employee relations activity is shown.

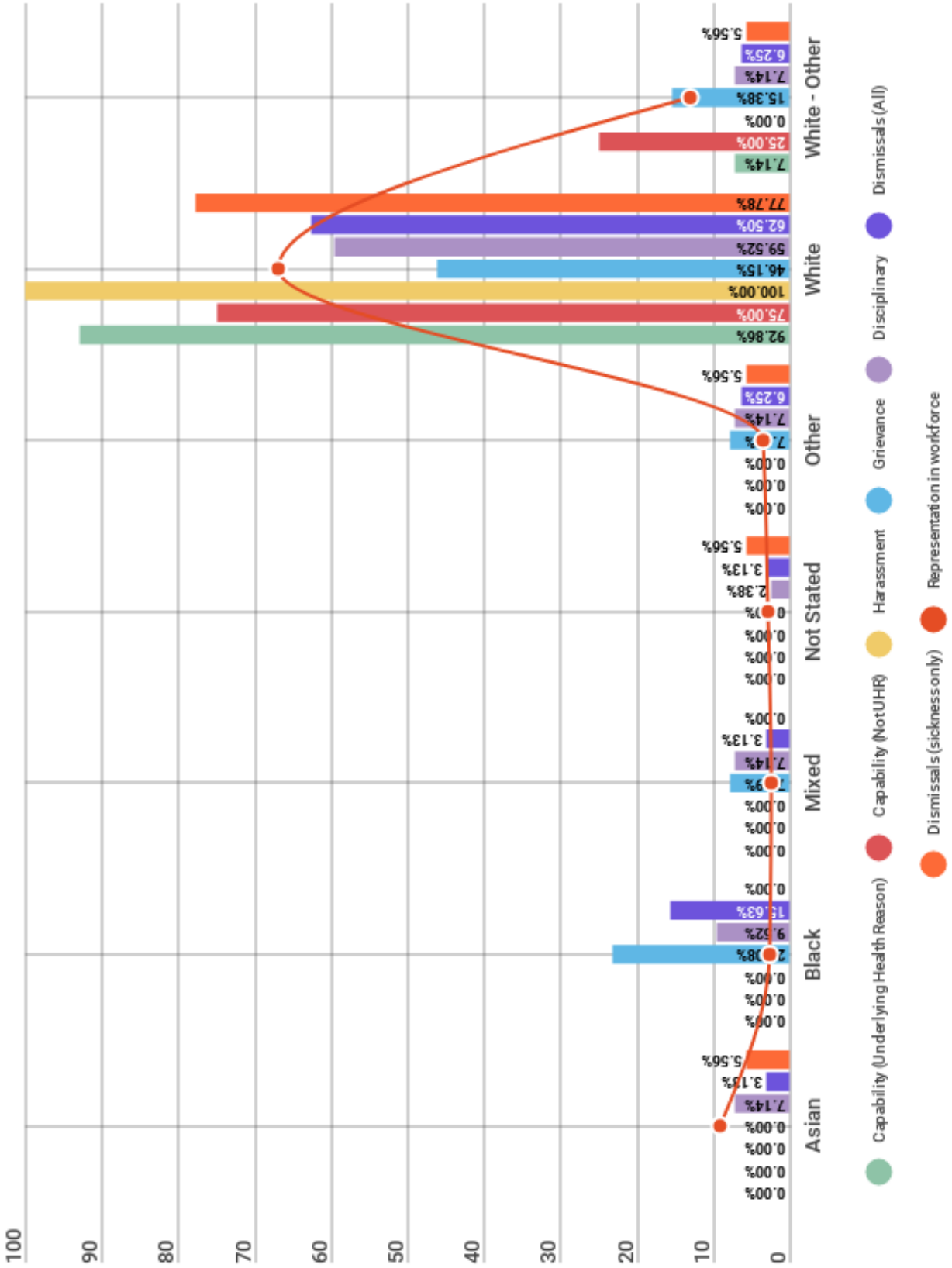
The red trend line is representative of the workforce.



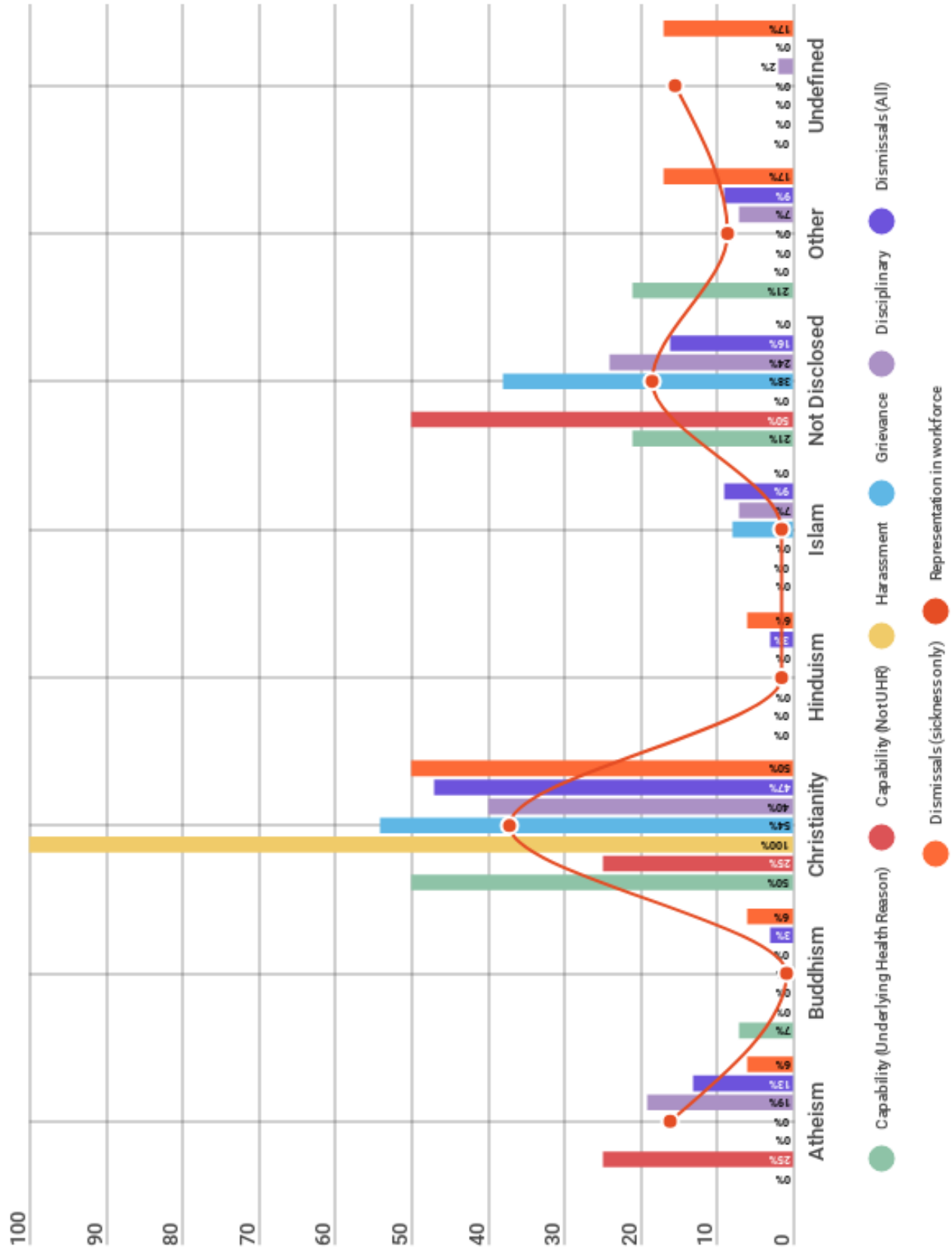
The red trend line is representative of the workforce.



The red trend line is representative of the workforce.



The red trend line is representative of the workforce.



The red trend line is representative of the workforce.

Training and development opportunities

The following data looks at training and development opportunities which our workforce have applied and been accepted to attend. The types of training and development opportunities relate to continuing professional development, as such excludes training that is considered statutory or mandatory.

The following tables relates to applications/acceptance from Allied Health Professionals (e.g. Occupational Health Therapists, Operating Department Practitioners, Physiotherapists, Radiographers and Speech and language Therapists) and nursing staff.

During 2017/18, 715 applications were received for training from Allied Health Professional and nursing staff. 465 applications were approved and the total amount of funded courses amounted to £435,811.

Age

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
19-25	32	4.5%	16	3.4%	£1,920.00
25-35	305	42.7%	195	41.9%	£27,000.00
35-45	171	23.9%	96	20.6%	£42,000.00
45-55	111	15.5%	66	14.2%	£17,000.00
55-65	33	4.6%	21	4.5%	£2,338.00
Unknown	63	8.8%	71	15.3%	£345,553.00
Grand Total	**715**		**465**		

Disability

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Disabled	15	2.1%	9	1.9%	£7,770.00
Not disabled	631	88.3%	386	83.0%	£243,532.00
Prefer not to say	24	3.4%	12	2.6%	£4,265.00
Unknown	45	6.3%	58	12.5%	£180,244.00
Grand Total	**715**		**465**		

Gender

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Female	558	78.0%	334	71.8%	£208,402.00
Male	107	15.0%	73	15.7%	£42,802.00
Prefer not to say	5	0.7%	1	0.2%	£85.00
Unknown	45	6.3%	57	12.3%	£184,522.00
Grand Total	**715**		**465**		

Marital and Civil Partnership Status

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Civil Partnership	20	2.8%	18	3.9%	£4,717.00
Divorced	22	3.1%	17	3.7%	£4,800.00
I do not wish to disclose	42	5.9%	20	4.3%	£2,005.00
Legally Separated	2	0.3%	2	0.4%	£300.00
Married	245	34.3%	139	29.9%	£11,395.00
Single	336	47.0%	210	45.2%	£28,620.00
Widowed	3	0.4%	1	0.2%	£0.00
Unknown	45	6.3%	58	12.5%	£412,594.00
Grand Total	**715**		**465**		

Sexual Orientation

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Lesbian	4	0.6%	1	0.2%	£898.00
Gay	29	4.1%	22	4.7%	£6,517.00
Bisexual	5	0.7%	4	0.9%	£2,000.00
Prefer not to say	101	14.1%	63	13.5%	£115,444.00
Unknown	576	80.6%	375	80.6%	£310,952.00
Grand Total	**715**		**465**		

Race

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Asian	69	9.7%	46	9.9%	£29,695.00
Black	19	2.7%	7	1.5%	£3,770.00
Mixed	5	0.7%	4	0.9%	£5,270.00
Other	31	4.3%	19	4.1%	£5,450.00
White	463	64.8%	284	61.1%	£181,153.00
White Other	66	9.2%	39	8.4%	£26,635.00
Prefer not to say	17	2.4%	8	1.7%	£3,585.00
Unknown	45	6.3%	58	12.5%	£180,253.00
Grand Total	**715**		**465**		

Religion or Belief

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Atheism	151	21.1%	103	22.2%	£35,451.00
Buddhism	4	0.6%	3	0.6%	£0.00
Christian	306	42.8%	186	40.0%	£21,582.00
Hinduism	6	0.8%	3	0.6%	£1,165.00
Prefer not to say	119	16.6%	67	14.4%	£18,927.00
Islam	9	1.3%	3	0.6%	£960.00
Judaism	2	0.3%	1	0.2%	£898.48
Sikhism	1	0.1%	0	0.0%	£0.00
Other	68	9.5%	41	8.8%	£4,887.50
Unknown	49	6.9%	58	12.5%	£351,940.02
Grand Total	**715**		**465**		

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

Protected Characteristic	Observation
Age	• **Representation** - The workforce generally follows the representation trend from the census data. Given the population of registered professional staff within the Trust, their training regimes and national working practices it will help to demonstrate why representation in the workforce is relatively low earlier to 21 and higher than 61. • **Pay Band** - Those 16-20 and 66+ are overrepresented in lower pay bands. • **Recruitment processes** - Groups which seem to ultimately fair well through the Trust's recruitment process include: under 20s and 20-24. Age groups that appear to ultimately fair less favourably though the Trust's recruitment processes include: 30-34, 35-39, 45-49, 60-64 and 65+. • **Employee Relations** - Staff groups aged 26-30, 46-50 and 51-55 appear to be disproportionately represented in employee relations processes. Whilst 36-40 and 61-65 appear to be disproportionately represented in capability due to underlying health reasons. • **Training and Development** - All age groups appear to accepted in proportion to their applications.
Disability	• **Representation -** With nearly 18% of the workforce's disability status remaining unknown, the true representation of disability could be masked. • **Pay Band** - Disabled staff underrepresented in medical grades and there are no directors who have declared a disability. Disabled Staff are overrepresented in bands 1-3, 8a-b and 9. • **Senior Managers** - As a staff group, more senior manager have declared that they have a disability. The Trust also knows more disability statuses of this group however, more senior managers would prefer not to disclose their disability status compared to the general workforce. • **Recruitment processes -** Overall disabled candidates appear to fair favourably in the Trust's recruitment processes. • **Employee Relations** - Disabled staff appear to be disproportionately represented in capability due to underlying health reasons, general dismissals and dismissals related to sickness. Whilst staff that are not disabled appear to be disproportionately represented in harassment processes. • **Training and Development** - All disability statuses appear to be accepted in proportion to their applications.
Gender	• **Representation** - Whilst the workforce does not match the population trend of the census, the workforce does mirror national NHS gender representation. • **Working Hours** - Women are overrepresented in part time roles at the Trust however, this could be explained given the fact that women are more likely to be care givers than men (Carer's UK). Women are therefore, more

	likely to seek flexible and part time working than men. • **Fixed Term Contract**s - Men are over represented in the uptake of roles with fixed term contracts. • **Pay Band -** Men are overrepresented in bands 1-2 and senior management. Women are underrepresented in medical grades. • **Senior Managers -** As a staff group, there are more male senior managers compared to the general workforce. • **Recruitment processes** - Male candidates appear to ultimately fair less favourably in the Trust's recruitment process. • **Employee Relations** - Men appear to be disproportionately represented in most employee relations processes. • **Training and Development** - All genders appear to be accepted in proportion to their applications.
Gender Identity	• **Recruitment processes** - Whilst there are relatively few candidates that have stated that they identify as transgender, it would appear they ultimately fair less favourably in the Trust's recruitment processes.
Marital Status	• **Representation** - Whilst the workforce does generally match the overall trend from the census, it is worth noting that the Trust is overrepresented in staff that are single. • **Pay Band** Staff in civil partnerships appear to be overrepresented in bands 1-3,7, 8a, 8d and senior medical posts. Staff that are divorced are overrepresented in bands 1-4, 8a, 8c, and 9 but underrepresented in medical posts. Staff that are legally separated are overrepresented in bands 1-6 and 8c but underrepresented in medical posts. Married staff are generally well represented throughout however, there is overrepresentation in more senior posts (both medical and non-medical). Staff that are single are underrepresented in management and senior medical posts. Staff that are widowed are overrepresented in lower banded posts. • **Recruitment processes** - Only single candidates fair as to be expected, all other groups do not appear to fair favourably through the Trust's recruitment processes. • **Employee Relations** - Married and single staff appear to be most disproportionately represented in the majority of employee relations cases. However the following groups appear to be overrepresented in the following processes, civil partnership - capability (underlying health reasons), divorced - harassment and dismissals (sickness) and legally separated - grievances. • **Training and Development** - Most groups appear to be accepted in proportion to their applications, except married staff where there appears to less.
Race	• **Representation** - Whilst the workforce does generally match the overall trend from the census, it is worth noting that the Trust is underrepresented in staff from 'other' and 'white-other' ethnicity categories. • **Pay Band** - All BME staff are well represented in medical grades, black staff are well represented in bands 8a, 8d and 9. BME staff are concentrated in bands 1-5. • **Senior Managers** - There are less BME senior managers compared to the general workforce. • **Recruitment processes** - Candidates from Asian, Mixed and White-Other

	ethnic groups appear to fair unfavourably in the Trust's recruitment processes. • **Employee Relations** - The following groups are disproportionately represented the following employee relations issues: grievances and disciplinaries - black, mixed and other. Dismissals - black and other. Capability (not related to underlying health reasons) - white and white - other. Capability (underlying health reasons), harassment, dismissal (sickness only) - white. • **Training and Development** - Most groups appear to be accepted in proportion to their applications, except black and white-other staff where there appears to be less.
Religion and Belief	• **Representation -** Whilst the workforce does generally match the overall trend from the census, it is worth noting that the Trust is overrepresented in staff from 'other' religious or belief groups. The high level of 'undefined' and 'prefer not to say' will be masking the true representation within the workforce, it may also be a measure of staff confidence in declaring their diversity data. • **Pay Band** - Atheists are generally well represented across the board, however there are large overrepresentation in band 8d and directors. Buddhists re generally underrepresented across the board, except in band 1 and trainee doctors. Christians are generally fairly represented throughout AFC bands, but overrepresented in lower bands and underrepresented in directors and medical grades. Hindus are overrepresented in band 8a and medical grades. Muslims are underrepresented in most AFC bands except in 1-2, but overrepresented in medical grades. Those of the Jainism and Judaism religions are generally underrepresented in AFC bands, but overrepresented in staff and consultant medical grades. Staff of an 'other' religion or faith are overrepresented in bands 1-4, 6, 8b and 9 but underrepresented in all medical grades. The highest percentage of staff not wanting to declare their religion or belief are directors and medical grades. Sikhs are generally underrepresented except in trainee doctor medical grades. Generally the highest percentage of staff where their religion or belief in unknown is within the AFC pay bands. • **Recruitment processes** - Most religious or belief groups appear to fair unfavourably in the Trust's recruitment processes, except Atheists and Buddhist where they ultimately fair as to be expected. • **Employee Relations** - It would appear that all religious or belief groups appear to be disproportionately represented in a range of employee relations procedures. These include: Atheists in capability (not underlying health reasons). Buddhists in Capability (underlying health reasons) and dismissals (sickness). Christians in capability (underlying health reasons), harassment, grievances, all and sickness related dismissals. Hindus in dismissals (sickness). Muslims in grievances, disciplinaries and dismissals (all). Other religious or belief groups in capability (underlying health reasons) and dismissals (sickness). • **Training and Development** - Most religious or belief groups appear to have a reduction of accepted application in proportion to applications.
Sexual Orientation	• **Representation** - From staff that have declared their sexual orientation, the representation of lesbian, gay and bisexual staff is less than Stonewall's

	national population estimate of 6%. The high level of 'undefined' and 'prefer not to say' will be masking the true representation within the workforce, it may also be a measure of staff confidence in declaring their diversity data. • **Pay Band** - There is a high representation of bisexual staff in bands 1-2, 5 and staff medical grades. Gay and Lesbian staff there is a fair representation from bands 4-9, directors however there is a slight underrepresentation in medical grades. There is generally a fair representation of heterosexual staff in AFC bands, but this staff group appear to have lower representation in directors and senior medical grades. The highest percentage of staff who stated they would prefer not to declare their sexual orientation are in band 1, directors and medical grades. Across most AFC bands is the highest percentage of staff where we do not know what their sexual orientation is. • **Senior Managers** - As a staff group, more senior manager have declared their sexual orientation. The level of declaration of sexual orientation of this group is greater however, and less senior managers would prefer not to disclose their sexual orientation compared to the general workforce. • **Recruitment processes** - Ultimately gay and lesbian candidates fair as to be expected in the Trust's recruitment processes, whilst bisexual candidates appear to fair well. • **Employee Relations** - Heterosexual staff appear to fair unfavourably in most employee relations processes, whilst gay and lesbian appear to be disproportionately represented in harassment, grievances and capability (as does bisexual staff). • **Training and Development** - Most groups appear to be accepted in proportion to their applications, except lesbian staff where there appears to be less.
All protected characteristics	• **NHS Staff Survey** - Please see the staff survey pages for observation on equality related key findings.

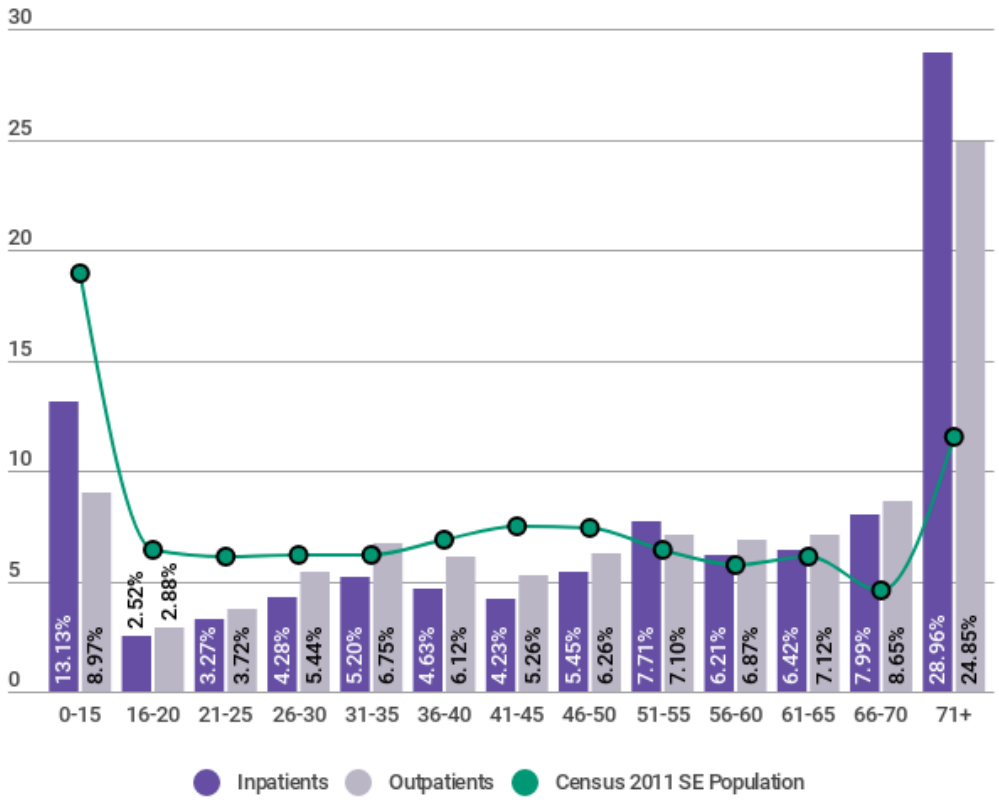
Who are the Trust's patients?

During 2017/18 the Trust saw over 750,000 patients, which included:

- 124,440 inpatients
- 631,446 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.

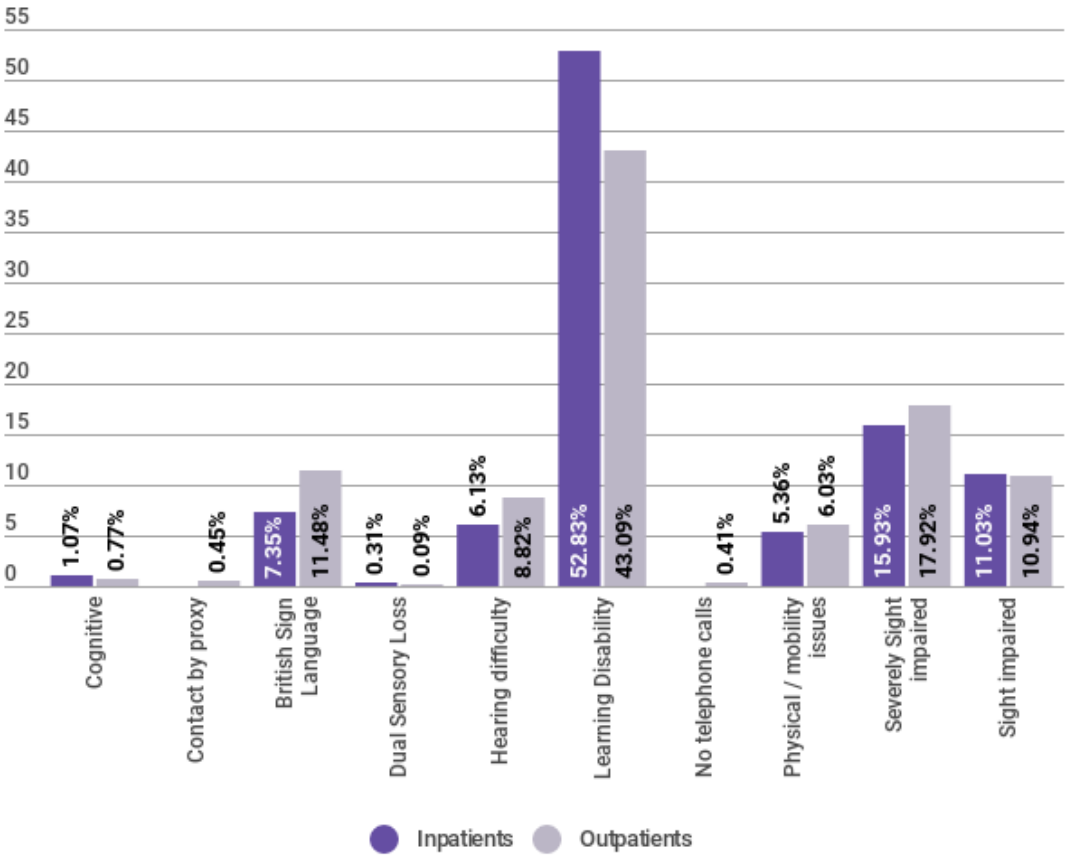
Age



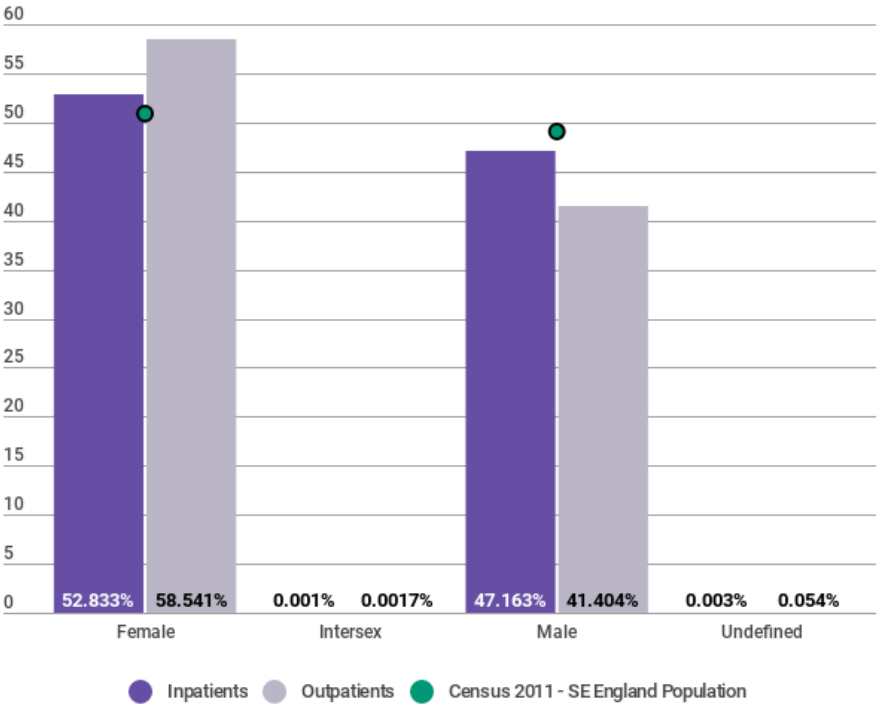
Disability

The patient administration system records the numbers of patients that have additional needs or reasonable adjustments due to a disability or long term illness. During 2017/18 there were:

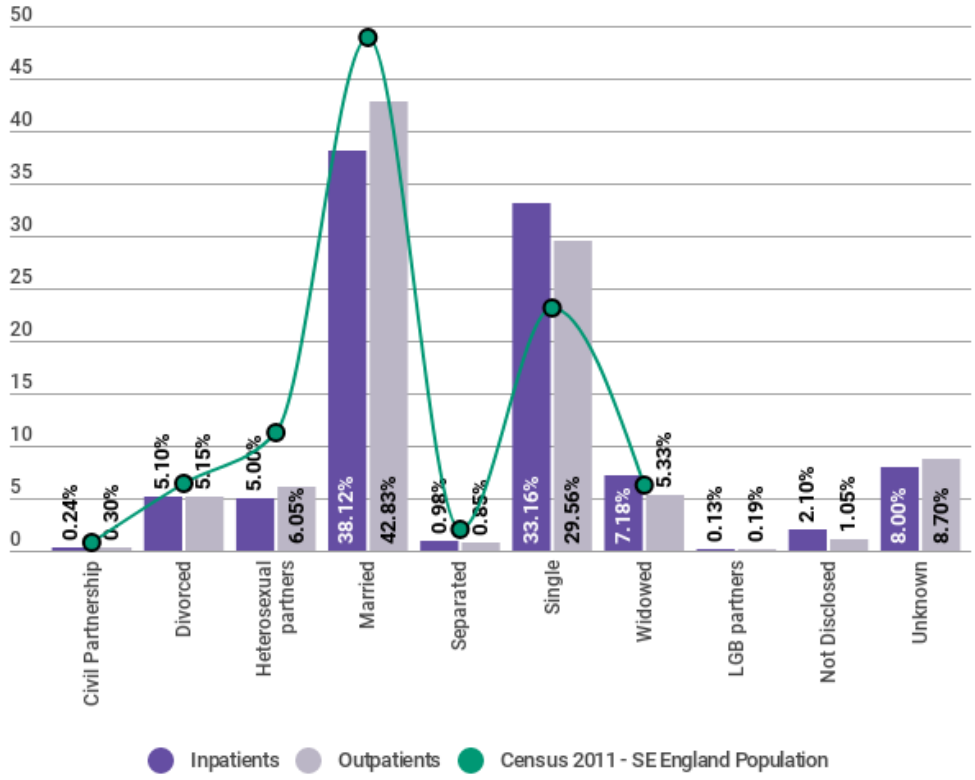
- 123,787 inpatients which did not need to have any reasonable adjustments, thiss means 0.5% of inpatients required reasonable adjustments.
- 629,225 outpatients which did not need to have any reasonable adjustments, this means 0.4% of outpatients required reasonable adjustments.



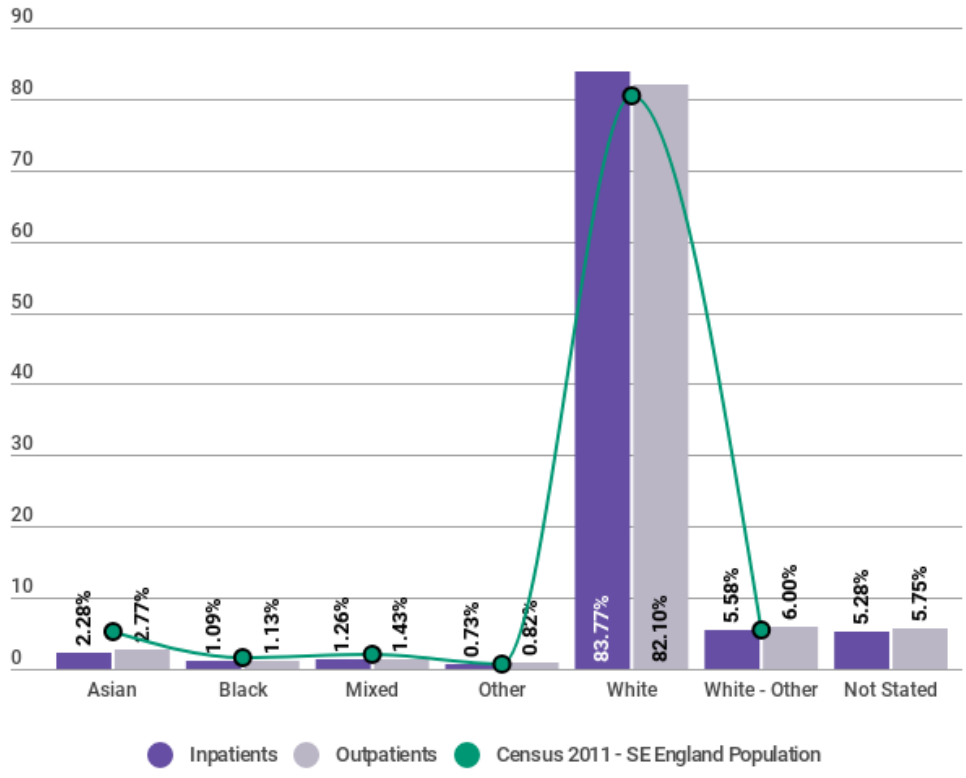
Gender



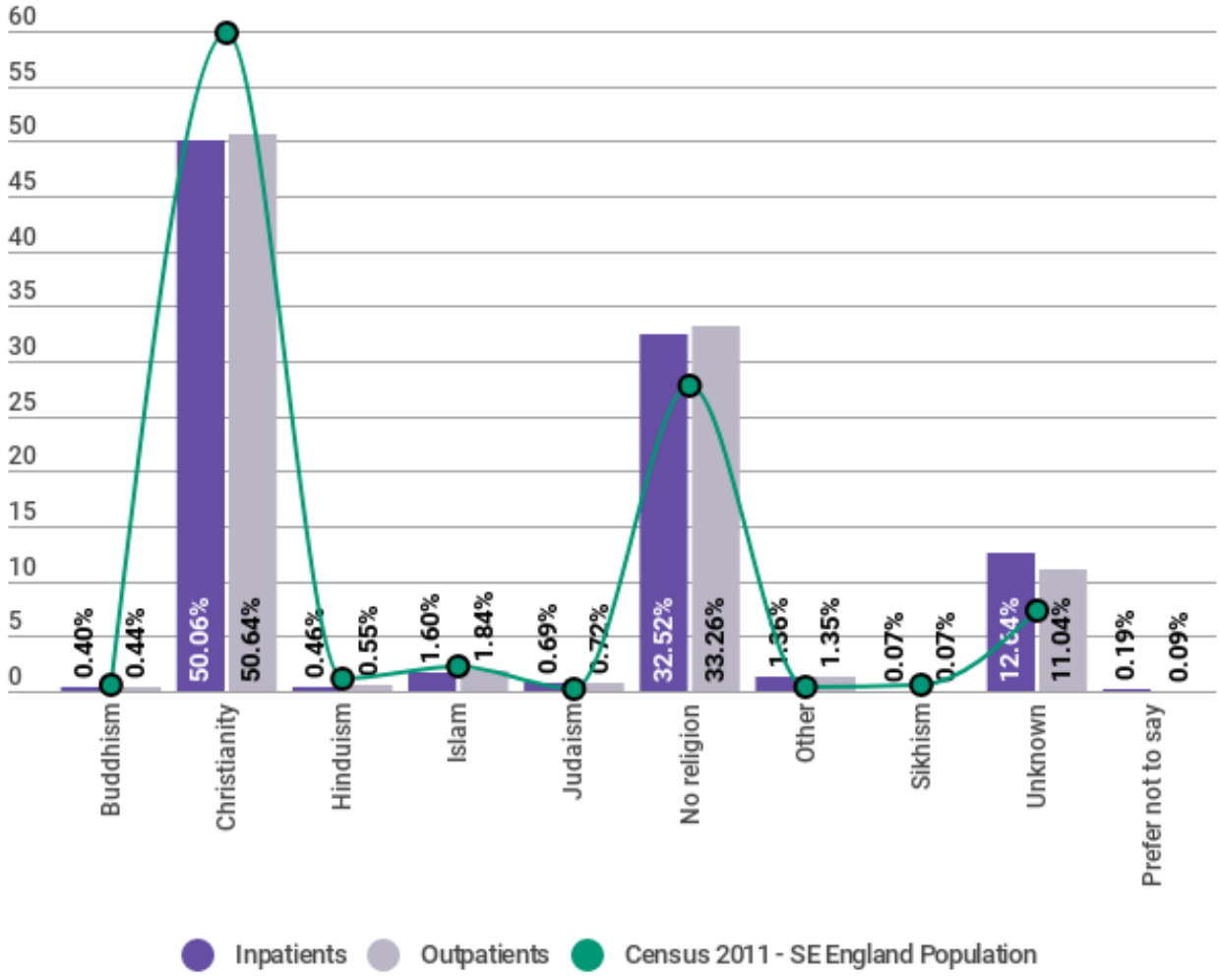
Marriage / Civil Partnership



Race



Religion or Belief



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

The Trust collects information about patient experience (both positive and negative) in real time using a questionnaire called Patient Voice. Patient Voice allows the Trust to collect feedback and identify and effect changes and service improvement throughout the year. The questionnaire incorporates the national Friends and Family Test which measures how likely a patient would recommend the Trust (and services) to their friends and family.

The data shown over the next few pages reflects the results of the Friends and Family Test over 2017/18 which reflects over 7,500 responses to the questionnaire. A positive response would indicate a patient/service user would recommend, a negative response would indicate a patient/service user would not recommend and a 'don't know' is neither a recommendation or not recommend.

The average is taken across all survey results, and not an average taken against the group results.

Age

	Don't Know	Negative	Positive
16-35	3.3%	2.6%	94.1%
36-55	3.8%	1.7%	94.5%
56-75	3.0%	1.2%	95.8%
75+	5.5%	1.2%	93.3%
Average	**3.9%**	**1.4%**	**94.7%**

Disability

	Don't Know	Negative	Positive
Not Disabled	3.85%	1.37%	94.78%
Not disclosed	4.39%	2.63%	92.98%
Disabled	14.29%	0.00%	85.71%
Average	**3.88%**	**1.40%**	**94.72%**

Gender

	Don't Know	Negative	Positive
Female	3.4%	1.4%	95.2%
Male	4.6%	1.3%	94.1%
Other	25.0%	0.0%	75.0%
Average	**4.0%**	**1.3%**	**94.7%**

Gender Identity

	Don't Know	Negative	Positive
Not Transgender	3.85%	1.37%	94.78%
Not disclosed	4.39%	2.63%	92.98%
Transgender	14.29%	0.00%	85.71%
Average	**3.88%**	**1.40%**	**94.72%**

Race

	Don't Know	Negative	Positive
Asian	1.8%	0.9%	97.3%
Black	0.0%	0.0%	100.0%
Mixed	3.0%	1.8%	95.3%
Other	4.7%	0.0%	95.3%
White	4.0%	1.5%	94.5%
White - Other	3.2%	1.1%	95.7%
Average	**3.8%**	**1.5%**	**94.7%**

Religion or Belief

	Don't Know	Negative	Positive
Agnostic	5.3%	0.0%	94.7%
Atheism	3.0%	3.0%	94.1%
Buddhism	0.0%	2.4%	97.6%
Christianity	2.9%	1.0%	96.2%
Hinduism	0.0%	10.5%	89.5%
Islam	1.8%	0.0%	98.2%
Judaism	13.2%	10.5%	76.3%
No particular faith	4.6%	1.5%	93.9%
Not disclosed	11.1%	3.6%	85.2%
Other	3.7%	1.5%	94.8%
Pagan	0.0%	0.0%	100.0%
Sikhism	0.0%	0.0%	100.0%
Average	**3.8%**	**1.4%**	**94.8%**

Sexual Orientation

	Don’t Know	Negative	Positive
Bisexual	9.38%	0.00%	90.63%
Gay	4.85%	2.91%	92.23%
Heterosexual	3.84%	1.24%	94.93%
Lesbian	2.86%	2.86%	94.29%
Not disclosed	5.57%	2.36%	92.08%
Other	2.20%	0.00%	97.80%
Average	**4.01%**	**1.35%**	**94.64%**

What does the patient demographic and experience data tell us?

Service use and experience data can provide a measure as to how well the organisation is performing and provides a way of identifying confidence within an organisation.

For example if the data shows there is a low uptake by any particular group that could lead to several conclusions. A particular group does not have confidence with the organisation and have made alternative arrangements for their healthcare, knowledge of services is low within certain groups, or certain groups experience low incidences of ill health. In any of the above it opens the door to targeted engagement to further understanding of the health needs of groups not attending the Trust's services.

The baseline for demographical data will be taken from the data from Census 2011 relating to South East England. South East England provides a fair average between Brighton and Hove and Mid Sussex.

When reviewing patient experience data the average will be used as a baseline for comparison. A 'don't know' response from the Friends and Family Test could indicate that the person required more support filling out the questionnaire, the person may have felt a negative score could impact on their treatment or they simply did not know.

Age:

On the whole the general trend of patient presentation into the Trust's services and population demographics appear to generally correlate. However, there are specific areas of underrepresentation in ages 31-50 but large underrepresentation in 0-15 and 66-71+ and low underrepresentation from patients 51-65 year old.

Those with the marked least level of satisfaction (compared to the average) are in age groups 16-35 and 36-55. Those with the greatest level of satisfaction (compared to the average) are in age group 56-75. The age group of 75+ had the highest number of patients who did not know and the least number of patients who scored positively in the Friends and Family Test.

Disability:

Only 0.5% of outpatients and 0.4% of inpatients have declared they have a disability. Comparing to the census figure of 6.88% of people in the South East of England stating that their day-to-day activity is limited a lot. Out of the patients that have

declared that they have a disability the majority have either a learning disability, a sight impairment or a user of British Sign Language.

Disabled patients have provided the least number of positive responses to the Friends and Family Test, this group has also provided the greatest number of ‘don’t know’ responses as well. Patients without a disability have provided answers to the test in-line with the average for the group.

Gender

Representation of patients attending the Trust’s services generally follows the trend of the population. However, it should be noted that female patients are represented more as users of Trust services than men.

One report suggests that there are 358,105 people (Understanding intersex, Czyzselska, March 2018) in the UK with intersex variation, this would be approximately 0.5% of the population. If this statistic is correct it would suggest that there is a underrepresentation of patients who identify as intersex attending Trust services.

An above average number of female patients provided both a positive and negative scores for the Friends and Family Test. Male patients were roughly in line with the average regarding the provision of positive and negative scores for the test. Patients who identified their gender as ‘other’ (which would include intersex patients) was least likely to provide a positive score and most like provide a ‘don’t know’ score.

Gender Identity

The Trust is not able to record gender identity in the patient administration system, so no attendance data is available at the time of writing this report.

Patients who identified as not being transgender, generally follow the average with regard to the scores that they provided in the Friends and Family Test. Patients who identified as transgender where least likely to provide a positive score and also score of ‘don’t know’ to the test.

Relationship Status

Most groups are representative within Trust services however, those listed as in a heterosexual relationship (not married) and married are underrepresented in the patient demographic figures. Whilst single patients are overrepresented when comparing the patient and population demographics.

Race

The profile of patients attending Trust services, pretty much mirrors population data. There is an exception of Asian patients where there is a slight underrepresentation.

Asian and Black patients are most likely to provide a positive response to the Friends and Family Test, whilst patients of mixed race are most likely to provide a negative score. White and White – Other patients are generally follow the average, whilst patients who identify as ‘other’ race have an above average positive and ‘don’t know’ responses.

Religion or Belief

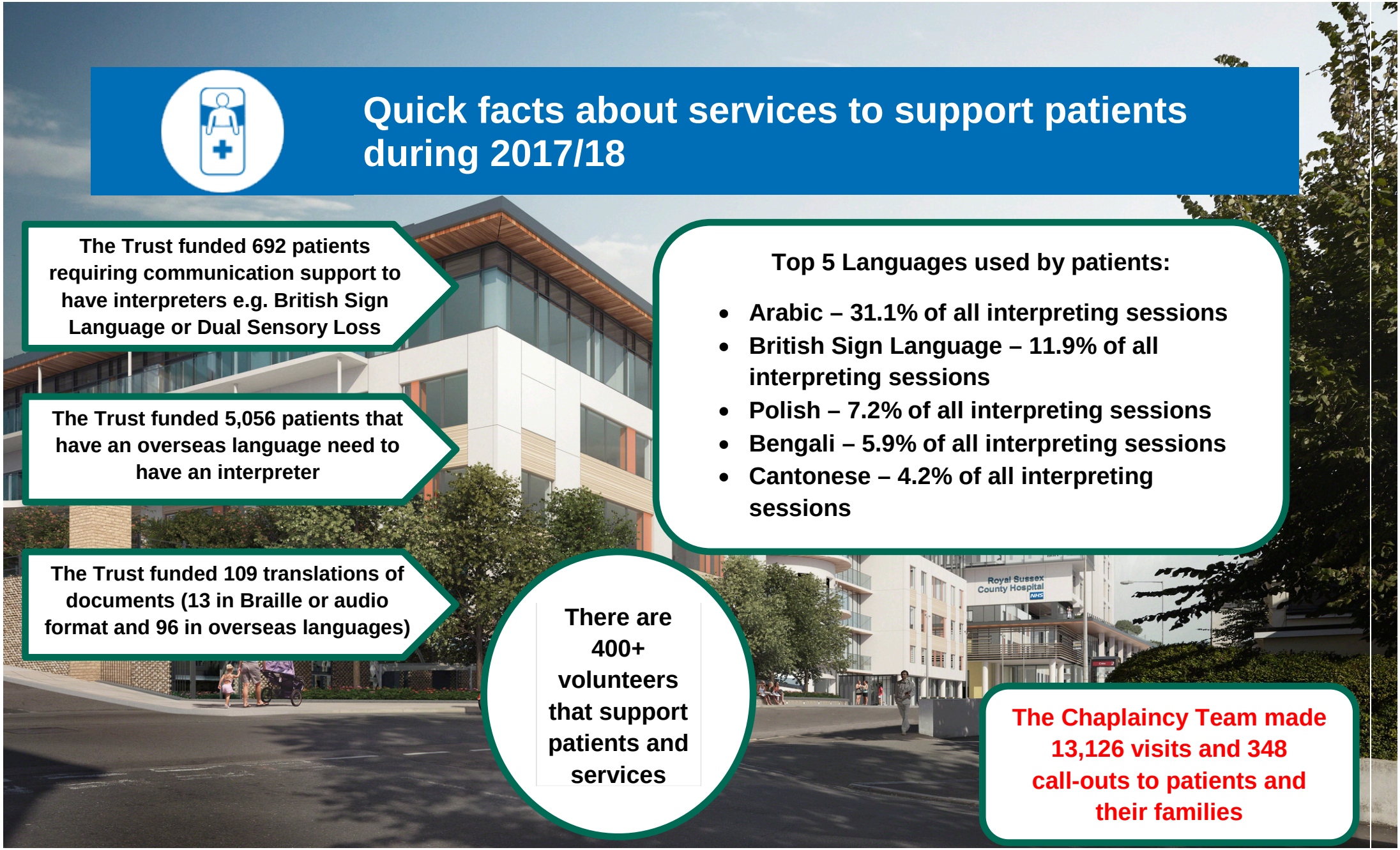
For patients who have identified as being in a minority religious or belief group there is a correlation between patient and population demographics. Those with no religion are overrepresented and Christians are underrepresented when comparing patient to population demographics.

Patients from a Buddhist, Christian, Islamic, no particular, other, Paganist or Sikhist religion or belief are most likely to report a positive score when compared to the average in the Friends and Family Test. Patients from a Hindu or Jewish and Buddhist religion are most likely to report a negative score (compared to the average) in the test. Whilst those of an Agnostic, Jewish or no particular religion or belief are most like to provide a ‘don’t know’ score in the test.

Sexual Orientation

Information about patient’s sexual orientation is currently not routinely collected. However, this will change soon with the introduction of the Sexual Orientation Monitoring Standard by NHS England.

When compare against the average heterosexual, lesbian and patients who have an ‘other’ sexual orientation are most likely to provide a positive score in the Friends and Family Test. Bisexual and gay patients are least likely to provide a positive score in the test. Gay and lesbian patients are most likely to provide a negative score in the test, whilst bisexual and gay patients are most likely to provide a ‘don’t know’ score in the test.



Quick facts about services to support patients during 2017/18

The Trust funded 692 patients requiring communication support to have interpreters e.g. British Sign Language or Dual Sensory Loss

The Trust funded 5,056 patients that have an overseas language need to have an interpreter

The Trust funded 109 translations of documents (13 in Braille or audio format and 96 in overseas languages)

Top 5 Languages used by patients:

- Arabic – 31.1% of all interpreting sessions
- British Sign Language – 11.9% of all interpreting sessions
- Polish – 7.2% of all interpreting sessions
- Bengali – 5.9% of all interpreting sessions
- Cantonese – 4.2% of all interpreting sessions

There are 400+ volunteers that support patients and services

The Chaplaincy Team made 13,126 visits and 348 call-outs to patients and their families

Brighton and Sussex University Hospitals NHS Trust

Agenda Item:	16	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/01/19
Report Title:	**Audit Committee Highlights to Board**				
Sponsoring Executive Director:	Martin Sinclair, Non-Executive Director				
Author(s):	Martin Sinclair, 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 Audit Committee met on the 16 January 2018, was attended by the Trust Director of Finance and the Group Company Secretary along with the Trust's External Auditors, Internal Auditors and Local Counter Fraud Specialist.

The meeting was quorate and was able to discharge its planed items through the receipt and debate of the reports in accordance with its cycle of business.

Key Recommendation(s):

The Board should note the actions taken by the Committee, the matters referred to other Committees for further action in respect of closing assurance gaps and the noteworthy matters referred to the Board.

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board

Date: 30 January 2019

From: Audit Committee

Agenda Item: 16

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Audit Committee	**16 January 2019**	**Martin Sinclair**	✓	☐

Declarations of Interest Made

None

Actions taken by the Committee

- The Committee **RECEIVED** positive assurance from Internal Audit in respect of the systems of internal control over the following areas of the Trust; Income Reporting and Core Financial Systems.
- The Committee **ENDORSED** the Tender Waiver Report format changing from 01 April 2019 giving greater detail to the Committee.
- The Committee **NOTED** the External Auditors plan for the 2018/19 Annual Accounts.
- The Committee **AGREED** to pursue a joint WSHT and BSUH Internal Audit procurement process.
- The Committee **ENDORSED** the Trust's BAF and its representation of the risk profile at the end of December.

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

Internal Audit Progress Report – Having focused on the process for updating the progress on the completion of actions taken, the Committee will commence inviting responsible Trust Directors to attend the Audit Committee to review Internal Audit recommendations where implementation is slow.

External Reviews – The Committee asked that consideration be given to how visibility of external reviews can be enhanced and the actions, if appropriate resulting from this, are then reported to an appropriate Committee.

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

Item	Referred to
Following the outcome of an Internal Audit report the Committee requested that the Charitable Funds Committee be aware of the work being undertaken in respect of the Trust's review of its standing data on fund holders.	Charitable Funds Committee to be aware of this work.

NHS
Brighton and Sussex University Hospitals
NHS Trust

Agenda Item:	17	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/2019
Report Title:	**Board Assurance Framework – 2018/19 – Quarter 3**				
Sponsoring Executive Director:	Glen Palethorpe, Group Company Secretary				
Author(s):	Glen Palethorpe, Group Company Secretary				
Report previously considered by and date:	Quality Assurance Committee, 12 December 2018 Finance and Investment Committee, 19 December 2018 Audit Committee, 16 January 2019				

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 associated strategic risks and subsequently presented to Quality Assurance Committee and Finance and Investment Committee.

Executive Summary:

The Board Assurance Framework (BAF), reflective of the position at quarter 3, was considered by the Audit Committee at its meeting in January. The Audit Committee, supported by the work of the other Committees who each had received the BAF along with details of actions taken in the quarter and the impact these action had on moving the current score closer to the target score. Noting that the target score is within the stated risk appetite range for that risk.

No changes to either the target risk scores or current risk scores for quarter 3 were proposed by either Quality Assurance Committee or Finance and Investment Committee for the respective strategic risks for which they have oversight.

The BAF summary shown overleaf provides the position at the end of December 2018 with regards to the five strategic objectives and the associated 12 strategic risks.

Three of the risks (2.3 within sustainability and 5.1 and 5.3 within systems and partnerships) are currently within the appetite range for those risks, albeit they are slightly above the stated target risk score.

BAF SUMMARY

The table overleaf shows by risk the current Q3 score and the target risk score, noting that not all risks will achieve their target score within the current financial year:

BAF: Strategic Objectives and Strategic Risks

(Key: I = Impact L = Likelihood T = Total)

	Risk Scores					
	Actual at Q3			Target		
	I	L	T	I	L	T
1. Patient Care ***Quality Assurance Committee***						
1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in adverse reputational impact, and loss of market share	3	4	**12**	3	3	**9**
2. Sustainability ***Finance and Investment Committee***						
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients	4	4	**16**	4	3	**12**
2.2 We cannot deliver ongoing efficiencies and flex our resources in an agile way resulting in an increasing or unmanaged deficit and inefficient, unaffordable and unsustainable services	5	4	**20**	5	3	**15**
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	2	**6**
3. People ***Quality Assurance Committee***						
3.1 We are unable to develop and sustain the leadership and organisational capability and capacity to lead on-going performance improvement and build a high performing organisation	4	3	**12**	4	2	**8**
3.2 We are unable to effect cultural change and involve and engage staff in a way that leads to continuous improvements in patient experience, patient outcomes, and staff morale and wellbeing	4	3	**12**	4	2	**8**
3.3 We are unable to meet our workforce requirements through the effective recruitment, development, training and retention of staff adversely impacting on patient experience and the safety, quality and sustainability of our services	4	3	**12**	4	2	**8**
4. Quality ***Quality Assurance Committee***						
4.1 We are unable to deliver and demonstrate compliance with regulatory requirements or clinical standards adversely impacting on patient safety and our registration and accreditation by regulatory and supervisory bodies	3	5	**15**	3	2	**6**
4.2 We are unable to deliver service improvements and improve safety, care quality and outcomes for our patients or demonstrate that our services are clinically effective	3	3	**9**	3	2	**6**
5. Systems and Partnerships ***Finance and Investment 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	3	4	**12**	3	3	**9**
5.2 We are unable to define and deliver the strategic intentions, plans and optimal configuration that will enable our services to be sustainable, leading to an adverse impact on their future viability	4	4	**16**	4	2	**8**
5.3 We are unable to deliver and demonstrate compliance with operational and NHS constitutional standards resulting in an adverse impact on patient care and financial penalties	3	4	**12**	3	3	**9**

Risk Appetite

Patient Care - Moderate to Low (Yellow to Green)

Safety - Low to None (Green)

Sustainability - Significant to Moderate (Amber to Yellow)

People - Moderate to Low (Yellow to Green)

Systems and Partnership - Significant to Moderate (Amber to Yellow)

All of the risks have further actions planned for the next quarter to move the risk closer to the risks stated tolerable score. It should be noted that the Trust's risk management strategy defines the risk appetite (as descried in the box above) across five domains but the one titled safety does not match directly to the patient first domain of quality where for these areas of quality improvement the appetite would be moderate to low.

The BAF continues to be updated and the Board will receive the quarter 4 update at a subsequent meeting.

Key Recommendation(s):

The Board is asked to NOTE the recorded positon at quarter 3, recognising the BAF has been reviewed at the Committees of the Board.

NHS
Brighton and Sussex University Hospitals
NHS Trust

Agenda Item:	18	**Meeting:**	Trust Board in Public	**Meeting Date:**	30/1/2019
Report Title:	**Board Meetings April 2019 – March 2020**				
Sponsoring Executive Director:	Glen Palethorpe – Group Company Secretary				
Author(s):	Glen Palethorpe – Group Company Secretary				
Report previously considered by and date:	Presented directly 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 schedule of Board meetings has been drafted for the period April 2019 to March 2020.

In constructing the schedule the desire to have meetings across the two hospital sites of the Royal Sussex County Hospital and Princess Royal Hospital has been taken into account.

Board meetings alternate between Princess Royal Hospital (annotated with PRH) and the Royal Sussex County Hospital (annotated with RSCH).

The Board has their agendas and supporting papers placed on the Trust's website at the start of the week in which the meeting takes place. The cycle of meetings below will be publicised on the Trust's website during the first week of February.

Schedule of meetings 2019/20

		2019									2020		
Meeting	**Rationale**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Board of Directors	Bi-monthly Last Wed in month		Wed 29th 9.30 start PRH		Wed 24th 10.30 start RSCH		Wed 25th 10.00 start PRH		Wed 27th 10.30 start RSCH		Wed 29th 9.30 start PRH		Wed 25th 9.30 start RSCH

Key Recommendation(s):

To note the dates for meetings of the public board and public council of governors for April 2019 to May 2020.

To note that these dates will be publicised on the Trust's website during the first week of February.