University Hospitals Sussex
NHS Foundation Trust

Meeting of the Board of Directors

10.00 to 13:30 on Thursday 04 November 2021

Virtual MS Teams

AGENDA – MEETING IN PUBLIC

1.	10.00	**Welcome and Apologies for Absence** To note	Verbal	Alan McCarthy
		Confirmation of Quoracy To note *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 two Non-executive Directors and two Executive Directors.*	Verbal	Alan McCarthy
2.	10.00	**Declarations of Interests** To note	Verbal	All
3.	10.00	**Minutes of UHSussex Board Meeting held on 05 August 2021** To approve	Enclosure	Alan McCarthy
4.	10.05	**Matters Arising from the Minutes** NONE	Enclosure	Alan McCarthy
5.	10.05	**Report from Chief Executive** To receive and note overview of the Trust's activities	Presentation	Dame Marianne Griffiths
		INTEGRATED PERFORMANCE REPORT		
6.	10.30	**Patient** To receive and agree any necessary actions *After this section the Chair of the Patient Committee will be invited to provide their report included at item 11* To receive assurance from Committee and recommendations from the Committee	Enclosure	Maggie Davies
7.	10.45	**Quality** To receive and agree any necessary actions *After this section the Chair of the Quality Committee will be invited to provide their reports included at item 12* To receive assurance from Committee and recommendations from the Committee	Enclosure	Maggie Davies William Roche
8.	11.05	**People** To receive and agree any necessary actions	Enclosure	David Grantham

		At this point the Chair of the People Committee will be invited to provide their report included at item 13 To receive assurance from Committee and recommendations from the Committee		
9.	11.20	**Sustainability** To receive and agree any necessary actions *After this section the Chair of the Sustainability Committee will be invited to provide their report included at item 14* To receive assurance from Committee and recommendations from the Committee	Enclosure	Karen Geoghegan
10.	11.40	**Systems and Partnerships** To receive and agree any necessary actions *After this section the Chair of the Systems and Partnerships Committee will be invited to provide their report included at item 15* To receive assurance from Committee and recommendations from the Committee	Enclosure	Pete Landstrom
		ASSURANCE REPORTS FROM COMMITTEES		
11.	12.00	**Report from Patient Committee** - **from the meeting held on the 26 October 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Jackie Cassell
12.	12.05	**Report from Quality Committee** - **from the meeting held on the 26 October 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Joanna Crane
13.	12.10	**Report from People Committee** - **from the meeting held on the 27 October 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Patrick Boyle
14.	12.15	**Report from Sustainability Committee** - **from the meeting held on the 28 October 2021** To receive assurance from Committee and recommendations from the Committee	Enclosure	Lizzie Peers
15.	12.20	**Report from Systems and Partnerships Committee** - **from the meeting held on the 28 October 2021 including** To receive assurance from Committee and recommendations from the Committee	Enclosure	Patrick Boyle
16.	12.25	**Report from Audit Committee** - **from the meeting held on the 14 October 2021 including** - ***Annual Health and Safety Reports 2020/21***	Enclosure Enclosure	Jon Furmston

		Former BSUH and WSHFT To receive assurance from Committee and recommendations from the Committee		
17.	12.35	**Report from Charitable Funds Committee from the meeting held on the 12 October 2021 including** To receive assurance from Committee and recommendations from the Committee	Enclosure	Lizzie Peers
18.	12.45	**Board Assurance Framework** To approve	Enclosure	Glen Palethorpe
		WELL LED & COMPLIANCE		
19.	12.55	**Company Secretary Report** To note	Enclosure	Glen Palethorpe
		OTHER		
20.	13.05	**Any Other Business** To receive and action	Verbal	Alan McCarthy
21.	13.15	**Questions from the public** To receive and respond to questions submitted by the public at least 48 hours in advance of the meeting.	Verbal	Alan McCarthy
22.	13.30	**Date and time of next meeting:** The next meeting in public of the Board of Directors is scheduled to take place at 10.00 on Thursday 03 February 2022. **To resolve to move to into private session** *The Board now needs to move to a private session due to the confidential nature of the business to be transacted*	Verbal	Alan McCarthy

Minutes

University Hospitals Sussex
NHS Foundation Trust

Minutes of the Board of Directors meeting held in Public at 10.00am on Thursday 05 August 2021, held virtually via Microsoft Teams Live Broadcast.

Present:

Alan McCarthy MBE DL	Chair
Dame Marianne Griffiths	Chief Executive
Joanna Crane	Non-Executive Director
Jon Furmston	Non-Executive Director
Kirstin Baker	Non-Executive Director
Lizzie Peers	Non-Executive Director
Patrick Boyle	Non-Executive Director
Jackie Cassell	Non-Executive Director
Dame Denise Holt	Non-Executive Director
Claire Keatinge	Non-Executive Director
Lucy Bloem	Non-Executive Director Designate
Karen Geoghegan	Chief Financial Officer
Pete Landstrom	Chief Delivery and Strategy Officer
Maggie Davies	Chief Nurse
Carolyn Morrice	Chief Nurse
David Grantham	Chief People Officer

*Non-voting member of the Board

In Attendance:

Rob Haigh	Medical Director
Gethin Hughes	Interim Chief Operating Officer
Glen Palethorpe	Company Secretary
Tanya Humphrys	Board and Committee Administrator

TB/08/21/1 WELCOME AND APOLOGIES FOR ABSENCE **ACTION**

1.1 The Chairman welcomed all those present to the meeting.

1.2 Apologies of absence were received from William Roche and Ben Stevens.

1.3 Alan McCarthy welcomed the new UHSussex Governors who were observing the meeting and highlighted that this would be the last meeting for two members of the Board that would be leaving. Chief Nurse, Carolyn Morrice who was retiring and Non-Executive Director, Kirstin Baker who was also retiring. On behalf of the Board Alan thanked both Carolyn and Kirstin for their work and commitment to both former Trusts WSHFT and BSUH and the newly merged UHSussex.

1.4 Alan went on to welcome the new Chief People Officer, David Grantham who was attending his first Board meetings and three new Non-Executive Directors, Dame Denise Holt, Claire Keatinge and Lucy Bloem. Finally, Alan welcomed Maggie Davies in her new role as Chief Nurse for the Trust.

TB/08/21/2 DECLARATIONS OF INTERESTS

2.1 The Board noted that Lucy Bloem was in attendance as a Non-Executive Director designate and she is currently still a Non-Executive Director for SECAmb. The Board agreed there was no conflict with any item on the agenda.

2.2 There were no other interests declared.

TB/08/21/3 MINUTES OF THE MEETING HELD ON 06 MAY 2021

3.1 The Board received the minutes of the meeting held on 06 May 2021.

3.2 The minutes of the meeting held on 06 May 2021 were **APPROVED** as a correct record.

TB/08/21/4 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING

4.1 There were no Matters Arising for the previous Board meetings to discuss.

TB/08/21/5 Chief Executive Report

5.1 Dame Marianne Griffiths introduced the Chief Executive's report.

5.2 Marianne began by updating the Board in relation to current Covid numbers and explained that there had been an increase since the Board had last met in May, but advised numbers were slowly decreasing with the number of patients with a positive Covid test result currently at 35 across the four main hospitals with 11 in Critical Care.

5.3 The Board was advised that in relation to the Trusts restoration and recovery of services there had been a positive step change. It was noted that the NHS had been set a tough trajectory nationally, which required a minimum amount of activity. Marianne explained that Trust, as the former legacy Trusts, mobilised plans in excess of the national requirements and had almost reduced 52-week waiting list by 50% which is a tremendous achievement. It was noted that the provisional June activity also showed a favourable shift.

5.4 Marianne took the opportunity to say a huge thank you to all front line staff that had done all that they could to support the restoration of services. It was noted that the restoration of services was coupled with a significant increase in urgent care admissions and emergency care services, a 16.5% increase in the West of the Trust and a 7.8% increase in the East. In addition, he Trust was still running both red and green pathways which is incredibly hard on staff in all Emergency Departments and Emergency Floors.

5.5 The Board was advised that that Wave 3 of the pandemic was having an impact on staff as a result of staff being 'pinged' resulting in, at one point, 400 staff being off, Marianne commented this figure had now reduced to 250 but the impact was still being felt by staff.

5.6 Marianne explained to the Board that the Trust had an absolute focus on the Health and Wellbeing of staff, noting that staff are tired due to the continued high demand and the uncertainty of the pandemic continuing which undoubtedly has an impact on how staff are feeling. Marianne acknowledged that the Trust recognises that staff are the most valuable resource and continued support and investment for staff is being provided through wellbeing workshops which have been held at all sites.

5.7 In the news section of the update Marianne drew out the following highlights:

- The Trust held its first ever UHSussex Environment Week which took place from 12 to 16 July, albeit virtually due to ongoing Covid restrictions.
- The Trust welcomed Dame Julie Walters to officially open a brand new £2.1 million Urology Investigation Unit (UIU) in Worthing on 21 July.
- A new memorial garden was opened at Worthing Hospital for patients, visitors and staff. The Serenity Garden, located by the Penguin Foyer in the hospital, has been completely transformed into a tranquil space which was previously inaccessible to the public. The hospital's chaplain, Reverend David Hill and his wife Sandra, commissioned the new garden in loving memory of their sons, Jason and Stuart, who lost their lives in a helicopter accident in 2018.

5.8 Finally, Marianne drew the Board's attention to a number of diary highlights and noted that the next steps for the Trust in relation to the development of its Clinical Operating model advising that there had been a series of events including engagement events with clinical leaders across the Trust which had fed into this process.

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

TB/08/21/6 Integrated Performance Report

6.1 The Chair introduced the Integrated Performance Report (IPR) explaining that Patient First was the Trust's methodology encapsulating the Trust's vision, values and goals.

6.2 Alan McCarthy explained that the Trust had aligned its governance to the patient first, it was noted that the Integrated Performance Report is aligned to the Trust Committees and that the Committee Chairs would be invited to provide their Chairs report after each section of the IPR.

TB/08/21/7 Patient

7.1 Carolyn Morrice presented the Patient section of the Integrated Performance Report and explained to the Board that the True North metric for the Patient Committee was to be in the top 20% of NHS Trusts in the country for recommendation by patients responding to the Friends and Family Test (FFT).

7.2 The Board was advised that UHSussex continued to have the target of receiving a 95% recommend rate from patients, Carolyn explained that in Maternity, Inpatients and Outpatients the Trust had exceeded the national recommend rate and although this was lower for A&E, which was in line with the national picture, the Trust had still exceeded the comparable national recommended rates for A&E department. These rates confirmed the Trust had maintained its compassionate care recommend rate.

7.3 Carolyn explained that the Trust was going to refresh its FFT approach across all hospitals and will continue to triangulate FFT with complaints and plaudits to ensure patients are receiving the very best care.

7.4 The Chairman invited the Chair of the Patient Committee, Jackie Cassell, to update the Board on their recent meeting and the assurances received in relation to Patients.

7.5 Jackie explained that the Committee was also working very hard at looking at FFT figures in a greater level of detail. It was noted that the Committee was also focussing on maintaining the patient voice at the centre of its business and had received a very interesting presentation from a patient.

7.6 Alan McCarthy thanked Carolyn and Jackie for their updates and reiterated that the Patient Committee was one of the new Committees with real aspirations in relation to the positive impact that the Trust will have on our patients.

TB/08/21/8 Quality

8.1 Rob Haigh updated the Board on the key messages from the Quality section of the report with a particular focus on mortality.

8.2 The Board was reminded HSMR is measured against an expected number of deaths and that the data being presented was the data available up to March 2021 for legacy Trusts BSUH and WSHFT:

- HSMR in 'BSUH' for the 12 months to March 2021 was 96.2, with 1028 observed deaths against an expected 1087 deaths.
- HSMR in 'WSHFT' for the 12 months to March 201 was 87.9, with 1466 observed deaths against an expected 1668 deaths.
- Combining BSUH and WSHFT mortality data would result in a HSMR of 91.3.

8.3 Rob explained that by dividing the number of observed deaths by the number of expected deaths for both legacy Trusts enables the Trust to calculate an HSMR of 91.3 for UHSussex; placing the new organisation in the top 20% for HSMR.

8.4 The Board was advised that the higher than expected crude mortality rates in January 2021 were due to the large number of inpatient deaths which reflected the ongoing Covid-19 pandemic.

8.5 It was noted that between March 2020 and June 2021 former Trust BSUH recorded 483 deaths for patients who had tested positive for Covid-19 and in the former WSHFT the number of deaths was 492. During the first wave deaths peaked in April with 73 deaths in BSUH and 71 in WSHFT. In the second wave, January 2021 saw the highest number of deaths with 151 in BSUH and 218 in WSHFT

8.6 Maggie Davies provided the Board with an update in relation to avoidable harm at the Trust and explained that in the East of the Trust there were 66 inpatient falls in June and noted that there was good work underway for reviewing the falls assessment data. There were 39 incidents of hospital acquired pressure ulcers in the East.

8.7 Maggie explained that as part of the Datix IQ project the Trust would be able to look at the data from these incidents at a much more granular level, which will support continued learning from incidents.

8.8 The Board was advised that in relation to the West of the Trust, there were 109 inpatient falls which was less than in May. Maggie explained that in Worthing departments were looking to trial red walking frames which have been proved to create greater visibility for patients which it is hoped will help them to use a frame and prevent falls. There was a reduction in the number in pressure injuries with no category 3 ulcers reported.

8.9 Finally, Maggie provided the Board with an update in relation to the new Patient Safety Specialist role and explained that this formed part of the NHSI/E implementation of the NHS Patient Safety Strategy which would replace the Serious Incident Framework.

8.10 The Board was advised that the aim of the role is to have lead patient safety experts in the organisation, working full time on patient safety it was noted that

3 Patient Safety Specialists had been identified across UHSussex. Maggie explained that this role would also be provided with the first nationally accredited training of its kind.

8.11 The Chairman invited the Chair of the Quality Committee, Joanna Crane, to update the Board on their recent meeting and the assurances received in relation to Quality.

8.12 Joanna explained that the Committee had received an update on the delivery of the respective True Norths, Breakthrough Objective, Strategic Initiative and Corporate Project and was assured by the progress to date.

8.13 The Board was advised that the Committee had received an update on the work being undertaken to further develop the Trust's Quality Governance Framework. Joanna commented that it was assuring to see what had been achieved to date and how it would enable the harmonisation of reporting.

8.14 It was noted that the Committee had received a very open and informative report in respect of learning from waves one and two of the Covid pandemic within the West side of the Trust and the variation presented within each wave.

8.15 Finally, Joanna drew the Board's attention to the Annual Patient Experience Reports for both legacy Trusts, BSUH and WSHFT, which focus on consistent learning over the previous year for both Trusts and were being recommended for publication on the Trust website. Joanna commented that they were a positive and enlightening read that she would encourage all staff and members of the public to read.

8.16 The Board **APPROVED** the Annual Patient Experience Report for legacy Trust former BSUH for publication on the Trust website.

8.17 The Board **APPROVED** the Annual Patient Experience Report for legacy Trust former WSHFT for publication on the Trust website.

TB/08/21/9 People

9.1 David Grantham presented the People section of the integrated performance report and explained that the Trust's True North for Our People is to be the Top Acute Trust for Staff Engagement. Our Target is to be within the top quartile of acute Trusts for the National staff engagement score.

9.2 The Board was advised that the Trust's Breakthrough Objective was to increase the number of staff who would recommend the organisation as a place to work. David explained that there was ongoing work to support staff in a number of areas including analysis of Team Working staff survey questions, to understand the driver of the significant decrease for this staff survey theme and the correlation to the Breakthrough Objective. It was noted that the outcome of that analysis would be taken back to the People Committee.

9.3 David advised the Board that in relation to career development the Trust had completed a review of the approach to restoring appraisal & performance development which includes annual objective setting and wellbeing. It was noted that an outline proposal had been approved and a detailed plan was now in development with the intention to launch in October 2021.

9.4 Finally, David drew the Board's attention to People Strategic Initiative which provided an update on a number of themes including Board development, Branding, Health and Wellbeing, Equality, Diversity and Inclusion and Integrated Education.

9.5 The Chairman invited the Chair of the People Committee, Patrick Boyle, to update the Board on their recent meeting and the assurances received in relation to People.

9.6 Patrick advised the Board that the Committee had received reports on all the patient first areas it has responsibility for oversight of with a significant focus on the Trust's Health &Wellbeing strategy. Patrick noted that there is a real strength of commitment within the Trust for this strategy and the Committee was assured by the work being undertaken in conjunction with support from various NHS charities and volunteers.

9.7 The Board was advised that the Committee had received the former Trusts' Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) annual reports for 2020/21. Patrick advised whilst the Committee recognised the limitations of this being a national process and its being reliant on self-assessments the Committee was recommending the reports for publication. The Committee noted that the Trust has been recognised for its work in the areas of inclusion and that it needed to develop a mechanism to complement the national WRES and WDES reporting to capture and promote these activities and actions across the Trust.

9.8 The Board **RATIFIED** the approval of the Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) annual reports for 2020/21 for former BSUH and WSHFT.

TB/08/21/10 Sustainability

10.1 Karen Geoghegan presented the Sustainability section of the IPR advising the Board that the update centred around the Trusts' True North objectives to break-even.

10.2 Karen advised the Board that this was the first finance report for the newly merged UHSussex and explained that The Trust is operating under an interim financial framework for April to September 2021 (H1), 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. It was noted that systems are expected to report a balanced position at the end of H1 and the agreement reached by the Accountable Finance Officers in the Sussex ICS is that the system would collectively and individually deliver breakeven positions in 2021/22.

10.3 Karen explained that the Trust had delivered its planned position of a breakeven position for Quarter 1 and had delivered the financial plan for Income & Expenditure Performance, cash management with the Trust's cash position being just over £2m and the Trust continued with its efficiency delivery. Year-to-date capital expenditure is £4.96m behind plan, due to delays on operational capital schemes, but there was confidence this slippage will be resolved.

10.4 The Board was advised that all NHS providers and systems have submitted their plans for elective recovery and Elective Recovery Fund (ERF) income in line with national requirements. Karen explained that the thresholds for accessing ERF income had recently increased from 85% to 95% for July to September and the Trust was in the processes of assessing the impact of this change. Half 2 (H2) 2021/22 financial settlements are expected to be confirmed in Sept 2021, alongside issuing of guidance for the period to the end of March 2022. Planning templates are due to be submitted in November 2021.

10.5 The Chairman invited the Chair of the Sustainability Committee, Lizzie Peers, to update the Board on their recent meeting and the assurances received in relation to Sustainability.

10.6 Lizzie advised the Board the Committee had its second meeting at the end of July which is wide ranging in its scope and in the intervening months the Committee had Strategic Deployment Reviews (SDRs) allowing the Committee to remain assured and maintain oversight in relation to progress against the True North, Breakthrough Objectives, Strategic Initiative and Corporate Project. It was noted that the Committee spent some time on the financial plan and was assured of the visibility over the risks and that the Committee had requested a deep dive in relation to ERF.

10.7 Lizzie explained that the Committee had received an update on the positive work done to support a reduction in the use of Nurse Agency and the increased use of the Trust's bank arrangements. The Committee also noted the strong clinical engagement in the development of the Trust's sustainability initiatives and the development of the Trust's green plan which will detail the Trust ambition in this area and allow delivery to be tracked. In respect of the corporate project, the Patient Administration System (PAS) implementation, the Committee was assured that the lessons learnt from the BSUH PAS implementation have been incorporated into this project.

10.8 Finally, the Board was advised that the Committee had a really good update on the significant number of IM&T programmes and a number of excellent business developments which would benefit both patients and staff.

TB/08/21/11 Systems & Partnerships

11.1 Pete Landstrom presented the Systems and Partnerships (S&P) section of the Integrated Performance Report drew out the following key points and noted that the Trust had been operationally extremely busy over the last quarter with both emergency demand and its restoration and recovery plan.

11.2 **A&E**

Overall the Trust treated 85.4% of patients within 4 hours of attending A&E departments in Quarter 1 which was better than the National performance of 83.4%. There was considerable variation across the different units with the Princess Royal, Royal Alex Children's Hospital, and Sussex Eye Hospitals all achieving over 90%. Pete explained that there had been continued increases in the numbers of patients attending A&Es with both ambulance and self-attending patient numbers at all departments which are well above pre-pandemic levels**.**

11.3 **RTT**

The Board was advised that the Trust had 62% of patients waiting less than the target 18 weeks at the end of June 2021, which was an improvement of 5.1% compared to the start of Quarter 1. Similarly, the number of patients waiting over 52-weeks for treatment has reduced significantly from 10,030 at the start of April to 5,969 at the end of June. It was noted that overall the total number of patients waiting for elective treatment had increased slightly to 95,831 as a result of increasing elective demand but with activity levels increasing in both Trusts.

11.4 **Cancer**

Pete explained that overall 65.4% of patients who commenced cancer treatment during quarter 1 were treated within 62 days. UHSussex West services achieved 60.2% and UHS East services achieved 71.8%. It was noted that there had been an increase in over 62-day prospective waits in June,

although the Trust had continued to reduce patients potentially waiting over 104 days for treatment. Both direct and tertiary cancer referrals to the Trust were back to and above pre-pandemic levels. It was noted that the Trust has plans in place to ensure a return to compliance by the second half of the year.

11.5 **Diagnostics**
Overall the Trust had 24.7% of patients waiting more than 6 weeks for a diagnostic test at the end of June which was an improvement of 11.3% compared to the beginning of April. UHSussex West services achieved 28.7% and UHS East services achieved 19.9%.

11.6 The Chairman invited the Chair of the Systems and Partnerships (S&P) Committee, Patrick Boyle, to update the Board on their recent meeting and the assurances received in relation to Systems and Partnerships.

11.7 Patrick advised the Board that the Committee had its second meeting in July with a wide ranging agenda and addressed all the Patient First aspects that the Committee has oversight of including the 3Ts new Hospital Programme and an update on all integrated work taking place with the ICS. The Committee also received an update on the constitutional targets and the increased emergency demand as described within the S&P section of the IPR including that the Trust is ahead not only regionally but nationally in terms of its restoration and recovery plan. Finally, Patrick added that the Committee had received an update in relation to the work with QVH and that the Board would receive the Strategic Outline Case at its closed session later in the day.

11.8 Lizzie Peers asked, reflecting on the fragility of the Trust's workforce, were discussions underway the wider system in relation to current pressures and those going into winter. Pete explained that in addition to Covid there were two key risks, the potential impact of seasonal flu and nationally there is risk of respiratory disease for children, due to lack of public mixing resulting in a lack of immunity there has been an increase in RSV which is presenting the NHS with some added uncertainty. Pete assured the Board that the Trust was doing all that it would normally do to support staff and work as a system including with the local authority for care services and support.

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

TB/08/21/12 Report from Patient Committee Chair from the meeting on 27 July 2021

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

TB/08/21/13 Report from Quality Committee Chair from the meeting on 27 July 2021

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

TB/08/21/14 Report from People Committee Chair from the meeting on 28 July 2021

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

TB/08/21/15 Report from Sustainability Committee Chair from the meeting on 29 July 2021

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

TB/08/21/16 Report from Systems & Partnerships Committee Chair from the meeting on 29 July 2021

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

TB/08/21/17 Report from Audit Committee Chair from the meeting on 20 July 2021

17.1 Jon Furmston, Chair of the Audit Committee, presented the Chairs report from the meeting held on 20 July and drew out the following key points.

17.2 Jon explained that the Audit committee sits above the new Committee structure of the five Patient First Committees and ensures that the risk management and governance processes within the other Committees are robust and support the risk management structures running through the Trust.

17.3 The Board was advised that the Committee received one report in relation to e-rostering and was assured by the management actions in place to progress the recommendations made. Jon explained that the Committee had received a presentation from Internal Audit regarding their approach to follow-up actions from legacy Trusts BSUH and WSHFT and was assured that focus was being directed in the key areas.

17.4 Jon advised that the committee had received assurance that the Trust is not an outlier in relation to the amount or type of fraud occurring and also received the Counter Fraud Strategy for 2021-2024.

17.5 It was noted that the Committee had welcomed Grant Thornton, the Trust's new External Auditors who provided the Committee with an outline of the work they planned to start.

17.6 Jon then drew the Boards attention to the two Annual Reports from the Audit Committee to the Board for the former legacy Trusts BSUH and WSHFT, Jon explained that the Annual Reports reflected the updates that had been provided to the Board over the previous year. It was also noted that a presentation on the Audit Committees business for the 2020/2021 year would be provided to the Governors in October.

17.7 Finally, the Board was advised that the annual licence NHSI self-declarations were being presented for approval and submission to NHSI.

17.8 The Board **NOTED** the Chairs Report from the Audit Committee and **APPROVED** the Annual Licence Declarations for submission based on the recommendation of the Audit Committee.

TB/08/21/18 Report from Charitable Funds Committee Chair from the meeting on 15 July 2021

18.1 Kirstin Baker, Chair of the Charitable Funds Committee, presented the report from the Committee meeting held on 15 July 2021.

18.2 Kirstin explained that the Charitable Funds Committee oversees both the BSUH Charity and Love Your Hospital charities for former Trust's BSUH and WSHFT.

18.3 The Board was advised that the Committee received updates on the continued work of both Charities, including how they have continued to raise funds despite ongoing Covid-19 restrictions.

18.4 Kirstin advised that the Committee ratified a number of items that had been approved virtually outside of the normal Committee cycle.

18.5 The Board **NOTED** the Chairs Report from the Charitable Funds Committee.

TB/08/21/19 Board Assurance Framework

19.1 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.

19.2 The Board was advised that the BAF covered the 13 key risks facing the organisation with each risk having Committee oversight from the appropriate Patient First Committee. Glen highlighted that the scores being presented had been endorsed by the Committees.

19.3 The Board **APPROVED** the Board Assurance Framework recognising that the respective Committees had reviewed and were recommending these risk scores as being a fair reflection of the risks facing the Trust.

TB/08/21/20 Company Secretary

20.1 Glen Palethorpe introduced the Company Secretary Report and drew out the following highlights.

20.2 The Board was advised that the Trust is required to receive reports on learning from deaths. The Board was reminded that the detail of these reports is scrutinised by the Quality Governance Steering Group / Quality Board who report to the Quality Committee especially in respect of the Trust's processes for learning from the review of deaths. It was noted that these reports were reviewed by the Quality Committee at its meeting on 27 July 2021 and the outcome of the learning is tracked through the updates received by the Board as part of the Integrated Performance Report.

20.3 The Board was advised that the Annual General Meeting had taken place on 29 July, looking back at the 2020/2021 year for the former Trusts BSUH and WSHFT. Links to the presentations and recording of the AGM can be found at the following link https://www.uhsussex.nhs.uk/about/trust-board/.

20.4 Finally, Glen advised the Board that the Trust had commenced Governor elections with nominations closing on 16 August 2021.

20.5 The Board **NOTED** the Company Secretary Report for Quarter 1.

TB/08/21/21 OTHER BUSINESS

21.1 Rob Haigh updated the Board on the recently published National Student Survey (NSS) and was pleased to advise that Brighton and Sussex Medical School (BSMS) had finished third in the national table with a 20% higher

response rate. In addition, the Board was advised that in a number of key fields of the national survey BSMS came top with 95% rating.

TB/08/21/22 Questions from Members of the Public

22.1 The Board received a question in advance of the Board meeting from a Mr John Gooderham who asked, “Will the Board consider holding a ballot of members on the merger with Queen Victoria Hospitals NHS Foundation Trust at some stage in the process?”.

22.2 Pete Landstrom explained that the process for any merger is very prescribed and at present the Trust was only at the Strategic Outline Case stage, and this will not itself lead to any decision on merger. Pete explained that if the SOC was approved by the Board this would be for progression to the next stage that being the development of full business case (FBC). It is during the FBC stage that the Trust would engage widely with staff of both UHSussex and QVH, Governors and members as part of the prescribed process. It was noted that if at that point the Board takes the decision to progress to formal approval this process would include the Governors, Pete explained that this was both compliant with the process of the FBC and that of the Governors holding the Board to account. Pete added that it was not part of the prescribed process to hold a ballot of the members of either Trust. Pete assured the Board that there would be engagement with all stakeholders which would include our members.

TB/08/21/23 Resolution into Board Committee

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

TB/08/21/24 The Chair formally closed the meeting

TB/08/21/25 DATE OF NEXT MEETING

25.1 It was noted that the next Board Meeting would take place at 10.00 on Thursday 04 November 2021 via Microsoft Teams Broadcast.

Tanya Humphrys
Board & Committee Administrator
05 August 2021

Signed as a correct record of the meeting

……. Chair

..…… Date

University Hospitals Sussex
NHS Foundation Trust

CEO Board Report

Dame Marianne Griffiths

November 2021

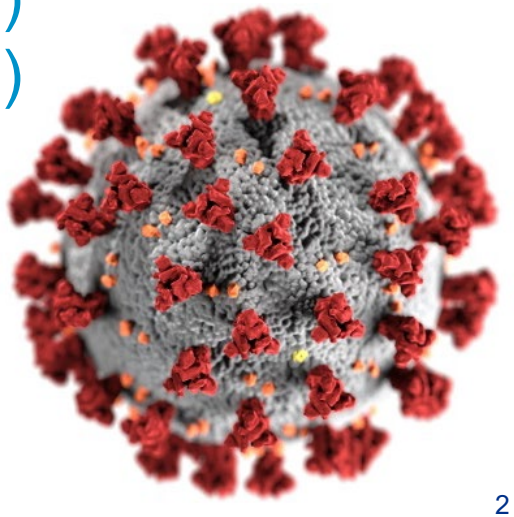
News

University Hospitals Sussex
NHS Foundation Trust

Covid-19 cases are beginning to rise slowly again

We are currently caring for 60 patients* with Covid-19 in our hospitals, with 12 critical care

- Royal Sussex County Hospital: **19** (including 6 in ITU)
- Princess Royal Hospital: **14** (including 2 in ITU)
- Worthing Hospital: **16** (including 4 in ITU)
- St Richard's Hospital: **11** (including 0 in ITU)



The impact of Covid remains significant as we head into winter, affecting staff and patients, our performance and strategy

*correct as of 28 October 2021

News

Covid booster shots and flu jabs for staff

To protect our patients, staff and their families, this winter we have so far provided:

- 8,378 Covid booster shots to staff
- 7,240 flu jabs to staff

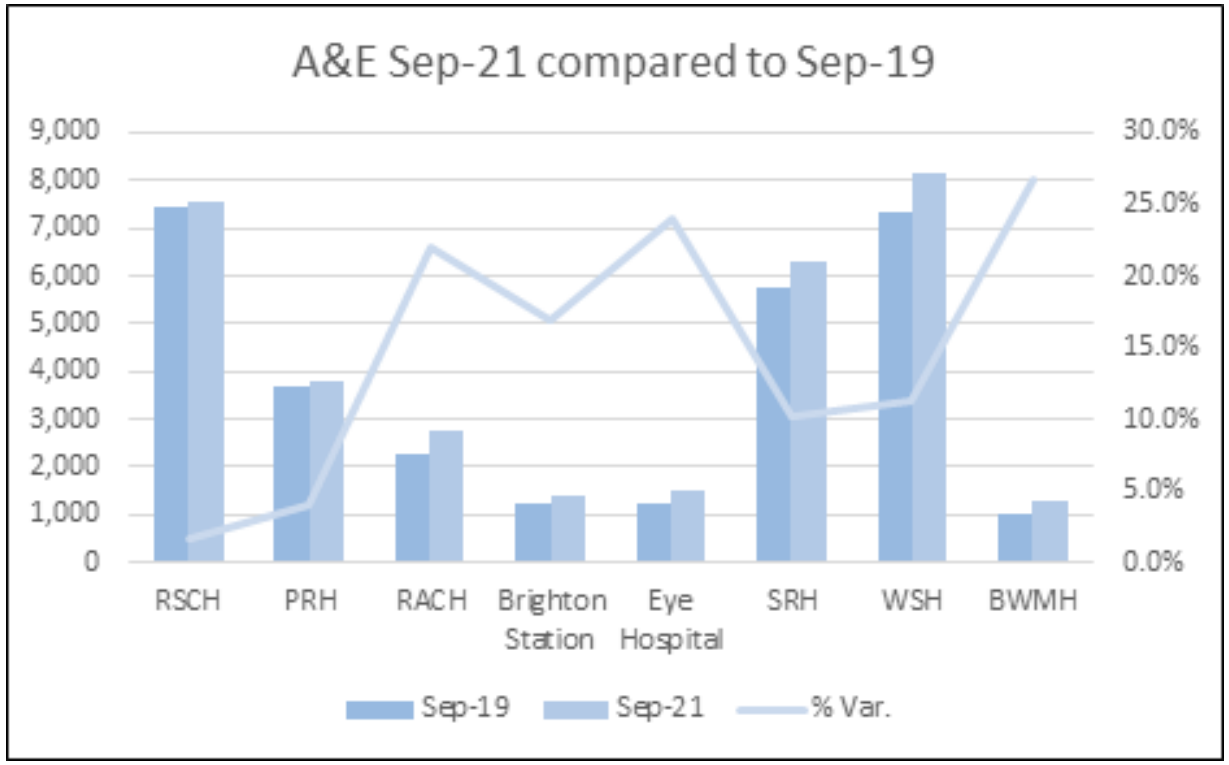
*figures correct as of 28 October 2021

Demand

University Hospitals Sussex NHS Foundation Trust

We continue to experience significant increases in demand. Our EDs have seen a 9.5% increase in activity from September 2019 to September 2021

At the same time, our elective recovery was back on track in September with increased activity



OP FIRST	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	95%	95%	95%
Plan	88%	85%	97%	93%	96%	97%
Actual	96%	98%	114%	91%	96%	99%

OP FUP	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	95%	95%	95%
Plan	78%	82%	93%	93%	95%	97%
Actual	104%	101%	115%	99%	106%	106%

EL DC	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	95%	95%	95%
Plan	85%	106%	117%	108%	110%	106%
Actual	104%	105%	115%	97%	95%	97%

EL IP	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	95%	95%	95%
Plan	85%	106%	117%	103%	120%	110%
Actual	99%	95%	108%	89%	84%	98%

News

University Hospitals Sussex
NHS Foundation Trust

Our acute winter plan in Sussex has been commended by NHSEI for its demand and capacity modelling and robust assurance processes

- Our winter plan for 2021/2022 is designed to ensure effective service, organisational and system resilience in response to winter pressures
- It takes into account the added complexity and challenge posed by Covid this winter.
- Patient safety, colleague support and the delivery of the agreed trajectories for constitutional standards remain key measures of success
- Objectives include:
  - Use learning from waves 1 and 2 of Covid and continue schemes and changes which proved to be effective
  - Preserve and restore elective capacity to restore cancer, diagnostic and elective RTT activity to agreed levels
  - Deliver new A&E standards with focus on delivery of clinically urgent cases
  - Maintain Intensive Care/High Dependency Capacity for Red/Green patients
  - Manage all Flu, covid-19 and other infection challenges as per IPC policy/Guidance
  - Ensure robust EPRR framework to enable responsiveness to any surge triggers
  - Review Full capacity protocol ensure robust responsiveness through heightened escalation

News

Impact on staff health and wellbeing is significant

- We must continue to protect our most valuable resource
- All our health and wellbeing services for staff have been collated on accessible new web pages at www.uhsussex@nhs.net
- The wellbeing workshops proved a huge success and we will continue these going forward.

News

Our employee recognition scheme to celebrate colleagues' achievements returns.

- Our first month proved hugely successful with more than 100 nominations.
- Staff can nominate colleagues or teams.
- Patients and the public can also nominate staff via our website.

News

University Hospitals Sussex
NHS Foundation Trust

September winner

Healthcare Assistant Bronwyn Powell won the September award after receiving a public nomination.

They witnessed Bronwyn whilst on their break notice a patient upset. She stayed and talked with the patient, took the patient for a walk outside in a wheelchair, then returned the next day with the patient's favourite chocolate bar.

In the nomination they said: "if there were more Bronwyn's in the world, it would be a happier place, she was remarkable with going above and beyond her duty of care."

News

University Hospitals Sussex
NHS Foundation Trust

Our Chief People Officer wins Director of the Year

Congratulations to David Grantham who won ‘Director of the Year 2021’ at the HPMA People Awards for his 'outstanding' work at his former organisation.

David’s high degree of influence at national, regional and local level, at his former Trust and as ICS workforce leaders, were all recognised by HPMA judges.

David joined UHSussex from Royal Free group in London earlier this year.

News

University Hospitals Sussex
NHS Foundation Trust

Apprentice wins award for Covid care

Meghann Creffield won the ‘Outstanding Contribution by an Apprentice to an Employer’ prize at the Brighton and Hove Apprenticeships Awards.

The biomedical Science Degree Apprenticeship graduate designed an innovative project which had a direct impact on the treatment of patients with Covid.

She developed a blood test that helped clinicians to form their treatment plans. Her story was recently featured by BBC News.

News

Our people shortlisted for awards

- Dr Sammy Batt-Rawden was shortlisted for The Sun's #WhoCaresWins Doctor of the Year award.
- The volunteer team at Worthing & Southlands were shortlisted in the National Helpforce Champions Awards for Volunteer Leader of the year, Volunteer of the year and Innovation in Volunteering.
- Company Secretary Glen Palethorpe has been shortlisted for Company Secretary of the year with the Chartered Governance Institute.

News

University Hospitals Sussex
NHS Foundation Trust

Welcome to recently appointed new UHSussex Governors

- ✓ **Lindy Tomsett** – public, Chichester
- ✓ **Maggie Gormley** – public, Chichester
- ✓ **Hazel Heron** – public, East Sussex and Out of Area
- ✓ **Jo Norgate** – staff, St Richard's Hospital
- ✓ **Amelia Palmer** – staff, Worthing and Southlands Hospitals

News

University Hospitals Sussex
NHS Foundation Trust

Black History Month

- October was Black History Month and our SOAR Black, Asian and Minority Ethnic group developed a diverse programme of events for staff to enjoy, as well as profiling some of our staff at UHSussex.
- The highlight was a special event with British-Nigerian historian, author and BAFTA winning film-maker, Professor David Olusoga, who talked about the impact of Covid and Black Lives Matter before answering questions from staff
- Congratulations to our Head of Inclusion Babs Harris who won a Gratitude Award from Sussex Health and Care Partnership for her leadership on diversity

Inclusion Week

- At the end of September we also celebrated Inclusion Week. In addition to shining a spotlight on our various staff networks, we also explored the potential for a new Religion and Belief network led by our chaplaincy team.

News

University Hospitals Sussex
NHS Foundation Trust

UHSussex joins Veteran Aware

- University Hospitals Sussex has been named a Veteran Aware Trust in recognition of its commitment to improving NHS care for veterans, reservists, members of the Armed Forces and their families.

- UHSussex is now one of 97 members of the VCHA and is part of a growing number of NHS Trusts gaining this accolade.

VETERAN AWARE

News

University Hospitals Sussex
NHS Foundation Trust

New CT scanner – St Richard's

- Funding of more than £1 million has been approved for a new CT scanner.
- The new CT scanner will replace the current 12 year old scanner at St Richard's.
- The new scanner will provide increased image quality and reliability with a faster turnaround time enabling us to give a quicker diagnosis.

News

Urology Investigation Unit – Princess Royal

- £5.6 million investment on a Urology Investigation Unit at Princess Royal.
- This would provide patients with a one-stop clinic reducing the time from referral to treatment.
- This would also mean fewer visits for our patients and also releases theatre capacity by offering procedures to be carried out under a local anaesthetic.

Looking Ahead

Development of new Clinical Operating Model

- Our new Clinical Operating Model will become the “spine” of UHSussex.
- We had excellent engagement with clinical leaders and managers at workshops in June.
- We are now under formal consultation with a number of staff attending individual meetings.
- Staff are updated regularly during leaders network and staff briefings.

Looking Ahead

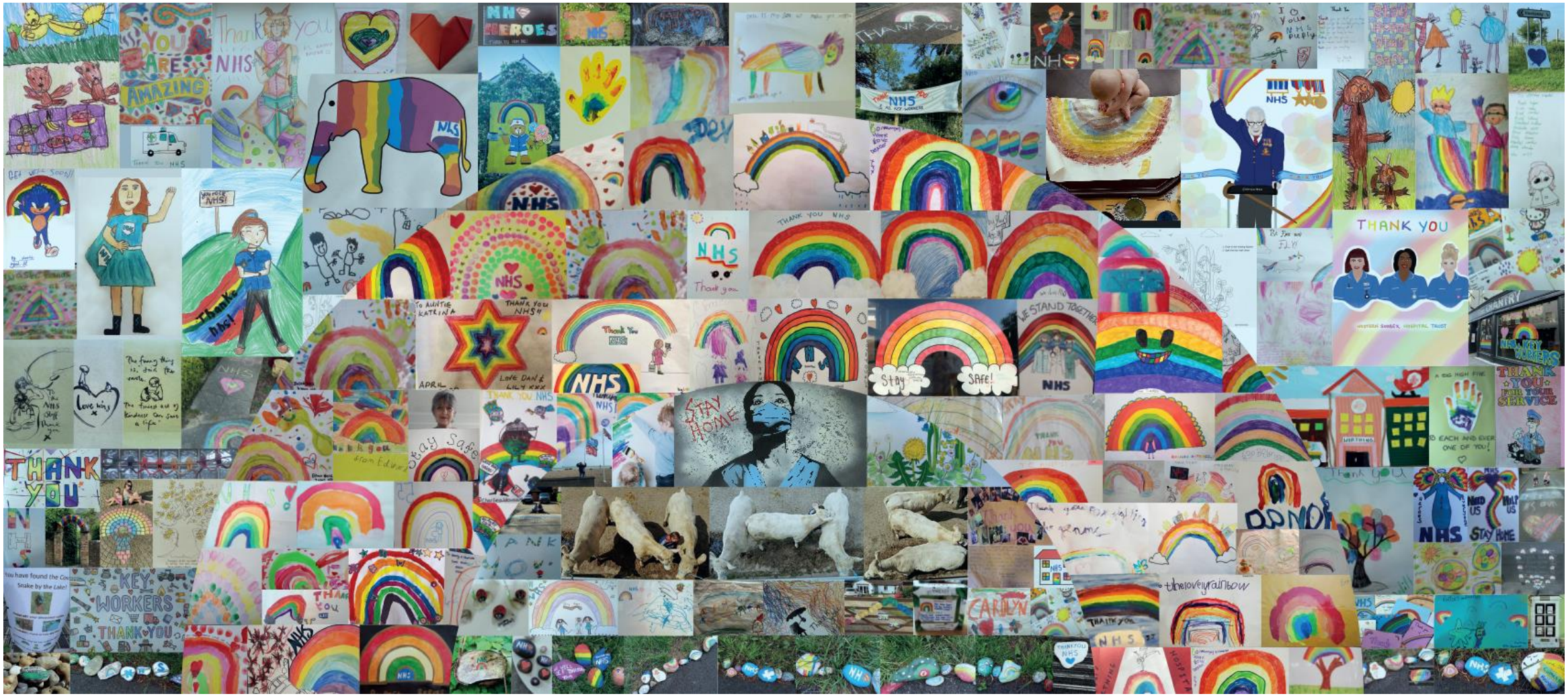
University Hospitals Sussex
NHS Foundation Trust

Continued focus on:

- Protecting staff health and wellbeing
- Restoration and recovery of services
- Meeting increasing demand for urgent care
- Patient First strategic improvement priorities
- Working with Sussex Heath and Care Partnership colleagues

Any questions?

University Hospitals Sussex
NHS Foundation Trust



University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	6-10	**Meeting:**	Trust Board	**Meeting Date:**	4 November 2021
Report Title:	**Integrated Performance Report – Quarter 2 2021/22**				
Sponsoring Executive Directors:	Marianne Griffiths, William Roche, Maggie Davies Pete Landstrom, Karen Geoghegan and David Grantham				
Author(s):	Marianne Griffiths, Rob Haigh, Maggie Davies, Pete Landstrom, Karen Geoghegan and David Grantham				
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	✓	
Sustainability	✓	
People	✓	
Quality	✓	
Systems and Partnerships	✓	

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

Communication and Consultation:

Executive Summary:

Attached is the Trust's integrated performance report for quarter 2 of 2021/22.

Within the Board's governance processes each patient first domain has an oversight committee and after each segment of the integrated performance report the respective Committee Chair will be asked to provide their feedback. (Note these reports are contained within the Board papers immediately after this report).

Key Recommendation(s):

To note the content and following receipt of the Committee assurance reports, consider if there are areas for referral back to the respective Committees where enhanced assurance is required.

University Hospitals Sussex
NHS Foundation Trust

Integrated Performance Report

November 2021

Contents

University Hospitals Sussex
NHS Foundation Trust

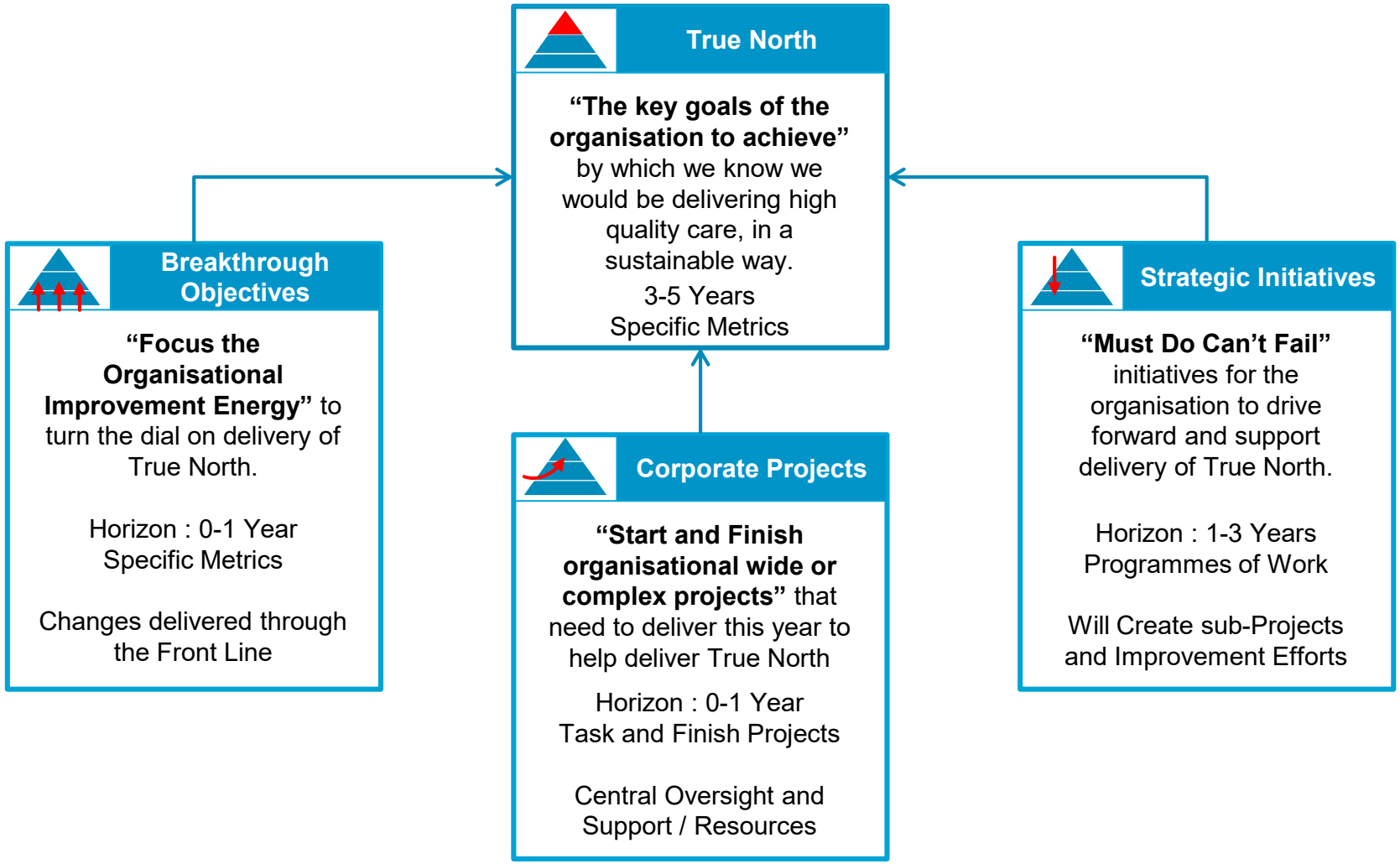
Structure of the report

Patient First Strategy Deployment Framework
Patient First True Norths
Patient First Reports

- Patient
- Quality
- People
- Systems and Partnership
- Sustainability

Patient First Strategy Deployment Framework

University Hospitals Sussex NHS Foundation Trust



Patient First True North

University Hospitals Sussex
NHS Foundation Trust

Patient

Patient Experience:

To have 95% or more of patients rating FFT surveys as Very Good or Good

Sustainability

Financial Sustainability:

To deliver the Trust's financial plan

People

Staff Engagement:

To be within the top quartile of acute Trusts for the National staff engagement score

Quality

Mortality:

To achieve a 10% reduction in the crude mortality rate

Harm:

To reduce the number of all harms categorised as 'low' or 'moderate' by 10%

Systems & Partnerships

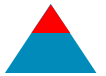
Planned Care:

To have no patients waiting in excess of 40 weeks on an RTT pathway to be seen and treated

Emergency Care:

To achieve 95% of patients are treated within 4 hours in Emergency Care services

True North



The key goals of the organisation to achieve by which we know we would be delivering high quality care, in a sustainable way

University Hospitals Sussex
NHS Foundation Trust

Patient

Integrated Performance Report Section

Patient

University Hospitals Sussex NHS Foundation Trust

True North Metric: 95% of patients rating FFT surveys as Very Good or Good.

- Based on FFT responses, the significant majority of patients (>90%) are satisfied they have a good or very good experience
- Uptake rates in all touch points remain at <26% and are as low as 10.7%. Increasing response rates is critical to the integrity of the data and insights.
- In Q2 average FFT responses resulted in inpatient and outpatient services meeting the 95% target. Overall Trust average is confounded by A&E where satisfaction was between 75.7% and 79.8%.
- There are prevalent themes and touch points where improvement actions can be focused – in particular on management of waits upon attendance – making up 57% of negative FFT responses, staff behaviours; and communication
- Levels of dissatisfaction in A&E are increasing (up from 11.5% in July to 14.4% in September in the west, and from 12.8% in July up to 16.8% in September in the east).
- Understanding and addressing the experience of 'waits' on site is the new breakthrough objective for the patient pillar, and is a priority focus for Q3.

FFT	ED response rates*		ED satisfaction rates*		Inpatient response rates*		Inpatient satisfaction rates*		Maternity response rates*		Maternity satisfaction rates*		Outpatient: response rates*		Outpatient: satisfaction rates*	
	W	E	W	E	W	E	W	E	W	E	W	E	W	E	W	E
	14.1%	19%	75.4%	77.3%	10.7%	25.3%	98.6%	91.7%	15.7%	12.7%	92.5%	93.7%	NA	NA	97.4%	93.8%

Patient Experience: Insights from patient engagement

University Hospitals Sussex
NHS Foundation Trust

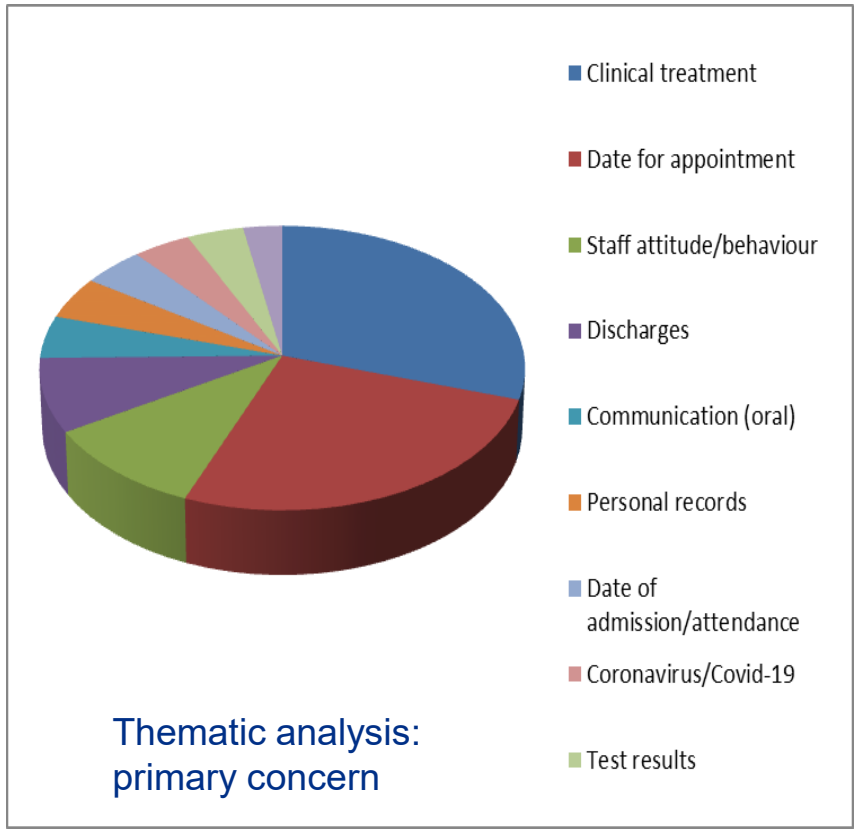
Patients who experience and report their positive experiences of care do so around a number of dominant themes:

- Treatment by staff, characterised by kindness, dedication, efficiency
- Clarity of explanation and involvement, including of waits and in decision making
- Attention to basic needs such as refreshments and supplies

Reporting of compliments is dependent on clinical divisions recording, collating and sharing the compliments they receive. As such, identifying, sharing, celebrating and building on excellent experiences can be strengthened by encouraging service leaders to record and share their plaudits.

Across PALS, complaints and other engagement sources there are themes which present opportunities for action at scale. These are in relation to:

- **Waits** for interventions/ appointments and on arrival for treatment – including strengthening communication to manage expectations and waits
- Addressing **staff behaviours and engagement** through management
- Training for teams on **pain management** responsiveness
- **Noise** on the wards



Thematic analysis: primary concern

University Hospitals Sussex
NHS Foundation Trust

Quality

Integrated Performance Report Section

Focus of this section

University Hospitals Sussex
NHS Foundation Trust

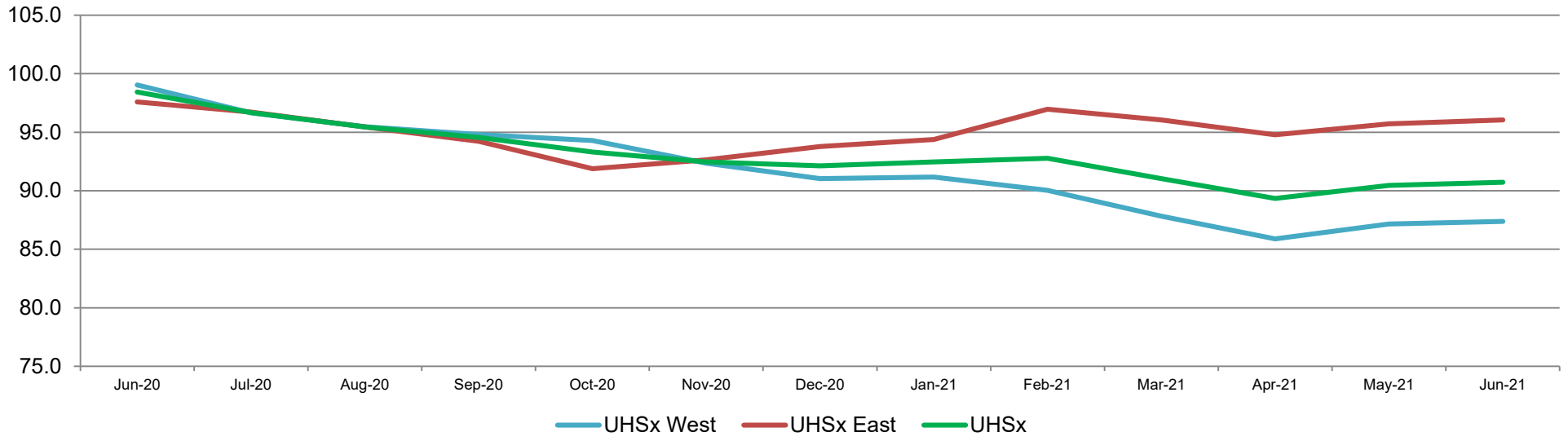
1) HSMR True North is to receive a 10% reduction in crude mortality

2) Patient Safety True North is ‘Zero harm occurring to our patients when in our care’, with a target to reduce the number of all harms categorised as ‘low’ or ‘moderate’ by 10%. This target has been met for all harms from July to September 2021

HSMR

University Hospitals Sussex
NHS Foundation Trust

HSMR 12 Month Rolling



HSMR data is available until June 2021.

The 12 month rolling HSMR in UHSx East for the year to June was 96.0, with 1045 observed deaths against an expected 1088 deaths.

In UHSx West the 12 month rolling HSMR was 87.4 with 1510 observed deaths against an expected 1728 deaths.

The combined HSMR for East and West is 90.7 with 2555 observed deaths against an expected 2816 deaths.

A HSMR of 90.7 would rank the Trust 33rd out of 125 Trusts, i.e. just outside the top quartile.

SHMI

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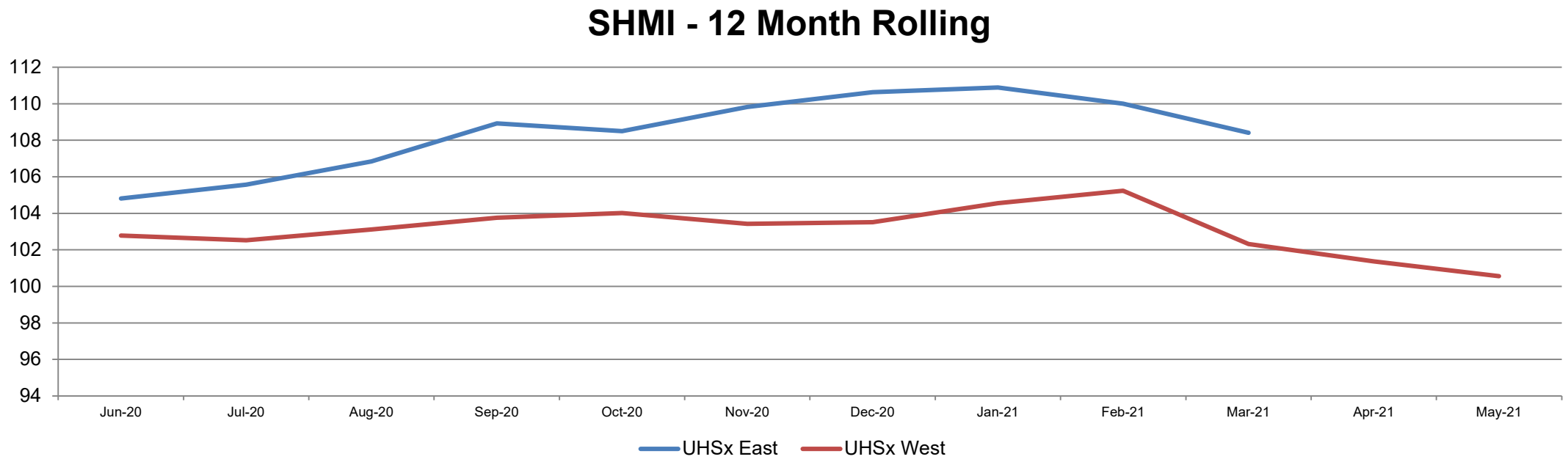


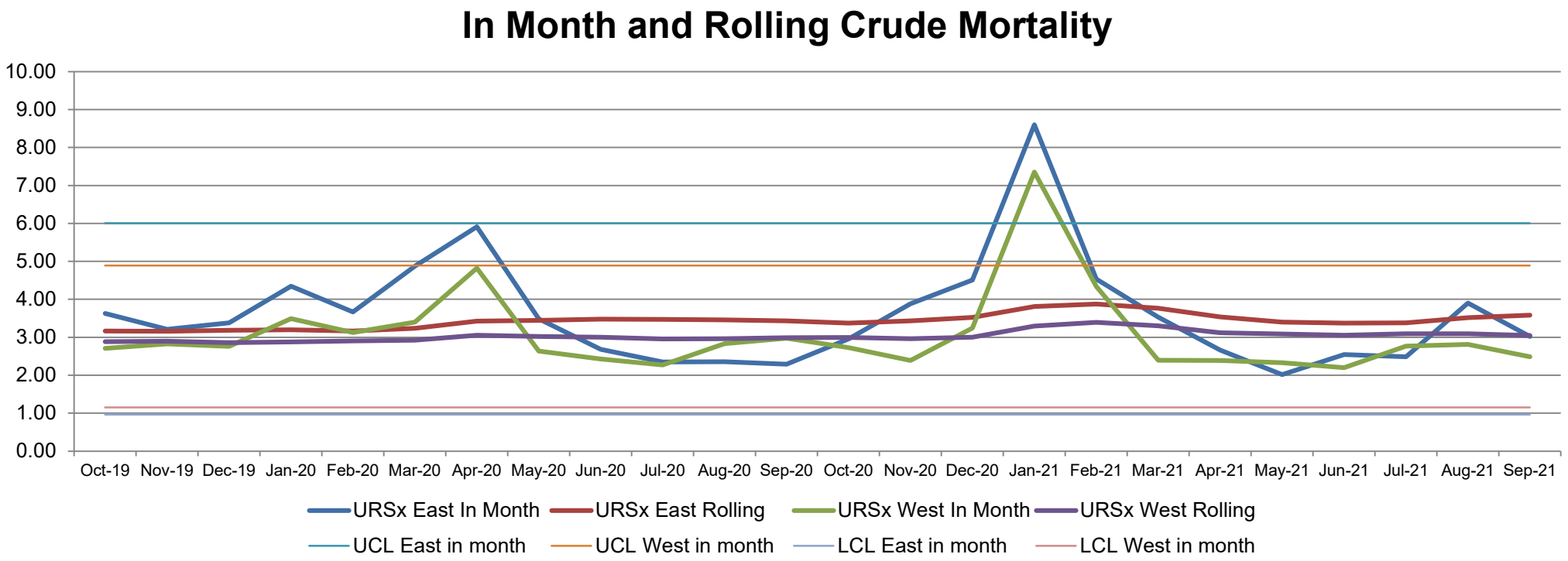
SHMI is available until May 21 in the West and March 21 in the West.

SHMI in UHSx East for the 12 months to March 21 was 108.4, (1692 observed against 1561 expected deaths).

SHMI in UHSx West for the 12 months to May 21 was 100.6, (2596 observed against 2610 expected deaths).

Crude Mortality

University Hospitals Sussex
NHS Foundation Trust



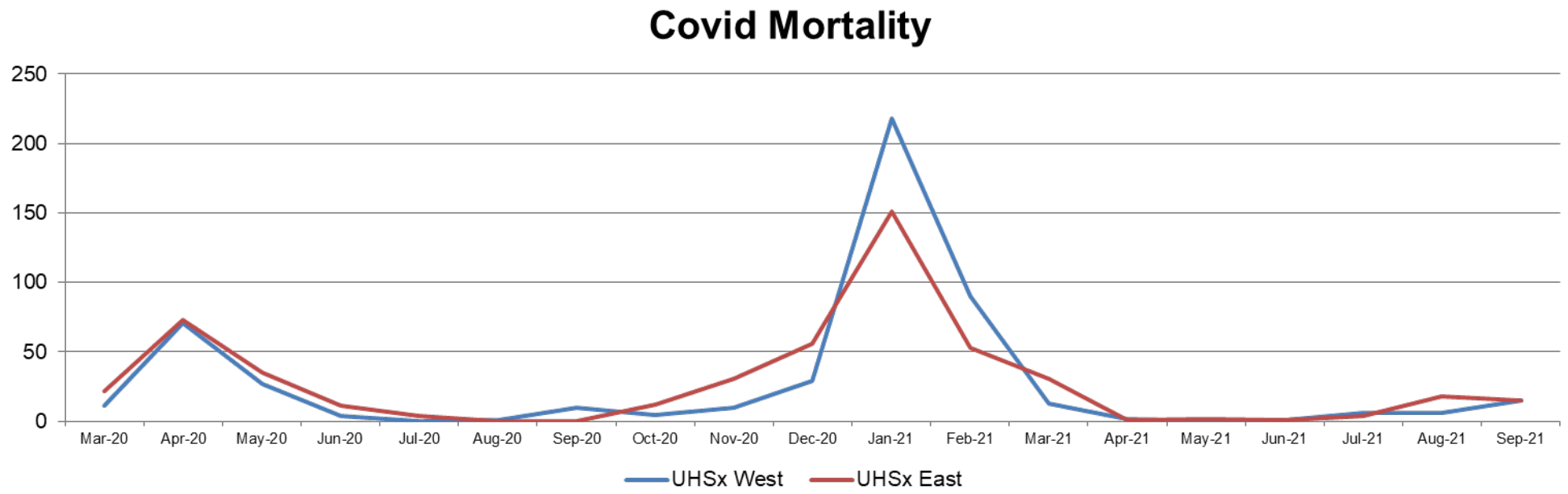
The in month Crude Mortality exceeded the Upper Control Limit in both Trusts in April 20 and January 21.

In UHSx East the crude mortality rate in September 2021 was 3.02%, the 12 month rolling rate was 3.56%.

In UHSx West the crude mortality rate in September 2021 was 2.49%, the 12 month rolling rate was 3.05%.

The higher than expected crude mortality rates in January 2021 were due to the large number of inpatient deaths 262 (Avg. 129) UHSx East and 377 (Avg. 174) UHSx West).

Covid Mortality



Between March 20 and September 21 BSUH/UHS (E) recorded 520 deaths for patients who had tested positive for covid-19.

At WSHFT/UHS (W) the number of deaths for that period was 519.

During the first wave deaths peaked in April with 73 deaths in BSUH and 71 in WSHFT.

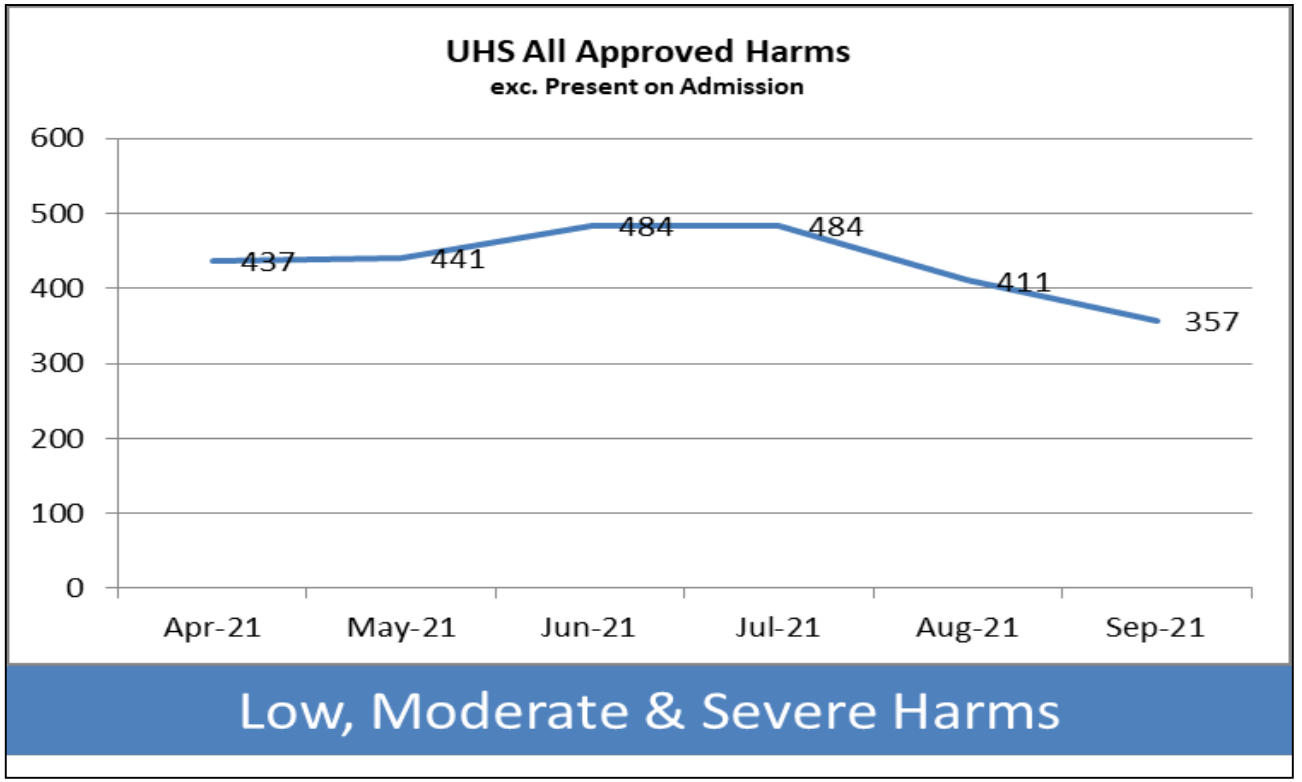
In the second wave January 2021 saw the highest number of deaths 151 in BSUH and 218 in WSHFT

Patient Safety

University Hospitals Sussex
NHS Foundation Trust

Trustwide it is expected that patients do not suffer harm whilst in our care. However, it is recognised that there are patients who suffer new harm which is acquired during their time in hospital. This has a significant impact on patients, families , carers and staff and within the wider organisation.

The **Quality True North** for harm at UHSussex is '*Zero harm occurring to our patients when in our care',* with a target to reduce the number of all harms categorised as 'low' or 'moderate' by 10%. This target has been met for all harms from July to September 2021

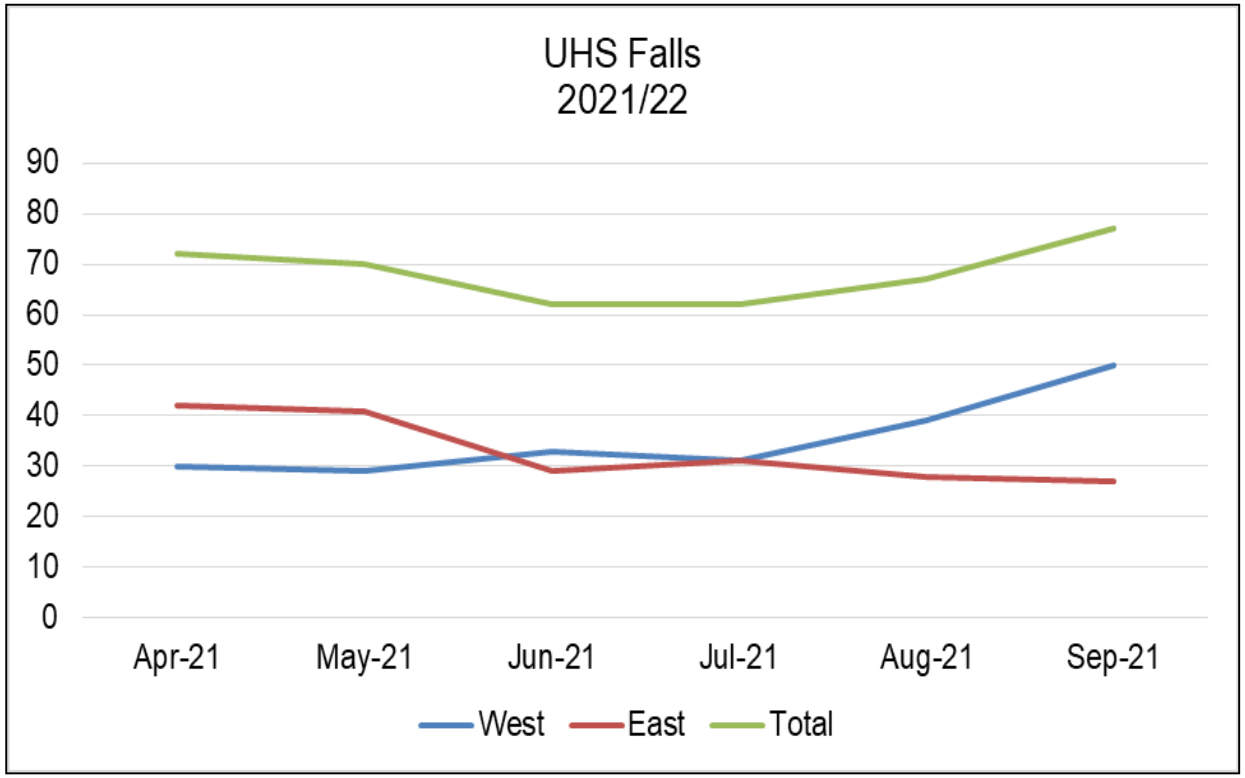


Improvement actions (harm reduction)

University Hospitals Sussex
NHS Foundation Trust

- Analysis of all reported patient safety incidents (site, division, service, ward) continues month on month.
- Implementing RLDATIX IQ risk and incident management and assurance system.
- Targeted focus on reduction of low/moderate harms (falls and pressure damage) Falls and pressure damage are noted as top 2 themes in reported harms (moderate/low).
- Post pandemic, learning identified that factors such advanced age and frailty, sex, ethnicity and weight are strong predictors of adverse outcomes, harms and mortality for older people hospitalised because of acute illness.

Avoidable Harm– Key Metrics: Falls



University Hospitals Sussex
NHS Foundation Trust

WEST: Falls rate per 1000 bed days September 2021 = 5.91; rolling 12 month average 5.20

Current Performance and Actions (September 2021 data):

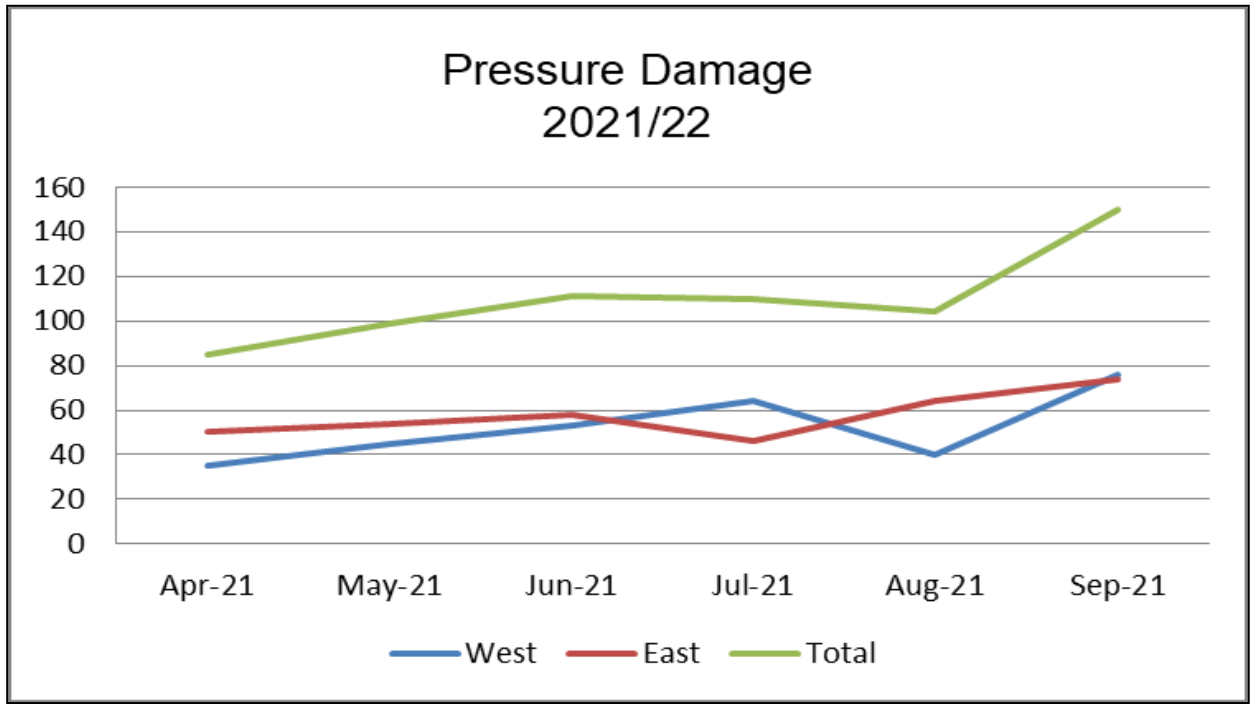
- Reported falls have increased since June which reflects the challenges of greater numbers in admissions of already deconditioned, frail patients.
- Unwitnessed falls in ward bays continues as a theme.
- Timely postural blood pressures and falls risk assessment require improvement.
- Harm-free improvement nurse continues to support wards in promoting bay watch, safer mobility and prevention of deconditioning in walk-arounds and at safety huddles.
- Falls prevention posters circulated to prompt “snap chat” discussions at ward Safety Huddles.
- Harm-free Care Improvement Nurse to recommence socially distanced training to raise staff awareness.

EAST: Falls rate per 1000 bed days September 2021 = 3.5; rolling 12 month average 3.65

Current Performance and Actions (September 2021 data):

- Reported falls decreased over the last 3 months
- Risk assessment completion requires improvement.
- Unwitnessed and toilet related continues as a theme.
- Postural blood pressure assessment not regularly measured in at risk patients
- Harm Free Care Nurse Specialist now teaching falls prevention to HCAs and accelerated preceptorship
- Falls reduction programme in targeted areas with high falls rate (L8AW and Newhaven)

Avoidable Harm– Key Metrics: Pressure Damage



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NHS Foundation Trust

Pressure Ulcer Rate in September 2021 = 3.93 patients with Cat 2 and above ulcers per 1000 bed days

Current Performance and Actions (September 2021 data):

- Higher number of community and hospital acquired pressure ulcers reported during the month reflects a challenging month.
- Cat 2 and DTIs are showing an increase this month. There was 1 patient with Cat 3 or above reported ulcer, which is within the target for this month.
- Moisture Associated Skin Dermatitis continues to be a theme this month.
- TV team will focus teaching on identifying patients at risk of pressure related skin breakdown and implementing appropriate care.
- TV team will continue to focus teaching on identifying patients at risk of moisture related skin breakdown and implementing appropriate care.

Pressure Ulcer Rate in September 2021 = 1.82 patients with Cat 2 and above ulcers per 1000 bed days

Current Performance and Actions (September 2021 data):

- Number of community acquired pressure damage is increasing.
- Number of unstageable pressure ulcers Number of Cat 2 reports. of pressure damage is increasing.
- Cat 2 and DTIs are showing an increase this month.
- Moisture Associated Skin Damage is increasing.
- East Tissue Viability team capacity significantly reduced due to long term sickness.
- Harm Free Care Nurse Specialist to introduce pressure damage training and deconditioning awareness.
- TV team to focus on high risk and complex patients.
- Plastics team to help out capacity gap where possible.

CQC unannounced focused inspection

University Hospitals Sussex
NHS Foundation Trust

The CQC undertook an unannounced inspection at the Royal Sussex County Hospital, Princess Royal Hospital, Worthing Hospital and St Richard's Hospital on the 28 September and 4 October.

These inspections focused on Maternity at all four sites, as well as Surgical Services at the Royal Sussex County Hospital.

The outcome of these inspections, whilst identifying a number of areas of good practice and care, did also identify a number of areas of concern. The CQC has subsequently provided the trust with a warning notice, which identifies specific areas for required improvement. We have commenced our improvements.

We expect to receive the final inspection report in the coming weeks and will share its findings and other supporting information.

University Hospitals Sussex
NHS Foundation Trust

People

Integrated Performance Report Section

Focus of this section

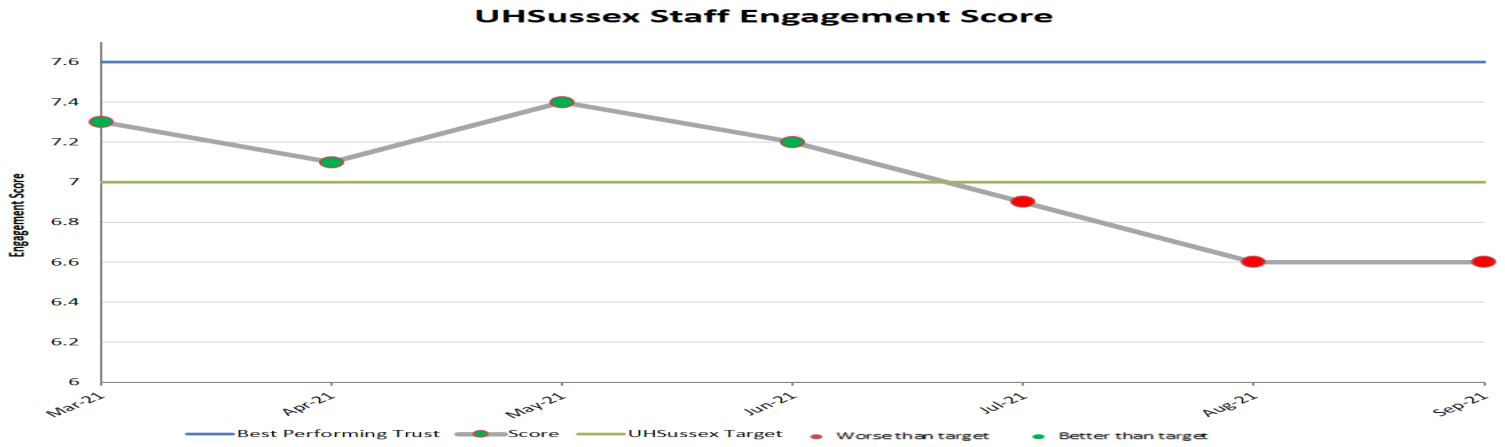
University Hospitals Sussex
NHS Foundation Trust

- True North - Performance against Staff Engagement Target
- Breakthrough Objective – Becoming the best place to work
- People Strategic Initiative – Leadership, Culture, Development
- People Corporate Project – Electronic Workforce Deployment
- People Key Performance Indicators – Data and Commentary

People True North

University Hospitals Sussex
NHS Foundation Trust

The agreed True North Goal for Our People is to be the Top Acute Trust for Staff Engagement. Our Target is to be within the top quartile of acute Trusts for the National staff engagement score.



The following pages summarise progress against Breakthrough Objective, Strategic Initiative and Corporate Project which are intended to improve our staff engagement score. Delivery assurance of our plans is reported through our People Committee and the SDR process.

Breakthrough Objective Progress Update

University Hospitals Sussex NHS Foundation Trust

Our Aim – To increase number of staff who would recommend the organisation as a place to work

Key Actions:

The Breakthrough Objective now focuses on Divisional activities. These are on-going and specific priorities which have been developed at local team level which will support the Trust aim.

Other:

Teamworking, career development and Health and Wellbeing were previously identified as corporate actions under Breakthrough Objective but will now be monitored under True North.

Local Pulse Survey data continues to be reviewed. There has been a slight decline to a score of 6.6; Divisional activities, local listening events, huddles and ‘Going to Gemba’ are all being utilised to understand contributory factors to this.

The staff survey roll out for 2021 is ongoing.

People Strategic Initiate
Progress Update

University Hospitals Sussex
NHS Foundation Trust

The Leadership, Culture and Development Strategic Initiative drives the Trust's response to the NHS People Plan and People Promise whilst also ensuring it is fully aligned to support Patient First. The early focus of improvement and delivery will enable completion of Post Transaction Integration Plan (PTIP) so that merger benefits are realised, and will ensure a continued focus on staff well-being.

Theme	Progress
Board Development	The People Committee has agreed a new Leadership, Culture and Development Strategic Initiative Charter under the Executive leadership of David Grantham with workstreams that are seen as longer term strategic and OD focused pieces of work, requiring delivery over more than 1 year. The remaining workstreams, which were are more immediate in terms of delivery and as a result of/ linked to new UHSussex Trust Structures, are now realigned to the Mergers and Acquisitions Programme – Managing Change Workstream, under the Executive Leadership of Denise Farmer.
Leader skills	Band 8a+ self assessment complete. Mapping against existing training complete. LC&D governance structures being established to progress programme.
Branding	Work is ongoing to develop the UHSussex employer brand, ensuring that this is aligned to Trust values and behaviours. The work stream is being delivered collaboratively between communications, people directorate with involvement from corporate nursing.
Health and Wellbeing	Health and Wellbeing – Continuation of activities ensuring support for staff's physical and psychological wellbeing. Extension OH provision at West for further 12 months using Team Prevent has been agreed for 1 year. HWB steering group established to support the development and delivery of HWB plans.. Further steering group relating to Violence & Aggression agreed, CPO reviewing with CNO around scope and roles. Support for critical areas including Theatres, ED and Critical Care has been organised.
Equality, Diversity and Inclusion	Equality, Diversity and Inclusion – Aligned to local and National People plan identified priority work across UHSussex to embed EDI within all people activities.
Integrated Education (IE)	Integrated education – New Director induction. Priority objectives to develop IE Strategy and Implementation plan. Interim plan – expansion of access to IRIS now in progress as agreed. System access available with a soft launch date of October 4th. Comms and parameters for expansion to be developed by Head of Libraries, Knowledge and Learning Technology (East) to ensure clarity to users. Plan for integration of learning and development offerings.

Corporate Project:
Electronic Workforce Deployment (EWD)

Modernisation of job planning and rostering in our Trust is key to delivering our ambition to have the most highly engaged workforce within the NHS. EWD will also deliver more effective workforce planning and deployment.

UHSussex has partially implemented electronic workforce systems using a number of different platforms, parts of our workforce are reliant on non-automated processes with no standardised method to ensure effective deployment of the substantive and bank workforce, nor is there adequate operational workforce reporting.

NHSE/I Levels of Attainment Target	90%+ in-scope staff have an eJob Plan	Baseline Figs in Brackets	90%+ staff are on a eRoster	Baseline Figs in Brackets
EWD SDR	% Doctors with job plans completed	EAST: 55% (55%) WEST: 67% (54%) **TRUST: 59% (55%)**	% Nursing , AHP & Pharmacy on an eRoster	EAST: 69% (30%) WEST: 94% (94%) **TRUST: 80% (62%)**
	% Doctors with an active eJobPlan	EAST: 0% (0%) WEST: 67% (54%) **TRUST: 22% (18%)**	% Non-clinical staff on an eRoster	EAST: 82% (21%) WEST: 91% (91%) **TRUST: 85% (33%)**
	% Doctors on an eRoster	EAST: 22% (22%) WEST: 70% (74%) **TRUST: 39% (40%)**	% eRosters issued 6 weeks in advance	EAST: 29% (21%) WEST: 27% (38%) **TRUST: 28% (26%)**

Project KPI link to NHSE/I targets.

Stable working patterns, timely issuing of rosters and up to date Job plans support UHSx to improve staff engagement

Trend and trajectory charts will be developed as the project progresses and performance Dashboards meet maturity

Workforce KPIs

University Hospitals Sussex
dation Trust

People Committee Scorecard – UHSx – September 2021															
	Key Performance Indicator	Target	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Trend
	True North - Engagement		7.0	7.1	7.0	7.1	7.3	7.3	7.3	7.1	7.4	7.2	6.9	6.6	6.6	
	Breakthrough - Place to work (included in some of the surveys)		76.88%	80.44%	78.79%	76.47%	85.71%	84.81%	83.41%	84.02%	79.72%	77.45%	68.70%	56.22%	59.27%	
	Survey Responses		3,103	1,957	936	1,426	2,399	2,410	2,114	2,069	2,058	1,632	633	268	586	
Workforce Capacity	FTE - Budgeted		15,549.67	15,578.42	15,627.42	15,620.91	15,700.40	15,703.12	15,684.49	15,916.00	15,915.64	15,880.63	15,878.60	15,909.50	15,984.96	
	FTE - Substantive contracted		14,239.06	14,209.12	14,188.77	14,224.28	14,292.17	14,383.60	14,387.58	14,468.75	14,420.36	14,406.04	14,456.34	14,866.65	14,613.69	
	FTE - Substantive contracted variance from Budget		1,310.61	1,369.30	1,438.65	1,396.63	1,408.23	1,319.52	1,296.91	1,447.25	1,495.28	1,474.59	1,422.26	1,042.85	1,371.27	
	Vacancy Factor (Substantive contracted FTE)		8.43%	8.79%	9.21%	8.94%	8.97%	8.40%	8.27%	9.09%	9.40%	9.29%	8.96%	6.55%	8.58%	
	Spend - Bank as a % of total staffing		9.15%	8.24%	8.23%	8.97%	9.73%	9.49%	6.08%	7.39%	10.51%	6.81%	7.92%	7.70%	5.43%	
	Spend - Agency as a % of total staffing		3.62%	3.71%	3.37%	3.46%	2.96%	3.38%	1.98%	3.43%	3.05%	2.85%	3.46%	3.44%	2.86%	
	Substantive Headcount		16,105	16,140	16,198	16,203	16,316	16,350	16,379	16,419	16,435	16,452	16,377	16,479	16,508	
Workforce Efficiency	Absence - Sickness (12 month)		-	-	-	-	-	-	4.04%	3.87%	3.81%	3.81%	3.82%	3.90%		
	Absence - Sickness in month		3.91%	4.00%	4.15%	4.07%	4.45%	4.00%	3.40%	2.87%	3.48%	3.90%	4.09%	4.44%		
	Absence - Maternity in month		2.21%	2.11%	2.17%	2.24%	2.28%	2.30%	2.16%	2.01%	2.14%	2.14%	2.10%	2.13%		
	Absence - Special, Study & Other Leave in month		-	-	-	-	-	-	8.23%	7.20%	7.28%	7.67%	8.33%	7.81%		
	Absence - Total in month		-	-	-	-	-	-	13.79%	12.08%	12.90%	13.70%	14.52%	14.38%		
	Sickness - Short Term (< 28 days)		1.73%	1.74%	1.77%	1.64%	2.06%	1.53%	1.56%	1.40%	1.73%	1.87%	1.99%	2.08%		
	Sickness - Long Term (>= 28 days)		2.18%	2.26%	2.38%	2.44%	2.39%	2.47%	1.84%	1.47%	1.74%	2.03%	2.10%	2.36%		
	Sickness - Stress in month		1.06%	1.05%	1.02%	1.02%	0.98%	1.03%	0.84%	0.65%	0.85%	0.98%	1.04%	1.13%		
	Sickness - Gastro Intestinal in month		0.33%	0.29%	0.30%	0.30%	0.28%	0.29%	0.19%	0.21%	0.31%	0.32%	0.31%	0.34%		
	Sickness - Other Musculoskeletal in month		0.38%	0.37%	0.43%	0.38%	0.36%	0.31%	0.32%	0.34%	0.46%	0.48%	0.43%	0.49%		
	Sickness - Cough, Cold & Flu in month		0.25%	0.30%	0.26%	0.20%	0.28%	0.20%	0.18%	0.16%	0.16%	0.16%	0.20%	0.22%		
	Sickness - Back in month		0.21%	0.24%	0.28%	0.24%	0.20%	0.22%	0.20%	0.19%	0.22%	0.27%	0.25%	0.27%		
	Episodes - New sickness episodes in month		-	-	-	-	-	-	2,103	1,889	2,076	2,251	2,372	2,381		
	Episodes - On-going sickness episodes in month		-	-	-	-	-	-	506	506	536	542	666	688		
	Episodes - Total sickness episodes in month		-	-	-	-	-	-	2,609	2,395	2,612	2,793	3,038	3,069		
	Maternity - Number of staff on maternity leave		-	-	-	-	-	-	430	399	430	424	410	423		
	Turnover - Trust (12 month)		-	-	-	-	-	-	9.97%	9.84%	9.81%	9.80%	9.59%	9.37%	8.87%	
	Turnover - Medical & Dental (12 month)		-	-	-	-	-	-	16.09%	17.44%	17.56%	15.65%	14.07%	14.06%	14.06%	
	Turnover - Nursing & Midwifery (12 month)		-	-	-	-	-	-	9.05%	8.93%	8.89%	8.92%	8.59%	7.98%	7.44%	
	Turnover - Scientific, Therapeutic & Technical (12 Month)		-	-	-	-	-	-	10.19%	9.64%	9.31%	9.31%	9.31%	8.88%	8.24%	
	Turnover - Admin, Clerical & Estates (12 months)		-	-	-	-	-	-	8.84%	8.69%	8.73%	9.05%	9.15%	9.31%	9.11%	
	Turnover - Support Staffing (12 months)		-	-	-	-	-	-	11.00%	10.68%	10.70%	10.73%	10.61%	10.65%	9.66%	
	Stability %		-	-	-	-	-	-	-	89.16%	89.07%	88.79%	92.1%	88.3%	88.4%	
Training and Development	% of appraisals up to date (All Staff)	90%	-	-	-	-	-	-	-	75.4%	76.4%	75.3%	73.91%	73.78%	71.52%	
	% of appraisals up to date (Medical staff)	90%	-	-	-	-	-	-	-	29.3%	30.3%	29.9%	31.49%	31.18%	30.70%	
	% of appraisals up to date (excl Medical staff)	90%	75.23%	75.72%	76.52%	78.21%	74.58%	73.63%	76.53%	81.82%	82.9%	81.73%	80.06%	79.96%	77.48%	
	STAM Weighted Average	90%	85.24%	83.77%	84.69%	84.96%	84.28%	82.38%	84.90%	82.81%	83.3%	84.24%	83.81%	83.64%	82.74%	
	% In Date - Fire	90%	83.69%	82.99%	84.20%	84.58%	84.02%	82.32%	85.20%	83.46%	85.1%	84.27%	82.32%	82.41%	80.31%	
	% In Date - Infection Control (Role Specific)	90%	83.02%	82.23%	83.13%	83.40%	83.14%	81.12%	84.13%	82.48%	84.4%	83.73%	81.54%	81.45%	79.67%	
	% In Date - Back Training (Role Specific)	90%	88.93%	87.64%	88.23%	87.80%	85.77%	83.65%	85.12%	80.53%	69.1%	71.12%	73.23%	74.38%	75.19%	
	% In Date - Child Protection (Role Specific)	90%	90.22%	88.95%	89.99%	89.93%	89.99%	88.98%	90.20%	87.62%	88.6%	87.92%	87.46%	86.71%	86.03%	
	% In Date - Information Governance	90%	82.25%	81.59%	82.77%	83.14%	82.43%	79.15%	82.21%	80.61%	82.7%	82.08%	80.25%	80.19%	78.06%	
	% In Date - Adult Protection	90%	88.28%	79.78%	79.77%	81.70%	84.83%	84.54%	85.11%	84.90%	86.9%	87.64%	88.46%	88.62%	88.44%	
	% in Date - Equality & Diversity	90%	92.96%	92.35%	93.10%	92.92%	92.45%	91.06%	92.00%	89.54%	91.0%	90.83%	90.46%	89.52%	88.80%	
	% in Date - Health & Safety	90%	88.30%	87.38%	89.20%	89.28%	88.66%	87.20%	89.70%	87.20%	89.4%	94.74%	94.37%	94.25%	93.87%	
	% in Date - Resus	90%	62.17%	63.03%	63.57%	63.95%	57.83%	53.31%	62.56%	62.12%	67.5%	71.37%	72.22%	70.89%	70.01%	
Capacity	Starters	-	219	213	168	143	210	182	182	185	130	151	121	576	251	
	Leavers	-	245	172	124	124	118	153	152	122	95	105	129	438	140	
COVID*	Absence		87	180	319	267	695	501	491	169	59	89	274	244	157	
	Vaccination % First Dose		-	-	-	-	81.31%	85.98%	88.78%	89.51%	89.65%	89.65%	89.65%	89.65%	89.65%	
	Vaccination % Second Dose		-	-	-	-	-	-	65.36%	84.09%	86.23%	86.23%	86.23%	86.23%	86.23%	
	Clinically Extremely Vulnerable		8	3	92	20	320	336	403	115	10	11	9	10	12	

Workforce KPIs - Commentary

University Hospitals Sussex
NHS Foundation Trust

Current Performance	Response / Actions Planned
Turnover • The September UHSussex Turnover rate (external leavers) stood at 8.87% having reduced almost 1% point from 9.97% in March 21. • The East Turnover rate (external leavers) for September stood at 10.21%. There has been a month on month reduction since March 21 when the rate was 11.93%. • The West Turnover rate (external leavers) for September stood at 7.29% which is a reduction of 0.5% points since the previous high of 7.79% in June 21.	Analysis of the recent leavers survey has taken place and shared to help inform divisional plans for retention. There is ongoing work with the Nursing teams to develop a retention plan. Activities are being planned with Divisions to help support the achievement of the People Breakthrough Objective which is to increase the number of staff who would recommend the Organisation as a place to work
Sickness Absence • In August the one month Sickness Absence rate was 4.44% and the 12 month rate 3.9%. • The August East in month Sickness Absence rate was 4.95%, up from 4.39% in July 21 and from 4.57% in September 20. The 12 month Sickness Absence rate is now 4.60% which is a reduction from 4.88% in March 21.The current in month absence split is 2.30% Short Term and 2.65% Long Term (28 days or more). • Over the same time frame, the West in month rate for August (3.82%) saw an increase from 3.71% in July 21 but a reduction from 3.1% in September 20. The 12 month Sickness Absence rate is 3.04% which is an increase from 2.99% in March 21. The current in month absence split is 1.80% Short Term and 2.02% Long Term (28 days or more).	Sickness absence has significantly reduced across the organisation compared to the same time last year. However, this has been impacted by the recording of covid related absence separately to sickness absence. Review of the management of long covid absence has been completed and this is now being managed in line with Trust policy. New Health & Wellbeing at Work Policy launched October with support and guidance training in place for managers. Ongoing provision of health and wellbeing initiatives such as mental health first aid training, wellbeing webinars, wellbeing workshops.

Workforce KPIs - Commentary

University Hospitals Sussex
NHS Foundation Trust

Current Performance	Response / Actions planned
Appraisal • The September UHSussex (non medical) Appraisal rate stood at 77.48%. • The UHSussex East (non medical) Appraisal rate for September stood at 72.43%, down from a rate of 75.47% in August, but up on the September 20 rate of 72.05%. • In comparison the UHSussex West (non medical) rate increased to 83.32% over a 12 month period having stood at 78.05% in September 20.	A new Development Appraisal format in development to combine best of Welfare Appraisal with restoration of 'performance' aspects of traditional appraisal. Work to create a supporting training video and update guidance underway Although uptake/compliance of Appraisal rate remains very challenging given operational pressures, data is circulated monthly with follow up support provided
STAM • The UHSussex STAM compliance rate stood at 82.74% for September. • The UHSussex East Trust STAM compliance rate stood at 83.34%. • The UHSussex West Trust STAM compliance rate stood at 82.04%.	STAM continues to be provided largely online, except where face-to-face teaching and/or assessment is required (following risk assessment). Compliance remains challenging in some subjects and many Divisions given operational pressures. STAM compliance reports are now being circulated to Divisions twice per month to encourage their management of uptake.
Vacancy • The September UHSussex overall Vacancy Rate stood at 8.58% having reduced from 9.09% in April 21. • In September the UHSussex East Vacancy Rate stood at 7.56%, having reduced from 8.44% in April 21 and a 12 month high of 9.32% in November 20. There are currently 655 FTE vacancies across East. • The September UHSussex West Vacancy Rate figure stood at 9.79% having reduced from 9.87% in April 21 and a high of 10.39% in May 21. There are currently 716.5 FTE vacancies across West.	Recruitment and retention initiatives are focusing on the nursing workforce and engagement activities to support retention are underway. 47 International B5 nurses recruited directly start employment with the Trust in mid-November, and a further cohort of 25 international B5 nurses via an agency route are due to commence employment between November 2021 – January 2022. A further virtual nursing 'one-stop' international recruitment event is planned for early November

University Hospitals Sussex
NHS Foundation Trust

Sustainability

Integrated Performance Report Section

Sustainability Summary

University Hospitals Sussex
NHS Foundation Trust

- The Trust has continued to operate under the interim financial framework set for the period April – Sept (H1), in which each Integrated Care System (ICS) was provided with a fixed funding envelope; including resources to meet the additional costs of COVID-19.

- The intent of the framework was for individual organisations within the Sussex ICS to deliver a breakeven position. At the end of quarter two, the Trust financial performance met the target of breakeven.

- In H1 the Department of Health created a £1bn non-recurrent fund to be used to support delivery of additional activity, the Elective Recovery Fund (ERF). The Trust had expenditure commitments of £23m in relation to the delivery of additional activity and earned income of £22m from the ERF.

- The H2 Financial Framework guidance has recently been issued and is applicable from the 1st October 2021.

Sustainability
True North

University Hospitals Sussex
NHS Foundation Trust

- The Sustainability True North domain of 'living within our means providing high quality services through optimising the use of resources' is measured through the metric of delivering the Trust's Financial Plan.

- The delivery of the Trust's financial plan is measured through the following metrics:
  - I&E Performance: achieving the agreed I&E plan;
  - Cash: maintaining sufficient cash balances;
  - Capital: achieving the agreed capital plan; and
  - Efficiency: achieving the required efficiency programme.

- The financial performance as at the end of H1 reflects I&E performance that is on plan with sufficient cash balances to meet financial commitments. Delays to the delivery of a number of capital and efficiency schemes are planned to be recovered in H2.

Sustainability
Key Metrics

University Hospitals Sussex
NHS Foundation Trust

G			
I&E £k	**YTD Plan**	**YTD Actual**	**Variance**
Income	(649,265)	(644,483)	(4,782)
Operating Costs	638,786	633,991	4,795
Finance Costs	10,489	10,426	63
Performance Adjustments	(10)	66	(76)
Overall performance	0	0	0

The Trust is reporting a breakeven position as at the end of Q2; in line with gudiance. The ERF earnings have been impacted by operational pressures which has been offset by reduced expenditure on R&R activity.

G			
Cash £k	**YTD Plan**	**YTD Actual**	**Variance**
	47,690	64,732	17,042

The Trust is maintaining higher than planned cash balances, which relate to the opening cash position of the new Trust, rather than in year performance.

The cash forecast for the remainder of the year will continue to be reviewed and updated to reflect the timing of future cash flows.

A			
Capital £k	**YTD Plan**	**YTD Actual**	**Variance**
3T's Scheme	42,930	40,825	(2,105)
Operational Schemes:			
Internally Funded	22,080	15,320	(6,760)
Externally Funded	5,460	2,813	(2,647)
Overall performance	70,470	58,958	(11,512)

There have been delays in delivering a small number of significant value schemes including the Urology Investigation Unit, the surgical robot and diagnostic and medical equipment. The 3Ts build is on track.

A			
Efficiency £k	**YTD Plan**	**YTD Actual**	**Variance**
	14,161	9,396	(4,765)

Operational pressures have continued to impact upon the full realisation of productivity opportunities. Plans to deliver the full £24.4m target by year end require productivity opportunities to become embedded in pathways, in order to recover the slippage on the plan.

Sustainability
Forward look to H2 (Q3 & Q4)

University Hospitals Sussex
NHS Foundation Trust

- Receipt of the formal planning guidance confirms that income allocations for Q3 & Q4 (H2), are broadly consistent with the H1 framework; albeit with an increased efficiency requirement, a reduction in some income flows and a significant change in income recovery for elective activity. The financial target is maintained at breakeven.

- Additional funding allocations are being made available to the System via a new construct of the £1bn Elective Recovery Fund (ERF) and a new Targeted Investment Fund (TIF).

- The continuation of an ERF, albeit significantly different in complexity, construct and application, is intended to support additional elective recovery as in H1 but with a focus on reducing waiting lists.

- The intent of creating the TIF is to support innovation and recovery. £700m has been made available to the NHS as a flexible revenue / capital fund. A minimum of £500m must be spent on capital with £250m ring fenced for technology that enables elective recovery.

- NHSE/I have provided the System with details of the financial settlements for Sussex. Finalisation of allocation distribution is in progress to enable the Trust to agree financial plans for the period Oct 2021 – March 2022.

- H2 planning activities are underway; with submissions to NHSE/I due by 16th November 2021 (ICS) and 25th November 2021 (Trust).

Sustainability
H2 Financial Risks

University Hospitals Sussex
NHS Foundation Trust

There a number of risks that may impact delivery of the financial target in H2:

- Impact of operational pressures on our capacity to deliver the efficiency programme;
- Ability to protect elective capacity and increase our restore and recover activities;
- Guidance for H2 is continuing to emerge; challenging for timely interpretation, planning and identification of funds;
- ERF will continue to be allocated on aggregate system performance. This could mean that the Trust has committed resources to delivering additional activity but is not able to recover the cost through the ERF.
- Global supply chain impact on, in particular, the delivery of the capital plan; coupled with resourcing constraints linked to project managers; and
- Due to the ongoing COVID-19 pandemic, the Trust is continuing to operate in a challenging environment with high levels of uncertainty and associated impacts.

Sustainability - Actions & Recommendations

University Hospitals Sussex NHS Foundation Trust

There are no actions required of the Board.

The Board they are asked to **NOTE** the following:

- The Quarter 2 performance financial performance including I&E, cash management, capital and efficiency delivery.
- H2 financial plans will be submitted in November. The key risks to achievement of the breakeven target are the impact of operational pressures on the Trust's ability to deliver the efficiency programme, protect elective capacity and secure funding to support elective recovery.
- Detailed financial performance information has been shared with Sustainability Committee; who continue to provide oversight on behalf of the Board.

University Hospitals Sussex
NHS Foundation Trust

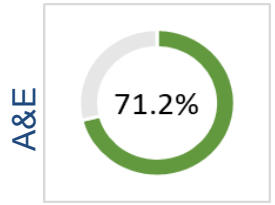
Systems & Partnerships

Integrated Performance Report Section

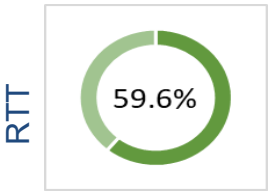
Performance Summary Q2

University Hospitals Sussex
NHS Foundation Trust

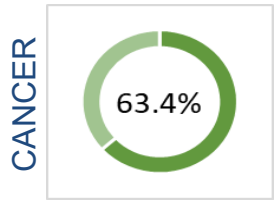
True North and Constitutional Standards



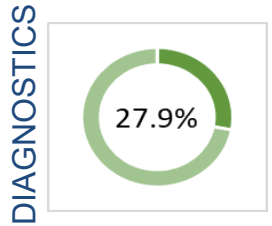
- Overall the combined Trust treated 71.2% of patients within 4 hours of attending A&E departments. UHS West achieved 71.35% and UHS East achieved 71.0%. National performance was 75.19%
- There was continued pressure on the Trust emergency departments with both ambulance and self attending patient numbers above pre-pandemic levels.



- The combined Trust has 59.9% of patients waiting longer than the target 18 weeks at the end of September. UHS West achieved 60.2% and UHS East achieved 59.2%.
- Overall the total number of patients waiting for elective treatment is 102,178 with elective demand increasing in both Trusts



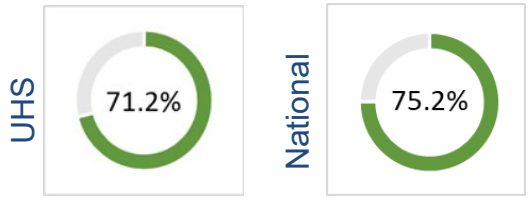
- Overall 63.4% of patients who commenced cancer treatment were treated within 62 days as a combined Trust. UHS West was 60.6% and UHS East achieved 67.6%.
- There has been an increase in over 62 day prospective waits in September, with recovery plans developed to ensure a return to compliance by Mar-22.

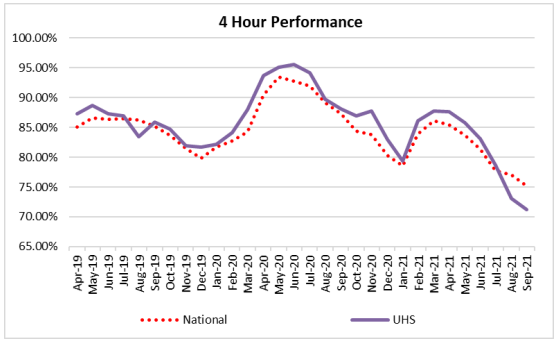


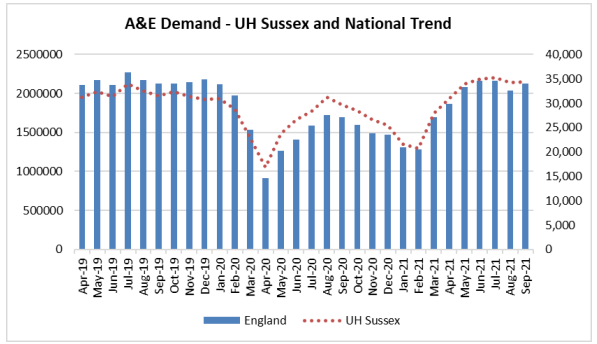
- Overall the combined Trust had 27.9% of patients waiting more than 6 weeks for a diagnostic against a 1% target. UHS West achieved 31.7% and UHS East achieved 22.5%.
- This is an improvement of -1.7% since Aug-21

A&E UHSussex

University Hospitals Sussex
NHS Foundation Trust

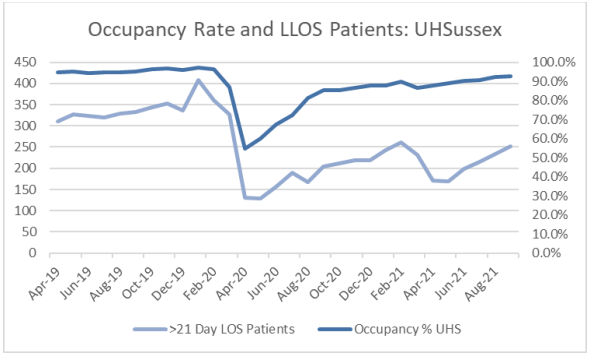






Sep-21 Attendances compared to Sep-19

Site	Sep-19	Sep-21	Var	Var %
RSCH	7,431	7554	123	2%
PRH	3,661	3811	150	4%
RACH	2,258	2755	497	22%
Brighton Station	1,207	1413	206	17%
Eye Hospital	1,207	1497	290	24%
LEWES/UCKFIELD MUI	1,623	1451	-172	-11%
UH Sussex EAST	17,387	18481	1094	6%
SRH	5,738	6380	642	11%
WSH	7,351	8244	893	12%
BWMH	1,008	1277	269	27%
UH Sussex WEST	14,097	15901	1804	13%
UH Sussex ALL	31,484	34382	2898	9%

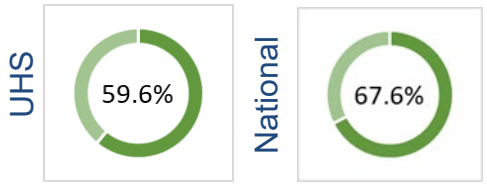


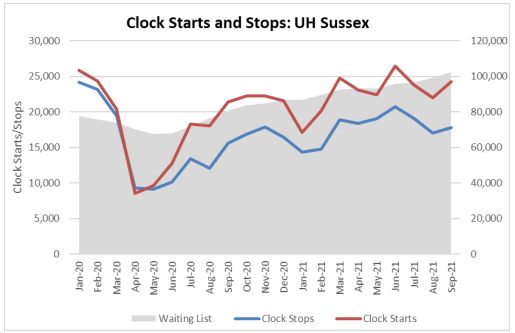
- A&E 4hr performance was 71.2% Sep-21, 79.8% YTD, a deterioration of -14.7% compared to Sep-19.
- There was a +9.2% increase in A&E footprint attendances Sep-21 compared to Sep-19. Emergency admissions (>0 day LOS) were -1.6% below Sep-19.
- Performance was -4.0% below the National 4hr performance of 75.19% in Sep-21.
- Occupancy was 92.7% Sep-21, compared to 88.0% Q4 20/21 and 95.1% Sep-19
- On average there were 251 patients in hospital for more than +21 days Sep-21 compared to 233 Aug-21 (+18 beds occupied), and 332 Sep-19
- On average patients time to triage, treatment and mean waiting time were stretched Sep-21 as a result of emergency demand and flow pressures.
- Whilst the above metrics describe YTD performance, there has been material variation by site, by day, and by month in terms of increasing pressure throughout 2021/22 and in particular during summer months and into Sep-21.

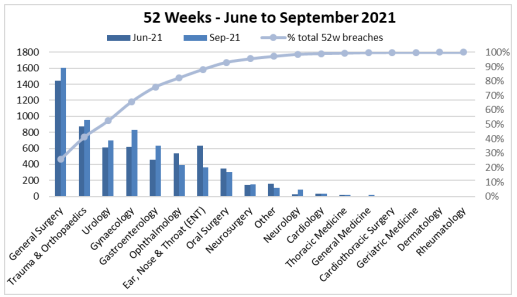
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Time to Triage	19.0	17.5	19.0	18.5	19.7	19.0	15.8	17.7	18.8	21.9	21.5	22.9
Time to Treatment	86.1	83.9	88.0	92.5	95.2	92.5	83.6	91.4	99.8	109.5	113.0	115.8
Mean Waiting Time	208.5	205.8	209.5	208.6	220.8	218.6	199.3	203.9	210.3	230.6	254.4	261.7

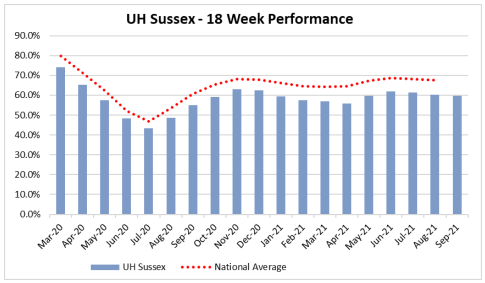
Elective Treatment (RTT) UHSussex

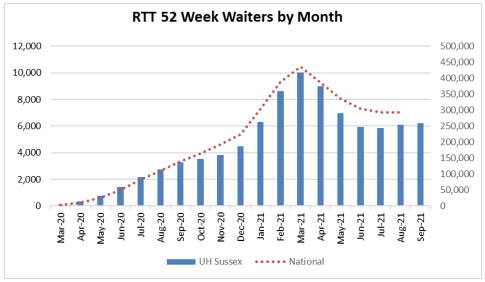
University Hospitals Sussex
NHS Foundation Trust

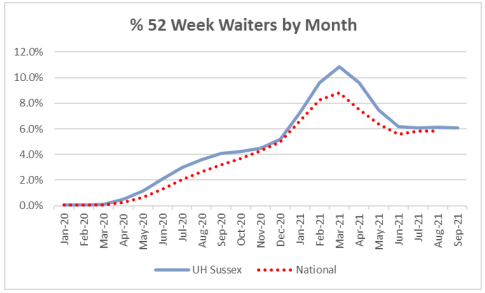












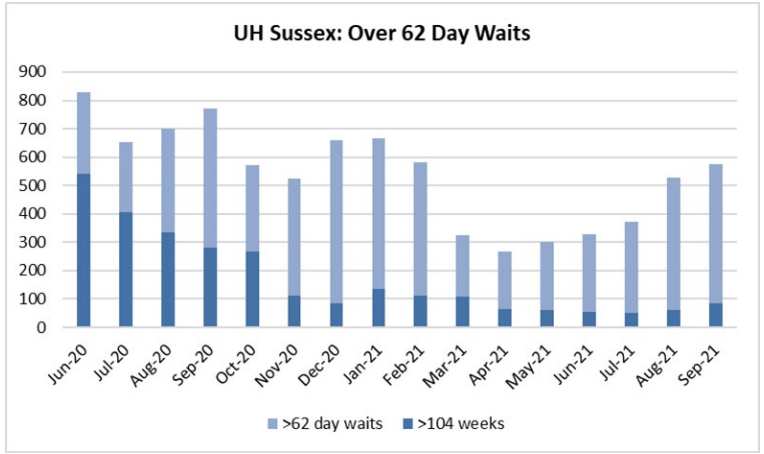
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
52 to 77 weeks	8,206	6,005	4,893	4,645	4,439	4,383
78 - 103 weeks	756	925	985	1,163	1,556	1,715
104+ weeks	24	27	38	48	67	120
Total 52+	**8,986**	**6,957**	**5,916**	**5,856**	**6,062**	**6,218**

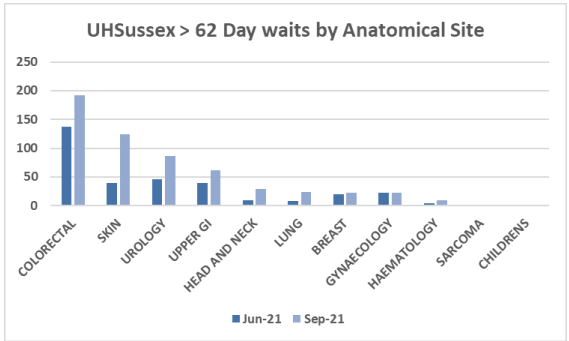
- RTT 18 weeks performance was 59.6% end Q2 2021, a 2.4% deterioration since Jun-21
- There were 6218 patients waiting over 52 Weeks end Q1, compared to 5916 end Jun-21, an increase of 302
- There has been an increasing number of elective referrals (clock starts) throughout the quarter, 94% restored compared to Quarter 2 2019/20, but 2.6% lower than Q1
- Clock stopping definitive treatment was 80% restored in Q2 relative to Q2 2019/20
- As a result of the gap in demand (clock starts) to demand (clock stops), the total RTT Incomplete waiting list was 102,178, an increase of 6,348 since Jun-21
- Most challenged specialties with largest numbers of 52 week waits are General surgery (which includes colorectal surgery/endoscopy), and Orthopaedics

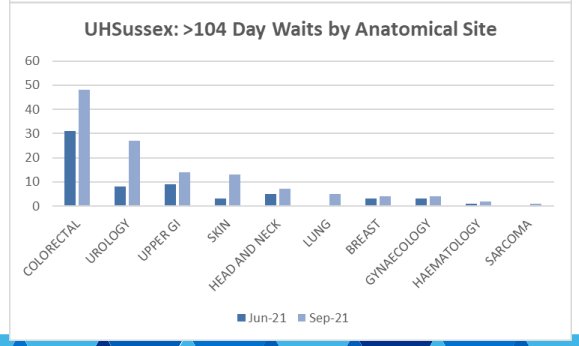
Cancer Treatment UHSussex Total

University Hospitals Sussex NHS Foundation Trust

	Jul-21	Aug-21	Sep-21	Target
62 Day - GP Refs	68.7%	63.4%		85%
28 Day FDS	68.4%	66.9%		75%
> 62 Day Waits	372	529	574	167
> 104 Day Waits	62	80	125	48



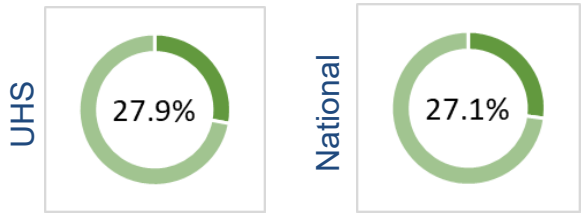


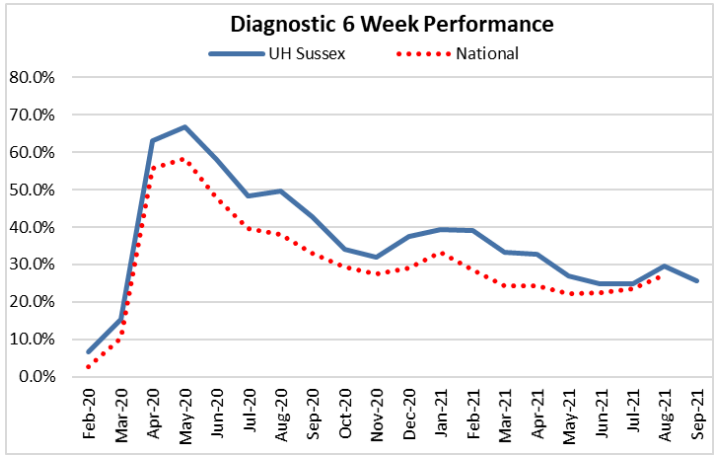


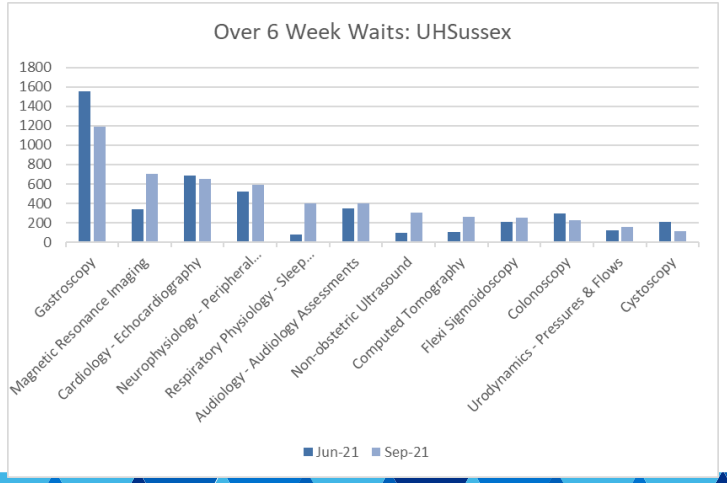
- 62 day referral to treatment targets were not met in Aug-21 with 63.4% starting treatment in under 62 days against the 85% National target. National performance was 70.7%.
- The Trust performance has worsened against the new 28 Day Faster Diagnosis Standard in Quarter 2, with performance at 66.9% Aug-21 due to capacity constraints in the skin anatomical site. National performance was 72.6%
- Cancer referrals Sep-21 were 17.5% above Sep-19 levels, as a result of post pandemic wave ‘catch up’ plus the effect of high profile cancer related mortality
- End of Sep 2021 UHSussex had 574 patients waiting > 62 days for cancer treatment compared to the improvement trajectory of 167. There were 125 104 day patients
- Colorectal patients is the largest contributor to long waits

Diagnostics UHSussex

University Hospitals Sussex
NHS Foundation Trust







- UHS performance was 27.9% of patients waiting longer than 6 weeks for a diagnostic at the end September, a -1.7% improvement from Aug-21 but 3.1% worsening since the end of the last quarter
- National performance was 27.1% (Aug-21).
- The most impacted area of diagnostics is as a result of the COVID pandemic was Endoscopy where activity was largely focused on emergency activity only, given the risks of the procedure and the redeployment of staff to critical care and other COVID responses.
- As staff have now largely returned to their core services the Trust has developed and implemented significant recovery plans for Endoscopy, which will also address those patients waiting for a planned follow up Endoscopy that were delayed in the pandemic.
- Imaging has also had some capacity constraints in the context of demand increases, which are causing short term increases in diagnostic waits, being tackled with a portfolio of additional IS capacity

Activity Recovery Progress

University Hospitals Sussex NHS Foundation Trust

OP FIRST	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	95%	95%	95%
Plan	88%	85%	97%	93%	96%	97%
Actual	96%	98%	114%	91%	96%	99%

OP FUP	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	95%	95%	95%
Plan	78%	82%	93%	93%	95%	97%
Actual	104%	101%	115%	99%	106%	106%

EL DC	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	95%	95%	95%
Plan	85%	106%	117%	108%	110%	106%
Actual	104%	105%	115%	97%	95%	97%

EL IP	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Target	70%	75%	80%	95%	95%	95%
Plan	85%	106%	117%	103%	120%	110%
Actual	99%	95%	108%	89%	84%	98%

- In terms performance for quarter 2 as forecast the did not meet its target for all elements for all the months of July to September. Actions were taken to improve performance back to the respective target.
- Outpatients follow up exceeded the target recovery in each of the three months of July to September, with Day Cases only narrowly missing the target of 95% with actual performance of 94.96%.
- The most notable risks are the continued impact and stretch on the Trust's workforce given the pandemic with an increase in patients admitted with COVID and the continued increase in emergency activity.
- H2 Framework focuses on pathway 'clock-stop' volumes rather than total activity with changes in thresholds. The Trust has developed a plan, inclusive of insourcing and outsourcing to increase and protect elective activity over the winter and deliver the National requirement of holding the numbers of waiting list and 52 week waiting patients, and eliminating patients waiting longer than 104 weeks.

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	11	**Meeting:**	Board	**Meeting Date:**	4 November 2021
Report Title:	Patient Committee Chair report to Board				
Committee Chair:		Jackie Cassell, Committee Non Executive Chair			
Author(s):		Jackie Cassell, Committee Non Executive Chair			
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	✓	Assurances in relation to risk 1.1
Sustainability	☐	
People	☐	
Quality	☐	
Systems and Partnerships	☐	

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

Communication and Consultation:

Executive Summary:

The Patient Committee met on the 26 October and was quorate as it was attended by five Non-Executive Directors, the Trust Chair, the Chief Nurses and the two Trust Managing Directors. In attendance was the Director of Experience, Engagement and Involvement and the Director of Improvement and Delivery along with wider members of the patient experience and quality teams. The Committee also heard directly from a family member on the experiences of their wife and themselves of the Trust's services and the work the Trust is undertaking as a result of their feedback and engagement with the Trust.

The Committee received its planned items including the reports on the respective Patient First Trust North, Breakthrough and Strategic Initiatives, patient experience reports, the recently issued national 2020 Urgent and Emergency Care survey and the BAF.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** the Committee recommendation in respect of the BAF risk 1.1, for which it has oversight, that the score for the start of quarter 3 is fairly represented. The Board is asked to **NOTE** that whilst no change in score was proposed the Committee had asked given the information taken at the Committee that focus is given on the delivery of the identified actions to ensure this risk does not increase.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Patient Committee	**26 October 2021**	**Jackie Cassell**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient Stories

The Committee **RECEIVED** information directly from the husband of one of the Trust's patients on their care at the end of their life and on their own experiences of the Trust and its staff. The information provided both an insight into the care provided and the areas where their experiences feel short of the Trust's standards. The Committee **NOTED** the work the Trust has commenced following the initial engagement with this person through the complaints process and where action will continue to secure the improvements across the areas identified and to embed these improvements across the Trust. The Committee thanked the individual for their time and for the openness and endorsed the Trust's offer of providing further feedback to them on the progress made across the Trust with the improvements identified.

Patient First Trust North, Breakthrough Objective, Strategic Initiative and Corporate Project

The Committee **RECEIVED** updates on the delivery of the respective True North, Breakthrough Objective, Strategic Initiative and Corporate Project. The Committee **NOTED** the work being undertaken in respect of the True North and through the **APPROVED** revised Breakthrough Objective on dealing with aspects of waiting how this will seek to reduce the number of negative experiences citing waiting as factor for their dissatisfaction. The Committee asked that within the reporting on the True North that the updates also include complementary information to the Friend and Family Test feedback on the effectiveness of the Trust processes for delivery a high quality patient experience citing that the triangulation with complaints and compliments data as an example of a strand of complementary data.

The Committee was **ASSURED** over the work undertaken within the strategic initiative and corporate projects and their planned actions.

The Committee **RECEIVED** information on how voice of the patient is an integral part of the Trust established Patient First improvement methodology and how this links with the other mechanism the Trust has to listen and respond to our patients.

Committee Activity

The Committee **RECEIVED** the quarter 2 report on the patient experience feedback and the actions taken as a result of this feedback. The Committee **NOTED** the feedback provided through the various mechanisms where we capture patient comments and feedback. The Committee was **ASSURED** that the Trust remains committed to listening to all feedback and acting where improvements are required.

The Committee received the national surveys for the legacy Trusts of BSUH and WSHFT in respect of Urgent & Emergency Care. The Committee **NOTED** that the responses for each Trust did not identify any

area where the Trust was in the lower quartile. The Committee **RECEIVED** information on the actions taken for those areas where the Trust was below its previous highly scored responses.

The Committee **NOTED** the update from the Chief Nurse on the Quality Governance Steering Group (QGSG) and the Patient Experience Engagement Group (PEEG). The Committee **NOTED** there were no matters which either Group was seeking Committee specific support or action with, but **NOTED** that QGSG had within their remit to review the actions being taken to reduce the time it is taking to deal with complaints.

ICS Update

The Committee **NOTED** there was nothing further to update the Committee on specifically other than to confirm that the Trust and ICS continue to develop the strategies to deal with health inequalities and had been agreed at the last meeting information on these strategies will come back to a subsequent meeting. The Committee NOTED that the newly appointed Director of Experience, Engagement and Involvement was taking an active role in working with the ICS on this agenda.

RISK

The Committee had a detailed discussion on the BAF risk 1.1 and the level of assurances flowing to the Committee and recognised that the level of information received at the meeting which showed that there were a number of factors where action is needed to ensure this risk does not increase. The Committee **NOTED** that this risk remained a good distance from its target score and noted that the approved Breakthrough Objective should see this risk move positively lower as the actions based on defined actions are delivered. The Committee noted that the tracking of the delivery of this is incorporated within the BAF action plan. As a result of the review the Committee **AGREED** the quarter three score for risk 1.1 was fairly stated in the BAF.

Actions taken by the Committee within its Terms of Reference

The Committee **APPROVED** the revised Breakthrough Objective Charter.

The Committee **AGREED** to recommend the quarter 3 score for BAF risk 1.1 to the Board, noting the Committee had asked that focus remains on the delivery of the identified actions especially those linked to the newly approved breakthrough objective to ensure this risk does not increase.

Items to come back to Committee (Items the Committee keeping an eye on outside its routine business cycle)

There were no specific matters over those planned within its cycle of business that it asked to return to the Committee but did ask that an update on the work of the Trust and the ICS on health inequalities be brought to the next meeting rather than the meeting at the year end.

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

Item	Date
The Committee following a detailed discussion felt it could recommend to the Board that the risk within the BAF for which it has oversight is fairly represented.	To Board 4 November 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	12	**Meeting:**	Board	**Meeting Date:**	4 November 2021
Report Title:	Quality Committee Chair report to Board				
Committee Chair:	Joanna Crane, Committee Non Executive Chair				
Author(s):	Joanna Crane, Committee Non Executive Chair				
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	✓	
Sustainability	☐	
People	☐	
Quality	✓	Assurances in relation to risk 4.1 and 4.2
Systems and Partnerships	☐	

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

Communication and Consultation:

Executive Summary:

The Quality Committee met on the 26 October 2021 and was quorate as it was attended by five Non-Executive Directors, the Chair, the Chief Nurse and the Trust's two Managing Directors. In attendance were the Trust's Medical Directors, Director of Patient Safety, Director of Experience, Engagement and Involvement along with senior members of the Trust's patient and quality teams along with senior staff from the maternity service.

The Committee received its planned items including the reports on the respective Patient First Trust Norths, Breakthrough Objectives, Strategic Initiatives and Corporate Projects, quality performance reports, the national Ockenden report metrics, reports covering SIs and the respective learning, duty of candour audit outcomes, learning from deaths reports, reports on patient experience, reports from the Committee's respective reporting groups and the Board Assurance Framework.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** the Committee recommendation in respect of BAF risks 4.1 and 4.2 for which it has oversight, that the score for start of quarter 3 is fairly represented.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Quality Committee	**26 October 2021**	**Joanna Crane**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective Strategic Initiative and Corporate Project

The Committee **RECEIVED** updates on the delivery of the respective True Norths, Breakthrough Objective, and Strategic Initiative. The Committee **NOTED** the significant level of work being undertaken in respect of the Trust strategy deployment. The Committee was **ASSURED** over the progress of these.

Committee Activity

The Committee **RECEIVED** reports in respect of the learning being drawn from reported incidents within quarter 1 and was **ASSURED** over the actions being taken to improve the Trust's processes. The Committee also **RECEIVED** the learning report from the first waves of Covid and its impact at the Royal Sussex County site and Princess Royal how those lessons had brought about changes when dealing with the current wave. The Committee **RECEIVED** the annual serious incidents reports for 2020/21 which drew out the key thematic areas for improvement and the actions taken or planned to be progressed through the Divisions.

The Committee **RECEIVED** an update on the processes applied to review patients waiting for potential harm. The Committee **NOTED** the processes applied but asked that within the developing quality dashboards that such data sets be included and that these sources of assurance be included in the BAF (4.2). The Committee also asked that the Trust consider how data integrity assurance can be provided more broadly, potentially through a data kitemark.

The Committee **RECEIVED** the Trust's learning from deaths reports for quarter 2 of 2021/22 nothing that these remained spilt across the hospital sites of St Richards, Worthing and Southlands and Royal Sussex County and Princess Royal. The Committee was **ASSURED** over the progress made with undertaking structured judgement reviews where initial medical examiner investigation recommended that this process be applied to seek out learning and **NOTED** there remained low levels of poor care being identified. The Committee asked for future enhanced reporting in respect of thematic learning and the developed feedback loops established to promote learning.

The Committee was **ASSURED** over the Trust's continued levels of compliance with the duty of candour and the rigorous auditing processes applied to provide this assurance.

The Committee **RECEIVED** reports in respect of the Trust's maternity services for all four of its maternity units. These reports included the Ockenden data sets and the Committee **NOTED** the revised data included based on data definitions which had been reviewed to ensure they are consistently being applied across all four units. The Committee also **RECEIVED** information on the actions being taken and the on going work to

close the gaps identified within the initial Ockenden recommendation review undertaken by the legacy Trusts.

The Committee **RECEIVED** a report on the Trust's Quality Impact Assessment processes that had been applied to the Trust's 2021/22 efficiency programme schemes. There was only one of the schemes where the QIA proposed a risk score of 9 thus triggering a fuller review by the Committee. The Committee **AGREED** the benefits of the scheme recognising that further information from the Chief Nurse and Medical Directors indicated that the actual risk of the scheme ~~was~~ when implemented would very likely be lower than the stated score of 9.

The Committee **RECEIVED** an update from the Medical Director on work of the Quality Governance Steering Group. The Committee **NOTED** there were no matters which either Groups were seeking Committee support or action on but **NOTED** that their work supported many of the workstreams providing reports to the Committee.

ICS Update

The Committee **RECEIVED** an update on work within the ICS noting that there was nothing that required the Committee to take action on and a complementary update would come to the Systems and Partnerships Committee of the Board.

RISK

The Committee **RECEIVED** an update on progress of the work on the datix project which will see a more efficient reporting of risks to each Committee supporting their review of the BAF and NOTED this revised reporting is planned for the next meeting.

The Committee reviewed the BAF risks it has oversight for, and **AGREED** that that score for risks 4.1 and 4.2 should remain unchanged.

Actions taken by the Committee within its Terms of Reference

The Committee **AGREED** to recommend the quarter 3 score for BAF risks 4.1 and 4.2 to the Board

The Committee **APPROVED** the improvement scheme within elderly medicine progress with a QIA score of 9.

The Committee **AGREED** the actions being taken in respect of the Maternity dashboard were appropriate.

Items to come back to Committee (Items the Committee keeping an eye on outside its routine business cycle)

There were no specific matters over those planned within its cycle of business that it asked to return to the Committee, but noted that the action in relation to the referred Internal Audit findings would come to the next meeting for oversight.

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

Item	Date
The Committee recommended to the Board that the risk within the BAF for which it has oversight is fairly represented.	To Board 4 November 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	13	**Meeting:**	Board	**Meeting Date:**	4 November 2021
Report Title:	People Committee Chair report to Board				
Committee Chair:			Patrick Boyle, Committee Non Executive Chair		
Author(s):			Patrick Boyle, Committee Non Executive Chair		
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	☐	
Sustainability	☐	
People	✓	Assurances in relation to risks 3.1 – 3.4
Quality	☐	
Systems and Partnerships	☐	

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

Communication and Consultation:

Executive Summary:

The People Committee met on the 26 October 2021 and was quorate as it was attended by five Non-Executive Directors, the Trust Chair, the Chief Culture and Organisational Development Officer, the Chief Financial Officer and the Trust's two Managing Directors. In attendance were the Director of Integrated Education, the Director of Workforce Planning and Deployment, the Nursing Director and senior members of the HR and Wellbeing team. The meeting was also joined by the Freedom to Speak Up Guardian and staff from the Surgery Division for their relevant items.

The Committee received its planned items including the reports on the respective Patient First Trust North, Breakthrough Objective, Strategic Initiative and Corporate Project, Staff Survey progress, the health and wellbeing strategy update, workforce performance reports, a report from freedom to speak up guardian an update on the work of the ICS people committee and the Trust's Board Assurance Framework.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** that the Committee after careful consideration of the continued pressures facing staff the scores for all these risks should remain unchanged for quarter 3.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
People Committee	**27 October 2021**	**Patrick Boyle**	yes	no
			✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective Strategic Initiative and Corporate Project

The Committee **RECEIVED** updates on the delivery of the respective True North, Breakthrough Objective, Strategic Initiative and Corporate Project. The Committee **NOTED** the significant level of work being undertaken in respect of the Trust people strategy deployment. The Committee **RECEIVED** an update from the Surgery Division that provided **ASSURANCE** on the divisional application of the Trust's patient first tools in support of their contribution to the breakthrough objective. The Committee also heard how these linked into the divisional strategy deployment processes providing further assurance over the Trust patient first processes.

In respect of the Corporate Project the Director of Workforce Planning and Development presented an update on this project and its deployment. Through the review and answers provided to the questions the Committee was **ASSURED** of the programmes progress. The Committee requested that they be reminded of the project's critical path at their next update within the Committee SDR meeting in November.

Committee Activity

The Committee **RECEIVED** an update on the Trust's staff health and wellbeing initiatives and their alignment to the support the delivery of the People Breakthrough Objective and True North. The Committee was **ASSURED** through this information that these activities were both able to be reactive to known pressures and proactively working to have staff health and wellbeing support weaved into the Trust ways of working. The Committee **NOTED** the multi-faceted approach to this support and the positive impact having the Trust's chaplaincy team as part of the available resources that staff could access.

The Committee **RECEIVED** an update on response rate to the National Staff Survey. The Trust was **ASSURED** over the work being undertaken to enable this survey to be accessible given the higher response rate than that of the national average for Provider Trusts with a focus on the analysis of the results and their link to the Trust's people breakthrough objective.

The Committee **RECEIVED** the workforce KPIs for quarter 2 of 2021/22. The Committee **NOTED** the pressure on staff and the impact this is having on the Trust's levels of compliance with its targets for staff training and appraisals. The Committee **NOTED** the work planned to review the support that can be offered to staff during periods of increased service demand to allow staff to be released and support to undertake these activities.

The Committee **NOTED** that there no matters had been fagged for escalation from the Committee's reporting groups.

The Committee **RECEIVED** an update from the Freedom to Speak up Guardian. The Committee **NOTED** the ongoing review of the Trust's current level of dedicated provision but **NOTED** that the Trust does have a number of mechanisms for staff to engage and speak up. The Committee was **ASSURED** over the Trust's processes to support staff through the Guardian's own comparison of the Trust to others which showed that the Trust was not an outlier either in terms of the number of matters raised or the focus of the matters raised.

ICS Update

The Committee **RECEIVED** an update on work of the ICS people committee and their focus being on ensuring there are joined up workforce plans across the system.

RISK

The Committee reviewed the BAF risks it has oversight for, and **AGREED** the quarter three score for risks 3.1 to 3.4 as stated in the BAF The Committee agreed that for these risks, they continue to correctly reflect the pressures on the Trust's workforce along with noting the context of the wider people risks and actions being taken from the reports provided at the Committee.

Actions taken by the Committee within its Terms of Reference

There were no specific actions taken by the Committee at this meeting.

Items to come back to Committee (Items the Committee keeping an eye on outside its routine business cycle)

The Committee was not able to take the Guardian of Safe Working's report due to the report presenters late notice apology the Committee asked that this information be brought back to the Committee at its next meeting.

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

Item	Date
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented.	To Board 4 November 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	14	**Meeting:**	Board	**Meeting Date:**	4 November 2021
Report Title:	Sustainability Committee Chair report to Board				
Committee Chair:		Lizzie Peers, Committee Non Executive Chair			
Author(s):		Lizzie Peers, Committee Non Executive Chair			
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	☐	
Sustainability	✓	Assurances in relation to risks 2.1, 2.2 and 2.3
People	☐	
Quality	☐	
Systems and Partnerships	☐	

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

Communication and Consultation:

Executive Summary:

The Sustainability Committee met on the 28 October 2021 and was quorate as it was attended by three Non-Executive Directors, the Chair, the Chief Financial Officer, the Chief Executive and the Trust's two Managing Directors. In attendance were the Finance Director, the Commercial Director, the Director of IM&T and Director of Capital and the Deputy Director of Improvement and Delivery.

The Committee received its planned items including the reports on the Sustainability True North, Breakthrough Objective, Strategic Initiative and Corporate Project, along with updates on the Trust's financial performance, the efficiency programme, an IM&T update, an update on the H2 (Q3 and Q4) financial framework and the Board Assurance Framework.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** the Committee recommendation that the BAF risks 2.1, 2.2 and 2.3, for which it has oversight, are fairly represented.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Sustainability Committee	**28 October 2021**	**Lizzie Peers**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective and Strategic Initiative

The Committee **RECEIVED** an update on financial performance of the Trust and **NOTED** that the Trust was achieving its financial control total of breakeven for quarter 2, although there were significant budget pressures in respect of pay and income as a result of operational pressures. The Committee was **ASSURED** through their review of the report and the engagement from the Trust Finance Director on the actions planned to develop the H2 (Q3 and Q4) financial plan noting the numerous risks of the revised H2 regime. The Committee **NOTED** the risk in relation to the delivery of the Trust's efficiency programme due to operational pressures and their impact on the ability to realise the planned productivity gains.

The Committee **RECEIVED** updates on the delivery of the Sustainability Breakthrough Objective, Strategic Initiative and Corporate Project. The Committee **NOTED** the significant level of work being undertaken in respect of their delivery. The Committee **NOTED** the positive work done to support a reduction in the use of Nurse Agency and the increased use of the Trust's bank arrangements. It also noted the continued strong clinical engagement in the development of the Trust's green plan. Through the update the Committee was **ASSURED** that the developing plan will meet the Trust's ambition in this area and that the Trust's green plan will be fully developed in line with the requirements placed on the Trust. The Committee through the update was also **ASSURED** that the development of the plan will enable its delivery to be tracked and reported.

In respect of the corporate project the Committee was **ASSURED** from the feedback provided by the Director of IM&T that the lessons learnt from the BSUH PAS implementation are mitigated with the work being undertaken within this project and their continued to be positive clinical engagement with the project and its deliverables. The Committee also **NOTED** that a formal workstream has the oversight for the benefits realisation of the project which will be reported either to the Committee or the Audit Committee through the Trust's normal benefits realisation reporting route.

Use of Resources

The Committee **RECEIVED** a report on the Trust's efficiency programme and **NOTED** the risk within the delivery for the year. The Committee **NOTED** that the Trust was in a strong position for this year given that during the prior year it had maintained a focus on efficiency. The Committee was **ASSURED** over the delivery of the tactical schemes and was updated on the work undertaken in respect of the delivery of the productivity schemes that are at greater risk due to operational pressures. The Committee **NOTED** that a key element of this work was reported to the People Committee within their oversight of the Electronic Workforce Deployment project. The Committee **NOTED** that there continued to be good level of staff engagement in the work to deliver the identified schemes which is considered essential to delivery of the plan.

The Committee **RECEIVED** a report on the Trust's capital programme. The Committee was **ASSURED** by the Director of Capital over the Trust's robust monitoring processes in place to mitigate the current delivery risks and noted the progress of a number of key businesses cases which will see schemes delivered by the year end. The Committee noted that the Trust was progressing a series of discussions in respect of the phasing of the use of its Strategic Capital and that information on the outcome would come back within the scheduled reports.

The Committee **RECEIVED** a report on the wide-ranging Trust's IM&T programme of work, including PAS replacement. The Committee was **ASSURED** over the work being done to integrate systems where appropriate and the work underway to develop the UHSussex clinically led IT Strategy which will be coming to the Committee and Board in the near future. The Committee **NOTED** the positives for patients and staff as a result of the delivery of many of these projects and the importance of communicating these widely.

A number of business developments were presented to the Committee who **APPROVED** their progression recognising the patent benefits each would bring.

ICS

The Committee **RECEIVED** an update on the NHS H2 (Quarters 3 and 4 2021/22) Financial Framework and **NOTED** the degree of risk this regime brings given that there are a number of outstanding queries on the actual application of this guidance. The Committee **NOTED** the risks the regime change brings and that there remained uncertainty for the Trust and the ICS on elements of its application and therefore the impact being that the scores for BAF risks 2.1 and 2.2 were not being reduced. The Committee was **ASSURED** through the update on the Trust processes for the development of the H2 financial plan and that it would meet the required submission deadlines.

RISK

The Committee reviewed the BAF risks it has oversight for, and **AGREED,** the quarter three score for risks 2.1, 2.2 and 2.3 were fairly stated.

Actions taken by the Committee within its Terms of Reference

Items to come back to Committee (Items the Committee keeping an eye on outside its routine business cycle)

The Committee noted that the update on the Trust's Patient Level Costing Processes has yet to be scheduled and that such an update may commence with an update on the process principles.

The Committee noted that the items of the Trust's green plan and the PAS project are scheduled within the routine business but asked that within future reports additional information is provided on the benefits realisation processes.

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

Item	Date
The Committee recommended to the Board that the risks within the BAF for which it has oversight are fairly represented.	To Board 4 November 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	15	**Meeting:**	Board	**Meeting Date:**	4 November 2021
Report Title:	Systems and Partnerships Committee Chair report to Board				
Committee Chair:	Patrick Boyle, Committee Non Executive Chair				
Author(s):	Patrick Boyle, Committee Non Executive Chair				
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	☐	
Sustainability	☐	
People	☐	
Quality	☐	
Systems and Partnerships	✓	Assurances in relation to risks 5.1, 5.2 and 5.3

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

Communication and Consultation:

Executive Summary:

The Systems and Partnerships Committee met on the 28 October 2021 and was quorate as it was attended by five Non-Executive Directors, the Trust Chair, the Chief Financial Officer, the Chief Executive and the Trust's two Managing Directors. In attendance were, the Trust Finance Director, Commercial Director, and the Director of Strategy and Planning and the Head of Efficiency.

The Committee received its planned items including the reports on the respective the Systems and Partnerships Trust North, Breakthrough Objectives, Strategic Initiatives and Corporate Projects, along with updates on the Trust's work within the ICS, the work in respect of the Trust's future relationship with QVH and the Board Assurance Framework.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken of the Committee within its terms of reference.

The Board is asked to **NOTE** the Committee recommendation that the BAF risks 5.1, 5.2 and 5.3, for which it has oversight, with the increase in risk 5.1 are fairly represented.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Systems and Partnerships Committee	**28 October 2021**	**Patrick Boyle**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

Patient First Trust North, Breakthrough Objective and Strategic Initiative

The Committee **RECEIVED** an update on constitutional performance for quarter two including the performance against the Trust's systems and partnership true norths and breakthrough objectives for emergency and planned care. The Committee **NOTED** the Trust's performance against the national A&E, RTT, Cancer and Diagnostic targets. The Committee **NOTED** the developing counter measure summaries for each of these areas.

The Committee discussed the drivers of the current performance challenges especially within Urgent and Emergency care and **NOTED** the multi-dimensional aspects to these challenges. The Committee **NOTED** the Trust's focus on the Cancer 28-day faster diagnosis target and the positive impact this has on the patients.

The Committee **RECEIVED** information on the actions being taken and those proposed to improve the Trust's RTT positon across the second half of the year. The Committee **NOTED** that there were significant funding risks within these plans and were reminded by those members of the Sustainability Committee that these risks had been discussed in that meeting earlier that day. The Committee **ENDORSED** the Trust's plans as they were the right plans for our patients and were in line with the Trust's risk appetite for patient care.

The Committee **RECEIVED** updates on the delivery of the respective Strategic Initiative and Corporate Projects. The Committee **NOTED** the significant level of work being undertaken in respect of their delivery. The Committee through the update on the merger **NOTED** the progress being made across all the respective workstreams and the focus on the delivery of the stated post-transaction integration programme. The Committee **NOTED** the significant work planned in respect of the Trust's restoration and recovery corporate project delivery plan and noted their linkage to the report received earlier in the meeting on the Trust's overall performance in respect of RTT.

ICS and Systems Collaborations

The Committee **RECEIVED** an update on work the Trust is undertaking within the Sussex Acute Collaborative Network across all of the workstreams within the collaborative and was **ASSURED** that the Trust was playing an active role in the development and delivery of actions to enhance acute collaboration for the benefit of the patients of Sussex.

The Committee **RECEIVED** an update on the work undertaken over the last quarter in respect of the work to develop the full business case in respect of the future relationship with Queen Victoria Hospital Trust.

RISK

The Committee reviewed the BAF risks it has oversight for, and **AGREED,** the quarter three score for risks 5.2 and 5.3 were fairly stated. The Committee determined that the initially proposed reduction in risk 5.1 should not be applied and whilst significant improvements in engagement and governance design had occurred this had not translated into positive outcomes in respect of demand pressure on the Trust or the ability for patients to be discharged swiftly. The Committee **AGREED** that this risk be increased to 16.

Actions taken by the Committee within its Terms of Reference

There were no specific approvals taken by the Committee at this meeting.

Items to come back to Committee (Items the Committee keeping an eye on outside its routine business cycle)

The Committee did not identify any specific matters over its planned business that needed to come to the next meeting.

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

Item	Date
The Committee recommended to the Board that the risks within the BAF for which it has oversight that with the increase in risk 5.1 are fairly represented.	To Board 4 November 2021

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	16	**Meeting:**	Board	**Meeting Date:**	4 November 2021
Report Title:	Audit Committee Chair report to Board				
Committee Chair:	Jon Furmston, Non-Executive Director and Committee Chair				
Author(s):	Jon Furmston, Non-Executive Director and Committee Chair				
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	✓	The work of Internal Audit and Counter Fraud provided assurance in respect of various elements of the Trusts' the systems of internal control relied upon in managing a number of BAF risks. The 2021/22 Internal Audit plan was aligned to the BAF and the strategic risks facing the Trust.
Sustainability	✓	
People	✓	
Quality	✓	
Systems and Partnerships	✓	

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

Communication and Consultation:

Executive Summary:

The Audit Committee met on the 14 October 2021 and was quorate as it was attended by six Non-Executive Directors. In attendance was the Managing Director (West), the Chief Nurse, Deputy Chief Medical Officer, the Trust's Finance Director, the Trust's Commercial Director, the Company Secretary and the Trust's Director of Patient Safety along with the Trust's Internal and External Auditors and Local Counter Fraud team members.

The Committee received its planned items with the focus being on receiving the reports in relation to work undertaken by Internal Audit, Counter Fraud and External Audit across UHSussex during Quarter 2 2021/22. The Committee also received the legacy Trust's 2020/21 Annual Health and Safety Reports from BSUH and WSHFT having been recommended to the Committee by the Trust's Health and Safety Committee.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee and the actions taken by the Committee in accordance with its terms of reference.

The Board is also asked to **NOTE** the 2020/21 Annual Health and Safety Reports from BSUH and WSHFT where were recommended to the Committee by the Trust's Health and Safety Committee.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Audit Committee	**14 October 2021**	**Jon Furmston**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

The Committee **RECEIVED** the Internal Audit progress report incorporating the management action plans for the work undertaken since the last meeting for UHSussex. The Committee **NOTED** the continued use of Internal Audit resources to assist the Trust to make improvements and was **ASSURED** over the agreed action in respect of the review into the Trust's Mental Health Act compliance processes. The Committee **NOTED** managements use of this work as a catalyst for improvement both in aligning legacy processes from BSUH and WSHFT but also with its conversations within the ICS on dealing with health inequalities especially for those with mental health needs.

The Committee **RECEIVED** an updated 2021/22 Internal Audit plan which remained aligned to Trust's BAF and the mandated areas of Internal Audit activity to enable the delivery of an annual Head of Internal Audit Opinion. The Committee **AGREED** the revised plan and **NOTED** there remained a continued use of this resource to accelerate improvement and that the plan contains some flexibility should emergent issues arise where Internal Audit support / review would be beneficial.

The Committee received **ASSURANCE** from the Local Counter Fraud Specialists that there were no significant fraud risks, for UHSussex that needed to be actioned urgently within the Trust.

The Committee **RECEIVED** a report from the Trusts External Auditors on their plan for the audit of the Trust's 2021/22 annual accounts and annual report and **NOTED** that they planned to undertake work early to understand the Trust's overall control environment given this was their first year of audit and that they also planned to undertake an early interim audit to reduce pressure within the final year end audit.

The Committee **RECEIVED** the Losses and Special Payments registers and Tender Waiver Reports for UHSussex for quarter two of 2021/22. The Committee, through these reports, was **ASSURED** over the underlying processes applied to manage Trust resources. The Committee was also **ASSURED,** in respect of the level of Tender Waivers, through the benchmarking report of the LCFS which showed that WSHT was a very strong performer and the work undertaken by BSUH in the years before merger was delivering the improvements expected. The report showed good performance, lower numbers, for both WSHFT, BSUH and thus UHSussex when combined, than many other Trusts across the country.

The Committee received **ASSURANCE** from the Health and Safety Committee Report from its meeting in September 2021. The Committee also **RECEIVED** the recommended H&S annual reports for 2020/21 for both former BSUH and WSHFT Trusts. The report from the Committee confirmed the Trust has effective oversight of the Trust's H&S key risks and requirements, especially the Trust compliance with those in relation to RIDDOR.

The Committee **RECEIVED** an update on the Trust's Datix IQ project and the benefits this will bring to the transparency of the reporting of key risk by location, type and alignment to the Trust's strategic objectives which will enable the Committees of the Board to have a broader discussion when considering the Trust's Board Assurance Framework

Actions taken by the Committee within its Terms of Reference	
The Committee **RECEIVED** the Annual Health and Safety Reports for both BSUH and WSHFT legacy Trusts and **RECOMMENDED** them to Trust Board for noting as they provide the Board with an understanding of the Committee's work over the last year and assurances of the respective Trust's delivery against the respective Trust's Health and Safety objectives.	
Items to come back to Committee (Items Committee keeping an eye on)	
The Committee asked that a suite of information be brought to the next meeting giving the Committee oversight of the effectiveness of the Trust's revised governance processes, allowing it to consider this information to aid the Committee in highlighting the areas of good practice for inclusion in the Trust's year end Annual Governance Statement.	
Items referred to the Board or another Committee for decision or action	
Item	**Date**
There were no matters referred to another Committee of the Board for specific action, but the Board is asked to **NOTE** the legacy Health and Safety Annual reports for 2021/22 (appendices to this report) and **NOTE** that the Committee has brought forward to January its planned review of the effectiveness of the revised Governance Processes, to allow the Committee to highlight early the good practice it would like referencing within the Trust's annual governance statement and annual licence declarations.	

Health and Safety Annual Report 2020/2021

Contents

Contents

1.0 Introduction

1.1 The Risk, Health and Safety Annual Report summarises the position and progress made against the Trust Health and Safety Policy, Statement of Intent and the implementation of the Risk, Health and Safety Policies and Procedures used by the Trust to minimise the risk to Staff patients and visitors to the trust. Due to the merger of the Brighton & Sussex University Hospitals and Western Sussex Hospitals Foundation NHS Trust this will be the last Annual report covering Brighton & Sussex University Hospitals NHS Trust which has ceased operations on the 31st March 2021 and been replaced by University Hospitals Sussex NHS Foundation Trust

1.2 The Health & Safety Policy Statement and Board Approved Statement of Intent have been reviewed to accommodate the new trust but for this final year. The former statement of intent has assured the trusts compliance by:

- Comply with Health and Safety legislation;
- Implement Health and Safety arrangements through a 'Duty of Care' and risk-managed approach;
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies;
- Develop partnership working and consultation throughout the Trust to ensure Health and Safety arrangements are maintained within the Trust environment for staff, contractors, stakeholders, visitors and patients.

1.3 Develop partnership working and consultation throughout the Trust to ensure Health and Safety arrangements are maintained within the Trust environment for staff, contractors, visitors and patients. The Trust monitors its Health and Safety arrangements via the Trust Health and Safety Committee which for 2020/21 met 3 times, and reported to the Board via the Quality Assurance Committee. Health and Safety risks which risk rated 12 or above following assessment where escalated via Quality Governance Steering group were also reported to the Trust Executive Committee via the Trust Risk Register

1.4 The Health and Safety Committee also received reports from departments that relate to Health and Safety, or that covered a main concern, which required a specific task to enable it to be managed safely.

In 2020/21 these sources of information where from:

Reporting groups

- Radiation Safety Group;
- Security / Violence and Aggression Group;
- Fire Safety Group;
- Safer Sharps Group;
- Resilience group;

Reporting teams

- Estates and Facilities;
- Occupational Health

- Learning & Development (Statutory and Mandatory Training)
- Moving and Handling Team
- Risk Management team including Transport of Dangerous Goods Advice
- Pathology
- Divisional Management teams
- Staff Side representatives
- Infection Prevention and Control Team re COVID safety and related items

1.5 The Health & Safety Annual Report once agreed by the Health & Safety Committee will be reported to Quality Governance Steering Group and the Audit Committee.

2.0 Summary

2.1 Delivery of the 2020/21 objectives

Objective	2019/20	Position Q4 2020	2020/21
1.The Trust identifies and assesses Health and Safety risks		Manager to support an up to date risk register. There has been development of COVID workplace on Bamboo. Full review of all Corporate COSHH risk assessment and products was completed by August 2021.	⇔
2. Action to improve Health and Safety through the managing of risks and incidents.		Risk assessment initiatives across the trust to reduce the risk of Covid-19 which includes working from home risk management. Containment level 3 microbiology audit programme	↓
3.An accurate record/register of Health and Safety risks and incidents and the identification of trends.		Significant unresolved risk are entered onto the RLDatix Risk web Module. Work has continued with the Divisional Quality and Safety Managers and corporate departments to ensure all risk are reviewed and consistently graded and updated directly on Datix.	⇔
4. Statutory and Mandatory Staff Training		End of Q4 saw training running at 84%. But this is expected to increase significantly when moved to a 3 year cycle. There is an email of picking up the up the Covid-19 backlog from the first quarter of the year.	↑
5.Health and Safety policies		Due to the Merger with WSHFT, BSUH trust the policies will be aligned. The working with the WSHFT risk team they have responsibility for 8 policies initially and the policy statement which will be the primary focus. BSUH have responsibility for additional policies which will be reviewed and added to this list as and when lead department is agreed. The Polices will be presented for ratification in 2021	⇔
6. Compliance		The focus has been compliance with the daily updates from the Government as well as not losing sight of the regular compliance requirements. The team have reacted well to the ever changing Covid-19 landscape and been	↓

		able to produce assessment tools to keep the trust safe and compliant.	
7. Central Alerting System responce		The team has responded to 101 CAS alerts. This 2 CEM/ CMO letters, 13 FSN's and 4 internal alert which are not report exported externally. This is a continual review process with in the involvement of the West risk team to ensure compliance is meet. Weekly COVID MHRA report was also provided to the East Clinical Advisory Group or alerts related to management COVID 19.	
8.Promotes good Health and Safety practice and awareness		The Risk Management team worked with OH and IPC to support review workplace assessment for COVID for individuals or manager needing additional support in management of these arrangement e.g. medical records.	
9. External assessments and regulatory/compliance inspections		The Trust has had no external inspections from the Health & Safety Executive in 2020-21. The HSE have been active in the NHS with short notice and no notice inspections aimed at Covid-19 assurance. The Bamboo COVID Workplace Audit tool has been utilised to assure the trust that is has appropriate processes in place using the HSE criteria. Feedback was provided to the Trust following NHSi visit at the beginning of 2021 to the BSUH site which the recommendations for the management of COVID have been introduced into the actions plans and risk assessments. And support was provided to the IPC and Chief Nurse in completion of the IPC Board assurance framework and review of COVID incidents.	

3.0 Key points of activity 2020-21

3.1 As Q1 20-21 got underway the UK had been in lockdown since the 16th March due to the Covid-19 Pandemic which was beginning to take effect on the trust and its activity. The government, through different offices, publications and daily briefings, have moved with the virus in terms of best practice and safest approach. This has placed a burden of response on the hospital and the risk team have shared that load.

3.2 The risk management approach to Covid-19 was a 4 step operation.

Step One: Produce an Individual risk assessment for managers to assess risk to their staff which risk management provided input into with Infection prevention and control, workforce and Inclusion teams.

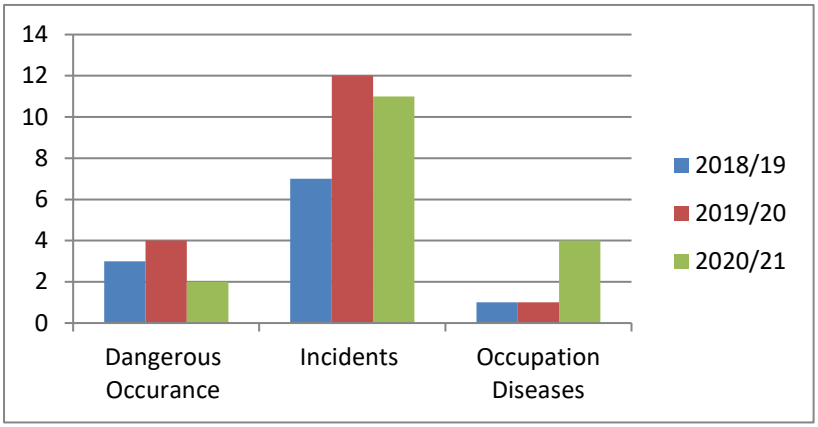
Step Two: produce an overarching workplace risk assessment for the trust which would take into account the objectives and challenges presented by the government and Health and Safety Executive and shared in several different mediums.

Step Three: Due to the varied nature of work and processed undertaken by the trust it would not be possible to produce an assessment that would cover all aspects of risk in the trust. Realising it would be quite a challenge to ask each area to assess their Covid-19 related risks with any measure of consistency. The risk team partnering with Infection Prevention and Control, Facilities and Estates, IT and the Project management group were able to produce an electronic risk assessment tool that would lead to a consistent assessment approach across the trust. Using the Bamboo / Panda with assurance against centralised spread sheet which logged each completed risk assessments, they were able to identify every area of the trust and ensure all areas were assessed with this fast and easy to use assessment tool. This led to 758 risk assessments being completed in a very short timescale.

Step Three: It was recognised very early on that in some departments or wards the short assessment tool would not be sufficient to cover the complexities of the Hazards presented by Covid-19. For this reason the last question on the short assessment invited managers to complete a full Risk Assessment via Bamboo part B of the workplace COVID risk assessment to pick up any hazards that may not have been captured by the shorter form.

3.3 Additionally, the sudden increase in Staff working from home was risk managed by the production of an assessment tool produced on the back of the Institute of Occupational Safety and Health's guidance was included in the part B COVID risk assessment tool directing them to additional support and completion of Display Screen Assessment which are already cover home working. This assessment by the home workers and their managers. These where held and reviewed by the manager with support and guidance provided by the risk management team.

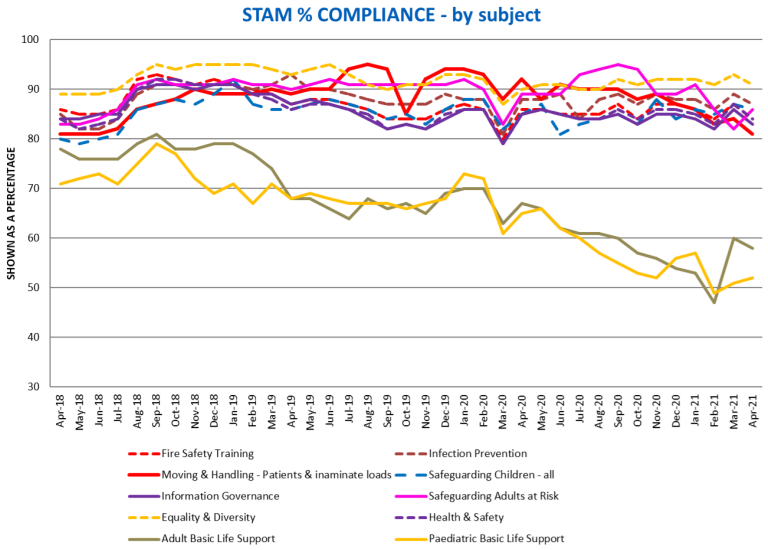
Fig 1. R.I.D.D.O.R. Incidents Reported under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations to the Health & Safety Executive over past 3 years.

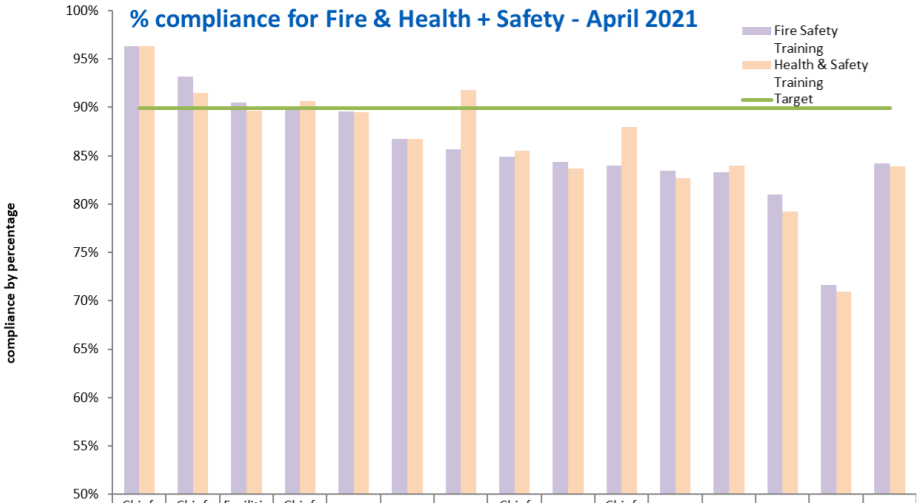


3.5 The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) covers the more serious incidents occurring in the Trust. The numbers of RIDDOR Incidents can be compared across the last 3 years on the above chart (Fig 1). Under these regulations the Trust is required to report any Injury Disease or Dangerous Occurrence that meets the criteria set out in the regulations for each heading. The most common cause being an incident that puts a staff member off work for seven days or more due to a slip, trip or fall.

3.6 2 Dangerous occurrence reports where made to Covid-19 and Occupation disease reports are related to Dermatitis. Dermatitis at the beginning of the pandemic was highlighted as an issue and any cases are referred to the occupational health department for review.

3.7 **Training Figures 20/21**





	Chief Operating Officer	Chief Delivery & Strategy	Facilities & Estates only	Chief W.force & OrgDev	Central Clinical Services	Children & Women	Chief Nursing & PSO	Chief Financial Officer only	Specialist Services	Chief Executive Division	Medicine Division	Surgery Division	Chief Medical Officer	BANK only	Overall
Fire Safety Training	96%	93%	90%	90%	90%	87%	86%	85%	84%	84%	83%	83%	81%	72%	84%
Health & Safety Training	96%	92%	90%	91%	90%	87%	92%	86%	84%	88%	83%	84%	79%	71%	84%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

3.8 Due to the National distancing restrictions and their application, face to face training has not been possible in 20-21 expect for essential clinical training in the latter half of the year. All training has been disrupted through the pandemic however the resourceful L&D team have informed staff to use our alterative e-learning packages on IRIS which has allowed training figure to remain high. Health and Safety e-learning option used for all staff as solution while the requirement for social distancing remains. This approach was also employed for induction training. The result of which has been that the training figure has reduced slightly to 84% by year end. The statutory and mandatory training delivered by the risk team

annually but will move to a three yearly cycle from April 2021 in line with West side of new Trust.

3.9 The Statutory Training currently consists for Health and safety of:

- Legal duties and responsibly
- Key safety arrangements
- Incident Reporting and Risk Register via Datix.
- Risk assessment and management for reduction.
- Slip, Trips and Falls
- Accident and incidents – prevention
- Control of Substances Hazardous to Health
- Other key safety issue especially relating to vulnerable staff e.g. lone working, new and expectant parents, young persons etc.

3.10 Moving and Handling Clinical re-certification

The length of renewal for the re-certification for Moving & Handling subjects from April 2021 been adjusted in line with our new Trust and national standards.

Moving & Handling clinical is now renewable every 2 years, and the non-clinical Moving & Handling subject will be renewable every 3 years.

This will mean training will expire **one year earlier in 2021/22**, and it may be that some staff are now out of date due to this revision.

If a member of staff is showing as out of date in this subject, L&D have asked managers to encourage completion as soon as practicable.

All training is available on IRIS as e-learning, but there is a further completion required for the clinical subject where a face to face element is required. A key concern raised at the Health and safety committee is the availability of suitable training facilities. In 2020/2021, the main Moving and Handling was only delivered at the Princess Royal Hospital, Haywards Heath, but plans to allocate facilities at Brighton during 2021/22 to meet this need.

4. Objectives and compliance plan for 2020/21

The objectives and compliance plan where forwarded in the Health and Safety committee papers for the 3 meeting in 2020/21 and May 2021 meeting. The leads where asked to update their relevant sections in the committees actions. Responses are detailed below.

Table1: Objectives for BSUH Risk, Health and Safety Compliance plan 2020/21			
	Objective	**Achievement / Outcome**	**Update by Lead**
1: H&S committee to provide assurance and ensure appropriate oversight of Trust.	Improve reporting and oversight of key Health and Safety concerns to provide oversight of the good management and Trust Board with assurance and ensure Staff are consulted in relation to their health and safety arrangements.	• Each reporting Group will provide an update 5 working days prior to the Health and Safety Committee. • Divisional and Corporate leads will provide reports to provide assurance Health and Safety is being managed affectively within the Trust by representative in attendance at the all health and Safety Committee meetings in 2020/21.	• Reports are still an area for improvement but there have been some reports provided with prompts from Risk Management. • The H&S committee only met 3t times in 2020/21 due to COVID and operational pressures.
2: All Health and Safety Committee action are appropriately progressed.	• All actions will resolved or have update of progress towards resolution.	• All actions will have an update provided at the subsequent meeting. • All actions will be resolved or/ and updated at / before a meeting to should progress towards resolution.	• This remains objective to aspire to. • Format of new report for 2021/22 will include outstanding action at the top of the report.

Table1: Objectives for BSUH Risk, Health and Safety Compliance plan 2020/21			
	Objective	**Achievement / Outcome**	**Update by Lead**
3: Policies.	• All RM policies are relevant and affective with reviewed within set review date. • Ensure all policies are appropriately consulted on.	• Ensure policies are reviewed and updated within their review deadline, Including auditing the compliance section of each policy • Ensure policies are kept relevant and integrate policies as required to keep the information easily accessible to all staff. • Ensure the policies on the info-web are the current versions and are accessible in PDF format. • Review and ensure all risk management policies are in line with agreed Trust format. • Ensure all policies are approved via new ratification process outlined in TW01 via Trust Executive Committee.	Policies have been updated and circulated for comment as review date indicated. All policies will be reviewed in 2021/22 as part of merger process.
4: Training.	• Health and Safety training and reporting group training commitments meet statutory requirements and provide positive development towards improvement.	• 90% attendance at Statutory and Mandatory training all BSUH staff in relation to Health and Safety and Fire Safety. • 80% of Trusts wards / departments will have a trained COSHH / Risk Assessor. • Develop and introduce new training package on Risk and Compliance for managers within the Trust.	• Face to Face training was cancelled for 2020/21 due to COVID outbreak. STAM for H&S and Fire Safety STAM training dipped a beginning of 2020 due to COVID outbreak but has now achieved 90% compliance.

Table1: Objectives for BSUH Risk, Health and Safety Compliance plan 2020/21			
	Objective	**Achievement / Outcome**	**Update by Lead**
5: Incident Statistics, responses and trends.	Datix Incident Reports are meaningful and provide assurance actions are being taken to prevent reoccurrence is used appropriately to report Injuries, Incidents and near misses.	• Ensure all incidents are assigned to the correct person, within a timely manner; • Ensure all Incidents required to be reported under RIDDOR are done within the 15 day period, recommended by the HSE; • Continue to provide assistance and reports to Occupational Health regarding sharps and splash injuries, monthly; • To demonstrate a 5% reduction of severity of Health and Safety incidents, Trustwide.	• Complete • This remain challenging for over 7 day absence injuries. New process introduced of review and email increase capture of this incidents. There has been improvements in Q4 • Complete • This has been unable to be achieved due to the COVID pandemic which has affected incident severity figures.
6: Resilience and Emergency Preparedness, Resilience and Response (*EPRR).*	Provide assurance that adequate resilience arrangements are in place for the Trust to meet statutory, to meet NHS England Core standards for EPRR.	• Resilience Team to complete H&S Report form prior to the H&S Committee meetings. • Provide all EPRR policies, plans and guidance to H&S Committee for comment prior to sign off at TEC. • Escalate any actions from the Resilience meetings, Incidents and exercises that are not progressing through the Resilience Forum. • Escalate any EPRR risks that are not progressing.	• Complete • Plans currently being merged with the Western Plans, we will share when they are ready • The last 2 meetings were cancelled due to operational activity. Next meeting 28th May • Only outstanding risk is the lack of a rota for a clinical lead for major incidents (currently the role is held by Rob Haigh 24/7) but this will now likely be reviewed as part of the merger works.
7: Violence and Aggression (V&A) / Security management	Significantly reduce the impact of Violence and aggression incident within BSUH. -	• To ensure that training is made available to all staff that were a victim of V&A. • To reduce physical assaults seen by the security team to zero. • To develop and publish an annual Security (including V&A) Action Plan each year by March.	Due to COVID 19 during 2020/21 the delivery face to face training remained a challenge with a lack of a training space for Conflict Resolution training at both sites remains. Staffing numbers and resourcing at Haywards Heath and RSCH remained a concern during 2020/21 the security team. A paper has been put forward for review.

Table1: Objectives for BSUH Risk, Health and Safety Compliance plan 2020/21			
	Objective	**Achievement / Outcome**	**Update by Lead**
8 : Radiation safety	To maintain registered status and statutory compliance	• To ensure that evidence is provided at the Environment agency to maintain registered status at planned review in 2019/20.	• Registration was maintained and any HSE, CQC and EA actions where complete for 2020/21. Registration for 2021/2022 will be for the joint Trust. • Review of radiation safety advice will be carried out in 2021/20
9: Safer Sharps	Implementation of the Safer Sharps legal framework and guidance from the HSE	Review all not safe Sharps used within Trust at Product selection group. This will be prioritised via: • Incident Statistics. • Risk assessment review • Cost and availability of Product This will be led by the Safer Sharp Group with clinical support from the Infection Prevention, Risk Management, Procurement Clinical Lead and Occupational Health.	Not meet in 2020/21 as no chair. Safer sharps group will sit under infection prevention in 2021/2022 Update policy and published in 2020. Incidents re BBV and sharp and splash incident risk assessment data presented to H&S committee by OH department. Sharps and Splash incident data on Datix presented to H&S Committee.
11: Fire Safety	To implement Fire Safety strategy to ensure all staff, patient, contractors and visitors are assured of their safety.	• To ensure each department has at least one trained Fire Warden per shift • To ensure all Fire Risk Assessments are reviewed annually and up to date • To ensure there is sufficient capacity to support the trusts STAM target of 90% of staff trained on Fire	A new Fire safety Manager was appointed in 2020/21 who will be taking forward these objectives for 2021/22.
12: F&E Compliance Group	To positivity promote the management and reduction of Health and Safety risks.	• To ensure full compliance with Never Event guidance on Falls from Height – ensuring all windows +2m are restricted to 100mm • To ensure all Trust Risks that are managed by F&E are reviewed annually and all extreme risks are reviewed at least monthly.	The focus for F&E has been on the implementation of safety arrangement and induction of new cleaning procedures during 20/21 with a focus on review social distance arrangements for COVID and Workplace assessment including ensuring adequate

Table1: Objectives for BSUH Risk, Health and Safety Compliance plan 2020/21			
	Objective	**Achievement / Outcome**	**Update by Lead**
		• To ensure division wide compliance is achieved (90%) against its agreed KPI's.	ventilation of Trust work places as part of the COVID risk management approach.

5.0 Conclusions

5.1 This report offers assurance to the Board that BSUH operated in a safe and compliant manner during 2020/21 and that there are robust processes that will continue and support University Hospitals Sussex Foundation Trust (UHSFT) in its H&S compliance. As the Trust moves forward as UHSFT then there will a period of readjustments and reconfiguration. This will also afford opportunities for improvements and ensuring a proactive approach to risk management and Health and Safety.

5.2 The BSUH like many Trusts during 2020/21 have had an extremely challenging and changeable year with the impact of the COVID-19 pandemic. This has meant much more focus on the health and wellbeing of staff which has had some positive outcomes. But it has also left the Trust with long term challenges for the foreseeable future maintaining the safety of service whilst managing operational backlog of clinical work for patients requiring the Trust's services.

5.3 The Risk Management Team recognised the need to balance the providing support to clinical staff to keep their departments safe and compliant but not taking up too much of their time or resources. The risk management team has endeavoured to provide support on health and safety issues to other corporate departments as wells as clinical departments to deliver there challenging agenda's.

5.4 The introduction of SHE risk assessment and audit software during 2021 /22 in the previous BSUH sites of the Trust will improve management of risk assessments and audit records giving clearer oversight of the compliance thereby improving governance and providing assurance. The aim is to long term reduce the pressure on clinical staff and ensure good practice in the proactive management of safety which can be shared and learned across UHSFT.

The SHE software will achieve this by providing central evidence of safe systems of work via electronic records and reports rather than being held locally or in different IT systems. This will assist managers to demonstrate application of their duty of care for staff, patients and visitor accessing their services for statutory compliance visits, legal cases and also wider reporting internally and externally.

5.5 The implementation of the RLDatix upgrade during 2021/22 from the current web based and database modules to CLOUD IQ will allow us to enhance all Trust teams ability to manage their wider Risk Management, assurance and compliance agendas.

5.6 The Trust Board can be assured by this annual report and the planned activity therein that the Staff, Patients and Visitors to the Trust operate in a safe and compliant environment where the safety priority is achieved by adhering to the Polices and Safe Systems of Work to ensure implementation of statutory requirements and regulations. By fulfilling our duty of care as a Trust and protecting anyone from our undertaking, the management and control of risk to acceptable and achievable levels is essential. The sustainable delivery of safe services by producing the best possible outcomes for patients, visitors and staff and limit action by regulators i.e. Health and Safety Executive, Environmental Agency, CQC and reduce or defend civil action taken against the Trust.

5.7 The Health & Safety Committee's examination of Risk and Incident data will continue to provide opportunities to improve the levels of safety by reducing incidents in proactive preventative manner. A detailed review of BSUH incident data exacted from RLDatix was delivered at the May 2021 former BSUH Health and Safety committee highlighting where improvements occurred in 2020/21 and any areas for further improvement in 2021/22. Also presented at this H&SC was the annual report and action plan for 2021/22 for the continued management of Transport of Dangerous Goods within former BSUH sites.

5.8 2021/2022, will present opportunities and challenges for the risk management team and contributors in the management of Health and Safety within the wider Trust during this continued COVID pandemic. The continued review of safety arrangements against national guidance and hierarchy of controls will continue to be a priority to ensure safe systems of work for staff, patients, visitors and stakeholders, working for or accessing services within UHSFT.

Western Sussex Hospitals
NHS Foundation Trust

Health Safety Annual Report 2020/2021

Contents

1.0 Introduction

1.1 The Risk, Health and Safety Annual Report summarises the position and progress made against the Trust Health and Safety Policy, Statement of Intent and the implementation of the Risk, Health and Safety Policies and Procedures used by the Trust to minimise the risk to Staff patients and visitors to the trust. Due to the acquisition of the Brighton Sussex University Hospitals by Western Sussex Hospitals this will be the last Annual report covering Western Sussex Hospitals NHS Foundation Trust which has ceased operations on the 31st March 2021 and been replaced by University Hospitals Sussex NHS Foundation Trust

1.2 The Health & Safety Policy Statement and Board Approved Statement of Intent have been reviewed to accommodate the new trust but for this final year. The former statement of intent has assured the trusts compliance by:

Implementing Health and Safety arrangements through a risk-managed approach;

Complying with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies;

Allowing the flexibility to react to demands of the Covid-19 effect on the operations of the trust;

1.3 Develop partnership working and consultation throughout the Trust to ensure Health and Safety arrangements are maintained within the Trust environment for staff, contractors, visitors and patients. The Trust monitors its Health and Safety arrangements via the Trust Health and Safety Committee which for 2020/21 met Quarterly, and reported to the Board via the Quality Assurance Committee. Health and Safety risks that scored highly following assessment were also reported to the Trust Executive Committee via the Corporate Risk Register

1.4 The Health and Safety Committee also received reports from departments that relate to Health and Safety, or that covered a main concern, which required a specific task to enable it to be managed safely.

In 2020/21 these sources of information where from:

- Radiation Committee
- Security
- Fire Safety;
- Estates and Facilities
- Occupational Health (TP Health)
- Staff Welfare
- Manual Handling (Back care Advisor)
- Staff Side Union
- Risk Manager
- Learning & Development (Training)
- Pathology Microbiology

1.5 The Health & Safety Annual Report once agreed by the Health & Safety Committee will be reported to the Audit Committee.

2.0 Summary

2.1 Delivery of the 2020/21 objectives

Objective		Position Q4 2021	
Risk assessments in place and monitored		The SHE Assure Risk Management system is currently managing 17756 documents of which the majority are Risk Assessments for Fire CoSHH Manual Handling, DSE General Risk Assessment Templates (such as Covid related risk) and Activity Risk Assessment.	
Action to reduce risk across the Trust		Risk assessment initiatives across the trust to reduce the risk of Covid-19 which includes working from home risk management. Containment level 3 microbiology audit programme	
Risk Management and trend reaction		Trends and themes are the focus of the HSC which currently has one risk reaching 12. Datix is updated from the SHE system should the risk score reach 12. Both assessments (Datix & SHE) make reference to each other in both systems Theme of the week used to share the learning from incidents.	
Staff Training		End of Q4 saw training running at 93.2% The three year training cycle started again in 22-23. Indicating that the demands for training will remain steady while picking up the Covid-19 backlog.	
Policy		Due to the acquisition of the BSUH trust the policies will be aligned. The Western Risk team, working with the Brighton Risk Team have responsibility for 8 policies initially and the policy statement. The Polices will be presented for ratification in 2021	
Compliance		The focus has been compliance with the daily updates from the Government as well as not losing sight of the regular compliance requirements. The team have reacted well to the ever changing Covid-19 landscape and been able to produce assessment tools to keep the trust safe and compliant. The team has responded to 97 CAS alerts in the year.	
Alert Response		The HSR team continue to take responsibility for the all CAS reporting during the Pandemic activity. The team are working across the Trust with the BSUH risk team to ensure all of the 97 alerts (2020-21) were tracked resolved and closed in a timely manner.	
Good practice		The Team have worked with team Prevent (Now TPHealth) to produce an electronic solution in the Western side of the trust designed to target potential dermatitis sufferers Staff net has been updated with a Covid-19 section.	
External Assessment		The Trust has had no external inspections from the Health & Safety Executive in 2020-21. The HSE have been active in the NHS with short notice and no notice inspections aimed at Covid-19 assurance. The SHE Covid Workplace Audit tool has been utilised to assure the trust that is has appropriate processes in place using the HSE criteria. The Trust through the use of this process has been proactive in learning from national inspection results, with the outcomes of the SHE Covid workplace audits being reported to IP&C with follow up on actions generated.	

3.0 Key points of activity 2020-21

3.1 As Q1 20-21 got underway the UK had been in lockdown since the 16th March due to the Covid-19 Pandemic which was beginning to take effect on the trust and its activity. The government, through different offices, publications and daily briefings, have moved with the virus in terms of best practice and safest approach. This has placed a burden of response on the hospital and the risk team have shared that load.

3.2 The risk management approach to Covid-19 was a three step operation.

Step One: produce an overarching risk assessment for the trust which would take into account the objectives and challenges presented by the government and shared in several different mediums.

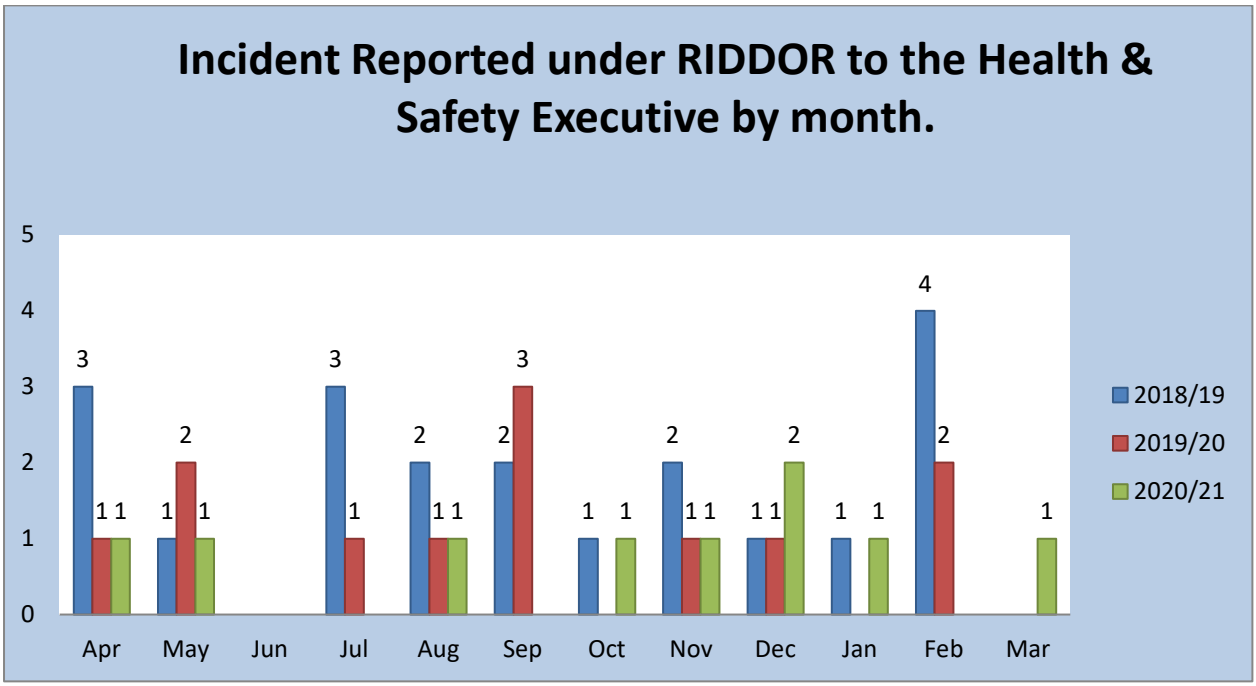
Step Two: Due to the varied nature of work and processed undertaken by the trust it would not be possible to produce an assessment that would cover all aspects of risk in the trust. Realising it would be quite a challenge to ask each area to assess their Covid-19 related risks with any measure of consistency. The risk team partnering with IPC and the Project management group were able to produce an electronic risk assessment tool that would lead to a consistent assessment approach across the trust. Using the SHE system they were able to identify every area of the trust and ensure all areas were assessed with this fast and easy to use assessment tool. This led to 511 risk assessments being completed in a very short timescale.

Step Three: It was recognised very early on that in some departments or wards the short assessment tool would not be sufficient to cover the complexities of the Hazards presented by Covid-19. For this reason the last question on the short assessment invited managers to complete a full Activity Risk Assessment to pick up any hazards that may not have been captured by the shorter form. This led to a further 160 Activity Risk Assessments in areas requiring more complex hazard management.

3.3 Additionally, the sudden increase in Staff working from home was risk managed by the production of an assessment tool produced on the back of the Institute of Occupational Safety and Health's guidance. This assessment was completed electronically by the home workers and overseen by their managers. The result of which, led to a further 217 assessments being completed on the system.

3.4 **SHE Assure GO+:** The new SHE Assure GO+ application for smartphones and tablets allows staff to access assessments and audit templates from the main system without the need for internet access or a password for the system. Once downloaded, the app will present a number of selected tools which can be populated, saved and transferred to the main system when the device comes within the influence of the trust WI-FI system. The data only travels in one direction only so system security is not compromised.

Fig 1. R.I.D.D.O.R. Incidents Reported under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations to the Health & Safety Executive by month.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2018/19	3	1	0	3	2	2	1	2	1	1	4	0	20
2019/20	1	2	0	1	1	3	0	1	1	0	2	0	12
2020/21	1	1	0	0	1	0	1	1	2	1	0	1	9

3.5 The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) covers the more serious incidents occurring in the Trust. The numbers of RIDDOR Incidents can be compared across the last two years on the above chart (Fig 1). Under these regulations the Trust is required to report any Injury Disease or Dangerous Occurrence that meets the criteria set out in the regulations for each heading. The most common cause being an incident that puts a staff member off work for seven days or more.

3.6 Regretfully the 20-21 year has witnessed the Death of two staff members due to Covid-19. The Trust elected to report these incidents under the RIDDOR Regulations for completeness to the HSE although for both we believed the Trust did not contribute to or cause these deaths. On submission of the Incident investigation details relating to these deaths the HSE confirmed that the Trust and its systems and processes did not cause or contribute to the deaths.

3.7 **Training Figures 20/21**

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Health, Safety & Risk	92.3%	91.8%	91.7%	91.6%	91.1%	91.5%	91.3%	91.8%	92.2%	92.7%	92.6%	92.5%	93.2%

3.8 Due to the National distancing restrictions and their application, face to face training has not been possible in 20-21. All training has been disrupted through the pandemic however the

resourceful L&D team have organised an alternative which has allowed training figure to remain high. In order to deliver the limited requirement for face to face training the Learning & Development team managed a video option in which the training has been recorded and used as an interim solution while the requirement for social distancing remains. This approach was also employed for induction training. The result of which has been that the training figure has remained above 90%. The statutory and mandatory training delivered by the risk team follows a three yearly cycle. Fortunately, in 2020 the statutory mandatory training was mid cycle, meaning the amount of training required was minimal.

3.9 The Statutory Training currently consists of:

- Risk Management,
- Incident Reporting
- Display Screen Equipment
- Slip trip fall
- Control of Substances Hazardous to Health
- Stress

4.0 Objectives status 20/21 and activity plan 2021/22

Objectives	Delivery20/21	Activity Plan 21/22
No 1. The Trust identifies and assesses Health and Safety risks across the organisation using standard processes to ensure compliance with the Trust's legal and statutory responsibilities.	**Phase 1.** The Funding has been secured share the SHE Assure system across the new trust footprint. Step on will be training staff to use the system and inputting all of the enabling Data **Phase 2.** Populating the system with new data from across the enlarged footprint as well as maintaining the current data for the original footprint	Objectives to be agreed for the UHSussex however the focus for the next year will be a combined effort to secure the benefits of the Electronic SHE Assure system.
No 2. The Trust takes action to improve Health and Safety through the managing of risks and incidents in accordance with Trust policy in order to produce demonstrable improvements in Health and Safety compliance and a reduction in Health and Safety related incidents.	The instalment of the SHE Assure system across the trust will give consistent assessment Data from all quarters. The system, subject to population, will deliver automated report to targets sections of the trust. It was notable in 2020 the BSUH paper based system struggled to keep up with the SHE system as the two teams worked in parallel. The newly acquired reporting function of	The Trust will see a Health & Safety Committee looking across the extended Trust which will ensure the policies are followed, incidents are learnt from and constant improvement can be demonstrated. The Health & Safety Committee report will evidence which Objective has been bolstered in each section of the report

	the SHE Assure system should further enhance the data visibility across the whole trust	
No 3. The Trust maintains an accurate record/register of Health and Safety risks and incidents in order to enable the effective management of Health and Safety risks and the identification of trends.	The HSC accepts there is a report difference in NSI injuries between Datix and the TP Health Software. This is due to staff presenting with NSI and not completing a Datix. The Trust has agreed to provide TP Health with computers to access Datix and as such ensure that all staff presenting for treatment following a NSI complete a Datix while they are on the department. Information Governance has agreed to allow access to the Datix reporting system for this purpose.	Focus on key incident trends will be maintained with and objective to support the Trust's drive for a reduction in harm.
No 4. The Trust trains all staff to operate in accordance with the Trust's Health and Safety policy and procedures to allow staff to maintain their own Health and Safety, as well as that of fellow staff, patients, visitors and others using Trust services or entering/working on Trust premises	No face to face training has taken place this year due to the Pandemic Distancing restrictions. The Safety training is delivered on a 3 yearly cycle.	The three year training cycle will allow the trust to continue with the Video training through the next year
No 5. The Trust ensures it's Health and Safety policies and procedures are up to date in order to support the Trust to comply with its legal and statutory duties in relation to Health and Safety.	While the Policy review programme has proceeded on schedule for WSHT. Due to the acquisition of the Eastern side of the new trust. All of the Polices have now been reformatted and realigned, by working with the BSUH team, to match the needs of the larger trust.	The polices will be ratified for use in the new trust and set with a short review date to ensure appropriate content
No 6. The Trust is able to monitor and report on its Health and Safety compliance in order to support the identification of risks and issues and provide internal and external assurance	The Risk Team have utilised the functionality of the SHE Assure system this year to hunt down the risks generated by the pandemic with bespoke risk delivery tools that can be measured and managed from a central point. Every area of	A review of H&S risk assessments will be undertaken during 2021/22 utilising the reporting groups to provide assurance over the mitigations for these risks

	the Trust is logged in to the system so the level of compliance for each area is evident.	
No 7. The Trust is able to respond to alerts issued through the Central Alerting System in a timely and appropriate way in order to ensure learning and risks identified across the NHS and more widely inform the Trust's Health and Safety practice and actions	The Risk team continue to manage the CAS Alert system for the Western side of the trust. The CAS officer position has yet to be decided as the Shape of the new trust starts to form however all alerts (97 for 2020-21) have been managed in a timely manner with the exceptional input from the CAS administrator.	The development of Datix IQ will see a consistent process applied for the mgmt. and response to CAS'. Reporting of learning from these alerts will be provided to QGSG via the patient safety group.
No 8. The Trust actively promotes good Health and Safety practice and awareness to all staff, patients, contractors and others using Trust services or entering/working on Trust premises in order to maintain and improve compliance with Health and Safety Standards.	The production of Theme of the week learning from accident reporting and NSI reporting. Maintain staff-net page with a Covid-19 Section added this year. Introduction SHE Assure GO+ which is the new App to allow smartphone and tablet access to the SHE system without need for a password or internet capability.	Work will continue to promote H&S awareness and utilise the SHE audit tools to provide assurance over the Trust's levels of compliance.
No 9. The Trust is able to manage and respond to the requirements of external assessments and regulatory/compliance inspections in order to ensure an accurate and comprehensive picture of Trust practice is presented.	No HSE activity in the last year however the HSE did write to the Head Nurse regarding RIDDOR reporting with advice on reportable incidents.	The team will maintain compliance and retain the records and evidence required by inspecting bodies. The team will demonstrate learning from Incident reporting, Root Cause Analysis and Hazard Evaluation.

5.0 Conclusions

5.1 This report offers assurance to the board that WSHT operated in a safe and compliant manner during 2020/21 and that there are robust processes that will continue and support UHSussex in its H&S compliance. As we move forward to new horizons under the UHSFT banner the trusts risk management will go from strength to strength. The sharing of the highly successful SHE Assure Risk Management software system across the Trust will make a significant difference to the compliance and safety levels across the enlarged Trust. It will also free up large amounts of clinical time.

5.2 The Trust has never experienced a year such as 2020. The impact of the Corona Virus pandemic has left the trust with a large operational backlog of clinical work and many patients requiring the Trust's services. For this reason the Risk Team recognise and understand the need to limit the amount time used by clinical staff on the systems needed to keep their departments safe and compliant. Going forward the Risk Team will be in a position to reduce the pressure on clinical staff while retaining ownership of the legal responsibilities of the officers and managers of the trust and at the same time maintaining safety and compliance. Use of the SHE platform will allow work to be completed once and used many times in different areas reducing the administration burden and increasing consistency. It also provides more timely reporting and oversight of the H&S risk environment which facilitates more efficient targeting of divisional resources.

5.3 The Trust Board can be assured by this annual report and the planned activity therein that the Staff, Patients and Visitors to the Trust operate in a safe and compliant environment where the safety priority is achieved by adhering to the Polices Regulations and Safe Systems of Work. In delivering our duty of care in this area the Trust is protected by the management and control of risk. The sustainable delivery of safe services produce the best possible outcomes for patients and limit the possibility of HSE improvement notices and civil action against the Trust.

5.4 The Health & Safety Committee's examination of Risk and Incident data will continue to provide opportunities to improve the levels of safety by reducing incidents in a proactive preventative manner.

5.5 The coming year presents opportunities and challenges which the Risk Team will rise to. The expansion of the SHE system will allow us to be one of the first trusts to use Business Intelligence software on Health & Safety Risk management. The window into safety will expand to give us 1400 users of the system and add to the 17758 compliance documents currently managed by the system.

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	17	**Meeting:**	Trust Board in Public	**Meeting Date:**	November 2021
Report Title:	Charitable Funds Committee Chair report to Board				
Committee Chair:		Lizzie Peers, Non-Executive Director			
Author(s):		Lizzie Peers, Non-Executive Director			
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	✓	The Charities' activities underpin the Trust's strategic themes.
Sustainability	✓	
People	✓	
Quality	✓	
Systems and Partnerships	✓	

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

Communication and Consultation:

Executive Summary:

The Charitable Funds Committee met on the 12 October 2021 and was quorate as it was attended by three Non-Executive Directors, the Managing Director (East) and the Managing Director (West). In attendance was the Interim Charity Director for both BSUH and LYH Charities, the Trust Finance Director and other members of the Trust's finance team.

The Committee received its planned items in respect of the two Charities, BSUH and LYH including information on the use of the Charity's respective funds since the last meeting respective, fundraising activities undertaken as well as information on the charity's performance.

Key Recommendation(s):

The Board is asked to **NOTE** the assurances received at the Committee.

University Hospitals Sussex
NHS Foundation Trust

COMMITTEE HIGHLIGHTS REPORT TO BOARD

Meeting	Meeting Date	Chair	Quorate	
			yes	no
Charitable Funds Committee	**11 October 2021**	**Lizzie Peers**	✓	☐

Declarations of Interest Made

There were no declarations of interest made

Assurances received at the Committee meeting

The Committee received updates on the activity of the BSUH Charity and LYH Charity for the Q2 period, this included information on the use of donated monies for items that enhanced the patient's experience of our services along with support for staff wellbeing and was **ASSURED** that both charities were focused on activities that supported both patient benefits and staff wellbeing. The Committee continued to recognise the support of our communities in making donations to both Charities or to the central NHS Charities together which has enabled such remarkable schemes to be delivered across the Trust's hospitals.

The Committee was **ASSURED** that both Charities were operating within their respective objectives through the receipt of Q2 performance reports from both Charities.

The Committee was **ASSURED** over the oversight of the funds and work being undertaken to secure their spending and the work needed to streamline processes to make it easier to spend funds.

Actions taken by the Committee within its Terms of Reference

The Committee **RECEIVED** the 2020/21 annual report, accounts and unqualified external audit opinions for each BSUH and LYH Charities. The Committee **AGREED** this should be progressed for signing and publication.

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

The Committee asked for information on the respective fundholders spending plans and details of the principles to be applied when consolidating unused funds to come back to a subsequent meeting.

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

Item	Referred to
The Board is also asked to **NOTE** the work of the Charity and the support provided by our donors to enhance patient experiences as well as staff wellbeing.	

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	18	**Meeting:**	Board	**Meeting Date:**	November 2021
Report Title:	2021/22 Quarter 3 BAF				
Sponsoring Executive Director:	Chief Executive				
Author(s):	Company Secretary				
Report previously considered by and date:	Respective elements of the BAF considered by each Board Committee in October 2021				
Purpose of the report:					
Information	☐		Assurance	✓	
Review and Discussion	✓		Approval / Agreement	✓	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Implications for Trust Strategic Themes and any link to BAF risks					
Patient	✓	The report covers each BAF risk			
Sustainability	✓				
Our People	✓				
Quality	✓				
Systems and Partnerships	✓				
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	✓	
Communication and Consultation:					

Executive Summary:

Introduction

The Trust has identified 13 strategic risks which have been assessed against the Trust's risk appetite when setting their target score. The Board in April confirmed these risks and that their opening quarter 1 scores were reasonably stated.

Each segment of the BAF continues to have a lead executive and oversight committee. There also remains the process whereby one Committee, can refer matters to another Committee, if they believe they have received information that may impact on a risk for which they are not the principle oversight committee.

BAF Summary

The table below overleaf shows by risk, their current score and their target risk score and also records the assessed strength of control, from Green – operating as intended, Amber – some weaknesses (for which improvement actions are recorded) and Red – ineffective. The table shows pictorially the movement in risk between the current score for Q3 and Q2 and Q2 and Q1. (⟷ No change, ↑ an increase in risk and ↓ a decrease in risk)

BAF: Strategic Objectives and Strategic Risks (Key: I = Impact L = Likelihood T = Total)	Risk Scores														
	Q1			Q2			Q3			Q4			Target		
	I	L	T	I	L	T	I	L	T	I	L	T	I	L	T
1. Patient *(Oversight provided by the Patient Committee)*															
1.1 We are unable to deliver or demonstrate a continuous and sustained improvement in patient experience resulting in adverse reputational impact, and loss of market share.	3	4	12	3	4	12 ↔	3	4	12 ↔				3	2	6
2. Sustainability *(Oversight provided by the Sustainability Committee)*															
2.1 We are unable to align or invest in our workforce, finance, estate and IM&T infrastructure effectively to support operational resilience, deliver our strategic and operational plans and improve care for patients	4	4	16	4	4	16 ↔	4	4	16 ↔				4	2	8
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	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	4	16	4	3	12 ↓	4	3	12 ↔				4	2	8
3. People *(Oversight provided by the People Committee)*															
3.1 We are unable to develop and sustain the leadership and organisational capability and capacity to lead on-going performance improvement and build a high performing organisation	4	3	12	4	3	12 ↔	4	3	12 ↔				4	2	8
3.2 We are unable to effect cultural change and involve	4	3	12	4	3	12 ↔	4	3	12 ↔				4	2	8

and engage staff in a way that leads to continuous improvements in patient experience, patient outcomes, and staff morale and wellbeing														
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	4	**12**	3	5	**15** ↑	3	5	**15** ↔			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	4	**16**	4	4	**16** ↔	4	4	**16** ↔			4	2	**8**
4. Quality ***(Oversight provided by the Quality 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	4	**12**	3	4	**12** ↔	3	4	**12** ↔			3	2	**6**
4.2 We are unable to deliver service improvements and improve safety, care quality and outcomes for our patients or demonstrate that our services are clinically effective	3	3	**9**	3	4	**12** ↑	3	4	**12** ↔			3	2	**6**
5. Systems and Partnerships ***(Oversight provided by the Systems and Partnerships 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	4	**16** ↑			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	4	**16**	4	4	**16** ⟷	4	4	**16** ⟷				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	2	**8**

Quarter 3 summary

Following review by the Systems and Partnerships Committee there has been one risk that has been increased for Quarter 3 to a score of 16.

The Trust's highest scored current risk remains as risk 5.3, scored as a 20 which is in relation to the Trust's consistent delivery of the NHS Constitutional targets. With risks 2.1, 2.2, 3.4 and 5.2 remaining scored at 16 Oversight of these risks is provided by the Sustainability Committee, People Committee and the Systems and Partnership Committee respectively. Risk 3.3 has remained at its increased Q2 score of 15, with oversight of this risk being provided by People Committee.

Respective Committee review of risks

Each of the five Board Committees with oversight for specific BAF risks met in Octobr and their respective reviews over their allocated risks confirmed that they considered the current scores for each are fairly represented.

The Systems and Partnerships Committee determined that the initially proposed reduction in risk 5.1 should not be applied and whilst significant improvements in engagement and governance design had occurred this had not translated into positive outcomes in respect of demand pressure on the Trust or the ability for patients to be discharged swiftly. The Committee asked that this risk be increased to 16 (this has been adjusted in the above table).

The Patient Committee discussed risk 1.1 and whilst noting significant pressure on the Trust they were minded to not increase the score. However, during a number of the other Committee meetings they felt that they had received information that should be considered by the Board, especially in relation to patient waits that the Board should take into account when reviewing this risk with a view that this has increased.

Key Recommendation(s):
The Board is asked to consider the Q3 risk scores in light of the assurances provided by the respective oversight committees and the assurances received directly at the Board. The Board is asked to note that Systems and Partnerships agreed to increase risk 5.1. The Board is also asked to consider the views of from the Committees that they have received and provided information that risk 1.1 should be increased given that the level of waits is impacting more patients and impacting on those waiting to access our care.

University Hospitals Sussex
NHS Foundation Trust

Agenda Item:	19	**Meeting:**	Trust Board in Public	**Meeting Date:**	November 2021
Report Title:	**Company Secretary Report**				
Committee Chair:			Glen Palethorpe, Company Secretary		
Author(s):			Glen Palethorpe, Company Secretary		
Report previously considered by and date:					

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

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

Implications for Trust Strategic Themes and any link to BAF risks		
Patient	✓	The AGM reflected on the experiences and feedback provided by our patients (risk 1.1)
Sustainability	✓	The AGM reflected on the Trust's systems of internal control and the delivery of the Trust's financial plan (risk 2.1 to 2.3)
People	✓	The AGM recognised the valuable contribution made of our staff and the support being provided for their wellbeing (risks 3.1 to 3.4)
Quality	✓	The learning from Deaths Reporting provides assurance over the Trust processes over utilising the learning for continued improvement (risk 4.1)
Systems and Partnerships	☐	

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

Communication and Consultation:

Executive Summary:

This report provides the Board with an update, including matters for which the Trust has complied with a NHS I or other regularly requirements. This report does not seek to duplicate matters that are subject to separate agenda items at today's board meeting.

Learning from Deaths reports 2021/22 quarter 2 – Appendix 1 and 2

The Trust is required to receive reports on learning from deaths. The Board is reminded that the detail of these reports is scrutinised by the Quality Governance Steering Group / Quality Board who report to the Quality Committee especially in respect of the Trust's processes for learning from the review of deaths. The focus for learning is to improve the Trust's processes. The outcome of this learning manifests itself in the Trust's mortality indices; these are tracked within the routine report to the Board as part of the Integrated Performance Report.

The Quality Committee received and reviewed these reports at its meeting on the 26 October. Appendix 1 relates to reviews covering Royal Sussex County and Princess Royal Hospitals. Appendix 2 relates to reviews covering St Richards and Worthing Hospitals.

Governor Elections

We have concluded our elections for public governors, these being for 2 positions in Chichester and 1 for Out of Area and East Sussex. At the same time, we concluded our elections for our staff governor positions for St Richard's and Worthing and Southlands Hospitals' staff constituencies.

The results of these elections saw the following governors elected:

Public

Lindy Tomsett – Chichester (term of office 1/10/2021 – 30/9/2024). Lindy was re-elected for a second term and continues to also support the Trust putting her nursing training and skills to use in supporting the Trust with its vaccination programme.

Maggie Gormley – Chichester (term of office 1/10/2021 – 30/9/2024). This is Maggie's first term as a governor for our Trust but Maggie has been a governor for University College London Hospital prior to moving to West Sussex. Maggie also worked for the NHS as a Clinical Nurse Specialist and since moving to the area has supported the local League of Friends within their shop.

Hazel Heron – East Sussex and Out of Area (term of office 1/10/2021 – 30/9/2024). Hazel has previously volunteered on an elderly care ward at the Royal Sussex County Hospital and was also a hand holder at the Eye Hospital.

Staff

Amelia Palmer – Worthing & Southlands Hospitals (term of office 1/10/2021 – 30/9/2024). Amelia is a physiotherapist and specialises in Respiratory and Intensive care, alongside additional work in education and training roles. Amelia is currently working with the Sussex ICS.

Joanne Norgate - St Richard's Hospital (term of office 1/11/2021 – 31/10/2024). Jo works as a Speech and Language Therapy Assistant Practitioner and has worked at both Worthing and St Richard's Hospitals.

These elections see the following governors leave us and all have been thanked for their work, support and contribution.

Staff – Ryan De-Vall and Anna Mathew
Chichester – Les Wilcox
Out of Area – Stuart Fleming

Key Recommendation(s):

The Board is recommended to

NOTE the Trust's learning from deaths report and note the learning identified from the structured judgement review process, recognising the detail of this work is subject to scrutiny and oversight at the Quality Committee.

NOTE the outcome of the governor election process and **NOTE** that we have commenced with their respective inductions.

Appendix 1

Agenda Item:	19.	**Meeting:**	UHSussex Board	**Meeting Date:**	November 2021
Report Title:	Brighton and Princess Royal Hospitals Learning from Deaths Report Q2 2021/22				
Sponsoring Executive Director:	Rob Haigh – Deputy Chief Medical Officer				
Author(s):	Mark Renshaw				
Report previously considered by and date:					
Purpose of the report:					
Information	✓		Assurance	✓	
Review and Discussion	✓		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	☐	
Our People	☐		Quality	✓	
Systems and Partnerships	☐				
Any implications for:					
Quality	The Trust's True North Objective is for a reduction in crude mortality rates for the top five contributors to mortality				
Financial					
Workforce	Human Resource Implications: Training and protected time requirements for clinical staff undertaking SJRs.				
Link to CQC Domains:					
Safe			Effective	✓	
Caring	✓		Responsive	✓	
Well-led	✓		Use of Resources	✓	
Communication and Consultation:					
This report has been completed by the corporate quality team					
Executive Summary:					
This report is produced in line with National Guidance on Learning from Deaths, and provides the Trust Board with information relating to local implementation of the guidance; recent Structured Judgment Review activity; and the themes and learning that are emerging from this work.					
Key Recommendation(s):					
The Board is asked to NOTE the report.					

1. Purpose

1.1 Approximately 1700 deaths have occurred at UHSx East in the past 12 months. For many people, death under NHS care is an inevitable outcome and there is no indicator of suboptimal care. However, some patients experience poor care resulting from a variety of factors. The purpose of a structured judgement review (SJR) is to identify and learn from any issues of concern that may have contributed to the death to prevent recurrence.

1.2 This paper provides an update on the progress of the Learning from Deaths Policy at UHSx East. Data is included on rates of SJR, the outcomes of SJRs and standardised mortality rates.

2. Governance

2.1. The Deputy CMO is for Learning from Deaths and is accountable for the implementation of the Learning from Deaths Policy.

2.3. In the revised governance structure the Trust Mortality Review Group will report to the Clinical Outcomes and Effectiveness Group (COEG) and by exception to the Quality Governance Steering Group (QGSG).

3. Process

3.1 Deaths requiring review are triangulated via the Serious Incident Review Group (SIRG), Complaints, Medical Examiners (ME), Medico-legal Department, Learning Disabilities Team, or in response to risk adjusted mortality statistics.

3.2 Structured Judgement Review (SJR) methodology uses a structured case note review format, ensuring that all relevant aspects of care are reviewed.

3.3 SJRs are completed on an electronic form within PANDA (the Trust's electronic patient information system). PANDA is also used to alert the Divisional Quality and Safety Managers (DQSM) to those cases requiring an SJR. The DQSM allocates each case to a trained (multidisciplinary) reviewer to complete an SJR and share any findings for learning. All consultants can submit and review SJRs on PANDA.

3.4 The 'assessment of problems in healthcare' section of the SJR records quantitative data on the nature of the problem type and whether this resulted in harm to the patient. The attached SJR scorecard shows the number of SJRs in the last four quarters where a problem in care was identified as causing or probably causing harm.

3.5 Any deaths identified as potentially resulting from failures in care are recorded on the DATIX incident reporting system and considered by SIRG for Serious Incident (SI) investigation.

3.6 Deaths in patients with Learning Disabilities (LD) are referred to the Learning Disabilities Mortality Review (LeDeR) Programme for independent care pathway review but also undergo local SJR, to ensure timely scrutiny and learning.

4. Involving Families / Carers

4.1. All deaths at the Royal Sussex County Hospital (RSCH) are reviewed by an ME who speaks with the family/carers of the deceased to ascertain any concerns regarding care. If concerns are raised either by the family or following ME review, the ME automatically refers the case for an SJR.

4.2. Two Medical Examiner Officers (MEO) have been appointed, so that all hospital deaths to be scrutinised both at RSCH and PRH.

5. Mortality Review Outcomes

5.1. The objective of the review method is to look for strengths and weaknesses in the care given, to provide information about what can be learnt about the hospital systems where care goes well, and to identify any issues in care.

5.2. In the 12 months to the end of Quarter 2, 61 non-Covid SJRs were undertaken.

5.3. In addition, 59 mortality reviews have been undertaken for patients who died in hospital with nosocomial Covid-19 infection and whose death certificates identified Covid-19 as a cause or contributory factor in their death. The mortality reviews used a modified SJR framework approach and with a focus on whether the care provided gave the best chance of recovery and whether overall holistic care needs were met.

5.4. In total 7.2% of the deaths occurring in the East during the past four quarters have been subject to an SJR or Covid mortality review.

Table 1: SJRs, investigation reviews and mortality reviews undertaken in the UHSx East during the past year

	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Total
Total Inpatient Deaths	415	566	324	370	1675
SJRs undertaken for adult inpatient deaths	8	9	25	19	61
Following investigation adult inpatient deaths found to be more likely than not a result of problems in care	1	1	1	1	4
Review of nosocomial Covid-19 deaths	2	31	26	0	59
Known Learning Disabilities Deaths	1	2	1	4	8
Total known Learning Disabilities deaths in quarter reviewed using SJR	1	2	1	1	5
LD deaths more likely than not a result of problems in care	1	0	0	0	1
% of all deaths in Quarter having a SJR or other mortality review	2.4	7.1	15.7	5.1	7.2

5.5. All adult deaths recorded as 'more likely than not a result of problems in care' have been fully investigated in line with the Trust's Serious Incident policy. There were eight adult patient safety serious incidents investigations declared in Quarter 2. One of the Serious Incidents was identified through an SJR: a missed opportunity to treat Hepatitis C.

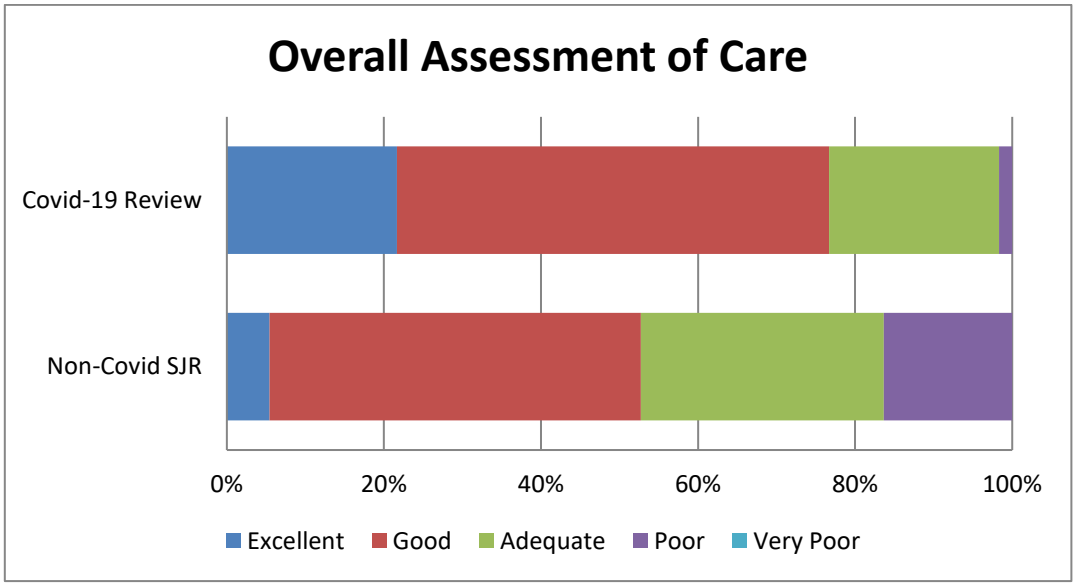
5.6. Table 2 and Figure 1 display the overall assessment of the level of care made by both the SJR programme and the Covid-19 mortality review.

Table 2 Overall assessment of the quality of care for SJR and Covid 19 reviews

Overall Assessment of Care	Non-Covid SJR	Covid-19 Review
Excellent	3	13
Good	26	33
Adequate	16	13
Poor	9	1
Very Poor	0	0
Total	54	60

**Overall assessment not recorded in 7 reviews*

Figure 1 Overall assessment of the quality of care for SJR and Covid 19 reviews



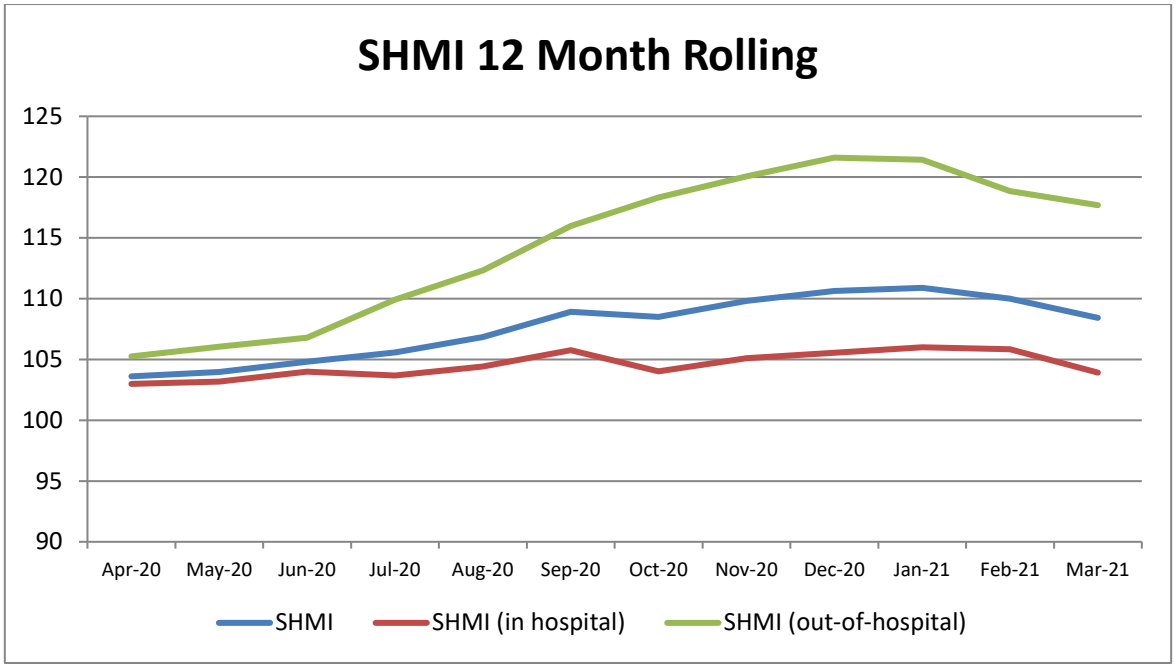
5.8 The care of four patients in quarter 2 was assessed as poor: one review which is now a serious incident investigation involved an outpatient appointment that was not made following a positive hepatitis C test. Had the hepatitis C been picked up in 2019, it would have meant that the disease progression could have been significantly reduced. The second case involved the transfer of a patient from the Acute Admissions Unit in the last moments of her life; the SJR found it difficult to establish whether we were compassionate in our decision to transfer as it was clear that death was imminent. The third review identified an inadequate assessment of this patient's abdomen after step down to the ward. The final case concerns were about balancing the family's desire for life sustaining interventions at the cost of the dying patient's comfort.

6 Summary Hospital-Level Mortality Indicator (SHMI)

6.1. The SHMI is the ratio between the actual number of patients who die following hospitalisation at a Trust and the number that would be expected to die. SHMI includes all deaths regardless of diagnosis. It also includes patients who die in the community but had an admission to the Trust within the previous 30 days.

6.2. Figure 2 illustrates that to the end of March 2021 (because of a data issue with NHS Digital, the latest SHMI for the East will not be available until recently), the 12 month rolling SHMI was 108.41 i.e. mortality was 8% higher than expected with 1692 observed deaths against an expected number of 1561. Out of hospital deaths account for 33% of the SHMI, the out of hospital SHMI is currently 117.7 with 617 observed deaths against an expected number of 524. Over the past year the trend has been upwards for both the in and out of hospital SHMI.

Figure 2: 12 Month Rolling SHMI



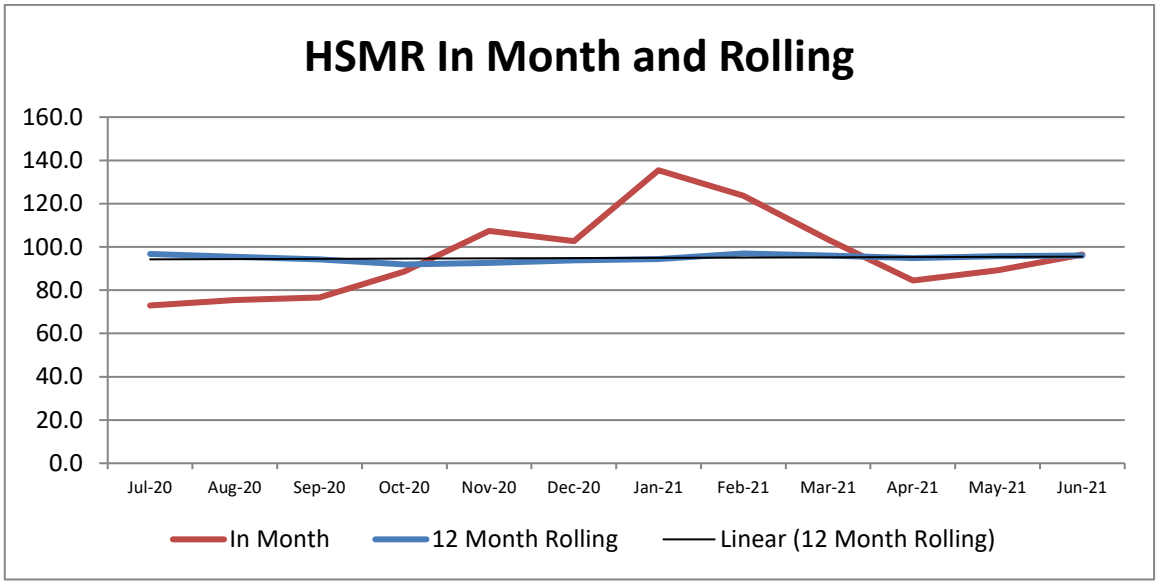
7 HSMR

7.1. HSMR is based on the 56 diagnosis groups which contribute to 80% of in-hospital deaths in England. COVID-19 is excluded from HSMR analysis. The HSMR is a risk adjusted number which takes into account patient case-mix. Figure 3 illustrates that the in-month HSMR trend is upwards. The most recent HSMR data is for the 12 months to June 2021 when the 12 month rolling HSMR was 96.0 (1045 observed deaths against an expected number of 1088).

7.2. **Table 4**: In-Month and 12 month rolling HSMR

Month of discharge	HSMR rolling 12 month	HSMR in month
Jul-20	72.9	96.7
Aug-20	75.5	95.5
Sep-20	76.6	94.2
Oct-20	88.5	91.9
Nov-20	107.5	92.6
Dec-20	102.7	93.8
Jan-21	135.4	94.4
Feb-21	123.6	97.0
Mar-21	103.5	96.0
Apr-21	84.4	94.8
May-21	89.2	95.7
Jun-21	96.4	96.0

Figure 3: In-month and 12 month rolling HSMR July 2020 – June 2021



7.3. Combining the number of observed and expected deaths from each legacy organisation produces an HSMR of 90.7 (2555 observed deaths against an expected 2816 deaths), this figure places UHSx just outside the top quartile for the lowest HSMR being ranked 33rd out of 125 Trusts. University College London Hospitals currently has the lowest HSMR at 62.3.

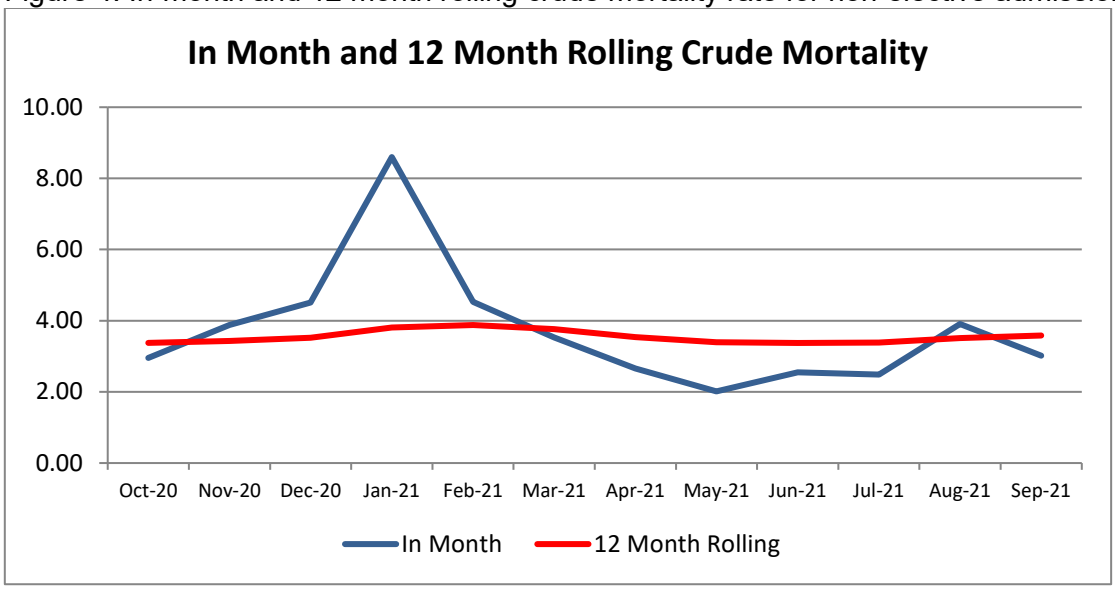
8 Crude Trust Mortality – Non-Elective

8.1. The crude mortality rate looks at the number of deaths of non-elective patient deaths that occur in hospital in any given month or year as a ratio of the number of patients discharged.

Table 5: Crude mortality rates October 2020 to September 2021

Month	Number of Discharges	Number of Deaths	Mortality Rate (In Month)	Mortality Rate (Rolling 12)
Oct-20	3756	111	2.96	3.38
Nov-20	3579	139	3.88	3.43
Dec-20	3349	151	4.51	3.52
Jan-21	3047	262	8.60	3.81
Feb-21	3089	140	4.53	3.88
Mar-21	3822	135	3.53	3.77
Apr-21	3986	106	2.66	3.54
May-21	4171	84	2.01	3.40
Jun-21	4243	108	2.55	3.37
Jul-21	3906	97	2.48	3.38
Aug-21	3663	143	3.90	3.52
Sep-21	3907	118	3.02	3.58

Figure 4: In-month and 12 month rolling crude mortality rate for non-elective admissions.



8.2 The in-month Crude Mortality rate exceeded the Upper Control Limit in January 21 with a rate of 8.6% against a seasonally predicted rate of 5.7 %. The higher than expected rate in January 2021 was due to the large number of inpatient deaths with 262 with a low number of discharges.

8.3 In accordance with the requirements of National Guidance on Learning from Deaths, the Trust has published the specified data on deaths.

9 Recommendation

The Board is asked to note the report.

Appendix 2

Agenda Item:	19	**Meeting:**	Trust Board	**Meeting Date:**	04/11/2021
Report Title:	Learning from Deaths Q2 2021/22 University Hospitals Sussex NHS Foundation Trust (West)				
Sponsoring Executive Director:	Professor William Roach - Chief Medical Officer				
Author(s):	Tim Taylor - Medical Director, Alison Young - Head of Quality Improvement, Mary Evans - Learning from Deaths Manager				
Report previously considered by and date:	Quality Committee 26/10/2021				
Purpose of the report:					
Information	✓		Assurance	✓	
Review and Discussion	✓		Approval / Agreement	☐	
Reason for submission to Trust Board in Private only (where relevant):					
Commercial confidentiality	☐		Staff confidentiality	☐	
Patient confidentiality	☐		Other exceptional circumstances	☐	
Link to Trust Strategic Themes:					
Patient Care	✓		Sustainability	☐	
Our People	☐		Quality	✓	
Systems and Partnerships	☐				
Any implications for:					
Quality	Learning and quality improvement from the review of deaths				
Financial	Nil				
Workforce	Training requirements and time for individuals to undertake and respond to learning				
Link to CQC Domains:					
Safe	✓		Effective	✓	
Caring	✓		Responsive	✓	
Well-led	☐		Use of Resources	☐	
Communication and Consultation:					
A plan for communication is being developed					
Executive Summary:					
The purpose of the briefing is to update the board of the progress in the implementation of the structured approach for reviewing the deaths of patients to provide assurance on care and identify areas where it could have been improved.					
Key Recommendation(s):					
The Board is asked to: Note the progress toward implementation of the 'Learning from Deaths' policy and the processes for learning from structured mortality reviews.					

Learning from Deaths Mortality Report Quarter 2 2021/22 as at 11/10/2021 for University Hospitals Sussex NHS Foundation Trust (UHSussex) - West

1. Background:

1.1 The Department of Health and Social Care remains committed to making the medical examiner system statutory. It is anticipated the non-statutory system will continue throughout the financial year 2021/22. Phased Medical Examiner (ME) activity across UHSussex (West) commenced quarter 2 2020/21, and was fully implemented by the end of quarter 4 2020/21 with regards in hospital deaths.

1.2 During quarter 2 2021/22, the previously approved process of consultant electronic screening of deaths ceased due to full implementation of the ME office across UHSussex (West). Subsequently all adult inpatient deaths are scrutinised by the ME office. In addition, the named consultant receives an email informing them of the patient death, with a link to enable a direct referral for Structured Judgement Review (SJR) if they require.

2. Mortality Screening quarter 2 2021/22 reporting period:

Table 1: Details the total number of adult deaths during quarter 2 2021/22 against the number of deaths scrutinised by the ME office, according to site.

Table 1	St Richards			Worthing		
	Number	Scrutinised	% Scrutinised	Number	Scrutinised	% Scrutinised
July	67	71*	100↔	96	99*	100↔
August	67	72*	100↔	96	103*	100↔
September	52	55*	100↔	99	104*	100↔
Total	**186**	**198***	**100↔**	**291**	**306***	**100↔**

Of the 477 adult deaths all 477 (100 %↔) have been scrutinised to date. This percentage of deaths scrutinised is the same as for quarter 1 2021/22.

* The number of deaths scrutinised by the ME office exceeds the number of documented inpatient deaths, as the ME office also scrutinises the deaths that occur in the accident and emergency departments. These deaths are not classified as inpatient deaths and thus do not fall within the learning from deaths process.

3. Structured Judgement Reviews (SJR) during quarter 2 2021/22

Table 2: Details the number of deaths for quarter 2 2021/22, escalated to SJR.

Table 2	St Richards (*n=186*)	Worthing (*n=291*)
July	9	23
August	8	24
September	7	18
Total	**24**	**65**

N.B. A small percentage of deaths escalated to SJR may have been referred via multiple sources e.g. ME's, patient safety team, resuscitation officer. Three patients during this quarter were referred for SJR by the named consultant, via the new referral process. All other referrals for SJR were received via the ME office.

3.1 A total of 89 (19 %↓) of the total adult inpatient deaths (477) for quarter 2 2021/22, were escalated for SJR.

At the time of writing this report, a total of 13 (15 %↔) of cases for quarter 2 2021/22 deaths, where SJR's were requested *(n=89),* have completed the mortality review process. The other 76 cases have not been included in this report, as the learning from deaths review process is pending completion. Of the outstanding 76 cases; five cases are awaiting a second review, one case is awaiting further information from the division, and one case has been withdrawn having been reported as a serious incident following ME scrutiny. The remaining 69 cases for quarter 2 2021/22 deaths are awaiting allocation.

3.2 During quarter 2 2021/22 a total of 77 1st SJRs were undertaken. 78% of these reviews concerned deaths that occurred during quarter 1 2021/21, with the remaining 22% concerning deaths that occurred during quarter 2 2021/22, where the review had been expedited due to clinical or family concerns.

Table 3: Details the outcome scores of all of the 1st SJRs that have been completed in quarter 2 2021/22 *(n= 77)* at the time of writing this report.

Table 3

Overall outcome score	St Richards (*n=26*)	Worthing (*n=51*)
1 – Very poor	1	1
2 – Poor	9	24
3 – Satisfactory	4	12
4 – Good	10	11
5 – Very good	2	3

3.3 The proportion of 'very poor' care / 'poor' care being identified within SJR findings have increased. This remains a very small percentage of all inpatients deaths. This increase is as a result of the introduction of a robust Medical Examiner system. Only cases where problems in care have been identified (which may have affected the patient outcome or would provide a greater opportunity for wider learning) or those where there were mandated reasons for referrals were escalated to SJR. This meant that there were fewer cases for all Divisions where the overall care had been judged as 'good' or 'excellent' following SJR. For cases where 'excellent' care is identified via the ME office (through discussion with the relatives or case note scrutiny), the clinicians and teams received positive feedback from the ME office in real time. For deaths scrutinised during quarter 2 2021/22 this occurred in 20 (4%) cases. Cases where there was some learning but the ME office did not feel an SJR would provide any further value were also feedback in real time to Divisional Morbidity and Mortality (M & M) leads, for them to discuss in the appropriate governance forum (21 (4.4%) of all cases). Moving forwards these processes will be further standardised across UHSussex (West).

4. Mortality reviews for people with a Learning Disability (LD) quarter 2 2021/22

Table 4: Details the different stages of the mortality reviews and the number completed at each stage, for patients with a learning disability that died during quarter 2 2021/22.

Table 4	St Richards			Worthing		
	ME Scrutiny	SJR completed	Mortality Review Process % Completed	ME Scrutiny	SJR completed	Mortality Review Process % completed
July	0	0	0	0	0	0
August	2	1	50%	1	1	100%
September	0	0	0	2	0	0
Total	**2**	**1**	**50%**	**3**	**1**	**33%**

4.1 In total for quarter 2 2021/22, five patients with a LD were identified as having died, and had their care scrutinised by the ME and were referred on for SJR, as per policy. The Learning Disabilities Mortality Review (LeDeR) programme was notified for all five cases, within the agreed timeframe. Two out of the five cases (40%) have completed the mortality review process at UHSussex (West), having had SJR's completed and the reviews uploaded to either the LeDeR record and / or sent to the Sussex LeDeR programme lead. Neither of these deaths has been identified as being more likely than not due to problems in care.

Table 5: Details the final overall outcome scores of SJRs that were completed from quarter 2 2021/22 deaths for LD patients *(n=2):*

Table 5

Overall outcome score	St Richards (*n=1*)	Worthing (*n=1*)
1 – Very poor	0	0
2 – Poor	0	0
3 – Satisfactory	0	1
4 – Good	1	0
5 – Very good	0	0

4.2 Rapid reviews for patients with a LD were reintroduced on 06/12/2020 in light of the escalating numbers of people with Covid-19. Completion of these was to help identify any learning or practise that would improve: local support, escalate concerns or prevent further deaths in patients with a LD. These reviews are not part of the NHS England/Improvement LeDeR programme and a full review for each case is also required. Information from UHSussex (West) was submitted via the Sussex LeDeR programme lead, to aid the rapid reviews as required. The SJR's for these cases were expedited through the learning from deaths process at UHSussex (West), to assist with these rapid reviews. During quarter 2 2021/22 none of these reviews were required.

4.3 The completed LeDeR reviews are received via the Sussex LeDeR programme lead via the Learning from Deaths Manager, including feedback, identified learning and recommendations. In the last quarter, no completed LeDeR external reviews were received by UHSussex (West). Once the reviews have been received, the feedback is shared at the Learning Disabilities Strategy Group. The identified learning and recommendations from these reviews is then scrutinised at the LeDeR Action Review Group who initiate and facilitate the required quality improvement work streams.

5. Covid-19 mortality reviews quarter 2 2021/22

5.1 The number of patients who died in quarter 2 2021/22 who had a Covid-19 positive swab within the 28 days prior to their death increased from the previous quarter as a result of the third wave of the Coronavirus pandemic (30 ↑). All of these deaths underwent ME scrutiny as per current practice and were escalated to SJR if the criteria was met. 5 cases were escalated to SJR.

5.2 This was also the case for all patients with a Hospital Onset Healthcare Associated (HOHA) Covid-19. On 19/05/2020 NHSE (National Health Service England) and NHS Improvement published identified categories re interim data collection to assist with monitoring of in-hospital transmission. The three categories were identified as:

- **Category 1** = Hospital onset indeterminate healthcare-associated – first positive specimen date 3-7 days after admission to Trust.
- **Category 2** = Hospital onset probable healthcare-associated – first positive specimen date 8-14 days after admission to Trust.
- **Category 3** = Hospital onset definite healthcare-associated – first positive specimen date 15 or more days after admission to Trust.

5.3 In total 4 adult inpatient deaths in quarter 2 2021/22 occurred where the patient had a Covid-19 positive swab within 28 days of death and had a hospital onset probable or definite healthcare associated Covid-19 infection as per NHSE/I categories. Three deaths were associated with a ward outbreak at Worthing and one with a ward outbreak at St. Richards's hospital. One of the deaths was identified as Category 2 and three were identified as Category 3.

Table 6: Details the case record scrutiny undertaken by ME office and the number of cases that were escalated for SJR for patients who died with a Covid-19 + swab result within 28 days of death, with a probable/definite HOHA Covid-19, per hospital site.

Table 6	**St Richards**	**Worthing**	**Total**	**%**
Inpatient adult deaths scrutinised by ME office *(n=4)*	1	3	4	100
Inpatient adult deaths for which a SJR has been requested *(n=4)*	1	2	3	75

5.4 In addition, all HOHA category 2 & 3 deaths are in the process of having root cause analysis investigations undertaken to identify learning, as well as the completion of Duty of Candour (Regulation 20). Duty of Candour is completed when Covid-19 is documented as the leading cause of death i.e. Covid-19 documented as 1a or 1b on Medical Certificate of Cause of Death (MCCD). For the four deaths as per table 7, none had Covid-19 recorded as 1a or 1b on the death certificate.

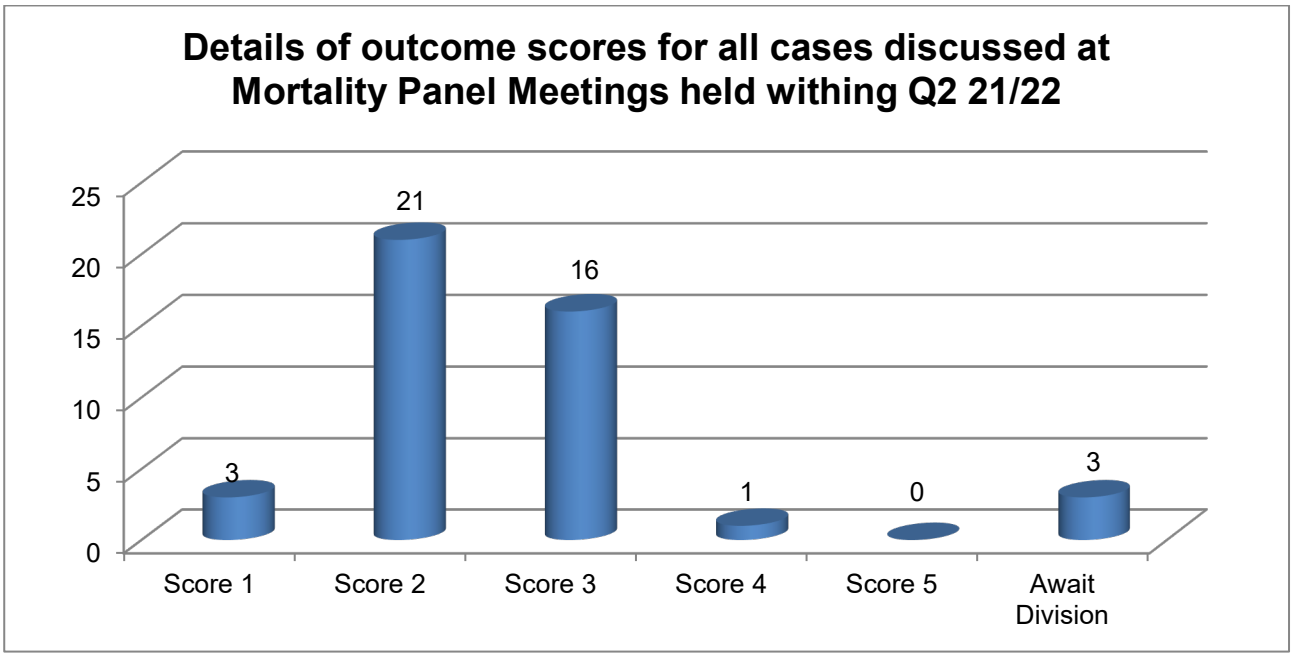
5.5 The learning from all Covid-19 associated deaths for quarter 2 2021/22 (both community and hospital onset healthcare associated infections) that underwent mortality review is captured in the learning themes for all deaths that underwent the mortality review process, as detailed below.

6. Mortality Panel Outcomes

6.1 During quarter 2 2021/22 a total of 44 (↑) cases were discussed at the weekly mortality panel meetings. These involved 17 cases involving deaths from 2020/21, 22 cases from quarter 1 2021/22 and 5 cases from quarter 2 2021/22.

Graph 1: Details final outcome scores for all cases discussed at mortality panel meetings that took place within quarter 2 2021/22.

Graph 1



As of July 2021 an alternative avoidability rating system was adopted by the mortality panel. This new rating system, which is used within the Women and Children's Division around maternal, perinatal and neonatal deaths at UHSussex (West), not only gives the mortality panel wider scope when considering the effect that care issues may have had on the outcome of the patient, but it also uses language that is more considerate for the Divisions when feedback is given. The avoidability ratings are as follows;

A - The review group concluded that there were no issues with care Identified up to the point that the patient died
B - The review group identified care issues which they consider would have made no difference to the outcome for the patient
C - The review group identified care issues which they consider may have made a difference to the outcome for the patient
D -The review group identified care issues which they consider were likely to have made a difference to the outcome for the patient
E - Further information required

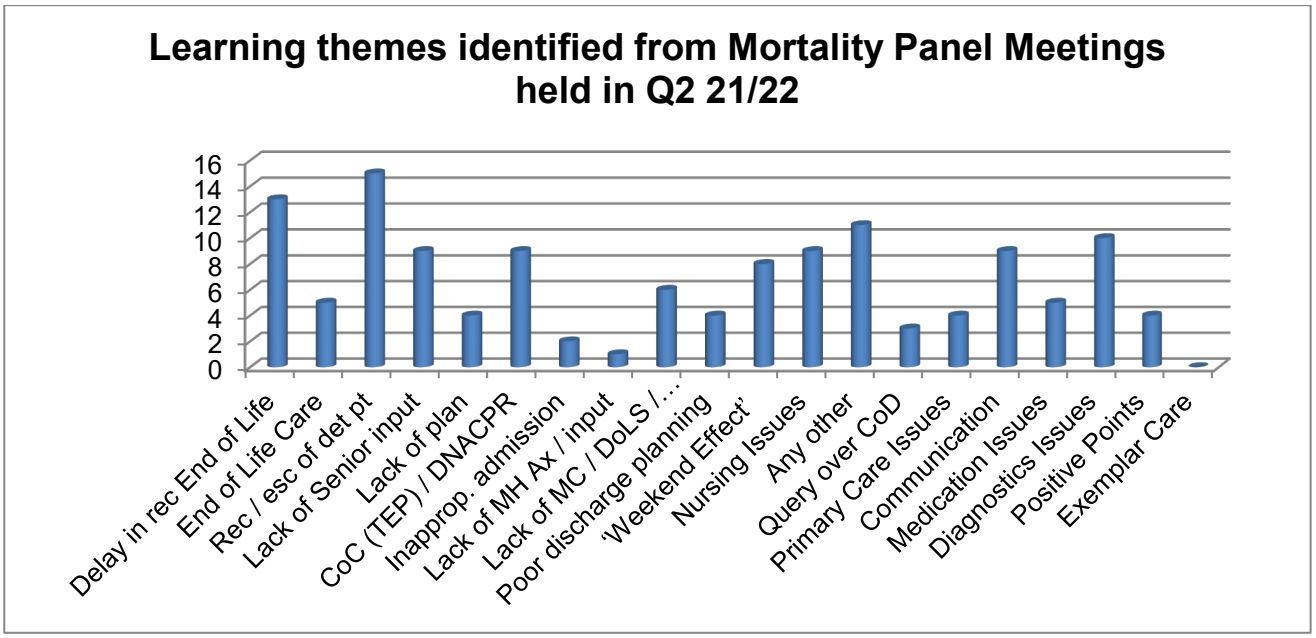
6.2 Of the cases that were discussed at the mortality panel meetings in quarter 2 2021/22, where a final outcome score was determined *(n=41)* the review group identified two cases where care issues were considered likely to have made a difference to the outcome for the patient (D); one patient did not die in their preferred place of death and the second patient had recently been discharged from hospital prior to readmission. RLDatix® incident reports have been submitted for both cases for divisional investigation, learning and quality improvements.

Three cases are awaiting further information and/or investigation from the Divisions. This information will then be fed back to the mortality panel meeting and a final outcome score will be determined.

7 Learning from deaths themes quarter 2 2021/22

Graph 2: Details learning themes identified from mortality panel meetings that took place within quarter 2 2021/22.

Graph 2



Glossary of terms:

Delay in recog EoL - Delay in recognising patient was approaching End of Life
EOLC – Issues with the End of Life Care the patient received
Rec / Esc of det pat – Lack of recognition or escalation of the deteriorating patient
Lack of senior input – Lack of input from senior doctors
Lack of plan – Lack of treatment plan for the patient
CoC (TEP) / DNACPR – Ceilings of Care and/or Treatment Escalation Plan were not discussed or completed and/or lack of Do Not Attempt Cardio-Pulmonary Resuscitation documentation or discussion
Inapprop admission – Inappropriate admission to hospital
Lack of MH Ax / input – Lack of documented Mental Health Assessment or input from Mental Health Specialists
Lack of MC / DoLS / BI Ax – Lack of documentation regarding Mental Capacity / Deprivation of Liberties / Best Interests discussions/assessments
Poor discharge planning – Poor discharge planning
Weekend Effect – Patient care may have been compromised due insufficient clinical review at the weekend or over a Bank Holiday
Nursing Issues – Issues with nursing care identified
Any other – See separate table below
Query of CoD – There is a query over the accuracy of the Cause of Death as stated on the Medical Certificate of Cause of Death.
Primary Care Issues – Where issues with Primary Care were identified
Communication – Where poor communication between staff, teams or with the family has been identified
Medication – Where delays or errors in prescribing/administering drugs; drug errors or omissions identified.
Diagnostics – Where delays or errors in completing/reporting/actioning diagnostic tests identified.
Positive Points – Where examples of good care / processes / communication had been identified
Table 7: Details where 'other' learning identified that does not fit into any specific category

Table 7

Learning identified as "other"
Probable Hospital Acquired Covid
Pre-admission pathway
Covid delayed surgery
Poor documentation
Waiting for MDTs delayed discharge
Clerking from surgeons should be of an acceptable standard
Delayed cardiology review
Robust process needed for steroid dependant patients. Also pathway for day cases who are admitted
AKI not addressed early, Delay in Surgical review
Ortho patients with periprosthetic # would be better managed under orth-geriatricians
Back Pain Pathway

The main recurring themes identified at mortality panel meetings throughout quarter 2 2021 are;

7.1 Late recognition and escalation of a deteriorating patient

Issues identified in contributing to the late recognition and escalation of deteriorating patients included aspects of both medical and nursing care and comprised of;

- Management and monitoring of fluid balance
- Delayed recognition and treatment of Acute kidney Injury (AKI)
- Medical oversight of surgical patients
- Management of hyper/hypo glycaemia
- Weekend effect

7.2 Delayed recognition in end of life

Issues identified in contributing to a delay in recognising the patient is approaching the end of their life included;

- Inappropriate medical interventions
- The patient not dying in their preferred environment
- Symptoms not being managed appropriately potentially causing distress to the patient and/or their loved ones

7.3 Other

Issues identified as "other" are detailed in Table 8 above and include;

- Care pathways that require a review e.g. elderly patient with back pain or a fracture that does not fit in with the fractured neck of femur pathway.
- Delays for specialist review – this was either due to a delay in referral for specialist review or a delay in the specialist review being undertaken.

8. Current capacity and future sustainability of robust mortality review processes

8.1 The activity of the mortality reviewers undertaking SJRs can be constrained by their clinical commitments. Following episodes of business continuity related to capacity, demand and as a result

of the Corona virus pandemic, SJR activity has reduced causing a backlog of cases requiring review. A recovery plan remains ongoing to assist in managing the SJR backlog.

8.2 The ME office now scrutinise every adult inpatient death. A further ME has been recruited to support the first phase of community roll out which is to include the review of all West Sussex inpatient hospice deaths by the end of quarter 3, 2021/22. Plans have also been progressed to recruit MEs from within primary care to support the next phase, which is to pilot the review of community based deaths by the end of quarter 4 2021/22.

9. Recommendations

The Board is asked to NOTE

- Ongoing recruitment of both Medical Examiners and Medical Examiner Officers will be required to sustain the current level of inpatient mortality reviews as well as to fully extend the Medical Examiner service to include all community deaths.

- Post-merger implementation plans towards aligning the learning from deaths processes across UHSussex.

- Joint working between Medical Examiner office, Learning from Deaths team, Bereavement team and speciality M and M leads to develop the Datix Cloud IQ® Mortality Module to continue – project initially launched October 2020. This was on hold awaiting post-merger implementation plans. The project re-launched September 2021, following recruitment of dedicated project manager. Work on the mortality module is planned for January 2022.

Table 8: Details actions in response to learning themes from mortality panel meeting outcomes and the mortality review process

Colour	Status
	Due
	Open
	Open on track
	Closed/complete

QUARTER	SUBJECT	ACTION	LEAD	UPDATE	RAG rating
Q2 20/21	Missed / delayed diagnosis of chest pains	Communicate with the Medical Division (urgent care) and Thrombosis Committee – pathways require updating	TT	Ongoing	
All	Varied response from divisions with regards learning from mortality panel feedback/actions	Internal audit	TT/ME	Completed	
		Update Learning from Deaths Policy – to include divisional/speciality M&M leads roles and responsibilities	AY	Completed	
		Scope divisional/speciality mortality leads & M & M meetings	ME	Ongoing	
		Design Datix Cloud IQ® mortality module	ME/AY	Ongoing	
		Use of DatixRL® incident module (interim solution)	ME	Ongoing	
		Present case and learning theme at Triangulation group monthly	ME/AY	Ongoing	
All	Recognition and escalation of deteriorating patients	Merged deteriorating patient group for UHS (commenced May 2021)	AY	Ongoing	
		Launch of Orthopaedic Improvement Board	TT	Ongoing	
		Task & finish group established to establish out of hours resilience & implement findings of ECIST visit (Spring 2020).	TT/BH	Ongoing	
		Implementation of blood gas results incorporation into main results systems & use of ↑lactate as marker for deteriorating patient on Patientrack	TT/LH	Ongoing	
All	Issues around Ceilings of Care / Treatment Escalation Plans / DNACPR	Targeted educational sessions with Capsticks on DNACPR and mental capacity complete.	TT	Completed	
		Across UHSussex task and finish group underway for implementation of TEP and RESPECT tool.	TT	Ongoing	

Q3 & Q4 20/21	Recurrent themes from LeDeR reviews; MCA, BI, communication and lack information being available in easy read format	LeDeR Action Review Group	ME	Ongoing	
Q3 & Q4 20/21	Threshold for elderly patients with head injuries having CT scans being undertaken upon presentation is varied. Additional requirements for those >65 yrs with cognitive impairment who fall from standing height with regards to missed neck #.	Communicate with Medical Division (urgent care) - pathways require updating	TT	Ongoing	
All	Delay in recognising EoLC	Successful palliative care business case to extend service - consultants appointed at both sites. Nursing cover 7 days across site	TT	Completed	
		Merged UHSussex End of Life and Mortality Board (commenced June '21)	TT	Ongoing	
Q1 & Q2 21/22	Backlog of SJRs	Workshop to discuss benchmarking for reviewers re activity and streamlining process.	TT/ME	Completed	
		Pilot of streamlined review process (one review prior to mortality panel if reviewer considers appropriate)	TT/ME	Ongoing	
		Review job plans of reviewers – with option of half PA	TT	Ongoing	
Q1 & Q2 21/22	Align mortality review process across UHSussex	Newly appointed Medical Director for Governance and Quality assurance	TT	Completed	
		Cross site working to scope and align all elements of the mortality review process including reporting	TT/AY/ ME	Ongoing	

Mary Evans – Learning from Deaths Manager UHS (West)