

## Meeting of the Board of Directors

**10.00 to 13.00** on Thursday 01 April 2021

Virtual Meeting via MS Teams

### AGENDA – MEETING IN PUBLIC

1.	10.00	<b>Welcome and Apologies for Absence</b> To note	Verbal	Chair
2.	10.00	<b>Declarations of Interests</b> To note	Verbal	All
3.	10.00	<b>Minutes of Board Meeting held on 04 February 2021</b> To approve	Enclosure	Chair
3.1	10.05	<b>Minutes of Board Meeting held on 18 March 2021</b> To approve	Enclosure	Chair
4.	10.05	<b>Matters Arising from the Minutes</b> To note	Enclosure	Chair
5.	10.10	<b>Report from Chief Executive</b> To receive and note overview of the Trust's activities	Presentation	Marianne Griffiths
<b><u>INTEGRATED PERFORMANCE REPORT including REFRESH, RESTORE, RECOVERY UPDATE</u></b>				
6.	10.35	<b>Quality Improvement</b> To receive and agree any necessary actions	Enclosure	George Findlay Maggie Davies
<i>After this section the Chair of Quality Assurance Committee will be invited to provide their report included at item 10</i> To receive assurance from Committee and recommendations from the Committee				
7.	10.55	<b>Systems and Partnerships</b> To receive and agree any necessary actions	Enclosure	Gethin Hughes
8.	11.15	<b>Sustainability</b> To receive and agree any necessary actions	Enclosure	Karen Geoghegan
<i>After these two sections the Chair of Finance and Performance Committee will be invited to provide their report included at item 11</i> To receive assurance from Committee and recommendations from the Committee				
9.	11.35	<b>Our People</b> To receive and agree any necessary actions	Enclosure	Jennie Shore
<i>At this point the Chairs of the Committees will be invited to provide any additional assurance from the work of their</i>				

*committees.*

### **ASSURANCE REPORTS FROM COMMITTEES**

- |     |       |  |           |                 |
|-----|-------|--|-----------|-----------------|
| 10. | -     | <b>Report from Quality Assurance Committee</b><br><b>- from the meeting held on the 25 March 2021</b><br>To receive assurance from Committee and recommendations from the Committee                | Enclosure | Joanna Crane    |
| 11. | -     | <b>Report from Finance and Performance Chair</b><br><b>- from the meetings held on 25 February and 25 March 2021</b><br>To receive assurance from Committee and recommendations from the Committee | Enclosure | Lizzie Peers    |
| 12. | 12.00 | <b>Board Assurance Framework</b><br>To approve   | Enclosure | Glen Palethorpe |

### **QUALITY**

- |     |       |  |           |               |
|-----|-------|--|-----------|---------------|
| 13. | 12.10 | <b>Nursing and Midwifery Staffing Capacity Report</b><br>To note | Enclosure | Maggie Davies |
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### **OUR PEOPLE**

- |     |       |   |           |              |
|-----|-------|---|-----------|--------------|
| 14. | 12.25 | <b>Annual Gender Pay Gap Review</b><br>To ratify approval | Enclosure | Jennie Shore |
|-----|-------|---|-----------|--------------|

### **WELL LED & COMPLIANCE**

- |     |       |  |           |                 |
|-----|-------|--|-----------|-----------------|
| 15. | 12.35 | <b>Company Secretary Report</b><br>To note | Enclosure | Glen Palethorpe |
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### **OTHER**

- |     |       |  |        |       |
|-----|-------|--|--------|-------|
| 16. | 12.45 | <b>Any Other Business</b><br>To receive and action   | Verbal | Chair |
| 17. | 12.50 | <b>Questions from the public</b><br>To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.                     | Verbal | Chair |
| 18. | 13.00 | <b>Date and time of next meeting:</b><br>The next meeting in public of the Board of Directors is scheduled to take place at <b>10:00</b> on <b>06 May 2021</b> . | Verbal | Chair |

### **To resolve to move to into private session**

*The Board now needs to move to a private session due to the confidential nature of the business to be transacted*

### **Trust Board of Directors Quoracy**

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

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

**Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 04 February 2021, held virtually via Microsoft Teams Broadcast.**

<b>Present:</b>	Alan McCarthy	Chairman
	Patrick Boyle	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Joanna Crane	Non-Executive Director
	Jon Furmston	Non-Executive Director
	Dame Marianne Griffiths	Chief Executive
	George Findlay	Chief Medical Officer & Deputy CEO
	Karen Geoghegan	Chief Financial Officer
	Pete Landstrom	Chief Strategy and Delivery Officer
	Maggie Davies	Chief Nurse
	Gethin Hughes	Interim Chief Operating Officer
<b>In Attendance:</b>	Jennie Shore	HR Director
	Tim Taylor	Medical Director
	Glen Palethorpe	Group Company Secretary
	Tanya Humphrys	Board and Committee Administrator

Minutes

**TB/02/21/01 Welcome and Apologies**

- 1.1 The Chair welcomed all those present to the meeting.
- 1.2 Apologies were received from Kirstin Baker and Lillian Philip the meeting was confirmed as quorate.

**TB/02/21/02 Declarations of Interests**

- 2.1 There were no declarations of interest.

**TB/02/21/03 Minutes of Board Meeting held on 03 December 2020**

- 3.1 The Board received the minutes of the meeting held on 03 December 2020.
- 3.2 **The Board NOTED the approved Minutes of Board Meeting held on 03 December 2020.**

**TB/02/21/04 Matters arising from Minutes**

- 4.1 There were no Matters Arising from the previous meetings.

**TB/12/20/05 Chief Executive Report**

- 5.1 Dame Marianne Griffiths introduced the Chief Executive's report and highlighted the following key areas.
- 5.2 Marianne began by saying a huge thank you to staff for all they have done throughout the most extraordinary 12 months. They really are the best of the NHS - always putting our patients first and continually supporting and caring for one another. Marianne added that she was confident that working together we will overcome all the challenges this pandemic poses.
- 5.3 Marianne advised the Board that the Trust is currently caring for around 200 patients with Covid across both hospitals but that slowly the number of new

cases are beginning to reduce in the local Community but at a slow and steady rate.

- 5.4 It was noted that the vaccination hub in Worthing Hospital launched in late December and in St Richard's at the beginning of January, with vaccinators working tirelessly to make sure our outpatients, staff and other health care providers have their vaccine. To date we have vaccinated 85% of staff including 80% in the high risk groups.
- 5.5 Marianne explained that following the second national lockdown the Trust has continued to encourage staff to work from home where appropriate, introduced mandatory mask wearing in all hospitals for all staff and limited the number of people visiting the hospitals but has supported patients for them to remain in contact with their families through the use iPads.
- 5.6 Marianne reflected that the Trust is doing all it can to support staff during the pandemic with a number of schemes on offer to support their mental health and wellbeing.
- 5.7 Marianne highlighted a number of other headlines:
- Financial Reporting and Compliance and Financial Services teams won the regional Healthcare Financial Management Association's 'Overcoming Adversity Award'.
  - The introduction of Transfer of Care Around Medicines (TCAM) helps ensure that when a patient leaves hospital, they have access to the support they need to in order to gain a better understanding of the medicines that they have been prescribed during their hospital stay.
  - £5.9m investment in the Trust Laundry Services which will boost productivity, create 25 new jobs and reduce carbon emissions.
- 5.8 Finally, the Board was updated on the Merger with BSUH, it was noted that both Trust Boards were hoping that a single organisation will create even more opportunities and these will provide a resilient and sustainable workforce. Marianne explained that a number of key actions have been achieved in the past 6 weeks, with significant input from a number of corporate directors. These include completion of the Full Business Case and the post transaction implementation plan.
- 5.9 Marianne explained that there were a number of commitments that the Board had agreed, these being:
- Focus is on the delivery of safe and effective care this winter and the Trust will only change what we need to before the merger;
  - After merger, we will continue to invest in all services and specialties currently delivered by WSH and BSUH;
  - We are committed to Patient First, staff empowerment and the continuous improvement of all our patient services.
- 5.10 The Board was advised of a number of areas, that subject to approval of the new Trust existing from 01 April 2021, that would need to be changed:
- Revised regulatory registrations
  - Revised Council of Governors and new membership recruitment
  - Transfer and protection of staff employment terms and conditions
  - New board and committee arrangements from 1 April 2021
  - Executive structure in place in shadow form before April 2021
- As well as:
- Financial system changes, including new single ledger
  - Refresh and integration of performance and quality reporting
  - Refreshed IM&T infrastructure, to enable some day one interoperability

- Integration of essential processes and policies, e.g. emergency preparedness
- 5.11 Alan McCarthy thanked Marianne for her presentation and echoed her thanks to all staff both clinical and non-clinical, Alan also offered his thanks to Marianne and the Executive Team for their leadership during this time.
- 5.12 Patrick Boyle echoed the thanks of Marianne and the Chairman and asked how the Trust thought it would achieve restoring services in the coming months. Marianne explained that conversations were being had with the wider ICS regarding the approach to this, which would develop a strategy to allow staff a 'safety break' to ensure that staff are looked after and given the opportunity for some respite ahead of restoring services to pre-Covid levels.
- 5.13 The Board **NOTED** the Chief Executive Report.

## **TB/02/21/06 Integrated Performance Report**

- 6.1 Dame Marianne Griffiths introduced the Integrated Performance Report explaining that Patient First was the Trust's methodology encapsulating the Trust's vision, values and goals.

## **TB/02/21/07 Quality Improvement**

- 7.1 Tim Taylor updated the Board on the key messages from the Quality section of the report with a particular focus on mortality, the Board was advised that the HSMR up to and including September 2020 had reduced to 94.4 (27<sup>th</sup> percentile) and the in-month HSMR for September had risen to 104.5. The 12 month rolling site specific HSMR for St Richard's Hospital remains below Worthing, although it was noted that Worthing has had an improving trend for the last 5 months' data. The crude mortality in December was 3.24% reflecting 175 deaths of the 5393 discharges and the 12 month rolling crude mortality rate including December 2020 is 2.98% against t an expected level of 3.11%.
- 7.2 In relation to Covid-19 the Board was advised that in December, 33 inpatients died with a current COVID-19 positive test result (9 at Worthing and 24 at Chichester). The Trust has had more deaths in wave 2 of the pandemic than wave 1, but not dissimilar to others. The age distribution of deaths has been similar between waves.
- 7.3 Tim explained that the latest quarterly SSNAP performance released in December 2020 for July to September 2020 has rated the stroke services at St. Richard's and Worthing Hospitals as Grade B. Their scores were 76 and 80 respectively. Both sites achieved a grade A rating in the previous quarter. The Board was advised that this was representative of the level of demand due to the pandemic but that it is hoped both sites will return to a Grade A rating.
- 7.4 Maggie Davies began by echoing the thanks of Marianne to all WSHFT incredible staff. The Board was advised that the Covid-19 vaccination campaign commenced on 22 December 2020 with the Worthing hub being set up Christmas week and an incredible 1500 staff vaccinated in 3 days, the St Richard's hub was set up on 04 January 2021.

- 7.5 It was noted that in December the Trust saw an increase in the numbers of Covid-19 patients at both hospitals with numbers higher at St Richard's which triangulated with the increase in outbreaks.
- 7.6 Maggie explained that in addition the Trust continued to test symptomatic staff members or household contacts with an increase in the number of staff members tested following the new variant with over 4000 tests recorded during December.
- 7.7 The Board was advised that the Trust had a number of additional assurance documents that had been published as part of the Covid-19 response, Maggie reminded the Board that the Infection Prevention and Control BAF (IPC BAF) was presented in December but the Trust as with all other Trusts had since been asked to reassess against additional areas as to their level of compliance. It was noted that the Trust was fully compliant in all areas apart from one where there is partial compliance with actions in place to achieve full compliance by March 2021.
- 7.8 Maggie updated the Board in relation to avoidable harm noting that in December for falls there was an improvement with a reduction in overall numbers but assured the Board that there continued to be ongoing work to support a sustained reduction in falls.
- 7.9 The Chairman invited the Chair of the Quality Assurance Committee (QAC), Joanna Crane, to update the Board on their recent meeting and the assurances received in relation to Quality.
- 7.10 Joanna advised the Board that the most recent QAC meeting had been held in December with the level of assurance received identical to that within the quality slides, Joanna explained that a number of the reports had been taken as read given their positive assurances, allowing operational staff time to deal with operational pressures.
- 7.11 Joanna explained that the Committee had spent time discussing the People Report in detail and was assured by the health and wellbeing support on offer for staff. It was noted that the Committee had received the first gap analysis in relation to the Ockenden review and was very assured that the Trust is well on track with its compliance against those recommendations.
- 7.12 Lizzie Peers asked if the Trust was triangulating through PALS and complaints the quality of patient experience, Maggie explained that the team does look at PALS enquiries / feedback at the triangulation committee along with complaints and that currently complaints are very low, however as the Trust moves into restoration and recovery it is anticipated that there will be a greater expectation from patients.

## **TB/02/21/08      Systems & Partnership**

- 8.1 Gethin Hughes provided the Board with a summary of the Trust's operational performance for December and drew out the following salient points.
- 8.2 **A&E**  
The Board was advised that A&E 4-hour performance was 89.92% for December 2020, placing the Trust 10th Nationally for A&E 4-hour performance. There was a 16.3% decrease in A&E attendances for December in comparison to last year across both sites.

### 8.3 RTT

Performance was 64.26%, a marginal reduction from 64.59% in November 2020. It was noted that there were 1607 52-Week Waiters on the incomplete PTL at the end of October 2020. The RTT Waiting List increased by 1827 waiters during December 2020 compared to November 2020, whilst the RTT 18-week Backlog increased by 807 patients, 265 of which related to gastroenterology.

### 8.4 Cancer

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

### 8.5 Diagnostics

Gethin advised the Board that the Trust remained non-compliant in December 2020 with 38.94% waiting over 6 weeks for diagnostics tests, a deterioration from 34.36% in November 2020. The backlog has grown by 436. Activity for diagnostic Tests in December was restored to 109% relative to December 2019.

8.6 Gethin explained to the Board that whilst during wave one of the pandemic the Trust had experienced a drop in A&E demand, this has not been the case during the second wave with demand remaining high and fairly static throughout.

8.7 The Board was advised that despite the unprecedented demand ambulance handover performance had remained good at 15 minutes with the Trust continuing to have some of the best handover times nationally.

8.8 It was noted that the Trust continues to manage the complexity of red and green pathways whilst during this time continuing to operate Urgent Treatment Centers at both Worthing and St Richard's, in addition to the capital works taking place and the expansion of the footprint of both emergency departments.

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

8.10 Lizzie advised the Board that the Committee was very pleased to note the level of restoration and performance against plan during December and explained that due to the impact of the second wave of the pandemic a number of the trajectories will need to be refreshed.

8.11 Lizzie explained that the Committee had discussed at length Cancer performance and was assured by the mitigations and plans in place to restore services and reduce waiting times.

## **TB/02/21/09 Sustainability**

9.1 Karen Geoghegan advised the Board that the Trust has continued to operate within the interim (Phase 3) financial framework that has been in place since October; the purpose of which is to support the overarching priority to accelerate non-COVID activity, alongside continuing readiness for winter and a potential increase in COVID-19 cases.

9.2 Each Integrated Care System (ICS) has been provided with a fixed funding envelope; including resources to meet the additional costs of COVID-19 response and recovery. Systems are expected to breakeven; subject to

mutual agreement, organisations within the ICS may deliver surplus and deficit positions. The Trust submitted a financial plan to NHSE/I with a deficit of (£2.98m). After allowable adjustments, the planned performance surplus was £1.55m.

- 9.3 The Board was advised that at the end of Q3 the Trust delivered a cumulative deficit of (£0.52m) against a planned deficit of (£1.96m), resulting in a favourable variance of £1.44m. This is due to less costs incurred for elective activity partially offsetting the increase in COVID-19 costs. The Trust is continuing to forecast a performance surplus of £1.55m at year end
- 9.4 Karen advised the Board that the Trust cash balance was currently very healthy however it was noted this was due to the Trust being paid a month in advance for all top-up payments so the Board could expect to have a cash balance at the end of the year that is more realistic.
- 9.5 In relation to Capital, the Board was advised that at the end of the year the total spend will be approximately £36m, Karen explained that this was due to the Trust being really successful in securing national funding for the refurbishment at both A&Es, Adapt and Adopt scheme for Endoscopy and additional equipment for Covid.
- 9.6 The Board was advised that NHSE/I have confirmed in principle that both the in-year movement in untaken annual leave and the loss of Non-NHS income are allowable deficits, when assessing the Trust's financial performance
- 9.7 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, to update the Board on their recent meeting and the assurances received in relation to Sustainability.
- 9.8 Lizzie advised the Board that the Committee had focused on the current position against plan and the forecast for year-end, it was noted that the Committee had received an update on the upgrade of the general ledger and the related risks but was assured that good contingency plans were in place.
- 9.9 Lizzie explained that the Committee had also received a report on the efficiency programme and noted the strong pipeline of schemes for 2021/2022. The Committee had also reviewed the BAF risks for which it had oversight for and confirmed these were correctly scored.

## **TB/02/21/10      Our People**

- 10.1 Jennie Shore provided the Board with a summary of the Workforce Performance and drew out the following key points.
- 10.2 Jennie advised the Board that over 3,800 staff had participated in the national Staff Survey for 2020 that closed at the end of November. This represents a response rate of 53% (compared to 55% in 2019). Initial results indicate that staff advocacy of the organisation has increased further and in the context of the pandemic this is very encouraging. Publication of the national results are anticipated in late February 2021 and in the meantime results are embargoed for external release.
- 10.3 The Board was informed that the roll out of the Covid vaccination for staff has been a priority. There have been high levels of engagement with staff and particularly those with higher risk factors if exposed to Covid. To date



87% of staff have received their first vaccine with administration of the second dose due to follow 12 weeks later.

- 10.4 The Board was advised that the workforce hub had been re-established with cell leads for each staffing group who assess workforce capacity and manage rapid deployment on a daily basis. There is strong engagement at divisional and staffing group level. Escalation of key issues and risks is managed through the Strategic Workforce Bronze Group and to Gold.
- 10.5 It was noted that the staff briefings have continued to be very welcome and highly attended by staff via Teams.
- 10.6 Jennie explained to the Board that in relation to workforce capacity during month 9, there was a small decrease in the budgeted establishment with a marginal change in the amount of temporary workforce deployed. There were 46 new starters to the Trust in month 9, including 5 RN's and 21 HCA's.
- 10.7 The Board was advised that in recognition of the impact on staff of the ongoing pandemic, a Thank You day has been given to all substantive staff to be used by 31 March 2022. Staff are being encouraged to use this day to undertake continuous professional development including programmes that improve their health and wellbeing.
- 10.8 Jennie highlighted that the Trust Covid vaccination programme was in place for staff across both sites with priority access to first dose appointments until 31 January. Staff in high risk groups have been contacted directly and groups with low uptake have been identified to encourage uptake.
- 10.9 The Chairman invited the Chair of the Finance and Performance Committee, Lizzie Peers, and the Chair of the Quality Assurance Committee, Joanna Crane, to update the Board on their recent meeting and the assurances received in relation to People.
- 10.10 Joanna commented that it was truly impressive the turnaround and the focus by the Trust on using the funds raised and donated to the Trust to support its staff.
- 10.11 Lizzie advised that the Finance and Performance Committee had focused on the overspend on premium agency staff and had asked for more information on the work being undertaken to come back to the Committee. The Committee had also sought for the next meeting, a detailed trajectory for the recovery of appraisal performance back to the normal level the Trust would expect to see, however with operational performance pressures the Committee had noted that it is likely the Trust will not meet the 90% target.
- 10.12 The Board **NOTED** the Integrated Performance Report.

**TB/02/21/11      Report from Quality Assurance Chair from the meeting on 21 December 2020**

- 11.1 The Board **NOTED** the Report from the Quality Assurance Committee Chair and accompanying reports, highlights of which had been received as part of the Integrated Performance Report.

**TB/02/21/12      Report from Finance and Performance Chair from the meeting on 28 January 2021**

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

**TB/02/21/13 Board Assurance Framework**

- 13.1 Glen Palethorpe drew the Board's attention to the summary of the key strategic risks within the Board Assurance Framework (BAF) and noted that the information received through the integrated performance report and assurance reports from Committee Chair's link to the details in the BAF.
- 13.2 The Board **APPROVED** the Board Assurance Framework recognising that the respective Committees had recommended the risk scores as being a fair reflection of the risks facing the Trust and the Board noted that the Quarter 4 data will be presented at the next Board meeting in April 2021 after being considered by the Committees in February and March..

**TB/02/21/14 Annual Equality Report 2019/2020**

- 14.1 Jennie Shore presented the Annual Equality Report for 2019/20 and highlighted the following key areas.
- 14.2 The Board was advised that the report demonstrated compliance with the Equality Act 2010 and also provided a very detailed set of data against the Trust workforce and the actions in detail in relation to the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) and how the Trust is pursuing those. Jennie explained described the impact of Covid-19 on the Trust's BAME staff and the measures in place to support staff through this period.
- 14.3 It was noted that in mid-2019 the Trust held its annual staff conference with the theme of Equality and Inclusion, Jennie explained that there had been a number of session which staff were able to take part in, these were in relation to Celebrating Cultures, Transgender, Disability and hate crime. Jennie explained that following the staff conference the Trust launched its 'Above and Below the line' work which has been implemented and was forming part of the Trust Induction, prior to the pandemic.
- 14.4 The Board was advised that the Trust had also relaunched its BAME and celebrating cultures network which was thriving with very keen and active members. Jennie highlighted that the Trust had also launched the rainbow network which had over 400 staff sign, wearing the rainbow symbol is a voluntary way for staff of any sexual orientation and gender identity to indicate they are a 'safe listening ear' for LGBTQ+ patients, colleagues, volunteers and students.
- 14.5 In relation to disability, Jennie explained that the Trust now had staff changing places toilets and the implementation of a health passport for staff with a disability that will be a flexible tool and be used in a range of circumstances including recording workplace adjustments.
- 14.6 Alan McCarthy thanked Jennie for the report noting the fantastic work the Trust is doing, adding that the Board was well sighted on the actions required in relation to both the WRES and the WDES standards.
- 14.7 The Board **RATIFIED** its Approval of the Annual Equality Report.

**TB/02/21/15 Emergency Preparedness and Resilience and Response Assurance (EPRR) Report**

- 15.1 Gethin Hughes presented the Board with the Emergency Preparedness and Resilience and Response Assurance (EPRR) Report explain that it outlined the Trust's EPRR assurance for 2020.
- 15.2 Due to the impact of the Coronavirus (Covid-19) Pandemic, the 2020 EPRR assurance process had been revised and was set out by the national director of EPRR, NHS England and NHS Improvement as follows:
- an updated assurance position of any organisation rated partially compliant or non-compliant in the 2019/20 assurance process;
  - assurance that a thorough and systematic review of the response to the first wave of the COVID-19 pandemic has been undertaken and the learning embedded;
  - confirmation that any key learning identified as part of this process is actively informing wider winter preparedness activities for your system.
- 15.3 The Board was advised that due to the impact of the Coronavirus Pandemic, there was no requirement to submit a full Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance spreadsheet for 2020. However, the Trust should make a statement of assurance stating that the Trust remained fully compliant with all core standards as detailed in the 2019 assurance return, with additional details covering the above areas which had been submitted to the Sussex NHS Commissioners on the 22<sup>nd</sup> October 2020.
- 15.4 The Board **NOTED** the Emergency Preparedness and Resilience and Response Assurance (EPRR) Report

**TB/02/21/16      Annual Emergency Planning and Business Continuity Report**

- 16.1 Gethin Hughes introduced the Annual Emergency Planning and Business Continuity Report and drew out the following highlights.
- 16.2 The Board was advised that the past year had seen unprecedented pressure on all areas of the Trust due to the Coronavirus Pandemic, but despite this, the Emergency Planning and Business Continuity team have continued to ensure that the Trust's Emergency Planning and Business Continuity arrangements are compliant with the Emergency Preparedness, Resilience and Response (EPRR) Assurance Process all EPRR Core Standards for a fourth year in a row.
- 16.3 Gethin explained that on top of their usual work the EPRR Team had provided 7-day a week cover of the Covid control room, in addition to leading on the EU Exit preparedness and the third area they have provided support over and above their normal work was in relation to the merger to ensure that there is a single, robust plan in place for the new merged organisation.
- 16.4 The Board's attention was drawn to some of the incidents detailed within the year and then the learning and actions required on page 9 of the report.
- 16.5 The Board **APPROVED** the Annual Emergency Planning and Business Continuity Report

**TB/02/21/17      Flu Vaccination Campaign Report**

- 17.1 Maggie Davies provided the Board with an update on the 2020/2021 Flu Vaccination Campaign and highlighted the following key areas.

- 17.2 Maggie explained that during the 2019/20 programme last year the Trust vaccinated 78% of all frontline staff, which although was an increase it remained below the nationally set target.
- 17.3 Maggie advised the Board that this year had been slightly complicated by the pandemic and the roll out of the Covid-19 vaccine explaining that the Trust had quickly achieved 74.88% of all frontline staff vaccinated in approximately 6 to 7 weeks of the campaign's launch
- 17.4 The Board was advised that there were a couple of factors that have impacted on the annual flu vaccination programme:
- Redeployment of our workplace vaccinators into the Covid vaccination programme, providing reduced capacity for flu vaccination
  - Advice on the timing between flu vaccination and Covid vaccination may have led staff to choose prioritising the Covid vaccine
- 17.5 The Board **NOTED** the Annual Flu Vaccination Report.

**TB/02/21/18      Company Secretary Report**

- 18.1 Glen Palethorpe presented the Company Secretary Report highlighting to the Board the Annual Learning from Deaths Report for 2019/20 that was included and explained the detail of which was reviewed by the Quality Assurance Committee throughout the year and was reported to Board within the Quality section of the Integrated Performance Report in addition to this information also being reviewed by the Quality Board.
- 18.2 The Board was advised that as part of the merger, work is being undertaken to promote that the enlarged Trust will be a Foundation Trust, and therefore there is an opportunity for members of the public outside of Western Sussex to become members of the enlarged Trust. The Trust is specifically looking for members who live in Brighton and Hove, Mid and East Sussex linked to the area of our enlarged Trust.
- 18.3 Glen explained to the Board that becoming a member was simple and free and directed members of the public to the online application form.
- 18.4 The Board **NOTED** the Company Secretary Report

**TB/02/21/19      Other Business**

- 19.1 There was no other business to discuss.

**TB/02/21/20      Questions from Members of the Public**

- 20.1 Glen Palethorpe advised the Board that the Trust had been notified of three questions from a member of the public the first was in relation to Wayfinding at St Richard's hospital and when progress could be expected.
- 20.2 The Board was advised that a response had been sought in advance of the meeting from Director of Estates and Facilities, David McLaughlin, who had advised:
- A full survey is currently underway this week to understand the external Welcome signage needs for each of our Trust sites, implementation of the new refreshed signage is expected by the end of March 2021.
  - F&E have approached a Wayfinding consultant for proposals to conduct a gap analysis followed by development of a new Wayfinding strategy for all sites including BSUH.

Once a wayfinding strategy, scope of works and design has been approved and has aligned funding the intention will be to procure a scheme to deliver the works over a phased period commencing next financial year.

20.3 The second question was in relation to the new Mental Health Lounge at Worthing Hospital and whether there was the opportunity for the Friends of the Hospital to support the project. Gethin Hughes advised the Board that the mental health facility at Worthing Hospital will be a service provided by Sussex Partnership Foundation Trust in the area previously occupied by the Discharge Lounge. The facility will open in February. Whilst not provided directly by Western Sussex Hospitals NHS FT, we are sure they would welcome the support of the Friends and we would happily facilitate an introduction.

20.4 The final question was in relation to the Trust Annual Equality Report and why there was no mention of Trust Volunteers. Jennie Shore explained that the Equality Report helps to demonstrate compliance with the Equality Act 2010 and this requires us to set out some very detailed data sets against the nine protected characteristics relating to our staff. Much of this is taken from the Electronic Staff Records system. We are not required to report this for volunteers and on this basis have not sought to collect or record their protected characteristics. We value our many volunteers across the Trust who have very diverse backgrounds and support our equality agenda and have noted the number of volunteers in this report. Jennie added that with the Board's approval she proposed that the Trust strengthen our narrative around volunteers in response to this question.

20.5 **ACTION:** The Board agreed that this would be an agreeable solution for future reports and that the 2019/20 Annual Equality Report would be updated and published accordingly.

**JS**

**TB/02/21/21 Resolution into Board Committee**

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

**TB/02/21/22** The Chair formally closed the meeting

**TB/02/21/23 Date of Next Meeting**

23.1 It was noted that the next Board Meeting would take place at 10.00 on **Thursday 01 April 2021** via **Microsoft Teams Broadcast**.

Tanya Humphrys  
Board and Committee Administrator  
February 2021

Signed as a correct record of the meeting

Chair.....

Date.....

# Minutes

**Minutes of the meeting in common of the Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust Boards in Public. Meeting held at 14.00 on Thursday 18 March 2021 via MS Teams**

	<b>Brighton and Sussex University Hospitals NHS Trust</b>		<b>Western Sussex Hospitals NHS Foundation Trust</b>	
<b>Present:</b>	Alan McCarthy	Chairman	Alan McCarthy	Chairman
	Mike Rymer	Non-Executive Director	Mike Rymer	Non-Executive Director
	Patrick Boyle	Non-Executive Director	Patrick Boyle	Non-Executive Director
	Joanna Crane	Non-Executive Director	Joanna Crane	Non-Executive Director
	Lizzie Peers	Non-Executive Director	Lizzie Peers	Non-Executive Director
	Jackie Cassell	Non-Executive Director	Jon Furmston	Non-Executive Director
	Dame Marianne Griffiths	Chief Executive	Dame Marianne Griffiths	Chief Executive
	George Findlay	Chief Medical Officer & Deputy Chief Executive	George Findlay	Chief Medical Officer & Deputy Chief Executive
	Karen Geoghegan	Chief Financial Officer	Karen Geoghegan	Chief Financial Officer
	Pete Landstrom	Chief Delivery and Strategy Officer	Pete Landstrom	Chief Delivery and Strategy Officer
	Denise Farmer	Chief Organisational Development Officer	Denise Farmer	Chief Organisational Development Officer
	Carolyn Morrice	Chief Nurse	Maggie Davies	Chief Nurse
	Katy Jackson	Interim Chief Operating Officer	Gethin Hughes	Interim Chief Operating Officer

<b>In Attendance:</b>	Glen Palethorpe	Group Company Secretary
	Alison Ingoe	Financial Transaction Director
	Tamsin James	Board & Committee Administrator

**Apologies:** There were apologies noted for this meeting from Kirstin Baker, BSUH NED, and Lillian Philip, WSHFT Associate NED.

<b>JB/03/21/01</b>	<b>CHAIR'S WELCOME</b>	<b>Action</b>
1.1	The Chair welcomed the Boards to the virtual meeting via MS Teams.	
1.2	It was noted that this was a joint meeting in Public of the Brighton and Sussex University Hospitals NHS Trust (BSUH) and Western Sussex Hospitals NHS Foundation Trust (WSHFT) Boards.	
1.3	The two Boards were deemed quorate for both Trusts with at least six voting board members for each Trust in attendance. Glen Palethorpe informed the Board of BSUH that whilst Kirstin had given her apologies for the meeting she had asked that Glen provides her decision in respect of agenda items 4 and 5.	
1.4	The Chair and Board congratulated Marianne Griffiths who has been named as one of the top five Chief Executives of the year at the HSJ awards for 2021. The	

Chair noted that Marianne became the first woman to take the top spot in the 2018 rankings, and retained the number one spot in 2019.

#### **JB/03/21/02 DECLARATIONS OF INTEREST**

- 2.1 There were no other declarations of interest made above noting the joint nature of the meeting.

#### **JB/03/21/03 MERGER OF BSUH & WSHFT**

- 3.1 Dame Marianne Griffiths thanked the Board for their kind words. Marianne highlighted that today was a momentous occasion in terms of the merger of BSUH and WSHFT and that both Trust's had been able to reach this stage in six months, although it had to be recognised that the journey to this point began some four years earlier with the start of the management contract with BSUH. Marianne was pleased that the proposal to merge had been founded on the clear principles of Patient First along with service improvement and staff welfare.
- 3.2 Marianne formally thanked everyone who had been involved in the amazing amount of work undertaken to develop the merger plans; particularly Pete Landstrom as the SRO for the project along with Jen Procter and Jo Smith. Marianne added that the Trust's recognised this has been undertaken during an operationally difficult year and welcomed the extraordinary work the frontline teams have undertaken throughout the pandemic.
- 3.3 Pete Landstrom detailed to the Board the backstory of the merger and the recommendations for its approval.
- 3.4 Pete highlighted to the Boards in Public the work undertaken by the Trust to date and the process of the merger, providing assurances on what the merger entails and what the Trust will continue to focus on.
- 3.5 Pete shared the detail of the merger process, and stated that the Boards are aware of NHSEI's formal process in which the Trusts are have provided with a clear framework through a series of steps that NHSEI need to consider when being presented with requests for merger.
- 3.6 Pete asked the Board to note the three distinct stages of the merger process:
- 3.7 Stage 1 - The Strategic Case  
Focused on the drivers for change with a detailed evaluation of the options and identification of a preferred option to develop into a full proposal.
- 3.8 Stage 2 – The Full Business Case (FBC)  
In order to proceed to the Stage 2 full business case this process includes the receipt of assurances and the provision of technical detail against a standard assessment framework including both how the transaction will be managed and the benefits of the merger will be delivered. Once this had been completed, it generated an assessment against the framework to proceed forwards with the merger with NHSEI providing a risk rating on the transaction.
- 3.9 Stage 3 – Assurance & Approvals  
This stage includes the external testing by NHSEI of the Trusts' proposal.
- 3.10 Pete went on to detail the work undertaken within the strategic outline case development stage and stated that the management contract between WSHFT and

BSUH began in April 2017, which has since resulted in a significant and positive working relationship between the two Trusts, showing clear improvements in the performance, sustainability, quality, and culture at BSUH, and continued delivery at WSHFT which was highlighted as Outstanding in all domains recently awarded by the CQC.

- 3.11 In 2020, the Trusts considered options for the future management arrangements from a formal merger to separation and a range of options in between, which ultimately resulted in a preferred option to merge. A strategic outline case was then formed and submitted to NHSEI in August 2020, the feedback provided was positive and enabled the Trust to explore options through the Full Business Case.
- 3.12 The Trusts progressed with the development of the FBC against NHSEIs detailed and clear framework for FBC production which requires the case to include the case for change, the benefits of the merger, the new organisational description, financial and risk assessments, the execution of the process to merger and the programme timeline for the merger. The FBC also contained implementation plans and set out the integration plan for the next 12 months. The FBC was completed and submitted to NHSEI in December 2020, and whilst some commercially sensitive data has been removed, the paper has been made available on the two Trusts websites.
- 3.13 In developing the business case and preparing for merger, the Trusts established an Executive led, dedicated merger programme to ensure that the process was delivered effectively and any issues were identified and resolved. Dedicated resource was provided to the programme drawing from internal expertise, but has been supported by external experts when necessary. The key aim of the programme was to ensure that the merger process did not distract from the Trusts' main focus of patient care throughout the pandemic.
- 3.14 The Trusts reviewed and approved the FBC for submission to NHSEI which provided the basis for the Stage 3 assurance and approvals process. NHSEI went on to review the information, and undertook their own specific assurance reviews exploring technical and thematic areas of the proposed merger with a range of Trust staff and stakeholders.
- 3.15 To ensure the success of the merger the Trusts reviewed any potential risks that could arise, given the challenges facing the NHS as it emerges from the pandemic. A formal due diligence review was undertaken through a combination of external advisors and internal reviews which did not highlight any significant risks affecting the formal merger to a single organisation.
- 3.16 A detailed externally facilitated Board review of risks was undertaken, including a review of the Board Assurance Framework (BAF), learning from other merger cases, and a regular review of the merger risk register. This maintained that there is no specific, increased risks identified as a direct result of the WSHFT BSUH merger.
- 3.17 Pete stated that the Trusts undertook risk due diligence, which highlighted the most common risks associated with mergers in general within the NHS as, not identifying sufficient resources to develop the new clinical strategy or operating models for the merged single organisation; efficiency and savings targets as a result of financial challenges which were not achievable; assumptions around plans for transformation or changes to services which were not fully understood or engaged on; insufficient consideration of the cultural and integration effort required as part of a merger due to unfamiliarity of the organisations. Pete highlighted that the two Trusts have extensively planned the development of the clinical strategy post merger which was agreed will not be fast-tracked to meet the merger on the 1 April 2021, there would



be no service changes and both Trusts will continue to deliver the same as they each have continued to do so.

- 3.18 The integration plan following the merger on the 1 April and over the next 12 months is cognisant and thoughtful as to when the Trust might begin to make operational changes, such as organisational leadership. It will be undertaken in a sequential and timely way, to ensure limited change during peak seasons for the Trust.
- 3.19 Modelling of various scenarios, known as downside risk modelling, that might impact the Trust has also shown that all risks are well mitigated and can be managed effectively if they were to arise.
- 3.20 Detailed assessment of the Trusts assurance processes was undertaken throughout January, and a number of individual subject matter assurance reviews were undertaken looking at different aspects and providers such as the Integrated Care System, Care Quality Commission and NHSEI. Pete stated that PWC was the Trusts' independent reporting accountant throughout the process and their assurance over the Trust financial reporting procedures was positive.
- 3.21 A final Board to Board meeting between the Trusts and NHSEI took place on 9 February 2021 and Pete was pleased to announce that on the 9 March 2021 NHSEI Provider Oversight Committee issued a green/amber risk rating for the formal assessment of transaction, in order for the Trusts to merge successfully, these were outlined as follows:
  - 3.22 **Strategy**  
Strong strategic rationale and planning alignment – **Green**
  - 3.23 **Transaction Execution**  
Well planned and managed programme with risks mitigated – **Green/Amber**
  - 3.24 **Quality**  
Detailed benefits of merger with strong quality governance – **Green/Amber**
  - 3.25 **Finance**  
Detailed understanding and overall financial sustainability – **Green/Amber**
- 3.26 Pete added that the level of detail and robustness of the plans was testament to the amount of work the Trusts team had delivered in order for this rating to have been given.
- 3.27 Pete advised that the Boards meeting in Public today is the formal beginning of the approvals process in order for the Trusts' to merge. This stage involves the formal decision to merge taken by the Board and the completion of the merger transaction application following the positive transaction risk ratings received. The Board will later today make a recommendation to the Council of Governors in order for them to take a view of the processes applied and take a decision on the merger. Pete added that the Western Sussex has received a letter of support for the merger from the Secretary of State.
- 3.28 Pete went on to confirm that following those stages outlined, and once the approval to merge is granted by the Boards, a series of technical areas are then required to be completed resulting in a Grant of Acquisition, which will form a new single Trust on the 1 April 2021.

- 3.29 Pete outlined the significant benefits arising out of the management contract over the past four years including improvements in the financial stability and the quality of care; and during this period, WSHFT was reviewed by the CQC and was assessed as Outstanding across all CQC domains. The Trusts believed that a full merger of WSHFT and BSUH would enable further benefits to be achieved, in order to improve services for the population through joint working, sharing of expertise, and greater clinical collaboration, and the pandemic and through the Restoration and Recovery programmes has only emphasised this.
- 3.30 Pete confirmed the benefits were outlined within the FBC and they are aligned to the Trusts' five Patient First themes; Sustainability, People, Patient, Quality and Systems & Partnerships.
- 3.31 Pete confirmed the proposed new name of the merged Trust would be, University Hospitals Sussex NHS Foundation Trust, which will be one of the largest Acute Trusts in the country, with a wide range of specialist and district general services. The Trust will employ over 18,000 staff, providing significant volumes of care in a range of settings across Sussex.
- 3.32 Pete went on to state that the Trust has engaged with 3,000 of its workforce, stakeholders and with the wider public through various engagement sessions, in order to focus on the Trusts vision and values and this had been encapsulated within the level of detail within the patient first triangle shared with the Board. Both Trusts reconfirmed for the enlarged Trust its mission statement of Where Better Never Stops, and a refresh of the Trust's strategic programmes of work was undertaken in order to continue delivering the upmost care for patients.
- 3.33 The Patient First strategy outlined the drivers for the next three to five years including areas of corporate projects as detailed within the FBC. Following the proposed merger these will become the basis of the Trusts vision strategy from 1 April 2021.
- 3.34 Pete went on to detail the Trusts stated Strategic Clinical Boundaries and highlighted the importance of the enlarged Trust taking the opportunity to refresh its clinical strategy and service developments and how the Trust will continue to work with the system to deliver its strategy. Pete asked the Board to note the detail listed within the slide and Pete highlighted the importance of developing the clinical strategy as an area of work. The benefits realisation review has ensured the Trust has greater opportunities together particularly since the pandemic and the necessary restoration and recovery programme.
- 3.35 It was noted that University Hospitals Sussex will be a University Teaching Trust, and a Foundation Trust, with high levels of involvement and accountability from the local population. As part of the merger the Trust has been required to amend its constitution to reflect its expanded membership and Council of Governors. Pete asked the Board to note the amendments listed within the report.
- 3.36 In relation to the Constitution changes, Pete confirmed that in considering the changes required the Trust has been supported by a reference group drawn from the public, staff and appointed governors. Elements of the revised constitution particularly those relating to the composition of the Council of Governors has been discussed with each Governor either in group meetings, the public governors, staff governors, and the appointed governors or through individual discussions with those governors who could not make the relevant group meeting. The draft constitution was approved by the Council for inclusion in the Trusts' submission to NHSEI as part of the assurance process. The revised constitution will record the Trust's name as University Hospitals Sussex NHS Foundation Trust. Pete provided assurance to the

Board that there would be no loss to continuity of patient care and wider plans are in place to mitigate this across both Trusts.

- 3.37 The Trust's legal advisors, Capsticks, have provided the Board with assurances that the constitution is in line with the requirements of the NHS Act 2006.
- 3.38 Pete stated that as part of the commencement of the Stage 3 Approvals process and noting the satisfactory risk rating received from the NSHEI Provider Oversight Committee it is recommended that the Boards in common approve the decision to proceed with merger of WHSFT and BSUH.
- 3.39 Patrick Boyle shared that the work completed on the merger has been exemplary, and the Trust workforce, partners and patients having contributed to this from its inception to culminate in the approvals being sought today has been nothing short of fantastic.
- 3.40 Patrick questioned that given the new Trust will be a substantial player within the NHS and following the Government proposals relating to the ICS, what opportunities would this be able to create for the Trust within the system?
- 3.41 Marianne Griffiths thanked Patrick for the question, and stated that the ICS development white paper is still very new, which gives the Trust a unique position moving forward given the good relationship it has with the ICS. Marianne and the Trust Chairman, Alan McCarthy, have held conversations in relation to the paper and the Trust is looking to the CQC regarding consulting on their changes and focus with the ICS. The leadership team at the CQC are keen to work together to promote the benefits through restoration and recovery which will be led through the Sussex Acute Collaborative, and the Sussex Mental Health and Community collaborations which all support enabling workforce, finance, digital and estates workstreams. The Trust retains its unique influencing position through the Sussex Acute Collaborative and the delegation of the proposed £1bn of finances to the system will be undertaken through the appropriately led provider discussions, which will prove to be an opportunity for the Trust to support the system with its development of its own Patient First themes as Pete had previously outlined.
- 3.42 Patrick thanked Marianne and raised a further question on the merger and what opportunities it creates for patient involvement in the day-to-day running of the hospitals.
- 3.43 Pete Landstrom stated that patient involvement was an important factor in determining the Trust's new Committee structure and its alignment to the Patient First themes. The newly formed Patient Committee will provide the Trust with an increased focus and oversight of the engagement with patients on how the Trust shapes and delivered its services. A key factor will also be the Trust's work with its partners across the communities it serves, to provide acute services and play an effective role as local health providers. These challenges have been there for both organisations and there are real opportunities within the merger to build on this as we move forward from the pandemic and build on the restoration and recovery programmes.
- 3.44 Lizzie Peers added that the Non-Executive Directors have felt fully engaged throughout which has enabled all to challenge and question from the very beginning of the process. The NEDs have been struck by the large volume of work undertaken so professionally by Trust colleagues, and the level of quality of the work produced during an exceptionally difficult time and the restoration and recovery has been outstanding. It was noted that the NEDs are assured by the approach in managing

the risks and the focus on deliverables to ensure the smooth running of the transaction.

- 3.45 The Chair added that this feedback is all testament to how well informed the Board have been throughout the process and thanked the Executives for ensuring this engagement took place.
- 3.46 The Chair thanked Pete for the update and confirmed that the approvals to merge would be taken within the next item.

#### **JB/03/21/04 REVISED CONSTITUTION**

- 4.1 Glen Palethorpe reiterated what Pete Landstrom had previously outlined, in that there are two areas of approvals requested from the Joint Board in Public today the first being in relation to the revised constitution, this agenda item and the second on the application to merge the next agenda item.
- 4.2 The recommended revised constitution, which is due to be presented to the Council of Governors later today, and the summary paper provides detail of those changes to the current WSHFT constitution to enable the process to be concluded in order to change the name of the Trust to University Hospitals Sussex NHS Foundation Trust.
- 4.3 Engagement with the Council of Governors has been undertaken and following the draft constitution submission to the Council in December and to NHSEI membership recruitment has commenced and the minimum membership levels for the new constituencies of Brighton and Hove, East Sussex and Mid Sussex have been set at those recruited members as at 28 February 2021. As at the 14 March 2021 these were exceeded within Brighton & Hove at over 140 members and Mid and East Sussex over 40 members.
- 4.4 Glen stated that in considering the revised constitution, the reference group was keen to ensure there was a balance to the staff voice and that BSUH staff would be able to secure positions on the council without having to either wait for current staff governors to retire at the end of their terms or to force early elections. The revised constitution achieves this by moving to site specific staff elected governors rather than staff governors being elected from their professions.
- 4.5 For the composition of the Council there are a small number of matters that must be complied with, these being, the total number of staff and appointed governors together cannot exceed the number of publically elected governors and where an FT has a medical / dental school aligned to a university then one of the appointed governors must be drawn from that university.
- 4.6 The Trust has linked its vision and values by seeking to bring more diversity to the Council and an appointed governor position from the Trust's inclusion networks was seen as advantage. The revised Constitution also reflects the appointed governors being appointed to help bring a public health and social care perspective to the Trust's strategy development.
- 4.7 The Trust will begin its governor elections in early April 2021 for all those registered within constituencies.
- 4.8 The quoracy level for the Council has been retained and the wording within the constitution has been refined to clarify meeting requirements. The voting majority for significant matters, changes to the constitution, agreement of significant

transactions has been re-aligned and allows the Trust to take any transactions whilst recruitment continues.

- 4.9 Glen confirmed that the constitution records the change of the name to University Hospitals Sussex NHS Foundation Trust.
- 4.10 It was confirmed that the Trust's legal advisors, Capsticks, have provided the Board with assurances that the constitution is in line with the requirements of the NHS Act 2006.
- 4.11 The Board of WSHFT **NOTED** that subject to the minor change to page 4 on the definition to Monitor and the revision to the minimum membership numbers for Brighton and Hove, East Sussex and Mid Sussex the draft constitution remains the same as that approved by the Council in December 2021
- 4.12 The Boards **NOTED** that Kirstin Baker, whilst unable to attend the Board today, had provided the relevant approval of the constitution and for it to be recommended to the Council for approval
- 4.17 The Board of WSHFT (as the holders of the constitution):
- 4.18 **APPROVED** the revisions to the draft Constitution
- 4.19 **APPROVED** that the revised Constitution be **RECOMMENDED** to the Council of Governors the revised Constitution for their approval.

#### **JB/03/21/05 MERGER APPLICATION TO NHSEI**

- 5.1 Glen Palethorpe confirmed that as previously outlined by Pete Landstrom, today's meeting is for both Trusts to formally approve that they wish to apply to NHS Improvement for the grant of application for Western Sussex Hospitals NHS Foundation Trust to merge through the acquisition of Brighton and Sussex University Hospitals NHS Trust.
- 5.2 In support of the application both Trusts need to send to NHSEI a formal letter to acknowledge the overall transaction rating, of Amber, but recognising that the underpinning ratings were green and green amber, and include a copy of the WSHFT Council of Governors minutes from the meeting later today, outlining the approval of the revised Constitution; a copy of the letter from the Secretary of State supporting the application; and a copy of the proposed constitution of University Hospitals Sussex NHS Foundation Trust.
- 5.3 The Board **NOTED** that Kirstin Baker, whilst unable to attend the Board today, had provided the relevant approval to make the application to merge.
- 5.4 The Boards of both BSUH and WSHFT **APPROVED** the merger application to NHSEI.
- 5.5 It Boards **AGREED** that that the signatures of the Trust Chairman and Chief Executive would be appended to the formal letter.
- 5.6 The Chair shared that today was a historic one as the Trusts move to create University Hospitals Sussex NHS Foundation Trust to specifically improve patient care and provide wider opportunities for its workforce. The merger begins a new chapter in the Trusts' improvement journey and we all look forward to an exciting new future ahead. Whilst looking forward, the Chair also commented that it was

worth looking back to the last year and the phenomenal challenges that the NHS has faced and how both Trusts have risen to the pandemic and it has not been alone in that battle. The Trusts have achieved the merger process within the last six months which is an outstanding achievement and the Chair shared his thanks to all those involved and to the wider workforce during this difficult period.

#### **JB/03/21/06 QUESTION FROM THE PUBLIC**

- 6.1 The Board received a question in advance of the Board meeting from a Mr John Gooderham who asked, what are the Board's estimates of the merged Trusts' catchment populations for most secondary (general hospital) services and for tertiary services such as Arterial Vascular Services; Stroke Thrombectomy Services; Neurosurgical Services; Radiotherapy Services; and Major Trauma Services, and what plans do the Boards have for closer working with East Sussex Healthcare NHS Trust, especially in respect of tertiary services?
- 6.2 Pete Landstrom provided a response stating that overall the catchment areas for the merged Trust for most district general services will be circa one million (this essentially includes Chichester, Arun, Adur, Worthing, Brighton & Hove, Mid Sussex, and Lewes). This catchment generally extends by another 700,000 (including Horsham, Crawley, plus East Sussex without Lewes) for the majority of our specialist services.
- 6.3 Specialist service catchment population varies from service to service across different geographical areas depending on how they are commissioned by NHS England. An example of this is Renal patients in Chichester whom are normally referred to Portsmouth Hospitals for specialised care, whereas our trauma services cover the majority of East and West Sussex and extend into parts of Kent. In all of the examples you have given there are some flows of patients who are on the borders of the existing Trusts who access care in other tertiary providers. The specific interventional treatment you mentioned regarding Thrombectomy is slightly different again as this is a relatively newly commissioned service based out of Brighton as the Tertiary Neuro-radiological centre and has an agreed commissioning plan over the next few years to gradually increase numbers and catchment areas across Sussex.
- 6.4 With regards to East Sussex, the Trust works very closely with East Sussex Healthcare Trust on a number of general services, and have built good, long-term relationships for specialist services with them, for Cancer, Renal, Trauma, Vascular as well as Neurosurgical, Paediatric and also some Cardiac services. We fully anticipate to continue with this collaboration, as part of the wider ICS work in Sussex, through the Sussex Acute Collaborative Network.
- 6.5 Pete concluded by stating that this response would also be provided directly to Mr Gooderham should he not be able to have attended the meeting to hear the response.

#### **JB/03/21/07 ANY OTHER BUSINESS**

- 7.1 There were no other matters notified or raised at the meeting.

**Tamsin James**  
**Board & Committee Administrator**  
18 March 2021

Signed as a correct record of the meeting

.....Chair

Date.....

**MATTERS ARISING**  
**Trust Board**

Agenda Item: 4

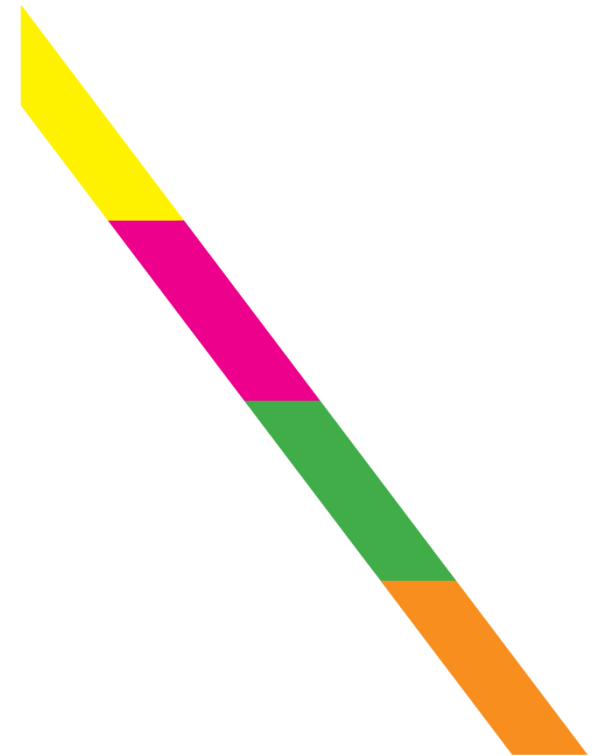
Meeting	Minute Ref	Action	Responsible Person	Deadline	Status
04 February 2021	<b>TB/02/21/20.5</b>	<b>Questions from the Public: Equality Report</b> - The Trust would strengthen its narrative around volunteers in future reports and update and publish the 2019/2020 Annual Equality Report accordingly.	Jennie Shore	<b>Completed</b>	The 2019/2020 Annual Equality Report was updated to include additional information in relation to volunteers and published on the Trust website.



# *Chief executive's report*

Dame Marianne Griffiths DBE

March 2021



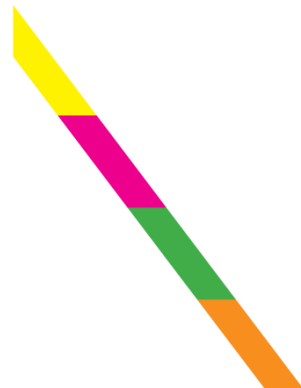
# Thank you to all our staff

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*“Thank you for all you have done throughout this extraordinary year. You are the very best of the NHS - always putting our patients first and continually supporting and caring for one another.”*

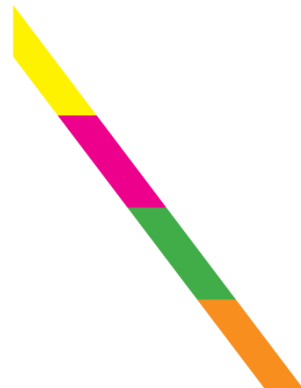
**Dame Marianne Griffiths | Chief Executive**



# Contents

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- **Headlines**
- **Covid**
- **Vaccination**
- **Merger**



# £3.7 million A&E investment

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## Works are underway to improve patient flow and increase capacity in the A&E departments at Worthing and St Richard's

The improvements stem from a £3.7 million award from Public Dividend Capital funding

*“This significant investment in both our A&E departments will ensure we can provide our patients and staff with an improved environment for their care. It will increase our capacity to care for more patients and it also will improve the experience for our patients with areas purposely designed to support our pathways of care.”*



# “Best domestic ever” wins award

## Congratulations to Alistair McKay from St Richard’s domestic services team who has also won Employee of the Month

Alistair joined the Acute Cardiac Unit (ACU) last year when the ward became the Covid admissions unit at St Richard’s

### **ACU deputy sister Susan Read said:**

*“Alistair is truly an unsung hero. He is very modest and when given praise just shrugs and says he likes to do a good job. He truly deserves recognition, the best domestic I have worked with in 35 years at St Richard’s. He worked quietly and tirelessly, cleaning to an exceptionally high standard all through those difficult weeks, never showing any fear or reluctance to enter positive rooms or wear PPE.”*



# 100,000 Covid-19 tests

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## Our microbiology team have now processed more than 100,000 molecular Covid-19 tests

The team has also won our Employee of the Month award for January - please join me in congratulating this wonderful team

### Head of Microbiology, Paul Randell, said:

*“Reaching this milestone highlights the huge scale of the pandemic and the trust’s response. Our microbiology colleagues have been fantastic over the last year and we are pleased to have played a crucial role in reaching this milestone.”*





# #ThankYouForYourSupport

**We want to say a huge public thank you to all our wonderful staff who've been working in new ways and new areas during Covid**

Our #ThankYouForYourSupport social media campaign has been highlighting their invaluable and truly amazing contributions

*You can read their stories and reflections, as well as like, share and comment on our Facebook page.*



“ **Knowing we're making a difference is incredible**

**Trish Rigby**  
Head of Nursing  
Practice Development

“ **The response of our staff has been overwhelming**

**Fiona Keeling**  
Head of Nursing  
Outpatients and Access

**#ThankYouForYourSupport**

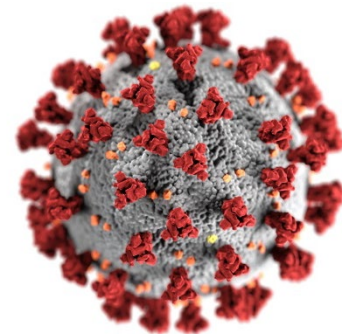
# Covid-19 and recovery of services

**We are currently caring for 12 Covid patients in our wards at Worthing and St Richard's with currently none in critical care**

This is down from a peak of nearly 270 patients with Covid in January  
*\*figures from 23/03/2021*

**Our focus has now shifted to restoration and recovery of patient services, balanced with staff health and wellbeing**

- Areas used for critical care escalation are being returned to general use following the reduction in critical care demand
- The reduction in Covid positive patients in beds has begun to allow redeployed staff to return to their usual place of work
- A planned increase in theatre activity is underway
- The clinical services are evaluating the capacity available to them
- Discussions are underway regarding the continued use of the Independent Sector to support capacity availability





# Covid vaccination programme

## Our vaccine hubs have delivered more than 30,000 Covid jabs at St Richard's and Worthing, including first jabs to 96% of our staff

- At the same time, the wider NHS in Sussex continues to make excellent progress, having administered more than 740,000 doses to the public
- Our second dose vaccination programme is well underway at St Richard's and Worthing hospitals
- A huge “Thank you” to all our wonderful vaccination hub volunteers and all staff who have been redeployed to help in the hubs

*\*figures from 23/03/2021*



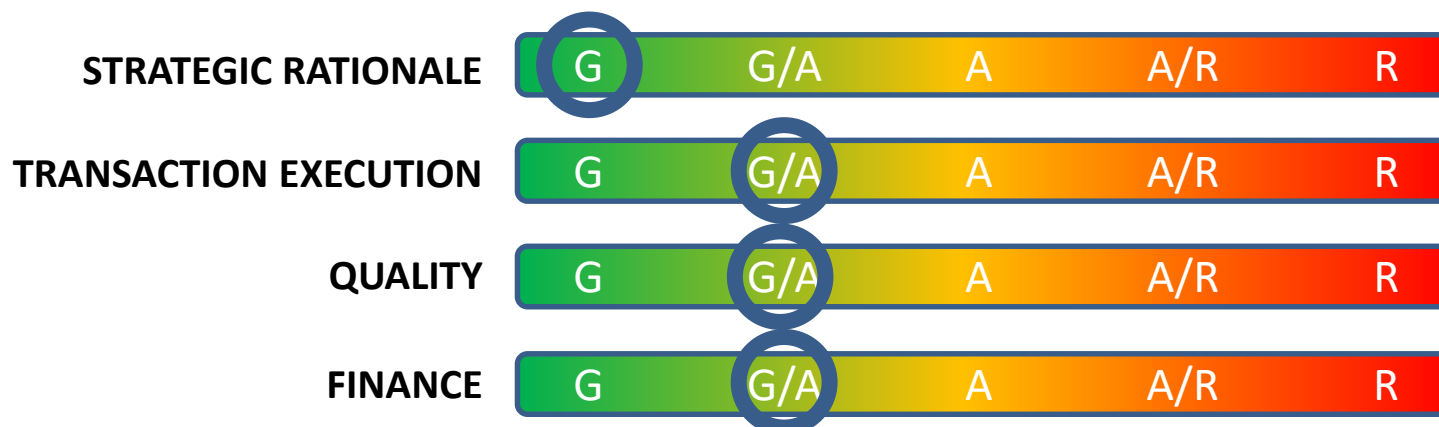
# WSHT and BSUH agree to merge

**Our boards met on 18 March, as did our Council of Governors, and both approved the proposal to submit an application to merge trusts.**

At the time of writing (23 March), the application remains under consideration. If successful, our new trust will be founded on 1 April 2021.

**Our application follows supportive comments by NHSEI and a letter from Secretary of State for Health and Social Care giving his support.**

NHSEI described the strategic reasons given in support of the merger for as both 'clear' and 'strongly supported' by stakeholders.



# University Hospitals Sussex

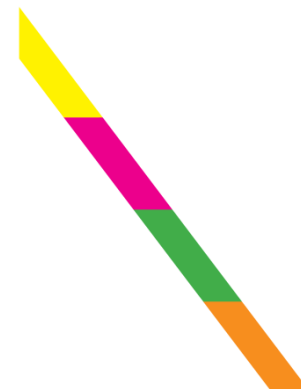
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**By the time of this board meeting, it should have been confirmed if University Hospitals Sussex NHS Foundation Trust will be founded**

The looking ahead section of this presentation will focus on our anticipated future as one trust with five main sites in West Sussex and Brighton and Hove



(We will use **UHSussex** as an abbreviation)



# Merger – our commitments

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

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

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

- This includes maintaining 24/7 A&E, emergency care, maternity services, tertiary, specialist and trauma services that our populations value so highly

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

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

# One trust better for everyone

## Our full business case set out a compelling case for change

- Opportunities to improve clinical models of care
- Challenges with complexity of governance
- Increasing collaboration and system leadership
- Fragility of workforce
- Financial opportunities
- COVID-19 and restoring services

**University Hospitals Sussex**  
The case for change and benefits supporting the merger of Western Sussex Hospitals and Brighton and Sussex University Hospitals on 1 April 2021  
NHS University Hospitals Sussex NHS Foundation Trust  
March 2021

### MERGER: Case for change and Patient First benefits

After four years of shared leadership between Western Sussex Hospitals and Brighton and Sussex University Hospitals, the joint management contract expires on 31 March 2021. In preparation for this moment, last year the following information outlines the case for change and the many benefits that can be realised by becoming one trust.

**Case for change**  
In common with the rest of the NHS, both BSUH and WSHT have challenges in the sustainable delivery of services, linked to increasing demand, fragility of workforce, financial challenge and increasing need for mutual service support to ensure resilience. There are a number of primary drivers for change that demonstrate why the continuation of the existing management contract is not preferable compared to bringing together the best of both trusts to provide greater opportunities for improvement.

**Opportunities to improve clinical models of care**  
– the Quality domain of Patient First aims to achieve clinical excellence, avoid harm and reduce mortality. Both Trusts are committed to maximising benefits to patients. While the Management Contract has led to closer working, shared learning and mutual aid in some clinical services, this has not always been achieved in a systematic and structured way or at scale. The development of a strategic framework for clinical services and a coherent clinical strategy, aligned with national policy and the ICS, is much more difficult to achieve across two separate organisations than within one integrated trust.

**Challenges with complexity of governance**  
– the experience of the management contract and through COVID-19, has shown that the duplication, delay and inherent inefficiency of delivering a single strategy through two statutory organisations, using a traditional governance model, can distract from the capacity to focus on the delivery of key organisational objectives.

**Increasing collaboration and system leadership**  
– one of the identified strategic aims of the existing organisational ICS. The Sussex system is regarded as a 'Maturing ICS' and the WSHT and BSUH experience is that increasingly significant input and more development and influence is

both necessary and beneficial. Removing the duplication of leadership and further integrating services improve our combined ability to ensure decision making and processes are representative of the whole system.

**Fragility of workforce**  
– both organisations, in common with most of the NHS, share a number of workforce challenges. Both Trusts experience shortages of staff in key groups and specific services, and have different opportunities for resolving them. Working as one organisation, whilst benefiting from the experience and expertise of both, opportunities can be further improved by building and sharing capacity and capability, utilising more specialist resources and skills, and through a greater breadth of roles and development opportunities by working with partners to coordinate joint aims.

**Financial opportunities**  
– experience during the Management Contract has demonstrated that while it is possible to achieve some financial benefits through collaboration and closer working, the legally separate nature of the organisations and their distinct clinical strategies means that this is limited in nature. A larger, single organisation operating with a common strategic purpose and single legal framework will be more agile and better able to exploit opportunities for collaboration, leading to higher ambition for and confidence in delivery of benefits.

**COVID-19 and restoring services**  
– throughout the pandemic the trusts have had the real experience of testing ways of working more collaboratively across organisations for both the pandemic response and restoration and recovery of services. This experience has, in many ways, exemplified the factors outlined above in relation to complexity of governance (local autonomy versus central coordination), aligned decision-making, best use of resources (including meeting the workforce challenges the delivery.

There is a compelling case for change that requires the organisations to take a new approach to meeting future challenges and building on shared opportunities. The optimal and preferred approach to achieving this is the merger of BSUH and WSHT to create University Hospitals Sussex NHS Foundation Trust on 1 April 2021.

**SEE OVERLEAF FOR BENEFITS OF MERGER**

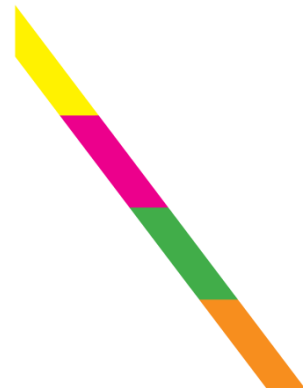
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    ST --> SF[STRONG FOUNDATIONS]
    subgraph PF_Box [Patient First]
        CE[Clinical Excellence]
        FR[Financial Resilience]
        WR[Workforce Resilience]
        PF_Box
    end
    subgraph ST_Box [STRATEGIC THEMES]
        CE_Box[Clinical Excellence]
        FR_Box[Financial Resilience]
        WR_Box[Workforce Resilience]
        PF_Box
        D[Digital]
        E[Environmental]
    end
    subgraph SF_Box [STRONG FOUNDATIONS]
        L[Leadership]
        CG[Culture and Governance]
        PF_Box
        CE_Box
        D_Box[Digital]
        E_Box[Environmental]
    end
    PF_Box --- ST_Box
    ST_Box --- SF_Box
```

# One trust better for everyone

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## We have also identified a broad range of Patient First benefits

- ▶ **Patients** – better access and continuity of care, plus improved support for fragile services
- ▶ **People** – positive impact on recruitment and retention, as well as greater career options
- ▶ **Sustainability** – benefits of scale mean more money for frontline services and patient care
- ▶ **Quality** – improved clinical pathways, innovation and developing research and education
- ▶ **Systems & Partnerships** – increased support and engagement with local partners, as well as improve access times and IM&T



## Final WSH board - if merger approved

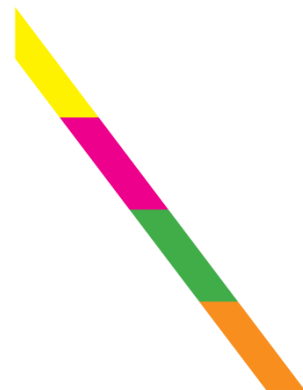
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**If the merger proceeds, as anticipated, this is of course the final WSH board meeting and an appropriate time for reflection**

- 2009** Western Sussex Hospitals is formed from a merger of Royal West Sussex and Worthing and Southlands NHS trusts
- 2013** Foundation Trusts status is achieved in record time
- 2014** Our Patient First continuous improvement programme is launched
- 2016** WSH becomes first multi-site trust to be rated *Outstanding* by CQC
- 2017** Joint BSUH management begins following request from NHSI
- 2019** WSH becomes first acute hospital trust to be rated *Outstanding* by CQC in all key areas of assessment



# Thank you – any questions?





<b>Agenda Item:</b>	6-9	<b>Meeting:</b>	Trust Board	<b>Meeting Date:</b>	01 Apr 2021
<b>Report Title:</b>	<b>Integrated Performance Report – Month 11</b>				
<b>Sponsoring Executive Director:</b>	Marianne Griffiths, Tim Taylor, Maggie Davies, Gethin Hughes, Karen Geoghegan				
<b>Author(s):</b>	Marianne Griffiths, Tim Taylor, Maggie Davies, Gethin Hughes, Karen Geoghegan and Jennie Shore				
<b>Report previously considered by and date:</b>	Individual elements considered by relevant Board Committee				
<b>Purpose of the report:</b>					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality					
Financial					
Workforce					
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
Attached is the Trust's integrated performance report.					
<b>Key Recommendation(s):</b>					
To note the content and following receipt of the Committee assurance reports, consider if there are areas for referral back to the Committees where enhanced assurance is required.					



# Integrated Performance Report

**April 2021**



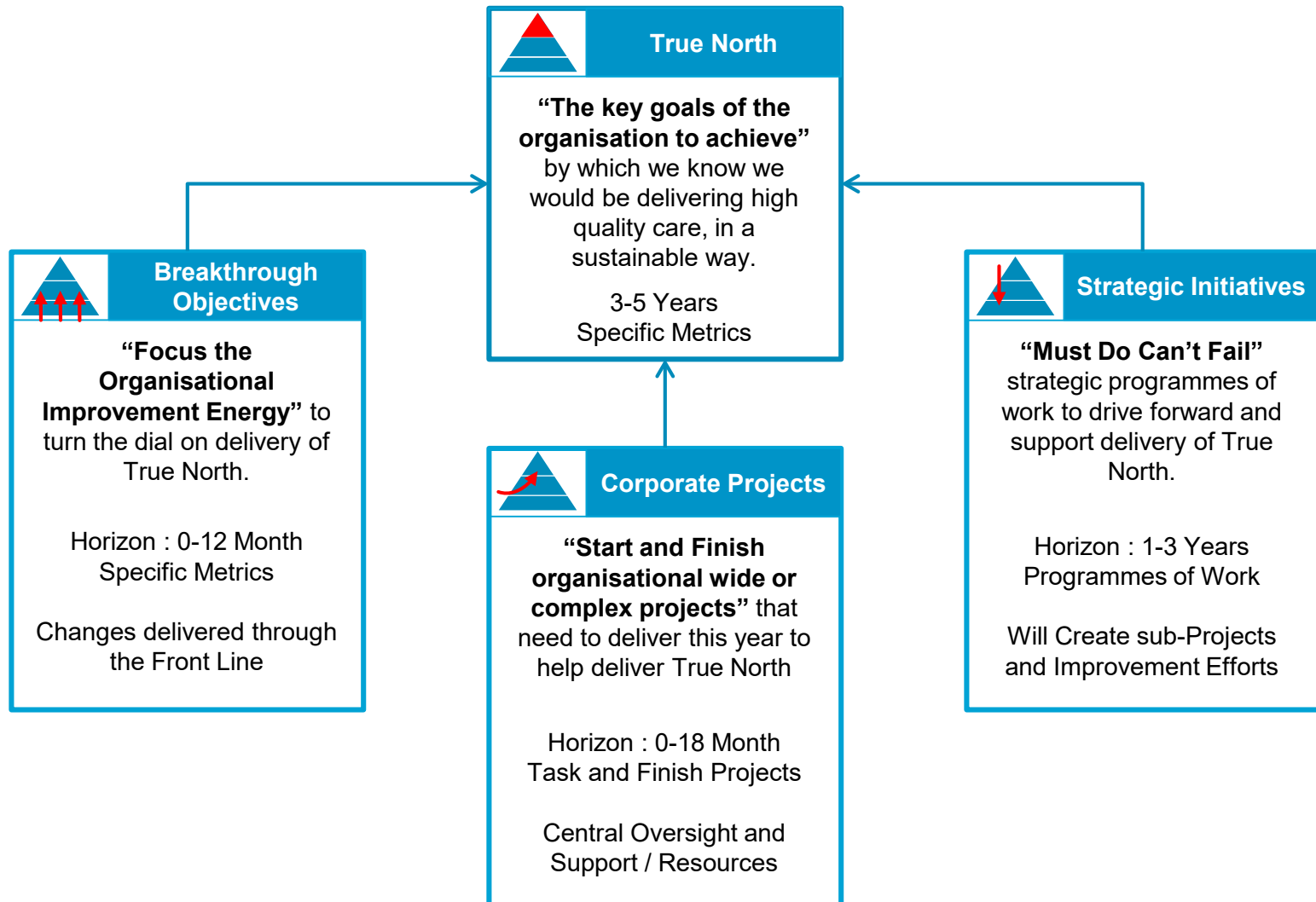
**Western Sussex Hospitals**  
NHS Foundation Trust

# Contents

Structure of the report

Introduction - Patient First  
Quality Improvement  
Systems and Partnership  
Sustainability  
People

# Patient First Strategy Deployment Framework



# Patient First True North

**Key Goals** for the Organisation to achieve sustainably

## Patient

### Patient Satisfaction

**Target: Family & Friends Recommend Rate >96%**

## Sustainability

### Financial Management

**Target: Break Even**

## People

### Staff Engagement

**Target: Engagement Score Top in the Country**

## Quality

### Preventable Mortality

**Target: HSMR Top 20% in the Country**

### Avoidable Harm

**Target: Patient Safety Thermometer 99% Harm Free Care**

## Systems & Partnerships

### Non Elective Care

**Target: A&E 95% <4hrs**

### Elective Care

**Target: RTT 92% <18wks**

# Quality Performance - Effectiveness

## Quality

### Preventable Mortality

Target: HSMR Top  
20% in the Country

## Key messages for Board

### Effectiveness:

#### Mortality

The HSMR up to and including November 2020 has reduced to 93.0 (21<sup>th</sup> percentile) and the in month HSMR for November has reduced to 75.5 (11<sup>th</sup> percentile). The 12 month rolling site specific HSMR for St.Richard's Hospital (98.2) remains below Worthing (96.3) although Worthing has an improving trend.

The crude mortality (non-elective) in February was 4.29% reflecting 216 deaths of 5030 discharges and the 12 month rolling crude (non-elective) mortality rate including February 2021 is 3.37% against a target of 3.11%. This rise is accounted for by the impact of covid on crude mortality in January (7.29%) and February (4.29%)

# Quality Performance - Effectiveness

## Mortality indicators

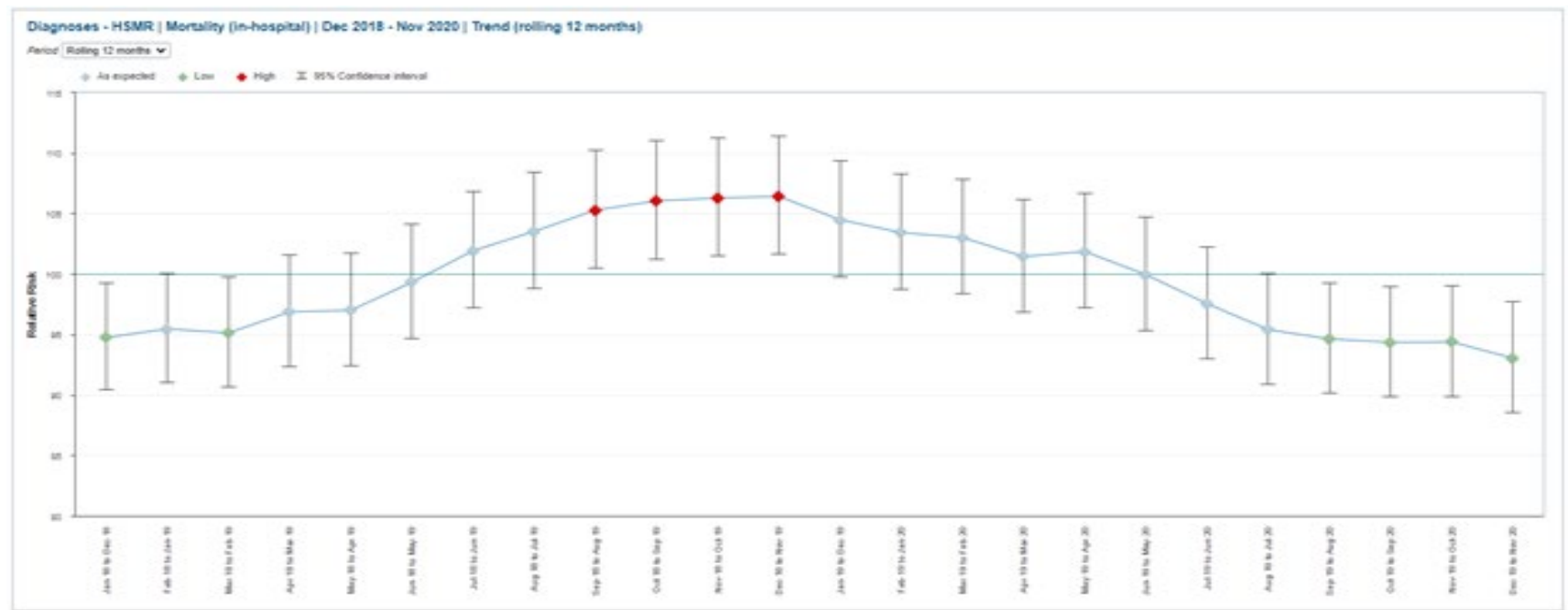
The latest SHMI for the 12 months up to and including October 2020 is 101.1 This falls within the statistically 'as expected range'.

## Covid 19 Mortality

In February there were 93 deaths for inpatients with a current COVID-19 positive test result (30 at Worthing and 63 at St Richard's). All of these deaths have received medical examiner scrutiny and 15 cases were assessed as probable or definite nosocomial infections triggering further Trust review.

# Quality Performance - Effectiveness

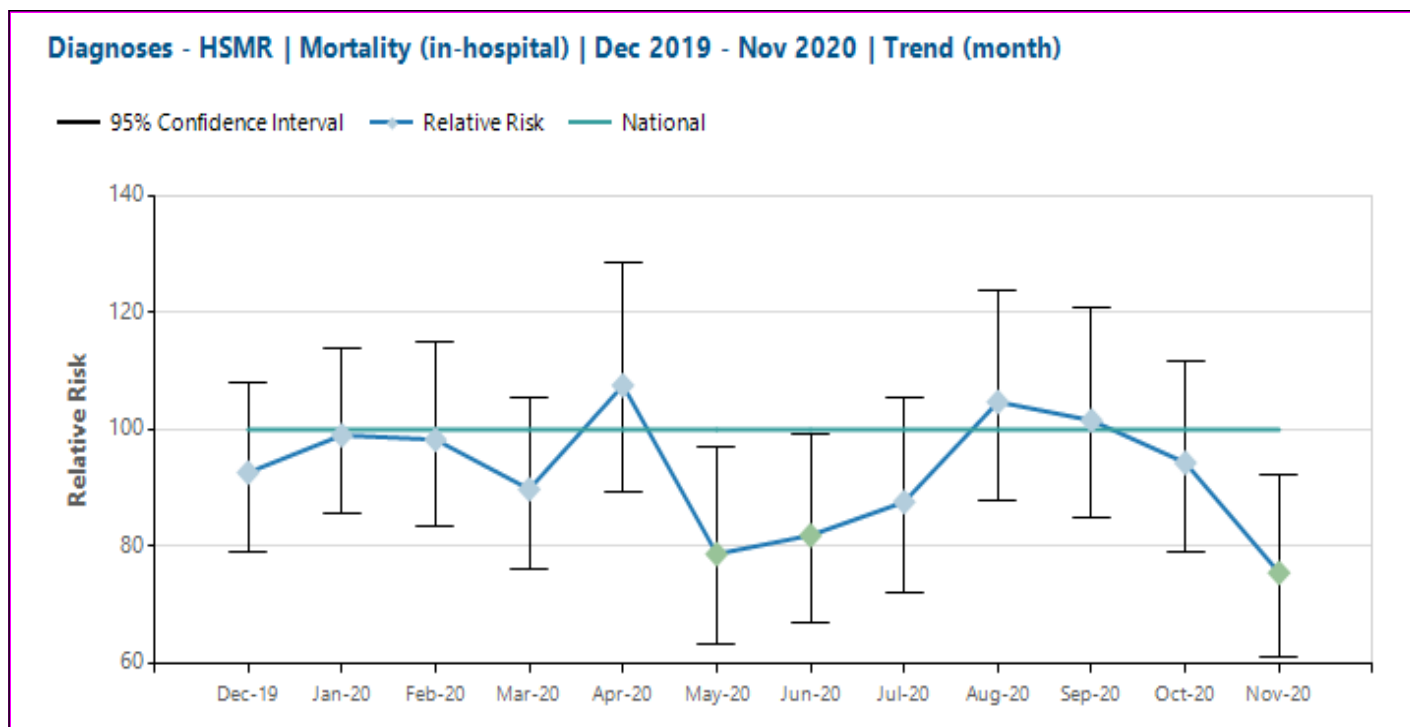
## 12 Month rolling HSMR - WSHT





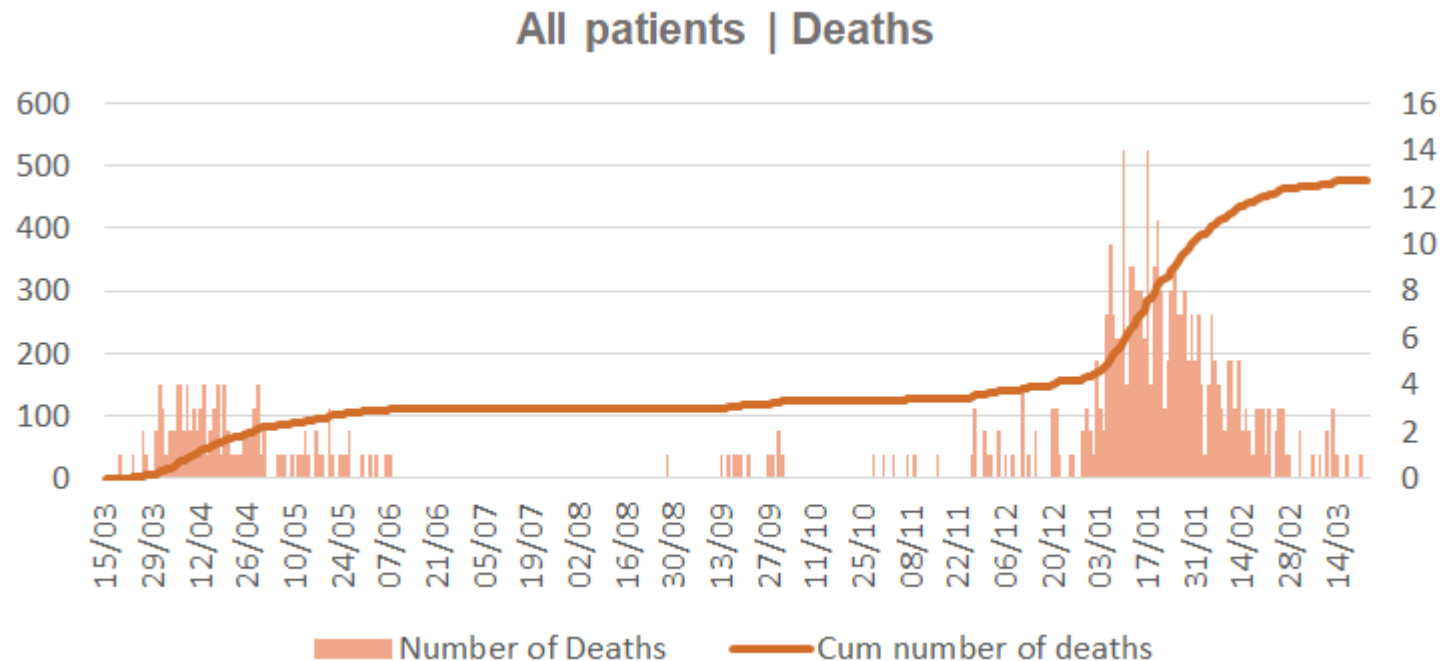
# Quality Performance - Effectiveness

## Monthly HSMR - WSHT



# Quality Performance - Effectiveness

## Covid mortality - WSHT



# Quality Performance - Effectiveness

## Stroke Services

The latest quarterly SSNAP performance for October to December 2020, released to NHS organisations in March 2021, demonstrates a divergence in performance between the Trust's acute sites.

Worthing has improved performance to regain a grade A (attainment score of 84.0), however, St Richard's has seen a performance deterioration for the second quarter and now scores a grade C (attainment score 67.0)

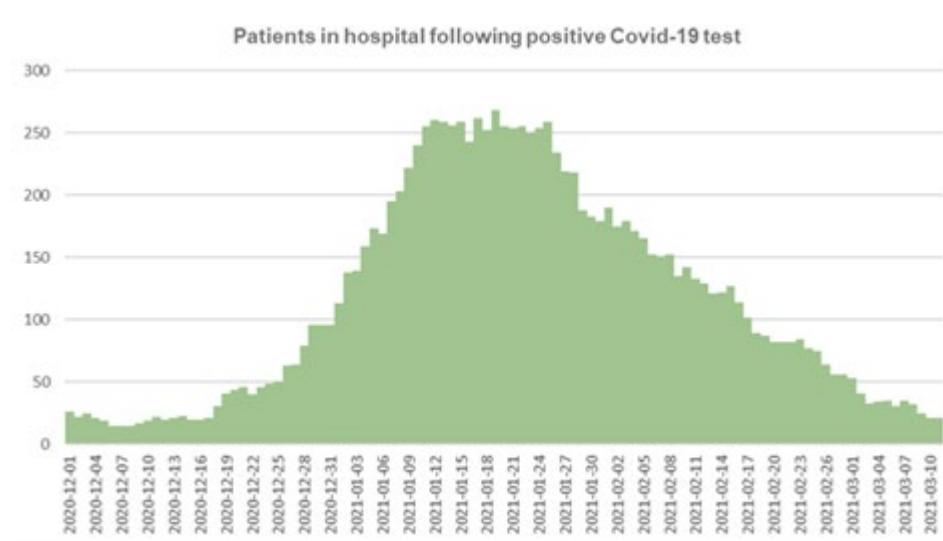
St Richard's has seen a deterioration against all metrics except scanning and occupational therapy with a more marked deterioration in 'stroke unit' (the timely admission to the stroke unit and length of stay on the unit)

# Quality Performance - Safety

## Infection Prevention and Control



In February/March 2021 there remained a continued focus and vigilance for all teams across the Trust. February saw a significant and sustained recovery from January which was an extremely challenging month for the NHS on a national scale as the predicted second wave of the pandemic was still increasing with the number of hospital admissions and patient deaths.



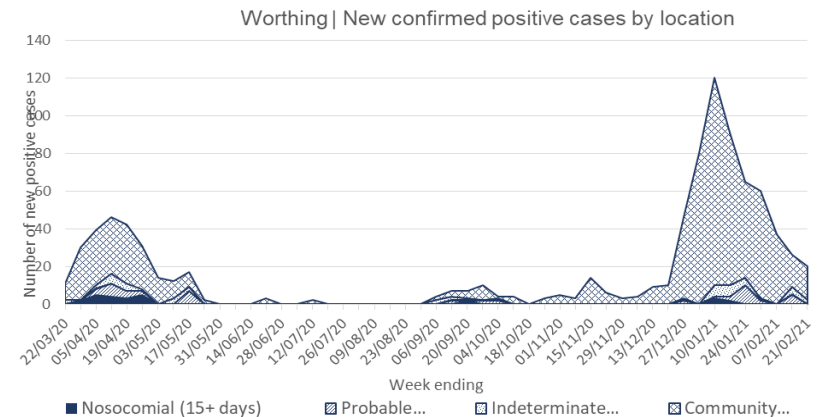
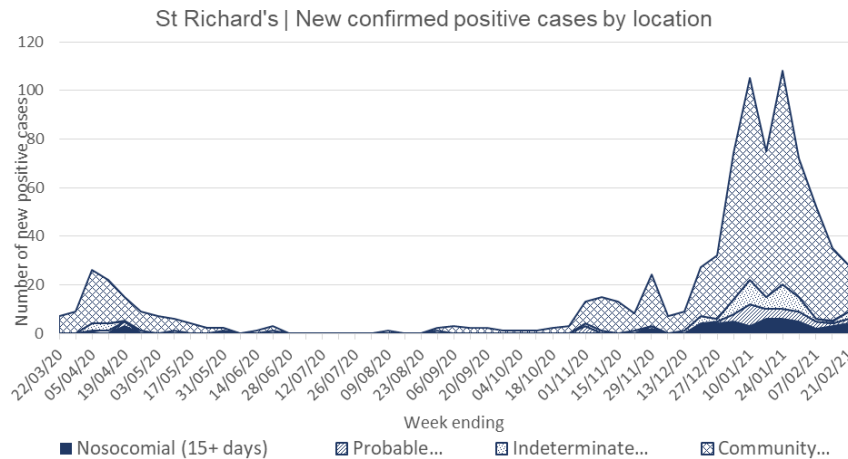
*A full review of the pandemic second wave (including mortality) will be completed in April 2021.*

# Quality Performance - Safety

## Infection Prevention and Control



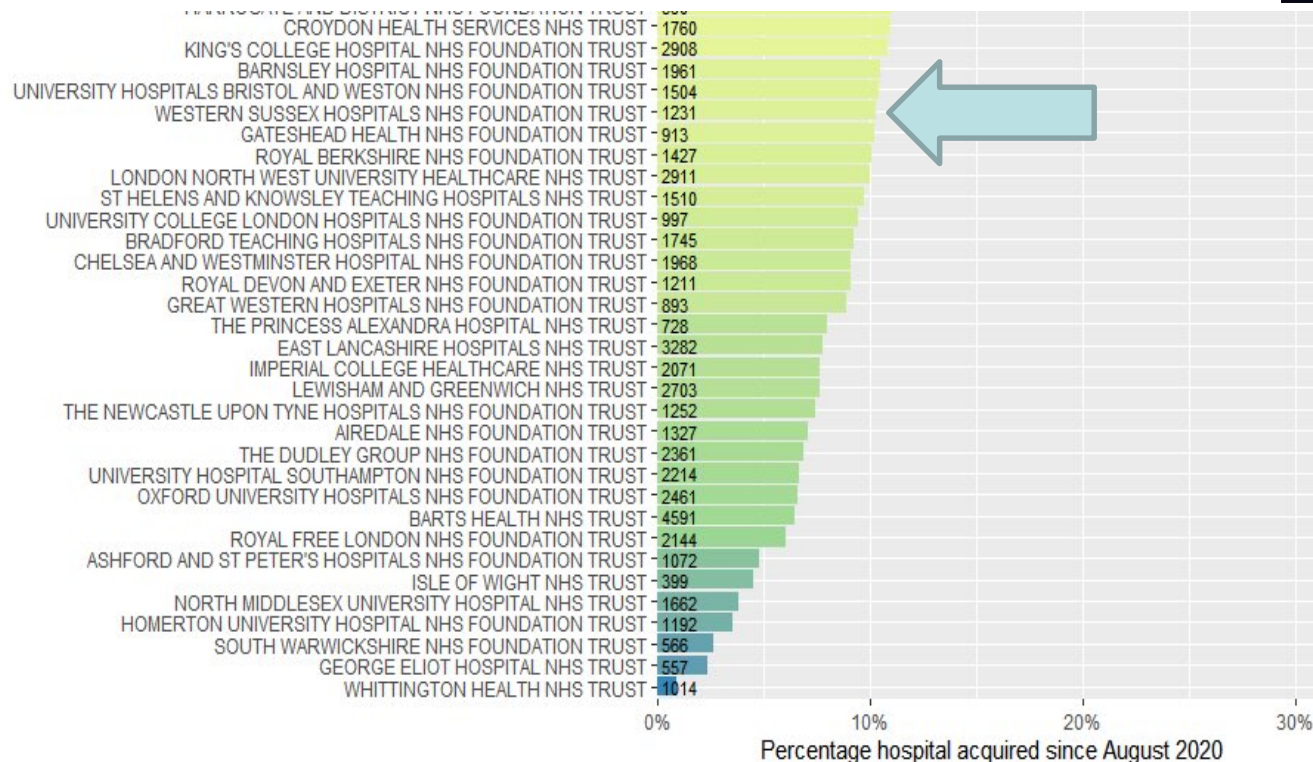
The Trust nosocomial data (by location) is detailed below highlighting the significant decrease in cases since the peak of the second wave January.



3 ward outbreaks have been declared in February, again a significant decrease from Dec/Januarys peak.

# Quality Performance - Safety

## Infection Prevention and Control



WSHFT in the top 20% in terms of national nosocomial rates.

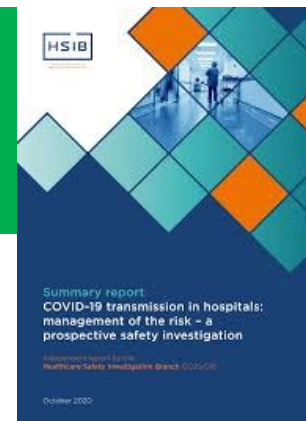
# Quality Performance:

## NHSE IPC Board Assurance Framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. NHSE have structured the framework around the existing 10 criteria set out in the [Code of Practice](#) on the prevention and control of infection which links directly to [Regulation 12](#) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The [Health and Safety at Work Act](#) 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

# Quality Performance: IPC Board Assurance



## WSHFT Covid-19 Assurance Documents 2020-21:

Below is a summary of the Trust pandemic assurance documents received by NHSE/CQC and HSIB.

Document Title	Published by	Publication Date	Executive Approval	External submission
Infection Prevention and Control (IPC) Board Assurance Framework v1.2	NHSE	22/05/2020	May 2020	16/06/2020
Project reset in emergency medicine – Patient FIRST	CQC	October 2020	30/10/2020	02/11/2020
Infection Prevention and Control (IPC) Board Assurance Framework v1.4	NHSE	15/11/2020	18/01/2021	04/02/2021
Covid-19 transmission in hospitals: management of the risk a prospective safety investigation (Gap analysis)	HSIB	November 2020	18/02/2021	N/A – self-assessment
IPC 10 Key Actions – Infection Prevention and Control Testing	NHSE	23/12/2020	08/01/2021	N/A - self-assessment
Infection Prevention and Control (IPC) Board Assurance Framework v1.6	CQC	12/02/2021	To be completed submitted on 04/04/2021	Submission to follow TEC approval.
CQC Readiness Vaccination Hubs – Gap Analysis	CQC	February 2021	In process with approval TBA	To confirm with CQC relationship manager



# Quality Performance: Board Assurance

## IPC Board Assurance Framework v1.6: February 2021

NHSE Infection Prevention and Control Board Assurance Framework – IPC BAF, v1.6, published February 2021. WSHFT Completion March 2021. [Status of compliance at 16/03/2021.](#) |

Key Lines of Enquiry	Compliance Status	Continuous improvement / Actions
1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users.	Compliant	N/A
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Compliant	N/A
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	Compliant	N/A
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.	Compliant	N/A
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.	Compliant	N/A
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.	Compliant	N/A
7. Provide or secure adequate isolation facilities.	Compliant	N/A
8. Secure adequate access to laboratory support as appropriate.	Compliant	N/A
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.	Compliant	N/A
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection.	Compliant	N/A

# Quality Performance: Safer Staffing

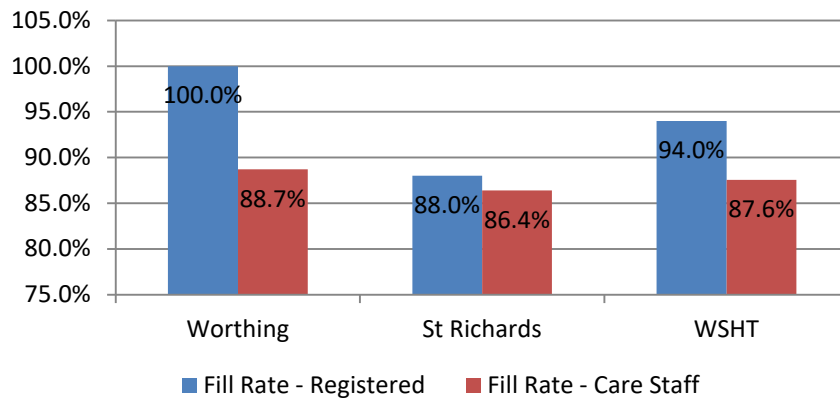
There is an ongoing impact of the COVID-19 pandemic on activity in the hospital as the services maintain green and red COVID-19 pathways. The Trust have seen a return of some services in the recovery and restoration programme namely- returning elective work and increase in emergency care attendances at both the hospitals.

Nursing staffing within the wards continues to provide 'red' and 'green' pathways of care, which does cause some fluctuations in staffing levels which are in response to some lower occupancy on some of the wards. Many of the other wards are returning to normal staffing levels, seen pre-COVID-19 pandemic. Staff rostered are also re-deployed to other areas where the need for additional staffing is most required.

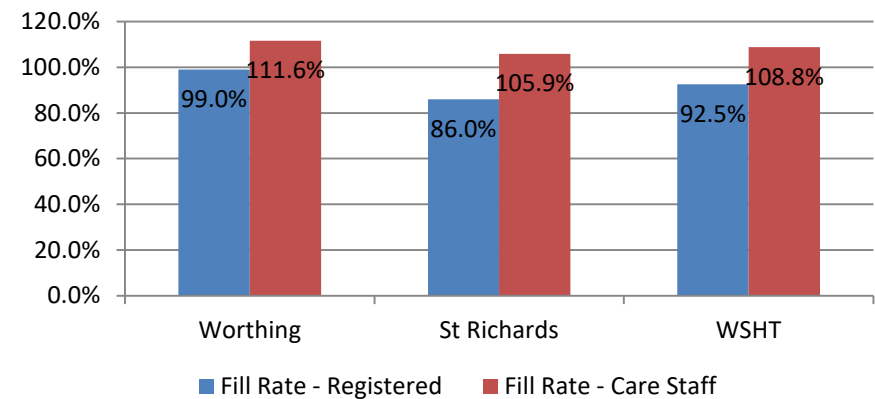
In February, there was a significant improvement from January in the areas of RN fill in the safer staffing report; 93.5% was reported for the day shifts and 90.6% for the night shifts. Care staff: day shifts remain below target (but improved from January) at 88.3%, the night shift is recorded as above target 108.1% fill rate.

# Safer Staffing

## Day Average Fill Rate



## Night Average Fill Rate



February	Day		Night	
Site	Fill Rate - Registered	Fill Rate - Care Staff	Fill Rate - Registered	Fill Rate - Care Staff
Worthing	100.0%	88.7%	99.0%	111.6%
St Richards	88.0%	86.4%	86.0%	105.9%
WSHT	94.0%	87.6%	92.5%	108.8%

# Quality Performance – Experience

## Patient

### Patient Satisfaction

**Target: Family & Friends Recommend Rate >96%**

## Key Messages for the Board

**True North Metric:** to be a top 20% of NHS Trusts in the country for recommendation by patients responding to the Friends and Family Test.

### Family & Friends Test Current Position

- FFT Submission to NHSE&I commenced with December 2020 data being submitted in January 2021. NHSE&I plan to publish data in April 2021 following three months of data collection from December 2020, January and February 2021, to allow for quality assurance and validation to take place.

Overall patient experience for February 2021 is summarised in the table below, by FFT touchpoint:

Overview	Patient Experience						Performance Data				
FFT Touchpoint	Very Good	Good	Neither Good nor Poor	Poor	Very Poor	Don't Know	Total Responses	Eligible Cohort	% Response	% Satisfied	% Dissatisfied
A&E	690	140	29	18	25	24	926	6,106	15.17%	89.63%	4.64%
Inpatient (including Day Case)	18	5	2	0	0	0	25	5,469	0.46%	92.00%	0.00%
Birth	1	1	0	0	0	0	2	338	0.59%	100.00%	0.00%
Outpatient	22	1	0	0	1	0	24			95.83%	4.17%
<b>Trustwide</b>	<b>731</b>	<b>147</b>	<b>31</b>	<b>18</b>	<b>26</b>	<b>24</b>	<b>977</b>			<b>89.87%</b>	<b>4.50%</b>

- 89.8% (878 responses) of patients who have provided feedback had a very good or good experience;
- 4.5% (99 responses) identified that patients had an unsatisfactory experience.
- Unsatisfactory experience continues to be within A&E's on both sites, where most feedback is received in line with previous months.

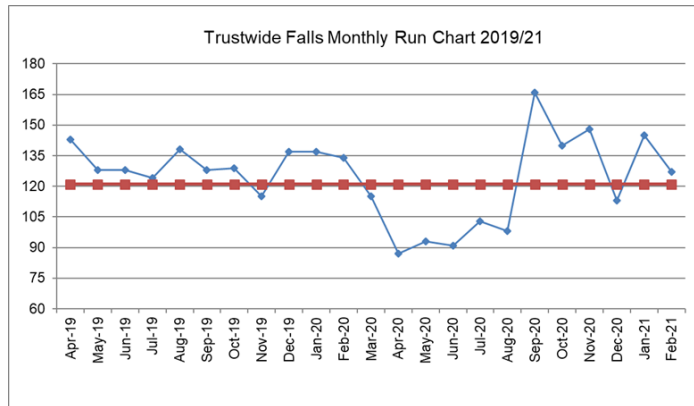
# Avoidable Harm– Key Metrics

## Quality

### Avoidable Harm

**Target: Patient Safety**  
Thermometer 99% Harm Free  
Care

## Falls

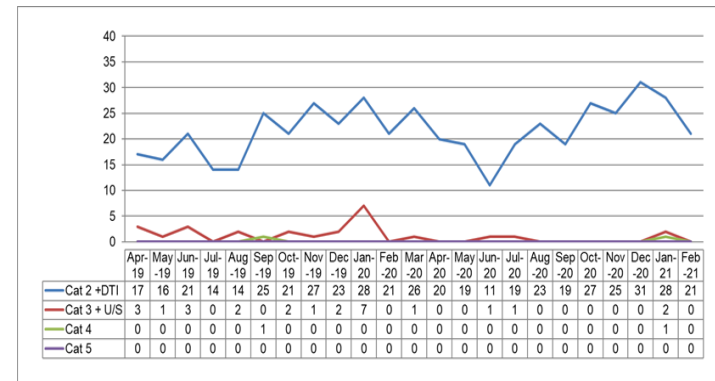


**Trust Goal: no more than 120 falls each month**

### Current Performance and Actions:

- Slight improvement in February compared to the severe Covid pressures seen in January, unwitnessed falls remains high.
- SRH experiencing high number of falls compared to Worthing
- Delirium, Baywatch lapses and post fall care have been highlighted as key areas of learning.
- Dementia team continue to support teams with complex patients
- Baywatch refresh across all wards with therapy leads promoting across their teams.
- Safer Care nurse is working with teams experiencing greatest challenge to refresh their falls prevention approach

## Pressure Ulcers



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

### Current Performance and Actions:

- We have set an ambitious goal of 30% reduction during 2020/21 (on target)
- 3 patients with cat 3 and above in January, one patient with cat 4 ulcer (SI investigation underway)
- Improvement in February with no patients with cat 3 and above; Cat 2 pressure ulcers this month have also reduced to levels previously seen in September.
- Discharge communication remains a theme - improvement work continues.
- 'aSsking' skin bundle training packs ready to use for ward training in pressure ulcer prevention.

# Performance Summary

- A&E 4 Hour performance was 90.42% for February 2021, an improvement of 7.5% compared to January-20 . There was a 21.7% decrease in A&E attendances for February in comparison to last year
- RTT performance was 57.6% end February-21. There were 4259 x 52 Week Waiters. The RTT incomplete Waiting List increased by 1789 waiters Feb-21 compared to Jan-21. Clock Starts were 14% lower Feb-21 compared to Feb-20 (86% restored), whilst the trust stopped 7214 RTT clocks in Feb-21, -3605 (-33.3%) fewer than Dec-20 (66.7% restored) focussing on clinically urgent and cancer patients.
- The Trust was non-compliant against Cancer 62 day target with 57.9% (against 85% target) as part of planned recovery actions to reduce prospective 62 day waiters which halved between mid February and March. 2 week performance returned to compliance with 94% Feb-21.
- The Trust remains non-compliant in Feb-21 for diagnostic waiters seen within 6 weeks, with 45.32%, a deterioration of 4.4% since Dec-20. The backlog reduced by 192 in February however, and the waiting list size fell by 1340. The trust undertook 702 more tests Feb-20 compared to Jan-20, and saw significant increases in endoscopic tests as part of planned recovery actions.

## Systems & Partnerships

### Non Elective Care

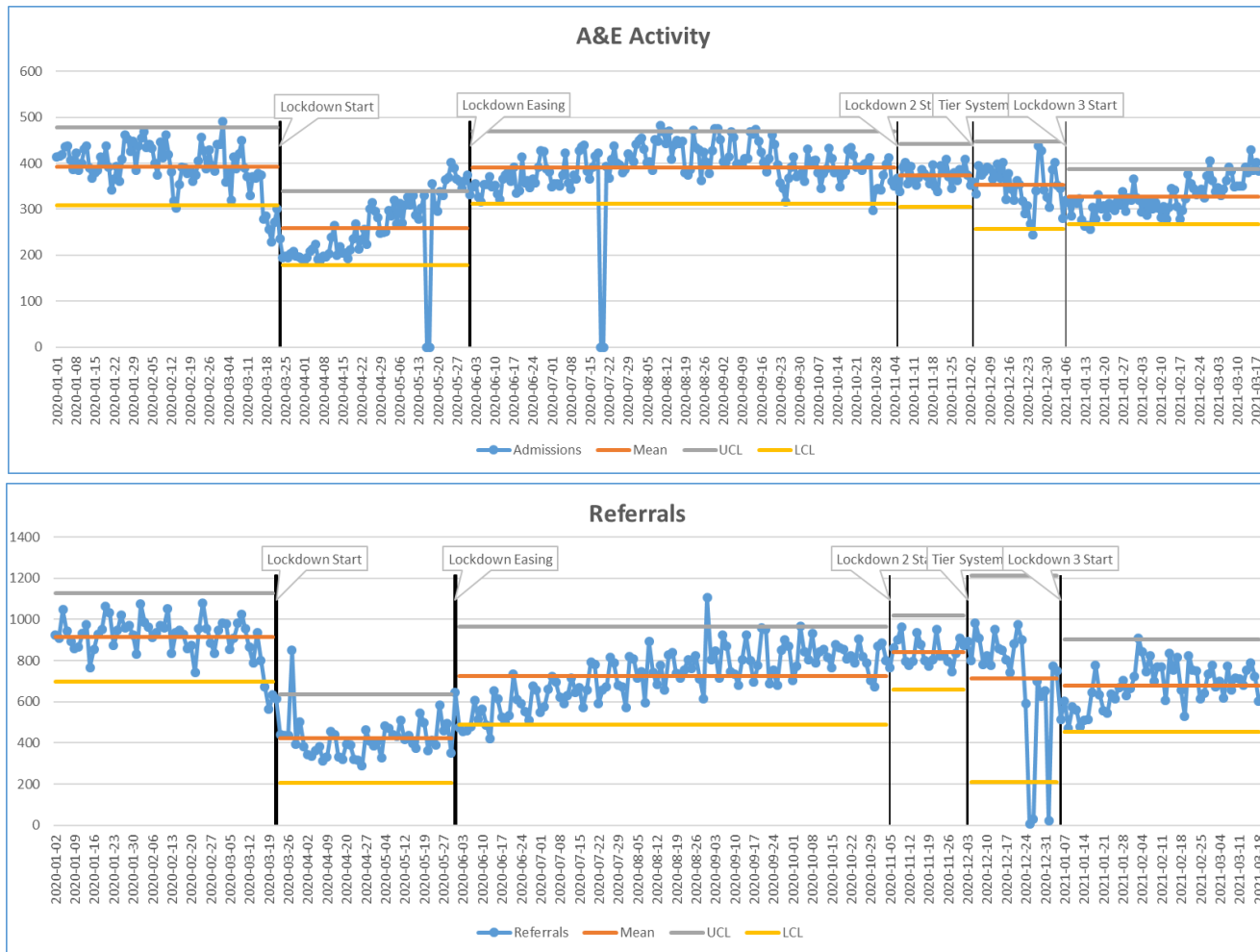
**Target: A&E 95%  
<4hrs**

### Elective Care

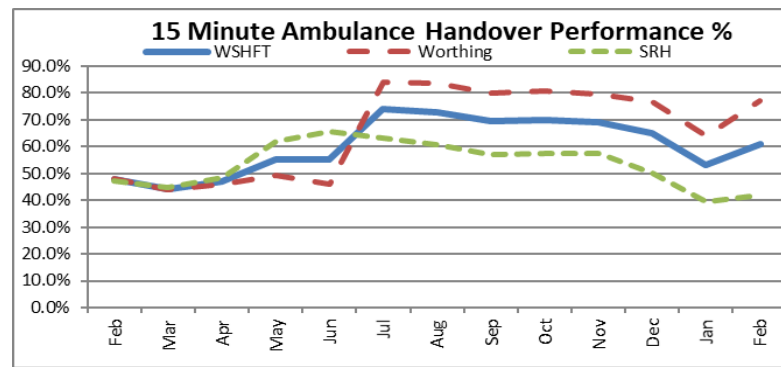
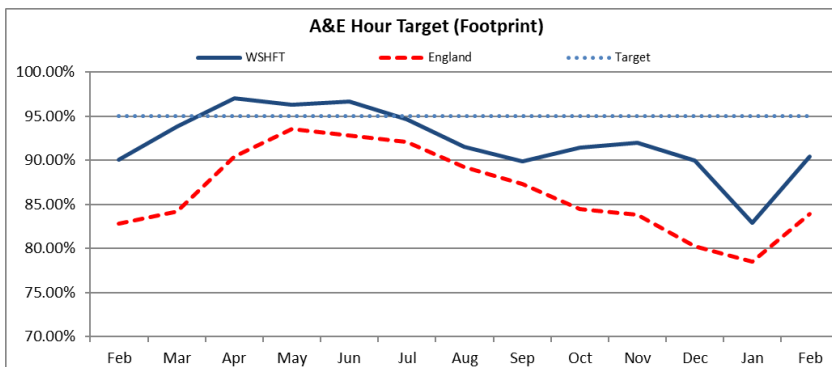
**Target: RTT 92%  
<18wks**

# Performance Summary – Demand

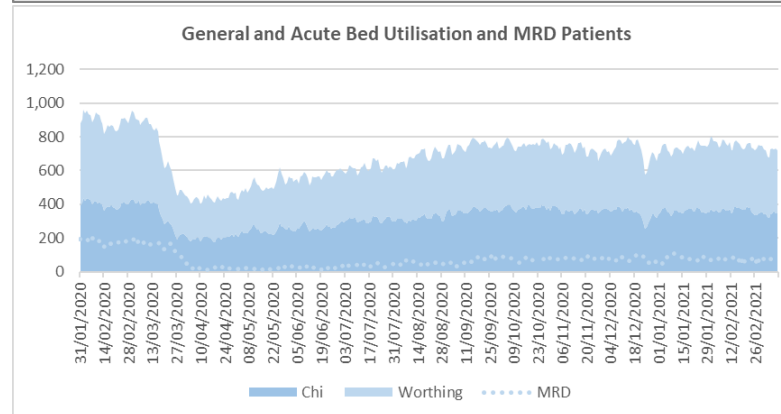
- The Trust continued to treat elective services by clinical priority during National covid lockdowns. Elective Demand has been suppressed in 2021 as a result of National Lockdown (78% Feb-21 compared to Feb-20). A&E Demand was 80% Feb-21 compared to Feb-20 but has restored to pre-covid levels mid-March.



# Systems & Partnerships – A&E



- Trust performance (footprint) was 90.42% for February 2021.
- There was a 20% decrease in A&E footprint attendances February in comparison to last year, and Emergency admissions decreased by -16.9% from last February
- Super stranded (LLOS) patients (>21 days) increased to 111 patients a day on average, (+7.8%) from last month
- MRD numbers decreased to an average of 75 per day, -6 from January.
- Bed occupancy increased on average to 89.9% by +0.6% from January 2021.
- There were 3 12 hour mental health delays Feb-20, 7 fewer than January.

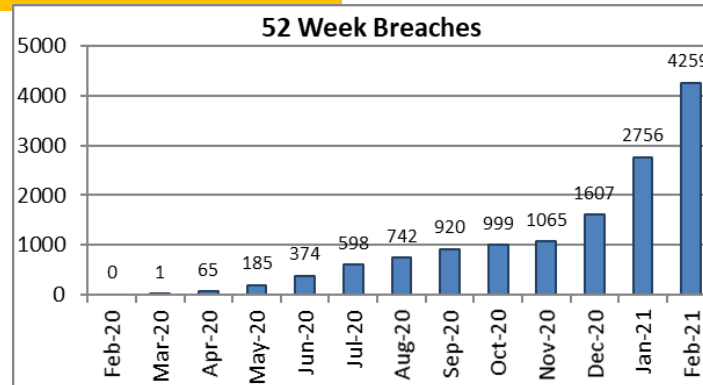
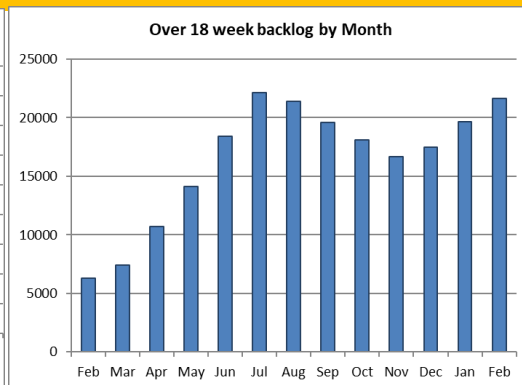
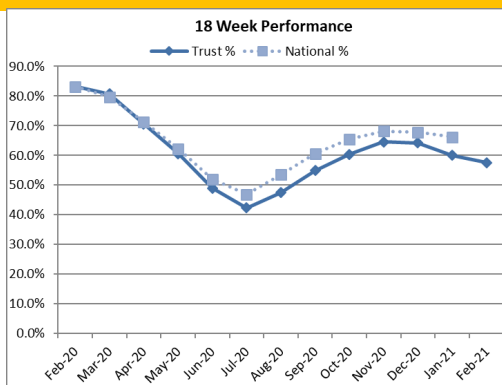


## Emergency Flow Improvement Actions

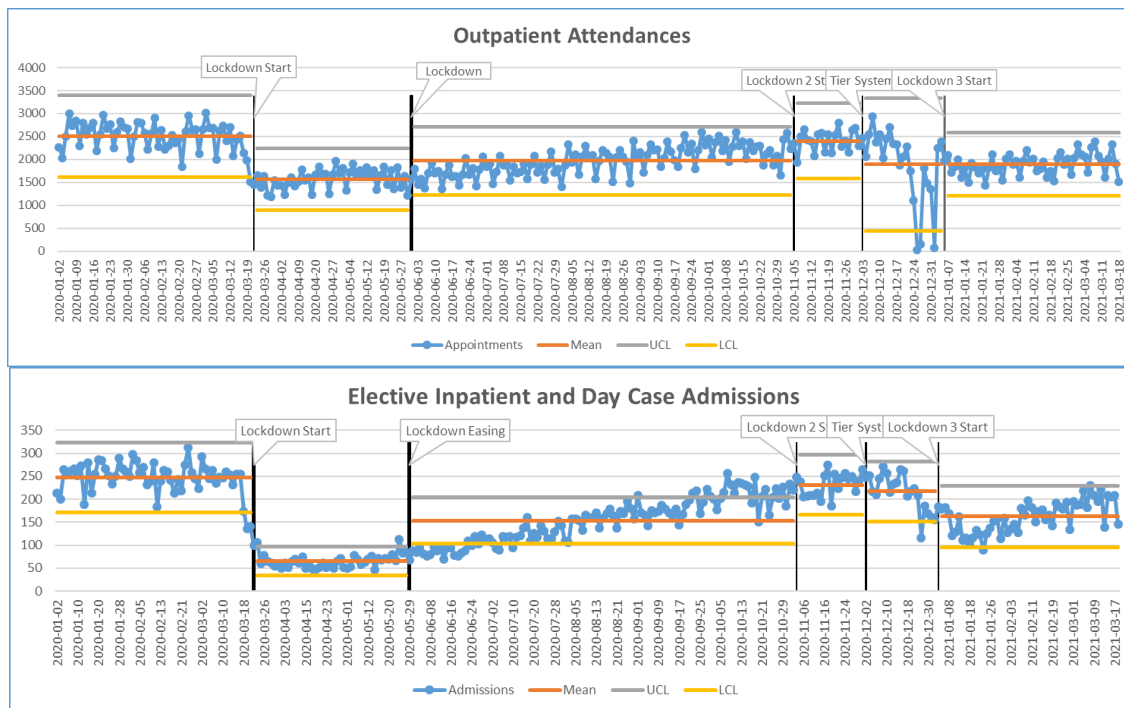
- Gradual safe de-escalation of emergency surge configuration/capacity as covid wave recedes.
- Continue focus on Early Morning discharge programme to increase volumes of discharge before 12 noon to assist A&E decompression.(aim for 45% via SDR)
- Redevelopment of EDs on both sites to increase majors capacity
- Partnership programme of care with Mental Health : Sycamore Mental Health Suite, Worthing opened 2nd week February
- Made event planned March with the aim to reinvigorate, improve and simplify complex discharge processes across the system to improve patient flow through emergency care pathways.



# Systems & Partnerships – RTT

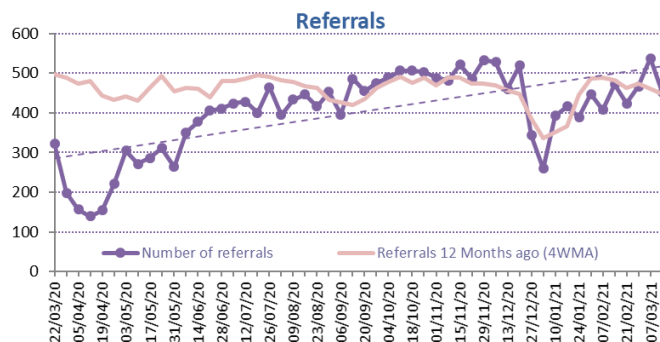


- Feb-21 RTT performance was 57.6%, a reduction of 2.4% since Jan-21. This is 25.6% lower than Feb-20
- There were 4259 x 52 Week Waiters on the incomplete PTL end Feb-21, 799 orthopaedic, 574 general surgery, 268 oral surgery and 299 ENT.
- The RTT incomplete Waiting List increased by 1789 waiters Feb-21 compared to Jan-21.
- Clock Starts were 14% lower Feb-21 compared to Feb-20 (86% restored), whilst the trust stopped 7214 RTT clocks in Feb-21, -3605 (-33.3%) fewer than Dec-20 (66.7% restored)
- As the Trust reduced routine elective care as part of covid surge plans, there has been a rise in waiting times for non-urgent patients. Work to optimise use of IS to maintain most clinically urgent patients has helped mitigate clinical risk. Restoration and recovery has recommenced, with focus on most clinically urgent and longest waits.

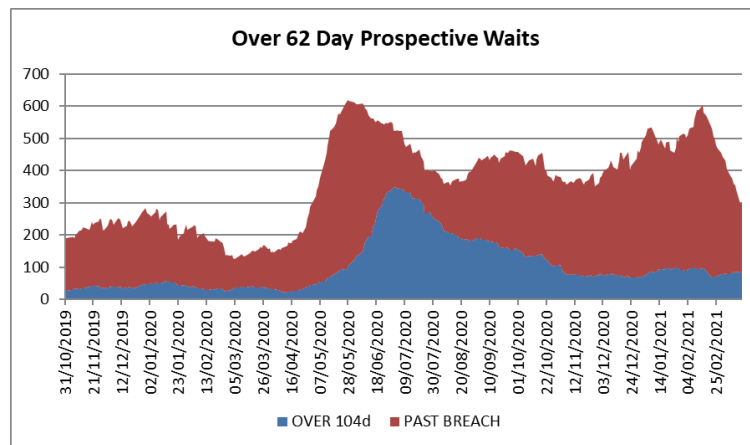
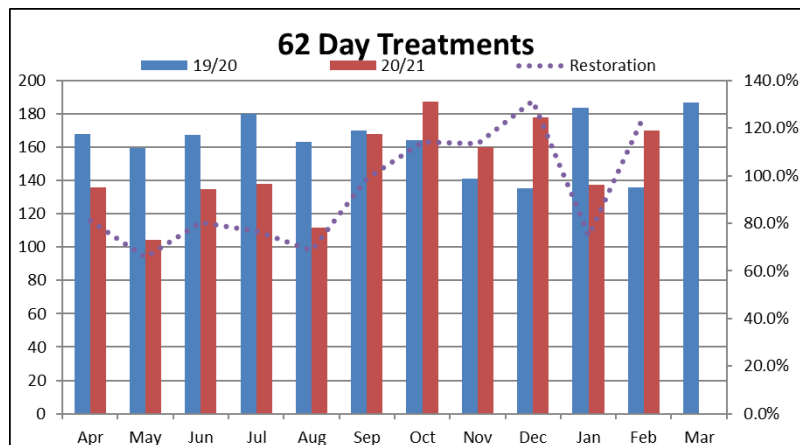


# Systems & Partnerships – Cancer

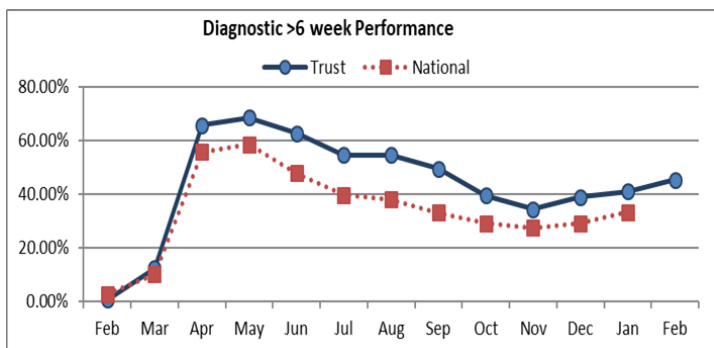
	2020/21			Target
	Jan-21	Feb-21	YTD	
2 week GP ref to 1st OP	71.7%	94.0%	86.7%	93.0%
2 week GP ref to 1st OP - breast symptoms	16.4%	86.8%	58.7%	93.0%
31 day 2nd or subs trtmnt - surgery	92.3%	-	83.7%	94.0%
31 day 2nd or subs trtmnt - drug	100.0%	100.0%	99.5%	98.0%
31 day diag to trtmnt all cancers	88.2%	82.7%	87.3%	96.0%
62 day ref to trtmnt: screening	68.0%	26.0%	65.3%	90.0%
62 day ref to trtmnt : upgrade	86.4%	76.3%	84.4%	85.0%
62 days urgent GP ref to trtmnt : all cancers	66.7%	57.9%	69.5%	85.0%



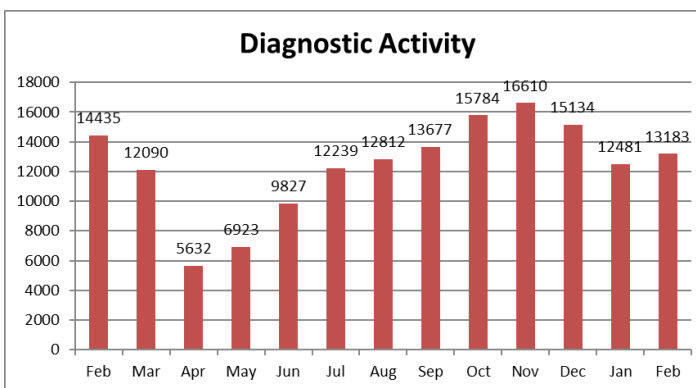
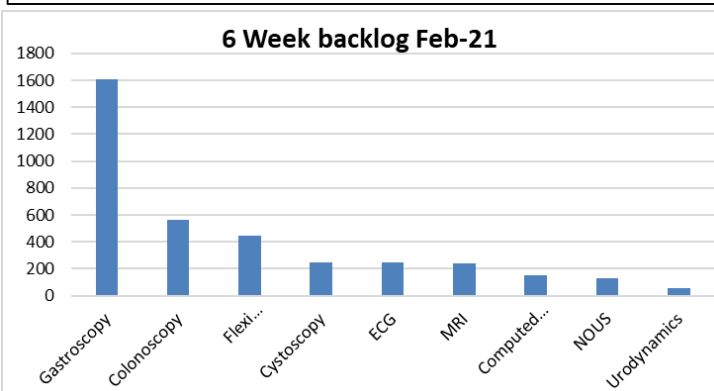
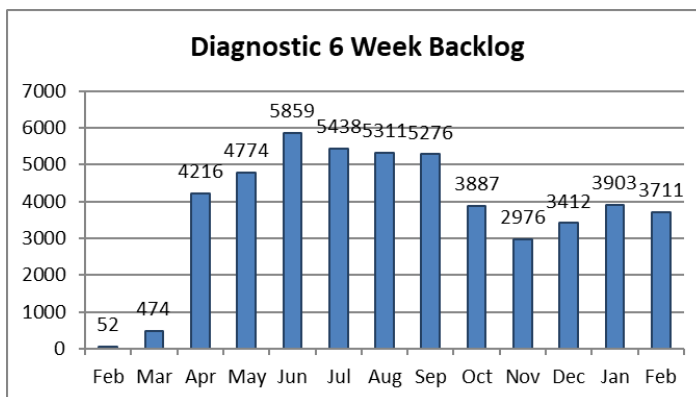
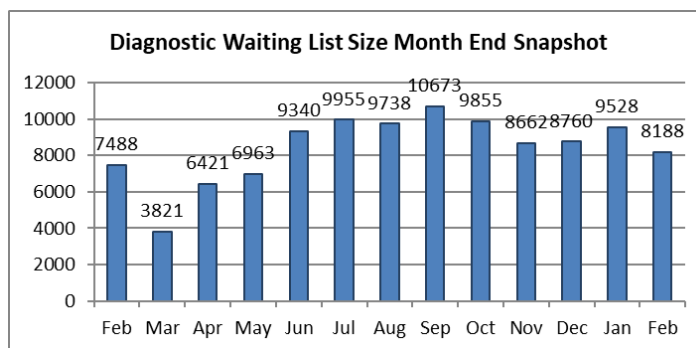
- The Trust was compliant in 3 of the 7 cancer metrics Feb-21, with 62 day performance of 57.9% as part of planned recovery actions to reduce prospective 62 day waiters.
- February 2021 referrals increased, following a reduction January as the country went back into lockdown, with 8.7% fewer referrals compared to Feb-20.
- 62 Day Activity restored to 125% relative to February 2020.
- 62 day prospective breaches reduced significantly in Feb-21 (and into March) as part of targeted recovery actions and has halved over the last month. Colorectal cancer remains the top contributor accounting for 48% of the waiting list over 62 days. UGI accounts for a further 14% as the 2nd highest contributor.
- Endoscopic services are implementing plans to increase activity with support from IS alongside optimising internal plans alongside clinical validation of endoscopic referrals. Implementation of FIT has been agreed Feb 2021 which will reduce endoscopy demand .



# Systems & Partnerships – Diagnostics



- The Trust remains non-compliant in Feb-21 at 45.32%, -4.4% since Dec-20.
- The 6 week backlog has reduced by 192 in February.
- The modalities with highest number of breaches in Feb-21 were Gastroscopy with 1,606 breaches, colonoscopy 564 breaches and flexi sigmoidoscopy with 444 breaches
- Activity for diagnostic Tests in December had restored to 91% relative to Feb-20.
- Endoscopy plans for additional support from IS both insourced and outsourced, and optimal use and expansion of existing internal resource commenced February.
- MRI is the most challenged imaging modality. Restoration plans include the addition of an additional mobile scanner during Feb & March funded through the national Framework.



# Sustainability - Summary

## Sustainability

### Financial Management

**Target: Break Even**

- The Trust has continued to operate within the interim (Phase 3) financial framework, in which each Integrated Care System (ICS) has been provided with a fixed funding envelope; including resources to meet the additional costs of COVID-19 response and recovery.
- A collective commitment has been made between Chief Financial Officers and the National NHSE/I team to deliver the ICS forecast within the funding envelope available for the local system. In addition, it was agreed that through collective system working, individual organisations within the ICS would aim to deliver a break-even position
- At the end of February 2021 the Trust delivered a cumulative deficit of (£0.03m) against a planned deficit of (£2.86m), resulting in a favourable variance of £2.83m. This is due to less cost incurred for elective activity partially offset by COVID-19 costs. The Trust has received £3.8m income, in recompense for lost non-NHS income in M7-12.
- The Trust is forecast to deliver a financial performance of breakeven at the end of the year.

# Sustainability - Key Metrics

Control Total Surplus £k		G
	Plan	Actual/Forecast
Year to Date	(2,861)	(29)
Year End Forecast	(2,978)	(3,975)
Year End Forecast (after allowable items)		0
<p>The Trust has delivered a deficit of £29k against a plan deficit of £2.86m at the end of February, and is currently forecasting a £3.95m deficit at year end, pre adjusting for tolerable allowances. This movement is due to the anticipated cost of annual leave which staff have not been able to take during this year as they have been responding to the pandemic. Restore and Recovery costs remain favourable to plan, largely due to the impact of the second COVID-19 surge. The Trust received £3.81m in February in recompense for lost other income in M7-12, £3.2m of this is in the year to date position.</p>		

COVID-19 £k		G
	COVID-19 response marginal costs	COVID-19 response marginal costs and top up income.
Year to Date	(15,072)	(21,150)
Year End Forecast	(16,056)	(22,820)
<p>The Trust is receiving funding to cover additional marginal expenditure incurred for the Trusts COVID-19 response from Sussex CCGs, based on system plans with only a few specific items, relating to vaccinations and testing, being funded directly by NHSE/I.</p>		

Cash £k		G
	Plan	Actual/Forecast
Year to Date	18,876	69,469
Year End Forecast	12,244	26,709
<p>Cash is £50m ahead of plan at the end of February. Since the implementation of the interim financial framework in April 2020, cash has been paid a month in advance. To rebalance this position, there will be no cash payment made in March. The block and top-up payments for March, amounting to £41.3m, were received in February which has accounted for the continued strong cash balance position.</p>		

Capital £k		A
	Plan	Actual/Forecast
Year to Date	21,190	22,315
Year End Forecast	27,190	35,914
<p>The forecast position remains £8.7m above the plan that was resubmitted to NHSI as a reflection of the National capital awards for Urgent and Emergency Care (£3.7m), Adopt &amp; Adapt (£1.6m), expenditure on capital equipment to support the COVID-19 surge and resilience plans (£2.6m), (£0.4m) in relation to the newly constructed Mental Health Haven (funding to be received from Sussex Partnership) and (£0.7m) PDC for Digital Histopathology.</p>		

# Sustainability – Financial Plan 2021/22

- NHSE/I have confirmed the annual NHS finance and operational planning round is delayed, and in order to support this, the current financial framework will continue into Q1 2021/22.
- Formal Guidance is yet to be issued for 2021/22 Financial Planning; this guidance and indicative system financial envelopes are expected from NHSE/I after their Board have met on 25th March.
- It is anticipated that alongside the guidance, a pre-populated organisational finance template will be issued by NHSE/I, on the basis of a rollover of the income allocation methodology provided in the phase 3 interim financial framework for M7–12, 2020/21.
- This funding allocation for Q1 will comprise block funding, plus ICS allocations for marginal COVID expenditure and Growth; which are expected to be aligned to the values “claimed” in Q3 & Q4 2020/21. In 2020/21 WSHFT is forecast to utilise £8.8m COVID allocation in full as a minimum.
- ICS and Trust allocations are also expected to include the increasing costs of the Clinical Negligence Scheme for Trusts (CNST), the junior doctor pay agreement and some provision for inflation.

# Sustainability - Action & Recommendations

The Board is asked to **APPROVE** the following:

- The basis upon which Q1 2021/22 budgets have been set; on a roll forward basis, created from the interim financial framework principles as approved for the M7-12 2020/21 budgets.

The Board is asked to **NOTE** the following:

- In February 2021, the Trust reported a surplus of £2.45m, which was £2.75m better than the plan. Year-to-date the Trust is reporting a deficit of (£0.03m) which was £2.8m better than plan.
- After adjusting for the impact of tolerable allowances for the year end annual leave provision, the Trust is forecasting a breakeven variance to plan. This is in alignment with discussions with the Sussex ICS regarding delivery of individual and aggregate breakeven positions as a system.
- Detailed financial performance information has been shared with Finance and Performance Committee; who continue to provide oversight on behalf of the Board.

# OUR PEOPLE

## Our People

**Staff Engagement**  
**Target: Engagement**  
**Score Top in the**  
**Country**

- The national Staff Survey 2020 results have now been published and show an engagement score of 7.2 (out of 10). This compares to the top performing trust of 7.6, noting the new benchmark group has been extended to include all Acute and Acute & Community trusts.
- A series of One Trust engagements workshops are planned to take place between 22-31 March. They are designed to explore the priority topics identified in the staff survey and the merger survey in more depth. The outputs will inform the actions required to improve staff engagement and the new breakthrough objective.
- Joint workshops led by the HR Directors and Staff Side colleagues have taken place over the last 6 weeks as part of the formal consultation arrangements on the merger and resulting TUPE transfer for BSUH staff. Circa 300 staff have attended these events.
- Regular Exec led briefings have continued throughout Q4 engaging and updating staff at WSHFT and BUSH on the pandemic and the merger. Attendance remains very high.
- A leadership programme aligned to the hopes of our staff, the refreshed values and organisation's ambition to be the employer of choice launched in March. Three strands identified to support leaders at levels 1-4 are: Wellbeing webinars, Patient First Improvement Programme (PFIP) for Leaders and Leading teams in turbulent times. The programme is expected to run until January 2022. The Roffey Park programme developed specifically for the Sussex ICS is also re-starting in April with over 60 delegates from the trust in attendance.



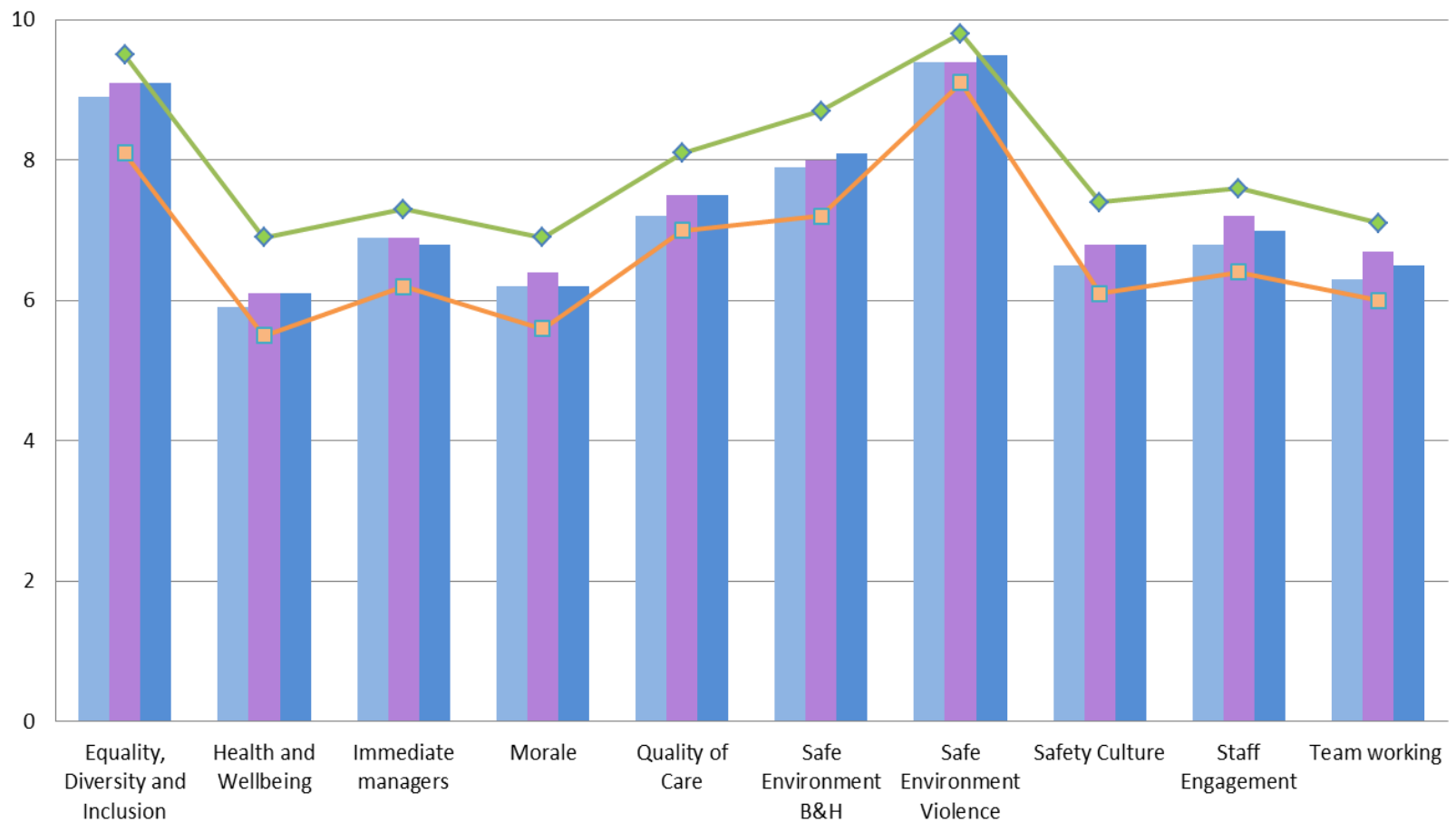
# Staff Survey 2020 Highlights

## Our People

**Staff Engagement**  
**Target: Engagement**  
**Score Top in the**  
**Country**

- The survey was undertaken during the second wave of COVID-19 (October-November 2020) and demonstrates the impact that the pandemic has had on staff.
- Whilst staff motivation had a detrimental impact on overall staff engagement, staff advocacy about the organisation increased again with:
  - Recommendation as a place to work up by 1% to 76%
  - Recommendation to family and friends as a place to receive treatment up by 2% to 84%
- The findings, set out across 10 themes, are contained with Appendix 1
- Improvement in the Safe Environment (Violence) has been made. This is also reflected in the WRES and WDES indicators.
- There has been a deterioration in the Team Working domain and a decline in the % of staff who have felt unwell as a result of work-related stress. This is reflected nationally.
- Divisional results are now being shared and will inform the measures required to improve True North and Breakthrough objectives for UH Sussex.
- A full copy of the Staff Survey results can be found at: [www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com)

# Staff Survey Theme Results 2020



Sector Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
BSUH	8.9	5.9	6.9	6.2	7.2	7.9	9.4	6.5	6.8	6.3
WSHT	9.1	6.1	6.9	6.4	7.5	8	9.4	6.8	7.2	6.7
Sector Avg	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7	6.5
Sector Worst	8.1	5.5	6.2	5.6	7	7.2	9.1	6.1	6.4	6

## Workforce Capacity

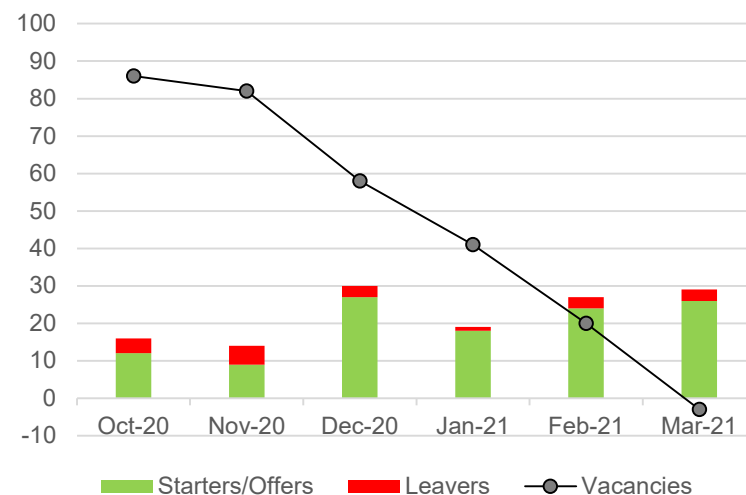
February 2021 saw a marginal increase in the budgeted establishment, an increase in the proportion of temporary workforce, while overall spend was £30.6m. This is an increase of £1.09m over M10. There were 52 substantive starters in M11, giving a net gain of 26 staff.

M11 saw an overspend of £4.94m across all staff groups with Medical pay (£2.4m) and Nursing pay (£1.3m) accounting for a significant proportion. The amounts are reduced by a control line that allow for the costs of annual leave carry-over into 2021/22.

High volumes of recruitment activity has continued particularly in respect of the nursing workforce. This has been driven by the national ambition of zero vacancies for HCA's by 31 March 2021 and no more than a 5% vacancy rate for RN's by October 2021. Since October 2020 there has been a net increase of 66 wte's in the number of HCA's with a pipeline of new starters due by end of April.

NHSE/I funding to assist recruitment, onboarding, training, ward support and pastoral support costs has been available.

The workforce strategy for UHSussex is in progress and will include domestic and overseas recruitment, career pathways and retention plans. In the meantime a bid of £750k to support the recruitment of 100 overseas nurses up to 31 October 2021 has been successful.



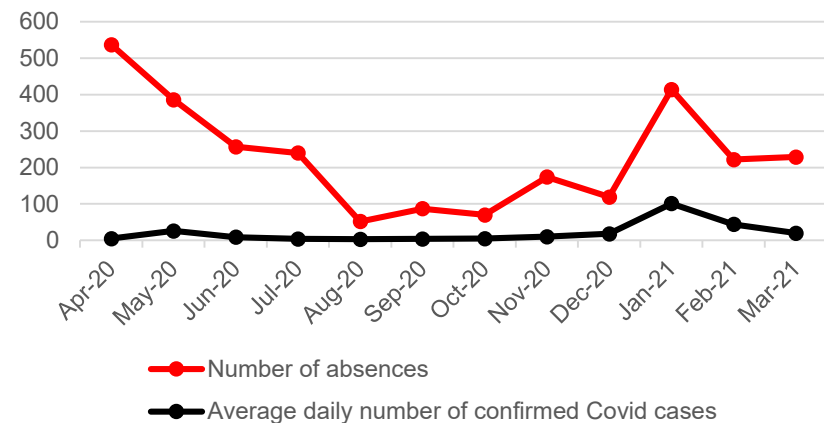
# Operational Performance – COVID update

With the exception of those staff identified as clinically extremely vulnerable (CEV) or shielding, covid-related staff absence fell significantly in M11.

The number of clinical extremely vulnerable staff advised to remain at home from 26 December was extended to a wider group from 17 February, representing 60% of absence in M11 but 83% in M12. This follows the significant drop in the number of staff testing positive or needing to isolate.

Shielding is expected to last until at least 31 March and affects circa 200 staff. In readiness for a potential return to work, staff are being contacted to review risk assessments and to ensure steps are being taken for a safe return.

Covid-related staff absence



**Vaccination Programme** – 95.6% of staff have received their first vaccination dose, of which 35% have now had their second dose.

# Operational Performance – KPIs



Western Sussex Hospitals  
NHS Foundation Trust

KPI	Target	2019/20 position	Current position	Comments
<b>Appraisal compliance</b>	90%	87.0%	76.3%	Further deterioration in month as anticipated. Divisional improvement trajectories being established for M1.
<b>Statutory and mandatory training compliance</b>	90%	92.3%	81.8%	F2F training re-established from M12. Improvement trajectories being established
<b>Sickness rate (non-covid)</b> Rolling 12 month In month	3.3%	3.4% 3.9%	3.2% 2.7%	Improvement in non-covid related absence continues. Significant improvement within Estates and Facilities, Women and Children divisions in 12 months LTS – 1.1% }(decrease in month) STS – 1.6% }
<b>Staff Turnover</b>	8.5%	6.8%	5.9%	Low turnover continues to be sustained.
<b>Vacancy Rates</b> (substantive FTEs)	5.0%	9.8%	8.7%	Continued high volumes of recruitment particularly to HCA and RN vacancies
<b>Staff Retention</b>	90%	86.4%	88.1%	Continued high retention linked to staff turnover.

## Health and Wellbeing

- The Health, Safety and Wellbeing of staff has been a priority for Our People since December. This follows the second Covid surge and the third national lockdown in place since 26 December 2020.
- Roll out of the staff vaccination programme commenced in the Trust shortly before Christmas and to date 95% of staff have received their first dose. 35% have now received their second dose.
- Uptake from our BAME communities is 80% and additional measures have been taken to encourage staff to be vaccinated. Staff network leads have also been actively promoting the vaccination programme. Validation of records between NVS and ESR is currently taking place to ensure the data is captured.
- Ongoing reviews of risk assessments are taking place, particularly for those staff whose risk factors identify them as clinically extremely vulnerable, to ensure the workplace remains safe and/or in readiness for their return post-shielding.
- At the outset of the second Covid surge, the workforce hub was re-established to assess workforce capacity and manage rapid deployment on a daily basis, with risks escalated through the incident command structures. The hub has now stepped down to twice weekly.
- The roll out of resilience training pilots that promote health and wellbeing and reduce burnout, planned from mid-January was postponed. This has now re-started.
- Uptake of the Staff In Mind service, run by SPFT, has been high with over 150 self-referrals from WSHFT. Data to be used to inform most appropriate and successful interventions for future programmes.

<b>Agenda Item:</b>	10	<b>Meeting:</b>	Trust Board	<b>Meeting Date:</b>	1 April 2021
<b>Report Title:</b>	Report from Quality Assurance Committee Meeting Chair				
<b>Sponsoring Executive Director:</b>	Joanna Crane, Non-Executive Director				
<b>Author(s):</b>	Joanna Crane, Non-Executive Director				
<b>Report previously considered by and date:</b>	N/A direct report to Board				
<b>Purpose of the report:</b>					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality	The Committee's focus was on supporting the flow of assurance on quality, safety and patient experience to the Board.				
Financial	The Committee did not refer any matters to the Finance and Performance Committee.				
Workforce	The Committee shares oversight of elements of the Trust's workforce matters and assurance with the Board				
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>The attached report provides the Board with information from the Quality Assurance Committee meeting on the 25 March 2021</p> <p>The Quality Assurance Committee was quorate and was attended by three Non-Executive Directors and the Trust Chair along with the Chief Nurse, Chief Operating Officer, Trust Medical Director and Director of HR. In attendance were also the Chief of Women and Children Division, the Chief of Surgery, Head of Patient Experience, Head of Patient Safety and Head of Clinical Effectiveness.</p> <p>The Committee received reports covering the suite of quality performance metrics along with the Trust's Infection Prevention and Control Board Assurance Tool, the Trust's action in relation to national Ockenden report, NICE guidance implementation, Clinical Audit, the Trust's Staff Survey and reports from the Guardian of safe Working and the chair of the Health and Safety Committee.</p> <p>The Committee also considered the risks within the BAF for which it has oversight for and gave careful consideration to any impact on the quality risks in relation to the number of patients waiting and based on the assurances received and discussion held agreed their current scores fairly represented these risks.</p>					
<b>Key Recommendation(s):</b>					

The Board is asked to **NOTE** the view of the Committee in respect of the BAF risks it has oversight for, in that the current scores are a fair reflection of these risks. In forming this view the Board is asked to note the assurance received at the Committee especially those in respect of the patient safety where treatment has been delayed and the learning and action taken as a result of incident investigations.



To: Trust Board

Date: 1 April 2021

From: Quality Assurance Committee Chair

### COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Dates	Chair	Quorate	
Quality Assurance Committee	25 March 2021	Joanna Crane	yes	no
			✓	<input type="checkbox"/>
Declarations of Interest Made				
None				
Actions taken by the Committee				
<ul style="list-style-type: none"><li>▪ The Committee <b>RECEIVED</b> an update on the Trust's people report which included information on the staff survey results for the Trust, the developing leadership development programme and information on the Trust's staff vaccination programme. In respect of the staff survey the Committee was informed of the process for the development of specific improvement actions and that these would be reported into the People Committee and <b>NOTED</b> that a summary of this report would be provided to the Board In respect of the Trust's staff vaccination programme including the work undertaken to reach BAME and clinically vulnerable staff, the Committee was <b>ASSURED</b> of the effectiveness of this work given the high percentage take up of first dose vaccinations.</li><li>▪ The Committee <b>RECEIVED</b> the report from the Junior Doctor Guardian of Safeworking and <b>NOTED</b> that positively during the period to December 2020 there had been a lower level of exception reports raised than the same period in the prior year. The Guardian sought support for progress with the junior doctor's mess capacity and the Committee <b>AGREED</b> to refer the oversight of the developed actions to the Trust's People Committee.</li><li>▪ The Committee <b>RECEIVED</b> a report in respect of reviews of mortality and reviews into nosocomial infections over the first and second covid waves and <b>NOTED</b> the actions taken by the Trust from the learning from the investigations into the deaths and the infections.</li><li>▪ The Committee <b>RECEIVED</b> a report from the Quality Board chair which provided <b>ASSURANCE</b> over the application of the Trust's quality governance processes, including learning from deaths, harm reviews, and national alerts.</li><li>▪ The Committee <b>RECEIVED</b> the Trust Quality performance report which included information on the Infection Prevention and Control Board Assurance Tool and <b>NOTED</b> that a summary of this assurance would be provided to the Board.</li><li>▪ The Committee <b>RECEIVED</b> a report in respect of the Trust's delivery of the actions resulting from the national Ockendon report. The Committee <b>NOTED</b> that as required by the national report a specific agenda item would be placed on the Quality Committee for each meeting in respect of Maternity to receive the developed quality score card.</li><li>▪ The Committee <b>RECEIVED</b> a report in respect of the Trust's performance against the 2019 National Fractured Neck of Femur audit and the action taken supported by 2020 performance data. The Committee <b>NOTED</b> the actions proposed to further improve the Trust's performance and agreed to place within its agenda plan a further update on actions taken to further improve the Trust's performance against the National Fractured Neck of Femur audit.</li></ul>				

- The Committee **RECEIVED** the quarterly clinical governance report for quarter 3 and the quarter 3 incident report and was **ASSURED** over the divisional application of the Trust's quality governance process. The Committee considered the highly scored divisional risks and agreed these confirmed the BAF risk scores.
- The Committee RECEIVED a report on clinical audit progress and a report in respect of NICE guidance and was **ASSURED** over the Trust's processes for the implementation of the NICE guidance including the rapid Covid guidance issued to the Trust.
- The Committee **RECEIVED** and **NOTED** the quarter 3 patient experience report recognising the continued positive feedback for patients on their care. The Committee was **ASSURED** over the process for responding to concerns or complaints and that these were undertaken in a timely manner.
- The Committee **RECEIVED** a report from the chair of the Trust's H&S committee and NOTED the assurance this provided especially in respect of over the actions taken in respect of the prior external visits.
- The Committee reviewed the BAF risks for which it has oversight and **AGREED** their scores were fairly represented. In forming this view the Board is asked to note the assurance received at the Committee especially those in respect of the patient safety where treatment has been delayed and the complementary processes for learning and action taken as a result of complaints, concerns or incident investigations.

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

The Committee agreed to place within its agenda plan a further update on actions taken to further improve the Trust's performance against the National Fractured Neck of Femur audit.

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

Item	Referred to
The Committee referred to the People Committee the oversight of the actions taken in support of the Junior Doctors mess capacity.	The People Committee
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented. In forming this view the Board is asked to note the assurance received at the Committee especially those in respect of the patient safety where treatment has been delayed and the learning and action taken as a result of incident investigations.	Board as part its approval of the BAF.

<b>Agenda Item:</b>	11	<b>Meeting:</b>	<b>Trust Board</b>	<b>Meeting Date:</b>	<b>01 April 2021</b>
<b>Report Title:</b>	Report from Finance and Performance Committee Meeting Chair				
<b>Sponsoring Executive Director:</b>	Lizzie Peers, Non-Executive Director				
<b>Author(s):</b>	Lizzie Peers, Non-Executive Director				
<b>Report previously considered by and date:</b>	N/A direct report to Board				
<b>Purpose of the report:</b>					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality	The Committee did not refer any matters to the Quality Assurance Committee.				
Financial	The Committee's focus was on supporting the flow of assurance on financial and performance systems of internal control to the Board.				
Workforce	Under the revised Committee governance processes workforce matters and assurance would be taken directly at the Board				
<b>Link to CQC Domains:</b>					
Safe	<input type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
<b>Communication and Consultation:</b>					
<b>Executive Summary:</b>					
<p>There have been two Finance and Performance Committee meetings since the last Board this being on the 25 February 2021 and 25 March 2021. The attached document provides an update to the Board on this meeting.</p> <p>The Finance and Performance Committee held on 25 February 2021 was quorate and was attended by three Non-Executive Directors along with the following Executives, the Chief Executive, the Chief Financial Officer, Chief Medical Officer, Chief Operating Officer and Chief Nurse along with the attendance from the Trust Finance Director and the Trust HR Director.</p> <p>The Finance and Performance Committee held on 25 March 2021 was quorate and was attended by three Non-Executive Directors and the Chair along with the following Executives, the Chief Executive, the Chief Financial Officer and the Chief Operating Officer along with the attendance from the Trust Finance Director, Trust HR Director and the Director of Efficiency and Delivery.</p> <p>The Committee received information on key performance and financial matters along with that relating to the Trust's Efficiency programme and information on the Trust's workforce capacity and performance metrics. The Committee also considered the BAF risks for which it has allocated oversight.</p>					
<b>Key Recommendation(s):</b>					

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

The Committee **RECOMMENDED** to the Board the principles for the setting of the Q1 budget.

To: Trust Board

Date: 01 April 2021

From: Finance and Performance Committee Chair

### COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
Finance and Performance Committee	25 February 2021	Lizzie Peers	yes	no
	25 March 2021	Lizzie Peers	✓	<input type="checkbox"/>
			✓	<input type="checkbox"/>

#### Declarations of Interest Made

None

#### Actions taken by the Committee

The Committee at both meetings **RECEIVED** report on the Trust's performance against the constitutional standards and the Trust's developing restoration and recovery plans. The Committee received information on the delivery of the established restoration plans throughout and how the Trust is managing the impact of the ongoing pandemic. The Committee was updated on the work being undertaken with the independent sector and in respect of insourcing actions to restore activity. The Committee discussed the risks to the Trust's performance delivery whilst managing the pandemic demands and **AGREED** that these challenges were reflected within the Trust's BAF with risks 5.1, 5.2 and 5.3 with risk 5.3 being the highest scored risk within the BAF.

The Committee **RECEIVED** a report on the Trust's financial performance and noted the position for month ten at its February meeting and month eleven at its March meeting. The Committee was informed that under the revised national financial regime this will see the Trust achieve an equivalent break even position and **AGREED** that given the assurances received the reduction in BAF risk 2.1 was appropriate. The Committee **RECEIVED** the 2021/22 financial regime and **RECOMMENDED** to the Board the principles for the setting of the Q1 budget principles.

The Committee at both meetings **RECEIVED** an update from the BSUH Finance Director on the Trust's ledger upgrade and was **ASSURED** over the completion of the project plan for the delivery of the v11 combined ledger with WSHFT. The Committee **RECEIVED** an update on the progress in respect of the plans to then migrate to version 12 of the ledger and was **ASSURED** over the robustness of this plan and therefore was comfortable that there was no need to change the score of BAF risk 2.3.

The Committee at both meetings **RECEIVED** a report on the Trust's efficiency programme and was **ASSURED** over the delivery of the 2020/21 programme. The Committee was updated on the work undertaken over the development of the 2021/22 programme and was **ASSURED** over the robustness of the process applied and that the respective divisions were engaging with the development of both tactical quarter one schemes and the more transformational schemes for delivery across the remaining part of 2021/22.

The Committee at both meetings **RECEIVED** a report on the Trust workforce capacity and performance indicators. The Committee was updated on the key workforce KPIs and the actions being taken to improve performance against staff appraisal delivery.

The Committee **APPROVED** a contract award for the Hip Prosthesis for a further year which was in line with the Committees delegated authority. The business case had been subject to review and endorsement by the Trust's Executive Committee.

The Committee reviewed the BAF risks for which it has oversight for and **AGREED** these were fairly represented, noting that the quarter four update to the BAF is currently underway. The Committee discussed the impact of quality delivery in relation to risks 4.1 and 4.2 and referred this as an action for wider discussion to the Quality and Risk Committee.

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

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

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

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

Item	Referred to
<p>The Committee requested the Quality Assurance Committee review the strength of the assurances in relation to BAF Risks 4.1 and 4.2 as these risks had remained the same despite the increase in patient waiting times.</p> <p>The Committee <b>RECOMMENDED</b> to the Board that the risks within the BAF for which it has oversight are fairly represented.</p> <p>The Committee <b>RECOMMENDED</b> to the Board the Q1 Budget to the Board the principles for the setting of the Q1 budget principles.</p>	

Agenda Item:	12	Meeting:	Board	Meeting Date:	1 April 2021
Report Title:	<b>Board Assurance Framework – 2020/21 Quarter 4</b>				
Sponsoring Executive Director:	Glen Palethorpe, Group Company Secretary				
Author(s):	Glen Palethorpe, Group Company Secretary				
Report previously considered by and date:	The relevant risks have been considered by Finance and Performance Committee 25 March 2021 Quality Assurance Committee 25 March 2021 Finance and Performance Committee 18 March 2021				
<b>Purpose of the report:</b>					
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input checked="" type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input checked="" type="checkbox"/>				
<b>Any implications for:</b>					
Quality	Quality related strategic risks				
Financial	Finance related strategic risks				
Workforce	Workforce related strategic risks				
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
<b>Communication and Consultation:</b>					
The Board Assurance Framework has been prepared in conjunction with each of the five Chief Officers, focussing on respective strategic objectives and determining their associated strategic risks.					
<b>Executive Summary:</b>					
<p><b>Introduction</b></p> <p>The Trust has identified 13 strategic risks which have been assessed against the Trust's risk appetite when setting their target score. The Trust's risk appetite statements are under review and in setting the target risk scores reflect the Board's view in respect of patient treatment times being aligned to their clinical priority and need rather than solely being driven by the duration of the wait.</p> <p>The opening score for 2020/21, has taken into account the changing environment the Trust is operating within post Covid. There have been two risks added to the BAF for 2020/21, both are these are within the people section of the BAF. The first 3.2 relates to the cultural risk that may occur through the merger, but this risk score is being mitigated to its target score and the second 3.4 relates to the risk to staff wellbeing resulting from increased demands brought about by the pandemic and whilst many actions have been taken further work is being undertaken through the Trust's Refresh, Restoration and Recovery plans.</p>					

## BAF Summary

The table overleaf shows by risk, their current score and their target risk score. The table shows pictorially the movement in risk between the current score for Q3 and that recorded for Q2. (  $\longleftrightarrow$  No change,  $\uparrow$  an increase in risk and  $\downarrow$  a decrease in risk)

Noting that there are two risks 2.3 and 3.2 that are currently at their target score and therefore the BAF process for this risk is about securing assurance that this acceptable (target) level of risk is maintained.

## Quarter 4 summary

The highest current risk score remains risk 5.3 which is in relation to the Trust's consistent delivery of the NHS Constitutional targets, which like all providers, has been impacted by national requirements to cease certain activities during the pandemic.

Risk 3.4 has seen an increase from its Q3 score to 16. This increase reflects the prolonged pressure on staff though pressure on the services brought about by the pandemic. Whilst actions are put in place these are being strengthened to ensure they are sustainable and enhanced assurance over their impact is being sought. This risk has been subject to review at Board and QAC and was expected to increase given the sustained pressure on staff.

Risk 2.1 has been reduced this quarter as the Trust is currently forecasting when adjusted for the tolerable allowances of non-NHS income and annual leave provision, delivery of its plan.

Risks 2.2 remains at its previous quarter score of 16.

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



improve care for patients															
2.2 We cannot deliver ongoing efficiencies and flex our resources in an agile way resulting in an increasing or unmanaged deficit and inefficient, unaffordable and unsustainable services	4	3	12	4	4	16 ↑	4	4	16 ↔	4	4	16 ↔	4	2	8
2.3 We are unable to meet high standards of financial stewardship meaning we cannot sustain compliance with our statutory financial duties	4	2	8	4	2	8 ↔	4	2	8 ↔	4	2	8 ↔	4	2	8
<b>3. People</b>															
<b>Quality Assurance Committee and Board</b>															
3.1 We are unable to develop and sustain the leadership and organisational capability and capacity to lead on-going performance improvement and build a high performing organisation.	4	3	12	4	3	12 ↔	4	3	12 ↔	4	3	12 ↔	4	2	8
3.2 We are unable to effect cultural change and involve and engage staff in a way that leads to continuous improvements in patient experience, patient outcomes, and staff morale and wellbeing	4	2	8	4	2	8 ↔	4	2	8 ↔	4	2	8 ↔	4	2	8
3.3 We are unable to meet our workforce requirements through the effective recruitment, development, training and retention of staff adversely impacting on patient experience and the safety, quality and sustainability of our services	3	3	9	3	3	9 ↔	3	3	9 ↔	3	3	9 ↔	3	2	6
3.4 We are unable to consistently meet the health, safety and wellbeing needs of our staff as we recover and restore services in line with CV-19 restrictions	4	3	12	4	2	8 ↓	4	3	12 ↑	4	4	16 ↑	4	2	8

4. Quality Improvement															
Quality Assurance Committee															
4.1 We are unable to deliver and demonstrate compliance with regulatory requirements or clinical standards adversely impacting on patient safety and our registration and accreditation by regulatory and supervisory bodies	3	3	9	3	3	↔ 9	3	3	↔ 9	3	3	↔ 9	3	2	6
4.2 We are unable to deliver service improvements and improve safety, care quality and outcomes for our patients or demonstrate that our services are clinically effective	3	3	9	3	3	↔ 9	3	3	↔ 9	3	3	↔ 9	3	2	6
5. Systems and Partnerships															
Finance and Performance Committee															
5.1 We are unable to develop and maintain collaborative relationships with partner organisations based on shared aims, objectives, and timescales leading to an adverse impact on our ability to operate efficiently and effectively within our health economy	4	3	12	4	3	↔ 12	4	3	↔ 12	4	3	↔ 12	4	2	8
5.2 We are unable to define and deliver the strategic intentions, plans and optimal configuration that will enable our services to be sustainable, leading to an adverse impact on their future viability.	4	3	12	4	3	↔ 12	4	3	↔ 12	4	3	↔ 12	4	2	8
5.3 We are unable to deliver and demonstrate consistent compliance with operational and NHS constitutional standards resulting in an adverse impact on patient care and financial penalties and the Trust's reputation.	4	5	20	4	5	↔ 20	4	5	↔ 20	4	5	↔ 20	4	2	8

### Committee review of the risks

Both the Quality Assurance and the Finance and Performance Committees met on the 25 March and each Committee reviewed the risks for which they have allocated lead oversight for.

There review confirmed that they considered the current scores are fairly represented.

The Quality Assurance Committee having regard to the reports received at the Finance and Performance Committee on the increased activity demands on the Trust considered the assurances that patient quality risks were not escalating and that appropriate actions are being taken to treat the clinically prioritised patients were working. The Committee also received assurance over the Trust's quality and patient experience processes as expected within the BAF and reflected based on these that the quality risks 4.1.and 4.2 were appropriately scored.

**Key Recommendation(s):**

The Board is asked to consider the current risk scores in light of the assurances provided by the respective oversight committees and the assurances received directly at the Board and agree the current scores are fairly represented.

<b>Agenda Item:</b>	13	<b>Meeting:</b>	Executive Board Meeting	<b>Meeting Date:</b>	01/04/21
<b>Report Title:</b>	Adult, Children's and Maternity Staffing and Capacity levels Q 1- Q3 2020				
<b>Sponsoring Executive Director:</b>	Dr Maggie Davies, Chief Nurse				
<b>Author(s):</b>	Beverley Hales Deputy Chief Nurse				
<b>Report previously considered by and date:</b>	March 2020				
<b>Purpose of the report:</b>					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
<b>Any implications for:</b>					
Quality	Staffing care hours				
Financial					
Workforce					
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>		
<b>Communication and Consultation:</b>					
This paper has been developed in association with the heads of nursing					
<b>Executive Summary:</b>					
<p>This report provides a summary of Adults, Children's and Maternity nurse staffing and capacity levels. It includes summaries of the proactive programme of <b>work</b> to improve the gap in current vacancies and the plan for retention of our current workforce. The report reflects the changes to staffing levels where nursing has been Covid deployment met due to clinical need and ward moves, this has impacted on the data but the narrative in the report is explanatory.</p>					
<b>Key Recommendation(s):</b>					
For approval by the board					

## **Report to the Board of Directors**

### **Adult, Children's and Maternity Nurse Staffing and Capacity Levels**

**Q1-3 2020**

**March 2021**

#### **1. Introduction**

1.1 The purpose of this report is to present to the Board a review of ward nurse staffing levels as directed by the National Quality Board (NQB). The NQB has stipulated that; *"Boards must take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability"*. Within their recommendations it states that every six months, as required by the NHS England *Hard Truths* report (2013), the Board of Directors should receive and discuss at a public Board meeting a report on staffing capacity and capability.

1.2 The financial year 2020/2021 has been unusual due to the Pandemic of Covid 19, this has impacted on staff throughout the NHS, and there has been absenteeism not seen before as a result of isolation due to exposure of the virus and shielding of those who are clinically vulnerable.

1.3 Across the NHS it has meant the service provision for care has had to be reactive to the situation this includes flexing the use of wards and to meet the demands of clinical specialities. Critical care has had to expand beyond their normal boundaries which meant staff unfamiliar with the area were provided to support delivery of the care required. Staff have been reallocated or redeployed from some services that were suspended in line with National Guidance. This has had an impact on the numbers of staff available at times, with significant demand for wards and critical care services which at times resulted in a derogated position. There were twice daily staffing huddles led by the Heads of Nursing reviewing the dependency and acuity of all areas to appropriately deploy staff and to ensure the level of derogation was known, this information was escalated to bronze workforce hub, then to the silver meeting and then formally to the daily gold command call attended by the Executive Board.

## 2. Adult Inpatient wards

2.1 This report will now summarise the position on the adult inpatient wards at WSHT, children's wards and maternity department staffing, including Registered Nurse ratios to patient by ward and by site. Due to the effect of the Pandemic has had on critical care there this report will also include a short section dedicated to this service.

2.2 There was a review of ward templates with the Chief Nurse and senior nurses looking at ward establishments and in particular the higher nurse to patient ratios at night. The review was undertaken in January 2020. The next review is planned for June 2021 - this has been delayed due to Covid working.

2.3 Currently the Trust produces an acute site operation plan for each site, and which is reported 4 times daily by the site team. This is cascaded to the Chief Executive, Chief Operating Officer, Chief Nurse and Executive Director on call together with key operational staff across the Trust. Staffing levels and shortfalls are reported and mitigation plans are updated with each report. In line with previous winters, during the winter months the Trust has opened additional bed capacity on both Worthing and St Richards sites to meet the demand of high numbers of admissions particularly in our over 85 year old population. In addition, over 2020 due to the COVID pandemic since February 2020, the wards on both sites have had major changes of function and speciality due to the need to escalate 'red' ward areas and ensure segregation of red and green pathways, and de-escalation as prevalence and numbers of COVID patients improves. This has caused challenges in terms of nursing workforce provision and ward team changes to ensure the right skills and competence of the nursing teams for the patient needs. The matrons have led the daily review of workforce, with collaboration across divisions, and redeployment of staff from other areas to support the frontline ward and clinical areas.

2.4 In recognition of the number of vulnerable patients presenting to the emergency department, the requirement for specialist mental health 1:1 nursing (Registered Mental Nurse RMN) has remained over 2020 with 24/7 RMN support provided by agency, in addition the inpatient wards continue to require ongoing RMN support with some of the most vulnerable patients with both physical and mental health needs. This is one of the division's high scoring risks on the risk register.

Ongoing management strategies include:

- Continued use of bank and agency as required supporting cover.
- Daily overview of staffing by matrons and Head of Nursing (HoN).
- Roster management: ward sisters asked to prioritise cover on nights and flattening of rotas, review of AL and leave allowance.
- Domestic recruitment: ongoing monthly recruitment days both sites and open days at weekends and advertising for flexible working, night shifts/ weekends, annualised hours, rotational programmes across wards.
- Overseas recruitment

- Bank incentive scheme recommenced Q3 20/21.
- Weekly review of workforce by HoN, Chief Nurse, and rostering team.
- Use of the safe care facility on health roster to ensure update of staffing daily and acuity data is captured. Compliance had improved over Q3 to 76%, but is not reliably utilised during the last quarter. This is a piece of on-going work and will need to be aligned with Brighton and Sussex University Trust once the merger is complete.
- RMN cover: ongoing recruitment to encourage bank RMN positions, and offering of substantive on identified wards and A&Es in place of band 5.
- Review of workforce on the wards – supporting nurse associate training ongoing over 2020/21 to create further Band 4 NA roles in 2021/22.

## Critical Care

2.5 In response to the Pandemic declared by WHO the NHS reviewed capacity in a number of services especially in the critical care capacity. It was expected that WHSFT would increase their capacity from 19 beds to 61. Although these numbers were not actually seen during the first wave at the height of the surge both units experienced caring for the critical care level 2 and 3 patients across three areas which provided somewhat challenging. This proved to be for a longer period of time at Worthing who had Covid patients in main ITU and Courtland's ward and non Covid green patients in theatre recovery. Plans were developed on both sites to understand where the additional capacity could be provided. Cardiology was moved from Courtland's and although the plan was for this service to return after the first wave it was agreed that it would be short term and so they did not return. Additional training was provided to other staff who did not normally work within critical care this included what is now known as C19 Space training. To enable the additional support that would be required it was reliant on elective services not running. It was agreed nationally that the standard 1:1 nursing care would derogate to 1:2, this was reported each day to the Executive team through the command and control structure.

2.6 Additional support was also provided by the wider hospital community – paediatric nurses, therapies, HCA, theatre staff. The service will be expected to plan again for the additional capacity next winter; a bid was successfully made for additional trainers to enable further C19 Space training and some clinical psychologist support for the staff.

2.7 On the St Richards site the acute cardiac unit managed a number of level 2 respiratory patients and this would be part of the C19 Space Training. Staffing levels for next winter will be reviewed as part of the establishment evaluation.

### 3. Care Hours per Patient Day (CHPPD)

3.1 In Lord Carter's final report, '*Operational Productivity and performance in English acute hospitals: Unwarranted variations*', better planning of staff resources is crucial to improving quality of care, staff productivity and financial control. The report recommended that all Trusts start recording Care Hours per Patient Day (CHPPD) – a single, consistent metric of nursing and healthcare support workers' deployment on inpatient wards and units. This metric enables trusts to have the right staff mixes in the right place at the right time, delivering the right care for patients. From 1 May 2016, all trusts were requested to submit monthly CHPPD data to NHSi so that they can start to build a national picture of how nursing staff are deployed. From October 2019 the planned and actual hours by ward for Allied Health Professionals and Nursing Associates will also be reported.

### 3.2 Care Hours per Patient Day (CHPPD)

Model Hospital provides details on the average number of actual nurse care hours spend with each patient per day. In December 2020, which reflects rolling data for the year,. In the year 2020 our data has not always been reflective of changes made within wards and specialities to support the response to Covid 19. The data indicates that WSHFT is in the lower quartile of Total Nursing & Midwifery Staff. *CHPPD is calculated by the total care hours (sum of actual hours worked) by nursing and midwifery staff, divided by total patient bed days (daily patient count snapshot by ward at 23.59). Day care, CDU, clinical assessment areas, additional capacity wards and A&E are excluded.*

In December 2020 the CHPPD data by national median were **8.0** vs WSHFT **7.1** overall. RN/Midwife national median **4.7** Vs **3.8** WSHFT. HCA national median **3.2** Vs Trust **3.2**. Table 2/3 and 4 present where WSHFT are placed nationally with CHPPD for both RN and HCA. On average CHPPD medical / surgical typical average 7.

Table 1 – Total (RN/Midwives/HCA) distribution of CHPPD (the bold line to the left represents the WSFT position nationally) – **December 2020**

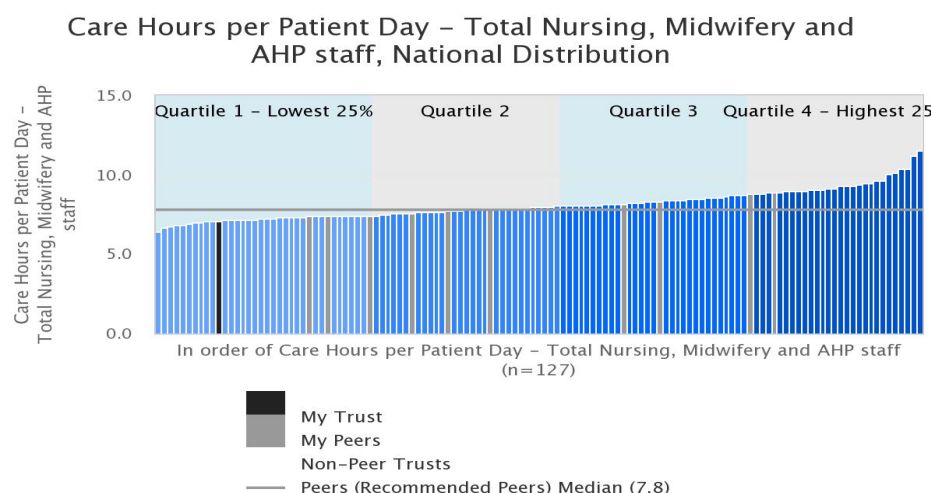




Table 2 – RN distribution of CHPPD (the bold line to the left represents the WSFT position nationally) at December 2020

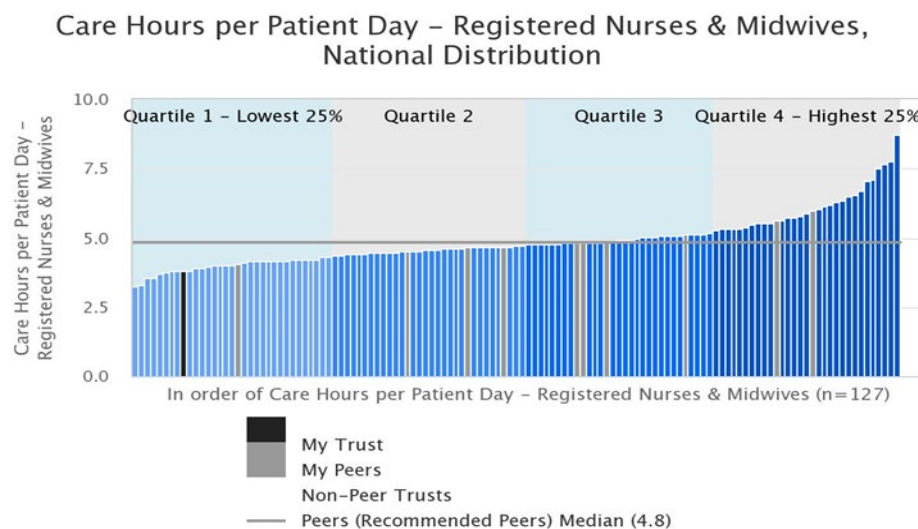
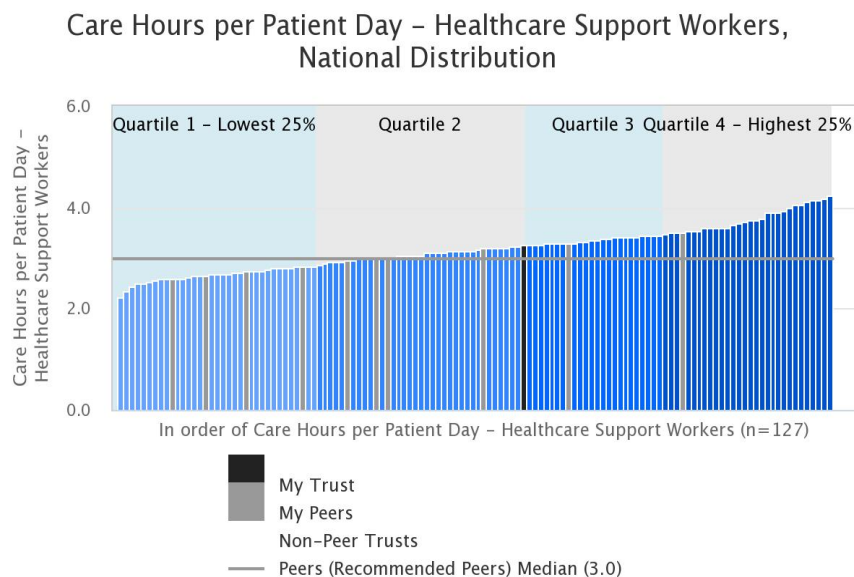


Table 3 – HCA distribution of C Table 4 – HCA distribution of CHPPD at December 2020



**Table 4. Adult Inpatients staffing data (December 2020)**

**December Data**

Ward	Baseline bed numbers	RN to Patient ratio – Day	RN to patient ratio - Night
Acute Cardiac Unit	27	01:02.9	01:07.0
Aldwick	10	01:06.1	01:09.1
Ashling	26	01:03.2	01:10.5
Birdham	19	01:02.9	01:09.8
Bosham	26	01:03.2	01:08.4
Boxgrove	27	01:03.8	01:13.7
Chichester Suite	16	01:03.1	01:07.8
Chilgrove	22	01:04.3	01:10.2
Donald Wilson House	12	01:02.3	06:00.0
Emergency Floor - SRH	55	01:03.1	01:07.1
Fishbourne	26	01:02.9	01:06.4
Ford	26	01:03.3	01:09.4
Lavant	26	01:03.7	01:10.7
Middleton	27	01:03.6	01:11.8
Petworth Ward	20	01:02.7	01:08.7
Selsey	26	01:04.6	01:09.4
Wittering	26	01:03.4	01:12.2
Balcombe	24	01:02.8	01:08.3
Barrow	20	01:03.4	01:10.0
Becket	22	01:03.7	01:11.0
Botolphs	28	01:03.4	01:08.3
Broadwater	27	01:02.4	01:07.8
Buckingham	22	01:02.3	01:07.6
Castle	26	01:03.1	01:09.7
Chiltington	21	01:04.6	01:10.0
Clapham	27	01:06.1	01:09.2
Coombes	27	01:03.7	01:11.0
Courtlands	16	01:02.3	01:05.2
Ditchling	24	01:03.4	01:12.0
Downlands Suite	11	01:02.4	01:05.8
Durrington	23	01:03.5	01:11.5
Eartham	21	01:03.2	01:10.5
Eastbrook	23	01:03.2	01:08.9
Emergency Floor - W	67	01:05.0	01:06.5
Erringham	23	01:03.0	01:08.8
ESCU	5	01:01.3	01:02.5
Burlington	18	01:03.2	01:09.0

This data should be interpreted in context to the organisations response to Covid 19, with staff and ward movements to meet the clinical needs of the patients. Best endeavours were made to ensure that the reporting systems remained in line with the delivery of the clinical needs.

\*Actual CHPPD – is the actual hours of care delivered based on the number of staff on duty

\*Required CHPPD – is the required hours of care needed to be delivered based on the acuity and dependency of the patients

\*If the Actual CHPPD is higher than the Required CHPPD this means we are delivering more hours of care than needed

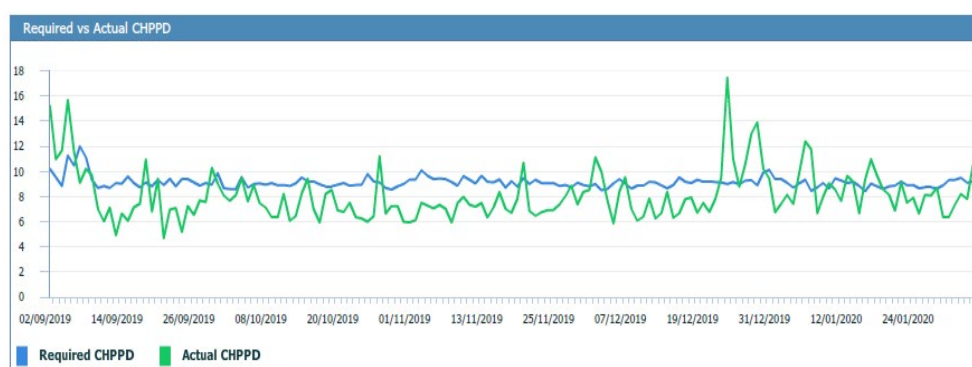
## 4. Children's & Neonatal Nursing

4.1 A comprehensive review of the nursing model by the Head of Nurse has been completed and showed that the seasonal variable (Summer/Winter) model was not meeting the standards (RCN 2013, NQB 2018) required to provide safe staffing levels for the children and young people in our care. A case for a flat model of nursing throughout the year has been agreed in 2019 /2020 and implemented in 2020/21 and is now being recruited into. This increase in Band 5 staff nurses across both sites allows greater flexibility to respond to times of higher acuity and activity ensuring safe staffing levels.

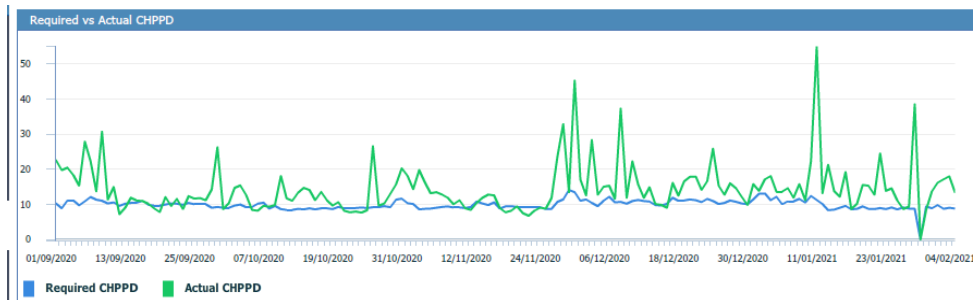
4.2 The non-registered nursing team comprises of HCAs, Paediatric Nursery Nurses and as of late 2020: Trainee Nurse Associates. The workforce model will continue to develop the role of Nurse Associates with a special interest in care of the child and young person. The development of this role in the neonatal areas is also being considered.

4.3 The children's in-patient areas have successfully introduced Safecare using the validated Shelford Tool for children and young people. Badgernet is the tool used to audit the nurse to patio ratios in the neonatal setting. Both tools involve data collection twice in a 24 hour period, collecting both acuity and dependency data. Quarterly review of the safe staffing levels is undertaken with the HoN & senior nursing teams using the data generated from Safecare & Badgernet

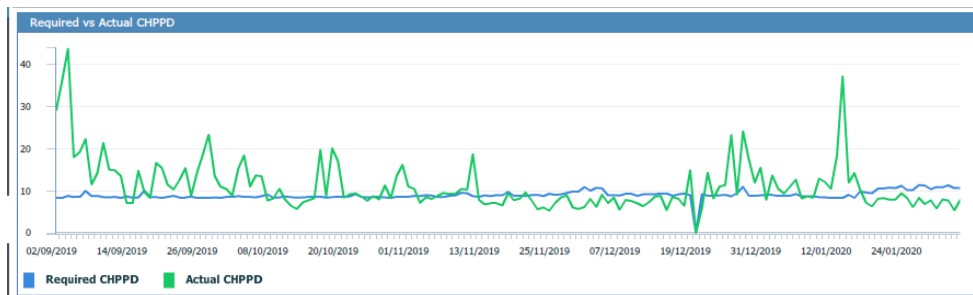
4.4 Fig 5 below shows the comparison of the six months from Sept to Feb 2019/2020 and again Sept to Feb 2020/2021. These graphs illustrate the improved position in meeting the CHPPD on Bluefin and Howard after the increase in the nursing workforce establishment.



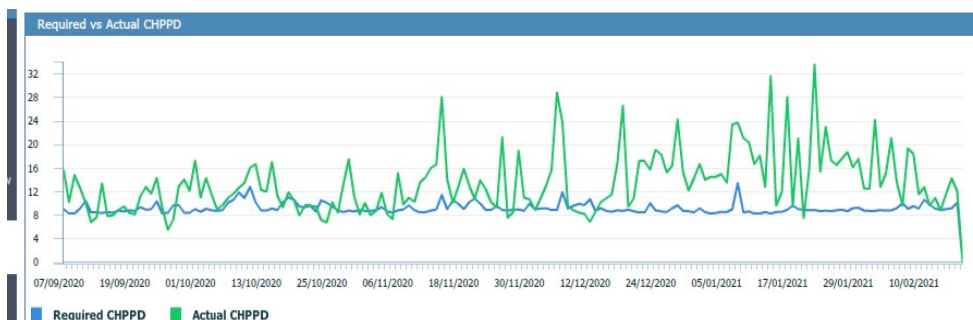
Bluefin Sept 19- Feb 20



Bluefin Sept 20- Feb 21



Howard Sept 19- Feb 20



Howard Sept 20- Feb 21

4.5 However, it does need to be acknowledged that activity in the inpatient children's areas has decreased significantly during the COVID 19 pandemic, a pattern which has been seen nationally and internationally.

4.6 This decrease in activity, albeit not complexity or acuity, has afforded the opportunity for the children's and neonatal nursing teams to be deployed to support the adult areas. During the peak of operational pressures in adult services, over 25% of the registered and non-registered W&C nursing staff were redeployed to adult areas.

4.7 A manual review of the Badgernet data of nurse to baby ratio confirms that Beeding and the NNU are compliant with the safe standards set by British Association of Perinatal Medicine (BAPM 2018). The below table (table 5) illustrates the percentage of shifts that met the BAPM standards from Sept 2020 to date.

2020-2021						
% BAPM Standards	Sept	Oct	Nov	Dec	Jan	Feb
Beeding	97	80	91	98	97	100
NNU	97	91	87	93	98	97

**Table 5 Nursing shifts complaint with BAPM standards**

4.8 Finally, the development of the role of Advanced Clinical Practitioners (ACPs) as a solution to gaps in service delivery and an alternative career pathway is currently under review.

## **5. Maternity**

5.1 WSHFT midwifery staffing extends across the acute and community settings. The professionally endorsed model for assessing whether midwifery staffing is at a safe level is Birthrate Plus and this is based on the crude numbers of women who give birth together with the acuity of the cohort. The current assessment of the midwifery workforce numbers using the Birthrate Plus tool is a ratio of 1:27 which is in line with the current funded establishment.

5.2 Currently the template for staffing maternity for each shift is: a midwifery coordinator to oversee the shift in a supernumerary capacity, 8 midwives and 4 maternity assistants allocated to days and nights (on nights one of the 8 midwives is twilight only). The coordinator allocates and moves staff between the maternity ward and the labour wards throughout the shift depending on the needs and acuity of the women. The maternity wards on each site have 27 beds where midwives are caring for women in the antenatal period together with new mothers and babies and babies receiving transitional care. The labour wards on each site have 8 birthing rooms with an additional two birthing rooms on the Birth Centre at SRH. Both sites have dedicated bereavement facilities for parents.

5.3 The maternity service at WSHT also comprises the community care provided to women. The community midwives work in teams and provide scheduled antenatal care in clinics and post-natal care for women and babies at home. They are also on call for home birth and on the SRH site there is a two-bedded birth centre that is staffed by community midwives. The community midwives are key to successful continuity.

5.4 Maternity is an 'ebb and flow' service that requires flexible use of midwives and support staff across the labour ward and maternity ward settings. Although a small amount of elective work is undertaken (elective caesarean and induction for example), childbirth is unpredictable both in terms of demand and the potentially rapid change in the acuity profile. At times there is need for escalation. Labour wards are prioritised and midwives will move from the maternity ward to labour ward when this is required for safety. This can at times impact on the numbers of midwives on the maternity ward who are available to support women. For example, if there are 6 women on labour ward requiring one-to-one care (either because they are in established labour, having an elective caesarean or are high risk), only 2 midwives will be left to care for the women on the maternity ward. The service has an escalation procedure and there is a dedicated. 5.5 Midwifery Manager on call 24/7 to support decision making at times of increased activity. As a last resort the community midwives on call can be called in to support, but this is avoided as they are then unavailable for homebirths and may in fact have worked much of the previous day prior to the on-call with a risk to their wellbeing. A strict limit

has now been placed on their requirement to support and they will be called in for a maximum of four hours and only following discussion with Manager-On-Call.

5.6 Despite having the required budgeted establishment and proactive recruitment leading to a low vacancy factor, there are still workforce challenges:

1. Due to the specialist nature of midwifery and the national requirements for fitness to practice, mandatory training requirements are over and above the Trust allocation for other nursing groups
2. High headcount due to an almost 70% part time workforce compounds this issue by having to release more staff for training
3. Consistently high level of maternity leave
4. Short and long term sickness absence
5. Staff with specific rostering requirements due to ill health and supported by the Occupational Health Service
6. A high proportion of newly qualified midwives in their preceptorship year leading to skill mix imbalance. A clinical skills facilitator is employed to support them.

5.7 A number of initiatives have been undertaken since the last report. There was a refreshed training needs analysis reducing the number of training days for midwives and review of where midwives with limited flexibility or the inability to work nights to more 9-5 roles to enable recruitment of midwives able to work across the shift system.

**5.8 Continuity of carer:** A significant development in terms of the models of care and likely staffing need for the future is the move to a case-loading model of care. The maternity component of the Five Year Forward View is called 'Better Births and requires services to develop models to provide safer care with increased personalisation and choice for women and their families.

5.9 A key part of the programme is the requirement to move to a case-loading model for 'most' women (35%) by 2021. This target has been achieved and from 1<sup>st</sup> March 2021 we have six continuity teams (three per site). Each full-time midwife within the team will have a caseload of 1:36 and will offer antenatal, intrapartum and postnatal continuity following a team continuity approach,

5.10 The cost of expanding continuity models is currently unknown as it has never been done at scale before and Birthrate Plus have been commissioned by the maternity transformation programme (overseen by the STP) to undertake an independent workforce assessment across the four acute trusts to establish what the workforce needs are and therefore the gaps and potential costs of expanding continuity.

## **6.0. Vacancy Rates and Recruitment**

The vacancy factor for all areas is managed by the use of bank and agency staff and the board receive a monthly dashboard summarising the percentage of filled shifts by ward and role (registered/non-registered staff) every month within the monthly quality report. The monthly quality report also includes safety metrics including falls and pressure ulcers. Registered nursing staff continues to be recruited

through monthly domestic campaign's led by the Heads of Nursing and Matrons.

## 6.1. Vacancies

The NHS Five Year Forward View identified the importance of improving recruitment and retention (Department of Health, 2017) and the NHS Long Term Plan incorporates a focus on workforce including plans for training and recruitment and making the NHS a better place to work, this is also a focus of the People Plan programme for the NHS. It stated in the plan that there should be no more than 5% RN vacancies by 2028, this has been brought forward and a concerted effort is required to achieve this ambition by end of 2021. At present, more nurses are leaving the professional register than joining it (House of Commons, 2018). The third annual NHS workforce trends report '*A critical moment: NHS staffing trends, retention and attrition*' published by the Health Foundation confirms an "*ongoing deterioration*" for some staff groups with there being more than 41,000 vacant registered nursing positions in the NHS in England, equating to more than 1 in 10 posts currently vacant. The House of Commons Health Committee second report on The nursing workforce 2017-19 states only 33,000 vacancies are being filled by temporary staffing (bank and agency nurses.) These vacancy rates differ by nursing speciality as well as by geographical area whilst Health Education England (HEE) highlight that nurses nearing retirement as well as NQNs are the most likely to leave the profession. Since the student bursary was removed in 2016 the number of people applying for nursing degrees in England up to 2020 had decreased by 29%. However positive media reports now state that applications for Nursing courses have risen nationally by almost a third (32%) to reach 60,130 (Jan, 2021) and locally University places are already filled for September 2021 without the need to go to clearing. The Trust plans to increase our placement capacity to meet this demand and ensure a high quality learning environment for all our students.

- At Western Sussex Hospitals NHS Foundation Trust (WSHFT) the rolling 12 month turnover (% FTE) of registered nurses, as of January 2021, is 5.1% against a national average of 3.6%. Following a continued workforce recruitment campaign, RN vacancies are showing a consistently around 222, January 2021 is showing 264 but this includes the winter funding which is only in the budgets for 3 months.
- As of end January 2021 there are 263 WTE Band 5 vacancies across the Trust and 96 WTE Band 2 vacancies. However, our budgeted establishments saw an increase in Band 2 HCA posts from 910 WTE (September 2020) to 955 WTE (January 2021). In line with the national ambition to have no HCA vacancies by March 31<sup>st</sup> 2021 there has been a centrally managed recruitment in place since February 2021, this has proved very successful with all 96 vacant posts filled and start dates provided up until the end of April 2021. The rolling 12 month turnover for this staff group has improved since September 2020, down from 5.6% to 4.2% in January 2021. However, testing is in line with the National Skills for Health tests and the process is ensuring the appointment of a high calibre of HCAs who are able to step onto any of our developmental career pathways in the Trust which in turn should positively influence the likelihood of us retaining these staff members. This year will see an increase in apprentice HCA to provide the appropriate training required for providing this care and start them on a career path to ensure a pipeline of future registered nurse workforce.

- Nationally there has been a campaign to attract as many overseas nurses as possible. WSHFT continues to run a very successful process, in 2020/2021 a total of 93 nurses will have arrived. Additional funding has been successfully gained from NHSEI.

## 7.0. Recruitment

7.1 RN vacancies remain at a high level despite rigorous recruitment effort. Registered nurse workforce capacity across the local region and nationally remains a challenge to all health providers. Whilst there is a continued effort for both local, national and international recruitment, the Trust is also focussing on retaining staff and '*growing our own*', this recognises that the supply of RNs is currently challenged.

RN vacancies from February 2019 – July 2019 are presented below in Table 5:

**Table 4: RN Vacancies – Q1-3 (Including bank and maternity Staff)**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 20
	281	279	269	274	272	263	266	246	237	249
%	13.9	13.7	13.3	13.5	13.4	13.0	13.0	12.0	11.5	12.0

7.2 Recruitment projects at WSHFT include:

- 12 month rolling standardised recruitment dates (including bank, with 2 dates each month booked covering both sites) supported by HRES for streamlined on boarding and good candidate experience
- Nationally there is an increased reliance on bank staff (driven by NHSi requirements to reduce expenditure on agency and an increased demand for fully flexible working) so as a Trust we have a rolling Bank Nurse advert out to capture as many applicants as possible. HCA recruitment is currently open to all, either via the apprentice route or those with an NVQ 2, or above in healthcare being successful in a values based interview.
- The 12 month preceptorship programme for newly qualified nurses – consisting of 10 mandatory days of education, has been an excellent recruitment tool. Rotational programmes are established now across divisions including acute pathways for both sites, using high vacancy areas. This will enable nurses to gain a breadth of experience across specialities.
- Overseas Nurse Recruitment has continued in 2020/21 with 12 ITU nurses arriving from India and 81 from the Philippines. A further business is being developed for consideration for future international recruitment. Additional funds to support the additional recruitment have been secured from NHSEI.
- OSCE training has been given to all overseas nurses on arrival with a pass rate to date of 100%.
- OSCE training is also offered to our internationally educated nurses currently working in Band 2-4 roles to help them to develop their skills in order to prepare for their OSCE.
- Improving pre-registration (pre-reg) student experience; this includes in-house simulation and training dates, with a plan to recruit these students when they qualify, Clinical Educators to support our adult



paediatric and midwifery pre-reg students and retention remains consistent with 100% of our adult Nursing Students from the University of Brighton and Surrey taking up a post with us in September 2020 and February 2021, 86% of students from Portsmouth who undertook their final placement with WSHFT took a post on qualification.

- In 2018 we increased our University intake for taking pre-reg students by going into both formal and informal contract with 3 Universities (The University of Portsmouth, University of Southampton and University of Surrey). In 2019 to increase further and mitigating the diminishing numbers being recruited by our Universities we are in conversation with University of West London, Kingston and the Open University. In an attempt to reduce our student nurse attrition, we are running bi annual final year student nurse recruitment events for both internal and external pre-registration nurses. In line with the pledge in the NHS Long Term Plan, NHS England and NHS Improvement have confirmed that there will be 5,764 new clinical placements (a 25% increase) for pre-reg nursing students.
- Bespoke recruitment campaigns for areas with high vacancy factors have been running successfully through the use of social media promotion as well as open days/showcase events. This has been reported via metrics from the hits and reach on social media as well as the headcount of 'drop ins' at each open day. The NHS workforce trends report state that staffing trends vary across work areas therefore, it is important that our recruitment drives are targeted and tailored appropriately to the bespoke needs of each service/department and focus on showcasing their unique selling points.

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

- Agency line bookings for areas most challenged, this also supports the withdrawal from the more expensive agencies.
- Internal transfer for nursing staff continues easing the movement of staff within the Trust and encourages retention whilst also reducing recruitment processes. This supports Band 5 Nurses in planning and forecasting their career pathway through sideways transfer(s), allowing them to develop a wealth of clinical skills and knowledge whilst enhancing their career pathway and professional goals. This internal process has reduced duplication for all parties involved in the recruitment streamlining the process.
- The introduction of new routes into nursing including Nursing Associates (7 cohorts of Trainee TNAs have now been recruited to the Trust, the first of which qualified as Band 4 registered NAs in March 2020.) There are currently 38 TNAs employed in the workforce across the 5 cohorts.
- The allocation of CPD funding has been altered to ensure parity and transparency across divisions, the Heads of Nursing have allocated funding based on their training needs analyses within their divisions to ensure we have appropriately skilled and trained staff where we need them. However, the NHS workforce trends report explains that there is a continued lack of investment in ongoing training and development across the NHS. This is repeatedly cited as a reason for leaving in our Trust exit data for both HCAs and RNs.

## 8.0. Staffing

8.1 Due to the Trust's current vacancy factor it is of paramount importance that shortfalls in staffing are proactively managed. All Trusts must ensure NQBs 2018 guidance is formally embedded in their safe staffing guidance, which states:

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

8.2 The Trust hosts daily Safe Staffing Huddles. Shortfalls in staffing are discussed daily at this huddle which is led by an allocated Matron for the operational divisions with clear escalation to the Head of Nursing.

8.3 If required staff are moved to accommodate extra capacity staffing and areas that need additional support. Bank and agency staff are used as required to ensure the nurse to patient ratio remains within acceptable levels. Heads of Nursing, Directorate Lead Nurses, Matrons and the Practice Educators have also worked clinically on the wards as needed.

**8.4 Temporary staffing:** Further work to improve nursing efficiency is ongoing via various enablers including improving our rostering practice on Health Roster, working towards roster approvals meeting the NHSi requirements of 6 weeks in advance and reducing the lead time we send shifts to agency down to a maximum of 3 weeks only, Tier 1 agencies are utilised with strong management of the costs involved. The Trust has seen an increase in bank nursing bookings which can partly be attributed to the above. Most Trusts within the STP footprint are adhering to the same shift release timeframes and have not seen a detrimental effect on fill rates.

## 8.5 eRostering:

9.1 E-rostering was identified as a key component in the Lord Carter Review (2015) to support workforce efficiency. Whilst in 2007 NHS Employers recommended implementation of e-Rostering to improve workforce productivity. For nursing and midwifery at WSHFT this software provides additional functionality in the form

of the SafeCare tool for an overview of patient acuity and dependency at ward level currently this is at 76% compliance, there is a clear requirement to improve. This allows for better/safe operational decision making and access to rotas off site using web based service and/or an app on smart phones. Other benefits including more efficient utilisation of substantive staff hours, reduction in use of temporary staff and compliance with 6 week sign off and Trust target headroom values are predicted.

**8.6 Sickness:** The Heads of Nursing monitor overtime and sickness, following the *WSHFT Health and Wellbeing Policy* with HR support and in many areas there are driver metrics (in line with the Trust's Patient First Improvement System) with the support of HR and ER to manage absence.

8.7 The sickness rate has remained fairly static when comparing quarter 4 2020 to quarter 1 2021 3.39% - 3.38% this will exclude Covid related absenteeism.

**Table 6 -7 (Q1-Q3 sickness by staff group.)**

### Absence Timeline Q1-Q3

**Table 6: Staff Group: Nursing & Midwifery**

Absence FTE %	Absence Days	Absence FTE	Available FTE
3.63%	25,105	20,452.71	563,936.79

Month	Absence FTE %	Absence FTE	Available FTE
2020 / 04	3.39%	1,844.79	54,391.87
2020 / 05	3.91%	2,240.00	57,353.72
2020 / 06	3.85%	2,135.76	55,466.16
2020 / 07	3.65%	2,096.07	57,363.30
2020 / 08	3.59%	2,058.10	57,252.15
2020 / 09	3.70%	2,041.60	55,110.97
2020 / 10	3.70%	2,096.42	56,707.66
2020 / 11	3.69%	2,039.51	55,199.35
2020 / 12	3.40%	1,947.93	57,374.98
2021 / 01	3.38%	1,952.51	57,716.63

**Table 7: Staff Group: Additional Clinical Services**

Absence FTE %	Absence Days	Absence FTE	Available FTE
4.71%	21,257	17,052.18	362,195.37

Month	Absence FTE %	Absence FTE	Available FTE
-------	---------------	-------------	---------------

2020 / 04	4.88%	1,741.32	35,696.86
2020 / 05	4.74%	1,745.54	36,853.68
2020 / 06	4.20%	1,503.57	35,799.53
2020 / 07	4.08%	1,519.52	37,227.08
2020 / 08	4.70%	1,734.15	36,905.41
2020 / 09	4.74%	1,668.64	35,209.89
2020 / 10	5.25%	1,900.71	36,201.93
2020 / 11	5.26%	1,853.19	35,251.56
2020 / 12	4.69%	1,701.90	36,297.70
2021 / 01	4.58%	1,683.63	36,751.72

## 9.0 Nursing Red flags:

9.1 The Safer Staffing Alliance states there is evidence that care is compromised when there are more than 8 patients (beds) to 1 registered nurse. In order to be compliant with NHS Improvement's Workforce Safeguards, WSHFT have a Red Flag procedure for nursing within the Trust. The purpose of a Red Flag being raised is to identify those times where either essential nursing care has not been delivered, or where there is a risk that the quality of patient care may be impacted. If departments do not have enough nurses on duty with the right skills to safely meet the needs of the unit they raise a Red Flag via the Datix risk management system (Appendix A.)

<b>Top scoring Red Flags =&gt;10</b>	<b>Previous reporting period October 2019 – March 2019</b>	<b>Current reporting period April 2020 – September 2020</b>
1) Shortfall of registered nurse establishment (>8hrs or 25%)	27	22 ↓
2) Unplanned omission in providing patient needs	30	16 ↓
3) Delayed recognition of an action on abnormal vital signs	6	12 ↑

	<b>Previous reporting period October 2019 -March 2020</b>	<b>Current reporting period April 2020 - September 2020</b>
<b>Total Red Flags reported</b>	136	92 ↓

## 10.0. Nursing Templates

10.1 Calculating staffing requirements is dependent upon a number of factors, including the acuity and dependency of patients. The last acuity staffing review of adult inpatient wards was undertaken in October 2019 using the Shelford Group Model. Due to Covid this has not been repeated in 2020 /21 but is planned for April and May 2021 in advance of establishment reviews led by the Chief Nurse. A business case in Medicine has been approved to increase the respiratory template. A temporary increase in establishment ED was made to support the Red and Green pathways to ensure good practices in infection control. Increased by 33 WTE RN's and 17 WTE for both ED's.

## 11. Developing Workforce Safeguards:

11.1 In line with NHSi's Developing Workforce Safeguards (October 2018), the Nursing Workforce Safeguards Trust policy is currently being written to ensure compliance. This will provide assurance that the Trust's workforce decisions will promote patient safety and comply with the Care Quality Commission's (CQC) fundamental standards, NHSi's Use of Resources assessment and the Board's statutory duties.

## **12. Establishment reviews:**

12.1 Establishment reviews should be undertaken annually (using evidence-based tools, professional judgement and outcomes) and must also include a mid-year review. The WSHFT establishment reviews were completed in January 2020 for all adult, critical care, paediatric wards and the emergency departments. The review followed the Trust Ward Workforce Review template taking into account:

- Patient acuity and dependency using an evidence-based tool (Safer Nursing Care Tool by the Shelford Group)
- Activity levels and seasonal variation in demand
- Service developments and service changes
- Staff supply and experience issues
- Where temporary staff have been required above the set planned establishment
- Patient and staff outcome measures

12.2 Staffing reviews are being completed and will be discussed in business planning to prioritise staffing. This will occur in the nursing establishment reviews, led by the Chief Nurse with the department's Head of Nursing, Matron and/or Ward Manager alongside HR and Finance and should be documented.

12.3 NQB's (2018) guidance states that the Trust must meet three expectations: deploying the right staff with the right skills at the right place and time. This triangulated approach to staffing decisions is outlined in Table 4.

## **13. Introduction of Band 4 roles:**

13.1 The Trust's workforce plan will include a comprehensive Quality Impact Assessment (QIA) where there is any workforce transformation or redesign including a change in skill mix and/or the introduction of new roles. Any redesign or introduction of new roles (including but not limited to nursing associates and advanced clinical practitioners) would be considered a service change and must have a full QIA.

13.2 The Trust has recruited twice a year (in February and September) for Trainee Nursing Associates (TNA) onto the 2 year Health and Social Care Practice foundation degree apprenticeship. TNA numbers at WSHFT from March 2018 are presented in Table 5. The plan is to continue to recruit TNA numbers from our own pool of "qualification ready" HCAs. We are also building a team to support the TNAs going forward who require significant pastoral care and clinical support.

13.3 To enable this recruitment to grow from the Trust's internal pool of HCAs the Practice Development Team are providing career development packages and a clear pathway supported by a "readiness" programme which supports HCAs through the qualifications, clinical experience and values and behaviours required to apply to be a TNA.

**Table 7: TNA numbers since February 2018**

<b>Start Date</b>	<b>End Date</b>	<b>No of TNA commenced on apprenticeship</b>	<b>No. of TNA expected to complete</b>
<b>Feb-18</b>	<b>March-20</b>	<b>5</b>	<b>5</b>
<b>Sep-18</b>	<b>Oct -20</b>	<b>8</b>	<b>8</b>
<b>Feb-19</b>	<b>March-21</b>	<b>7</b>	<b>7</b>
<b>Sep-19</b>	<b>Oct -21</b>	<b>12</b>	<b>12</b>
<b>Feb -20</b>	<b>March- 22</b>	<b>8</b>	<b>8</b>

## **15. Retention**

15.1 The February 2019 NHS workforce trends report states that improving staff retention is a priority, there has been no improvement in the NHS over the past year and insufficient attention has been given to the retention of our existing nursing workforce. The NHS Long Term Plan relies on the existing NHS workforce in order to make progress and be an enabler of its objectives however, with the current workforce shortages this is going to be a challenge particularly as more nurses now leave the professional register than join it.

15.2 The Trust was involved in NHSi's Nursing Retention Support Programme (Cohort 3), as an outcome of this the Trust N&M Retention strategy was developed which includes various targeted initiatives:

### Health and wellbeing:

- Ongoing Wellbeing programme continues including a number of initiatives (Well-being Wednesday etc.)

### Career progression:

- Career pathways for nursing at WSHFT
- Rotational programmes for Band 5 nurses
- Internal transfer for Band 5 nurses
- Bi annual Final Year Student Recruitment events
- Preceptorship Three year programme, University accredited and the final year being very bespoke for the individual
- Career events (with key note speakers from the Trust)

### 15.3 Supporting new starters:

- Standardised local induction process (orientation)
- A review is currently of the department information welcome packs for all nursing and midwifery new starters (inserts include wellbeing and benefits, social side, Ambassador's welcome, uniform expectations/infographic and information about Patient First, our hospitals and Temporary Staffing)

#### 15.4 HCA-specific initiatives:

- Bands 2-4 Conference
- Inspirational HCA Career Events
- Career Roadshows/Communication Hit Squad this has been suspended during the last year.
- Itchy Feet Conversations
- Quarterly Bands 2-4 forums
- Care Certificate training programme and robust support from Bands 2-4 team
- Band 3 Pilot (in areas with high HCA turnover)

15.5 The House of Commons (2018) support the work on retention led by NHS Improvement and NHS Employers as well as recommending increasing opportunities for high quality continuing professional development and flexible working and career pathways.

## **16. Summary and next steps**

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

- Establishment reviews June 2021
- Recruitment of nursing and midwifery staff is essential and will need to continue at pace, locally, nationally and internationally (100 recruited).
- Although the supply of nurses and midwives is limited, focussed activity in the Trust will be on retaining staff and improving resilience, increasing our student numbers and how we develop our own people to become skilled registered practitioners through apprenticeship routes such as the Assistant Practitioner and Nursing Associate roles.

## **17. Related documents**

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/353.pdf>



<https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

<https://www.hee.nhs.uk/sites/default/files/documents/Nurses%20leaving%20practice%20-%20Literature%20Review.pdf>

[https://improvement.nhs.uk/documents/5940/20190903\\_UPDATED\\_Nursing\\_Midwifery\\_E-Rostering\\_Guidance\\_September\\_2019.pdf](https://improvement.nhs.uk/documents/5940/20190903_UPDATED_Nursing_Midwifery_E-Rostering_Guidance_September_2019.pdf)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499229/Operational\\_productivity\\_A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf)

[https://improvement.nhs.uk/documents/3320/Developing\\_workforce\\_safeguards.pdf](https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf)

[http://shelfordgroup.org/library/documents/130719\\_Shelford\\_Safer\\_Nursing\\_FINAL.pdf](http://shelfordgroup.org/library/documents/130719_Shelford_Safer_Nursing_FINAL.pdf)

[https://quicktech.imperialinnovations.co.uk/i/Surveys\\_Questionnaires/SNCT\\_CandYP.html?item=SNCT\\_CandYP](https://quicktech.imperialinnovations.co.uk/i/Surveys_Questionnaires/SNCT_CandYP.html?item=SNCT_CandYP)

<https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>

## APPENDIX A

### Nursing Red Flags

Nursing Red Flag Events – April 20 –Sept 20 (*Data from Datix risk and incident reporting software*).

	Unplanned omission in providing patient needs	Delay of more than 30 minutes in providing pain relief	Vital signs not assessed/recorded as per care plan	Delay or omission of intentional rounding	Shortfall of registered nurse establishment (>8hrs or 25%)	Less than 2 registered nurses on the ward	Delayed or cancelled time critical activity	Missed or delayed care (i.e. delay of 60 minutes or more in washing and suturing)	Missed medication during an admission to hospital or midwifery-led unit (i.e. diabetes medication)	Delayed recognition of and action on abnormal vital signs	Total
<b>Total</b>	<b>16</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>22</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>92</b>
Eastbrook Ward	3	3	3	2	3	0	0	0	0	0	14
Fishbourne Ward	2	0	1	1	3	0	0	2	1	2	12
Ashling Ward	0	1	1	1	1	0	0	1	0	1	6
Middleton Ward	0	2	1	0	1	0	0	0	2	0	6
Accident & Emergency (SRH)	0	0	0	0	1	0	0	1	1	2	5
Eartham Ward	1	1	1	1	1	0	0	0	0	0	5
Beacon Ward	1	0	1	1	0	0	0	0	0	1	4
Clapham Ward	0	0	0	0	4	0	0	0	0	0	4
Durrington Ward	1	0	0	0	1	0	0	1	0	1	4
CDU (WH)	1	1	0	1	0	0	0	0	0	0	3
Chichester Emergency Floor	0	0	0	0	2	0	0	0	0	1	3

Emergency Floor (WH)	0	0	0	0	0	1	0	0	2	0	3
Intensive Care Unit (ITU)	1	0	0	0	0	0	1	0	0	1	3
Accident & Emergency (WH)	1	0	0	0	1	0	0	0	0	0	2
Chiltington Ward	0	0	0	0	0	1	0	0	0	1	2
Coombes Ward	0	0	0	0	0	1	0	0	0	1	2
Erringham Ward	0	0	0	0	2	0	0	0	0	0	2
Intermediate Care Setting	0	0	0	1	0	0	0	1	0	0	2
Any Other Location	1	0	0	0	0	0	0	0	0	0	1
Becket Ward	1	0	0	0	0	0	0	0	0	0	1
Bramber Ward	1	0	0	0	0	0	0	0	0	0	1
Castle Ward	1	0	0	0	0	0	0	0	0	0	1
Enhanced Surgical Care Unit	0	0	0	0	1	0	0	0	0	0	1
Fernhurst Centre	0	0	0	0	0	0	0	0	0	1	1
Ford Ward	0	0	0	0	1	0	0	0	0	0	1
In Transit (Ambulance Only)	0	0	0	0	0	0	1	0	0	0	1
Petworth Ward	1	0	0	0	0	0	0	0	0	0	1
Selsey Ward	0	0	0	0	0	1	0	0	0	0	1

<b>Top scoring <i>Red Flags</i> =&gt;10</b>	<b>Previous reporting period October 2018 -March 2019</b>	<b>Current reporting period April 2019 - September 2019</b>
4) Shortfall of registered nurse establishment (>8hrs or 25%)	57	53 ↓
5) Unplanned omission in providing patient needs	39	33 ↓
6) Delay or omission of intentional rounding	14	19 ↑
7) Vital signs not assessed/ recorded as per care plan	15	15 ↔
8) Less than 2 registered nurses on the ward	14	15 ↑
9) Delay of more than 30 minutes in providing pain relief	15	10 ↓

	<b>Previous reporting period October 2018 -March 2019</b>	<b>Current reporting period April 2019 - September 2019</b>
<b>Total Red Flags reported</b>	184	175 ↓

<b>Agenda Item:</b>	14	<b>Meeting:</b>	Trust Board - Public	<b>Meeting Date:</b>	1/4/2021
<b>Report Title:</b>	<b>Gender Pay Gap Report (31 March 2020 snapshot)</b>				
<b>Sponsoring Executive Director:</b>	Marianne Griffiths, Chief Executive				
<b>Author(s):</b>	Nikki Kriel, Organisational Development Manager Andy Hughes, HR Business Partner - Core Division and Trust Pay & Reward Lead				
<b>Report previously considered by and date:</b>	Virtual approval from Diversity Matters Steering Group, 10 February 2021				
<b>Purpose of the report:</b>					
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>		
Review and Discussion	<input checked="" type="checkbox"/>	Approval / Agreement	<input checked="" type="checkbox"/>		
<b>Reason for submission to Trust Board in Private only (where relevant):</b>					
Commercial confidentiality	<input type="checkbox"/>	Staff confidentiality	<input type="checkbox"/>		
Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>		
<b>Link to Trust Strategic Themes:</b>					
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>		
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>		
Systems and Partnerships	<input type="checkbox"/>				
<b>Any implications for:</b>					
Quality	Gender Pay Gap reporting will result in improved levels of gender equality.				
Financial	Supports good financial performance - the balance of male and female employers in each of the four salary range quartiles and how effectively talent is being maximised and rewarded.				
Workforce	Building a reputation for being known as a fair and progressive employer, attracting a wider pool of recruits, enhancing productivity and creating a culture committed to tackling inequality.				
<b>Link to CQC Domains:</b>					
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>		
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>		
Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input type="checkbox"/>		
<b>Communication and Consultation:</b>					
The Gender Pay Gap data is obtained through the Trust's Electronic Staff Records (ESR). Once approved by the Trust Executive Committee the report will be published on the Trust's website and shared internally to support improvements over the following 12 months.					
<b>Executive Summary:</b>					
This report summarises the Trust's Gender Pay Gap (GPG) as at the 31 March 2020 snapshot demonstrating the difference in average hourly pay and bonus payments between men and women. The Trust is mandated to report and publish six calculations on the government website with a written statement confirming the calculations are accurate. The information is then published on the Trust's website.					
<b>Key Recommendation(s):</b>					
The Trust Board is asked to approve the report for publication.					

# Gender Pay Gap Report (31 March 2020 snapshot)

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## 1) Introduction

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

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

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

Data relating to the pay period in which the snapshot date of 31 March 2020 is required, with full publication on 31 March 2021 and annually thereafter. Organisations are required to maintain data on their websites for three years in order to show progress made.

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

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

The pay period is a snapshot of the gross hourly pay rate of all employees, excluding bank workers on the 31 March 2020 and includes the following elements:

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

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

The report does not include:

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

## 2) Purpose

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

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

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

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

## 3) Analysis

### Gender mean and median - hourly pay gap

The table below shows the mean and median hourly rates for male and female employees in the Trust and the actual gap in monetary and percentage terms in 2020. The 2019 figures are shown in brackets.

There is a 19.17% (20% in 2019) difference in favour of male employees when using the mean hourly rate; this is a decrease of 0.83% on the 2019 figures and is seen as a positive step in direction.

This however, moves to 1.18% in favour of male employees when the median hourly rate is used. This was 2.78% in favour of female employees in 2019. The mean figure is more indicative measure.

Data obtained for the 2020 snapshot has been provided by staff group and pay banding. This shows outliers in the gender pay gap in favour of male employees of 15.81% for Medical and Dental staff and 19.08% Administration and Clerical. When reviewing the 2021 snapshot data these staff groups are to be reviewed further as a priority.

As part of the Agenda for Change contract refresh during the reporting period the pay band transition from band 1 to band 2 evidences that there are 3 times more women in band 2. This is impacting on the pay medium, compared to pay band 1 where the numbers of male to female are comparative. There is however a 0.47 difference (4.68%) paygap. This is the first year data has been gathered in this way and to understand what

changes have influenced the pay gap, a working group is to be established to explore further.

Table 1:

Gender	Mean Hourly Rate		Median Hourly Rate	
Male	£ 19.71	(£ 19.31)	£ 14.33	(£ 13.30)
Female	£ 15.93	(£ 15.44)	£ 14.17	(£ 13.55)
Difference	£ 3.78	(£ 3.87)	£ 0.16	(£ 0.25)
Pay Gap %	19.17%	(20.0%)	1.18%	(2.78%)

### Gender mean and median – bonus pay gap

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

Table 2:

Gender	Mean Bonus		Median Bonus	
Male	£12,308.88	(£12,913.65)	£ 8,818.67	(£ 9,048.00)
Female	£ 7,072.63	(£ 7,558.75)	£ 3,019.68	(£ 5,428.80)
Difference	£ 5,236.25	(£ 5,354.90)	£ 5,798.69	(£ 3,619.20)
Pay Gap %	42.54%	(41.47%)	65.75%	(40.00%)

Note: The 2019 Local Clinical Excellence Awards (LCEA) round was paused and payments incorporated into the 2020 LCEA round. Payments have been applied equally amongst all eligible consultants and paid in February 2021. Part time staff will receive the same amount as full-time colleagues.

It is a fair assumption that pausing the LCEA round will have a bearing on the overall median bonus data.

The 2020 snapshot will exclude the 2021 National CEA which closes for applications in mid-March 2021.

### Proportion of male and female receiving a bonus payment

A total of 121 (128) employees in the Trust received a bonus payment; this is shown as a percentage of the overall workforce. The reported data is comparable to that in 2019.

Table 3:

Gender	Employees Paid Bonus (% of this group)		VSM Staff Paid Bonus	Medical & Dental Staff Paid Bonus	%WSHT Workforce
Female	39 (41)	31.7% (32%)	2 (3)	37 (38)	0.69% (0.73%)
Male	82 (87)	68.3% (68%)	1 (1)	81 (86)	4.62% (5.00%)



## Proportion of male and female staff in each quartile band

The Trust is required to rank every employee by rate of pay on the 31 March 2020 (not by pay banding). The data has been presented in 4 equal quartiles in the table below. The reported data is comparable to that in 2019 and is also in line with the national NHS scene.

Table 4:

Quartile	Bracket/Band	Female%	Male%
<b>Top</b>	£19.36 - £97.82ph (£18.76 - £85.92ph)	68.9 (69.3) -0.4	31.1 (30.7) + 0.4
<b>Upper Middle</b>	£14.39 - £19.35ph (£13.73 - £18.74ph)	83.1 (81.9) +1.2	16.9 (18.1) -1.2
<b>Lower Middle</b>	£10.64 - £14.38ph (£10.34 - £13.72ph)	77.6 (78.3) -0.7	22.4 (21.7) +0.7
<b>Lower</b>	£5.89 - £10.63ph (£5.68 - £10.33ph)	75.2 (75.8) -0.6	24.8 (24.2) +0.6
<b>WSHT Total</b>		76.2 (76.3)	23.8 (23.7)

## 4) Publication of data

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

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

For reporting purposes submitted data is rounded up to one decimal place.

## 5) Actions to take forward

The Trust is committed to ensuring an equitable workforce and this paper highlights the gender pay gap data as of 31 March 2020. Towards the end of 2019/20 and in response to the COVID-19 pandemic, delivery of the proposed actions agreed in 2019 were delayed. Actions have been delayed to the next reporting period.

In view of Western Sussex Hospitals merging with Brighton Sussex University Hospitals from 1 April 2021 the ongoing collaboration, shared expertise, advice and guidance provided by the Equality, Diversity and Inclusion team at BSUH will support continuous gender pay progression and focus to:

- Establish a joint WSHT/BSUH gender pay working group lead by relevant stakeholders including the Trust's Medical Directors and provide regular progress reports to the merged Diversity Matters Group.

- Undertake a review of the 2021 local and national CEA applications to ensure both female and male employees feel able, are encouraged and confident to apply and outcomes treated fairly.
- Seek confirmation on the detail available in the ESR Business Intelligence (BI) template report to understand the breakdown of local and national CEA.
- Monitor applications of Trust policies such as flexible working. Record the number of applications and outcomes on ESR, produce an quarterly report for the gender pay gap working group.
- Develop improved career pathways for all lower paid staff, linked to the annual welfare process.
- Ensure all staff have fair and equitable access to all leadership & management development opportunities.
- Investigate if 2021 Gender Pay Gap data can be stratified and broken down by Agenda for Change and Medical & Dental.
- Review how well the Trust manages women's career progression after an employment break such as maternity.

**Authors:**

Nikki Kriel, Organisational Development Manager

Andy Hughes, HR Business Partner - Core Division and Trust Pay & Reward Lead

February 2021

<b>Agenda Item:</b>	15	<b>Meeting:</b>	Board of Directors	<b>Meeting Date:</b>	April 2021															
<b>Report Title:</b>	<b>Company Secretary Report</b>																			
<b>Sponsoring Executive Director:</b>	Glen Palethorpe, Group Company Secretary																			
<b>Author(s):</b>	Glen Palethorpe, Group Company Secretary																			
<b>Report previously considered by and date:</b>																				
<b>Purpose of the report:</b>																				
Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>																	
Review and Discussion	<input type="checkbox"/>	Approval / Agreement	<input type="checkbox"/>																	
<b>Reason for submission to Trust Board in Private only (where relevant):</b>																				
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Patient confidentiality	<input type="checkbox"/>	Other exceptional circumstances	<input type="checkbox"/>																	
<b>Link to Trust Strategic Themes:</b>																				
Patient Care	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>																	
Our People	<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>																	
Systems and Partnerships	<input checked="" type="checkbox"/>																			
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Well-led	<input checked="" type="checkbox"/>	Use of Resources	<input checked="" type="checkbox"/>																	
<b>Communication and Consultation:</b>																				
<b>Executive Summary:</b>																				
<p><b>USE OF TRUST SEAL</b></p> <p>It is a requirement of the Trust Standing Orders that a register of sealing is maintained, its use is affixed in the presence of two senior employees duly authorised by the Chief Executive and that the use of the Common Seal is reported to the Trust Board.</p> <p>Below is the detail of the use of the Seal or the period April 2020 to March 2021</p> <table border="1"> <thead> <tr> <th>Seal ref</th> <th>Date affixed</th> <th>Summary details</th> <th colspan="2">Signatories</th> </tr> </thead> <tbody> <tr> <td>48</td> <td>21 April 2020</td> <td>Deed of variation and extension to the contract for the provision of Library Services between WSCC and WSHT</td> <td>Chief Financial Officer</td> <td>Finance Director</td> </tr> <tr> <td>49</td> <td>22 January 2021</td> <td>Contract for Mortuary and Post-Mortem Facilities and Technical Staff with West Sussex County Council</td> <td>Chief Financial Officer</td> <td>Finance Director</td> </tr> </tbody> </table>						Seal ref	Date affixed	Summary details	Signatories		48	21 April 2020	Deed of variation and extension to the contract for the provision of Library Services between WSCC and WSHT	Chief Financial Officer	Finance Director	49	22 January 2021	Contract for Mortuary and Post-Mortem Facilities and Technical Staff with West Sussex County Council	Chief Financial Officer	Finance Director
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## Schedule of meetings for 2021/22

Meetings going forward will be as University Hospitals Sussex NHS Foundation Trust. These meetings will be held quarterly on a Thursday, and as with the cycle for 2019/20 these will be a week behind the supporting Committee meetings to allow for the efficient flow of assurance from these Committees to the Board. The table below shows the dates and times of these meetings in Public, but the locations of these meetings has yet to be determined especially as the first meeting will be before the earliest date for the removal of all national social distancing restrictions.

	May 2021	Aug 2021	Nov 2021	Feb 2022
Board of Directors	Thurs 6 May 10.00-13.30	Thurs 5 Aug 10.00-13.30	Thurs 4 Nov 10.00-13.30	Thurs 3 Feb 10.00-13.30

### Council of Governors meetings

For 2021/22 there will be four Council of Governors meetings held in public. These are to be held a couple of weeks after each Board meeting ensuring reports to the Council reference the same data set used for the Board and as the Board papers are sent to each governor given the close proximity of the meetings then the provision of duplicate reporting can be removed.

As with the Board meetings table below shows the dates and times of these meetings in Public, but the locations of these meetings has yet to be determined.

	May 2021	Aug 2021	Nov 2021	Feb 2022
Council of Governors	Thurs 20 May 13.00 – 15.00	Thurs 19 Aug 13.00 – 15.00	Thurs 18 Nov 13.00 – 15.00	Thurs 17 Feb 14.30 – 16.30

### Annual General Members Meeting

The Trust is provisionally targeting the Thursday 29 July 2021 for its AGM again the location has to be determined.

### **Key Recommendation(s):**

The Board is asked to

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

**NOTE** the dates of the public Board meetings, the public Council of Governors meetings and the proposed date for the AGM. The Board and Council meeting dates will be publicised on our web site as will the AGM date once agreed.