Brighton and Sussex University Hospitals NHS Trust

Meeting of the Board of Directors

10:00am to 12:00pm on Wednesday 31 January 2018
Boardroom, St. Mary's Hall, Royal Sussex County Hospital

AGENDA – MEETING IN PUBLIC

1.	10:00	**Welcome and Apologies for Absence**		Chair
2.	10:00	**Declarations of Interests**		All
3.	10:00	**Minutes of Board Meeting held on 29 November 2017** To approve	Enclosure	Chair
4.	10:05	**Matters Arising from the Minutes** To note	Enclosure	Chair
5.	10:10	**Chief Executive's Report** To receive and agree any necessary actions	Enclosure	MG
		PERFORMANCE		
6.	10:25	**Quality Report** To note and agree any necessary actions	Enclosure	GF NR
7.	10:35	**Organisational Development and Workforce** To note and agree any necessary actions	Enclosure	DFa
8.	10:45	**Performance Report** To note and agree any necessary actions	Enclosure	PL
9.	10:55	**Financial Performance Report** To note and agree any necessary actions	Enclosure	KG
		PATIENT SAFETY / EXPERIENCE ITEMS		
10.	11.05	**Patient Experience Report** To note and agree any necessary actions	Enclosure	NR
		OTHER ITEMS		
11.	11.25	**Use of Trust Seal** To note	Enclosure	AG
12.	11.30	**Board Assurance Framework (Draft Q3)** To note and agree any necessary actions	Enclosure	AG
13.	11.40	**Any Other Business**	Verbal	Chair

14.	11.50	**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
15.	11.50	**Date of Next Meeting** The next meeting in public of the Board of Directors is scheduled to take place in the Boardroom at St Mary's Hall, Royal Sussex County Hospital, Eastern Road, Brighton on 28th March 2018.	Verbal	Chair
16.	11.50	**Close of Meeting**		Chair
17.	11.50	**Questions from members of the public** Following the close of the meeting there will be an opportunity for members of the public to ask questions about the business considered by the Board.	Verbal	Chair

Andy Gray
Director of Corporate Governance

NHS
Brighton and Sussex University Hospitals
NHS Trust

Minutes

Minutes of the Board of Directors (Public) meeting held on 29th November 2017 at 9.00 in the Boardroom, St Mary's Hall, Royal Sussex County Hospital

Present:

Mike Viggers	Chairman and Non-Executive Director
Kirstin Baker	Non-Executive Director
Joanna Crane	Non-Executive Director
Mike Rymer	Non-Executive Director
Martin Sinclair	Non-Executive Director
Patrick Boyle	Non-Executive Director Advisor
Jon Furmston	Non-Executive Director Advisor
Lizzie Peers	Non-Executive Director Advisor
Marianne Griffiths	Chief Executive
George Findlay	Chief Medical Officer
Evelyn Barker	Managing Director
Denise Farmer	Chief Organisational Development and Workforce Officer
Karen Geoghegan	Chief Finance Officer
Pete Landstrom	Chief Delivery and Strategy Officer
Nicola Ranger	Chief Nursing and Patient Safety Officer

In attendance:

Andy Gray	Corporate Governance Director
Debbie Fillery	Child Safeguarding Lead (for Item 6.23)
Lee Martin	Chief Operating Officer
Sally Reeves	Assistant Board Secretary

GENERAL BUSINESS

PB11/17/1 Welcome and Apologies

1.1 The Chair welcomed Lee Martin, new Chief Operating Officer, to the meeting.

1.2 Apologies were received from Professor Malcolm Reed and Graham Hodgson.

PB11/17/2 Declarations of interest

2.1 There were no declarations of interest.

PB11/17/3 Minutes of Previous Meeting

3.1 The minutes of the meeting held on 27th September 2017 were approved as a correct record.

PB11/17/4 Matters Arising

4.1 The matters arising were noted.

4.2 The Acuity and Dependency Review and the metrics for the Leadership and Culture Programme will be presented at the January Board meeting. **NR DF**

4.3 The Infection Control seminar that was due to be held yesterday will be rescheduled in the new year. **AG**

PB11/17/5 Chief Executive's Report

5.1 Marianne Griffiths introduced her report and highlighted key areas:

5.2 **Progress on HIV**
World Aids Day is approaching on 1st December and Marianne paid tribute to the Sexual Health Team in Brighton for their remarkable work in the organisation in promoting positive sexual health. The team has reached the World Health Organisation's 90 90 90 targets (90% of HIV infected people tested, 90% in treatment and 90% with undetectable levels of HIV in their bloodstream) and they have now set themselves a zero target: zero new infections, zero HIV related deaths and zero HIV stigma. The team has also featured in the press recently as they were the first to raise the alarm of the deliberate spreading of HIV in the city. They are a credit to the organisation.

5.3 **Staff engagement**
Marianne thanked staff for their efforts in responding to the staff survey. Completion numbers are improving: we are currently at 48% and hoping to reach 50% by the deadline of 1st December.

5.4 Patient First awareness events continue to run across the Trust and the feedback received has shown a real enthusiasm amongst the staff to support and make improvements in patient care.

5.5 After a brief interlude, the Employee of the Month award has been reinstated with the Executive Team visiting different departments across the Trust to present the winners with certificates.

5.6 **Ministerial visit**
The Minister of State for Health, Philip Dunne MP, visited the Royal Alexandra Children's Hospital and the County's A&E Department at the end of October. Marianne thanked Evelyn Barker, Managing Director, who hosted that day and the staff who participated at short notice in the open discussion. At the end of his visit the Minister said the meeting had been constructive and he was pleased to learn about the improvements to ED and the new leadership appointments that are supporting the continued improvement of services.

5.7 **Senior appointments**
Marianne welcomed Lee Martin, Chief Operating Officer, and Dr Rob Haigh, Medical Director, both of whom joined the team last month and will be joining Board meetings in the future.

5.8 **Trust awards**
It has been a good week for the Trust: the Health Service Journal Awards took place last week, attended by Marianne and Pete Landstrom together with the County ED team who were highly commended. The Royal Alexandra Children's Hospital HDU team and the County's theatre team were also shortlisted for the Nursing Times Awards held last month.

5.9 **Flu campaign**
The results of the flu campaign are encouraging and show that to date 43% of all front line staff have been vaccinated. The drop-in sessions and encouragement to take up the vaccination are continuing.

5.10 **Upgrade works at Princess Royal A&E**
Improvement works at the PRH A&E Department are underway. The £1m investment will bring significant benefits to patients who need urgent treatment at the hospital.

5.11 The Chair thanked the Chief Executive for her report and commended the Sexual Health Team on their achievements. He added that the work to upgrade the Princess Royal A&E is feeling very positive.

PERFORMANCE

PB11/17/6 Quality Report

6.1 George Findlay introduced the Quality Report and the scorecard which had been omitted from the original papers and would be circulated after the meeting. **AG**

6.2 George drew attention to Section 2 of the report which gives an overview of key quality objectives and highlighted the Safety Thermometer and Friends and Family Test which are both green, although the aim is to improve performance in Friends and Family and Mixed Sex Accommodation breaches.

6.3 The latest mortality rates in the report are for August 2017 and show 5.41% for our population. This has been decreasing since December and was 6.4% for 12 months in 2016. The Hospital Standardised Mortality Ratio (HSMR) shows 96.4, which is better than predicted and the Summary Hospital-Level Mortality Indicator (SHMI), which is used as well as the HSMR, is currently 97.3%.

6.4 George advised that he would bring to the next Board meeting an update and quarterly report on Learning from Deaths. All deaths currently undergo first stage review and any concerns escalated to second stage review. There is an intention to move back to the Dr Foster database which is slightly bigger than the existing one and will deliver consistency between the two Trusts.

6.5 The Chair stated that he found it conflicting to work across the three mortality metrics and asked for confirmation of the national standard (outlined above) and the one we should adopt to assess Trust performance. **GF**

6.6 The Chair pointed out that Mortality was below the national standard, but is increasing and asked about the Out of Hospital mortality ratio in relation to SHMI. George responded that there was a similar situation in WSHT and that there were issues around recognising and managing patients at end of life. As part of the True North objective for lowest mortality, meetings are being held with teams around improvement projects and care of deteriorating patients. The national theme is something that needs more work.

6.7 The Chair Stated that whilst mortality is below expectations, it has increased and we need to understand the Out of Hospital SHMI to ensure our discharge processes are as robust as possible.

6.8 Mike Rymer asked whether 30-day deaths out of hospital were included for mortality reviews and George confirmed that currently they were not. There is a new process which is ongoing, working with CCGs and within the local economy.

6.9 Jon Furmston and Lizzie Peers asked whether there were any trends or

concerns in the BSUH data and why BSUH appeared to be more acute than other Trusts over winter. In response, George said that we were unable to tell from the aggregate data at this point, but agreed that it was something to watch in the future.

6.10 Nicola Ranger gave a brief overview on Safety and Patient Experience:

- **Serious Incidents Requiring Investigation (SIRI)**: some SIRIs had been downgraded and we are awaiting a response from the coroner regarding the patient who ingested cleaning fluid.
- **Infection Control**: cleaning is an issue currently and we are putting considerable efforts into making improvements. Following the norovirus outbreak, only one ward remains closed.
- **Pressure ulcers**: the figures show a deterioration, which is the same as at WSHT and reflects the national picture. We are focusing on pressure care prior to admission to hospital and working with Maggie Davies, Nursing Director in WSHT to see if there is anything we can apply as this is a national concern.
- **Complaints**: Rob Haigh and Nicola had met with three patients who had made complaints and listened to them talking about their care. The patients appreciated the opportunity to share their concerns and the meetings were recorded (with the patients' consent).

6.11 **ACTION** – Additional data around pressure ulcers and lower grade occurrences to be included in the Quality Report from February 2018. **NR**

6.12 In response to Joanna Crane's request for an in-depth report on the SIRIs, Nicola advised that she has the in-depth analysis to hand and would be happy to answer any particular concerns during the Private section of the Board meeting due to that report containing patient identifiable data.

6.13 **ACTION** – SIRI report to go to Private Board meetings monthly commencing in January 2018. **NR**

6.14 Patrick Boyle asked about the possibility of improving response rates for the Friends and Family questionnaire. Nicola advised that there are questionnaires in Outpatients and Maternity, but currently there is no reliable system other than paper to gather feedback. However, Nicola is in the process of working on a new system.

6.15 With regard to cleaning, Kirstin Baker asked whether there was an issue around staff engagement. Nicola reported that there were initial concerns, but we also should bear in mind that the RSCH is not an easy estate to clean. The cleaning response is being monitored once a concern is raised about a ward or department, and the cleaning teams have been very engaged and responsive. Nicola believes the nursing staff should be encouraged to include the cleaning staff as a vital part of the overall team.

6.16 Marianne Griffiths confirmed that it was agreed at the Trust Executive Committee to have a focus in January to raise the profile of the Estates and Cleaning teams. Marianne acknowledged that the site is a challenge, especially with the ongoing building work, but also recognised the importance of increasing the morale of the Estates team and she fully supports Nicola in this work. She added that the plan was for each of the Executives to 'buddy' with a directorate, with the aim of addressing the shortfalls and high vacancy rates, but also to increase awareness and appreciation of the teams.

6.17 With regard to Mixed Sex Accommodation breaches, Joanna Crane asked

for the reason behind the increase in September when we were trying to minimise the numbers. Evelyn Barker responded that the breaches were due to pressures of having beds closed, particularly during the norovirus outbreak. Marianne added that numbers are expected to be high and bed occupancy stretched for some time as we are currently 130 beds short in Brighton. Assurance was given that everything possible is being done to maintain privacy for the people affected, acknowledging that it is not an acceptable solution and there is continued focus on this area. The Chair agreed that ensuring the dignity and privacy of patients is paramount.

6.18 The Board **NOTED** the Quality Report.

6.19 The CQC update and action plan to be brought to the January 2018 meeting. **NR**

Learning from Deaths

6.20 George Findlay introduced the formal Trust policy which has been through TEC and was fully supported. Following Board approval the policy will also be published on the public facing website.

6.21 Joanna Crane pointed out that there was no mention in the policy of a cross-Trust forum for sharing learning. George responded that governance and information sharing would be discussed later today. A quarterly report would be brought to the Board. **GF**

6.22 The Board **APPROVED** the Learning from Deaths Policy.

Safeguarding Children Annual Report 2016/17

6.23 Nicola Ranger introduced Debi Fillery, Child Safeguarding Lead at BSUH, who presented her annual report and highlighted some key statistics:

- BSUH covers Brighton & Hove as well as West Sussex due to the location of the Princess Royal Hospital. There are currently 380 children with Child Protection Plans in Brighton & Hove, making the city the tenth worst in the country, a reflection of the population and prevalent social problems. At BSUH children are seen in four different A&Es, the majority at the Royal Alexandra Children's Hospital Emergency Department. Between 1,800 and 3,000 children are seen in a month, with 500 to 700 of those seen per month at PRH.
- The Safeguarding team works closely with the Mental Health Liaison Team based in the RACH. In the last two years 716 young people have been seen for mental health assessments.

6.24 As part of the Children Act 2004 section 11 audit which is due to be undertaken next year, the Safeguarding Team will undergo inspections, similar to CQC, which will include a deep dive into a particular topic which is currently Neglect.

6.25 Training figures within the team are below the target of 90%, but are improving and are currently in the high 70 or low 80%. Key relevant topics are child sexual exploitation and modern slavery.

6.26 Debi drew the Board's attention to The Truth Project which is coming to Brighton in January 2018 and gives survivors of historical abuse the opportunity to talk about how professionals helped them through their experiences.

6.27 The Child Protection Information Service is a national flagging system for 'looked after' children. Debi reported that the system currently uses Smart cards and is in need of an upgrade with some input from IT.

6.28 The Chair thanked Debi on behalf of the Board for her comprehensive report and acknowledged the difficult and challenging role that she had.

6.29 Mike Rymer's question regarding the level of access to safeguarding advice and support at PRH due to the size of the team prompted a discussion around training and the general agreement that safeguarding is the responsibility of all staff.

6.30 Marianne Griffiths agreed that child safeguarding needs to be part of everyone's daily work, and should be encouraged through management systems. Marianne congratulated the team on the amount of strategic work already done as well as the training that had been undertaken.

6.31 The Board **NOTED** the Child Safeguarding Annual Report and the Chair made a number of requests which could be covered at a future seminar to include an update on progress against actions and specific IT issues together with a discussion regarding system leadership to ensure child safeguarding services are fully supported.

PB11/17/7 Organisational Development and Workforce

7.1 Denise Farmer presented her report and highlighted the main areas of concern:

- **Recruitment:** concerns around both the ability to recruit and the processes.
- **Sickness absence:** there are some changes proposed in the way it is managed.
- **Turnover:** this is also a major issue, particularly retention throughout the nursing workforce.
- **Statutory and Mandatory Training:** there has been a focus on online elements of training. The Trust's compliance rate for October 2017 was 79%.
- **Appraisal:** the Trust's appraisal rate is 76.1% and is not where it needs to be.

7.2 The new Divisional structure will commence on 1st December, which is a very important milestone in the Trust's overall improvement plan, and will result in more focus on training and appraisals.

7.3 Denise reported that the staff survey response rate is now 51.2%, which is the highest recorded response for Brighton.

7.4 Jon Furmston asked about the Corporate Induction refresh as he had attended recently and gave positive feedback. Denise reported that the induction is under review as it does not currently contain enough information around the organisation's vision and needs to be more of a welcome day to get the new staff off to a really good start.

7.5 The Chair thanked Denise for her report and agreed that the new divisional structure will help to provide the leadership around increasing appraisal rates and training.

7.6 The Board **NOTED** the report.

PB11/17/8 Performance Report

8.1 Pete Landstrom gave an update on Month 7 performance.

8.2 Operationally October saw an improvement in A&E, continued compliant diagnostic performance, the number of long waiting patients over 52 weeks reduced and marginal RTT 18 week performance improvement.

8.3 Under the Single Oversight Framework, the Trust was compliant with the National Constitutional Target in Diagnostic waiting times. A&E 4 hour, RTT 18 week and Cancer 62 day treatment performance were below National Constitutional Targets.

8.4 Pete highlighted key operational indicators during October:

8.5 **A&E**

- A&E attendances were down by 4.3%.
- Delayed Transfers of Care (DTOCs) reduced to 6.7%, which is still too high but the length of the delays have reduced significantly.
- A&E compliance was 87% against the 4 hour target, a significant improvement on last month (84.3%). No patients waited longer than 12 hours in the department from the decision to admit.
- Performance at the Royal Sussex County site saw a 3.2% improvement on last month.
  There was a significant improvement in the number of non-admitted breaches, which has had a positive affect for 530 patients at the RSCH over a short period of time

8.6 Pete thanked the whole system, including leadership from CCG, for the focus and pressure put on DTOCs and moving patients through the system in a timely and positive fashion. Pete advised that there was still a significant flow issue throughout October and this will be the main focus going forward.

8.7 **Cancer**

- The Trust was compliant against 6 out of 9 metrics in September.
- The long waiting patient figures have fallen.
- There has been a big backlog clearance issue, but now should be one that we can work on and improve.
- Referral To Treatment (RTT) achieved just over 86% against the 89% target and focus will continue on this.
- Diagnostic waiting times – the Trust was compliant for September on the 6 week target.

8.8 Joanna Crane commented on the improvement in Referral to Treatment figures and was keen to praise those specialties that are doing so well.

8.9 Marianne Griffiths remarked on the positive news that the 52 week waits were continuing to reduce.

8.10 Lizzie Peers highlighted the performance figures around broken neck of femur and queried whether there was a link to mortality. Pete explained that this is relatively new data which is highlighting new questions, but unfortunately it is too early to provide the answers. George Findlay added assurance that we continue to monitor outcomes and there is a good geriatric pathway producing quality benefits.

8.11 The Chair added his thanks to the wider system and the CCG who have pulled together to reduce the DTOC rate. The impact upon non-admitted breaches is also to be commended as we try to recover some of our A&E positions.

8.12 **ACTION** – Further detail to be provided on the 62 week cancer pathway in the January performance report. **PL**

8.13 The Board **NOTED** the Performance Report.

PB11/17/9 Financial Performance Report

9.1 Karen Geoghegan presented the Finance report, which showed the Trust reporting an in-month deficit of £4.14m, the lowest deficit incurred in a month in this financial year.

9.2 Key points from the report were summarised as:

- Financial sustainability risk rating of 4.
- Significantly under on cancer drug spend.
- There are some risks around contracts with specialist services and around CQUIN.
- Pay expenditure is overall £4.7m below plan. Medical staff is the only area above planned levels.
- Agency spend has risen to £1.4m more than this time last year.
- Non-pay is £2.1m above plan.
- BSUH continues to pay a lower level of interest on non-capital loans.
- Capital spend is behind plan. There was a slower profile on ED development than in June, but hopeful that this will catch up.
- 3Ts backlog maintenance could have an impact on costs above current run-rate.
- Cash position is better than plan.

9.3 In conclusion Karen reported a good start for the Trust for the beginning of Quarter 3.

9.4 The Chair thanked Karen for her report and acknowledged the lowest operational deficit. He added that capital is now being invested to improve the facilities and fabric of the buildings at the RSCH site and there is an expectation of more funding being released for additional work.

OTHER ITEMS

PB11/17/10 Nursing Staffing and Capacity Levels Report

10.1 Nicola Ranger presented an overview from the last six months of Nursing and Midwifery staffing levels for in-patient areas.

10.2 Nicola reported that there are currently 140 nursing assistant vacancies which should be relatively easy to fill. The vacancies have been advertised and have been opened up to people without healthcare experience. The advert has had to be closed early due to the number of applications received. The aim is to be fully recruited by the Spring 2018.

10.3 Nicola pointed out that the ward budget at BSUH follows the guidelines of a nurse to patient minimum ratio of 1:8 during the day and 1:10 at night.

10.4 Retention of students is currently 35% and work is ongoing to improve this. The Orthopaedic ward has the highest percentage of vacancies. A two year rotation programme has been developed and the Trust will be recruiting to that shortly. The Trust is very much working on trying to keep our student numbers up. There has been a reduction in nursing applicants and we have had to look beyond Brighton to Portsmouth and Southampton.

10.5 The Chair asked if the 32% reduction in applicants meant that some of the places would not be filled. Nicola confirmed that for the first time that is likely to happen and is a cause for concern.

10.6 Mike Rymer raised a query around midwifery numbers. In response, Nicola advised that there is some work to do with Birthrate Plus as the Trust is beginning to see a slight difference in the acuity of women seen at PRH and RSCH. Another point of note is the number of home births requested in Brighton and the impact on staffing; this is being monitored.

10.7 The Chair thanked Nicola for her report and said he felt encouraged by the apprenticeship scheme, at the same time recognising the issues around retention and recruitment. A review on acuity and nursing is due to be brought back to the Board in January 2018.

10.8 The Board **NOTED** the Nursing Staffing and Capacity Levels Report.

PB11/17/11 Any Other Business

11.1 There were no other items of business.

PB11/17/12 Resolution into Board in Private

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

PB11/17/13 Date of the next meeting

13.1 The next meeting will be held on 31st January 2018 in the Boardroom, St Mary's Hall, Royal Sussex County Hospital, Brighton.

PB11/17/14 Questions from members of the public

14.1 A member of the public asked about the options now being considered for development of the two Linac radiotherapy units at St Richard's Hospital and the proposed opening date.

14.2 Pete Landstrom responded to the question and advised that the team has been working hard since April 2017 to push this agenda forward. BSUH do not provide cancer services for the far West of Sussex, an area which is covered by Portsmouth. New radiotherapy centres have opened in Eastbourne and Preston Park and there were discussions about potentially re-siting Linac at St Richard's Hospital in Chichester and the possibility of sharing with Portsmouth City Hospital. Unfortunately we have not received a level of commitment from other parties. However, we have successfully lobbied the Cancer Alliance, which covers the whole of the region, to take this forward on our behalf. They have agreed and already commissioned a piece of work looking at the totality of cancer provision across the region, the two Linacs at St Richard's Hospital being one of the topics covered. A report is due early in the new year.

14.3 An audit of patients who drop out of treatment due to travel times was completed this week and will be shared in due course. There has been some work to establish travel times for residents within the BSUH catchment area with the aim of ensuring all residents can access centres within 45 minutes. One area north of Chichester is still outside 45mins and remains a key priority to address this patient experience impact.

14.4 In response to the question regarding the proposed opening date, Marianne Griffiths responded that a trajectory could not be confirmed until the Business Case had been written. A report will be produced in January and Marianne expects a governance process through NHS England and discussions with Portsmouth City Hospital to take place.

14.5 An additional question was asked about the outcomes of the five child safeguarding reports against staff which required further investigation, mentioned in Debi Fillery's report. Nicola Ranger confirmed that they would be dealt with in a formal process and that we would be unable to share outcomes. However, the Chair recommended taking the question offline and providing assurance for public confidence.

14.6 The final question regarding ongoing pressures on recruitment was taken outside the meeting to enable Nicola Ranger to provide more information around the number of leavers and joiners BSUH had seen from overseas.

14.7 The Chair thanked the members of the public for their questions and closed the meeting.

Sally Reeves
Assistant Board Secretary
November 2017

Signed as an accurate record of the meeting

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Chair

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Date

MATTERS ARISING
Board of Directors (in Public)

AGENDA ITEM: 4

Meeting	Minute Ref	Action	Person Responsible	Deadline	Status
26th April 2017	PB4/17/4	Executive Director of Nursing to report to the Board on the outcome of the acuity and dependency review.	Nicola Ranger	March 2018	Agenda item March 2018
27th September 2017	PB9/17/7	Metrics for Leadership and Culture programme to be developed as part of programme management process.	Denise Farmer	January 2018	Completed – Agenda item Private Board January 2018
27th September 2017	PB9/17/10	A presentation to be arranged to Non-Executive Directors re Infection Prevention and Control.	Nicola Ranger	November 2017	Session planned for 28th November 2017 has been rebooked to follow F&I on 30th January 2018.
29th November 2017	PB11/17/6	Confirmation of the national mortality standard to be provided and advise which one the Trust should adopt to monitor performance.	George Findlay	January 2018	To be included within the Quality Report for January 2018.
29th November 2017	PB11/17/6	SIRI report to go to Private Board monthly from January 2018.	Nicola Ranger	January 2018	Completed – included in the monthly Quality Report for Private Board
29th November 2017	PB11/17/6	Additional data around pressure ulcers and lower grade occurrences to be included in the Quality Report from March onwards.	Nicola Ranger	March 2018	To be included in the Quality Report from March 2018.
29th November 2017	PB11/17/6	CQC update and action plan to be brought to the January meeting.	Nicola Ranger	January 2018	Completed – Agenda item January 2018
29th November 2017	PB11/17/6	A quarterly Learning From Deaths report to be received by the Board.	George Findlay	March 2018	Quarterly Report to the Board from March 2018
29th November 2017	PB11/17/8	52 week waits and further detail on the 62 week cancer pathway to be provided in the Performance Report for the next Board meeting.	Pete Landstrom	January 2018	To be included in the Performance Report for January 2018.

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board

Date of Meeting: 31st January 2018 Agenda Item: **5**

Title
Chief Executive's Report
Responsible Executive Director
Marianne Griffiths, CEO
Prepared by
CEO
Status
Public
Summary of Proposal
Update for Board Members
Implications for Quality of Care
None applicable to this report
Link to Strategic Objectives/Board Assurance Framework
None applicable to this report
Financial Implications
None applicable to this report
Human Resource Implications
None applicable to this report
Recommendation
The Board is asked to: NOTE this report
Communication and Consultation
N/A
Appendices
Report

Report to the Board of Directors, January 2018
Chief Executive's Report

1. A&E, Christmas & New Year, January

We have seen significant and sustained demands on our services this winter and the response of staff across our hospitals has been second to none.

Our hospitals went through most of December with bed occupancy rates of more than 98%. It has taken a real team effort across our hospitals and our social care partners to make sure patients are seen, treated and discharged as quickly and as safely as possible so that we can then treat more patients as they come in.

The numbers of patients we saw over the festive period was significant. In the two weeks from 18 December to 31 December, our emergency teams in Brighton and Haywards Heath saw more than 5,700 patients and our ward teams have admitted and cared for over 1,800 new people – up over 4% on last year.

In total, more than 17,000 patients attended clinics or tests in our hospitals, or were admitted or treated as an emergency, over this period.

These high levels of demand have continued into January.

I am extremely proud of the care our staff provide and cannot thank them enough for their dedication, the hours put in and the care for each other, as well as our patients.

We also received many messages from patients and their families who were grateful for the care and compassion they receive first hand. One patient, who was with us on Christmas Day, wrote on Facebook that "none of the patients want to be here but the staff have made us feel wanted and cherished for which I am very grateful…It is their dedication and love shown to strangers that has marked me indelibly and I will never forget this day I have shared with them."

2. Staff survey

When we joined BSUH last year, one of the first things we looked at was the previous year's NHS staff survey results.

We quickly recognised that we needed to increase participation so that this was a more reliable tool which more accurately reflects staff perceptions and concerns.

I am therefore delighted to report that more than 56% of our colleagues took part in the annual staff survey, compared to 39% in 2016.

I am looking forward to seeing how we compare with other trusts nationally when the full results are published in March.

3. Flu campaign

Given the increase in seasonal flu, we have continued to encourage as many of our staff as possible to have a flu jab this year.

Here at BSUH, we have seen around 7-8 new patients admitted due to flu every day.

The flu vaccine remains the most effective way to protect against flu and prevent the spread of infection.

More than 3,200 front line staff have already been vaccinated – 47% of staff overall, which compares with a total of 39% vaccinated last year. Our drop-in sessions and encouragement to take up a jab continue. We have also reminded staff that for every flu jab we give at the Trust, we will donate to Unicef a tetanus vaccination to a child in the developing world.

5. Patient First update

We have continued to roll-out Patient First at BSUH.

In January, the Divisional and Directorate leaders of BSUH attended their first Strategy Deployment training day as part of the Patient First Improvement Programme. The programme will equip the leadership team with the management system and tools required to translate our strategy to their frontline teams. The training also provides leaders with the tools they need to support their teams as they join the rollout of Patient First. Finance, HR and Performance Divisional Business Partners also attended the training.

As part of the Patient First initiative, we have seen a significant improvement in the numbers of A&E kidney function blood tests completed within an hour – a key factor in helping to speed up patient decision making and help us meet our 4 hour A&E wait target. A new system was introduced on 22 November – and by the end of that month, 90% of results for these urea and electrolyte or U&E test were available within the hour. By the end of December 2017, that had gone up to 93%.

This improvement has been achieved by the Blood Sciences team working with A&E colleagues to streamline the standard profiles of requests and remove unnecessary, time consuming tests. The Blood Sciences department had found that 15% of requests for U&Es also included a request for a test that took more than 60 minutes to complete. By stripping out tests that are not needed for an A&E 'decision to admit', they have made it possible to get more results back to A&E within an hour.

We will also be announcing shortly the first six wards at the Princess Royal Hospital that will join the Patient First Improvement Programme.

6. Ten years of TAVI

Our cardiac teams celebrated the 10th anniversary of the first Transcatheter Aortic Valve Implantation (TAVI) operation in December.

TAVI is a revolutionary technique that has allowed hundreds of seriously ill patients to have major heart surgery. Instead of cutting into a patient's chest to perform open-heart surgery, surgeons reach the heart by cutting a hole in the groin and inserting a new valve from there. Surgeons at the Royal Sussex County Hospital have carried out over 800 TAVI operations since their first operation on 17 December 2007.

This is another example of the outstanding care our staff provide to our patients. Many of these patients would have died without this innovative treatment.

7. Christopher Liu OBE

Professor Christopher Liu of the Sussex Eye Hospital received an OBE for services to Ophthalmology in the New Year's Honours.

Christopher is senior Consultant Ophthalmic Surgeon at the hospital where he has been a consultant for over 22 years and has led the use of osteo-odonto-keratoprosthesis (OOKP) – or tooth in the eye surgery – to help restore patients' sight. He is also an Honorary Clinical

Professor at the Brighton and Sussex Medical School, where he is in charge of Undergraduate Teaching in Ophthalmology.

The award is a welcome recognition of the outstanding work done by Professor Liu and the fantastic work of the Sussex Eye Hospital. Congratulations Christopher.

8. Acute floor reconfiguration and reorganisation of teams

The Royal Sussex County's combined medical and surgical Emergency Ambulatory Care unit (EAC) and Acute Admissions Unit (AAU) came into operation on Monday 15th January 2018.

I would like to thank everyone who has been involved in the changes and helped make them work. It has taken a massive effort for this to happen, especially at a time when A&E has been so busy and the rest of the hospital has been so full.

The new Emergency Ambulatory Care (EAC) unit will help the flow of patients through the acute floor by streaming specialty-accepted medical and surgical patients. The EAC has facilities for ambulatory procedures and treatments, patient assessment, diagnostics and review. It is currently located on level 4 of the former Clinical Investigation and Research Unit area and on level 5 in the procedure room of the former Mental Health Liaison Room.

9. £1 million upgrade works at Princess Royal Hospital A&E

The improvement works at the Princess Royal Hospital A&E department are just about complete. The £1 million investment will bring significant benefits for patients who need urgent treatment at the hospital. Huge credit belongs to all those colleagues involved in such a significant development, during such a busy period.

We have built two extra consulting rooms, along with six larger trolley spaces that are equipped with piped oxygen and suction apparatus, along with full monitoring equipment. This will improve patient safety and make it easier to assess, treat and discharge emergency patients. We have also created a new spacious resuscitation area and a new rapid assessment area with room for two beds, where patients can be more readily treated.

10. Love to Move transforming elderly care

Being in hospital can lead to disability, particularly in elderly and frail patients whose risk of falls limits their mobility. Fortunately, our dementia care team has been seeking to not only reduce the number of falls, but to enhance patients' health and wellbeing throughout their time in hospital.

Laura Moss, a physiotherapist, started working with the Emerald Unit as part of the medical physiotherapy team when she joined the Trust in July 2017. When she found that several patients were being re-referred for physiotherapy as their extended hospital stays led to decreasing mobility, she started looking for opportunities to improve the lives of patients.

She identified the underused group room as an ideal space to work with patients to improve their mobility and their opportunities for social interaction. Working with nurses, healthcare assistants and volunteers on Emerald, and using best practice from trusts across the south of England, Laura set up a bi-weekly seated exercise class for patients followed by a lunch club.

Patients and their visitors have been encouraged to work on their coordination and throwing and catching. Participating in these "muscle memory" activities has encouraged patients to strike up conversations with one another, perhaps about former sporting glories, which has

resulted in patients feeling less lonely and isolated. Having the opportunity to eat lunch together afterwards, provides further opportunities for social interaction and less time in bed alone.

Feedback has been extremely positive. One patient said “the group is fun”, while another “enjoyed getting away from my bed and having lunch in the dining room most.”

The Love to Move project is a perfect example of Patient First in action. Laura looked identified a problem, looked at the cause and developed a solution – all with the interests of the patient first and foremost.

11. NHS at 70

The National Health Service is turning 70 on 5 July 2018, which is the perfect opportunity to celebrate the achievements of one of the nation’s most vital institutions and to recognise and thank our extraordinary NHS staff – the everyday heroes – who are there to guide, support and care for every one of us, day in, day out.

Various events will be taking place nationally over the year to celebrate this milestone.

In January we encouraged staff and the local community to give the NHS a 1,000 mile birthday present by joining the #NHS1000miles challenge. All people need to do over the next 12 months is walk, run, cycle, horse ride or swim to try and get to 1000 miles as your gift to the NHS for its 70th birthday. Being more active is also great news for the NHS.

Marianne Griffiths
Chief Executive
26 January 2018

Brighton and Sussex University Hospitals NHS Trust

To: Board of Directors

Date of Meeting: January 2018 Agenda Item: **6**

Title
Quality Report Month 9
Responsible Executive Director
Dr George Findley Haigh (Medical Director) and Nicola Ranger (Chief Nursing and Patient Safety Officer)
Prepared by
Mark Renshaw, Deputy Chief of Safety
Status
Public
Summary of Proposal
The report describes performance against safety and quality key performance indicators in Month 9, in the domains of safety, effectiveness and patient experience
Implications for Quality of Care
The report includes exceptions in respect of pressure damage which is at its highest since 2012-13 and implementation of the alert - Restricted use of open systems for injectable medications.
Link to Strategic Objectives/Board Assurance Framework
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. **A safety and quality scorecard is appended.**
Financial Implications
Future reports will include KPIs that have potential financial impact (e.g. CQUIN)
Human Resource Implications
Safer staffing levels are incorporated in the safety and quality scorecard
Recommendation
The Board is asked to NOTE the report.
Communication and Consultation
Not applicable
Appendices
Safety and Quality scorecard

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).

1.2 The paper describes performance on an exceptional basis determined by RAG (red/amber/green) ratings based on national, regional or local targets.

2 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 September) 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).

2.1.3 Only the current financial year and year to date values are RAG rated, with the exception of those metrics reported in arrears with no data in the current financial year where the most recent data-point of last year is RAG rated.

2.2 Overview of Key Quality Objectives

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

Table 1: key performance indicators

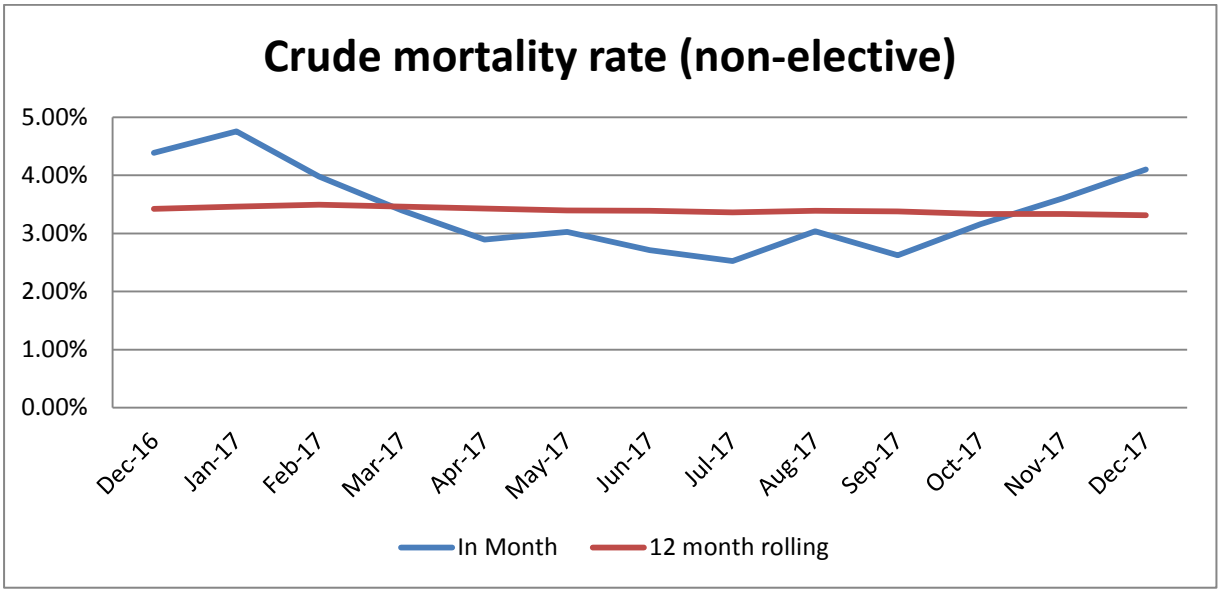
Indicator	October	November	December
Trust crude mortality rate (non-elective)	3.16	3.60	3.31
Hospital Standardised Mortality Ratio (Rolling)			
Safety Thermometer (Harm-Free Care)	94.5	95.6	95.7
Number of Serious Incidents Requiring Investigation	5	5	6
Never Events	1	0	1
Grade 3 and 4 Pressure Ulcers	0	0	0
Falls resulting severe harm or death	2	3	1
Numbers of hospital attributable MRSA	0	0	0
Numbers of hospital C. diff cases	4	9	3
The Friends and Family Test: Percentage Recommending Inpatients	96.2%	94.7%	93.6%
The Friends and Family Test: Percentage Recommending A&E	89.6%	89.3%	88.8%
Mixed Sex Accommodation breaches (number of breaches)	57	52	59
Number of formal complaints	41	42	38

3 EFFECTIVENESS

3.1 Crude Trust Mortality – Non-Elective

3.1.1 As the linear regression lines in Figure 1 illustrates both the in-month and 12 month rolling rate for crude mortality of non-elective admission have come down over the past 12 months. The Trusts in-month crude mortality rate for non-elective admissions was. 3.3% for the year ending December 2017.

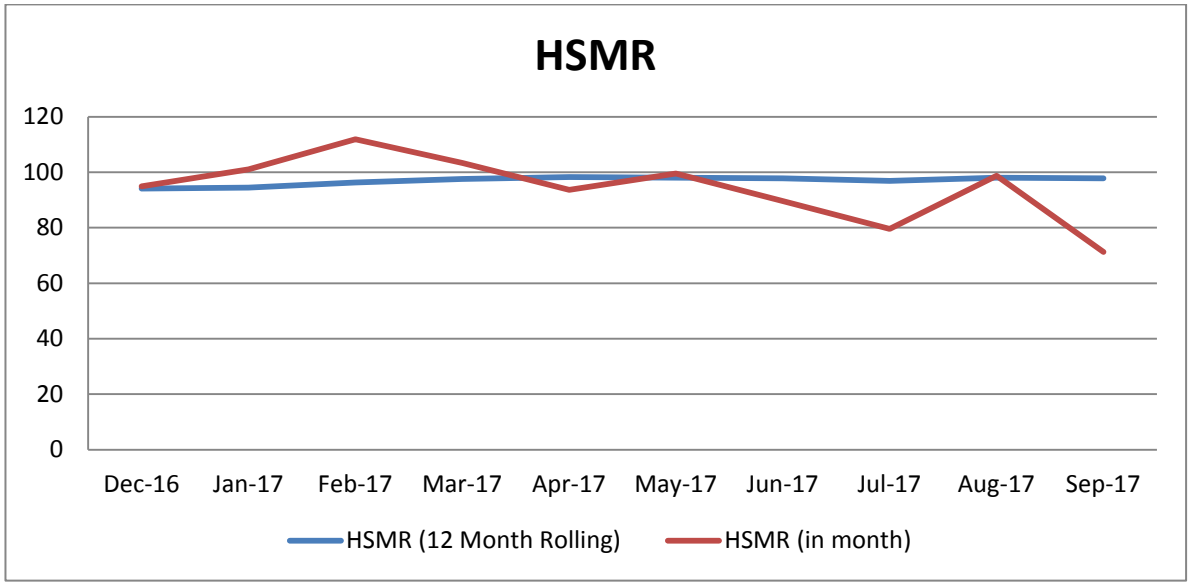
Figure 1: In-month and Rolling 12 month Crude Mortality Rate for non-elective admissions



3.2 Hospital Standardised Mortality Ratio (HSMR)

3.2.1 HSMR is only available for the month of September when 56 patients died against an expected number of 78.6 (HSMR 71.22). In the 12 months to September the HSMR was 97.85[1] (LCI 92.8, UCI 103.2). Figure 2 below illustrates that the rolling HSMR has gradually risen since December 2016.

Figure 2: In-month and Rolling 12 month Hospital Standardised Mortality Ratio



Twelve months ago the annual HSMR was 90.24 (LCI 85.5, UCI 95.2).

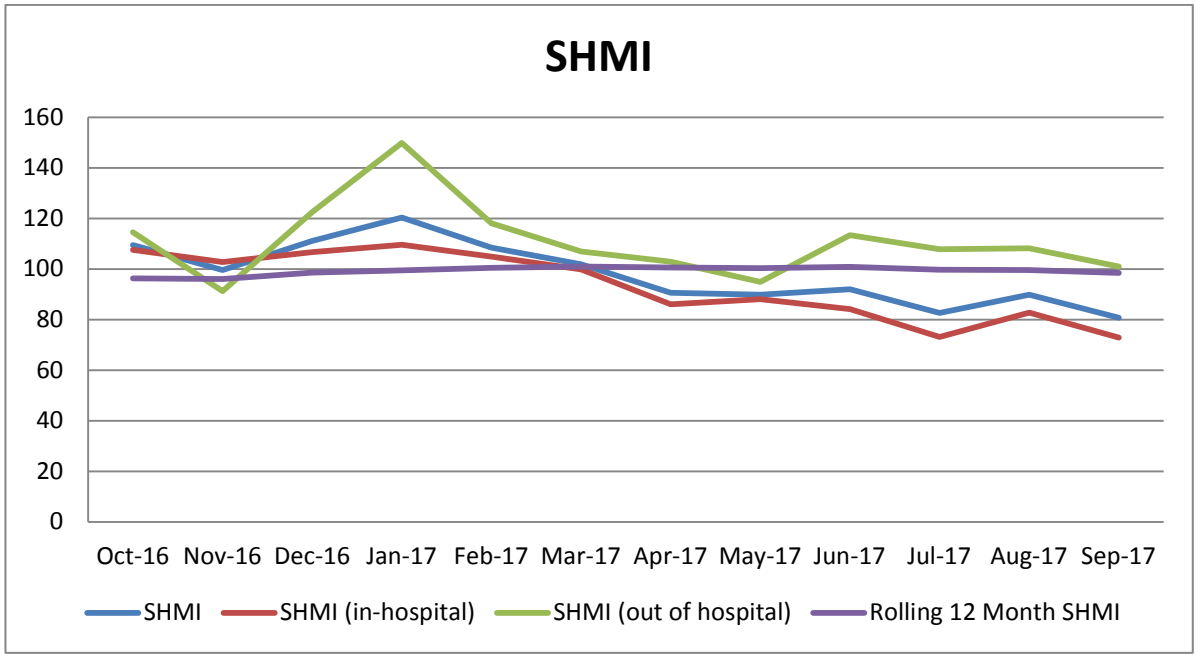
[1] *A value greater than 100 means that the patient group being studied has a higher mortality level than NHS average performance*

3.3 Summary Hospital-Level Mortality Indicator (SHMI)

3.3.1 The latest SHMI for the 12 months up to September 2017 reports a SHMI of 98.4, i.e. mortality is 1.67% below the expected value. The Table below details the in and out of hospital SHMI since October 2016, during this period 2415 patients died against an expected number of 2455. In hospital deaths make up 68% of the total number of deaths.

The Table below illustrates that in hospital deaths are 6.5% below the expected number, whilst out of hospitals deaths are 11% above the expected rate. The trend lines for SHMI, SHMI in hospital and SHMI out of hospital are all coming down.

Discharge Month	SHMI	SHMI (in-hospital)	SHMI (out of hospital)	Rolling 12 Month SHMI
Oct-16	109.49	107.53	114.51	96.29
Nov-16	99.56	102.73	91.21	96.02
Dec-16	111.05	106.63	122.46	98.60
Jan-17	120.4	109.55	149.83	99.39
Feb-17	108.38	104.84	118.03	100.52
Mar-17	101.8	99.88	106.98	100.92
Apr-17	90.64	85.99	102.89	100.62
May-17	89.83	88.01	94.93	100.34
Jun-17	92.03	84.10	113.41	100.84
Jul-17	82.61	73.16	107.77	99.66
Aug-17	89.79	82.69	108.18	99.55
Sep-17	80.69	72.84	101.00	98.38
Total	98.38	93.5	111.26	99.26



4 SAFETY

4.1 Patient Safety Alerts

4.1.1 Two patient safety alerts are currently open, both are on schedule to be closed on time. Details of the two alerts are below

- Confirming removal or flushing of lines and cannulae after procedures
- Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinder.

4.2 Serious Incidents Requiring Investigation (SIRIs)

4.2.1 There were sixteen Serious Incidents declared during the period October to December. The outcome for two of these incidents is currently graded as death, a further six are classified as moderate

4.3 Infection prevention

4.3.1 There have been 5 suspected or confirmed norovirus and/or astrovirus outbreaks during December 2017, which required either Bays or the Ward to be closed to admission and transfers

4.3.2 Infection Prevention Team notified of a confirmed pertussis case (Whooping cough). Index case had contact with one individual from the 'high risk' group, which was reviewed by Occupational Health. Index case also had significant contact with 'other risk' group, however two incubation periods had elapsed, and therefore no contact tracing was undertaken, which was agreed with Public Health England (PHE). .

4.3.3 There have been 40 cases of hospital-attributable Clostridium difficile infection YTD (31st December 2017). With 3 cases being reported in December 2017.

4.3.4 Root cause analysis' (RCA) identified that there had been lapses in care, primarily in relation to cleaning standards; and not isolating patient at the time of taking a sample.

4.3.5 The allocated Trust target limit for 2017/18 is set at 46 for the year. This equates to a rate of infection of 3.69 per 100,000 bed days.

4.3.6 There have been no hospital acquired MRSA bacteraemias reported in December 2017 (last case reported May 2017).

4.4 Inpatient Falls

4.4.1 The adult inpatients falls rate for the period September to November was 3.58 falls per 1000 bed stay days.

4.4.2 The rate of falls for this financial year is 3.34 falls per 1000 bed stay days, this is currently 4.7% lower than last year's rate

4.4.3 In 2016 two patient's falls on Emerald the dementia ward resulted in SI's. Following the investigations the wards consultant Dr AlJawad facilitated a meeting with staff on the wards to share expectations about how staff should act in order to minimise their patient's likelihood of falling without compromising the patients desire to move around. In the 12 months prior to beginning their falls initiative 63 patients fell at a rate of 11.37 falls per 1000 bed days. Over the past 12 months only 24 patients fell at a rate of 4.23, this equates to a 63% reduction in the rate of inpatient falls. The Royal College of Physicians report in 2015 indicated that the national rate is 6.63 falls per 1000 bed stay day. The experience on Emerald reinforces the importance of talking about the practical actions and shared expectations for how to act in order to reduce falls.

4.4.4 Data captured by the Nursing Metrics measure compliance with undertaking a falls risk assessment as 97.4% for the past 12 months.

4.4.5 Twenty-seven percent of falls were witnessed by a member of staff.

4.4.6 A third of the patients to fall were prescribed sedatives prior to the patient falling with a large variation between wards.

4.5 Tissue Viability

4.5.1 There were two grade 3 pressure damage incidents during the period September to November.

4.5.2 In the same period 44 incidences of grade 2 hospital acquired pressure ulcers were reported. Damage to the sacrum, buttocks and heels remains the most common form of pressure damage. Inadequate documentation of skin assessment and changes of position is a recurring theme.

4.5.3 The rate of pressure damage per 1000 bed stays days during the period September to November was 0.65; this is 29% higher than the last financial year. A The pressure damage team and the patient safety team are currently undertaking a review of the increase in rates and the capturing of pressure damage information.

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.

4.6.2 Over the past 12 months the rate of harm free care has increased. The harm-free care score for the past 12 months was 95.6 against the target of 95%. The national average is 94.2%.

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

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

PATIENT EXPERIENCE

5.1 PALS and Complaints

5.1.1 1,177 concerns were received by the Trust from 1 September – 30 November 2017.

5.1.2 Of these, 1,052 concerns were resolved via local resolution and 125 required a written response from the Managing Director. Year to date 95% of Early Resolutions have been resolved within 25 working days and 48% of formal complaints have been closed within 40 working days.

5.1.3 Currently the Trust has eight formal complaints remaining open over six months. There are currently 53 open complaints exceeding the 40 working day timescale.

5.1.4 Four formal complaints citing the poor attitude of staff have been reported from 1 November – 31 December 2017.

5.2 Friends and Family Test (FFT)

Patients who access hospital services are asked whether they would recommend the Trust to their friends or family if they needed similar treatment. Patients who access inpatient, outpatient, day-case, A&E and maternity are all offered the opportunity to respond to the question. Scores were 96% of women would recommend the service, in Q3 for maternity, which is a 1% increase on Q2, inpatients 95.3%, a 1.1% increase on Q2. In A&E the score was 89.2% for Q3, which is a 1.8% increase on Q2. In outpatients there was a drop in recommendation between Q2 to Q3 of 2.5%, delays in getting appointments and administration difficulties being the major causes of concern.

Table 4: Friends and Family Test

	Percentage recommending BSUH in September - November
Inpatient care	95.3%
A&E	89.2%
Maternity	96.0%
Outpatient	92.5%

Friends and Family Test Response Rates:

5.2.4 Response rates for in-patients was 11.5% in December, this is the highest response rate for returned during 2017-18.

5.4 Patient Voice

5.4.1 The Patient Voice survey is offered on all adult wards. In the past 12 months 8597 questionnaires have been returned.

5.5 Exception Reports Relating to Patient Experience

5.5.1 Response rates for the Friends and Family Test are low and require improvement in inpatient and outpatient areas. The Charitable Funds Committee agreed in principle funding for the service provided by Healthcare Communications (as for A&Es and maternity), which will provide multiple means of obtaining patient feedback. The funding source has yet to be confirmed.

5.5.2 Mixed sex accommodation breaches have remained largely unchanged in December, reporting 59 compared to 52 in November, primarily in cardiac and neurosurgery. The persistently high level experienced has been when the Trust was in Business Continuity and Black escalation, in addition there were a number of ward closures in November due to diarrhoea and vomiting. BSUH attended a regional summit on Mixed Sex Accommodation on 12th December 2017, from February 2018 the all Trusts in the South of England will be required to declare all mixed sex breaches, in line with the 2010 DoH guidance of Eliminating mixed sex breaches and local agreements with the CCG's for acceptable areas to be mixed will no longer exist. This is will have a significant impact on the numbers being reported in BSUH.

6. CARE QUALITY COMMISSION (CQC)

6.1.1 The CQC feedback and Trust response are discussed in a separate Board agenda item.

7. RECOMMENDATION

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

QUALITY SCORECARD

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD Actual	YTD Target	Target
EFFECTIVENESS																									
	Effectiveness domain score																								
	Trust-wide mortality																								
E01	Trust crude mortality rate (non-elective)	3.32%	3.37%	2.81%	2.85%	2.72%	2.68%	3.73%	3.57%	4.39%	4.75%	3.98%	3.39%	2.89%	3.03%	2.71%	2.52%	3.04%	2.62%	3.16%	3.60%	4.11%	3.08%	tbc	tbc
E02	Crude mortality rate (non-elective): 12 month rolling	3.40%	3.35%	3.38%	3.37%	3.33%	3.29%	3.30%	3.30%	3.42%	3.46%	3.49%	3.46%	3.43%	3.40%	3.39%	3.36%	3.39%	3.38%	3.33%	3.33%	3.31%	3.31%	tbc	tbc
E03	Trust Hospital Standardised Mortality Ratio (HSMR) (rolling 12m)	89.91	88.49	89.84	90.07	89.46	80.99	117.75	101.09	94.92	100.99	111.86	97.61	98.24	98.04	97.86	96.91	98.32	97.85	98.92	96.61			<100	<100
E04	Summary Hospital-level Mortality Indicator (SHMI) (rolling 12m)	95.29	94.38	94.84	95.13	94.93	94.63	94.99	94.37	97.59	98.31	98.86	99.81	99.19	98.57	98.71	97.51	97.38	98.38					<100	<100
	Improve mortality in specific conditions																								
E07	Crude non-elective mortality for Renal failure	4.65%	2.78%	10.26%	7.32%	8.11%	10.00%	15.22%	8.57%	9.52%	12.50%	17.95%	6.98%	6.67%	15.00%	4.76%	15.15%	8.33%	3.45%	7.14%			9.21%	18.60%	18.60%
	Reduce mortality following hip fracture																								
E09	SMR for hip fracture (all diagnoses/procedures) (rolling 12M)	67.6	72.8	69.8	74.0	74.7	70.7	77.8	73.1	75.3	67.7	78.0	82.6	90.1	84.2	85.5	84.5	89.9	101.0	93.8				100	100
E10	30 day mortaliy rate following hip fracture (rolling 12M)	65.1%	65.1%	65.7%	66.9%	68.6%	70.4%	72.5%	73.7%	75.0%	75.2%	75.6%	75.9%	77.1%	77.5%	77.8%	77.7%						78.9%	5.70%	5.70%
	Reduce the rate of readmission following discharge from the Trust																								
E11	Emergency readmissions within 30 days %							8.8%	8.3%	9.0%	8.6%	8.7%	9.0%	10.1%	8.8%	8.4%	8.3%	8.1%	8.9%				8.7%	10.50%	
	To improve maternity care by encouraging natural chilbirth																								
E13	C-Section Rate	29.8%	28.0%	29.8%	25.8%	30.0%	35.4%	26.1%	25.9%	29.9%	30.9%	25.1%	30.3%	33.3%	32.5%	30.1%	29.8%	29.1%	28.9%	29.8%	27.1%	28.2%	29.9%	26%	26%
E14	% Mothers requiring forceps for delivery	4.0%	5.0%	4.3%	6.0%	3.9%	5.9%	5.3%	5.8%	6.7%	5.8%	6.6%	5.0%	4.6%	6.7%	5.6%	7.6%	6.2%	5.9%	8.8%	6.6%	5.9%	6.5%	<15%	<15%
E15	% Deliveries complicated by post-partum haemorrhage	1.0%	1.0%	0.6%	1.5%	0.2%	0.4%	0.8%	0.7%	0.4%	0.7%	0.3%	0.8%	0.5%	0.6%	1.2%	1.0%	0.6%	1.1%	0.2%	0.5%	0.5%	0.7%	1%	1%
E16	Maternal deaths	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E17	Admission of term babies to neonatal care	3.5%	3.5%	2.3%	4.9%	5.3%	5.5%	5.2%	3.9%	1.9%	4.8%	5.5%	5.1%	5.2%	3.0%	4.0%	5.3%	4.0%	5.2%	4.7%	4.9%	3.0%	4.4%	< 10%	< 10%
	Caring for the elderly patient																								
E18	% Emergency admissions staying over 72h screened for dementia	93.3%	91.4%	94.2%	91.6%	95.4%	85.6%	87.9%	87.4%	83.6%	94.7%	94.4%	92.2%	91.9%	93.8%	90.0%	92.6%	96.3%	95.3%	90.4%	93.1%			90%	90%
E19	% Patients identified as at risk of dementia for whom further investigations are carried out	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%	100.0%	100.0%	100.0%			90%	90%
E20	% Patients with identified dementia referred to specialist services	96.0%	94.3%	100.0%	92.9%	90.3%	92.6%	90.9%	91.3%	86.8%	93.5%	96.6%	96.6%	93.3%	86.7%	95.0%	91.7%	82.6%	92.9%	90.9%	88.2%			90%	90%
E25	Number of admissions for patients with dementia flag																							NA	NA
E39	Ward moves for patients flagged with dementia																							tbc	tbc
E42	Night-time ward moves for patients flagged with dementia (23:00 - 07:00)																							tbc	tbc
E43	Documentation Audit: % patients with dementia with Knowing Me document																							75%	75%

QUALITY SCORECARD

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD Actual	YTD Target	Target
	Stroke care																								
E26	% CT scans undertaken within 12 hours	97.9%	98.1%	96.2%	97.0%	100.0%	98.0%	98.3%	96.2%	98.0%	97.8%	97.9%	97.9%	98.2%	98.1%	98.4%	98.3%	97.9%	96.2%	100.0%	95.9%		97.9%	95%	95%
E27	% Stroke thrombolysis within 60 minutes of hospital arrival																							95%	95%
E28	% Swallow screen for stroke patients within 4 hours of admission																							95%	95%
E29	% of stroke patients admitted to stroke unit within 4 hours of admission	77.6%	74.1%	64.2%	68.7%	78.0%	70.6%	56.7%	65.4%	57.7%	65.2%	64.0%	60.0%	56.7%	70.2%	72.3%	68.3%	61.1%	67.2%	63.0%	56.0%		64.6%	90%	90%
E30	% high risk TIA patients seen within 24 hours	100.0%	87.5%	78.9%	85.7%	100.0%	77.8%	94.7%	75.0%	88.2%	88.5%	83.3%	81.3%	85.0%	75.0%	94.4%	73.3%	71.4%	90.6%	69.2%	75.9%	77.8%	79.6%	60%	60%
	Ensure active engagement with research																								
E21	Patients recruited to interventional studies within CRN portfolio													62	97	116	112	88	427	171			1073	tbc	tbc
E22	Patients recruited to observational studies within CRN portfolio													28	30	111	50	34	707	198			1158	tbc	tbc
E23	Local Clinical Research Network (LCRN) Score													780	1172	1664	1407	1087	1134	369			9475	1410	1410
	Data Quality																								
E24	NHS IC Data validity summary (YTD)													98.0	98.0	98.1	98.1	98.1	98.1				98.1	96.6	96.6
E37	% inpatients with electronic discharge summaries produced	49.6%	51.5%	53.5%	48.2%	50.5%	50.1%	51.1%	54.5%	51.8%	53.3%	47.5%	55.2%	49.0%										tbc	tbc

QUALITY SCORECARD

SAFETY

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD Actual	YTD Target	Target
	Safety domain score (Patient Aggregate Safety Score - PASS)																								
	Safer staffing																								
S36	Safer Staffing: Average fill rate - registered nurses/ midwives (day shifts)	92.8%	94.6%	91.9%	91.6%	92.1%	91.8%	91.7%	93.7%	91.5%	93.6%	91.7%	92.0%	92.1%	92.4%	91.7%	90.4%	90.5%	90.2%	91.1%	91.5%	90.1%		95%	95%
S37	Safer Staffing: Average fill rate - registered nurses/ midwives (night shifts)	94.9%	95.8%	95.3%	93.4%	93.6%	89.1%	92.7%	95.1%	93.6%	95.4%	95.8%	94.8%	93.2%	92.6%	92.5%	91.8%	92.0%	92.3%	93.6%	93.3%	93.1%		95%	95%
S38	Safer Staffing: Average fill rate - care staff (day shifts)	97.2%	99.4%	104.3%	99.5%	97.3%	97.4%	96.0%	96.6%	95.1%	99.0%	96.4%	93.6%	96.6%	95.5%	95.5%	95.1%	94.4%	95.3%	94.6%	96.1%	96.1%		95%	95%
S39	Safer Staffing: Average fill rate - care staff (night shifts)	114.9%	116.3%	117.5%	113.7%	113.8%	115.9%	112.7%	113.9%	114.1%	118.9%	116.6%	114.1%	110.6%	112.9%	111.7%	112.1%	113.5%	112.0%	114.4%	116.0%	113.0%		95%	95%
S41	Care Hours Per Patient Day (CHPPD)		9.20	9.50	9.50	9.40	9.40	9.10	9.50	9.50	9.40	9.30	9.50	9.70	9.70	9.70	9.30	9.50	9.40	9.20	9.60			tbc	tbc
	NHS safety thermometer																								
S02	Safety Thermometer: % of patients harm-free	94.8%	94.9%	95.1%	95.5%	95.8%	95.3%	94.5%	94.7%	94.7%	95.2%	93.9%	96.3%	95.2%	95.7%	97.1%	96.6%	95.6%	95.4%	94.5%	95.6%	95.7%	95.5%	95.70%	95.70%
S03	Safety Thermometer: % of patients with no new harms	98.7%	98.8%	98.6%	98.8%	98.8%	98.8%	99.0%	98.3%	99.2%	99.1%	97.7%	98.6%	98.43%	98.80%	99.16%	98.96%	99.27%	98.29%	98.46%	98.56%	98.57%	98.7%	99%	99%
S29	% of patients with catheters and UTIs where best practice protocol was not followed.																							0.1%	0.1%
	Monitoring of clinical incidents																								
S04	Total incidents	842	857	980	992	1006	876	903	866	837	936	805	856	793	893	909	885	884	913	905			6182	8122-10988	8122 - 10988
S05	Total moderate, severe or death incidents	10	11	8	13	10	13	12	8	4	11	8	7	8	6	8	10	3	21	19			75	153	153
S06	Total serious incidents (SIRIs)	8	3	4	6	6	6	5	6	5	4	10	5	4	4	2	2	4	5	5	5	6	37	60	60
S07	Number of outstanding CAS alerts	0	0	0	11	20	11	9	20	20	10	12	3	0	0	1	1	1	1	1			1	0	0
	Improve safety of prescribing																								
S08	Total incidents involving drug/prescribing errors	129	143	142	158	141	130	131	127	122	135	107	135	135	112	123	96	113	126	111			816	1056-1428	1056 - 1428
S09	Moderate/severe incidents involving drug/prescribing errors	2	2	0	1	1	0	3	0	0	2	0	1	1	1	1	1	0	3	0			7	5	5
	Reduce incidence of healthcare acquired infections																								
S14	Number of hospital attributable MRSA cases	0	0	0	0	0	0	1	0	0	0	1	1	0	1	0	0	0	0	0	0	0	1	0	0
S15	Number of hospital C.diff cases	4	2	2	7	3	9	5	4	4	4	4	3	1	3	3	9	4	5	4	9	3	41		
S28	Number of C. diff cases where a lapse in the quality of care was noted																							16	16
S16	Number of reportable MSSA bacteraemia cases																		2	4	2	3		tbc	tbc
S17	Number of reportable E.coli cases																		5	2	7	4		tbc	tbc

QUALITY SCORECARD

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD Actual	YTD Target	Target
	Improve theatre safety for patients																								
S18	Full compliance with WHO Surgical Safety Checklist	99.0	98.5	96.1	95.0	95.3	94.4	92.4	93.3	96.9	97.2	97.1	98.6	94.7	98.0	95.8	97.6	97.0	96.8	97.2	98.0	98.1	97.1	100%	100%
S19	NEVER events	0	0	0	0	0	2	0	3	0	0	0	0	0	0	1	0	0	0	1	0	1	3	0	0
S30	SSIs: Total hip replacement (YTD is rolling 12 months)																							1.1%	1.1%
S33	SSIs: Total knee replacement (YTD is rolling 12 months)																							1.5%	1.5%
S34	SSIs: Large bowel surgery (YTD is rolling 12 months)																							12%	12%
S35	SSIs: Breast surgery (YTD is rolling 12 months)																							3.8%	3.8%
	Reduce number of falls in hospital																								
S21	Falls resulting in harm	93	82	90	81	110	100	107	103	86	96	97	76	85	74	93	75	80	86	80	107	83	763	456	456
S22	Falls resulting in severe harm or death	1	2	2	2	1	2	3	1	0	0	2	3	1	1	1	0	1	3	2	3	1	13	1	1
S40	Repeat falls	4	6	5	6	10	8	8	6	4	12	4	3	4	6	7	6	7	7	4			41	113	113
S23	Falls assessment within 24hrs of admission	99.4	99.6	99.1	99.7	98.1	98.7	97.9	98.0	98.3	98.2	98.6	98.6	98.7	98.3	98.7	98.7	98.7	98.4	99.4			98.7	80%	80%
S24	Avoidable falls identified on the Safety Thermometer	0.35	0.12	0.12	0.61	0.37	0.23	0.34	0.35	0.25	0.11	0.23	0.00	0.00	0.12	0.36	0.35	0.24	0.61	0.12			0.26	0.76%	0.76%
	Pressure ulcers																								
S25	Grade 2 pressure ulcers	13	8	10	14	6	15	17	11	9	17	11	11	18	12	16	10	17	13	17	12	18	133	156	156
S26	Grade 3 & 4 pressure ulcers	0	1	0	1	1	1	0	1	0	2	1	0	0	0	0	1	0	2	0	0	0	3	11	23
	Other safety metrics																								
S11	VTE Assessment Compliance	84.5%	85.5%	83.0%	90.0%	88.7%	89.2%	92.6%	92.6%	91.8%	92.0%	92.4%	92.0%	92.8%	92.8%	92.8%	92.0%	92.0%	91.8%					95%	95%

QUALITY SCORECARD

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	17/18 YTD Actual	YTD Target	Target
EXPERIENCE																									
	Experience domain score																								
	Friends and Family Test																								
X38	Trust Friends and Family Recommend %: Inpatient	95.9%	97.6%	94.8%	96.0%	95.4%	95.9%	95.3%	93.8%	94.0%	95.9%	92.9%	95.0%	96.7%	96.9%	95.4%	95.0%	96.2%	94.4%	96.2%	94.7%	93.6%	95.4%	95%	95%
X39	Trust Friends and Family Recommend %: A&E	87.7%	87.0%	89.9%	87.5%	86.6%	86.8%	86.1%	88.1%	87.5%	88.2%	89.4%	89.6%	88.7%	89.4%	87.6%	86.7%	86.2%	89.4%	89.6%	89.3%	88.8%	88.4%	93%	93%
X40	Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	96.1%	91.3%	96.4%	100.0%	100.0%	95.0%	100.0%	80.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	83.3%	100.0%	100.0%	100.0%	96.9%	95%	95%
X41	Maternity Friends and Family Recommend %: Delivery care	94.7%	98.3%	97.3%	99.1%	95.7%	94.0%	96.1%	92.9%	97.0%	93.5%	98.5%	92.9%	96.8%	98.2%	97.1%	96.5%	98.8%	98.8%	97.8%	97.6%	98.5%	97.4%	95%	95%
X42	Maternity Friends and Family Recommend %: Postnatal ward	83.5%	95.7%	96.8%	95.1%	96.7%	91.2%	91.1%	98.8%	91.7%	97.1%	94.2%	88.2%	90.4%	94.9%	89.7%	94.9%	90.8%	96.5%	96.9%	93.9%	93.2%	93.1%	95%	95%
X43	Maternity Friends and Family Recommend %: Postnatal community care	89.1%	86.7%	79.4%	93.5%	100.0%	86.2%	80.0%	91.4%	92.3%	93.7%	92.1%	83.9%	80.0%	96.5%	96.6%	91.3%	94.0%	85.7%	96.0%	90.3%	92.3%	93.4%	95%	95%
X44	Trust Friends and Family Recommend %: Outpatient	95.1%	98.6%	93.7%	92.2%	87.8%	91.5%	94.2%	96.7%	92.1%	82.0%	100.0%	96.3%	93.8%	93.6%	88.8%	86.4%	98.3%	94.8%	92.2%	91.8%	94.9%	92.5%	95%	95%
	Friends and Family Test response rates																								
X24	Trust Friends and Family Response Rate: Inpatient	15.4%	15.4%	13.5%	12.7%	11.3%	12.3%	14.4%	11.6%	10.5%	13.1%	8.4%	10.0%	7.9%	12.1%	13.4%	11.1%	11.6%	13.4%	10.9%	14.8%	11.5%	11.9%	40%	40%
X25	Trust Friends and Family Response Rate: A&E	20.8%	17.2%	18.3%	20.3%	18.9%	19.2%	19.5%	17.1%	16.9%	18.3%	15.9%	17.8%	18.1%	19.1%	19.6%	16.2%	16.9%	17.7%	16.3%	21.5%	20.2%	18.4%	23%	23%
X33	Maternity Friends and Family Response Rate: Delivery care	23.8%	24.3%	21.9%	23.5%	20.1%	17.7%	25.3%	22.9%	21.7%	21.6%	17.4%	17.7%	22.3%	24.0%	25.1%	17.3%	17.6%	18.0%	20.0%	19.6%	15.3%	20.3%	40%	40%
	Reduction in patients suffering a bad experience dealing with the Trust																								
X08	Percentage of re-booked outpatient appointments																							7.80%	7.80%
X09	Clinics cancelled with less than 6 weeks notice for annual/study leave																							281	281
X11	PALS contacts relating to appointment problems (pior % of total appts)																							0.08%	0.08%
X12	Reduce patients cancelled on the day of surgery for non-clinical reasons																							337	337
X13	Breaches of mixed sex accommodation arrangements	57	69	76	77	113	80	41	137	72	61	92	48	76	48	39	22	21	67	57	52	59	441	0	0

QUALITY SCORECARD

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	**17/18 YTD Actual**	YTD Target	Target
	Cleanliness / PLACE Survey																								
X16	Internal PLACE compliance : RSCH																							95%	95%
X17	Internal PLACE compliance : PRH																							95%	95%
	Improve our customer service and become a more caring organisation																								
X18	Number of complaints	44	19	25	27	40	43	36	28	37	48	36	43	27	24	30	31	49	42	41	41	41	326	tbc	tbc
X19	Complaints where staff attitude or behaviour is an issue	11	15	6	12	12	12	11	7	10	10	5	9	15	10	17	33	18	21	30	24	13	181	tbc	tbc

Brighton and Sussex University Hospitals NHS Trust

To: Meeting of the BSUH Trust Board

Date of Meeting: 31st January 2018 Agenda Item: **7**

Title
Organisational Development and Workforce Performance Board Report
Responsible Executive Director
Denise Farmer, Chief Workforce and OD officer
Prepared by
Helen Weatherill, Director of HR
Status
Public
Summary of Proposal
This report details the Trust's performance in relation to workforce supply, development and engagement of its workforce to improve the organisations culture.
Implications for Quality of Care
There is a direct correlation between a highly engaged, performing workforce and quality of care.
Link to Strategic Objectives/Board Assurance Framework
Supports the delivery of the Trust's current corporate objectives: excellent outcomes; great experience; empowered skilled staff; high productivity
Financial Implications
Supports effective and efficient financial performance
Human Resource Implications
As above
Recommendation
The Board is asked to: NOTE this report
Communication and Consultation
n/a
Appendices
Workforce scorecard data Equality and Diversity Annual Report

ORGANISATIONAL DEVELOPMENT AND WORKFORCE REPORT
Month 09 2017/18 (December 2017)

1. INTRODUCTION

1.1. This paper sets out the key headlines relating to the Trust's workforce at 31 December 2017.

2. Workforce Capacity

2.1. The Trust Establishment stands at 8210.7 WTE. There are 7334.7 WTE staff in post which equates to a vacancy rate of 10.7%. Of the 876 WTE vacancies; 343 WTE are Nursing and Midwifery, 178 WTE are Admin & Clerical, 149 WTE are Scientific, therapeutic and technical staff (ST&T)**,** 126 WTE are Ancillary Support and 80 are Medical. The highest vacancy rate is within Ancillary Support (18.6%). A regular timetable of "one stop" recruitment days have been established for qualified nurses, Health Care Assistants and Ancillary Support staff (ie housekeepers and porters).

2.2 Bank spend was £1.8m during the month of December 2017 which is an increase from November 2017 (£1.48m). This is the highest spend seen over the 12 month period and has increased from £1.22m in December 2016.

2.3 Agency spend has also seen an increase £0.97m in December 2017 from £0.84m at the same time last year. Agency spend has been increasing over the last three months due to vacancies and short-term sickness absence. The three nursing areas using the most agency nursing staff are the Emergency Department and Intensive Care Unit at Royal Sussex County Hospital and Twineham Ward at Princess Royal. The three medical areas using the most locum doctors are Urology, Hematology and Neurosurgery.

3. Staff Turnover

3.1. The Trust's 12 month Turnover rate (external leavers excluding Training Grade Doctors) was 13.9% which has seen a reduction from 14.2% in October 2017. Scientific, therapeutic and technical (ST&T) remains the staff group with the highest Turnover (16.9%).

3.2. December 2017 saw a net loss between substantive starters and leavers with a reduction of 50 staff over the month. The three most common reasons cited for leaving in December were lack of promotion/career opportunities, relocation and work related stress. Within the new Culture, Leadership and Organisational Development programme there are two dedicated workstreams that focus on retention and health and well-being with specific targets for reducing the number of leavers per month and improving and adding to the existing mechanisms to support staff well-being. Work has already commenced to improve the retention of nurses and healthcare assistants and a full retention strategy and plan with measurable targets will be place by the end of March 2018.

4. Workforce Efficiency

4.1. The Trusts 12 month sickness absence rate is currently 4.73% (November 2017). A similar figure was last seen in January 2017 when absence stood at 4.75%.

Reducing long term and short-term sickness absence is a core part of the Workforce Efficiencies programme. A detailed programme of work is underway and delivery of the key milestones and targets will be monitored through the Steering Group.

5.0 Appraisals

5.01 The Trust appraisal rate increased to 77% in December an increase of 1.1% from November (at 75.9%). By 31st March 2018 all areas must have appraised at least 90% of their staff. There is significant variation across the different areas. The Workforce & Organisation Development Directorate has the highest level of compliance at 87.7% and the Chief Operating Officer Directorate has the lowest level at 54.8%. Of the 5 Divisions and 6 corporate Directorates only 1 corporate directorate has a compliance rate of 85% or above. Each Division has received a full report detailing staff who have not had an appraisal within the last 12 months and those staff due an appraisal in January.

5.02 Of the 339 ward and departments 167 (49.5%) are at, or above 85% compliance and appraisal training continues to be available for managers.

6.0 Workforce Skills and Development

6.01 Statutory and Mandatory Training

The Trusts statutory and mandatory compliance rate for December 2017 was 81% as per November. By 31st March 2018 90% of all staff must have completed all of their statutory and Mandatory Training. Information Governance and Manual Handling increased compliance by 1% but Safe Guarding Children decreased by 1% to 79%.

6.02 The number of staff who have never attended any mandatory training (and started in the Trust more than 3 months ago) is currently 42 of which:

- 23 are honorary staff – work is under way to identify if these individuals have completed training with their substantive employer e.g. BSMS so that Trust records can be updated and if not they will be offered support to complete Trust online or face to face training.
- 11 are locum/bank staff - the manager has been notified and is working closely with the 11 individuals to support them to complete online or face to face training. The individuals will need to have completed the training by the end of February in order to continue working on the bank.
- The remaining 9 are spread out across different wards/departments and the managers have been notified so that they can ensure these staff are supported to complete their training.

6.03 A full review of the Trust's current induction arrangements has been undertaken and a new "Welcome Day" for new employees will start week commencing 29th January 2018. The Welcome Days have been designed to ensure that new

employees have a comprehensive introduction in to BSUH, our values and our Patient First Programme. The effectiveness of the new days will be evaluated and we will continue to make ongoing improvements to the Welcome Days and local induction.

7. Divisional Clinical Structures and Leadership.

7.1 The new Clinical Divisional structure has been place since 1st December 2017. The Executive Team and Trust Directors have been supporting the new divisional leadership teams to ensure that the sub-structures underneath each Division are robust. Due to the number of internal promotions to the new senior divisional roles, there are a number of clinical director, Lead Nurse and Directorate manager positions vacant and we are now actively recruiting to these posts. Interim arrangements have been put in place whilst we complete the substantive recruitment.

8. Equality and Diversity

8.1.1 The Equality, Diversity and Inclusion Team on behalf of BSUH and other NHS organisations, namely Brighton & Hove CCG, SPFT, SCFT are continuing to work together to provide Joint Communication Support Services for all our patients. Final presentations by bidders takes place early January 2018. The new contract will start during Spring 2018.

This is to provide the following:

- Overseas language face to face
- British Sign Language face to face
- Overseas language telephone interpreting
- Overseas language video conferencing
- Overseas language written translation
- British Sign Language video relay
- Easy Read translation
- Braille translation

8.1.2 The contract will enable over 5000+ BSUH patients a year to continue to receive relevant communication support, which will enable them to be actively involved in all the decision making processes surrounding their healthcare, and in monetary terms is expected to cost BSUH £1.5 million over the 3 year period.

8.2 Equality, Diversity and Inclusion 12 Month Summary

8.2.1 A high level summary of key areas of activity for the Equality, Diversity and Inclusion Team (EDI) both internally and externally within our local communities for the last 12 months. This information supplements the Annual Equality Report.(attached).

8.2.2 The second stage of our cultural transformation work has commenced with a launch event with our Values and Behaviours Champions, the Chief Executive, Chairman and People Opportunities in December. We have designed our new leadership programme to support the cultural change required and BSUH and equality and diversity is reflected throughout the programme and within specific modules. A wide programme of work is planned over the next three months and this includes; the establishment of BSUH Cultural Change Ambassadors, further development work

with the Board, managers, BME Network, LGBT Forum and Staff Council, a comprehensive review of HR policies and their application, specific cultural work with a number of different areas across the Trust and a refresh of our Workforce Race Equality Standard action plan.

8.2.3 Key landmark achievements 2016/17

a) Equality and Inclusion Partnership (EquIP)* and Trans Sup Group) – as members of this citywide group, the EDI team has been able to influence the way equality is undertaken within the city and share best practice, for example our document 'Guidelines for Supporting Trans Staff and Patients' is being used by:
   - Sussex Community Foundation NHS Trust
   - Sussex Partnership NHS Foundation Trust.

b) Our Hate Crime guidance has been highlighted as best practice by NHS England.
c) Continued support for the annual Trans and Non Binary Conference.
d) BSUH involvement with Brighton Pride.
e) Provision of EDI support to:
   - Sussex Community Foundation NHS Trust
   - Western Sussex Hospitals Foundation NHS Trust.

f) A total communication approach for patients, carers, friends and family, providing information and support in a way that is accessible regardless of background or ability. Equates to over 60+ language formats.
g) Mx. Title now available on Patient Administration System.
h) Supporting the signage and way finding programme at RSCH.
i) Issue specific EDI face-to-face training for staff in different departments.
j) Implementation of Accessible Information Standard.

*__Equality and Inclusion Partnership (EQUIP) consists of__:

-
Adult Social Care, Brighton and Hove City Council
- Brighton and Hove Clinical Commissioning Group
- Brighton and Hove Connected
- Business Representation (Chamber)
- Children's Services, Brighton and Hove City Council
- Communities and Equality, Brighton and Hove Council
- Community Safety, Brighton and Hove City Council
- Community Works
- Councillors, Brighton and Hove City Council
- East Sussex Fire and Rescue
- EDI Team, BSUH
- Kent, Surrey and Sussex Community Rehabilitation
- Learning Partnership (Adults) Friends Centre
- LGBT Health Inclusion Project
- Public Health, Brighton and Hove City Council
- Sussex Partnership NHS Trust
- Sussex Police
- Third Sector Equalities Representative
- Trans Pride and Clare Project
- University of Brighton
- University of Sussex

9.00 New National Workforce Strategy Consultation – "Facing the Facts, Shaping the Future2

9.01 HEE is currently consulting on a new health and care workforce strategy for England to 2027. Consultation runs until 23 March 2018 and will be published in July to coincide with the NHS's 70th birthday.

9.02 This is the first national workforce strategy for 25 years and is very welcomed. Whilst it is primarily focused on clinical staff, there is recognition that the wider workforce is critical to the running of the NHS. The key points about apprentices, careers not jobs and leadership development apply equally to the entire workforce.

9.03 Demand modelling shows that with no action, including increasing productivity and service redesign, the NHS will need 190,000 additional posts by 2027. If supply continues at the rate of the last 5 years, it is predicted that 72,000 new staff will join the NHS by the same period; requiring a different set of interventions across health and care.

9.04 The strategy sets out the changing environment for health and social care, including the growing care needs; changing expectations and knowledge; generational differences across the workforce; a changing socio-economic and political environment; the interdependence of health and social care; a changing world of technology and innovation; local government structure and the role of the social partnership forums.

9.05 There are a set of shared principles to underpin future workforce decisions:

- Securing the supply of staff
- Enabling a flexible and adaptable workforce through investment in educating and training new and current staff
- Providing broad pathways for careers in the NHS
- Widening participation in NHS jobs so that people from all backgrounds have the opportunity to contribute and benefit from public investment in healthcare
- Ensuring the NHS and other employers in the system are inclusive modern model employers
- Ensuring that service, financial and workforce planning are intertwined so that every significant policy change has workforce implications thought through and tested

9.06 The strategy also sets out how the workforce will be grown and developed through making the NHS the employer of choice. There is acknowledgement about the global healthcare workforce and the workforce response to the Five Year Forward View.

9.07 The Trust will be engaged in the consultation and Board colleagues are invited to contribute. A copy of the draft strategy is available at:

https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-strategy

10 COMMUNICATIONS AND ENGAGEMENT

10.1 Campaigns

The communications team has continued to work with colleagues from across the trust, provided support for a number of long-term campaigns and initiatives. This includes support for the trust's bid to vaccinate as many front-line staff against flu as possible.

The flu vaccine remains the most effective way to protect against flu and prevent the spread of infection.

More than 3,200 front line staff have already been vaccinated – 47% of staff overall, which compares with a total of 39% vaccinated last year. Our drop-in sessions and encouragement to take up a jab continue. We have also reminded staff that for every flu jab we give at the Trust, we will donate to Unicef a tetanus vaccination to a child in the developing world.

The communications team has continued to promote Patient First to colleagues across the trust, including content in *Buzz,* facilitating open staff sessions and creating video content. The aim is to ensure staff are aware of Patient First, believe it will support improvement and can see how they are involved. This campaign will continue over throughout the rest of the year with measurement of progress due to begin in February with the introduction of key questions to the trust's Health and Safety updates.

10.02 Winter pressures

Working closely with the operational teams, regular updates have been provided to staff relating to the increase in demand for urgent care and designed to support improvements in the flow of patients through our hospitals. This has included email and updates as well as information shared in the weekly staff newsletter, *Buzz*, available online and in print.

The team has continued to promote the appropriate use of emergency services via our social media channels.

Coverage of the increase in demand has included praise for staff in our local media. BBC World Tonight also interviewed our team in A&E at the County site for a programme examining the pressure faced by urgent care teams.

10.03 Facebook:

The total number of Facebook likes are 1741 (Jan 26) with an average of two new likes per day. Our aim is to significantly increase this figure. On average, 2,418 people engaged with our page every week (clicks, likes) and our average weekly reach was 29,300 (the number of people who have seen any content associated with our page). The most popular posts related to the appropriate use of A&E.

10.04 Twitter:

To date we have 3,851 followers. In December 2017 we had 4,173 profile visits, were mentioned 397 times and had 103,000 impressions (opportunities to see our tweets).

Workforce strategy

With over 1.3 million staff performing over 300 different types of jobs across more than a 1,000 different employers, the NHS needs a robust workforce planning process to ensure that we have staff in the right numbers, with the right skills and the right values and behaviours to deliver high-quality care.

NHS

Facing the Facts, Shaping the Future

A draft health and care workforce strategy for England to 2027





For consultation

Public Health England

Part of our core role is to provide system-wide leadership and oversight of the workforce?s

education and training; we will work to ensure that healthcare staff are recruited in the right numbers and with the right values and behaviours to support the delivery of excellent healthcare and to continue to drive improvement. We are also a partner in delivering the NHS Five Year Forward View and are supporting the government to deliver on its priority areas, including mental health.

We acknowledge that the NHS and the wider health and care system faces many immediate and significant workforce challenges.

Our NHS Workforce Report *Facing the Facts, Shaping the Future ? a draft health and care workforce strategy for England to 2027* [1] published in September 2017 describes the nature and scale of these challenges and sets out proposals for the management of workforce issues at both local and national level.

Professor Ian Cumming OBE, Chief Executive, Health Education England said:

> This is our first opportunity for a quarter of a century to ensure we have a comprehensive systemwide understanding of our workforce needs for the future; be that next year, five years away, or a decade away. This document outlines five years of action, taking on challenges as they arose, and finding solutions, but the future needs more than fixing as we go along. Agreeing what we need is the first step to planning the capacity and capability measures to deliver what we need. This document takes the first step ? together we need to take the next one."

Our role in supporting effective delivery of healthcare

HEE is responsible for planning and delivering a healthcare workforce in the right numbers and with the right skills, values and behaviours to meet the current and future needs and expectations of patients.

Every year, NHS Trusts produce workforce plans to ensure that they are employing the right workforce to meet the needs of current patients. But because it takes at least three years to train a nurse?and even longer for other professionals like GPs and hospital doctors?Trusts also forecast how the needs of their patients could change in future, to inform our decisions about what the shape of the future workforce should be.

As such, every employer has a duty to ensure that they are and recruiting the right numbers of staff with the right skills and behaviours to meet the needs of their patients, and the boards of provider organisations are responsible for assuring themselves that current staffing levels are safe and appropriate.

As HEE is driven by both national priorities and local needs, this unique governance model ensures that healthcare providers, informed by clinicians and professional leaders who have day-to-day contact with their patients, can inform and shape the decisions about education, training and workforce planning, whilst taking into account the long-term constraints of the academic cycle.

Have your say on the draft workforce strategy

We want to hear your views to inform the Workforce Strategy that will be published in July 2018 to coincide with the NHS?s 70th birthday.

The consultation starts 13 December 2017 and finishes at 5pm on Friday March 23, 2018.

Simply click on the website link below and complete the survey.

consultation.hee.nhs.uk [2]

Simon Stevens, Chief Executive, NHS England, said:

> This document frames some of the big and urgent workforce questions that can no longer be ducked. It marks the start of what needs to be an open, inclusive and comprehensive process involving staff, providers, and patients groups to develop practical solutions for the coming decade."

Lord Crisp, said:

> This is a very welcome publication as we head towards the 70th anniversary of the NHS and seek to ensure that patients continue to receive safe, high quality care and support with staying healthy. This consultation is an important opportunity to engage publicly in that debate.?

Dr Andrew Howe, Director of Public Health for Harrow and Barnet Councils said:

> The reality is that we cannot keep continuing the way we are. The strategy for the next five years needs to look at how we continue to deliver our services more effectively and that?s what the consultation sets out to do. First and foremost, we need to get serious about prevention as well as supporting carers of patients who want to stay at home.
>
> We know the NHS is under pressure, whether we?ve experienced this first-hand or are caring for a loved one. That?s why it?s so important that you share your views on how we can improve our health and social care services ? not just for today but for generations to come.?

Shane Degaris, Chief Executive at The Hillingdon Hospitals NHS Foundation Trust said:

> This consultation is a much needed step in the right direction. NHS staff are the greatest strength of any hospital and it is crucial that they are well equipped for the roles they carry out. With an ever changing landscape in health and social care, hospitals will face many challenges over the coming years. It is important that NHS Trusts recruit and retain staff and provide them with opportunities and training to enhance their future skills to face these challenges."

Related Documents

- Facing the Facts, Shaping the Future ? a draft health and care workforce strategy for England to 2027 (.pdf)
  4.87 MB [1]
- Commissioning and investment plan 2017-18 (.pdf)
  220.87 KB [3]

Expand / Collapse

Related Content

Mental health workforce plan

Health Education England (HEE) has published **Stepping Forward to 2020/21: Mental Health Workforce Plan for England**.

Read more [4]

Cancer workforce plan

Cancer care is one of the Five Year Forward View?s key priorities - focussing on prevention, earlier diagnosis, better treatment and living with cancer. Having access to more skilled staff in the right areas will be key to delivering on that strategy.

Read more [5]

Links
[1] https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%
[2] https://consultation.hee.nhs.uk/
[3] https://www.hee.nhs.uk/sites/default/files/documents/Commissioning%20and%20Investment%20Plan%202017-18.pdf
[4] https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-planning/mental-health-workforce-plan
[5] https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-planning/cancer-workforce-plan

BSUH Workforce Scorecard

December 2017

Key Performance Indicators		Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	12mth position	Target	Amber	Trend
1 Workforce Capacity	*NB*																	
FTE - Budgeted		8,049.7	8,105.1	8,107.1	8,107.1	8,142.1	8,147.3	8,223.2	8,195.3	8,194.4	8,218.4	8,198.1	8,208.2	8,210.6	8,171.4			
FTE - Substantive contracted		7,299.9	7,310.6	7,315.5	7,320.5	7,285.0	7,259.1	7,250.7	7,251.8	7,279.4	7,285.2	7,306.7	7,356.3	7,332.8	7,296.1			
FTE - Substantive contracted variance from Budget		749.8	794.5	791.6	786.6	857.1	888.2	972.5	943.5	915.0	933.2	891.4	851.9	877.8	875.3			
Vacancy Factor (Substantive contracted FTE)		9.3%	9.8%	9.8%	9.7%	10.5%	10.9%	11.8%	11.5%	11.2%	11.4%	10.9%	10.4%	10.7%	10.7%			
Spend - Bank as a % of total staffing		4.3%	4.7%	5.2%	5.0%	4.5%	4.1%	5.2%	5.2%	5.3%	5.8%	4.8%	5.0%	5.9%	5.1%			
Spend - Agency as a % of total staffing		3.0%	3.4%	3.1%	4.5%	2.4%	3.1%	3.3%	3.2%	3.9%	4.3%	2.8%	3.2%	3.2%	3.4%			
2 Workforce Efficiency	*NB*																	
Absence - Sickness (12 month)	1	4.3%	4.3%	4.3%	4.3%	4.2%	4.2%	4.2%	4.2%	4.3%	4.3%	4.2%	4.2%			**3.3%**		
Absence - Sickness in month		4.6%	4.8%	4.7%	4.2%	3.7%	3.9%	3.9%	4.0%	4.1%	4.2%	4.3%	4.7%		4.2%			
Absence - Maternity in month		2.8%	2.6%	2.4%	2.4%	2.4%	2.5%	2.5%	2.4%	2.3%	2.5%	2.4%	2.4%		2.5%			
Absence - Annual Leave in month		7.5%	5.8%	6.7%	7.8%	7.9%	7.4%	6.8%	6.9%	9.3%	7.0%	5.7%	4.7%		7.0%			
Absence - Special, Study & Other Leave in month		2.6%	2.6%	2.7%	2.8%	2.8%	2.8%	2.9%	2.9%	3.0%	3.0%	3.0%	3.0%		2.8%			
Absence - Total in month		17.4%	15.8%	16.5%	17.2%	16.8%	16.6%	16.0%	16.2%	18.6%	16.6%	15.5%	14.8%		16.5%			
Sickness - Short Term (< 28 days)		2.1%	2.2%	2.2%	1.9%	1.7%	1.9%	1.8%	1.9%	1.9%	2.0%	2.0%	2.2%		2.0%			
Sickness - Long Term (> 27 days)		2.5%	2.5%	2.5%	2.2%	1.9%	2.0%	2.1%	2.1%	2.2%	2.2%	2.3%	2.5%		2.3%			
Sickness - Stress in month		0.7%	0.8%	0.8%	0.9%	0.8%	0.9%	0.9%	0.9%	0.9%	0.9%	1.0%	0.9%		0.9%			
Sickness - Gastro Intestinal in month		0.5%	0.3%	0.4%	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.4%		0.3%			
Sickness - Other Musculoskeletal in month		0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.4%	0.5%	0.4%	0.4%	0.3%	0.4%		0.4%			
Sickness - Cough, Cold & Flu in month		0.8%	0.8%	0.6%	0.3%	0.3%	0.3%	0.2%	0.2%	0.2%	0.3%	0.5%	0.5%		0.4%			
Sickness - Back in month		0.2%	0.2%	0.3%	0.3%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%		0.3%			
Episodes - New sickness episodes in month		1,620	1,658	1,238	1,362	1,087	1,235	1,215	1,147	1,265	1,187	1,343	1,422		1,315			
Episodes - On-going sickness episodes in month		350	309	341	391	360	329	348	351	349	334	289	322		339			
Episodes - Total sickness episodes in month		1,970	1,967	1,579	1,753	1,447	1,564	1,563	1,498	1,614	1,521	1,632	1,744		1,654			
Triggers - 3 sickness episodes in 6 months breaches		768	866	897	915	818	771	687	558	561	535	564	611		713			
Triggers - 5 sickness episodes in 12 months breaches		697	720	715	691	680	682	672	661	638	652	615	618		670			
Triggers - Long term sickness breaches		139	121	126	131	95	133	125	133	158	139	143	136		132			
Triggers - Total sickness management breaches		1,604	1,707	1,738	1,737	1,593	1,586	1,484	1,352	1,357	1,326	1,322	1,365		1,514			
Triggers - Number of staff breaching one (or multiple) triggers		1,079	1,138	1,153	1,145	1,078	1,080	1,013	947	949	920	925	967		1,033			
Maternity - Number of staff on maternity leave		233	214	210	204	201	203	207	196	199	204	205	190		206			
Turnover - Trust (12 month)		14.0%	14.2%	14.3%	14.4%	14.5%	14.6%	14.5%	14.3%	14.3%	14.1%	14.2%	13.9%	13.9%	14.3%	**8.5%**		
Turnover - Medical & Dental		9.3%	8.3%	8.5%	8.4%	8.5%	8.7%	8.6%	8.1%	9.0%	9.3%	10.0%	10.0%	10.0%	8.9%			
Turnover - Nursing & Midwifery		14.8%	15.0%	15.3%	14.9%	15.2%	15.8%	15.6%	15.5%	14.8%	14.3%	14.2%	13.6%	13.3%	14.8%			
Turnover - Scientific, Therapeutic & Technical		15.1%	15.4%	15.0%	16.3%	16.2%	15.8%	16.1%	15.3%	16.0%	15.9%	16.2%	15.8%	16.9%	15.9%			
Turnover - Admin, Clerical & Estates		13.8%	14.3%	14.4%	14.4%	14.3%	13.8%	14.1%	14.3%	14.8%	14.9%	15.1%	14.9%	14.6%	14.5%			
Turnover - Support Staffing		12.3%	12.6%	12.7%	12.7%	13.1%	12.9%	11.8%	11.4%	12.4%	12.4%	12.4%	12.3%	13.1%	12.5%			
3 Training & Personal Development	*NB*																	
% of appraisals up to date (excl Medical staff)		77.2%	79.2%	81.0%	85.0%	82.8%	81.3%	80.9%	80.2%	77.7%	76.2%	76.1%	75.9%	77.0%	79.4%	**90%**		

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

Brighton and Sussex University Hospitals NHS Trust

Annual Equality Report 2017

January 2018

Equality, Diversity and Human Rights Team

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Introduction

Brighton and Sussex University Hospitals NHS Trust recognises that its workforce and patients are core to achieving its business and social responsibilities. The aim of this report is to help demonstrate progress in delivering the best possible inclusive healthcare services, and a workforce which is valued and reflective of the communities that the Trust serves.

As one of the largest employers in the area and a major public sector service provider, the Trust is duty bound by legislation to ensure everyone receives a fair and equitable service. The Equality Act 2010 specifically states that people should not be treated unfavourably because of:

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

These nine items are known as the protected characteristics.

The contents of this report will help to demonstrate how compliant the Trust is with a number of national, legislative and regulatory drivers that include:

- BSUH Equality Goals and Objectives – a requirement set by the Equality Act 2010, Public Sector Equality Duty
- Care Quality Commission – The Fundamental Standards (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)
- Equality Act 2010 – including the Public Sector Equality Duties
- Equality and Human Rights Commission – Codes of Practice
- Human Rights Act 1998
- NHS Constitution

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

This report provides a summary of activity and a snapshot of demographical data covering 1st April 2016 to 31st March 2017. During 2016/17 the Trust has had to plan ahead to meet the challenges of operating in a less financially secure environment. However, as a public sector organisation extra care is taken to monitor any decision which could unfairly affect any particular protected characteristic of staff, carers, volunteers, patients and their families.

Who benefits from this report?

Those with an interest in our services

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

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

Those who work within the Trust

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

What is the Trust doing to further the equality agenda?

The Trust undertakes a wide range of work and projects to support the equality agenda to benefit patients and the workforce. Below is a summary of some of the key items that occurred during 2016/17.

3T's (Teaching, Trauma and Tertiary Care) - hospital redevelopment programme

The Trust is undergoing a massive redevelopment programme to improve the facilities, environment and accessibility for its patients and workforce at the Brighton site. The programme will see 45% of the buildings at the front of the site replaced with two new state of the art hospital buildings. Completion of the redevelopment will be in 2024. For more information about the programme please see the Trust's website or contact the 3T's team on 01273 523375.

Information to support the workforce and patients

The Equality, Diversity and Inclusion team has produced or made available a wide range of information to assist staff and patients. Examples of such information can be found on the Trust's website or by contacting the team on 01273 696955 ext. 64685.

Due Regard Assessments

This is a process where policies and practices (and anything else that would affect our workforce, patients or service delivery) are reviewed. The review makes sure they will not unfairly impact on groups protected by the Equality Act 2010. The assessments also ensure any opportunity to promote equality is taken. During 2016/17 the Equality, Diversity and Inclusion team supported 38 such assessments.

NHS Accessible Information Standard

The standard was launched in July 2016, however in the lead up, the Equality, Diversity and Inclusion team provided information and support to the workforce to ensure they can consistently meet the standard. The standard was introduced to ensure patients who have additional communication needs (which have been caused by a disability) are consistently met by NHS Trusts. For more information about the standard please visit: https://www.england.nhs.uk/ourwork/accessibleinfo/ .

The workforce has access to a range of interpretation and translation services, hospital communication books and a Learning Disabilities Liaison Team. The Equality, Diversity and Inclusion team have also provided support by: providing Sonido Personal Listening Devices to a number of wards and departments, providing hospital communication books (this provides a pictorial way of communicating) to wards and departments, and purchasing the 'Browsealoud' system which has helped to improve accessibility of the Trust's website.

Service Improvements

The Equality, Diversity and Inclusion team are working with the Outpatient Booking Centre. The aim is to identify ways of making the service more accessible to the widest range of patients.

The team are also providing advice for the review of the usage of the main outpatient building based in the Brighton site. This building falls outside of the hospital redevelopment programme and the review is looking into the overall usage and accessibility of the building.

The team are also assisting the Clinical Director of Facilities and Estates to redesign the signage and way finding at the Brighton Site. Careful thought has been given to disability accessibility including physical way finding and the appearance of the signage. The signage has been designed to meet the widest range of accessible needs.

Training

The Equality, Diversity and Inclusion team has facilitated a number of general and specialised training sessions. This helps ensure the workforce to be aware of their responsibilities under equality legislation and to be able to meet a wide range of needs. General equality awareness training can be completed either by face-to-face, workbook or e-learning. This approach makes sure a wide range of learning styles and working patterns can be accommodated.

Nurses and Healthcare Assistants have been offered targeted training on issues relating to gender identity.

Human Resources have received general equality awareness, age specific, disability specific and gender identity specific training.

The Audiology department run regular deafness and hearing impairment awareness workshops. The workshops provide staff a further insight into the issues faced by these communities. The workshop also looks at methods of communication.

NHS England Equality Standards

The Trust will be participating in the Workforce Disability Equality Standard (WDES) next year, the aim of the standard is demonstrating fairness within services using standardised information available to all NHS Trusts. More information about the standard can be found on NHS England's website:

https://www.england.nhs.uk/about/equality/equality-hub/wdes

The Trust has participated in the Workforce Race Equality Standard (WRES), for further information and to download the latest report please go to:

https://www.bsuh.nhs.uk/about-us/equality-diversity-and-human-rights/#2

NHS England has announced that a standard will be introduced next year for sexual orientation monitoring. Further information about the proposed standard can be found by going to:

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

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

Brighton and Sussex University Hospitals NHS Trust Equality Objectives

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

The Trust's first set of objectives and goals which were live between 2016 to 2019. Below is a summary of the objectives and relevant actions.

1. Aim to have the workforce's declared equality monitoring data as a minimum of 90% across the board.
    - As of 2017 the current rates of declared monitoring information is: Age (100%), Disability (80.4%), Gender (100%), Marriage and Civil Partnership (93.5%), Race and Ethnicity (97.1%), Religion or Belief (81.0%) and Sexual Orientation (84.6%).

2. Review the disparity of experiences from the NHS Staff Survey.
    - This is being undertaken by the cultural transformation programme which is being jointly delivered by the Trust and People Opportunities.

3. Review recruitment and selection process, training and monitoring information to address any areas of poor practice and unconscious bias.

4. Engage with Trans and Black, Asian and Minority Ethnic communities to understand why they appear to have a worse experience to other groups (relating to the Friends and Family Test score).

5. Engage with patients to encourage greater trust with patient monitoring exercises.

6. Adult services to receive Trans, Non Binary and Gender Fluidity awareness.
    - It is expected that 20% of the (untrained) workforce will undergo this training per annum.

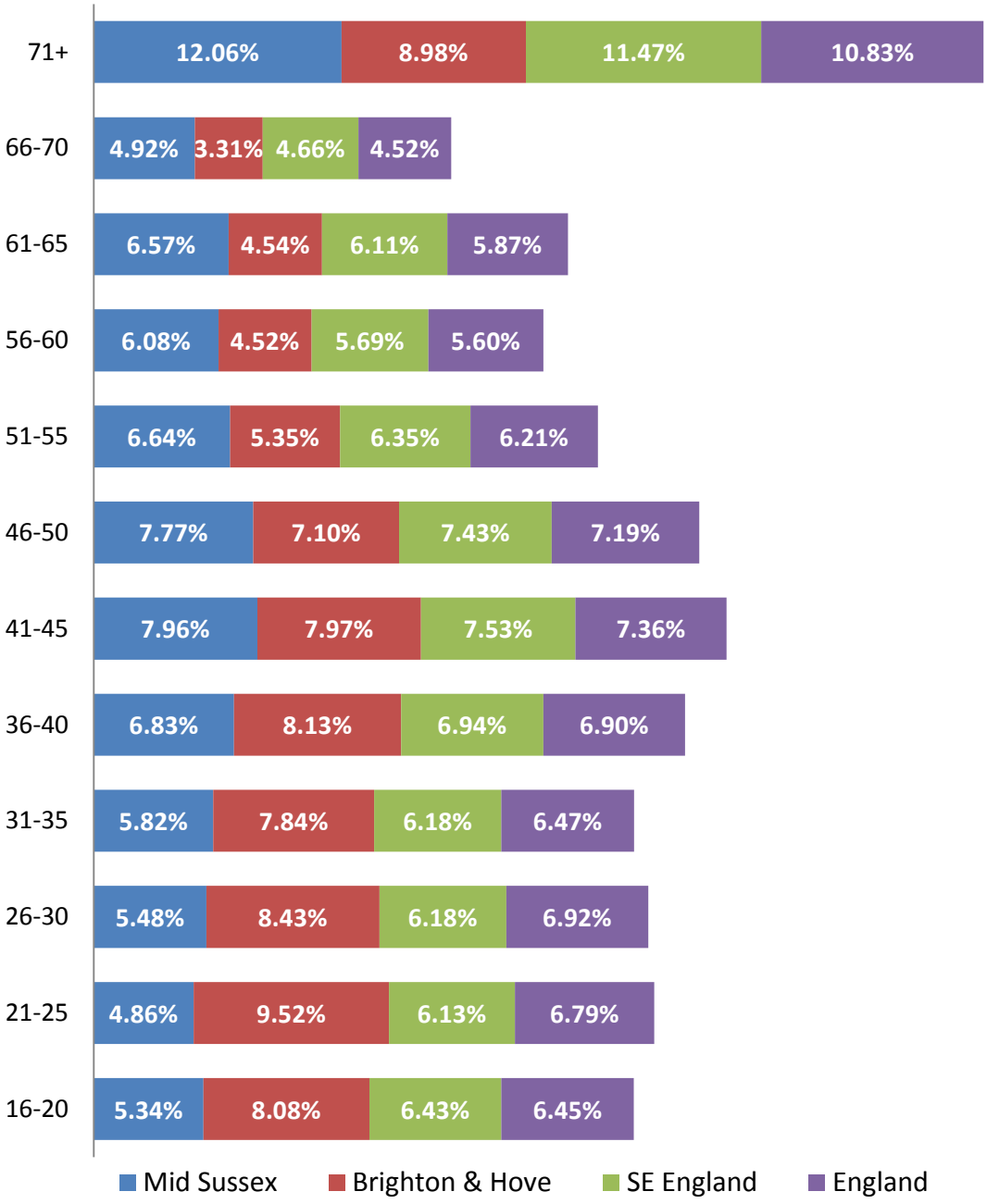
Who are the local communities the Trust serves?

Below is information taken from the 2011 Census, this will give a baseline for the demography of the communities the Trust serves.

The total population counts taken from the 2011 Census are:

- Mid Sussex – 139,860 people
- Brighton and Hove – 273,369 people
- South East England – 8,634,750 people
- England – 53,012,456

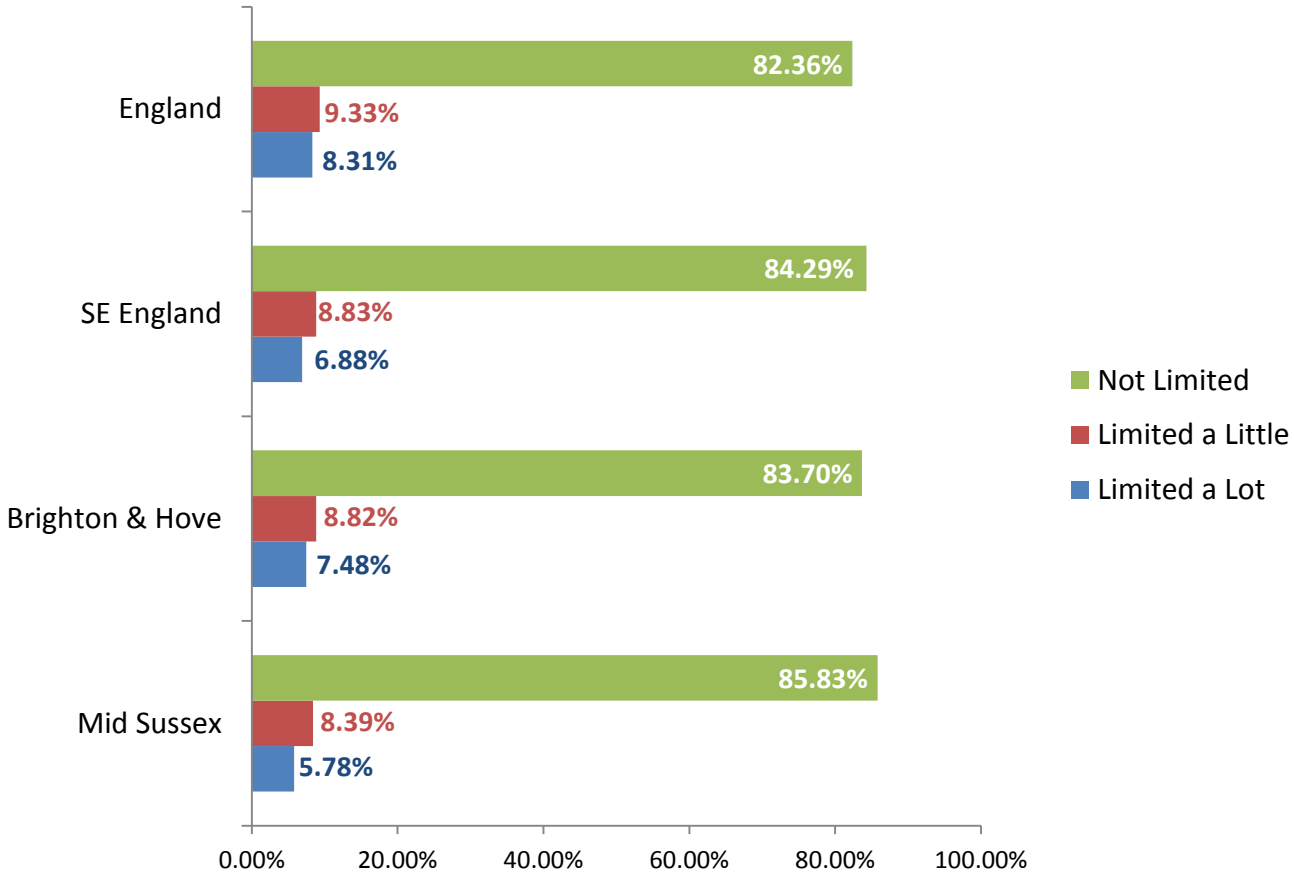
Age



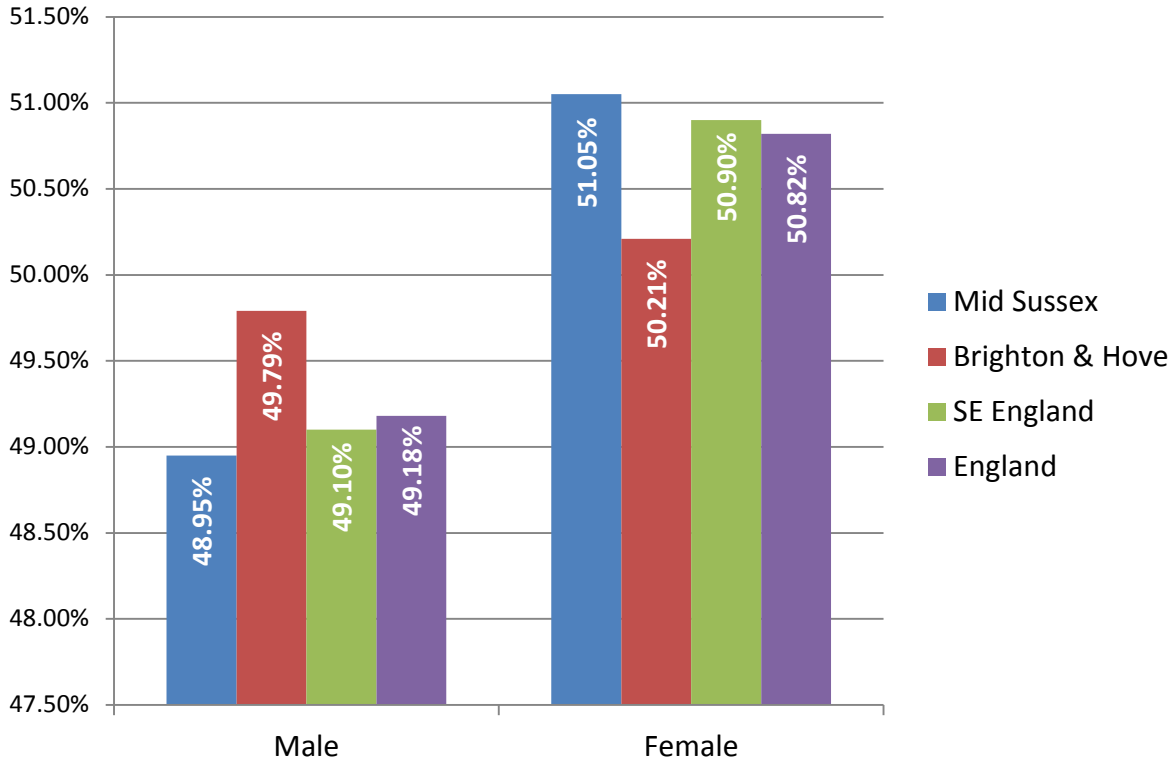
Disability

The 2011 Census asked respondents:

‘Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?’



Gender



Gender Identity

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

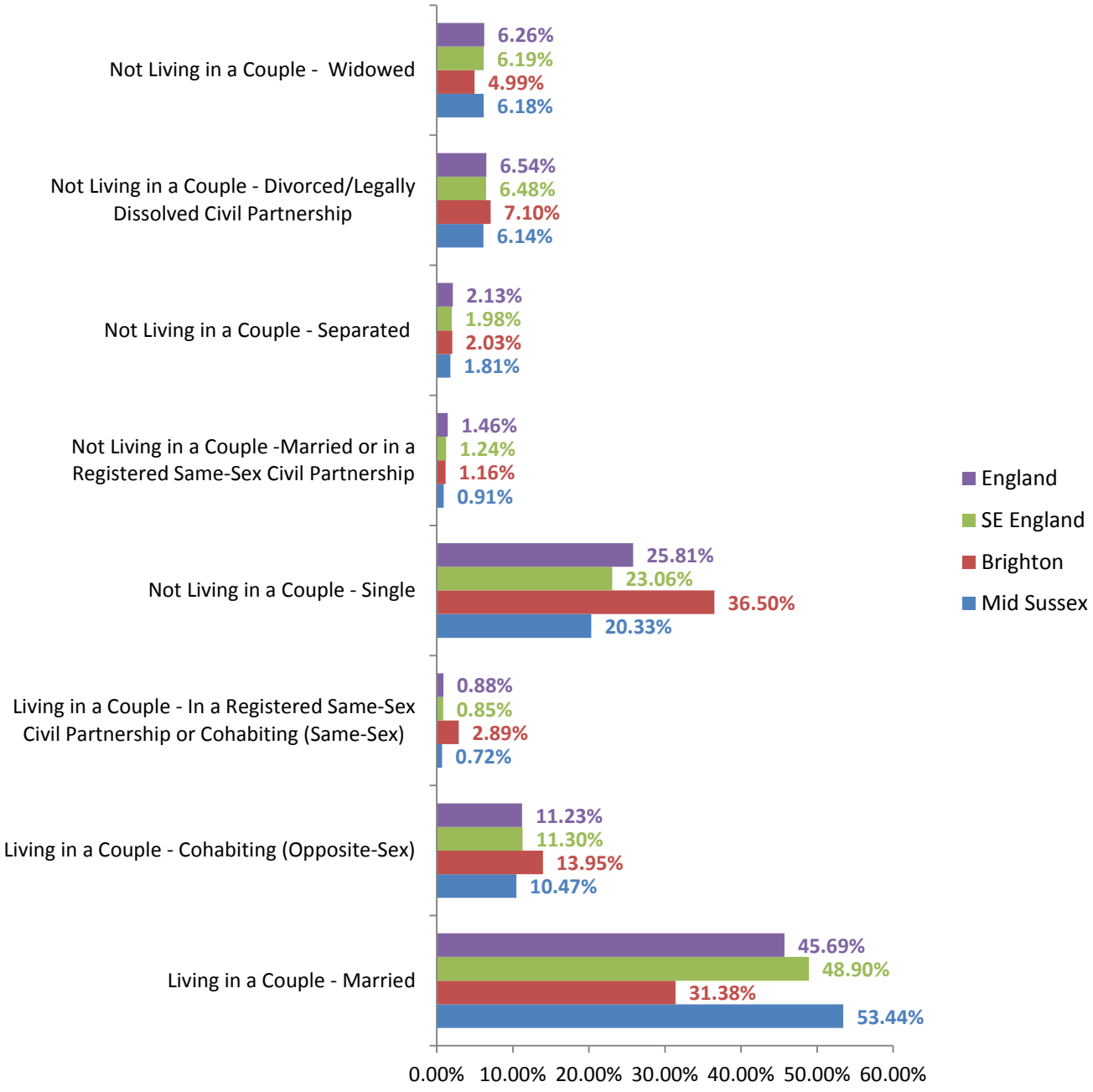
Pregnancy and Maternity

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

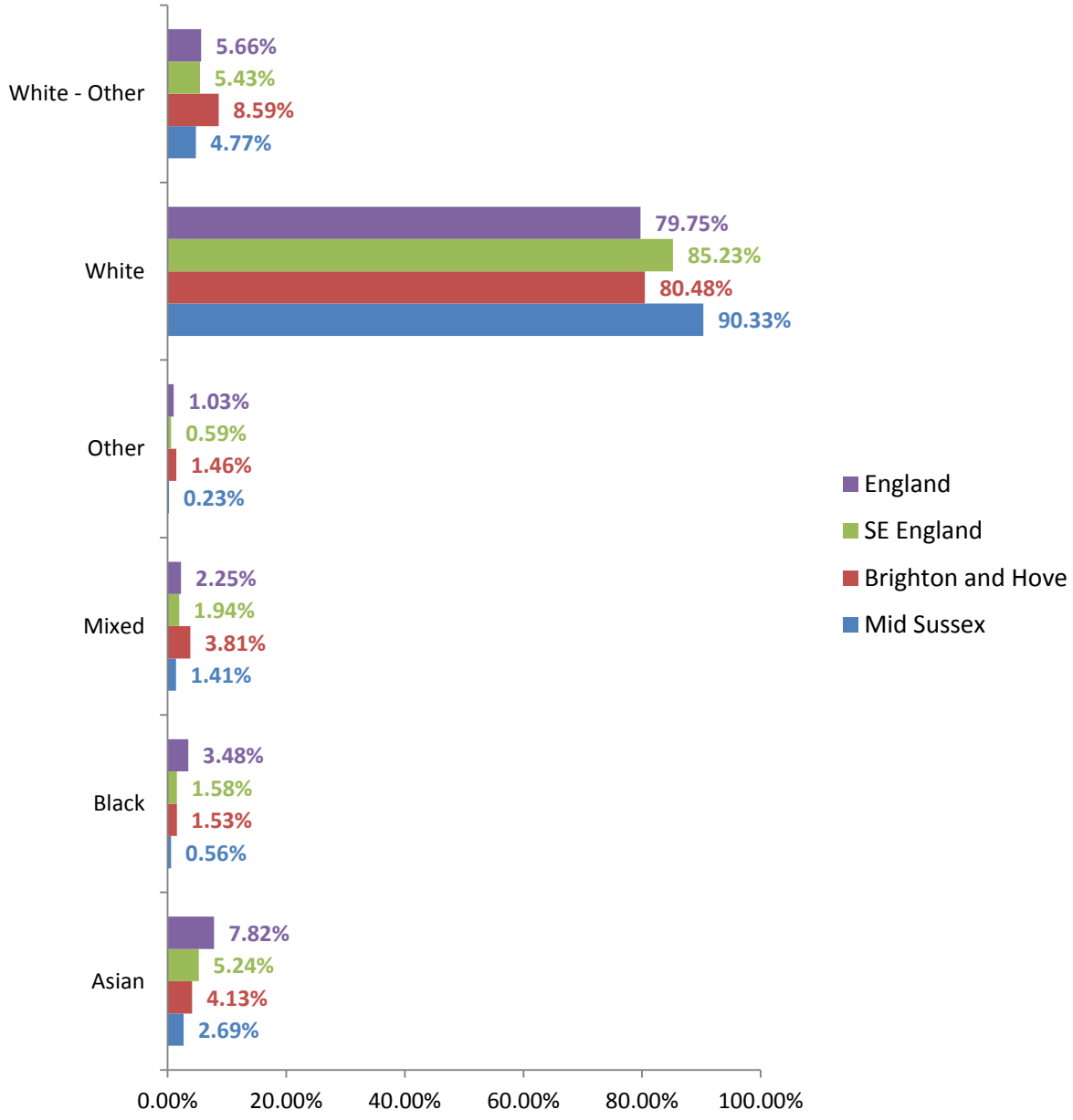
Sexual Orientation

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

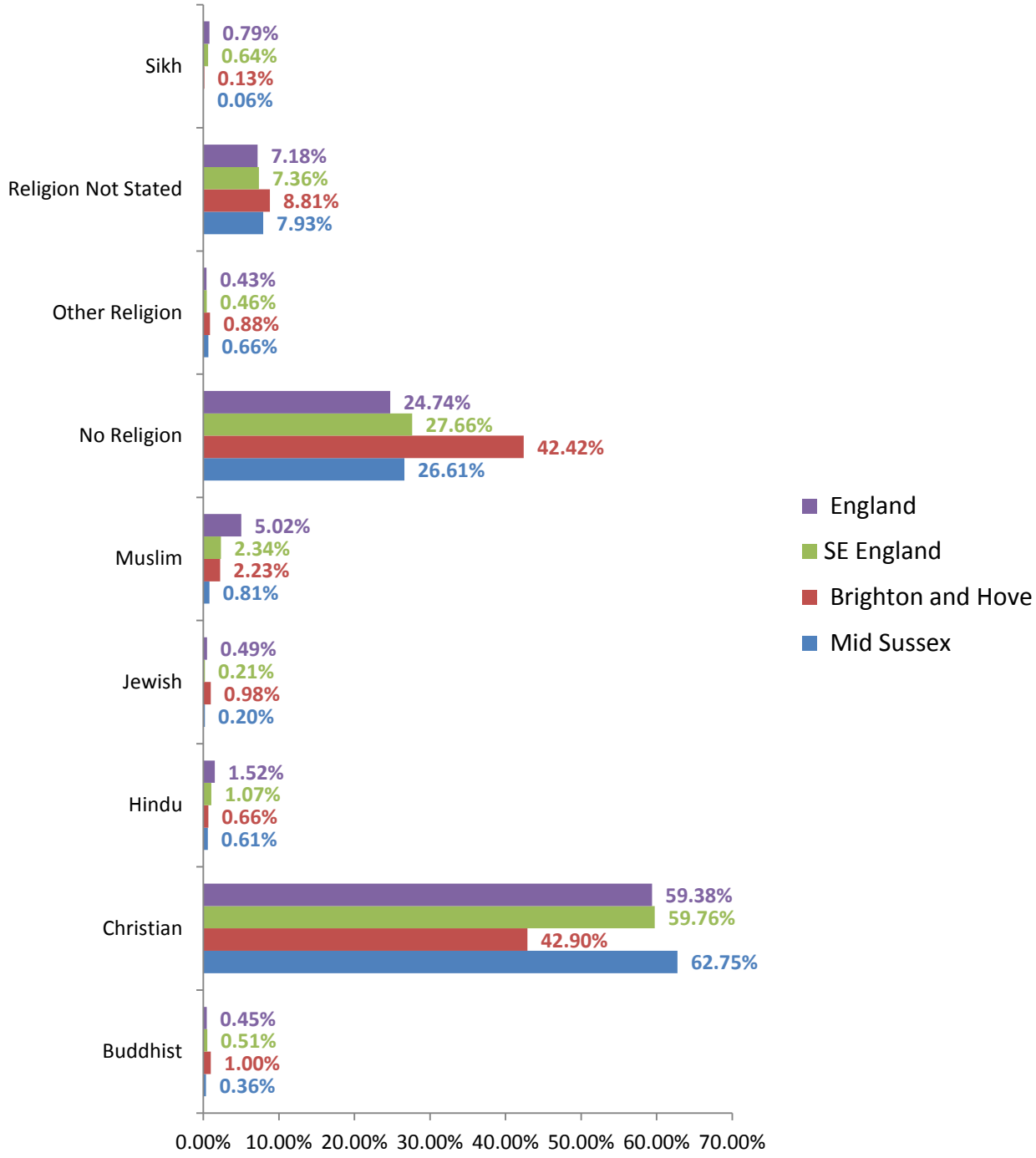
Marriage and Civil Partnership



Race and Ethnicity



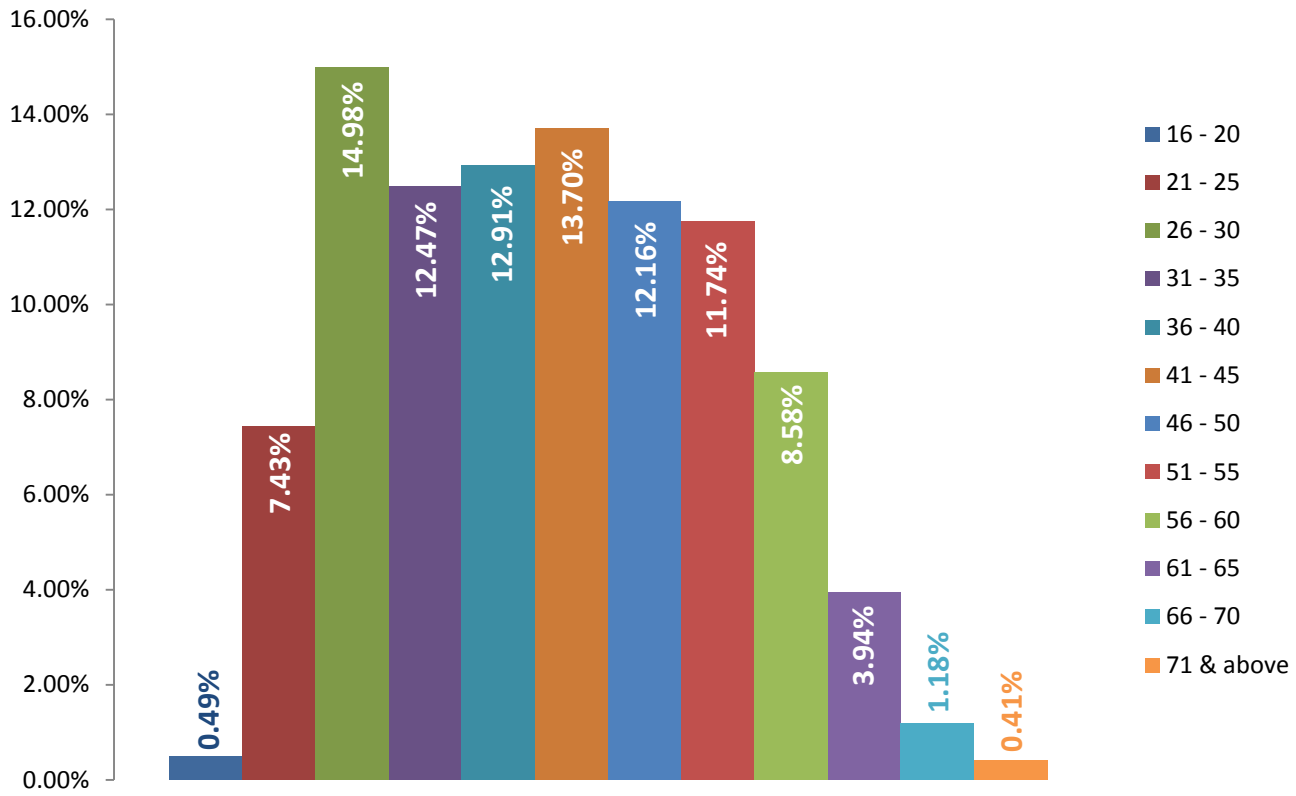
Religion or Belief



Who are the Trust's workforce?

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

Age



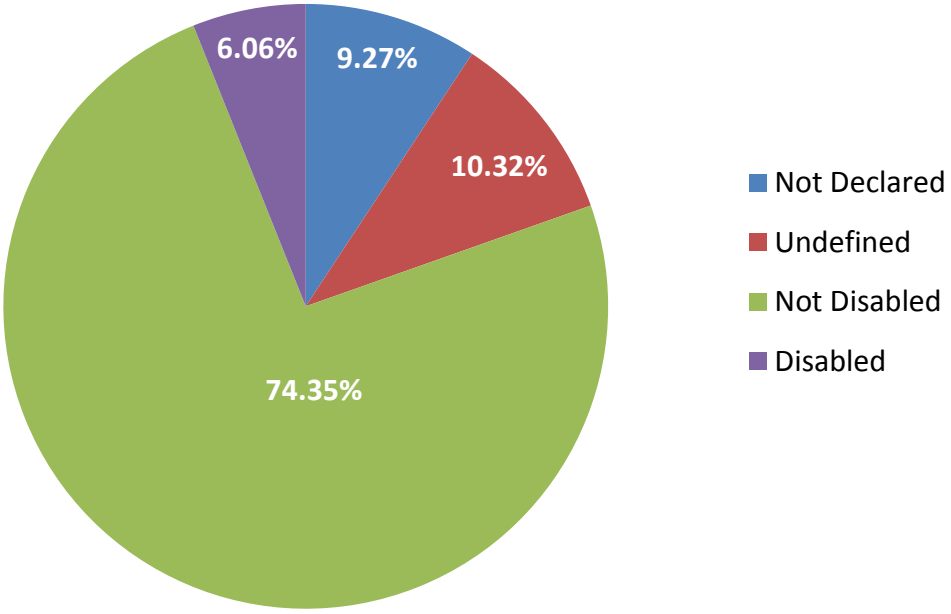
Gender Identity

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

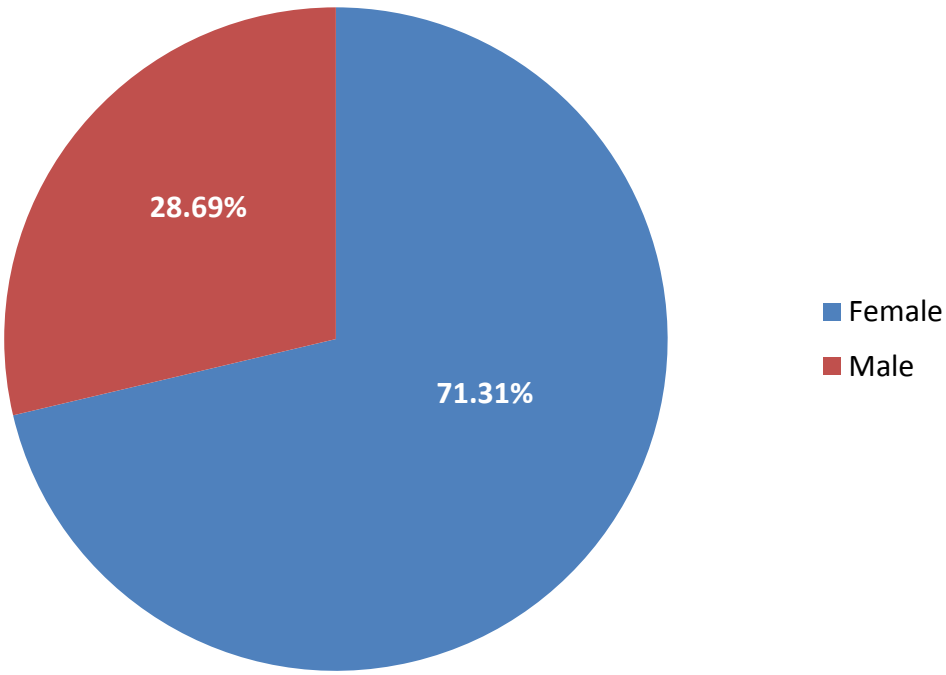
Maternity and Pregnancy

At present the Electronic Staff Records system does not have an effective way of reporting on maternity and pregnancy.

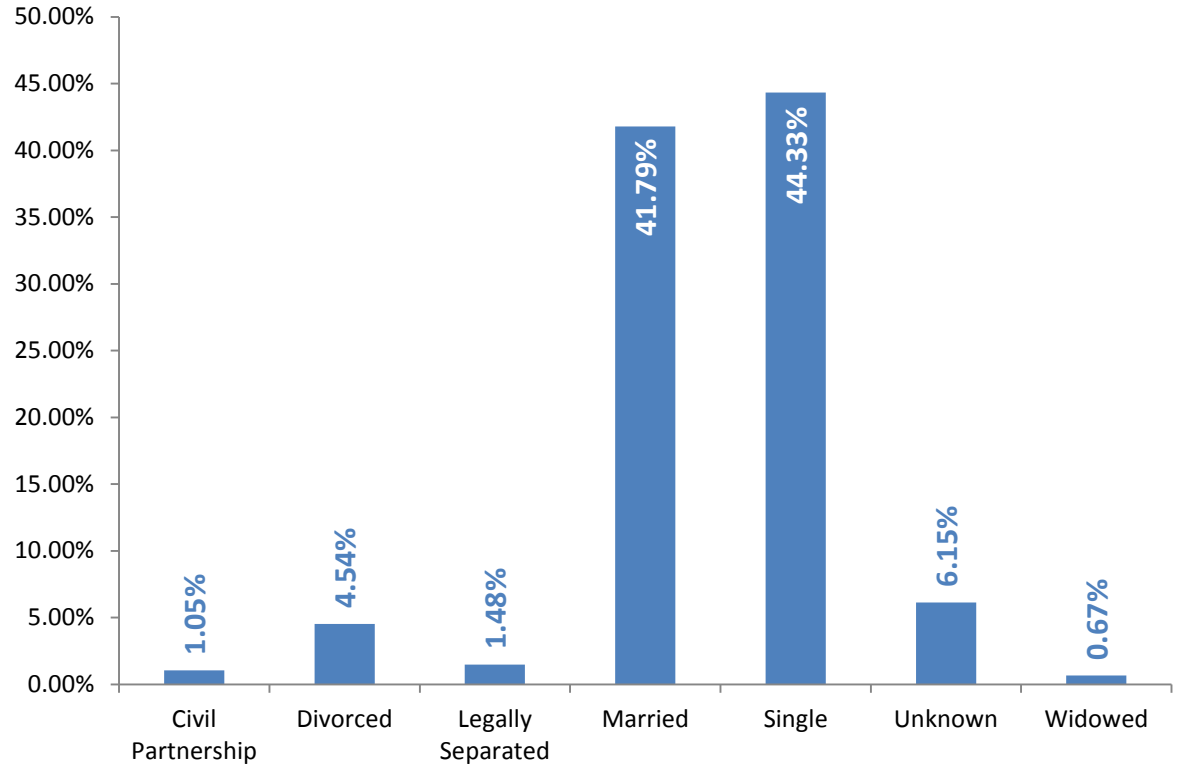
Disability



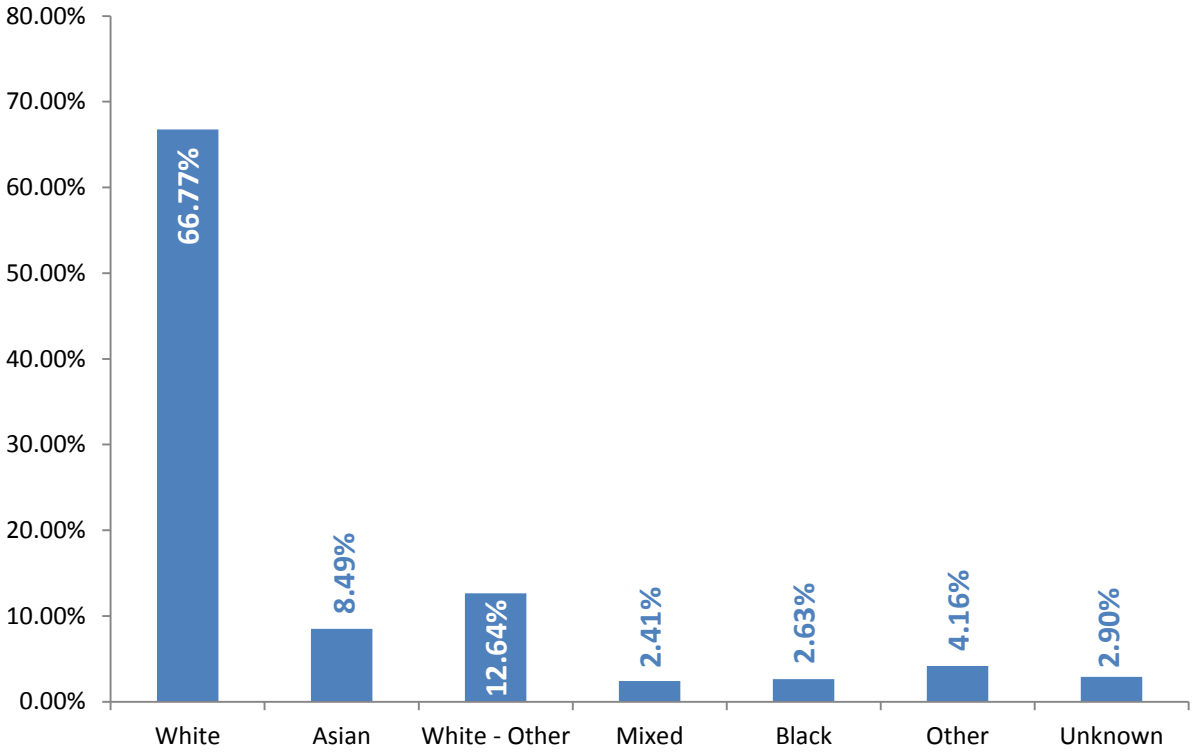
Gender



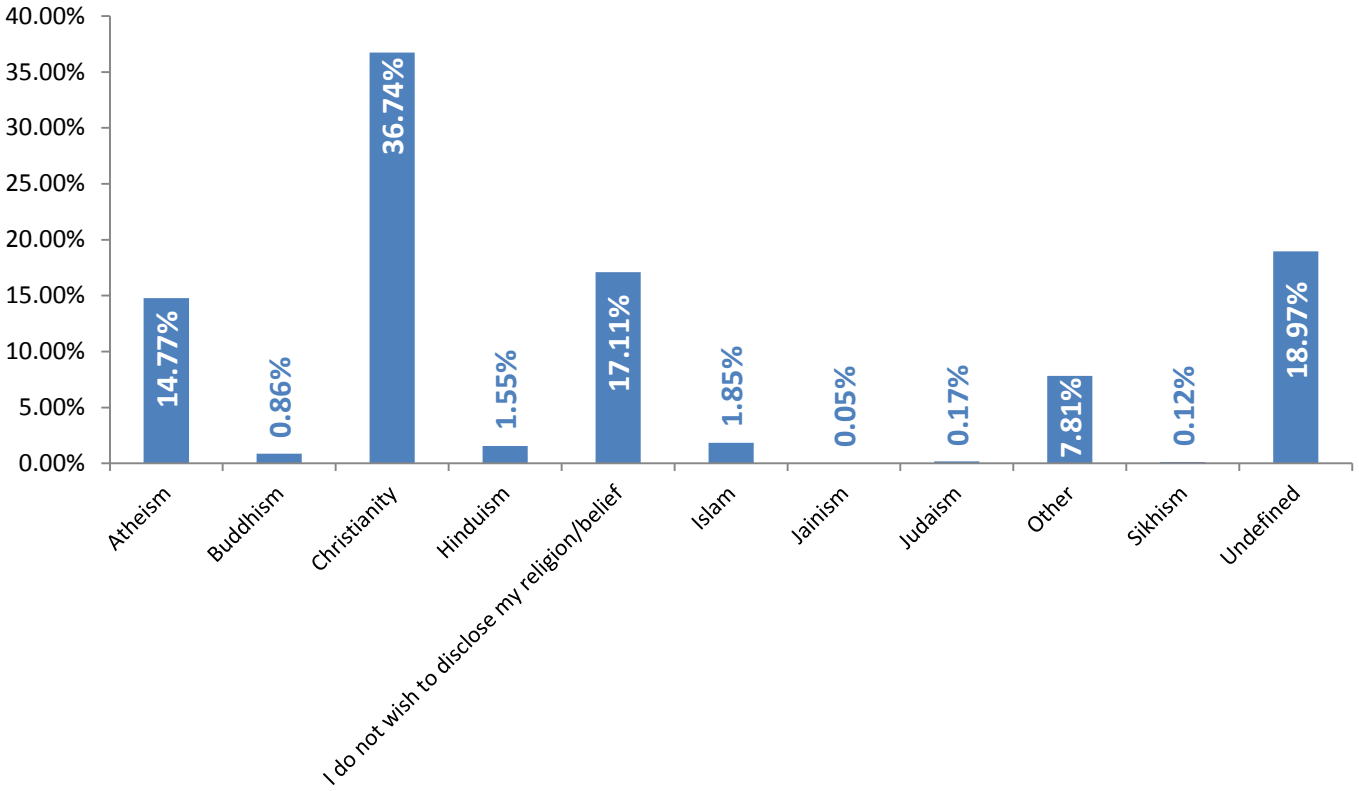
Marriage and Civil Partnership



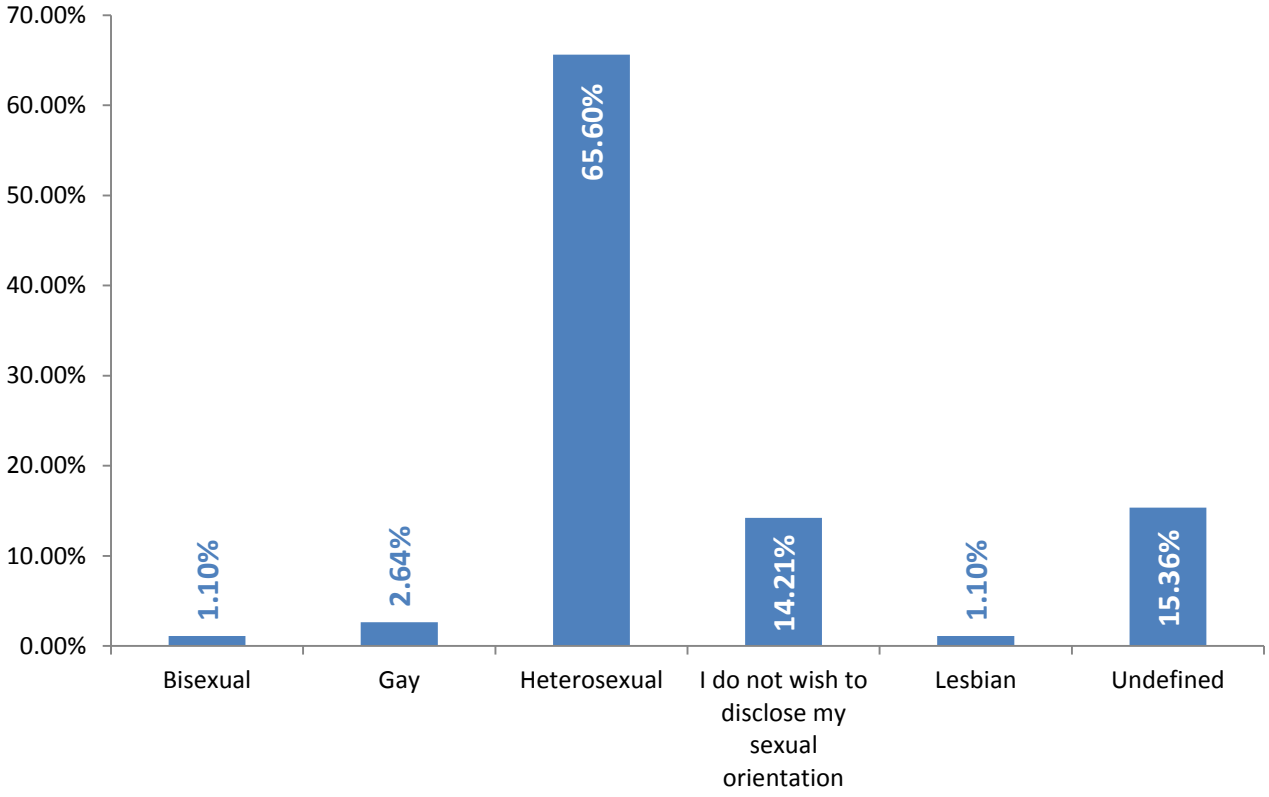
Race and Ethnicity



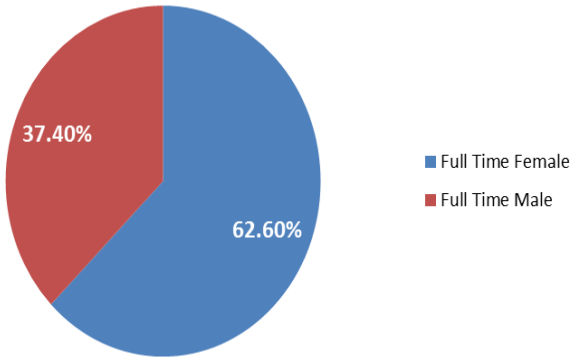
Religion or Belief



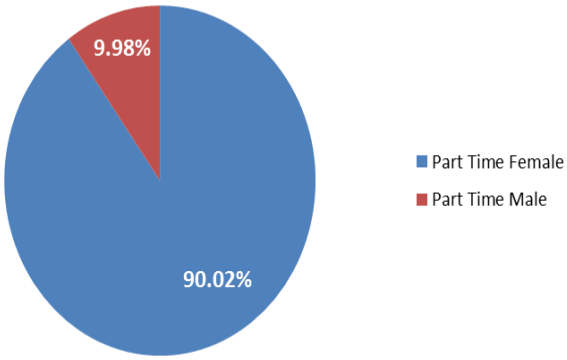
Sexual Orientation



Full and Part Time Hours (by Gender)

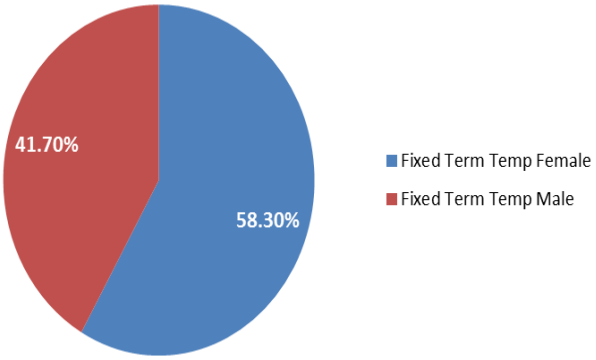


5613 – Full Time Workers

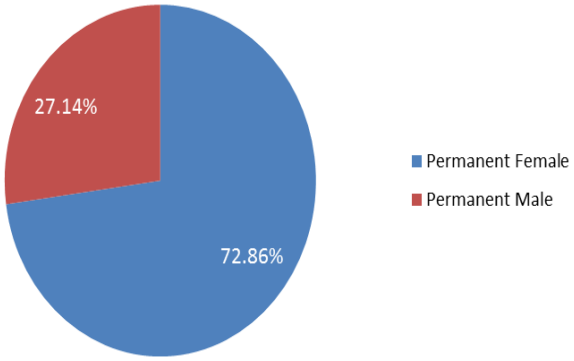


2606 – Part Time Workers

Fixed Term and Permanent Contracts (by Gender)

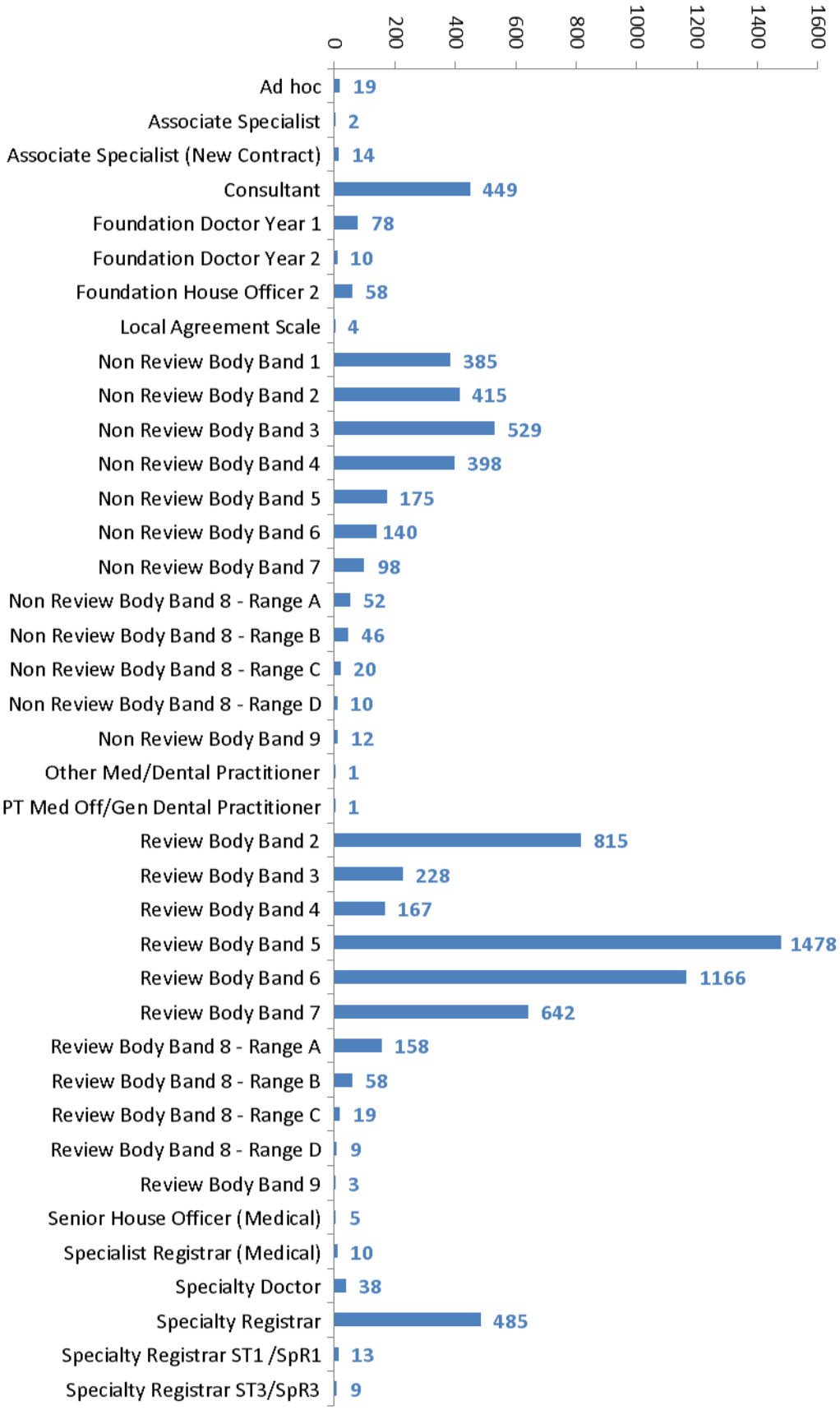


880 – Fixed Term Contracts



7339 – Permanent Contracts

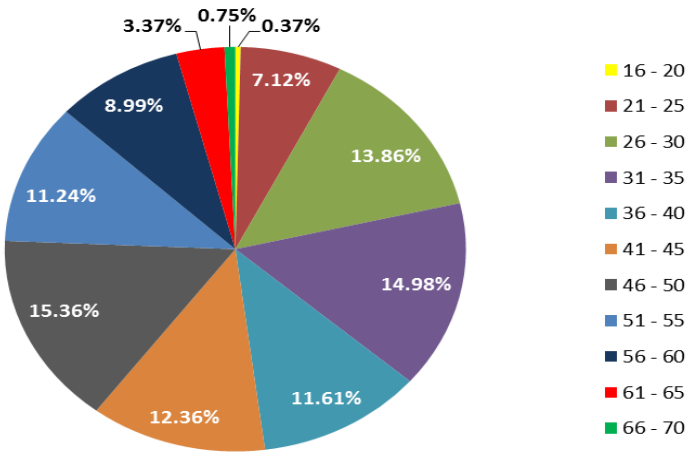
Pay Banding


0
200
400
600
800
1000
1200
1400
1600
Ad hoc 19
Associate Specialist 2
Associate Specialist (New Contract) 14
Consultant 449
Foundation Doctor Year 1 78
Foundation Doctor Year 2 10
Foundation House Officer 2 58
Local Agreement Scale 4
Non Review Body Band 1 385
Non Review Body Band 2 415
Non Review Body Band 3 529
Non Review Body Band 4 398
Non Review Body Band 5 175
Non Review Body Band 6 140
Non Review Body Band 7 98
Non Review Body Band 8 - Range A 52
Non Review Body Band 8 - Range B 46
Non Review Body Band 8 - Range C 20
Non Review Body Band 8 - Range D 10
Non Review Body Band 9 12
Other Med/Dental Practitioner 1
PT Med Off/Gen Dental Practitioner 1
Review Body Band 2 815
Review Body Band 3 228
Review Body Band 4 167
Review Body Band 5 1478
Review Body Band 6 1166
Review Body Band 7 642
Review Body Band 8 - Range A 158
Review Body Band 8 - Range B 58
Review Body Band 8 - Range C 19
Review Body Band 8 - Range D 9
Review Body Band 9 3
Senior House Officer (Medical) 5
Specialist Registrar (Medical) 10
Specialty Doctor 38
Specialty Registrar 485
Specialty Registrar ST1 /SpR1 13
Specialty Registrar ST3/SpR3 9

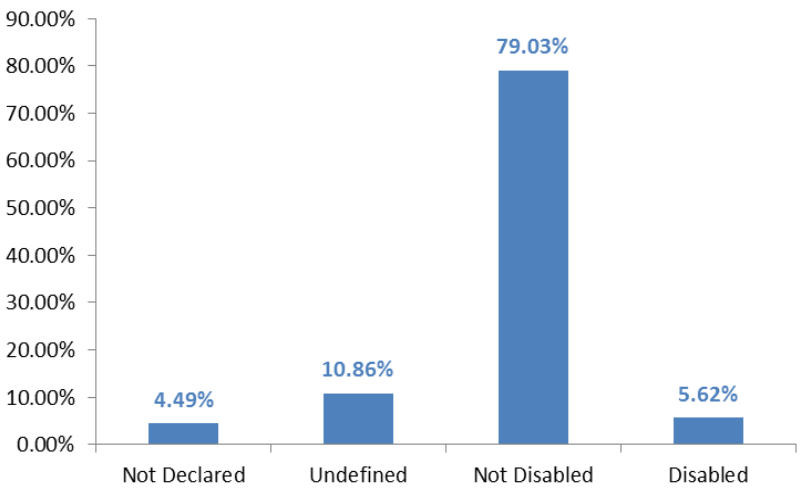
Profile of Staff Groups

Additional Professional Scientific and Technical Roles

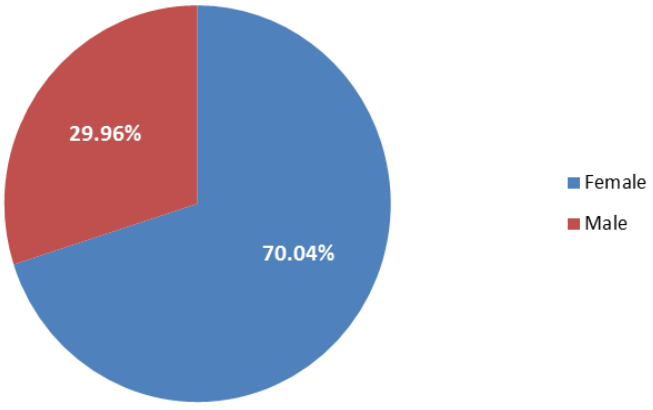
Age profile



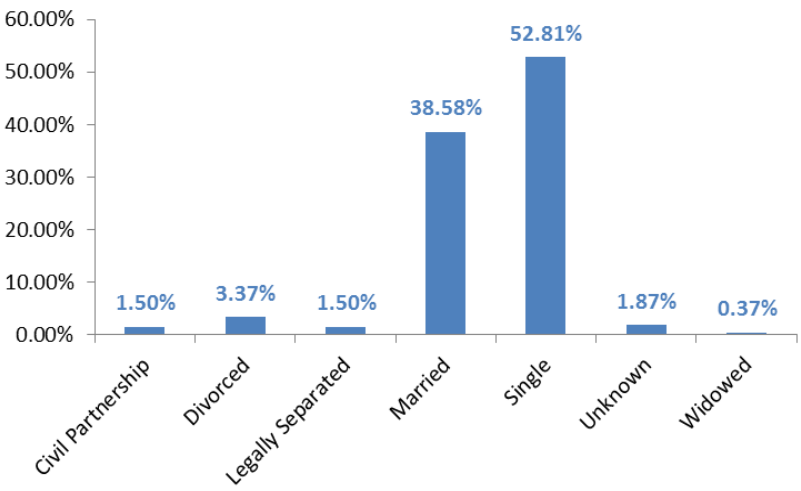
Disability profile



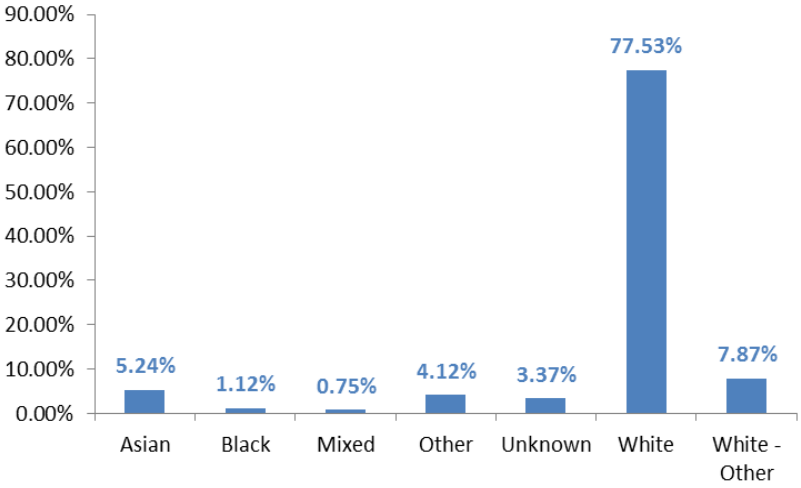
Gender profile



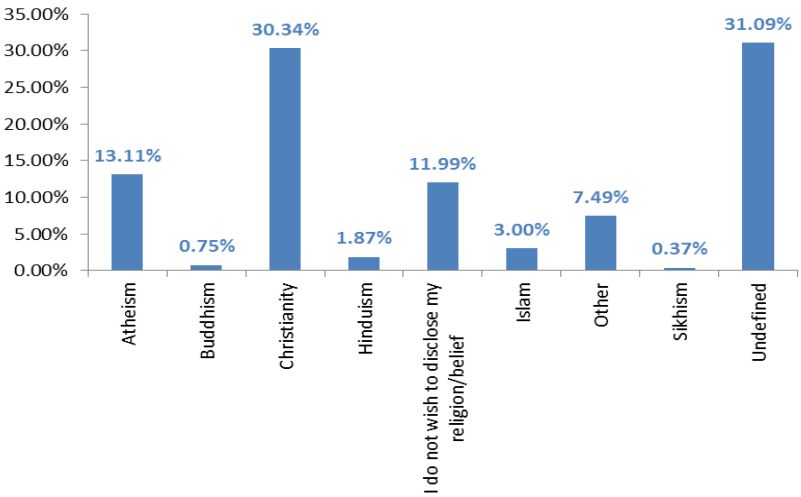
Marriage and civil partnership profile



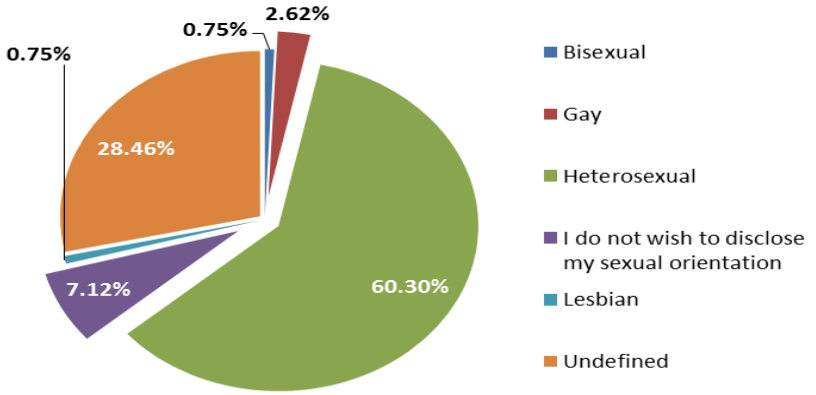
Race and ethnicity profile



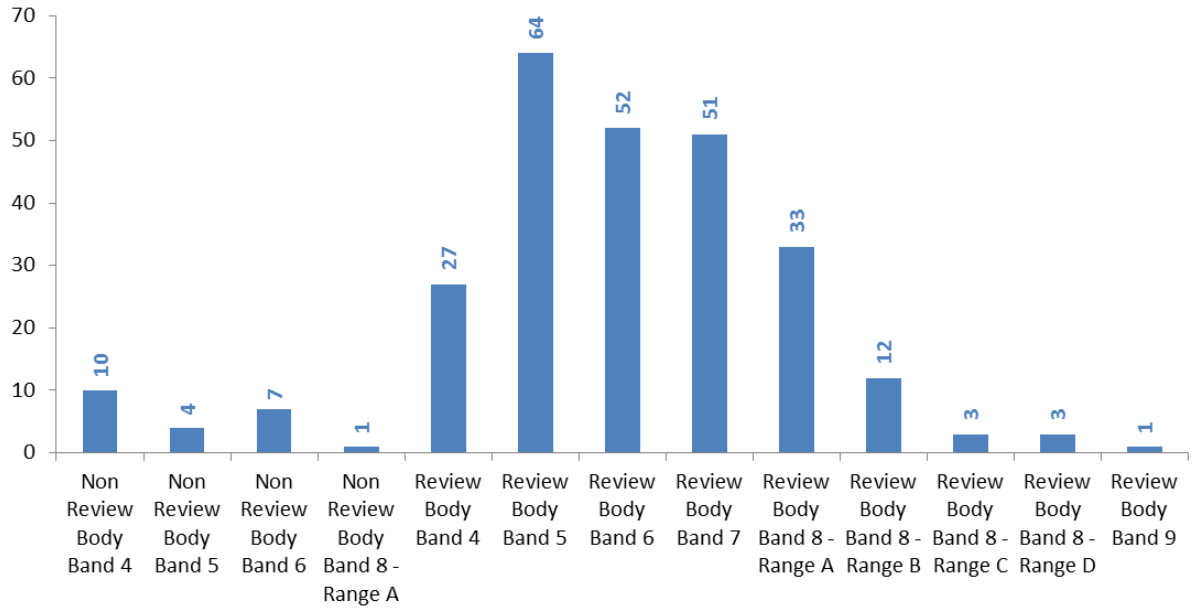
Religion or belief profile



Sexual orientation profile

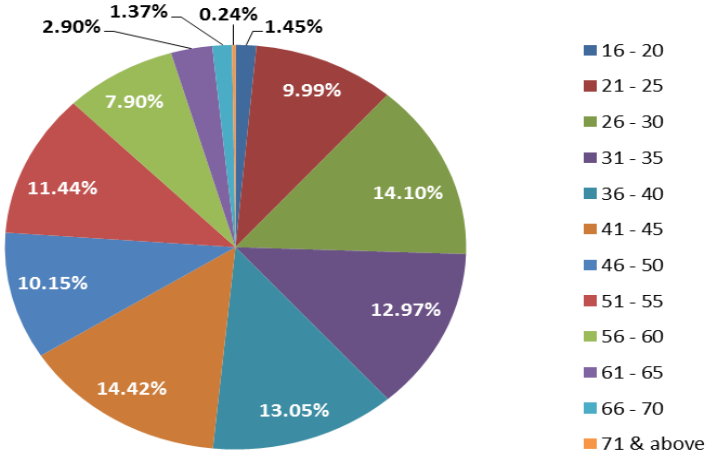


Pay Banding

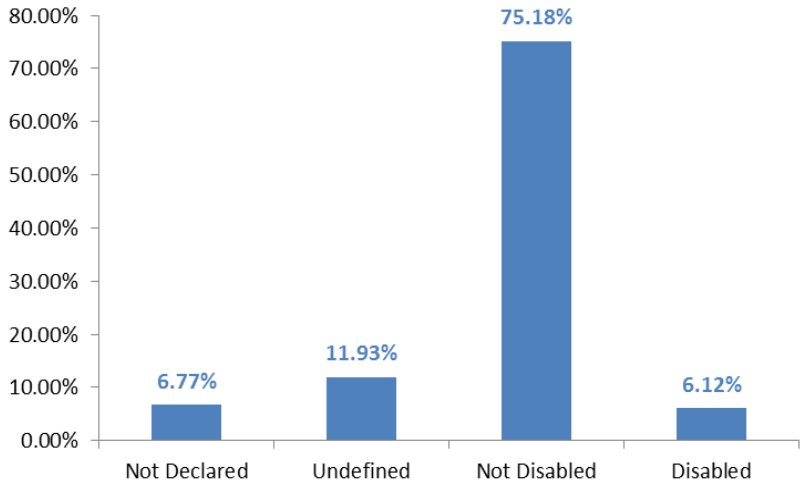


Additional Clinical Services

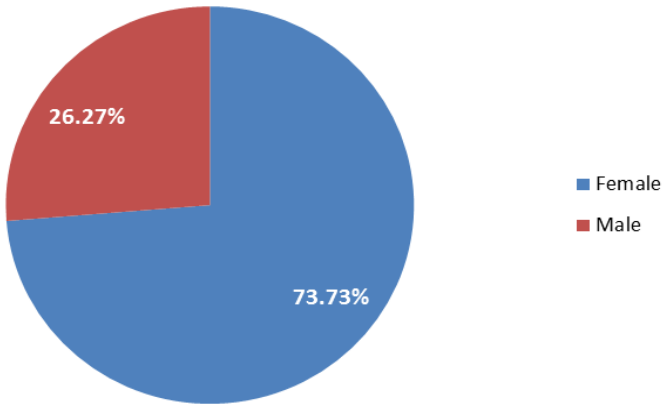
Age profile



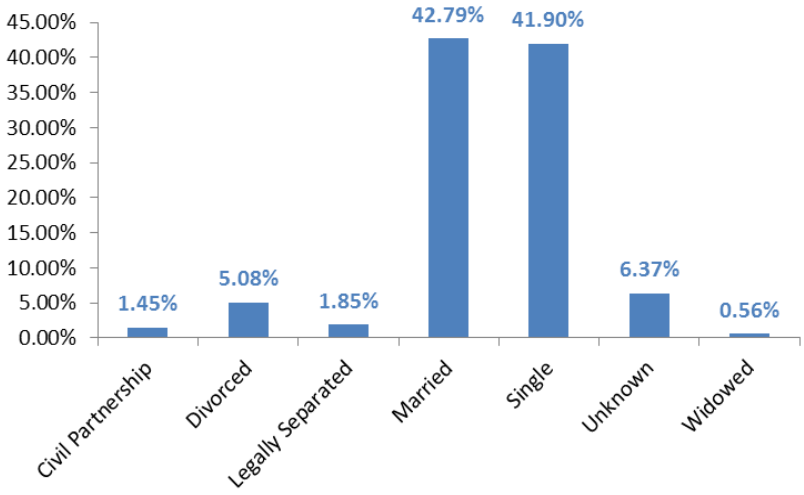
Disability profile



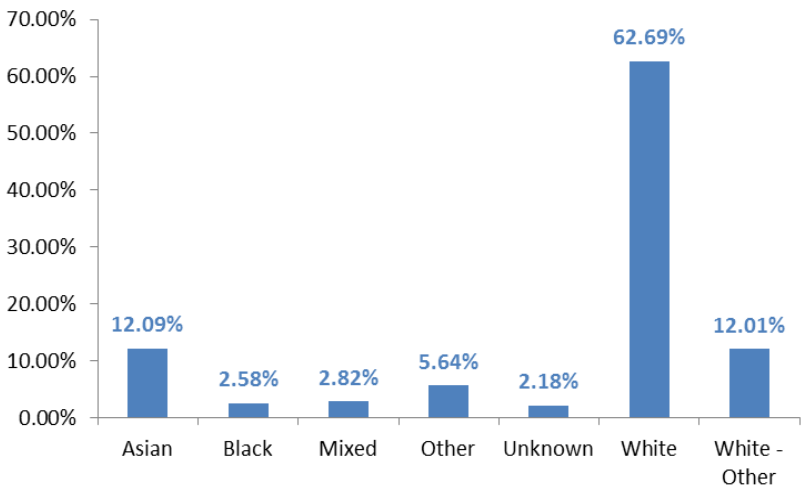
Gender profile



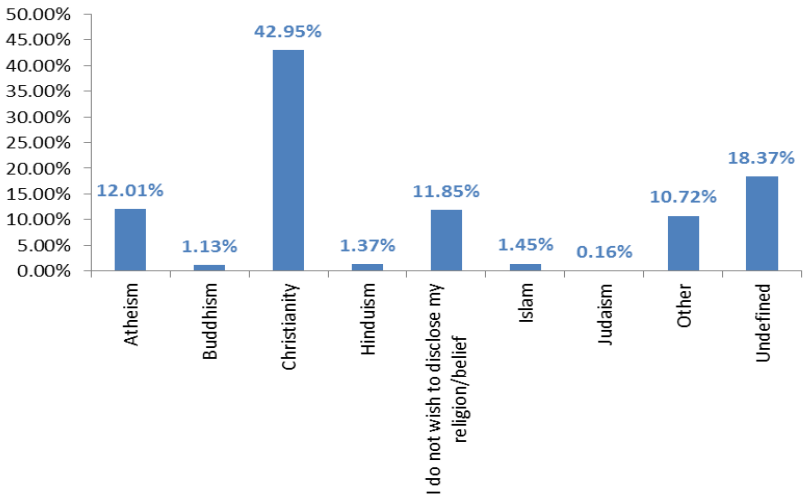
Marriage and Civil Partnership profile



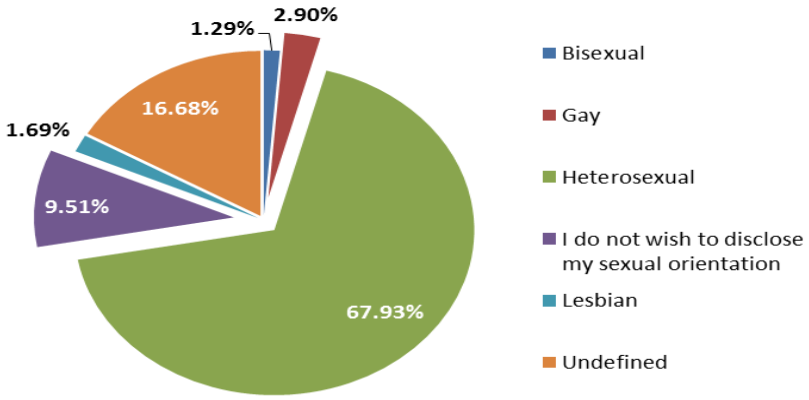
Race and ethnicity profile



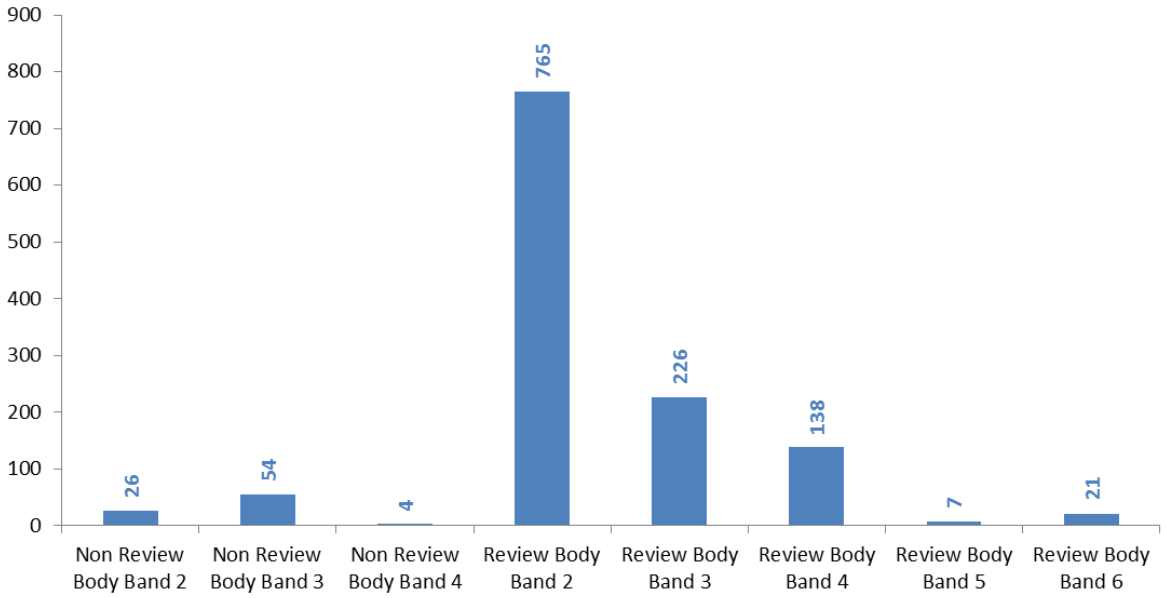
Religion or belief profile



Sexual orientation profile

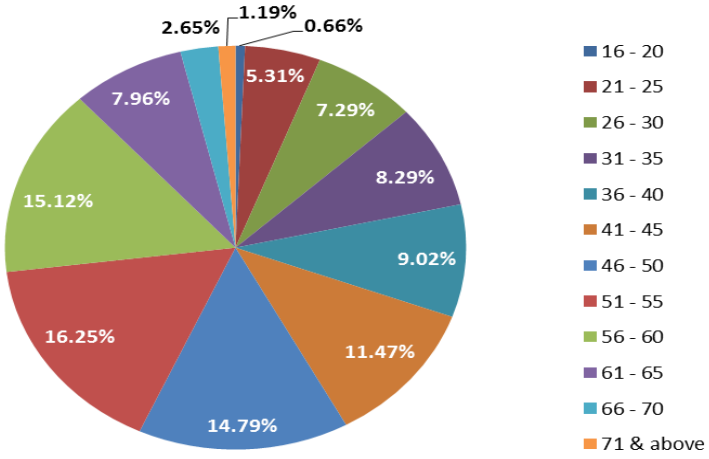


Pay Banding

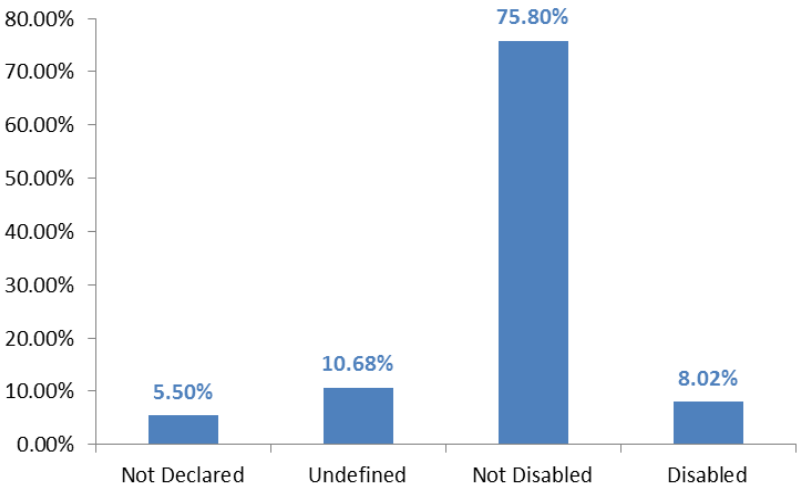


Administrative and Clerical

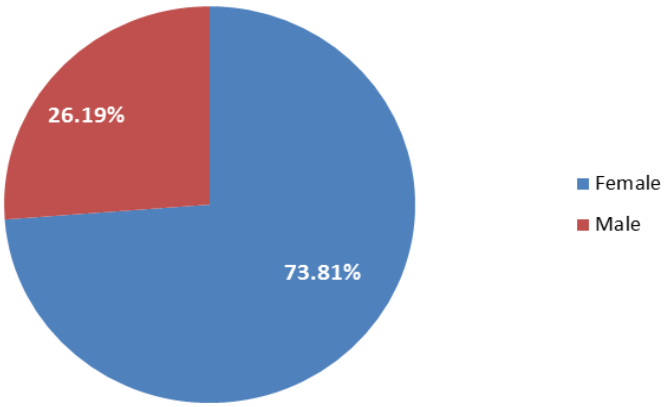
Age profile



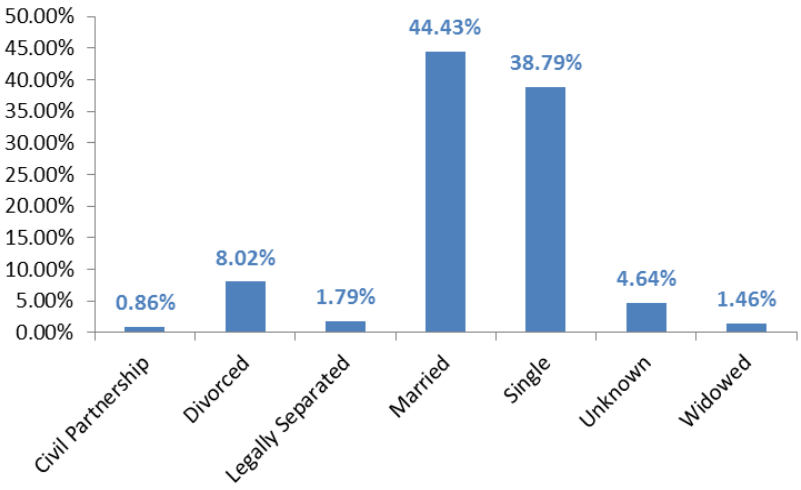
Disability profile



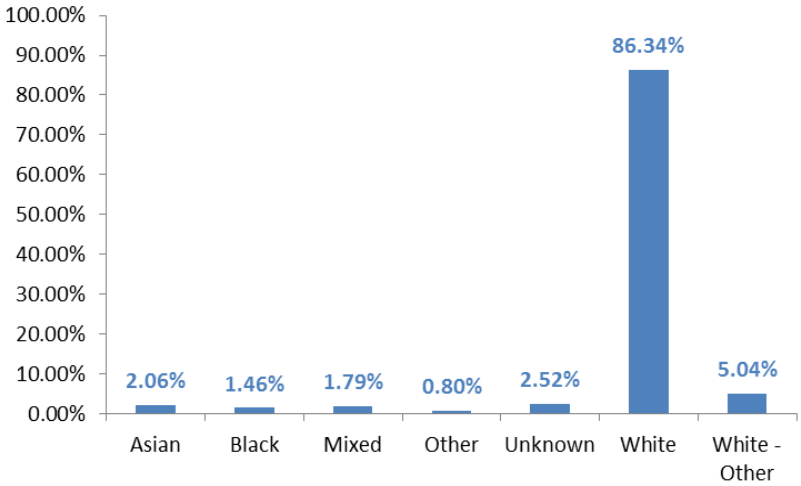
Gender profile



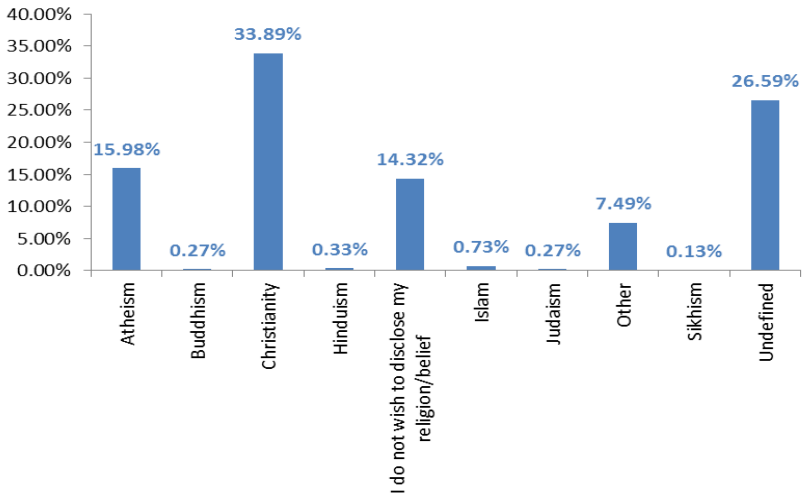
Marriage and Civil Partnership profile



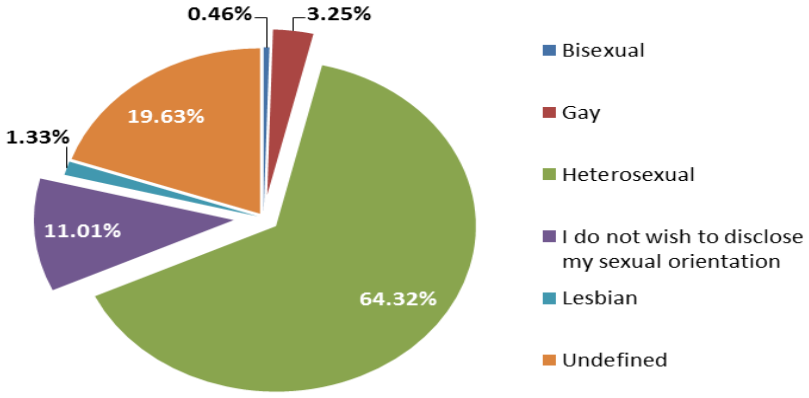
Race and ethnicity profile



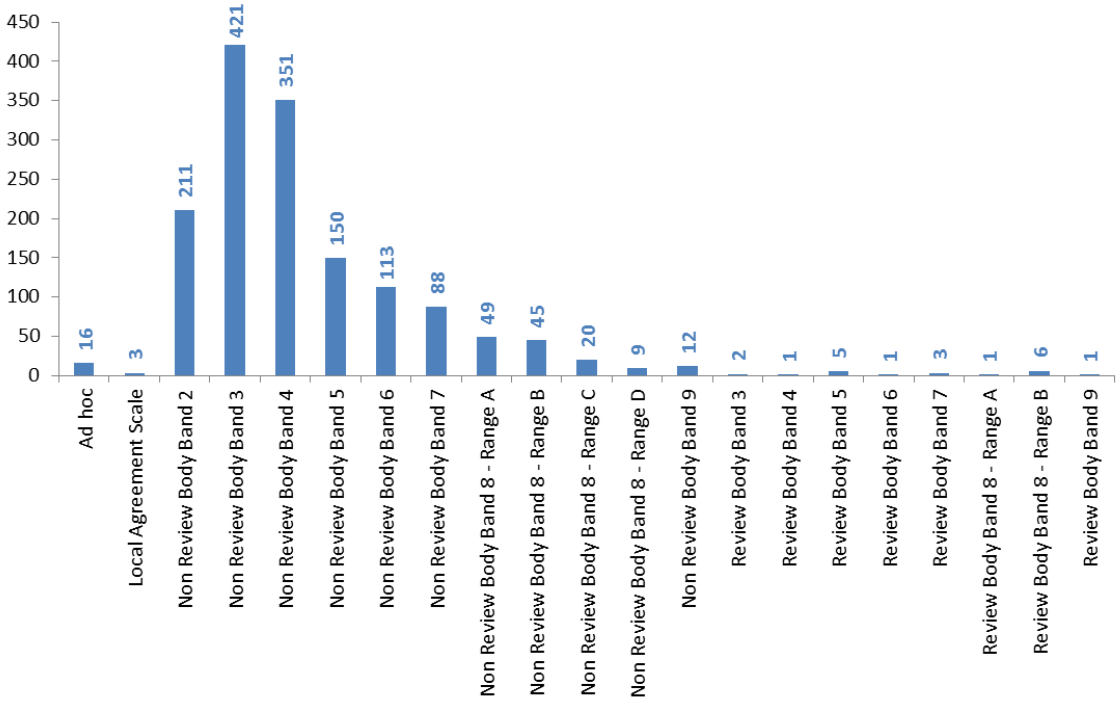
Religion or belief profile



Sexual orientation profile

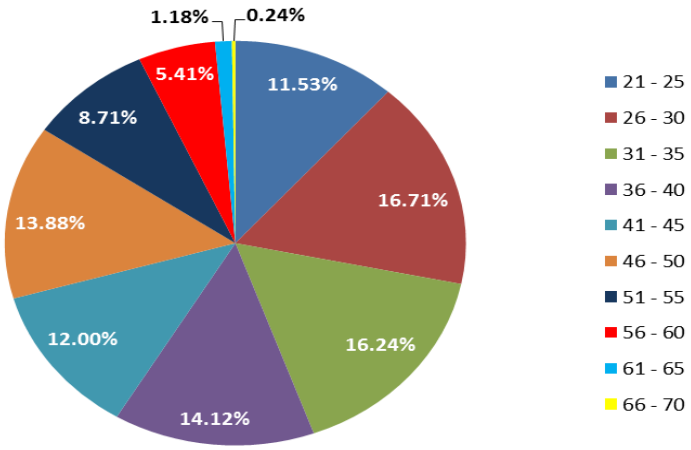


Pay Banding

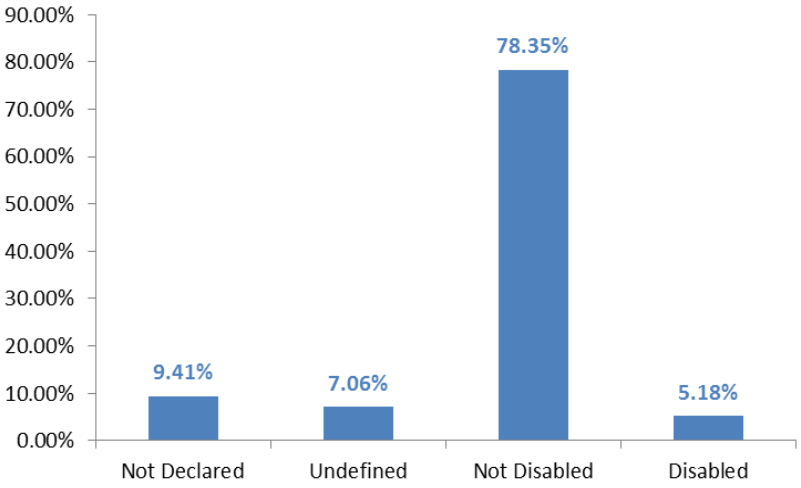


Allied Health Professionals

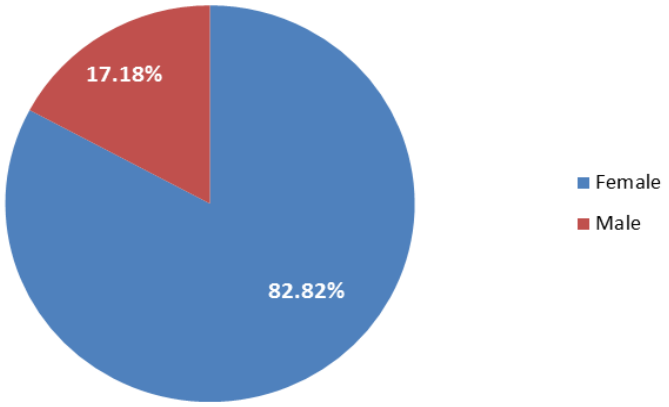
Age profile



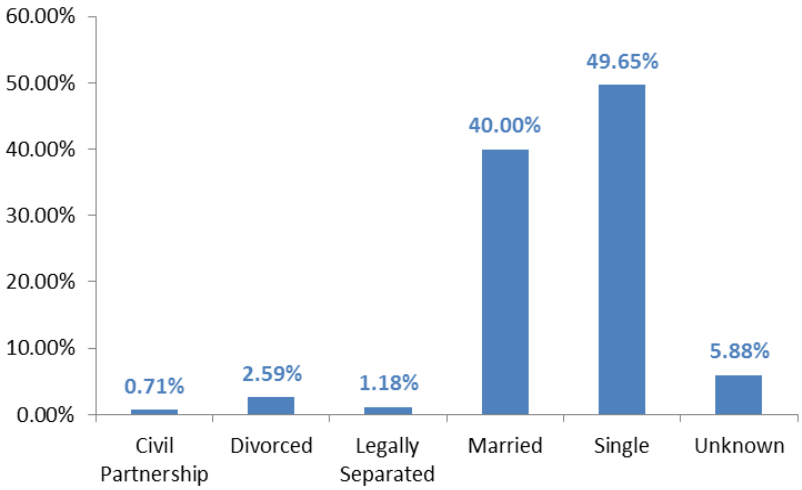
Disability profile



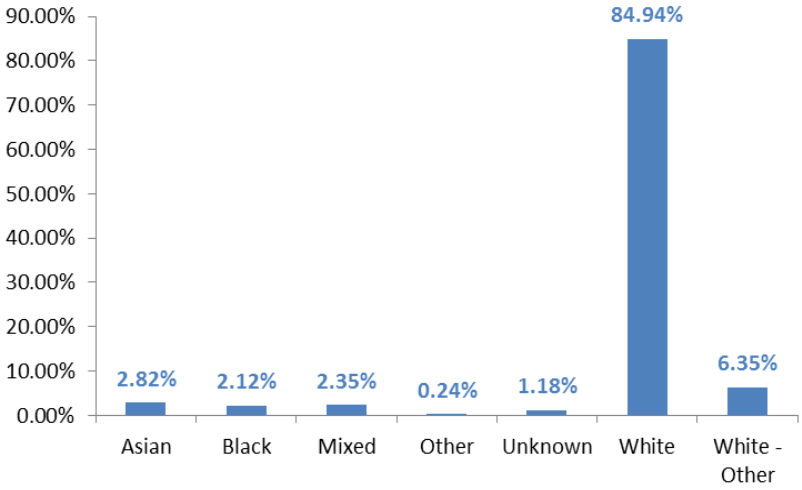
Gender profile



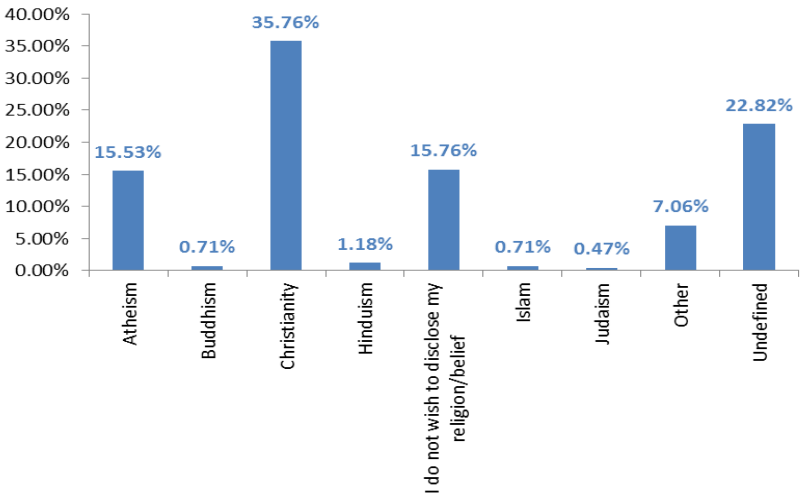
Marriage and Civil Partnership profile



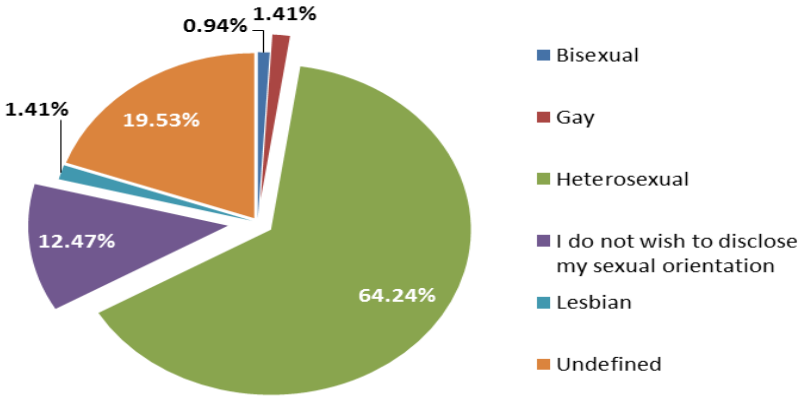
Race and ethnicity profile



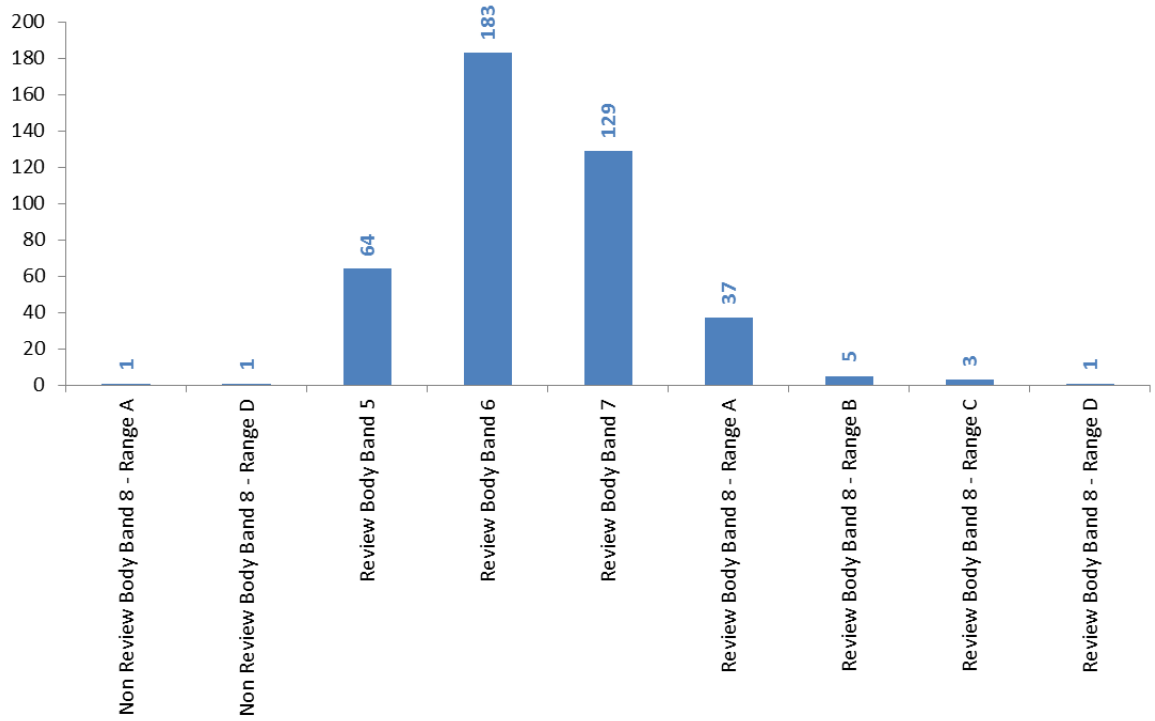
Religion or belief profile



Sexual orientation profile

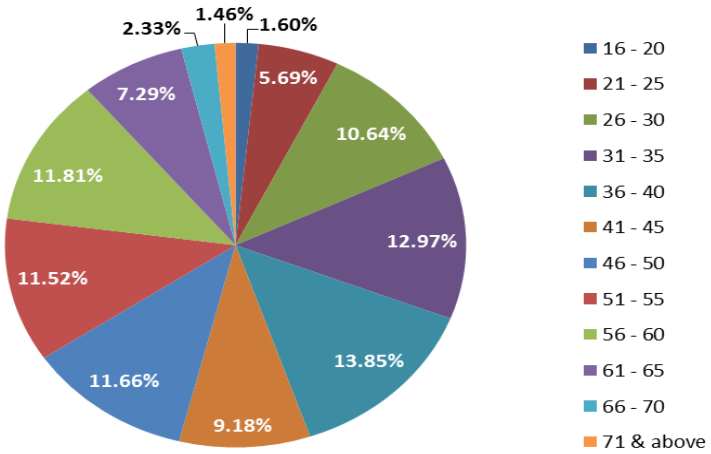


Pay Banding

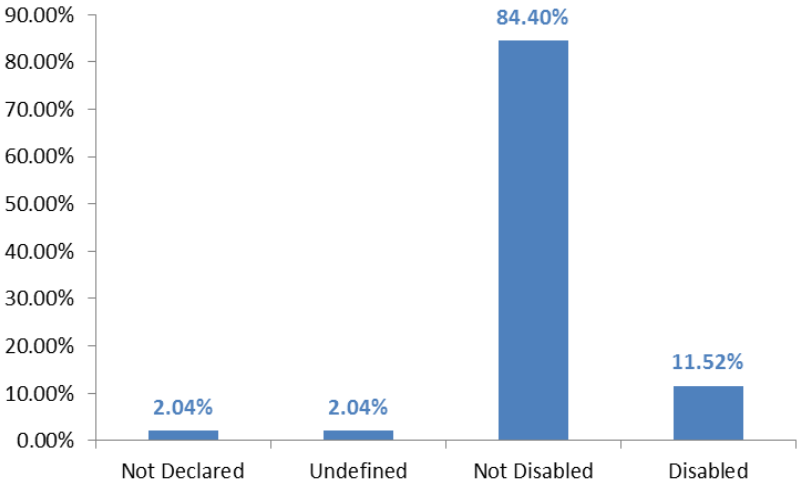


Estates and Ancillary

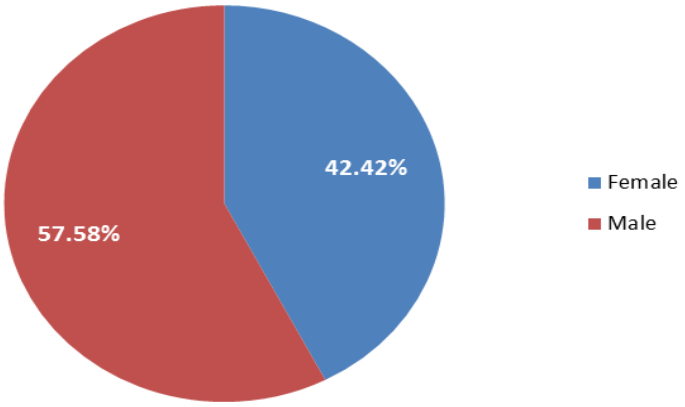
Age profile



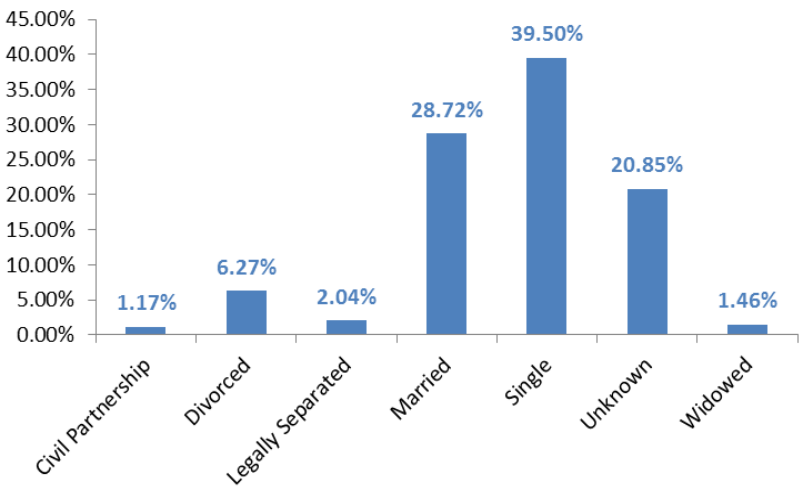
Disability profile



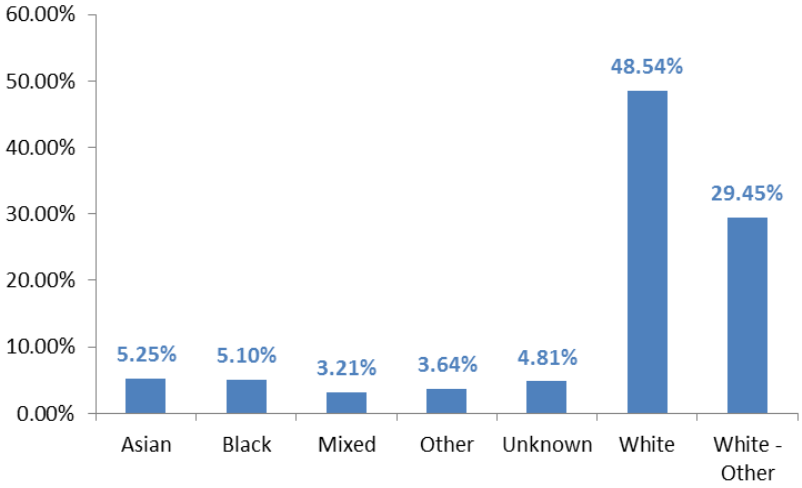
Gender profile



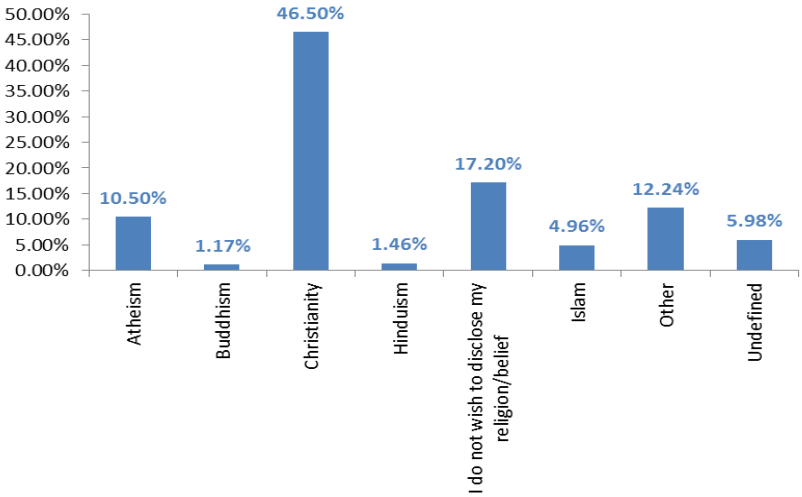
Marriage and Civil Partnership profile



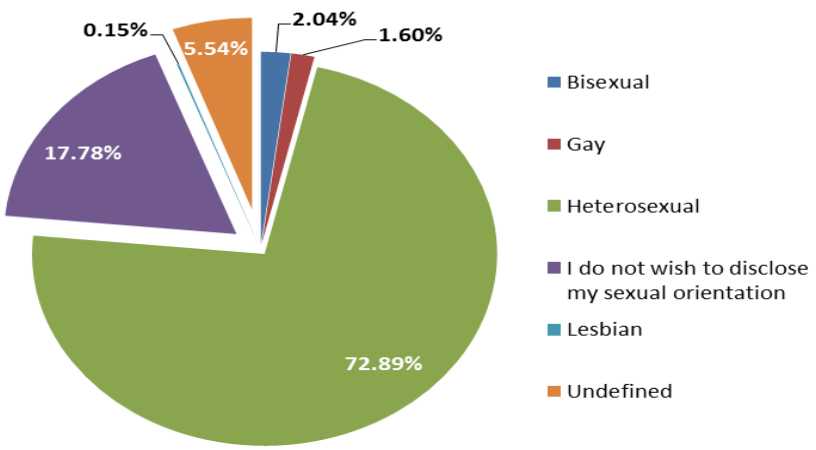
Race and ethnicity profile



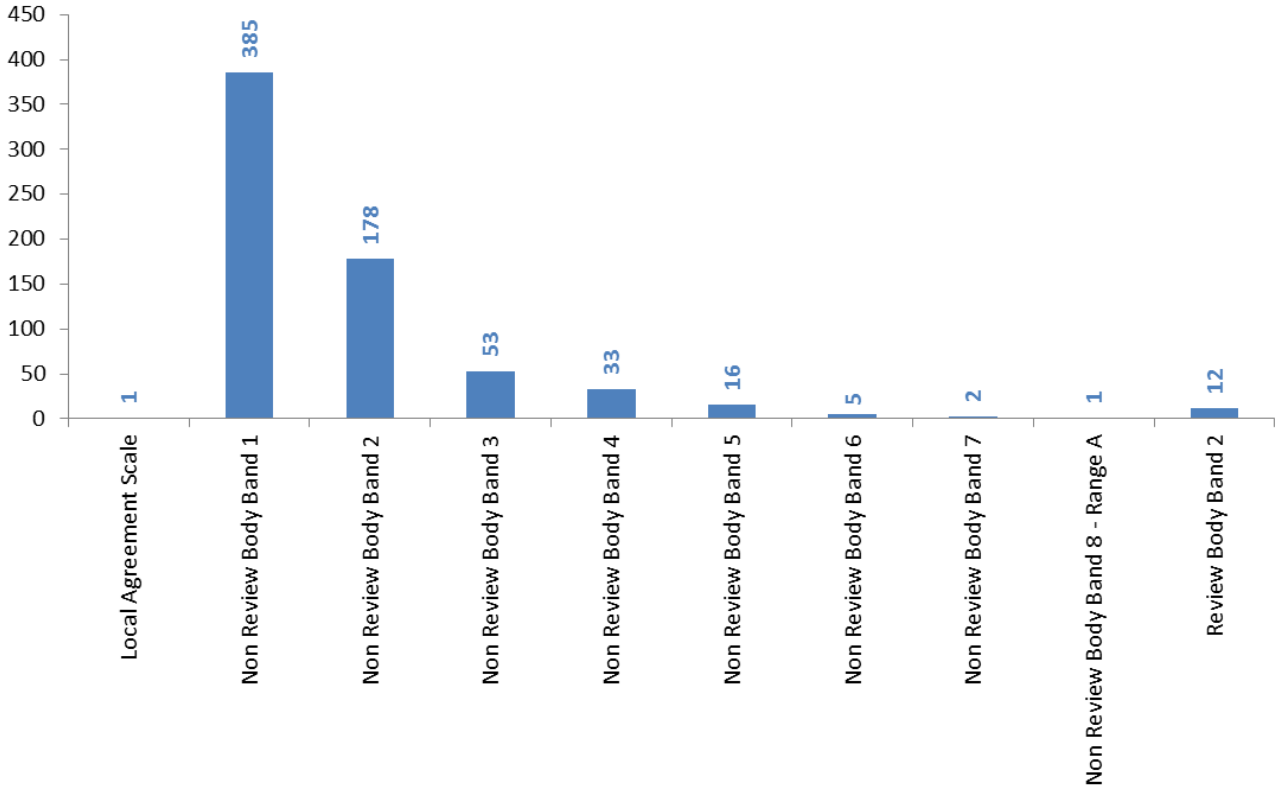
Religion or belief profile



Sexual orientation profile

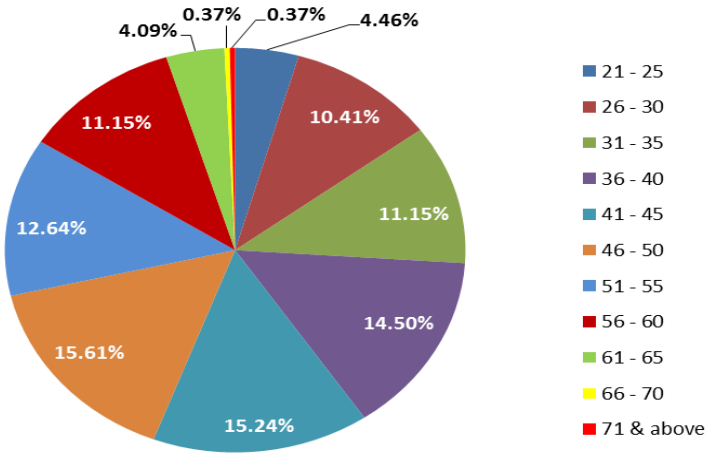


Pay Banding

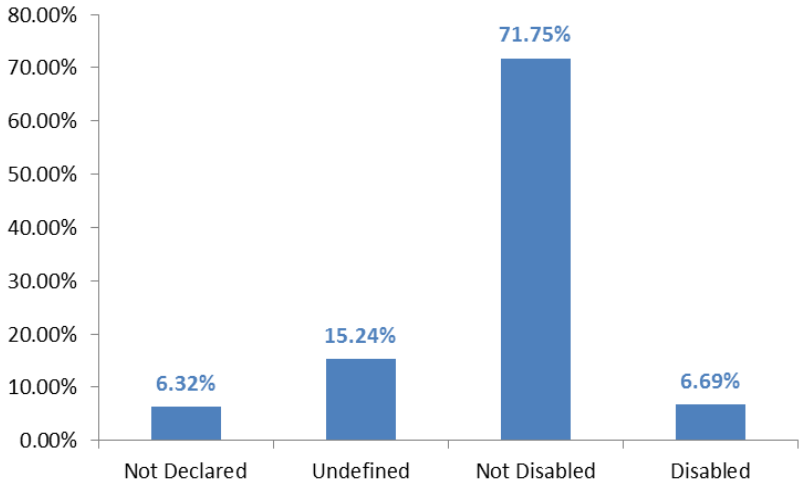


Healthcare Scientists

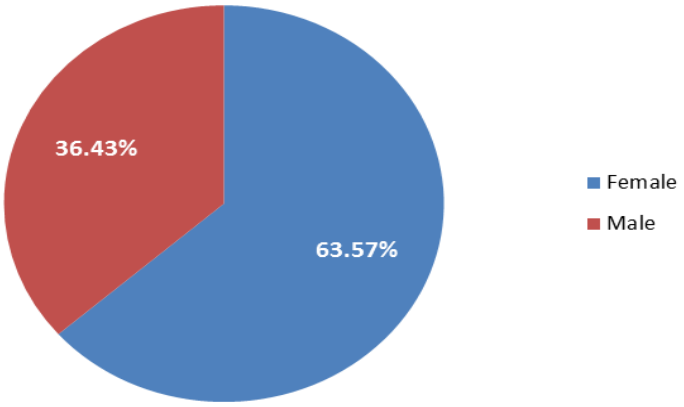
Age profile



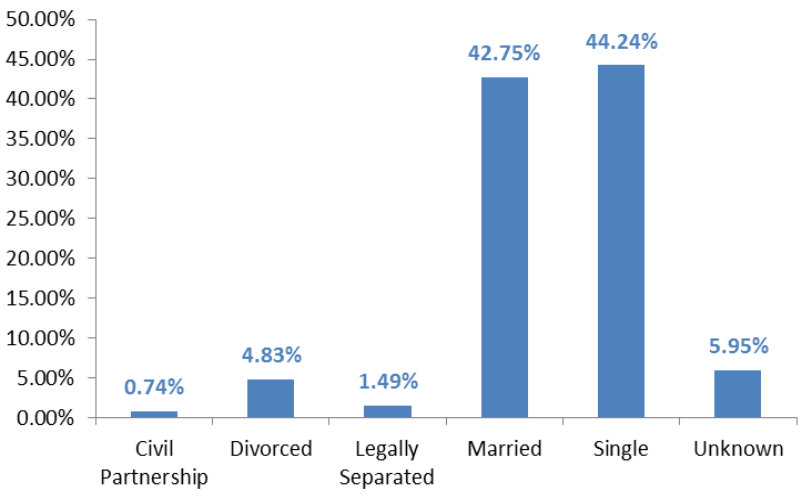
Disability profile



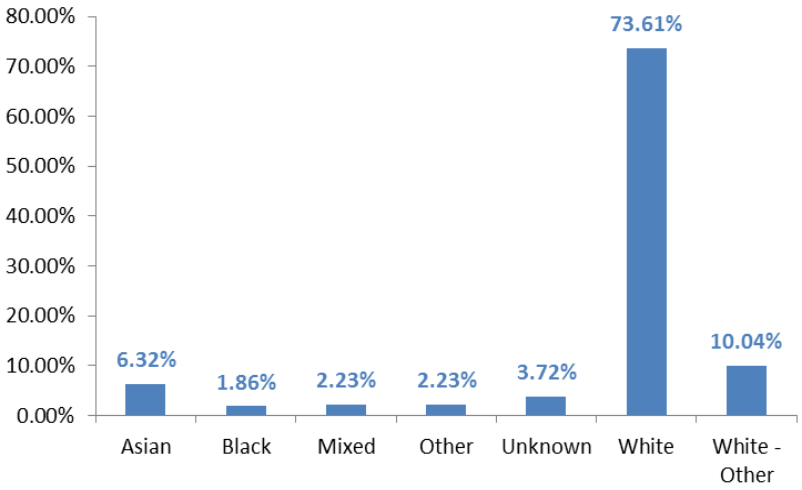
Gender profile



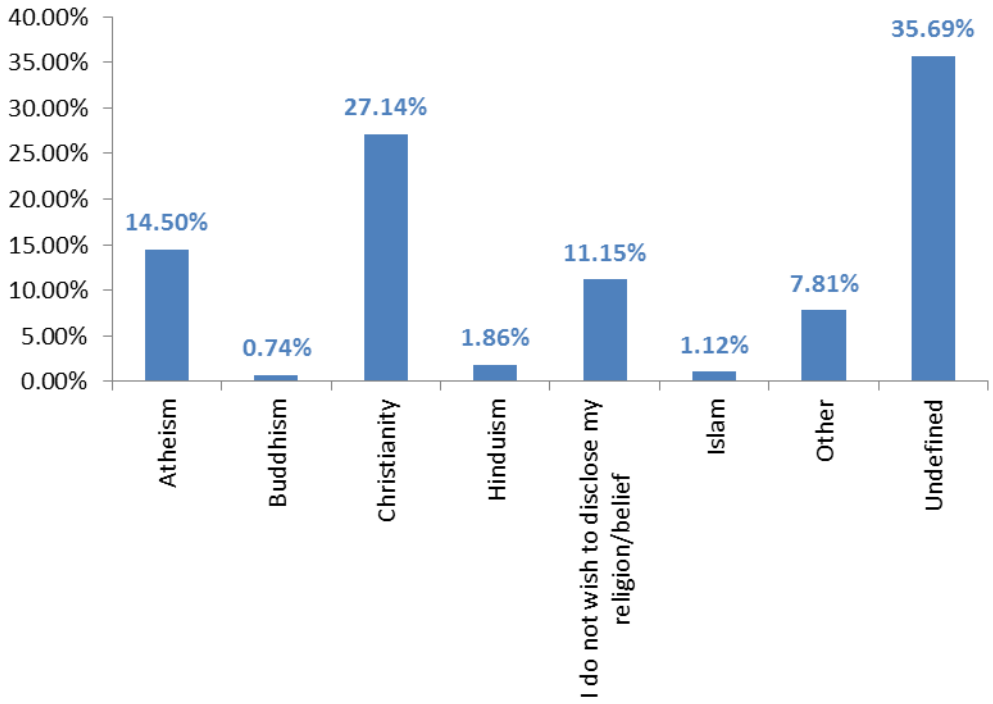
Marriage and Civil Partnership profile



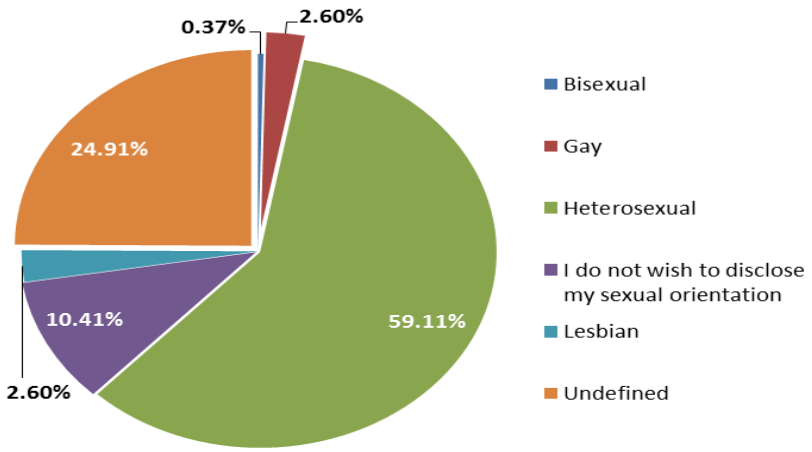
Race and ethnicity profile



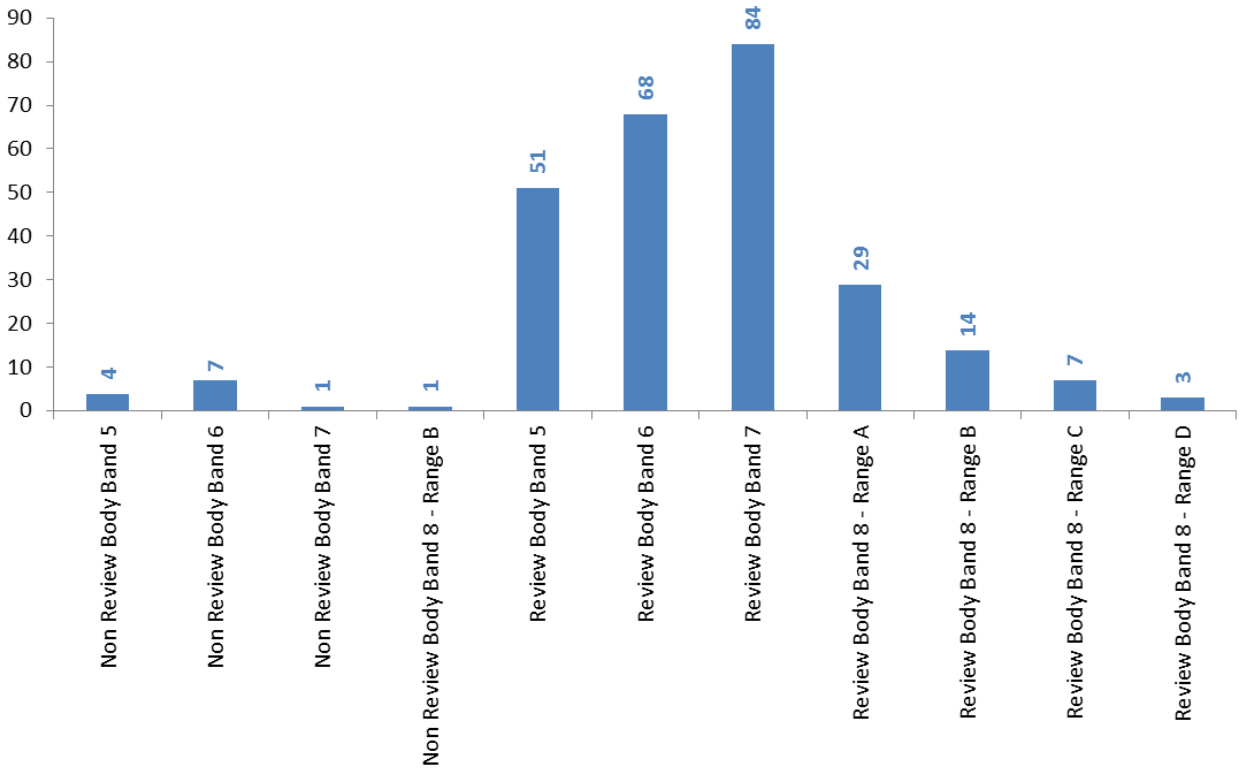
Religion or belief profile



Sexual orientation profile

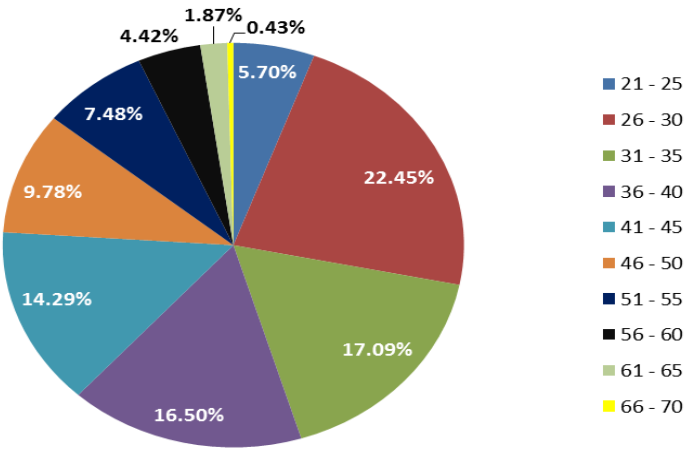


Pay Banding

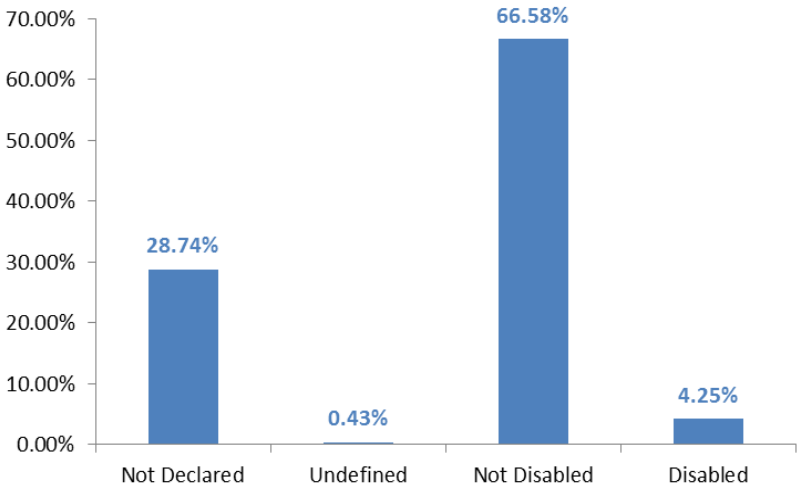


Medical and Dental

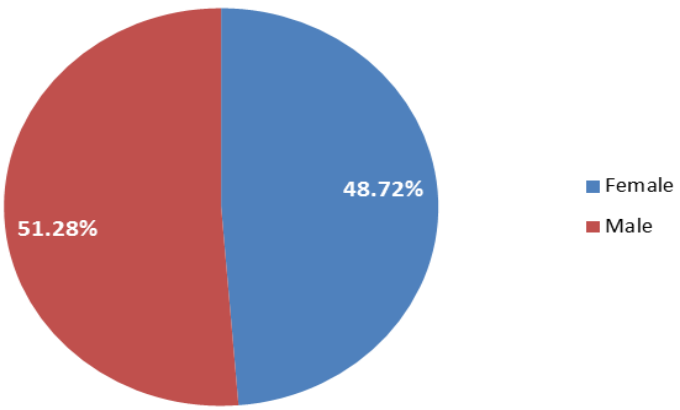
Age profile



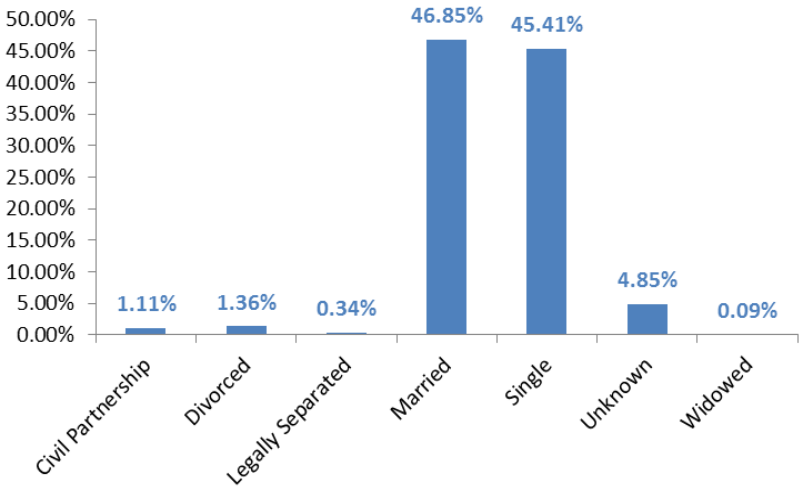
Disability profile



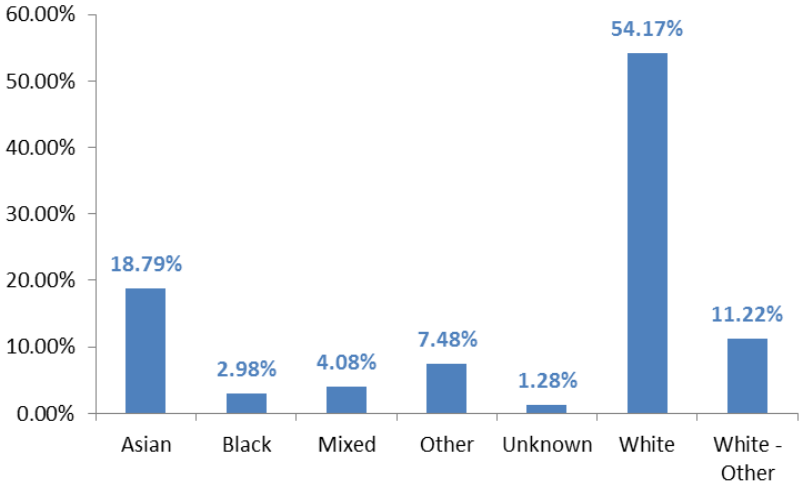
Gender profile



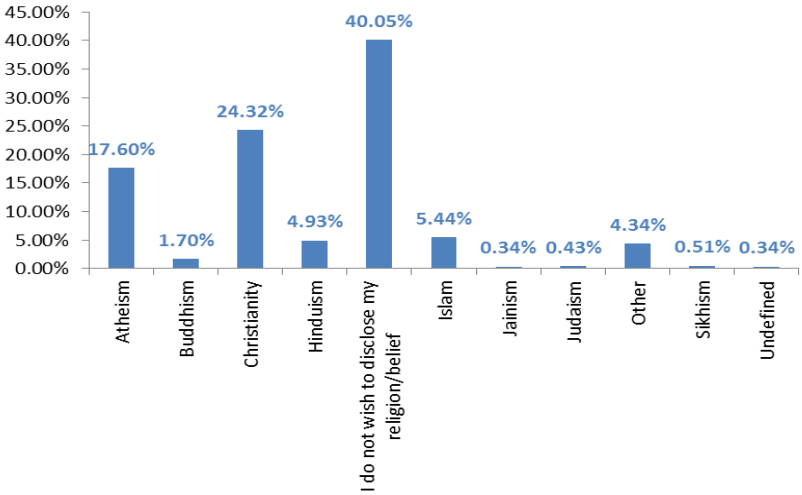
Marriage and Civil Partnership profile



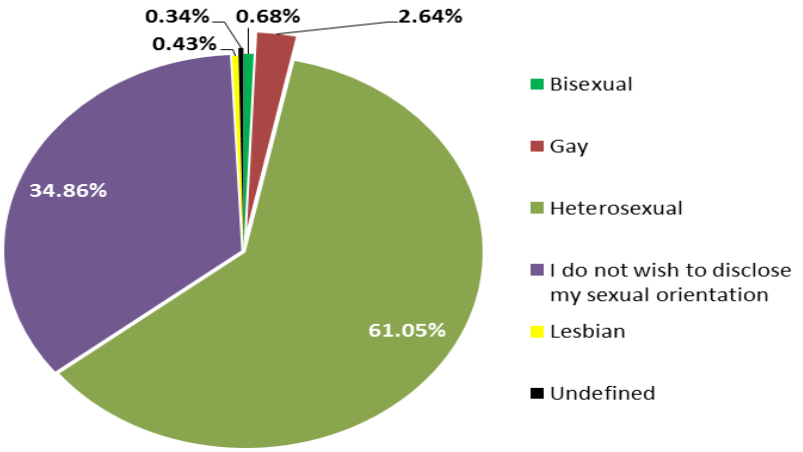
Race and ethnicity profile



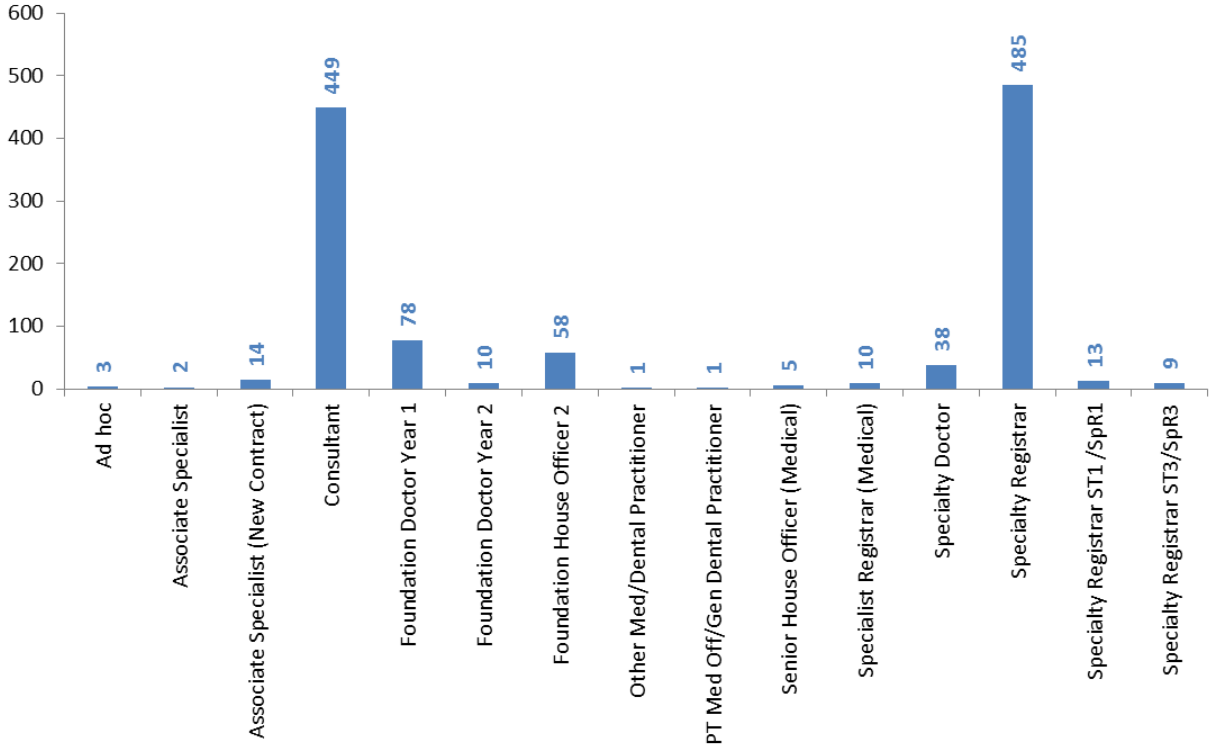
Religion or belief profile



Sexual orientation profile

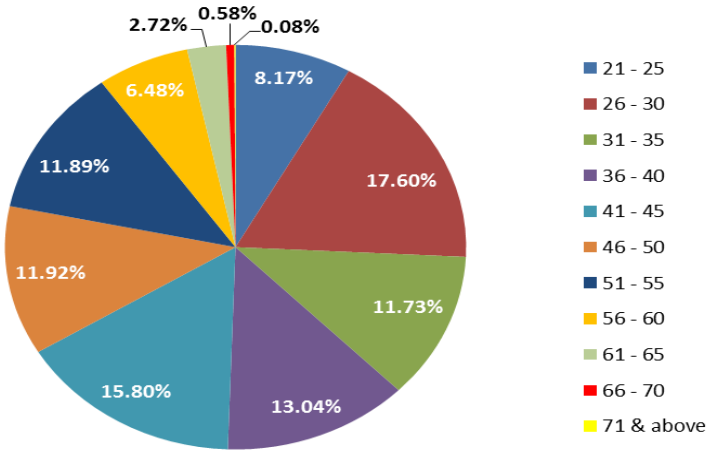


Pay Banding

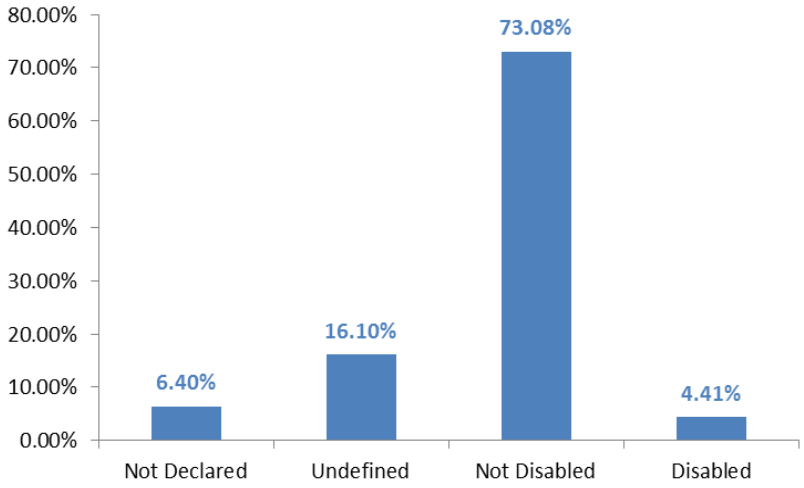


Nursing and Midwifery

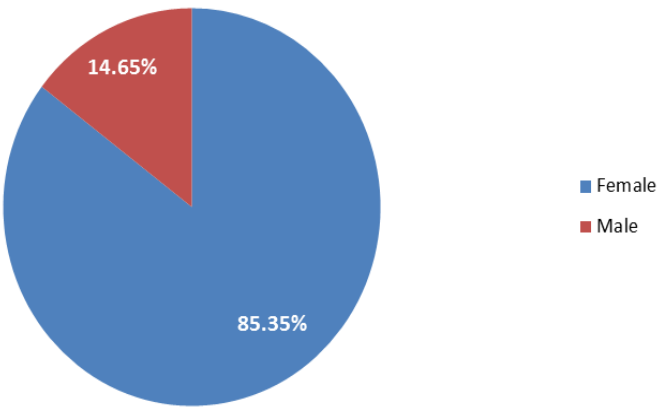
Age profile



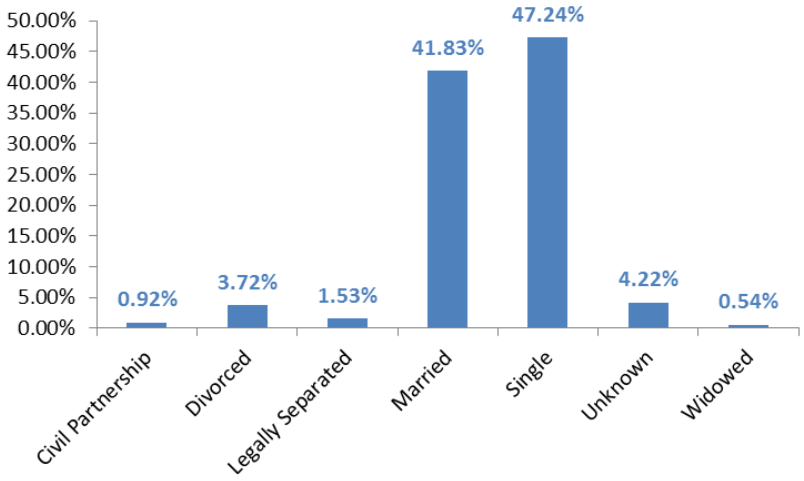
Disability profile



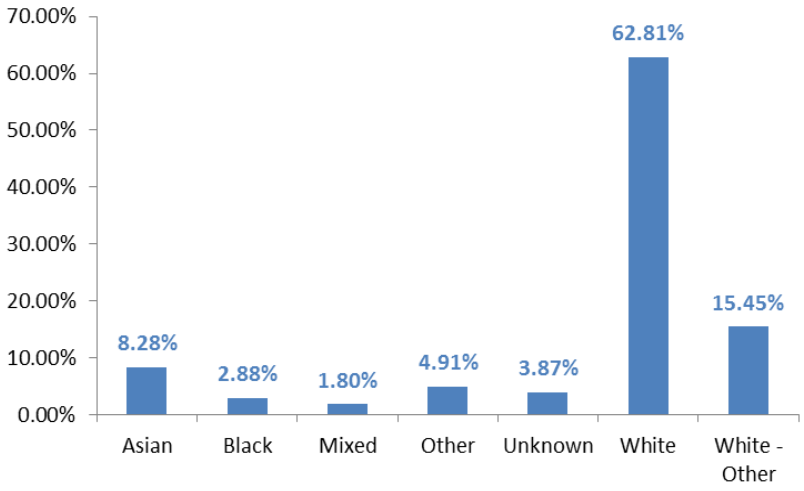
Gender profile



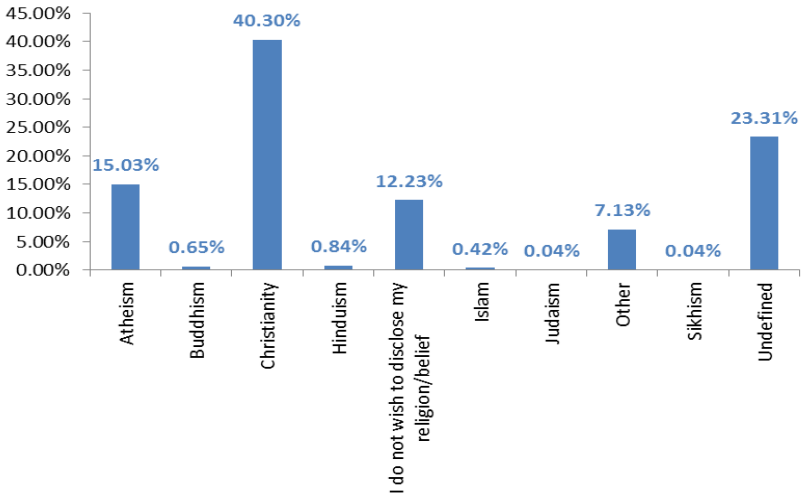
Marriage and Civil Partnership profile



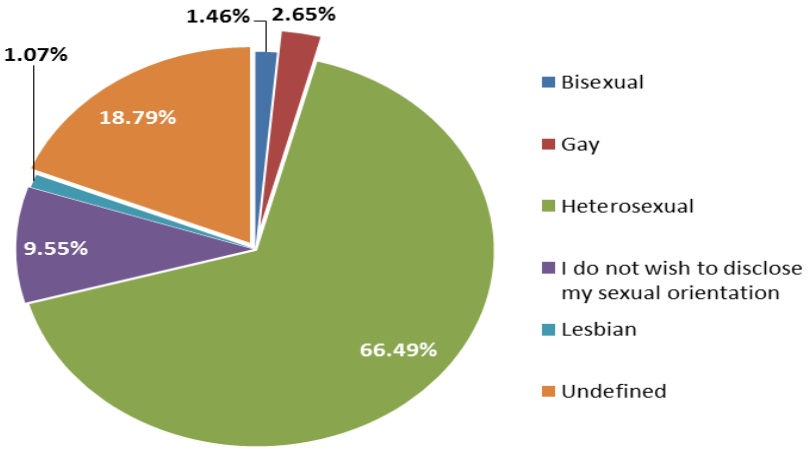
Race and ethnicity profile



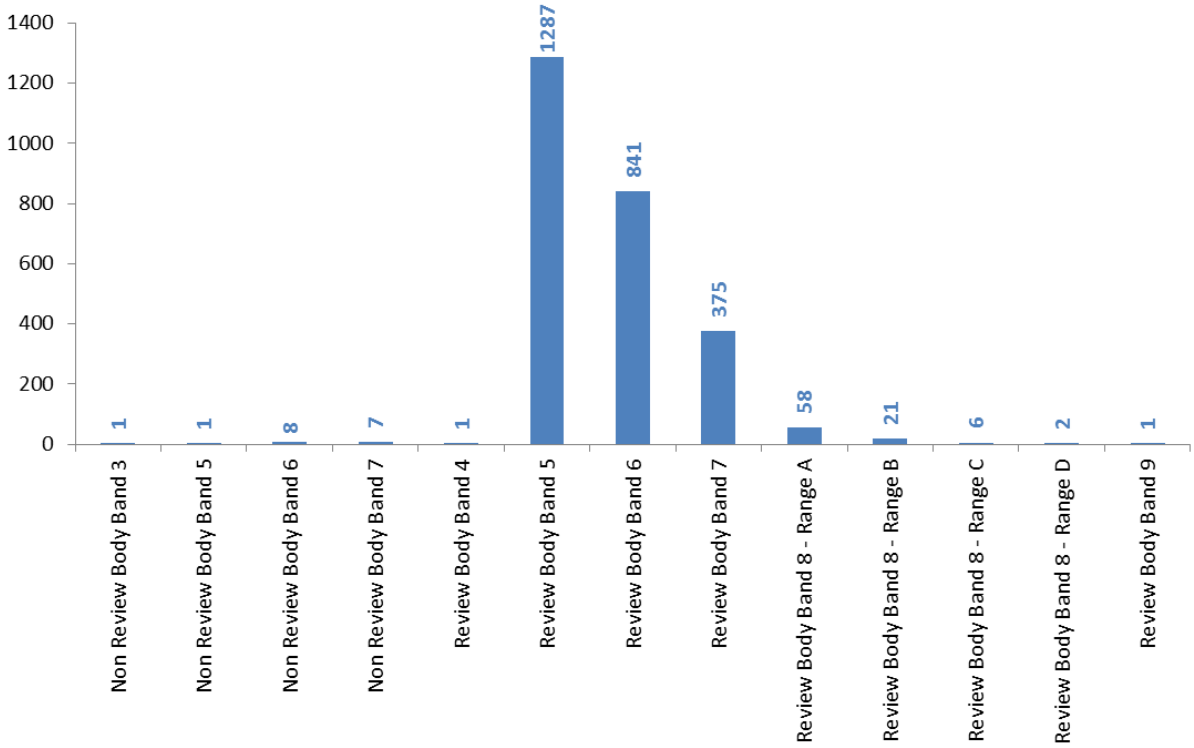
Religion or belief profile



Sexual orientation profile

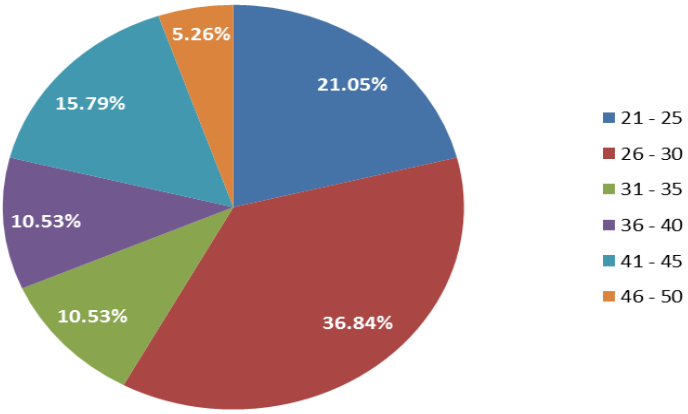


Pay Banding

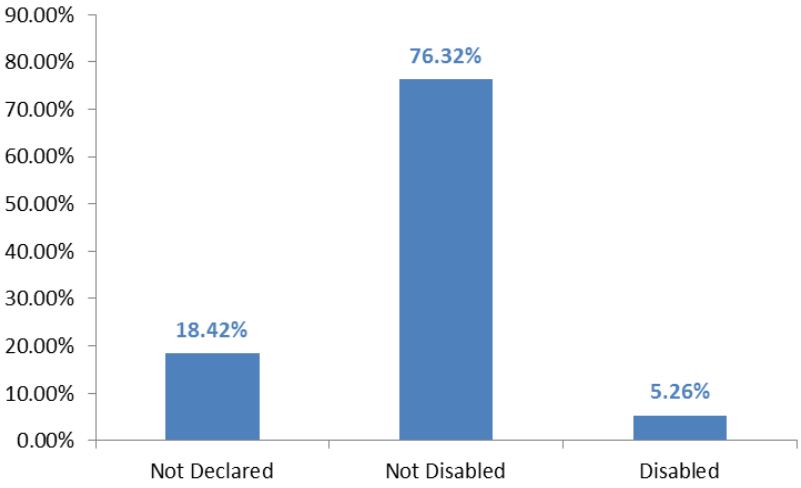


Students

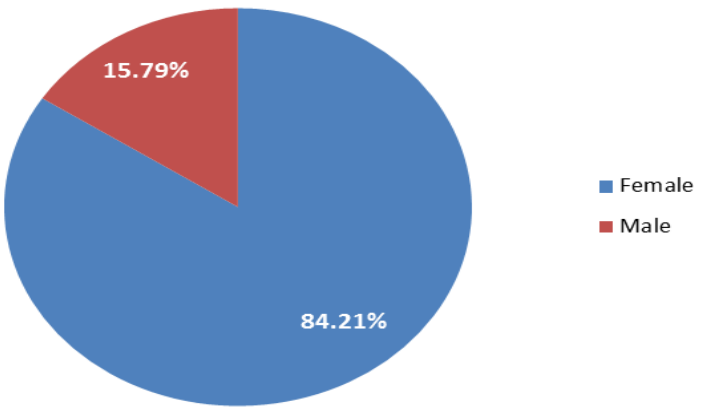
Age profile



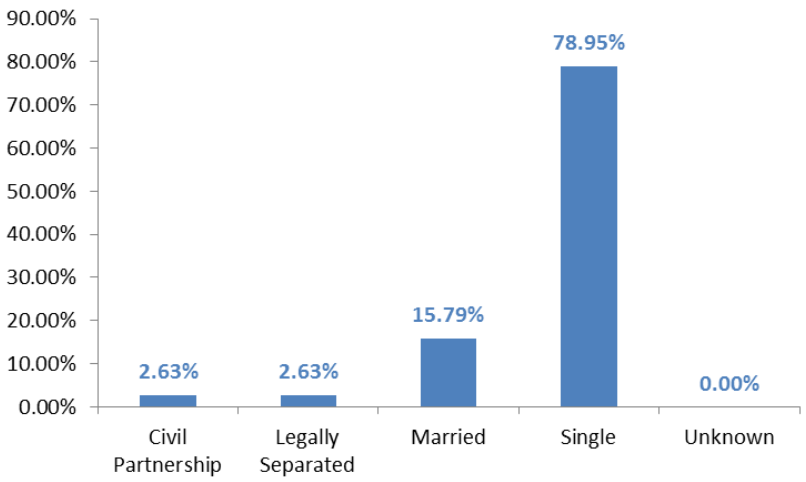
Disability profile



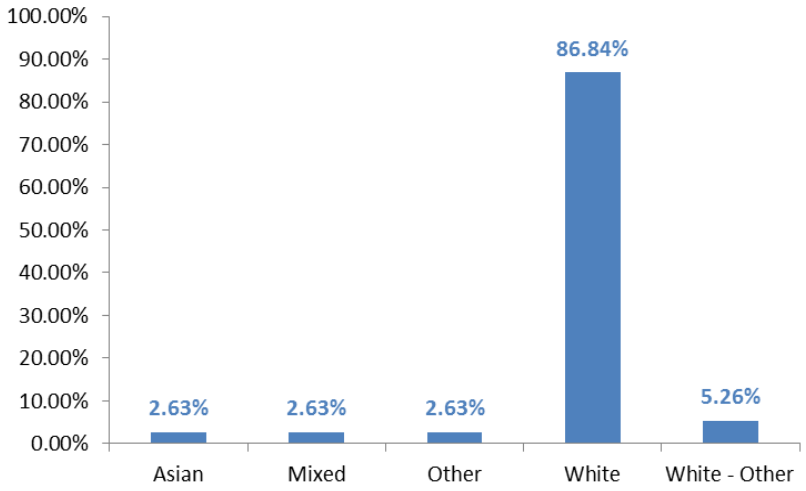
Gender profile



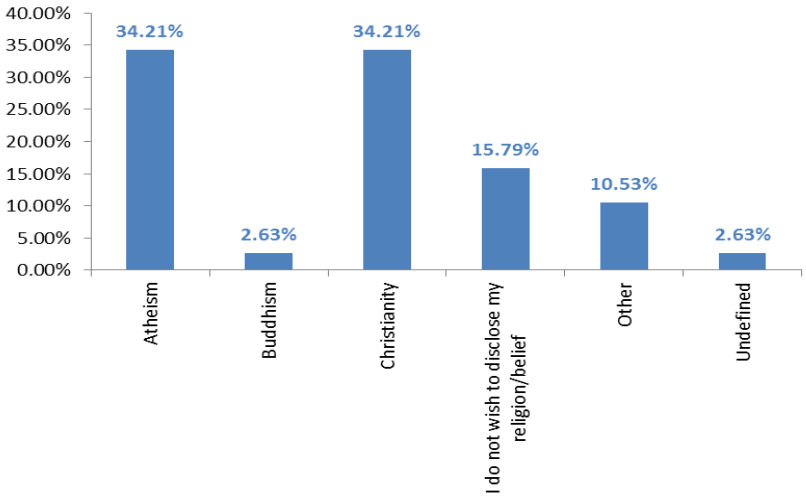
Marriage and Civil Partnership profile



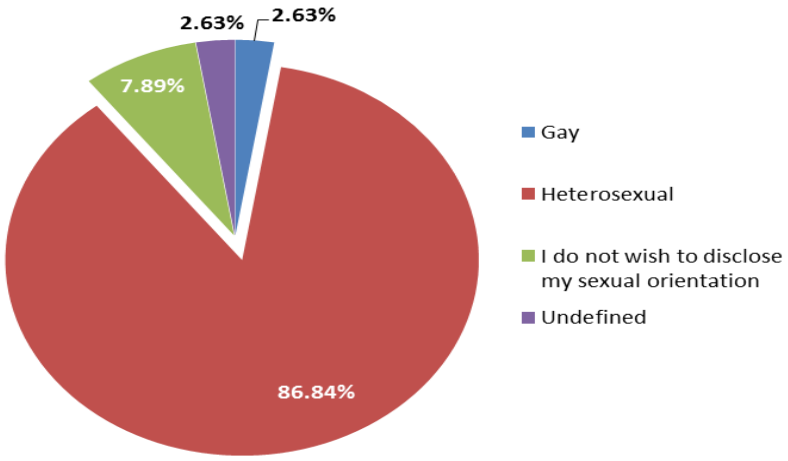
Race and ethnicity profile



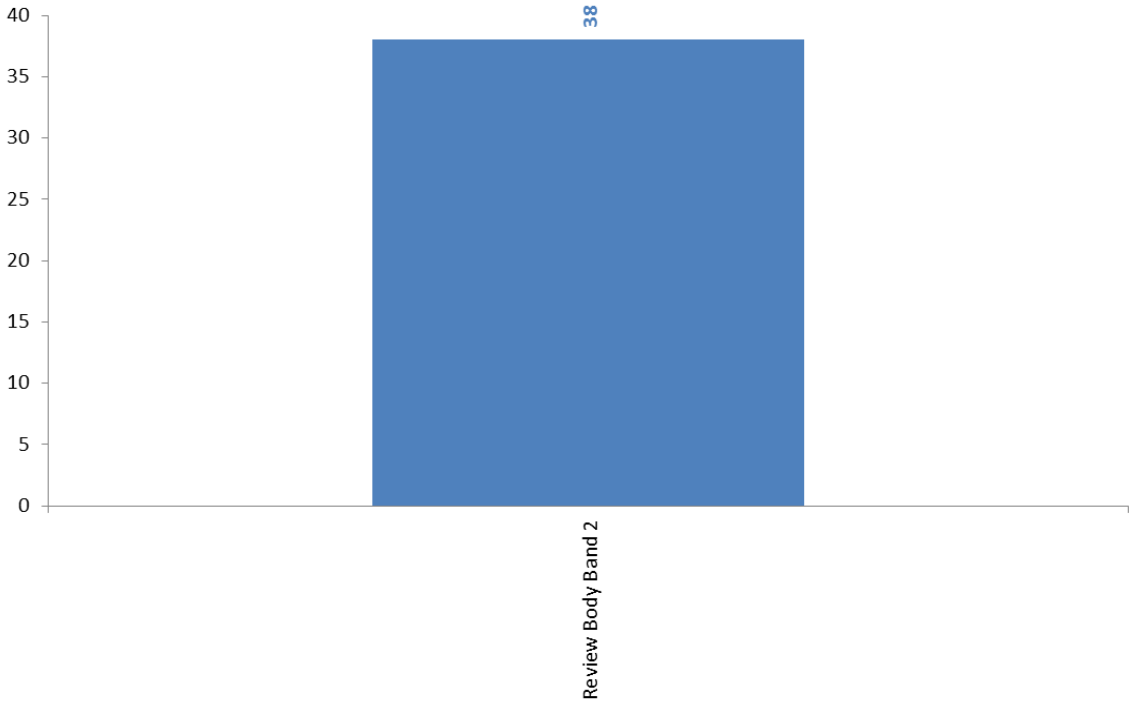
Religion or belief profile

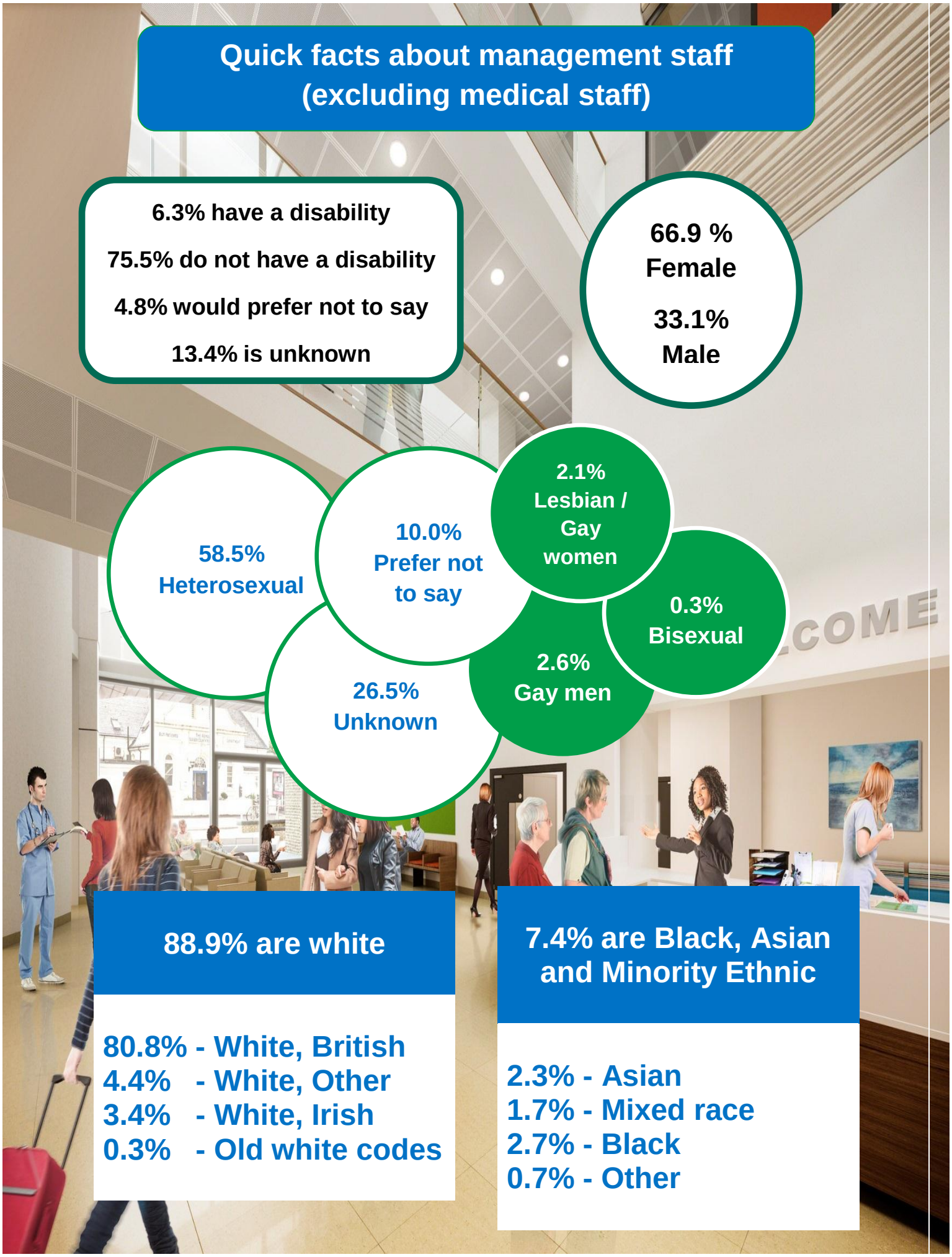


Sexual orientation profile



Pay Banding




Quick facts about management staff (excluding medical staff)
6.3% have a disability
75.5% do not have a disability
4.8% would prefer not to say
13.4% is unknown
66.9 % Female
33.1% Male
58.5% Heterosexual
10.0% Prefer not to say
2.1% Lesbian / Gay women
0.3% Bisexual
2.6% Gay men
26.5% Unknown
88.9% are white
80.8% - White, British
4.4% - White, Other
3.4% - White, Irish
0.3% - Old white codes
7.4% are Black, Asian and Minority Ethnic
2.3% - Asian
1.7% - Mixed race
2.7% - Black
0.7% - Other

Results from the NHS staff survey 2016

3,153 staff completed the annual NHS Staff Survey from Brighton and Sussex University Hospitals NHS Trust – this gives the Trust an overall response rate of 40%. In previous years the survey was sent to a sample of 850 staff, this year the survey was open to all staff to complete.

On average 49% of staff are satisfied with the opportunities for flexible working patterns (national average for acute trusts is 51%)

However, for men (44%), disabled staff (44%), staff aged 16-30 (45%) and staff aged 51+ (46%) the overall satisfaction was lower. For Black, Asian, and Minority Ethnic groups (52%) staff aged 41-50 (53%) overall satisfaction was higher.

On average 31% of staff experienced harassment, bullying or abuse from patients, relatives or the public (national average for acute trusts is 27%)

However, staff aged 16-30 (35%), staff aged 31-40 (33%), women (33%), disabled staff (37%) and Black, Asian, and Minority Ethnic groups (37%) experienced more of this behaviour. It was lower for men (29%) and staff aged 51+ (29%).

On average 32% of staff experienced harassment, bullying or abuse from staff (national average for acute trusts is 25%)

However, staff aged 51+ (35%), disabled staff (43%) and Black, Asian, and Minority Ethnic groups (37%) experienced more of this behaviour from staff. Staff aged 16-30 (26%) and non-disabled staff (30%) experienced less of this type of behaviour.

On average 15% of staff experienced discrimination at work in the last 12 months (national average for acute trusts is 11%)

However, staff aged 16-30 (19%), staff aged 31-40 (17%), men (18%), disabled staff (21%) and Black, Asian, and Minority Ethnic groups (35%) experienced more discrimination. Staff aged 51+ and those that were white report less discrimination at 12%.

On average 80% of staff believe that the organisation provides equal opportunities for career progression or promotion (national average for acute trusts is 87%)

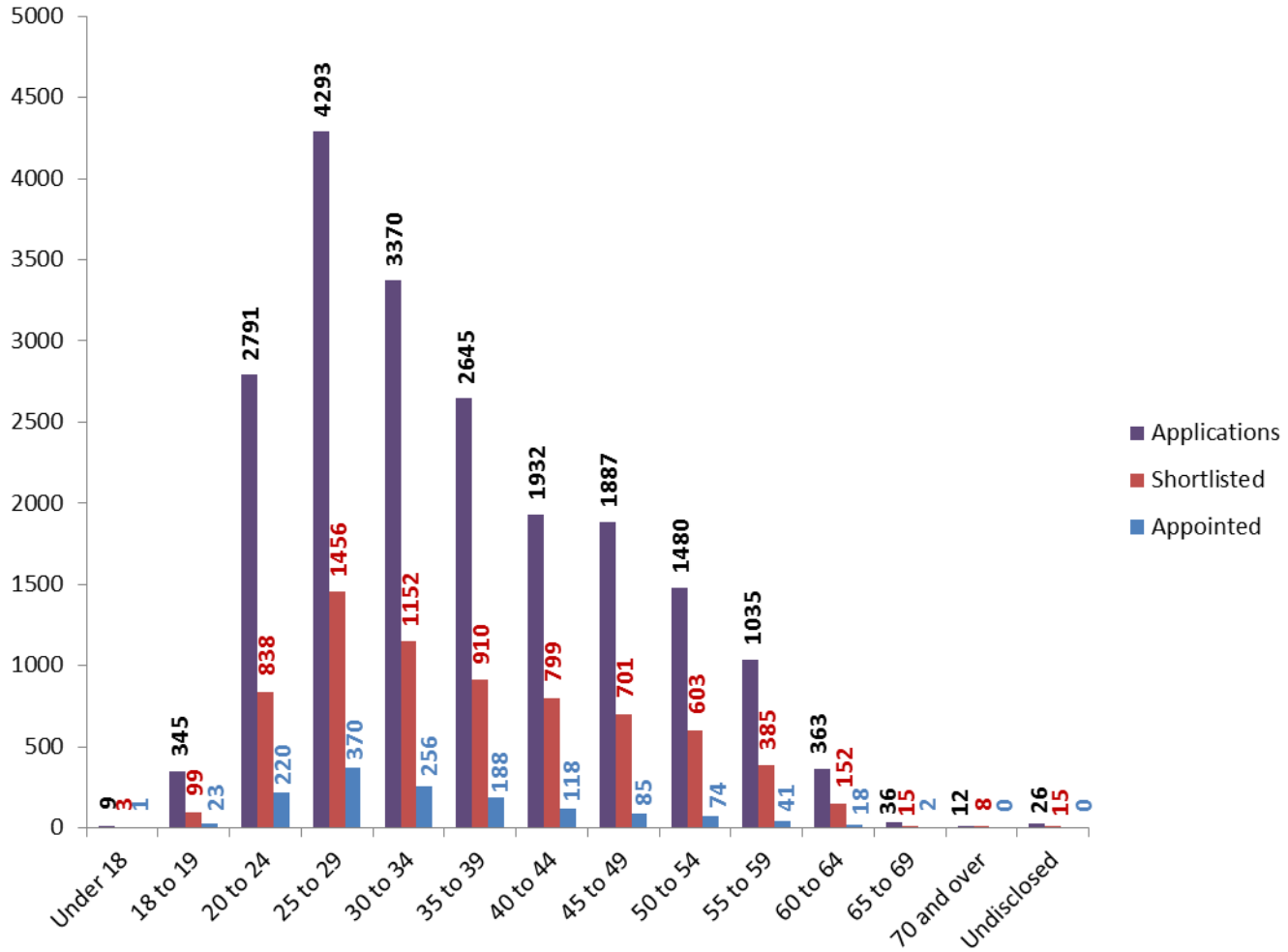
However, Black, Asian, and Minority Ethnic groups (64%), disabled staff (73%) and male staff (76%) felt the opportunities for career progression and promotion were less.

How fair are the Trust's recruitment processes?

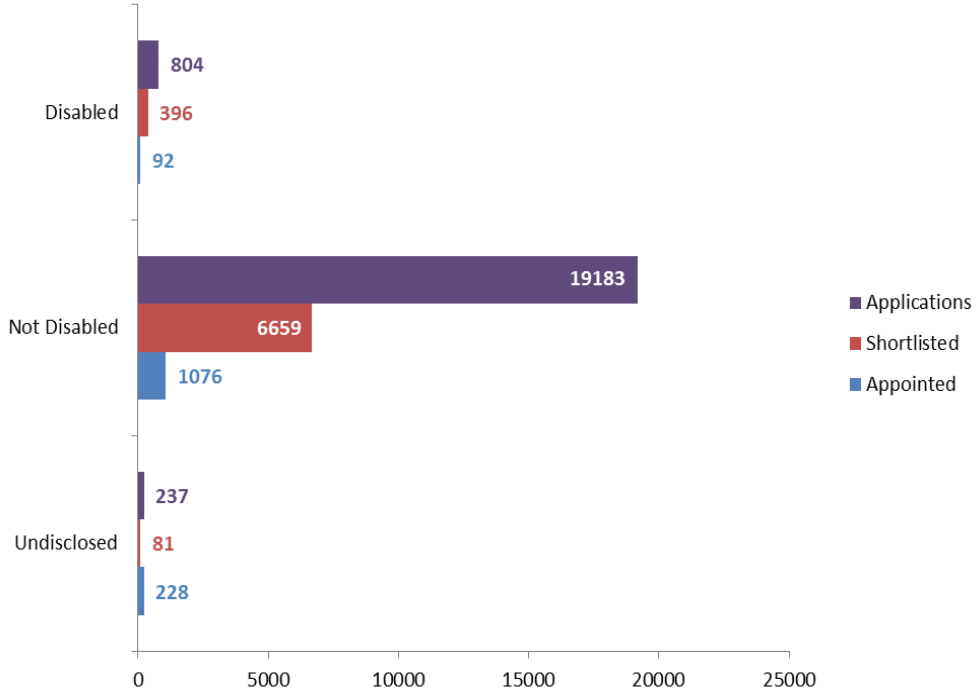
During 2016/17 the trust had:

20,224 Applicants	7,136 Candidates Shortlisted	1,396 Appointed Candidates

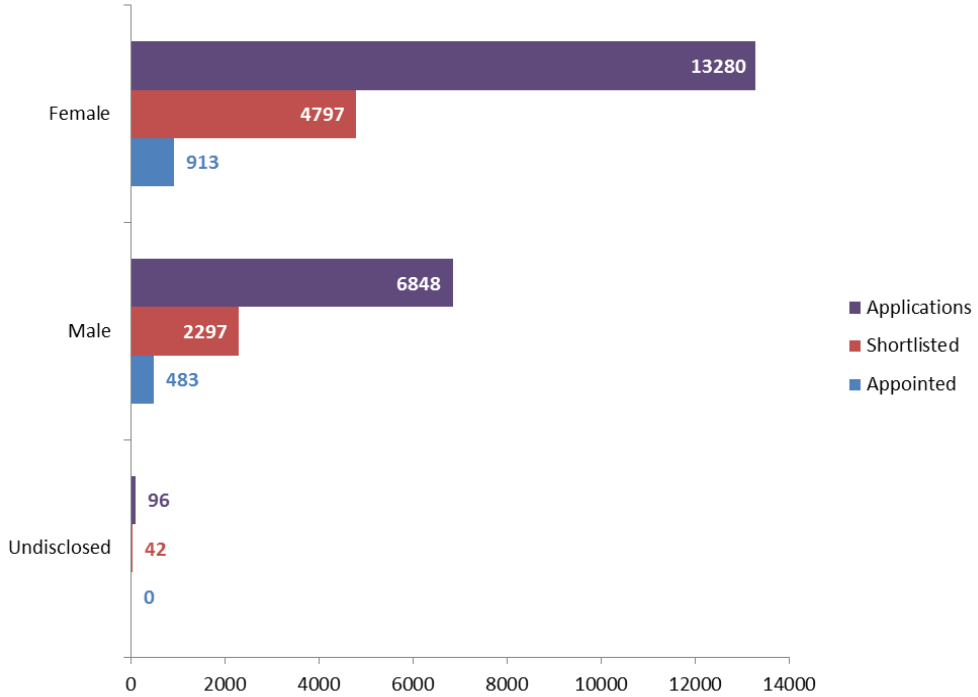
Age



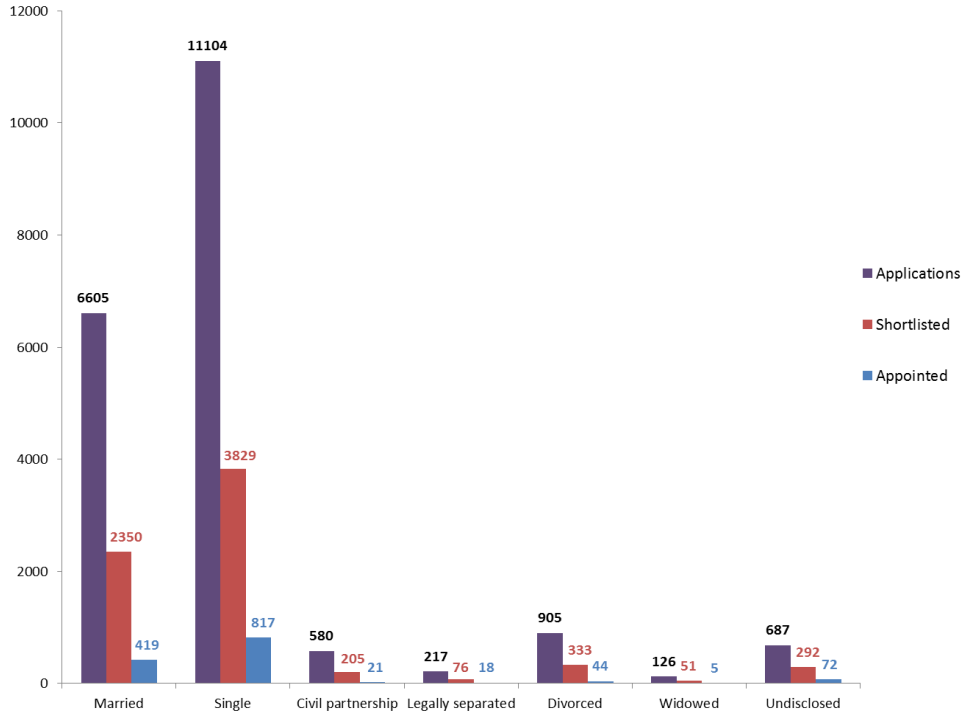
Disability



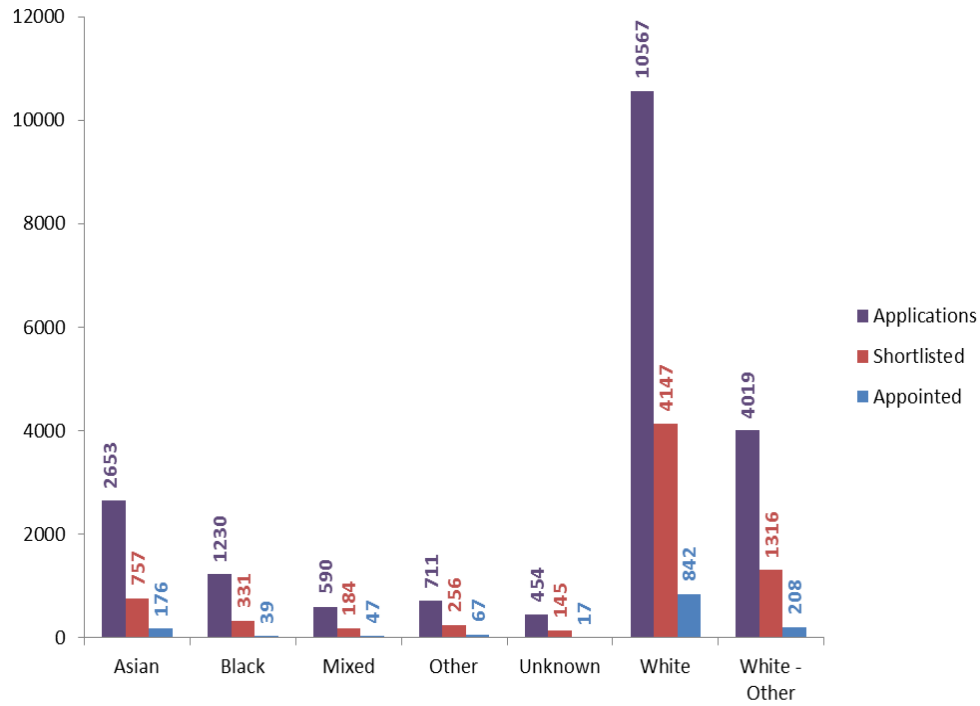
Gender



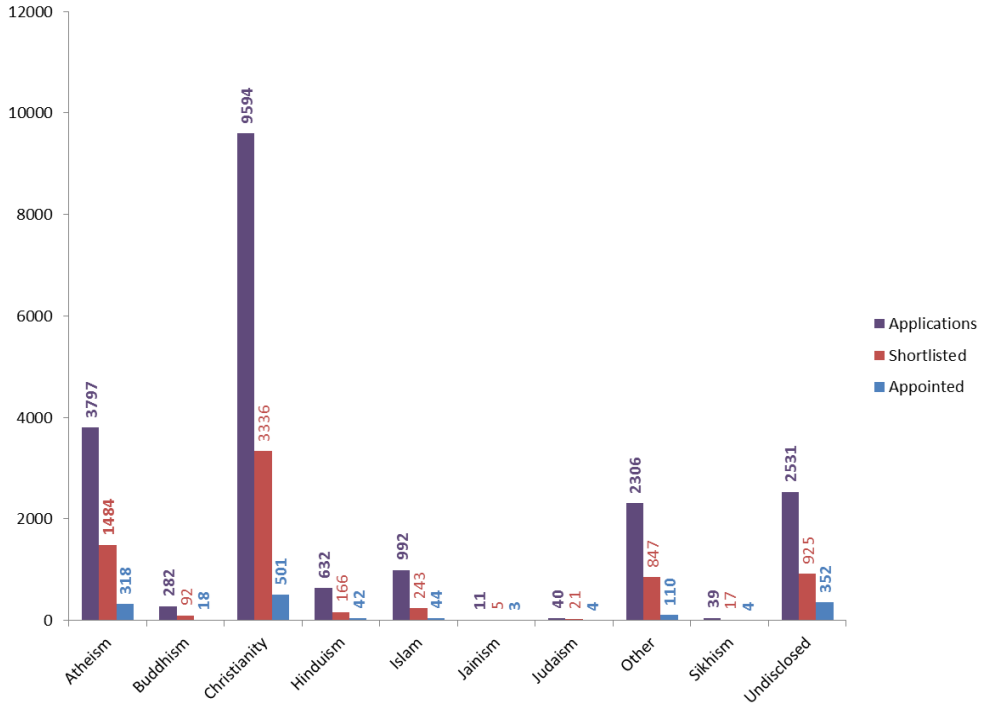
Marriage and Civil Partnership



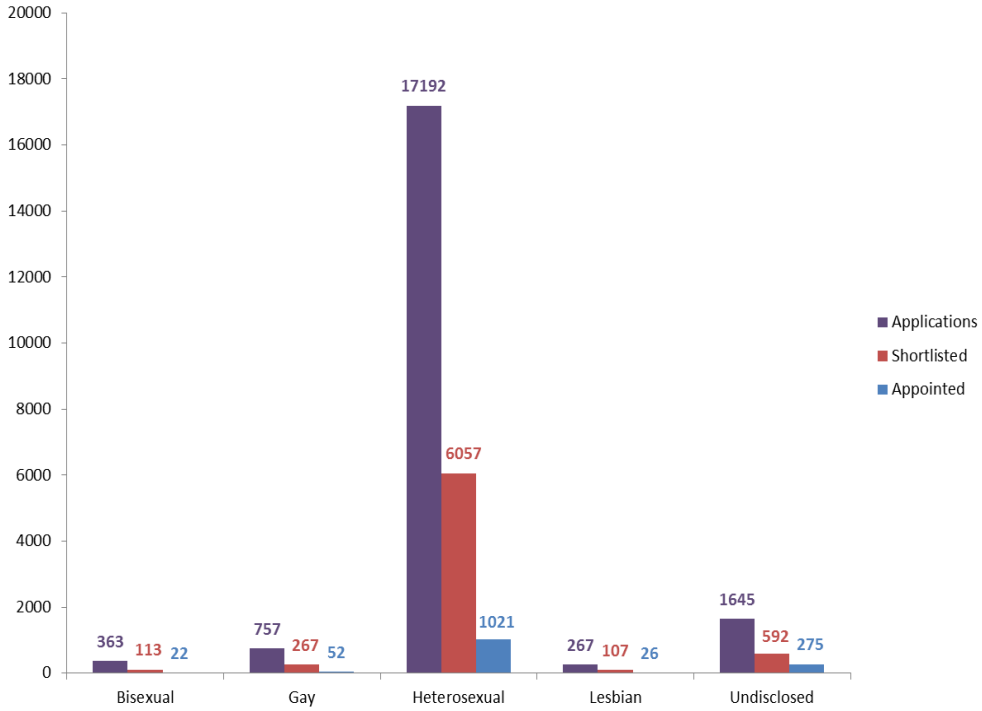
Race and Ethnicity



Religion or Belief



Sexual Orientation



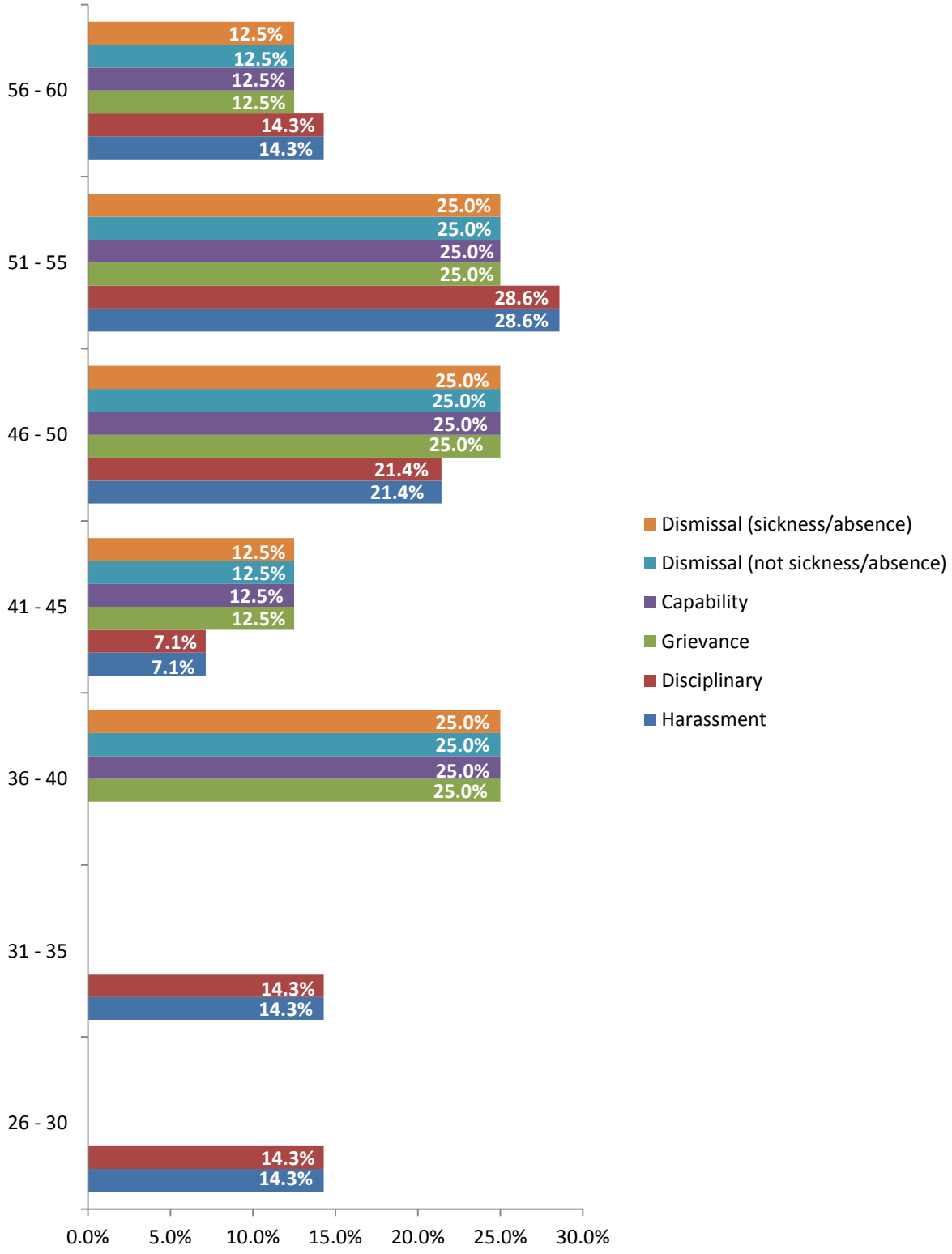
How fair are the Trust's employment policies and practices?

One way of demonstrating how fair employment practices and policies are is to see if there are any groups who have been disproportionately impacted. In this section the data will demonstrate which groups have been affected by or raised concerns under specific policies and practices.

During 2016/17 there were:

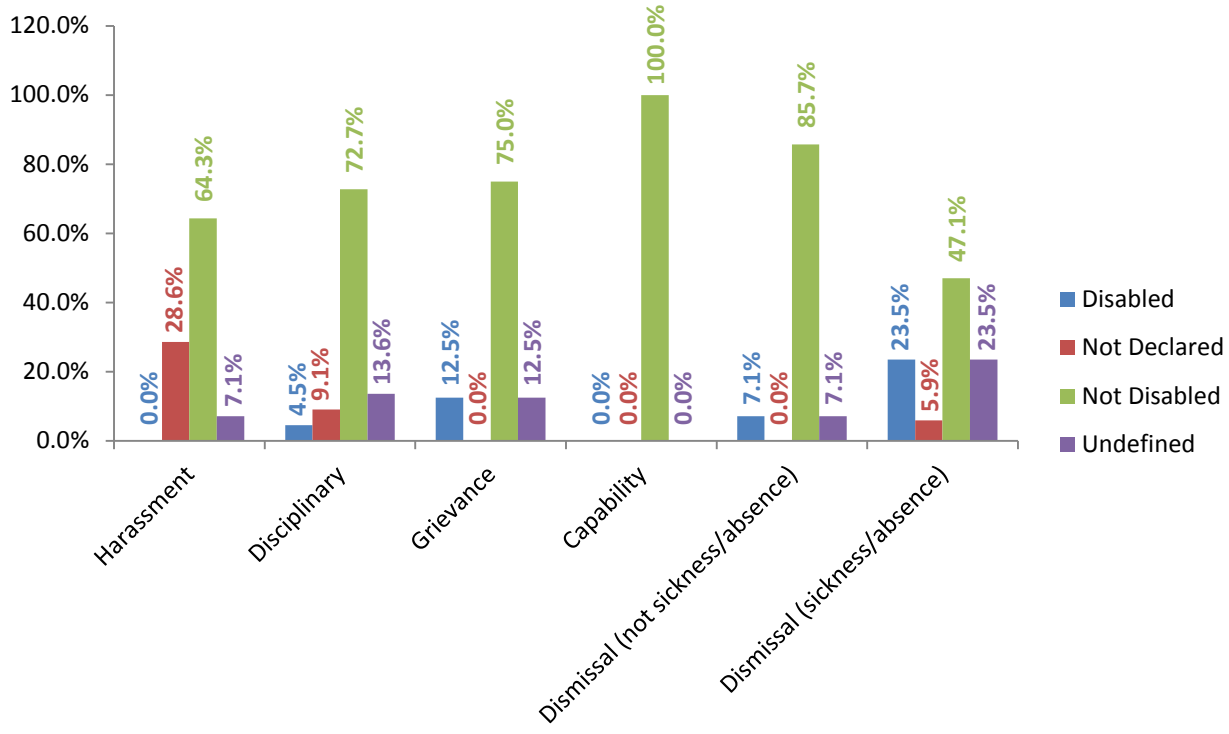
- 14 Harassment cases
- 44 Disciplinary cases
- 8 Grievances raised
- 2 Capability cases
- 31 Dismissals
    - 14 not related to sickness absence
    - 17 related to sickness absence

Age

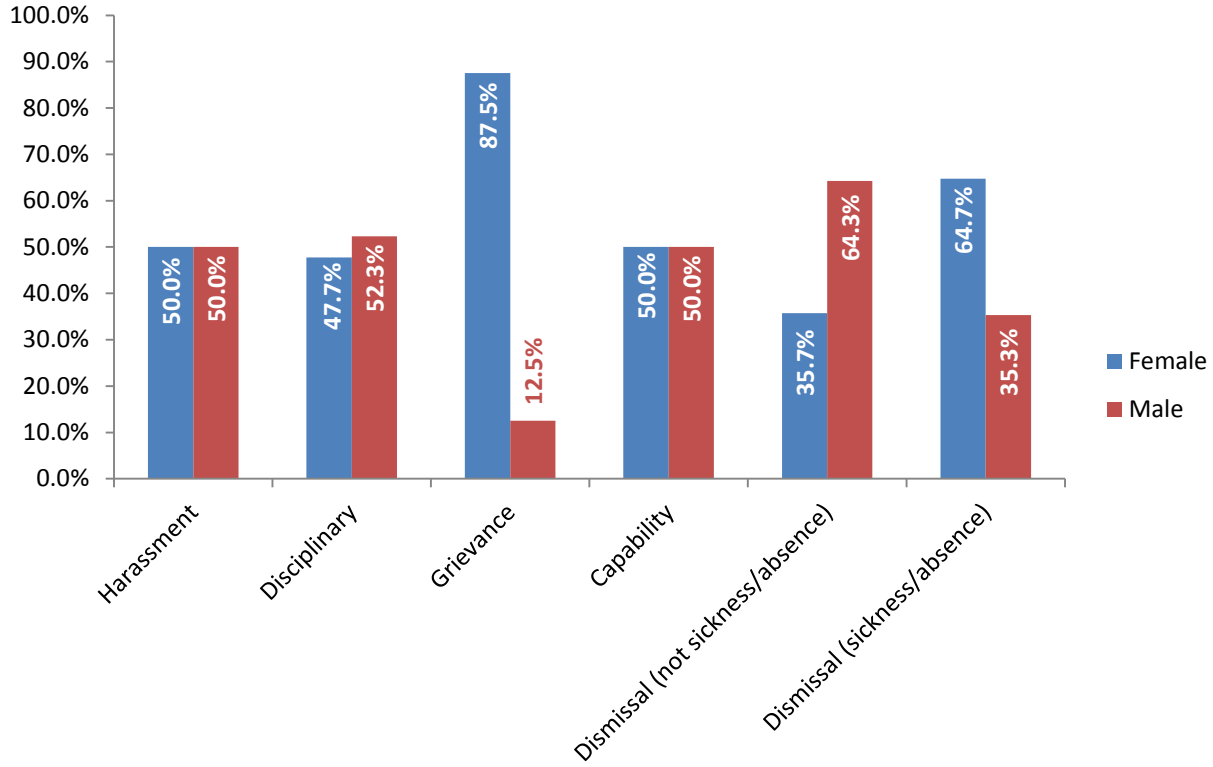


NB only age ranges where there has been employee relations activity is shown.

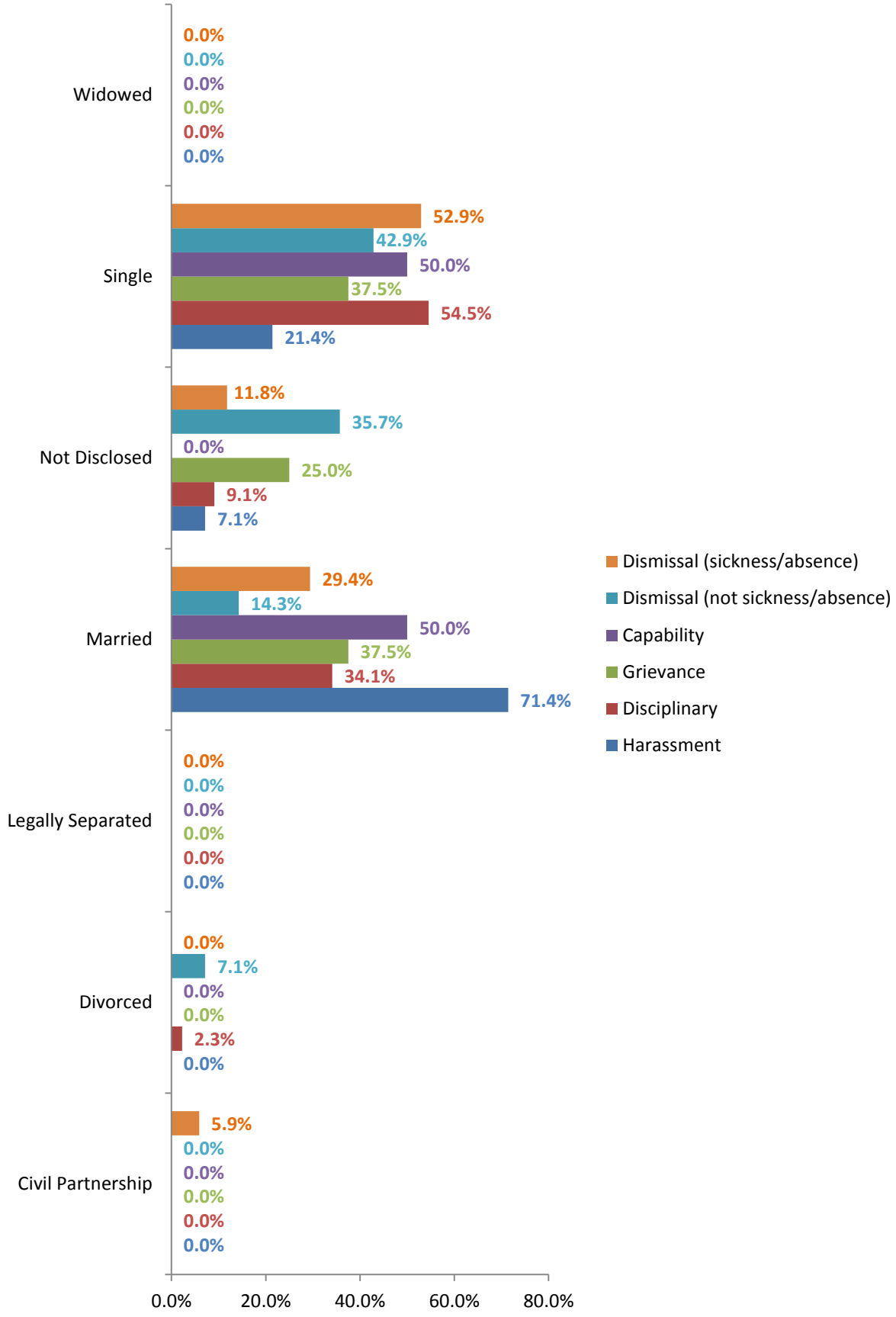
Disability



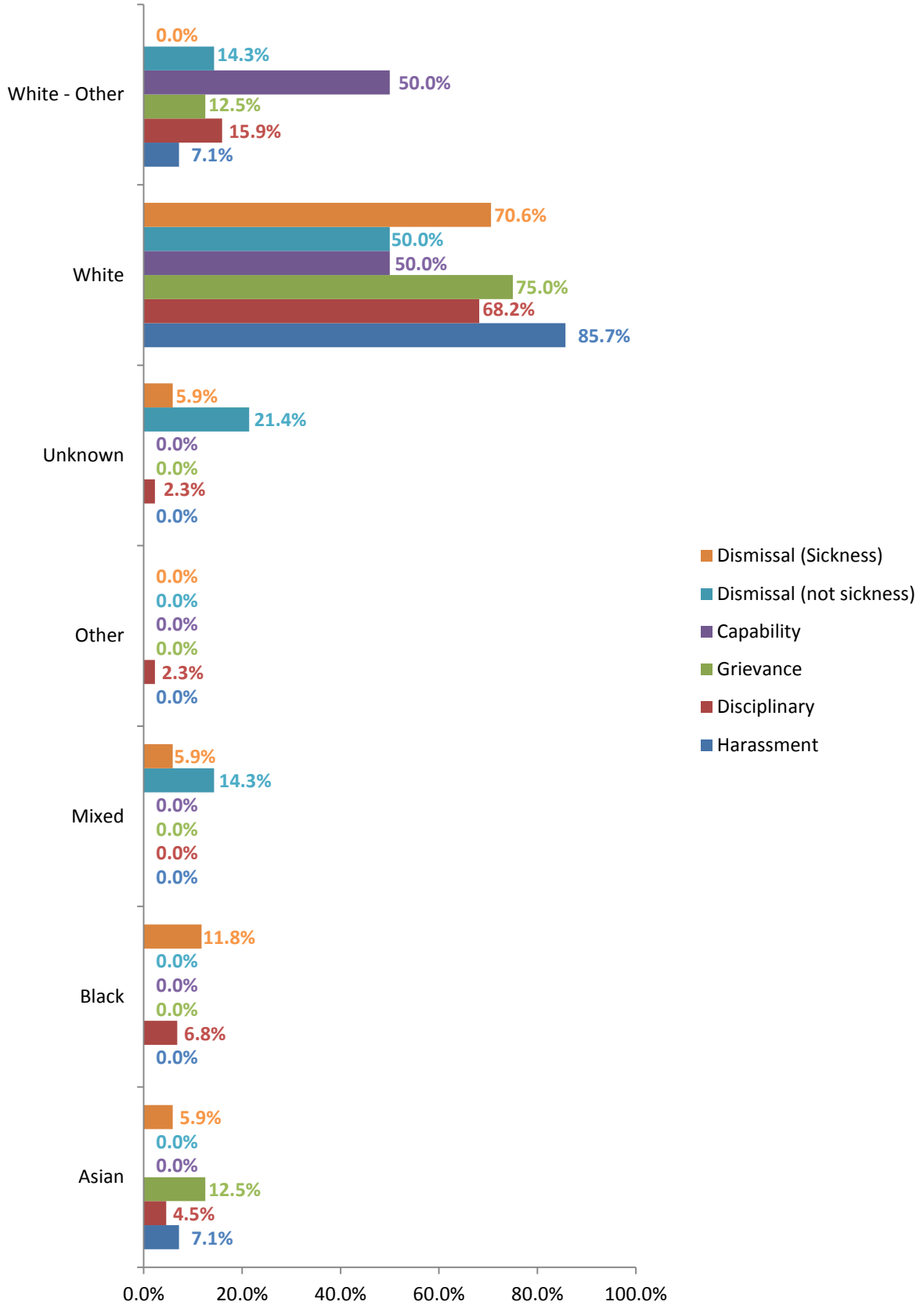
Gender



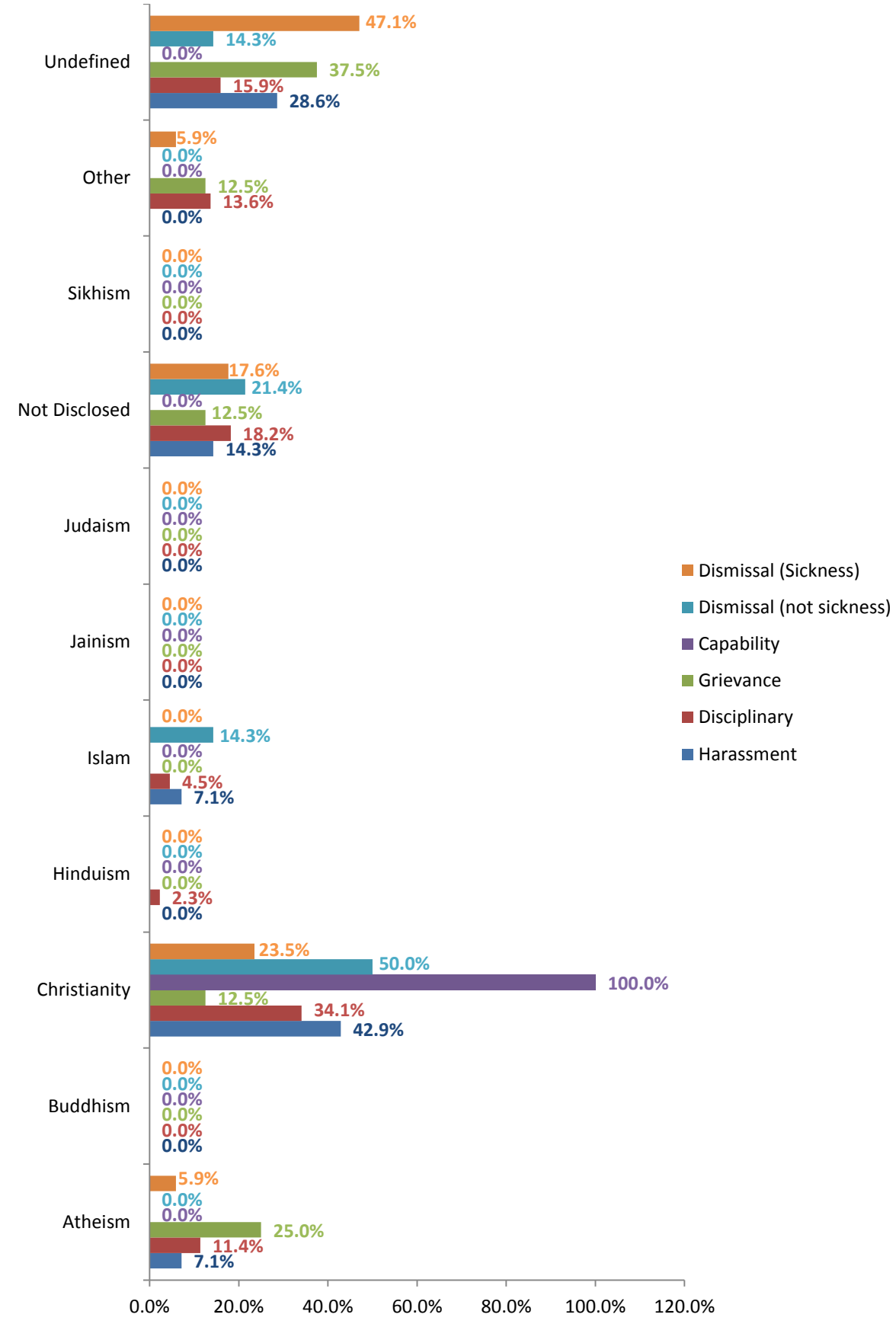
Marriage and Civil Partnership



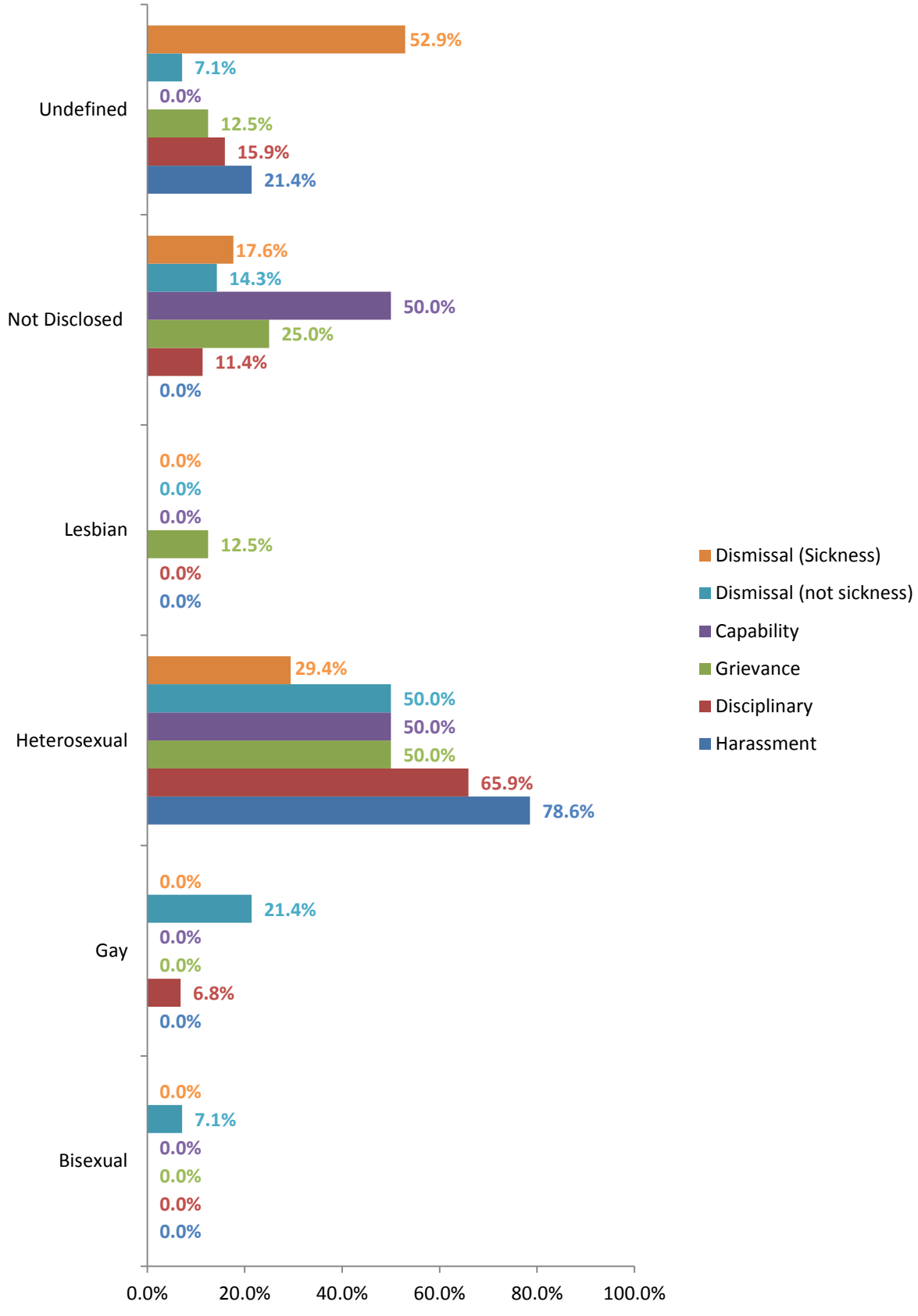
Race and Ethnicity



Religion or Belief



Sexual Orientation



Training and development opportunities

The following data looks at training and development opportunities which our workforce have applied and been accepted to attend. The types of training and development opportunities relate to continuing professional development, as such excludes training that is considered statutory or mandatory.

The following tables relates to applications/acceptance from Allied Health Professionals (e.g. Occupational Health Therapists, Operating Department Practitioners, Physiotherapists, Radiographers and Speech and language Therapists) and nursing staff.

During 2016/17, 916 applications were received for training from Allied Health Professional and nursing staff. 697 applications were approved and the total amount of funded courses amounted to £457,595.00.

Age

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
19-25	88	10.20%	60	10.66%	£36,000.00
25-35	350	40.56%	214	38.01%	£178,000.00
35-45	250	28.97%	176	31.26%	£145,000.00
45-55	148	17.15%	95	16.87%	£ 69,000.00
55-65	27	3.13%	18	3.20%	£ 8,000.00
Unknown	53	5.79%	134	19.23%	£ 21,595.00
Grand Total	**916**	**100.00%**	**697**	**100.00%**	**£457,595.00**

Disability

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Disabled	32	5.21%	20	5.08%	£21,698.00
I do not wish to disclose	97	15.80%	90	22.84%	£ 17,017.00
Not Disabled	485	78.99%	284	72.08%	£400,000.00
Unknown	302	32.97%	302	43.33%	£ 18,880.00
Grand Total	**916**	**100.00%**	**697**	**100.00%**	**£457,595.00**

Gender

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Female	763	83.30%	467	80.66%	£361,000.00
I do not wish to disclose	19	2.07%	17	2.94%	£ 4,000.00
Male	134	14.63%	95	16.41%	£ 72,000.00
Unknown		0.00%	118	16.93%	£20,595.00
Grand Total	**916**	**100.00%**	**697**	**100.00%**	**£457,595.00**

Marital and Civil Partnership Status

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Civil Partnership	11	1.20%	6	1.05%	£ 3,570.00
Divorced	22	2.40%	16	2.80%	£ 7,500.00
I do not wish to disclose	78	8.52%	62	10.84%	£ 31,000.00
Legally Separated	10	1.09%	10	1.75%	£ 3,500.00
Married	363	39.63%	217	37.94%	£187,000.00
Single	431	47.05%	261	45.63%	£204,000.00
Widowed	1	0.11%	0	0.00%	
Unknown			125	17.93%	£21,025.00
Grand Total	**916**	**100.00%**	**697**	**100.00%**	**£436,570.00**

Race

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Asian	48	5.24%	38	5.45%	£ 35,700.00
Black	28	3.06%	20	2.87%	£ 16,315.00
I do not wish to disclose	40	4.37%	38	5.45%	£ 16,000.00
Mixed	7	0.76%	4	0.57%	£ 4,410.00
Other	16	1.75%	11	1.58%	£ 7,170.00
White	693	75.66%	520	74.61%	£ 340,500.00
White - Other Background	84	9.17%	66	9.47%	£ 37,500.00
Grand Total	**916**	**100.00%**	**697**	**100.00%**	**£ 457,595.00**

Religion or Belief

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Atheism	212	29.24%	158	33.26%	£116,470.00
Buddhism	11	1.52%	7	1.47%	£ 4,645.00
Christian	215	29.66%	109	22.95%	£193,000.00
Hinduism	7	0.97%	5	1.05%	£ 5,240.00
I do not wish to disclose	163	22.48%	130	27.37%	£ 58,000.00
Islam	11	1.52%	6	1.26%	£ 6,240.00
Judaism	1	0.14%	1	0.21%	£ 950.00
Other	105	14.48%	59	12.42%	£ 53,000.00
Unknown	191	20.85%	222	31.85%	£20,050.00
Grand Total	916	100.00%	697	100.00%	£437,545.00

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

Protected Characteristic	Observation
Age	• The profile of the workforce does not follow the South East demographic profile • Work should be undertaken to find out if older workers are supported in the roles adequately • Statistically 36-40, 46-50 and 51-55 age groups, have a higher than expected representation across all employment relations processes • When converting through the 3 stages of recruitment, it appears that the rate of 40+ candidates being appointed decreases
Disability	• Declaration of disability remains low – nearly 20% of the workforce's disability status is unknown or undefined • With the information available, the workforce demographic is comparable to that of the South East demographic • Lower numbers of disabled people than South East demographic profile in medical/dental and nursing/midwifery staff groups • Higher number of disabled people than South East demographic profile in estates staff group • Non-disabled people are over represented in capability processes • A proportionally higher number of disabled staff are have taken out grievances and been subject to dismissal (sickness/absence) • It appears there are fewer disabled candidates getting past the shortlisting stage in recruitment
Gender	• The majority of the workforce is women – estates and medical/dental break this trend • 90% of part time contracts are undertaken by women • A higher than expected number of men have been subject to claims of harassment, capability and dismissal (not related to sickness/absence) • A higher number of women than expected have taken out a grievance • Men and women fair equally throughout the recruitment processes
Marital Status	• Generally there is an over representation of single staff (not protected under the Equality Act 2010), married staff follows South East demographic and an underrepresentation of all other groups. • A greater proportion of married staff has raised claims of harassment than what would be expected. • Marital status does not appear to have an impact on the recruitment processes
Race	• Observation about the workforce can be found in the Trusts Workforce Race Equality Standard
Religion and Belief	• Declaration rate is poor for this category – which is punctuated when drilling down to individual staff groups. • A higher number of Muslim staff have been dismissed (not related to sickness/absence) than expected • Christian staff are overrepresented in capability processes

	• It appears the rates of conversion from shortlisting to appointment for candidates a religion or belief of Christian or other, appear to decrease
Sexual Orientation	• Declaration rate is poor for this category – which is punctuated when drilling down to individual staff groups. • LGB staff appear to have proportionally raised more complaints of harassment and raised grievances than expected • Recruitment for LGB candidates is stable throughout the 3 recruitment processes. However, the rate of heterosexual staff proceeding past shortlisting stage seems to decrease
All protected characteristics	• All staff appear to have similar fair outcomes when apply for training and education • Observations from the latest staff survey can be found on page XX

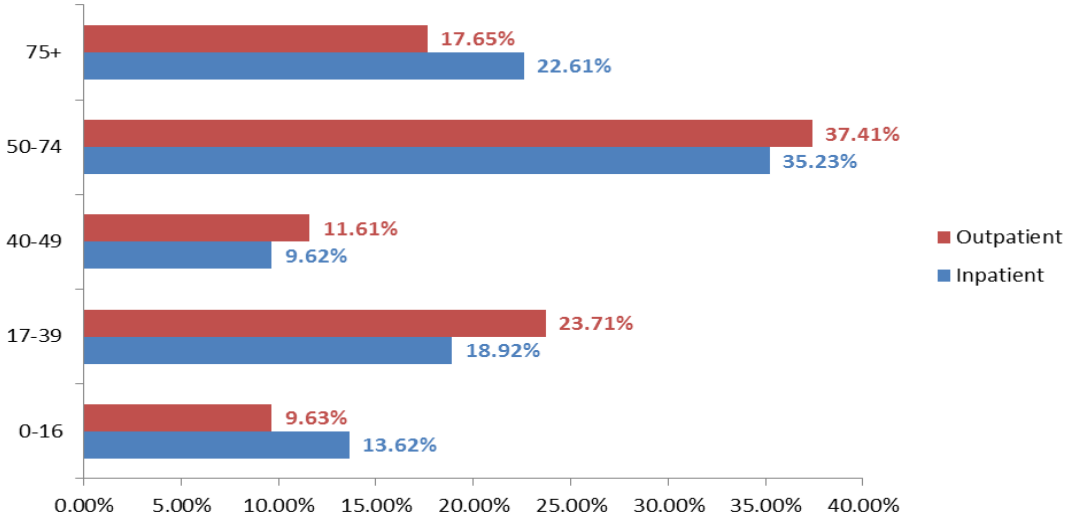
Who are the Trust's patients?

During 2016/17 the Trust saw over 760,000 patients, which included:

- 126,140 inpatients
- 638,555 outpatient appointments

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

Age



Disability

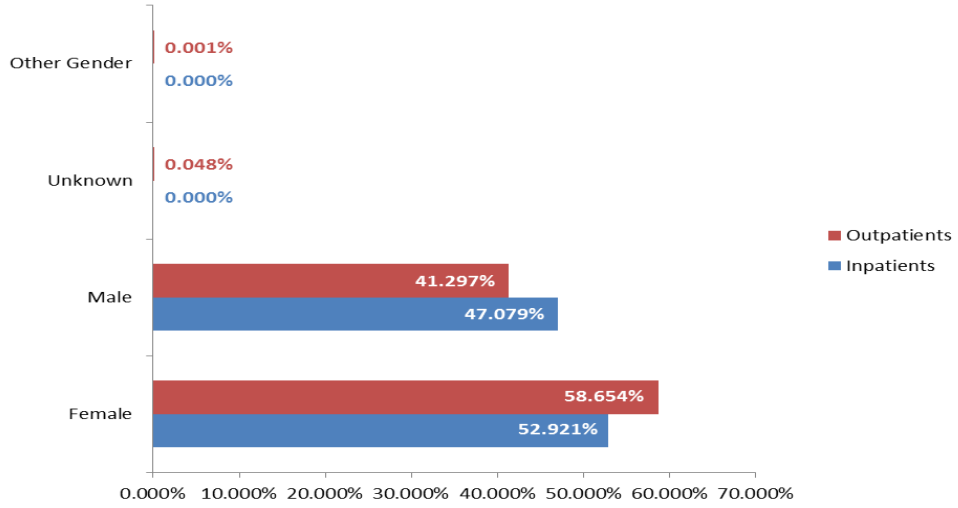
The patient administration system records the numbers of patients that have additional needs or reasonable adjustments due to a disability or long term illness. During 2016/17 there were:

- 125,486 inpatients which did not need to have any reasonable adjustments
- 636,223 outpatients which did not need to have any reasonable adjustments

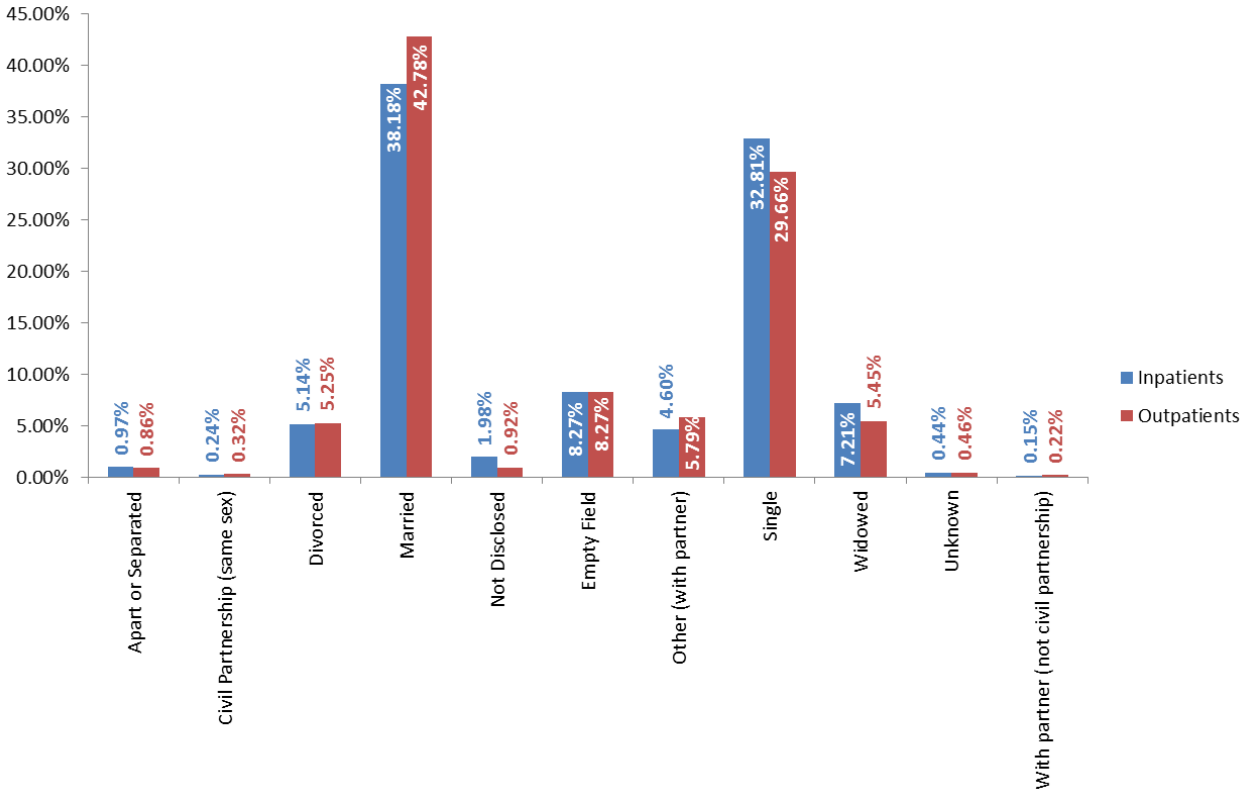
	Inpatients	Outpatients
Cognitive (Learning, Memory and Perception)	3	13
Contact By Proxy	8	12
Deaf - Sign Language User	39	246
Hearing Difficulty	63	263
Learning Disability	373	1193
No Telephone at all	1	3

Physical Disability / Mobility Issues	34	109
Severely Sight Impaired	73	290
Sight Impaired	60	203

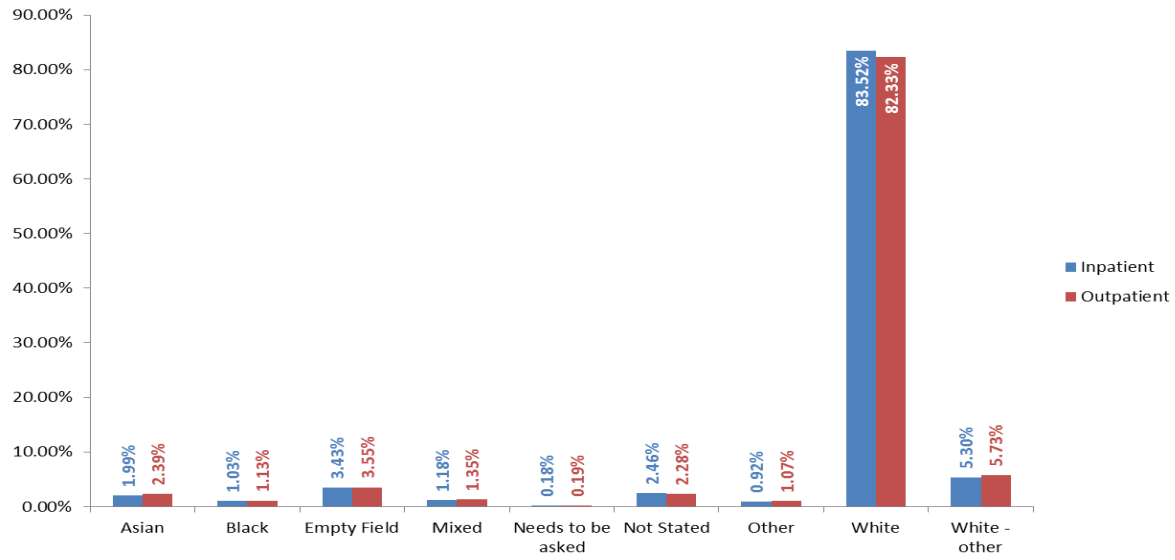
Gender



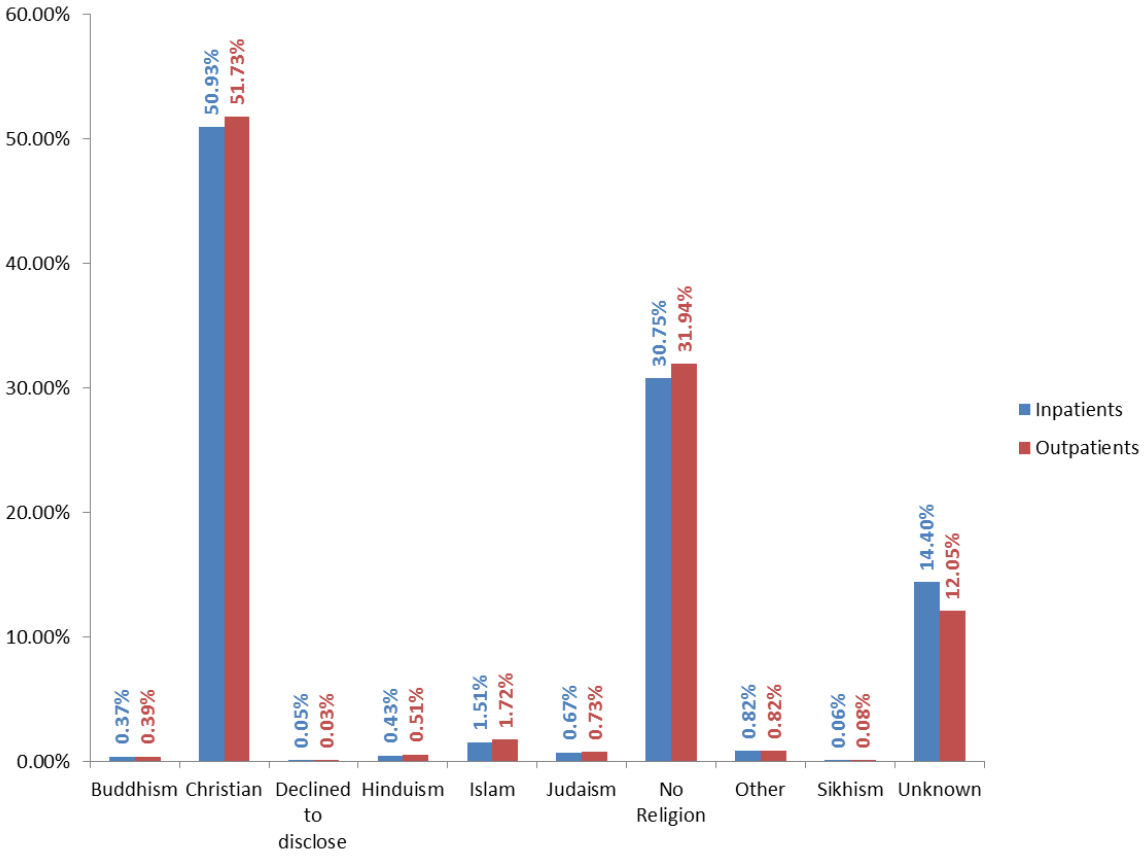
Marriage / Civil Partnership



Race



Religion or Belief



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

The Trust collects information about patient experience (both positive and negative) in real time using a questionnaire called Patient Voice. Patient Voice allows the Trust to collect feedback and identify and effect changes and service improvement throughout the year. The questionnaire incorporates the national Friends and Family Test which measures how likely a patient would recommend the Trust (and services) to their friends and family.

The data shown over the next few pages reflects the results of the Friends and Family Test over 2016/17 which reflects nearly 6,000 responses to the questionnaire. A positive response would indicate a patient/service user would recommend, a negative response would indicate a patient/service user would not recommend and a 'don't know' is neither a recommendation or not recommend.

Age

	Don't Know	Negative	Positive
16-35	2.1%	2.9%	95.0%
36-55	3.1%	1.6%	95.3%
56-75	3.1%	1.1%	95.9%
75+	5.4%	1.1%	93.5%
Grand Total	**3.7%**	**1.3%**	**95.0%**

Disability

	Don't Know	Negative	Positive
Not Disabled	2.8%	1.2%	96.0%
Not Disclosed	5.1%	0.7%	94.2%
Disabled	4.9%	1.6%	93.5%
Grand Total	**3.7%**	**1.3%**	**95.0%**

Gender

	Don't Know	Negative	Positive
Female	3.7%	1.6%	94.6%
Male	3.6%	0.9%	95.5%
Other	10.0%	0.0%	90.0%
Grand Total	**3.7%**	**1.3%**	**95.0%**

Gender Identity

	Don't Know	Negative	Positive
Not Trans	3.57%	1.19%	95.24%
Not disclosed	6.59%	5.39%	88.02%
Trans	0.00%	2.50%	97.50%
Grand Total	**3.64%**	**1.32%**	**95.04%**

Race

	Don't Know	Negative	Positive
White	3.9%	1.3%	94.9%
Mixed	2.6%	1.1%	96.2%
White - Other	2.6%	1.3%	96.1%
Asian	1.7%	0.9%	97.4%
Other	7.3%	1.8%	90.9%
Black	1.8%	3.6%	94.5%
Grand Total	**3.7%**	**1.3%**	**95.0%**

Religion or Belief

	Don't Know	Negative	Positive
Agnostic	5.3%	1.6%	93.1%
Atheism	3.1%	0.0%	96.9%
Buddhism	0.0%	2.9%	97.1%
Christianity	3.2%	0.9%	96.0%
Hinduism	0.0%	0.0%	100.0%
Islam	3.6%	0.0%	96.4%
Jainism	0.0%	0.0%	100.0%
Judaism	0.0%	0.0%	100.0%
No particular faith	4.4%	2.1%	93.5%
Not disclosed	5.2%	2.6%	92.2%
Other	3.8%	1.6%	94.5%
Pagan	0.0%	8.7%	91.3%
Sikhism	0.0%	0.0%	100.0%
Grand Total	**3.6%**	**1.3%**	**95.1%**

Sexual Orientation

	Don't Know	Negative	Positive
Bisexual	6.67%	3.33%	90.00%
Gay	4.17%	0.69%	95.14%
Heterosexual	3.50%	1.16%	95.34%
Lesbian	2.22%	2.22%	95.56%
Not disclosed	5.08%	2.36%	92.56%
Other	1.50%	2.26%	96.24%
Grand Total	**3.65%**	**1.33%**	**95.02%**

What does the patient demographic and experience data tell us?

Service use and experience data can provide a measure as to how well the organisation is performing and provides a way of identifying confidence within an organisation.

For example if the data shows there is a low uptake by any particular group that could lead to several conclusions. A particular group does not have confidence with the organisation and have made alternative arrangements for their healthcare, knowledge of services is low within certain groups, or certain groups experience low incidences of ill health. In any of the above it opens the door to targeted engagement to further understanding of the health needs of groups not attending the Trust's services.

The baseline for demographical data will be taken from the data from Census 2011 relating to South East England. South East England provides a fair average between Brighton and Hove and Mid Sussex.

When reviewing patient experience data the average will be used as a baseline for comparison. A 'don't know' response from the Friends and Family Test could indicate that the person required more support filling out the questionnaire, the person may have felt a negative score could impact on their treatment or they simply did not know.

Age:

- The biggest group of users of the Trust's services are those aged 50+
- A lower proportion of patients aged 75+ would recommend the Trust services
- A higher proportion of patients aged 16-35 would not recommend Trust services

Disability

- Proportionally few patients declare their disability status
- A lower number of disabled patients would recommend Trust services

Gender

- More of the Trust's patients (especially in outpatient areas) are women
- A higher number of women stated they would not recommend Trust services
- A lower number of people who identified as other would recommend Trust services

Gender Identity

- A higher than expected number of trans patients highlighted that they would not recommend Trust services
- Those who did not disclose their trans status appear to have a worse experience in the hospital

Race

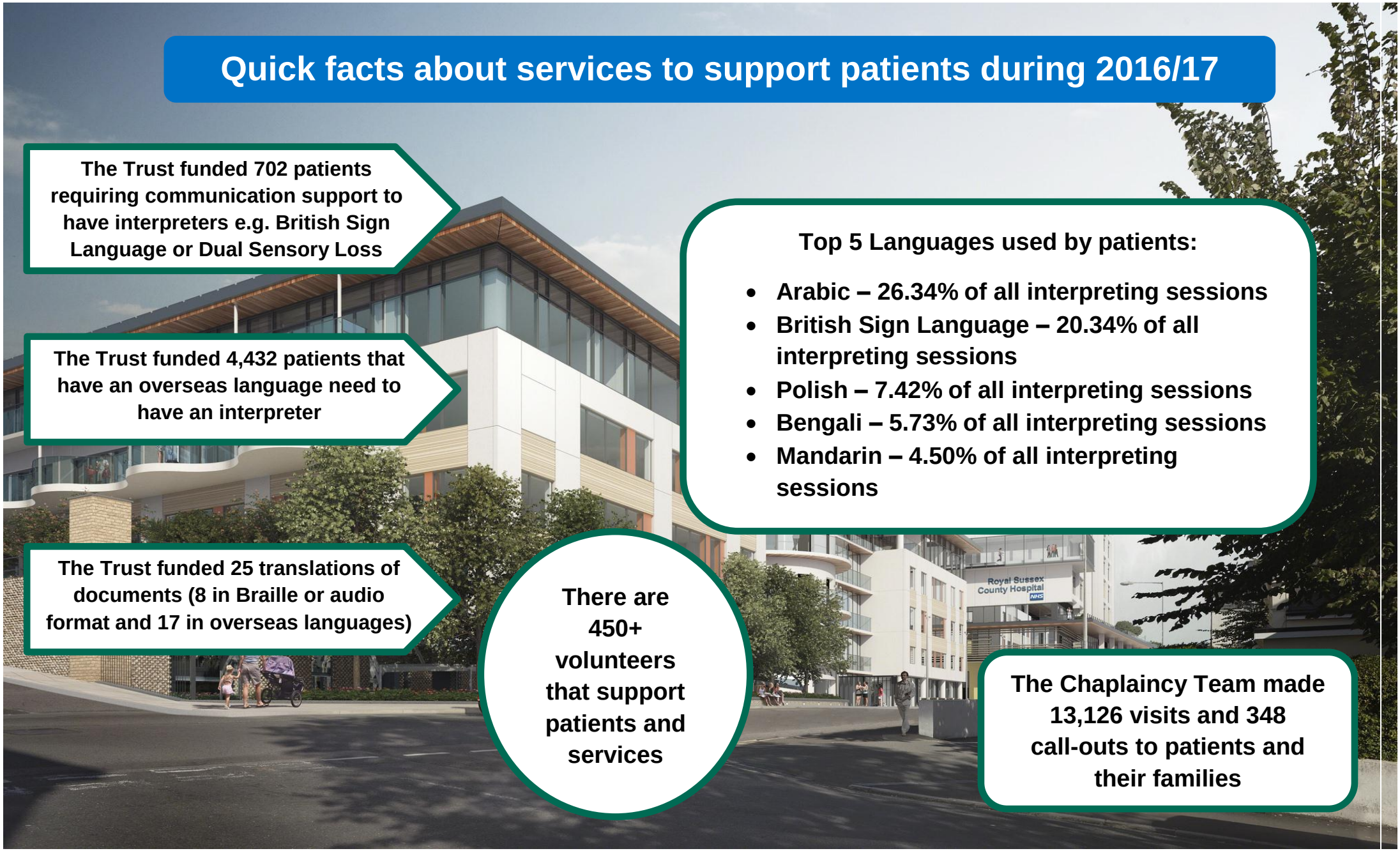
- Fewer Asian and white, other patients use Trust services when comparing again the South East demographic
- Overall less white, other and black groups would recommend Trust services
- More other and black groups would not recommend Trust services

Religion or Belief

- Overall less patients which identify as agnostic, of no particular faith, not disclosed their religion or pagan would recommend Trust services
- A larger number of patients that identify as Buddhists, of no particular faith, not disclosed their religion and pagan would not recommend Trust services

Sexual Orientation

- Overall patients that identify as bisexual appear to have a worse experience in hospital than others, this is followed by lesbians, not disclosed and those identifying as other
- Overall less bisexual and those not disclosing their sexual orientation would recommend Trust services



Quick facts about services to support patients during 2016/17

The Trust funded 702 patients requiring communication support to have interpreters e.g. British Sign Language or Dual Sensory Loss

The Trust funded 4,432 patients that have an overseas language need to have an interpreter

The Trust funded 25 translations of documents (8 in Braille or audio format and 17 in overseas languages)

Top 5 Languages used by patients:

- Arabic – 26.34% of all interpreting sessions
- British Sign Language – 20.34% of all interpreting sessions
- Polish – 7.42% of all interpreting sessions
- Bengali – 5.73% of all interpreting sessions
- Mandarin – 4.50% of all interpreting sessions

There are 450+ volunteers that support patients and services

The Chaplaincy Team made 13,126 visits and 348 call-outs to patients and their families

Brighton and Sussex University Hospitals NHS Trust

To: Board of Directors

Date of Meeting: 31st January 2018 Agenda Item: **8**

Title
Month 9, 2017-18 Performance Report
Responsible Executive Director
Pete Landstrom, Chief Delivery & Strategy Officer
Prepared by
Giles Frost, Interim Director of Performance and Information
Status
Disclosable
Summary of Proposal
The paper sets out 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 when relevant other operational indicators.
Implications for Quality of Care
Describes Quality Outcome KPIs
Link to Strategic Objectives/Board Assurance Framework
Compliance with National NHS Constitutional Standards
Financial Implications
Describes Operational KPIs which impact on Financial Sustainability and Efficiency
Human Resource Implications
Describes Operational KPIs which impact on Workforce
Recommendation
The Board is asked to: NOTE the Trust position against the NHS National Constitutional Standards
Communication and Consultation
Not applicable
Appendices
(1) Operational Performance Scorecard

To:	Trust Board	Date: 31st January 2018
From:	Pete Landstrom, Chief Delivery & Strategy Officer	Agenda Item: 8
FOR INFORMATION		

PERFORMANCE REPORT: MONTH 9, 2017/18

1 INTRODUCTION

1.1 This report summarises both current in year and projected performance for Brighton & Sussex University Hospitals NHS Trust, with further detail provided in the appendix relating to the Operational Performance Scorecard.

1.2 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 December saw deterioration in Trust performance metrics following a challenging pre-Christmas period, and Christmas week in terms of non-elective demand and associated bed pressures and knock on impact to elective care.

2.2 Under the Single Oversight Framework, the Trust was non-compliant against A&E 4 hour, RTT 18 week, 6 week diagnostics and Cancer 62 day treatment performance.

2.3 Key operational indicators during December to note:

- 13,460 A&E attendances compared to 13231 in December 2016 (an increase of 1.7%).
- 4,568 non-elective spells compared to 4,701 in December 2016 (representing a reduction in activity of 2.8%).
- Formally reportable Delayed Transfers of Care reduced to 4.8%. This is a reduction from 5.3% in November 2017, and from 8.7% December 2016.
- Average length of stay for patients reduced to 4.69 days for non-elective medicine in December 2017, compared to 4.93 days in November 2017, and 4.85 days in December 2016.

3 KEY AREAS OF PERFORMANCE

3.1 A&E Compliance

3.1.1 The Trust was non-compliant against the National four hour standard in December, with 82.8% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge. This is a reduction of 3.5% from November (86.3%), but an improvement compared to December 2016 (80.4%).

3.1.2 The Trust peaked at 87% the week ending 3rd. December, then performance dipped to 81% w/e 10th and 17th December, but improved to 83.8% w/e 31st December.

3.1.3 There were 50 patients who waited longer than 12 hours in the A&E department from the decision to admit, due to high levels of A&E patients in department related to a combination of high acuity demand surges coupled with low levels of decompression following these surges (reflected in high levels of ward bed occupancy and low inpatient discharge numbers particularly the weekends of the 10th/11th and 17th/18th December.)

3.1.4 The Trust A&E 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 Trust has, in accordance with NHSi guidance, also included attendances at the Brighton Station Walk in Centre for the first time from October 2017. This is to ensure greater consistency with A&E performance reporting for the catchment population.

3.1.5 Within the overall 83.8% performance, there remains variation by A&E site. Performance by site in November 2017 is outlined overleaf:

Site	Total Patient Attendances	Total Patients Waiting > 4 Hours	% Patients <4 Hour
Royal Sussex County Hospital	6822	2300	66.29%
Princess Royal Hospital	3167	324	89.8%
Royal Alexandra Children's Hospital	2441	7	99.7%
%Sussex Eye Hospital	890	0	100%
Brighton Station Walk in Centre	1995	6	99.8%
Total Trust	15317	2637	82.8%

3.1.6 Performance at RSCH was extremely challenging (66.29%), with a deterioration of 6.4% compared to November 2017, and -4.3% compared to December 2016.

3.1.7 Performance at PRH was 89.8% which was a reduction of 2.7% compared to November, but in contrast a 9% improvement compared to December 2016.

3.1.8 The Royal Alex Children's Hospital and Sussex Eye Hospital continued to exceed the National Target.

3.1.9 Planning for the £30m redesign of the County site Emergency Department and Emergency Floor development continues. This includes works to level four of CIRU to enable the additional Ambulatory Care capacity which have now completed as planned. Works to level five have also now commenced (having been delayed to minimise disruption during the heightened Christmas and New Year pressures as noted in last month's board papers).

3.1.10 The development of a GP streaming model at PRH is now completed with the development of two new GP rooms; additional GPs have also recently been appointed. The majority of the second phase of ED improvement works with refurbishment of majors/resus cubicles have now completed, enhancing the patient environment and capacity to expedite patient flow. The last piece of largely cosmetic work to convert the old resuscitation room to an ambulance assessment/ rapid assessment area is planned for completion by 2nd February.

3.1.11 Waiting for admission to an inpatient ward remained the highest single reason for patients waiting longer than 4 hours in A&E. Difficulties in access to beds due to formal delayed transfers of care (DTOC) patients decreased in December to 4.8% (compared

to 8.6% December 2016), with the wider system and CCG actively supporting the Trust to achieve a significant reduction and then to maintain lower levels of DTOCs. This work commenced towards the end of September and is ongoing as part of the overall improvement plan for urgent care and A&E.

3.1.12 The board should note that January performance has remained challenging, with extremely high occupancy exacerbated by seasonal flu/ respiratory patients. At the time of writing, January performance (to the 24th January) was 82.1% trust wide. This is however a significant improvement (+5%) relative to performance for the same period January 2017, where commensurate performance to 24th January was 77.1%

3.1.13 Nationally and regionally A&E delivery has also continued to be challenging. National performance deteriorated by 4.8% to 85.1% for all attendances in December 2017 from 88.9% in November 2017. Regionally, compliance for the South of England was 83.3%, a deterioration of 5% compared to November.

3.2 Cancer

3.2.1 The Trust was compliant against 6 out of 9 metrics in November, but was below the Single Oversight Framework trajectory requirement for 62 day treatment (85.0%). Actual performance for November against this metric was 67.0%.

3.2.2 Total treated patients against the 62 day GP referral standard for November was below forecast at 109 against a forecast plan of 120.5.

3.2.3 Total patients breaching the 62 day GP referral standard was 36 patients, 19.5 higher than forecast trajectory of 16.5.

3.2.4 Within the 62-day treatment pathways several clinical specialties particularly impacted the achievement of the overall standard. These were:

- Breast – diagnostic staffing shortages have resulted in the cessation of the one-stop clinic assessment, which has lengthened the diagnostic phase for clinically judged lower risk patients. Recruitment processes have been successful with 1 consultant starting end January, and a clinical fellow who commenced w/e 20th January.

- Colorectal – patients requiring multiple diagnostics, in addition to delays or patient cancellations/DNA's of diagnostic scans and procedures. Eleven patients breached the standard.
- Head & Neck – several late referrals from ESHT (day 53, day 79) and WSHT (day 114).
- Urology – eight patients who opted for radical option treatments, who required additional time to meet with each clinician and consider which option to proceed with, and one other patient who had a hypertensive crisis on the day of surgery and needed re-preparation.

3.2.5 For context, the latest national performance data for November 2017 shows 82.5% for treatment within 62 days from GP referral (target 85.0%) compared to BSUH performance of 67.0%. In November 2017, approximately 48% of Trusts in England were non-compliant against this standard.

3.2.6 Early review of December performance shows an improved performance from November with provisional compliance for 62 day urgent GP referred patients at 77%. The final performance is not finalised until 6 weeks post month end, and as such this figure is subject to change following late referrals, and final validation of patients on treatment pathways.

3.2.7 MacMillan Cancer Support have ring-fenced funding for a fixed term contract project manager to help investigate, support, implement and evaluate pathway developments in the most challenged tumour sites. This will help gather national studies (such as the Accelerate, Coordinate, Evaluate [ACE] programmes) on optimal pathway redesign and embed these changes within the Trust.

3.2.8 Action plans are being implemented across each of the most challenged tumour sites, in addition to Pathology and Radiology actions to deliver turnaround improvements and reduce the time patients wait for the diagnostic phase of their pathways. These are continuing to be monitored and overseen by the Trust Cancer Lead alongside directorate lead managers.

3.3 Referral to Treatment (RTT/18 Weeks)

3.3.1 The Trust continues to be non-compliant against the National Constitutional Target of 92%, the Trust's reported position in December is 84.5%. This represents a 1.8% reduction from November performance (86.32%)

3.3.2 This reduction in performance is as a result of planned elective pacing such that only urgent and cancer related elective inpatients were prioritised during December and into January, to aid non-elective resilience and patient flow as requested by NHSi. This is compounded by the reduced elective planned activity during Christmas whilst the 18 week clock continues to 'tick'.

3.3.3 There were 49 patients waiting more than 52 weeks for treatment as of the end of December, which represents a marginal incremental increase in backlog since December 2017, predominantly from surgical digestive disease specialties. This is a reduction from 150 patients waiting longer than 52 weeks this period last year.

3.3.4 The abdominal directorate recovery plans are in place and are utilising additional theatre sessions each week at the County Site plus additional sessions at the weekend on the PRH site. Further opportunities to out-source additional theatre and bed capacity have been agreed with Western Sussex Hospitals to aid recovery January to March, whilst the Trust is also seeking to provide additional middle grade locum-cover to enhance staffing capacity further.

3.3.5 The clearance of long waiters continues to be a priority but is anticipated to continue to be challenging over the next period within the context of added emergency bed pressures.

3.3.6 The Trust continues to monitor directorate performance against planned trajectories at weekly RTT meetings, with associated recovery actions where off track.

3.3.7 The aggregate performance comprises several clinical specialties where waiting times are below the standard. Directorates with the biggest challenges and backlog remains with Neurosurgery, Head and Neck and the Abdominal Division. Ophthalmology remains a challenge within Head and Neck and focussed work is continuing to target recovery.

3.3.8 Latest published national data relates to November 2017 and shows a slight increase in national compliance, to 89.5% from 89.3% in October 2017. This figure is exclusive of independent sector providers and does not reflect a number of large acute NHS providers that currently are not reporting RTT positions as part of agreed 'special measure' arrangements. Approximately 43% of Trusts were non-compliant in November.

3.4 Diagnostic Test Waiting Times

3.4.1 The Trust compliance for December was 3.4% over 6 week waiters across all diagnostic modes, which is non-compliant against the <1% national target. This represents 248 out of a total of 7,296 patients an increase of 147 patients waiting over 6 weeks, whilst a reduction of 473 total patients waiting in comparison to November.

3.4.2 This has worsened from the November position due to an increase in imaging modalities, with 153 over 6 week patients awaiting CT scanner imaging at the end December.

3.4.3 The CT equipment experienced technical breakdown on 3 occasions in November, and suffered continued problems into December and whilst cancellations were minimised, lists have been cancelled or re-arranged adding significant pressure to 6 week and RTT performance. The Trust additionally has observed an increase in general anaesthetic diagnostic cases adding to demand pressure within the required 6 week time horizon and finite diagnostic capacities.

3.4.4 The Cardiology team are focussing their efforts on mitigating the diagnostic backlog by providing additional sessions with a new consultant now in post, however the board should note as of time of writing, whilst breach numbers have stabilised, are anticipated to reduce only marginally by the end of January. The Trust is anticipating further reduction in backlog from February.

3.4.5 Sleep studies also recorded 25 breaches at the end of December following short term consultant vacancies.

3.4.6 The service have reviewed and improved the patient pathway over the past few months. Most confirmed sleep apnoea patients are now sent directly to a specialist nurse following sleep study referral. The effect of these actions has meant a reduction in the waiting time for first appointment to see a consultant, reflected in current numbers waiting on the booking list. This has however created a bottleneck in terms of consultant

demand by reducing the first appointment phase of the pathway, compounded by short term vacancies as described above.

3.4.7 The service is looking to re-engineer the pathway further so as to re-balance the current constraint. Recovery actions and progress are underway and being reviewed on a weekly basis with service and administrative leads.

3.4.8 We have reported 15 Endoscopy breaches at the end of December; this is due to a lack of enhanced endoscopy lists in December.

3.4.9 The Trust has discussed demand and capacity concerns with CCG colleagues as part of a system wide elective working group, and requested primary care support in controlling referral/demand management where appropriate to do so.

3.4.10 BSUH performance compared favourably against regional peers in November (the latest comparable national data); with South of England Region aggregate compliance of 2.6% and National compliance at 2.0%, compared to BSUH November performance of 1.3%. Just over a third of Trusts were non-compliant in November 2017.

4 RECOMMENDATION

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

Pete Landstrom
Chief Delivery & Strategy Officer
25th January 2018

Brighton and Sussex NHS University Hospitals

OPERATIONAL PERFORMANCE SCORECARD

DECEMBER 2017

		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	2017/18 YTD	2017/18 Target	Trend
NATIONAL AND OPERATIONAL PERFORMANCE TARGETS																									
O01	A&E : Four-hour maximum wait from arrival to admission, transfer or discharge	83.9%	86.3%	85.1%	84.1%	81.2%	83.7%	82.6%	82.1%	80.4%	77.2%	80.3%	84.4%	85.3%	86.0%	86.5%	81.9%	83.6%	84.3%	87.0%	86.3%	82.8%	84.9%	95%	
O01A	A&E : 12 hour maximum wait from arrival to admission, transfer or discharge	9	2	2	0	1	1	2	0	5	28	0	0	0	0	0	0	7	6	0	1	50	64	0	
O02	Cancer: 2 week GP referral to 1st outpatient	88.6%	93.8%	95.1%	94.7%	94.1%	94.5%	95.1%	94.1%	93.9%	90.7%	93.3%	93.4%	93.4%	94.1%	94.7%	94.8%	93.8%	95.1%	93.8%	94.1%		94.2%	93%	
O03	Cancer: 2 week GP referral to 1st outpatient - breast symptoms	97.8%	94.8%	98.8%	98.4%	96.6%	97.4%	99.4%	98.9%	97.7%	96.9%	95.9%	93.7%	96.4%	98.2%	95.0%	94.4%	96.1%	96.2%	97.7%	96.0%		96.3%	93%	
O04	Cancer: 31 day second or subsequent treatment - surgery	95.7%	95.5%	100.0%	91.3%	97.8%	97.8%	92.1%	89.7%	96.6%	95.7%	94.4%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	97.3%		99.1%	94%	
O05	Cancer: 31 day second or subsequent treatment - drug	97.9%	97.6%	99.0%	100.0%	100.0%	98.7%	100.0%	98.2%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	98.7%	100.0%		99.5%	98%	
	Cancer: 31 day second or subsequent treatment - radiotherapy	94.4%	100.0%	98.4%	97.7%	97.8%	96.3%	97.3%	97.8%	99.3%	98.2%	99.4%	100.0%	100.0%	99.4%	99.3%	100.0%	98.6%	100.0%	98.5%	99.5%		99.4%	94%	
O06	Cancer: 31 day diagnosis to treatment for all cancers	100.0%	97.3%	99.1%	98.4%	98.6%	98.2%	98.6%	97.3%	97.2%	98.0%	97.1%	98.3%	99.1%	99.5%	100.0%	98.6%	99.2%	98.3%	99.6%	100.0%		99.3%	96%	
O07	Cancer: 62 day referral to treatment from screening	75.0%	66.0%	62.0%	73.0%	87.5%	74.2%	75.0%	96.6%	84.2%	87.2%	76.0%	73.3%	87.2%	76.7%	71.8%	80.0%	77.8%	78.4%	75.0%	78.4%		78.2%	90%	
O08	Cancer: 62 day referral to treatment from hospital specialist	100.0%	100.0%	100.0%	50.0%		50.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	88.9%	75.0%	100.0%	94.7%	85.7%	60.0%	72.7%	77.8%		83.8%	90%	
O09	Cancer: 62 days urgent GP referral to treatment of all cancers	78.1%	77.2%	81.1%	74.5%	74.7%	85.9%	77.9%	76.5%	66.7%	78.1%	68.5%	76.5%	86.1%	81.1%	74.3%	68.8%	81.4%	78.3%	80.3%	67.0%		77.4%	85%	
O14	RTT - Incomplete - 92% in 18 weeks	73.5%	74.8%	75.3%	75.3%	75.1%	76.8%	77.8%	80.1%	79.6%	81.4%	82.1%	84.2%	85.2%	86.1%	86.9%	87.0%	86.8%	86.0%	86.1%	86.3%	84.5%	84.5%	92%	
	RTT - Incomplete - 52Week Waiters	100	87	92	211	226	184	185	161	150	152	143	95	94	102	96	80	84	71	59	47	49	49	0	
O15	RTT delivery in all specialties (Incomplete pathways)	14	14	14	16	16	15	16	12	12	13	13	9	10	10	13	13	12	12	13	13	14	14	0	
O16	Maximum 6-week wait for diagnostic procedures	6.6%	2.6%	1.6%	2.1%	2.8%	1.0%	1.9%	1.1%	1.4%	0.8%	0.6%	0.4%	0.5%	0.9%	0.7%	0.6%	1.0%	0.7%	0.9%	1.3%	3.4%	3.4%	<1%	
O17	Cancelled operations not re-booked within 28 days	7	2	3	2	8	2	8	2	5	8	4	3	3	1	4	5	7	9	5	4	11	49	0	
O18	Urgent operations cancelled for the second time	0	0	0	0	0	0	0	0	0	8	3	0	0	0	2	1	2	5	3	0	1	14	0	
O19	Clinics cancelled with less than 6 weeks notice for annual/study leave	65	86	77	67	50	52	32	44	32	30	41	49	48	41	49	38	43	32	62	57	40	410	-	
O20	Mixed Sex Accommodation breaches	57	69	76	77	113	80	41	137	72	61	92	48	76	48	39	22	21	67	57	52	59	441	0	
O33	Delayed transfers of care	5.9%	6.7%	6.9%	6.8%	7.4%	9.6%	8.9%	9.5%	8.7%	9.8%	9.7%	9.9%	8.1%	7.4%	7.2%	8.4%	7.8%	8.0%	6.7%	5.3%	4.8%	7.1%	3%	
IMPROVING CLINICAL PROCESSES																									
O23	% hip fracture repair within 36 hours	79.00%	81.00%	77.00%	75.00%	67.00%	90.00%	88.00%	81.00%	87.00%	90.00%	73.00%	77.00%	76.90%	74.40%	67.00%							75.00%	90%	
O24	Patients that have spent more than 90% of their stay in hospital on a stroke unit*	81.63%	84.48%	86.79%	83.58%	84.75%	92.16%	81.67%	92.31%	80.39%	93.48%	89.58%	84.85%	75.00%	80.70%	83.08%	85.00%	77.78%	82.76%	87.04%	82.00%		81.66%	80%	

Brighton and Sussex University Hospitals NHS

OPERATIONAL PERFORMANCE SCORECARD

DECEMBER 2017

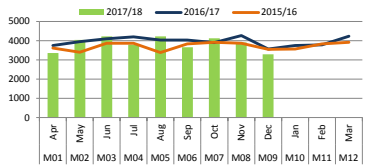
		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	2017/18 YTD	2017/18 Target	Trend
OPERATIONAL EFFICIENCY																									
O36	Average length of stay - Elective	2.36	2.33	2.37	2.22	2.49	2.06	2.57	2.16	2.45	2.44	2.36	2.31	2.43	2.12	2.51	2.22	2.35	2.53	2.61	2.21	2.41	2.38		
O37	Average length of stay - Non-elective Surgery	5.35	5.37	4.74	4.92	5.32	4.97	5.13	5.21	5.03	5.34	5.44	5.17	4.52	5.03	5.01	4.87	5.38	5.36	4.80	4.90	5.12	5.04		
O38	Average length of stay - Non-elective Medicine	4.90	4.38	4.26	3.97	4.17	4.85	4.70	4.98	4.85	5.46	4.84	4.87	4.85	4.16	4.42	4.50	4.61	4.56	4.65	4.93	4.69	4.93		
O39	Day case rate (CQC day case basket of procedures) source: HED (reported 2-3 months in arrears)	87.4%	89.3%	89.3%	85.6%	85.8%	86.0%	81.0%	85.5%	84.5%	87.6%	85.7%	87.0%	82.7%	87.7%	84.6%	87.2%	87.5%	86.9%	85.7%			86.2%	75.0%	
O40	Elective day of surgery rate (DOSR)	94.7%	93.1%	94.4%	94.2%	93.9%	94.9%	95.1%	93.8%	94.6%	94.0%	94.9%	94.8%	94.8%	95.5%	94.9%	95.3%	95.1%	94.2%	95.5%	95.3%	96.6%	95.2%	90.0%	
O41	Did not attend rate (outpatients)	8.2%	8.7%	8.8%	8.8%	8.5%	8.7%	8.0%	7.7%	8.0%	8.0%	7.5%	7.0%	6.1%	6.6%	6.6%	6.9%	7.4%	7.3%	7.2%	7.8%	8.1%	7.1%	6.00%	
SUSTAINABILITY																									
O43	Bank staff - % of all staff pay	4.2%	4.3%	4.5%	3.5%	3.8%	4.5%	5.7%	4.0%	4.3%	4.7%	5.2%	5.0%	4.5%	4.1%	5.2%	5.2%	5.3%	5.8%	4.8%	5.0%	5.9%	5.0%	7%	
O44	Agency staff - % of all staff pay	3.0%	3.1%	1.8%	2.6%	2.0%	2.5%	3.5%	3.3%	3.0%	3.4%	3.1%	4.5%	2.4%	3.1%	3.3%	3.2%	3.9%	4.3%	2.8%	3.2%	3.2%	3.3%	2%	
O46	% nurses who are registered	73.9%	73.6%	73.0%	73.3%	73.5%	73.7%	73.6%	73.6%	73.7%	73.5%	73.5%	73.4%	73.0%	72.4%	72.1%	72.0%	71.8%	71.5%	71.8%	71.4%	71.1%		74%	
O47	% Staff appraised	69.8%	70.6%	70.2%	70.4%	66.9%	71.9%	73.4%	75.7%	77.2%	79.2%	81.0%	85.0%	82.8%	81.3%	80.9%	80.2%	77.7%	76.2%	76.1%	75.9%	77.0%		85%	
O48	Sickness Absence: % Sickness(reported one month in arrears)	4.3%	4.3%	4.3%	4.3%	4.3%	4.2%	4.3%	4.3%	4.3%	4.3%	4.3%	4.3%	4.2%	4.2%	4.2%	4.3%	4.3%	4.3%	4.3%	4.2%			3.5%	
O49	Staff Turnover: Turnover rate (YTD position)	12.8%	12.8%	13.2%	13.6%	12.9%	13.3%	13.4%	13.6%	14.0%	14.2%	14.3%	14.4%	14.5%	14.6%	14.5%	14.3%	14.3%	14.1%	14.2%	13.9%	13.9%	13.9%	12%	
ACTIVITY																									
A01	Day Cases	3759	3951	4096	4206	4031	4038	3895	4263	3575	3749	3790	4232	3355	4050	4232	3790	4228	3652	4122	3906	3300	34635		
A02	Elective Inpatients	1191	1207	1216	1284	1189	1266	1268	1288	1129	1207	1209	1444	1192	1259	1388	1299	1290	1240	1243	1305	1067	11283		
A03	Non-elective inpatients	4429	4629	4813	4672	4468	4388	4764	4630	4701	4427	4201	4921	4637	4890	4499	4680	4547	4579	4653	4674	4568	41727		
A04	Outpatient First attendances	10498	10612	11826	9928	10914	10811	10962	11779	9325	10315	10328	12344	8620	11132	10935	10169	10496	9950	10409	11282	8118	91111		
A05	Outpatient Follow-up attendances	23633	24089	25211	23974	25719	25335	25025	27606	22352	26786	24337	28242	21604	26190	25085	23710	24294	24133	25029	26341	19571	215957		
A06	Outpatients with procedure	6468	6355	6999	6579	7081	7175	7033	7497	5927	6874	6622	7591	7143	8096	8111	7362	7946	7826	7886	8580	6659	69609		
A07	A&E Attendances	13168	14407	13670	14707	13888	13599	14093	13599	13231	12794	12209	13955	13258	14089	13810	14037	13201	13055	13484	13698	13460	122092		

Notes:

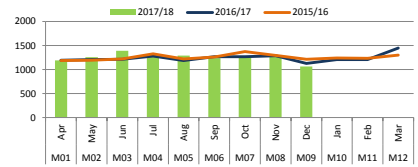
1 National reporting for these performance measures is on a quarterly basis. Data are subject to change up to the final submission deadline due to ongoing data validation and verification.
2 Data are provisional best estimates and will be amended to reflect the position signed-off in the relevant statutory returns in due course.
3 Staff sickness is reported one month in arrears.

Activity Trends

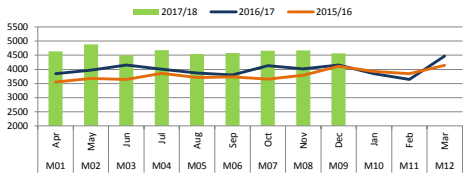
Day Cases



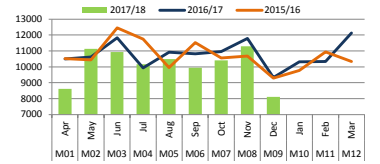
Elective Inpatients



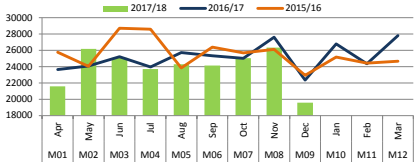
Non-elective Inpatients



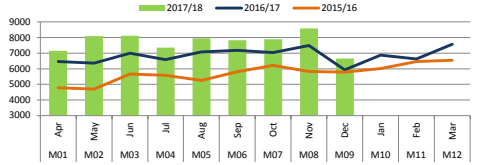
First Outpatients



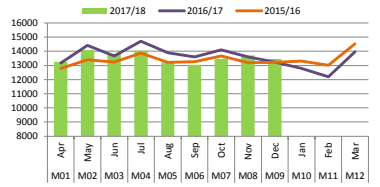
Follow-up Outpatients



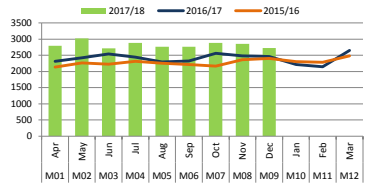
Outpatients with Procedure



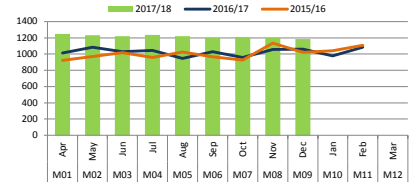
A&E Attendances



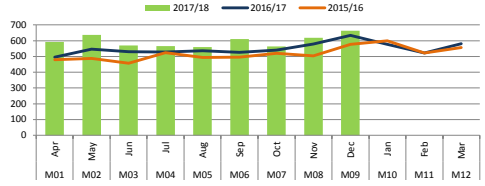
Emergency Admissions (age 0-64)



Emergency Admissions (age 65-84)



Emergency Admissions (age >85)



Brighton and Sussex NHS
University Hospitals

DECEMBER 2017

NHS Improvement Single Oversight Framework		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	2017/18 YTD	2017/18 Target	Trend
NATIONAL AND OPERATIONAL PERFORMANCE TARGETS																									
O01	A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	83.94%	86.25%	85.05%	84.11%	81.16%	83.75%	82.64%	82.13%	80.44%	77.17%	80.32%	84.43%	85.28%	85.98%	86.54%	81.88%	83.61%	84.26%	86.95%	86.26%	82.8%	85.14%	95%	
O07	All cancers : 62-day wait for first treatment following consultant screening service referral	75.00%	66.04%	62.00%	72.97%	87.50%	74.19%	75.00%	96.55%	84.21%	87.23%	76.00%	73.33%	87.2%	76.7%	71.8%	80.0%	77.8%	78.4%	75.0%	78.4%		78.1%	90%	
O09	All cancers : 62-day wait for first treatment following urgent GP Referral	78.07%	77.23%	81.11%	74.52%	74.69%	85.90%	77.87%	76.47%	66.67%	78.14%	68.53%	76.50%	86.1%	81.1%	74.3%	68.8%	81.4%	78.3%	80.3%	67.0%		78.7%	85%	
O14	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	73.51%	74.77%	75.26%	75.32%	75.10%	76.83%	77.83%	80.06%	79.60%	81.42%	82.10%	84.16%	85.19%	86.12%	86.87%	87.01%	86.80%	86.04%	86.11%	86.32%	84.50%	86.32%	92%	
O16	Maximum 6-week wait for diagnostic procedures	6.57%	2.57%	1.65%	2.13%	2.84%	0.99%	1.93%	1.06%	1.40%	0.77%	0.58%	0.35%	0.47%	0.90%	0.72%	0.60%	1.04%	0.72%	0.86%	1.30%	3.40%	0.86%	<1%	

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board

Date of Meeting: 31st January 2018 Agenda Item: **9**

Title
Finance Report on Month 9 2017/18 Position
Responsible Executive Director
Karen Geoghegan, Chief Financial Officer
Prepared by
Daniel Harvey, Assistant Director of Finance – Financial Management
Status
Public
Summary of Proposal
At Month 9 the Trust is reporting a deficit of £48.77m against the deficit plan of £49.05m, a favourable year-to-date variance of £0.29m. The Finance Report on Month 9 2017/18 Position provides further detail on the Trust's financial position. The Finance Report on Month 9 2017/18 Position is prepared as part of a suite of reports including: • Contract, Activity and Income Report • Cash Report • Efficiency Programme Report
Implications for Quality of Care
Financial planning principles have been established to ensure that expenditure budgets reflect anticipated activity levels and that agreed staffing levels are maintained.
Link to Strategic Objectives/Board Assurance Framework
Financial Implications
These are noted within the Finance Report on Month 9 2017/18 Position.
Human Resource Implications
N/A
Recommendation
The Board is asked to NOTE the financial performance of the Trust as at Month 9 and the actions necessary to secure delivery of the Control Total.
Communication and Consultation
N/A
Appendices
1. Month 9 I&E position - subjective 2. Month 9 I&E position – objective 3. Finance Report Month 9 2017/18

Brighton and Sussex University Hospitals NHS Trust

Report to:	Trust Board
Meeting date:	31st January 2018
Report from:	Karen Geoghegan, Chief Financial Officer
Author:	Daniel Harvey, Assistant Director of Finance – Financial Management
Title:	Finance Report (Month 9 2017/18)

Purpose

1. This report details the financial performance of the Trust to December 2017 and highlights income and expenditure (I&E), capital, cash management, key risks and remedial actions.

Executive Summary

2. At Month 9 the Trust is reporting an actual year-to-date deficit of £48.77m against the planned deficit of £49.05m; achieving the Q3 Control Total with a favourable variance of £0.29m.

3. In month, income was below plan by £0.74m; the impact of which was partially offset by underspends in both pay (£0.17m) and non-pay (£0.36m). An increase in pay of £0.6m against the YTD run-rate was mitigated by the inclusion of appropriate technical adjustments relating to non-operating costs which have been earned to date.

4. The forecast outturn, excluding the impact of winter funding, remains in line with the agreed control total of a £65.4m deficit; albeit there are a number of known risks that require further focus and engagement to secure delivery.

5. The most significant financial risks at this time relate to:

   - NHSE England Specialised Commissioning - activity, challenges and historic CQUIN. Activity is below plan, particularly in relation to Radiotherapy and Cardiac; further focus is required to address. The trust is working through the outstanding contract challenges with NHSE to secure an agreed position prior to any local escalation and/or mediation/arbitration. The historic CQUIN remains subject to local escalation.
   - Sussex MSK Partnership contract activity - £1.4m below plan year to date – this has deteriorated by £0.4m in the last two months, additional physiotherapy support has been sourced to support delivery of that element of the contract and sourcing orthopaedic activity from other providers is being investigated.
   - Pay expenditure – whilst below plan in month and YTD, expenditure has increased significantly in comparison to trend and expectation. Divisions have been charged with identifying and delivering forecast reductions to mitigate.

6. The forecast delivery roadmap is the subject of a separate paper.

I&E Summary and Key Financial Metrics

£000s	In-Month			Year-to-Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	(45,350)	(44,615)	735	(417,447)	(412,359)	5,088
Pay	30,302	30,136	(166)	274,303	268,198	(6,106)
Non-pay	18,275	17,920	(355)	163,001	164,677	1,676
EBITDA	3,227	3,442	214	19,858	20,515	658
Non-operating costs	3,372	2,995	(377)	29,587	27,688	(1,899)
Total	6,599	6,436	(163)	49,444	48,203	(1,241)
Technical adjustments	(43)	5	49	(391)	565	956
Adjusted Total	6,556	6,442	(114)	49,053	48,768	(285)
CIPs (per PMO plan)	2,475	1,815	(660)	13,434	12,358	(1,076)
Capital	9,956	4,430	(5,526)	67,424	38,172	(29,252)
Cash	4,140	5,897	1,756			

NB In-month and Year-to-Date "Plan" reflect the Trust's agreed Control Total deficit of £65.4m cash to be updated

7. The year-to-date position at Month 9 is a favourable variance to budget of £0.29m; with an actual deficit of £48.77m against a deficit plan of £49.05m.

8. The £0.11m in-month favourable variance is supported by lower than planned non-operating costs of £0.4m; due to having lower PDC payment and depreciation liabilities as a result of slippage on the capital plan. Income delivery was £0.7m below plan in month 9, this has been partially offset by underspends in pay £0.2m and non pay £0.4m. There is an upwards trend in pay with the run rate being £0.6m higher than the year to date run rate and £0.3m higher than the previous three months average.

9. A detailed analysis of the Trust's I&E performance by subjective category is shown in Appendix 1 and by organisational unit in Appendix 2.

10. The Trust's cash position is supported by monthly revenue deficit funding from the Department of Health and capital investment loans and Public Dividend Capital (PDC) for the capital programme. The December revenue funding was £6.6m and the January revenue funding will be £4.4m. The funding will continue monthly throughout the year, to the level of the planned deficit.

Income

11. Total income was £44.62m in-month; £0.74m less than plan and £0.68m less than forecast.

12. After adjusting for the impact of PbR exclusion and Cancer Drugs Fund (CDF) income, analysis of the year-to-date income position shows net underperformance across all categories totalling £5.4m. The most significant adverse variances are on NHSE contract income and Sussex MSK Partnership (SMSKP) contract income – see Table 1 overleaf.

13. Contract income underperformance across commissioners as a whole is primarily driven by lower than planned day case and elective activity. Marginal rate emergency tariff (MRET) and readmission income reductions being greater than planned adversely affects the CCG income position; for which the income agreement mitigates and provides certainty with regard the income envelope. Failure to deliver the increased level of radiotherapy activity as planned is a factor contributing to the NHSE income underperformance.

14. The SMSKP underperformance has increased dis-proportionately in the last two months; increasing from £1.01m at Month 7 to £1.43m Month 9. Securing additional orthopaedic activity from other providers continues to be explored to reduce the shortfall.

15. Further detail on contract income performance by commissioner and point of delivery is included in the separate Contract, Activity and Income paper.

16. Injury Cost Recovery income underperformance continues in line with the cumulative year-to-date trend. There are no direct remedial actions and other mitigations which can be taken to address this.

17. The table below shows a summary of the income position to date.

Table 1: Income Performance against Plan Month 9 and Year to Date

(Impact of excluded drugs and devices and cancer drugs fund removed)

	Month 9			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
NHS Trusts Income	(508)	(527)	(18)	(6,364)	(5,914)	450
CCG Income	(21,698)	(21,671)	27	(195,975)	(195,176)	798
NHSE Income	(10,278)	(10,262)	15	(93,638)	(91,001)	2,637
NCA Income	(369)	(356)	13	(3,351)	(4,167)	(816)
SMSKP Income	(1,970)	(1,777)	194	(19,351)	(17,923)	1,428
Commissioning Income - Non Activity	(309)	(396)	(87)	(3,262)	(3,337)	(75)
Department Of Health Income	(3)	0	3	(28)	(38)	(10)
Private Patients Income	(445)	(381)	64	(3,818)	(3,497)	321
Injury Cost Recovery	(208)	(151)	57	(1,876)	(1,079)	797
Local Authority Income	(337)	(330)	7	(3,342)	(3,413)	(71)
Overseas Visitors Income	(18)	(12)	6	(163)	(137)	26
Other Patient Related Income	(138)	(147)	(9)	(1,214)	(1,042)	172
Income from Activities	**(36,282)**	**(36,009)**	**273**	**(332,379)**	**(326,723)**	**5,656**
Education & Training Income	(2,265)	(2,264)	0	(20,395)	(20,355)	40
Research & Development Income	(365)	(301)	63	(3,338)	(2,782)	556
Income Generation	(212)	(207)	5	(1,909)	(1,876)	33
Other Income	(491)	(399)	93	(4,293)	(5,180)	(887)
Other Operating Income	**(3,333)**	**(3,172)**	**161**	**(29,934)**	**(30,193)**	**(258)**
TOTAL INCOME	**(39,615)**	**(39,181)**	**434**	**(362,313)**	**(356,915)**	**5,398**

NB Figures in brackets reflect overachievement of income against plan

Expenditure Year-To-Date

18. Operating Expenditure is underspent year-to date by £4.43m; a pay underspend of £6.11m is partly offset by a non-pay overspend of £1.68m.

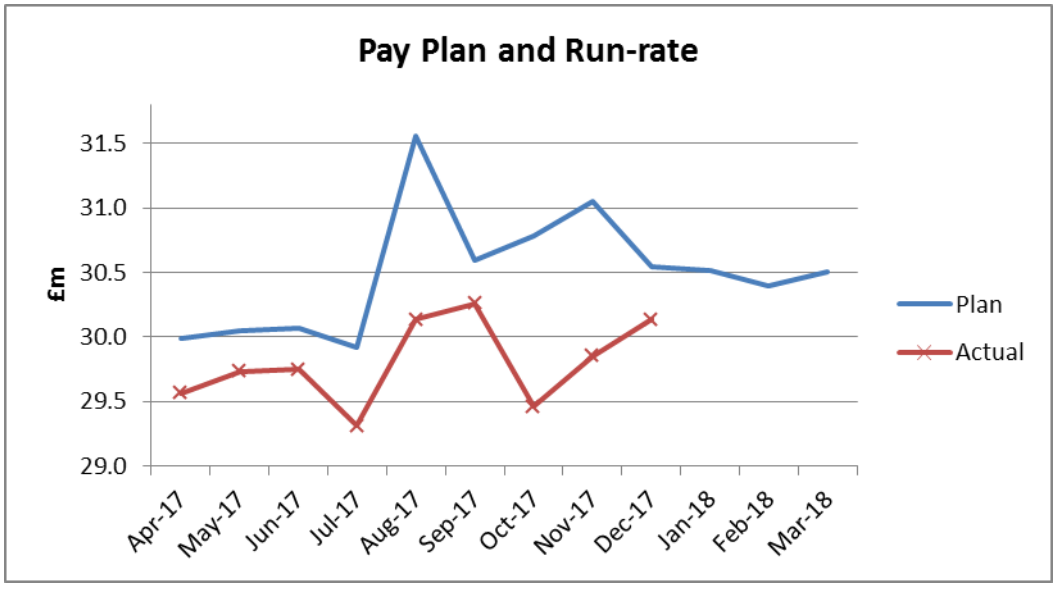
Pay

19. The pay underspend includes all staff categories with the exceptions of Medical & Dental Staff, Other Staff and Unregistered Nursing, as shown in Table 2.

Table 2: Pay Variances to Plan

£000s	Month 9			Year-to-Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Medical & Dental Staff	8.7	9.1	0.3	80.4	81.6	1.2
Nursing & Midwifery - Registered	9.4	9.0	(0.4)	83.2	80.5	(2.7)
Nursing & Midwifery - Unregistered	2.2	2.4	0.1	19.5	19.9	0.3
Other Healthcare Staff	4.4	4.1	(0.2)	38.7	36.7	(2.1)
Management	1.5	1.3	(0.2)	13.2	11.7	(1.5)
Administrative & Clerical	2.9	2.8	(0.2)	26.3	24.6	(1.7)
Ancillary Staff	1.2	1.2	0.0	10.7	10.6	(0.1)
Maintenance & Works	0.3	0.2	(0.1)	2.4	2.0	(0.4)
Other Staff	(0.3)	0.1	0.4	(0.2)	0.6	0.8
Total pay	30.3	30.1	(0.2)	274.3	268.2	(6.1)

20. The pay run-rate has increased by £0.6m when compared to the year to date run rate and £0.3m compared with the last 3 months with the most significant expenditure increases being within Nursing and Midwifery (£0.37m compared with YTD), in relation to staffing of escalation areas, but at the same time as plans to reduce planned expenditure.



NB The plan spikes in August and November reflect adjustment of the plan per paragraph 3.3

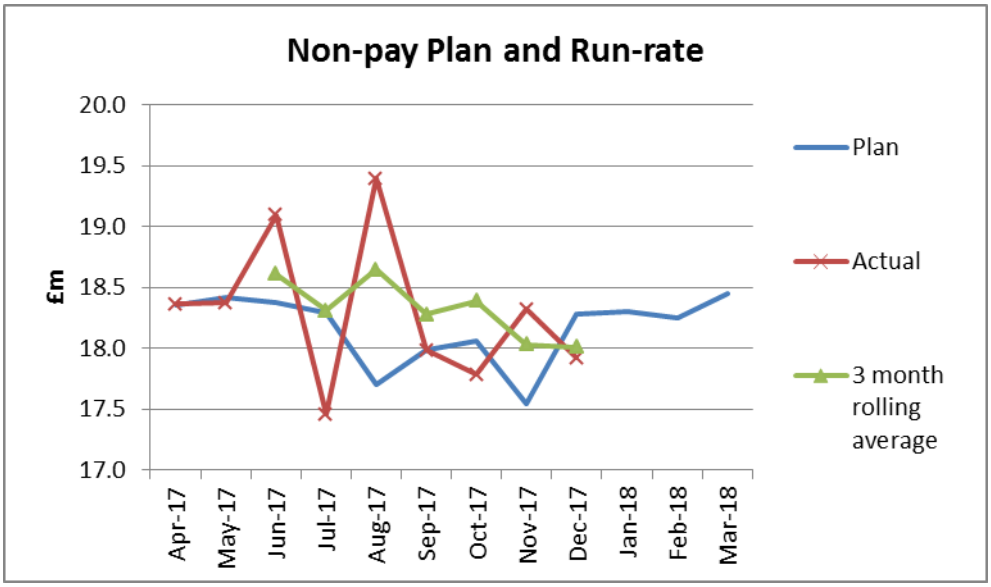
21. The Trust's overall agency expenditure ceiling for 2017/18 is £12.8m; in line with 2016/17. Agency expenditure is £9.0m as at Month 9; £0.6m lower than the phased

agency ceiling of £9.6m. Expenditure represents 3.4% of total pay expenditure. Month 9 agency expenditure decreased by £0.1m compared to Month 8.

Non-pay

22. Year-to-date non-pay is £1.68m above plan. The main cause is higher than planned expenditure of £0.86m on "PbR exclusion and CDF drugs" which is offset by income. There is also £1.2m of higher than planned expenditure on clinical supplies within tariff. This is mainly be attributed to Specialist Services £1.0m; Cardiac Services in particular despite underperformance overall.

23. The non-pay run-rate decreased by £0.40m in Month 9, £0.84m of which related to PbR exclusion drugs and devices. This was offset by a £0.52m increase in expenditure on clinical supplies within tariff; driven by reclassification of expenditure.



NB The plan dips in August and November reflect adjustment of the plan per paragraph 3.3

Non-operating costs

24. Non-operating costs are underspent by £1.90m year-to-date, primarily due to depreciation and interest payments being lower than planned. This is due to slippage on the capital programme and review of non-operating costs.

Performance against Delegated Budgets

25. Year-to-date the Clinical Divisions are collectively spending higher than the planned delegated budgets by £3.97m; an in-month increase of £1.38m. Details are in Appendix 2.

26. Corporate Divisions have spent £0.75m less than planned; in-month they have met the financial plan.

Efficiency Programme

27. The PMO has been working with Directorates to develop cost improvement and efficiency plans that deliver £20m of savings. Schemes are now all reflected in delegated budgets with the exception of an element of the corporate CIP which is pending finalisation of the corporate sub-structures. Work to identify actions to convert non-recurrent opportunities into recurrent savings is ongoing.

28. The Month 9 position is a £1.0m below plan delivery of CIPS against the internal plan; the forecast is to deliver the targeted savings – see Table 3. Development of the schemes identified as higher risk will continue and progress will be monitored by the Efficiency and Workforce Combined Steering Group.

29. A separate detailed report on the efficiency programme is presented to the Finance and Investment Committee.

Table 3: CIPS Performance

NB Brackets indicate adverse variances in this table

£m's					
YTD			Full Year Forecast		
Plan	Actual	Variance	Plan	Actual	Variance
13.43	12.41	(1.02)	20.00	20.00	0.00

Update & Next Steps

30. Income

- Securing the level of contract income included in the forecast. Discussions with CCG commissioners, to secure an agreed level of income, have been concluded, an agreement reached with written confirmation pending. Discussions with NHSE are ongoing in order to minimise the impact of existing contractual challenges. The position has improved significantly and further information is included in the Contract, Activity and Income report.
- Further work is required to understand the Radiotherapy position and what is required to support an increase in activity in this financial year. Recruitment to the medical physics posts within the radiotherapy business case has taken longer than anticipated, which has limited the additional cases that are able to be transferred to Eastbourne.
- Further work is required to improve the SMSKP income position. The actions previously suggested are unlikely to have an impact this financial year. Additional mitigations will be required to support.
- Securing CQUIN payments in full. £1.8m of risk has been identified; mainly in relation to the historic CUR CQUIN which remains subject to escalation as agreement on delivery has not been reached.

31. Operating Expenditure

- Delegated budgets - the underperformance against delegated budgets is being addressed and divisions are producing revised roadmaps that demonstrate their plans to reduce expenditure in the last two months of the year. These will be reviewed on an ongoing basis to ensure the delivery of Trust control total.
- Unfunded posts - the unfunded post position has decreased from £4,2m to £0.6m; the cost pressure from which is currently being offset by vacancies which are not backfilled. Final agreement on the Abdominal Directorate budget has addressed a £0.5m previously unfunded posts in month, any further funding issues will be resolved through the 18/19 budget setting process.
- Work is on-going to finalise agreement on the 16/17 and 17/18 SIFT related BSMS charge. A meeting has taken place between the CFO and Dean of the medical school in early January to progress this and seek resolution by mid-February.
- Delivery of the £20m CIP target in full, particularly as the target is greater in the second half of the year. CIP delivery is regularly monitored through the PMO and an executive led efficiency steering group provides further support and challenge. Mitigations are sought to offset any under-delivery, as part of the revised roadmap work.

Cash

32. The Trust received £6.6m of revenue deficit funding in December and a further £4.4m has been paid in January. The full year's revenue deficit funding is equal to the planned deficit of £65.4m. The monthly drawdowns are based on a review by NHS Improvement of revenue results to date and forecast revenue results for the remainder of the year.

33. Capital funding is mainly as Public Dividend Capital (PDC). The Trust has drawn down £16.8m. The next drawdown is for £8.4m in January. The funding applications for the Emergency Development and Estates Backlog schemes were approved in full (£18m for 2017/18) by the DH on 12th January. The first drawdown for the Emergency Development scheme funding is planned for February.

Capital

34. The strategic capital forecast for 17/18 is £52.5m. The 3Ts scheme accounts for £46m, the Emergency Development scheme £4.3m and the Radiotherapy East scheme £2.0m. Capital expenditure is £29.3m underspent year-to-date; £20.4m on strategic schemes including the Emergency Development and Estates backlog schemes and £8.9m on operational schemes,

35. Progress on the Operational Capital Programme remains behind plan. A significant number of schemes are scheduled for delivery in February and March which increases the risk of meeting the capital resource limit value for the year. Oversight of all aspects of the capital programme is through the executive led Capital Expenditure Group and the Group is monitoring lead times on schemes and order and delivery dates of individual schemes.

Conclusions and Recommendations

36. The Board is asked to NOTE the financial performance of Trust as at Month 9 and the actions required to secure delivery of agreed Control Total. The Trust has delivered its Q3 control total; assisted by bringing forward technical adjustments and through lower than planned levels of non-operating expenditure.

Appendix 1 - I/E Report Month 9 2017/18

	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
NHS Trusts Income	(508)	(527)	(18)	(6,364)	(5,914)	450
CCG Income	(22,371)	(23,421)	(1,050)	(206,613)	(207,398)	(786)
NHSE Income	(15,342)	(13,935)	1,406	(138,049)	(134,107)	3,942
NCA Income	(367)	(367)	0	(3,436)	(4,283)	(847)
SMSKP Income	(1,970)	(1,777)	194	(19,351)	(17,923)	1,428
Commissioning Income - Non Activity	(309)	(396)	(87)	(3,262)	(3,337)	(75)
Department Of Health Income	(3)	0	3	(28)	(38)	(10)
Private Patients Income	(445)	(381)	64	(3,818)	(3,497)	321
Injury Cost Recovery	(208)	(151)	57	(1,876)	(1,079)	797
Local Authority Income	(337)	(330)	7	(3,342)	(3,413)	(71)
Overseas Visitors Income	(18)	(12)	6	(163)	(137)	26
Other Patient Related Income	(138)	(147)	(9)	(1,214)	(1,042)	172
Income from Activities	**(42,017)**	**(41,443)**	**574**	**(387,513)**	**(382,167)**	**5,346**
Education & Training Income	(2,265)	(2,264)	0	(20,395)	(20,355)	40
Research & Development Income	(365)	(301)	63	(3,338)	(2,782)	556
Income Generation	(212)	(207)	5	(1,909)	(1,876)	33
Other Income	(491)	(399)	93	(4,293)	(5,180)	(887)
Other Operating Income	**(3,333)**	**(3,172)**	**161**	**(29,934)**	**(30,193)**	**(258)**
TOTAL INCOME	**(45,350)**	**(44,615)**	**735**	**(417,447)**	**(412,359)**	**5,088**
Pay - Management	1,506	1,302	(204)	13,242	11,722	(1,519)
Medical and Dental Staff	8,747	9,062	315	80,400	81,627	1,227
Nursing & Midwifery - Registered	9,399	9,031	(368)	83,174	80,504	(2,670)
Nursing & Midwifery - Unregistered	2,207	2,350	143	19,536	19,875	339
Pay Other Healthcare	4,356	4,107	(249)	38,749	36,693	(2,056)
Ancillary Staff	1,196	1,230	34	10,728	10,581	(146)
Administrative & Clerical	2,926	2,759	(168)	26,330	24,649	(1,681)
Maintenance & Works	265	207	(57)	2,382	1,988	(394)
Pay - Other Staff	(301)	87	389	(237)	558	795
TOTAL PAY	**30,302**	**30,136**	**(166)**	**274,303**	**268,198**	**(6,106)**
Drugs - in tariff	1,129	1,008	(120)	9,631	9,181	(449)
Drugs - PbR exclusion and CDF	5,614	5,481	(133)	49,055	50,453	1,398
Supplies and Services - Clinical - in tariff	4,297	4,676	379	39,681	40,888	1,207
Supplies and Services - Clinical - PbR exclusion	710	381	(329)	6,402	5,862	(540)
Supplies and Services General	588	586	(2)	5,292	5,146	(146)
Establishment Expenses	501	531	30	4,430	4,408	(23)
Transport Expenses	145	154	9	1,366	1,278	(88)
Premises	1,723	1,769	47	15,657	15,954	296
Purchase of Healthcare from Non NHS provider	233	589	356	4,597	5,029	433
Consultancy	101	124	23	410	694	283
Other Non Pay	327	(3)	(330)	601	1,051	449
CNST Premium	1,794	1,793	(0)	16,142	16,141	(1)
Education and Training	317	278	(38)	2,811	2,437	(374)
Services from Other NHS Bodies	770	525	(245)	6,691	5,912	(779)
Audit Fees	21	18	(3)	187	168	(19)
Trust Chair & Non-Executive Directors	5	8	3	48	75	28
TOTAL NON-PAY	**18,275**	**17,920**	**(355)**	**163,001**	**164,677**	**1,676**
TOTAL EXPENDITURE	**48,577**	**48,056**	**(521)**	**437,305**	**432,875**	**(4,430)**
Depreciation & Impairments	1,884	1,702	(182)	16,953	15,922	(1,030)
Interest Payable	963	881	(82)	7,908	7,284	(624)
Interest Receivable	(3)	(5)	(2)	(26)	(23)	4
Profit / Loss on Disposal of Fixed Assets						
PDC Dividend Payable	528	416	(112)	4,752	4,504	(248)
TOTAL NON OPERATING INC & EXP	**3,372**	**2,995**	**(377)**	**29,587**	**27,688**	**(1,899)**
TOTAL INCOME & EXPENDITURE	**6,599**	**6,436**	**(163)**	**49,444**	**48,203**	**(1,241)**
Donations Inc Charitable Funds	**(25)**	**(5)**	**20**	**(225)**	**(1,031)**	**(806)**
Depn. On Donated Assets	**69**	**0**	**(69)**	**617**	**466**	**(151)**
Fixed Asset Impairments	**0**	**0**	**0**	**0**	**0**	**0**
NET REPORTED POSITION	**6,556**	**6,442**	**(114)**	**49,053**	**48,768**	**(285)**

Brighton and Sussex University Hospitals NHS Trust

To: Board of Directors

Date of Meeting: 31st January 2018 Agenda Item: **10**

Title
Report on Nurse Staffing
Responsible Executive Director
Nicola Ranger (Chief Nursing and Patient Safety Officer)
Prepared by
Jane Carmody, Head of Patient Experience and Complaints
Status
Private
Summary of Proposal
This report provides the Board with an overview of how BSUH obtains patient and user feedback and how the Trust is performing in complaints and obtaining Friends and Family feedback. In addition it explored themes and actions being taken to improve experience.
Implications for Quality of Care
Obtaining patient feedback is key to ensuring patient safety and high quality patient experience
Link to Strategic Objectives/Board Assurance Framework
Patient Experience supports the Trust objectives of: excellent outcomes; great experience; empowered skilled staff; and high productivity
Financial Implications
nil
Human Resource Implications
nil
Recommendation
The Board is asked to NOTE the report.
Communication and Consultation
Not applicable
Appendices
Nil

Patient Experience Report

Quarter 3 2017/18

1. Introduction

The purpose of this report is to bring to the attention of the Board patient feedback received by Brighton and Sussex University Hospitals (BSUH) Trust from 1 October to December 2017.

BSUH inpatient and outpatient feedback is collected via the Friends and Family Test (FFT), Patient Voice (inpatient survey), NHS Choices, plaudits, formal and informal concerns, National Patient Surveys, Learning Lunches and the Trust's Patient Experience Panel.

2. Friends and Family Test (FFT)

2.2. We aim to give every patient the opportunity to respond to the Friends and Family question **"*how likely are you to recommend our ward (or department) to friends and family if they needed similar care or treatment"*** either at discharge or within 48 hours of discharge.

2.3. Our True North is to achieve an overall Trust FFT score of >96% of patients recommending our services to their friends and family.

2.4. The FFT is currently collected in a number of ways across the Trust:

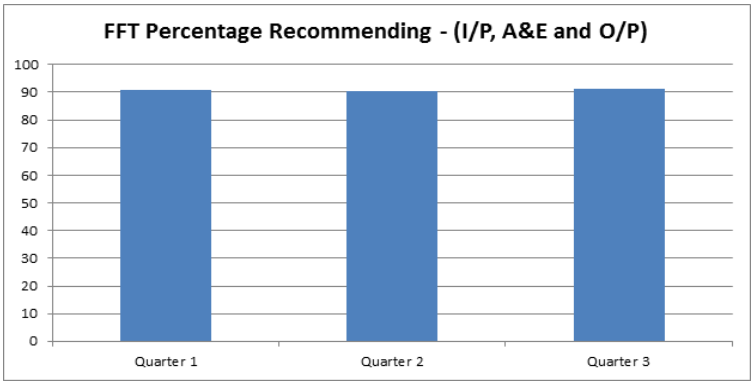
- Text messaging and interactive voicemail and postcards (via Healthcare Communications) in the Emergency and Maternity Departments
- In-house Patient Voice inpatient survey
- In-house outpatient postcard survey

2.5. 12% of BSUH inpatients responded to the FFT in November 2017 against the national average of 25%.

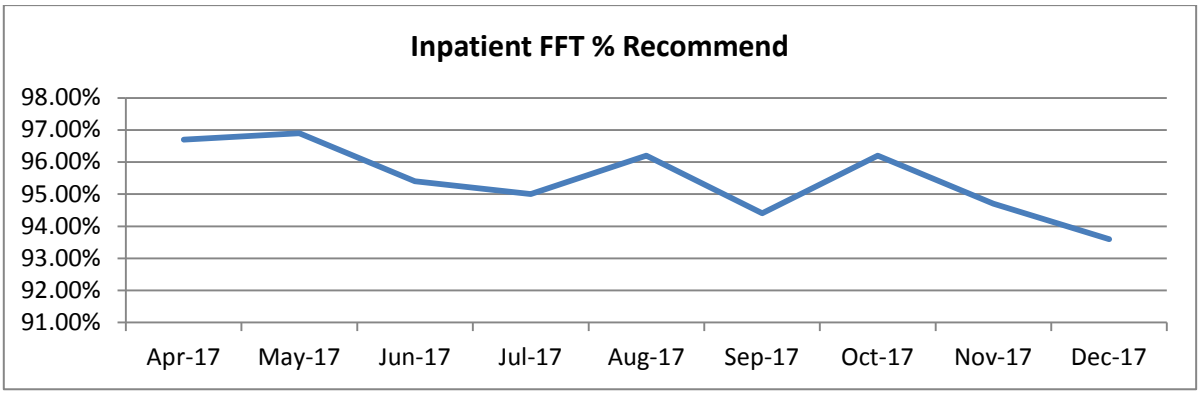
2.6. 20% of BSUH Emergency Department (ED) attendees responded to the FFT in November 2017 against the national average of 12.7%.

2.7. Of these, 93% advised that they would recommend our wards and departments to their families and friends.

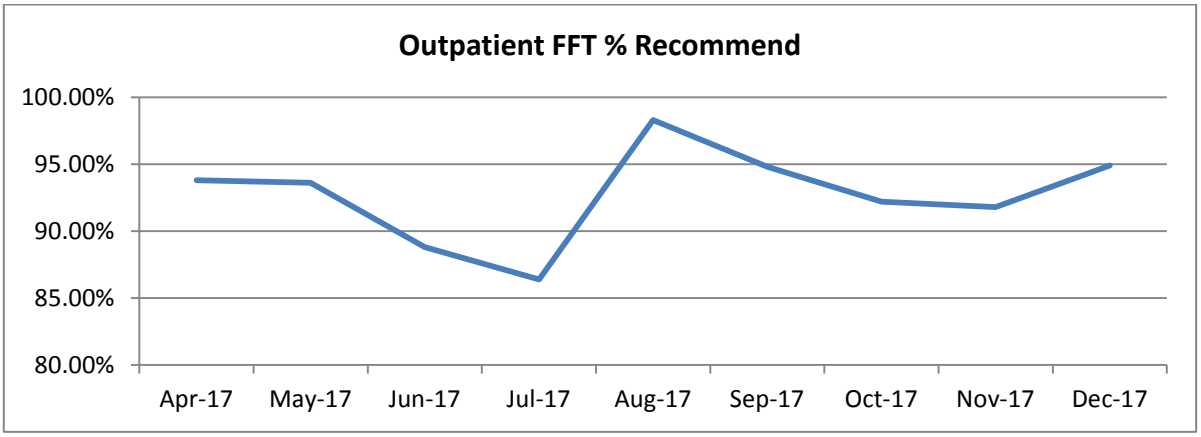
2.8. Table 1: Overall recommend rate (inpatients, outpatients and ED attendees)



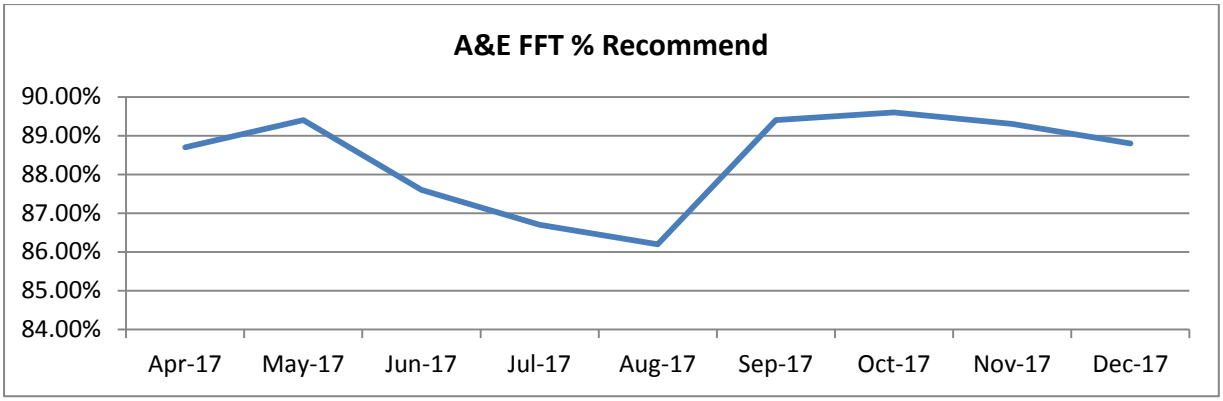
2.9. Table 2: Inpatient recommend rate 2017/18



2.10. Table 3: Outpatient recommend rate 2017/18



2.11. Table 4: ED recommend rate 2017/18



3. Real time feedback: Patient Voice (PV) Inpatient Survey

3.1. All BSUH inpatients are asked to complete a 15 question survey upon their discharge from the ward. The responses are collated on a monthly basis and reported to ward managers, matrons and the senior nursing team via the Nursing Metrics Report.

3.2. Patients are also asked to provide freehand comments on something good about the care they received and something that could be improved. Current areas that have been identified as requiring improvement include; discharge, quality of food and staff attitude and communication.

3.3. Results of the National Inpatient Survey 2016 found that BSUH food was rated worse than the national average by our patients. In response to this a Food and Nutrition Implementation Group has been formed to look at all the issues that relate to eating and nutrition in the Trust with action groups, to work on specific areas. The group has representatives from all sites including the dietetic and nutrition teams, education, occupational therapy, volunteers, mouth care, PALS and the dementia and cancer teams.

3.4. Examples of PV comments relating to staff attitude and communication

The doctors make decisions about my care without consulting with me first

More discussion / reassurance about where moving to in next stage of recovery. Mental health and family circumstance must be given consideration too

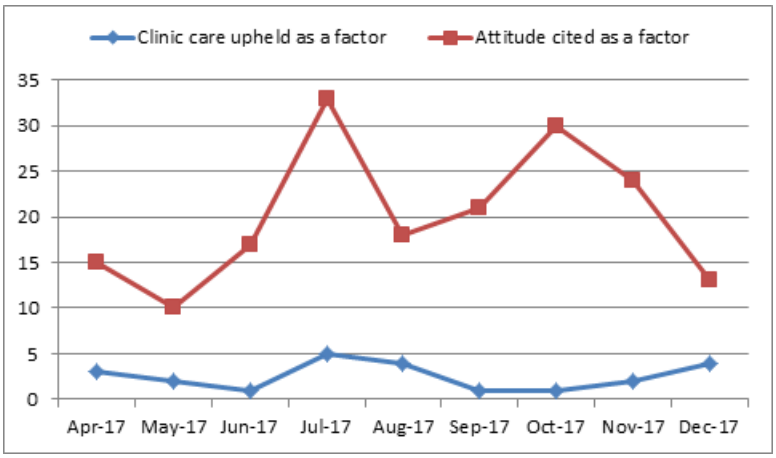
Very professiona, thorough, caring and kind. I felt like I was treated as a person not a number! Always gave their time, didn't feel rushed even though they were busy and working so hard.

I have always felt that I, and my health, mattered. Very impressed with all staff.

Some staff on desk rude, no compassion and not helpful – especially ONE

Main doctor's way of speaking to people, doesn't consider what/how she says things. Appears to come across with no compassion. The other doctor was lovely and kept explaining things that the main doctor wasn't getting across very well. Sorry to say something bad.

3.5. Table 5: Formal complaints citing poor staff attitude 2017/18



3.6. Feedback regarding poor staff attitude is now reported to the Board on a monthly basis.

3.7. In August 2017 KPMG facilitated a BSUH Patient Experience Improvement Workshop which used a QI approach to develop our thinking around our selected focused improvement priorities and next steps to improve Patient Experience in BSUH over the next year. Focus areas include maternity services and Bristol and Jowers wards.

3.8. Discharging patients in a safe and timely manner is critical to the care of both the individual patient who is medically ready to leave hospital and to the patient who has been admitted for specialist care.

3.9. We know that it is in a patient's best interest to leave hospital as soon as they no longer require treatment and there are a number of initiatives on going to ensure that this is undertaken as quickly and safely as possible.

3.10. Multi Agency Discharge Events (MADE) are currently run on a weekly basis to identify and resolve problems regarding the safe discharge of patients across BSUH.

3.11. There are also a number of national initiatives currently being implemented across the Trust including the aim of getting patients home for lunch, the home first discharge pathway, PJ Paralysis and red to green initiatives.

3.12. Delays to TTO's are a recognised issue and the Medical Director is currently leading specific work to speed up this process looking at utilising the whiteboard round to prioritise first sick patients and then those ready for discharge and junior doctors completing TTO's at that point.

4. Complaints and PALS activity

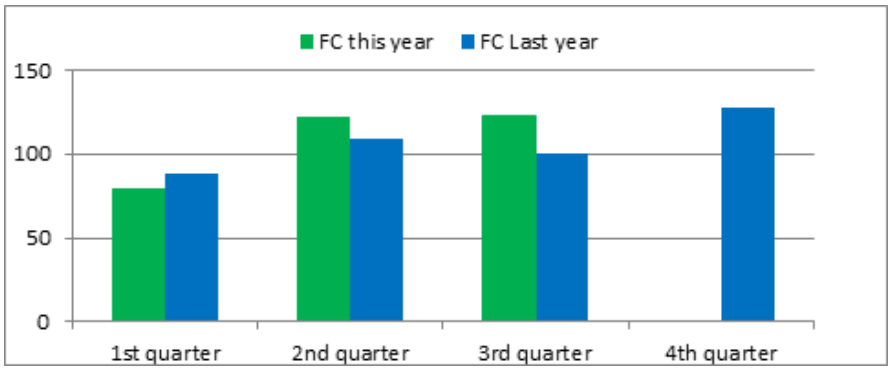
4.1. Table 6: Number of formal complaints received by Quarter 2016/17

2016/17		
Quarter	**Formal Complaints Received**	**Informal Concerns Received**
Q1	88	1144
Q2	109	1152
Q3	100	797
Q4	128	907
Total	**425**	**4000**

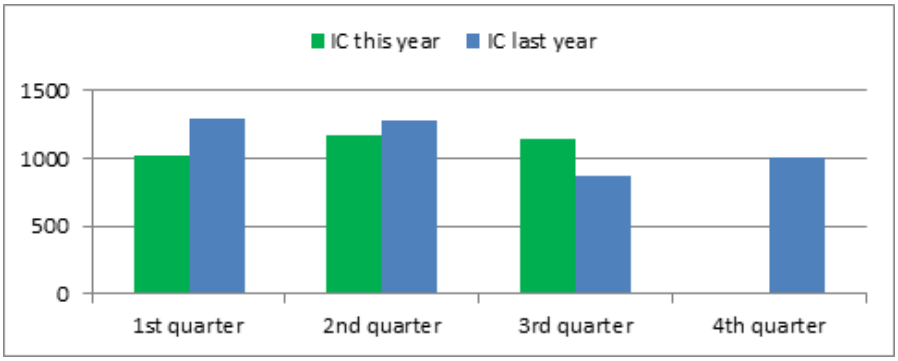
4.2. Table 7: Number of formal complaints received by Quarter 2017/18

2017/18		
Quarter	**Formal Complaints Received**	**Informal Concerns Received**
Q1	80	1016
Q2	122	1176
Q3	123	1001
Q4		
YTD	**325**	**3193**

4.3 Table 8: Formal complaints received 2016/17 and 2017/18



4.4 Table 9: Informal concerns received 2016/17 and 2017/18



This is consistent with the year on year increase in formal complaints received.

4.5 Table 10: Complaints activity 2017/18 to date

	BSUH								
Month	No of Formal Complaints	No of Informal Concerns	No of Informal Concerns Closed Within 25 WD	% of Informal Concerns Closed within 25 WD	No Formal Complaints Closed Within 40 WD	% of Formal Complaints Closed within 40 WD	No Reopened	% Reopened	No Open over 6 months
Apr-17	26	276	252	91.3%	6	23.1%	3	10.3%	31
May-17	24	393	363	92.4%	11	45.8%	5	17.2%	24
Jun-17	30	347	331	95.4%	18	60.0%	6	16.7%	24
Jul-17	31	412	392	95.1%	16	51.6%	2	6.1%	22
Aug-17	49	370	358	96.8%	31	63.3%	6	10.9%	21
Sep-17	42	394	373	94.7%	26	61.9%	8	16.0%	14
Oct-17	41	383	371	96.9%	21	51.2%	8	16.3%	12
Nov-17	41	372	364	97.8%	8	19.5%	7	14.6%	10
Dec-17	41	246					5	10.9%	8
Jan-18									
Feb-18									
Mar-18									
YTD	325	3193	2804	95.1%	137	48.2%	50	13.3%	8

4.6 Informal concerns and formal complaints

The Patient Experience, PALS and Complaints Team endeavour to resolve concerns as quickly as possible and the PALS team resource was increased at the beginning of the year to support this approach.

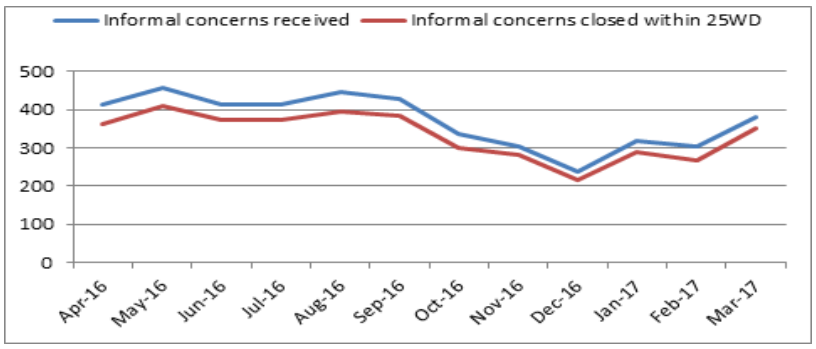
All concerns received by the Trust are reviewed and triaged and, wherever possible, resolved without the need for a formal written response from the CEO or her representative.

4.7 Response to informal concerns

The PALS and Complaints team aim to speak directly to anyone raising a concern to agree with them how best their issues can be resolved. Informal concerns are often resolved via email, a telephone call or a meeting with members of the clinical team.

All informal concerns should be responded to within 25 working days and November 2017 saw 98% of cases meeting this target.

4.8 Table 11: 2017/18 Informal concerns closed within 25 working days



4.9 Response to Formal Complaints

Regrettably, due to a significant backlog of open formal complaints at the beginning of the year, the target of responding to all formal complaints (those requiring a written response from the CEO or her representative) within 40 working days has not been achieved in 2017/18.

The backlog also resulted in a number of complaints remaining open over six months. However, following significant effort and focus on the overdue cases, the response rate for formal complaints is improving.

The Complaints team aims to acknowledge all formal concerns within three working days and in Q3 achieved 94% compliance with this.

At the time of reporting there are 127 open formal complaints. Of these, 74 are within the timeframe where they could be responded to within 40 working days. There are 53 (42%) complaints that have breached the 40 working day timescale and of these 8 remain open over six months.

4.10 Table 12: Examples of lessons learned from formal complaints in Q3

Datix	Issue of Complaint	Learning
31808	Clinical appointment started early and without the primary carer present.	A new Departmental standard has been established for paediatric nutritionists/dieticians that they will not start an appointment until all primary carers are present.
27054	GP referral not considered during ED attendance and subsequent delay in diagnosis.	Change to Paediatric Clinical Practice Guideline: Lymphadenopathy and Lymphadenitis to ensure that alternative diagnoses, such as dental abcess, are considered as a diagnosis.
30966	Poor coordination between the Orthopaedic and Care of the Elderly (CoE) teams in the care of a frail patient who had sustained a wrist and arm fracture	Following discussion at CoE MMM referrals, advice regarding fracture care, weight bearing status and follow up between Orthopaedics and CoE to be to be standardised
31434	Failure to inform renal patient that patients who dialyse in a high risk country will be suspended from the transplant list for three months upon their return	All patients on transplant waiting list have been and will in future be written to explaining the suspension policy.
27731	Delay in diagnosing cancer recurrence following CT scan	Following discussion at Radiology Discrepancy meeting all borderline changes will now be formally reported
27842	Planned homebirth cancelled	All homebirths at risk of cancellation due to capacity issues will be discussed with the on call manager to ensure that cancellations only occur as a very last resort. The maternity services website has also been changed to reflect this.

4.11 Second stage review of the NHS complaints process – The Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) represents the second and final stage of the NHS complaints process. The Trust continues to work directly with PHSO to satisfactorily resolve complaints.

The Parliamentary and Health Service Ombudsman's Principles for Remedy are central to the Trust's management of complaints. We always try to speak directly with anyone who is unhappy with the care either they or their family members have received and hope to agree with them how best to resolve their concerns. Once the issues of the complaint have been thoroughly investigated patients and/or their representatives will receive a verbal or written response from the CEO or, if they prefer, will be invited to meet with senior medical and nursing staff to discuss their experiences in person. If, despite all our efforts, complainants remain unhappy with our response to their concerns they can request an independent review of their complaint by the Ombudsman.

4.12 Table 13: The Trust currently has four complaints accepted for second stage review:

Datix	Complaint	Division and Directorate
18625	Treatment pathway in ED	Medicine Acute Floor
27824	Care during pregnancy	Children and Women Obstetrics and Midwifery, Gynaecology
26239	Concern that breast implants ruptured and misplaced following mammogram	Central Clinical Services Cancer
28973	Concern regarding pressure damage	Medicine Elderly Care

4.13 Table 14: Two complaints were partially upheld by the PHSO in Q3

Datix	Complaint	Outcome	Learning
25465	Delays to Head and Neck cancer pathway	Partially upheld Whilst no failings in care were identified the PHSO found that unnecessary distress was caused to the patient's wife by having to chase up and chivvy along the referral and clinical investigation process.	Following a review of the Head and Neck Cancer Pathway Coordinator role, the decision was made at the beginning of 2017 to create a separate coordinator post to manage those patients being investigated and treated for thyroid cancer. Thyroid patients require significant clinical investigation and discussion and represented a significant part of the Head and Neck Coordinator's workload. The additional Pathway Coordinator role has enabled both pathways to be more closely managed.
24543	Delay in diagnosis, lack of privacy and dignity and failings in nursing care.	Partially upheld Whilst no failings in clinical care were identified it was noted that a nutritional assessment should have been performed sooner following the patient's admission.	At the time of the patients admission, there were three dieticians in post to undertake MUST screening at the Royal Sussex County Hospital. Unfortunately, this was insufficient to provide a timely service to all patients requiring assessment and the team has now been expanded. An additional two dieticians have been employed to undertake MUST assessments in the hospital and an additional post has also been created to undertake regular MUST audits and to provide training to ward staff about nutritional assessments and the follow up actions required. MUST assessment audit results have been disseminated to all wards via the monthly nursing metrics report and plans are in place to address any problems identified on a ward by ward basis. A further Trust wide audit is scheduled for February 2018.

5. National patient Surveys

5.1. In 2016/17 BSUH participated in five National Patient Surveys:

2016/17	Patients sampled	Published	Reported to
2016 Adult Inpatients	September 2016 to January 2017	31 May 2017	Survey findings reported in Patient Experience Board Report 2017/18 and Picker workshop held at BSUH
2016 Emergency Department	October 2016 to March 2017	17 October 2017	To be reported to the Patient Experience and Engagement Group and Trust Board Quality Assurance Subcommittee
2016 Children and Young patients	January – May 2017	28 November 2017	To be reported to the Patient Experience and Engagement Group and Trust Board Quality Assurance Subcommittee
2017 Maternity	April – August 2017	30 January 2018	To be reported to the Patient Experience and Engagement Group and Trust Board Quality Assurance Subcommittee
2017 Cancer	April – June 2017	July 2018	To be reported to the Patient Experience and Engagement Group and Trust Board Quality Assurance Subcommittee
2017 Adult Inpatients	September 2017 to January 2018	May/June 2018	To be reported to the Patient Experience and Engagement Group and Trust Board Quality Assurance Subcommittee

5.2. In 2018/19 BSUH will participate in four Care Quality Commission (CQC) surveys. The results of which and associated action plans will be detailed in subsequent Quarterly reports.

Survey	Patients sampled	Planned publish date
2018 Maternity	April – August 2018	January 2019
2018 Adult Inpatients	September 2018 to January 2019	May/ June 2019
2018 Children and Young People	January – May 2019	September 2019
2018 Emergency Department	TBC	TBC
2018 Cancer Services	TBC	TBC

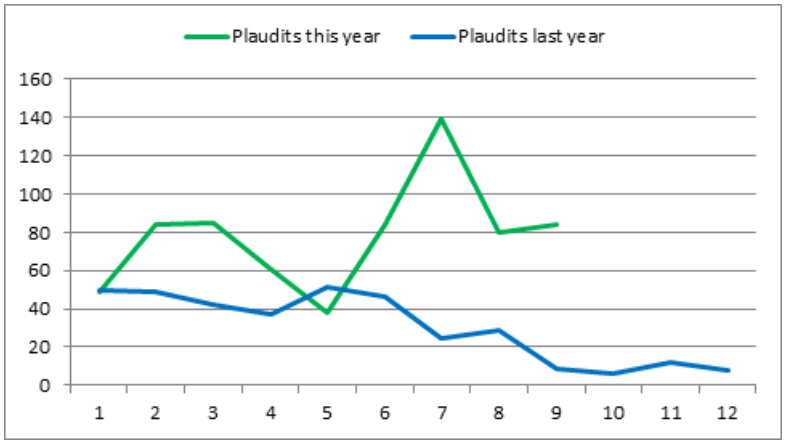
6. Plaudits

6.1. Many patients, their families and visitors to the Trust take the time to give thanks for the care they or their loved one has received. It is just as important for our staff to know when they have done things well and there is valuable learning from the positive feedback received. It is important to note that the significant increase in the number of plaudits reported is due to changing from batch to individual reporting for wards and services.

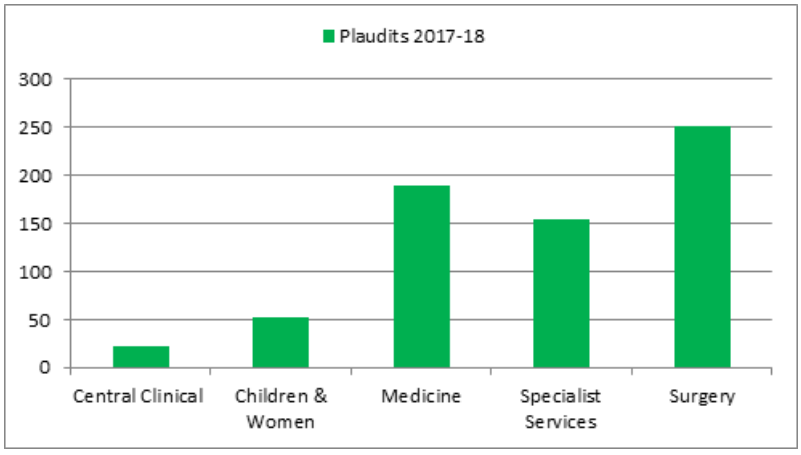
6.2. All plaudits are recorded and shared with the senior nursing and clinical teams and with the individual staff and teams involved. All letters of thanks and commendation are responded to in writing by the Patient Experience Team or by the Chief Executive or her deputy. Plaudits are also shared across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

6.3. During Q3 the Trust received 303 plaudits across the organisation from patients and relatives to the Chief Executive's Office and various wards and departments. They are recorded as a range of gestures (letters, cards, e-mails, telephone calls). The overall themes relate to high standards of care as well as the values and behaviour of individual staff being kind, friendly, caring, professional and for going the extra mile.

6.4. Table 15: Plaudits received by Trust 2016/17 and 2017/18



6.5. Table 16: Graph of plaudits received by month by Directorate 2017/18



6.6. Plaudit received:

My family and I would like to express our grateful thanks for your treatment of my wife, and family, during her last hours.

So gentle, kind and considerate beyond our expectations. The provision of the reclining chairs for our nightly vigils, a surprise lunch and after asking how I was bearing up and my reply that I was alright but a bit bristly, a razor and toothbrush miraculously appeared.

I am sorry if we caused a bit of a panic by pressing the emergency button by mistake, but we did appreciate the freedom of space you gave to all of us so that my wife could hang on until the last of her children could get back from Canada and Australia.

And your final sympathetic hug!

May God bless you all

7. Listening and Learning Lunches

7.1. In November 2017 three patients who had complained to the Trust about their experience of poor staff attitude were invited to attend a lunch with the Chief Nurse, Medical Director and Head of Patient Experience, PALS and Complaints. The patients' stories were recorded and are now being used to produce audio patient story podcasts to be used for training across the Trust.

Lunchtime sessions will now be held quarterly and will focus on specific themes identified via our complaints and PALS data.

8. Patient Experience Panel (PEP)

8.1. The Trust runs two Patient Experience Panels, one for the RSCH site and one for PRH. The Panels meet on a quarterly basis, in turn, so that there is a meeting focussed on some aspect of patient experience every month.

The role of the PEP is:

- To advise the Trust on issues of concern to local people/ patients
- To form patient/representative led working groups to help develop priorities for action and ensure regular feedback on outcomes of actions
- Help develop Trust strategies, appraise information for the public developed by the trust and help determine priorities for patient engagement
- Consider service changes and proposals for local NHS services and participate in a range of schemes to gather patient/ carer intelligence on Trust services including surveys, walkabouts, fly on the wall observations and ward visits.

8.2. The Panels have a maximum of 8 patient / carer representatives who have demonstrable links to allow feedback to other parts of the community and each meeting is themed to concentrate on a specific topic.

9. Future plans for 2018

- To increase inpatient FFT returns rates to 25% (national average), to secure an texting/interactive voicemail service, as used in ED and maternity and aim to reach 96% recommending our services by the end of the year.
- To improve complaints response rate within 40days to 80% by the end of the year.
- Continue work with KPMG reduce complaints about staff attitude in maternity and Medicine
- In March 2018 ‘AFTA thought’ company will be using forum theatre with 200 hundred staff to educate, using scripts based on complaints in BSUH.
- To continue quarterly patient lunch and learn events, the next one being on discharge from hospital.

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board

Date of Meeting: 31st January 2018 Agenda Item: **11**

Title
Notification of Sealed Documents
Responsible Executive Director
Marianne Griffiths, Chief Executive Officer
Prepared by
Andy Gray, Director of Corporate Governance
Status
Disclosable
Summary of Proposal
It is a requirement of the Trust Standing Orders (Section 8.3) that a register of sealing is maintained and use of the Common Seal is reported to the Trust Board at least annually. This report covers the period 1st April 2017 to 31st December 2017. Appendix 1 details use of the Common Seal during this period.
Implications for Quality of Care
None identified.
Link to Strategic Objectives/Board Assurance Framework
Links to good governance requirements, Trust Standing Orders state reporting requirement to Trust Board.
Financial Implications
Financial implications in relation to possible sales receipts and associated costs.
Human Resource Implications
None identified.
Recommendation
The Board/Committee is asked to: **NOTE** use of the Trust seal.
Communication and Consultation
Not applicable.
Appendices
Appendix I: Register of Use of Common Seal 1st April – 31st December 2017

Appendix 1

BSUH – Use of Seal 1st April – 31st December 2017

Register reference	Dated	Document	Signed in the presence of (1)	Signed in the presence of (2)
261	11/04/2017	3Ts Section 278 Agreement Arundel Road - changes made to traffic management to facilitate or support the 3Ts Redevelopment.	Spencer Prosser (March 2017)	Evelyn Barker
262	25/04/2017	3Ts Section 278 Agreement Eastern Road Zebra Crossing - changes made to traffic management to facilitate or support the 3Ts Redevelopment.	Spencer Prosser (March 2017)	Evelyn Barker
263	16/06/2017	Lease of Switch Room and Transformer within St Francis Social Club - Deed of Novation (4); Lease (1); TPI Sale Transfer (3)	Karen Geoghegan	Evelyn Barker
264	12/07/2017	Access Agreement in relation to Framework Agreement for Translation and Interpretation Services between ESCC and BSUH	Helen Weatherill	*Second signature not required*
265	19/07/2017	Midwifery Licence Agreements Brighton and Hove City Council – agreement re rental of base for midwives in the community – Goodwood Court	Karen Geoghegan	Marianne Griffiths
266	08/11/2017	Section 106 agreement - Rent Review Deed, Health Records Library – rent review agreement for the library on Eastern Road	Marianne Griffiths	Pete Landstrom
267	15/11/2017	Section 106 Planning Agreement with Brighton and Hove Council - land at Royal Sussex County Hospital – regarding development permissions	Karen Geoghegan	Pete Landstrom

Brighton and Sussex University Hospitals NHS Trust

To: Trust Board

Date of Meeting: 31st January 2018 Agenda Item: **12**

Board Assurance Framework 2017/18 Q3
The purpose of this report is to provide the Trust Board with the proposed new format 2017/18 Board Assurance Framework that now reflects the objectives of the Trust as defined within the Patient First programme.
Responsible Executive Director
Andy Gray, Director of Corporate Governance
Prepared by
Andy Gray , Director of Corporate Governance
Status
Disclosable
Summary of Proposal
The purpose of this report is to provide the Trust Board with the new format and content for the Board Assurance Framework (BAF) that now reflects the objectives of the Trust as defined within the Patient First programme. It is proposed that the BAF links to the Trust True North, Breakthrough Objectives and Strategic Initiatives. In addition however the due to its scope and complexity the 3Ts development is also identified as a potential trust-wide risk. The Audit Committee approved the new format BAF for consideration by the Trust Board at their meeting in January 2018. For each risk the BAF defines a gross risk-rating, which is an assessment of the likelihood of it crystalising and the impact which it would have in the event that it did so. The following risk score matrix is used.

	Likelihood				
	1	**2**	**3**	**4**	**5**
Impact	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Implications for Quality of Care
Links to supporting quality objectives
Link to Strategic Objectives/Board Assurance Framework
Links to Good Governance Objective
Financial Implications
Links to Financial Governance
Human Resource Implications
None identified

Recommendation
The Trust Board is asked to discuss and review the new format and **APPROVE** its subsequent use
Communication and Consultation
Executive Team Audit Committee Trust Board
Appendices
Appendix 1 : Board Assurance Framework – Quarter 3 2017/18

Brighton and Sussex University Hospitals Trust - BOARD ASSURANCE FRAMEWORK : QUARTER 3 2017-18

	Risk Exec Lead	Risk Description	Gross Risk Rating			Existing Controls ie. Actions already fully implemented to manage risk	Sources of Assurance ie. Evidence relating to the specific measures under 'Existing Controls'.	Control / Assurance Gap what additional actions need to be taken to manage this risk OR what additional assurance do we need to seek	Net Risk Rating			Action Plan
			Likelihood	Impact	Total				Likelihood	Impact	Total	
True North												
True North : Patient : Friends and Family Score Improvements												
TARGET :To achieve a positive response score of >96% and to reduce the negative response score	Chief Nursing and Patient Safety Officer	As a result of Patients having a poor experience we incur adverse feedback which impacts on our Friends and Family Test scores.	3	4	12	Provision of patient monthly quality metrics to provide public assurance - reported to Trust Board in public. CQC Hospital inspection Report. Patient engagement and feedback Partnership working with HealthWatch. National Patient Survey Results. Friends & Family Test scores	National in-patient and out-patient surveys Friend & Family test results National benchmarking		**3**	**3**	**9**	Action plan to support improvement in the overall response rate under development. Completion by Q4.
True North : Sustainability : Budget Management												
TARGET : To achieve Annual Control Total;	Chief Financial Officer	Ability to manage financial pressures generated from additional demand, capture activity and code appropriately, maintain effective cost control and deliver cost improvement and productivity improvements as required .	4	4	16	Due diligence exercise completed Control Total methodology agreed (2yr) Financial Plan reviewed at Finance and Investment Committee and approved at Board CIP schemes to deliver target identified Management oversight and scrutiny of efficency programme and CIP delivery through a combined steering group Business case scrutiny panel constituted and active Capital Expenditure Committee constituted and active Standing Financial Instructions in place	Finance and Investment Committee receives monthly reports as follows: Finance perfomance Contract, activity and income Short-term cash and working capital Efficiency programme performance Capial plan performance Monthly finance performance report to Trust Board Internal Audit reports to the Audit Committee on the system of internal control External Audit reports to the Audit Committee on the validity of the accounts and processes that underpin	Development and implementation of Divisional/Directorate Strategy Delivery Reviews Development of fiinancial management support and enhanced reporting (income and exoenditure) to the Divisions/Directorates and Committees Focus on future performance, understanding drivers and developing mitigations Procurement review and enhanced engagement	3	4	**12**	Review of Financial Management Organisational Structure and alignment to Clinical Divisions/Directorates Review of systems/processes and associated reporting Develop Divisional forecast roadmaps with granular level risks and mitigations Deliver all aspects of the Procurement Transformation Plan and control environment links
True North : People												
TARGET : To achieve a Staff Engagement Score –Top 20% in country (3.62 currently)	Chief Workforce and Organisational Development Officer	Staff at BSUh are currently less engaged than the average at this time. Capacity and focus to improve this position could be challenged in light of operational pressures.	4	4	16	Annual engagement scores.		Development of staff engagement strategy Development of ral time metrics.	**3**	**4**	**12**	Staff engagement strategy. Action plan in response to staff survey. Leadership development programme.
True North : Quality Improvement : Preventable Mortality												
TARGET: HSMR Top 20% in the country	Chief Medical Officer	We fail to implement care pathways adequately in order to improve mortality	3	4	12	Mortality Steering Group reviews in place. Significant improvement demonstrated.	HSMR Monitoring tracks improvement through Trust Board.		**3**	**3**	**9**	
True North : Quality Improvement												
TARGET : Patient Safety Thermometer 99% No new harms	Chief Medical Officer	Non compliance with agreed standards and benchmarks results in avoidable new harm.	3	4	12	Monthly reporting to Trust Board. Trust-wide and ward level dashboards	Inquests Root cause analysis findings Monthly reporting of harms ie falls / pressure injuries/MRSA/C Diff Benchmarking against national averages. As at November 2017 - 98.7%		2	4	**8**	
True North : Systems and Partnership												
TARGET : Elective Flow - RTT – 92% incomplete < 18 wks	Chief Operating Officer	Increased volumes, reduced flow, and non-delivery of activity volumes required lead to a poor patient experience / extended waiting times for elective treatment and failure to achieve the National RTT 18wk target. Impact on patient experience, staff morale, and organisational reputation.	4	4	16	Monthly reporting to Trust Board Measurement against National Constitutional Target of 92% Regular Data Quality and reporting checks to ensure accurate capture of all pathways		Annual activity planning and commissioning levels to achieve RTT elective requirements Capacity solutions in specific challenged specialties both locally, and wider regional networked services	3	4	**12**	Programme of staff receiving awareness training (670 at Nov 2017) Focussed work in Head and Neck and Abdominal Directorates Embed RTT performance and countermeasure plans within Divisional SDR cycle

TARGET - Non-Elective Flow A&E - 95% < 4 hrs wait	Chief Operating Officer	Increased volumes and reduced flow within the A&E units lead to a poor patient experience and failure to achieve the National A&E 4hr Target. Impact on patient experience, staff morale, and organisational reputation.	4	4	16	Monthly reporting to Trust Board Measurement against national targets Improvement activities through Breakthrough Objectives, Flow Initiatives, System working, Improvement Huddles and PFIS	Monthly monitoring at Trust Board - improvement already demonstrated Monitoring of performance at daily flow meetings Measurement against national published data Monitored through AEDB		3	4	**12**	Trust and system improvement event Sept 2017 Improvement Plan commenced and implemented Sept 2017 Redesign and expansion of UCC Sept 2017 Redesign of County site ED and emergency floor continues Implementation of GP streaming model at PRH

Breakthrough Objectives

Breakthrough Objective - Patient												
Reduction in negative feedback where staff attitude is cited as an issue	Chief Nursing and Patient Safety Officer	Poor staff attitude directly impacts patient experience.	3	4	12	A3 developed to identify key indicators for the project and reviewed current state against those metrics. Workshop with directorate leads completed to identify focus area.	Reporting of number of complaints relating to staff attitude - to Quality and Risk Committee and Trust Board.	concerns over baseline data.	**2**	**4**	**8**	There is a need to esnure that baseline data is accurate and robust. Work underway to esnure this and to then develop an improvement trajectory by Q4 - to be actioned through new Divisional Structures.
Breakthrough Objective : Sustainability												
Achieve the efficiency plan for 2017/18	Chief Financial Officer	Failure to achieve Efficiency Plan of £20m	4	4	16	A3 developed for 17/18 Efficiency Plan 3% Efficiency requirement communicated and allocated to clinical and non clinical areas. £20.9 plan agreed and in delivery, budgets updated to reflect the plan. Fortnightly PMO assurance meetings led by Director of Efficiency and Delivery Standard performance reports and finance trackers managed by PMO to monitor delivery and manage issues and risk.	Reports to Efficiency and Workforce Combined Steering Group (led by Executive Team) includes routine reporting for Efficiency Plan delivery (finance and actions), risks and mitigation. Reporting delivery of Efficiency and Workforce transformation to Finance and Investment Committee (including risk management and mitigation)	Establishment of divisional structures to embed leadership and delivery of the Efficiency Plans. Multi-year quality led efficiency programme	**2**	**4**	**8**	Agree mitigation to risks identified to delivery of 17/18 plans. Develop plan for 2018/19. Detailed planning timetable agreed in delivery for 2017/18. Develop multi-year rolling efficiency programme of CIP/efficiency opportunities, identification of plans and commence delivery.
Breakthrough Objective : People												
Staff believe that Care is the top priority for the organisation	Chief Workforce and Organisational Development Officer	Fewer staff than NHS average feel that Care is the organisations top priority, potentially leading to poor staff satisfaction and poor experience for patients.	4	4	16	A3 developed to identify key indicators for the project and review of current state against those metrics completed. Workshop with directorate leads completed to undertake root cause analysis.	Actions and Metrics to be included in SDR process.		3	3	9	Front-line engagement Further data collection and A3 development Introduction to SDR's. Implementation of 'quick wins' identified from workshop
Breakthrough Objectives : Quality Improvement												
Improvement in Sepsis recognition and timely response	Chief Medical Officer	Interventions do not result in improved recognition and the timely treatment of Sepsis to improve outcomes.	4	4	16	Reporting to Trust Board	Sepsis is subject to a deicated improvement workstream. Sepsis Sic bundle deployed. Particular focus and success with the administartion of antibiotics within 1 hour.	Patient Trac System under test	**3**	**4**	**12**	
Breakthrough Objective : Systems and Partnership												
Reduction in the numbers of patients waiting >4hrs in A&E who are not admitted.	Chief Operating Officer	Increased volumes and reduced flow within the A&E units lead to a poor patient experience and failure to achieve the National A&E 4hr Target. Impact on patient experience, staff morale, and organisational reputation. 37.5% of all breaches are non-admitted	4	3	12	Non-admitted Kaizen improvement event (Sept 2017) with weekly improvement huddles implemented Acute Floor twilight flow navigator pilot as part of Winter Resilience plans Implementation of Ambulatory Care models and capacity	Monthly monitoring at Trust Board - improvement already demonstrated Daily and Weekly Non Admitted breaches reported Monitored through AEDB		**3**	**3**	**9**	Continue with Improvement Huddles and first 16 improvement actions Ensure Non Admitted breaches workstreams and controls embedded into PFIS rollout in A&E Embed performance and ountermeasure plans within Divisional / Board SDR cycle
Ensure no patients wait over 52 weeks for elective treatments.	Chief Operating Officer	Increased volumes, reduced flow, and non-delivery of activity volumes required lead to a poor patient experience / extended waiting times for elective treatment and failure to achieve the National RTT 18wk target. Impact on patient experience, staff morale, and organisational reputation.	5	4	20	Weekly 52 week monitoring and reporting to Executive and Divisions Detailed plan to deliver 0 x 52 weeks	Monthly monitoring at Trust Board - improvement already demonstrated Monitoring of directorate performance at weekly RTT meetings Measurement against national published data	Risks to delivery with Winter pressures and potential cancellations Mitigated through planned elective pacing and prioritsation of 52week patients	**3**	**4**	**12**	Continue with 52 week March 2018 Cohort management

Strategic Initiatives												
Improving Quality	Chief Medical Officer and Chief Nursing and Patient Safety Officer	Progress is not sufficent to demonstrate quality improvement to CQC as part of their inspection regime.	4	4	16	Oversight by Trust Board and Independently Chaired Quality Improvement Committee that includes appropriate stakeholders.	Key programmes in place to ensure delivery of the CQC Quality Improvement Plan.		**3**	**4**	**12**	Key workstreams in this initiative; Functional Improvement Safe Estate and Equipment Deteriorating Patient Quality Care in ED Quality Care in ICU
Financial Sustainability	Chief Financial Officer	Failure to deliver key financial targets will impact on the Trust's ability to exit the Financial Special Measures regime. Further, the ability to take decisions/actions that support long-term sustainability may be affected.	4	4	16	Standing Financial Instructions Capital Investment Group Procurement Transformation Plan Efficiency and Workforce Combined Steering Group	Internal Audit External Audit Reports to Finance and Investment Committee and the Trust Board for internal assurance purposes. Reports to NHSI engagement team and Financial Special Measures Team for external assurance purposes.		**3**	**4**	**12**	Key workstreams in this initiative; Financial Governance Functional Capacity Capital Planning Procurement Strategy Sustainable Efficiency Programme Understanding the Business
Patient First Programme	Chief Delivery and Strategy Officer	Programme implementation - development of continuous improvement (Kaizen) Strategy that supports True North and Patient First objectives within the Trust fail to empower staff to solve problems and make improvements.	4	4	16	Strategy deployment, Patient First Improvement system implementation, Kaizen team activity and individual improvement projects monitored via formal governance arrangements.	Staff feedback - staff survey and ongoing feedback through targetted staff events. Validated efficiencies resulting in service improvements reported via governance arrangements.		**3**	**4**	**12**	Key workstreams in this initiative; Strategy Deployment Capability Building Patient First Improvement System Kaizen Team Improvement Projects
Leadership, Culture and Workforce	Chief Workforce and Organisational Development Officer	Issues with Leadership, Culture and Workforce are cited as key reasons for CQC concerns and imposition of Special Measures. Time, resources and focus to change may be compromised by operational challenges and reinspection timescales.	4	4	16	Leadership, Culture and Workforce Programme plan presented to Trust board. Governance Structure developed.		Metrics currently being developed.	**3**	**4**	**12**	Finalise programme details and implement governance structure including board reporting, metrics and resource plan. Key workstreams in this initiative; Corporate and Clinical Leadership Leadership Development Programme Cultural Transformation Programme Organisational Workforce Planning and Processes
3T's	Chief Delivery and Strategy Officer	Succesful delivery of the 3Ts programme is jeopardised by financial or capacity issues.	4	4	16	3Ts Programme Board - NED and Executive Team led. Programme Board reports into Trust Board. Robust financial controls overseen by Chief Finance Officer and Trust Board.	Monthly reporting of progress against plan and issues to Programme Board with escalation to Trust Board. Financial oversight.		**3**	**4**	**12**	Key workstreams in this initiative; Clinical Administration Building Phase 1 Phase 2 and 3
STP	Chief Executive	Lack of clarity at STP level leads to organisational uncertainty and places delivery of a system wide plan to deliver the 5 year forward view and close gaps in health and wellbeing, care and quality and finance across Sussex and East Surrey at risk.	3	4	12	The Trust Executive Team continues to engage with STP forum. Chair attends Chairs STP Forum. Trust continues to work collaboratively with CCG with positive senior level relations between organisations.	New Executive Chair of STP appointed. New Trust Clinical Strategy under development.		**2**	**4**	**8**	Key workstreams in this initiative; BSUH Clinical Strategy Refresh Place Based Care Commissioner New Contract Forms
Other Trust Wide Risks												
Six Facet Survey												
The Six Facet survey covered the Physical Condition (including all external and internal building fabrics, fixtures and fittings; electrical and mechanical systems), Statutory Compliance, Space Utilisation, Functional Suitability, Quality of Environment and Environmental Management. There are extreme risks relating to two of these facets: Physical Condition and Statutory Compliance .	Chief Financial Officer	There is a risk that the identified 'Extreme Risks' are not sufficiently mitigated to the assurance of the Board.	4	4	16	Immediate plans in place by Estates and Facilities to mitigate the Extreme Risks while longer term sustainable solutions are identified and implemented.	Executive led stearing group to oversee Six facet Survey workstream as a formal Corporate project. Presentation to December 2017 Board on the Thirteen Risk Theme Areas. Support through Capital Team to provide longer term solutions where appropriate. PMO Structure now wrapped around the programme.	Emergency Capital Bid submitted to help address Resource gap.	3	4	**12**	Development of Quarterly reporting to Trust Board with immediate escalation of any significant issues under development.