Meeting of the Board of Directors

11:30 to 13:45 on Wednesday 27 March 2019
Level 6 Meeting Room, Trust Headquarters, Royal Sussex County Hospital, Brighton

AGENDA – MEETING IN PUBLIC

1.	11:30	**Welcome and Apologies for Absence**	Verbal	Chair
2.	11:30	**Declarations of Interests**	Verbal	All
3.	11:30	**Minutes of Board Meeting held on 30th January 2019** To approve	Enclosure	Chair
4.	11:35	**Matters Arising from the Minutes** To note	Enclosure	Chair
5.	11:40	**Chief Executive's Report** To note and agree any necessary actions	Enclosure	Marianne Griffiths

PERFORMANCE REPORTS

6.	11:45	**Quality Performance Report** To note and agree any necessary actions	Enclosure	George Findlay
7.	11:55	**Operational Performance Report** To note and agree any necessary actions	Enclosure	Pete Landstrom
8.	12:05	**Organisational Development and Workforce Report** To include: • Workforce Race Equality Standard (WRES) Update 8.1 Gender Pay Gap To note and agree any necessary actions	Enclosure Verbal Enclosure	Denise Farmer
		8.2 Staff Survey Results To note and agree any necessary actions	Enclosure	
9.	12:20	**Financial Performance Report** To note and agree any necessary actions	Enclosure	Karen Geoghegan
10.	12:30	**Report from 3Ts Committee to Board** To note and agree any necessary actions	Verbal	Kirstin Baker

OPERATIONAL ITEMS

11.	12:40	**Leadership, Culture and Workforce Report** To note and agree any necessary actions	Verbal	Denise Farmer
12.	12:50	**Maternity Incentive Scheme** To note and agree any necessary actions	Enclosure	Nicola Ranger

13.	13:00	**Board Assurance Framework** To note and agree any necessary actions	Enclosure	Glen Palethorpe
14.	13:10	**Use of Trust Seal** To note and agree any necessary actions	Enclosure	Glen Palethorpe
15.	13:15	**Terms of Reference** 1. Finance and Performance Committee – to approve 2. Quality Assurance Committee – to note 3. Audit Committee – to note 4. Charitable Funds Committee – to note 5. Nomination and Remuneration Committee – to note	Enclosure	Glen Palethorpe
16.	13:20	**STP - Population Health Check** To receive	Enclosure	Marianne Griffiths
17.	13:25	**Any Other Business**	Verbal	Chair
18.	13:30	**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.		
19.	13:45	**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
20.	13:45	**Date of Next Meeting** The next meeting in public of the Board of Directors is scheduled to take place on Wednesday 29th May 2019 in the Boardroom, Trust Headquarters, Royal Sussex County Hospital, Brighton.	Verbal	Chair
21.	13:45	**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.

Minutes of the Board of Directors (Public) meeting held at 10.00am on Wednesday 30th January 2019 in the Lecture Theatre 1, Euan Keat Education Centre, Princess Royal Hospital, Lewes Road, Haywards Heath

Present:	Alan McCarthy	Chair
	Kirstin Baker	Non-Executive Director
	Patrick Boyle	Non-Executive Director
	Joanna Crane	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 (present from Item 19 onwards)
	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:	Glen Palethorpe	Group Company Secretary
	Sally Reeves	Assistant Board Secretary
	Debi Fillery	Nurse Consultant Safeguarding Children & Young People, Named Nurse (Item 11)

		Action
PB/01/19/1	**Welcome and Apologies**	

1.1 The Chair welcomed those present to the meeting.

1.2 Apologies for absence were received from Professor Malcolm Reed. The Chair also updated the Board that Marianne Griffiths would be joining the meeting later.

PB/01/19/2 Declarations of Interest

2.1 There were no declarations of interest.

PB/01/19/3 Minutes of Previous Meeting

3.1 The minutes of the meeting held on 24th October 2018 were approved as a correct record.

PB/01/19/4 Matters Arising

4.1 The matters arising were noted and those marked as completed were agreed to be closed. Updates were provided on the actions not covered by items on the agenda.

4.2 **PB05/18/12.7:** The adult safeguarding information will be incorporated in the 2018/19 Annual Report scheduled to come to Board in May 2019. Recommend to be closed.

4.3 **PB07/18/6.8:** The Dementia Strategy is still in development and will be presented to Board once it has been reviewed by the Quality Assurance

Committee.

4.4 **PB/10/18/11:** Nicola Ranger advised that her intention was for one of the leads to present the Infection Prevention Report, but this is not possible at present due to long term sickness and it will be presented by another member of the team in the near future. It was agreed, at Nicola's suggestion, that the item would be held on the Matters Arising log in the interim.

SR

PB/01/19/5 **Chief Executive's Report**

5.1 George Findlay summarised the Chief Executive's Report on behalf of Marianne Griffiths who was not available at the start of the meeting.

5.2 The first item of the report is the Care Quality Commission (CQC) report, which gave the Trust a positive start to the new year. The CQC's rating for the Trust has moved from an *Inadequate* rating to a *Good* rating, which is huge jump, and the Trust has been rated as *Outstanding* for Caring. This is a tremendous recognition of the staff's work and a great platform from which the Trust can move on.

5.3 In addition to the ratings, the Trust exited Quality Special Measures which, as well as being positive for patients, should help the Trust with recruitment and retention of its staff. The Trust's vacancy rate is 11.5%, which is better than the national average but there is still work to do. A recruitment campaign was launched at the start of the year showing BSUH as a place for career progression, flexible working and a great location.

5.4 The Trust's first LGBTQ+ conference is due to take place at the end of February, following feedback from the staff survey. The conference will provide an opportunity to not only discuss the points raised in the staff survey, but will enable the development of an improvement plan to be taken forward across the forthcoming year.

5.5 Winter pressures have meant that the hospital sites have been extremely busy and a Critical Incident was declared last week across the Trust. During this time there have been good examples of joint working between the Trust, local partners, the Local Authority and Commissioners to maximise patient flow. The staff have been doing a great job, as ever, despite these pressures. The Trust continues to receive amazing feedback from its patients, and the report outlines a number of examples of staff going above and beyond for patients.

5.6 In relation to the Trust exiting Quality Special Measures, Patrick Boyle asked whether the oversight meetings with NHS Improvement would still take place. George confirmed that the Trust would still have a regulated assurance meeting with NHSI, but that the Quality Oversight Committee was constructed specifically around CQC requirements so it will no longer exist in the same format. A decision was made that it would be good practice to keep this meeting and discussions with NHSI are continuing around shaping the meeting in order for the Trust to benefit from its attendance at such a meeting.

5.7 The Chair conveyed his thanks to the staff who contributed to the CQC result, as well as the Executive Team and Non-Executive Directors, all of whom played a part in steering the Trust through a difficult time, and the Trust is a better organisation for it.

The Board **NOTED** the Report.

5.8

PERFORMANCE

PB/01/19/6   **Quality Report**

6.1   George Findlay highlighted key points from the Quality Report.

6.2   Trust crude mortality is 3.33% which is little changed from November, although generally the rates do fluctuate month to month and are seasonal. Hospital Standardised Mortality Ratio (HSMR) in-month was high at 118.5; the rolling 12 month HSMR is 102. This has increased gradually and has been explored with Structured Judgement Reviews (SJRs) being undertaken. George gave assurance that the Trust Mortality Review Group examines the data in depth. Summary Hospital-Level Mortality Indicator (SHMI) is at 91.25 for the Trust. There is a difference between in-hospital and out of hospital figures and this measure is examined in detail via the Quality Assurance Committee (QAC).

6.3   Nicola Ranger provided an update on the continuing work on falls prevention and the successful outcomes of that work.

6.4   Nicola then updated the Board in respect of a new categorisation of pressure ulcers that has been introduced, which will probably generate additional investigative work, but should give the Trust far more detail on the things it needs to do to improve.

6.5   Nicola drew the Board's attention to the fact that there have been 8 Serious Incidents from October to December 2018, all of which are thoroughly investigated in detail through the QAC. There appears to be a downward trend in mixed sex breaches and in the general wards there is more of a 'zero tolerance' culture, which is starting to become more evident.

6.6   Mike Rymer asked about the availability of the site specific mortality data which was requested at a previous meeting. George acknowledged that the request has been made, but that the data is not yet finalised. It will be brought to QAC. **ACTION:** Information Team to be contacted for a status report.   **GF**

6.7   Mike also acknowledged the continued good work around falls, which is positive news. He highlighted the need to be aware of the estate in the new building with regard to layout as the separate rooms could potentially increase the risk of falls.

6.8   Joanna Crane referred to the Staff Experience section at the end of the Quality Scorecard and highlighted that the survey is showing a decrease in figures of staff believing that care is a top priority. She asked whether there were any themes behind this decrease. Denise Farmer responded that there are currently a small number of concerning decreases, for example the retention rate has slightly declined. However, it is not yet a trend and the national staff survey data will be examined in detail when released on 8th February. The report would be made available for discussion at QAC on 13th February.

6.9   On the subject of Mortality and in response to Jon Furmston's request for the Board to be made aware at the time of an alert being raised, George gave assurance that outlier reports are always reported to the Board and alerts, which are items needing further review, are highlighted to the Trust Mortality Review Group and escalated through to the Quality Assurance Committee, if necessary. Any findings would then be reported back to the Board through the Quality Assurance Committee.

6.10   The Chair highlighted a never event which was included within the report, on

which Nicola then provided further information. The incident relates to wrong site surgery of an abscess and is still under investigation. It will be reported through QAC.

6.11   The Board **NOTED** the Report.

PB/01/19/6a   Report from Quality Assurance Committee to Board

6a.1   Mike Rymer gave a verbal update from the Quality Assurance Committee held on 12th December. This will be presented to the Board as a written report in future.

6a.2   The following items were discussed at the Committee:

- The positive visit on 1st November 2018 by the General Medical Council (GMC) and Health Education England Kent, Surrey & Sussex (HEEKS).
- Issues around medical staffing on the Royal Sussex County Hospital site.
- The Tuberculosis (TB) case should be closed fairly soon. Denise Farmer added that the Health and Safety Executive requested an update on some elements around the TB case which will be provided by the end of March and shared with the Board.
ACTION: report from BSUH to HSE on the TB case to be shared with Board.
- The Committee **ENDORSED** the quality aspects of the proposal around the Avastin switch.   **DF**

6a.3   The Board **NOTED** the Report.

PB/01/19/8   Financial Performance

8.1   Karen Geoghegan summarised the Trust's financial position at Month 9.

8.2   The Trust accrued a deficit of £6m in December, year to date the deficit is £48.9m, which is in line with plan. The Trust has met the gateway criteria for the receipt of Provider Sustainability Funding (PSF) allocation; to date this equates to £5.15m.

8.3   Income is £2.3m less than plan, the most significant component being specialist income from tertiary services. The trend has improved in recent months, but the Trust is earning considerably less from MSK activity than planned.

8.4   Pay cost is £2.5m underspent in Q3. All groups are underspent except for Medical staff. At end of December agency spend was 3.6% of the paybill.

8.5   The Efficiency Programme is on track to deliver £30m efficiency savings.

8.6   Capital expenditure is £48m less than plan, due to changes in the cash profile for the 3Ts hospital build. However, this does not change the overall end date for completion of Stage 1.

8.7   The Trust is forecasting delivery of the control total for year end, although acknowledges that Q4 will be challenging.

8.8   Joanna Crane referred to the statement in the report that says "NHSI are unable to allocate the A&E component of the PSF allocation where system performance was below 90%" and questioned whether it is worth challenging the position. Karen responded that the Trust was only offered access to the PSF after Q1, which was not the case for other trusts. BSUH was unique in

that it was offered the opportunity much later and it did not seem fair that the offer came after it was known that Q1 had not delivered. This is the first year that the Trust has been in the control total regime.

8.9   The Board **NOTED** the Report.

PB/01/19/7a   Report from Finance Committee to Board

7a.1   The Chair tabled a summary report from the Finance & Investment Committee held on 29th January.

7a.2   The Committee noted the challenge ahead to deliver the control total, which would be discussed in further detail. The recommendation will be for Board to accept the Control Total.

7a.3   The Board **NOTED** the update and the actions taken by the Committee.

PB/01/19/8   Operational Performance

8.1   Pete Landstrom presented the Performance report.

8.2   **A&E**
- December was a demanding but variable month. Occupancy was on average 99.1% excluding the Christmas week where it fell to 95.1%.
- There were four 12-hour breaches on 31st December and January has been extremely challenging. Pete drew the Board's attention to key quality metrics throughout the period and confirmed that the Trust has maintained initial assessments within 15 minutes and all patients seeing a senior clinician within 60 minutes of arriving at A&E.
- Pete added that the Trust is as assured as it can be with 24 hour consultant cover that safety has been maintained during this challenging period. There has been a significant amount of work across the system and the winter plan has been executed.
- Overall A&E performance achieved in December was 82.5%. Nationally performance has been extremely challenging and January even more so.

8.3   **Cancer**
- There were improvements in the 62 day (85%) and 2 week (85.8%) metrics even though demand has increased significantly.
- There was a 50% increase in cancer activity undertaken in key specialities in December (Colorectal and Breast). Significant diagnostic constraints have caused some delay. One recommendation is to make cancer a quality Breakthrough Objective for next year.

8.4   **Referral to Treatment (RTT/18 Weeks)**
- There were zero patients waiting more than 52 weeks for treatment.

8.5   **Diagnostics**
- The Trust undertook more activity in comparison to this time last year.
- There have been improvements in areas with recovery plans.
- The Endoscopy position was maintained, which was positive given the capacity constraints.
- Imaging has been a challenging area, as has the heating in the Barry Building which added to the pressure on the department.

8.6   Jon Furmston highlighted the Did Not Attend rate, which is usually 7%-8% and asked the reason for the increase. Pete believes the PAS system may have

affected the numbers and there have been issues with the auto-text reminder. The Executive led group is putting a detailed plan together and reviewing the booking process and whether any improvements can be made.

8.7   Lizzie Peers referred to the work with partners around managing demand and the conversion rate of referrals on to the cancer treatment pathway, and asked whether there are any primary care factors influencing this. Pete advised that there is a specific workstream looking at demand and referrals with the CCG's Planned Care and Cancer Board. By seeing more patients the Trust is seeing more who require treatment. The national direction is to stream more patients through a two week pathway. The expectation is to see more patients coming through this way, but the hope is that this will lead to fewer patients coming in as emergency cancer patients through A&E.

8.8   Martin Sinclair asked about the number of stranded patients, which has increased, and the plan for reducing these numbers. Pete advised that a lot of work is being done around a multi-organisation agreement and that £1.3m is going to be spent between now and the end of March in the Brighton & Hove area on spot purchase capacity and trying to expand community hospital capacity. There is currently a weekly gold command call which includes CEOs in the CCG, the Trust and Sussex Community Foundation Trust to monitor this. Discharges from the complex list amounted to 33 patients yesterday through working with partners. There is an agreement between the CCG and Local Authority that the system needs more local capacity to support these patients. It is important to move these patients on to a place where they can be treated more effectively.

8.9   Patrick Boyle reflected on the A&E performance and asked about the difficulties in ensuring patients' safety. Pete paid tribute to all the staff in their dedication to maintaining patients' safety and comfort, as well as maintain the patient experience and dignity. The whole hospital has been responsive during the recent challenging period and this has made a visible difference.

8.10   The Chair echoed Pete's comments which reflect the 'Outstanding in Caring' measure from the CQC report. George Findlay added that there is a temptation to feel negative about the situation, but optimistically there is an Emergency Department refurbishment plan, additional beds at Level 11 and further plans coming to Board in the near future to develop more beds in the Millennium Wing for next winter to help to bridge the gap between then and the 3Ts development opening. Nicola Ranger added that having the ED Operations Room at HQ has enhanced communications with the team, making it easier to see how people are coping and to thank the staff face to face, which is appreciated.

8.11   The Board **NOTED** the report.

PB/01/19/9   Organisational Development and Workforce Performance

9.1   Denise Farmer highlighted key points in the report.

9.2   **Recruitment and Retention**
        The Trust's vacancy rate is currently 9.3% and work is focused on recruitment, with a new campaign launched at the start of the new year which includes advertising at Victoria Station. The trust is also looking to capitalise on events such as Pride when people visit Brighton in large numbers. With regard to retention, a detailed strategy is underway to understand why the Trust loses staff in the first year or two of their employment.

9.3 **Appraisal**
Appraisal rates are currently at 90% and the Trust recognises the need to refresh its policy on appraisal as part of the Agenda For Change contract in order to manage expectations. Staff are being encouraged to have an appraisal and this is being emphasised as part of their contract as well as being aligned to the vision and values of the organisation.

9.4 **Statutory and Mandatory Training (STAM)**
The Trust is maintaining its position with STAM. However, the CQC report highlighted some areas where more attention is required and Denise gave assurance that these areas are being focused on.

9.5 **Health and Wellbeing**
Proactive work is being done on Health and Wellbeing, although this was not necessarily recognised in the staff survey responses, so the scheme will be re-launched in a re-branded way.

9.6 **Staff Survey**
The results thus far have been very positive. However, the Trust is awaiting publication of the national staff survey results to enable comparisons.

9.7 **Freedom to Speak Up (FTSU)**
The Board assessment on FTSU has now culminated in an action plan which is being refined. Progress has been made and positive feedback given. A formal response will be provided in the near future.

9.8 Lizzie Peers highlighted the turnover in Women's and Children's Division, which has reduced twice, and asked if this team is doing anything differently to produce these figures. Denise responded that the reasons are as yet unclear, but the figures will be reviewed in detail to try and understand the reasons behind the reduction.

9.9 The Chair thanked Denise for her report and welcomed the focus on appraisals as they do affect staff engagement and the survey results if done well.

9.10 The Board **NOTED** the report.

PB/01/19/10 Report from 3Ts Committee to Board

10.1 Kirstin Baker gave a verbal update following the 3Ts Committee which was held the previous week.

- The Trust's cost consultants have carried out a deep dive into the cash flow issues and, although cash flow is slipping and remains a risk, the build is still on track.
- With regard to commissioning the helideck, an update should be ready to bring to the Board in the next month or two.

10.2 The Board **NOTED** the update.

QUALITY REPORTS

PB/01/19/11 Children's Safeguarding Annual Report

11.1 Debi Fillery summarised the Annual Report, which had been circulated prior to the meeting, and invited comments from the Board.

11.2 During the recent inspection, the CQC remarked that Children's safeguarding

was well-led, which is positive news.

11.3   The issues around safeguarding are constantly changing and currently include gang related incidents and "County Lines" activity. The Trust has a rising child protection medical caseload, which increased to 150 this year.

11.4   The role of the Local Safeguarding Children Boards (LSCB) is due to change in the near future as a result of recommendations made by The Children and Social Work Act 2017. The Trust remains part of the current LSCB and the named professionals have been involved with discussions about the future arrangements.

11.5   Joanna Crane commented that the report is always a reassuring read and reflects the amazing amount of work done by the team. Joanna referred to the Multi-Agency Safeguarding Hub (MASH) and asked if there is a risk of any cuts to funding. Debi gave assurance that all agencies are committed to MASH and it is a great way of sharing information; Debi confirmed that she is not aware of any potential funding cuts.

11.6   Joanna referred to the comments on the application of the Trust's chaperone policy and asked if there is a root cause to be addressed. Debi advised that there is no consistent theme. She added that the chaperone policy was due for updating as a matter of course rather than as a result of any incidents.

11.7   Lizzie Peers thanked Debi for the report and asked about capacity and constraints, whether there are any risks, particularly around IT and the manual collection of data for the Child Protection Information Service (CP-IS). Debi responded that CP-IS is a national system and that not all Local Authorities have bought into it yet. Although the report references the need to spend £79k, it is not necessary at present. Debi advised that capacity is a concern as the team is made up of two people in a large NHS trust and she feels another member of staff is required. Succession planning may also be necessary. Debi has produced a business case which is currently under discussion. Nicola Ranger confirmed that there are discussions ongoing around support, as well as in Maternity, and that she would report back on progress via QAC.

11.8   In response to the Chair's query as to whether the Trust follows up referrals with other agencies, Debi gave assurance that she attends multi-agency meetings and hears feedback from social services and health services..

11.9   The Committee **APPROVED** the Annual Report.

PB/01/19/12   **Learning From Deaths – Q3 Report**

12.1   George Findlay summarised the Q3 report.

12.2   George reminded the Board that the Structured Judgement Reviews (SJRs) of cases are across five domains, including where bereaved families have concerns or where the Trust believes there is learning. All deaths are scrutinised by a Medical Examiner (ME) or coroner.

12.3   George highlighted the importance of speaking to families or carers as part of the ME review. If any concerns are expressed the case is immediately referred for a SJR so there is a safety net in place.

12.4   Section 7 of the report shows data from the last four quarters and the number of SJRs completed. Over this period 417 patients died within the Trust and there was a slight drop in SJRs to 15, mainly due to capacity, which it is hoped

will be resolved through job planning this year. The 'Avoidable Deaths' category has been removed as it was not helpful. There is now a category where death is thought to be avoidable to a 50% certainty and these deaths are thoroughly investigated. Where they trigger a Serious Incident they also trigger a duty of candour conversation with the family around quality of care.

12.5   George reiterated the interim process currently in place and with the CCG's agreement that any Learning Disability patients who die at the Trust will undergo a SJR. There were five noted over the period.

12.6   Evidence shows that the majority of patients receive good or excellent care while at the Trust. Poor care has been around perioperative and end of life care where findings show that things could have been done better and work is ongoing to improve this. A Breakthrough Objective for next year will be around the escalation and recognition of deteriorating patients.

12.7   George highlighted a Mortality Alert around skin and subcutaneous tissue infections: 28 deaths were reported where 18 would have been expected. As a result, 21 of these cases were reviewed and findings showed that the vast majority of patients were treated in the community, then referred at stage 3 or stage 4, which implies that there is a relationship with the GPs required to establish learning.

12.8   Lizzie Peers referenced a point in the report about the lack of a palliative care team at the hospital over the weekend. George responded that there is constant liaison with the palliative care team, ensuring all staff recognise the need for palliative care. There are some capacity constraints within the team, but it is difficult to recruit to these posts. George emphasised that there should not be an emergency need for a palliative care consultant on a weekend if everyone has the required skills to have these conversations early in the patient pathway. George made reference to the RESPECT agenda around recognising where patients are in their journey. George and Pete Landstrom recently attended the critical care huddles and the palliative care consultant now feeds in to critical care which is bringing a focus to discussions with families on the subject of end of life. The aim is to do the same with the Emergency Department.

12.9   The Board **NOTED** the Report.

PB/01/19/13   Nursing Staffing and Capacity Levels Report

13.1   Nicola Ranger presented the six-monthly Nursing Staffing report.

13.2   The national picture shows that vacancies are over 41,000. At BSUH, it was hoped that removing the bursary would not have a significant impact on nurse recruitment, but this has resulted in fewer applicants, which is a concern. The Trust can no longer rely on securing sufficient student nurses from Sussex and is looking further afield. Only 45 student nurses are joining the Trust in October so there is a significant challenge.

13.3   The high turnover in Health Care Assistants (HCAs) is also a concern. A number of Band 3s are due to start on wards in February to provide some added support to HCAs. Sickness rates are higher in Nursing Assistants than Registered Nurses and following some focused work in this area the rate has reduced from 7.2% to 5.9%, which is still high but a move in the right direction.

13.4   With regard to fill rates, the planned staffing levels at the Trust are very good. No ward or department has a ratio of above 1:8 (staff to patients); the average

is 1:6. If the fill rate falls slightly this is not usually a concern and areas where the fill rate is lower are always well supported with back or agency staff.

13.5 The 12 month preceptorship programme is going well with visits to universities to encourage new recruits into nursing.

13.6 At the Princess Royal Hospital (PRH), where there are some wards with 30% vacancy rates, their data has been reviewed to see if the quality of patient care has been affected by considering for example their falls rate, Family and Friends Test data etc. This review has not identified any issues of concern. . There are a number of drivers that make if difficult to recruit to some areas, Valance ward is an example where there tends to be violent patients placed on that ward. Work is being done to allocate these patients more evenly across the Trust rather than in one ward.

13.7 With regard to nurses with a registration overseas, the Trust now has 140 staff with an overseas qualification, ranging from employees with one year to 25 years' experience. These nurses are being given bespoke plans to get them back on the register and Nicola will feed back on progress. There are also four HCAs who the Trust has been able to convert to RNs, so there is a good opportunity for the future.

13.8 George Findlay commented that this is a helpful report to come to Board on a 6-monthly basis as it is a subject discussed at the Trust every day. George emphasised that the gap in nurses is driven by sickness and the ability to work; the care hours per patient day is high for Brighton and the University.

13.9 Kirstin Baker referred to the 30% vacancy rate and considered whether the Trust's staff to patient ratio might be too high if there is no impact on patient care. Nicola responded saying that this is the vacancy factor and not the numbers of staff delivering care. Nicola also stated that she does not believe the ratios are too high and lowering the ratio would impact on staff morale and affect recruitment. Nicola added that staff rotation should help with recruitment, particularly among the orthopaedic wards. Every ward is undergoing a review to see if the staffing ratio is correct or if the demand has changed so that staff can be redeployed where required.

13.10 For clarity, Denise Farmer confirmed that the Trust does have a 30% vacancy gap, but this does not imply that the Trust is operating with 30% less staff in these areas as the staff is using bank and agency staff as needed.

13.11 The Board **NOTED** the Report.

PB/01/19/14   Patient Experience Report

14.1 Nicola Ranger presented the report.

14.2 With regard to the Family and Friends Test (FFT), there has been focus on the recommendation rates on inpatient areas, working with five wards with the lowest scores. These wards attend a weekly huddle where improvements for patients are discussed. Since implementing these huddles, four of the five wards have seen recommendation rates of over 90%. This demonstrates how useful it has been to examine the FFT data in detail.

14.3 In the Emergency Department, the Trust is doing well in respect of the response rate and the recommended scores compared to other busy hospitals despite the recent pressures.

14.4 With regard to the Outpatients recommendation rate, a new matron has been appointed in the department who will help to improve the feedback received and this improvement should be seen in future reports.

14.5 A number of plaudits from patients and families have been received, which is positive for the divisions to see and these are shared across the Trust.

14.6 Another area of focus is following up the informal complaints, mainly the telephone calls. The Trust is now working much more closely with the divisions on this, particularly with Central and Clinical Services (CCS), who have received a number of informal concerns recently. Feedback is given weekly from PALS to CCS outlining any issues, for example around appointments and imaging.

14.7 The top complaint theme for every division is still poor communication, which is disappointing. This appears to be largely due to lack of information being provided to the patient or family, the main complaint being "I didn't know what was happening to me next". The theme in respect of attitude and behavior has lessened. There is an opportunity to refresh the Breakthrough Objective now the Trust has a stronger response rate, securing a better response rate is the current objective.

14.8 George Findlay commented that the Trust has not made any recent changes to the way it communicates with patients. Therefore, over the coming year IT will provide more options, introducing a portal in both WSHT and BSUH.

14.9 In response to Lizzie Peers' query around the visit of the ombudsman, Nicola assured that this is positive for the Trust as the visit is due to the reduced number of referrals to the ombudsman.

14.10 The Board **NOTED** the Report.

OPERATIONAL REPORTS

PB/01/19/15 Annual Equality and Diversity Performance Report 2018

15.1 Denise Farmer presented the report and invited comments from the Board.

15.2 There has been a lot of work on this topic this year and the Diversity Matters Steering Group has been beneficial in supporting the Trust improvement in this area. Denise drew attention to the slide in the report which articulates the aims and objectives and advised that work is now being done jointly with Western Sussex Hospitals NHS FT on this area as both Trust's see this a key area for further development. .

15.3 Joanna Crane made reference to the section "How fair are the Trust's employment policies and practices?" and highlighted the Capability (underlying health reason) spike in the Disabled category of the graph. Joanna asked whether this implies that the NHS cannot enable disabled people to work or whether the Trust has specific initiatives to enable people to be employed. Denise responded that the NHS has a responsibility to deliver many services and these services are delivered in many different ways, an example being porters working in Facilities & Estates and the job requires them to walk many miles every day. The removal of walking is not possible so the focus is on preventing the employee from being unable to undertake this, but the role currently cannot be configured to remove walking.

15.4 The Chair congratulated Denise on the report. Denise added her thanks and

congratulations to Babs Harris, Head of Equality, Diversity and Inclusion, who was unable to attend today's meeting. Due to Babs' absence, the WRES report would be brought to the next Board.

15.5 The Board **APPROVED** the Report.

GOVERNANCE REPORTS

PB/01/19/16   Report from Audit Committee to Board

16.1 Martin Sinclair summarised the report from the Audit Committee held on 16 January.

16.2 The Committee received two Internal Audit reports on Core Financial Systems and Controls, both of which offered positive assurance. Martin congratulated Karen Geoghegan, Clare Stafford and the Finance Team on this result.

16.3 The Audit Committee has been looking across the two Trusts to integrate their work and one proposal is to pull together the Internal Audit function. A process has been discussed and a tender exercise will be carried out around this.

16.4 The Committee discussed the way in which recommendations are captured and monitored from external scrutiny bodies, for example the Health and Safety Executive and the Information Commissioner's Review around the Trust's processes for compliance with the General Data Protection Regulations. The Committee was keen to see an established process that provides visibility over the tracking of such recommendations in a similar manner to those made by Internal Audit. The Committee agreed that including external reviews as key sources of assurance within the Board Assurance Framework will also improve the visibility of the outcomes of such external reviews.

16.5 The Board **NOTED** the update and the actions taken by the Committee.

PB/01/19/17   Board Assurance Framework (BAF)

17.1 Glen Palethorpe presented the BAF Q3, which has been reviewed by Committees and requires endorsement by the Board.

17.2 The identified risks were discussed against the Trust's stated risk appetite as defined within the Trust Risk Management Strategy and there are already three BAF risks at Q3 which are within the defined risk appetite range for their type of risk. Work is being done to further mitigate the BAF risks.

17.3 The Chair suggested the addition of an appendix to the BAF to give a rationale around the Trust's risk appetite with each issue, to show movement and direction of travel.   **GP**
ACTION: an appendix to be incorporated into the next issue of the BAF.

17.4 The Board **ENDORSED** the BAF Q3.

PB/01/19/18   Committee Reporting / Calendar 2019/20

18.1 Glen Palethorpe presented the schedule for the year 2019/20, which shows Public Board meetings on alternate months throughout the year. These dates will be publicised on the Trust website in the coming week.

18.2 The Board **NOTED** the schedule.

PB/01/19/19   Any Other Business

19.1   The Board joined the Chair in congratulating Marianne Griffiths on being awarded a Damehood in the New Year Honours List for her contribution to the NHS.

PB/01/19/20   Questions from members of the public

20.1   **Question 1)** *Regarding the Trust's annual cuts of £20m in 2017/18 and £30 in 2018/19, assuming the planned cuts are on track, how much of these savings are the result of staff costs and to what extent has recruitment been affected by the financial need to maintain vacancies? What are the key changes planned by the Board to tackle vacancy levels in the 3-10 years ahead and what needs to be done for healthy and full staffing levels to be delivered?* Karen Geoghegan responded that the majority of savings are being delivered through productivity improvements. The Efficiency Programme is £30m, of which £13m relates to staff. Most of this is reducing premium staff costs, for example by encouraging recruitment in order to spend less on premium agency staff. Housing costs in the area are an issue, but there are a number of things the Trust is doing to attract staff. Discussions are ongoing regarding keyworker housing provision.

20.2   **Question 2)** *Regarding Delayed Transfers of Care (DToCs), the Board was asked, following the reduction to 4% in May 2018 but with a lack of capacity for complex needs patients, whether in the area of intermediate resources there is a strong strategic case for making provision at the Brighton General Hospital (BGH) site or any prospect of cooperation with the CCG or SCFT.* In response, Pete Landstrom referenced the performance report where he highlighted the meetings taking place with the CCG and the local system. He emphasised the further commitment from the CCG and Local Authority of £3.1m to provide intermediate care; Sussex Community Foundation Trust (SCFT) are very closely involved in these discussions. Marianne Griffiths added that during the latest discussions with CCG and Local Authority around having a proper plan for Brighton, BGH was mentioned. However, their plans are well underway and the Trust is unlikely to be able to add to them. Spot purchase beds are a 'quick fix' and the Trust needs to resource long term, which the CCG is willing to fund. A plan around this is expected in June.

20.3   **Question 3)** *Regarding Radiology, the Board was asked what progress has been made with the feasibility study around taking over the running of the cancer services for West Sussex. What would be the effect of setting up a new radiotherapy network for North West London, South West London, Surrey and Sussex, but not Portsmouth?* Marianne Griffiths responded that she had met with the Cancer Alliance who have agreed to fund the information inputs for the feasibility study. Oliver Philips is working with them on this, but it is likely to be a long piece of work and there are huge pathway redesigns, events and patient flows to consider. The scoping document will outline timescales. Pete Landstrom added that there is another meeting tomorrow with the Cancer Alliance around the first part of the scoping work. New radiotherapy specifications were issued last week There is nothing in the document to exclude transfer across boundaries. Portsmouth remains a consideration for the Hampshire network.

PB/01/19/21   Date of Next Meeting

21.1   The next meeting in public of the Board of Directors is scheduled to take place at 11.30am on Wednesday 27th March 2019 in the Level 6 Meeting Room,

Trust Headquarters, Royal Sussex County Hospital, Eastern Road, Brighton.

PB/01/19/22   The Chair formally closed the meeting.

Resolution into Board in Private

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

Sally Reeves
Assistant Board Secretary
January 2019   Signed as an accurate record of the meeting

                                                    ………………………………………………….
                                                                                            Chair
                                                    ……..……………………………………………
                                                                                            Date

Meeting	Minute Ref	Action	Person Responsible	Deadline	Status
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. Update 11/2/19 – strategy was not ready in time for QAC on 13/2/19. Next QAC in May then will come to Board.
24th October 2018	PB/10/18/11	**Infection Prevention and Control Annual Report:** Deferred to next Public Board.	Nicola Ranger	January 2019	The report was circulated to members for comment outside the meeting due to the unforeseen absence of the infection prevention lead. The report was finalised. This is action is proposed to be closed as the information within this report has been substantively reported within the Trust quality account and quality performance reports. The 2018/19 annual report is scheduled to be presented to Board in July 2019.
30th January 2019	PB/1/19/6a	**Report from QAC to Board:** report to HSE re. update on TB to be shared with the Board.	Denise Farmer	March 2019	Response provided to HSE by 22 March. The report is available should Board members wish to see it. Recommend to close.
30th January 2019	PB/1/19/15	**Board Assurance Framework:** a rationale to be added around the Trust's risk appetite to show movement and direction of travel.	Glen Palethorpe	March 2019	Rationale to be included in the BAF for March Board. Recommend to close.

Agenda Item:	5	Meeting:	Trust Board in Public		Meeting Date:	27 March
Report Title:	**Chief Executive's Report**					
Sponsoring Executive Director:			Marianne Griffiths			
Author(s):			Marianne Griffiths			
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.

To: Trust Board
Date: 15 /03/19

Chief Executive's Report

Staff Survey – better all the time
Our Trust is continuing to get better all the time – this is the overall message from our annual NHS Staff Survey results.

The 2018 NHS Staff Survey saw more colleagues than ever before taking part – the third year that our engagement with the survey has increased. We now have nearly 60% of colleagues sharing their opinions through the Staff Survey. Two thirds of our scores have significantly increased since last year. No score decreased by more than 1% since last year and a series of new questions will enable us to get even more nuanced data next year.

It is important that our Trust is a place where colleagues can be open, where they can give honest feedback and where that feedback will be listened to. This creates the opportunity for us to make the care we offer our patients better all the time by listening to the views of our staff.

I am delighted to say that the highest ever percentage of colleagues agree that care of our patients is our top priority. This is important for our Trust – and shows that where we have focused attention following 2017's NHS Staff Survey, we have made positive change happen.

Other areas where we can specifically demonstrate a positive impact include:
- Addressing violence & aggression – we have reduced the number of violent or aggressive incidents across the board and are just under the best scoring trust
- Improving staff motivation at work – our scores have improved by an average of 6.7% in these questions, although we're still below the national average
- Increasing the quality of mandatory training/learning – our scores have improved and we're approaching the national averages
- Delivering organisational action on health and wellbeing – we have improved our scores, but there is more to be done. Interestingly, we score above average for the way our managers take an interest in the health and wellbeing of their staff, but below average when looking at the relationship between the organisation as a single entity and staff.

Looking more broadly across the NHS, when benchmarked against national results we are in line with average scores for NHS acute trusts for the 10 key themes.

It's clear that we have more work to do, and the focus that has characterised the last 12 months won't diminish now. However, we should be proud of everything that we have achieved to date.

Recruitment – continuing the focus
We are continuing our focus on recruiting the best talent into our Trust. Following the momentum set by our February advertising at London Victoria Station and on social media, we were headline sponsors for the industry-leading Nursing Times Live event in Brighton at the beginning of March.

Being a part of this event gave us the opportunity to meet over 100 nurses who are looking to make their next career move. We made seven job offers on the day and arranged follow up conversations with over 90 more attendees. It's clear that our flexible working policies and opportunities for both career development and progression are highly attractive to candidates, so we will continue to promote these aspects of our working culture.

In addition, we have continued to be a highly visible presence at higher education careers events, recently attending the BHASVIC Futures Fair. Ensuring that we are seen as an employer of choice for the next generation of colleagues is key to a long term, sustainable, recruitment plan which will help us continue to provide outstanding care far into the future.

LGBTQ+ Inclusion Conference - and our return to Stonewall
I was delighted to be part of our first LGBTQ+ Inclusion Conference alongside over 230 colleagues and partner organisations at the end of February.

We are committed to becoming a truly open, fair, diverse and inclusive employer. While great strides have been made, there is still more work to be done to make sure that the workplace experience for our LGBTQ+ staff, trainees and students is consistently positive. The conference was our opportunity to understand key data better and to harness the passion and determination of everyone at the event to create positive change.

This year also marks our Trust's return to the Stonewall Workplace Equality Index where we rank at 143 (out of 445 entrants). This is a remarkable achievement for a first-time re-entry, and something that we should be proud of. Having Stonewall take part in our conference – alongside many of our community health system partners – gave us the opportunity to create new relationships beyond our Trust, and ensure that we can effectively learn from others on our own improvement journey.

We have set our sights on becoming a Stonewall Top 100 employer in the 2020 Equality Index. I have no doubt that, with the energy and passion on show at our Conference, we will achieve that goal and establish ourselves as an inclusion 'employer of choice'.

Chief Nurse update
Our Chief Nurse, Nicola Ranger, will be leaving in June to take up a new opportunity at King's in London. Nicola is a fantastic advocate for nursing and midwifery and also champions improvements to patient experience in many ways.

I have sought views about nursing leadership and structure and had discussions with nursing colleagues across the trust over the past few weeks and in light of this, am pleased to confirm our plans to further strengthen the voice of nursing at board level.

The new BSUH structure will include a Chief Nurse, a voting Trust Board member, dedicated to BSUH. This is a change from the current structure where our Chief Nurse is a group role working across Brighton and Sussex University Hospitals and WSHT. There will now be a Chief Nurse at each organisation, and the recruitment process for this post begins now.

Temporary changes to operational leadership
From April 1, Jayne Black will be supporting the group executive team, taking on the position of Chief Operating Officer (COO) for a period of six months. She will be supported by Rab McEwan. Jayne has been the COO at Western Sussex since April 2018, having worked in various senior operational roles across a number of NHS trusts, including acute and community services. A nurse by background, she has previously held senior positions at BSUH, including as lead nurse in the Children and Women's division.

Patient First Graduation
Our Patient First Improvement System (PFIS) continues to roll-out across our Trust. Waves 3 and 3b recently graduated from their intensive training programme at a ceremony where we also launched Wave 5 (wave 4 being already underway at PRH).

PFIS has enabled a large number of improvements throughout the Trust and has contributed to our continued improvement in the NHS Staff Survey scores. Once we have completed Wave 5, we will have introduced PFIS to approximately half of our front line clinical areas (including the vast majority of our medical and surgical inpatient beds).

Tackling smoking and drinking behaviour

Prevention is better than cure – and any opportunity to improve patients' health before they arrive at the hospital is going to reduce demand on our services.

Our Perioperative Care and Safety & Quality Teams have been working to help patients reduce their smoking and alcohol consumption, in line with national CQUIN (Commissioning for Quality and Innovation) goals, as the first part of a multi-year intervention.

When a patient arrives for elective, planned treatment, nurses in the pre-operative assessment clinic now ask about their smoking and drinking using a single proforma. In the Emergency Department this already forms part of our highly efficient single clerking process.

The team at Princess Royal have seen the greatest changes in their practice. In the last six months, they have focused on improving the paperwork and systems needed to efficiently identify patients who would benefit from extra advice and support. Working closely with colleagues throughout the Trust, they have been able to equip staff through enhanced training not only to conduct alcohol and smoking screening, but to deliver the appropriate interventions (advice and/or referral) there and then.

A dramatic increase in the number of patients accessing advice and support services has been seen as a result of this work. This will undoubtedly benefit our patients' health but will also help to reduce the demand on our services at the same time. We will be closely monitoring the effectiveness of this intervention and will continue to be measured on it through the national CQUIN goals.

Praise for our newest Ward – Level 11 West

The Trust recently opened a brand new ward, Level 11 West. Within days, we received this feedback from a patient:

Can I just say how well I was treated as an inpatient at the new ward level 11. All the HCA staff and nurses were so kind and caring they made this tolerable. They work hard and for long shifts and it should be appreciated more. The ward manager also was really kind and compassionate. Thanks to you all.

Agenda Item:	6	Meeting:	Trust Board	Meeting Date:	27 March 2019
Report Title:	**Quality Report Month 11**				
Sponsoring Executive Director:		Dr George Findlay (Chief Medical Officer) and 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. The number and rate of inpatient falls in January were the highest since July 2016 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	December	January	February
Trust crude mortality rate - Rolling (non-elective)	3.33	3.38	3.34
Summary Hospital-Level Mortality Indicator	*Data not available*		
Hospital Standardised Mortality Ratio (Rolling)	97.67		
Safety Thermometer (Harm-Free Care)	95.13	94.50	94.62
Number of Serious Incidents Requiring Investigation	2	0	2
Never Events	1	0	0
Grade 3 and 4 Pressure Ulcers	5	0	0
Falls resulting moderate, severe harm or death	0	3	2
Numbers of hospital attributable MRSA	0	0	0
Numbers of hospital C. diff cases	2	5	2
The Friends and Family Test: Percentage Recommending Inpatients	94%	94%	94%
The Friends and Family Test: Percentage return rate	24%	29%	29%
The Friends and Family Test: Percentage Recommending A&E	90%	89%	87%
Mixed Sex Accommodation breaches (number of breaches)	53	44	41
Formal Concerns	126	164	186

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 February the 12 month rolling mortality rate was 3.34% (crude mortality rates are influenced by seasonal variation).

Figure 1: In-month and Rolling 12 month Crude Mortality Rate for non-elective admissions
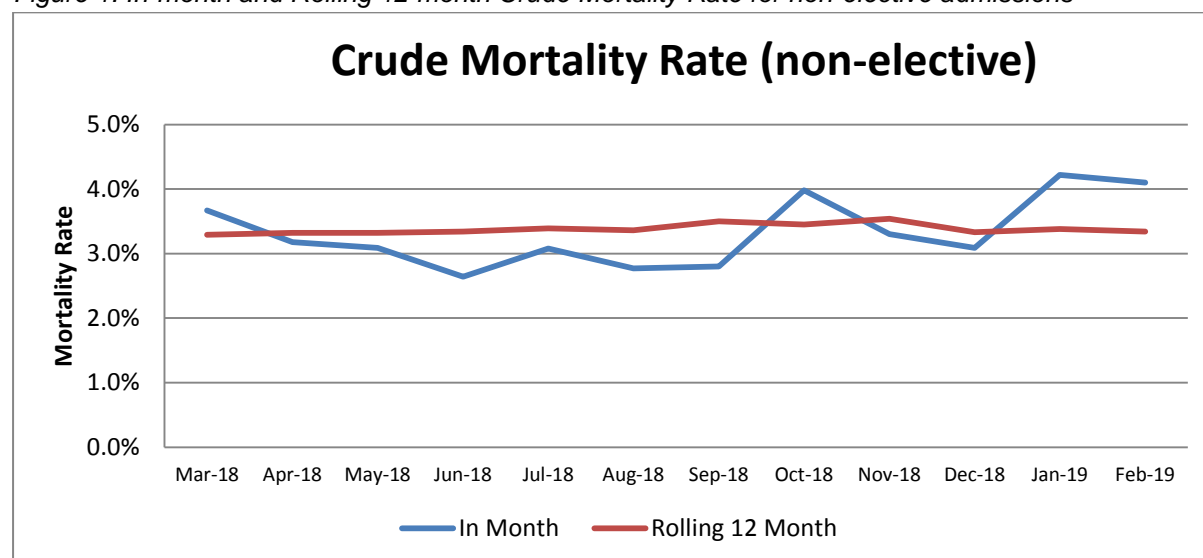
3.2 Hospital Standardised Mortality Ratio (HSMR)

3.2.1 HSMR is available up until December 18 when 98 patients died against an expected number of 101.6 (in month HSMR 80.19). In the 12 months to October 18 the HSMR was 101.24 (LCI 65.10, UCI 97.73).

3.2.3 Figure 2 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 98.17.

Figure 3: In-month and Rolling 12 month Hospital Standardised Mortality Ratio
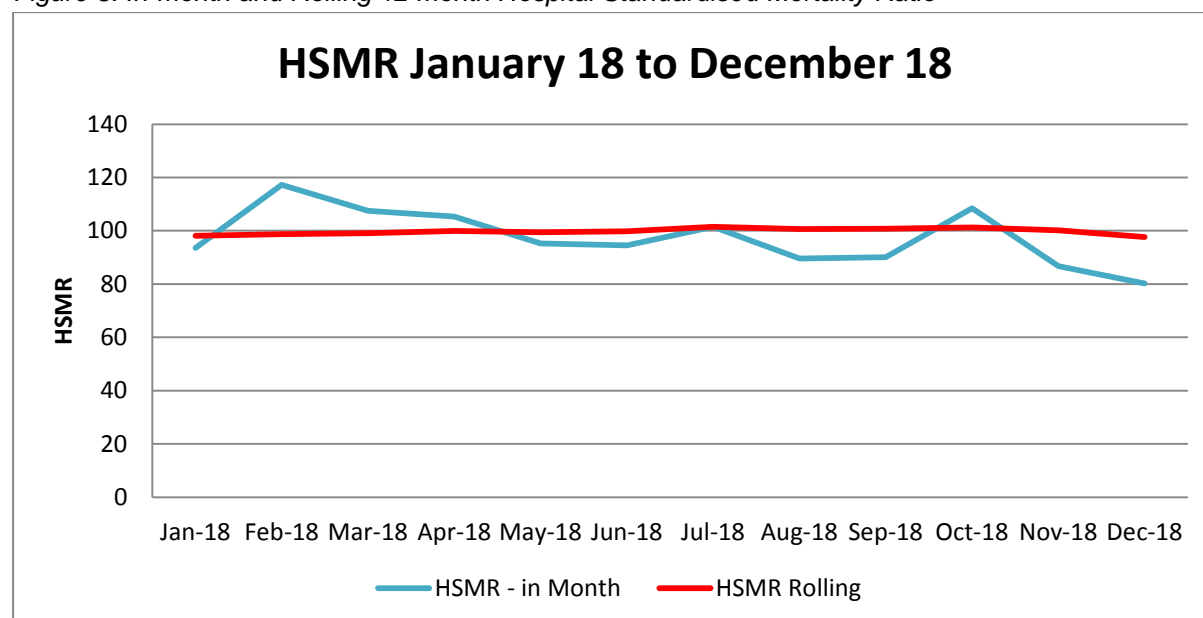
3.3 Summary Hospital-Level Mortality Indicator (SHMI)

3.3.1 The most recent data available is for the 12 months up to November 2018 when the SHMI was 96.33, i.e. mortality is 3.66% below the expected value. Table 2 below shows the in and out of hospital SHMI for the period December 17 to November18. During this period 2294 patients died against an expected number of 2296. In hospital deaths made up 70% of the total number of deaths, and are 2.42% below the expected number. Out of hospitals deaths are 6.06% above the expected rate. The 12 month rolling SHMI, has been rising 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
Dec-17	117.76	113.72	128.5	98.93
Jan-18	96.37	93.93	102.8	96.51
Feb-18	115.3	113.21	121.07	96.97
Mar-18	104.96	102.98	110.27	97.12
Apr-18	97.64	94.19	106.91	97.7
May-18	93.55	92.13	97.46	98
Jun-18	89.75	84.62	103.07	97.7
Jul-18	93.41	92.73	95.35	98.5
Aug-18	96.27	87.34	118.68	99.04
Sep-18	88.68	84.82	98.21	99.71
Oct-18	104.85	107.78	97.03	100.29
Nov-18	96.33	97.93	92.41	99.91
Total	99.91	97.58	106.06	98.35

Figure 3: In-month and Rolling 12 Month SHMI
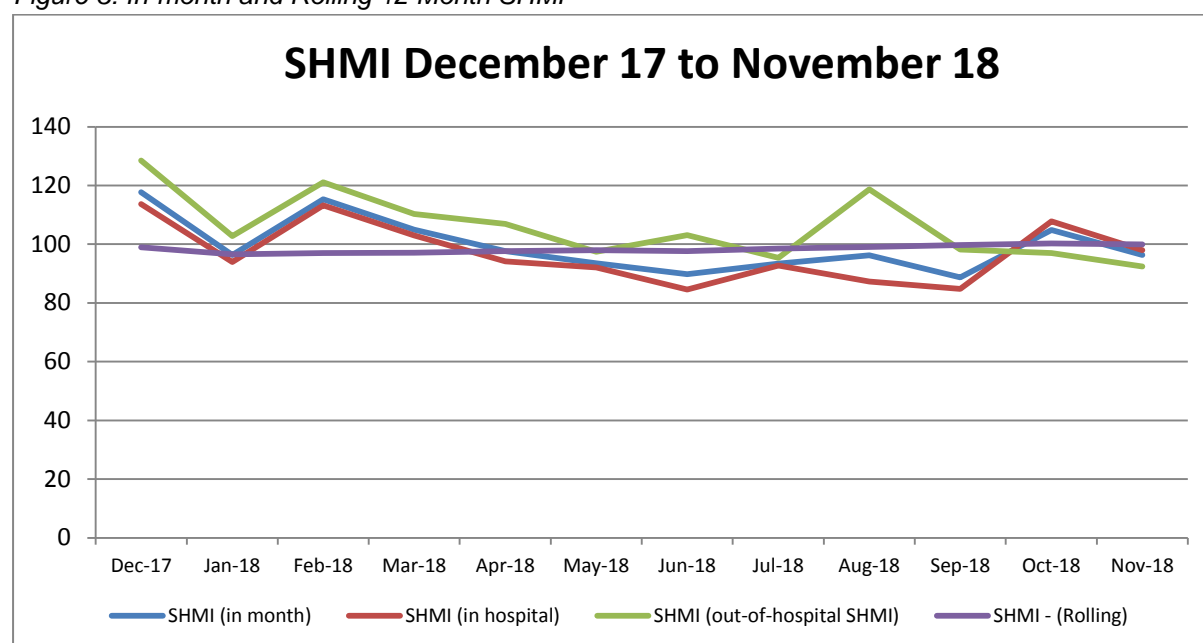
4   SAFETY

4.1   <u>National Patient Safety Alerts</u>

One new patient safety alerts was issued in February:

Wrong selection of orthopaedic fracture fixation plates

The following alerts are open and within the deadline

Risk of harm from inappropriate placement of pulse oximeter probes
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 four Serious Incidents declared during the period December to February.

4.2.2 Currently two of the SI's reported resulted in death, both of these are in maternity and are being investigated by the Health Service Investigation Branch (HSIB), this process is new and this has led to some protracted timescales for investigations. The maternity teams are supporting the families during this period.

4.3   Infection prevention

4.3.1 One bay in February was closed due to an increase in incidence of diarrhoea and vomiting. Norovirus was confirmed in this event.

Ward	Status	Date Ward/ Bay Closed	Date Ward/ Bay Opened
Poynings	Ward Closed	25/02/19	04/03/19
Ardingly	Bay 6	10/02/19	13/02/19
AAU	Bay D	16/02/19	19/02/19

Five areas have been closed in February closed due to Influenza,

Ward	Status	Date Ward/ Bay Closed	Date Ward/ Bay Opened
AAU	Bay D	14/02/19	Bay closed to 19/02/19 due to D+V in the same bay
Lewes	Bay 1	11/02/19	14/02/19
Trafford	Bay 4	26/02/29	28/02/19
Catherine James	B6	26/02/29	28/02/19
HaemOnc	Bay 5	26/02/29	29/02/19

Table 3: Hospital Onset/ assigned mandatory surveillance:

Infection	Dec 18	Jan 19	Feb 19	Total Since April 18	Max. amount allowed/ Reduction target 18/19
Clostridium difficile associated diarrhoea	2	5	2	44	<45
MRSA blood stream infections	0	0	0	2	Zero avoidable
Escherichia coli blood stream infections	1	4	4	39	10% 2018-19 (50% reduction by 2023)
Pseudomonas aeruginosa blood stream infections	1	1	0	8	10% 2018-19 (50% reduction by 2023)
Klebsiella spp. Blood stream infections	1	1	0	18	10% 2018-19 (50% reduction by 2023)

4.4   Inpatient Falls

4.4.1 The rate of inpatient falls for the past 12 months is 3.32 falls per 1000 bed stay days; this equates to 841 falls in the past year compared to 849 in the previous 12 months. The National Falls rate is 6.63 falls per 1000 bed days.

4.4.2   The rate of falls was below 3 per 1000 bed stay days in February at 2.99, this equates to 62 inpatient falls during the month.

Figure 4: Inpatient Falls Rate

Inpatient Falls rate per 1000 bed days
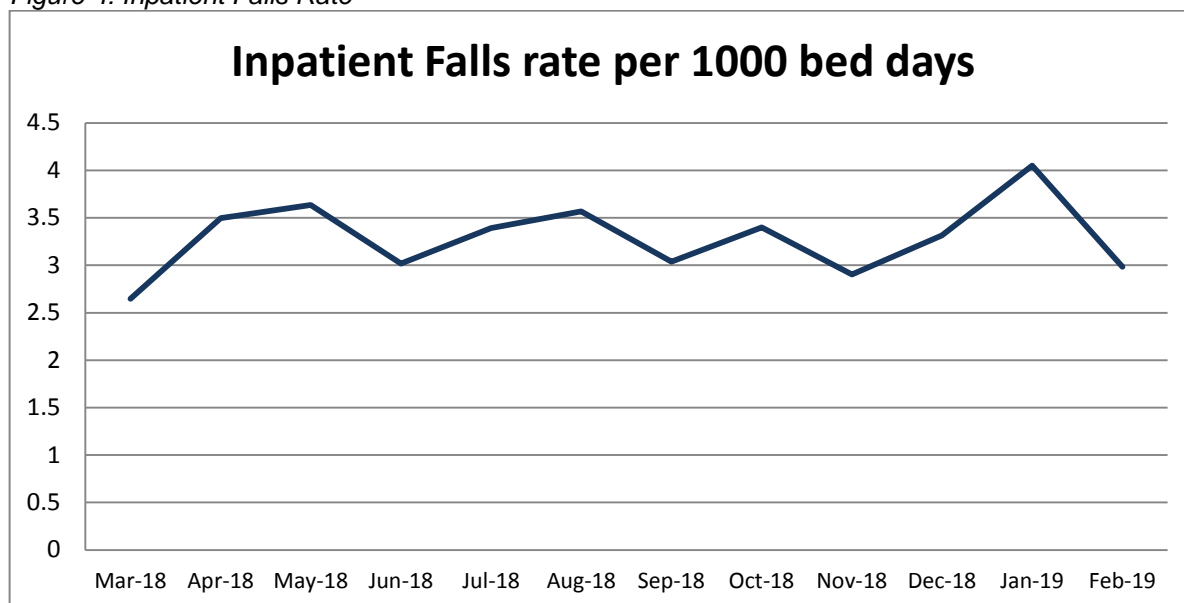
4.5   Pressure Ulcers

4.5.1   During the period November to February there were five 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 December to February was 1.41.

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 94.62% in February, 0.4% below the Trust target of 95%.

Figure 5: Harm free care

Safety Thermometer - % Harm Free Care
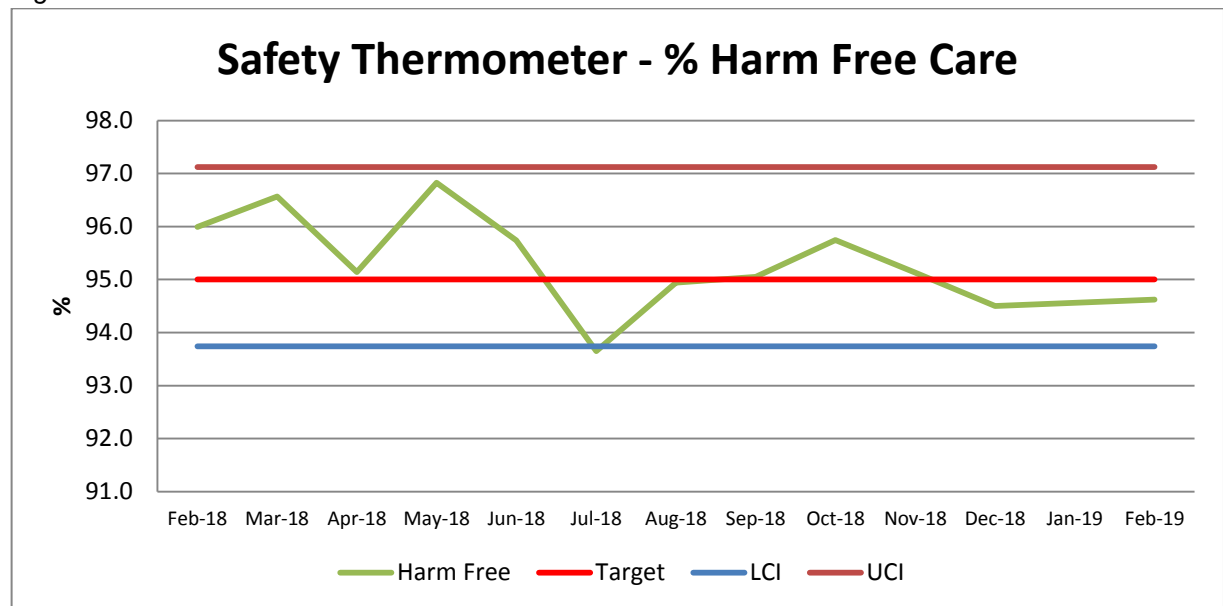
4.6.2   The harm-free care score for the past 12 months was 95.43 against the target of 95%. The national average is 94.2%.

5.   PATIENT EXPERIENCE

5.1   <u>PALS and Complaints</u>

5.1.1   The Trust received 186 formal concerns in February 2019, these have been received by letter or email, this is somewhat higher than the average for the past 6 months (average = 163 per month). 451 informal concerns were received during February 2019, also higher than the average for the past 6 months (average = 392 per month).

5.1.2   During February 2019 83% of informal complaints were resolved within 25 working days.

5.1.3   Currently the Trust has 5 formal concerns remaining open over six months.

5.1.4   The Trust currently has 6 complaints at second stage review by the Parliamentary and Health Service Ombudsman.

5.1.5   15 formal concerns citing the poor attitude of staff were reported during January.

5.2   <u>Friends and Family Test (FFT)</u>

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 February 19	Response Rate February 19
Inpatient care	94%	29%
A&E	87%	23%
Maternity	93%	N/A
Outpatient	94%	N/A

5.2.1   Since April 2018 the collection of the Trusts Friends and Family data has been managed by Healthcare Communications. In April 2018 we received just over 1000 responses (using the old methodology), in February 2019 we received 6,454 from all services.

5.2.2   Since April 2018 the recommend rate for inpatients has risen from 92.4% to 94% and in A&E the recommend rate has maintained between 88-90% for 10 months, dropping in February to 87.1% for the first time (national average for A&E is 86% and response rate of 11.4%). Analysing the comments that have driven the dip in recommend rate, the biggest negative theme is waiting times.

5.2.3   In response to public feedback from April 2019 NHSE have changed the Question from 'Would you recommend this ward/dept to family or friends' to 'How would you rate your experience overall'. BSUH was a pilot site for this

5.2.4   Improvement work is continuing from November 2018 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.

5.2.5   As a part of this work on the digestive diseases ward and the Acute Assessment Unit there is standard work on how the staff introduce themselves and on how nurses update patients with what is happening during the day. Both these areas have had a 5% increase in their recommend rate in the past 6 months. Clayton Ward at PRH have seen a similar increase in approval rating, they have introduced a leaflet and poster for patients having day procedures and changed the appointment letter, so that patients have a more realistic idea of what will happen and the length of time it will take. As these three areas have had sustained change the team are now identifying some new wards to work with.

5.2.6   In 2019/20 the improvement work is going to focus on improving the response rate on wards that have a lower than average response rate, this is likely to include; staff engagement with the tool, developing the role of 'patient experience volunteers' to help with collecting response and using tablets to access the question on the web.

Figure 6: Friends and Family Test % of Patients Recommending

FFT % Recommending

Legend: Inpatient — A&E — Outpatient
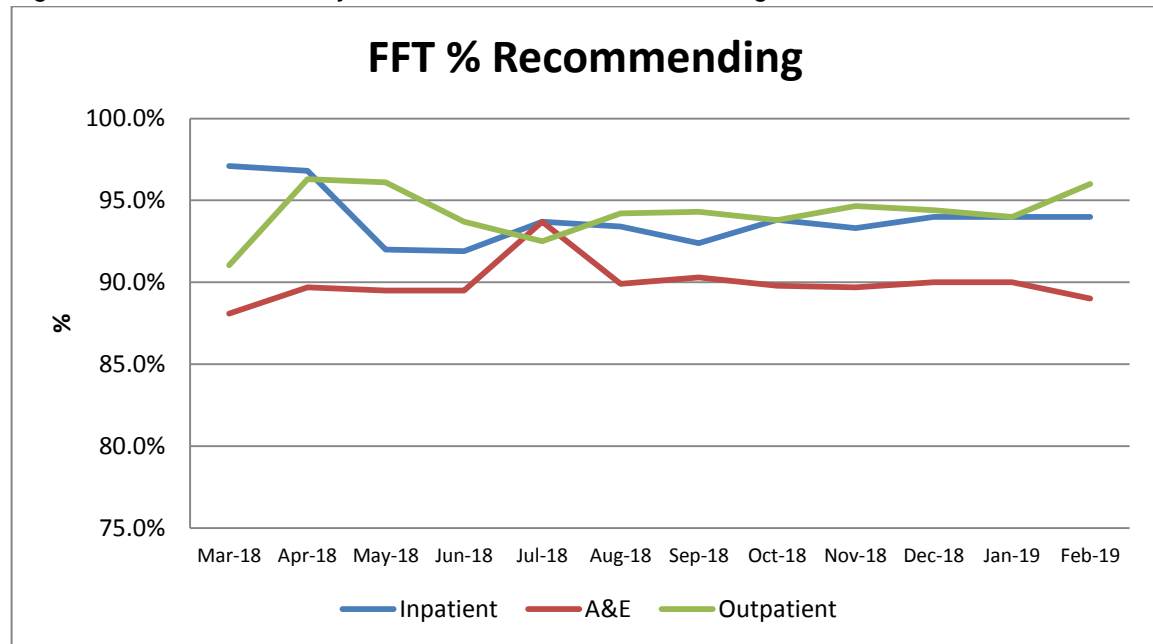
5.3 Mixed Sex

5.3.1 Following a particularly challenging month operationally there were 41 mixed sex accommodation breaches were reported in February, over the past 12 months the linear trend line has been decreasing.

Figure 7: Mixed Sex Breaches

Mix Sex Breaches
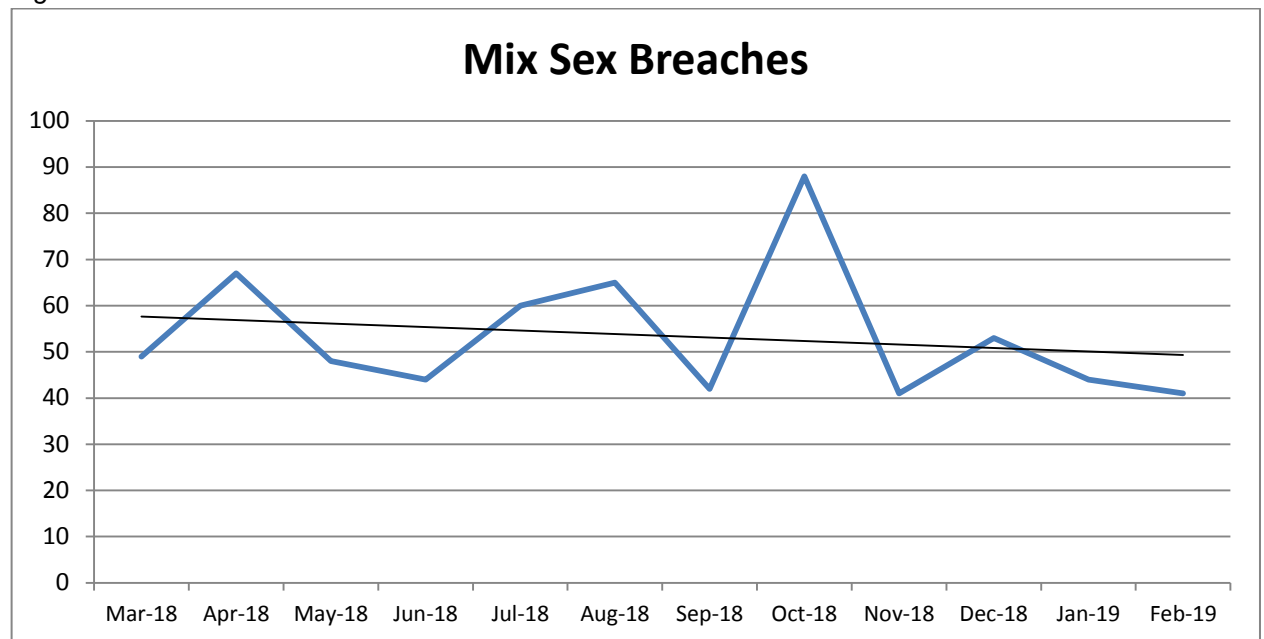
6. RECOMMENDATION

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	Jan-19	Feb-19	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%	4.2%	4.1%	3.2%		
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%	3.4%	3.3%	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	90.04	108.47	86.7	80.19				94	
SHMI	84.63	97.45	99.96	117.22	95.52	115.01	104.17	97	92.34	92.12	92.24	89.74	95.07	92.72	93.87					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%	35.9%	33.1%		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%	6.2%	6.2%		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%	0.5%	0.5%		1%	
Maternal deaths	0	0	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%	4.6%	4.5%		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%	82.2%	85.2%			90.0%	
% Patients identified as at risk of dementia for whom further investigations are	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%	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%	62.1%	72.9%			90.0%	
STROKE CARE																					
% CT Scans undertaken within 24 hours	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	98%			
% 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%	60.4%	48.0%	61.5%	64.2%	46.9%		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%	100.0%	66.7%		60%	
PROMS																					
Hip Replacement - EQ5D								0.457													
Hip Replacement - Oxford Hip Score								22.501													Data for 17/18 - Published August 2018
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%																	
Clinical Standard 8 : Ongoing consultant review				100%																	Latest data available - collected Sept 17, published Dec 17
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	98.2	97.9	97.9	97.9	98	97.7				
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%	91.1%	90.2%		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%	93.8%	92.0%		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%	94.3%		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%	112.0%	110.7%		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%	90.3%	89.3%			
INCIDENTS																					

																			Target
Total Incidents																			
Total Serious Incidents	3	5	5	6	5	9	8	4	5	3	2	2	1	4	3	2	0	4	
Total Moderate / Severe Incidents																			
Never Events	0	1	0	1	0	0	1	0	0	0	1	0	0	0	0	1	0	0	

INFECTION CONTROL

MRSA	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
C-Diff	5	4	9	3	7	3	5	0	7	3	4	8	6	4	3	2	5	2	
C-Diff with lapse in Care																			
MSSA	2	4	2	3	5	1	4	2	1	2	2	3	2	4	0	2	1	3	
E-Coli	5	2	7	4	6	6	4	5	2	2	1	5	5	5	3	1	4	3	

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	100.0	98.0	
WHO Checklist compliance - time out								100.0	98.5	98.6	100.0	93.2	100.0	100.0	97.1	100.0	98.2	98.0	
WHO Checklist compliance - sign out								98.2	90.8	94.5	96.4	95.9	100.0	95.4	95.7	95.7	96.4	86.0	

FALLS

Total Falls resulting in Harm	3	2	3	2	5	2	1	1	1	3	1	2	1	3	3	0	3		
Falls assessment in 24hrs																			

PRESURE ULCERS

Grade 2	14	17	12	18	13	15	22	21	28	16	31	37	19	20	17	25	37	39	
Grade 3 &4	2	0	0	0	2	0	0	1	2	0	1	2	1	0	0	5	0	0	

FRIENDS AND FAMILY TEST

																			Target
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%	94.4%	93.4%	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%	88.7%	87.1%	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	100.0%		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%	96.7%	94.3%	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%	94.5%	92.7%	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%	91.9%	91.2%	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%	94.1%	94.2%	95%

FRIENDS AND FAMILY TEST RESPONSE RATES

																			Target
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%	24.6%	25.0%	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%	11.6%	17.2%	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%	20.7%	18.1%	22.0%

ADVERSE EXPERIENCE

National Cleanliness Score	

STAFF EXPERIENCE

																			Target
Data from Pulse Survey - Total Responses								4204	4622	3800	4483	2815	1991	1636	2733	4047	3906	4610	4029	
% 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%	69.2%	70.8%	
% 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%	70.6%	79.5%	
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%	85.3%	82.5%	90%

OTHER SAFETY METRICS

																			Target
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	5.55	4.58
30 Day Emergency Readmission Rate		8.24%	8.99%	8.86%	8.48%	8.83%	8.92%	8.90%	8.53%	8.44%	8.42%	8.50%	8.25%	8.37%	8.55%			

Agenda Item:	7	**Meeting:**	Trust Board of Directors	**Meeting Date:**	27/03/2019
Report Title:	**Month 11 Performance Report**				
Sponsoring Executive Director:		Pete Landstrom, Chief Delivery & Strategy Officer			
Author(s):		Giles Frost			
Report previously considered by and date:					

Purpose of the report:				
Information		Assurance		
Review and Discussion	X	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	X	Sustainability	X
Our People	X	Quality	X
Systems and Partnerships	X		

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	X	Effective	X
Caring		Responsive	X
Well-led		Use of Resources	X

Communication and Consultation:

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 11, 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 continued extreme emergency demand pressure in February and a worsening of emergency performance. Flow remained particularly challenged at the Royal Sussex County main site.

2.2.   Key operational indicators during February to note:

- 14,143 A&E attendances compared to 12,656 February 2019 (an increase of +11.7%). Excluding A&E planned attendances and ambulatory care activity, new A&E attendances were 13,375 in February 2019 compared to 12,277 in February 2018 (an increase of +9.0%).

- 4,122 non-elective spells compared to 4,082 in February 2018 (+1% increase in activity).

- Formally reportable Delayed Transfers of Care remained at 4.2% on average in February the same as January

- Average length of stay for patients reduced to 5.6 days for non-elective medicine in February 2019, compared to 5.9 days in January 2019 and 4.8 days February 2018. Non-elective surgery LOS reduced to 7.7 days February 19 compared to 9.0 days January 2019, but higher than February 18 (6.1 days)

- Average Inpatient Bed Occupancy Trust wide was 98.6% February which peaked at 98.8% week ending 10th February. Occupancy each morning at 9am at the Royal Sussex County was on average 99.7% in February.

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 78.5% of patients waiting less than four hours. This is a decrease of -2.1% from 80.6% the previous month.

3.1.2. There were 106 patients who waited longer than 12 hours in the ED departments from the decision to admit in February.

3.1.3. BSUH has been at OPEL 4 escalation level throughout February (the highest level of escalation), with multiple critical incidents declared relating to capacity and poor patient flow through the health care system.

3.1.4. 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 February 2019 is outlined below:

Site	Total Patient Attendances (excluding FUP patients)	Total Patients Waiting > 4 Hours	% Patients <4 Hour
Royal Sussex County Hospital	6890	2756	60.0%
Princess Royal Hospital	3146	759	75.9%
Royal Alexandra Children's Hospital	2346	17	99.3%
Sussex Eye Hospital	985	7	99.3%
BSUH Trust	13367	3539	73.5%
Brighton Station Walk in Centre	1874	0	100.0%
Lewes Victoria and Uckfield MIUs	1361	26	98.1%
Total Trust Catchment	16602	3565	78.5%

3.1.5. Performance at RSCH worsened in February 2019 compared to January 2019 (62.6%). Bed Occupancy was 99.7% of available beds on average throughout February at the Royal Sussex County site. Occupancy is a very good indicator of patient flow, and there is a strong correlation between A&E performance and Trust occupancy as illustrated in the chart below:

4 Hr Breaches, Occupancy Rates and Stranded Patients
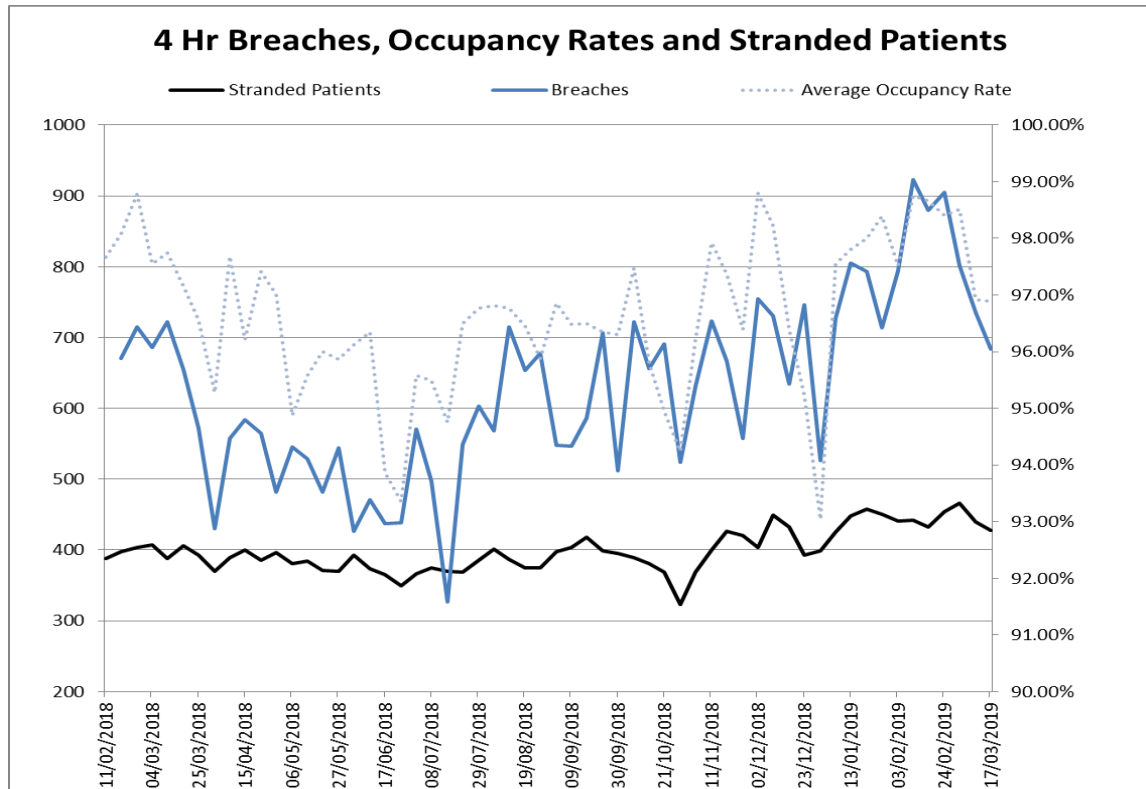
3.1.6. Performance at PRH was 75.9%, a deterioration of -7.8% from January 2019.

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

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

3.1.9. 'Stranded' patients (all patients with a Length of Stay of greater than 7 days) increased by approximately 5 patients on average compared to the preceding month whilst the patients formally reportable as a delayed transfer of care remained broadly the same on average compared to January.

3.1.10. As noted last month, the Trust has implemented a range of actions internally and with system partners to help expedite patient flow, maintain patient safety and improve A&E wait time performance. These include:-

- Additional capacity of 18 beds at BSUH opening 25th February
- An operating model reset day (25th February), supported by the implementation of additional beds on level 11 RSCH.

- Conversion of 3 trolley spaces to in majors to create 8 chairs of 'Fit to sit'
- Pilot of revised nursing shift pattern to match peaks in demand
- Introduction of roving Majors Navigator/Coordinator role to focus on in ED flow and escalation
- Extension of Consultant PAT to 7 days
- Improving utilisation of EACU (RSCH)
- Maximising utilisation of RAMU (PRH) through moving medical day procedures to another location
- Re-aligned medical rota to support additional Medical Registrar cover for twilight sessions 7 days per week
- Extended Complex Discharge team to cover weekends to increase complex discharges 7 days per week
- Additional Acute Floor transport to support transfer and turnaround (12pm-12am Mon-Fri and 10am-10pm Sat-Sun)
- 'Super' super stranded review focusing on top 10 – 3 x per week Board round, Criteria Led Discharge and Midday discharge improvement projects
- Weekly matron rounds focusing on all patients over 14 days
- Weekly system review of all patients over 7 days
- Daily clinical and operational review and validation of patients over 12hrs

3.1.11. The effects of the actions above have begun to impact positively, in particular the additional beds associated with level 11. Supported by the reset actions, since this point the Trust has not experienced any 12 hour delays. The performance to date in March also shows a step improvement, and the Trust is currently at 84% against the 4hr target in March.

3.1.12. National performance deteriorated by 0.2% to 84.4% in February 2019 for all attendances with 4 acute trusts meeting the 95% target. Board members should note these figures also include type 3 A&E attendances (such as minor injuries units). Regionally, compliance for the South of England deteriorated to 83.4%

3.2. Cancer

3.2.1. The Trust was compliant against 3 out of 9 metrics in January, remaining below the 62 day treatment target for GP referrals (85.0%). Actual performance for January against this metric was 63.8%, a deterioration of -1.9% from the 65.7% delivered in December 2018.

3.2.2. The Trust was non-compliant against the 2 week wait standard with 89.3% against the 93% target, undertaking 1788 first outpatient attendances, 18.6% more than the preceding January. The trust undertook 330 outpatient attendances for colorectal patients compared to 227 in Dec-17, an increase of 45%. Colorectal and breast 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. Against the 62 day target the Trust treated 152 patients for 62 days in January, 42% more patients than in January 2018 with a total of 55 patients breaching the 62 day GP referral standard. However, to improve performance as part of the recovery plan the Trust is undertaking more treatments and reducing the numbers of patients waiting over 62 days both diagnosed and undiagnosed. The numbers of patients on active cancer pathways, and the numbers of patients waiting over 62 days have both continued to reduce in February and March.

3.2.4. Regional context of the 62 day performance standard for January 2018 is shown below:

Regional Ranking	Trust	Cancer Centre	62 Day Performance
Surrey & Sussex Cancer Alliance			
1	Frimley Health NHS FT	No	96.35%
2	Queen Victoria Hospital NHS FT	No	83.58%
3	Ashford & St Peters Hospitals NHS FT	No	83.25%
4	Western Sussex Hospitals NHS FT	No	77.42%
5	Surrey and Sussex Healthcare NHS Trust	No	74.87%
6	East Sussex Healthcare NHS Trust	No	72.91%
7	Royal Surrey County Hospital NHS FT	Yes	68.45%
8	Brighton and Sussex University Hospitals NHS Trust	Yes	63.82%

Regional Ranking	Trust	Cancer Centre	62 Day Performance
Kent & Medway Cancer Alliance			
1	Dartford and Gravesham NHS Trust	No	89.42%

2	Medway NHS Foundation Trust	No	79.75%
3	East Kent Hospitals University NHS FT	No	68.21%
4	Maidstone and Tunbridge Wells NHS Trust	Yes	65.63%

3.2.5. As noted last month, a regional cancer alliance specialist assessed improvement requirements in December, focusing on improved timed pathways. Work to ensure the diagnostic phase of cancer pathway is expedited and right-sized forms a significant part of the recovery work.

3.2.6. Latest comparative nationally published data relating to January 2019 shows national aggregate compliance for cancer attendance deteriorated by 4.8% to 76.2% for treatment within 62 days from GP referral (target 85.0%), with just 28% 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 nine patients waiting more than 52 weeks for treatment as of the end of February.

3.3.2. The Trust was non-compliant against the National Constitutional target with 73.7% patients waiting less than 18 weeks, a -3.8% deterioration from the preceding month.

3.3.3. The deterioration in this month's performance is predominantly associated with the correction of an error in the new PAS system. The system was using the wrong date to calculate the waiting time of patients.

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. There has also been an impact on data entry and booking processes as a result of the transition to the new system, coupled with data quality and some technical system issues. An Executive chaired group is meeting weekly with Divisions, the Booking Hub, and which are being ironed out as a priority with continued targeted training and support from the new system supplier's technical leads.

3.3.5. The Trust continues to review recovery requirements both in year and for planning purposes 2019/20 with commissioners, with the aim of reducing the waiting list size and improving performance.

3.3.6. Latest published national data relates to January 2018 and shows national compliance has slightly increased to 86.7% from 86.6% in December. 57% of Trusts were non-compliant in January.

3.4. Diagnostic Test Waiting Times

3.4.1. The Trust compliance for January 2019 was 24.5% over 6 week waiters across all diagnostic modes, which is non-compliant against the national target.

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

Modality	Backlog			%	WL Size			Activity		
	Jan-19	Feb-19	Variance	Feb-19	Jan-19	Feb-19	Var	Jan-19	Feb-19	Var
Magnetic Resonance Imaging	165	140	-25	9.8%	1487	1432	-55	3099	3007	-92
Computed Tomography	510	463	-47	23.0%	1952	2014	62	4661	4333	-328
Non-obstetric ultrasound	918	563	-355	15.2%	3527	3693	166	4769	4026	-743
Audiology - Audiology Assessments	0	0	0	0.0%	20	28	8	1292	1219	-73
Cardiology - echocardiography	0	0	0	0.0%	653	613	-40	739	761	22
Neurophysiology - peripheral neurophysiology	0	2	2	0.5%	172	389	217	299	192	-107
Respiratory physiology - sleep studies	0	0	0	0.0%	21	28	7	30	28	-2
Urodynamics - pressures & flows	0	0	0	0.0%	54	55	1	3	3	0
Colonoscopy	343	425	82	50.2%	665	846	181	278	343	65
Flexi sigmoidoscopy	141	157	16	49.1%	240	320	80	327	317	-10
Cystoscopy	0	0	0	0.0%	129	165	36	242	234	-8
Gastroscopy	234	316	82	46.2%	509	684	175	365	325	-40
Total Waiting Over 6 Weeks	2311	2066	-245	20.1%	9429	10267	838	16104	16831	727

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 Trust has been undertaking additional work to help clear the number of patients waiting for NOUS. The Trust undertook 4026 NOUS tests in February 2019, 6% more than February 2018. The NOUS waiting list size increased by 166 patients, but the department reduced over 6 week waits by 355 patients between January and February as

the booking processes within the imaging team continue to improve as per the recovery plan.

3.4.5. The Trust has also introduced an outsourced additional capacity in March for imaging modalities, which is contributing to further reduction in patients waiting for imaging services prospectively, alongside increases in in-house capacity.

3.4.6. Echocardiogram 6 week breaches reduced to zero in November and have been maintained up to and including February.

3.4.7. Endoscopy modalities' performance worsened in February (+180 six week waiters). Successful recruitment and training of scopists was completed in January and the Division has additional outsourced support in March to provide additional capacity.

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 January 2019 shows aggregate compliance at 3.6%, a deterioration of 0.3% on the December position. The average performance for the trusts in this region was 4.0%.

4. RECOMMENDATION

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

Pete Landstrom

Chief Delivery & Strategy Officer

Brighton and Sussex NHS
University Hospitals

OPERATIONAL PERFORMANCE SCORECARD

FEBRUARY 2019

		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	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*	82.0%	83.2%	86.5%	87.7%	87.3%	88.0%	83.7%	85.6%	84.1%	83.5%	82.5%	80.6%	78.5%		95%	
O01A	A&E : 12 hour maximum wait from arrival to admission, transfer or discharge	19	36	5	0	0	3	0	1	1	0	4	100	106	220	0	
O02	Cancer: 2 week GP referral to 1st outpatient	94.1%	93.4%	91.1%	93.0%	92.4%	85.6%	84.7%	80.8%	80.7%	85.8%	89.8%	89.3%		87.3%	93%	
O03	Cancer: 2 week GP referral to 1st outpatient - breast symptoms	95.8%	94.3%	96.7%	96.0%	96.5%	96.8%	97.7%	94.4%	94.2%	88.5%	86.0%	85.8%		93.1%	93%	
O04	Cancer: 31 day second or subsequent treatment - surgery	100.0%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	96.2%	96.3%	97.0%	96.3%	97.1%		98.0%	94%	
O05	Cancer: 31 day second or subsequent treatment - drug	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.3%		99.9%	98%	
	Cancer: 31 day second or subsequent treatment - radiotherapy	100.0%	100.0%	100.0%	99.5%	96.8%	98.3%	99.4%	100.0%	99.1%	100.0%	98.6%	100.0%		99.2%	94%	
O06	Cancer: 31 day diagnosis to treatment for all cancers	100.0%	99.6%	100.0%	99.1%	98.3%	99.2%	98.7%	97.5%	96.8%	96.5%	99.6%	95.0%		98.0%	96%	
O07	Cancer: 62 day referral to treatment from screening	22.2%	38.7%	61.0%	37.0%	59.5%	68.4%	84.1%	75.8%	65.1%	85.4%	88.9%	52.1%		67.4%	90%	
O08	Cancer: 62 day referral to treatment from hospital specialist	72.7%	100.0%	88.9%	86.7%	91.7%	72.7%	83.3%	76.0%	94.7%	80.0%	46.7%	83.9%		80.6%	90%	
O09	Cancer: 62 days urgent GP referral to treatment of all cancers	73.0%	71.0%	78.7%	80.0%	70.9%	70.9%	71.4%	74.1%	71.6%	75.2%	65.7%	63.8%		72.0%	85%	
O14	RTT - Incomplete - 92% in 18 weeks	83.6%	83.1%	83.0%	83.4%	83.9%	83.8%	83.0%	81.7%	81.5%	82.3%	78.4%	77.4%	73.7%	77.4%	92%	
	RTT - Incomplete - 52Week Waiters	28	9	5	2	2	0	1	0	0	0	0	4	9	4	0	
O15	RTT delivery in all specialties (Incomplete pathways)	13	13	13	13	13	15	15	15	14	14	16	17	17	17	0	
O16	Maximum 6-week wait for diagnostic procedures	3.5%	6.1%	7.3%	6.4%	7.9%	7.6%	10.2%	17.9%	16.3%	16.6%	21.6%	24.5%	20.1%	24.5%	<1%	
O17	Cancelled operations not re-booked within 28 days	14	12	2	8	4	16	6	12	0	4	12	9	11	84	0	
O18	Urgent operations cancelled for the second time	0	2	0	0	1	4	0	0	1	1	0	1	0	8	0	
O20	Mixed Sex Accommodation breaches	84	49	67	48	44	60	65	42	88	41	52	43	40	590	0	
O33	Delayed transfers of care	5.3%	4.8%	5.7%	5.2%	5.7%	5.3%	6.4%	5.7%	3.8%	3.7%	3.9%	4.2%	4.2%	5.5%	3%	
IMPROVING CLINICAL PROCESSES																	
O23	% hip fracture repair within 36 hours	85.46%	78.30%	87.00%	89.50%	88.60%	89.30%	84.40%	97.60%	87.10%	88.40%	76.00%	86.80%	85.70%		90%	
O24	Patients that have spent more than 90% of their stay in hospital on a stroke unit⁺	76.09%	80.00%	77.78%	87.50%	79.17%	88.57%	89.58%	90.48%	82.69%	78.00%	90.20%	82.86%	69.23%	83.86%	80%	

Brighton and Sussex NHS
University Hospitals

OPERATIONAL PERFORMANCE SCORECARD

FEBRUARY 2019

		Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	2018/19 YTD	2018/19 Target	Trend
OPERATIONAL EFFICIENCY																	
O36	Average length of stay - Elective	2.54	2.14	2.29	2.22	2.45	2.33	2.11	2.42	2.17	3.41	3.32	3.03	3.22			
O37	Average length of stay - Non-elective Surgery	6.13	5.20	5.14	5.54	5.52	4.89	5.43	6.98	7.00	6.83	6.53	8.99	7.70			
O38	Average length of stay - Non-elective Medicine	4.82	5.05	4.80	5.02	4.52	4.59	4.88	4.89	5.11	4.71	5.11	5.89	5.56			
O39	Day case rate (CQC day case basket of procedures) source: HED (reported 2-3 months in arrears)	77.8%	81.6%	81.5%	81.7%	78.9%	85.3%	83.3%	83.2%	82.9%	79.6%	79.2%			81.8%	75.0%	
O40	Elective day of surgery rate (DOSR)	93.2%	94.8%	94.9%	95.0%	94.5%	94.6%	96.3%	94.6%	95.4%	92.7%	90.5%	90.4%	91.2%	95.1%	90.0%	
O41	Did not attend rate (outpatients)	7.6%	8.1%	7.2%	7.4%	7.7%	7.7%	7.9%	7.7%	7.7%	8.8%	10.0%	9.7%	9.7%	7.9%	6.00%	
SUSTAINABILITY																	
O43	Bank staff - % of all staff pay	6.3%	5.5%	5.1%	5.5%	6.0%	5.4%	4.9%	5.3%	5.1%	6.0%	4.8%	4.9%	5.5%		7%	
O44	Agency staff - % of all staff pay	4.0%	4.4%	3.4%	3.5%	4.1%	4.1%	2.2%	3.1%	4.1%	4.4%	3.5%	4.2%	3.3%		2%	
O46	% nurses who are registered	70.5%	70.1%	69.4%	69.0%	69.1%	69.2%	69.1%	69.4%	69.3%	69.2%	69.5%	69.9%	69.8%		74%	
O47	% Staff appraised	71.7%	72.3%	77.1%	80.6%	83.7%	85.4%	90.1%	90.2%	88.0%	86.2%	85.6%	85.3%	82.5%		85%	
O48	Sickness Absence: % Sickness(reported one month in arrears)	4.2%	4.2%	4.1%	4.1%	4.1%	4.1%	4.0%	4.0%	4.0%	4.0%	3.9%	3.9%			3.5%	
O49	Staff Turnover: Turnover rate (YTD position)	14.3%	14.2%	14.2%	14.2%	14.1%	14.1%	14.1%	13.9%	13.7%	14.0%	14.0%	13.5%	13.2%	13.2%	12%	
ACTIVITY																	
A01	Day Cases	3385	3675	3221	3532	3612	3865	3625	3256	3629	3886	2892	3722	3236	38476		
A02	Elective Inpatients	1138	1268	1168	1310	1262	1221	1171	1141	1215	1011	829	779	722	11829		
A03	Non-elective inpatients	4082	4635	4433	4521	4474	4495	4536	4174	4582	4510	4550	4522	4122	48919		
A04	Outpatient First attendances	9779	10387	9814	10968	11260	10899	10330	9680	11449	11051	8162	11209	9296	114118		
A05	Outpatient Follow-up attendances	22795	23757	22857	24127	23661	24508	23262	22836	26443	26159	19877	25774	21084	260588		
A06	Outpatients with procedure	7257	7828	8023	8545	7929	8349	8184	7147	7505	5589	3988	7170	6425	78854		
A07	A&E Attendances	12656	14516	14287	15147	15054	15894	14841	14658	15630	15030	14639	15205	14143	164528		

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.

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Activity Trends

Day Cases
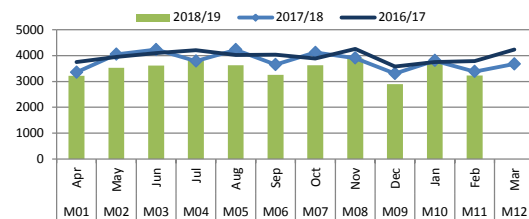
Elective Inpatients
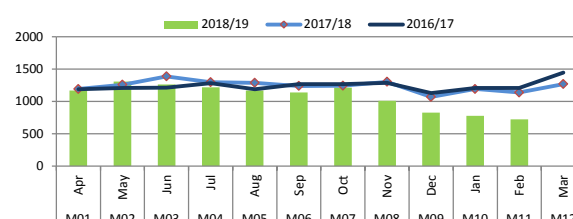
Non-elective Inpatients
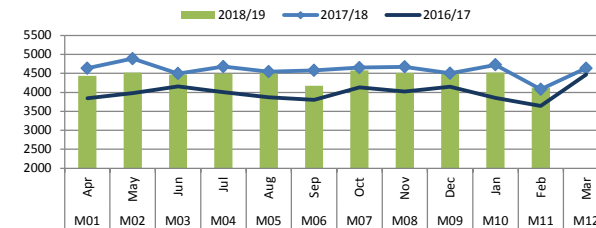
First Outpatients
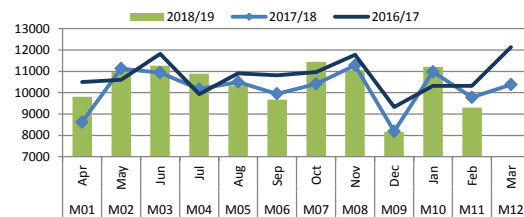
Follow-up Outpatients
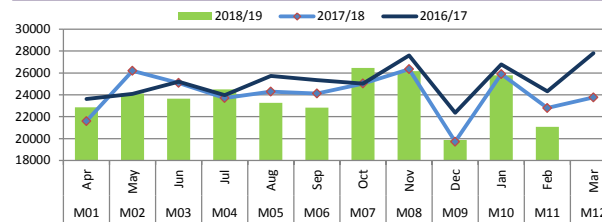
Outpatients with Procedure
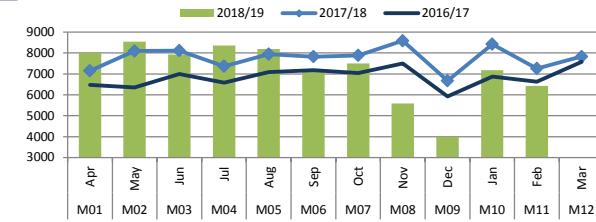
A&E Attendances
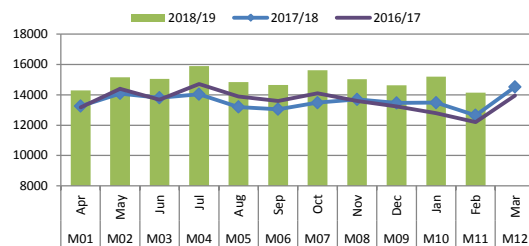
Emergency Admissions (age 0-64)
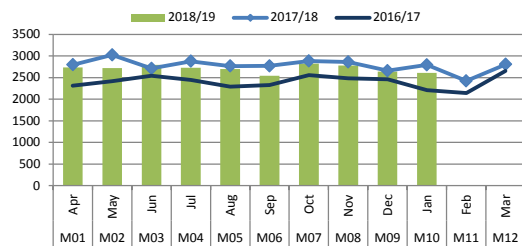
Emergency Admissions (age 65-84)
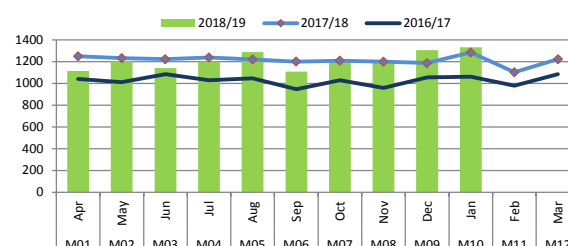
Emergency Admissions (age >85)
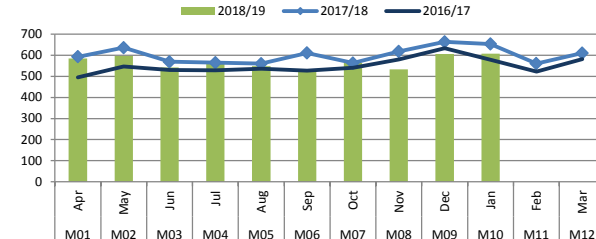
Organisational Development and Workforce Report
Month 11 2018/19 (February 2019)

Agenda Item:	8	Meeting:	BSUH Trust Board	Meeting Date:	27 March 2019
Report Title:		**Workforce and OD report**			
Sponsoring Executive Director:		Denise Farmer			
Author(s):		Helen Weatherill			
Report previously considered by and date:		n/a			

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

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

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

Any implications for:	
Quality	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

This paper sets out the key headlines relating to the Trust's workforce as at 28th February 2019.

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 28 February 2019.
2.	**Workforce Capacity**
2.1	In January the Trust budgeted establishment stood at 8263 WTE and staff in post at 7531.5 WTE. There are 731.5 WTE vacancies which equate to a vacancy rate of 8.9%.
2.2	The Trust vacancies are split as follows: Medical – 67.5 WTE (a 6% vacancy rate for this group) Nursing - 337.5 WTE (a 9% vacancy rate for this group) Scientific, Technical & Therapeutic (ST&T) – 113.5 WTE (a 9% vacancy rate for this group) Admin and Clerical – 132 WTE (an 8% vacancy rate for this group) Ancillary Support – 81 WTE (a 12% vacancy rate for this group)
2.3	All staffing groups, with the exception of Nursing, have seen a reduction in vacancies since February 2018, the highest being Ancillary Support having reduced from 17% (February 2018) to the current level (12%). Whilst the Nursing staffing group saw a small increase in vacancies from 9% (February 2018) to 11% (June 2018), this figure has been slowly reducing since this period and is now sitting at the same level as this time last year (9%).
2.4	Bank spend for February 2019 is sitting at 5.5% of total staffing costs. Agency spend is sitting at 3.3%. The Trust agency spend year to date is £12.5m which is above the Agency ceiling of £11.7m.
2.5	The STP Temporary Workforce programme continues to hone in on the areas of potential alignment seeking agreement from all Trusts within the locality; we are participating in this work.
2.6	An A3, a problem solving tool, has been completed for Nursing and Healthcare Assistant bank worker fill rates for the Trust. This work highlights a variety of options for the Trust to focus on trying to improve shift fill rates including improving forms of contact and communication with bank workers.
3.	**Staff Turnover**
3.1	The Trust's 12 month Turnover rate (external leavers excluding Training Grade Doctors) is 13.2%. This figure has seen a continual decrease over the previous 12 month period and now sits 1% below the figure seen in February 2018 when Turnover stood at 14.2%.
4.	**Recruitment and Selection**
4.1	February 2019 saw the preparation of a large scale recruitment campaign in support of the Trusts attendance as a Headline Exhibitor at the Nursing Times 'Careers Live' event in Brighton on the 2 March 2019.
4.2	The campaign targeted Pre-Registered and Qualified Nurses across several media platforms and was structured around an open letter from the Chief Nurse to the prospective applicants in attendance. The Trust was able to promote Patient First, the range of opportunities available to Nurses within the Trust and promote its

	diversity and inclusivity.
4.3	87 Nurses registered an interest in our roles on the day, with a further eight being interviewed and appointed on the day. All those interested have been contacted since the event.
4.4	This campaign will continue to run with adverts in the Nursing Times digital space over the next ten months.
4.5	The Trust ran a recruitment advertising campaign targeted at Nurses at London Victoria Station between late January to early February 2019. Initial analysis shows that there was a significant amount of additional interest in our job site and views of posts increased by approximately 18% during this period. Further analysis of the recruitment data is being undertaken.
4.6	The Trust also held two Nursing Recruitment open days in February 2019, through which 11 Health Care Assistants and 18 Band 5 Nurses, were appointed. All appointments relate to new staff entering the organisation, not internal staff moves.
5.	**Workforce Efficiency**
5.1	The Trust's 12 month sickness absence rate is currently 3.9% (January 2019). This figure has continued to see a month on month reduction since November 2017 when absence was at 4.23%. This figure is now just above the Trust target of 3.5%.
5.2	With the exception of Ancillary Support, all staff groups have seen a small reduction in sickness absence since January 2018. The Ancillary Support group has highest level of absence this month at 6.88% (January 2019) and, longer term, has seen a small increase of 0.1% since January 2018 (6.78%)
6.	**Appraisals**
6.1	The Trust's overall appraisal rate decreased from 85.3% in January to 82.5% in February. For February the two highest divisions are Surgery at 88.2% and Children's and Women's at 88.9%, and the two lowest divisions are Chief Financial Officer at 72.1% and Medicine at 75.7%.
6.2	The HR Business Partners continue to support managers with improving quality, and with mid-month appraisal reporting. Improvement trajectories will be managed through the SDR process.
7.	**Workforce Skills and Development**
7.1	The Statutory and Mandatory (STAM) compliance rate for February is 89% (based on the 11 Board reportable subjects) and has decreased from 90%.
7.2	Divisional STAM compliance shows 7 Divisions with a completion rate 90% or greater. 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% is not currently being achieved and focus on any hotspot areas.
8.	**Staff Survey**
8.1	The 2018 NHS Staff Survey results were published in February and the Trust achieved some notable improvements: - A significant increase in its overall response rate (up to 59% response, vs 44% national average for acute Trusts) which provides a good representation of staff

	engagement within the Trust.
	- A significant increase in scores of 60 of the 90 survey questions compared to 2017. We ranked number 1 for the most positive changes in our scoring compared to 43 Trusts surveyed by Picker.
	- Survey results are now based on 10 key Themes. The Trust significantly increased in 9 out of 10 key Themes when compared to 2017. 'Morale' was a new Theme for 2018 so does not have a comparative score. Compared to the average for 89 Acute Trusts nationally, we were better in 1 Theme, the same for 3 Themes and slightly below for the remaining 6 Themes.
	- A steady improvement in the formal Staff Engagement score has increased to 6.9 from 6.5 in 2017. We are just below the average Acute Trust score at 7.0
	- A significant increase in our breakthrough objective for "Our People": "Care of patients/service users is my organisation's top priority" has increased 9.1% from 2017 to 76.8%.
	- A 4.3% point reduction in BME staff experiencing harassment, bullying or abuse from patients, relatives or the public (vs 2017), and a 2.8% point reduction in BME staff experiencing discrimination at work from manager/team leader (vs 2017).
	- Overall our strengths were in the "Violence & Aggression" Theme and "Immediate Manager" Theme where we scored closest to the national average and best Trust score. Opportunities for 2019/20 are to improve our scores in the "Health and Wellbeing" and "Quality of Appraisal" Themes.
8.2	Please see Appendix 2 for the BSUH Trust Board Staff Survey 2018 report.

9.   Staff Engagement

9.1   The February pulse survey results also show that overall the Trust continues to improve the Staff Engagement Score month on month reporting 3.79% in February from 3.75% in January. This has exceeded the Trust target of 3.72%.

10.   Health and Wellbeing

10.1   The Staff Survey results for Health and Wellbeing continue to be analysed and there are plans to utilise problem solving tools with staff on the area of Health and Wellbeing in March. This will focus on the lowest scoring question compared to the average score nationwide for Acute Trusts and the most variance from the best scoring Trust: "Does your organisation take positive action on Health and Wellbeing?" The BSUH score for this question was 23%, the national average 28% and the best Trust 47%.

10.2   Throughout March and April, Connections in conjunction with the Freedom to Speak Up Guardian will be visiting all our main hospitals and satellite units to offer staff the opportunity to find out more about Health and Wellbeing and promote the Trust's activities.

10.3   As part of a series of wellbeing initiatives to help improve staff wellbeing and reduce sickness staff MOT's are being arranged, the first of which are being held on two wards at the Royal Sussex County Hospital in March.

10.4   As part of our financial wellbeing package, our partners Credit Union are relaunching their offer with a savings bonus to staff when they sign up before the end of March.

11.	**Equality & Diversity**
11.1	BSUH entered the Stonewall Workplace Equality Index (WEI) in 2018/19 after a 4 year absence and although we did not manage to become a Top 100 organisation, we were ranked 143 out of the 445 organisations that participated. We were commended on the position we obtained as Stonewall highlighted that many organisations who re-enter in the middle of a 3 year question cycle (we entered Year 2) would not normally have achieved such a high ranking.

We were advised that it indicated that the work we had previously undertaken in WEI submissions was obviously still taking place, but that we also continued to further the work to become more LGBTQ+ inclusive. The work that we are doing with regards Trans inclusivity and our Rainbow Lanyards and Pins was also praised. |
| 11.2 | The first Trust LGBTQ+ Inclusion conference was held on 25 February with over 250 people in attendance. Feedback from the day was extremely positive and many ideas were generated based on 2017 staff survey questions and results. These are currently being analysed and prioritised and will form part of an action plan. The Trust is working in partnership with Stonewall to ensure any actions enhance inclusivity for staff and service users. |
| 11.3 | The Trust has recently published its Gender Pay Gap Report which shows the difference in the average pay between all men and women in a workforce.
Please see Appendix 3 for the BSUH Gender Pay Gap Report. |
| **12.** | **Communications & Engagement** |
| 12.1 | **Internal communications and OD support** |
| 12.1.1 | **Recruitment**
Following the January recruitment drive at Victoria Station and on social media, the Communications Team have been evaluating the data gained from the initiative.

Initial results suggest that the physical billboard on the Victoria concourse and subsequent social media promotion played a part in increasing the number of times nursing vacancies were viewed through the Trust's website. There is a clear link between the social media reach of the campaign and views of the dedicated webpage, and some useful data gained about the effectiveness of different social media accounts in creating activity.

The findings from this initiative will be used in the design of future recruitment communications campaigns.

The team are also working with senior nursing colleagues to continue the recruitment momentum, supported the Trust's appearance at the industry leading Nursing Times Live event and have been assisting with the creation of new 'welcome' resources for recently recruited nurses. |
| 12.1.2 | **Staff Survey**
The team supported the unveiling of the NHS Staff Survey results at the end of February, sharing the news that the Trust has, for the third year running, increased its participation with this important barometer of staff engagement.

The team are using internal communications channels to explore the results more fully during March and, once the Divisional action plans are prepared, will be finding and telling the stories of continued improvement throughout the organisation. |

12.1.3	**LGBTQ+** Following promotional work around the Trust first LGBTQ+ Inclusion Conference over 230 colleagues and partner organisations attended the successful event on February 26th.
12.1.4	**Buzz Weekly Staff Newsletter** Buzz has been re-designed and is now a concise four pages of important news and views from across the Trust. Feedback is being collected from colleagues in different departments to shape the continued development of Buzz (and other internal communications tools).
12.1.5	**Patient First Star Awards** Nominations opened for the annual staff awards on March 1st and the team have promoted this across all channels: - Press release sent to local media - Banner on website and info-net homepage - Screensaver on all available Trust PCs - Updates in Marianne's message - All staff communications and targeted e mails to specific groups - Buzz weekly newsletter - Brief to Ambassadors - Messaging on all social media channels To date, and just half way through the nomination period, 320 nominations have been received from staff and members of the public.
12.1.6	**Media Coverage** The team issued a number of proactive press releases which were picked up by local media including the opening of a new ward, recruitment open day and a visit to the Princess Alexandra Children's Hospital by boxing world champion Chris Eubank Jr. There have also been a number of reactive media and stakeholder enquires requiring the support of the team including enquiries on winter performance and developments to the patient discharge process.

Trust Workforce Key Performance Indicators - Diversity Data by Month - All Staff (including Medical)

Gender	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% Male	31.4%	31.3%	31.3%	31.4%	31.3%	31.3%	31.3%	31.3%	31.3%	31.1%	31.1%	31.1%	30.9%
% Female	68.6%	68.7%	68.7%	68.6%	68.7%	68.7%	68.7%	68.7%	68.7%	68.9%	68.9%	68.9%	69.1%

Disability	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% Yes	5.8%	5.8%	5.8%	5.8%	5.9%	5.9%	5.9%	5.8%	5.8%	6.0%	6.0%	6.0%	6.1%
% No	77.0%	77.1%	77.4%	77.5%	77.6%	77.7%	78.6%	79.0%	79.2%	79.3%	79.4%	79.5%	79.5%
% Undeclared	8.9%	8.9%	8.7%	8.5%	8.5%	8.3%	7.8%	7.5%	7.4%	7.3%	7.3%	7.2%	7.1%
% Undefined	8.3%	8.3%	8.1%	8.2%	8.1%	8.1%	7.7%	7.7%	7.6%	7.4%	7.3%	7.3%	7.3%
% Yes of defined	6.3%	6.3%	6.4%	6.3%	6.4%	6.4%	6.4%	6.3%	6.3%	6.4%	6.5%	6.5%	6.5%

Sexual Orientation	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% Heterosexual	67.0%	67.1%	67.4%	67.4%	67.5%	67.8%	68.3%	68.6%	68.8%	69.0%	69.1%	69.1%	69.3%
% Bisexual	1.2%	1.3%	1.3%	1.3%	1.3%	1.3%	1.4%	1.4%	1.5%	1.4%	1.4%	1.4%	1.4%
% Gay or Lesbian	4.1%	4.1%	4.1%	4.1%	4.1%	4.1%	4.3%	4.4%	4.4%	4.5%	4.5%	4.5%	4.4%
% Undecided / Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Do not wish to declare	15.4%	15.4%	15.3%	15.3%	15.5%	15.4%	14.8%	14.6%	14.4%	14.4%	14.4%	14.3%	14.3%
% Undefined	12.3%	12.1%	11.9%	11.9%	11.6%	11.3%	11.2%	11.0%	10.9%	10.7%	10.6%	10.7%	10.6%
% Gay, Bisexual or Lesbian of defined	6.0%	6.1%	6.1%	6.1%	6.1%	6.1%	6.4%	6.5%	6.6%	6.6%	6.6%	6.6%	6.5%

Ethnicity	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% 0 - White (1991 codes)	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
% A - White British	63.0%	63.1%	63.0%	62.9%	62.7%	62.5%	62.7%	62.6%	62.6%	62.5%	62.5%	62.3%	62.4%
% B - White Irish	1.8%	1.7%	1.7%	1.7%	1.7%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
% C - White Other	13.6%	13.5%	13.6%	13.5%	13.6%	13.7%	13.7%	13.6%	13.5%	13.5%	13.4%	13.5%	13.5%
% D - Mixed Caribbean	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%
% E - Mixed African	0.5%	0.5%	0.5%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
% F - Mixed Asian	0.7%	0.7%	0.8%	0.8%	0.8%	0.8%	0.9%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%
% G - Mixed Other	0.9%	0.9%	0.9%	0.8%	0.9%	0.9%	0.9%	0.9%	1.0%	1.0%	1.0%	1.0%	1.0%
% H - Asian Indian	3.8%	3.7%	3.8%	3.8%	3.8%	3.8%	3.7%	3.6%	3.6%	3.6%	3.7%	3.7%	3.7%
% J - Asian Pakistani	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.7%	0.6%
% K - Asian Bangladeshi	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%	0.8%	0.7%	0.7%	0.8%	0.7%	0.7%
% L - Asian Other	4.1%	4.1%	4.1%	4.2%	4.2%	4.2%	4.2%	4.3%	4.2%	4.2%	4.2%	4.2%	4.1%
% M - Black Caribbean	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
% N - Black African	2.0%	2.0%	2.0%	2.1%	2.0%	2.0%	2.1%	2.1%	2.1%	2.2%	2.1%	2.1%	2.1%
% P - Black Other	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
% R - Chinese	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.7%	0.7%	0.7%	0.7%	0.6%	0.6%	0.6%
% S - Other	3.6%	3.6%	3.5%	3.6%	3.7%	3.7%	3.7%	3.8%	3.9%	3.9%	3.9%	3.9%	4.0%
% Z - Not Stated	2.8%	2.8%	2.7%	2.9%	2.8%	2.8%	2.6%	2.5%	2.6%	2.6%	2.6%	2.8%	2.8%
% White	78.7%	78.7%	78.8%	78.5%	78.4%	78.3%	78.5%	78.4%	78.2%	78.2%	78.1%	77.9%	78.0%
% Mixed	2.4%	2.5%	2.5%	2.5%	2.5%	2.6%	2.6%	2.6%	2.7%	2.7%	2.7%	2.7%	2.7%
% Asian	9.2%	9.2%	9.2%	9.3%	9.3%	9.4%	9.2%	9.2%	9.2%	9.1%	9.2%	9.2%	9.1%
% Black	2.6%	2.6%	2.6%	2.7%	2.6%	2.6%	2.8%	2.7%	2.8%	2.8%	2.8%	2.8%	2.8%
% Other	4.2%	4.3%	4.2%	4.3%	4.3%	4.3%	4.3%	4.5%	4.6%	4.5%	4.6%	4.6%	4.6%
% BME	18.5%	18.5%	18.5%	18.7%	18.8%	18.9%	18.9%	19.1%	19.2%	19.2%	19.3%	19.3%	19.2%

Religious Belief	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% Christianity	37.4%	37.3%	37.6%	37.4%	37.5%	37.4%	37.9%	38.0%	37.9%	38.0%	37.7%	37.8%	37.8%
% Hinduism	1.6%	1.6%	1.6%	1.6%	1.6%	1.7%	1.6%	1.7%	1.7%	1.7%	1.7%	1.8%	1.7%
% Buddhism	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%	0.7%	0.7%	0.8%	0.8%	0.7%	0.7%	0.7%
% Islam	1.7%	1.7%	1.7%	1.8%	1.8%	1.8%	1.7%	1.8%	1.9%	1.9%	1.9%	2.0%	1.9%
% Judaism	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
% Jainism	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Sikhism	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
% Atheism	15.9%	16.0%	16.2%	16.2%	16.2%	16.7%	16.9%	17.2%	17.3%	17.5%	17.6%	17.7%	18.0%
% Other	8.3%	8.4%	8.4%	8.5%	8.6%	8.6%	8.6%	8.6%	8.7%	8.7%	8.7%	8.6%	8.6%
% Do not wish to declare	18.9%	18.9%	18.7%	18.6%	18.8%	18.7%	18.2%	18.1%	17.9%	17.9%	18.0%	17.9%	17.8%
% Undefined	15.1%	14.9%	14.6%	14.6%	14.3%	14.0%	13.8%	13.5%	13.4%	13.2%	13.2%	13.1%	13.0%

% Female Staff

% Disabled

% Gay, Lesbian or Bisexual

% BME

Sexual Orientation Mix

BME Ethnicity Mix
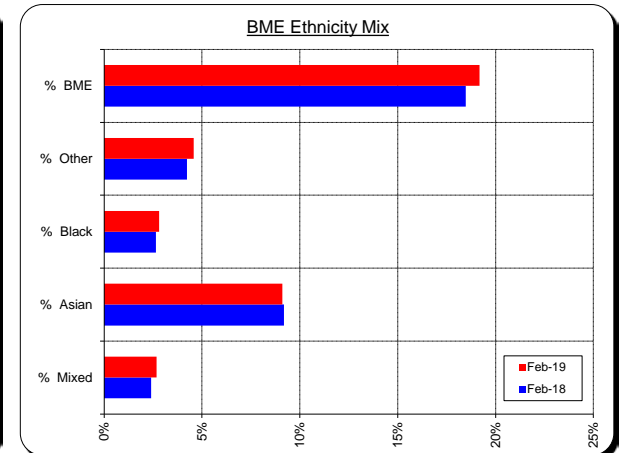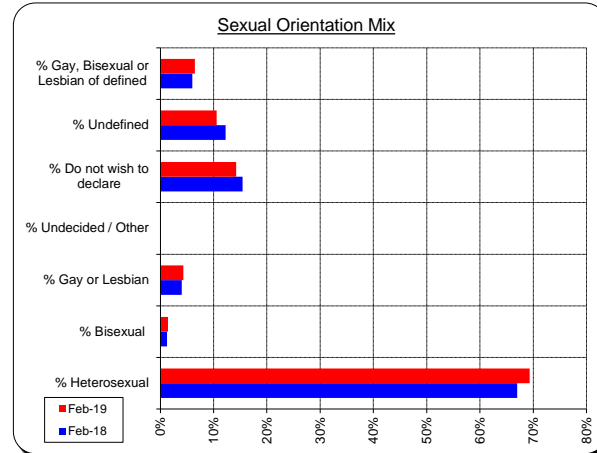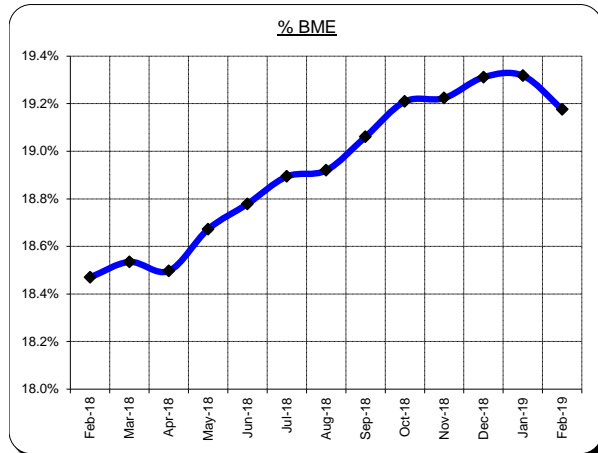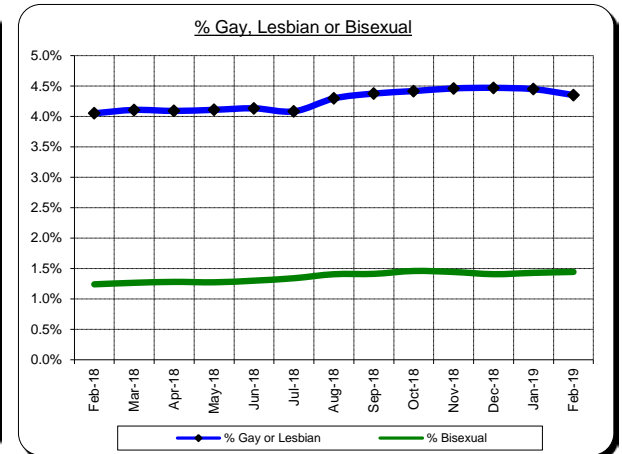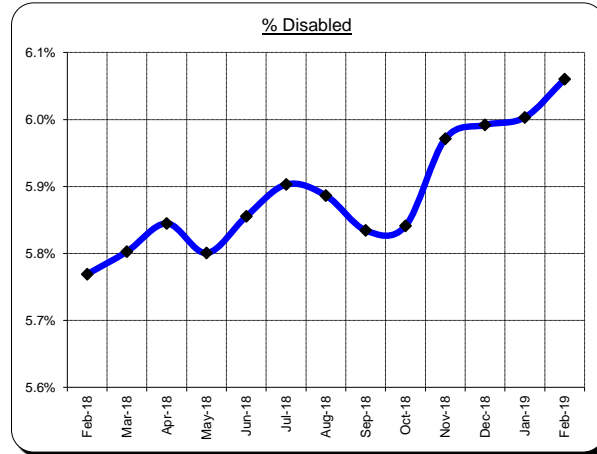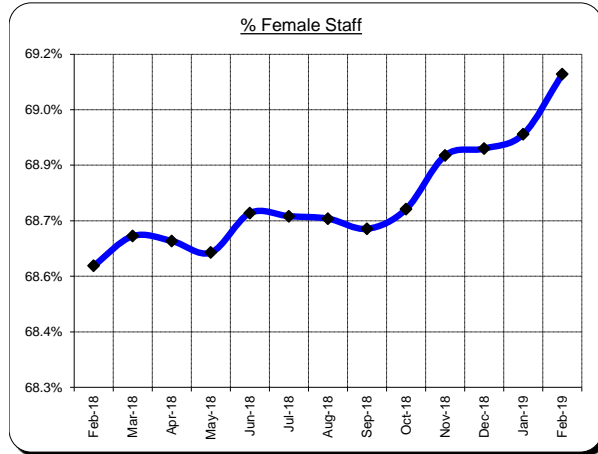
Trust Workforce Key Performance Indicators - Diversity Data by Month - Management Staff (excluding Medical)

Gender	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% Male	35.0%	35.2%	34.9%	35.0%	34.4%	34.2%	34.5%	34.7%	34.8%	34.6%	34.6%	34.4%	34.5%
% Female	65.0%	64.8%	65.1%	65.0%	65.6%	65.8%	65.5%	65.3%	65.2%	65.4%	65.4%	65.6%	65.5%

Disability	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% Yes	7.2%	7.7%	7.9%	8.0%	7.7%	7.7%	7.7%	7.6%	7.2%	6.9%	6.6%	6.2%	6.2%
% No	77.7%	76.8%	77.0%	77.1%	77.7%	77.9%	78.2%	78.0%	78.4%	79.5%	79.9%	80.1%	80.4%
% Undeclared	4.9%	5.3%	5.2%	5.2%	5.2%	5.2%	5.1%	5.1%	5.0%	5.0%	4.9%	4.8%	4.8%
% Undefined	10.2%	10.2%	10.0%	9.8%	9.4%	9.2%	9.0%	9.3%	9.3%	8.6%	8.6%	8.9%	8.6%
% Yes of defined	8.0%	8.6%	8.8%	8.8%	8.5%	8.5%	8.4%	8.4%	8.0%	7.5%	7.2%	6.8%	6.8%

Sexual Orientation	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% Heterosexual	61.9%	61.0%	61.4%	62.2%	62.5%	62.9%	63.2%	63.6%	65.3%	65.0%	65.3%	65.5%	65.6%
% Bisexual	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
% Gay or Lesbian	6.1%	6.1%	6.6%	6.2%	6.0%	6.0%	6.1%	6.1%	5.5%	6.0%	5.9%	5.8%	5.8%
% Undecided / Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Do not wish to declare	9.4%	10.2%	10.3%	10.5%	10.4%	10.4%	10.0%	9.4%	9.2%	9.6%	9.5%	9.4%	9.6%
% Undefined	22.4%	22.3%	21.3%	20.9%	20.9%	20.4%	20.4%	20.6%	19.7%	19.2%	19.0%	19.0%	18.8%
% Gay, Bisexual or Lesbian of defined	8.2%	8.2%	8.8%	8.2%	7.9%	7.8%	8.1%	8.1%	7.2%	7.7%	7.6%	7.5%	7.5%

Ethnicity	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
% 0 - White (1991 codes)	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
% A - White British	80.4%	80.4%	80.4%	80.6%	80.4%	80.5%	80.8%	80.9%	81.4%	80.7%	80.8%	80.7%	80.7%
% B - White Irish	4.0%	4.0%	4.5%	4.2%	4.4%	4.4%	4.3%	4.3%	4.0%	4.2%	4.2%	4.6%	4.6%
% C - White Other	4.9%	4.9%	4.8%	4.8%	5.0%	5.0%	4.6%	4.6%	4.3%	4.5%	4.5%	4.6%	4.6%
% D - Mixed Caribbean	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% E - Mixed African	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
% F - Mixed Asian	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.2%	0.2%	0.2%	0.2%	0.2%
% G - Mixed Other	0.8%	0.8%	0.8%	0.9%	0.8%	0.8%	1.1%	1.1%	1.1%	1.1%	1.0%	1.0%	1.0%
% H - Asian Indian	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.3%	1.3%	1.3%	1.3%	1.3%
% J - Asian Pakistani	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% K - Asian Bangladeshi	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% L - Asian Other	0.8%	0.8%	0.8%	0.8%	0.7%	0.6%	0.6%	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%
% M - Black Caribbean	0.6%	0.6%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
% N - Black African	1.7%	1.7%	1.7%	1.7%	1.9%	1.9%	1.9%	1.9%	1.9%	1.8%	1.8%	1.8%	1.8%
% P - Black Other	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
% R - Chinese	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%
% S - Other	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	0.4%
% Z - Not Stated	3.6%	3.6%	3.6%	3.6%	3.5%	3.5%	3.5%	3.5%	3.5%	3.9%	3.9%	3.6%	3.6%
% White	89.7%	89.7%	90.0%	90.0%	90.0%	90.2%	90.0%	90.1%	90.0%	89.7%	89.8%	90.2%	90.2%
% Mixed	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.5%	1.4%	1.5%	1.5%	1.5%	1.5%	1.5%
% Asian	2.2%	2.2%	2.2%	2.2%	2.1%	2.0%	1.9%	1.9%	1.9%	1.9%	1.8%	1.8%	1.8%
% Black	2.5%	2.5%	2.2%	2.2%	2.4%	2.4%	2.4%	2.4%	2.3%	2.3%	2.3%	2.2%	2.3%
% Other	0.8%	0.8%	0.8%	0.8%	0.7%	0.7%	0.7%	0.7%	0.8%	0.7%	0.7%	0.7%	0.7%
% BME	6.7%	6.7%	6.4%	6.4%	6.5%	6.3%	6.5%	6.4%	6.6%	6.4%	6.3%	6.2%	6.2%

% Female of Management

66.0%
65.8%
65.6%
65.4%
65.2%
65.0%
64.8%
64.6%
64.4%
64.2%

Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19

% Disabled of Management

9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%

Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19

% Gay, Lesbian or Bisexual (Management)

7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%

Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19

◆ % Gay or Lesbian   — % Bisexual

% BME of Management

6.8%
6.7%
6.6%
6.5%
6.4%
6.3%
6.2%
6.1%
6.0%
5.9%

Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19

Sexual Orientation Mix (Management)

% Gay, Bisexual or Lesbian of defined
% Undefined
% Do not wish to declare
% Undecided / Other
% Gay or Lesbian
% Bisexual
% Heterosexual

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

■ Feb-19
■ Feb-18

BME Ethnicity Mix (Management)

% BME
% Other
% Black
% Asian
% Mixed

0% | 1% | 2% | 3% | 4% | 5% | 6% | 7% | 8%

■ Feb-19
■ Feb-18

BSUH - Bank Only Staff Analysis

BSUH Staff Summary	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Substantive Staff Headcount	8,295	8,298	8,336	8,347	8,362	8,434	8,404	8,437	8,477	8,480	8,454	8,487	8,507
Bank Only Staff	1,760	1,814	1,834	1,741	1,758	1,801	1,843	1,900	1,938	1,975	2,003	1,966	2,002
Total Staffing	10,055	10,112	10,170	10,088	10,120	10,235	10,247	10,337	10,415	10,455	10,457	10,453	10,509
% Bank of Total	18%	18%	18%	17%	17%	18%	18%	18%	19%	19%	19%	19%	19%

BSUH Staffing WTEs - UK, EU (non UK) and Other - June 2016 to Now

Type	WTEs		Mix excl Not Stated	
	Jun-16	Feb-19	Jun-16	Feb-19
Consultant - UK	353.0	373.5	85.3%	83.2%
Consultant - Other EU	39.1	53.3	9.5%	11.9%
Consultant - Rest of the World	21.6	21.9	5.2%	4.9%
Consultant - Not Stated	29.9	16.7		
Other Medical - UK	478.8	544.3	76.8%	75.4%
Other Medical - Other EU	70.3	80.0	11.3%	11.1%
Other Medical - Rest of the World	74.0	97.7	11.9%	13.5%
Other Medical - Not Stated	19.4	11.5		
All Medical - UK	831.8	917.8	80.2%	78.4%
All Medical - Other EU	109.4	133.3	10.6%	11.4%
All Medical - Rest of the World	95.7	119.6	9.2%	10.2%
All Medical - Not Stated	49.3	28.2		
Registered Nurse - UK	1,474.8	1,464.5	66.7%	68.0%
Registered Nurse - Other EU	419.1	371.9	18.9%	17.3%
Registered Nurse - Rest of the World	317.6	318.6	14.4%	14.8%
Registered Nurse - Not Stated	183.2	143.8		
Unregistered Nurse - UK	525.5	538.3	70.6%	68.2%
Unregistered Nurse - Other EU	97.7	122.9	13.1%	15.6%
Unregistered Nurse - Rest of the World	121.5	128.4	16.3%	16.3%
Unregistered Nurse - Not Stated	67.6	57.6		
All Nursing - UK	2,000.3	2,002.8	67.7%	68.0%
All Nursing - Other EU	516.7	494.8	17.5%	16.8%
All Nursing - Rest of the World	439.0	447.0	14.9%	15.2%
All Nursing - Not Stated	250.8	201.4		

Type	WTEs		Mix excl Not Stated	
	Jun-16	Feb-19	Jun-16	Feb-19
Qualified ST&T - UK	651.2	706.3	83.4%	84.8%
Qualified ST&T - Other EU	76.6	73.8	9.8%	8.8%
Qualified ST&T - Rest of the World	53.2	53.3	6.8%	6.4%
Qualified ST&T - Not Stated	74.6	63.5		
Unqualified ST&T - UK	198.5	205.7	82.6%	79.9%
Unqualified ST&T - Other EU	18.6	25.0	7.7%	9.7%
Unqualified ST&T - Rest of the World	23.1	26.7	9.6%	10.4%
Unqualified ST&T - Not Stated	32.7	27.1		
All ST&T - UK	849.8	912.0	83.2%	83.6%
All ST&T - Other EU	95.2	98.7	9.3%	9.1%
All ST&T - Rest of the World	76.3	80.0	7.5%	7.3%
All ST&T - Not Stated	107.3	90.5		
Non Clinical - UK	1,495.5	1,614.6	82.6%	82.4%
Non Clinical - Other EU	228.2	249.7	12.6%	12.7%
Non Clinical - Rest of the World	86.2	94.7	4.8%	4.8%
Non Clinical - Not Stated	145.5	122.8		
All Staff - UK	5,177.3	5,447.2	75.9%	76.0%
All Staff - Other EU	949.5	976.5	13.9%	13.6%
All Staff - Rest of the World	697.3	741.3	10.2%	10.3%
All Staff - Not Stated	552.9	442.9		
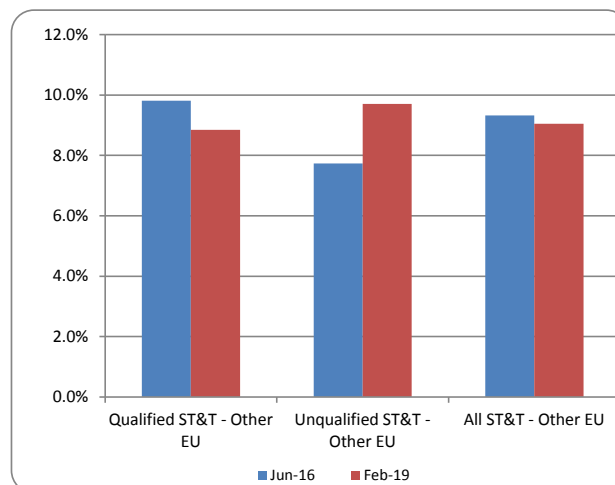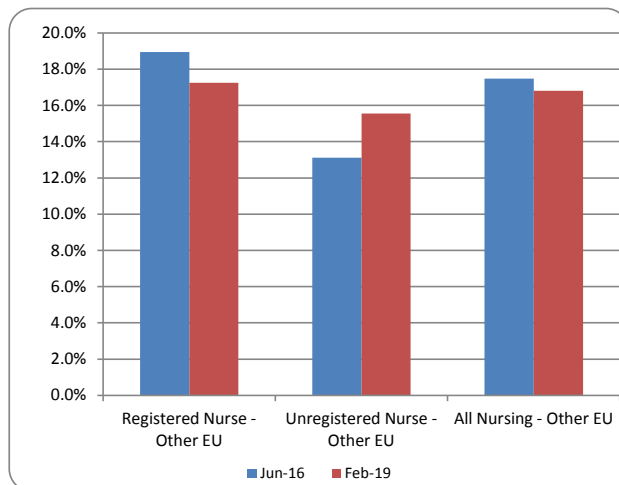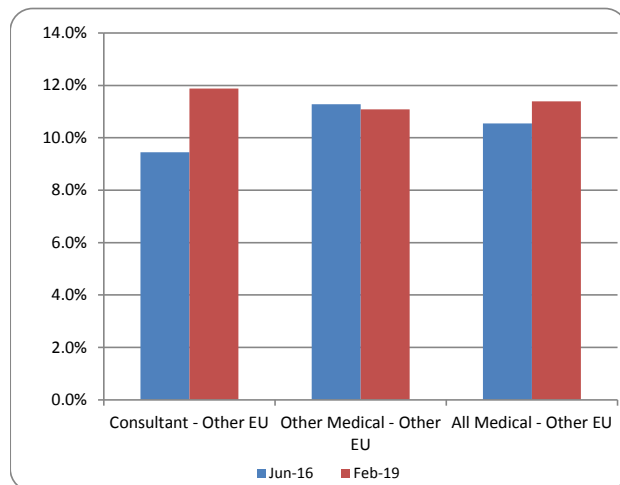
BSUH Workforce Scorecard

February 2019

Key Performance Indicators	NB	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	12mth position	Target	Amber	Trend
1 Workforce Capacity	NB																	
FTE - Budgeted		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	8,261.2	8,262.9	8,269.8			
FTE - Substantive contracted		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	7,516.7	7,531.4	7,463.5			
FTE - Substantive contracted variance from Budget		855.4	842.3	874.1	908.0	885.0	805.5	811.1	784.1	760.5	757.5	772.3	744.5	731.5	806.4			
Vacancy Factor (Substantive contracted FTE)		10.4%	10.3%	10.6%	10.9%	10.7%	9.7%	9.8%	9.5%	9.2%	9.2%	9.3%	9.0%	8.9%	9.7%	9.1%		
Spend - Bank as a % of total staffing		6.3%	5.5%	5.1%	5.5%	6.0%	5.4%	4.9%	5.3%	5.1%	6.0%	4.8%	4.9%	5.5%	5.3%			
Spend - Agency as a % of total staffing		4.0%	4.4%	3.4%	3.5%	4.1%	4.1%	2.2%	3.1%	4.1%	4.4%	3.5%	4.2%	3.3%	3.7%			
2 Workforce Efficiency	NB																	
Absence - Sickness (12 month)	1	4.2%	4.1%	4.1%	4.1%	4.1%	4.0%	4.0%	4.0%	4.0%	4.0%	3.9%	3.9%			3.6%		
Absence - Sickness in month		4.1%	3.6%	3.5%	3.7%	3.6%	3.8%	3.8%	3.9%	4.1%	4.3%	4.2%	4.1%		3.9%			
Absence - Maternity in month		2.2%	2.3%	2.2%	2.2%	2.1%	2.1%	2.1%	2.0%	2.1%	2.2%	2.2%	2.3%		2.2%			
Absence - Annual Leave in month		6.6%	8.3%	6.1%	7.2%	5.9%	6.8%	9.3%	6.1%	5.7%	4.5%	8.1%	5.0%		6.6%			
Absence - Special, Study & Other Leave in month		2.9%	3.0%	2.8%	2.9%	3.0%	3.1%	3.2%	3.2%	3.3%	3.5%	3.5%	3.6%		3.2%			
Absence - Total in month		15.8%	17.1%	14.8%	16.0%	14.6%	15.8%	18.3%	15.2%	15.3%	14.5%	18.0%	15.0%		15.9%			
Sickness - Short Term (< 28 days)		1.9%	1.7%	1.7%	1.8%	1.7%	1.8%	1.8%	1.8%	2.0%	2.1%	2.1%	2.0%		1.9%			
Sickness - Long Term (> 27 days)		2.2%	1.9%	1.8%	1.9%	1.9%	2.0%	2.0%	2.0%	2.0%	2.1%	2.2%	2.2%		2.0%	2.0%		
Sickness - Stress in month		0.6%	0.6%	0.6%	0.6%	0.7%	0.8%	0.6%	0.7%	0.7%	0.8%	0.8%	0.6%		0.7%			
Sickness - Gastro Intestinal in month		0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%		0.3%			
Sickness - Other Musculoskeletal in month		0.3%	0.3%	0.3%	0.4%	0.3%	0.3%	0.3%	0.4%	0.3%	0.4%	0.4%	0.4%		0.3%			
Sickness - Cough, Cold & Flu in month		0.6%	0.4%	0.3%	0.2%	0.1%	0.1%	0.2%	0.3%	0.4%	0.4%	0.5%	0.8%		0.4%			
Sickness - Back in month		0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	0.2%	0.1%		0.2%			
Episodes - New sickness episodes in month		1,247	1,158	1,230	1,086	1,092	1,123	1,134	1,264	1,518	1,477	1,478	1,541		1,279			
Episodes - On-going sickness episodes in month		299	288	224	277	262	260	282	280	256	324	336	313		283			
Episodes - Total sickness episodes in month		1,546	1,446	1,454	1,363	1,354	1,383	1,416	1,544	1,774	1,801	1,814	1,854		1,562			
Triggers - 3 sickness episodes in 6 months breaches		747	729	709	657	597	506	541	554	615	684	737	811		657			
Triggers - 5 sickness episodes in 12 months breaches		546	554	552	548	552	556	556	548	566	564	574	591		559			
Triggers - Long term sickness breaches		116	105	110	110	111	116	94	106	113	117	121	110		111			
Triggers - Total sickness management breaches		1,409	1,388	1,371	1,315	1,260	1,178	1,191	1,208	1,294	1,365	1,432	1,512		1,327			
Triggers - Number of staff breaching one (or multiple) triggers		998	959	960	923	870	811	811	844	899	1,029	1,070	1,023		933			
Maternity - Number of staff on maternity leave		197	201	197	195	175	181	181	182	196	196	196	197		191			
Turnover - Trust (12 month)		14.2%	14.2%	14.2%	14.2%	14.1%	14.1%	14.1%	13.9%	13.7%	14.0%	14.0%	13.5%	13.2%	13.9%	11.3%		
Turnover - Medical & Dental		10.4%	10.0%	10.4%	10.1%	9.6%	10.1%	10.4%	10.5%	10.3%	9.9%	9.1%	8.7%	8.7%	9.8%			
Turnover - Nursing & Midwifery		13.5%	13.5%	13.2%	13.0%	12.9%	13.0%	13.0%	13.3%	13.2%	13.6%	14.1%	13.7%	13.3%	13.3%			
Turnover - Scientific, Therapeutic & Technical		17.8%	17.2%	17.3%	17.8%	17.6%	17.4%	17.3%	16.2%	15.8%	16.4%	15.7%	14.9%	14.1%	16.5%			
Turnover - Admin, Clerical & Estates		14.7%	15.1%	15.4%	16.0%	15.7%	15.4%	15.4%	14.7%	14.4%	14.7%	14.4%	13.8%	13.9%	14.9%			
Turnover - Support Staffing		13.3%	13.9%	13.7%	13.2%	13.9%	14.1%	14.0%	13.7%	13.5%	13.1%	13.6%	13.2%	13.3%	13.6%			
3 Training & Personal Development	NB																	
% of appraisals up to date (excl Medical staff)		71.7%	72.3%	77.1%	80.6%	83.7%	85.4%	90.1%	90.2%	88.0%	86.2%	85.6%	85.3%	82.5%	83.9%	89%		

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

Brighton and Sussex University Hospitals NHS Trust

Gender pay gap report
(31 March 2018 snapshot)

1) What is the gender pay gap report?

Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees. There are two sets of regulations. The first is mainly for the private and voluntary sectors (taking effect from 5 April 2017) and the second is mainly for the public sector (taking effect from 31 March 2017). Employers will have up to 12 months to publish their gender pay gaps.

The results must be published on the employer's website and a government website. They must, where applicable, be confirmed in a written statement by an appropriate person, such as a chief executive. While employers may already be taking steps to improve gender equality and reduce or eliminate their gender pay gap, this process will support and encourage action.

Gender pay reporting is different to equal pay - equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The NHS terms and conditions of service handbook contain the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

Job evaluation (JE) enables jobs to be matched to national job profiles or allows trusts to evaluate jobs locally, to determine in which Agenda for Change pay band a post should sit.

2) The gender pay gap indicators

An employer must publish six calculations showing their:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

3) BSUH workforce context – 31/03/18

The current gender split within the overall workforce is 71.2% female and 28.8% male (Headcount). The breakdown of proportion of females and males in each banding by Headcount:

Band	Male	Female
Apprentice	-	-
Band 1	43.8%	56.2%
Band 2	30.3%	69.7%
Band 3	27.6%	72.4%
Band 4	21.1%	78.9%
Band 5	21.5%	78.5%
Band 6	18.6%	81.4%
Band 7	21.0%	79.0%
Band 8a	27.9%	72.1%
Band 8b	33.3%	66.7%
Band 8c	41.0%	59.0%
Band 8d	57.9%	42.1%
Band 9	44.4%	55.6%
Medical	51.8%	48.2%
Trust Board	46.7%	53.3%

4) Results for BSUH – 31 March 2018 snapshot

a) Average gender pay gap as a mean average

Overall

	Male	Female	% Difference
Mean hourly rate	£19.14	£15.93	**16.8%**

Agenda for Change and Medical

	Male (AfC)	Female (AfC)	% Difference
Mean hourly rate	£13.72	£14.48	**-5.5%**
	Male (Medical)	Female (Medical)	% Difference
	£35.76	£30.51	**14.7%**

b) Average gender pay gap as a median average

Overall

	Male	Female	% Difference
Median hourly rate	£14.22	£14.28	**-0.4%**

Agenda for Change and Medical

	Male (AfC)	Female (AfC)	% Difference
Median hourly rate	£11.89	£13.63	**-14.6%**
	Male (Medical)	**Female (Medical)**	**% Difference**
	£34.61	£26.94	**22.2%**

c) **Average bonus gender pay gap as a mean average**

	Male (Medical)	Female (Medical)	% Difference
Mean bonus payment	£16,450	£10,381	**36.9%**

d) **Average bonus gender pay gap as a median average**

	Male (Medical)	Female (Medical)	% Difference
Median bonus payment	£12,054	£6,780	**43.8%**

e) **Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment**

Male proportion receiving bonus	Male medical staff overall	% diff	Female proportion receiving bonus	Female medical staff overall	% diff
20.2%	51.6%	**-31.4%**	9.6%	48.4%	**-38.8%**

f) **Proportion of males and females when divided into four groups ordered from lowest to highest pay**

	Male	Female
Lower (Q1)	31.4%	68.6%
Lower middle (Q2)	27.4%	72.6%
Upper middle (Q3)	19.9%	80.1%
Upper (Q4)	38.4%	61.6%

5) Goals and Summary

Brighton and Sussex University Hospitals goal is to help our colleagues by providing them with the flexibility, skills and rewards to grow at BSUH.

As a trust we have now abolished the Band 1 pay scale so all new employees going forward shall start on Band 2. We know that many of the actions we need to take to address the gap are not directly about pay, but are about ensuring a more inclusive balance across our trust. To that end we are taking actions now to help us achieve that goal.

Support and attract female talent

Apprenticeships - We continue to develop and expand our Apprenticeship programme to help colleagues shape their future career paths and achieve their aspirations at Brighton and Sussex University Hospitals.

Gender target - Over the past 12 months we have increased the number of women who occupy line manager roles plus we currently have 6 female board members including the CEO and 8 male board members reflecting how we are changing from the top to become a fair and equal employer with nearly 50% of the board members being female.

Learning and development – With the creation of the mentorship programme for all staff at BSUH and Board Directors supporting colleagues to attend training courses like Workforce Race Equality Standard (WRES) experts development programme.

Maternity and Paternity support - We've improved our maternity pay to help new parents manage those first months with their new baby, by extending the payments to colleagues on maternity leave. We have also have a shared parental leave policy which means that colleagues can be flexible about the way they care for their baby.

Staff Networks – BSUH currently have 3 staff networks Disability, LGBTQ+, Religion or Belief that are all focused on the protected characteristic they represent and focus on 3 main outcomes Communication, Recruitment and Support.

Equip and empower our leaders

Inclusion training – BSUH have senior management training and support employees to develop and this year the Equality, Diversity and Inclusion team shall be creating EDI training for employees. This training will be cascaded across our trust to attract and retain a more diverse workforce and has put us in the Stonewall index position of 143 hoping that in 2019 BSUH will be within the Top 100.

Coaching and support - We now provide enhanced access to coaching support for employees who are seen as high potential leaders of the future and have started a mentorship scheme where Dame Marianne Griffiths the trusts CEO will be mentoring a staff member among other senior staff developing new and existing staff to grow and develop within the trust.

Ensure we are being inclusive

Building an inclusive culture - Our aim is to build an inclusive working environment that values colleagues' needs. We are reviewing our approach to provisions for pay progression for colleagues and we already have a flexible work policy in place at the trust.

Diversity Matters Steering Group - We have created a Diversity Matter Steering Group made up of key figures within BSUH from the CEO, Head of HR, Head of EDI and Chairman's of all the protected characteristic networks i.e. Disability, LGBTQ+ and Religion the monthly meetings are to support, challenge and provide insight to our Senior Leadership Teams.

The panel help us to understand how we can best support diverse patients and colleague groups and make real change at BSUH to build a truly inclusive culture.

Agenda Item:	8.2	Meeting:	BSUH TRUST PUBLIC BOARD	Meeting Date:	27TH MARCH 19
Report Title:	**ANALYSIS OF STAFF SURVEY 2018**				
Sponsoring Executive Director:		DENISE FARMER,CHIEF OD AND WORKFORCE OFFICER			
Author(s):		FAYE HEFFERNAN, ENGAGEMENT HEALTH AND WELLBEING 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:

- This report provides analysis of the Staff Survey Results for 2018
- There is a direct correlation between a highly engaged, performing workforce and quality of care.
- True North People Objective – Top 20% of NHS Employers for Staff Engagement as measured by the annual NHS staff survey
- Staff engagement impacts on all our staff
- Divisional results will be shared internally with the Divisional Leads and key BSUH staff

Key Recommendation(s):

ANALYSIS OF STAFF SURVEY 2018

1.0   INTRODUCTION

The National Staff Survey is undertaken each year by all NHS Trusts within England and Wales with the aim of capturing staff views on their experiences at work and NHS services.

For the 2018 survey, roll out to all substantive staff in the Trust was undertaken between 1 October and 30 November for the third year. Prior to 2016, a sample size of 800 staff was randomly selected. Picker administered the survey for 8,108 eligible staff and responses were received from 4,739 staff.

For 2018 BSUH selected a mixed-mode option. Departments opted for either on-line or paper staff surveys; this allowed departments to choose a mode that would best suit their staff in order to encourage a higher staff response rate. Senior managers and medical staff were automatically allocated on-line surveys based on feedback from last year. Approximately 4,186 staff received their survey online via email, while 4,073 staff opted to receive theirs via paper copy.

In 2017 the NHS Staff Survey Coordination Centre undertook a review of the reporting outputs to understand what worked well and what needed to be improved. Based on this feedback changes were made to the 2018 Staff Survey reporting.

This includes new summary indictors, replacing Key Findings with 10 Themes. A set of between 3 to 9 questions feed into each Theme, creating an overall score out of 10. A higher score indicates a more favorable result. The 10 Themes are as follows:

- Equality, Diversity and Inclusion
- Health and Wellbeing
- Immediate Managers
- Morale (new)
- Quality of Appraisals
- Quality of Care
- Safe Environment – Bulling and Harassment
- Safe Environment – Violence
- Safety Culture
- Staff Engagement

The full feedback report for all Trusts in England and Wales was published on 26th February 2019 and details scores for the 10 Themes compared to benchmarking data against 89 Acute Trusts.   The results show BSUH scores compared to the average Acute Trust Score, and the best and worst performing Acute Trusts.

This paper summarises the Trust's headline results and aims to promote discussion on the corporate actions proposed.

2.0 SUMMARY OF RESULTS

The overall Trust response rate for 2018 is 59.1% (4,739 staff) and compares with a response rate of 56.3% from 2017 and 39.6% from 2016. The National average response rate for 89 Acute Trusts is 44%.

The table below shows BSUH historical comparison against the National average, best and worst participation rates for Acute Trusts. As shown our participation rate has increased significantly from 2014. Benchmarked against Acute Trusts in England and Wales we are 15% above the average but over 10% under the best performing Trust.

Benchmarked against National results a summary of our 10 Themes are as follows:

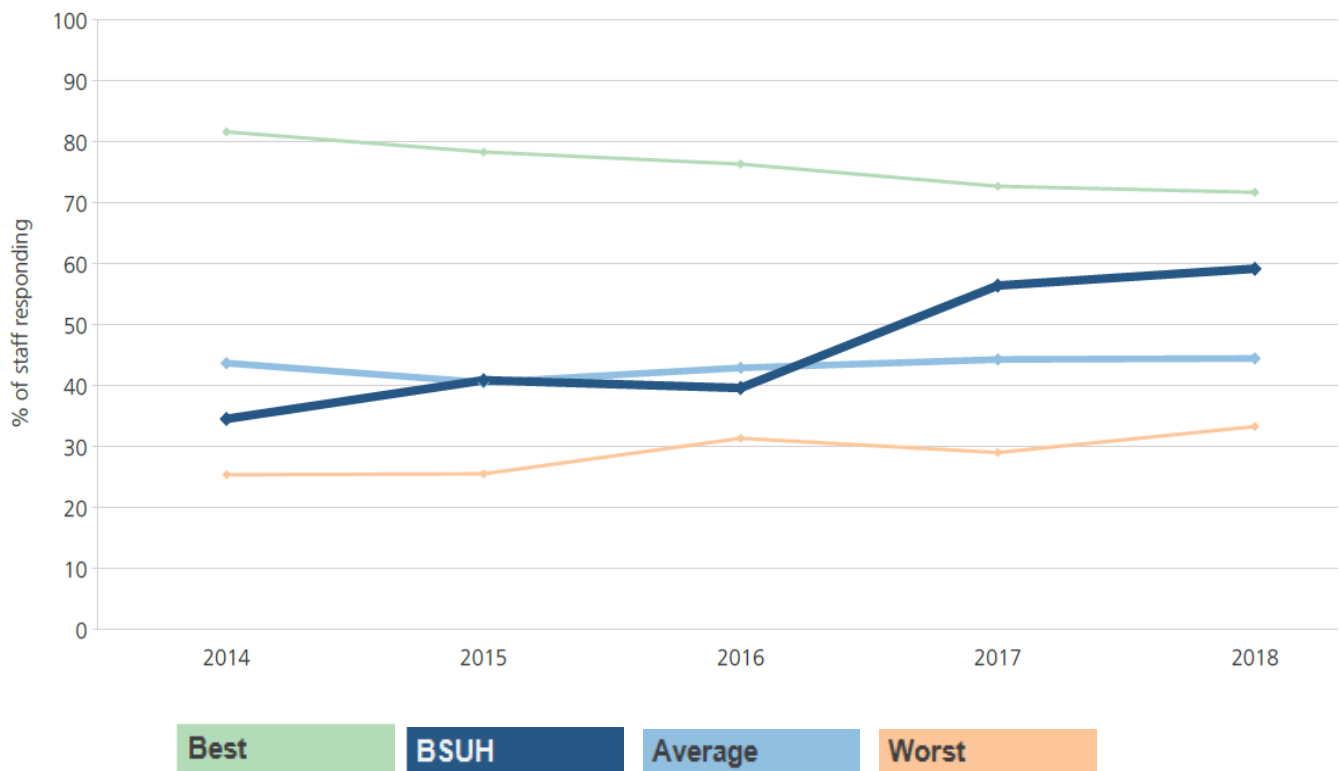|	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	8.9	5.7	6.8	6.1	5.3	7.3	7.8	9.4	6.6	6.9
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
No. responses	4,622	4,647	4,650	4,602	3,870	4,255	4,600	4,601	4,634	4,697

Compared to the average score for national Acute Trusts we are better in 1; Immediate managers (0.1), the same in 3; Morale (6.1), Safe environment – Violence (9.4) and Safety culture (6.6). We were marginally below the average on the remaining 6 Themes; 0.1 under Quality of appraisal, Quality of care, Safe environment – bullying and harassment and Staff engagement. We were 0.2 under the average for Health and Wellbeing and Equality, diversity and inclusion.

Compared to the best scoring Trusts we are below in all Themes. Quality of appraisal is 1.2 below the best and Health and Wellbeing at 1.0 below the Trust score. The remaining 8 Themes are less than 1 point from the best; Safe environment – Violence is closer to the best performing Trust at 0.2 under.

Overall our results show positive changes from 2017. The Trust has significantly increased in all 9 measurable Themes. Morale has no historical score as the questions were new for 2018.

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	8.8	4185	8.9	4622	↑
Health & wellbeing	5.4	4219	5.7	4647	↑
Immediate managers	6.5	4213	6.8	4650	↑
Morale		0	6.1	4602	N/A
Quality of appraisals	4.9	3406	5.3	3870	↑
Quality of care	7.2	3785	7.3	4255	↑
Safe environment - Bullying & harassment	7.5	4176	7.8	4600	↑
Safe environment - Violence	9.2	4125	9.4	4601	↑
Safety culture	6.2	4208	6.6	4634	↑
Staff engagement	6.5	4237	6.9	4697	↑

Compared to Acute Trusts surveyed by Picker we are ranked top out of 43 Acute Trusts for the most positive changes in our scoring since 2017, the graph below shows the comparison.

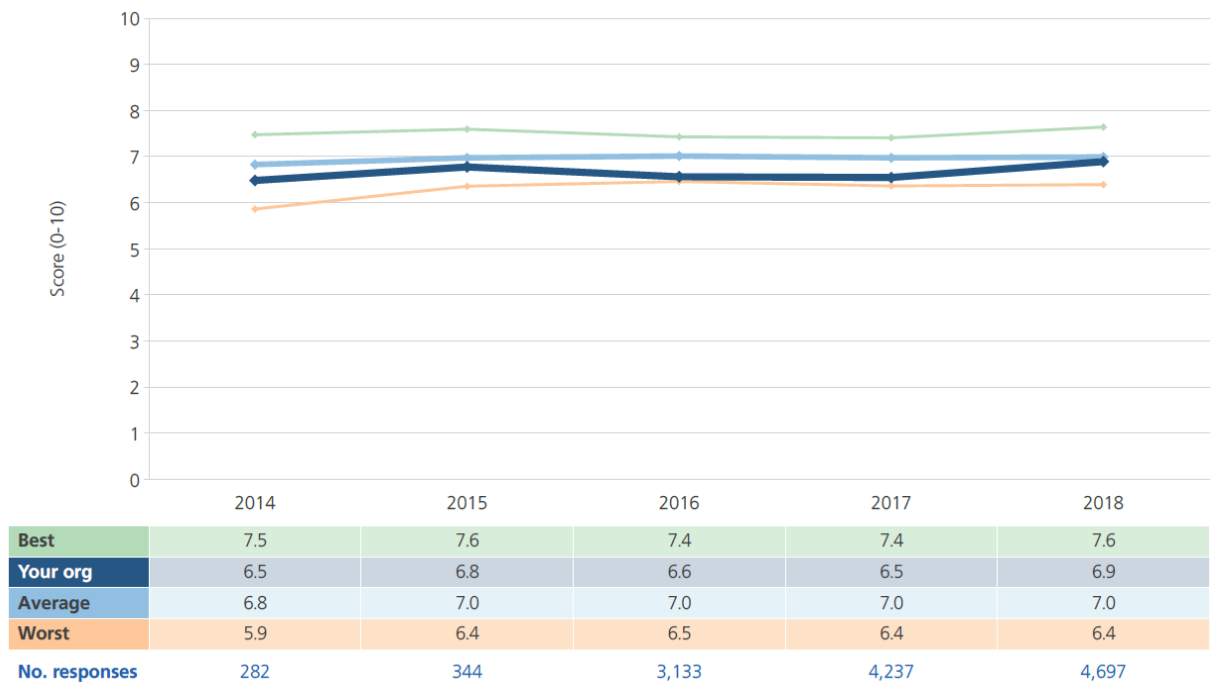NHS National Staff Survey 2018: Overall Positive Score Change
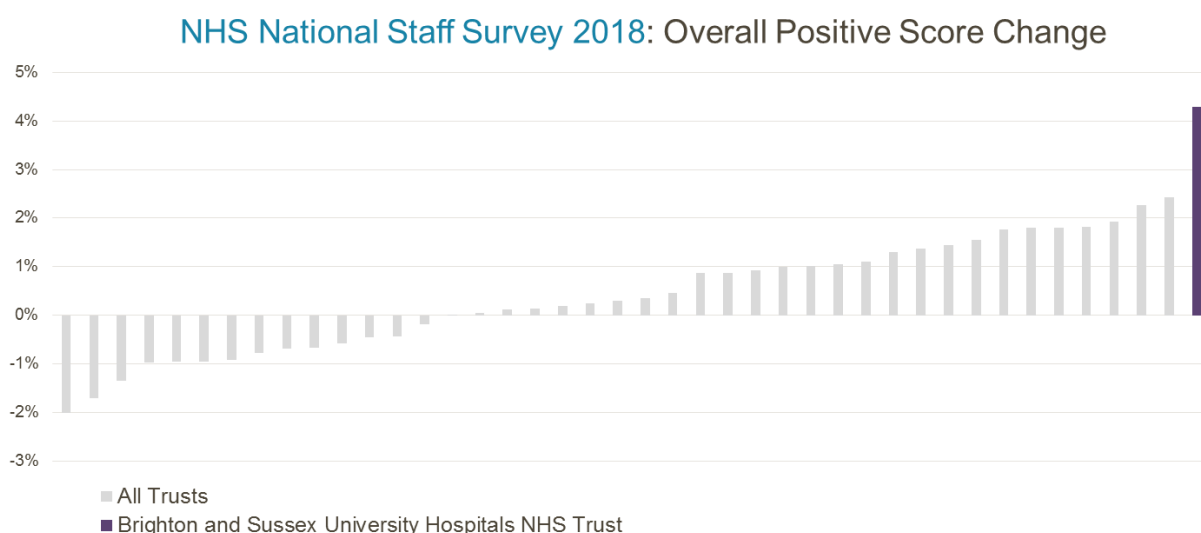
Our number one ranking is driven by 60 out of 90 questions achieving a significant positive improvement from 2017. As defined by Picker, a significant improvement means that statistically we can be confident our results reflect a real difference from 2017. This demonstrates that the changes we have implemented since 2016 are making a difference to the culture of the organisation and the engagement of staff.
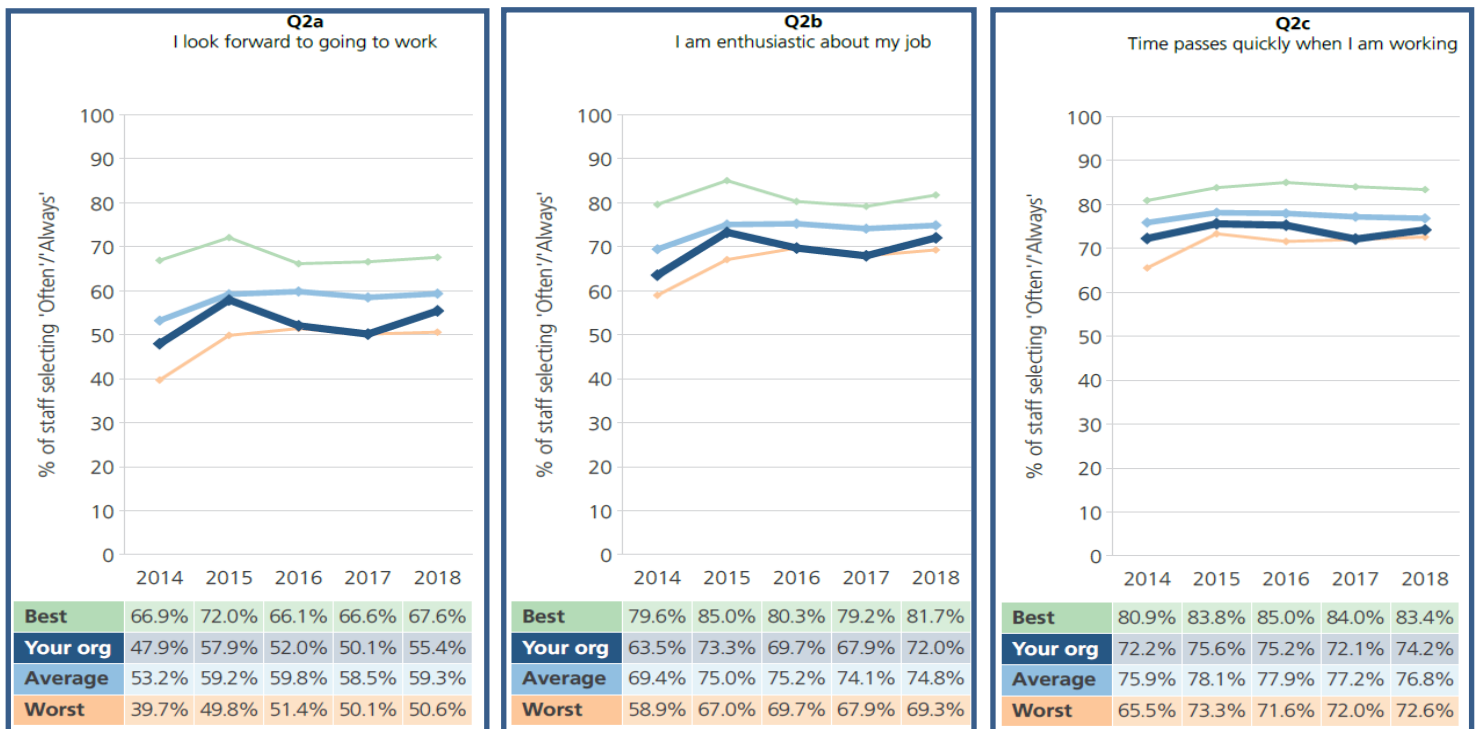
Our Engagement Scores

Staff engagement has been a key focus for the Trust over the last two years. The Staff Engagement Theme is made up of 3 sub-themes; Motivation, Improvement and Recommendation. Each sub-theme contains 3 questions which make up the overall score. Our 2018 score is 6.9, a significant increase on our 2017 score of

6.5. We are just under the National Acute Trust average score of 7 and 0.6 below the best Acute Trust score of 7.6.

	2014	2015	2016	2017	2018
Best	7.5	7.6	7.4	7.4	7.6
Your org	6.5	6.8	6.6	6.5	6.9
Average	6.8	7.0	7.0	7.0	7.0
Worst	5.9	6.4	6.5	6.4	6.4
No. responses	282	344	3,133	4,237	4,697

All 9 Staff engagement questions improved since the 2017 survey and 8 out 9 saw significant increases in scores.

Staff Engagement – Motivation

Q2a
I look forward to going to work

	2014	2015	2016	2017	2018
Best	66.9%	72.0%	66.1%	66.6%	67.6%
Your org	47.9%	57.9%	52.0%	50.1%	55.4%
Average	53.2%	59.2%	59.8%	58.5%	59.3%
Worst	39.7%	49.8%	51.4%	50.1%	50.6%

Q2b
I am enthusiastic about my job

	2014	2015	2016	2017	2018
Best	79.6%	85.0%	80.3%	79.2%	81.7%
Your org	63.5%	73.3%	69.7%	67.9%	72.0%
Average	69.4%	75.0%	75.2%	74.1%	74.8%
Worst	58.9%	67.0%	69.7%	67.9%	69.3%

Q2c
Time passes quickly when I am working

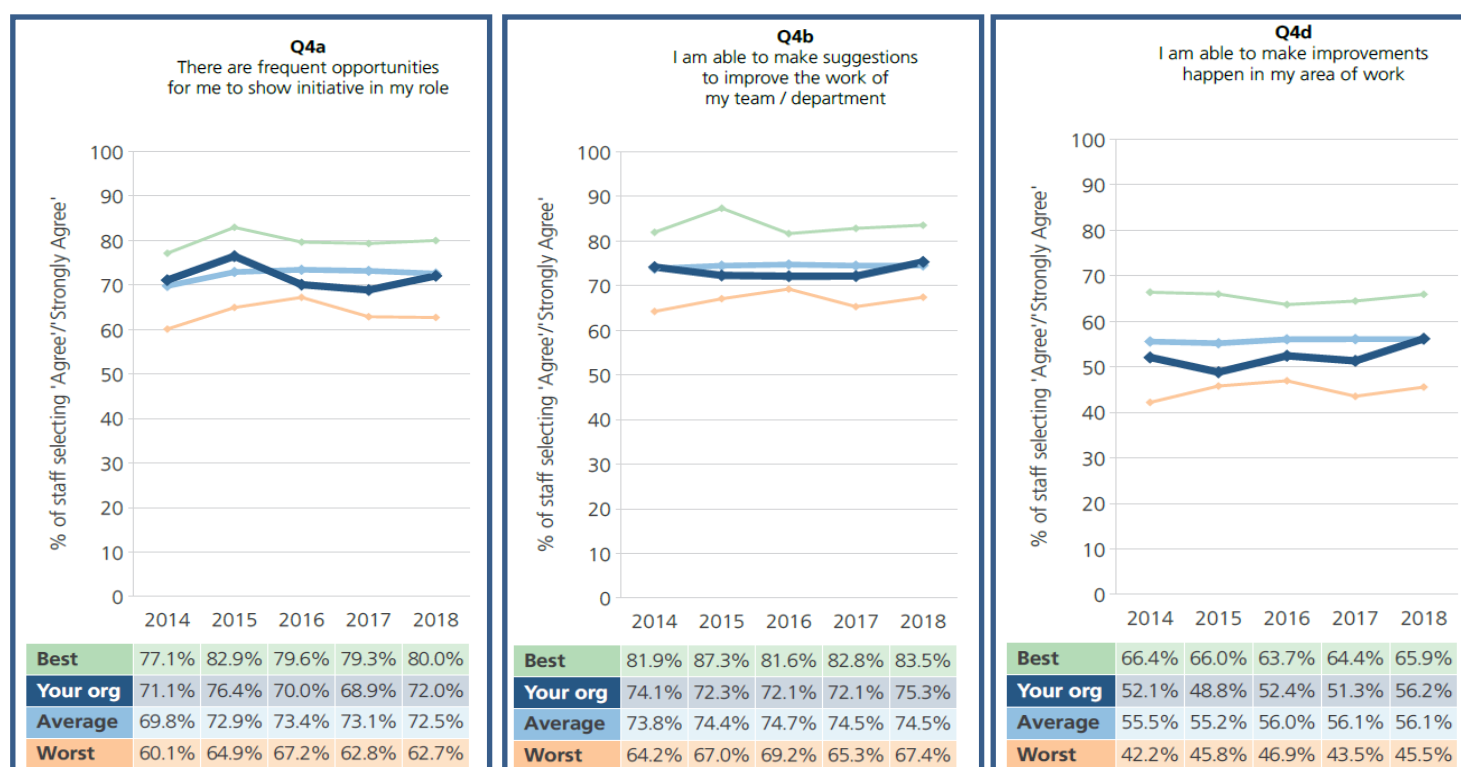|	2014	2015	2016	2017	2018
Best	80.9%	83.8%	85.0%	84.0%	83.4%
Your org	72.2%	75.6%	75.2%	72.1%	74.2%
Average	75.9%	78.1%	77.9%	77.2%	76.8%
Worst	65.5%	73.3%	71.6%	72.0%	72.6%

Motivation increased in all 3 questions since 2017; question 2a *'I look forward to going to work'* increased by 5.3%. Question 2b *'I am enthusiastic about my job'* increased by 4.1% and question 2c *'Time passes quickly when I am at work'* increased by 2.1%.

All 3 questions were below the average Acute Trust score with Question 2a being 3.9% below, Question 2b was 2.8% below, and Question 2c was 2.6% below the average score.

Compared to the best performing Acute Trust Question 2a is the furthest from the best score at 12.2% below. Question 2b is 9.7% below and Question 2c is 9.2% below the best Trust score.

Staff Engagement: Improvement

Q4a There are frequent opportunities for me to show initiative in my role	2014	2015	2016	2017	2018
Best	77.1%	82.9%	79.6%	79.3%	80.0%
Your org	71.1%	76.4%	70.0%	68.9%	72.0%
Average	69.8%	72.9%	73.4%	73.1%	72.5%
Worst	60.1%	64.9%	67.2%	62.8%	62.7%

Q4b I am able to make suggestions to improve the work of my team / department	2014	2015	2016	2017	2018
Best	81.9%	87.3%	81.6%	82.8%	83.5%
Your org	74.1%	72.3%	72.1%	72.1%	75.3%
Average	73.8%	74.4%	74.7%	74.5%	74.5%
Worst	64.2%	67.0%	69.2%	65.3%	67.4%

Q4d I am able to make improvements happen in my area of work	2014	2015	2016	2017	2018
Best	66.4%	66.0%	63.7%	64.4%	65.9%
Your org	52.1%	48.8%	52.4%	51.3%	56.2%
Average	55.5%	55.2%	56.0%	56.1%	56.1%
Worst	42.2%	45.8%	46.9%	43.5%	45.5%

Staff feeling they have the ability to contribute to improvements within our organisation is our strongest area of staff engagement. This is demonstrated as we are consistent with the average score for Acute Trusts measured nationally and are closest to the best performing Trust score.

All questions have significantly improved from 2017. Question 4a *'There are frequent opportunities for me to show initiative in my role'* increase by 3.1%. Question 4b *'I am able to make suggestions to improve the work of my team/department'* increased by 3.2%. Question 4d *'I am able to make improvements happen in my area of work'* increased by 4.8% from 2017.

Question 4b scored 0.8 above the National average score for Acute Trusts and Questions 4a and 4d were matching the national average. All questions were below the best Trust score with Question 4d, being the furthest away at 9.7% below the best Trust score.

Staff Engagement: Recommendation

Recommendation contains our breakthrough objective under the strategic theme of 'Our People' within our Patient First programme. This was to match the average for Acute
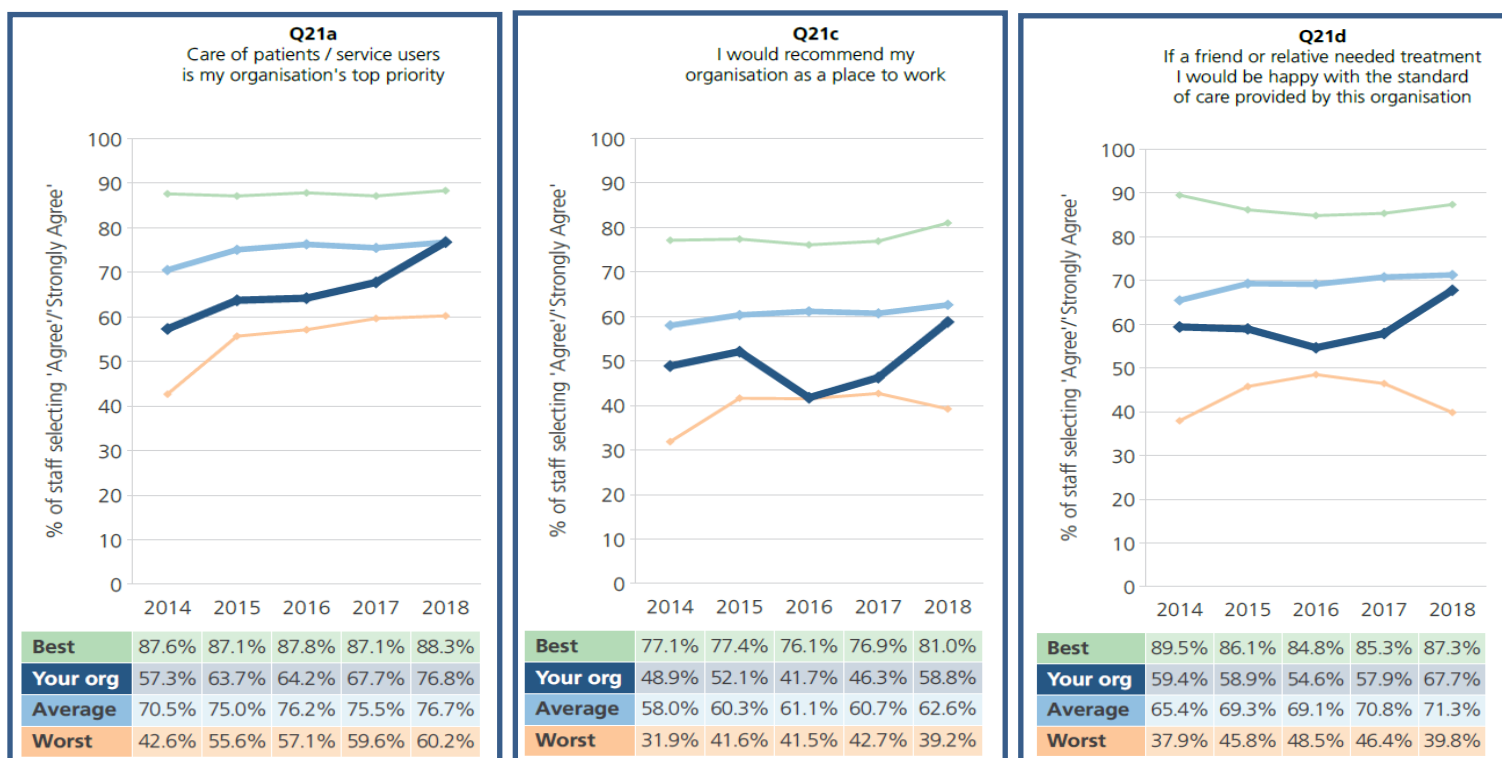
Trusts in question 21a, staff believing that care of patients and service users is our organisations top priority. We have achieved this year, as shown below.

This is the most improved area of staff engagement from 2017. However we are still under the average score for Acute Trusts on two questions and significantly under the best performing Trust.

Question 21a *'Care of patients/service users is my organisations top priority'* increased by 9.1% from 2017. Question 21c *'I would recommend my organisation as a place to work.'* Increased by 12.5% and question 21d *'If a friend or relative needed treatment I would be happy with the standard of care provided by this* organisation' increased by 9.8% from 2017.

We have matched the average score for Acute Trusts on our breakthrough objective for question 21a, which demonstrates the Trusts commitment to putting actions in place to ensure our staff are passionate about delivering excellent quality care and putting our patients first and foremost.

Although we have significantly improved in questions 21c and 21d, we are still short of matching the average Acute Trust score and compared to the best performing Trust we still have opportunity to further improve in all 3 questions; question 21a is 11.5% below the best Trust, question 21c is 22.2% below and question 21d is 19.6% below the best performing Trust.

Q21a
Care of patients / service users
is my organisation's top priority

	2014	2015	2016	2017	2018
Best	87.6%	87.1%	87.8%	87.1%	88.3%
Your org	57.3%	63.7%	64.2%	67.7%	76.8%
Average	70.5%	75.0%	76.2%	75.5%	76.7%
Worst	42.6%	55.6%	57.1%	59.6%	60.2%

Q21c
I would recommend my
organisation as a place to work

	2014	2015	2016	2017	2018
Best	77.1%	77.4%	76.1%	76.9%	81.0%
Your org	48.9%	52.1%	41.7%	46.3%	58.8%
Average	58.0%	60.3%	61.1%	60.7%	62.6%
Worst	31.9%	41.6%	41.5%	42.7%	39.2%

Q21d
If a friend or relative needed treatment
I would be happy with the standard
of care provided by this organisation

	2014	2015	2016	2017	2018
Best	89.5%	86.1%	84.8%	85.3%	87.3%
Your org	59.4%	58.9%	54.6%	57.9%	67.7%
Average	65.4%	69.3%	69.1%	70.8%	71.3%
Worst	37.9%	45.8%	48.5%	46.4%	39.8%

Freedom to speak up

In order to foster a culture of staff engagement and continuous improvement the Trust recognises the need to build upon a culture that supports staff to speak up.

The staff survey results that support a speaking up culture are shown in the table below. We have improved in all questions compared to 2017, with a significant increase in

question 17a *'My organisation treats staff who are involved in an error, near miss or incident fairly'* of 12%.

Compared to the average Acute Trust score, we are better by 2% in question 17a, the same in 3 questions; 16c *'the last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?'*, 18a *'If you were concerned about unsafe clinical practice, would you know how to report it?'* and 18b *'I would feel secure raising concerns about unsafe clinical practice.'* We are 2% worse that the average in question 17b *'My organisation encourages us to report errors, near misses or incidents.'*

Compared to the best Acute Trust score we are under the highest scoring Trusts on all questions but significantly lower on questions 17a, 17b and 18b.

Question	BSUH 2017	BSUH 2018	National Acute Trust Average	Variance from Avg	National Acute Trust Best	Variance from BEST	National Acute Trust Worse	Variance from WORST
Q16c The last time your saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	94%	95%	95%	0%	98%	-3%	91%	3%
Q17a My organisation treats staff who are involved in an error, near miss or incident fairly.	49%	61%	59%	2%	70%	-9%	43%	18%
Q17b My organisation encourages us to report errors, near misses or incidents.	82%	86%	88%	-2%	94%	-7%	81%	5%
Q18a If you were concerned about unsafe clinical practice, would you know how to report it?	92%	94%	94%	0%	97%	-3%	91%	3%
Q18b I would feel secure raising concerns about unsafe clinical practice.	65%	69%	69%	0%	77%	-7%	61%	9%

3.0   OUR STRENGHS

Immediate Managers

The Theme Immediate managers is part of the 10 summary indictors and was the only Theme we achieved above the average score for Acute Trusts. We were also only 0.5 from the best Trust score.

This is driven by 5 out of 6 questions that make up the immediate manager Theme achieving above the average score for Acute Trusts. Question 19g *'My manager supports me to receive training, Learning and Development'* was 1% below the average score.

All questions were just below the best Trust score, with the exception of question 19g which scored 13.5% below the best.

Immediate managers Theme score:

	2015	2016	2017	2018
Best	7.3	7.2	7.2	7.3
Your org	6.4	6.4	6.5	6.8
Average	6.6	6.7	6.7	6.7
Worst	6.1	6.2	6.2	6.2
No. responses	341	3,049	4,213	4,650
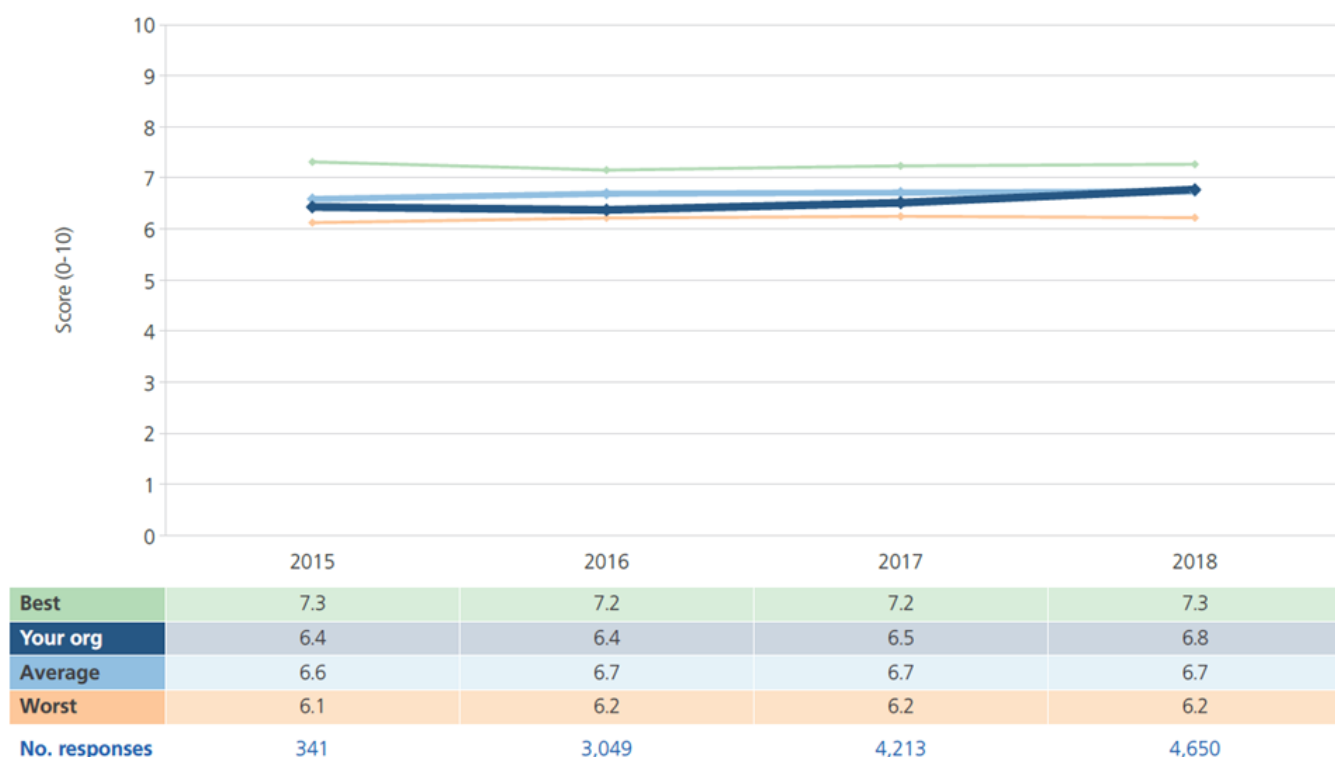
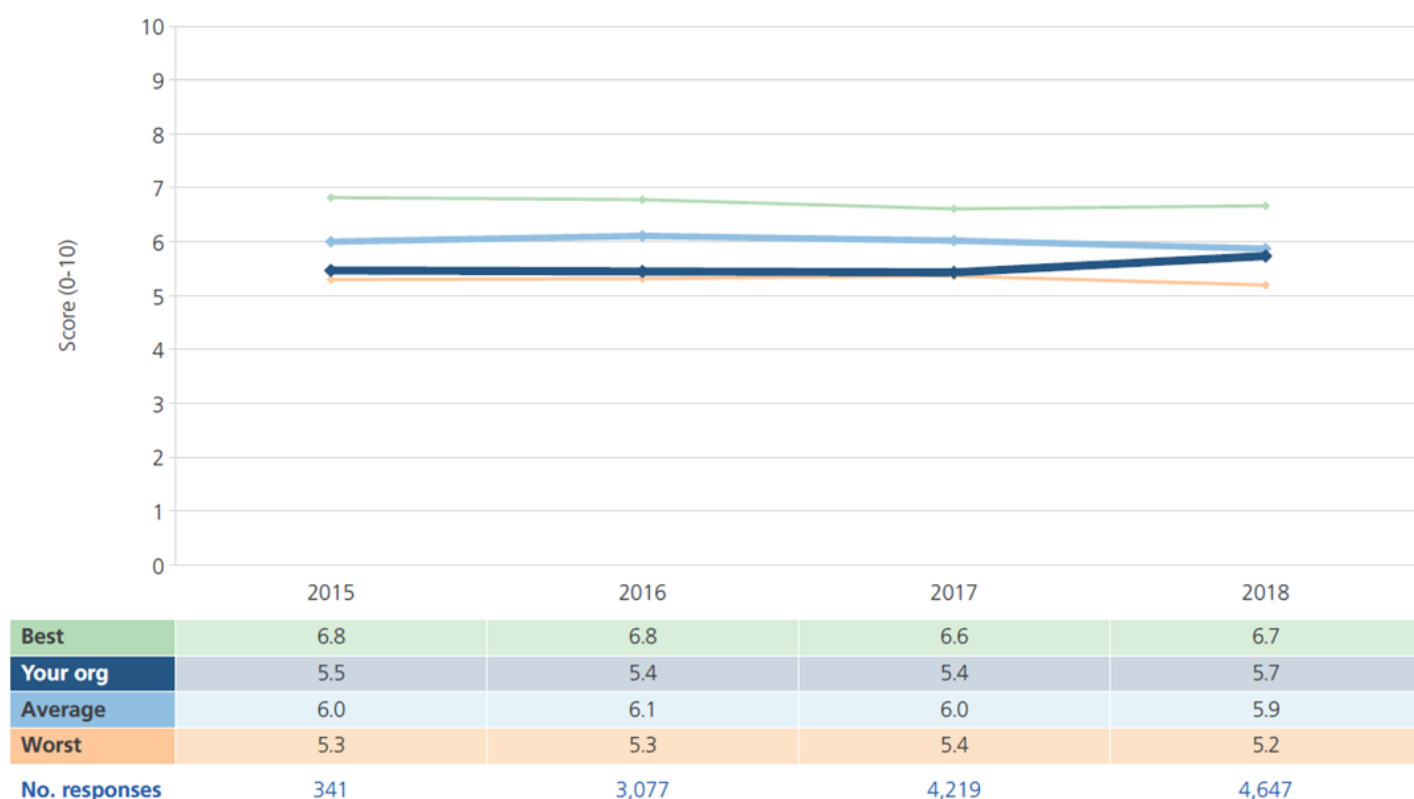Table to show Immediate managers Theme questions:

Question	BSUH 2017	BSUH 2018	National Acute Trust Average	Variance from Avg	National Acute Trust Best	Variance from BEST	National Acute Trust Worse	Variance from WORST
Q5b I am satified with the support I get from my immediate manager.	65%	69%	69%	1%	77%	-8%	58%	11%
Q8c My immediate manager gives me clear feedback on my work.	56%	61%	60%	1%	69%	-8%	51%	10%
Q8d My immediate manager asks for my opinion before making decisions that affect my work.	52%	56%	54%	2%	61%	-5%	44%	12%
Q8f My immediate manager takes a positive interest in my health and well-being.	65%	68%	67%	1%	74%	-6%	58%	11%
Q8g My immediate manager values my work.	70%	73%	71%	2%	79%	-6%	64%	9%
Q19g My manager supported me to receive training, learning or development.	50%	53%	54%	-1%	66%	-13%	47%	6%

We also achieved significantly positive results in Safe environment – violence. This was a key focus from the 2017 Staff Survey and following input and feedback from stakeholders improvements have been made in equipment for security guards and in our procedure for dealing with patients and service users that may compromise the safety of our staff.

Overall for this Theme we matched the average Acute Trust score of 9.4 out of 10 and were 0.2 below the best Trust score.

There are 3 questions that contribute to this Theme. We matched the average in question 12b 'In the last 12 months how many times have you personally experienced

physical violence at work from Managers' and were slightly under the average for questions 12a *'In the last 12 months how many times have you personally experienced physical violence at work from Patients / service users, their relatives or other members of the public'* and 12c *'In the last 12 months how many times have you personally experienced physical violence at work from other colleagues'*.

We were marginally under the best Trust score for questions 12b and 12c and 6% under the best on question 12a.

Safe environment – Violence Theme score

	2015	2016	2017	2018
Best	9.6	9.7	9.6	9.6
Your org	9.3	9.4	9.2	9.4
Average	9.4	9.4	9.4	9.4
Worst	9.1	9.2	9.1	9.2
No. responses	336	3,007	4,125	4,601
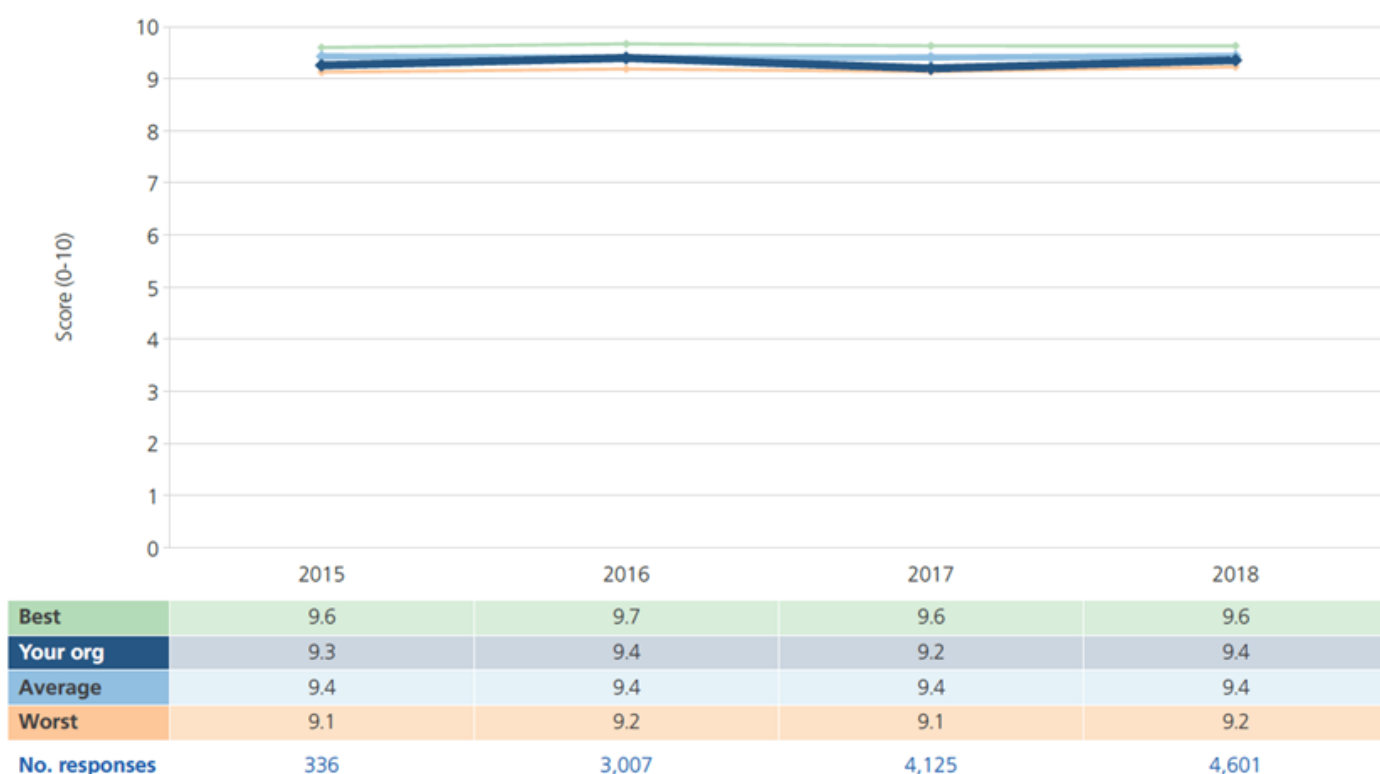
Table to show Safe environment – Violence Theme questions

Question	BSUH 2017	BSUH 2018	National Acute Trust Average	Variance from Avg	National Acute Trust Best	Variance from BEST	National Acute Trust Worse	Variance from WORST
Q12a In the last 12 months how many times have you personally experienced physical violence at work from...Patients / service users, their relatives or other members of the public*	19%	17%	14%	-2%	10%	-6%	21%	5%
Q12b In the last 12 months how many times have you personally experienced physical violence at work from...Managers*	1%	1%	1%	0%	0%	-1%	2%	1%
Q12c In the last 12 months how many times have you personally experienced physical violence at work from...Other colleagues*	3%	2.1%	1.6%	-1%	1%	-2%	7%	4%

* indicates a lower score is a positive measure

4.0   OPPORTUNTIES FOR IMPROVEMENT

Although we have improved in all Health and Wellbeing questions in 2018, the overall Theme score present an opportunity for further improvement in this area.

Health and Wellbeing Theme score

	2015	2016	2017	2018
Best	6.8	6.8	6.6	6.7
Your org	5.5	5.4	5.4	5.7
Average	6.0	6.1	6.0	5.9
Worst	5.3	5.3	5.4	5.2
No. responses	341	3,077	4,219	4,647

The table above shows that compared to the average score we were 0.2 below and compared to the best Trust score we are 1 point under for our overall Theme score.

The individual questions show that we scored above the average Acute Trust for questions 5h *'How satisfied are you with the opportunities for flexible working patterns'* and 11d *'In the last three months have you ever come to work despite not feeling well enough to perform your duties?'* and we were under 10% away from the best Trust score on both questions. Question 11d was one of the top 5 most improved scores from 2017.   This shows that staff believe the Trust supports a good level of work/life balance and is reducing presentism.

Questions 11b *'In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?'* and 11c *'During the last 12 months have you felt unwell as a result of work related stress?'* both scored below the average and the best Acute Trust scores. The low score for the overall Theme is driven by primarily by question 11a *'Does your organisation take positive action on health and well-being?'* being 4% under the average Trust score and 23% under the best Trust score.

This question scored 85% overall positive responses, however 62% of staff believe the organisation takes positive action on Health and wellbeing *'to some extent'*, rather than answering *'yes definitely',* which is used as the scoring measure for this question.   This is in contrast to question 8f *'My immediate manager takes a positive interest in my health and well-being,'* which scored 1% over the average Trust score and only 6% below the best Trust. Indicating staff feel they have individual support from their

manager but do not believe the Trust overall takes positive action to support Staff health and wellbeing.

Question	BSUH 2017	BSUH 2018	National Acute Trust Average	Variance from Avg	National Acute Trust Best	Variance from BEST	National Acute Trust Worse	Variance from WORST
Q5h How satisfied are you with the opportunities for flexible working patterns.	50%	55%	52%	3%	60%	-6%	43%	12%
Q11a Does your organisation take positive action on health and well-being?	21%	23%	28%	-4%	47%	-23%	15%	8%
Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?*	32%	31%	29%	-2%	20%	-10%	38%	7%
Q11c During the last 12 months have you felt unwell as a result of work related stress?*	45%	42%	39%	-3%	29%	-13%	47%	5%
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?*	61%	56%	57%	1%	48%	-9%	64%	8%

* indicates a lower score is a positive measure

Our summary indictors also reveal that Quality of appraisal is one of our low scoring areas when compared to the best performing Trust.

Quality of Appraisals Theme score

	2015	2016	2017	2018
Best	6.1	6.3	6.4	6.5
Your org	4.3	4.8	4.9	5.3
Average	5.1	5.3	5.3	5.4
Worst	4.2	4.4	4.6	4.6
No. responses	271	2,373	3,406	3,870
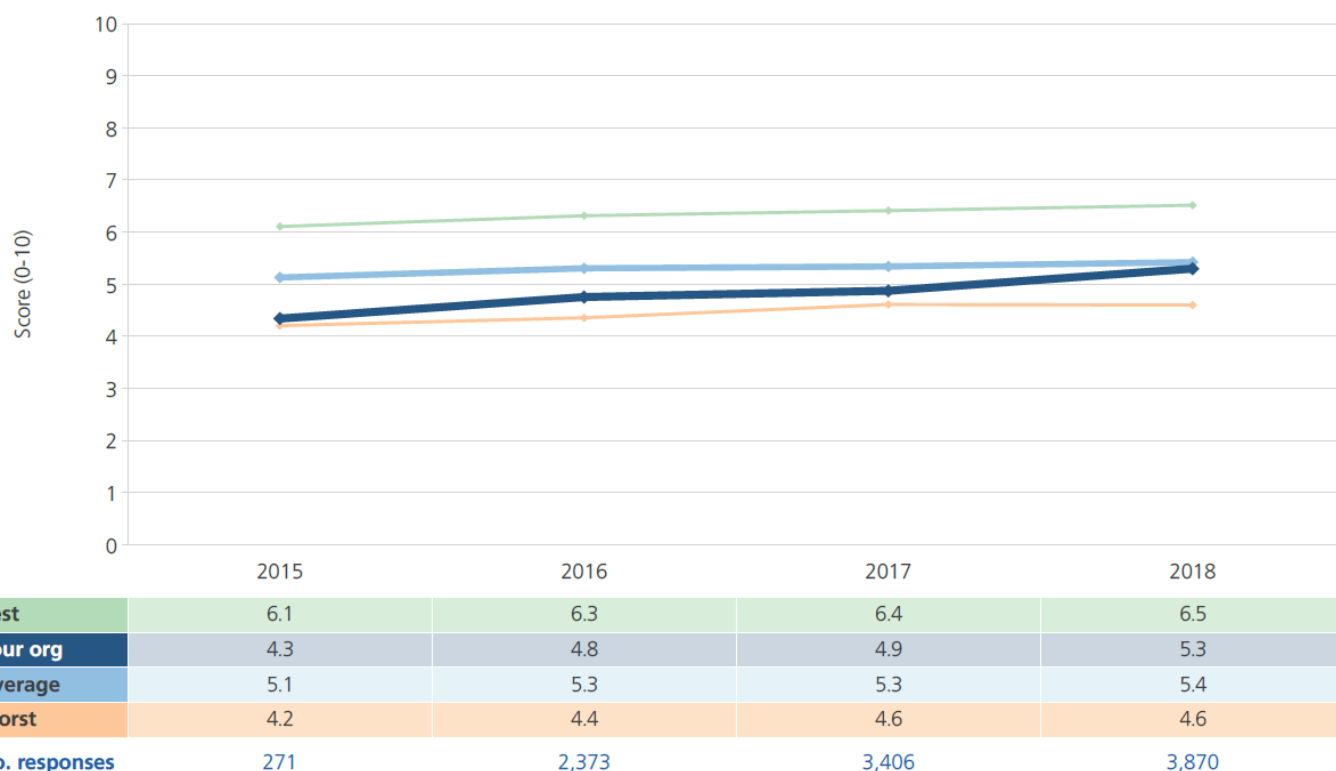
The summary Theme shows that although we were just under the average for this indicator it was our lowest score compared to the best performing Trust.

All 4 questions scored between 10% and 21% below the best Trust score. In particular Question 19e *'The values of the organisation were discussed as part of the appraisal process'* was the highest at 21% variance from the best score.

Question	BSUH 2017	BSUH 2018	National Acute Trust Average	Variance from Avg	National Acute Trust Best	Variance from BEST	National Acute Trust Worse	Variance from WORST
Q19b It helped me to improve how I do my job.	19%	22%	23%	-1%	35%	-13%	14%	8%
Q19c It helped me agree clear objectives for my work.	30%	33%	35%	-1%	46%	-13%	23%	11%
Q19d It left me feeling that my work is valued by my organisation.	27%	32%	32%	0%	43%	-10%	23%	10%
Q19e The values of my organisation were discussed as part of the appraisal process.	26%	31%	35%	-4%	53%	-21%	22%	9%

Over the last two years the Trust has focused on driving appraisal rates and participation. This now requires a focus on the quality and content of the appraisal to make it meaningful for staff.

5.0 SUMMARY OF DIVISIONAL RESULTS

A summary of the 10 Themes by division are as follows:

Themes	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment - Bullying & Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement
National Average for Acute Trusts	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7
BSUH Overall	8.9	5.7	6.8	6.1	5.3	7.3	7.8	9.4	6.6	6.9
WSHT Overall	9.1	6.1	6.9	6.3	5.6	7.4	8.0	9.3	6.7	7.2
Central Clinical Services	9.1	5.7	6.8	6	5.1	7.2	8.1	9.7	6.5	6.8
Chief Delivery & Strategy	9.1	6.3	6.8	5.9	4.9	6.5	8.6	9.9	6.3	6.7
Chief Exec	9.8	6.4	7.6	7	5.7	No Data	8.9	10	7.3	8.1
Chief Financial Officer	9.1	5.6	6.3	5.5	4.7	6.4	8.8	9.9	6.3	6.2
Chief Medical Officer	9.3	6.1	7	6.3	4.7	7.1	8.9	9.9	6.2	7
Chief Nursing & Patient Safety Officer	8.8	5.9	7.3	6.1	6.3	7.5	7.5	9.5	6.7	7.1
Chief Operating Officer	8.6	6.1	6.1	5.8	5.4	7.4	7.9	9.3	6.2	6.6
Chief Workforce & Org Development	9.6	6.5	6.8	6.2	5.8	7.4	8.9	10	6.4	7.1
Children & Women	9.4	5.5	6.6	6.2	4.9	7.3	7.9	9.6	7	7.2
Medicine	8.6	5.5	7	6	5.7	7.1	7.3	8.5	6.6	7
Specialist Services	8.6	5.6	7	6.2	5.7	7.6	7.1	8.7	6.7	7
Surgery	8.6	5.8	6.8	6.2	5.3	7.6	7.5	9.2	6.7	7

Chief Executive's office and Chief Workforce and Organisational Development have achieved significant scores above BSUH and the National average scores. While Chief operating Officer, Chief Financial Officer and Medicine Division are areas of concern with the most scores below the Trust and National Average.

Staff Engagement scores by Division:
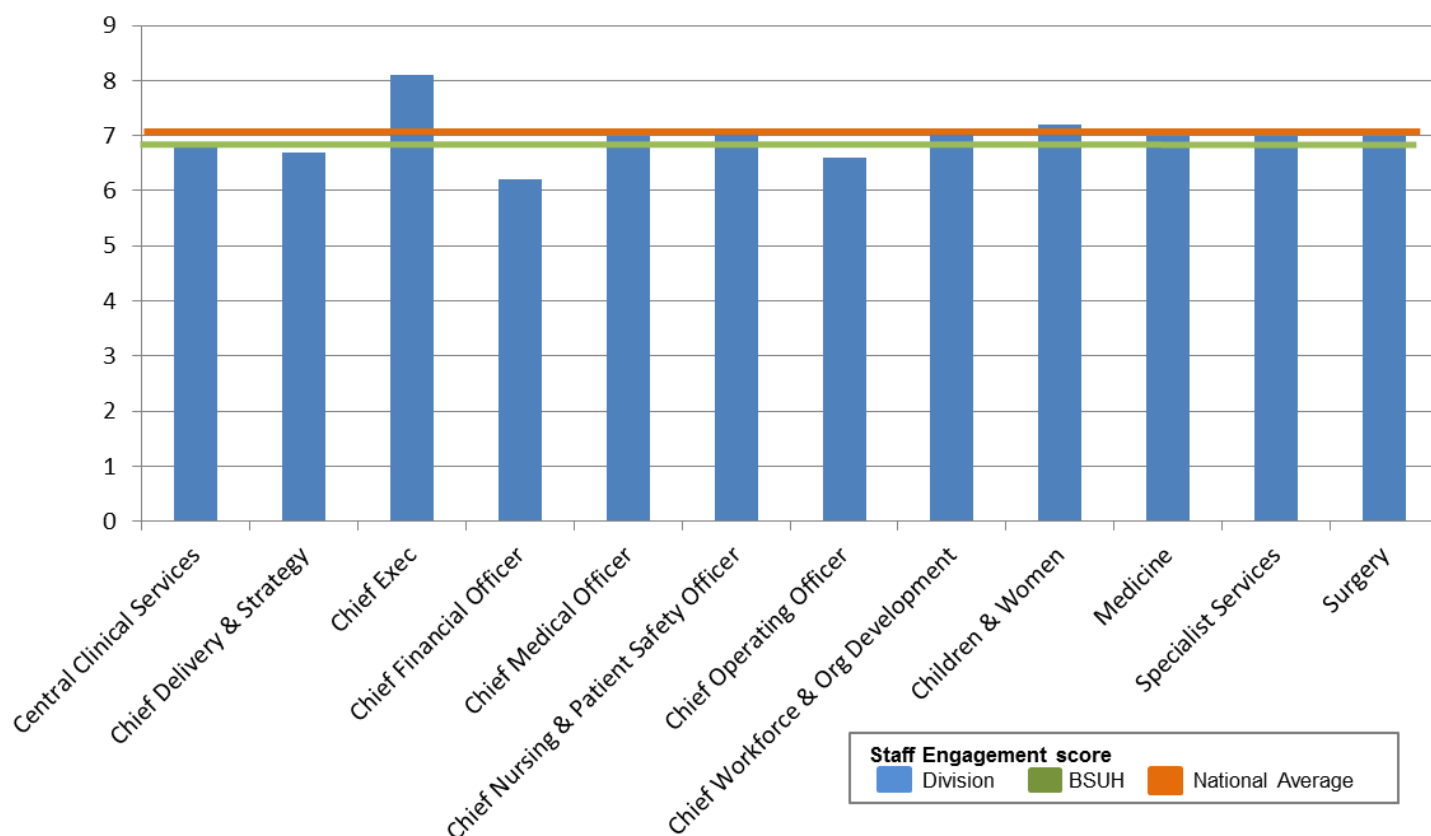
Staff engagement within the divisions is showing little variation with the exception of Chief Executive which is over 1 point above the Trust and National average scores, although it is noted that that is a small divisions with only 15 staff. Chief Financial Officer and Chief Operating Officer are noticeably below their comparators and the Trust and National average scores. Chief Delivery and Strategy and Central Clinical Services are slightly under the Trust and National Average scores.

Focusing the Trust's breakthrough objective; question 21a 'Care of patients/service users is my organisations top priority', there were 8 out of 12 divisions that achieved the same or above (better than) in the Trust's breakthrough objective. For those that did not match the Trust and National average score of 76%, Chief Financial Officer was the lowest at 67.7%.

Where data was available the divisional scores for 2017 have been provided to provide a comparison. Medical division has shown the most improvement in this question with a 26% increase from 2017.

Trust Breakthrough objective
21a '*Care of patients/service users is my organisations top priority'*
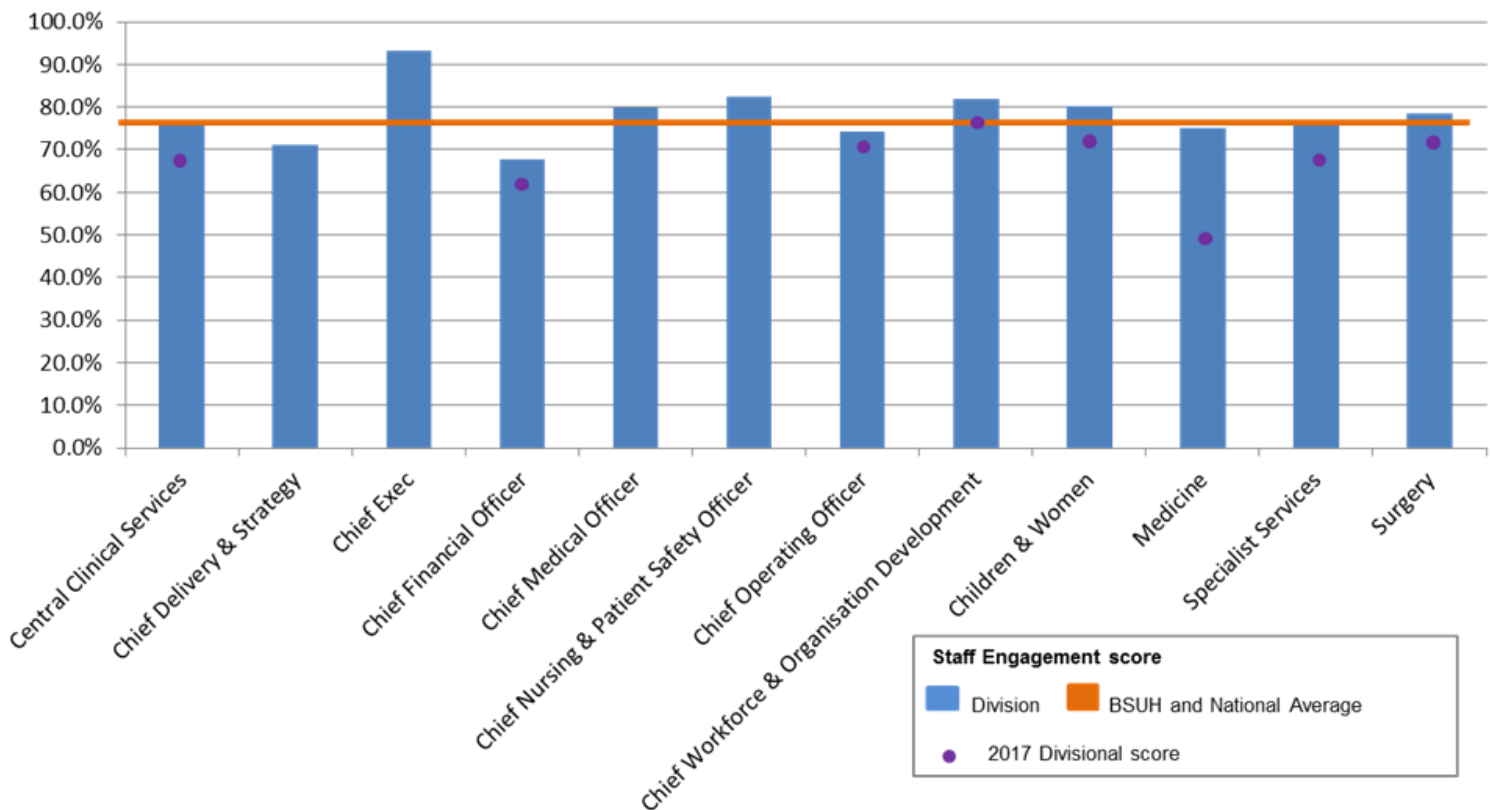
6.0   CONCLUSION

The 2018 staff survey results show a positive increase in the majority survey questions and a significant increase in 60 out 90 questions; this assures us that the changes we have made over the last two years are positively changing the culture of the organisation.

We achieved 9% increase compared to 2017 in the Trust's breakthrough objective, *'Care of patients/service users is my organisation's top priority'*. This is encouraging and we are continuing to focus on staff engagement with the overall aim of improving staff engagement across the Trust. As the last waves of Patient First initiative and Strategic Development programme process become embedded in the Trust in the next few months, then it is anticipated that these will help us further improve 2019 results.

7.0   LOOKING AHEAD TO 2019/20

In the next 12 month we will focus on:

- Reviewing our breakthrough objective and continuing to focus on low scoring areas within the Staff Engagement Theme.

- Instigating improvement plans to address key themes arising from the results, which have been identified as being Health and Wellbeing and Quality of Appraisal.

- Work with Divisions to identify and address areas of improvement and celebrate successes. Focus on working with Chief Financial Officer and Chief Operating Officer to understand issues driving lower that average scores across the majority of questions and Themes.

- Continuing to work with staff on our Equality, Diversity and Inclusion Theme, including gaining Stonewall accreditation and building upon the work carried out on our WRES action group

- Continue the roll-out of the Patient First and Strategic Development programmes to improve opportunities for staff to contribute ideas towards making improvements in the workplace and ensure this is linked to the achievement of the breakthrough objective.

- Review the questions we ask Staff to complete in our monthly mini survey on Engagement and Patient First to align with our improvement plans.

- Build on the success of our increased participation rates from the 2018 annual staff survey to increase the score in 2019, ensuring feedback and involvement of staff across the Trust.

- Continue to build on the Trust's Leadership, Workforce and Culture programme, to include a focus on leadership training and recruitment and retention.

8.0 RECOMMENDATIONS

This paper highlights where the Trust needs to take immediate steps to build on improvements and address staff survey concerns. This will need strong leadership, involvement and genuine interest from all of the Divisional Management teams, staff, and the Human Resources teams, with alignment to the staff engagement strategy deployment programme**.**

The Board is asked to:

a) **NOTE** this paper

b) **Discuss** the content and make recommendations

Agenda Item:	9	Meeting:	Trust Board		Meeting Date:	27/03/2019
Report Title:	Finance Report on Month 11 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 11 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 11 2018/19 provides further detail on the in-month and year-to-date performance, and highlights key risks to the delivery of the control total and mitigations.

In February, the Trust incurred a deficit of £7.03m, excluding the impact of PSF; which is on plan. This brings the year to date deficit to £60.38m, excluding PSF; £0.10m better than plan.

Key Recommendation(s):

The Trust Board is asked to NOTE:
- The Trust has delivered the M11 financial control total;
- Month 11 cumulative reported financial performance, excluding PSF, is £0.10m ahead of plan;
- The Trust is assuming non delivery of Q2, 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:	27th March 2019
Report from:	Karen Geoghegan, Chief Financial Officer
Author:	Martin Botterill, Deputy Director – Financial Management
Title:	Finance Report Month 11 2018/19

Purpose

1. The purpose of this paper is to detail the financial performance of the Trust to February 2019; 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 February, the Trust is reporting a £7.03m deficit, excluding PSF, which is in line with plan. This brings the year-to-date deficit to £60.38m, excluding PSF, also in line with 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 11, including PSF, is £53.55m deficit; including £6.83m PSF earned to date. The position includes lost opportunity with regard PSF for A&E performance as follows; Q2 £618k, Q3 £926k and M10-11 £721k (£2.27m year-to-date). The Trust achieved the Month 11 financial element of the PSF and has assumed non-achievement of the M11 A&E element of the PSF. A summary of the Month 11 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)	(45.05)	(44.37)	0.68	(524.19)	(520.64)	3.55
Pay	31.26	31.58	0.32	347.90	346.13	(1.77)
Non-pay	17.39	17.76	0.37	198.83	202.21	3.38
Operating Expenditure	48.65	49.34	0.69	546.73	548.34	1.61
Non-operating costs	3.41	1.96	(1.45)	35.85	31.43	(4.42)
Total Income & Expenditure	**7.01**	**6.93**	**(0.08)**	**58.39**	**59.13**	**0.74**
Donated asset & impairment adj	0.02	0.10	0.08	2.09	1.25	(0.84)
Net Reported Position exc PSF	**7.03**	**7.03**	**(0.00)**	**60.48**	**60.38**	**(0.10)**
PSF Income	(1.20)	(0.84)	0.36	(9.09)	(6.83)	2.26
Net Reported Position inc PSF	5.83	6.19	0.36	51.39	53.55	2.16
EBITDA	2.45	4.27	1.82	15.99	22.60	6.61
CIPs (per PMO plan)	2.88	2.94	0.06	27.01	27.05	0.04
Capital	14.17	10.88	(3.29)	143.00	85.31	(57.69)
Cash				6.87	9.84	2.97

7. In-month income (excluding PSF) is behind plan by £0.68m. The year-to-date shortfall against the plan is £3.55m.

8. The Trust's cash position of £9.84m (Plan £6.87m) is supported by monthly revenue deficit funding from the Department of Health and Social Care (DHSC).

9. The cash balance is ahead of plan due to some commissioners paying part of their March SLAs in advance.

Income

10. Table 2 shows a summary of the income position in Month 11 and the year to February.

Table 2: Income Position

Values in £m	In-Month			Year-to-Date		
	Plan	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
NHS Trusts Income	(0.81)	(0.81)	0.00	(8.16)	(8.61)	(0.45)
CCG Income	(22.07)	(21.85)	0.22	(267.55)	(268.56)	(1.01)
NHSE Income	(12.89)	(12.77)	0.12	(168.28)	(166.28)	2.00
SMSKP Income	(1.96)	(1.69)	0.27	(22.77)	(20.07)	2.70
Department Of Health Income	(0.47)	(0.51)	(0.04)	(5.17)	(5.34)	(0.17)
Private Patients Income	(0.43)	(0.31)	0.12	(4.71)	(4.64)	0.07
Injury Cost Recovery	(0.12)	(0.07)	0.05	(1.32)	(1.84)	(0.52)
Local Authority Income	(0.14)	(0.17)	(0.03)	(1.83)	(1.39)	0.44
Overseas Visitors Income	(0.32)	(0.28)	0.04	(3.76)	(3.45)	0.31
Other Patient Related Income	(0.02)	0.00	0.02	(0.18)	(0.38)	(0.20)
Income from Activities	**(39.23)**	**(38.46)**	**0.77**	**(483.73)**	**(480.56)**	**3.17**
Education & Training Income	(2.09)	(1.91)	0.18	(23.06)	(23.18)	(0.12)
Research & Development Income	(0.37)	(0.19)	0.18	(5.27)	(4.65)	0.62
Income Generation	(0.17)	(0.17)	0.00	(1.88)	(1.77)	0.11
Other Income	(3.19)	(3.64)	(0.45)	(10.25)	(10.48)	(0.23)
Other Operating Income	**(5.82)**	**(5.91)**	**(0.09)**	**(40.46)**	**(40.08)**	**0.38**
Income exc PSF	**(45.05)**	**(44.37)**	**0.68**	**(524.19)**	**(520.64)**	**3.55**
PSF Income	(1.20)	(0.84)	0.36	(9.09)	(6.83)	2.26
Total Income	**(46.25)**	**(45.21)**	**1.04**	**(533.28)**	**(527.47)**	**5.81**

NB Variances in brackets reflect overachievement of income against plan

11. In-month income is £0.68m behind plan excluding PSF.

12. CCG income is behind plan in-month by £0.22m driven by non-contract activity being lower than planned.

13. NHSE income is £0.12m behind plan in-month and £2.00m year-to-date. Specialised Commissioning activity underperformance is across a number of service lines including: Neonatal £1.12m, Paediatric ITU £0.56m, Renal £0.56m and Radiotherapy £0.34m. PbR exclusions and Cancer Drugs Fund income is £1.14m above plan year-to-date, offset by additional expenditure.

14. SMSKP income is behind plan in-month by £0.27m (£2.70m YTD). Additional orthopaedic activity from Western Sussex Hospitals NHS Foundation Trust continues to be undertaken with £0.05m of income recognised in-month and full delivery of the planned £0.5m of income is forecast.

15. Other Income is ahead of plan year-to-date by £0.23m. Benefits of £0.46m from expected Pharm@Sea dividends and £0.45m of quality special measures funding are partly offset by £0.82m of lower than planned donated asset income. The variance on donated asset income is excluded when calculating the performance of the Trust against its control total.

16. PSF income is £2.26m lower than plan year-to-date as result of not meeting the A&E performance target in Q2 and Q3. Non achievement of the target is also forecast for Q4.

Operating Expenditure

17. At the end of February operating expenditure is £1.61m above plan, comprising of £1.77m underspend on pay offset by a £3.38m overspend on non-pay.

Pay

18. The in-month position is showing an adverse variance of £0.32m; with actual expenditure higher than the average monthly cost of payroll for the year.

19. Medical pay is £0.52m overspent in-month, with an underlying monthly overspend of £0.47m. The year-to-date overspend of £4.25m 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 £5.21m. 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.

20. Nursing pay is £0.23m overspent in-month, which is mainly due to additional escalation bed capacity within the Trust required to manage the demand for emergency admissions during the month.

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	9.06	9.58	0.52	100.26	104.51	4.25
Nursing & Midwifery	11.66	11.89	0.23	129.87	128.81	(1.06)
Other Healthcare Staff	4.29	4.20	(0.09)	46.95	46.51	(0.44)
Management	1.48	1.40	(0.08)	16.28	16.40	0.12
Administrative & Clerical	3.00	2.90	(0.10)	33.13	31.76	(1.37)
Ancillary Staff	1.26	1.35	0.09	14.56	14.87	0.31
Maintenance & Works	0.25	0.19	(0.06)	2.65	2.60	(0.05)
Other Staff	0.26	0.07	(0.19)	4.20	0.67	(3.53)
Total pay	**31.26**	**31.58**	**0.32**	**347.90**	**346.13**	**(1.77)**

22. Agency expenditure in February was £1.04m, exceeding the target by £0.06m. Cumulative spend is £12.50m; £1.68m above the ceiling to date. The forecast outturn is £13.73m, which exceeds the ceiling by £1.95m. 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 an adverse variance of £0.37m which relates to PbR excluded drugs and devices, and also on in-tariff drugs. With regard to the later, finance is working with pharmacy to ensure all costs charged to In-tariff drugs have been correctly attributed.

Non-operating Costs

24. Non-operating costs are below plan at Month 11 with a combined favourable in-month variance of £1.45m reflecting lower costs of depreciation and dividend payable due to slippage on the capital programme, reduced interest payments due to the repayment of historic 6% loans, PDC treatment of assets under construction and higher than expected cash balances.

Forecast outturn

25. 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

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

27. At Month 11, £27.05m of savings have been delivered against a target of £27.00m. 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

28. The Trust has received £51.3m of revenue deficit support loans up to February to support the year to date deficit.

29. 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 is £10.0m and the PDC draw down to date is £57.8m.

30. The cash balance was £9.84m against a plan of £6.87m.

Capital

31. The capital forecast for the year is £107.8m. This comprises strategic capital projects of £89.9m 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.

32. The strategic capital forecast for the year is £89.9m. 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. The overall forecast also reflects updated projections and 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.

33. Strategic capital expenditure up to the end of February amounted to £72.2m; compared to the plan of £125.5m. For 3Ts, the revised cashflow from the main contractor defers some capital spend from 2018/19 into 2019/20 whilst ensuring the timescales for the completion of Stage 1 are not compromised. NHSI have been notified of the change.

34. The operational capital forecast for the year is £17.9m. Expenditure up to the end of February 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 February was £13.1m compared to the year-to-date plan of £17.5m

35. It is anticipated that the scheduling of capital works will deliver the forecast as detailed above.

Key Risks

36. 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

37. There is a difference between the Trust and commissioner forecast outturns for the NHSE Specialised Commissioning contract; the Trust view is currently £2m higher. To address this, negotiations have been taking place with NHSE to reach a fixed year-end income agreement which eliminates risk for both parties while still meeting the Trust's income requirement to deliver the control total.

Provider Sustainability Funding

38. 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.

39. The reported position as at Month 11 confirms delivery of the underlying control total and assumes non delivery of the Q2, Q3 and Q4 A&E component. The position includes the Q1 A&E component £0.46m which is a risk and subject to a clarification with NHSI.

PAS Replacement

40. Since the implementation of the new PAS, reported activity, particularly for outpatient procedures, has fallen by more than might be attributed to seasonal variation and the year-to-date activity across elective PODs remains significantly lower than for the same period in 2018.

41. The implementation of the new PAS has generated unintended changes affecting activity and data-reporting, which could impact on the Trust's ability to recover income from commissioners. These include a number of technical, process and capacity related issues which have adversely affected reported and actual levels of activity. Such issues are being addressed in conjunction with the executive oversight group which meets fortnightly.

Efficiency Programme

42. Delivery of the £30m efficiency requirement is forecast in full. A risk assessment at Month 11 detailed total risk and scheme slippage of £5.61m; with fully matured mitigations of £5.61m.

Capital

43. Both the operational and strategic capital programmes are behind plan as at the end of Month 11. 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.

Conclusions and Recommendations

44. The Trust Board is asked to note:

- The Trust has delivered the M11 financial control total;
- The Month 11 cumulative reported financial performance, excluding PSF, is £97k ahead of plan;
- The Trust is assuming non delivery of Q2, 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 11 2018/19　　　　　　　**Summary**　　　　　　　**Brighton and Sussex** NHS
University Hospitals
NHS Trust

Summary
A control total deficit of £65.4m, excluding PSF, has been set by the Trust in agreement with NHSI, and the year to date position, excluding PSF, is £0.10m favourable compared to plan. The Trust is forecasting delivery of this control total at the end of the year.
In addition the Trust is forecasting £7.7m PSF by the end of March. The Efficiency and Transformation Programme has delivered £27.05m during the first 11 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 no longer being applicable.

Control Total (Surplus) / Deficit £k　　　　　G

	Plan	Actual / Forecast	Variance
Year-to-date exc PSF	60,476	60,379	(97)
Year-end Forecast exc PSF	65,400	65,400	0
Year-to-date	51,383	53,551	2,168
Year-end Forecast	55,106	57,731	2,625

The Trust has a £0.1m favourable variance to budget excluding PSF. The Trust is forecast to secure £7.7m of PSF. This recognises a £2.6m shortfall in earnings against A&E PSF. The forecast is to meet the £65.40m control total, excluding PSF.
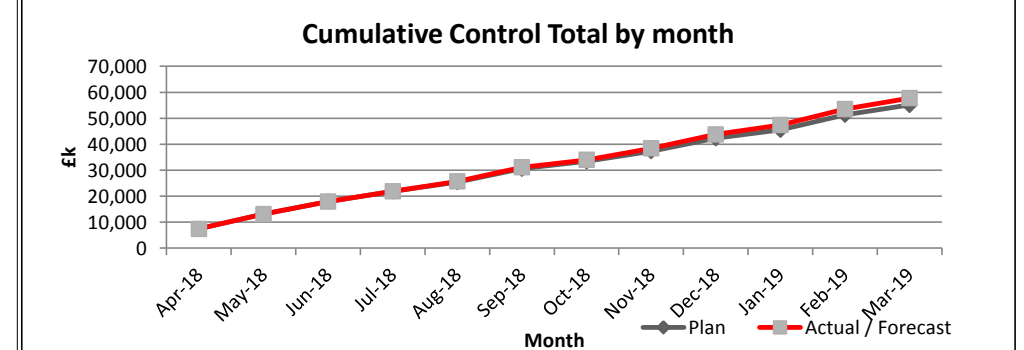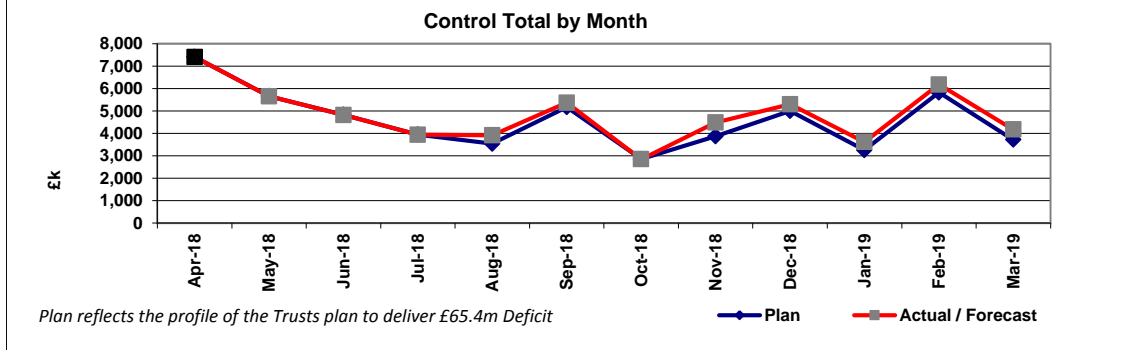
Agency Ceiling £k　　　　　A

	Ceiling	Actual / Forecast	Variance
Year-to-date	10,822	12,502	1,680
Year-end Forecast	11,783	13,729	1,946

Agency costs of £12.50m represent 3.6% of the total pay bill and are over the Month 11 agency ceiling of £10.822m. Agency expenditure in Month 11 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 £1.95m, given the current level of vacancies and demand forecasts.

Income £k　　　　　R

	Plan	Actual / Forecast	Variance
Year-to-date	(533,284)	(527,470)	5,814
Year-end Forecast	(582,375)	(575,570)	6,805

Income was below plan by £0.8m in-month increasing the YTD deficit to £5.8m and the year end deficit to £6,805m, as activity remains lower than plan. PSF income is under plan by £1.9m 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	546,731	548,345	1,614
Year-end Forecast	595,885	597,387	1,502

Operating costs for the year are overspent 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 are 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%	0.9%
Nursing	0.8%	1.2%	1.4%
Other staff groups	1.2%	1.3%	1.4%
All Agency	**2.9%**	**3.5%**	**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 'other' agency costs. Costs are £1.7m above the ceiling year to date.

Cash £k　　　　　G

	Plan	Actual	Variance
Year-to-date	6,867	9,840	2,973
Year-end Forecast	3,529	3,529	0

The YTD revenue deficit funding as at January is £51.3m. Further drawdowns year to date total £10.0m in capital loans and £57.8m of PDC. The year to date cash position is in line with plan. £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	142,998	85,311	(57,687)
Year-end Forecast	155,849	107,847	(48,002)

The revised capital forecast for the year is £107.8m. This was due to additioanl PDC funding received for strategic projects. The forecast also takes account 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	27,005	27,045	40
Year-end Forecast	30,000	30,000	(0)

The efficiency programme has delivered the £27.045m in the year to Month 11 which is £0.04m above the internal target and £0.207m below the NHSI target. The forecast is to achieve the full plan of £30m.

Key risks include:
Delivery of 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 process and capacity may prevent submission of the required activity dataset to secure income from commissioners.

Finance Report Month 11 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 no longer being applicable.

Financial Rating YTD	Plan Metric	Plan Rating	Actual Metric	Actual Rating
Capital Service Capacity	(0.8)	4	(0.9)	4
Liquidity	(18.6)	4	(34.7)	4
I&E Margin	(9.50%)	4	(10.20%)	4
Distance from Financial Plan	(0.40%)			2
Agency Spend	(0.10%)	1	15.51%	2
2018-19 Finance Rating after overrides		4		3

Area	Metric	Construction	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 11 2018/19	Surplus	**G**

The Trust has a £0.1m favourable variance to budget excluding PSF. The Trust is forecast to secure £7.7m of PSF. This recognises a £2.6m shortfall in earnings against A&E PSF. The forecast is to meet the £65.40m control total, excluding PSF.

Year to Date	Plan £k	Actual £k	Variance £k	Year End Forecast	Plan £k	Forecast £k	Variance £k
(Surplus)/Deficit excluding PSF	60,476	60,379	(97)	(Surplus)/Deficit excluding PSF	65,400	65,400	0
(Surplus)/Deficit	51,383	53,551	2,168	(Surplus)/Deficit	55,106	57,731	2,625

Income for the year to date is lower than budget by £5.81m. More detail is provided in the Income dashboard.

Expenditure compared to budget is overspent for the year to February 2019, mainly in the areas of non-pay costs. See the operating costs dashboard for more detail.

	Year to Date					Full year		
	PY Actual £k	Plan £k	Actual £k	Variance £k		Plan £k	Actual £k	Variance £k
Income	(504,670)	(533,284)	(527,470)	5,814	Income	(582,375)	(575,570)	6,805
Pay	329,232	347,897	346,129	(1,768)	Pay	379,223	377,809	(1,414)
Non-Pay - in tariff	132,178	128,844	130,265	1,421	Non-Pay - in tariff	140,182	141,644	1,462
Non-Pay - PBR exclusions and CDF	69,099	69,989	71,950	1,961	Non-Pay - PBR exclusions and CDF	76,480	77,933	1,453
EBITDA *	25,839	13,447	20,875	7,428	EBITDA *	13,510	21,817	8,307
EBITDA %	-5.1	-2.5	-4.0		EBITDA %	-2.3	-3.8	
Profit / Loss on Disposal of Fixed Assets	-	-	-	-	Profit / Loss on Disposal of Fixed Assets	-	-	-
Interest Payable	9,101	11,028	10,789	(239)	Interest Payable	12,147	11,886	(261)
Interest Receivable	(32)	(22)	(140)	(118)	Interest Receivable	(24)	(151)	(127)
Depreciation	18,641	19,880	19,155	(725)	Depreciation	21,777	21,043	(734)
Impairments	0	0	2	2	Impairments	10,000	10,000	0
Public Dividend Capital	5,220	4,961	1,622	(3,340)	Public Dividend Capital	5,592	1,541	(4,051)
Net (Surplus) / Deficit	58,770	49,294	52,302	3,007	Net (Surplus) / Deficit	63,002	66,136	3,134
Reverse Impairment	0	0	(2)	(2)	Reverse Impairment	(10,000)	(10,000)	0
Other Adjustments	478	2,089	1,251	(838)	Other Technical Adjustments	2,104	1,595	(509)
Reverse IFRS technical charge	0	0	0	0	Reverse IFRS technical charge	0	0	0
Performance against Control Total	59,247	51,383	53,551	2,168	Performance against Control Total	55,106	57,731	2,625
PSF	0	(9,093)	(6,828)	2,265	PSF	(10,294)	(7,669)	2,625
Performance against Control Total ex PSF	59,247	60,476	60,379	(97)	Performance against Control Total ex PSF	65,400	65,400	0
Surplus %	-11.7	-9.6	-10.2		Surplus %	-9.5	-10.0	

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

Control Total by Month

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

Plan — Actual / Forecast

Cumulative Control Total by month

Plan — Actual / Forecast

Contract income is underperforming by £5.5m 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 February 2019			
	£'000			
	FYE Plan	YTD Plan	YTD Actual	YTD Var
Sussex CCG's	286,000	261,900	261,900	0
MSK	24,818	22,766	20,070	2,696
NHS England (Specialised)	168,609	154,401	152,197	2,204
NHS England (Dental & Screening)	11,658	10,687	10,310	377
Integrated Sexual Health Services	3,655	3,353	3,044	309
Non Contracted Activity	5,666	5,185	5,278	(93)
TOTAL COMMISSIONING INCOME	**500,406**	**458,291**	**452,799**	**5,492**

Table 3 - Reconciliation to Income Reporting

Contract Monitoring Performance -(unadjusted)	493,312	451,788	447,300	4,488
CQUIN 2.5%	10,396	9,530	9,305	224
Contract Penalties / Adjustments (Estimated)	(3,302)	(3,027)	(3,807)	780
	500,406	458,291	452,799	5,492
Other Income from Activities				
NHS Trust / FT Income	8,996	8,162	8,606	(445)
Commissioning Income - Non Activity	3,987	3,651	5,160	(1,509)
Department Of Health Income	5,636	5,166	5,339	(173)
Private Patients Income	5,135	4,706	4,639	67
Injury Cost Recovery	1,436	1,317	1,844	(527)
Other Patient Related (remove MSK included above)	1,966	1,828	1,387	441
Local Authority Income (remove value included above)	444	410	408	2
Overseas Visitors Income	200	183	376	(192)
				0
Income from Activities as reported in Income Section	**528,206**	**483,714**	**480,558**	**3,156**

Table 2. Activity and Income by Point of Delivery

Point of Delivery	YTD Activity Volumes				YTD Income £'000			
	Plan	Actual	Var	%	Trust Plan	Actual	Var	%
Daycase	43,533	38,536	(4,997)	-11.5%	38,197	33,152	(5,045)	-13.2%
Elective Spells	13,897	11,810	(2,087)	-15.0%	35,950	32,033	(3,917)	-10.9%
Non Elective Spells	51,180	48,363	(2,817)	-5.5%	113,670	115,761	2,092	1.8%
Non Elective Spells - Short Stay								
Ambulatory Care								
Elective Excess beddays	2,857	2,573	(284)	-9.9%	758	666	(92)	-12.1%
Non Elective excess beddays	17,419	14,717	(2,702)	-15.5%	4,664	3,573	(1,091)	-23.4%
A&E	144,313	164,523	20,210	14.0%	19,401	21,670	2,269	11.7%
Outpatients - New	254,538	260,567	6,029	2.4%	18,432	18,482	50	0.3%
Outpatients - Follow Up	107,521	114,696	7,175	6.7%	21,977	21,344	(633)	-2.9%
Outpatient Procedures	74,517	79,826	5,309	7.1%	11,027	10,781	(246)	-2.2%
Outpatient Imaging	46,883	41,350	(5,532)	-11.8%	5,076	4,876	(200)	-3.9%
Direct Access	3,294,981	3,342,498	47,518	1.4%	14,031	12,768	(1,263)	-9.0%
Bowel Screening	1,614	4,497	2,883	178.6%	1,913	2,209	296	15.5%
Breast Screening	0	0	0	0.0%	2,573	2,588	16	0.6%
Critical Care	16,562	17,088	525	3.2%	31,398	30,905	(493)	-1.6%
Maternity Pathway	9,745	9,718	(28)	-0.3%	9,970	9,917	(53)	-0.5%
HIV	25,948	26,016	68	0.3%	4,668	4,697	29	0.6%
Renal	87,229	83,445	(3,784)	-4.3%	12,682	12,122	(560)	-4.4%
Other	0	0	0	0.0%	36,455	34,394	(2,061)	-5.7%
PbR Excluded Drugs / Devices					68,168	69,485	1,317	1.9%
CQUIN					9,530	9,305	(224)	-2.4%
MRET / Readmission					(3,026)	(3,807)	(780)	25.8%
AIC Contribution					777	5,875	5,097	655.8%
					458,291	**452,798**	**(5,492)**	**-1.2%**

Table 4 - Income from CCG's

	£'000		
	YTD Plan	YTD Actual	YTD Var
NHS BRIGHTON AND HOVE CCG	119,733	117,297	(2,435)
NHS COASTAL WEST SUSSEX CCG	15,216	14,868	(348)
NHS CRAWLEY CCG	2,923	2,936	13
NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	9,681	8,940	(741)
NHS HASTINGS AND ROTHER CCG	4,333	3,994	(339)
NHS HIGH WEALD LEWES HAVENS CCG	44,141	42,530	(1,611)
NHS HORSHAM AND MID SUSSEX CCG	62,041	62,169	128
NHS EAST SURREY	517	651	134
Dermatology SCDS	2,539	2,640	100
AIC Contribution	777	5,875	5,097
Commissioning Income CCG's	**261,900**	**261,900**	**(0)**

Income was below plan by £0.8m in-month increasing the YTD deficit to £5.8m and the year end deficit to £6,805m, as activity remains lower than plan. PSF income is under plan by £1.9m 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	(533,284)	(527,470)	5,814

Year-end Forecast

	Plan £k	Forecast £k	Variance £k
Total Income	(582,375)	(575,570)	6,805

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 (£1.1m), paediatric HDU/ICU (£0.6m), renal (£0.6m) and radiotherapy (£0.3m). 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

Income	PY Actual £k	Plan £k	Actual £k	Variance £k
NHS Trusts Income	(7,366)	(8,162)	(8,606)	(445)
CCG Income	(261,822)	(267,546)	(268,559)	(1,014)
NHSE Income	(164,983)	(168,278)	(166,285)	1,993
SMSKP Income	0	(22,766)	(20,070)	2,696
Department Of Health Income	(38)	(5,166)	(5,339)	(173)
Private Patients Income	(4,169)	(4,706)	(4,639)	67
Injury Cost Recovery	(1,387)	(1,317)	(1,844)	(527)
Local Authority Income	(4,220)	(3,763)	(3,453)	310
Overseas Visitors Income	(242)	(183)	(376)	(192)
Other Patient Related Income	(1,302)	(1,828)	(1,387)	441
Income From Activities	**(445,529)**	**(483,715)**	**(480,559)**	**3,156**
Education & Training Income	(24,830)	(23,059)	(23,176)	(118)
Research & Development Income	(3,486)	(5,268)	(4,654)	613
Income Generation	(2,248)	(1,881)	(1,772)	109
Other Income	(6,363)	(10,269)	(10,480)	(212)
Other Operating Income	**(36,927)**	**(40,476)**	**(40,083)**	**393**
TOTAL INCOME exc PSF	**(482,456)**	**(524,191)**	**(520,642)**	**3,549**
PSF	0	(9,093)	(6,828)	2,265
TOTAL INCOME	**(482,456)**	**(533,284)**	**(527,470)**	**5,814**

Year-end Forecast

Income	Plan £k	Forecast £k	Variance £k
NHS Trusts Income	(8,996)	(9,817)	(821)
CCG Income	(292,169)	(293,099)	(930)
NHSE Income	(183,751)	(180,919)	2,832
SMSKP Income	(24,818)	(21,781)	3,037
Department Of Health Income	(5,636)	(5,822)	(186)
Private Patients Income	(5,135)	(5,081)	54
Injury Cost Recovery	(1,436)	(2,011)	(575)
Local Authority Income	(4,099)	(3,775)	324
Overseas Visitors Income	(200)	(394)	(194)
Other Patient Related Income	(1,966)	(1,533)	433
Income From Activities	**(528,206)**	**(524,233)**	**3,973**
Education & Training Income	(25,150)	(25,113)	37
Research & Development Income	(5,636)	(5,002)	634
Income Generation	(2,052)	(1,920)	132
Other Income	(11,037)	(11,633)	(596)
Other Operating Income	**(43,875)**	**(43,668)**	**207**
Total Income	(572,081)	(567,901)	4,180
PSF	(10,294)	(7,669)	2,625
TOTAL INCOME	**(582,375)**	**(575,570)**	**6,805**

In Month Income
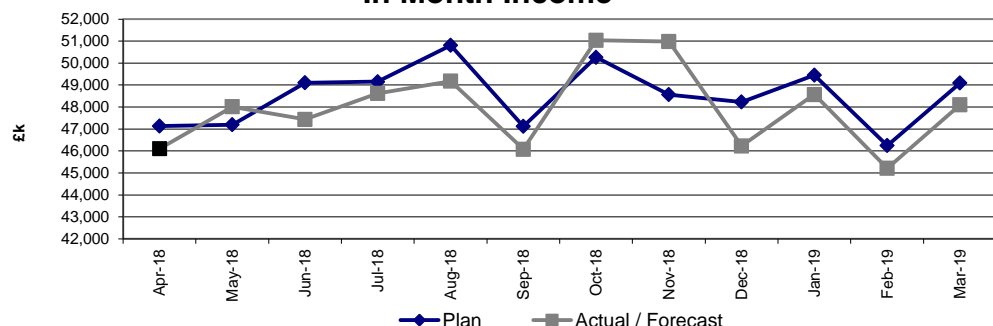
Monthly Income Yearly Comparison
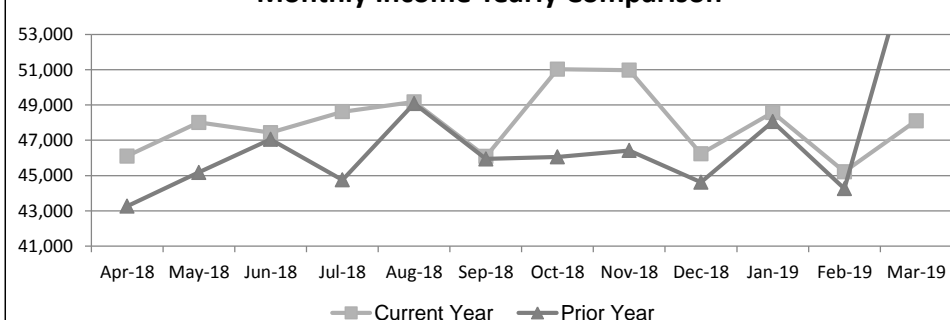
Finance Report Month 11 2018/19	Operating Costs	G

Operating costs for the year are overspent 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 are 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	329,232	347,897	346,129	(1,768)
Non-pay	201,277	198,833	202,215	3,382
Operational Costs	530,509	546,731	548,345	1,614

Year-end Forecast

	Plan £k	Forecast £k	Variance £k
Pay	379,223	377,809	(1,413)
Non-pay	216,662	219,577	2,915
Operational Costs	595,885	597,387	1,502

Pay: costs in February were higher than average for the yeaar as would be expected in the Winter months. The Trust has 719 WTE vacancies (substantive contracted staff vs funded establishment), of which 335 are nurse vacancies. These were covered by bank, agency staff and non contracted hours, which meant the trust was over-establishment in nursing in month. Some of this may have related to back-dated bank and overtime claims however.

Non-pay: overspent compared to budget overall, of which £2.00m relates to PBRX devices which are offset by income. There continue to be overspends on Purchase of Healthcare from non NHS bodies and Clinical in tariff supplies and services due to increased activity and consultant vacancies also contribute to the outsourcing.

Year-to-date

	PY Actual £k	Plan £k	Actual £k	Variance £k
Pay				
Management	14,557	16,281	16,396	115
Medical and Dental Staff	100,347	100,263	104,515	4,252
Nursing & Midwifery - Registered	98,591	103,761	101,752	(2,009)
Nursing & Midwifery - Unregistered	24,519	26,113	27,062	950
Other Healthcare Staff	44,798	46,947	46,513	(434)
Ancillary Staff	13,395	14,559	14,872	313
Administrative & Clerical	30,156	33,130	31,764	(1,366)
Maintenance Staff	2,244	2,647	2,597	(50)
Other Staff	624	4,198	658	(3,539)
Total Pay	329,232	347,897	346,129	(1,768)
Non-pay				
Drugs & Medical Gases - in tariff	11,328	10,683	10,577	(105)
Drugs & Medical Gases - PbR exclusion and CDF	61,117	62,670	62,627	(43)
Supplies and Services - Clinical - in tariff	49,181	47,241	48,412	1,171
Supplies and Services - Clinical - PbR exclusion	7,982	7,319	9,323	2,004
Supplies and Services General	6,429	6,407	6,448	41
Establishment Expenses	4,044	4,427	4,300	(127)
Transport Expenses	1,633	1,556	1,671	116
Premises	19,539	19,211	18,896	(315)
Purchase of Healthcare from Non NHS provider	6,119	5,211	6,538	1,328
Consultancy	1,633	876	1,646	770
Other Non Pay/Reserves	2,406	2,977	1,664	(1,313)
CNST Premium	19,728	21,320	20,668	(652)
Education and Training	3,305	1,736	1,871	135
Operating Lease Expenditure	0	2,698	2,738	40
Services from Other NHS Bodies	6,631	4,306	4,644	338
Audit Fees	111	111	104	(7)
Trust Chair & Non-Executive Directors	90	85	88	3
Total Non-Pay	201,277	198,833	202,215	3,382
Total Expenditure	530,509	546,731	548,345	1,614

Full-year

	Plan £k	Forecast £k	Variance £k
Pay			
Management	17,765	17,819	54
Medical and Dental Staff	109,319	114,126	4,808
Nursing & Midwifery - Registered	113,198	111,182	(2,016)
Nursing & Midwifery - Unregistered	28,340	29,417	1,076
Other Healthcare Staff	51,240	50,771	(470)
Ancillary Staff	15,821	16,188	366
Administrative & Clerical	36,134	34,748	(1,386)
Maintenance Staff	2,901	2,839	(62)
Other Staff	4,504	720	(3,784)
Total Pay	379,223	377,809	(1,413)
Non-pay			
Drugs & Medical Gases - in tariff	11,584	11,595	11
Drugs & Medical Gases - PbR exclusion and CDF	68,495	67,775	(720)
Supplies and Services - Clinical - in tariff	51,095	52,684	1,589
Supplies and Services - Clinical - PbR exclusion	7,985	10,158	2,173
Supplies and Services General	6,930	6,995	65
Establishment Expenses	4,836	4,700	(135)
Transport Expenses	1,689	1,820	131
Premises	20,972	19,853	(1,118)
Purchase of Healthcare from Non NHS provider	5,697	7,359	1,662
Consultancy	913	1,988	1,075
Other Non Pay/Reserves	3,457	1,975	(1,482)
CNST Premium	23,261	22,550	(711)
Education and Training	1,875	1,876	1
Operating Lease Expenditure	2,935	3,030	95
Services from Other NHS Bodies	4,725	5,011	285
Audit Fees	121	114	(7)
Trust Chair & Non-Executive Directors	92	94	2
Total Non-Pay	216,662	219,577	2,915
Total Expenditure	595,885	597,387	1,502

**Finance Report Month 11 2018/19**   **Payroll and Agency costs**   **G**

Agency costs of £12.50m represent 3.6% of the total pay bill and are over the Month 11 agency ceiling of £10.822m. Agency expenditure in Month 11 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 £1.95m, given the current level 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	2,907	3,027	2,812	3,044	232
Nursing & Midwifery	2,496	4,026	3,694	4,709	1,015
Other Healthcare Staff	1,393	2,119	2,034	2,021	(13)
Management	1,317	1,193	685	1,163	478
Administrative & Clerical	415	163	913	589	(324)
Ancillary Staff	237	767	456	637	181
Estates staff	220	91	228	341	113
Other Staff	377	34		(2)	(2)
Trust	**9,362**	**11,420**	**10,822**	**12,502**	**1,680**

Year on year agency expenditure comparison
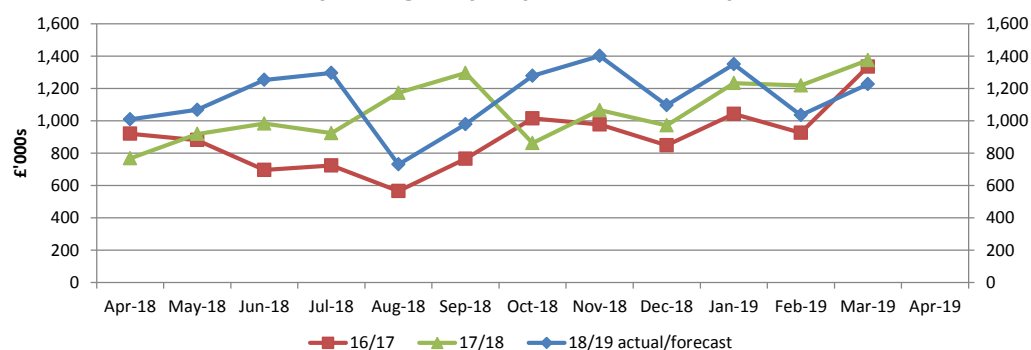
YTD Agency cost by staff group and year
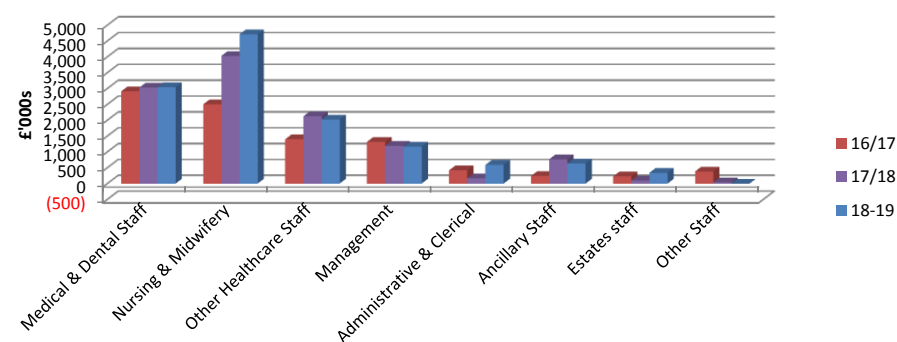
Payroll
(Excludes non executive directors)

	Prior year actual £k	Plan £k	Actual £k	Variance £k
Medical & Dental Staff	97,320	99,832	101,471	1,639
Nursing & Midwifery	119,084	129,859	124,106	(5,753)
Other Healthcare Staff	42,679	46,802	44,511	(2,291)
Management	13,365	16,281	15,233	(1,048)
Administrative & Clerical	29,993	33,130	31,175	(1,955)
Ancillary Staff	12,629	14,391	14,235	(156)
Maintenance Staff	2,153	2,647	2,256	(391)
Other Staff	590	4,171	660	(3,511)
Trust	**317,813**	**347,113**	**333,647**	**(13,466)**

Staff in post including bank staff

	Prior year actual WTE	Plan WTE	Actual WTE	Variance WTE
Medical & Dental Staff	1,134	1,198	1,164	(34)
Nursing & Midwifery	3,594	3,560	3,553	(7)
Other Healthcare Staff	1,166	1,266	1,156	(110)
Management	201	253	219	(34)
Administrative & Clerical	1,205	1,284	1,256	(28)
Ancillary staff	582	610	606	(4)
Maintenance Staff	63	83	67	(17)
Other Staff	17	17	16	(1)
Trust	**7,961**	**8,271**	**8,037**	**(234)**

Finance Report Month 11 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 Actual £k	Plan £k	Year-to-Date Actual £k	Variance £k	Notes
Property, Plant and Equipment (PPE)	422,387	545,919	488,534	(57,385)	1
Intangible Assets	550	386	549	163	
Other Assets	4,784	4,587	3,453	(1,134)	
Non Current Assets	**427,721**	**550,892**	**492,536**	**(58,356)**	
Inventories	8,788	9,560	8,998	(562)	
Trade and Other Receivables	48,625	50,451	45,710	(4,741)	2
Cash and Cash Equivalents	15,872	6,868	9,840	2,972	
Non Current Assets Held for Sale	0	0	0	0	
Current Assets	**73,285**	**66,879**	**64,548**	**(2,331)**	
Trade and Other Payables	(68,117)	(66,737)	(68,335)	(1,598)	2
Borrowings	(24,583)	(6,659)	(43,587)	(36,928)	3
Other Financial Liabilities	0	0	0	0	
Provisions	(1,725)	(807)	(543)	264	
Other Liabilities	0	0	0	0	
Current Liabilities	**(94,425)**	**(74,203)**	**(112,465)**	**(38,262)**	
Borrowings	(242,341)	(340,331)	(274,887)	65,444	3
Trade and Other Payables	(10)	(33)	(10)	23	
Provisions	(2,030)	(2,054)	(1,999)	55	
TOTAL ASSETS EMPLOYED	**162,200**	**201,150**	**167,723**	**(33,427)**	
Financed by:					
Public Dividend Capital	337,972	426,223	395,798	(30,425)	4
Retained Earnings	(229,577)	(229,577)	(229,577)	0	
Surplus/(Deficit) for Year	0	(49,301)	(52,303)	(3,002)	
Revaluation Reserve	53,805	53,805	53,805	0	
TOTAL TAXPAYERS EQUITY	**162,200**	**201,150**	**167,723**	**(33,427)**	

	Full-Year Plan £k	Forecast £k	Variance £k	Notes
Property, Plant and Equipment (PPE)	547,137	498,881	(48,256)	
Intangible Assets	372	372	0	
Other Assets	4,487	4,487	0	
Non Current Assets	**551,996**	**503,740**	**(48,256)**	
Inventories	8,360	8,360	0	
Trade and Other Receivables	50,901	50,901	0	
Cash and Cash Equivalents	3,529	3,529	0	
Non Current Assets Held for Sale	0	0	0	
Current Assets	**62,790**	**62,790**	**0**	
Trade and Other Payables	(67,300)	(75,059)	(7,759)	
Borrowings	(7,379)	(25,557)	(18,178)	
Other Financial Liabilities	0	0	0	
Provisions	(807)	(807)	0	
Other Liabilities	0	0	0	
Current Liabilities	**(75,486)**	**(101,423)**	**(25,937)**	
Borrowings	(342,020)	(301,700)	40,320	
Trade and Other Payables	(33)	(33)	0	
Provisions	(2,062)	(2,062)	0	
TOTAL ASSETS EMPLOYED	**195,185**	**161,312**	**(33,873)**	
Financed by:				
Public Dividend Capital	433,958	403,633	(30,325)	
Retained Earnings	(229,577)	(229,577)	0	
Surplus/(Deficit) for Year	(63,001)	(66,549)	(3,548)	
Revaluation Reserve	53,805	53,805	0	
TOTAL TAXPAYERS EQUITY	**195,185**	**161,312**	**(33,873)**	

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 £10.0m 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.

The 3Ts funding is drawn down to match capital expenditure, subject to utilisation of internal funding sources first. PDC of £57.8m 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 year to date drawdown is £10.0m. 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	6,867	9,840	2,973

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	(33,327)	(40,014)	(6,687)
Non Cash I&E Items	17,335	17,434	99
Movement in Working Capital	(6,114)	3,518	9,632
Provisions	(1,814)	(1,213)	601
Cash outflow from Operations	**(23,920)**	**(20,275)**	**3,645**
Capital Expenditure	(141,484)	(80,467)	61,017
Cash receipt from asset sales	0	0	0
Cash outflow before financing	**(165,404)**	**(100,742)**	**64,662**
PDC Received	88,251	57,826	(30,425)
PDC Repaid	0	0	0
Dividends Paid	(2,399)	(2,489)	(90)
Interest on Loans, PFI and capital repayments on PFI	(10,035)	(10,035)	0
Interest received	23	140	117
Drawdown on debt	84,391	61,331	(23,060)
Repayment of debt	(3,832)	(12,063)	(8,231)
Cash inflow from financing	**156,399**	**94,710**	**(61,689)**
Net Cash Inflow / (Outflow)	**(9,005)**	**(6,032)**	**2,973**
Opening Cash Balance	15,872	15,872	0
Closing Cash Balance	**6,867**	**9,840**	**2,973**

Year-End Forecast

	Plan £k	Forecast £k	Variance £k
Operating deficit	(45,287)	(52,851)	(7,565)
Non Cash I&E Items	29,182	28,948	(234)
Movement in Working Capital	(1,224)	6,762	7,986
Provisions	(1,814)	(1,814)	0
Cash outflow from Operations	**(19,143)**	**(18,955)**	**188**
Capital Expenditure	(154,768)	(105,230)	49,538
Cash receipt from asset sales	0	0	0
Cash outflow before financing	**(173,911)**	**(124,185)**	**49,726**
PDC Received	95,986	65,661	(30,325)
PDC Repaid	0	0	0
Dividends Paid	(5,105)	(2,489)	2,616
Interest on Loans, PFI and capital repayments on PFI	(12,354)	(12,354)	0
Interest received	25	151	126
Drawdown on debt	87,596	73,684	(13,912)
Repayment of debt	(4,581)	(12,811)	(8,230)
Cash inflow from financing	**161,567**	**111,842**	**(49,725)**
Net Cash Outflow	**(12,344)**	**(12,343)**	**0**
Opening Cash Balance	15,872	15,872	0
Closing Cash Balance	**3,529**	**3,529**	**0**

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	Year-end actual	Plan £k	Forecast £k	Variance £k
Strategic Capital	125,480	72,165	(53,315)	Strategic Capital	137,748	89,963	(47,785)
Operational Capital	17,518	13,146	(4,372)	Operational Capital	18,101	17,884	(217)
Total	142,998	85,311	(57,687)	Total	155,849	107,847	(48,002)

Strategic Capital The strategic capital forecast for the year has reduced to £90.0m. The electrical infrastructure work and external works will be completed in March 2019 to take into account clinical and operational needs. Work on the Helideck steel framework is complete.   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   A full year expenditure plan of £27.2m was approved by the board, which allows flexibility and prioritisation of schemes within the resources available. The underspend predominantly relates to Medical Equipment, which is scheduled to be delivered and receipted in March. The expenditure has picked up significantly in the the last two months and the year-end expenditure forecast is £17.9m.

	Plan £k	Actual £k	Variance £k		Plan £k	Forecast £k	Variance £k
Source of Funds - (CRL)	(142,998)	(85,311)	(57,687)	**Source of Funds - (CRL)**	(155,849)	(107,847)	(48,002)
Expenditure				**Expenditure**			
Strategic Capital				**Strategic Capital**			
3Ts	94,183	58,065	36,118	3Ts	101,918	67,768	34,150
ED - Floor Development	12,666	7,596	5,070	ED - Floor Development	13,907	8,333	5,574
ED - Backlog Maintenance	8,198	3,918	4,280	ED - Backlog Maintenance	9,000	9,000	0
Pathology	9,000	0	9,000	Pathology	11,490	104	11,386
Radiotherapy East	1,433	822	611	Radiotherapy East	1,433	1,433	0
Linac	0	1,764	(1,764)	Linac	0	3,325	(3,325)
Total Strategic Capital	125,480	72,165	53,315	**Total Strategic Capital**	137,748	89,963	47,785
Operational Capital				**Operational Capital**			
Medical Equipment Replacement	4,267	1,098	3,169	Medical Equipment Replacement	4,596	4,984	(388)
IM&T Infrastructure	5,106	4,863	243	IM&T Infrastructure	5,106	2,796	2,310
Estates Infrastructure	3,583	0	3,583	Estates Infrastructure	3,583	1,389	2,194
Service Development	3,167	2,294	873	Service Development	3,371	3,038	333
RACH lifecycle replacement		3,911	(3,911)	RACH lifecycle replacement	0	4,232	(4,232)
Charitably Funded Schemes	1,395	980	415	Charitably Funded Schemes	1,445	1,445	0
Total Operational Capital	17,518	13,146	4,372	**Total Operational Capital**	18,101	17,884	217
(Under)/Overspend against CRL	0	0	0	**(Under)/Overspend against CRL**	0	0	0

Finance Report Month 11 2018/19   **Aged Debtors**

The Trust debtors are a mixture of invoiced debtors, accrued income and prepayments. The level of invoiced debtors has increased by £0.1m since the end of January and the value of overdue debts has increased by £1.4m. £3.5m 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 £k	Current Month Over 30 Days £k	Prior Month Over 30 Days £k	Notes
CCGs	(991)	426	129	1,535	1,099	2,090	352	1
Trusts	3,640	201	132	1,564	5,537	1,897	2,050	2
Other NHS	949	258	9	10	1,226	277	265	3
Other Debtors	1,780	262	1,782	3,803	7,627	5,847	6,278	4
Private Patients	398	409	183	1,615	2,605	2,207	1,996	5
Overseas	3	32	-	403	438	435	418	
Total Invoiced Debtors	**5,779**	**1,588**	**2,235**	**8,930**	**18,532**	**12,753**	**11,359**	
Provision for Bad Debts (including ICR Provision)					(3,892)			
Accrued Income					19,809			
Prepayments					7,414			
Other Debtors					3,846			
Total Trade & Other Receivables					**45,709**			

Other Receivables	Current Month £k	Prior Month £k
Accrued Income		
Work In Progress	3,978	3,978
CCG Service Level Agreements	10,610	11,852
Injury Cost Recovery Fund	3,297	3,231
Other	1,924	2,049
Total Accrued Income	**19,809**	**21,110**
Prepayments		
Maintenance & Other Contracts	5,384	5,774
NHS Litigation	2,030	4,060
Total Prepayments	**7,414**	**9,834**

1. CCGs : the CCGs overdue balance has increased by £1.7m compared to last month. The trust continues to actively engage with commisioners to settle debts over 90 days.

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

3. Other NHS : tthere has been a marginal increase in the level of overdue debts.

4. Other Debtors : the Trust is actively engaging with its main customer with regards to settlement of overdue balances.

5. Private Patients : there has been £0.2m change to the overdue debts.

Trade and Other Receivables
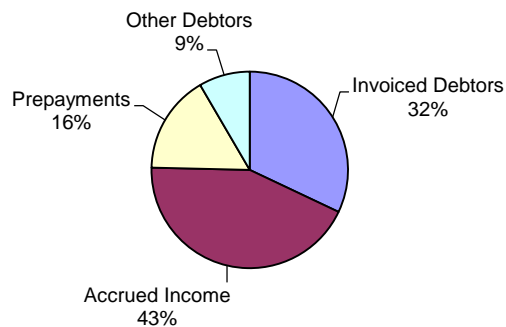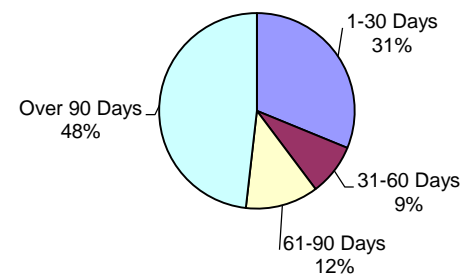
Other Debtors 9%
Prepayments 16%
Invoiced Debtors 32%
Accrued Income 43%

Invoiced Debtors Ageing

1-30 Days 31%
31-60 Days 9%
61-90 Days 12%
Over 90 Days 48%

The efficiency programme has delivered the £27.045m in the year to Month 11 which is £0.04m above the internal target and £0.207m 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)	57	57	(0)		60	62	2
Corporate and Admin	Non pay	498	507	9		550	546	(4)
Corporate and Admin	Pay (Skill Mix)	746	820	74		825	820	(5)
Estates and Facilities	Non pay	1,005	1,050	46		1,102	1,099	(3)
Estates and Facilities	Pay (Skill Mix)	105	105	0		104	105	1
Estates and Facilities	Pay (WTE reductions)	263	0	(263)		283	284	1
Estates and Facilities	Income (Other operating income)	215	239	24		243	241	(2)
Hospital Medicine and Pha	Non pay	873	796	(77)		1,048	974	(74)
Imaging	Income (Patient Care Activities)	14	6	(8)		12	15	3
Imaging	Non pay	412	401	(10)		389	456	67
Imaging	Pay (Skill Mix)	299	312	13		412	334	(78)
New Care Models (NCM)	Income (Patient Care Activities)	13	13	(0)		12	13	1
New Care Models (NCM)	Pay (WTE reductions)	54	37	(17)		144	61	(83)
Other Savings plans	Income (Patient Care Activities)	1,618	1,075	(543)		2,313	1,857	(456)
Other Savings plans	Non pay	3,928	4,198	270		4,057	4,308	251
Other Savings plans	Pay (Skill Mix)	937	955	18		892	1,034	142
Other Savings plans	Pay (WTE reductions)	298	321	24		429	328	(101)
Other Savings plans	Income (Other operating income)	14	2	(12)		0	17	17
Pathology	Non pay	244	235	(9)		122	260	138
Pathology	Pay (Skill Mix)	327	377	50		599	388	(211)
Procurement	Non pay	5,426	5,779	353		5,736	6,051	315
Workforce (AHP)	Income (Patient Care Activities)	81	10	(71)		84	89	5
Workforce (AHP)	Pay (Skill Mix)	359	346	(13)		565	394	(171)
Workforce (Medical)	Pay (Skill Mix)	1,546	1,611	65		1,667	1,664	(3)
Workforce (Medical)	Pay (WTE reductions)	1,706	1,790	84		1,914	1,984	70
Workforce (Nursing)	Pay (Skill Mix)	2,318	2,508	189		2,413	2,555	142
Workforce (Nursing)	Pay (WTE reductions)	884	970	86		976	974	(2)
Workforce (Other)	Pay (Skill Mix)	1,552	1,205	(347)		1,688	1,755	67
Workforce (Other)	Pay (WTE reductions)	1,213	1,320	107		1,331	1,330	(1)
TBA	Pay (Skill Mix)	0	0	0		30	0	(30)
Efficiency Plan Total		**27,005**	**27,045**	**40**		**30,000**	**30,000**	**(0)**
Plan adjustment to NHSI return/Forecast Risk Adjustment		207	0	(207)				0
Efficiency Requirement in NHSI Plan		**27,212**	**27,045**	**(167)**		**30,000**	**30,000**	**(0)**

Plan 18-19

Legend:
- TBA
- Corporate and Admin
- Estates and Facilities
- Hospital Medicine and Pharmacy
- Imaging
- New Care Models (NCM)
- Other Savings plans
- Pathology
- Procurement
- Workforce (AHP)
- Workforce (Medical)
- Workforce (Nursing)
- Workforce (Other)

Pie chart values: 0.10%, 4.78%, 5.77%, 3.49%, 2.71%, 0.52%, 25.64%, 2.40%, 19.12%, 2.16%, 11.94%, 11.30%, 10.06%

Agenda Item:	12	Meeting:	Trust Board		Meeting Date:	27 March 2019
Report Title:	Maternity Incentive Scheme					
Sponsoring Executive Director:	Nicola Ranger – Chief Nurse					
Author(s):	Phil Amess – Consultant Neonatologist					
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	Improved patient outcomes in Maternity and Neonatology
Financial	Safety action #3 in the 2019 Clinical Negligence Scheme for Trusts (Maternity) worth 10% of annual maternity premiums (~£954k)
Workforce	

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

Communication and Consultation:

For internal review and approval at Trust Board

Executive Summary:

NHS Improvement has identified that nationally over 20% of admissions of full term babies to neonatal units could be avoided. There is evidence that suggests separation of mother and baby soon after birth interrupts the normal bonding process, potentially leading to a lasting effect on maternal and baby health.

Following review of patient safety reports, neonatal hospital admission data and litigation claims data, the areas of focus for avoiding term admissions are:
- Respiratory conditions
- Hypoglycaemia
- Jaundice
- Asphyxia

The national ATAIN project is delivered through the neonatal networks to audit admission of term infants to neonatal units and promote the establishment of clinical practice and service provision which enables <4% of term infants to require admission to a neonatal unit.

The 19/20 maternity incentive scheme for CNST has identified this as one of the key standards and require the Board to have sight of and approve the ATAIN action plan.

Historically, BSUH performance against this target has been good, but there are further improvements we can make at PRH and RSCH.

The attached paper demonstrates the Trust's plan to address this.

Key Recommendation(s):

- Action plan is reviewed and agreed at Trust Board level
- Audit trail completed providing evidence and rationale for developing the agreed action

ATAIN Trust Action plan for National ATAIN scheme 2019/20

Trust name	Brighton and Sussex University Hospitals NHS Trust
Unit name	Trevor Mann Baby Unit, Royal Sussex County Hospital, Brighton
Unit name if more than one unit	Special Care Baby Unit, Princess Royal Hospital, Haywards Heath
ATAIN lead names	
Obstetrician	Jo Sinclair
Senior midwife	Katherine Hasson
Neonatal/Paeds clinical lead	Bettina Reulecke (RSCH) / Nikolay Drenchev (PRH)
Neonatal matron	Claire Hunt
Maternity Safety Champion	Amanda Clifton
Maternity Exec Board Champion	Carly Knell
LMS lead	Lisa Jeffery
ODN lead: SE Neonatal Network	Vanessa Attrell
Rate of term admissions into NNU 2017/18:	
	RSCH 3.8% PRH 4.9%
Rate of term admissions into NNU 2018/19:	
	RSCH 4.8% (awaiting results of Q4), PRH 5.2% (awaiting results of Q4)
Top 5 reasons for admission : completed using Data South ATAIN Dashboard	
1 RSCH Respiratory	1 PRH Respiratory
2 RSCH Monitoring	2 PRH Hypoglycaemia
3 RSCH Hypoglycaemia	3 PRH Monitoring
4 RSCH Infection	4 PRH Infection
5 RSCH Jaundice	5 PRH Suspected HIE
Transitional care facilities in place?	Yes

Brief description of the model/s of TC in place, location, staffing.	Transitional care babies are cared for on the labour wards and postnatal wards alongside babies not requiring transitional care. There are several guidelines in place addressing transitional care issues, all of which have been recently reviewed and/or are currently being ratified. There is at least one nursery nurse on per shift to deliver transitional care. The babies will be reviewed at least once daily by a tier 2 neonatal doctor or ANNP who will involve a more senior colleague if required. Most transitional care procedures are carried out in the PNW nursery but if x-rays or procedures like cannulation or lumbar punctures are required the baby will be briefly brought to the baby unit for the procedure.

Item No	Link to ATAIN admission criteria (i.e.Respiratory, Jaundice, Hypoglycaemia, HIE, Observation, Poor feeding)	Recommendation identified following case review	Action plan to achieve compliance with recommendation (SMART)	Lead Responsible	Expected date for completion	RAG rating	Progress/comments	Date completed
	Respiratory	(PRH) Previous high admission rate for respiratory symptoms - recent audit has suggested reduction in respiratory admissions.	Continue to monitor adherence to protocol via case by case review.	Drenchev	01/04/2020	G		
	Monitoring	(RSH & PRH) Problem identified with regards to entering the correct principal admission diagnosis on Badger. This is resulting in misleading data and prevents accurate reflection of our patient collective	Train ward clerks to apply correct diagnosis. Discharging practitioners to check that correct admission diagnosis has been applied. ATAIN leads to continue case by case review with regards to principal admission diagnosis.	RSCH: Reulecke PRH: Drenchev	01/05/2019	A		
	Hypoglycaemia	(RSCH & PRH) Overall admission numbers reduced since the introduction of hypostop in the neonatal hypoglycaemia guideline (see action plan 2017/2018). Case by case review revealed good adherence to guideline hence no action currently required.	Continue to monitor adherence to protocol via case by case review.	RSCH: Reulecke PRH: Drenchev	01/04/2020	G		
	Infection	(RSCH & PRH) Local sepsis protocol was reviewed in 2018 and is in keeping with the NICE guidelines. Overall admission numbers for infection as main diagnosis are low - most babies had additional symptoms requiring admission (i.e. respiratory)	Continue to monitor adherence to protocol via case by case review. ATAIN leads to continue case by case review with regards to principal admission diagnosis. Ongoing regular meetings between neonatal and obstetric team to streamline policies.	RSCH: Reulecke PRH: Drenchev	01/04/2020	G		
	Jaundice	(RSCH & PRH) Overall admission numbers for jaundice are low on both sites.	Continue to monitor adherence to protocol via case by case review.	RSCH: Reulecke PRH: Drenchev	01/04/2020	G		
	Suspected HIE	(PRH) Higher number of babies admitted for suspected HIE at PRH seemingly due to inappropriate admission diagnosis. Case review showed that most babies of these babies received SC support for a different reason (for example respiratory support)	Continue to monitor adherence to network protocol (time=brain) and instruct PRH staff to apply correct admission diagnosis. ATAIN leads to continue case by case review with regards to principal admission diagnosis. Additional monitoring level introduced on both sites due to the implementation of Health Care Services Investigation Branch (HCSIB) with regards to all term suspected HIE cases.	Both sites: K. Hasson & E. White PRH SCBU: Drenchev	01/04/2020	G		

NHS
Brighton and Sussex University Hospitals
NHS Trust

Agenda Item:	13	Meeting:	Trust Board		Meeting Date:	27 March 2019
Report Title:	**Board Assurance Framework – 2018/19 – Quarter 4**					
Sponsoring Executive Director:	Glen Palethorpe, Group Company Secretary					
Author(s):	Glen Palethorpe, Group Company Secretary					
Report previously considered by and date:	TEC 5 March 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 has been presented to Quality Assurance Committee (Q3), Finance and Investment Committee (Q3), Audit Committee (Q3) and Trust Executive Committee (Q3 & Q4).

Executive Summary:

The Board Assurance Framework (BAF), reflective of the position at quarter 4, was considered by the Trust Executive Committee at its meeting in March before being presented to the Board.

The BAF summary shown below provides the position at the end of February 2019 for Q4 with regards to the five strategic objectives and the associated 12 strategic risks. The detailed information is recorded in the attachment to this paper.

The table also shows pictorially the movement in risk between the current score for Q4 and that recorded for Q3. (⟷ No change, ↑ an increase in risk and ↓ a decrease in risk

BAF: Strategic Objectives and Strategic Risks (Key: I = Impact L = Likelihood T = Total)	Risk Scores								
	Q3			Q4			Target		
	I	L	T	I	L	T	I	L	T
1. Patient *Quality Assurance Committee*									
1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in adverse reputational impact, and loss of market share	3	4	**12**	3	3	9 ↓	3	3	**9**

Risk									
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	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	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	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	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	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	3	**12** ⟷	4	2	**8**
4. Quality Improvement *Quality Assurance Committee*									
4.1 We are unable to deliver and demonstrate compliance with regulatory requirements or clinical standards adversely impacting on patient safety and our registration and accreditation by regulatory and supervisory bodies	3	5	**15**	3	4	12 ↓	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 ↓	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 ↓	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	4	**12** ↓	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	5	15 ↑	3	3	**9**

Changes in Q4

In summary the Trust has been assured that it has managed three of its BAF risks to their stated target risk scores. There remain nine risks that are above their target score, recognising that for two of these risk Q4 has seen these reduce from risks rated as significant (risk 4.1 and 5.2). For the three risks with a significant current risk score there are actions being undertaken across the month of

March.

<u>Reduced risks</u>

Based on assurances logged during the Quarter five risks have reduced during Quarter 4.

Risk 1.1 – this has reduced to 9 which is its target score, based on the assurance received at QAC and the completion of further planned action including the use of patient safety huddles which support the cascade of key messages.

Risk 4.1 – this has reduced to 12 which remains above the risk's target score. The judgement as to the strength of the control environment remains amber reflecting that further action is planned.

Risk 4.2 – this has reduced to 5 which is its target score. This is based on the assurance reported to QAC and the Board in respect of actions taken in quarter 3 including the learning from deaths structured judgement reviews.

Risk 5.1 – this has reduced to 9 which is its target score based on the action taken including the approval of Board of the developed clinical strategy.

Risk 5.2 – this has reduced to 12, which remains above the risk's target score. The action taken in respect of the developed and approved clinical strategy has enabled this current risk likelihood to reduce.

<u>Increased risks</u>

There has been one risk that has increased in Q4.

Risk 5.3 – has increased from 12 to 15 this is based on the deterioration in performance over the last quarter for a number of the Trust's constitutional targets. Work has been set in train along with a re-set for A&E to secure some improvement but this work is unlikely to reduce the risk to its target score by the end of the month.

<u>No recorded movement</u>

There are 6 risks where there has been no movement in the risk score. Whilst actions have been taken in respect of these risks a number of these risks especially across the domains of sustainability and people domains are awaiting on assurances that have yet to be received in order to assess if the current risk is reduced.

Risk Appetite

When the Board received the quarter 3 update it felt it would be useful to have recorded as an appendix to the report the Trust's stated risk appetite. This is included as an Appendix to this report. It should be noted that the Trust's risk appetite is referred to when determining the target risk score for each risk noting that there may be more than one component appetite to be considered when determining the individual target risk score.

Wider reporting

The Trust's Annual Governance Statement which forms part of the Trust's annual report will make reference to the Trust's Board Assurance process along with a note in respect of the three high risks that remain above their target score at the time of the Quarter 4 BAF update.

Key Recommendation(s):

The Board is recommended to consider the level of current risk recorded within the BAF against reported assurances via the various Committees and assurances provided direct to the Board over the final quarter of the year and agree that this represents a balanced view of assurance and its impact on the key risks to the achievement of the Trust's stated objectives.

To endorse the reflection of the remaining key risks within the Trust's Annual Governance Statement which will form part of the Trust's annual report and accounts.

Appendix A

Risk Appetite Statement (*extract from the Trust's risk management strategy*)

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

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

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

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

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

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

> We have a **low** appetite for risks that could result in poor quality care or unacceptable clinical risk, non-compliance with standards or poor clinical or professional practice.

> We have a **low** appetite for risks that may jeopardise patient safety.

> We recognise that it can be in the best interests of patients to have a **moderate** appetite for some individual patient care and treatment risks in order to achieve the best outcomes. Therefore we support our staff to work in collaboration with the people who use our services to develop appropriate and safe care and treatment plans based on assessment of need and clinical risk.

> We will apply strict safety protocols for all of clinical and non-clinical activity, when and wherever possible. We will report, record and investigate our incidents and ensure that we continue to learn lessons to improve the safety and quality of our services.

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

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

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

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

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

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

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

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

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

We have **no** appetite for any risk that could result in staff being non-compliant with

legislation, or any frameworks provided by professional bodies.

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

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

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

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

NHS
Brighton and Sussex
University Hospitals
NHS Trust

Agenda Item:	14	Meeting:	Trust Board in Public	Meeting Date:	27 March 2019
Report Title:	**Use of Trust Seal 2018/19**				
Sponsoring Executive Director:	Glen Palethorpe, Group Company Secretary				
Author(s):	Glen Palethorpe, Group Company Secretary				
Report previously considered by and date:					

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

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

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

Any implications for:	
Quality	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

It is a requirement of the Trust Standing Orders that a register of sealing is maintained, its use is affixed in the presence of two senior employees duly authorised by the Chief Executive and that the use of the Common Seal is reported to the Trust Board.

Below is the detail of the use of the Seal or the period April 2018 to March 2019

No.	Date of Seal	Title of Sealed Document,	Signed in Presence Of (1)	Signed in Presence of (2)
269	25 April 2018	Lease of substation easements at RSCH.	Chief Finance Officer	Chief Delivery and Strategy Officer
270	25 April 2018	Transfer of electricity substation Eastern Road	Chief Finance Officer	Chief Delivery and Strategy Officer
271	25 April 2018	Release of decant works contract – Laing O'Rouke Construction Ltd	Chief Finance Officer	Chief Delivery and Strategy

				Officer
272	25 April 2018	Deed of variation – phase 4 contract with Laing O'Rouke Construction Ltd	Chief Finance Officer	Chief Delivery and Strategy Officer
273	25 April 2018	Release of decant works contract – Laing O'Rouke Construction Ltd	Chief Finance Officer	Chief Delivery and Strategy Officer
274	25 April 2018	Deed of variation – phase 4 contract under procure 21 framework	Chief Finance Officer	Chief Delivery and Strategy Officer
275	13 June 2018	Minor works at the MacMillan Horizon Centre	Chief Finance Officer	Chief Nursing Officer
276	27 July 2018	Deed of warranty relating to Mechanical, Electronic and Public Health Services for 3Ts development with Laing O'Rouke Construction Ltd and Crown House Technologies Ltd	Chief Finance Officer	Chief Delivery and Strategy Officer
277	27 July 2018	Deed of warranty relating to super structure for 3Ts development with Expanded Ltd and Laing O'Rouke Construction Ltd	Chief Finance Officer	Chief Delivery and Strategy Officer
278	27 July 2018	Deed of warranty relating to structural steel at Thomas Kemp Tower with Littlehampton Welding Ltd and Laing O'Rouke Construction Ltd	Chief Finance Officer	Chief Delivery and Strategy Officer
279	27 July 2018	Deed of warranty relating to lift installations 3Ts development with Schinder Ltd and Laing O'Rouke Construction Ltd	Chief Finance Officer	Chief Delivery and Strategy Officer
280	27 July 2018	Deed of warranty relating to building maintenance units with Safe Permanent Access Ltd and Laing O'Rouke Construction Ltd	Chief Finance Officer	Chief Delivery and Strategy Officer
281	27 July 2018	Deed of warranty relating to Piling at 3Ts development building maintenance units Expanded Ltd and Laing O'Rouke Construction Ltd	Chief Finance Officer	Chief Delivery and Strategy Officer

282	21 November 2018	Leases at Eastbourne Radiotherapy Treatment Unit	Chief Finance Officer	Chief Workforce and Organisational Development Officer	
283	21 November 2018	Lease of Barry Building with Costa Coffee and Amigo Outlets	Chief Finance Officer	Chief Workforce and Organisational Development Officer	
284	21 November 2018	Section 38 / 278 Agreement re Bristol Gate Junction within the 3Ts programme	Chief Finance Officer	Chief Workforce and Organisational Development Officer	

Key Recommendation(s):

The Board is asked to **NOTE** the use of the Trust seal, and that its use has been in compliance with the Trust's standing orders.

NHS
Brighton and Sussex University Hospitals
NHS Trust

Agenda Item:	15	Meeting:	Trust Board		Meeting Date:	March 2019
Report Title:		Revised Finance and Performance Committee Terms of Reference				
Sponsoring Executive Director:		Glen Palethorpe – Group Company Secretary				
Author(s):		Glen Palethorpe – Group Company Secretary				
Report previously considered by and date:		The Finance and Performance Committee ToR has been considered and recommend to the Board for approval by the Finance and Investment Committee in February 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	
Financial	
Workforce	

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

Communication and Consultation:

Executive Summary:

The Finance and Investment Committee has reviewed its terms of reference to record that the Committee will consider performance recognising the strong linkage between performance and finance. As part of the review the Committee is to be retitled to the Finance and Performance Committee.   The Finance and Investment Committee reviewed the draft revised terms of reference and recommended these to the Board for approval, subject to a small number of changes to provide clarity over the inter-relationship between the Finance and Performance Committee and the Audit Committee and to be explicit over the Finance and Performance Committee's role in respect of the Trust's capital plan. These changes have been made to the ToR attached to this paper.

Attached to this Terms of Reference are those of the Quality Assurance Committee, the Audit Committee, Charitable Funds Committee and the Remuneration and Nomination Committee to allow the Board to see the full suite of Terms of Reference for all its Committees.

Key Recommendation(s):

The Board is asked to **APPROVE** the Terms of Reference for the Finance and Performance Committee.

Agenda item 15.1

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE

1.00   PURPOSE

1.01   The purpose of the Finance and Performance Committee is to support the Board to ensure that all appropriate action is taken to achieve the financial and operational performance objectives of the Trust through regular review of financial and operational strategies and performance, investments, and capital and estates plans and performance.

1.02   The Committee shall also provide information to the Audit Committee and Quality Assurance Committee as appropriate to assist those Committees in ensuring good structures, processes, and outcomes across all areas of governance.

2.00   MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.01   The membership of the Committee shall be:

- Chair: a nominated non-executive Director

- Two further nominated non-executive Directors

- Chief Executive

- Chief Financial Officer (co Lead Officer for the Committee)

- Director of Strategy and Delivery (co Lead Officer for the Committee)

- Chief Medical Officer

- Chief Nursing and Patient Safety Officer

- Chief Workforce and Organisational Development Officer

- Chief Operating Officer

2.02   The Trust Chair shall propose which non-executive Directors will be most suitable for nomination as Chair and members of the Committee. The Trust Board shall approve the appointment of the Committee Chair and members, based on the Chair's recommendations. At least one of the Committee members should have recent and relevant financial experience.

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

- Trust Director of Finance

- Programme Director, Programme Management Office

- Group Director of Performance

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

2.04   The executive members of the Committee may exceptionally send a deputy to the meeting but the deputy will not have voting rights at the meeting. Those who are in attendance may exceptionally send a deputy to the meeting.

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

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

3.00   ROLE AND RESPONSIBILITIES

AUTHORITY

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

3.02   The Committee shall have delegated authority to award Contracts and approve Business Cases up to the value delegated to it by the Trust Board.

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

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

DUTIES

Financial and Operational policy, management and reporting

3.04   To ensure the Trust develops and maintains an appropriate financial strategy in relation to both revenue and capital.

3.05   To consider the Trust's annual financial plans and annual budgetary policy and proposals before submission to the Trust Board.

3.05   To ensure the Trust develops and maintains an appropriate operational strategy and annual plan in relation to Trust performance.

3.06   To consider the Trust's annual operational plan and supporting proposals before submission to the Trust Board.

3.07   To commission and consider risk-based, in-depth reviews of financial performance (in particular service areas/Divisions or Trust-wide), including the relationship between underlying activity, workforce performance and utilisation, income and expenditure, and budgets.

3.08   To monitor all efficiency programmes, including to obtain assurance that no efficiency programme has an unforeseen detrimental impact on quality of care (linked to the work delivered through the Quality Committee) or on the performance of the Trust especially in respect of constitutional and key operational metrics; and to make recommendations as necessary to the Board about action required in-year.

3.09   To monitor all Workforce Transformation programmes, including to obtain assurance that no programme has an unforeseen detrimental impact on quality of care ((linked to the work delivered through the Quality Committee) or on the performance of the Trust especially in respect of constitutional and key operational metrics; and to make recommendations as necessary to the Board about action required in-year.

3.10   To receive assurances on the robustness of governance processes overseen by the Programme Management Office relating to Efficiency and Transformation programmes.

3.11   To consider proposals for major capital expenditure business cases and estates developments and their funding sources and to make recommendations to the Board as appropriate.

3.12   To commission any necessary reviews of strategic finance and performance issues affecting the Trust, and to review the results before submission to the Board.

3.13   To review, as necessary, the efficacy of the financial and operational control processes that support the Trust's financial statements and the disposition of its funds and assets, and refer any concerns to the Audit Committee.

3.14   To monitor and receive assurances on the robustness of the Trust's main income sources, the contractual safeguards, and efficiency programmes, and to make reports to the Audit Committee and the Board as appropriate.

3.15   To receive and scrutinise, as appropriate, reports on 'commercial' activities of the Trust and to make recommendations to the Board as appropriate.

3.16   To review, as necessary and receive assurance over the data quality systems and processes that support the Trust's operational performance reporting.

3.17   To receive reports on changes in statutory and regulatory requirements that fall under the remit of the duties of the Committee.

Cash management and reporting

3.18   To approve the Trust's cash management policy.

3.19   To receive regular reports on the Trust's cash position.

Procurement strategy and policy

3.20   To review the Trust's procurement strategy and policies on a regular basis and to make recommendations to the Board.

3.21   To consider any significant variations to the Trust's existing procurement methodology as set out in the Trust's Standing Orders and Standing Financial Instructions.

Capital programme

3.22   To review and approve the Trust's capital programme.

3.23   To monitor progress and risks associated with the delivery of this programme and to escalate to the Board any significant risks within its delivery and to the Quality Assurance Committee

Estates strategy

3.23   To review the estates strategy and recommend it to the Board, and to monitor progress against and risks associated with the strategy, and monitor other estates-related improvement plans.

3.24   Where appropriate, to make recommendations to the Board on necessary actions or approvals relating to the matters in this section.

Information management and technology

3.25   To review the IM&T strategy and recommend it to the Board, and to monitor progress against and risks associated with the strategy, and monitor other IM&T-related improvement plans

3.26   Where appropriate, to make recommendations to the Board on necessary actions or approvals relating to the matters in this section.

Organisational controls

3.27   In support of the Audit Committee, the Committee will report to the Audit Committee any identified risks to the adequacy and effectiveness of the Trust's financial and operational performance reporting frameworks.

3.28   To make arrangements to ensure that all Board members maintain an appropriate level of knowledge and understanding of key financial issues affecting the Trust.

3.29   To examine any other matter referred to the Committee by the Trust Board.

3.30   To review draft Trust policies pertaining to the Committee's function prior to their being considered by the Board.

REPORTING AND RELATIONSHIPS

3.31   The Committee shall be accountable to the Board of Directors of the Trust.

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

3.33   The Committee shall refer to the Audit Committee any matters requiring review or decision-making in that forum.

3.34   The Committee chair will provide annually a report to the Board detailing how the Committee has discharged its Terms of Reference.

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

4.00   CONDUCT OF BUSINESS

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

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

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

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

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

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

5.00   STATUS OF THESE TERMS OF REFERENCE

Reviewed by the Finance and Investment Committee 28 February 2019

Approved by Trust Board: 27 March 2019

Next Review: March 2021

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST

QUALITY ASSURANCE COMMITTEE

TERMS OF REFERENCE

1.00 PURPOSE

1.01 The purpose of the Quality Assurance Committee is to support the Board in ensuring that the Trust's management and clinical and non clinical processes and controls are effective in setting and monitoring good standards and continuously improving the quality of services provided by the Trust in line with the principles and values of the Patient First programme.

1.02 The Committee shall also provide information on quality to the Audit Committee, when requested, to assist that Committee in ensuring good structures, processes, and outcomes across all areas of governance.

2.00 MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.01 The membership of the Committee shall be:

- Chair: a nominated Non-Executive Director

- Three further nominated Non-Executive Directors

- Chief Medical Officer (Lead Officer for the Committee)

- Chief Nursing and Patient Safety Officer

- Chief Operating Officer

- Chief Workforce and Organisational Development Officer

2.02 Those normally in attendance at the Committee meetings shall be:

- Trust Medical Director

- Trust Nursing Director

- One of either the Chief of Service, Divisional Director of Operations or Head of Nursing of each Clinical Division

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

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

2.05	The executive members of the Committee may exceptionally send a deputy to the meeting but the deputy will not have voting rights at the meeting.

2.06	Other Trust managers and clinicians, and patients or members of the public, may be invited to attend for particular items on the agenda that relate to areas for which they are responsible or on which the Committee requires advice or information.

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

## 3.00	ROLE AND RESPONSIBILITIES

AUTHORITY

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

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

3.03	The Committee should challenge and ensure the robustness of information provided.

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

DUTIES

Quality strategy, targets and outcomes

3.05	To review and recommend to the Board the Quality Strategy of the Trust, and to monitor progress against the strategy and other improvement plans such as improvement programmes within Patient First that may impact on clinical quality.

3.06	To ensure there are robust systems for monitoring clinical quality performance indicators within Divisions and to receive reports on clinical quality performance measures.

3.07	Review and Monitor Quality Impact Assessments (QIA) relating to Efficiency and Transformation programmes to gain assurance that there will be no unforeseen detrimental impact on quality of care for patients.

3.08	In response to requests from the Board, or where appropriate as decided by the Committee, monitor the implementation of action/improvement plans in respect of quality of care, particularly in relation to incidents, survey outcomes (including Staff Survey) and similar issues.

Regulation and external reporting

3.09   To receive and consider the necessary action in response to external reports, reviews, investigations or audits (from DH, CQC, NHSI, or other NHS bodies) which impact on clinical quality or patient safety and experience.

3.10   To monitor the Trust's responses to all relevant external assessment reports and the progress of their implementation, including the reports of the Care Quality Commission.

Clinical governance, audit and risk management

3.11   Through reports from the Quality Governance Steering Group and by other means, monitor and obtain assurance as to the effectiveness of the processes, systems and structures for good clinical governance at the Trust, and to seek their continuous improvement.

3.12   To consider reports from Quality Assurance Groups and Divisions, to ensure that they are effective and that actions arising from them are addressed in a timely and appropriate manner under the management oversight of the Quality Governance Steering Group.

3.13   To review regularly the themes, trends, management, and improvements relating to serious untoward and other incidents, (both staff and patient) and to receive minutes and recommendations from the Serious Incident Review Group.

3.14   To gain assurance that appropriate feedback mechanisms are in place to those raising incidents and that a culture of openness and transparency in respect of incident reporting is encouraged.

3.15   To review and recommend to the Board the Risk Management Strategy, and to monitor progress and improvement against each risk and generally - Clinical and non-clinical.

3.16   To review and monitor the annual work plan for the further development of risk management practice throughout the Trust which will be developed by the Chief Nursing and Patient Safety Officer, ensuring that this is aligned to risk development work being led by the Audit Committee.

3.17   To review regularly the Board Assurance Framework and the Risk Register, and promote continuous quality improvement with regard to the management of clinical and non-clinical risk and the control environment throughout the Trust.

3.18   To receive and consider the Trust's clinical governance and clinical and non-clinical risk management annual reports, and agree recommendations on actions for improvement.

3.19   To ensure there is a comprehensive clinical audit programme in place to support and apply evidence-based practice, implement clinical standards and guidelines, and drive quality improvement, including through approving and monitoring progress against the Clinical Audit Strategy.

3.20   To maintain oversight of research and innovation activity, ensuring that it is well governed and is focused on and delivers improvement in respect of the Trust's clinical quality priorities.

3.21   To consider reports from the Safeguarding Committee, identifying issues, themes and trends and recommending actions necessary to ensure improvement.

3.22   To consider reports from the Quality Governance Steering Group and to gain assurance of the completion of action plans arising from areas of concern.

3.23   To consider reports from the Health and Safety Committee and to gain assurance of the completion of action plans arising from areas of concern.

3.24   Where appropriate, to consider reports from other operational groups addressing improvement in patient care, and to monitor the completion of action plans arising from areas of concern.

Patient experience

3.25   To consider the minutes and recommendations of the Patient Experience & Feedback Committee, in order to maintain oversight of issues, themes and trends arising from all forms of feedback and to gain assurance of the completion of improvement action where necessary.

3.26   To consider the results of surveys of in-patients and out-patients and estate surveys that may impact on clinical quality, and to gain assurance of the completion of action taken to address issues raised, where appropriate.

Development, education and training

3.27   To consider reports on staff surveys as they relate to clinical quality, and to monitor the implementation of action taken to address issues raised.

3.28   To ensure that medical, nursing and other staff education and training strategies and plans are aligned with and support the Trust's quality strategy.

3.29   To ensure that other education and training-related issues, themes and trends are addressed, to promote high standards of care quality.

REPORTING AND RELATIONSHIPS

3.30   The Committee shall be accountable to the Board of Directors of the Trust.

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

3.32   The Committee shall report as required to the Audit Committee and in particular shall report any matters that require the attention or decision of that Committee.

3.33   The Committee shall review its own performance, constitution and terms of reference at least every two years to ensure it is operating at maximum effectiveness. Any significant changes to the terms of reference must be subject to approval by the Trust Board.

4.00 CONDUCT OF BUSINESS

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

4.02 The Committee shall be deemed quorate if there are at least the Chair, one Non-executive Director, two Chief Officers (one of whom must be the Chief Medical Officer or Chief Nursing and Patient Safety Officer) and one Divisional Chief of Service, Deputy Director of Operations or Head of Nursing, from any Division, present. A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

4.03 The Committee shall meet at least four times in each financial year. The Chair may request an extraordinary meeting if he/she considers one to be necessary.

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

4.05 Agendas and briefing papers should be prepared and circulated five working days before each meeting, to give sufficient time for Committee Members to give them due consideration.

4.06 The Minutes will be submitted to the Trust Board at its next meeting and the Chair shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

5.00 STATUS OF THESE TERMS OF REFERENCE

Approved by Trust Board in: 27 September 2018

Next Review: March 2019

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST

AUDIT COMMITTEE

TERMS OF REFERENCE

1.0   PURPOSE

1.01   The purpose of the Audit Committee is to support the Board of Directors to deliver the Trust's responsibilities for the conduct of public business and the stewardship of funds; to be responsible for providing assurance to the Board that appropriate systems of internal control and risk management are in place covering all corporate and clinical areas of the Trust; and to make recommendations to the Board of Directors on the appointment of external auditors, through the Audit Panel.

1.02   The Committee shall seek to ensure that business is conducted in accordance with the law and proper standards; public money is safeguarded and properly accounted for; Financial Statements are prepared in a timely manner and give a true and fair view of the financial position of the Trust for the period in question; services are managed so as to secure economic, efficient and effective use of resources; and that reasonable steps are taken to prevent and detect fraud and other irregularities.

2.00   MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.01   The membership of the Committee shall be:

- Chair: a nominated non-executive Director

- Three further nominated non-executive Directors

2.02   The Trust Chair shall propose which non-executive Directors will be most suitable for nomination as Chair and members of the Committee. The Board shall approve the appointment of the Committee Chair and non-executive members, based on the Trust Chair's recommendations. (The NHS Audit Committee Handbook requires that the Committee should be composed of at least three independent non-executive Directors, at least one of whom has recent and relevant financial experience.)

2.03   Those normally in attendance at the Committee meetings shall be:

- Chief Financial Officer (the Lead Officer for the Committee)

- External Auditors

- Internal Auditors

- Local Counter Fraud Specialist (as appropriate)

- Group Company Secretary

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

2.04   Those who are normally in attendance may exceptionally send a deputy to the meeting.

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

2.06   The Chief Executive should be invited to attend at least annually to discuss with the Audit Committee the process for assurance that supports the Annual Governance Statement.

2.07   The Trust Chair shall not be a member of the Committee.

2.08   At least once a year, or at the discretion of the Chair, the Committee should meet privately with the External Auditors, Internal Auditors and Local Counter Fraud Service.

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

3.00   ROLE AND RESPONSIBILITIES

AUTHORITY

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

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

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

DUTIES

Governance, Risk Management and Internal Control

3.04   The Committee shall assure itself that the Trust has established and maintains an effective integrated system of governance, risk management and internal controls, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives.

3.05   In particular, the Committee shall assure itself (either directly or through the work of the Quality Assurance Committee) of the accuracy, adequacy and effectiveness of:

- All risk and control-related disclosure statements (in particular the Annual Governance Statement and relevant declarations of compliance with the requirements the Care Quality Commission), together with any accompanying statement from the Head of Internal Audit, any external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

- The underlying assurance processes that indicate the degree of the achievement of corporate objectives and the effectiveness of the management of principal corporate and clinical risks. These will include but will not be limited to: the Board Assurance Framework; the Risk Management Strategy; and the Risk Register along with realistic prioritised action plans and targets to eliminate or minimise risk.

- The policies and controls for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

- The policies and procedures for all work related to fraud and corruption as set out by NHS Protect.

3.06   In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit, Local Counter Fraud Specialist (LCFS), and other assurance functions, but will not be limited to these audit and assurance functions.

3.07   The Committee will seek assurance from the Quality Assurance Committee, to the extent that this is reasonable and possible, that the quality and clinical risk elements of the Trust's Board Assurance Framework, Risk Register, Risk Management Strategy and underpinning risk management and clinical governance processes are in place, fully effective and in line with best practice. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

Internal Audit and Counter Fraud

3.08   The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.

3.09   The Committee shall also satisfy itself that the organisation has adequate arrangements in place for countering fraud.

3.10   This will be achieved by:

- Approval of the appointment of the Internal Auditor.

- Consideration of the provision of the Internal Audit service, the cost of the audit service and any questions of resignation and dismissal.

- Reviews and approval of the Internal Audit Strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework and Risk Management Strategy.

- Consideration of the major findings of internal audit work and the response of managers, ensuring that recommendations are followed-up and any lessons are learned within the Trust.

- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.

- Annual review of the effectiveness of internal audit and of co-ordination between the Internal and External Auditors to optimise audit resources.

- Regular review of resource allocation to the local counter-fraud service (LCFS), progress against the LCFS work plan and ongoing LCFS investigations, and the outcomes, learning and actions resulting from counter fraud work.

External Audit

3.11 The Committee shall recommend to the Board the appointment, re-appointment, or removal of the external auditor, through the auditor panel. The Committee shall:

- recommend the criteria for appointment or removal to the Board of Directors, and advise on the external audit terms and conditions including fees;

- report to the Board of Directors annually on the performance of the external auditor;

- and agree a policy on the engagement of the external auditor to provide non-audit services.

3.12 The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the performance of the External Auditor, as far as the rules governing the appointment permit.

- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local NHS.

- Discussion with the External Auditors of their local evaluation of audit risks and assessment of the Local Health Economy and associated impact on the audit fee.

- Reviewing all External Audit reports, ensuring appropriate management responses and monitoring the implementation of responses.

- agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.

Other Assurance Functions

3.13   The Audit Committee shall receive assurance from the Quality Assurance Committee on its review of the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority etc), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc).

3.14   The Committee shall review the work of other Committees within the organisation whose work can provide relevant assurances. This will particularly include the Quality Assurance Committee, the Finance and Investments Committee and any other risk management Committees that may be established. In reviewing the work of the Quality Assurance Committee and issues concerning clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

3.15   The Committee shall review all decisions made by the Board to suspend Standing Orders or Standing Financial Instructions.

3.16   The Committee shall receive reports at least quarterly on the work of the Security Executive Group.

Management

3.17   The Committee shall require and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control.

3.18   The Committee may also require specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Financial Reporting

3.19   The Audit Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

3.20   The Committee shall ensure that that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

3.21   The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:
  • the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
  • changes in, and compliance with, accounting policies and practices;
  • unadjusted mis-statements in the financial statements;
  • significant judgements in the preparation of financial statements;
  • significant adjustments resulting from the audit;
  • letter of representation
  • qualitative aspects of financial reporting.

REPORTING AND RELATIONSHIPS

3.22 The Committee shall be accountable to the Board of Directors of the Trust.

3.23 The Committee shall make an annual report to the Board of Directors to demonstrate the Committee's discharge of its duties and to confirm the fitness for purpose of the Trust's assurance framework, risk management, and governance processes.

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

3.25 The Committee shall review the minutes and recommendations of the Quality Assurance Committee and other Committees as appropriate.

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

4.00 CONDUCT OF BUSINESS

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

4.02 The Committee shall be deemed quorate if there are at least two non-executive Directors present. A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

4.03 The Committee shall meet not less than four times in each financial year. The Chair of the Committee may request an extraordinary meeting if he/she considers one to be necessary. The External Auditor or Head of Internal Audit may request a meeting of the Committee if either or both consider that one is necessary.

4.04 At the discretion of the Chair of the Committee business may exceptionally be transacted either: through a teleconference where an agenda has been issued in advance; or through the signing by two thirds of members of a written resolution sent in advance to members and recorded in the minutes of the next formal meeting.

4.05 Agendas and papers should be prepared and circulated five clear days before each meeting.

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

5.00 STATUS OF THESE TERMS OF REFERENCE

Approved by Trust Board: 27 September 2018

Next Review: March 2019

Agenda item 15.4

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

1.00   PURPOSE

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

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

2.00   MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.01   The membership of the Committee shall be:

- Chair: a nominated non-executive Director

- Two further nominated non-executive Directors

- Chief Workforce and Organisational Development Officer (the Lead Officer for the Committee)

- Chief Financial Officer

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

2.03   Those normally in attendance at the Committee meetings shall be:

- Charity Director

- Assistant Director of Finance (with responsibility for the Charity)

- Charity Fund-Raising Manager

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

2.04   The executive members of the Committee may exceptionally send a deputy to the meeting but the deputy will not have voting rights at the meeting. Those who are in attendance may exceptionally send a deputy to the meeting.

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

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

3.00   ROLE AND RESPONSIBILITIES

AUTHORITY

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

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

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

DUTIES

Governance, Legalities & Financial Statements

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

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

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

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

Fundraising Strategy and Activity

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

3.09   To approve investment plans and programmes.

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

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

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

Investments

3.13   To appoint external investment managers and monitor their investment performance.

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

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

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

3.17   To update investment policies annually, for approval by the Board, and by agreement the appropriate value of any reserves held by the Charity to ensure these are sufficient to support on-going operations of the Charity and deliver the approved strategy.

Expenditure

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

3.19   To approve the expenditure of charitable funds for amounts in excess of £10,000.

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

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

3.22   To set levels of delegated spending authority for fund advisors, senior managers, the Charitable Funds Committee, and the Board.

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

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

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

Risk Management

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

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

REPORTING AND RELATIONSHIPS

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

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

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

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

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

SUB COMMITTEES

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

4.00   CONDUCT OF BUSINESS

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

4.02   The Committee shall be deemed quorate if there are at least two non-executive Directors present. A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

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

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

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

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

 5.00   STATUS OF THESE TERMS OF REFERENCE

Approved by Trust Board: 27 September 2018

Next Review: March 2019

BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST

APPOINTMENTS AND REMUNERATION COMMITTEE

TERMS OF REFERENCE

1.   Membership

Chair: the Chair of the Trust

All Non-Executive Directors

2.   **In attendance**

2.1   The Chief Executive should be invited to attend as appropriate, but particularly when the Committee is discussing Executive Director appointments and/or remuneration, but should not be present for discussions about his/her own remuneration and terms of service.

2.2   Other executive officers should be invited to attend as appropriate, but particularly when the Committee is discussing areas of risk or operation that are the responsibility of that officer.

2.3   The Chief Workforce and Organisational Development Officer should attend all meetings in an advisory capacity, but should not be present for discussions about his/her own remuneration and terms of service.

2.4   The Group Company Secretary or his/her nominee shall act as Secretary to the Committee.

2.5   No member or attendee shall take part in any discussion relating to his/her post and must declare at the beginning of any meeting any such interest in any items for that meeting.

3.   Duties

The duties of the Committee are as follows:

3.1   To decide on the recruitment and selection process (including the preparation of a description of the role and capabilities required for the appointment of the Chief Executive post on the Trust Board), the appointment, appraisal, remuneration and terms of service of the Chief Executive.

3.2   In conjunction with the Chief Executive, oversee the recruitment and selection process (including the preparation of a description of the role and capabilities required for the appointment of the Executive Director posts on the Trust Board), and the appointment of all Executive Directors, and decide on their terms and conditions of service.

3.3 As part of 3.2 ensure that the requirements of the Fit and Proper Person Test are applied appropriately.

3.4 Remuneration will consist of a base salary in combination with any or more of the following elements:

> Performance related element
> Pensions
> Other benefits

Remuneration should be decided in accordance with Best Practice guidance as set out in Annex A of these Terms of Reference.

3.5 In informing the Committee, the Chief Workforce and Organisational Development Officer will prepare annually the following information:

- list of current basic salary rates for Executive Directors
- list of comparable rates compiled from relevant salary surveys, advertised market rates, the level of experience and qualifications of the Executive Directors and any other relevant factors.
- in determining basic pay increases for senior managers of the Trust, a recommendation for pay increases taking into account national guidelines and advice.

3.5 To monitor the performance of the Chief Executive and, with the Chief Executive, other Executive Director posts.

3.6 To determine appropriate contractual arrangements and termination payments for Executive Directors, taking into account national guidance, where appropriate.

3.7 To act on any other matters delegated by the Monitor, Department of Health or NHS Executive to Remuneration and/or Appointments Committees.

3.8 To consider and, subject to current regulatory guidelines approve recommendations in respect of contractual and non-contractual severance and redundancy payments to staff leaving the Trust.

3.9 To consider the principal elements of the structure and terms of appointment for senior roles within the Trust, particularly clinical management roles.

3.10 To receive reports about Consultant appointments within the Trust, including remuneration arrangements.

3.11 To receive reports on significant employee relations issues, items of litigation and to approve redundancy payments.

3.12 To review its own performance, constitution and terms of reference on an annual basis to ensure it is operating at maximum effectiveness.

4. Quorum

4.1 The Committee shall be deemed quorate only if three Non-executive Director members are present. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

5.   Authority

5.1   The Committee is invested with the delegated authority to act on behalf of the Trust Board. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee (above) and subject to the rules on Reporting, as defined below. The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are requested to co-operate with the Committee in the conduct of its inquiries.

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

6.   Frequency of meetings

6.1   The Committee shall meet at such times as the Chair of the Committee shall require, subject to there being at least two meetings in each calendar year.

7.   Minutes and Reporting

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

7.2   The Committee should report to the Board on any items that are appropriate to do so.

8.   Conduct of Business

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

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

9.   Annual General Meeting

9.1   The Chair of the Committee shall attend the Annual General Meeting prepared to respond to any stakeholder questions on the Committee's activities.

10.0   STATUS OF THESE TERMS OF REFERENCE

Approved by Trust Board: 27 September 2018

Next Review: March 2021

Agenda Item:	16	Meeting:	Trust Board		Meeting Date:	27 March 2019
Report Title:		Sustainability Transformation Partnership - Population Health Check				
Sponsoring Executive Director:		Marianne Griffiths, Chief Executive Officer				
Author(s):						
Report previously considered by and date:		East Sussex & Surrey STP				

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 'Population Health Check' for Sussex and East Surrey has been developed by the STP Clinical and Professional Cabinet. Membership of the Cabinet includes the Medical Directors and Clinical Chairs of partner organisations, as well as representation from Chief Nurses, NHS England, Public Health, the Academic Health Science Network and the Clinical Senate. The Population Health Check represents a diagnostic for our system and highlights the priority areas that need focus to allow health and care services to better meet the needs of our populations. It builds on local plans and intelligence and aims to provide a unified picture of the key areas for change across the health and care system.

There are five priority areas highlighted in the Health Check:

- Workforce and capacity strategy
- Shared decision-making and patient activation
- Re-framing our cultural norms to make the right lifestyle choices easy to make.
- Addressing unwarranted clinical variation.
- Mental and physical health services and social services closer to home with good communication and co-ordination.

Key Recommendation(s):

The Board is asked to **RECEIVE** this report.

January 2018

STP Population Health Check

1. **Purpose**	**For information** ☒	**For discussion** ☒	**For decision** ☒	**For action** ☐	**For Executive recommendation**☐
	We recommend that your Governing Body/ Board: • Reviews and endorses the STP Population Health Check. • Is informed on the planned next steps and timeframes, including the development of a wider clinical strategy for the Sussex and East Surrey STP and need for organisational strategies to be aligned to support delivery.				
2. **Paper summary**	The 'Population Health Check' for Sussex and East Surrey has been developed by the STP Clinical and Professional Cabinet. Membership of the Cabinet includes the Medical Directors and Clinical Chairs of partner organisations, as well as representation from Chief Nurses, NHS England, Public Health, the Academic Health Science Network and the Clinical Senate. The Population Health Check represents a diagnostic for our system and highlights the priority areas that need focus to allow health and care services to better meet the needs of our populations. It builds on local plans and intelligence and aims to provide a unified picture of the key areas for change across the health and care system. There are five priority areas highlighted in the Health Check: • Workforce and capacity strategy • Shared decision-making and patient activation • Re-framing our cultural norms to make the right lifestyle choices easy to make. • Addressing unwarranted clinical variation. • Mental and physical health services and social services closer to home with good communication and co-ordination. The Population Health Check has been endorsed by the STP Executive, which is made up of the Chief Executives from all statutory NHS organisations across Sussex and East Surrey. It is going through the NHS Boards / Governing Body meetings of each of these organisations in January and February.				
Next steps	The STP Clinical and Professional Cabinet will now be using the				

	information outlined in the Population Health Check to develop a clinical strategy for the population. As the strategy is developed, a sustained period of engagement will take place with patients, staff, public, clinicians and other stakeholders. This engagement process will be called *'Our health and care…Our future'* and will provide the opportunity for the strategy to be co-produced and informed by patient, public and staff feedback. The strategy will be aligned to the delivery of the NHS Long-term Plan.
Associated papers	Sussex and East Surrey STP Population Health Check
Clinical Sponsors	Mr Peter Larsen Disney and Dr Minesh Patel, co-Chairs of the STP Clinical and Professional Cabinet
Executive Sponsor	Adam Doyle, Chief Executive, Sussex and East Surrey Clinical Commissioning Groups

Sussex & East Surrey
Sustainability & Transformation Partnership

OUR POPULATION
HEALTH CHECK

**A CLINICALLY-LED DIAGNOSIS
OF WHAT NEEDS TO CHANGE**

Contents

Introduction

"We have many great services and people, delivering great care. However, there is an urgency to address the gaps in the quality and responsiveness of some of our services. There has been an under-investment in prevention and self-care and not enough emphasis on wellbeing and care. Services are not operationally or financially sustainable in the current set-up, which is based on historic and isolated services, not built around what local people need now. In essence, there is less partnership working than we need between patients and clinicians and between services. Given our demography, we need to rely as much on technology-enabled care as on state funded clinical and domiciliary workforce. There just won't be as many employees available in future as would be needed to provide current services to a larger population with more retired people and not many more working-age citizens. This Population Health Check represents a case for change and provides the evidence of the key issues and the priorities we will deliver together to ensure we offer sustainable services. Doing nothing is neither affordable nor sustainable"

Dr Minesh Patel and Mr Peter Larsen-Disney, Co- Chairs, Sussex and East Surrey STP Clinical and Professional Cabinet

Population Health Check

This Population Health Check has been developed and agreed by a STP group called the Clinical and Professional Cabinet, which consists of the most senior medical and nursing leaders across our partnership.

WHAT IS THIS "POPULATION HEALTH CHECK"?
This document is a diagnostic analysis of the key issues we are facing in our local health systems today. This analysis provides the strong evidence base we need for the next phase, which will be an STP-wide Clinical Strategy.

The overall goal of the Population Health Check is to identify the challenges facing our population's health and our system's sustainability in order to develop a strategy, which will see people living with better health that is value focussed and patient centred.

WHY DO WE NEED AN STP POPULATION HEALTH CHECK WHEN WE ALREADY HAVE LOCAL PLANS?
Our STP is comprised of four 'places' responsible for locally driven community and integrated care with the aim of improving health outcomes for our communities and reducing avoidable illness and health and care expenditure. Each place is building a model that best responds to both the local health needs and context of the health and care organisations in the region, however many commonalities exist between them. Each place will oversee radical clinical transformation of Long Term Conditions, frailty, mental health, community, social care, general practice and urgent services to transform outcomes and quality.

The STP is not one single separate plan. It is a way of making sure that the plans of all the partners across the area are joined up and working together. It aims to ensure that no part of the health and care system operates in isolation. We know that what happens in GP surgeries, for example, impacts on social care, which also impacts on hospital wards, and so on. With services feeling the strain, working together will give our nurses, doctors and care staff the best chance of success.

The "added value" of an STP Population Health Check, which complements those Place Based Plans and delivers best value is:

The STP is not one single separate plan. It is a way of making sure that the plans of all the partners across the area are joined up and working together.

- We will be consistent with our messages on increasing population health and well-being and the importance of delivering value for money.

- We are able to identify and work together on addressing unwarranted clinical variation to deliver value for money services across the system.

- We will work together to improve communication and collaboration across the system and between clinicians and the public to enable decision based on objective, best value evidence and conversations.

- We will support each other to manage the impact of the 3Ts development at Brighton and Sussex University Hospitals NHS Trust (BSUH), which will reduce bed capacity in the short term through collaborative redesigning our model of services to enable care closer to home (delivering the lowest level of effective care).

- We will provide STP-wide senior clinical support for local plans which may help the pace of change, with consistent messaging on delivering value based services.

- We will develop simpler collaborative commissioning, whilst maintaining local engagement and ownership, to make best use of limited resources and to integrate care for patients,

- We will share best practice and offer support on implementation of local transformation plans to deliver better value care at a faster pace,

- We will further develop the skills of clinical leadership, workforce development and resilience through learning from others outside our neighbouring systems,

- We will support consistent access to supportive mental health services to reduce costly reactive responses to crisis care.

- We will develop system-wide digital technology to support communication across the system,

- We will contribute to the strategic planning for the development of estates to ensure we are able to deliver care closer to home across the system.

- We will provide consistent key message to the public so that A&E is not the option chosen as the urgent care option but that the public understand the benefits of accessing alternative services in the community.

We are able to identify and work together on addressing unwarranted clinical variation to deliver value for money services across the system

THE SYSTEM WILL, THEREFORE, COME TOGETHER ON ISSUES WHICH MAKE SENSE TO DO TOGETHER.

Some of these initiatives, such as the STP Mental Health Strategy, are already underway and demonstrating significant improvements. However, it is crucial that the changes identified throughout are interconnected with the delivery of the STP Mental Health Case for Change, Mental Health Delivery Plan, Mental Health Workforce Plan and the identified Mental Health priority work streams and vice versa. This will then emphasise the importance of parity of esteem where mental health is valued equally with mental health. For example – some of the changes will impact and are interdependent with this overall STP Population Health Check e.g. impact of Improving Access to Psychological Therapies (IAPT) Long-term conditions developments on Diabetes, Musculoskeletal (MSK) and Cardiovascular, the life gap for people with severe mental illness and the high proportion of smokers having an severe mental illness. Also the mental health Crisis & Urgent Care workstream need to work closely with the Urgent and Emergency Care workstream.

HOW DO WE OFFER BEST VALUE?

We need to offer best value care to our patients. In July 2017, the South East Clinical Senate produced a briefing entitled 'Emphasising Quality, Delivering Value' (South East Clinical Senate 2017a), which recognises that:

● "The inexorable rise in demand for healthcare and growing pressures and constraints on the workforce and finance threaten the sustainability of the NHS. For clinicians across all disciplines, this means that we need to focus our combined resources on the care that delivers the greatest value.

● Value in healthcare is defined as the achievement of the best outcomes for individual patients and for the public within available resources. It also means doing less of things that add little or no value to patients.

● To achieve best value will require the development and use of standardised outcome measures that are more relevant to patients (such as the impact on their functional status and wellbeing), and their more active involvement through the process of shared decision making with well-informed patients. It also involves recognising unwarranted local variation in the delivery of high value care and addressing it.

● Value is not a financial term. It is a term that integrates high quality, safe and cost effective care that improves patient or population outcomes. It can be represented as follows:"

● Better Conversations' is a fundamental part of delivering the Five Year

The inexorable rise in demand for healthcare and growing pressures and constraints on the workforce and finance threaten the sustainability of the NHS.

$$VALUE\ (\text{of an intervention}) = \frac{OUTCOME\ (\text{health and social})}{RESOURCED\ REQUIRED\ (\text{to deliver the coutcome})}$$

Forward View. The first principle within the 'New Care Models' to engage people and communities is that care and support is person-centred: personalised, coordinated, and empowering. Person-centred approaches has recently beenpublished by Skills for Health, Skills for Care and Health Education England as a core skills education and training framework for the health and care workforce.

● We need to begin focusing on assets and "what matters to people" rather than "what's the matter with" people.

We need to improve communication between services. The way that clinicians work together in providing care to individual patients, and how they communicate with each other, is vital to providing an integrated, coordinated, patient-centred approach, and for delivering the best experience of care and outcomes for patients. Phone calls and conventional letters have been the default means of communication for decades, whilst over time technological changes, increasing specialisation, the need for greater efficiency, changing organisational and professional boundaries, and changing patient expectations, have ceaselessly evolved. (SE Clinical Senate. 2017b)

WHAT DID WE FIND ARE THE KEY THEMES?

We found that:

● There are four main unhealthy behaviours of smoking, alcohol misuse, poor diet and lack of physical activity, as well as poor emotional and mental well-being, which are responsible for at least a third of ill health and are amenable to cost-effective preventative interventions. Focusing on prevention earlier in the life-course will accumulate greater benefits, but even in middle and older age groups, preventative approaches are cost-effective. Prevention requires prioritisation and investment across the system. This includes the need to treat symptoms early in primary

care to stop the development of a long-term condition. To date, across our STP, there has been an under-investment in prevention and self-care and not enough emphasis on wellbeing and care.

● There were 1,314 stillbirths in the South East between 2013-2015, equating to roughly 36 stillbirths per month. A large proportion of stillbirths are attributable to risk factors some of which are fully or partly avoidable, indicating an opportunity for rate reduction. Independent risk factors for stillbirth include: obesity, smoking, acquired medical disorders (diabetes) and disadvantaged populations.

● The STP covers a wide geographical area and many organisations, with a notable amount of variation in financial performance. For 2017/18, the combined net deficit (surpluses and deficits added together) for Clinical Commissioning Groups (CCGs) and Trusts in the footprint was £228.2m.

● There is significant expected growth in the population generally and an enormous growth in the 65+ and 85+ age groups. Significantly, this includes an increase in life expectancy for people in poor health. One in three over-65s and half of those over 80 will suffer a fall each year. In addition to the physical consequences, falls can have a damaging psychological impact, resulting in loss of confidence and independence, and increased isolation and depression. The Department of Health has stated that a falls prevention strategy could reduce the number of falls by 15-30%.

● Pressures on our GP services are critical causing issues with access for patients and staff stress. General Practice across the country is struggling to maintain services, and this situation is mirrored in Sussex and East Surrey. The population is getting older, many more people live with multiple chronic diseases, people are seeing their doctor more often and with more complex problems. General Practice has coped well so far, but we need to address these issues if we are not to face much bigger problems.

● We have significant workforce shortages across the system, in particular in GP surgeries, mental health and social care, with increasing demand.

● There have been many years of under-investment in estates, which has resulted in non-compliance, high backlog maintenance and an inefficient estate with high running costs. This hampers our ability to shift care closer to home.

The population is getting older, many more people live with multiple chronic diseases, people are seeing their doctor more often and with more complex problems.

● Bed capacity is expected to increase by 176 beds by 2023/24 at BSUH as a result of the 3Ts rebuild. However, in the meantime, there will be a detrimental impact on capacity which needs to be supported across the wider system.

● Care is often un-co-ordinated and duplicated leading to poor quality care with multiple hand-offs. The supportive systems are often difficult for the public to navigate, resulting in increased attendance to A&E.

● Communication between clinicians across organisations and between clinicians and patients requires improvement.

● We have a high level of mental illness and dementia, with the need to increase access to supportive services.

● Digital technology needs to better support integrated care, population health management and empower patients in managing their care. We have not been good at establishing systems for self-support which are cheap, cost effective and improve outcomes – (patient held records, patient educational materials /fora via online platforms for example) despite 90% of the population owning a smartphone / tablet or PC.

● We have unmet need at one end of the spectrum and unnecessary and/or non-evidenced treatments at the other with variably informed decision-making in the middle.

● There is variation across the trusts in delivering our constitutional standards (the standards everyone should expect) including Referral to Treatment Times (RTT), emergency admissions, Delayed Transfers of Care, bed occupancy, cancer waits and A&E 4-hour performance.

● Our data shows us we have significant unwarranted variation across the STP that are impacting on quality in many areas but particularly in MSK, Cardiovascular and Falls/Fragility Fractures. There is also evidence that we over treat patients in some specialties.

● Too many people are dying away from their usual place of residence or in a place that is not of their choosing.

● Doing nothing is neither affordable nor sustainable.

Digital technology needs to better support integrated care, population health management and empower patients in managing their care.

8

9

WHAT DO WE NEED TO CHANGE TO ADDRESS THESE KEY THEMES?
We concluded that:
We have not focussed enough on promoting the determinants of good health because:

● There remains considerable, and unacceptable, differences in life expectancy between areas across the STP and within local CCG / local authority areas. Service access, take up and outcomes need to be addressed for disadvantaged groups.

● There are four main unhealthy behaviours of smoking, alcohol misuse, poor diet and lack of physical activity, as well as poor emotional and mental well-being, which are responsible for at least a third of ill health and are amenable to cost-effective preventative interventions.

● Focusing on prevention earlier in the life-course will accumulate greater benefits, but even in middle and older age groups, preventative approaches are cost-effective. Prevention requires prioritisation and investment across the system. Prevention includes the reduction of falls in the elderly and healthy living to reduce still births.

In order to keep up with increasing demand, we need to collaboratively redesign our service models to bring care closer to home because:

● There is an imbalance of bed/un-bedded capacity and demand in acute, primary, community and social care.

● BSUH is undergoing a significant re-build programme through 3Ts, which will have an impact on bed capacity until it is completed.

● We want more people to die in their usual place of residence and place of choice.

● Bringing care closer to home, cannot be delivered without addressing the issue that the sustainability of primary care is significantly challenged across the system. Dedicated effort to address primary care challenges is crucial.

Our Urgent and Emergency Care services cannot keep up with demand because:

● Attendances to A&E and handover delays continue to put immense pressure on our services.

● Over a quarter of A&E attendances could be treated at another suitable location e.g. primary care.

● There are several points of contact for access to services, fragmented pathways and gaps in service availability (geographic and time of day), particularly around admissions avoidance and to support hospital discharges.

Our patients with mental health needs are not always able to access support when they need it because:

● There is a lack of a 24/7 crisis support.

● Capacity needs to be built in primary care, closer to home and thereby reduce presentations and referrals to physical and mental health secondary care.

● The prevalence of severe mental illness is 5% higher than nationally, affecting 25,000 individuals

● For dementia, prevalence is 25% higher than nationally, will increase further as the population ages, while the proportion of those with a diagnosis is 5% lower. A quarter of those patients with dementia who are fit to leave acute care wait over 50 days for discharge.

● There is an increasing problem of addiction and its impact on the individual and the system.

We do not have the workforce numbers and skills to meet current and future demands because:

● There is an imbalance in staffing capacity and demand across the whole health and social care system. This includes front line staff providing direct patient/client care, back office staff, and key services e.g. pathology and radiology.

● The average retirement age is 59 and we have 15 % of staff aged 55 years and over.

● The turnover rate for all registered nursing, midwifery and health visiting staff ranges from 13% - 20%.

● In social care there is a significant annual turnover of 26% for registered nurses.

● There are difficulties recruiting and retaining substantive mental health nurses and psychiatrists.

● In June 2017, the Sussex and East Surrey STP had a shortfall of GPs (Full-time equivilants) of 193.

There is an increasing problem of addiction and its impact on the individual and the system.

We need to enable our workforce to have conversations which enable patients to make the right decision about care

Our digital technology does not meet current and future needs because:
● There is a lack of ability and confidence to access shared information to support for Clinicians, professionals, patients and carers in:
(a) Direct Care and Self-Management,
(b) Population Health Management and Evaluation,
(c) Research and Innovation.

● Digital systems do not yet integrate effectively enough to support new models of care or meet expectations.

● There is a lack of health and care services digital maturity, partnerships and agility to take advantage of the opportunities of emerging technologies (e.g. Artificial Intelligence (AI), Precision Medicine, Internet of Things)

There is a lack of demand management to create the most efficient pathways because:
● There is a lack of working practice changes required to encourage 'channel shift.'

● There is a lack of standardised communication and engagement strategies to reduce demand on the system.

● Communication between clinicians across boundaries needs to be addressed as a priority.

Unwarranted clinical variation exists across the system leading to inequity in access to the good standards of care because
● There is unwarranted variation in referrals guidelines, treatment, medicines and Continuing Healthcare funding when we compare ourselves to our demographic peers.

● There is insufficient shared decision-making between patients and their healthcare professional. We need to enable our workforce to have conversations which enable patients to make the right decision about care, based on objective evidence and dialogue and containing expectations to value based care.

THE FOLLOWING CHART SUMMARISES THE KEY THEMES AND WHAT WE NEED TO CHANGE IN OUR SES STP

5 BEHAVIOURS
1. Smoking
2. Physical inactivity
3. Unhealthy diet
4. Excess alcohol
5. Social isoloation

LEADS TO

5 RISK FACTORS
1. Hypertension and breathing problems
2. Obesity and High Chloesterol
3. Hyperglycaemia
4. Frailty and falls
5. Anxiety and depression

LEADS TO

5 DISEASES
1. Cancer
2. Circulation and respiratory disease
3. Diabetes
4. Bone and joint conditions
5. Mental Health conditions

LEADS TO

75% OF DEATHS AND DISABILITY

5 IMPACTS ON PATIENTS AND SERVICES
1. There is an increase in life expectancy (increased demand), which includes an increase of people living longer in poor health (higher acuity).
2. The capacity in the NHS and social care cannot keep up with demand leading to delays and poor quality care.
3. Insufficient numbers of dying patients being cared for in their usual place of residence.
4. There is an increase in reactive, urgent care.
5. There is an increase in the cost of delivering services.

LEADS TO

5 STP PRIORITIES
1. STP workforce and capacity strategy.
2. Shared decision-making and patient activation.
3. Re-framing our cultural norms to make the right lifestyle choices easy to make.
4. Addressing unwarranted clinical variation.
5. Mental and physical health services and social services closer to home with good communication and co-ordination.

OUR POPULATION HEALTH CHECK HAS TRIANGULATED PREVIOUS ANALYSIS INTO A SINGLE CASE

PRIORITY AREA	STP EXECUTIVE	STP CLINICAL AND PROFESSIONAL CABNIET	STP PLAN AND REFRESHED PLAN (11 KEY INTERVENTIONS)	EXISTING SYSTEM TARGETS/ MEASURES
Older people + disabilities/ Long-term conditions	11 interventions MSK Get It Right (GIRFT), Continuing Healthcare (CHC), Clinically Effective Commissioning, Medicines, Optimisation	Right: bone and joint, MSK unwarranted variation, Falls and Fagility fractures, end of life care, over treatment, medicalisation	Older people, dementia end of life care, re-ablement, falls reduction	Delayed transfers of care, dementia indicators (improvement and Assessment Framework (IAF), Urgent and Emergency Care GP access, Learning disabilities
Circulation and Respiratory (cardiovascular disease, coronary heart disease, cronic obstructive pulmonary disease (COPD), diabetes)	Clinically Effective Commissioning (CEC) / Procedures of limites clinical effectiveness (POLCE)	Rightcare 5:5:5 (prevention, detection, management / risk reduction) – Stable angina, Atrial Fibrillation (AF) / Hypertension and breathing problems / High Cholesterol, Hyperglycaemia, obesity, diabetic foot amputations). Shared decision-making and social activation	Adults with physical disability build knowledge and change behaviours	Quality and Outcomes Framework (QOF), RightCare, diabetes. Maternal smoking, obesity (IAF)
Cancer		5:5:5 (cancer risk factors; screening; early detection and treatment, survivorship)	Acute liaison, SEMI	2 week wait, 31 days, 62 days Screening, stage 1 and 2, diagnosed in A&E
Mental health	Mental health strategy	Mental health in relation to 5:5:5 (prevention, wellbeing, early intervention, social isolation, mental health and long-term conditions and dementia)	Acute liaison, SEMI	IAF, IAPT / dementia / acute crisis / CYP
Urgent and Emergency Care	Urgent and emergency care including 111, 3Ts	Capacity across the health and care system	Rapid response in community and acute services	A&E 4 hour waits
Co-ordinated and well communicated care	Digital Strategy Workforce strategy	Improving communication across primary and secondary care. Patient activation	Discharge planning Single point of access Specialist advice Integrated care	Recruitment and retention Agency spend
Maternity	Better Births	Supporting a good start in life		Still birth reduction

Our Population Health Check in context

There are 24 large organisations in our partnership – local authorities, providers and clinical commissioning groups. This STP recognises the very critical part played by so many other smaller but core health, care and wellbeing organisations across the STP.

Our footprint is home to 1.7 million people providing health and social care at a cost of £4bn. It cannot be under-estimated the importance of planning changes to care across the health and social care system so that changes are not made in isolation but in partnership, with the impact of changes being clear and mitigating any negative consequences together.

POPULATION SIZE BY LOCATION (M)

East Surrey 0.18
Crawley 0.13
HMS 0.23
HWLH 0.17
H&R 0.19
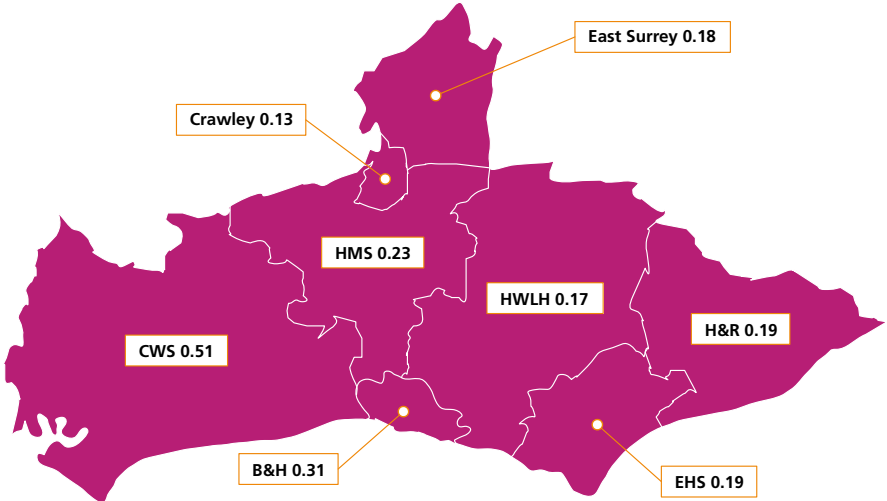CWS 0.51
B&H 0.31
EHS 0.19

NHS Commissioners
Brighton & Hove CCG
Coastal West Sussex CCG
Crawley CCG
East Surrey CCG
Eastbourne Hailsham & Seaford CCG
Hastings & Rother CCG
High Weald Lewes Havens CCG
Horsham & Mid-Sussex CCG
Specialised Commissioning (NHS E South)
Total = 9

NHS Providers
Brighton & Sussex University Hospitals
East Sussex Healthcare
Queen Victoria Hospital
South East Coast Ambulance Service
Surrey & Borders Partnership
Surrey & Sussex Healthcare
Sussex Community
Sussex Partnership
Western Sussex Hospitals
GP Providers
Total = 9 (excluding GP Providers)

Non-NHS Providers
Brighton & Hove City Council
East Sussex County Council
Surrey County Council
West Sussex County Council
First Community Health and Care
IC 24
Total = 6

STP Total = 24

We must also acknowledge some of the many examples we have of great care across the health and social care services across our STP.

STPs are a way for the NHS to develop its own, locally appropriate proposals to improve health and care for patients. They are working in partnership with democratically elected local councils, drawing on the expertise of frontline NHS staff and on conversations about priorities with the communities they serve. Partnerships will be forums for shared decision making, supplementing the role of individual boards and organisations. Their immediate focus is on refining and implementing their sustainability and transformation plan so that patients can see practical benefits in their local health system. STPs do not replace new care models; instead they will allow the ability to build on their success, by providing a collaborative system of leadership and governance which will allow new care models to evolve and spread. (NHS England, 2018)

Although this document focusses on what we need to change, we must also acknowledge some of the many examples we have of great care across the health and social care services across our STP. For example:

● East Sussex Better Together: Health and Social Care Connect (HSCC) which offers both the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals. Streamlining access frees GPs to see other patients rather than having to refer to several different services for a patient. It also supports faster access to the services for patients in their home.

● Central Sussex and East Surrey Commissioning Alliance (CSESCA) North: Integrated, patient-centred teams developing in Primary Care Homes. East Grinstead is a rapid test site for a Primary Care Home model: Key work-streams are addressing urgent 'on the day' primary care capacity with GPs working in the Minor Injury Units (MIUs).

● Central Sussex and East Surrey Commissioning Alliance (CSESCA) South: Dementia Golden Ticket in HWLH. The Golden Ticket delivers a holistic mix of services to address health and wellbeing, supporting people with dementia and their carers in every aspect of their lives. Evaluation of the project shows that it is already reducing GP visits and emergency admissions to hospital. People who said that they had previously felt isolated received support to live more independently.

● Coastal Care: Frailty pathway redesign. The Paramedic and Occupational Therapy team work together on the Falls Response vehicle, provided by Sussex Community NHS Foundation Trust, with the pilot being funded by Coastal West Sussex CCG. So far the conveyance rate for this vehicle in the first four weeks is 9.18% compared to 20.5% for the previous 5 weeks.

● Sussex Partnership NHS Foundation Trust (SPFT): Developing a single access point to ensure that people in crisis can access services 24 hours a day and a no 'wrong front door' approach with access points for other services. They have set up a front door staffed by peer workers, care navigators, carers, voluntary sector staff and mental health clinicians.

● South East Coast Ambulance Service NHS Foundation Trust (SECAmb): 999, Emergency Operations Centre and 111 Rotational Workforce: Working with HEE and commissioners, SECAmb is developing a number of rotational workforce positions. These are focussed on rotating staff out (e.g. Paramedic Practitioners in primary care) and rotating staff in from other organisations (e.g. midwives). This is allowing the Trust to test workforce and governance issues before beginning wider work on rotational workforce approaches such as mental health nurses and rotating SECAmb paramedics into hospice and urgent care centre settings.

● Sussex Community NHS Foundation Trust: Healthy Child Programme, which provides a range of health interventions and support, beginning in pregnancy and continuing through to the end of formal schooling.

● IC24: Developing the multi-professional urgent care workforce and strengthening the role of the GP as a clinical leader.

● Specialist Palliative Care: The adult and children's hospices and Specialist Palliative Care services serving the STP area are all supported by their local communities to provide holistic multi-professional care for those facing death and bereavement. Adults known to hospice services are less likely to die in hospital and have a higher chance of dying in their usual place of residence.

● Academic Health science Network: The Atrial Fibrillation (AF) project identified 580 individuals who were eligible for anticoagulation and would benefit from a change of treatment to reduce their risk of an AF-related stroke. By the end of May 2018, 219 individuals had had their medicines optimised by their GP practice. This has reduced the risk of AF-related strokes to such an extent that the equivalent of six AF-related strokes have been avoided, avoiding debilitating effects on individuals and their families and avoiding costs to state-funded health and social care of over £160,000.

Some residents living within our STP, are treated in Kent and Medway and Surrey and are also affected by their STP Cases for Change. Kent and

Adults known to hospice services are less likely to die in hospital and have a higher chance of dying in their usual place of residence.

17

People with mental ill health have poor outcomes and may not always be able to access services

Medway STP, Surrey Heartlands STP and Frimley STP have all identified the same issues in their Cases for Change in that:

● There is not enough focus on maintaining independence and ill health prevention,

● There are challenges in primary care provision, which is extremely fragile in some areas,

● There are gaps in service and poor outcomes for those with long term health conditions,

● We do not support people with long-term conditions and needs to look after themselves as effectively as we should,

● Many people are in hospital who could be cared for elsewhere,

● There is a growth in demand from older, more complex patients,

● Planned care is not delivered as efficiently and effectively as it could be,

● There are particular challenges in the provision of cancer care,

● People with mental ill health have poor outcomes and may not always be able to access services,

● There are capacity issues,

● There is a lack of Digital integration and innovation,

● They have an unsustainable workforce model,

● They need to reduce clinical variation,

● Urgent and Emergency care needs to reduce.

In addition they have also identified the following which we have not identified in that some local hospitals find it difficult to deliver services for seriously ill people: some services are vulnerable and potentially unsustainable. There is a need to review their specialist acute model including mental health. Existing capacity needs to be redesigned to be used much more productively.

What we found (our evidence)

Our evidence: Our Population and Demographics

OUR APPROACH TO HEALTH AND WELLBEING INEQUALITIES
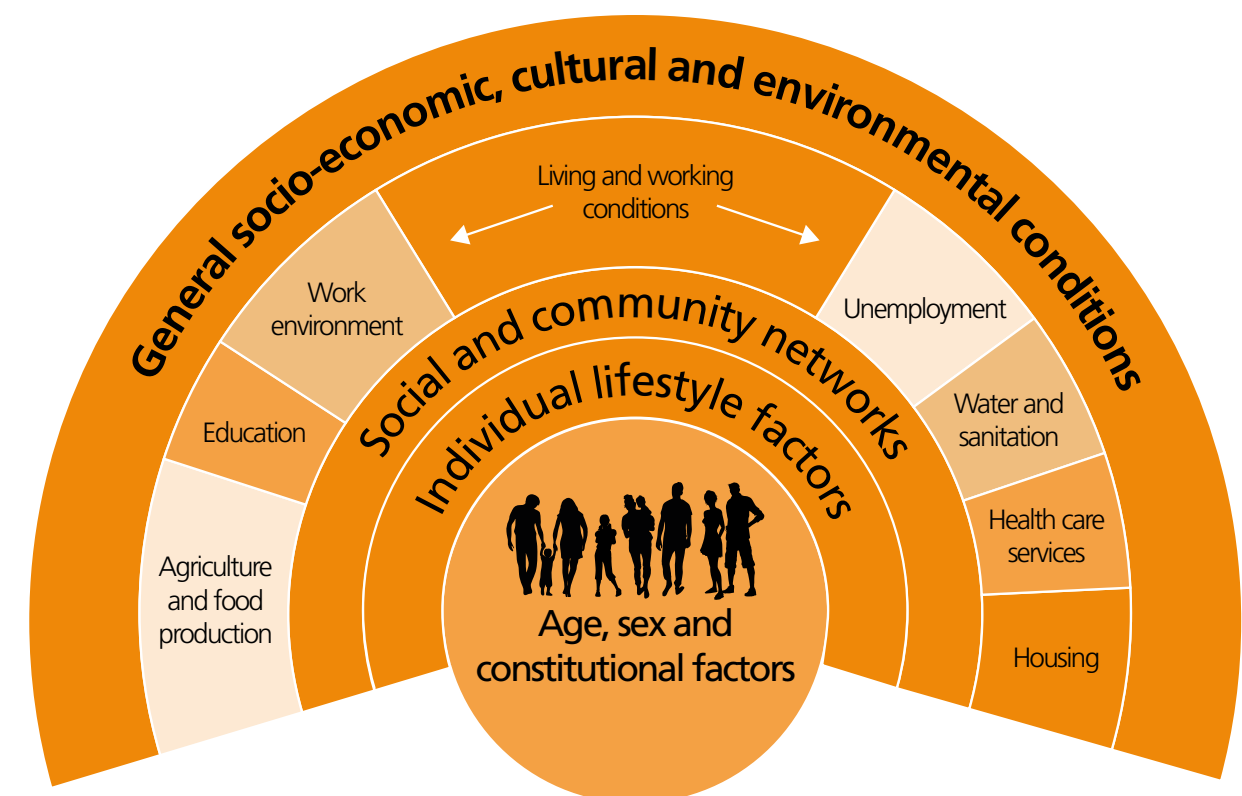
Ref: Determinants of Health, Dahlgren and Whitehead (1991)

Our approach reflects the responsibilities of the whole system in addressing health and well-being – NHS, councils, police, education, voluntary sector, communities and individuals. This well-being approach recognises that health is created by wider factors than health services. This approach requires a strategic commitment to building a culture in which individuals, organisations and communities work together to identify and pool their capacity, skills, knowledge, assets and resources

19

RELATIVE CONTRIBUTION OF THE DETERMINANTS OF HEALTH

| HEALTH BEHAVIOURS **30%** | SOCIO-ECONOMIC FACTORS **40%** | CLINICAL CARE **20%** | BUILT ENVIRONMENT **10%** |

Ref: Adapted from Gonnering RS and Riley WJ (2018) Robert Wood Johnson and University of Wisconsin Population Health Institute

Our Joint Strategic Needs Assessment (JSNA) show our health priorities are largely the same as elsewhere – good mental health and wellbeing underpins success; poor physical health is linked to lifestyle behaviours, health inequalities result from social and income inequality; healthy futures are built on good employment and decent homes. However, there are extreme variations in terms of socioeconomic status, health outcomes, environment and economic prosperity. These are often masked by averages, meaning health outcomes can seem on a par with the rest of England, when for parts of Sussex and East Surrey the reality is significantly and enduringly worse.

There remain considerable, and unacceptable, differences in life expectancy between areas across Sussex and East Surrey and within local CCG / local authority areas. Service access, take up and outcomes need to be addressed for disadvantaged groups.

Four main unhealthy behaviours of smoking, alcohol misuse, poor diet and lack of physical activity, as well as poor emotional and mental well-being are responsible for at least a third of ill health and are amenable to cost-effective preventative interventions. Substance misuse, in all its forms, continues to present challenges across the STP area, and notably in the Hastings and Brighton and Hove areas.

Unhealthy behaviours of smoking, alcohol misuse, poor diet and lack of physical activity, as well as poor emotional and mental well-being are responsible for at least a third of ill health
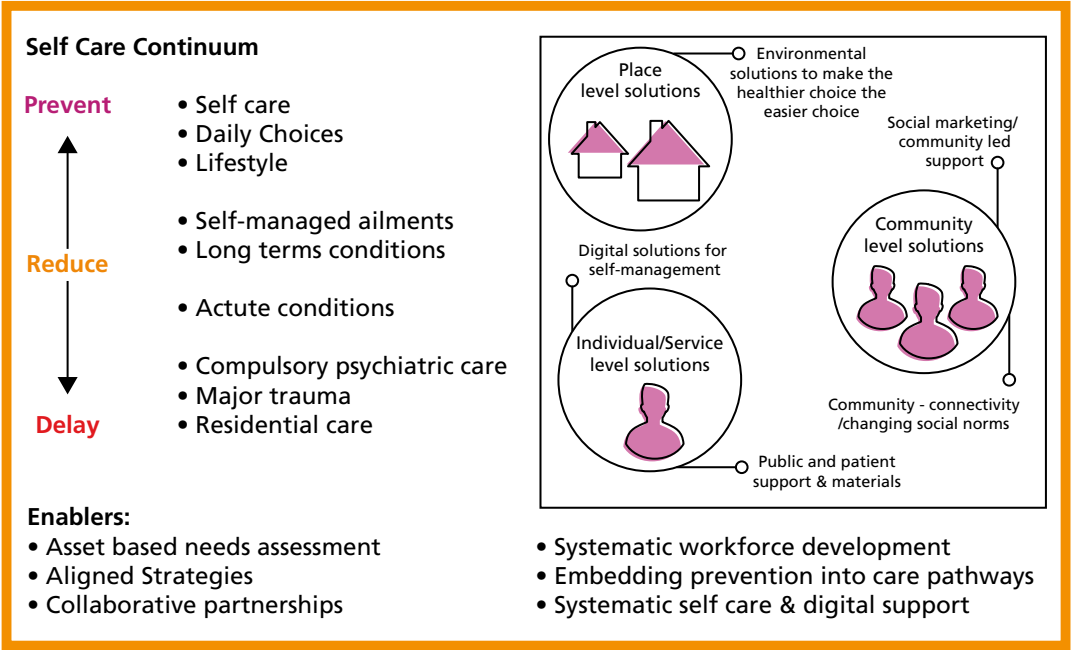
to improve health and wellbeing outcomes for all our residents. Such an approach requires a shift from a demand management approach to a whole system approach to prevention which addresses "the causes of the causes" as identified in Dahlgren and Whitehead model (1991) above. The "causes of the causes" recognises that if the causes of poor health are social, economic and environmental then the solutions need to be too – from social determinants to those of the built environment, and these solutions require concerted, sustained, partnership working.

CAUSES OF THE CAUSES

Social	Creating opportunities for people to participate in the life of the community: includes education and early childhood development, providing a sense of place, belonging and safety, information, inclusion, informal social support, health and community services, arts and culture, sport and leisure.
Economic	Encouraging sustainable economic development and equitable access to resources includes regeneration, job creation, training, social protection, benefits, occupational health and safety and incentives.
Natural	Looking after natural surroundings and ecosystems: includes clean water, air, soil, natural, land care, waste recycling, energy consumption and climate change adaption.
Built	Altering physical surroundings icludes: urban layout, building design and renewal, housing quality, affordability and density, parks and recreatio facilities, roads, paths and transport and the provision of other amenities, such as seating and toilets.

From Health in All Our Policies (Local Government Association 2016)

MODIFIABLE RISK FACTORS AND LONG TERM CONDITIONS

MODIFIABLE RISK FACTORS (these can be reduced or controlled by intervention, and by doing so reduce the probability of disease)	METABOLIC CHANGES (the biochemical processes involved in the body's normal functioning)	LONG- TERM CONDITIONS
Tobacco use	Raised blood pressure	Cardiovascular disease
Physical inactivity	Raised total cholesterol	Diabetes
Alcohol use	Elevated glucose	Cancers
Poor diet (increased fat and sodium, with low fruit and vegetable intake).	Overweight and obesity	
Emotional and mental well-being		

LIFE COURSE APPROACH

START WELL	LIVE WELL	AGE WELL
1		100+

Starting well in life is important for every child. The first few years of life are critical for readiness to learn, educational achievement, income and economic status - strong predictors of future health and wellbeing. What happens during pregnancy and early years impacts on their risk of long term ill health such as obesity, substance misuse, risk of heart disease, dental decay and poor mental health. These differences are almost entirely explained by deprivation and inequalities. Public health interventions have an important part to play to stem the tide of long-term conditions and increasing costs. Focusing on prevention earlier in the life-course will accumulate greater benefits, but even in middle and older age, preventative approaches are cost-effective. Prevention requires prioritisation and investment across the system.

Self Care Continuum

Prevent
- Self care
- Daily Choices
- Lifestyle

- Self-managed ailments
- Long terms conditions

Reduce
- Actute conditions

- Compulsory psychiatric care
- Major trauma
Delay
- Residential care

Place level solutions
Environmental solutions to make the healthier choice the easier choice
Social marketing/ community led support
Digital solutions for self-management
Community level solutions
Individual/Service level solutions
Community - connectivity /changing social norms
Public and patient support & materials

Enablers:
- Asset based needs assessment
- Aligned Strategies
- Collaborative partnerships
- Systematic workforce development
- Embedding prevention into care pathways
- Systematic self care & digital support

A WHOLE SYSTEM APPROACH TO PUBLIC HEALTH

As well as individual service interventions, public health interventions to build stronger and more resilient communities and places which support people to maintain independence and manage their own health and wellbeing across the course of their lives, are an important components of a whole system approach to prevention across NHS, local authorities, voluntary sector, community groups and wider stakeholders.

Working together, we can achieve the cultural shift we need to sustain improvements for people wherever they live and create a focus on health rather than the treatment of illness. This is increasingly important if public services are to be sustainable in the future – all parts of the public sector face significant budget pressures and the NHS and local government are by no means exempt. Improving the public's health will help secure the future of these services and deliver longer, healthier lives for all our residents.

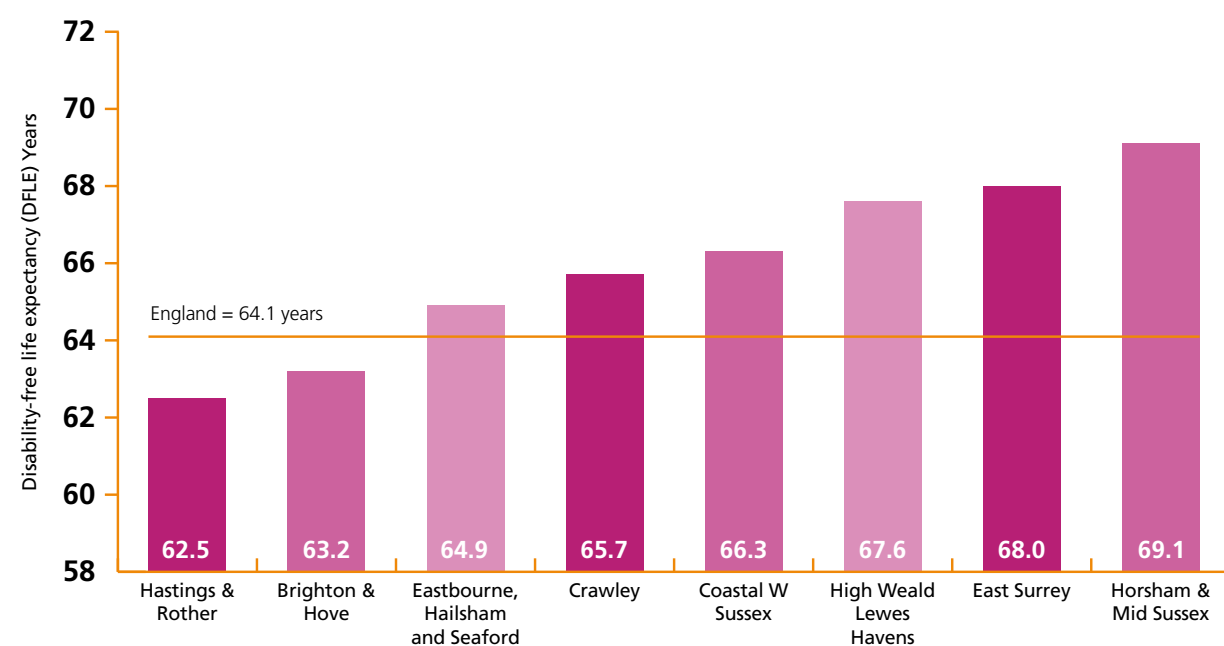## CURRENT RESIDENT POPULATION AND PROJECTED TO 2030 (DATA ROUNDED TO NEAREST 100)

	2016 POPULATION	2030 PROJECTED	% CHANGE
OVERALL RESIDENT POPULATION			
ESBT	375,200	417,900	11.4%
Coastal	498,900	558,800	12.0%
CSESCA North	528,600	578,900	9.5%
CSESCA South	461,800	504,100	9.2%
0-19 YEARS			
ESBT	79,300	83,00	4.7%
Coastal	104,400	111,200	6.5%
CSESCA North	130,100	139,00	6.8%
CSESCA South	99,400	103,900	4.5%
65-84 YEARS			
ESBT	82,400	109,700	33.1%
Coastal	109,200	143,000	31.0%
CSESCA North	79,000	104,900	32.8%
CSESCA South	66,600	86,900	30.5%
85 AND OVER			
ESBT	16,000	22,200	38.8%
Coastal	20,200	28,500	41.1%
CSESCA North	14,500	20,600	42.1%
CSESCA South	11,700	15,500	32.5%

Improving the public's health will help secure the future of these services and deliver longer, healthier lives for all our residents.

Sources: Aggregated CCG data provided by ONS. 2016 Population - ONS Mid-Year Estimate (Resident Population) 2016. 2030 Projected - ONS Population projections for clinical commissioning groups and NHS regions
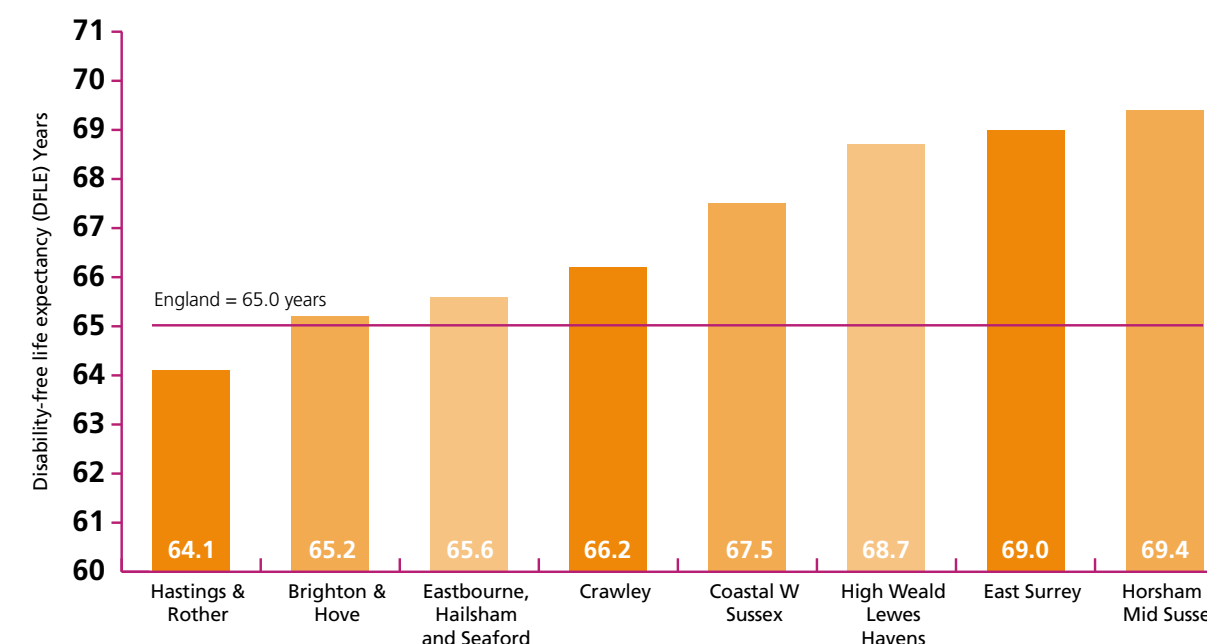
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The resident population across the overall area is projected to increase between 2016 and 2030, from a projected 9.2% increase in the CSESCA South area to 12% in Coastal. The greatest increases are projected in the older age groups, notably amongst people aged 85 years or over. Growth in the child population is lower than overall change. The overall population increase, and the rise in the older age groups will impact the demand for health and social care services, with frailty and the number of people with one or more long-term health condition rising.

Disability Free Life Expectancy
MEN (2010 - 2012) *Source: ONS*

Disability-free life expectancy (DFLE) Years

England = 64.1 years

Hastings & Rother	Brighton & Hove	Eastbourne, Hailsham and Seaford	Crawley	Coastal W Sussex	High Weald Lewes Havens	East Surrey	Horsham & Mid Sussex
62.5	63.2	64.9	65.7	66.3	67.6	68.0	69.1

WOMEN (2010 - 2012) *Source: ONS*

Disability-free life expectancy (DFLE) Years

England = 65.0 years

Hastings & Rother	Brighton & Hove	Eastbourne, Hailsham and Seaford	Crawley	Coastal W Sussex	High Weald Lewes Havens	East Surrey	Horsham & Mid Sussex
64.1	65.2	65.6	66.2	67.5	68.7	69.0	69.4

Life expectancy varies considerably across the area; this reflects deprivation, with shorter life expectancies in the most deprived local authority areas.

In Hastings male disability-free life expectancy is over five years lower than that in Horsham and Mid Sussex, East Surrey and High Weald, Lewes and the Havens.

Hastings and Rother also has the lowest female disability-free life expectancy at 64.1 years compared with Horsham and Mid Sussex at 69.4 years.

DEPRIVATION - INDEX OF DEPRIVATION 2015
While overall the STP area is relatively affluent, there are some areas, notably along the coastal strip in Hastings, Brighton and Hove and Littlehampton, which rank within the most deprived areas in England; deprivation that has persisted over many years.

In relation to child poverty, rates at a CCG level (2013) range from 7.3% in Horsham and Mid Sussex to 22.7% of children in Hastings and Rother, but again there are neighbourhoods where more than a third of children live in low income households.

*The pace of change in older age will increase markedly over the next ten years*

POPULATION – KEY FACTS

The population is increasing, with higher increases in the older age groups. It is also important to note that the pace of change in older age will increase markedly over the next ten years. In the first five years, the annual increase in the 65+ population is projected to be between 6,000 to 8,000(across the whole STP area) but this then starts to rise, and peaks at around 14,000 in the next 10 years.

YEAR-ON-YEAR CHANGE IN THE POPULATION AGED 65 OR OVER 2017 TO 2041 (COMBINED EIGHT CCGS AREAS)

Given the increase in the old age groups, there will be more people living with a long term health condition. Many people will have multiple long term conditions. There will be considerable challenges in sustaining services and maintaining quality.

Year-on-year change in the population aged 65 or over 2017 to 2041 (Combined eight CCGs areas)
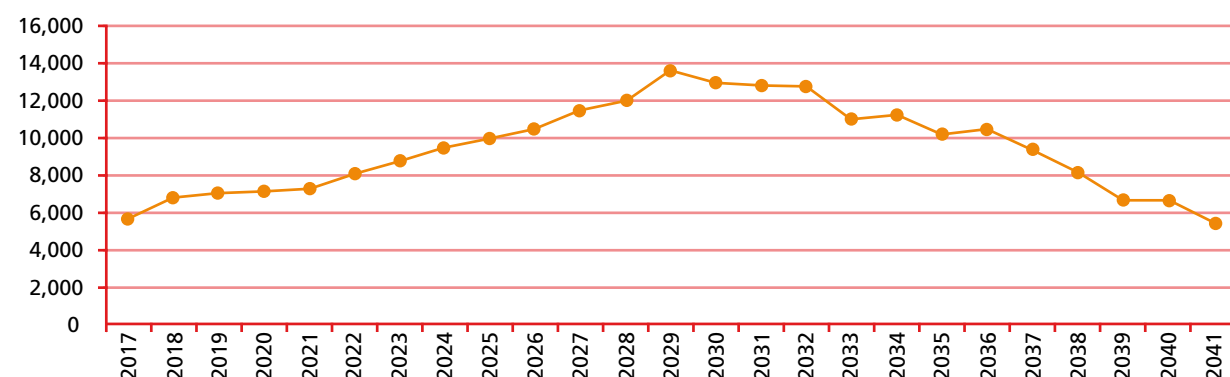
Source: ONS Population Projections (combined CCG areas)

LONG TERM CONDITIONS - DATA FROM QOF REGISTERS OF PATIENTS IDENTIFIED V MODELLED ESTIMATES OF PREVALENCE

| Figures rounded to nearest 50. Register data relate to 2016/17	ASTHMA		ATRIAL FIBRILLATION		COPD		DEMENTIA		DIABETES		HYPERTENSION	
	QOF Register	Estimated undiagnosed	QOF Register	Estimated undiagnosed	QOF Register	Estimated undiagnosed	QOF Register	Est diagnosis rate (65+)	QOF Register	Estimated undiagnosed	QOF Register	Estimated undiagnosed
Brighton & Hove	16,750	No recent estimate	4,100	1,850	4,250	No recent estimate	1,700	64%	10,500	7,800	28,900	27,950
Coastal West Sussex	32,750		13,900	3,650	10,050		5,750	63.2%	30,250	9,250	83,400	54,550
Crawley	7,650		1,950	750	2,050		800	64.3%	7,100	1,150	16,250	11,750
Eastbourne Hailsham & Seaford	12,900		6,350	700	4,400		2,500	67.3%	10,750	4,900	34,100	22,100
East Surrey	10,600		3,800	750	2,500		1,500	68.2%	7,800	3,300	22,250	17,050
Hastings and Rother	10,250		5,000	950	4,250		1,950	65.0%	10,150	5,450	30,700	17,650
High Weald Lewes Havens	10,150		4,300	950	2,900		1,700	66.0%	7,750	4,300	25,750	17,300
Horsham & Mid Sussex	14,750		5,050	1,650	3,250		2,200	67.9%	10,400	4,400	33,650	22,850

% Of Patients Reporting a Long Term Musculoskeletal Problem (2017 LA Level)
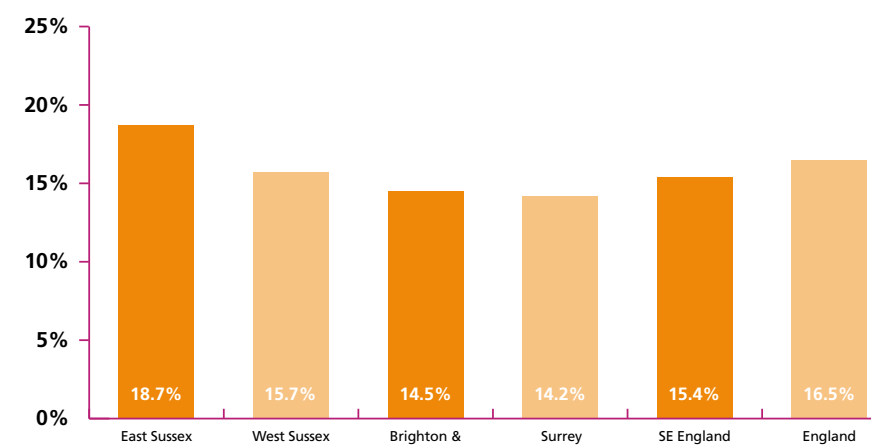
MENTAL HEALTH ESTIMATION OF COMMON MH MENTAL HEALTH PROBLEMS

MENTAL HEALTH	
Estimation of Common Mental Health Problems	MH
2014/15	% of 16-74 years
High Weald Lewes Havens	12.0%
Eastbourne, Hailsham & Sfd	12.4%
Crawley	12.7%
Horsham & Mid Sussex	12.8%
Coastal West Sussex	12.9%
East Surrey	13.3%
Hastings & Rother	13.8%
Brighton & Hove	17.3%

SERIOUS MENTAL ILLNESS
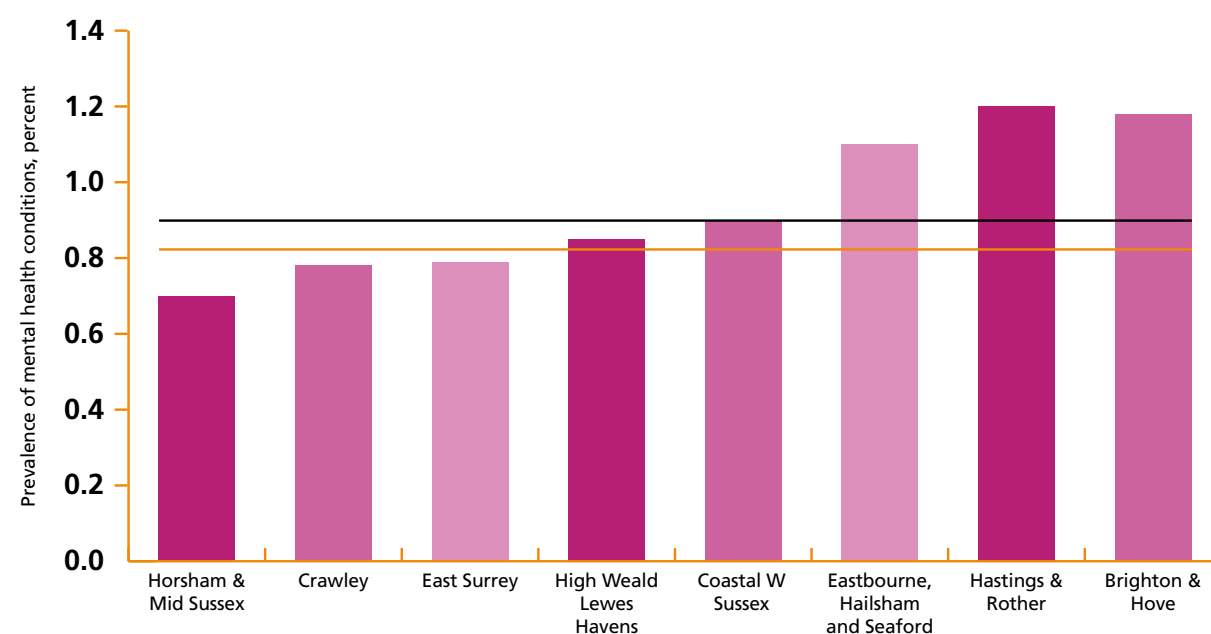
START WELL

Smoking at the time of delivery
In 2017/18, 1,600 women were known to be smokers at the time of delivery (9.1% of those with recorded status). The percentage in Hastings and Rother was over 15%.

Breastfeeding initiation is high
Over 82% of mothers breastfed their babies in the first 48hrs after delivery in 2016/17. The rate was highest in Brighton & Hove (88.2%), lowest in Hastings and Rother (73.3%)
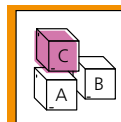
Readiness for School
In 2017, the percentage of children achieving a good level of development in Brighton & Hove (69.7%) and West Sussex (70.6%) lags behind East Sussex and Surrey, and is lower than England.
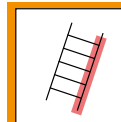
Social mobility rated very good in ...Tendridge (Surrey)
But rated very poor in Arun, Crawley and Hastings

Obesity
7.8 % fo reception pupils and 15% of year 6 pupils were measured as obese in the STP area (2014/15 to 2016/17). Higher percentages of excess and obese children in more deprived areas.

7 hours + of sedentary behaviour
In the 2014/15 "What about Youth" Survey over 60% of 15 years olds surveyed in the STP area reported a mean daily sedentary time (in the last week) over 7 hours per day
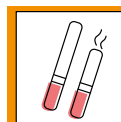
Smoking at age 15 years
The percentage of 15 year olds who said they were "current smokers" was high in Brighton & Hove (14.9%), East Sussex (12.8%) and West Sussex (10.6%). Nationally the rate was 8.2%.

Hospital admissions for self-harm (10-24 years)
In STP areas compared with England, Brighton & Hove, Hastings and Rother and Coastal West Sussex have particularly high rates of admission.
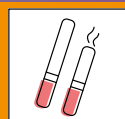
LIVE WELL

Low Unemployment
STP area has, overall, a low unemployment rate, but some areas higher such as Hastings

But low wages in some areas
Notably full-time wages (2017) are low in Adur, Hastings and Eastbourne.

Housing Pressures
Over 40,000 households on council waiting lists, 450-500 households a quarter accepted as homeless and in priority need.

Over 250,000 smokers on GP registers
Considerable differences across the patch and between socio-economic groups. High rates in Brighton and Hove and Hastings .

Falling short of the "5-a-day"
Across the STP area, adults consume only 2.5 to 3 portions of fruit & vegetables a day, and estimates of overweight or obese adults at local authority level range from 48% to 64%.

250,000+ adults estimated to be "binge" drinkers
In 2016/17 there were over 1,600 alcohol-specific hospital admissions

Over 155,000 adults with depression on GP registers
This represents over 10% of patients. Again there is variation – with 13% of patients in Eastbourne, Hailsham and Seaford identified with depression.

Physical activity rates vary
Measured at local authority level, the % of adults undertaking the recommended physical activity level vary from 78% in Brighton & Hove to 62.2% in Crawley.
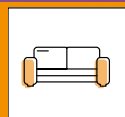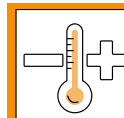
Rates of physical inactivity vary
In Eastbourne 27% of adults are estimated to undertake less than 30 minutes of physical activity per week.

AGE WELL

Over 110,000 older people live alone in the overall STP area
Of the older people living on their own the vast majority are women (over 70%). Over 83% of older people are owner occupiers

70,000 households estimated to be in fuel poverty
Not restricted to older people, but health effects can be greater on the very young and very old.

Admissions after a fall are high
In old age groups a fall can trigger a move into residential care. For people aged 80+ Brighton & Hove, Surrey and West Sussex rates of emergency admissions are far higher than the England rate

Over 183,000 Carers
….in the STP area, including over 37,000 people who area caring for 50 hours a week or more, including 15,000 carers aged 65 or overs.

18,000+ on Dementia Registers
But we know that many people with dementia are not diagnosed.
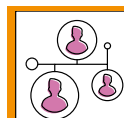
Social isolation and loneliness
Frequently reported by older people and has an impact on mental and physical wellbeing. Over 60% of carers known to social care say they do not have as much social contact as they would like.

Deaths at home Overall a higher percentage (50.7% in 2016) of people in the STP die in their usual residence (including care homes), compared with England, but this is far lower in Crawley (37.2%)
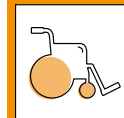
Variation in Disability Free Life Expectancy (DFLE)
Hastings and Rother has the lowest DFLE for both men and women (62.5 years and 64.1 years respectively) and Horsham and Mid Sussex the highest (69.1 years for men and 69.4 years for women)

CASE STUDY - WELLBEING PRESCRIPTION SERVICE – EAST SURREY
The Wellbeing Prescription service allows GPs and other health and social care workers to refer people to local Wellbeing Advisors. The Wellbeing Advisors are trained to identify the clients' needs, provide them with advice and signpost them to relevant local services and activities. The service is delivered in partnership by Tandridge District Council, Reigate & Banstead Borough Council and East Surrey GP practices and is commissioned working closely with NHS East Surrey Clinical Commissioning Group and Surrey County Council through the Better Care Fund.

Quarter 1 18/19 monitoring report shows that 77% of people who have used the Wellbeing Prescription service made a positive change to their lifestyle and 75% have visited their GP less often since using the service. The Wellbeing Advisors can help people with issues such as weight management, getting more active, smoking cessation, social isolation and support with mental and emotional wellbeing. In addition there is Wellbeing Prescription Plus service, which is provided in the homes of patients with multiple, complex needs, as part of an integrated care approach.

CASE STUDY - WEST SUSSEX - SUGAR REDUCTION PROGRAMME
The West Sussex Sugar Reduction Programme was launched in January 2015 (N.B. primary school meals sugar reduction began at the end of 2014). Whilst the overall programme has been successful, sugar reduction in primary school meals has achieved particularly significant results, winning a Public Health England (PHE) award in September 2016 in recognition of this. To date, the following achievements have been made:
● Primary school meals now have over 2 kilos less sugar, per child, per average school year.

● Daily sugar consumption reduced from 18.5g to 6.6g per child

● The total amount of sugar reduced equals 5 double decker London buses per school year!

● That's a 65% sugar reduction in just 3 years!

● 30,000 children per day are benefiting

CASE STUDY - EAST SUSSEX - EMBEDDING PREVENTION ACROSS THE SYSTEM
The Personal and Community Resilience Programme in East Sussex brings together partners across the statutory (CCGs, local authorities, Healthcare Trusts, Police, Fire and Rescue Service, Department for Work and Pensions) and voluntary and community sectors to take action to grow strong communities which improve health; and to co-ordinate activity to embed prevention across the system. The programme includes transformation programmes in key 'settings' (the places where people spend their lives) such as schools, nurseries, and healthcare settings including GPs, pharmacies, hospitals and community health care services, to support them to play a greater role in improving health. As part of this:
● 3,169 frontline staff have been trained to 'Make Every Contact Count'

● 96% of all primary and secondary schools have developed and are delivering whole school health improvement plans

● 81% of all nurseries (private and local authority) have audited and are improving their healthy eating and physical activity offer

● 89% of General Practices are undertaking new health improvement programmes in their practices

● 96% of pharmacies registered as Healthy Living Pharmacies (HLP) Level 1, and 30 targeted pharmacies are being developed as HLP Level2

● 88,579 people received their NHS Health Check (over the past 5 years)

● A whole systems approach to Social Value is being developed across the county, linked to local priorities and growing strong communities

The programme includes transformation programmes in key 'settings' such as schools, nurseries, and healthcare settings including GPs, pharmacies, hospitals and community health care services

This programme is aiming to reduce the harm caused by substance misuse and unsafe, early sexual behaviour in young people

CASE STUDY – BRIGHTON AND HOVE ADOLESCENT HEALTH OFFER
This programme is aiming to reduce the harm caused by substance misuse and unsafe, early sexual behaviour in young people. The offer is a single, integrated service including:

● Music workshops and mentoring programme for young people use cannabis but do not see it as a problem

● DASH (Drug, Alcohol and Sexual Health) Prevention team which provides a package of resilience building interventions

● Specialist Substance Misuse Treatment Service

● School based health drop-ins staffed by school nurses and youth workers and text messaging support via CHATHEALTH

● PSHE (Personal, Social, Health and Economic) direct support to schools to improve the universal curriculum

● Communication plan, including social media campaign which is aimed at equipping parents to have direct conversations with young people to explain the harms caused by using drugs / drink / tobacco.

Our evidence: Our public and our patients

We always value the views of patients and carers and we have quoted a few examples of patient experience throughout. Some show excellent care and some highlight areas for improvement. For example:

GOOD EXPERIENCES

"Every staff member I have encountered has been brilliant, respectful and knowledgeable."

"When my husband had a TIA, I could not fault the care of ambulance crew, A&E at hospital, emergency floor"

EXAMPLE
A homeless woman with mental health issues including suicidal thoughts, supported by an outreach team to apply for funding, diary reminders for appointments. The support has dramatically reduced her illicit substance use and she feels more in control.

EXPERIENCES THAT COULD BE BETTER

"Not enough people know about the wide range of services pharmacies can offer."

EXAMPLE
87 year old discharged post-surgery and told to expect a visit from social care that day. No one came. Only allowed one visit to change her dressing. (ESBT)

EXAMPLE
The importance of continuity of relationships (for young people) with professionals came out in her frustration with the variability and short term nature of those encounters. (Coastal Cares)

IDEAS FOR IMPROVING CARE

"I would like advocates, community navigators and health coaches to have a greater role in supporting people to understand their health conditions and medicine"

"People need to be more aware of healthy lifestyles and to take more responsibility for own health. So more education."

EXAMPLE
The daughter of a 95 year old woman with dementia raised concerns over her mother's care in a care home. Even though they were funding the care, support to raise concerns would have been welcomed.

Whenever we get into a discussion with patients and the general public there are a number of recurring themes which regularly surface, they are:
● Good access to primary care,

● Keeping care local,

● Care that is well coordinated,

● Having the right information to support self-care and as much focus on wellbeing as on health,

● In addition, local people recommended expansion of the range of local services in local communities so these would be more integrated and accessible both for patients and also for family and carers.

All across the STP, commissioners have been engaging the public to gain their views on current services and/or proposed changes. In the Alliance, CCGs have been conducting a series of discussions called the 'Big Health and Care Conversation' and more of these events are planned.

Once we have agreement on the content and strategic direction of the Population Health Check we will engage more widely with our staff, wider partners, Health Overview and Scrutiny Committees etc. and mobilise our communications and engagement resources to widen debate and gain ownership of the plan.

OUR EVIDENCE: WHAT DO PATIENTS EXPERIENCE?
We need to move from how things are now, a fragmented and reactive system, to a future system designed around the individual.

How it looks now:
● A fragmented system with multiple providers, characterised by a lack of coordination,

● A service which is reactive not proactive,

● Pathways of care that are unnecessarily complex.

We need to move from how things are now, a fragmented and reactive system, to a future system designed around the individual.

We need to work with our local communities to help people help themselves. This is what most people tell us they want.

OUR EVIDENCE: WHAT SHOULD OUR PUBLIC AND PATIENTS EXPECT (PRINCIPLES OF CARE)?

We understand the importance of a person centred asset based approach to empowering people to develop the knowledge skills and confidence to self-manage.

The focus needs to be on our population rather than organisational silos, with prevention and self-management at its core. This is enabled through strength based social care, shared decision making, making every contact count, collaborative care and support planning and health coaching.

People have the right to a high-quality health and care service when they really need it.

With rights, however, come responsibilities. We need to work with our local communities to help people help themselves. This is what most people tell us they want. We need to work with people to redesign the system. To do this, we will adopt the following principles of care:

● Make Prevention Everybody's business,

● Maximise Independent Living and Self-Care,

● Target proactive care of people at highest risk of hospitalisation and needing higher intensity care,

● Reduce the time people stay in hospital for and discharge them safely,

● Make patient journeys more joined up, without waste, repetition or duplication,

● Make Sussex and East Surrey STP a great place to work in all our local organisations,

● Prioritise investment areas which bring maximum benefit for patients.

OUR EVIDENCE: WHAT WILL THIS MEAN FOR US ALL?

● You will be empowered and supported to develop the knowledge, skills and confidence to self-manage and stay well.

● We will create environments which make it easier to be healthy. You are also more likely to be offered a personal care or health budget.

● If you become unwell with a long-term condition, you will work

collaboratively with your health and care professionals to develop a care and support plan describing what's important to you.

● There is likely to be a key worker or co-ordinated assigned to you.

● You will have a care record which you will be able to see and add to.

● If you need hospital care, there may be changes to how and where this is offered, with hospitals working as partners to provide more specialised services and with more technology-enabled care.

● If you are frail and elderly and you need to go into hospital, you are more likely to receive support to go straight home to recuperate, rather than having to go somewhere else first.

● Health and social care services will work with you as a partner to help you to live your life independently

● You can make the last stage of your life as good as possible because everyone works together confidently, honestly and consistently to help you and those important to you, including your carers. (ref: National Palliative and End of Life Care Partnership,2015)

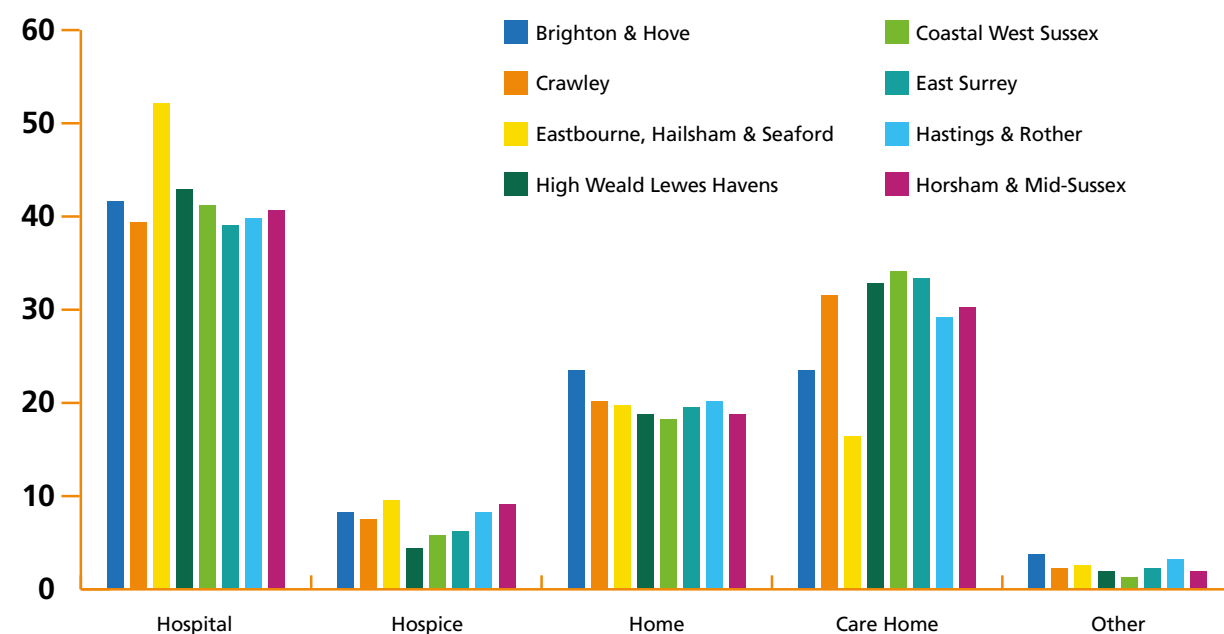*Health and social care services will work with you as a partner to help you to live your life independently*
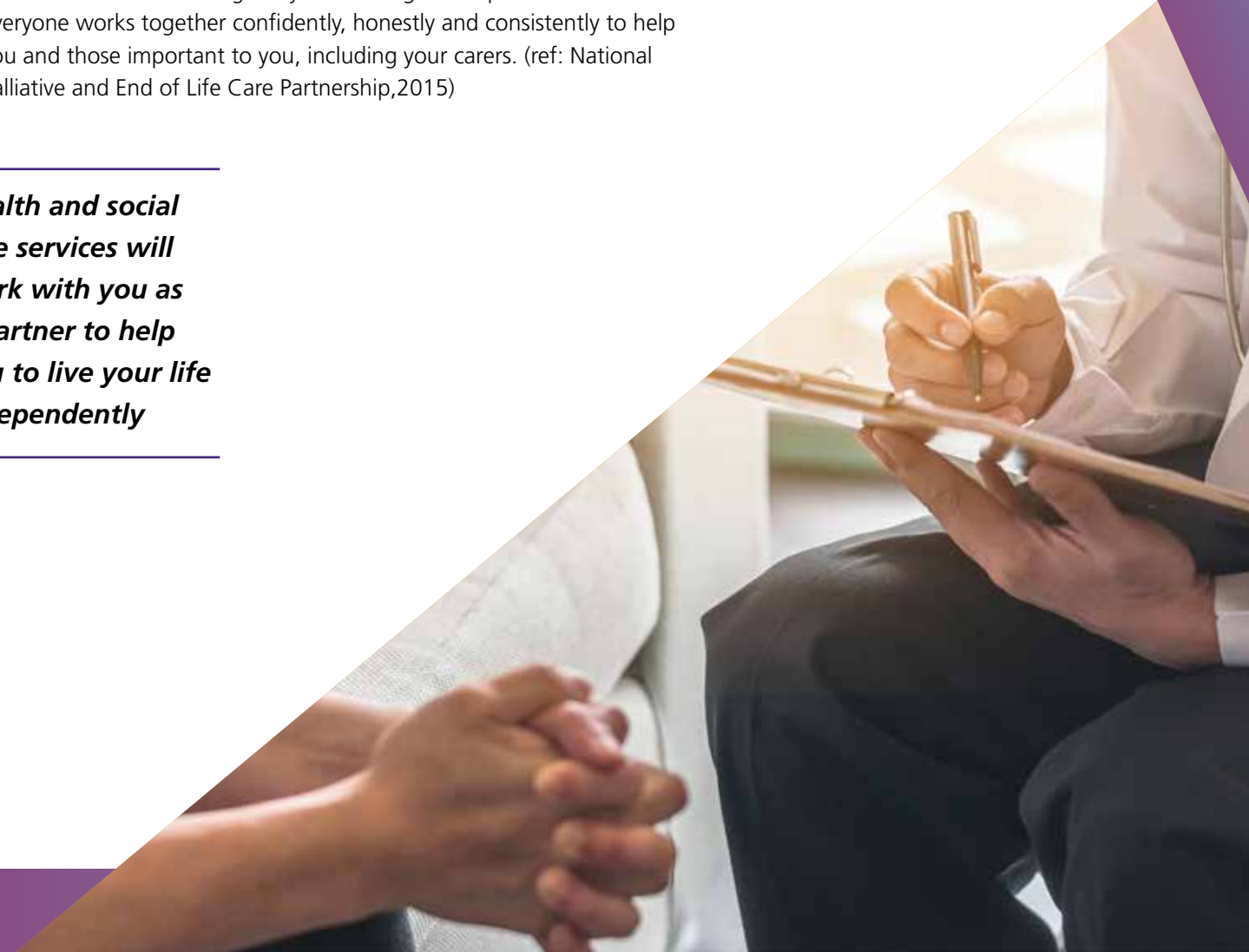
Whilst some people receive excellent care, others experience fragmented and poorly co-ordinated care.

Our evidence: Our services

DYING

● We want more patients to die in their usual place of residence. Across the STP we have a high number of care homes and we should capitalise on this and support more residents to die in these supported and homely environments.

● In the Sussex and East Surrey STP, there were 19,585 deaths in 2015. The percentage of all deaths with dementia as an underlying or contributory cause of death were higher in 50% of the CCGs.

● The percentage of all deaths that are aged 85 years and older were higher than the national average for all CCGs.

● We are poor at identifying people who are at the end of their life.

● There is fragmentation of services and lack of shared records.

● Whilst some people receive excellent care, others experience fragmented and poorly co-ordinated care.
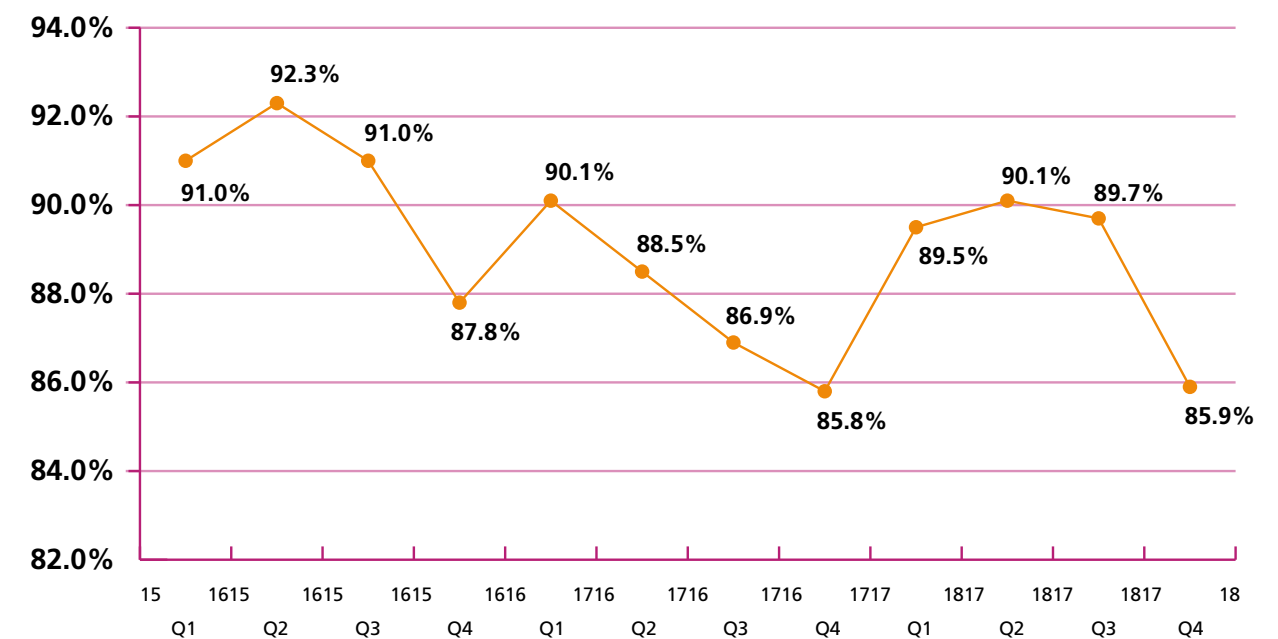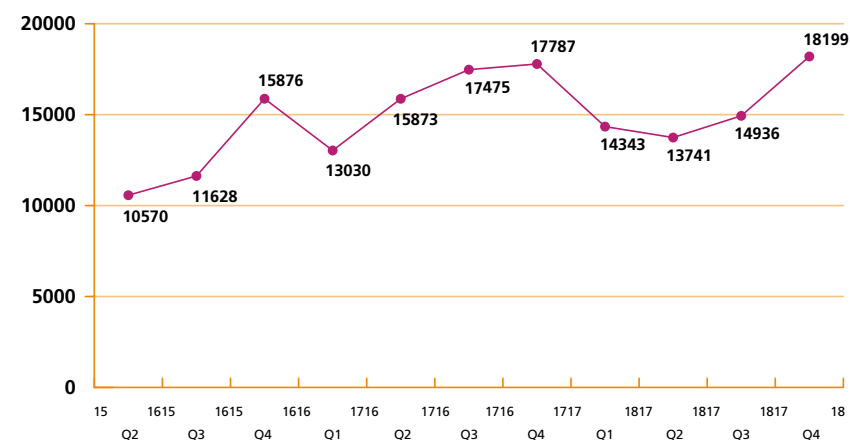
"Due to the complexity of four parties being involved in our mother's care ([hospice], [care home], District nurses and the GP) there were times when communication and responsibility were disconnected"
St Catherine's hospice

"I can't think of anything you can improve on, I am 91 years old and my wife passed away in March of this year at the age of 95. She had Parkinson's and dementia, she wanted to die at home so I looked after her at home for 3 years or more and the help and care I got from the NHS was so good I can't say a bad word about it."
Coastal Care-Primary and Urgent care survey)

Percentage of death in different locations by CCG

Legend:
- Brighton & Hove
- Crawley
- Eastbourne, Hailsham & Seaford
- High Weald Lewes Havens
- Coastal West Sussex
- East Surrey
- Hastings & Rother
- Horsham & Mid-Sussex

A&E 4HR WAITING TIME PERFORMANCE STP WIDE

1516 Q1 91.0%	1516 Q2 92.3%	1516 Q3 91.0%	1516 Q4 87.8%	1617 Q1 90.1%	1617 Q2 88.5%	1617 Q3 86.9%	1617 Q4 85.8%	1718 Q1 89.5%	1718 Q2 90.1%	1718 Q3 89.7%	1718 Q4 85.9%

A&E BREACHES STP WIDE

Whilst individual Trusts occasionally meet the 95% 4 hour A&E waiting time standard, as a whole, the Sussex and East Surrey STP has not met the standard since it was formed in late 2015.

4/4 acute providers have breached the four hour waiting time target at Q3 16/17. In 2016/17, 2 of the acute trusts were more than 5% below the expected 95% of patients to be seen within 4 hours – for Type 1 A&E attendances. The other 2 trusts were above 90% but below 95% for 3 of the 4 quarters. The NHS Planning Guidance (2018/19) expects 95% to be achieved by month 12.

There are significant hand over delays at our hospitals. Between 24-12-2017 and 02-01-2018 SECAmb lost in excess of 3,200 operational ambulance hours to turnaround delays greater than 30 minutes. This was a 13% increase over the same period last year. This is equivalent to losing 13 ambulances on duty every day of this 10 day period.

ACCESS

ADMISSIONS

There is very large variation in patterns of hospital use for conditions that would not usually require hospitalisation, with Coastal West Sussex and East Sussex areas showing levels of hospitalisation almost four times as high as in other areas of the STP.

The reasons for this are multi-fold and span patient behaviours but also the availability, accessibility and responsiveness of non-hospital based services.

Coastal West Sussex and East Sussex areas showing levels of hospitalisation almost four times as high as in other areas of the STP.

Although there is no right or wrong formula of what services should be provided in a non-acute setting, it is generally viewed that an over-reliance on acute based care is comparatively more expensive due to the prevailing payment system (Payment by Results).

There is variation across the trusts in delivering on Referral to Treatment Times (RTT).

3.3.3.1 Admissions
CCG Outcomes Indicator Set- domain 3 >> 3.1 Emergency admissions for acute conditions that should not usually require hospital admission (2016-2017 (Jul-Jun)) >> East Surrey and Sussex
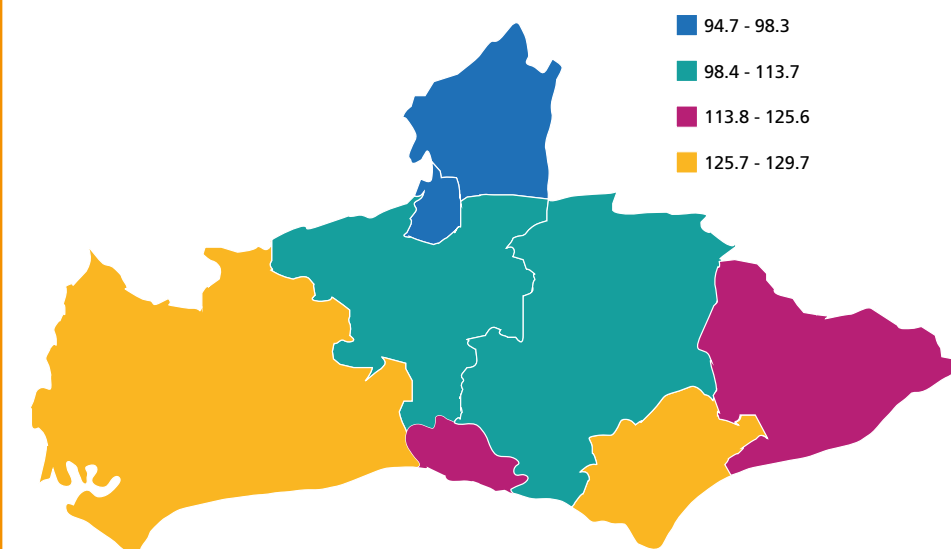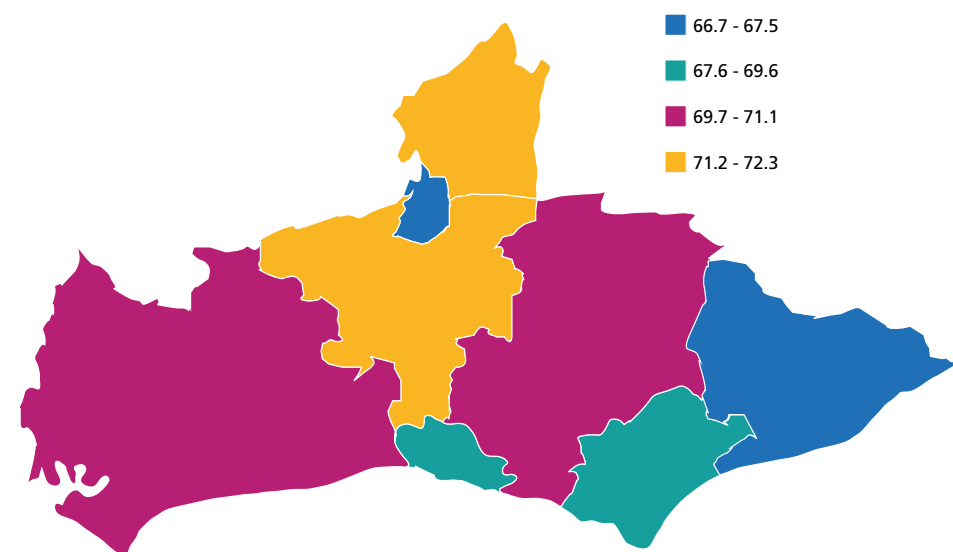

RTT performance STP wide
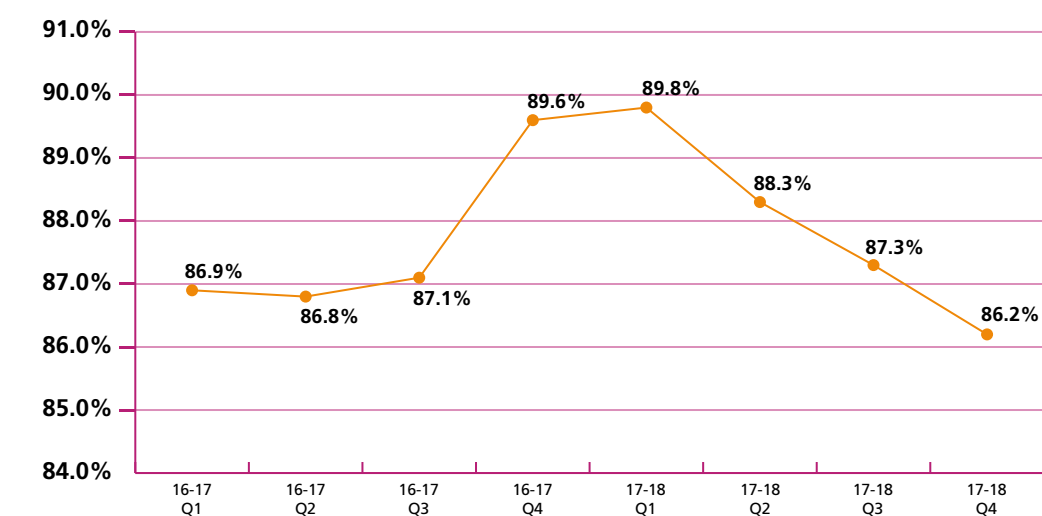
CANCER MORTALITY
CCG Outcomes Indicator Set- domain 1 >> 1.9 Under 75 mortality rates
from cancer (2015) >> East Surrey and Sussex

- 94.7 - 98.3
- 98.4 - 113.7
- 113.8 - 125.6
- 125.7 - 129.7
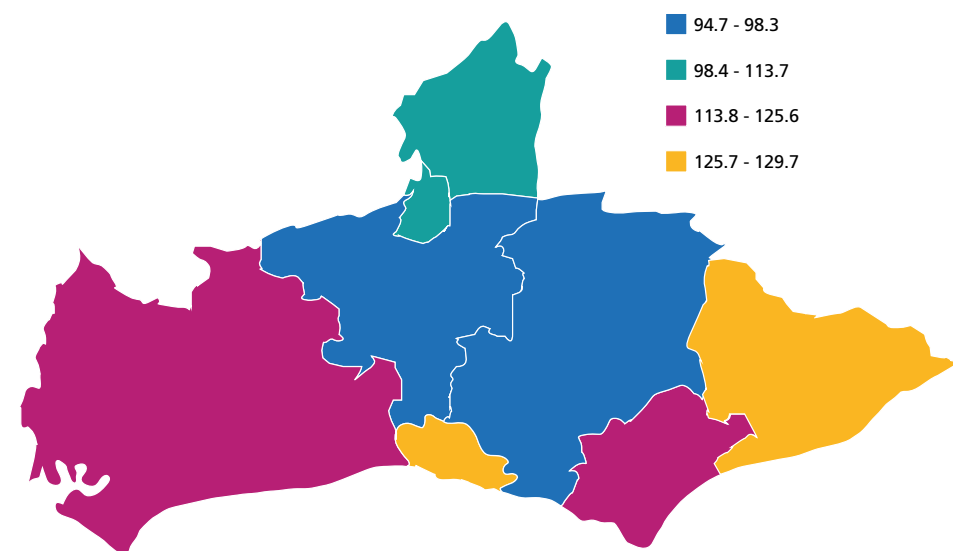
CANCER SURVIVAL
CCG Outcomes Indicator Set- domain 1 >> 1.10 One-year survival
from all cancers (Diagnosed 2014) >> East Surrey and Sussex

- 66.7 - 67.5
- 67.6 - 69.6
- 69.7 - 71.1
- 71.2 - 72.3

> *"I was recently diagnosed with breast cancer following my first over 50 screening. I have had the surgery and I have just started chemotherapy. I just wanted to let you know how amazing the staff at BSUH have been; The radiographers and nurses in the breast care unit, pre assessment clinic, theatre and Ansty ward at PRH and imaging."*

- There is significant variation in mortality rates from cancer, with patients in coastal areas, in particular Brighton and East Sussex being in some instances 20% more likely to die from cancer than patients in Horsham/Mid Sussex.

- In our STP, cancer incidence is high, with low diagnosis at stage 1 and 2. Take up of cervical and breast screening is low.

- We lack of access to modern, high quality and local radiotherapy services.

- There is inadequate introduction and adoption of timed pathways in Lung, Prostate and Colorectal cancer.

- There is variation across the trusts in delivering on cancer waits.

- Diagnostic capacity and workforce shortages continue to be an issue.

(Ref: STP dashboard 2018)

	LATEST PERIOD	LATEST VALUE	RANK WITHIN SOUTH	SPINE CHART
				● = selected STP
				■ = middle 50% of South STPs
				X = England average
				▎= STP median
				WORST BEST
Cancer incidence (total tumours)^	2014	11403	13/13	
Cancer incidence (rate)	2014	611.8	9/13	
Breast cancer screening coverage	2015/15	72.4%	12/13	
Cervical cancer screening coverage	2015/16	73.7%	9/13	
Bowel cancer screening coverage	2015/16	60.3%	8/13	
Diagnosis at stage 1 or 2	2015	50.6%	12/13	

UNWARRANTED VARIATION

We know there are areas of healthcare, which demonstrates variation in practice and quality across our STP.

Key areas of variation in our STP are:
- Cardio Vascular Disease (including Stroke care, Atrial Fibrillation, stable angina and diabetes)

- Trauma and Injuries (Falls and Fragility Fractures)

- MSK

"After my stroke, I felt isolated and lost confidence"

"Mum wasn't admitted to the ward for 9 hours"

"The aftercare failed to meet any expectations"

UNWARRANTED VARIATION: CARDIOVASCULAR STROKE
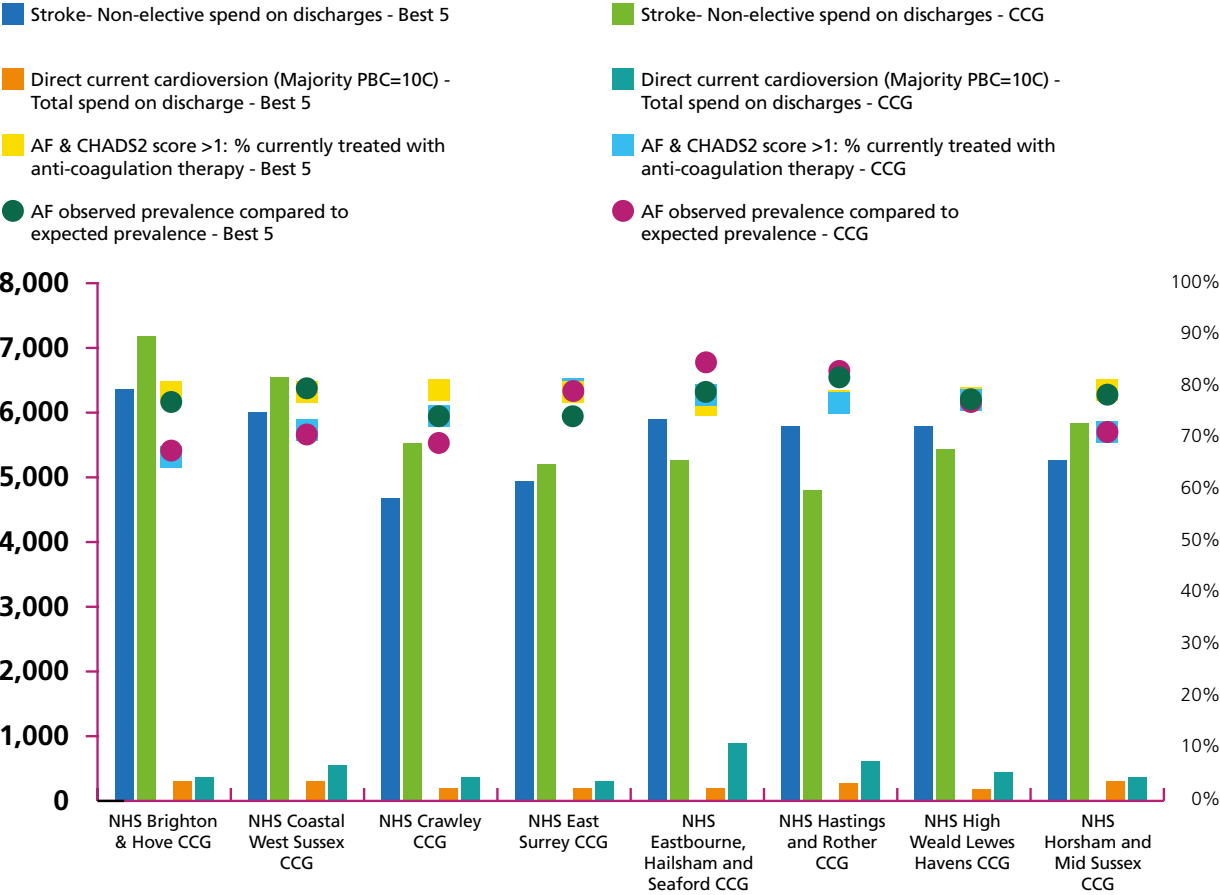
In stroke care there is:
- Inadequate achievement of NICE (National Institute for Health and Care Excellence) Guidelines standards for non-elective stroke care and the South East Clinical Network Stroke standards.

- There continues to be variation across the STP in stroke services, especially in relation to access to allied access to six-month reviews.

Routinely Admitting Teams	Trust	Brighton and Sussex University Hospitals NHS Trust	East Sussex Healthcare NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Medway NHS Foundation Trust	Surrey and Sussex Healthcare NHS Trust	Western Sussex Hospitals NHS Trust	Western Sussex Hospital NHS Trust
	Team Name	Royal Sussex County Hospital	Eastbourne District General Hospital	Maidstone District General Hospital	Tunbridge Wells Hospital	Medway Maritime Hospital	East Surrey Hospital	St Richards Hospital	Worthing Hospital
Number of patients	Admit	200	149	110	140	89	191	164	189
	Disch	167	175	101	142	84	198	156	186
Patient Centred Data	D1 Scan	A	A	A	A↑	C↓	A	B↓	A
	D2 SU	B	B	C	D↑	E	D	C	C↓
	D3 Throm	B	C↓	C	D↓↓	D	B↑↑	B	B
	D4 SpecAsst	A	B↓	B↑	C	D	B↑	C	A↑
	D5 OT	B	C	A	B↓	E	B↓	C	A
	D6 PT	B↑	C	A	A	D	C↓	C	B
	D7 SALT	C↑	E	A	B↑	C	C↓	B	C↑
	D8 MDT	D	D	B	C	D	B↑	C	B↑
	D9 Std Disch	A	A	C	D	A↑	B	B	A
	D10 Disch Proc	B	B↑	B	B	B↓	D	C↑	D↓
	PC KI Level	B	C↓	A↑	C	D	B↑	C	B
Six Month Assessment	Number Applicable	126	109	73	84	85	124	112	106
	% Applicable	98%	100%	100%	100%	98%	99%	99%	100%
	Number assessed	8	14	0	0	3	3	0	0
	% Assessed	6%	13%	0%	0%	4%	2%	0%	0%

PATIENT CENTRED - APRIL TO JULY 2017

SOUTH ENGLAND - SOUTH EAST SCN

PATIENT CENTRED - APRIL TO JULY 2017

SOUTH ENGLAND - SOUTH EAST SCN

Routinely Admitting Teams	Trust		Brighton and Sussex University Hospitals NHS Trust	East Sussex Healthcare NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Maidstone and Tunbridge Wells NHS Trust	Surrey and Sussex Healthcare NHS Trust	Western Sussex Hospitals NHS Trust	Western Sussex Hospital NHS Trust
	Team Name		Royal Sussex County Hospital	Eastbourne District General Hospital	Maidstone District General Hospital	Tunbridge Wells Hospital	East Surrey Hospital	St Richards Hospital	Worthing Hospital
Number of patients	Admit		210	146	122	148	193	148	164
	Disch		180	188	111	132	177	145	159
Patient Centred Data	D6 PT		A↑	B↑	A	A	B↑	C	B
	D7 SALT		B↑	E	A	B	C	C↓	C
	D8 MDT		B↑↑	D	B	B↑	B	C	B
	D9 Std Disch		B↓	A	D↓	D	A↑	A↑	A
	D10 Disch Proc		B	C↓	B	C↓	D	D↓	C↑
	PC KI Level		A↑	B↑	B↓	C	B	C	A↑
Six Month Assessment	Number Applicable		104	126	75	88	158	114	124
	% Applicable		98%	100%	100%	100%	98%	100%	100%
	Number assessed		2	13	0	0	0	0	0
	% Assessed		2%	10%	0%	0%	0%	0%	0%

UNWARRANTED VARIATION: CARDIOVASCULAR: STROKE PREVENTION AND ATRIAL FIBRILLATION (AF)

For every 25 high risk patients treated for AF, one serious/debilitating stroke is avoided. The chart below shows that, compared with our demographic peers, we often have a gap between our expected prevalence versus our actual prevalence. Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG are identifying more cases than their comparative peers. Where we are finding patients and putting them on blood thinners, our spend on non elective stroke is lower than our demographic peers because we are preventing strokes. Within three years we could stop 660 Strokes if we treated all patients with AF with anti coagulation. This equates to £11.2 million.

- Stroke- Non-elective spend on discharges - Best 5
- Stroke- Non-elective spend on discharges - CCG
- Direct current cardioversion (Majority PBC=10C) - Total spend on discharge - Best 5
- Direct current cardioversion (Majority PBC=10C) - Total spend on discharges - CCG
- AF & CHADS2 score >1: % currently treated with anti-coagulation therapy - Best 5
- AF & CHADS2 score >1: % currently treated with anti-coagulation therapy - CCG
- AF observed prevalence compared to expected prevalence - Best 5
- AF observed prevalence compared to expected prevalence - CCG

	NHS Brighton & Hove CCG	NHS Coastal West Sussex CCG	NHS Crawley CCG	NHS East Surrey CCG	NHS Eastbourne, Hailsham and Seaford CCG	NHS Hastings and Rother CCG	NHS High Weald Lewes Havens CCG	NHS Horsham and Mid Sussex CCG
EST. AF PREVALENCE	1.97%	3.44%	2.04%	2.51%	3.58%	3.52%	3.11%	2.81%
EST. BEST 5 PREVALENCE	2.06%	3.07%	2.24%	2.42%	3.15%	3.21%	2.97%	2.53%

The NHS reports that people who have diabetes are 15 times more likely to undergo amputations than other people without the condition.

UNWARRANTED VARIATION: CARDIOVASCULAR DISEASE: DIABETES
In diabetes care there is wide variation in:
● The number of major and minor amputations and length of stay.

● The average number of major amputations in England is 8.1 per 10,000 (standardised rate). Across our STP the rate ranges from 5.8 High Weald Lewes Havens CCG to 10.2 Eastbourne, Hailsham and Seaford CCG. The average number of minor amputations in England is 20.7 per 10,000 (standardised rate). Across our STP the rate ranges from 17.7 (Crawley CCG) to 28.9 Eastbourne, Hailsham and Seaford CCG.

● Our current diabetic foot amputation rate will continue to rise. Currently 52% of our diabetic foot ulcers are rated as severe and at least 56% were unhealed at 12 weeks, with 83% of patients waiting more than two days for referral and triage and 38% waiting at least 14 days (NICE recommendation for referral and triage within two days).

● There is still a gap in the actual to expected prevalence rate of diabetes. There is variation across our STP in terms of Primary Care achievement of quality targets such as blood sugar management, blood pressure, cholesterol and the other 8 Care processes.

KEY FACT
The NHS reports that people who have diabetes are 15 times more likely to undergo amputations than other people without the condition. Diabetes is one of the leading causes of amputation of the lower limbs throughout the world. Charity Diabetes UK notes that problems of the foot are the most frequent reasons for hospitalisation amongst patients who have diabetes.

"In the first 5 weeks of attending (the National Diabetes Prevention Programme tailored education) I had lost almost a stone in weight and my cholesterol is falling"
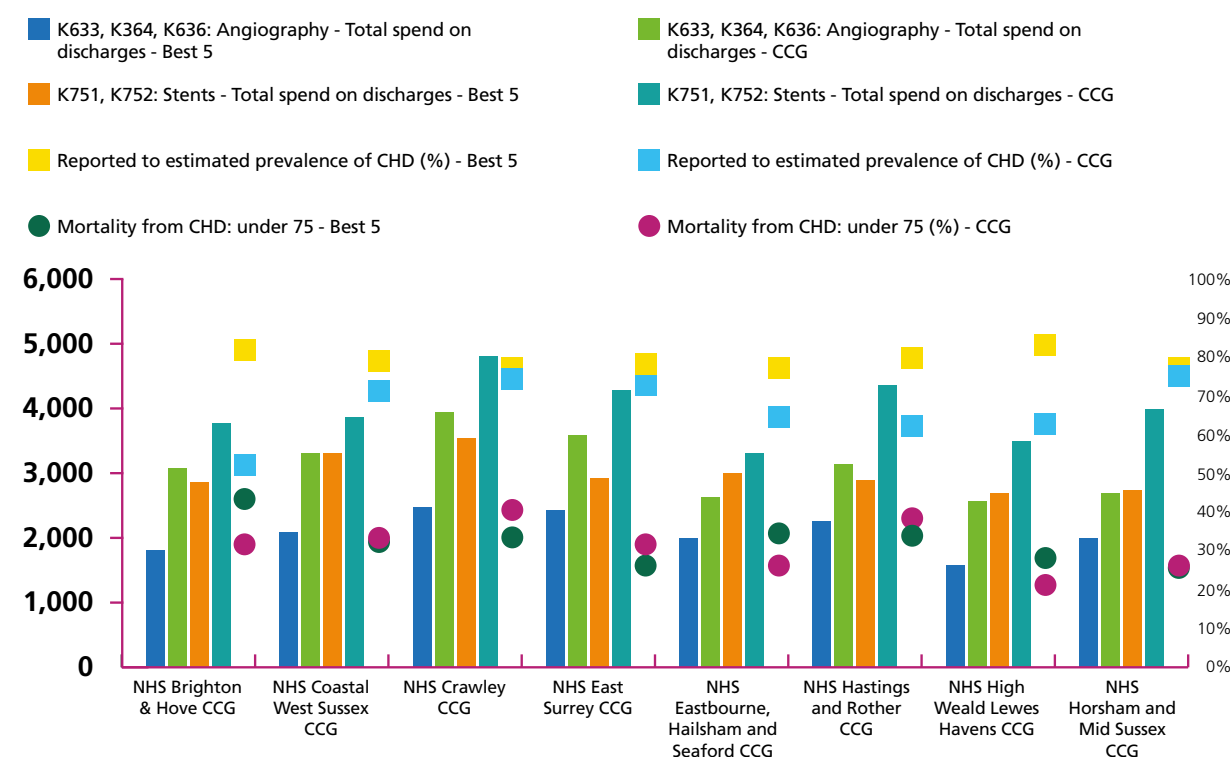
CCG	Major amputations per 1,000 diabetic patients April 2011 - March 2014	Major amputations per 1,000 diabetic patients April 2012-2015	Major amputations per 1,000 diabetic patients 2013-14 2015-16
England	0.8	0.8	0.81
East Surrey CCG	1.0 (19)	0.8 (17)	0.9 (19)
Horsham & Mid Sussex CCG	0.6 (15)	0.8 (21)	0.82 (21)
Crawley CCG	0.5 (9)	0.9 (17)	0.93 (16)
Coastal West Sussex CCG	0.9 (71)	1.0 (79)	0.54 (80)
Brighton & Hove CCG	1.0 (32)	0.9 (29)	0.8 (27)
High Weald, Lewes & Havens CCG	0.6 (12)	0.6 (14)	0.58 (16)
Hastings & Rother CCG	1.0 (27)	0.9 (27)	0.81 (29)
Eastbourne, Hailsham & Seaford CCG	1.7 (47)	1.1 (33)	1.02 (36)
South East Coast Total	578	581	0.82 (613)

CCG	Minor amputations, annual rate per 1,000 adults with diabetes	Minor amputations, annual rate per 1,000 adults with diabetes 2012-2015	Minor amputations, annual rate per 1,000 adults with diabetes 2013-2016
England	1.7	1.8	2.1
East Surrey CCG	2.6 (51)	2.3 (48)	2.42 (57)
Horsham & Mid Sussex CCG	1.5 (39)	2.0 (57)	2.23 (67)
Crawley CCG	1.4 (25)	1.4 (26)	1.77 (30)
Coastal West Sussex CCG	1.9 (143)	2.1 (163)	1.84 (184)
Brighton & Hove CCG	2.1 (66)	1.8 (58)	2.07 (71)
High Weald, Lewes & Havens CCG	2.3 (49)	1.8 (39)	2.15 (59)
Hastings & Rother CCG	2.4 (68)	2.4 (69)	2.05 (74)
Eastbourne, Hailsham & Seaford CCG	2.7 (76)	2.9 (84)	2.89 (98)
South East Coast Total	2.02 (1334) (SEC average)	2.07 (1274)	2.33 (1739)

We have a higher spend on angiography and stents than our demographic peers but not always resulting in better outcomes

UNWARRANTED VARIATION: CARDIOVASCULAR DISEASE: OVER-TREATING PATIENTS WITH STABLE ANGINA
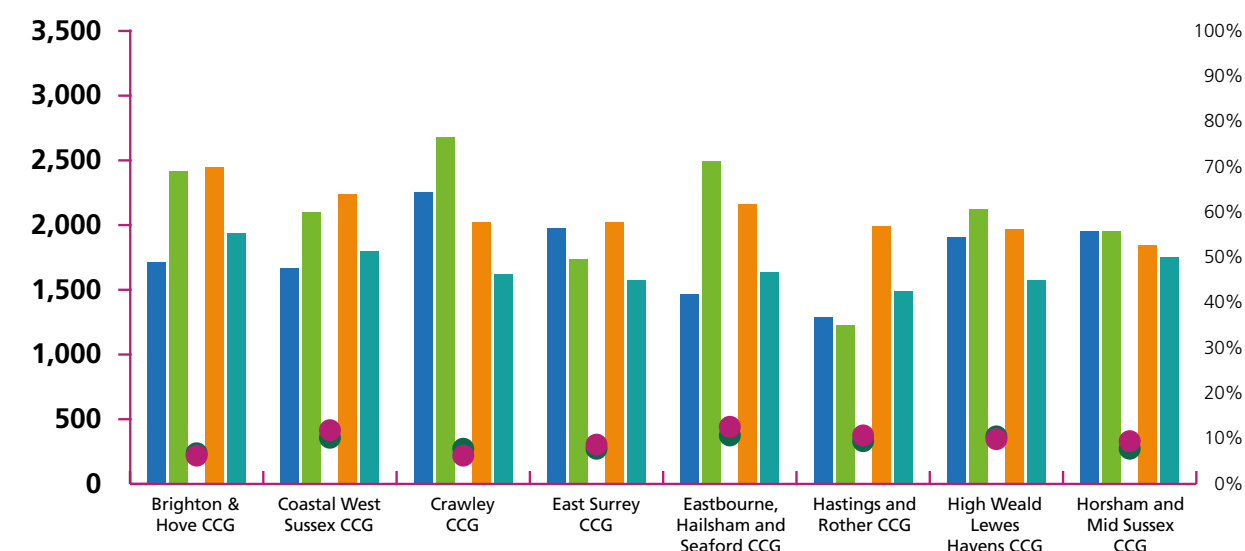
The NICE pathway states that patients with stable angina should have a computerised temography angiogram first which is non-invasive and cheaper than an invasive angiogram. Only about 20% of patients who have had a CT angiogram would need to go on to have an invasive angiogram. 80% should be given medication to manage their angina. If the medication does not help the pain, a shared decision-making conversation should take place which makes it clear that if the patient has a stent inserted, it will not prolong their life, with the exception of a small defined cohort of our population, but it will help with chest pain. The chart below shows that compared with our demographic peers, we have a lower reported prevalence of CHD than our estimated numbers. Also we have a higher spend on angiography and stents than our demographic peers but not always resulting in better outcomes. There is variation in the implementation of these NICE guidelines across our STP, resulting in too many invasive angiograms and stents.

- K633, K364, K636: Angiography - Total spend on discharges - Best 5
- K633, K364, K636: Angiography - Total spend on discharges - CCG
- K751, K752: Stents - Total spend on discharges - Best 5
- K751, K752: Stents - Total spend on discharges - CCG
- Reported to estimated prevalence of CHD (%) - Best 5
- Reported to estimated prevalence of CHD (%) - CCG
- Mortality from CHD: under 75 - Best 5
- Mortality from CHD: under 75 (%) - CCG

	NHS Brighton & Hove CCG	NHS Coastal West Sussex CCG	NHS Crawley CCG	NHS East Surrey CCG	NHS Eastbourne, Hailsham and Seaford CCG	NHS Hastings and Rother CCG	NHS High Weald Lewes Havens CCG	NHS Horsham and Mid Sussex CCG
CCG CHD PREVALENCE	2.19%	4.11%	2.77%	2.77%	4.12%	4.20%	3.11%	2.96%
BEST 5 PREVALENCE	2.86%	3.71%	2.71%	2.69%	3.89%	3.85%	3.33%	2.70%

UNWARRANTED VARIATION: TRAUMA AND INJURIES (FALLS AND FRAGILITY FRACTURES)

The chart below shows that there is wide variation in the number and treatment of falls compared with our demographic peers: One in three over-65s and half of those over 80 will suffer a fall each year. The Department of Health and Social Care has stated that a falls prevention strategy could reduce the number of falls by 15-30%. Admissions relating to fractures where a fall has occurred, notably hip fractures and those people over 65 without significant injury and are not always getting a multifactorial falls assessment and exercises, which we know reduce subsequent falls by 24%. We do not always have effective case-finding and appropriate drug treatment for osteoporosis, particularly after the first fracture has occurred. We know if this treatment is taken then there is a reduction in the risk of the next fracture by 50%.

- Tendency to fall, not elsewhere classified (R296): NEL Spend - per 1,000 - Best 5
- Tendency to fall, not elsewhere classified (R296): NEL Spend - per 1,000 - CCG
- Rate of injuries due to falls in people aged 65+ per 100,000 age-sex weighted population - Best 5
- Rate of injuries due to falls in people aged 65+ per 100,000 age-sex weighted population - CCG
- Percentage of GP registered population aged 75+ - Best 5
- Percentage of GP registered population aged 75+ - CCG
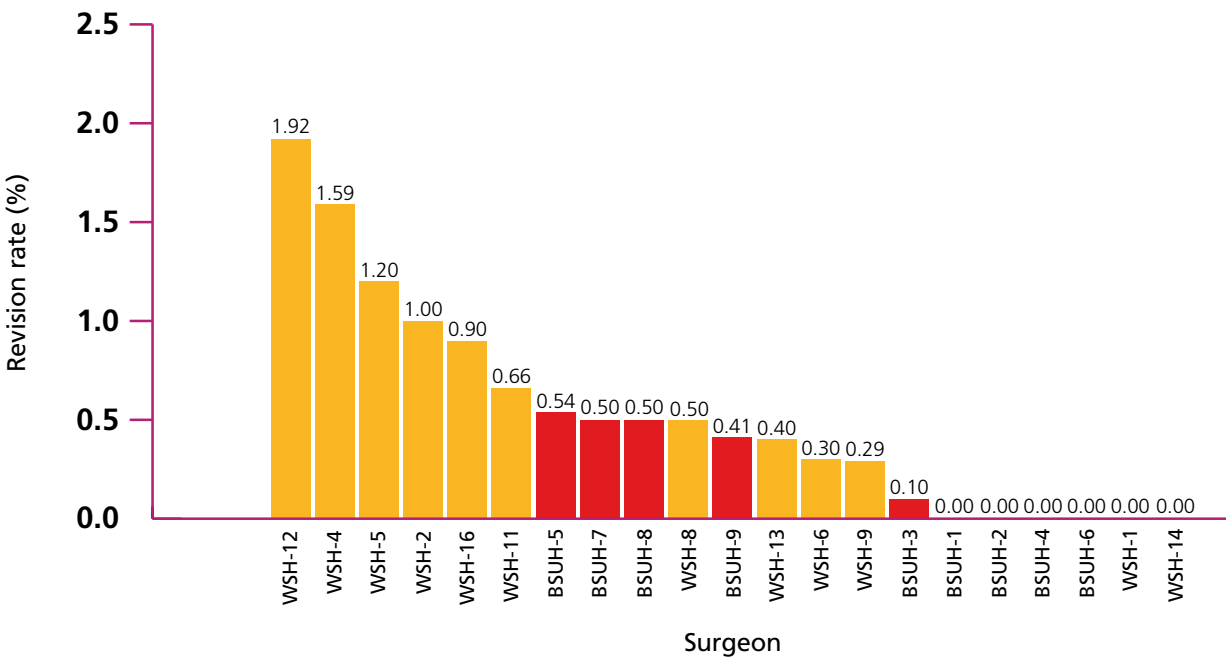
UNWARRANTED VARIATION: MSK

For example, In musculoskeletal surgery there is wide variation in:

● The volume of Total Hip Replacement surgery per surgeon. 34% of surgeons do less then 10 procedures a year, 54% do less than 20 procedures a year and only 30% perform greater or equal to 50

● The number of revisions within a year post joint replacement per surgeon

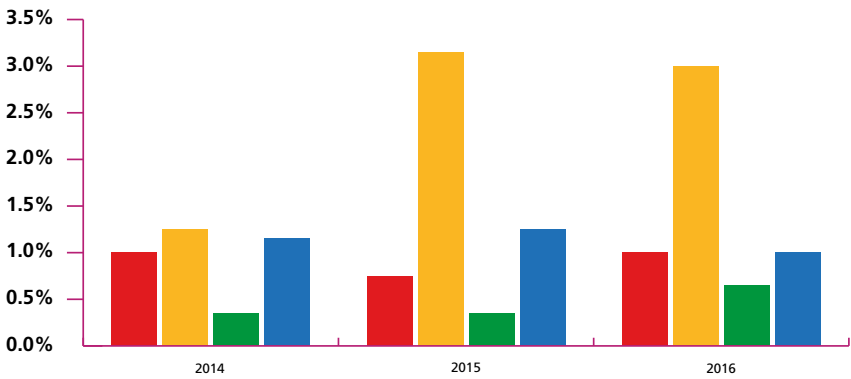● The rate of infection post joint replacement per hospital

Number of Total Hip Replacement per surgeon
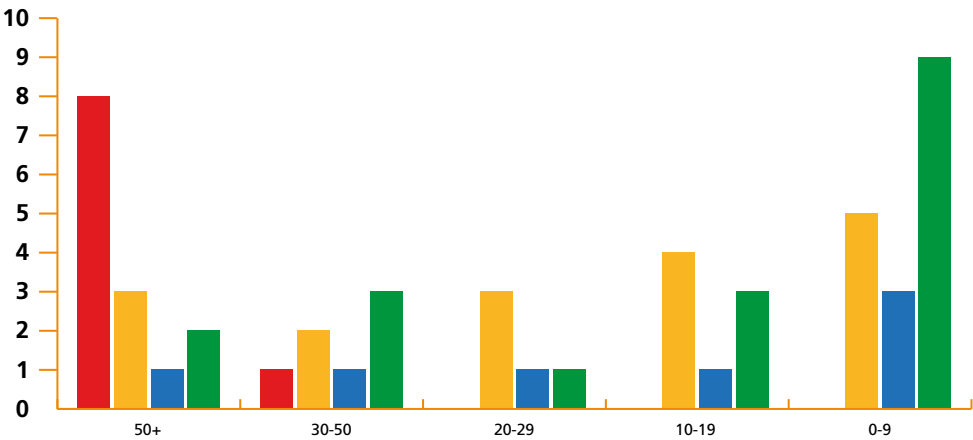
Total Knee Replacement 1 year revision rates

Surgical site infection rates per Trust for Total Hip Replacement

UNWARRANTED VARIATION: MSK - TOTAL KNEE REPLACEMENT

The chart below shows that we are doing more procedures, spending more on elective care and delivering poorer outcomes than our demographic peers. The % of patients 60 and over having same side knee replacement within one year of arthroscopy is declining but is still six times higher than the national average. Nice Guidance recommends conservative management (exercise/weight management/patient education) before consideration for surgery as these approaches can reduce pain, improve function and avoid the need for a Joint replacement as osteoarthritis is not always a progressive condition. Good quality Shared decision making is important to give patients the information they need to make a decision that's right for them.

■ Primary Knee Replacement - Age-Sex Standardised Spend per 1,000 - Best 5

■ Primary Knee Replacement - Age-Sex Standardised Spend per 1,000 - CCG

■ % Of people (over 45) who have knee osteoarthritis (total) - Best 5

■ % Of people (over 45) who have knee osteoarthritis (total) - CCG

● Knee Replacement (primary), EQ-SD Index, Health Gain - Best 5

● Knee Replacement (primary), EQ-SD Index, Health Gain - CCG

UNWARRANTED VARIATION: MSK - TOTAL HIP REPLACEMENT
The chart below shows we are spending more than our demographic peers with health gain worse (apart from Eastbourne, Hailsham and Seaford CCG) and prevalence is identical.

■ Primary Knee Replacement - Age-Sex Standardised Spend per 1,000 - Best 5

■ Primary Knee Replacement - Age-Sex Standardised Spend per 1,000 - CCG

■ % Of people (over 45) who have knee osteoarthritis (total) - Best 5

■ % Of people (over 45) who have knee osteoarthritis (total) - CCG

● Knee Replacement (primary), EQ-SD Index, Health Gain - Best 5

● Knee Replacement (primary), EQ-SD Index, Health Gain - CCG
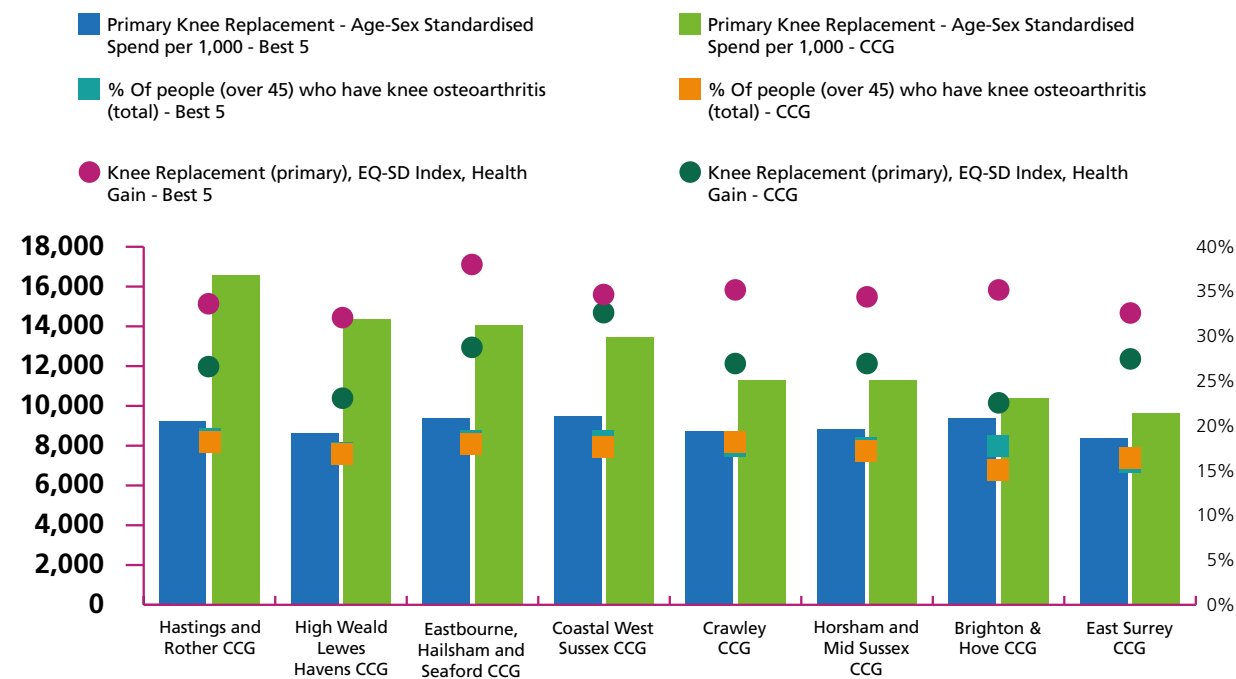
AMBULATORY CARE SENSITIVE CONDITIONS
Attendances at our A&E Departments continue to rise with a 4% increase reported over the first 3 quarters of 17-18 compared to 16-17.

Over a quarter of all attendances at A&E could have been treated at another suitable location (e.g. primary care provision) however patient behaviours and the availability of alternative pathways continue to drive this increase in activity.

There are several points of contact for access to services, fragmented pathways and gaps in service availability (geographic and time of day), particularly around admissions avoidance and to support hospital discharges. This results in multiple handoffs and confusion over the correct pathways, building in inefficiencies in how services are being delivered, increasing conveyance and admissions and the length of stay in hospitals.

"I would like Community Navigation to be extended in the city. I would like patients to be able to self-refer and to have navigators in communities, like a "go to" person.

"Some people only know to go to A&E for urgent care – there is a lack of awareness about other places people can go. "

"More needs to be done to promote the alternative to A&E and opening times."

Ambulatory care sensitive conditions
CCG Outcomes Indicator Set- domain 2 >> 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive conditions (2016-2017 (Jul-Jun)) >> East Surrey and Sussex

■ 156.9 - 239.9
■ 240.0 - 574.2
■ 574.3 - 661.6
■ 661.7 - 752.9
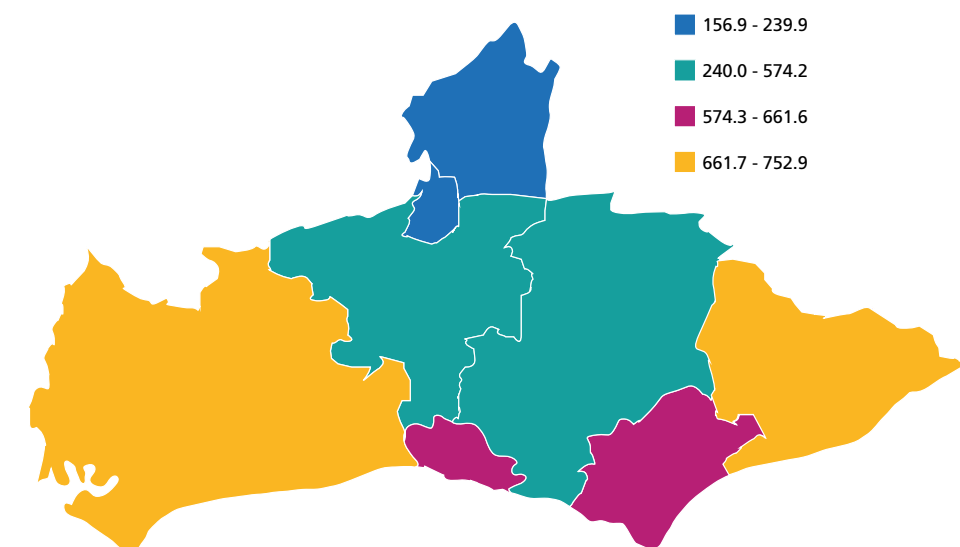
DELAYED TRANSFER OF CARE (DTOCS)

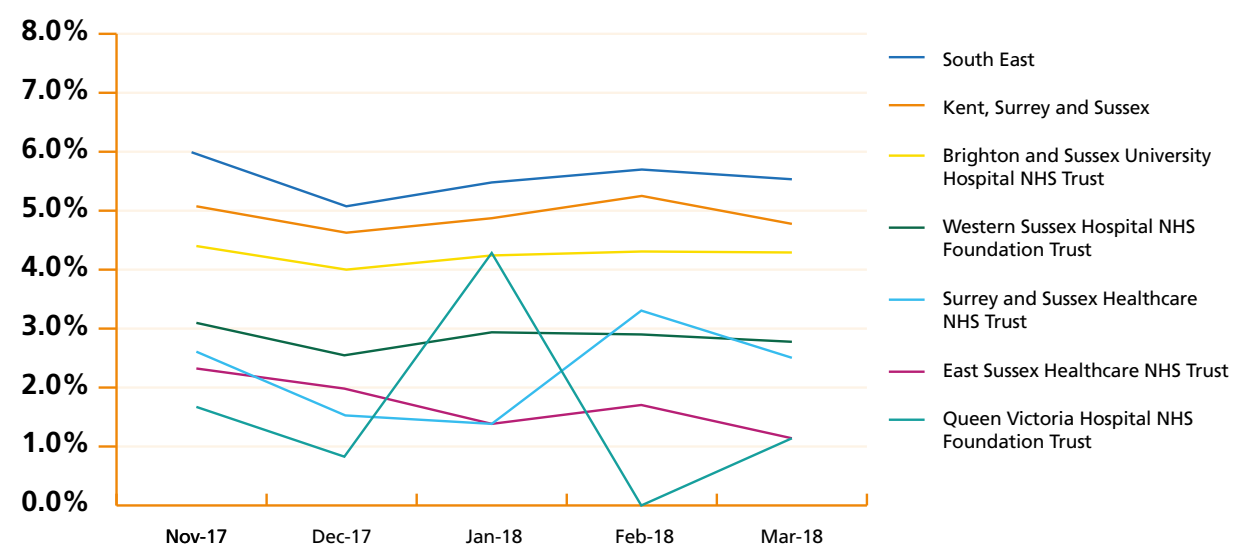There are many patients in hospital beds who should be cared for at home.

An increasing rate of incomplete to complete pathways has caused a worsening performance against the Referral to Treatment 18 week incomplete standard. At quarter 2 of 2017/18, 5 out of the 6 providers breached the standard. In 2016/17 bed occupancy was at 92.7% (ranked as 35/44 across the STPS) and the percentage of beds attributable to Delayed Transfers of Care (DTOC) was 8.9% (ranked as 37/44 across the STPs). 1 = best, 44 = worst.

A disproportionate number of those fit to leave their current setting of care have dementia, with over a quarter of patients with dementia or a cognitive impairment fit to leave waiting for over 50 days to leave their settings of care.

KEY FACT

47% of carers in the "Counting the Cost" survey reported that being in hospital had a significant detrimental effect on the general physical health of the person with dementia and 54% reported a negative effect on the symptoms of dementia such as becoming more confused and less independent (Alzheimer's Society 2009)

**South East DTOC % (Bed day delays per occupied bed)
Sussex & East Surrey**

Legend:
- South East
- Kent, Surrey and Sussex
- Brighton and Sussex University Hospital NHS Trust
- Western Sussex Hospital NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- East Sussex Healthcare NHS Trust
- Queen Victoria Hospital NHS Foundation Trust

FLOW

A bed audit carried out across the STP identified 22% of patients across Sussex and East Surrey that are "fit to leave" their current setting of care.
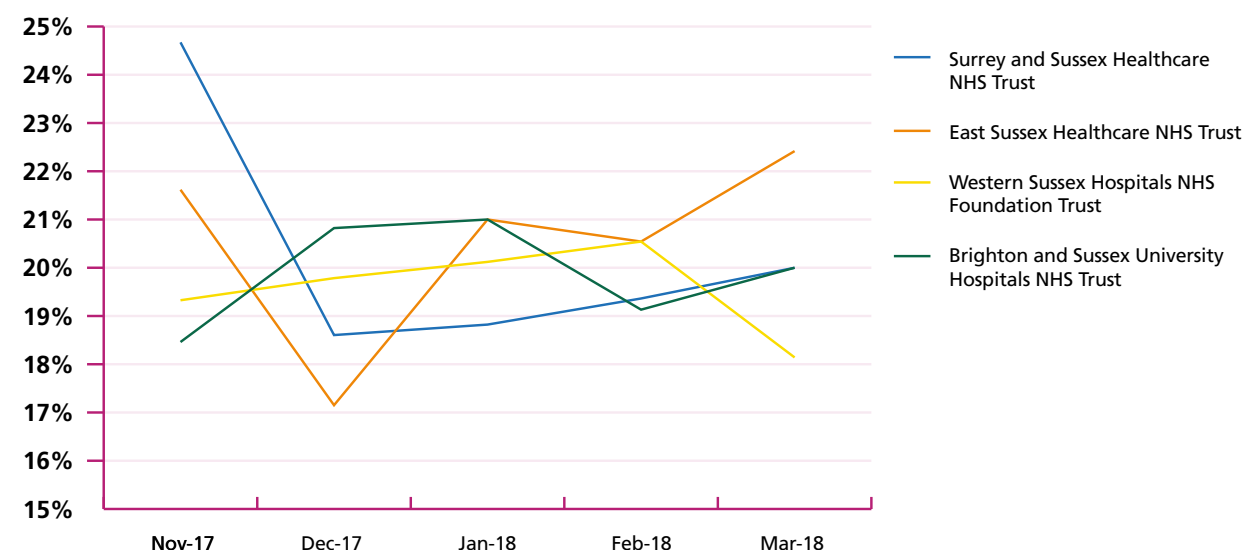
A total of 49% of patients who were classified as fit to leave their current setting of care have remained in hospital for over a week. There were 97% of acute patients fit to leave who were admitted as non-elective patients. A total of 75% of acute patients and 92% of community patients fit to leave their current setting of care are over the age of 70. A majority of delays are attributed to patients awaiting social care, although patient and family choice is a major cause for delay in the community setting. (CF April 2017).

**Beds Occupied by Stranded Patients (7+ days)
Sussex and East Surrey**

Legend:
- Surrey and Sussex Healthcare NHS Trust
- East Sussex Healthcare NHS Trust
- Western Sussex Hospitals NHS Foundation Trust
- Brighton and Sussex University Hospitals NHS Trust

49% of patients who were classified as fit to leave their current setting of care have remained in hospital for over a week.
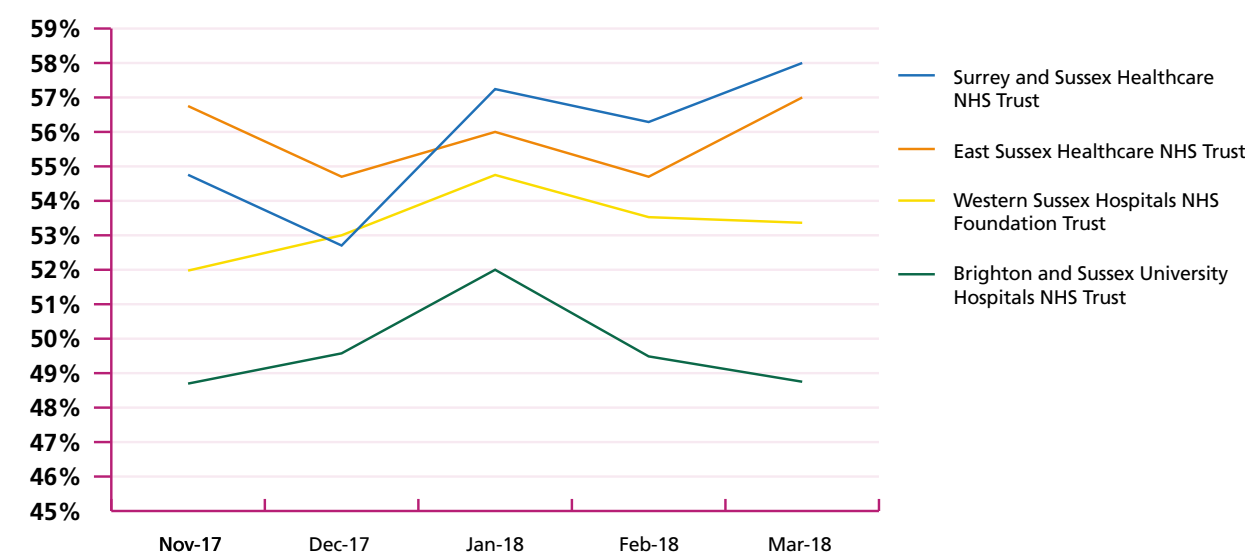
**Beds Occupied by Extended lenght of stay Patients (21+)
Sussex and East Surrey**

- Surrey and Sussex Healthcare NHS Trust
- East Sussex Healthcare NHS Trust
- Western Sussex Hospitals NHS Foundation Trust
- Brighton and Sussex University Hospitals NHS Trust

BED DAY UTILISATION
Across the STP, bed occupancy per provider ranged from 62% (at the specialist provider) to 96% at Quarter 2 2017/18.

Compared with our peers, there is statistically significant variation in the number of bed days across all common conditions. There are currently 3,519 acute inpatient beds across the STP.
● Average length of stay (AloS) increased between 2010/11 – 2016/17.

● Over the last three years, the general and acute bed base has remained relatively constant but bed occupancy has increased over time.

● Bed capacity is expected to increase by 176 beds by 2023/24 at BSUH as a result of the 3Ts rebuild.

● Elective referral rates are increasing across the system and longer lengths of stays are driving a significant elective backlog at all Trusts.

● Demand must be managed to align acute capacity and demand and to prevent shortfalls in available beds to meet the needs of the population.

Demand must be managed to align acute capacity and demand and to prevent shortfalls in available beds to meet the needs of the population.

Reduction in beds:
The Royal Sussex County Hospital site in Brighton is delivering a 10-year strategy to improve their estate, which will impact on their ability to deliver care in a timely way. A strategic/system-wide solution is needed to support those pathways affected as all Trusts will be affected.

BED DAY UTILISATION
There are currently 3,519 acute inpatient beds across the STP. Bed occupancy across all sites is forecast to increase in 2016/17.


- Today
- 3Ts by 2023/24
- Proposed Emergency Floor redevelopment

RSCH Bed capacity will increase as a result of 3Ts and a proposed emergency floor redevelopment
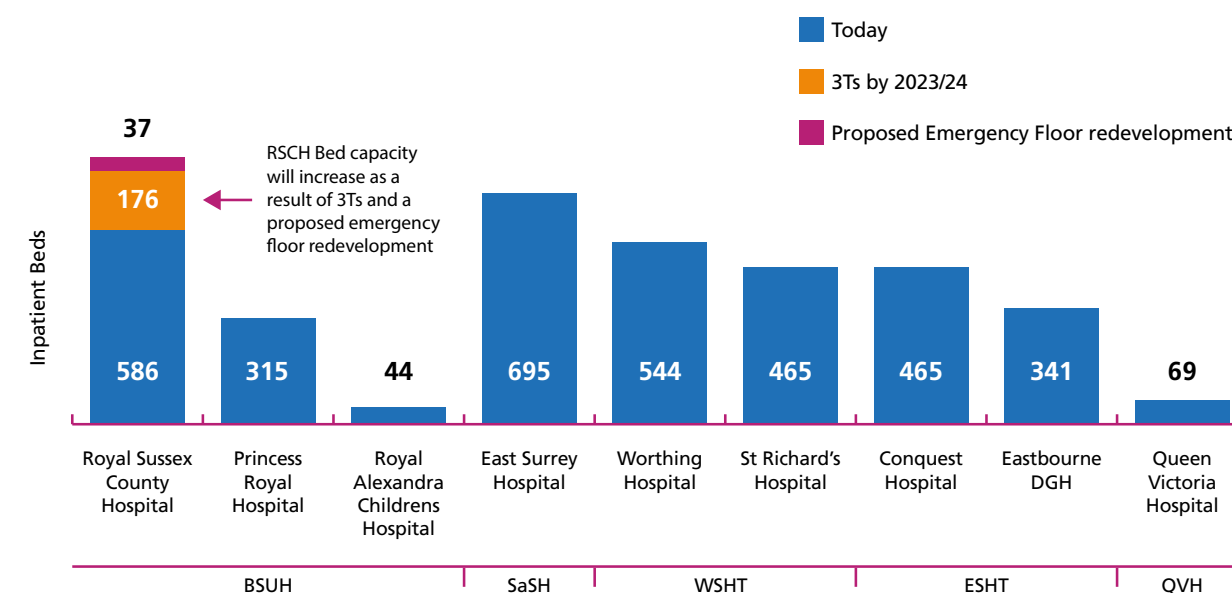
BED OCCUPANCY									
15/16	93%	72%	85%	94%	89%	85%	88%	101%	62%
16/17	96%	74%	88%	96%	91%	87%	90%	103%	64%
	Royal Sussex County Hospital	Princess Royal Hospital	Royal Alexandra Childrens Hospital	East Surrey Hospital	Worthing Hospital	St Richard's Hospital	Conquest Hospital	Eastbourne DGH	Queen Victoria Hospital

Average occupancy by quarter
Q1 2014 - Q3 2016

Total general and acute bed base
Q1 2014 - Q3 2016
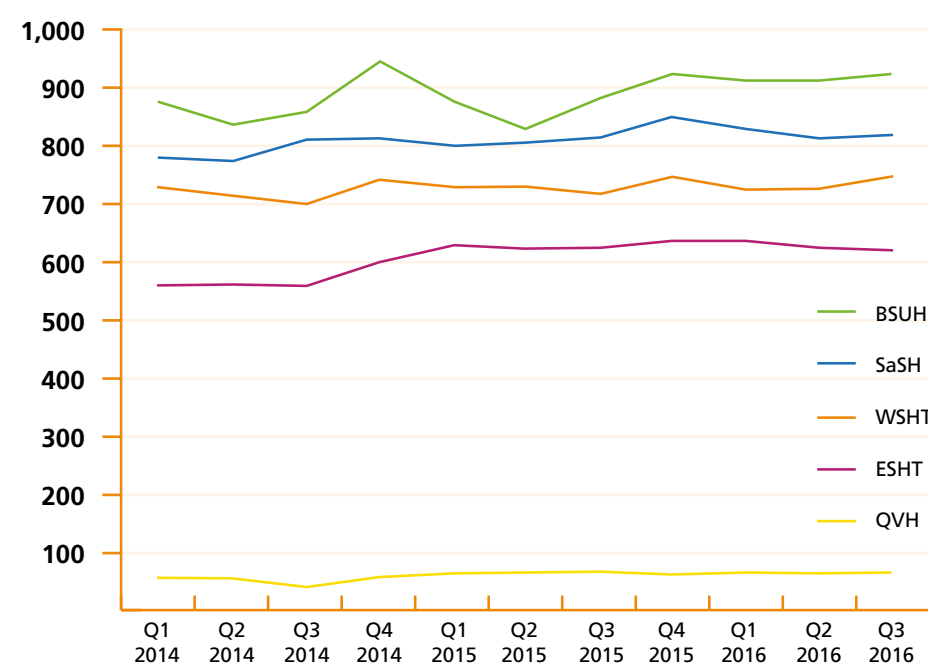
CARE QULITY COMMISSION (CQC) RATINGS
Brighton and Sussex University Hospitals NHS Trust (BSUH): The Trust was last inspected in April 2016 and updated in August 2016. CQC found them to be inadequate in the areas of safety, responsiveness and leadership. The culture of the Trust was viewed as exceptionally challenging. Since the inspection, Western Sussex Hospitals NHS Foundation Trust has taken over the management of the BSUH and improvements have been seen in a number of areas.

East Sussex Healthcare NHS Trust: In June 2018, the CQC noted the Trust has made a marked improvement in the quality of its care, and concludes that the Trust no longer needs to be in special measures for quality. In the areas inspected by the CQC, everything was rated as 'good' or 'outstanding', apart from the Emergency Department at Eastbourne, which was rated as 'requires improvement', but 'good' for well led and caring.

SECAmb: Following CQC inspection in 2017 the Trust was rated as Inadequate. This resulted in the Trust remaining in Special Measures and the development of a recovery plan that addresses CQC findings together with work across different areas of the Trust. This includes an overarching Culture and Organisational Development and an extensive programme of work dealing with workforce, recruitment, training and retention. CQC is conducting an inspection of the Trust in July (Core Services and Emergency Operations Centre) and August (Well Led) this year. The results of the inspection will be published in the Autumn. The work across the Trust is also being informed by a jointly commissioned Demand and Capacity review to identify resource requirements to fully meet Ambulance Response Programme standards.

TRUST	CQC RATING
BSUH	Good
ESHT	Requires improvement
WSHT	Outstanding
SASH	Outstanding
QVH	Good
SPFT	Good
SCFT	Good
FCH	Outstanding
SB	Good
SECAMB	Inadequate
IC24	Good

Everything was rated as 'good' or 'outstanding', apart from the Emergency Department at Eastbourne, which was rated as 'requires improvement', but 'good' for well led and caring.

MENTAL HEALTH SERVICES

The health and life outcomes for people experiencing mental health issues in our STP will continue to fall short of those of the general population unless we act to deliver the opportunities aligned with the five year forward view for mental health. To meet the government target of 21,000 new mental health posts by 2021, the STP projected response is set out below

The Sussex and East Surrey STP has an agreed Mental Health Strategy following a detailed Case for Change which identified that:

● Sussex and East Surrey STP need to ensure that 25% of people living with common mental health problems are seen by a local Improved Access to Psychological Therapies service every year.

● Capacity needs to be built in primary care, closer to home and thereby reduce presentations and referrals to physical and mental health secondary care.

● The prevalence of Severe Mental Illness is 5% higher than nationally, affecting 25,000 individuals.
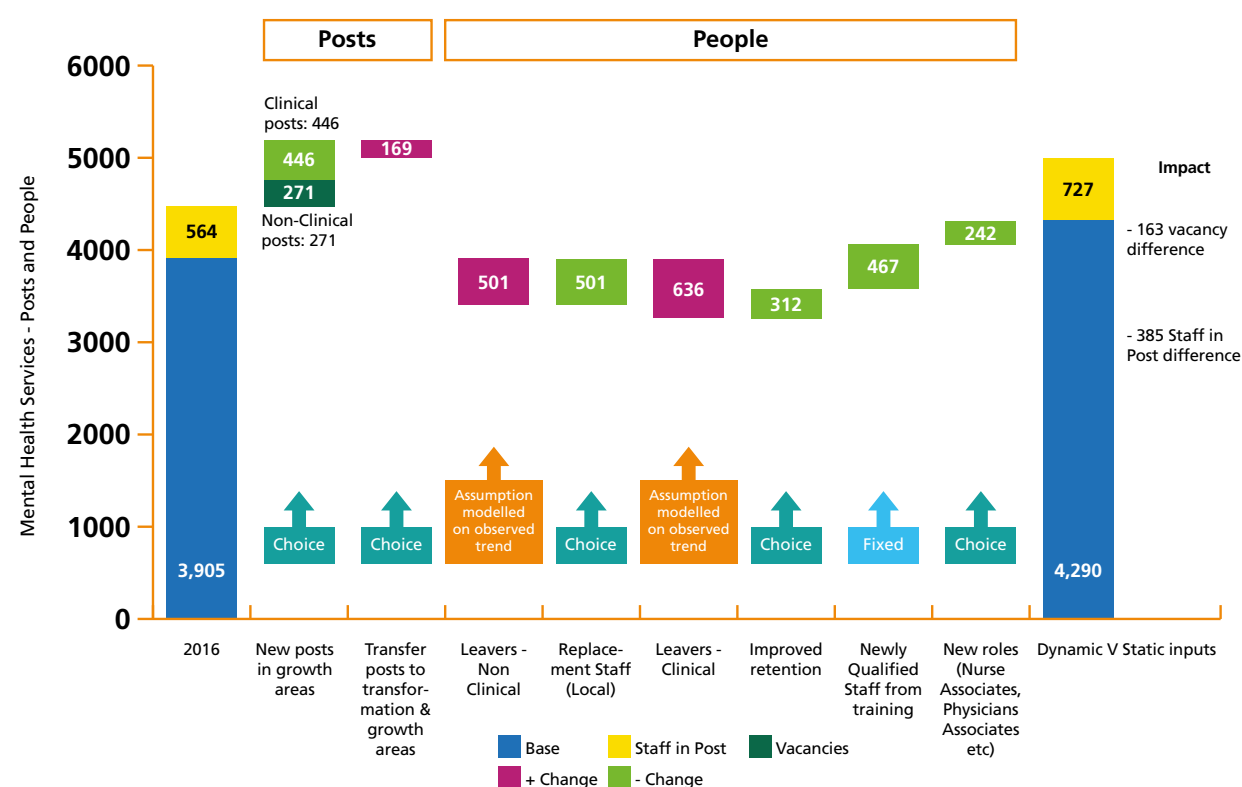
● For dementia, prevalence is 25% higher than nationally, will increase further as the population ages, while the proportion of those with a diagnosis is 5% lower.

● A quarter of those patients with dementia who are fit to leave acute care wait over 50 days for discharge.

● Three quarters of first episodes of mental ill health occur in young people before the age of 25.

> **KEY FACT**
> Life expectancy for those with severe mental illness is twenty years' worse than the general population

"My partners mental health and mine wasn't a priority after my stillborn, they took slightly better care but no mention of mental care at any appointments"

GP SERVICES
The National Picture
Workload: Actual GP appointment numbers are not routinely collected by NHS England but the information we have would suggest significant rises, for instance 15.4% between 2010/11 and 2014/15. The Kings Fund (2016) estimated that there had been a 15 per cent overall increase in contacts, 13 per cent increase in face-to-face contacts and a 63 per cent increase in telephone contacts.

Workforce numbers: Nearly a quarter (23%) of the GP workforce is over 55. Less than a quarter (22%) of GP trainees plan to practise full-time one year after qualifying, according to a recent study by the King's Fund, falling to 5% who expect to be working full time after 10 years. 'The intensity of the working day' was cited as the most common reason.

Morale: A 2017 survey conducted by Exeter University in the South West indicated that over half of the GP workforce reported low or very low morale, and 40% of all GPs intended to retire within five years.

Practice Closures: Increasing numbers of practices are either closing their lists to new patients (a medium term approach) or capping their list (a shorter term approach), in order to maintain the quality of the service to existing patients within the resources they have.

Estates Issues: A 2018 BMA Survey revealed that four out of 10 GPs feel their premises are not adequate for patient care, describing how they are struggling to provide essential services in buildings that are cramped and

Less than a quarter (22%) of GP trainees plan to practise full-time one year after qualifying

Pressure through retirement of partners and salaried GPs has been a contributing factor to 16 practices closing and 10 mergers since 2013

outdated. It also reported that six out of 10 GPs in England are forced to share consulting rooms or 'hot-desk' around their surgeries.

STP examples

● Increasing elderly: The West Sussex Joint Services Needs Assessment (JSNA) estimates that the local population aged 70+ will grow at the fastest rate of any demographic; and that by 2039 more than 30% of the CCG resident population will be aged 65 or over. They also project that this means that the number of adults in this age group admitted to hospital with falls will nearly double over the same period. There are already some small areas of West Sussex where more than 50% of the resident population are aged 65 or above. Between 2018 and 2030 the JSNA predicts that the number of cases of dementia will rise by 45%.

● Workforce: According to NHS England figures, in 2015 there were 960 full time equivalent (FTE) GPs across East Surrey and Sussex. In order to deliver the growth required to deliver our proportion of the 5,000 extra GPs promised in the GP Forward View we would need to boost that to 1106 FTE GPs (so an increase of 146) . However the GP FTE across the patch as of Sept 2017 number 936 – a fall of 24 FTE, or 170 short of the target 1106. Figures for nurses seem to be broadly stable, GP Nurses FTE as of Sept 2015 numbering 502, and as of June 2018, 522. Large percentage of both practice nurses and GPs in our area that are over 55 and coming up to retirement. It is anticipated that there will be a loss of a third of GPs over next 10 years as they reach 55+. The retirement risk in ESBT is 46% of practice nurses in Hastings and Rother and 31% in Eastbourne, Hailsham and Seaford age 55+ with GPs 55+ at 24% in Hastings and Rother and 17% in Eastbourne, Hailsham and Seaford. Currently 210 GPs (18.5% of the workforce) are over 55 years.

● The STP has 203 practices. There are 12 single-handed GP practices and 189 partnerships, with the smallest registered list of 1,379 and the largest being 25,054. Pressure through retirement of partners and salaried GPs has been a contributing factor to 16 practices closing and 10 mergers since 2013. The GP workforce across the STP is in decline, of between 3% in the Coastal West Sussex area to 15% in Hastings and Rother CCG. In Brighton, nine surgeries (out of an initial total of 44) have closed in the last four years, displacing more than 33,000 patients, and putting extra pressure on already-struggling practices nearby. Brighton has been described in the press as possibly 'the hardest hit town in the whole of the UK?' In Hastings and St Leonards, at one point in the last 12 months 10 out of 14 practices had either closed or capped their patient lists, putting enormous pressure on the remaining practices. In Arun in Coastal West Sussex, three out of six practices have had to cap their lists due to the

closure of a practice of 8,000 patients. The retirement of partners and salaried GPs has been a contribution factor to 16 practice closures and 10 mergers.

● Utilising the GP international recruitment scheme has not delivered the volume of new GPs anticipated. A target of 25 was set for 2018 but only five have been recruited.

OUR SERVICES – KEY FACTS

● Our pathways are often fragmented and there are frequent breakdowns in handoffs between agencies.

● There are delays in people accessing services and therefore may be missing out on timely treatment.

● There is a lack of timely access to effective primary and community services driven by insufficient capacity in primary care and community services.

● Discharge arrangements from acute care is variable, which means patients spend longer than necessary in hospital.

● We are often not meeting our constitutional standards for A&E, Referral – to-Treatment.

● There are gaps in reaching minimum standards of care in such areas as stroke, diabetes and cancer.

● General practice is facing significant issues in workforce with a backdrop of increasing demand
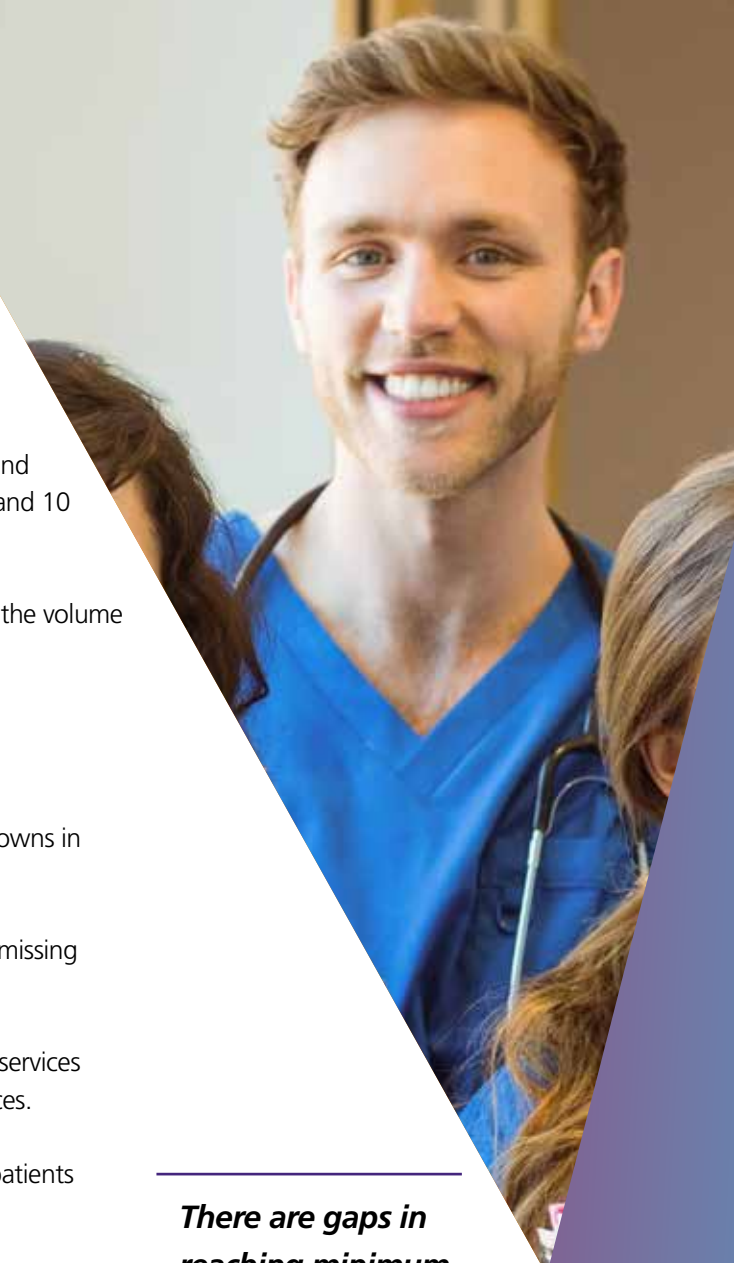
MAIN CHALLENGES:

● Addressing the significant un-warranted variation in MSK, Cardiovascular and falls/ fragility fractures.

● Making a step change in managing flow, stranded and super stranded patients.

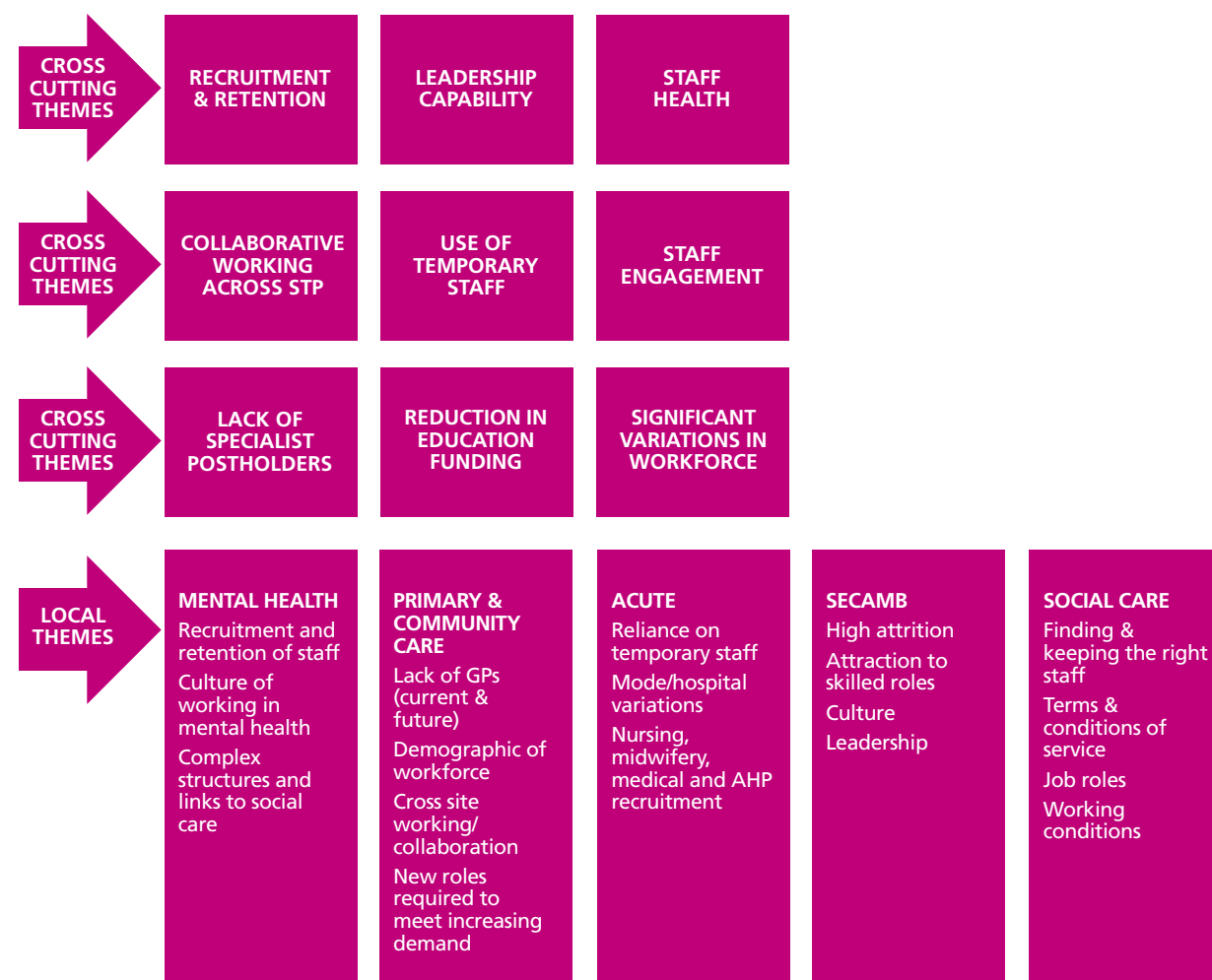● Improving shared decision making.

THE CONSEQUENCE WE OBSERVE:

● Frequent, unnecessary admissions to hospital when patients could be cared for in a different setting.

● Challenge in meeting and maintaining A&E and elective care targets.

There are gaps in reaching minimum standards of care in such areas as stroke, diabetes and cancer.

Our evidence: Our staff

OUR PEOPLE - OUR CHALLENGES

CROSS CUTTING THEMES	RECRUITMENT & RETENTION	LEADERSHIP CAPABILITY	STAFF HEALTH		
CROSS CUTTING THEMES	COLLABORATIVE WORKING ACROSS STP	USE OF TEMPORARY STAFF	STAFF ENGAGEMENT		
CROSS CUTTING THEMES	LACK OF SPECIALIST POSTHOLDERS	REDUCTION IN EDUCATION FUNDING	SIGNIFICANT VARIATIONS IN WORKFORCE		
LOCAL THEMES	**MENTAL HEALTH** Recruitment and retention of staff / Culture of working in mental health / Complex structures and links to social care	**PRIMARY & COMMUNITY CARE** Lack of GPs (current & future) / Demographic of workforce / Cross site working/ collaboration / New roles required to meet increasing demand	**ACUTE** Reliance on temporary staff / Mode/hospital variations / Nursing, midwifery, medical and AHP recruitment	**SECAMB** High attrition / Attraction to skilled roles / Culture / Leadership	**SOCIAL CARE** Finding & keeping the right staff / Terms & conditions of service / Job roles / Working conditions

KEY FACTS
- There are 10,926 headcount staff and 9,375.90 FTE Registered Nursing, Midwifery and Health Visiting Staff across Sussex and East Surrey STP.

- The average retirement age is 59, with 15.38% of staff aged 55 years and over. The staff groups with over 20% of staff aged 55 and over that may be approaching retirement ranges from Registered School Nurses at 31% to Community Services (excl. Health Visitors and District Nurses) at 20.68%.

- The Turnover Rate for all Registered Nursing, Midwifery and Health Visiting Staff ranges from 12.84% in Maternity Services (excl. Registered Midwives) to 20.29% in district nursing.

- In social care there is a significant annual turnover of 26% for registered nurses, which rises to 32% turnover amongst support workers providing direct care in East Sussex.

- Skills for care estimates that in Brighton & Hove, 8.6% of roles in adult social care were vacant, this equates to around 700 vacancies at any one time. This vacancy rate was similar to the region average, at 6.8% and similar to England at 6.6%.

- Difficulty recruiting and retaining substantive mental health nurses and psychiatrists, has led to a sustained and increasing agency spend (in Sussex agency spend in mental health services was £2.6m in 2012/13 rising to £9.8m in 2015/16).

- In June 2017, the SES STP had a shortfall of GPs (FTE) of 193.

- The average level of sickness absence across acute trusts for 2014-15 was just over 4%. Just a 1% improvement in sickness absence equates to £280m in staff costs – without accounting for lower dependence on agency staff and reduced cancellations.

- Spend on temporary staffing continues to increase.

KEY ISSUES:
- We have significant issues relating to workforce and need to ensure we have the right people in the right place at the right time to deliver care.

- Given our demography, we need to rely as much on technology-enabled care as on state funded clinical and domiciliary workforce. There just won't be as many employees available in future as would be needed to provide current services to a larger population with more retired people and not many more working-age citizens.

- We have an inadequate number of mental health posts to meet the needs of our population.

- We need to increase the workforce within Primary Care to support changes to the way we deliver care across the system.

THE CONSEQUENCES WE OBSERVE:
- There is a real risk that we are failing to attract and retain the best talent.

- There is a significant risk to the resilience of services and the sustainability of a workforce.

Difficulty recruiting and retaining substantive mental health nurses and psychiatrists, has led to a sustained and increasing agency spend

Significant elements of the estate are either functionally unsuitable or compromised in the current configuration

Our evidence: Our infastructure

ESTATES
There is a diverse legacy of primary, community and acute provider estate across the STP.

Historically there have been many years of under-investment in estate, which has resulted in non-compliance, high backlog maintenance and inefficient estate with high running costs.

Significant elements of the estate are either functionally unsuitable or compromised in the current configuration.

There is multiple ownership of the estate, which ranges from NHS acute and community provider organisations, GP partners, NHS Property Services, third party commercial landlords, public/private partnerships to local authority partners.

There is a lack of formal lease/licence agreements in place resulting in ambiguity over estates running costs, occupation and utilisation information.

Estates running costs are higher than the national "Carter" benchmark indicators. Key high cost acute sites include the Royal Sussex County Hospital, St Richards Hospital, Worthing Hospital, East Surrey Hospital and Eastbourne District General Hospital. There is also a substantial backlog maintenance requirement across the acute and community estate, with high and significant risk elements exceeding £81million (excluding primary care and NHS Property Services community estate).

DIGITALISATION
Individual Digital Maturity of secondary care providers is broadly in line with national average with evidence of improvement over the past year. However the maturity levels between providers vary significantly.

There is significant variation in technology usage across the STP with limited consolidation of suppliers except for PACS (Picture and Communication System) for Radiology, which represents a significant opportunity.

There is a lack of effective information sharing which presents a significant barrier to implementing new models of care.

Population Health Management and Risk Stratification are fragmented and vary in use and sophistication.

The information governance community is capable and enthusiastic, but capacity is variable and is a limited resource overall.

Clinicians and professionals lack clarity and confidence to support information sharing.

Digital Maturity - Secondary Care

Sussex and East Surrey 2016
Sussex and East Surrey 2017
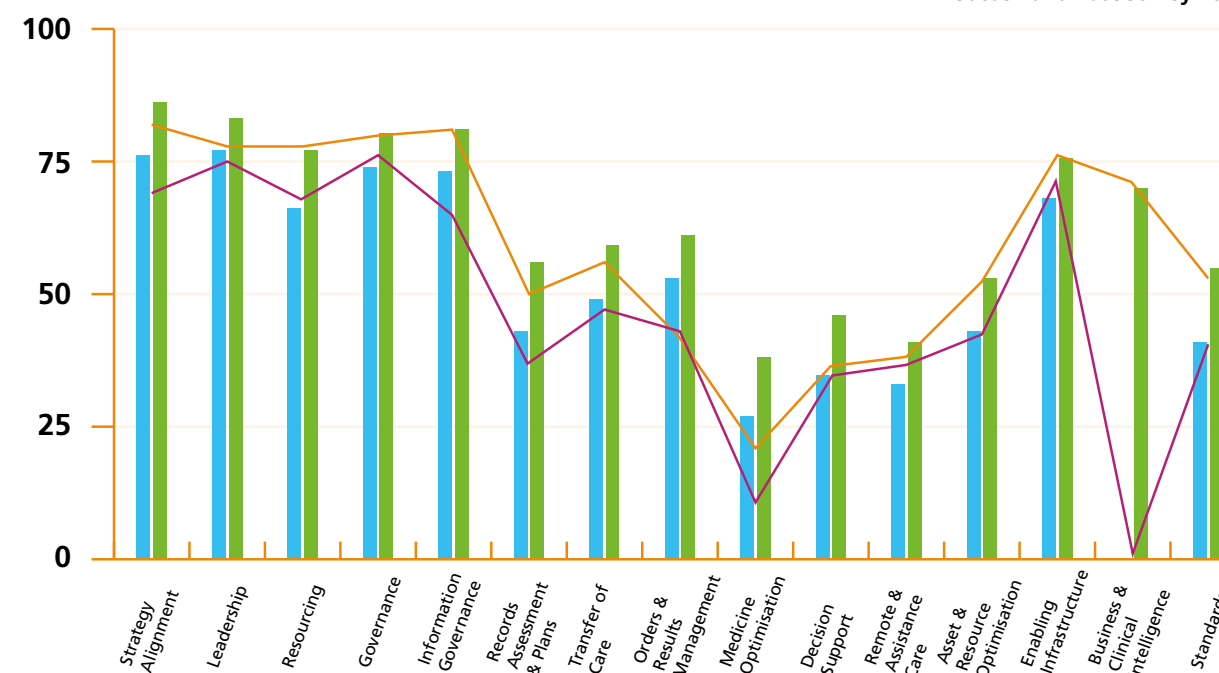
FINANCE
Current situation: The STP covers a wide geographical area and many organisations, with a notable amount of variation in financial performance. In 2017/18, seven out of nine Trusts ended the year in surplus. The two trusts in deficit - East Sussex Healthcare NHS Trust and Brighton and Sussex University Hospitals NHS Trust - are in Financial Special Measures. Of eight CCGs in the footprint, one ended the year in surplus. Overall the combined net deficit (surpluses and deficits added together) for CCGs and trusts was £228.2m. It should also be noted that this figure includes significant amounts of one-off funding, including Sustainability and Transformation Funding, which was released at the end of the year.

2018/19 planning: Control totals (the required surplus/deficit set by regulators) for 2018/19 add up to a total net deficit of £185.8m for CCGs and Trusts, including one-off sustainability funding for providers. An additional £111.6m of commissioner sustainability funding is available to those CCGs that meet their deficit control totals.

Strategic Financial Framework: The STP has a Strategic Financial Framework that sets out the approach to system-wide financial sustainability over a 5-year time horizon. It is comprised of four elements:
● Improving productivity and efficiency

● Delivering the right care to improve value

● Transforming and investing for change

● Improving system contracting/admin

These elements are progressed through 11 STP programme priority areas and supported by four enabling work streams.

The STP five-year financial model brings these aspects together and calculates their combined medium to long-term financial impact, taking account of risk, to allow financial sustainability to be assessed. This is updated iteratively to reflect the progress and evolution of ongoing transformation work, and to allow reassessment of its financial impact.

OUR INFRASTRUCTURE – KEY FACTS
There is a multiplicity of IT system many of which do not communicate to each other.

● We have Information Governance issues.

● There is a significant mismatch between revenue and expenditure.

● We have higher use of acute services that are proportionally more expensive.

● Our community and primary care assets are not optimised or necessarily fit for purpose.

Main challenges:
● The provision of a balanced estate portfolio that is fit for purpose in a constrained capital environment and meets the needs of the population.

● Achieving a sizable reduction in the current deficit position of the STP.

● Rising to the Digital requirements as a priority.

The consequence we observe:
● Duplication in processes.

● Inability to maximise use of technology for patient benefits.

Our community and primary care assets are not optimised or necessarily fit for purpose.

Our priorities

The evidence presented in the Population Health Check naturally leads to the following priorities.

● Addressing capacity and demand

● Tackling unwarranted clinical variation

● Focussing on workforce

● Moving to a people centred value based system

● Reducing the financial deficit

We need to deliver value across our STP i.e. the best outcomes for the individual and for our population within the available resources. This includes doing less of things that add little or no value to patients. This includes reducing the over – medicalisation of care.

This requires:
1. The development and implementation of a clear workforce and capacity strategy, which will address the short-term and long term (future-proofing) crisis in relation to the number of staff and skills.

2. Improving shared decision making i.e. more active involvement with well-informed patients and developing and using standardised outcome measures that are more relevant to patients (such as the impact on their functional status and wellbeing).

3. Leading the reframing our cultural norms, so that making the right choice in relation to lifestyle changes, is the easy choice. This includes putting initiatives, such as "Making Every Contact Count" and healthy eating, into relevant contracts to deliver the highest standards of work-based health.

4. Recognising unwarranted clinical variation and addressing it. We can achieve this through the combination of Right Care, Clinically Effective Commissioning and Getting it Right First Time (GIRFT) all of which describe key clinical areas where Quality Improvement is required.

● Reduced productivity.

● We cannot afford to continue to pay for services at the current rate.

5. Reducing A&E attendances through ensuring the resources are available to support patients nearer home, including addressing fragmented pathways, gaps in service availability, communication across services, mental health support and digital shortfalls which block shared access to information. Make navigating the system easy for the public and encourage the development of advance and anticipatory care plans which are accessible to all who need to see them.

Next steps

We need to develop a clinical strategy which delivers "best value" and patient centred care.

PERSON CENTRED APPROACHES FRAMEWORK (SKILLS FOR HEALTH/SKILLS FOR CARE/HEALTH EDUCATION ENGLAND)
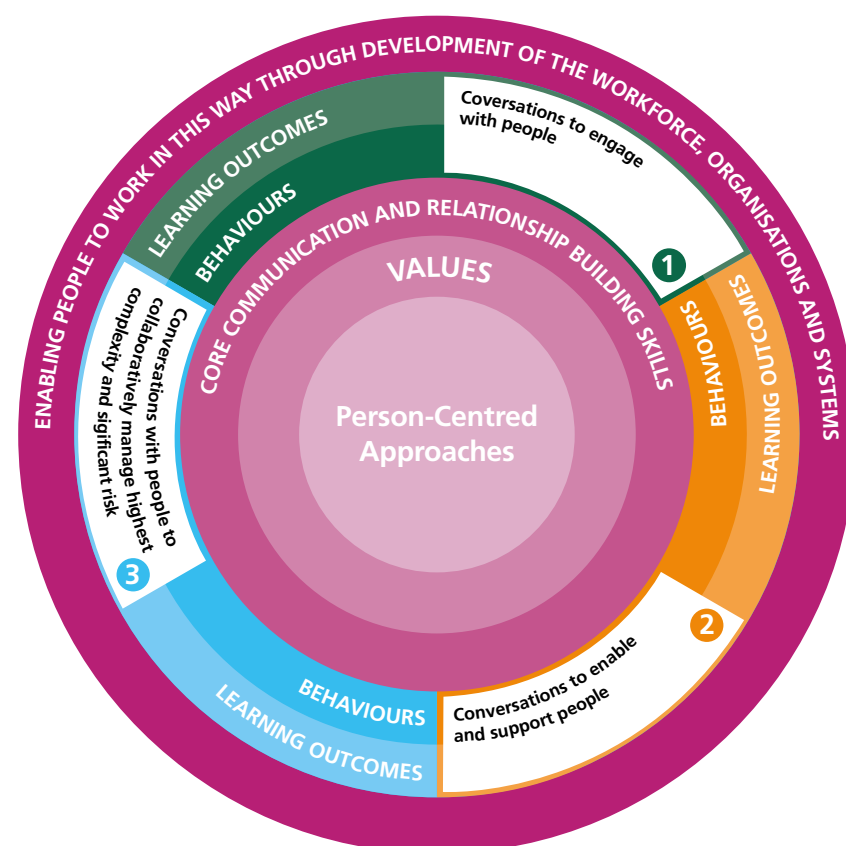
WE NEED TO DEVELOP A CLINICAL STRATEGY WHICH IS FUTURE PROOFED

On a local level Sussex and East Surrey is facing significant challenges in providing sustainable care for its population. These challenges include financial pressures as well as workforce recruitment and retention shortfalls. Much of this Population Health Check describes variation in consumption of healthcare, through variation in referral from primary care, through to differences locally to peers in secondary care intervention,

length of stay and bed occupancy (note the Carnell Farrar data and information provided by Rightcare), and the consequent opportunity this affords the STP. This provides both the immediate case for change and the initial targets.

Eric Topol is conducting his review with Health Education England for the Secretary of State on how technology will impact care and the training of carers. This review builds on Facing the Facts, Shaping the future (Health Education England, December 2017) and starts with acknowledging that the pace of development of genomics, digitisation and data analytics, machine learning and AI, biotech, nanotech and robotics is game changing.

An empowered and more digitally aware and competent population will demand at the least that the medical information known about them is recorded in a way that promotes their care. We already see both the success and acceptability of care records that can be read by paramedics, primary care and the emergency department. Advanced care decisions that are not paper based and don't need to be sought and transferred with the patient from the nursing home out of hours with a high chance of loss is acceptable to the public and to staff. In fact it is probably already more acceptable than the unreliable paper based norm. We already see the common theme of complaint of people being asked repeatedly, by a succession of carers for the same information. This is probably a basic and the advantage in reducing conveyance, reducing harm and reducing length of stay has been demonstrated.

Beyond this people will increasingly expect a better offering, more tailored to them as an individual, responsive when they need it not batched for provider convenience. Again, within this STP, there are models of care that are not face to face and are IT-enabled. These have reduced out-patient attendance, crowding in waiting rooms, and cost (e.g. Digital virtual clinics for people living with inflammatory bowel disease and Virtual Fracture Clinics in BSUH). Importantly they have left patients feeling better supported and better able to manage their long term conditions and stay motivated in their recovery. They provide a digital relationship and connection to clinicians and healthcare professionals more suited to the always on expectations of our digital selves.

The importance of the digital agenda has been underlined by the Prime minister in her Macclesfield speech. The Office for Life sciences (OLS) has issued a variety of challenges and at the present time there are open calls for a second wave of digital and Internet of Things (IOT) test beds, industrial strategy challenge funding, ageing grand challenges, an active

An empowered and more digitally aware and competent population will demand at the least that the medical information known about them is recorded in a way that promotes their care.

Brighton ranked particularly strongly in its innovation for data, virtual reality, health and artificial intelligence despite being relatively smaller than its competitors

call for new Collaborations of Leadership in Applied Health Research and Care (this time badged as Applied Research Collaborations). All of these calls have tens of millions of pounds available to demonstrate new ways of working, drawing on modern and forward-facing technology, that deliver improved outcomes with a different kind of workforce. All require scalability and all require a legacy to be left locally.

Our STP contains a medical school, two universities, thoughtful and effective collaborations between health and social care, between academia and industry and care. It has an abundance of small and medium enterprises with Brighton & Hove ranked fourth in a new index highlighting the size and success of digital industries around the country and their potential for growth. Brighton ranked particularly strongly in its innovation for data, virtual reality, health and artificial intelligence despite being relatively smaller than its competitors. It has a strong record of research and of education. It is bracketed by two STPs with similarly strong records of new models of care (Kent vanguard, Surrey wave one Internet of Things test bed). Its hospitals already connect digitally around imaging and diagnostics.

We also should not miss the link that investment in the local economy improves job prospects, affluence and helps mitigate the impact that poverty has on the health and wellbeing of our local population. There are strong digital and IT economic sectors already in our local economies with around 25% of Brighton & Hove's economy is in the Creative Digital and IT sector which has seen 40% growth over the past 5 years, with strong academic relationships through the Digital Catapult and one of the first 5G testbeds in the country.

In our quest to drive out waste and address historic financial over spend, which is urgent, we will take the opportunity to work on models of care that put our people at the heart of new pathways. We must not lose sight of this.

WE NEED TO DEVELOP A CLINICAL STRATEGY WHICH IS CLEAR ON THE OPTIMAL POPULATION SIZE TO LEAD DELIVERY
Some of the changes needed will be led and delivered locally, supported by the STP as the direction of travel. A few will be led by the STP organisations together, providing that adds value and does not duplicate local work.

E - REGIONAL & EMERGENCY SYSTEM - ≈4.5M

D - CLINICAL & DIAGNOSTIC NETWORKS - ≈2.5M

C - STP/SYSTEM WIDE - ≈1.75M

B - PLACE BASED CARE COMMUNITY - ≈500K

A - LOCAL COMMUNITY TEAM - ≈30-50K
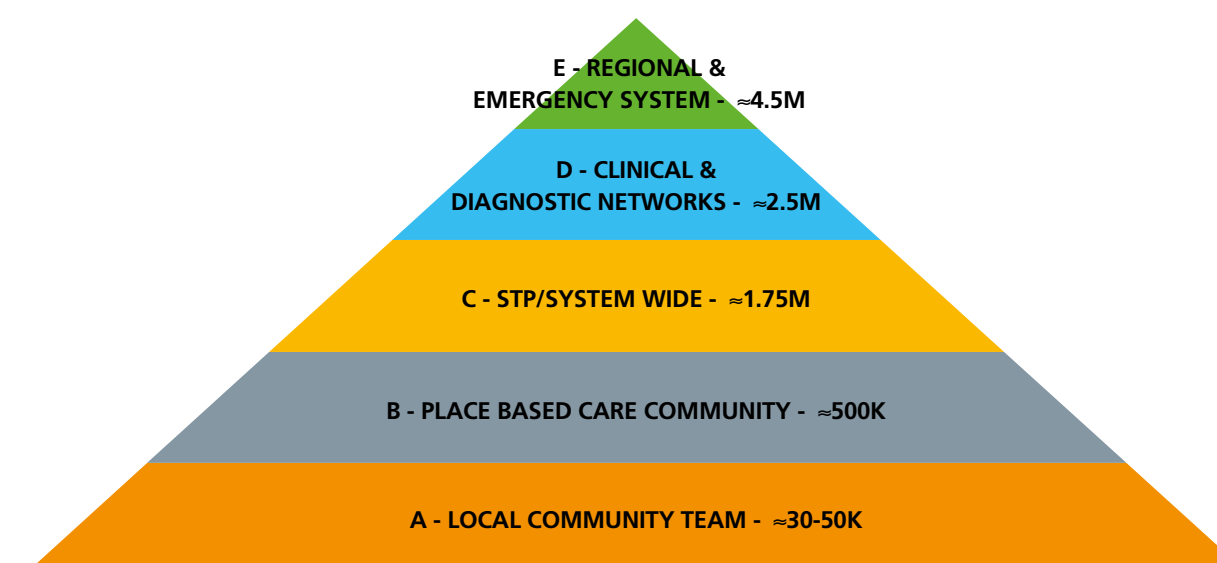
BUSINESS LANDSCAPE

National Engagement	Emergency System	Partner Support	Regional & Emergency System (E)
Surrey & Sussex Cancer Alliance	Regional Diagnostics Alliance	Population Health Intelligence	Clinical & Diagnostic Networks (D)
Operational Delivery Networks	Population Health Management	Integrated Care/ wider system pathways	STP/Urgent Care System (C)
Expert Opinion & Diagnostics	Capacity Planning & Coordination	Integrated Urgent & Emergency Care	Place Based Care Community (B)
Prevention & Self Management	Patient Identification & Care Planning	MDTs	Local Community Team (A)

LOCAL COMMUNITY TEAM 30-50K

Prevention & Self Management	Patient identification & care planning	Multi-disciplinary Teams
● Falls prevention ● Social prescribing ● Health coaching ● Building knowledge & changing behaviours ● Support for people to manage their long term condition	● Identifying frail & vunerable patients ● Developing and implementing care plans	● Care coordination ● Reablement ● Bringing integrated Health and Social Care into the home

PLACE BASED CARE COMMUNITY ≈500K

Expert Opinion & Diagnostics	Capacity Planning & Coordination	Integrated Urgent & Emergency Care
● Timely diagnostics ● Access to expert opinion ● Timely assessment	● Demand & Capacity Planning ● Transitions of care & patient flow ● Mental health liaison ● Social care coordination ● Community & capacity development	● A&E coordination ● See and Treat ● Rapid response ● Single Point of Access ● Telecare/health

STP/WIDER SYSTEM ≈1.7M

Operational Delivery Networks and clinical networks	Population Health Management	Integrated Care/wider system pathways
● Trauma ● Maternity ● Vascular ● Burns ● Clinical networks: specialist cardiology, cardiac surgery, renal dialysis, and paediatric surgery	● Population health planning ● research and Evaluation ● Provider and collaboration	● 111 Service ● UEC ● Mental Health ● Capacity (3Ts) ● Clinical variation ● Maternity

CLINICAL & DIAGNOSTIC NETWORKS ≈12.5

Clinical & Diagnostic Networks	Population Health analytics
● Surrey & Sussex Cancer Alliance ● Radiology Network ● Pathology ● South East Clinical Networks	● Sussex & Surrey Integrated Dataset ● Research and Evaluation

REGIONAL & ≈1.7M

National Engagement	Emergency System	Partner Support
● NHS England ● NHS Improvement ● NHS Digital ● Specialist Commissioning	● 999 & Ambulance Service ● care Plan Sharing service	● HEE KSS ● KSS AHSN ● NIHR Clinical Research Network KSS ● South East Coast Clinical Senate

THE PROCESS OF DEVELOPING THE CLINICAL STRATEGY (ADDED POST SIGN OFF. STP EXEC GROUP AGREEMENT)

The Population Health Check provides the rationale for addressing certain themes as priorities; it does not attempt to offer solutions.

In order to achieve that, we will now:

● Develop a public-facing version of the report, which will include graphics and a visual explanation of the report for the open section of Boards and Governing Bodies.

● Draft an engagement and communication strategy in order to ensure we are engaging at the earliest opportunity on how to address the themes identified.

● Our Medical Directors and Chief Nurses will be discussing the report more widely internally with their clinical colleagues and with their Executive leads.

● We will be ensuring that co-dependent strategies, such as workforce, digital technology, estates etc. are aligned with the Population Health Check and the developing Clinical Strategy.

● Develop a plan to deliver a Clinical Strategy within six months. This Clinically-led Strategy will describe how we will be moving forward on delivery of the priorities at pace.

● Have had an opportunity to contribute to its development.

● Agree with the Population Health Check, including the next steps.

● Are committed to championing the Population Health Check and contributing to the development and delivery of the resulting Clinical Strategy.

This Clinically-led Strategy will describe how we will be moving forward on delivery of the priorities at pace.

Agreement from the Core members of the STP Clinical and Professional Cabinet

We would like to formally confirm our support for this Population Health Check. We confirm that we:

● Have had an opportunity to contribute to its' development

● Agree with the Population Health Check, including the next steps

● Are committed to championing the Population Health Check and contributing to the development and delivery of the resulting Clinical Strategy

Name	Title	Organisation	Date agreed
Minesh Patel	Clinical Chair (Co-chairperson)	NHS Horsham and Mid Sussex CCG	25/09/2018
Peter Larsen-Disney	Clinical Director of 3Ts (Co-chairperson)	Brighton and Sussex University Hospital NHS FT	20/08/2018
Rob Haigh	Medical Director	Brighton and Sussex University Hospitals NHS Trust	14/09/2018
George Findlay	Chief Medical Officer/ Deputy CEO	Brighton and Sussex University NHS Trust and Western Sussex Hospitals NHS FT	02/10/2018
David Supple	Clinical Chair	NHS Brighton and Hove CCG	05/09/2018
Gill Galliano	Acting Lay Chair	NHS Coastal West Sussex CCG	02/10/2018
Laura Hill	Clinical Chair	NHS Crawley CCG	05/09/2018
Elango Vijaykumar	Clinical Chair	NHS East Surrey CCG	25/09/2018
Martin Writer	Clinical Chair	NHS Eastbourne, Hailsham and Seaford CCG	02/10/2018
David Warden	Clinical Chair	NHS Hastings and Rother CCG	13/09/2018
Elizabeth Gill	Clinical Chair	NHS High Weald Lewes Havens CCG	25/09/2018

David Walker	Medical Director	East Sussex Healthcare NHS Trust	22/08/2018
Ed Pickles	Medical Director	Queen Victoria Hospital NHS FT	17/09/2018
Karen Eastman	Clinical Lead for Unwarranted Clinical Variation	SES STP	12/09/2018
Fionna Moore	Medical Director	South East Coast Ambulance Services NHS FT	29/08/2018
Des Holden	Medical Director	Surrey and Sussex Healthcare NHS Trust	02/10/2018
Richard Quirk	Medical Director	Sussex Community NHS FT	13/09/2018
Rick Fraser	Consultant Psychiatrist and Chief Medical Officer	Sussex Partnership NHS FT	30/08/2018
Justin Wilson	Chief Medical Officer	Surrey and Borders Partnership NHS Trust	09/10/2018
Sue Marshall	Executive Chief Nurse	Sussex Community NHS FT	13/09/2018
Jonathon Warren	Chief Nurse	Surrey and Borders Partnership Trust	22/08/2018
Liz Mouland	Chief Nurse and Director of Clinical Standards	First Community Health and Care	21/08/2018
Patricia Brayden	Medical Director	St Catherine's Hospice, Crawley	31/08/2018
Andrew Catto	Medical Director	IC24	31/08/2018
Alison Taylor	Deputy Medical Director	NHSE	29/08/2018
Allison Cannon	Chief Nurse	STP Commissioners	28/08/2018
Karen Devanny	Chief Nurse and Director of Quality	CSESCA	12/09/2018
Guy Boersma	Managing Director	KSS AHSN	17/09/2018
Michael Bosch	RCGP STP Ambassador and Alliance for Better Care GP Federation	Alliance for Better Care GP Federation	20/08/2018
Anna Raleigh	Director of Public Health	WS CC-Evidence: Our Population and Demographics	18/09/2018
Richard Brown	Medical Director	S&SLMCs	20/09/2018

Agreement from the Core members of the STP Clinical and Professional Cabinet

We would like to formally confirm our support for this Population Health Check. We confirm that we:

● Have had an opportunity to contribute to its development

● Agree with the Population Health Check, including the next steps

Name	Title	Organisation	Date agreed
Lawrence Goldberg	Chair	South East Clinical Senate	20/08/2018

Contribution list

List of colleagues who have received and have been given the opportunity to contribute to the Population Health Check so far

Bob Alexander	STP Executive Chair	SES STP
Bruce Allan	GP	Worthing Medical Group
Sam Allan	Chief Executive	SPFT
Helen Atkinson	Executive Director of Public Health and Head of Adult services	Surrey County Council
Michael Bailey	STP workforce Project lead	SES STP
Gaynor Baker	STP Estates Lead	SES STP
Paul Bennett	Delivery and Improvement Director	NHSI (SE)
Sarah Billiard	Chief Executive	First Community Health and Care
Michael Bosch	RCGP STP Ambassador and Alliance for Better Care GP Federation	Alliance for Better Care GP Federation
Guy Boersma	Managing Director	KSS AHSN
Patricia Brayden	Medical Director	St Catherine's Hospice, Crawley
Karen Breen	TP Programme Director	SES STP
Richard Brown	Medical Director	Surrey and Sussex LMC
Jessica Britten	Chief Operating Officer	ESBT
Adrian Bull	Chief Executive	ESHT
Allison Cannon	Chief Nurse	STP Commissioners
Andrew Catto	Medical Director	IC24
Jacqueline Clay	Principal Manager	West Sussex Public Health and Social Research Unit
Karen Devanny	Chief Nurse and Director of Quality	CSESCA
Sarah Doffman	Chief of Medicine	Brighton and Sussex University Hospital NHS FT
Adam Doyle	Accountable Officer	CSESA and CWS CCG
Karen Eastman	Lead for Unwarranted Clinical Variation	SES STP

Fiona Edwards	Chief Executive	Surrey and Borders NHS Trust
Amanda Fadero	Director	Coastal Care
George Findlay	Chief Medical Officer/ Deputy CEO	Brighton and Sussex University Hospitals NHS Trust Western Sussex Hospitals NHS FT
Pennie Ford	Director of Assurance and Delivery	NHSE (SE)
Rick Fraser	Consultant Psychiatrist and Chief Medical Officer	Sussex Partnership NHS FT
Darrell Gale	Director of Public Health	East Sussex County Council
Elizabeth Gill	Clinical Chair	NHS High Weald Lewes Havens CCG
Rachel Gill	Consultant in Public Health	Surrey County Council
Lawrence Goldberg	Chair	South East Clinical Senate
Marianne Griffiths	Chief Executive	WSHT and BSUH
Tom Gurney	Communications Lead	SES STP
Rob Haigh	Medical Director	Brighton and Sussex University Hospitals NHS Trust
Des Holden	Medical Director	Surrey and Sussex Healthcare NHS Trust
Laura Hill	Clinical Chair	NHS Crawley CCG
Jackie Huddleston	NHS England – South East (Kent, Surrey, Sussex)	NHS England – South East (Kent, Surrey, Sussex)
Caroline Huff	Clinical Programme Director	SES STP
Steve Jenkin	Chief Executive	QVH
Maggie Keating	STP UECN Senior Programme Manager	SES STP
Peter Kottlar	Chief Operating Officer	East Surrey CCG (CSESA)
Peter Larsen-Disney	Clinical Director of BSUH 3Ts and Co-chairperson of the SES STP Clinical and Professional Cabinet	Brighton and Sussex University Hospital NHS FT
David Lipscomb	Chair Diabetes Oversight Group Sussex and Surrey STP	SCFT
Hugo Luck	Associate Director of Operations	HWLH CCG and CSESA (S)
Nick Lake	Deputy Medical Director	SPFT
Vaughan Lewis	Medical Director Specialised Commissioning NHS South	NHSE
Susan Marshall	Chief Nurse	Sussex Community NHS FT
Siobhan Melia	Chief Executive	SCFT
Alistair Hill	Director of Public Health	BH City Council
Fionna Moore	Medical director South East Coast Ambulance Services	NHS FT

Ralph McCormack	Programme Director – Commissioning Programmes	STP
Liz Mouland	Chief Nurse and Director of Clinical Standards	First Community Health and Care
Minesh Patel	CCG Clinical Chair and Co-chairperson of the SES STP Clinical and Professional Cabinet	NHS Horsham and Mid Sussex CCG
Maggie Patching	Workforce Transformation Lead	HEKSS
Amanda Philpott	Accountable Officer	HR CCG and EHS CCG
Ed Pickles	Medical Director	Queen Victoria Hospital NHS FT
Mark Preston	Director of Organisational Development & People	SASH
Richard Quirk	Medical Director	Sussex Community NHS FT
Anna Raleigh	Director of Public Health and co-ordinating lead for SES STP DsPH input	West Sussex CC
Rosalind Ranson	Primary Care Lead	IC24
Nicola Rosenberg	Public Health Consultant	BH CC
Paul Simpson	Chair	SES STP Finance Group
Ashley Scarff	Director of Commissioning & Deputy Chief Officer	HWLH CCG
Sam Stanbridge	Director of Commissioning	East Surrey CCG (CSESA)
Su Stone Clinical chair	NHS Coastal West Sussex	CCG
David Supple	Clinical Chair	NHS Brighton and Hove CCG
Alison Taylor	Deputy Medical Director	NHSE
Tim Taylor	Medical Director	Western Sussex Hospitals NHS FT
Sarah Valentine	Strategic Director of Contracting & Performance	Sussex & East Surrey CCGs
David Walker	Medical Director	East Sussex Healthcare NHS Trust
David Warden	Clinical Chair	NHS Hastings and Rother CCG
Jonathan Warren	Chief Nurse	Surrey and Borders Partnership Trust
Mark Watson	Digital Programme Manager	SES STP
Justin Wilson	Chief Medical Director	Surrey and Borders Partnership NHS FT
Michael Wilson	Chief Executive	SASH
Martin Writer	Clinical Chair	NHS Eastbourne, Hailsham and Seaford CCG
Elango Vijaykuma	Clinical Chair	NHS East Surrey CCG

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